

# PUBLIC EDUCATION SUBCOMMITTEE (PUB ED)

December 13, 2023

VIRTUAL WebEx Meeting

10:00 AM – 12:00 PM



**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, 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.

# Public Education Subcommittee Charter

**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

# 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.

# House Keeping

- Meeting basics:
  - 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, however, if you call in & need materials, please email [veronica.archundia@illinois.gov](mailto:veronica.archundia@illinois.gov) and [Margaret.dunne@illinois.gov](mailto:Margaret.dunne@illinois.gov) with a copy to [Melisha.Bansa@Illinois.gov](mailto:Melisha.Bansa@Illinois.gov) as soon as safely possible.
  - 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.
- Comments or questions during the meeting:
  - If you are a subcommittee 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.
  - If you are a member of the general public and wish to make a comment, please 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 subcommittee chair or any of the host or co-host.

# House Keeping

## Meeting basics Cont.

- 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 will be provided. Please email [veronica.archundia@illinois.gov](mailto:veronica.archundia@illinois.gov) and [Margaret.dunne@illinois.gov](mailto:Margaret.dunne@illinois.gov) with a copy to [Melisha.Bansa@Illinois.gov](mailto: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.
- Patience, please – many subcommittee members and staff are new to MAC proceedings.
- 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.

# Agenda

- I. Call to Order**
- II. Roll Call of Subcommittee Members**
- III. Introduction of HFS and State Agency Staff**
- IV. Review and approval of the Meeting Minutes from August 23, 2023)**

# Agenda

**V. 2024 Tentative Meeting Schedule**

**VI. State Updates**

**VII. Public Comments**

**VIII. Additional Business: Old and New**

**IX. HFS Announcements**

**X. Concluding Directives and Wrap Up**

**XI. Adjournment**



# V. 2024 Tentative Meeting Schedule

# Agenda

## V. 2024 TENTATIVE MEETING SCHEDULE

**February 21, 2024**

**April 24, 2024**

**June 12, 2024**

**August 21, 2024**

**October 23, 2024**

**December 18, 2024**

# VI. State Updates



**HFS**

Illinois Department of  
Healthcare and Family Services

# VI. A. Eligibility Updates



HFS

Illinois Department of  
Healthcare and Family Services

# VI. A. I. Customer Service



# Translation and Interpretation Services

- It is the policy of the Department of Human Services (DHS) and the Department of Healthcare and Family Services (HFS) to prohibit national origin discrimination as it affects **Limited English Proficient** (LEP) persons. DHS and HFS are committed to improving the accessibility of programs, services and activities provided to eligible LEP persons. (Title VI of the Civil Rights Act of 1964 [42 U.S.C. 2000])
- This Directive applies to the DHS and HFS central and field offices, and to each of its facilities. DHS or HFS-sponsored programs, services and activities.
- DHS/HFS must provide language services at no cost to the individual to ensure the most effective communication possible. The available services will depend on the specific circumstances and may include but are not limited to: bilingual staff; adult interpreters; translation of written materials; and notification to LEP persons that interpretive and translation services are available if needed.

# Provision of Services

1. Limited English Proficient (LEP) individuals are provided meaningful access to DHS and HFS programs, services and activities. Under no circumstances will services to an LEP person be denied or unnecessarily delayed because of his or her limited English proficiency. There are two main ways the State provides language services
  - a. oral interpretation
  - b. written translation
2. In some cases, language services can be made available on an expedited basis.
3. In some cases, LEP individual will be referred to another source for language assistance, when possible.



# MCO Member's Step-by-Step Journey by Phone

1. Asks to talk to someone who speaks **requested language**.
2. Member calls Member Services Line (# is on back of MCO membership card).
3. Member service's rep will confirm language request with member and tell member service is free.
4. Member should stay on-line while member services representative connects to translation service. This may take a few minutes.
5. Interpreter will come on the line and repeat that service is free. Member must provide information so MCO can confirm identity (generally SSN and date of birth) and address. At this time, member can also request that all written materials be sent in requested language. Member can also send written request to MCO that materials be translated.
6. If member needs to speak to Care Coordination Staff, they can ask to be transferred – translator will stay on the line.





# Medical Appointments: MCOs provide translation for In-Person or Virtual

1. A member may request interpretation or TRS onsite service by calling the Customer Service line or their Care Coordinator.
2. Once the appointment is made, the MCO staff will receive an email confirmation with the name of the interpreter who will provide the **onsite service**.
3. MCO staff confirm with the member and provider (via call or email) that an interpreter or TRS provider will be participating in the provider visit on a specific date and time.
4. Interpreters are also available for Tele-health visits.



# Translation Services in the Office

1. The intake staff person in the office identifies the LEP person and determine the language services the LEP person requires. If the language needs of the LEP person are not readily apparent, they should be determined through use of either the language identification poster or language identification flash cards which identify the LEP person's language needs.
2. At each facility or work site where individuals are served, DHS posts, in a conspicuous location, advisory notices (translated in the various languages used by the individuals DHS serves) and a language identification poster indicating that free interpreter services are available to the individual and his or her family, and the procedure for obtaining an interpreter.
3. The telephone numbers to call to file a complaint if the individual believes he or she has been discriminated against are also posted. DHS also posts, in a conspicuous location, advisory notices that interpreters shall comply with all state and federal statutes and other confidentiality provisions.

# DHS and HFS Notices

DHS and HFS provides a language translation notice with communications that are sent to customers. 15 languages are represented on the notice and a phone number for translation services is provided.

		
<p>Language Translation Notice</p>		
<p>Important! This material contains information about health benefits. If you need help translating it, call 1-866-255-5437.</p>		
<p>هام! تحتوي هذه المادة على معلومات عن الإعاقة الصحية، فإذا كنت بحاجة إلى المساعدة في ترجمتها، اتصل بالرقم (من اليسار إلى اليمين): 1-866-255-5437</p>		
<p>Važno! Ovaj materijal sadrži informacije o zdravstvenim beneficijama. Ukoliko vam treba prevod ovih informacija, nazovite 1-866-255-5437.</p>		
<p>જરૂરી ! આ સામગ્રી સ્વાસ્થ્ય સંબંધમાં મહત્તા ધરાવતી બાબત જાણકારી આપે છે. જો એનું ભાષાંતર કરવામાં આપને સહાય જોઈએ તો કૃપા કરી 1-866-255-5437 ને ફોન કરો.</p>		
<p>महत्वपूर्ण ! यह सामग्री स्वास्थ्य संबंधी लाभों के बारे में जानकारी देती है। यदि इसका अनुवाद करने में आपको मदद चाहिए तो कृपया 1-866-255-5437 पर फोन करें।</p>		
<p>សារ:សំខាន់ ណាស់ ! អង្គ បទនេះមានព័ត៌មានស្តីពីអង្គ ប្រយោជន៍ សុខភាព ។ បើសិនជាអ្នក កត្រូវការជំនួយអ្វី, ឯការបកប្រែ សូមទូរស័ព្ទ ទៅលេខ 1-866-255-5437 ។</p>		
		<p>(Eng) (Ara) (Bos) (Guj) (Hin) (Khm)</p>

<https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/SeriesTwoSessionThreeLanguageAccessibilityPresDeck.pdf>



## **VI. A. II. YTD Full Cycle Redetermination Updates and Data**




# Flexibilities During Unwinding

1. Accepting attestation at application for income, incurred medical expenses, and insured status
2. Delay action on changes affecting eligibility until redetermination
3. Presumptive eligibility for MAGI adults at initial application
4. Increase Presumptive Eligibility (PE) for children and MAGI adults to up to two times in a calendar year.
5. Waived cost-sharing: No premiums or co-pays for any programs
6. MCOs are allowed to answer questions about redetermination forms and help enrollees set up a Manage My Case account if requested
7. **30-Day Grace Period**
8. **New Ex parte process; individually determined**

# 30- Day Grace Period Customer Notice: 643RNW

1. Includes a new due date
2. Does not include the redetermination form
3. Directs the customer to MMC, the customer phonenumber, or in-person if they no longer have their rede form.

 State of Illinois  
Department of Human Services  
Department of Healthcare and Family Services

Date of Notice: June 28, 2023  
Case Number: [REDACTED]  
Office Name: [REDACTED]  
Office Address: [REDACTED]  
Phone: [REDACTED]  
TTY: [REDACTED]  
Fax: [REDACTED]

You can manage your case online at [abe.illinois.gov](http://abe.illinois.gov)  
Esta notificación está disponible en Español. Usted puede solicitarla por internet en [abe.illinois.gov](http://abe.illinois.gov) o llame al 1-800-843-6154 (TTY 1-866-324-5553)

[REDACTED]

[REDACTED]

**Courtesy Renewal Follow Up Letter**

Dear [REDACTED]

Your eligibility for Medical coverage must be reviewed once a year. We must decide if you (and your family) can still get Medical Benefits. A Redetermination form was sent to you but we have not received the completed form. If you have recently returned the redetermination form, please disregard this notice. If not, you must return the Redetermination form by July 15, 2023 along with current verifications requested.

**If you don't complete and return the form, you will lose your medical coverage.**

If you need a copy of the Redetermination form, you can get another form online at ABE Manage My Case at [abe.illinois.gov](http://abe.illinois.gov) or by calling the phone number listed at the top of this notice.

**As a reminder, you can renew your benefits one of these 4 easy ways:**

1. Complete the electronic version of this form online in ABE Manage My Case at [abe.illinois.gov](http://abe.illinois.gov); or
2. Complete your redetermination over the phone by calling 1-800-843-6154 (TTY: 1-866-324-5553); or
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. Complete your redetermination in person. Bring this form and your verifications to the office listed above.

# Redetermination Process by Month

## 30 Day Grace Period

End of Certification Period	Rede Mail Date	Rede Due Date Printed on Notice	Form B Not Received, Reminder Notice Sent	Grace Period Cut-off Date	First day Coverage Loss if form not received by extended cutoff	Last day to return rede for potential reinstatement
12/31/2023	By 11/01/2023	12/01/2023	By 12/20/2023	01/16/2024	02/01/2024	04/30/2024
01/31/2024	By 12/01/2023	01/01/2024	By 01/20/2024	02/15/2024	03/01/2024	05/31/2024
02/29/2024	By 01/01/2024	02/01/2024	By 02/20/2024	03/15/2024	04/01/2024	06/30/2024

Presenter: Margaret Dunne, Program Analyst, Division of Eligibility

# Ex Parte Process

**Redeterminations are now being conducted at the individual level.** As of 10/01/2023, in order to be in compliance with the Federal Code of Regulations, each individual on a case due for medical redetermination will be evaluated for ex parte eligibility.

**Redeterminations will no longer be conducted on a case level.**

A manual release will be published with further details. Certification dates are not affected by this change.

**This change will allow a case with households that qualify for both ex parte and a manual redetermination to be determined individually.**

**Example:** A case with three active customers is due for redetermination. Two members are eligible for ex parte and will have their eligibility renewed for the next certification period. The third member was not eligible for the ex parte process and was sent the form b redetermination notice.



# Ex Parte Process Assessment

Collaboration between HFS, Department of Human Services (DHS) and Deloitte (contractual IT)

- Identified short term and long-term implementation goals
- Disenrollment data pulled for June 2023
- Identified necessary system changes
- Identified needs for customer notifications



# Ex parte Immediate Implementation

- Disenrollments paused from July through October for ex parte ineligible customers.
- July through October redeterminations evaluated for ex parte eligibility at individual level:
  - ex parte eligible customers coverage extended and given new certification period.
  - ex parte ineligible customers extended to 11/2023.
- Analyzed disenrollment data from 06/2023.
  - Reinstated disenrolled customers if the following were true
    - Disenrolled due to a nonresponse of a manual redetermination.
    - Customer did not send a response to IL that they no longer wanted medical coverage.
- Expediated system changes to achieve compliance
  - First correct ex parte for cohorts with an 11/2023 redetermination date.

**07/01**  
Earliest IL Medicaid customers could lose coverage.

**07/21**  
IL begins design creation process for needed system changes.  
IL begins process to identify customers disenrolled who should have been eligible for ex parte.

**08/03**  
IL begins analysis to implement ex parte eligibility at individual level.

**9/14**  
System changes in effect to allow ex parte determination at individual level.

**09/28**  
Restored coverage of disenrolled customers who should have been eligible for ex parte.

**10/01**  
IL sees an increase of 10 % in ex parte renewals.

**11/1**  
November is first cohort affected by individual level ex parte determination.

Correspondence will be updated providing streamlined notification to customers in combined (ex parte eligible/ineligible) households

July 2023

August 2023

September 2023

October 2023

November 2023

December 2023

2024



# Ex parte Long-Term Implementation

- Updating correspondence for households with both ex parte eligible and ineligible members
  - Currently these households receive two separate redetermination notices dependent on ex parte eligibility.
  - New correspondence will combine information so only one notice is received by customers.

Form Type	Sep-23	Oct-23	Nov-23
Received Form A	170,573	177,226	118,464
	59.88%	60.52%	57.20%
Received Form B	114,268	115,597	88,625
	40.12%	39.48%	42.80%
<b>Totals:</b>	<b>284,841</b>	<b>292,823</b>	<b>207,089</b>

Presenter: Sergio Obregón, Bureau Chief, BMESP

# Ex Parte Long Term Implementation: Correspondence



State of Illinois  
Department of Healthcare and Family Services

Date of Notice: November 01, 2023  
Case Number: 707042817  
Office Name: NORTHERN FCRC  
Office Address: 8001 LINCOLN AVE  
SKOKIE, IL 60077  
Phone: 847-745-3200  
TTY: 866-321-8261  
Fax: 844-736-3563

FDTFD0D0FDATDDFTADTTTAF0A0FFD0FA0TADA0TFFFA0A0A0F0F0D0FF0ADD0A0FD0AA

HOH ONE  
23435 NW WACKER DR  
CHICAGO, IL 60606-1234

You can manage your case online at [abe.illinois.gov](http://abe.illinois.gov)

Esta notificación está disponible en [Español](http://abe.illinois.gov). Usted puede solicitarla por Internet en [abe.illinois.gov](http://abe.illinois.gov) o llame al 1-800-843-6154 (TTY 1-866-324-5553)

## Medical Benefits Redetermination Notice

Dear HOH One,

It is time to renew medical benefits. Based on the information we have today, certain members of your household have been approved to continue receiving benefits with no action required while others require further action to continue their medical benefits.

Individuals requiring further action, **must complete and return** the attached redetermination form by <REDE Due Date> to continue their medical benefits after <Certification End Month/Year>.

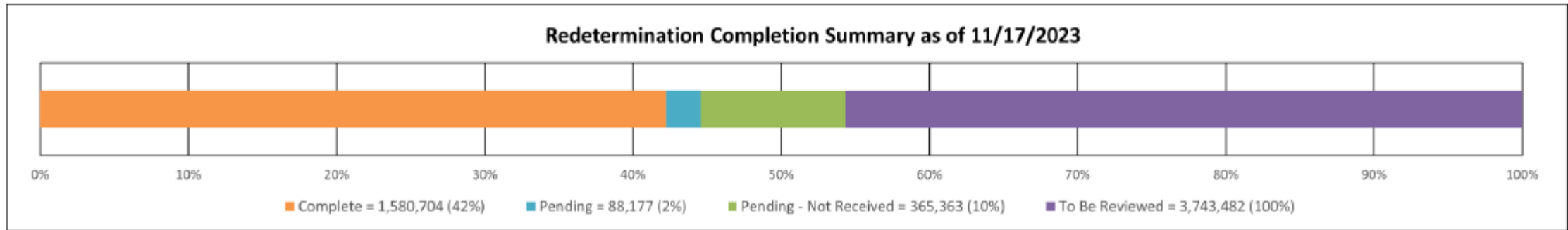
Individuals with no action required have been approved to continue medical benefits through <Certification End Month/Year> and will receive a new medical card before their new certification date of <Cert Date>. However, if we get new information about a change in their circumstance, their eligibility for medical benefits may change. If that happens, we will send you a new notice.

Name	Birth Date	Medical ID(RIN)	Medical Group	Action Required
Two <u>Indy</u>	02/06/1989	503807323	ACA Adult	Yes
Five <u>Indy</u>	02/06/1990	503807331	Medicare Savings Program QMB	Yes

Presenter: Sergio Obregón, Bureau Chief, BMESP

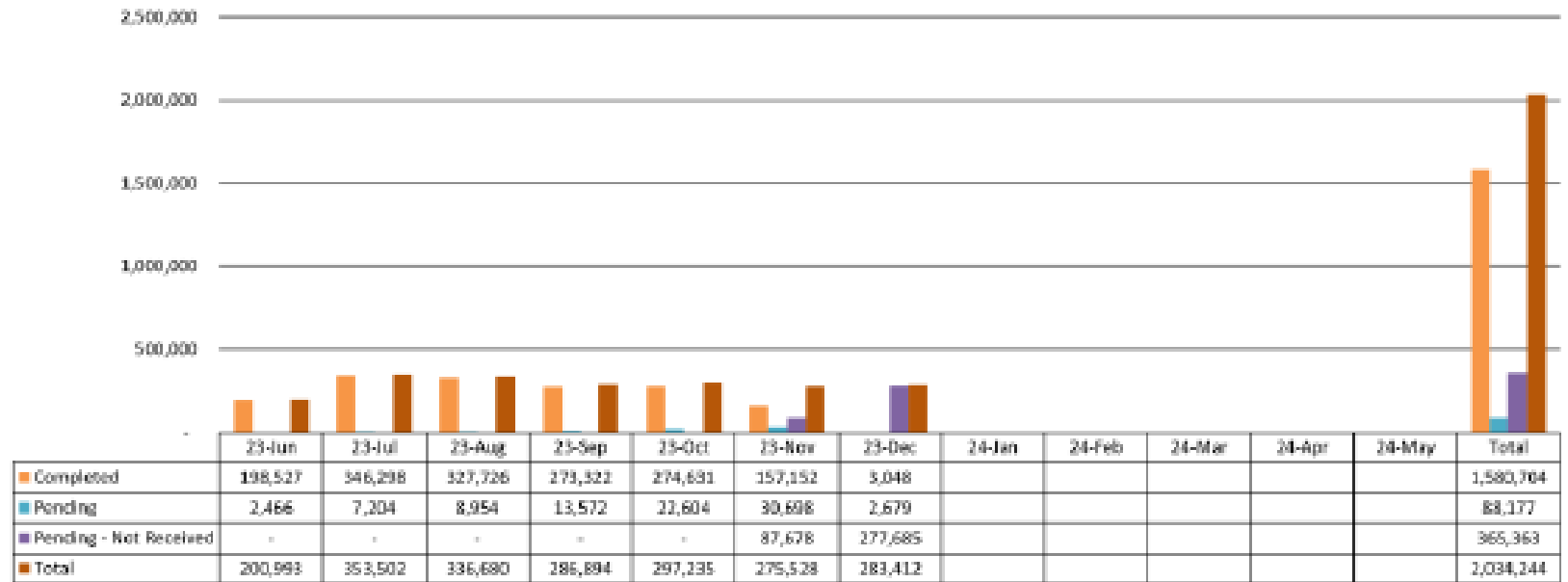


# PHE Unwinding Redetermination Data



# Redetermination Completion Status

Redetermination Completion Status by Individual

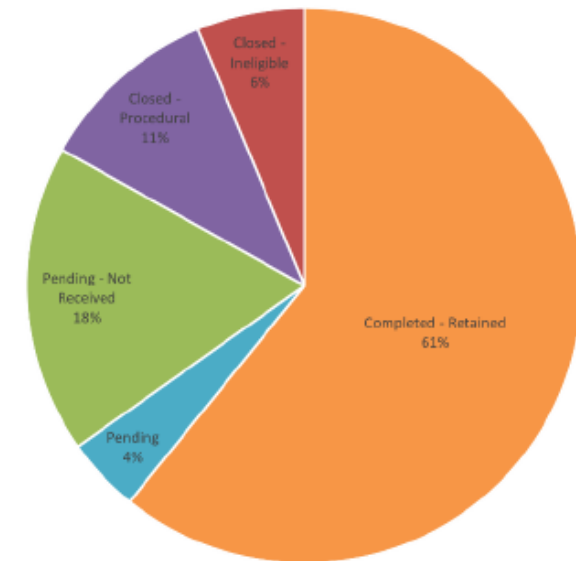


# Redetermination by Status

Redetermination Status by Individual													
Status Type	23-Jun	*23-Jul	23-Aug	23-Sep	23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar	24-Apr	24-May	Grand Total
Completed - Retained	159,555	261,932	255,574	207,048	205,383	145,678	2,346						1,237,516
Pending	2,466	7,204	8,954	13,572	22,604	30,698	2,679						88,177
Pending - Not Received	-	-	-	-	-	87,678	277,685						365,363
Closed - Procedural	23,107	53,687	45,541	44,664	47,501	1,001	20						215,521
Closed - Ineligible	15,865	30,679	26,611	21,610	21,747	10,473	682						127,667
<b>Totals</b>	<b>200,993</b>	<b>353,502</b>	<b>336,680</b>	<b>286,894</b>	<b>297,235</b>	<b>275,528</b>	<b>283,412</b>						<b>2,034,244</b>

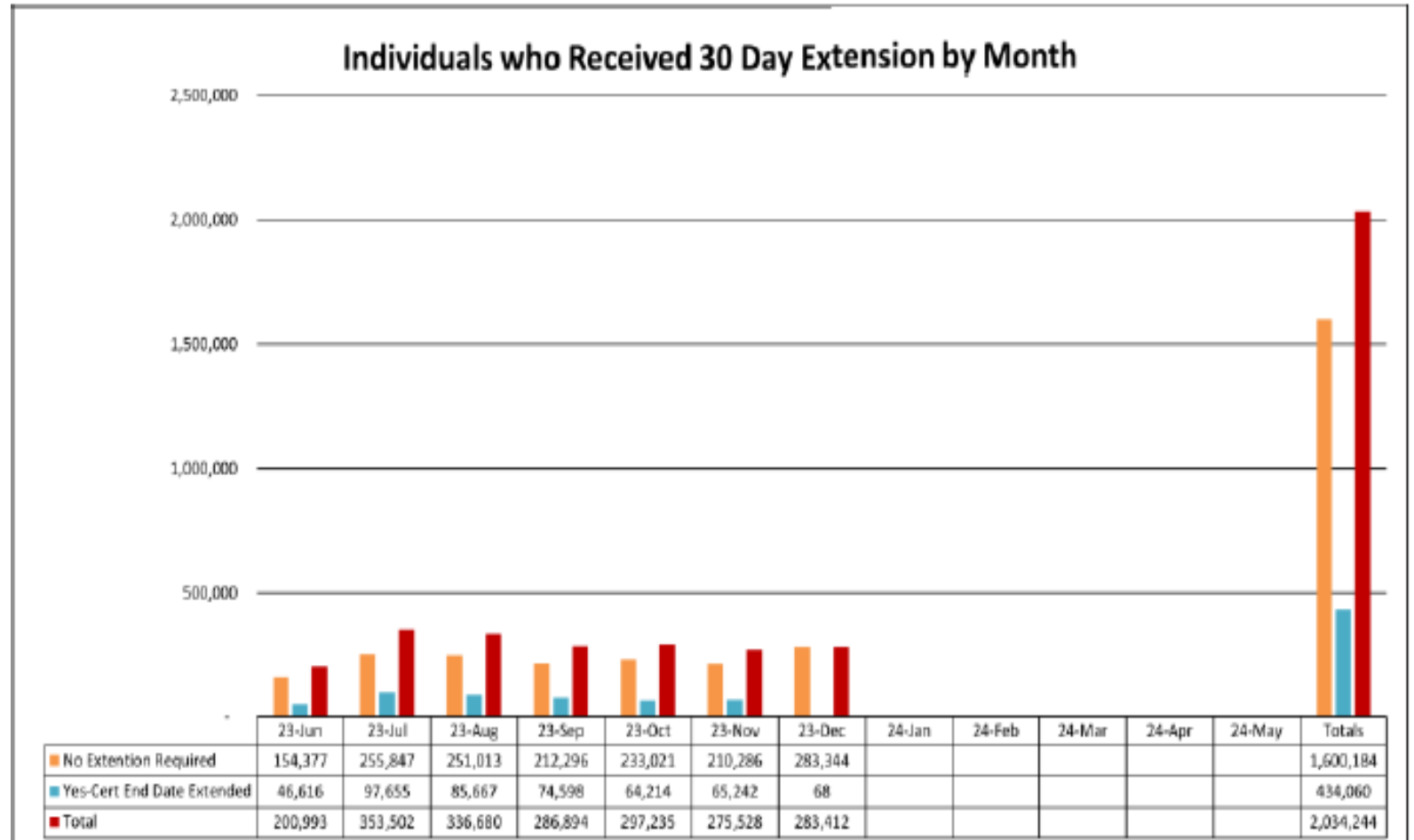
Status Type	Status Type Defined
Completed - Retained	Approved (Medical Benefits Continue)
Pending	Redetermination is received, but not yet processed
Pending - Not Received	Redetermination request has been sent but no response from customer (only seen on 'in-flight' records)
Closed - Procedural	Failed to respond to redetermination or failed to provide supporting information
Closed - Ineligible	Over income, refused to provide information, deceased, left the home, moved out of the state, customer request to withdraw/close case

% of Redetermination Status by Individual - YTD





# Redeterminations 30-Day Grace Period



Presenter: Sergio Obregón, Bureau Chief, BMESP

# 30-Day Grace Period

- The following data represents outcome data for both the month of June 2023 and the 30-Day Grace Period Flexibility that was provided to Illinois by federal CMS.
- The 30-Day Grace Period Flexibility was implemented in June 2023 and will remain in place during the **12 Month PHE Unwinding Period: June 2023 - May 2024.**
- *This flexibility permits the delay of procedural terminations for one month (approx. 30 days) for customers who did not return their redetermination by their original due date.*



## b) By County

Procedurally Closed Recipients by County – October 2023				
County	Procedurally Closed		All Other Outcomes	
	Count	Percent of Row Total	Count	Percent of Row Total
(blank)	145	20.06%	578	79.94%
Homeless	1068	20.08%	4251	79.92%
Out of Illinois	9	1.37%	650	98.63%
Adams	249	15.69%	1338	84.31%
Alexander	42	14.63%	245	85.37%
Bond	41	12.54%	286	87.46%
Boone	156	13.59%	992	86.41%
Brown	18	16.51%	91	83.49%
Bureau	88	10.39%	759	89.61%
Calhoun	16	16.33%	82	83.67%
Carroll	73	20.68%	280	79.32%
Cass	66	16.46%	335	83.54%
Champaign	623	15.52%	3392	84.48%
Christian	112	13.68%	707	86.32%
Clark	63	16.36%	322	83.64%
Clay	39	13.36%	253	86.64%
Clinton	114	19.49%	471	80.51%
Coles	216	15.95%	1138	84.05%
Cook	21913	16.20%	113324	83.80%
Crawford	68	13.91%	421	86.09%
Cumberland	33	16.26%	170	83.74%
De Witt	43	15.03%	243	84.97%
DeKalb	355	17.79%	1641	82.21%
Douglas	71	18.88%	305	81.12%
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Presenter: Sergio Obregón, Bureau Chief, BMESP

## b) Language, Race, Ethnicity

Language by Response – October 2023						
Language	Responded		Did Not Respond		Total	
	Count	Column %	Count	Column %	Count	Column %
OTHER	1,036	0.41%	288	0.65%	1,324	0.45%
African French	28	0.01%	10	0.02%	38	0.01%
Albanian	32	0.01%	10	0.02%	42	0.01%
Amharic	4	0.00%	2	0.00%	6	0.00%
Arabic	656	0.26%	100	0.22%	756	0.25%
Armenian	2	0.00%	2	0.00%	4	0.00%
Bengali	3	0.00%		0.00%	3	0.00%
Bosnian	33	0.01%	2	0.00%	35	0.01%
Chinese - Cantonese	315	0.12%	35	0.08%	350	0.12%
Chinese - Mandarin	494	0.20%	46	0.10%	540	0.18%
Croatian		0.00%	1	0.00%	1	0.00%

Race of All Recipients by Outcome – October 2023										
Race	Closed - Ineligible		Closed - Procedural		Completed - Retained		Pending		All Outcomes	
	Count	Column %	Count	Column %	Count	Column %	Count	Column %	Count	Column %
Unknown	4,872	22.40%	10,707	22.54%	53,558	26.08%	6,639	29.37%	75,776	25.49%
American Indian or Alaskan Native	132	0.61%	631	1.33%	1,406	0.68%	152	0.67%	2,321	0.78%
Asian Indian	146	0.67%	488	1.03%	1,558	0.76%	227	1.00%	2,419	0.81%
Black or African American	4,771	21.94%	10,428	21.95%	53,119	25.86%	3,938	17.42%	72,256	24.31%
Chinese	56	0.26%	196	0.41%	631	0.31%	166	0.73%	1,049	0.35%
Filipino	42	0.19%	136	0.29%	367	0.18%	40	0.18%	585	0.20%
Guamanian or Chamorro	2	0.01%	6	0.01%	13	0.01%		0.00%	21	0.01%
Japanese	3	0.01%	14	0.03%	32	0.02%	3	0.01%	52	0.02%
Korean	16	0.07%	78	0.16%	285	0.14%	24	0.11%	403	0.14%
Native Hawaiian	9	0.04%	30	0.06%	89	0.04%	5	0.02%	133	0.04%
Other Asian	377	1.73%	886	1.87%	4,331	2.11%	625	2.76%	6,219	2.09%
Other Pacific Islander	94	0.43%	255	0.54%	821	0.40%	134	0.59%	1,304	0.44%
Samoan		0.00%	1	0.00%	5	0.00%	1	0.00%	7	0.00%
Vietnamese	21	0.10%	92	0.19%	271	0.13%	75	0.33%	459	0.15%
White	11,206	51.53%	23,553	49.58%	88,897	43.28%	10,575	46.78%	134,231	45.16%
<b>Grand Total</b>	<b>21,747</b>	<b>100.00%</b>	<b>47,501</b>	<b>100.00%</b>	<b>205,383</b>	<b>100.00%</b>	<b>22,604</b>	<b>100.00%</b>	<b>297,235</b>	<b>100.00%</b>

Ethnicity of All Recipients by Outcome – October 2023										
Ethnicity	Closed - Ineligible		Closed - Procedural		Completed - Retained		Pending		All Outcomes	
	Count	Column %	Count	Column %	Count	Column %	Count	Column %	Count	Column %
Unknown	5,384	24.76%	13,367	28.14%	58,306	28.39%	7,020	31.06%	84,077	28.29%
Another Hispanic, Latino, or Spanish origin	2,641	12.14%	4,505	9.48%	17,995	8.76%	2,656	11.75%	27,797	9.35%
Cuban	9	0.04%	85	0.18%	185	0.09%	22	0.10%	301	0.10%
Mexican, Mexican American, Chicano/a	1,907	8.77%	4,234	8.91%	13,100	6.38%	2,049	9.06%	21,290	7.16%
Non-Hispanic/Latino	11,589	53.29%	24,520	51.62%	113,551	55.29%	10,689	47.29%	160,349	53.95%
Puerto Rican	217	1.00%	790	1.66%	2,246	1.09%	168	0.74%	3,421	1.15%
<b>Grand Total</b>	<b>21,747</b>	<b>100.00%</b>	<b>47,501</b>	<b>100.00%</b>	<b>205,383</b>	<b>100.00%</b>	<b>22,604</b>	<b>100.00%</b>	<b>297,235</b>	<b>100.00%</b>

Presenter: Sergio Obregón, Bureau Chief, BMESP

## VI. B. II. c) Address Updates

Date	Medicaid Address Changes	Phone Call Address Chg Req	Total
01/01/2023 - 01/31/2023	6,398	2,178	2,178
02/01/2023 - 02/28/2023	15,038	2,322	17,360
03/01/2023 - 03/31/2023	8252	1,948	10,200
03/14/2023 - 03/31/2023	5,474	1,378	6,852
04/01/2023 - 04/30/2023	6,097	2,340	8,437
05/01/2023 - 05/31/2023	3,912	1,199	5,111
06/01/2023 - 06/30/2023	3,739	1,156	4,895
07/01/2023 - 07/31/2023	2,753	805	3,558
08/01/2023 - 08/31/2023	3,006	923	3,929
09/01/2023 - 09/30/2023	3,041	843	3,884
10/01/2023 - 10/31/2023	3,099	790	3,889
<i>Grand Total:</i>	<i>60,809</i>	<i>15,882</i>	<i>76,691</i>

- Medicaid address changes received via website.
- Medicaid address changes received via phone call.
- Total address changes received via web and phone call each month.

# VI. B. II. d) Manage My Case Updates

Activity (08/23 – Present)	
ABE MMC Accounts Linked	164,610
<b>Renew My Benefits *</b>	<b>83,554</b>
Report My Changes	47,417
Program Adds	20,071
Member Adds	2,208
Mid-Point Reports*	49,258
Appeals submitted	6,450
FFM cases received since 11/17	53,409
Count of people successfully ID proofed through the State	184

*\*Note, HFS suspended sending redetermination notices that require a response during the PHE and DHS suspended MPRs when permitted by FNS*

# VI. A. III. DHS Update



HFS

Illinois Department of  
Healthcare and Family Services

# VI. B. III. DHS Update



HFS

Illinois Department of  
Healthcare and Family Services

**Presenter: Leslie Cully, Associate Director, Division of Family & Resource Services**



# VI. A. IV. Communications Outreach and Engagement

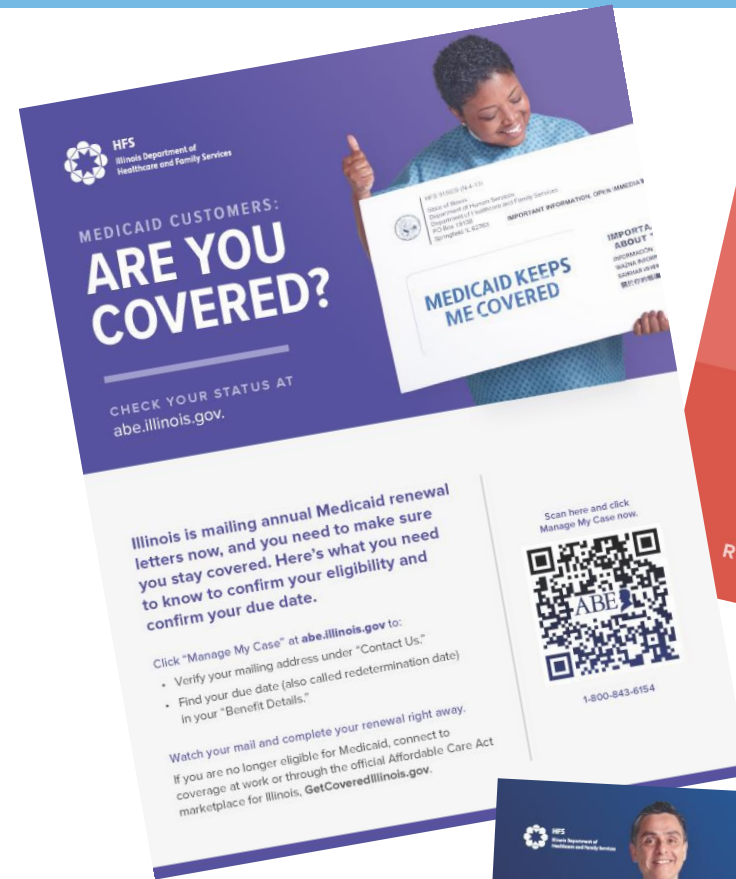


## **VI.B.IV. Communications: Outreach and Engagement**



# "Are You Covered" New Toolkit

- 14 Languages
- Zip File Downloads
- User Guide for each language
- Includes Flyer, Palm Card, Social Media Graphics



# Medicaid.Illinois.gov

Home My Healthcare Medical Providers Child Support Services HFS OIG Info Center About Us

HFS > Medical Clients > Report Medicaid Chang...

## Medicaid Client Renewals

### Report Medicaid Change of Address

Understanding the Renewal Process

Three-Part Webinar Series: Training for the End of...

Ready to Renew Messaging Toolkit

Ready to Renew Frequently Asked Questions

Unwinding Operational Plan - Coming Soon

Are You Covered Toolkit

## Illinois Medicaid Renewals Information Center

### For Medicaid Customers

There are two ways to change your Medicaid address:


Click Manage My Case at [abe.illinois.gov](http://abe.illinois.gov) to:

- Verify your address (under 'Contact Us')
- Find your renewal due date (under 'Benefit Details')
- Complete your renewal when you are due

Manage my case at [abe.illinois.gov](http://abe.illinois.gov)

- Or for an even quicker way for Medicaid Customers to update their address with us:

Quick Medicaid Address Change Form

 Are you covered?

"Are you Covered?" Toolkit



HFS  
Illinois Department of  
Healthcare and Family Services

Presenter: Tracy Withrow, Communications and Marketing Coordinator

# Paid Campaign Overview

5/22/2023 – 10/31/2023

## Top Performing Keywords

- ABE
- Illinois Medicaid
- Medicaid Application
- Medicaid
- SNAP
- Illinois Department of Healthcare and Family Services
- Low Cost Medical Insurance
- Family Care Insurance
- Healthcare for Kids
- How to Apply for Medicaid

<b>Impressions</b>	<b>1,814,453,433</b>
--------------------	----------------------

<b>Video Views</b>	<b>22,771,373</b>
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Search Platform	Impressions	CTR	Benchmark CTR
Bing	660,512	8.77%	3.31%
Google	1,280,608	32.99%	3.00%

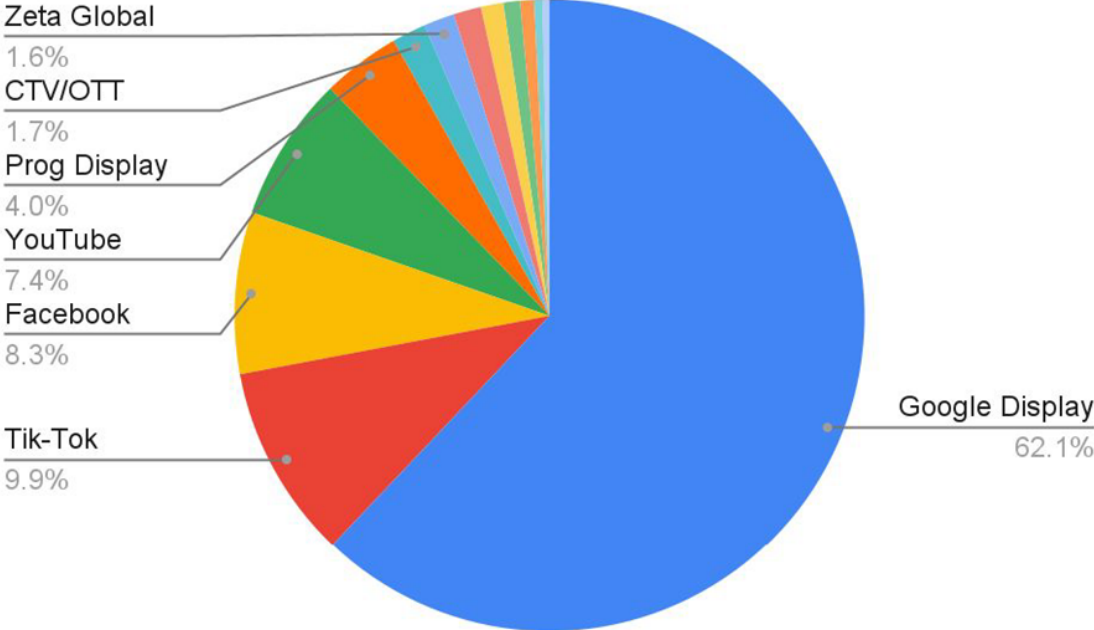


# Paid Campaign Overview

5/22/2023 – 10/31/2023

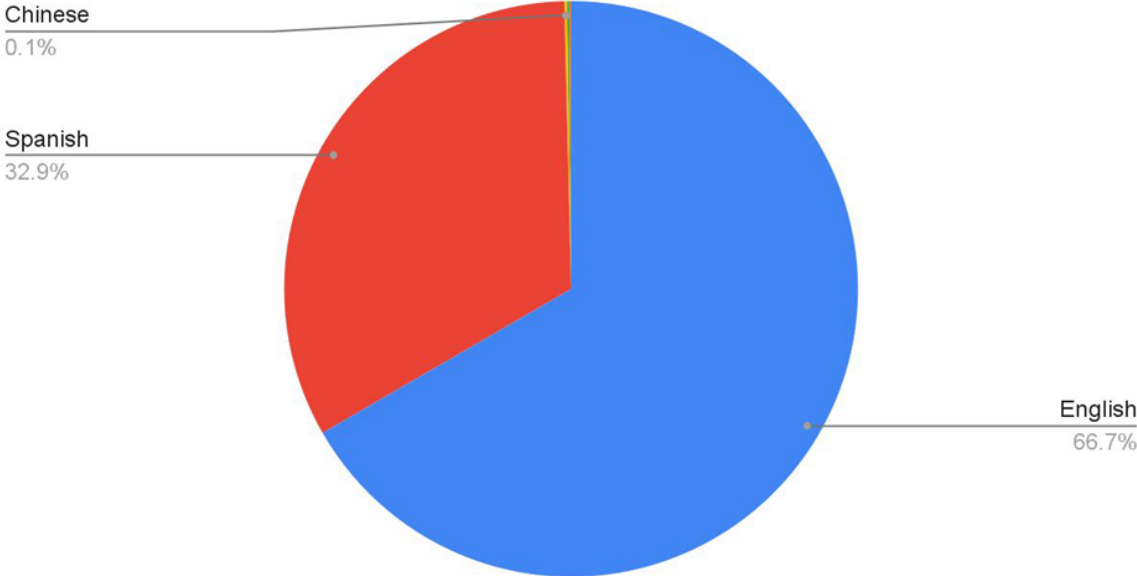
## Impressions by Platform

Cumulative Data



## Impressions by Language

### Impressions By Language





**TRAINING (SERIES TWO) FOR THE END OF THE CONTINUOUS COVERAGE REQUIREMENT**  
**A THREE-PART WEBINAR SERIES**

**First Session: A review of ABE Manage My Case (MMC) setup, navigation, and functionality**

**TRAINING (SERIES TWO) FOR THE END OF THE CONTINUOUS COVERAGE REQUIREMENT**  
**A THREE-PART WEBINAR SERIES**

**Second Session: Previously Submitted Questions answered by HFS Subject Matter Experts**

**TRAINING (SERIES TWO) FOR THE END OF THE CONTINUOUS COVERAGE REQUIREMENT**  
**A THREE-PART WEBINAR SERIES**

**Third Session: Language Accessibility: training customers, providers, and stakeholders on how to access translation services for medical redeterminations**

Home My Healthcare Medical Providers Child Support Services HFS OIG Info Center About Us

HFS > Medical Clients > Continuous Coverage W...

**Medicaid Client Renewals**

- Report Medicaid Change of Address
- Understanding the Renewal Process
- Three-Part Webinar Series: Training for the End of...
- Ready to Renew Messaging Toolkit
- Ready to Renew Frequently Asked Questions
- Unwinding Operational Plan - Coming Soon
- Are You Covered Toolkit

## Three-Part Webinar Series Two: Training for the End of the Continuous Coverage Requirement

Below is our second series of virtual webinars designed to help you understand the resources available to help Medicaid customers stay connected to coverage.

### Session One: A review of ABE Manage My Case (MMC) setup, navigation, and functionality

Margaret Dunne Melishia Bansa Lauren Polite

#### Top Eight Reasons Customers Call the Helpline

- Account is locked
- Password problems
- Don't remember answers to secret questions
- Error message
- Trouble linking account
- Uploading documents
- Renewals
  - finding date
  - completing renewal
  - Reverting changes using MMC

The three webinars from Series Two have been posted – videos and slide decks.  
<https://hfs.illinois.gov/medicalclients/continuouscoveragewebinar.html>

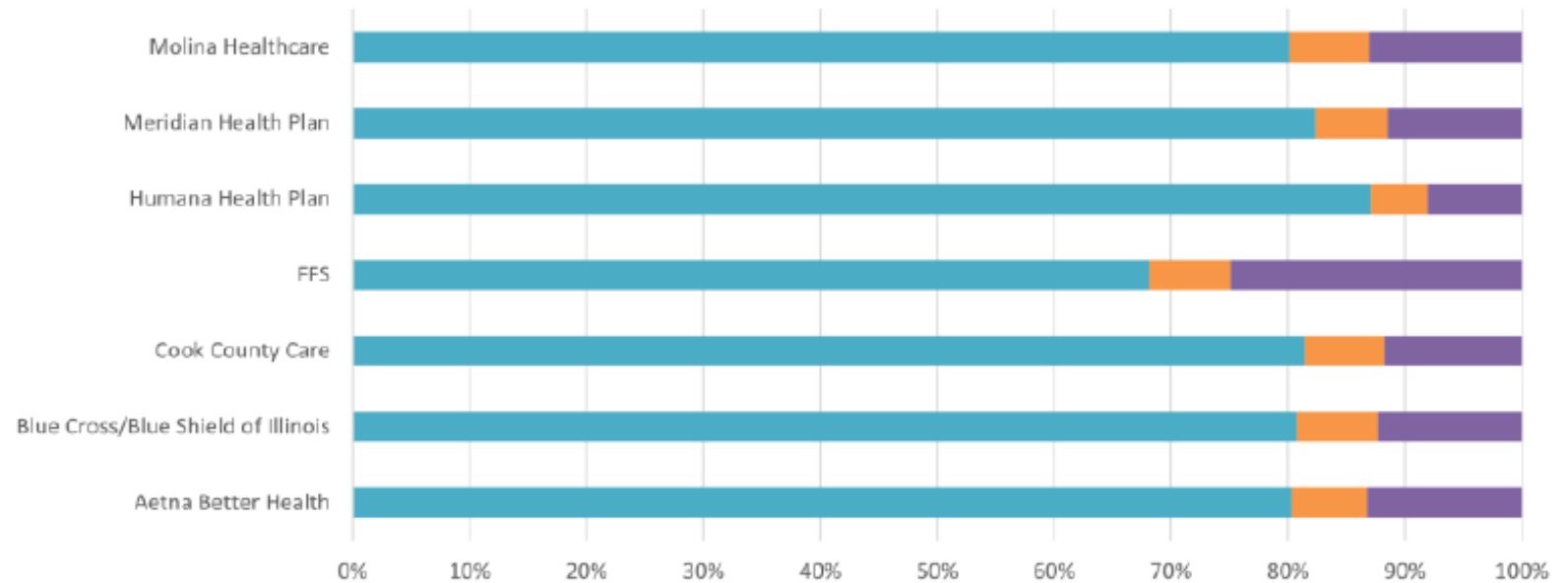
## **IV. A. IV. c) MCO Updates**





# MCO Data

Rede Responses by Individual MCO Overall Progress – October 2023



	Aetna Better Health	Blue Cross/Blue Shield of Illinois	Cook County Care	FFS	Humana Health Plan	Meridian Health Plan	Molina Healthcare
■ Responded by original due date	28,074	50,822	27,551	44,073	1,441	58,200	22,841
■ Responded within additional 30 days	2,259	4,319	2,288	4,556	81	4,338	1,946
■ No Response	4,639	7,771	3,973	16,112	132	8,092	3,727
<b>Total</b>	<b>34,972</b>	<b>62,912</b>	<b>33,812</b>	<b>64,741</b>	<b>1,654</b>	<b>70,630</b>	<b>28,514</b>



## **VI. A. IV. d) Feedback from Committee Members Regarding Outreach Efforts**

**Presenter: Melishia Bansa, Special Assistant to Director of HFS**



- 
- 1. What Outreach Does your Agency Currently Partake in Related to Redeterminations?**
  - 2. What Has Been Effective?**



**3. What Difficulties Have Been Encountered?**

**4. How can HFS best support your outreach efforts?**





## **VI. B. Health Benefits for Immigrant Adults (HBIA) and Health Benefits for Immigrant Seniors (HBIS)**





# Timing and Communication around MCO Enrollment

**Presenter: Lauren Polite, Medicaid Analyst, Medical Programs**



## Timeline of Enrollment Packet Mailings

MCO Enrollment Start Date	Cutoff Date	Mail Date	Count	Grouping
1/1/2024	12/18/2023	11/14/2023	~16,500	HBIA & HBIS clients with family member already in MCO (Cook & Statewide)
2/1/2024	1/18/2024	12/15/2023	~16,500	Remaining clients with family member already in MCO & <b>clients with Last name beginning with A-C</b>
3/1/2024	2/18/2024	1/15/2024	~16,500	Clients with last name beginning D-M
4/1/2024	3/18/2024	2/13/2024	~16,500	Clients with last name beginning N-Z

- The cutoff date is the date by which the customers in each mailing cohort would be required to make a choice enrollment for a plan that is **different than** the one in which they are auto assigned – for the chosen plan to be effective on their enrollment start date. If they don't choose, they will be auto-assigned.
- Customers have a 3-month period after their enrollment start date to switch plans.
- After that time, they will be locked in for a period of 12 months until their annual 60-day open enrollment period.





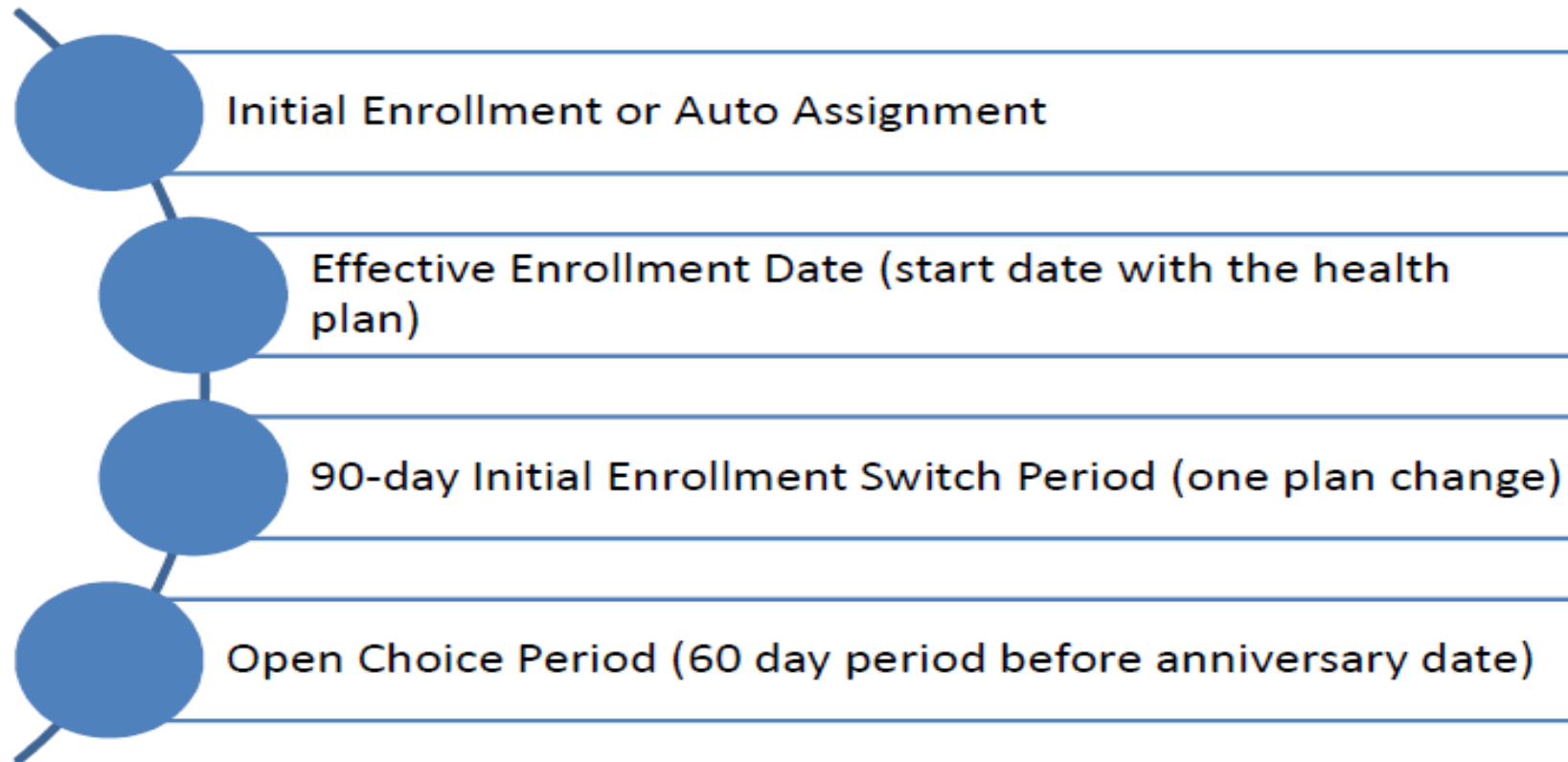
# Who will Not Enroll in Managed Care

**When it's time**, all HBIA/HBIS customers will be required to enroll in managed care for medical services **UNLESS** they:

1. Have private health insurance that covers hospital and doctor visits (known as TPL – Third Party Liability)
2. Are eligible for Medicaid through the Spenddown Program
3. Other: incarceration, voluntary category (Alaskan/Native American)

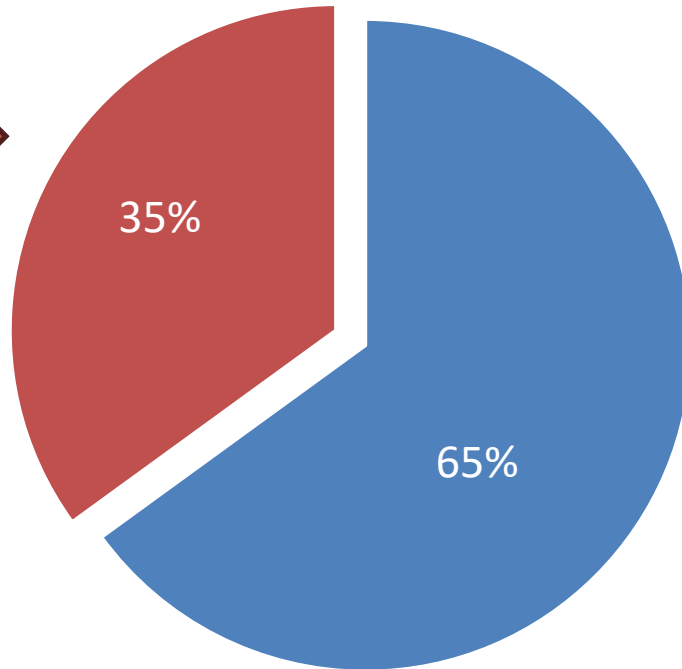
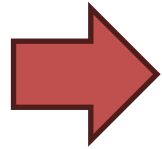


# MCO Enrollment process – same initial and annual change opportunity

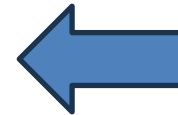


# Population Breakdown of Customers

HBIA: 16,600  
HBIS: 5,200



■ Cook County  
■ Non-Cook County



HBIA: 35,700  
HBIS: 10,000



# HFS is setting up a Landing page on HFS website – *coming soon*

- Landing Page will include basic information as well as:
  - Sample Enrollment letter – so can be translated by HFS website widget into 20+ languages
  - Working on getting widget onto CEB website
- All current MCO contract requirements apply to this population including language access, grievance and appeals, care coordination, etc. Encourage everyone to request care coordination
- Confirming no waiver services and only Kidney and bone marrow transplants
- Copays are still under discussion by the MCOs.
- CountyCare has agreed to waive all co-pays – waiting for other MCOs to make final decision.

# Sample Letters – All sent in English & Spanish



00003  
JANE Q. PUBLIC  
123 MAIN STREET  
ANYTOWN, IL 60601-0001

June 1, 2022

Dear Jane Q. Public:

## Welcome to HealthChoice Illinois — your way to quality Medicaid care!

HealthChoice Illinois is your way to make smart Medicaid choices. In HealthChoice Illinois, you must be enrolled in a health plan and have a primary care provider (PCP).

A health plan is the group of doctors, hospitals and other providers who work together to give you the healthcare and care coordination you need. A PCP is the doctor or clinic you go to when you are sick or need a checkup. You must use doctors in your health plan's network. If you have a PCP or specialist you want to keep using, check what health plans they accept.

## Choose the HealthChoice Illinois health plan and PCP that are best for you

You must choose a health plan and PCP for each person listed here before **July 3, 2022**:

**Jane Q. Public** Date of birth: **June 1, 1995** ID#: **123456789**  
**John Q. Public** Date of birth: **December 5, 1997** ID#: **234567890**

You can choose from these health plans:

HealthChoice Illinois health plans	Toll-free number
Plan A	XXX-XXX-XXXX
Plan B	XXX-XXX-XXXX
Plan C	XXX-XXX-XXXX
Plan D	XXX-XXX-XXXX
Plan E	XXX-XXX-XXXX

As you can choose from may have changed since we mailed this letter.

To view a list of health plans, go to **EnrollHFS.Illinois.gov**. Select "Choose" and "Enroll." Then select "HealthChoice Illinois" and your county to view your choices. For more information about a specific health plan, call the health plan's toll-free number. All calls are free.

You can choose the same health plan for all family members. Or you can choose a different health plan for each family member. For information about the plans, read *Your HealthChoice Illinois Plan Report Card*, the *HealthChoice Illinois Plan Report Card*, and *Choosing a HealthChoice Illinois PCP* (on the back of the report card) that came with this letter.

## How to choose a health plan

To choose a health plan and PCP, there are two ways to enroll:

1. Go to **enrollHFS.Illinois.gov** and select "Enroll," or call **1-877-912-8880** (TTY: 1-866-565-8576). Enrollment Services are available Monday through Friday, 8 a.m. to 6 p.m. The call is free.

2. **Our health needs best, so go online or call us today to enroll!**

## What if I can't choose a health plan by July 3, 2022?

If you cannot choose a health plan and PCP by July 3, 2022, we will choose for you. We will randomly assign you to a health plan and PCP listed below.

	Estimated Start date	Health plan	PCP	PCP location
John Q. Public	August 1, 2022	Plan A XXX-XXX-XXXX	Joe Clark XXX-XXX-XXXX	321 Park Road Anytown, IL 60601
Jane Q. Public	August 1, 2022	Plan A XXX-XXX-XXXX	Joe Clark XXX-XXX-XXXX	321 Park Road Anytown, IL 60601

You can change your health plan before your enrollment starts.

## When your enrollment starts

When your enrollment starts, your health plan will mail you a welcome packet and ID card. You will receive your member ID card to get healthcare services. If you have questions, call your health plan's member services number. This number is on your member ID card and in the welcome packet.

You can only change your HealthChoice Illinois plan **one time** in the first 90 days after your enrollment start date. After that you may only change your health plan one time each year during "open enrollment."

To change your health plan, call us at **1-877-912-8880** (TTY: 1-866-565-8576). Or go to **EnrollHFS.Illinois.gov**.

To choose a different PCP, contact your health plan after your enrollment starts.

## What if I need a doctor right away?

If you don't have a health plan or primary care provider and need a doctor right away, the Health Benefits Hotline can help. Call **1-800-226-0768** (TTY: 1-877-204-1012).

Thank you,  
Illinois Client Enrollment Services



# MCO Enrollment Packet - Envelope



# When it's time to choose a Plan and Primary Care Provider, Client Enrollment Services (CES)-is there to help

[EnrollHFS.Illinois.gov](http://EnrollHFS.Illinois.gov) 1-877-912-8880 (TTY: 1-866-565-8576)

The screenshot shows the HealthChoice Illinois website. At the top, there is a navigation bar with links for Home, Resource Center, Enrollment Materials, Links and phone numbers, Contact us, and Log in. Below the navigation bar is a header with the HealthChoice Illinois logo and the tagline "Your Health. Your Choice." The main content area features a large image of a woman and a child. Overlaid on this image are three buttons: "Ask", "Choose", and "Log in". The "Choose" button is circled in red. Below the image are four columns of content: "Update address", "Get answers", "Latest news", and "Contact us".

HealthChoice Illinois is the statewide Medicaid managed care program. Most Medicaid customers are required to choose a primary care provider (PCP) and health plan. We can help you understand your plan choices, find providers and enroll.

**Ask** ▼  
Start here with questions

**Choose** ▼  
Compare plans, find providers or explore different ways to enroll

**Log in**  
Log in to enroll or review your case information

**Update address**  
Medicaid members! Don't risk losing your health insurance.  
Update your address at Illinois Medicaid. Or call **1-877-805-5312**. We are open Monday through Friday from 7:45 a.m. to 4:30 p.m. TTY user call 1-877-204-1012.  
It's easy, fast, and free.

**Get answers**  
Do you have questions? We have answers.  
Get information to make the best healthcare choices for you and your family. Learn answers to common questions at Get answers.

**Latest news**  
**Illinois All Kids Program participants must now enroll in Healthchoice Illinois**  
It is best for you if you choose your health plan and your primary care provider (PCP) for you and your family. This allows you to choose the health plan that will work best for you.

**Contact us**  
Questions? We can help!  
Call us at **1-877-912-8880** (TTY: 1-866-565-8576). The call is free. We are open Monday through Friday from 8:00 a.m. to 6:00 p.m.  
We also offer free interpreter services. Get this information in other languages or formats, such as large print or audio.

- Provides unbiased information
- Will help compare plans
  - *Network of providers, including pharmacies*
  - *Added benefits*
- *Enrollment Materials including sample letters; letters mailed in English and Spanish*
- *Family members do not need to pick the same plan.*

To create an account  
and Log In to Enroll  
at  
Enrollhfs.illinois.gov  
– use DOB + RIN  
(if no SSN)

Everything Must  
match our system

Can always call if  
have trouble

Log in

Log in here to enroll or review your case information.

**Tell us who you are**

We need to know who you are. Please give us your name and relationship to the case member you want to enroll.

First Name and Middle Initial/Suffix (Optional)   
Enter your first name and middle initial/suffix

Last name (Optional)   
Enter your last name

Relationship (Optional)   
<Select your relationship>

**Tell us about the case member**

Please log in to the account of the person you want to enroll. Please enter the person's name **exactly** as it appears on their HFS Medical Card.

First Name and Middle Initial/Suffix \*   
Enter your first name and middle initial/suffix

Last name \*   
Enter your last name

You must complete 2 of the 3 fields below to log in.

Date of birth (mm/dd/yyyy) \*   
MM/DD/YYYY 

Last 4 digits of Social Security number \*   
Last 4 digits of Social Security number (SSN) 

Recipient ID Number (RIN) \*   
Recipient ID Number (RIN)

Submit



# HBIA/HBIS customers – after MCO enrollment

Presenter: Lauren Polite, Medicaid Analyst, Medical Programs



# Once enrolled in an MCO

- MCOs will send out a welcome packet with an ID Card and member handbook with important information.
- The ID card includes member's primary care provider, MCO contact information and more. Member can change PCP by calling member services.

- MCO staff will conduct an initial health risk screening and assessment
- May also ask to meet with the family to develop a Person-Centered Care Plan.

- Discuss current providers so that prior authorizations for services and medications can be established and recorded in the member's case information
- Provide information about any special programs the member may be eligible for or interested in.
- Introduce care coordination services and assign a care coordinator/ case manager





# Care Coordination – What and Why

Serving members through care coordination is an effective way to provide health care services

Here are some of the ways care coordination through a Health Plan can help:

- Find a primary care provider (PCP) who will get to know you and your health care needs
- Help manage your health care conditions like diabetes, high blood pressure, or asthma
- Give information needed to stay healthy
- Help someone identify health goals and create a care plan to achieve those goals
- Answer questions about care
- Help find a doctor or specialist
- Help transition out of a hospital or facility
- Help connect with community resources

# MCOs Websites and Call Centers

- Have Websites and Call Centers with options for English and Spanish and TTY. Websites include Member Handbooks with information required by contract.
- Members may request written materials in a specific language by calling their MCO; writing or emailing the MCO.

# Once Primary Language is documented in MCO Case information

- The member services or care coordination staff will document in the case – the request for an interpreter and which language was required. This will assist future calls.
- Future outbound calls to the member should include a translator.
- Once the MCO notes in the case, that a primary language is other than English, all text messages, emails, and written communication should be in that language.

# Key Messages for MCO Customers

1. Choose the plan that's right for them.
  - Call their primary care, specialty and hospital providers and ask what Medicaid plans they accept and check the CES website
  - Compare added benefits and prescription list of each MCO
  - Check the MCO's website and handbook for special population-based programs; how easy is the website and handbook to use.
2. Use the Care Coordination services and 24-hour nurse hotline— anyone can request care coordination. Do NOT use the ER for primary care.
3. Request translation services on phone and in doctor's office if needed.
4. Do not hesitate to file a grievance (complaint) or to appeal a service denial if appropriate. Anyone can assist in this process. Specifics are in Member handbook sent in MCO welcome packet and on MCO website.
5. If have an approved representative – fill out form with the MCO.



# Questions?



# VI. C. Other Program Enrollment



HFS

Illinois Department of  
Healthcare and Family Services

# Applications and Redeterminations

Type	Total	Notes
New Applications	25,999	<ul style="list-style-type: none"><li>• Total reflects statewide applications</li><li>• Older than 45 days</li></ul>
Redeterminations	57,665	<ul style="list-style-type: none"><li>• On hand</li></ul>



# Family Planning

Program launched November 30, 2022, and has **6,875** **current** enrollees.

## Applying for Family Planning

- Cannot have an active Medicaid case
  - Apply via ABE @ [abe.illinois.gov](http://abe.illinois.gov)
  - Visit the [HFS Family Planning Program](#) page for more information and a list of Providers

Check Yes on rede!

17. Are you or anyone living with you interested in the partial-benefit program for Family Planning if no longer eligible for Medical Benefits?  Yes  No

If yes, name of the person(s) who want to Opt-In \_\_\_\_\_

ABE APPLICATION FOR BENEFITS ELIGIBILITY Help | Print Logged in: atest88 | Logout

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

Apply for Benefits

Please select Yes or No for each benefit option below

**Apply for SNAP (Supplemental Nutrition Assistance Program)?**  Yes  No

SNAP (Supplemental Nutrition Assistance Program) helps people and families buy food they need for good health. This program used to be called Food Stamps. [More about SNAP.](#)

**Apply for Healthcare Coverage?**  Yes  No

Provides access to healthcare benefits to people of all ages in Illinois. [More about healthcare coverage.](#)

If you do not qualify for HFS medical programs, we will send your information to the federal Health Insurance Marketplace. The Marketplace will contact you to complete the application process by reviewing available tax credits and choosing and enrolling in a health plan.

**Apply for Family Planning Program?**  Yes  No

The Illinois Family Planning Program is a partial-benefit program that offers coverage for family planning and related services for men and women. **Select this option to apply for the Family Planning services only.** [More about Family Planning Program.](#)

**Apply for Cash Assistance?**  Yes  No

Helps pay for food, shelter, utilities, and expenses other than medical costs. A small amount of [Cash Assistance](#) is available to people who qualify.

If you apply for Cash Assistance, you will automatically apply for Healthcare coverage.

**Apply for Medicare Savings Program?**  Yes  No

Helps people on Medicare pay for premiums, deductibles, and co-insurance charges. [More information about the Medicare Savings Program](#)

Back Save and Exit Next

# VII. Public Comments



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# VII. Public Comments

## A. None

# VIII. Additional Business: Old and New



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# VIII. A) Items for Future Discussion

## 1. Items For Future Discussion

Presenter: Nadeen Israel, Chair of Public Education Subcommittee

# IX. HFS Announcements



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## **IX. A) Pub Ed Subcommittee Resources and Reminders**

# C) Mandatory Training

## I. All MAC & Subcommittee Members must complete the following trainings on OneNet:

- ✓ Diversity, Equity, and Inclusion Training
- ✓ HIPAA and Privacy Training
- ✓ Security Awareness Training
- ✓ Harassment and Discrimination Prevention Training
- ✓ Ethics Training

You can access the trainings at the following link:

<http://onenet.illinois.gov/mytraining>

Please complete the trainings through OneNet no later than December 15, 2023

All members should have received a memo containing these details along with the contact information of our Assistant Ethics Officer: Kiran Mehta



## A. Speaker's Bureau: HFS Community Events Participation Request Form

### 1. Applicants are able to request HFS to participate in upcoming in-person community events:

- Eligibility, Child Support, HealthChoice IL -MCOs, etc.

### 2. Applicants can request trainings or presentations:

- Medicaid Address Update, Ready to Renew Messaging Toolkit, Manage My Case, Etc.

### 1. [Link: HFS Community Events Participation Request Form](#)



## HFS Community Events Participation Request Form:

This form is to support the efforts of HFS staff participation in community events and trainings for the purposes of HFS Community Engagement. Please note: all requests should be submitted at least 15 business days prior to the date of your event.

\* Required

Event Details:

1. Date of the Event: \*

Please input date (M/d/yyyy)



2. Time of Event: \*

Enter your answer

3. Name of the Event: \*

Enter your answer

## B.2. MAC Resources

**A. To receive Subcommittee 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 \(illinois.gov\)](#)

## A.5. 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!

# X. Concluding Directives and Wrap UP



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# XI. Adjournment



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