



## ILLINOIS MATERNAL & CHILD HEALTH COALITION

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Testimony to Senate Special Committee on Medicaid Reform  
Presented by Kathy Chan, Associate Director  
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Thank you to Co-Chairs Senator Steans and Senator Righter and the other members of this committee for the opportunity to speak with you today.

My name is Kathy Chan and I'm the Associate Director of the Illinois Maternal and Child Health Coalition. We have a 22 year history of working with legislators from both sides of the aisle on policies and programs that improve the health and well-being of women, children and their families.

From 2002 – 2007, Illinois Maternal was the home of Covering Kids and Families Illinois, a project supported by local and national funders to reduce the number of uninsured children and adults by connecting eligible families with Medicaid and other state-sponsored health programs. To do so, we convened a broad-based coalition of public and private stakeholders that helped us better understand the challenges and opportunities that face families in their efforts to obtain affordable health coverage. This work helped shaped our experience with Illinois' Medicaid program and our responses to the questions posed to us for today's hearing.

In order to maximize Illinois' draw down of federal funds, we encourage the Departments of Healthcare and Family Services, Human Services and Public Health to review existing state-funded programs to see if there are new opportunities to claim federal match at a higher rate through recently enacted federal laws, regulations or rules changes. For example, the Children's Health Insurance Program Reauthorization Act of 2009 allows for enhanced federal match for translation or interpretation services in connection with the "enrollment of, retention of, and use of services" under CHIP and Medicaid, the two main funding streams of Illinois' public coverage programs, including All Kids and FamilyCare<sup>1</sup>.

Additionally, there may be opportunities to claim federal match for programs and services currently paid for with 100% state dollars that are not traditionally seen as "medical services" but contribute to improving health outcomes for those who are most vulnerable.

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<sup>1</sup> July 1, 2010 letter from CMS to State Medicaid Directors. "Increased Federal Matching Funds for Translation and Interpretation Services under Medicaid and CHIP" SHO#: 10-007, CHIPRA#: 18

This includes services such as transitional and supportive housing services or prevention education and case management provided by entities such as promotores or doulas. It may take some aggressive negotiations with federal CMS<sup>2</sup>, but these pursuits could yield fruitful results.

When it comes to more effective methods of doing business in Medicaid, we applaud HFS's implementation of plastic medical cards which will take the place of the monthly paper cards that are currently being mailed to hundreds of thousands of households each month. The move to the plastic card will not only save millions in postage and paperwork costs, but we expect that this improvement will also substantially reduce the amount of time caseworkers spend each month reissuing cards. And just for the record, this is something that Covering Kids and Families' policy workgroup suggested in 2004.

As evidenced by HFS's move to plastic medical cards, a reduction in paperwork can lead to streamlined functions and more efficient use of valuable staff time. Additionally suggestions along this vein include using data captured by other state and federal agencies to pre-populate forms and verify information such as employment and income. In fact, the state of California anticipates an annual savings of \$26 million by using Social Security Administration data to verify citizenship.

And as you may already be aware, Illinois' IT systems that manage and maintain Medicaid program enrollees need a desperate upgrade. System improvements can result in better capture of data and greater program efficiencies, leading to cost savings. Earlier this month, federal CMS announced that states could be eligible for a 90% enhanced match rate for upgrades in eligibility determination systems<sup>3</sup>. We encourage Illinois to pursue these funds, particularly at a time the state is beginning to craft the health insurance Exchange as part of implementing the Affordable Care Act.

Again, thank you for the opportunity to present and we look forward to working with you to strengthen Illinois' Medicaid program and overall state fiscal health.

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<sup>2</sup> Note that CMS here refers to the Centers for Medicare and Medicaid Services in the US Department of Health and Human Services, not Central Management Services.

<sup>3</sup> <http://www.hhs.gov/news/press/2010pres/11/20101103a.html>