Illinois Health and Hospital Association

Updated May 2, 2023

ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M

SUBJECT: Medicaid Eligibility Redeterminations Resuming

During the COVID-19 Public Health Emergency (PHE), the state paused the Medicaid eligibility redetermination process. Individuals eligible for Medicaid during the pandemic remained eligible throughout the PHE. As part of the "PHE Unwinding Process," Illinois has reinstated the Medicaid eligibility redetermination process.

The state resumed Medicaid eligibility redeterminations beginning April 1, 2023, on a rolling timeline, with approximately one-twelfth of the population going through a redetermination each month. Letters to the first group of individuals will be mailed on May 1, 2023, for individuals whose redetermination is due by June 1, 2023. July 1, 2023 is the first date these individuals could lose coverage. If an individual loses coverage, they have 90 days to complete their redetermination application and reinstate their Medicaid coverage retroactively, without having a gap in Medicaid eligibility. After 90 days, if determined eligible, there could be a gap in Medicaid eligibility.

The state estimates that 384,000 individuals covered by Medicaid will lose coverage, either due to a change in their circumstances, or failure to submit their redetermination application. It is too early to determine the full impact on hospitals of the state resuming the redetermination process. However, the following information may help hospitals assist in minimizing disruption in Medicaid eligibility by maximizing the number of eligible individuals who retain their Medicaid coverage.

Form A and Form B

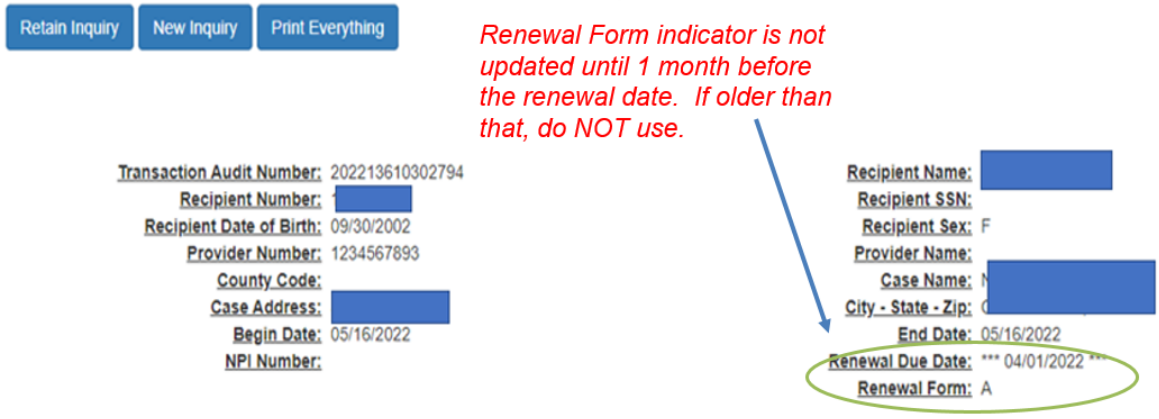
HFS will use the ex parte process, also known as Form A, to complete the redetermination process for as many Medicaid customers as possible. Ex parte redeterminations are a process by which the state systematically uses approved electronic sources during the annual renewal process to verify and process an individual's ongoing eligibility, rather than requiring the individual to complete and submit a renewal form with supporting documents. This process does not require action by the Medicaid beneficiary during the redetermination process.

HFS will use Form B for all other individuals whose redetermination cannot be completed using the ex parte process (Form A). **Providers should check the State's MEDI system to confirm the "Renewal Due Date" for their patients and identify which renewal form type (Form A or Form B) applies to the patient**. If a patient's MEDI screen shows their renewal form type is Form B and their renewal due date is within 30 days, hospitals are asked to remind the individual that they must complete a medical assistance redetermination in order to retain Medicaid coverage.

Please note the MEDI system will only contain the correct Form A or B indicator 30 days before the renewal date. So, if the renewal date is more than 30 days from the inquiry date, providers should not consider the listed form type to be accurate.

If you or other hospital employees have face-to-face contact with individuals who need to renew Medicaid determinations, *click here* to view instructions by HFS to sign up for MEDI and view the eligibility screen.

Example of MEDI Screen with Renewal Due Date and Form Type



Renewal Toolkit

HFS is urging providers to remind Medicaid covered individuals to update their mailing addresses to ensure they do not inadvertently lose coverage due to a failure to respond. HFS is conducting a *"Ready to Renew Messaging Toolkit"* campaign that includes a script and flyers in a variety of languages for hospital providers to use.

Application Agent

Hospitals may choose to assist Medicaid customers with completion of eligibility applications. In order for a hospital to assist individuals in completing their Medicaid redetermination application or sign up for medical assistance, a hospital must first sign an agreement with HFS as an application agent and complete required training. Instructions on how a hospital can become an application agent are *here*.

Background

Under section 6008 of the FFCRA, Illinois had implemented continuous Medicaid and Children's Health Insurance Program (CHIP) enrollment in order to qualify for the temporary Federal Medical Assistance Percentage (FMAP) increase of 6.2%. This continuous enrollment condition applied to individuals enrolled as of March 18, 2020 or later.

Section 5131 of the CAA enacted on Dec. 29, 2022 separates the end of the continuous enrollment condition from the end of the COVID-19 PHE. Beginning April 1, 2023, states must

begin the redetermination process for all enrolled individuals in Medicaid and CHIP by initiating all redeterminations within 12 months and completing all redeterminations within 14 months. All ineligible individuals must be dis-enrolled from the program.

Contact us with questions.