

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee
Final Approved Meeting Minutes
October 12th, 2017**

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
Sherie Arriazola, TASC
Erin Weir Lakhmani, Molina Healthcare
Nadeen Israel, EverThrive Illinois (by phone)
Connie Schiele, HSTP (by phone)
Sergio Obregon, CPS
John Jansa, Health & Disability Advocates
Brittany Ward, CPS

HFS Staff

Jacqui Ellinger
Lauren Polite
Amy Harris-Roberts
Elizabeth Lithila
Arvind Goyal
Veronica Archundia

DHS

Gabriela Moroney
Danielle Jacobson

Committee Members Absent

Hardy Ware, East Side Health District
Ramon Gardenhire, AFC

Interested Parties

Lynn Seermon, Kaizen Health
Michael Gerges, UIC
Andrea Kovach, Shriver Center
Helena Lefkow, IHA
Carmelita Afflalo, CPS
Sheila Biggs, ACCESS
Andrea Davenport, Meridian
Dan Rabbitt, Heartland Alliance
Carrie Chapman, Legal Council for Health Justice
Claudia Rodriguez, Food Depository
Ollie Idowu, Harmony Health Plan
Alap Shah, IAFP
Kenita Bell, UIC
Diane Creaz, Incisive Care
Talya Hellman, Access Community Health Network
Lisa Wiseman, Humana
Mike Lafond, Abbvie
Gina Coyle, Molina Health Care
Avelle Bailey, Medical Home Network
Stephanie Volante, IHA
Anna Carvallo, LaRabida Children's Hospital
Abbie See, Aids Foundation of Chicago
Kathye Gorosh, Aids Foundation of Chicago

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Interested Parties

Linda Shapiro, Conlon & Dunn Public Strategies
Paul Frank, Harmony
Paula Campbell, IPHCA
Sarah McCoy, Home Care Ombudsman
Susan Gaines, IPHCA
Judy Bowlby, Liberty Dental Plan
Chris Manion, ISDS
Enrique Salgado, Harmony/WellCare

Interested Parties (by phone)

Angela Boley, Land of Lincoln Legal Assistance Foundation
Dave Lecik, Illinois Department of Aging
Dave Hunter, Presence Health Partners
Graciela Guzman, Patient Innovation Center
Jill S. Hayden, Meridian
Katie Shaffer, DSCC/UIC
Ralph Schubert, DSCC/UIC
Paula Campbell, IPHCA
Paula Dillon, Illinois Health and Hospital Association
Rose Dunaway, Girling Community
Margo Holden, BCBSIL
Cyrus Winnett, IAMHP
Amy Lulich, UIC & Health Sciences System
Nikki Woolverton, IDPH
Kristin Hartsaw, DuPage Federation of Human Services
Maria Borrayo, Aunt's Martha Health Wellness
Mikal Sutton, BCBSIL
Mike Welton, Meridian
Kim Burke, Lake County Health Department
Emily Gerber, Esperanza Health Centers

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1. Introductions:

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

2. Review of Minutes:

Connie Schiele made a motion to approve the minutes from the August 10th meeting, which was seconded by Sue Vega. The minutes were approved by a vote of ten members in favor and none opposed, with two members absent.

3. Care Coordination Update:

Amy Harris-Roberts indicated that HFS is currently working on a series of educational materials to help clarify the transition of the Medicaid Managed Care Program for members, which is expected to be implemented on January 1st, 2018. Transition notices will offer details to clients concerning the MCOs options from which members can choose, how to enroll in one of those plans, and how changes can be made. In all 102 Illinois counties, five plans will be operating, which are: Blue Cross Blue Shields of Illinois, Harmony Health Plan, IlliniCare Health Plan, Meridian, and Molina Healthcare of Illinois. Two plans will serve Cook County, which are: CountyCare and Next Level.

This is the first stage of the Medicaid Managed Care Transition, and notices will be sent to members, who are enrolled in the Family Health Plans (FHP), ACA Adult, Integrated Care Plan, (ICP), and Managed Long Term Services and Support (MLTSS), all of which will be under a single contract. Amy thanked members of the committee for their comments and suggestions in order to enhance the transition letters that were shared during the August 10th meeting. Final sample notices along with the schedule of when member transition notices will be mailed, will be made available at the HFS website: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/default.aspx>

The auto-assignment algorithm will also be posted on the HFS web site in the very near future under the Medical Providers section, Care Coordination.

Amy Harris-Roberts further explained that of the 1.95 million Medicaid beneficiaries currently in managed care, 75% are with plans that will have contracts in 2018. Members will be informed that their current plan will continue, and if they wish, they can stay with that plan or choose a different plan.

- Members will have 90 days to switch starting January 1st, 2018. However, they can request a change prior to January 1st, but the change won't be effective until January 1, 2018 at the earliest.
- March 31st 2018 will be the last date for those currently in managed care to switch.

Members under the Family Health Network who reside in Cook County will be transferred to County Care beginning November 1st, 2017. HFS is currently working on the development of educational materials in order to inform providers about these transitions and encourage their participation in all plans. She said that, as stipulated in the contracts, MCOs will honor the 90-day transition of care time period. Sherie Arriazola made a suggestion that providers should be informed on how to access "single case agreements," with each MCO so providers can continue to serve clients while they are contracting with MCOs, in addition to addressing concerns of possible delays in relation to credentialing through IMPACT.

Amy said that "Health Choice Illinois" is the new program name for clients when messaging to them about their health plan options. HFS is currently conducting readiness reviews, which include an

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assessment of each plan's provider network, and reviewing not only primary care physicians, but also specialists, in order to ensure adequate network capacity and promote access. She said that, during the December meeting, HFS will share with the committee a sample of the enrollment packets that clients' will receive. The packets will include: a member letter, tip sheets, a rights and responsibilities letter, a comparison chart (including information about extra benefits offered by each plan); and a report card which will be added as well.

An additional handout was distributed containing the initial enrollment packet that the Client Enrollment Broker (CEB) will be mailing to members in January 2018, a copy of which is attached. Amy asked committee members to provide suggestions and recommendations by close of business on October 20th, 2017, which should be addressed to Amy.Harris-Roberts@Illinois.gov

4. Integrated Eligibility System (IES) Update:

Lauren Polite said that IES Phase 2 Go-Live is scheduled for October 24th, 2017. Consequently, IES and ABE will be off line, from 6:00 p.m. on October 20th through the 23th and will be back on line beginning October 24th. She said that currently, HFS and DHS are ensuring that employees have been cross-trained and are focusing on "Go-Live Readiness Preparation." On Monday, October 23rd, all FCRCs offices will remain open, although they will not be able to perform any electronic case changes. However, they will accept paper applications. The Client Enrollment Broker website will also be down from October 16th through the 23rd.

Lauren Polite said that in addition, during that weekend, conversion will take place, which means that IES will move case information from the Client Data Base (CDB) to IES and that the legacy system will be retired and closed down. All active cases coming over from the legacy system will get a new 9-digit IES case number. The legacy data base does not contain all the detailed information IES requires to process eligibility. Case workers will need to refer to other information stored in other parts of the State's system to complete clients' IES records. The first time a case is touched after launch, caseworkers will update information related to: income, pay frequency, and relationships between household members, as well as information about non-requestors. For most cases this will happen at redetermination. She added that, at conversion, approved representative information will be transferred over from the legacy system to IES. IES has been programmed to maintain all benefits as the legacy system so that no clients will lose benefits as a result of data conversion.

Ms. Polite said that HFS, in collaboration with EverThrive Illinois, will offer a webinar scheduled for November 2nd at 12:30 p.m. about IES Phase 2. It will be a two-part webinar series on IES Phase 2 and the Medicaid Managed Care Expansion. Registration information can be found on the EverThrive IL's website: <https://register.gotowebinar.com/register/4861682363084857601>

Lauren announced that the Medical Management Unit (MMU) has now been established as Office #155, formally known as the IMRP office. The MMU will now process:

- Redeterminations for medical-only cases.
- Household changes, conduct appeals and will maintain the medical-only Family Health Plan, with the exception of All Kids Share and Premium Level I and II, as well as ACA Adult and Former Foster Care cases (categories 94 and 96.)
- Requests initiated by clients who want to add a newborn to an existing case.

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Family Community Resource Centers (FCRC) and the HFS central units will process applications. She added that, the Updated ABE Guide, a recorded webinar along with resources, will be posted on the IDHS and HFS websites.

5. Application for Benefits Eligibility (ABE) Update:

Lauren Polite provided the update of this topic and discussed a power point presentation that was distributed to the committee members and is attached to these minutes. She began her presentation by indicating that ABE had been down for the past two days but is back on line.

Lauren said that, after Go-Live, ABE applications will offer an identity proofing option. If identity proofing is successful, an individual will be able to see information that was verified electronically. This will give client the opportunity to upload any additional information that could not be verified electronically, in order to submit a complete application. Identity proofing is not required to submit an ABE application; however, it is required to establish a Manage My Case (MMC) account.

6. Customer Service Concerns:

Kathy Chan introduced the topic of Customer Services Concerns. The committee engaged in a robust discussion in terms of determining the most productive approach to address the customer services concerns which had been expressed by committee members during previous meetings. John Jansa recommended exploring areas of improvement on the part of advocates and community partners to facilitate state workers' ability to process their requests. Sue Vega also supported this recommendation. Erin Weir Lakhmani proposed extending an invitation to IDHS FCS regional administrators and engaging in a dialog focusing on solutions and discussion at a high level, and not in terms of individual cases. Kathy Chan supported the proposal and took responsibility for drafting a request to DHS with assistance of HFS staff.

Brittany Ward said that the last Social Services Advisory Council LO Subcommittee (SSAC) meeting had been canceled and rescheduled for the following day, October 13th, 2017; at 2:00 pm. Information concerning the conference call-in telephone number is attached. The following meeting in November is scheduled for November 10th, 2017 at 2:00 p.m.

Sergio Obregon indicated that the Community Quality Council (CQC) meetings continue to be held at various Family Community Resource Centers. These meetings are facilitated by local office administrators in conjunction with the Illinois Hunger Coalition. For more information, please follow this link: https://docs.google.com/document/d/11WJe_ai3WKQJ2Oo_6jkFIsKiF_kCgzsgBuQalAQE-bc/edit

7. IMRP/ Medicaid Redetermination Update:

Elizabeth Lithila provided the IMRP report. She said that although the report has not been published, the numbers for July and August are consistent with respect to previous reports posted on the HFS website.

Elizabeth said that, for fiscal year 2018, within the report for the months of July and August, a total of 111,149 redeterminations were completed with Maximus involvement, and that of those 41% were continued, 10% were changed and 48% were cancelled. She said that, at the FCRCs local offices, a total of 144,901 redeterminations were completed; these are redeterminations of recipients with other benefits, such as SNAP or TANF. Of all redeterminations completed, 43% involved Maximus and 57% did not. The language percentages for those who were continued or changed, 88% were for

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English speakers, 9% Spanish speakers, and 3% unknown. In terms of the cancelations, 93% were English speakers, 6% Spanish speakers, and 1% unknown.

Sherie Arriazola discussed the impact of redeterminations on clients who are incarcerated and how even though their benefits are restricted upon incarceration, if their redetermination dates occur while in custody, they lose their benefits. Jacqui responded saying that the State requested this requirement be waived in the 1115 Waiver, Sherie mentioned the use of the new Mange My Case accounts to possibly complete the process while in custody.

Erin Weir Lakhmani clarified an inquiry she had expressed during previous meetings; she wants to know, what is the language preference of the total Medicaid population compared to the percentage of redeterminations by language preference? Elizabeth said that, with the enhancements expected from the launching of IES Phase 2, more robust reporting will be available. However, she said that, for the first few months upon launching IES Phase 2, redetermination reports may not be immediately available.

Linda Shapiro asked if Illinois is not in compliance with redeterminations, what would be the goals that HFS would want to achieve in order to come into compliance in the future. Jacqui Ellinger said that roughly 10% of the cases are not meeting the annual redetermination requirement. A follow-up question was, is there a date in mind to reach compliance? Jacqui said that the HFS knows how many cases need to be processed on a monthly basis in order to reach compliance, but it will depend on the rollout of the IES system, the learning curve and how well caseworkers use the efficiencies built in IES.

Elizabeth asked that any additional questions or suggestions should be sent to Elizabeth.Lithila@illinois.gov

8. Open Discussion and Announcements:

Andrea Kovach inquired about the Children Health Insurance Program (CHIP). She said that federal funding for CHIP had expired on September 30th, 2017 and has not been re-authorized by Congress. She wants to know how many children are covered by the program in Illinois, and when the state expects its funding to expire. Jacqui Ellinger said that 132,000 CHIP beneficiaries whose coverage may eventually be affected by the extension debate before Congress. Illinois also uses CHIP funds for an additional 123,000 would be eligible under Medicaid if CHIP were never reauthorized. Ms. Ellinger also said that Illinois has enough CHIP allocation to cover the program costs for now and no action is planned yet to change coverage.

Chairperson Chan asked members of the committee to send suggestions for future agenda topics to Veronica.Archundia@illinois.gov

9. Adjournment:

The meeting was adjourned at 12:16 p.m. The next meeting is scheduled for December 7th, 2017, between 10:00 a.m. and 12:00 p.m.

Brochure front page:

Top: HealthChoice Illinois logo

Body: Your Way to Make Smart Medicaid Choices!

Bottom: How to Enroll in a HealthChoice Illinois Health Plan

[pictures]

HealthChoice Illinois! Your way to quality Medicaid care!

In HealthChoice Illinois, you must choose a primary care provider (PCP) and a health plan. Your HealthChoice Illinois health plan and PCP will help you with your physical and behavioral healthcare needs and also help you get social services.

Your PCP is the doctor or clinic you go to when you are sick or need a checkup. Your health plan is the group of doctors, hospitals, and other providers who work together to give you the healthcare you need.

All health plans have the same health services that you get now. Some plans have extra benefits.

Even if you already have a health plan, it's important that you learn about all of your health plan choices.

How to Enroll in a HealthChoice Illinois Health Plan

Find a PCP. If you need help finding a doctor or clinic near you, go to www.EnrollHFS.Illinois.gov and click "**Find Providers**". You can pick a different PCP for each family member. To help you choose, ask yourself the following questions:

- Do I need a PCP who speaks a certain language?
- How far do I want to travel to see my PCP?
- Do I prefer seeing a male or female doctor?

Choose a HealthChoice Illinois Health Plan. You can choose the same HealthChoice Illinois health plan for everyone in your family. Or you can choose different plans. To help you choose, ask yourself the following questions:

- What are my physical, behavioral and social needs?
- Does the health plan have the doctors, hospitals, and specialists you use? We recommend contacting all of your providers to see which health plans they accept before enrolling.
- What extra services does the health plan have?
- Does the health plan have co-pays?

To compare information and see the extra services offered by all of the health plans available in your county, read **Your Health Plan Choices** that came with this packet. Or go to our website at www.EnrollHFS.Illinois.gov and click on **“Compare Plans”**.

Enroll. Once you are ready, there are two ways to enroll:

- Go to www.EnrollHFS.Illinois.gov and click on **“Enroll”**
- Or call Illinois Client Enrollment Services at **1-877-912-8880 (TTY 1-866-565-8576)**. Call Monday to Friday, 8 a.m. to 7 p.m. The call is free.

Care Coordination

Your health plan will provide education and help with your physical health, behavioral health and social services needs. This is called Care Coordination.

Your Care Team

With Care Coordination you have a Care Team who can help you get the care and services you need. Your care team may include your primary care provider (PCP), specialists, treatment services providers and social service providers.

After you enroll in a health plan, your plan will contact you. They will ask you questions about your health and lifestyle and give you information about your Care Team. Your Care Team will:

- Work with you to make a Care Plan that helps you meet your health goals.
- Help you make doctor appointments and access support services.
- Help you get prior approvals and referrals when needed.
- Give you education on health management.
- Find transportation for doctor visits and other appointments.
- Help you access community and social services.
- Give reports, updates and information about your progress to your PCP.
- Be your main contact for your questions about healthcare services, including physical health, behavioral health and social services needs.

It is important for you to work directly with your Care Team and health plan to get the best healthcare for you. To learn more, call your health plan member services number.

Frequently Asked Questions

What is HealthChoice Illinois?

HealthChoice Illinois is the expanded Medicaid managed care program that is now in all counties statewide. HealthChoice Illinois is a mandatory program in all Illinois counties. In HealthChoice Illinois, you must choose a health plan and PCP for care coordination. If you do not choose, a health

plan and PCP will be chosen for you. In HealthChoice Illinois, your health plan will give you a Care Team dedicated to you for your healthcare needs. Your Care Team will help you find providers, get referrals, make appointments, get social services, access treatment support and other services to stay healthy and reach your health goals.

Who must enroll in a HealthChoice Illinois health plan?

Most people with an HFS Medical card must enroll (join) a health plan. If you received this brochure, you must choose a PCP and health plan.

Who does not have to enroll?

These are some of the reasons you would not have to enroll in a HealthChoice Illinois health plan.

- You are enrolled in the Spenddown Program
- You get temporary or limited medical benefits
- You get treatment in the Illinois Breast and Cervical Cancer Program
- You already have private insurance that covers hospital and doctor visits.

Can I keep my current doctor for my PCP?

Yes, if your doctor is in the health plan you choose.

Where can I see all of my health plan choices?

Read “Your Health Plan Choices” that came with this brochure. Or go to **www.EnrollHFS.illinois.gov** and click on “**Compare Plans.**”

Will I lose any services?

No, you will not lose any services. Some health plans have extra services. You will also have a Care Team.

Will I have co-pays?

If you have co-pays now, you may still have them. Some plans have no co-pays. Read “**Your Health Plan Choices**” that came with this brochure; or go to **www.EnrollHFS.illinois.gov** and click on “**Compare Plans**” to see which plans have co-pays.

Can I change my PCP?

Yes. You can change your PCP once a month. To change your PCP, you must call your HealthChoice Illinois health plan members services.

Can I change my HealthChoice Illinois health plan?

Yes. You can change your HealthChoice Illinois health plan anytime in the first 90 days after enrollment. After that you cannot change plans for one year. Once each year, you can change plans during a time called “open enrollment.” We will send you a letter at that time. When changing plans, it is important for you to continue to work with your current plan until your new plan starts.

What happens if I don’t choose a health plan?

If you don’t choose a health plan, we will choose a plan and PCP for you. The health plan and PCP we will enroll you with are listed on the letter that came with this brochure. You know your health needs best, so go online or call us to make your choice today!

How much time do I have to pick a health plan?

You have 30 calendar days to make a choice. The deadline date for choosing a health plan and PCP is listed in your enrollment letter. If you do not make a choice by that date, we will choose a health plan and PCP for you. Once you are enrolled in a health plan, whether you made your choice or we did, you have 90 days to make one switch to a different plan.

What happens after I enroll?

Once you enroll in a health plan, you will receive a health plan member handbook and a member ID card. Look for them in the mail. Your plan will also send you information about your Care Team. You will work with your health plan and Care Team to get the healthcare services you need, including your physical health, behavioral health and social services needs. To learn more, call your health plan member services number on your member ID card or in your member handbook.

Questions>

Go to www.EnrollHFS.illinois.gov.

Or call 1-877-912-8880 (TTY 1-866-565-8576) Monday to Friday from 8 a.m. to 7 p.m. The call is free!

You can get this information in other languages or formats, such as large print or audio.

[Reading grade level: 5.6]



Tips to Help You Choose

Here are some tips to help you choose a HealthChoice Illinois health plan and primary care provider (PCP):

TIP 1

Answer the following questions before you choose a PCP and a health plan:

- Have you read all of the materials that were included in this enrollment packet?
- Do you have a doctor or clinic you would like to choose as your PCP? Call the doctor or clinic to find out which Medicaid health plans they accept.
- Which health plans have the hospitals and specialists you use? Call your hospital and specialists to find out which Medicaid health plans they accept.
- Which health plans have the extra services you need?
 - To see the extra services offered by each health plan, read ***Your Health Plan Choices*** that came with this packet
- Do you need a PCP who speaks a certain language?
- How far do you want to travel to see your PCP?
- Do you want to choose the same health plan and PCP for everyone in your family? Or do you want to choose a different health plan and PCP for each person?

TIP 2

For help finding a HealthChoice Illinois health plan and PCP and to enroll:

- Go to **www.EnrollHFS.Illinois.gov**.
 - To see what extra services the health plans have, click “**Compare Plans.**”
 - To find a doctor or clinic near you, click “**Find Providers.**”
 - To enroll with a health plan and PCP, click “**Enroll.**”
- Call Illinois Client Enrollment Services at **1-877-912-8880 (TTY: 1-866-565-8576)**. Someone will answer your questions and help you enroll. Call Monday through Friday from 8 a.m. to 7 p.m. The call is free.

Reading grade level – 5.9

Questions? Visit **www.EnrollHFS.Illinois.gov** or call **1-877-912-8880** (TTY: 1-866-565-8576). The call is free!

You can get this information in other languages or formats, such as large print or audio.

HealthChoice Illinois Logo
placeholder



[HH_NAME]
[ADDRESS_LINE2]
[ADDRESS_LINE1]
[CITY], [STATE] [ZIPCODE]-[ZIP4]

[LETTER_DATE]

Dear [HOC_NAME]:

Welcome to HealthChoice Illinois! Your way to quality Medicaid care!

Most people with an Illinois Department of Healthcare and Family Services (HFS) medical card must enroll in (join) a health plan in the HealthChoice Illinois Program. HealthChoice Illinois is the expanded Medicaid managed care program now in all counties statewide. In HealthChoice Illinois, you must enroll with a primary care provider (PCP) in a health plan.

A health plan (like an insurance plan) is the group of doctors, hospitals and other providers who work together to give you the healthcare you need. A PCP is the doctor or clinic you go to when you are sick or need a checkup. You must see doctors that are in your health plan's network. If you have a PCP or specialists you want to continue seeing, check to see what health plans they accept.

Choose a health plan and PCP before [DATE]!

HealthChoice Illinois is your way to make smart Medicaid choices. To enroll (become a member), you must choose a health plan and PCP for each person listed below:

[ENROLLEE_1]	Date of birth: [EN1_DOB]	ID #: [EN1_RIN]
[ENROLLEE_2]	Date of birth: [EN2_DOB]	ID #: [EN2_RIN]

You can choose from these health plans:

- [PLAN_NAME]
- [PLAN_NAME]
- [PLAN_NAME]
- [PLAN_NAME]
- [PLAN_NAME]
- [PLAN_NAME]

You can pick the same health plan for all family members. Or you can pick a different health plan for each family member. The health plans you can choose from may have changed since this letter was mailed. For the most current list of your health plan choices, go to www.EnrollHFS.Illinois.gov. Click on "Compare Plans." Or call Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576). The call is free.

You must choose a health plan and PCP before **[DATE]**. If you do not choose before **[DATE]**, you will automatically be assigned to one. If you do not choose, you and your family will be

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enrolled with the health plan and PCP listed for each person below:

Member	Health plan	PCP	PCP location
[ENROLLEE_1]	[PLAN_NAME]	[PCP_NAME]	[PCP_LOCATION]
ID # [EN1_RIN]	[PLAN_PHONE]	[PCP_PHONE]	[PCP_CITY_ST_ZIP]
[ENROLLEE_2]	[PLAN_NAME]	[PCP_NAME]	[PCP_LOCATION]
ID # [EN2_RIN]	[PLAN_PHONE]	[PCP_PHONE]	[PCP_CITY_ST_ZIP]

It is better if you choose because you know your healthcare needs best. For help in choosing a health plan and PCP, read all of the information that came with this letter.

There are two ways to enroll:

- **Online:** Go to **www.EnrollHFS.Illinois.gov** and click “Enroll,” or
- **By phone:** Call Client Enrollment Services at **1-877-912-8880** (TTY: 1-866-565-8576). Call Monday to Friday, 8 a.m. to 7 p.m. The call is free.

Remember, if you do not choose before [DATE], you will be automatically enrolled with a health plan.

Your health plan will provide care coordination to help you stay healthy. With care coordination you can get assistance making doctor’s appointments, finding transportation, getting prior approvals and arranging for other social services. Your care coordination team, including your PCP, will make sure you get both physical and behavioral healthcare services.

After you enroll

After you enroll, your health plan will send you a welcome packet in the mail. This packet will include your member ID card and member handbook. You will use your member ID card to get healthcare services. The member handbook has helpful information on co-pays, extra benefits and more. If you have questions, call your health plan’s member services number. This number is on your member ID card and in the member handbook.

If you want to change your health plan or PCP

You will have 90 days after you enroll to change your health plan one time. After your one time switch or when the 90 days is up, you cannot change health plans for one year from your anniversary date. Once each year, you can change health plans during a specific time called “open enrollment.” We will send you an open enrollment letter approximately 60 days prior to your anniversary date.

You can change your PCP at any time. To change your PCP, call your health plan’s member services number on your member ID card for help.

Thank you,

Questions? Visit **www.EnrollHFS.Illinois.gov** or call **1-877-912-8880** (TTY: 1-866-565-8576). The call is free!

You can get this information in other languages or formats, such as large print or audio.

Illinois Client Enrollment Services

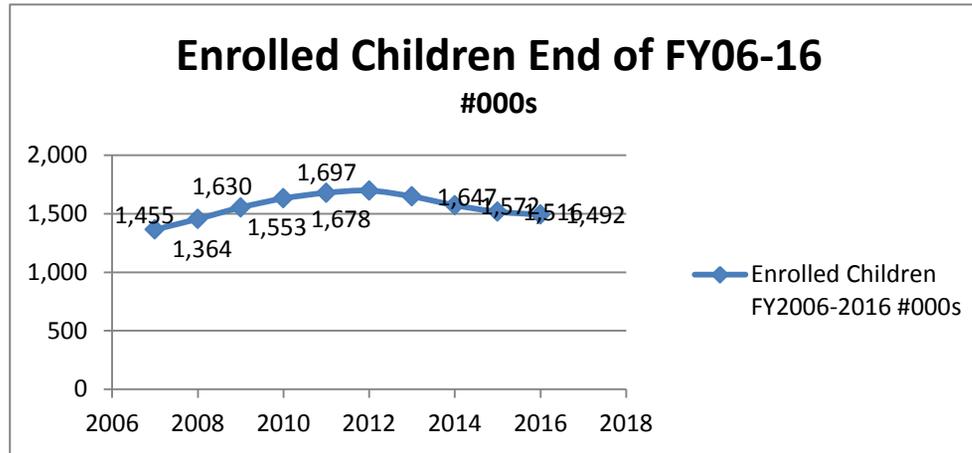
[Reading grade level: 6.3 w/o phone #s]

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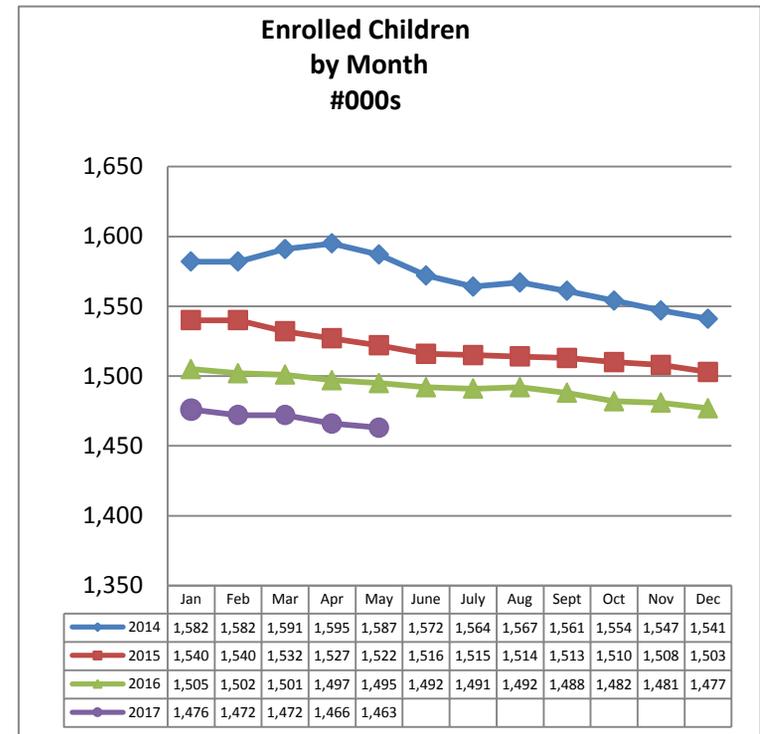
You can get this information in other languages or formats, such as large print or audio.

Children's Enrollment

End of FY	Enrolled Children FY2006-2016 #000s
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
2016	1,492



End of Month 2014	Enrolled Children #000s	End of Month 2015	Enrolled Children #000s	End of Month 2016	Enrolled Children #000s	End of Month 2017	Enrolled Children #000s
Jan	1,582	Jan	1,540	Jan	1,505	Jan	1,476
Feb	1,582	Feb	1,540	Feb	1,502	Feb	1,472
Mar	1,591	Mar	1,532	Mar	1,501	Mar	1,472
Apr	1,595	Apr	1,527	Apr	1,497	Apr	1,466
May	1,587	May	1,522	May	1,495	May	1,463
June	1,572	June	1,516	June	1,492		
July	1,564	July	1,515	July	1,491		
Aug	1,567	Aug	1,514	Aug	1,492		
Sept	1,561	Sept	1,513	Sept	1,488		
Oct	1,554	Oct	1,510	Oct	1,482		
Nov	1,547	Nov	1,508	Nov	1,481		
Dec	1,541	Dec	1,503	Dec	1,477		



ABE/IES Updates

Public Education Subcommittee of
the MAC

10/12/17

Systems Off-Line

1. In preparation for Go-Live, ABE and IES will be unavailable from:

October 20 – October 23

So no applications will be able to be submitted online through ABE or over the phone at the ABE Customer Call Center.

2. Due to system needs, the Client Enrollment Service website www.enrollhfs.illinois.gov will be unavailable from:

October 16 – October 23

However, clients will be able to call the CEB call center at 1-877-912-8880 for information about their plan options or to choose a health plan.

Change to ABE's Application



With Phase 2, individuals filling out an application will have the option to go through Identity Proofing after answering the household questions for each person on the case.

- Identity proofing is NOT required, the applicant can still submit an application but clicking the box that says “Verify Identify Later” at the bottom of the page.
- However, if the identify proofing is successful, then after an individual submits the application, but before they need to upload documents, the applicant will be able to see what information was able to be verified electronically.
- Using that information, the applicant will be able to see what information was checked electronically and what documents still need to be provided that can be uploaded with the application.
- Items subject to verification include: residency, citizenship, and employment and income (earned and unearned).

Please refer to the ABE Guide for Customers for a step-by-step guide to Applying for Benefits through ABE and the using Manage My Case (MMC).

Conversion

Conversion at Go Live – Case Information

- ❑ **At Conversion** – IES will bring over from Legacy, cases which have been active within the last 150 days. The older cases will remain in the Legacy System’s Client Database (CDB) for historical reference.
 - Case information from the CDB will be loaded into IES. Active cases coming over from the Legacy system will get NEW, 9-digit IES case numbers.
 - Case Information on pending applications will remain in IES at conversion with their current tracking/case number.

- ❑ **For most cases**, the CDB does not contain all the data IES needs. Workers will need to refer to information stored elsewhere in IES to complete required fields, for example:
 - Income in the CDB is at a case level, not individual level, and pay frequency will need to be updated
 - The CDB doesn’t track relationships between members like IES and since Information on non-requesters will not be converted it will need to be added in.
 - The name of the employer will appear as “converted income” in the Name of Employer column until updates. Clients do NOT have to correct this in MMC.
 - Approved Representative information in IES from Phase 1 applications will remain.

- ❑ **No client will lose benefits at conversion.** For cases affected by the data conversion issues, benefit changes will only occur as part of a redetermination or case change request. Caseworkers will look for and merge multiple cases with the same Head of Household (HOH), clean up the data, and re-run clearances and eligibility.

Transitioning Appeal information at Go Live –



- ❑ **Information on active and closed appeals from 1/1/2010 to 10/18/2017 will be loaded into IES for Go Live.**

- ❑ **With Respect to appeal requests received in the run-up to Go Live**
 - Appeals staff will continue to register appeals using the current process that they received through the end of the day on 10/18
 - Final day of hearings will be held 10/19. There will be no hearings scheduled the week of 10/23, and only a light schedule on 10/30 and 10/31
 - Appeals team will register appeals received between 10/19 and 10/24 in IES after Go Live
 - FCRCs will continue the current process of communicating appeal requests and documentation to the Bureau of Appeals and Hearings through 10/23
 - FCRCs will hold pre-hearing conferences through the ‘down day’ – 10/23 – and will complete “legacy” hearing notes and other hearing results documentation and send to the Bureau of Hearings and Appeals.

New Medical Management Unit (MMU)

Medical Management Unit (MMU)



Changes coming with Phase 2 Implementation:

- The MMU has now been established as Office 155, the current IMRP office.
- The MMU will process redeterminations for medical only cases ongoing.
- The MMU will also **process changes, conduct appeals and maintain** medical-only Family Health Plan, ACA Adult and Former Foster Care cases (categories 94 and 96). This includes client-initiated newborn-adds.
- The MMU will NOT determine initial eligibility however, that will continue to be done at the local FCRC.
- Once an FHP, ACA Adult or Former Foster Care application has been processed, the caseworker will electronically transfer it to the MMU. This transfer process has already begun.