

Public Education Subcommittee Meeting

Thursday, April 21, 2022
10:00 a.m. to 12:00 p.m.

Due to COVID-19 concerns, the Public Education Subcommittee meeting will be held by WebEx. Please join the WebEx a few minutes before the meeting start time using the following link:

<https://illinois.webex.com/illinois/j.php?MTID=m2712ae9c959597b1bb74347fbc084311>

Meeting Number: 2451 599 4691

Or use the Call-in Option +1-312-535-8110 or +1-415-655-0002

A few WebEx tips:

- You may use your computer's audio or the phone option for sound; in our experience the "Call-me" option has the best sound quality.
- If you are calling-in and not using the WebEx link, please email veronica.archundia@illinois.gov (You will then receive any last-minute meeting materials.)
- Individuals participating through WebEx may use the "chat" function to communicate with the meeting host.

AGENDA

1. Introductions and Announcement
2. Review and Approval of the Meeting Minutes from February 17, 2022
3. State Updates
 - a. Medical Programs
 - b. DHS
 - c. HealthChoice Illinois
 - d. Eligibility
 - Planning for the End of the PHE
4. Open Discussion and Announcements
5. Adjournment

This notice is available at <https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/News/Pages/default.aspx>

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
February 17, 2022**

Committee Members

Kathy Chan, Cook County Health
Sue Vega, Alivio Medical Center
Nicole Villareal, CPS
Chantel Bowen, SIU School of Medicine
Edith Avila Olea, ICIRR
Nadeen Israel, AIDS Foundation of Chicago
Kristin Hartsaw, DuPage Federation on Human Services
Nancy Aguirre, Community and Residential Services Authority

HFS Staff

Kelly Cunningham
Laura Phelan
Evan Fazio
Robert Mendonsa
Arvind Goyal
Margaret Dunne
Veronica Archundia
George Jacaway
Lisa Gregory
Jose Jimenez

Committee Members Absent

Connie Schiele, HSTP
Brittany Ward, Lurie Children's Hospital
Erin Weir Lakhmani, Mathematica
Sherie Arriazola Martinez, Safer Foundation

DHS Staff**Interested Parties**

Andrea Davenport, MH Plan
Erin Willis, Molina Healthcare
Felicia Spivack, Meridian Health Plan
Laurida Dodgen, Molina Healthcare
Emily Chittajallu, LaRabida Children's Hospital
Robin Lavender, DuPage County Health Department
Maeve Dixon, Cook County Health
Megan Carter, Lega Council for Health and Justice
Ryan Voyles, Heath News Illinois
Sarah Ferguson, Legal Aid Chicago
Erin Hanna, Alternatives
Stella Vandeneeden, Age Options
Carrie Chapman, Legal Council for Health and Justice
David Lecik, Department on Aging
Susan Gaines, IPHCA
Marina Kurakin, Legal Council
Elizabeth Durkin, Age Options
Stephani Becker, Shriver Center on Poverty Law
Gen Kwan, HCCIL
Jill Hayden,
Leticia Galvez, Care Advisors
Shqipe Osmani,
Kaitie Danilowicz, CC DOJ
Tovia Siegel, Healthy Illinois Campaign
Dani Brazee, Molina Healthcare
Elizabeth Nelson, IHA
Jessica, CCSICA
Jane Longo, Health Management
Kelsie Landers, Heartland Alliance
Amber Kirchhoff, IPHCA
Brittani Provost, UIC-DSCC
Rachel Wilf-Townsend, Legal Action Chicago
Samantha Hollis, Illinois Health and Hospital Association

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Viviana Rodriguez-Littleton
Paula Cambell, IPHCA
Kevie Lusby Smyre, Ever Thrive Illinois
Amy Edwards, UIC
Gwynne Mashom, Legal Aid Chicago
Grecia Villegas, UIC
Danica Pauline Nuestro, Meridian
Kyrsten Emanuel, Start Early
Mona Martin, MSN
Sergio Obregon, CPS
Yari Ramirez Beccue, UIC
David Hurter, AMITA Health
Marilu Rodriguez, ICIRR
Mike Welton, Molina HealthCare
Marsha Nelson, Shawnee Health
Julie Mirastaw, Amita Heath
David Vinkler, Molina Healthcare
Heather Farina, Centene
Katie Thiede, Alliance Chicago
Lisa Marie Wiseman, Humana
Jessica Alvarez, CCSICARES
Ana Perez, Illinois Coalition for Immigrant and Refugee Rights
Claudia Rodriguez, GCFD

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1. Introduction:

Chairperson Kathy Chan opened the meeting and announced that it was being recorded. The Committee members present were Sue Vega, Nadeen Israel, Kristin Hartsaw, Nicole Villareal, Chantel Bowen, Edith Avila Olea, and Nancy Aguirre. Committee members not in attendance were Erin Weir Lakhmani, Brittany Ward, Connie Schiele, and Sherie Arriazola Martinez. HFS and DHS staff members also introduced themselves.

2. Review and Approval of the Meeting Minutes from December 2, 2021:

Chairperson Kathy Chan asked for approval of the minutes from the December 2, 2021 meeting, and Sue Vega made the motion which was seconded by Nicole Villareal. The meeting minutes were approved by a vote of eight committee members in favor, four absent, and none opposed.

3. State Updates:

a. Medical Programs Update:

Kelly Cunningham responded to questions that were received from committee members:

- On February 7, HFS received conditional approval from federal CMS for its proposed HCBS spending plan. The CMS letter is posted here: <https://www2.illinois.gov/hfs/SiteCollectionDocuments/ILFY2022Q2ConditionalApproval.pdf>. Final approval is conditional on quarterly reports to keep CMS updated. The initial plan submitted in July 2021 is posted here [07122021IllinoisAPRHCBSEnhancedFMAPInitialSpendingPlanAndNarrative.pdf](https://www2.illinois.gov/hfs/SiteCollectionDocuments/07122021IllinoisAPRHCBSEnhancedFMAPInitialSpendingPlanAndNarrative.pdf), and the conditional approval received from CMS last September, requiring some additional information from HFS, is available here: <https://www2.illinois.gov/hfs/SiteCollectionDocuments/100721CMSARPAHCBSSpendPlanPartialApprovalLetter.pdf>. HFS is currently working with CMS on implementation details. Spending must conclude by March 31st, 2024.
- HFS still intends to implement the Supported Employment and Housing Supports initiatives included in the state's 1115 waiver and is working with federal CMS to explore other federal authorities to administer these pilots and determine the best path forwards. HFS will look at how other states have implemented these services.
- HFS is in an active solicitation and review process for the Program for All-Inclusive Care for the Elderly (PACE). There is a great deal of interest among providers who want to offer services through this model. This topic will be covered in future meetings.

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- Laura Phelan provided an update regarding Family Planning. HFS has submitted two SPAs which are currently under review by federal CMS. One of these is the eligibility SPA for a partial benefit Family Planning program and the second is a Family Planning program presumptive eligibility SPA. Presumptive eligibility for family planning is modeled after Medicaid Presumptive eligibility for pregnant women, including using the same HFS portal. HFS is also developing training materials for providers. HFS has received confirmation from federal CMS that providers will not need to check immigration status for presumptive eligibility and that HFS will receive federal matching dollars regardless of citizenship or immigration status during the presumptive eligibility period. Regular Medicaid rules with respect to immigration status will remain in effect when applying for “ongoing medical coverage” through the family planning program.
- Kelly Cunningham said the Pharmacists Prescribing Hormonal Contraceptive legislation requires the establishment of a training program that pharmacists must complete before enrolling as providers who can offer contraceptive counseling. HFS is working with the University of Illinois - Chicago College of Pharmacy to develop the training program prior to submitting the State Plan Amendment.
- HFS has hired eight new Medicaid management interns. They will be working in the Division of Medical Programs and Eligibility Division.

b. DHS Update:

Leslie Cully was not available to participate in the meeting due to another commitment.

c. Eligibility Update

Laura Phelan presented the eligibility update on behalf of Tracy Keen. She indicated that as of January 31, there were 8,768 medical applications over 45 days old. She noted that the increase is due to the “Marketplace Open Enrollment” period, which ended on January 15, 2022. DHS and HFS are working together to address this backlog and expect the numbers to fall significantly next month.

As of January 31, 2022, there were 2,603 “redeterminations on hand.” Redeterminations are still not being processed unless they are associated to a SNAP or Cash benefit. Cases eligible for ex-parte are renewed for

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another year using available electronic verifications, without contacting the client for information.

With regard to Health Benefits for Immigrant Seniors (HBIS) who are 65 years of age or older, Ms. Phelan said that, as of early February 2022, the total number of individuals ever enrolled in the eligibility group was 10,311 immigrant seniors, and 9,574 active members. So far, she stated, about \$114 million has been paid out in claims. In response to a request from members of this committee, language data was included in this report: 44% of these individuals speak Spanish, 42% speak English, and just over 3% speak Polish.

Concerning a question previously had previously been raised regarding the portion of claims which is federally reimbursed under emergency Medicaid? Ms. Phelan said that currently there is no way to differentiate “by claim data.” HFS identified 13 individuals in the Health Benefits for Immigrant Seniors group who have had emergency Medicaid applications submitted and approved during their HBIS eligibility span. Claims paid under Emergency Medical for those 13 individuals totaled \$40,962 year to date. She added that, advocates have brought to our attention that there are discussions occurring in a variety of states in terms of claiming federal match for emergency services as part of coverage expansions to immigrants. HFS is looking to join this discussion with other states as a way to maximize its ability to obtain federal matching funds for eligible services.

HFS was asked if it could provide zip code level data for HBIS enrollees. Laura confirmed that HFS will provide a report of zip code level data for this group, it will not include numbers for zip codes containing fewer than 20 individuals. HFS also received an inquiry about how many HBIS enrollees have indicated that they are Legal Permanent Residents (LPR) who have been living in the US less than 5 years. There are 2,388 individuals who are LPRs with less than 5 years in the U.S., which is 23% of the 10,311 ever enrolled. HFS also can provide a report of zip code level data

HFS was asked to provide information on how closed cases are defined. Laura Phelan said that “closed” means that an individual no longer receives coverage and the benefit is considered to be closed. As of this report, 737 of the of the 10,311 individuals ever enrolled have a status of closed, and 297 individuals moved from HBIS into another group when their immigration status changed. Other reasons for closure are relocation to another state,

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customer requested to close his/her case, or death. Ms. Phelan said that HFS continues working on expanding coverage for the new immigrant group of individuals between 55 and 64 years of age, and that changes will be available by the deadline of May, as required by legislation.

Nadeen Israel asked what is the percentage of cases that are getting ex-parte review? Laura Phelan said that this information will be provided during the next meeting.

Amber Kirchhoff asked about the new immigrant group 55 to 64 population, observing that there appears to be discrepancy within the authorizing legislation, specifically in reference to long-term care services and Home Community-based Waiver Services, with the authorizing legislation. Laura Phelan said funds were not appropriated for HCBS and nursing facility services and that there is some concern about individuals losing access to this covered service when they turn age 65 as they currently are not included in the HBIS benefit package. HFS is presently having conversations with legislators about appropriations. HFS shared that for HCBS waiver services, if the individual is covered by MCOs, the appropriation would be to HFS; but if they are enrolled in FFS, the appropriation would need to be included within the Aging and DHS budgets. And at this time, there is no clear path to move HBIS into managed care so funding for waiver services would need to be added to Aging and DHS' budgets.

Edith Avila Olea asked if the rules for the HBIS program include Department on Aging Community Care Program services, observing that these services are not specifically listed anywhere. She asked if HFS can clarify the specific types of services included within this definition. HFS confirmed that the Aging CCP services are not part of the HBIS benefit package. Another question was related to the percentage of cases receiving ex-parte review. This information will be made available during the next meeting.

Nadeen Israel asked if there is an expected timeline regarding the housing support services pilot that was previously mentioned. Kelly Cunningham said that HFS has limited experience with 1915i and is still working with CMS to approve the Children's Pathways to Success Plan approved. HFS would however like to use the 1915i to implement housing benefit. She said that HFS can tentatively commit to providing an update with more substance during the summer.

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d. Care coordination Update:

Robert Mendonsa provided the Care Coordination update, stating that his report is about HealthChoice Illinois, of which care coordination is an important part, although Health Choice includes far more than that. Just as a reminder 80% of Medicaid customer are enrolled in managed care. The key strategy in moving into manage care is not to replicate “fee for service” but to truly improve the lives of our customers. We are implementing a new quality strategy, which is based on five pillars. Maternal Child Health, Children’s Behavioral Health, Behavioral Health for Adults, keeping people in their community, as well the general pillar around equity.

Mr. Mendonsa said one thing that the pandemic has taught us is that we need to look at the world in a different way, as such we are challenging the MCO to look at the world in different strategies and analytics – e.g., improving MCH outcomes in East St. Louis or on South Side of Chicago looks different than in Lincoln Park or Evanston. He added that we need to look at the disparities in the different geographic areas and look at how to improve the quality outcomes of our members. Mr. Mendonsa said that he continues meeting with providers monthly. We know that we need to pay our claims but going forward I would like to focus on HealthChoice, not just care coordination. Mr. Mendonsa recommended to review the information that he presented during the last MAC meeting held on <https://www2.illinois.gov/hfs/SiteCollectionDocuments/MedicaidAdvisoryCommitteeMeetingFeb4th2022FinalPresentationDeckForPostingAndDissemination.pdf>

Kristin Hartsaw said that she has found some inconsistencies concerning the Client Enrollment Broker. Mr. Mendonsa said that any specific instances or concerns should be escalated to Robert.mendonsa@illinois.gov

Nadeen Israel and Nicole Villareal asked that plan information regarding the MCO’s work be shared publicly. Mr. Mendonsa said that some of this data will soon be available. Kathy Chan reminded the group of another MAC subcommittee which is the Quality Care and Health Equity from which more detailed information regarding this subject could be available. Elizabeth Durkin asked if there is an update concerning the MMAI is available. Robert said that last December it was about 93,400, which is an increased since we started the expansion, we were around 62,000. He said that during the April meeting an update will be provided.

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Amber Kirchhoff said that a provision was passed in the Public Act 102-004 from the Black Caucus Health and Human Services Pillar bill:

<https://www.ilga.gov/legislation/publicacts/102/102-0004.htm>

Ms. Kirchhoff said there was a provision that would embed FQHC care coordinators in safety net hospitals with regard to allowing reimbursement for these services. She asked if there are any updates in terms of how this will work. Kelly Cunningham said that this is something about which she will provide a future status report.

4. Update Regarding the End of the Public Health Emergency:

Evan Fazio started his presentation indicating that during the December meeting, a preview of a messaging toolkit was shared with the committee members and interested parties. Please see attachment. The toolkit outlines a messaging in preparation the end of the Public Health Emergency (PHE.) Evan indicated that, “the goal of this plan is to protect coverage, reduce churn, reduce inequities, and meet legal obligations.” He indicated that the plan is comprised by four phases of communications:

Phase 1: Update your information

Timing Continuous

Phase 2: Change is coming (enrollment will start on XX date; update your address, make sure you know how to re-enroll.)

Timing: Once we know PHE end date

Phase 3: Time to re-enroll (Call to action and explanation of how to accomplish this.)

Timing: After PHE ends, especially targeted to people whose redetermination is coming.

Phase 4: Transition those ineligible to ACA

Timing: after redetermination, if ineligible, redirect to Get Covered Illinois.

The first phase, “Update your address will “kick-in” soon” and it will run continuously until HFS learns more about the end of PHE. This is intended to encourage clients to update their information so that they will be able to receive the notifications sent by the state. Once HFS learns more details about the end of the PHE, a switch will be made to the second phase in order to inform clients about “the upcoming changes”.

Mr. Fazio indicated that HFS received feedback from the National Association of Medicaid Directors and the members of the Public Education Subcommittee. Some of the suggestions are not getting too much into details about what the PHE is, as this may not be relevant to enrollees. He suggested to keep it simple and only stick with the importance of updating their addresses.

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The toolkit will be posted online and shared via provider notice in the upcoming weeks. In addition, it will be shared with a variety of stakeholders, including legislations, CMS, and sister agencies. It will be translated into 10 languages, including Spanish. Also, HFS has set up an online form for individuals to report address changes.

<https://www2.illinois.gov/hfs/MedicalClients/Pages/addresschange.aspx>.

Changes can also be reported to the Bureau of All Kids 1-877-805-5312.

Mr. Fazio said that repetition is key in this process. Therefore, community partners who are interested in spreading the message, should try to stick to the messaging (of the toolkit) as closely using the templates, yet feel free to make some modifications based upon specific knowledge of the needs of their audiences.

Chairperson Kathy Chan asked if there are any indication regarding when the PHE will end. Kelly Cunningham said that the 60-day deadline of February 17th has passed without a notice from federal CMS. HFS and other states, along with national organizations continue to stress to CMS that as much advance notice as possible is critical to help with state planning. Chairperson Kathy Chan asked if there is a way to track how many people register address changes and what is the call volume of the request received. Mr. Fazio replied that the form can generate emails managed by HFS staff members, so they could be tracked. George Jacaway, Bureau of All Kids, Chief said that HFS plans to track address changes requests by phone, data will be shared with committee members as information becomes available.

Nicole Villareal asked can community organizations direct use of the ABE website and make phone calls in order to help, or does it have to come from the member? Mr. Fazio said that community organizations should not submit this information directly unless they are an authorized representative for the individual and recommended to do it in conjunction with them. Margaret Dunne added that it is very helpful for advocates and providers to assist clients to set-up and access Manage My Case (MMC portal.) She said that using MMC to update clients' addresses is a very easy way to report address changes and other important changes related to their cases.

Another question was, will those who are ineligible for Medicaid be informed about connecting with GetCoveredIllinois for Marketplace enrollment? Evan said that this has been included in the messaging of the fourth phase. The message informs individuals if they are no longer eligible for Medicaid. It will be explained that low-cost insurance options and financial help are available in the Marketplace. In addition, part of the Notice of the Decision response is built for a referral to the Marketplace website.

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Laura Phelan said that HFS will continue the collaboration with the Department of Insurance. In addition, the Governor's FY2023 proposed budget includes \$2M for HFS to assist with unwinding PHE. Although the state hasn't made a decision how to get money out the door, but this was part of the request.

David Lecik said that there is a lot of anxiety among individuals who became Medicare eligible during the PHE. He asked, if is there a procedure flow chart that can aid individuals and providers about the transition for client's who are currently receiving Medicaid benefits and became newly eligible to Medicare during PHE. He added, currently, individuals who are receiving Medicaid are not transitioned to AABD, and as a result they are not being screened. HFS will provide a response to this question during future meeting.

Kathy Chan asked, is there any collaboration with other agencies who are working with Medicare beneficiaries? Evan said that HFS envision to work with other sister agencies, along with the Department of Human Services. Kathy Chan suggested sending the toolkit to other MAC subcommittees as they may have their own constituents' groups that will help amplify the messages.

5. Open Discussion and Announcements

No items discussed during open discussion/announcement

6. Adjournment:

The meeting was adjourned at 11:27 a.m. The next meeting is scheduled for April 21, 2022, between 10:00 a.m. and 12:00 p.m.

Messaging Toolkit for Phase 1 of the End of the Public Health Emergency

Goals: Protect coverage, reduce churn, reduce inequities, fulfill all legal obligations, and meet mandated timeframes.

The Illinois Department of Healthcare and Family Services (HFS) is taking steps to prepare for the end of the Federal Covid-19 Public Health Emergency (PHE). When the PHE ends, the federal Centers for Medicare & Medicaid Services will end its continuous coverage provision. This provision has allowed HFS to keep Medicaid customers insured without confirming all eligibility requirements. As a result of this continuous eligibility, Medicaid customers have not been asked to update their information for two years. That new information is now critical for their continued coverage.

As the PHE ends, the Department's goals are to protect coverage for as many people as possible, reduce churn, reduce inequities, fulfill all legal requirements, and meet federally mandated timeframes.

The Department does not know when the PHE will end. When it does, HFS will send redetermination materials to each household during the month when they would have been up for renewal if weren't for the PHE's continuous coverage provision.

To help as many people as possible keep their Medicaid coverage, HFS needs updated addresses to send people their renewal forms. We need to do everything we can to make sure they receive their forms and return them, and we request your help to accomplish this.

People who use Medicaid can update their addresses two ways: calling the HFS hotline (877-805-5312), or through an HFS web form (www2.illinois.gov/hfs/address). In the toolkit below, HFS has provided templates messages for you to use to encourage people to call the hotline or visit the web form.

Please distribute these messages far and wide to reach as many people who use Illinois Medicaid as possible. Repetition is key to adoption, so please send these multiple times. Please feel free to adapt this messaging to suit your needs as you conduct your outreach, but bear in mind research has shown that getting into too much detail about the public health emergency is counterproductive to the effectiveness of using these messages to get updated addresses.

We are translating this toolkit. Check back soon for translated versions of the messaging and graphics.

View online at: <https://www2.illinois.gov/hfs/Pages/AddressUpdateMessagingToolkit.aspx>.

Four phases of communication:

Phase 1: Update your information

Timing: Continuous

Phase 2: Prepare for change (enrollment will start on XX date; update your address, make sure you know how to re-enroll)

Timing: Once we know PHE end date

Phase 3: Time to re-enroll (Call to action messaging and explanation of how to accomplish this)

Timing: After PHE ends, especially targeted to people whose redetermination month is coming

Phase 4: Transition those ineligible to ACA

Timing: After redetermination, if ineligible, redirect to Get Covered Illinois

Phase 1: Update your information

General messaging for MCOs, HFS and state agencies, healthcare providers, advocacy organizations and community partners. Please distribute multiple times via all available channels (email, text, flyers, social media, etc.).

Phase 1 Global Messages

Medicaid members! Don't risk losing your health insurance. Update your address with Illinois Medicaid.






Illinois Medicaid needs to send you paperwork. To keep your health insurance, use an address where mail can always reach you.

Updating your address is easy, fast and free. Call 877-805-5312 from 7:45am–4:30pm or visit www2.illinois.gov/hfs/address. If you use a TTY, call 1-877-204-1012.

Template Messages

Please distribute these messages through all available channels. Repetition is key! For best results, please send messages at least three to seven times.

Social

 Medicaid members! Don't risk losing your health insurance   . Update your mailing address with Illinois Medicaid ! Free at 877-805-5312 from 7:45am–4:30pm or visit www2.illinois.gov/hfs/address [attach social media graphic]

[Download IL Medicaid Address Update Social Media Graphic](#)

Text:

Medicaid member! Don't risk losing your health insurance. Update your address with IL Medicaid! Free at 877-805-5312 from 7:45am–4:30pm. Reply STOP to stop

IVR Script:

Don't risk losing your health insurance. Illinois Medicaid needs to send you paperwork. When our agent joins the line, let them know you need to update your address. To keep your health insurance, use an address where mail can always reach you. We will not share your information.

Website language:

Medicaid members! Don't risk losing your health insurance. Please update your address with Illinois Medicaid. It's easy, fast, and free: Call 877-805-5312 from 7:45am–4:30pm or visit www2.illinois.gov/hfs/address. If you use a TTY, call 1-877-204-1012.

Email language

Dear Medicaid member,

Don't risk losing your health insurance. Please, update your address with Illinois Medicaid today!

Illinois Medicaid needs to send you paperwork. To keep your health insurance, use an address where mail can always reach you.

Medicaid pays for your healthcare, like visits to your doctor and your medicine. By updating your address, you can avoid surprises and get updates about your insurance.

Take charge of your health ! Please take care of this right away so you can keep the health insurance you have. Call 877-805-5312 for free from 7:45am – 4:30pm. If you use a TTY, call 1-877-204-1012. Or visit www2.illinois.gov/hfs/address.

Flyer - *see download links below*

Do you get health insurance through Medicaid?

Don't risk losing your health insurance. To keep your insurance, Illinois Medicaid needs to be able to send you paperwork. Give them an address where mail can always reach you.

Updating your address is easy, fast, and free:

- Call 877-805-5312 for from 7:45am – 4:30pm. If you use a TTY, call 1-877-204-1012.
- Visit www2.illinois.gov/hfs/address

Medicaid pays for your healthcare, like visits to your doctor and your medicine. By updating your address, you can avoid surprises and get updates about your insurance. That way you can still see your doctor and pay for your medicine.

Please take care of this right away so you can keep the health insurance you have.

[Download IL Medicaid Address Update Flyer – Color](#)

[Download IL Medicaid Address Update Flyer – Black and White](#)

Outbound Call Script:

Hello, this is YOUR NAME from ORGANIZATION. Is CUSTOMER NAME here? [WAIT]

Hi CUSTOMER NAME, I'm calling from ORGANIZATION to help you keep your Medicaid health insurance. Illinois Medicaid will need your address to send you paperwork about keeping your health insurance. Do you have a minute to update your address? [CUSTOMER RESPONSE]

Ok let's get started! You can update your address online or by calling the Medicaid hotline. Which do you want to do?

IF ONLINE: OK, can you get to a web browser? Visit www2.illinois.gov/hfs/address. You can start filling that form out now and I'll stay on the line in case you have questions. Let me know when you are done!

IF PHONE: OK, to keep your information safe the state requires that you give them your address directly. Can you write down this number to call them? Call 1-877-805-5312 and select Option 8 to report an address change.

If they need reassurance that this isn't a scam, direct them to the state website with the ONLINE script.

PSA or Radio

Do you get health insurance through Medicaid?

Don't risk losing your health insurance! Illinois Medicaid needs to send you paperwork. Give them an address where mail can always reach you.

Updating your address is easy, fast, and free. Call 877-805-5312. That's 877-805-5312. 877-805-5312.

Senior Expansion Program
(Report Run Date: 4/5/2022)

MangPCd MangPCdDesc
61 100% FPL or lower- No Spenddown, age >65 and non-citizen
71 Over 100% FPL -with Spenddown, age >65 and non citizen

Active_Closed	Customer_Count	Claims Received - Payable Amount
Active	10,243	\$ 123,783,422.09
Closed	846	\$ 17,006,670.59
Total	11,089	\$ 140,790,092.68

Active_Closed	MangP	Customer_Count	Claims Received - Payable Amount
Active	61	9,849	\$ 120,471,836.36
Active	71	394	\$ 3,311,585.73
Closed	61	769	\$ 16,440,048.52
Closed	71	77	\$ 566,622.07
Total		11,089	\$ 140,790,092.68

SpendDown_Status	Customer_Count - Active
Unmet Spenddown	9
Met Spenddown	385
Total	394

Type_Of_Claim	Claims Received - Payable Amount
Inpatient	\$ 54,393,131.45
Outpatient	\$ 33,048,835.70
Pharmacy	\$ 23,807,947.97
Other	\$ 29,540,177.56
Grand Total	\$ 140,790,092.68

Record_Type	Claims Received - Payable Amount
Cook County Health System	\$ 61,622,398.25
Other	\$ 79,167,694.43
Grand Total	\$ 140,790,092.68

RACE	Customer_Count - Active
American Indian or Alaskan Native	112
Asian Indian	703
Black or African American	482
Chinese	227
Filipino	190
Guamanian or Chamorro	2
Korean	42
Native Hawaiian	1
Other Asian	263
Other Pacific Islander	426
Samoan	1
Unknown	3,576
Vietnamese	37
White	4,181
Total	10,243

ETHNICITY	Customer_Count - Active
Another Hispanic, Latino, or Spanish origin	1,175
Cuban	20
Mexican, Mexican American, Chicano/a	3,610
Non-Hispanic/Latino	2,843
Puerto Rican	62
Unknown	2,533
Total	10,243

County	Customer_Count - Active
Homeless	87
Adams	3
Alexander	1
Boone	24
Brown	1
Bureau	7
Cass	4
Champaign	61
Coles	6
Cook	7,019
Crawford	2
Cumberland	1
De Witt	1
DeKalb	20
Douglas	3
DuPage	788
Effingham	6
Fayette	1
Ford	1
Franklin	2
Fulton	1
Grundy	4
Henry	2
Iroquois	3
Jackson	6
Jasper	1
Jefferson	1
Jersey	2
Jo Daviess	2
Johnson	1
Kane	473
Kankakee	24
Kendall	40
Knox	6
La Salle	8
Lake	744
Lee	7
Macon	7
Madison	24
McHenry	116
McLean	21
Morgan	3
Ogle	6
Peoria	72
Perry	1
Richland	2
Rock Island	30
Sangamon	20
St. Clair	12
Stephenson	7
Tazewell	12
Union	4
Vermillion	6
Warren	2
White	1
Whiteside	3
Will	376
Williamson	7
Winnebago	144
Woodford	4
Total	10,243

Cook & Collar 8,772
% of Total 86%

LANGUAGE_PREF	Customer_Count - Active
African French	7
Albanian	24
Amharic	3
Arabic	103
Bengali	3
Bosnian	4
Chinese - Cantonese	47
Chinese - Mandarin	135
Czech	1
English	4,306
Farsi	10
French	27
German	1
Greek	1
Gujarati	136
Haitian Creole	2
Hindi	71
Hungarian	2
Indonesian	1
Italian	1
Khmer	3
Korean	35
Laotian	2
Lithuanian	9
Maltese	1
Mandingo	1
Other	73
Polish	335
Portuguese	12
Punjabi	6
Romanian	17
Russian	92
Serbian	10
Slovak	1
Spanish	4,559
Tagalog	37
Thai	7
Tigrinya	3
Turkish	8
Ukrainian	42
Urdu	76
Uzbek	1
Vietnamese	28
Total	10,243

Immigrant Adults 55-64
(Report Run Date: 4/5/2022)

MangPCd
NI

MangPCdDesc
Benefit Coverage for Immigrant Adults

Active_Closed	Customer_Count	Claims Received - Payable Amount
Active	123	\$0.00
Closed	13	\$0.00
Total	136	\$0.00

Type_Of_Claim	Claims Received - Payable Amount
Inpatient	\$0.00
Outpatient	\$0.00
Pharmacy	\$0.00
Other	\$0.00
Grand Total	\$0.00

Record_Type	Claims Received - Payable Amount
Cook County Health System	\$0.00
Other	\$0.00
Grand Total	\$0.00

RACE	Customer_Count - Active
American Indian or Alaskan Native	2
Asian Indian	6
Black or African American	3
Chinese	2
Filipino	3
Other Asian	3
Other Pacific Islander	5
Unknown	47
Vietnamese	1
White	51
Total	123

ETHNICITY	Customer_Count - Active
Another Hispanic, Latino, or Spanish origin	12
Mexican, Mexican American, Chicano/a	64
Non-Hispanic/Latino	27
Unknown	20
Grand Total	123

County	Customer_Count - Active
Homeless	2
Christian	1
Cook	101
DuPage	3
Kane	6
Kankakee	2
McHenry	1
Will	6
Winnebago	1
Total	123

Cook & Collar 117
% of Total 95%

LANGUAGE_PREF	Customer_Count - Active
Arabic	1
Chinese - Mandarin	2
English	39
Gujarati	2
Hindi	1
Other	1
Polish	9
Spanish	66
Tagalog	1
Vietnamese	1
Total	123

Table 1		
ZIP_Code	Customer_Count	Active
Homeless		87
60002	Less than 20	
60004	27	
60005	24	
60007	24	
60008	39	
60010	22	
60012	Less than 20	
60013	Less than 20	
60014	Less than 20	
60015	Less than 20	
60016	121	
60018	53	
60020	Less than 20	
60021	Less than 20	
60022	Less than 20	
60025	38	
60026	Less than 20	
60030	Less than 20	
60031	27	
60033	Less than 20	
60034	Less than 20	
60035	20	
60040	Less than 20	
60041	Less than 20	
60042	Less than 20	
60044	Less than 20	
60045	Less than 20	
60046	Less than 20	
60047	44	
60048	Less than 20	
60050	Less than 20	
60051	Less than 20	
60053	46	
60056	78	
60060	43	
60061	46	
60062	33	
60064	30	
60067	34	
60068	Less than 20	
60069	Less than 20	
60070	24	
60073	95	
60074	65	
60076	79	
60077	53	
60081	Less than 20	
60083	Less than 20	
60084	Less than 20	
60085	162	
60087	53	
60088	Less than 20	
60089	77	
60090	77	
60091	25	
60093	Less than 20	
60096	Less than 20	
60097	Less than 20	
60098	Less than 20	
60099	45	
60101	51	
60102	Less than 20	
60103	40	
60104	Less than 20	
60106	25	
60107	63	
60108	28	
60110	41	
60115	Less than 20	
60118	Less than 20	
60120	103	
60123	48	
60124	Less than 20	
60126	Less than 20	
60130	Less than 20	
60131	30	
60133	97	
60134	Less than 20	
60135	Less than 20	
60136	Less than 20	
60137	Less than 20	
60139	60	
60140	Less than 20	
60142	Less than 20	
60143	Less than 20	
60148	35	
60152	Less than 20	
60153	31	
60154	Less than 20	
60155	Less than 20	
60156	20	
60157	Less than 20	
60160	52	
60162	Less than 20	
60163	Less than 20	
60164	35	
60165	23	
60169	62	
60171	Less than 20	
60172	20	
60173	Less than 20	
60174	Less than 20	
60175	Less than 20	
Sub-Total:	2,455	

Table 2		
ZIP_Code	Customer_Count	Active
60176	26	
60177	Less than 20	
60178	Less than 20	
60179	20	
60180	Less than 20	
60181	60	
60182	Less than 20	
60183	55	
60184	Less than 20	
60185	Less than 20	
60186	Less than 20	
60187	36	
60188	54	
60189	32	
60190	Less than 20	
60191	23	
60192	Less than 20	
60193	Less than 20	
60194	Less than 20	
60195	Less than 20	
60196	Less than 20	
60197	128	
60198	Less than 20	
60199	Less than 20	
60200	32	
60201	Less than 20	
60202	29	
60203	Less than 20	
60204	51	
60205	Less than 20	
60206	Less than 20	
60207	Less than 20	
60208	Less than 20	
60209	Less than 20	
60210	Less than 20	
60211	Less than 20	
60212	27	
60213	Less than 20	
60214	Less than 20	
60215	Less than 20	
60216	Less than 20	
60217	30	
60218	Less than 20	
60219	21	
60220	Less than 20	
60221	Less than 20	
60222	Less than 20	
60223	64	
60224	Less than 20	
60225	Less than 20	
60226	Less than 20	
60227	41	
60228	Less than 20	
60229	Less than 20	
60230	Less than 20	
60231	Less than 20	
60232	Less than 20	
60233	20	
60234	36	
60235	Less than 20	
60236	Less than 20	
60237	Less than 20	
60238	34	
60239	33	
60240	Less than 20	
60241	Less than 20	
60242	20	
60243	Less than 20	
60244	20	
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60250	Less than 20	
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60254	Less than 20	
60255	Less than 20	
60256	21	
60257	21	
60258	Less than 20	
60259	43	
60260	40	
60261	Less than 20	
60262	43	
60263	167	
60264	66	
60265	Less than 20	
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60270	21	
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60313	Less than 20	
60314	Less than 20	
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60316	Less than 20	
60317	Less than 20	
60318	Less than 20	
60319	Less than 20	
60320	Less than 20	
60321	Less than 20	
60322	Less than 20	
60323	Less than 20	
60324	Less than 20	
60325	Less than 20	
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60332	Less than 20	
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60351	Less than 20	
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60399	Less than 20	
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60406	Less than 20	
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60409	Less than 20	
60410	Less than 20	
60411	Less than 20	
60412	Less than 20	
60413	Less than 20	
60414	Less than 20	
60415	Less than 20	
60416	Less than 20	
60417	Less than 20	
60418	Less than 20	
60419	Less than 20	
60420	Less than 20	
60421	Less than 20	
60422	Less than 20	
60423	Less than 20	
60424	Less than 20	
60425	Less than 20	
60426	Less than 20	
60427	Less than 20	
60428	Less than 20	
60429	Less than 20	
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60431	Less than 20	
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60434	Less than 20	
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60437	Less than 20	
60438	Less than 20	
60439	Less than 20	
60440	Less than 20	
60441	Less than 20	
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60445	Less than 20	
60446	Less than 20	
60447	Less than 20	
60448	Less than 20	
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60450	Less than 20	
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60453	Less than 20	
60454	Less than 20	
60455	Less than 20	
60456	Less than 20	
60457	Less than 20	
60458	Less than 20	
60459	Less than 20	
60460	Less than 20	
60461	Less than 20	
60462	Less than 20	
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60464	Less than 20	
60465	Less than 20	
60466	Less than 20	
60467	Less than 20	
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60469	Less than 20	
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60471	Less than 20	
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60476	Less than 20	
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60492	Less than 20	
60493	Less than 20	
60494	Less than 20	
60495	Less than 20	
60496	Less than 20	
60497	Less than 20	
60498	Less than 20	
60499	Less than 20	
60500	Less than 20	
605		

**ABE Manage My Case, Appeals, and FFM stats
For MAC Public Education Subcommittee
Cumulative, as of 9/22/2021**

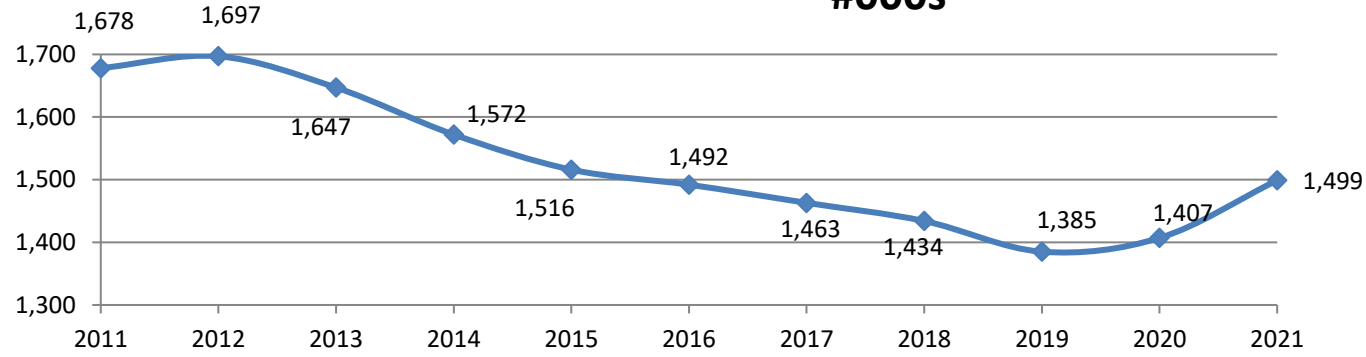
	4/5/22			11/12/21	9/22/21	7/20/21	5/17/21	3/24/21	1/17/21		7/31/18
ABE MMC Accounts Linked	1,785,581			1,660,335	1,606,098	1,541,878	1,479,908	1,425,656	1,351,206		329,244
Renew My Benefits *	583,816			534,593	516,821	488,687	455,509	430,604	397,791		97,679
Report My Changes	500,110			456,158	435,716	414,239	395,368	379,609	358,532		63,762
Program Adds	248,597			223,581	210,598	198,467	188,547	180,968	170,717		22,908
Member Adds	42,349			39,820	38,869	37,789	36,905	36,192	35,224		9,753
Mid-Point Reports*	211,718			211,718	211,718	211,718	211,718	211,718	211,717		34,357
Appeals submitted	118,091			110,831	107,721	104,547	101,682	98,882	95,053		NA
FFM cases received since 11/17	668,674			582,949	563,199	544,059	526,934	501,663	481,989		114,885
Cumulative count of people successfully ID proofed through the State	6,772			6,145	5,929	5,592	5,301	4,995	4,598		NA

**Note, HFS suspended sending redetermination notices that require a response during the PHE and DHS suspended MPRs when permitted by FNS*

MMC rolled out on 11/01/2017

Children's Enrollment

Enrolled Children End of FY11-21 #000s



End of FY	Enrolled Children #000s
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516
2016	1,492
2017	1,463
2018	1,434
2019	1,385
2020	1,407
2021	1,499

Children's Enrollment

**Enrolled Children
by Month
#000s**



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2017	1,476	1,472	1,472	1,467	1,464	1,463	1,463	1,458	1,452	1,446	1,448	1,457
2018	1,467	1,443	1,433	1,424	1,436	1,434	1,433	1,431	1,423	1,415	1,400	1,384
2019	1,377	1,371	1,384	1,386	1,385	1,385	1,384	1,384	1,382	1,388	1,386	1,387
2020	1,387	1,383	1,383	1,393	1,400	1,407	1,416	1,426	1,436	1,443	1,459	1,470
2021	1,477	1,481	1,486	1,494	1,495	1,499	1,506	1,516	1,524	1,530	1,539	

End of Month 2017	Enrolled Children #000s	End of Month 2018	Enrolled Children #000s	End of Month 2019	Enrolled Children #000s	End of Month 2020	Enrolled Children #000s	End of Month 2021	Enrolled Children #000s
Jan	1,476	Jan	1,467	Jan	1,377	Jan	1,387	Jan	1,477
Feb	1,472	Feb	1,443	Feb	1,371	Feb	1,383	Feb	1,481
Mar	1,472	Mar	1,433	Mar	1,384	Mar	1,383	Mar	1,486
Apr	1,467	Apr	1,424	Apr	1,386	Apr	1,393	Apr	1,494
May	1,464	May	1,436	May	1,385	May	1,400	May	1,495
June	1,463	June	1,434	June	1,385	June	1,407	June	1,499
July	1,463	July	1,433	July	1,384	July	1,416	July	1,506
Aug	1,458	Aug	1,431	Aug	1,384	Aug	1,426	Aug	1,516
Sept	1,452	Sept	1,423	Sept	1,382	Sept	1,436	Sept	1,524
Oct	1,446	Oct	1,415	Oct	1,388	Oct	1,443	Oct	1,530
Nov	1,448	Nov	1,400	Nov	1,386	Nov	1,459	Nov	1,539
Dec	1,457	Dec	1,384	Dec	1,387	Dec	1,470	Dec	