

# PUBLIC EDUCATION SUBCOMMITTEE (PUB ED)

March 1, 2023

VIRTUAL WebEx Meeting

10:00 AM – 12:00 PM



**HFS**

Illinois Department of  
Healthcare and Family Services



**HFS**

Illinois Department of  
Healthcare and Family Services

## OUR VISION FOR THE FUTURE

# We improve lives.

- ▶ We address social and structural determinants of health.
- ▶ We empower customers to maximize their health and well being.
- ▶ We provide consistent, responsive service to our colleagues and customers.
- ▶ We make equity the foundation of everything we do.

This is possible because:

- ▶ **We value our staff as our greatest asset.**

We do this by:

Fully staffing a diverse workforce whose skills and experiences strengthen HFS.

Ensuring all staff and systems work together.

Maintaining a positive workplace where strong teams contribute, grow and stay.

Providing exceptional training programs that develop and support all employees.

- ▶ **We are always improving.**

We do this by:

Having specific and measurable goals and using analytics to improve outcomes.

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

- ▶ **We inspire public confidence.**

We do this by:

Using research and analytics to drive policy and shape legislative initiatives.

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.

# Public Education Subcommittee Charter

**The Public Education Subcommittee is established to advise the Medicaid Advisory Committee concerning materials and methods for informing individuals about health benefits available under the Department of Healthcare and Family Service's medical programs.**

**This subcommittee, comprised of a diverse group of stakeholders, shall:**

1. Review and provide advice on brochures, pamphlets and other written materials prepared by the department;
2. Review and provide advice on HFS website content directed towards Medicaid beneficiaries and the general public;
3. Review projects designed to inform the general public about medical programs;
4. Serve as conduit for informing the Medicaid Advisory Committee and the department concerning gaps in public understanding of the medical programs;
5. Propose additional means of communicating information about medical programs;
6. Review and provide advice on program eligibility changes, customer service delivery, and eligibility processing systems, and
7. Make necessary recommendations to the Medicaid Advisory Committee

# Expectations of Subcommittee Members

- Attend all regularly scheduled meetings; when this is not possible, secure prior approval from Chair to send a non-voting substitute.
- Bring healthcare and social determinants of health knowledge and subject matter expertise to bear on the work of the subcommittee in support of Illinois' Medicaid Program.
- Drive meeting agendas and work products

# House Keeping

- Meeting basics
  - Please note, this meeting is being recorded.
  - To ensure accurate records, please type name, organization, and email address into the chat.
  - If possible, members are asked to attend meetings with their camera's turned on, however, if you call in & need materials, please email [veronica.archundia@illinois.gov](mailto:veronica.archundia@illinois.gov) and [Margaret.dunne@illinois.gov](mailto:Margaret.dunne@illinois.gov) with a copy to [Melisha.Bansa@Illinois.gov](mailto:Melisha.Bansa@Illinois.gov) as soon as safely possible.
  - Mute audio except when speaking.
  - Please note that HFS staff may mute participants to minimize disruptive noise or feedback.
  - Patience, please – many subcommittee members and staff are new to MAC proceedings.
- HFS is committed to hosting meetings that are accessible and ADA compliant. Closed captioning will be provided. Please email [veronica.archundia@illinois.gov](mailto:veronica.archundia@illinois.gov) and [Margaret.dunne@illinois.gov](mailto:Margaret.dunne@illinois.gov) with a copy to [Melisha.Bansa@Illinois.gov](mailto:Melisha.Bansa@Illinois.gov) in advance to report any requests or accommodations you may require or use the chat to alert us of challenges during a meeting.
- Minutes of the prior meeting will be circulated to subcommittee members in advance of each session. Once approved, they will be posted to the website.

# Agenda

- 1. Call to Order**
- 2. Introduction of New Public Education Chairperson**
- 3. Roll Call of Subcommittee Members**
- 4. Introduction of HFS and State Agency Staff**
- 5. Review and approval of the Meeting Minutes from December 15, 2022, and January 25, 2023 (Special Pub Ed Meeting)**

# Agenda

## 6. State Updates:

### a. Eligibility Updates

- i. Timeline
- ii. Eligibility Flexibilities
- iii. Homeless Individuals
- iv. Manage My Case
- v. Outreach Efforts and Communication
- vi. DHS Update
- vii. Metrics

### b. Managed Care Update

### c. ILOGIN

# Agenda

## **7. Public Comments**

## **8. Additional Business: Old and New**

- a. Items for Future Discussion

## **9. HFS Announcements**

- a. Speaker's Bureau: HFS Community Events Participation Request
- b. Outreach to Pub Ed Subcommittee Members
- c. Resources

## **10. Concluding Directives and Wrap Up**

## **11. Adjournment**



# 6. State Updates



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# 6. a. Eligibility Updates



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## **6. a. i. Redetermination: Bringing Clarity to the Timeline**



# Continuous Coverage Requirement

- Continuous Enrollment no longer tied to PHE end date.
- Medicaid Continuous Coverage Requirement will end March 31, 2023.
  - Redeterminations will begin for Illinois medical customers on 04/01/2023.
  - First group of redetermination letters will be mailed by 05/01/2023.
  - First date Medicaid customers could lose coverage is 07/01/2023.

# Redetermination Process by Month

End of Certification Period	Rede Mail Date	Rede Due Date Printed on Notice	Case Closure Date: Form B not received	First day of Coverage Loss	Last day to return rede: potential reinstatement
06/30/2023	By 05/01/2023	06/01/2023	06/15/2023	07/01/2023	09/30/2023
07/31/2023	By 06/01/2023	07/01/2023	07/17/2023	08/01/2023	10/31/2023
08/31/2023	By 07/01/2023	08/01/2023	08/15/2023	09/01/2023	11/30/2023

# Defining Key Dates

Rede Timeline Date	Key Date Defined
End of Certification Period	The last date of coverage if a customer does not return their Medical Redetermination by the date in which is due.
Rede Mail Date	The date by which Medical Redeterminations will be mailed.
Rede Due Date Printed on Notice	The date that is printed on the Medical Redetermination. It is the first day of the last month of a customer's certification period.
Case Closure Date: Form B not Received	The date a case will close if a customer's Medical Redetermination is not received. This date varies slightly month to month but is usually the 15th unless that is a weekend or holiday.
First day of Coverage Loss	If a customer's Medical Redetermination is not received, this is the first day a customer <u>will not have coverage</u> .
Last day to return rede: potential reinstatement	The last day a customer has to submit their Medical Redetermination. If the case is eligible for reinstatement, the effective date of reinstatement is retroactive to the first day for which coverage had been canceled. Therefore, the case is reopened with no loss in benefits.



# Key Date Example: Due Date

## Medical Benefits Renewal Form

You must respond no later than **December 01, 2021** to continue getting Medical benefits after December 2021.

To find out if you qualify for medical benefits beginning January 2022, tell us about your household. You can do this one of four ways:

1. Complete the electronic version of this form online in ABE Manage My Case at [abe.illinois.gov](http://abe.illinois.gov); or
2. Complete your redetermination over the phone by calling 1-800-843-6154 (TTY: 1-866-324-5553).
3. Fill out, sign, and send us this form and all verifications we ask for. You may send the form by mail or fax.
  - Mail to P.O. Box 19138, Springfield, IL 62763; or
  - Fax the form to 1-844-736-3563; or
4. If you want to complete your redetermination in person, call 1-800-843-6154 (TTY: 1-866-324-5553) to find help near you.



## **6. a. ii. Medical Eligibility: Flexibilities**



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# PHE Flexibilities

Flexibility	Description
Reasonable compatibility (RC)	<ul style="list-style-type: none"> <li>• RC refers to household income information obtained through an electronic data match that is “reasonably compatible” with income information provided by or on behalf of an individual.</li> <li>• A household income would be considered if both are either <u>above</u>, <u>at</u> or <u>below</u> the applicable income standard or other relevant income threshold.</li> <li>• RC before the PHE was 5% and during the PHE is 30%.</li> </ul>
Medical: Accepting Attestation at Application	<ul style="list-style-type: none"> <li>• Self-attestation is accepted for all new and pending medical applications for select eligibility criteria factors.</li> <li>• Ensures applications are approved timely and not pended for verifications.               <ul style="list-style-type: none"> <li>• Eligibility criteria factors are as follows:                   <ul style="list-style-type: none"> <li>• Income</li> <li>• Illinois Residency</li> <li>• Insured Status</li> <li>• Resources</li> <li>• Disability and Incurred Medical Expenses</li> <li>• Incurred medical expenses can be used to meet spenddown</li> </ul> </li> </ul> </li> </ul>

# PHE Flexibilities

Flexibility	Description
<b>Delay Action on Changes Affecting Eligibility</b>	<ul style="list-style-type: none"> <li>System changes made to IES to incorporate an override preventing eligibility from ending due to income, household and resource changes found by electronic verification or reported by the customer.</li> </ul>
<b>Presumptive Eligibility (PE) for MAGI Adults</b>	<ul style="list-style-type: none"> <li>To ensure eligible adults receive medical care during the determination process, Illinois implemented PE determinations for MAGI adults and will continue throughout the PHE and the unwinding period.</li> <li>PE for MAGI adults is determined at <u>initial application only</u>.</li> </ul>
<b>More Frequent Presumptive Eligibility (PE) for Children and MAGI Adults</b>	<ul style="list-style-type: none"> <li>Children and MAGI adults may be eligible for PE up to two times in a calendar year during the PHE and throughout the unwinding period.</li> </ul>

# Redetermination Enhancements

- Alignment of SNAP and Medical Redetermination Dates
  - Goal: Decrease the number of Redeterminations a customer receives

- April 2023: Changes in the Ex-Parte (Form A) process
  - \$0 income households will now be eligible for Ex-Parte
  - SNAP income may be used to determine eligibility for Ex Parte
    - Goal: Higher Ex-Parte percentage

# Ex Parte: How does it work?

- IES determination for Ex Parte is based on:
  - Case characteristics
  - Results of the automated clearance process
- The Ex Parte process uses:
  - Asset Verification System (AVS)
  - SNAP income standard
  - **New:** \$0 income households
    - Unknown percentage growth

## Ex Parte: Step 1

- IES identifies the cases that are potentially eligible for Ex Parte.
- The potentially eligible cases contain household members with **electronically verifiable data**.

## Ex Parte: Step 2

- **75 days prior** to the Rede due date, IES runs clearances (AVS, AWVS) for all cases due for a medical REDE to verify adequacy for Ex Parte, i.e. Form A.
  - If not verifiable IES initiates Form B process, i.e. manual rede.
- By the 60<sup>th</sup> day prior to the end of the certification period, IES sends the appropriate Rede form.

# Redeterminations: Ex Parte and Form B

Form A (Ex Parte)	Form B (Manual)
<ul style="list-style-type: none"><li>• 30-40% of medical cases each month<ul style="list-style-type: none"><li>• Electronic verification of income and other factors.</li><li>• <u>Does not require</u> customer action.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• All Medicaid customers who cannot be electronically verified. Must complete and submit form using one of the following:<ul style="list-style-type: none"><li>• Manage My Case</li><li>• By phone: 1-800-843-6154</li><li>• Completing the paper Rede form</li></ul></li></ul>
<ul style="list-style-type: none"><li>• SNAP beneficiaries receiving medical benefits are also renewed when they go through the SNAP redetermination process.</li></ul>	<ul style="list-style-type: none"><li>• Cases that cannot be redetermined through the receipt of another program like SNAP, enter the Form B process.</li></ul>

# CaseType: Ex Parte and Form B

Ex Parte Examples	Form B Examples
<ul style="list-style-type: none"><li>All Kids Assist w/ electronically verifiable income</li></ul>	<ul style="list-style-type: none"><li>Health Benefits for Workers with Disabilities (HBWD)</li></ul>
<ul style="list-style-type: none"><li>Moms and Babies w/ electronically verifiable income</li></ul>	<ul style="list-style-type: none"><li>AABD Spenddown</li></ul>
<ul style="list-style-type: none"><li>Cases that have \$0 income</li></ul>	<ul style="list-style-type: none"><li>Breast and Cervical Cancer</li></ul>
<ul style="list-style-type: none"><li>ACA Adult w/electronically verifiable income</li></ul>	<ul style="list-style-type: none"><li>Self Employed</li></ul>
<ul style="list-style-type: none"><li>AABD Medical (SSI/RSDI)</li></ul>	<ul style="list-style-type: none"><li>Undocumented customers</li></ul>

- Electronically Verifiable Earned Income = Income that can be verified using the automatic wage verification system (AWVS) which receives income information from the Illinois Department of Employment Security (IDES).
- Electronically Verifiable Unearned Income = Income that can be verified using, for example, the Key Information Delivery System (Child Support), BENDEX: Social Security Administration (Supplemental Security Income/SSI) (Retirement Survivors Disability Insurance/RDSI).

# Sample Ex Parte (Form



State of Illinois  
Department of Human Services  
Department of Healthcare and Family Services

## SAMPLE FORM A

Date of Notice: Aug 1, 2019  
Case Number: 987654321

Office Name: South Loop  
Office Address: 1112 S Wabash  
Chicago, IL 60605  
Phone: (312)-793-7500  
TTY: (866)-217-8037  
Fax: (312)-793-7671

<MAILING BARCODE>  
JOHN SMITH  
401 S CLINTON ST.  
CHICAGO IL, 60607

You can manage your case online at  
[abe.illinois.gov](http://abe.illinois.gov)

Esta notificación está disponible en Español.  
Usted puede solicitarla por Internet en  
[abe.illinois.gov](http://abe.illinois.gov) o llame al  
1-800-843-6154 (TTY 1-800-447-6404)

## Medical Benefits Redetermination Notice

Dear John Smith,

Based on the information we have today, the person(s) listed in the table below are approved to keep getting **medical benefits** after September 30, 2019. However, if we get new information about a change in your circumstance your eligibility for medical benefits may change. If that happens, we will send you a new notice.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
John Smith	Jan 15, 1980	123456789	ACA Adult	Oct 01, 2019

# Case Change by Type

- HFS is expecting a range of Eligibility Changes.
- Here are some examples of cases that will see changes once their case is redetermined:

**Met and Unmet  
Spendedown**

**Aging out of All Kids**

**Moms and Babies:  
Past 12 months  
postpartum**

**ACA to AABD  
Transitions**



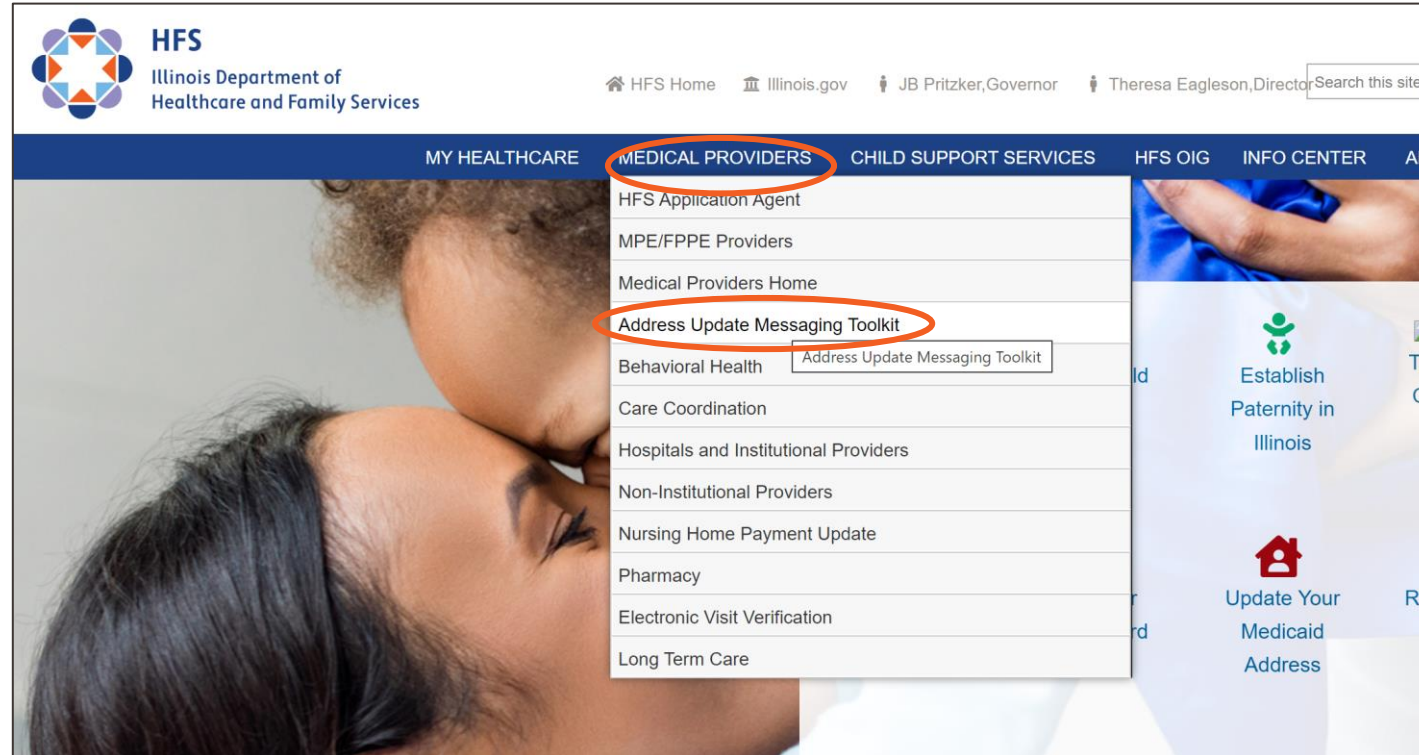
# 6. a. v. Communication and Outreach Efforts



# Two-phased approach

## 6. a. v. Communication and Outreach Efforts

[hfs.illinois.gov](https://hfs.illinois.gov)



▶ Phase 1: (Now)

**Update your address**

▶ Phase 2: (This month)

**Ready to Renew**

# Phase 2 Audience and Messages

## A. Medicaid Customers

Emphasizing [abe.Illinois.gov](http://abe.Illinois.gov)

1. Verify your address
2. Find your due date
3. Check your mail
4. Complete your renewal
5. Connect to coverage if no longer eligible

## B. External Stakeholders

- Help Medicaid customers get ready to renew
- Use our outreach materials and messaging to talk to Medicaid customers about redeterminations

# Channels and Tactics

## HFS, DHS, and MCOs

- Paid ads: Statewide, omnichannel, yearlong, multilingual
- Digital media: Social, web, A/B testing
- News media: Regular, proactive, localized outreach
- Grassroots + Institutional Outreach: Email, phone calls, presentations, commitments
- ABE texts and alerts: Rolling basis, scheduled before and after customer renewal due date
- PSAs: TV and radio, aligned with ads

# Using data to target at-risk customers

- Monthly reports to MCOs detailing who is due and over-due
- Phone calls and additional intensive outreach for follow ups
- Provider tools (MEDI, MyChart, etc.) for providers to keep patients enrolled
- Retarget ad spend throughout the year based on lagging demographics or geographic areas





# HFS Application Agents

Community-based organizations:

- Faith-based organizations
- Day care centers
- Local governments
- School districts
- Medical providers

Important: HFSAAs have ongoing contact with persons likely to be eligible for medical coverage under the State of Illinois' Medicaid Program.



# HFS Application Agents

- HFS requires application agents to execute the following agreements:
  - [Application Agent Agreement](#)
  - [Business Associate Agreement](#)
    - Allows agency staff to provide technical assistance with:
      - Online and paper applications
      - [Redetermination forms with individuals or families](#)
    - Communicate with HFS/DHS about submitted applications
- HFS requires all HFSAAs to participate in training which includes:
  - Information on the different Medicaid programs
  - How to complete an Application for Benefits Eligibility (ABE) Application
  - Documentation required for program eligibility



# HFS Application Agent Strategy

1. Train application agents to use MEDI to pull lists of their customers and contacts who are coming due for a renewal.
2. Provide them with application agent-specific messaging to reach out to the customers and offer help completing their renewals.





## **6. a. iii. Potentially Hard to Reach Medical Population: Homeless**

# People Experiencing Homelessness

- Difficult group to target with direct communications.
  - We ask anyone who can help to please do so with HFS's messaging toolkit.
- Renewals are accessible even though a mail notice may not reach them.
- They can complete their renewal online or by phone without needing to get the renewal in the mail. They can also visit a local office or navigator/assister.
  - However, they need to know when they are due to know when to renew. They can check their renewal date online, by phone, or in person – key steps already in our messaging.
- If they provided or provide a phone and email for texting/emailing, they will receive electronic notices when their renewal is due.

## **6. a. iv. Medical Eligibility: Manage My Case (MMC)**



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# The 3 Cs of MMC

Create	Check	Change
<ul style="list-style-type: none"><li>• <b>Create</b> a Login</li><li>• <b>Link</b> Accounts</li></ul>	<ul style="list-style-type: none"><li>• <b>Check</b> your renewal date</li><li>• <b>Check</b> your case Information</li><li>• <b>Check</b> for notices from HFS and DHS</li><li>• <b>Check</b> upcoming appointments and reschedule</li></ul>	<ul style="list-style-type: none"><li>• <b>Submit your renewal</b></li><li>• <b>Change</b> your address</li><li>• <b>Change</b> of Income</li><li>• <b>Add</b> household members to your case</li><li>• <b>Report</b> Expenses</li><li>• <b>Upload</b> documents</li></ul>

**MMC is one of the easiest way for consumers to submit redeterminations!**

## How can Manage My Case help your customers?

- *Fewer visits to their local DHS Office. More time with family and friends!*
- *Stay informed on the status of their benefits like Medicaid, SNAP (LINK) or cash assistance.*
- *Help them take control of their case.*
- *When helping a customer set up an MMC account, do not save any User IDs or passwords.*

# Create

- Most customers can use Manage My Case in ABE.
- A created ABE Profile login details will be used for MMC.
- New to ABE:
  - Create a new ABE User ID and password to access Manage My Case.

\* User ID

\* Password

**Login**

[Reset Password](#)

[Create a new ABE User Id and Password](#)

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Español

Login

An official site of the State of Illinois | Bruce Rauner, Governor

Welcome to ABE  
Helping people in Illinois lead healthy and independent lives

Use this site to apply for and manage your healthcare, food, and cash assistance benefits.

Check if I Should Apply

Apply for Benefits

**Manage My Case**

ABE Partner Login

Community Partner Registration

Username

Password

Login

Forgot password?

Create Account

# Linking an Account

- Submitted Application via ABE.
  - Status of application seen on Case Summary page.

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print | Logged in: happymee | Logout

Am I Eligible? | Apply For Benefits | Appeals

Hello, Kim. You are logged in.

**Welcome**

Are you trying to link your account or apply for benefits?

Apply for benefits (or view submitted applications)

Link your account

Exit | Link Your Account

Official Site of The State of Illinois

Privacy Statement | HFS Home | DHS Home | HFS Brochures and Forms | DHS Forms | DHS Brochures | Frequently Asked questions (FAQ) | Contact Us | Satisfaction Survey

- Logging in to link a new account

Hello, Sarah. You are logged in.

**Link Your Account**

**Case Summary**

Welcome. This page gives you a quick look at the status of your application for SNAP, Cash Assistance and Healthcare Coverage. If you are ready to end your ABE session, be sure to Logout.

**What is the status of my Applications?**

Here is a summary of the applications you have worked on.

Application Number	Date	Status	Details/Action
T00101511	June 14, 2015	Submitted	View

# Linking Case Information

- Customer enters Date of Birth **and** Individual ID **or** Social Security Number.
  - Individual ID: 10-digit number listed in the top right corner of the Notice of Decision Letter.
  - This is not the same as the Recipient ID (RIN).

## Linking your ABE Account to your case

This page should be used by individuals who have already applied or who have an existing SNAP/TANF/Medical/MSP case. If you would like to start a new application, please [click here](#)

If you have technical difficulties using this website please [click here](#)

Some items have a star (\*) next to them. You must fill these items in before you can go on to the next page.

Please follow the steps below to link your ABE Account to your case so that you can see if you are eligible for benefits and handle your account. ABE is a secure website run by the State of Illinois. By law, we must keep your information private and secure

## Personal Information

First, please enter your date of birth and your Individual ID from your case. You can find your Individual ID on any letter you've received about your case. If you don't have your Individual ID, you can give us your Social Security number instead. **(You only need to give your SSN if you do not have your Individual ID)**

If you cannot locate your Individual ID and do not have your Social Security Number, please contact the Call Center at: (800) 843-6154

\*Date of Birth:

If your birthday is March 31, 1960, type 03/31/1960.

MM      DD      YYYY  
 /  /

\*Please Confirm Date of Birth:

If your birthday is March 31, 1960, type 03/31/1960.

MM      DD      YYYY  
 /  /

\*Individual ID (10 digits):

You can find your individual ID on any letter you've received about your case. If you don't have your Individual ID, you can give us your Social Security number in the box below.

If you cannot find your Individual ID please provide your Social Security Number

\*Social Security number:

-  -

\*Please Confirm Social Security number:

-  -

# Identity Verification

## Illinois Secretary of State (SOS)

Hello, USER. You are logged in.

### Verify Identity

We can verify your identity using your Illinois Driver's License or State ID Card. If you do not have an Illinois Driver's License or State ID Card, we will attempt to verify your identity using another method.

\* Do you have an Illinois Driver's License or State ID Card?  Yes  No

Back

Verify Identity Now

- If customer case is linked, and ID proofing was not completed in ABE, ID Proofing must be completed before proceeding in MMC.
- ID proofing will only need to be completed once.
- System will attempt to verify identity using the Illinois State Driver's License or State ID card.
- Answering "NO" will advance the customer to the Experian Identity Proofing Process.

\*Note: SoS will also be used in Apply for Benefits flow.



# Matching Information

- If SOS can use the customer's answers to verify identity, clients will get a Thank you message.
- Enter information EXACTLY as it appears on their ID, including the License or ID Number.



Hello, USER. You are logged in.

## Verify your Identity - Illinois Driver's License or State ID Card

Complete the Illinois Driver's License/State ID Details section below. Enter the information EXACTLY as shown on your Illinois Driver's License/State ID Card, including your middle name ONLY if it appears on your ID.

### Illinois Driver's License/State ID Information

• First Name

Middle Name

• Last Name

Suffix

• Date of Birth MM DD YYYY  
11 / 25 / 1990

• Eye Color   
Brown  
Black  
Grey  
Green  
Hazel  
Blue  
Yellow

• Height  ft  in

• Weight  lb

• Enter in your 12-digit Illinois Driver's License or Illinois State ID Number  -  -

On your Illinois Drivers License, your Illinois Driver's License Number is located here:



On your Illinois State ID Card, your Illinois State ID Number is located here:



Back

Next

# Experian ID Proofing

- User does not have an Illinois Driver's License or State ID or Identity Verification fails through SOS.
  - ABE will access Experian:
    - Multiple-choice questions
    - Only the customer will know the answers

**ABE** APPLICATION FOR BENEFITS ELIGIBILITY [Help](#) | [Print](#) Logged in: happy1540 | [Logout](#)

### Verify Your Identity

To protect you from identity theft, and to confirm your identity, please answer these questions. If the correct answer isn't here, choose "None of the above". When you are done, click "Next".


1. Which of the following streets have you lived on?
  - Sunnyside Rd.
  - Main St.
  - Michigan Ave.
  - Grand Ave.
  - None of the above
2. Which of the following phone numbers have you been associated with?
  - 217-555-1212
  - 312-000-1234
  - 773-555-0000
  - 872-111-0000
  - None of the above
3. What street number have you lived at?
  - 111
  - 34786
  - 14177
  - 300
  - None of the above
4. What is your mother's maiden name?
  - Smith
  - Johnson
  - Williams
  - Brown
  - None of the above
5. What county do you currently live in?
  - Cook
  - Adams
  - Sangamon
  - DuPage
  - None of the above

[Next](#)

# Requesting Manual Identity Proofing

- To request State Identity Proofing:
  - [State Identity Proofing Request Form \(pdf\)](#), or [IL444-3610 S FORMULARIO DE SOLICITUD DE PRUEBA DE IDENTIDAD DEL ESTADO \(pdf\)](#).
    - Submit 3 proof documents
    - Assistance from Approved Representative
      - Signed [Approved Representative Form](#)
      - Proof Document
  - Illinois Department of Human Services  
Attn.: ID Proofing Unit  
600 E. Ash, Building 500, 5th Fl.  
Springfield, IL 62703  
or Return the form to your local or chosen FCRC
- If there are questions, email: [ABE.Questions@illinois.gov](mailto:ABE.Questions@illinois.gov)

**Process takes 6-8 weeks**



State of Illinois  
Department of Human Services

**STATE IDENTITY PROOFING REQUEST FORM**

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The State of Illinois is committed to keeping your confidential information safe and secure. To do that, the State must verify your identity before you use Manage My Case (MMC) online.

The first step that you must take to verify your identity is to create an ABE account. If you do not have an ABE Account, go to <https://ABE.Illinois.gov> and select **Login** then **Create Account**.

Once you have an ABE account, there are 2 ways that the State of Illinois can verify your identity:

1. You can verify your identity through the [ABE.Illinois.gov](https://ABE.Illinois.gov) website. If you have not tried to verify your identity through ABE, please select the Green "Manage My Case" button, login to your ABE account, and complete the process. **You must do this before moving to #2.**
2. You can verify your identity by completing and submitting this form along with acceptable identity proofing documentation (listed on Page 3). **Note: This form can only be used if you have already tried to verify your identity online at [ABE.Illinois.gov](https://ABE.Illinois.gov) but could not.**

\*ABE Username:

\*First Name:

\*Last Name:

\*Date of Birth:

\*Phone Number:

Email Address:

\*Mailing Address:

# Identity Proof Documents

Column A Submit One (1) of These	Column B Alternatively, submit two (2) of these
Illinois Driver's License	Birth Certificate
Certificate of Naturalization (Form N-550 or N-570) or Certificate of U.S. Citizenship (Form N-560 or N-561)	Social Security Card or Official document containing your Social Security Number
U.S. Military Draft Card or Draft Record	Marriage Certificate
Native American Tribal document	Divorce Decree
School Identification Card	Property Deed or Title
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	High School or College Diploma (Including High School Equivalence Diploma)
Identification card issued by the federal, state or local government	Employer Identification card
Employment Authorization Document that contains a photograph (Form I-766)	
<ul style="list-style-type: none"> <li>• Military dependent's identification card</li> <li>• U.S. passport or U.S. passport card</li> <li>• U.S. Coast Guard Merchant Mariner card</li> </ul>	
Foreign passport or identification card issued by a foreign embassy or consulate that contains a photograph	

# Check

## Case Summary Page

- What are my available notices?
  - Notices sent within the past 12 months.
  - Status of the following:
    - Applications
    - Renewals
    - Changes previously reported through MMC

### What verifications are due?

No documents have been requested at this time. You can still upload a document at any time using the buttons below.

**View Upload History**

Click this button to view documents that have already been uploaded to your case.

**Upload Documents**

Click this button to upload verification documents to your case.

### What are my available notices?

To view the details about notices sent to you regarding your case, you can click on the "Click Here" link below. This information is current as of **June 29, 2016 02:01 PM**.

#### Available Notices

[View notices](#) sent in the last 12 months.

### What is the status of my ABE application, Redetermination, or Reported Change?

#### Reported Changes

Application Number	Date	Status	Details/Action
0000455601	July 13, 2016	Pending	<b>Continue</b>

# Case Summary Tab

## Case Summary Page

- Links to many of the Manage My Case features, including:
  - **Renew My Benefits**
  - Report My Changes
  - Apply for Additional Benefits].
- Important Note: Renew My Benefits will display on the first day of the month 60 days prior to a customer's certification period end date.

The screenshot shows the 'Case Summary' tab selected. At the top, there are four navigation tabs: 'Case Summary', 'Benefit Details', 'Contact Information', and 'Account Management'. Below the tabs, there are three main action buttons: 'Renew My Benefits' (circled in red), 'Report My Changes', and 'Apply for Other Benefits'. Each button has a corresponding text description. Below the buttons, there is a welcome message and a section titled 'What is the status of my benefit programs?' which includes a table of active benefits.

**Case Summary** | Benefit Details | Contact Information | Account Management

**Renew My Benefits** Your case is up for redetermination. Click this button to submit your redetermination for benefits.

**Report My Changes** Click this button to report changes to your DHS or HFS Office.

**Apply for Other Benefits** Click this button to apply for additional benefits.

Welcome to the Case Summary Page. This page gives you a look at your benefits, and lets you know if there is anything you need to do to receive or continue benefits. From this page you can find information about your [benefit status](#), [verifications](#), [notices](#), [application or change report status](#).




We have taken a number of steps to keep your information private and secure. To learn more, [view your security and account management information](#).

As a head of household, you can [control benefit information displayed to other adults in your household](#).

**What is the status of my benefit programs?**

You have requested or are receiving the benefits mentioned below. Click on the "Click Here" link for each program to view a summary of your benefits. This information is current as of **June 29, 2016 02:01 PM**.

Follow this link and select **Other Changes to Cancel Your Case**.

Benefit	Description	Summary
	Supplemental Nutrition Assistance Program	<a href="#">Click Here for Details</a>
	Healthcare Coverage Program	<a href="#">Click Here for Details</a>
	Cash Assistance Program	<a href="#">Click Here for Details</a>

# Change

- Reporting a change in the household or circumstances:
  - Customer clicks on the **Report My Changes** button on the **Case Summary page**.
  - Customer chooses the change to be reported and clicks **Next**.
  - Customer completes additional questions
  - If the change requires proof, documents can be uploaded through Manage My Case.

## Welcome to Report My Changes

After you have told us what has changed below, we will let you know if the change requires verification and what to provide. You can upload your verification or you can mail, fax, or bring the proof to your DHS or HFS office. If you would like to withdraw your application, cancel your case, or request a case transfer, please select the "Any other change or changes not mentioned above" option under the other Changes Section.

## Reporting Changes Through ABE

Please let us know what has changed. After answering yes to one or more of the categories below, an additional list of options will be shown. You may check all boxes that apply.

<b>Change in Contact Information</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Name change or correction	<input type="checkbox"/> Address Change
<input type="checkbox"/> E-mail address or phone number change	<input type="checkbox"/> Approved Representative add or cancel
<b>Change in Household</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Change in Household Income</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Expenses/Bills Have Changed</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Resources Have Changed</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Health Insurance Has Changed</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Other Changes</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input checked="" type="checkbox"/> Any other change or changes not mentioned above	

Keep in mind that you should only report changes that have already happened.



# Manage Communication Preferences

- Customers opt in or out to receive the following:
  - Paper and Electronic
  - Electronic Only
  - Email and text alerts

Note: If an alert e-mail or text bounces back, the State will restart sending paper notices to the last address we have on file for the customer.

## Manage Your Communication Preferences

This page will help you manage how you want to receive information from the State of Illinois.

If you experience technical problems while using the site,

## Communication Preferences (Optional)

As the Primary Account Holder, you may choose how you would like your notices sent to you. You will automatically receive electronic versions of your notices. If you would like to stop receiving paper versions of your notices, please select the electronic only option.

Preferred Delivery Method:

Paper and Electronic  Electronic Only

You may choose to receive alerts when the State of Illinois sends notices to you. Please choose your preferred method of receiving these alerts.

Email

E-mail Address

Confirm E-mail Address

Email And Text Message

Cell Phone Carrier

Cell Phone Number

I do not want to receive alerts.

Standard fees may apply from your mobile service provider.

## Language Preference

What Language should we use when we contact you?

English



# 6. a. vi. Medical Eligibility: DHS Updates





## 6. a. vii. Medical Eligibility: Metrics



HFS

Illinois Department of  
Healthcare and Family Services

# Applications and Redeterminations

Type	Total	Notes
New Applications	15,329	<ul style="list-style-type: none"><li>• Total reflects statewide applications</li><li>• Older than 45 days</li></ul>
Redeterminations	4,989	<ul style="list-style-type: none"><li>• On hand</li><li>• Form A that is being returned, but are not required</li><li>• SNAP Redetermination that has a Medical Redetermination attached to it</li></ul>

# ACA to AABD Transitions

Type	Total	Notes
ACA Adults to AABD	Approx. 55,000	<ul style="list-style-type: none"><li>• Individuals that turned 65 and/or started receiving Medicare during PHE.</li><li>• HFS transitioned customers in IES the week of 02/20/23:<ul style="list-style-type: none"><li>• Placed in AABD or AABD Met Spenddown</li><li>• Customers notices were generated the week of 02/20/23</li></ul></li></ul>

# Health Benefits For Immigrant Adults

- Started as Health Benefits for Immigrant Seniors, individuals over 65 otherwise eligible for Medicaid coverage but for immigration status
  - 13,946 enrollees. FY 22 spend of \$130 million.
- Next phase increasing eligibility to those between 55-65 last spring.
  - 12,275 enrollees. FY 23 spend to date \$73 million.
- Beginning this fiscal year, eligibility increased to those 42-54
  - 21,090 enrollees. FY 23 spend to date \$70 million.
- 67% of enrollees reside in Cook County. Since inception, 46% of payments have gone to Cook County Health and Hospital System.

Complete reports by county can be viewed on the HFS Public Education Subcommittee website at :  
[Reports | HFS \(illinois.gov\)](#)

# Family Planning

## Applying for Family Planning

- Customers that do not have an active Medicaid case:
  - Apply via ABE
  - [abe.illinois.gov](https://abe.illinois.gov)

Program launched November 30, 2022 and has nearly 1,301 enrollees.

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print Logged in: atest88 | Logout

**Apply for Coverage**

- Start
- People
- Liquid Resources
- Other Resources
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Finish
- Submit

**Apply for Benefits**

Please select Yes or No for each benefit option below

**Apply for SNAP (Supplemental Nutrition Assistance Program)?**  Yes  No

SNAP (Supplemental Nutrition Assistance Program) helps people and families buy food they need for good health. This program used to be called Food Stamps. [More about SNAP.](#)

**Apply for Healthcare Coverage?**  Yes  No

Provides access to healthcare benefits to people of all ages in Illinois. [More about healthcare coverage.](#)

If you do not qualify for HFS medical programs, we will send your information to the federal Health Insurance Marketplace. The Marketplace will contact you to complete the application process by reviewing available tax credits and choosing and enrolling in a health plan.

**Apply for Family Planning Program?**  Yes  No

The Illinois Family Planning Program is a partial-benefit program that offers coverage for family planning and related services for men and women. **Select this option to apply for the Family Planning services only.** [More about Family Planning Program.](#)

**Apply for Cash Assistance?**  Yes  No

Helps pay for food, shelter, utilities, and expenses other than medical costs. A small amount of [Cash Assistance](#) is available to people who qualify.

If you apply for Cash Assistance, you will automatically apply for Healthcare coverage.

**Apply for Medicare Savings Program?**  Yes  No

Helps people on Medicare pay for premiums, deductibles, and co-insurance charges. [More information about the Medicare Savings Program](#)

Back Save and Exit Next

# Q and A



# VI. B. Managed Care Update



HFS

Illinois Department of  
Healthcare and Family Services





# Partnering with Medicaid MCOs

- Managed Care plans are developing robust outreach initiatives including:
  - Text Messaging, email and direct mail Campaigns
  - Update websites and customer newsletters with information
  - Phone banking and customer engagement
    - Example: If a customer contacts their MCO and is known to have a renewal due, the MCO will offer to transfer the caller to the DHS Helpline to complete the redetermination over the phone.
  - Redetermination events
  - Redetermination awareness campaigns
- MCOs providing updated addresses to HFS for entry into IES



# Partnering with Medicaid MCOs

- HFS providing member information to the MCOs to target customers. Lists include:
  1. Customers up for renewal in a month
  2. Customers who need extra outreach because redes not yet received
  3. Customers who missed cutoff and will be cancelled but in reinstatement period
  4. Ineligible customers who MCOs can assist to transition to the Marketplace or other resources like S.H.I.P
- Managed Care Plans will ensure staff and external partners are engaged:
  - Training all MCO call center representatives, care coordinators, and case managers on the redetermination process to give members their redetermination dates when they call in.
  - Partnering with providers, pharmacies and community partners to ensure outreach/support in helping members submit their redetermination.
  - Working with external vendors like Best Foot Forward, Catalyst or corporate vendors to do external calls and help members submit their redeterminations when due.

# VI. C. ILOGIN



**HFS**

Illinois Department of  
Healthcare and Family Services

# ILogin

- HFS/DHS will transition to a new login and MFA process for ABE and IES in Spring 2023.
  - Will improve protection of private information
  - Will make account recovery easier
  - Will be used across multiple state platforms
- Two different processes:
  - ABE Customers: **ILogin**
  - ABE Provider Portal and IES Providers: **Illinois Partner Tenant**
- Getting ready for go live:
  - Providers activate users
  - Customers; assist with email setup
  - Customers with no email; refer to HFSAAs or Approved Representative
  - Communications through multiple sources; ABE page, FAQs, Webinars

# 7. Public Comments



**No Public Comments**

# 8. Additional Business



## 8. Additional Business

### a. Items or Future Discussion



# 9. HFS Announcements



### a) Speaker's Bureau: HFS Community Events Participation Request Form

1. Applicants are able to request HFS to participate in upcoming community events:
  - Eligibility, Child Support, HealthChoice IL, etc.
2. Applicants can request trainings:
  - Medicaid Address Update, PHE Unwinding Toolkit, Manage My Case, Etc.
3. [Link: HFS Community Events Participation Request Form](#)



#### HFS Community Events Participation Request Form:

This form is to support the efforts of HFS staff participation in community events for the purposes of HFS Community Engagement.

\* Required

Event Details:

1. Date of the Event: \*

Please input date (M/d/yyyy)



2. Time of Event: \*

Enter your answer

3. Name of the Event: \*

Enter your answer

# 9b. Outreach to Pub Ed Subcommittee Members

## 1. Institutional outreach across the MAC and Subcommittees

### ➤ Scheduling follow-up calls with all Pub Ed Subcommittee Members

- First Phase of Outreach to Subcommittee Members

- Email & Phone outreach, 1:1 meetings, survey
- Review Address Update Toolkit
- Develop Outreach Plan
- Get commitments and estimates of reach

- Second phase of Outreach to Subcommittee Members

- Review Address Update Messaging Toolkit
- Review progress of pre-existing outreach plan

List name	Org type	Org	Contact	Email	Phone	Status & Notes	Outreach Plan (one script for preferred items)	Discussed Medical context
116	System #	Healthcare Association	Illinois Healthcare Hospital Network	Patricia "Pat" Foster	pat.foster@ihh.org	815-875-3999	PHR MR coverage on 3/2/23	
117	System #	Healthcare Association	Leading Authority of Cook County	Richard Morrison	richard.morrison@cookcounty.org	708-442-4000	Call on 3/11 with team they will send to local housing contacts and inquire for reports	
118	System #	Healthcare Association	Cook County Health	Heidi Reynolds-Matthew	heidi.reynolds-matthew@cookcounty.org		working on access to MR Partner Portal	
119	MACN	System #	Maternal Health of Illinois	Nick DeRube and Liz Leonard	nick@maternalhealth.org		in address to MR coverage (2023), add and refer to all members joining email to address benefits of MR. Will collect MRCA address changes that cover back and get underwritten mail cataloged for follow-up briefing	
120	System #	Association	Association of Illinois Coordinators	Michelle Piro	mpiro@acoil.org		will be reached by 3/14/23	
121	Health Chicago 2020	System #	Behavioral health, Chronic health	Dr. Paul Williams, Director of operations	williams@hchicago.org		3/24/23 call with team, shared toolkit and asked to complete survey	
122	State Water Agency	System #	Water	Joseph Williams	jwilliams@waterboard.org		part of MR email 3/2/23	
123	Health Chicago 2020	System #	Chronic	Shirley Conroy	shirley@hchicago.org		part of MR email 3/2/23	
124	Health Chicago 2020	System #	Chronic	John Early, Health Centers	john.early@hchicago.org		will be reached by 3/14/23	
125	Health Chicago 2020	System #	Chronic	Heather Health Centers	heather@hchicago.org	815-893-9111 (ext)	will be reached by 3/14/23	
126	Health Chicago 2020	System #	Chronic	Maternal Health	maternal@hchicago.org	815-208-3476	will be reached by 3/14/23	
127	Health Chicago 2020	System #	Chronic	Pharmacogenomics	pharmacogenomics@hchicago.org	815-208-3476	will be reached by 3/14/23	
128	System #	System #	Health	Illinois Department of Health Services	idhs@idhs.state.il.us		2/27 Address including IDHS and CHS	
129	System #	System #	Chronic health	Chronic Health	chronic@hchicago.org		will be reached by 3/14/23	
130	State Water Agency	System #	Water	John Early	john.early@waterboard.org		done by MR contact?	
131	System #	System #	Healthcare Association	Illinois Healthcare Hospital Network	pat.foster@ihh.org		System will reach out to any needs of MR	
132	State Water Agency	System #	Water	John Early	john.early@waterboard.org		Completed message and toolkit, meeting scheduled	
133	System #	System #	Healthcare Association	Illinois Healthcare Hospital Network	pat.foster@ihh.org		Next email with toolkit meeting planned	
134	MAC PE member	System #	Behavioral health	Chronic Health	chronic@hchicago.org		Next email with toolkit meeting planned	
135	MAC PE member	System #	Behavioral health	Chronic Health	chronic@hchicago.org		Next email with toolkit meeting planned	
136	MAC PE member	System #	Behavioral health	Chronic Health	chronic@hchicago.org		Next email with toolkit meeting planned	

# 9c. Resources: MAC & Subcommittee Membership Questionnaire

## Medicaid Advisory Committee (MAC)

[HFS > About Us > Boards and Commissions > Medicaid Advisory Committee \(MAC\)](#)

The Medicaid Advisory Committee (MAC) advises the Department of Healthcare and Family Services with respect to policy and planning related to the health and medical services provided under the department's [Medical Programs](#) including Medical Assistance, [All Kids](#) and [FamilyCare](#) pursuant to federal Medicaid requirements established at 42 CFR 431.12.

- [Medicaid Advisory Committee Opportunities \(pdf\)](#)

Medicaid Advisory Committee (MAC)
<a href="#">MAC Home</a>
<a href="#">Overview</a>
<a href="#">Members</a>
<a href="#">Bylaws</a>

### Step 1

**HFS**  
Illinois Department of Healthcare and Family Services

### Medicaid Advisory Committee Opportunities

The Medicaid Advisory Committee (MAC) is seeking candidates interested in advising the Illinois Department of Healthcare & Family Services (HFS) on its Medical Assistance Program.

The MAC was created to advise HFS about health and medical care services under the Medical Assistance Program pursuant to the requirements of 42 CFR 431.12 with respect to policy and planning involved in the provision of medical assistance.

The MAC shall have the opportunity to advise on policy development and program administration, including furthering the participation of recipient members in the agency program pursuant to 42 CFR Section 431.12(e).

**Vision Statement:** The Medicaid Advisory Committee shall ensure that populations covered under HFS' Medical Assistance Programs have timely access to high quality medical care delivered in a cost-efficient manner that meets customer needs regardless of sex, race/ethnicity, primary language, geography, age, disability or other socioeconomic factors.

**Please see descriptions of subcommittees under the MAC:**

**Community Integration Subcommittee:** Established to advise the Medicaid Advisory Committee on short- and long-term recommendations to increase the number of seniors and persons with all types of disabilities receiving services in community settings. The subcommittee, comprised of a diverse group of stakeholders including Medicaid customer and will identify systemic barriers to achieving greater community integration and will review, discuss, and develop recommendations on strategies to ensure that long-term services and supports in the community are accessible and equitable. These strategies will be informed by established evidence-based practices, federal funding opportunities, programmatic requirements, and the practical realities of Illinois' medical programs. **(This subcommittee is no longer accepting application submissions.)**

**Health Equity & Quality Subcommittee:** Established to advise the Medicaid Advisory Committee concerning strategies to improve customer outcomes by ensuring that populations covered under HFS' Medical Assistance program have efficient, cost effective, and timely access to quality care that meets their need without discrimination based on race/ethnicity, gender, primary language, disability, sexual orientation, or socio-economic status.

**Public Education Subcommittee:** Established to advise the Medicaid Advisory Committee concerning materials and methods for informing individuals about health benefits available under the Department of Healthcare and Family Service's medical programs including, but not limited to, All Kids, FamilyCare, Aid to the Aged, Blind, or Disabled (AABD) medical.

**N.B. Stakeholder Subcommittee:** On January 16, 2018, United States District Judge Jorge L. Alonso approved the terms of the N.B. Consent Decree, which was agreed to by the state of Illinois and the Plaintiffs. The purpose of the Consent Decree is to design and implement a systemic approach through which all Medicaid-eligible children under the age of 21 in the State of Illinois, with reasonable promptness, will be provided the Medicaid-authorized, medically necessary intensive home and community-based services, including residential services, that are needed to correct or ameliorate their mental health or behavior disorder. The Stakeholder Subcommittee will be asked to provide feedback and input on specific aspects of the Implementation Plan, as requested by HFS.

**To apply for consideration:**

1. Interested parties must complete the required questionnaire [HERE](#) for consideration.
2. If you need further information, please contact [Melissa.Bansa@illinois.gov](mailto:Melissa.Bansa@illinois.gov).

### Step 2

**HFS**  
Illinois Department of Healthcare and Family Services

## Medicaid Advisory Committee (MAC) & Subcommittee Application

Request for Membership Application

\* Required

**Please provide your contact information.**

1. Name (Last, First, Middle Initial) \*

2. Employer (If you are working in a paid position; list all if more than one.)

\*

### Step 3

## 9c. Resources: HFS MAC Notifications

**A. To receive MAC email notifications regarding public meeting notices, sign up for our MAC and Subcommittee Listserv:**

1. [Medicaid Advisory Committee \(MAC\) | HFS \(illinois.gov\)](#)
2. [MAC and Subcommittees E-mail Notification Request | HFS \(illinois.gov\)](#)

## 9.c. Resources: Social Media

A. The Illinois Department of Healthcare and Family Services (HFS) utilizes a range of social media accounts to better reach our customers and stakeholders. We encourage you to follow us on:

1. **Twitter:** <https://twitter.com/ILDHFS>

2. **Facebook:** <https://www.facebook.com/ILDHFS>

3. **LinkedIn:** <https://www.linkedin.com/company/ildhfs/>

for important news, announcements and alerts. And please spread the word to your own followers.

Together, let's keep those we serve well informed, educated and empowered!

# 10. Concluding Directives and Wrap Up



# 11. Adjournment

