

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee  
Approved Final Meeting Minutes  
August 10<sup>th</sup>, 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 (by phone)  
Sherie Arriazola, TASC (by phone)  
Erin Weir Lakhmani, Molina Healthcare  
Nadeen Israel, EverThrive Illinois  
Connie Schiele, HSTP (by phone)  
Sergio Obregon, CPS  
Michelle Butts for John Jansa, Health & Disability Advocates (by phone)  
Ramon Gardenhire, AFC (by phone)  
Brittany Ward, CPS

**Committee Members Absent**

Hardy Ware, East Side Health District

**Interested Parties**

Carol Leonard, DentaQuest  
Avelle Bailey, Medical Home Network  
Mike Welton, Meridian  
Helena Lefkow, IHA  
Stephanie Volante, IHA  
Judith Davis, BCBSIL  
Emily Gerber, Esperanza Health Centers  
Matt Werner, Werner Consulting  
Graciela Guzman, PIC  
Enrique Salgado, Harmony/WellCare  
Anna Wojcik, UIC  
Cyrus Winnett, IAMHP  
Alicia Donegan, Age Options  
Michael Lafond, Abbott  
Sandy De Leon, Ounce of Prevention  
Anna Carvallo, La Rabida  
Andrea Davenport, Meridian  
Paul Frank, Harmony  
Julissa Cruz, CPS  
Luvia Quiñones, ICIRR  
Jill Hayden, Meridian  
Ralph Schubert, DSCC  
Katie Shaffer, DSCC  
Chris Manion, ISDS

**HFS Staff**

Jacqui Ellinger  
Lauren Polite  
Robert Mendonsa  
Elizabeth Lithila  
Arvind Goyal  
Gretchen Vermeulen  
Amy Harris-Roberts  
Veronica Archundia

**DHS**

Gabriela Moroney  
Patricia Reedy  
Enid Rivera (by phone)  
Willie Haywood (by phone)  
Angela Imhoff (by phone)  
Diane Campbell  
Danielle Jacobson

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**Interested Parties**

Paula Campbell, IPHCA  
Susan Gaines, IPHCA  
Cheri Hoots, IPHCA  
Mikal Sutton, BCBSIL

**Interested Parties (by phone)**

Kim Burke, Lake County Health Department  
Dave Lecik, Illinois Department of Aging  
Judy Bowlby, Liberty Dental Plan  
Rose Dunaway, Girling Community  
Margo Holden, BCBSIL  
Angela Boley, Land of Lincoln Legal Assistance Foundation  
Nelson Soltman,  
Dennis Brennan, DuPage Health Center  
Christy Johnston, Premier Home Health Center  
Sherie Cohen, City of Chicago  
David Hurter, Presence Health  
Kristin Hartsaw, DuPage Federation of Human Services  
Karen Dunaway, Gentiva  
Rina Shah, Presence Health

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**1. Introductions:**

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

**2. Review of Minutes:**

Mikal Sutton and Cyrus Winnett asked for a name amendment; with these changes, the minutes were approved. Nadeen Israel made a motion to approve the minutes from the June 15<sup>th</sup> meeting, which was seconded by Margaret Stapleton. The minutes were approved by a vote of eleven members in favor and none opposed.

**3. Care Coordination Update:**

Robert Mendonsa began his presentation by clarifying that HFS has not made a decision, in relation to the awarding contracts for the Manged Care Organizations. He said that he has not been involved in the selection process and is not aware of when an announcement will be made. Nevertheless, he indicated that HFS is diligently working on the drafting of transitions letters which will be sent to clients so they can learn about the new Medicaid Manged Care plans in order to help ensure a smooth transition.

Amy Harris-Roberts discussed the content of four letters which were distributed during the meeting. These letters will be sent to members enrolled in the Family Health Plan (FHP), ACA Adult, Integrated care Plan (ICP) and Manged Long Term Services and Support (MLTSS). Attachments enclosed. Amy said that the goal is to begin mailing transition letters to clients the first week of October for a January 1<sup>st</sup>, 2018 launch date. She noted that these letters will be translated into Spanish. In addition, she pointed out that the LTSS letter is slightly different than FHP/ACA/ICP letters, since it is necessary to account for the MMAI opt-in option for this group. This is the first stage of the Medicaid Manged Care transformation, but there will be a second stage scheduled for April 1<sup>st</sup>, 2018 for additional populations. She added that all members currently enrolled in MCOs will be given a 90 day switch period starting January 1<sup>st</sup>, 2018. Amy asked members of the committee to provide comments and recommendations about these letters by noon on Friday August 18<sup>th</sup>, 2017 at [Amy.Harris-Roberts@Illinois.gov](mailto:Amy.Harris-Roberts@Illinois.gov)

A committee member asked if promotional materials will be made available for the community so they can learn about the upcoming Medicaid Manged Care transformation. Mr. Mendonsa said that, due to budget constraints, this will not be possible. However, it is expected that plans will have to address this necessity. He added that a provider notice will be sent to all medical providers to keep them fully informed. Lastly, Mr. Mendonsa said that the contract with Cigna Health Spring has been terminated as part of the MMAI effective December 31, 2017.

**3. Customer Service Concerns:**

Nadeen Israel made a motion to add Customer Service Concerns as agenda topic, which was seconded by Erin Weir Lakhmani; it was unanimously approved by the committee. Kathy Chan introduced the topic. She said that, in previous meetings, several committee members had expressed concerns about customer service issues, particularly in terms of barriers that some clients have encountered to retaining their benefits, or in getting them in the first place. Kathy Chan welcomed and thanked four regional administrators who participated by phone: Enid Rivera from Region 1 North, Willie Haywood from Region 1 Central, Diane Campbell from Region 4, and Angela Imhoff from Region 5.

Sue Vega shared her experiences with regard to difficulties she had encountered while advocating for her clients in Region 1N and Region 1C. Nadeen Israel said that this is not a new occurrence at the

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FCRCs, and expressed similar concerns. Sergio Obregon said that issues of this nature have been discussed by the Social Services Advisory Council LO Subcommittee (SSAC), which is being hosted DHS. A committee member said that these meetings are very brief, and often cancelled at the last minute. Sergio stated that the next SSAC meeting is scheduled for August 11<sup>th</sup>, 2017. Upon conclusion of this meeting, HFS will send a follow-up e-mail with the call-in information so anyone interested can be able to participate.

Sergio Obregon indicated that another important resource is the Community Quality Council (CQC) meetings which are held at a various Family Community Resource Centers. Sergio said these meetings have been instrumental for him and CPS staff members to develop collaborative relationships with Local Office administrators and managers. He explained that, within these meetings, participants have the opportunity to discuss case specific situations, and work with administrators in finding resolution. Sergio Obregon said that these meetings are facilitated by Local Office administrators in conjunction with the Illinois Hunger Coalition, however he does not know if these meetings are open or by invitation. For more information please follow this link: [https://docs.google.com/document/d/11WJe\\_ai3WKQJ2Oo\\_6jkFIsKiF\\_kCgzsgBuQalAQE-bc/edit](https://docs.google.com/document/d/11WJe_ai3WKQJ2Oo_6jkFIsKiF_kCgzsgBuQalAQE-bc/edit)

Jacqui Ellinger proposed the utilization of existing resources, such as the SSAC and the CQC meetings, as well as the creation of a workgroup comprised of members from this committee. Ms. Haywood, Ms. Rivera, and Ms. Campbell said that they would be willing to collaborate on this effort in order to improve the communication process and the client's experience at the FCRCs. The committee asked to keep this agenda item for the next meeting.

**4. ABE/IES Update:**

Jacqui Ellinger provided the update of this topic. She said that DHS and HFS continue combined efforts in preparation for the launching of IES Phase 2, scheduled for October 24, 2017. Deloitte Consulting continues making improvements to IES and ABE that will be deployed in October. Although it is possible that there may be some slowdowns and confusion, staff members from both agencies, HFS and DHS have been going through a tremendous amount of training. Upon conclusion of their training, they will also be exposed to a practice environment in their corresponding FCRCs. Furthermore, caseworkers will be expected to successfully complete webinars; the aim being to improve the quality of work with regard to both efficiency and accuracy.

Ms. Ellinger said that Lauren Polite continues working on the development of outreach materials for clients, providers, and community partners. She is updating the ABE Guide, which will comprise information about the new ABE Partner portal, Manage My Case and appeals. She also said that, last week, the ABE portal was down a little over a day in order to take the system off line to perform needed maintenance.

**5. Medicaid Redetermination Update:**

Elizabeth Lithila provided an overview of the most recent redetermination report, which is attached, and responded to the committee's questions and concerns. Erin Weir Lakhmani said that, in order to interpret the language data effectively and interpret its significance, it is necessary to know what portion of the Medicaid membership are English speakers. She also asked if this information would be posted somewhere on the HFS website. Elizabeth asked that any additional questions or suggestions should be sent to [Elizabeth.Lithila@illinois.gov](mailto:Elizabeth.Lithila@illinois.gov)

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**6. Manage My Case One Pager:**

Lauren Polite discussed the Manage My Case (MMC) One Pager (which is attached) with members of the committee. She said Manage My Case will be part of the IES Phase 2 roll out, adding that the purpose of this document is to inform clients about this new functionality that will allow customers to manage their benefits online. The MMC One Pager will be made available at various venues which clients may frequent, such as clinics, hospitals, schools, libraries, and state representatives' office.

Ms. Polite explained that, with MMC, customers will be able to log-in to their ABE accounts and report changes, check and renew benefits, manage account preferences, e-mail the FCRCs, and even start appeals. She said that customers who have an ABE account will be able to link their account with MMC. She added that clients will be able to select an approved representative and that, with client permission, the approved representative will be able to see: dates of coverage, redetermination date, and Managed Care Organization information, as well as medical coverage and copays. Lauren asked committee members for their feedback, suggestions, and edits about this document. Comments should be sent to [Veronica.Archundia@illinois.gov](mailto:Veronica.Archundia@illinois.gov) by August 18, 2017.

**6. Open Discussion and Announcements:**

Jacqui Ellinger said that she has observed there is duplicate work concerning the reporting of this committee. She said Kathy Chan has been writing up a report that is being provided to the Medicaid Advisory Committee meeting. Jacqui proposed that the meeting minutes from the Public Education Subcommittee should be drafted within a week from the meeting date and then be sent by e-mail to the committee members for their review, and to offer any comments. Upon their final approval, the meeting minutes will then be posted on the HFS website. Erin Weir Lakhmani made a motion to adopt this change, which was seconded by Brittany Ward; and the committee unanimously approved it. Kathy Chan asked members of the committee to send suggestions for agenda topics to [Veronica.Archundia@illinois.gov](mailto:Veronica.Archundia@illinois.gov)

**7. Adjournment:**

The meeting was adjourned at 12:01 p.m. The next meeting is scheduled for October 12<sup>th</sup>, 2017, between 10:00 a.m. and 12:00 p.m.

[DATE]

## Important news about the Medicaid Managed Care program expansion

Dear [CLIENT NAME],

Starting January 1, 2018, the **Illinois Medicaid Managed Care Program (MMCP)** is expanding to include all counties statewide.

### What this means for you

You and your family members listed below are currently enrolled in [HEALTH PLAN NAME]. Because [HEALTH PLAN NAME] is in the expanded Medicaid Managed Care Program (MMCP), you will stay in this plan January 1, 2018. You do not have to change health plans.

[HEALTH PLAN NAME] will send you a new member ID card and member handbook in the mail. Starting January 1, 2018, you will use your new member ID card to get healthcare services. Your member handbook has helpful information on co-pays, extra benefits and more. If you have questions, call the health plan's member services number on your new member ID card.

Under the MMCP expansion, you also have other health plan choices. You can stay with [HEALTH PLAN NAME]. Or you can choose a new health plan.

### If you want to keep the health plan you have now

To stay in your current health plan, you do not have to do anything at all! You will continue to work with [HEALTH PLAN NAME] help finding providers, making appointments, getting transportation and answering questions.

### If you want to change your health plan

You can choose a new health plan for anyone listed here:

[ENROLLEE_1]	ID#: [EN1_RIN]
[ENROLLEE_2]	ID#: [EN2_RIN]

You can choose from these health plans:

[HEALTH PLAN NAME]  
[HEALTH PLAN NAME]  
[HEALTH PLAN NAME]

To learn about all of these health plans, go to our website at [www.EnrollHFS.illinois.gov](http://www.EnrollHFS.illinois.gov). Click on "Compare Plans." Before you decide, you should ask your doctors which health plans they are in.

**Remember:** If you want to keep the plan you have now, you do not need to do anything.

Starting January 1, 2018, you will have **90 days** to change your health plan. If you want to change your health plan, you must change it by **March 31, 2018**. If you don't choose a new health plan by March 31, 2018, you will stay in [HEALTH PLAN NAME] for 12 months. The next time you can change plans will be during your open enrollment period next year. We will send you a letter at that time.

More on the back >>

**There are two ways to change your health plan**

- Go to [www.EnrollHFS.Illinois.gov](http://www.EnrollHFS.Illinois.gov) and click “Enroll,” or
- Call us at **1-877-912-8880 (TTY: 1-866-565-8576)**, Monday to Friday, 8 a.m. to 7 p.m.  
The call is free.

**About Medicaid Managed Care program (MMCP) health plans**

All MMCP health plans cover a full range of healthcare services. Your health plan offers education and help from their staff. This is called Care Coordination. You will continue to work with your health plan to get healthcare services. You may also have a Care Coordinators to help you navigate the healthcare system, make doctor’s appointments, find transportation, get prior approvals, and arrange for other social services.

**New MMCP health plan welcome packet**

If you choose a new health plan, your new plan will send you a welcome packet in the mail. It will have your member ID card and member handbook. You will use your new member ID card to get healthcare services. If you have questions, call the health plan’s member services number on your member ID card.

**Changing PCPs**

You can change your PCP at any time. To change your PCP, call your health plan’s member services number on your member ID card.

Thank you,  
Illinois Client Enrollment Services

Flesch-Kincaid grade level: 4.4 (w/o phone # or dates)

[DATE] **Important news about the Medicaid Managed Care program expansion**

Dear [CLIENT NAME],

Starting January 1, 2018, the **Illinois Medicaid Managed Care Program** (MMCP) is expanding to include all counties statewide.

The expansion means health plan choices in your area of service will change.

**What this means for you**

You and your family members listed below are currently enrolled in [CURRENT HEALTH PLAN NAME]. On January 1, 2018, [CURRENT HEALTH PLAN NAME] will no longer be a health plan choice. You will continue to work with [CURRENT HEALTH PLAN NAME] for your healthcare needs through December 31, 2017. If you have questions or need help getting healthcare before December 31, 2017, call the [CURRENT HEALTH PLAN NAME] members services number.

On January 1, 2018, each person listed will be enrolled in a new health plan. You will work with the health plan and Primary Care Provider (PCP) listed below for your healthcare services:

<b>Member</b>	<b>Health Plan</b>	<b>PCP</b>	<b>PCP Location</b>
[ENROLLEEn] ID #[ENn_RIN]	[PLAN_NAME] [PLAN_PHONE]	[PCP_NAME] {PCP_PHONE}	[PCP_LOCATION] {PCP_CITY_STATE_ZIP}
[ENROLLEEn] ID #[ENn_RIN]	[PLAN_NAME] [PLAN_PHONE]	[PCP_NAME] {PCP_PHONE}	[PCP_LOCATION] {PCP_CITY_STATE_ZIP}
[ENROLLEEn] ID #[ENn_RIN]	[PLAN_NAME] [PLAN_PHONE]	[PCP_NAME] {PCP_PHONE}	[PCP_LOCATION] {PCP_CITY_STATE_ZIP}

[NEW HEALTH PLAN NAME] will send you a welcome packet in the mail. It will have a member ID card for each member listed and a member handbook. You will use your member ID card to get healthcare services. Your member handbook has helpful information on co-pays, extra benefits and more.

Starting January 1, 2018, you will need to see doctors who are in the [NEW HEALTH PLAN NAME] network. For help finding providers and specialists or getting transportation starting January 1, 2018, call the health plan's member services number on your new member ID card.

Under the MMCP expansion, you have the choice to be in [NEW HEALTH PLAN NAME] or to choose another health plan.

**If you want to be in [NEW HEALTH PLAN NAME]**

To keep [NEW HEALTH PLAN NAME] as your health plan starting January 1, 2018, you do not have to do anything at all!

More on the back >>



### **If you want to change your health plan**

You can choose another health plan for anyone listed above. You can choose from these plans:

[HEALTH PLAN NAME]

[HEALTH PLAN NAME]

[HEALTH PLAN NAME]

To learn about all of these health plans, go to our website at [www.EnrollHFS.illinois.gov](http://www.EnrollHFS.illinois.gov). Click on “Compare Plans.” Before you decide, you should also ask your doctors which health plans they are in.

Starting January 1, 2018, you will have **90 days** to change your health plan. If you want to change your health plan, you must change it by **March 31, 2018**. If you don't choose a new health plan by March 31, 2018, you will stay in [NEW HEALTH PLAN NAME] for 12 months. The next time you can change plans will be during your open enrollment period next year. We will send you a letter at that time.

### **There are two ways to change your health plan**

- Go to [www.EnrollHFS.illinois.gov](http://www.EnrollHFS.illinois.gov) and click “Enroll,” or
- Call us at **1-877-912-8880** (TTY: 1-866-565-8576), Monday to Friday, 8 a.m. to 7 p.m. The call is free.

**Remember:** If you want to keep [NEW HEALTH PLAN NAME], you don't need to do anything at all.

### **About Medicaid Managed Care program (MMCP) health plans**

All MMCP health plans cover a full range of healthcare services. Your health plan offers education and help from their staff. This is called Care Coordination. You will work with your health plan to get healthcare services. You may also have a Care Coordinator to help you navigate the healthcare system, make doctor's appointments, find transportation, get prior approvals, and arrange for other social services.

### **New MMCP health plan welcome packet**

If you choose a new health plan, your new plan will send you a welcome packet in the mail. It will have your member ID card and member handbook. You will use your new member ID card to get healthcare services. If you have questions, call the health plan's member services number on your member ID card.

### **Changing PCPs**

You can change your PCP at any time. To change your PCP, call your health plan's member services number on your member ID card.

Thank you,  
Illinois Client Enrollment Services

Flesch-Kincaid grade level: 5.9 (w/o phone # and dates)

[DATE]

Dear [CLIENT NAME],

RE: MEDICAID MANAGED CARE PROGRAM EXPANSION

The **Illinois Medicaid Managed Care Program (MMCP)** is expanding to include all counties statewide beginning January 1, 2018.

You are currently enrolled with [CURRENT HEALTH PLAN NAME] for your long term care or waiver services. Because [CURRENT HEALTH PLAN NAME] is participating in the expanded Medicaid Managed Care Program, you will remain enrolled with this plan as of January 1, 2018. You do not have to change health plans. You will get a new member ID card and member handbook from [HEALTH PLAN NAME]. Look for them in the mail. You will use your new member ID card to get your long term care or waiver services beginning January 1, 2018. If you have questions, call the health plan's member services number on your new member ID card.

Under the expansion, you also have different health plan options. This means you can stay with [CURRENT HEALTH PLAN NAME] or you can choose to switch to a different health plan.

**If you want to stay enrolled with your current health plan**

You can stay in the health plan you are in now. You do not have to do anything at all! You will continue to work with [HEALTH PLAN NAME] for all your long term care and waiver services.

**If you want to change your health plan**

You can choose a new MMCP health plan for your long term care and waiver services. You can choose from these health plans:

<b>Member</b>	<b>Health Plan</b>
[ENROLLEEn]	[PLAN_NAME]
ID #[ENn_RIN]	[PLAN_PHONE]

To learn about all of the health plans available to you, go to our website at [www.EnrollHFS.illinois.gov](http://www.EnrollHFS.illinois.gov) and click on "Compare Plans". You should also find out from your providers, which health plans they are going to accept before you make a decision.

**There are two ways to change your health plan**

- Go to [www.EnrollHFS.illinois.gov](http://www.EnrollHFS.illinois.gov) and click "Enroll," or
- **Call us at 1-877-912-8880 (TTY: 1-866-565-8576). Call Monday to Friday, 8 a.m. to 7 p.m.** The call is free.

**Remember**, you do not need to do anything if you want to keep your current health plan.

[More on the back >>](#)

**You have 90 days from January 1, 2018 to make a change. If you want to change your health plan, you must do so by March 31, 2018.** If you don't choose a new health plan before March 31, 2018, you will stay enrolled in the plan you are in now for 12 months. Your next opportunity to change plans will be during your open enrollment period next year. We will send you a letter at that time.

You can also choose to join the Medicare-Medicaid Alignment program at any time. You do not need to wait for Open Enrollment to join. You can read more about this program below.

**The Medicare-Medicaid Alignment Initiative (MMAI)**

You can choose the Medicare-Medicaid Alignment Initiative (MMAI) instead of the Medicaid Managed Care program (MMCP) for your long term care and waiver services.

The MMAI program brings together all of your Medicare, Medicaid and prescription drug benefits into one health plan. Most MMAI health plans also offer extra benefits such as more dental care and lower prescription co-pays. All health plans have care coordination to manage all of your health care and long term care or waiver services.

You can enroll in the MMAI program at any time. To enroll in this program, call us at **1-877-912-8880** (TTY 1-866-565-8576). Call Monday to Friday, 8 a.m. to 7 p.m. The call is free!

Thank you,  
Illinois Client Enrollment Services

Flesch-Kincaid grade level: 6.0 (w/o phone # or dates)

[DATE]

Dear [CLIENT NAME],

RE: MEDICAID MANAGED CARE PROGRAM EXPANSION

The **Illinois Medicaid Managed Care Program (MMCP)** is expanding to include all counties statewide. This expansion means changes in health plan options in your area of service.

You are currently enrolled with [CURRENT HEALTH PLAN NAME]. On January 1, 2018, [CURRENT HEALTH PLAN NAME] will no longer be a health plan choice. You will continue to work with [CURRENT HEALTH PLAN NAME] for your long term care and waiver services needs through December 31, 2017. If you have questions or need assistance with getting services before December 31, 2017, call the [CURRENT HEALTH PLAN NAME] Members Services number on your member ID card for help.

On January 1, 2018, you will be enrolled with a new MMCP health plan. You will work with the health plan listed below for all your long term care and waiver services:

<b>Member</b>	<b>Health Plan</b>
[ENROLLEEn]	[PLAN_NAME]
ID #[ENn_RIN]	[PLAN_PHONE]

[NEW HEALTH PLAN NAME] will send you a welcome packet. This packet will include a member ID card and a member handbook. Look for them in the mail. You will need to use providers that are in the [NEW HEALTH PLAN NAME] network as of January 1, 2018. For help in finding providers of long term care and waiver services beginning January 1, 2018, call the health plan's member services number on your new member ID card.

Under the expansion, you have the option of staying with [NEW HEALTH PLAN NAME] or you can choose to switch to a different health plan.

**If you want to stay enrolled with [NEW HEALTH PLAN NAME]**

To keep [NEW HEALTH PLAN NAME] as your health plan beginning January 1, 2018, you do not have to do anything at all!

More on the back >>

**If you want to change your health plan**

You can choose a new MMCP health plan for your long term care and waiver services. You can choose from these health plans:

- [HEALTH PLAN NAME]
- [HEALTH PLAN NAME]
- [HEALTH PLAN NAME]

To learn about all of the health plans available to you, go to our website at [www.EnrollHFS.illinois.gov](http://www.EnrollHFS.illinois.gov) and click on “Compare Plans”. You should also find out from your providers, which health plans they are going to accept before you make a decision.

**There are two ways to change your health plan:**

- Go to [www.EnrollHFS.Illinois.gov](http://www.EnrollHFS.Illinois.gov) and click “Enroll,” or
- Call us at **1-877-912-8880** (TTY: 1-866-565-8576). Call Monday to Friday, 8 a.m. to 7 p.m. The call is free.

**Remember**, you do not need to do anything if you want to keep [NEW HEALTH PLAN NAME].

**You have 90 days from January 1, 2018 to make a change. If you want to change your health plan, you must do so before March 31, 2018.** If you do not make a change before March 31, 2018, you will stay enrolled with [NEW HEALTH PLAN NAME] for 12 months. Your next opportunity to change plans will be during your open enrollment period next year. We will send you a letter at that time.

You can also choose to join the Medicare-Medicaid Alignment program at any time. You do not need to wait for Open Enrollment to join. You can read more about this program below.

**The Medicare-Medicaid Alignment Initiative (MMAI)**

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The MMAI program brings together all of your Medicare, Medicaid and prescription drug benefits into one health plan. Most MMAI health plans also offer extra benefits such as more dental care and lower prescription co-pays. All health plans have care coordination to manage all of your health care and long term care or waiver services.

You can enroll in the MMAI program at any time. To enroll in this program, call us at **1-877-912-8880** (TTY 1-866-565-8576). Call Monday to Friday, 8 a.m. to 7 p.m. The call is free!

Thank you,  
Illinois Client Enrollment Services

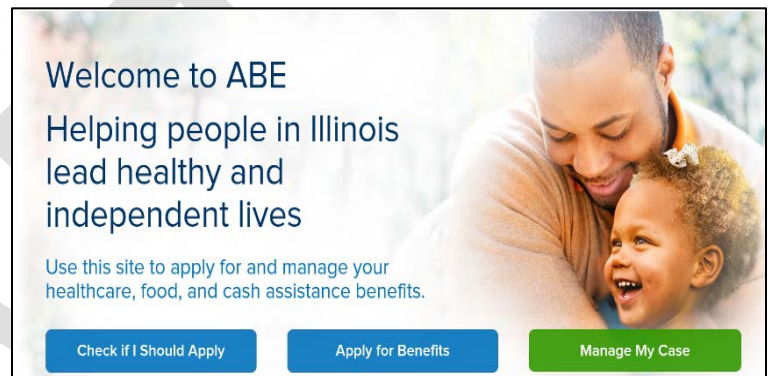
Flesch-Kincaid grade level: 6.1 (w/o phone # and dates)

## 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:

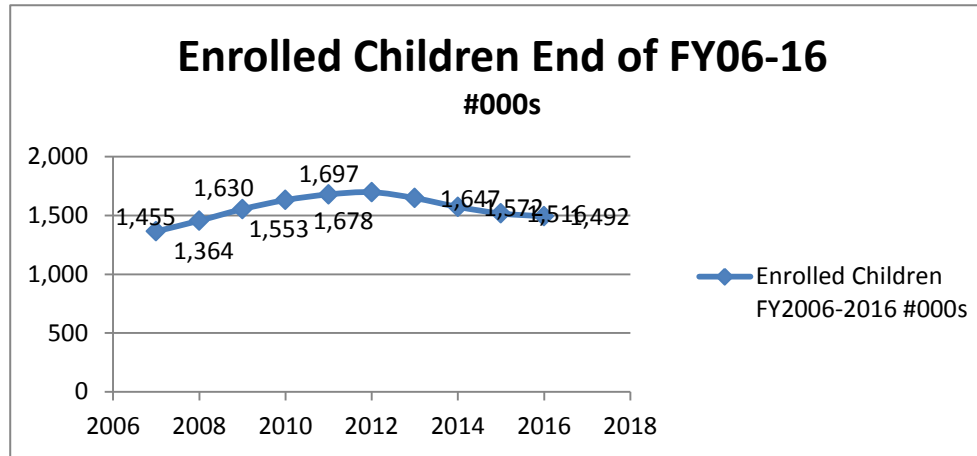
- Your date of birth, and
- Your Individual ID number (listed on a client notice mailed after 10/26/17) **OR** your Social Security Number.

Step 4: Answer questions that will verify your identity.

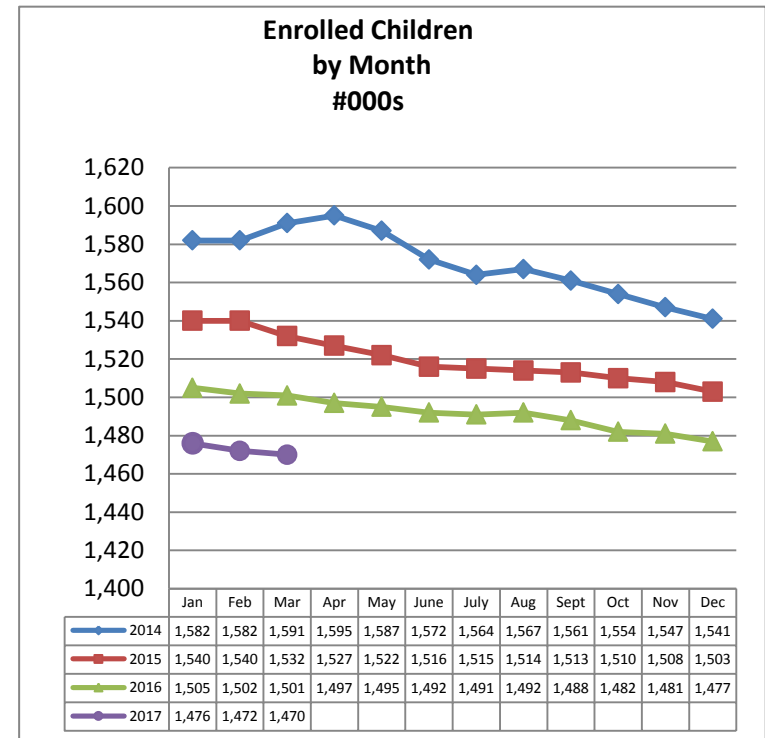
Having trouble setting up Manage My Case, call the DHS Helpline at 1-800-385-0872

## 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		



## Medicaid Redetermination Data

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

<i>State Decision</i>	<b>April</b>	<b>May</b>	<b>June</b>	<b>3 Month Total</b>	<b>FY17</b>	<b>FY17 Percent</b>
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%
<b>Reason for Cancellation</b>						
% Lack of Response	81%	75%	79%		80%	
% Other	19%	25%	21%		20%	
<b>TOTAL</b>	<b>55,198</b>	<b>57,047</b>	<b>61,275</b>	<b>173,520</b>	<b>674,481</b>	

### II. Summary Case Level Activity for all Redeterminations

	<b>April</b>	<b>May</b>	<b>June</b>	<b>3 Month Total</b>	<b>FY17</b>
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	<b>April</b>	<b>May</b>	<b>June</b>	<b>3 Month Total</b>	<b>FY17</b>
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
<b>TOTAL</b>	<b>89,503</b>	<b>111,783</b>	<b>103,065</b>	<b>304,351</b>	<b>1,247,049</b>
Cancellation Language Preference	<b>April</b>	<b>May</b>	<b>June</b>	<b>3 Month Total</b>	<b>FY17</b>
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
<b>TOTAL</b>	<b>42,273</b>	<b>40,962</b>	<b>47,919</b>	<b>131,154</b>	<b>530,075</b>

### III. Individual Level Cancellation Data

	<b>April</b>	<b>May</b>	<b>June</b>	<b>FY17</b>
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.