

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

**Telephone:** (217) 782-1200  
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**Public Education Subcommittee Meeting**

Thursday, August 6, 2020  
10:00 a.m. to 12:00 p.m.

**Due to COVID-19 concerns, the Public Education Subcommittee meeting will be held by conference call only. The conference call telephone number is 1-888-494-4032. The access code is 5737699394.**

**PLEASE MUTE YOUR PHONE LINE.  
PLEASE DO NOT PUT THE CALL ON HOLD.**

1. Introduction
2. Review and Approval of the Meeting Minutes from June 4, 2020
3. Health Literacy Overview
4. Care Coordination Update
5. DHS Update
6. ABE, IES & Redetermination Update
  - <https://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-3610.pdf>
  - New Population Group Update
7. Criminal Justice Update
  - <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200722a.aspx>
8. Open Discussion and Announcements
9. Adjourn

For anyone who wishes to participate in this meeting, please send an email to [veronica.archundia@illinois.gov](mailto:veronica.archundia@illinois.gov). It is important that you confirm your participation to ensure the distribution of any last-minute materials that may be added closer to the meeting date, as well as to accurately record your participation.

This notice is also available online at:  
<https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/News/Pages/default.aspx>

**Illinois Department of Healthcare and Family Services**  
**Public Education Subcommittee Meeting**  
**June 6<sup>th</sup>, 2020**  
401 S. Clinton Street, Chicago, Illinois  
201 S. Grand Avenue East, Springfield, Illinois

**Committee Members**

Kathy Chan, Cook County Health System  
Brittany Ward, Lurie Children's Health Partners  
Sergio Obregon, CPS  
Erin Weir Lakhmani, Mathematica Policy Research  
Sherie Arriazola, Safer Foundation  
Nadeen Israel, AIDS Foundation of Chicago  
Sue Vega Alivio Medical Center

**HFS Staff**

Lynne Thomas  
Jane Longo  
Lauren Polite  
Margaret Dunne  
Kelly Cunningham  
Robert Mendonsa  
Arvind Goyal  
Veronica Archundia  
Edna Canas  
Amy Moffat  
Laura Phelan  
Melissa Black  
Sharice Bradford  
Elizabeth Nelson

**Committee Members Absent**

Connie Schiele, HSTP

**DHS Staff**

Leslie Cully

**Interested Parties**

Paula Campbell, IPHCA  
Heather Holberg, CountyCare  
Stephani Becker, Shriver Center on Poverty Law  
Paula Allen-Meares, University of Illinois  
Michele Lindstrom, University of Illinois  
Graciela Guzman, Healthy Illinois  
Megan Carter, Legal Council for Health and Justice  
Elizabeth Weber, CountyCare  
Martha Jarmuz, Choices CCS  
Rose Dunaway, Kindred at Home  
Angela Boley, Land of Lincoln Legal Aid  
Brittani Provost, UIC Division of Specialized Care for Children  
Elizabeth Berendsen, City of Chicago  
Yariela Ramirez Beccue, UIC Division of Specialized Care for Children  
David Hurter, AMITA Health  
Laurie Cohen, The Civic Federation  
Andrea Kovach, Shriver Center Poverty Law  
Jill Hayden, Meridian  
Kristin Hartsaw, DuPage Federation on Humans Services Reform  
Kimberly Burke, Lake County Health Department  
Robin Lavender, DuPage County Health Department  
Patricia Reedy, IDMH  
Monica Cella, Department of Pediatrics UIC  
Nelson Soltman,  
Dan Rabbitt, Heartland Alliance  
Dave Lecik, Department on Aging  
Robin Lavender, DuPage Health

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## **1. Introduction:**

Chairperson Kathy Chan opened the meeting indicating, that due to COVID-19 concerns, this meeting would be held by conference call only. Committee members, HFS and DHS staff members introduced themselves. Kathy Chan asked interested parties to send an email to [veronica.archundia@illinois.gov](mailto:veronica.archundia@illinois.gov) to properly record their participation.

Kathy Chan took a moment to acknowledge the demonstrations occurring in Chicago, as well as cities across the United States and the world. Ms. Chan said that, it is necessary to do better with regard to ensuring affordable, highly quality care in Illinois. This is one way the committee can help to decrease the disparities that have existed in the community for a long time. She said Medicaid is a powerful program, and many of the members of this committee have dedicated their lives and careers to make it stronger and more effective. She then added that she is hopeful, with the partnership of the state and other stake holders, that it will be possible to make a small but important contribution toward equity which can help to contribute to that work.

Kelly Cunningham shared some remarks on behalf of the Department of Healthcare and Family Services. She stated that HFS echoed the statement regarding importance of Medicaid in terms of addressing systemic issues. She said that HFS serves over three million individuals in the Medicaid program and that 30% of state workers are minorities. Ms Cunningham read a note from Director Theresa Eagleson.

*"I can't imagine what it would be like to be a parent to a black child, regardless of age. I know how very hard it is to be a parent at times, but it is so unsettling to feel scared to allow your child to go shopping, go jogging, or really go anywhere.*

*Combine that fear and even anger with the economic downturn and general anxiety due to COVID and we have a crisis like our nation has not faced in a long time. Yes, it is impacting every one of us. However, it is impacting our colleagues, friends, and all those with black or brown skin even more. More people have become ill in those communities. More people have lost jobs in those communities. There is more poverty in those communities, often due to long term systemic disinvestment and discrimination. There is more suffering. Take a minute to think about what that pain might be like. Most of us have experienced pain and difficulty in the last several months, but it goes **much** deeper for some.*

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*I ask that we all pause to take a collective deep breath together. Breathe it out, and really let it sink in that what you do every day and how you treat **each other, and our customers** can do a lot to help mend this pain.”*

Kelly Cunningham said the Director’s words were very powerful in terms of identifying the issue and that it is necessary to address the impact of systemic racism and discrimination, both implicitly and explicitly, including with respect to the healthcare system. Ms. Cunningham said that HFS will not stand for the “normal” and that it is time for change. She added that this is something which the staff members at HFS are deeply committed to and want to work with their partners throughout the state of Illinois to determine what change “looks like going forward”.

## **2. Review and Approval of the Meeting Minutes from April 2, 2020:**

Kathy Chan asked for a correction to Stephani Becker’s name with this motion, the April 2, 2020 minutes were approved. Brittany Ward made a motion to approve the meeting minutes, which was seconded by Sue Vega. The meeting minutes were approved with a vote of six members in favor, zero opposed, and one member absent.

## **3. Care Coordination:**

Robert Mendonsa told the group that HFS is meeting with MCOs three times a week in order to look for creative ways to ensure access to current and newly added benefits in an effort to address the needs of members, including food and housing needs. He stated that HFS is working on initiatives regarding behavioral health. He said that Youth in Care will not start on July 1, 2020 and that no firm start date has yet been established.

Nadeen Israel asked what is being done to ensure access to prescriptions for those who live in areas where pharmacies have been closed due to recent events such as and instances of looting. She added that clients are having a difficult time obtaining their medication. Robert said that the MCOs are working on this by proactively reaching out to clients having trouble getting prescriptions and providing alternatives for them. MCOs are transferring prescriptions for members who are limited to a single pharmacy.

Nadeen asked if individuals should be advised to contact their plans. She asked to whom requests should be submitted to escalate a request if there is no response from plans. Robert said that, if there are any issues about nonresponsive plans, information should be sent to: [Robert.Mendonsa@Illinois.gov](mailto:Robert.Mendonsa@Illinois.gov)

Dan Rabbitt thanked HFS for the 20% behavior health services rate increase but observed that this only applies to a select set of services and has not been applicable to Adult Community Treatments (ACT) and Community Support Treatments (CST).

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He asked about the rationale behind the exclusion of these two services. Kelly Cunningham said that HFS started having conversations with behavioral health providers and the DHS Division of Mental Health at the beginning of the pandemic (when the provision of services began to decline) and stated that weekly conversations are continuing to take place. HFS has received feedback in terms of redefining services with respect to social distance requirements PPE and other issues that providers are facing. The volume in that area and provision of those services has gone down. HFS received feedback in terms of the redefinition of the services provided, as well as services that were going to do better for both providers and the clients being served. The Department then added activities in case management, such as prescription pick-up and meal delivery. That was work which needed to be done, and that was work which was not being recognized, particularly in terms of the case management role. HFS staff members thought that they were being responsive to the providers' requests. Ms. Cunningham said that the state had acted in good faith, based on what was believed to be important for providers at the time when the feedback was provided.

Robert said the intent is to get more money for providers in the short run and to focus upon value. Dan Rabbitt emphasized that ACT and CST continue for those with more significant and complex behavioral health needs and asked HFS to reconsider including these services in the list that receives a rate increase. Ms. Cunningham acknowledged Dan Rabbitt's concerns. HFS is committed to taking the issue into consideration, indicated that he appreciated the feedback and said she will continue to review this concern based on more recent communications.

Kathy Chan recognized that the concerns have been raised by Heartland Alliance and other providers and the State has expressed consideration and a need for further review of these issues.

Brittany Ward said the start date for the Integrated Health Homes has been moved to January 1, 2021 and asked if there are plans for updated town halls. Robert Mendonsa said that HFS is still working on model contracts and stated that no new dates have been scheduled for the Integrated Health Town Hall Webinars at this time, adding that any updates will be announced on the HFS website.

#### **4. DHS Update:**

Chairperson Kathy Chan introduced Leslie Cully who is the Associate Director of Family and Community Services at DHS. She oversees all the Family Community Resources Centers (FCRCs) throughout the state; she also supervises the policy, training, quality control, and the special units at DHS. Leslie said that, due to COVID-19, all FCRCs closed and that DHS has moved nearly 94% of its staff members to remote work.

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Ms. Leslie Cully said the DHS administration has implemented major efficiencies and productivity has been high. DHS put protocols in place that help local offices receive calls and fax communications; voice mails and faxes are being forwarded to state workers' emails in order to allow caseworkers to respond while working from home. Telephone response times have improved through the Call Center. DHS has pursued some simplification in the SNAP application process which has encountered an unprecedented level of demand. In a normal month, the state receives an average of 20,000 SNAP applications; in April 2020 alone, however, more than 58,000 SNAP applications were approved. The members of the Department of Human Services look forward to restoring (reopening) offices and will implement new procedures to encourage social distancing and possibly implement a reduction with regard to its in-office workforce.

Sue Vega inquired about the benefits available for children who would have received free/reduced lunch at schools. Leslie said that this issue was addressed with the Corona Virus-19 Pandemic EBT (P-EBT) program, which provides additional benefits to households with children who normally would be getting meals from school programs serving those with active SNAP benefits. The amount awarded is \$5.80 per day, per child for those households. For non-SNAP households, applications began to be accepted in May, although some challenges were encountered with the card vendor because the cards are only good for P-EBT. However, this issue has been resolved. Last weekend, over 10,000 non-SNAP households were approved. USDA is exploring an option of expanding into summer with the implementation of Summer Meals. It is hoped that there will be an extension of the declaration

## **5. Public Education Subcommittee Charge**

<https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/publiced/Pages/default.aspx>

Chairperson Kathy Chan reminded committee members that the Public Education Subcommittee Charge is reviewed on an annual basis. She offered the opportunity for committee members to suggest possible changes to the subcommittee charge. She reminded committee members that their work is not necessarily limited to the charge in their role to inform the public and providers about applications and benefits of the program but also to suggest to the Department any recommendations that could be pertinent in terms of improving the function of this committee. No revisions were recommended.

## **6. Eligibility Update:**

Lauren Polite referenced the Manage My Case, appeals, FFM apps received, and ID Proofing report, which was provided along with the meeting materials.

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Jane Longo directed the attention of committee members to the report published on the HFS website, which was included within the agenda and meeting materials under the title "Summary CAP Data," which shows:

- The numbers indicate a substantial decrease of "apps on hand over 45 days."
- Initial numbers from May indicate a significant decrease in the number of "apps on hand."
- There has been a substantial increase in the number of SNAP applications received, which has outpaced Medicaid, but is now starting to even out, with Medicaid at a slightly higher level.
- Even though April was a higher than normal month, state workers have processed more Medicaid apps than received.
- In terms of redeterminations, some Form B applications have been processed. The state is not sending out new re-determination forms to clients during the pandemic, and cancellations due to failure to "rede" are not taking place.
- HFS is implementing Presumptive Eligibility (PE) for non-pregnant adults without Medicare. PE review takes place within a few days of receipt of an application; once received and registered, the system determines whether an applicant is PE eligible.
- If anyone is aware of clients with pending applications from March 18th or later, please inform HFS. Kathy Chan asked who the point of contact is. Please notify Jane at [jane.longo@illinois.gov](mailto:jane.longo@illinois.gov)
- In order to ensure prompt care coordination, adults who are approved for PE are enrolled with an MCO on a prospective basis. This just began in June. MCO enrollees have an initial 90 days to make to switch plans if they wish.

Margaret Dunne reported that, through the end of May there has been a total of 42,890 Provider Portal submissions to add newborns to existing Medicaid cases and an additional 2,906 from customers through Manage My Case. There has been a total of 45,796 submissions. That number includes submissions received to the Newborn Unit which has significantly worked down its backlog.

Nadeen Israel asked how many of the newborn applications were approved and how many backlogged submissions had been processed? Margaret Dunne said that on average 80 to 85% of the newborn submissions received through MMC and approximately 70% of those received through the Provider Portal are automatically added to the mother's case. With regard to the status of the backlog, Margaret said several 1000s had been processed but because some submissions were dually submitted by hospitals both through the portal and the mailbox, many of the newborns in the backlog had already been approved. Dual submission through ABE and the mailbox is only necessary for NICU newborns to ensure they have been added to Mom's case. Newborn

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submissions through MMC have a higher rate of approval than those that are sent through the partner portal.

Jane Longo said that anyone who is interested in emergency Medicaid coverage for COVID patients should please refer to the Provider Notice that HFS issued on May 18, 2020:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200518a.aspx>

The uninsured COVID testing program does not require emergency Medicaid coverage.

A special process has been established for emergency Medicaid applications related to COVID-19 treatment in order for them to be handled promptly according to the guidance that has been distributed. Applications should be submitted in the normal manner and then sent to a designated email box at [HFS.Priority19@illinois.gov](mailto:HFS.Priority19@illinois.gov) along with the application T Number. These applications are assigned to workers on the same day that the email is received, and some applications may be immediately processed.

Since COVID-19 treatment is considered an emergency condition, not as much medical review is required. Lynne Thomas said that not all the COVID-19 emergencies are coming through this mailbox; some requests are being sent directly to the FCRCs and are also being processed as emergency. A committee member asked about the April notice related to COVID-19 :

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200407b.aspx>

Nadeen Israel asked how clients will know when they are approved for Presumptive Eligibility and if there is anything in Manage My Case. Jane Longo said that there is a notice which is mailed to applicants and that this information is posted in Manage My Case as well. Nadeen asked what providers see in MEDI. Lynne Thomas responded that Presumptive Eligibility coverage will be indicated within MEDI.

Nadeen Israel asked if HFS is still planning to roll out Medicaid PE for those who also have the AABD population. Because this was in the waiver application, Jane Longo explained that HFS has not received a response from the Center for Medicare and Medicaid Services (CMS) regarding the 1115 waiver request. This is still a pending request.

## **7. Legislative Session Update:**

Jane Longo said the Legislation Session ended over the Memorial Day weekend. The General Assembly approved four major legislative pieces related to Medicaid.



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- The approval of hospital assessment legislation, **SB2541**, which provides \$3.8 B in funds for hospitals.
- The Medical Omnibus bill **SB1864** included provisions for:
  - a feasibility study between HFS and DOI, which is due in February 2021 in order to make health insurance more affordable for low and middle income residents.
  - codification of the Health Information Exchange moves to HFS.
  - authorization for COVID related Medicaid eligibility changes implemented since mid-March.
- The Budget Implementation bill (BIMP). **HB357** includes:
- Coverage for new eligible group for those who would otherwise be eligible for Medicaid, except for immigration status, are 65 years old or older and who have income at or under 100% of the federal poverty level. The state will be implementing this new group and will promulgate rules. It is likely that this would be the same application as used for all other Medicaid eligible groups.
- Provider rate changes and other provisions related to COVID.
- In terms of the HFS budget, the final budget is almost entirely what the Governor originally proposed with a small change in operations budget and includes funding for the post-partum expansion 1115 waiver.

Nadeen Israel asked about the timeline for implementing new category for the eligibility group. Jane Longo said that the bill has not yet been signed by the Governor. Consequently, a timeline has not yet been established.

Heather Holberg asked if PE applications have been cancelled during the emergency. Jane said, if additional verification is requested from the applicant and not provide, the application will be denied, and PE coverage cancelled. Jane asked anyone who encounter cases that may seem questionable to send a note to her at [jane.longo@illinois.gov](mailto:jane.longo@illinois.gov)

Kathy Chan suggested that HFS should clarify and amplify this information through the PE notice so that clients can respond to subsequent notices, including those which ask for more information, and that a provider notice should also be issued to communicate this to patients.

Graciela Guzman suggested that HFS issue emergency rules to allow for older adults to get coverage, since this coverage expansion was intended to help respond to COVID-19. Jane Longo said, this is a good point, which will be considered.

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## **8. Client Notices**

Jane Longo thanked committee members for their feedback, suggestions, and comments regarding a recent client notice that the subcommittee reviewed. Melissa Black from the Director's Office has been working on the compilation of comments from subcommittee members and taking the comments provided into consideration. There are three other notices that will be under review and will be sent to the subcommittee members in the near future.

Sue Vega suggested that the new group of eligible individuals be directed to public information on the HFS website where they could find more information. Jane Longo said that this is a good idea. Nadeen Israel thanked the administration for being open to suggestions and asked who the point of contact would be with respect to additional suggestions. Ms. Longo responded that suggestions should be sent to: [Jane.longo@illinois.gov](mailto:Jane.longo@illinois.gov)

## **9. Criminal Justice Update:**

Lynne Thomas said that, in spite of the efforts to attend to all the cases, HFS has identified a small number of cases which have fallen through the cracks regarding "lifting the benefits restrictions." HFS has taken the necessary actions to work on addressing issues. It is likely that this happened due to a timing in file transfer from the Department of Corrections and stated that now everything is under control. In addition, Ms Thomas reported that the Provider notice titled "Incarcerated Individuals: Restricting and Restoring Medical Benefits will be soon posted.

Sherie Arriazola asked about individuals leaving IDOC who are in "Fee for Service" with respect to where can they turn for assistance with prescriptions. She said that she is willing to share areas where individuals are returning from IDOC need pharmacies but observed that most of them are on the South Side of Chicago. Jane Longo said that HFS will get a list of open pharmacies for those in "Fee for Services" (FFS). Sherie said that she has a map indicating where most of clients reside, so she can provide that map in order to help identify areas of need. Ms. Kelly Cunningham said that HFS can provide a list of available pharmacies.

Sherie Arriazola asked if someone can talk with Wexford in order to make sure they are prescribing drugs that are covered by Medicaid and was advised that HFS staff members will work on this request.

Sherie Arriazola asked if there can be a designated point person with the MCOs for justice-involved persons in order to undertake and address care coordination issues. She said that she has asked for this in the past; however, the MCO general hotline or email

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still does not work for the “recently release IDOC population”. She added that having a specific person to work with this population would be helpful. Lauren Polite said that she will follow-up on this request.

**10. Open Discussion and Announcements:**

Brittany Ward thanked Kathy Chan and Kelly Cunningham for their opening remarks which were made during the beginning of this meeting. Sherie Arriazola thanked the Department of HFS for taking swift action when the COVID-19 pandemic started. Nadeen Israel echoed the same sentiment as other committee members and said that she feels very proud of the partnership achieved with the state. Kathy Chan also took an opportunity to thank HFS, DHS, and other state agencies for their efforts in making it possible for communities to be served, while, at the same time, acknowledging that more work needs to be done. She expressed her commitment and stated that she looked forward to continuing working toward better serving our clients and communities. She observed that, depending on the situation related to COVID-19, whether the next meeting will be in person or again by conference call is yet to be determined.

**11. Adjourn:**

The meeting was adjourned at 11:58 a.m. The next meeting is scheduled for August 6th, 2020, between 10:00 a.m. and 12:00 p.m.

**ABE Manage My Case, Appeals, and FFM stats  
For MAC Public Education Subcommittee  
Cumulative, as of 07/23/2020**

	7/23/20	5/21/20	02/02/20	11/25/19	9/23/19	7/29/19	5/23/19	4/3/19	2/7/19	10/3/18	7/31/18
ABE MMC Accounts Linked	1,188,838	1,128,847	974,179	902,599	836,178	747,236	702,833	643,018	570,348	416,010	329,244
Renew My Benefits	339,810	327,998	294,736	272,015	252,648	232,669	209,483	193,446	172,590	125,603	97,679
Report My Changes	290,726	269,498	225,736	206,154	187,361	169,956	151,150	136,784	121,002	84,882	63,762
Program Adds	133,738	123,945	95,625	86,564	78,096	70,302	61,447	54,621	46,896	31,136	22,908
Member Adds	31,834	30,801	28,492	26,907	24,683	22,495	20,116	18,545	16,485	11,758	9,753
Mid-Point Reports	182,324	176,435	158,350	139,426	125,304	112,567	98,207	88,057	74,786	47,454	34,357
Appeals submitted	81,220	76,477	63,349	59,124	54,067	49,360	43,935	39,974	34,576	24,551	NA
FFM cases received since 11/17	Not available	354,714	326,316	269,289	234,257	226,185	215,901	208,047	198,234	123,550	114,885
Cumulative count of people successfully ID proofed through the State	3,754	3,481	2,865	2,399	1,918	1,512	959	449	NA	NA	NA

*MMC rolled out on 11/01/2017*



# Health Literacy Barriers in the Health Care System

**Health Literacy:** The extent to which an individual has the skills "to obtain, process, and understand basic health information and services".

- **Low health literacy** is associated with poorer health outcomes, especially for older adults, low-income people, ethnic and racially diverse communities, people with disabilities, and other groups.

## Causes of Low Health Literacy

### Poor Oral Communication



Providers overestimate their patient's health literacy which can lead to a misunderstanding of the presented health information.

### Cultural responsiveness/sensitivity



Language and cultural barriers can interfere with successfully navigating the health care system including scheduling an appointment and communicating with providers.

### Poor Written Communication



Difficulty in processing and understanding written forms of communication including consent forms, medication adherence instructions, and brochures.

### Issues Applying for Health Insurance



Challenges in applying and obtaining health insurance coverage due to the difficulty navigating through the health care system.

## Strategies for Addressing Health Literacy

### Oral Communication:



- avoid medical jargon
- avoid acronyms
- provide medical information concisely
- assess patient's understanding of concepts

### Cultural responsiveness/sensitivity:



- provide written and oral communication in a variety of languages
- health services should reflect beliefs, values, and traditions of target population

### Written Communication:



- write in clear and concise language
- use visual aid such as pictures, illustrations, and tables

### Health Insurance:



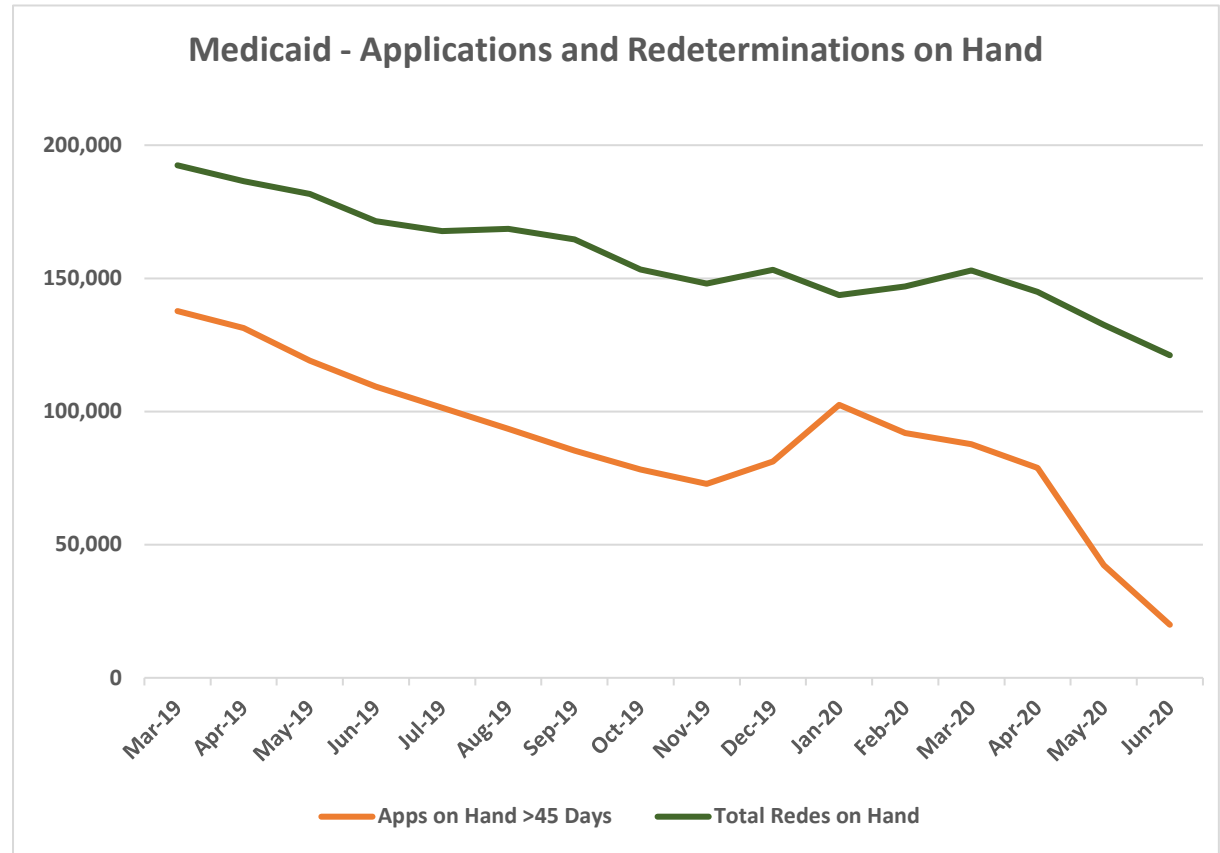
- inform individuals of their health insurance options
- build community connections to disseminate important health information



## **Objectives of the Office of Health Literacy**

- ✚ To reduce health disparities, promote health equity, and prevent chronic illnesses within socioeconomically diverse communities
  
- ✚ To promote health literacy as an intervention
  
- ✚ To engage diverse socioeconomic communities in health promotion
  
- ✚ To prevent illnesses within these communities
  
- ✚ To educate students and healthcare providers in strategies that promote literacy and wellness
  
- ✚ To collaborate with the county, the state, national and international entities
  
- ✚ To attract and train the next generation of health professionals from diverse backgrounds

Medicaid		
	Apps on Hand >45 Days	Total Redes on Hand
Mar-19	137,712	192,442
Apr-19	131,293	186,540
May-19	119,060	181,729
Jun-19	109,371	171,493
Jul-19	101,440	167,718
Aug-19	93,530	168,535
Sep-19	85,294	164,572
Oct-19	78,207	153,275
Nov-19	72,807	148,048
Dec-19	81,180	153,228
Jan-20	102,523	143,683
Feb-20	91,907	146,958
Mar-20	87,738	152,927
Apr-20	78,835	144,940
May-20	42,254	132,553
Jun-20	19,931	121,126
Jul-20		
Aug-20		
Sep-20		
Oct-20		
Nov-20		



Number of Cases by Form B Reason

Date Run: 06/30/20

Form B Reason	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
<b>Received Form A</b>	26,490	30,381	31,237	32,719	41,736	49,376	46,148	48,155	44,903	38,620	40,162	41,934	37,669	39,800	43,542	44,754	46,306	48,541
	20%	29%	25%	26%	33%	37%	32%	37%	37%	32%	35%	37%	32%	37%	37%	36%	38%	37%
IL Residency not verified	26,302	17,933	24,048	23,724	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Program on the case does not qualify - ABD b/c assets	25,338	21,997	23,861	22,862	27,831	29,478	31,738	27,197	24,521	24,453	26,552	24,015	24,880	24,902	25,761	24,485	23,991	26,495
Earned income exists on case , none in clearances	15,912	5,962	7,236	10,118	10,462	5,550	9,141	5,515	5,009	7,661	4,704	4,714	7,383	3,963	4,297	6,267	4,793	5,055
No clearance or case record income was found	14,959	9,908	12,168	12,691	14,097	22,508	26,167	21,827	21,649	22,843	18,312	19,156	23,054	18,177	19,971	22,734	22,121	22,117
SSN not provided	5,929	3,694	4,893	5,000	8,075	9,577	9,976	8,496	8,329	8,813	8,667	8,697	9,115	6,783	7,770	8,395	7,925	9,027
AWVS income exceeds the income limit	5,634	7,449	7,411	6,286	8,310	8,214	11,210	10,283	9,491	9,973	8,683	8,980	9,554	9,458	9,387	9,812	11,063	12,315
Individual active and eligible for Medical on different case	4,367	3,609	4,084	4,428	5,220	0	0	0	0	0	0	0	0	0	0	0	0	0
Case record has SelfEmployment	2,883	2,021	2,816	3,099	4,514	4,580	5,039	4,670	4,547	4,079	3,983	4,116	4,539	3,622	4,336	4,753	4,370	5,042
Unearned income not verifiable electronically	1,372	1,086	1,290	1,312	1,581	1,609	1,775	1,520	1,494	1,478	1,382	1,392	1,473	1,324	1,506	1,602	1,523	1,644
Individual is undocumented	555	342	455	470	916	18	22	31	24	20	22	24	22	19	24	38	39	43
Technical Exception	300	417	3,749	416	781	858	1,038	978	977	863	918	8	15	13	17	8	18	19
Case Record	287	251	201	239	253	264	291	272	204	284	225	187	257	207	183	143	176	287
Unknown individual flagged by conversion	126	81	109	147	260	15	22	12	16	13	9	18	13	14	19	19	18	20
Citizenship not verified	121	82	81	68	119	65	70	66	58	51	36	21	26	27	18	35	22	34
Individual is a PW or child would not qualify as an adult	117	109	127	124	266	275	303	258	272	228	228	233	232	232	231	300	348	339
Case record has Rental Room & Board	53	28	45	55	55	79	78	68	81	66	51	62	75	50	62	76	60	70
TPL Coverage	28	18	27	33	191	192	254	215	184	228	171	209	196	233	228	76	71	93
Benefit Match Not Successful	2	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Received Form B</b>	104,285	74,987	92,604	91,072	82,931	83,282	97,124	81,408	76,856	81,053	73,943	71,832	80,834	69,024	73,810	78,743	76,538	82,600
	80%	71%	75%	74%	67%	63%	68%	63%	63%	68%	65%	63%	68%	63%	63%	64%	62%	63%
													Form B was not mailed out in Mar, Apr, May, Jun					
<b>Total</b>	<b>130,775</b>	<b>105,368</b>	<b>123,841</b>	<b>123,791</b>	<b>124,667</b>	<b>132,658</b>	<b>143,272</b>	<b>129,563</b>	<b>121,759</b>	<b>119,673</b>	<b>114,105</b>	<b>113,766</b>	<b>118,503</b>	<b>108,824</b>	<b>117,352</b>	<b>123,497</b>	<b>122,844</b>	<b>131,141</b>



This is a note in reference to a recent change made to page 2 of the State Identity Proofing Request Form IL444-3610 (R-05-20)

In an effort to expedite the ID Proofing process for clients, it will now be possible to submit the form by FAX.

Clients can also request to receive notifications by email or U.S mail. By “checking” the item listed below

**Return this form to:** Illinois Department of Human Services Attention: ID  
Proofing Unit 600 East Ash  
Bldg. 500, 5th Floor  
Springfield, IL 62703  
**Fax (217)557-1370**

**or return this form to your local FCRC.**

X **I am requesting notification of decision by email and U.S. Mail**

## Provider Notice Issued 07/22/2020

Date: July 22, 2020

To: All Medical Assistance Program Providers

Re: Illinois Department of Corrections (IDOC) Incarcerated Individuals: Restricting and Restoring Medical Benefits

Federal and State laws require that medical benefits be restricted for an individual identified as being incarcerated in an IDOC facility. If the individual's eligibility is current upon release from the correctional facility, there is an automated process to restore full medical benefits. Community providers can request that the restriction be lifted in cases where the automated process has not yet occurred.

### Restriction Upon Incarceration:

- The State has established an automated process that restricts the medical benefits by updating the Medicaid Management Information System (MMIS) on a weekly basis using an electronic file from IDOC.
- The restriction disenrolls the client from managed care retroactively to the last day of the month prior to incarceration. Any services already billed to the MCO for the month of incarceration would need to be rebilled to HFS under the traditional fee-for-service Medicaid program.
- Restricted medical benefits start on the date **after** the individual is admitted to IDOC. The individual must comply with all required activity to maintain medical eligibility (e.g. redeterminations).
- Providers will see "IDOC Hospital Benefit Package" in the Medical Electronic Data Interchange (MEDI). Medicaid eligibility for incarcerated individuals will be limited to inpatient hospitalization and professional medical services related to the hospital stay. All services provided by an enrolled hospital provider, those reimbursed as institutional services and those reimbursed as fee for service, must be billed directly to HFS. Individual practitioners who submit claims for professional services rendered in the hospital inpatient, outpatient, and emergency room settings must also submit inmates' claims directly to HFS under the practitioner's name and NPI.

### Restoration upon Release

- IDOC releases an individual from the correctional facility with a 2-week supply of their maintenance medication.
- IDOC sends an automated data update to MEDI that ends the medical restriction and authorizes full medical benefits within a week after the individual's release, if eligibility is current. If eligibility is not current, the individual must reapply for benefits.
- The last day of the restriction is the day **before** the release date, regardless of the date the restriction is lifted. Individuals will be covered under the traditional fee-for-service Medicaid program until they are enrolled in a Medicaid Managed Care Organization (MCO).
- Until the individual is enrolled in an MCO, providers should bill HFS for covered services provided.
- In the instance where the individual has been released from the correctional facility, is in need of immediate medical coverage and their benefits are still restricted, providers should send a

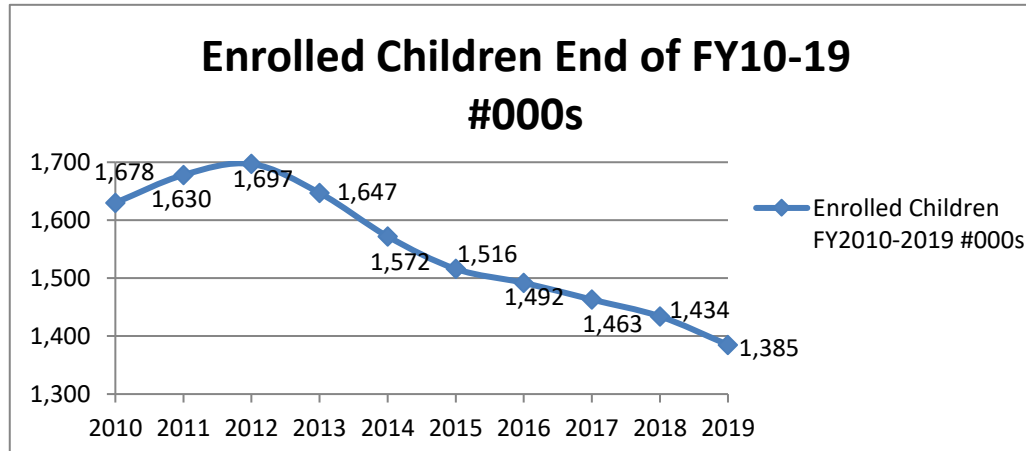
secure email to [HFS.IESAccess@Illinois.gov](mailto:HFS.IESAccess@Illinois.gov) and include the individual's name and recipient identification number (RIN). The HFS Central Office will review the IDOC records to verify the individual has been released and will manually end the restriction, restoring full medical coverage. Coverage **cannot** be restored until the individual has been released.

Questions regarding this notice should be directed to [HFS.IESAccess@Illinois.gov](mailto:HFS.IESAccess@Illinois.gov)

Kelly Cunningham  
Interim Medicaid Administrator

## Children's Enrollment

End of FY	Enrolled Children FY2010-2019 #000s
2010	1,630
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516
2016	1,492
2017	1,463
2018	1,434
2019	1,385



End of Month 2017	Enrolled Children #000s	End of Month 2018	Enrolled Children #000s	End of Month 2019	Enrolled Children #000s	End of Month 2020	Enrolled Children #000s
Jan	1,476	Jan	1,467	Jan	1,377	Jan	1,387
Feb	1,472	Feb	1,443	Feb	1,371	Feb	1,380
Mar	1,472	Mar	1,433	Mar	1,384	Mar	1,379
Apr	1,467	Apr	1,424	Apr	1,386	Apr	
May	1,464	May	1,436	May	1,385	May	
June	1,463	June	1,434	June	1,385	June	
July	1,463	July	1,433	July	1,384	July	
Aug	1,458	Aug	1,431	Aug	1,384	Aug	
Sept	1,452	Sept	1,423	Sept	1,382	Sept	
Oct	1,446	Oct	1,415	Oct	1,388	Oct	
Nov	1,448	Nov	1,400	Nov	1,386	Nov	
Dec	1,457	Dec	1,384	Dec	1,387	Dec	

