

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

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**Medicaid Advisory Committee  
Public Education Subcommittee Meeting**  
Thursday, August 8<sup>th</sup>, 2019  
10:00 a.m. to 12:30 p.m.

**401 S. Clinton St., Chicago – 7<sup>st</sup> Floor Video Conference Room**  
**201 S. Grand Ave. East Bloom Bldg., Springfield – 1<sup>st</sup> Floor Large/Video Conference Room**

1. Introduction
2. Review and Approval of the Meeting Minutes from June 6<sup>th</sup>, 2019
3. Integrated Health Homes
4. Care Coordination Update
5. DHS Update
  - Public Charge Rule Update
6. New ABE Functionality (Reporting the Birth of a Newborn)
7. ABE & IES Update
8. Medicaid Redetermination Update
9. Input on Ex-Parte Report
10. Criminal Justice Update
11. Open Discussion and Announcements
12. Adjourn

For anyone who cannot attend in person but wishes to participate by conference call, please confirm your attendance by phone at 312 793-1984 or 312 793-5270. This will help to ensure the distribution of meeting materials and to accurately record your participation. 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:  
<https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/News/Pages/default.aspx>

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
June 6<sup>th</sup>, 2019**

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

**Committee Members**

Kathy Chan, Cook County Health & Hospitals System  
Brittany Ward, CPS  
Sue Vega, Alivio Medical Center (by phone)  
Sherie Arriazola, Safer Foundation  
Nadeen Israel, AIDS Foundation of Chicago (by phone)  
Connie Schiele, HSTP (by phone)  
Erin Weir Lakhmani, Mathematica Policy Research  
John Jansa, Fox Valley Developers

**HFS Staff**

Lynne Thomas  
Kelly Cunningham  
Elizabeth Lithila  
Arvind Goyal  
Robert Mendonsa  
Jane Longo  
Veronica Archundia

**Committee Members Absent**

Sergio Obregon, CPS

**DHS Staff**

Gabriela Moroney  
Tina Bhaga

**Interested Parties**

Nicole Lee, ACCESS  
Andrea Kovach, Shriver Center  
Sandy DeLeon, The Ounce  
Marina Kurakin, Legal Council for Health and Justice  
Anna Carvalho, Consultant  
Paula Campbell, IPHCA  
Mikal Sutton, BCBSIL  
Jill Hayden, Meridian  
Keisie Landers, Ever Thrive IL  
Dan Rabbitt, Heartland Alliance  
Judy Bowlby, Liberty Dental Plan  
Sara McCoy, IHCOP  
Jessica A. Pickens, Next Level Health  
Jessie Beebe, AFC  
Michael Lafond, Abbvie  
Andrea Davenport, Meridian  
Eric Johns, Meridian  
Kathye Gorosh, AFC  
Carrie Muenlbauer, ICCM  
Meghan Carter, Legal Council for Health and Justice  
Karina Gonzalez, Molina  
Carrie Chapman, LCHJ  
Patrick Maguire, Medical Home Network

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
June 6<sup>th</sup>, 2019**

**Interested Parties (by phone)**

Maria Bell, Avesis

Nelson Soltman,

Juanita Dorantes, ACCESS Community Health Network

Dave Lecik, Department on Aging

Sam Hollis, Illinois Health and Hospital Association

Dave Hunter, Presence Health Partners

Robin Lavender, Du Page County Health Department

Leticia Lopez, ACCESS Community Health Network

**Illinois Department of Healthcare and Family Services**  
**Public Education Subcommittee Meeting**  
**June 6<sup>th</sup>, 2019**

### **1. Introductions:**

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

Kathy Chan opened the meeting by indicating that there had been a request to modify the agenda in order to include a presentation by Kelly Cunningham regarding various state waivers. Sherie Arriazola made a motion to include the HIV/AIDS Waiver Presentation under the second agenda item. Modifying the agenda, the "IES Update" became item number three; followed by the "Care Coordination Update" as agenda item number four and, subsequently, the review of the meeting minutes as item number five. The rest of the agenda remained unchanged. This motion was seconded by Erin Weir Lakhmani.

### **2. HIV/AIDS 1925 Waiver:**

Kelly Cunningham, Deputy Medicaid Administrator, provided an update on various state waivers: She said that HFS had to submit several waiver amendments in order to expand Long Term Services and Support (LTSS). It has taken close to a year to get everything amended with federal CMS. The rollout will begin on July 1<sup>st</sup>, 2019. There will be state-wide expansion of Managed LTSS (MLTSS). Currently, this is available in six counties. It will be expanded to over 90 counties statewide to include 26,000 individuals. The public notice was mailed in May and is posted on the HFS website. Please follow this link:

[ALERT: Statewide HealthChoice Illinois Managed Long Term Services and Supports Implementation – Coverage Effective July 1, 2019](#)

### **3. ABE & IES Updates:**

Lynne Thomas provided the update. She said that up to this point, 718,000 accounts have been linked to Manage My Case (MMC). The most common reason for the accounts not being able to be linked is that the User Name not matching the information in IES. Ms. Thomas discussed the attached ABE Report with the committee members.

Lynne indicated that the State has been working with stakeholders and legislators by leading an aggressive cross-agency effort to eliminate the backlog of initial applications and redeterminations. Attendees in Chicago and Springfield received two handouts delineating the timeline and the step-by-step strategy that will be employed, which includes the following:

- Hiring more caseworkers at HFS and DHS and enhancing the training process hiring additional staff members;
- Processing simplifications, including streamlining the hospital addition of newborns onto the mother's existing cases (tentatively to be implemented by the end of June). It is expected that in the future, families will also be able to do this automatically using Manage My Case (MMC);
- Conducting Infrastructure and programing changes that are comprised of new system hardware and software in order to help process cases more efficiently;

**Illinois Department of Healthcare and Family Services**  
**Public Education Subcommittee Meeting**  
**June 6<sup>th</sup>, 2019**

- Establishing a new DHS Call Center and Medical Management Unit to allow telephone redetermination for medical cases only, not SNAP (tentatively scheduled for Fall implementation);
- Bringing in a vendor to help monitor and improve IES;
- Providing system enhancements, including an interface with the United States Postal Service to help manage undelivered mail;
- Exploring how stakeholders could assist with initial applications and rede process. (This may include establishing a portal for community agencies to help submit client documentation.)

HFS intends to seek input from interested parties on ex parte redetermination policy. Some issues and timelines for completion of the strategies above will be driven by what was included in the Omnibus Medicaid Reform bill, which was yet to be signed by the Governor.

<http://www.ilga.gov/legislation/BillStatus.asp?GA=101&DocTypeID=SB&DocNum=1321&GAID=15&SessionID=108&LegID=117946>

The omnibus Medicaid bill includes several provisions: moves to a one paystub policy to verify income, instead of requiring a full month of paystubs; increases reasonable compatibility allowance from 5% to 10; allows HFS to consider 12-month continuous financial eligibility for adults, as is currently available to children; as current practice, allows an additional month's grace period before cancelling for failure to return a redetermination form; and directs HFS to post quarterly application and redetermination processing reports on the agency's website. Additionally, HFS will be exploring the possibility of stakeholders assisting with the initial application and rede processes.

Jane Longo, Deputy Director of New Strategies, will continue to serve as the point of contact for this work. Other staff members will also assist. John Jansa suggested that HFS make process maps available to the public as a way to help interested parties understand how caseworkers and IES make determinations and where there could be opportunities for improvement. Ms. Longo said that there is a lot of work to be done before these process maps can be shared, but this will be taken into consideration.

Erin Weir-Lakhmani suggested using a survey or other structured mechanism for the collection of feedback, particularly as related to the assister portal suggestion. Jane Longo said this is a good idea, added that work on this project is not expected to be started for at least 24 months. She added that there is enough time to reach out and collect needed information. Kathy Chan said that Helphub is a good resource to accomplish this.

Nadeen Israel inquired about the "phone redeterminations". She asked how many more staff members will be brought to this process. Lynne Thomas said that no specifics have yet been determined, but that a new, separate, designated telephone line will be available. It is expected that, in the future, the Medical Management Unit will help; however, no particular details are available at present time.

**Illinois Department of Healthcare and Family Services**  
**Public Education Subcommittee Meeting**  
**June 6<sup>th</sup>, 2019**

Jill Hayden asked for more details in relation to the continuous financial eligibility for adults. Lynne Thomas said that the omnibus Medicaid bill gives authority to HFS to look into this provision, which is already available for children. This will require a State Plan Amendment, and interaction with federal CMS.

Patricia Reedy asked for clarification regarding the new interface with the US Postal Service. Lynne Thomas said that HFS will receive a file with updated addresses instead of returned mail from the United States Postal Service.

Finally, Meghan Carter asked how many cases are still in “conversion”. Lynne Thomas said that approximately 40,000 cases “have yet to be touched.”

#### **4. Care Coordination:**

Robert Mendonsa indicated that, as of July 1<sup>st</sup>, 2019, all six plans are now on auto assignment. BCBSIL had been sanctioned and prohibited from auto-assignment but will be part of the auto assignment effective July 1<sup>st</sup>. Meanwhile, MLTSS expansion is underway; letters have been sent and posted on the HFS website.

- [MLTSS Enrollment Letter - Medicaid Only 05/07/19 \(pdf\)](#)
- [MLTSS Enrollment Letter - MMAI Counties 05/07/19 \(pdf\)](#)
- [MLTSS Enrollment Letter - Non-MMAI Counties 05/07/19 \(pdf\)](#)
- [MLTSS Expansion Mailing Schedule \(pdf\)](#)

Mr. Mendonsa said that the creation of a provider complaint portal was included in the Medicaid Omnibus Bill. HFS launched the provider-complaint portal in 2016, but that it is offered through a platform that HFS has outgrown, which has significantly hindered the ability to report. There have been too many unresolved complaints which have delayed the ability to report. HFS will be launching the provider complaint portal on a new platform and changing the criteria in part to be consistent with the new legislation. Under the new program guidelines, HFS will require MCO resolution in 30 days with only one extension. Only Robert Mendonsa can grant this. Robert said that, HFS is meeting with provider groups on a regular basis in order to establish billing guidelines by provider types. The hope is that this will decrease denials and provider complaints. These guidelines are posted on the Illinois Association of Medicaid Health Plans’ website:  
<https://iamhp.net/providers>

John Jansa asked for the status of the Integrated Health Homes (IHH). Robert Mendonsa said that at the last MAC, it was announced that HFS had withdrawn the original State Plan Amendment. At present, only one meeting of the Medicaid Waiver Advisory Council has taken place, with another to take place soon. HFS is taking a step back and re-setting how the program will be developed taking into consideration a great deal of input from stakeholders which will help shape the next SPA.

Brittany Ward asked about the status of the Centene purchase of WellCare. Robert said that locally, this will probably result in IlliniCare taking over Meridian. HFS is aware that the merger

**Illinois Department of Healthcare and Family Services**  
**Public Education Subcommittee Meeting**  
**June 6<sup>th</sup>, 2019**

would lead to a single MCO dominating much of the market. HFS is looking at how this will impact market share.

Patrick Maguire, having seen the data posted on the HFS website, asked for an explanation regarding the decrease in enrollment in Cook County. Robert said that he was not sure whether this was due to enrollment issues; some individuals might have moved to FFS or out of Cook County. He added, it is possible that some people are no longer eligible for Medicaid or perhaps some may have been affected by the backlogs with regards to the processing of redeterminations. However, the most recent data from May show close to 1.2 million Medicaid members in Cook County. The committee members made a formal request for HFS to share FFS enrollment numbers at the next meeting.

**5. Review and Approval of the Meeting Minutes from December 6<sup>th</sup>, 2018 and February 7<sup>th</sup>, 2018, and April 4<sup>th</sup>, 2019.**

Sherie Arriazola made a move to approve the minutes from the meetings held on December 6<sup>th</sup>, 2018, February 7<sup>th</sup>, 2019 and April 4<sup>th</sup>, 2019. It was seconded by John Jansa. The minutes were approved with a vote of eight in favor and one member absent.

**6. DHS Update:**

Gabriela Moroney reported that DHS is making preparations for the soon-to-be published public charge rule from the U.S. Department of Homeland Security. DHS will be looking to the MAC Public Education Subcommittee to provide input and feedback on response. DHS has been engaged in four areas to prepare:

Assessing the potential impact of the rule on customers, as well as on DHS staff and offices. DHS is looking at impact on immigrant beneficiaries and households with at least one immigrant in the case.

If the rule is applied as it is written, it is expected the direct impact would be relatively narrow, potentially impacting a few thousand individuals with specific visa statuses. However, hundreds of thousands of SNAP and medical enrollees live in households with one or more immigrants. DHS anticipates that a chilling effect will cause significant numbers of these customers to disenroll.

Secretary Hou has requested a meeting with Office of Management and Budget to ensure that DHS concerns about the rule are in the administrative record. DHS will be preparing to provide broad education to caseworkers and to the Family and Community Resource Centers (FCRCs). DHS will prepare educational materials ready to be shared with customers who may have questions and concerns.

DHS will establish a partnership with immigrant-serving community organizations to aid families in making informed responses.

**Illinois Department of Healthcare and Family Services**  
**Public Education Subcommittee Meeting**  
**June 6<sup>th</sup>, 2019**

Sherie indicated that she is still encountering challenges with the FCRCs processing cases for individuals released from IDOC who have been found eligible for Medicaid but have the restricted coverage still on their case. When these individuals go to DHS to apply for Medicaid, they are told that they already have coverage, but when they try to access services, they are told by the medical providers that they can only access inpatient hospital benefits because of the restricted status. Sherie asked if there can be a notice shared with the FCRC case workers, which would inform them about how to assist clients with this type of cases. She suggested that the notice should include how to verify in MMIS that the restriction has been lifted. Lynne Thomas acknowledged her request and said that HFS receives a weekly data match from IDOC, in turn HFS lifts the restricted status for those being released.

**7. Medicaid Redetermination Update:**

Elizabeth Lithila presented the attached report. She said that overall the numbers are improving. More “Forms A’s” are being mailed and there are fewer auto-cancelations. Only 2.4% of Dual Eligibles (Medicaid and Medicare) were auto-cancelled.

Dan Rabbitt asked for details about the timeline for implementation of the Medicaid Omnibus provisions. Lynne Thomas said that the first priority is allowing hospitals to add newborns, then allowing families to add babies via Manage My Case. The next task will be the review of “ex-parte redetermination policy”, which a report released within 90 days of the day on which the bill is signed by the Governor. Thomas said that HFS is already looking at current processes to gather input and has already initiated discussions with the federal government where approval is needed.

Patrick Maguire asked if there is a way to identify on the “834 File” whether someone receives a “Form A or B”. Lynne Thomas will defer the question to Robert Mendonsa. Erin Weir Lakhmani said, the 834 File is a nationally-standardized form, so there may be limited opportunity for HFS to customize or add to the File.

**8. Open Discussion and Announcements:**

Sherie asked that HFS provide an update on whether individuals at Adult Transition Centers can enroll into and have an active Medicaid case (without the Restricted Coverage). She said that it is very frustrating because, when this issue was first brought up, it seemed clear that it was a State decision. Lynne Thomas said that further conversations have taken place with federal CMS, which has requested additional information from IDOC. The previous Medicaid Director had wanted to get clearance from CMS, but since the conversations with CMS staff members were initiated, it is necessary to “close the loop” with them. She said that HFS will continue to work to get a formal response.

Kathy Chan said that, at the December meeting, clarification was requested concerning “intimidating language” on the ABE application that was in red text and in all capital letters. She asked if HFS could provide background regarding this. Specifically, she questioned whether this had been done at the request of the federal government. Lynne Thomas said that this was the

**Illinois Department of Healthcare and Family Services**  
**Public Education Subcommittee Meeting**  
**June 6<sup>th</sup>, 2019**

result of an audit and that the exact language had been required; however, she stated that making the language less intimidating in terms of color (changing the red to black), as well as not using all capital letters might be possible.

John Jansa requested that, for future meetings, an effort could be made better flag action items or requests that are made to HFS in order to ensure that these specific issues can be addressed. Kathy Chan agreed to work with HFS to better identify follow up items.

**9. Adjournment:**

The meeting was adjourned at 12:05 p.m. The next meeting is scheduled for August 8th, 2019, between 10:00 a.m. and 12:00 p.m.

## Guidance for Entities Helping DOC Inmates Soon to be Released

Message in MEDI indicating limitation	Who is it for?	What to do around Release?
<p><b>Restricted Medicaid, all categories: ACA Adult, Family Health Plan, AABD</b></p> <hr/> <p><b>Case Type:</b> IDOC Hospital Benefit Package While Incarcerated</p> <p><b>Case ID ***</b></p>	<p><b>These cases have restricted Medicaid benefits because they are in prison</b></p> <p><b>NOTE:</b> Check re-de date in MEDI to see if it looks like eligibility will still be active on date of release. If rede date is close to release date, contact IMRP to have new rede papers mailed to good address.</p>	<p>Restriction should lift after 8 days as long as coverage is still current in MEDI. Timing depends on when HFS receives an updated file from DOC giving us release dates.</p> <ol style="list-style-type: none"> <li>1) Check MEDI to be sure restriction is removed (look at Case Type).</li> <li>2) If restriction is not removed within 8 days, email <a href="mailto:HFS.IESAccess@Illinois.gov">HFS.IESAccess@Illinois.gov</a></li> </ol>
<p><b>HFS “195 Cases”</b></p> <hr/> <p><b>Case Type:</b> IDOC Hospital Benefit Package While Incarcerated</p> <p><b>Case ID will include a “195”</b></p>	<p><b>These cases are NOT Medicaid.</b></p> <p>-195 cases are for individuals in prison in need of hospitalization.                      -The 195 limits benefits to hospitalization while incarcerated.                      -The 195 allows a RIN to be generated for payment to the hospital.                      -The 195 case needs to be closed before a full Medicaid application can be processed</p> <p><b>Need to apply for full Medicaid coverage.</b></p>	<p>Steps:</p> <ol style="list-style-type: none"> <li>1) Email <a href="mailto:HFS.IESAccess@Illinois.gov">HFS.IESAccess@Illinois.gov</a> one week before submitting full application.</li> <li>2) <b>Put in Subject Line:</b> 195 case closure requested</li> <li>3) Submit a full application through ABE or with the local FCRC (if released) <b>one week after</b> submitting the 195 case email to <a href="mailto:HFS.IESAccess@Illinois.gov">HFS.IESAccess@Illinois.gov</a></li> <li>4) If approved, Medicaid coverage should be same RIN as the 195 case, but with a different case number; 195 case will be closed.</li> </ol>
<p><b>HFS “194 Social Services Cases”</b></p> <hr/> <p><b>Case Type:</b> HFS Social Services</p> <p><b>Case ID will include a “194”</b></p>	<p><b>These cases are NOT Medicaid.</b></p> <p>- 194 cases are for those who may have been receiving SASS services previously.                      -194 case stays open</p> <p><b>Need to apply for full Medicaid coverage</b></p>	<p>Steps:</p> <ol style="list-style-type: none"> <li>1) Apply for full Medicaid Coverage</li> <li>2) If approved, Medicaid Coverage should be same RIN as 194 case.</li> <li>3) 194 case would remain along with full Medicaid coverage</li> </ol>
<p><b>DHS “193 Social Services Cases”</b></p> <hr/> <p><b>Case Type:</b> DHS Social Services</p> <p><b>Case ID will include a “193”</b></p>	<p><b>These cases are NOT Medicaid.</b></p> <p>- 193 cases are for those who may have been receiving DASA services previously.                      -193 case stays open</p> <p><b>Need to apply for full Medicaid</b></p>	<p>Steps:</p> <ol style="list-style-type: none"> <li>1) Apply for full Medicaid</li> <li>2) If approved, Medicaid Coverage should be same RIN as 193 case.</li> <li>3) 193 case would remain along with full Medicaid coverage</li> </ol>

\*\*\*In some cases, the Case ID does not show in MEDI – HFS is working on fixing this issue. If a case number is missing, the member has full Medicaid coverage **restricted due to incarceration**. Follow instructions for “Restricted Medicaid.”

## Guidance for Application Completion

**Medical Emergency:** If an individual has a medical emergency and needs a full application processed in order to fill a prescription or receive urgent medical care, securely email the application number, applicant name and reason for the medical expedite request to: [HFS.ACA@Illinois.gov](mailto:HFS.ACA@Illinois.gov)

**Navigators** - HFS recommends navigators assist inmates with applying for medical benefits 30-60 days in advance of release. If approved prior to release, the restriction will be placed on the coverage until release.

- **Add a Family member to Existing Case** - If the applicant has a family member with active Medicaid and the individual is moving back into the home with the active family member, complete a 243C ([English](#) or [Spanish](#)) to Request to Add a Person (the applicant) to Medical Benefits for someone with active All Kids, FamilyCare or Moms & Babies Cases (Note: cannot add a family member to an AABD case). **Mail or take the 243C form to the local FCRC that is maintaining the active case. The name of the office will be on the summary page after the application is submitted. Or, find the local FCRC’s address, hours, etc. at the DHS Office Locator on the DHS website: <http://www.dhs.state.il.us/page.aspx>**
  - Individuals age 65+ or receiving Medicare should submit a new application.
- **If the Individual Needs to Fill out a New Application** - Fill out the application as if the individual is in the community including where they will live upon release, who they will be living with, income of those people and tax filing status.
  - If the applicant doesn’t know yet, **wait** to fill out the application until they know. It is CRITICAL, that the state know the address where they will be living and who they will be living with – otherwise eligibility cannot be determined.
  - The applicant can use the mailing address as a place where they know they will get mail, including a friend or relative’s address (or navigator office if you choose). Do NOT list the FCRC. If a location where the applicant is not on the mailbox, make it in “C/O” that friend or relative. Since requests for additional Information could be mailed to the mailing address prior to release, be sure someone resides at the address who can get mail to the applicant.
  - DO NOT select “in a DOC facility” when asked where someone lives in the ABE application, select another option.

**REMINDER – Keep address current:** It is critical that the applicants update their address and phone number with the state wherever they go, so that they can receive important notices about their eligibility and coverage in the mail. They can use a mailing address of a friend or relative if that person agrees to receive mail on their behalf. They can change their address with the state by:

1. Calling the change report line at 1-800-720-4166 between 8 am and 5:30 pm, M-F except state holidays.
2. Going to the [DHS website page](#) and click on “change of Address for Cash, SNAP and Medical Customers to fill out and submit a change of address for Cash, Medical and SNAP Customers form
3. Changing the address at the U. S. Postal Service. [Official Change of Address Form - United States Postal Service](#).  
[Note: This method ONLY works if the address they are changing **FROM** matches the address the State has in its system, otherwise, the change will not work].

## **WAG 20-02-03 Automated Medical Benefit Restriction for Incarcerated Individuals**

### **PM 20-02-03**

To check the OBRA coding in MMIS, take the following steps:

- Log into Bluezone/Seagull;
- Access MMIS by selecting PF8 key from the inquiry screen;
- Enter the Recipient Identification Number (RIN) and hit enter;
- Enter the Shift F7 function key on the keyboard; then
- Click on PA1 from the menu bar at the top of the screen.

The MMIS record will show a begin date, end date and the Exclusion Code (Exc Cd) CI.

**Note:** Medical providers can see the restriction when they check eligibility in MEDI.

## **PM 20-02-03 Automated Medical Benefit Restriction for Incarcerated Individuals**

### **WAG 20-02-03**

#### **Central MMIS Updates**

When an individual who is receiving medical benefits is identified as being incarcerated in an Illinois Department of Corrections (IDOC) facility, the medical benefit is restricted in MMIS to inpatient hospitalization and related professional medical services rendered as part of the hospital stay.

Individuals in a federal prison are not eligible for HFS medical benefits.

#### **Restriction of Medical Benefits**

An automated process restricts medical benefits by updating MMIS on a weekly basis using an electronic file from IDOC. The automated restriction also ends payment for managed care, long term care coverage and primary case management fees to physicians and clinics during the period of incarceration.

An OBRA code CI restricts medical eligibility for incarcerated individuals in MMIS to inpatient hospitalization and professional medical services related to the hospital stay.

Restricted medical benefits start on the date **after** the individual is admitted to the correctional facility. The individual must comply with all required activity to maintain medical eligibility.

#### **Restoration of Medical Benefits**

IDOC releases the individual from the correctional facility with a two week supply of their maintenance medications. The automated data update ends the medical restriction and authorizes full medical benefits within a week after the individual's release. The last day of the restriction is the day **before** the release date.

In the instance where the individual has been released from the correctional facility and is in need of immediate medical coverage within the first week, send an email to [HFS.IESAccess@illinois.gov](mailto:HFS.IESAccess@illinois.gov) and include the individual's name, case number, and RIN. HFS central office will review the IDOC records to verify the individual has been released and will manually end the restriction restoring full medical coverage.

# Report of Birth Functionality and Statistics

The new **Report of Birth** functionality in the ABE Partner Portal allows hospital staff to submit an electronic report of birth of newborns at their hospital when the Mother is a Medicaid recipient.

Before using the Report of Birth function in ABE, the system user will check MEDI to make sure the Mother has active coverage. If the Mother does not show active for medical coverage in MEDI, a Report of Birth cannot be submitted, instead staff will help Mother to apply for benefits with the newborn through ABE.Illinois.gov.

Once a Report of Birth has been successfully submitted, the Integrated Eligibility System (IES) will attempt to automatically add the newborn to the mother's case. If the newborn cannot be added automatically, a task will be created for a worker to process the Report of Birth. This will expedite the eligibility processing for newborns and allow for greater continuity of care.

## **Statistics:**

### **Training**

4 Training Webinars for Hospitals were held in June, July and August

### **Hospitals registered**

To date (7/25/19) 17 Illinois hospitals and an additional 6 MO Hospitals have registered in the ABE Partner Portal to Report births of newborns at their hospitals

### **Submissions**

25 Total ABE Partner Portal Report of Birth submissions

- 17 Babies added automatically
- 8 Babies were sent to local office workers for review and addition

### **Frequently Asked Questions**

1. How quickly will the state add newborns to moms' case? What will the turnaround time be for RIN's?

If the baby is matched to Mother's case successfully, the case add and RIN generation will be immediate.

2. Will the system user be able to view the RIN in the ABE Portal?

Not in the first phase of the Report of Birth function, but hopefully in the future.

3. Will the same procedure be used if DCFS is taking custody of the baby?

No, DCFS cannot use the Report of Birth functionality. Continue processing these newborns as you always have.

4. Will this work if the mother has QMB/Dual Medicaid?

Yes, this functionality should work for this group of Medicaid recipients.

5. Can this function be used for newborns whose Mother has IDOC Medicaid/are incarcerated?

# Report of Birth Functionality and Statistics

No, this group cannot use the report of Birth functionality. Continue processing these newborns as you always have.

6. Is the process the same if mother has an MCO such as Meridian, Illinicare, etc.?

Yes

7. Can the newborn be added if Mom has MPE? Is it an option for submission?

No, a newborn cannot be added to an MPE case, the Mom must have a regular medical case/Moms and Babies. In this case you would assist the Mom in completing a full application for herself and the newborn. If the Mom is not eligible for regular coverage, but the newborn is, then you would submit a new application with just the newborn.

## Example of IES Submission

Your request was submitted on Jun 25, 2019 at 08:49 AM

### Report of Birth Summary

Here is the summary of what you told us in your request. Your request tracking number is 8100818789.

#### Summary of Hospital Contact Information

Contact Name	Contact Phone Number	Hospital Address
Margaret Dunne	(312) 793-3922	QUINCY MEDICAL GROUP KEOKUK AF MORGAN KEOKUK, IA 52632

#### Summary of Newborn Information

Name	Date of Birth	Gender	Date of Death	SSN Applied For
Bradley Cooper	06/25/2019	Male	NA	Yes

#### Summary of Mother's Information

Name	Date of Birth	SSN	Recipient Number
Rona Cooper	07/11/1992		123456789

#### Summary of Father/Parent 2's Information

Name	Date of Birth	Recipient Number

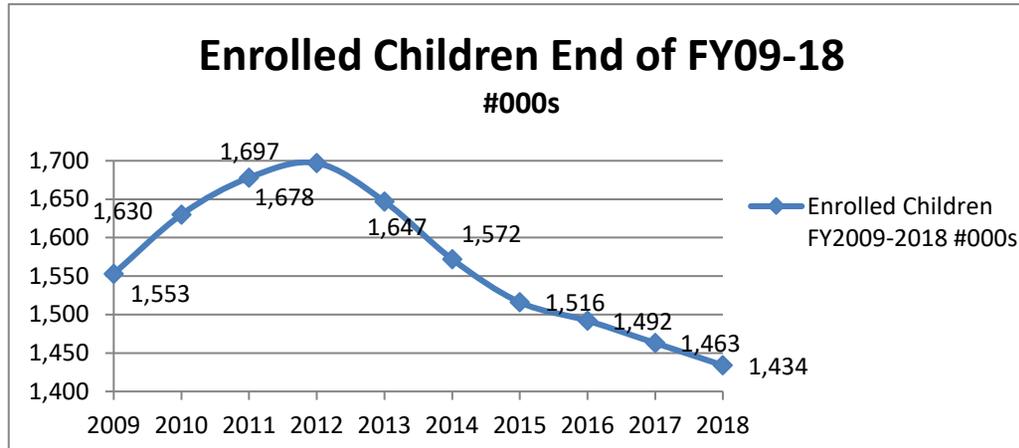
**ABE Manage My Case, Appeals and FFM stats  
For MAC Public Education Subcommittee  
As of 7/29/19**

	<b>7/29/19</b>	<b>5/23/19</b>	<b>4/3/19</b>	<b>2/7/19</b>	<b>10/3/2018</b>	<b>7/31/18</b>	<b>4/10/18</b>
ABE MMC Accounts Linked	1,900,690	702,833	643,018	570,348	416,010	329,244	240,780
Renew My Benefits	232,669	209,483	193,446	172,590	125,603	97,679	53,557
Report My Changes	169,956	151,150	136,784	121,002	84,882	63,762	31,187
Program Adds	70,302	61,447	54,621	46,896	31,136	22,908	10,033
Member Adds	22,495	20,116	18,545	16,485	11,758	9,753	5,173
Mid-Point Reports	112,567	98,207	88,057	74,786	47,454	34,357	11,247
Appeals submitted	49,360	43,935	39,974	34,576	24,551	NA	7,380
FFM cases received since 11/2017	226,185	215,901	208,047	198,234	123,550	114,885	102,618
Cumulative count of people successfully ID proofed through the State	1,512	959	449	NA	NA	NA	NA

\*\*HFS expanded this to include all IES cases transferred to the FFM, not just those received at the State through ABE. Previously reports no longer easily available.

### Children's Enrollment

End of FY	Enrolled Children FY2009-2018 #000s
2009	1,553
2010	1,630
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516
2016	1,492
2017	1,463
2018	1,434



End of Month 2016	Enrolled Children #000s	End of Month 2017	Enrolled Children #000s	End of Month 2018	Enrolled Children #000s	End of Month 2019	Enrolled Children #000s
Jan	1,505	Jan	1,476	Jan	1,467	Jan	1,377
Feb	1,502	Feb	1,472	Feb	1,443	Feb	1,370
Mar	1,501	Mar	1,472	Mar	1,433	Mar	1,369
Apr	1,497	Apr	1,467	Apr	1,424	Apr	
May	1,495	May	1,464	May	1,436	May	
June	1,492	June	1,463	June	1,434	June	
July	1,491	July	1,463	July	1,433	July	
Aug	1,492	Aug	1,458	Aug	1,431	Aug	
Sept	1,488	Sept	1,452	Sept	1,423	Sept	
Oct	1,482	Oct	1,446	Oct	1,415	Oct	
Nov	1,481	Nov	1,448	Nov	1,400	Nov	
Dec	1,477	Dec	1,457	Dec	1,384	Dec	

