

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
October 20, 2011.**

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

Committee Members Present

Kathy Chan, IMCHC
Terri Gendel, Age Options

Committee Members Absent

Courtney Hedderman, AARP
Susan Vega, Alivio Medical Center
Tamela Milan, Westside Health Start
Hardy Ware, East Side Health District
Margaret Stapleton, Shriver Center (for John Bouman)
Henry Taylor, Mile Square Health Center
Suzanna Gonzalez, MacNeal Hospital

Interested Parties

Margaret Dunne, Beacon Therapeutic
Andrea Kovach, Shriver Center
Nelson Soltman, Legal Assistance Foundation
Deborah Mathews, DSCC
Susan Melczer, MCHC
Robin Scott, CDPH

HFS Staff

Jacqui Ellinger
Lynne Thomas
Gwen Smith
Robyn Nardone
Victoria Nodal
Cathy Jarrett
Dennis Leonard
Maithili Panat
Veronica Archundia

DHS Staff

Sharon Dyer-Nelson

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The MAC Public Education Subcommittee was called to order at 10:01 a.m.

1. Introductions. Kathy Chan chaired the meeting, and attendees in Chicago and Springfield introduced themselves.

2. Review of Minutes. Kathy Chan recommended a change under the section “Eligibility System for Health Care Reform,” by replacing the word “bipartition” with the word bipartisan. The minutes were not approved due to the lack of a quorum.

3. CHIPRA Child Health Quality Demonstration Grant Overview

Gwen Smith, from the Bureau of Maternal & Child Health Promotion, explained that, in 2010, the state of Illinois, in partnership with Florida, was awarded a grant under the Children’s Health Insurance Program Reauthorization Act (CHIPRA). Ms Smith noted that this initiative contains two federal goals. One of them is to implement and evaluate demonstration projects that focus on improving the quality of children’s healthcare under Medicaid and CHIP. The second goal anticipates that CMS will establish a Pediatric Quality Measures Program (PQMP) incorporating information learned from the CHIPRA demonstrations. Ms. Smith noted that there are four categories in which Illinois and Florida are participating: 1.) implement, test, and report on 24 child health quality measures, 2.) coordinate child health quality reporting with new health information system developments, including the health information exchange and electronic health records, 3.) test or enhance provider based models to improve care coordination, and 4.) improve birth outcomes. Ms. Smith added that the funding of this project will last until 2015, and the goal is to integrate the measures and improvements learned through the CHIPRA grant into daily, ongoing programs and operations. In response to committee members’ interest regarding the CHIPRA grant, HFS staff will send out an email providing information about links and resources.

4. Durable Medical Card

Robyn Nardone, from HFS, reported that the department continues working on the initiative to eliminate the monthly issued paper medical card. Instead, eligible individuals would receive a durable medical card. She reminded committee members that having the card does not guarantee ongoing eligibility. Therefore, it is expected that medical providers would have to verify eligibility at the point of service. As a support for clients, HFS plans to use an Automated Voice Response System (AVRS) so clients can verify eligibility information over the phone. Ms. Nardone introduced a draft of the AVRS script and explained that the script describes the steps that clients will be asked to follow. There was a robust discussion about how to enhance the script. Ms. Nardone asked members to provide additional comments via-email to facilitate further discussion. Ms. Nardone explained that HFS is in the process of selecting a vendor that will create and distribute the durable medical cards. More updates will be provided as work progresses.

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5. Long Term Care Eligibility Rulemaking:

Jacqui Ellinger, Deputy Administrator of the Medical Programs, announced that in the upcoming days, HFS will have posted a document on its website that summarizes the new eligibility requirements for Long-Term Care approved by the Joint Committee on Administrative Rules (JCAR). In an effort to increase awareness, HFS is in the process of reviewing outreach materials and brochures regarding Long-Term Care as a way to help inform the community about changes in the determination of eligibility. HFS asked if anyone wished to assist in the review. Terri Gendel, (from Age Options) and Nelson Soltman, (from Legal Assistance Foundation) volunteered to help. HFS will also engage the Department on Aging in the review.

6. Updates

HFS Hotline. Dennis Leonard, from the Division of Medical Programs, reported that as part of a partnership agreement between HFS and DHS, beginning July 5th, 2011, the All Kids Hotline had made 2,553 address changes for callers with case files at the DHS/FCRC locations. Mr. Leonard indicated that, as of September 9, 2011, hotline operators have forwarded 319 requests of clients who would like to register to vote.

AKAA statistics. Lynne Thomas, Chief of the Bureau of All Kids, provided a report that had been requested by committee members in the previous meeting regarding the approval rates of applications submitted to the All Kids Unit. A written report was provided showing that All Kids Applications Agents (AKAAs) had submitted 35% of the applications, while 65% had been submitted by families. (A follow up email will be sent to committee members regarding the time frame of this report.) Ms. Thomas suspects that the increase of applications submitted by families may be due to the availability of the web application which makes it convenient for families to complete their applications; however, the approval rate is only 58%. Ms. Thomas believes that the higher denial rate may be due to the fact that families do not provide the appropriate documentation to determine their eligibility. In contrast, the approval rate for AKAAs is 98%. Lynne added that there are 347 active AKAAs, of which 54% are located in the Cook County area, 16% in the collar counties, and 30% are in the rest of the state.

Kathy Chan, from the IMCHC, remarked on the significance of these statistics, which highlight the relevance of the service that AKAAs offer to the community. During the hearings of the Illinois Health Insurance Exchange Legislative Advisory Committee there has been an ongoing dialogue regarding the function of “navigators” that are authorized by the Affordable Care Act (ACA). She added that the Task Force is waiting to receive further guidelines, based on federal regulations that are yet to be finalized with regard to what exactly the navigators would look like, specifically, if there would be some level of license or certification that may be required. Ms. Chan noted the significance of recognizing that AKAAs have been demonstrated to be successful in their ability to assist hard-to-reach populations, and she praised their high approval rate, which can be translated into savings in the administrative work for the state.

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Illinois Health Insurance Exchange Legislative Advisory Committee. Andrea Kovach, from the Shriver Center, provided a report regarding the legislative study committee which was created by Bill 1555 during the last General Assembly. The goal was to present a report (due before the veto session) regarding findings and recommendations about the options that Illinois has in the development of the Health Insurance Exchange. Ms. Kovach noted that the committee had focused on three main points. The first one is the structure and governance; there were three options that could be chosen from: a state agency, a non-profit entity, or a quasi-governmental board. The committee did not make a recommendation. The second point was financing for the exchange. Ms. Kovach noted that, after 2015, there will be no more federal funding to finance the exchange. Federal law requires that state exchanges must be self-sufficient; therefore, the committee identified a list of potential options, but did not make any recommendations about what type of financing model the state should adopt. As to governance for the exchange, the discussion was focused on what type of members should be on the board, for example, whether or not a legislator should be included. However, no recommendation was made in this regard either. The committee is supposed to present a final report by September 30, 2011 so that a bill can be introduced during the veto session. She added that the state has to meet some milestones and datelines that have been established by the federal government which include the passing of a bill regarding governance and financing in order for the state to start receiving funding.

MIPPA. Pat Curtis, from the Bureau of Medical Eligibility and Special Programs, provided statistics regarding the Medicare cost sharing benefits that had been requested by committee members. Ms. Curtis indicated that MIPPA is a federal law that requires the state to ensure that individuals applying for Medicare Part D Low Income Subsidy have the opportunity to apply for the Medicare Savings Program. Ms. Curtis reported that from 01/01/10 when this initiative was launched to 09/15/2011, Illinois has enrolled 650 people. During that period of time, Illinois mailed out 17,000 applications; of those, almost 18% of the applicants returned a completed application for the Medical Savings Program, and, of those, 78% were denied. In spite of the low enrollment, Ms. Curtis praised the efforts of advocacy groups to reach out to the populations that may benefit through this initiative.

Eligibility Verification and MOE. Jacqui Ellinger discussed the letter regarding Medicaid Reform that HFS received from CMS on September 30th, 2011. It essentially does not authorize HFS to request additional paper documentation to verify residency and income. However, CMS recommended that the state of Illinois adopt more electronic approaches. Specifically, the state should actively incorporate the electronic data matching. Ms. Ellinger noted that, in an effort to adopt a more robust confirmation of eligibility, HFS expects to procure a vendor that can provide more current salary information, at least for some of the population.

7. Announcements

Committee members were reminded that, on November 2nd, 3rd, and 4th, CMS will be hosting the 2nd National Children's Health Insurance Summit in Chicago. The main focus will be to discuss successful strategies and explore new approaches to outreach, enrollment and

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retention of children. Margaret Dunne, from Beacon Therapeutic, will be one of the presenters at the conference. Jacqui Ellinger commented upon HFS's intention to reconstitute the committee, and recommended a more vigorous representation from downstate candidates. She acknowledged Andrea Kovach for providing some names of potential candidates, and encouraged committee members to submit additional nominees.

8. Open Discussion

Due to time constraints, no additional items were discussed.

9. Next meeting/adjournment

The next meeting is scheduled for December 8th, 2011, from 10:00 a.m. to 12:00 p.m. The October 20th, 2011 session was adjourned at 12:12 p.m.