

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
Approved Final Minutes
February 11, 2016**

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

Committee Members Present

Kathy Chan, Cook County Health & Hospitals System
Andrea Kovach for Margaret Stapleton, Shriver Center
Sue Vega, Alivio Medical Center
Sherie Arriazola, TASC
Erin Weir, Age Options
Nadeen Israel, EverThrive Illinois (by phone)
Hardy Ware, East Side Health District (by phone)
Brittany Ward, Primo Center for WC
Ramon Gardenhire, AFC
Sergio Obregon, CPS (by phone)
John Jansa, WKG Advisory (by phone)

HFS Staff

Jacqui Ellinger
Lauren Polite
Laura Phelan
Bridgett Stone
Arvind Goyal
Robert Mendonsa
John Spears
Veronica Archundia

Committee Members Absent

Connie Schiele, HSTP

Interested Parties

Amy Sagen, UI Health
Kelly Carter, IPHCA
Jill Fraggos, Lurie Children Hospital
Mackenzie Speer, Shriver Center
Susan Melczer, Illinois Health & Hospital A
Dan Rabbitt, Heartland Alliance
Enrique Salgado, Harmony WellCare
Carrie Chapman, LAF
Kim Burke, Lake County Health Department
Michael Lafond, Abbott
Alison Coogan, Legal Assistance Foundation
Jill Hayden, BCBS IL
Alivia Siddiqi, Advocate Health
Judy Bowlby, Liberty Dental Plan
Matt Werner, M. Werner Consulting
Sandy DeLeon, Once of Prevention
Deanne Medina, LAF
Andrea Davenport, BCBSIL
Karen Brach, BCBSIL
Lynn Seermon, Patient Innovation Center
Heather Scalia, Humana
Rich Dulg, BFF

Interested Parties (by phone)

David Hurter, Presence Health Partners
Gary Thurnauer, PCA Payer Account Management
Dionne Haney, Illinois State Dental Society
Paula R. Dillon, Illinois Hospital Association
Staci Wilson, Illinois Chamber of Commerce
Emily Gelber, Health & Disabilities Advocate
Carol Leonard, Dental Quest
Andrew M Weaver, Land of Lincoln Legal AF
Judy King, Advocate
Mikal Sutton, Cigna Health Spring
Nelson Soltman,
Lorry Raymond, Pharmaceutical Association
Vicky Detweiler DSCC
Cheryl O'Donoghue, VNA Health
Diane Montañez, North Shore Physicians
Alison Stevens, Illinois Hunger Coalition
Lynne Warszalek, Stickney Health Department
Hetal Patel, Illini Health
, Civic Federation
, Health Spring

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1. Introductions

Chairwoman Kathy Chan, from CCHHS, chaired the meeting. Attendees in Chicago and Springfield introduced themselves.

2. Review of Minutes

Ramon Gardenhire made a motion to approve the minutes from the meeting held on December 3rd and it was seconded by Erin Weir. Ten members approved the minutes with one abstention.

3. Care Coordination Update

Robert Mendonsa presented a report. He indicated that HFS continues the collaboration between the remaining ACEs and CCEs for successful transitions. It is expected that by June 30, 2016, there will be 13 care coordination entities in the state, all risk based. He added that the partnership among MCOs, ACEs and CCEs is leading to powerful client-centered alignments. Its focus has been to improve provider coordination and quality in order to ensure that beneficiaries receive the right care, at the right place, and at the right cost. The state is focused on paying for performance measures for managed care organizations to drive improvements in key quality measures for children and adults. It is expected that this efforts will translate into saving for the tax payers.

Mr. Mendonsa indicated that the MMAI demonstration enrollment continues in the Greater Chicago area and Central Illinois. This is a program with passive enrollment. He said that the MMAI integrates services covered in Medicare and Medicaid, which is intended to make it easier for Dual Eligibles to navigate the system.

Robert reported that two plans have been sanctioned and letters have been sent to members describing their options. Blue Cross Blue Shield and Cigna cannot receive passive enrollment. The letters are available at:

http://www.illinois.gov/hfs/SiteCollectionDocuments/CHS_Member%20Notification_IL%20MMP%20Proposed-MARQUIS.pdf

Kelly Carter asked about the nature of the sanctions, for details please follow this link:

https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/Cigna_Sanction_01_21_16.pdf

4. Illinois Medicaid Redetermination Project (IMRP) Enhanced Eligibility Verification (EEV) Update

John Spears reported that the tendency of the redeterminations rates remains the same as reported in the previous meeting: <http://www.illinois.gov/hfs/SiteCollectionDocuments/IMRP%20Qtrly%20Report%20Q2-FY%202016.pdf>

He indicated that although there have not been any major system issues, the IMRP unit has experienced a high influx of new state workers. The management team has been working with the new employees to try to keep the productivity consistent. He added that the IMRP unit is looking forward to the upgrades that IES phase two is expected to bring to this unit.

Dan Rabbitt asked for details about how clients will be able to complete their renewal forms online. Jacqui Ellinger said that clients who had previously created an account would receive a notification indicating that they can complete a fillable form and submit it electronically through the "Manage My

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Case” function. Jacqui clarified that there will be two provider portals: ABE and MMIS. The ABE provider portal will be the front end of IES, which is separate from MMIS. The ABE provider portal will primarily be controlled by the client; this means that providers who want to see client’s information through the ABE portal would first need to be given electronic permission by the client

Ms. Ellinger added that the MMIS comprises functions such as billing, prior authorization, and payments. Provider on-line support will be developed through IMPACT, and, since IMPACT is in the process of being designed, any comments, suggestions, or concerns should be referred to John Spears at john.spears@illinois.gov

5. ACA/ Health Care Reform Updates:

Application Processing

Jacqui Ellinger reported that there are over 100,000 pending applications. The marketplace received over 400,000 applications, some of which were transferred to HFS. She said that case workers have been processing applications at a steady rate. However, last weekend there was an outage affecting the central support system which subsequently affected state wide government operations. This cost the state a day of processing. Caseworkers had to re-do and process many applications again.

Integrated Eligibility System (IES) Phase Two Update

In response to a request by Brittney Ward during the December 3rd, 2015 meeting, Lauren Polite shared three examples of the redetermination notices that clients will receive when IES Phase Two is launched this coming summer. Lauren provided details and explained the purpose of each of these forms (HFS 2381A, 2181B, 643M), which are attached. Members of the committee engaged in robust discussion, provided feedback regarding the appropriate usage of language in order to increase client understanding of the intent of each of these forms, as well as to ensure client’s compliance.

6. Open Discussion and Announcements

During the introductions segment of today’s meeting, Dr. Judy King asked for the discussion and resolution of some issues that were brought to the attention of the Medicaid Advisory Committee in November, 2014. Chairwoman Kathy Chan asked to proceed with the agenda as outlined and for Dr. King to reserve her comments during the open discussion. At which time, Ms Chan asked the subcommittee to express their concerns. However, neither Dr. King nor any members of the committee or interested parties offered any comments.

Jacqui Ellinger provided a brief update concerning Hospital Presumptive Eligibility (HPE). She indicated that HPE is a federal requirement under the Affordable Care Act through which hospitals in Illinois will be able to make presumptive determinations of eligibility for certain qualified individuals, solely based on the applicant’s attestation, without requiring the submission of any documentation. These individuals will be temporarily eligible for all medical benefits until the state makes a full Medicaid determination. Ongoing coverage will depend on whether the individual or family submits a full ABE application. If the family does not submit a full application by the end of the month following the month in which the HPE determination is made, coverage will end.

Jacqui added that, in the upcoming months, the state will be working in partnership with the Illinois Hospital Association to provide details concerning the requirements that hospitals need to fulfill in order to participate in this program, in addition to facilitating the execution of provider agreements, as well as training opportunities. Currently the state is working on the development of the computerized

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system which will be part of IES Phase Two so that hospitals are able to submit electronic HPE enrollments through ABE.

Lauren Polite shared a handout with the committee that was developed to complement a Prenatal Care Quality Tool created by the Children's Health Insurance Program Reauthorization Act (CHIPRA). The attached handout is intended to be used in Ob/Gyn offices and clinical settings to educate and provide guidance to mothers about how get a medical card and primary care physician for a newborn baby. Committee members suggested some format enhancements, and were excited about this educational tool to facilitate access to medical services for newborn babies.

Finally, Lauren Polite indicated that as required by the IRS, HFS has sent the 1095-B form to every household that had minimum essential coverage through Illinois Medicaid for at least one month in 2015. The 1095-B form shows the months in which someone was covered by Medicaid in 2015. Lauren said that clients do not need to submit the 1095-B form with their taxes, however the 1095-B can be used for informational purposes. Clients who have questions about the form, or need a replacement form, can contact their managed care plan for further assistance.

Lauren added that, if clients believe the information is incorrect, or need a replacement form, they can speak to a state caseworker by visiting the closest Family Community Resource Center (FCRC), online at <http://www.dhs.state.il.us/page.aspx?module=12&officetype=5&county=> or by calling the ABE Call Center at 1-800-843-6154. Jacqui Ellinger said that is important that clients' addresses are correct in order to ensure the delivery of this form by the postal service.

Kathy Chan informed the committee members that the April 14th meeting at 401 S. Clinton in Chicago will be held on the first floor, the Springfield location remains the same.

7. Adjourn

The meeting was adjourned at 12:09 p.m. The next meeting is scheduled for April 14th, 2016, between 10:00 a.m. and 12:00 p.m.



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

Date of Notice: January 21, 2016
 Case Number: 131665521
 Office Name: JEFFERSON COUNTY FCRC
 Office Address: 333 POTOMAC BLVD
 MT VERNON, IL 62864
 Phone: 618-242-1040
 TTY: 866-325-8153
 Fax: 844-736-3563



CHARLES THOMPSON
 1299 FOREX AVE
 MOUNT VERNON, IL 62864-5610

You can manage your case online at abe.illinois.gov

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

Medical Benefits Renewal Form

You must respond no later than **March 31, 2016** to continue getting Medical benefits after March 2016.

To find out if you qualify for medical benefits beginning April 2016, 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; or
2. Complete your redetermination over the phone by calling 1-800-843-6154 (TTY: 1-800-447-6404).
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: 1-800-447-6404) to find help near you.

1. Do these people still live with you?

CHARLES THOMPSON	08/04/1962	<input type="checkbox"/> Yes <input type="checkbox"/> No
LATISHA THOMPSON	09/20/1964	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are there other people living with you not listed above? If yes, list them here.

Full Name	Birth Date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For additional persons, please attach a separate sheet.

Turn this page over to read more information on the back.
COMPLETE AND SEND



-
3. Is the address at the top of this page your correct mailing address? **Yes** **No** If No, tell us the correct mailing address:

Our records show that you live at 1299 FOREX, MOUNT VERNON, IL 62864.

Is this correct? **Yes** **No** If No, tell us the correct address where you live:

—

COMPLETE AND SEND



4. During the last 30 days did anyone receive any other income such as Social Security, SSI, Unemployment, Contributions or any other money? Yes No **If YES**, complete the box below.

Name	Type of Income	Amount	How Often
		\$	
		\$	

Attach a sheet of paper if you need more room to list your family's income.

5. Are you or is anyone who lives with you pregnant?

If yes, name: _____ Due date: _____ Expected number of babies: _____

6. Do you or anyone living with you have health insurance? Yes No

If yes, name of insurance plan: _____ Policy Number _____

Who is covered by this health insurance? _____

Name of insurance plan: _____ Policy Number _____

Who is covered by this health insurance? _____

7. Will you or anyone who lives with you file a federal income tax return next year to report income received this year? Yes No

If yes, name of person(s) filing tax return: _____ Birth Date _____

If this person will **file jointly with a spouse**, write name of spouse: _____

If this person will **claim dependents** on the tax return, write name(s) of dependents:

_____ Birth Date _____ _____ Birth Date _____

_____ Birth Date _____ _____ Birth Date _____

8. Will you or anyone who lives with you be claimed as a dependent on anyone's tax return for this year? Yes No

If yes, name of dependent _____ Birth Date _____

Tax filer's name and relationship to dependent: _____

Turn this page over to read more information on the back.
COMPLETE AND SEND



9. Do you or anyone living with you pay any expense that can be deducted on your federal income tax return? **Yes** **No**

If yes, list the expense: _____ How Much? _____
How Often? _____

COMPLETE AND SEND



Read and sign below:

- I understand that officials in charge of my health benefits may check all information on this form.
- I understand they may check my information electronically. If they ask for my help checking information, I must cooperate.
- I understand that anyone who knowingly lies or provides untrue information, or arranges for someone to knowingly lie or provide untrue information, or intentionally misuses the health benefits card issued by the State of Illinois, may be committing a crime which can be prosecuted or punished under federal law, state law, or both.
- If the Illinois Department of Healthcare and Family Services pays medical bills for me, the State of Illinois may collect my medical support payments instead of me.
- I am signing this form under the penalty of perjury. That means the information I have provided on this renewal form is true to the best of my knowledge, and I may be punished under law if I provide false or untrue information.

_____ Your Signature	_____ Today's Date	_____ Daytime or Cell Phone Number
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COMPLETE AND SEND





State of Illinois
 Department of Healthcare and Family Services

Date of Notice: February 16, 2016
 Case Number: 137509140
 Office Name: SOUTHEAST FCRC
 Office Address: 8001 S COTTAGE GRV
 CHICAGO, IL 60619
 Phone: 773-602-4200
 Fax: 844-736-3563



BRIE CLARK
 7899 S BROCKWAY ST
 APT 1
 PALATINE, IL 60649-4965

You can manage your case online at abe.illinois.gov

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

Medical Benefits: Time to Renew Notice

Dear Brie Clark,

It is time to renew your Medical benefits!

You must complete your redetermination to continue your Medical benefits after April 2016.

To learn how to renew your Medical benefits, read the first page of the IL444-1893 Medical Benefits Renewal Form which is included in this envelope.

Call us at 1-855-458-4945 (TTY: 1-855-694-5458) if you cannot send everything on time or if you have questions. We may be able to help you get the proofs you need.

Electronic Review of Eligibility for Medical Benefits

We checked our electronic sources to decide if we can automatically renew your medical benefits. The tables below show the income information we have about your case.

Because we could not make a decision using only electronic sources, we need information from you to decide if you continue to qualify for medical coverage. **You still must complete a redetermination or your benefits will end.**

The following table shows the most recent income information in our records.

Individual Name	Employer/Income Type
Brie Clark	Wages, Salaries, Tips, and Commissions





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

Case Number: <IES Case Number>
 Office Name: <Local Office Name>
 Office Address: <Local Office Address>
 <Local Office City, State, Zip>
 Phone: <Local Office Phone #>
 TTY: <Local Office TTY>
 Fax: <Local Office Fax #>

Date of Notice: <Mail Date>

You can manage your case online at abe.illinois.gov

<ONECODE ACS BARCODE>
 <IES CASE NAME>
 <IES CASE ADDRESS LINE 1>
 <IES CASE ADDRESS LINE 2>
 <IES CASE CITY ST ZIP>

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

Medical Benefits Redetermination Notice

Dear K,

Based on the information we have today, the person(s) listed in the table below are approved to keep getting **medical benefits** after February 2016. 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
K	01/01/1980	123456789	ACA Adult	Mar 1, 2016

We will send you a new medical card before March.

Important Information about Your Medical Group(s)

Medical benefits covered are different depending on your Medical Group. Some Medical Groups provide full medically necessary health coverage including prenatal care.

List of Common Services Provided for Medical Groups with Full Coverage

- Doctor and clinic visits
- Inpatient and outpatient hospital
- Emergency room
- Prescription medicine
- Surgery
- Podiatric (feet) services
- Hospice care
- Emergency medical transportation
- Lab tests and x-rays
- Medical supplies and equipment
- Family planning (birth control)
- Medical transportation
- Home Health service
- Chiropractic services
- Physical and Occupational therapy
- Dental care (limited for adults over age 20)
- And more, check with your health care provider for details



Medical groups providing full health coverage meet the requirements for insurance under federal law, so you do not have to pay any tax penalty.

Find the Medical Group for each person in the ongoing Medical benefits eligibility table and then read below for more information about the benefits for each Medical Group.

Information about ACA Adult

ACA Adult is health coverage for adults age 19-64 who do not have dependent children living with them. ACA Adult health coverage provides the services listed above for full health coverage.

Adults pay copays for some services.

Doctor and clinic services	\$3.90 per visit
Inpatient hospital services	\$3.90 per day
Outpatient hospital services	\$0.00 per visit
Emergency room	\$3.90 per visit
Prescription medicine	
Generic	\$2.00 per prescription
Brand name	\$3.90 per prescription

Copays may change in the future.

How We Decided Your Eligibility for Medical Benefits

If you have any changes in income or if anyone moves in or out of your household, you must report the change to us within 10 days by going to Manage My Case at abe.illinois.gov or by calling the phone number on the first page of this notice.

Eligibility for medical benefits for the following person(s) is based on household income, who is living with the head of household and how they are related to each other, whether someone in the household files income taxes or is a dependent on someone else's tax return. This is called Modified Adjusted Gross Income (MAGI) methodology.

The facts we used to decide **K's** ongoing Medical eligibility are:

The number of people counted in the family size is 1.

Countable monthly income is \$0.

Countable monthly income calculation is based on household income, who is living with the applicant and whether someone in the household files income taxes or is a dependent on someone else's tax return.

Monthly income standard is <2016 MAGI Income Standard>.



How to File an Appeal

You Have the Right to File an Appeal

If you do not agree with our decision, you have the right to appeal and be given a fair hearing. You may represent yourself at this hearing or you can ask someone else, such as a lawyer, relative or friend to represent you. If you are appealing the decision on your cash and/or medical benefits decision you must do so within 60 days after the "Date of Notice." If you are appealing a decision about SNAP you must do so within 90 days after the "Date of Notice." You can ask for a fair hearing by calling (800) 435-0774 (TTY (877) 734-7429), going online to abe.illinois.gov, emailing DHS.BAH@Illinois.gov faxing (312) 793-3387 or writing to DHS Bureau of Hearings, 69 W. Washington, 4th Floor, Chicago, IL 60602.

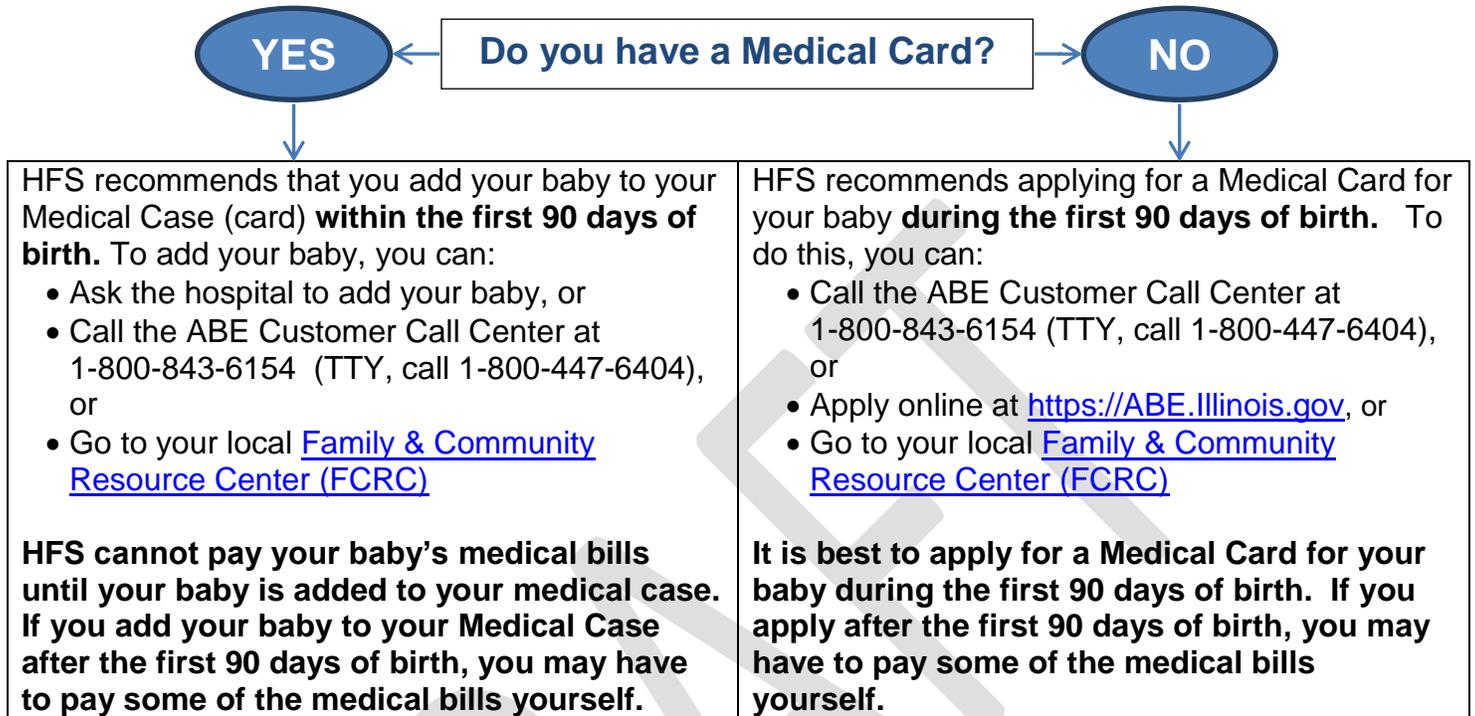
To apply for free legal help:

- ✓ In Cook County (including the City of Chicago) – Legal Assistance Foundation of Metropolitan Chicago: (312) 341-1070
- ✓ In other counties in Northern or Central Illinois with area codes (309), (815) or (847) – Prairie State Legal Services: (800) 531-7057
- ✓ In other counties in Central or Southern Illinois where the area code is (217) or (618) – Land of Lincoln Legal Assistance Foundation: (877) 342-7891

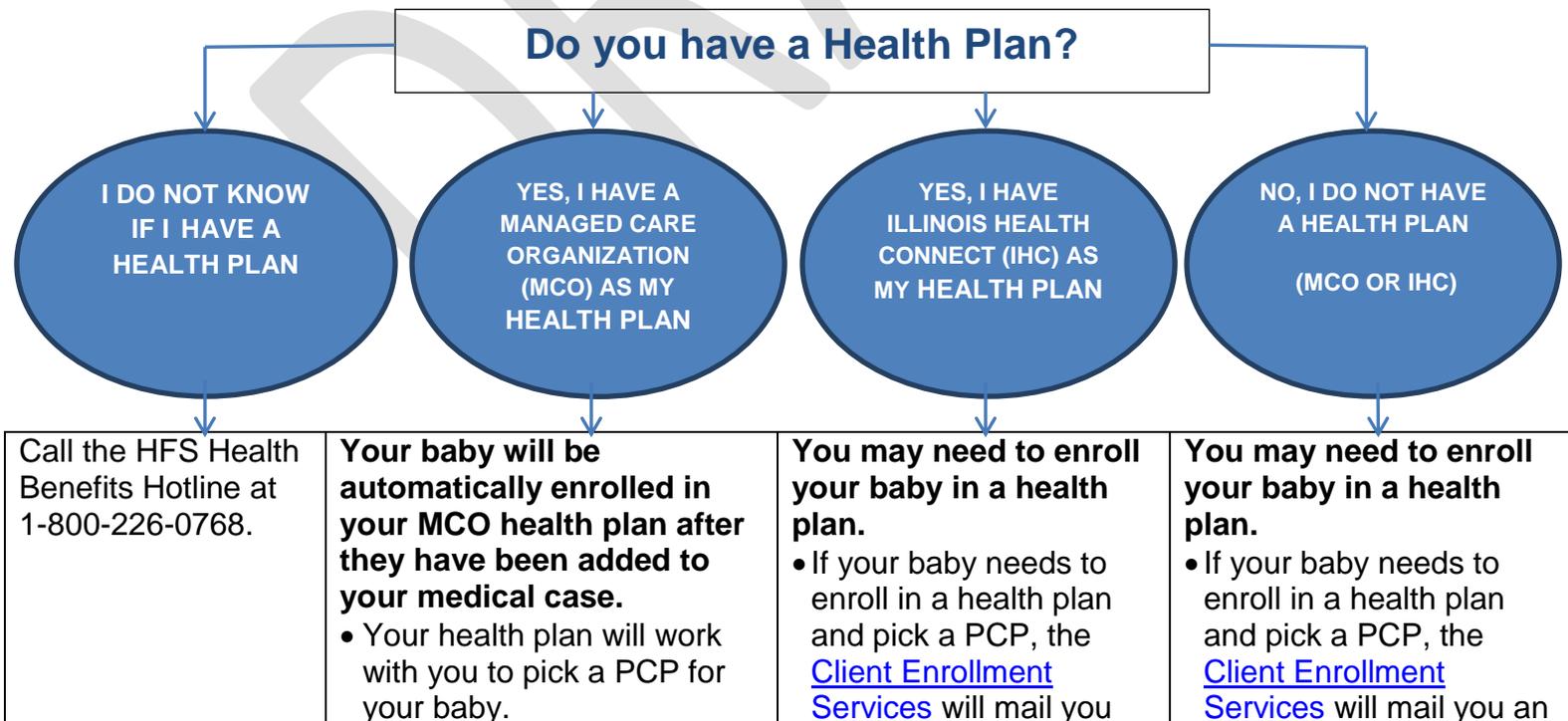


How to Get a Medical Card and a Primary Care Provider (PCP) for Your Baby

1. Getting an HFS Medical Card for Your Baby



2. Pick a Health Plan and Primary Care Provider (PCP) for Your Baby

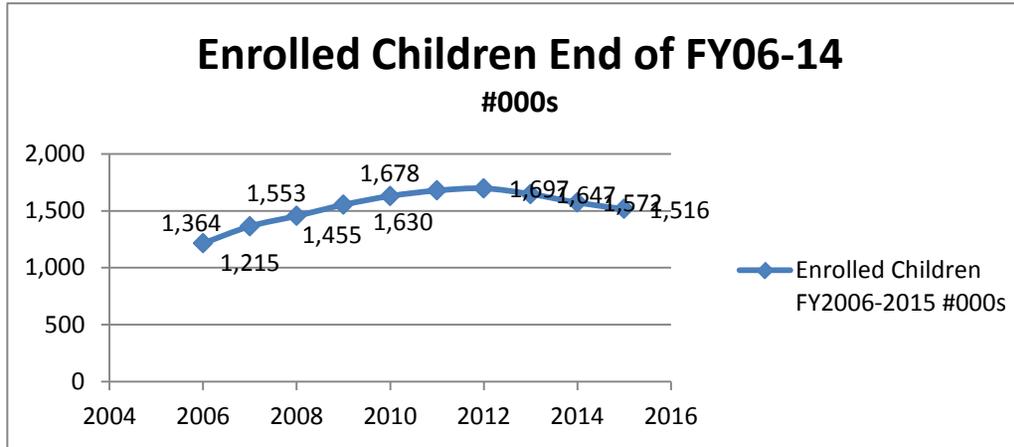


	<ul style="list-style-type: none"> • Your health plan will send a welcome packet with information about the health plan including a member handbook for your baby. Your baby may also get a health plan ID card. • Take your baby's health plan ID card and the HFS medical card with you to your baby's doctor's appointments or pharmacy. • To change your baby's PCP, call the health plan's member services number on your baby's health plan ID card or in the member handbook. • To change your baby's health plan within the first 90 days of enrollment: <ul style="list-style-type: none"> ○ Call Client Enrollment Services at: 1-877-912-8880 (TTY: 1-866-565-8576), or ○ Go online to www.enrollhsf.illinois.gov 	<p>an enrollment packet with your baby's health plan options.</p> <ul style="list-style-type: none"> • The enrollment packet will give you the information you need to pick a health plan and PCP for your baby. • If you receive an enrollment packet for your baby, you will have 60 days to pick a health plan and PCP. If you do not pick a health plan and PCP for your baby, the state will assign your baby to a health plan and PCP. <p>If your baby is not required to pick a health plan and PCP, you will continue to use the baby's HFS medical card for health care services. Call Illinois Health Connect for help finding a doctor for your baby at:</p> <p>1-877-912-1999 (TTY: 1-866-565-8577).</p>	<p>enrollment packet with your baby's health plan options.</p> <ul style="list-style-type: none"> • The enrollment packet will give you the information you need to pick a health plan and PCP for your baby. • If you receive an enrollment packet for your baby, you will have 60 days to pick a health plan and PCP. If you do not pick a health plan and PCP for your baby, the state will assign your baby to a health plan and PCP. <p>If your baby is not required to pick a health plan and PCP, you will continue to use the baby's HFS medical card for health care services. Call Illinois Health Connect to get help finding a doctor for your baby at 1-877-912-1999 (TTY: 1-866-565-8577).</p>
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Once enrolled, your health plan will send you a member handbook. The member handbook will explain how to get services for your baby. If you are not happy with your baby's health plan or PCP, the member handbook will explain how to change your baby's health plan or PCP.

Children's Enrollment

End of FY	Enrolled Children FY2006-2015 #000s
2006	1,215
2007	1,364
2008	1,455
2009	1,553
2010	1,630
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516



End of Month 2012	Enrolled Children #000s	End of Month 2013	Enrolled Children #000s	End of Month 2014	Enrolled Children #000s	End of Month 2015	Enrolled Children #000s
Jan	1,696	Jan	1,666	Jan	1,582	Jan	1,540
Feb	1,699	Feb	1,665	Feb	1,582	Feb	1,540
Mar	1,701	Mar	1,667	Mar	1,591	Mar	1,532
Apr	1,701	Apr	1,665	Apr	1,595	Apr	1,527
May	1,698	May	1,656	May	1,587	May	1,522
June	1,697	June	1,647	June	1,572	June	1,516
July	1,694	July	1,638	July	1,564	July	1,515
Aug	1,694	Aug	1,635	Aug	1,567	Aug	1,514
Sep	1,689	Sept	1,626	Sept	1,561	Sept	1,513
Oct	1,681	Oct	1,610	Oct	1,554	Oct	1,510
Nov	1,674	Nov	1,600	Nov	1,547	Nov	1,506
Dec	1,668	Dec	1,587	Dec	1,541		

