



State of Illinois
Illinois Department on Aging

OASAC Medicaid Enrollment Oversight Subcommittee Meeting

(Approved February 26, 2019)
September 25, 2018
1:00- 3:00pm

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:

Director Jean Bohnhoff, Director, Illinois Department on Aging
Jamie Ewing, Deputy Director, Illinois Department on Aging (Chair)
Terri Bryant, State Representative
Anna Moeller, State Representative
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
Andrew Kretschmar, Alzheimer's Association Illinois Chapter
Greg Will Proxy for Dave Lowitzki, Lowitzki Consulting
Gabriela Moroney, Illinois Department of Human Services

Department on Aging staff:

Rhonda Armstead, Alex Burke, Michael Dropka, John Eckert, Sophia Gonzalez, and Jim McDonough

Guests:

Courtney Hedderman, AARP

Members Not in Attendance:

Iris Martinez, State Representative
Dave Syverson, State Senator
Ann Irving, AFSME Council 31
Marsha Johnson, Community Care Systems

Welcome & Opening Remarks

Director Jean Bohnhoff welcomed everyone to the meeting and announced that the Department is looking forward to collaborating with the subcommittee. Director Bohnhoff shared that Deputy Director Ewing will be the Chair and will be collaborating with all the appointed members.

Introductions and call to order

Deputy Director Ewing asked each of the appointed members to introduce themselves first and share what they expect from the subcommittee. All the other attendees also introduced themselves. Marla Fronczak made a motion to call the meeting to order, Andrew Kretschmar seconded, and the motion was approved unanimously. Deputy Director Ewing stated that during this first meeting the group would review the Balancing Implementation (BIMP) Act authorization that outlines everyone's responsibilities.

BIMP Authorization

Deputy Director Ewing shared that the BIMP Act specifically outlined who should be appointed to serve on this subcommittee with the goal of studying the Medicaid enrollment initiative to maximize federal Medicaid funding for the Community Care Program (CCP) to produce savings for the State of Illinois.

Subcommittee Objectives:

Deputy Director Ewing shared that this subcommittee will meet quarterly, and dissolve after five years as stated in the BIMP. The Illinois Department on Aging (IDoA) provided members a handout with the next two meeting dates. Another BIMP requirement was that IDoA provide this subcommittee specific data sets on CCP participants and begin to pay the Care Coordination Units (CCUs) an enrollment application fee to help senior complete their applications for Medicaid by June 2019.

New Initiatives:

Deputy Director Ewing stated that for the past five years, IDoA has already been working with sister agencies on initiatives to increase Medicaid enrollments for CCP participants. HFS has been providing IDoA redetermination notification lists for CCP participants. Kelly Cunningham shared that HFS has a new integrated eligibility system that will better tracks enrollments and applications for Medicaid and the return eligibility percentage has increased this year. Deputy Director Ewing shared that IDoA has begun to incentivize CCUs for assisting CCP participant in completing a Medicaid redetermination by allowing them to bill using a Code 89 - plan of care adjustment. John Eckert confirmed that the amount of code 89 is \$60. In addition, IDoA has coordinated with HFS in providing CCUs in-depth training on the Medicaid process.

Data review:

Deputy Director Ewing shared that the BIMP Act requires the subcommittee to review specific data sets that include the following; 1) The number of participants enrolled in CCP and in Medicaid 2) The number of participants in CCP and not enrolled in Medicaid 3) The number of participants enrolled in CCP that are Medicaid eligible but not enrolled. IDoA shared several data charts regarding IDoA CCP participants and Medicaid for the members to review and discuss: 1) The number of CCP participants authorized to receive services by Planning and Service Area (PSA) that broke down services provided by MCOs, IDoA (Medicaid and Non-Medicaid). Several suggestions were made including providing the same information on this chart per fiscal year, look within the PSAs as to how many CCP participants are Non-Medicaid and breaking out the costs for each of the two populations with service types. Also, IDoA will share a map of the PSAs with the subcommittee.

2) A Medicaid vs. Non-Medicaid Annual Comparison that showed authorized clients (MCO and FFS vs, Non-Medicaid) and authorized clients (MCO and FDFS Medicaid vs. Non-Medicaid) percentages of CCP caseloads. Subcommittee members inquired about how IDoA projected FY19 and FY20 numbers for these groups. Deputy Director pointed out that the NON-Medicaid group percentage has remained relatively the same about 35% for all FYs. He suggested that we be looking at why these CCP participants are Non-Medicaid and if that is going to change. 3) An analysis on Potential Medicaid Eligible Clients chart with a breakdown on client categories (deceased, active Medicaid, Case Pending, previously on Medicaid (no application on file), Previously on Medicaid (application on file), last application denied on Medicaid, Application received status “completed” but not on Medicaid, and No Information on client). This analysis was based on whether HFS had information on CCP *distinct* clients in their HFS system. Some of these CCP clients were duplicate, and some overlapped in the categories mentioned above. The members of the subcommittee members had many question the client *distinct* categories of the analysis. This analysis showed that there may be multiple reasons why these *distinct* clients may not be enrolled in Medicaid. Factors on why these *distinct* clients may not be enrolled in Medicaid or may not be eligible were discussed. For the group that HFS has “no information” on, it was suggested that it may be related to income and assets being self-reported (under reported). Kelly Cunningham pointed out that there is also a difference in asset eligibility for Medicaid vs. CCP. CCP has an asset limit of \$17,500 and Medicaid has an asset limit of \$2000 per person. Another reason why “no information” for some CCP *distinct* clients was available may be because the age 60 to 64-year-old group may not qualify for Medicaid. Medicaid eligibility was discussed (ACA and AABD), Darby Anderson asked if a Medicaid application can be pending forever and stated that there is a significant issue with Medicaid pending applications. Darby commented that it might be beneficial to pay someone to make sure that the Medicaid application is processed. Both Kelly Cunningham and Gabriela Maroney offered to provide additional information regarding Medicaid eligibility for the subcommittee to review during the next meeting. Darby Anderson also pointed out that there is a need to find out why this no information group never applied for Medicaid. Anderson also acknowledged that the other client *distinct* categories (deceased, active Medicaid, pending cases and last application denied) would need a different type of follow up. For example, it was added that the deceased participants were possibly due to a data cleanup issue. The number of participants with pending and denied Medicaid cases would also need to be further analyzed (reasons for denials). Deputy Director Ewing stated that additional information is needed, and it will be presented during the next meeting in January when the data is cleaned up.

Enrollment Application Fee:

Deputy Director Ewing shared that the enrollment application fee will be effective June 30,2019. Currently IDoA has a rate study that is due in Spring 2019 and will answer the question of how much will be paid for this application enrollment. Alex Burke, legislative liaison added that the BIMP outlines that IDoA must pay CCP providers no less than \$200 per completed application beginning June 2019. A question regarding the Medicaid the enrollment application fee and the redetermination fee. John Eckert shared that code 89 can currently be used by the CCUs when completing FTF Medicaid redeterminations. Deputy Director Jamie asked if there were any public comments and there were none.

Review Action Steps for Next Meeting:

Additional data will be presented by IDoA and reviewed by the subcommittee.

FY19 Meeting Schedule:

Deputy Director shared that the next meeting is scheduled for January 8, 2019 and if the members felt that 2 hours were sufficient for the next meeting. All agreed. The following meeting would be on May 7th, 2019.

Motion to adjourn

Ana Moeller made a motion to adjourn the meeting and Darby Anderson seconded. The meeting was adjourned at 2:37pm.