

**FINAL**

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**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
June 12, 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  
Erin Weir, Age Options  
Nadeen Israel, Heartland Alliance  
Sue Vega, Alivio Medical Center  
John Jansa, Molina HealthCare (by phone)  
Connie Schiele, HSTP  
Brittany Ward, Primo Center for WC  
Sergio Obregon, CPS

**HFS Staff**

Jacqui Ellinger  
Pat Curtis (by phone)  
Mike Koetting  
Lynne Thomas  
Lauren Polite  
Arvind K. Goyal  
Amy Harris-Roberts  
Lisa Arndt (by phone)  
Gina Swehla (by phone)  
Patrick Lindstrom  
Veronica Archundia

**Committee Members Absent**

Henry Taylor, Mile Square Health Center  
Hardy Ware, East Side Health District

**Interested Parties**

Deb Matthews, DSCC  
Mike Lafond, Abbvie  
Sherie Arriazola, TASC  
Carrie Chapman, LAF  
Alexa Herzog, LAF  
Diane Montañez, Alivio Medical Center (by phone)  
Susan Melczer, MCHC  
Susan Gaines, IPHCA  
Rick Cornell, HA  
Laura Minzer, Cigna  
Sheri Cohen, Chicago Department of Public Health  
Victoria Bigelow, Access to Care  
Kathy Waligora, EverThrive Illinois  
Luvia Quiñones, ICIRR  
Ken Ryan, ISMS  
Mona Martin, PHRMA (by phone)  
Lynn M. Warszalek, Stickney Public Health District  
Molly McAndrew, AFC  
Joh Hofacker, Health & Medicine  
Ramon Gardinhire, SEIU Healthcare  
Lindsey Artola, Illinicare  
Jessica Pickens, Next Level Health Partners  
Lindsey Croasdale, Shriver Center  
Enrique Salgado, Harmony WellCare  
Chez Ordoñez, AFC  
Palak Desai, Harmony WellCare

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**1. Introductions**

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

**2. Review of Minutes**

The April 10<sup>th</sup> meeting minutes were approved.

**3. Legislative Update**

Lisa Arndt provided highlights regarding changes prompted by SB741, which restores some services that were eliminated or reduced under the SMART Act. The following is an abstract of this bill: <http://www2.illinois.gov/hfs/agency/Pages/SB741FactSheet.aspx>

Ms. Arndt indicated that, the SB741 removed the limit of 20 visits per discipline per fiscal year with regard to occupational, physical, speech, and hearing therapy services; however, prior approval is required. Podiatry services were also restored; previously they had only been available for individuals who had been diagnosed with diabetes. The four prescription policy was modified to exempt an additional class of mental health medications. In addition, a certain subset of children with complex medical needs will also be exempt from the four prescription policy.

Furthermore, the dental program was restored to the pre SMART level of services for adults. Gina Swehla noted that additional services which are preventative in nature are available for pregnant women, such as cleaning and deep cleaning, as well as periodontal procedures, although some of these services require pre-authorization. <http://hfs.illinois.gov/assets/062714n.pdf>

Jacqui Ellinger reminded committee members to subscribe to electronic provider releases in order to receive notifications, explaining that they can select the categories of providers at: <http://www.hfs.illinois.gov/provrel/>

Ms. Ellinger discussed the changes related to the eligibility process. The bill reduces the “uninsured” requirement to three months from twelve months, for All Kids Premium Level II. It also authorizes the reinstatement (within three months) of cases that were canceled due to failure to provide information in order to complete a redetermination (Rede). This can be accomplished as long as a client provides the necessary information/documentation and is found to be eligible within three months from the time of cancellation. In addition, there was a review of the requirements related to Long-term care eligibility processing with regard to Article XI of the Public Aide Code, section 5.4.

**4. ACA Updates****ABE/IES and FFM status**

Mike Koetting indicated that HFS and DHS have continued processing applications and making progress in terms of reducing the backlog of applications. He made reference to the enrollment data available at HFS: <http://www2.illinois.gov/hfs/SiteCollectionDocuments/ACAEnrollmentSummaryData.pdf>

Mr. Koetting noted that HFS and DHS have concentrated their efforts in the development of Phase Two of IES (Integrated Eligibility System), which is the back-end portion of the system that supports ABE. This is a huge undertaking, which is even bigger than Phase I, because it involves the replacement of the existing database. The “Check my Benefits” portal should be most useful,

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allowing the department to post basic information about benefits and other features. It is expected that clients will be given member accounts and be able to gain access to such things as Redetermination forms, as well as having the ability to return them, in addition to performing other functions. Phase Two is expected to be launched in the fall of 2015. Members of the committee are encouraged to send their recommendations for consideration to HFS staff by replying to the “follow-up e-mails” that have previously been sent. In that way, it will be possible to ensure that everybody will be copied.

Mr. Koetting indicated that the Centers for Medicare & Medicaid Services (CMS) announced the availability of funding to support Navigators in federally facilitated and state partnerships during 2014- 2015. <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-06-10.html>

The Illinois Department of Public Health (IDPH) is expected to announce In-Person Counselors funding opportunities.

[http://www.idph.state.il.us/grant\\_rfps/FY15/Request%20for%20Application%20-%20IPC%20Grant%20Program%202015.pdf](http://www.idph.state.il.us/grant_rfps/FY15/Request%20for%20Application%20-%20IPC%20Grant%20Program%202015.pdf)

Committee members were reminded that if anyone is aware of pending applications that require expedited processing, please send this information to the attention of: [HFS.ACA@illinois.gov](mailto:HFS.ACA@illinois.gov) or the All Kids Unit, please call 217-524-7156. Also, the application tracking numbers should be provided, if available. Members were reminded to use discretion when requesting expedited services.

**5. Enhanced Eligibility Verification/Illinois Medicaid Redetermination Project (IMRP)**

Michael Koetting reported that HFS continues its efforts in terms of making the redetermination process as smooth as possible; however, he acknowledged that issues continue to emerge. In an effort to address these issues, the administration met with advocates in order to identify their concerns and attempt to find solutions. He noted that the rate of cancellations is 50%, which is still very high; however, the reinstatement rate is between 30 to 40 %. Maximus has also made efforts to improve its customer service, and several workers were terminated for not properly responding to client inquiries. Committee members were reminded to ask to speak with a supervisor if it is suspected that a request for a reinstatement may have been mishandled.

Ms. Ellinger advised that the “IMRP Frequently Asked Questions” document for which the committee had provided recommendations will soon be published:

<http://www2.illinois.gov/hfs/SiteCollectionDocuments/EEVClientFAQ.pdf>

<http://www2.illinois.gov/hfs/SiteCollectionDocuments/EEVClientFAQSpanish.pdf>

**6. Care Coordination Update**

Amy Harris-Roberts indicated that HFS is in the process of launching care coordination in five mandatory managed care regions: Cook and its collar counties, Central Illinois, Rockford, Metro East, and the Quad Cities. She noted that there are different schedules depending on the region. This is with respect to children, parents and care taker relatives, ACA adults, children with special needs, pregnant women, and former foster care children. The excluded populations are comprised of individuals enrolled in ICP or care coordination that focuses on SPD and dual eligible. Voluntary enrollment also applies to American Indians and Alaskan Natives.

Ms. Harris provided details about the distribution and processing of enrollment packets and made reference to the informational notice, dated June 26, 2014. <http://www.hfs.illinois.gov/assets/062414n.pdf>

**Illinois Department of Healthcare and Family Services**  
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The committee asked to include an update about care coordination during the next meeting.

**7. Overview of Presumptive Eligibility for Pregnant Women and Children**

Lynne Thomas provided a presentation about Medicaid Presumptive Eligibility (MPE), which is a program targeting expectant women that is designed to promote immediate, early, and continuous prenatal care. The MPE program, however, only covers ambulatory care services, and inpatient care is not covered. Eligibility determination for MPE is only made by authorized, enrolled, qualified MPE providers. Ms. Thomas also provided a brief overview of the Temporary Medicaid Presumptive Eligibility (PE) for children who are younger than 18 years of age. She acknowledged that, due to the volume of applications that the state has received, there had been delays in the processing of these kinds of requests. She noted that the department has been addressing requests that require attention for priority processing through the following channels: The All Kids Unit at 1-866-255-5437, the ABE Customer Call Center at 1-800-843-6154, and by e-mail [hfs.aca@illinois.gov](mailto:hfs.aca@illinois.gov)

In addition, the department issued a notification to providers seeking their cooperation in making adequate services available to pregnant women:

<http://www.hfs.illinois.gov/assets/071614n.pdf>

**8. Open Discussion and Announcements**

Kathy Chan asked members of the committee who are interested in continuing their membership to reaffirm their commitment by submitting a revised candidate questionnaire. This will help identify any gaps in participation and reevaluate representation, which will then be taken into consideration for future member recruitment.

**9. Adjournment**

The meeting was adjourned at 12:01 p.m. The next meeting is scheduled for August 14, 2014, from 10:00 a.m. to 12:00 p.m.