

February 4, 2020

This report is the narrative for the quarterly report required by 305 ILCS 5/11-5.1(h). (Public Act 101-0209)

Leadership at the Illinois Department of Healthcare and Family Services (HFS) and the Illinois Department of Human Services (DHS) continue to have regular conversations with the federal Centers for Medicare and Medicaid Services (federal CMS) on requirements and strategies to reduce eligibility backlogs. We continue to collaborate on our multi-pronged plan which includes adding caseworkers, providing better training, deploying best practices across both agencies, and rolling out simplified policies and procedures. Addressing the backlog and improving the Integrated Eligibility System (IES) is a primary focus of HFS and DHS every day.

We continue to be on target for eliminating our application and renewal backlogs before the end of calendar year 2020. This includes processing all applications within 45-days. We are working with the Department of Innovation and Technology (DoIT) and external vendors to improve IES performance.

Application Backlog

In December 2019, pending Medicaid applications over 45 days were 81,180, down from a high of well over 120,000. This reflects an increase over the November amount primarily due to an influx of applications transferred to the state during the Federally Facilitated Marketplace (FFM) open enrollment period. Our plan to eliminate backlogs anticipated this increase for December and for each of the next few months.

Application Tracking – Reporting Improvements

For many months, HFS has been collaborating with Deloitte, our IES system vendor, to improve the reporting of pending medical applications and renewals. A recent programming fix updated monthly application backlog data going back to system implementation in November 2017. The data included in the chart at the end of this report reflects the updated numbers for this quarter.

Hiring Personnel – Caseworker Onboarding & Training

We continue to make progress in hiring caseworkers to increase the total number of caseworkers working to reduce backlogs and will continue to increase staff into the first half of 2020. Since August 2019, we have added 120 net new caseworkers in local DHS offices around the state and in the HFS Bureau of All Kids. The onboarding of caseworkers is vital to processing backlogs, applications, and renewals. New caseworkers can take several months to learn the complex system of eligibility. Caseworkers often assist with flagging IES issues, suggesting more efficient processes, and testing new enhancements before full implementation.

Long Term Care – Continued Efforts

HFS and DHS continue to work to address issues related to the backlog of long term care (LTC) applications and admissions. A complete alignment of the processes and workflows

at the three LTC hubs across the state began during the fall of 2019. Training for caseworkers continues. Several initiatives are slated for 2020, including a new LTC statewide processing center at Granite City, a new model of assigning work to caseworkers, and allowing facilities the capability to upload documents to IES through the ABE Provider Portal. As of end of December 2019, the total number of LTC applications pending over 45 days was 4,385. Total admissions pending over 45 days was 11,542.

Call Center – In Progress

During this quarter, DHS worked on the build-out of a dedicated call center on the grounds of the Alton Mental Health Center. This new call center will accept Medicaid renewals by phone. Next quarter, DHS will be working on posting jobs and hiring personnel for this call center. Operations are on target to begin around April 2020.

Newborn Enrollment – Portal Usage Increasing

The number of birth reports from hospitals directly to IES through the ABE Partner Portal continues to increase since this reporting method began in the summer of 2019. As of early January 2020, a total of 109 hospitals were signed up to submit births. The new system generates reports to allow HFS to track and analyze submissions for accuracy and provide guidance to hospitals. Over 10,600 newborns were submitted by hospitals from August to December 2019.

Ex Parte Report

As required by Medicaid omnibus legislation, (Public Act 101-0209), a detailed report on *ex parte* renewals was published on the HFS website in December 2019. This report can be found at the following link:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/ExParteReportDecember2019.pdf>

System Improvements – In Progress

We continue to work on IES system performance initiatives and plans to refresh IES hardware. Both HFS and DHS are upgrading the desktop computers used by caseworkers. Further, we are digging into the source of system slowness experienced by caseworkers to implement a multi-pronged approach. Finally, an external vendor to advise HFS and DHS on system improvements was procured through an emergency contract beginning in January 2020.

Challenges Exist

Despite our significant efforts, challenges remain. HFS, DHS and DoIT continue to face challenges with finding candidates and onboarding new staff to address IES performance and the backlog of applications and renewals. Strategies to address IES system performance issues are underway, but some are slower than anticipated. New staff training and best practices continue to be developed and introduced, however refining and solidifying new workflows takes time.

See following page for Quarterly Reporting of Medical Application and Renewal Processing Data for October, November and December 2019.

For the purposes of part B of the chart below, reference the following:

The term “ex parte renewal” refers to a process by which the state systematically uses approved electronic sources during the annual renewal process to automatically verify an individual’s eligibility status and continue coverage. Using the ex parte process provides efficiency for both clients and state caseworkers through automation. The state sends Form A to clients for ex parte renewals, while Form B is sent to clients for whom income and assets cannot be determined using approved electronic sources.

Quarterly Reporting - Eligibility (required by 305 ILCS 5/11-5.1(h))			
A. Medical Applications (End of month)			
Total applications on hand by number of days on	Oct-19	Nov-19	Dec-19
0-7 Days	111,280	122,477	140,341
8-45	7,976	8,679	5,674
46-90	25,097	40,991	53,487
91-180	14,120	14,143	22,766
181+	14,790	14,757	15,329
	49,297	43,907	43,085
Total applications on hand by basis for determining income eligibility	111,280	122,477	140,341
Modified Adjusted Gross Income (MAGI)	9,390	22,393	38,124
Non-MAGI - Long Term Care	5,609	5,535	5,648
Non-MAGI - Excluding Long Term Care	3,260	6,738	9,640
Unknown	93,021	87,811	86,929
Applications over 45 days	78,207	72,807	81,180
Modified Adjusted Gross Income (MAGI)	6,700	5,569	11,271
Non-MAGI - Long Term Care	4,195	4,218	4,385
Non-MAGI - Excluding Long Term Care	2,181	1,976	3,508
Unknown	65,131	61,044	62,016
B. Medical Renewal (by month in which ex parte decision is made)			
Total number of cases up for renewal in two months	119,673	114,105	113,766
Form A Mailed (ex parte)	38,620	40,162	41,934
	32%	35%	37%
Form B Mailed (not ex parte)	81,053	73,943	71,832
	68%	65%	63%
Reasons Form B mailed	81,053	73,943	71,832
Aged, Blind and Disabled	24,453	26,552	24,015
	30%	36%	33%
Unverifiable Income	9,139	6,086	6,106
	11%	8%	9%
Zero (\$0) Income	22,843	18,312	19,156
	28%	25%	27%
No SSN	8,813	8,667	8,697
	11%	12%	12%
Income Exceeds Eligibility Criteria	9,973	8,683	8,980
	12%	12%	13%
Self-Employment Income	4,079	3,983	4,116
	5%	5%	6%
Other Reasons	1,753	1,660	762
	2%	2%	1%