

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting**

August 9, 2012

Approved Final Meeting Minutes

401 S. Clinton Street, Chicago, Illinois
201 S. Grand Avenue East, Springfield, Illinois

Committee Members Present

Kathy Chan, IMCHC
Margaret Stapleton, Shriver Center
Margaret Dunne, Beacon Therapeutic
Kimberly Drew, Heartland Alliance (for Nadeen Israel)
John Jansa, Molina HealthCare
Henry Taylor, Mile Square Health Center (via phone)
Paula Ramos, Community HealthCare (via phone)
Sonja McGrath, SIU School of Medicine

HFS Staff

Jacqui Ellinger
Lynne Thomas
Robyn Nardone
Veronica Archundia

Committee Members Absent

Diane Goffinet, Land of Lincoln Legal Assistance
Cora Shaw, Client Advocate
Hardy Ware, East Side Health District
Susan Vega, Alivio Medical Center

Department of Insurance

Frank Kisner

Interested Parties

Debra Matthews, DSCC
Brittany Ward, Beacon Therapeutic
Erin Weir, Age Options
Susan Melczer, MCHC
Christine Cazeau, Illinois Health Connect
Marissa Kirby, IARF (via phone)
Dr. Derek Lanier, Meridian Health Plans (via phone)
George Hovanec, Consultant
Joe Cini, Automated Health Systems
Libby Brunsvold, Med Immune
Deiry Velazquez, ICIRR
Viviane Clement, Shriver Center
Lucero Cervantes, ICIRR
Robin Scott
Esther Sciammarella, CHHC

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1. Introductions

Kathy Chan, from IMCHC, chaired the meeting. Attendees in Chicago and Springfield introduced themselves.

2. Review of Minutes

June 14, 2012 were approved.

3. Navigator Program Design Report

Frank Kisner, Deputy Director of Consumer Education at the Department of Insurance, referred the group to a document attached to the agenda titled "Illinois Navigator Program Design," which reflects findings and recommendations for Illinois' Navigator Program. The findings of this report were based on interviews conducted with a diverse group of stakeholders, including government agencies, advocacy groups, business groups, healthcare providers, and insurance industry representatives.

Mr. Kisner indicated that the great majority of stakeholders support the integration of the All Kids Application Agent (AKAA) model with the Navigator Program in order to assist uninsured individuals in obtaining medical coverage and enrolling them with an appropriate plan. He added that, although many details have not been finalized, there is a consensus regarding the use of a block grant approach to support the state in the enrollment process.

Mr. Kisner indicated that the biggest issue right now is that of determining different aspects related to hard to reach clients (such as the homeless population), how we are getting into communities such as Southern, Central, and rural Illinois. He added that The Health Reform Implementation Council will hold public meetings at the end of August, for oral comments and recommendations regarding the Navigator Program. Kathy Chan asked if these comments will be available for public view. Mr. Kisner was uncertain, but he will inform the committee at a later time.

Ms. Chan asked if it's known whether or not the state of Illinois would oversee the Navigator Program, and, if this has not been determined, when will it be known what role it's going to take. Mr. Kisner indicated that the Illinois' blue print is due this fall, at which time specific information regarding the Navigator Program will be available to allow time for posting the Request for Proposals, as well as to allow time for interested parties to apply for grants. It is expected that, through a competitive selective process, Navigators will be chosen. The state of Illinois has to select Navigators in time to be trained and certified prior to the Exchange's initial open enrollment period, which is being targeted for October 2013.

Esther Sciammarella, from the CHHC, asked about how the role of the Navigator is seen as developing, once clients are enrolled within a particular plan. She also inquired about how it will be possible to prevent clients from getting disconnected from the healthcare system.

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Mr. Kisner indicated that this is a concern which is being recognized at all levels and needs to be addressed because clients need to know how to use the system. He added that, at the present time, the department is exploring different options in order to offer grants to address these concerns. Full details regarding these options are not available, however, Mr. Kisner promised to attend a future meeting in order to provide an update.

4. ACA Update

Health Insurance Exchange: Kathy Chan reported that, on June 28, 2012, the Supreme Court released its ruling which upheld the constitutionality of the Affordable Care Act. This was immediately followed by Governor Pat Quinn's announcement that Illinois is moving forward with a state-federal partnership Health Insurance Exchange. Details regarding how the federal- state partnership will work and what kind of oversight will be needed in terms of the issues related to the grants, as well as issues related to training have to be determined to ensure successful completion of Health Insurance Exchange planning activities.

Integrated Eligibility System: Jacqui Ellinger, Deputy Administrator Division of Medical Programs, indicated that Deloitte Consulting LLP was recently recommended to receive an award, through an RFP, as the implementation vendor for the new Integrated Eligibility System (IES), which will be a state-of-the-art eligibility system. She noted that Deloitte Consulting has previous experience in building case management systems for Michigan, Wisconsin, and New Mexico. At the moment, HFS is finalizing contract details with Deloitte, which is another step in the procurement process.

Ms. Ellinger reported that HFS awarded a contract to CSG to fulfill the role of the Program Management Office (PMO). CSG is on board to bring the technical expertise to help manage, organize, and keep track of the whole project. There is one more RFP planned to support the development of IES, and that is a vendor to independently validate and verify the work of the prime contractor, Deloitte. The IV&V vendor will function as a monitor to determine whether or not Deloitte develops and delivers the system that the contract requires.

John Jansa, from Molina HealthCare, asked about the time frame for this project. Jacqui replied that the Affordable Care Act requires that IES must be operational with certain principals of enrollment under Healthcare Reform by October, 2013, which seems an unattainable deadline; however, we are striving to meet this goal. The complete design of the eligibility system, according to the RFP, must be completed by the end of 2015, when federal funding runs out.

Ms. Ellinger stated that there is some interest in renaming IES due to concerns that the term "Integrated Eligibility System" may not have meaningful significance for the general population. One suggested name is "Application for Benefits Enrollment" (ABE). Another suggestion has been "Application for Benefits – Illinois.

This was followed by vigorous discussion among members: Erin Weir, from Age Options, stated that, from working with seniors and people with disabilities, her personal impression is

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that these names would not make any sense to the general public. She recommended a name that is common sense and easy to understand, rather than the name of the actual system. Esther Sciammarella, from CHHC, suggested a name that is more concrete. Christine Cazeau, from Illinois Health Connect, suggested a name that is not an acronym, because of a potential lack of meaning. She added that the name should be something simple that is spelled the way it sounds. Jacqui Ellinger suggested “Apply Illinois,” but asked if that might be it too vague. Kathy Chan noted that, to a certain extent, it would be better to be somewhat vague. Margaret Dunne, from Beacon Therapeutic, commented: “Anything but, Integrated Eligibility System”. Several members said “Yes” and nodded their heads in agreement.

5. Updates

Cook County Waiver

Jacqui Ellinger stated that legislation passed in May to authorize the 1115 Cook County Health & Hospital System Waiver. The intent of this waiver is to provide medical coverage to the current uninsured population with income up to 133% FPL living within Cook County. This targeted population is also known as “new eligibles” under the ACA. The Cook County Health & Hospital System (CCHHS) expects to partner with other providers to offer a full range of services for the new eligibles.

HFS has had several meetings with federal CMS to clarify final details in order to make sure the waiver meets the federal requirements. DHS and HFS are working with both Cook County to have the waiver ready within the next couple of months.

6. Children’s Enrollment:

Ms. Ellinger referred the group to a handout provided to the committee showing children’s enrollment. Kathy Chan is interested in finding out how many children would have been affected by their parents’ case cancellation due to the budget cuts that became effective on July 1, 2012.

Lynne Thomas, Chief of the Bureau of All Kids, indicated that BAK carefully identified and reviewed cases of adults affected by the FamilyCare income reduction to 133% FPL to assure the children coverage remained active. Ms. Thomas indicated that BAK is reviewing cases of parents who requested that their income be recalculated. In some cases, income had decreased or the family sizes had changed.

Margaret Stapleton, from the Shriver Center, commented that her organization is looking very closely at the SMART Act and the Public Aid Code. In her opinion, the “income disregards” that the department subtracts from a family’s gross income, in order to make a determination of eligibility, are fairly generous. Ms. Stapleton made reference to the deductions, such as: childcare expenses, child support paid, child support received, and job allowances. She continued, observing it is important to remember that the figure 133% FPL is the income requirement once the disregards have been applied. Consequently, the message that needs to convey to clients is that they need to apply, even if they believe to be above the

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income criteria by a couple of hundred dollars, because, at the end of this process, the disregarded income is what makes the difference.

7. Open Discussion and Announcements

Kathy Chan suggested rescheduling the meeting projected for December 6, 2012, due to interference with the Illinois General Assembly Veto Session. HFS staff will look for an alternative day to schedule a meeting in December.

Robyn Nardone, Senior Healthcare Policy Advisor at HFS, reported that DHS and HFS staff continues working on data programming to eliminate the monthly medical card mailing. One of the major challenges of working on this project is that HFS and DHS are operating in an eligibility system that is over 30 years old and that is “hard coded,” which means that, in order to make a minimal modification for the medical cards, a programmer must make the change manually. Ms. Nardone noted that the project has been time consuming but it is progressing. It is expected that, in the coming weeks, advice from the committee will be requested to advance this project.

Dr. Derek Lanier, from Meridian Health Plan, asked if there are any developments regarding managed care for the “new eligibles project.” Jacqui Ellinger replied that the development of managed care is not the main objective of the Public Education Subcommittee. She recommended that this question should be directed to the Care Coordination Subcommittee meeting, which is scheduled soon. Information regarding date, time, and locations can be found on the HFS website under Public Involvement at:

<http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommissions/MAC/cc/Pages/meetingschedule.aspx>

Margaret Dunne, from Beacon Therapeutic, asked if there any numbers available regarding how many children have been dropped because of the end of passive re-determination. Ms. Ellinger replied that statewide, as of July 2012, the passive renewal notice was discontinued but that should not result in cancellation of benefits for eligible children. She noted that, the BAK has been pursuing electronic matching for redeterminations.

John Jansa, from Molina Healthcare, asked about the Colbert v. Quinn Consent Decree and if the department is planning to share any outreach and educational materials regarding “Dual Eligibles Project” for the committee’s review prior to its implementation. Ms. Ellinger replied that its implementation has been postponed by the federal government. HFS staff will provide an update regarding this request.

Kathy Chan asked if the procurement process to contract with an Eligibility Verification Vendor has been concluded. Ms. Ellinger provided some background, stating that this was a provision of the SMART Act, according to which HFS must contract with an external vendor to verify eligibility at redetermination. DHS and HFS, in conjunction with the Chief Procurement Officer for General Services, are in the process of procurement and selecting a vendor to run the electronic verifications and follow-up, so we can make a determination of

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eligibility. The vendor cannot make a decision on a case, because the federal government requires that a state employee make the decision. We expect that a contract will be awarded by August 16, 2012. The contract negotiations are expected to be finalized by September 14, 2012.

Kathy Chan asked if there were any changes in terms of participation by All Kids Application Agents (AKAAs), as the result of the elimination of the Technical Assistance Payments (TAP). Jacqui replied that the department had been advised by counsel that we had to eliminate all existing agreements with AKAAs due to budget cuts after 7/1/12. HFS staff contacted and distributed new non-payment agreements for AKAAs. A status of AKAAs participation will be provided at the next meeting.

Joe Cini, from Automated Health Systems, asked what authority Illinois had to move to a federal-state partnership for the Health Insurance Exchange. He added that his understanding was that this process required the Governor's executive order or legislation from the General Assembly. Kathy Chan explained that this would have been the case had Illinois decided to run the Health Insurance Exchange. Instead, Illinois entered into a federal-state partnership, which only requires a notification to the federal government. She noted, as Frank Kisner had stated earlier, the next step in this process requires Illinois to present a blueprint for this partnership in order to receive its certification.

Jacqui Ellinger discussed a handout provided to the committee regarding a client draft notice concerning public involvement. Ms. Ellinger reminded committee members that, in previous meetings, and in response to a request from Dr. King, it had been suggested that clients should be made aware about how they can participate in policy making and, in general, to increase their awareness about available programs. Ms. Ellinger indicated that the draft is a first attempt to open discussion among committee members about how best to convey this message to our clients. The notice will be translated into Spanish. Committee members then discussed format, language, and framing of the message to make sure that clients understand that their input and involvement is welcome.

Kathy Chan suggested, in the interest of time, that a dateline of August 31, 2012 should be established for comments. She observed that it seems like there is a consensus among members about keeping the client notice to promote public involvement short and simple, as well as having "an open door policy."

8. Adjourn

The meeting was adjourned at 12:09 p.m. The next meeting is scheduled for October 11th, 2012, from 10:00 a.m. to 12:00 p.m.