

October 2023

Quarter 3 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 September 2023, pending Medicaid applications over 45 days were 20,653, down from 147,000 at the end of January 2019 by 86%.

Hiring Personnel – Caseworker Onboarding & Training

We continue to make progress in hiring caseworkers and maintaining staffing levels. Since February 2019, we have added 640 net new caseworkers in local IDHS offices around the state and the HFS Bureau of All Kids. This is a 24% 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 September 30th, 2023, there were 767 LTC applications pending with 263 over 45 days and 1,003 admits pending with 168 over 45 days. The State continues to evaluate the workload and processes to make continual improvements to maintain the progress made on timely application decisions.

The growth of the current backlog is due to the elimination of the PHE waivers, reverting back to pre-COVID policies and procedures.

Call Center – Continued Efforts

The Alton Call Center became fully operational on September 16, 2020. There are currently 70 staff on board. 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

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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 29 HSC's, with a total of 37 staff. Phase II moves the FCRC's into the Statewide IVR. At that time, all FCRC's have been moved into the IVR.

System Improvements – In Progress

We continue to work on IES system performance initiatives, implementing legislative mandated policy changes, COVID unwinding related changes and issuances, known documented defects and refreshing IES hardware and software.

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.

Some notes as a result of the PHE ending:

Medical redeterminations resumed at the end of the PHE. The first round included all individuals due for redetermination at the end of June 2023.

The documentation requirement strategies used during the PHE are still in place during the PHE unwinding.

Assets are no longer disregarded in determining eligibility as they had been during the PHE.

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 3 2023.

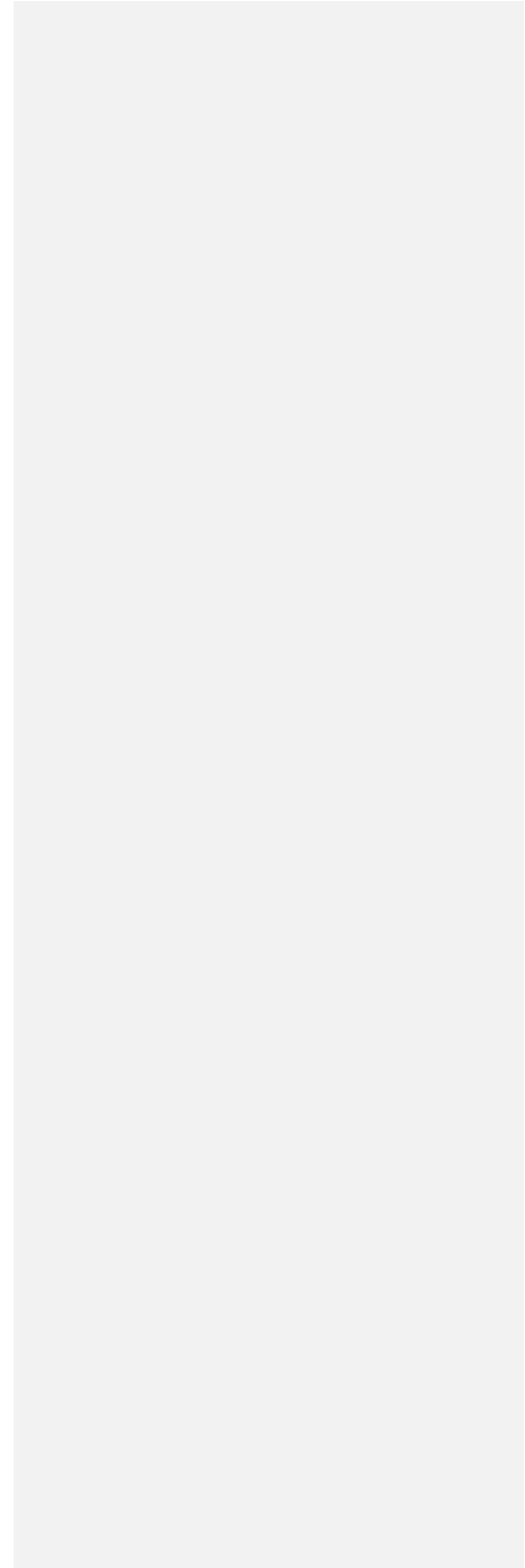
For the purposes of part B of the chart below, please note:

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 customers and state caseworkers through automation. The state sends Form A to customers found eligible for ex parte renewal.



Quarterly Reporting - Eligibility (required by 305 ILCS 5/11-5.1(h))			
A. Medical Applications (End of month)			
	Jul-23	Aug-23	Sep-23
Total applications on hand by number of days on hand	32,368	43,768	49,900
0-7 Days	6,758	7,700	7,617
8-45	14,462	20,839	21,630
46-90	4,656	7,282	10,343
91-180	2,813	4,197	6,058
181+	3,679	3,750	4,252
Total applications on hand by basis for determining	32,368	43,768	49,900
Modified Adjusted Gross Income (MAGI)	1,437	1,752	1,725
Non-MAGI - Long Term Care	691	758	767
Non-MAGI - Excluding Long Term Care	1,818	2,911	3,263
Unknown	28,422	38,347	44,145
Applications over 45 days	11,148	15,229	20,653
Modified Adjusted Gross Income (MAGI)	267	143	172
Non-MAGI - Long Term Care	171	224	263
Non-MAGI - Excluding Long Term Care	485	747	1,139
Unknown	10,225	14,115	19,079
B. Medical Renewal (by month in which ex parte decision is made)			
Total number of cases up for renewal in two months	174,002	183,467	284,841
Form A Mailed (ex parte)	87,303	91,619	170,573
	50%	50%	60%
Form B (not mailed: not ex parte)	86,699	91,848	114,268
	50%	50%	40%
Reasons Form B (not mailed)	86,699	91,848	114,268
Aged, Blind and Disabled	12,938	13,534	3,369
	15%	15%	3%
Unverifiable Income	17,457	14,507	21,681
	20%	16%	19%
Zero (\$0) Income	0	0	0
	0%	0%	0%
No SSN	10,395	9,842	3,430
	12%	11%	3%
Income Exceeds Eligibility Criteria	23,050	28,378	33,222
	27%	31%	29%
Self-Employment Income	8,477	10,322	16,686
	10%	11%	15%
Other Reasons	14,382	15,265	35,880
	17%	17%	31%

