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Public Education Subcommittee Meeting

Thursday, February 4, 2021

10:00 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:

[MAC Public Education Subcommittee Meeting](#)

Meeting Number 177 176 7043

Or use the Call-in Option +1-312-535-8110 Access code: 177 176 7043 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.
- Should you wish to call-in (and you have not registered), if you would like to have your name recorded, please send an email to veronica.achundia@illinois.gov
- 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 December 3, 2020
3. COVID-19 Update
4. DHS Update
5. Eligibility Update
6. Feasibility Study Update
7. Care Coordination Update
8. Open Discussion and Announcements
9. 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
December 3, 2020**

Committee Members

Kathy Chan, Cook County Health
Brittany Ward, Lurie Children’s Hospital
Sergio Obregon, CPS
Erin Weir Lakhmani, Mathematica Policy Research
Sherie Arriazola Martinez, Safer Foundation
Nadeen Israel, AIDS Foundation of Chicago
Sue Vega Alivio Medical Center
Connie Schiele, HSTP

HFS Staff

Jane Longo
Laura Phelan
Lauren Polite
Margaret Dunne
Sharice Bradford
Robert Mendonsa
Arvind Goyal
Melissa Black
Veronica Archundia
Elizabeth Nelson
Tracy Keen
Evan Fazio

Committee Members Absent

DHS Staff

Leslie Cully

Interested Parties

Paula Campbell, IPHCA
Andrea Kovach, Shriver Center on Poverty Law
Amber Kirchoff, Illinois Primary Care Association
Heather Holberg, CountyCare
Stephani Becker, Shriver Center on Poverty Law
Martha Jarmuz, Choices CCS
Rose Dunaway, Kindred at Home
Angela Boley, Land of Lincoln Legal Aid
Yariela Ramirez Beccue, UIC Division of Specialized Care for Children
David Hurter, AMITA Health
Laurie Cohen, The Civic Federation
Jill Hayden, Meridian
Monica Cella, Department of Pediatrics UIC
Nelson Soltman,
Dan Rabbitt, Heartland Alliance
Dave Lecik, Department on Aging
Robin Lavender, DuPage Health
Graciela Guzman, Healthy Illinois
Megan Carter, Legal Council for Health Justice
Elizabeth Weber, CountyCare
Brittani Provost, UIC Division of Specialized Care for Children
Elizabeth Berendsen, City of Chicago
Kristin Hartsaw, DuPage Federation on Humans Services Reform
Kimberly Burke, Lake County Health Department
Robin Lavender, DuPage County Health Department
Ashley Galante, Wellcare
Jamie Weber, Avesis

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Luvia Quiñones, Illinois Coalition for Immigrant & Refugee Rights
Grecia Villegas, UIC Division of Specialized Care for Children
Viviana Rodriguez, University of Illinois Hospital & Health Science System
Marina Kurakin, Legal Council for Health Justice
Caroline Chapman, Legal Council for Health Justice
Timothy S. Jackson, AIDS Foundation
Samantha Hollis, Illinois Health and Hospital Association
Susan Gaines, IPHCA
John Ranallo, Molina Healthcare
Claudia Rodriguez from the Greater Chicago Food Depository
Emily Gelber-Maturo, Lake County Health Department
Andrea Davenport Meridian Health
Nicole Villarreal, Chicago Public Schools
Kelsie Landers, EverThrive Illinois - joining late
Samantha Olds Frey, IAMHP
Angela Townsend, Alliance Chicago
Katie Thiede, Alliance Chicago
Alaina Kennedy, IAMHP
Collen Burns, GCFD
Dalia Almazan, GCFD
David Hurter, Amita Health
Edith Avila, ICIRR
Elizabeth Weber, CCHHS
Emily Gerber-Maturo, Lake County Health Department

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1. Introduction:

Committee member Nadeen Israel conducted the first 30 minutes of the meeting. Ms. Israel opened the meeting by indicating that the meeting was being recorded. Committee members present were Brittany Ward, Sergio Obregon, Nadeen Israel, Erin Weir Lakhmani, Sue Vega, Sherie Arriazola Martinez, and Connie Schiele, Kathy Chan subsequently joined the meeting. Ms. Israel asked interested parties to send an email to veronica.archundia@illinois.gov to properly record their participation.

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

Sergio Obregon asked Kathy Chan to include edits to his presentation, "CPS: Enrollment, Engagement and Utilization". With this change, the October 1st, 2020 minutes were approved. Sue Vega made a motion to approve the meeting minutes, which was seconded by Brittany Ward. The meeting minutes were approved with a vote of eight members in favor and zero opposed.

3. 2021 Meeting Dates:

Chairperson Kathy Chan presented the proposed meeting dates for calendar year 2021: February 4th, April 8th, June 3rd, August 5th, October 7th, and December 2nd. Erin Weir Lakhmani made a motion to approve the proposed dates, which was seconded by Nadeen Israel. Committee members approved the meeting scheduled with a vote of eight members in favor and zero opposed. Attached is the schedule, which will be posted at the two HFS office in Springfield and Chicago and on the HFS website at: <https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/publiced/Pages/schedule.aspx>

4. Required Training for Subcommittee Members:

Kiran Mehta, from the Assistant General Counsel, provided instructions indicating that all committee members must complete the mandatory Sexual Harassment Prevention training and the Ethics training by December 23, 2020. Ms. Mehta provided details submitting "Acknowledgment of Participation" to the Bureau of Training. Committee members received a follow-up email that included this information about both trainings in Word format. For any additional questions or concerns, committee members should contact Kiran.Mehta@illinois.gov

5.COVID-19 Update:

HFS Acting Medicaid Director, Kelly Cunningham told the group that the Illinois General Assembly has appropriated significant funding, utilizing federal CARES Act dollars, to offer support to Medicaid providers due to the COVID-19 emergency. In accordance with the very strict federal rules around distribution and utilization of this money, the awarded funds must be spent for very specific purposes including hazard pay for direct care

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workers, personal protective equipment purchases, and other previously unbudgeted expenditures. The following provider notice includes additional details about the application and distribution of CARES payments as appropriated by the Illinois General Assembly on July 1, 2020:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200916c.aspx>

Ms. Cunningham told the group that Healthcare and Family Services has procured a contract with the vendor Ernst & Young (EY) to assist with the distribution of CARES Act funds. <https://caresapp.hfs.illinois.gov/> The vendor EY has undertaken a number of activities designed to support the distribution of funds, including designing an online CARES application provider portal and supporting the development of a methodology for distribution of the CARES funds across provider types. Follow this link for additional details:

<https://www.illinois.gov/hfs/Pages/CARESUpdatePage.aspx>

Kelly Cunningham said that the portal closed in November. Currently, HFS is in the process of evaluating all applications submitted through the portal, with the goal of getting Round Two awards to qualified providers before mid-December. Awards must be spent by December 31, 2020. Ms. Cunningham said HFS continues working with its sister agencies to sustain the Medicaid provider community, in order to ensure that members can continue to receive services during this pandemic. She also expressed gratitude to Medicaid providers and advocates for their partnership during this difficult time.

Britany Ward asked, if a provider did not already apply through the HFS CARES Act portal, will it be possible to submit applications for consideration during the third round of funding? Kelly Cunningham replied that the application portal was closed and It is unlikely that there will be another opportunity for providers to apply for funds. If anyone has a specific question or issue that needs to be discussed, she requested that it be direct them to Kelly.Cunningham@illinois.gov

Kathy Chan said, “there has been a lot of discussion in terms of bills for federal relief to states. Do you envision a similar process of distribution as the one just described?” Kelly replied that, it is too early to tell. HFS has not been informed about any specifics regarding new federal distribution. It is possible that the new administration in Washington may see things a little bit differently. Nevertheless, HFS has done a great deal of work in terms of setting up the portal infrastructure and we hope that it could be used if future opportunities arise.

Sergio Obregon asked about the criteria for the CARES funding: Ms. Cunningham said, various aspects are being taken into consideration, such as: loss of revenue, historical Medicaid volume and claims submitted, and what other CARES funds had been received. In addition, Mr. Obregon asked if the recipients for the CARES Act funding will be disclosed. Ms. Cunningham replied that the first round of funding recipients is online. Melissa Black then stated that CARES payments can be found at:

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- ✓ [Round 1 Provider List Safety-Net Hospitals \(pdf\)](#)
- ✓ [Round 1 Provider List FQHCs \(pdf\)](#)
- ✓ [Round 1 Provider List LTC \(pdf\)](#)

Melissa Black said that providers were allowed to include expenditures that had been made since March 2020. HFS methodically went through making sure that everything which the Illinois General Assembly had intended to include. The HFS website provides extensive information about this process, as well as, addressing frequently asked questions and more at: <https://www.illinois.gov/hfs/Pages/CAREUpdatePage.aspx>

Ms. Cunningham said that HFS will soon publish the second-round award of funding recipients, which have not yet been announced. Kathy Chan asked that anyone having additional questions should please send them to veronica.archundia@illinois.gov

6. ABE, IES & Redetermination Update:

Margaret Dunne provided a Report of a Birth numbers. She said that in November, there were 4,842 submissions through ABE by providers and individuals. Ms. Dunne reported that, during the month of November 4,113 babies had been added to Moms and Babies cases by hospitals through the ABE provider portal. A total of 729 infants have been added using Manage My Case (MMC). Over the last year, 68,284 newborns were added through the provider portal, with an overall success rate of about 70%.

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

Jane Longo said as indicated in the report, which was included with the meeting materials, as of the end of October, HFS had over 10,000 Medicaid applications which were 45 or more days. In comparison to January 2019, this is a reduction of 92%, when there had been 147,00 applications. The November numbers are not yet available.

In relation to medical redeterminations, Jane Longo said that HFS is not processing most redeterminations during the Public Health Emergency. Only some redeterminations are getting processed, because they are associated with SNAP cases. The State is not taking negative action due to a Federal approval to delay redeterminations. Ex-parte renewals, which do not require any action from or contact with a client, continue. HFS is verifying eligibility through electronic data sources. There were about 45,000 cases in October. About 37% of those individuals up for redetermination receive ex-parte renewal (Form A) and are renewed for another 12 months. Perhaps the new administration may change some of those rules. HFS and DHS have sufficient staff to manage if asked to resume redeterminations.

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Ms. Longo said that HFS is prioritizing updating addresses so that when redes begin again there is correct contact information. She said that clients are encouraged to submit address changes through MMC when possible. She reminded committee members that the Marketplace Open Enrollment started November 1 and continues December 15th. Follow this link for the website through which to apply:

<https://widget.getcoveredamerica.org/?original=/IL/>

Ms. Longo said that there is expected to be an influx of Federally Facilitated Marketplace applications from now through February. With respect to a previous request regarding the Medicaid enrollment numbers, Ms. Longo said that the statistics for fiscal 2019 have been posted at the HFS website. The Medicaid enrollment numbers for fiscal year 2020 will be posted at the end of December:

<https://www.illinois.gov/hfs/info/factsfigures/Pages/DetailedManagedCareEnrollment.aspx>

7. Health Benefit for Immigrant Senior Program:

Jane Longo said that the Illinois General Assembly, under House Bill 357, directed HFS to create the Health Benefits for Immigrant Seniors Program. This is a new program for senior citizens, age 65 or older, who are ineligible for Medicaid due to their immigration status and who have incomes at or below 100 Federal Poverty Level. She said that under the state rules process, the Joint Committee on Admirative Rules (JCAR), which is the legislative committee that approves rules, cancelled its November meeting because of COVID-19. For this reason, HFS has to go through an alternative process to approve rules and this will take until December 12th .After rules are approved, HFS will share brochures with community partners and will publish a Provider Notice on the HFS website regarding program. <https://www.illinois.gov/hfs/Pages/CoverageForImmigrantSeniors.aspx>

Interested individuals can apply for coverage at any time using the ABE website or using other means they would apply for traditional Medicaid. The same application can be used for all medical programs. Also, clients can call the All Kids hotline at 877-805-5312 to apply over the phone. The hotline has the ability to provide assistance in multiple languages, including Spanish. If someone applies anytime during the month of December 2020, backdated coverage can start on September 1st, 2020. Despite budget constrains this coverage program is a priority. Ms. Longo reminded committee members that there is no asset test during the COVID Public Health Emergency, but HFS intends to reinstate it for this program as well a AABD once the emergency is over.

Amber Kirchhoff said that FQHCs see many patients who may be eligible for this program and asked if there are any webinars planned or other community education. Jane Longo said that community partners will host webinar opportunities. In addition, HFS is also working with the Department on Aging and DHS. Stephanie Backer suggested contacting the Stephani Becker suggested contacting the Shriver Center on Poverty Law for training and webinar opportunities in order to help people get ready to enroll.

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Amber Kirchhoff said that FQHCs see many patients who may be eligible for this program and asked if there are any webinars planned or other community education. Jane Longo said that community partners will host webinar opportunities.

Kathy Chan read a question from the chat on-line: Is DHS sending rede notices? Jane Longo said “NO” – not for any medical programs, at this time, Medical redeterminations are not being sent and no forms have to be returned, unless a case has medical and SNAP benefits. Currently, HFS is not taking negative eligibility actions. Leslie Cully said that DHS has been exercising the state waiver option for SNAP and TANF. SNAP certification periods have been extended for six months, from March and September. However, DHS recently mailed SNAP recertification notices which do have to be returned in order for SNAP customers to continue receiving benefits.

Another question from the chat: “For women on Moms and Babies plan, will their coverage continue after 60 days postpartum, even if they are undocumented?” Ms Longo said, “Yes”, HFS is not taking negative action on these cases, even for those women who were only eligible because of pregnancy. The federal government has asked HFS to cancel coverage for undocumented women on the 61st day after the birth of a child, but HFS has notified the feds the State needs time to make these changes. The State would like to use state only funds to cover these women but needs legislative authorization to achieve this goal.

A committee member asked, if the 834 file shows whether someone has received Form A (ex-parte, electronic verification and does not require client response) or Form B (requires response from client): Robert Mendonsa said, this is a pending request: the file that MCOs receive does not include the notation. He said that HFS does not have a specific date at this time. Committee member Erin Weir Lakhmani said that the 834 file is a Federal nationally structured template with a very complex process required to change a single field. Therefore, it is understandable that this change requires of a lot of time to accomplish.

Nadeen Israel asked about the latest report of the Medicaid and managed care enrollment numbers stating that the HFS website is still showing data from August 2020. She asked when the most updated data will be posted:

<https://www.illinois.gov/hfs/info/factsfigures/Pages/DetailedManagedCareEnrollment.aspx>

Jane Longo said that she will follow-up regarding this request.

For MCO enrollment information by county, please follow this link:

<https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>

Chairperson Kathy Chan stated that at the last meeting, it had been said that HFS had requested CMS for a six month extension period after the PHE in order to phase back in redeterminations, instead of restarting all at once, and asked about the status of this request? Jane Longo said, HFS would like at least six months, but said that 12 months is

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preferred. However, to date, federal CMS, has not responded. Nevertheless, HFS will be checking back after the change in Federal administration.

8. Care Coordination Update:

Robert Mendonsa told the group that in accordance with Illinois State law, the Pay-for-Performance Program (“P4P”) has to be paid back to the MCOs plans about \$56M has been spent through the end of September on things like housing, Telemedicine, Personal Protective Equipment, and food pantries. The actual spending, as of October 31st is \$68M. The report is still in the approval process, but it is expected to be published by next week.

As of December 1, 2020, IlliniCare is now known as Aetna Better Health. HFS will be updating materials. This is not a conversion, but only a name change. HFS is currently working to complete this transition. CVS/Aetna bought Illinicare in January.

MMAI statewide expansion is still on track for July 1st, 2021, Enrollment will begin in March/April 2021 and it will be staged over three months. Mr. Mendonsa did not have exact dates, but he said that he will talk about this during the February meeting. In the chat, there was a request to address the Network adequacy filings timeline during the February meeting.

9. DHS Update:

Leslie Cully said that the Family Community Resource Centers (FCRCs) across the State are open with the exception of the Woodlawn location. DHS offices have been operating with skeleton staff on site, about 10% statewide, mostly providing Link cards; assisting persons who may have trouble using phone or internet; and persons experiencing homelessness; and dropping off verifications. The remaining portion of DHS staff members are working remotely with a very good productivity rate. Ms. Cully said that, as the rate of COVID-19 resurges, DHS wants to make sure that clients, as well as the DHS workforce can stay at home to avoid the risk of contagion. All efforts are being made to promote the ABE Call Center and the use of the ABE self-service portal and the MMC.

As part of the Federal Emergency declaration, the USDA has continued to allow states to issue SNAP emergency allotments to bring them up to the maximum benefit for their household size. For example, an individual receiving about 16 dollars a month, would receive an emergency allotment bringing him or her up to the 194 dollars a month maximum benefit for a household of one. This is critical for elderly and persons with disabilities.

DHS has also rolled out expanded online purchasing. Aldi was added yesterday, joining Amazon and Walmart. Flexibilities are still in place for SNAP and TANF in terms of

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extending the certification period by six months, as well as the waiver that allows telephonic signatures and verbal attestation through community partners, so that they can submit applications in ABE for customers.

It has been requested to extend P-EBT through Federal FY 2021 (through September 30, 2021) – for children who would have otherwise received free/reduced lunch at school but who were remote learning. This was easier in the Spring because all schools were closed. However, currently there are challenges because schools are operating with various schedules. Once a plan is finalized with the USDA making benefits retroactive to October 2020.

Sergio Obregon asked, if a family who applied for P-EBT last school year, would families have to reapply. Leslie Cully said details are still have work out with FNS. An effort is being made to avoid having families reapply. Kathy Chan asked Leslie to use this committee as a forum to disseminate information once a decision is made.

10. Feasibility Study Update:

Laura Phelan provided background information regarding the Medicaid Omnibus Bill included a healthcare affordability feasibility study:

<https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=101-0649>

Ms. Phelan said that HFS is required to conduct a feasibility study in consultation with the Department of Insurance (DOI). Under the statutory language, it is necessary to explore options to make health care affordable and accessible for low-income and middle-income residents. The study requires a report, which is due to the General Assembly and the Governor by February 28, 2021. Laura Phelan said that the study must include the impact of proposals on the uninsured rate as well as the cost the proposals.

The report will not include recommendations and was designed to provide a menu of policy options, along with data to help compare the options against each other and make decisions. Laura Phelan said that Illinois could choose one option or multiple policy options, which could potentially have a greater impact, because not all of the policy options target the same groups of individuals. Currently, there are 4 different policy options about which HFS is conducting an actuary analysis regarding the following policies:

- Medicaid buy-in off the Marketplace
 - Broad – where anyone could buy in
 - Targeted – for those who locked out of subsidies on the Marketplace
- On-Marketplace Public Option to increase competition in the Marketplace
- Basic Health Plan – Medicaid-like coverage up to 200% FPL

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- State-subsidized premiums or state-subsidized premium AND cost-sharing reductions

There are two policies discussed without actuarial modeling:

Investing in more in-person outreach, assistance, education.

Transition to a state-based Marketplace that it may impact IL's ability to affect other policies in the study.

There will be a chapter in the report that is dedicated to health and racial equity, but health and racial equity will be addressed throughout the report as well. There will be another round of stakeholder engagement following the release of the report so that data in the report can help inform those discussions.

Nadeen Israel asked, why the two policies are not being modeled. Laura Phelan said that Milliman tried to model consumer assistance but there wasn't enough good data to generate an accurate model. The State Marketplace is more operational, but again, would be difficult to accurately model the impact on the uninsured rate.

A person using the chat asked: "are the models including undocumented individuals?" Ms. Phelan said, Yes, as well as others who are locked out of financial help on like those in the "family glitch". The Medicaid buy-in takes into account unique barriers of undocumented individuals.

Another question from the chat was: will the coverage include everything that Medicaid does? Laura Phelan said, Yes, except for long term services and supports (nursing home or HCBS waiver services), it is similar to what is available on the Marketplace, or private insurance.

Chairperson Kathy Chan asked if this committee will be one of the venues to disseminate more details about the study? And if its members will have the opportunity to offer comments about the report. Laura Phelan said that the members of this committee will be informed about the latest developments.

11. Justice Involved Issues:

Jane Longo said that Lynne Thomas was the lead for this agenda item, since her retirement, this past October and currently there is nothing to report.

Sherie Arriazola Martinez said that she recently had a conversation with Margaret Dunne and Lauren Polite about issues related to some cases. Sharie also said that the Safer Foundation received a grant from the Department of Justice to implement Medication Assisted Treatment (MAT) at two work release centers in an effort which is supposed to start on April 1st, 2021. She said the Safer Foundation is working in partnering with UI Health on this grant and she looks forward to continuing to work with HFS staff members.

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12. Open Discussion and Announcements:

The Chairperson thanked Nadeen Israel for conducting the meeting during her brief absence. She also thanked HFS and DHS staff members for their collaboration and partnership working to serve the people of Illinois.

13. Adjourn:

The meeting was adjourned at 11:58 a.m. The next meeting is scheduled for February 4, 2021, between 10:00 a.m. and 12:00 p.m.

Illinois Department of Healthcare and Family Services

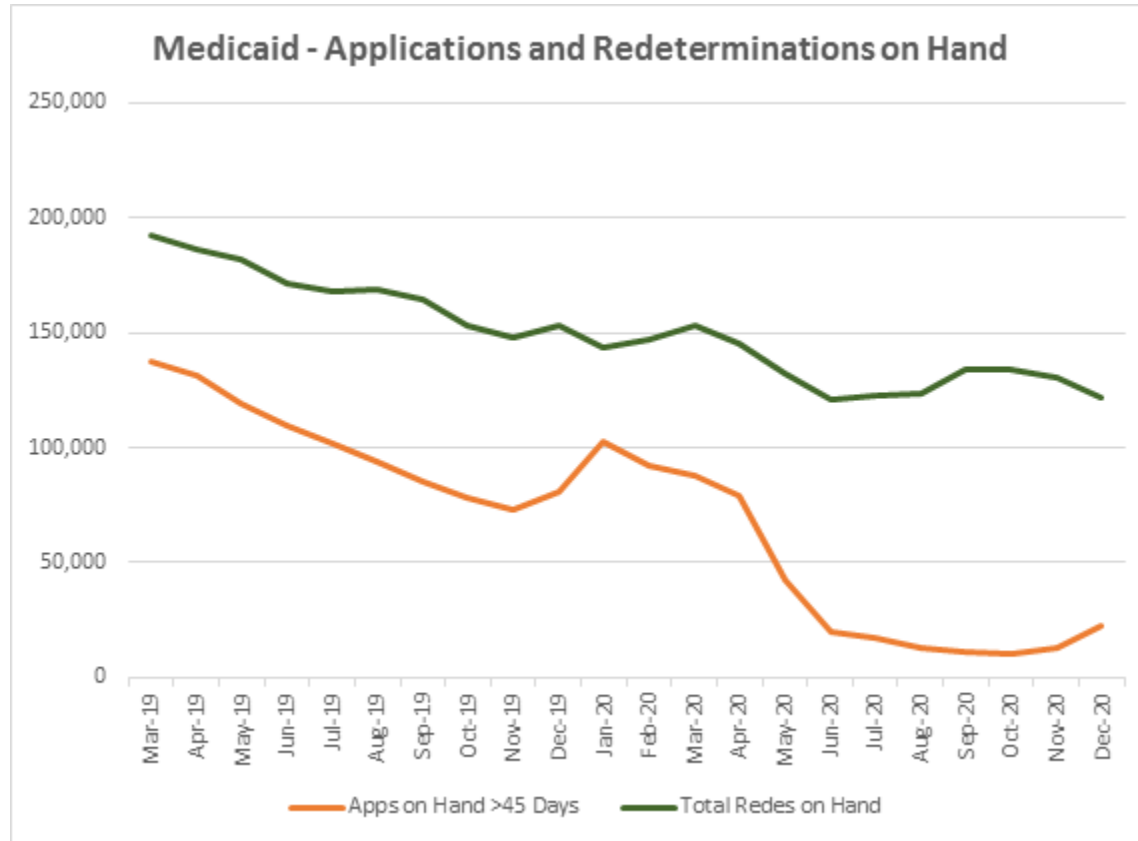
MAC/Public Education Subcommittee

The Public Education Subcommittee meetings are open to the public. Due to COVID-19 concerns, meetings would be held by conference call only. Participants attend the meetings by conference call or WebEx videoconference.

2021 Meeting Dates (Subject to Change)	Time
February 4, 2021	10:00 a.m. – Noon
April 8, 2021	
June 3, 2021	
August 5, 2021	
October 7, 2021	
December 2, 2021	

*22,835 medical applications 45 days or older as of December 31, 2020, down from a high of 147,000 at the end of January 2019- 84% reduction.

*121,816 medical renewal on hand as of December 31, 2020. 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.



	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

**ABE Manage My Case, Appeals, and FFM stats
For MAC Public Education Subcommittee
Cumulative, as of 1/17/2021**

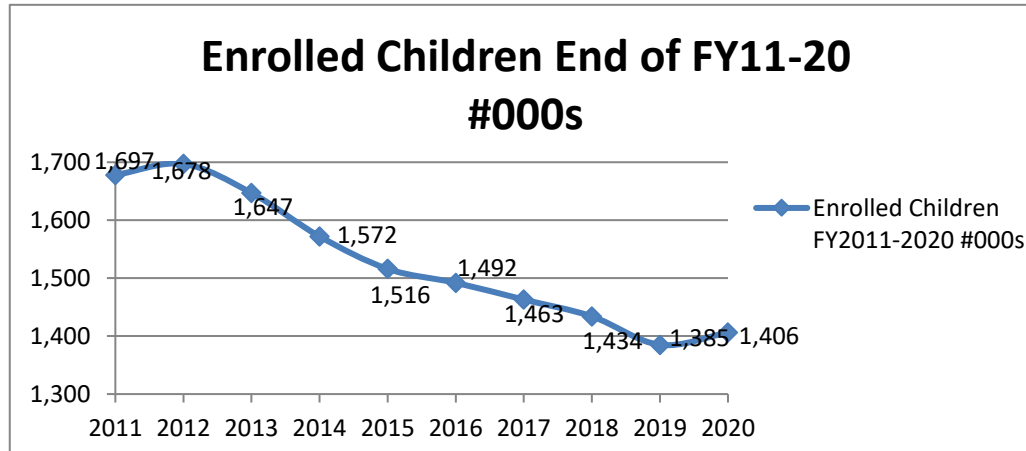
	1/17/21	11/12/20	9/11/20	7/23/20	5/21/20	02/02/20	11/25/19	9/23/19	7/29/19		7/31/18
ABE MMC Accounts Linked	1,351,206	1,335,361	1,256,607	1,188,838	1,128,847	974,179	902,599	836,178	747,236		329,244
Renew My Benefits *	397,791	382,125	356,717	339,810	327,998	294,736	272,015	252,648	232,669		97,679
Report My Changes	358,532	337,288	313,323	290,726	269,498	225,736	206,154	187,361	169,956		63,762
Program Adds	170,717	159,595	147,297	133,738	123,945	95,625	86,564	78,096	70,302		22,908
Member Adds	35,224	34,135	32,916	31,834	30,801	28,492	26,907	24,683	22,495		9,753
Mid-Point Reports	211,717	211,689	203,399	182,324	176,435	158,350	139,426	125,304	112,567		34,357
Appeals submitted	95,053	90,634	85,860	81,220	76,477	63,349	59,124	54,067	49,360		NA
FFM cases received since 11/17	481,989	408,283	380,645	Not available	354,714	326,316	269,289	234,257	226,185		114,885
Cumulative count of people successfully ID proofed through the State	4,598	4,270	3,997	3,754	3,481	2,865	2,399	1,918	1,512		NA

**Note, HFS suspended sending redetermination notices during the PHE*

MMC rolled out on 11/01/2017

Children's Enrollment

End of FY	Enrolled Children FY2011-2020 #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	1,406



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
Jan	1,476	Jan	1,467	Jan	1,377	Jan	1,387
Feb	1,472	Feb	1,443	Feb	1,371	Feb	1,383
Mar	1,472	Mar	1,433	Mar	1,384	Mar	1,383
Apr	1,467	Apr	1,424	Apr	1,386	Apr	1,393
May	1,464	May	1,436	May	1,385	May	1,400
June	1,463	June	1,434	June	1,385	June	1,407
July	1,463	July	1,433	July	1,384	July	1,415
Aug	1,458	Aug	1,431	Aug	1,384	Aug	1,423
Sept	1,452	Sept	1,423	Sept	1,382	Sept	1,430
Oct	1,446	Oct	1,415	Oct	1,388	Oct	
Nov	1,448	Nov	1,400	Nov	1,386	Nov	
Dec	1,457	Dec	1,384	Dec	1,387	Dec	

