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## Public Education Subcommittee Meeting

Thursday, October 7, 2021  
10:00 a.m. to 12:00 p.m.

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

<https://illinois.webex.com/illinois/j.php?MTID=m0b21994e6483e18cdf694e1e80b3bcec>

Meeting Number: 2463 652 8065

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

### A few WebEx tips:

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

### AGENDA

1. Introductions and announcement of new subcommittee members
2. Review and Approval of the Meeting Minutes from August 5, 2021
3. 2022 Proposed Meeting Schedule:  
February 17, April 21, June 16, August 18, October 20, December 15
4. State Updates
  - a. Medical Programs
  - b. DHS
  - c. Eligibility
  - d. Care Coordination
5. Open Discussion
  - a. Suggestions for flexibilities to consider continuing after the PHE ends
    - i. Questions about recent federal guidance  
[SHO# 21-002: Updated Guidance Related to Planning for the Resumption of Normal CHIP and BHP Operations Upon Conclusion of the COVID-19 PHE \(medicaid.gov\)](#)
    - ii. Suggested flexibilities that might continue after the PHE ends  
[03272020EligibilityRequestFactSheetnocolor.pdf \(illinois.gov\)](#)
  - b. Announcements
6. Adjournment

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

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Draft Meeting Minutes  
August 5, 2021**

**Committee Members**

Kathy Chan, Cook County Health  
Brittany Ward, Lurie Children's Hospital  
Sergio Obregon, CPS  
Connie Schiele, HSTP  
Sherie Arriazola Martinez, Safer Foundation  
Nadeen Israel, AIDS Foundation of Chicago  
Sue Vega, Alivio Medical Center

**HFS Staff**

Jane Longo  
Laura Phelan  
Lauren Polite  
Kelly Cunningham  
Sharice Bradford  
Arvind Goyal  
Veronica Archundia  
Melishia Bansa  
Jose Jimenez  
Kim McCullough-Starks  
Kristine Herman  
Lones, Keshonna  
Evan Fazio

**Committee Members Absent**

Erin Weir Lakhmani, Mathematica Policy Research

**DHS Staff**

Leslie Cully

**Interested Parties**

Erin Willis, Molina Healthcare  
Marsha Nelson, Shawnee Health  
Nicole Villareal, CPS  
Jessie Beebe, AIDS Chicago  
Megan Carter, Legal Council  
David Hurter, AMITA Health  
Heather Holberg, CCHS  
Elizabeth Durkin, Age Options  
Jill Hayden, Medicaid Policy Network  
Mike Welton, Molina  
Ryan Voyles, Health News Illinois  
Stella Van Den Eden, Age Options  
Stephanie Altman, Shriver Center on Poverty Law  
Coraiyma Melendres, CCHS  
Samantha Hollis, IHA  
Alaina Kennedy, IAMHP  
Grecia Villegas, UIC Division of Specialized Care for Children  
Krysten Emanuel, Start Early  
Lisa Marie Wiseman, Humana  
Ken Ryan, ISMS  
Martha Jarmuz, Choices CCS  
Colleen Burns, GCFD  
Graciela Guzman, Healthy Illinois Campaign  
Norma Fuentes, Stricklin Associates  
Viviana Rodriguez, University of Illinois Hospital & Health Science System

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Luvia Quiñones, Illinois Coalition for Immigrant & Refugee Rights  
Michelle Baldock, DOI  
Andrea Kovach, Shriver Center on Poverty Law  
Brittani Provost, UIC Division of Specialized Care for Children  
Bailey Huffman, Coordinated Care Alliance  
Cassie Griffith, CPS  
Katie Thiede, Alliance Chicago  
Gretchen Grieser, CCHS  
Jean Davis,

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### **1. Introduction:**

Chairperson Kathy Chan opened the meeting and announced that the meeting was being recorded. The Committee members present were Connie Schiele, Sherie Arriazola Martinez, Brittany Ward, Sergio Obregon, Nadeen Israel, and Sue Vega. Kathy Chan asked interested parties to send an email to [veronica.archundia@illinois.gov](mailto:veronica.archundia@illinois.gov) in order to properly record their participation. HFS and DHS staff members introduced themselves.

### **2. Review and Approval of the Meeting Minutes from June 3, 2021:**

Kathy Chan asked for a correction to the entrees of the Interested Party list. Sue Vega made a motion to approve the meeting minutes, which was seconded by Nadeen Israel. The June 3, 2021 meeting minutes were approved by a vote of seven members in favor, zero opposed. Erin Weir Lakhmani was absent.

### **3. Medical Programs Update:**

Kelly Cunningham provided highlights regarding the American Rescue Plan Act (ARPA) funding. HFS is currently working in conjunction with the vendor Ernst and Young (EY) in order to develop a mechanism for getting ARPA funding out to providers who qualify. The Illinois General Assembly has made an appropriation for funding and created legislative language that governs how this funding should be distributed. Ms. Cunningham also recognized the work of Laura Phelan in the development of the Home and Community-Based Services (HCBS) spending plan submitted in early July to federal CMS and awaiting approval, using enhanced FMAP for programs and services supporting Illinois HVBS system:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/07122021IllinoisAPRHCBSEnhancedFMAPInitialSpendingPlanAndNarrative.pdf>

Ms. Cunningham said that HFS has submitted a State Plan Amendment (SPA) with respect to Children's Behavioral Health. The goal of the SPA is to reconfigure the Medicaid authority by adding new Behavioral Health Services for children as well as including several services previously included in the existing 1115 Behavior Health Demonstration Waiver. Although the current 1115 BH waiver remains in place, it is mostly focused on Substance Use Disorders (SUD) pilots. There are four pilots currently in operation. HFS is working to improve performance in these pilots and to meet expectations under the Special Terms and Conditions negotiated with federal CMS

Kelly Cunningham said that HFS continues working in collaboration with the MCOs to get families ready to go back to school and on joint communications and outreach projects, including publicizing vaccination events. In relation to the Nursing Home Rate Reform, which was presented during the last meeting, HFS is committed to continuing to work with the nursing home industry and key legislators to achieve progress. HFS is focusing on

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quality and aligning what we would like to see in nursing facilities with regard infection control, reduction of room occupancy, and paying for performance.

Sherie Arriazola Martinez asked about the status of the employment and housing services included in the original 1115 BH waiver. Ms. Cunningham said that HFS is proposing to move supportive employment and housing services (pre-tenancy and tenancy supports) to the 1915(i) State Plan Authority. She said that when the waiver was originally submitted to CMS, HFS was encouraged to consider using a State Plan Amendment. Also, Sherie Arriazola-Martinez asked which provider types would offer these services. Ms. Cunningham said that it has not yet been determined. She added that an SPA will give Illinois more flexibility in terms of how HFS defines “the provider types” and the level of need to qualify for those services. A public notice was posted prior to initial submission of the SPA. For more details please follow this link:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/1021201915iSPAPublicNoticeFinal.pdf>

Kathy Chan asked what populations will be eligible for housing and employment supportive services through the 1959i waiver. She commented that the information in the waiver was relatively limited and added that she wants to know if these services will be available to a broader population in the state plan. Ms. Cunningham shared a link to the proposed SPA. [1915 \(i\) State Plan Amendment | HFS \(illinois.gov\)](#)

Sergio Obregon expressed concerns regarding long waiting lists with respect to behavioral health services for school-age children. He also asked how it might be possible to close the gap in services for children and adolescents, which sometimes can be as long as three months. Kelly Cunningham acknowledged that this is an ongoing and important issue. Ms. Cunningham said that HFS is working with schools regarding the provision of healthcare and making sure that children are ready to learn and families receive the support that they need. She added that the former HFS director, Julie Hamos, has been helping HFS regarding critical school-based related work.

#### **4. DHS Update:**

Leslie Cully said that the Department of Human Services continues working with the SNAP and TANF related flexibilities which will continue as long as the state maintains its declaration of emergency. She said that information has been posted on the DHS website of retailers who are participating in online purchasing, which allows customers to order groceries and pay for them online using their Link cards. Ms. Cully said that all the Family Community Resource Centers (FCRCs) are currently open, except for the Woodlawn Office. Administrators are rotating staff members and currently operating with "skeleton crews" while most staff members continue to work remotely. Less than 15% of total statewide staff is currently on site to assist with “triage at the door” and clients who need to use the office. The DHS administration is closely monitoring lobby traffic numbers at

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the FCRCs in order to maintain them as safely as possible and "manage a good balance." DHS is expecting to make adjustments as necessary.

Leslie Cully indicated that DHS anticipates launching a Restaurant Meals Program during August of 2021. This pilot will allow individuals experiencing homelessness, as well as households containing elderly and individuals with a disability to purchase prepared meals from contracted participating restaurants using their SNAP benefits. DHS published an external website through which retailers can express interest in participating. DHS hopes that a pilot program could include 8 locations in Cook County and 2 in DeWitt County.

<https://www.dhs.state.il.us/page.aspx?item=134997>

Ms. Cully said DHS continues to issue Pandemic EBT (P-EBT) benefits. She noted that Childcare P-EBT has been issued through June. DHS received approval for the Summer P-EBT. Ms. Cully noted that, as of the end of June, DHS issued \$1B in Pandemic-EBT benefits. This was only possible as a result of a partnership with the Illinois State Board of Education (ISBE).

Nadeen Israel asked if the state tracks call-wait times. She wanted to know the average wait-time. Ms. Israel said that she was assisting a client on a call and waited an hour and 15 minutes, eventually hanging up because there had been no answer and it was uncertain when they would be able to talk to someone. Leslie Cully said DHS tracks waiting times, including the number of dropped calls, three times a day. She noted that there had been a "peak time" when the numbers rose; that happened when families were receiving the P-EBT. DHS is working towards a more permanent solution to address these concerns. The long-term plan is to conduct an overhaul of the entire statewide phone system, which is expected to be completed in January 2022.

Sergio Obregon said that there is still an outstanding number of P-EBT cards to get into the hands of CPS students. He said that there are some valuable lessons which have been learned about the things that need to happen for the students to receive the actual cards. It is necessary to take into account such issues as updating student addresses. He drew a comparison to how CPS assists in providing families access to technology so that they are able to interact in order to be able to maintain benefits and receive the services that they need. Mr. Obregon believes that, with the end of P-EBT benefits, there will be a lot of work to do in order to re-engage students. He said that, at CPS, there are about 80K students for whom CPS does not have accurate addresses. He asked what "transfer of data" is needed among CPS, DHS, and HFS in order to help families stay engaged and for children to remain enrolled and continue using their benefits appropriately.

Finally, Mr. Obregon asked what are the most common calls that come into the DHS hotline and the ABE hotline in order to compare them to CPS hotline inquiries. He asked

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what are the similarities and, most importantly, how "to communicate common messages up front." He added that there is an opportunity for a collective effort and to develop a partnership regarding what it is expected to happen soon when the PEBTs is ended. Kathy Chan suggested that HFS and DHS should review the type of questions received through the hotlines in order to help determine what help external partners can provide in coordinating messages/responses to decrease unnecessary traffic to the state's hotlines which results in long wait-times, so the state can be better able to address other more pressing needs.

Connie Schiele said that one client was supposed to receive a phone call from DHS to renew her SNAP benefits, but she didn't receive the call from the FCRC, subsequently her "benefits were reinstated." Leslie Cully said that Illinois is still under a waiver due to the COVID Emergency Declaration which allows the state to waive the telephonic interview when able to verify clients' sources of income and identity electronically so that this information can be renewed automatically.

#### **5. Review of the Public Education Subcommittee Charge:**

Chairperson Kathy Chan led a discussion about the Public Education Subcommittee Charge. The committee members had the opportunity to discuss, offer suggestions, and propose changes to the Public Education Subcommittee charge. No changes were recommended.

#### **6. Eligibility Update:**

Jane Longo referred to the report provided with the meeting materials. In relation to the backlog, there has been a 96 % reduction of applications on hand as compared to 2019. HFS currently has under 6,000 medical applications on hand over 45 days old. There has been a substantial reduction in the numbers of pending redeterminations. Currently, HFS has 4,000 redeterminations, which is a 98% improvement compared to January of 2019. HFS is working on the development of a plan to resume redeterminations when the Public Health Emergency (PHE) is over. While HFS does not know when the PHE will end, it is clear that current PHE flexibilities will continue through at least December 2021. New federal guidance allows for 12 months to catch up with redeterminations for all customers receiving medical benefits.

Ms. Longo thanked Sergio Obregon for bringing up the issue of the importance of updating customer's addresses in IES. She affirmed that this is a priority for HFS and noted that a two-part message would be necessary for customers. One message is to make sure clients update their addresses and the second message is to alert customers about upcoming redetermination notices after the PHE ends. This is a difficult message to convey because HFS cannot precisely tell customers when their redetermination notice will be sent.

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With respect to enrollment within the senior immigrant program, at the end of June 2021 there were 6,400 enrollees. There have been 6,800 enrollees since the program started in December 2020, some seniors having left the program. HFS has received \$60M in claims for this program.

Jane Longo provided an update concerning the eligibility related legislation:

- HFS will implement a health benefits program for a newly eligibility group by May of 2022. This program will expand coverage for immigrants between 55-64 years of age who would otherwise qualify for Medicaid if not for their immigration status. The income requirement will be set to the ACA level of 138% FPL or less.
- CHIP technical changes are being made to move children who had been on a Separate CHIP Program to a CHIP Program identical to Medicaid. This change will impact about 144,000 children who will go from fee for service to MCO coverage; receive a few additional services such as non-emergency transportation; and not be required to pay premiums. HFS will begin to implement these changes upon receipt of federal approval of the related state plan amendment (SPA).
- HFS will cover post-kidney transplant anti-rejection medications with state funds for non-citizens not eligible for Medicaid and other state funded programs.
- A change will be implemented to extend initial terms of unmet spenddown from 3 months to 6 months.
- The state will pursue a Family Planning Medicaid SPA with the objective of expanding coverage for contraceptive care as a partial benefit program. This was, included in Senator Castro's Maternal Mortality Omnibus bill from the Spring session. The income level for this program will be 213% FPL, as high as the State can cover. The state can only have eligibility up to same level as pregnant women. HFS is working with CMS on eligibility, as well as working to set up the program correctly within the system.

Sue Vega asked about the projected roll out of the 55-64-year immigrant group coverage expansion. Jane Longo said that is expected to be implemented by May 2022. Ms. Vega asked what might be done to accomplish this sooner. Ms. Longo said that HFS is in the process of hiring staff, but it's not new staff that is needed in order to help with this work, explaining that the reason May, 2022 was stated within the legislation was because IES system changes must be made before the program can be started. Kathy Chan asked if, while the program will not officially start in May 2022, whether backdating coverage be available. Ms. Longo replied: "Yes", backdated coverage will be available three months prior to when coverage starts, assuming that individuals meet eligibility criteria. For example, if coverage starts May 2022, eligible individuals could receive backdated coverage starting with February of 2022. Sue Vega asked, what is preventing a sooner implementation of a critical service for a vulnerable population during a pandemic. Ms. Longo said that the current state administration has shown a huge commitment to this



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population, as evidenced by the senior immigrant program (65+) which was implemented in December of 2020. Moreover, Illinois is the first state in the nation taking the steps necessary to offer a program for coverage of immigrants between 55 and 64 years of age. She added that HFS is willing to share details about the schedule of each of “the releases” (fixes in IES to address system problems), which are done on a quarterly basis. Ms. Vega clarified that her inquiry had been more directed toward what can be done as a collective effort among a community of advocates to support this project. Leslie Cully said, prior to the pandemic starting, the state had a very aggressive agenda for system enhancements. However, due to the COVID-19 pandemic required to implement certain changes, waiving redeterminations for clients who qualify, as noted by the case mentioned by Connie Schiele impacted the timeline. Kathy Chan asked to keep this as a standard agenda item as part of the eligibility report.

Nadeen Israel inquired about the status of current redeterminations. Jane Longo said that about 30% of medical cases which are getting Form A (ex-parte redes). In addition, DHS staff will extend Medicaid eligibility as part of a SNAP redetermination when possible. HFS wants to consult with the feds about zero income or zero assets and whether or not, if there is no electronic match, customer declaration of zero income or zero assets can be considered to be verified.

Viviana Rodriguez requested clarification about benefits which are covered for the newly eligible immigrant group aged 55-64. Ms. Longo said that they are nearly identical to Medicaid for 65+, with the exception that the legislation for the new group aged 55-64 would include Long-Term Care (LTC) or (HCBS) and organ transplants which the 65+ program does not cover. The Department is discussing options for adjusting the legislation to make the 55-64 program benefit package the same as for the 65+ program.

Graciela Guzman asked about the rulemaking for individuals within the 55+ group. Jane Longo said that HFS is working on a set of rules concerning this group. She said that HFS will be willing to offer information to stakeholders engaging in conversations related to community outreach but thinks that this may presently be a little early and that providing clarification next year makes more sense. Nevertheless, Ms. Longo encouraged anyone to share ideas concerning messaging in order to better reach out to HFS.

## **7. Care Coordination Update:**

Keshonna Lones provided the Care Coordination update, stating that HFS expanded the Medicare-Medicaid Alignment Initiative (MMI) program statewide, effective July 1, 2021. Staff members from the Bureau of Managed Care worked with CMS to complete a readiness review to assess the network and the staffing of plans. The latest information regarding the MMAI statewide expansion was included in the Provider Notice Issued on 7/23/2021:

<https://www2.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210723a.aspx>

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Ms. Lones said there are four passive enrollment cohorts, of which two are expected to be completed with Sept 1st and Oct 1st effective dates for enrollment in MMAI only, not the LTSS HCI plan, with Nov 1st and Dec 1st as effective dates. Clients have the option to opt out of MMAI at any time.

Lauren Polite provided an update about childhood vaccination efforts. MCOs continue Vaccine Administration efforts throughout the State, especially among underserved populations. There has been a collaboration at the MCO level regarding member outreach. The MCOs have found out that the most successful means is text messaging families in order to alert them about childhood immunizations, especially COVID-19 vaccinations for children who are eligible to receive them. The MCOs have been sending out monthly emails about immunization reminders. They have also been sending birthday cards. They are using a variety of social media to support parents and caregivers, as well as providing various types of direct incentives.

The MCOs have also been providing gap reports which highlight all the appointments that need to be scheduled, such as well-child visits and including immunizations. Care coordinators are also doing a lot of outreach and doing work with providers to ensure that members are contacted. In addition, there is a lot of community outreach currently being done, such as visiting communities with vans equipped with vaccinations to obtain higher visibility. Additionally, MCOs have conducted webinars to address vaccine hesitancy. Finally, telehealth is still available which can't be used for immunizations but can serve as a tool to encourage members to stay connected with their medical providers who can share information regarding COVID-19 vaccination and "Health Choice" outreach.

## **8. Open Discussion and Announcements:**

Kathy Chan introduced Andrea Kovach from the Shriver Poverty Law Center who provided highlights regarding the Public Charge Rule. She said that there is still a pervasive chilling effect resulting from the 2019 Public Charge Rule, despite its no longer being in effect, as of March 9th, 2021.

<https://static1.squarespace.com/static/5da0c5384dff42788d3692fc/t/604be88ece8e3434f7db1594/1615587470709/FINAL+3.11.21+english+public+charge+fact+sheet.pdf>

She said that families are still confused about which Public Charge is in effect and, therefore, they are often forgoing benefits and/or are concerned about enrolling family members who are eligible for programs such as SNAP, Medicaid, or receiving Pandemic EBT (P-EBT) benefits. On July 22nd, HHS and the Centers on Medicare and Federal Medicaid Services sent out a notice that officially confirmed for state agencies and individuals, that the federal Department of Homeland Security is applying original 1999 guidance on public charge. That guidance will not consider individuals in Medicaid enrollment, with one exception, which is Long Term Care coverage with Medicaid paying for the services. Chairperson Kathy Chan asked for clarification regarding whether or

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not individuals enrolled under the senior immigrant program (65+) will be affected by the Public Charge rule. Ms. Kovach said that Long-Term Care coverage is not covered for this group at this time.

Ms. Kovach said Protecting Immigrant Families IL (PIF-IL) has asked DHS and HFS to use this CMS press release as an opportunity to thaw the chilling effect in all the redetermining materials and websites, as well as to make them available to case workers through all the channels of information available. PIF-IL stands ready to help convey this message and organizations to support all the which are willing to help. In addition, Andrea Kovach said that the Biden administration is planning to engage in federal rulemaking as a way to create its own public charge rule. She said that the Biden administration intends to make improvements. She noted that, when this happens, she will update the committee. In the meantime, Ms. Kovach provided the following information. For anyone interested in submitting comments:

<https://www.federalregister.gov/documents/2021/08/23/2021-17837/public-charge-ground-of-inadmissibility>

For any further questions regarding the Public Charge Rule please contact the Protecting Immigrant Families Illinois at [pifillinois@povertylaw.org](mailto:pifillinois@povertylaw.org)

Nadeen Israel asked for an update regarding telehealth. Kelly Cunningham said that HFS has submitted emergency and regular rules which have extended telehealth flexibilities for Medicaid recipients through the pandemic health emergency. One caveat is that HFS now has the ability to extend flexibilities pursuant to stakeholder input. HFS is learning towards leaving a lot of flexibility in place. Some of this will be contingent on CMS approval, much of which will be related to HIPAA compliant device rules.

Katie Thiede asked two final questions about the transformation grants:

1) What is the timeline for submitting the next round of applications? Applications will be accepted from October 1 through November 19. For details, please follow this link:

<https://www2.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210903d.aspx>

2) What is the status of recruiting new committee members? HFS will look into and respond to the deadline question and will be announcing new MAC members soon - but are still working on subcommittee members.

## **9. Adjourn:**

The meeting was adjourned at 12:05 p.m. The next meeting is scheduled for October 7, 2021, between 10:00 a.m. and 12:00 p.m.

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

	9/22/21	7/20/21	5/17/21	3/24/21	1/17/21	11/12/20	9/11/20	7/23/20	5/21/20		7/31/18
ABE MMC Accounts Linked	1,606,098	1,541,878	1,479,908	1,425,656	1,351,206	1,335,361	1,256,607	1,188,838	1,128,847		329,244
Renew My Benefits *	516,821	488,687	455,509	430,604	397,791	382,125	356,717	339,810	327,998		97,679
Report My Changes	435,716	414,239	395,368	379,609	358,532	337,288	313,323	290,726	269,498		63,762
Program Adds	210,598	198,467	188,547	180,968	170,717	159,595	147,297	133,738	123,945		22,908
Member Adds	38,869	37,789	36,905	36,192	35,224	34,135	32,916	31,834	30,801		9,753
Mid-Point Reports*	211,718	211,718	211,718	211,718	211,717	211,689	203,399	182,324	176,435		34,357
Appeals submitted	107,721	104,547	101,682	98,882	95,053	90,634	85,860	81,220	76,477		NA
FFM cases received since 11/17	563,199	544,059	526,934	501,663	481,989	408,283	380,645	Not available	354,714		114,885
Cumulative count of people successfully ID proofed through the State	5,929	5,592	5,301	4,995	4,598	4,270	3,997	3,754	3,481		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*

Senior Expansion Program  
(Report Run Date: 9/7/2021)

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

Active_Closed	Customer_Count	Claims Received - Payable Amount
Active	7,311	\$ 66,739,847.03
Closed	495	\$ 7,294,692.57
<b>Total</b>	<b>7,806</b>	<b>\$ 74,034,539.60</b>

Active_Closed	MangP	Customer_Count	Claims Received - Payable Amount
Active	6l	7,039	\$ 65,456,322.38
Active	7l	272	\$ 1,283,524.65
Closed	6l	437	\$ 7,002,141.75
Closed	7l	58	\$ 292,550.82
<b>Total</b>		<b>7,806</b>	<b>\$ 74,034,539.60</b>

SpendDown_Status	Customer_Count - Active
Unmet Spenddown	9
Met Spenddown	263
<b>Total</b>	<b>272</b>

Type of Claim	Claims Received - Payable Amount
Inpatient	\$ 30,853,875.66
Outpatient	\$ 21,502,596.92
Pharmacy	\$ 8,630,223.23
Other	\$ 13,047,843.79
<b>Grand Total</b>	<b>\$ 74,034,539.60</b>

Record Type	Claims Received - Payable Amount
Cook County Health System	\$ 39,961,432.29
Other	\$ 34,073,107.31
<b>Grand Total</b>	<b>\$ 74,034,539.60</b>

RACE	Customer_Count - Active
<b>Active</b>	<b>7,311</b>
AMERICAN INDIAN OR ALASKAN NATIVE	76
ASIAN INDIAN	488
BLACK OR AFRICAN AMERICAN	354
CHINESE	160
FILIPINO	146
KOREAN	29
OTHER ASIAN	181
OTHER PACIFIC ISLANDER	303
UNKNOWN	2,627
VIETNAMESE	34
WHITE	2,910
GUAMANIAN OR CHAMORRO	2
SAMOAN	1
<b>Grand Total</b>	<b>7,311</b>

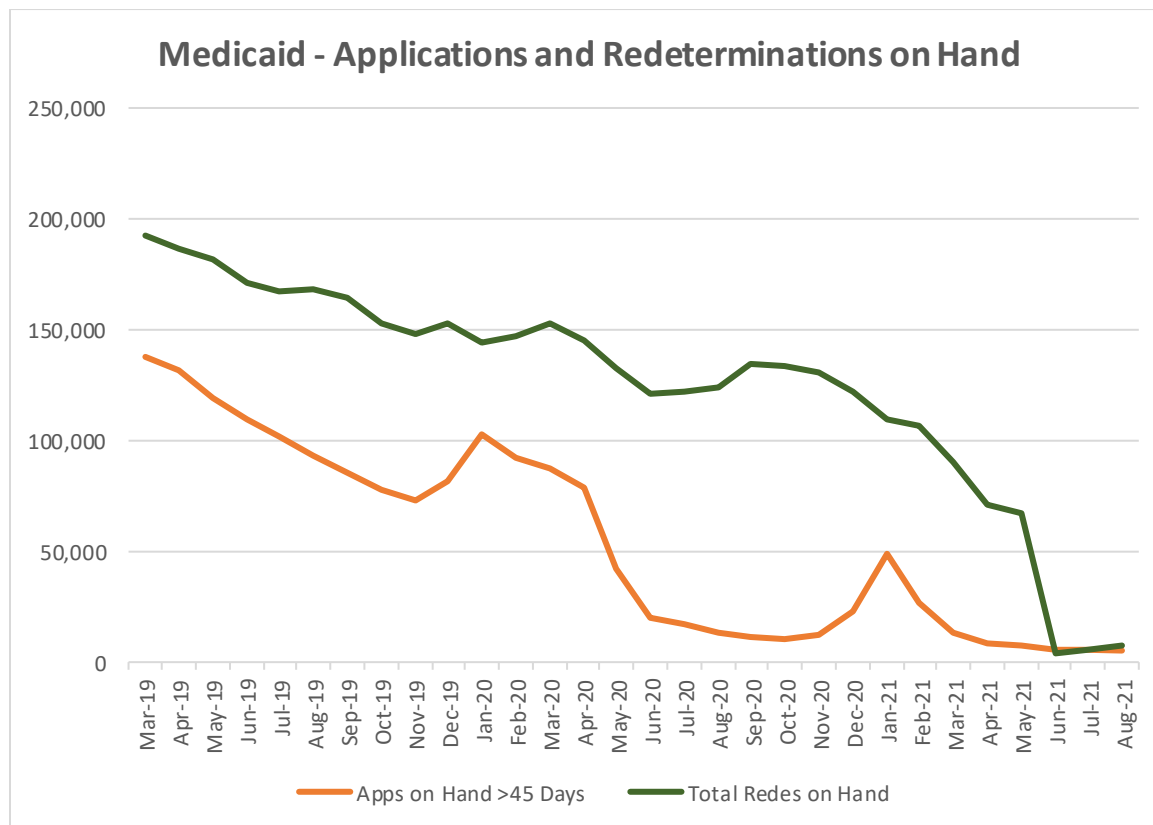
ETHNICITY	Customer_Count - Active
<b>Active</b>	<b>7,311</b>
ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN	839
CUBAN	12
MEXICAN, MEXICAN AMERICAN, CHICANO/A	2,593
NON-HISPANIC/LATINO	2,019
PUERTO RICAN	36
UNKNOWN	1,812
<b>Grand Total</b>	<b>7,311</b>

County	Customer_Count
Homeless	67
Out of Illinois	2
Adams	1
Bond	1
Boone	22
Bureau	3
Cass	4
Champaign	41
Christian	1
Coles	6
Cook	5,525
Crawford	3
Cumberland	2
De Witt	1
DeKalb	14
Douglas	2
DuPage	555
Effingham	5
Ford	1
Franklin	1
Fulton	1
Gallatin	1
Grundy	4
Henry	2
Iroquois	3
Jackson	6
Jasper	1
Jefferson	1
Jo Daviess	3
Johnson	1
Kane	316
Kankakee	23
Kendall	25
Knox	3
La Salle	6
Lake	551
Lee	7
Macon	4
Macoupin	1
Madison	13
Marion	1
McHenry	79
McLean	18
Montgomery	1
Morgan	3
Ogle	6
Peoria	48
Richland	2
Rock Island	22
Saline	1
Sangamon	9
St. Clair	13
Stephenson	5
Tazewell	12
Union	2
Vermilion	5
Warren	2
White	1
Whiteside	3
Will	234
Williamson	5
Winnebago	103
Woodford	2
<b>All County</b>	<b>7,806</b>

Cook & Collar 6,709  
% of Total 86%

\*5,508 medical applications 45 days or older as of August 31, 2021, down from a high of 147,000 at the end of January 2019 – a 96% reduction.

\*5,634 total medical renewals on hand as of August 31, 2021. Few renewals are being processed during the continued COVID emergency because we will not take adverse action; some are being processed. For example, ex parte renewals that can be verified electronically and renewals for SNAP and Medical.



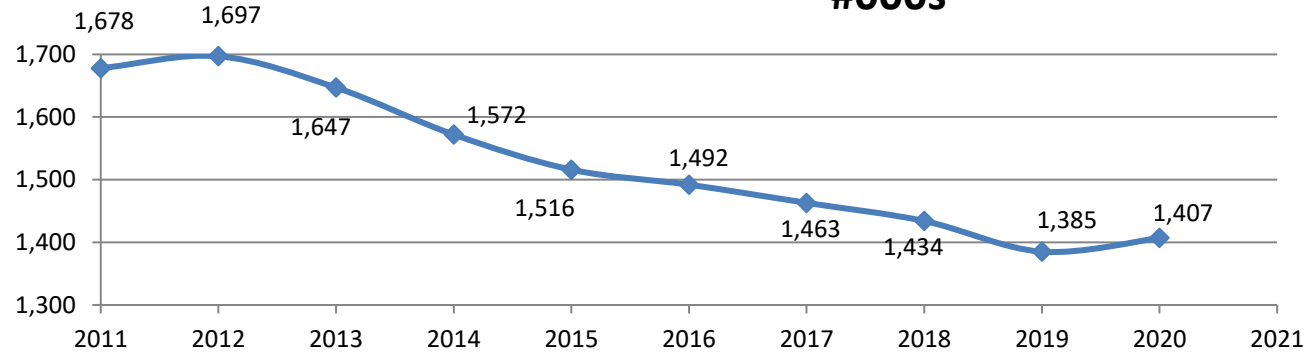
End of Month	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
<b>Apps on Hand &gt;45 Days</b>	137,712	131,293	119,060	109,371	101,440	93,530	85,294	78,207	72,807	81,180
<b>Total Redes on Hand</b>	192,442	186,540	181,729	171,493	167,718	168,535	164,572	153,275	148,048	153,228

End of Month	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
<b>Apps on Hand &gt;45 Days</b>	102,523	91,907	87,738	78,835	42,254	19,931	17,259	12,946	10,897	10,273	12,701	22,835
<b>Total Redes on Hand</b>	143,683	146,958	152,927	144,940	132,553	121,126	122,498	123,511	134,314	133,795	130,255	121,816

End of Month	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
<b>Apps on Hand &gt;45 Days</b>	48,982	26,682	13,051	8,000	7,087	5,986	5,508	5,226
<b>Total Redes on Hand</b>	109,933	106,783	90,069	71,304	67,642	3,968	5,634	7,727

# Children's Enrollment

## Enrolled Children End of FY11-21 #000s

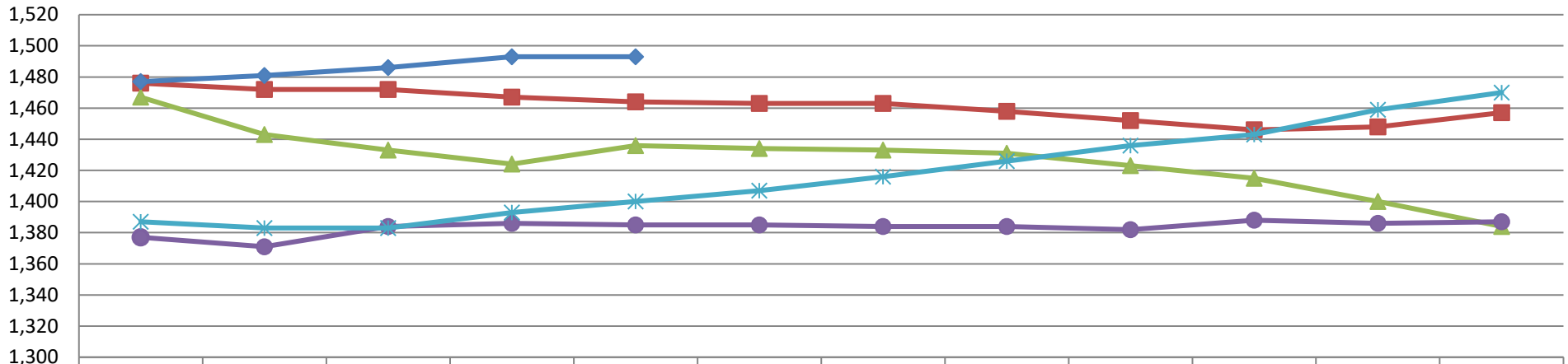


End of FY	Enrolled Children FY2011-2021 #000s
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516
2016	1,492
2017	1,463
2018	1,434
2019	1,385
2020	1,407
2021	



## Children's Enrollment

**Enrolled Children  
by Month  
#000s**



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2017	1,476	1,472	1,472	1,467	1,464	1,463	1,463	1,458	1,452	1,446	1,448	1,457
2018	1,467	1,443	1,433	1,424	1,436	1,434	1,433	1,431	1,423	1,415	1,400	1,384
2019	1,377	1,371	1,384	1,386	1,385	1,385	1,384	1,384	1,382	1,388	1,386	1,387
2020	1,387	1,383	1,383	1,393	1,400	1,407	1,416	1,426	1,436	1,443	1,459	1,470
2021	1,477	1,481	1,486	1,493	1,493							

End of Month 2017	Enrolled Children #000s	End of Month 2018	Enrolled Children #000s	End of Month 2019	Enrolled Children #000s	End of Month 2020	Enrolled Children #000s	End of Month 2021	Enrolled Children #000s
Jan	1,476	Jan	1,467	Jan	1,377	Jan	1,387	Jan	1,477
Feb	1,472	Feb	1,443	Feb	1,371	Feb	1,383	Feb	1,481
Mar	1,472	Mar	1,433	Mar	1,384	Mar	1,383	Mar	1,486
Apr	1,467	Apr	1,424	Apr	1,386	Apr	1,393	Apr	1,493
May	1,464	May	1,436	May	1,385	May	1,400	May	1,493
June	1,463	June	1,434	June	1,385	June	1,407	June	
July	1,463	July	1,433	July	1,384	July	1,416	July	
Aug	1,458	Aug	1,431	Aug	1,384	Aug	1,426	Aug	
Sept	1,452	Sept	1,423	Sept	1,382	Sept	1,436	Sept	
Oct	1,446	Oct	1,415	Oct	1,388	Oct	1,443	Oct	
Nov	1,448	Nov	1,400	Nov	1,386	Nov	1,459	Nov	
Dec	1,457	Dec	1,384	Dec	1,387	Dec	1,470	Dec	