

Wednesday, August 8, 2018

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Illinois Department of Healthcare and  
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*Via Electronic Mail Only*

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RE: Freedom of Information Act Request

Dear Officers:

We write pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq., to request the following information. Please note that "Department" refers to both the Department of Healthcare and Family Services and the Department of Human Services, as applicable.

1. Any and all documents (electronic or printed) related to the process, procedures, or computer functionalities for terminating or cancelling Medicaid coverage, cases, or recipients/customers in the Integrated Eligibility System (IES) for failure to comply with redetermination requirements in Medicaid-only cases. This request includes but is not limited to guidance, manuals, internal or external memoranda, training materials for caseworkers, screen shots, documents and materials created by or for contractors regarding the termination functions in IES. Please also include any and all releases, release notes, or documents related to "defects" that pertain to cancelations or terminations stemming from redeterminations.

2. Any and all documents (electronic or printed) related to the process, procedures, or computer functionalities for terminating or cancelling Medicaid coverage, cases, or recipients/customers in the Integrated Eligibility System (IES) for failure to comply with redetermination requirements in cases involving Medicaid plus another Department-administered benefit. This request includes but is not limited to guidance, manuals, internal or external memoranda, training materials for caseworkers, screen shots, documents and materials created by or for contractors regarding the termination functions in IES. Please also include any and all releases, release notes, or documents related to "defects" that pertain to cancelations or terminations stemming from redeterminations.

3. Any and all information or reports on electronic system performance for users accessing a case through IES since January 1, 2017, including time required to "convert" a case, amount of system downtime, error messages, system crashes, progress on converting cases to the new system, average case worker time/productivity, and average rate of system errors.

4. Any and all documents, including electronic correspondence, related to procedures for processing or otherwise handling redetermination responses, including but not limited to opening mail, maintaining drop-boxes, scanning documents received by customers, and uploading documents to IES for Medicaid-only cases.

5. Any and all documents, including electronic correspondence, related to procedures for processing or otherwise handling redetermination responses, including but not limited to opening mail, maintaining drop-boxes, scanning documents received by customers, and uploading documents to IES for cases involving Medicaid plus another Department-administered benefit.

6. Any and all documents related to the processes, procedures, or computer functionalities for determining whether a redetermination "Form 2381" or "Form 2381A" or "Form 2381B" (or other forms signaling ex-parte redetermination or sign-and-return redetermination) will be sent to a recipient in Medicaid-only cases.

7. Any and all documents related to the processes, procedures, or computer functionalities for determining whether a redetermination "Form 2381" or "Form 2381A" or "Form 2381B" (or other forms signaling ex-parte redetermination or sign-and-return redetermination) will be sent to a recipient in cases involving Medicaid plus another Department-administered benefit.

8. Any and all documents, including but not limited to data reports and compilations, regarding the number of Form 2381, Form 2381A, and Form 2381B sent each month since January 1, 2017, for Medicaid-only cases.

9. Any and all documents, including but not limited to data reports and compilations, regarding the number of Form 2381, Form 2381A, and Form 2381B sent each month since January 1, 2017, for cases involving Medicaid plus another Department-administered benefit.

10. For each month since and including January 1, 2017, the total number of redetermination decisions made, and, of that total number, the number of decisions to continue benefits, change benefits, and the number of decisions to cancel benefits, for cases involving Medicaid only.

11. For each month since and including January 1, 2017, the total number of redetermination decisions made, and, of that total number, the number of decisions to continue benefits, change benefits, and the number of decisions to cancel benefits, for cases involving Medicaid plus another Department-administered benefit.

12. For each month since and including January 1, 2017, the percentage of cancellation decisions made for Medicaid-only cases due to each of the following:

- a. The beneficiary's ineligibility due to excess income.
- b. The beneficiary's ineligibility due to not being an Illinois resident.
- c. The beneficiary's ineligibility due to being deceased.
- d. The beneficiary's request to cancel benefits.
- e. The beneficiary's lack of response after notices mailed to the beneficiary are returned to the Department as undeliverable by the United States Postal Service.
- f. The beneficiary's lack of response to a request for additional information when reliable information in the beneficiary's account, or other more current information, is unavailable to the Department to make a decision on whether to continue benefits.
- g. Other reasons tracked by the Department for the purpose of ensuring program integrity.

13. For each month since and including January 1, 2017, the percentage of cancellation decisions made for cases involving Medicaid and another Department-administered benefit, due to each of the following:

- a. The beneficiary's ineligibility due to excess income.
- b. The beneficiary's ineligibility due to not being an Illinois resident.
- c. The beneficiary's ineligibility due to being deceased.
- d. The beneficiary's request to cancel benefits.
- e. The beneficiary's lack of response after notices mailed to the beneficiary are returned to the Department as undeliverable by the United States Postal Service.
- f. The beneficiary's lack of response to a request for additional information when reliable information in the beneficiary's account, or other more current information, is unavailable to the Department to make a decision on whether to continue benefits.
- g. Other reasons tracked by the Department for the purpose of ensuring program integrity.

14. For each month since and including January 1, 2017, of the total number of benefit cancellations in a month for Medicaid-only cases, the number of beneficiaries who return from cancellation within 3 months.

- a. Of the number of beneficiaries for Medicaid-only cases who return from cancellation within 3 months, the percentage of those cancellations that were due to each of the reasons listed in question 12(a)-(g) above.
- b. Of the number of beneficiaries for Medicaid-only cases who return from cancellation within 3 months, the percentage of those beneficiaries who submitted a new application for Medicaid benefits.
- c. Of the number of beneficiaries for Medicaid-only cases who return from cancellation within 3 months, the percentage of those return from cancellations where the cancellation was due to Department error.
- d. Of the number of beneficiaries who return from cancellation within 3 months where the cancellation was due to Department error identified in 13(c) or otherwise identified since January 1, 2017, please provide copies of all

documents referencing, describing, or compiling those cases and the reason for Department error. This includes but is not limited to documents referencing return from cancellations where IES did not recognize a redetermination response as having been submitted into the system, or where a redetermination response was timely received but not timely scanned and uploaded.

15. For each month since and including January 1, 2017, of the total number of benefit cancellations in a month for cases involving Medicaid and another Department-administered benefit, the number of beneficiaries who return from cancellation within 3 months.
  - a. Of the number of beneficiaries (for cases involving Medicaid and another Department-administered benefit) who return from cancellation within 3 months, the percentage of those cancellations that were due to each of the reasons listed in question 13(a)-(g) above.
  - b. Of the number of beneficiaries (for cases involving Medicaid and another Department-administered benefit) who return from cancellation within 3 months, the percentage of those beneficiaries who submitted a new application for Medicaid benefits.
  - c. Of the number of beneficiaries (for cases involving Medicaid and another Department-administered benefit) who return from cancellation within 3 months, the percentage of those return from cancellations where the cancellation was due to Department error.
  - d. Of the number of beneficiaries who return from cancellation within 3 months where the cancellation was due to Department error identified in 14(c) or otherwise identified since January 1, 2017, please provide copies of all documents referencing, describing, or compiling those cases and the reason for Department error. This includes but is not limited to documents referencing return from cancellations where IES did not recognize a redetermination response as having been submitted into the system, or where a redetermination response was timely received but not timely scanned and uploaded.

16. Any and all documents, reports, aggregated data, or data sets related to the reporting requirements of P.A. 99-0086 and/or 305 ILCS 5/11-5.1(d).

AIDS Foundation of Chicago (AFC) requests that all fees for copying of the requested record be waived pursuant to 5 ILCS 140/6(c). AFC intends to disseminate the information received in response to this FOIA request to the public. The requested information will not provide a commercial benefit and is in the public interest. AFC requests your response within five working days in compliance with 5 ILCS 140/3(d).

Thank you for your assistance in this matter.

Sincerely,

Daniel Frey  
Director of Government Relations  
AIDS Foundation of Chicago  
dfrey@aidschicago.org