ILLINOIS DEPARTMENT OF Healthcare and Family Services

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Medicaid Advisory Committee
Public Education Subcommittee Meeting
Thursday, August 11, 2016
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 June 9, 2016
3. Care Coordination Update
   - Final Regulations/Consumer Education & Information
4. Illinois Medicaid Redetermination Project (IMRP)/Enhanced Eligibility Verification (EEV) Update
5. Client Notices
6. ABE/IES Update
   - IES Phase Two
7. Application Processing
8. Criminal Justice Update
9. Open Discussion and Announcements
10. 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 or 312 793-2932. 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/BoardsandCommisions/MAC/News/Pages/default.aspx

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
June 9, 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
Sherie Arriazola, TASC
Erin Weir, Age Options
Nadeen Israel, EverThrive Illinois (by phone)
John Jansa, WKG Advisory (by phone)
Brittany Ward, Primo Center for WC
Ramon Gardenhire, AFC
Sergio Obregon, CPS

HFS Staff
Jacqui Ellinger
Lauren Polite
John Spears
Laura Phelan
Arvind Goyal
Robert Mendonsa
Avery Dale
Lynne Thomas
Elizabeth Lithila
Elizabeth Castillo
Margaret Dunne
Veronica Archundia

Committee Members Absent
Hardy Ware, East Side Health District
Connie Schiele, HSTP

DHS Staff
Patricia Reedy

Interested Parties
Amy Sagen, UI Health
Kelly Carter, IPHCA
Susan Melczer, IHA
Graciela Guzman, Patient Innovation Center
Luvia Quiñones, ICIRR
Carrie Chapman, LAF
Lindsay Ayers, LAF
Lynn Seermon,
Hetal Patel, Illinicare Health
Ellie Hermanson, Illinicare Health
Sandy DeLeon, Ounce of Prevention
Alison Coogan, Legal Assistance Foundation
Heather Scalia, Humana
Amy Sagen, UI Health
Mackenzie Speer, Shriver Center
Cris Munion, ISDS
Gerri Clark, UIC-DSCC
Mikal Sutton, Cigna Health Spring
Judy Bowlby, Liberty Dental Plan
Paula Campbell, IPHCA
Dan Rabbitt, Heartland Alliance

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Interested Parties (by phone)
Kristen Hartsaw, DuPage Federation on Human Services Reform
Jill Hayden, BCBS of Illinois
Carol Leonard, Dental Quest
Andrew M. Weaver, Land of Lincoln Legal Assistance Foundation
Kim Burke, Lake County Health Department & Community Health Center
Andrew C. Fairgrive, Health Management Associates
Lydia Jordan, Prairie State Legal Services
Anna Carvalho, Larabida
Stacy Wilson, Illinois Chamber of Commerce
David Hurter, Presence Health Partners
Alvia Siddiqi, Advocate Health
Enrique Salgado Jr., WellCare Health Plans
Mona Martin, PHRMA
Briana Lantz, PCMA
Lori Reiner, PCMA
Lynne Warszalek, Stickney Health Department
Nelson Soltman,
Paula Dillon, Illinois Hospital Association

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1. **Introductions**
   Chairwoman Kathy Chan, from CCHHS, chaired the meeting. Attendees in Chicago and Springfield introduced themselves.

2. **Review of Minutes**
   Ramon Gardenhire made a motion to approve the minutes from the meeting held on February 11th, and it was seconded by Sergio Obregon and Sherrie Arriazola. Ten members approved the minutes.

3. **Review of Subcommittee Charge**
   Kathy Chan provided introductory background to the discussion by stating that, in compliance with the bylaws for the Medicaid Advisory Committee, the Public Education Subcommittee charge needs to be reviewed once a year. She asked members of the committee to offer any suggestions. Sue Vega indicated that the charge is clear and inclusive enough to address the concerns from advocates and the community in relation to the medical programs. No change was recommended by the committee.

4. **Care Coordination Update**
   Robert Mendonsa provided the report. He indicated that, on June 20th, HFS will begin mailing the Medicaid Long Term Support and Services (MLTSS) enrollment letters in the Greater Chicago Region. He added that "dual-eligible" individuals who opt-out of the Medicare Medicaid Alignment Initiative (MMAI), and are living in a nursing home or receive HCBS Waiver services must enroll in a managed care organization through the MLTSS program. The enrollment letters will inform clients about a 60 day period and provide the Client Enrollment Services (CES) phone number for help choosing a health plan. Robert added that, after enrollment, MLTSS enrollees will have a 90-day period which they can change healthcare plans. He said that MLTSS enrollees can opt-in to MMAI at any time.

   Mr. Mendonsa indicated that individuals who do not receive LTSS are not affected by this change. He stated that, regardless of whether or not clients are enrolled in MMAI or MLTSS, it is important that they stay connected with their care coordinators. He also clarified that at this time, MLTSS will not be rolled out in Central Illinois. MMAI will remain a voluntary program for clients in Central Illinois.

   John Jansa suggested an agenda topic and asked for an update concerning the "Mega Regs." Nadeen Israel commented that recent HB6213 legislation has been passed by both chambers, and is currently waiting for an action by the governor. HFS will provide an update on these topics during the August 11th meeting.

5. **ACA/IES Updates:**
   ABE Partner Portal
   Lauren Polite indicated that the ABE provider portal was designed to be used by pre-qualified organizations in need of access to specific Medicaid or medical related applications. These are enrolled MPE providers, certified by HFS to make determination of eligibility for pregnant women. All Kids Application Agents (AKAAs) will also have access to the ABE Partner Portal in order to assist families with the completion of their applications. Additional capabilities of the ABE Partner Portal will be made available for the submission of Hospital Presumptive Eligibility (HPE) enrollments, and adding a newborn baby to an existing case.

   Lauren provided details about the changes that clients can expect in IES Phase Two. These include:

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- Statewide, a customer's case will no longer be assigned to a specific caseworker or a case load. This means that any case worker in the office will be able to assist clients with questions, adding benefits, and updating case information.
- Clients will receive a new "Notice of Decision."
- Benefit correspondence has been simplified and some similar notices have been consolidated.
- Clients who need to provide verifications will receive a document cover sheet which contains a barcode that will identify the case and the individuals' information.
- There will be a new Central Scanning Unit (CSU) in Springfield to which the customers will be able to mail most forms and verifications.
- Clients will have access to their case information using the ABE Manage My Case (MMC).

In addition, Lauren Polite indicated that, during the upcoming months, HFS will offer a series of trainings for providers and partners in relation to IES Phase Two. Committee members were invited to submit questions that they would like to have answered during the training. They should be sent to veronica.archundia@illinois.gov .The webinars are sponsored in conjunction with EverThrive Illinois. Anyone interested in receiving more information about these webinars, and to complete a registration, should follow this link: http://helphub.povertylaw.org/home.html?signed-out=true

ABE Security
Lauren Polite said that all organizations approved to have access to the ABE Partner Portal must fall into an approved ABE Partner category and must be registered as a health service provider with a Medicaid provider number. She added that, with the launching of IES Phase Two, partners will have to follow new security requirements, which are: all providers will need to log into ABE and select new secure passwords; passwords must meet the new security requirements; providers will need to complete the "Multi-Factor Authentication" (MFA) every time they visit the ABE Partner Portal. Lauren invited members of the committee to participate in the webinars that HFS will be offering to providers and community partners in order to obtain more details about the security requirements protocol.

IES Phase Two – Case Conversion
Lynne Thomas indicated that one of the most critical and complex parts of the transition from the Legacy case management system to IES will be moving case information for active and recently closed cases to IES. She added that all cases which were active or were canceled during the previous 150 days will be converted from the current Client Data Base (CDB) to IES Phase Two when it is implemented on July 25th.

Ms Thomas remarked that no benefits will be affected by the conversion. IES will confirm eligibility to determine if the benefits in IES match those that were being received in the CDB. Clients will continue with the benefits that they were receiving prior to conversion until an action is taken as a result of a reported change, a redetermination, or an automatic update.

Lynne Thomas said that notices will look different after conversion and that case numbers will be different as well. She added that, instead of the current case number with multiple segments, the new case numbers will contain nine digits. In addition, Ms. Thomas stated that IES considers each household as a whole. Thus, when there have been multiple cases with the same head-of-household in the legacy system, the first time a caseworker takes an action on one of those cases, there will be an alert that there are multiple cases which need to be merged. She clarified that, whenever possible, cases will be merged into the case that has TANF or SNAP. Lynne Thomas responded to the questions raised by the committee members.

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Application Process
Due to time constrictions, the committee decided to omit a report on the application process, but it was recommended that this agenda item should be included for the next meeting.

6. **Illinois Medicaid Redetermination Project (IMRP) Enhanced Eligibility Verification (EEV) Update**
Due to time constrictions, the committee decided to omit the IMRP update, however it was recommended that this agenda item should be included for the next meeting.

7. **Language Preference:**
Jacqui Ellinger provided introductory background to this request. She indicated that the state is still operating with the legacy system, which captures English or Spanish as the languages of preference. However, with IES, additional languages have been added. According to the information collected in the ABE portal, 89% of the applicants selected English as their language of preference; 5% of the applicants selected Spanish, and 6% of the applicants did not indicate a preference.

Jacqui advised that HFS will share the new client notices with the committee members, both in English and Spanish, which will be made available for clients with the launching of IES Phase Two.

7. **Open discussion and Announcements**
In preparation for the next meeting, Kathy Chan asked for an update about the items included in today's agenda. She also encouraged committee members to contact HFS in order to suggest any additional topics for the next meeting.

8. **Adjourn**
The meeting was adjourned at 12:06 p.m. The next meeting is scheduled for August 11th, 2016, between 10:00 a.m. and 12:00 p.m.

Federal CMS Final Regulation – Medicaid Managed Care

Summary of Key Provisions Related to Beneficiary Education & Information.

Prepared by HFS for Medicaid Advisory Committee Public Education Subcommittee

August 11, 2016

§438.2 Definitions

Adds definition for *Choice Counseling*, which "means the provision of information and services designed to assist beneficiaries in making enrollment decisions; it includes answering questions and identifying factors to consider when choosing among managed care plans and primary care providers. Choice counseling does not include making recommendations for or against enrollment into a specific MCO…"

§438.71 Beneficiary Support System

Effective no later than rating period for contracts starting on or after July 1, 2018

This is a new provision that requires the State to develop and implement a beneficiary support system to assist beneficiaries prior to and after enrollment in managed care. The system must:

- Include choice counseling;
- Provide assistance to enrollees in understanding managed care;
- Perform outreach to beneficiaries and authorized representatives;
- Be accessible in multiple ways (e.g., phone, internet, in-person) and via auxiliary aids and services when requested;
- Provide support specific to enrollees receiving LTSS, or interested in LTSS, including:
    - Serve as access point for complaints about enrollment, access, and other related matters;
    - Educate on grievance and appeal rights, the State Fair Hearing process, enrollee rights and responsibilities, and additional resources outside of managed care;
    - Assist, upon request, with navigating the grievance and appeal process, including referring enrollees to legal resources; and
    - Utilize LTSS program data to advise the State on systemic issues.

§438.10 Information Requirements

Effective no later than rating period for contracts starting on or after July 1, 2017

This section of the regulation was significantly expanded to address myriad elements of the State and managed care plans' mechanisms to provide timely, consistent, easily understood, readily-accessible beneficiary information and education materials. Principal new elements of this provision include:

- Provides definition of *Limited English Proficient (LEP)*;

- Provides definition of *Readily Accessible* ("…electronic information and services which comply with modern accessibility standards…) and specifies that all required information not only be easily understood, but also readily accessible;
- Mandates that the State operate a website that contains required information or directly links to the required information (the rule notably expands upon the specific required information);
- To ensure consistency in the information provided to enrollees, the State must develop and require all managed care plans to use:
    - Definitions for managed care terminology;
    - Model enrollee handbooks; and
    - Model enrollee notices.
- Clarifies that information can be provided electronically, but must be in readily accessible format; be prominently displayed on State and managed care plans' websites; can be electronically retained and printed; adheres to content and language requirements; and enrollee is informed that a paper format is available upon request, at no charge, and provided within five business days;
- Requires taglines, large print defined as no less than 18 point font size, and availability of auxiliary aids;
- Expands required content of the Provider Directory to include:
    - Provider's cultural and linguistic capabilities, including ASL, and whether provider has completed cultural competence training;
    - Whether provider's building has accommodations for those with physical disabilities;
    - Information on pharmacies, behavioral health providers and LTSS providers;
    - Monthly updates for paper directory, and updates within 30 days of received changes for electronic directory; and
    - Posted to the managed care entity's website in a machine readable format;
- Requires that a managed care entity's formulary be available in electronic and paper format and be posted on their website in a machine readable format.

§438.70 Stakeholder Engagement when LTSS is Delivered

Effective no later than rating period for contracts starting on or after July 1, 2017

This is a new provision that requires the State to establish, maintain, and convene a stakeholders group to meaningfully engage stakeholders in the design, implementation and oversight of managed LTSS programs.

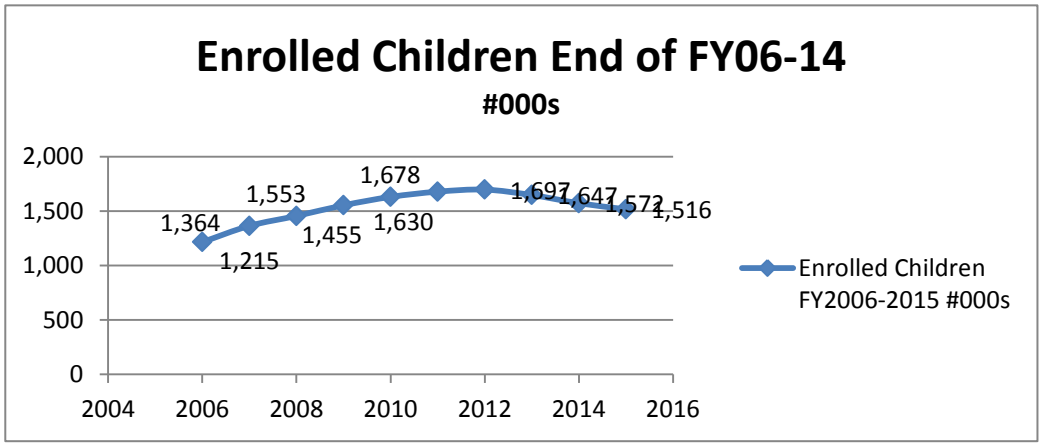
§438.110 Member Advisory Committee

Effective no later than rating period for contracts starting on or after July 1, 2017

This is a new provision requiring when LTSS are covered under a risk contract, the managed care entity must establish and maintain a member advisory committee representative of the LTSS populations.

Children's Enrollment

End of FY	Enrolled Children FY2006-2015 #000s
2006	1,215
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



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	1,500
Apr	1,665	Apr	1,595	Apr	1,527		
May	1,656	May	1,587	May	1,522		
June	1,647	June	1,572	June	1,516		
July	1,638	July	1,564	July	1,515		
Aug	1,635	Aug	1,567	Aug	1,514		
Sept	1,626	Sept	1,561	Sept	1,513		
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