

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
June 7th, 2018**

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

Committee Members

Kathy Chan, Cook County Health & Hospitals System
Margaret Stapleton, Shriver Center
Sue Vega, Alivio Medical Center
Sherie Arriazola, The Safe Foundation
Nadeen Israel, EverThrive Illinois (by phone)
Connie Schiele, HSTP (by phone)
Brittany Ward, CPS
Ramon Gardenhire, AFC
Erin Weir Lakhmani, Mathematica Policy Research
Sergio Obregon, CPS

Committee Members Absent

John Jansa, Smart Policy Works

Interested Parties

Debra Stanger, BCBSIL
Martha Jarmuz, Choices INC
Patrick Maguire, Medical Home Network
Jessie Beebe, AFC
Leticia Galvez, PIC
Dan Rabbitt, Heartland Alliance
Andrea Davenport, Meridian
Marilú Rodriguez, ICIRR
Inna Rubin, United Way
Maribeth Stein, Office of Congress Woman Jan Schakowsky
Wesley Epplin, HMPRG
Jessie Beebe, AFC
Jessica Pickens, Next Level Health
Lynn Seermon, Kaizen Health
Claudia Rodriguez, Greater Chicago Food Depository
Pedro Diaz, Chicago Public Schools
Idalia Flores, ICIRR
Sara Busnak, ICIRR
Stephanie Alban, ICIRR
Michael Lafond, ABBVIE
Abbie See, AFC
Emma Hultgren, Legal Council for Health and Justice
Sandy De Leon, The Ounce
Pat Ewert, Office of State Representative Kelly Cassidy
Anna Wojcik, UI Health
Judith Davis, BCBSIL

HFS Staff

Lynne Thomas
Amy Harris-Roberts
Elizabeth Lithila
Arvind Goyal
Veronica Archundia

DHS Staff

Gabriela Moroney

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Interested Parties:

Susan Gaines, IPHCA
Paula Campbell, IPHCA
Greg Johnson, ISAS
Ralph Schubert, UIC – DSCC
Judy Bowlby, Liberty Dental Plan
Sarah McCoy, Home Care Ombudsman
Jill Hayden, Meridian

Interested Parties (by phone)

Nelson Soltzman,
Rose Dunaway, Girling Community Care Texas Margo Holden, BCBSIL
Kristin Hartsaw, DuPage Federation on Humans Services Reform
Mika Welton, Meridian Health
Dave Hunter, Presence Health Partners

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1. Introductions:

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

2. Report of Final Meeting Minutes from April 12th, 2018:

Chairperson Kathy Chan indicated that the meeting minutes had been discussed, approved, and finalized by the committee on April 30th, 2018 and had subsequently been posted on the HFS website and used at the full Medicaid Advisory Committee meeting on May 5th, 2018. She also thanked Nadeen Israel for chairing the April meeting in her absence.

3. Care Coordination Update:

Amy Harris-Roberts provided the update. She said that, as of June 1st, 2018, there have been 2.26 million individuals enrolled in HealthChoice Illinois, covering all counties state-wide. She indicated that 75,000 newly eligible individuals had been enrolled with an enrollment effective date of June 1st, 2018, of which 63% made an active plan choice and 37 % were auto-assigned. Currently, 78 to 79% of the total populations are enrolled within an MCO in a managed care program, including over 52,000 individuals in MMAI. Ms. Harris-Roberts added that the June 2018 enrollment data will be published on the HFS website. She also clarified that the Department is working toward publishing enrollment data that will include auto-assignment and choice information, as well as eligibility by category, but it will not necessarily be broken out in terms of which individuals were newly eligible (new enrollments for the first month reported) versus those who were previously enrolled.

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

Erin Weir Lakhmani observed that due to the transition of members to HealthChoice Illinois for January 1st, 2018, under the auto-assignment indicator, the data presented on the HFS website, within the Care Coordination tab will not accurately reflect the actual trends for enrollment (choice versus auto-assignment) in 2019. Ms. Harris-Roberts confirmed this was accurate and stated that the Department will include a statement in the website that clarified the use of auto-assignment to achieve the transition for January 1st, 2018. Ms. Weir Lakhmani agreed that this distinction is important to take into consideration, particularly for people who are conducting research and comparing trends from state to state.

Amy Harris-Roberts noted that, the enrollment of special-needs children is anticipated to begin in August 2018 for the October 1st 2018 enrollment effective date. The Department will post an updated enrollment mail schedule once final dates have been determined. HealthChoice Illinois open enrollment notices will begin to be mailed in October 2018. Each individual with a January 1st anniversary date will have 60 day plan switch period between November 1st, 2018 and December 31st, 2018. If an individual does not wish to switch plans, no action is required and they will remain enrolled with their health plan for another 12 month period. If an individual does switch plans, the individual must contact the Client Enrollment Broker and request to switch plans during their 60 day plan switch period. Ms. Harris-Roberts thanked the committee members for their feedback regarding the draft HealthChoice Illinois open enrollment notices. The final notices will be posted on the HFS website with an open enrollment mail schedule:

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

4. Customer Services Concerns:

Gabriela Moroney provided an update regarding the development of a form requested by the ICIRR. The “Fee Waiver Form”, according to advocates, had served as documentation of receipt of means-tested programs that allowed individuals to request a fee waiver from the United States Citizenship and Immigration Services for citizenship applications; however, due to the systems’ transition to IES Phase 2, the form is no longer available. Nevertheless, Ms. Moroney is working, in collaboration with the DHS Bureau of Policy and Development, on developing a cover sheet template which will be on DHS letterhead. Once the letter is approved, it will be shared with caseworkers across the state.

Advocates and community partners will be informed about the availability of this letter so that consumers can request it from their case workers. Gabriela Moroney will inform this committee when this form becomes available.

In response to a request from Brittany Ward regarding the Mid-Point Report (MPR). Ms. Moroney said that clients who have active Manage My Case can electronically access the MRP and sign and send back to the FCRC. Gabriela indicated that, if no changes are reported by the customer, the MPR will be automatically processed by IES. Therefore caseworkers do not need “touch the case,” unless a change has been reported. However, if the client does not have MMC and sends the MPR, a case worker will need to take an additional action. Gabriela indicated that there have been some conversations within the Department of Human Services in terms of having a worker review the MPRs received by mail, and, if no change has been noted, have them processed. This alternative is still being explored.

Sue Vega said that the waiting times for the ABE Call Center and the hotlines in general are very high. Gabriela Moroney indicated that although she works for DHS, she is not aware of the details of this problem. Gabriela asked committee members to provide feedback and send comments to Gabriela.Moroney@illinois.gov. These e-mails should include the name of the hotline, the phone number, the purpose of the call, and the wait-time. She will report back during the next meeting. Kathy Chan said that it would be helpful to provide specifics about the average waiting times, peak times, and better times to call the hotlines. Sergio Obregon observed that, for clients able to use it, Manage My Case (MMC) has become a significant alternative to calling the hotlines. As a result, MMC has offered tremendous advantages for individuals who are able to use it, making them able to obtain case information, as well as get their questions answered, which makes it possible to avoid calling the hotlines.

5. Criminal Justice

Lynne Thomas indicated that Sherie Arriazola had asked for details about services provided to clients residing in work-release centers or hallway houses, also known as Adult Transitional Center (ATCs) in Illinois. Ms. Thomas said that the state employee who has been working on this subject is out of the office this week, and she offered to discuss her concerns next week

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through a conference call. Kathy Chan asked Ms. Thomas to report back to the committee regarding any developments.

6. ABE/IES Update and Feedback

Lynen Thomas reported that DHS and HFS continue their combined effort in the implementation of performance fixes in order to improve IES and ABE. She noted that, in terms of previously reported slowness within the system, during the month of April, there had been some signs of improvement. Ms. Thomas thanked members of the committee for encouraging clients to use of Manage My Case, and she then presented the following data:

	6/6/18	4/10/18	1/29/18
ABE MMC Accounts Linked since Go Live	329,903	240,780	121,361
Renew My Benefits	76,195	53,557	21,992
Report My Changes	46,895	31,187	14,254
Program Adds	16,177	10,033	3,728
Member Adds	7,573	5,173	2,644
Mid-Point Reports	23,514	11,247	2,870
Appeals submitted	14,734	7,380	4,673
FFM cases received since 11/2017	107,146	102,618	
ABE cases transferred to FFM since 11/20/17	237,972	167,766	

Maribeth Stein inquired about any developments related to an alternative solution for individuals who lack a credit history and who are not able to set-up Manage My Case. Ms. Thomas indicated that, in order to make this possible, HFS staff members must continue discussing security issues, as well as programming issues related to IES, however, she observed, at present, no date for the addressing of these issues has been established.

Leticia Galvez said that forms are not appearing in Manage My Case, for example. A caseworker has made an appointment for an interview. Ms. Thomas said that it would be helpful to obtain case specific information in order to identify the flaws in the system. She stated that case specific information should be sent to veronica.archundia@illinois.gov

7. Medicaid Redetermination Update:

Elizabeth Lithila presented the following redetermination data from April 2018:

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Renewal Processing as of 6/4/2018	April 2018		Calendar Year 2018	
Renewal Disposition Data (MAGI and non-MAGI)				
	Total Number of Households (Cases)	Share of Total Households (Cases) Due for Renewal	Total Number of Households (Cases)	Share of Total Households (Cases) Due for Renewal
Total Due for Renewal	129508	100%	552262	100%
<i>Among CoHort Due for Renewal:</i>				
Renewal Not Initiated				
Renewal Initiated	129508	100%	552262	100%
<i>Among Total Renewals Initiated in Reporting Month:</i>				
Eligibility Renewed through Ex Parte Renewal Process	29939	23%	122784	22%
Sent Prepopulated or Other Renewal Form to Complete and Return (Not able to be renewed through Ex Parte process)	99569	77%	429478	78%
<i>Among Those Sent a Prepopulated/Other Renewal Form to Complete and Return</i>				
Eligibility Renewed Based on Form (Includes transfers to other Medicaid/CHIP groups)	25742	20%	112667	20%
Medicaid/CHIP Closed at Renewal	43658	34%	221317	40%
Closed after determination of ineligibility for Medicaid/CHIP	1834	1%	9694	2%
Closed due to failure to return form or required documents	41824	32%	211623	38%

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Sue Vega asked if a redetermination is submitted late, would that stop the auto-cancellation. Lynne Thomas responded that the case would be auto-cancelled because the client missed the due date. However there is a 90 day re-instatement time frame. If the redetermination is submitted within a 90 day period, a case can be re-instated. Ms. Vega asked how soon a client will receive a notice of decision. Lynne replied that it varies, depending upon the office involved, adding, however if someone has a medical emergency, expedited processing can be requested, for which it would be necessary to include the nature of the medical emergency in order to be appropriately prioritized.

hfs.aca@illinois.gov

Nadeen Israel asked why there is a discrepancy between IES and MEDI. Ms Thomas indicated that it takes at least two days for the system to update in MEDI.

Sergio Obregon asked whether cancellations are done in a retroactive manner, thus impacting provider billing during wait-time for the disposition of the redetermination. Lynne replied, "No, the cancellations of a redetermination are always prospective."

Brittany Ward said that, sometimes, when redeterminations are being faxed, the bar code can become distorted. She said that families who cannot use MMC, often use FAX. Lynne Thomas indicated that accuracy frequently depends upon the quality of an image on both ends and the number of pages that are being faxed, as well as whether pages are double sided. It is possible in some offices, for there to be problems uploading documents. The state is reviewing the issue on a case by case basis to identify potential flaws in the system and addressing those issues accordingly.

Patrick Maguire said that it would be helpful if HFS were to develop a companion guide containing instructions about how to read information on the 834 file. He suspects that some members have been termed out well before their redetermination date and observed that, in some cases, the "redetermination dates" on the file are "mis-matched." In this regard the companion guide, it will be helpful to properly interpret the information. Patrick will contact Lynne Thomas to discuss his concerns.

Ramon asked if "need for prescription drug access" qualify as a medical need, Lynne replied that it would.

Committee members asked that HFS provide answers during the next meeting about the following issues:

- HFS will discuss with DHS suppressing notices containing conflicting messages and avoid getting mailed out.
- Provide data related to the application backlog.

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- HFS will discuss with DHS about the report that certain FCRCs are limiting the time to serve the public by closing early, because time is needed for workers can focus their attention upon processing clients' cases.

Sherie requested that a timeline flow chart be created to show redetermination timelines, as well as to provide enrollment time-lines. Sherie will collaborate with other committee members in order to draft a chart, and then it will be shared with HFS to be reviewed for accuracy, so it can be shared during the next meeting. The draft should be sent to veronica.archundia@illinois.gov

Dan Rabbitt said that during the last MAC meeting held on May 4th, 2018, a group of advocates and community organizations requested that the IES "auto-cancelation" be suspended temporary because of the ongoing IES issues affecting the redetermination process. He said that, subsequent to the meeting, a letter signed by over fifty community organizations was sent to Secretary James T Dimas and Director Felicia Norwood, as a formal way to express this request (see attachment). Lynne Thomas said that she did not attend the last MAC meeting, nor she was aware of the existence of this letter. She added that, as a measure to help clients, the cancelation process was delayed one month to allow more time to upload documents. People who would have been canceled for April 15th with an effective day of May 1st had one month to allow more time to upload documents. The same protocol has been put in place during the month of May, and June.

8. Propose Change to Public Charge Policy for Immigrants:

Lynne Thomas indicated that, currently, the Public Charge Policy only applies to cash assistance (TANF) and Long Term care benefits. She indicated that HFS has not received any official proposed rules from federal CMS concerning any changes to the "proposed" Public Charge Policy affecting immigrant families. Chairperson Kathy Chan indicated that the Sargent Shriver National Center on Poverty Law and the ICIRR, along with a group of advocacy organizations have been leading efforts in learning about the latest's developments of the proposed new definition of "public charge." She encouraged anyone interested in learning more to contact the above mentioned organizations.

9. Discussion and Announcements:

Sherie Arriazola thanked HFS for the newly created HealthChoice.Illinois.gov website to help members understand their options and the range of benefits available to them. The information can be printed or ordered under the [Tools for Partners](#) page of the website.

Erin Weir Lakhmani inquired about the HFS Chart showing the children's statistics from 2008 to 2018; through which enrollment of children has been in consistent decline (see attachment). Lynne Thomas said that the decreases in enrollment numbers may have been affected by: the stopping of the "positive redetermination", improvement in the economy, and, possibly, increasing access to insurance coverage. Dr. Goyal added that, according to public health

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metrics, people are having fewer children. A member of the committee added the possibility of the migration out of Illinois.

Jesse Beebe suggested that Brittany Ward and the Chicago Public Schools share the educational tools that Chicago Public Schools has develop in order to help families using Manage My Case.

10. Adjournment:

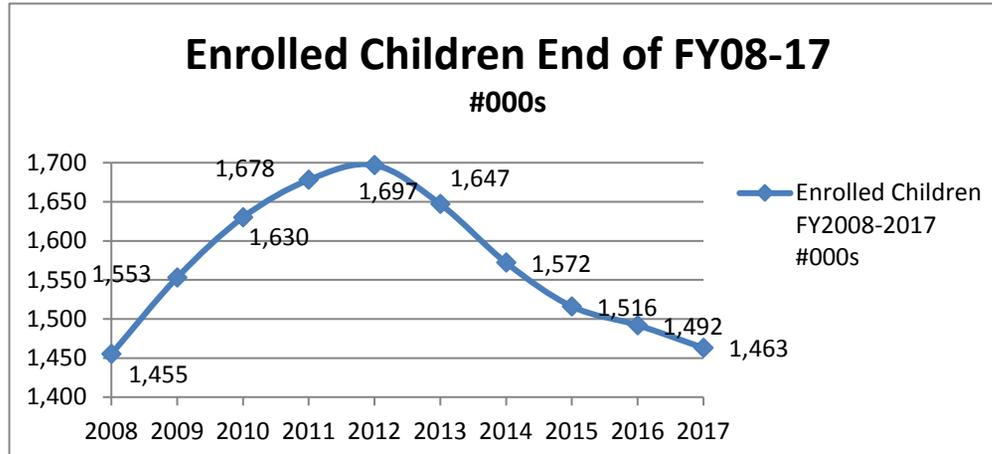
The meeting was adjourned at 12:02 p.m. The next meeting is scheduled for August 2nd, 2018, between 10:00 a.m. and 12:00 p.m.

Children's Enrollment

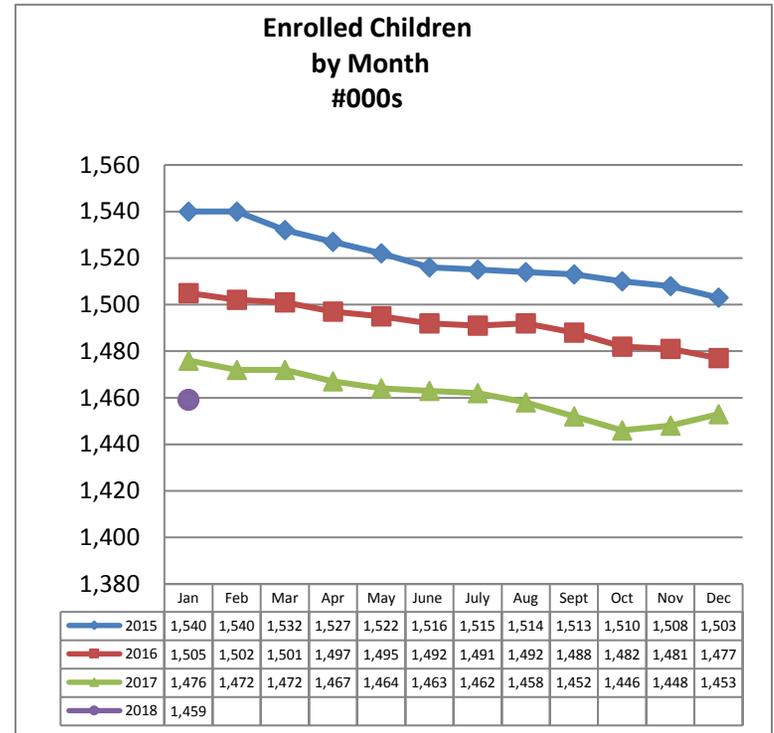
Enrolled Children FY2008-2017 #000s

End of FY

2008	1,455
2009	1,553
2010	1,630
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516
2016	1,492
2017	1,463



End of Month 2015	Enrolled Children #000s	End of Month 2016	Enrolled Children #000s	End of Month 2017	Enrolled Children #000s	End of Month 2018	Enrolled Children #000s
Jan	1,540	Jan	1,505	Jan	1,476	Jan	1,459
Feb	1,540	Feb	1,502	Feb	1,472	Feb	
Mar	1,532	Mar	1,501	Mar	1,472	Mar	
Apr	1,527	Apr	1,497	Apr	1,467	Apr	
May	1,522	May	1,495	May	1,464	May	
June	1,516	June	1,492	June	1,463	June	
July	1,515	July	1,491	July	1,462	July	
Aug	1,514	Aug	1,492	Aug	1,458	Aug	
Sept	1,513	Sept	1,488	Sept	1,452	Sept	
Oct	1,510	Oct	1,482	Oct	1,446	Oct	
Nov	1,508	Nov	1,481	Nov	1,448	Nov	
Dec	1,503	Dec	1,477	Dec	1,453	Dec	



June 7, 2018

Dear Director Norwood and Secretary Dimas,

As organizations working closely with the Medicaid population in our state, we write today to strongly request that the Illinois Department of Healthcare and Family Services and the Department of Human Services temporarily suspend Medicaid auto-terminations in the Integrated Eligibility System (IES).

We recognize the potential for efficiencies in the IES system but current performance issues have caused a level of disruption in health coverage that is seriously harming the health and well-being of Illinoisans who rely on Medicaid. While our collective goal is the same as yours – to ensure redeterminations are accurate and eligible Medicaid enrollees keep their coverage – the volume of apparently inappropriate terminations by IES of eligible individuals and families is wreaking havoc on their access to care.

As we are all keenly aware, Medicaid coverage is foundational to the health and well-being of millions of people in Illinois. The services Medicaid provides are critical and any loss of coverage can destabilize the health of those who depend on the program for their care. Unfortunately, since the rollout of the new IES system, we have collectively seen thousands of cases where individuals lose benefits at redetermination through no fault of their own. We have heard hundreds of stories of families spending hours at their FCRC, distressed about lost faxes and mail, only to still lose critical benefits. We have seen inappropriate termination lead to delayed diagnostic tests, skipped well-child visits, missed vaccinations, cancelled surgeries, disrupted medication regimens, and countless other lost opportunities to remain healthy. Our now daily experiences with these issues have led us to strongly urge that you must take immediate action to address these problems while a longer-term solution is developed.

As we understand the situation, various systematic challenges within the FCRCs and Central Scanning Unit, and in HFS and DHS, have led to the increase in inappropriate cancellations. These problems include:

- 1) A backlog in scanning applicant documents;
- 2) Mailroom issues with auto-envelope openers;
- 3) Slow performance, errors, and other user-end glitches by IES;
- 4) Increased case manager workload due to manually converting cases from the legacy system;
- 5) Limited staffing for processing documents; and
- 6) Limited channels of communication for customers with the Medical Management Unit and FCRCs to resolve redetermination administrative challenges and discrepancies.

These problems are all preventing the processing of redetermination documents prior to the initiation of an auto-termination, leading to the systematic termination of eligible people who have followed reapplication guidelines. Disruption in health coverage can be a matter of life and death and inaction in the face of thousands of inappropriate cancellations of coverage is

unacceptable. We have confidence that over time, the state will address these challenges and other problems arising from this process, but the scope of the problems and the severity of the impact on people requires a temporary suspension of auto-cancellation until the challenges are resolved.

A complicating and related factor is accessing Manage My Case. While many individuals should be able to upload documentation for redetermination through this portal, the cumbersome process of proving identity prevents many from linking their account to Manage My Case. For many individuals, such as immigrants, those without credit history, people with disabilities, and people who are homeless, the current verification requirements are impossible to meet. The use of alternative measures, such as email verification, would help these individuals access Manage My Case, facilitate greater use of the portal, and address many of the capacity issues the state is experiencing.

It is important to note that our appeal for action is a response to what we have directly seen working with thousands of eligible people across Illinois who are losing one of their most fundamental needs—health insurance coverage and access to health care. Until the systematic challenges have been addressed, we demand that HFS and DHS, as agents of the state, fulfill their duty to the people of Illinois in implementing all parts of the Medicaid program, including responsible execution of enrollment and auto-termination. You have the power prevent improper terminations by temporarily suspending auto-terminations and thus to prevent the incredible harm we see in our work every day. We urge you to use that power to ensure that the people of Illinois can get the health care services they need to remain healthy.

Sincerely,

ACA Consumer Advocacy
Access Living
Access Services of Northern Illinois
Action for a Better Tomorrow
Age Options Advocacy Task Force
AgeOptions
AIDS Foundation of Chicago
Alliance for Community Services
American Muslim Health Professionals (AMHP)
Apostolic Christian LifePoints, Inc.
Association House of Chicago
Avenues to Independence
Baby TALK, Inc.
Brighton Park Neighborhood Council
Center for Community Academic Success Partnerships
Champaign County Health Care Consumers
Chicago Department of Family & Support Services
Chicago Hispanic Health Coalition
Chicago House and Social Service Agency
Chicago Women's AIDS Project
Chicagoland Leadership Council

Children's Home and Aid
Citizen Action/Illinois
City of Rockford Human Services
CJE SeniorLife
Clearbrook
Community Behavioral Healthcare Association of Illinois
Community Service Options, Inc.
Community Support Systems
Depression and Bipolar Support Alliance
Disability Resource Center
Don Moss & Associates
E-Town Wellness
Easterseals Central Illinois
Ecker Center
Envision Unlimited
Erie Family Health Centers
Erikson Institute
Esperanza Health Centers
EverThrive Illinois
Family Service and Mental Health Center of Cicero
Family Voices of Illinois
Gift of Voice
Greater Chicago Food Depository
Health & Medicine Policy Research Group
Health Justice Project, Beazley Institute for Health Law & Policy, Loyola University Chicago School of Law
Heartland Alliance
Heartland Health Centers
Howard Brown Health
ICIRR
Illinois 123GO
Illinois Academy of Family Physicians
Illinois Action for Children
Illinois Association for Behavioral Health
Illinois Association for Infant Mental Health
Illinois Chapter, American Academy of Pediatrics
Illinois Collaboration on Youth
Illinois Hunger Coalition
Illinois Parents of Adults with Developmental Disabilities (IPADD)
Illinois Partners for Human Service
Illinois Primary Health Care Association
Illinois Public Health Association
Illinois Township Association of Senior Citizens Services Committees (ITASCSC)
Indivisible Lincoln Square
Indivisible Oak Park Area
Indivisible Peoria Area
Inner City Muslim Action Network
Jewish Federation of Metropolitan Chicago
Lake County Health Department and Community Health Center
Lambs Farm

Legal Council for Health Justice
Livingston County Mental Health Board
Local 4 SEIU Health & Welfare Fund
McManus Consulting: Disability Services
Memorial Behavioral Health
Metropolitan Chicago Breast Cancer Task Force
MFTD Waiver Families
Midwest Asian Health Association
NAMI Chicago
NAMI Illinois
National Association of Social Workers (NASW) Illinois Chapter
National Kidney Foundation of Illinois
Next Steps, NFP
North Shore Senior Center
Northeastern IL Area Agency on Aging
Oak-Leyden Developmental Services
Open Door Clinic of Greater Elgin
Ounce of Prevention Fund
Palatine Township Senior Citizens Council
Pediatric AIDS Chicago Prevention Initiative
Popovits Law Group
PrimeCare Community Health
Protect Our Care Illinois
Ray Graham Association
Rosecrance
Sargent Shriver National Center on Poverty Law
Seniors Assistance Center
Smart Policy Works
Supportive Housing Providers Association
Susan G Komen Chicago
The Arc of Illinois
The Douglas Center
Thresholds
Trinity Services, Inc.
United Way of Metropolitan Chicago
Voices for Illinois Children
Young Invincibles
YWCA Metropolitan Chicago

CC: Christopher Kantas, Office of the Governor
Representative Greg Harris
Representative Robyn Gabel
Representative Patty Bellock
Representative Tom Demmer
Senator Heather Steans
Senator Dale Righter