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Public Education Subcommittee Meeting

Thursday, June 3, 2021
9:30 a.m. to 12:00 p.m.

**Due to COVID-19 concerns, the Public Education Subcommittee meeting will be held using WebEx.
At the scheduled time of the meeting please use the following link:**

<https://illinois.webex.com/illinois/j.php?MTID=m5a14bcececbefc8829c115f5b3f7ca5a>
Meeting Number 177 874 2876

Or use the Call-in Option +1-312-535-8110,,1778742876## United States Toll (Chicago)

A few WebEx tips:

- You may use your computer's audio or the phone option for sound; in our experience the "Call-me" option has the best sound quality.
- If you are calling-in and not using the WebEx link, please email veronica.archundia@illinois.gov
- You will then receive any last-minute meeting materials.
- Individuals participating through WebEx may use the "chat" function to communicate with the meeting host.

AGENDA

1. Introduction
2. Review and Approval of the Meeting Minutes from February 4, April 8, 2021
3. Feasibility Study Feedback
<https://www.illinois.gov/hfs/SiteCollectionDocuments/04022021FeasibilityStudyReportFinal.pdf>
4. Medical Programs Update & American Rescue Plan Act HCBS FMAP Spending Feedback
<https://www.cms.gov/newsroom/press-releases/cms-issues-guidance-american-rescue-plan-funding-medicaid-home-and-community-based-services> (The CMS letter to State Medicaid Directors with more detailed guidance can be downloaded at the bottom of the press release)
5. Review of the Public Education Subcommittee Charge
<https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/publiced/Pages/default.aspx>
6. DHS Update
7. Eligibility Update
8. Care Coordination
9. Open Discussion an Announcements
10. Adjourn

This notice is also available online at:

<https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/News/Pages/default.aspx>

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
April 8, 2021**

Committee Members

Kathy Chan, Cook County Health
Brittany Ward, Lurie Children's Hospital
Sergio Obregon, CPS
Connie Schiele, HSTP
Sherie Arriazola Martinez, Safer Foundation
Nadeen Israel, AIDS Foundation of Chicago

HFS Staff

Jane Longo
Laura Phelan
Lauren Polite
Margaret Dunne
Sharice Bradford
Arvind Goyal
Veronica Archundia
Tracy Keen
Carmela Hernandez
Melishia Bansa
Jose Jimenez
Keshonna Lones
Kim McCullough-Starks

Committee Members Absent

Sue Vega Alivio Medical Center
Erin Weir Lakhmani, Mathematica Policy Research

DHS Staff

Leslie Cully
Patricia Reedy

Interested Parties

Kristin Hartsaw, DuPage Federation on Humans Services Reform
Katie Thiede, Alliance Chicago
Judith Davis, BCBSIL
Caroline Chapman, Legal Council for Health Justice
Michael Lafond, Abbvie
Vijay Parthasarathy, Molina Healthcare
Viviana Rodriguez, University of Illinois Hospital & Health Science System
Dan Rabbitt, Heartland Alliance
Luvia Quiñones, Illinois Coalition for Immigrant & Refugee Rights
Kelsie Landers, EverThrive Illinois
Kristen Nuyen, EverThrive Illinois
Michelle Baldock, DOI
Amy Lulich, Department on Aging
Julie Mirostaw, AMITA Health
John Ranallo, Molina Healthcare
Martha Jarmuz, Choices CCS
Jennie Pinkwater, Illinois Chapter, American Academy of Pediatrics
Monica Cella, Department of Pediatrics UIC
Alaina Kennedy, IAMHP
Karen Babos, Molina Healthcare
Gustavo Saberbein, Help Home
Kristen Emanuel, Ounce of Prevention
Amy Edwards, UIC
Sakib Hassan, Abbvie
Tony Ohlhausen, Nami Chicago
M Dave Lecik, Department on Aging

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Jill Hayden, Meridian
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Timothy Jackson, AIDS Foundation
Angela Boley, Land of Lincoln Legal Aid
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Amber Kirchhoff, Illinois Primary Care Association
Diana Rubi, Illinois Coalition for Immigrant and Refugee Rights
Elizabeth Weber, CCHHS

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Public Education Subcommittee Draft Meeting Minutes
April 8, 2021**

1. Introduction:

Chairperson Kathy Chan conducted the meeting and announced that it was being recorded. Committee members present were: Connie Schiele, Sherie Arriazola Martinez, Brittany Ward, Sergio Obregon, Nadeen Israel. Committee members absent were Erin Weir Lakhmani, and Sue Vega. Kathy Chan asked interested parties to send an email to veronica.archundia@illinois.gov to properly record their participation. HFS and DHS staff members introduced themselves.

2. Review and Approval of the Meeting Minutes from October 1st, 2020:

Due to the lack of quorum, the minutes were not approved and deferred for approval until the next June 3rd meeting.

3.COVID-19 Update:

Jose Jimenez, Chief, Bureau of Professional and Ancillary Services, provided COVID-19 updates. He stated that effective March 15th the Biden administration increased the rate for vaccine administration to \$42.14, while previously there had been varying rates for the first and second dose.

In February, the rates for the COVID-19 diagnostic testing were adjusted to incentivize expedited COVID-19 test results. Prior to February, the reimbursement rate for COVID-19 testing had been \$100. In accordance with Centers for Medicare and Medicaid Services (CMS). The rate for testing was lowered to \$75, with an add-on of \$25 if results were made available to the individual within two days.

HFS is in the process of releasing guidelines for hospitals to receive reimbursement for COVID-19 vaccine administration as an exception to current hospital outpatient billing policy, as vaccines are not typically administered in a hospital setting. HFS worked with the IHA and MCOs on the appropriate process for billing the COVID-19 vaccine administration performed in hospital-based outpatient settings. The billing direction applies to claims for persons covered under both traditional fee-for-service and a HealthChoice Illinois managed care plan. Guidelines will be released this week.

UPDATE: The guideline was approved, and the notice posted 4/8/21
<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210408a.aspx>

Lastly, the Governor's Office and the Department of Public Health are working on procurement to secure mobile units, with their own supply of vaccines, that can be deployed to target locations throughout the state to ensure remote areas have access to the vaccine. The Department is in the process of enrolling four vendors in the IMPACT program so they can serve the Medicaid population.

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Kathy Chan asked to have the policy restated in order to emphasize that individuals receiving the vaccine should not be charged.

Mr. Jimenez stated any time HFS releases a guidance to providers, a clear and concise disclosure using standard language is added indicating that vaccine administration is to be provided at no cost to the individual. He added that, regardless of income, citizenship, or immigration status, there should not be a cost for clients.

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210315a.aspx>

Ms. Chan reminded committee members to subscribe to HFS provider notices in order to receive provider notices from HFS and keep informed of the latest developments.

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/ProviderEmailSubscribe.aspx>

Mr. Jimenez indicated that, on February 8th, HFS issued a notice to make providers aware that if a person is uninsured the provider can bill the state for COVID-19 testing as long as the provider is enrolled through IMPACT. If the patient is uninsured and the provider is not enrolled through IMPACT, the provider has the option to submit the claim to the federal HRSA portal.

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210208c.aspx>

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210208b.aspx>

Mr. Jimenez stated that HFS has informed providers that the Department will resume editing for timely filing beginning with claims received May 1, 2021 so all claims => 180 days from the date of service should be submitted by April 30, 2021.

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210319a.aspx>

Luvia Quiñones shared various useful resource for immigrants:

<https://www.icirr.org/covid-19-resource-guide>

4. DHS Update:

Leslie Cully said that the Family First Coronavirus Act (FFCRA) was implemented as a response to the COVID-19 epidemic. The FFCRA authorized Pandemic EBT (P-EBT) and the Continuing Appropriation Act of 202 extended P-EBT through the 20-21 school year. The United States Department of Agriculture (USDA) approved the Pandemic Electronic Benefits Transfer (P-EBT), which provides benefits to children who receive free or reduced-price school meals under the National School Lunch Program, regardless of immigration status. For the 2020-2021 school year, DHS, in collaboration with the Illinois State Board of Education (ISBE), will issue

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P-EBT through direct certification to all students and non-SNAP families will not have to complete an application in order to obtain P-EBT. In March, DHS staff members reached over 800,000 children. During April, additional 162,000 children have been issued P-EBT, currently totaling 962,000 students. There have been \$564 million P-EBT benefits issued. This has required a huge effort, including adding resources to keep families informed by adding staff members and responding inquiries through a toll-free hotline to DHS in order to answer questions and provide the necessary support. Information is also available on the DHS website:

<https://www.dhs.state.il.us/page.aspx?item=124215>

The following includes a Questions and Answers section regarding the Pandemic P-EBT. <https://www.dhs.state.il.us/page.aspx?item=131776>

Other important highlights:

- Federal legislation allows for a 15% increase to SNAP benefits, extended through September.
- ARPA also added an additional increase boost for some households, the minimum Emergency Allotment is now \$95 for each household.
- All 800K P-EBT cards from March have been mailed out and parents are being asked to be patient.
- The Family Community Resource Centers (FCRCs) are still operating at about 10% of their capacity with onsite staff.
- DHS has been holding vaccination clinics at state-operated facilities for staff, patients, and clients, as well as general community members.
- It is also piloting vaccination opportunities at “equity focused clinics” in Kane/Aurora FCRCs on April 9th, 10th, 12th, from 11 to 7 pm to provide evening hours and Saturday hours. DHS is working with the Department of Public Health and has partnered with the Division of Developmental Disabilities and the Division of Rehabilitation Services to contact clients so they can be vaccinated. DHS is not screening for immigration status.

Sergio Obregon congratulated DHS staff members for streamlining its process to make sure that children receive P-EBT benefits. He also asked how many cards have been sent out and how many have been activated. Leslie Cully said that to obtain this information DHS will have to contact the vendor.

Luvia Quiñones shared helpful resources through the chat for immigrants consisting of: “Know Your Rights” fact sheets on COVID testing and treatment that includes the hotline at the bottom of the page <https://www.icirr.org/covid-19-resource-guide>

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5. Eligibility Update:

Tracy Keen referred to the report included with the meeting materials. She began her presentation by indicating that as of the end February 2021, there were 106,783 medical redeterminations on hand. Fewer renewals are being processed during the public health emergency. The full report provided with the agenda and meeting materials shows that there were 26,682 medical applications which are 45 days or older, as of February 28, 2021, indicating a decline from a high of 147,000 at the end of January of 2019, which is an 82% reduction. She is pleased to report that, last night, a new report shows that as of the end of March there were only of 13,051 Medicaid applications which were 45 or more days old.

Ms. Keen said that the Marketplace reopened on February 15th, originally scheduled to close on May 15, has now been extended to August 15. For this enrollment period, up to the current date, HFS has received 18,000 applications from the Marketplace an increase of 2,500. The State is receiving an in-flux of marketplace applications is for this new enrollment period.

Tracy Keen said that with regard to the Health Benefits for the Immigrant Seniors Program, which sometimes is referred as the "65 plus", as of March 24, there have been 4,013 seniors enrolled. HFS has received about \$20.8M in claims, and 90% of this enrollment is in Cook and its Collar Counties. The full report is attached. Also, HFS has received approval for two out of three requests under the Continuity of Care and Administrative Simplification Waiver 1115. The approved waivers are: The Waiver from the Hospital Presumptive Eligibility program (HPE) and reinstatement of clients into their original MCO if requested within three months of losing coverage due to late submission of a redetermination form. HFS anticipates getting approval for an extension to postpartum coverage up to 12 months for women in Medicaid, and there may be a possibility of including otherwise ineligible noncitizen women.

Nadeen Israel asked, "what other best practices that had been implemented during the COVID crisis is Illinois pursuing with federal government to keep post-COVID?". Tracy Keen said HFS is very interested in keeping passive renewal (Form A process). Jane Longo said that the CMS Director has not yet been confirmed, and, therefore it is not likely to see a lot of movement until a CMS Director is confirmed by the senate. HFS would like to pursue this subject, as it is one of the items that will be giving future consideration, as well as, "Zero Income and Adult Continuous Eligibility", which is also on "the wish list."

Amber Kirchoff asked for the status of the Family Planning State Plan Amendment (SPA). Jane Longo said that the Family Planning SPA is still on pause, as it requires a great deal of reprogramming of IES. At this point, there is no estimate for a target date when this can be accomplished. Laura Phelan said there have been lots of competing

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priorities and demands, including reprogramming related to COVID and the programming for the Health Benefits for the Immigrant Seniors Program, as well as delays in a tech-refresh project, which are critical for the functioning of IES.

Kristin Hartsaw said that the “COVID-19 Relief Bill” includes a States Plan Amendment for post-partum coverage, but not until 2022. She asked, what is the State was thinking of in terms of pursuing a waiver vs. SPA? Laura Phelan said the state plans on transitioning to a State Plan Amendment when that option becomes available and that if the PHE maintenance of effort provision ends before April 2022, “the 1115 waiver would be a bridge to a State Plan Amendment.”

There was a question through the chat, regarding the best way for individuals to apply for Medicaid if they’ve been transferred from the Marketplace to Medicaid? Should they wait until they are contacted by HFS or should they apply in ABE once HealthCare.gov says that they are likely Medicaid eligible? Tracy Keen responded that there is no need to apply through ABE if customers received notification that their application was transferred. However, if they only completed a screening with the recommendation to apply for Medicaid, they should apply through <https://abe.illinois.gov/abe/access/>

Luvia Quiñones asked if once the waiver for post-partum for non-citizens is approved, can HFS generate a provider notice stating that the program “does not count towards the Public Charge”. Jane Longo said yes, it is possible for a provider notice to be created and distributed.

Patricia Reedy asked about the status regarding Hospital Presumptive Eligibility. Jane Longo said the request from HFS to waive the requirements of HPE was approved; therefore, HFS will not be rolling out an HPE program.

Stephani Becker said, according to members of our coalition meeting it was stated that “there is started to be some bounce back” between Medicaid and marketplace applications because of how income received from the American Rescue Plan is counted. Stephani asked to whom she should send these cases. Tracy Keen replied that any cases and concerns should be sent to: Tracy.Keen@illinois.gov

The “ABE Manage My Case, Appeals, and FFM Report” remains consistent with previous months/years. The report is attached.

6. Feasibility Study Update

Laura Phelan said that Illinois Public Act 101-0649 requires HFS, in consultation with DOI, to oversee a feasibility study that explore policy actions which make health insurance more affordable and accessible for low and middle-income residents. HFS and DOI have

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completed the Feasibility Study Report, which was submitted to the General Assembly. The report is over 200 pages and has been published on the HFS and the DHS websites:

- HFS website: <https://www.illinois.gov/hfs/SiteCollectionDocuments/04022021FeasibilityStudyReportFinal.pdf>
- DOI website: <https://insurance.illinois.gov/Reports/Reports.html#collapse05a>

Laura Phelan said the details on the stakeholder engagement process to discuss the report's results are forthcoming. Kathy Chan offered an open invitation and recommended setting aside enough time for discussion of this topic during the June Public Education Subcommittee meeting. She said the intention is that data provided can help inform stakeholders and contribute to help short-term, mid-term, and long-term future considerations. Sherie Martinez Arriazola said the Safer Foundation is implementing a Medication Assisted Treatment, through which individuals can serve the remainder of their sentences, while receiving treatment and gaining support to become self-sufficient. The issue is that when a client becomes employed, the individual is often dropped from Medicaid, which results in the interruption of his medical treatment. Sherie Martinez Arriazola expressed interest in the "Basic Health Plan" so that ideally people can stay with their plan after their income is above the 138% FPL. Kathy Chan said that she looks forward to future conversations and for the opportunity to think more broadly about special population's needs, as well as discussing certain issues that may not be obvious or that need to be flesh out. Kathy Chan said that committee members would be more than open to a special subcommittee convening.

5. Care Coordination Update:

Lauren Polite said that HFS is about to send a letter prepared by the Department of Public Health about important information regarding COVID-19 vaccine. The letter will be sent to approximately 200,000 Fee-for-Service customers. The letter includes answers to common questions so that people can make an informed decision about taking the COVID-19 vaccine. It includes a toll-free number for the hotline through which people can make appointments.

In addition, all the Managed Care plans are doing extensive outreach and marketing to members and they are working very closely with community organizations and supporting events intended to help vaccination scheduling. The plans are working with the City of Chicago and Cook County by reaching out to beneficiaries to help schedule their vaccinations.

Lauren Polite introduced Keshonna Lones as the HFS point person for the MMAI. Ms. Lones said that the MMAI statewide expansion rollout is proceeding, with July 1, 2021 as a "go live" date. She said that, the MMAI plans recently submitted networks, working very closely with federal CMS, to review their network adequacy. HFS anticipates having a

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final approval of these plans in the next few weeks. Once decisions are made, updates will be posted on the HFS website.

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210430b.aspx>

Sergio Obregon noted that the Chicago Public Schools have been involved in innovative partnerships with HFS and Health Choice Illinois, as well as the MCOs. This is to help to complete health risk screening for all CPS' children enrolled in Medicaid, which totals approximately 245,000. The Chicago Public Schools intend to formalize a process at the beginning of every school year, that can offer health risk screening provided by the plans to be given to each student enrolled in Medicaid, with this information being transferred to the appropriate health plan. In Chicago this will be done at the start of every school year. Mr. Obregon said that the COVID- 19 pandemic has demonstrated all the inadequacies which exist in terms of access to health for students. He said that CPS is seeking input and looking forward to collaborating with other entities. He thanked HFS for "for its due diligence in terms to get efforts for improvement of the ground."

Elizabeth Durkheim asked for clarification regarding a notice issued on March 3rd from the Department of Aging about "Duals receiving MLTSS services" indicating that their passive enrollment to the MMAI would be happening on a different timeline than the originally had July 1st. She asked how the timeline will be rolled out. Keshonna Lones said that HFS has various timelines for the passive enrollment cohort for MMAI regarding expansion. MLTSS will be included in the final passive enrollment cohort. HFS wants to be sure that there are no disruptions in services. Therefore, the objective is to progressively transition at the different times.

Kathy Chan asked if information will be made available about how these cohorts are going to be phased. Ms. Lones said that a provider notice will be published on the HFS website once there is a final approval regarding the networks.

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210430b.aspx>

There was a question through the chat regarding whether there, are the new Health Benefits for Immigrant Seniors will be enrolled in an MCO or Fee-for-Service? Lauren Polite responded that seniors are currently in Fee-for-Service.

Another question was regarding outreach to families with respect to "catch-up" for delays in childhood immunization during the pandemic. HFS is discussing this matter with the plans, and the committee will be updated in upcoming meetings as this is not only a challenge in Illinois but nationwide.

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6. Public Charge Update:

Carrie Chapman said that the Trump Public Charge Rule of inadmissibility is no longer in effect. The original rule under the 1999 guidance is back in effect but the benefits considered under that rule are limited to cash assistance, such as TANF, SSI, township assistance, and institutionalization in long term care at government expense. The following benefits are not considered a Public Charge under the current (the 1999) public charge policy:

- Short-term and special purpose cash payments (such as emergency assistance or disaster relief).
- institutionalization for short periods of rehabilitation
- Food and nutrition programs, including SNAP
- Housing programs, such as public housing and section 8
- Medicaid (other than for long term care)
- COVID Vaccines and testing
- Health Benefits for Immigrant Seniors 65+.

Carrie Chapman said “the test” is in place when an individual is getting an initial green card or if a person with a green card has left the U.S. for more than 180 days. For the 1999 Public Charge Guidance Fact Sheet: “Make the Right Choice For Your Family”, please follow this link:

<https://protectingimmigrantfamiliesillinois.org/resources-trainings>

Luvia Quiñones said that the new Health Benefits for the Immigrant Seniors Program does not count towards Public Charge Rule.

Andrea Kovach said that specific questions regarding public charge can be posted to Help Hub or emailed to pifillinois@povertylaw.org. Presentations available in different languages can be also be requested: pifillinois@povertylaw.org

Chairperson Kathy Chan thanked advocates for their work with regard to all the legal challenges and for keeping this committee informed about the latest developments, and, finally making it possible to reduce the changes added in recent years to the Public Charge Rule.

7. Healthcare Transformation Collaboratives:

Kimberly McCullough-Starks provided the presentation. She said that the Healthcare Transformation Collaboratives put customers and communities at center of efforts to support a new vision for healthier communities. Please follow this link for more details: [Healthcare Transformation Collaboratives \(illinois.gov\)](https://www.illinois.gov/Healthcare-Transformation-Collaboratives)

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Ms. McCullough said that it is hoped that everyone is interested in serving customers better and in a more creative, collaborative, and more purposeful ways. More details about the new HFS new vision is reflected in the following slides:

[20210312HTCWebinarDeckFINALPOST.pdf \(illinois.gov\)](#)

Nadeen Israel wrote a comment in the chat indicating that community members should be consulted and listened more than any other stakeholder or there is a risk that the goals and metrics of any initiative may not be met. Kimberly McCullough thanked everyone for their feedback, and she indicated that community involvement and input are very important which is why HTC is characterized as a community initiative. Every applicant is asked to describe how their plan include community input in the solution that they are seeking to have funded.

Kathy Chan asked about the best way to direct further questions. Kimberly Mc McCullough said that answers can be obtained by visiting the HFS website at: <https://forms.office.com/Pages/ResponsePage.aspx?id=nwgia7qOPEaE9TFxIQ-QBdbPYyBntf9Eq5UsSa51p7NUMIJZUjFMUzFWOVRIUk04TEJLWU1JWjM0Si4u> Where there is a comprehensive list of questions and answers.

It is also possible to register on the website for periodic updates about Healthcare Transformation Collaboratives at: <https://www.illinois.gov/hfs/Pages/transformationsignup.aspx>

Information can also be obtained by sending an email to: Kimberly.mccullough@illinois.gov

8. Open Discussion and Announcements:

Nothing was discussed.

9. Adjourn:

The meeting was adjourned at 12.17 p.m. The next meeting is scheduled for June 3rd, 2021, between 10:00 a.m. and 12:00 p.m.

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1. Introduction:

Chairperson Kathy Chan conducted the meeting and announced that the last 30 minutes of the session would be chaired by committee member Nadeen Israel. Ms. Chan said that the meeting was being recorded. Committee members present were: Sherie Arriazola Martinez ,Brittany Ward, Sergio Obregon, Nadeen Israel, Erin Weir Lakhmani, and Sue Vega. Committee member Connie Schiele was absent. Kathy Chan asked interested parties to send an email to veronica.archundia@illinois.gov to properly record their participation. HF's and DHS staff members introduced themselves. Jane Longo introduced Tracy Keen the new Deputy Administrator of Eligibility adding that Ms Keen. is taking the role that Lynne Thomas used to have.

2. Review and Approval of the Meeting Minutes from October 1st, 2020:

Nadeen Israel made a motion to approve the meeting minutes from the December 3rd, 2020 meeting, which was seconded by Sue Vega. The meeting minutes were approved with a vote of seven members in favor and zero opposed, with one member absent.

3.COVID-19 Update:

HFS Medicaid Director, Kelly Cunningham told the group that IDPH reported some hospitals were having difficulty accessing temporary staffing due to the prevalence of COVID in those hospitals. HFS worked with State sister agency, the Illinois Emergency Management Agency (IEMA) to conduct an emergency request for procurement (RFP) for COVID-19 surge staffing contract to assist hospitals with staffing. To date, hospitals in the Chicago and the Metro East areas have used these contracts for additional staff.

Kelly Cunningham indicated that HFS is coordinating with IDPH through weekly phone calls and meetings with stakeholders to discuss vaccine administration and address other COVID-related issues. HFS has issued guidelines for practitioners and pharmacies to provide them with information about how to submit COVID-19 billing, including vaccine administration. HFS is paying providers Medicare rates for vaccine administration as a way to incentivize provision of the vaccine and ensure Medicaid members are not deprioritized for vaccination:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210107a.aspx>

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210107b.aspx>

Ms. Cunningham said that HFS has been working closely with managed care plans and providers to make sure that they are prepared to provide and support vaccine administration as the supply continues to increase. HFS is also working with stakeholders on vaccine messaging, as it is recognized that some Medicaid customers may be hesitant to be vaccinated. In regard to the CARES funding distribution, Ms. Cunningham said that, due to the appropriation from the Illinois General Assembly (ILGA), HFS has received

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\$800M from federal sources for medical providers in order to support their operations and to address some of the economic impact of the COVID pandemic during the last year.

The State worked with EY (Ernst and Young) to develop a methodology for the distribution of funding, as well as to set-up a new portal to make the application process both simple and comprehensive for providers while addressing as many financial needs as possible. Through the portal, there have been three rounds of funding, totaling \$701M distributed to providers ranging from dentists, hospitals, and FQHCs, long term care facilities, transportation services and behavioral health organizations. This funding has been welcome sources of support for providers.

Ms. Cunningham said, in relation to Appendix K, HFS has sought to take advantage of some federal flexibilities in order to ensure that customers in home and community-based waivers program remain safe at home. It is expected that the public health emergency will continue through the end of this year.

Luvia Quiñones asked if HFS has considered issuing a Provider Notice that the vaccine should be administered for free with no-out-of-pocket costs for patients. She said that she is aware that providers can charge an administrative fee, which can add to client hesitation. Nadeen Israel said it is also important to recognize that asking for immigration status can be a barrier to care in terms of administering vaccines. Ms. Cunningham said HFS will address this issue in an upcoming provider notice:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210315a.aspx>

Laura Phelan added that with the Disaster State Plan Amendment (SPA), the state is paying Medicare rates not just for vaccine administration, but also for COVID-19 testing, and testing related services. Further information regarding the special COVID-19 fee schedule has been posted on the HFS website:

<https://www.illinois.gov/hfs/Pages/coronavirus.asp>

Dr. Goyal said that HFS has not heard of any provider hesitation. Walgreens and CVS have just obtained access to the vaccine, and they have not reported any hesitation from the part of clients. However, some nursing home providers have reported some hesitation from some residents.

Nadeen Israel took a moment to acknowledge the collaborative effort from HFS staff members to support providers, advocates, and clients during the challenging times in 2020 due to the pandemic. In addition, she asked, what is HFS doing to make permanent some of the flexibilities and policy improvements put into place during COVID-19 pandemic?

HFS had multiple all state meetings with CMS and the National Association of Medicaid Directors. Illinois is very interested in making some changes permanent. As soon as CMS

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Administration is named, there will be more clarity. There may also be additional changes that could be made. She said that, HFS is expecting to see what will be the new CMS administration' policy, particularly with some of the regulations and guidance that came out at the end of the previous administration. Perhaps it will be necessary to do even more to make program more streamlined and to reduce processing time for caseworkers by increasing automatization. Currently, HFS is waiting for information from CMS announcements.

4. DHS Update:

Leslie Cully said that Family Community Resource Centers (FCRCs) across the State have been opened with a small number of staff members working at each site, with the exception of the Woodlawn location, where the entire staff is working remotely. Currently, DHS has about 4,090 staff members working remotely, 10% on site primarily assisting clients who drop off documents or are picking-up Link cards, as well as assisting individuals who are experiencing homelessness.

Ms. Cully said that, during March of 2020, with the emergency declaration, DHS extended SNAP certification periods each month through October 2020. However, DHS can no longer extend certification periods and all families will be required to complete a redetermination application as their previous certification period expires. DHS is sending out 174,000 redeterminations for those families so that they can continue receiving benefits for April. She said that the number of applications is expected to remain high. She told committee members that is imperative to convey the message that, if a family receives a redetermination, it must be completed and returned to DHS in order to continue receiving benefits for April.

DHS is continuing with the online SNAP purchasing pilot program available at Walmart, Amazon, and Aldi. Two other retailers are going through a testing period and expected to soon be approved. It is also highly possible that more retailers will be added.

Lesly Cully said that over 600,000 children received P-EBT in 2020. The Pandemic-EBT 2021 plan has been approved. This year, the program will go through direct certification for children who receive free/reduced lunch through the National School Lunch Program. The partnership with ISBE has been very good. The plan is collaborating with school districts to provide attendance data to identify eligible children so that P-EBT benefits can be issues, and in making sure that address data of correct so the P-EBT cards can be delivered. DHS Secretary Grace B. Hou is about to issue a letter to School Districts encouraging them to submit monthly attendance report in order to ensure a smooth process. Each eligible child will receive a PEBT card in his/her name at his/her home address, which is why it is crucial to ensure address accuracy. DHS will be working with homeless liaisons at schools in order to ensure that all children receive cards. In addition, DHS will set up a hotline for parents in order to answer their questions and support.

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Kathy Chan indicated that she supports this effort to extend benefits beyond the pandemic emergency period in order to look for new ways to work with school districts to match data; this seems to work for the purpose of correcting addresses and maintaining the most current information for State files. Sergio Obregon said that he agrees and supports new opportunities for Medicaid and SNAP benefits as well as to continue the collaboration with school districts in order to increase address accuracy.

5. Eligibility Update:

Jane Longo made reference to the report included with the meeting materials. She said as of the end of December, HFS had over 22,000 Medicaid applications which were 45 or more days old. Since then, January statistics show that this number has increased to 49,000 applications. This is because of the recent Marketplace Open Enrollment period which closed in December. The Marketplace transferred a total of 85,000 applications, which compared to last year is an increase of over 10,000 applications.

As of December 2020, HFS has received 121,000 redeterminations, upon which no action is being taken. Medical only cases are being extended whenever possible and nobody will lose coverage during the public health pandemic. The Biden administration has announced that the Public Health Emergency (PHE) will continue through the end of 2021. The administration has pledged to give states 60 days' notice before ending the PHE. It also announced a new open enrollment period for the Marketplace to start on February 15 and run for three months through May 15, 2021.

Ms. Longo provided a report about Health Benefits for the Immigrant Seniors Program. She said that as of January 25, 2021, there have been 2,364 seniors enrolled. Please refer to the attached report, which HFS staff sent yesterday by email to the members of this committee. HFS has received under \$6M in claims, and 90% of this enrollment is in Cook and collar counties. These claims reflect anything submitted for services as early as September 1st, 2020. As a side note, MEDI had displayed inaccurate information for this population in reference to nursing home services, which is not covered for this population, and co-payments which are not required. Ms. Longo said that this will become a regularly provided report for this committee.

HFS received approval for two out of three requests under the Continuity of Care and Administrative Simplification Waiver 1115. The approved waivers are: The Waiver from the Hospital Presumptive Eligibility program (HPE) and reinstatement of a client into their original MCO if reinstated within 90 days of losing coverage due to late submission of a redetermination form. Still pending is the state's request to extend postpartum coverage to 12 months for women in Medicaid.

Sue Vega asked, how many older adults are estimated to be eligible for the Health Benefit for Immigrant Seniors Program. Jane Longo said HFS does not have a reliable number but that it is important to note that the total has exceeded the estimated number used

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when the General Assembly approved this program. Kathy Chan asked a question from the chat: “Is there a way to capture data about how many customers were approved on spenddown, and how many are approved under 100% of the FPL income thresholds?” Ms. Longo said this information will be presented during the next meeting.

Kelsie Landers asked about the next steps for postpartum coverage which was not approved in the waiver. Laura Phelan said that HFS will continue to work with CMS. They requested updated data. From a recent meeting with the National Association of Medicaid Directors, HFS is under the impression that larger policy decisions may not come until more leadership positions are filled at CMS. Jane Longo added that an estimate is that it could take from three to four weeks for CMS to announce who will fill these positions.

Kathy Chan thanked HFS staff members for their expedited disposition in putting together a report about the Health Benefits for Immigrant Seniors Program and sharing this data with committee members.

The “ABE Manage My Case, Appeals, and FFM Report” remains consistent with previous months/years. The report is attached.

6. Feasibility Study Update

Laura Phelan said that HFS, the Governor’s Office, and DOI have received questions about the Feasibility Study. HFS continues working on this study and anticipates it will be released by the February 28, 2021 deadline. Once it is released, there will be a stakeholder engagement process that will be provided as well. Ms. Phelan said that the report does not make recommendations as it is a feasibility study intended to provide additional information to stakeholders, policy makers and legislators to be able to make informed policy decisions in the future.

Nadeen Israel asked about the timeline for publishing the report and if the public will be able to provide feedback before is finalized. Laura Phelan said the report will not be shared for additional feedback prior to being finalized. It will include different scenarios and their costs. The intention is that the data provided inform stakeholders and help inform short-term, mid-term, and long-term future conversations. Erin Weir-Lakhmani proposed a discussion of the report during future meetings or to schedule a special meeting dedicated to providing feedback that will benefit future opportunities, taking advantage of the collective knowledge that this group can provide. Kathy Chan offered an open invitation and recommended setting aside time for this discussion during the April Public Education Subcommittee meeting.

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7. Care Coordination Update:

Robert Mendonsa told the group that in accordance with Illinois State law, the Pay-for-Performance Program (“P4P”) Report was issued and can be found at:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/HealthPlansCommunityInvestmentsSummary.pdf>

According to the results, as of September, the P4P has spent a total of \$56M, and \$27.6M was spent specifically in disproportionately impacted areas. An updated number, as of December, is \$94M, in aggregate, that was invested, and there is \$46M in disproportionately impacted areas. Therefore, approximately 50% was directed towards regions that need it the most. There was \$22M in rate increases; of those, \$10M went to enhanced care coordination, telehealth infrastructure, housing support, and one and a half million dollars was devoted to food pantry.

The MMAI Statewide expansion is still on track for its seventh month expansion July 1, 2021 start. In terms of network adequacy, HFS continues discussing this matter with its health plans. In March, the plans will make a final network submission. Erin Weir Lakhmani asked about what outreach or stakeholder engagement that HFS has done with providers and advocacy groups working with disabled individuals to make them aware that MMAI will soon be rolled out. Mr. Mendonsa said, HFS is open to working with the MCOs to develop an approach that will be suitable. Erin said that she will follow-up with Robert via email to discuss some suggestions for strategic engagement. Robert said that he is open to suggestions in order to develop a strong education plan to maximize engagement for the program and support clients in their care coordination for which the plans are responsible. The “mail out” will be issued in April, so this will be a good time to plan a strategy.

Nadeen Israel suggested that whether Aetna’s decision to drop Walgreens from its network could be considered an issue of health equity, racial equity, and pharmacy saturation. She also asked, what is HFS doing to ensure that there is not going to be a disruption and that there is continued access to care. Nadeen added that State Representative La Shawn K Ford has filed [HB591](#) in response to these concerns. She asked how can members raise concerns to HFS? Mr. Mendonsa said that change can be confusing. There are network adequacy standards that are being met (15 minutes or 15 miles urban access maybe in other areas this may not be good). Nadeen Israel said that this could be problematic in some communities where transportation could be an issue or for individuals who do not drive. Robert said, HFS will be looking at equity issues more closely. Anyone with concerns can send issues to Robert and HFS will share the concerns with Aetna. Nadeen Israel asked what is the best way to raise issues and concerns to HFS regarding clients? Robert asked that any concerns be brought to him at Robert.mendonsa@illinois.gov

- Clients should start by calling Aetna 's Member Service Line 1-866-329-4701 and filing a complaint if needed.

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- Also, to find a pharmacy, clients can go to:
<https://www.aetnabetterhealth.com/illinois-medicaid/find-provider> and scroll down to "Alternative providers - pharmacy.
- Members may also call the HFS Benefits Hotline at 1-800-226-0768 to raise concerns. Older adults and persons with disabilities who live in the community can utilize the Home Care Ombudsman Program.
- Aging waiver consumers may also contact 1-800-252-8966 and 1-888-206-1327 and press 4 to be directed to "other services" in order to ask for a Home Care Ombudsman or email us at Aging.HCOProgram@illinois.gov

Carrie Chapman asked HFS to make available the specific data points (besides zip codes) in order to assess network adequacy.

Dan Rabbitt said that, for some communities in the Chicago area, small independent pharmacies do not have ample supply of psychotropic medications for people suffering from opioid disorders. Dan Rabbitt asked if HFS has done an analysis regarding what type of medications are available from pharmacies. In addition, in his opinion these pharmacies do not offer ample store hours. Mr. Mendonsa said that he is not aware of these concerns; he asked to have more specifics about these reports sent to him and said that he would look into this. Robert Mendonsa said that he does not want adverse effects for clients. He asked for case-specific information about when these situations have happened in order to properly follow-up upon them.

Amber Kirchhoff said that the home delivery provided by CVS is a great option, however this is not suitable option for the homeless population and Medicaid clients who move constantly due to financial issues. Therefore, home-delivery has some limitations. Robert thanked her for the feedback and said that he would take this information into consideration.

Finally, Kathy Chan asked if the MMAI expansion target will be met to start statewide as of July 1st, 2021. Robert said "yes", if there are any updates, HFS will provide them during an update in upcoming meetings.

8. Open Discussion and Announcements:

A committee member asked, last year there was an announcement that psychiatrists and mental health nurses were authorized to render services at School Based Health Centers. HFS shared that it was working on updating its system to allow LCPs, LCSWs, LCPCs, and LMFTs to render and bill for these services. Can HFS share whether those updates have been completed? If they have not been completed, can they share a timeline for when they anticipate completion? Kelly Cunningham said that an update will be provided during the April meeting.

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Carrie Chapman said that according to a recent executive order issued by President Biden on Feb 2, 2021.

<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/02/02/executive-order-restoring-faith-in-our-legal-immigration-systems-and-strengthening-integration-and-inclusion-efforts-for-new-americans/>

There has been a small modification to the Public Charge Rule, but in essence the Rule remains in effect. The use of benefits will, in fact, impact negatively an individual's ability obtain a green card. She wanted to share this update particularly for people assisting clients who may be affected by the Public Charge Rule.

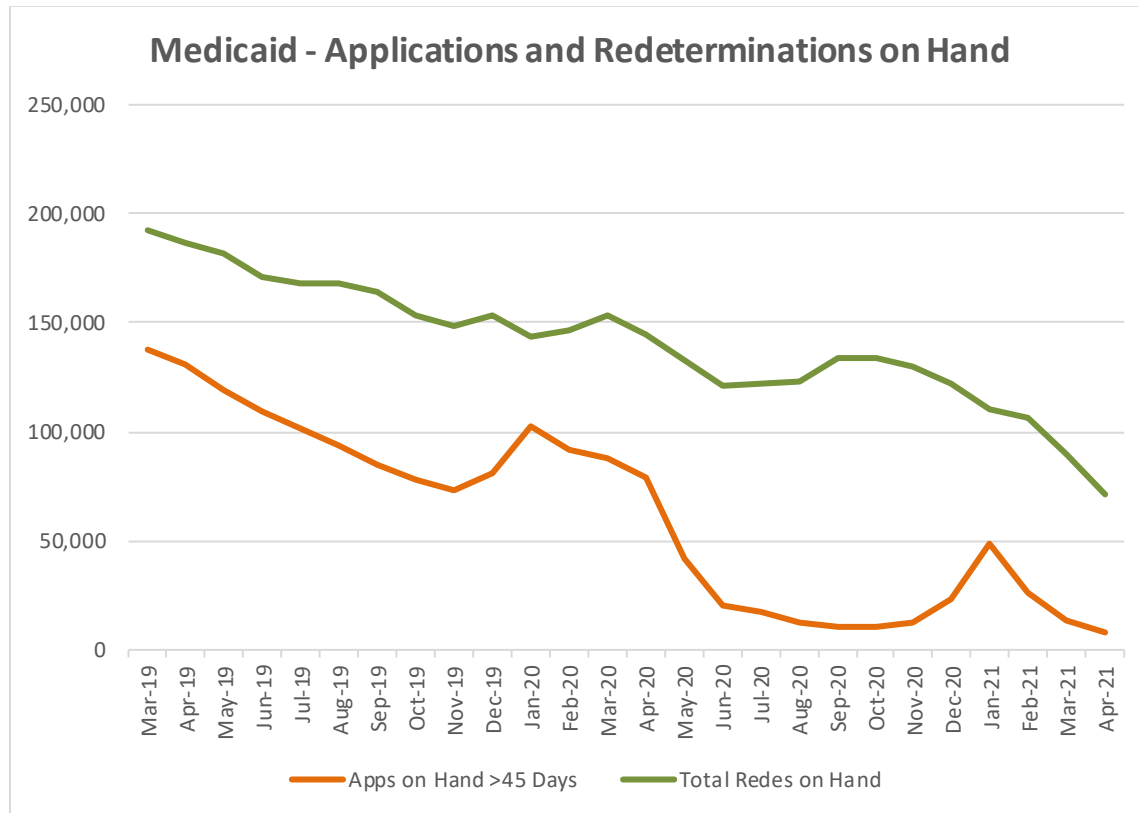
Andrew Fairgrieve inquired if there is a timeline regarding the status of the 1115 Behavioral Health Demonstration. In addition, Mr. Fairgrieve asked whether there will be a chance to give comments on changes made to the "1915 I application" between the draft and final document. Kelly Cunningham said, in terms of the SUD Waiver, HFS is working with the federal government rework the required evaluation and bring reporting up to date. Ms. Cunningham said, HFS has completed the required public comment period. However, this is a process through which there is a conversation with the federal government, not a totally closed process. Please send any comments to kelly.cunningham@illinois.gov

9. Adjourn:

The meeting was adjourned at 11:54 a.m. The next meeting is scheduled for April 8, 2021, between 10:00 a.m. and 12:00 p.m.

*8,000 medical applications 45 days or older as of April 30, 2021, down from a high of 147,000 at the end of January 1919 – a 95% reduction.

*71,304 total medical renewals on hand as of April 30, 2021. Few renewals are being processed during the continued COVID emergency because we will not take adverse action; some for example, those related to SNAP benefits, are being processed.



End of month	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19		
Apps on Hand >45 Days	137,712	131,293	119,060	109,371	101,440	93,530	85,294	78,207	72,807	81,180		
Total Redes on Hand	192,442	186,540	181,729	171,493	167,718	168,535	164,572	153,275	148,048	153,228		
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Apps on Hand >45 Days	102,523	91,907	87,738	78,835	42,254	19,931	17,259	12,946	10,897	10,273	12,701	22,835
Total Redes on Hand	143,683	146,958	152,927	144,940	132,553	121,126	122,498	123,511	134,314	133,795	130,255	121,816
	Jan-21	Feb-21	Mar-21	Apr-21								
Apps on Hand >45 Days	48,982	26,682	13,051	8,000								
Total Redes on Hand	109,933	106,783	90,069	71,304								

Senior Expansion Program
 (Report Run Date: 5/4/2021)

MangPCd MangPCdDesc
 6I 100% FPL or lower- No Spenddown. age >65 and non-citizen
 7I Over 100% FPL -with Spenddown. age >65 and non citizen

Active_Closed	Customer_Count	Claims Received - Payable Amount
Active	5,125	\$ 32,031,099.12
Closed	325	\$ 2,702,840.12
Total	5,450	\$ 34,733,939.24

Active_Closed	MangP	Customer_Count	Claims Received - Payable Amount
Active	6I	4,967	\$ 31,613,047.11
Active	7I	158	\$ 418,052.01
Closed	6I	288	\$ 2,681,669.69
Closed	7I	37	\$ 21,170.43
Total		5,450	\$ 34,733,939.24

SpendDown_Status	Customer_Count - Active
Unmet Spenddown	16
Met Spenddown	142
Total	158

Type of Claim	Claims Received - Payable Amount
Inpatient	\$ 16,157,192.06
Outpatient	\$ 11,382,902.47
Pharmacy	\$ 2,801,128.35
Other	\$ 4,392,716.36
Grand Total	\$ 34,733,939.24

Record Type	Claims Received - Payable Amount
Cook County Health System	\$ 20,196,823.01
Other	\$ 14,537,116.23
Grand Total	\$ 34,733,939.24

County	Customer_Count
Homeless	44
Out of Illinois	1
Adams	2
Boone	15
Bureau	3
Cass	3
Champaign	26
Coles	4
Cook	3,884
Crawford	1
Cumberland	2
De Witt	1
DeKalb	11
Douglas	2
DuPage	380
Effingham	4
Ford	1
Fulton	1
Grundy	3
Iroquois	1
Jackson	2
Jasper	1
Jefferson	1
Johnson	1
Kane	227
Kankakee	19
Kendall	21
Knox	2
La Salle	2
Lake	393
Lee	6
Macon	3
Macoupin	1
Madison	4
McHenry	55
McLean	12
Morgan	1
Ogle	5
Peoria	26
Richland	1
Rock Island	15
Saline	1
Sangamon	7
St. Clair	11
Stephenson	3
Tazewell	8
Union	2
Vermilion	5
White	1
Whiteside	2
Will	148
Williamson	4
Winnebago	70
Woodford	1
All County	5,450

Cook & Collar 4,694
 % of Total 86%

**ABE Manage My Case, Appeals, and FFM stats
For MAC Public Education Subcommittee
Cumulative, as of 5/17/2021**

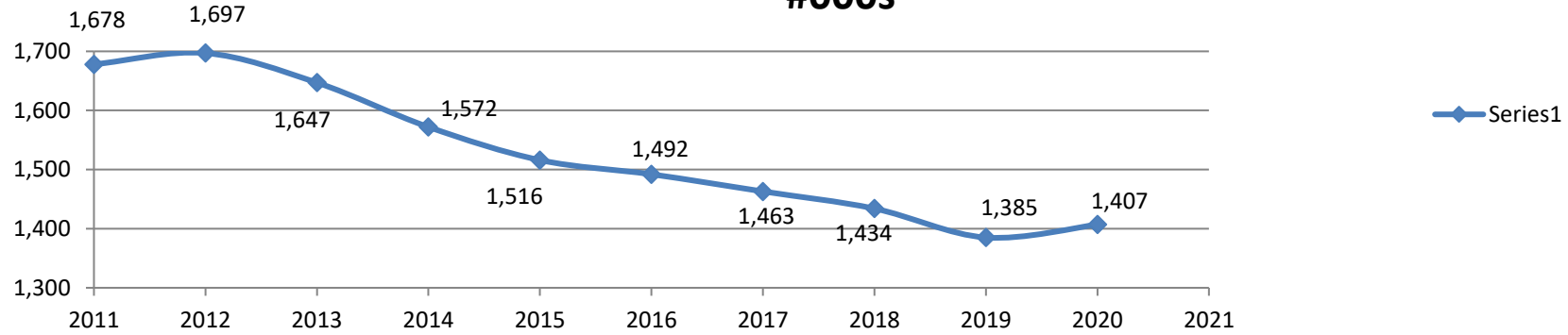
	5/17/21	3/24/21	1/17/21	11/12/20	9/11/20	7/23/20	5/21/20	02/02/20	11/25/19	7/31/18
ABE MMC Accounts Linked	1,479,908	1,425,656	1,351,206	1,335,361	1,256,607	1,188,838	1,128,847	974,179	902,599	329,244
Renew My Benefits *	455,509	430,604	397,791	382,125	356,717	339,810	327,998	294,736	272,015	97,679
Report My Changes	395,368	379,609	358,532	337,288	313,323	290,726	269,498	225,736	206,154	63,762
Program Adds	188,547	180,968	170,717	159,595	147,297	133,738	123,945	95,625	86,564	22,908
Member Adds	36,905	36,192	35,224	34,135	32,916	31,834	30,801	28,492	26,907	9,753
Mid-Point Reports*	211,718	211,718	211,717	211,689	203,399	182,324	176,435	158,350	139,426	34,357
Appeals submitted	101,682	98,882	95,053	90,634	85,860	81,220	76,477	63,349	59,124	NA
FFM cases received since 11/17	526,934	501,663	481,989	408,283	380,645	Not available	354,714	326,316	269,289	114,885
Cumulative count of people successfully ID proofed through the State	5,301	4,995	4,598	4,270	3,997	3,754	3,481	2,865	2,399	NA

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

MMC rolled out on 11/01/2017

Children's Enrollment

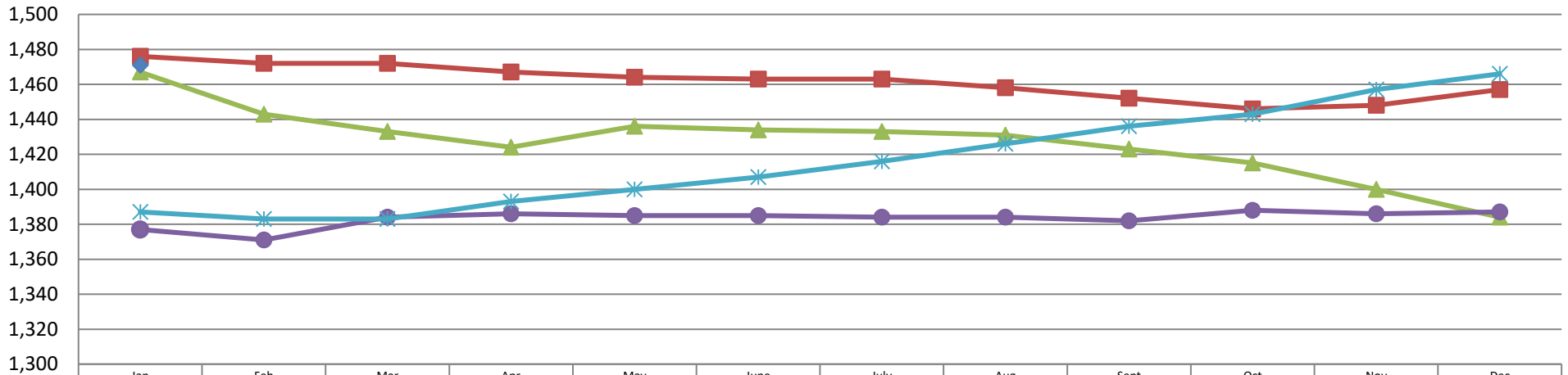
Enrolled Children End of FY11-21 #000s



End of FY	Enrolled Children #000s
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516
2016	1,492
2017	1,463
2018	1,434
2019	1,385
2020	1,407
2021	

Children's Enrollment

**Enrolled Children
by Month
#000s**



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2017	1,476	1,472	1,472	1,467	1,464	1,463	1,463	1,458	1,452	1,446	1,448	1,457
2018	1,467	1,443	1,433	1,424	1,436	1,434	1,433	1,431	1,423	1,415	1,400	1,384
2019	1,377	1,371	1,384	1,386	1,385	1,385	1,384	1,384	1,382	1,388	1,386	1,387
2020	1,387	1,383	1,383	1,393	1,400	1,407	1,416	1,426	1,436	1,443	1,457	1,466
2021	1,471											

End of Month 2017	Enrolled Children #000s	End of Month 2018	Enrolled Children #000s	End of Month 2019	Enrolled Children #000s	End of Month 2020	Enrolled Children #000s	End of Month 2021	Enrolled Children #000s
Jan	1,476	Jan	1,467	Jan	1,377	Jan	1,387	Jan	1,471
Feb	1,472	Feb	1,443	Feb	1,371	Feb	1,383	Feb	
Mar	1,472	Mar	1,433	Mar	1,384	Mar	1,383	Mar	
Apr	1,467	Apr	1,424	Apr	1,386	Apr	1,393	Apr	
May	1,464	May	1,436	May	1,385	May	1,400	May	
June	1,463	June	1,434	June	1,385	June	1,407	June	
July	1,463	July	1,433	July	1,384	July	1,416	July	
Aug	1,458	Aug	1,431	Aug	1,384	Aug	1,426	Aug	
Sept	1,452	Sept	1,423	Sept	1,382	Sept	1,436	Sept	
Oct	1,446	Oct	1,415	Oct	1,388	Oct	1,443	Oct	
Nov	1,448	Nov	1,400	Nov	1,386	Nov	1,457	Nov	
Dec	1,457	Dec	1,384	Dec	1,387	Dec	1,466	Dec	

Children's Enrollment

Children's Enrollment