

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, April 14, 2016
10:00 a.m. to 12:00 p.m.

401 S. Clinton St., Chicago – 1st Floor Video Conference Room
201 S. Grand Ave. East, Bloom Bldg., Springfield – 3rd Floor Video Conference Room

Agenda

1. Introductions
2. Approval of the Meeting Minutes from February 11, 2016
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. ABE Phase Two Functionality
 - Appeals Portal
 - Manage My Case
7. Open Discussion and Announcements
8. Adjourn

For anyone who cannot attend in person but wishes to participate by conference call, please confirm your attendance by responding to the HFS Website via e-mail at HFS.webmaster@illinois.gov or by phone at 312 793-1984 or 312 793-2932. This will help us to ensure the distribution of meeting materials and record your presence accurately. You will receive meeting instructions and the access code when you confirm. The conference call telephone number is 1-888-494-4032.

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
February 11, 2016**

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

Committee Members Present

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

HFS Staff

Jacqui Ellinger
Lauren Polite
Laura Phelan
Bridgett Stone
Arvind Goyal
Robert Mendonsa
John Spears
Veronica Archundia

Committee Members Absent

Connie Schiele, HSTP

Interested Parties

Amy Sagen, UI Health
Kelly Carter, IPHCA
Jill Fraggos, Lurie Children Hospital
Mackenzie Speer, Shriver Center
Susan Melczer, Illinois Health & Hospital A
Dan Rabbitt, Heartland Alliance
Enrique Salgado, Harmony WellCare
Carrie Chapman, LAF
Kim Burke, Lake County Health Department
Michael Lafond, Abbott
Alison Coogan, Legal Assistance Foundation
Jill Hayden, BCBS IL
Alivia Siddiqi, Advocate Health
Judy Bowlby, Liberty Dental Plan
Matt Werner, M. Werner Consulting
Sandy DeLeon, Once of Prevention
Deanne Medina, LAF
Andrea Davenport, BCBSIL
Karen Brach, BCBSIL
Lynn Seermon, Patient Innovation Center
Heather Scalia, Humana
Rich Dulg, BFF

Interested Parties (by phone)

David Hurter, Presence Health Partners
Gary Thurnauer, PCA Payer Account Management
Dionne Haney, Illinois State Dental Society
Paula R. Dillon, Illinois Hospital Association
Staci Wilson, Illinois Chamber of Commerce
Emily Gelber, Health & Disabilities Advocate
Carol Leonard, Dental Quest
Andrew M Weaver, Land of Lincoln Legal AF
Judy King, Advocate
Mikal Sutton, Cigna Health Spring
Nelson Soltman,
Lorry Raymond, Pharmaceutical Association
Vicky Detweiler DSCC
Cheryl O'Donoghue, VNA Health
Diane Montañez, North Shore Physicians
Alison Stevens, Illinois Hunger Coalition
Lynne Warszalek, Stickney Health Department
Hetal Patel, Illini Health
, Civic Federation
, Health Spring

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
February 11, 2016**

1. Introductions

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

2. Review of Minutes

Ramon Gardenhire made a motion to approve the minutes from the meeting held on December 3rd and it was seconded by Erin Weir. Ten members approved the minutes with one abstention.

3. Care Coordination Update

Robert Mendonsa presented a report. He indicated that HFS continues the collaboration between the remaining ACEs and CCEs for successful transitions. It is expected that by June 30, 2016, there will be 13 care coordination entities in the state, all risk based. He added that the partnership among MCOs, ACEs and CCEs is leading to powerful client-centered alignments. Its focus has been to improve provider coordination and quality in order to ensure that beneficiaries receive the right care, at the right place, and at the right cost. The state is focused on paying for performance measures for managed care organizations to drive improvements in key quality measures for children and adults. It is expected that this efforts will translate into saving for the tax payers.

Mr. Mendonsa indicated that the MMAI demonstration enrollment continues in the Greater Chicago area and Central Illinois. This is a program with passive enrollment. He said that the MMAI integrates services covered in Medicare and Medicaid, which is intended to make it easier for Dual Eligibles to navigate the system.

Robert reported that two plans have been sanctioned and letters have been sent to members describing their options. Blue Cross Blue Shield and Cigna cannot receive passive enrollment. The letters are available at:

http://www.illinois.gov/hfs/SiteCollectionDocuments/CHS_Member%20Notification_IL%20MMP%20Proposed-MARQUIS.pdf

Kelly Carter asked about the nature of the sanctions, for details please follow this link:

https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/Cigna_Sanction_01_21_16.pdf

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

John Spears reported that the tendency of the redeterminations rates remains the same as reported in the previous meeting: <http://www.illinois.gov/hfs/SiteCollectionDocuments/IMRP%20Qtrly%20Report%20Q2-FY%202016.pdf>

He indicated that although there have not been any major system issues, the IMRP unit has experienced a high influx of new state workers. The management team has been working with the new employees to try to keep the productivity consistent. He added that the IMRP unit is looking forward to the upgrades that IES phase two is expected to bring to this unit.

Dan Rabbitt asked for details about how clients will be able to complete their renewal forms online. Jacqui Ellinger said that clients who had previously created an account would receive a notification indicating that they can complete a fillable form and submit it electronically through the "Manage My Case" function. Jacqui clarified that there will be two provider portals: ABE and MMIS. The ABE provider portal will be the front end of IES, which is separate from MMIS. The ABE provider portal

**Illinois Department of Healthcare and Family Services
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February 11, 2016**

will primarily be controlled by the client; this means that providers who want to see client's information through the ABE portal would first need to be given electronic permission by the client

Ms. Ellinger added that the MMIS comprises functions such as billing, prior authorization, and payments. Provider on-line support will be developed through IMPACT, and, since IMPACT is in the process of being designed, any comments, suggestions, or concerns should be referred to John Spears at john.spears@illinois.gov

**5. ACA/ Health Care Reform Updates:
Application Processing**

Jacqui Ellinger reported that there are over 100,000 pending applications. The marketplace received over 400,000 applications, some of which were transferred to HFS. She said that case workers have been processing applications at a steady rate. However, last weekend there was an outage affecting the central support system which subsequently affected state wide government operations. This cost the state a day of processing. Caseworkers had to re-do and process many applications again.

Integrated Eligibility System (IES) Phase Two Update

In response to a request by Brittney Ward during the December 3rd, 2015 meeting, Lauren Polite shared three examples of the redetermination notices that clients will receive when IES Phase Two is launched this coming summer. Lauren provided details and explained the purpose of each of these forms (HFS 2381A, 2181B, 643M), which are attached. Members of the committee engaged in robust discussion, provided feedback regarding the appropriate usage of language in order to increase client understanding of the intent of each of these forms, as well as to ensure client's compliance.

6. Open Discussion and Announcements

During the introductions segment of today's meeting, Dr. Judy King asked for the discussion and resolution of some issues that were brought to the attention of the Medicaid Advisory Committee in November, 2014. Chairwoman Kathy Chan asked to proceed with the agenda as outlined and for Dr. King to reserve her comments during the open discussion. At which time, Ms Chan asked the subcommittee to express their concerns. However, neither Dr. King nor any members of the committee or interested parties offered any comments.

Jacqui Ellinger provided a brief update concerning Hospital Presumptive Eligibility (HPE). She indicated that HPE is a federal requirement under the Affordable Care Act through which hospitals in Illinois will be able to make presumptive determinations of eligibility for certain qualified individuals, solely based on the applicant's attestation, without requiring the submission of any documentation. These individuals will be temporarily eligible for all medical benefits until the state makes a full Medicaid determination. Ongoing coverage will depend on whether the individual or family submits a full ABE application. If the family does not submit a full application by the end of the month following the month in which the HPE determination is made, coverage will end.

Jacqui added that, in the upcoming months, the state will be working in partnership with the Illinois Hospital Association to provide details concerning the requirements that hospitals need to fulfill in order to participate in this program, in addition to facilitating the execution of provider agreements, as well as training opportunities. Currently the state is working on the development of the computerized system which will be part of IES Phase Two so that hospitals are able to submit electronic HPE enrollments through ABE.

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
February 11, 2016**

Lauren Polite shared a handout with the committee that was developed to complement a Prenatal Care Quality Tool created by the Children's Health Insurance Program Reauthorization Act (CHIPRA). The attached handout is intended to be used in Ob/Gyn offices and clinical settings to educate and provide guidance to mothers about how get a medical card and primary care physician for a newborn baby. Committee members suggested some format enhancements, and were excited about this educational tool to facilitate access to medical services for newborn babies.

Finally, Lauren Polite indicated that as required by the IRS, HFS has sent the 1095-B form to every household that had minimum essential coverage through Illinois Medicaid for at least one month in 2015. The 1095-B form shows the months in which someone was covered by Medicaid in 2015. Lauren said that clients do not need to submit the 1095-B form with their taxes, however the 1095-B can be used for informational purposes. Clients who have questions about the form, or need a replacement form, can contact their managed care plan for further assistance.

Lauren added that, if clients believe the information is incorrect, or need a replacement form, they can speak to a state caseworker by visiting the closest Family Community Resource Center (FCRC), online at <http://www.dhs.state.il.us/page.aspx?module=12&officetype=5&county=> or by calling the ABE Call Center at 1-800-843-6154. Jacqui Ellinger said that is important that clients' addresses are correct in order to ensure the delivery of this form by the postal service.

Kathy Chan informed the committee members that the April 14th meeting at 401 S. Clinton in Chicago will be held on the first floor, the Springfield location remains the same.

7. Adjourn

The meeting was adjourned at 12:09 p.m. The next meeting is scheduled for April 14th, 2016, between 10:00 a.m. and 12:00 p.m.



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

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



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.

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.

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 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, emailing 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

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en 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

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en 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; 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:

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:

—

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.

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



Appeals Spotlight

ABE Appeals Functions Overview



Corey-Anne Gulkewicz

Deputy General Counsel, DHS

Appeal Functionality in ABE

ABE for Appeals: The ABE portal will now allow users to file and manage appeals via the client facing portal.



Filing an Appeal: The user will provide name, address, select the program appealing, identify a representative and electronically sign the appeal form.



Correspondence: All correspondence from the Bureau of Hearings will be available in the ABE portal, including the Final Administrative Decision.



Managing an Appeal: The user can submit requests directly to the Bureau of Hearings for continuances, withdrawals, etc.



Upload Documents: The user can upload documents such as representative forms, Powers of Attorney, and exhibits for the hearing.



Appeals Key Features

With the addition of Appeals Modules in IL IES the following benefits are achieved.

Receive over **40,000**

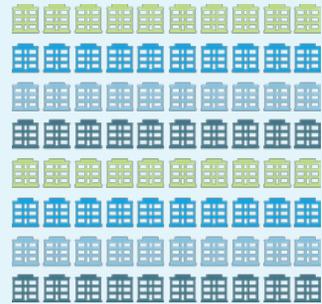
appeals electronically
in IES Yearly for 49
different programs



24*7 access to
Appeal data for the
client through ABE



Appellants can
**electronically
manage** an appeal
from its initiation to its
disposition.



Ability to upload exhibits
and other required
forms.



**Master
Client Index**
integration for FCS clients
to avoid duplication

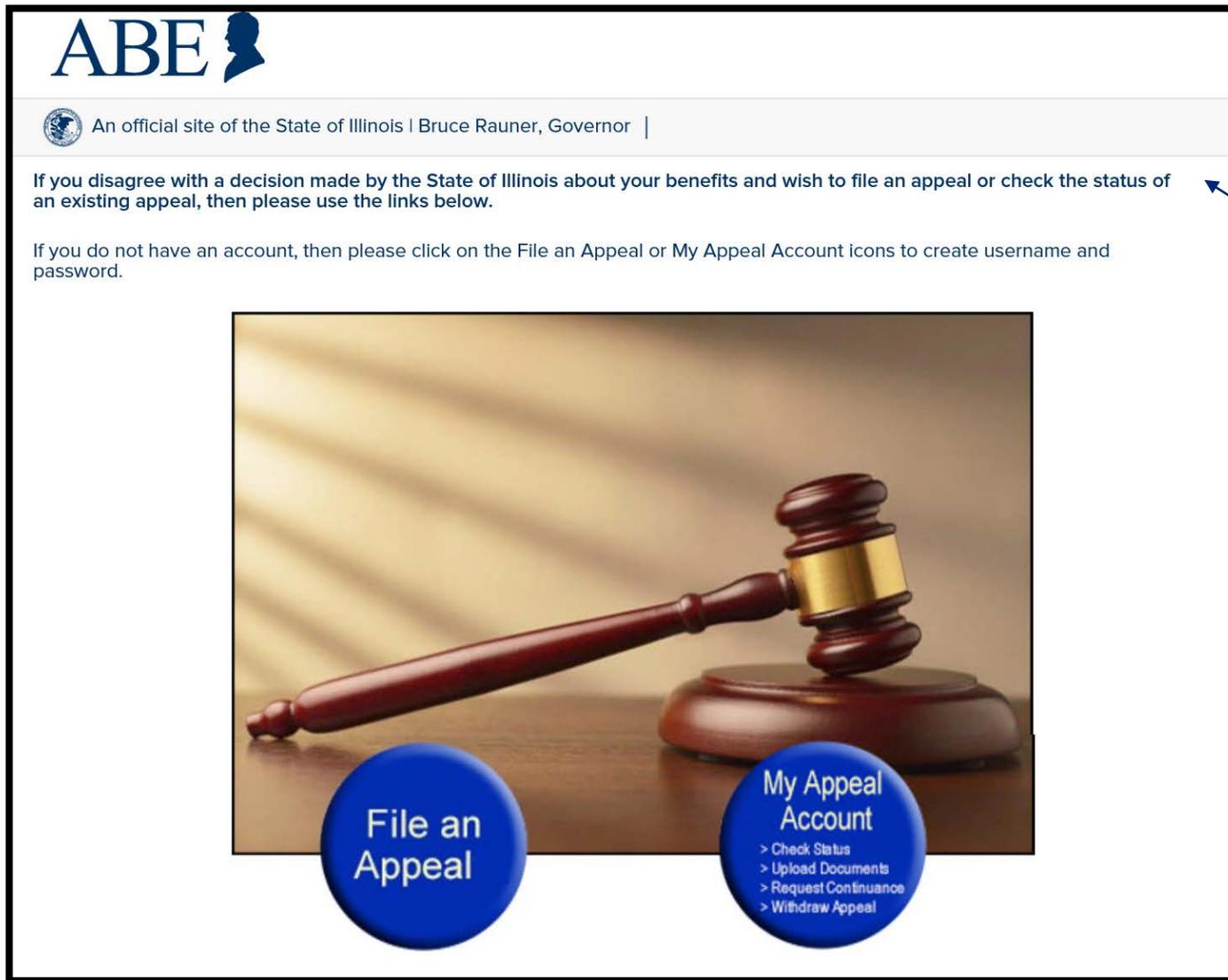


Notices to clients and
their representatives
available electronically
through the Portal.



Appeals Spotlight: Appeals Homepage in ABE

<https://abe.illinois.gov/abe/access/appeals>



The screenshot shows the ABE Appeals Homepage. At the top left is the ABE logo with a silhouette of the state of Illinois. Below it is a navigation bar with the text "An official site of the State of Illinois | Bruce Rauner, Governor |". The main content area contains two paragraphs of text. The first paragraph states: "If you disagree with a decision made by the State of Illinois about your benefits and wish to file an appeal or check the status of an existing appeal, then please use the links below." The second paragraph states: "If you do not have an account, then please click on the File an Appeal or My Appeal Account icons to create username and password." Below the text is a large image of a wooden gavel on a wooden surface. In the foreground, there are two blue circular buttons. The left button is labeled "File an Appeal". The right button is labeled "My Appeal Account" and contains a list of functions: "> Check Status", "> Upload Documents", "> Request Continuance", and "> Withdraw Appeal".

Users can file appeals directly from this site.

Additionally, users can monitor an existing appeal and perform the following functions:

- ✓ Check Status
- ✓ Upload Documents
- ✓ Request Continuance
- ✓ Withdraw Appeal

Appeals Spotlight: File an appeal in ABE

ABE Help | Print Logged in: Marco | Logout

[Am I Eligible?](#) | [Apply For Benefits](#) | [Manage My Case](#) | [Appeals](#)

Hello, Marco. You are logged in.

Getting Started
Let's get started on the appeal. First, Please give us some basic information. Please answer YES to only those statements that apply to your appeal.

Program Information
Please answer the questions regarding the benefits you are appealing to the best of your ability. If you need clarification on any programs, please click on the blue hyperlinks.

Are you appealing a change or denial of your [SNAP](#) benefits? Yes No

Are you appealing a SNAP overpayment or recovery action? Yes No

Are you appealing an adjustment to your [Link Account](#)? Yes No

Are you appealing a change or denial of your [medical](#) benefits? Yes No

Are you [Medicaid](#) eligible, but are appealing a denial of services (Dental, Pharmacy, Items, etc.)? Yes No

Are you appealing a decision on your [All Kids](#) medical case? Yes No

Are you appealing a change or denial of [cash](#) benefits, such as TANF or AABD Cash? Yes No

Once finished filing their appeal, the ABE Appeal users receive an Appeal tracking number which they will use to manage their appeal

Based on the questions answered by the appellant, more questions will dynamically appear to get more details on the appeal

ABE Help | Print Logged in: Marco | Logout

[Am I Eligible?](#) | [Apply For Benefits](#) | [Manage My Case](#) | [Appeals](#)

Hello, Marco. You are logged in.

Keep Track of Your Appeal
Your tracking number is **1600026507**. You will be receiving your first notice acknowledging your appeal with your Individual ID. You can use this ID to Manage your Appeal Account.

Be sure to write this number down or print this page for your records.

Please see the links below for more information about the appeals process.

Print Your Appeal Request
DO NOT MAIL THIS APPEAL REQUEST. Print or save it for your own records only.
To print, click on the Print My Appeal Request button below. If you decide to print or save a copy, keep in mind that this request has your private and personal information on it.

[My Appeal Request \(HTML\)](#) **Print My Appeal Request**

You will need to have a Adobe Acrobat Reader to view and print this application. If you do not have this program on your computer, you may install it for free by clicking on the icon below.



Save and Exit

Appeals Spotlight: Managing an Appeal

ABE Help | Print Logged in: MarcoPangilinan | Logout

[Am I Eligible?](#) | [Apply For Benefits](#) | [Manage My Case](#) | [Appeals](#)

Hello, Marco. You are logged in.

Appeal Summary

Welcome. This page allows you to manage your appeal. From this page, you can check the status, withdraw, or upload documents for your appeal request.

If you are ready to end your ABE session, be sure to Logout.

Appeal Request Status

This information is current as of 03/02/2016

Appeal Number	Appeal Request Date	Appeal Request / Hearing Status	What actions would you like to take?
1500177478	12/17/2015	Scheduled	Change Contact Information or Add Rep Manage My Communication Upload Documents View Appeal Request (HTML) View Appeal Request (PDF) View Appointments View Notices Withdraw Appeal

Appellants will have the ability to manage their Appeal from the online Appeals portal

The ABE account owner will have the ability to take action on their appeal via links



State of Illinois

Introducing the ABE "Manage My Case" Benefit Management Portal

Lauren Polite
MAC Public Ed Committee
April 14, 2016

Updating Case Information and Managing Accounts

With Manage My Case (MMC), customers will be able to login to their accounts and:

- Check Benefits
- Report Changes
- Renew Benefits
- Manage Account Preferences
- Email the FCRC
- Start an Appeal



Manage My Case Module



The Manage My Case module is divided into four tabs:

Case Summary

Customers can apply for new benefits or report case changes

Customers can view correspondence for the past 12 months. If a notice requires action, there will be an indicator on the page

Customers can also view the status of their application, redetermination, or reported case change

Customers can reschedule an appointment

Benefit Details

Customers can view the type of assistance received by month

View current benefits and when they're up for redetermination

View historical benefit information

Contact Information

Customers can view how to get in touch with someone about their case

Customers can send an email to the FCRC

Account Management

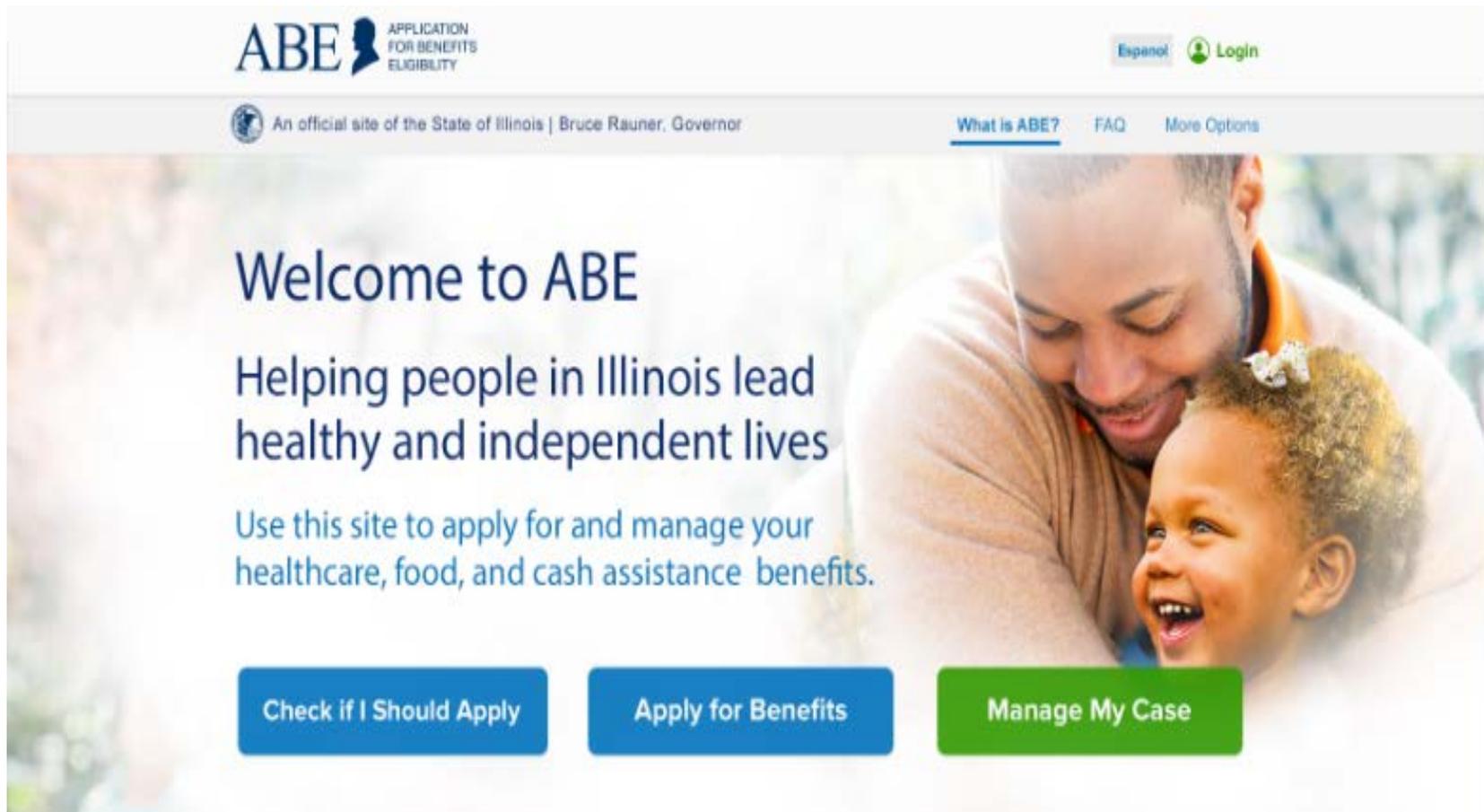
The primary account holder can adjust access permissions for household members and third party reps

View/change communication preferences

Change a password



ABE Manage My Case Portal Coming July 2016



The screenshot shows the homepage of the ABE (Application for Benefits Eligibility) portal. At the top left is the ABE logo with the text 'APPLICATION FOR BENEFITS ELIGIBILITY'. To the right are links for 'Español' and 'Login'. Below the header is a navigation bar with 'What is ABE?', 'FAQ', and 'More Options'. The main content area features a large background image of a man hugging a young girl. The text reads: 'Welcome to ABE', 'Helping people in Illinois lead healthy and independent lives', and 'Use this site to apply for and manage your healthcare, food, and cash assistance benefits.' At the bottom are three buttons: 'Check if I Should Apply', 'Apply for Benefits', and 'Manage My Case'.

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Español Login

An official site of the State of Illinois | Bruce Rauner, Governor

What is ABE? FAQ More Options

Welcome to ABE

Helping people in Illinois lead healthy and independent lives

Use this site to apply for and manage your healthcare, food, and cash assistance benefits.

Check if I Should Apply Apply for Benefits Manage My Case

First Time Only – Link Your ABE Account to your case to set up MMC



ABE  APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print Logged in: tuser |  Logout

[Am I Eligible?](#) | [Apply For Benefits](#) | [Manage My Case](#) | [Appeals](#)

Hello, Tom. You are logged in.

Linking your ABE Account to your case

This page should be used by individuals who have already applied or who have an existing SNAP/TANF/Healthcare/MSP case. If you would like to start a new application, please [click here](#)

If you have technical difficulties using this website, please [click here](#).

Some items have a star (*) next to them. You must fill these items in before you can go on to the next page

Personal Information

First, please enter your date of birth and your Individual ID from your case. You can find your Individual ID on any letter you have received about your case. If you do not have your Individual ID, you can give us your Social Security number instead. **(You only need to give your SSN if you do not have your Individual ID.)**

If you cannot locate your Individual ID and do not have your Social Security Number, please contact the Call Center at: (800) 843-6154

* Date of Birth : MM DD YYYY
If your birthday is March 31, 1960, type 03/31/1960. / /

* Please Confirm Date of Birth : MM DD YYYY
If your birthday is March 31, 1960, type 03/31/1960. / /

* Individual ID (1 to 10 digits) :
You can find your Individual ID on many letters you have received about your case. If you do not have your Individual ID, you can give us your Social Security Number in the box below instead.

If you cannot find your Individual ID please provide your Social Security Number

* Social Security Number : - -

* Social Security Number (no spaces or dashes) : - -

ABE Manage My Case (MMC) Landing Page

ALERT

• The South Loop Office has been closed for the day due to Winter Storm Ayra
• [2 new notices were posted to your account since your last login \(1 notice requires your action!\)](#)

Case SummaryBenefit DetailsContact InformationAccount Management

<div style="border: 1px solid gray; border-radius: 10px; background-color: #f0f0f0; padding: 5px; margin-bottom: 10px;">Renew My Benefits</div> <div style="border: 1px solid gray; border-radius: 10px; background-color: #f0f0f0; padding: 5px; margin-bottom: 10px;">Report My Changes</div> <div style="border: 1px solid gray; border-radius: 10px; background-color: #f0f0f0; padding: 5px; margin-bottom: 10px;">Apply for Additional Benefits</div> <div style="border: 1px solid gray; border-radius: 10px; background-color: #f0f0f0; padding: 5px;">Disaster SNAP</div>	<p>Your case is up for redetermination. Click this button to submit your redetermination for benefits.</p> <p>Click this button to report changes to your DHS or HFS office.</p> <p>Click this button to apply for additional benefits.</p> <p>You may qualify for Disaster SNAP assistance. Click this button to apply for Disaster SNAP.</p>
--	--

Welcome to the Case Summary Page. This page gives you a look at your benefits, and lets you know if there is anything you need to do to receive or continue benefits. From this page you can find information about your [benefit status](#), [upcoming appointments](#), [verifications](#), [notices](#), and [application or change report status](#).

We've taken a number of steps to keep your information private and secure. [Click here](#) to learn more about our security or to manage your account.

As the Primary Account Holder, you can [click here](#) to control benefit information displayed to other adults in your household.

Smart alerts drive users to take action on important processes

The Buttons that appear here will vary. Report changes and Add Benefits are standard, Renew Benefits and Disaster SNAP are dependent on timing/availability

Case Summary Information options: benefit status, appointments, verifications, notices, change report status

MMC: Case Summary

Benefit Status - reduces need to call

What is the status of my benefit programs?

You have requested or are receiving the benefits mentioned below. Click on the "Click Here" link for each program to view a summary of your benefits. This information is current as of **[[DATE_TIME]]**.

If you would like cancel your case, [click here](#) and select Other Changes.

Benefit	Description	Summary
	Supplemental Nutrition Assistance Program (SNAP)	Click Here
	Cash Assistance Program	Click Here
	Healthcare Coverage	Click Here
	Medicare Savings Program	Click Here

MMC: Case Summary Report Changes



Welcome to Report My Changes

After you have told us what has changed below, we will let you know if the change requires verification and what to provide. You can upload your verification or you can mail, fax, or bring the proof to your DHS or HFS office. If you would like to withdraw your application, cancel your case, or request a case transfer, please select the "Any other change or changes not mentioned above" option under the Other Changes Section.

Reporting Changes Through ABE

Please let us know what has changed. After answering Yes to one or more of the categories below, and additional list of options will be shown. You may then check all boxes that apply.

Change in Contact Information

Yes No

- | | |
|--|--|
| <input type="checkbox"/> Name change or correction | <input type="checkbox"/> Address Change |
| <input type="checkbox"/> E-mail address or phone number change | <input type="checkbox"/> Approved Representative end or change |

Change in Household

Yes No

- | | |
|---|--|
| <input type="checkbox"/> New member (including newborns) | <input type="checkbox"/> Member moved out |
| <input type="checkbox"/> Death | <input type="checkbox"/> Pregnant member |
| <input type="checkbox"/> Pregnancy ended | <input type="checkbox"/> Jailed or imprisoned member |
| <input type="checkbox"/> Member entered a Long Term Care Facility | <input type="checkbox"/> Receiving Department on Aging community care services |

Change in Household Income

Yes No

- | | |
|--|--|
| <input type="checkbox"/> New job (including self-employment) | <input type="checkbox"/> Job ended (including self-employment) |
| <input type="checkbox"/> Job or work hours have changed | <input type="checkbox"/> Change in other income including a new source |

Expenses/Bills Have Changed

Yes No

- | | |
|---|--|
| <input type="checkbox"/> Medical (including insurance/Medicare premiums) | <input type="checkbox"/> Childcare or adult dependent care |
| <input type="checkbox"/> Alimony/spousal support | <input type="checkbox"/> Court-ordered child support |
| <input type="checkbox"/> Shelter/Housing/Utility Cost | <input type="checkbox"/> Job related expenses |
| <input type="checkbox"/> Other (such as student loan interest or moving expenses) | |

Customers choose the change being reported and then enter details about what is changing

MMC: Case Summary Appointments & Verifications

When are my upcoming appointments?

Here is a summary of your upcoming appointments for the next 45 days. This information is current as of **[[DATE_TIME]]**

Date	Appointment Time	Reason	Appointment Mode	Action
[[APPOINTMENT_DATE]]	[[START_TIME]]	[[REASON]]	[[Appointment Mode]]	Reschedule

View upcoming appointments and reschedule, if necessary

What verifications are due?

Here is a summary of the things you need to do to receive or continue benefits. This information is current as of **[[DATE_TIME]]**. Please note, it may take some time for us to process the information you provided. If you are unsure of what you have uploaded, please click the View Upload History button to search for documents that you have submitted. Your last successful upload was done on **[[DATE_TIME]]**

Which Benefit?	Whose	What	Due Date
SNAP	[[PERSON]]	[[MED_VERIF_REQUEST]] . A notice for this was sent to you on [[DATE]]	[[DATE]]
Cash Assistance	[[PERSON_2]]	[[CASH_VERIF_REQUEST]] . A notice for this was sent to you on [[DATE]] .	[[DATE]]
Healthcare Coverage	[[PERSON]]	[[MED_VERIF_REQUEST]] . A notice for this was sent to you on [[DATE]] .	[[DATE]]

See what verifications are needed and submit them directly, also view document upload history

View Upload History

Click this button to view documents that have already been uploaded to your case.

Upload Documents

Click this button to upload verification documents to your case

MMC: Case Summary View Notices & App/Rede/Change Status



What are my available notices?

To view the details about notices sent to you regarding your case, you can click on the "Click Here" link below. This information is current as of `[[DATE_TIME]]`.

Available Notices
Please click here to view the list of notices sent in the last 12 months

What is the status of my ABE application, Redeterminations or Reported Changes

Applications or Change Reports	View
Your Application <code>[[APP_NUMBER]]</code> has been processed.	

If you would like to withdraw your application, [click here](#) and select Other Changes.

[Click here](#) to manage a different case or application.

View 12 months of notices and the status of submitted applications, changes or redeterminations, also withdraw an application

MMC: Case Summary Notices

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

Date of Notice: March 24, 2015
Case Number: 800002328
Office Name: ADAMS COUNTY FCRC
Office Address: 3001 MAINE ST
QUINCY, IL, 62301
Phone: 217-223-0550
TTY: 866-740-3926
Fax: 217-223-4707
Puedes actualizar tu aplicación en abe.illinois.gov
Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-800-447-6404)

Individual Name
111 S WACKER DR
CHICAGO, IL, 60606

Medical Benefits: Time to Renew Notice

Dear Individual Name,

It is time to renew your Medical benefits!

You must complete your redetermination to continue your Medical benefits after April 2015.

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

Call us at 1-855-458-4945 (TTY: 1-855-094-5458) 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.

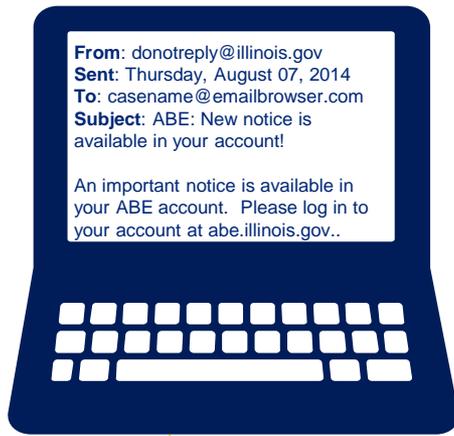
Individual Name	Employer/Income Type
Individual Name	Employer Name

HFS (R-12-05) 2381B Medical, Cash and Snap Redetermination Notice

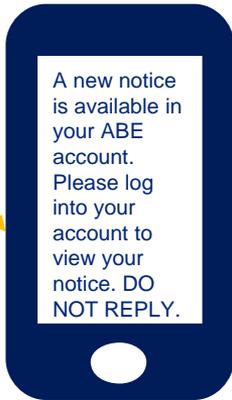
Page 1 of 1

USPS Intelligent Mail Barcode allows for automated central printing and mailing of correspondence

Barcode helps organize, track and manage documents sent to customers and returned to the agency



Electronic alerts are available in both e-mail and text.



MMC: Benefit Details page



Case Summary **Benefit Details** Contact Information Account Management

Supplemental Nutrition Assistance Program (SNAP) Details

This page tells you more about your SNAP benefits. If you would like to look at the information about other benefits click the Back button at the bottom of the page and click the program you would like to view.

Keep in mind that whenever your benefits change, you should get a notice via your preferred method of communication telling you about the change. This notice will also let you know your rights if you feel the change has been made in error.

We are showing you benefits information as of `[[CURRENT_MONTH]]`

We also have information to show you for other months:

[Click here](#) to see what your benefits were in `[[PRIOR_MONTH_1]]`
[Click here](#) to see what your benefits were in `[[PRIOR_MONTH_2]]`
[Click here](#) to see what your benefits will be in `[[FUTURE_MONTH]]`

Your will need to submit your redetermination by `[[REDE_DATE]]`

View past and future benefit amounts, who is on the case, when redeterminations or other actions are due

Supplemental Nutrition Assistance Program



Man



Woman

You are receiving Supplemental Nutrition Assistance in `[[CURRENT_MONTH]]`.

Your current approval period started on `[[BENEFIT_START_DATE]]`, and is scheduled to continue through `[[SNAP_ENDDATE]]`

In `[[CURRENT_MONTH]]` your total monthly benefit amount is `[[SNAP_FIRST_M_BENEFIT]]`.

Your monthly SNAP benefits will be put on your Link Card on or about the `[[SNAP_RELOAD]]`

[Click here](#) to manage your Link account.

To see how your benefits were determined, view your approval notice [here](#)

Actions you may need to take:

● `[[SNAP_VERIF_REQUEST]]`

● `[[REDE_DATE]]`

For more information about what was requested, view your notices [here](#)

View actions that the customer needs to take, such as returning documentation, as well as approval notices detailing benefits

MMC: Contact Information page



Case Summary | **Benefit Details** | **Contact Information** | Account Management

Contact Information

This page contains your contact information as well as your DHS or HFS local office information. If you have questions about using this website please call the DHS Help Line (800) 843-6154 Monday through Friday between 8:00 AM - 5:00 PM.

Your Mailing Address and Phone Number

This is the mailing address and phone number we have on file for you. If we have the wrong information, [click here](#) to report a change in address or phone number.

[[USR_STREET]]
[[USR_CITY]], [[USR_STATE]]
[[USR_ZIP]]
[[USR_COUNTY]]
Phone: [[PHONE]]
Email: [[USR_EMAIL]]

Your DHS or HFS local office

[[OFFICE_NAME]]
[[OFFICE_STREET]]
[[OFFICE_CITY]], [[OFFICE_STATE]]
[[OFFICE_ZIP]]
Phone: [[OFFICE_PHONE]]
Fax: [[FAX]]

Click [here](#) if you wish to send an email to your office.

Your Case Number and Individual ID

Your Case Number is: [[CASE_NUMBER]]

Your Individual ID is: [[INDIV_ID]]

Customers can review and update contact information, contact their local office and find their case and individual numbers

MMC Account Management Page

Case Summary

Benefit Details

Contact Information

Account Management

Manage Your Account

This page will help you manage your ABE account.

If you would like to change your password, [click here](#) to go to the New Password page. To create a new password you will need to provide your user ID, date of birth, and Individual ID or Social Security Number. You will also need the answers to the secret questions you answered when you first created your account. Your Individual ID can be found on notices sent to you, or by clicking on the Contact Information Tab above.

Manage Your Communication Preferences

This page will help you manage your ABE communication preferences, such as going paperless with your notices and receiving email or text message alerts when new notices are sent to you.

If you would like to change your communication preferences, [click here](#) to go to the Manage your Communication Preferences page.

Household Member Account Access

We've listed all the people who have created ABE accounts. As the primary account holder, you can grant or remove access to your case information for members of your household. If there are any household members who are not listed below and would like access to your case information, they must first create an ABE account. Once they have done so, the primary account holder will need to grant access. Click on the Manage Household Access button to do so.

Household Member Name	ABE User ID	Access Type
[[USER_NAME_1]]	[[USER_ID_1]]	Primary Account Holder
[[USER_NAME_2]]	[[USER_ID_2]]	Household Member

Manage Household Member Access

Third Party Account Holders

We've listed all the people outside your home who have requested or granted access to your case. As the Primary Account Holder you can click the "View Request" or "End Access" button to grant or remove access for these individuals or organizations.

Name	Organization	Status	Start Date	Action

Customers can:

- 1) Change password;**
- 2) Manage their communication preferences;** and
- 3) the primary account holder can grant access to other adult members on the case**

MMC Account Management Page



Case Summary | Benefit Details | Contact Information | **Account Management**

Manage Your Account

This page will help you manage your ABE account.

If you would like to change your password, [click here](#) to go to the New Password page. To create a new password you will need to provide your user ID, date of birth, and Individual ID or Social Security Number. You will also need the answers to the secret questions you answered when you first created your account. Your Individual ID can be found on notices sent to you, or by clicking on the Contact Information Tab above.

Manage Your Communication Preferences

This page will help you manage your ABE communication preferences, such as going paperless with your notices and receiving email or text message alerts when new notices are sent to you.

If you would like to change your communication preferences, [click here](#) to go to the Manage your Communication Preferences page.

Household Member Account Access

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Household Member Name	ABE User ID	Access Type
[[USER_NAME_1]]	[[USER_ID_1]]	Primary Account Holder
[[USER_NAME_2]]	[[USER_ID_2]]	Household Member

[Manage Household Member Access](#)

Customers can:
1) Change password; 2) Manage their communication preferences; and 3) the primary account holder can grant access to other adult members on the case

MMC: Account Management Page Communication Preferences



Communication Preferences(Optional)

As the Primary Account Holder, you may choose how you would like your notices sent to you. You will automatically receive electronic versions of your notices. If you would like to stop receiving paper versions of your notices, please select the electronic only option.

Preferred Delivery Method:

Paper and Electronic Electronic Only

You may choose to receive alerts when the State of Illinois sends notices to you. Please choose your preferred method of receiving these alerts.

Please note that only the Primary Account Holder will receive these alerts.

Email

E-mail Address

Confirm E-mail Address

Text Message

Cell Phone Number

Cell Phone Carrier

I do not want to receive alerts.

Standard fees may apply from your mobile service provider.

Language Preference

What Language should we use when we contact you?

English Spanish

Back

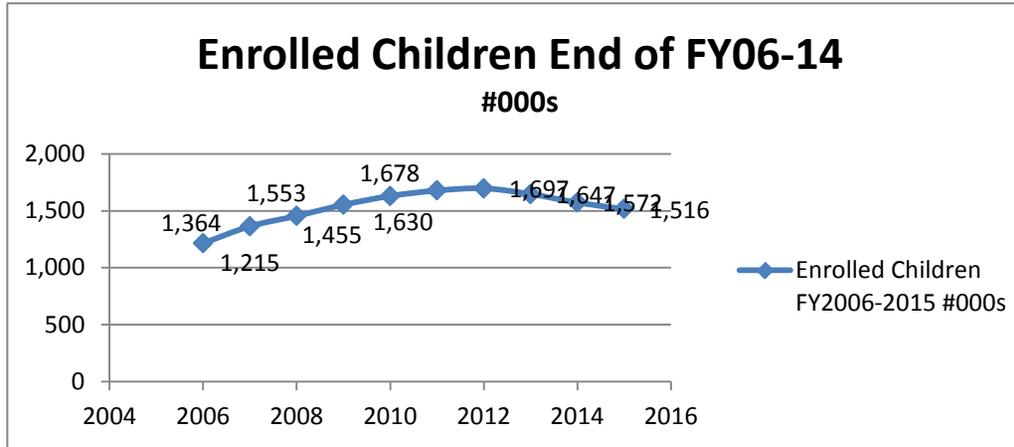
Next

Questions

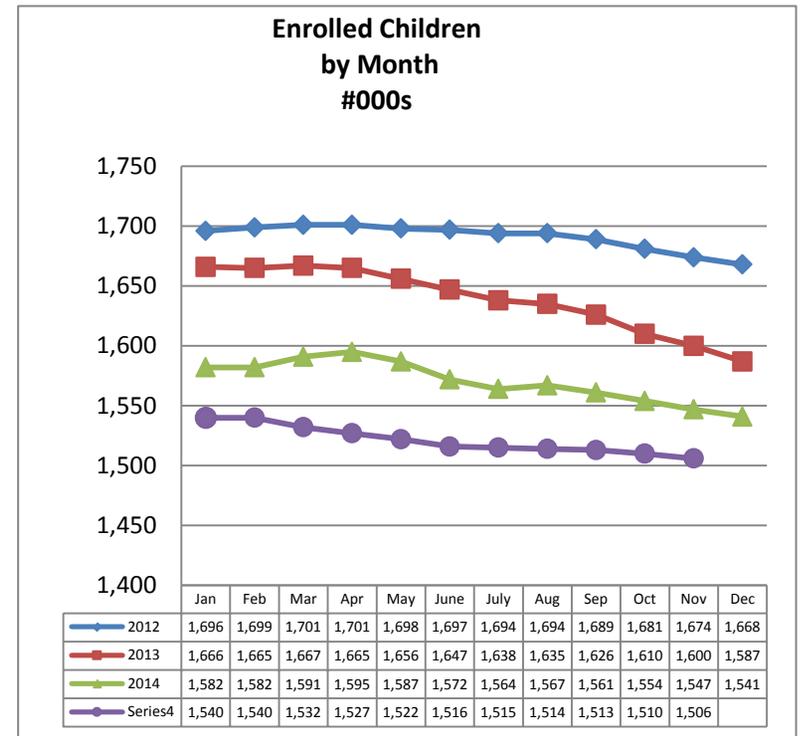
???

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

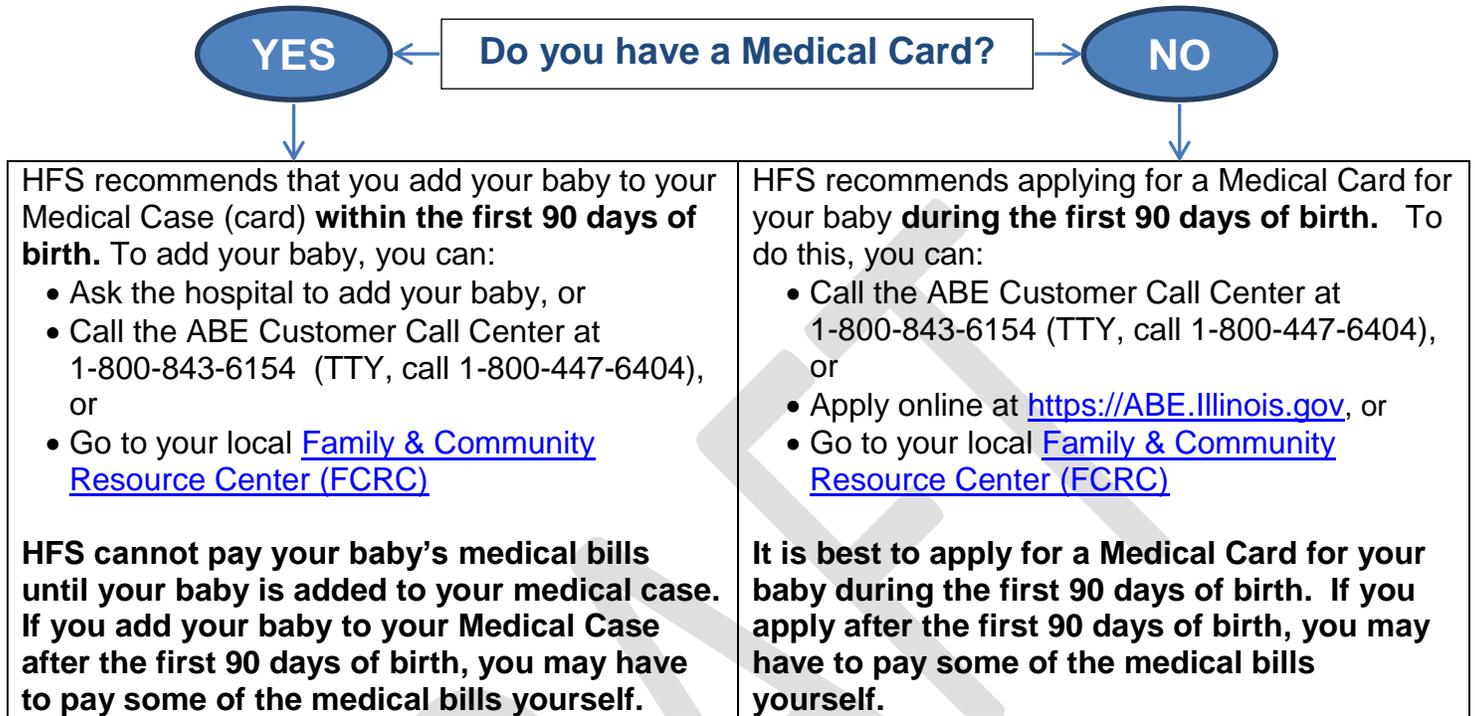


End of Month 2012	Enrolled Children #000s	End of Month 2013	Enrolled Children #000s	End of Month 2014	Enrolled Children #000s	End of Month 2015	Enrolled Children #000s
Jan	1,696	Jan	1,666	Jan	1,582	Jan	1,540
Feb	1,699	Feb	1,665	Feb	1,582	Feb	1,540
Mar	1,701	Mar	1,667	Mar	1,591	Mar	1,532
Apr	1,701	Apr	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	1,513
Oct	1,681	Oct	1,610	Oct	1,554	Oct	1,510
Nov	1,674	Nov	1,600	Nov	1,547	Nov	1,506
Dec	1,668	Dec	1,587	Dec	1,541		

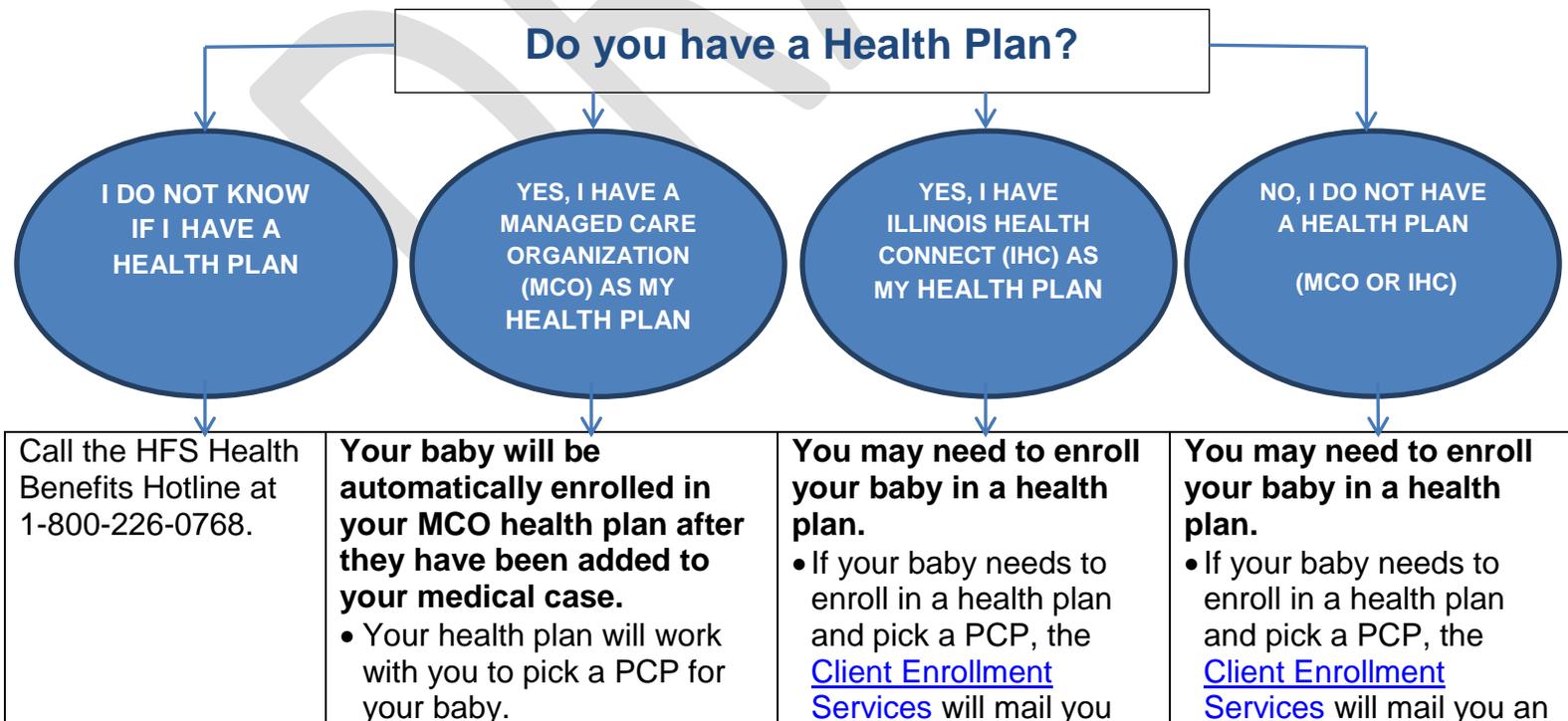


How to Get a Medical Card and a Primary Care Provider (PCP) for Your Baby

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"> • 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. • Take your baby's health plan ID card and the HFS medical card with you to your baby's doctor's appointments or pharmacy. • 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. • To change your baby's health plan within the first 90 days of enrollment: <ul style="list-style-type: none"> ○ Call Client Enrollment Services at: 1-877-912-8880 (TTY: 1-866-565-8576), or ○ Go online to www.enrollhsf.illinois.gov 	<p>an enrollment packet with your baby's health plan options.</p> <ul style="list-style-type: none"> • The enrollment packet will give you the information you need to pick a health plan and PCP for your baby. • 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. <p>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:</p> <p>1-877-912-1999 (TTY: 1-866-565-8577).</p>	<p>enrollment packet with your baby's health plan options.</p> <ul style="list-style-type: none"> • The enrollment packet will give you the information you need to pick a health plan and PCP for your baby. • 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. <p>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).</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.