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Medicaid Advisory Committee
Public Education Subcommittee Meeting

Monday, January 24, 2011
1:30 p.m. to 3:30 p.m.

401 S. Clinton St., Chicago – 7th Floor Video Conference Room
201 S. Grand Ave. East, Bloom Bldg., Springfield – 3rd Floor Director's Video Conference Room

Agenda

1. Introductions
2. Approval of Minutes of [December 15, 2010 Meeting \(pdf\)](#)
3. Medicaid Reform Legislation – [96 HB5420 \(pdf\)](#)
4. Integrated Care Outreach Materials Update
5. Medicare Savings Program/MIPPA
6. Customer Service
 - a) DHS Re-engineering Project
 - b) Status of No Wrong Door
 - c) Grievance Process
7. Illinois' MaxEnroll Project Update
 - Durable Medical Card

Please confirm whether you plan to attend by responding to [HFS Webmaster via e-mail](#), or by phone at 312-793-1984.

A conference call will be made available for persons who cannot attend in person. If you wish to call in, please request the number when you confirm your attendance.

This notice is also available <http://www.hfs.illinois.gov/mac/news>

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
December 15, 2010.**

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

Committee Members Present

Kathy Chan, IMCHC
Susan Vega, Alivio Medical Center
Margaret Stapleton, Shriver Center (for John Bouman)

Committee Members Absent

Robin Scott, CDPH (for Kenzy Vandebroek)
Suzanna Gonzalez, MacNeal Hospital
Courtney Hedderman, AARP
Tamela Milan, Westside Health Start
Henry Taylor, Mile Square Health Center
Judy King, Consumer Advocate
Hardy Ware, East Side Health District

HFS Staff

Julie Hamos
Jacqui Ellinger
Pat Curtis
Lynne Thomas
Tracy Keen
Amy Wallace
Robyn Nardone
Donna Drew
Sabohat Khalilova
Veronica Archundia

Interested Parties

Dianne Rucinski, Ph.D., UIC
Diane Montañez, Alivio Medical Center
Zehra Quadri, ZAM's Hope
Brittany Ward, Beacon Therapeutic
Esther Sciammarella, CHHC
George Hovanec, Children's Memorial Hospital
Michael D. Cotton, Meridian Health Plan, Inc.

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
December 15, 2010.**

The MAC Public Education Subcommittee was called to order at 10:06 a.m.

1. **Introductions.** Attendees in Chicago and Springfield introduced themselves. Kathy Chan chaired the meeting.
2. **Review of Minutes.** The November minutes were approved with a change to add one attendee.
3. **UIC Survey Update:**

Dr. Dianne Rucinski provided the update. Meeting participants received the summary of the Special Analysis: Uninsured Children of Asian Heritage in Illinois. Dr. Rucinski explained her findings using the data source of the tabulations from the 2008 American Community Survey (ACS) public use files. She estimated there were 132,437 children of Asian heritage less than 19 years of age in Illinois, of which 11,110 or 8.4% were uninsured in 2008. She presented the data for only those PUMAS (Public Use Microdata Areas) in which there are 25 or more samples of children of Asian heritage.

Dr. Rucinski identified several locations where children of Asian heritage are more likely to be uninsured. The Special Analysis found 907 uninsured children of Asian heritage in the Will County area, which includes Aurora, Bolingbrook, Crest Hills, Crystal Lawns, Joliet, Naperville, Plainfield, and Romeoville. Another area with high proportion of uninsured children of Asian heritage with a total of 1,572 children is the Cook County area that includes Evanston, Glencoe, Glenview, Niles, Skokie, and Winnetka. Dr. Rucinski looked at the demographic composition in those communities and found that Morton Grove and Skokie have a high proportion of families of Asian heritage from the Philippines, India, and Korea.

There was group discussion of an unspoken concern at the legislative hearings that the All Kids program may be attracting a large number of undocumented or immigrant children in Illinois. Dr. Rucinski remarked that her study does not support that perception. George Hovanec from Children's Memorial Hospital indicated that there have been some cases of children who need transplants or high cost medical care but does not have the specific number of incidents. Due to the absence of hard data, the group assumes that this appears to be more anecdotal than factual. Director Hamos reported legislators in Illinois are discussing a legislative package that will be voted on the first week of January. Director Hamos indicated that the department is taking a hard look at the enrollment and re-enrollment process for which the department's focus is to develop a seamless system of eligibility verification.

a. Durable Medical Card:

Robyn Nardone, HFS, reported on the department's efforts to move away from sending the medical card monthly. Ms. Nardone indicated under the new vision, the durable medical card is a vehicle that provides basic information to the provider community, and medical providers will have to verify eligibility when the recipient requests services.

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
December 15, 2010.**

Esther Sciammarella from CHHC recommended keeping in mind the close-approaching Healthcare Reform which should be an opportunity for the department to develop operational models to support consumers and facilitate easy access to medical care.

In response to a previous request to include the caseload number to the durable medical card, Ms. Nardone reported that based on conversations with the technical support team, the department does not have the system capacity to support this request. Jacqui Ellinger, HFS, suggested further discussion with DHS about current protocols at the Local Offices to enhance the responsiveness to AKAAs' interventions, particularly when adding pregnant women to existing cases.

b. Member Portal Ideas:

Jacqui Ellinger introduced the topic inviting committee members to explore any suggestions to enhance current customer services practices and to support the department's efforts moving forward under the framework of Healthcare Reform. The group suggested the use of the internet through a patient account to provide on-line services such as change of address, reporting new information, and possibly completing the renewal process.

Susan Vega from Alivio Medical Center supported the suggestion of an individual patient account and recommended having general information about preventive services. Esther Sciammarella from CHHC proposed the use of text messages to remind clients about appointments and upcoming dates for redetermination. Brittany Ward from Beacon Therapeutic noted that "texting" has been one of their best practices to communicate with homeless youth.

c. Disenrollment Reasons:

Kathy Chan, IMCHC, introduced the topic. Tracy Keen from the All Kids Unit provided a report on the statistics of disenrollment to the FamilyCare program. Ms. Keen indicated that in January 2009 there were 745,750 active FamilyCare cases. This number increased by the end of the year in December 2009, with a total of 802,897 active FamilyCare cases.

Ms. Keen reported that of all closures in 2009, 53.74% or 70,999 cases were closed for a reason related to eligibility, such as income, the only child in the household becoming ineligible, the person is no longer an Illinois resident, or the person is institutionalized. Ms. Keen added that 46.26% or 51,913 cases were closed due to a procedural reason, e.g., the applicant failed to provide requested information.

Kathy Chan asked if there is any data on how many of those cases were re-opened. She remarked that it would be interesting to make an extrapolation of the disenrollment

**Illinois Department of Healthcare and Family Services
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reason to develop strategies to support potentially eligible families. Ms. Keen did not have the specific information of reinstated cases. However, the department will make an effort to provide this information to committee members as it becomes available.

In relation to the closing due to procedural reasons, Diane Montañez from Alivio Medical Center commented that the renewal notice is confusing. Frequently, clients interpret it as “no action needs to be taken,” which results in their cancellation. Ms. Vega from Alivio Medical Center stated that she was concerned about the limited time to reply to the renewal notice, particularly on AABD cases. Ms. Vega noted that sometimes clients receive their renewal notices after the due date. Jacqui Ellinger commented that many of these issues are likely to be affected by Medicaid Reform legislation that is currently being developed in the General Assembly.

Diane Montañez commented that clients who failed to pay their premiums on time and sanctioned for three months are seriously affected by having their medical coverage disrupted. Jacqui indicated that a rule that removes the three months waiting period has been approved and the implementation of this policy will be announced in early 2011.

4. Next meeting/adjournment

The next meeting is scheduled for January 24, 2011 from 1:30 p.m. to 3:30 pm. The session was adjourned at 12:05 p.m.

00/00/00

Maria Lopez
123 Main Street
Any Town, IL 99999

HFS Case # 9999999999
Recipient ID #: 000000000

Dear Ms. Lopez:

Medicaid is changing to better serve you. The Illinois Department of Healthcare and Family Services, through the Illinois Client Enrollment Broker, is sending you this informational packet to let you know you are now a member of the Integrated Care Program.

This new program promotes your health and wellness. Under the program you must pick a health plan and a doctor or clinic as a Primary Care Provider (PCP) for your medical home. Your medical home is the doctor's office or clinic where you go first when you need health care or are sick. Your medical home will join a team of doctors, nurses, pharmacists and care managers who work closely with you and each other to keep you well and independent. They will help you reach the health goals that are important to you.

You can pick from two health plans, ***Aetna Better Health*** or ***IlliniCare Health Plan***, to manage and coordinate your health care. With either health plan you will have:

- Choices of doctors, specialists and hospitals;
- A team of people working with you to help you live an independent and healthy life;
- Control of your health care, supports and service needs; and
- Extra services to promote your health and wellness.

Please read everything in this packet, including the Integrated Care Program Information Guide. The guide will give you information on your health care choices and will help you pick a health plan and a doctor or clinic as a Primary Care Provider (PCP) for your medical home.

You must pick your health plan and PCP choice by 00/00/00. If we do not hear from you by this date, we will pick a health plan and PCP for you.

You can get information in another language or format (like a CD).

Free interpretation services!

Call 1-877-912-8880 (TTY 1-866-565-8576)

Hay información en español. ¡Servicio de intérprete gratis!

Llame al 1-877-912-8880 (TTY 1-866-565-8576)



INTEGRATED CARE PROGRAM INFORMATION GUIDE

The Integrated Care Program is a program for older adults and adults with disabilities enrolled in an Illinois Department of Healthcare and Family Services (HFS) Medical Program (Medicaid) who are not also enrolled in Medicare.

This program promotes your health and wellness. Under the program you must pick a health plan and a doctor or clinic as a Primary Care Provider (PCP) for your medical home.

The Integrated Care Program is for eligible clients in these counties:

Suburban Cook
Kane
Kankakee

DuPage
Lake
Will

Under the Integrated Care Program, a team of providers and case managers will work with you to help you reach the health goals that are important to you. You will get to choose a health plan and PCP. You will pick a PCP in one of these two health plans to manage and coordinate your health care.

Aetna Better Health or IlliniCare Health Plan

With either health plan you will have:

- Choices of doctors, specialists and hospitals;
- A team of people working with you to help you live an independent and healthy life;
- Control of your health care, supports and service needs; and
- Extra services to promote your health and wellness.

Read on to learn more about your health plan choices. Please read all of the information in this guide. It will help you make the best choice for you.

**You can get information in another language or format (like a CD).
Free interpretation services! Call 1-877-912-8880 (TTY 1-866-565-8576).**

The call is free.

Hay información en español. Servicio de intérprete gratis!

Llame al 1-877-912-8880 (TTY 1-866-565-8576)

What is a Medical Home?

Your medical home is the doctor's office or clinic where you go first when you need health care or are sick. Your medical home is the doctor's office or clinic where you go to see your PCP. Your medical home will join a team of doctors, nurses, pharmacists and care managers who work closely with you and each other to keep you well and independent. They will help you reach the health goals that are important to you.

Having a medical home means:

- All your medical records are kept there in one place.
- Your PCP gets to know you well.
- You get better health care because your PCP knows your health care needs.
- You get the quality health care you need to stay healthy.

Even if you are healthy and never get sick, it is good to have a medical home.

What is a Primary Care Provider (PCP)?

Your PCP is your family doctor, nurse or other health care provider at your medical home who takes care of you. Your PCP will:

- Take care of you when you are sick or need medical attention;
- Help you manage diseases and other conditions like diabetes, high blood pressure, and asthma;
- Answer questions you have about your health care;
- Give you the information you need to stay healthy;
- Work with you to get the health care you need and send you to specialists or other health care providers when you need to go. This is called a referral.

What Services Will I Get in the Integrated Care Program?

You will receive all of the same services you now get in Medicaid. The health plan you pick in the Integrated Care Program will work with you to coordinate and manage these services. Each health plan also offers extra services. Please see the attached **comparison chart** to see the covered services and extra services that each health plan offers. You will not have to pay co-payments.

How Do I Enroll?

1. **Pick a health plan.** There are two choices:

Aetna Better Health

OR

IlliniCare Health Plan

Each health plan has PCPs ready to work with you.

2. Pick a PCP.

- Think about where you get your health care now.
- Do you want to stay with your doctor or clinic or do you want to pick a different doctor or clinic?
- You can find out if a doctor or clinic is in the health plan you want to pick and get the doctor's or clinic's information by calling the Illinois Client Enrollment Broker at 1-877-912-8880 (TTY: 1-866-565-8576) or by going online at: www.illinoisceblCP.com

3. Enroll. You can enroll three ways:

BY PHONE: Call the Illinois Client Enrollment Broker at 1-877-912-8880 (TTY: 1-866-565-8576). The call is free. **Enrolling by phone is quick and easy!**

OR

THROUGH A COMMUNITY HELPER: If you are familiar with one of the community organizations on the attached form, they can help you enroll. Call the number or visit the agency you are familiar with.

OR

ONLINE: Go to the Illinois Client Enrollment Broker's Integrated Care Program Website at www.illinoisceblCP.com and click on "Enroll."

Who MUST Enroll?

Older adults and adults with disabilities (aged, blind and disabled (AABD) category of assistance) in suburban Cook, Lake, Kane, DuPage, Will and Kankakee counties have to enroll in the Integrated Care Program. The following AABD Medicaid populations do not have to enroll in the Integrated Care Program:

You do NOT have to enroll if you are:

- A child under 19 years of age;
- Eligible for Medicare Part A or enrolled in Medicare Part B;
- American Indian/Alaskan Natives (you may choose to voluntarily enroll);
- A client with Spend-down;

- In Presumptive Eligibility categories;
- In the Illinois Breast and Cervical Cancer program; and
- With Comprehensive Third Party Insurance.

Can I Change My Health Plan?

You will be given 60 days to choose your health plan and PCP. If you do not choose one you will be assigned to a health plan and PCP. Once you are enrolled with your health plan, you may change your mind and enroll with the other health plan within 90 days. After that you cannot change health plans for 12 months, except “for cause” in certain circumstances. Once each year, you will have a 60-day period to change the MCO in which you are enrolled. This is called an “**open enrollment period.**” This is the only time each year you are allowed to switch health plans. The Illinois Client Enrollment Broker will send you a letter to let you know when it is time for your open enrollment period.

How Do I Change My PCP?

You may change your PCP by calling your health plan.

Need help?

Call the Illinois Client Enrollment Broker at 1-877-912-8880. If you use a TTY, call 1-866-565-8576. The call is free. The Illinois Client Enrollment Broker can:

- Give you more information about the Integrated Care Program;
- Help you pick a health plan and PCP for your medical home;
- Find out if a certain doctor is in one or both of the health plans;
- See if you are eligible to change your health plan;
- Help you get in touch with your health plan;
- Update your contact information, like your address or phone number.

Health Plan Contact Information

Aetna Better Health.....
 Aetna TTY Number.....
 Aetna Web site.....

IlliniCare Health Plan.....
 IlliniCare TTY Number.....
 IlliniCare Web site.....

Integrated Care Program Enrollment Tips and Instructions

In the Integrated Care Plan, you will get all of your health care services from one of two health plans. Each health plan also provides additional services. You get to choose the plan you want and the one you think will be best for your health care needs. Your two choices are:

Aetna Better Health

OR

IlliniCare Health Plan

HERE ARE SOME QUESTIONS TO ASK YOURSELF TO HELP YOU PICK YOUR PLAN

1. Do you want to stay with your doctor or clinic or do you want to pick a different doctor or clinic?
2. Does the health plan have the hospital and specialists I use?
3. What other services does each plan give me?

Each plan has Primary Care Providers (PCPs) ready to work with you. Read the enclosed Integrated Care Program Information Guide to help you pick the health plan you want.

HOW TO ENROLL:

- Call the Illinois Client Enrollment Broker at 1-877-912-8880 (TTY: 1-866-565-8576).
- OR**
- Call a community helper.

If you are familiar with one of the community organizations on the attached form, they can help you enroll. Call the number or visit the agency you are familiar with.

The Illinois Client Enrollment Broker or the community helper can:

- give you more information about your health plan choices,
- tell you if a doctor, clinic, hospital or specialist is in the health plan you would like to pick, and
- help you enroll.

OR

- Go online to: www.illinoisceblCP.com.

Once the Illinois Client Enrollment Broker or a Community Helper has answered all your questions, you can:

PICK YOUR HEALTH PLAN

Choose the health plan that is right for you.

Aetna Better Health

OR

IlliniCare Health Plan

QUESTIONS WE WILL ASK YOU AFTER YOU ENROLL

When you call or go online to enroll, there are a few questions we would like to ask you. Your answers will help your health plan and PCP provide quality health care to you. The answers are private and **do not** affect your enrollment. We will be asking you the following questions:

1. Would you say that in general your physical and mental health are:
Excellent ____ Good ____ Fair ____ Poor ____
2. Do you have health problems that you need help with right away?
Yes ____ No ____ If so, we will ask you to please describe them.
3. Do you have any appointments with doctors or other specialists currently scheduled?
Yes ____ No ____
If yes, we will ask you the name of the doctor(s) and date(s) of appointments.
4. Do you need extra help to access services, such as a wheelchair ramp, equipment or large print braille?
Yes ____ No ____ If yes, we will ask you to describe your needs.
5. Have you been in the hospital in the last month?
Yes ____ No ____ If yes, we will ask you why you were in the hospital.

Front of
Medical Card



The client **Medical Card** does not contain personal information except your name; the client **Medical Card** ID number and your date of birth. Your privacy is maintained if the card is lost or stolen.

Back of
Medical Card



Providers may use this *magnetic strip* to get eligibility information. The strip does not contain any personal or confidential information.

Call the *toll free number* if your card is lost or stolen, or if you have questions. *This is the same number you call for other client services.*

Checking your eligibility

1-800-255-5437

Stay on the line or
"English"[1]
"Spanish"[2]

Stay on the line or
if an extension:

"Dial"[#]

"Client Services"[6]

"Check Eligibility"[4]

"IDHFS Medical Card" [1]

"Social Security Card"[2]

Say or enter number

Say or enter zip code

"Yourself"[1]

"Other Family Member"[2]

"Today"[1]

Say a different date

Eligibility information will play

Say the name of the item
to hear details about:

"Medicaid"

"Managed Care"

"Other Private Insurance"

"Repeat" [9]

"Service Menu" [8]

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Using your Medical Card



Using your Medical Card



Welcome!

You are receiving a state of Illinois **Medical Card**. Each eligible household member is receiving his or her own **Medical Card**.

What is the Medical Card?

The **Medical Card** is issued once to people who are eligible for medical benefits. It is a plastic card that looks like other medical insurance cards. Show the card whenever you have a healthcare appointment. Providers will use it to make sure your services are covered.

How do I use my Medical Card?

- Take your **Medical Card** and a picture ID to any healthcare appointment. Your provider will use it to find out what services you are eligible for.
- Do not throw your plastic **Medical Card** away. Even if your medical benefits end, keep the Medical Card. You can use it again if you become eligible in the future.
- If you have questions about your medical coverage call 1-800-###-#### or for TTY 1-800-###-####.
- If you have a LINK Card, keep it, you will continue to use it for your cash and SNAP benefits.

What happens if I forget to take the card to my appointment?

If you forget your **Medical Card**, you can still receive health care services. Give your Medical Card number or any two of the following to your provider.

- Name
- Social Security Number
- Date of Birth

What if I'm in a managed care plan?

You will receive a new Medical Card and a separate card from your managed care plan.

- Bring both cards to your appointment.
- Be sure to stay up to date about your enrollment by reading any information sent to you by your managed care plan.
- If you have questions about your enrollment in a managed care plan, you can call the toll-free number printed on the back of your Medical Card: 1-800-###-#### and use the voice-prompted menu or talk with a customer service representative.

What do I do if my Medical Card is lost or stolen?

- Call 1-800-###-#### or for TTY 1-800-###-#### to request a replacement card. In the meantime, you still can receive health care services.
- Your new **Medical Card** will be mailed to you. Your local DHS office cannot replace your card. If you believe a member of your household is eligible for services but did not receive a card, call 1-800-###-####.
- There is no charge for a replacement card.

Important Reminder

Be sure to keep your local FCRC office up to date about any changes, such as address or telephone number. It is important that your local FCRC and your health care provider have the most current information.

