

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee
June 25, 2010
Approved Final Meeting Minutes**

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

Committee Members Present

Kathy Chan, IMCHC (for Robyn Gabel)
Robin Scott, CDPH (for Kenzy Vandebroek)
Susan Vega, Alivio Medical Center
Margaret Stapleton, Shriver Center (for John Bouman)
Courtney Snyder Hedderman, AARP (via phone)
Terri Gendel, AgeOptions (via phone)
Hardy Ware, East Side Health District (via phone)

Committee Members Absent

Suzanna Gonzalez, MacNeal Hospital
Tamela Milan
Henry Taylor, Mile Square Health Center
Michael Wolf, Northwestern University

Interested Parties

Dianne Rucinski, Ph.D., UIC
Zehra Quadri, Zam's Hope C.R.C.
Priya Khatkhate, LAF
Diane Fager, CPS
Diane Montanez, Alivio Medical Center
Margaret Dunne, Beacon Therapeutic
Brittany Ward, Beacon Therapeutic
Michael Cotton, Meridian (via phone)
Mary Capetillo, Lilly (via phone)
Debra Mathews, DSCC (via phone)
Stephanie Altman, HDA (via phone)
Jacqueline Gonzalez, CHHC
Esther Sciammarella, CHHC

HFS Staff

Jacqui Ellinger
Lynne Thomas
Robyn Nardone
Angie Lobo
Donna Drew
Sabohat Khalilova
Sally Becherer
Amy Wallace
Stephanie Hoover
Quincy Grimes
Jim Hunter
James Monk

DHS Staff

Sharon Dyer-Nelson
Jennifer Hrycyna

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The MAC Public Education Subcommittee was called to order at 10:07 a.m.

- 1. Introductions.** Attendees in Chicago and Springfield introduced themselves. Kathy Chan chaired the meeting.
- 2. Review of Minutes.** The March minutes were approved.
- 3. Survey of Uninsured Children Update:**

Dr. Dianne Rucinski, of the UIC Institute of Health Research and Policy provided the update. She discussed the methodology used for this study and contrasted it with the methodology used for the American Community Survey. She noted that this study is a random digit dial survey with data reflecting responses at a given point in time during 2009 and 2010. The research is focused on the 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 executive summary showed that an estimated 148,000 children are without health insurance. This represents about 4.5% of children in Illinois. The study divided the state into three regions with the following rates of uninsured children age 18 or younger: Cook County, 4.6%; Collar Counties, 5.0% and Remainder of State, 4.0%.

The executive summary found families reporting less difficulty finding a provider now than at the time of the first study. The study looked at the reasons why families from out-of-state had moved to Illinois. Dr. Rucinski noted that not a single respondent reporting moving to Illinois for health insurance.

4. Illinois MaxEnroll Project:

Jacqui Ellinger, HFS, introduced the topic by identifying the Maximizing Enrollment for Kids handout in the packets provided. She briefly reviewed the 4 goals, objectives and key steps. Discussion on four objectives of the project followed.

- a. DHS – No Wrong Door:** Jennifer Hrycyna, DHS, reported that current policy requires persons to apply at the DHS office serving the area in which they live. This would change beginning January 1, 2011. The “No Wrong Door” legislation allows individuals to apply at any DHS Family Community Resource Center office. Under “No Wrong Door,” a customer may request that their case be transferred to another office with consideration of customer need that includes being closer to work, child care, service provider or transportation.

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- b. Permanent Medical Card Update:** Robyn Nardone, HFS, provided the update. HFS continues working on the initiative to eliminate the monthly issued paper medical card. She advised that every eligible individual would receive a card but having the card doesn't guarantee ongoing eligibility. Ms. Nardone stated that HB5054 legislates the permanent card and the governor is expected to sign the bill today. The time line is to move to the new card by July 2011. The intended goal is to rollout the card at the beginning of the new year.

A couple of sample medical cards were provided as a handout for comment. There was concern that the state graphic was too big and the customer information fonts too small. Ms. Nardone advised that she would make revisions in the sample card based on these suggestions.

There was concern that without a case ID or caseload number, it would be difficult to assist customers with adding a family member or locating an assigned caseworker. There was concern about how a provider could assist with an update or complete an inquiry. Ms. Ellinger suggested that the subcommittee reconvene in one month to continue discussion regarding the permanent medical card.

- c. Member Portal:** Ms. Ellinger stated that the department wants to give participants access to their own information and will explore creating a simple member portal.
- d. Children's Enrollment Shifts:** Jim Hunter, HFS, reviewed the handout, Children's Enrollment Shifts January 1, 2008 to January 1, 2009. The data showed enrollment shifts in the All Kids program. About 43% of children moved up a level as a result of more countable income and about 57% moved to a less expensive plan due to less countable income.

In the category of disenrolled turned 19 before end of year, the number disenrolled was higher for males than females. Ms. Ellinger noted that the number for females might be lower as coverage under the Illinois Healthy Women program begins the date that young women age out of All Kids eligibility.

The chart showing movement to another program indicated the greatest movement was to "Other Coverage". Ms. Ellinger advised that this category is primarily Temporary Medical Assistance, also called "medical extensions."

5. CHIPRA Outreach Projects and American Community Survey data:

Due to time constraints, committee members agreed to include the CHIPRA Outreach project reports on the next agenda.

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Dr. Rucinski had been asked to examine the proportion of uninsured children in Illinois of Hispanic origin and specifically the regional location of those children. The primary data source was the tabulations of the 2008 American Community Survey (ACS) public use files and the All Kids Survey of 2009/2010 as another data source. Dr. Rucinski reviewed the data collection methodology and the handout, Special Analysis: Uninsured Children in Illinois. ACS data showed 722,204 children of Hispanic origin in Illinois and approximately 73,779 or 10.2% were uninsured in 2008.

The ACS defined geographic areas as PUMA (Public Use Microdata Areas). The areas were broadly defined as either a cluster of counties in more sparsely populated areas or within a single county in more heavily populated areas. The PUMA group of Henry, Mercer and Rock Island Counties and the PUMA group of Bond, Effingham, Fayette and Montgomery Counties showed the level of uninsured Hispanic as 37.6% and 77.6% respectively. There was interest in more detail on the geographic boundaries of the PUMA in Illinois.

Similar data on non-Hispanic children in Illinois was requested. Dr. Rucinski advised that she would attempt to find this data for the next meeting.

6. All Kids Audit:

Angie Lobo, HFS, provided the report. The Illinois Auditor General released a report on the All Kids program in May 2010. She advised that the report was not complimentary to the program. She reviewed a handout that included actions already undertaken in response to the audit recommendations and a comprehensive plan related to enrollment policy and procedures for the All Kids, FamilyCare and Moms & Babies programs.

7. Next meeting /adjournment

The next meeting is scheduled for August 6, 2010 at 10 am. The session was adjourned at 12:20 p.m.