

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
December 7th, 2017**

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, TASC (by phone)
Nadeen Israel, EverThrive Illinois
Connie Schiele, HSTP (by phone)
Brittany Ward, CPS
Ramon Gardenhire, AFC
Michelle Butts for John Jansa, Smart Policy Works

Committee Members Absent

Erin Weir Lakhmani, Mathematica Policy Research
Sergio Obregon, CPS

Interested Parties

Talya Hellman, ACCESS
Kimberly Koayenga, BCBSIL
Jessica Rhoades, Legal Council for Health Justice
Mika Welton, Meridian Health
Katie L, Harmony Health Plan
Anna Wojeik, UI Health
Penny Tillman, Next Level Health
Luvia Quiñones, ICIRR
Alicia Donegan, Age Opciones
Alap Shah, IAFP
Kenita Bell, UIC
Michael Gerges, UIC
Ashley Bae, DMH Region 2
Lynn Seermon, Kaizen Health
Emily Chitlajallu, LaRabida
Sheila Biggs, ACCESS
Leandra Padgett, CPS
Jessie Beebe, AFC
Leticia Galvez, PIC
Dan Rabbitt, Heartland Alliance
Susan Gaines, IPHCA
Paula Campbell, IPHCA
Josh Evans, IARF
Chris Manion, ISDS
Dan Wasmer,
Judy Bowlby, Liberty Dental Plan

HFS Staff

Jacqui Ellinger
Lauren Polite
Robert Mendonsa
Lynne Thomas
Elizabeth Lithila
Arvind Goyal
Glenda Mason
Jacqueline Myers
Veronica Archundia

DHS Staff

Maria Bruni
Gabriela Moroney
Danielle Jacobson

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Interested Parties (by phone)

Mona Martin, Pharma
Sarah McCoy, Home Care Ombudsman
Rose Dunaway, Girling Community Care Texas
Kim Burke, Lake County Health Department
Nikki Woolverton, Department of Public Health
Dana Flood, Avesis
Maria Bell, Avesis
Maria Borrayo, Aunts Martha's Health Center
Lynne Warszalek, Stickney Public Health
Nelson Soltman,
Kristin Hartsaw, DuPage Federation on Humans Services Reform
Dave Lecik, Illinois Department of Aging
Margo Holden, BCBSIL
Ralph Schubert, DSCC/UIC
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 October 12th, 2017:

Chairperson Kathy Chan indicated that the meeting minutes had been discussed, approved, and finalized by the committee members a week after the October 12th meeting and had subsequently been posted on the HFS website and used at the full Medicaid Advisory Committee meeting on November 3rd, 2017. The committee members have decided to keep this as common practice, in order to make available the final meeting minutes in time for the MAC meeting.

Kathy Chan advised that the Public Education Subcommittee proposed 2018 meeting schedule which had been posted on the HFS website has been revised, due to scheduling problems. The new date for the April meeting is April 12th, 2018. The meeting notice was included with the 12/7/2017 meeting invitation and can be found at:

<https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/News/Pages/default.aspx>

3. Ethics Training

Shannon Stokes, from the Office of the General Counsel, reminded committee members that it is time for the annual ethics training; she said that all board members who have been appointed to the Public Education Subcommittee must complete ethics training once a year. She asked that all committee members complete the ethics by December 22nd. Ms Stokes said that additional instructions have been provided in a memorandum that is attached to the agenda. Any additional questions or concerns should be sent to Shannon.stokes@illinois.gov

4. Care Coordination Update:

Robert Mendonsa reported that Phase One of the transition to HealthChoice Illinois is essentially completed. The process is currently in “clean-up mode,” which means making sure that clients are assigned to the right plans, which is an on-going effort, so that anyone who is in managed care today will stay in managed care as of January 1st. Then, all members, whether or not they are with their current plans, will get 90 days to switch plans.

Phase Two, will be expansion to all new geographies across the state but does not include DCFS and special needs children. All members enrolled with Illinois Health Connect in non-mandatory managed care regions were sent a letter in October letting them know that Illinois Health Connect will be ending and instructing them they will be under fee for service Medicaid for a period of three months until, April 1st 2018. Affected members can choose a plan starting in February for April 1st 2018 MCO enrollment date. As of April 1st 2018, Medicaid clients in the expansion counties will be assigned to a plan. All clients will be given 90 days to choose a new plan.

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Mr. Mendonsa said that work is currently being done to develop a managed care program for children with special needs and DCFS cases, for which changes are targeted to begin July 1, 2018. With respect to questions about the Managed Care Organization's contracts, Robert said there is only one contract, which is the same for all the plans, with the exception of a minor change for County Care's BEP participation provision.

In response to a question from Nadeen Israel regarding the status of network development for plans participating downstate and in the new areas, Mr. Mendonsa noted that there is ongoing discussion, and that some hospitals have decided to only participate in some (not all) plan networks. This is something that the Department is analyzing and will decide how to address.

Judy Bowlby inquired about the credentialing process and IMPACT. She asked how this will work for subcontractors such as dental benefits administrators. Mr. Mendonsa said that MCOs plans were given clear instructions that they are not to credential. IMPACT is the single credentialing entity for the state, and that, once a provider has a Medicaid ID, they are considered credentialed. However, there are some additional pieces of information that an MCO may need from the providers. Dr. Goyal added that the use of IMPACT was a process permitted by the NCQA (National Committee on Quality Assurance.)

Sherie Arriazola said that in previous meetings, she had asked about educating providers about how to utilize "single case agreement". She added that DASA will not pay for services for someone who is in an MCO, and it may take a long time for providers to sign a contract with an MCO, meanwhile they will likely still see Medicaid-covered clients. She asked if there is a way for MCOs to make their out-of-network/transition-of-care process public in order to help ease this transition. Mr. Mendonsa responded that this issue will be added to the agenda for the next meeting with the MCOs. One of the agenda items is specifically to review their substance abuse network. Maria Bruni stated that DASA is not able to pay for service if someone is on Medicaid because it is prohibited under CMS Rules and federal block grant requirements.

Dan Rabbitt asked if an MCO can't contract with a major hospital downstate, how can they have an adequate network, and where does the responsibility fall. Mr. Mendonsa said that this is an issue which is being discussed by the HFS administration. He added that there is access, not necessarily across all the plans, but at least, with respect to one or two of them to all major systems and that this is going to vary by geography. Finally, he advised that providers should not wait until April 1st to sign up with plans; they should sign up now, as beneficiaries will receive notices starting January 1st. All of the MCO's websites contain information for providers about who to contact regarding contracting.

5. Spenddown in ABE:

Lauren Polite provided a high level overview of the Spenddown Program, and how clients will be able to use the new functionality of Mange My Case (MMC), so that they can process their requests online through the ABE portal. She said that there are two basic ways to meet spenddown. One is by submitting bills and receipts to case workers at the FCRC/DHS local

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offices for medical expenses incurred and/or paid. The second way is to get enrolled in Pay-in Spenddown, which is managed through HFS, and requires individuals to submit a payment to meet their spenddown obligations. She emphasized that HFS cannot receive or process receipts or medical bills to meet Spenddown requirements; this process must be done at the local offices.

Lauren Polite went over the slide presentation demonstrating the screens that a customer would encounter when submitting their bills in MMC. She said that consumers will be able to upload their bills and medical expenses online. They will also be able to see the notices indicating whether or not they have met their Spenddown; and, if there is a companion case, (for example a husband and wife on a Spenddown.)

Glenda Mason indicated that one of the advantages of IES is that, if a husband and wife submit a high medical bill that covers their spenddown obligation, IES automatically will process their bills back to the first month in which the clients indicated they want to meet spenddown. In addition, there is a comment box if there is a big expense that needs to be spread out over multiple months, a client can indicate the months for which medical coverage is being sought. Lauren Polite said that, upon submitting a spenddown request, a tracking number will appear. If clients want to know whether or not a transaction has been processed, they can go to the summary page in Manage My Case to review its status.

Lauren Polite indicated that, although IES has offered tremendous advantages for processing client requests, and ABE offers clients the ability to submit their requests online, HFS is aware that there have been challenges for some individuals who have not been able to successfully complete Identity Proofing required to link their accounts for Manage My Case. Nevertheless, she advised that the committee members will be informed of any new developments for next year.

Dan Rabbitt asked if the new process would impact the ability of DHS to process requests in a timely manner. Jacqui Ellinger said that the new enhancements do not change a state worker's capacity, but do modify the queuing processes to help increase efficiencies. If a consumer uses Mange My Case, it will provide clear evidence about what was submitted and when. In addition, it will give management greater capacity to view the workload, and the ability to see where the gaps are and what needs to be done. Jacqui asked anyone who may have specific questions that have not been answered thorough this presentation to submit inquiries and concerns at veronica.archundia@illinois.gov

6. ABE/IES Update and Feedback

Jacqui Ellinger provided an update about the developments of the successful launching of IES Phase Two on October 24th, 2017. She said that DHS and HFS have combined efforts to address any minor malfunctions in IES. In general, she asserted that state employees are excited about the new tools IES provides to enhance service for clients. She also said that, with respect to Manage My Case (MMC), individuals are able to manage their cases online any

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time. The new functionality adds tremendous ability for clients who want to know the status of an application, add a person to a case, apply for new benefits, file an appeal, or report a change.

Ms. Ellinger said that the new functionality contains a great deal of personal information and that the department has a huge burden with respect to securely maintaining and guarding personal information. She said that, while it is not required to complete ID proofing when someone submits an application, it is required ID proofing for Manage My Case. She said that, in compliance with federal requirements and like the process used for the Marketplace, individuals must complete Identity Proofing through Experian. Jacqui said that, while Illinois cannot create a unilateral solution, there have been conversations among the policy team regarding the development of a manual process or other alternative to address this concern. Ms. Ellinger asked for committee member's feedback in terms of the special populations that are affected by this new process, as well as to provide suggestions that could be taken into consideration in order to better address this matter. Feedback on this matter can be sent to Lauren Polite at lauren.polite@illinois.gov

7. Medicaid Redetermination Update:

Elizabeth Lithila indicated that the nature of the Redetermination reporting will change with the implementation of IES Phase Two. She said that the first batch of redetermination packages using IES was generated on November 30, 2017, with a total of 204,618 redetermination packets being mailed. Ms. Lithila clarified that recipients can be in more than one program. There were 171,707 requests for medical assistance; 2,710 cash assistance requests, and 76,439 SNAP redeterminations generated for mailing.

She noted that the goal is to try to get reporting stabilized and have more details at future meetings. A committee member inquired about the percentage of cases that were auto-redetermined. Elizabeth stated that this information will be included in future meetings.

8. Open Discussion and Announcements:

Kathy Chan introduced Maria Bruni who is the Acting Assistant Secretary of Programs at DHS. She has been involved with the state's efforts to transform the behavioral health system of care. Ms. Bruni indicated that, recently, the state of Illinois launched a Helpline, which is available 24 hours a day, seven days a week to help individuals suffering from opioid addiction or other drug problems by connecting them with treatment providers. The toll free number is 1-833-2FINHELP. Ms. Bruni said that there is close collaboration with the FCRCs in order to create awareness and ensure that clients who search for state licensed treatment facilities can obtain the medical services within their neighborhoods.

Kathy Chan also introduced Gabriela Moroney, who is closely working with Acting Assistant Secretary Bruni on various issues pertaining to the Medicaid program. Gabriela Moroney said that one of their focuses has been the ABAWD (Able Bodied Adult Without Dependents)

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initiative, which is a SNAP waiver that has been approved within certain geographic areas in Illinois where there is high unemployment. Ms. Moroney asserted that Illinois is very lucky to have obtained a waiver for this population for 2018.

Kathy Chan welcomed both of them, and stated that their collaboration with regard to customer services concerns will provide a great foundation and along with the committee, the ability to be more prepared, to continue the discussion for the improvement of customer services concerns. Ms. Bruni and Ms. Moroney said that they will be participating in committee meetings for 2018 and are very interested in helping to address any issues with regard to the FCRCs.

Jacqui Ellinger said that, although there has not been an immediate plan to reconstitute the committee, according to the Medicaid Advisory Committee bylaws, during the second meeting of each year, the composition of each committee is reviewed by the MAC. She asked members of the Public Education Subcommittee to update their personal contact information. Jacqui asked anyone interested in serving on this committee to complete candidate questionnaires, which should be sent to: veronica.archundia@illinois

Jacqui Ellinger announced her retirement as of December 29th, 2017, and committee members took time to acknowledge Jacqui's contributions in serving the clients of Illinois during her fruitful career during the past 37 years of serving the state of Illinois in several of different capacities. Committee members took the opportunity to express their thanks, and acknowledge her remarkable career. Jacqui Ellinger expressed her satisfaction with respect to working for the people of Illinois, and she introduced Lynne Thomas as the new Deputy Administrator for Eligibility Policy effective December 1, 2017.

9. Adjournment:

The meeting was adjourned at 12:01 p.m. The next meeting is scheduled for February 1st, 2018, between 10:00 a.m. and 12:00 p.m.