MEDICAID ADVISORY COMMITTEE (MAC)

November 7, 2025

Virtual WebEx Meeting

10AM – 12PM

HFS

Illinois Department of Healthcare and Family Services

HFS
Illinois Department of
Healthcare and Family Services

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.

I.

Call to Order

Presenter: Audrey Pennington, MAC Chair

Welcome To The MAC

MAC Chair

Audrey Pennington

As the Chief Operating Officer of Aunt Martha's Health & Wellness, Audrey Pennington is responsible for ensuring the efficiency and excellence of the organization's integrated model of health care, child welfare and community wellness services.

In addition to working with the President & CEO to advance Aunt Martha's mission, vision, core values and strategic priorities, she is responsible for the day-to-day operations of more than 30 locations, including 23 community health centers, and over 800 employees. Aunt Martha's operations generate more than $70 million annually, reaching nearly 70,000 patients and clients from over 650 communities across Illinois.

With close to 30 years of health care, finance, and executive experience, Audrey's role at Aunt Martha's has continued to evolve to meet the leadership demands of a tightly integrated organization and the increasingly complex needs of its patients, clients, partners and employees. She coordinates the leadership teams of the agency's three operating groups, including direct oversight of all health care services, supporting operational and clinical excellence, and fostering strong working relationships across all levels of the organization as well as with key partners.

She is at the forefront of the movement to promote a value-based, integrated model of services that cares for the whole person – body, mind and spirit. She has played an integral role in the use of technology to advance the accessibility, integration and quality of care. Her commitment to quality and total dedication to caring for the underserved is part and parcel of the culture of teamwork and accountability that drives Aunt Martha's forward.

Audrey originally joined Aunt Martha's in 2001 as Controller, and has held several senior administrative positions, including Executive Vice President of Health Services, Interim-Chief Financial Officer and Director of Health Finance. She earned a Bachelor of Science in Business Administration from the University of Illinois.

Welcome To The MAC

The Medicaid Advisory Committee (MAC) advises the Department of Healthcare and Family Services with respect to policy and planning related to the health and medical services provided under the department's Medical Programs including Medical Assistance, All Kids and FamilyCare pursuant to federal Medicaid requirements established at 42 CFR 431.12.

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Facilitator: Audrey Pennington, MAC Chair

Comments or questions during the meeting

House Keeping

- If you are a Committee 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.
- Please state your full name when asking a question or passing a motion.
- If you are a member of the general public and wish to make a comment, you would have needed to 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 Committee chair or any of the host or co-host.

Meeting Basics

House Keeping

- 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. 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

Meeting Basics

House Keeping

- 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 has been provided for you today in the WebEx platform in several languages. Please email hfs.boards.and.commissions@illinois.gov in advance to report any requests or accommodations you may require or use the chat to alert me of challenges you may have encountered during the meeting.
- Patience, please – many meeting attendees may be new to MAC proceedings.

Summary of Agenda

Presenter:
Audrey Pennington, MAC Chair

I. Call to Order

II. Roll call of MAC Committee Members

III. Introduction and Announcements for HFS staff

IV. Review and Approval of Meeting Minutes

V. HFS Leadership Comments

VI. Healthcare & Family Services Executive Report

VII. Beneficiary Advisory Council Update

VIII. Subcommittee Reports & Recommendations

IX. Public Comments

X. Additional Business: Old & New

XI. Adjournment

II.

Roll Call of Committee Members

Presenter: Melishia Bansa,
HFS Deputy Director, Community Outreach Boards and Commissions

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Roll Call of MAC Members

Amber Smock – Vice Chair
Access Living

Audrey Pennington – Chair *
Aunt Martha's Health & Wellness

Brian Cloch
Oak Street Health | Transitional Care Management

Howard Peters III*
HAP, Inc

Kathy Chan*
Cook County Health

Kim Mercer-Schleider
Illinois Council on Developmental Disabilities

Larry McCulley
SIHF Healthcare

Dan S. Lustig *
Haymarket Center

Flavia Lamberghini
UIC Pediatric Dentistry Department | Apple Dental Care

John J. Spears*
Foster Parent

Lettie Beatrice Hicks
COFI | Parent

Mary Cooley
Aetna Better Health of Illinois

Arti Barnes - Ex-Officio Non-Voting Member *
Illinois Department of Public Health

Conflict of Interest Notice

A ***conflict of interest*** occurs when a member's personal, professional, financial, or other interests could improperly influence, or appear to influence, their judgment, decisions, or actions on behalf of the Board/Commission.

Conflicts may include, but are not limited to:

- Financial interests in an organization, company, or individual that may benefit from a Board/Commission decision.
- Personal or family relationships that could affect impartiality.
- Employment, consulting roles, or outside affiliations relevant to matters under consideration.
- Any situation in which private interests may conflict with official duties.

Member Obligations

All members must:

- **Disclose** any actual, potential, or perceived conflict of interest as soon as it is identified.
- **Refrain from participating** in discussions, deliberations, decisions, or votes related to the conflict unless the Board/Commission formally determines that the conflict does not disqualify participation.
- **Submit an annual conflict of interest declaration** and update it promptly if circumstances change.
- **Act with integrity**, placing the interests of the Board/Commission and the public above personal interests.

III.

Introduction to HFS Staff and Announcements

Presenter: Dana Kelly, HFS Chief Of Staff

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Name	Title
Ameri Klafeta	Chief of Reproductive Health
Catrina Miksis	Deputy General Counsel for Consent Decree Compliance and Reform
Dorian Manion	Chief of Staff for the Division of Medical Programs
Michael Erikson	Deputy Administrator for Fiscal Management
Michael Banghart	Senior Policy Advisor for Housing
Diane Potts	Special Assistant for Child Support Services
Jessica Pickens	MCO Performance Compliance Manager

IV.

Review and Approval of Meeting Minutes

Presenter: Audrey Pennington, MAC Chair

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V.

HFS Leadership Comments

Presenter: Dana Kelly, HFS Chief of Staff

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A. HFS Chief of Staff – Dana Kelly

Dana Kelly most recently served as Associate Secretary at the Illinois Department of Human Services (IDHS), where she oversaw strategy and program development for IDHS programming related to disability services, mental health, state operated facility operations, and community violence prevention.

Prior to becoming Associate Secretary, Dana served as Chief Policy Officer at IDHS, where she managed the development and implementation of strategic initiatives ranging from violence prevention services to internal workforce transformation efforts. During her time at IDHS she served as a key advisor on the Department's COVID-19 response, including oversight for state operated congregate care settings and implementation of a vaccination program serving internal staff and community members.

Finally, she has served as the State's liaison to the Illinois Commission on Poverty Elimination and Economic Security for the last 3.5 years, where she has guided the development of the Commission's poverty alleviation strategy.

Response from MAC Members

VI.
1. Federal Updates

Presenters: Emma Watters Reardon, Policy Director
Leslie Cully, IDHS Director of the Division of Family and Community Services

1.A.

OBBBA & Medicaid

Presenter: Emma Watters Reardon, Policy Director

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HR 1 Provision	Effective Date
Freeze current and prohibit new provider taxes	July 4, 2025
Prohibit Medicaid funding to Planned Parenthood for 1 year	July 4, 2025
Cap new SDPs at 100% Medicare payment rates	July 4, 2025
Rural Health Transformation Program	Application due November 5, 2025; awards decided December 31, 2025
Narrow the definition of "qualified aliens"	October 1, 2026
6-month eligibility redeterminations for ACA adults	January 1, 2027
Work requirements	January 1, 2027 (January 1, 2029, with good faith effort determination)
Phase-down provider hold harmless threshold	October 1, 2027
Reduce current SDPs by 10 percentage points per year until the SDPs are no greater than 100% of Medicare	January 1, 2028
Cost-sharing for ACA adults	October 1, 2028
Modify "generally redistributive" provider tax criteria	Transition period of up to 3 years
Several other eligibility-related proposals	January 1, 2027 – October 1, 2029

Impact of HR 1 on Medicaid Customers

- **Projected Losses:**
  - Internal estimates show that between **270,000 and 500,000 Illinoisans** will lose Medicaid coverage due to the new federal work requirements. That means close to **15% of our current customers** could lose coverage.

  - States that have imposed work requirements, such as Arkansas and Georgia, saw tens of thousands of eligible enrollees lose coverage. Of those disenrolled in Arkansas, **97% were compliant or had exemptions, but still lost coverage.**

Eligibility Changes

Implementation Planning for HR 1

Eligibility

- Eligibility-related changes, particularly work requirements and 6-month redeterminations, require immense resources, time, and stakeholder coordination.
- Our multifaceted strategy towards optimizing implementation of these changes includes:
  - Maximize policy flexibilities to ensure as few customers as possible lose coverage due to new eligibility requirements.
  - Leverage information technology (IT) to maximize automation, streamlining applications and redeterminations, exempting eligible individuals seamlessly, and optimizing our customer interface so it is easy to navigate and maintain compliance.
  - Develop a robust communications plan that leverages community partnerships to assist customers and grows existing education and training resources to help customers satisfy requirements.
  - Build state staff capacity to address new requirements, IT implementation and enrollment.

Implementation Planning for HR 1

Eligibility: Maximize Policy Flexibilities & Leverage IT

- HFS is developing policies and procedures for the application process, exemption and compliance verification processes, and renewal process that will maximize exemptions and reduce the burden on customers.
- HFS is focusing on how to maximize automated eligibility processes and exploring AI for eligibility verification purposes.
- HFS is assessing what platforms and products exist, how we can leverage technology to make this process as easy as possible for customers and for the state on the administrative side, and how we can procure these platforms quickly.

Implementation Planning for HR 1

Eligibility: Communications

- Building on lessons learned from the Public Health Emergency (PHE) unwinding, HFS plans to employ a comprehensive, multi-modal, and cross-sector communications strategy.
- To date, HFS has: 1) Co-hosted a Town Hall with DHS on HR 1 impacts; 2) Created a Federal Resource webpage with FAQs and other materials, and 3) Engaged in countless one-on-one conversations with stakeholders both in and outside state government.
- HFS is in the early stages of developing a long-term communications plan with DHS, GO, and other state partners, which will leverage CBOs, MCOs and other partners to communicate with customers and help ensure they are prepared for the new requirements.

Implementation Planning for HR 1

Eligibility: Building Capacity

- HFS is collaborating closely with the GO, DHS and other agencies to build an operational plan that leverages existing efforts to implement SNAP work requirements and contemplates additional processing needs for case workers resulting from HR 1 changes to both Medicaid and SNAP.
- Staffing and support needs include strategic project management, IT expertise and additional caseworkers to adequately implement work requirements and other eligibility changes.
- HFS' multifaceted strategy towards optimizing implementation of these changes includes maximizing automation, optimizing the customer technical interface, and growing state education and training resources to help customers satisfy new requirements.

Implementation Planning for HR 1

Financing

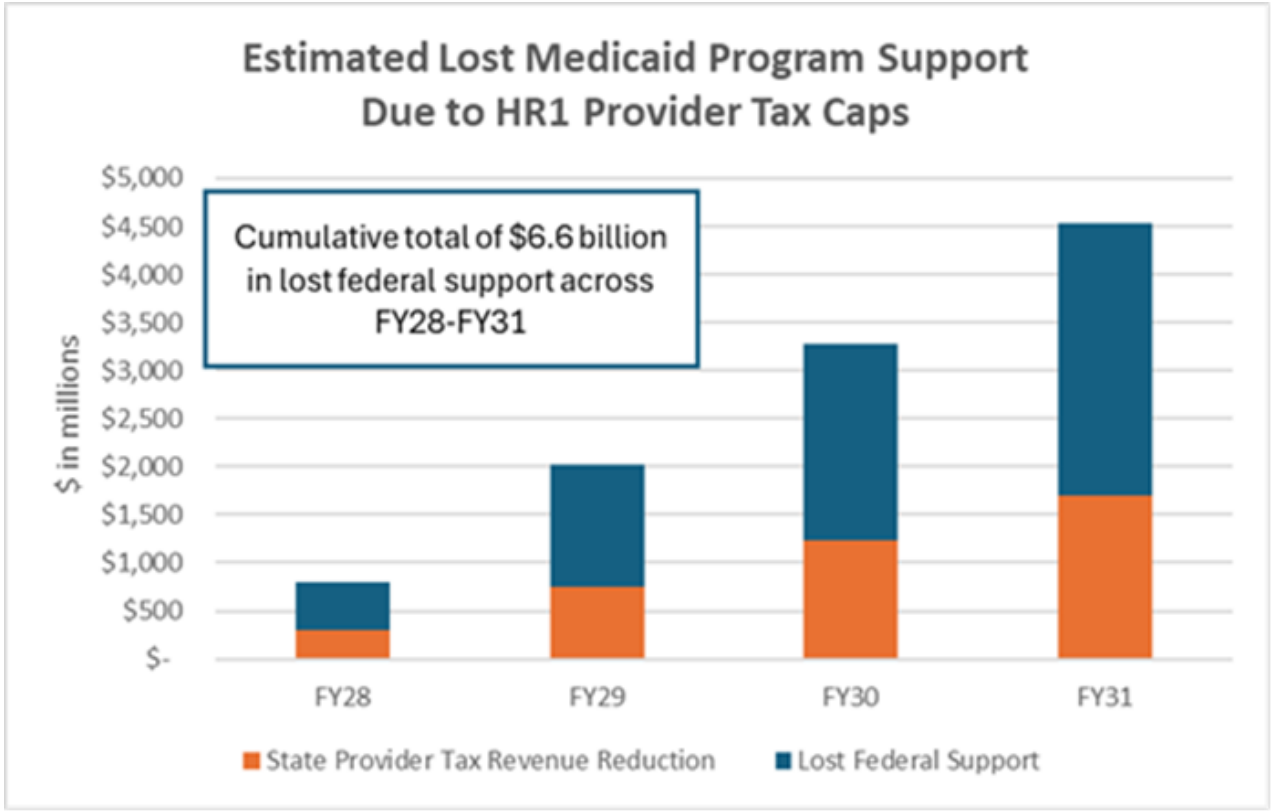
- Medicaid financing changes related to provider taxes and state directed payments (SDPs) will necessitate changes to hospital SDPs and the hospital, nursing home, and managed care organization (MCO) taxes.
    1. Reduce the hospital SDPs
    2. Restructure the nursing home and MCO taxes to come into compliance with new uniformity requirements
    3. Phase down the hospital and MCO taxes to meet the new hold harmless threshold
- HFS will pursue legislation, pending further guidance from federal CMS.

Financing Changes

Implementation Planning for HR 1

Financing Changes

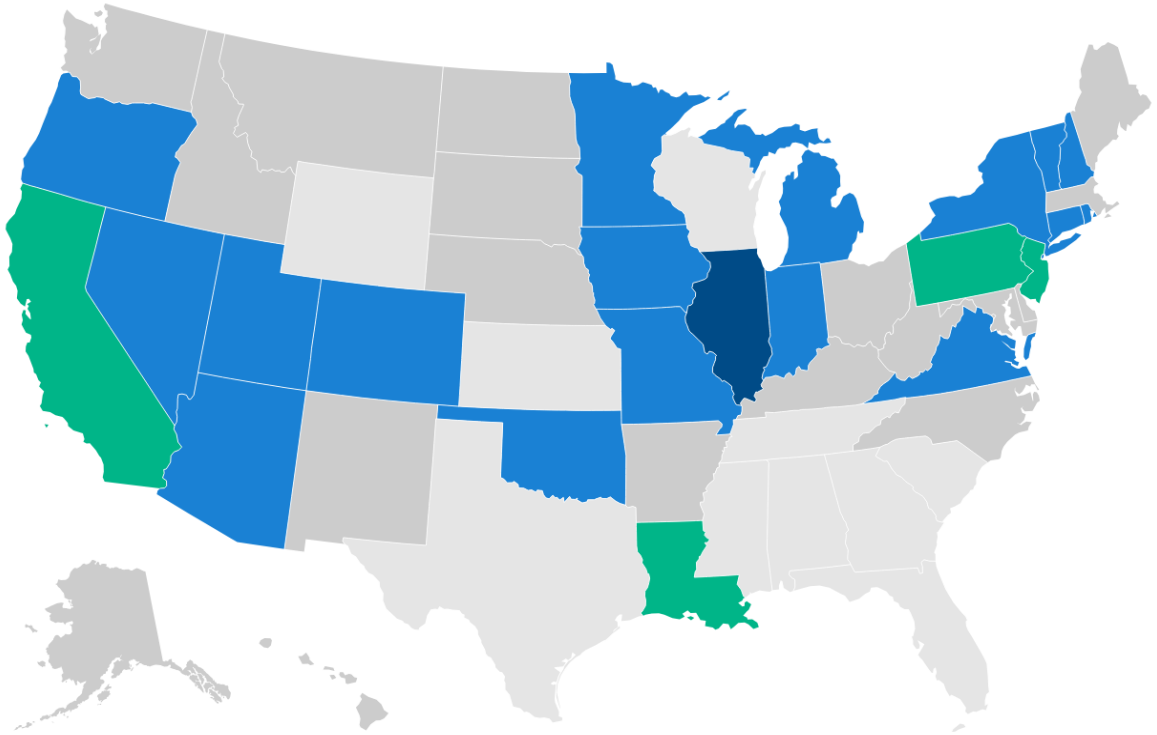
1. Expansion states must phase down their taxes from **6% to 3.5%** of net patient revenues starting October 1, 2027.
2. Modifies the criteria for a provider tax to be deemed “generally redistributive,” effective upon enactment with a transition period TBD.
3. Existing SDPs must be phased down to 100% of Medicare payment levels (for expansion states) starting January 1, 2028.
    - Requires Illinois to reduce hospital SDPs by **$3.4 billion** over funding reduction period.



Implementation Planning for HR 1

States with hospital or managed care organization (MCO) provider taxes in excess of 3.5% of net patient revenues in SFY 2024 that have also adopted the ACA expansion

- Hospital and MCO taxes > 3.5% net patient revenues, expansion (1 state)
- Hospital tax > 3.5% net patient revenues, expansion state (17 states)
- MCO tax > 3.5% net patient revenues, expansion state (4 states)
- No affected hospital or MCO taxes
- Not an expansion state



Implementation Planning for HR 1

Financing

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1.B.

OBBBA & SNAP

The Impact of Federal SNAP Cuts on Illinois Families

Presenter: Leslie Cully
IDHS Director of the Division of Family and Community Services

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1.C.

Rural Health Transformation

Presenter: Dana Kelly, HFS Chief of Staff

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Illinois Rural Health Transformation Program

November 7, 2025

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RHT NOFO Summary and Scoring

RHT Funding Overview

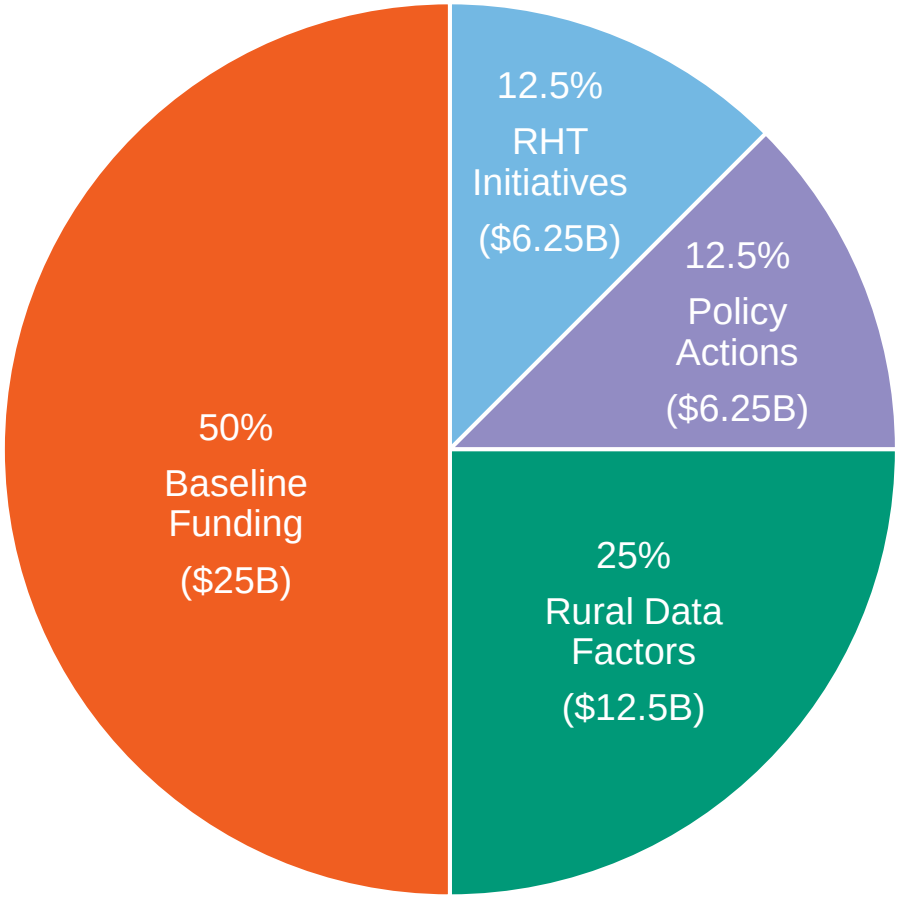
Funding Distribution: HR-1 appropriated $50B to the Rural Health Transformation (RHT) Program.

Baseline funding

- **Equal distribution** of $25B among all states that submit an approved application
  - If all 50 states receive grants, each would receive $100 million per year for five years
  - States must submit a complete application conforming to NOFO requirements (i.e., initiatives align with **all 5 strategic goals** and **at least 3 use of funds categories**)

Workload funding

- Distribution of $25B based on the "content and quality" of the application and "rural factors"
  - 50% will be distributed based on **rural data factors**
  - 25% will be distributed based on a state's **alignment with administration policy goals**
  - 25% will be distributed based on a qualitative assessment of a **proposed RHT funded initiatives**, as described in the state's grant application



Rural Data Factors: Weights and Potential Scoring

Points will be awarded based on how a state scores *relative* to other states.

Rural Facility and Population Score Factors	% Weight	IL Potential Score
A.1. Absolute size of rural population in state	10%	2.939 out of 4.00[1]
A.2. Proportion of Rural Health Facilities in the State	10%	3.7[2] out of 4.00[1]
A.3. Uncompensated care in a State	10%	2.286 out of 4.00[1]
A.4. % of State population located in rural areas	6%	0.98 out of 4.00[1]
A.5. Metrics that define a State as being frontier	6%	0.9 out of 4.00[1]
A.6. Area of a State in total square miles	5%	0 out of 20.86[3]
A.7. % of hospitals in a State that receive Medicaid DSH Payments	3%	2.04[4] out of 4.00[1]

This may translate to approximately $55M a year, based on available data for other states, which may be incomplete

Policy Actions: Context

- 12.5% of total federal RHT funding (or $6.25B) will be distributed based on states' comparative scores on policy actions.
- Total weight of all the policy components of the application is 15.32%, so this section of the application makes up a small portion of the overall score.
- Illinois currently scores at least partial points in at least 4 of 8 categories (we believe we can make the case for credit for a fifth).
- For each policy component, point totals are awarded based on how the State's policy score compares to other states. The formula that is used to calculate scoring for each category is the following: (100 × State's 0-100 Score) ÷ Sum of All States' Scores.
- States can receive partial credit for expressing willingness to move toward some policy components. States will have until October 2028 to fully implement the selected policies or funding associated with those points can be clawed back.

RHT Initiatives: NOFO Parameters

Strategic Goals

Initiatives should align with all 5 strategic goals:

Make rural America healthy again:
Use evidence-based programs to expand preventive, chronic, behavioral, and prenatal care.

Sustainable access:
Help rural facilities partner, streamline operations, and remain reliable hubs for primary, specialty, and emergency services.

Workforce development:
Recruit, retain, and broaden the roles of clinicians and allied professionals serving rural communities.

Innovative care:
Pilot value-based models that coordinate services, cut costs, and shift care to lower-cost settings.

Tech innovation:
Provide secure telehealth, data-sharing, and emerging digital tools to enhance rural care delivery.

Use of Funds

Applications must reflect investments in at least 3:

- Prevention and chronic disease
- Provider payment
- Consumer tech solutions
- Training and technical assistance
- Workforce
- IT advances
- Appropriate care availability
- Behavioral health
- Innovative care
- Additional allowable uses:
- Capital expenditures and infrastructure
- Fostering collaboration

Initiative-Based Scoring

Applications will be scored by these factors

B.1. Population health clinical infrastructure

B.2. Health and lifestyle*

C.1. Rural provider strategic partnerships

C.2. EMS

D.1. Talent recruitment

E.1. Medicaid provider payment incentives

E.2. Individuals dually eligible for Medicare and Medicaid*

F.1. Remote care services

F.2. Data infrastructure*

F.3. Consumer facing tech

* Metric also has a data-based or policy component

Centers for Medicare & Medicaid Services. CMS-RHT-26-001. Rural Health Transformation Program. https://www.grants.gov/search-results-detail/360442

Stakeholder Engagement

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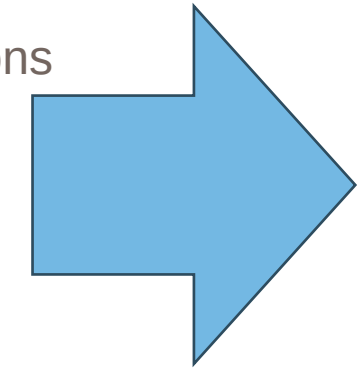
Approach to Designing Initiatives

Engagement with subject matter experts heavily influenced the RHT strategic design

Stakeholder engagement included 9 state agencies, over 20 provider associations, numerous rural hospitals, health centers and community mental health centers, Illinois universities and community colleges, legislators, and numerous vendors.

Stakeholder Engagement Overview

1. Conducted **38** one-on-one discussions
2. Held public listening session with nearly **300** attendees
3. Received over **120** written public comments
4. Held **46** follow-up conversations



Application Formulation

1. Organized by NOFO strategies
2. Align with state assets and needs
3. Research of best practices across states
4. Finalized application initiatives

Overview of Initiatives

Overview of Proposed RHT Initiatives

Transformation: Transforming Rural Healthcare Delivery
Catalyzing value based care models, regional health care partnerships in the hospital and primary care practice spaces, practice transformation, and population health improvement

Estimated 50-75% of Funding

Connection: Overcoming Geographic Barriers to Care
Creating opportunities for individuals in rural settings to receive appropriate access to services while remaining in their communities

Estimated 15-25% of Funding

Foundation: Building a Resilient Rural Workforce
Foundational investment to fill urgent gaps in the rural healthcare workforce

Estimated 15-25% of Funding

*RHT budget is still in development. Funding levels subject to change.

Overview of Proposed Initiatives

$100M-$200M per year for 5 years

Assuming minimum $500M Grant Funds
L = >$100M
M = $50M-$100M
S = <$50M

1. Transforming Rural Healthcare Delivery			
Initiative	*Recipients*	*Size*	*Strategic Goals*
A. Regional Care Transformation	Hospitals, health systems, HTCs	L	Innovative Care
B. Community Care Infrastructure	Primary care, outpatient BH	L	Innovative Care
C. Disease Prevention	Hospitals	S	Make Rural America Healthy Again

2. Overcoming Geographic Barriers to Care			
Initiative	*Recipients*	*Size*	*Strategic Goals*
A. Transportation and Mobile Health Clinics and Mobile Crisis Units healthcare	Hospitals, primary care, and outpatient BH	L	Sustainable Access
B. Technological Innovation for Virtual Care	HIT vendors *or* providers	M	Tech Innovation

3. Building a Resilient Rural Workforce			
Initiative	*Recipients*	*Size*	*Strategic Goals*
A. Incentives for Clinicians and Non-Clinicians	State universities, community colleges	L	Workforce Development
B. Training and Recruitment Program for Non-Traditional Healthcare Workers	State universities, community colleges	S	Workforce Development
C. Rural Health Education	UIC	S	Workforce Development

Next Steps

- Submit Application November 5 – DONE!
- Subsequent engagement with ILGA, Trade groups and other stakeholders on approach
- Plan staffing for implementation at HFS in partnership with other state agencies

2. Medical Programs Updates

2.A.

1115 Waiver

Presenter: Thea Kachoris-Flores

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Healthcare Transformation 1115 Waiver Approved Services

Current Implementation Planning

- **Health Related Social Needs (HRSN)**
  - Housing supports, medical respite
  - Nutrition supports
- **Reentry Services from Carceral Settings**
  - Coverage of **pre-release** services 90 days prior to release

Continuing Implementation of SUD Pilots

- SUD Case Management
- SUD Treatment in Institutions of Mental Disease (IMD)

Future Implementation – Timing TBD

- Violence Prevention & Intervention
- Supported employment
- Non-Medical Transportation to and from HRSN services & supported employment

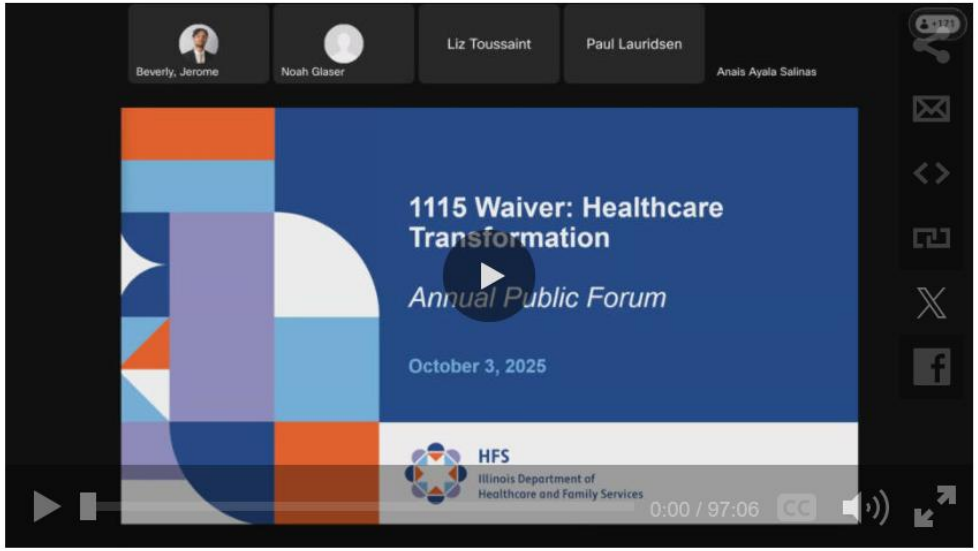
Anticipated Infrastructure Supports for CBOs

- HFS recognizes many Community Based Organizations delivering services today have needs related to capacity building and billing functions
- **Regional networks** to support the provider network development and capacity building funding
- **Closed-loop referral system**: Procurement process started
- CBO **billing and claiming system**: will support additional community-based provider types, e.g., community health workers, doulas
  - Procurement process started

Public Forum

- Recording and slides at [IL Healthcare Transformation 1115 Waiver Home]

Illinois Healthcare Transformation 1115 Waiver Annual Public Forum



Documents

- 10/15/2025 - Healthcare Transformation 1115 Waiver Public Comment Notice (pdf)
- Healthcare Transformation Waiver -- Public Forum, October 2025 (pdf)

How to keep informed:

Check our Website for updates, FAQs and official documents:

https://hfs.Illinois.gov/medicalproviders/cc/1115transformation.html

Regular Updates:

Join our list-serve to gain access to quarterly updates related to the design and implementation of the waiver.

https://lp.constantcontactpages.com/sl/dCByh5V/1115

Questions:

Contact us with questions through our dedicated inbox.
HFS.1115waiver@illinois.gov

Technology Procurements:

Potential vendors who believe they may have products that can support the technology and billing processes are encouraged to monitor the Illinois Procurement BidBuy System. BidBuy - /view/login/login.xhtml

2.B.

Dual Eligible Special Needs Plans (D-SNPs)

Presenter: Keshonna Lones Bureau Chief, Bureau of Managed Care

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Background

- The Centers for Medicare & Medicaid Services (CMS) is requiring all states with a MMAI program to convert to the D-SNP model.
- The Illinois Medicare-Medicaid Alignment Initiative (MMAI) program will end December 31, 2025.
- Beginning January 1, 2026, the Illinois Department of Healthcare and Family Services (HFS) will offer Medicare Advantage dual eligible special needs plans (D-SNPs).

What is a FIDE SNP?

- There are different types of Dual-Eligible Special Needs Plans (D-SNPs).
  - FIDE SNPs are the **most similar to MMAI plans.**
  - A FIDE SNP is a fully integrated dual eligible special needs plan, which is **a Medicare Advantage plan** that provides both Medicare and Medicaid benefits through **a single managed care plan**.
- **Medicare is the primary payer for most health care services** for dually eligible members
  - including primary care, specialty care, acute and post-acute care services, home health, and medical equipment.
- **Medicaid wraps around Medicare by helping with Medicare premiums and cost sharing**
  - Covers some services that Medicare does not cover, such as long-term services and supports (LTSS).

Which Managed Care Plans are FIDE SNPs?

- The following 4 health plans were awarded:
  - Aetna Medicare Fide (HMO D-SNP)
  - Humana Dual Fully Integrated (HMO D-SNP)
  - Molina Medicare Complete Care Plus (HMO D-SNP)
  - Wellcare Meridian Dual Align (HMO D-SNP)
- These health plans are the only type of Medicare Advantage plan subject to regulatory oversight by the state.
- FIDE SNPs will be available in every county in the State of Illinois.

Who Is Eligible for a FIDE SNP*

The eligibility criteria is not changing and will remain the same as MMAI

- To be eligible for a FIDE SNP, a member must be:
  - Receiving full Illinois Medicaid benefits and enrolled in either the Medicaid Aid to the Aged, Blind, and Disabled (AABD) or the FamilyCare category of assistance;
  - Age 21 and older at the time of enrollment;
  - Have Medicare Part A (Hospital Insurance) and Part B (Medical Insurance);
  - Live in the service area; and
  - A United States Citizens or lawfully present in the United States.

*Note: Same as MMAI

ENROLLMENT

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FIDE SNP Enrollment

- Enrollment is voluntary, members can choose not to enroll/disenroll at any time.
- Brokers can enroll and obtain compensation for enrollment.
- The FIDE SNP enrolls or disenrolls members (not HFS).
- Open Enrollment Period:
  - Medicare Open Enrollment is a chance to review your current Medicare plans and compare all the 2025 health and prescription drug options
  - October 15 – December 7 of each year
  - Coverage starts January 1 of the next year

MMAI Members FIDE SNP Enrollment

- **For the remainder of 2025, all current MMAI members will remain in their MMAI plans** until December 31, 2025, unless they take action to disenroll themselves from the MMAI plans.
- Members of an MMAI plan offered by Aetna, Humana, Wellcare Meridian, & Molina
  - CMS will automatically **enroll these members in the Illinois FIDE SNP** offered by these companies with a start date of January 1, 2026.
    - These members do not need to take any action.
  - FIDE SNPs were required to send an **Annual Notice of Change** by September 30, 2025, informing them of this transition and their options to select other forms of coverage.

MMAI Members FIDE SNP Enrollment:

Members of the Blue Bross Blue Shield MMAI Plan

- These members can choose to enroll in one of the Illinois FIDE SNPs or other forms of coverage beginning October 15, 2025.
  - BCBS mailed **Notice of Non-Renewal letters on October 2, 2025,** notifying their members of this transition and their options to select other forms of coverage.
  - If these members do not make an active enrollment choice prior to December 31, 2025
    - CMS will automatically enroll them in **Original Medicare with a Medicare drug plan** for their Medicare benefits; and
    - For Medicaid, HFS will enroll LTSS customers in the BCBS HealthChoice IL MLTSS plan. Non-LTSS customers will be enrolled in Medicaid FFS.

Resources

HFS
Illinois Department of
Healthcare and Family Services

Resources

- **Medicare Resources:**
  - Medicare.gov Special Needs Plans: Special Needs Plans (SNP) | Medicare.
  - Centers for Medicare & Medicaid Services: Dual Eligible Special Needs Plans (D-SNPs) Background Information
  - Medicare & You Handbook
- **HFS Website:**
  - Detailed Information on FIDE SNPs: FULLY INTEGRATED DUAL ELIGIBLE SPECIAL NEEDS PLANS IN ILLINOIS
  - FIDE SNP Benefits Information: Comparing MMAI, FIDE SNP, & Medicare Advantage Plans
  - FIDE SNP Enrollment Information: How To Enroll in a FIDE SNP
  - Ending of MMAI: Medicare-Medicaid Alignment Initiative | HFS
- **Questions**: HFS.DSNPInquiries@Illinois.gov

2.C.

Cell &Gene Therapy (CGT) Access Model

Presenter: Michael Welton

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What is Cell and Gene Therapy (CGT)?

Cell Therapy

Introduce healthy or modified cells into patient to replace or repair damaged tissue (i.e.—CAR-T therapy for cancer)

Gene Therapy

Modifies patient genetic material to correct or compensate for faulty gene. There are a few different methods for this:

- Gene addition—Add a “normal” gene to replace problem gene
- Gene editing—Modify a problematic gene directly
- Gene silencing—Turns off the genetic expression of gene causing a harmful disease

The Purpose

Aim

- Improve the lives of people living with rare and severe diseases by **increasing access to potentially transformative treatments**.

Goals

- Improve patient health outcomes by increasing their ability to receive cell and gene therapies.
- Test innovative payment arrangements to reduce health care costs and administrative burden for Medicaid programs.

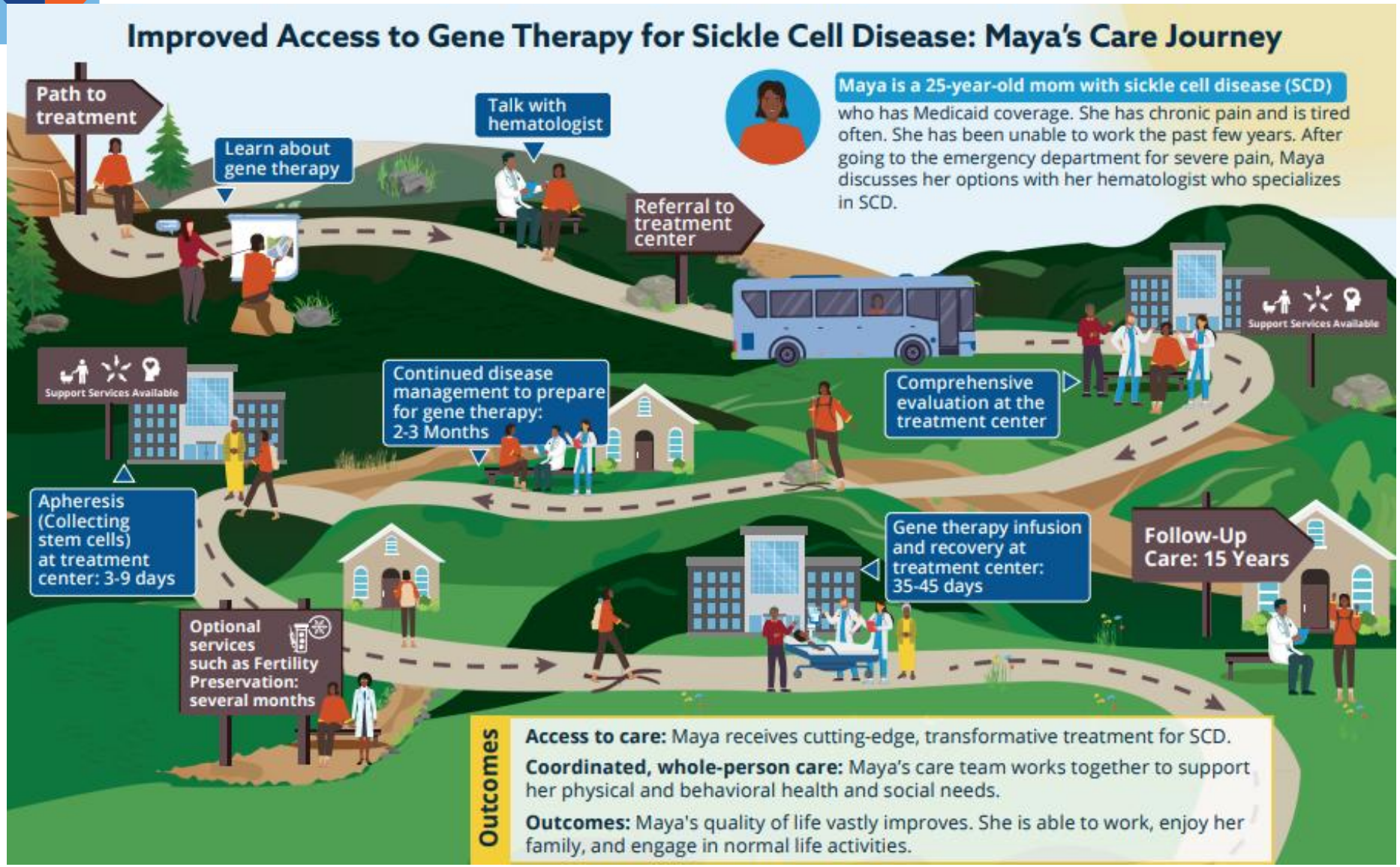
Focus

- Model is presently limited to **sickle cell disease**, a genetic blood disorder.

CGT Access Model Manufacturers

Model may expand to more manufacturers as they become available.

	Vertex	Genetix
Brand Name	Casgevy	Lyfgenia
Cell Therapy Method	Stem cell is collected from bone marrow	
Gene Therapy Method	Uses CRISPR tech to **edit gene** that suppresses fetal hemoglobin	A modified **gene is added** to enable anti-sickling hemoglobin
Price Tag	$2.2M	$3.1MM



Courtesy Centers of Medicare and Medicaid Services

Highlights Leading to Now

Federal

Pres. Joe Biden signs E.O. 14087 titled "Lowering Prescription Drug Costs for Americans," authorizing federal CMS to establish the CGT Access Model.
Oct 22, 2022

Federal CMS announces the Model's implementation.
Jan 30, 2024

CMS announces that Vertex and Biogenix (then, bluebirdbio) have agreed to participate in Model.
Dec 4, 2024

CMS announces that Illinois and 32 other states, and Washington DC and Puerto Rico, entered into the Model.
Jul 15, 2025

Oct | Mar | Aug | Jan | Jun | Nov | Apr **2025**

Illinois

Mar 18, 2024
Gov. Pritzker signs E.O. 24-001, establishing the Advisory Council on Sickle Disease and Other High-Cost Drugs and Treatments

Jun 1 - Oct 31
Advisory Council convenes to discuss possible recommendations.

Dec 31, 2024
HFS publishes the Recommendations Report summarizing the Advisory Council's final recommendations

HFS submits application for Model RFA and NOFO

The Model

Basic Construct of the Model

Illinois Effective Date:

January 1, 2026

Participating Manufacturers:

- Vertex Pharmaceuticals,
- Genetix Biopharmaceuticals (fka bluebirdbio)

Administration Period:

5 Calendar Years

Post-Administration Measurement Period:

Specific to Manufacturer agreement

Additional Features of the Model

- **Administrative Overhead.** CMS will support implementation, monitoring, reconciling, financial/clinical evaluation specified in Key Terms.

- **Fertility Preservation.** Both manufacturers will pay fully for:
  - 3 rounds of collection and preservation of reproductive materials
  - 15 years of storage
  - Lodging, travel, and meals for patients traveling long distances to receive covered fertility preservation care

Illinois Policy Supporting CGT

HFS advanced two major policy initiatives to support the Model:

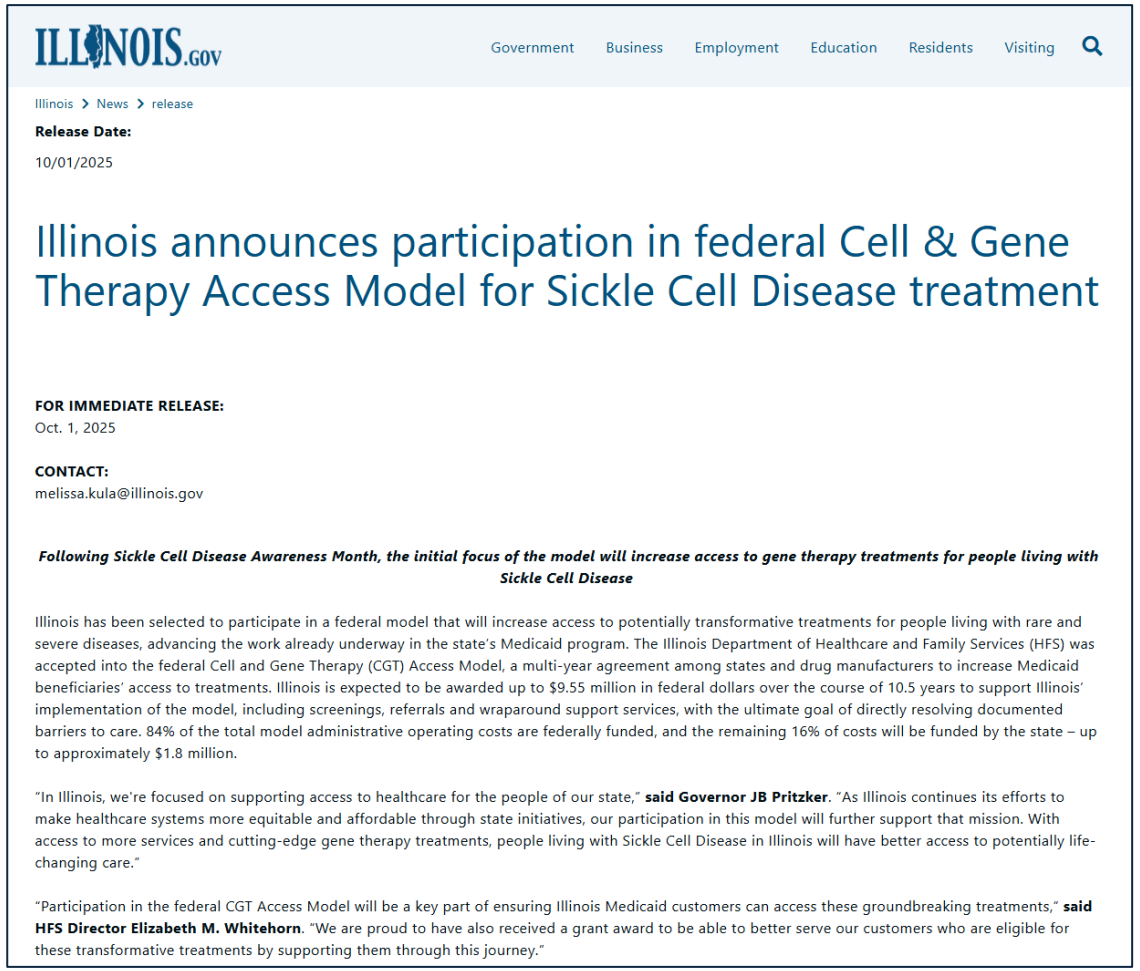
- **High-Cost Drug DRG Carve-Out.** HFS carved out certain hospital-administered drugs >$1MM from traditional hospital reimbursement. *(Currently under federal review)*

- **Transportation-related Costs.** Allowance of meals and lodging for medically necessary trips over 150 miles. *(Active)*

The NOFO Funding

Illinois Award

- Period of Performance: 10 years
  - August 1, 2025 – December 31, 2035
- Total Approved Award: $9,550,000
  - Nearly $7M of this funding is directed to the Sickle Cell Disease Association of Illinois, the CBO subrecipient for the model.
  - Funding will be awarded annually, $839,606 has been awarded thus far for Year 1.
- Illinois is one of 33 states that will be participating, along with D.C. and Puerto Rico.



ILLINOIS.GOV Government Business Employment Education Residents Visiting

Illinois > News > release

Release Date:

10/01/2025

Illinois announces participation in federal Cell & Gene Therapy Access Model for Sickle Cell Disease treatment

FOR IMMEDIATE RELEASE:
Oct. 1, 2025

CONTACT:
melissa.kula@illinois.gov

Following Sickle Cell Disease Awareness Month, the initial focus of the model will increase access to gene therapy treatments for people living with Sickle Cell Disease

Illinois has been selected to participate in a federal model that will increase access to potentially transformative treatments for people living with rare and severe diseases, advancing the work already underway in the state's Medicaid program. The Illinois Department of Healthcare and Family Services (HFS) was accepted into the federal Cell and Gene Therapy (CGT) Access Model, a multi-year agreement among states and drug manufacturers to increase Medicaid beneficiaries' access to treatments. Illinois is expected to be awarded up to $9.55 million in federal dollars over the course of 10.5 years to support Illinois' implementation of the model, including screenings, referrals and wraparound support services, with the ultimate goal of directly resolving documented barriers to care. 84% of the total model administrative operating costs are federally funded, and the remaining 16% of costs will be funded by the state – up to approximately $1.8 million.

"In Illinois, we're focused on supporting access to healthcare for the people of our state," **said Governor JB Pritzker**. "As Illinois continues its efforts to make healthcare systems more equitable and affordable through state initiatives, our participation in this model will further support that mission. With access to more services and cutting-edge gene therapy treatments, people living with Sickle Cell Disease in Illinois will have better access to potentially life-changing care."

"Participation in the federal CGT Access Model will be a key part of ensuring Illinois Medicaid customers can access these groundbreaking treatments," **said HFS Director Elizabeth M. Whitehorn**. "We are proud to have also received a grant award to be able to better serve our customers who are eligible for these transformative treatments by supporting them through this journey."

Illinois Award, Continued

- HFS will use federal award funding to implement the Model, which supports staff, research, and Community-Based Organization efforts to **improve Medicaid beneficiary access to sickle cell disease (SCD) gene therapies**.
- Funding will expand **wraparound services** such as patient education, screenings, care coordination, and supports like childcare, nutrition, and lodging to address barriers before and after treatment.

Milestone Funding and IDPH Research

- In 2024, HFS supported IDPH SC Statewide Impact and Surveillance Program Report through characterization of Medicaid claims
  - Recipient demographics (race, ethnicity, age) and geographic distribution
  - Provider types and locations
  - Claims and recipients by SCD subtype and associated complications
- HFS meeting monthly with IDPH for 2026 follow-up report planning
  - Deeper dive in characterizing Medicaid claims and recipients
  - Comparison of MCO supports for members with SCD
  - Engagement with providers and SMEs
- Milestone Funding under the NOFO will seek to expand on DPH's initial research

Next Steps

- Final Submission to the Innovation Center at Centers of Medicare and Medicaid Services—**November 26th**
- Program Go-Live—**January 1st, 2026**
- Discuss service complement from NOFO in more detail at future Medicaid Advisory Committee

CGT Access Model Project Director

- Lead to manage this project through its duration
  - Exposure to: Federal Innovation Center, Centers of Excellence, Managed Care, Value Based Purchasing, CGT

- **Currently Posted until <u>November 10th</u>**
  - Live Job Posting | State of Illinois

2.D.

TMaH

Presenter: Brielle Osting, TMaH Project Director

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This TMaH Project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $1,000,000 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

TMaH Model Overview

The TMaH Model will test whether targeted technical assistance (TA), coupled with payment and delivery system reforms, can drive a whole-person care-delivery approach to pregnancy, childbirth, and postpartum care while reducing Medicaid and CHIP program expenditures.

GOALS

- Reduced rates of low-risk C-sections
- Reduced incidence of severe maternal morbidity
- Reduced rates of low-birthweight infants
- Improved experience of care for pregnant patients
- Reduced Medicaid and CHIP program expenditures for maternity and infant care

STRATEGIES

- Improve timeliness of prenatal and postpartum care and access to maternal health care providers
- Support implementation of Alliance for Innovation on Maternal Health (AIM) patient safety bundles[1]
- Ensure consistent and comprehensive risk screenings for clinical and upstream drivers of health
- Expand data infrastructure and funds to support increased data collection

Overview of TMaH Model Elements

TMaH Model will test a new paradigm of maternity care by increasing access to and expanding the maternal health workforce while also increasing the use of comprehensive clinical and social screenings, risk-appropriate care, safety practices and home monitoring.

	Pillar 1: **Access, Infrastructure, and Workforce**	Pillar 2: **Quality Improvement and Safety**	Pillar 3: **Whole-Person Care Delivery**
Required	• Increase access to the midwifery workforce • Increase access to birth centers • Cover doula services[1] • Improve data infrastructure • Develop payment model	• Support implementation of AIM patient safety bundles • Support "Birthing-Friendly" hospital designation	• Increase risk assessments, screening, referral and follow-up for perinatal depression, anxiety, tobacco use, substance use disorder, and upstream drivers of health • Increase home monitoring of diabetes and hypertension
Optional		• Promote shared decision-making between patients and providers	• Increase use of home visits, mobile clinics, and telehealth

TMaH Model Timeline

TMaH model's approach to maternal health includes a Pre-Implementation Period to prepare to successfully implement the care delivery interventions and payment methods in the Implementation Period.

Pre-Implementation Period (Model Years 1-3)

January 2025 – December 2027

Combines technical and financial support to advance the TMaH delivery and payment model.

Implementation Period (Model Years 4-10)

January 2028 – December 2034

Period to achieve the key payment reforms and interventions developed during pre-implementation.

2.E.

Provider Types

Presenter: Timika Anderson Reeves, Special Assistant for Maternal and Child Health

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MCH Provider Types Update

- Doula Provider Notice issued 12/19/2024
- Lactation Consultant Provider Notice issued 12/19/2024
- Home Visiting – Projected to launch in Fall 2025
- Certified Professional Midwives – pending
- Medical caseworker (prenatal and postpartum case management in ambulatory setting) – pending

Doula and Lactation Claims Data

Provider Type	Fee For Service	MCO
Doulas	36	61
Lactation Consultant – IBCLC	1	1
Lactation Consultant – CLC	0	0
Lactation Consultant – CLS	0	0
Total Claims	37	62

3. Legislative Update

Presenter: Patrick Hostert, Deputy Director of Legislative Affairs

3.A.

Veto Session Review

Presenter: Patrick Hostert, Deputy Director of Legislative Affairs

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Veto Session & Spring 2026

- The General Assembly (GA) wrapped up a productive veto session last week.
  - HFS Director Whitehorn testified in front of the House Health & Human Services Appropriations Committee RE: HR1
- The GA has released their schedules for Spring 2026 Session.
  - The Governor's Budget Address is Feb. 18

Revalidation Progress

- Twelfth Cycle ended October 31st
- Through September 2025:
  - All providers – 76,556 revalidations submitted = 65% completion rate
  - Active Providers* - 28,997 revalidations submitted = 45% completion rate
- Disenrolled providers are completing revalidation with a gap in their eligibility
- HFS continues outreach through email, social media, monthly town halls and provider organizations.
- Cycles Continue Through February 2026

*Providers who have billed within the previous twelve months.

5. Eligibility

SBM

Presenter:
Stephani Becker, Deputy Administrator, State Based Marketplace

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Get Covered Illinois Launched November 1

- Open enrollment started last Saturday, November 1 and marks Get Covered Illinois' inaugural open enrollment launch as a state-based marketplace.
- Overall, the launch and current operations are running smoothly.
- Get Covered Illinois is seeing a high volume of calls and web site visits.
- Across all touchpoints, some of the common customer questions are centered around account claiming and premium/cost concerns.
- Navigators throughout the state held well-attended enrollment events over the weekend.
- Open Enrollment is from November 1, 2025 - January 15, 2026.

6. Other Administrative Updates

VII.

Beneficiary Advisory Council Update

Presenter: Melishia Bansa, HFS Deputy Director, Community Outreach Boards and Commissions

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Illinois Medicaid Customers:
We want to hear from you!

What is a Beneficiary Advisory Council?

The Illinois Department of Healthcare and Family Services (HFS) is starting a Beneficiary Advisory Council (BAC), and we are looking for Medicaid customers and family members or caregivers to join. BAC members will share their experience to help us improve Medicaid and to shape future decisions about the program. Apply below to be an important part of the future of Illinois Medicaid.

Who can serve on the Beneficiary Advisory Council?

Lived Experience

You are someone that has personal experience with the Illinois Medicaid Program

Beneficiary

You are a current or former customer of the Illinois Medicaid Program

Family Member or Caregiver

You were a family member or caregiver (paid or unpaid) of a Medicaid customer

Membership Requirements

- Serve at least a 2-year term
- Attend 4 quarterly 2-hour meetings, virtual or in person
- Additionally, 25% of BAC members are required to serve on the Medicaid Advisory Board (MAC)

To Apply, scan or click link below by Aug 31, 2025

https://forms.office.com/g/zpXFrGdcXs

For more information, visit HFS Boards and Commissions webpage: **Beneficiary Advisory Council**

https://hfs.illinois.gov/about/boardsandcommisions.html

Beneficiary Advisory Council

- Recruitment materials and membership application went live Aug 1st, 2025
- Application deadline was extended into Sept 2025
- 71 Applicants applied
- HFS is currently conducting applicant interviews
- Selected Applicants will receive acceptance correspondence by Jan 2026
- Anticipating first BAC meeting to be in the beginning of Feb 2026

VIII.

Subcommittee Reports & Recommendations

Presenter: Audrey Pennington, MAC Chair

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VII. A.

Autism Workgroup

Presenter: Samantha Alloway, Workgroup Chair

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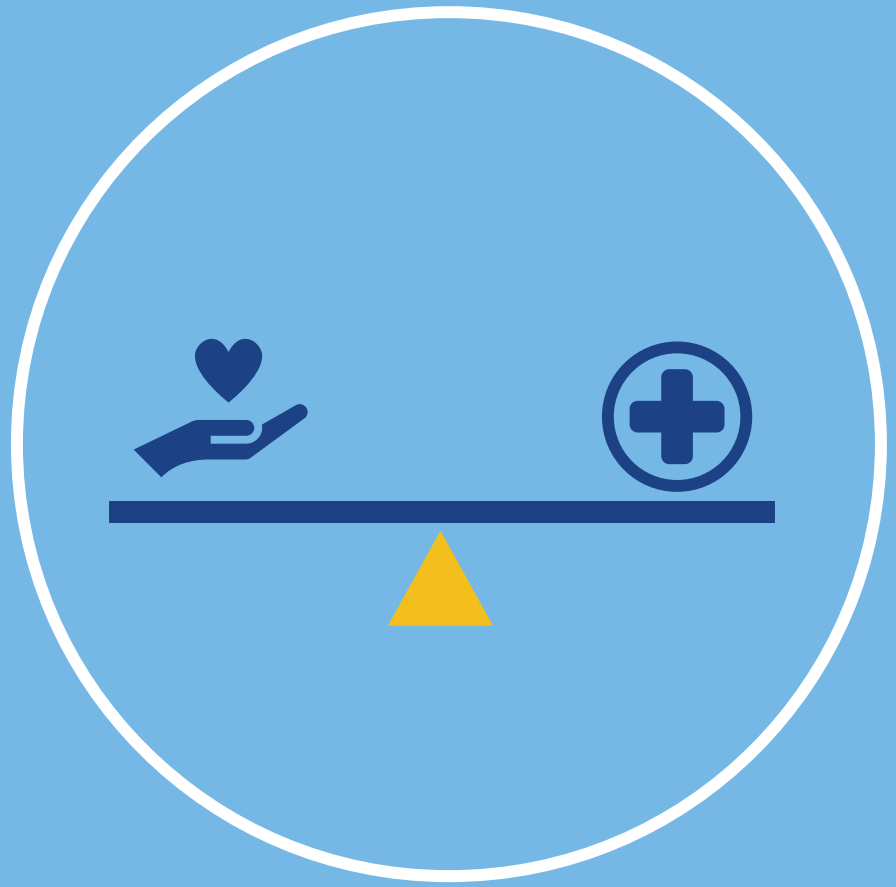
Autism Work Group

- Recent meetings have included presentations around behavioral health services and supports available through the Medicaid State Plan, Managed Care Organizations, and H.R. 1.
- Subcommittee will be releasing a survey to receive feedback from stakeholders on the state of services and supports for individuals with intellectual and developmental disabilities.
- Per H.R. 818, the final report and strategic plan is required to be submitted to the Governor and the General Assembly by December 31, 2025.



VII. B.

Community Integration, Health Equity and Quality Care Subcommittee

Presenter: Co-Chair(s) Howard Peters, Amber Smock

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B. Community Integration, Health Equity and Quality Care Subcommittee

- **New Charter Established May 2025**
- **New Membership Application Aug 2025.**
- **Application Cycle open to March 2026**

The Community Integration, Health Equity, and Quality Care Subcommittee is established to advise the Illinois Medicaid Advisory Committee concerning strategies to improve Illinois Medicaid customer outcomes by ensuring that populations covered under Healthcare and Family Services' Medical Assistance Program have efficient, cost effective, and timely access to equitable, quality medical care and community services that meet their needs without discrimination based on race/ethnicity, gender, primary language, disability, sexual orientation, or socio-economic status and by developing recommendations on strategies to ensure that high quality long-term services and supports in the community are accessible and equitable for all seniors and persons with all types of disabilities. The subcommittee, comprised of a diverse group of stakeholders, will identify systemic barriers and propose solutions to achieving both greater community integration, and equitable high quality health care. These strategies will be informed by established evidence-based practices, stakeholder input, federal funding opportunities and programmatic requirements, and the practical realities of Illinois's medical programs, including waiver services.

VII.C.

NB Stakeholder Subcommittee Update

Presenter: Regina Crider, NB Subcommittee Chair

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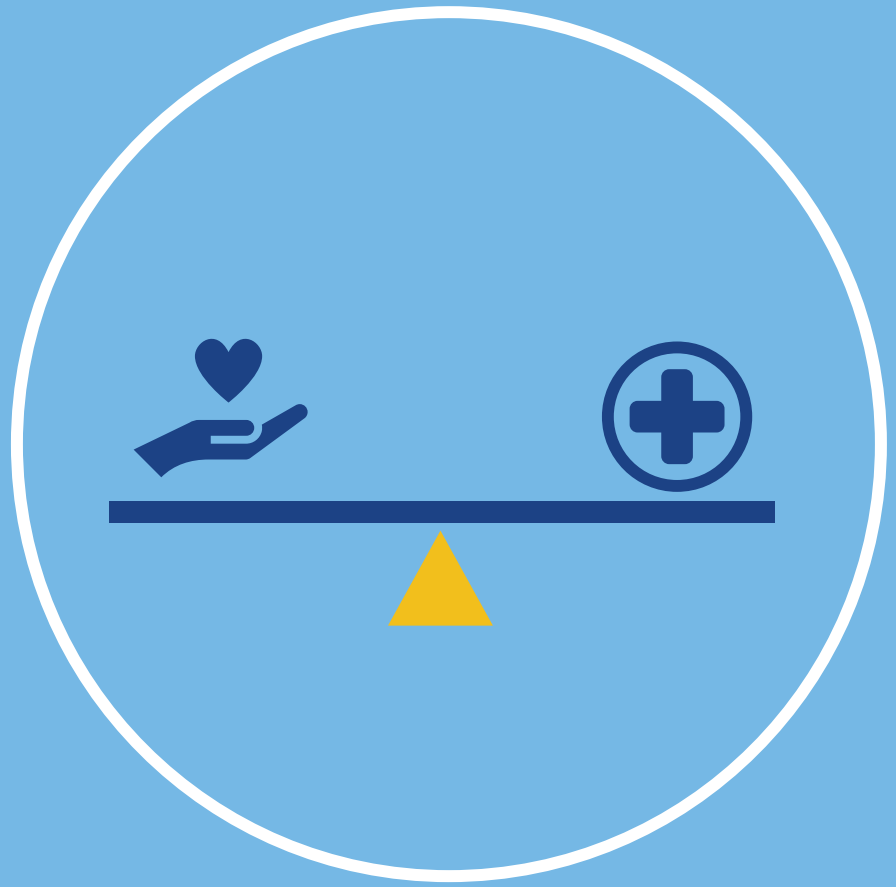
N.B. Subcommittee

- Most recent meetings have focused on completing statewide provider network for Intensive Home-Based, Family Peer Support, Therapeutic Mentoring and Respite
- Presentations were provided from existing providers to introduce their services to the Subcommittee
- Subcommittee also provided recommendations directly to HFS for other providers that may be interested in providing services
- Care Coordination and Support Organizations received compliance letters from HFS notifying them that required staffing levels must be met by January 2026 to ensure that all N.B. Class Members can be referred for care coordination services
- HFS is working with CCSOs to implement staffing plans to meet this deadline.



VII.D.

Public Education Subcommittee

Presenter: Nadeen Israel, Public Education Chair

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C. Public Education Subcommittee

A. Last meeting on 8/22/2025

B. HFS 1115 Waiver updates, including 10/3/2025 annual public forum; dedicated email inbox: HFS.1115waiver@illinois.gov

C. HFS reviewed eligibility and redetermination data

D. HFS shared data on enrollment numbers for the Family Planning Waiver Program

E. HFS previewed what to expect for next Open Enrollment period using the new IL State-Based Marketplace (getcovered.Illinois.gov)

F. HFS shared a high-level overview of changes (cuts), including the new work requirement (not in effect yet) to Medicaid, and DHS reviewed changes (cuts), including the work requirement to SNAP, in HR1/OBBBA

G. Next MAC Public Education Subcommittee meeting is next Friday, November 14th, 10am – 12pm

Presenter: Nadeen Israel, Subcommittee Chair

IX.

Public Comments

Presenter: Melishia Bansa, HFS Deputy Director, Community Outreach Boards and Commissions

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Public Comments

Name	Title	Org	Comment
NONE			

X.

Additional Business:
Old & New

Presenter: Audrey Pennington, MAC Chair

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IX. A.

Items for Future Discussion

Presenter: Audrey Pennington, MAC Chair

IX. B.

HFS Announcements

Melishia Bansa, HFS Deputy Director, Community Outreach Boards and Commissions

HFS
Illinois Department of Healthcare and Family Services

MAC 2026 Tentative Meeting Dates

- Friday, February 27th
- Friday, May 1st
- Friday, August 7th
- Friday, November 6th

- Meeting Time: 10:00am –12:00pm

MAC & Subcommittee Resources

1. **To receive MAC 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)

Mandatory Ethics Trainings Reminder Email

All appointees must complete the following trainings on OneNet:

1. Security Awareness Training 2025
2. Diversity, Equity, Inclusion and Accessibility Training 2025
3. LGBTQIA+ Equity and Inclusion 2025
4. Ethics Training Program for State Employees and Appointees 2025
5. Harassment and Discrimination Prevention Training 2025
6. HIPAA & Privacy Training 2025

You can access the trainings at the following link: http://onenet.Illinois.gov/mytraining

Please complete the trainings through OneNet by November 21, 2025. If anyone has any issues logging into OneNet, please email HFS.BureauofTraining@Illinois.gov

MAC & Subcommittee Resources

B. The Illinois Department of Healthcare and Family Services (HFS) utilizes a range of social media accounts to better reach our customers and stakeholders. We encourage you to follow us on:

1. Twitter: https://twitter.com/ILDHFS
2. Facebook: https://www.facebook.com/ILDHFS
3. LinkedIn: https://www.linkedin.com/company/ildhfs/

for important news, announcements and alerts. And please spread the word to your own followers.

Together, let's keep those we serve well informed, educated and empowered!

XI.

Adjournment

Presenter: Audrey Pennington, MAC Chair

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