

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
April 12th, 2012.**

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

**Committee Members Present**

Kathy Chan, IMCHC  
Susan Vega, Alivio Medical Center

**Committee Members Absent**

Courtney Hedderman, AARP  
Susan Gordon, Children's Memorial Hospital  
John Bouman, Shriver Center  
Tamela Milan, Westside Health Start  
Hardy Ware, East Side Health District  
Suzanna Gonzalez, McNeal Hospital  
Henry Taylor, Mile Square Health Center  
Terri Gendel, Age Options

**Interested Parties**

Dionne Haney, Illinois State Dental Society (via phone)  
Nelson Soltman  
Nadeen Israel, Heartland Alliance  
Deborah Mathews, DSCC  
Derek Lanier, Meridian Health Plan (via phone)  
Lucero Cervantes, ICIRR  
Susan Melczer, MCHC  
Carrie Chapman, LAF  
Susan Green, SG&A  
Deiry Velazquez, ICIRR  
Jenn Kons, ICIRR

**HFS Staff**

Jacqui Ellinger  
Robyn Nardone  
Tracy Keen  
Sally Becherer  
Donna Drew  
Veronica Archundia

**DHS Staff**

Sharon Dyer-Nelson  
Jennifer Wagner

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**1. Introductions**

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

**2. Review of Minutes**

The August 25, 2011, October 20, 2011, December 8, 2011, and the February 9, 2012 minutes were not approved due to the lack of a quorum.

**3. Public Education Subcommittee Charge**

Vice-Chairperson Kathy Chan, from IMCHC, introduced this topic by acknowledging the active and consistent participation of the subcommittee during the past eighteen months. She noted that, during the last meeting, after a lengthy discussion to better reflect the actual work of this subcommittee, members agreed to modify the language of the Public Education Subcommittee charge. There is a primary change in the charge with the addition of aspect number five, that reads:

“Review and provide advice on program eligibility changes, customer service delivery, and eligibility processing systems.”

For a complete version of the Public Education Subcommittee Charge, please visit:

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

**4. HFS Budget Outlook**

Jacqui Ellinger, Deputy Administrator of the Medical Programs, opened the discussion by indicating that, by the end of fiscal 2012, Illinois is facing a budget deficit of \$2.7 billion. For this reason, as indicated by director Julie Hamos, it is essential to take aggressive measures to get the budget under control. Consequently, and as requested by the General Assembly, HFS has prepared a full menu of possible options for reductions in spending in order to develop a budget for fiscal 2013.

Ms. Ellinger remarked that it is important to recognize the precarious position faced by Illinois with respect to the state budget and to come together with a realistic solution, so we can save the base program and maintain control of the budget, as well as provide for most of the people who we serve, perhaps in a more limited way, but, nevertheless, to move forward and serve the people of Illinois.

Jacqui noted that, even though at the moment there is not a full proposal on the table, the General Assembly is having discussions and is expected to complete a proposal by the end of May.

**5. Health Insurance Exchange Legislation**

Vice-Chairperson Kathy Chan, from IMCHC, provided an introductory background statement by explaining that, as a result of the Affordable Care Act, states throughout the

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
April 12th, 2012.**

country are each required to establish a health insurance exchange. The exchange will allow individuals and small businesses to compare health plans, to get answers to their questions, and to find out if people are eligible for tax credits. She said that there have been a series of discussions with the House Insurance Committee, a group of legislators who are seeking to address key issues around the exchange, its board composition and governance, its financing, how much authority the exchange would have to approve or deny plans and help contain cost, as well as possible conflicts of interest. Kathy Chan indicated that the goal is to create an exchange which does have a diverse board representing the population diversity in Illinois. She added, the goal is to have board members with experience in the insurance field, but also who have experience working with the Medicaid program, not only on the business side but also on the consumer side.

Nadeen Israel, from Heartland Alliance for Human Needs and Human Rights, added that the function of the navigators is another issue that is still being debated. There have been some negotiations about how the navigators should look. The navigators would be comprised of entities that would be able to do outreach, education, and enrollment, helping the uninsured and small businesses to understand and select from the different options within the exchange, as well as, potentially, doing some case follow-up. There are different models in terms of what the navigators should look like, for example, licensure versus certification. The view of the advocates involved in the discussion is that it will be necessary to have a robust training process, instead of requiring a license.

Kathy Chan stated that Illinois is currently under pressure to qualify for level II funding from the federal government in order to establish and manage the exchange. This is an opportunity for Illinois to obtain federal funding that is not currently capped. However, this window of opportunity is slowly closing. Consequently, there is pressure to pass a bill by the end of legislative session.

**6. Updates:**

**All Kids Alert:** Jacqui Ellinger indicated that HFS had sent a reminder notice in the middle of March to the families of about 3,400 children whose family incomes are above 300 FPL. This is the second notice regarding children under Premium Levels 3 to 8 with respect to changes prompted by Medicaid Reform. These children will begin receiving cancellation notices by the middle of May, 2012.

HFS developed an alert for AKAAs, in order to remind them about this important change and to encourage them to assist clients who may have questions about the subject. Members provided feedback concerning the alert. Additional recommendations should be provided to HFS staff before the close of business on 04/18/12.

**Integrated Eligibility System:** Jacqui Ellinger noted that, for eighteen months, DHS, HFS, and DOI have been working together, and they continue making substantial progress in terms of the modernization of the existing information systems. The key aspect is that the systems have to be operational in October, 2013, which only allows for a very short window of

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
April 12th, 2012.**

opportunity to take advantage of the federal funding available. This is especially true because Illinois has been late in launching this initiative. Fortunately, Illinois can take advantage of what other states have already done. For this reason, HFS had a team travel to New Mexico and Arizona. New Mexico was selected because of its similarity with Illinois in terms of medical programs. Also, Arizona was chosen because it is pretty far ahead with regard to policy issues concerning healthcare reform.

The Integrated Eligibility System will be developed in a two-phased approach. The first phase, which is expected to roll out in 2013, will create a front end for taking and processing applications. It will be a web based system and is likely to take into account the designs developed by UX2014 Project that has been discussed in previous meetings. It is expected to be user friendly, so people can understand the different options in medical coverage and complete the enrollment process. The second phase will completely replace the legacy eligibility system. Illinois has committed to having this system fully operating by 2015, after which the enhanced federal matching funds will no longer be available.

HFS has issued an RFP for a vendor to design, develop and implement the system (DDI vendor.) The RFP lists over a thousand design requirements drawn from suggestions of stakeholders and the examples from other states. As a result, we really are not going to be building this up from scratch. We are expecting for the vendor to bring a pretty fully developed system and then just make the necessary modifications.

Kathy Chan asked if any of the work that is expected to be done as a result of the RFP will affect clients or providers. Jacqui replied that it is really essential that the vendor does not stop anything. The new system must accommodate the federal requirements and smoothly be connected to the legacy system so that no disruption will occur. However, at some point, the AKAAs may be impacted and training will be provided.

Jenn Kons, from the ICIRR, offered to help test the system before its implementation. Nelson Soltman asked for the name of the consultant company, and Ms. Ellinger told him that CSG Government Solutions is the consultant firm that has assisted in the development of the RFP. CSG will be transitioning to become the project manager to assist in overseeing the work of the system's DDI vendor.

Kathy Chan asked where a copy of the RFP could be found and Ms Ellinger replied that the information is contained on the Illinois procurement bulletin.

**Eligibility Verifications:** Ms. Ellinger indicated that, as a result of Public Act 96-1501, HFS and DHS have entered into an agreement with the Secretary of State to verify Illinois residency. The policy memorandum is available at:  
<http://www.dhs.state.il.us/page.aspx?item=56938>

Ms. Ellinger noted that HFS, through its All Kids Unit, is trying to contact families' whose medical cards have been identified as "undeliverable." This could be because the intended

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
April 12th, 2012.**

recipients may have relocated within Illinois and not reported a change of address, or moved out state. Ms. Ellinger noted that clients have the option of requesting a change of address through the case workers assigned to their cases, the DHS Help Line, both through the HFS web site and the hotline.

Jacqui acknowledged the efforts of Robyn Nardone, from HFS, and the DHS team in terms of putting a system in place that automatically updates addresses based on the National Change of Address registry that the postal office maintains. HFS issued official policy in March that establishes that, if a client changes his/her address with the U.S. Post Office, it satisfies our change of address requirements <http://www.dhs.state.il.us/page.aspx?item=59658>. However, if the address of record with us is not the same as the one reported to the Post Office, the change of address will not be automatic. Nevertheless, this is an additional avenue for clients to facilitate the updating of their addresses.

Jacqui indicated that HFS has launched a special project to work all undelivered medical cards. Staff is taking all available actions to identify a valid address for affected families.

Kathy Chan asked if the link to the DHS change of address could be provided, and Jennifer Wagner replied that specific cases should be directed to:

<http://www.dhs.state.il.us/page.aspx?item=46873>.

Kathy Chan then asked if, at the next meeting, it would be possible to provide some numbers regarding residency verification and REDE efforts.

**DHS Office Consolidations:** Jennifer Wagner, Associate Director – DHS Family & Community Services, indicated that there are 24 proposed consolidations, which include merging and moving staff into other locations, e.g., in Cook County, the Wicker Park local office will consolidate with the Humboldt Park local office. DHS is having discussions with the Central Management Service and the Governor’s office with regard to these proposed consolidations. Ms. Wagner anticipates the identified consolidations will take place within the next 12 to 14 months.

Ms. Wagner stated that, although the local offices are often over-extended, DHS is looking for other opportunities, both through policies and processes, to improve the flow for the staff and the clients. Also, similar to what happened after the floods that took place in Cook County during the summer of 2010, a waiver has been granted which has automatically renewed the REDE cycle for a period of six months without any action required. Clients do not have to complete a redetermination, but must report changes during the extended period. Overall this would save over 250,000 redeterminations state wide. Also, early next year, DHS will switch to a 12-month certification period, with a six months interim report. DHS tried to get 12-month certification periods, but that request was denied. Still, this waiver is going to take some pressure off the local offices because they are currently so far behind.

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
April 12th, 2012.**

Ms. Wagner indicated that in conjunction with all these initiatives, DHS is looking at the overall reengineering of the local offices through a grant from the Ford Foundation. Illinois was one of nine states selected to receive a Work Support Strategies grant, which involves increasing access, specifically focused upon SNAP, medical, and child care benefits. Ms. Wagner noted that Illinois has focused on reengineering the process flow in three pilot offices: South East, DuPage, and Northern. These offices have switched to a task-based system, through which, instead of having one case worker responsible for all instances of a case, a case worker is only responsible for one piece in the processing of a case. There is a group of case workers making phone calls all day. Others are only organizers, interviewers, or verifiers. There is another group of workers that are only processing cases. They do not have to worry about seeing customers or answering phone calls. Consequently, this division of responsibilities has really increased efficiency in the three offices involved in this pilot program.

Finally, Ms. Wagner indicated that, last December, DHS rolled out a statewide content management system that can capture a great deal information, so that, instead of printing out documents or putting them in a paper file, they can be saved electronically. As a result, DHS saved 2 million pages from being generated in the local offices, which is alleviating the concern of running out of paper. DHS is working now on expanding this process to capture more information electronically, as well as increasing scanning capabilities. Ms Wagner noted that noted HFS is also exploring some alternatives to “go paperless.”

**7. Adjourn**

The meeting was adjourned at 12:38 pm. The next meeting is scheduled for June 14, 2012, from 10:00 a.m. to 12:00 p.m.