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Public Education Subcommittee Meeting

Thursday, April 2, 2020
10:00 a.m. to 12:00 p.m.

Due to COVID-19 concerns, the Public Education Subcommittee meeting will be held by conference call only. The conference call telephone number is 1-888-494-4032. The access code is 5737699394.

**PLEASE MUTE YOUR PHONE LINE.
PLEASE DO NOT PUT THE CALL ON HOLD.**

1. Introduction
2. Review and Approval of the Meeting Minutes from December 5, 2019 & February 6, 2020
3. COVID-19 Response – Please see Eligibility, 1115 and 1135 Waiver Fact Sheets at <https://www.illinois.gov/hfs/Pages/coronavirus.aspx>
 - A. Federal Submissions
 - B. Telehealth
 - C. Appendix K - 1915(c) HCBS Waivers
 - D. Eligibility
 - E. 1115 Waiver
 - F. 1135 Waiver
 - G. MCO Contract
4. Care Coordination Update
5. DHS Update
6. Public Education Subcommittee Charge
<https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/publiced/Pages/default.aspx>
7. ABE, IES & Redetermination Update
8. Criminal Justice Update
9. Open Discussion and Announcements
10. Adjourn

For anyone who wishes to participate in this meeting, please send an email to veronica.archundia@illinois.gov It is important that you confirm your participation to ensure the distribution of any last-minute materials that may be added closer to the meeting date, as well as to accurately record your participation.

This notice is also available online at:
<https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/News/Pages/default.aspx>

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
December 5th, 2019**

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

Committee Members

Kathy Chan, Cook County Health
Brittany Ward, CPS
Sue Vega, Alivio Medical Center
Sergio Obregon, Chicago Public Schools
Nadeen Israel, AIDS Foundation of Chicago (by phone)
John Jansa, Fox Valley Developers
Connie Schiele, HSTP (by phone)

HFS Staff

Jane Longo
Lynne Thomas
Bill McAndrew
Arvind Goyal
Veronica Archundia
Melissa Black

Committee Members Absent

Sherie Arriazola, Safer Foundation
Erin Weir Lakhmani, Mathematica Policy Research

DHS Staff

Gabriela Moroney
Patricia Reedy

Interested Parties

Paula Campbell, IPHCA
Susan Gaines, IPHCA
Nina Misra, Ever Thrive IL
Kelsie Landers, Ever Thrive IL
Natrina Kennedy, Ever Thrive IL
Dan Rabbitt, Heartland Alliance
Alicia Donegan, Age Options
Tony Smith, NAMI Chicago
Liza Hansen, CPS
Michael Lafond, Abbvie
Jessie Beebe, AFC
Ryan McGraw, Access Living
Sophia Cipriano, UI Health
Susanne Wiecek, UI Health
Sandy DeLeon, Ounce of Prevention
Sam Hellis, IHA
Gene Liebler, La Rabida
Marina Kurakin, Legal Council for Health Justice
Stephanie Altman, Shriver Center
Eric Johns, Meridian
Laurie Cohen, Civic Federation
Samantha House, Medical Home Network
Patrick Hoster, Speaker's Research Staff Member
Trisha Rodriguez, Senate Democrat Staff Member
Jill Hayden, Meridian
Ryan Vayler, Health News Illinois
Karina Gonzalez, Molina

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Angelica Saavedra, Next Level Health
Megan Carter, Legal Council for Health Justice
Angel Miles, Access Living

Interested Parties (by phone)

Amber Kirchhoff, Thresholds
Jennie Pinkwater, Illinois Chapter, American Academy Pediatrics
Nelson Soltman,
Angela Boley, Land of Lincoln Legal Aid
Robin Lavender, Du Page County Health Department
Rose Dunaway, Girling Community
Ralph Schubert, University of IL Chicago
Martha Jamuz, Choices
Kristin Hartsaw, DuPage Federation on Human Services
Brittani Provost, Division of Specialized Care for Children
Faye Manaster, The Arc Illinois
Fayad Rahman, AMITA
Andrea Davenport, Meridian
Margo Holden, BCBS

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Public Education Subcommittee Meeting
December 5th, 2019

1. Introductions:

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

2. Review and Approval of the Meeting Minutes from October 3, 2019:

Kathy Chan asked to amend the list of participants because Marina Kurakin's name, from the Legal Council for Health Justice, had been entered twice. With this change, the minutes were approved. John Jansa made a motion to approve the minutes from October 3, which was seconded by Brittany Ward. The minutes were approved by a vote of seven in favor and none opposed.

3. Care Coordination Updates:

Bill McAndrew indicated that the enrollment of Special Needs Children (SNC) and DCFS Youth in Care and Former Youth in Care will be changed from November 1, 2019 to February 1, 2020. Please see the provider notice for more information:

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

Mr. McAndrew said, HFS is working with MCOs to ensure that providers and children have a smooth transition. He said in regard to the Special Needs Children, about 22,000 children fall under that definition, 15,000 of whom are currently in MCOs. There are 17,000 individuals enrolled in Youth in Care, and there are 19,000 former Youth in Care participants. He added that, IlliniCare has increased and trained staff members as of 11/19/19 in order to better handle new DCFS enrollees.

Bill McAndrew said that HFS, DCFS and IlliniCare have held several town hall meetings to help answer questions for the public. The purpose of these meetings has been to help stakeholders understand the benefits of managed care and to directly answer their questions. IlliniCare is prioritizing sub populations of children with complex needs, which are around 3700. IlliniCare is in the process of conducting outreach to these children and has moved onto a larger population of 17K of High Risk Children to be completed by February 1, 2020. There have been daily reports to HFS by IlliniCare including success stories, as well to address provider gaps. HFS considers the network to be adequate and to have more than enough providers to treat children statewide.

In a coordinated effort between HFS and DCFS, on February 1, 2020, all DCFS youth will be provided a 180-day transition period (traditionally 90 days) to allow for provider claims to be processed, even if the provider has not yet enrolled in the IlliniCare network. HFS will add language to the care coordination website, which already describes which children are considered Special Needs. Provider with billing questions should review the MCO Billing Manual published on the IAMHP website <https://iamhp.net/providers> as it represents all the plans' billing requirements.

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HFS is in process of extending MMAI contract date. Please see the letter posted on the HFS website. <https://www.illinois.gov/hfs/MedicalProviders/cc/mmai/Pages/default.aspx>

The following are questions asked by the committee members during the December 5th Meeting. Bill McAndrew was able to respond to these questions after the meeting concluded. These answers are included in italics.

Sergio Obregon asked: "What is the definition of Child with Special Needs?"

Special Need Children means Children under the age of twenty-one (21) who are eligible under the Medicaid Program pursuant to Article III of the Public Aid Code (305 ILCS 5/3-1 et seq.) or Medicaid-eligible and eligible to receive benefits pursuant to Title XVI of the Social Security Act. Special Needs Children also includes Medicaid-eligible Children under the age of twenty-one (21) who receive services under the Specialized Care for Children Act (110 ILCS 345/0.01 et seq.) via the Division of Specialized Care for Children (DSCC) or such other entity that the Department may designate for providing such services and Children with special needs as specified in section 1932 (a)(2)(A) of the Social Security Act.

Sergio Obregon asked: "In relation to Special Needs Children, how do HFS and DCFS currently take into account children who have IEPs and other school assessments that may indicate they might have special needs; are these issues addressed in the cited laws?"

HFS identifies Special Needs based on the language above. While our identification of SNC does not pull from IEPs or school assessments, the health plans' health risk assessments can help identify a child who may classify as Special Needs. Health Plans can refer that child to the appropriate entity for further assessment. If approved by that entity (DRS or DSCC or SSA), a child can be reclassified under SNC.

John Jansa asked: "When will the impact of the advancing mergers with Aetna/ IlliniCare and Meridian be communicated to the public?"

Mr. McAndrew said that although many aspects are not yet known with respect to the timing of the mergers, content of communications (member's notices), conveyance of rights and responsibilities of affected parties on both sides, it is expected that HFS will provide updates and provider notifications will be forthcoming.

Sue Vega requested updates on the timing of the merger as well as any member notices, stating that notification of rights and responsibilities is very important.

Amber Kirchhoff inquired about outreach to DCFS Youth in Care and former Youth in Care regarding "easy to understand" network adequacy measures and highlights of the IlliniCare network, as well as where deficiencies might be indicated. Bill McAndrew indicated that to date, Illinicare has completed 2,500 health risk screenings (HRS) and 408 comprehensive health risk assessments (HRA), which average about 100-150 completed screenings each day***. HFS is pleased with the progress in terms of contact with federal government and HSAG about the

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network and submissions directly from IlliniCare. He added that IlliniCare is working on network snapshots, and more information will be provided to the committee members as it becomes available.

Amber Kirchoff mentioned that it is well known that there are shortages in specialty care and behavioral health and asked how that plays into network adequacy? Bill McAndrew responded that, among other options, HFS is exploring "Telehealth" as an area that may be helpful, further stating that IlliniCare is also working with Lurie and Aunt Martha's.

Paula Campbell asked if the 180-day transition also applies to children with Special Needs? The 180 day period also applies to Children with Special Needs. HFS will release a provider notice in upcoming weeks to explain 180-day continuity of care plan and where to find information regarding managed care billing.

*** **Note:** Between 11/1/19 and 1/23/20, Illinicare's YouthCare has completed 8,293 HRSs and 738 HRAs.

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

Gabriela Moroney reported that the Public Charge Rule published by the US Department of Homeland Security is on hold as a result of multiple lawsuit filed throughout the nation. She said that the State continues to work with DHS funded partners in order to provide appropriate information and training to anyone inquiring, as well to all community partners. More details can be found at the DHS website: <http://www.dhs.state.il.us/page.aspx?item=117419>

Ms. Moroney said that based on a recommendation from committee members made during the October 3rd meeting, DHS and HFS are working on revisions to the fact sheet regarding Public Charge. In addition, DHS is planning to take a closer look at the I-944 Form, the completion of which is required when an individual seeks an immigration status adjustment. Currently, DHS is working with the Protecting Immigrant Families Illinois Coalition regarding how best to communicate and train DHS staff members to assist customers who need this form completed. More information will be provided during the upcoming meeting.

Ms. Moroney announced that the Department of Human Service through the Office of Strategy Equity and Transformation is undertaking the DHS website redesign. She added that DHS is hoping to receive stakeholder input. Ms. Moroney encouraged committee members to sign-up to the IDHS Stakeholder newsletter that can be found at: <http://www.dhs.state.il.us/page.aspx?module=17&item=117871&surveyid=1488>

Brittany Ward asked for a status of the Able Bodied Adults Without Dependents (ABAWD) policy change related to SNAP benefits. Gabriela Moroney provided background information related to this federal work requirement. Chairperson Kathy Chan suggested that anyone wanting to learn more get connected with the Shriver Center or the Greater Chicago Food Depository, as they are leading efforts on this issue and the implementation of the ABAWDs policy in Cook County.

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Gabriela Moroney said that the Department of Human Services in partnership with the Illinois Department of Corrections are combining efforts to support individuals who are being released from IDOC, so they are aware of various aspects related to applying for benefits, eligibility, and other concerns that may be of interest to them.

5. Annual Ethics Training:

Shannon Stokes from the Office of the General Counsel reminded committee members that it is time for the annual ethics training, she said that all board members who have been appointed to the Public Education Subcommittee must complete ethics training once a year. She added that committee members also must receive Sexual Harassment training, which is a requirement that needs to be completed. She asked that all committee members complete the Ethics and Sexual Harassment training by December 27, 2019. Ms. Stokes said that additional instructions have been provided in a memorandum that is attached to the agenda. Any additional questions or concerns should be sent to Shannon.stokes@illinois.gov

6. Public Education Subcommittee 2020 Meeting Schedule:

Kathy Chan shared a tentative meeting schedule for 2020 with committee members. Sue Vega made a motion to approve the meeting scheduled which was seconded by Brittany Ward. The Public Education Subcommittee will be meeting on February 6th, April 2nd, June 4th, August 6th, October 1st, and December 3rd.

7. ABE & IES Update:

Lynne Thomas shared the attached report, 'ABE Manage My Case' with the committee members. She said the "Report of a Birth" process, which allows authorized hospitals to report the birth of a newborn has been operating very well. There has been a total of 6683 birth report submissions since "Go-Live" on 11/19/19. At present, there are 74 hospitals registered in the ABE Partner Portal.

Ms. Thomas said, as of 11/01/19, there are 67,000 applications that are taking more than 45 days to be processed. This number has decreased from 72,000 on 10/01/18. Therefore, she observed, "we are moving in the right direction". Lynne reported that, in regard to the "T cards" or temporary cards, from October 2018 through October 2019, the State had issued 23,000 temporary cards, which is slightly over 1900 "T cards" per month.

In response to a request from Sergio Obregon related to the 270 and 272 files, which will indicate whether or not an individual receives renewal Form A or Form B, HFS has submitted the request to make the necessary changes so CPS and other entities that have access to these files may be able to see this information. HFS will continue working on this request. In addition, HFS is finalizing a provider notice explaining how a client can request a temporary card over the phone.

In terms of the issues of ID Proofing, Ms Thomas said that it does not take 6 to 8 weeks to process, but less time. Jane Longo reported that HFS posted a draft waiver request which

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extends post-partum coverage. HFS is pursuing a waiver to improve “continuity of care and flexibility”, which includes three provisions. The first provision requests post-partum coverage for 12 months, instead of the current 60 days. The second provision is a request to waive the requirement to implement hospital presumptive eligibility until IES issues can be resolved. The third provision would allow recipients to return to their previous MCO if Medicaid is reinstated within 90 days of a break in coverage for failure to provide a redetermination form. Jane Longo reported that the Department is finishing a paper on ex-parte redetermination options.

Avery Dale said that there have been changes to the federal requirements around the individual medical coverage mandate such that, a tax penalty is no longer in place. She said that even though the tax penalty has been eliminated, the mandate to have insurance is still in place, so the 1095B form will be generated and sent to beneficiaries. Another form explaining how to get a hardship waiver will no longer be sent out because the penalty has been removed.

Amber Kirchhoff asked if there will be a way to submit ‘alternative Identity Proofing’ documents electronically. Lynne said HFS has submitted a “ticket” (request); however, there are many other items before this one in terms of priority for programming.

Ryan McGraw asked, what is being done to improve the IES system? Ms. Longo reported that leadership from the governor’s office, DHS, HFS, DOIT and Deloitte are combining efforts to improve the system and are meeting every Monday to improve system performance, although it is recognized that a lot still needs to be done. She added, staffing has increased significantly, but the technology needs to be improved. The State is committed to improvement and reducing backlogs of applications and redeterminations. Also, the three agencies have selected a consulting vendor to conduct monitoring and help with technical advice to discuss different strategies to improve system performance. Ms. Longo said, the ABE Call Center staffing plan is underway, and DHS is creating a new downstate Call Center which will allow redeterminations to be done by phone, including telephonic signatures.

8. Redetermination Update:

Nadeen Israel asked, what is the time line for the rede report that was included in the Omnibus report. Ms. Thomas said that is almost finalized and will likely be available in the next few weeks. Dan Rabbitt asked if the committee will be able to get data regarding Medicaid redeterminations and reinstatements that have previously been received? Jane Longo said that a new report is available, and another will be developed by Deloitte. Kathy Chan asked if this report can be made available with the agenda and meeting materials for the February 6th meeting.

Jane Longo mentioned that HFS has posted the first quarterly report for July-September 2019. For details please follow this link:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/QuarterlyReportOmnibusNov19FINAL.pdf>

Lynne Thomas added that, during the month of November 35 % of clients received Form A, when submitting their redetermination (no additional information is required in order to continue medical coverage.) This number has been increasing in reference to previous months

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Dan Rabbitt asked if the rede rate was improving? HFS will need to review and get back to the committee. Ms. Thomas said that a lot of progress has been made, particularly HFS has made efforts to align the rede dates for SNAP and medical when possible; however, there is still work that needs to be done in terms of system performance.

9. Criminal Justice Update:

Lynne Thomas reported that in response to a request from Sherie Arriazola the Adult Transition Center residents are confirmed to be eligible for Medicaid. An upcoming provider notice will be issued clarifying this and outlining other ways that providers can assist individuals returning to the community following release from IDOC.

In addition, in relation to a request from Ms. Arriazola to revise "Attachment C", which was shared during the August 8th meeting. 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. Lauren Polite is discussing the necessary edits with Sherrie Arriazola. The revised notice will be shared with committee members in upcoming meetings.

10. Open Discussion and Announcements:

Chairperson Kathy Chan shared Georgetown Center on Children and Families' report: <https://ccf.georgetown.edu/2019/05/28/medicaid-and-chip-enrollment-decline/> Following robust discussion, Ms. Chan encouraged committee members to take a closer look at the HFS data provided (attached) and compare it with the data used to produce the Georgetown Center report in order to better understand the possible factors that may be affecting the increase of uninsured children and improve their enrollment.

Jennie Pinkwater suggested that it would be helpful to know enrollment data by plan. This information can be found on the HFS website:
<https://www.illinois.gov/hfs/info/factsfigures/Pages/DetailedManagedCareEnrollment.aspx>

John Jansa announced his decision to resign from the Public Education Subcommittee, effective December 5, 2019. Chairperson Kathy Chan thanked John for his participation and valuable contributions while he served on the committee.

11. Adjournment:

The meeting was adjourned at 12:02 p.m. The next meeting is scheduled for February 6, 2020, between 10:00 a.m. and 12:00 p.m.

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February 6, 2020**

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

Committee Members

Kathy Chan, Cook County Health
Brittany Ward, CPS
Erin Weir Lakhmani, Mathematica Policy Research (by phone)
Sergio Obregon, Chicago Public Schools
Nadeen Israel, AIDS Foundation of Chicago
Sherie Arriazola, Safer Foundation (by phone)

HFS Staff

Jane Longo
Lynne Thomas
Robert Mendonsa
Lauren Polite
Veronica Archundia
Melissa Black
Arvind Goyal
Elizabeth Nelson
Laura Phelan

Committee Members Absent

Connie Schiele, HSTP
Sue Vega, Alivio Medical Center

DHS Staff

Gabriela Moroney
Lilian Jimenez
Patricia Reedy

Interested Parties

Sophia Cipriano, UI Health
Nina Misra, Ever Thrive IL
Sam Hollis, LCHJ
Patrick Maguire, MHN
Susanne Wiecek, UI Health
Zsaza Pimentel, ICIRR
Ryan McGraw, Access Living
Laurie Cohen, Civic Federation
Kristin Hartsaw, DuPage Federation on Human Services
Emily Chittajallu, La Rabida
Michael Gerger, UIC
Carrie Chapman, Legal Council for Health and Justice
Jessica Pickens, Next Level Health
Karina Gonzalez, Molina Health
Andrea Kovach, Shriver
Paula Campbell, IPHCA
Susan Gaines, IPHCA
Jill Hayden, Meridian
Timothy Jackson, Aids Foundation of Chicago
Marina Kurakin, Legal Council for Health Justice

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Interested Parties (by phone)

Joe Packett, APC
Maria Burrayo, Aunt Martha's Health Wellness
John Hachmeister,
Martha Jamuz, Choices
Letitia Dewith-Anderson, Anderson Legislative Consulting/Centene
Nelson Soltman,
Trisha Rodriguez, Senate Democrat Staff Member
Angela Boley, Land of Lincoln Legal Aid
Rose Dunaway, Girling Community
Ralph Schubert, University of IL Chicago
Brittani Provost, Division of Specialized Care for Children
Faye Manaster, The Arc Illinois
Andrea Davenport, Meridian
David Lecik, Department of Aging (SHIP)

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1. Introductions:

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

Chairperson Kathy Chan asked attendees to be respectful and quietly enter and leave the conference rooms. She asked if anyone wished to have make a phone call or to have a conversation that this be done by the area of the elevators.

2. Review and Approval of the Meeting Minutes from December 5, 2019:

Kathy Chan asked for the correction of *two* names which had been misspelled. The correct spelling is Ralph Schubert and Jennie Pinkwater. On page four, paragraph five, Sergio Obregon asked that the term IAPs be changed to IEPs. Therefore, the paragraph should read “.... take into account children who have IEPs and other school assessments...”. With these changes, the minutes were approved. Sergio Obregon made a motion to approve the minutes from December 5, which was seconded by Brittany Ward.

3. Care Coordination Updates:

Robert Mendonsa reported that there have been recent mergers taking place; Centene, which is the parent of IlliniCare is finalizing the acquisition of WellCare (parent of Meridian.) Centene “spun off” IlliniCare to CVS, which also owns Aetna. Nadeen Israel asked if there had been plans to send any client notifications. Robert said it should not be necessary because these are plan acquisitions and nothing is changing for the members.

Mr. Mendonsa said, at the end of January 2020, Aetna/CVS will run the IlliniCare plan. It will remain IlliniCare for now; however, at some point in the future, he expects everything will be moved over to the Aetna platform, and the name will change. Robert added that the combined plan membership of Meridian and IlliniCare would have been 60% of the total of Illinois Medicaid membership for which HFS have raised concerns with respect to this dominance in the market.

Robert Mendonsa said YouthCare is not part of the sale to CVS/Aetna. Therefore, YouthCare was moved under Meridian. YouthCare is a specialty plan for DCFS and it is a separate contract, separate network, and separate staff. IlliniCare’s MMAI product was not part of the sale to CVS either, so Centene retained MMAI.

Mr. Mendonsa said by mid-February Molina will be purchasing NextLevel Health. HFS will move Next Level’s estimated 55,000 members into Molina, effective April 1. HFS has already removed NextLevel from being a choice or receiving auto-assignment. Therefore, NextLevel is not available as a HealthChoice Illinois plan moving forward. Robert added that there is “100% network overlap.” Molina network is bigger. NextLevel and Molina will be sending out notices to providers.

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Patricia Reedy asked for a listing of the latest MCO mergers to be placed on the HFS website to educate members and providers regarding all these changes. Kathy Chan asked to update the statewide map located on the HFS website to help clarify the acquisitions and remaining plans. Robert Mendonsa agreed with the request.

Mr. Mendonsa said that in response to concerns expressed by advocates, the transition of the Youth in Care was postponed to April 1, 2020. He said, as of Feb 1, 2020, there are about 19,000 Former Youth in Care and there are 22,000 Children with Special Needs. HFS acknowledges there has been confusion among providers about the transition. Nevertheless, the Department has established an 8 month transition period for the Former Youth in Care cases; and a 6 months of transition period for the Special Needs Children. This means that all Medicaid providers will be paid regardless of whether they are in-network with the plan, or the member has chosen a plan or has been assigned, they will be paid during this period.

Robert indicated that YouthCare has 97% of previous DCFS service providers. Overall the network is larger and added 200+ care coordinators for former and current Youth in Care, many of them have backgrounds in Behavioral Health. Mr. Mendonsa said, on February 1st, “there was a hiccup” due to an HFS error, about 2,500 names children were omitted in the file that was sent to the plans. The correction was made almost immediately on Sunday February 2. HFS was in communication with the CEOs of the plans involved. A revised file was sent to the plans, and HFS is taking the necessary steps in order to prevent this system issue from happening again. He noted that, the Former Youth in Care children were auto-assigned to YouthCare, nevertheless, these children also have the option to choose another plan.

Sergio Obregon from Chicago Public Schools (CPS), recommended improvement with respect to coordination regarding Children with Special Needs. He suggested CPS connect its behavioral Health staff/teams with the MCOs that are doing work on Integrated Health Homes, as well as with DCFS staff members who are working with SNC.

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

Gabriela Moroney provided an update about the Public Charge Rule. She said the USCIS lifted the last remaining nationwide injunction, which was preventing the Rule from going into effect. Therefore, the Public Charge Rule was upheld nationwide with the exception of the State of Illinois. Ms. Moroney introduced Lilian Jimenez who is a DHS Associate Director of the Office of Welcoming Centers for Refugee and Immigrant Services.

Ms. Jimenez indicated that the federal government requested to lift the injunction in Illinois. She said, in spite the efforts to block the Rule, the injunction could be lifted prior to February 24. If the injunction is not lifted, the Shriver Center and the Legal Council will be before the appellate court on February 26 to argue in keeping the injunction in place, and the court in turn is expected to rule in a few days after February 26. Ms. Jimenez said that the Department of Human Services is focusing its efforts on mitigating the effects of the ruling. She said that the State continues to work with DHS funded partners in order to provide appropriate information and training to anyone

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inquiring, as well to all community partners. More details can be found at the DHS website: <http://www.dhs.state.il.us/page.aspx?item=117419>

Sergio Obregon said that some families have asked whether their information will be kept safe and not shared in efforts to deport individuals. **He asked what is the right message to share with families? Chairperson Kathy Chan suggested discussing this further during the next meeting.**

Gabriela Moroney indicated that DHS continues to work with the Illinois Department of Corrections (IDOC) to identify small scale pilots to leverage DHS resources for individuals who are being discharge from IDOC. Ms Moroney thanked committee members for their interest in providing stakeholder input in the DHS website redesign. Anyone interested in sign-up to the IDHS Stakeholder newsletter that can be found at:

<http://www.dhs.state.il.us/page.aspx?module=17&item=117871&surveyid=1488>

5. ABE/IES/Redetermination Update:

Lauren Polite shared the attached report, 'ABE Manage My Case' with the committee members. She said the "Report of a Birth" process, which allows authorized hospitals to report the birth of a newborn has been operating very well and has been incorporated into the ABE MMC functionality so that a deemed newborn can be automatically added to a case if submitted with the correct information through MMC. Ms. Polite reported that in terms of the Manual Identity Proofing, the process may take an approximately one to two weeks but there may be a delay in sending out the notices since it's a manual process. If it feels like it's taking a long time a client can attempt to link their ABE account to their cases prior to receiving the notices in the mail.

Jane Longo provided the redetermination report, for which she shared three tables attached. Ms. Longo said, the reconciliation of EDW reports and Deloitte reporting numbers continue to decrease each month and HFS is on target in monthly goals. She attributed the backlog reduction to an increase in hiring more case workers. Ms. Longo said the report on redeterminations appear to show significant improvement with nearly 90% of cases that were processed in December 2019 to have been approved for continued coverage. HFS says data from other months in 2019 appears to follow a similar trend. She noted that, HFS is working on a second report that has data related to the A/B redetermination forms, which it is expected to include the number of redes processed and approved, along with reinstatements. Ms. Longo added, HFS has a goal of no apps over 45 days by end of the year; redeterminations would be done by the end of the 12 months of coverage, which will require HFS to make some policy decisions about that in the future.

With respect to the influx of 76,000 applications from the Marketplace, Ms Longo said this increment in application contributes to the backlog of initial applications processing. She also noted that the federal government counts redetermination differently than Illinois. She said that, anyone who is over 12 months (IL provides 13 months of coverage) is a delayed rede to the feds. Jane Longo clarified that, if someone is in the rede backlog and it has not been processed

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by HFS, the Medicaid coverage continues until a caseworker takes action. There is a small number of cases included in the rede backlog where someone may have lost coverage, because the request for reinstatement is not processed in the 90 day period, but if received within 90 days. HFS will process and reinstate a case back to original date of cancellation.

6. Criminal Justice Update:

Lynne Thomas said that HFS and DHS have been working with IDOC on an overall way to get applications filed and processed for inmates prior to release. HFS has had several meetings with IDOC, which includes offering technical assistance to help inmates apply for benefits. With respect to the services provided to clients residing in work-release centers or halfway houses, also known as Adult Transit Centers (ATCs), Ms. Thomas indicated that the new staff at IDOC want to take a closer look at this policy. She indicated that some adjustments are necessary to a file received from IDOC, and it is nearly ready to make the policy.

10. Open Discussion and Announcements:

Kathy Chan asked for an update concerning the Georgetown Center on Children and Families' report: <https://ccf.georgetown.edu/2019/05/28/medicaid-and-chip-enrollment-decline/> Laura Phelan said that she has had a conference with staff members at Georgetown to better understand the data. Georgetown will send HFS additional information in terms of the methodology to help better understand this report. HFS wants to address this but also recognizes that they need to better understand the underlying issues, as Illinois is "an anomaly" when it comes to the increase of uninsured kids combined with children's coverage program that includes higher income families and undocumented children. It is suspected that "the chilling effect" has had a more dramatic effect in Illinois, as there are larger numbers of immigrants in Illinois compared to some other states.

Laura Phelan also provided an update with respect to the 1115 Waiver for Continuity of Care and Administrative Simplification, which seeks to cover post-partum women through 12 months; the return to a previous MCO if reinstated to Medicaid within 90 days; and a delay of Hospital Presumptive Eligibility. Ms. Phelan said that HFS has made an invitation period to provide public comments to federal CMS which is open through February 13, 2020.

<https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/1115DemonstrationWaiverHome.aspx>

Ms. Phelan noted there is a link to the federal website where people can submit formal comments and/or view formal comments that have been submitted:

<https://public.medicaid.gov/connect.ti/public.comments/questionnaireResults?qid=1904067>

11. Adjournment:

The meeting was adjourned at 11:55 a.m. The next meeting is scheduled for April 2, 2020, 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.

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

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

**ABE Manage My Case, Appeals FFM and Newborn Add stats
For MAC Public Education Subcommittee
As of 03/31/20**

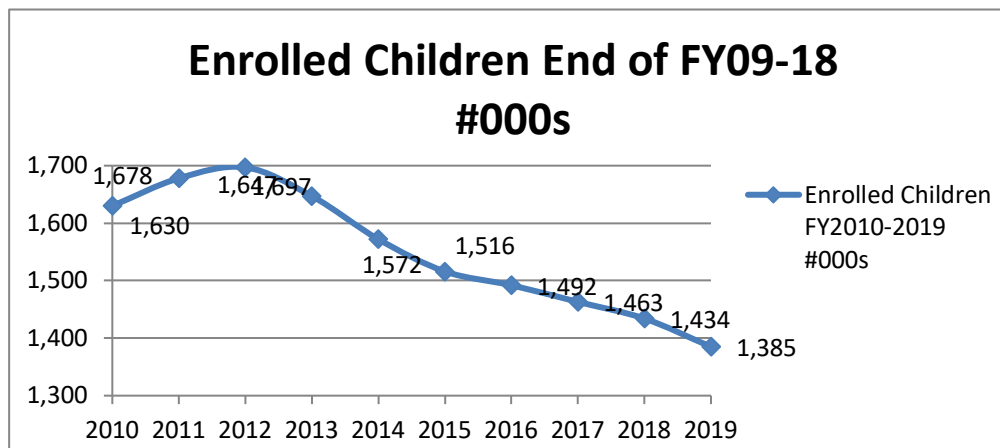
	3/31/20	11/25/19	9/23/19	7/29/19	5/23/19	4/3/19	2/7/19	10/3/18	7/31/18	4/10/18
ABE MMC Accounts Linked	1,047,245	902,599	836,178	747,236	702,833	643,018	570,348	416,010	329,244	240,780
Renew My Benefits	319,204	272,015	252,648	232,669	209,483	193,446	172,590	125,603	97,679	53,557
Report My Changes	245,584	206,154	187,361	169,956	151,150	136,784	121,002	84,882	63,762	31,187
Program Adds	106,517	86,564	78,096	70,302	61,447	54,621	46,896	31,136	22,908	10,033
Member Adds	29,541	26,907	24,683	22,495	20,116	18,545	16,485	11,758	9,753	5,173
Mid-Point Reports	174,409	139,426	125,304	112,567	98,207	88,057	74,786	47,454	34,357	11,247
Appeals submitted	68,504	59,124	54,067	49,360	43,935	39,974	34,576	24,551	NA	7,380
FFM cases since 11/17	339,995	269,289	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	3,195	2,399	1,918	1,512	959	449	NA	NA	NA	NA

Children's Enrollment

Enrolled Children FY2010-2019

End of FY

End of FY	Enrolled Children #000s
2010	1,630
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516
2016	1,492
2017	1,463
2018	1,434
2019	1,385



End of Month

2016
Jan
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec

Enrolled Children #000s
1,505
1,502
1,501
1,497
1,495
1,492
1,491
1,492
1,488
1,482
1,481
1,477

2017
Jan
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec

Enrolled Children #000s
1,476
1,472
1,472
1,467
1,464
1,463
1,463
1,458
1,452
1,446
1,448
1,457

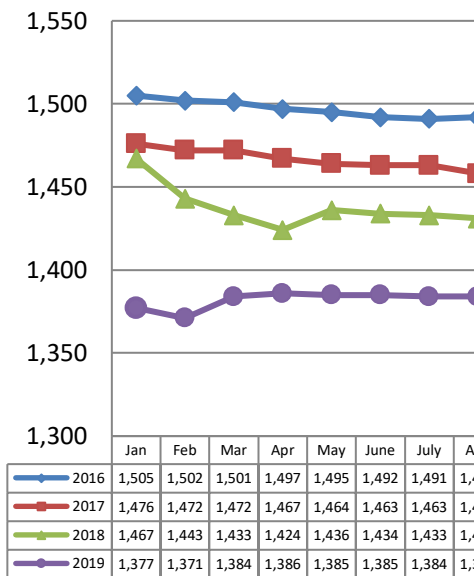
2018
Jan
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec

Enrolled Children #000s
1,467
1,443
1,433
1,424
1,436
1,434
1,433
1,431
1,423
1,415
1,400
1,384

2019
Jan
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec

Enrolled Children #000s
1,377
1,371
1,384
1,386
1,385
1,385
1,384
1,384
1,382
1,382
1,379

Enrolled Children by Month #000s



Children's Enrollment

