

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
February 13th, 2014.**

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

Committee Members Present

Kathy Chan, Cook County Health & Hospital System
Margaret Stapleton, Shriver Center
Margaret Dunne, Beacon Therapeutic
John Jansa, Molina HealthCare
Sue Vega, Alivio Medical Center
Erin Weir, Age Options
Nadeen Israel, Heartland Alliance
Hardy Ware, East Side Health District (via phone)

HFS Staff

Jacqui Ellinger
Lynne Thomas
Mike Koetting
Lauren Polite
Arvind K. Goyal
Linda Wheal
Tara Sangster-Clark
Veronica Archundia

Committee Members Absent

Henry Taylor, Mile Square Health Center

Interested Parties

Kelly Carter, IPHCA
Teresa Collins, SSP
Connie Schiele, Advocate (via phone)
Sherie Arriazola, TASC
Edith B. Barnes, CHHC
Alivia Siddiqi, IHC
Brittany Ward, Primo Center
Carrie Chapman, LAF
Alexa Herzog, LAF
Diane Montañez, Alivio Medical Center
Sergio Obregon, CPS
Mike Lafond, Abbie
Amanda Ginther, HCCI
Maggie Domaradzki, Cigna Health Spring
Rania Shakkour, Molina Healthcare
Victoria Bigelow, Access to Care
Erika Wicks, HMA
Susan Melczer, MCHC
Jenn Miller, ICIRR

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1. Introductions

Kathy Chan, from CCHHS, chaired the meeting. Attendees in Chicago and Springfield introduced themselves.

2. Review of Minutes

It was noted that on the second page, "Vice-chairperson" was incorrect and corrected to Chairperson Kathy Chan. Also, the children's enrollment chart had incorrectly noted the date as "HFS December 2013", the correct date is February 2014. The minutes were approved as amended to reflect these changes.

3. Review of the Public Education Subcommittee Charge

Jacqui Ellinger introduced this topic by indicating that HFS does not recommend any changes to the charge. However, in accordance with the Medicaid Advisory Committee bylaws, the subcommittee chart is required to be reviewed annually. No change was recommended by the subcommittee.

John Jansa asked that the committee should get access to review materials in a more consistent manner. Jacqui suggested that, since the client notices encompass topics that pertain to several subcommittees and, in some instances can even overlap, this concern should be brought to the consideration of the MAC.

4. ACA Update:

ABE and FFM status

Michael Koetting indicated that HealthCare.gov is currently working better than it had been during the fall of 2013 and that Illinois is enrolling a great many more people under the ACA than had been anticipated. The primary reason for this is CountyCare, which had an early start date in November, 2012. Mr. Koetting acknowledged the application backlog, and there are many reasons for it. Nevertheless, HFS and DHS continue prioritizing and finding strategies to improve functionality and communication with our FFM counterparts in order to reduce the gap in application processing. Lauren Polite noted that the FFM has made significant upgrades to the market place portal and that people can now report life changes online through their pending applications. Sue Vega suggested that the FFM should make people aware when the system is not available while enhancements are being applied.

Jacqui Ellinger remarked it is important to recognize that in spite of conversion problems related to the legacy system, state caseworkers are learning and getting more experienced with ABE and IES, and, as a result they are increasing productivity. Sergio Obregon asked how to communicate delays to clients who are waiting for responses. Ms. Ellinger said that the department will soon be releasing a "FAQ" document which should help deliver a message that is not alarming but, at the same time, is accurate in order to guide people regarding their applications:

http://www2.illinois.gov/hfs/SiteCollectionDocuments/ACA_FAQApplicationforMedicalAssistance.pdf

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Jacqui acknowledged the helpful recommendations provided by the subcommittee regarding the survey about how to improve functionality in the ABE portal. Some of this feedback was adopted, and, as a result, critical changes will be deployed at the end of February.

Ms. Ellinger reported that HFS is currently working on applications received by the FFM. Brittney Ward asked if applicants who have not received a determination of eligibility should re-apply. Lauren Polite stated that it is not necessary to re-apply, instead applicants should check their status by logging back into ABE to determine if the website indicates “Submitted” and shows a tracking or “T” number, which would mean that an application was successfully submitted. Also, application status can be checked through MEDI, or by calling the ABE Call Center. However, committee members were cautioned to avoid “clogging” the system of the call center. Lauren indicated that even though clients can still submit paper applications, it is recommended that they should submit online ABE applications whenever possible. Lynne Thomas recommended that new applicants with emergency medical needs can request an expedited process by calling All Kids at 1-877-805-53-12, with their application tracking number (if available), indicate the type of emergency, and if it’s an MPE application.

5. Updates:

Children’s Enrollment

Lynne Thomas referred the group to a handout that shows cumulative children’s enrollments, starting in 2006. The second table illustrates enrollment, beginning in January 2012, with 1,696,000 children enrolled, continuing through September 2013, when 1,624,000 children were enrolled.

Enhanced Eligibility Verification/Illinois Medicaid Redetermination Project (IMRP)

Michael Koetting reported that beginning February 1st, 2014, a new IMRP process will be in place. Maximus’ contract continues but was amended to provide purely mail functions, which means that it no longer employs staff to make recommendations of eligibility, but will do electronic reviews and will send out new pre-populated rede forms for most medical cases. Upon receipt of a client’s rede form, along with the documentation provided by the client, Maximus will create an electronic file, which will be sent to new central DHS rede units at Hunter and Broadway for processing. The new rede forms will include questions regarding MAGI methodology. Mr. Koetting encouraged members of the committee to remind clients that they must complete and return the rede forms to Maximus in order to avoid case cancelations. Ms. Ellinger noted that cases can be reinstated as long as clients contact their caseworkers and provide the documentation that is needed within 30 days of the date of cancelation.

Mr. Koetting stated that redes for cases with SNAP or cash will continue to be processed by the FCRC which manages the case. The IMRP client’s notices can be viewed at:

<http://www2.illinois.gov/hfs/MedicalCustomers/eev/Pages/default.aspx>

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Clients may contact the Maximus Call Center, by calling 1-855-458-4945, Monday to Friday from 7:00 a.m. to 9:00 p.m. and Saturday from 8:00 a.m. to 1:00 p.m. if they have questions or need assistance in submitting their redetermination forms.

6. Open Discussion and Announcements

Nadeen Israel asked for clarification regarding the Asset Recovery Program that may affect some of Medicaid enrollees. Ms. Ellinger stated that the department has not made a decision in this matter, and that still remains in review. Erin Weir recommended a brochure that, based on her experience can be helpful in terms of dissipating client concern:

<http://www2.illinois.gov/hfs/MedicalPrograms/Brochures/Pages/HFS3419b.aspx>

Illinois Healthy Women (IHW): Linda Wheal advised that the IHW waiver will end on 12/31/2014. Through the waiver 170,000 women were served in the span of the last ten years. She noted that, because the coverage of IHW is limited to family planning and related services, which is not considered minimum essential coverage under the ACA. Recipients of the IHW had been made aware that, through the Affordable Care Act, they have the option to obtain comprehensive health coverage, either through Medicaid or the Marketplace.

Ms. Wheal indicated that CMS allowed for an extension of IHW through December 31, 2014, in order to ensure that women continue to have access to family planning services while facilitating their transition to obtain comprehensive medical coverage. Throughout the upcoming months these women will receive reminders about resources available to them to submit applications. In addition, a notification was sent to key stakeholders to make them aware of the phasing out of IHW. The Illinois Healthy Women website has been updated and can be viewed at: <http://www.illinoishealthywomen.com/>

7. Adjourn

The meeting was adjourned at 12:12 p.m. The next meeting is scheduled for April 10, 2014, from 10:00 a.m. to 12:00 p.m.