Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
June 16, 2022

Committee Members
Kathy Chan, Cook County Health
Brittany Ward, Lurie Children's Hospital
Sue Vega, Alivio Medical Center
Chantel Bowen, SIU School of Medicine
Edith Avila Olea, ICIRR
Sherie Arriazola Martinez, Safer Foundation
Nadeen Israel, AIDS Foundation of Chicago
Connie Schiele, HSTP
Nancy Aguirre, Community and Residential Services Authority

HFS Staff
Kelly Cunningham
Kristin Hartsaw
Lauren Polite
Robert Mendonsa
Arvind Goyal
Margaret Dunne
Veronica Archundia
Jose Jimenez
Melishia Bansa
Laura Phelan
Jesse Lava
Carrington Davis
Patrick Hostert
Danni Mendez
George Jacaway
Sergio Obregon

Committee Members Absent
Erin Weir Lakhmani, Mathematica

DHS Staff
Angela Imhoff

Interested Parties
Nelson Soltman,
Kelsie Landers, Heartland Alliance
Annie Gallerano, Legal Aid Chicago
Shivana Shrestha, Chinese Mutual Aid Association
Luvia Quinones, ICIRR
Viviana Rodriguez, UIC
Elizabeth Nelson,
Marsha Nelson, Shawnee Health
Helena Lefkow, Illinois Health and Hospital Association
Amber Kirchhoff, IPHCA
Kevie Lusby Smyre, Ever Thrive Illinois
Samantha Nordstedt, Illinois Coalition for Immigrant and Refugee Rights
Amy Edwards, UIC
Patricia Fernandez, Greater Chicago Food Depository
Maeve Dixon, County Care
Idalia Flores Guzman, ICIRR
Grecia Villegas, UIC Division of Specialized Care for Children
Erin Willis, Molina Healthcare
Brittani Provost, UIC-DSCC
Stella Vandeneeden, Age Options
Elizabeth Durkin, Age Options
David Lecik, Department on Aging
Marina Kurakin, Legal Council for Health Justice
Megan Carter, Lega Council for Health and Justice
Michelle Baldock, IDOC

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Ana Perez, Illinois Coalition for Immigrant and Refugee Rights
Yariela Beccue, UIC DSCC
Paula Campbell, IPHCA
Susan Doig, Trilogy
Megan Carter, Legal Council for Health Justice
Nicole Goon,
Ken Ryan, Illinois State Medical Society
Lisa Marie Wiseman, Humana
Susan Gaines, IPHCA
Mary Dixon, The Arc of Illinois
Robin Lavender, DuPage County Health Department
Jean Davis, Governor's Office of Early Childhood Development
Katie Thiede, ICAN
David Hurter, AMITA Health

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1. Introduction:

Chairperson Kathy Chan opened the meeting and announced that it was being recorded. The Committee members present were: Sherie Arriazola Martinez, Brittany Ward, Nadeen Israel, Chantel Bowen, Edith Avila Olea, and Nancy Aguirre Connie Schiele, and Sue Vega. The committee member who was not in attendance was: Erin Weir Lakhmani. Director Kelly Cunningham introduced HFS and DHS staff members, and chairperson Kathy Chan introduced the committee members.

2. Review and Approval of the Meeting Minutes from April 21st,2022:

Kathy Chan asked for approval of the minutes from the April 21st, 2022, meeting, and Connie Schiele made the motion which was seconded by Sue Vega. The meeting minutes were approved by a vote of nine committee members in favor, one absent, and none opposed.

3. Required Training for Subcommittee Members:

Margaret Dunne said that Healthcare and Family Services has recently sent to All Kids Application Agents (AKAAs) and Medicaid Presumptive Eligibility (MPE) providers a notification, (attached), indicating that the official name of AKAAs has been changed to HFS Application Agents, which is more inclusive and better reflects the populations that are being served. The notification also includes instructions about what needs to be done if an entity wants to continue as an HFS Application Agents. HFS has asked that Providers complete two new forms including an Application Agent Agreement and a Business Associate Agreement. HFS has asked that all forms be submitted by July 1st, 2022, to the HFS.ApplicationAgent@illinois.gov mailbox.

4. State Updates:

a. Medical Programs Update:

Kelly Cunningham provided updates regarding the following topics:

- **Nursing Home Rate Reform** – Governor, JB Pritzker signed landmark legislation HB246 (sponsored by Rep Anna Moeller, Sen Ann Gillespie). Please follow this link: https://www.illinois.gov/news/press-release.24981.html
  This historic legislation implements nursing home rate reform that will improve care for nursing home residents in Illinois. This legislation holds facility owners accountable with emphasis on quality, staffing, and outcomes. HFS worked with partners in the industry and advocacy groups on this bill, which unanimously passed both chambers, the house and senate.

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The bill:

- Expands and streamlines nursing home assessments to allow for $500M new dollars to go into nursing home rates.
- Provides funds to hold nursing homes staff ratios to regulated levels and federal standards/best practices as well as rewarding facilities currently staffing at these levels.

HFS is working to file a State Plan Amendment (SPA) and working on administrative rules to implement this legislation.

- **Healthcare Transformation Collaboratives**

  - The first round of awarded providers has been announced, and their work has started. https://www2.illinois.gov/hfs/Pages/HealthcareTransformation.aspx
  - HFS is currently evaluating a second round of applications.
  - HFS intends to share more information about Healthcare Transformation during the next MAC quarterly meeting, on August 5, 2022.

- **PACE Program for All-inclusive Care for the Elderly**

  - Illinois is one of the few states that doesn't have PACE program in place. HFS started its solicitation process.
  - The focused-on DEI zip codes and areas of the state to encourage development of a program that combines Medicaid and Medicare resources to help eligible individuals 55+ to stay out of nursing facilities and receive high-quality coordinated care.
  - HFS is reviewing oral interviews that were conducted, and it is hoping that preliminary awards will be announced later this summer.
  - The Federal government plays a significant role in selecting providers. This is a three-way agreement between HFS, the federal government, and providers which is intended to help ensure that standards are met. This process is ongoing and there will be more to report in upcoming meetings.

- **PASRR (Pre-Admission Screening and Resident Review)**

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- The PASRR may be familiar for those who have experience within the Long-Term Care Behavioral Health field. HFS had compliance issues for a number of years. This is in terms of screening those who require Long Term Care (LTC), if they are suspected of having severe mental illness (SMI) or developmental disabilities (DD) that they are directed to services most appropriate to meet their needs. These services may include nursing home or community-based services. HFS conducted a competitive procurement.
- Began rolling out in March
- Vendor for this is Maximus
- HFS hope to see better outcomes for those individuals with SMI, particularly in need of LTC services.

- **Pathways to Success - Children's Behavioral Health (BH) Program**
  - HFS officially got the State Plan Amendment (SPA) "back on the clock with CMS" while working on targeted and needs based criteria. This is being done through a 1915(i), which is a new authority to the HFS team.
  - Planning for July 1, 2022, as an effective date for the SPA.

- **Supportive Housing Service**
  - A tenancy sustaining service approved in an 1115 waiver during 2018 that "never really got off the ground."
  - The Office of Medicaid Innovation is seeking to determine the need for this and the best way to roll out services.
  - HFS is very engaged in this and is designing a demonstration pilot based upon the experience of other states and discussion with stakeholders.
  - HFS is trying to pair up with housing resources. For those who are familiar with the State Plan for Homeless, HFS included some language on housing in the recently released plan that DHS just prepared.

Sherie Arriazola Martinez asked a question about the PACE Program. She said that, through her work at the Sheriffs' Office, she has encountered many seniors, and people with substance abuse disorders being evicted. Sherie asked if there an opportunity to connect individuals who are justice-involved with Supportive Housing Services efforts. Kelly Cunningham said that it is required that an assessment of needs must meet a nursing home facility level of care and that PACE is not an HCBS waiver program, although there might be some opportunity for alignment. She said that "moving forward, we will keep in mind issues such as the role of eviction and survivors of violence, and housing insecurity with respect to the PACE program."

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Sherie additionally asked if the waiver also included supportive employment. She said that she would like to confirm that the needs of the justice system involved are considered in this effort. Kelly Cunningham responded by saying that consideration would be given to this population as part of the review. Ms. Arriazola-Martinez asked if the housing pilot would include services for those who have substance abuse disorders (SUD) but do not exhibit mental illness. Ms. Cunningham said former HFS Director and legislator, Julie Hamos, is leading housing efforts and will be informed about these concerns and the committee's perspective. Chairperson Kathy Chan echoed and supported Sherie's concerns and expressed her desire for the department to take them into consideration.

Brittney Ward asked if there is a timeline for when the CCSOs will be approved for The Pathways to Success program. Kelly Cunningham said that HFS is waiting for SPA approval so that there will be a better sense of the timeline. This inquiry will be addressed in upcoming meetings.

Amber Kirchhoff asked about the Family Planning SPA. Laura Phelan said that the Family Planning SPA is "off the clock" because CMS needs to see a demonstration of the presumptive eligibility portal in order to approve it. HFS is currently in the process of building the portal and expects to follow up with CMS later this summer. However, the start date is expected to be December 1st, 2022.

Ms. Kirchhoff also asked about the Pharmacy Prescribing bill that passed last session. Kelly Cunningham said that HFS is working with the Illinois Department of Financial and Professional Regulation in regard to the pharmacy prescribing bill.
There will be more to share regarding this topic at the next meeting.

b. **DHS Update:**

Angela Imhoff provided the update in the absence of Leslie Cully. Angela said that 16% of DHS workers are working in office, with others working remotely. Ms. Imhoff discussed a slide deck presentation about productivity and application status. The slides showed significant progress in timely application review. Ms. Imhoff said that slides will be shared with the committee if possible.

- New interactive voice response system Call Center.
- Implemented in two phases – the new system is smarter and more interactive with clients and IES.
- Bringing local offices into a single point of entry to address historical difficulties in getting hold of staff at individual offices – part of Phase 2 implementation, which started in February of 2022, move more staff into the Call Center as each office is added to the system. A significant decline in dropped calls and wait times was indicated.

- New equipment that will help get mail out more quickly and efficiently has been added in central mail room.

Ms. Imhoff said that once PHE ends, telephonic Medical redes will be accepted through the new IVR system.

Ana Perez from Illinois Coalition for Immigrant and Refugee Rights asked a question regarding school-age children receiving benefits and how benefit cards are going to get rolled out to those school-age children who receive free lunch and have been approved to receive SNAP for the summer.

c. HealthChoice Illinois Update:

Robert Mendonsa said that Premium Level 2 children will move into Title XIX effective July 1st, 2022, pending federal approval. This will benefit state through new federal matching funds. HFS has identified 65,000 children who will transition into MCOs. The role out will start in August, with effective dates during October, November, and December.

d. Eligibility Update:

Lauren Polite said that, as of end of May, HFS had fewer than 2,700 applications which are 45 days or older. This is consistent with last month's number; and progress continue to be made. There were 4,030 redes on hand which were not currently processed unless they are tied to a SNAP or TANF redeterminations. Ex-parte continues to be processed in certain cases which are renewed for another year, about 31% of cases are eligible for this process and received Form A. There were 4,030 redes on hand which were not currently processed unless tied to a SNAP or TANF redetermination.

With regard to Health Benefit for Immigrant Seniors (HBIS) who are 65 years of age or older, Ms. Polite said that, as of June 2022, HFS has enrolled a total of 12,043, but only 11,102 are active members. So far, she stated, about 170 million dollars have been paid out in claims. The language of preference data was included in his report: 45% of these individuals speak Spanish, 42% speak English, and 3% Polish.

Regarding the Health Benefit Immigrant Adults (HBIA), which expanded coverage for qualified adults between the ages 55 and 64-years of age, 3,453 individuals are enrolled, of which 3,299 are currently active. There has been $6.6 million dollars received in claims. About 62 % speak Spanish, and 35 % speak English. Lauren Polite said that medical benefits for qualified individuals aged 42 to 55 "will go live" on July 1st, 2022. There will be back-dated coverage available to April 2022; however,

applications cannot be submitted until July 1st, 2022. Kathy Chan asked if a provider notice will be issued. I provider notice has since been posted here: https://www2.illinois.gov/hfs/MedicalProviders/notices/Pages/prn220628a.aspx

e. **Planning for the End of the PHE:**

Laura Phelan said that federal CMS did not provide 60 days' notice prior to mid-July and that this is a signa that the Public Health Emergency will be extended through the middle of October. The next notification of a possible extension will be issued in the middle of August.

Disaster SPA:

- HFS will request for some flexibilities will continue. For example:
  - More frequent presumptive eligibility for adults, pregnant women, and children,
  - Suspended premiums for the Health Benefits for Workers with Disabilities program,
  - Paying Medicare rates for COVID-19 services, and
  - Paying FQHCs for COVID-19 services outside of their traditional encounter rate

- HFS will likely let some COVID-19 disaster SPA flexibilities end when PHE ends. For example:
  - Waiving signature requirements for prescription drugs.
  - Exemptions to the Preferred Drug List,
  - Automatic renewals of prior authorizations without clinical review,
  - Paying nursing facility enhanced rates for isolation, quarantine, and ventilator services, and
  - No asset test for AABD

- HFS is required to extend some policies. For example:
  - COVID testing, vaccine, treatment in Medicaid

  - HFS is required to end the COVID-19 uninsured program.
  - 1135 waivers modified federal regulatory requirements to increase access to health care services during PHE – most focused on providers. HFS and states do not have the authority to extend 1135 waivers. HFS is tracking when the different 1135 waiver authorities are ending so that notices can be sent out accordingly.

- Some have already ended, e.g., provision of services in alternate settings.
- Some cannot be extended beyond when the PHE ends. For example, temporarily suspending fee-for-service prior authorization requirements, extending pre-existing prior authorizations, and delaying Pre-Admission Screening and Annual Resident Review (PASRR) for LTC admissions.
- Some HCBS flexibilities for assessments and evaluations of need cannot be extended beyond 3 months following end of PHE; and
- Some provider enrollment requirements cannot be extended beyond 6 months following end of PHE.

▪ Appendix K allows for flexibilities for HCBS during the PHE –
- Some have already expired. For example, adult day services and day habilitation centers reopened, and supervisory visits have resumed for nursing and home care aids
- Some cannot be extended beyond when the PHE ends, like verbal consent.
- Some will expire six months after the PHE ends, like waiver services for hospitalized customers and increased respite hours,
- Some flexibilities HFS is making permanent. For example, rate increases for the DRS, FMTD, elderly, and DD waivers, spouses/legally responsible adults providing personal care services for the DRS waiver, licensed parent (RN, LPN) providing in-home shift nursing foe the MFD waiver, removing the requirement for Home Care Aids to have a high school, GED, or one year employment in a comparable field and allowing legally responsible adults to be a paid caregiver under the elderly waiver, and virtual day services under the DD waiver.

HFS is also seeking some new flexibilities CMS is making available for the PHE unwinding period. For example:

- HFS already received approval for ex-parte renewal for those who report $0 income for the PHE unwinding period – HFS will be seeking to make this permanent beyond PHE via 1115 waiver.
- Using customer contact information from MCOs,
- Reinstatement to MCO within 120 days (instead of 90 days), and

- Applying the same reasonable opportunity period for non-citizens that is available for citizens.

Kathy Chan asked if it would be possible to post this information on the HFS website. Nadeen Israel said that having a table would be greatly helpful in order to keep track of what is and what is not allowed. Laura Phelan said that because HFS is still finalizing decisions on extending some of these flexibilities, she will consult with members of the HFS team in order to post new information as it is developed.

A question from the chat asked for any examples of things that HFS will be asking for beyond the 14-month PHE unwinding period? Laura Phelan said that ex-parte (via 1115 waiver), some Appendix K authorities, and some telehealth policies beyond the telehealth provision from disaster SPA pending additional analysis.

Nadeen Israel asked if it would be possible to align telehealth provisions that were authorized through state legislation with Medicaid. Laura Phelan said HFS is committed to continuing the current PHE telehealth policies during the unwinding period. HFS will be conducting an analysis of telehealth policies to determine what the telehealth policies will be after the PHE unwinding period, which will end 12 to 14 months after the PHE ends. Some PHE telehealth policies require permission from the federal government. For example, the HHS Office of Civil Rights has waived the enforcement of some HIPAA regulations to allow the use of FaceTime, Skype, and technology that is not HIPAA compliant for virtual e-visit check-ins during the PHE. This is not something HFS will have the ability to extend.

From the chat, a question was asked about the schedule for sending redeterminations. Laura Phelan said that a decision about details related to the schedule has not yet been made, although the mailing scheduled will be based on an individual's renewal date and will be spread out over 12 months.

e. PHE End Address Update Outreach Campaign:

Jesse Lava reiterated the importance of the Address Update Campaign. He said that HFS is appreciative of the input that committee members and interested parties have provided in the messaging toolkit shared by Evan Fazio during the previous meeting. Mr. Lava emphasized the importance of clients having their addresses updated in preparation for the end of the PHE. He asked the audience to be on the lookout for an email from Melishia Bansa and Veronica Archundia reiterating the message of this campaign, which also will include the latest version of the toolkit. Within the email there will be a link to a survey. In that survey, each organization should include its outreach plans and how it is helping individuals to update their addresses. Additionally, emails may be received with the subject line: "Can we talk about Medicaid

Outreach". Recipients of this email are being asked to please respond to the request, as HFS welcome ideas for ground level implementation of the messaging, face-to face outreach, and handout development, in addition to emails and text messages, as well as how to get this information to people, in addition to suggestions about how to encourage individuals to update their addresses.

Nadeen Israel acknowledged receiving the email; she also asked how well the process of updating client addresses is processing. are doing in terms of updating client's addresses. George Jacaway said that, as of June 5th, HFS had received 8,489 updates through online links, as well as 2739 phone calls, 2333 address changes through DHS. Between January 1st and June 5, 2022, a total of 13,561 address changes had been made using the methods highlighted in the campaign.

From the chat, a suggestion was offered, tentatively for the fall meeting, regarding beginning discussion about the language included within the redetermination notices, suggesting that this may be a good time to prepare for the ending of the PHE. Kathy Chan suggested that the August 16 meeting could be an appropriate time to discuss the notices and for this committee to offer feedback.

f. COVID19 Services for the Uninsured:

Laura Phelan provided an update and said that the HRSA program has ended, but the HFS program continues. Currently, the COVID-19 HFS uninsured program covers testing, testing related services and vaccine administration. HFS is seeking to add treatment coverage, although it will work differently.

HFS continues to update the COVID-19 fee schedule as necessary. The last section includes information about the services for the HFS COVID-19 Uninsured program. Please follow this link and scroll to the last page:
https://www2.illinois.gov/hfs/Pages/coronavirus.aspx

The HFS portal did not require an SSN to be submitted, but HFS needs this information to collect a federal match. In order to add treatment, HFS's budget is not able to cover treatment services with only state funds. As a result, adding treatment to the COVID-19 uninsured program requires extra work because programming needs to be changed in order to add coverage for oral anti-virals and monoclonal antibodies only for those who are eligible for a 100% federal match, which means they meet the same citizenship or immigration requirements required by federal CMS for traditional Medicaid. Emergency Medicaid, HBIA, HBIS are other programs available to obtain COVID-19 treatment coverage.

Edith Avila-Olea said that ICIRR has learned that uninsured patients are getting charged for testing by commercial pharmacies and at pop-up sites. Laura Phelan said that HFS will see what can be done to inform Medicaid providers of the HFS COVID-

19 uninsured program, but they can't be required to bill HFS. Because there is no enforcement mechanism, there is nothing in the law that will require providers to do so. However, there could be opportunities for community organizations to help inform individuals about how to find trusted Medicaid providers who do bill the HFS COVID-19 uninsured program.

Ms. Avila-Olea also asked, since there are many pop places that offer testing, "is there a way to know if they are legitimate or fraudulent?" Laura Phelan said that this is an issue for which an effort will be made to provide information during the next meeting. However, she added that if the provider is not enrolled in Medicaid, it will not be able to bill HFS. Lauren Polite recommended that people ask if testing sites accept Medicaid.

6. Open Discussion and Announcements

No items were discussed.

7. Adjournment:

The meeting was adjourned at 12:03 p.m. The next meeting is scheduled for August 18, 2022, between 10:00 a.m. and 12:00 p.m.

All Kids Application Agents:

The Illinois Department of Healthcare and Family Services (HFS) is making changes to the current All Kids Application Agents (AKAA) program. Starting April 10, 2022, the program will be referred to as HFS Application Agent program since Application Agents assist more than just families with children. With this change, HFS is also instituting new requirements for all *existing* AKAAs who wish to continue as Application Agent Agencies and *newly applying* Application Agent Agencies. All Applications Agent Agencies will be required to complete new documents including:

- An Application Agent Agreement
- A Business Associate Agreement
- A W-9 Form

In addition, we will now require Application Agents to complete and submit a newly drafted Application Agent Customer Authorization Form when submitting Applications together with or on behalf of a client through ABE.Illinois.gov. The HFS supplied template for this form should be copied onto your own Agency Letterhead and signed by the customer. The template can be found on the HFS Application Agents page. The Agreements and W-9 Form can be found on the, Become an HFS Application Agent page.

During the Public Health Emergency (PHE) Application Agents have been allowed to use the **ABE Assister Consent Form for Assistance by Phone** that allowed Application Agents to submit an ABE application on behalf of a customer. We will continue to allow telephonic assistance with use of this form through the end of the PHE period but *will also* require use of the new Application Agent Customer Authorization Form. If telephonic assistance is used the Application Agent will be required to: (1) read the Application Agent Customer Authorization Form to the customer, sign the form and note on the signature line that assistance was given telephonically; and (2) read the ABE Assister Consent Form for Assistance by Phone to the customer, and complete and sign the form. We are continuing to seek federal guidance on whether the telephonic assistance option can continue beyond the PHE period and will update Application Agent Agencies as new information becomes available.

Existing AKAAs: Once forms have been completed with Agency information – *not individual information*, submit to HFS.ApplicationAssisters@illinois.gov . Current AKAA Agencies that do not complete the three (3) new documents by the required date will have ABE.Illinois.gov accounts associated with their agencies deactivated in the ABE Provider Portal. Existing AKAAs will be expected to complete and submit all required documents by July 1, 2022. Participation in training is not required but highly recommended for this group to familiarize themselves with new programs. If you are an existing AKAA who no longer wants to participate as an Application Agent Agency, please email HFS.ApplicationAssisters@illinois.gov so that HFS can keep its Application Agent Agency list current.

Prospective Application Agent Agencies: HFS Application Agent Agencies can be community-based organizations that have ongoing contact with persons likely to be eligible for medical coverage under the

State of Illinois' Medicaid Program. An Application Agent Agreement with HFS allows agency staff to provide technical assistance in completing online and paper application forms for individuals or families interested in receiving health, SNAP or TANF benefits. Once your agency becomes an Application Agent, staff will be able to submit Applications for benefits through the Application for Benefits Eligibility (ABE) Provider Portal. Prospective Application Agent Agencies may apply at any time, there is no deadline. Applications will be reviewed as they are submitted.

If your organization wishes to become a new Application Agent Agency, you will need to first complete an Application Agent Request Form and submit to HFS.ApplicationAssisters@illinois.gov. HFS staff will respond with instructions on completing required documents as well as a few additional tasks. New Application Agents will be required to complete an online Benefits Overview Training which will include information on the different Medicaid programs and will be a pre-requisite to ABE and Manage My Case Training that will review how to complete an application, administrative and security requirements, and the documentation required for Medicaid eligibility. We will be posting links for training Webinars and modules on the HFS Application Agent page as soon as they have been scheduled. Instructions on how to apply to become a new Application Agent Agency can be found on the Become an HFS Application Agent page. All required forms should be submitted to the HFS.ApplicationAssisters@illinois.gov mailbox.

If you have any additional questions, please submit to HFS.ApplicationAssisters@illinois.gov.

Sincerely,

George Jacaway
Chief, Bureau of All Kids

Application Agent Frequently Asked Question

1. How do we know if we are registered as an agency through HFS? I know at one point we were several years ago, but we have had a lot of staff turnover.
    a. If you were registered in the past and you are currently able to log into ABE, you do not need to reregister. However, you will need to set up accounts in ABE for new staff members and assign a new Primary Agency Security Administrator. Refer to the ABE Provider Portal ASA Job Aid for additional information.

2. Will both the Customer Authorization Form and the Telephonic Consent Form have to be uploaded to the application/redetermination forms once they are completed?
    a. Yes, both forms should be uploaded and submitted along with a new application or renewal.

3. Does the Customer Authorization Form have to be completed at every instance or can the agency keep the form on file for the client in our secure system?
    a. There is nothing that requires the authorization to expire after 1 year. However, it is best practice to renew authorizations periodically, whether that be every year or some other interval that makes sense for the organization and the type of work being done.

4. We are FQHC and submitting All Kids Application/MPE/SNAP/MEDICAID for many years. Do we also resubmit application (AHS Family Health Center).
    a. All AKA Agents need to resubmit the Application Agent Agreement (AAA), Business Associate Agreement (BAA) and W-9. This is because the language in the Agreements has changed but this does not require agencies to re-register in IMPACT if you are already using the ABE Provider Portal.

5. Some agencies also registered as community partners when helping customers apply through ABE - but they weren't necessarily AKAA.
    a. Community Partners can continue as they always have, however we encourage all Assister agencies to become Application Agents. This will allow HFS to better track Assisters, will keep Assisters informed about new programs, and allow them to register in our MEDI system to look up customer eligibility. The information they would have access to in MEDI would include eligibility information, redetermination dates, and assigned MCO.

6. If you recently renewed your MPE process, would this new HFS Application Agent process have been included or are they two separate processes?
    a. MPEs and AAs are different types of Providers. MPE Providers are not required to complete these new documents unless they wish to become HFS AAs. MPEs may need to complete new agreements in the future, however.

7. Hi, are the add a newborn access through ABE only for hospitals?
    a. Correct, currently only Hospitals are allowed to submit a newborn Report of Birth.

8. Can we continue to complete just MPE's or will we be required to complete ongoing applications?
    a. While it is not a requirement to complete ongoing applications, it is best practice and in the best interest of the customer and the Health Care Provider to do so and is strongly encouraged by

HFS. If you do not complete a full application, be sure the customer understands that a full application will need to be submitted in order for hospital costs to be covered.

9. We have been using the ABE portal, enrolling patients in Medicaid, etc... however we are not listed on the on HFS Application Agent list under the "Search for Agents" on the HFS website...Is this list updated? Would we be considered a new applicant or existing?
    a. If you have been using the ABE Provider Portal, then you would be an existing Agent. The HFS list is outdated but will be updated after this new enrollment process.

10. If our organization and employees are strictly registered as a CAC organization/CAC's, do we need to go through this process to continue assisting applicants with the Medicaid process?
    a. Not required, but encouraged

11. Is it possible for each Agency/FQHC be advised if they need to re-register or they continue as at presently processing applications?
    a. If you were registered in the past, you are still registered. You will need to submit all documents though. If you have a current Provider Portal Account, then you are registered in IMPACT. When an account is set-up in the Provider Portal, the Provider number will only be recognized if you are registered in IMPACT.

12. If we already have an ABE Provider Login, are we already designated in IMPACT or do we need to edit/add something in IMPACT?
    a. If you have a current Provider Portal Account, then you are registered in IMPACT as an Application Agent. When an account is set-up in the Provider Portal, the Provider number will only be recognized if you are registered in IMPACT.

13. We help non-English speaking clients who have come to us that were not assisted with adding baby. How should we proceed those clients?
    a. Babies can be added in a few ways; if the client has an MMC Account that is the quickest way to add a newborn to a case. Assist the client in creating an MMC account if possible. You may also send a 243n Request to Add a Newborn Form to HFS to add a newborn.

14. Can you confirm how it show up on our provider information sheets I see both 030 Healthy Kids services and 067 Maternal and Child Health Application
    a. 067 is the indicator for Application Agents

15. What if they can't get identity authorized through Manage My Case, would it be a new application?
    a. If an individual wants to add a benefit and they do not have an MMC account, they can apply for the new benefit through ABE as a new application – the DHS Caseworker will link the two cases. We also have a Manual Identity Proofing process for individual's who cannot be verified through the automated process in MMC.
    b. English: https://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-3610.pdf
    c. Spanish: https://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-3610S.pdf

16. For some reason when I use the ABE Assister Consent form, some of the mail comes back addressed to me. Why would that happen? Is that normal? I have been using that consent form since the pandemic started in 2020. How can we prevent this moving forward?
    a. This should not be happening; we are sending instructional materials to our Caseworkers to stop this process.

17. How are we doing redetermination for 55+ immigrant program if client does not have a SS# for those applicants?
    a. These individuals will get redetermination paperwork mailed to them just as other customers do. Agencies can assist by faxing documents to HFS/DHS on the customer's behalf is requested by the customer.

18. For MMC, when the form is submitted for identity proofing, why are clients still not given access to MMC. I've had some clients be denied because they weren't able to verify but all documents were sent in Ex. ID/proof of address/ss card.
    a. HFS would need to check in to this on a case-by-case basis.

19. Is a license required to be AA?
    a. A license is required if you are an Insurance Agent requesting to be an HFS Application Agent and obtain a Provider ID.

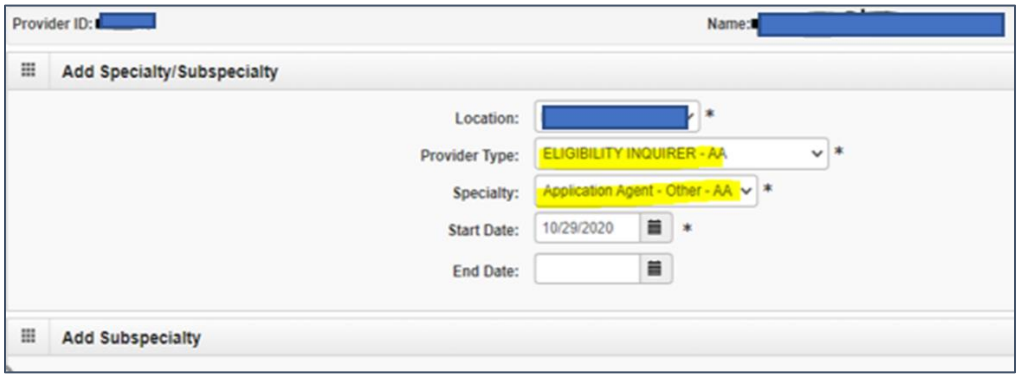
20. After submission can we receive confirmation and status of processing from HFS/DHS?
    a. Through the Provider Portal you will receive simple statuses; Submitted, In Process and Approved or Denied. Additional information can be found in the MEDI system.

21. Remove User permanently does not work!
    a. While it may seem as if "Remove User Permanently" does not work because the User's name will still appear on the Agencies ASA page, if the removed user were to attempt to login, submit or look up data they could not.
22. Can a single authorization Form be used for the entire organization, or does it have to be only one person?
    a. Yes, one form can be used for entire organization. The individual employee's name that assisted the customer should be documented at the bottom of the document, so that it's still included.

23. Will there be new required training?
    a. There will be new training that will be mandatory for new agents and optional but recommended for existing Agents.

24. How do I edit IMPACT Registration to include HFS Application Agent? Use existing account or create new account? Where is the indicator in IMPACT that needs to be checked? Our organization's IMPACT staff member couldn't find where to edit/add this functionality. She called her IMPACT contact, and they couldn't help her either.
    a. If you are already enrolled in the IMPACT System as a traditional medical provider, you will do nothing in IMPACT. To enroll as a ***new***, non-medical provider Agency Application Agent in the

IMPACT system, a Provider will first need to choose "Atypical Agency" as their Enrollment type. Once all Agreements have been completed our IMPACT technical staff will add the Application Agent indicator to your new or existing enrollment which will allow agency staff to register in the ABE Provider Portal.

b. 

25. For clarification - as a Navigator/CAC team within a FQHC once our agency completes/re-registers as the HFS Application Agent, we will take the new and up to date training and utilize the forms to assist the clients/applicants and that completes our process?
    a. IMPACT ***re-registration*** is not needed if you are already an Application Agent. However, if your agency has never registered as an Application Agent you will need to create a new Atypical Agency registration or we will have IMPACT staff add the Application Agent indicator to your existing medical enrollment. Submission of requested documents is required of all agencies. All Application Agents should use new forms. Training is recommended for all Applications Agents but only required for New Agents.

26. Are FQHC's required to register or is it optional? As part of a FQHC, do we have to register as a group or individually?
    a. HFS does not regulate FQHCs and so cannot require Application Agent enrollment for them. FQHCs would register as a single agency, a Provider ID would be created for the agency and all users from that agency would use the same Provider ID.

27. If a client applied on their own through ABE and requests our assistance with MCO selection, answer a DHS notice, or anything other than to assist with an application, would we need to obtain a Customer Authorization form?
    a. The Customer Authorization Form is not needed to assist customers by faxing documents or assisting with MCO information. The AA Agency should not keep copies of any of the information the clients share and cannot make any decisions on behalf of the customer. However, if the AA wanted to follow-up with DHS/HFS on behalf on the customer they would need the form.

ABE Manage My Case, Appeals, and FFM stats
For MAC Public Education Subcommittee
Cumulative

	6/2/22	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	1,831,560	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 *	605,140	583,816	534,593	516,821	488,687	455,509	430,604	397,791		97,679
Report My Changes	516,472	500,110	456,158	435,716	414,239	395,368	379,609	358,532		63,762
Program Adds	257,518	248,597	223,581	210,598	198,467	188,547	180,968	170,717		22,908
Member Adds	43,201	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	211,718	211,717		34,357
Appeals submitted	120,474	118,091	110,831	107,721	104,547	101,682	98,882	95,053		NA
FFM cases received since 11/17	678,415	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	6,989	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

Immigrant Adults 55-64
(Report Run Date: 5/10/2022)

MangPCd	MangPCdDesc
NI	Benefit Coverage for Immigrant Adults

Active_Closed	Customer_Count	Claims Received - Payable Amount
Active	1,823	$2,065,501.96
Closed	83	$46,758.27
Total	**1,906**	**$2,112,260.23**

Type_Of_Claim	Claims Received - Payable Amount
Inpatient	$1,497,914.61
Outpatient	$278,099.10
Other	$336,246.52
Grand Total	**$2,112,260.23**

Record_Type	Claims Received - Payable Amount
Cook County Health System	$1,493,694.18
Other	$618,566.05
Grand Total	**$2,112,260.23**

RACE	Customer_Count - Active
American Indian or Alaskan Native	12
Asian Indian	45
Black or African American	57
Chinese	14
Filipino	22
Guamanian or Chamorro	1
Korean	6
Other Asian	33
Other Pacific Islander	79
Unknown	721
Vietnamese	2
White	831
Total	**1,823**

ETHNICITY	Customer_Count - Active
Another Hispanic, Latino, or Spanish origin	250
Cuban	2
Mexican, Mexican American, Chicano/a	913
Non-Hispanic/Latino	295
Puerto Rican	1
Unknown	362
Total	**1,823**

County	Customer_Count - Active
Homeless	17
Boone	1
Bureau	3
Champaign	7
Christian	1
Clinton	2
Coles	2
Cook	1,366
DuPage	99
Grundy	3
Jackson	1
Kane	82
Kankakee	18
Kendall	4
La Salle	3
Lake	93
Macon	1
Madison	4
McHenry	12
Ogle	4
Peoria	1
Randolph	2
Rock Island	4
St. Clair	6
Tazewell	1
Union	2
Will	38
Williamson	1
Winnebago	45
Total	**1,823**

Cook & Collar	1,597
% of Total	88%

LANGUAGE_PREF	Customer_Count - Active
Amharic	1
Arabic	9
Bosnian	1
Chinese - Cantonese	2
Chinese - Mandarin	8
English	584
Gujarati	9
Hindi	4
Khmer	1
Korean	6
Other	4
Polish	41
Romanian	2
Russian	7
Spanish	1,119
Tagalog	2
Thai	1
Ukrainian	13
Urdu	6
Vietnamese	3
Total	**1,823**

Senior Expansion Program
(Report Run Date: 5/10/2022)

MangPCd	MangPCdDesc
6I	100% FPL or lower- No Spenddown. age >65 and non-citizen
7I	Over 100% FPL -with Spenddown. age >65 and non citizen

Active_Closed	Customer_Count	Claims Received - Payable Amount
Active	10,707	$ 136,112,514.87
Closed	902	$ 20,390,384.62
Total	**11,609**	**$ 156,502,899.49**

Active_Closed	MangP	Customer_Count	Claims Received - Payable Amount
Active	6I	10,291	$ 132,509,699.19
Active	7I	416	$ 3,602,815.68
Closed	6I	824	$ 19,713,553.34
Closed	7I	78	$ 676,831.28
Total		**11,609**	**$ 156,502,899.49**

SpendDown_Status	Customer_Count - Active
Unmet Spenddown	9
Met Spenddown	407
Total	**416**

Type_Of_Claim	Claims Received - Payable Amount
Inpatient	$ 60,936,762.61
Outpatient	$ 35,942,290.61
Pharmacy	$ 26,869,759.17
Other	$ 32,754,087.10
Grand Total	**$ 156,502,899.49**

Record_Type	Claims Received - Payable Amount
Cook County Health System	$ 65,945,790.97
Other	$ 90,557,108.52
Grand Total	**$ 156,502,899.49**

RACE	Customer_Count - Active
American Indian or Alaskan Native	115
Asian Indian	742
Black or African American	495
Chinese	231
Filipino	199
Guamanian or Chamorro	2
Korean	47
Native Hawaiian	1
Other Asian	274
Other Pacific Islander	441
Samoan	1
Unknown	3,727
Vietnamese	38
White	4,394
Total	**10,707**

ETHNICITY	Customer_Count - Active
Another Hispanic, Latino, or Spanish origin	1,223
Cuban	20
Mexican, Mexican American, Chicano/a	3,773
Non-Hispanic/Latino	2,970
Puerto Rican	65
Unknown	2,656
Total	**10,707**

County	Customer_Count - Active
Homeless	91
Out of Illinois	3
Adams	3
Alexander	1
Boone	26
Brown	1
Bureau	9
Cass	4
Champaign	64
Christian	1
Coles	9
Cook	7,312
Crawford	2
Cumberland	1
De Witt	1
DeKalb	20
Douglas	3
DuPage	833
Effingham	6
Fayette	2
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	498
Kankakee	27
Kendall	43
Knox	8
La Salle	8
Lake	777
Lee	8
Macon	7
Madison	24
McHenry	128
McLean	25
Morgan	3
Ogle	6
Peoria	74
Perry	1
Randolph	1
Richland	2
Rock Island	30
Sangamon	21
St. Clair	14
Stephenson	8
Tazewell	14
Union	4
Vermilion	6
Warren	2
White	1
Whiteside	3
Will	388
Williamson	7
Winnebago	147
Woodford	4
Total	**10,707**

Cook & Collar	9,159
% of Total	86%

LANGUAGE_PREF	Customer_Count - Active
African French	8
Albanian	24
Amharic	3
Arabic	104
Bengali	4
Bosnian	5
Chinese - Cantonese	50
Chinese - Mandarin	135
Czech	1
English	4,491
Farsi	10
French	27
German	1
Greek	1
Gujarati	145
Haitian Creole	2
Hindi	71
Hungarian	2
Indonesian	1
Italian	3
Khmer	3
Korean	42
Laotian	2
Lithuanian	10
Maltese	1
Mandingo	1
Other	76
Polish	347
Portuguese	13
Punjabi	6
Romanian	19
Russian	97
Serbian	10
Slovak	1
Spanish	4,769
Tagalog	40
Thai	7
Tigrinya	3
Turkish	8
Ukrainian	52
Urdu	81
Uzbek	1
Vietnamese	30
Total	**10,707**