

**Illinois Department of Healthcare and Family Services  
Final Public Education Subcommittee Meeting Minutes  
October 3, 2019**

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

**Committee Members**

Kathy Chan, Cook County Health  
Jacenta Manley for Brittany Ward, CPS  
Sue Vega, Alivio Medical Center (by phone)  
Sherie Arriazola, Safer Foundation (by phone)  
Nadeen Israel, AIDS Foundation of Chicago  
John Jansa, Fox Valley Developers (by phone)  
Erin Weir Lakhmani, Mathematica Policy Research (by phone)  
Connie Schiele, HSTP (by phone)

**HFS Staff**

Jane Longo  
Lauren Polite  
Laura Phelan  
Arvind Goyal  
Elizabeth Nelson  
Melissa Black  
Veronica Archundia

**Committee Members Absent**

Sergio Obregon

**DHS Staff**

Gabriela Moroney

**Interested Parties**

Michael Lafond, Abbvie  
Angelica Saavedra, Next Level Health  
Bailey Huffman, Age Options  
Marina Kurakin, Legal Council for Health Justice  
Michael Gerges, UIC  
Amber Kirchhoff, Thresholds  
Tony Smith, NAMI Chicago  
Emily Chittajallu, La Rabida  
Brielle A, Meridian  
Carrie Chapman, LCHJ  
Le Andra Pagder, CPS  
Alicia Donegan, Age Options  
Samantha House, Medical Home Network  
Pimentel, ICIRR  
Andrea Kovach, Shriver Center  
Nicolle Lee, Access Health  
Viviana Rodriguez, University of IL Hospital  
Kelsie Landers, Ever Thrive IL  
Sam Holls, Illinois Hospital Association  
Caroline Volgman, Next Level Health  
Jessie Beebe, AFC  
Nina Misra, Ever Thrive IL  
Paula Campbell, IPHCA  
Susan Gaines, IPHCA  
Ken Ryan, ISMS  
Sarah McCoy, IHCOP  
Patrick Hoster, Speaker's Research Staff Member  
Trisha Rodriguez, Senate Democrat Staff Member  
**Interested Parties (by phone)**

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Nelson Soltman,  
Dave Hunter, Presence Health Partners  
Rose Dunaway, Girling Community  
Angela Boley, Land of Lincoln Legal Aid  
Faye Manaster, The Arc Illinois  
Jessica Pickens, NLH Partners  
Martha Jamuz, Choices  
Jennie Pinkwater, Illinois Chapter, American Academy Pediatrics  
Beth Berendsen, City of Chicago  
David Hurter, Amita Health  
Robin Lavender, Du Page County Health Department  
David Hurcher, Ameda

**1. Introductions:**

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

**2. Review and Approval of the Meeting Minutes from August 8<sup>th</sup>, 2019 & September 17, 2019:**

Gabriela Moroney requested that an amendment be made to Page Three, Paragraph Six of the meeting minutes from the special meeting held on September 17<sup>th</sup>, 2019, removing the phrase “DHS is exploring this suggestion”. The sentence should read, “It was recommended that individual agencies may also want to modify these messages, as appropriate for the populations with which they work most closely”. With this edit, the September 17<sup>th</sup>, 2019 minutes were approved. The minutes from August 8 were approved as written. Nadeen Israel made a motion to approve both meeting minutes with a vote of seven committee members in favor, zero opposed, and two members absent.

**3. Care Coordination:  
DCFS/DSCC**

Laura Phelan indicated that the enrollment of Special Needs Children and DCFS Youth in Care and Former Youth in Care will be changed from November 1, 2019 to February 1, 2020. Ms. Phelan said the delay will help ensure a smooth transition and will allow HFS and DCFS to engage with families and providers, as well as other stakeholders. It will also allow HFS to continue monitor the managed care organizations’ preparation. IlliniCare won the bid during the HealthChoice Illinois procurement process to serve as the MCO for DCFS Youth in Care. The plan will be called, “YouthCare.”

Ms. Phelan said that the network includes 72% of providers that already serve DCFS wards and that additional providers are expected to be in place soon. YouthCare also has hired more than 130 Care Coordinators, with a goal of having a total of 170 workers. Training will begin on September 30. DCFS will begin assessment and care planning with those who will be in YouthCare and their families, in advance of the February transition date. This will provide time for both families and coordinators to understand and finalize care options. She added that, on an individual child basis, single-case agreements with providers will also be created.

Laura said that a notice will be sent to all providers explaining the new implementation date, the reason for the delay, and the child populations impacted.

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn191029a.aspx>

HFS will also send a letter explaining the delay to all clients involved. Former DCFS Youth in Care will have a choice of plans. They will be auto-assigned to IlliniCare/YouthCare, if they do not choose a plan. DSCC Core Children will participate in the traditional HealthChoice Illinois process, with auto assignment using the algorithm if a choice is not made. The transition will occur on February 1, 2020. FAQs are posted online:

<https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/defaultnew.aspx>

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In response to a request made by Nadeen Israel during the August 8<sup>th</sup> meeting regarding the Special Needs Waiver, Lauren Polite indicated that the waiver was initially submitted on 6/29/18 with an effective date of 10/1/18. It was updated and resubmitted on 12/21/18 with a revised effective date of 4/1/19, which was approved by CMS on 1/10/19.

**MMAI:**

HFS submitted a formal request to federal CMS to ask that the MMAI demonstration be expanded statewide, and that this would go into effect January 1, 2021.

Any health plan providing Medicaid managed care in Illinois will be allowed to participate and will need to be statewide, unless approval has been provided through the HealthChoice Illinois contract to offer coverage only in Cook County.

In order to participate in MMAI expansion, HealthChoice Illinois plans must also go through the Medicare Advantage approval process. Ms. Phelan said HFS is also working on an extension of the current MMAI contract to continue as is through December 31, 2020.

**Managed Long Term Support and Services (MLTSS)**

HFS submitted a request to CMS on a five-year extension request for a 1915(b) waiver. MLTSS would continue through December 31, 2024. During the August 8 meeting, Kathy Chan requested MLTSS enrollment numbers. Laura reported the enrollment numbers as of August 1, 2019:

- BCBS – 15,483
- CountyCare – 6,052
- IlliniCare – 13,645
- Meridian – 13,072
- Molina – 3,369
- NextLevel – 882
- For 2021 – MLTSS plans will be the same

At the June 6 meeting, Patrick McGuire requested that the monthly MCO 834 Files indicate whether a member receives a Form A (ex-parte, no need to report if nothing has changed, in order to continue coverage), or Form B (requires active response to continue coverage) with respect to the annual redetermination process. Laura said that currently, HFS provides the redetermination dates for all members to the MCOs. HFS cannot add another column to the 834 File; however, the cells in the current column that accommodates the rede date can be reprogrammed to include only the rede dates for clients who receive a Form B. These clients need to take action to keep their Medicaid coverage. This cell would be left blank for everyone who receives Form A.

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She added that the form that the client will receive is not determined until 60 days in advance of the redetermination. As a result, including this information would cause MCOs to receive less advance notice. It would, however, provide a more targeted list of members that need to take action. This proposal was presented to the CEOs of the health plans with a request for feedback on this compromise. Depending on their feedback, HFS will proceed with the system changes. Committee members asked:

- **HFS do more work to educate medical providers. Families are asking physicians for information and they don't have information to share with families.**
- **The Child Welfare Medicaid Managed Care implementation Advisory Workgroup is for DCFS kids. Committee members asked for a separate workgroup regarding the Special Needs children not under DCFS care, in order to ensure a smooth transition.**
- **They would like more information about the September 30 training. Is it specific to DCFS?**
- **Nadeen Israel asked for a chart about what each health plan is doing for redeterminations.**

#### **4. Illinois Department of Human Services (DHS) Update:**

Gabriela Moroney reported that DHS has been training staff members. It has also invited sister agencies to participate in conversations with Protecting Immigrant Families Illinois Coalition <https://www.clasp.org/sites/default/files/publications/2018/04/FACT%20SHEET%2004.17.18%20public%20charge.pdf> .

She said that there have been no reports of increased activity at the FCRCs or Hotline regarding concerns about the Public Charge Rule.

The US Department of Homeland Security is expected to publish the Final Public Charge Rule soon. Ms. Moroney said the proposed Rule can deny a person's admission to the U.S. or reject an application for lawful permanent residency of an applicant who is determined likely to become a public charge.

According to the Legal Council for Health Justice, several lawsuits have been filed throughout the nation seeking preliminary injunctive relief to stay the start date of the Rule (scheduled for October 15). It was mentioned that the Supreme Court has indicated that they may no longer enjoin nationwide injunctions or more limited injunctions – but Illinois has two chances to get relief through an Illinois Attorney General suit and through a Cook County/ICIRR suit.

**A recommendation was made to revise the existing HFS “Questions and Answers about Immigration and Public Charge” brochure to reflect the final rule and refer those with questions to DHS resources.**

#### **5. Delayed ordering/referring/prescribing NPI requirements**

Dr. Goyal indicated that HFS is delaying implementation of the ordering/referring/prescribing requirements for one month, from October 1, 2019, to November 1, 2019. He said that

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ordering, referring, and prescribing providers must be enrolled in ([IMPACT](#)) system (Illinois Medicaid Program Advanced Cloud Technology), and have an NPI. Affected ordering, referring physicians or other professionals (ORP) received a provider notice to make them aware of the new effective date. <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn190923a.aspx>

In addition, MCOs have been reviewing their networks and sending notices to ORP providers that may be out of compliance.

#### **6. ABE & IES Update:**

Lauren Polite shared the attached report, “ABE Manage My Case, Appeals and Statistics” reflecting the numbers through 9/23/2019. Jane Longo indicated that, since September 2019, 78,878 applications have been adjudicated in more than 45 days. This number has continued to decrease and is substantially lower than the number reported in December 2018, when the total had been approximately 120,000. This does not include situations when Medicaid is added to active SNAP or TANF cases.

Margaret Dunne provided an update related to the, “Report of a Birth” (ROB) functionality, which allows authorized hospitals to report the birth of a newborn when the mother has a, “Moms and Babies” case. This does not apply to babies born to incarcerated women, MPE, and DCFS cases. Margaret said the number of babies added has increased significantly in the past several months. Through September 11, 2019 there were a total of 1,447 submissions of birth reports; of those, 1,133 were auto-processed and 332 have been excluded. Those excluded were duplicates of cases where the baby had already been added. Of all cases that have been auto-processed, 83% have been certified successfully.

Ms. Dunne said that currently, 45 Illinois hospitals have been registered in the Partner Portal and are able to report the births through ABE. Of those, 20 hospitals are using ROB consistently. She reminded committee members that:

- Newborns can only be added to active cases. The hospital must check MEDI before using ROB.
- Newborns cannot be added to an MPE case; this is a temporary case.
- ROB cannot be used for IDOC and DCFS cases or for mothers living in a facility.
- Until “Search” function is live in Phase II, hospital co-workers need to compare notes to make sure they are not submitting multiple reports on the same baby. If two reports are submitted, this could cause both reports to be excluded.
- Margaret said that if a hospital submits a report of birth, but the information does not match, the request will be sent to the FCRC. She said that, by the end of the year, hospitals will receive the RIN upon completion of the submittal of the report of a birth. In addition, it is expected that families will be able to add a baby to a “Moms & Babies” case using Manage My Case (MMC).

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**7. Medicaid Redetermination Update:**

Jane Longo said that getting accurate counts of applications and redeterminations is an extensive process. It is a labor-intensive, time-consuming project to obtain accurate figures for the federal government. HFS expects to provide a redetermination report on upcoming meetings. She said that it is important to note that redetermination applications awaiting for making an action have declined by several thousand in the past few months. There are currently 64,000 redeterminations due for October and November 2019.

**8. Criminal Justice Update:**

In response to a request from Sherie Arriazola to revise "Attachment C", which was shared during the previous meeting. Lauren Polite is discussing the necessary edits with Sherrie. This document is intended for providers and assisters helping inmates who are being released from an IDOC facility and are in need of medical coverage. The revised notice will be shared with committee members in upcoming meetings.

**Kathy Chan asked for an update to be provided during the December 5<sup>th</sup> meeting concerning written guidance regarding Medicaid reimbursement for services to residents in Adult Transitional Centers (ATCs).**

**9. Open Discussion and Announcements:**

Jane Longo said that HFS is currently working on implementing provisions from the Medicaid Omnibus Bill, which was signed by the Governor this summer. She indicated that the ex-parte analysis has been completed. HFS is currently working on the first quarterly report and it is possible that it will be issued by the end of October. Ms. Longo said that HFS is pursuing a waiver to improve "continuity of care and flexibility", which will probably include providing post-partum coverage for 12 months, instead of 60 days.

A waiver requirement to implement hospital presumptive eligibility until IES issues can be resolved. This will allow ex-parte renewals for those who report \$0 income, if an electronic data source can verify this. A disconnect is when there is managed care – to allow for member to go back to MCO when reinstated within 90 days.

A participant during the meeting brought up an issue indicating that documents uploaded into Manage My Case could not be viewed by local DHS/FCRC caseworkers. Carrie from Legal Council also reported this as an issue that she has experienced with clients. Jane Longo asked them to send examples to her so HFS can review them. Please email these examples to [Jane.longo@illinois.gov](mailto:Jane.longo@illinois.gov)

**10. Adjournment:**

The meeting was adjourned at 12:04 p.m. The next meeting is scheduled for December 5, 2019, between 10:00 a.m. and 12:00 p.m.

**ABE Manage My Case, Appeals and FFM stats  
For MAC Public Education Subcommittee  
As of 9/23/19**

	<b>9/23/19</b>	<b>7/29/19</b>	<b>5/23/19</b>	<b>4/3/19</b>	<b>2/7/19</b>	<b>10/3/2018</b>	<b>7/31/18</b>	<b>4/10/18</b>
ABE MMC Accounts Linked	836,178	747,236	702,833	643,018	570,348	416,010	329,244	240,780
Renew My Benefits	252,648	232,669	209,483	193,446	172,590	125,603	97,679	53,557
Report My Changes	187,361	169,956	151,150	136,784	121,002	84,882	63,762	31,187
Program Adds	78,096	70,302	61,447	54,621	46,896	31,136	22,908	10,033
Member Adds	24,683	22,495	20,116	18,545	16,485	11,758	9,753	5,173
Mid-Point Reports	125,304	112,567	98,207	88,057	74,786	47,454	34,357	11,247
Appeals submitted	54,067	49,360	43,935	39,974	34,576	24,551	NA	7,380
FFM cases received since 11/2017	234,257	226,185	215,901	208,047	198,234	123,550	114,885	102,618
Cumulative count of people successfully ID proofed through the State	1,918	1,512	959	449	NA	NA	NA	NA

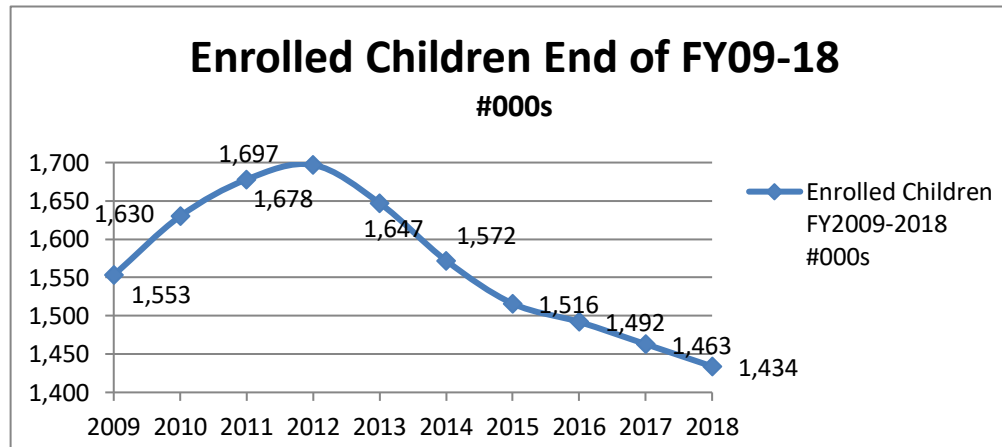


### Children's Enrollment

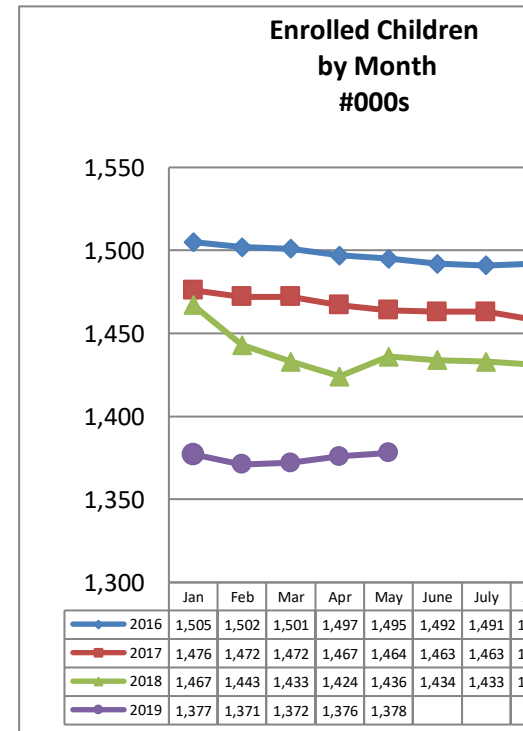
#### Enrolled Children FY2009-2018 #000s

End of FY  
2009  
2010  
2011  
2012  
2013  
2014  
2015  
2016  
2017  
2018

1,553  
1,630  
1,678  
1,697  
1,647  
1,572  
1,516  
1,492  
1,463  
1,434



End of Month	Enrolled Children #000s	End of Month	Enrolled Children #000s	End of Month	Enrolled Children #000s	End of Month	Enrolled Children #000s
<b>2016</b>	<b>#000s</b>	<b>2017</b>	<b>#000s</b>	<b>2018</b>	<b>#000s</b>	<b>2019</b>	<b>#000s</b>
Jan	1,505	Jan	1,476	Jan	1,467	Jan	1,377
Feb	1,502	Feb	1,472	Feb	1,443	Feb	1,371
Mar	1,501	Mar	1,472	Mar	1,433	Mar	1,372
Apr	1,497	Apr	1,467	Apr	1,424	Apr	1,376
May	1,495	May	1,464	May	1,436	May	1,378
June	1,492	June	1,463	June	1,434	June	
July	1,491	July	1,463	July	1,433	July	
Aug	1,492	Aug	1,458	Aug	1,431	Aug	
Sept	1,488	Sept	1,452	Sept	1,423	Sept	
Oct	1,482	Oct	1,446	Oct	1,415	Oct	
Nov	1,481	Nov	1,448	Nov	1,400	Nov	
Dec	1,477	Dec	1,457	Dec	1,384	Dec	



# Children's Enrollment

