

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

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.

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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

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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.

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.

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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 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.