

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

**Telephone:** (217) 782-1200  
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Medicaid Advisory Committee  
Public Education Subcommittee Meeting  
Thursday, December 3, 2015  
10:00 a.m. to 12:00 p.m.

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

## Agenda

1. Introductions
2. Approval of the Meeting Minutes from October 8, 2015
3. 2016 Tentative Meeting Schedule
4. Ethics Training
5. Care Coordination Update
6. Rede Processing Under Phase Two
7. Illinois Medical Redetermination Project (IMRP)/Enhanced Eligibility Verification (EEV) Update
8. ACA/Health Care Reform Updates
  - Application Processing
  - Integrated Eligibility System (IES) Phase Two
9. Open Discussion and Announcements
10. Adjourn

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

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

This notice is also available online at:

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

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
October 8, 2015.**

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

**Committee Members Present**

Kathy Chan, Cook County Health & Hospitals System  
Margaret Stapleton, Shriver Center  
Sue Vega, Alivio Medical Center (by phone)  
Sherie Arriazola, TASC  
Erin Weir, Age Options  
Nadeen Israel, EverThrive Illinois  
Hardy Ware, East Side Health District (by phone)  
Brittany Ward, Primo Center for WC  
Ramon Gardenhire, AFC

**HFS Staff**

Lauren Polite  
Robert Mendonsa  
Laura Phelan  
Bridgett Stone  
Veronica Archundia

**Committee Members Absent**

Connie Schiele, HSTP  
Sergio Obregon, CPS  
John Jansa, WKG Advisory

**Interested Parties**

Deb Matthews, DSCC  
Kelly Carter, IPHCA  
Jill Hayden, BCBS IL  
Caroline Chapman, LAF  
Dan Rabbitt, Heartland Alliance  
Kim Burke, Lake County Health Department  
Ava Shelby, FHN  
Michael Lafond, Abbott  
Ron Ryan, ISMS  
Anita Stewart, BCBSIL  
Susan Melczar, MCHC  
Alison Coogan, Legal Assistance Foundation  
Karina Gonzalez, Molina Healthcare  
David Vindler, Molina Healthcare  
Paula Dillon, Illinois Hospital Association  
Luvia Quiñones, ICIRR  
Tom Wilson, Access Living  
Sandy DeLeon, Once of Prevention Fund  
Maura Flanary, Shield HealthCare  
Vivian Gonzalez, Illinois Health Connect  
Joe Cini, Illinois Health Connect  
Enrique Salgado, Harmony Well Care  
Lynn Seermon, Consultant  
Mikal L. Sutton, Cigna Health Spring  
Mark Chudzinski, Get Covered Illinois (GCI)

**Interested Parties (by phone)**

David Hurter, Presence Health Partners  
Regina Porter, Next Level Health  
Priti Patel, VNA Health Care  
Cheryl O'Donoghue, VNA Health Care  
Lynne Warszalek, Stickney Health D  
Tammy Spoon, VNA Health Care  
Diane Montañez, North Shore Physician A  
Staci Wilson, Illinois Chamber of Commerce  
Hetal Patel, Illinicare Health  
Jeremy T. Pincus, Advocate  
Judy Bowlby, Liberty Dental Plan

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
October 8, 2015.**

**1. Introductions**

Kathy Chan, from CCHHS, chaired the meeting. Attendees in Chicago and Springfield introduced themselves.

**2. Review of Minutes**

Ramon Gardenhire made a motion to approve the minutes from the meeting held on August 13<sup>th</sup> and it was seconded by Nadeen Israel. The minutes were unanimously approved.

**3. Care Coordination Update**

Robert Mendonsa reported that HFS continues making progress in relation to the ACE and CCE transitions, which have occurred following two guiding principles: first, to minimize clients' disruptions, and, second, to the extent possible, preserve and enhance the state current models with respect the MCOs. He added that most of these transitions are currently occurring and will continue through January, 2016, and may continue at a limited rate beyond that date.

Mr. Mendonsa also noted that Health Alliance MMAI has given notification of termination of its contract at the end of the year for the Medicare-Medicaid Alignment Initiative (MMAI). He stated that HFS will send a letter to providers detailing the options that clients have which include: getting enrolled with Molina Healthcare of Illinois, Medicare Advantage plan, or fee-for-service. He added that the Health Alliance Connect will remain an option for clients previously enrolled in the "Integrated Care Program Enrollment (ICP), Family Health plans (FHP), and ACA Adults Enrollments (ACA).

**Note:** The HFS informational notice for providers and the notification issued by Health Alliance, which was sent to enrollees can be found at:

<http://www.hfs.illinois.gov/assets/102915n.pdf>

<http://www.illinois.gov/hfs/SiteCollectionDocuments/HealthAllianceConnectMMAITerminationNotice.pdf>

Lauren Polite indicated that HFS has posted sample letters of the notifications that clients are receiving to explain the ACE and CCE transitions, and welcome members to the corresponding MCOs that will provide care coordination. The letters make clear that client have 90 days to change plans. Clients will receive a new Member ID card and Handbook from the MCO. Clients should contact the Client Enrollment Services or visit the HFS web site for information about plan options and how to make a change. Sample letters can be found in the HFS web site, under the care coordination member transition letters:

<http://www.illinois.gov/hfs/MedicalProviders/cc/Pages/default.aspx>

Luvia Quiñones and Nadeen Israel suggested making these letters available in Spanish translation. HFS staff will follow-up with the corresponding plans to meet this request.

**4. Marketplace Open Enrollment**

Mark Chudzinski from Get Covered Illinois (GCI) provided an overview concerning the efforts being directed toward the Marketplace third open enrollment period. He stated that in order to improve efficiency in outreach strategies, the GCI team has established ten regions, based on factors such as: geographic boundaries, county lines, demographics, population, number of uninsured, and Public Use Microdata Areas (PUMAS). Through research, the GCI team has identified 1.8 million uninsured individuals in Illinois, with income that range between 138% and 400% of the Federal Poverty Level. These individuals tend to be Latino, males, ages 26-34. Attachment number one contains the presentation distributed to committee members during the meeting.

Mr. Chudzinski indicated there will be four types of assisters operating in Illinois, which are Navigators, Certified Assisters Counselors (CACs), Assisters, Agents and Brokers. For the third year of open enrollment, there is \$5M available, which will be distributed among 10 prime grantees and 32

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
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sub-grantees. A total of 42 community organizations will be receiving these grants directly or indirectly. Each of the ten regions will be staffed by a Regional Outreach Coordinator (ROC), and it is anticipated that 157 in-person counselors will be hired for the open enrollment period that will last three months, November 1st, 2015 through January 31<sup>st</sup>, 2016. In addition, CGI will have a Help Desk available to provide consumer information and offer referrals to the Assistants, the ABE Help Desk, and the Federal Health Desk. Mr. Chudzinski stated that, the goal is to create the appropriate channels for community engagement, outreach opportunities, and enrollment activities.

**5. Information Item: Preview of New HFS Website Design for Clients**

John Hoffman shared a preview displaying the new HFS website with the committee members. He thanked interested parties and members of the committee for their input, comments, and suggestions toward the design of the HFS website, about which over 200 comments had been received.

Mr. Hoffman indicated that the main objective of this project is to create an online development that is more user-friendly for the clients, providers, and the general public. He noted that, within the next two or three weeks, the department will offer “a test drive” of the new redevelopment HFS website. It will be available at:

<http://www.illinois.gov/hfs/Pages/default.aspx>

Committee members and interested parties were encouraged to provide comments, questions, and concerns to:

[hfs.webmaster@illinois.gov](mailto:hfs.webmaster@illinois.gov).

**6. Illinois Medicaid Redetermination Project (IMRP) Enhanced Eligibility Verification (EEV) Update**

In response to a request expressed during the previous meeting, John Spears discussed the appropriate use of the “Authorization to Share Information” form (attachment two), which advocates can use when contacting IMRP. He noted that, it is acceptable to use this form even in situations without having the client present. He also discussed the appropriate use of the “Approved Representative Consent” form (attachment three) which can be used in order to submit inquiries to the FCRC.

Mr. Spears reported on the combined efforts that HFS and DHS have made in processing the backlog of cases that require redetermination, and ensure that going forward all cases comply with the annual review. He answered all the questions asked and extensively discussed the concerns that several committee members expressed regarding the elevated number of clients who are being canceled during the redetermination process. Lauren Polite commented that the department is planning to establish a central processing unit for all redeterminations, which includes SNAP, cash, and medical benefits, in order to help facilitate the process. More details will be shared with the committee as information becomes available.

Chairwoman Kathy Chan stated that there appears to be consensus among members of the committee and interested parties that several barriers are preventing clients from successfully completing their redeterminations, such as delays in the mail delivery of their redetermination forms and timely reporting of address changes that prevent clients from receiving their redetermination forms, among other aspects. Ms. Chan recommended keeping this agenda item for the next meeting and allocating enough time to properly discuss the strategies that can help increase client redetermination compliance.

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
October 8, 2015.**

**7. ACA/Health Care Reform Updates**

**Application Processing**

Lauren Polite reported that the state is receiving an average of 18,000 applications per week and state workers are sufficiently processing them. As of September, 27<sup>th</sup>, 2015, there are almost 40,000 pending applications, half of which are long-term care applications which remain pending, as the state is waiting to receive information about new or transferred resources. She added that the state of Illinois received a total of 1.1M applications from requestors for SNAP, cash assistance, and medical benefits for FY 2015.

**Integrated Eligibility System (IES) Phase Two Update**

Lauren Polite indicated that the Department has not yet made a decision regarding when phase two of IES will be implemented.

**8. Open Discussion and Announcements**

Kathy Chan asked committee members to contact HFS staff to recommend any new agenda items, and it was agreed that an update on current agenda items should be provided during the next meeting.

**8. Adjourn**

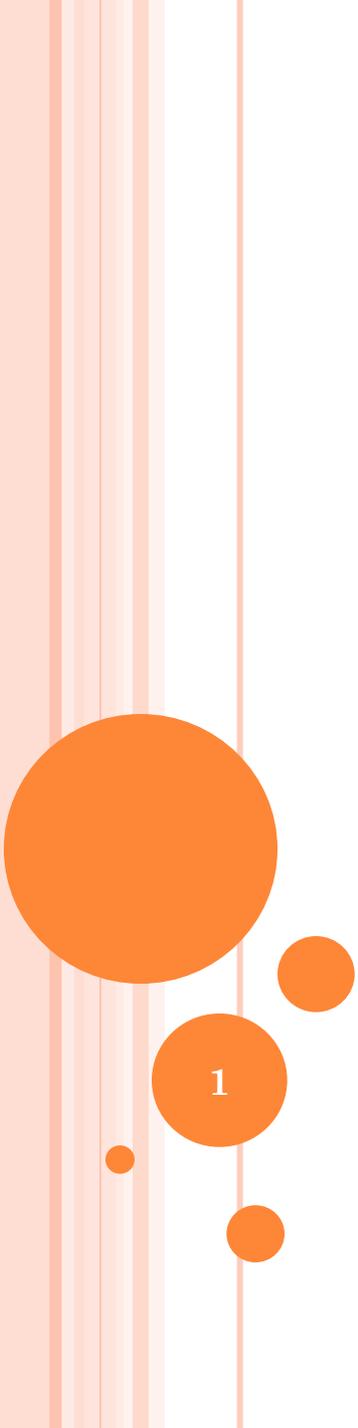
The meeting was adjourned at 12:11 p.m. The next meeting is scheduled for December 3, 2015, between 10:00 a.m. and 12:00 p.m.

# Illinois Department of Healthcare and Family Services

## MAC/Public Education Subcommittee

The Public Education Subcommittee meetings are open to the public. All meetings take place in the Illinois Department of Healthcare and Family Services' videoconference rooms. Participants attend the meetings at either the Chicago or Springfield location, or by teleconference.

<b>2016 Meeting Dates (Subject to Change)</b>	<b>Time</b>	<b>Location</b>
February 11 <sup>th</sup> , 2016  April 14 <sup>th</sup> , 2016  June 9 <sup>th</sup> , 2016  August 11 <sup>th</sup> , 2016  October 13 <sup>th</sup> , 2016  December 1 <sup>st</sup> , 2016	10:00 a.m. – Noon	<p><b>Chicago:</b>            401 South Clinton, 7<sup>th</sup> Floor            HFS Side Director's            Videoconference Room            Chicago, Illinois 60607</p> <p><b>Springfield:</b>            201 South Grand Avenue, East            Division of Medical Programs            Videoconference Room            Springfield, Illinois 62763</p>



# REDETERMINATIONS IN IES PHASE 2

For Public Education Subcommittee

December 3, 2015

1

## PHASE 2 TIMELINE

- With IES Phase 2 ‘Go Live’, the IMRP/Maximus process will phase out.
- Redes started by Maximus will be completed using that process.
- The first month following IES “Go Live,” the IES process will initiate redes.

## PHASE 2 TIMELINE (CONT.)

- A conversion process is required as part of IES deployment, because the legacy system is still the “system of record.”
- Active cases will be transitioned to the new IES system, ‘converting’ the legacy cases into IES cases.
- Inactive cases that have been active within the last 150 days will also be converted, since some may cooperate and need to be reinstated.

# MAX-IL TO IES CONVERSION

Cert Expiring	From Which System	Calls handled by which call center		Workflow
IES Phase 2 minus 2 months	Max-IL	Maximus		Max-IL - ACM
IES Phase 2 minus 1 month	Max-IL	Maximus		Max-IL - ACM
1 <sup>st</sup> full Phase 2 month	IES	ABE for IES redes	Maximus for Max-IL redes	IES
IES Phase 2 2 <sup>nd</sup> full month	IES	ABE for IES redes	Maximus for Max-IL redes	IES
IES Phase 2 3 <sup>rd</sup> full month	IES	ABE for IES redes	Maximus for Max-IL redes  (closeout of Maximus process)	IES

# IES REDE PROCESS – PROCESS A

- Process A is used for medical benefits when current case information plus electronic data provide sufficient information to recertify medical benefits. The following criteria must be verified:
  - IL residence
  - Income-can be verified through electronic sources:
    - SSA/SSI through Bendex/SDX
    - Earned Income through AWVS/IDES (IL Dept of Employment Security) or The Work Number
    - Unemployment Insurance through AWVS
  - Citizenship or acceptable Immigration Status and Social Security Numbers must already have been verified.

# PROCESS A

- The household will receive a notification that the case has been reviewed and appears to have ongoing eligibility
- The notification provides information about what information was used to decide eligibility
- The household is notified to report if any of the information is not correct
- The household is notified to report future changes
- If the household does not respond, medical benefits are automatically redetermined

## PROCESS A OR B – YEAR ONE

- HFS and DHS have identified some cases that will require manual intervention after conversion because the legacy system does not contain the level of detail required to process cases in IES.
- For example, relationship and income details for responsible relatives in the household who are not recorded in the legacy case will need to be obtained before a case can be redetermined under Process A.

## IES REDE PROCESS – PROCESS B

- Medical cases where the current information plus electronic data does NOT provide sufficient information to recertify medical benefits
  - Citizenship or Immigration Status not verified
  - SSNs missing or not verified
  - Il Residence not verified (through SoS or other acceptable electronic means)
  - Cases with \$0 income
  - Income cannot be verified or electronic verification indicates at least one person is income ineligible
  - Resources must be reviewed

## PROCESS B

- The household will get a redetermination form, sent centrally – MAGI, non-MAGI or LTC.
- The rede form will provide information about any electronic data already available, so the household will only have to verify other information or change and verify any incorrect/missing information
- The client must respond within 30 days by either returning the form to a central scanning/fax unit or through their on line account.
- Benefits will terminate if the household does not respond timely
- A state caseworker will review the form and verifications and decide on-going eligibility in IES

# MEDICAL & SNAP/CASH DUE AT THE SAME TIME

Form 'A' and SNAP/cash REDE sent together.	Results
Client does not respond	Medical recertified, SNAP and cash end.
Client responds by due date	Medical, SNAP & Cash determination based on response and verifications provided (not Auto-REDE'd). An updated decision notice sent for Medical if outcome different from Form A.

# SNAP DUE BEFORE MEDICAL

- SNAP REDE can be used as a Medical Ex-Parte Review
- If all persons remain eligible for same level of Medical benefits, complete Medical REDE and align Medical & SNAP Cert Periods
- If persons not eligible for same benefits, adult eligibility will be cancelled if appropriate; children maintain continuous eligibility for remainder of 12 month cert period

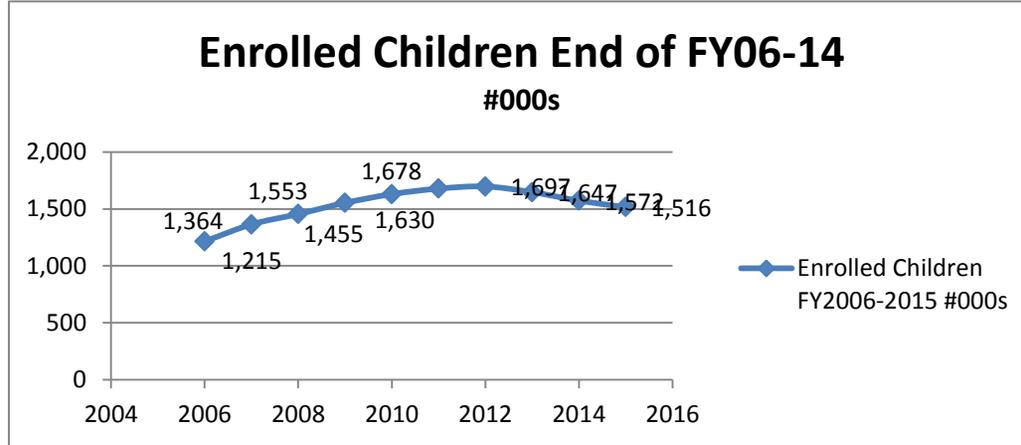
## MEDICAL DUE BEFORE SNAP

- IES completes Medical Auto-REDE using Process 'A', or worker completes REDE using Process 'B' as appropriate.
- If Process 'A' is used, and electronic data from IDES shows a change in earned income, additional proof must be requested for SNAP budgeting. IDES data is not acceptable verification of earned income for SNAP.

## Children's Enrollment

### Enrolled Children FY2006-2015 #000s

End of FY	#000s
2006	1,215
2007	1,364
2008	1,455
2009	1,553
2010	1,630
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516



End of Month 2012	Enrolled Children #000s	End of Month 2013	Enrolled Children #000s	End of Month 2014	Enrolled Children #000s	End of Month 2015	Enrolled Children #000s
Jan	1,696	Jan	1,666	Jan	1,582	Jan	1,540
Feb	1,699	Feb	1,665	Feb	1,582	Feb	1,540
Mar	1,701	Mar	1,667	Mar	1,591	Mar	1,532
Apr	1,701	Apr	1,665	Apr	1,595	Apr	1,527
May	1,698	May	1,656	May	1,587	May	1,522
June	1,697	June	1,647	June	1,572	June	1,516
July	1,694	July	1,638	July	1,564	July	1,514
Aug	1,694	Aug	1,635	Aug	1,567		
Sep	1,689	Sept	1,626	Sept	1,561		
Oct	1,681	Oct	1,610	Oct	1,554		
Nov	1,674	Nov	1,600	Nov	1,547		
Dec	1,668	Dec	1,587	Dec	1,541		

