



State of Illinois
Illinois Department on Aging

OASAC Medicaid Enrollment Oversight Subcommittee Meeting

June 4, 2019 (Approved September 3, 2019)
1:00- 3:00 p.m.

Chicago Location: IDoA Conference Room
160 N LaSalle St., 7th Floor
Chicago, IL 60601

Springfield Location: IDoA Offices (at DNR Building)
One Natural Resources Way
Rock River Conference Room
Springfield, IL 67202

Members in Attendance:

Paula Basta, Director, Illinois Department on Aging
Lora McCurdy, Deputy Director, Illinois Department on Aging (Chair)
Darby Anderson, Addus HomeCare, Inc.
Kelly Cunningham, Illinois Department of Healthcare and Family Services
Marla Fronczak, Northeastern Illinois Area Agency on Aging
Lori Hendren, AARP
Meg Lewis (for Ann Irving), AFSME Council 31
Dave Lowitzki, Lowitzki Consulting
Anna Moeller, State Representative
Gabriela Moroney, Illinois Department of Human Services
Marsha Johnson, Community Care Systems, Inc.

Department on Aging staff:

Aster Bowden, Paulette Dove, John Eckert, Kimberly Flesch, Mary Gilman, and Sophia Gonzalez

Guests:

Megan Carter and Andrew Kretschmar

Members Unable to Attend:

Terri Bryant, State Representative
Iris Martinez, State Representative
Dave Syverson, State Senator

Welcome and Opening Remarks

Director Paula Basta welcomed everyone to the meeting and thanked everyone for joining. All members in Chicago, Springfield and on the phone introduced themselves.

Approval of February 26, 2019 meeting Minutes

John Eckert asked for a motion to approve the February 26, 2019 minutes. All members reviewed the minutes and noted two corrections. Marla Fronczak made a motion to approve the minutes with the two corrections. Darby Anderson seconded. All were in favor; the minutes were approved. The two corrections will be made, and the minutes will be posted on the IDoA website.

Review of CCP Medicaid Enrollment Status

Kimberly Flesh provided an updated Quarterly Enrollment Report with data as of May 28, 2019. The chart shows total CCP and MCO participants and individual enrollment numbers for CCP and MCO. It was noted that a change is expected with the July 1st MCO statewide rollout. As of May 28, 2019, there are a total of 32,244 individuals enrolled in MCOs who are receiving Medicaid Waiver services and a total of 40,044 participants receiving Medicaid Waiver services through CCP. The chart provided shows these numbers broken out by PSA. The Department has also been keeping track of the non-Medicaid participants and the percentages have been going up from previous months. Darby Anderson suggested that providing a line graph to show percentages statewide may be helpful.

The Department shared an updated version of the CCP Population Enrollment Status Pie chart that includes a chart with additional information on the 8,170 participants (Age 65+ that are not currently enrolled in Medicaid). This information was obtained from HFS: 1,486 (18%) of these participants are Presumptive CCP Eligible and have not received the full assessment. The Department is trying to ensure that the CCUs go out to complete these full assessments timely by sending these names to the CCUs. In future analysis the breakdown for these Presumptive CCP Eligible individuals can be completed before sending the information over to HFS. Marla Fronczak asked if there is any data on how many of these presumptive individuals stay eligible. A total of 1,224 (15% are on Medicaid, 827(10%) had applications denied, and 1028 (13%) have applications pending. No information was found for 3,623 individuals, a total of 44%. The Department plans to send these names to the CCUs asking them to follow up with additional information if an application was submitted and when. A quick sample of 31 participants was completed in PSAs 05, 10 and 11. For 13 of these 31 participants, the CCU noted that they had submitted a Medicaid application. Other feedback included: participants being over the income standard due to spouse income; being on CCP prior to 2008; being termed from CCP; social security issues; not always meeting income; application submitted; and deceased. The Department plans on sending all the names to the CCUs and continuing the discussions with the CCUs.

Lora McCurdy asked for feedback on how the Department can better track these applications and if there was a recommended timeframe to complete another application, once one has been submitted and no response has been received. It was advised that using the ABE electronic version may be advantageous versus mailing in an application because it is possible to look up applications sent in electronically. However, it was noted CCUs have had issues obtaining the participants consent to apply electronically. The group discussed if there would be a possibility of changing the ABE "manage my case" option that would make it possible to better monitor and track applications. Mary Gilman shared that the CCUs send out a form HFS 3528 with the Medicaid application that notifies the local DHS office that the applicant is a CCU participant and helps them meet spenddown. Marsha Johnson agreed that her CCU uses that form but also added that it depends on each of the local offices. Darby

Anderson asked if it is possible to determine the average time that the applications have been pending. Kelly Cunningham responded that she is not sure, but the issue can be explored further. She shared that there are two different reasons for delay when additional information is requested; either there is a delay due to the client or a delay due to the State not getting the information.

Inclusion of ACA Eligible CCP Participants:

Lora McCurdy shared that an amendment was made in 2013 to the Elderly Waiver that allows for the Department to require individuals to apply for Medicaid when applying for CCP. However, this was prior to the Affordable Care Act (ACA) and it was determined that individuals that are between the ages of 60-64 be required to apply for Medicaid. Darby Anderson asked about the differences between AABD and ACA eligibility, specifically the FPL% and disability determination: Is the FPL% a federal or State requirement and who determines disability? It was clarified that it is defined in the State Plan and that disability for AABD is determined by the Social Security Administration. Another difference is that the ACA category does not have an asset limit. Kimberly Flesch added that out of the 10,000 individuals who are ages 60-64, 8,000 are on Medicaid and 2,000 are left that may be eligible and others may be over the income level. McCurdy asked if the subcommittee members supported the Department with requiring the ACA group to apply for Medicaid. All members agreed that the Department should require the ACA group to apply for Medicaid, the policy will be updated. McCurdy shared that the 2008 Public Act required CCP applicants to make a good effort to apply for Medicaid and the 2011 updated policy grandfathered people that had been on CCP before June 1st, 2008. The group was asked if the Department should require the grandfathered participants to apply. Anderson shared that the grandfathered group should be included to be required to apply. He shared that there used to be a stigma to applying for services, but the ACA has helped remove the stigma. Kelly Cunningham seconded Anderson's comment and stated that it should be applied uniformly. It was suggested that the current statute needs to be reviewed by the legal team.

Mandatory Medical Assistance Application Policy-Draft – Revisions:

Lora McCurdy shared that the two changes (noted in the section above) will be added to the Mandatory Medical Assistance Policy. She noted it includes the BIMP language that talked about the CCUs assisting with the Medicaid application and defining "assisting with an application" and a "completed application". McCurdy added that we want to make sure that we are getting people on Medicaid and asked for members for their thoughts. The draft can be sent out to the group and feedback can be sent via email. Darby Anderson suggested that categories be used because the Department does not want to encourage the submission of applications that will be denied. It was agreed that clear information regarding who needs to apply is needed. The Department will also work with IT to have a way for the CCUs to upload a one-pager to prove that they have applied. This information uploaded would include the name of the participant and the date the Medicaid application was submitted to improve tracking. Gabriela Maroney asked what can be done to not drive up the volume of applications that will not be appropriate. Marsha Johnson stated that she would love to have an automated billing system because currently the follow up is very time consuming. McCurdy shared the Department is working with the rate study vendors Myers and Stauffer to determine a reimbursement rate for the CCUs. Once this is finalized a meeting will be scheduled to go over the recommended rate. According to the BIMP, assistance is supposed to start occurring effective July 1, 2019.

HFS Update:

Kelly Cunningham shared that the Medicaid Omnibus legislation has required the State to study all populations that may be included in Ex Parte Redeterminations; this includes Aging Waiver participants. These types of redeterminations use third party data sources to confirm ongoing eligibility for Medicaid when there have been no changes to mitigate the burden on the process. Cunningham also shared that a new call center will be rolled out effective September 2019 at the HFS Medicaid Management Unit. She additionally noted that HFS, DHS and their IT units have been working together to address the Rede and application backlog. They are working on speeding up the resolution for ABE and IES. To investigate the issues, it will be helpful to know the problems and patterns with RIN numbers. Lora McCurdy asked if IDoA and HFS can discuss the consent process regarding the barrier for the Aging population. Cunningham responded that she will raise the question with the IES staff at HFS.

Action Steps for Next Meeting:

The next meeting is scheduled for September 3rd and the Department will provide additional feedback from the CCUs regarding the names of individuals that HFS had no information on. An updated Medicaid Policy will be shared. There is a tight timeline to update this policy because the changes need to be in effect for July 1, 2019. Feedback is appreciated. Darby Anderson also shared that he would find out about other states and the AABD population FPL% levels.

Adjournment:

Darby Anderson made a motion to adjourn the meeting. Marla Fronczak seconded. All were in favor. The meeting was adjourned at 2:09 p.m.