

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

**Telephone:** (217) 782-1200  
**TTY:** (800) 526-5812

Medicaid Advisory Committee  
Public Education Subcommittee Meeting  
Thursday, February 11, 2016  
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 December 3, 2015
3. Care Coordination Update
4. Illinois Medical Redetermination Project (IMRP)/Enhanced Eligibility Verification (EEV) Update
5. ACA/Health Care Reform Updates
  - Application Processing
  - Integrated Eligibility System (IES) Phase Two
6. Open Discussion and Announcements
7. 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  
December 3, 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 (by phone)  
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  
Sergio Obregon, CPS  
Connie Schiele, HSTP (by phone)  
John Jansa, WKG Advisory (by phone)

**HFS Staff**

Jacqui Ellinger  
Lauren Polite  
Laura Phelan  
Bridgett Stone  
Arvind Goyal  
Shannon Stokes  
Veronica Archundia

**Committee Members Absent**

**Interested Parties**

Deb Matthews, DSCC  
Jessie Beebe, AFC  
Joe Mc Lauren, PPIL  
MacKenzie Speer, Shriver Center  
Susan Melzer, MCHC  
Dan Rabbitt, Heartland Alliance  
Enrique Salgado, Harmony WellCare  
Caroline Chapman, LAF  
Kim Burke, Lake County Health Department  
Michael Lafond, Abbott  
Alison Coogan, Legal Assistance Foundation  
Jill Hayden, BCBS IL  
Luvia Quiñones, ICIRR  
Ben Lazare,  
Judy Bowlby, Liberty Dental Plan  
Matt Werner, M. Werner Consulting

**Interested Parties (by phone)**

David Hurter, Presence Health Partners  
Susan Hayes Gordon, Lurie Children Hospital  
Dionne Haney, Illinois State Dental Society  
Kathy Waligora, EverThrive Illinois  
Lynne Warszalek, Stickney Health Department  
Sheri Cohen, CDPH  
David Hunter, Presence Health  
Andrew M. Weaver, Land of Lincoln Legal AF  
Paula R. Dillon, Illinois Hospital Association  
Staci Wilson, Illinois Chamber of Commerce  
Kelly Carter, IPHCA

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
December 3, 2015.**

**1. Introductions**

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

**2. Review of Minutes**

Nadeen Israel made a motion to approve the minutes from the meeting held on October 8<sup>th</sup> and it was seconded by Ramon Gardenhire. The minutes were unanimously approved.

**3. 2016 Tentative Meeting Schedule**

Kathy Chan submitted a motion to discuss the 2016 meeting schedule. HFS proposed a series of 2016 meeting dates in the meeting packet, indicating February 11<sup>th</sup>, April 14<sup>th</sup>, June 9<sup>th</sup>, August 11<sup>th</sup>, October 13<sup>th</sup>, and December 1<sup>st</sup>. Committee members agreed to meet every other month. Kathy Chan submitted the motion, and it was unanimously approved.

**4. Ethic Training**

Shannon Stokes, from the Assistant General Counsel, indicated that all committee members must complete the mandatory ethics training by December 18<sup>th</sup>, 2015. She then responded to the committee members' inquiries and provided instructions for them to submit their "Acknowledgment of Participation," to Bridgette Stone at [BridgettStone@illinois.gov](mailto:BridgettStone@illinois.gov). Ms. Stokes stated that failure to comply could result in the recall of an individual's position on the committee. For any additional questions or concerns committee members should contact Shannon at: [Shannon.stokes@illinois.gov](mailto:Shannon.stokes@illinois.gov)

**5. Care Coordination Update**

Laura Phelan presented the report. She indicated that access and continuity of care are a top priority for HFS, and that in order to accommodate providers who require extra time to establish partnerships with MCOs, the ACE and CCE member transitions will continue into the first months of 2016. She said that letters mailed to ACE and CCE members including details about transitions are posted on the HFS website under the "Care Coordination Member Transition Letters" tab at: <http://www.illinois.gov/hfs/MedicalProviders/cc/Pages/default.aspx>

Ms. Phelan reminded committee members that clients who may need unbiased assistance about their options in choosing or changing plans should contact the "Client Enrollment Services" at 1-877-912-8880 or visit the website at: <http://enrollhfs.illinois.gov/>

Margaret Stapleton raised a concern in relation to clients who may be in the midst of treatment and can potentially be affected by these transitions. Lauren Polite indicated that if someone is in the middle of treatment, a new health plan must allow the treatment to continue with the member's current provider, even if the provider is not in the network of the new plan, as indicated by the continuity of care provisions within the plan's contract.

**Note:** On 1/4/16, HFS published a new informational provider notice outlining and summarizing the latest developments regarding care coordination. It is available at the following link:

<http://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn160104a.aspx>

Laura Phelan provided an update on MMAI. She indicated that, Health Alliance Connect will no longer be a part of the Medicaid Medicare Alignment Initiative, as of December 31, 2015.

Notifications have been sent to clients explaining their options including a toll free number so they can receive appropriate assistance. This notice can be seen at the following link:

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

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The committee asked to provide an update about care coordination during the next meeting.

**6. Rede process Under Phase Two**

Vicky Nodal indicated that DHS and HFS continue making progress in the development of the Integrated Eligibility System (IES), which is a computerized system that is being used to determine eligibility for Medicaid, SNAP, and TANF. Currently, combined efforts are being focused on IES phase two, which, among other enhancements, will make it possible to process all clients' redeterminations using IES. Ms. Nodal asserted that, when IES phase two "goes live", the IMRP/Maximus process will be phased out. The first month following the implementation of IES phase two, clients will have the ability to complete their annual redeterminations electronically using the ABE client portal. Ms Nodal provided details regarding the conversion process and the phase two timeline, which was included in a power point presentation that was shared with the committee. (See attachment one.)

Jacqui Ellinger indicated that a crucial element in this process will be the ABE Call Center, especially during the first months of the transition, when Maximus will be phased out. She added that all the clients' notices will include the appropriate phone numbers so that clients will be able to receive the proper assistance. HFS and Maximus will work together to ensure a smooth transition. Vicky Nodal commented that clients will have the ability to submit their redetermination electronically using the client portal through the "Manage My Case" function.

Vicky Nodal added that, in IES, a family no longer will have multiple cases, as they currently do in the legacy system. In IES, family will have only one case, and the redetermination form will include information already existing in the IES case record. The redetermination form will be prepopulated, and clients will either verify or change the information indicated in the redetermination. Ms. Nodal commented that an important change in the redetermination protocol is the creation of a central processing unit. This will be a huge change for clients who have become accustomed to hand delivering their redeterminations to case workers at the local offices, which could be counter productive, because this can potentially delay the process. Therefore, clients will be encouraged to complete their redeterminations online through the "Manage My Case" function. Once the central processing unit receives a redetermination, it will be reviewed to determine eligibility. Ms. Nodal also discussed scenarios included in the power point presentation for clients receiving SNAP and TANF.

Jacqui Ellinger announced that HFS will develop a series of communication notices for providers and advocates explaining details of this process. Based on the positive response to previous webinars hosted in collaboration with EverThrive Illinois and the Shriver Center, it was suggested that a webinar be offered for community partners who wish to help clients link their cases to their ABE account, and become acquainted with the ABE client portal. In the upcoming months, HFS will share a sample of the notices that clients will receive with members of the committee so they can provide input and recommendations.

**7. Illinois Medical Redetermination Project (IMRP) Enhanced Eligibility Verification (EEV) Update**

John Spears reported that DHS and HFS have made substantial progress addressing the backlog of cases due for redetermination. He provided a brief report in terms of the IMRP statistics that are available at: <http://www.illinois.gov/hfs/SiteCollectionDocuments/IMRPRReport.pdf>

**8. ACA/Health Care Reform Updates  
Application Processing**

Jacqui Ellinger reported that, currently, the number of pending applications has risen to 56,000. It is suspected that this increase is directly connected to the marketplace open enrollment. Ms Ellinger

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commented that DHS and HFS do not have much capacity to increase their rate of processing applications. She added that, occasionally, the state has received a few “old applications” from the FFM. Aside from that, the FFM application transmission process has been going reasonable well. Ms. Ellinger indicated that this year the state has not experienced any breakdown in the transmission of the information.

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

Jacqui Ellinger announced a target date of July, 2016 for IES phase two implementation. HFS and DHS are currently working on all the details to facilitate the phase out of the legacy system, which will make it possible to ensure that caseworkers are using one system (IES) for eligibility functions across all programs. Ms. Ellinger noted that user testing is underway to ensure that IES is operating correctly. However, she commented that this process is taking longer than anticipated. The intention has been to take the necessary precautions to minimize risk of any significant failures in July. Another important objective has been to make sure that all hand copied documents sent to the state can be scanned and routed accurately before the deployment of IES phase two.

In addition, Ms. Ellinger indicated that HFS is requesting federal approval of an extension to continue receiving 90% matching funds that have made possible the implementation of the ACA expansion. Concurrently, HFS is negotiating with Deloitte Consulting regarding details of the project’s schedule extension.

**8. Open Discussion and Announcements**

Lauren Polite thanked the committee members for their feedback in the development of the Courtesy Letter for Members Eligible through Spenddown (209b).(See attachment two.) This notice will be sent to all individuals who were eligible for Medicaid coverage in Illinois in 2015 through the Spenddown program. This letter is relevant for individuals who are required to submit taxes; however, HFS is sending it to all Medicaid recipients. HFS will also be participating in a webinar for navigators so that they can understand the 209(b) letter and the 1095B tax document sent to all 2015 Medicaid recipients. Ms. Polite indicated that the letter is addressed to “the Head of Household.” If clients have any questions or concerns regarding any errors or omissions noted in the letter, they should contact the ABE Call Center at 1-800-843-6154. Navigators can help clients apply for hardship exemption; to find a navigator and make an appointment, they should contact the Marketplace Call Center at 1-800-318-2596.

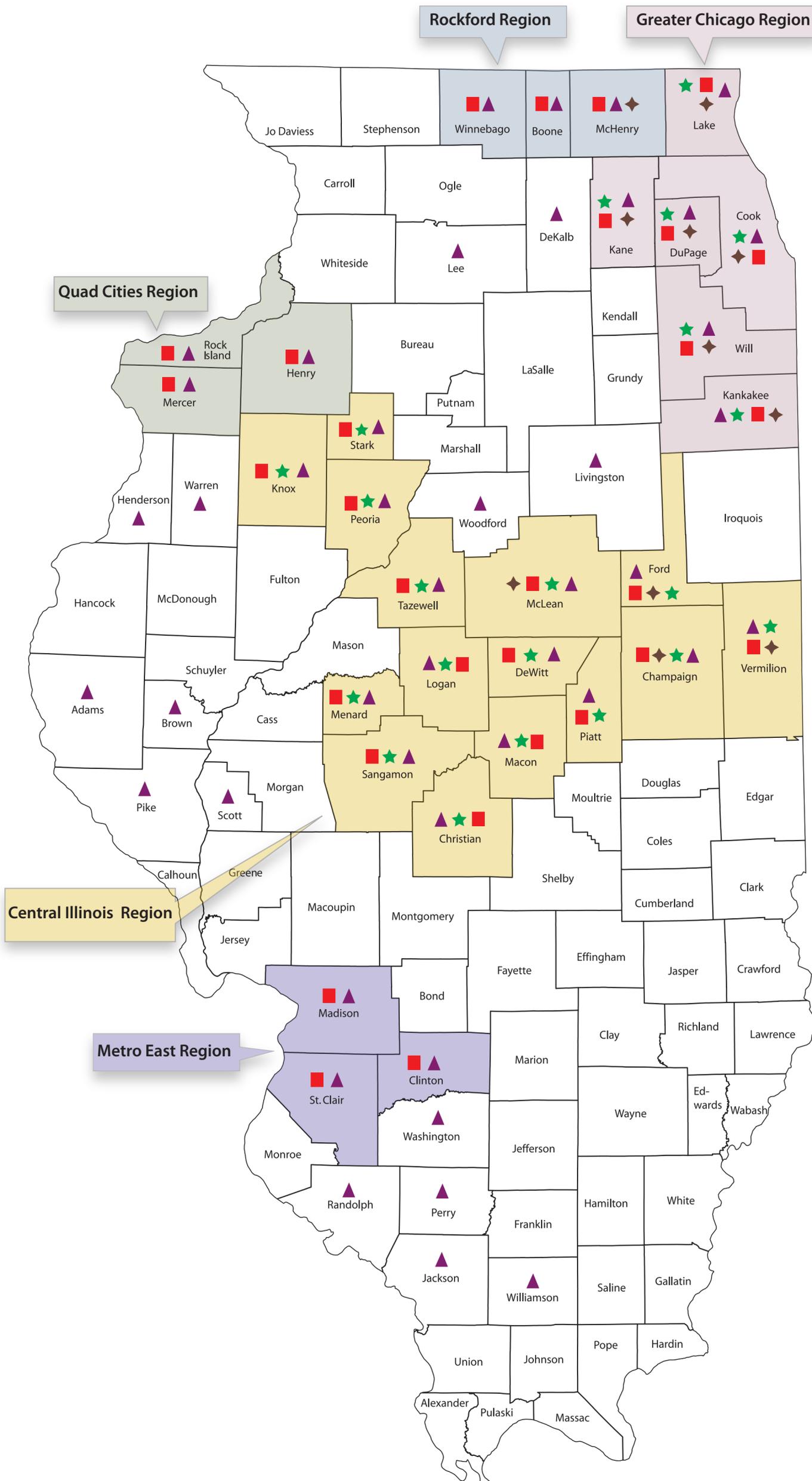
**8. Adjourn**

The meeting was adjourned at 12:03 p.m. The next meeting is scheduled for February 11<sup>th</sup>, 2016, between 10:00 a.m. and 12:00 p.m.

# Illinois Department of Healthcare and Family Services

## Care Coordination Map

February 1, 2016



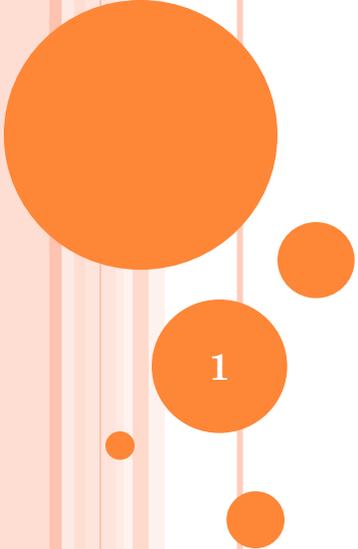
Integrated Care Program (ICP)	
HEALTH PLAN NAME	
<b>Aetna Better Health</b>	Greater Chicago, Rockford
<b>Blue Cross Community ICP</b>	Greater Chicago
<b>Cigna-HealthSpring</b>	Greater Chicago
<b>Community Care Alliance</b>	Greater Chicago, Rockford
<b>CountyCare</b>	Greater Chicago (Cook only)
<b>Health Alliance Connect</b>	Central Illinois, Quad Cities
<b>Humana Health Plan</b>	Greater Chicago
<b>IlliniCare Health</b>	Greater Chicago, Rockford, Quad Cities
<b>Meridian Health Plan</b>	Greater Chicago, Central Illinois (Stark, Knox, Peoria and Tazewell counties only), Metro East
<b>Molina Healthcare of Illinois</b>	Central Illinois, Metro East
<b>NextLevel Health</b>	Greater Chicago (Cook only)

Family Health Plans/Affordable Care Act Health Plans (FHP/ACA) *	
HEALTH PLAN NAME	
<b>Aetna Better Health</b>	Greater Chicago, Rockford
<b>Blue Cross Community Family Health Plan</b>	Greater Chicago
<b>CountyCare</b>	Greater Chicago (Cook only)
<b>Family Health Network</b>	Greater Chicago, Rockford
<b>Harmony Health Plan</b>	Greater Chicago, Metro East, Jackson, Perry, Randolph, Washington, Williamson
<b>Health Alliance Connect</b>	Central Illinois, Quad Cities, Rockford
<b>IlliniCare Health</b>	Greater Chicago, Rockford, Quad Cities
<b>Meridian Health Plan</b>	Greater Chicago, Central Illinois (Stark, Knox, Peoria, Tazewell and McLean counties only), Metro East, Quad Cities, Rockford, Adams, Brown, DeKalb, Henderson, Lee, Livingston, Pike, Scott, Warren, Woodford
<b>Molina Healthcare</b>	Greater Chicago (Cook only), Central Illinois, Metro East
<b>NextLevel Health</b>	Greater Chicago (Cook only)

Medicare Medicaid Alignment Initiative (MMAI)	
HEALTH PLAN NAME	
<b>Aetna Better Health Premier Plan</b>	Greater Chicago (excluding Lake)
<b>Blue Cross Community MMAI</b>	Greater Chicago
<b>Cigna-HealthSpring</b>	Greater Chicago (excluding Kankakee)
<b>Humana Health Plan, Inc</b>	Greater Chicago
<b>IlliniCare Health</b>	Greater Chicago
<b>Meridian Complete</b>	Greater Chicago (excluding Kankakee, Lake)
<b>Molina Healthcare of Illinois</b>	Central Illinois

Accountable Care Entities (ACEs)*	
HEALTH PLAN NAME	
<b>Advocate Accountable Care</b>	Cook, DuPage, Kane, Lake, McLean, McHenry, Will
<b>Better Health Network</b>	Cook (certain zip codes)
<b>Community Care Partners</b>	Cook, Lake (certain zip codes)
<b>SmartPlan Choice</b>	Champaign, Cook, Ford, Kane, Kankakee, Vermilion, Will

\*Illinois Health Connect will continue to be the health plan choice for most individuals residing in the non-shaded counties. In some counties, an individual may select an MCO health plan, if available, instead of Illinois Health Connect. Illinois Health Connect will also continue to assist individuals that are excluded from participating in a mandatory managed care program locate providers for health care services.



# 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.



State of Illinois  
 Department of Human Services  
 Department of Healthcare and Family Services

Case Number: <IES Case Number>  
 Office Name: <Local Office Name>  
 Office Address: <Local Office Address>  
 <Local Office City, State, Zip>  
 Phone: <Local Office Phone #>  
 TTY: <Local Office TTY>  
 Fax: <Local Office Fax #>

Date of Notice: <Mail Date>

You can manage your case online at [abe.illinois.gov](http://abe.illinois.gov)

<ONECODE ACS BARCODE>  
 <IES CASE NAME>  
 <IES CASE ADDRESS LINE 1>  
 <IES CASE ADDRESS LINE 2>  
 <IES CASE CITY ST ZIP>

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en [abe.illinois.gov](http://abe.illinois.gov) o llame al 1-800-843-6154 (TTY 1-800-447-6404)

## Medical Benefits Redetermination Notice

Dear K,

Based on the information we have today, the person(s) listed in the table below are approved to keep getting **medical benefits** after February 2016. However, if we get new information about a change in your circumstance your eligibility for medical benefits may change. If that happens, we will send you a new notice.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
K	01/01/1980	123456789	ACA Adult	Mar 1, 2016

We will send you a new medical card before March.

**Important Information about Your Medical Group(s)**

Medical benefits covered are different depending on your Medical Group. Some Medical Groups provide full medically necessary health coverage including prenatal care.

<u>List of Common Services Provided for Medical Groups with Full Coverage</u>	
<ul style="list-style-type: none"> <li>• Doctor and clinic visits</li> <li>• Inpatient and outpatient hospital</li> <li>• Emergency room</li> <li>• Prescription medicine</li> <li>• Surgery</li> <li>• Podiatric (feet) services</li> <li>• Hospice care</li> <li>• Emergency medical transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Lab tests and x-rays</li> <li>• Medical supplies and equipment</li> <li>• Family planning (birth control)</li> <li>• Medical transportation</li> <li>• Home Health service</li> <li>• Chiropractic services</li> <li>• Physical and Occupational therapy</li> <li>• Dental care (limited for adults over age 20)</li> <li>• And more, check with your health care provider for details</li> </ul>



Medical groups providing full health coverage meet the requirements for insurance under federal law, so you do not have to pay any tax penalty.

Find the Medical Group for each person in the ongoing Medical benefits eligibility table and then read below for more information about the benefits for each Medical Group.

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### Information about ACA Adult

ACA Adult is health coverage for adults age 19-64 who do not have dependent children living with them. ACA Adult health coverage provides the services listed above for full health coverage.

Adults pay copays for some services.

Doctor and clinic services	\$3.90 per visit
Inpatient hospital services	\$3.90 per day
Outpatient hospital services	\$0.00 per visit
Emergency room	\$3.90 per visit
Prescription medicine	
Generic	\$2.00 per prescription
Brand name	\$3.90 per prescription

Copays may change in the future.

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### How We Decided Your Eligibility for Medical Benefits

If you have any changes in income or if anyone moves in or out of your household, you must report the change to us within 10 days by going to Manage My Case at [abe.illinois.gov](http://abe.illinois.gov) or by calling the phone number on the first page of this notice.

Eligibility for medical benefits for the following person(s) is based on household income, who is living with the head of household and how they are related to each other, whether someone in the household files income taxes or is a dependent on someone else's tax return. This is called Modified Adjusted Gross Income (MAGI) methodology.

The facts we used to decide **K's** ongoing Medical eligibility are:

The number of people counted in the family size is 1.

Countable monthly income is \$0.

Countable monthly income calculation is based on household income, who is living with the applicant and whether someone in the household files income taxes or is a dependent on someone else's tax return.

Monthly income standard is <2016 MAGI Income Standard>.



## How to File an Appeal

### You Have the Right to File an Appeal

If you do not agree with our decision, you have the right to appeal and be given a fair hearing. You may represent yourself at this hearing or you can ask someone else, such as a lawyer, relative or friend to represent you. If you are appealing the decision on your cash and/or medical benefits decision you must do so within 60 days after the “Date of Notice.” If you are appealing a decision about SNAP you must do so within 90 days after the “Date of Notice.” You can ask for a fair hearing by calling (800) 435-0774 (TTY (877) 734-7429), going online to [abe.illinois.gov](http://abe.illinois.gov), emailing [DHS.BAH@Illinois.gov](mailto:DHS.BAH@Illinois.gov) faxing (312) 793-3387 or writing to DHS Bureau of Hearings, 69 W. Washington, 4th Floor, Chicago, IL 60602.

To apply for free legal help:

- ✓ In Cook County (including the City of Chicago) – Legal Assistance Foundation of Metropolitan Chicago: (312) 341-1070
- ✓ In other counties in Northern or Central Illinois with area codes (309), (815) or (847) – Prairie State Legal Services: (800) 531-7057
- ✓ In other counties in Central or Southern Illinois where the area code is (217) or (618) – Land of Lincoln Legal Assistance Foundation: (877) 342-7891





State of Illinois  
 Department of Healthcare and Family Services

Date of Notice: February 16, 2016  
 Case Number: 137509140  
 Office Name: SOUTHEAST FCRC  
 Office Address: 8001 S COTTAGE GRV  
 CHICAGO, IL 60619  
 Phone: 773-602-4200  
 Fax: 844-736-3563



BRIE CLARK  
 7899 S BROCKWAY ST  
 APT 1  
 PALATINE, IL 60649-4965

You can manage your case online at [abe.illinois.gov](http://abe.illinois.gov)

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en [abe.illinois.gov](http://abe.illinois.gov) o llame al 1-800-843-6154 (TTY 1-800-447-6404)

## Medical Benefits: Time to Renew Notice

Dear Brie Clark,

**It is time to renew your Medical benefits!**

**You must complete your redetermination to continue your Medical benefits after April 2016.**

**To learn how to renew your Medical benefits, read the first page of the IL444-1893 Medical Benefits Renewal Form which is included in this envelope.**

Call us at 1-855-458-4945 (TTY: 1-855-694-5458) if you cannot send everything on time or if you have questions. We may be able to help you get the proofs you need.

### Electronic Review of Eligibility for Medical Benefits

We checked our electronic sources to decide if we can automatically renew your medical benefits. The tables below show the income information we have about your case.

Because we could not make a decision using only electronic sources, we need information from you to decide if you continue to qualify for medical coverage. **You still must complete a redetermination or your benefits will end.**

The following table shows the most recent income information in our records.

Individual Name	Employer/Income Type
Brie Clark	Wages, Salaries, Tips, and Commissions





State of Illinois  
 Department of Human Services  
 Department of Healthcare and Family Services

Date of Notice: January 21, 2016  
 Case Number: 131665521  
 Office Name: JEFFERSON COUNTY FCRC  
 Office Address: 333 POTOMAC BLVD  
 MT VERNON, IL 62864  
 Phone: 618-242-1040  
 TTY: 866-325-8153  
 Fax: 844-736-3563



CHARLES THOMPSON  
 1299 FOREX AVE  
 MOUNT VERNON, IL 62864-5610

You can manage your case online at [abe.illinois.gov](http://abe.illinois.gov)

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en [abe.illinois.gov](http://abe.illinois.gov) o llame al 1-800-843-6154 (TTY 1-800-447-6404)

## Medical Benefits Renewal Form

You must respond no later than **March 31, 2016** to continue getting Medical benefits after March 2016.

To find out if you qualify for medical benefits beginning April 2016, tell us about your household. You can do this one of four ways:

1. Complete the electronic version of this form online in ABE Manage My Case at [abe.illinois.gov](http://abe.illinois.gov); or
2. Complete your redetermination over the phone by calling 1-800-843-6154 (TTY: 1-800-447-6404).
3. Fill out, sign, and send us this form and all verifications we ask for.  
 You may send the form by mail or fax.
  - Mail to P.O. Box 19138, Springfield, IL 62763; or
  - Fax the form to 1-844-736-3563; or
4. If you want to complete your redetermination in person, call 1-800-843-6154 (TTY: 1-800-447-6404) to find help near you.

1. Do these people still live with you?

CHARLES THOMPSON	08/04/1962	<input type="checkbox"/> Yes <input type="checkbox"/> No
LATISHA THOMPSON	09/20/1964	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are there other people living with you not listed above? If yes, list them here.

Full Name	Birth Date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For additional persons, please attach a separate sheet.

Turn this page over to read more information on the back.  
**COMPLETE AND SEND**



- 
3. Is the address at the top of this page your correct mailing address?  **Yes**  **No** If No, tell us the correct mailing address:

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Our records show that you live at 1299 FOREX, MOUNT VERNON, IL 62864.

Is this correct?  **Yes**  **No** If No, tell us the correct address where you live:

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COMPLETE AND SEND



4. During the last 30 days did anyone receive any other income such as Social Security, SSI, Unemployment, Contributions or any other money?  Yes  No **If YES**, complete the box below.

Name	Type of Income	Amount	How Often
		\$	
		\$	

Attach a sheet of paper if you need more room to list your family's income.

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5. Are you or is anyone who lives with you pregnant?

**If yes**, name: \_\_\_\_\_ Due date: \_\_\_\_\_ Expected number of babies: \_\_\_\_\_

---

6. Do you or anyone living with you have health insurance?  Yes  No

**If yes**, name of insurance plan: \_\_\_\_\_ Policy Number \_\_\_\_\_

Who is covered by this health insurance? \_\_\_\_\_

Name of insurance plan: \_\_\_\_\_ Policy Number \_\_\_\_\_

Who is covered by this health insurance? \_\_\_\_\_

---

7. Will you or anyone who lives with you file a federal income tax return next year to report income received this year?  Yes  No

**If yes**, name of person(s) filing tax return: \_\_\_\_\_ Birth Date \_\_\_\_\_

If this person will **file jointly with a spouse**, write name of spouse: \_\_\_\_\_

If this person will **claim dependents** on the tax return, write name(s) of dependents:

\_\_\_\_\_ Birth Date \_\_\_\_\_ \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_ \_\_\_\_\_ Birth Date \_\_\_\_\_

---

8. Will you or anyone who lives with you be claimed as a dependent on anyone's tax return for this year?  Yes  No

If yes, name of dependent \_\_\_\_\_ Birth Date \_\_\_\_\_

Tax filer's name and relationship to dependent: \_\_\_\_\_

---

Turn this page over to read more information on the back.  
**COMPLETE AND SEND**



9. Do you or anyone living with you pay any expense that can be deducted on your federal income tax return?  **Yes**  **No**

**If yes**, list the expense: \_\_\_\_\_ How Much? \_\_\_\_\_  
How Often? \_\_\_\_\_

---

COMPLETE AND SEND



**Read and sign below:**

- I understand that officials in charge of my health benefits may check all information on this form.
- I understand they may check my information electronically. If they ask for my help checking information, I must cooperate.
- I understand that anyone who knowingly lies or provides untrue information, or arranges for someone to knowingly lie or provide untrue information, or intentionally misuses the health benefits card issued by the State of Illinois, may be committing a crime which can be prosecuted or punished under federal law, state law, or both.
- If the Illinois Department of Healthcare and Family Services pays medical bills for me, the State of Illinois may collect my medical support payments instead of me.
- I am signing this form under the penalty of perjury. That means the information I have provided on this renewal form is true to the best of my knowledge, and I may be punished under law if I provide false or untrue information.

---

_____ Your Signature	_____ Today's Date	_____ Daytime or Cell Phone Number
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COMPLETE AND SEND





Dear Illinois Healthcare Member,

November 10, 2015

**Attention: The information on this letter applies to you ONLY IF you are required to file federal taxes.**

Under the Affordable Care Act (ACA), most people are required to have health coverage for the entire year that meets certain “Minimum Essential Coverage” (MEC) standards. **Medicaid is considered MEC.** Persons who do not have MEC may have to make a Shared Responsibility Payment when they file their taxes unless they qualify for an exemption.

**Our records show you or someone in your household got Medicaid by meeting spenddown for one or more months in 2015. Eligibility for Medicaid because of spenddown is possible when someone uses medical receipts or bills, or pays the state a certain amount of money to meet their spenddown.**

- Special tax rules allow someone eligible for Medicaid through spenddown to request a ‘hardship exemption’ even though they did not have MEC coverage for the entire year.
- If an exemption request is approved, the Marketplace will give an Exemption Certificate Number (ECN) to put on a federal income tax return exempting the person from a Shared Responsibility Payment.

**Follow these steps to apply for the hardship exemption. Apply as soon as possible.**

**Step 1:** Look through your records to see what month(s) you or someone in your household had Medicaid by meeting spenddown. If you don’t have records, you will still have time to apply for the hardship exemption using form 1095-B that HFS will mail to you in January 2016.

**Step 2:** Get an *Application for Exemption from the Shared Responsibility Payment for Individuals who Experience Hardships* at: <https://marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf>

**Step 3:** Read the instructions on the form. Start filling out the form on page 2. Page 3, Question 8 lists the hardship reasons. If you received Medicaid because you met spenddown for at least one month out of the year, fill in the circle for #14 and write in the following:

*[The name of the person who met spenddown]* had **209(b)** Medicaid coverage because he or she met the spenddown amount in at least one month during 2015. *[He or she]* got medical coverage for *[enter the months and year the person had spenddown coverage]* and did not get coverage for *[enter the months and year the person did not get coverage]* because *[he or she]* did not meet spenddown.

**Step 4:** Make a copy of the hardship exemption application and keep it with your other health care information. You do **NOT** need to send copies of medical records or notice of coverage. **Mail only the original application to:**  
465 Industrial Blvd London, KY 40741

- A tax preparer can help you with your hardship exemption application.
- You can also get help by calling the Marketplace Call Center at 1-800-318-2596, TTY 1-855-889-4325 or scheduling an appointment for in-person help in your community online at [www.getcoveredillinois.gov](http://www.getcoveredillinois.gov)

**Aviso importante: La información incluida en esta carta está dirigida a usted SOLAMENTE SI usted está obligado a presentar una declaración federal de impuestos.**

De acuerdo a la Ley de Cuidado de Salud, también conocida como Affordable Care Act (ACA), se requiere que la mayoría de las personas tengan cobertura de salud por todo el año, y así cumplir con el requisito de Cobertura Mínima Esencial, conocido en Inglés como "Minimum Essential Coverage" (MEC.) **Nótese que las personas que reciben Medicaid cumplen con éste requisito. Las personas que no tengan MEC podrían tener que pagar una multa o "Shared Responsibility Payment" cuando hagan su declaración de impuestos, a menos que califiquen para una exención.**

**Nuestros registros indican que usted o alguien en su hogar recibió Medicaid en 2015, ya sea por uno o varios meses al haber cumplido con su "obligación de pago" o "spenddown." La elegibilidad de Medicaid por medio del programa de spenddown es posible cuando alguien envía facturas, recibos médicos, o paga al Estado cierta cantidad de dinero para cumplir con su obligación de pago. En los avisos en Inglés a esto se conoce como "meeting your spenddown."**

- Existen reglas fiscales que permiten a ciertas personas que reciben Medicaid por medio del programa de spenddown solicitar una "exención por dificultad" a pesar de no haber tenido cobertura médica todo el año. Esto se le conoce en Inglés como una petición de "hardship exemption."
- Si se aprueba la petición de exención, el "Mercado de Seguros Médicos" o "Marketplace" enviará a esa persona un Número de Exención Certificado llamado "Exemption Certificate Number (ECN)" para que lo escriba en su declaración federal de impuestos sobre el ingreso y así la persona estará evitando pagar una multa, conocida en Inglés como "Shared Responsibility Payment. "

**Siga estos pasos para solicitar la exención por dificultad. Aplique lo más pronto posible.**

**Paso 1:** Revise sus registros para saber en qué mes o meses, usted o alguien en su hogar recibió Medicaid por medio del programa de spenddown. Si usted no tiene esta información, puede solicitar la exención por dificultad o "hardship exemption" usando el formulario 1095-B, el cual HFS le enviará en enero del 2016.

**Paso 2:** **Obtenga el formulario de exención, conocido en Inglés como "Application for Exemption from the Shared Responsibility Payment for Individuals who Experience Hardships" en el sitio web:**

<https://marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf>

**Paso 3:** Lea las instrucciones y llene el formulario en la página 2. En la página 3, Pregunta 8, enliste sus razones de dificultad. Si usted recibió Medicaid debido a que cumplió con su obligación de pago por lo menos uno o más meses durante el año, marque el círculo de la pregunta número 14, y escriba lo siguiente:

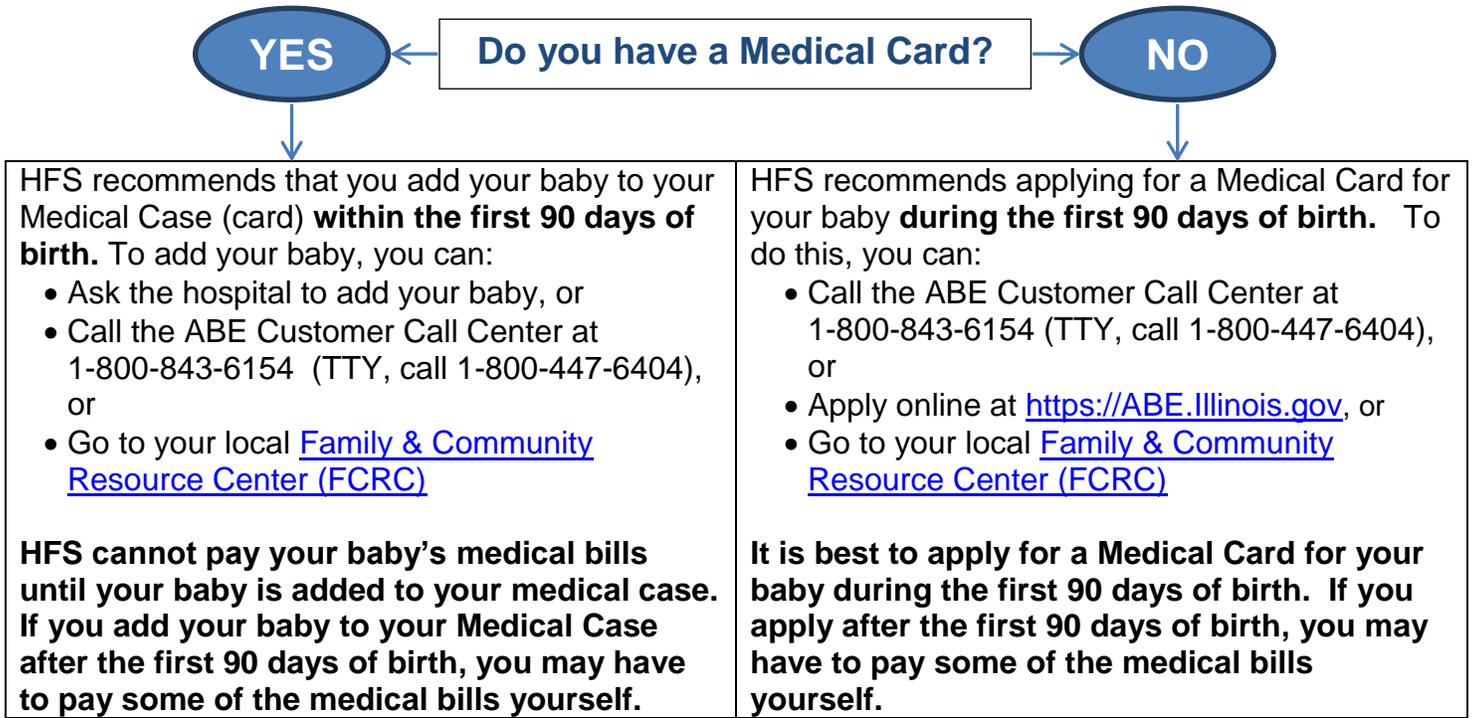
**[El nombre de la persona que cumplió con su obligación de pago] tuvo 209(b) cobertura de Medicaid debido a que él o ella cumplió con su obligación de pago por lo menos un mes durante 2015. [Él o ella] recibió cobertura médica por [escriba los meses y el año que la persona recibió cobertura por medio del programa de spenddown] y no recibió cobertura para [escriba los meses y año que la persona no recibió cobertura] debido a que [él o ella] no cumplió con su obligación de pago.**

**Paso 4:** Guarde una copia de la solicitud de exención. Usted **NO** necesita enviar copias de los documentos o avisos de su cobertura médica. **Envíe solamente la solicitud original a: 465 Industrial Blvd London, KY 40741**

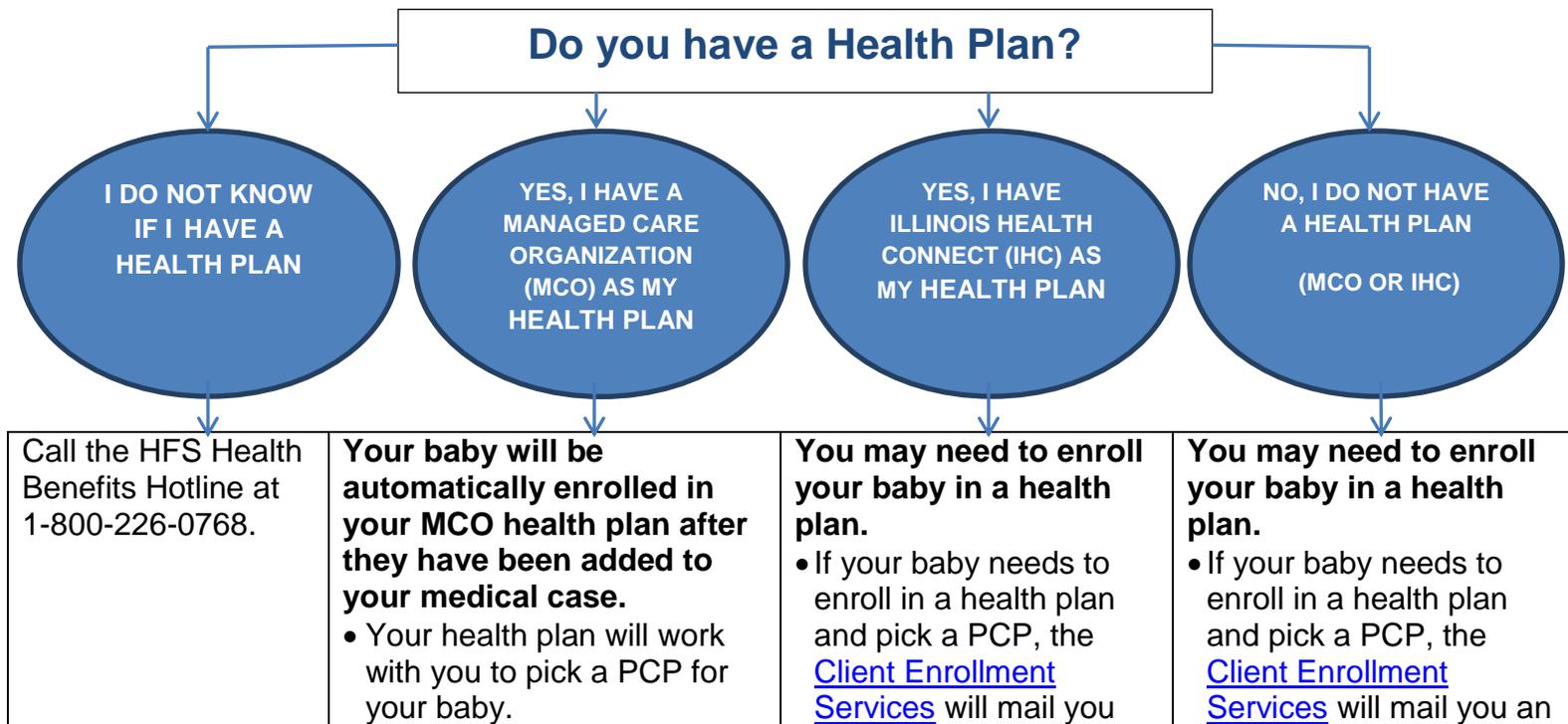
- Un preparador de impuestos puede ayudarle con su solicitud de exención de dificultad.
- También puede obtener asistencia por medio del Centro de Ayuda del Mercado de Seguros de Salud llamando al 1-800-318-2596, TTY 1-855-889-4325 o hacer una cita para recibir ayuda en persona en su comunidad visitando el sitio web [www.getcoveredillinois.gov](http://www.getcoveredillinois.gov)

How to Get a Medical Card and a Primary Care Provider (PCP) for Your Baby

1. Getting an HFS Medical Card for Your Baby



2. Pick a Health Plan and Primary Care Provider (PCP) for Your Baby

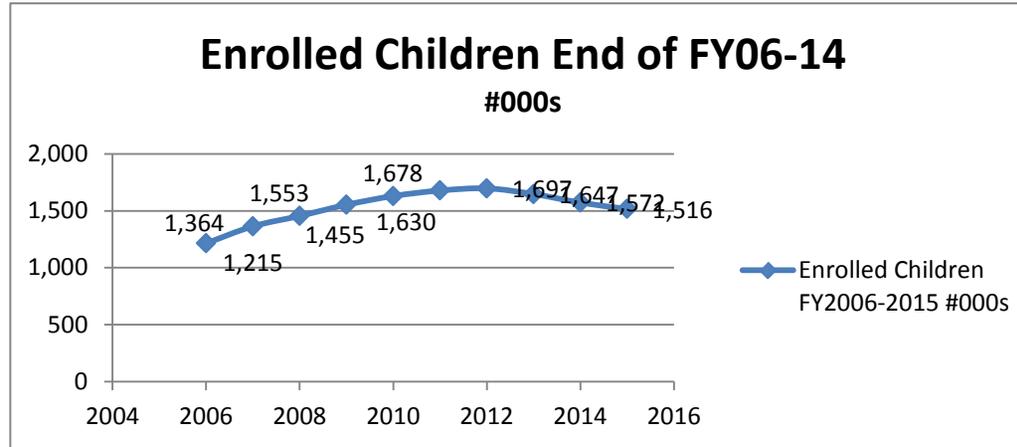


	<ul style="list-style-type: none"> <li>• Your health plan will send a welcome packet with information about the health plan including a member handbook for your baby. Your baby may also get a health plan ID card.</li> <li>• Take your baby's health plan ID card and the HFS medical card with you to your baby's doctor's appointments or pharmacy.</li> <li>• To change your baby's PCP, call the health plan's member services number on your baby's health plan ID card or in the member handbook.</li> <li>• To change your baby's health plan within the first 90 days of enrollment:             <ul style="list-style-type: none"> <li>○ Call Client Enrollment Services at: 1-877-912-8880 (TTY: 1-866-565-8576), or</li> <li>○ Go online to <a href="http://www.enrollhsf.illinois.gov">www.enrollhsf.illinois.gov</a></li> </ul> </li> </ul>	<p>an enrollment packet with your baby's health plan options.</p> <ul style="list-style-type: none"> <li>• The enrollment packet will give you the information you need to pick a health plan and PCP for your baby.</li> <li>• If you receive an enrollment packet for your baby, you will have 60 days to pick a health plan and PCP. If you do not pick a health plan and PCP for your baby, the state will assign your baby to a health plan and PCP.</li> </ul> <p><b>If your baby is not required to pick a health plan and PCP, you will continue to use the baby's HFS medical card for health care services. Call Illinois Health Connect for help finding a doctor for your baby at:</b></p> <p><b>1-877-912-1999 (TTY: 1-866-565-8577).</b></p>	<p>enrollment packet with your baby's health plan options.</p> <ul style="list-style-type: none"> <li>• The enrollment packet will give you the information you need to pick a health plan and PCP for your baby.</li> <li>• If you receive an enrollment packet for your baby, you will have 60 days to pick a health plan and PCP. If you do not pick a health plan and PCP for your baby, the state will assign your baby to a health plan and PCP.</li> </ul> <p><b>If your baby is not required to pick a health plan and PCP, you will continue to use the baby's HFS medical card for health care services. Call Illinois Health Connect to get help finding a doctor for your baby at 1-877-912-1999 (TTY: 1-866-565-8577).</b></p>
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**Once enrolled, your health plan will send you a member handbook. The member handbook will explain how to get services for your baby. If you are not happy with your baby's health plan or PCP, the member handbook will explain how to change your baby's health plan or PCP.**

## Children's Enrollment

End of FY	Enrolled Children FY2006-2015 #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	1,515
Aug	1,694	Aug	1,635	Aug	1,567	Aug	1,514
Sep	1,689	Sept	1,626	Sept	1,561	Sept	1,511
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		

