

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee  
Approved Final Meeting Minutes  
April 9, 2015.**

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

**Committee Members Present**

John Jansa, WKG Advisory  
Margaret Stapleton, Shriver Center  
Connie Schiele, HSTP (by phone)  
Sherie Arriazola, TASC  
Erin Weir, Age Options  
Nadeen Israel, EverThrive Illinois  
Sergio Obregon, CPS  
Brittany Ward, Primo Center for WC (by phone)  
Ramon Gardenhire, AFC  
Sue Vega, Alivio Medical Center (by phone)

**HFS Staff**

Jacqui Ellinger  
John Spears  
Lauren Polite  
Gabriela Moroney  
Bridgett Stone  
Mariah Balaban  
Debby Cook  
Pam Bunch  
Veronica Archundia

**Committee Members Absent**

Kathy Chan, Cook County Health & Hospitals System  
Hardy Ware, East Side Health District

**Interested Parties**

Deb Matthews, DSCC  
Rick Cornell, Health Alliance  
Molly Braun, Fresenius Medical Care  
Kathy Shelton, LAF  
Sonia Robins, Molina HC  
Alicia Siani, EverThrive Illinois  
Heba Abuseini, ICIRR  
Felicia Spivack, BCBSIL  
Luvia Quiñones, ICIRR  
Regina Porter, Next Level Health  
Victoria Thompson, La Rabida CC  
Ken Ryan, ISMS  
Dan Rabbitt, Heartland Alliance  
Joe Cini, I.H.C  
Susan Melzer, MCHC  
Marcelino Garcia, CCHHS  
Lynne Warszalek, Stickney Health Department (by phone)  
Valerie McWilliams, Land of Lincoln Legal Assistance (by phone)  
Michael Sutton, Health Spring (by phone)  
Alivia Siddiqi, Automated Health System (by phone)  
Jessie Beebe, AFC (by phone)

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**1. Introductions**

John Jansa, from WKG Advisory, chaired the meeting. Attendees in Chicago and Springfield introduced themselves.

**2. Review of Minutes**

Sherrie Arriazola made a motion to approve the minutes from the meeting held on February 12<sup>th</sup> and it was seconded by Margaret Stapleton. The minutes were approved by a vote of 10 in favor and zero opposed.

**3. A guide for Applicants & Clients Receiving Health Care Coverage from HFS**

Mariah Balaban reported that the drafting of a clients' guide continues on track. She indicated that the consumer guide contains five sections: 1. Introduction and Applying for Coverage; 2. What to Expect After You Apply; 3. How to Access Care, Choosing a Plan, Choosing a PCP, Going to a Doctor; 4. Basics of Covered Services; 5. Staying in The System, Reporting Changes, Renewal; 6. FAQ's and Useful Terms. She asked committee members to provide feedback regarding any missing information that they believe should be included in the guide, as well as any readability concerns, although not general editing. Committee members were asked to send any additional suggestions to: [Mariah.Balaban@illinois.gov](mailto:Mariah.Balaban@illinois.gov)

**4. ACA Health Care Reform Updates and ABE Usability Improvement Webinar**

Alicia Siani, from EverThrive Illinois, reminded committee members that anyone interested in participating in the "Starting Strong Community Health" webinar can still register. During this webinar, participants will learn about changes to the State's Application for Benefits Eligibility (ABE). Since participation to this webinar is by invitation, only, she asked interested individuals to contact her at [asiani@everthriveil.org](mailto:asiani@everthriveil.org) Jacqui Ellinger acknowledged that the suggestion to offer this webinar came from this committee, and she thanked the staff members from the Sargent Shriver National Center on Poverty Law and EverThrive Illinois for their combined efforts in conjunction with HFS to develop it.

Lauren Polite indicated that the usability team has been working on improving the ABE portal for almost six months and highlighted some of the enhancements. These include improving readability by helping applicants understand terminology and the purpose for collecting information so that they can better understand the application process. Developing the "What to Expect Next" checklist which comes up upon completion of the application and is intended to alert and inform applicants about upcoming state correspondence. Another enhancement has been the addition of hover help text to explain complex terms or to provide details regarding why additional information is needed. A further enhancement has been the development of gatepost questions to eliminate questions that are not relevant for certain applicants. This is expected to significantly shorten the length of the application. In addition, the household section was redesigned, providing larger icons in its summary section. This is expected to make the identification of household members easier.

Ms. Polite reported that Deloitte Consultants and a group of website designers visited Alivio Medical Center and DuPage County Health Department to observe navigators assisting families with the completion of their applications. Based on their feedback, changes were made to the homepage, in order to enhance easy navigation of the page and improve readability, as well as to increase the speed of application submission. In addition, as a part of the release scheduled for May, enhancements will be added to the redesign of the homepage, which will include: new pictures, as well as changes to color schemes, logos, and icons.

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Jacqui Ellinger indicated that HFS is in the preliminary stage of exploring the possibility of offering a “mobile app” which will allow customers to perform basic functions on mobile phones. Although individuals will not be able to complete an application using this resource, applicants would be able to upload information by taking a picture of their documentation, such as a paystub, and uploading it to their case. It will be very helpful for the state to be able to receive client documentation in this manner as we are going paperless.

**Application Process Status**

Jacqui Ellinger reported that DHS and HFS have under 34,000 pending applications, which is phenomenal, considering that the state receives between 18,000 to 20,000 per week. However, she acknowledged that there are some outstanding problems with long term care applications. Nevertheless, this is the lowest pending application number since IES was launched on 10/01/13. She remarked that the most recent high was about 90,000 applications last February, when the second year for open enrollment was about to end.

Ms. Ellinger indicated that, across the state, caseworkers are no longer assigned to a traditional caseload-based process. Instead, all FCRCs, and the Bureau of All Kids Unit (BAK), have adopted a standardized task-based business process utilizing IES enhanced technology. The new approach tends to be more efficient as a result of dividing the process into several tasks, each of which can be addressed at the same time for numerous different cases during a work day. This approach has helped to ensure that clients are served as quickly as possible and to transfer work from one FCRC to another, including the BAK, and vice versa. Ms. Ellinger said that this summer caseworkers will begin receiving extensive training for phase two of IES. Therefore, productivity may be affected. In terms of complexities, phase two will be bigger than phase one; therefore, it is expected that the roll-out of IES Phase Two could be somewhat difficult, and patience with the process will be greatly appreciated.

**Integrated Eligibility System (IES) Phase Two Update**

Jacqui Ellinger led the discussion. Almost all the design work of Phase Two of the Integrated Eligibility System is completed. The testing team, which is made of over 50 people, is currently writing scripts to test thousands of case scenarios in an attempt to ensure that IES can achieve the expected results. She added that this is a complex process because of all the variables that need to be taken into account, such as: income, family composition, and individual situations that affect the structure of the scenarios, as well as understanding the complexities of Medicaid eligibility policy.

Jacqui indicated that, even after September, the project will not be considered finished, and HFS will continue focusing upon quality improvement. The committee asked if there would be any disruptions which could interfere with Phase Two of IES as a result of proposed budget cuts that have recently been announced by Governor Rauner. Ms. Ellinger replied that the IES project will not be affected by the proposed budget.

**5. Illinois Medical Redetermination Project (IMRP) Enhancement Eligibility Verification (EEV) Update**

John Spears indicated that last week, 21,000 redeterminations were completed, which is consistent with the statistics reported during the April meeting. About ½ of the cases due for redetermination are being canceled due to a lack of response. It is unknown if this is happening because clients no longer have a medical need, have found jobs that offer medical benefits, or have moved out of the state. About 2/3 of these cases remain canceled after three months, and about 1/3 of the clients cooperate within the time allowed for reinstatement and continue active, thereby avoiding a break in coverage.

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Mr. Spears indicated that the Rede overdue list is decreasing each month. DHS recently sent Rede notices regarding 50,000 AABD medical and SNAP benefits cases, as well as to 9,000 AABD and cash assistance benefits cases that were overdue. These cases are not part of the IMRP, instead clients are supposed to return their paperwork to the FCRC to avoid cancelations. In the review of these AABD cases, it is necessary to verify resources; however, if a person is receiving Social Security or SSI (Supplemental Security Income), the FCRC can use electronic resources to verify income. Mr. Spears added that individuals receiving cash assistance must verify their resources and shelter allowances, in which case, they should return the necessary documentation to the FCRC managing their case.

**6. Care Coordination Update**

Pam Bunch indicated that as of April 2015, 1.9 million people in Illinois have been assigned to some form of care coordination. The vast majority of these individuals, about 1.7 million, are participants in family health plans, ACA Adults, and CSN cases. The volunteer choices have stayed fairly consistent. In terms of volunteer enrollment, the vast majority are conducted through telephone calls. About 70% come through the Client Enrollment Broker (CEB), and 30% comes through the enrollment portal. Ms. Bunch noted that people who are auto-assigned usually are processed in this manner due to their failure to make a choice within the required time frame. Furthermore, most of them have been assigned based on provider use history. About 58% of the auto-assigned cases are the result of prior relationships with a provider. Only 27 % of the auto-assigned cases have been the result of the use of a geo-mapping algorithm, which primarily occurs when HFS cannot find a prior history or prior relationship with a particular medical provider. HFS would like to keep the rate of geo-mapping as low as possible.

Ms. Bunch added that the only clients with enrollment still in process are those in CountyCare. There are about 67,000 people who are still within a 60 day choice window. They can stay in CountyCare or move to another plan. If they do not make a voluntary choice, however, they will be auto-assigned according to previous CountyCare participation. She indicated that these individuals will remain in CountyCare as long as their PCP stays active within the CountyCare network. In addition, Ms. Bunch reported that the wait time on the Client Enrollment Broker (CEB) line has improved to a 5 - 8 minute range. Most of these phone calls have been related to switching enrollment to a different plan. Those calls tend to be shorter in length; however, educational information is still being provided.

**7. Open Discussion and Announcements**

In reference to a question that was raised concerning voting rights on the subcommittee, Bridgett Stone, from HFS, indicated that Article II Section IV indicates that committee member substitutes should be counted toward a quorum. However, they do not have voting rights. She added that the MAC bylaws were adopted in November, 2014 and can be seen on the HFS website at:

<http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommissions/MAC/Pages/Bylaws.aspx>.

Committee members recommended that today's agenda items should be again included for the next meeting. Additionally, they requested an update regarding the budget impact in terms of medical programs. Anyone interested in suggesting additional topics should contact HFS staff.

**8. Adjourn**

The meeting was adjourned at 12:01 p.m. The next meeting is scheduled for June 11, 2015, between 10:00 a.m. and 12:00 p.m.