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Medicaid Advisory Committee  
Public Education Subcommittee Meeting  
Thursday, June 14, 2012  
10 a.m. to Noon

**401 S. Clinton St., Chicago – 7<sup>th</sup> Floor Video Conference Room**  
**201 S. Grand Ave. East, Bloom Bldg., Springfield – 3<sup>rd</sup> Floor Video Conference Room**

## **Agenda**

1. Introductions
2. Approval of the Meeting Minutes from August 25, 2011, October 20, 2011, December 8, 2011, February 9, 2012, and April 12, 2012 (attached)
3. Committee Appointments and Member Orientation  
<http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommissions/MAC/Pages/Bylaws.aspx>  
<http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommissions/MAC/Pages/Members.aspx>  
<http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommissions/MAC/Pages/MeetingSchedule.aspx>  
<http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommissions/MAC/publiced/Pages/default.aspx>  
<http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommissions/MAC/publiced/Pages/schedule.aspx>
4. FY2013 Final HFS Budget Report and Discussion
5. Subcommittee Agenda for FY2013
6. Updates:
  - Electronic Eligibility Verification
  - Health Insurance Exchange Legislation
  - Integrated Eligibility System
7. Open Discussion and Announcements
8. Adjourn

Please confirm whether you plan to attend by responding to HFS Webmaster via e-mail, [HFS.Webmaster@illinois.gov](mailto:HFS.Webmaster@illinois.gov) or by phone at 312-793-1984.

A conference call will be made available for persons who cannot attend in person. If you wish to call in, please request the number when you confirm your attendance.

This notice is also available at <http://www.hfs.illinois.gov/mac/news>

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**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
August 25, 2011.**

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

**Committee Members Present**

Kathy Chan, IMCHC  
Susan Vega, Alivio Medical Center  
Margaret Stapleton, Shriver Center (for John Bouman)  
Robin Scott, CDPH (for Kenzy Vanderbroek)  
Henry Taylor, Mile Square Health Center  
Terri Gendel, Age Options

**Committee Members Absent**

Courtney Hedderman, AARP  
Judy King, Consumer Advocate  
Tamela Milan, Westside Health Start  
Hardy Ware, East Side Health District  
Suzanna Gonzalez, Mac Neal Hospital

**Interested Parties**

Margaret Dunne, Beacon Therapeutic  
Andrea Kovach, Shiver Center  
Diane Montanez, Alivio Medical Center  
Jessica Williams, CPS  
Esther Schiamarella, CHHC  
Nelson Soltman, Legal Assistance Foundation  
John Jansa, Progress CIL  
Michael Lafond, Abbot  
Naden Israel, Heatland Alliance  
Maria Shabanova, Maximus (HSED)  
Jacqueline Gonzalez, CHHC  
Deborah Mathews, DSCC  
Diane Montanez, Alivio Medical Center  
Lucero Cervantes, ICIRR  
Dairy Velazquez, ICIRR  
Callie Dendinos, Shiver Center  
Dionne Haney, Illinois State Dental Society  
Ollie Idowll, IPMCA

**HFS Staff**

Jacqui Ellinger  
Lynne Thomas  
Donna Drew  
Robyn Nardone  
Victoria Nodal  
Glenda Mason  
Cathy Jarrett  
Dennis Leonard  
Sally Becherer  
Veronica Archundia

**DHS Staff**

Jennifer Hrycyna

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
August 25, 2011.**

The MAC Public Education Subcommittee was called to order at 10:01 a.m.

1. **Introductions.** Andrea Kovach chaired the meeting. Attendees in Chicago and Springfield introduced themselves.
2. **Review of Minutes.** Jennifer Hrycyna recommended a change under the section “Open to the Committee” by replacing the phone stamps with the Phone System Interview. The minutes were approved as amended.

3. **Address Change Process**

Dennis Leonard, from the Division of Medical Programs, indicated that as part of a collaborative effort to improve our customer service and the accuracy of address information, beginning July 14, 2011, the customer HFS hotline has been supporting the Department of Human Services in the processing of requests to update changes of address and telephone numbers. This service is only available for medical cases and excludes the Medical Field L.O. 200. Mr. Leonard remarked that from the time when this initiative was launched, the HFS hotline has processed 1,200 address change requests.

4. **State Medicaid Reform Implementation**

Jacqui Ellinger, Deputy Administrator of the Medical Programs, discussed two handouts. One of them was the letter that director Julie Hamos sent in April, 2011 to the Center for Medicare & Medicaid Services (CMS) seeking federal guidance regarding the changes under Medicaid Reform, which would require increasing the verifications for income and residency. The second handout was the response received in June from CMS which indicates that the implementation of such procedural changes would constitute a violation of Maintenance of Effort (MOE). Ms. Ellinger added that CMS had implied that Illinois could conduct electronic verification as much as possible.

Jacqui noted that, in the meantime, the eligibility rules for Healthcare Reform have been released, and it's clear that the federal government is putting great emphasis in automation. HFS, in collaboration with DHS, is making significant progress in developing a new automated Secretary of State (SOS) Illinois residency verification protocol that would allow staff to match applicant data against the driver license and state identification records. She added, in the event that it is not possible to verify the applicant's residency electronically, staff will follow existing policy to obtain a verification. She remarked that HFS and DHS are committed to taking the measures that are federally allowed to confirm that the information people provide is correct and to ensure the integrity of our programs. HFS expects that the automated connection with the Secretary of State will be in place by late fall.

5. **Updates:**

**Web Redetermination:** Jennifer Hrycyna, from DHS, reported that the Department of Human Services is currently working on the development of an online redetermination process which will enable recipients to complete and submit their redetermination forms over the Internet. She remarked that the intention is to offer a channel which would be more user-

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friendly than the Phone System Interview (PSI), since the web page redetermination format provides help screens and more details about how to answer questions. The rollout of the redetermination web page is expected to target medical cases only. Meanwhile DHS is seeking an official response from the federal government regarding a waiver for SNAP cases, since SNAP policy requires a face-to-face interview once a year.

**All Kids Alert:** Vicky Nodal, from HFS, reported that the intention of the All Kids alert issued in April was to clarify existing policy about documentation requirements for non-citizens applying for medical benefits, which was prompted by an audit showing that the All Kids Unit was not receiving the documentation necessary in those particular cases. In response to the concerns and questions that were raised, HFS issued a revised alert in July that clarifies who needs to provide additional information and specifies the type of documentation that is required.

**Stepparent Income.** Vicky Nodal stated that DHS caseworkers recently received a memorandum that clarifies the appropriate procedure to determine medical eligibility for undocumented children when there is a stepparent in the home, his or her income must be counted in all instances. She remarked that the policy is different for children who are citizens or qualified legal immigrants. For this second group of children, DHS always counts the total household income, and, if the stepparent's income causes a child to be ineligible under All Kids Assist, then DHS completes a second determination of eligibility without the stepparent's income. Ms. Nodal noted that the All Kids Unit counts stepparent's income for all children, regardless of their immigration status. She added that the issuance of this memorandum was prompted by an audit, and the intention is to provide clarification to case workers at the DHS Local Offices.

**Eligibility System for Health Care Reform.** Jacqui Ellinger discussed a power point presentation developed by Mike Koetting, HFS Deputy Director of Planning and Implementation, that provides a general context for the integrated eligibility system. The presentation represents preliminary work in preparation for Health Care Reform. She noted that there is a strong governance group that involves the Department of Insurance (DOI), the Department of Human Services (DHS), and Healthcare and Family Services (HFS). The goal is to develop a "virtual department of eligibility," a system that further integrates the ability to support the existing programs that involve TANF, SNAP, and medical programs.

Kathy Chan, from IMHC, provided an update regarding the Illinois Health Insurance Exchange Legislative Study Committee, which is a bipartition task force, comprised by three members from each caucus. The task of the study committee is to have a report by September 30<sup>th</sup> and provide recommendations for the Health Benefits Exchange, with the intent of having legislation ready for the fall legislative veto session. There was robust discussion among members. Some participants recommended replicating the function of the All Kids Application Agents as a "navigator or help-promoter" for individuals who may require additional help in accessing and navigating the medical system.

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**6. Announcements**

**MIPPA.** Jacqui Ellinger introduced the MIPPA topic. She indicated that this is federal legislation that modified the enrollment process for seniors and people with disabilities who are interested in applying for Medicare cost sharing benefits. She noted that HFS has implemented the changes required by the federal government and currently, is in the process of updating its rules. Several members questioned the process outcomes. Due to time constraints, and in order to clarify in detail the application process, as well as to address committee members' concerns, it was agreed to schedule a follow-up conference with HFS staff from the Bureau of Medical Eligibility and Special Programs.

**Rulemaking:** Jacqui Ellinger advised committee members as of August 26, 2011, HFS is publishing the rules in the Illinois Register to codify the following changes:

- All Kids program required by PA 96-1501, Medicaid Reform, changes made to 89 Ill Adm Code 123.
- Rules codifying changes required by the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 – Illinois Register July 15, 2011, Vol 35, Issue 29 pp.11094-11125, Changes made to 89 Ill Adm Code 102, 110, and 120.

Committee members were invited to review the filings and submit any comments as directed in the Illinois Register.

**7. Revised 2011 Meeting Schedule**

Committee members discussed the motion to meet every other month during the remainder of the year, and it was agreed to meet on 10/20 and 12/08. The motion was voted upon and unanimously approved.

**8. Open Discussion**

Kathy Chan inquired if there has been any reaction from the public regarding the recent income cap for the All Kids program. Lynne Thomas, Chief of the Bureau of All Kids, indicated that there have been very few inquiries. She added, however, the hotline has received some comments from families whose children's eligibility will end June 30, 2012.

Blue Cross and Blue Shield recently announced a period of open enrollment for "child only" insurance policies on its web site that ended on August 15, 2011, and it is anticipated that there will be another opportunity to enroll between January and July 2012.

**9. Next meeting/adjournment**

The next meeting is scheduled for October 20, 2011, from 10:00 a.m. to 12:00 p.m. The August 25, 2011 session was adjourned at 12:04 p.m.

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**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
October 20, 2011.**

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

**Committee Members Present**

Kathy Chan, IMCHC  
Robin Scott, CDPH (for Kenzy Vanderbroek)  
Terri Gendel, Age Options

**Committee Members Absent**

Courtney Hedderman, AARP  
Susan Vega, Alivio Medical Center  
Tamela Milan, Westside Health Start  
Hardy Ware, East Side Health District  
Margaret Stapleton, Shriver Center (for John Bouman)  
Henry Taylor, Mile Square Health Center  
Suzanna Gonzalez, MacNeal Hospital

**Interested Parties**

Margaret Dunne, Beacon Therapeutic  
Andrea Kovach, Shriver Center  
Nelson Soltman, Legal Assistance Foundation  
Deborah Mathews, DSCC  
Susan Melczer, MCHC

**HFS Staff**

Jacqui Ellinger  
Lynne Thomas  
Gwen Smith  
Robyn Nardone  
Victoria Nodal  
Cathy Jarrett  
Dennis Leonard  
Maithili Panat  
Veronica Archundia

**DHS Staff**

Sharon Dyer-Nelson

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
October 20, 2011.**

The MAC Public Education Subcommittee was called to order at 10:01 a.m.

**1. Introductions.** Kathy Chan chaired the meeting, and attendees in Chicago and Springfield introduced themselves.

**2. Review of Minutes.** Kathy Chan recommended a change under the section “Eligibility System for Health Care Reform,” by replacing the word “bipartition” with the word bipartisan. The minutes were not approved due to the lack of a quorum.

**3. CHIPRA Child Health Quality Demonstration Grant Overview**

Gwen Smith, from the Bureau of Maternal & Child Health Promotion, explained that, in 2010, the state of Illinois, in partnership with Florida, was awarded a grant under the Children’s Health Insurance Program Reauthorization Act (CHIPRA). Ms Smith noted that this initiative contains two federal goals. One of them is to implement and evaluate demonstration projects that focus on improving the quality of children’s healthcare under Medicaid and CHIP. The second goal anticipates that CMS will establish a Pediatric Quality Measures Program (PQMP) incorporating information learned from the CHIPRA demonstrations. Ms. Smith noted that there are four categories in which Illinois and Florida are participating: 1.) implement, test, and report on 24 child health quality measures, 2.) coordinate child health quality reporting with new health information system developments, including the health information exchange and electronic health records, 3.) test or enhance provider based models to improve care coordination, and 4.) improve birth outcomes. Ms. Smith added that the funding of this project will last until 2015, and the goal is to integrate the measures and improvements learned through the CHIPRA grant into daily, ongoing programs and operations. In response to committee members’ interest regarding the CHIPRA grant, HFS staff will send out an email providing information about links and resources.

**4. Durable Medical Card**

Robyn Nardone, from HFS, reported that the department continues working on the initiative to eliminate the monthly issued paper medical card. Instead, eligible individuals would receive a durable medical card. She reminded committee members that having the card does not guarantee ongoing eligibility. Therefore, it is expected that medical providers would have to verify eligibility at the point of service. As a support for clients, HFS plans to use an Automated Voice Response System (AVRS) so clients can verify eligibility information over the phone. Ms. Nardone introduced a draft of the AVRS script and explained that the script describes the steps that clients will be asked to follow. There was a robust discussion about how to enhance the script. Ms. Nardone asked members to provide additional comments via-email to facilitate further discussion. Ms. Nardone explained that HFS is in the process of selecting a vendor that will create and distribute the durable medical cards. More updates will be provided as work progresses.

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**5. Long Term Care Eligibility Rulemaking:**

Jacqui Ellinger, Deputy Administrator of the Medical Programs, announced that in the upcoming days, HFS will have posted a document on its website that summarizes the new eligibility requirements for Long-Term Care approved by the Joint Committee on Administrative Rules (JCAR). In an effort to increase awareness, HFS is in the process of reviewing outreach materials and brochures regarding Long-Term Care as a way to help inform the community about changes in the determination of eligibility. HFS asked if anyone wished to assist in the review. Terri Gendel, (from Age Options) and Nelson Soltman, (from Legal Assistance Foundation) volunteered to help. HFS will also engage the Department on Aging in the review.

**6. Updates**

**HFS Hotline.** Dennis Leonard, from the Division of Medical Programs, reported that as part of a partnership agreement between HFS and DHS, beginning July 5<sup>th</sup>, 2011, the All Kids Hotline had made 2,553 address changes for callers with case files at the DHS/FCRC locations. Mr. Leonard indicated that, as of September 9, 2011, hotline operators have forwarded 319 requests of clients who would like to register to vote.

**AKAA statistics.** Lynne Thomas, Chief of the Bureau of All Kids, provided a report that had been requested by committee members in the previous meeting regarding the approval rates of applications submitted to the All Kids Unit. A written report was provided showing that All Kids Applications Agents (AKAAs) had submitted 35% of the applications, while 65% had been submitted by families. (A follow up email will be sent to committee members regarding the time frame of this report.) Ms. Thomas suspects that the increase of applications submitted by families may be due to the availability of the web application which makes it convenient for families to complete their applications; however, the approval rate is only 58%. Ms. Thomas believes that the higher denial rate may be due to the fact that families do not provide the appropriate documentation to determine their eligibility. In contrast, the approval rate for AKAAs is 98%. Lynne added that there are 347 active AKAAs, of which 54% are located in the Cook County area, 16% in the collar counties, and 30% are in the rest of the state.

Kathy Chan, from the IMCHC, remarked on the significance of these statistics, which highlight the relevance of the service that AKAAs offer to the community. During the hearings of the Illinois Health Insurance Exchange Legislative Advisory Committee there has been an ongoing dialogue regarding the function of “navigators” that are authorized by the Affordable Care Act (ACA). She added that the Task Force is waiting to receive further guidelines, based on federal regulations that are yet to be finalized with regard to what exactly the navigators would look like, specifically, if there would be some level of license or certification that may be required. Ms. Chan noted the significance of recognizing that AKAAs have been demonstrated to be successful in their ability to assist hard-to-reach populations, and she praised their high approval rate, which can be translated into savings in the administrative work for the state.



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**Illinois Health Insurance Exchange Legislative Advisory Committee.** Andrea Kovach, from the Shriver Center, provided a report regarding the legislative study committee which was created by Bill 1555 during the last General Assembly. The goal was to present a report (due before the veto session) regarding findings and recommendations about the options that Illinois has in the development of the Health Insurance Exchange. Ms. Kovach noted that the committee had focused on three main points. The first one is the structure and governance; there were three options that could be chosen from: a state agency, a non-profit entity, or a quasi-governmental board. The committee did not make a recommendation. The second point was financing for the exchange. Ms. Kovach noted that, after 2015, there will be no more federal funding to finance the exchange. Federal law requires that state exchanges must be self-sufficient; therefore, the committee identified a list of potential options, but did not make any recommendations about what type of financing model the state should adopt. As to governance for the exchange, the discussion was focused on what type of members should be on the board, for example, whether or not a legislator should be included. However, no recommendation was made in this regard either. The committee is supposed to present a final report by September 30, 2011 so that a bill can be introduced during the veto session. She added that the state has to meet some milestones and datelines that have been established by the federal government which include the passing of a bill regarding governance and financing in order for the state to start receiving funding.

**MIPPA.** Pat Curtis, from the Bureau of Medical Eligibility and Special Programs, provided statistics regarding the Medicare cost sharing benefits that had been requested by committee members. Ms. Curtis indicated that MIPPA is a federal law that requires the state to ensure that individuals applying for Medicare Part D Low Income Subsidy have the opportunity to apply for the Medicare Savings Program. Ms. Curtis reported that from 01/01/10 when this initiative was launched to 09/15/2011, Illinois has enrolled 650 people. During that period of time, Illinois mailed out 17,000 applications; of those, almost 18% of the applicants returned a completed application for the Medical Savings Program, and, of those, 78% were denied. In spite of the low enrollment, Ms. Curtis praised the efforts of advocacy groups to reach out to the populations that may benefit through this initiative.

**Eligibility Verification and MOE.** Jacqui Ellinger discussed the letter regarding Medicaid Reform that HFS received from CMS on September 30<sup>th</sup>, 2011. It essentially does not authorize HFS to request additional paper documentation to verify residency and income. However, CMS recommended that the state of Illinois adopt more electronic approaches. Specifically, the state should actively incorporate the electronic data matching. Ms. Ellinger noted that, in an effort to adopt a more robust confirmation of eligibility, HFS expects to procure a vendor that can provide more current salary information, at least for some of the population.

## **7. Announcements**

Committee members were reminded that, on November 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup>, CMS will be hosting the 2<sup>nd</sup> National Children's Health Insurance Summit in Chicago. The main focus will be to discuss successful strategies and explore new approaches to outreach, enrollment and

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retention of children. Margaret Dunne, from Beacon Therapeutic, will be one of the presenters at the conference. Jacqui Ellinger commented upon HFS's intention to reconstitute the committee, and recommended a more vigorous representation from downstate candidates. She acknowledged Andrea Kovach for providing some names of potential candidates, and encouraged committee members to submit additional nominees.

**8. Open Discussion**

Due to time constraints, no additional items were discussed.

**9. Next meeting/adjournment**

The next meeting is scheduled for December 8<sup>th</sup>, 2011, from 10:00 a.m. to 12:00 p.m. The October 20<sup>th</sup>, 2011 session was adjourned at 12:12 p.m.

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**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
December 8th, 2011.**

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

**Committee Members Present**

Kathy Chan, IMCHC  
Margaret Stapleton, Shriver Center (for John Bouman)  
Terri Gendel, Age Options  
Tamela Milan, Westside Health Start (via phone)

**Committee Members Absent**

Courtney Hedderman, AARP  
Susan Vega, Alivio Medical Center  
Hardy Ware, East Side Health District  
Suzanna Gonzalez, Mac Neal Hospital  
Robin Scott, CDPH (for Kenzy Vanderbroek)  
Henry Taylor, Mile Square Health Center

**Interested Parties**

Margaret Dunne, Beacon Therapeutic  
Diane Montanez, Alivio Medical Center  
Judy King, Consumer Advocate (via phone)  
Nelson Soltman, Legal Assistance Foundation  
John Jansa, Progress CIL  
Nadeen Israel, Heartland Alliance for Human Rights  
Diane Fager, CPS  
Brittany Ward, Beacon Therapeutic  
Jacqueline Gonzalez, CHHC  
Deborah Mathews, DSCC  
Sonja McGrath, SIU School of Medicine (via phone)  
Maria Shabanova, Maximus (via phone)  
Kristine Coryell, Coryell Consulting LLC (via phone)

**HFS Staff**

Jacqui Ellinger  
Robyn Nardone  
Amy Wallace  
Maithilli Panat  
Mike Jones  
Sally Becherer  
Veronica Archundia

**DHS Staff**

Susan Locke

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
December 8th, 2011.**

**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, and the December 8, 2011 minutes were not approved due to lack of a quorum.

**3. Healthcare and Human Services Framework**

Susan Locke, DHS Senior Project Manager, made a presentation using handouts and indicated that the Framework project is the state's commitment to develop an integrated, streamlined, and efficient service delivery system in the field of health and human services (<http://www.illinoisframework.org/>). Seven department agencies are involved in this partnership: Department of Aging, Children and Family Services, Commerce and Economic Opportunity, Employment Security, Healthcare & Family Services, Human Services, and Public Health. The goal is to redesign the service delivery around five common business processes: intake assessment and application, verification and eligibility determination, casework and case management, provider management, and analytics and reporting. Ms. Locke noted that, in terms of service access, the current system faces enormous challenges: an antiquated system that is as much as 30 years behind current technology and does not interface with other systems, the lack of capacity to move laterally, as well as an expensive and inefficient paper-based process.

Ms. Locke made reference to research conducted by The University of Chicago which found that 26 % of families receiving multiple services in Illinois, absorbed 86% of the service dollars (<http://www.chapinhall.org/research/brief/illinois-families-and-their-use-multiple-service-systems>).

An opportunity exists to modernize the Illinois information system using available federal dollars to meet 90% of the required cost. This will make it possible to build critical pieces of infrastructure that can be repurposed, extended, and used for other programs that are directly related to the Affordable Care Act and Health Information Exchange.

Ms. Locke indicated that, with a grant funded by the Chicago Community Trust, the Illinois Stakeholder Engagement Team led fourteen town hall meetings to present information and gather feedback about Illinois' intention to redesign its healthcare and human services delivery system.

During 2011, administrators from the Department of Insurance, the Department of Healthcare and Family Services, and the Department of Human Services have met with many vendors in order to determine what technology is available in the market place and what it has to offer to help achieve the goal of system improvement. A request has been made to the federal government for matching funds and an RFP has been published. Also, in the next week, the negotiating process for a contract will move into its final phase to meet the criteria and be presented to the evaluators. Hoping that a vendor can start in March or April of 2012, it is

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expected that the process is going to take from 18 to 24 months. Ms. Locke stated that she will come back to provide future updates for the Public Education Subcommittee.

**4. UX2014 Presentation**

Kathy Chan, from IMCHC, stated that Illinois is part of a group of 14 states participating in the Enrollment User Experience UX 2014 Project, which is sponsored by the California HealthCare foundation, in partnership with a tech company called IDEO, and CMS. The Illinois team is lead by staff from the Department of Insurance, working in collaboration with administrators from DHS and HFS. Ms. Chan is part of the Illinois team, offering expert advice as a consumer advocate from the non-profit community. The goal is to design an online insurance portal that is user-friendly and can serve as a focal point to make it possible for people to understand the coverage which they may be eligible to receive, as well as to support them during the enrollment process. The benefit exchange will serve as a website market place where individuals and small businesses will be able to look at different insurance options and select among the various choices provided. Ms. Chan stated that this project is operating at an accelerated speed and encouraged members to review the “screen shots” presented on the website [www.ux2014.org](http://www.ux2014.org) in order to provide recommendations.

**5. Integrated Eligibility System (IES)**

Jacqui Ellinger, Deputy Administrator of the Medical Programs, indicated that the state of Illinois has continued to make substantial progress toward the modernization of its existing information systems, having moved to developing an RFP to select a vendor to design the new Integrated Eligibility System.

To date, federal CMS has not published final rules regarding Medicaid eligibility under the ACA. As a result, how the new eligibility is going to be determined as well as what new criteria are going to be required will not specifically be available until those rules are published.

Ms. Ellinger recommended that committee members provide suggestions regarding the design of the eligibility system before December 19, 2011.

**6. Updates**

**Beacon Therapeutic CHIPRA Outreach Grant:** Margaret Dunne, from Beacon Therapeutic, said that she had attended the Second National Children’s Health Insurance Summit held in Chicago from November 1-3, 2011. Beacon Therapeutic along with thirty-nine other CHIPRA grantee recipients from across the United States, 19 of which were 1<sup>st</sup> cycle grantees as well, participated in the summit. Among the topics discussed was the use of technology: blogs, Twitter, Facebook, cell phones, text messaging, phone-a-thons, and videos to reach a greater audience in order to enroll and retain children in Medicaid and CHIP. Also, a major focus was placed upon using culturally appropriate materials and the identification of specific audiences.

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With respect to the Beacon Therapeutic CHIPRA Outreach Grant, Ms. Dunne stated that her organization continues its focus on enrolling uninsured and homeless youth in Medicaid and SCHIP within the City of Chicago and some suburbs, although services have increasingly been recognized as existing within suburban areas where social service agencies are widely scattered, resulting in an array of situations, including children who are at high risk living in shelters, and teenagers who are “doubling up with friends, known as couch surfers.” While continuing to work with CPS and DCFS, Beacon Therapeutic is seeking new partnerships in areas that are outside of Chicago’s city limits. The new partners are: Night Ministry Shelters, Neon Center, Harmony Village, La Casa Norte Services & Shelter, Students in Temporary Living Situations Program (CPS), Cicero Youth Task Force, Center for Economic Progress, and the Suburban Council on Homelessness- North, South, & West.

**Durable Medical Card - AVRS:** Robyn Nardone, from HFS, explained that substantial progress has been made on an Automated Voice Response System and that the selection of a vendor will soon be undertaken. Also, she thanked the members of the Public Education Subcommittee for their suggestions and comments, many of which were incorporated in the automated response script. Additional information will be provided in upcoming meetings.

**Long Term Care Eligibility (LTC):** Pat Curtis, from the Bureau of Medical Eligibility and Special Programs, provided an update. She indicated that the Deficit Reduction Act (DRA) of 2006 requires all states to look back five years for any non-allowable asset transfers. In compliance with the DRA, new rules require that the transfers of assets are non-allowable if they are made within five years of application for LTC benefits and if the transfer of assets was made specifically to qualify for LTC.

Ms. Curtis reported that she had met with Terri Gendel, Margaret Stapleton, and Nelson Soltman, who were extremely helpful in terms of offering comments regarding the development of outreach materials and brochures to inform the public about these important changes in accordance with the Deficit Reduction Act. The intention is to explain to people, in a way that they can understand, the new regulations for LTC eligibility. Ms. Ellinger pointed out that HFS has posted a summary on its website of the new rules at <http://www2.illinois.gov/hfs/PublicInvolvement/PublicNotices/> as Highlights of New Eligibility Requirements for Long-Term Care – Approved by JCAR 10-11-2011

## **7. Meeting Schedule**

At the committee’s request, the department proposed a series of meeting dates for 2012 which were included within a meeting packet, indicating February 9<sup>th</sup>, April 12<sup>th</sup>, June 14<sup>th</sup>, August 9<sup>th</sup>, October 11<sup>th</sup>, and December 6<sup>th</sup> as planned meeting dates. However, due to the lack of a quorum, the proposed dates will have to be approved during the next meeting.

## **8. Open Discussion**

Jacqui announced that Kathy Chan, from IMCHC, has been elected vice chair and that Susan Hayes, of Children’s Memorial Hospital, has been elected as chair for the Medicaid Advisory Committee (MAC). She reminded attendees that HFS is in the process of reconstituting its

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December 8th, 2011.**

membership for the Public Education Subcommittee. All MAC members are welcome to serve on the subcommittee. The committee is seeking subcommittee members who will be able to engage fully and regularly participate in meetings in person, if possible. Ms. Ellinger reiterated the invitation to increase representation of downstate candidates to serve on the subcommittee.

Kathy Chan informed the committee members that a new organization called “Enroll America” ([www.enrollamerica.org](http://www.enrollamerica.org)) has been established to bring together national groups in order to examine how best to enroll people in public and private insurance in advance of the 2014 implementation of The Affordable Care Act. There have been numerous conference calls concerning this issue to provide recommendations concerning what states and other organizations can undertake as a way of achieving the goal of health care reform.

Terri Gendel commented that the Center for Medicare and Medicaid Services (CMS) produced a series of videos useful for a variety of Medicare consumers, including people who are deaf, hard-of hearing, blind, low vision, or who have limited English reading skills. Further details may be found by visiting the following websites.

<http://www.medicare.gov/navigation/medicare-basics/medicare-basics-overview.aspx>  
<http://www.medicare.gov/multilanguage.aspx>

Kathy Chan suggested that committee members should review an interesting survey conducted by the Center for Medicare & Medicaid Services (CMS) that was completed during the summer of 2011. The survey studies the experiences and attitudes of low income parents regarding their children’s health insurance coverage. The survey also focuses on the parents’ awareness of/and attitudes toward Medicaid and CHIP programs. Kathy provided the link though which more information can be found regarding the survey.

<http://www.insurekidsnow.gov/professionals/CHIP-Medicaid-Survey-Topline.pdf>

Judy King, a consumer advocate, expressed concern that in Illinois there are health disparities, and the department has not developed a plan to address them. She further asserted that it is necessary to have outcome data available for the public, including who is being served and what services are being provided, as well as their outcomes. These topics were referred to the full MAC.

**9. Next meeting/adjournment**

The meeting was adjourned at 1:35 pm. The next meeting is scheduled for February 9th, 2012, from 10:00 a.m. to 12:00 p.m.

*DRAFT*

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*DRAFT*

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
February 9th, 2012.**

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

**Committee Members Present**

Kathy Chan, IMCHC  
Susan Gordon, Children's Memorial Hospital  
Caitlin Padula, Shriver Center (for John Bouman)  
Tamela Milan, Westside Health Start (via phone)

**Committee Members Absent**

Courtney Hedderman, AARP  
Susan Vega, Alivio Medical Center  
Hardy Ware, East Side Health District  
Suzanna Gonzalez, Mac Neal Hospital  
Robin Scott, CDPH (for Kenzy Vanderbroek)  
Henry Taylor, Mile Square Health Center  
Terri Gendel, Age Options

**HFS Staff**

Jacqui Ellinger  
Jim Parker  
Robyn Nardone  
Michelle Maher  
Lynne Thomas  
Maithilli Panat  
Tracy Keen  
Vicky Nodal  
Sally Becherer  
Amy Wallace  
Veronica Archundia

**Interested Parties**

Margaret Dunne, Beacon Therapeutic  
Diane Montanez, Alivio Medical Center  
Nelson Soltman, Legal Assistance Foundation  
John Jansa, Progress CIL  
Nadeen Israel, Heartland Alliance (via phone)  
Diane Fager, CPS (via phone)  
Brittany Ward, Beacon Therapeutic  
Stephanie Gutierrez, Beacon Therapeutic  
Esther Sciammarella, CHHC  
Deborah Mathews, DSCC  
Derek Lanier, Meridian Health Plan (via phone)  
Lucero Cervantes, ICIRR  
Christine Cazeau, Illinois Health Connect  
Heather O'Donnell, CJE Seniorlife  
Debbi Smith, Community Residential Services Authority  
Lea Cizek, Addus Health Care (via phone)



**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
February 9th, 2012.**

**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, and the December 8, 2011 minutes were not approved due to lack of a quorum.

**3. PCCM Program Care Coordination and Innovations**

Jim Parker, Deputy Director of Operations, provided an overview of the Innovations Project, which is the umbrella term that is being used to redesign the healthcare delivery system in Illinois. Mr. Parker said that the solicitation for Phase I of the Innovations Project was recently published on the HFS care coordination web site. The idea is to explore community interest and capacity in order to provide alternative models of care delivery. The department has been approached by a variety of organizations considering the submission of a proposal. Mr. Parker said that Care Coordination Entities (CCEs) must submit letters of intent by February 29, 2012 and that the due date for submitting proposals is May 25, 2012. He also announced that HFS is planning to issue a very similar solicitation in the incoming months to target priority populations of “at risk” children and women.

Mr. Parker indicated that Illinois submitted a letter of intent to the Medicare-Medicaid Alignment Initiative posted by the federal government during the fall of 2011. This is one in a series of initiatives adopted in Illinois that seek to improve the fragmented care that dual eligible beneficiaries receive and replace it with an integrated care model that contains costs and is easy for patients to navigate. The financial alignment initiative has two aspects: the dual capitation model and the managed fee-for-service model. Mr. Parker stated that Illinois is pursuing both.

Mr. Parker shared that, on the HFS Care Coordination web site, there is an optional service called “Care Coordination Matchmaking,” which is intended to help community partners to find each other, build relationships, and offer their services or to help develop Care Coordination Entities. So, if anyone is interested in collaborating in an area, the web site should be consulted.

Mr. Parker indicated that these initiatives were developed to comply with the Medicaid reform law adopted by the General Assembly in 2011, P.A. 96-1501, which states that 50 percent of all Illinois Medicaid recipients will be enrolled in coordinated care by January 1, 2015. He asserted, “Let me be clear. We very purposely negotiated language changes in that bill that require care coordination, not an HMO model. So the 50% goal is not through traditional HMOs. As a matter of fact, the whole reason to have all this solicitation of care coordination is to have alternative models to reach 50%.”

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He indicated that HFS views the 50% goal as a minimum and not as a maximum, but there is a bill introduced by State Representative Robyn Gabel, [HB 4620 Introduced](#), which pushes the goal to 70%.

Diane Fager, from the Chicago Public Schools, asked if the new legislation that has been introduced, if passed, could supersede all other goals.

Mr. Parker replied that any legislation can amend the date and move it up, as well as raise the percentage.

Jacqui Ellinger noted that a lot of what is happening in care coordination is being discussed in the Care Coordination Subcommittee, so, those who would like to get more involved in the details, may want to attend the Care Coordination Subcommittee as interested parties. The next Care Coordination Subcommittee is scheduled to meet on March 21, 2012.

**4. All Kids Premium Level 3 – 8 Cancellation Notice**

Jacqui Ellinger, Deputy Administrator of the Medical Programs, indicated that HFS developed two client notices to inform families that effective July 1, 2012, children will lose benefits because their family income exceeds 300% of the FPL. The client notice includes a reference to the Office of Consumer Health Insurance at the Illinois Department of Insurance for information about private health insurance. The committee had the opportunity to discuss the notice and to provide some comments. Vicky Nodal, from HFS, reminded committee members that, last August, HFS sent a notice to affected recipients to make them aware of this change.

Vice-Chairperson Kathy Chan, from IMCHC, inquired if there will be an alert for AKAAs. In response, Jacqui announced that the department is planning to send an alert to the AKAAs as an additional resource to help direct families, and answer their questions. In addition, Ms. Ellinger indicated that the department is issuing letters of creditable coverage, which should mean that, if any families want to purchase health insurance, they should be able to do so.

Committee members will provide additional comments and recommendations regarding the notices to Vicky Nodal before close of business on February 15, 2012.

**5. Review of the Subcommittee Charge**

Jacqui Ellinger provided an introductory background to the discussion by stating that, in compliance with the bylaws for the MAC, during the second meeting of each year, the Public Education Subcommittee charge needs to be reviewed. She asked members to offer any ideas, so they could be presented to the MAC, but, it is the responsibility of the MAC to ratify any changes or re-ratify the current charge. Committee members were engaged in the discussion by providing specific edits to the language.

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Diane Fager, from the Chicago Public School System, noted that, often, the subcommittee advises the MAC regarding customer service issues, and members agreed to add this as an additional responsibility to the Public Education Subcommittee charge.

The group agreed that any additional suggestions after the meeting should be directed to Kathy Chan. She will present the recommended changes to the Public Education Subcommittee Charge during the next MAC meeting.

**6. Client notice of ongoing opportunities for public involvement in decision-making about HFS programs**

Jacqui Ellinger opened the discussion by stating that, at the previous MAC meeting, Dr. Judy King brought forward the suggestion that the department should be doing something to notify the enrolled population about how to participate in the decision making process about the medical programs. In response, Jacqui suggested that the Public Education Subcommittee should seek to determine how this might be accomplished. She reminded committee members that HFS has a public involvement website, which is a subpage of:

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

Members were involved in a robust discussion regarding the importance of enhancing existing avenues of communication to invite clients to enter into this dialogue. Members also discussed what else can be done, besides the website, to let clients know that there may be other opportunities for their participation.

Kathy Chan suggested adding to the AKAA alert that, if clients want to be more involved, they should be referred to the website.

Diane Fager, from the Chicago Public Schools, said that in her interpretation of what Dr. King said, there may be a connection between health disparities and having more input from a broader population. She suggested that through recommending new members, it might be possible to better represent the general population that is enrolled in Medicaid, not as absolute but as an intention.

Chairlady, Susan Hayes Gordon, of Children's Memorial Hospital, suggested that HFS could draft a letter to bring and share with the MAC, emphasizing that it is important to communicate and to improve client participation in times of huge change.

Christine Cazeau, from Illinois Health Connect, said that, through HFS, her organization sends annual client notices to all the Illinois Health Connect enrolled clients, as well as all the Client Enrollment Broker eligible clients, regarding what the medical card is and how "the medical home" works, so it seems like this offers a good opportunity to add information for clients, if they wish to get involved in the decision making process regarding medical benefits. She added that there may be a telephone number that could be called by clients to follow up on their concerns. This could also offer a way to assess clients' interests.

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Kathy Chan observed that although the subcommittee had not reached consensus, there was agreement that client participation is important and that opportunities for involvement should be made.

**7. Updates**

**Durable Medical Card:** Robyn Nardone, HFS, indicated that, unfortunately, the durable medical card procurement has been canceled, which means that the department will not be issuing a plastic medical card; however, the department will proceed with the plans for eliminating the monthly mailing. Ms. Nardone noted that, in light of the budget issues, the department is looking at various projects and areas to save money. For that reason, the department still has a time line for eliminating the monthly mailing which needs to move quickly. HFS staff had an initial meeting this week to explore an alternative solution to eliminate the monthly mailing. She added that the notion behind the medical card requires that providers have the full responsibility of verifying eligibility before they offer services, and that has not changed.

Ms. Nardone said that the Automated Voice Response System (AVRS), about which the committee provided feedback, is still very much moving forward. This, she said, is very relevant because clients have to have a way to confirm eligibility through the year if they are not getting a monthly piece of mail. More updates will be provided in upcoming meetings.

**Integrated Eligibility System:** Jacqui Ellinger noted that the department is finalizing the RFP to select a company to implement a new eligibility system. We have a vendor under contract that is assisting to develop the RFP which is in its final stages. Ms. Ellinger noted that many of the committee members had contributed their comments and thoughts. She added that the solicitation will be published soon and will reflect the “almost infinite number of requirements” that have been included. The next stage will be design. In addition, a firm will be hired to oversee the development of the system. This separate vendor will create a project manager office and bring together four to eight (maybe more) technical experts whose jobs will be to track and manage this project. More updates will be offered during upcoming meetings.

**8. Announcements and Open Discussion**

Jacqui announced that, due to a recent bill which was passed, HFS will be able to hire a number of highly qualified administrators. She said that we were successful in having legislation passed that gave us a different avenue for hiring highly qualified people with very specific skill sets, through a process that is different than the ordinary CMS process for hiring in state government. This will give us the opportunity to recruit broadly for highly talented, qualified people who are not already in the state system. Job descriptions for these positions can be seen at:

<http://www2.illinois.govhfs/agency/Pages/StaffRecruitment.aspx>

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Kathy Chan congratulated the department on the \$15 million CHIPRA bonus grant. This is the third consecutive year that Illinois has received this award, due to increasing enrollment in Medicaid and SCHIP. In the last three years, Illinois has received over \$40 million.

On a different note, Ms. Chan added that the Illinois Maternal Child and Health Coalition (IMCHC) is proud to announce the second anniversary of the “text4baby” initiative, which is a free mobile health service providing health tips to pregnant women and new mothers. She noted that the IMCHC has a lot of promotional materials for “text4baby.” If anyone is interested in learning more about this initiative, or would like to receive free outreach materials, please contact Ms. Chan at: [www.ilmaternal.org](http://www.ilmaternal.org)

Jacqui Ellinger mentioned that members of the General Assembly are very dissatisfied with the department for not tightening eligibility verification, as specified by the Medicaid reform legislation. However, she noted that the department plans to move forward with residency verification, beginning in March. For this reason, HFS and DHS have entered into an agreement with the Secretary of State to match applicants against driver’s license and state identification information for the purpose of verifying Illinois residency.

Vicky Nodal indicated that, for individuals receiving unemployment insurance at an Illinois address, through an electronic match, a case worker can also verify Illinois residency, without contacting the client or applicant. However, individuals who cannot be matched electronically will be asked for additional information in terms of what DHS requests for SNAP benefits.

Finally, Ms. Ellinger commented that, HFS is getting extreme pressure to implement Medicaid Reform legislation regarding the redetermination process and income verification.

**9. Adjourn**

The meeting was adjourned at 12:38 pm. The next meeting is scheduled for April 12<sup>th</sup>, 2012, from 10:00 a.m. to 12:00 p.m.

**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  
Robin Scott, CDPH (for Kenzy Vanderbroek)  
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

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

**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

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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



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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

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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.

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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.