

PUBLIC EDUCATION SUBCOMMITTEE (PUB ED)

JANUARY 25, 2023

VIRTUAL WebEx Meeting

10AM – 11:30 AM



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.**
- ***The 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



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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 and Margaret.dunne@illinois.gov with a copy to 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 and Margaret.dunne@illinois.gov with a copy to 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

I. Call to order

II. Roll call of Subcommittee Members

III. Introduction of HFS staff

IV. Purpose of Special Meeting

V. Medical Eligibility

A. End of Continuous Coverage

B. Resuming Medical Redeterminations

C. Questions and Answers

Agenda

VI. Partner Agency Outreach Efforts:

- A. Customer Engagement Efforts During PHE
- B. Address Update Toolkit Utilization

VII. Public Comments

VIII. Additional Business

- A. Announcements
- B. Concluding Directives and Wrap Up

IX. Adjournment

IV. Purpose of Special Meeting



IV. Purpose of the Special Meeting

- A. To inform the subcommittee about the operational plans HFS is developing in partnership with DHS for the end of Continuous Coverage.
- B. To discuss the following goals:
 - Minimize the number of eligible customers who lose coverage
 - Provide all customers with access to multiple customer-centered redetermination completion and submission opportunities.
 - Ensure all Medicaid eligible customers continue to connect with their healthcare providers

V. Medical Eligibility: The Road Ahead



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V. Medical Eligibility

- A. End of Continuous Coverage
- B. Operations and Resuming Medical Redeterminations
- C. Questions and Answers



Background and Overview



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COVID-19 Public Health Emergency

- The declaration of the Public Health Emergency (PHE) provided states with authority to implement numerous flexibilities that impact almost all aspects of Illinois Medicaid operations.
- The Families First Coronavirus Response Act (FFCRA) legislation offered states enhanced federal match in exchange for meeting a Maintenance of Effort (MOE) requirement.
 - The **'continuous coverage'** or **'continuous enrollment'** condition was part of the Maintenance of Effort.



Consolidated Appropriations Act, 2023 (CCA)

- Signed by President Biden on December 29, 2022
- Amends the FFCRA to delink the Medicaid Continuous Enrollment Requirement from the end of the COVID PHE.
 - Other Medicaid flexibilities remain tied to the end of the PHE.
- Phases out the enhanced federal match rate authorized by the FFCRA.

Impact on Continuous Enrollment

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



Restarting Redeterminations

Redeterminations: Form A and Form B

Form A

- IES currently renews 30-40% of medical customers each month.
 - This is done through electronic verification of income and other factors.
 - This process does not require customer action.
 - *Process is known as **Ex Parte or Form A process.***
- SNAP beneficiaries receiving medical benefits are also renewed when they go through the SNAP redetermination process.

Form B

- All Medicaid customers whose eligibility information cannot be electronically verified.
- Customers that cannot be redetermined through the receipt of another program like SNAP, enter the Form B process.

Redetermination Process by Month

End of Certification Period	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	06/01/2023	06/15/2023	07/01/2023	09/30/2023
07/31/2023	07/01/2023	07/17/2023	08/01/2023	10/31/2023
08/31/2023	08/01/2023	08/15/2023	09/01/2023	11/30/2023



Communications Strategy



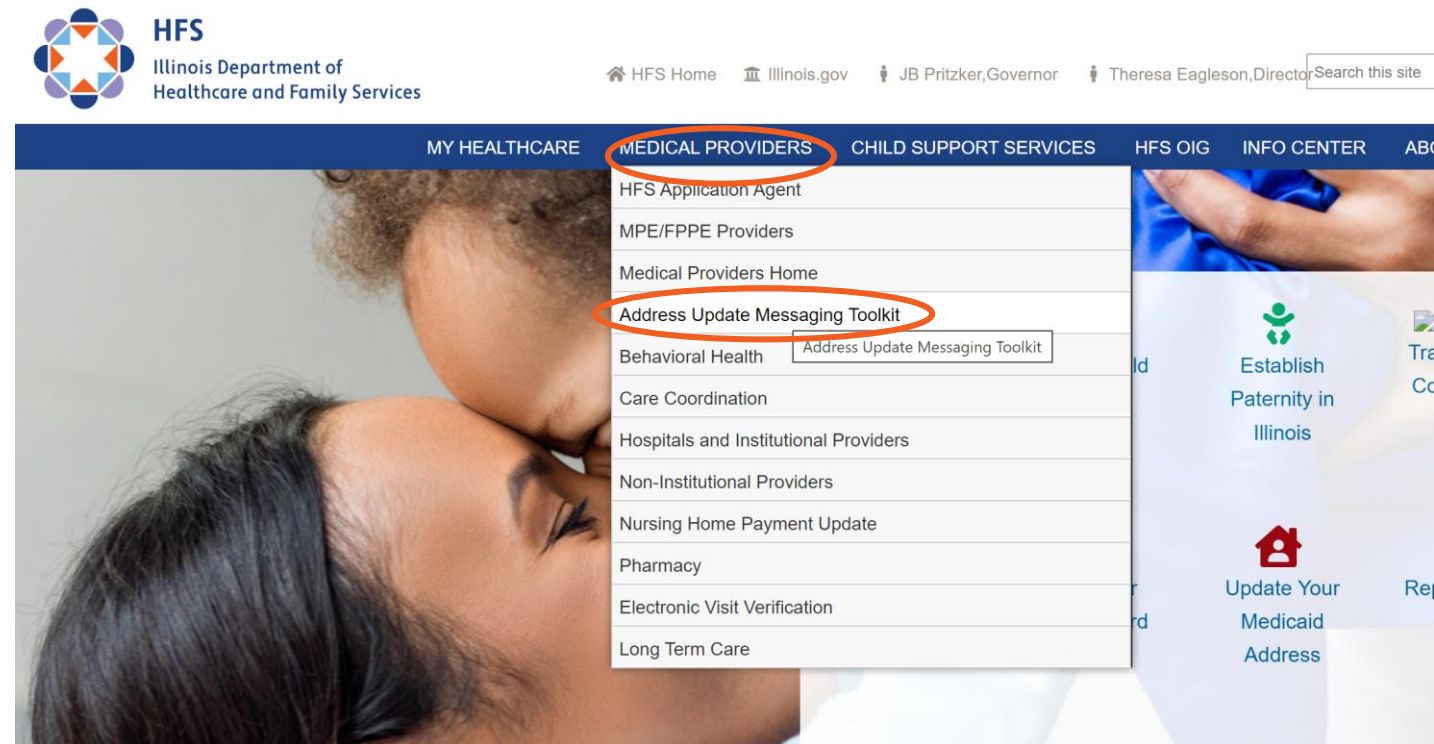
Public Health Emergency Communications Phased Approach

▶ Phase 1: (NOW)
Update your address

Phase 2: (3-4/23)

Ready to Renew

Toolkit: hfs.illinois.gov



Phase 2
Ready to Renew





Audience + Messages

A. Medicaid Customers

1. Verify your address
2. Find your due date
3. Check your mail
4. Complete your renewal
5. Connect to coverage

B. External Stakeholders

- *Managed Care Organizations (MCOs), providers, state agencies, application agents, schools, churches, food banks, elected officials, community leaders...*
- Help Medicaid customers get ready to renew
- Use our outreach materials and messaging to talk to Medicaid customers about redeterminations



Ready to Renew Campaign Messaging

Got Medicaid? Get ready to renew! Manage your case at abe.illinois.gov.

Illinois is checking to see if you are still eligible for Medicaid. Here's what you need to do now:

Click Manage My Case at abe.illinois.gov to:

- Verify your mailing address under 'contact us.'
- Find your due date (also called redetermination date) in your 'benefit details.'

Watch your mail and complete your renewal right away.

If you are no longer eligible for Medicaid, connect to coverage at work or through the official Affordable Care Act marketplace for Illinois, GetCoveredIllinois.gov.

Call 1-800-843-6154 for help with your renewal.

Partnering with Medicaid MCOs

- Managed Care plans are developing robust outreach initiatives including:
 - Text Messaging Campaigns
 - Emails to members
 - 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
- Improved data sharing between HFS and MCOs to target customers

Targeted Outreach to Medicaid Customers

Verify your address | Find your due date | Check your mail | Complete your renewal | Connect to coverage

HFS/DHS

- Paid Advertising
- Social (organic)
- News Media
- ABE Texts/Emails
- TV/Radio PSAs
- Website
- IVRs

MCOs and Partners

- Social: Organic + paid
- IVRs
- Emails
- Texts
- Phone Calls
- Events
- Flyers/palm cards
- Provider tools (MEDI, MyChart, etc)

In Development for HFS

- Salesforce Marketing Cloud
 - Email
 - Text
 - Social Media (Paid)
- Paid advertising campaign

Text Messaging

SMS (Short Message Service)	MMS (Multimedia Message Service)
<p>Get ready to renew your Medicaid! Find your due date & verify your mailing address at abe.illinois.gov (click Manage My Case) or 1-800-843-6154. Txt STOP=stop</p>	<p>Get ready to renew your Medicaid! Illinois is checking to see if you are still eligible for Medicaid. You need to verify your mailing address and know your due date to make sure you get your renewal letter. Click Manage My Case today at abe.illinois.gov or call 1-800-843-6154. STOP = unsubscribe.</p>

Paid Media Campaign: In contract review

- Statewide
- Targeted
- Omnichannel
- Yearlong
- Multilingual





Technology

Integrated Eligibility System (IES) Enhancements

Continuous Coverage Enhancement	Description	Timeline
Ex-Parte for \$0 income medical cases	One of the top reasons cases were not considered for Ex-Parte.	Starting in April 2023 when redeterminations resume.
Processing of a received redetermination	Caseworkers must complete the Medical Rede when other changes are being made to the case.	Already turned on in IES.
Addition of Phone Redeterminations	New option for customers: Phone system identifies the caller as due for rede and transfers them to the appropriate staff.	Already in operation and being used for SNAP.
Using SNAP Income	SNAP income may now be used to determine eligibility for Ex-Parte	Starting in April 2023 when redeterminations resume.



Data Sharing: MCOs

- Federal Guidance: 1902(e)(14) Waiver Authority
- Illinois is engaged in the following:
 - Allowing MCOs to submit to HFS, updated customer addresses **if** customers provide the update and it's more recent.
 - MCOs will continue to refer members to available State sources to update information
- Permitting MCOs to refer members to the Federal Marketplace if ineligible for Medicaid

Data Sharing: MCOs

Rede Outreach	Reinstatement Outreach
<ul style="list-style-type: none">MCOs currently receive data for all members, including renewal dates.	<ul style="list-style-type: none">HFS will provide lists to MCOs of members who recently lost coverage for procedural reasons, i.e. Failure to Respond.
<ul style="list-style-type: none">MCOs will begin to receive Form A and Form B data	<ul style="list-style-type: none">MCOs will assist members by informing them of the 90-day reinstatement period and/or how to access the Marketplace.
<ul style="list-style-type: none">MCOs will proactively outreach on the month customers have to submit their redetermination	



PHE Eligibility Flexibilities

- PHE Flexibilities will continue through the unwinding to help eligible customers get and stay covered, including:
 - Reasonable compatibility threshold increased from 5% to 30%
 - Accepting attestation at application for income, incurred medical expenses, and insured status
 - Delay action on changes affecting eligibility until redetermination
 - Presumptive eligibility for MAGI adults at initial application
 - Increase Presumptive Eligibility (PE) for children and MAGI adults to up to two times in a calendar year.



Staffing

Staffing for Increased Rede Workload

Increase Staffing Levels | Prioritize Training | Deploy Workforce | All Hands-On Deck

- Approximately 1/12th of Medicaid customers will be up for redetermination each month.
- Volume of cases to be redetermined has increased:
 - 100k more Medicaid cases per month
- CMS recommends that states initiate no more than 1/9th of its total renewals monthly.

Staffing Levels

Caseworkers	February 2019	January 2023
DHS	2,672	2,890
HFS	69	129

Staff Readiness: Training

- Ensuring all rede dates are populating correctly in IES and ABE
- Planning and organizing the mailing of the Redeterminations
- Training for field staff
 - Staff have not been processing Redeterminations since the beginning of the PHE
 - Will include training guides, SOPs, policy updates, etc.
 - Example of training:

Training	Training Objective
Renewal Refresher Training	This refresher training will focus on the required steps for processing annual renewals, including handling special case scenarios resulting from the PHE.



Medical Eligibility: Progress Monitoring



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CMS Reporting Requirements

All Data elements below will be reported to CMS and will be made public

Total Call Center Volume

Average Call Center Wait Time

Average Call Center Abandonment Rate

Number of eligibility renewals initiated

Number of beneficiaries renewed via ex-parte

Number of individuals terminated

Number of individuals terminated for procedural reasons

Number of individuals enrolled in a state child health plan or waiver

Q and A



VI. Partner Agency Outreach Efforts



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VI. Partner Agency Outreach Efforts

- A. Helping Our Customers Retain Coverage
- B. HFS Application Agents
- C. Manage My Case
- D. Outreach Events



Helping our customers retain coverage

- Encourage medical customers to learn about their redetermination date
- Promote DHS and HFS Call Centers to find out REDE dates
- Check MEDI when someone comes to you for services or assistance and tell them when their redetermination is due
- Explain the timeline of when redeterminations are mailed vs. their due date.
 - Redes are mailed 60 days before the redetermination due date.
- Continue to encourage medical customers to update their contact information.
- **Assist customers with setting up Manage My Case (MMC) accounts**



HFS Application Agents (HFSAAs)

- HFS requires HFSAAs 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.
- HFSAAs 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

The 3 Cs of Manage My Case (MMC)

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

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

- MMC allows customers to make fewer visits to their local DHS office, stay informed on the status of their benefits, and manage their case information.
- We urge all agencies with customer contact and resources available to assist customers in setting up MMC accounts.



Outreach Events

HFS Speaker's Bureau: Community Events Participation Request Form

- Requests for HFS participation during an upcoming community event and/or requests for HFS to conduct a training for your organization must be submitted using the:
 - [HFS Community Events Participation Request Form.](#)

For All Entries:

- This Form is for Internal and External utilization.
- Please submit all request 12-14 business days prior to the date of your event or training.
- All submissions will be reviewed by the HFS Outreach Team.
- Note: HFS's Confirmation of Participation is based on staff capacity and available resources.

VII. Public Comments



VII. Public Comments

Inquiry from Robin Lavender – DuPage County Health Department

VIII. Additional Business



VIII. Additional Business

A. Announcements

B. Concluding Directives and Wrap Up

IX. Adjournment

