# PUBLIC EDUCATION SUBCOMMITTEE (PUB ED)

August 21, 2024
VIRTUAL WebEx Meeting
10:00 AM – 12:00 PM





#### **OUR VISION FOR THE FUTURE**

## We improve lives.

- ▶ We address social and structural determinants of health.
- ▶ We empower customers to maximize their health and well being.
- ▶ We provide consistent, responive service to our colleagues and customers.
- ▶ We make equity the foundation of everything we do.

#### This is possible because:

We value our staff as our greatest asset.

We do this by:

Fully staffing a diverse workforce whose skills and experiences strengthen HFS.

Ensuring all staff and systems work together.

Maintaining a positive workplace where strong teams contribute, grow and stay.

Providing exceptional training programs that develop and support all employees.

We are always improving.

We do this by:

Having specific and measurable goals and using analytics to improve outcomes.

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

We inspire public confidence.

We do this by:

Using research and analytics to drive policy and shape legislative initiatives.

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.

# Public Education Subcommittee Charter

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.

#### This subcommittee, comprised of a diverse group of stakeholders, shall:

- 1. Review and provide advice on brochures, pamphlets and other written materials prepared by the department;
- 2. Review and provide advice on HFS website content directed towards Medicaid beneficiaries and the general public;
- 3. Review projects designed to inform the general public about medical programs;
- 4. Serve as conduit for informing the Medicaid Advisory Committee and the department concerning gaps in public understanding of the medical programs;
- 5. Propose additional means of communicating information about medical programs;
- Review and provide advice on program eligibility changes, customer service delivery, and eligibility processing systems, and
- 7. Make necessary recommendations to the Medicaid Advisory Committee

## **Expectations of Subcommittee Members**

- Attend all regularly scheduled meetings; when this is not possible, secure prior approval from Chair to send a nonvoting substitute.
- Bring healthcare and social determinants of health knowledge and subject matter expertise to bear on the work of the subcommittee in support of Illinois' Medicaid Program.
- Drive meeting agendas and work products.

## House Keeping

- Meeting basics:
  - Please note, this meeting is being recorded.
  - To ensure accurate records, please type your name and organization into the chat.
  - If possible, members are asked to attend meetings with their camera's turned on, however, if you call in & need materials, please email <a href="mailto:veronica.archundia@illinois.gov">veronica.archundia@illinois.gov</a> and <a href="mailto:Margaret.dunne@illinois.gov">Margaret.dunne@illinois.gov</a> with a copy to <a href="mailto:Melisha.Bansa@Illinois.gov">Melisha.Bansa@Illinois.gov</a> as soon as safely possible.
  - Please be sure to mute your audio except when speaking.
  - Please note that HFS staff may mute participants to minimize any type of disruptive noise or feedback.
- Comments or questions during the meeting:
  - If you are a subcommittee member and wish to make a comment or ask a question during the meeting, please use the WebEx feature to raise your hand, contact the host/co-host, or unmute yourself during QA sections facilitated by chair.
  - If you are a member of the general public and wish to make a comment, please register to make a public comment prior to the meeting. Instructions to make public comments have been provided for you in the public meeting posting located on the MAC webpage.
  - If you have a question during the meeting, please utilize the Webex chat feature to send your question directly to the subcommittee chair or any of the host or co-host.

## House Keeping

#### Meeting basics Cont.

- The chair will try to address as many questions as possible during designated sections of the meeting. We recognize that due to the limited allotted time, your question may not be answered during the meeting, therefore be sure to visit the HFS Webpage for a list of helpful resources. Your questions are important to us and will help inform the development of future presentations and informational materials.
- HFS is committed to hosting meetings that are accessible and ADA compliant. Closed captioning will be provided. Please email <u>veronica.archundia@illinois.gov</u> and <u>Margaret.dunne@illinois.gov</u> with a copy to <u>Melisha.Bansa@Illinois.gov</u> in advance to report any requests or accommodations you may require or use the chat to alert us of challenges during a meeting.
- Patience, please many subcommittee members and staff are new to MAC proceedings.
- Minutes of the prior meeting will be circulated to subcommittee members in advance of each session. Once approved, they will be posted to the website.

## Agenda

- I. Call to Order
- II. Housekeeping Rules
- III. Roll Call of Subcommittee Members
- IV. Introduction of HFS and State Agency Staff
- V. Review and approval of the Meeting Minutes from April 24, 2024)
- VI. Customer & Stakeholder Listening Session: Medicaid MCO Experience

## Agenda

**VII. State Updates** 

**VIII. Public Comments** 

IX. Additional Business: Old and New

X. HFS Announcements

XI. Concluding Directives and Wrap-Up

XII. Adjournment

## VI. Customer & Stakeholder Listening Session



## **Customer & Stakeholder Listening Session: Medicaid MCO Experience**

HFS is interested in making space to hear from customers and stakeholders of the HealthChoice Illinois managed care program before we kick off the next RFP process to renew that plan beginning 1/1/27.

### We want to hear from you!

In addition to time at today's Subcommittee, other MAC subcommittees, and the entire MAC, HFS will be holding two in-person listening sessions this September, and we want to know:

What works well for you? Where should we make improvements?

## Why are we doing this?

Hearing customer and stakeholder input about their experiences with Medicaid managed care will enable HFS to better serve enrollees by improving access and quality within our Medicaid program.



## Customer & Stakeholder Listening Session: Medicaid MCO Experience

### Who should join these listening sessions?

We especially want to hear from <u>HealthChoice Illinois managed care customers</u> and stakeholders, although the listening sessions are <u>open to everyone</u>. You're a HealthChoice Illinois customer if you selected a managed care organization after you joined Medicaid.

#### What would HFS like to learn?

We want to listen to and learn from you. This is your chance to discuss your experiences with HealthChoice Illinois managed care. How is it working for you? Where do you see opportunities to improve? How else can we meet your needs?

We strongly prefer the information to be presented from the <u>customer's point of view</u>, but advocates, providers, and associations are welcome, too.



## Customer & Stakeholder Listening Session: Medicaid MCO Experience

## In-person listening session schedule

## Chicago: 1 to 4 p.m., Thursday, Sept. 12.

- ➤ College of Pharmacy, 833 S. Wood St., Room 134-3.
- University of Illinois Chicago (UIC)

## Springfield: 1 to 4 p.m., Tuesday, Sept. 17.

- John Block Building Auditorium, Department of Agriculture.
- > 801 E. Sangamon Ave., Illinois State Fairgrounds Gate 11.





## Flyer and Website Coming Soon!!! Please register for our MAC & Subcommittee Listserv

MAC and Subcommittees E-mail Notification Request | HFS (illinois.gov)



## Customer & Stakeholder Listening Session: Medicaid MCO Experience



## Please tell us:



- Name (first and last)
- Affiliation
- > Job title
- Email address
- ➤ In your own words, your experience with Medicaid Managed Care.
- ➤ Where can we improve?



- Comments from ANY PARTY affiliated with an entity that may bid on the HCI procurement
- Personal Health Information, such as specific client details, name, provider, address, SSN, etc.
- Comments regarding a specific healthcare provider
- Detailed language suggestions regarding particular contract provisions
- Inappropriate, foul language, or references to specific plans or staff by name



## Questions?



## VII. State Updates



# VII. A. Division of Medical Programs

## VII. A. 1. Medicaid Provider Revalidation



## ILLINOIS PROVIDER ENROLLMENT



Provider Enrollment Revalidation Briefing

11/19/2024 **19** 

### BACKGROUND



- The federal Centers for Medicare and Medicaid Services (CMS) requires State Medicaid agencies to revalidate the enrollment of all providers at least every five years, in compliance with 42 CFR 455.414 of the Affordable Care Act (ACA).
- Illinois last conducted revalidation as part of the July 2015 implementation of the Illinois Medicaid Program Advance Cloud Technology (IMPACT) Provider Enrollment (PE) system.
- Providers enrolled in IMPACT were due for revalidation starting in 2020.
- The revalidation requirement was waived during the Public Health Emergency (PHE).
- Post the PHE, CMS issued a grace period for revalidations due in 2020 to the end of 2024.

11/19/2024 **20** 

### **Provider Revalidation Process**



- •Revalidation notifications are sent 90 days before the provider's due date. For example, the first group of notifications is targeted to start on September 3, 2024; these will be due in November 2024.
  - ✓ The revalidation cycle:
  - ✓ Will occur for a new group of providers each month
  - ✓ Is based upon the provider enrollment date.
    - ✓ A provider's revalidation date can be found on the basic information page of their enrollment
- Two communications notices will be sent to providers in the revalidation cycle:
  - ✓ The beginning of their revalidation cycle start date;
  - √ 30 days before the revalidation deadline.
- Any revalidation submission that is rejected will have an additional 30 days to resubmit missing/incorrect information.
- Providers who fail to submit a revalidation by the deadline will be disenrolled (terminated).
- Services provided after a provider termination occurs are ineligible for payment and claims will be denied, in accordance with federal regulation.
- Providers terminated for failure to revalidate can reactivate with a gap in eligibility (claims will not be paid) by contacting the IMPACT helpline and submitting the revalidation.

### **Provider Resources**



Website: <u>IMPACT Information (HFS Website)</u>

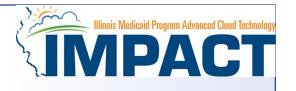
• Help Line: 877-782-5565

Email: Impact.Help@illinois.gov

Provider Notices

- Tool Kit: turnkey materials that can be tailored or personalized by stakeholders and sent to their membership
- Targeted Stakeholder Outreach
- Social Media
- Webinars:
- Live Dates TBD One in August, September, and October
  - Recorded Webinars on Website

## What can providers do to prepare?



Providers can take some initial steps to ensure they are ready when notified of their revalidation cycle.

- 1. Log in to IMPACT immediately to ensure they have access:
  - ✓ For added security, the IMPACT system migrated to an enhanced multi-factor authentication process, called OKTA, in March of 2022 (Provider Notice Issued 03/14/2022 (illinois.gov)).
  - ✓ Verifying system access in OKTA will expedite the revalidation process.
  - ✓ The procedures are outlined in the IL login migration instructions and can be viewed under IMPACT Sign On at: <u>Presentations and Materials | HFS (illinois.gov).</u>
  - ✓ IMPACT Information (HFS Website).
  - ✓ IMPACT site.
- 2. Confirm all contact information in IMPACT is correct:
  - ✓ Notifications will be sent to the email address(es) listed on the Basic Information step of the IMPACT enrollment; no notifications will be mailed.
  - ✓ Verifying the correct email contact information is entered will ensure important provider communications are not missed.
  - ✓ For providers with multiple locations, each servicing location **must** revalidate, and a separate notification will be sent for each.
- 3. Ensure you are using a browser that is supported by IMPACT. These web browsers are:
  - ✓ Edge
  - ✓ Chrome.

## Questions?



## VII. B. Division of Eligibility Updates



# VII. B. 1. Flexibilities Continuing beyond PHE Unwind



## Flexibilities that are Remaining

Verification/Process	Description	End Date
Self-Attestation for Verification of Income	When electronic verification is not available, customer attestation may continue to be accepted for income.	Permanent, no end date.
Self-Attestation for Verification of Insured Status	When electronic verification is not available, customer attestation may continue to be accepted for insured status.	Permanent, no end date.
Reasonable Compatibility Threshold	The reasonable compatibility threshold will remain at 30%.	Permanent, no end date.
•	Allows the ex-parte redetermination to be made using known case information when the Asset Verification System finds nothing for customers whose medical coverage requires an asset test.	Federal approval allows Illinois to continue this through June 30, 2025.



## Flexibilities that have Ended

PHE Flexibility	End Date	Updated Process
Self-Attestation for Illinois residency	Expires 05/31/2024. Selfattestation for Illinois residence will no longer be accepted.	Beginning June 1, 2024, Illinois residence must be verified. If electronic verification is not available, customer proof will be required.
Suspension of Premiums for HBWD	Expires 06/30/2024.	Beginning July 1, 2024, premiums will resume for HBWD.
Self-Attestation for Medical Expenses	Expires 05/31/2024. Self- attestation for medical expenses will no longer be accepted.	Beginning June 1, 2024, self-attestation for medical expenses will not be allowed. Proof must be provided to apply medical expenses to meet spenddown or to reduce group care credit for long-term care cases.

## **Additional Expired Flexibilities**

PHE Flexibility	End Date	Updated Process
MAGI Adult Presumptive Eligibility	Expired on 05/11/2024.	Beginning May 12, 2024, presumptive eligibility will no longer be allowed for MAGI Adults. This is turned off in IES.
Self-Attestation for Disability	Expires on 05/31/2024. Self-attestation for disability will no longer be accepted.	Beginning June 1, 2024, Self-attestation for disability will no longer be allowed. If electronic verification is not available, customer proof will be requested.
Two Presumptive Eligibility (PE) Approvals per Calendar Year	*Expired 05/11/2024.	Beginning May 12, 2024, only one Presumptive Eligibility segment will be allowed per calendar year, and only children will be eligible for PE.
Redetermination Grace Period	Expires 05/31/2024.	Starting with customers whose redetermination due date is 06/30/2024, there will no longer be a 30-day grace period.

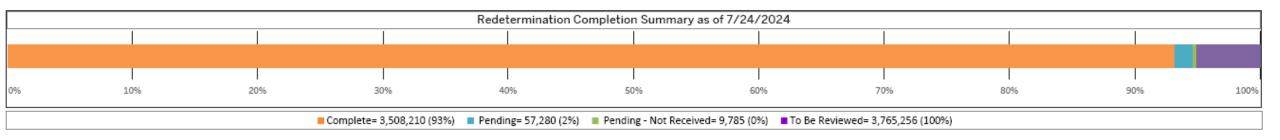
<sup>\*</sup>FP will continue to allow 2 segments of PE coverage



## VII. B. 2 Redetermination Updates and Data



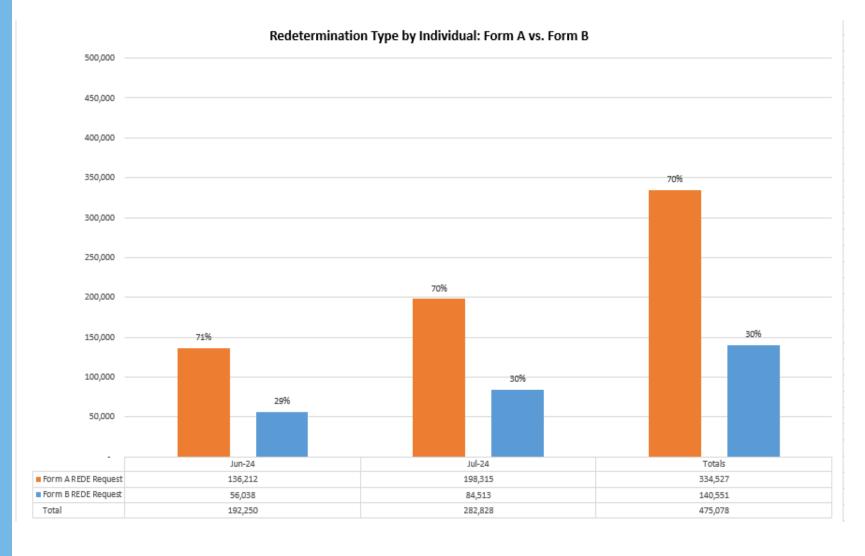
## **PHE Unwinding Redetermination Data**



PHE Unwinding Period (June 2023- May 2024)

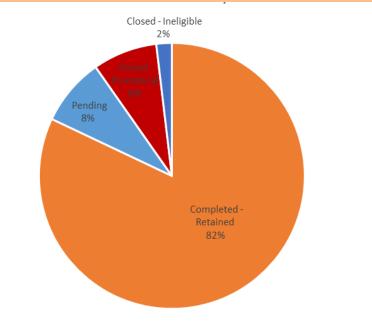
Report Center

# Redetermination Completion Status Outside of PHE Unwinding



## **Redetermination by Status**

Redetermination Status by Individual													
Months	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	<b>Grand Tota</b>
Completed - Retained	162,959	226,787											389,746
Pending	13,438	25,671											39,109
Closed - Procedural	11,158	26,107											37,265
Closed - Ineligible	4,695	4,263											8,958
<b>Grand Total</b>	192,250	282,828											475,078





## **By County**

				Recipient Outo	ome by Co	ounty - July 2024				
CLOSED - INELIGIBLE		CLOSED	- PROCEDURAL	COMPLE	COMPLETED - RETAINED		PENDING	TOTAL		
Row Labels	COUNT	% ROW TOTAL	COUNT	% ROW TOTAL	COUNT	% ROW TOTAL	COUNT	% ROW TOTAL	COUNT	% ROW TOTAL
Adams	32	2.13%	108	7.20%	1,288	85.92%	71	4.74%	1,499	100.00%
Alexander			10	5.49%	167	91.76%			182	100.00%
Bond	6	2.24%	19	7.09%	221	82.46%	22	8.21%	268	100.00%
Boone	10	1.18%	80	9.42%	659	77.62%	100	11.78%	849	100.00%
Brown			8	9.30%	74	86.05%			86	100.00%
Bureau	7	1.24%	38	6.75%	457	81.17%	61	10.83%	563	100.00%
Calhoun			14	15.56%	68	75.56%			90	100.00%
Carroll			17	6.34%	237	88.43%	12	4.48%	268	100.00%
Cass	8	2.31%	31	8.93%	295	85.01%	13	3.75%	347	100.00%
Champaign	35	1.11%	304	9.60%	2,518	79.53%	309	9.76%	3,166	100.00%
Christian	15	2.38%	49	7.78%	518	82.22%	48	7.62%	630	100.00%
Clark	7	1.79%	32	8.18%	334	85.42%	18	4.60%	391	100.00%
Clay	8	2.49%	31	9.66%	233	72.59%	49	15.26%	321	100.00%
Clinton	7	1.59%	27	6.15%	380	86.56%	25	5.69%	439	100.00%
Coles	24	2.14%	67	5.98%	983	87.69%	47	4.19%	1,121	100.00%
Cook	1,584	1.42%	10,464	9.35%	88,913	79.48%	10,902	9.75%	111,863	100.00%
Crawford			21	6.03%	278	79.89%	46	13.22%	348	100.00%
Cumberland			27	14.29%	147	77.78%	10	5.29%	189	100.00%
De Witt	10	2.87%	33	9.46%	287	82.23%	19	5.44%	349	100.00%
DeKalb	20	1.22%	131	7.97%	1,340	81.56%	152	9.25%	1,643	100.00%
Douglas	10	2.89%	23	6.65%	289	83.53%	24	6.94%	346	100.00%
DuPage	173	1.63%	1,088	10.27%	7,846	74.07%	1,485	14.02%	10,592	100.00%
Edgar	6	1.53%	27	6.91%	325	83.12%	33	8.44%	391	100.00%
Edwards			13	14.29%	65	71.43%	11	12.09%	91	100.00%
Effingham	12	2.20%	30	5.50%	476	87.34%	27	4.95%	545	100.00%
Fayette	8	2.05%	37	9.46%	336	85.93%	10	2.56%	391	100.00%
Ford			18	7.53%	196	82.01%	22	9.21%	239	100.00%
Franklin	12	1.12%	72	6.70%	871	81.10%	119	11.08%	1,074	100.00%
Fulton	20	3.23%	49	7.92%	508	82.07%	42	6.79%	619	100.00%
Gallatin			15	12.50%	102	85.00%			120	100.00%
Greene	8	2.74%	26	8.90%	247	84.59%	11	3.77%	292	100.00%
Grundy	12	1.73%	57	8.24%	535	77.31%	88	12.72%	692	100.00%



## **By County**

	Recipient Outcome by County - July 2024										
	CLOSE	D - INELIGIBLE	CLOSED	- PROCEDURAL	COMPLE	TED - RETAINED	F	PENDING	TOTAL		
Row Labels	COUNT	% ROW TOTAL	COUNT	% ROW TOTAL	COUNT	% ROW TOTAL	COUNT	% ROW TOTAL	COUNT	% ROW TOTAL	
Hamilton					160	89.39%	11	6.15%	179	100.00%	
Hancock	7	2.17%	25	7.74%	274	84.83%	17	5.26%	323	100.00%	
Hardin			10	9.43%	91	85.85%			106	100.00%	
Henderson					82	88.17%			93	100.00%	
Henry	23	2.61%	65	7.38%	769	87.29%	24	2.72%	881	100.00%	
Homeless	97	1.20%	1,143	14.08%	6,480	79.83%	397	4.89%	8,117	100.00%	
Iroquois	10	2.31%	32	7.41%	354	81.94%	36	8.33%	432	100.00%	
Jackson	8	0.69%	95	8.18%	980	84.41%	78	6.72%	1,161	100.00%	
Jasper			7	4.70%	107	71.81%	33	22.15%	149	100.00%	
Jefferson	17	1.96%	87	10.02%	690	79.49%	74	8.53%	868	100.00%	
Jersey			16	4.12%	333	85.82%	35	9.02%	388	100.00%	
Jo Daviess			35	13.83%	185	73.12%	29	11.46%	253	100.00%	
Johnson			21	8.08%	219	84.23%	16	6.15%	260	100.00%	
Kane	128	1.51%	835	9.86%	6,402	75.57%	1,107	13.07%	8,472	100.00%	
Kankakee	20	0.93%	138	6.40%	1,775	82.33%	223	10.34%	2,156	100.00%	
Kendall	11	0.73%	144	9.53%	1,168	77.30%	188	12.44%	1,511	100.00%	
Knox	16	1.53%	73	6.96%	870	82.94%	90	8.58%	1,049	100.00%	
La Salle	21	1.00%	135	6.43%	1,756	83.66%	187	8.91%	2,099	100.00%	
Lake	155	1.51%	982	9.59%	7,721	75.39%	1,384	13.51%	10,242	100.00%	
Lawrence			15	5.40%	232	83.45%	28	10.07%	278	100.00%	
Lee	10	1.92%	42	8.05%	426	81.61%	44	8.43%	522	100.00%	
Livingston	15	2.57%	62	10.63%	459	78.73%	47	8.06%	583	100.00%	
Logan	10	1.97%	38	7.50%	440	86.79%	19	3.75%	507	100.00%	
Macon	40	1.47%	228	8.39%	2,333	85.84%	117	4.30%	2,718	100.00%	
Macoupin	11	1.33%	54	6.52%	685	82.73%	78	9.42%	828	100.00%	
Madison	67	1.44%	362	7.80%	3,872	83.38%	343	7.39%	4,644	100.00%	
Marion	17	1.56%	71	6.50%	966	88.38%	39	3.57%	1,093	100.00%	
Marshall			14	6.64%	177	83.89%	16	7.58%	211	100.00%	
Mason	8	2.60%	32	10.39%	252	81.82%	16	5.19%	308	100.00%	
Massac	10	2.48%	24	5.96%	365	90.57%			403	100.00%	
McDonough	7	1.27%	40	7.25%	468	84.78%	37	6.70%	552	100.00%	
McHenry	49	1.36%	386	10.73%	2,640	73.35%	524	14.56%	3,599	100.00%	
McLean	40	1.68%	211	8.87%	1,972	82.86%	157	6.60%	2,380	100.00%	
Menard			13	7.10%	159	86.89%	9	4.92%	183	100.00%	
Mercer	8	4.02%	13	6.53%	161	80.90%	17	8.54%	199	100.00%	
Monroe		42/1	31	13.14%	178	75.42%	23	9.75%	236	100.00%	
Montgomery	11	1.71%	40	6.22%	559	86.94%	33	5.13%	643	100.00%	
Morgan	18	2.34%	59	7.68%	673	87.63%	18	2.34%	768	100.00%	
Moultrie		5 1,70	19	9.84%	162	83.94%	11	5.70%	193	100.00%	
Ogle	8	0.89%	62	6.91%	727	81.05%	100	11.15%	897	100.00%	
- Bic		3.0370	32	5.5170	,,,	31.0570	100	11.13/0	557	100.0070	



## **By County**

	Recipient Outcome by County - July 2024										
	CLOS	ED - INELIGIBLE	CLOSEI	D - PROCEDURAL	COMPLETED - RETAINED			PENDING	TOTAL		
Row Labels	COUNT	% ROW TOTAL	COUNT	% ROW TOTAL	COUNT	% ROW TOTAL	COUNT	% ROW TOTAL	COUNT	% ROW TOTAL	
Peoria	42	1.03%	294	7.22%	3,420	83.99%	316	7.76%	4,072	100.00%	
Perry	6	1.50%	19	4.75%	316	79.00%	59	14.75%	400	100.00%	
Piatt			14	6.76%	177	85.51%	12	5.80%	207	100.00%	
Pike	7	2.38%	7	2.38%	272	92.52%	8	2.72%	294	100.00%	
Pope			9	7.50%	104	86.67%			120	100.00%	
Pulaski			10	6.85%	131	89.73%			146	100.00%	
Putnam					87	83.65%	12	11.54%	104	100.00%	
Randolph	12	2.27%	51	9.64%	430	81.29%	36	6.81%	529	100.00%	
Richland			22	5.88%	318	85.03%	30	8.02%	374	100.00%	
Rock Island	37	1.27%	225	7.70%	2,391	81.86%	268	9.17%	2,921	100.00%	
Saline	15	2.25%	47	7.06%	583	87.54%	21	3.15%	666	100.00%	
Sangamon	74	1.88%	280	7.11%	3,419	86.80%	166	4.21%	3,939	100.00%	
Schuyler					99	93.40%			106	100.00%	
Scott					49	92.45%			53	100.00%	
Shelby	8	2.14%	32	8.56%	316	84.49%	18	4.81%	374	100.00%	
St. Clair	60	1.12%	410	7.68%	4,464	83.60%	406	7.60%	5,340	100.00%	
Stark	6	6.19%	9	9.28%	81	83.51%			97	100.00%	
Stephenson	9	1.00%	61	6.76%	738	81.73%	95	10.52%	903	100.00%	
Tazewell	23	1.10%	191	9.12%	1,697	81.04%	183	8.74%	2,094	100.00%	
Union	10	2.53%	25	6.31%	331	83.59%	30	7.58%	396	100.00%	
Vermilion	29	1.35%	132	6.13%	1,867	86.72%	125	5.81%	2,153	100.00%	
Wabash			9	4.62%	161	82.56%	20	10.26%	195	100.00%	
Warren			22	5.82%	335	88.62%	16	4.23%	378	100.00%	
Washington			15	9.09%	122	73.94%	25	15.15%	165	100.00%	
Wayne			19	6.21%	253	82.68%	31	10.13%	306	100.00%	
White	6	2.01%	27	9.03%	230	76.92%	36	12.04%	299	100.00%	
Whiteside	26	2.60%	58	5.79%	858	85.71%	59	5.89%	1,001	100.00%	
Will	184	1.89%	873	8.98%	7,799	80.25%	862	8.87%	9,718	100.00%	
Williamson	24	1.69%	102	7.17%	1,179	82.91%	117	8.23%	1,422	100.00%	
Winnebago	80	1.16%	525	7.64%	5,710	83.13%	554	8.07%	6,869	100.00%	
Woodford	9	2.08%	49	11.34%	337	78.01%	37	8.56%	432	100.00%	
(blank)	570	1.59%	3,905	10.87%	28,744	79.99%	2,717	7.56%	35,936	100.00%	
<b>Grand Total</b>	4,263	1.51%	26,107	9.23%	226,787	80.19%	25,671	9.08%	282,828	100.00%	



#### **Race & Ethnicity**

			REDI	E Status Breakdow	n By Race - July 20	24				
	CLOSED - I	NELIGIBLE	CLOSED - PROCEDU		COMPLETED - RETAINED		PENDING		ALL OUTCOMES	
Row Labels	Count	% Column	Count	% Column	Count	% Column	Count	% Column	Count	% Column
American Indian or Alaskan Native	29	0.68%	246	0.94%	1,304	0.57%	158	0.62%	1,737	0.61%
Asian Indian	43	1.01%	244	0.93%	1,475	0.65%	223	0.87%	1,985	0.70%
Black or African American	841	19.73%	5,376	20.59%	57,880	25.52%	3,900	15.19%	67,997	24.04%
Chinese	12	0.28%	56	0.21%	570	0.25%	125	0.49%	763	0.27%
Filipino	7	0.16%	83	0.32%	350	0.15%	77	0.30%	517	0.18%
Guamanian or Chamorro	1	0.02%	6	0.02%	10	0.00%	4	0.02%	21	0.01%
Japanese		0.00%	10	0.04%	32	0.01%	2	0.01%	44	0.02%
Korean	5	0.12%	35	0.13%	279	0.12%	45	0.18%	364	0.13%
Native Hawaiian	4	0.09%	11	0.04%	83	0.04%	6	0.02%	104	0.04%
Other Asian	87	2.04%	419	1.60%	4,982	2.20%	660	2.57%	6,148	2.17%
Other Pacific Islander	21	0.49%	281	1.08%	1,004	0.44%	189	0.74%	1,495	0.53%
Samoan		0.00%	4	0.02%	12	0.01%	2	0.01%	18	0.01%
Unknown	1,010	23.69%	7,315	28.02%	59,320	26.16%	7,777	30.29%	75,422	26.67%
Vietnamese	7	0.16%	17	0.07%	213	0.09%	35	0.14%	272	0.10%
White	2,196	51.51%	12,004	45.98%	99,273	43.77%	12,468	48.57%	125,941	44.53%
Grand Total	4,263	100.00%	26,107	100.00%	226,787	100.00%	25,671	100.00%	282,828	100.00%

REDE Status Breakdown By Ethnicity - July 2024										
	CLOSED - INELIGIBLE		CLOSED - PROCEDURAL		COMPLETED - RETAINED		PENDING		ALL OUTCOMES	
Row Labels	Count	% Column	Count	% Column	Count	% Column	Count	% Column	Count	% Column
Another Hispanic, Latino, or Spanish origin	489	11.47%	3,660	14.02%	20,482	9.03%	3,282	12.78%	27,913	9.87%
Cuban	6	0.14%	56	0.21%	186	0.08%	34	0.13%	282	0.10%
Mexican, Mexican American, Chicano/a	368	8.63%	2,161	8.28%	15,010	6.62%	2,145	8.36%	19,684	6.96%
Non-Hispanic/Latino	2,274	53.34%	12,242	46.89%	126,385	55.73%	12,156	47.35%	153,057	54.12%
Puerto Rican	37	0.87%	310	1.19%	2,020	0.89%	167	0.65%	2,534	0.90%
Unknown	1,089	25.55%	7,678	29.41%	62,704	27.65%	7,887	30.72%	79,358	28.06%
Grand Total	4,263	100.00%	26,107	100.00%	226,787	100.00%	25,671	100.00%	282,828	100.00%



## Languages Spoken

Language by Response - July 2024							
Row Labels	RESPONDED	DID NOT RESPOND	<b>Grand Total</b>				
African French	28	3	31				
Albanian	32	5	37				
Amharic	8		8				
Arabic	743	60	803				
Armenian	4		4				
Bengali	9	2	11				
Bosnian	27		27				
Chinese - Cantonese	283	12	295				
Chinese - Mandarin	602	21	623				
Croatian	6		6				
English	233,063	20,972	254,035				
Farsi	40	2	42				
French	104	20	124				
Greek	8		8				
Gujarati	208	21	229				
Haitian Creole	53	49	102				
Hebrew	1		1				
Hindi	145	12	157				
Hungarian	1		1				
Indonesian	4		4				
Italian	4		4				
Japanese	1	2	3				
Khmer	15		15				
Korean	242	15	257				

Language by Response - July 2024							
Row Labels	RESPONDED	DID NOT RESPOND	<b>Grand Total</b>				
Kurdish		1	1				
Laotian	3	1	4				
Lithuanian	31	2	33				
Maltese	1		1				
Mandingo	1		1				
Other	458	27	485				
Polish	504	29	533				
Portuguese	8	6	14				
Punjabi	2		2				
Romanian	35	9	44				
Russian	415	97	512				
Serbian	22	3	25				
Sign Language	12	1	13				
Slovak	1		1				
Somali	12	3	15				
Spanish	18,425	3,358	21,783				
Swahili	78	3	81				
Tagalog	30	8	38				
Taiwanese	1		1				
Thai	7		7				
Turkish	10	3	13				
Ukrainian	1,045	364	1,409				
Unknown	475	63	538				
Urdu	224	7	231				
Uzbek	13	2	15				
Vietnamese	188	13	201				
<b>Grand Total</b>	257,632	25,196	282,828				



## **Address Updates**

#### 2024

	Medicaid Address	Phone Call Address Chg	
Date	Changes	Req	Total
01/01/2024 - 01/31/2024	2,484	1,157	3,641
02/01/2024 - 02/28/2024	2,023	848	2,871
03/01/2024 - 03/31/2024	2,268	773	3,041
04/01/2024 - 04/30/2024	2,368	789	789
05/01/2024 - 05/31/2024	1,996	694	694
06/01/2024 - 06/30/2024	1,526	658	658
07/01/2024 - 07/31/2024	1,869	670	670
Grand Total:	6,775	5,589	12,364

Medicaid address changes received via website.
Medicaid address changes received via phone call.
Total address changes received via web and phone call each month



### VI. B. 3 Program Enrollment



#### **Applications and Redeterminations**

Type	Total	Notes
New Applications	58,596	<ul><li>Total reflects statewide applications</li><li>Older than 45 days</li></ul>
Redeterminations	65,395	On hand

Data for the month of July

Current Family Planning Enrollment	
Presumptive Eligibility	952
Standalone	800
Opt-in	12,938
Total	14,690



# Questions?



# VI. C. 1. HBIA and HBIS Updates



#### **HBIA/HBIS** Redetermination Extension

- In June, HFS extended the regular redetermination period for HBIA/S participants by one month.
- Seeing progress, HFS decided to extend an additional month through August 15. During this period, HFS worked to support redetermination in the following ways:
  - Worked with MCOs to call their enrollees who have not responded.
  - Made over 9080 cold calls, reaching over 3700 individuals and nearly 800 completed redeterminations.
  - Ran an HBIA/S-specific advertising/media campaign to encourage redetermination response.
  - Sent text reminders to customers using their preferred language.
  - Developed a redetermination messaging toolkit for the HBIA/HBIS programs, available on the HFS website in a dozen languages.
  - Cook County Health/CountyCare has been hosting Redetermination events, which HFS and DHS helped staff to ensure the accurate and timely processing of customer Redeterminations.



#### Wrapping up renewals

The regular HBIA/S redetermination period ended on August 15.

- Those who have not responded will lose coverage effective September 1.
- Individuals who do surpass the August 15 deadline will be eligible for reconsideration and reinstatement for an additional 90 days beyond September 1.
- We will be working to ensure HBIA/S customers know and act on this opportunity.



# Questions?



## VII. D. Policy Updates



# New Policy/ Policy Modifications 4/2024 - 8/2024

- Manual Release #24.15 Affording Survival Guaranteed Income Pilot (state.il.us)t – 07/15/2024
- Public Emergency Unwind Ending Changes for Medical Programs –
   05/30/2024
- MR #24.12 Health Benefits for Immigrant Adults (HBIA) and Health Benefits for Immigrant Seniors (HBIS), 04/18/2024
- Verifications Required for Victims of Trafficking, Torture, or Other Serious Crimes (VTTC) Assistance Programs – Clarification, 4/2/2024



# Questions?



#### **VIII. Public Comments**



- Michelle Inman, DuPage County Health Department
- Blanca Urbina, DuPage County Health Department
- Veronica Castillo, Start Early



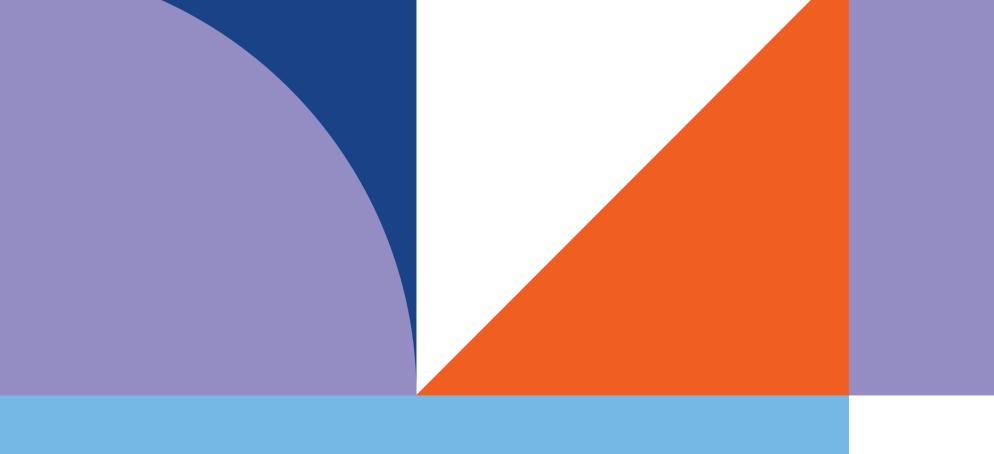
# IX. Additional Business: Old and New



# IX. A) Items for Future Discussion

# 1. Items For Future Discussion

# Questions?



## X. HFS Announcements



#### A. Pub Ed Subcommittee Resources

- 1. To receive Subcommittee email notifications regarding public meeting notices, sign up for our MAC and Subcommittee Listserv:
  - a. Medicaid Advisory Committee (MAC) | HFS (illinois.gov)
  - b. MAC and Subcommittees E-mail Notification Request | HFS (illinois.gov)



#### B. Updates to 2024 Meeting Schedule

•November 20, 2024



#### C. Announcements

- 1. Okta Update
- 2. Tracy Keen Retirement
- 3. Reminder for Committee Members to complete the OneNet Training by 12/13/2024



#### D. Ethics Trainings Reminder Email

All appointees must complete the following trainings on OneNet:

- 1. Security Awareness Training 2024
- 2. Diversity, Equity, Inclusion and Accessibility Training 2024
- 3. LGBTQIA+ Equity and Inclusion 2024
- 4. Ethics Training Program for State Employees and Appointees 2024
- 5. Harassment and Discrimination Prevention Training 2024
- 6. HIPAA & Privacy Training 2024

You can access the trainings at the following link: <a href="http://onenet.illinois.gov/mytraining">http://onenet.illinois.gov/mytraining</a>

Please see attached memo for additional details. Please complete the trainings through OneNet no later than December 13, 2024. If anyone has any issues logging into OneNet, please email <a href="https://doi.org/10.2016/journal.com/">HFS.BureauofTraining@Illinois.gov</a>.



# XI. Concluding Directives and Wrap UP



# XII. Adjournment

