MEMORANDUM

TO: State of Illinois Agency Leadership

FROM: Janel L. Forde, Director

DATE: March 23, 2020

SUBJECT: CMS Benefits’ Response to COVID-19

In response to COVID-19, the Illinois Department Central Management Services’ (CMS) Bureau of Benefits and leadership team are working together to mitigate any adverse health and financial impacts to our members who may be affected, either directly or indirectly. We are committed to ensuring that our members do not experience any access to care issues and have appropriate resources readily available to them.

CMS oversees the provision and administration of group health benefits for approximately 446,000 enrollees in four different group insurance programs. Health coverage for employees and non-Medicare retirees is provided by a variety of Benefit Choice Health Plans (297,000 members and their dependents; 67% of total enrollees).

Coverage for Medicare retirees is provided by Total Retiree Illinois (TRAIL) Medicare Advantage Prescription Drug (MAPD) Health Plans, which are subject to Federal regulations (149,000 members and their dependents; 33% of total enrollees).

Due to the size and scope of our operations, each State agency, university and retirement system has a Group Insurance Representative (GIR) who acts as liaison to the CMS Bureau of Benefits Group Insurance Division (GID). These essential resources, at the agency level, are critical to ensure member (employees, retirees and survivors) enrollment, communication and billing works properly, by determining program eligibility and following defined steps to communicate that eligibility to Benefits. At this time, we are asking that GIRs prioritize critical, essential functions that may impact a member’s coverage.

In response to COVID-19, Governor Pritzker has issued Executive Order 20-10 requiring individuals to stay at home, except for essential operations. All GIRs are expected to continue to fulfill their role at each agency. A list of GIRs by agency can be found at https://www2.illinois.gov/cms/benefits/StateEmployee/Documents/GIRList.pdf.
While also impacted by this order, CMS’ Bureau of Benefits continues to provide uninterrupted service to our members.

**Benefits information.** At this time, we are asking members to take advantage of [MyBenefits.illinois.gov](http://MyBenefits.illinois.gov) or the MyBenefits Service Center (toll-free) 844-251-1777 from 8:00 AM – 6:00 PM CT, Monday through Friday to address benefit and enrollment questions. For concerns that cannot be addressed by MyBenefits, such as access to healthcare, members should contact CMS toll free at 800-442-1300, select the appropriate option and leave a message. A representative will return calls within 24 hours, Monday through Friday.

In addition, CMS and our partners have taken the following steps to keep healthcare members protected during this time:

- **Telemedicine.** CMS challenged our health insurance carriers to ensure maximum COVID-19 and telemedicine benefits at minimal patient cost. See attached.

- **Emotional health and support.** Many of our employees may be feeling anxious or scared as we adapt to our “new normal.” To support the mental well-being of our employees during this stressful time, both the Employee Assistance Program (EAP) administered by Magellan HealthCare and Personal Support Program (PSP) administered by AFSCME are available and have expanded their operations to include Telehealth services in addition to their regular telephonic coaching. All services are free and confidential.
  
  - **PSP for AFSCME31 members:** (800) 647-8776
    - Monday – Friday 8:30 a.m. to 4:30 p.m.
    - If members call at other times, they may leave a confidential message
    - See [https://www.afscme.org/covid-19](https://www.afscme.org/covid-19) for AFSCME resources specific to COVID-19

  - **EAP through Magellan for non-AFSCME31 members:** (866) 659-3848
    - 24 hours a day, 7 days a week
    - Additional resources are available at [https://magellanascend.com](https://magellanascend.com)

- **Benefits administration.** CMS and Morneau Shepell, our online benefits administration vendor, have strengthened processes to ensure Morneau Shepell is facilitating resolution to enrollment or coverage-related issues that may arise. Additionally, we have taken the following steps to improve our ongoing processes to reduce the risk of access to care issues:
  
  - Developed a microsite at [MyBenefits.illinois.gov](http://MyBenefits.illinois.gov) to provide relevant and useful COVID-19 resources for our members. Members do not need to login to view this information.
  - Strengthened the existing escalation process to allow Morneau Shepell representatives to assist members with claim issues and connect them directly with their health carrier.

- **Dependent Eligibility Verification Audit (DEVA).** In cooperation with HMS Employer Solutions, the vendor currently conducting our Dependent Eligibility Verification Audit (DEVA), we are delaying termination of dependents that were not verified in Phase 1 of the audit which ended
March 20th. Instead, an additional communication will be sent to members with unverified dependents and the termination of ineligible dependents is postponed until May 1, 2020.
  - Active employees’ dependents, who still require verification in Phase 2 of the audit, have until April 25th to submit required documentation at www.VerifyOS.com, via fax to (877) 223-8478 or mail to HMS, PO Box 165308, Irving TX 75016-9923. Questions should be directed to (855) 424-0850 from 7 am to 7 pm CT, Monday through Friday.

- **Flexible Spending Accounts (FSA).** Working with ConnectYourCare, our Flexible Spending Account (FSA) provider, Benefits is temporarily discontinuing suspension of a participant’s Medical Care Assistance Program (MCAP) card if appropriate documentation is not received. This will allow participants to utilize their MCAP (FSA) card to pay for copays, coinsurance or prescription costs if needed.

- **Benefit Choice.** As required by the State Employees Group Insurance Act, the Benefit Choice annual enrollment period will be begin on May 1st. CMS is exploring additional communication materials and methods to engage members to share enrollment information, including a new high deductible health plan and health savings account (HSA) as well as new member contributions.

The health and wellbeing of our employees and members is of the utmost importance to CMS. The department will continue to explore ways to provide additional resources, remove barriers to care and assist our members and their dependents during this trying time.