Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
August 6th, 2020
401 S. Clinton Street, Chicago, Illinois
201 S. Grand Avenue East, Springfield, Illinois

Committee Members
Kathy Chan, Cook County Health
Brittany Ward, Lurie Children's Hospital
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
Sharice Bradford
Robert Mendonsa
Arvind Goyal
Veronica Archundia
Laura Phelan
Melissa Black
Elizabeth Nelson
Jose Villegas

Committee Members Absent
Connie Schiele, HSTP

DHS Staff
Leslie Cully

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

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
August 6th, 2020
401 S. Clinton Street, Chicago, Illinois
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Patrick Hostert, Illinois House of Representatives (Democratic Research/Appropriation Staff)
Dani Mendez, Illinois House of Representatives (Democratic Research/Appropriation Staff)
Jamie Weber, Avesis
Luvia Quiñones, Illinois Coalition for Immigrant & Refugee Rights
Grecia Villegas, UIC Division of Specialized Care for Children
Viviana Rodriguez, University of Illinois Hospital & Health Science System
Kathye Gorosh, AIDS Foundation Chicago
Marina Kurakin, Legal Council for Health Justice
Caroline Chapman, Legal Council for Health Justice
Timothy S. Jackson, AIDS Foundation
Samantha Hollis, Illinois Health and Hospital Association
Susan Gaines, IPHCA

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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. She provided instructions to participants about how to mute and un-mute their lines. She noted that the meeting was being recorded and then conducted roll-call. Committee members present were Brittany Ward, Sergio Obregon, Nadeen Israel, Erin Weir, Kathy Chan, Sue Vega, Sherie Arriazola. One member Connie Schiele, was absent. Ms. Chan asked interested parties to send an email to veronica.archundia@illinois.gov to properly record their participation.

2. Review and Approval of the Meeting Minutes from June 4, 2020:

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

3. Health Literacy Update:

Kathy Chan introduced Dr. Paula Allen-Meares who is The Executive Director at the Office of Health Literacy and a professor at The College of Medicine at the University of Illinois at Chicago. Last May, she had a conversation with Director Theresa Eagleson, Jane Longo, and Laura Phelan regarding some of the initiatives at the Office of Health Literacy at UIC. https://chicago.medicine.uic.edu/office-of-health-literacy/

Dr. Allen-Meares worked with an organization called Finger Lakes Performing Provider System (FLPPS) and a company called "321 FastDraw" in the creation of a video on the topic of heath literacy. https://321fastdraw.com/vr/Health-Literacy-A-VR-Journey.html

The video was funded by a federal grant awarded to FLPPS in order to train healthcare providers in the state of New York with the objective of reducing Medicaid expenditure by 20% over a five-year period. In the fall of 2020, health care providers and those working in human services will be trained using these evidence-based practices to promote health literacy among the most vulnerable populations, as well as to promote better patient outcomes.

Dr. Allen-Meares said that, in 2003, a study found that 12% of the United States population did not possess higher level health literacy skills. Therefore, in order to promote better outcomes for the targeted patient communities, it was deemed necessary to deal with issues of equity of African American and Latinos affected by the current pandemic in the United States. As a member of the National Academy of Medicine, Dr. Allen-Meares has participated in many conversations around the United States about bringing more diverse populations into clinical trials. Some of these conversations have

Illinois Department of Healthcare and Family Services
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involved the development of a taskforces and committees to promote health literacy and to deepen cultural understanding. This taskforce has recognized the necessity of addressing health disparities with evidence strategies in order to help promote health literacy particularly with underrepresented populations.

In her conversation with Director Eagleson, Dr. Allen-Meares specifically noted the Public Education Subcommittee mandate:

> "The Public Education Subcommittee is established to advise the Medicaid Advisory Committee concerning materials and methods for informing individuals about health benefits available under the Department of Healthcare and Family Service's medical programs."

Dr. Allen-Meares said that aspects of this vision particularly resonate with her work regarding the UIC Health System. The conversation of the health literacy may be important in order to fulfill the vision of this committee and better implement the evidence-based practices that can positively impact the most vulnerable populations. Dr. Allen-Meares asked for any relative comments to please be sent to pameares@uic.edu

4. Care Coordination:

Robert Mendonsa told the group that YouthCare for DCFS Youth in Care is scheduled to be rolled out on September 1st, 2020. The DCFS youth will be automatically enrolled in the YouthCare health plan; if anyone needs to be in another plan, the guardian and DCFS, on a case-by-case basis, can submit a request to transfer the recipient to another plan. With YouthCare, DCFS Youth in Care will receive additional benefits such as care coordination for behavioral health needs, including trauma-informed care. YouthCare has an open network until February 28, 2021, which means provider claims for covered Medicaid services will be paid. HFS published a provider notice following which is available at: https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200803a.aspx

Mr. Mendonsa told the group that MMAI will go state-wide on July 1st, 2021.

For HealthChoice IL members who were previously in NextLevel have been transferred to Meridian. Robert clarified that this is not an acquisition, instead, it is a transfer of membership which took effect beginning July 1st, 2020. He noted that Next Level Health remains responsible for all claims and services provided through June 30, 2020. Also, provider relations remain in place through the rest of this calendar year or as long as it is necessary.

MCO Acquisitions - There has been a lot of activity in terms of other acquisitions; Centene, parent company to IlliniCare (and therefore, YouthCare) purchased Meridian. A requirement of that purchase was that Centene had to sell the IlliniCare HealthChoice

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
August 6th, 2020
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Illinois product, which it did – to CVS/Aetna. YouthCare and Illincare's MMAI product stayed with Centene. The name of IlliniCare will be changing to Aetna Better Health of Illinois sometime before the end of the calendar year to reflect that purchase., As a result, the Medicaid program in the state of Illinois now has four state-wide plans: Aetna Better Health of Illinois, Blue Cross Blue Shield of Illinois, Meridian Health, and Molina Healthcare, and one Cook County only plan, CountyCare.

P4P - HFS' annual Pay-for-Performance Program is 1.5% of capitation, which is withheld and earned back if performance measures are met. Because of the needs created by the COVID-19 public health emergency, there have been excessive challenges in terms of meeting metrics. HFS has returned withhold funds to plans and asked them to spend the funds to assist Medicaid beneficiaries, as well to help maintain an investment in community services, support affected providers and help decrease heath disparities and inequities during this time of great need. Plans have submitted spending proposals. HFS is monitoring these investments closely.

IHHs - Brittany Ward asked for an update related to Integrated Health Homes. Robert Mendonsa said that HFS is making some changes to the program. The Director has asked for a review of the HFS vision and that some changes to the program are being made. He said, no new dates have been scheduled for the IHH Town Hall Webinars; updates will be announced on the HFS website.

Sherie Arriazola asked, will IlliniCare be "grandfathered" into Aetna and if providers who have contracts with Aetna will have to do anything. Robert Mendonsa said it will be a seamless process and that members do not need to do anything; it is just a name change.

Sergio Obregon asked if the MCO plans to use the withhold funds are available to the public and Mr. Mendonsa indicated that a summary of these investments could be provided at the next meeting. Sergio Obregon said that with the Chicago Public Schools announcing an all-remote schedule for the first quarter of the 2020 -2021 school year, it would be helpful to know how to work with MCOs and to determine if withhold funds could be used to address needs of children. Dan Rabbitt echoed Sergio's request to make the withholding investment plans public and posted on the HFS website. Mr. Mendonsa said that this is something which will be taken into consideration during the next meeting.

5. DHS Update:

Leslie Cully said 54 of the 69 Family Community Resources Centers (FCRCs) have re-opened but currently operating with less than 20% of the staff members at these offices. A "triage" process of assessing clients' needs at the door has been adopted in order to minimize the time they have to wait in the lobby. There has also been efficiency achieved through remote work. DHS has put protocols in place that help local offices receive calls

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
August 6th, 2020
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and fax communications. Voice mails and faxes are being forwarded to state workers' emails in order to allow caseworkers to quickly respond while working from home. Case workers are conducting phone interviews and responding to client inquires, and phone calls are being routed from the FCRCs to be addressed by caseworkers. Clients are encouraged to call the ABE Call Center for assistance. The FCRC staffs are also providing the necessary assistance to clients whose redeterminations are incomplete, either because signatures or documentation is missing so they can comply with requirements and be granted continuity with respect to their benefits.

Leslie Cully said that about 40% of eligible families have not applied for Corona Virus-19 Pandemic (P-EBT) assistance. https://www.dhs.state.il.us/page.aspx?item=124142 Work is currently being done with individual districts to get the word out to families regarding this support. DHS has extended the application date line and provided the opportunity to submit an application until August 31st. DHS has focused its efforts upon reaching out to families which may be able to qualify for the P-EBT program. Advocates are doing marketing to get the word out to the community so that more people can take advantage of this benefit. It is important to keep in mind that no additional requirements or verifications are needed. This is a program that provides additional benefits to households with children who normally would have received free/reduced cost lunches at schools or would be getting meals through active SNAP benefits. DHS is focusing its efforts on encouraging these families to submit applications and visit the DHS website for more information. Please follow this link for more information:

Pandemic EBT (P-EBT) SNAP Benefits (PDF)
Beneficios de SNAP Pandemic EBT (Spanish)

6. ABE, IES & Redetermination Update

Newborn adds - Margaret Dunne reported, in response to an inquiry from Nadeen Israel at the June Meeting, all mailed, faxed, and emailed birth reports are now entirely up to date, with no backlog, and these types of submissions are being processed daily as they are received by the Newborn Unit.

There has been a total of 45,185 newborn birth report submissions through the ABE Provider Portal and MMC. Submissions that have been successfully added to the Mother's case is at 81 % for the Provider Portal (excluding backlog month) and 93% for MMC. Margaret reported that this is a significant increase in successful additions and credits this to careful data entry by hospital staff. HFS worked with staff at hospitals identifying problems and increasing successes. The two most common exceptions continue to be "Newborn Already Exists" at around 35% and "Case Unknown" at about 56%. The exceptions, those reports not added to cases, are sent to the local office if an

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
August 6th, 2020
401 S. Clinton Street, Chicago, Illinois
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office can be identified, or the All Kids Office for those exceptions where an office cannot be identified. The backlog in the All Kids Unit is about three months, but this backlog represents some submissions that do not, in fact, have existing cases.

Jane Longo directed the attention of the committee members to the report published on the HFS website that was included within the agenda and meeting materials under the title "Summary CAP Data," She said that she was happy to announce that the state has made substantial progress in reducing the number of applications which are older than 45 days. In comparison, at the end of 2019, there had been 147,000 applications. Many of these applications were made for COVID-19, and, in order to avoid taking an adverse action during the pandemic, the State no longer is processing redeterminations for medical. The State continues accepting client attestation for income, incurred medical expenses, residency, disability, and insured status. Ms. Longo said that the State continues to extend renewal by one month at a time. At this moment, HFS cannot predict when normal redeterminations will resume and will continue to extend renewals during the public health emergency as long as the mandate for maintenance of effort remains in place from Congress. With respect to ex-parte renewal, 37% of those who would had been up for renewal in June were extended.

Jane Longo indicated that, as recently announced by the federal government, the pandemic unemployment compensation of an additional $600 per week was not counted for Medicaid, but it is counted as income for SNAP. She noted that the loss of this benefit does not make anyone newly eligible for Medicaid, so she does not expect a huge increase in this number.

Health Benefits for Immigrant Seniors – Jane Longo presented, this new eligibility group which is authorized through the HB357 (Budget Implementation Bill or BIMP). This is intended for non-citizen seniors who are ineligible for Medicaid due to their immigration status and who have incomes at or below 100% FPL. HFS is currently working with DHS, DOIT, and Deloitte to make necessary system changes in the IES (Integrated Eligibility System.) Interested individuals should apply after December 1st, 2020, not before this date, as the system changes to process applications will only be available after this date. September will be the earliest date for backdate coverage. HFS will be reviewing the applications of those individuals who applied this year and were denied due to not meeting citizenship or immigration requirements. DHS is planning to share this information with the Welcoming Centers and provide assistance. After December 1st, anyone who applies for emergency medical assistance who meets the criteria will be reviewed for this new coverage.

After the COVID-19 emergency, a resource (or asset) test will apply $2,000 for a household of one, $3,000 for a household of two, plus $50 for each additional household member will apply. Seniors in the program whose countable income or resources are

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
August 6th, 2020
401 S. Clinton Street, Chicago, Illinois
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above the limit may qualify for spend down. Applicants can submit an application online through ABE, by phone at the ABE Customer Call Center, by mail, or at the DHS Welcoming Centers. The Immigrant Family Resource Program will provide application assistance as well. There will not be cost-sharing, premiums, or co-payments. It is expected that thousands of individuals will be eligible for the program. HFS is considering whether these clients will enroll in MCOs or receive care through Fee-For-Service.
Erin Weir Lakhmani asked if nursing home services will be covered under the Health Benefits for Immigrant Seniors. Jane Longo said the benefits will not include Long Term Care or nursing facility care but will include home and community-based services. In addition, Erin asked, if will this population be subject to state recovery. Lynne Thomas said, she will need to get back to the committee regarding this inquiry. She added that, after December 1st, for anyone who is 65 years of age or older and applies for emergency medical assistance, the system will process the request and also assess whether or not the person qualifies for this program.

Amber Kirchhoff asked if there has been any thought given to accepting paper applications now. Jane Longo answered that HFS does not see any viable way to have a manual system ready before December 1st. HFS has looked at how other programs have come online, and it was determined that the use of online applications is the quickest way to have a system up and running. However, HFS will implement COVID-19 conditions that qualify people for Emergency Medical, so that should help reduce some barriers to care.

Amber Kirchhoff inquired about the strategy for sharing information with community organizations, and Jane said that HFS is working on a brochure for potential applicants.

Dan Rabbitt asked if there are updated Medicaid enrollment numbers. Jane Longo responded that, as of June 2020, there were over three million people in Illinois who were enrolled in Medicaid, which is about a 4% growth since February. Mr. Rabbitt asked if HFS will be posting this information?

Kathy Chan asked when reimbursement for COVID testing for the uninsured will be available. Jane Longo replied that HFS expects to have a provider portal up and running during the month of October through which claims can be submitted.
Amber Kirchhoff asked what documentation will be necessary to apply for Health Benefits for Immigrant Seniors. Jane Longo said it will be similar to what is required for Medicaid.

Viviana Rodriguez asked if presumptive eligibility will be allowed for the Health Benefits for Immigrant Seniors. Jane Longo responded no, it will not.

Committee members were informed about new features in the Identity Proofing Form. Manual ID Proofing requests should be sure to be returned to the address on the form

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
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which is linked in the agenda and below:
https://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-3610.pdf

These changes were made in an effort to expedite ID Proofing for clients. It will now be possible to submit the form and supporting documentation by sending a fax to (217) 557-1370. DHS staff members are processing the forms as soon as they receive them. The fax converts to an email which is then picked up by DHS staff members who are dedicated to the process of ID proofing. The form also allows for a response by email, if requested on page two of the form.

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

7. Criminal Justice Update:

Lynne Thomas reported that HFS has published a provider notice related to incarcerated individuals who are being released from the Illinois Department of Corrections. The notice explains the automated process through which full medical benefits are restored upon release from a correctional facility. Community providers can request that the restriction be lifted in cases where the automated process has not yet occurred, for more details, follow this link https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200722a.aspx

Sherie Arriazola said that there have been some cases in which the restriction has not been lifted in a timely manner. Lynne Thomas asked her to provide examples of cases so HFS can investigate these occurrences and implement corrective action.

Chairperson Kathy Chan thanked HFS for the provider notice and Sherie Arriazola for her work, effort, and dedication to bring to this committee's attention the needs of individuals who, upon discharge, are making efforts to return to their communities and receive support so they can obtain full medical coverage as well as access to treatment resources which can support reintegration.

8. Open Discussion and Announcements:

Kathy Chan thanked HFS staff members for their efforts in making it possible for the new Health Benefits for Immigrant Seniors program to become a reality, as Illinois will become the first state in the nation to offer this benefit to thousands of potentially eligible seniors. She said that community members are looking forward to receiving further information regarding the program. Kathy also said the Public Education Subcommittee would appreciate an opportunity to review and provide feedback.

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Public Charge - Andrea Kovach said that, on July 29, 2020, the U.S. District Court for the Southern District of New York issued an injunction blocking the U.S. Department of Homeland Security (DHS) and U.S. Citizenship and Immigration Services (USCIS) from enforcing the Trump administration's new public charge rule during the COVID-19 pandemic. This means that the USCIS will apply the 1999 public charge guidelines:

https://www.federalregister.gov/documents/1999/05/26/99-13202/field-guidance-on-deportability-and-inadmissibility-on-public-charge-grounds

Ms. Kovach said that it is expected that the Trump administration will try to overturn this new injunction. For anyone interested in learning more the latest developments of this ruling, as well as to be part of the Protecting Immigrant Families-Illinois Coalition, please contact Andrea at: andreakovach@povertylaw.org

9. Adjourn:

The meeting was adjourned at 11:52 a.m. The next meeting is scheduled for October 1st, 2020, between 10:00 a.m. and 12:00 p.m.

Office of
Health Literacy

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

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 Heath 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

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

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

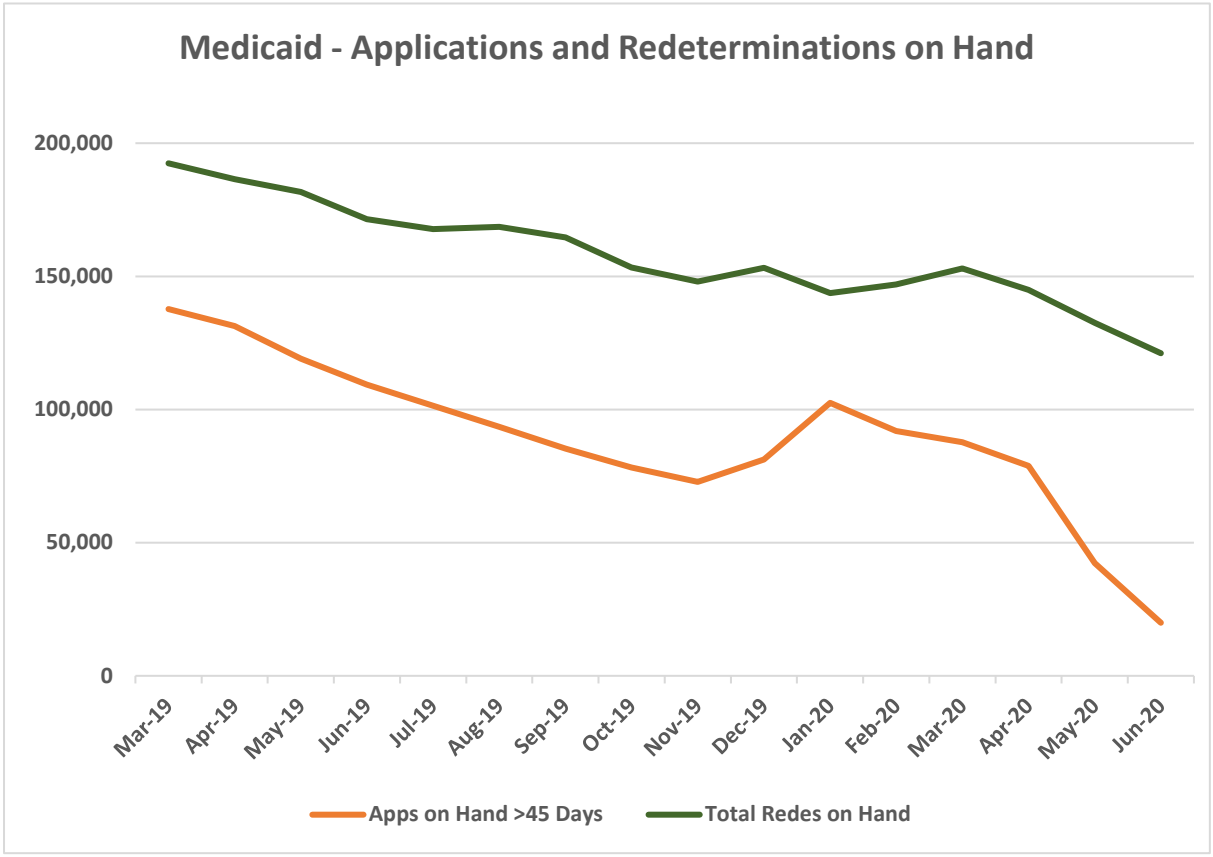
- IDOC releases an individual from the correctional facility with a 2-week supply of their maintenance medication.
- IDOC sends an automated data update to MEDI that ends the medical restriction and authorizes full medical benefits within a week after the individual's release, if eligibility is current. 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 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

Kelly Cunningham
Interim Medicaid Administrator

	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		



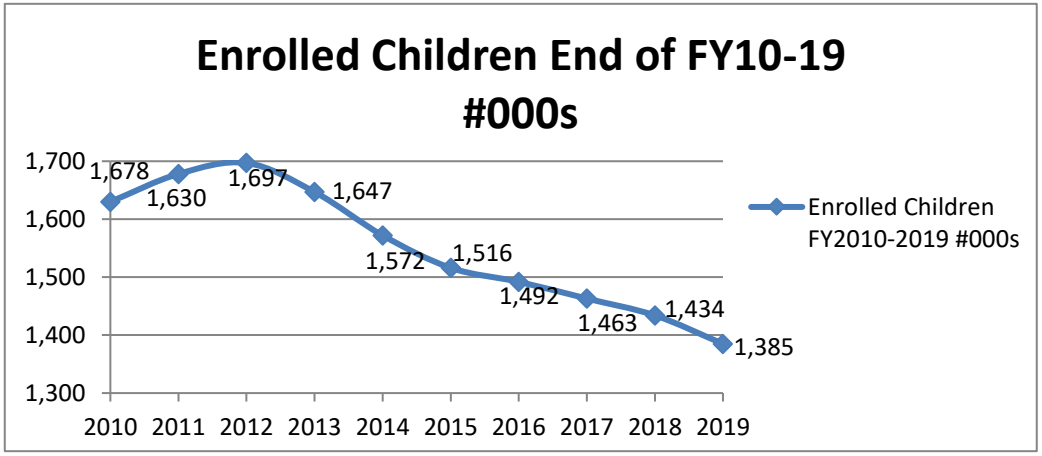
Number of Cases by Form B Reason

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
Received Form A	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
Received Form 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						
Total	**130,775**	**105,368**	**123,841**	**123,791**	**124,667**	**132,658**	**143,272**	**129,563**	**121,759**	**119,673**	**114,105**	**113,766**	**118,503**	**108,824**	**117,352**	**123,497**	**122,844**	**131,141**

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