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Medicaid Advisory Committee
Public Education Subcommittee Meeting
Thursday, February 9th, 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 – 3rd Floor Video Conference Room

Agenda

1. Introductions
2. Approval of the Meeting Minutes from December 1st, 2016
3. Care Coordination Update
4. Public Education Subcommittee Charge
 - <https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/publiced/Pages/default.aspx>
5. ABE/IES Update
6. Medicaid Redetermination Update
7. Criminal Justice Update
8. Open Discussion and Announcements
9. Adjourn

For anyone who cannot attend in person but wishes to participate by conference call, please confirm your attendance by responding to the HFS Website via e-mail at HFS.webmaster@illinois.gov or by phone at 312 793-5270. This will help us to ensure the distribution of meeting materials and record your presence accurately. 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:
<http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommissions/MAC/News/Pages/default.aspx>

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
December 1st, 2016**

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 (by phone)
Sherie Arriazola, TASC
Erin Weir, Molina Healthcare
Nadeen Israel, EverThrive Illinois
Connie Schiele, HSTP (by phone)
Sergio Obregon, CPS

Committee Members Absent

John Jansa, WKG Advisory
Brittany Ward, Primo Center for WC
Ramon Gardenhire, AFC
Hardy Ware, East Side Health District

Interested Parties

Alap Shah, IAFP
Heather Scalia, Humana
Lynn Seermon, Kaizen Health
Alicia Donegan, Age Option
Olga Marroquin, CPS
Wesley Epplin, HMPRG
Carrie Chapman, Legal Council
Felicia Spivack, Meridian
Patrick Maguire, Medical Home Network
Enrique Salgado Jr., WellCare Health Plans
LeAndra Padgett, CPS
Heather Scalia, Humana
Cristina Turino, CPS
Sandy DeLeon, Ounce of Prevention
Alison Stevens, IHC
Susan Melczer, Illinois Health and Hospital Association
Ken Fox, CPS
Cyrus Winnett, IAMHP
Paula Campbell, IPHCA
Judy Bowlby, Liberty Dental Plan

Interested Parties (by phone)

Andrew M. Weaver, Land of Lincoln Legal Assistance Foundation
Kelly Carter, IPHCA
Lynne Warszalek, Stickney Health Department
Kristin Hartsaw, DuPage Federation on Humans Services Reform

HFS Staff

Jacqui Ellinger
Lauren Polite
John Spears
Amy Harris-Roberts
Arvind Goyal
Elizabeth Lithila
Margaret Dunne
Shannon Stokes
Margaret Dunne
Veronica Archundia

DHS

Patricia Reedy
Danielle Jacobson
Danny Silbert

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1. Introductions

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

2. Review of Minutes

Nadeen Israel made a motion to approve the minutes from the October 13th meetings, and it was seconded by Erin Weir. The minutes were approved by a vote eight members in favor and zero opposed.

3. Ethics Training

Shannon Stokes, Ethics Officer from Department of Healthcare and Family Services, stated that all committee members must complete the mandatory Ethics Training by December 19th. Ms Stokes asserted that failure to comply could result in the recall of an individual's position on the committee. Ms. Stokes responded to the committee members inquires and asked that all "Acknowledgement or Participation," should be sent to John Cernich. For any additional questions or concerns, committee members were told to contact Shannon Stokes, at 312-793-4805, or by e-mail:

Shannon.stokes@illinois.gov

4. Proposed Meeting Schedule 2017

Kathy Chan shared the proposed meeting schedule for 2017 with the committee. The meetings will be held in the two HFS offices, indicated in the attached schedule. Sherie Arriazola made a motion to adopt the proposed meeting schedule, which was seconded by Sergio Obregon, and a vote was taken with eight being in favor of the motion and none opposed.

5. Care Coordination Update

Amy Harris-Roberts provided the care coordination report. She indicated that the Manged Care Provider Complaint Portal will be up and running on the HFS web site by January 1st, 2017. Members of the committee asked if the Department would be sharing information from this complaint portal with the community. Specifically, they asked if the Department will report on the information submitted via the provider complaint portal on a periodic basis. Ms. Harris-Roberts indicated that she would ask for clarification and provide a response.

Amy also provided her contact information in order to address any additional concerns:

Amy.Harris-Roberts@Illinois.gov

6. Medicaid Redetermination Data in HB2731- Update

John Spears reported that the statistics regarding the redetermination process continue to be consistent with previous months. The committee asked about the role of Maximus, the vendor assisting the state with the redetermination process. John Spears answered all the committee members' questions and concerns, and indicated that Maximus has received an extension of its contract until June of 2017.

Nadeen Israel asked specifically about the trend with respect to cancelations among Spanish speaking clients. Mr. Spears reported that statistics show that Spanish speaking families have a higher rate of continuity upon completion of their redeterminations. Mr. Spears noted that the IMRP reports continue to be published on the HFS web site:

<https://www.illinois.gov/hfs/MedicalClients/medrede/Pages/default.aspx>

Mr. Spears provided a brief overview of HB2731, the main focus of which is to strengthen transparency within the Medicaid Managed Care System. Members of the committee engaged in robust discussion about the various reports that HFS is required to publish on its website. Mr. Spears stated that those reports primarily concern monthly enrollments comprised of children, pregnant women,

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FamilyCare, ACA Adult group, disabled individuals, foster care children, and AABD. This is in addition to a more detailed monthly report regarding redeterminations. John Spears noted that the legacy system does not have the capability to provide this information. Therefore, these reports will be made available upon the launch of IES Phase Two. He noted that the Department continues to evaluate many factors in order to establish a new implementation date. Consequently, the redetermination process will remain the same for the immediate future.

7. ABE/IES Update

Integrated Eligibility System (IES) Phase Two

Jacqui Ellinger indicated that DHS and HFS continue making progress regarding the necessary steps for the deployment of IES Phase Two. She said that, although at this time, the Department has not determined a new IES Phase Two Go-Live Date. It will not go live during January of 2017.

Ms. Ellinger stated that the implementation team has done a remarkable job in terms of developing the training materials which will be shared with the committee in order to obtain their input.

7. Open Discussion and Announcements

John Spears provided some background information about the Department of Corrections (COD) pilot project. He said that in an effort to connect inmates being released from the Department of Corrections to medical and behavioral health care, HFS and DHS are working with the Department of Corrections on a project to allow inmates near release to apply for medical coverage. The intent is for inmates to apply through the ABE website using their prison addresses so that mail (specifically, the medical card and approval notice) can be received by them prior to their discharge. The prison will hold the medical card as a part of their release packets and issue it to them along with other documents at the time when they are being processed out of custody. Jacqui indicated that HFS is in the process of refining the policy and procedure in order to better serve clients and to avoid a gap in coverage, so they can receive the services that they need upon their discharge. Sherie Arriazola, along with several members of the committee, recommended keeping the Criminal Justice Update as a standard agenda item.

Sergio Obregon reported that Chicago Public Schools will resume providing assistance to connect families interested in applying for medical coverage and food stamps benefits. Committee members praised the work that the Children and Family Benefit Unit (CFBC) had provided before it was dissolved in 2014. Mr. Obregon indicated that the recent addition of three staff members was accomplished, so that children in the Chicago Public Schools system can continue receiving assistance to access and maintaining the benefits that they need, so they can achieve success in the classroom and attain their educational goals.

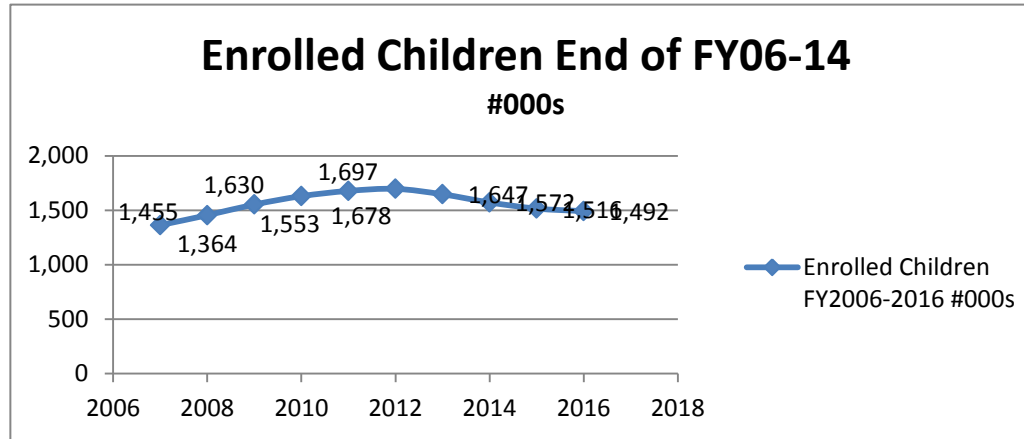
Finally, Chairperson Kathy Chan asked members of the committee to send their agenda topic recommendations to veronica.archundia@illinois.gov

8. Adjournment

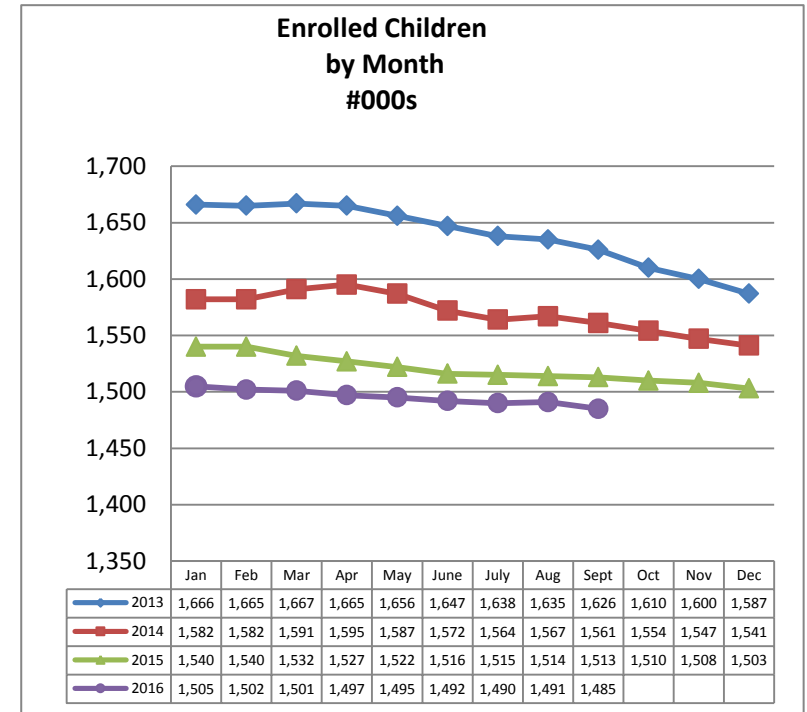
The meeting was adjourned at 11:55 a.m. The next meeting is scheduled for February 9th, 2017, between 10:00 a.m. and 12:00 p.m.

Children's Enrollment

End of FY	Enrolled Children FY2006-2016 #000s
2007	1,364
2008	1,455
2009	1,553
2010	1,630
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516
2016	1,492



End of Month 2013	Enrolled Children #000s	End of Month 2014	Enrolled Children #000s	End of Month 2015	Enrolled Children #000s	End of Month 2016	Enrolled Children #000s
Jan	1,666	Jan	1,582	Jan	1,540	Jan	1,505
Feb	1,665	Feb	1,582	Feb	1,540	Feb	1,502
Mar	1,667	Mar	1,591	Mar	1,532	Mar	1,501
Apr	1,665	Apr	1,595	Apr	1,527	Apr	1,497
May	1,656	May	1,587	May	1,522	May	1,495
June	1,647	June	1,572	June	1,516	June	1,492
July	1,638	July	1,564	July	1,515	July	1,490
Aug	1,635	Aug	1,567	Aug	1,514	Aug	1,491
Sept	1,626	Sept	1,561	Sept	1,513	Sept	1,485
Oct	1,610	Oct	1,554	Oct	1,510		
Nov	1,600	Nov	1,547	Nov	1,508		
Dec	1,587	Dec	1,541	Dec	1,503		



Subcommittee Public Education Subcommittee Charge

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.

The subcommittee, comprised of a diverse group of stakeholders, will:

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



Dear Illinois Healthcare Member,

January 12, 2017

Attention: The information on this letter applies to you ONLY IF you are required to file federal taxes.

Under the Affordable Care Act (ACA), most people are required to have health coverage for the entire year that meets certain “Minimum Essential Coverage” (MEC) standards. Persons who do not have MEC may have to make a Shared Responsibility Payment when they file their taxes unless they qualify for an exemption.

Our records show you or someone in your household got Medicaid by meeting spenddown for one or more months in 2016. Eligibility for Medicaid because of spenddown is possible when someone uses medical receipts or bills, or pays the state a certain amount of money to meet their spenddown.

While full **Medicaid is considered MEC, receiving Medicaid through spenddown is NOT considered MEC according to the IRS** . However, special tax rules do allow someone eligible for Medicaid through spenddown to request a ‘hardship exemption’. If an exemption request is approved, the Marketplace will give an Exemption Certificate Number (ECN) to put on a federal income tax return exempting the person from a Shared Responsibility Payment.

Follow these steps to apply for the hardship exemption. Apply as soon as possible.

Step 1: Look through your records to see what month(s) you or someone in your household had Medicaid by meeting spenddown. If you don’t have records, you can still apply for a hardship exemption.

Step 2: Get an ***Application for Exemption from the Shared Responsibility Payment for Individuals who Experience Hardships*** at: <https://marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf>

Step 3: Read the instructions on the form. Start filling out the form on page 2. Page 3, Question 8 lists the hardship reasons. If you received Medicaid because you met spenddown for at least one month out of the year, fill in the circle for #14 and write in the following [Note, if you don’t know the specific months, put in the months you think you were eligible through spenddown]:

[The name of the person who met spenddown] had 209(b) Medicaid coverage because he or she met the spenddown amount in at least one month during 2016. [He or she] got medical coverage for [enter the months and year the person had spenddown coverage] and did not get coverage for [enter the months and year the person did not get coverage] because [he or she] did not meet spenddown.

Step 4: Make a copy of the hardship exemption application and keep it with your other health care information. You do **NOT** need to send copies of medical records or notice of coverage. **Mail only the original application to:**
465 Industrial Blvd London, KY 40741

- A tax preparer can help you with your hardship exemption application.
- You can also get help by calling the Marketplace Call Center at 1-800-318-2596, TTY 1-855-889-4325.

Aviso Importante: La información incluida en esta carta está dirigida a usted SOLAMENTE SI usted está obligado a presentar una declaración federal de impuestos.

De acuerdo a la Ley de Cuidado de Salud, también conocida como Affordable Care Act (ACA), se requiere que la mayoría de las personas tengan cobertura de salud por todo el año, y así cumplir con el requisito de Cobertura Mínima Esencial, conocido en inglés como (MEC). **Las personas que no tengan MEC podrían tener que pagar una multa o “Shared Responsibility Payment” cuando hagan su declaración de impuestos, a menos que califiquen para una excepción.**

Nuestros registros indican que usted o alguien en su hogar recibió Medicaid en 2016, ya sea por uno o varios meses al haber cumplido con su “obligación de pago” o “spenddown.” La elegibilidad de Medicaid por medio del programa de spenddown es posible cuando alguien envía facturas, recibos médicos, o paga al Estado cierta cantidad de dinero para cumplir con su obligación de pago. En los avisos en inglés a esto se conoce como “meeting your spenddown.”

De acuerdo al IRS recibir cobertura completa de Medicaid se considera como MEC, pero recibir Medicaid a través de spenddown NO es considerado MEC. Sin embargo existen reglas fiscales que permiten a ciertas personas que reciben Medicaid por medio del programa de spenddown solicitar una “excepción por dificultad”. Esto se le conoce en inglés como una petición de “hardship exemption.” Si se aprueba la petición de excepción, el “Mercado de Seguros Médicos” o “Marketplace” enviará a esa persona un Número de Excepción Certificado llamado “Exemption Certificate Number (ECN)” para que lo escriba en su declaración federal de impuestos sobre el ingreso y así la persona estará evitando pagar una multa, conocida en inglés como “Shared Responsibility Payment.”

Siga estos pasos para solicitar la excepción por dificultad. Aplique lo más pronto posible.

Paso 1: Revise sus registros para saber en qué mes o meses, usted o alguien en su hogar recibió Medicaid por medio del programa de spenddown. Si usted no tiene esta información, no importa ya que aún puede solicitar la excepción por dificultad o “hardship exemption.”

Paso 2: Obtenga el formulario de excepción, conocido en inglés como “Application for Exemption from the Shared Responsibility Payment for Individuals who Experience Hardships” en el sitio web:

<https://marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf>

Paso 3: Lea las instrucciones y llene el formulario en la página 2. En la página 3, Pregunta 8, enliste sus razones de dificultad. Si usted recibió Medicaid debido a que cumplió con su obligación de pago por lo menos uno o más meses durante el año, marque el círculo de la pregunta número 14. Recuerde, si no sabe los meses específicos, escriba los meses que usted cree fue elegible a través del programa de spenddown, y escriba lo siguiente:

El nombre de la persona que cumplió con su obligación de pago] tuvo 209(b) cobertura de Medicaid debido a que él o ella cumplió con su obligación de pago por lo menos un mes durante 2016.[Él o ella] recibió cobertura médica por [escriba los meses y el año que la persona recibió cobertura por medio del programa de spenddown] y no recibió cobertura para [escriba los meses y año que la persona no recibió cobertura] debido a que [él o ella] no cumplió con su obligación de pago.

Paso 4: Haga una copia y guarde la solicitud de excepción para sus registros personales. Usted **NO** necesita enviar copias de los documentos o avisos de su cobertura médica. **Envíe solamente la solicitud original a: 465 Industrial Blvd London, KY 40741**

- Un preparador de impuestos puede ayudarle con su solicitud de excepción de dificultad.
- También puede obtener asistencia por medio del Centro de Ayuda del Mercado de Seguros de Salud llamando al 1-800-318-2596, TTY 1-855-889-4325.