

IAMHP Medicaid Redetermination Toolkit

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The IAMHP Redetermination Toolkit serves as a guide for legislators and their staff, healthcare providers, and community-based organizations to know what to expect from the Medicaid redetermination process and where to refer enrollees for resources. The resources in this Toolkit are applicable to both the HealthChoice Illinois and Medicare-Medicaid Alignment Initiative (MMAI) programs.

As an industry, IAMHP and our member health plans are committed to partnering with the Department of Healthcare and Family Services (HFS) to help eligible enrollees keep their coverage. You can find more information on redeterminations, including the HFS Ready to Renew Toolkit, at [medicaid.illinois.gov](https://www.medicicaid.illinois.gov).

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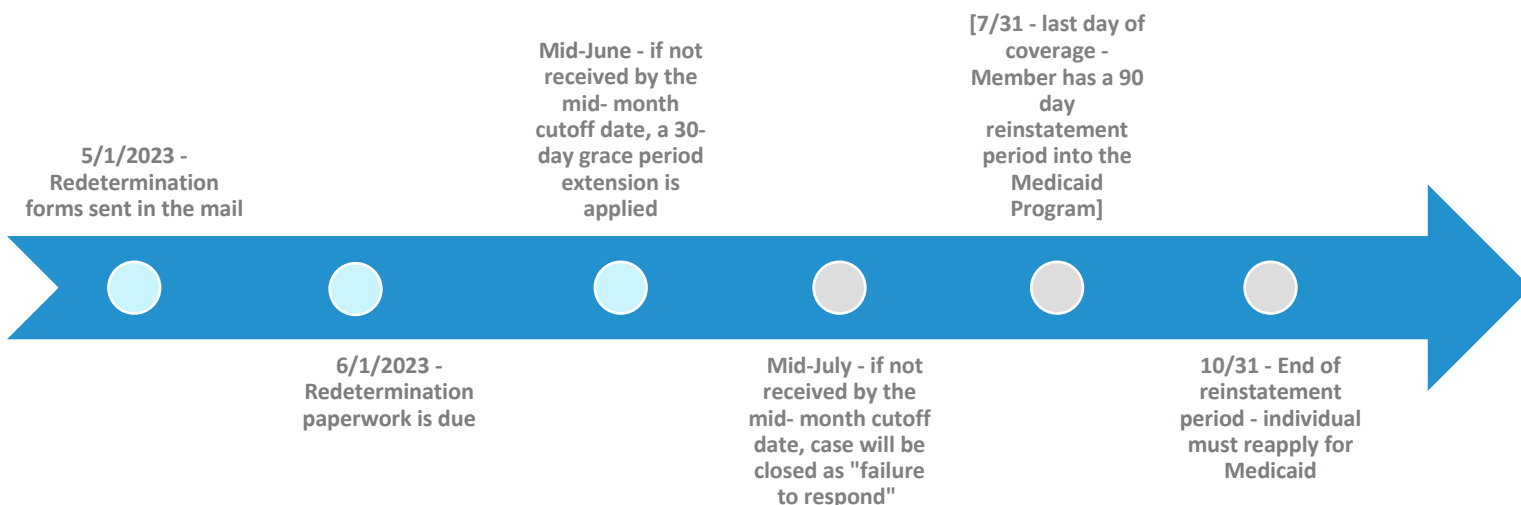
Medicaid Redetermination Overview

Medicaid redetermination is a federally required process through which the State reviews a Medicaid enrollee's eligibility for medical benefits. In some cases, the State can renew someone's eligibility automatically, through electronic verifications (known as ex-parte). In those cases, the enrollee does not have to return any paperwork. Everyone else will need to review and return their information by the deadline on their form.

Redetermination typically occurs every 12 months. However, the process was on hold for more than two years due to the COVID-19 pandemic.

In Illinois, the first round of Medicaid redetermination forms were sent out at the beginning of May. As of June 2023, in partnership with the Federal Centers for Medicare & Medicaid Services (CMS), HFS implemented a new flexibility to minimize the loss of medical coverage for Medicaid members during the redetermination process.

EXAMPLE TIMELINE



The new flexibility permits the delay of procedural terminations for one month (approximately 30 days) for customers who did not return their redetermination by their due date. During the reinstatement period, a customer must submit redetermination verifications to the State for them to be "reinstated" into their case, if eligible, with no loss in coverage. This flexibility will last through the end of PHE unwinding of the Continuous Coverage Period, which is scheduled for May 31, 2024. For more information you can view the HFS Provider notice [here](#).

While the general spacing of the timelines in the above chart apply to all redeterminations, it is important to note that everyone's redetermination due date will be different. There will be no "coverage cliff" where all enrollees lose coverage at once. Rather, the redetermination process will continue on a rolling basis over a full 12-month period, renewing about 1/12 of enrollees each month.

Action Steps to Renew Coverage

1) Update Your Address

If they have not already done so, Medicaid enrollees should make sure that HFS has the most up to date contact information on file. To update their address, enrollees can call 877-805-5312 from 7:45am–4:30pm, visit medicaid.illinois.gov or update on their own through Manage My Case under the “Contact Us” tab.

2) Check Your Redetermination Date

Medicaid enrollees can check their redetermination due date by creating a Manage My Case (MMC) account online at <https://abe.illinois.gov/abe/access/>. Information on redeterminations dates will be included on the “Benefit Details” tab. Medicaid enrollees can also contact their health plan for information on their redetermination due date.

3) Fill Out Your Redetermination Paperwork

- Online - Medicaid enrollees can fill out their redetermination forms online after creating a Manage My Case account. To apply for benefits online, enrollees can login in at <https://abe.illinois.gov/abe/access/>.
- Over the phone - To submit their redetermination over the phone, Medicaid enrollees can call the DHS Hotline at 1-800-843-6154 for assistance Local Navigator staff can also help with any questions a Medicaid enrollee might have Contact [Get Covered Illinois Navigators](#) for help.
- Complete forms and return by fax, by mail or drop off in person at your local [Family and Community Resource Center](#) - Medicaid enrollees should watch in the mail for their redetermination forms. A sample envelope is included below for awareness. To retain coverage, enrollees must submit their redetermination information to the State by the due date.

The image shows a sample envelope for Medicaid redetermination paperwork. In the top left corner is the State of Illinois seal and the text: "HFS 915IES (N-4-15)", "State of Illinois", "Department of Human Services", "Department of Healthcare and Family Services", "PO Box 19135", "Springfield IL 62763". To the right of this is the text "IMPORTANT INFORMATION. OPEN IMMEDIATELY." In the center of the envelope is a rounded rectangle containing the text: "Medicaid Customer", "1234 Somewhere Street", "Somewhere, Illinois 12345". On the right side of the envelope is the text: "IMPORTANT INFORMATION ABOUT YOUR COVERAGE", "INFORMACIÓN IMPORTANTE SOBRE SU COBERTURA", "WAŻNA INFORMACJA O GWARANCJI", "ВАЖНАЯ ИНФОРМАЦИЯ О ВАШЕМ ОСВЕЩЕНИИ", and "關於你的報導的重要信息".

Types of Medicaid Redetermination Forms

HFS will begin mailing out Medicaid redetermination forms at the beginning of May 2023. Medicaid enrollees will receive either a Form A or Form B depending on whether HFS is able to electronically verify their eligibility.

Form A

If a Medicaid enrollee receives a **Form A** renewal notice, that means HFS was able to electronically verify their eligibility and **no further action is needed** by the enrollee. HFS estimates that 30-40% of Medicaid enrollees will receive Form A.

A sample Form A renewal notice is included on the next page of the Toolkit.

Sample Form A



State of Illinois
Department of Human Services
Department of Healthcare and Family Services

SAMPLE FORM A

Date of Notice: May 1, 2023
Case Number: 987654321

Office Name: South Loop
Office Address: 1112 S Wabash
Chicago, IL 60605
Phone: (312)-793-7500
TTY: (866)-217-8037
Fax: (312)-793-7671

<MAILING BARCODE>
JOHN SMITH
401 S CLINTON ST.
CHICAGO IL, 60607

You can manage your case online at
abe.illinois.gov

Esta notificación está disponible en Español.
Usted puede solicitarla por Internet en
abe.illinois.gov o llame al
1-800-843-6154 (TTY 1-800-447-6404)

Medical Benefits Redetermination Notice

Dear John Smith,

Based on the information we have today, the person(s) listed in the table below are approved to keep getting **medical benefits** after June 30, 2023. However, if we get new information about a change in your circumstance your eligibility for medical benefits may change. If that happens, we will send you a new notice.

Name	Birth Date	Medical ID (PIN)	Medical Group	Start of Ongoing Coverage
John Smith	Jan 15, 1980	123456789	ACA Adult	July 1, 2023

End of Certification
Period

Start of Next
Certification Period

Types of Medicaid Redetermination Forms

Form B

A Medicaid enrollee who receives **Form B** will need to review the pre-filled information on the form and make any changes. Make sure all questions are answered and the paper forms signed. *Note: For questions that do not apply to the enrollee, the enrollee should enter “N/A” or “not applicable”.* This will ensure the application does not appear incomplete. In addition, it’s recommended that proof of income, like a month of pay stubs, be included with the form.

The majority of Medicaid enrollees will receive Form B. If the form is not returned by the due date, **coverage will be cancelled, and the member will be disenrolled from their managed care plan.**

As long as the redetermination is in the State's system by the due date, medical benefits will continue until a caseworker processes the forms. If the enrollee continues to be eligible, there will be no gap in coverage.

A sample Form B is included on the next page of the Toolkit.

Sample Form B – Cover Page

Medical Benefits: Time to Renew Notice

Dear Maria Lopez,

It is time to renew your Medical benefits!

You must complete your redetermination to continue your Medical benefits after June 30, 2023

To learn how to renew your Medical benefits, read the first page of the Medical Benefits Renewal Form which is included in this envelope.

Call us at the phone number listed at the top of this form if you cannot send everything on time or if you have questions. We may be able to help you get the proofs you need.

Electronic Review of Eligibility for Medical Benefits

We checked our records for information about your household and put it on your Medical Benefits Renewal Form that is included with this notice. We need more information to decide if you are still eligible.

Please review the information on the Medical Benefits Renewal Form carefully. Correct any information that is wrong and add any information that is missing.

Sample Form B – Page 1

Medical Benefits Renewal Form

You must respond no later than June 1, 2023 to continue getting Medical benefits after June 30, 2023

Form due date

To find out if you qualify for medical benefits beginning July 1, 2023, tell us about your household. You can do this one of four ways:

Loss of coverage if form is not returned

1. Complete the electronic version of this form online in ABE Manage My Case at abe.illinois.gov; or
2. Complete your redetermination over the phone by calling 1-800-843-6154 (TTY: 1-866-324-5553).
3. 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 62704; or
 - Fax the form to 1-844-736-3563; or
4. If you want to complete your redetermination in person, call 1-800-843-6154 (TTY: 1-866-324-5553) to find help near you.

Fax number to return form - keep confirmation page of success

1. Do these people still live with you?

Maria Lopez

02/17/1981

☐ Yes ☐ No

2. Are there other people living with you not listed above? If yes, list them here.

Full Name

Birth Date

Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____

For additional persons, please attach a separate sheet.

Sample Form B – Page 2

3. Is the address at the top of this page your correct mailing address? ☐ Yes ☐ No If No, tell us the correct mailing address:

Our records show that you live at 401 S CLINTON ST CHICAGO IL 60607 Is this correct?
☐ Yes ☐ No If No, tell us the correct address where you live:

Verify both
mailing and
physical
address

4. Does anyone get paid for working? ☐ Yes ☐ No If YES, enter their name below. **Attach copies of the last 4 pay stubs if paid weekly, last 2 pay stubs if paid every other week or twice a month, and the last pay stub if paid monthly.** If self-employed, attach your income and expense statement for the last 30 days. If someone got tips that are not on their pay stubs, tell us Who? _____ and the total amount of tips received in the last 30 days. Total tips \$ _____

Provide proof
of income for
1 month

According to our records, you told us your household had income from Self-Employment – MARIA LOPEZ INC. Tell us below if you still have this income and the new amount.

List the Name of Everybody Who is Working	Name of Employer If a person works more than one job, list all the employers.	Rate of Pay	Hours Worked Weekly	How often is the person paid? Weekly, every 2 weeks, twice a month, monthly, other?

Attach a sheet of paper if you need more room to list your family's income.

5. During the last 30 days did anyone receive any other income such as Social Security, SSI, Unemployment, Contributions or any other money? ☐ Yes ☐ No If YES, complete the box below.

Name	Type of Income	Amount	How Often
		\$	
		\$	

Attach a sheet of paper if you need more room to list your family's income.

Sample Form B – Page 3

Read and sign below:

- I understand that officials in charge of my health benefits may check all information on this form.
- I understand they may check my information electronically. If they ask for my help checking information, I must cooperate.
- I understand that anyone who knowingly lies or provides untrue information, or arranges for someone to knowingly lie or provide untrue information, or intentionally misuses the health benefits card issued by the State of Illinois, may be committing a crime which can be prosecuted or punished under federal law, state law, or both.
- If the Illinois Department of Healthcare and Family Services pays medical bills for me, the State of Illinois may collect my medical support payments instead of me.
- I am signing this form under the penalty of perjury. That means the information I have provided on this renewal form is true to the best of my knowledge, and I may be punished under law if I provide false or untrue information.

Your Signature

Today's Date

Daytime or Cell Phone Number

**Remember to
sign form**

Renewing Medicaid Coverage through Manage My Case (MMC)

To renew Medicaid coverage online, Medicaid enrollees can set up a Manage My Case (MMC) account at <https://abe.illinois.gov/abe/access/>.

The screenshot shows the ABE website interface. At the top, it says 'ABE APPLICATION FOR BENEFITS ELIGIBILITY' and 'An official site of the State of Illinois | Bruce Rauner, Governor'. The main heading is 'Welcome to ABE' with the tagline 'Helping people in Illinois lead healthy and independent lives'. Below this, it says 'Use this site to apply for and manage your healthcare, food, and cash assistance benefits.' There are two main buttons: 'Check if I Should Apply' and 'Apply for Benefits'. Below these are links for 'ABE Partner Login' and 'Community Partner Registration'. On the right side, there is a 'Login' button and a 'Manage My Case' button. A callout box highlights the 'Manage My Case' button and shows a login form with fields for 'User ID' and 'Password', a 'Login' button, and links for 'Reset Password' and 'Create a new ABE User Id and Password'.

To renew through MMC:

- **Create a login.** If the enrollee already has a MMC account, that login information can be used to access the account.
- **Link MMC account with case information and verify identity.** Medicaid enrollees can link their account and verify their identity through MMC or manually. The State Identity Proofing Request Form is attached as an addendum to this Toolkit if a enrollee is unable to verify their identity through MMC.
- **Update contact information, check redetermination dates, and fill out redetermination forms.** Through MMC, an enrollee can 1) update their contact information under the “Contact Us” tab, 2) check their redetermination due date under “Benefit Details”, and 3) submit redetermination forms to renew their healthcare coverage.

MCO Assistance with Redeterminations

Illinois Medicaid health plans are committed to helping eligible Medicaid enrollees keep their healthcare coverage. Medicaid health plans are assisting the State with the Medicaid redeterminations process in several ways.

- 1) **Sharing updated contact information for Medicaid enrollees.** Medicaid health plans are sending HFS updated contact information when the health plan can verify more recent contact information than HFS has for a Medicaid enrollee.
- 2) **Health plan outreach.** HFS will be sharing information about Medicaid enrollee redetermination dates for Medicaid health plans to conduct outreach. Medicaid health plans will be reaching out via text/email, phone, and through engagement with community-based organizations to let Medicaid enrollees know that they need to renew their coverage.
- 3) **Partnering with providers.** Medicaid health plans are partnering with providers to get the word out about redeterminations. Contact your MCO partners to request information about enrollee redetermination dates and for other partnership opportunities.
- 4) **Assistance with enrollee questions.** While Medicaid health plans cannot submit redetermination forms on behalf of a Medicaid enrollee, Medicaid health plans will be prepared to assist with questions about the redetermination forms or setting up a Manage My Case (MMC) account.

Medicaid enrollees should call their health plan's Member Services line for assistance with questions.

Aetna Better Health of Illinois: <ul style="list-style-type: none">• HealthChoice: 1-866-329-4701• MMAI: 1-866-600-2139	Humana: <ul style="list-style-type: none">• MMAI: 1-800-787-3311
Blue Cross Community Health Plan: <ul style="list-style-type: none">• HealthChoice: 1-877-860-2837• MMAI: 1-877-723-7702	Meridian: <ul style="list-style-type: none">• HealthChoice: 1-866-606-3700 (TTY: 711)• MMAI: 1-855-580-1689 (TTY: 711)
CountyCare: <ul style="list-style-type: none">• HealthChoice: 1-312-864-8200	Molina Healthcare: <ul style="list-style-type: none">• HealthChoice: 1-855-687-7861• MMAI: 1-877-901-8181

How Can Healthcare Providers Assist with Medicaid Redeterminations?

To minimize Medicaid coverage loss, it is critical to partner with healthcare providers and community-based organizations to help Medicaid enrollees get ready to renew their coverage.

The State has offered several avenues for healthcare providers and community-based organizations to assist with Medicaid redeterminations, including:

- Continue to encourage enrollees to update their contact information.
- Encourage enrollees to learn about their redetermination date.
- Explain the timeline of when redeterminations are mailed vs. their due date.
- For primary care providers, request information about your patients' redetermination dates from your contracted MCOs.
- Check MEDI or train check-in staff to check MEDI to tell enrollees when they are due to renew and what they need to do to get ready.
- Use your patient portal or text/email lists to send reminders throughout the year.
- Hand out and post written material from HFS' Ready to Renew Messaging Toolkit (note multiple languages along the right column).
- Put a computer or tablet in your waiting room and set the homepage to abe.illinois.gov, so enrollees can use MMC to update their address or check their redetermination date and manage their case.

Through MEDI, providers can check an enrollee's redetermination due date and whether they will receive a Form A (no further action is needed) or a Form B (pre-filled information must be verified and updated and returned). Note, the Form A or B indicator will ONLY be current and useable, if 30 days before the due date, otherwise it's outdated. Below is an example of where to find this information in MEDI.

To access enrollee redetermination dates in real time for your entire patient panel, sign up for the Electronic Data Exchange (EDX) program by emailing HFS.EDITradingPartner@illinois.gov and requesting a Trading Partner Agreement and an Application for the EDX program to run 270/271 HIPAA reports.

Retain Inquiry New Inquiry Print Everything

Renewal Form indicator is not updated until 1 month before the renewal date. If older than that, do NOT use.

Transaction Audit Number:	202213610302794	Recipient Name:	[REDACTED]
Recipient Number:	[REDACTED]	Recipient SSN:	[REDACTED]
Recipient Date of Birth:	09/30/2002	Recipient Sex:	F
Provider Number:	1234567893	Provider Name:	[REDACTED]
County Code:	[REDACTED]	Case Name:	[REDACTED]
Case Address:	[REDACTED]	City - State - Zip:	[REDACTED]
Begin Date:	05/16/2022	End Date:	05/16/2022
NPI Number:	[REDACTED]	Renewal Due Date:	*** 04/01/2022 ***
		Renewal Form:	A

Information about Obtaining Marketplace Coverage for Those No Longer Medicaid-Eligible

If a Medicaid enrollee returns their redetermination paperwork and is no longer eligible for Medicaid, encourage them to look into work-based health plans or visit healthcare.gov to shop for affordable healthcare coverage provided under the Affordable Care Act (ACA). Members losing Medicaid coverage have 60 days to enroll in an ACA Marketplace plan through a Special Enrollment Period.

Get Covered Illinois is the Official ACA Health Insurance Marketplace for Illinois. It offers free enrollment assistance and can help people find out if they qualify for financial help and answer other questions. Many people find plans on the ACA Marketplace for \$10 or less per month after tax credits. Anyone whose circumstances change after they've lost Medicaid coverage is strongly encouraged to reapply for Medicaid coverage.

To be sure they have healthcare coverage as soon as possible, people can apply directly to the ACA Marketplace at Healthcare.gov. The individual should be prepared to provide the Medicaid denial notice given to them by HFS. An individual can:

- Apply online. Log on to Healthcare.gov;
- Call 1-800-318-2596 (TTY: 1-855-889-4325) to ask questions or choose a health plan over the phone at Healthcare.gov; or
- Get in-person help through a community assister near you – it's free. Go to www.getcovered.illinois.gov and click on "Get Free Help."

A sample flyer that individuals will receive with their denial notice is included on the next page.

Sample Notice to Apply for Alternative Coverage



State of Illinois
Department of Healthcare and Family Services

Important News
You Can Get Help to Buy Health Insurance

Even though you cannot get Medicaid coverage, you may be able to buy private health insurance through the Health Insurance Marketplace.

On the Health Insurance Marketplace, health insurance companies sell affordable coverage to people whose employers do not offer insurance and who do not qualify for Medicaid.

- * You may qualify to get financial help through the Health Insurance Marketplace so you pay less each month for health insurance.
- * Health Insurance Marketplace plans will cover preventive care, doctor visits, prescription drugs, maternity care, emergency services, hospital stays and more.
- * Insurance companies cannot deny anyone because they are sick or because they have a preexisting health condition.

We will send the information from your Medicaid application to the Health Insurance Marketplace because you do not qualify for Medicaid. But this may take some time.

To be sure you are covered as soon as possible, apply directly to the Health Insurance Marketplace. Be prepared to give them the Medicaid denial notice you received with this flyer. You can:

- * Apply online. Log on to Healthcare.gov;
- * Call 1-800-318-2596 (TTY: 1-855-889-4325) to ask questions or choose a health plan over the phone; or
- * Get in-person help through a community assister near you -- it's free. Call 1-866-311-1119 (TTY: 1-888-259-3922) or go to www.GetCoveredIllinois.gov and click on "Get Help in your Area" to get a list of community assisters.

The Department of Human Services and the Department of Healthcare and Family Services caseworkers cannot help you with the Health Insurance Marketplace.

Federal law requires that all U.S. citizens and legal permanent residents have minimum essential health coverage starting in 2014. Insurance from a job, private insurance, Medicaid, All Kids, Medicare and some VA health care programs count as minimum essential health coverage.

For more information on what counts as minimum essential coverage, go to www.healthcare.gov or www.va.gov/aca.

Helpful Resources

- HFS – Illinois Medicaid Renewals Information Center – [medicaid.illinois.gov](https://www.medicaid.illinois.gov)
 - [HFS Ready to Renew Messaging Toolkit](#)
 - [HFS FAQs about Illinois Medicaid and Continuous Enrollment](#)
- Apply to be an Application Agent on the [HFS Application Agent Page](#) (full list of Application Agents coming soon).
- Contact [Get Covered Illinois Navigators](#) for Enrollment Assistance
- Information on [Senior Health Insurance Program](#) for free health insurance counseling
- Health Plan Redetermination FAQs
 - [Aetna Better Health – Illinois Redetermination FAQs](#)
 - [Blue Cross Community Health Plan – How Do I Keep My BCCHP Benefits?](#)
 - [CountyCare – Keeping Your Coverage is Key](#)
 - [Meridian Medicaid Plan – Renewing Your Medicaid Coverage](#)
 - [Molina Healthcare – End of Public Health Emergency \(COVID-19\) Quick Reference Guide/FAQ](#)