Illinois Department of Healthcare and Family Services
Public Education Subcommittee
December 3, 2015
Approved Final Meeting Minutes

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 (by phone)
Sherie Arriazola, TASC (by phone)
Erin Weir, Age Options
Nadeen Israel, EverThrive Illinois
Hardy Ware, East Side Health District (by phone)
Brittany Ward, Primo Center for WC
Ramon Gardenhire, AFC
Sergio Obregon, CPS
Connie Schiele, HSTP (by phone)
John Jansa, WKG Advisory (by phone)

HFS Staff

Jacqui Ellinger
Lauren Polite
Laura Phelan
Bridgett Stone
Arvind Goyal
Shannon Stokes
Veronica Archundia

Committee Members Absent

Interested Parties

Deb Matthews, DSCC
Jessie Beebe, AFC
Joe Mc Lauren, PPIL
MacKenzie Speer, Shriver Center
Susan Melczer, MCHC
Dan Rabbitt, Heartland Alliance
Enrique Salgado, Harmony WellCare
Caroline Chapman, LAF
Kim Burke, Lake County Health Department`
Michael Lafond, Abbott
Alison Coogan, Legal Assistance Foundation
Jill Hayden, BCBS IL
Luvia Quiñones, ICIRR
Ben Lazare,
Judy Bowlby, Liberty Dental Plan
Matt Werner, M. Werner Consulting

Interested Parties (by phone)

David Hurter, Presence Health Partners
Susan Hayes Gordon, Lurie Children Hospital
Dionne Haney, Illinois State Dental Society
Kathy Waligora, EverThrive Illinois
Lynne Warszalek, Stickney Health Department
Sheri Cohen, CDPH
David Hunter, Presence Health
Andrew M. Weaver, Land of Lincoln Legal AF
Paula R. Dillon, Illinois Hospital Association
Staci Wilson, Illinois Chamber of Commerce
Kelly Carter, IPHCA

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

2. **Review of Minutes**
   Nadeen Israel made a motion to approve the minutes from the meeting held on October 8th, and it was seconded by Ramon Gardenhire. The minutes were unanimously approved.

3. **2016 Tentative Meeting Schedule**
   Kathy Chan submitted a motion to discuss the 2016 meeting schedule. HFS proposed a series of 2016 meeting dates in the meeting packet, indicating February 11th, April 14th, June 9th, August 11th, October 13th, and December 1st. Committee members agreed to meet every other month. Kathy Chan submitted the motion, and it was unanimously approved.

4. **Ethic Training**
   Shannon Stokes, from the Assistant General Counsel, indicated that all committee members must complete the mandatory ethics training by December 18th, 2015. She then responded to the committee members' inquiries and provided instructions for them to submit their "Acknowledgment of Participation," to Bridgette Stone at BridgettStone@illinois.gov Ms. Stokes stated that failure to comply could result in the recall of an individual's position on the committee. For any additional questions or concerns committee members should contact Shannon at: Shannon.stokes@illinois.gov

5. **Care Coordination Update**
   Laura Phelan presented the report. She indicated that access and continuity of care are a top priority for HFS, and that in order to accommodate providers who require extra time to establish partnerships with MCOs, the ACE and CCE member transitions will continue into the first months of 2016. She said that letters mailed to ACE and CCE members including details about transitions are posted on the HFS website under the "Care Coordination Member Transition Letters" tab at: http://www.illinois.gov/hfs/MedicalProviders/cc/Pages/default.aspx

   Ms. Phelan reminded committee members that clients who may need unbiased assistance about their options in choosing or changing plans should contact the "Client Enrollment Services" at 1-877-912-8880 or visit the website at: http://enrollhfs.illinois.gov/

   Margaret Stapleton raised a concern in relation to clients who may be in the midst of treatment and can potentially be affected by these transitions. Lauren Polite indicated that if someone is in the middle of treatment, a new health plan must allow the treatment to continue with the member's current provider, even if the provider is not in the network of the new plan, as indicated by the continuity of care provisions within the plan's contract.

   Note: On 1/4/16, HFS published a new informational provider notice outlining and summarizing the latest developments regarding care coordination. It is available at the following link: http://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn160104a.aspx

   Laura Phelan provided an update on MMAI. She indicated that, Health Alliance Connect will no longer be a part of the Medicaid Medicare Alignment Initiative, as of December 31, 2015. Notifications have been sent to clients explaining their options including a toll free number so they can receive appropriate assistance. This notice can be seen at the following link: http://www.illinois.gov/hfs/SiteCollectionDocuments/HealthAllianceConnectMMAITerminationNotice.pdf

The committee asked to provide an update about care coordination during the next meeting.

6. Rede process Under Phase Two

Vicky Nodal indicated that DHS and HFS continue making progress in the development of the Integrated Eligibility System (IES), which is a computerized system that is being used to determine eligibility for Medicaid, SNAP, and TANF. Currently, combined efforts are being focused on IES phase two, which, among other enhancements, will make it possible to process all clients' redeterminations using IES. Ms. Nodal asserted that, when IES phase two "goes live", the IMRP/Maximus process will be phased out. The first month following the implementation of IES phase two, clients will have the ability to complete their annual redeterminations electronically using the ABE client portal. Ms Nodal provided details regarding the conversion process and the phase two timeline, which was included in a power point presentation that was shared with the committee. (See attachment one.)

Jacqui Ellinger indicated that a crucial element in this process will be the ABE Call Center, especially during the first months of the transition, when Maximus will be phased out. She added that all the clients' notices will include the appropriate phone numbers so that clients will be able to receive the proper assistance. HFS and Maximus will work together to ensure a smooth transition. Vicky Nodal commented that clients will have the ability to submit their redetermination electronically using the client portal through the "Manage My Case" function.

Vicky Nodal added that, in IES, a family no longer will have multiple cases, as they currently do in the legacy system. In IES, family will have only one case, and the redetermination form will include information already existing in the IES case record. The redetermination form will be prepopulated, and clients will either verify or change the information indicated in the redetermination. Ms. Nodal commented that an important change in the redetermination protocol is the creation of a central processing unit. This will be a huge change for clients who have become accustomed to hand delivering their redeterminations to case workers at the local offices, which could be counter productive, because this can potentially delay the process. Therefore, clients will be encouraged to complete their redeterminations online through the "Manage My Case" function. Once the central processing unit receives a redetermination, it will be reviewed to determine eligibility. Ms. Nodal also discussed scenarios included in the power point presentation for clients receiving SNAP and TANF.

Jacqui Ellinger announced that HFS will develop a series of communication notices for providers and advocates explaining details of this process. Based on the positive response to previous webinars hosted in collaboration with EverThrive Illinois and the Shriver Center, it was suggested that a webinar be offered for community partners who wish to help clients link their cases to their ABE account, and become acquainted with the ABE client portal. In the upcoming months, HFS will share a sample of the notices that clients will receive with members of the committee so they can provide input and recommendations.

7. Illinois Medical Redetermination Project (IMRP) Enhanced Eligibility Verification (EEV) Update

John Spears reported that DHS and HFS have made substantial progress addressing the backlog of cases due for redetermination. He provided a brief report in terms of the IMRP statistics that are available at: http://www.illinois.gov/hfs/SiteCollectionDocuments/IMRPReport.pdf

8. ACA/Health Care Reform Updates
Application Processing

Jacqui Ellinger reported that, currently, the number of pending applications has risen to 56,000. It is suspected that this increase is directly connected to the marketplace open enrollment. Ms Ellinger

commented that DHS and HFS do not have much capacity to increase their rate of processing applications. She added that, occasionally, the state has received a few "old applications" from the FFM. Aside from that, the FFM application transmission process has been going reasonable well. Ms, Ellinger indicated that this year the state has not experienced any breakdown in the transmission of the information.

Integrated Eligibility System (IES) Phase Two Update
Jacqui Ellinger announced a target date of July, 2016 for IES phase two implementation. HFS and DHS are currently working on all the details to facilitate the phase out of the legacy system, which will make it possible to ensure that caseworkers are using one system (IES) for eligibility functions across all programs. Ms Ellinger noted that user testing is underway to ensure that IES is operating correctly. However, she commented that this process is taking longer than anticipated. The intention has been to take the necessary precautions to minimize risk of any significant failures in July. Another important objective has been to make sure that all hand copied documents sent to the state can be scanned and routed accurately before the deployment of IES phase two.

In addition, Ms. Ellinger indicated that HFS is requesting federal approval of an extension to continue receiving 90% matching funds that have made possible the implementation of the ACA expansion. Concurrently, HFS is negotiating with Deloitte Consulting regarding details of the project's schedule extension.

8. Open Discussion and Announcements
Lauren Polite thanked the committee members for their feedback in the development of the Courtesy Letter for Members Eligible through Spenddown (209b.)(See attachment two.) This notice will be sent to all individuals who were eligible for Medicaid coverage in Illinois in 2015 through the Spenddown program. This letter is relevant for individuals who are required to submit taxes; however, HFS is sending it to all Medicaid recipients. HFS will also be participating in a webinar for navigators so that they can understand the 209(b) letter and the 1095B tax document sent to all 2015 Medicaid recipients. Ms Polite indicated that the letter is addressed to "the Head of Household." If clients have any questions or concerns regarding any errors or omissions noted in the letter, they should contact the ABE Call Center at 1-800-843-6154. Navigators can help clients apply for hardship exemption; to find a navigator and make an appointment, they should contact the Marketplace Call Center at 1-800-318-2596.

8. Adjourn
The meeting was adjourned at 12:03 p.m. The next meeting is scheduled for February 11th, 2016, between 10:00 a.m. and 12:00 p.m.

Dear Illinois Healthcare Member, November 10, 2015

Attention: The information on this letter applies to you ONLY IF you are required to file federal taxes.

Under the Affordable Care Act (ACA), most people are required to have health coverage for the entire year that meets certain "Minimum Essential Coverage" (MEC) standards. **Medicaid is considered MEC.** Persons who do not have MEC may have to make a Shared Responsibility Payment when they file their taxes unless they qualify for an exemption.

Our records show you or someone in your household got Medicaid by meeting spenddown for one or more months in 2015. Eligibility for Medicaid because of spenddown is possible when someone uses medical receipts or bills, or pays the state a certain amount of money to meet their spenddown.

- Special tax rules allow someone eligible for Medicaid through spenddown to request a 'hardship exemption' even though they did not have MEC coverage for the entire year.
- If an exemption request is approved, the Marketplace will give an Exemption Certificate Number (ECN) to put on a federal income tax return exempting the person from a Shared Responsibility Payment.

Follow these steps to apply for the hardship exemption. Apply as soon as possible.

Step 1: Look through your records to see what month(s) you or someone in your household had Medicaid by meeting spenddown. If you don't have records, you will still have time to apply for the hardship exemption using form 1095-B that HFS will mail to you in January 2016.

Step 2: Get an ***Application for Exemption from the Shared Responsibility Payment for Individuals who Experience Hardships*** at: https://marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf

Step 3: Read the instructions on the form. Start filling out the form on page 2. Page 3, Question 8 lists the hardship reasons. If you received Medicaid because you met spenddown for at least one month out of the year, fill in the circle for #14 and write in the following:

> [*The name of the person who met spenddown*] **had 209(b) Medicaid coverage because he or she met the spenddown amount in at least one month during 2015.** [*He or she*] **got medical coverage for** [*enter the months and year the person had spenddown coverage*] **and did not get coverage for** [*enter the months and year the person did not get coverage*] **because** [*he or she*] **did not meet spenddown.**

Step 4: Make a copy of the hardship exemption application and keep it with your other health care information. You do **NOT** need to send copies of medical records or notice of coverage. **Mail only the original application to:** 465 Industrial Blvd London, KY 40741

- A tax preparer can help you with your hardship exemption application.
- You can also get help by calling the Marketplace Call Center at 1-800-318-2596, TTY 1-855-889-4325 or scheduling an appointment for in-person help in your community online at www.getcoveredillinois.gov

Estimado beneficiario de servicios de salud en Illinois, 10 de noviembre de 2015

Aviso importante: La información incluída en esta carta está dirigida a usted SOLAMENTE SI usted está obligado a presentar una declaración federal de impuestos.

De acuerdo a la Ley de Cuidado de Salud, también conocida como Affordable Care Act (ACA), se requiere que la mayoría de las personas tengan cobertura de salud por todo el año, y así cumplir con el requisito de Cobertura Mínima Esencial, conocido en Inglés como "Minimum Essential Coverage" (MEC.) **Nótese que las personas que reciben Medicaid cumplen con éste requisito. Las personas que no tengan MEC podrían tener que pagar una multa o "Shared Responsibility Payment" cuando hagan su declaración de impuestos, a menos que califiquen para una exención.**

Nuestros registros indican que usted o alguien en su hogar recibió Medicaid en 2015, ya sea por uno o varios meses al haber cumplido con su "obligación de pago" o "spenddown." La elegibilidad de Medicaid por medio del programa de spenddown es posible cuando alguien envía facturas, recibos médicos, o paga al Estado cierta cantidad de dinero para cumplir con su obligación de pago. En los avisos en Inglés a esto se conoce como "meeting your spenddown."

- Existen reglas fiscales que permiten a ciertas personas que reciben Medicaid por medio del programa de spenddown solicitar una"exención por dificultad" a pesar de no haber tenido cobertura médica todo el año. Esto se le conoce en Inglés como una petición de "hardship exemption."
- Si se aprueba la petición de exención, el "Mercado de Seguros Médicos" o "Marketplace" enviará a esa persona un Número de Exención Certificado llamado "Exemption Certificate Number (ECN)" para que lo escriba en su declaración federal de impuestos sobre el ingreso y así la persona estará evitando pagar una multa, conocida en Inglés como "Shared Responsibility Payment. "

Siga estos pasos para solicitar la exención por dificultad. Aplique lo más pronto posible.

Paso 1: Revise sus registros para saber en qué mes o meses, usted o alguien en su hogar recibió Medicaid por medio del programa de spenddown. Si usted no tiene esta información, puede solicitar la exención por dificultad o "hardship exemption" usando el formulario 1095-B, el cual HFS le enviará en enero del 2016.

Paso 2: Obtenga el formulario de exención, conocido en Inglés como "*Application for Exemption from the Shared Responsibility Payment for Individuals who Experience Hardships" en el sitio web*:
https://marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf

Paso 3: Lea las instrucciones y llene el formulario en la página 2. En la página 3, Pregunta 8, enliste sus razones de dificutad. Si usted recibió Medicaid debido a que cumplió con su obligación de pago por lo menos uno o más meses durante el año, marque el círculo de la pregunta número 14, y escriba lo siguiente:

> [*El nombre de la persona que cumplió con su obligación de pago*] **tuvo 209(b) cobertura de Medicaid debido a que él o ella cumplió con su obligación de pago por lo menos un mes durante 2015.[***Él o ella***] recibió cobertura médica por [***escriba los meses y el año que la persona recibió cobertura por medio del programa de spenddown***] y no recibió cobertura para** [*escriba los meses y año que la persona no recibió cobertura*] **debido a que [**él o ella**] no cumplió con su obligación de pago.**

Paso 4: Guarde una copia de la solicitud de exención. Usted **NO** necesita enviar copias de los documentos o avisos de su cobertura médica. **Envíe solamente la solicitud original a: 465 Industrial Blvd London, KY 40741**

- Un preparador de impuestos puede ayudarle con su solicitud de exención de dificultad.
- También puede obtener asistencia por medio del Centro de Ayuda del Mercado de Seguros de Salud llamando al 1-800-318-2596, TTY 1-855-889-4325 o hacer una cita para recibir ayuda en persona en su comunidad visitando el sitio web www.getcoveredillinois.gov

For Public Education Subcommittee

December 3, 2015

Phase 2 Timeline

- With IES Phase 2 'Go Live', the IMRP/Maximus process will phase out.
- Redes started by Maximus will be completed using that process.
- The first month following IES "Go Live," the IES process will initiate redes.

Phase 2 Timeline (cont.)

- A conversion process is required as part of IES deployment, because the legacy system is still the "system of record."
- Active cases will be transitioned to the new IES system, 'converting' the legacy cases into IES cases.
- Inactive cases that have been active within the last 150 days will also be converted, since some may cooperate and need to be reinstated.

Max-IL to IES Conversion

Cert Expiring		From Which System	Calls handled by which call center		Workflow
IES Phase 2 minus 2 months		Max-IL	Maximus		Max-IL - ACM
IES Phase 2 minus 1 month		Max-IL	Maximus		Max-IL - ACM
1st full Phase 2 month		IES	ABE for IES redes	Maximus for Max-IL redes	IES
IES Phase 2 2nd full month		IES	ABE for IES redes	Maximus for Max-IL redes	IES
IES Phase 2 3rd full month		IES	ABE for IES redes	Maximus for Max-IL redes (closeout of Maximus process)	IES

IES REDE PROCESS – PROCESS A

- Process A is used for medical benefits when current case information plus electronic data provide sufficient information to recertify medical benefits. The following criteria must be verified:
  - IL residence
  - Income-can be verified through electronic sources:
    - SSA/SSI through Bendex/SDX
    - Earned Income through AWVS/IDES (IL Dept of Employment Security) or The Work Number
    - Unemployment Insurance through AWVS
  - Citizenship or acceptable Immigration Status and Social Security Numbers must already have been verified.

Process A

- The household will receive a notification that the case has been reviewed and appears to have ongoing eligibility
- The notification provides information about what information was used to decide eligibility
- The household is notified to report if any of the information is not correct
- The household is notified to report future changes
- If the household does not respond, medical benefits are automatically redetermined

Process A or B – Year One

- HFS and DHS have identified some cases that will require manual intervention after conversion because the legacy system does not contain the level of detail required to process cases in IES.
- For example, relationship and income details for responsible relatives in the household who are not recorded in the legacy case will need to be obtained before a case can be redetermined under Process A.

IES Rede Process – Process B

- Medical cases where the current information plus electronic data does NOT provide sufficient information to recertify medical benefits
  - Citizenship or Immigration Status not verified
  - SSNs missing or not verified
  - Il Residence not verified (through SoS or other acceptable electronic means)
  - Cases with $0 income
  - Income cannot be verified or electronic verification indicates at least one person is income ineligible
  - Resources must be reviewed

Process B

- The household will get a redetermination form, sent centrally – MAGI, non-MAGI or LTC.
- The rede form will provide information about any electronic data already available, so the household will only have to verify other information or change and verify any incorrect/missing information
- The client must respond within 30 days by either returning the form to a central scanning/fax unit or through their on line account.
- Benefits will terminate if the household does not respond timely
- A state caseworker will review the form and verifications and decide on-going eligibility in IES

Medical & SNAP/Cash Due at the Same Time

Form 'A' and SNAP/cash REDE sent together.	Results
Client does not respond	Medical recertified, SNAP and cash end.
Client responds by due date	Medical, SNAP & Cash determination based on response and verifications provided (not Auto-REDE'd). An updated decision notice sent for Medical if outcome different from Form A.

SNAP Due Before Medical

- SNAP REDE can be used as a Medical Ex-Parte Review
- If all persons remain eligible for same level of Medical benefits, complete Medical REDE and align Medical & SNAP Cert Periods
- If persons not eligible for same benefits, adult eligibility will be cancelled if appropriate; children maintain continuous eligibility for remainder of 12 month cert period

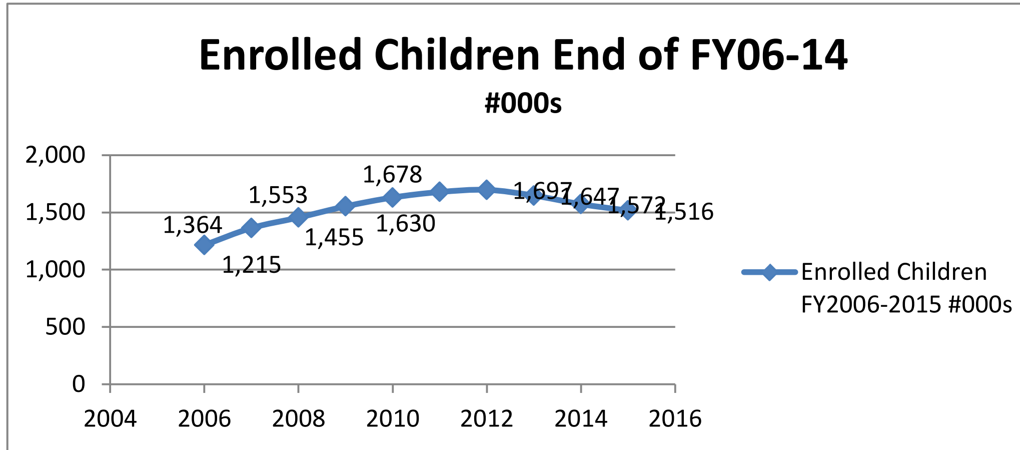
Medical Due Before SNAP

- IES completes Medical Auto-REDE using Process 'A', or worker completes REDE using Process 'B' as appropriate.

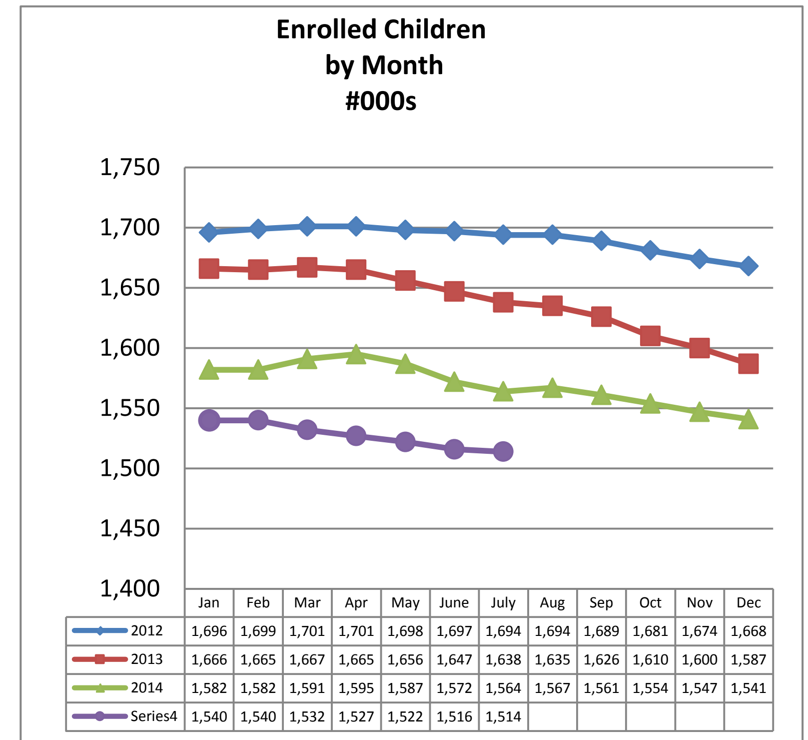
- If Process 'A' is used, and electronic data from IDES shows a change in earned income, additional proof must be requested for SNAP budgeting. IDES data is not acceptable verification of earned income for SNAP.

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	1,514
Aug	1,694	Aug	1,635	Aug	1,567		
Sep	1,689	Sept	1,626	Sept	1,561		
Oct	1,681	Oct	1,610	Oct	1,554		
Nov	1,674	Nov	1,600	Nov	1,547		
Dec	1,668	Dec	1,587	Dec	1,541		



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
2012	1,696	1,699	1,701	1,701	1,698	1,697	1,694	1,694	1,689	1,681	1,674	1,668
2013	1,666	1,665	1,667	1,665	1,656	1,647	1,638	1,635	1,626	1,610	1,600	1,587
2014	1,582	1,582	1,591	1,595	1,587	1,572	1,564	1,567	1,561	1,554	1,547	1,541
Series4	1,540	1,540	1,532	1,527	1,522	1,516	1,514					