

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
June 6th, 2019**

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

Committee Members

Kathy Chan, Cook County Health
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
Kelsie 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 Muehlbauer, ICCM
Meghan Carter, Legal Council for Health and Justice
Karina Gonzalez, Molina
Carrie Chapman, LCHJ
Patrick Maguire, Medical Home Network

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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

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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 1st, 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;

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- 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. HelpHub is administered by the Shriver Center and is an online community where enrollment and outreach specialists in Illinois can share their experiences and post questions. Visit www.helpub.povertylaw.org for more information.

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

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that, in the future, the Medical Management Unit will help; however, no particular details are available at present time.

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 (SPA), 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 1st, 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 1st. 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.

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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 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 Medicaid 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 6th, 2018 and February 7th, 2018, and April 4th, 2019.

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

6. Illinois Department of Human Services (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.

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

Sherie indicated that she is still encountering challenges with the FCRCs processing cases for individuals released from the Illinois Department of Corrections (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.

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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 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.



At the direction of Governor JB Pritzker, three State departments are leading the most aggressive cross-agency effort in Illinois history to expand healthcare access by eliminating the Medicaid application backlog.

As of the end of April, the Long-Term Care (LTC) application backlog is 4,898, and the backlog of LTC admissions is 10,397. Here’s the timeline to eliminate both in 2020:

	LTC Applications 45+ Day Waits	LTC Admits 45+ Day Waits
Apr. 2018 Actual	5,260	12,217
Jan. 2019 Actual	4,237	11,902
Mar. 2019 Actual	4,757	10,196
Apr. 2019 Actual	4,898	10,161
June 2019 Goal	4,094	8,889
Sept. 2019 Goal	2,995	6,522
Dec. 2019 Goal	1,897	4,156
Mar. 2020 Goal	798	1,789
June 2020 Goal	0	0

A six-part strategy to address the backlog is underway:

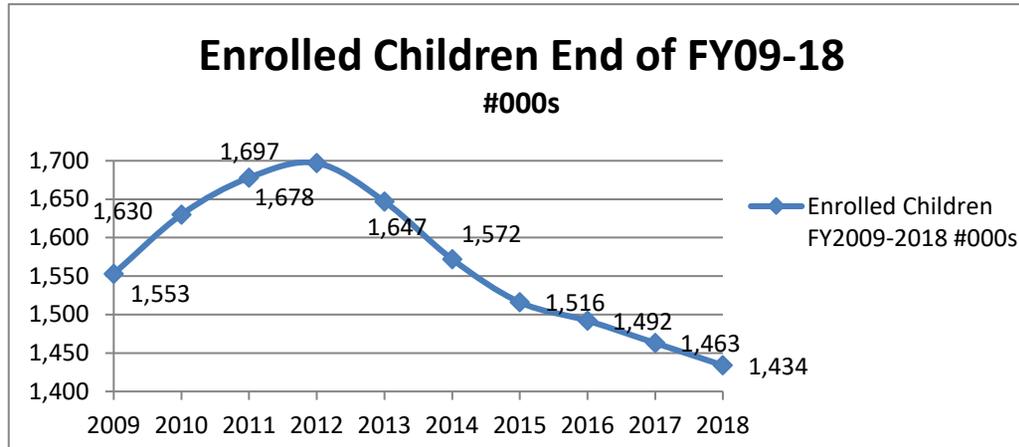
1. *Targeted Hiring:* New caseworkers at DHS and a new vendor to assist with LTC application processing.
2. *Enhanced Training:* Targeted workload management training for all LTC managers and business process training for caseworkers.
3. *Process Simplification:* Standardize business processes and share best practices across LTC hubs. Work with stakeholders to improve volume of applications that are complete.
4. *Policy Streamlining:* An updated LTC policy manual and documentation to align with new IES business processes.
5. *System Enhancements:* Updating technology and IES to perform better.
6. *Improved Reporting:* Development of standard management reports to identify trends and shape resource allocation and prioritization.

New LTC Provider Notices - Released 5/16/19

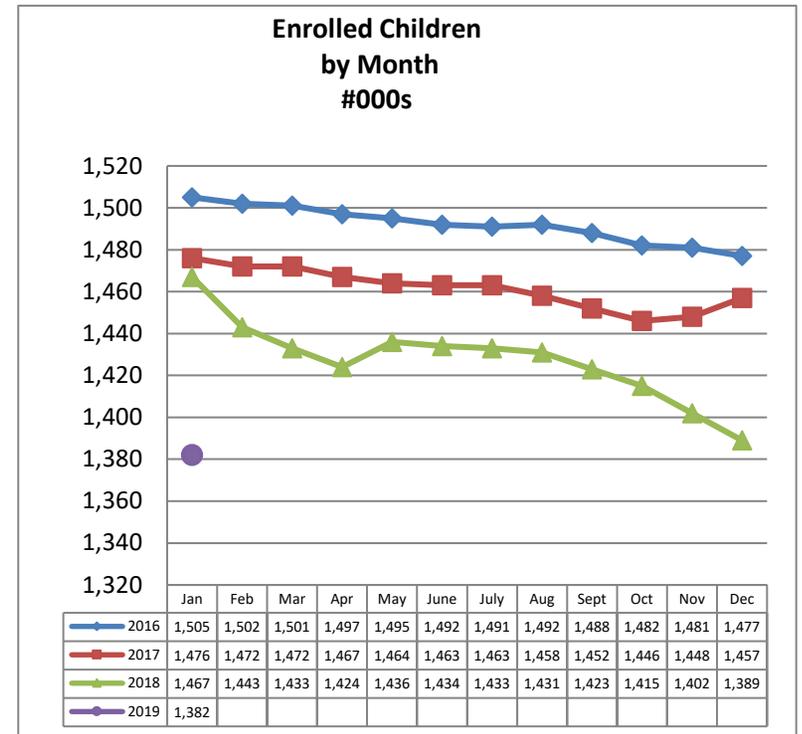
- *LTC Admission Transaction Rejections without Notification* – establishes a process for LTC providers to inquire and follow up on LTC admission transactions for which notification to the LTC provider was not sent.
- *Advance Payment Requests Due to Financial Hardship* – establishes a process for LTC providers to request an advance payment if they are experiencing a financial hardship. HFS will delay recoupment for six months while the backlog is addressed.

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	1,382
Feb	1,502	Feb	1,472	Feb	1,443	Feb	
Mar	1,501	Mar	1,472	Mar	1,433	Mar	
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	1,402	Nov	
Dec	1,477	Dec	1,457	Dec	1,389	Dec	



**ABE Manage My Case, Appeals and FFM stats
For MAC Public Education Subcommittee
As of 5/23/19**

	5/23/19	4/3/19	2/7/19	10/3/2018	7/31/18	4/10/18	1/29/18
ABE MMC Accounts Linked	702,833	643,018	570,348	416,010	329,244	240,780	121,361
Renew My Benefits	209,483	193,446	172,590	125,603	97,679	53,557	21,992
Report My Changes	151,150	136,784	121,002	84,882	63,762	31,187	14,254
Program Adds	61,447	54,621	46,896	31,136	22,908	10,033	3,728
Member Adds	20,116	18,545	16,485	11,758	9,753	5,173	2,644
Mid-Point Reports	98,207	88,057	74,786	47,454	34,357	11,247	2,870
Appeals submitted	43,935	39,974	34,576	24,551	NA	7,380	4,673
FFM cases received since 11/2017	215,901	208,047	198,234	123,550	114,885	102,618	NA
IES cases transferred to FFM since 11/2017 **	675,297	609,312	541,228	NA	NA	NA	NA
Cumulative count of people successfully ID proofed through the State	959	449	NA	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.

Medical Redetermination Data 05/22/2019

Redetermination Data through 05/22/2019								
Redetermination Due Date	February 2019		March 2019		April 2019		Past Three Months Totals	
Total Redes Mailed (Cases)	130,548	100%	147,851	100%	119,239	100%	397,638	100%
Form A Mailed	40,947	31%	38,217	26%	39,223	33%	118,387	30%
Form B Mailed	89,601	69%	109,634	74%	80,016	67%	279,251	70%
Changed/Continued	42,242	47%	49,248	45%	29,532	37%	121,022	43%
Cancelled	36,498	41%	43,410	40%	33,850	42%	113,758	41%
Cancelled for Ineligibility	2,181	2%	2,216	2%	1,037	1%	5,434	2%
Auto Cancellation (Non-Return Form B)	34,317	38%	41,194	38%	32,813	41%	108,324	39%

Redetermination Data through 05/22/2019									
Redetermination Due Date	01/2018	02/2018	03/2018	04/2018	05/2018	06/2018	07/2018	08/2018	09/2018
Total Redes Mailed (Cases)	148,414	120,372	153,968	129,508	140,885	129,689	129,793	151,844	178,116
Form A Mailed	34,162	28,099	30,584	29,939	32,832	28,978	29,024	32,845	34,867
Form B Mailed	114,252	92,273	123,384	99,569	108,053	100,711	100,769	118,999	143,249
Auto-Cancelled for Non-Response	60,514	50,216	59,069	0	43,567	41,389	40,390	45,633	59,594
Current Medical Coverage	21,922	18,152	20,658	0	10,379	10,861	9,600	8,261	8,505
Current Medical Coverage %	36.2%	36.1%	35.0%	0.0%	23.8%	26.2%	23.8%	18.1%	14.3%
Persisting Cancellations	38,592	32,064	38,411	0	33,188	30,528	30,790	37,372	51,089
Persisting Cancellations %	63.8%	63.9%	65.0%	0.0%	76.2%	73.8%	76.2%	81.9%	85.7%

Redetermination Due Date	10/2018	11/2018	12/2018	01/2019	02/2019	03/2019	04/2019	Total
Total Redes Mailed (Cases)	167,572	140,014	151,871	137,600	130,548	147,851	119,239	2,277,284
Form A Mailed	37,943	32,703	30,510	42,787	40,947	38,217	39,223	543,660
Form B Mailed	129,629	107,311	121,361	94,813	89,601	109,634	80,016	1,733,624
Auto-Cancelled for Non-Response	57,545	46,494	58,359	38,064	34,317	41,194	32,813	709,158
Current Medical Coverage	9,471	8,470	5,760	5,926	3,419	2,381	1,958	145,723
Current Medical Coverage %	16.5%	18.2%	9.9%	15.6%	10.0%	5.8%	6.0%	20.5%
Persisting Cancellations	48,074	38,024	52,599	32,138	30,898	38,813	30,855	563,435
Persisting Cancellations %	83.5%	81.8%	90.1%	84.4%	90.0%	94.2%	94.0%	79.5%

Medical Redetermination Data 05/22/2019

Total Potential Reinstatement Tasks Received		
Since IES Phase 2 Inception		
Status	Count	Percentage
COMPLETE	143,933	90.2%
DUPLICATE	119	0.1%
IN PROGRESS	1,180	0.7%
NEW	14,355	9.0%
Grand Total	159,587	100.0%

All Redeterminations Mailed IES Phase 2	
LANGUAGE	Percentage
English	91.24%
Spanish	7.31%
Other	0.83%
Chinese - Mandarin	0.25%
Polish	0.22%
Arabic	0.16%
Total	100.00%

Total Auto-Cancellation Language Preference	
Language	Percentage
English	92.42%
Spanish	6.39%
Other	0.71%
Polish	0.18%
Chinese - Mandarin	0.18%
Arabic	0.12%
Total	100.00%



At the direction of Governor JB Pritzker, three State departments are leading the most aggressive cross-agency effort in Illinois history to expand healthcare access by eliminating the Medicaid application backlog.

The current initial application backlog is above 100,000, down from over 141,000 at its high point. The re-determination backlog is over 150,000. Here’s the timeline to eliminate both in 2020:

	Initial Applications 45+ Day Waits	Re-determinations 60+ Days Behind
Feb. 2018 Actual	141,479	N/A
Jan. 2019 Actual	120,725	N/A
Mar. 2019 Actual	112,444	164,501
May 2019 Actual	106,504	N/A
June 2019 Goal	97,000	150,000
Sept. 2019 Goal	72,000	126,000
Dec. 2019 Goal	46,000	92,000
Mar. 2020 Goal	40,000	47,000
June 2020 Goal	0	0

A seven-part strategy to address the backlog is underway:

1. *Targeted Hiring:* More than 350 new caseworkers at HFS and DHS, alongside new policy and technical experts.
2. *Enhanced Training:* For caseworkers – new training content, staff and schedules are being developed.
3. *Process Simplification:* Major process improvements to help remove barriers to coverage and improve operations.
4. *Policy Streamlining:* An updated Medicaid policy manual and expanded use of ex parte redetermination.
5. *Infrastructure and Programming Changes:* Updating technology and IES to perform better.
6. *System Enhancements:* For example, electronically tracking undelivered mail and phone-based redeterminations.
7. *Improved Reporting:* Clearer tracking of patterns, to shape future priorities using the best available data.

A related, bipartisan bill to improve the eligibility system is being negotiated. Key features include:

- **Grace Period** – Allows HFS to extend the end of benefit coverage date by one month for redeterminations.
- **Simplifying Proof of Income** – Amends three laws to allow verification of a month’s income by a single paystub.
- **Co-Payments** – Eliminates the requirement to charge copays to ensure compliance with federal rules.
- **Beyond Medical Necessity** – Requires administrative day payment for hospital stays past medical necessity.
- **Prompt Pay/Expedited Payments** – Sets MCO prompt pay requirements; automatic interest and expedited payments.
- **Ex Parte Redetermination** – Requires a review of eligibility categories suited for automatic redeterminations.
- **Application/Redetermination Assistance** – Explores outside stakeholder involvement in eligibility determinations.
- **Eligibility Reporting** – HFS and DHS shall report quarterly on progress of implementing the Act.