

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200
TTY: (800) 526-5812

Medicaid Advisory Committee
Public Education Subcommittee Meeting
Thursday, August 13, 2015

401 S. Clinton St., Chicago – 7th Floor Video Conference Room
201 S. Grand Ave. East, Bloom Bldg., Springfield – 3rd Floor Video Conference Room

Agenda

1. Introductions
2. Approval of the Meeting Minutes from June 11, 2015
3. Care Coordination Update
4. ACA/Health Care Reform Updates
 - Application Processing
 - Integrated Eligibility System (IES) Phase Two
5. Illinois Medical Redetermination Project (IMRP)/Enhanced Eligibility Verification (EEV) Update
6. Open Discussion and Announcements
7. Adjourn

For anyone who cannot attend in person but wishes to participate by conference call they can join the meeting by dialing 1-888-494-4032. The access code is 5737699394#. Individuals who participate by phone must identify themselves when they join the meeting.

In order to ensure the distribution of meeting materials, please confirm that you are planning to attend by responding to HFS Webmaster via e-mail to HFS.webmaster@illinois.gov or by phone at **312-793-1984**. Even if you plan to participate by phone, please register by sending an email so we can record your presence accurately.

This notice is also available online at:

<http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommissions/MAC/News/Pages/default.aspx>

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
June 11, 2015.**

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

Committee Members Present

Kathy Chan, Cook County Health & Hospitals System
Margaret Stapleton, Shriver Center
John Jansa, WKG Advisory
Sherie Arriazola, TASC
Erin Weir, Age Options
Nadeen Israel, EverThrive Illinois
Hardy Ware, East Side Health District (by phone)
Brittany Ward, Primo Center for WC
Ramon Gardenhire, AFC
Lauren Angeles, Alivio Medical Center (for Sue Vega)

HFS Staff

Lauren Polite
John Spears
Bridget Larson
Gabriela Moroney
Bridgett Stone
Mariah Balaban
John Hoffman
Ben Noble
Arvind K Goyal
Veronica Archundia

Committee Members Absent

Sergio Obregon, CPS
Connie Schiele, HSTP

DHS Staff

Patricia Reed

Interested Parties

Deb Matthews, DSCC
Kelly Carter, IPHCA
Rick Cornell, Health Alliance
Kenneth E. Ryan, Illinois State Medical Society
Enrique Salgado, Harmony
Helena Lefkow, MCHC
Sandy De Leon, Ounce of Prevention Fund
Daad Sharfi, Primo Center
Alison Stevens, LAF
Sonia Robins, Molina HC
Anna Carvalho, LaRabida
Franchella Holland, Advocate Health
Kathryn Shelton, LAF
Ken Ryan, ISMS
Mike Lafond, Abbvie
Kathy Waligora, EverThrive Illinois
Lindsey Artola, IlliniCare
Luvia Quiñones, ICIRR
Karen Brach, BCBSIL
Jessie Beebe, AFC
Andrew M. Weaver, Land of Lincoln Legal Assistance Foundation (by phone)
Dan Rabbitt, Heartland Alliance (by phone)
Lynne Warszalek, Stickney Health Department (by phone)
Anita Stewart, BCBSIL (by phone)
Regina Porter, Next Level Health (by phone)

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
June 11, 2015.**

1. Introductions

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

2. Review of Minutes

Margaret Stapleton made a motion to approve the minutes from the meeting held on April 9th and it was seconded by Erin Weir. The minutes were approved by a vote of nine in favor, one abstention, and zero opposed.

3. Review of the Subcommittee Charge

Chairperson Kathy Chan led the discussion over the revised version of the subcommittee's charge: <http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommissions/MAC/publiced/Pages/default.aspx>. She indicated that the only change made to last year's version is that the revised charge no longer includes the name of each specific program that the department administers, as had been noted in the previous version. This suggestion was made based upon a recommendation of the full Medicaid Advisory Committee (MAC). The intention is to avoid updating the changing list of programs every year.

A comment, and a suggestion, was made by a committee attendee, who noted that the Public Education Subcommittee primarily focuses on issues concerning beneficiaries; however, in her opinion, there may be a need to offer additional support in terms of educating providers. Robust discussion among committee members and other attendees participating resulted in a consensus acknowledging that, although the focus of this committee has been on beneficiaries and the general public, the subcommittee has also been sufficiently flexible in addressing provider issues. It was concluded that the committee should continue operating openly and flexibly. Kathy Chan made a motion to bring a recommendation to the full Medicaid Advisory Committee that the revised charge should remain as written. This motion was unanimously supported.

4. A Guide for Applicants & Clients Receiving Health Coverage from HFS

Mariah Balaban reported that the draft of the "Guide for Applicants & Clients Receiving Health Coverage from HFS" is in its final stages of completion. She thanked the committee members for their contributions in the development of the guide. Mariah Balaban indicated that today would be the conclusion of her internship with HFS; consequently, she requested that any final recommendations should be sent before the closing of business to her attention at: Mariah.Balaban@illinois.gov. She noted that future recommendations or revisions should be directed to Lauren.Polite@illinois.gov. Committee members expressed their appreciation to Mariah for her enthusiasm, dedication, hard work, and a job well done in the completion of this project.

5. ACA Health Care Reform Updates

ABE Usability

Lauren Polite provided an update about the developments of usability efforts that include the newly redesigned ABE homepage, which now appears to be more clear, logical, and professional. Another important enhancement involves the redesign of the household member navigation page of the ABE application with the addition of clear icons highlighting which person's information is being filled out, and giving an "inactive" indication to household members for whom no data has been entered. This is expected to improve the user experience and increase data entry automation.

Lauren indicated that, prompted by reports from assisters and navigators, the Summary Household section was redesigned. Changes include: grouping information per household member instead of listing questions separately. The newly redesigned summary page takes one snap shot of each

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
June 11, 2015.**

person's household, adding font and color enhancements and arranging information in boxes which are properly labeled to clearly group information by household member.

Ms. Polite noted that another exciting project concerning ABE usability has been progress with developing the ABE mobil app, which will allow the ability to upload documents through a mobile device, as well as the ability to check benefits status, change passwords, and view Frequently Asked Questions. It is expected that the ABE mobil app will be available in the first quarter of 2016. Committee members will be informed of any future developments, and their feedback will be solicited when appropriate.

Application Processing

Lauren Polite provided a brief update regarding the application processing status, indicating that the state has been receiving an average 7000 to 8000 applications per week. The FFM recently sent over 4,000 applications that previously had not been forwarded to Illinois for determination of eligibility. She added that state employees are working diligently to make sure that all applications are processed. In addition, the date when the FFM applications were initially submitted will be honored.

Nadeen Israel asked if the state plans to revise the notices that are being sent to individuals who do not qualify for Medicaid which currently direct them to apply through the Marketplace. Lauren Polite indicated that, at this time, no immediate change has been programmed, because all efforts are being directed toward IES Phase Two. However, it is expected that some notices will be revised this fall, when the client web portal is expected to be launched, including the "Manage My Case" function, which will use client notices and make them available online.

Integrated Eligibility System (IES) Phase Two Update

Lauren Polite provided the subcommittee with a brief presentation concerning the efforts that HFS has been making in preparation for IES Phase Two. The enhancements which are expected to be launched in September, include accessing "Manage My Case" and allowing third party providers (such as, MPE, AKAAs, hospitals, and other adult members on the case) to have access to limited case information.

Other functions concerning "Manage My Case" include: "Renew My Case," "Report My Changes," and "Check My Benefits." Lauren indicated that HFS is currently working on the development of a communication plan in preparation for the launching of IES (Phase Two). It is expected that extensive training will be provided at the end of the summer, which will include, among other topics, how to apply for Medicaid, the "Manage My Case" function, and the "Appeals Management Portal." Since there was very positive feedback regarding the guides made available during Phase One, it is expected that, to support the smooth launching of phase two, guides will be made available and published on the HFS website. HFS will continue a partnership with EverThrive Illinois, which is expected to host some webinars.

6. HFS Website Update

John Hoffman stated that HFS is discussing the redevelopment and redesign of 15 of its websites. The intent of this review is to develop a professional, well organized, clean look, using simple language. In order to conduct this project, HFS is seeking suggestions, comments, and recommendations from providers, partners, clients, and other interested parties. HFS has developed a survey, which contains eight open-ended questions intended to assess the current function of its websites. Anyone interested in obtaining and discussing further details may contact john.hoffman@illinois.gov. The survey is available at <https://www.surveymonkey.com/r/?sm=X6Nop6wmpDq3bDv6syTXgw%3d%3d>

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
June 11, 2015.**

Committee members and other attendees participating in the discussion shared recommendations, which included: adding a segment concerning “Facts about Medicaid,” featuring successful stories of individual recipients, posting a list of the most favorite HFS websites, as well as adding a list of partners and their respective links sites.

7. Care Coordination Update

Bridget Larson presented enrollment information, first noting that, in June, 1.9 million FHP and ACA adults enrolled in managed care health plans across the state (MCO, MCCN, ACE or CCE.) Among these, 53% of the enrollments are the result of auto-assignment, and 47% are the result of choice. For the clients who were auto-assigned, 57% were the result of maintaining existing provider relationships, and 29% were the result of geomapping. For those who made a choice, 69% did so through the Client Enrollment Services call center, and 31% made a choice by means of the online enrollment portal.

Bridget also noted that the call center is currently receiving from 3,000 to 6,000 calls per day and has experienced a good turnaround, as well as tracking minimal periods of extended wait times. The average wait time is typically less than a one minute. Mondays and Wednesdays still have high volume call periods between noon and 5:00 pm. However, there has been a 40% drop in call volume on Fridays and Saturdays.

HFS staff will follow-up with the committee to provide answers to several concerns regarding statistics on the number of people who switched plans during their 90-day period. HFS will provide an example of the open enrollment letter that is being sent to clients, as well as several operational questions about ACE/CCE and their partnerships with MCOs. See the first attachment for answers to the questions raised.

8. Illinois Medicaid Redetermination Project (IMRP) Enhanced Eligibility Verification (EEV) Update

John Spears indicated that HFS has posted a report concerning the IMRP undertaken by HFS and DHS, pursuant to the SMART Act (<http://www2.illinois.gov/hfs/SiteCollectionDocuments/IMRPQtrlyReport12015.pdf>). Since the beginning of 2013, IMRP has reviewed almost 1.1M cases. There are about 65,000 cases reviewed for redetermination each month. By the end of the month, 37,000 Family Health Plan redeterminations will be sent. As a result, the state is getting closer to being caught up with all the redeterminations before IES Phase II is expected to start. At the end of the month, there will be a one-time mailing to ACA Adults with SNAP benefits who have turned age 65 or begun receiving Medicare. In addition, in the last three months, 775 individuals were removed, as it was discovered that they were deceased.

Mr. Spears showed the committee members a revised envelope that will be used to send clients their redetermination forms. New language was added to the outer envelope which reads, “Illinois Redetermination Project – Important information about your coverage.” This message is in English, Spanish, Polish, Russian, and Cantonese. On the back of the renewal form, a message states: “Important! This material contains information about your benefits. If you need help translating it, call 1-855-458-4945 and press 1. This statement is translated into 18 different languages and is intended to highlight the importance of the notice, as well as to encourage individuals to contact the IMRP hotline, which will connect them with a translator hotline to help address any questions or concerns. Please see attachments two and three. Chairperson Kathy Chan thanked the Department for taking the committee’s suggestions.

In addition, John Spears noted that HFS has made a list available to long term care and support facilities of individuals living in these facilities who are due for a redetermination. He remarked that,

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
June 11, 2015.**

in the upcoming weeks, a list of individuals who are due for redeterminations will also be provided to the MCOs. HFS will be contacting all the MCOs to let them know that this information is going to be available and, if they wish, to encourage clients to complete their redeterminations to avoid unnecessary cancelations due to a lack of response.

9. Budget Report

Nothing was reported in this subject.

10. Open Discussion and Announcements

Chair person Kathy Chan encouraged committee members to send additional topics to be included in the next agenda. For now, it was agreed that today's agenda items should be again included for the next meeting.

11. Adjourn

The meeting was adjourned at 12:08 p.m. The next meeting is scheduled for August 13, 2015, between 10:00 a.m. and 12:00 p.m.

Attachment I

MEDICAID MANAGED CARE CHOICE PERIODS AND ACE/CCE TRANSITIONS UPDATES July 2015

Initial Enrollment and Open Enrollment

- Anytime a member is enrolled with a health plan in a managed care program, either through choice or auto-assignment, they have 90 days from that plan enrollment effective date to change plans. An individual is limited to one (1) plan change during their 90-day switch period.
- Clients will also have a 60-day Open Enrollment (OE) period at the end of their 12 month lock-in period. During this 60-day period, a client may elect to switch health plans. Because HFS rolled out the mandatory managed care program in multiple stages over the course of about nine (9) months, Medicaid clients are in their 60-day Open Enrollment periods at different times throughout the year. (see [the initial mailing schedule](#) on the HFS website under Care Coordination).
- Client Enrollment Services sends the OE notices to individuals between 70 and 75 days before the end of their 12 month lock in order to get the notice in the clients hand prior to the 60-day switch period. Once a client has received their Open Enrollment notice, if the client calls Client Enrollment Services to change plans before the 60-day Open Enrollment period, the CEB will take the request and pend it until it can be submitted to HFS and processed.
- Attached is a sample of an Open Enrollment letter. The OE letter includes the list of all of the plan options for the client that are available in their area of service at that point in time. A client must contact Client Enrollment Services via the Call Center or via the Program web site to receive more information about their plan choices and assistance in switching plans, if needed.
- If clients do not actively change plans during their Open Enrollment period, they will remain in their current plan for another 12 month lock-in period. A client is not required to switch plans during their Open Enrollment Period and is not assigned away from their plan if there is no active plan switch.
- HFS averaged about 20,000 health plan “switches” per month in April – June but expects fewer switches moving forward as the volume of clients in their 90-day switch periods will decrease with the completion of expansion.
- If someone chooses to switch plans after having been auto-assigned, HFS considers that plan switch to be an active enrollment choice made by the individual.

ACE and CCE Member Transitions

ACEs and CCEs were given the option to either become a MCCN or to establish a relationship (contractual or otherwise) with an existing MCO or MCCN to assume the ACE or CCE members. **The primary goals of these relationships/transitions are to minimize disruption to the members and maintain the care coordination models in which the state and plans have invested.** With that in mind:

Update on Open Enrollment and ACE/CCE Transition (July 29, 2015)

Attachment I

- ✓ HFS' expectation is that for health plans that establish a relationship with an existing MCO, the MCOs are tasked with working with the ACE or CCE to get all of the plan's PCPs and critical specialists into the MCO network. The Department will be monitoring this closely throughout the transition process.
- ✓ Members enrolled in an ACE or CCE that establishes a relationship with an existing MCO, will be transitioned to the partner MCO; however the client will be provided with a 90-day switch period from the effective date of transition to change health plans. . The individual must contact Client Enrollment Services via the Call Center or the online enrollment portal to request a change in health plans during their 90-day switch period. If the client switches health plans during their 90-day switch period, the client's anniversary date will be the first date of enrollment in the new health plan.
- ✓ Starting 2 months or sooner, prior to the effective date of the transition of ACE or CCE members to the partner MCO, the following may occur:
 - HFS will gradually remove the ACE or CCE from the client enrollment materials/website and educate the call center workers. HFS may also decide to suspend future auto-assignment and voluntary choice to the ACE or CCE health plan.
 - The partner MCO and the ACE or CCE work together to enroll PCPs that are active in the ACE or CCE network, but not in the MCO network.
 - The clients will receive written notice explaining the transition, and the option to switch health plans during the 90-day switch period.
 - The MCO sends the clients member materials and member ID cards.
 - The MCO and ACE or CCE may have a readiness review.
 - HFS transitions the members in its system from the ACE or CCE over to the MCO.
- ✓ HFS expects most if not all ACEs and CCEs to move to risk or partner with an MCO. If that is not the case, HFS will look at options for the members based on the individual ACE or CCE.

To date, three CCE plans have completed a transition to a partner health plan. Effective July 1, 2015, members enrolled in the EntireCare CCE health plan were transitioned to NextLevel CCE for care coordination and members enrolled in My Health Care Coordination CCE were transitioned to Health Alliance. Effective August 1, 2015, members enrolled in La Rabida's CCE were transitioned to CountyCare MCCN.

Important

Important! This material contains information about your benefits. If you need help translating it, call 1-855-458-4945 and Press 1.	Eng
هام: تحتوي هذه المادة على معلومات تتعلق بالمزايا الخاصة بك. إذا كنت بحاجة للحصول على ترجمتها، اتصل على الرقم 1-855-458-4945 واضغط 1.	Ara
Važno! Ovaj materijal sadrži informacije o vašim povlasticama. Ako trebate pomoć oko njegovog prijevoda nazovite 1-855-458-4945 i pritisnite 1.	Bos
重要事項！本材料包含有關您的福利的資訊。如果您需要我們幫助您翻譯，請致電 1-855-458-4945，然後按 1。	Can
Važno! Ovaj materijal sadrži informacije o vašim povlasticama. Trebate li pomoć oko njegovog prijevoda molimo nazovite 1-855-458-4945 i pritisnite 1.	Cro
Important ! Ces documents contiennent des informations sur vos prestations. Si vous avez besoin d'aide pour les traduire, appelez le : 1-855-458-4945 et appuyez sur 1.	Fre
Wichtig! Diese Unterlagen enthalten Informationen zu Ihren Leistungen. Wenn Sie Hilfe benötigen, um sie zu verstehen, rufen Sie 1-855-458-4945 an und drücken Sie die 1.	Ger
મહત્વનું! આ સામગ્રીમાં તમારા લાભ માટેની જાણકારી સામેલ છે. જો તમારે તેના અનુવાદ માટે મદદ જોઈએ તો 1-855-458-4945 પર ફોન કરો અને 1 દબાવો.	Guj
आवश्यक जानकारी ! इस पठन सामग्री में आपके लिए लाभदायक जानकारी मौजूद है। यदि आपको इसे अनुवाद करने के लिए मदद की आवश्यकता है, तो 1-855-458-4945 पर कॉल करें और 1 दबाएं।	Hin
Importante! Questo materiale contiene informazioni sulle sue prestazioni sanitarie e assistenziali. Se ha bisogno di aiuto per tradurlo, chiami il numero 1-855-458-4945 e preme 1.	Ita
សំខាន់! ឯកសារនេះមានព័ត៌មានអំពីអត្ថប្រយោជន៍របស់អ្នក។ ប្រសិនបើអ្នកត្រូវការជំនួយក្នុងការបកប្រែ សូមហៅទូរស័ព្ទលេខ 1-855-458-4945 ហើយចុចលេខ 1។	Khm
중요! 이 자료는 귀하의 보험 혜택과 관련한 정보를 담고 있습니다. 번역 지원이 필요할 경우, 1-855-458-4945 로 전화하여 1번을 누르십시오.	Kor
重要事項！本材料包含有关您的福利的信息。如果您需要我们帮助您翻译，请致电 1-855-458-4945，然后按 1。	Man
Uwaga! Niniejszy materiał zawiera informacje na temat Pana(i) świadczeń. Jeżeli potrzebuje Pan(i) pomocy przy jego przetłumaczeniu, proszę zadzwonić pod numer 1-855-458-4945 i nacisnąć 1.	Pol
Важная информация! Данный материал содержит информацию о Ваших льготах. Если Вам нужна помощь с переводом информации, позвоните по номеру 1-855-458-4945 и нажмите 1.	Rus
Važno! Ovaj materijal sadrži informacije o prednostima za vas. Ako vam je potrebna pomoć oko prevoda nazovite 1-855-458-4945 i pritisnite 1.	Ser
Importante! Este material contiene información sobre sus beneficios. Si necesita ayuda en la traducción del mismo, comuníquese al número 1-855-458-4945.	Spa
Mahalaga! Ang materyal na ito ay naglalaman ng impormasyon tungkol sa iyong mga benepisyo. Kung nangangailangan kayo ng tulong sa pagsasalin nito, tumawag sa 1-855-458-4945 at Pindutin ang 1.	Tag
Quan trọng! Tài liệu này chứa thông tin về quyền lợi của quý vị. Nếu quý vị cần dịch tài liệu này, hãy gọi 1-855-458-4945 và Nhấn 1.	Vie
اہم جانکاری! اس مواد میں آپ کے لیے مفید معلومات موجود ہے۔ اگر آپ کو اسے ترجمہ کرنے کے لیے مدد کی ضرورت ہے تو 1-855-458-4945 پر کال کریں اور 1 دبائیں۔	Urd

PO Box 1242
Chicago, Illinois 60690-1242



ILLINOIS REDETERMINATION PROJECT

Window Size: 4.5" x 1.5"
From Left: .875"
From Bottom: .5"

IMR2-#10-PRST1ST-0614

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
BUSINESS INK, CO.

INFORMACIÓN IMPORTANTE SOBRE SU COBERTURA
WAŻNA INFORMACJA O GWARANCJI
ВАЖНАЯ ИНФОРМАЦИЯ О ВАШЕМ ОСВЕЩЕНИИ
關於你的報導的重要信息

**IMPORTANT INFORMATION
ABOUT YOUR COVERAGE**

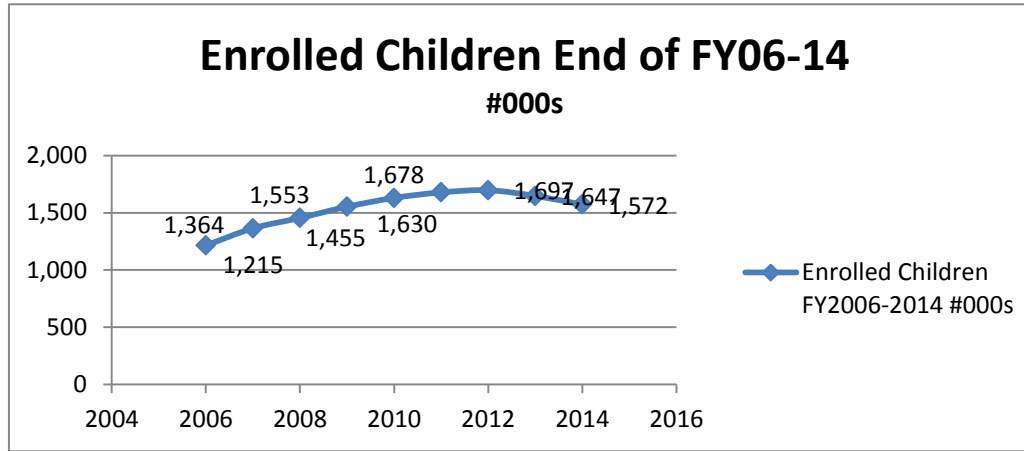


IMR2-#10-PRST1ST-0614

Children's Enrollment

Enrolled Children FY2006-2014 #000s

End of FY	#000s
2006	1,215
2007	1,364
2008	1,455
2009	1,553
2010	1,630
2011	1,678
2012	1,697
2013	1,647
2014	1,572



End of Month 2012	Enrolled Children #000s	End of Month 2013	Enrolled Children #000s	End of Month 2014	Enrolled Children #000s	End of Month 2015	Enrolled Children #000s
Jan	1,696	Jan	1,666	Jan	1,582	Jan	1,540
Feb	1,699	Feb	1,665	Feb	1,582	Feb	1,540
Mar	1,701	Mar	1,667	Mar	1,591	Mar	1,531
Apr	1,701	Apr	1,665	Apr	1,595		
May	1,698	May	1,656	May	1,587		
June	1,697	June	1,647	June	1,572		
July	1,694	July	1,638	July	1,564		
Aug	1,694	Aug	1,635	Aug	1,567		
Sep	1,689	Sept	1,626	Sept	1,561		
Oct	1,681	Oct	1,610	Oct	1,554		
Nov	1,674	Nov	1,600	Nov	1,547		
Dec	1,668	Dec	1,587	Dec	1,541		

