Redetermination: What to Expect During the PHE Unwinding

March 16, 2023
• Medical Eligibility:
  A. End of Continuous Coverage
  B. Resuming Medical Redeterminations
  C. Special Populations
  D. Communication Strategy

• Partner Agency Outreach Efforts:
  A. Partnering with MCOs
  B. Outreach Events
  C. Manage My Case
Background and Overview
COVID-19 Public Health Emergency

- The declaration of the Public Health Emergency (PHE) provided states with authority to implement numerous flexibilities that impact almost all aspects of Illinois Medicaid operations.

- The Families First Coronavirus Response Act (FFCRA) legislation offered states enhanced federal match in exchange for meeting a Maintenance of Effort (MOE) requirement.
  - The ‘continuous coverage' or 'continuous enrollment' condition was part of the Maintenance of Effort.
Consolidated Appropriations Act, 2023 (CCA)

- Signed by President Biden on December 29, 2022
- Amends the FFCRA to delink the Medicaid Continuous Enrollment Requirement from the end of the COVID PHE.
  - Other Medicaid flexibilities remain tied to the end of the PHE.
  - Phases out the enhanced federal match rate authorized by the FFCRA.

**Impact on Continuous Enrollment**
- Continuous Enrollment no longer tied to PHE end date.
- Medicaid continuous enrollment condition will end March 31, 2023.
  - Redeterminations will begin for Illinois medical customers on 04/01/2023.
  - First group of redetermination letters will be mailed on 05/01/2023.
  - First date Medicaid customers could lose coverage is 07/01/2023.
Restarting Redeterminations
HFS Goals

• Minimize the number of eligible customers who lose coverage

• Provide all customers with access to multiple customer-centered redetermination completion and submission opportunities

• Ensure all Medicaid eligible customers continue to connect with their healthcare providers
## Redetermination Process Examples*

<table>
<thead>
<tr>
<th>End of Certification Period</th>
<th>Rede Due Date: Printed on Notice</th>
<th>Cut-off Date: Case will close at end of cert period if rede not received.</th>
<th>First day of no coverage if Form B not received</th>
<th>Last day to return rede: for potential reinstatement (90 days from case closure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/30/2023</td>
<td>06/01/2023</td>
<td>06/15/2023</td>
<td>07/01/2023</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>07/31/2023</td>
<td>07/01/2023</td>
<td>07/17/2023</td>
<td>08/01/2023</td>
<td>10/31/2023</td>
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<tr>
<td>08/31/2023</td>
<td>08/01/2023</td>
<td>08/15/2023</td>
<td>09/01/2023</td>
<td>11/30/2023</td>
</tr>
</tbody>
</table>

*Rede due dates will be spread over a 12 month period: 6/01/23 – 5/01/24
# Redeterminations: Form A and Form B

<table>
<thead>
<tr>
<th>Form A</th>
<th>Form B</th>
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</table>
| • IES currently renews 30-40% of medical customers each month.  
• Electronic verification of income and other factors.  
• This process does not require customer action unless information has changed.  
• *Process is known as Ex Parte or Form A process.* | • All Medicaid customers whose eligibility information cannot be electronically verified.  
• Pre-populated with some information from case records  
• Customer reviews and updates with current information.  
• Most important: update and attach proof of income for last 30 days. |
| • SNAP beneficiaries receiving medical benefits are also renewed when they go through the SNAP redetermination process. | • Customers that cannot be redetermined through the receipt of another program like SNAP, enter the Form B process. |
More on Rede Forms

1. Each REDE form has a barcode that identifies: 1) the case; and 2) the form.

2. When the paper form is returned to Central Scanning, it is electronically scanned into IES and the case is automatically updated to show the redetermination form was received.

3. As long as IES shows the renewal is submitted by the due date, the case will stay open. Any future action will depend on eligibility when processed.
### Integrated Eligibility System (IES) Changes

<table>
<thead>
<tr>
<th><strong>Ex-Parte for $0 income cases</strong></th>
<th>Additional group to expand number of customers receiving form A. Beginning April 2023.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Addition of Phone Redeterminations</strong></td>
<td>New option for medical customers. Already being used for SNAP</td>
</tr>
<tr>
<td><strong>Using SNAP Income</strong></td>
<td>SNAP income may now be used to determine eligibility for Ex-Parte. Beginning April 2023</td>
</tr>
</tbody>
</table>
How to Find Renewal Dates

• ABE.Illinois.gov
  o Manage My Case
  o Benefit Details Tab
• Medi System for Providers
• Customer’s Managed Care Organization (MCO) if enrolled
• **Coming Soon**: Automated Voice Response (AVR) Phoneline
Renewal Form indicator is not updated until 1 month before the renewal date. If older than that, do NOT use.
# Medi Eligibility Inquiry for HFS Application Agents

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**Recipient Eligibility Verification**

If you have billing problems, please call a billing consultant at 1-877-782-5565. For all other questions, please call DoIT Service Desk at 1-312-814-DoIT (3648), Option 1 - for Information Technology (IT), and then Option 2 for HFS.

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**Transaction Audit Number:** 2019288130222238  
**Recipient Number:** [Redacted]  
**Recipient Birth Date:** [Redacted]  
**Provider Number:** [Redacted]  
**County Code:** [Redacted]  
**Case Address:** [Redacted]  
**Begin Date:** 10/01/2019  
**NPI Number:** [Redacted]  
**Renewal Due Date:** *** 12/01/2019 ***

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**Recipient Name:** [Redacted]  
**Recipient SSN:** [Redacted]  
**Recipient Sex:** M  
**Provider Name:** CH  
**Case Name:** [Redacted]  
**City, State Zip:** CHICAGO - IL - 60623  
**End Date:** 10/01/2019  
**Print This Section**

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**Coverage Detail**

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Illinois Department of Healthcare and Family Services


## 4 Ways To Complete redeterminations

<table>
<thead>
<tr>
<th>Online through <a href="https://ABE.Illinois.gov">ABE.Illinois.gov</a></th>
<th>By Phone: Call the DHS Call Center 1-800-843-6154/ 1-866-324-5553 TTY prompts to select TBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must have Manage My Case (MMC)</td>
<td>Return the Renewal Notice by mail or fax to:</td>
</tr>
<tr>
<td>If rede is due – Renew button and electronic version of redetermination questions will appear in MMC.</td>
<td>Central Scanning Office (not local office). Return envelope is included in mailing</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 19138 Springfield, IL 62763 or</td>
</tr>
<tr>
<td></td>
<td>Fax: 1-844-736-3563</td>
</tr>
<tr>
<td></td>
<td>Return the form in person to Department of Human Services (DHS) office on Notice. Click here for list of Family Community Resource Centers</td>
</tr>
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</table>

For free help completing and submitting the form refer members to a [Certified Application Assistant](https://CertifiedApplicationAssistant)
Special Populations and Transitions During the Unwinding
## ACA to AABD Transitions

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
<th>Notes</th>
</tr>
</thead>
</table>
| ACA Adults to AABD         | Approx. 55,000 | • Individuals that turned 65 and/or started receiving Medicare during PHE  
• HFS transitioned customers in IES the week of 02/20/23  
  • Placed in AABD or AABD Met Spenddown  
  • Customers notices were generated the week of 02/20/23  
  • Customer will stay in this status until redetermination |
Transitioning to Medicare: SHIP

The *Senior Health Insurance Program (SHIP)*

- Free statewide health insurance counseling service for seniors and persons with disabilities and their caregivers.
- Information and resources about applying for Medicare, Medicaid and the Medicare Savings Program (MSP)
- Sites in their area where individuals can get assistance
- Tools for SHIP sites around the State to utilize in serving Medicare beneficiaries.

[https://ilaging.illinois.gov/ship.html](https://ilaging.illinois.gov/ship.html)
Transitions: Babies turning 1

For families with babies who have turned, or are turning 1, that were deemed eligible at birth, a HFS-243C Request Medical Benefits Form will be sent to the case HoH at time of redetermination. In addition, SSNs will be required if the child is documented or a US citizen.
Transitions: Children Turning 19

At the time of a case/family redetermination when rede paperwork is sent out, an additional form, the **643A, 19 Year Old Aging Out of All Kids Medical Benefits** will be included for households in which a member turned 19 during PHE or the unwinding period. This form gathers information to determine whether the youth will remain on parent’s case or establish their own case. This determination is based on tax status:

- If the child will be claimed by their parents on tax documents, they will remain on their parents’ Medicaid case after turning 19, if still income eligible.
- If the child will no longer be claimed by parents, a new case will be established for the 19 year old.
- The form must be completed even if the teen will remain on parent's case.

Parent CANNOT sign the 643A! The 19-year-old must sign the form before it is submitted with all redetermination documents. If the 19-year-old doesn’t sign the form and are not claimed as dependents by parents, the state cannot open a new case for the individual and the youth will lose coverage.
Aging Out of All Kids
HFS 643A

- Form will be sent out at redetermination.
- There will be several pages of questions to be completed by the youth.

19 Year Old Aging Out of All Kids Medical Benefits

Dear [Name],

You received this form because a member of your household is reaching age 19. Have this member complete, sign and return this form so we can decide if a medical case can be opened in the member's name. If the member is not able to complete this form, the person who will be the head of household for the member should complete the form. Answer the questions on this form about the member.

To continue receiving medical benefits from the State of Illinois you must:

- Fill out, sign, and send us this form and all verifications we ask for.
- You may send the form by mail or fax.
  - Mail to P.O. Box 19138, Springfield, IL 62794-9138; or
  - Fax the form to 1-844-736-3563; or
  - Drop the form off at your local FCRC. Call 1-800-843-6194 (TTY: 1-866-324-
Signature Page

Final page to be signed by youth.

All pages of this form have a bar code that links the document to the correct case. This form can only be used by the family it is sent to.
Medicaid to Marketplace: Getting Help to Enroll

- Visit GetCoveredIllinois.gov and go to the “Get Free Help” button
- Enter your zip code and find a Certified Application Counselor(CAC) near you.
- CACs, will not recommend a specific plan for you but they will answer any questions you have regarding the different plans available.
- CACs can also help with Medicaid renewals

Get Covered Illinois is an ACA partnership between Illinois and the federal Marketplace.

getcovered.illinois.gov
Enrolling in a Marketplace Health Plan

Healthcare.gov

- Federal website where you can compare plan prices/benefits and enroll
- Every plan covers essential health benefits including doctor visits, preventive care, prescriptions drugs and hospitalization
- You may qualify for financial help
PHE Eligibility Flexibilities

- PHE Flexibilities will continue through the unwinding to help eligible customers get and stay covered, including:
  - Accepting attestation at application for income, incurred medical expenses, and insured status
  - Delay action on changes affecting eligibility until redetermination
  - Presumptive eligibility for MAGI adults at initial application
  - Increase Presumptive Eligibility (PE) for children and MAGI adults to up to two times in a calendar year.
Communications Strategy
Public Health Emergency Communications Phased Approach

Phase 1: Address Update

Phase 2: (3-4/23)

Ready to Renew Toolkit
Phase 2
Ready to Renew
Audience + Messages

A. Medicaid Customers
1. Verify your address
2. Find your due date
3. Check your mail
4. Complete your renewal
5. Connect to coverage

B. External Stakeholders
• Managed Care Organizations (MCOs), providers, state agencies, application agents, schools, churches, food banks, elected officials, community leaders…
• Help Medicaid customers get ready to renew
• Use our outreach materials and messaging to talk to Medicaid customers about redeterminations
Got Medicaid? Get ready to renew! Manage your case at abe.illinois.gov.

Illinois is checking to see if you are still eligible for Medicaid. Here’s what you need to do now: Click Manage My Case at abe.illinois.gov to:

• Verify your mailing address under ‘contact us.’
• Find your due date (also called redetermination date) in your ‘benefit details.’

Watch your mail and complete your renewal right away.

If you are no longer eligible for Medicaid, connect to coverage at work or through the official Affordable Care Act marketplace for Illinois, GetCoveredIllinois.gov.

Call 1-800-843-6154 for help or to complete your renewal by phone.
Targeted Outreach to Medicaid Customers

Verify your address | Find your due date | Check your mail | Complete your renewal | Connect to coverage

**HFS/DHS**
- Paid Advertising
- Social (organic)
- News Media
- ABE Texts/Emails
- TV/Radio PSAs
- Website
- IVRs

**MCOs and Partners**
- Social: Organic + paid
- IVRs
- Emails
- Texts
- Phone Calls
- Events
- Flyers/palm cards
- Provider tools (MEDI, MyChart, etc)

**In Development for HFS**
- Salesforce Marketing Cloud
  - Email
  - Text
  - Social Media (Paid)
  - Paid advertising campaign
## Text Messaging

<table>
<thead>
<tr>
<th>SMS (Short Message Service)</th>
<th>MMS (Multimedia Message Service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get ready to renew your Medicaid! Find your due date &amp; verify your mailing address at abe.illinois.gov (click Manage My Case) or 1-800-843-6154. Txt STOP=stop</td>
<td>Get ready to renew your Medicaid! Illinois is checking to see if you are still eligible for Medicaid. You need to verify your mailing address and know your due date to make sure you get your renewal letter. Click Manage My Case today at abe.illinois.gov or call 1-800-843-6154. STOP = unsubscribe.</td>
</tr>
</tbody>
</table>
Paid Media Campaign: In contract review

• Statewide
• Targeted
• Omnichannel
• Yearlong
• Multilingual
Partner Agency Outreach Efforts
Helping Our Customers Retain Coverage

A. Partnering with MCOs
B. Outreach Events
C. Manage My Case
Partnering with Medicaid MCOs: Communication

- Managed Care plans are developing robust outreach initiatives including:
  - Text Messaging Campaigns
  - Emails and mailings to members
  - Phone banking and customer engagement
    - Example: If a customer contacts their MCO and is known to have a renewal due, the MCO will offer to transfer the caller to the DHS Helpline to complete the redetermination over the phone.
  - Redetermination events
  - Redetermination awareness campaigns
- Improved data sharing between HFS and MCOs to target customers
Managed Care Plans will ensure staff and external partners are engaged:

- Training all MCO call center representatives, care coordinators, and case managers on the redetermination process to give members their redetermination dates when they call in.
- Partnering with providers, pharmacies and community partners to ensure outreach/support in helping members submit their redetermination.
- Working with external vendors like Best Foot Forward, Catalyst or corporate vendors to do external calls and help members submit their redeterminations when due.
Helping our customers retain coverage

- Encourage medical customers to learn about their redetermination date
- Promote DHS and HFS Call Centers to find out REDE dates
- Check MEDI when someone comes to you for services or assistance and tell them when their redetermination is due
- Refer to HFS Application Agents or Get Covered Illinois Navigators
- Explain the timeline of when redeterminations are mailed vs. their due date.
  - Redes are mailed 30 days before their renewal due date and 60 days before the end of their certification period (which is the last day of coverage if don’t renew).
- Continue to encourage medical customers to update their contact information.
- Assist customers with setting up Manage My Case (MMC) accounts
Outreach Events

HFS Speaker's Bureau: Community Events Participation Request Form

- Requests for HFS participation during an upcoming community event and/or requests for HFS to conduct a training for your organization must be submitted using the:
  - HFS Community Events Participation Request Form.

For All Entries:

- This Form is for Internal and External utilization.
- Please submit all request 12-14 business days prior to the date of your event or training.
- All submissions will be reviewed by the HFS Outreach Team.
- Note: HFS's Confirmation of Participation is based on staff capacity and available resources.
The 3 Cs of Manage My Case (MMC)

<table>
<thead>
<tr>
<th>Create</th>
<th>Check</th>
<th>Change</th>
</tr>
</thead>
</table>
| • Create a Login  
• Link Accounts | • Check your renewal date  
• Review your case Information  
• Check for notices from HFS and DHS  
• Check upcoming appointments and reschedule | • Submit your renewal  
• Change your address  
• Change of Income  
• Add household members to your case  
• Report Expenses  
• Upload documents |

MMC is one of the easiest way for consumers to submit redeterminations!

• MMC allows customers to make fewer visits to their local DHS office, stay informed on the status of their benefits, and manage their case information.
• We urge all agencies with customer contact and resources available to assist customers in setting up MMC accounts.
Most customers can use Manage My Case in ABE.

If the customer created an ABE Profile to apply for benefits, they will use that login information.

New to ABE: Create an ABE User ID and password to access Manage My Case.
Linking an Account

- Logging in to link a new account
- Submitted Application via ABE
- Status of application seen on Case Summary page

Presenter: Margaret Dunne, Division of Medical Eligibility
Linking Case Information

• Customer enters Date of Birth and Individual ID or Social Security Number.

• Individual ID: 10-digit number listed in the top right corner of the Notice of Decision Letter.

• This is NOT the same as the Recipient ID (RIN).
Identity Verification (ID Proofing)

• If ID proofing was not completed while submitting the application, ID Proofing must be completed before using MMC.
• ID Proofing is required only once.
• Three (3) ID Proofing services will be available. They will be offered to the customer in the following order.

  1. Secretary of State (SoS) – Verifies a SoIL Driver’s License or State ID information. (available in March 2023)
  2. Experian – Randomly generated questions only the customer would know based on previous addresses, tax data or ownership details.
Can I Create an MMC Account for a Customer?

HFS Application Agents/Assisters/MCOs should *not* create MMC Accounts without the Customer present unless they have been designated as an Approved Representative and have the signed, required paperwork.

Staff can **assist** the customer in setting up MMC Accounts and complete data while using MMC, but the customer must sign any forms submitted through MMC.

Staff should never keep the Customers User ID and password! You can write it down for the customer to keep and emphasize it should be stored securely.

In order to communicate with Caseworkers, if you are an Application Agent assisting with applications or renewals be sure to have customers complete the Application Agent Customer Authorization Form.
**Case Summary - Check**

Links to many of the Manage My Case features are available on this page.

Important Note: Renew My Benefits will display on the first day of the month 30 days prior to due date.

Customers can get their own benefit details here or from the tab at the top of the page.
Check Renewal Date: Case Summary or Benefit Details

Tabs

View more details about the benefits currently received on the Benefits Details tab.

Click the hyperlink under ‘Summary’ to view details about each benefit program received.
Report Changes

Reporting a change in the household or circumstances:


2. Customer chooses the change to be reported and clicks Next.

3. Customer completes additional questions

4. If the change requires proof, documents can be uploaded through Manage My Case.
Renew My Benefits – Report any Changes

If it is time to renew customer benefits, a Renew My Benefits button displays on the Case Summary page. This button displays a month before the customers renewal is due.

1. Click the Renew My Benefits button. The Redetermination Overview page displays letting the customer know which of their benefits is up for redetermination. Review and click Next.
Manage Communication Preferences

• Customers opt in or out to receive the following:
  • Paper and Electronic
  • Electronic Only
  • Email and text alerts

Note: If an alert e-mail or text bounces back, the State will restart sending paper notices to the last address we have on file for the customer.
Manage My Case Support

dhs.abe.questions@illinois.gov

Customer Support – Application for Benefits Eligibility

Provider Portal support: HFS.ABEpartnerportal@illinois.gov
Additional Resources:

medicaid.illinois.gov
HFS Information Center which will include answers to frequently asked questions, links to download the Ready to Renew toolkit, a link to abe.illinois.gov, and the HFS operational plan for transitioning out of the public health emergency.

Preserving Medicaid and CHIP Coverage page

- **Medicaid Unwinding: What Pediatric Practices Need to Know** – Information for pediatric practices on the Medicaid Unwinding
- **Pediatric Practice Template Letter to Families** – A template letter practices can customize with state-specific information and send to families on the Unwinding