

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee
January 24, 2011.
Approved Final Meeting Minutes**

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

Committee Members Present

Kathy Chan, IMCHC
Robin Scott, CDPH (for Kenzy Vandebroek)
Judy King, Consumer Advocate (via phone)
Terri Gendel, Age Options

Committee Members Absent

Suzanna Gonzalez, MacNeal Hospital
Courtney Hedderman, AARP
Tamela Milan, Westside Health Start
Henry Taylor, Mile Square Health Center
Hardy Ware, East Side Health District
Susan Vega, Alivio Medical Center
Margaret Stapleton, Shriver Center (for John Bouman)

Interested Parties

Brittany Ward, Beacon Therapeutic
Jacqueline Gonzalez, CHHC
Chris Burnett, IARF
Robin Speaks, Children's Memorial Hospital
Zander Washington, Children's Memorial Hospital
John Jansa, Progress CIL
Helena Lefkow, Metro Chicago Healthcare Council
Nelson Soltman, Legal Assistance Foundation
Gar Fitzgerald, Harmony H.P.

HFS Staff

Pat Curtis
Lynne Thomas
Tracy Keen
Amy Wallace
Robyn Nardone
Donna Drew
Brenda Solomon
Sally Becherer
Mike Jones
Laura Ray
Lauren Tomko
Victoria Nodal
Veronica Archundia

DHS Staff

Sharon Dyer-Nelson
Jennifer Hrycyna

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The MAC Public Education Subcommittee was called to order at 1:41 p.m.

- 1. Introductions.** Attendees in Chicago and Springfield introduced themselves. Kathy Chan chaired the meeting.
- 2. Review of Minutes.** The December minutes were not approved due the lack of a quorum. A draft of the minutes will be reviewed at the next meeting.
- 3. Medicaid Reform**
Lynne Thomas, Chief of the Bureau of All Kids (HFS), provided an update. Ms. Thomas highlighted some of the key provisions of House Bill 5420 that intends to implement program and systems reform for Medicaid and the All Kids Program. Ms. Thomas stated that the target date of implementation of most of the provisions is July 1st, 2011.

Ms. Thomas indicated that DHS and HFS will require a full month of verifications of each source of income in order to determine eligibility. Families will be required to provide some source of verification of residency to prove that they live in Illinois. There is a provision that limits the All Kids Program to children from families with incomes of less than 300% of the Federal Poverty Level. However, families that have their children currently on any of the Premium Levels 3 through 8, will be able to continue to receive benefits until 07/01/2012, unless they lose coverage for some other reason.

Ms. Thomas noted that, as of October 1st, 2011, passive redetermination will be eliminated; therefore, families will have to provide documentation of a full month's worth of income in order to complete the renewal process. She indicated that DHS and HFS will enhance existing management systems to increase data matches with the Secretary of State, Social Security, the Department of Revenue, and the Office of Employment Security. The goal is to implement more efficient enrollment procedures, without creating an excessive burden for the families. In addition, by the end of 2014, it is expected that HFS will enroll more families in coordinated care.

Finally, Ms. Thomas explained a provision that gives the state the ability to seek repayment from families that commit fraud or give false information when they get medical coverage. She added that the department is waiting for federal approval, but it is anticipated that the state is going to move forward on the time line that was discussed.

Kathy Chan, IMCHC, asked if there were any changes that will affect the current application. Ms. Thomas replied that the on-line application will be revised fairly quickly, but this may not be the case for the paper application. However, the department will send a notice to families asking for additional information. She added that All Kids Application Agents

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(AKAAs) will be informed via electronic alerts, and procedural changes will be incorporated in the weekly training sessions provided by HFS. These notices will be shared with committee members to elicit their input.

Kathy Chan noted that the Illinois Maternal and Health Coalition developed a summary analysis of House Bill 5420, which is available at its website:

<http://www.ilmaternal.org/docs/alerts/imchcanalysisSB5420.pdf>

Judy King, Consumer Advocate, suggested informing committee members who had not attended the last Medicaid Advisory Committee (MAC) meeting held on 01/21/11 about changes within the prescription drug reform. Lynne Thomas described some of the provisions: reducing the prompt pay interest rate for pharmacies; authorizing pharmacies to refuse to dispense drugs if the co-payment is not made (some drugs, such as heart medication will not be affected by this provision and, when cost-effective will allow for 90-day prescriptions for maintenance generic drugs. Ms. Thomas noted that, at the MAC meeting, director Julie Hamos said that HFS is waiting for federal input to finalize the details for these provisions.

4. Integrated Care Outreach Materials Update

Laura Ray, HFS, provided an update. The following recommendations relating to the outreach materials were discussed by the committee:

- Terri Gendel, Age Options, suggested removing the notation of PCP in parenthesis, on page one, because a lot of clients do not understand the abbreviation and the use of the parenthesis.
- John Jansa, Progress CIL, suggested reviewing the sequence on pages two and three, under the section, "How Do I Enroll?".
- John Jansa suggested a change in the language on page three, under the section "Who Must Enroll?"

You do NOT have to enroll if:

- You are a child under 19 years of age;
- You have Medicare;
- You are an American Indian/Alaskan Native (you may choose to voluntarily enroll);
- If you are enroll in Spend-down;
- You are in the Illinois Breast and Cervical Cancer program; or

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- You have Comprehensive Third Party Insurance. (Nelson Soltman recommended explaining the concept to facilitate the meaning).
- Judy King suggested explaining what MCO stands for on page number 4.
- John Jansa suggested further clarification should be made in terms of the time frame within which enrollees have to choose a health plan and PCP, because on page one of the cover letter it says: " You must pick a PCP choice by 00/00/00", and, on page four, it states: "You will be given 60 days to choose your health plan or PCP", which can be confusing.

Committee members were encouraged to provide additional recommendations via e-mail to the Bureau of Managed Care at Michelle.Maher@Illinois.gov by January 26, 2011.

5. Medicare Savings Program/MIPPA

Pat Curtis, Chief of the Bureau of Medical Eligibility Policy (HFS), introduced the MIPPA topic. She stated that, the Medicaid Savings Program has been offered since 2008. Ms. Curtis highlighted some revisions to the – "Mail-In Application For Payment of Medicare Premium, Deductibles and Coinsurance" HFS 2378M (R-02-10). Ms. Curtis indicated in response to a concern from a previous meeting regarding the format of the application. Now, the revised application has specifically numbered the questions. Also, a statement indicating that a face-to face interview is not necessary was added to prevent confusion and unnecessary visits to Local Offices. The committee member that raised these concerns was absent, and no additional questions were asked. Ms. Curtis will be available next meeting to address further questions.

6. Customer Service

a. DHS Re-engineering Project:

Jennifer Hrycyna, DHS, indicated that the Department of Human Services is encountering enormous challenges at the Local Offices where caseloads have triple due to the economic recession, while there has also been a reduction of manpower and resources to meet those needs. Last year, the DHS applied for a grant from The Ford Foundation and The Urban Institute intended to enhance business practices in order to maximize and expand the State's resources. Next month an announcement will be made about whether or not Illinois has been chosen to receive the grant.

b. Status of No Wrong Door:

Jennifer Hrycyna announced that beginning January 1st, 2011, the Department of Human Services has implemented a policy guided by the principle that there is "No Wrong Door" for clients. Through this customer-centered approach clients can choose where to apply for the Link Card, cash, and medical assistance. They no longer will have to apply at the Local Office according to their zip code, with the exception to the Field Medical Office, The Special Refugee, and The SNAP Office. In addition, Ms. Hrycyna

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recommended that individuals who receive a redetermination notice should complete the renewal process first, and then request a transfer to the Local Office of their choice.

c. Grievance Process:

Jennifer Hrycyna indicated that customers have the right to receive a grievance hearing when they or their representatives file a complaint within 60 days from the day the client, say they were mistreated. In addition, customers have the right to submit an appeal if they do not agree with the department's decision, or if it took too long to make a determination of their eligibility.

Ms. Hrycyna noted that when a customer files a grievance, the department will schedule a hearing for the Local Office Administrator (LOA), the employee, a union representative, and the client (and his/her representative), so both sides of an issue can be addressed. The customer will not be informed of the results of the grievance, specifically if it results in corrective action due to an agreement with the union. In addition, a customer cannot change case workers, but can request to be transferred to a different Local Office.

Jacqueline Gonzalez, from the Chicago Hispanic Health Coalition, stated that case workers never inform clients about their rights to appeal or to submit a grievance. Ms. Hrycyna noted that, if a customer believes that he or she has been mistreated, the client can ask to talk to a manager and complete a grievance or an appeal. She added that the department does not tolerate mistreatment and that it's expected that all employees will be accountable for their behavior. She encouraged committee members to contact her directly with any concerns at Jennifer.Hrycyna@illinois.gov. Nelson Soltman, from the Legal Assistance Foundation (encouraged committee members to contact the organization for consultation and assistance at webmaster@lafchicago.org

7. Illinois' Max Enroll Project Update – Durable Medical Card

Robyn Nardone, HFS, provided an update of the Durable Medical Card. A sample draft of the medical card brochure was distributed for discussion. Ms. Nardone explained the main objective of the brochure is to provide a visual impression regarding the durable medical card. She indicated that the language on the brochure will be different from the wording on the back of the medical card, because it has too much text. Committee members were reminded that, the department is required to maintain the language of public notices at a 6th grade reading level.

Ms. Nardone indicated that, for distribution purposes, the brochure can be posted at different locations, such as the Local Offices, AKAAs locations, hospitals, or healthcare centers. In addition, the brochure will be used as an insert that will be sent to each medical card holder, which means that a family may receive multiple envelopes.

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Judy King questioned the need of listing the date of birth on the durable medical card. She remarked that most private insurance companies do not show birth dates on their cards. Ms. Nardone commented that this was a recommendation from the advocate and provider community, as the date of birth serves to differentiate family members with the same first and last names. Ms. King noted that the department has surveyed front-line staff, but not necessarily clients. Robyn Speaks and Zander Washington from Children's Memorial Hospital indicated that listing a date of birth is helpful as a quick identifier, and in fact, the current medical cards do list dates of birth.

There was group discussion on changes to the language and layout of the brochure's draft. Ms. Nardone remarked that the legislation requiring the medical card changes has an implementation date of July 1st, 2011. She asserted that the department is expecting a large initial mailing for eligible clients at the time the mailing is launched; however she subsequently anticipates the volume for on-going mailings for new clients and replacement cards will be significantly less. Ms. Nardone reminded the committee medical providers will have to verify eligibility at the point of service. In support of this expectation, since last year, the Illinois Central Management Services (CMS) has been in the process of revamping HFS system capacity in order to ensure that medical providers will be able to check eligibility through MEDI (Medicaid Electronic Data Interchange) system.

8. Next meeting/adjournment

The next meeting is scheduled for March 21, 2011 from 1:00 p.m. to 3:00 pm. The session was adjourned at 4:36 p.m.