

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
October 1st, 2020
401 S. Clinton Street, Chicago, Illinois
201 S. Grand Avenue East, Springfield, Illinois**

Committee Members

Kathy Chan, Cook County Health
Brittany Ward, Lurie Children's Hospital
Sergio Obregon, CPS
Erin Weir Lakhmani, Mathematica Policy Research
Sherie Arriazola Martinez, Safer Foundation
Nadeen Israel, AIDS Foundation of Chicago
Sue Vega Alivio Medical Center

HFS Staff

Lynne Thomas
Laura Phelan
Lauren Polite
Margaret Dunne
Sharice Bradford
Robert Mendonsa
Arvind Goyal
Veronica Archundia
Elizabeth Nelson
Evan Fazio
Melissa Black

Committee Members Absent

Connie Schiele, HSTP

DHS Staff

Patricia Reedy

Interested Parties

Paula Campbell, IPHCA
Andrea Kovach, Shriver Center on Poverty Law
Amber Kirchhoff, Illinois Primary Care Association
Heather Holberg, CountyCare
Stephani Becker, Shriver Center on Poverty Law
Paula Allen-Meares, University of Illinois
Michele Lindstrom, University of Illinois
Martha Jarmuz, Choices CCS
Rose Dunaway, Kindred at Home
Angela Boley, Land of Lincoln Legal Aid
Yariela Ramirez Beccue, UIC Division of Specialized Care for Children
David Hurter, AMITA Health
Laurie Cohen, The Civic Federation
Jill Hayden, Meridian
Monica Cella, Department of Pediatrics UIC
Nelson Soltman,
Dan Rabbitt, Heartland Alliance
Dave Lecik, Department on Aging
Robin Lavender, DuPage Health
Graciela Guzman, Healthy Illinois
Megan Carter, Legal Council for Health Justice
Elizabeth Weber, CountyCare
Brittani Provost, UIC Division of Specialized Care for Children
Elizabeth Berendsen, City of Chicago
Kristin Hartsaw, DuPage Federation on Humans Services Reform

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
October 1st, 2020
 401 S. Clinton Street, Chicago, Illinois
 201 S. Grand Avenue East, Springfield, Illinois

- Kimberly Burke, Lake County Health Department
- Robin Lavender, DuPage County Health Department
- Ashley Galante, Wellcare
- Patrick Hostert, Illinois House of Representatives (Democratic Research/Appropriation Staff)
- Dani Mendez, Illinois House of Representatives (Democratic Research/Appropriation Staff)
- Jamie Weber, Avesis
- Luvia Quiñones, Illinois Coalition for Immigrant & Refugee Rights
- Grecia Villegas, UIC Division of Specialized Care for Children
- Viviana Rodriguez, University of Illinois Hospital & Health Science System
- Kathye Gorosh, AIDS Foundation Chicago
- Marina Kurakin, Legal Council for Health Justice
- Caroline Chapman, Legal Council for Health Justice
- Timothy S. Jackson, AIDS Foundation
- Samantha Hollis, Illinois Health and Hospital Association
- Susan Gaines, IPHCA
- Aisha Davis
- Amy Edwards
- Angela Townsend
- Beth Berendsen
- Carmela Hernandez
- Chris Haen
- Elizabeth Durkin
- Ireta Gasner
- Jessie Beebe
- Jonathon Moody
- Juan Guzman
- Laura Minzer
- Logan Charlesworth
- Niara Marshall
- Ryan Voyles
- Samantha Olds-Fry, IAMHP
- Alaina Kennedy
- Andrea Davenport
- Bailey Huffman
- Cameron Zelaya
- Colleen Burns
- Dave Lowitzki
- Gabriela Montoya
- Jennie Pinkwater, ICAAP
- Joan Hatman
- Josh Evans
- Kyrsten Emanuel
- Lisa Marie Wiseman
- Michael LaFond
- Nicole Villareal - CPS
- Sarah Ferguson

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
October 1st, 2020
401 S. Clinton Street, Chicago, Illinois
201 S. Grand Avenue East, Springfield, Illinois

1. Introduction:

Chairperson Kathy Chan opened the meeting indicating that due to COVID-19 concerns, this meeting would be held by conference call, only, and that the meeting was being recorded. Committee members present were Brittany Ward, Sergio Obregon, Nadeen Israel, Erin Weir Lakhmani, Kathy Chan, Sue Vega, Sherie Arriazola Martinez. One member Connie Schiele was absent. Ms. Chan asked interested parties to send an email to veronica.archundia@illinois.gov to properly record their participation.

2. Review and Approval of the Meeting Minutes from August 6, 2020:

Kathy Chan asked for a correction to Andrew Kovach's name with this motion, the August 6, 2020 minutes were approved. Sue Vega made a motion to approve the meeting minutes, which was seconded by Erin Weir Lakhmani. The meeting minutes were approved with a vote of seven members in favor, zero opposed, and one member absent.

3. Feasibility Study Update:

Laura Phelan provided the study update. She said the Medicaid Omnibus Bill included a healthcare affordability feasibility study, <https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=101-0649>.

The Bill requires HFS to conduct a study in consultation with the Department of Insurance (DOI). Under the statutory language, it is necessary to explore options to make health care affordable and accessible for low-income and middle-income residents. This study must contain an analysis of the Illinois market, including the impact on the uninsured rate. The study must also include an analysis of data broken out by geographic area, race and ethnicity, and income level. Policies implemented in other states will also be reviewed. The study will evaluate how implementing multiple policies could impact cost outcomes, as well as how they could be structured to ensure the obtaining of federal matching funds and federal pass through funding. A report is due to the General Assembly and the Governor by February 28, 2021.

In order to conduct this study, HFS first reached out to State Health and Value Strategies (SHVS), a state technical assistance center out of Princeton University which has numerous consulting firms on retainer. Through SHVS, Manatt created a project work plan for the State of Illinois to assist with the project, and the Robert Wood Johnson Foundation funded this work. Manatt worked on feasibility studies for other states, so HFS is following their work plan for this study, which includes some lessons learned from other states.

HFS is presently working with the University of Illinois Office of Medicaid Innovation (OMI) through an Intergovernmental Agreement. In addition to receiving support from OMI staff, OMI also brought in additional outside experts to assist with the study, including health

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
October 1st, 2020

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

economists Ben Sommers from Harvard University and Ezra Golberstein from the University of Minnesota; regulatory experts Sabrina Corlette and Justin Giovannelli from Georgetown University, a health and racial equity consultant Tekisha Everette of TDE Consulting Group, and a BEP firm whose contract is in the process of being executed. The regulatory experts from Georgetown University will also be drafting the report that will be submitted to the General Assembly and Governor. HFS is also leveraging the existing actuarial firm it has under contract, Milliman, and DOI is also leveraging their existing contract with the actuarial firm Oliver Wyman.

The intent of the study is to create a menu of options that acknowledges that “there is not a single bullet” approach which can be adopted, and different policy options will impact various groups differently. The state might want to choose to implement multiple policies in order to have a greater impact. This approach also acknowledges that different policies can result in obtaining differing amounts of federal funding. Also, depending upon the federal administration, there could be changes with respect to the type of proposal that may or may not be approved. This will not be known until at least part of the work on the study has been completed. Because of these variables, it will be necessary to provide a large menu of options which can offer stakeholders and decision makers some qualitative data upon which to make decisions. Eight primary strategies are being considered:

1. “Medicaid buy-in” off-Marketplace (not on healthcare.gov)
 - a. Available to anyone.
 - b. Targeted to individuals who are ineligible for Marketplace subsidies, which include undocumented individuals, as well as those in a “family glitch.”
2. On Marketplace Public Option
 - a. Could be contracted with health plans to administer. Could be a single plan or several plans. Could also be a state-run plan.
3. Basic Health Plan
4. Tailoring the Massachusetts Model. This would involve the state developing a plan design and then having health plans complete to offer it, with the lowest bid or two becoming silver level zero dollar premium plans. The state would provide

additional state premium and cost-sharing subsidies up to 300% FPL. The health plan would be available to those above 300% FPL, but individuals above 300% FPL would only be eligible for federal subsidies (if applicable). In Massachusetts, some features of the product look more like Medicaid.

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
October 1st, 2020**

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

5. Wrapping Subsidies for Premiums and/or Cost-Sharing Reductions. Premium tax credits are currently available up to 400% FPL and cost-sharing reductions are current available up to 250% FPL on the Marketplace. This option acknowledges that even with these federal subsidies, health care coverage is still not affordable enough for many people and would look at the impact of adding state-subsidies on top of the federal subsidies.
6. Extending Premium Tax Credit Above 400% FPL. Other states are considering up to 500% of FPL. We are also considering phasing out naturally instead of setting a cut-off FPL, i.e. not paying more than 10% of household income.
7. Transitioning to a State-Based Marketplace. This would look at the impact of a State-based Marketplace on the state's ability to implement the policies above. A State-based Marketplace would allow Illinois to have more control over the technology, as well as control of the user interference in terms of how things are displayed, and more control over some policy decisions, such as a longer open enrollment period and a more coordinated outreach, education, and enrollment campaign.
8. Increasing in-person assistance, outreach, and marketing. This would look at the impact of increasing in-person assistance, outreach, and marketing on enrollment in coverage. This could also help the largest uninsured cohort, who are already eligible for Medicaid today, but not enrolled.

Laura Phelan said that she can accept comments directly at Laura.Phelan@illinois.gov. She will also be sharing this information at the full MAC meeting on November 6th. She would like to have an opportunity to collect feedback within a couple of weeks so it can be included within the report. Laura Phelan said that, at the end of the process, after a report has been drafted, the state will conduct another round of stakeholder engagement. This is a best practice from other states, in order to "circle back" with stakeholders to receive updated feedback once quantitative results from actuarial modeling are available.

Chairperson Kathy Chan then invited committee members to ask questions.

Erin Weir Lakhmani asked, within the scope of this study, would there be any considerations for individuals who are eligible for Medicare but lose their Medicare, or do not enroll in Medicare because they cannot afford it. Laura Phelan responded that she welcomes any input regarding this population.

Nadeen asked if there is anything in writing to serve as a reference, since this is very extensive information. Laura Phelan responded that the state currently is just providing

the topics under consideration in writing since the policy details and topics are evolving based on stakeholder feedback.

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
October 1st, 2020

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

Joan Hartman, from Chestnut Health Systems, asked if mental health parity is being considered. Laura Phelan said coverage on the Marketplace would follow Marketplace Essential Health Benefit rules and some options would leverage the existing Medicaid program. The team working on the feasibility study is discussing a product design that pulls behavioral health services in front of the deductible.

Samantha Old Fry, IAMHP asked, when it comes to Medicaid, would this just involve community benefits or also a waiver and LTC benefits? Ms. Phelan said that it would include mostly traditional health insurance services, which do not include nursing homes. However, she stated that she is not certain about home and community-based services, and she welcomed thoughts about this, observing that not including nursing homes is consistent with existing health insurance offerings and also helps to keep expenses within reasonable estimates.

Jennie Pinkwater, ICAAP asked how many of these proposals will affect children and children's enrollment, as well as to what degree will there be provider network availability, given continued concerns in terms of pediatric primary care access. Laura Phelan said the impact varies based on the policy, but that even for families whose kids are eligible for All Kids, that a more affordable health insurance option for the parents who may not be eligible for Medicaid will help the family's budget. an update will be provided at a future meeting.

4. CPS: Enrollment, Engagement and Utilization:

Sergio Obregon described the Chicago Public School's strategy to develop a social services infrastructure to meet the needs of all students and their families starting with the social service of Medicaid, the strategy: that is being developed stands upon three pillars: Enrollment, Engagement, and utilization. (Please see attached slide presentation.) With a focus on health equity. He said, the main objective of the Office of Student Health and Wellness (OSHW) is to remove health related barriers to learning so that students can better succeed in school, their careers, and life. Furthermore, this effort is intended to improve the quality of life of students by providing access to high quality, continuous and coordinated culturally competent care.

Mr. Obregon said that, in previous partnership with The United Way and The Greater Chicago Food Depository extensive work was done to develop a Medicaid enrollment and retention process. As a result of successfully enrolling students and retaining them in Medicaid, priorities have shifted to working with Health Choice Illinois, Ann & Robert H. Lurie Children's Hospital. Current, efforts include developing clear, concise, and uniform messaging, building capacity for enrolment and retention opportunities, guiding students and families to the appropriate MCO, and ensure that all children complete a health risk screening.

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
October 1st, 2020**

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

Mr. Obregon also highlighted important aspects around the effort to increase Medicaid enrollment among children at the Chicago Public Schools. He said that, in December of 2016, CPS had 99,750 students who were eligible but not enrolled in the Medicaid program. As of September 2020, this number had been reduced to 43,876 students, which is a significant improvement. Mr. Obregon showed committee members a graph depicting efforts to increase child enrollment in the Medicaid program and also the data that is driving the development of strategy to connect Medicaid enrolled students and their family to their MCO, i.e. Medical Home. Please refer to the attached presentation.

In addition, Sergio Obregon indicated that the team of the Office of Health and Wellness (OHSW) is currently enhancing existing process to assist the families of the 39,000 children with special needs that receive health care services in school. He stated that they are prioritizing communications to these families, so that they can learn about Medicaid health plan benefits and be guided to appropriate forms of care outside of the school arena. Mr. Obregon said that, in spite of all the COVID-19 challenges, the Office of Students Health and Wellness continues to educate Medicaid enrolled families to ensure that children with IEPs (Individualized Education Plans), receive guidance in order to seek care through their Medicaid managed care plan. Communication to CPS families is inclusive of the comprehensive benefits the Medicaid program offers such as, well checks, vaccinations, specialty services like, physical therapy, speech language pathology, audiology, social work, and psychological care, among other services.

Robert Mendonsa acknowledged Sergio Obregon for his work, vision, leadership, and incredible energy directed toward improving the lives of so many students within the Chicago Public Schools. Sue Vega asked if CPS is offering flue shoots for its students. Sergio said that the Health and Wellness office is coordinating mobile units to provide this service in some schools on a limited basis. Chairperson Kathy Chan also acknowledged the hard work of Mr. Obregon and his team in terms of helping families navigate the healthcare system in order to better address their specific needs. Ms. Chan directed committee members to contact Sergio Obregon directly regarding any questions, thoughts, suggestions, and comments at sobregon@cps.edu

5. Care Coordination Update:

Robert Mendonsa told the group that youths in the care of DCFS were transitioned to the YouthCare program on September 1st, 2020. He said that this change had received a positive reaction from foster families and healthcare workers who are excited to move forward with this initiative. Please see:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200803a.aspx>

Robert Mendonsa observed that COVID-19 has forced HFS to reevaluate medical programs. He said that a first priority is related to the NB Consent Decree. HFS will

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
October 1st, 2020**

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

release a provider notice related to available plans and health care coordination services at the end of this year. Integrated Health Homes (IHHs) will not be launched in January 2021, but instead will be launched at a later time during 2021.

In relation to the Pay-for-Performance Program (“P4P”), Mr. Mendonsa said that there has been some confusion. He said, by state law, 100% of “P4P” has to be paid back to plans. HFS has decided to prioritize various quality initiatives and use this as method to pay back plans and award best performances. Because COVID-19 has compromised the ability of HFS to achieve quality metrics and made it necessary to respond to other needs, HFS has asked MCOs to reinvest a portion of their funds within their communities. Mr. Mendonsa said that, as of August 2020, \$36 million have been reinvested in community engagement, such as housing support, food, tele-medicine, personal protection equipment, and other basic needs, which is an effort that will be continued for the rest of the year. HFS has just received August expenditures and is reviewing the details regarding expenditures. A report will be published on the HFS website.

Erin Weir Lakhmani asked if the report HFS is planning to publish will include spending by individual plan or would present an aggregated plan. Mr. Mendonsa said that HFS is still determining the level of detail to be provided, but, at the minimum, spending will be broken down by category of expenditure.

Nadeen Israel asked if there is an indefinite hold regarding Adult Integrated Health Homes. Robert Mendonsa said that prioritizing children’s IHHs is necessary in order to be in compliance with the NB consent decree. He also said that more details will be announced within a provider notice that will soon be published.

Nadeen asked how someone can sign-up to receive HFS Provider Notices. To receive this information, please follow the link below and enter contact information:

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

Follow this link for previous Provider Notices:

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

6. DHS Update

Leslie Cully will provide an update during the December 3 meeting.

7. ABE, IES & Redetermination Update:

Lynne Thomas reported that, as of the end of August 2020, HFS had 12,946 Medicaid applications which were 45 days or older. This is down from a high of 147,000 at the end of 2019. Concerning medical redeterminations, at the end of August 2020, HFS had 123,511 medical redeterminations on hand. However, HFS is not processing most

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
October 1st, 2020**

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

redeterminations during the present public health emergency, as the State is not taking negative action due to a federal approval to delay redeterminations. At this time, some redeterminations are getting processed, mainly because they are associated with SNAP cases or when required to complete other actions, such as adding a person to an existing case. However, even during these redeterminations which the system requires in order to add an individual, no one will lose medical coverage.

Lynne Thomas said that the only redeterminations which HFS is mailing out are the cases that qualify for ex-parte. She also said that, during the month of August 2020, approximately 36% of cases were provided with ex-parte renewal processing. She added that HFS is considering keeping self-attestation of various verifications during the post-pandemic period. HFS is expected to complete a review of the policies that can remain in place.

Sue Vega congratulated HFS staff for the substantial reduction regarding the number of applications. She said that this reflects amazing work. Kathy Chan said that these are very encouraging numbers, which may be due to the flexibilities that Illinois has been able to exercise in reaction to the pandemic. Nadeen Israel echoed this appreciation and asked if HFS could be able to continue using these simplifications in processing. Lynne Thomas said some simplifications will be possible to be maintained after the medical emergency ends, but HFS cannot commit to some others, such as the disregarding of assets for AABD cases. She said that HFS will continue the evaluation all options.

Newborn adds - Margaret Dunne provided the Report of a Birth numbers. In August, there were 5,878 submissions through ABE by providers and individuals. For the month of September, there were a total of 5,593 submissions. Since December there have been 65,479 submissions. Margaret said, 63 % of the newborn adds submitted through the ABE Provider Portal and 70% through Manage My Case (MMC) have been automatically added HFS has processed almost 21,000 of the exceptions. The most common exception continues to be "Newborn Already Exist".

8. Health Benefits for Immigrant Senior Program:

Lynne Thomas said that Health Benefits for Immigrant Seniors is a new program intended for senior citizens age 65 or older who are ineligible for Medicaid due to their immigration status and who have incomes at or below 100 FPL. She said it will cover most of benefits provided to the current AABD Medicaid population, with the exception of nursing home services. Eligible individuals will be initially enrolled in Fee-for-Services (FFS) and transitioned into a Managed Care Organization later. The program is on track for a December 1 start date. Interested individuals will be eligible for backdated coverage, but not prior to September 1, 2020. Ms. Thomas said the Draft Rules were published in the

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
October 1st, 2020**

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

August 28th Illinois Registry and there is a 45-day comment period which will end October 12, 2020. <https://www.cyberdriveillinois.com/departments/index/register/home.html>

Luvia Quinones asked if HFS will release a provider notice. Lynne Thomas said the provider notice will be issued at the end of October or November. After December 1st, anyone who applies for emergency medical assistance and who meets the criteria will be assessed for this new coverage.

Patricia Reedy asked, since this program will not cover Long Term Care Services, if it will cover “In-Home Waiver Services”, such as the Aging Waiver or the DRS Waiver. Lynne Thomas said that, if someone is at a Long-Term Care facility, they could get Medicaid coverage if they, but the LTC services would not be covered.

Stephani Becker asked what can be communicated in the community to help people get ready to enroll. Lynne Thomas said that HFS is currently working on a brochure and a Provider Notice and that the income limit is the same for AABD program, which is 100% FPL. If the income of an individual is above that standard, the person may qualify for spenddown. The “Resource limit” is \$2,000 for one person and \$3,000 for two people. If their resources are above the limit for their household size, they would have a resource spenddown. For individuals with income over the standard (100% FPL), it would be advisable for them to save their receipts for medical expenses so that they can be considered for Spenddown case.

9. Criminal Justice:

In response to a request from Sherie Arriazola-Martinez, who observed that there have been cases of individuals released from IDOC whose restrictions have not been lifted, timely, HFS has added a staff member to the team to monitor the email requests received and to lift the restrictions without delay. In addition, HFS reviewed the weekly report received from IDOC, and found that some cases had not been picked-up so staff are reviewing the programming. In the meantime, a report has begun to be generated every week to help identify those individuals and manually lift their restrictions. Lynne Thomas asked Ms. Arriazola-Martinez to continue to flag these cases and to send them to Lauren Polite who will be the point of contact regarding the criminal justice issues.

10. Open Discussion and Announcements:

Sergio Obregon said that the Chicago Public Schools hotline has been receiving a rash of inquires from parents seeking resources, such as food distribution, as well as families in need of desk organization and other things needed while classes are being conducted remotely. He found that Catholic Charities has food options and some rent assistance but asked attendees to send other resources offered in their agencies or others, so the

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
October 1st, 2020**

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

CPS Hotline can help connect families to resources and services or networks. Please send information and any details to: Sergio.obregon@CPS.edu

Lynne Thomas indicated that, in response to an inquiry from Dan Rabbitt during the previous meeting regarding Medicaid enrollment numbers for fiscal 2019 have been posted on the HFS Website at:

<https://www.illinois.gov/hfs/info/factsfigures/Program%20Enrollment/Pages/Statewide.aspx> The Medicaid enrollment numbers for fiscal year 2020 will be posted at the end of November or December. The delay in posting is because HFS needs to allow for “retroactive approvals” so, the most complete numbers possible can be provided

Lynne Thomas announced that she is retiring at the end of October. Kathy Chan took a moment to acknowledge Lynne’s dedication, hard work, and contributions to medical programs in Illinois. Paula Campbell, Erin Weir Lakhmani, Sergio Obregon, and other committee members also expressed their appreciation and good wishes to Lynne.

Sherie Arriazola Martinez said she is thankful for Lynne’s work and is highly appreciative of her assistance with regard to issues related to criminal justice involved populations and all the clients she has helped.

11. Adjourn:

The meeting was adjourned at 11:52 a.m. The next meeting is scheduled for December 3, 2020, between 10:00 a.m. and 12:00 p.m.



★ ★ 🍏 ★
HEALTHY CPS
— OFFICE OF STUDENT HEALTH & WELLNESS —

Medicaid Eligibility and Enrollment



MISSION AND VISION

The Office of Student Health and Wellness (OSHW) aims to remove health-related barriers to learning such that students may succeed in college, career and life.

Medicaid Eligibility and Enrollment aims to make sure all CPS students have a medical home. This is done by developing strategies around the following:

- **Enrollment**
- **Engagement**
- **Utilization**





Medicaid Eligibility and Enrollment: 3 Pillar Approach

- **Enrollment** - the action of enrolling or being enrolled.
- **Engagement** - the action of occupying, attracting, or involving (someone's interest or attention).
- **Utilization** - the action of making practical and effective use of something.



Medicaid Eligibility and Enrollment: Collective Efforts



Illinois
State Board of
Education



HealthChoice Illinois



COOK COUNTY
HEALTH



HEALTHY CPS

— OFFICE OF STUDENT HEALTH & WELLNESS —



Enrollment



CPS: Medicaid Enrollment

Eligible but not enrolled

December 2016:
99,750



September 2020:
43,876





CPS: Medicaid Enrollment

Office of Student Health and Wellness
 Student Enrollment vs. Student Medicaid Enrollment
 Methodology v.2.

	Progress Monitoring											FY21 Goal
	07/2020	08/2020	09/2020	10/2020	11/2020	12/2020	01/2021	02/2021	03/2021	04/2021	05/2021	06/2021
CPS Enrollment	346,814	346,198	343,960									
Medicaid/CHIP Eligible (Active RIN and/or FRM)	281,097	279,891	274,900									
Medicaid/CHIP Enrolled (Active RIN)	233,947	232,958	231,024									
% change in total Medicaid/CHIP enrolled (since July, 2020)	na	-0.4%	-1.2%									
% Eligible and Enrolled	83.2%	83.2%	84.0%									84%
Gen. Ed. Targets	41,379	41,192	38,518									
IEP Targets	5,771	5,741	5,358									
<i>IEP Targets with Billable Services</i>	2,932	2,913	2,726									
<i>IEP Targets without Billable Services</i>	2,839	2,828	2,632									
Target Totals	47,150	46,933	43,876									

Medicaid* Enrolled in CPS
 Total: 247,435
 Data Date: April 2020

MCO**	BCBSIL	CountyCare	Meridian	Molina	Next Level
Total	46,244	75,560	39,722	16,457	7,108
Gen Ed	38,627	62,616	33,532	13,680	5,627
IEP	7,617	12,944	6,190	2,777	1,481
Billable Service^	4,342	7,562	3,466	1,592	907

*CPS-enrolled students whose RIN status is "Active" or "Active within the last 90 days"
 **MCOs not displayed: Aetna, Illinicare
 ^This category includes only students with an IEP.



CPS: Medicaid Enrollment - Action Item #1

Outreach/Communication Strategy

- Develop clear, concise and uniform messaging across agencies
- Build capacity for enrollment opportunities
- Guide students and families to the appropriate MCO for support, i.e. Health Risk Screenings





★ ★ ★ ★
HEALTHY CPS
— OFFICE OF STUDENT HEALTH & WELLNESS —

Engagement



CPS: Medicaid Engagement - Chicago Transit Authority

GOOD HEALTH CAN'T WAIT.

GET COVERED NOW!

HEALTH INSURANCE COVERAGE + TRUSTED HEALTHCARE PROVIDER = HEALTHY KIDS & FAMILIES

LIVEUNITEDchicago.org/getcovered
773-553-KIDS (5437)

Chicago Public Schools | HEALTHY CPS | United Way of Metropolitan Chicago | United Way | United Way of Metropolitan Chicago



CPS: Medicaid Engagement





CPS: Medicaid Engagement - Community Billboards



HEALTHY IS...
regular check-ups!

Need Health Insurance?
Call Healthy CPS (773) 553-KIDS





CPS: Medicaid Engagement - Community Billboards





CPS: Medicaid Engagement- Action Item # 2

Data Sharing and Integrated Care

- Educate families on Medicaid health plan benefits and guide them to the right care
- Exchange anonymized data with the MCOs to demonstrate CPS' role in Care Coordination
- Track enrollment and active participation via outreach and encounter data
- Develop electronic exchange of key data health care utilization elements for improved care





★ ★ ★ ★
HEALTHY CPS
— OFFICE OF STUDENT HEALTH & WELLNESS —

Utilization



CPS: Medicaid Utilization

Medically complex students = 29K Students

- IEP (Individualized Education Plans) & Health care Services
- MCO Support for CPS Services

Physical Therapy	Psychological Services
Occupational Therapy	Social Work Services
Speech Language Pathology	Nursing Services
Paraprofessionals	Transportation
Audiology	Vision Services





CPS: Medicaid Utilization

All CPS Students

- MCO Support for CPS Services
- Directing CPS population to PCP/MCO, i.e. Health Risk Screenings
- Active participation in health care

Social Work Services	Nursing Services
Audiology	Vision Services
Dental Exams	Immunizations





CPS: Medicaid Utilization - Action Item #3

Care Management and Utilization of Services

- Collaboratively develop strategies to ensure:
 - Students/members/patients are utilizing plan benefits in a coordinated way
 - The right service, at the right place, at the right time
 - Health care decisions made by in school providers and external providers are more informed through the development of comprehensive health records
 - Integrated health teams for both CPS and MCOs
 - Care Coordination that is comprehensive, culturally competent and continuous





Chicago Public Schools Medicaid Eligibility and Enrollment

Questions?

Contact information at CPS

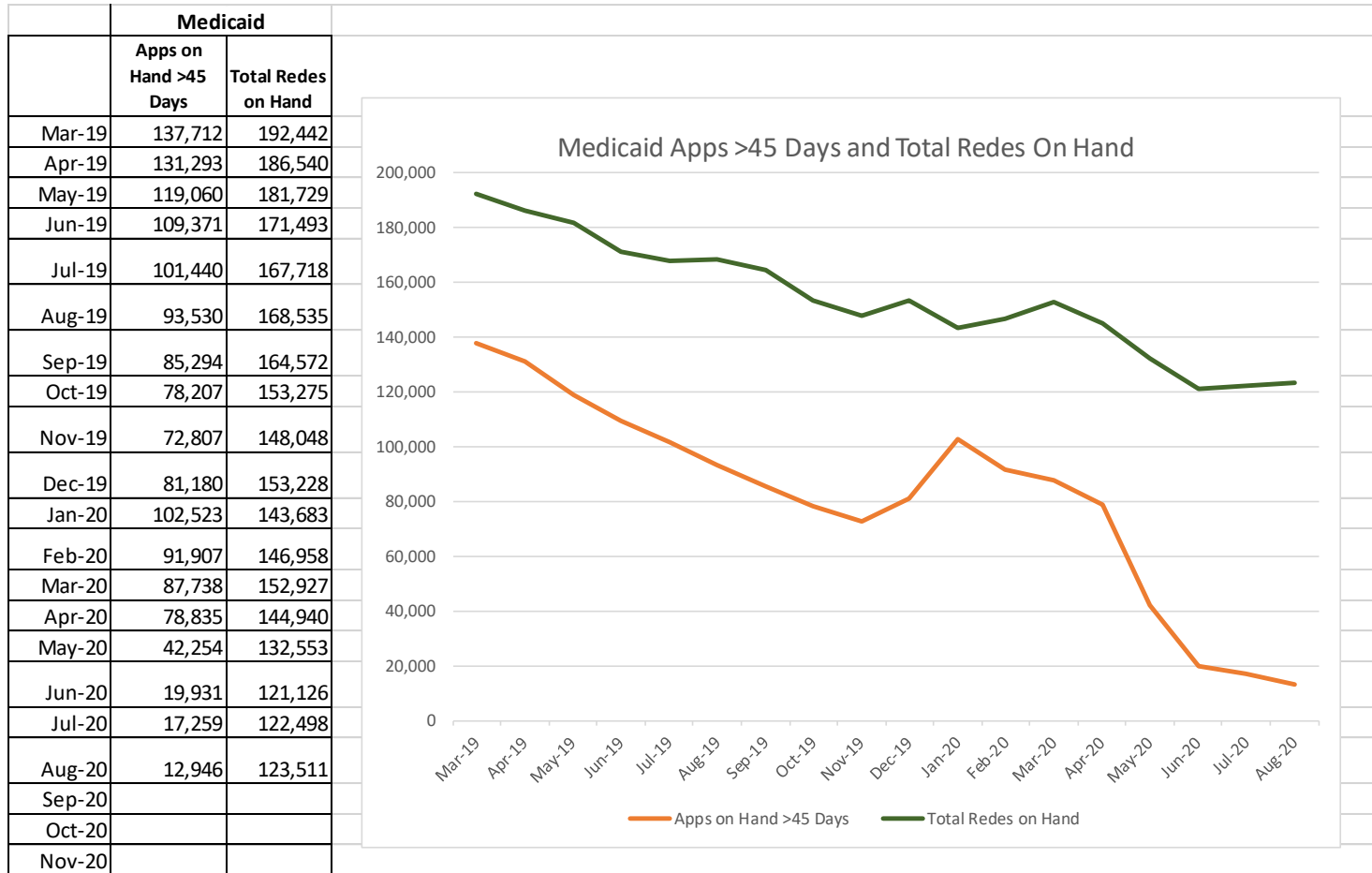
Sergio Obregon	Manager, Medicaid Eligibility and Enrollment	sobregon@cps.edu
Nicole Villarreal	Manager, Medicaid Operations	navillarreal@cps.edu



Presentation Notes - Pub Ed Subcommittee October 2

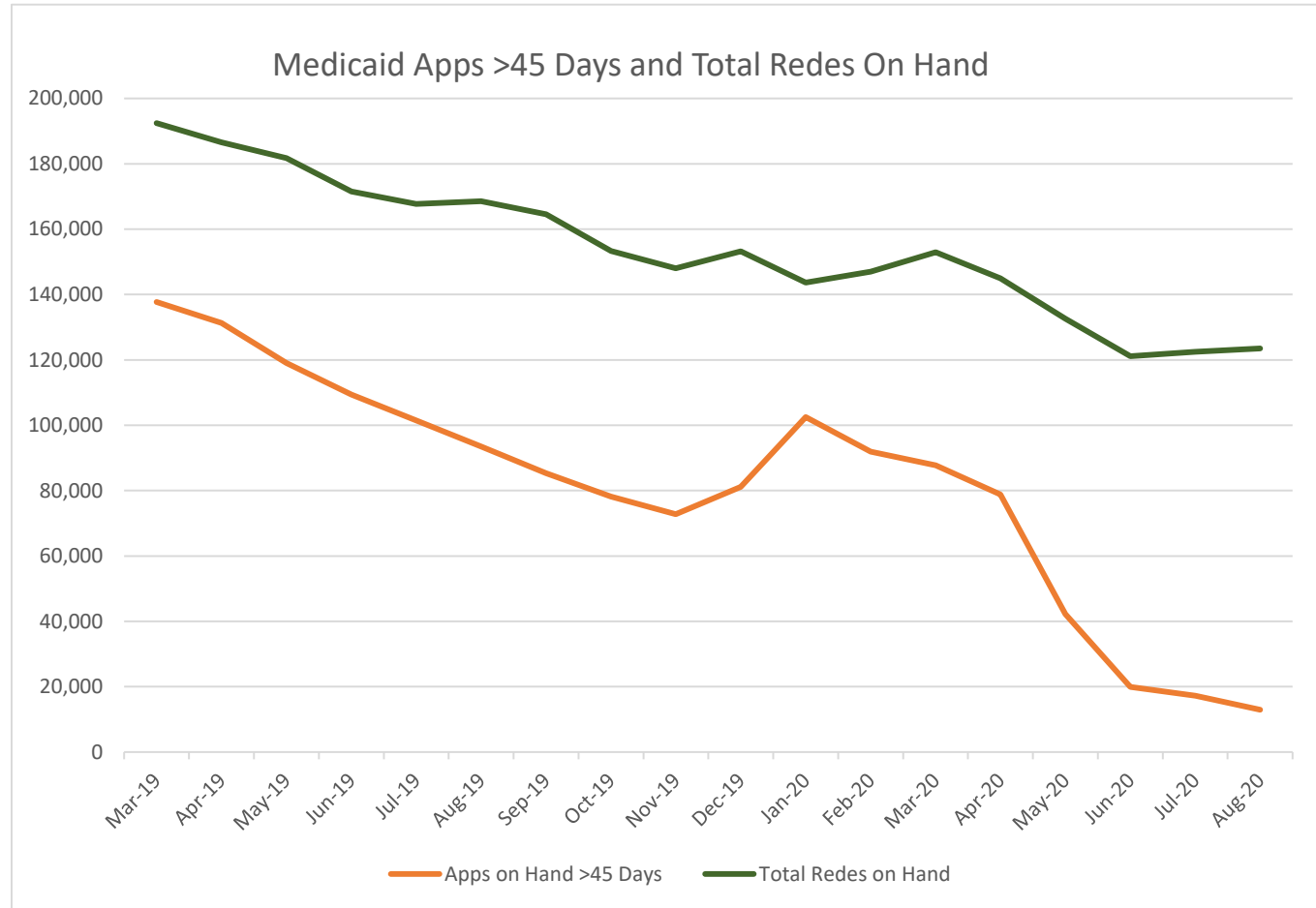
Enrollment, Eligibility & Redetermination Update

1. **Apps and Redes on Hand** – data shared verbally for this meeting, not provided before meeting
 - 12,946 medical applications 45 days or older – down from a high of 147,000 at the end of January 2019
 - 123,511 medical renewals on hand – few being processed during COVID emergency because we will not take adverse action; some, for example those related to SNAP benefits too, are being processed



2. **(Pub Ed Topic) Ex Parte Renewals** –described verbally this meeting, not provided prior
 - For August 2020, 36% of clients with medical benefits are electronically determined to be eligible for another year of coverage through the ex parte process – 47,218 cases
 - During the COVID emergency, we are not sending out renewal forms since we would not take adverse action on coverage as a result of a rede – we are pushing out redes a month at a time for all

Medicaid		
	Apps on Hand >45 Days	Total Redes on Hand
Mar-19	137,712	192,442
Apr-19	131,293	186,540
May-19	119,060	181,729
Jun-19	109,371	171,493
Jul-19	101,440	167,718
Aug-19	93,530	168,535
Sep-19	85,294	164,572
Oct-19	78,207	153,275
Nov-19	72,807	148,048
Dec-19	81,180	153,228
Jan-20	102,523	143,683
Feb-20	91,907	146,958
Mar-20	87,738	152,927
Apr-20	78,835	144,940
May-20	42,254	132,553
Jun-20	19,931	121,126
Jul-20	17,259	122,498
Aug-20	12,946	123,511
Sep-20		
Oct-20		
Nov-20		



Number of Cases by Form B Reason

Date Run: 09/29/20

Form B Reason	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	
Received Form A	31,237	32,719	41,736	49,376	46,148	48,155	44,903	38,620	40,162	41,934	37,669	39,800	43,542	44,754	46,306	48,541	
	25%	26%	33%	37%	32%	37%	37%	32%	35%	37%	32%	37%	37%	36%	38%	37%	
IL Residency not verified	24,048	23,724	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Program on the case does not qualify - ABD b/c assets	23,861	22,862	27,831	29,478	31,738	27,197	24,521	24,453	26,552	24,015	24,880	24,902	25,761	24,485	23,991	26,495	
Earned income exists on case , none in clearances	7,236	10,118	10,462	5,550	9,141	5,515	5,009	7,661	4,704	4,714	7,383	3,963	4,297	6,267	4,793	5,055	
No clearance or case record income was found	12,168	12,691	14,097	22,508	26,167	21,827	21,649	22,843	18,312	19,156	23,054	18,177	19,971	22,734	22,121	22,117	
SSN not provided	4,893	5,000	8,075	9,577	9,976	8,496	8,329	8,813	8,667	8,697	9,115	6,783	7,770	8,395	7,925	9,027	
AWVS income exceeds the income limit	7,411	6,286	8,310	8,214	11,210	10,283	9,491	9,973	8,683	8,980	9,554	9,458	9,387	9,812	11,063	12,315	
Individual active and eligible for Medical on different case	4,084	4,428	5,220	0	0	0	0	0	0	0	0	0	0	0	0	0	
Case record has SelfEmployment	2,816	3,099	4,514	4,580	5,039	4,670	4,547	4,079	3,983	4,116	4,539	3,622	4,336	4,753	4,370	5,042	
Unearned income not verifiable electronically	1,290	1,312	1,581	1,609	1,775	1,520	1,494	1,478	1,382	1,392	1,473	1,324	1,506	1,602	1,523	1,644	
Individual is undocumented	455	470	916	18	22	31	24	20	22	24	22	19	24	38	39	43	
Technical Exception	3,749	416	781	858	1,038	978	977	863	918	8	15	13	17	8	18	19	
Case Record	201	239	253	264	291	272	204	284	225	187	257	207	183	143	176	287	
Unknown individual flagged by conversion	109	147	260	15	22	12	16	13	9	18	13	14	19	19	18	20	
Citizenship not verified	81	68	119	65	70	66	58	51	36	21	26	27	18	35	22	34	
Individual is a PW or child would not qualify as an adult	127	124	266	275	303	258	272	228	228	233	232	232	231	300	348	339	
Case record has Rental Room & Board	45	55	55	79	78	68	81	66	51	62	75	50	62	76	60	70	
TPL Coverage	27	33	191	192	254	215	184	228	171	209	196	233	228	76	71	93	
Benefit Match Not Successful	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Received Form B	92,604	91,072	82,931	83,282	97,124	81,408	76,856	81,053	73,943	71,832	80,834	69,024	73,810	78,743	76,538	82,600	
	75%	74%	67%	63%	68%	63%	63%	68%	65%	63%	68%	63%	63%	64%	62%	63%	
											Form B is not mailed out beginning in Mar						
Total	123,841	123,791	124,667	132,658	143,272	129,563	121,759	119,673	114,105	113,766	118,503	108,824	117,352	123,497	122,844	131,141	

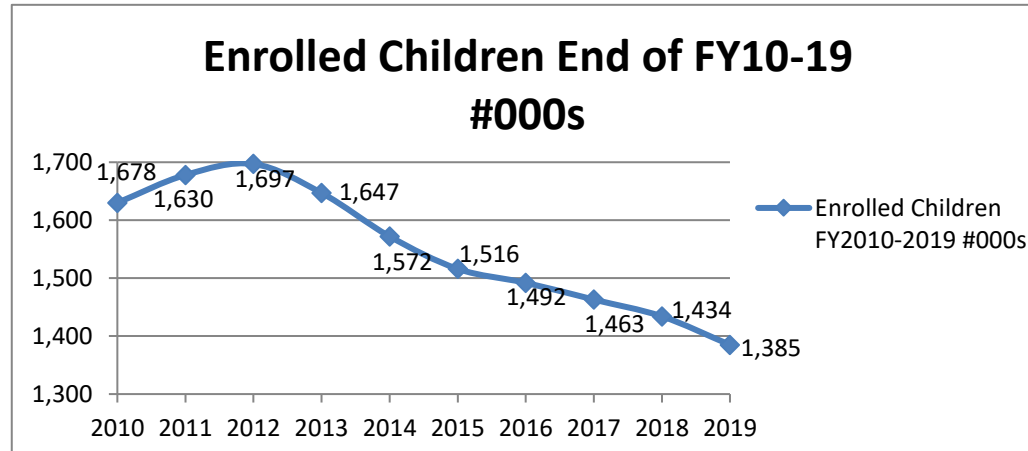
**ABE Manage My Case, Appeals, and FFM stats
For MAC Public Education Subcommittee
Cumulative, as of 09/11/2020**

	9/11/20	7/23/20	5/21/20	02/02/20	11/25/19	9/23/19	7/29/19	5/23/19	4/3/19		7/31/18
ABE MMC Accounts Linked	1,256,607	1,188,838	1,128,847	974,179	902,599	836,178	747,236	702,833	643,018		329,244
Renew My Benefits	356,717	339,810	327,998	294,736	272,015	252,648	232,669	209,483	193,446		97,679
Report My Changes	313,323	290,726	269,498	225,736	206,154	187,361	169,956	151,150	136,784		63,762
Program Adds	147,297	133,738	123,945	95,625	86,564	78,096	70,302	61,447	54,621		22,908
Member Adds	32,916	31,834	30,801	28,492	26,907	24,683	22,495	20,116	18,545		9,753
Mid-Point Reports	203,399	182,324	176,435	158,350	139,426	125,304	112,567	98,207	88,057		34,357
Appeals submitted	85,860	81,220	76,477	63,349	59,124	54,067	49,360	43,935	39,974		NA
FFM cases received since 11/17	380,645	Not available	354,714	326,316	269,289	234,257	226,185	215,901	208,047		114,885
Cumulative count of people successfully ID proofed through the State	3,997	3,754	3,481	2,865	2,399	1,918	1,512	959	449		NA

MMC rolled out on 11/01/2017

Children's Enrollment

End of FY	Enrolled Children FY2010-2019 #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 2017	Enrolled Children #000s	End of Month 2018	Enrolled Children #000s	End of Month 2019	Enrolled Children #000s	End of Month 2020	Enrolled Children #000s
Jan	1,476	Jan	1,467	Jan	1,377	Jan	1,387
Feb	1,472	Feb	1,443	Feb	1,371	Feb	1,383
Mar	1,472	Mar	1,433	Mar	1,384	Mar	1,383
Apr	1,467	Apr	1,424	Apr	1,386	Apr	1,392
May	1,464	May	1,436	May	1,385	May	1,398
June	1,463	June	1,434	June	1,385	June	
July	1,463	July	1,433	July	1,384	July	
Aug	1,458	Aug	1,431	Aug	1,384	Aug	
Sept	1,452	Sept	1,423	Sept	1,382	Sept	
Oct	1,446	Oct	1,415	Oct	1,388	Oct	
Nov	1,448	Nov	1,400	Nov	1,386	Nov	
Dec	1,457	Dec	1,384	Dec	1,387	Dec	

