

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
November 19, 2010**

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

Members Present

Eli Pick, Chairman
Susan Hayes Gordon, CMH
Kathy Chan, IMCHC
John Shlofrock, Barton Mgt.
Mary Driscoll, DPH
Judy King
Linda Diamond-Shapiro, ACHN
Andrea Kovach, Shriver Center
Edward Pont, ICAAP
Renee Poole, IAFP
Jan Costello, IL Home Care & Hospice Council
Karen Moredock, DCFS
Melissa Vargas, AAPD Head Start DHI

Members Absent

Myrtis Sullivan, DHS
Alice Foss, IL Rural Health Assn.
Sue Vega, Alivio Medical Center

HFS Staff

Julie Hamos
Sharron Mathews
Jacqui Ellinger
James Parker
Lynne Thomas
Ann Lattig
Robyn Nardone
James Monk

Interested Parties

Kendig Bergstresser, Abraxis Bioscience
Mike Krug, Sunovion
Andrew Fairgrieve, Health Mgmt Associates
Susan Melczer, MCHC
Diane Montanez, Alivio Medical
Gary Fitzgerald, Harmony Health Plan
Citseko Staples, Harmony/Wellcare
Mary Capetillo, Lilly
Mandy Ungrittanon, Quest Diagnostics
Diane Fager, CPS
Lora McCurdy, IARF
George Hovanec, Consultant
Kelly Carter, IPHCA
Jill Hayden, IPHCA
Marvin Hazelwood, Consultant
Martha Wright, Comp. Bleeding Disorders Ctr.
John Bullard, Amgen
Mary Reis, DCFS

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I. Call to Order

Chairman Pick called the meeting to order at 10:04 a.m.

II. Introductions

Attendees in Chicago and Springfield introduced themselves. Chairman Pick offered a special welcome to new committee members, acknowledging both their willingness to participate and commitment to improve services.

III. Review of the Minutes

Request for changes to the June and September 2010 minutes were made by MAC members Judy King, Mary Driscoll and Jan Costello. The June and September minutes were approved with the understanding that requested changes would be made.

Chairman Pick asked when minutes and handouts should be posted. Ann Lattig, HFS Medical Programs, advised that the draft minutes are posted about a week prior to the next meeting. For the November meeting both the draft minutes and new handouts were posted online. Jacqui Ellinger, Deputy Administrator, advised that the Open Meetings Act requires that minutes be posted within seven days of approval. A motion was made and seconded to provide draft minutes as is currently done just before the next meeting. This motion was brought to a vote and approved.

IV. Director's Report

HFS director, Julie Hamos, provided the report.

Health Care Reform: The Illinois Health Reform Implementation Council has held four public meetings. The Council has posted a paper with choices to consider in designing the Health Information Exchange, such as: Should Illinois operate its' own exchange? The paper may be viewed online at HealthCareReform.Illinois.gov

Director Hamos encouraged all meeting participants to review the key issues and comment by December 3, 2010. Other health care reform activity includes: the state seeking a consultant to craft the Health Information Exchange; conducting an in-depth assessment of eligibility, verification and enrollment functions; and moving to a durable plastic card for enrollees, instead of the costly monthly issued medical cards.

Class Action Lawsuits: The department has settled one of three class action lawsuits. The *Williams v. Quinn* lawsuit dealt with housing choices for persons with mental illness and living in Institutions for Mental Disease (IMDs). The state has a federal monitor to ensure that things are done correctly. The other two class action suits deal with nursing homes. The department is looking at the long term care system and ways to make improvements. An implementation plan is currently being developed. The Nursing Home Taskforce is also looking at recommendations and how these may be funded.

Integrated Care Program: This is a new form of care for seniors and adults with disabilities in suburban Cook County and the Cook collar counties. The department is working with two managed care companies and other providers that will implement the new health care program for about 40,000 persons receiving Medicaid benefits. The department held an open house to introduce the new managed care companies, Aetna and Centene-IlliniCare. There has also been active involvement by stakeholder groups.

Medicaid reform: Director Hamos stated that there might be a new revenue package. State legislative leaders are interested in attaching Medicaid reform to the package. A bipartisan workgroup has been established to report back by January 3, 2011. The house is also creating a structure around this issue. There is interest in tightening Medicaid eligibility.

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Medicaid Advisory Committee
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The two issues that have sparked the most interest are income verification and passive redetermination. In Illinois, the myths are that one check stub gets you on Medicaid and all the department requires is a passive redetermination to continue eligibility.

The department has looked at how the state of New York handles income verification and redeterminations. New York requests four weeks of income verification as part of the initial application. At the back end, there are computer verifications of earnings. One suggestion is to request tax returns for employed individuals. New York has an active renewal process. A pre-populated renewal form is sent and the family must return the form to continue eligibility. Director Hamos encouraged meeting participants to comment on the New York approach and make recommendations on what HFS should do regarding these issues.

Discussion on income verification: Under the Maintenance of Effort (MOE) provisions in the Affordable Care Act (ACA) states may be prohibited from changing renewal and verification processes. Ms. Ellinger stated that Federal CMS has yet to issue guidance on MOE under ACA and the only written interpretation on what it may mean has come from “think tanks” like the Kaiser Family Foundation. The penalty for violating the MOE requirement is draconian with a loss of all federal funding for Medicaid and CHIP. The law stipulates one exception; that states covering nonpregnant and nondisabled adults with incomes above 133 percent of the federal poverty level (FPL) can scale back coverage for this population beginning in January 2011, if the state declares it faces a budget deficit. If Illinois received federal approval to make changes to its verification requirements, HFS would like to automate as much of the process as possible.

The following ideas and concerns relating to income eligibility were discussed by the committee:

- A member portal is needed to allow enrollees to check their eligibility status.
- Consideration should be given to an electronic income check. Wisconsin has had good results with a back-end check using work telephone numbers.
- Concern was expressed with using tax returns, as the current operations system is overwhelmed.
- An expanded eligibility review like New York would require updating the technical system and adding staff.
- Since many applicants are in service sector jobs the department might consider reaching out to the business community for help in establishing eligibility.
- To ensure patient eligibility for services, a best practice is for providers to check eligibility when the patient calls to make an appointment and then recheck at the time of the appointment.
- The new durable medical card will have a bar code with the RIN encoded; currently there is no plan to use the bar code to verify eligibility, it is there for future enhancements. Providers will continue to verify eligibility by calling or using MEDI.
- Coverage for undocumented children is an important issue that needs to be addressed.

Discussion on redeterminations: About half of the family health plan cases are for children with medical assistance only and no food stamps. Most of these cases are maintained by the Department of Human Services’ Family Community Resource Centers. Looking at the renewal process for children and adults receiving medical only, if there is no response to the renewal form, coverage for the adults is terminated, but children continue to receive an additional twelve months of eligibility.

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
November 19, 2010**

The following ideas and concerns relating to redeterminations were discussed by the committee:

- The operational system will be key to handling redeterminations if passive redetermination is eliminated.
- Reservations were expressed about implementing an active renewal process due to concerns about adequate staffing and an adequate reporting mechanism; whether it be U.S. mail, Internet or hotline contact.
- There was concern that the automated portion of the eligibility system may result in benefits unnecessarily being lost at renewal.
- Regarding department mail returned because of addressee unknown, a ball park estimate shared was that about twenty-thousand letters are returned of about one million sent.
- Chicago Public Schools (CPS) has received renewal data for 280,000 children. This data was matched with CPS addresses and there was a mismatch for about 40,000 children. CPS would like to share address information with the department but the law limits the sharing.
- Dr. Ponte recommended that the department involve the PCP to check a patient's mailing address or to assist in renewal follow-up. At the very least, PCPs would want to know if a patient is losing eligibility.
- To reinforce the concept of having a medical home, state should use all of the modalities to improve compliance and seek different ideas for involving community partners.
- Cell phones and text messages were discussed as an effective and reliable way to contact clients, but with all methods it does have limitations, such as individuals having multiple phone numbers or using limited time prepaid or pay as you go plans.

Director Hamos stated that it may be time to do an active redetermination process for children and adults that includes a back-end review. The department needs a system that provides clients with an easy way to contact us. She anticipates an active renewal system with the durable medical card and it is important to tell people upfront about this requirement.

Sharron Mathews, Assistant HFS Director, suggested that the department look at a phase in process to ensure a smooth transition to active renewal.

Director Hamos asked that additional questions and comments about the department's income verification and redetermination policies be sent to her at julie.hamos@illinois.gov

IV. Old Business

2011 Meeting Dates: Chairman Pick called for a motion to accept the 2011 meeting dates as shown on Handout #9 (Attachment 1). The motion was made, seconded and voted on. The motion carried with one member opposed.

Ms. Kovach made a motion calling for an ad hoc meeting from 10 am to 12:00 pm on Friday, January 21, 2011. The motion was seconded. In discussion, Judy King stated that she would like more frequent MAC meetings and also wanted to ensure there was a call in telephone number available to the public. The motion for a meeting on January 21st was voted on and approved.

Agenda suggestions for the January 21st meeting included a general legislative update, review of handouts not yet discussed and a discussion of meeting schedule frequency and how topics are formulated.

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
November 19, 2010**

VI. New Business

2010 Ethics Training: Shannon Stokes, with the Office of the General Counsel, reviewed the need to read the Ethic training document and complete the Acknowledgement of Participation form. The completed form must be faxed and mailed no later than December 22, 2010. She provider her telephone number and advised that she would also resend the Ethics training package to all MAC members.

Public Education Subcommittee Report: Ms. Chan provided the report. The main discussion was on the durable plastic medical card. There was a chance to look at a sample card as well as materials being developed for providers and clients. Meeting participants were excited about the coming changes.

In addition, there were updates from the CHIPRA grantees including CPS, Beacon Therapeutic and the Chicago Hispanic Health Coalition and a discussion about the member portal. The next meeting of the Public Education Subcommittee is tentatively scheduled for December 15, 2010. Chairman Pick asked if the MAC could get an update on the member portal in January.

Open to Committee: Ms. King asked where a consumer may go with a complaint about a state agent. There was some discussion about filing a grievance through the All Kids Hotline against an All Kids Application Agent or at a DHS office for complaint about DHS office staff. Ms. Ellinger advised that in the future it would be helpful to have DHS staff at the Public Education subcommittee meeting whenever there was a need to address DHS local office issues. She also stated that the department could get more details on the grievance process for the Public Education Subcommittee.

VII. Adjournment

The meeting was adjourned at 12:00 p.m.