

April 2023

Quarter 1 2023 report required by 305 ILCS 5/11-5.1(h). (Public Act 101-0209)

The Illinois Department of Healthcare and Family Services (HFS) and the Illinois Department of Human Services (IDHS) continue to collaborate on our multi-pronged plan to maintain low eligibility backlogs which includes maintaining staffing levels for eligibility workers, providing better training, deploying best practices across both agencies, and rolling out simplified policies and procedures. Addressing the backlog and improving the Integrated Eligibility System (IES) is a primary focus of HFS and IDHS every day.

In addition to our focus on backlog of applications and redeterminations the agencies continue work to address the COVID Public Health Emergency.

Application Backlog

At the end of March 2023, pending Medicaid applications over 45 days were 6,709, down from 147,000 at the end of January 2019 by 98%.

Hiring Personnel – Caseworker Onboarding & Training

We continue to make progress in hiring caseworkers and maintaining staffing levels. Since February 2019, we have added 328 net new caseworkers in local IDHS offices around the state and the HFS Bureau of All Kids. This is a 12% increase. The onboarding of caseworkers is vital to processing backlogs, applications, and renewals. New caseworkers can take several months to learn the complex system of eligibility. Caseworkers often assist with flagging IES issues, suggesting more efficient processes, and testing new enhancements before full implementation.

Long Term Care (LTC) – Continued Efforts

On April 30, 2019, there were 6,342 pending LTC applications with 4,898 over 45 days old and 15,173 pending admits with 10,196 over 45 days old. These backlogs have been eliminated. As of April 1, 2023, there were 119 LTC applications pending with 2 over 45 days and 437 admits pending with only 2 over 45 days. This progress is due, in part to COVID policies, but also to the re-alignment of processes and workflows at the three existing LTC hubs, the LTC Statewide Processing Center, and the new fourth LTC office in Anna; new trainings for caseworkers, and several initiatives which occurred in 2020. This included creation of a new LTC statewide processing center at Granite City, which became operational in January 2021, the ongoing creation of the Medical Field Operations Anna Office, which opened January 16, 2021, and allowing facilities the ability to upload documents to IES through the ABE Provider Portal. Further, the Central Scanning Unit for Long Term Care work opened in April 2021. The State continues to evaluate the workload and processes to make continual improvements to the system to maintain the progress made on timely application decisions.

Call Center – Continued Efforts

The Alton Call Center became fully operational on September 16, 2020. There are currently 58 staff on board who are fully trained and 3 trainees. Additional positions are in the process of being filled. All trained caseworker staff on board will be taking calls through the IDHS Call Center. FCS has been working with a vendor and the Illinois Department of Innovation and Technology (DoIT) to restructure the Call Center System. Phase I was implemented on December 17, 2021. This phase includes new interactive self-service features, as well as new options for customers to complete Medical redeterminations and SNAP redeterminations telephonically. The Alton Rede Center has been established to focus on the telephonic SNAP Rede's. There are currently 8 HSC's and an LOA on board. When fully staffed, the office will have 34 staff. Phase II moves the FCRC's into the Statewide IVR. Rollout began in February and the offices are being moved into the IVR in waves. The last wave is scheduled for September 21st. At that time, all FCRC's will be in the IVR.

System Improvements – In Progress

We continue to work on IES system performance initiatives, implementing legislative mandated policy changes, COVID-related changes and issuances, known documented defects and refreshing IES hardware and software. An external vendor was hired to advise HFS and IDHS on the most impactful system improvements since February 2022.

COVID Strategies

Beginning in March 2020, HFS implemented a variety of eligibility and enrollment flexibilities to apply during the COVID Public Health Emergency (PHE) with the goal of streamlining application requirements, starting coverage faster, and assuring continued coverage throughout the PHE. These flexibilities included changes to: simplify documentation requirements at application, delay renewals and actions that would change or end coverage, disregard assets in determining eligibility, waive premiums and co-payments for children in All Kids and individuals in the Health Benefits for Workers with Disabilities program, cover COVID-19 testing for the uninsured, and provide presumptive eligibility to certain adults.

Challenges Exist

Despite our significant efforts, challenges remain. HFS, IDHS and DoIT continue to face challenges with finding candidates and onboarding new staff to address IES performance and the backlog of applications and renewals. Strategies to address IES system performance issues are underway, but some are slower than anticipated.

See following page for Reporting of Medical Application and Renewal Processing Data for Quarter 4 2023.

For the purposes of part B of the chart below, please note:

The term “ex parte renewal” refers to a process by which the state systematically uses approved electronic sources during the annual renewal process to automatically verify an

Eligibility Backlog Reporting

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individual's eligibility status and continue medical coverage. Using the ex parte process provides efficiency for both clients and state caseworkers through automation. The state sends Form A to clients found eligible for ex parte renewal. Note, beginning in March 2020, HFS suspended Form B mailings due to COVID.

Quarterly Reporting - Eligibility (required by 305 ILCS 5/11-5.1(h))				
A. Medical Applications (End of month)		Jan-23	Feb-23	Mar-23
Total applications on hand by number of days on hand		38,972	23,523	16,697
0-7 Days		5,597	4,167	3,917
8-45		18,046	7,689	28,179
46-90		12,223	7,649	2,220
91-180		1,915	2,587	2,732
181+		1,191	1,431	1,757
eligibility		38,972	23,523	16,697
Modified Adjusted Gross Income (MAGI)		18,211	7,675	1,572
Non-MAGI - Long Term Care		239	192	205
Non-MAGI - Excluding Long Term Care		2,793	1,466	1,149
Unknown		17,729	14,190	13,771
Applications over 45 days		15,329	11,667	6,709
Modified Adjusted Gross Income (MAGI)		9,006	5,101	475
Non-MAGI - Long Term Care		66	61	61
Non-MAGI - Excluding Long Term Care		1,049	741	419
Unknown		5,208	5,764	5,754
B. Medical Renewal (by month in which ex parte decision is made)				
Total number of cases up for renewal in two months		201,536	185,543	164,736
Form A Mailed (ex parte)		67,772	61,036	83,052
		34%	33%	50%
Form B (not mailed: not ex parte)		133,764	124,507	81,684
		66%	67%	50%
Reasons Form B (not mailed)		133,764	124,507	81,684
Aged, Blind and Disabled		12,793	12,437	12,208
		10%	10%	15%
Unverifiable Income		20,638	16,102	13,165
		15%	13%	16%
Zero (\$0) Income		37,245	30,422	0
		28%	24%	0%
No SSN		13,566	11,552	11,168
		10%	9%	14%
Income Exceeds Eligibility Criteria		27,157	31,743	22,044
		20%	25%	27%