ILLINOIS DEPARTMENT OF
Healthcare and
Family Services

Pat Quinn, Governor
Julie Hamos, Director

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200
TTY: (800) 526-5812

May 17, 2010

Actions already undertaken responsive to the All Kids audit recommendations:

1) Developed data system programming changes to:
   a) Correct the data system error allowing 19 year olds to remain eligible beyond the month of their 19th birthday.
   b) Correct the data system error permitting payment for nonemergency transportation costs of children in families with income in excess of 200 percent of poverty.

2) Issued reminder notice to all HFS managers emphasizing the importance of timely response to requests from the Office of Auditor General.

3) Changed staff assigned to prepare medical eligibility data runs requested by auditors.

4) Completed design and testing of first phase of implementing newly available federal option to match SSNs against Social Security data allowing automated verification of citizenship and identity. This phase involves more manual work by the caseworkers. Phase 2 will include additional automation.

5) Retraining responsible HFS staff (and will work with DHS regarding its own staff) to code cases properly to assure that all children who are eligible for federal matching funds are accurately identified as citizens or qualified aliens.

6) In process of reorganizing written All Kids eligibility policy, in conjunction with DHS.

Comprehensive plan related to enrollment policies and procedures in All Kids, FamilyCare and Moms and Babies Programs:

1) Review all procedures and generate reports with respect to enrollments generated by HFS and DHS, as well as the source of the applications – whether mail-in, online, or from All Kids Application Agents.

2) Review initial determination/redetermination/termination policies:
   a) Used by other states
   b) Recommended by civic organizations, legislative committees related to Medicaid reform
   c) Recommended as "best practices" by national bodies, boards, think-tanks

3) Generate reports of the outcome of the passive redetermination process; today, it is known how many cases are offered passive redetermination but not the number statewide who use it.

4) Review all operational and financial issues related to options for tightening documentation of Illinois residence, income, age, immigration status, and elimination of passive redetermination process.

5) Analyze options for increased electronic data matching to identify under-reported income post-enrollment.

6) Analyze options for changing the income-counting methodology for covered children under the All Kids Expansion Program -- as established by state policy and practice.

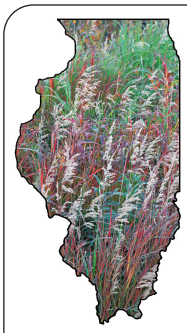
7) Review all termination policies; review policies and options related to grace periods for nonpayment of premiums; analyze alternatives and enforcement methods for collection of delinquent premiums.

8) Review possible changes informally with federal CMS in light of ARRA and PPACA (health care reform) maintenance of effort requirements to assure compliance.

9) Convene a group of stakeholders, including members of the General Assembly and health care advocates, to review and advise on options, possibly through Medicaid Advisory Committee.

10) Make final recommendations for implementation.

Illinois-HFS Basic Card
Medical Identification Card Sample Layouts



MEDICAL CARD

NAME: Jane Somebody

MEDICAL CARD NUMBER: 123456789

D. O. B: 01-02-2000

DRAFT

State of Illinois
Department of Healthcare and Family Services

[redacted]

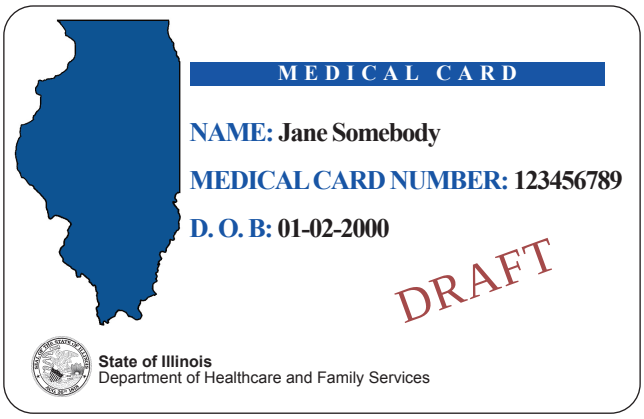
iHFS

Members: Show this card when you need healthcare. For help to find a doctor, call 1-800-xxx-xxxx. If you have a medical question and your doctor's office is closed, call 1-800-571-8094. To check if you are covered call 1-800-255-5437 (If you use a TTY, call 1-877-204-1012).

Providers: Providers must confirm the cardholdeer's identity and verify eligibility for the date of service. To verify eligibility or obtain co-pay status, use the MEDI Web site at http://www.myhfs.illinois.gov/, your REV vendor, or call 1-800-842-1461, the Automated Voice Response System (AVRS). To make a reference, use www.IllinoisPCMM.com or call 1-800-xxx-xxxx.

This card does not guarantee coverage. IOCI0651-10

Illinois-HFS Basic Card
Medical Identification Card Sample Layouts



Maximizing Enrollment for Kids

Illinois Improvement Plan Goals, Objectives, Key Steps

Goal	Objectives	Key Steps
1. Improve Data Capacity/ Management & Use.	• Assess & Understand the current capacity; • Monitor enrollment trends regularly; • Improve data collection and analysis; • Assess retention and data churning; • Transition to electronic case maintenance in HFS; • Work with other agencies on Framework Project as funding becomes available; • Address system barriers to allow workers to update/change eligibility data for cases in other offices.	• Look at other States' reporting models; • Get TA on formatting and standards for reporting; • Design Medicaid/CHIP data analysis on enrollment and retention; • Implement changes as developed;
2. Improve agency/staff eligibility systems processing accuracy and efficiency.	• Engage staff at all levels of eligibility processing in the enrollment and retention improvement project; • Share good ideas developed in one office quickly with other offices; • Make third party interfaces available to streamline electronic submission of applications; • Satisfy Illinois law requirements for using electronic signatures, so requirements are readily met by applicants; • Implement SSA citizenship/identity verification processes as soon as possible; • Improve capacity to update addresses; • Consider other opportunities to improve processing time for applications, based on best practices in other states.	• Develop formal process for staff engagement; • Develop means of useful dissemination of good ideas; • Complete and move to implement HFS's Electronic Submission of Applications for Benefits project; • Develop and conduct additional staff training; • Write policy; • Design and implement the associated system changes.
3. Eliminate processes that cause unnecessary disruptions in coverage.	• Issue medical identification cards no more frequently than annually and as replacements are needed; • Use an electronic case imaging system in HFS	• Create medical identification card work group; • Develop and conduct additional staff training;

	BAK to support better customer service and enrollment retention; • Engage community partners and AKAAs in assuring families respond to redetermination and renewal notices to the extent allowable under HIPAA; • Evaluate usage of PDSA model to test systems changes; • Increase flexibility of where applications can be submitted through no wrong door implementation.	• Determine allowable disclosures related to redeterminations/renewals; • Develop imaging system; • Program system changes; • Develop a "No Wrong Door" implementation policy upon enactment of pending State legislation.
4. Enhance Stakeholder Involvement	• Increase Chicago Public Schools' involvement in the renewal process; • Work with CHIPRA outreach grantees to achieve goals identified above, identify new areas for improvement; • Use focus groups of AKAAs to identify enrollment/retention barriers related to stigma, respect, LEP, and lack of responsiveness; • Interview families and work with CBOs, and AKAAs on opportunities to improve consumer interface.	• Meet with CHIPRA Outreach Grantees; • Develop a focus group plan; • Develop a plan to identify family issues through interview process; • Develop a plan to address identified barriers.

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
March 15, 2010

401 S. Clinton Street, Chicago, Illinois
201 S. Grand Avenue East, Springfield, Illinois

Committee Members Present
Robyn Gabel, IMCHC
Robin Scott, CDPH (for Kenzy Vandebroek)
Andrea Kovach, Shriver Center (for John Bouman)
Susana Gonzalez, MacNeal Hospital (via phone)

Committee Members Absent
Terri Gendel
Tamela Milan
Courtney Snyder Hedderman
Henry Taylor
Sue Vega
Michael Wolf
Hardy Ware

HFS Staff
Jacqui Ellinger
Pat Curtis
Robyn Nardone
Lynne Thomas
Tracy Keen
Jamie Ursch
Gretchen Grieser
Vicky Nodal
Veronica Archundia

DHS Staff
Sharon Dyer-Nelson
Jennifer Hrycyna

Interested Parties
Dianne Rucinski, Ph.D., UIC
Jane Longo, Health Management Associates
Rebecca Winitzer, University of Chicago
Sergio Obregon, CPS
Awilda Gonzalez, CPS
Samantha Holley, CPS
Diane Fager, CPS
Carrie Gilbert, Shriver Center
Margaret Dunne, Beacon Therapeutic
Brittany Ward, Beacon Therapeutic
Sara Howard, IMCHC
Libby Brunsvold, Med Immune
Jacqueline Gonzalez, CHHC
Esther Sciammarella, CHHC
Nancy Moore, Catholic Social Services of Southern Illinois

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
March 15, 2010

The MAC Public Education Subcommittee was called to order at 2:36 p.m.

1. Survey of Uninsured Children – Update

Dr. Dianne Rucinski, of the UIC Institute of Health Research and Policy is principal investigator on this projected. She discussed the study methodology and explained that the research is focused on describing the characteristics, dynamics, and impact of government sponsored health insurance coverage on children in comparison to the type and lack of coverage that children had in 1999, when she conducted a similar study. The results of this survey must be submitted.

Dr. Rucinski shared a draft of the research organized by objectives. Committee members offered comments and recommendations to enhance the research. Dr. Rucinski indicated that these are the final stages of the study and encouraged committee members to send any additional comments and recommendations via e-mail to Jacqui Ellinger or Carolyn Eddleton to be considered. The final report will include a narrative with the result of the research to be presented to the Governor and the Illinois General Assembly by July 2010.

2. Move to Permanent Medical Cards

HFS is working on a new initiative to eliminate the monthly paper issued medical card. The permanent medical card will have a standardized format. Because medical providers will have to verify eligibility electronically, the card will include a message saying, "This card does not guarantee eligibility."

Discussion followed in which it was recommended that HFS adopt a format that would make it easy for clients to understand what type of coverage they have; that HFS should create a client account system; that client notices explain the transition process clearly in order to avoid confusion.

3. CHIPRA Outreach Projects

Each of the federal CHIPRA grantees discussed their successes and barriers in outreach efforts to assist families in applying for the medical programs.

The goal of the Chicago Hispanic Health Coalition is to produce 500 applications in two years. The outreach staff is focusing their efforts to find interested applicants outside of Cook County to work in partnership with public health and private agencies. They continue assisting families to navigate the healthcare system and they are distributing materials in English and Spanish.

The Chicago Public Schools have launched the Early Childhood Healthcare Outreach (ECHO) initiative, intended to target early childhood families and provide assistance in applying for All Kids. The target number of applications per month is 35. The outreach team is creating

awareness among teachers and school administrators of the availability of 14 ECHO agents who have the skills and knowledge to make presentations at parents' meetings, assist parents with applications and help them to navigate the system. CPS is anxious to obtain the redetermination date for each eligible child so they may assure that families renew and no child loses eligibility unnecessarily.

Beacon Therapeutic is reaching out to shelters throughout Chicago and collar counties targeting homeless children and youth in need of medical services and application completion. They are also sharing their knowledge of other programs such as Illinois Healthy Women and the Breast and Cervical Cancer Program. They have encountered several cases of single unemployed mothers affected by the financial crisis that had been assisted by the outreach staff to apply for the FamilyCare program and added to their open cases. The target number of applications is 750 in two years.

4. Maximizing Enrollment and Retention of Kids

Illinois is one of eight states that received a MaxEnroll grant from the Robert Wood Johnson Foundation. MaxEnroll is RWJF's national effort to reduce the number of uninsured children who are eligible for Medicaid or the State Children's Health Insurance Program (SCHIP) but not enrolled. In addition to increasing the number of eligible children, the focus is to support families in maintaining their coverage. Maximizing Enrollment for Kids is a two-year plan which is due in February 2011. The priority of the first year was to complete a diagnostic assessment process.

The complete report of the MaxEnroll DAP Synthesis of findings across eight states is available at:
http://www.maxenroll.org/files/maxenroll/file/Synthesis%20-%20FINAL%20-%20for%20posting%20(2).pdf

The MaxEnroll IL DAP – Executive Summary for Illinois us available at:
http://www.maxenroll.org/files/maxenroll/file/MaxEnroll%20Illinois%20-%20FINAL%20-%20for%20posting.pdf

Illinois' Maximizing Enrollment for Kids project includes four goals:

1. Improve Data Capacity/Management and Use,
2. Improve agency staff eligibility systems processing accuracy and efficiency,
3. Eliminate processes that cause unnecessary disruptions in coverage, and
4. Enhance stakeholder involvement.

Due to time constraints, committee members agreed to include the Maximizing Enrollment Plan on the next agenda. The session was adjourned at 4:43 p.m.

Special Analysis:

Uninsured Hispanic Children in Illinois

Prepared by

Dr. Dianne Rucinski, PhD

Institute for Health Research and Policy

University of Illinois – Chicago

drucin@uic.edu

June 25, 2010

Special Analysis: Uninsured Hispanic Children in Illinois

Background: HFS requested we examine the proportion of uninsured children in Illinois of Hispanic origin, and specifically the regional location of those children.

Data: We use two sources of data for this analysis. First, we use tabulations of the 2008 American Community Survey (ACS) public use files. The ACS uses three sources of data collection: mail, telephone and personal interviews and therefore includes families who do not have access to a telephone. Next, we use data collected for the All Kids Survey, a HFS sponsored RDD telephone survey conducted under the direction of UIC in 2009/2010. As a telephone survey the All Kids survey excludes households without telephone or individual without cell phones.

Caution should be exercised when interpreting the tables presented below. Data from both the ACS and All Kids Survey are "point in time" measures and reflect a data snapshot of the population at specific points in time. Thus, the precise estimates presented below should be considered fluid rather than static over time. Focusing on both relative proportions and population estimates of Hispanic children may provide more useful information regarding potentially useful outreach efforts.

Results: From the 2008 ACS we estimate there were approximately 722,204 Hispanic children under the age of 19 in Illinois in2008. Of those 722,204 Hispanic children, ACS estimates approximately 73,779, or 10.2%, were uninsured in 2008. The following table presents estimates of Hispanic children and uninsured Hispanic children by Public Use Microdata Area (PUMAs) and county location.

Public Use Microdata Area (PUMA)	Counties in PUMA	Estimated Number of Hispanic Children 2008	Estimated Number of Hispanic Children without Health Insurance	% without HI
101		2553	92	3.6%
	Carroll IL			
	Jo Daviess IL			
	Rock Island IL			
	Whiteside IL			
102		2425	912	37.6%
	Henry IL			
	Mercer IL			
	Rock Island IL			
103		5268	379	7.2%
	Rock Island IL			
200		339	0	0.0%
	Fulton IL			
	Hancock IL			
	Henderson IL			
	McDonough IL			
	Warren IL			
300		105	0	0.0%
	Adams IL			

	Brown IL Mason IL Pike IL Schuyler IL			
400		562	0	0.0%
	Calhoun IL Cass IL Greene IL Macoupin IL Morgan IL Scott IL			
500		567	440	77.6%
	Bond IL Effingham IL Fayette IL Montgomery IL			
600		501	0	0.0%
	Coles IL Cumberland IL Douglas IL Edgar IL			
700		66	0	0.0%
	Clark IL Clay IL Crawford IL Jasper IL Lawrence IL Richland IL Wayne IL	66	0	
800		1117	149	13.3%
	Alexander IL Edwards IL Gallatin IL Hamilton IL Hardin IL Johnson IL Massac IL Pope IL Pulaski IL Saline IL Union IL Wabash IL White IL			
900		1342	48	3.6%
	Franklin IL Jackson IL Perry IL Williamson IL			
1000		1043	46	4.4%
	Jefferson IL			

	Marion IL Randolph IL Washington IL			
1101		2124	327	15.4%
	St. Clair IL			
1102		344	0	0.0%
	Clinton IL Monroe IL St. Clair IL			
1201		1597	0	0.0%
	Madison IL			
1202		625	0	0.0%
	Jersey IL Madison IL			
1400		432	0	0.0%
	Logan IL Menard IL Sangamon IL			
1500		519	0	0.0%
	Macon IL			
1600		117	0	0.0%
	Christian IL De Witt IL Moultrie IL Piatt IL Shelby IL			
1700		1029	0	0.0%
	Peoria IL			
1800		597	0	0.0%
	Peoria IL Woodford IL			
1900		797	57	7.2%
	Tazewell IL			
2000		2832	0	0.0%
	McLean IL			
2100		3654	402	11.0%
	Champaign IL			
2200		2574	182	7.1%
	Ford IL Iroquois IL Livingston IL Vermilion IL			
2300		3372	192	5.7%
	Kankakee IL			
2400		2795	55	2.0%
	La Salle IL			
2500		2093	181	8.6%
	Bureau IL Knox IL Marshall IL			

	Putnam IL Stark IL			
2600		3086	26	0.8%
	DeKalb IL Lee IL			
2700		2821	214	7.6%
	Ogle IL Stephenson IL			
2800		9334	1162	12.4%
	Winnebago IL			
2900		8699	82	0.9%
	Boone IL Winnebago IL			
3001		5698	1310	23.0%
	McHenry IL			
3002		6866	637	9.3%
	McHenry IL			
3003		25418	3228	12.7%
	Kane IL			
3004		4173	0	0.0%
	Kane IL			
3005		26029	4499	17.3%
	Kane IL			
3006		11156	0	0.0%
	Kane IL Kendall IL McHenry IL			
3101		37535	274	0.7%
	Grundy IL Will IL			
3102		11363	1582	13.9%
	Will IL			
3103		6982	259	3.7%
	Will IL			
3104		18809	1254	6.7%
	Will IL			
3201		12050	1486	12.3%
	DuPage IL			
3202		2662	0	0.0%
	DuPage IL			
3203		2646	0	0.0%
	DuPage IL			
3204		4192	0	0.0%
	DuPage IL			
3205		3367	136	4.0%
	DuPage IL			
3206		15994	945	5.9%
	DuPage IL			
3301		4631	399	8.6%
	Lake IL			

3302	Lake IL	25183	1770	7.0%
3303	Lake IL	16546	2079	12.6%
3304	Lake IL	7440	626	8.4%
3305	Lake IL	1765	366	20.7%
3401	Cook IL	6451	0	0.0%
3402	Cook IL	15560	1316	8.5%
3403	Cook IL	12732	158	1.2%
3404	Cook IL	7700	2060	26.8%
3405	Cook IL	4283	2631	61.4%
3406	Cook IL	10249	1644	16.0%
3407	Cook IL	19197	1631	8.5%
3408	Cook IL	45859	3655	8.0%
3409	Cook IL	19556	2786	14.2%
3410	Cook IL	4038	195	4.8%
3411	Cook IL	13897	243	1.7%
3412	Cook IL	8461	0	0.0%
3413	Cook IL	6448	808	12.5%
3414	Cook IL	7493	771	10.3%
3501	Cook IL	7572	1378	18.2%
3502	Cook IL	1739	0	0.0%
3503	Cook IL	6730	803	11.9%
3504	Cook IL	21140	2511	11.9%
3505	Cook IL	5216	77	1.5%
3506	Cook IL	33391	4373	13.1%
3507	Cook IL	2916	378	13.0%

3508	Cook IL	11200	926	8.3%
3509	Cook IL	31813	4725	14.9%
3510	Cook IL	684	0	0.0%
3511	Cook IL	32650	3589	11.0%
3512	Cook IL	37048	6085	16.4%
3513	Cook IL	42729	3359	7.9%
3514	Cook IL	585	69	11.8%
3515	Cook IL	608	0	0.0%
3516	Cook IL	1824	192	10.5%
3517	Cook IL	5873	76	1.3%
3518	Cook IL	741	0	0.0%
3519	Cook IL	14838	1544	10.4%

Data from the ACS indicate that the majority of uninsured Hispanic children reside in Cook county, but the proportion of uninsured Hispanic children within Cook county PUMAs varies considerably ranging from 0% (i.e., PUMA 3518, 3515, 3510, 3502, 3401 , and 3412) to 64.1% (PUMA 3405). A similar pattern is found in Lake county and McHenry counties. The proportion of uninsured Hispanic children in Lake county ranges from 7.0-20.7% by PUMA, and in McHenry, the range is 9.3-23.0%.

Relatively few uninsured Hispanic children reside in DuPage, Will, and Kane counties, although in each of these larger counties there appear to be pockets of uninsured Hispanic children.

Several other areas in the state are noteworthy. In PUMA 500 containing Bond, Effingham, Fayette, and Montgomery counties have comparatively few Hispanic children but the vast majority of them are uninsured (77.6%). A similar pattern holds in PUMA 102, where over one-third (37.6%) of the approximately 2500 Hispanic children are uninsured.

The All Kids Survey estimates a 666,900 Hispanic children in Illinois in 2009/2010. Of those 666,900 Hispanic children, we estimate approximately 42,000, or 6.3%, were uninsured at the time of the survey.

Based on the All Kids Survey, most of the uninsured Hispanic children reside in Cook Country. However, proportionally more children in Kane and McHenry counties are uninsured with 23.1% and 27.6% respectively. Relatively fewer uninsured children reside in Lake county.

	Number of Hispanic Children	Number of Uninsured Hispanic Children	Percentage of Uninsured Hispanic Children
Cook County	339,100	19,400	5.7%
Kane County	54,100	12,500	23.1%
Lake County	65,700	1,100	1.7%
McHenry County	12,700	3,500	27.6%
Kankakee County	15,600	1,300	8.3%
Remainder of State	90,100	4,400	4.9%

Data from the All Kids telephone survey did not yield estimates of uninsured Hispanic children in DuPage, Will, Grundy, and Kendall County. This does not mean that there are no uninsured Hispanic children in these counties but that our survey did not capture any.

Analysis

A few caveats are in order. There are several differences in the two surveys that may account for some of the differences in estimates of uninsured Hispanic children. First, the ACS uses three modes of data collection—mail, telephone and personal interviews whereas the All Kids survey used telephone only. The All Kids survey does not include families without landline telephone or cell phones, and there is consistent evidence that those without landline telephone or cell phones are more likely to be uninsured. Secondly, the All Kids survey uses a modified extensive series of health insurance questions that were specifically designed to reduce underreporting of Medicaid and other medical public assistance programs, whereas the ACS health insurance series may be associated with underreporting of medical public assistance programs. Finally, the ACS was conducted throughout 2008 while the All Kids survey was conducted in late 2009 and early 2010.

Because these two surveys use different methods and were conducted in different time periods, it is useful to examine points of consensus between the two sources. For example, both surveys indicate the majority of uninsured Hispanic children reside in Cook County, and the ACS provides guidance for locating higher concentrations of uninsured Hispanic children within Cook county. Relatively few uninsured Hispanic children reside in Lake, Will, and DuPage counties, although the ACS indicates that

there may be sub-areas within those counties with higher concentrations of uninsured Hispanic children. Likewise, both surveys show higher proportions of uninsured Hispanic children in some areas of McHenry county.

The two surveys give inconsistent indicators for Kane and Kankakee counties. For both counties the All Kids survey estimates higher proportions of uninsured Hispanic children than ACS estimates. In addition, the All Kids survey provides no comparable data to corroborate results of the two counties outside Chicago and the collar county area showing extremely high proportions of uninsured Hispanic children—PUMA 102 (Henry/Mercer, and Rock Island counties), and 500 (Bond, Effingham, Fayette, and Montgomery counties).