

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, October 3, 2019
10:00 a.m. to 12:00 p.m.

401 S. Clinton St., Chicago – 7th Floor Video Conference Room
201 S. Grand Ave. East Bloom Bldg., Springfield – 1st Floor Large/Video Conference Room

1. Introduction
2. Review and Approval of the Meeting Minutes from August 8, 2019
3. Care Coordination Update
4. DHS Update
5. Delayed ordering/referring/prescribing NPI requirements
6. ABE & IES Update
7. Medicaid Redetermination Update
8. Criminal Justice Update
9. Open Discussion and Announcements
10. Adjourn

For anyone who cannot attend in person but wishes to participate by conference call, please confirm your attendance by phone at 312 793-4827 or 312 793-5270. This will help to ensure the distribution of meeting materials and to accurately record your participation. You will receive meeting instructions and the access code when you confirm. The conference call telephone number is: 1-888-494-4032.

This notice is also available online at:

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

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
August 8th, 2019**

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

Committee Members

Kathy Chan, Cook County Health
Brittany Ward, CPS
Sue Vega, Alivio Medical Center
Sherie Arriazola, Safer Foundation
Nadeen Israel, AIDS Foundation of Chicago
Sergio Obregon, CPS
Erin Weir Lakhmani, Mathematica Policy Research
John Jansa, Fox Valley Developers (by phone)

HFS Staff

Lynne Thomas
Kristine Herman
Laura Phelan
Arvind Goyal
Elizabeth Nelson
Jane Longo
Veronica Archundia
Melissa Black
Patrick Lindstrom
Kiara Cox
Ellie Mann

Committee Members Absent

Connie Schiele, HSTP

DHS Staff

Gabriela Moroney
Tina Bhaga

Interested Parties

Laura Brookes, TASC
Lisa Wiseman, Humana
Marina Kurakin, Legal Council for Health Justice
Bailey Huffman, Age Options
Carrie Chapman, LCHJ
Dan Rabbitt, Heartland Alliance
Eric Johns, Meridian
Aditi Singh, AFC
Carrie Muenlbauer, Icoy
Emily Chittajallu, La Rabida
Kristen Feld, Clearbrook
Viviana Rodriguez, University of IL Hospital
Katherine Blum, Next Level Health
Karina Gonzalez, Molina Healthcare
Michael Lafond, Abbvie
Katie Danko, Lurie Children Hospital
Michael Gerges, UIC
Laurie Cohan, Civic Federation
Kelsie Landers, Ever Thrive IL
John Fallo, CSH
Anna Carvalho, Consultant

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Sandy DeLeon, Ounce of Prevention
Stephanie Backer, Shriver Center
Luvia Quiñones, ICIRR
Jessie Beebe, AFC
Alaina Kennedy, IAMHP
Paula Campbell, IPHCA
Jill Hayden, Meridian
Mikal Sutton, BCBSIL
Ryan Voyles, Health News Illinois

Interested Parties (by phone)

Nelson Soltman,
Dave Lecik, Department on Aging
Dave Hunter, Presence Health Partners
Robin Lavender, Du Page County Health Department
Angela Boley, Land of Lincoln Legal Aid
Martha Jarmuz, Choices
Rose Dunaway, Girling Community
Rocio Perez, The Arc of Illinois
Robin Lavender, Du Page County Health Department
David Hurcher, Ameda
Mark Smith, Next Level
Judy Bowlby, Liberty Dental Plan
Andrea Davenport, Meridian
Faye Manaster, The Arc Illinois

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1. Introductions:

Chairperson Kathy Chan conducted the meeting. Attendees in Chicago and Springfield introduced themselves.

Kathy Chan opened the meeting by indicating that there had been a request to extend today's meeting to 12:30 p.m. in order to accommodate an additional agenda item.

2. Review and Approval of the Meeting Minutes from June 6th, 2019:

Kathy Chan asked that any formal request made by the committee members be highlighted in bold letters in the meeting's minutes. Nadeen Israel made a motion to approve the minutes from the June 6th meeting and it was seconded by Sue Vega. The minutes were approved by a vote of eight in favor and zero opposed.

3. Integrated Health Homes:

Kristine Herman provided the update. She said the Integrated Health Homes (IHH) is not a "home", but a concept that will provide care coordination for individuals with high physical, mental, and behavioral needs. It is a Medicaid State Plan option for individuals with chronic conditions intended to coordinate primary care, behavioral health, and LTSS for children and adults across the lifespan. Ms. Herman added that the IHH is a person-centered care coordination model that is flexible and reflects the diverse needs of enrollees and includes a focus on outcomes.

The IHH is based on sustainability of care a coordination model. The state will receive 90/10 match funds during the first eight quarters, and in the 9th quarter, it will be reduced to a 50/50 match. She added that the Section 2703 of the Affordable Care Act allows the State to develop health homes to provide comprehensive health homes for beneficiaries with two or more chronic conditions and who are at risk of developing another chronic condition.

Sergio Obregon said the Office of Student Health and Wellness at Chicago Public Schools has been a "front line" for students with mental health and behavioral needs. For this reason, ISBE is interested in collaborating with HFS in this project. Kristine Herman said that HFS is going to collaborate intensively with sister agencies to ensure high-fidelity wrap-around care coordination, which will include working with schools. The initial effort will involve working with Child Welfare and Juvenile Justice agencies and may add other entities in the future. Kristine acknowledged the need of involving those with IEP's and 504 Plans at a district level.

Sherie Arriazola asked if an individual has to be enrolled in an MCO in order to participate in IHH services. Kristine said that the only requirement is for a person to be Medicaid-eligible, regardless of whether they are in FFS or an MCO. Ms. Herman noted that there have been discussions about making sure that there is coordination with the justice system in this process. She said that HFS is still drafting a revised State Plan Amendment that will have to be approved by federal CMS and SAMSHA; the tentative start date is January 1st, 2020. Any additional

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inquiries regarding the Integrated Health Homes should be sent to HFS.IHH@Illinois.gov
Ms. Herman offered to share her PowerPoint presentation regarding the Integrated Health Homes with the committee, which is attached.

4. Care Coordination:

Laura Phelan provided the update. Laura began her presentation by responding to an inquiry made by Patrick Maguire during the June 6th meeting regarding the 834 File. Mr. Maguire had observed that it could be beneficial for the MCOs to add whether or not a client is receiving a Redetermination Form A or B within the 834 File. This will be helpful for outreach purposes and would support client compliance. Laura Phelan said HFS has submitted a request for this change to be programmed in IES for a future release. **Sergio Obregon indicated that the Chicago Public Schools receives the 270 and 271 Files. He requested to be able to differentiate between Forms A and B on their files.** The committee also requested beneficiary enrollment numbers for FFS and MCO. Ms. Phelan indicated that, as of July 1, 2019, there are 694,761 individuals enrolled in Fee For Service (FFS) and 2,187,476 enrolled in MCO.

Laura Phelan indicated that effective July 1st, 2019, the Managed Long-Term Services and Supports (MLTSS) is now part of HealthChoice and available statewide. For more details follow this link: <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn190724a.aspx>

Ms. Phelan reported that the Monday provider meetings with MCOs continue to discuss claims and billing issues. During these meetings, providers review specific claims in order to identify those related to system issues and those which indicate a need for additional provider education.

Laura Phelan stated that Special Needs Children will be enrolled in Managed Care Plans and DCFS-children will be enrolled in IlliniCare. A question was raised with regard to how many children will be impacted. Laura Phelan said 2,100 Special Needs Children would be affected, as well as 17,000 youth in care and 23,000 former youth in care. Notification letters will be sent to families in mid-September with an effective enrollment date of November 1, 2019.

The Committee members have the following requests:

- **Katie Danko asked, with respect to Special Needs Children - DSCC, SSI children / DCFS Youth in Care and Former Youth in Care, if there would be an option to opt-out of managed care. Laura wasn't sure if there is an opt-out option. She thinks it is all mandatory, but she is not sure if there have been any specifics established.**
- **Kathy Chan asked for an FAQ posted on the HFS website so that advocates can direct families to information regarding enrolling children in managed care.**
- **Carrie Chapman shared a concern related to the language used on the notices that will be sent to the families of these children. She indicated that the new policy is a huge change for these families because for a long time, the message has been that these children should not have to be enrolled in an MCO. Carrie asked to share the client notice with the committee, so they can review and offer suggestions.**

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Because of timing issues, standard enrollment letters were mailed. The template letters to families in Cook County can be found here:

https://enrollhfs.illinois.gov/sites/default/files/content-docs/ICES_IAD%20letter_1117ENG_v04cIPRINT_120417%20Cook_0.pdf

https://enrollhfses.illinois.gov/sites/default/files/content-docs/ICES_IAD%20letter_1117SPA_v05WEB_122717.pdf

- **Ms. Chapman asked for the date when the waiver, not just the SPA amendment, was approved in order to proceed with the enrollment of SSI kids.**
- **Carrie Muenlbauer asked if there had been any readiness assessment on IlliniCare to ensure network adequacy for DCFS kids. Laura Phelan indicated that HSAG is conducting the review. The committee wants to know if IlliniCare passed the review, including the assessment of network adequacy.**
- **The committee asked to include MLTSS enrollment numbers, which will be presented at the next meeting.**
- **Nadeen Israel said that the law requires HFS to report the breakdown of specific population groups. She said that the “former youth in care” is one of the populations for which enrollment needs to be reported. Nadeen stated that she will follow-up with Laura Phelan regarding this concern.**

On September 18th, 2019, Lauren Polite contacted Nadeen Israel by e-mail. Ms. Polite indicated that the report tables that Nadeen had requested can be found at: <https://www.illinois.gov/hfs/info/factsfigures/Pages/DetailedManagedCareEnrollment.aspx> (scrolling down to find all of the different tables). HFS is not able to break out the four most prevalent “other” languages at this time. The 2018 independent annual quality review report can be found at: <https://www.illinois.gov/hfs/SiteCollectionDocuments/2018AnnualReport.pdf> and the MCO “report cards” can be found on the <https://enrollhfst.illinois.gov> under Resource Center. These report cards are mailed out with each enrollment packet.

5. Illinois Department of Human Services (DHS) Update:

Gabriela Moroney reported that the US Department of Homeland Security is expected to publish the Final Public Charge Rule soon. She said the proposed Rule can deny a person’s admission to the U.S. or reject an application for lawful permanent residency of an applicant who is determined likely to become a public charge. Gabriela indicated it is unclear to what extent the Final Rule has changed from its initial proposed draft. DHS and the Department on Aging and other agencies are working together to prepare for what may result. DHS will provide training to caseworkers and will prepare materials to give to customers who may need resources and information.

Ms. Moroney said that the DHS Bureau of Immigrant and Refugee has provided funding to community organizations, so they can provide resources for clients. The Illinois Coalition for Immigrants and Refugee Rights (ICIRR) has been offering training to advocates and community

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organizations so that they can assist families to obtain information. Kathy Chan offered to reconvene a special meeting of the subcommittee following the announcement of the Final Rule. She noted that anyone interested in learning more about this topic should contact the Protecting Immigrant Families Illinois Coalition:
<https://www.clasp.org/sites/default/files/publications/2018/04/FACT%20SHEET%2004.17.18%20public%20charge.pdf>

6. New ABE Functionality (Report the Birth of a Newborn):

Margaret Dunne said that the “Report a Birth” functionality is now available in the ABE website, which allows authorized hospitals to report the birth of a newborn when the mother has a “Moms and Babies” case (except cases for incarcerated women, MPE and DCFS cases). Margaret said that, if a hospital submits a report of birth but, the information does not match, the request will be sent to the FCRC. She shared a report regarding the number of babies added by hospitals with the committee; a copy of which is attached.

Ms. Dunne indicated that, during Phase II, it is expected that hospitals will receive the RIN Number upon completion of the submittal of the report of a birth. Another important upgrade in ABE is that families will be able to add a baby to a “Moms and Babies” case using Mange My Case (MMC).

7. ABE & IES Update:

Lynne Thomas shared the attached report, “ABE Manage My Case, Appeals and Statistics” reflecting the numbers through 7/29/2019. She indicated that the Medical Management Unit (MMU) is being reconfigured. Therefore, as of 7/15/19, new Medical-only cases will no longer be transferred to the MMU; they will be retained at the FCRC.

Ms. Thomas said that DHS is setting up a new pilot strategy, in which downstate staff members are helping to work on tasks for cases in Cook County. IES functionality supports this strategy in order to maximize human resources available in FCRC’s with lower client flow and assist larger offices.

In addition, HFS is now taking Temporary Card requests by phone through the toll-free number 1-877-805-5312. “Temporary Cards” is the first option in the Voice Response System. Clients will be evaluated to make sure that they have an application which has been pending for more than 54 days. If so, a “T card” will be issued within 48 hours. This option is available for children and adults. Ms. Thomas reminded members of the committee that, if providers call this number without the client being on the call, they must fax a representative authorization. **Nadeen Israel asked if HFS can issue a provider notice about the new resource?** Ms. Thomas said HFS will take this into consideration.

In a response to a request from committee members to change “intimidating language” - red text and in all capital letters on the login page of the ABE application, Lynne said that it was the result of an audit and that this exact language was required. Ms. Thomas said the State has agreed to make the language appear less intimidating in terms of color (changing the red to black), as well as not using all capital letters.

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8. Medicaid Redetermination Update:

HFS did not provide a redetermination report. Reports will be presented in upcoming meetings.

9. Input on Ex-parte Report:

Jane Longo indicated that on Monday, Governor JB. Pritzker signed, "The Medicaid Omnibus Bill". Jane said that one of the aspects of this law is to improve access for Medicaid beneficiaries.

Ms. Longo asked committee members to offer suggestions to help identify populations that should be ex-parte redetermination or automatic renewal. Brittany Ward suggested that homeless populations should be included. A suggestion was made to include consent decree class members (Ligas, Colbert, Williams). Other suggestions were to include individuals receiving Social Security Disability Income (SSDI). Sherie Arriazola suggested adding incarcerated individuals. It was suggested to include children who get HCBS waivers services since parents' income and assets are waived. Emancipated minors might also be included. Nadeen Israel asked what populations would not be considered. Ms. Longo said, if assets are a factor such as the case for AABD and MSP, they will be excluded due to assets requirements.

Jane Longo asked to send additional suggestions by August 29, 2019 to: hfs.legislation@illinois.gov

10. Criminal Justice Update:

In response to a concern from Erin Weir-Lakhmani and Sherrie Arriazola regarding individuals who are being released from the Illinois Department of Corrections facilities (IDOC), it was requested that the Department provide guidance for providers and case workers regarding lifting the restriction of benefits upon their release, in order to ensure that there is no gap in their medical coverage.

Lynne Thomas shared three notices, which are attached. Attachment "A" provides instructions for case workers, so they can check the status of a case in MEDI. Attachment "B" provides instructions for case workers, so they can successfully lift the restriction of benefits, upon the client's release from IDOC. Attachment "C" is a document intended for providers and assisters helping inmates who are being released and are in need of medical coverage. Lynne Thomas asked committee members to provide any comments and suggestions to Veronica.Archundia@illinois before 8/23/2019.

11. Open Discussion and Announcements:

Nadeen Israel asked HFS to provide an update regarding the implementation of the National Provider Identifier (NPI.) She asked, how many states have implemented NPI, and how the implementation has gone. She wants to know the outcome when the prescribing provider is not enrolled in IMPACT.

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12. Adjournment:

The meeting was adjourned at 12:24 p.m. The next meeting is scheduled for October 3, 2019, between 10:00 a.m. and 12:00 p.m.

Report of Birth Functionality and Statistics

The new **Report of Birth** functionality in the ABE Partner Portal allows hospital staff to submit an electronic report of birth of newborns at their hospital when the Mother is a Medicaid recipient.

Before using the Report of Birth function in ABE, the system user will check MEDI to make sure the Mother has active coverage. If the Mother does not show active for medical coverage in MEDI, a Report of Birth cannot be submitted, instead staff will help Mother to apply for benefits with the newborn through ABE.Illinois.gov.

Once a Report of Birth has been successfully submitted, the Integrated Eligibility System (IES) will attempt to automatically add the newborn to the mother's case. If the newborn cannot be added automatically, a task will be created for a worker to process the Report of Birth. This will expedite the eligibility processing for newborns and allow for greater continuity of care.

Statistics:

Training

4 Training Webinars for Hospitals were held in June, July and August

Hospitals registered

To date (7/25/19) 17 Illinois hospitals and an additional 6 MO Hospitals have registered in the ABE Partner Portal to Report births of newborns at their hospitals

Submissions

25 Total ABE Partner Portal Report of Birth submissions

- 17 Babies added automatically
- 8 Babies were sent to local office workers for review and addition

Frequently Asked Questions

1. How quickly will the state add newborns to moms' case? What will the turnaround time be for RIN's?

If the baby is matched to Mother's case successfully, the case add and RIN generation will be immediate.

2. Will the system user be able to view the RIN in the ABE Portal?

Not in the first phase of the Report of Birth function, but hopefully in the future.

3. Will the same procedure be used if DCFS is taking custody of the baby?

No, DCFS cannot use the Report of Birth functionality. Continue processing these newborns as you always have.

4. Will this work if the mother has QMB/Dual Medicaid?

Yes, this functionality should work for this group of Medicaid recipients.

5. Can this function be used for newborns whose Mother has IDOC Medicaid/are incarcerated?

Report of Birth Functionality and Statistics

No, this group cannot use the report of Birth functionality. Continue processing these newborns as you always have.

6. Is the process the same if mother has an MCO such as Meridian, Illinicare, etc.?

Yes

7. Can the newborn be added if Mom has MPE? Is it an option for submission?

No, a newborn cannot be added to an MPE case, the Mom must have a regular medical case/Moms and Babies. In this case you would assist the Mom in completing a full application for herself and the newborn. If the Mom is not eligible for regular coverage, but the newborn is, then you would submit a new application with just the newborn.

Example of IES Submission

Your request was submitted on Jun 25, 2019 at 08:49 AM

Report of Birth Summary

Here is the summary of what you told us in your request. Your request tracking number is 8100818789.

Summary of Hospital Contact Information

Contact Name	Contact Phone Number	Hospital Address
Margaret Dunne	(312) 793-3922	QUINCY MEDICAL GROUP KEOKUK AF MORGAN KEOKUK, IA 52632

Summary of Newborn Information

Name	Date of Birth	Gender	Date of Death	SSN Applied For
Bradley Cooper	06/25/2019	Male	NA	Yes

Summary of Mother's Information

Name	Date of Birth	SSN	Recipient Number
Rona Cooper	07/11/1992		123456789

Summary of Father/Parent 2's Information

Name	Date of Birth	Recipient Number

Guidance for Entities Helping DOC Inmates Soon to be Released

Message in MEDI indicating limitation	Who is it for?	What to do around Release?
<p>Restricted Medicaid, all categories: ACA Adult, Family Health Plan, AABD</p> <hr/> <p>Case Type: IDOC Hospital Benefit Package While Incarcerated</p> <p>Case ID ***</p>	<p>These cases have restricted Medicaid benefits because they are in prison</p> <p>NOTE: Check re-de date in MEDI to see if it looks like eligibility will still be active on date of release. If rede date is close to release date, contact IMRP to have new rede papers mailed to good address.</p>	<p>Restriction should lift after 8 days as long as coverage is still current in MEDI. Timing depends on when HFS receives an updated file from DOC giving us release dates.</p> <ol style="list-style-type: none"> 1) Check MEDI to be sure restriction is removed (look at Case Type). 2) If restriction is not removed within 8 days, email HFS.IESAccess@Illinois.gov
<p>HFS “195 Cases”</p> <hr/> <p>Case Type: IDOC Hospital Benefit Package While Incarcerated</p> <p>Case ID will include a “195”</p>	<p>These cases are NOT Medicaid.</p> <p>-195 cases are for individuals in prison in need of hospitalization. -The 195 limits benefits to hospitalization while incarcerated. -The 195 allows a RIN to be generated for payment to the hospital. -The 195 case needs to be closed before a full Medicaid application can be processed</p> <p>Need to apply for full Medicaid coverage.</p>	<p>Steps:</p> <ol style="list-style-type: none"> 1) Email HFS.IESAccess@Illinois.gov one week before submitting full application. 2) Put in Subject Line: 195 case closure requested 3) Submit a full application through ABE or with the local FCRC (if released) one week after submitting the 195 case email to HFS.IESAccess@Illinois.gov 4) If approved, Medicaid coverage should be same RIN as the 195 case, but with a different case number; 195 case will be closed.
<p>HFS “194 Social Services Cases”</p> <hr/> <p>Case Type: HFS Social Services</p> <p>Case ID will include a “194”</p>	<p>These cases are NOT Medicaid.</p> <p>- 194 cases are for those who may have been receiving SASS services previously. -194 case stays open</p> <p>Need to apply for full Medicaid coverage</p>	<p>Steps:</p> <ol style="list-style-type: none"> 1) Apply for full Medicaid Coverage 2) If approved, Medicaid Coverage should be same RIN as 194 case. 3) 194 case would remain along with full Medicaid coverage
<p>DHS “193 Social Services Cases”</p> <hr/> <p>Case Type: DHS Social Services</p> <p>Case ID will include a “193”</p>	<p>These cases are NOT Medicaid.</p> <p>- 193 cases are for those who may have been receiving DASA services previously. -193 case stays open</p> <p>Need to apply for full Medicaid</p>	<p>Steps:</p> <ol style="list-style-type: none"> 1) Apply for full Medicaid 2) If approved, Medicaid Coverage should be same RIN as 193 case. 3) 193 case would remain along with full Medicaid coverage

***In some cases, the Case ID does not show in MEDI – HFS is working on fixing this issue. If a case number is missing, the member has full Medicaid coverage **restricted due to incarceration**. Follow instructions for “Restricted Medicaid.”

Guidance for Application Completion

Medical Emergency: If an individual has a medical emergency and needs a full application processed in order to fill a prescription or receive urgent medical care, securely email the application number, applicant name and reason for the medical expedite request to: HFS.ACA@Illinois.gov

Navigators - HFS recommends navigators assist inmates with applying for medical benefits 30-60 days in advance of release. If approved prior to release, the restriction will be placed on the coverage until release.

- **Add a Family member to Existing Case** - If the applicant has a family member with active Medicaid and the individual is moving back into the home with the active family member, complete a 243C ([English](#) or [Spanish](#)) to Request to Add a Person (the applicant) to Medical Benefits for someone with active All Kids, FamilyCare or Moms & Babies Cases (Note: cannot add a family member to an AABD case). **Mail or take the 243C form to the local FCRC that is maintaining the active case. The name of the office will be on the summary page after the application is submitted. Or, find the local FCRC’s address, hours, etc. at the DHS Office Locator on the DHS website: <http://www.dhs.state.il.us/page.aspx>**
 - Individuals age 65+ or receiving Medicare should submit a new application.
- **If the Individual Needs to Fill out a New Application** - Fill out the application as if the individual is in the community including where they will live upon release, who they will be living with, income of those people and tax filing status.
 - If the applicant doesn’t know yet, **wait** to fill out the application until they know. It is CRITICAL, that the state know the address where they will be living and who they will be living with – otherwise eligibility cannot be determined.
 - The applicant can use the mailing address as a place where they know they will get mail, including a friend or relative’s address (or navigator office if you choose). Do NOT list the FCRC. If a location where the applicant is not on the mailbox, make it in “C/O” that friend or relative. Since requests for additional Information could be mailed to the mailing address prior to release, be sure someone resides at the address who can get mail to the applicant.
 - DO NOT select “in a DOC facility” when asked where someone lives in the ABE application, select another option.

REMINDER – Keep address current: It is critical that the applicants update their address and phone number with the state wherever they go, so that they can receive important notices about their eligibility and coverage in the mail. They can use a mailing address of a friend or relative if that person agrees to receive mail on their behalf. They can change their address with the state by:

1. Calling the change report line at 1-800-720-4166 between 8 am and 5:30 pm, M-F except state holidays.
2. Going to the [DHS website page](#) and click on “change of Address for Cash, SNAP and Medical Customers to fill out and submit a change of address for Cash, Medical and SNAP Customers form
3. Changing the address at the U. S. Postal Service. [Official Change of Address Form - United States Postal Service](#).
[Note: This method ONLY works if the address they are changing **FROM** matches the address the State has in its system, otherwise, the change will not work].

PM 20-02-03 Automated Medical Benefit Restriction for Incarcerated Individuals

WAG 20-02-03

Central MMIS Updates

When an individual who is receiving medical benefits is identified as being incarcerated in an Illinois Department of Corrections (IDOC) facility, the medical benefit is restricted in MMIS to inpatient hospitalization and related professional medical services rendered as part of the hospital stay.

Individuals in a federal prison are not eligible for HFS medical benefits.

Restriction of Medical Benefits

An automated process restricts medical benefits by updating MMIS on a weekly basis using an electronic file from IDOC. The automated restriction also ends payment for managed care, long term care coverage and primary case management fees to physicians and clinics during the period of incarceration.

An OBRA code CI restricts medical eligibility for incarcerated individuals in MMIS to inpatient hospitalization and professional medical services related to the hospital stay.

Restricted medical benefits start on the date **after** the individual is admitted to the correctional facility. The individual must comply with all required activity to maintain medical eligibility.

Restoration of Medical Benefits

IDOC releases the individual from the correctional facility with a two week supply of their maintenance medications. The automated data update ends the medical restriction and authorizes full medical benefits within a week after the individual's release. The last day of the restriction is the day **before** the release date.

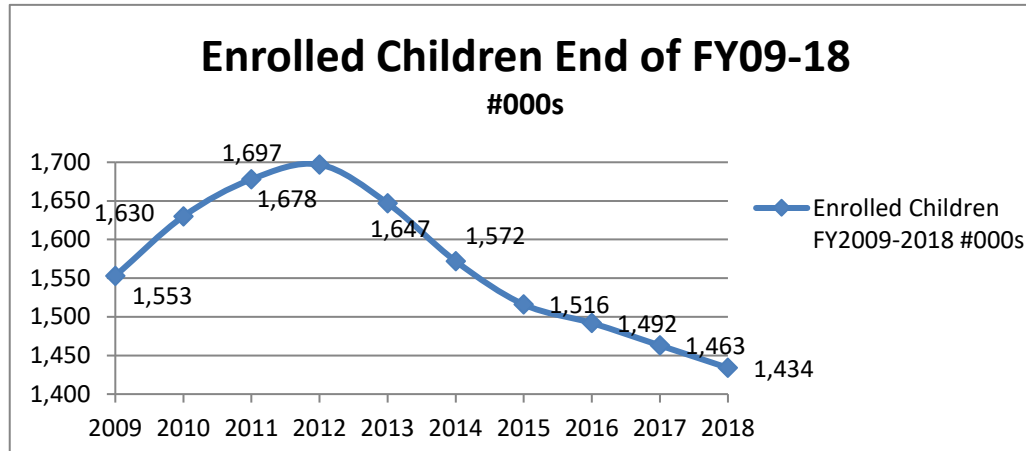
In the instance where the individual has been released from the correctional facility and is in need of immediate medical coverage within the first week, send an email to HFS.IESAccess@illinois.gov and include the individual's name, case number, and RIN. HFS central office will review the IDOC records to verify the individual has been released and will manually end the restriction restoring full medical coverage.

**ABE Manage My Case, Appeals and FFM stats
For MAC Public Education Subcommittee
As of 9/23/19**

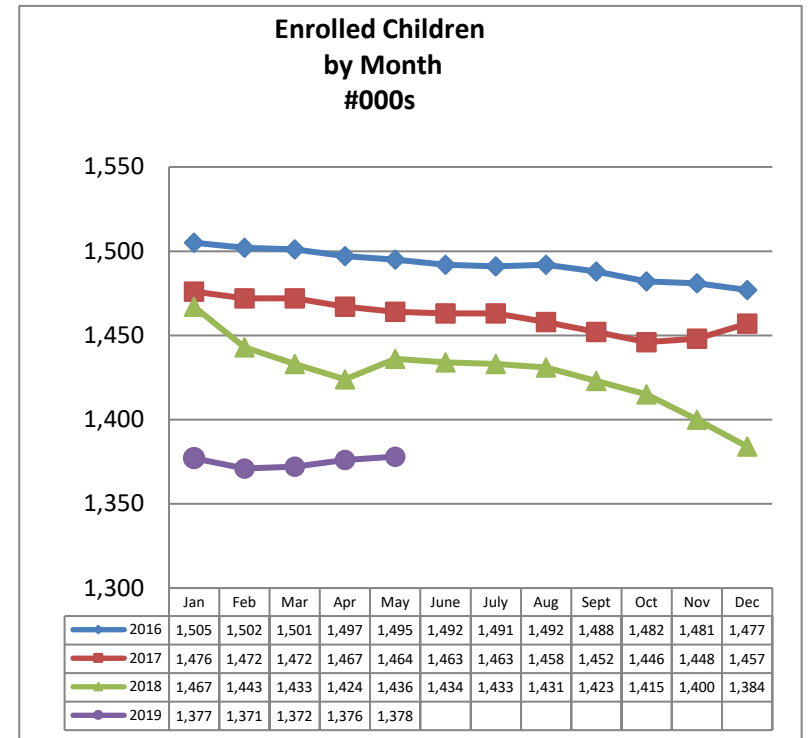
	9/23/19	7/29/19	5/23/19	4/3/19	2/7/19	10/3/2018	7/31/18	4/10/18
ABE MMC Accounts Linked	836,178	747,236	702,833	643,018	570,348	416,010	329,244	240,780
Renew My Benefits	252,648	232,669	209,483	193,446	172,590	125,603	97,679	53,557
Report My Changes	187,361	169,956	151,150	136,784	121,002	84,882	63,762	31,187
Program Adds	78,096	70,302	61,447	54,621	46,896	31,136	22,908	10,033
Member Adds	24,683	22,495	20,116	18,545	16,485	11,758	9,753	5,173
Mid-Point Reports	125,304	112,567	98,207	88,057	74,786	47,454	34,357	11,247
Appeals submitted	54,067	49,360	43,935	39,974	34,576	24,551	NA	7,380
FFM cases received since 11/2017	234,257	226,185	215,901	208,047	198,234	123,550	114,885	102,618
Cumulative count of people successfully ID proofed through the State	1,918	1,512	959	449	NA	NA	NA	NA

Children's Enrollment

End of FY	Enrolled Children FY2009-2018 #000s
2009	1,553
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



End of Month 2016	Enrolled Children #000s	End of Month 2017	Enrolled Children #000s	End of Month 2018	Enrolled Children #000s	End of Month 2019	Enrolled Children #000s
Jan	1,505	Jan	1,476	Jan	1,467	Jan	1,377
Feb	1,502	Feb	1,472	Feb	1,443	Feb	1,371
Mar	1,501	Mar	1,472	Mar	1,433	Mar	1,372
Apr	1,497	Apr	1,467	Apr	1,424	Apr	1,376
May	1,495	May	1,464	May	1,436	May	1,378
June	1,492	June	1,463	June	1,434	June	
July	1,491	July	1,463	July	1,433	July	
Aug	1,492	Aug	1,458	Aug	1,431	Aug	
Sept	1,488	Sept	1,452	Sept	1,423	Sept	
Oct	1,482	Oct	1,446	Oct	1,415	Oct	
Nov	1,481	Nov	1,448	Nov	1,400	Nov	
Dec	1,477	Dec	1,457	Dec	1,384	Dec	



DRAFT Provider Notice regarding Temporary Cards DRAFT

Date: September XX, 2019
To: All Medical Assistance Providers
Re: Client eligibility for Temporary Medical Cards

This notice informs all medical assistance providers of the temporary medical assistance options for certain individuals.

Individuals who have applied for medical assistance through Medicaid, but who have not yet received a timely decision from the State may access temporary medical assistance and a temporary medical card.

Temporary medical assistance begins when an individual makes a request for a temporary medical card and will end when a final decision is made on the individual's application.

With a valid temporary medical card, individuals can access all medical services except long-term services and supports (LTSS). See below for additional information about LTSS.

Individuals will not be required to pay for medical services during the time in which temporary medical assistance is in effect.

Background

- The law requires the State to process medical applications within 60 days for persons requiring a disability determination and within 45 days for all other applicants.
- If an individual has made an application to the state and a decision has not been received within these timelines, the person will get a notice in the mail (Notice of Possible Entitlement to Temporary Medical Assistance – HFS 2350 Notice). This notice will be mailed to the address the applicant provided on their application.
- Individuals requiring medical assistance must request a temporary medical card.
- Coverage begins the 61st day (medical) or the 76th day (disability determination).
- The temporary medical card will be valid until the Department approves or denies the individual's application.

Individuals can request temporary medical cards in several ways.

- Call the All Kids Unit toll free at 1-877-805-5312 (TTY: 1-877-204-1012). After choosing English or Spanish, press 8 to request a temporary medical card. (Hours: 8:00am – 4:30pm)
- Online by logging into Application Benefits Eligibility (ABE)/Manage My Case at <http://abe.illinois.gov/abe/access>
 - After logging on, individuals will see a “Request Temporary Card” button. A temporary card will be available within 24 hours after clicking.
- Contact the DHS office at which the individual applied:
 - In person
 - By telephone
 - In writing

- Requests can also be made in writing or via fax as follows:
 - Department of Healthcare and Family Services PO Box 19138, Springfield, IL 62794
 - Faxed to ###-###-####

Temporary Medical Assistance does not cover long-term services and supports. Those services are covered by Provisional Eligibility. More information is available at <https://www.illinois.gov/hfs/MedicalProviders/ltss/ltc/Pages/FAQ.aspx>.

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DRAFT

Provider Bulletin Issued 08/23/2019

Provider Bulletin Chapter 100 19-01

Date: August 23, 2019

To: All Medical Assistance Program Providers

Re: Chapter 100 – Handbook for Providers of Medical Services, General Policy and Procedures
Elimination of Title XIX Copayments Effective September 1, 2019

As a result of Public Act 101-209, the Department of Healthcare and Family Services is eliminating the copayment obligations for all adult participants covered under Title XIX (19) of the Social Security Act effective with dates of service on and after September 1, 2019. Title XIX children under the age of 19 are already exempt from copayment requirements.

The Department will stop deducting copayments on claims with dates of service on and after September 1, 2019. Providers should not assess copayments for adult participants covered under the following Medical Programs for dates of service on and after September 1, 2019.

- Affordable Care Act (ACA) Adults
- Seniors and Persons with Disabilities (formerly Aid to the Aged, Blind or Disabled)
- Health Benefits for Workers with Disabilities
- Family Care

Chapter 100 policy and General Appendix 5, Cost-Sharing for Participants, have been updated to reflect the zero-copayment obligation for these categories of assistance.

Providers are reminded that children covered under All Kids Share, Premium Level 1 and Premium Level 2 and adults covered under Veterans Care are still responsible for their applicable copayments. There are no changes to premium requirements for All Kids Premium Levels 1 and 2.

Questions regarding practitioner copayments may be directed to the Bureau of Professional and Ancillary Services at 877-782-5565. Questions regarding institutional provider copayments may be directed to the Bureau of Hospital and Provider Services at the same toll-free line.

Instructions for updating Chapter 100, Handbook for Providers of Medical Services

Topic 102.3 – The Family Health Plans

Remove page HFS 102 (2) and replace with revised page HFS 102 (2).

Topics 114.1 – Copayments and 114.1.1 – Collection of Copayments

Remove pages HFS 114 (1), 114 (2), and 114 (3) and replace with revised pages HFS 114 (1), HFS 114 (2), and HFS 114 (3).

General Appendix 5

Remove General Appendix 5 (1) Cost Sharing for Participants and replace with revised page HFS General Appendix 5 (1) updated September 2019.

Chapter 100 Appendices (pdf)

Chapter 100 General Handbook (pdf)

Chapter 100 5 Replacement Pages General Policy and Procedures (pdf)

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