

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
December 5th, 2019**

Public Education Subcommittee Meeting
December 5, 2019 Final Meeting Minutes
401 S. Clinton Street, Chicago, Illinois
201 S. Grand Avenue East, Springfield, Illinois

Committee Members

Kathy Chan, Cook County Health
Brittany Ward, CPS
Sue Vega, Alivio Medical Center
Sergio Obregon, Chicago Public Schools
Nadeen Israel, AIDS Foundation of Chicago (by phone)
John Jansa, Fox Valley Developers
Connie Schiele, HSTP (by phone)

HFS Staff

Jane Longo
Lynne Thomas
Bill McAndrew
Arvind Goyal
Veronica Archundia
Melissa Black

Committee Members Absent

Sherie Arriazola, Safer Foundation
Erin Weir Lakhmani, Mathematica Policy Research

DHS Staff

Gabriela Moroney
Patricia Reedy

Interested Parties

Paula Campbell, IPHCA
Susan Gaines, IPHCA
Nina Misra, Ever Thrive IL
Kelsie Landers, Ever Thrive IL
Natrina Kennedy, Ever Thrive IL
Dan Rabbitt, Heartland Alliance
Alicia Donegan, Age Options
Tony Smith, NAMI Chicago
Liza Hansen, CPS
Michael Lafond, Abbvie
Jessie Beebe, AFC
Ryan McGraw, Access Living
Sophia Cipriano, UI Health
Susanne Wiecek, UI Health
Sandy DeLeon, Ounce of Prevention
Sam Hellis, IHA
Gene Liebler, La Rabida
Marina Kurakin, Legal Council for Health Justice
Stephanie Altman, Shriver Center
Eric Johns, Meridian
Laurie Cohen, Civic Federation
Samantha House, Medical Home Network
Patrick Hoster, Speaker's Research Staff Member
Trisha Rodriguez, Senate Democrat Staff Member
Jill Hayden, Meridian
Ryan Vayler, Health News Illinois
Karina Gonzalez, Molina

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Angelica Saavedra, Next Level Health
Megan Carter, Legal Council for Health Justice
Angel Miles, Access Living

Interested Parties (by phone)

Amber Kirchhoff, Thresholds
Jennie Pinkwater, Illinois Chapter, American Academy Pediatrics
Nelson Soltman,
Angela Boley, Land of Lincoln Legal Aid
Robin Lavender, Du Page County Health Department
Rose Dunaway, Girling Community
Ralph Schubert, University of IL Chicago
Martha Jamuz, Choices
Kristin Hartsaw, DuPage Federation on Human Services
Brittani Provost, Division of Specialized Care for Children
Faye Manaster, The Arc Illinois
Fayad Rahman, AMITA
Andrea Davenport, Meridian
Margo Holden, BCBS

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1. Introductions:

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

2. Review and Approval of the Meeting Minutes from October 3, 2019:

Kathy Chan asked to amend the list of participants because Marina Kurakin's name, from the Legal Council for Health Justice, had been entered twice. With this change, the minutes were approved. John Jansa made a motion to approve the minutes from October 3, which was seconded by Brittany Ward. The minutes were approved by a vote of seven in favor and none opposed.

3. Care Coordination Updates:

Bill McAndrew indicated that the enrollment of Special Needs Children (SNC) and DCFS Youth in Care and Former Youth in Care will be changed from November 1, 2019 to February 1, 2020. Please see the provider notice for more information:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn191029a.aspx>

Mr. McAndrew said, HFS is working with MCOs to ensure that providers and children have a smooth transition. He said in regard to the Special Needs Children, about 22,000 children fall under that definition, 15,000 of whom are currently in MCOs. There are 17,000 individuals enrolled in Youth in Care, and there are 19,000 former Youth in Care participants. He added that, IlliniCare has increased and trained staff members as of 11/19/19 in order to better handle new DCFS enrollees.

Bill McAndrew said that HFS, DCFS and IlliniCare have held several town hall meetings to help answer questions for the public. The purpose of these meetings has been to help stakeholders understand the benefits of managed care and to directly answer their questions. IlliniCare is prioritizing sub populations of children with complex needs, which are around 3700. IlliniCare is in the process of conducting outreach to these children and has moved onto a larger population of 17K of High Risk Children to be completed by February 1, 2020. There have been daily reports to HFS by IlliniCare including success stories, as well to address provider gaps. HFS considers the network to be adequate and to have more than enough providers to treat children statewide.

In a coordinated effort between HFS and DCFS, on February 1, 2020, all DCFS youth will be provided a 180-day transition period (traditionally 90 days) to allow for provider claims to be processed, even if the provider has not yet enrolled in the IlliniCare network. HFS will add

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language to the care coordination website, which already describes which children are considered Special Needs. Provider with billing questions should review the MCO Billing Manual published on the IAMHP website <https://iamhp.net/providers> as it represents all the plans' billing requirements.

HFS is in process of extending MMAI contract date. Please see the letter posted on the HFS website. <https://www.illinois.gov/hfs/MedicalProviders/cc/mmai/Pages/default.aspx>

The following are questions asked by the committee members during the December 5th Meeting. Bill McAndrew was able to respond to these questions after the meeting concluded. These answers are included in italics.

Sergio Obregon asked: "What is the definition of Child with Special Needs?"

Special Need Children means Children under the age of twenty-one (21) who are eligible under the Medicaid Program pursuant to Article III of the Public Aid Code (305 ILCS 5/3-1 et seq.) or Medicaid-eligible and eligible to receive benefits pursuant to Title XVI of the Social Security Act. Special Needs Children also includes Medicaid-eligible Children under the age of twenty-one (21) who receive services under the Specialized Care for Children Act (110 ILCS 345/0.01 et seq.) via the Division of Specialized Care for Children (DSCC) or such other entity that the Department may designate for providing such services and Children with special needs as specified in section 1932 (a)(2)(A) of the Social Security Act.

Sergio Obregon asked: "In relation to Special Needs Children, how do HFS and DCFS currently take into account children who have IEPs and other school assessments that may indicate they might have special needs; are these issues addressed in the cited laws?"

HFS identifies Special Needs based on the language above. While our identification of SNC does not pull from IEPs or school assessments, the health plans' health risk assessments can help identify a child who may classify as Special Needs. Health Plans can refer that child to the appropriate entity for further assessment. If approved by that entity (DRS or DSCC or SSA), a child can be reclassified under SNC.

John Jansa asked: "When will the impact of the advancing mergers with Aetna/ IlliniCare and Meridian be communicated to the public?"

Mr. McAndrew said that although many aspects are not yet known with respect to the timing of the mergers, content of communications (member's notices), conveyance of rights and responsibilities of affected parties on both sides, it is expected that HFS will provide updates and provider notifications will be forthcoming.

Sue Vega requested updates on the timing of the merger as well as any member notices, stating that notification of rights and responsibilities is very important.

Amber Kirchhoff inquired about outreach to DCFS Youth in Care and former Youth in Care regarding "easy to understand" network adequacy measures and highlights of the IlliniCare network, as well as where deficiencies might be indicated. Bill McAndrew indicated that to date,

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Illinicare has completed 2,500 health risk screenings (HRS) and 408 comprehensive health risk assessments (HRA), which average about 100-150 completed screenings each day^{***}. HFS is pleased with the progress in terms of contact with federal government and HSAG about the network and submissions directly from IlliniCare. He added that IlliniCare is working on network snapshots, and more information will be provided to the committee members as it becomes available.

Amber Kirchhoff mentioned that it is well known that there are shortages in specialty care and behavioral health and asked how that plays into network adequacy? Bill McAndrew responded that, among other options, HFS is exploring “Telehealth” as an area that may be helpful, further stating that IlliniCare is also working with Lurie and Aunt Martha’s.

Paula Campbell asked if the 180-day transition also applies to children with Special Needs? The 180 day period also applies to Children with Special Needs. HFS will release a provider notice in upcoming weeks to explain 180-day continuity of care plan and where to find information regarding managed care billing.

***** Note:** Between 11/1/19 and 1/23/20, Illinicare’s YouthCare has completed 8,293 HRSs and 738 HRAs.

4. Illinois Department of Human Services (DHS) Update:

Gabriela Moroney reported that the Public Charge Rule published by the US Department of Homeland Security is on hold as a result of multiple lawsuit filed throughout the nation. She said that the State continues to work with DHS funded partners in order to provide appropriate information and training to anyone inquiring, as well to all community partners. More details can be found at the DHS website: <http://www.dhs.state.il.us/page.aspx?item=117419>

Ms. Moroney said that based on a recommendation from committee members made during the October 3rd meeting, DHS and HFS are working on revisions to the fact sheet regarding Public Charge. In addition, DHS is planning to take a closer look at the I-944 Form, the completion of which is required when an individual seeks an immigration status adjustment. Currently, DHS is working with the Protecting Immigrant Families Illinois Coalition regarding how best to communicate and train DHS staff members to assist customers who need this form completed. More information will be provided during the upcoming meeting.

Ms. Moroney announced that the Department of Human Service through the Office of Strategy Equity and Transformation is undertaking the DHS website redesign. She added that DHS is hoping to receive stakeholder input. Ms. Moroney encouraged committee members to sign-up to the IDHS Stakeholder newsletter that can be found at: <http://www.dhs.state.il.us/page.aspx?module=17&item=117871&surveyid=1488>

Brittany Ward asked for a status of the Able Bodied Adults Without Dependents (ABAWD) policy change related to SNAP benefits. Gabriela Moroney provided background information related to

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this federal work requirement. Chairperson Kathy Chan suggested that anyone wanting to learn more get connected with the Shriver Center or the Greater Chicago Food Depository, as they are leading efforts on this issue and the implementation of the ABAWDs policy in Cook County.

Gabriela Moroney said that the Department of Human Services in partnership with the Illinois Department of Corrections are combining efforts to support individuals who are being released from IDOC, so they are aware of various aspects related to applying for benefits, eligibility, and other concerns that may be of interest to them.

5. Annual Ethics Training:

Shannon Stokes from the Office of the General Counsel reminded committee members that it is time for the annual ethics training, she said that all board members who have been appointed to the Public Education Subcommittee must complete ethics training once a year. She added that committee members also must receive Sexual Harassment training, which is a requirement that needs to be completed. She asked that all committee members complete the Ethics and Sexual Harassment training by December 27, 2019. Ms. Stokes said that additional instructions have been provided in a memorandum that is attached to the agenda. Any additional questions or concerns should be sent to Shannon.stokes@illinois.gov

6. Public Education Subcommittee 2020 Meeting Schedule:

Kathy Chan shared a tentative meeting schedule for 2020 with committee members. Sue Vega made a motion to approve the meeting scheduled which was seconded by Brittany Ward. The Public Education Subcommittee will be meeting on February 6th, April 2nd, June 4th, August 6th, October 1st, and December 3rd.

7. ABE & IES Update:

Lynne Thomas shared the attached report, 'ABE Manage My Case' with the committee members. She said the "Report of a Birth" process, which allows authorized hospitals to report the birth of a newborn has been operating very well. There has been a total of 15167 Partner Portal birth report submissions since "Go-Live" in July of 2019. At present, there are over 100 hospitals registered in the ABE Partner Portal.

Ms. Thomas said, as of 11/01/19, there are 67,000 applications that are taking more than 45 days to be processed. This number has decreased from 72,000 on 10/01/18. Therefore, she observed, "we are moving in the right direction". Lynne reported that, in regard to the "T cards" or temporary cards, from October 2018 through October 2019, the State had issued 23,000 temporary cards, which is slightly over 1900 "T cards" per month.

In response to a request from Sergio Obregon related to the 270 and 272 files, which will indicate whether or not an individual receives renewal Form A or Form B, HFS has submitted the request to make the necessary changes so CPS and other entities that have access to these files may be able to see this information. HFS will continue working on this request. In addition, HFS is finalizing a provider notice explaining how a client can request a temporary card over the phone.

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In terms of the issues of ID Proofing, Ms Thomas said that it does not take 6 to 8 weeks to process, but less time. Jane Longo reported that HFS posted a draft waiver request which extends post-partum coverage. HFS is pursuing a waiver to improve “continuity of care and flexibility”, which includes three provisions. The first provision requests post-partum coverage for 12 months, instead of the current 60 days. The second provision is a request to waive the requirement to implement hospital presumptive eligibility until IES issues can be resolved. The third provision would allow recipients to return to their previous MCO if Medicaid is reinstated within 90 days of a break in coverage for failure to provide a redetermination form. Jane Longo reported that the Department is finishing a paper on ex-parte redetermination options.

Avery Dale said that there have been changes to the federal requirements around the individual medical coverage mandate such that, a tax penalty is no longer in place. She said that even though the tax penalty has been eliminated, the mandate to have insurance is still in place, so the 1095B form will be generated and sent to beneficiaries. Another form explaining how to get a hardship waiver will no longer be sent out because the penalty has been removed.

Amber Kirchhoff asked if there will be a way to submit ‘alternative Identity Proofing’ documents electronically. Lynne said HFS has submitted a “ticket” (request); however, there are many other items before this one in terms of priority for programming.

Ryan McGraw asked, what is being done to improve the IES system? Ms. Longo reported that leadership from the governor’s office, DHS, HFS, DOIT and Deloitte are combining efforts to improve the system and are meeting every Monday to improve system performance, although it is recognized that a lot still needs to be done. She added, staffing has increased significantly, but the technology needs to be improved. The State is committed to improvement and reducing backlogs of applications and redeterminations. Also, the three agencies have selected a consulting vendor to conduct monitoring and help with technical advice to discuss different strategies to improve system performance. Ms. Longo said, the ABE Call Center staffing plan is underway, and DHS is creating a new downstate Call Center which will allow redeterminations to be done by phone, including telephonic signatures.

8. Redetermination Update:

Nadeen Israel asked, what is the time line for the rede report that was included in the Omnibus report. Ms. Thomas said that is almost finalized and will likely be available in the next few weeks. Dan Rabbitt asked if the committee will be able to get data regarding Medicaid redeterminations and reinstatements that have previously been received? Jane Longo said that a new report is available, and another will be developed by Deloitte. Kathy Chan asked if this report can be made available with the agenda and meeting materials for the February 6th meeting.

Jane Longo mentioned that HFS has posted the first quarterly report for July-September 2019. For details please follow this link:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/QuarterlyReportOmnibusNov19FINAL.pdf>

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Lynne Thomas added that, during the month of November 35 % of clients received Form A, when submitting their redetermination (no additional information is required in order to continue medical coverage.) This number has been increasing in reference to previous months

Dan Rabbitt asked if the rede rate was improving? HFS will need to review and get back to the committee. Ms. Thomas said that a lot of progress has been made, particularly HFS has made efforts to align the rede dates for SNAP and medical when possible; however, there is still work that needs to be done in terms of system performance.

9. Criminal Justice Update:

Lynne Thomas reported that in response to a request from Sherie Arriazola the Adult Transition Center residents are confirmed to be eligible for Medicaid. An upcoming provider notice will be issued clarifying this and outlining other ways that providers can assist individuals returning to the community following release from IDOC.

In addition, in relation to a request from Ms. Arriazola to revise "Attachment C", which was shared during the August 8th meeting. This document is intended for providers and assisters helping inmates who are being released from an IDOC facility and are in need of medical coverage. Lauren Polite is discussing the necessary edits with Sherie Arriazola. The revised notice will be shared with committee members in upcoming meetings.

10. Open Discussion and Announcements:

Chairperson Kathy Chan shared Georgetown Center on Children and Families' report: <https://ccf.georgetown.edu/2019/05/28/medicaid-and-chip-enrollment-decline/> Following robust discussion, Ms. Chan encouraged committee members to take a closer look at the HFS data provided (attached) and compare it with the data used to produce the Georgetown Center report in order to better understand the possible factors that may be affecting the increase of uninsured children and improve their enrollment.

Jennie Pinkwater suggested that it would be helpful to know enrollment data by plan. This information can be found on the HFS website:

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

John Jansa announced his decision to resign from the Public Education Subcommittee, effective December 5, 2019. Chairperson Kathy Chan thanked John for his participation and valuable contributions while he served on the committee.

11. Adjournment:

The meeting was adjourned at 12:02 p.m. The next meeting is scheduled for February 6, 2020, 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. All meetings take place in the Illinois Department of Healthcare and Family Services' videoconference rooms. Participants attend the meetings at either the Chicago or Springfield location, or by teleconference.

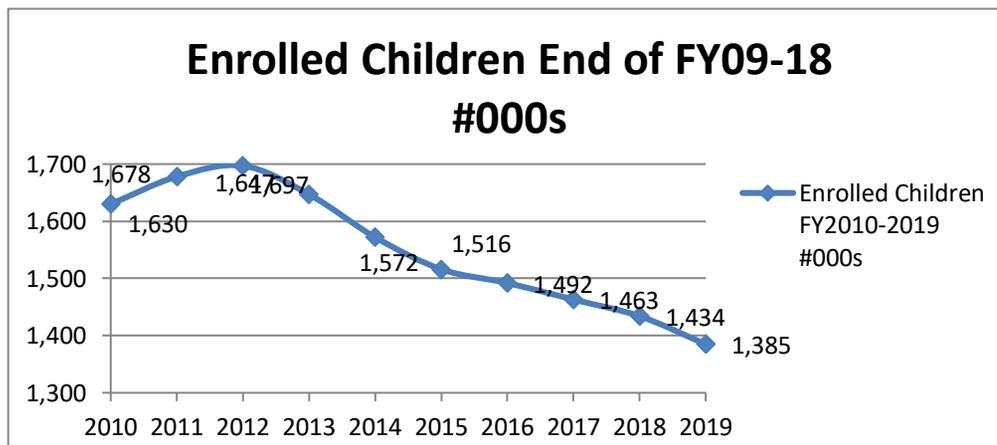
2020 Meeting Dates (Subject to Change)	Time	Location
February 6 th , 2020 April 2 th , 2020 June 4 th , 2020 August 6 th , 2020 October 1 st , 2020 December 3 th , 2020	10:00 a.m. – Noon	Chicago: 401 South Clinton, 7 th Floor Videoconference Room Chicago, Illinois 60607 Springfield: 201 South Grand Avenue, East Bloom Building, 1 st Floor Videoconference Room Springfield, Illinois 62763

Children's Enrollment

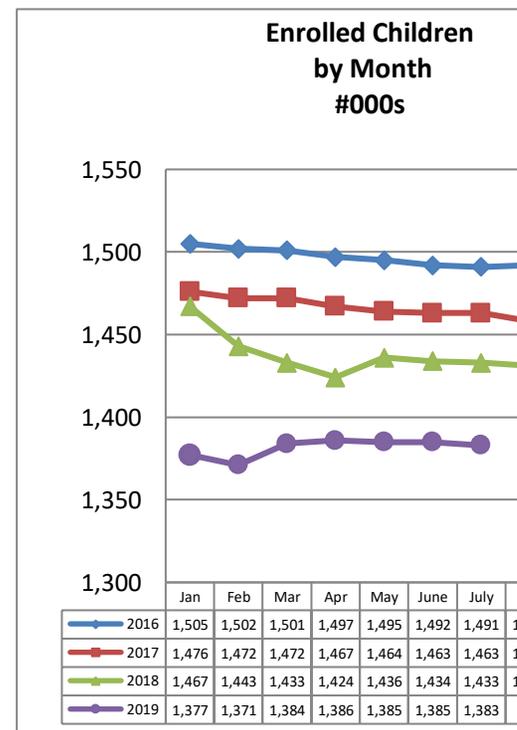
**Enrolled Children
FY2010-2019
#000s**

End of FY
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019

1,630
1,678
1,647
1,697
1,572
1,516
1,492
1,463
1,434
1,385



End of Month 2016	Enrolled Children #000s	End of Month 2017	Enrolled Children #000s	End of Month 2018	Enrolled Children #000s	End of Month 2019	Enrolled Children #000s
Jan	1,505	Jan	1,476	Jan	1,467	Jan	1,377
Feb	1,502	Feb	1,472	Feb	1,443	Feb	1,371
Mar	1,501	Mar	1,472	Mar	1,433	Mar	1,384
Apr	1,497	Apr	1,467	Apr	1,424	Apr	1,386
May	1,495	May	1,464	May	1,436	May	1,385
June	1,492	June	1,463	June	1,434	June	1,385
July	1,491	July	1,463	July	1,433	July	1,383
Aug	1,492	Aug	1,458	Aug	1,431	Aug	
Sept	1,488	Sept	1,452	Sept	1,423	Sept	
Oct	1,482	Oct	1,446	Oct	1,415	Oct	
Nov	1,481	Nov	1,448	Nov	1,400	Nov	
Dec	1,477	Dec	1,457	Dec	1,384	Dec	



Children's Enrollment

