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

#### **Committee Members**

Kathy Chan, Cook County Health & Hospitals System Sherie Arriazola, The Safer Foundation Nadeen Israel, EverThrive Illinois Brittany Ward, Chicago Public Schools Ramon Gardenhire, AFC Sergio Obregon, Chicago Public Schools Connie Schiele, HSTP (by phone) John Jansa, Smart Policy Works

**HFS Staff** 

Lynne Thomas

Elizabeth Lithila

Emma Johnson

**Arvind Goyal** 

Laura Phelan

**DHS Staff**Gabriela Moroney

#### **Committee Members Absent**

Margaret Stapleton, Shriver Center Sue Vega, Alivio Medical Center Erin Weir Lakhmani, Mathematica Policy Research

#### **Interested Parties**

Patrick Maguire, Medical Home Network Jessie Beebe, AFC Leticia Galvez, PIC Dan Rabbitt, Heartland Alliance Inna Rubin, United Way Idalia Flores, ICIRR Stephanie Alban, ICIRR Michael Lafond, ABBVIE Abbie See, AFC Sandy DeLeon. Ounce of Prevention Julie Marks, BCBS IL Meghan Carter, Legal Council for Health Justice Michael Wilton, Meridan Emily Chitlajallah, LaRabida Lillian Matsuda, EverThrive Karina Gonzalez, Molina Lisa Wiseman, Humana Marina Kurakin, Legal Council for Health Justice Lauren Angeles, Alivio Anna Carvalto, For Choices Maria Bell. Aresis Joshua Mark, CCHHS Margo Holden, BCBS IL Bailey Huffman, Age Options L. Padgett, Chicago Public Schools

#### **Interested Parties:**

Susan Gaines, IPHCA
Paula Campbell, IPHCA
Judy Bowlby, Liberty Dental Plan
Kevin Atchason, IPHA
Yari Ramirez-Beccve, UIC – DSCC
LaRhonda Williams, IL Home Case Ombudsman

#### 1. Introductions:

Chairperson Kathy Chan conducted the meeting. Attendees in Chicago and Springfield introduced themselves.

### 2. Report of Final Meeting Minutes from June 7th, 2018:

Chairperson Kathy Chan indicated that the meeting minutes had been discussed, approved, and finalized by the committee and subsequently posted on the HFS website.

### 3. Care Coordination Update:

Laura Phelan provided the update. She said that a new Managed Care Provider complaint portal has been added to the main HFS web page and the Medical Providers page of the HFS website as well (left bottom).

Laura also stated that there will be a delay in bringing the DCFS kids into managed care and therefore, no enrollment mailings are being done for DCFS kids. She was asked by Nadeen Israel why the DCFS population was not getting cards, and if a notice about this would be posted on the HFS website. She explained that she did not know but that an update would be provided by Deputy Administrator, Robert Mendonsa at the August 2, 2018 MAC meeting.

John Jansa asked Laura how many kids were impacted by this decision, if there was a revised date for the mailing, and would this impact the service effective date of the children. Laura indicated that the impact was in the low thousands. It would impact the effective date but no new mailing date has been determined. The online mailing schedule will be updated once a new date was decided.

Laura was also asked if there was an update on the MFTD population. She replied there was no update and that no one was getting October notices.

### 4. Customer Services Concerns:

Gabriela Moroney provided an update regarding the development of the "Application for Fee Waiver Form". This application is used for the waiver of fees related to the United States Citizenship and Immigration Services for citizenship applications. This form is currently not available as part of IES. The current process is a coversheet created for use by the caseworker confirming the client receives benefits that would qualify them for the waiver.

Gabriela confirmed that an approved version of the form will be made available at or by the next the subcommittee meeting. The official form name/number is not yet available as it may change. That decision will be made by the DHS Bureau of Policy and Development as part of the approval process.

Nadeen Israel asked if the process of the caseworker completing the form is how it was done before IES Phase 2. Gabriela confirmed that is was. DHS just wants to replace what was used before, not create a brand new process. When asked if the form was immigration specific or if it could be used for other reason, Gabriela confirmed that it is specific to the immigration process.

Gabriela stated that the helpline / hotline phone number is 800-843-6154. This number is on both on the DHS and ABE websites. This number serves as a broad entry point for DHS programs shared by HFS. Based on the selection made by the client, this number breaks down to different program areas. The LINK helpline phone number is 800-678-LINK. This is a dedicated line related to LINK cards and payments only. When asked, Gabriela confirmed that the first number can be used for the phone application process for all medical except AABD and LTC.

Ramon Gardenhire asked if there was any update on the long waiting times for the ABE Call Center. Gabriela indicated that she doesn't have specifics about the waiting times, peak times, and better times to call the hotlines. She confirmed that DHS management is aware of the issues and that more staffing is being done to help address them as well as an increased use of MMC by clients. She also confirmed that the information is tracked by DHS and shared with HFS but she did not have access to that specific information. Kathy Chan then asked for the opportunity to share this information when it was made available.

Sergio Obregon asked if there was anything being done to provide more MMC access and assistance within the DHS offices, such as onsite computer access. Especially for those clients who don't have routine access to a computer. Gabriela acknowledged the question. She was unable to provide an answer but is not aware of anything like that as a client resource.

Jessie Beebe explained that some of the client population can't effectively use the hotline because of the long wait times and limited phone use (i.e. pay as you go minute limits) and lack of computer access. Because of this, Chicago Public Schools access help points may be an option. Sergio Obregon explained that there is currently site based assistance being provided within the CPS community. The schedule and related information is online at <a href="https://www.cps.edu/cfbu">www.cps.edu/cfbu</a>. Clients can also call: 773-553-KIDS for information related to eligibility. He also stated that they are in the process of putting together this information in a format that will be presented to the committee at a later date.

Gabriela stated there is currently a joint DHS effort with HFS to get disabled persons with benefits to get to work. There is a worksheet to address concerns about losing benefits if they

do find work. Gabriela indicated she will make an effort to have specific information to share at the next Pub Ed meeting.

### 5. Criminal Justice

Lynne Thomas provided an update on the Adult Transitional Center (ATC) item from the June meeting. She had asked if residents residing in ATCs fit the criteria set forth in the federal policy guidance regarding individuals living in halfway houses, available here. After reaching out to IDOC, both HFS and IDOC agreed that residents fit the freedom of movement and other criteria articulated in the guidance. Lynn will provide something in writing stating that residents can use their Medicaid to access services in the community. IDOC will need to contact HFS to lift Medicaid restrictions for those residing in the ATCs. Kathy Chan asked if Lynne had a census for the number of members in these centers. Lynne indicated there is but she didn't have that information at the time.

### 6. ABE/IES Update and Feedback

Lynne Thomas reported that IES system performance is much improved with ongoing monthly releases that include fixes for improvement (12,000 since going online). Auto-cancellation is being delayed by a month to allow more time for submission to processing of information.

Lynne also stated that Cohen notices are starting to go out to applicants with cases pending over 45 days. The notices state that since an eligibility decision was not made within the timeframe they may be eligible for temporary medical coverage and to contact the local DHS office. These notices will continue to go out through the automated system. When asked, Ms. Thomas was unable to provide data regarding the number of persons that would be receiving the notice. She did indicate she would provide that information at the next meeting if she was given approval to share.

Ms. Thomas then provided the following MMC data:

	7/31/18	6/6/18	4/10/18	1/29/18
ABE MMC Accounts Linked since	329,244	256,839	240,780	121,361
Go Live				
Renew My Benefits	97,679	76,195	53,557	21,992
Report My Changes	63,762	46,895	31,187	14,254
Program Adds	22,908	16,177	10,033	3,728
Member Adds	9,753	7,573	5,173	2,644
Mid-Point Reports	34,357	23,514	11,247	2,870
Appeals submitted	N/A	14,734	7,380	4,673
FFM cases received since 11/2017	114,885	107,146	102,618	
ABE cases transferred to FFM since	304,917	237,972	167,766	
11/20/17				

It was reported to Lynne Thomas that in MMC, the contact tab that allows users to contact the local office is available for some users and not for others. Lynne indicated she would look into when this tab is available and when it isn't.

Lynne also stated that there was currently no update regarding ID proofing. She was asked by Nadeen why, after almost a year post phase 2 go-live there is still no fix in place. Lynne explained that the main issue has to do with system security and that the resources available to address this needed fix are limited.

Nadeen mentioned a discrepancy with number of linked cases in MMC as indicated in the report. That discrepancy has been updated for the meeting minutes.

Brittany Ward (CPS) asked Ms. Thomas if HFS is keeping track of the number of accounts created vs. linked. How do you compare accounts created to how many accounts are linked? Ms. Thomas explained that created accounts are for new applications which are different from linked accounts.

Sherie commented that the MMC information reported to the committee would be more helpful if the data was formatted differently. It was determined by the committee that an official data request would be voted on by the committee and an official recommendation would be made to HFS regarding how the report should be formatted for better understanding. Kathy Chan agreed that this needs to be managed by the committee and circulated for formalization prior to the next meeting. Nadeen agreed to be the owner of this item for the committee.

Patrick Maguire asked for an update on the processing of applications. Is 30 days enough time to process an application? The Central Scanning Unit (CSU) is currently out two weeks on uploading re-determination and other high priority forms. She indicated that if he is aware of any information or specific cases that are not being processed within the 30 days that information should be sent to veronica.archundia@illinois.gov.

Patrick Maguire also asked if late forms (submissions) are processed for re-instatement. Ms. Thomas stated there is a 90 day grace period built into the re-determination process that allows for re-instatement.

Ramon asked if the number on the report were for medical only cases. Ms. Thomas explained that the numbers show the medical piece of all cases.

### 7. Medicaid Redetermination Update:

Elizabeth Lithila presented the following redetermination data from May 2018:

Renewal Processing as of 7/10/2018	M	ay 2018	Calendar Year 2018				
Renewal Disposition Data (MAGI and non-MAGI)							
•	Total Number of Households (Cases)	Share of Total Households (Cases) Due for Renewal	Total Number of Households (Cases)	Share of Total Households (Cases) Due for Renewal			
Total Due for Renewal	140885	100%	693147	100%			
Among CoHort Due for Renewal:							
Renewal Not Initiated							
Renewal Initiated	140885	100%	693147	100%			
Among Total Renewals Initiated in Reporting Month:							
Eligibility Renewed through Ex Parte Renewal Process	32832	23%	155616	22%			
Sent Prepopulated or Other Renewal Form to Complete and Return (Not able to be renewed through Ex Parte process)	108053	77%	537531	78%			
Among Those Sent a Prepopulated/Other Renewal Form to Complete and Return							
Eligibility Renewed Based on Form	28156	20%	161357	23%			
(Includes transfers to other Medicaid/CHIP groups)							
Medicaid/CHIP Closed at Renewal	51978	37%	275580	40%			
Closed after determination of ineligibility for Medicaid/CHIP	1973	1%	13952	2%			
Closed due to failure to return form or required documents	50005	35%	261628	38%			
Awaiting Disposition. Pending with State	27919	20%	100594	15%			

Upon review of the information Elizabeth provided, Nadeen Israel noted that the Kids enrollment numbers have dropped over the last 5 years. Changes in the number are not showing an improvement even with the one month auto-cancellation delay. Is there any way to restructure the way the data is presented? Elizabeth stated that the structure of the report is how it is reported to the federal government.

### 8. Open Discussion and Announcements:

Kathy Chan asked if clients have questions about the Cohen notices will there be information online or someone they can talk to the local office to address? Gabriela stated she would look into this and provide an answer.

Someone asked what is supposed to happen when a client gets the temporary medical card notice. Ms. Thomas explained that clients can take the notice to the local office and the caseworker can go into IES and generate a medical card to give to the clients.

Nadeen Israel asked that an update regarding spend down notices and home service be provided at the next meeting.

### 10. Adjournment:

The meeting was adjourned at 12:05 p.m. The next meeting is scheduled for October 4th, 2018, between 10:00 a.m. and 12:00 p.m.

Dear Director Norwood and Secretary Dimas,

As organizations working closely with the Medicaid population in our state, we write today to strongly request that the Illinois Department of Healthcare and Family Services and the Department of Human Services temporarily suspend Medicaid auto-terminations in the Integrated Eligibility System (IES).

We recognize the potential for efficiencies in the IES system but current performance issues have caused a level of disruption in health coverage that is seriously harming the health and well-being of Illinoisans who rely on Medicaid. While our collective goal is the same as yours – to ensure redeterminations are accurate and eligible Medicaid enrollees keep their coverage – the volume of apparently inappropriate terminations by IES of eligible individuals and families is wreaking havoc on their access to care.

As we are all keenly aware, Medicaid coverage is foundational to the health and well-being of millions of people in Illinois. The services Medicaid provides are critical and any loss of coverage can destabilize the health of those who depend on the program for their care. Unfortunately, since the rollout of the new IES system, we have collectively seen thousands of cases where individuals lose benefits at redetermination through no fault of their own. We have heard hundreds of stories of families spending hours at their FCRC, distressed about lost faxes and mail, only to still lose critical benefits. We have seen inappropriate termination lead to delayed diagnostic tests, skipped well-child visits, missed vaccinations, cancelled surgeries, disrupted medication regimens, and countless other lost opportunities to remain healthy. Our now daily experiences with these issues have led us to strongly urge that you must take immediate action to address these problems while a longer-term solution is developed.

As we understand the situation, various systematic challenges within the FCRCs and Central Scanning Unit, and in HFS and DHS, have led to the increase in inappropriate cancellations. These problems include:

- 1) A backlog in scanning applicant documents;
- 2) Mailroom issues with auto-envelope openers:
- 3) Slow performance, errors, and other user-end glitches by IES;
- 4) Increased case manager workload due to manually converting cases from the legacy system;
- 5) Limited staffing for processing documents; and
- 6) Limited channels of communication for customers with the Medical Management Unit and FCRCs to resolve redetermination administrative challenges and discrepancies.

These problems are all preventing the processing of redetermination documents prior to the initiation of an auto-termination, leading to the systematic termination of eligible people who have followed reapplication guidelines. Disruption in health coverage can be a matter of life and death and inaction in the face of thousands of inappropriate cancellations of coverage is

unacceptable. We have confidence that over time, the state will address these challenges and other problems arising from this process, but the scope of the problems and the severity of the impact on people requires a temporary suspension of auto-cancellation until the challenges are resolved.

A complicating and related factor is accessing Manage My Case. While many individuals should be able to upload documentation for redetermination through this portal, the cumbersome process of proving identity prevents many from linking their account to Manage My Case. For many individuals, such as immigrants, those without credit history, people with disabilities, and people who are homeless, the current verification requirements are impossible to meet. The use of alternative measures, such as email verification, would help these individuals access Manage My Case, facilitate greater use of the portal, and address many of the capacity issues the state is experiencing.

It is important to note that our appeal for action is a response to what we have directly seen working with thousands of eligible people across Illinois who are losing one of their most fundamental needs—health insurance coverage and access to health care. Until the systematic challenges have been addressed, we demand that HFS and DHS, as agents of the state, fulfill their duty to the people of Illinois in implementing all parts of the Medicaid program, including responsible execution of enrollment and auto-termination. You have the power prevent improper terminations by temporarily suspending auto-terminations and thus to prevent the incredible harm we see in our work every day. We urge you to use that power to ensure that the people of Illinois can get the health care services they need to remain healthy.

### Sincerely,

**ACA Consumer Advocacy** Access Living Access Services of Northern Illinois Action for a Better Tomorrow Age Options Advocacy Task Force AgeOptions AIDS Foundation of Chicago Alliance for Community Services American Muslim Health Professionals (AMHP) Apostolic Christian LifePoints, Inc. Association House of Chicago Avenues to Independence Baby TALK, Inc. Brighton Park Neighborhood Council Center for Community Academic Success Partnerships Champaign County Health Care Consumers Chicago Department of Family & Support Services Chicago Hispanic Health Coalition Chicago House and Social Service Agency Chicago Women's AIDS Project Chicagoland Leadership Council

Children's Home and Aid

Citizen Action/Illinois

City of Rockford Human Services

CJE SeniorLife

Clearbrook

Community Behavioral Healthcare Association of Illinois

Community Service Options, Inc.

Community Support Systems

Depression and Bipolar Support Alliance

Disability Resource Center

Don Moss & Associates

E-Town Wellness

Easterseals Central Illinois

**Ecker Center** 

**Envision Unlimited** 

Erie Family Health Centers

Erikson Institute

Esperanza Health Centers

EverThrive Illinois

Family Service and Mental Health Center of Cicero

Family Voices of Illinois

Gift of Voice

Greater Chicago Food Depository

Health & Medicine Policy Research Group

Health Justice Project, Beazley Institute for Health Law & Policy, Loyola University Chicago School of

Law

Heartland Alliance

Heartland Health Centers

**Howard Brown Health** 

**ICIRR** 

Illinois 123GO

Illinois Academy of Family Physicians

Illinois Action for Children

Illinois Association for Behavioral Health

Illinois Association for Infant Mental Health

Illinois Chapter, American Academy of Pediatrics

Illinois Collaboration on Youth

Illinois Hunger Coalition

Illinois Parents of Adults with Developmental Disabilities (IPADD)

Illinois Partners for Human Service

Illinois Primary Health Care Association

Illinois Public Health Association

Illinois Township Association of Senior Citizens Services Committees (ITASCSC)

Indivisible Lincoln Square

Indivisible Oak Park Area

Indivisible Peoria Area

Inner City Muslim Action Network

Jewish Federation of Metropolitan Chicago

Lake County Health Department and Community Health Center

Lambs Farm

Legal Council for Health Justice

Livingston County Mental Health Board

Local 4 SEIU Health & Welfare Fund

McManus Consulting: Disability Services

Memorial Behavioral Health

Metropolitan Chicago Breast Cancer Task Force

MFTD Waiver Families

Midwest Asian Health Association

NAMI Chicago

NAMI Illinois

National Association of Social Workers (NASW) Illinois Chapter

National Kidney Foundation of Illinois

Next Steps, NFP

North Shore Senior Center

Northeastern IL Area Agency on Aging

Oak-Leyden Developmental Services

Open Door Clinic of Greater Elgin

Ounce of Prevention Fund

Palatine Township Senior Citizens Council

Pediatric AIDS Chicago Prevention Initiative

Popovits Law Group

PrimeCare Community Health

Protect Our Care Illinois

Ray Graham Association

Rosecrance

Sargent Shriver National Center on Poverty Law

Seniors Assistance Center

**Smart Policy Works** 

Supportive Housing Providers Association

Susan G Komen Chicago

The Arc of Illinois

The Douglas Center

Thresholds

Trinity Services, Inc.

United Way of Metropolitan Chicago

Voices for Illinois Children

Young Invincibles

YWCA Metropolitan Chicago

CC: Christopher Kantas, Office of the Governor

Representative Greg Harris

Representative Robyn Gabel

Representative Patty Bellock

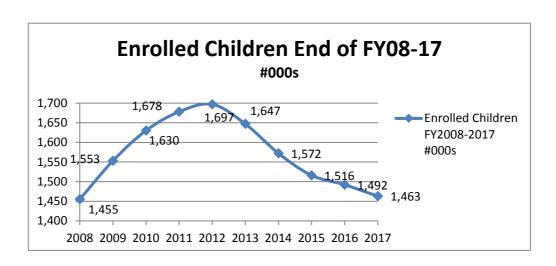
Representative Tom Demmer

Senator Heather Steans

Senator Dale Righter

### **Children's Enrollment**

Enrolled Children FY2008-2017		
#000s		
1,455		
1,553		
1,630		
1,678		
1,697		
1,647		
1,572		
1,516		
1,492		
1,463		



End of Month 2015	Enrolled Children #000s	End of Month 2016	Enrolled Children #000s	End of Month 2017	Enrolled Children #000s	End of Month 2018	Enrolled Children #000s
Jan	1,540	Jan	1,505	Jan	1,476	Jan	1,465
Feb	1,540	Feb	1,502	Feb	1,472	Feb	1,438
Mar	1,532	Mar	1,501	Mar	1,472	Mar	1,422
Apr	1,527	Apr	1,497	Apr	1,467	Apr	
May	1,522	May	1,495	May	1,464	May	
June	1,516	June	1,492	June	1,463	June	
July	1,515	July	1,491	July	1,463	July	
Aug	1,514	Aug	1,492	Aug	1,458	Aug	
Sept	1,513	Sept	1,488	Sept	1,452	Sept	
Oct	1,510	Oct	1,482	Oct	1,446	Oct	
Nov	1,508	Nov	1,481	Nov	1,448	Nov	
Dec	1,503	Dec	1,477	Dec	1,457	Dec	

