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Medicaid Advisory Committee
Public Education Subcommittee Meeting
Thursday, June 11, 2015
10:00p.m.-12:00p.m.

401 S. Clinton St., Chicago – 7th Floor Video Conference Room
201 S. Grand Ave. East, Bloom Bldg., Springfield – 3rd Floor Video Conference Room

Agenda

1. Introductions
2. Approval of the Meeting Minutes from April 9, 2015
3. Review of the Subcommittee Charge
<http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommissions/MAC/publiced/Pages/default.aspx>
4. A Guide for Applicants & Clients Receiving Health Coverage from HFS
5. ACA/Health Care Reform Updates
 - ABE Usability
 - Application Processing
 - Integrated Eligibility System (IES) Phase Two
6. HFS Website Update
7. Care Coordination Update
8. Illinois Medical Redetermination Project (IMRP)/Enhanced Eligibility Verification (EEV) Update
9. Budget Report
10. Open Discussion and Announcements
11. Adjourn

For anyone who cannot attend in person but wishes to participate by conference call they can join the meeting by dialing 1-888-494-4032. The access code is 5737699394#. Individuals who participate by phone must identify themselves when they join the meeting.

In order to ensure the distribution of meeting materials, please confirm that you are planning to attend by responding to HFS Webmaster via e-mail to HFS.webmaster@illinois.gov or by phone at **312-793-1984**. Even if you plan to participate by phone, please register by sending an email so we can record your presence accurately.

This notice is also available online at:

<http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommissions/MAC/News/Pages/default.aspx>

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
April 9, 2015.**

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

Committee Members Present

John Jansa, WKG Advisory
Margaret Stapleton, Shriver Center
Connie Schiele, HSTP (by phone)
Sherie Arriazola, TASC
Erin Weir, Age Options
Nadeen Israel, EverThrive Illinois
Sergio Obregon, CPS
Brittany Ward, Primo Center for WC (by phone)
Ramon Gardenhire, AFC
Sue Vega, Alivio Medical Center (by phone)

HFS Staff

Jacqui Ellinger
John Spears
Lauren Polite
Gabriela Moroney
Bridgett Stone
Mariah Balaban
Debby Cook
Pam Bunch
Veronica Archundia

Committee Members Absent

Kathy Chan, Cook County Health & Hospitals System
Hardy Ware, East Side Health District

Interested Parties

Deb Matthews, DSCC
Rick Cornell, Health Alliance
Molly Braun, Fresenius Medical Care
Kathy Shelton, LAF
Sonia Robins, Molina HC
Alicia Siani, EverThrive Illinois
Heba Abuseini, ICIRR
Felicia Spivack, BCBSIL
Luvia Quiñones, ICIRR
Regina Porter, Next Level Health
Victoria Thompson, La Rabida CC
Ken Ryan, ISMS
Dan Rabbitt, Heartland Alliance
Joe Cini, I.H.C
Susan Melczer, MCHC
Marcelino Garcia, CCHHS
Lynne Warszalek, Stickney Health Department (by phone)
Valerie McWilliams, Land of Lincoln Legal Assistance (by phone)
Michael Sutton, Health Spring (by phone)
Alivia Siddiqi, Automated Health System (by phone)
Jessie Beebe, AFC (by phone)

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1. Introductions

John Jansa, from WKG Advisory, chaired the meeting. Attendees in Chicago and Springfield introduced themselves.

2. Review of Minutes

Sherrie Arriazola made a motion to approve the minutes from the meeting held on February 12th and it was seconded by Margaret Stapleton. The minutes were approved by a vote of 10 in favor and zero opposed.

3. A guide for Applicants & Clients Receiving Health Care Coverage from HFS

Mariah Balaban reported that the drafting of a clients' guide continues on track. She indicated that the consumer guide contains five sections: 1. Introduction and Applying for Coverage; 2. What to Expect After You Apply; 3. How to Access Care, Choosing a Plan, Choosing a PCP, Going to a Doctor; 4. Basics of Covered Services; 5. Staying in The System, Reporting Changes, Renewal; 6. FAQ's and Useful Terms. She asked committee members to provide feedback regarding any missing information that they believe should be included in the guide, as well as any readability concerns, although not general editing. Committee members were asked to send any additional suggestions to: Mariah.Balaban@illinois.gov

4. ACA Health Care Reform Updates and ABE Usability Improvement Webinar

Alicia Siani, from EverThrive Illinois, reminded committee members that anyone interested in participating in the "Starting Strong Community Health" webinar can still register. During this webinar, participants will learn about changes to the State's Application for Benefits Eligibility (ABE). Since participation to this webinar is by invitation, only, she asked interested individuals to contact her at asiani@everthriveil.org Jacqui Ellinger acknowledged that the suggestion to offer this webinar came from this committee, and she thanked the staff members from the Sargent Shriver National Center on Poverty Law and EverThrive Illinois for their combined efforts in conjunction with HFS to develop it.

Lauren Polite indicated that the usability team has been working on improving the ABE portal for almost six months and highlighted some of the enhancements. These include improving readability by helping applicants understand terminology and the purpose for collecting information so that they can better understand the application process. Developing the "What to Expect Next" checklist which comes up upon completion of the application and is intended to alert and inform applicants about upcoming state correspondence. Another enhancement has been the addition of hover help text to explain complex terms or to provide details regarding why additional information is needed. A further enhancement has been the development of gatepost questions to eliminate questions that are not relevant for certain applicants. This is expected to significantly shorten the length of the application. In addition, the household section was redesigned, providing larger icons in its summary section. This is expected to make the identification of household members easier.

Ms. Polite reported that Deloitte Consultants and a group of website designers visited Alivio Medical Center and DuPage County Health Department to observe navigators assisting families with the completion of their applications. Based on their feedback, changes were made to the homepage, in order to enhance easy navigation of the page and improve readability, as well as to increase the speed of application submission. In addition, as a part of the release scheduled for May, enhancements will be added to the redesign of the homepage, which will include: new pictures, as well as changes to color schemes, logos, and icons.

Jacqui Ellinger indicated that HFS is in the preliminary stage of exploring the possibility of offering a "mobile app" which will allow customers to perform basic functions on mobile phones. Although

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individuals will not be able to complete an application using this resource, applicants would be able to upload information by taking a picture of their documentation, such as a paystub, and uploading it to their case. It will be very helpful for the state to be able to receive client documentation in this manner as we are going paperless.

Application Process Status

Jacqui Ellinger reported that DHS and HFS have under 34,000 pending applications, which is phenomenal, considering that the state receives between 18,000 to 20,000 per week. However, she acknowledged that there are some outstanding problems with long term care applications. Nevertheless, this is the lowest pending application number since IES was launched on 10/01/13. She remarked that the most recent high was about 90,000 applications last February, when the second year for open enrollment was about to end.

Ms. Ellinger indicated that, across the state, caseworkers are no longer assigned to a traditional caseload-based process. Instead, all FCRCs, and the Bureau of All Kids Unit (BAK), have adopted a standardized task-based business process utilizing IES enhanced technology. The new approach tends to be more efficient as a result of dividing the process into several tasks, each of which can be addressed at the same time for numerous different cases during a work day. This approach has helped to ensure that clients are served as quickly as possible and to transfer work from one FCRC to another, including the BAK, and vice versa. Ms. Ellinger said that this summer caseworkers will begin receiving extensive training for phase two of IES. Therefore, productivity may be affected. In terms of complexities, phase two will be bigger than phase one; therefore, it is expected that the roll-out of IES Phase Two could be somewhat difficult, and patience with the process will be greatly appreciated.

Integrated Eligibility System (IES) Phase Two Update

Jacqui Ellinger led the discussion. Almost all the design work of Phase Two of the Integrated Eligibility System is completed. The testing team, which is made of over 50 people, is currently writing scripts to test thousands of case scenarios in an attempt to ensure that IES can achieve the expected results. She added that this is a complex process because of all the variables that need to be taken into account, such as: income, family composition, and individual situations that affect the structure of the scenarios, as well as understanding the complexities of Medicaid eligibility policy.

Jacqui indicated that, even after September, the project will not be considered finished, and HFS will continue focusing upon quality improvement. The committee asked if there would be any disruptions which could interfere with Phase Two of IES as a result of proposed budget cuts that have recently been announced by Governor Rauner. Ms. Ellinger replied that the IES project will not be affected by the proposed budget.

5. Illinois Medical Redetermination Project (IMRP) Enhancement Eligibility Verification (EEV) Update

John Spears indicated that last week, 21,000 redeterminations were completed, which is consistent with the statistics reported during the April meeting. About ½ of the cases due for redetermination are being canceled due to a lack of response. It is unknown if this is happening because clients no longer have a medical need, have found jobs that offer medical benefits, or have moved out of the state. About 2/3 of these cases remain canceled after three months, and about 1/3 of the clients cooperate within the time allowed for reinstatement and continue active, thereby avoiding a break in coverage.

Mr. Spears indicated that the Rede overdue list is decreasing each month. DHS recently sent Rede notices regarding 50,000 AABD medical and SNAP benefits cases, as well as to 9,000 AABD and cash assistance benefits cases that were overdue. These cases are not part of the IMRP, instead clients

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are supposed to return their paperwork to the FCRC to avoid cancelations. In the review of these AABD cases, it is necessary to verify resources; however, if a person is receiving Social Security or SSI (Supplemental Security Income), the FCRC can use electronic resources to verify income. Mr. Spears added that individuals receiving cash assistance must verify their resources and shelter allowances, in which case, they should return the necessary documentation to the FCRC managing their case.

6. Care Coordination Update

Pam Bunch indicated that as of April 2015, 1.9 million people in Illinois have been assigned to some form of care coordination. The vast majority of these individuals, about 1.7 million, are participants in family health plans, ACA Adults, and CSN cases. The volunteer choices have stayed fairly consistent. In terms of volunteer enrollment, the vast majority are conducted through telephone calls. About 70% come through the Client Enrollment Broker (CEB), and 30% comes through the enrollment portal. Ms. Bunch noted that people who are auto-assigned usually are processed in this manner due to their failure to make a choice within the required time frame. Furthermore, most of them have been assigned based on provider use history. About 58% of the auto-assigned cases are the result of prior relationships with a provider. Only 27 % of the auto-assigned cases have been the result of the use of a geo-mapping algorithm, which primarily occurs when HFS cannot find a prior history or prior relationship with a particular medical provider. HFS would like to keep the rate of geo-mapping as low as possible.

Ms. Bunch added that the only clients with enrollment still in process are those in CountyCare. There are about 67,000 people who are still within a 60 day choice window. They can stay in CountyCare or move to another plan. If they do not make a voluntary choice, however, they will be auto-assigned according to previous CountyCare participation. She indicated that these individuals will remain in CountyCare as long as their PCP stays active within the CountyCare network. In addition, Ms. Bunch reported that the wait time on the Client Enrollment Broker (CEB) line has improved to a 5 - 8 minute range. Most of these phone calls have been related to switching enrollment to a different plan. Those calls tend to be shorter in length; however, educational information is still being provided.

7. Open Discussion and Announcements

In reference to a question that was raised concerning voting rights on the subcommittee, Bridgett Stone, from HFS, indicated that Article II Section IV indicates that committee member substitutes should be counted toward a quorum. However, they do not have voting rights. She added that the MAC bylaws were adopted in November, 2014 and can be seen on the HFS website at:

<http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommissions/MAC/Pages/Bylaws.aspx>.

Committee members recommended that today's agenda items should be again included for the next meeting. Additionally, they requested an update regarding the budget impact in terms of medical programs. Anyone interested in suggesting additional topics should contact HFS staff.

8. Adjourn

The meeting was adjourned at 12:01 p.m. The next meeting is scheduled for June 11, 2015, between 10:00 a.m. and 12:00 p.m.

Public Education Subcommittee Charge

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 including, but not limited to, All Kids, FamilyCare, Aid to the Aged, Blind, or Disabled (AABD) medical, and Illinois Healthy Women.

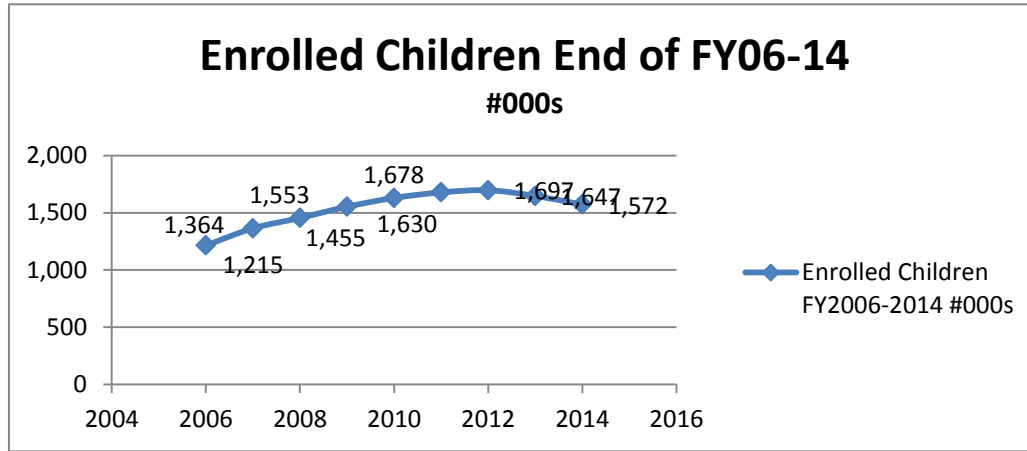
The subcommittee, comprised of a diverse group of stakeholders, will:

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

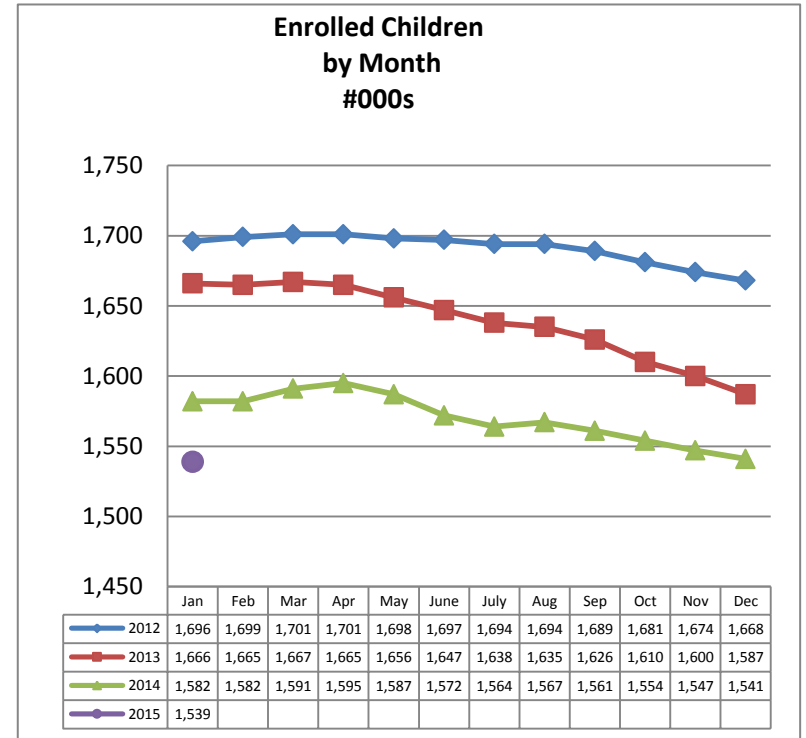
Children's Enrollment

Enrolled Children FY2006-2014 #000s

End of FY	Enrolled Children #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



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	1,539
Feb	1,699	Feb	1,665	Feb	1,582		
Mar	1,701	Mar	1,667	Mar	1,591		
Apr	1,701	Apr	1,665	Apr	1,595		
May	1,698	May	1,656	May	1,587		
June	1,697	June	1,647	June	1,572		
July	1,694	July	1,638	July	1,564		
Aug	1,694	Aug	1,635	Aug	1,567		
Sep	1,689	Sept	1,626	Sept	1,561		
Oct	1,681	Oct	1,610	Oct	1,554		
Nov	1,674	Nov	1,600	Nov	1,547		
Dec	1,668	Dec	1,587	Dec	1,541		



Subcommittee Public Education

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, will:

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 a 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.

DRAFT