

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, December 7th, 2017 10:00 a.m. to 12:00 p.m.

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

Agenda

- 1. Introduction
- 2. Report of Final Meeting Minutes from October 12th, 2017
- 3. 2018 Tentative Meeting Schedule
- 4. Ethics Training
- 5. Care Coordination Update
- 6. Spenddown in ABE
- 7. ABE/IES Update and Feedback
- 8. Medicaid Redetermination 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 responding to HFS Website via e-mail at <u>hfs.mac@illinois.gov</u> or by phone at 312 793-1984 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/BoardsandCommisions/MAC/News/Pages/default.aspx

Illinois Department of Healthcare and Family Services Public Education Subcommittee Final Approved Meeting Minutes October 12th, 2017

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

Committee Members Present

Kathy Chan, Cook County Health & Hospitals System Margaret Stapleton, Shriver Center Sue Vega, Alivio Medical Center Sherie Arriazola, TASC Erin Weir Lakhmani, Molina Healthcare Nadeen Israel, EverThrive Illinois (by phone) Connie Schiele, HSTP (by phone) Sergio Obregon, CPS John Jansa, Health & Disability Advocates Brittany Ward, CPS

Committee Members Absent

Hardy Ware, East Side Health District Ramon Gardenhire, AFC

Interested Parties

Lynn Seermon, Kaizen Health Michael Gerges, UIC Andrea Kovach, Shriver Center Helena Lefkow, IHA Carmelita Afflalo, CPS Sheila Biggs, ACCESS Andrea Davenport, Meridian Dan Rabbitt, Heartland Alliance Carrie Chapman, Legal Council for Health Justice Claudia Rodriguez, Food Depository Ollie Idowu, Harmony Health Plan Alap Shah, IAFP Kenita Bell, UIC Diane Creaz, Incisive Care Talya Hellman, Access Community Health Network Lisa Wiseman, Humana Mike Lafond, Abbvie Gina Coyle, Molina Health Care Avelle Bailey, Medical Home Network Stephanie Volante, IHA Anna Carvallo, LaRabida Children's Hospital Abbie See, Aids Foundation of Chicago Kathye Gorosh, Aids Foundation of Chicago

HFS Staff

Jacqui Ellinger Lauren Polite Amy Harris-Roberts Elizabeth Lithila Arvind Goyal Veronica Archundia

DHS

Gabriela Moroney Danielle Jacobson

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Interested Parties

Linda Shapiro, Conlon & Dunn Public Strategies Paul Frank, Harmony Paula Campbell, IPHCA Sarah McCoy, Home Care Ombudsman Susan Gaines, IPHCA Judy Bowlby, Liberty Dental Plan Chris Manion, ISDS Enrique Salgado, Harmony/WellCare

Interested Parties (by phone)

Angela Boley, Land of Lincoln Legal Assistance Foundation Dave Lecik, Illinois Department of Aging Dave Hunter, Presence Health Partners Graciela Guzman, Patient Innovation Center Jill S. Hayden, Meridian Katie Shaffer, DSCC/UIC Ralph Schubert, DSCC/UIC Paula Campbell, IPHCA Paula Dillon, Illinois Health and Hospital Association Rose Dunaway, Girling Community Margo Holden, BCBSIL Cyrus Winnett, IAMHP Amy Lulich, UIC & Health Sciences System Nikki Woolverton, IDPH Kristin Hartsaw, DuPage Federation of Human Services Maria Borrayo, Aunt's Martha Health Wellness Mikal Sutton, BCBSIL Mike Welton, Meridian Kim Burke, Lake County Health Department Emily Gerber, Esperanza Health Centers

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1. Introductions:

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

2. Review of Minutes:

Connie Schiele made a motion to approve the minutes from the August 10th meeting, which was seconded by Sue Vega. The minutes were approved by a vote of ten members in favor and none opposed, with two members absent.

3. Care Coordination Update:

Amy Harris-Roberts indicated that HFS is currently working on a series of educational materials to help clarify the transition of the Medicaid Manged Care Program for members, which is expected to be implemented on January 1st, 2018. Transition notices will offer details to clients concerning the MCOs options from which members can choose, how to enroll in one of those plans, and how changes can be made. In all 102 Illinois counties, five plans will be operating, which are: Blue Cross Blue Shields of Illinois, Harmony Health Plan, IlliniCare Health Plan, Meridian, and Molina Healthcare of Illinois. Two plans will serve Cook County, which are: CountyCare and Next Level.

This is the first stage of the Medicaid Managed Care Transition, and notices will be sent to members, who are enrolled in the Family Health Plans (FHP), ACA Adult, Integrated Care Plan, (ICP), and Managed Long Term Services and Support (MLTSS), all of which will be under a single contract. Amy thanked members of the committee for their comments and suggestions in order to enhance the transition letters that were shared during the August 10th meeting. Final sample notices along with the schedule of when member transition notices will be mailed, will be made available at the HFS website: <u>https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/default.aspx</u>

The auto-assignment algorithm will also be posted on the HFS web site in the very near future under the Medical Providers section, Care Coordination.

Amy Harris-Roberts further explained that of the 1.95 million Medicaid beneficiaries currently in managed care, 75% are with plans that will have contracts in 2018. Members will be informed that their current plan will continue, and if they wish, they can stay with that plan or choose a different plan.

- Members will have 90 days to switch starting January 1st, 2018. However, they can request a change prior to January 1st, but the change won't be effective until January 1, 2018 at the earliest.
- March 31st 2018 will be the last date for those currently in managed care to switch.

Members under the Family Health Network who reside in Cook County will be transferred to County Care beginning November 1st, 2017. HFS is currently working on the development of educational materials in order to inform providers about these transitions and encourage their participation in all plans. She said that, as stipulated in the contracts, MCOs will honor the 90-day transition of care time period. Sherie Arriazola made a suggestion that providers should be informed on how to access "single case agreements," with each MCO so providers can continue to serve clients while they are contracting with MCOs, in addition to addressing concerns of possible delays in relation to credentialing through IMPACT.

Amy said that "Health Choice Illinois" is the new program name for clients when messaging to them about their health plan options. HFS is currently conducting readiness reviews, which include an

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assessment of each plan's provider network, and reviewing not only primary care physicians, but also specialists, in order to ensure adequate network capacity and promote access. She said that, during the December meeting, HFS will share with the committee a sample of the enrollment packets that clients' will receive. The packets will include: a member letter, tip sheets, a rights and responsibilities letter, a comparison chart (including information about extra benefits offered by each plan); and a report card which will be added as well.

An additional handout was distributed containing the initial enrollment packet that the Client Enrollment Broker (CEB) will be mailing to members in January 2018, a copy of which is attached. Amy asked committee members to provide suggestions and recommendations by close of business on October 20th, 2017, which should addressed to <u>Amy.Harris-Roberts@Illinois.gov</u>

4. Integrated Eligibility System (IES) Update:

Lauren Polite said that IES Phase 2 Go-Live is schedule for October 24th, 2017. Consequently, IES and ABE will be off line, from 6:00 p.m. on October 20th through the 23th and will be back on line beginning October 24th. She said that currently, HFS and DHS are ensuring that employees have been crossed-trained and are focusing on "Go-Live Readiness Preparation." On Monday, October 23th, all FCRCs offices will remain open, although they will not be able to perform any electronic case changes. However, they will accept paper applications. The Client Enrollment Broker website will also be down from October 16th through the 23rd.

Lauren Polite said that in addition, during that weekend, conversion will take place, which means that IES will move case information from the Client Data Base (CDB) to IES and that the legacy system will be retired and closed down. All active cases coming over from the legacy system will get a new 9-digit IES case number. The legacy data base does not contain all the detailed information IES requires to process eligibility. Case workers will need to refer to other information stored in other parts of the State's system to complete clients' IES records. The first time a case is touched after launch, caseworkers will update information related to: income, pay frequency, and relationships between household members, as well as information about non-requestors. For most cases this will happen at redetermination. She added that, at conversion, approved representative information will be transferred over from the legacy system to IES. IES has been programmed to maintain all benefits as the legacy system so that no clients will lose benefits as a result of data conversion.

Ms. Polite said that HFS, in collaboration with EverThrive Illinois, will offer a webinar scheduled for November 2nd at 12:30 p.m. about IES Phase 2. It will be a two-part webinar series on IES Phase 2 and the Medicaid Managed Care Expansion. Registration information can be found on the EverThrive IL's website: <u>https://register.gotowebinar.com/register/4861682363084857601</u>

Lauren announced that the Medical Management Unit (MMU) has now been established as Office #155, formally known as the IMRP office. The MMU will now process:

- Redeterminations for medical-only cases.
- Household changes, conduct appeals and will maintain the medical-only Family Health Plan, with the exception of All Kids Share and Premium Level I and II, as well as ACA Adult and Former Foster Care cases (categories 94 and 96.)
- Requests initiated by clients who want to add a newborn to an existing case.

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Family Community Resource Centers (FCRC) and the HFS central units will process applications. She added that, the Updated ABE Guide, a recorded webinar along with resources, will be posted on the IDHS and HFS websites.

5. Application for Benefits Eligibility (ABE) Update:

Lauren Polite provided the update of this topic and discussed a power point presentation that was distributed to the committee members and is attached to these minutes. She began her presentation by indicating that ABE had been down for the past two days but is back on line.

Lauren said that, after Go-Live, ABE applications will offer an identity proofing option. If identity proofing is successful, an individual will be able to see information that was verified electronically. This will give client the opportunity to upload any additional information that could not be verified electronically, in order to submit a complete application. Identity proofing is not required to submit an ABE application; however, it is required to establish a Manage My Case (MMC) account.

6. Customer Service Concerns:

Kathy Chan introduced the topic of Customer Services Concerns. The committee engaged in a robust discussion in terms of determining the most productive approach to address the customer services concerns which had been expressed by committee members during previous meetings. John Jansa recommended exploring areas of improvement on the part of advocates and community partners to facilitate state workers' ability to process their requests. Sue Vega also supported this recommendation. Erin Weir Lakhmani proposed extending an invitation to IDHS FCS regional administrators and engaging in a dialog focusing on solutions and discussion at a high level, and not in terms of individual cases. Kathy Chan supported the proposal and took responsibility for drafting a request to DHS with assistance of HFS staff.

Brittany Ward said that the last Social Services Advisory Council LO Subcommittee (SSAC) meeting had been canceled and rescheduled for the following day, October 13th, 2017; at 2:00 pm. Information concerning the conference call-in telephone number is attached. The following meeting in November is scheduled for November 10th, 2017 at 2:00 p.m.

Sergio Obregon indicated that the Community Quality Council (CQC) meetings continue to be held at various Family Community Resource Centers. These meetings are facilitated by local office administrators in conjunction with the Illinois Hunger Coalition. For more information, please follow this link: <u>https://docs.google.com/document/d/11WJe_ai3WKQJ2Oo_6jkFIsKiF_kCgzsgBuQalAQE-bc/edit</u>

7. IMRP/ Medicaid Redetermination Update:

Elizabeth Lithila provided the IMRP report. She said that although the report has not been published, the numbers for July and August are consistent with respect to previous reports posted on the HFS website.

Elizabeth said that, for fiscal year 2018, within the report for the moths of July and August, a total of 111,149 redeterminations were completed with Maximus involvement, and that of those 41% were continued, 10% were changed and 48% were cancelled. She said that, at the FCRCs local offices, a total of 144,901 redeterminations were completed; these are redeterminations of recipients with other benefits, such as SNAP or TANF. Of all redeterminations completed, 43% involved Maximus and 57% did not. The language percentages for those who were continued or changed, 88% were for

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English speakers, 9% Spanish speakers, and 3% unknown. In terms of the cancelations, 93% were English speakers, 6% Spanish speakers, and 1% unknown.

Sherie Arriazola discussed the impact of redeterminations on clients who are incarcerated and how even though their benefits are restricted upon incarceration, if their redetermination dates occur while in custody, they lose their benefits. Jacqui responded saying that the State requested this requirement be waived in the 1115 Waiver, Sherie mentioned the use of the new Mange My Case accounts to possibly complete the process while in custody.

Erin Weir Lakhmani clarified an inquiry she had expressed during previous meetings; she wants to know, what is the language preference of the total Medicaid population compared to the percentage of redeterminations by language preference? Elizabeth said that, with the enhancements expected from the launching of IES Phase 2, more robust reporting will be available. However, she said that, for the first few months upon launching IES Phase 2, redetermination reports may not be immediately available.

Linda Shapiro asked if Illinois is not in compliance with redeterminations, what would be the goals that HFS would want to achieve in order to come into compliance in the future. Jacqui Ellinger said that roughly 10% of the cases are not meeting the annual redetermination requirement. A follow-up question was, is there a date in to mind to reach compliance? Jacqui said that the HFS knows how many cases need to be processed on a monthly basis in order to reach compliance, but it will depend on the rollout of the IES system, the learning curve and how well caseworkers use the efficiencies built in IES.

Elizabeth asked that any additional questions or suggestions should be sent to <u>Elizabeth.Lithila@illinois.gov</u>

8. Open Discussion and Announcements:

Andrea Kovach inquired about the Children Health Insurance Program (CHIP). She said that federal funding for CHIP had expired on September 30th, 2017 and has not been re-authorized by Congress. She wants to know how many children are covered by the program in Illinois, and when the state expects its funding to expire. Jacqui Ellinger said that 132,000 CHIP beneficiaries whose coverage may eventually be affected by the extension debate before Congress. Illinois also uses CHIP funds for an additional 123,000 would be eligible under Medicaid if CHIP were never reauthorized. Ms. Ellinger also said that Illinois has enough CHIP allocation to cover the program costs for now and no action is planned yet to change coverage.

Chairperson Chan asked members of the committee to send suggestions for future agenda topics to <u>Veronica.Archundia@illinois.gov</u>

9. Adjournment:

The meeting was adjourned at 12:16 p.m. The next meeting is scheduled for December 7th, 2017, between 10:00 a.m. and 12:00 p.m.

Illinois Department of Healthcare and Family Services MAC/Public Education Subcommittee

The Public Education Subcommittee meetings are open to the public. All meetings take place in the Illinois Department of Healthcare and Family Services' videoconference rooms. Participants attend the meetings at either the Chicago or Springfield location, or by teleconference.

2018 Meeting Dates (Subject to Change)	Time	Location
February 1 st , 2018 April 5 th , 2018 June 7 th , 2018	10:00 a.m. – Noon	Chicago: 401 South Clinton, 1 st Floor Videoconference Room Chicago, Illinois 60607
August 2 nd , 2018 October 4 th , 2018 December 6 th , 2018		Springfield: 201 South Grand Avenue, East Division of Medical Programs Videoconference Room Springfield, Illinois 62763



Bruce Rauner, Governor Felicia Norwood, Director

401 South Clinton Chicago, Illinois 60607 **Telephone:** (312) 793-4805 **TTY:** (312) 793-2697

MEMORANDUM

- TO: Appointees and Employees of State of Illinois (SOI) Boards Subject to the Authority of the Office of the Executive Inspector General for the Agencies of the Illinois Governor
- FROM: Shannon Stokes Ethics Officer, Department of Healthcare and Family Services (HFS)

DATE: November 28, 2017

SUBJECT: Ethics Training for Appointees & Employees of SOI Boards

All persons appointed to a position in or with a State agency, regardless of whether the position is compensated, **<u>must</u>** annually complete ethics training. As a result, Appointees and Employees of SOI Boards subject to the authority of the Office of the Executive Inspector General (OEIG) for the agencies of the Illinois Governor must complete the attached ethics training by December 22, 2017 for processing by HFS. Appointees who are members or employees of SOI employment/public service, are not required to complete the attached training as an additional and separate requirement of SOI Board appointment and employment. For all other appointees, failure to complete the training will result in the **OEIG initiating an inquiry** of the failure of the appointee/employee to comply with a mandatory and statutory ethics requirement and may affect other duties of the appointee/employee.

In order to complete the training, please follow the steps below.

<u>Steps</u>

- 1. Print and carefully read the ENTIRE contents of the Ethics training information.
- 2. Once you have read all course material, <u>sign</u> and complete the "Acknowledgment of Participation." Fax a <u>signed</u> copy to John Cernich at 217-557-4378.

 Send the original signed copy indicating that you read the material to: John Cernich Department of Healthcare and Family Services Bureau of Training

2946 Old Rochester Road Springfield, IL 62703

If you have already taken the ethics training for SOI board appointees/employees for 2017, please fax a copy of your "certificate of completion" to John Cernich at 217-557-4378. If you have questions, please contact the HFS Ethics Officer, Shannon Stokes, at 312-793-4805.

Thank you for your cooperation and attention to this important training mandate.

Children's Enrollment

