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Medicaid Advisory Committee
Public Education Subcommittee Meeting
Thursday, October 13, 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 and August 11, 2016
3. Care Coordination Update
4. Illinois Medicaid Redetermination Project (IMRP)/Enhanced Eligibility Verification (EEV) Update
5. The ILLINOIS Rx Portal Website
6. ABE/IES Update
 - IES Phase Two
7. Open Discussion and Announcements
8. Adjourn

For anyone who cannot attend in person but wishes to participate by conference call, please confirm your attendance by responding to 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/BoardsandCommissions/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

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
June 9, 2016**

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

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
June 9, 2016**

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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Public Education Subcommittee Meeting
June 9, 2016

- 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.

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
August 11, 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
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John Jansa, WKG Advisory
Brittany Ward, Primo Center for WC
Ramon Gardenhire, AFC
Hardy Ware, East Side Health District (by phone)
Connie Schiele, HSTP (by phone)

HFS Staff

Jacqui Ellinger
Kimberly McCullough-Starks
John Spears
Avery Dale
Arvind Goyal
Robert Mendonsa
Elizabeth Lithila
Kim Cox
Veronica Archundia

Committee Members Absent

Sergio Obregon, CPS

DHS Staff

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Interested Parties

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Kelly Carter, IPHCA
Graciela Guzman, Patient Innovation Center
Dan Rabbitt, Heartland Alliance
Michael Lafond, Abbott
Luvia Quiñones, ICIRR
Carrie Chapman, LAF
Lynn Seermon, Kaiser Health
Sandy DeLeon, Ounce of Prevention
Mackenzie Speer, Shriver Center
Heather Scalia, Humana
Daniel Frey, AFC
Alison Stevens, IHC
Graciela Guzman, Patient Innovation Center
Carina Gonzalez, Molina
Paula Campbell, IPHCA
Susan Fritcher, UIC DSCC

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
August 11, 2016**

Interested Parties (by phone)

Jill Hayden, BCBS of Illinois

David Hurter, Presence Health Partners

Kristin Hartsaw, DuPage Federation on Humans Services Reform

Christy Johnston, Premier Home health care Services

Dionne Haney, DentaQuest

Dave Lecik, Illinois Department on Aging

Staci Wilson, Illinois Chamber of Commerce

Andrew M. Weaver, Land of Lincoln Legal Assistance Foundation

Susan Melczer, IHA

Paula Dillon, Illinois Hospital Association

Dana Wilkerson, Andrew McFarland MHC

Yolanda Jordan, Madden Mental Health Center

Nelson Soltman,

Andrea Davenport, Meridian Health Plan

Lynne Warszalek, Stickney Health Department

Enrique Salgado Jr., WellCare Health Plans

Travis Nottmeier, Chester Mental Health Center

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
August 11, 2016**

1. Introductions

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

2. Review of Minutes

Kathy Chan stated that, because the agenda was not posted within the appropriate time frame, the committee will not take a vote to approve the June 9th meeting minutes, nor will there be any action taken. However, she asked for any correction to the minutes, and none were noted. The June 9th meeting minutes will be called for approval during the October 13th meeting.

3. Care Coordination Update

In response to a request from committee members, Robert Mendonsa provided a report regarding HB6213. He said that the goal of this bill is to increase transparency and empower patient choice regarding Medicaid managed care. This will require each Medicaid Manged Care Entity (MMCE) to make available on the entity's website an accurate provider directory which must be publicly accessible and should not require passwords or user names. This will also require information to be easily understandable and in a searchable format so that patients can find healthcare professionals, hospitals, pharmacies, and facilities which provide services to Medicaid recipients under the MMCE plan. In addition, the MMCEs will be required to publish prescription medication formulary in their website.

Mr. Mendonsa indicated HB6213 requires that the Client Enrollment Broker (CEB) publishes information regarding complaints, grievances, and appeals. The CEB must also include a toll free number and e-mail directory so people can report any inaccuracies. This requires making information publicly available regarding the Medicaid eligibility redetermination process and care coordination. Mr. Mendonsa indicated that during an upcoming meeting, HFS will introduce a consumer quality comparison tool to assist enrollees with Medicaid Manged Care Entity Plan selection.

Final Regulations/Consumer Education & Information

Kim Cox provided a summary of key provisions regarding the Federal CMS Final Regulations related to beneficiary education and information. She noted that this is the first CMS update to the Medicaid manged care rules since 2002. The main goal is to strengthen important protections for the Medicaid beneficiaries. She said that this vast document containing more than 6000 pages gives great flexibility so that states can build upon current resources. Ms. Cox discussed a handout regarding the regulations with committee members (please see attachment.)

438.2 New definitions for choice and counseling for beneficiaries

438.71 Beneficiary Support System.

438.10 Information Requirements

438.70 Stakeholder Engagement when LTSS is delivered

438.110 Member Advisory Committee

Members of the committee asked that the Department provide periodic updates about developments of how these rules will be implemented in Illinois.

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4. Illinois Medicaid Redetermination Project (IMRP) Enhanced Eligibility Verification (EEV) Update

John Spears reported statistics regarding the redetermination process, which continues to be consistent with previous months, with the exception of the month of July, when a decrease in productivity was experienced, primarily due to staffing problems and computer issues that affected production. Kathy Chan asked if the report continues to be published on the HFS web site. It is and can be found at: <https://www.illinois.gov/hfs/SiteCollectionDocuments/IMRPQtrlyReportQ4-FY2016.pdf>

Mr. Spears said that, on September 26, IES will take over the redetermination process. IES will begin generating October redeterminations forms. In a seamless process, the phones and fax lines will be transferred to the state. The central scanning unit and call center will also be staffed by state workers. It is expected that, by the end of December, the Maximus portions of the redetermination process will be terminated. Ramon Gardenhire indicated that, during the last Medicaid Advisory Committee meeting, a series of recommendations concerning the systematic redetermination flow were discussed. Nadeen Israel asked if the Department can provide an update about the reports that will be available upon launching IES Phase Two. Jacqui Ellinger said that although reports will not be made available to the public until January 2017, a preview of the format will be shared during the next meeting.

5. Client Notices

Jacqui Ellinger stated that with the launching of IES Phase Two, client notices will no longer be issued from the legacy system. Instead they will be generated by IES. She said that in response to the committee's request, copies of various client notices which will be generated from IES were distributed to members of the committee during the month of August. She reiterated the Department's interest in receiving any comments that could be taken to consideration for future changes.

Jacqui Ellinger and Avery Dale discussed the rationale behind the design and structure of the notices with the members of the committee. She said the notices will be consolidated and that they are expected to be longer. For families with multiple benefits, SNAP information will be displayed first, followed by TANF, then medical information; the medical card will be the on the last page. In addition, with the launching of IES Phase Two, clients will be able to have access to the "Manage My Case" function in the ABE portal. As a result clients will be able to receive electronic notifications. However, individuals will continue receiving paper notifications, unless they choose not to.

6. ABE/IES Update

Jacqui Ellinger reported that on September 26, 2016, the state of Illinois will be launching IES Phase Two, at which time DHS and HFS will begin moving operations from their legacy computer system to the new Integrated Eligibility System (IES). Concurrently, the ABE portal will make "Manage My Case" available through which clients will be able to set up an account and track their applications, report changes, upload documents, file an appeal, and complete a redetermination. She said for new applicants an application has to be registered by a case worker before the client can link his or her ABE account to their manage my account.

Ms. Ellinger also noted that in order to accommodate this transition, ABE will not be available from Thursday September 22nd until Sunday, September 25th. It is expected that ABE will be available for the public on September 26th. Jacqui described the ABE Partner Portal security enhancements that have been implemented with respect to All Kids Application Agents (AKAAs,) Medicaid Presumptive Eligibility (MPE,) and other medical providers which are subject to new security requirements in order to continue using the ABE Partner Portal.

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7. Application Processing

Ms Ellinger indicated that the Bureau of All Kids and the Family Community Resource Centers will only offer limited services on September 22nd and 23rd. However, they will accept paper applications. She said that only expedited SNAP applications will be processed on these days. Furthermore, the ABE Call Center will not take applications over the phone on those dates.

7. Criminal Justice Update

John Spears provided the criminal justice report. He said that HFS, DHS, and the Department of Corrections are currently working in partnership to develop a pilot project to improve access to state medical benefits for inmates within the Department of Corrections (DOC). This pilot project is intended for individuals who are about to be released from either the DOC men's facilities in Illinois River or Danville, as well as one women's facility in Decatur. Sixty days prior to their release, DOC staff members will provide the necessary assistance to ensure that inmates submit an ABE application to request full medical coverage.

Mr. Spears said that the Department of Corrections is taking the necessary steps to adapt its computer system to facilitate this process. Certain FCRC offices will process these applications and ensure that appropriate protocols are established, once the pilot proves successful and before its roll out across the entire state. Inmates will use the facilities' addresses for their applications and will report their community addresses prior to release to the DHS target office. Although inmate eligibility is restricted to in-patient hospitalization and related services while incarcerated, upon their release their benefits will be unrestricted. Sherrie Arriazola asked for an update regarding the developments of this project for future meetings as information becomes available.

8. Open Discussion and Announcements

In preparation for the next meeting, Kathy Chan asked for an update regarding 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.

9. Adjourn

The meeting was adjourned at 12:03 p.m. The next meeting is scheduled for October 13th, 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.

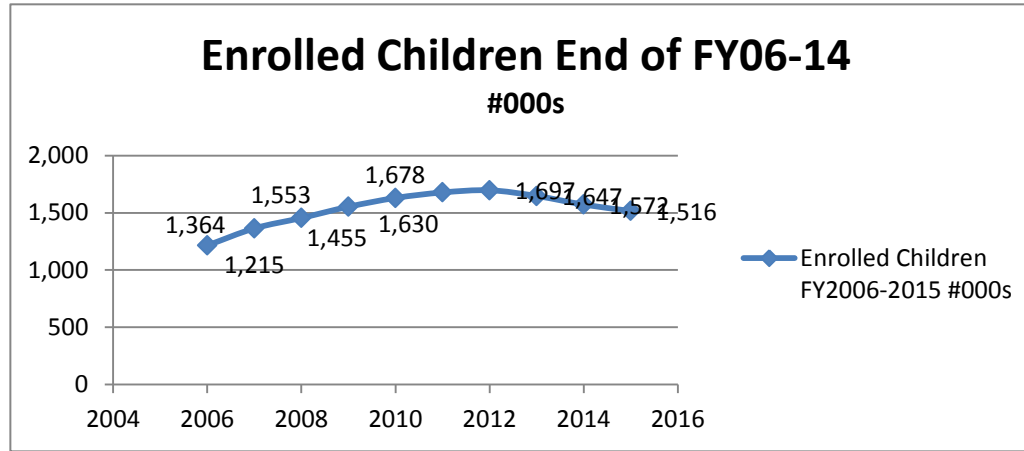
§438.110 Member Advisory Committee

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

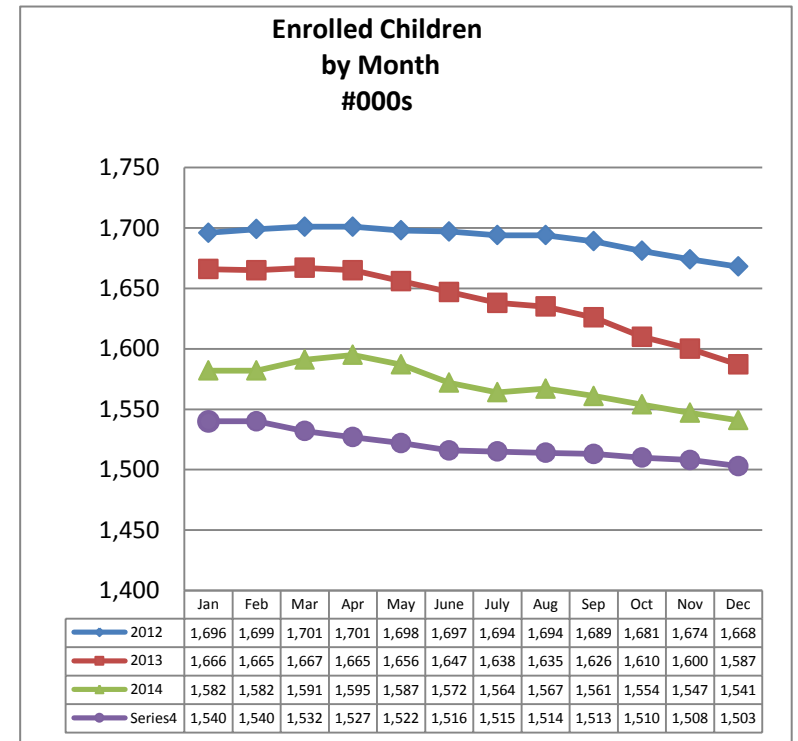
This is a new provision requiring when LTSS are covered under a risk contract, the managed care entity must establish and maintain a member advisory committee representative of the LTSS populations.

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

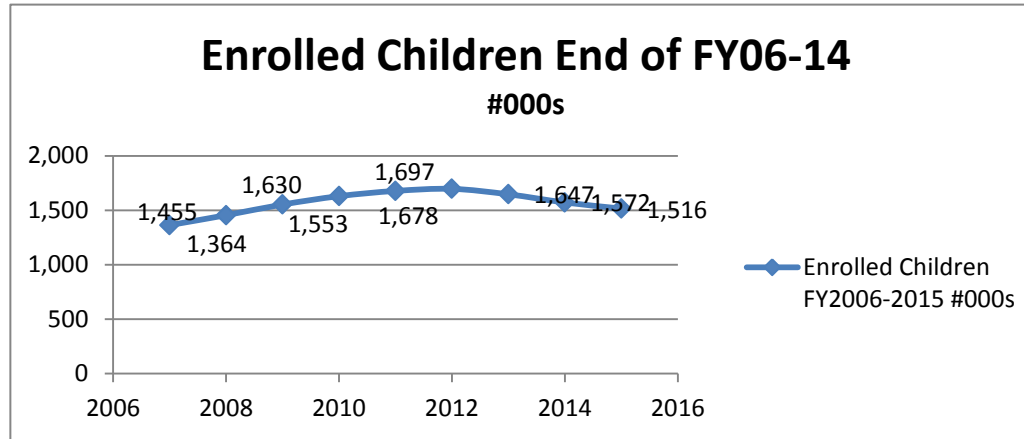


End of Month 2012	Enrolled Children #000s	End of Month 2013	Enrolled Children #000s	End of Month 2014	Enrolled Children #000s	End of Month 2015	Enrolled Children #000s
Jan	1,696	Jan	1,666	Jan	1,582	Jan	1,540
Feb	1,699	Feb	1,665	Feb	1,582	Feb	1,540
Mar	1,701	Mar	1,667	Mar	1,591	Mar	1,532
Apr	1,701	Apr	1,665	Apr	1,595	Apr	1,527
May	1,698	May	1,656	May	1,587	May	1,522
June	1,697	June	1,647	June	1,572	June	1,516
July	1,694	July	1,638	July	1,564	July	1,515
Aug	1,694	Aug	1,635	Aug	1,567	Aug	1,514
Sep	1,689	Sept	1,626	Sept	1,561	Sept	1,513
Oct	1,681	Oct	1,610	Oct	1,554	Oct	1,510
Nov	1,674	Nov	1,600	Nov	1,547	Nov	1,508
Dec	1,668	Dec	1,587	Dec	1,541	Dec	1,503

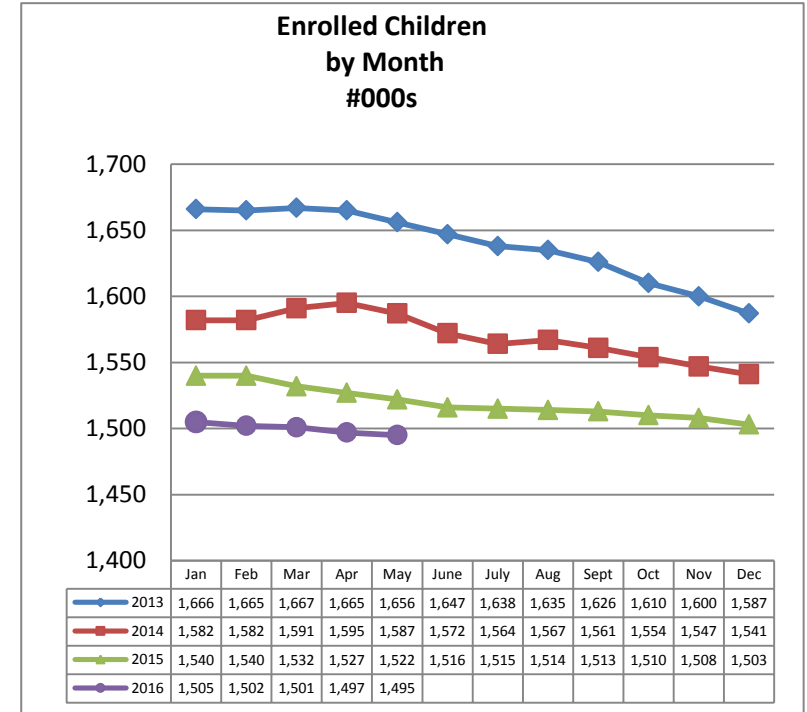


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End of Month 2013	Enrolled Children #000s	End of Month 2014	Enrolled Children #000s	End of Month 2015	Enrolled Children #000s	End of Month 2016	Enrolled Children #000s
Jan	1,666	Jan	1,582	Jan	1,540	Jan	1,505
Feb	1,665	Feb	1,582	Feb	1,540	Feb	1,502
Mar	1,667	Mar	1,591	Mar	1,532	Mar	1,501
Apr	1,665	Apr	1,595	Apr	1,527	Apr	1,497
May	1,656	May	1,587	May	1,522	May	1,495
June	1,647	June	1,572	June	1,516		
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		



Coming in 2017...

ILLINOIS Rx Portal



The ILLINOIS RxPortal is a powerful web-based collection of tools for prescribers and pharmacies created to support the new Pharmacy Benefits Management System (PBMS) which will be online in 2017. This new system will allow for faster and more efficient processing of pharmacy claims billed fee-for-service.

The ILLINOIS RxPortal provides a secure, web-based interface for providers to:

- Submit Prior Authorization (PA) requests and upload any supplemental information needed.
- Check the status of PA requests
- Look up participant eligibility
- View participant drug history
- View the Preferred Drug List (PDL)
- Submit pharmacy claims and receive a real-time approval or denial notification.



Visit the ILLINOIS Rx Portal website to learn more about the new system including features, requirements for registration, frequently asked questions and training and webinar options. The Department will be updating this site frequently as the launch of the new PBMS gets closer.

<https://www.illinois.gov/hfs/MedicalProviders/Pharmacy/illinoisrx/>

ILLINOIS RX PORTAL FAQ

WHO CAN ACCESS THE ILLINOIS RX PORTAL?

The ILLINOIS Rx Portal is limited to prescribers, pharmacists, and their staff who are enrolled and approved in the Illinois IMPACT system. For access to the Illinois Rx Portal, please refer to the Registering with the State of Illinois section of the Healthcare and Family Services (HFS) Web site. (<http://www.illinois.gov/hfs/impact/Pages/default.aspx>)

HOW WILL I KNOW IF I AM APPROVED TO ACCESS THE ILLINOIS RX PORTAL?

The ILLINOIS Rx Portal uses the Illinois IMPACT system to verify the identities of prescribers and pharmacies accessing participant data. You must be enrolled and approved in the IMPACT system to access the ILLINOIS Rx Portal. Once the ILLINOIS Rx Portal comes online, prescribers and pharmacies will receive an email providing them with details on how to access the ILLINOIS Rx Portal.

I AM REGISTERED WITH MEDI. DO I NEED TO REGISTER AGAIN?

Yes. The ILLINOIS Rx Portal is a new system. You must be enrolled and approved in the IMPACT system to access the ILLINOIS Rx Portal.

WILL THE DATA I'VE ENTERED IN MEDI BE PRELOADED INTO THE NEW PORTAL?

No. The data from your IMPACT enrollment will be the basis for access to the ILLINOIS Rx Portal.

WHAT INFORMATION DO I NEED TO REGISTER FOR THE ILLINOIS RX PORTAL?

You must be enrolled and approved in the IMPACT system to access the ILLINOIS Rx Portal. Once the ILLINOIS Rx Portal comes online, prescribers and pharmacies will receive an email providing them with details on how to access the ILLINOIS Rx Portal.

CAN I HAVE SEVERAL PEOPLE IN OUR ORGANIZATION ACCESS THE ILLINOIS RX PORTAL?

Yes. Once you are registered as a prescriber or pharmacy in the ILLINOIS Rx Portal, you can create additional user accounts and control the type of access for each of your staff in the Portal.

CAN I CHECK THE STATUS OF MY PRIOR AUTHORIZATION (PA) REQUEST?

The status of any PA entered can be checked in the ILLINOIS Rx Portal.

CAN I SUBMIT A PHARMACY CLAIM?

Pharmacies have the ability to submit claims through the Illinois Rx Portal and to review claim status and results immediately after adjudication.