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Medicaid Advisory Committee
Public Education Subcommittee Meeting
Thursday, August 10th, 2017
10:00 a.m. to 12:00 p.m.

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

Agenda

1. Introduction
2. Approval of the Meeting Minutes from June 15th, 2017
3. Care Coordination Update
4. ABE/IES Update
5. Medicaid Redetermination Update
6. Manage My Case One Pager
7. Open Discussion and Announcements
8. Adjourn

For anyone who cannot attend in person but wishes to participate by conference call, please confirm your attendance by responding to HFS Website via e-mail at hfs.mac@illinois.gov or by phone at 312 793-1984 or 312 793-2932. This will help to ensure the distribution of meeting materials and to accurately record your participation. You will receive meeting instructions and the access code when you confirm. The conference call telephone number is: 1-888-494-4032.

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Illinois Department of Healthcare and Family Services
Public Education Subcommittee
Draft Meeting Minutes
June 15th, 2017

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

Committee Members Present

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

HFS Staff

Jacqui Ellinger
Lauren Polite
Robert Mendonsa
Elizabeth Lithila
Arvind Goyal
Emma Johnson
Veronica Archundia

Committee Members Absent

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

DHS

Danielle Jacobson

Interested Parties

Matt Werner, Werner Consulting
Michael Sutton, BCBSIL
Jill Hayden, Meridian
Cheri Hoots, IPHCA
Susan Gaines, IPHCA
Chris Manion, ISDS
Molly Hofmann, UIC-DSCC
Cyas Winnett, IAMH
Judith Davis, BCBSIL
Alison Stevens, Ever Thrive Illinois
Sandy De Leon, Ounce of Prevention
Helena Lefkow, IHA
Felicia Spivack, Meridian
Mike Welton, Meridian
Laura Jones,
Lynn Seermon, Kaizen Health
Amy Sagen, UI Health
Kim Burke, Lake County Health Department
Carrie Chapman, Legal Council for Health Justice
Paul Frank, Harmony

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Interested Parties (by phone)

Paula Campbell, IPHCA

David Hunter, Presence Health Partners

Dave Lecik, Illinois Department of Aging

Judy Bowlby, Liberty Dental Plan

Rose Dunaway, Girling Community

Margo Holden, BCBSIL

Chris Gu, Patient Innovation Center

Dionne Haney, DentaQuest

Paula Dillon, Illinois Health and Hospital Association

Angela Boley, Land of Lincoln Legal Assistance Foundation

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1. Introductions:

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

2. Review of Minutes:

Helena Lefkow clarified that she did not fill-in for the absence of Kathy Chan during the April 13th Public Education Subcommittee meeting, rather Nadeen Israel did. Also Heather Holberg represented the Cook County Health & Hospital System. With these corrections, Erin Weir Lakhmani made a motion to approve the minutes from the April 13th meeting, which was seconded by Sue Vega. The minutes were approved by a vote of nine members in favor and zero opposed, with one abstention from Kathy Chan who had not been in attendance at the April meeting.

3. Care Coordination Update:

Robert Mendonsa indicated that there is a slight delay in the process of the Request for Proposals (RFP), which involves seeking services from a qualified and experienced Managed Care Organization (MCO) to enter into a contract for the Medicaid Managed Care Program. Nevertheless, he noted that the process is moving along as expected.

Mr. Mendonsa said that a detailed report concerning the Managed Care Provider Complaint portal will be presented during the meeting scheduled for August 10th. He briefly reported on high level information. Through the month of April, 1250 complaints had been received, 88% of which have been resolved. He said the great majority of the complaints are related to physicians, hospitals, nursing home facilities, and mental health centers. He added that, by far, the majority of these complaints are related to the Medicaid-Medicare Alignment Initiative (MMAI), followed by Managed Long Term Services and Support (MLTSS), and then the Integrated Care Program (ICP.) Mr. Mendonsa concluded his presentation by indicating that, based on the lessons learned during previous managed care rollout efforts, this time HFS will focus more attention on provider education, making sure that providers are connected with plans and that, in turn, plans can more efficiently pay provider claims.

4. ABE/IES Update:

Jacqui Ellinger announced that the new date for the “Go-Live” IES Phase 2 is October 24, 2017. She said that HFS and DHS are continuing the test process, and are adding some enhancements that are expected to improve production by eliminating many manual processing steps. She also said it is expected that IES will require an ongoing maintenance.

Ms. Ellinger indicated that HFS staff members in collaboration with Deloitte Consulting have recently reviewed Manage My Case (MMC) functionality. MMC is expected to provide a more efficient way for customers to report changes, submit renewals, ask questions, verify eligibility and receive notices. This improved functionality has a great potential for clients who create a MMC account, because once an account is created certain ABE Partner providers may be able to access some case information for the client. These providers are currently MPE providers, AKAAs, and Cook County HHS. Lauren Polite stated that more providers may be added in the future.

Lauren Polite reported that HFS is developing two new functionalities for the ABE partner portal for IES Phase Two. These are Hospital Presumptive Eligibility and Long Term Care provider document uploads. Lauren said that these are exciting times and that training opportunities will be announced in the near future in terms of webinars for advocates and providers, as well as a new guide for Manage My Case.

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5. Medicaid Redetermination Update:

Elizabeth Lithila presented the IMRP report for the first quarter of fiscal 2017, which can be found at the HFS website <https://www.illinois.gov/hfs/medicalclients/medrede/Pages/default.aspx>

Ms. Lithila said the report indicates that about 40% of clients were found eligible for the same medical coverage. 10% of clients were found eligible for a different program, and 50% of the cases were canceled, 81% these cancelations were due to lack of response, and 19% were due to other reasons. In addition to the cases that have been processed by the DHS, Local Offices (which relate to benefits including medical, cash, and SNAP), 82% have been continued, and 18% have been cancelled.

In terms of the language of preference, the report shows that English was the language of preference for 91% of the canceled cases, followed by 8% Spanish, and 1% unknown. She indicated that, of all cancelations from Maximus and DHS offices, 25% were reinstated. Members of the committee had the opportunity to ask questions. Elizabeth requested that any additional questions or suggestions should be sent to Elizabeth.Lithila@illinois.gov

Nadeen Israel asked if there are any updates regarding the data request prompted by the approval of HB2731. Elizabeth reported that HFS had added the report about language preference in response to the request. She noted that some of the data requested won't be available until after IES Phase 2 implementation has been completed. Kathy Chan said that this is an ongoing issue of concern which has been expressed by several committee members, and she asked that this agenda item be retained for future meetings.

Sue Vega and Sergio Obregon suggested that a representative from DHS, in particular the Local Offices, should be invited to the next meeting in order to discuss issues concerning the improvement of customer service.

6. Open Discussion and Announcements:

Lauren Polite reported that CMS recently announced new guidelines for Medicaid customers who lose Medicaid coverage because they are no longer eligible, and that these individuals are now being required to provide "proof" that they have lost coverage in order to apply for new coverage through Special Enrollment Period (SEP) within the Federally Facilitated Marketplace (FFM). A follow-up e-mail will be sent to committee members in order to share instructions about how a Medicaid customer can request a cancellation notice.

Sue Vega asked if there has been any new appointment to the Medicaid Advisory Committee, and Kathy stated that Director Norwood makes those appointments.

7. Adjournment:

The meeting was adjourned at 12:04 p.m. The next meeting is scheduled for August 10th, 2017, between 10:00 a.m. and 12:00 p.m.

Medicaid Redetermination Data

I. Case Level Maximus Related Redetermination Activity Summary (reflects month in which action was taken)

<i>State Decision</i>	April	May	June	3 Month Total	FY17	FY17 Percent
Continue	22,648	27,717	26,336	76,701	275,935	41%
Change	5,181	5,932	6,535	17,648	68,926	10%
Cancel	27,369	23,398	28,404	79,171	329,620	49%
Reason for Cancellation						
% Lack of Response	81%	75%	79%		80%	
% Other	19%	25%	21%		20%	
TOTAL	55,198	57,047	61,275	173,520	674,481	

II. Summary Case Level Activity for all Redeterminations

	April	May	June	3 Month Total	FY17
Total W/ Maximus Involvement	55,198	57,047	61,275	173,520	674,481
Continuation/Change	27,829	33,649	32,871	94,349	344,861
Initial Cancellations	27,369	23,398	28,404	79,171	329,620
Total W/o Maximus Involvement	76,578	95,698	89,709	261,985	1,102,643
Continuation/Change	61,674	78,134	70,194	210,002	902,188
Initial Cancellations	14,904	17,564	19,515	51,983	200,455
Continuation/Change Language Preference	April	May	June	3 Month Total	FY17
English	77,308	97,745	90,808	265,861	1,082,865
Spanish	9,261	11,208	9,810	30,279	128,488
Unknown	2,934	2,830	2,447	8,211	35,696
TOTAL	89,503	111,783	103,065	304,351	1,247,049
Cancellation Language Preference	April	May	June	3 Month Total	FY17
English	38,575	37,989	43,497	120,061	482,755
Spanish	3,199	2,570	3,435	9,204	39,290
Unknown	499	403	987	1,889	8,030
TOTAL	42,273	40,962	47,919	131,154	530,075

III. Individual Level Cancellation Data

	April	May	June	FY17
Total Initial Cancellations	62,798	62,533	72,600	821,051
Return from Cancellation	12,649	10,734	7,842	203,977
Net Cancellations	50,149	51,799	64,758	617,074
% persistent after 1 month	91%	90%	89%	
% persistent after 2 months	83%	83%		
% persistent after 3 months	80%	---	---	

NOTES:

*Maximus system data is based on the July 10, 2017 data extract; Enterprise Data Warehouse (EDW) data is based on the July 10, 2017 extract.

*Data covers fiscal year 2017 of IMRP, which started in July 2016.

*Attribution to a month reflects the month in which a decision was made, not necessarily the month in which the decision was effective.

*Section I includes case level data from the Maximus system. There are small fluctuations in determinations completed for previous months due to determinations being completed retroactively.

*Section II includes case level data from both the Maximus system for those cases in which Maximus was involved. These are primarily cases without benefits in addition to Medicaid. It also includes cases from the EDW for those in which Maximus was not involved. These are cases with other benefits in addition to Medicaid. Lower cancellation rates for clients who have additional benefits (primarily SNAP) reflect the fact that these clients return information more promptly because the loss of food support is much more immediate. Medicaid tends to be regarded as a benefit accessed when needed. For the same reason, the more a client uses Medicaid, the more likely information will be returned promptly.

*Section III includes data at the individual level from the EDW. The table shows that a significant number of clients return to the rolls, some of them fairly immediately when they present the required information.

*When IES Phase II is implemented, cancellation reasons along with the next four most common language preferences will be included on the report in response to 305 ILCS 5/11-5.1.

*For total cases that were continued or changed from April to June, 87% of cases had a language preference of English, 10% preferred Spanish and 3% had an unknown language preference.

*For total cases that were cancelled from April to June, 92% of cases had a language preference of English, 7% preferred Spanish and 1% had an unknown language preference.

Manage your Medical, SNAP and Cash Benefits Online – Anytime

No waiting on the phone or in an office!

ABE – the Application for Benefits Eligibility – is Illinois’ official website to apply for – and now manage – medical, food, and cash benefits. With ABE’s Manage My Case (MMC), you can do things like:

- Check the status of an application
- See benefit details
- View notices
- Report changes: update address, change income and expenses, add a newborn or other people to the case;
- Complete your redetermination
- Upload documents
- File and manage an appeal in the ABE appeals portal connected through MMC



WHO can set up MMC? Anyone who: 1) has an active case or 2) submitted a new application AND that application has been registered in the system, or 3) had benefits not too long ago, even if no longer active.

Can everyone on the case use all of the features? Everyone on the case can view benefit information, but only the Primary Account Holder can do everything, including upload documents and report changes.

It’s Easy to Set-Up “Manage My Case” in ABE:

Step 1: Go to <http://ABE.Illinois.gov>

Step 2: Click on the green “Manage My Case” button in the lower right corner

- If you have an ABE account, enter your User ID and Password – go to Step 3.
- If you do NOT have an ABE account, you’ll have to create one first. Click “Create an ABE account”. Enter a User ID and Password and answer the security questions. Write your password and answers down and keep them safe. **Click the ABE logo and Log in.**

Step 3: Select “Link your account.” You will need to enter:

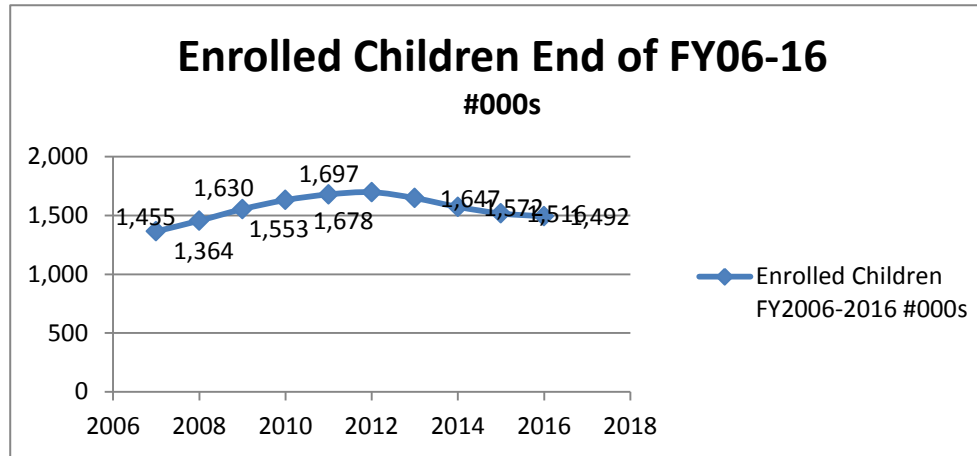
- Your date of birth, and
- Your Individual ID number (listed on a client notice mailed after 10/26/17) **OR** your Social Security Number.

Step 4: Answer questions that will verify your identity.

Having trouble setting up Manage My Case, call the DHS Helpline at 1-800-385-0872

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 2014	Enrolled Children #000s	End of Month 2015	Enrolled Children #000s	End of Month 2016	Enrolled Children #000s	End of Month 2017	Enrolled Children #000s
Jan	1,582	Jan	1,540	Jan	1,505	Jan	1,476
Feb	1,582	Feb	1,540	Feb	1,502	Feb	1,472
Mar	1,591	Mar	1,532	Mar	1,501	Mar	1,470
Apr	1,595	Apr	1,527	Apr	1,497		
May	1,587	May	1,522	May	1,495		
June	1,572	June	1,516	June	1,492		
July	1,564	July	1,515	July	1,491		
Aug	1,567	Aug	1,514	Aug	1,492		
Sept	1,561	Sept	1,513	Sept	1,488		
Oct	1,554	Oct	1,510	Oct	1,482		
Nov	1,547	Nov	1,508	Nov	1,481		
Dec	1,541	Dec	1,503	Dec	1,477		

