STARTING STRONG FOR COMMUNITY HEALTH!
WEBINAR

Moving Forward in Medicaid Managed Care in IL:
Working Through the Transition
March 1, 2018

EverThrive Illinois
Champions for Healthy Communities

SHRIVER CENTER
Sargent Shriver National Center on Poverty Law
 QUESTIONS?
ASK QUESTIONS USING THE CHAT BOX FEATURE

- Ask questions at any time using the Chat Box Feature

- We will answer as many questions during the webinar as possible. We’ll follow up on all unanswered questions via e-mail or phone after the webinar.

- A recorded copy of the webinar and slides will be posted on EverThrive IL’s website in the coming days:  http://everthriveil.org/resources/starting-strong-webinars

For questions related to this and other Starting Strong webinars: kszafranski@everthriveil.org
Illinois’ new Statewide Medicaid Managed Care Program

FEBRUARY 2018
MEDICAID MANAGED CARE TRANSFORMATION

- Illinois is in the process of rolling out a new statewide Medicaid managed care program called HealthChoice Illinois.

- The goal is to transition to a streamlined, accountable, and integrated managed care program that delivers:
  - Member-centric care
  - Enhanced quality
  - Improved outcomes
  - Sustainable costs

- Began launching on January 1, 2018.

- Significant changes to populations and geography in mandatory managed care.
### State-Wide
- Blue Cross Blue Shield of Illinois
- Harmony Health Plan
- IlliniCare Health Plan
- Meridian Health Plan
- Molina Healthcare of Illinois

### Cook County
- Blue Cross Blue Shield of Illinois
- Harmony Health Plan
- IlliniCare Health Plan
- Meridian Health Plan
- Molina Healthcare of Illinois
- CountyCare
- NextLevel Health

Links to the MCO websites can be found on the HFS website under Care Coordination.
CHANGES UNDER HEALTHCHOICE ILLINOIS

• Geography
  • HealthChoice Illinois will be STATEWIDE.

• Populations
  • Includes most existing managed care programs:
    • Family Health Plan (FHP)
    • Affordable Care Act (ACA) Adults
    • Integrated Care Program (ICP)
    • Managed Long Term Services and Supports (MLTSS)
  • Includes newly eligible populations
    • SSI Kids
    • DSCC Kids
    • DCFS Kids
  • HealthChoice Illinois DOES NOT include the Medicare-Medicaid Alignment Initiative (MMAI)
GUIDING PRINCIPLES

Through an improved managed care program, the Department seeks to improve health, enhance the experience of care, and lower cost by:

• Paying plans for value, quality, and outcomes
• Coordinating care effectively
• Focusing on prevention
• Integrating behavioral and physical health
• Reducing unnecessary emergency room visits and repeat hospitalizations
• Transitioning members from institutional to community care
• Using new data integration and predictive analytic tools
SCOPE OF HEALTHCHOICE ILLINOIS

• Statewide – All counties
• 80% of Medicaid enrollees will receive covered services through an MCO

• Excluded populations:
  • Dual-Eligible Adults enrolled in MMAI;
  • Dual-Eligible Adults not receiving nursing facility or waiver services;
  • Participants who are American Indian/Alaskan Natives unless they voluntarily enroll in an MCO;
  • Participants only eligible with a Spend-Down;
  • All Presumptive Eligibility categories;
  • Participants enrolled in partial/limited benefits programs; and,
  • Participants with comprehensive third-party insurance.
THE NEW PROGRAM: KEY DIFFERENCES

- Single contract
  - Most current managed care populations will fall under one contract (FHP, ACA, ICP, and MLTSS).
  - MMAI continues under a separate contract.
- Provider credentialing in IMPACT
  - For services delivered on or after January 1, 2018, IMPACT enrollment is primary mechanism for credentialing.
  - MCOs may still collect certain information for contracting and claims payment purposes, such as office hours and details related to accessibility.
- Single preferred drug list (PDL)
  - On target for July 1, 2018, all MCOs must use HFS’s preferred drug list
  - MCOs may continue to waive co-payments
  - MCOs may impose utilization management controls unless otherwise prohibited by law
PROVIDER ENGAGEMENT AND COMMUNICATIONS

- HFS has issued a series of provider notices regarding the launch of HealthChoice Illinois:
  - How to work with MCOs that did not receive a contract for the new program
  - Details on the new program
  - How HFS and the MCOs will communicate transition details to members.
  - How to work with MCOs serving individuals eligible for full Medicare and Medicaid benefits (dual eligibles)
- [https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx](https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx)
ROLL-OUT

TIMELINE AND MATERIALS
# Mailing Schedule

**HealthChoice Illinois Transition and Expansion Mail Schedule**
**October 16, 2017**

<table>
<thead>
<tr>
<th>Description</th>
<th>Mail Start Week</th>
<th>Mail End Week</th>
<th>Effective Enrollment Date*</th>
<th>Auto-Assignment Date*</th>
<th>Counties included in mailing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition of members currently enrolled with a managed care health plan that <strong>was</strong> awarded a new contract for January 1, 2018. Members will stay enrolled with their current health plan. Each member will be mailed a HealthChoice Illinois transition notice.</td>
<td>October 30, 2017</td>
<td>November 30, 2017</td>
<td>January 1, 2018</td>
<td>N/A</td>
<td>Current Mandatory and Voluntary (VMC) Counties. Only MCO members will be included in the daily transition notice mailings.</td>
</tr>
<tr>
<td>Transition of members currently enrolled with a managed care health plan that <strong>was not</strong> awarded a new contract for January 1, 2018. Members will be transitioned to a new health plan. Each member will be mailed a HealthChoice Illinois transition notice.</td>
<td>November 6, 2017</td>
<td>November 30, 2017</td>
<td>January 1, 2018</td>
<td>N/A</td>
<td>Current Mandatory and Voluntary (VMC) Counties. Only MCO members will be included in the daily transition notice mailings.</td>
</tr>
<tr>
<td>Enrollment of newly eligible potential enrollees, previous Illinois Health Connect members, and no-longer excluded populations (does not include Special Needs Children or DCFS Youth in Care). Each individual will be mailed a HealthChoice Illinois enrollment packet. Each individual will have a 30-day enrollment choice period to select a health plan and Primary Care Provider.</td>
<td>January 8, 2018</td>
<td>February 16, 2018</td>
<td>Earliest effective Choice enrollment date is April 1, 2018</td>
<td>Earliest Auto-Assignment date is April 1, 2018</td>
<td>All counties statewide will be included in the daily enrollment packet mailings.</td>
</tr>
<tr>
<td>Enrollment of Special Needs Children. Each individual will be mailed a HealthChoice Illinois enrollment packet. Each individual will have a 30-day enrollment choice period to select a health plan and Primary Care Provider.</td>
<td>May 7, 2018</td>
<td>May 16, 2018</td>
<td>TENTATIVE Earliest effective Choice enrollment date is July 1, 2018</td>
<td>TENTATIVE Earliest Auto-Assignment date is July 1, 2018</td>
<td>All counties statewide will be included in the daily enrollment packet mailings.</td>
</tr>
<tr>
<td>Enrollment of DCFS Youth in Care into a HealthChoice Illinois plan.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All counties statewide will be included in the daily enrollment packet mailings.</td>
</tr>
</tbody>
</table>

*All individuals will have a 90-day switch period to select a different plan. Sample transition and enrollment packet materials are available on the Illinois Client Enrollment Broker Program web site at [www.enrollhs.illinois.gov](http://www.enrollhs.illinois.gov/)*
MAILING SCHEDULE

• HealthChoice IL rollout (Statewide Expansion):
• Illinois Client Enrollment Services (CES) began mailing enrollment packets to all potential enrollees, in all counties, the week of January 15, 2018.
• Potential enrollees include individuals eligible for mandatory enrollment in HealthChoice IL, and not actively enrolled with a HealthChoice IL health plan as of January 1, 2018.
• The earliest effective HealthChoice IL enrollment date for individuals receiving enrollment packets is April 1, 2018.
• Enrollment packets include an enrollment letter, plan extra benefit comparison chart, tips sheet and plan report card, and a brochure with information about the program. The enrollment letter identifies the HealthChoice IL plan and PCP an individual will be assigned to if they do not make an active enrollment choice.
  • Each individual is provided with a 30-day enrollment choice period.
  • Sample enrollment packet materials can be found on the HFS and CES program web sites.
• If client does not choose during their 30-day enrollment choice period, the CES will auto assign the individual to a “best fit” Plan & PCP (for MLTSS it’s only a plan).
• The auto-assignment takes into consideration:
  • An individual’s current patient/provider relationship
  • An individual’s claims information
  • The Plan assignment of the family member that is closest in age to the individual;
  • An individual’s residence/county of service; and
  • Providers that are available within a Plan’s network and distance of the provider from the individual’s residence.
• More information for the HealthChoice Illinois algorithm and MLTSS algorithm can be found on the HFS website: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/HealthChoiceFAQ.aspx
ROLE OF ILLINOIS CLIENT ENROLLMENT SERVICES (CES)

• All enrollments must be processed by CES
• CES provides unbiased education on a client’s Plan (including all family members) and PCP choices and will assist each person with the enrollment process.
• Please refer clients to the Illinois Client Enrollment Services call center for more information about their Plan choices and for enrollment assistance: 1-877-912-8880 (TTY: 1-866-565-8576) or online at http://enrollhfs.illinois.gov
• Note: the MMAI Program does not allow for online enrollment
AFTER ENROLLMENT
WHAT HAPPENS AFTER ENROLLMENT?

• Once an individual selects a Plan and PCP or is auto-assigned to a Plan and PCP:
  ▪ Each individual will have a 90-day “switch period” from their enrollment effective date when they can pick a different Plan. (Limited to 1 plan change during this 90-day period.)
  ▪ Individuals with an April 1, 2018 enrollment effective date will be provided with a 90-day switch period of April 1, 2018 and June 30, 2018. An individual must contact CES to request a plan switch.
  ▪ Each individual is locked in to their Plan for a period of 12 months. The begin date of the 12 month period is the first effective date of their enrollment with the Plan.
AFTER ENROLLMENT

- Sixty (60) days before the end of their 12 month lock-in period, an individual will have an Open Enrollment period.
- CES will mail open enrollment packets notifying each individual of their 60-day plan switch period.
- During this Open Enrollment period, the individual will have an opportunity to change Plans.
- If the individual does not change Plans during Open Enrollment, they will remain with their current Plan.
- All Plan changes during Open Enrollment are processed by the Client Enrollment Services.
AFTER ENROLLMENT
WHAT WILL THE PLANS SEND?

• Once the Plan receives confirmation that a member is enrolled with them (file sent around 3rd week of month), the Plan has 5 days to mail each individual a welcome packet to confirm enrollment and give them member information including a member handbook.
  ▪ Plans send their members Plan ID cards to use when accessing services (in addition to their HFS Medical Card).
  ▪ Plans will also begin working with members to coordinate care, if a care coordinator is assigned. If not assigned a care coordinator, any member may request one.
  ▪ Once enrolled in a Health Plan, members should direct all questions to their Plans.
  ▪ Members may be asked to complete a health risk screening and/or the plan will contact them to complete a health risk assessment. This helps the plan assess the member’s health.
After Enrollment

How to switch PCPs in a Plan

• An individual may switch their PCP within their Plan once enrolled according to the plan rules.
  • To switch PCPs:
    • An individual enrolled in an MCO must contact their Plan directly to request the change.
    • An individual enrolled in an MCO must pick a PCP within their current plan.
    • Individuals cannot change plans because they want a new PCP outside of their current plan’s network. To change plans, they have to either be in their 90-day switch period or within their Open Enrollment period.
ROLE OF NAVIGATORS AND CACS IN THE PROCESS

EDUCATION ASSISTANCE
A key HFS goal is for Medicaid clients to **choose** a health plan and PCP.

With your client relationships, you can help us meet that goal by:

- Helping clients understand the process and timelines
- Providing general information about the **Care Coordination Programs** (HealthChoice Illinois or MMAI) a client may be eligible to participate in and the Health Plans participating in each Program/Region.
- Encouraging potential enrollees to make an active health plan choice within the timeframes provided in their packets, by contacting the Illinois CES.
ROLE OF NAVIGATORS & CACS
EDUCATION ASSISTANCE

• Navigators & CACs must ensure that a client understands the following:
  • An individual has Health Plan choices based on the Care Coordination Program (HealthChoice Illinois or MMAI) they are eligible to participate in and their area of service (County of residence).
  • An individual will have to pick a Health Plan and PCP within their area of service.
  • Once enrolled, the individual will receive a welcome packet from their Health Plan.
A Navigators & CACs may not process an enrollment for an individual online. All enrollments must be processed by the client through the Illinois Client Enrollment Services.

Three-way calls are not permitted with CES.

All education must be in compliance with the requirements in 42 C.F.R. Section 438.104 regarding appropriate activities.

Outreach by any health plan – or any provider connected to a health plan - directed at potential enrollees, via direct or indirect door-to-door contact, telephone contact, or other cold-call activities – is strictly prohibited.
ROLE OF NAVIGATORS & CACS
EDUCATION ASSISTANCE

• Do NOT answer any questions about what plan you recommend or questions for which you are not sure of the answer – instead direct them to the CES.
• Do NOT advocate for any particular plan that you may be affiliated with.
• Any information available at a provider’s office must:
  1) list all plans the provider participates with,
  2) follows the prescribed template on the HFS -Care Coordination website, and
  3) be submitted to HFS by the health plan for approval before it can be used.
EDUCATION ASSISTANCE - REMINDERS

- Not all family members have to pick the same Health Plan and PCP.
- Some individuals will be excluded from participation, such as individuals with High Level TPL (Good primary insurance) and some will be able to participate on a voluntary basis, such as American Indians.
- Client must contact Illinois Client Enrollment Services (CES) at: 1-877-912-8880 (TTY: 1-866-565-8576)
- The CES hours of operation are: Monday – Friday 8:00 a.m. to 7:00 p.m.
- The CES Program Web Site: https://enrollhfs.illinois.gov
- HFS Care Coordination Web Site: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/defaultnew.aspx
Illinois Client Enrollment Services has English and Spanish speaking Consumer Services Representatives and uses a language line to assist non-English/non-Spanish speaking individuals.

There are several tools that have been approved by the Department that Counselors and Navigators can use when providing general education to individuals:

- Health Plan Comparison Charts by Program and Area of Service and sample Client Enrollment Materials by Program:
  
  https://enrollhfs.illinois.gov/el-materials

- More information about Care Coordination, including Statewide map of Care Coordination Programs and Health Plans:
  
  https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/defaultnew.aspx
SERVICES
TRANSPORTATION

Transportation is one of many covered services

• The HealthChoice IL contract, defines Covered Services and references a list in Attachment 1.

• 1.1 COVERED SERVICES

• 1.1.1 Covered Services for all Enrollees except Dual-Eligible Adults receiving long-term services and supports in an institutional care setting or through an HCBS waiver (MLTSS) are as follows:

• Service Package I. Contractor shall provide, or arrange for the provision of, all Covered Services for Service Package I, to Enrollees at all times during the term of this Contract, whenever Medically Necessary. Service Package I includes all federally approved Medicaid services, including EPSDT screenings and services, except those included in Service Package II (see Attachment I). Additional services that are explicitly excluded from Service Package I are listed in section 5.4.
TRANSPORTATION SERVICES

• All MCOs contract out with Transportation vendors to meet their requirement.
• Each MCO may have slightly different policies around transportation so check the MCO websites and the member handbooks.
• MCOs may provide public transportation passes.
• In general:
  • Requests for transportation must be made at least 2 business days in advance and preferably longer.
  • Transportation is covered as long as the member is going to a covered medical service and to the closest appropriate medical provider.
  • Some plans may allow a stop at a pharmacy after a doctor’s visit, check with the MCO.
  • Others may submit transportation requests on a client’s behalf by completing a form.
CONTRACT’S CONTINUITY OF CARE PROVISIONS

Section 5.19 of the HealthChoice IL contract defines Continuity of Care.

5.19.1 Contractor must develop policies and procedures to ensure Continuity of Care for all Enrollees upon initial enrollment, as follows:

5.19.1.1 Contractor must offer an initial ninety (90)-day transition period for Enrollees new to the Health Plan, in which Enrollees may maintain a current course of treatment with a Provider who is currently not a part of Contractor’s Provider Network. Contractor must offer a ninety (90)-day transition period for Enrollees switching from another Health Plan to Contractor. The ninety (90)-day transition period is applicable to all Providers, including Behavioral Health Providers and Providers of LTSS. Contractor shall pay for Covered Services rendered by a non-Network Provider during the ninety (90)-day transition period at the same rate the Department would pay for such services under the Illinois Medicaid FFS methodology. Non-Network Providers and specialists providing an ongoing course of treatment will be offered agreements to continue to care for an individual Enrollee on a case-by-case basis beyond the transition period if the Enrollee remains outside the Network or until a qualified Network Provider is available.
RESOURCES

- HFS highly recommends that providers contracting with MCOs get signed up with the MCO provider portal so they can submit prior authorization requests and claims for payment, sign up for electronic payments, receive patient information, and much more.

- If a Provider has a complaint against an MCO, they must first try to work it out with the MCO. If not possible, they can document it in the Provider Complaint Portal. [https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/ManagedCareComplaints.aspx](https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/ManagedCareComplaints.aspx)

- If a member has a grievance (complaint) or wants to appeal a denial of a covered service, they must FIRST go through the MCO’s grievance and appeals processes before requesting a State Fair Hearing.
QUESTIONS?
ASK QUESTIONS USING THE CHAT BOX FEATURE

- Ask questions at any time using the Chat Box Feature
- We will answer as many questions during the webinar as possible. We’ll follow up on all unanswered questions via e-mail or phone after the webinar.
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For questions related to this and other Starting Strong webinars: kszafranski@everthriveil.org
State of Illinois
Phase 2 of The Integrated Eligibility System (IES) and ABE's "Manage My Case" and Appeals Portals

Everthrive Webinar
March 1, 2018
Lauren Polite, HFS
Changes the Client see in IES Phase 2
Change to ABE’s Application

With Phase 2, individuals filling out an application will have the option to go through Identity Proofing after answering the household questions for each person on the case.

- Identity proofing is NOT required, the applicant can still submit an application by clicking the box that says “Verify Identity Later” at the bottom of the page.

- But if the identity proofing is successful, once the application is submitted, ABE will list what information could be verified electronically and what documents are still needed that can be uploaded with the application.

Please refer to the ABE Guide for Customers for a step-by-step explanation of how to apply for Benefits through ABE and use Manage My Case (MMC).

Visit the ABE Customer Support Page for various resources including ABE Guides, FAQs, How To Set Up Manage My Case and more.
Real-Time Verification if Go Through ID Proofing in Application

Submit Your Documents

We already verified some information using electronic data verifications. We do this to save you from needing to upload this information, and it helps us process applications more quickly.

<table>
<thead>
<tr>
<th>Who</th>
<th>We Have Already Verified</th>
<th>How We Verified the Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Citizenship</td>
<td></td>
<td>Verified through Federal Data Services Hub</td>
</tr>
<tr>
<td>Proof of SSN</td>
<td></td>
<td>Verified through Federal Data Services Hub</td>
</tr>
<tr>
<td>Proof of Illinois Residency</td>
<td></td>
<td>Verified through Illinois Secretary of State</td>
</tr>
<tr>
<td>Proof of Child Support Income</td>
<td></td>
<td>Verified through Key Information Delivery System</td>
</tr>
</tbody>
</table>

Based on what you’ve told us, you may need to submit some additional information. Select the documents you are ready to upload now and click Next. If you do not have documents to upload now click Logout to exit ABE. You will be able to log back in to your application and upload documents at a later time, but please do so as quickly as possible. Be aware you cannot upload documents after the State begins processing your application.

View DHS forms
View HFS forms

<table>
<thead>
<tr>
<th>Who</th>
<th>Proof That May Be Needed</th>
<th>Examples of Documents That May Serve as Proof</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Proof of Employment</td>
<td>Form 266/266A - Verification of Employment, employer statement, last 30 days of check stubs or earnings statements</td>
</tr>
<tr>
<td>Other Proof</td>
<td></td>
<td>Other related verification documents.</td>
</tr>
</tbody>
</table>

If you are ready to begin uploading the selected documents above, click Next.
Identity Proofing – Where we are

- The State continues to work on an alternative to Experian ID proofing so that people can use Manage My Case.

- We hope to have something to roll out within the next two months. Once it’s ready, we will ask Everthrive to host a webinar.
Check Status of an Application in ABE Apply for Benefits

If someone cannot go through ID proofing to set up MMC, they can log back into their ABE Account and check the status of their application.
Check Status of an Application in ABE Apply for Benefits

The Status will show one of three stages:
1. Pending – means the application has NOT yet been submitted
2. Submitted – means the application has been submitted but not yet processed
3. Processed – means the application has been processed. Client should watch for a Notice of Decision in the mail.

Remember, if someone previously had coverage and still has their RIN, they can check if the RIN is active by calling the Automated Voice Recognition System (AVRS) at 1-855-828-4995.
New Medical Management Unit (MMU)
The previous Illinois Medicaid Redetermination Program office has a new name and new functions. It’s Office 155, the Medical Management Unit. **It is NOT a walk in unit, do not send anyone there in person.**

The MMU will continue to process redeterminations for medical-only cases.

If someone needs a replacement redetermination form, they can email the MMU mailbox [DHS.MMU@illinois.gov](mailto:DHS.MMU@illinois.gov) and include the name, address and phone number for the person requesting the form or call the MMU office to request a form. The state is working on clients being able to complete a redetermination over the phone through an MMU, but that is not yet a possibility. Please do NOT have clients call the ABE CCC to rede over the phone. They are not set up to do that. MMC is the best option if possible.

The MMU will also **process changes, conduct appeals and maintain** medical-only Family Health Plan (except All-Kids Share or Premium Level cases), ACA Adult, Former Foster Care cases (categories 94 and 96) and client-initiated newborn-adds.

Once a Family Health Plan, ACA Adult or Former Foster Care application has been processed at the local office, the caseworker electronically transfers it to the MMU.

For those not able to use Manage My Case, all forms and documents, including form 243, request to add a person to a case, **need to go to the Central Scanning Unit or to a local Family and Community Resource Center (FCRC).**
ABE Manage My Case (MMC)
Welcome to ABE
Helping people in Illinois lead healthy and independent lives
Use this site to apply for and manage your healthcare, food, and cash assistance benefits.

Check if I Should Apply  Apply for Benefits  Manage My Case

ABE Partner Login
Community Partner Registration
ABE Manage My Case Portal – Clients Need to…

1. Have an ABE User ID and Password that meets the enhanced password requirements.
   - If client has a User ID and Password, they will be prompted to update the PW and secret questions to meet new security requirements:
     - 8 characters from at least 3 of 4 categories: Uppercase, lowercase, numbers, special characters
     - Cannot contain user’s Account or name and must change every 6 months
   - If client doesn’t have a User ID and PW, they will need to create one.

2. Link their User ID and Password login information to their case information

3. Go through Identity Proofing (federal requirement). The service is through Experian. Clients can submit applications without completing identity proofing, but will not be able to see electronic verification results or access MMC without successfully going through Identity Proofing.
Linking an ABE Account to Case Information

Any customer can use MMC, whether they applied through ABE or not. Clients will need an ABE user name and password. When a client logs in to ABE and clicks Manage My Case from the ABE homepage for the first time, they will be asked to Link their Account and go through Identity Proofing.

Customers enter their date of birth and their Individual ID or SSN – Identity Proofing then occurs. Individual ID #s are on the Notice of Decision (360C)
**ABE Identity Proofing – Types of Questions**

After an ABE application or a case linking request is submitted, ABE will access the third-party identity proofing service, Experian, and display a set of multiple choice questions that only the customer would know the answer to, things like past addresses, family members names, etc.

<table>
<thead>
<tr>
<th>Verify Your Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>To protect you from identity theft, and to confirm your identity, please answer these questions. If the correct answer isn't here, choose &quot;None of the above&quot;. When you are done, click &quot;Next&quot;.</td>
</tr>
</tbody>
</table>

1. What model car do you drive?
   - Ford
   - Chevy
   - Honda
   - Toyota
   - None of the above

2. What is the year of your vehicle?
   - 2003
   - 2005
   - 2009
   - 2013
   - None of the above

3. What is the name of the city where you previously lived?
   - Richmond
   - Little Rock
   - Spokane
   - Seattle
   - None of the above
ABE Identity Proofing - Verification

If the ID Proofing service is able to use the customer’s answers to verify identity, applicants see the information that ABE was able to verify electronically, or their case will be linked and they will see the MMC homepage.

If the customer is unable to answer the questions correctly or if the service does not have enough information to offer questions, the customer will be asked to contact the Experian Help Desk with a reference number for additional questions to answer. If successful, the customer will select “yes” that they were able to verify identity through Experian – and then click “Next”.

![Verify Your Identity](image.png)
Landing Page/Case Summary
First Tab
The Renew My Benefits button will display when the customer is up for redetermination. Appears when redetermination letter is generated 60 days before end of benefit period.

Apply for Other Benefits is only for requesting additional benefits on an existing case.

Customers can get their own benefit details here or from the tab at the top of the page.
MMC – Case Summary (2)

Customers can view Verification Requests & Notices and see the status of their application, change report or Rede from the MMC landing page.

**What verifications are due?**

No documents have been requested at this time. You can still upload a document at any time using the buttons below.

- **View Upload History**
  - Click this button to view documents that have already been uploaded to your case.

- **Upload Documents**
  - Click this button to upload verification documents to your case.

**What are my available notices?**

To view the details about notices sent to you regarding your case, you can click on the "Click Here" link below. This information is current as of June 29, 2016 02:01 PM.

**Available Notices**

View notices sent in the last 12 months.

**What is the status of my ABE application, Redetermination, or Reported Change?**

**Reported Changes**

<table>
<thead>
<tr>
<th>Application Number</th>
<th>Date</th>
<th>Status</th>
<th>Details/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000455601</td>
<td>July 13, 2016</td>
<td>Pending</td>
<td>Continue</td>
</tr>
</tbody>
</table>
Available Notices Page

What are my available notices?

Here is a list of the notices that have been sent to you in the last 12 months. You may click on the PDF icon to view the details. This information is current as of September 18, 2017 11:13 PM.

Renew Your Benefits Now.

Upload documents

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Notice</th>
<th>Notice Name</th>
<th>Notice</th>
<th>Action Needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Silman</td>
<td>September 16, 2017</td>
<td>IL444-360C Notice of Decision</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Robert Silman</td>
<td>August 16, 2017</td>
<td>HFS 643RNW Courtesy Renewal Follow Up Letter</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Robert Silman</td>
<td>July 31, 2017</td>
<td>HFS 643 Medical Benefits Renewal Form</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Robert Silman</td>
<td>June 30, 2017</td>
<td>IL444-1893 Redetermination Application</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

You will need to have a program called Adobe Acrobat Reader to see and print these notices. If you do not have this program on your computer, you may install it for free by clicking on the icon below.

[Get Adobe Reader]
Customers choose the change being reported and then enter details about what is changing.

If adding an Approved Representative, customers MUST upload an Approved Representative form signed by both the client and approved Representative for the add-request to be processed. You can use either DHS’ IL 444-2998 or HFS’ 3806D, but be sure to write the case number on the form.

Reporting a new member through MMC means a transaction number is generated and a task added to a caseworker queue. No new application needed.
MMC – Report a Change

Testkids’s DOA community based services
You’ve told us that there has been a change in Testkids's DOA community based services. On the right side of the page we are showing you the information we have on file. On the left side of the page, you will see boxes where you can change, add, or delete information on file. When you're done, click the Next button.
* Required Field

Please Tell Us Your Changes:

Medical Bills Details

- Name of person who received this service: Testkids
- Date of Service: 11/01/2015
- Date Billed/Paid: 11/01/2015
- Paid to: (Blank)
- Total Amount Billed: $500.00
- How much is Testkids supposed to pay for DOA community based services payments?: $0.00
- Bill Due Date: (Blank)

Information on File:

- Testkids
- 11/01/2015
- 11/01/2015
- (Blank)
- 695.00
- 0.00

Date of Change

- When did the change happen?: 06/01/2017

Information on file may be limited during first year after Go Live due to how data came over from old system. It's ok, do not fix, just report change.

Be Sure to keep selecting Next until it takes you to the screen to sign and submit the change.
Every Change submitted in MMC requires an electronic signature, just like the application.
# MMC- Case Summary (4)

## Appointments & Verifications

### When are my upcoming appointments?

Here is a summary of your upcoming appointments for the next 45 days. This information is current as of [[DATE_TIME]].

<table>
<thead>
<tr>
<th>Date</th>
<th>Appointment Time</th>
<th>Reason</th>
<th>Appointment Mode</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>[[APPOINTMENT_DATE]]</td>
<td>[[START_TIME]]</td>
<td>[[REASON]]</td>
<td>[[Appointment Mode]]</td>
<td>Reschedule</td>
</tr>
</tbody>
</table>

### What verifications are due?

Here is a summary of the things you need to do to receive or continue benefits. This information is current as of [[DATE_TIME]]. Please note, it may take some time for us to process the information you provided. If you are unsure of what you have uploaded, please click the View Upload History button to search for documents that you have submitted. Your last successful upload was done on [[DATE_TIME]].

<table>
<thead>
<tr>
<th>Which Benefit?</th>
<th>Whose</th>
<th>What</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNAP</td>
<td>[[PERSON]]</td>
<td>[[[MED_VERIF_REQUEST]]: A notice for this was sent to you on [[DATE]].</td>
<td>[[DATE]]</td>
</tr>
<tr>
<td>Cash Assistance</td>
<td>[[PERSON_2]]</td>
<td>[[[CASH_VERIF_REQUEST]]: A notice for this was sent to you on [[DATE]].</td>
<td>[[DATE]]</td>
</tr>
<tr>
<td>Healthcare Coverage</td>
<td>[[PERSON]]</td>
<td>[[[MED_VERIF_REQUEST]]: A notice for this was sent to you on [[DATE]].</td>
<td>[[DATE]]</td>
</tr>
</tbody>
</table>

---

**View Upload History**

Click this button to view documents that have already been uploaded to your case.

**Upload Documents**

Click this button to upload verification documents to your case.

---

If verifications are needed, will be listed here. Submit them directly, also view document upload history.

View upcoming appointments and reschedule, if necessary.
Benefit Details
Second Tab
Hello, Fiona. You are logged in.

Healthcare Coverage

Medicaid is a Health Care Coverage program to pay for Medical Services. This page tells you more about Healthcare Coverage.

Keep in mind that whenever your benefits change, you should get a notice via your preferred method of communication telling you about the change. This notice will also let you know your rights if you feel the change has been made in error.

We are showing you Healthcare Coverage eligibility information as of July 2016.

We also have information to show you for other months:

- View your benefits from May 2016
- View your benefits from June 2016
- View your benefits from August 2016
Medical Benefits display – by person

- Information presented by person
- Will show remaining spenddown amount, if relevant
- Plan Anniversary Date is the date BEFORE WHICH they must change plans if they wish. Can choose a new plan beginning 60 days before their MCO Plan Anniversary Date.
Supplemental Nutrition Assistance Program (SNAP) Details

This page tells you more about your SNAP benefits. If you would like to look at the information about other benefits click the Back button at the bottom of the page and click the program you would like to view.

Keep in mind that whenever your benefits change, you should get a notice via your preferred method of communication telling you about the change. This notice will also let you know your rights if you feel the change has been made in error.

We are showing you benefits information as of July 2016.

We also have information to show you for other months:
- View your benefits from May 2016
- View your benefits from June 2016
- View your benefits from August 2016

You will need to submit your redetermination by September 30, 2016.

Supplemental Nutrition Assistance Program

You are receiving Supplemental Nutrition Assistance Program in July 2016.
Your current approval period started on Thursday, October 1, 2015, and is scheduled to continue through Friday, September 30, 2016.
In July 2016, your total monthly benefit amount is $194.00.
Your monthly SNAP benefits will be put on your Link Card on or about the 1st of each month.
Manage your Link account
View your approval notice to see how your benefits were determined
View your notices for more information about what was requested
Contact Information
Third Tab
Customer Contact Information Tab

Your Contact Information
This page contains your contact information as well as your DHS or HFS local office information. If you have questions about using this website please call the DHS Help Line (800) 843-6154 on Monday through Friday between 8:00 AM - 5:00 PM.

Your Mailing Address and Phone Number
This is the mailing address and phone number we have on file for you. If we have the wrong information, report a change in address or phone.

612 W PATTERSON Avenue APT 9
CHICAGO, IL
60613
Cook
Phone:
Email:

Your DHS or HFS local office
Adams County FCRC
300 MAINE ST
QUINCY, IL
62301-3922
Phone: 2172230550
Fax: 2172234707

Send an email to your office.

Your Case Number and Individual ID
Your Case Number is: 778731787
Your Individual ID is: 1200633663

Customers are reminded to review address information and report changes.

Customer's questions submitted through MMC appear in a caseworker's email queue in IES.
Account Management
Fourth Tab
Account Management Tab
The Primary Account Holder can grant access to other adults on the case and respond to Provider requests for access to high-level case information.

Manage Your Account
This page will help you manage your ABE account.

If you would like to change your password, go to the New Password Page. To create a new password, you will need to provide your user ID, date of birth and Individual ID or Social Security number. You will also need the answers to the secret questions you answered when you first created your account. Your Individual ID Can be found on notices sent to you, or by clicking on the Contact Information Tab above.

Manage Your Communication Preferences
This page will help you manage your ABE communication preferences, such as going paperless with your notices and receiving email or text message alerts when new notices are sent to you.

If you would like to change your communication preferences, go to the Manage Your Communication Preferences page.

Household Member Account Access
We have listed all of the people who have created ABE accounts. As the primary account holder, you can grant or remove access to your case information for members of your household. If there are any household members who are not listed below and would like access to your case information, they must first create an ABE account. Once they have done so, the primary account holder will need to grant access. Click on the Manage Household Access button to do so.

Third Party Account Holders
We’ve listed all the people outside your home who have requested access to your case. As the Primary Account Holder you can click the “View Request” or “End access” button to grant or remove access for these individuals or organizations.
Manage Communication Preferences

Manage Your Communication Preferences
This page will help you manage how you want to receive information from the State of Illinois.
If you experience technical problems while using the site,

Communication Preferences (Optional)
As the Primary Account Holder, you may choose how you would like your notices sent to you. You will automatically receive electronic versions of your notices. If you would like to stop receiving paper versions of your notices, please select the electronic only option.

Preferred Delivery Method: ☐ Paper and Electronic ☐ Electronic Only

You may choose to receive alerts when the State of Illinois sends notices to you. Please choose your preferred method of receiving these alerts.

- Email
  - E-mail Address
  - Confirm E-mail Address
- Email And Text Message
  - Cell Phone Carrier
  - Cell Phone Number
- I do not want to receive alerts.

Standard fees may apply from your mobile service provider.

Language Preference
What Language should we use when we contact you? English

Customers can opt to receive electronic alerts when new notices are available to view in MMC. They can also choose not to receive notices in the mail. Must have an email to choose electronic only.
Access the Appeals Portal through Manage My Case – no need to login again.

Three options appear on every page of MMC. Can link directly to appeals portal.

Hello, Mary. You are logged in.

- **Report My Changes**: Click this button to report changes to your DHS or HFS Office.

- **Apply for Benefits**: Click this button to apply for additional benefits.
Approved Reps
Approved Representative - Definition

- An **approved representative** is a person who has been given permission by a client to apply for benefits and receive notices.
- The approval must have either a written or an electronic signature by the client.
- An Approved Rep can set up MMC on behalf of a client, but the ID proofing questions are specific to the client.
Add/Change/Delete an Approved Representative in MMC

Clients with existing accounts can use Report My Changes in MMC to add a new Approved Representative or change/delete an Approved Representative.

Welcome to the Case Summary Page. This page gives you a look at your benefits, and lets you know if there is anything you need to do to receive or continue benefits. From this page you can find information about your benefit status, verifications, notices, application or change report status.

We have taken a number of steps to keep your information private and secure. To learn more, view your security and account management information.

As a head of household, you can control benefit information displayed to other adults in your household.
Reporting Approved Representative Changes

Changes can be reported either as a ‘Change in Contact Information’ or ‘Other Change’.

### Reporting Changes Through ABE

Please let us know what has changed. After answering yes to one or more of the categories below, an additional list of options will be shown. You may check all boxes that apply.

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change in Contact Information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name change or correction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail address or phone number change</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Change in Household</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Change in Household Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenses/Bills Have Changed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources Have Changed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Insurance Has Changed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Changes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Keep in mind that you should only report changes that have already happened.
Customers should describe the Authorized Rep change, including the name of the person adding or deleting.

- If adding an Approved Representative, they **MUST also upload form IL 444-2998** signed by them and the Approved Representative. Also add the case number to the form.

- If deleting an Approved Representative, client lists the name of the Approved Representative and states they want to end their designation as an Approved Representative.

- As with all change reports, the client will have to electronically sign the change report before submitting – like they do an application.

- Once the client submits the change report, they can upload the documentation. Upload the form under:
  - Proof of Relationship – Other Legal Documents
  - Without the uploaded form, the request cannot be processed.
  - Be sure to sign and submit all change reports
Appeals Portal
**Appeal Functionality in ABE**

**ABE for Appeals:** The ABE portal will now allow users to file and manage appeals for 49 different programs.

**Filing an Appeal:** The user will provide name, address, select the program appealing, identify a representative and electronically sign the appeal form.

**Correspondence:** All correspondence from the Bureau of Hearings will be available in the ABE Appeals portal, including the Final Administrative Decision.

**Managing an Appeal:** The user can submit requests directly to the Bureau of Hearings for continuances, withdrawals, etc.

**Upload Documents:** The user can upload documents such as representative forms, Powers of Attorney, and exhibits for the hearing.
Appeals Homepage in ABE

Access through ABE MMC or directly at:
https://abe.illinois.gov/abe/access/appeals

Users can file appeals directly from this site.

Additionally, users can monitor an existing appeal and perform the following functions:
- Check Status
- Upload Documents
- Request Continuance
- Withdraw Appeal
Appeal Options

Login info will appear here

You can either start a new appeal request or check the status of an existing appeal
# Appeal Program Questions

**Program Information**

Please answer the questions regarding the benefits you are appealing to the best of your ability. If you need clarification on any programs, please click on the blue hyperlinks.

- Are you appealing a change or denial of your **SNAP** benefits?  
  - Yes  
  - No

- Are you appealing a SNAP overpayment or recovery action?  
  - Yes  
  - No

- Are you appealing an adjustment to your **Link Account**?  
  - Yes  
  - No

- Are you appealing a change or denial of your **medical benefits**?  
  - Yes  
  - No

- Are you **Medicaid** eligible, but are appealing a denial of services (Dental, Pharmacy, Items, etc.)?  
  - Yes  
  - No

- Are you appealing a decision on your **All Kids** account?  
  - Yes  
  - No

- Are you appealing a change or denial of **cash benefits**, such as TANF or AABD Cash?  
  - Yes  
  - No

- Are you appealing a **child support** case?  
  - Yes  
  - No

- Are you appealing a change or denial of services through the **Home Services Program (HSP)**?  
  - Yes  
  - No

- Are you appealing a change, denial, beginning eligibility date, or cancellation of **child care** benefits?  
  - Yes  
  - No

- Are you appealing a change, denial, beginning eligibility date, or cancellation of **Vocal Rehabilitation** benefits?  
  - Yes  
  - No

*Questions will trigger sub-questions.*
Add the approved rep information here

E-sign the appeal request
Upload Documents

Use this screen to upload your documents. There are 3 steps to uploading your documents.

**Step 1**
To upload a document to your appeal, please choose the type of document you are uploading. To find more information about the different types of documents, please click the help icon on top.

*Document Type: Authorized Rep Forms

**Step 2**
To upload a document, click Browse, and then select the file. After selecting the file, click the ADD button. The types of files supported for upload are: docx, xlsx, pptx, jpg, jpeg, tif, tiff, png, and pdf.

**Step 3**
Below is a summary of documents that you have added. Please review the documents to ensure you have selected the correct items. You must click the submit button at the bottom of this page to send these documents to the Appeal's office.
Once finished filing their appeal, the ABE Appeal users receive an Appeal tracking number which they will use to manage their appeal.

You can print a PDF or view an HTML version of your appeal request.
Questions

Check out the ABE Customer Support Page at:
http://www.dhs.state.il.us/ABE

Customers can email: DHS.ABE.Questions @Illinois.gov
If you have lingering questions or requests for other webinar topics, email Kaylan Szafranski
kszafranski@everthriveil.org

Slides and a recorded copy of the webinar will be posted on EverThrive IL’s website in the coming days: http://everthriveil.org/resources/starting-strong-webinars