

FINAL

FINAL

FINAL

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
April 10th, 2014.
Approved Final Meeting Minutes**

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

Committee Members Present

Kathy Chan, Cook County Health & Hospitals System
Margaret Stapleton, Shriver Center
Margaret Dunne, Beacon Therapeutic
Rania Shakkour, Molina HealthCare for John Jansa
Erin Weir, Age Options
Nadeen Israel, Heartland Alliance

HFS Staff

Jacqui Ellinger
Lynne Thomas
Mike Koetting
Lauren Polite
Arvind K. Goyal
Jeanette Badrov
Mike Jones
Veronica Archundia

Committee Members Absent

Henry Taylor, Mile Square Health Center
Sue Vega, Alivio Medical Center
Hardy Ware, East Side Health District

Interested Parties

Deb Matthews, DSCC
Kelly Carter, IPHCA
Sherie Arriazola, TASC
Alivia Siddiqi, IHC (via phone)
Diane Montañez, Alivio Medical Center
Sergio Obregon, CPS
Mike Lafond, Abbie
Victoria Bigelow, Access to Care
Kara Curtis, BCBSIL
Chris Voyiatt, SHIRE U.S.
Tom Erickson, BMS
Dave Skibicki, Pfizer
Sharon Post, HMPRG
Anissa Lambertino, HMA
Helena Lefkow, MCHC
Lee Burstein, Thorek Hospital
Janet Lerman, Humana
Lucero Gomez, Cigma Health Spring
Rosa Enriquez, ICIRR
Kathryn Shelton, LAF
Nicole Gillespie, Illinois Public Health Institute
Graham Bowman, CCH
Ramon Gardinhire, SEIU Healthcare
Theresa Larsen, Meridian (via phone)

DHS Staff

Patricia Reedy

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
April 10th, 2014.
Approved Final Meeting Minutes**

1. Introductions

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

2. Review of Minutes

Deb Matthews noted that she was mistakenly listed as present during the last meeting. The minutes were approved as amended to reflect this change.

3. ACA Update**ABE and FFM status**

Michael Koetting reported that HFS and DHS have received an unprecedented number of 750,000 applications between October 1st, 2013 and March 31, 2014, of which 250,000 have been processed. State caseworkers involved in handling the application process are experiencing a heavy work load. Efforts to meet the increased level of demand have included: simplifying the policy without compromising quality, as well as identifying applications transferred from FFM which already have active SNAP cases and prioritizing their enrollment. Additionally, DHS has brought back 85 retired case workers and hired some temporary workers, thereby adding 800 case workers to DHS since FY 2014. DHS and HFS have redistributed applications to even their allocation across the state.

The backlog of applications, however, has caused many people to file multiple requests, including applications on both ABE and FFM. Mr. Koetting indicated that the department understands why individuals are concerned, and asked for people to be patient. He added that several processes are currently in effect to help reduce the backlog. Jacqui Ellinger noted that the department is additionally developing the appropriate system changes in IES to accommodate Hospital Presumptive Eligibility (HPE), although HFS doesn't know how many requests for HPE will ultimately be received. Furthermore, there is a concern that people waiting to receive a decision regarding an ABE application may decide to apply for HPE in an effort to obtain faster results, which can unduly further burden caseworkers.

Jacqui Ellinger asked committee members to report any patterns of problems that need to be addressed, stating that this is particularly crucial since the department is currently concentrating its efforts to educate caseworkers. An effort is also being made to re-emphasize electronic verifications and get caseworkers to trust IES. Nadeen raised the issue of refugees and asylees waiting for applications to be processed. This is particularly problematic as these applications are highly time sensitive. Committee members were reminded that it is necessary to send emergency cases that require immediate attention to HFS.ACA@illinois.gov cases managed at the All Kids unit at 217-524-7156, application tracking numbers should be provided, if available. It was additionally stated that discretion must be used when requesting expedited services.

4. LTSS Services for ACA Adults:

Jeanette Badrov indicated that any Long Term Support Service (LTSS) available for the AABD population is also available for the new ACA adult group. She reminded committee

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
April 10th, 2014.**

Approved Final Meeting Minutes

members that LTC eligibility rules also apply to this group. However, HFS is not implementing estate recovery or liens for ACA adults at this time. Ms. Ellinger indicated that there are inconsistencies between federal and states rules, and it is expected that the department will make recommendations in the future. She noted that final resolution with regard to federal regulations and state law on this issue (estate recovery & liens for ACA adults) is not expected to be established for months, or maybe even before the end of 2014.

5. Updates:

Enhanced Eligibility Verification/Illinois Medicaid Redetermination Project (IMRP)

Michael Koetting reported that phase two of the IMRP started in February of 2014. There is a new operating system which has two redetermination hubs that are well staffed. However, he expressed concern about the high rate of cancelations. It is suspected that this is a result of the inclusion of additional information required by ACA that needs to be collected for cases which are due for redetermination. Mr. Koetting noted that in the first 50,000 redeterminations which have been processed, the cancellation rate is 50%, although the return rate of mail is very low. Over 80% of the cancellations are with respect to people being disenrolled because they are not returning information to the redetermination unit. Mr. Koetting noted that one way to improve this process could be with the collaboration of community partners, AKAAs, and navigators. Margaret Dunne reported that information about redetermination is not always available in MEDI. Diane Fager stated that CPS is conducting “robo calls” two months in advance of redetermination and suggested providing access to redetermination forms. Kelly Carter recommended collaborating with MCOs to encourage client cooperation.

6. Open Discussion and Announcements

Nadeen Israel proposed including an update concerning Care Coordination during the next meeting. Nicole Gillespie, from the Illinois Public Health Institute, invited committee members to participate in the Framework Virtual Town Hall meetings that will take place during upcoming weeks. The Framework is a collaborative effort involving seven agencies: DCFS, Department of Aging, HFS, DHS, Public Health, IDES, and DCEO. Ms. Gillespie indicated that the Framework’s goal is to facilitate access to services by providing more integrated delivery across agencies and business processes. For more details about this initiative and the virtual town hall meetings, interested individuals should visit:

www.illinoisframweork.org

7. Adjourn

The meeting was adjourned at 12:11 p.m. The next meeting is scheduled for June 12, 2014, from 10:00 a.m. to 12:00 p.m.