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, responsive 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.
The Public Education Subcommittee is established to advise the Medicaid Advisory Committee concerning materials and methods for informing individuals about health benefits available under the Department of Healthcare and Family Service's medical programs.

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

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

Presenter: Melishia Bansa, Special Assistant to Director of HFS
Expectations of Subcommittee Members

- Attend all regularly scheduled meetings; when this is not possible, secure prior approval from Chair to send a non-voting substitute.

- Bring healthcare and social determinants of health knowledge and subject matter expertise to bear on the work of the subcommittee in support of Illinois’ Medicaid Program.

- Drive meeting agendas and work products

Presenter: Melishia Bansa, Special Assistant to Director of HFS
Facilitator: Melishia Bansa, Special Assistant to the Director of HFS

- Meeting basics
  - Please note, this meeting is being recorded.
  - To ensure accurate records, please type name, organization, and email address into the chat.
  - If possible, members are asked to attend meetings with their camera’s turned on, however, if you call in & need materials, please email veronica.archundia@illinois.gov and Margaret.dunne@illinois.gov with a copy to Melisha.Bansa@Illinois.gov as soon as safely possible.
  - Mute audio except when speaking.
  - Please note that HFS staff may mute participants to minimize disruptive noise or feedback.
  - Patience, please – many subcommittee members and staff are new to MAC proceedings.
- HFS is committed to hosting meetings that are accessible and ADA compliant. Closed captioning will be provided. Please email veronica.archundia@illinois.gov and Margaret.dunne@illinois.gov with a copy to Melisha.Bansa@Illinois.gov in advance to report any requests or accommodations you may require or use the chat to alert us of challenges during a meeting.
- Minutes of the prior meeting will be circulated to subcommittee members in advance of each session. Once approved, they will be posted to the website.
1. Call to Order
2. Introduction of New Public Education Chairperson
3. Roll Call of Subcommittee Members
4. Introduction of HFS and State Agency Staff
5. Review and approval of the Meeting Minutes from December 15, 2022, and January 25, 2023 (Special Pub Ed Meeting)
6. State Updates:
   a. Eligibility Updates
      i. Timeline
      ii. Eligibility Flexibilities
      iii. Homeless Individuals
      iv. Manage My Case
      v. Outreach Efforts and Communication
      vi. DHS Update
      vii. Metrics
   b. Managed Care Update
   c. ILOGIN
Agenda

7. Public Comments

8. Additional Business: Old and New
   a. Items for Future Discussion

9. HFS Announcements
   a. Speaker’s Bureau: HFS Community Events Participation Request
   b. Outreach to Pub Ed Subcommittee Members
   c. Resources

10. Concluding Directives and Wrap Up

11. Adjournment

Presenter: Nadeen Israel, Chair of Public Education Subcommittee
6. State Updates
6. a. Eligibility Updates
6. a. i. Redetermination: Bringing Clarity to the Timeline
Continuous Coverage Requirement

- Continuous Enrollment no longer tied to PHE end date.
- Medicaid Continuous Coverage Requirement will end March 31, 2023.
  - Redeterminations will begin for Illinois medical customers on 04/01/2023.
  - First group of redetermination letters will be mailed by 05/01/2023.
  - First date Medicaid customers could lose coverage is 07/01/2023.
## Redetermination Process by Month

<table>
<thead>
<tr>
<th>End of Certification Period</th>
<th>Rede Mail Date</th>
<th>Rede Due Date Printed on Notice</th>
<th>Case Closure Date: Form B not received</th>
<th>First day of Coverage Loss</th>
<th>Last day to return rede: potential reinstatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/30/2023</td>
<td>By 05/01/2023</td>
<td>06/01/2023</td>
<td>06/15/2023</td>
<td>07/01/2023</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>07/31/2023</td>
<td>By 06/01/2023</td>
<td>07/01/2023</td>
<td>07/17/2023</td>
<td>08/01/2023</td>
<td>10/31/2023</td>
</tr>
<tr>
<td>08/31/2023</td>
<td>By 07/01/2023</td>
<td>08/01/2023</td>
<td>08/15/2023</td>
<td>09/01/2023</td>
<td>11/30/2023</td>
</tr>
</tbody>
</table>
# Defining Key Dates

<table>
<thead>
<tr>
<th>Rede Timeline Date</th>
<th>Key Date Defined</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>End of Certification Period</strong></td>
<td>The last date of coverage if a customer does not return their Medical Redetermination by the date in which is due.</td>
</tr>
<tr>
<td><strong>Rede Mail Date</strong></td>
<td>The date by which Medical Redeterminations will be mailed.</td>
</tr>
<tr>
<td><strong>Rede Due Date Printed on Notice</strong></td>
<td>The date that is printed on the Medical Redetermination. It is the first day of the last month of a customer’s certification period.</td>
</tr>
<tr>
<td><strong>Case Closure Date: Form B not Received</strong></td>
<td>The date a case will close if a customer’s Medical Redetermination is not received. This date varies slightly month to month but is usually the 15th unless that is a weekend or holiday.</td>
</tr>
<tr>
<td><strong>First day of Coverage Loss</strong></td>
<td>If a customer’s Medical Redetermination is not received, this is the first day a customer will not have coverage.</td>
</tr>
<tr>
<td><strong>Last day to return rede: potential reinstatement</strong></td>
<td>The last day a customer has to submit their Medical Redetermination. If the case is eligible for reinstatement, the effective date of reinstatement is retroactive to the first day for which coverage had been canceled. Therefore, the case is reopened with no loss in benefits.</td>
</tr>
</tbody>
</table>

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**Presenter:** Sergio Obregón, Division of Medical Eligibility
Medical Benefits Renewal Form

You must respond no later than **December 01, 2021** to continue getting Medical benefits after December 2021.

To find out if you qualify for medical benefits beginning January 2022, tell us about your household. You can do this one of four ways:

1. Complete the electronic version of this form online in ABE Manage My Case at abe.Illinois.gov; or
2. Complete your redetermination over the phone by calling 1-800-843-6154 (TTY: 1-866-324-5553).
3. Fill out, sign, and send us this form and all verifications we ask for. You may send the form by mail or fax.
   - Mail to P.O. Box 19138, Springfield, IL 62763; or
   - Fax the form to 1-844-736-3563; or
4. If you want to complete your redetermination in person, call 1-800-843-6154 (TTY: 1-866-324-5553) to find help near you.
6. a. ii. Medical Eligibility: Flexibilities
## PHE Flexibilities

<table>
<thead>
<tr>
<th>Flexibility</th>
<th>Description</th>
</tr>
</thead>
</table>
| Reasonable compatibility (RC)                        | • RC refers to household income information obtained through an electronic data match that is “reasonably compatible” with income information provided by or on behalf of an individual.  
• A household income would be considered if both are either above, at or below the applicable income standard or other relevant income threshold.  
• RC before the PHE was 5% and during the PHE is 30%.                                                                                             |
| Medical: Accepting Attestation at Application         | • Self-attestation is accepted for all new and pending medical applications for select eligibility criteria factors.  
• Ensures applications are approved timely and not pended for verifications.  
  • Eligibility criteria factors are as follows:  
    • Income  
    • Illinois Residency  
    • Insured Status  
    • Resources  
    • Disability and Incurred Medical Expenses  
    • Incurred medical expenses can be used to meet spenddown |
### PHE Flexibilities

<table>
<thead>
<tr>
<th>Flexibility</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Delay Action on Changes Affecting Eligibility</strong></td>
<td>• System changes made to IES to incorporate an override preventing eligibility from ending due to income, household and resource changes found by electronic verification or reported by the customer.</td>
</tr>
</tbody>
</table>
| **Presumptive Eligibility (PE) for MAGI Adults**      | • To ensure eligible adults receive medical care during the determination process, Illinois implemented PE determinations for MAGI adults and will continue throughout the PHE and the unwinding period.  
  • PE for MAGI adults is determined at initial application only.                                          |
| **More Frequent Presumptive Eligibility (PE) for Children and MAGI Adults** | • Children and MAGI adults may be eligible for PE up to two times in a calendar year during the PHE and throughout the unwinding period.                                                                 |
Redetermination Enhancements

• Alignment of SNAP and Medical Redetermination Dates
  - Goal: Decrease the number of Redeterminations a customer receives

• April 2023: Changes in the Ex-Parte (Form A) process
  - $0 income households will now be eligible for Ex-Parte
  - SNAP income may be used to determine eligibility for Ex Parte
    - Goal: Higher Ex-Parte percentage
Ex Parte: How does it work?

IES determination for Ex Parte is based on:
- Case characteristics
- Results of the automated clearance process

The Ex Parte process uses:
- Asset Verification System (AVS)
- SNAP income standard
- New: $0 income households
  - Unknown percentage growth

<table>
<thead>
<tr>
<th>Ex Parte: Step 1</th>
<th>Ex Parte: Step 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• IES identifies the cases that are potentially eligible for Ex Parte.</td>
<td>• 75 days prior to the Rede due date, IES runs clearances (AVS, AWVS) for all cases due for a medical REDE to verify adequacy for Ex Parte, i.e. Form A.</td>
</tr>
<tr>
<td>• The potentially eligible cases contain household members with <strong>electronically verifiable data</strong>.</td>
<td>• If not verifiable IES initiates Form B process, i.e. manual rede.</td>
</tr>
<tr>
<td></td>
<td>• By the 60th day prior to the end of the certification period, IES sends the appropriate Rede form.</td>
</tr>
</tbody>
</table>
# Redeterminations: Ex Parte and Form B

<table>
<thead>
<tr>
<th>Form A (Ex Parte)</th>
<th>Form B (Manual)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 30-40% of medical cases each month</td>
<td>• All Medicaid customers who cannot be electronically verified. Must complete and submit form using one of the following:</td>
</tr>
<tr>
<td>• Electronic verification of income and other factors.</td>
<td>• Manage My Case</td>
</tr>
<tr>
<td>• Does not require customer action.</td>
<td>• By phone: 1-800-843-6154</td>
</tr>
<tr>
<td></td>
<td>• Completing the paper Rede form</td>
</tr>
<tr>
<td>• SNAP beneficiaries receiving medical benefits are also renewed when they go through the SNAP redetermination process.</td>
<td>• Cases that cannot be redetermined through the receipt of another program like SNAP, enter the Form B process.</td>
</tr>
</tbody>
</table>
## CaseType: Ex Parte and Form B

<table>
<thead>
<tr>
<th>Ex Parte Examples</th>
<th>Form B Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All Kids Assist w/ electronically verifiable income</td>
<td>• Health Benefits for Workers with Disabilities (HBWD)</td>
</tr>
<tr>
<td>• Moms and Babies w/ electronically verifiable income</td>
<td>• AABD Spenddown</td>
</tr>
<tr>
<td>• Cases that have $0 income</td>
<td>• Breast and Cervical Cancer</td>
</tr>
<tr>
<td>• ACA Adult w/electronically verifiable income</td>
<td>• Self Employed</td>
</tr>
<tr>
<td>• AABD Medical (SSI/RSDI)</td>
<td>• Undocumented customers</td>
</tr>
</tbody>
</table>

- **Electronically Verifiable Earned Income** = Income that can be verified using the automatic wage verification system (AWVS) which receives income information from the Illinois Department of Employment Security (IDES).

- **Electronically Verifiable Unearned Income** = Income that can be verified using, for example, the Key Information Delivery System (Child Support), BENDEX: Social Security Administration (Supplemental Security Income/SSI) (Retirement Survivors Disability Insurance/RDSI).

---

**Presenter:** Sergio Obregón, Division of Medical Eligibility
Medical Benefits Redetermination Notice

Dear John Smith,

Based on the information we have today, the person(s) listed in the table below are approved to keep getting medical benefits after September 30, 2019. However, if we get new information about a change in your circumstance your eligibility for medical benefits may change. If that happens, we will send you a new notice.

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Medical ID (RIN)</th>
<th>Medical Group</th>
<th>Start of Ongoing Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>Jan 15, 1980</td>
<td>123456789</td>
<td>ACA Adult</td>
<td>Oct 01, 2019</td>
</tr>
</tbody>
</table>

Your case can be managed online at abe.illinois.gov.
Case Change by Type

- HFS is expecting a range of Eligibility Changes.
- Here are some examples of cases that will see changes once their case is redetermined:
  - Met and Unmet Spenddown
  - Aging out of All Kids
  - Moms and Babies: Past 12 months postpartum
  - ACA to AABD Transitions

Presenter: Sergio Obregón, Division of Medical Eligibility
6. a. v. Communication and Outreach Efforts
Two-phased approach

hfs.illinois.gov

6. a. v. Communication and Outreach Efforts

- **Phase 1: (Now)**
  Update your address

- **Phase 2: (This month)**
  Ready to Renew

Presenter: Evan Fazio, Communications Director
Phase 2 Audience and Messages

A. Medicaid Customers

Emphasizing abe.Illinois.gov

1. Verify your address
2. Find your due date
3. Check your mail
4. Complete your renewal
5. Connect to coverage if no longer eligible

B. External Stakeholders

- Help Medicaid customers get ready to renew
- Use our outreach materials and messaging to talk to Medicaid customers about redeterminations

Presenter: Evan Fazio, Communications Director
Channels and Tactics

HFS, DHS, and MCOs

• Paid ads: Statewide, omnichannel, yearlong, multilingual
• Digital media: Social, web, A/B testing
• News media: Regular, proactive, localized outreach

Grassroots + Institutional Outreach: Email, phone calls, presentations, commitments

• ABE texts and alerts: Rolling basis, scheduled before and after customer renewal due date
• PSAs: TV and radio, aligned with ads
Using data to target at-risk customers

- Monthly reports to MCOs detailing who is due and over-due
- Phone calls and additional intensive outreach for follow ups
- Provider tools (MEDI, MyChart, etc.) for providers to keep patients enrolled
- Retarget ad spend throughout the year based on lagging demographics or geographic areas
HFS Application Agents

Community-based organizations:
• Faith-based organizations
• Day care centers
• Local governments
• School districts
• Medical providers

Important: HFSAAs have ongoing contact with persons likely to be eligible for medical coverage under the State of Illinois’ Medicaid Program.
HFS Application Agents

- HFS requires application agents to execute the following agreements:
  - Application Agent Agreement
  - Business Associate Agreement
    - Allows agency staff to provide technical assistance with:
      - Online and paper applications
      - Redetermination forms with individuals or families
    - Communicate with HFS/DHS about submitted applications

- HFS requires all HFSAAs to participate in training which includes:
  - Information on the different Medicaid programs
  - How to complete an Application for Benefits Eligibility (ABE) Application
  - Documentation required for program eligibility
HFS Application Agent Strategy

1. Train application agents to use MEDI to pull lists of their customers and contacts who are coming due for a renewal.

2. Provide them with application agent-specific messaging to reach out to the customers and offer help completing their renewals.
6. a. iii. Potentially Hard to Reach Medical Population: Homeless
People Experiencing Homelessness

• Difficult group to target with direct communications.
  • We ask anyone who can help to please do so with HFS’s messaging toolkit.

• Renewals are accessible even though a mail notice may not reach them.

• They can complete their renewal online or by phone without needing to get the renewal in the mail. They can also visit a local office or navigator/assister.
  • However, they need to know when they are due to know when to renew. They can check their renewal date online, by phone, or in person – key steps already in our messaging.

• If they provided or provide a phone and email for texting/emailing, they will receive electronic notices when their renewal is due.

Presenter: Sergio Obregón, Division of Medical Eligibility
6. a. iv. Medical Eligibility: Manage My Case (MMC)
The 3 Cs of MMC

<table>
<thead>
<tr>
<th>Create</th>
<th>Check</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Create a Login</td>
<td>• Check your renewal date</td>
<td>• Submit your renewal</td>
</tr>
<tr>
<td>• Link Accounts</td>
<td>• Check your case Information</td>
<td>• Change your address</td>
</tr>
<tr>
<td></td>
<td>• Check for notices from HFS and DHS</td>
<td>• Change of Income</td>
</tr>
<tr>
<td></td>
<td>• Check upcoming appointments and reschedule</td>
<td>• Add household members to your case</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Report Expenses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Upload documents</td>
</tr>
</tbody>
</table>

MMC is one of the easiest way for consumers to submit redeterminations!

How can Manage My Case help your customers?

- Fewer visits to their local DHS Office. More time with family and friends!
- Stay informed on the status of their benefits like Medicaid, SNAP (LINK) or cash assistance.
- Help them take control of their case.
- When helping a customer set up an MMC account, do not save any User IDs or passwords.

Presenter: Margaret Dunne, Division of Medical Eligibility
Create

• Most customers can use Manage My Case in ABE.
• A created ABE Profile login details will be used for MMC.
• New to ABE:
  • Create a new ABE User ID and password to access Manage My Case.

Welcome to ABE
Helping people in Illinois lead healthy and independent lives
Use this site to apply for and manage your healthcare, food, and cash assistance benefits.

Presenter: Margaret Dunne, Division of Medical Eligibility
Linking an Account

- Submitted Application via ABE.
- Status of application seen on Case Summary page.

- Logging in to link a new account
Linking Case Information

- Customer enters Date of Birth and Individual ID or Social Security Number.
  - Individual ID: 10-digit number listed in the top right corner of the Notice of Decision Letter.
  - This is not the same as the Recipient ID (RIN).
Identity Verification
Illinois Secretary of State (SOS)

Hello, USER. You are logged in.

Verify Identity
We can verify your identity using your Illinois Driver's License or State ID Card. If you do not have an Illinois Driver's License or State ID Card, we will attempt to verify your identity using another method.

Do you have an Illinois Driver's License or State ID Card?

- Yes
- No

*Note: SoS will also be used in Apply for Benefits flow.

- If customer case is linked, and ID proofing was not completed in ABE, ID Proofing must be completed before proceeding in MMC.
- ID proofing will only need to be completed once.
- System will attempt to verify identity using the Illinois State Driver’s License or State ID card.
- Answering “NO” will advance the customer to the Experian Identity Proofing Process.
Matching Information

- If SOS can use the customer’s answers to verify identity, clients will get a Thank you message.
- Enter information EXACTLY as it appears on their ID, including the License or ID Number.
Experian ID Proofing

• User does not have an Illinois Driver’s License or State ID or Identity Verification fails through SOS.
  • ABE will access Experian:
    • Multiple-choice questions
    • Only the customer will know the answers

Presenter: Margaret Dunne, Division of Medical Eligibility
Requesting Manual Identity Proofing

To request State Identity Proofing:

- State Identity Proofing Request Form (pdf), or IL444-3610 S FORMULARIO DE SOLICITUD DE PRUEBA DE IDENTIDAD DEL ESTADO (pdf).
  - Submit 3 proof documents
  - Assistance from Approved Representative
    - Signed Approved Representative Form
    - Proof Document
- Illinois Department of Human Services
  Attn.: ID Proofing Unit
  600 E. Ash, Building 500, 5th Fl.
  Springfield, IL 62703
  or Return the form to your local or chosen FCRC
- If there are questions, email: ABE.Questions@illinois.gov

Process takes 6-8 weeks

Presenter: Margaret Dunne, Division of Medical Eligibility
# Identity Proof Documents

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois Driver’s License</td>
<td>Birth Certificate</td>
</tr>
<tr>
<td>Certificate of Naturalization (Form N-550 or N-570) or Certificate of U.S. Citizenship (Form N-560 or N-561)</td>
<td>Social Security Card or Official document containing your Social Security Number</td>
</tr>
<tr>
<td>U.S. Military Draft Card or Draft Record</td>
<td>Marriage Certificate</td>
</tr>
<tr>
<td>Native American Tribal document</td>
<td>Divorce Decree</td>
</tr>
<tr>
<td>School Identification Card</td>
<td>Property Deed or Title</td>
</tr>
<tr>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>High School or College Diploma (Including High School Equivalence Diploma)</td>
</tr>
<tr>
<td>Identification card issued by the federal, state or local government</td>
<td>Employer Identification card</td>
</tr>
<tr>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
</tr>
<tr>
<td>• Military dependent’s identification card</td>
<td></td>
</tr>
<tr>
<td>• U.S. passport or U.S. passport card</td>
<td></td>
</tr>
<tr>
<td>• U.S. Coast Guard Merchant Mariner card</td>
<td></td>
</tr>
<tr>
<td>Foreign passport or identification card issued by a foreign embassy or consulate that contains a photograph</td>
<td></td>
</tr>
</tbody>
</table>
Check

Case Summary Page

• What are my available notices?
  • Notices sent within the past 12 months.
  • Status of the following:
    • Applications
    • Renewals
    • Changes previously reported through MMC
Case Summary Tab

Case Summary Page

- Links to many of the Manage My Case features, including:
  - Renew My Benefits
  - Report My Changes
  - Apply for Additional Benefits.

- Important Note: Renew My Benefits will display on the first day of the month 60 days prior to a customer's certification period end date.

Presenter: Margaret Dunne, Division of Medical Eligibility
Change

- Reporting a change in the household or circumstances:
  - Customer clicks on the **Report My Changes** button on the **Case Summary page**.
  - Customer chooses the change to be reported and clicks **Next**.
  - Customer completes additional questions.
  - If the change requires proof, documents can be uploaded through **Manage My Case**.

**Reporting Changes Through ABE**

Please let us know what has changed. After answering yes to one or more of the categories below, an additional list of options will be shown. You may check all boxes that apply.

- **Change in Contact Information**
  - Name change or correction
  - E-mail address or phone number change

- **Change in Household**
- **Change in Household Income**
- **Expenses/Bills Have Changed**
- **Resources Have Changed**
- **Health Insurance Has Changed**
- **Other Changes**

☐ Any other change or changes not mentioned above

Keep in mind that you should only report changes that have already happened.
Manage Communication Preferences

- Customers opt in or out to receive the following:
  - Paper and Electronic
  - Electronic Only
  - Email and text alerts

Note: If an alert e-mail or text bounces back, the State will restart sending paper notices to the last address we have on file for the customer.
6. a. vi. Medical Eligibility: DHS Updates
6. a. vii. Medical Eligibility: Metrics
## Applications and Redeterminations

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Applications</td>
<td>15,329</td>
<td>• Total reflects statewide applications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Older than 45 days</td>
</tr>
<tr>
<td>Redeterminations</td>
<td>4,989</td>
<td>• On hand</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Form A that is being returned, but are not required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• SNAP Redetermination that has a Medical Redetermination attached to it</td>
</tr>
</tbody>
</table>
## ACA to AABD Transitions

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
<th>Notes</th>
</tr>
</thead>
</table>
| ACA Adults to AABD    | Approx. 55,000 | • Individuals that turned 65 and/or started receiving Medicare during PHE.  
                        |             | • HFS transitioned customers in IES the week of 02/20/23:  
                        |             |  • Placed in AABD or AABD Met Spenddown  
                        |             |  • Customers notices were generated the week of 02/20/23 |
Health Benefits For Immigrant Adults

• Started as Health Benefits for Immigrant Seniors, individuals over 65 otherwise eligible for Medicaid coverage but for immigration status
  ➢ 13,946 enrollees. FY 22 spend of $130 million.

• Next phase increasing eligibility to those between 55-65 last spring.
  ➢ 12,275 enrollees. FY 23 spend to date $73 million.

• Beginning this fiscal year, eligibility increased to those 42-54
  ➢ 21,090 enrollees. FY 23 spend to date $70 million.

• 67% of enrollees reside in Cook County. Since inception, 46% of payments have gone to Cook County Health and Hospital System.

Complete reports by county can be viewed on the HFS Public Education Subcommittee website at: Reports | HFS (illinois.gov)
Family Planning

Applying for Family Planning

- Customers that do not have an active Medicaid case:
  - Apply via ABE
  - [abe.illinois.gov](abe.illinois.gov)

Program launched November 30, 2022 and has nearly 1,301 enrollees.

Presenter: Sergio Obregón, Division of Medical Eligibility
Q and A
VI. B. Managed Care Update
Partnering with Medicaid MCOs

• Managed Care plans are developing robust outreach initiatives including:
  • Text Messaging, email and direct mail Campaigns
  • Update websites and customer newsletters with information
  • Phone banking and customer engagement
    • Example: If a customer contacts their MCO and is known to have a renewal due, the MCO will offer to transfer the caller to the DHS Helpline to complete the redetermination over the phone.
  • Redetermination events
  • Redetermination awareness campaigns
  • MCOs providing updated addresses to HFS for entry into IES
Partnering with Medicaid MCOs

• HFS providing member information to the MCOs to target customers. Lists include:
  1. Customers up for renewal in a month
  2. Customers who need extra outreach because redes not yet received
  3. Customers who missed cutoff and will be cancelled but in reinstatement period
  4. Ineligible customers who MCOs can assist to transition to the Marketplace or other resources like S.H.I.P

• Managed Care Plans will ensure staff and external partners are engaged:
  • Training all MCO call center representatives, care coordinators, and case managers on the redetermination process to give members their redetermination dates when they call in.
  • Partnering with providers, pharmacies and community partners to ensure outreach/support in helping members submit their redetermination.
  • Working with external vendors like Best Foot Forward, Catalyst or corporate vendors to do external calls and help members submit their redeterminations when due.

Presenter: Robert Mendonsa, Bureau of Managed Care
VI. C. ILOGIN
HFS/DHS will transition to a new login and MFA process for ABE and IES in Spring 2023.

- Will improve protection of private information
- Will make account recovery easier
- Will be used across multiple state platforms

Two different processes:
- ABE Customers: ILogin
- ABE Provider Portal and IES Providers: Illinois Partner Tenant

Getting ready for go live:
- Providers activate users
- Customers; assist with email setup
- Customers with no email; refer to HFSAAAs or Approved Representative
- Communications through multiple sources; ABE page, FAQs, Webinars
7. Public Comments
No Public Comments
8. Additional Business
8. Additional Business

a. Items or Future Discussion
9. HFS Announcements
a) Speaker’s Bureau: HFS Community Events Participation Request Form

1. Applicants are able to request HFS to participate in upcoming community events:
   ➢ Eligibility, Child Support, HealthChoice IL, etc.

2. Applicants can request trainings:
   ➢ Medicaid Address Update, PHE Unwinding Toolkit, Manage My Case, Etc.

3. Link: HFS Community Events Participation Request Form
1. Institutional outreach across the MAC and Subcommittees
   ➢ Scheduling follow-up calls with all Pub Ed Subcommittee Members
     • First Phase of Outreach to Subcommittee Members
       • Email & Phone outreach, 1:1 meetings, survey
       • Review Address Update Toolkit
       • Develop Outreach Plan
       • Get commitments and estimates of reach
   • Second phase of Outreach to Subcommittee Members
     • Review Address Update Messaging Toolkit
     • Review progress of pre-existing outreach plan

Presenter: Melishia Bansa, Special Assistant to the HFS Director
9c. Resources: MAC & Subcommittee Membership Questionnaire

Medicaid Advisory Committee (MAC)

HFS > About Us > Boards and Commissions > Medicaid Advisory Committee (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.

- Medicaid Advisory Committee Opportunities (pdf)

Medicaid Advisory Committee Opportunities

The Medicaid Advisory Committee (MAC) is seeking interested individuals to serve on the Illinois Department of Healthcare and Family Services’ (HFS) Medicaid Advisory Committee (MAC). This committee will provide advice and input to the Department on a variety of Medicaid-related topics.

The MAC is seeking volunteers to advise HFS on Medicaid-related issues and work to improve the Medicaid program. The MAC consists of a 16-member panel of experts with diverse expertise and backgrounds in health and related fields.

Medicaid Advisory Committee Members

- Physicians
- Nurses
- Social Workers
- Pharmacists
- Accountants
- HIV/AIDS specialists
- Public (non-Medicare) insurance

Please see description of subcommittees under the MAC.

Community Health Services Subcommittee: Established to advise the Medicaid Advisory Committee on community health services, including Medicaid-related services, and the integration of community health services into the health care delivery system.

Healthcare Quality Subcommittee: Established to advise the Medicaid Advisory Committee on the implementation and evaluation of quality improvement initiatives.

Medical Home Subcommittee: Established to advise the Medicaid Advisory Committee on the implementation and evaluation of medical home initiatives.

Step 1

Presenter: Melishia Bansa, Special Assistant to Director of HFS

Step 2

Medicaid Advisory Committee (MAC) & Subcommittee Application

Request for Membership Application

Please provide your contact information:

1. Name (Last, First, Middle Initial) *

   Enter your answer

2. Employer (If you are working in a paid position; list all more than one)

   Enter your answer

Step 3
A. To receive MAC email notifications regarding public meeting notices, sign up for our MAC and Subcommittee Listserv:

1. Medicaid Advisory Committee (MAC) | HFS (illinois.gov)

2. MAC and Subcommittees E-mail Notification Request | HFS (illinois.gov)
9.c. Resources: Social Media

A. 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!
10. Concluding Directives and Wrap Up
11. Adjournment