

PUBLIC EDUCATION SUBCOMMITTEE (PUB ED)

April 26, 2023

VIRTUAL WebEx Meeting

10:00 AM – 12:00 PM



HFS

Illinois Department of
Healthcare and Family Services



HFS

Illinois Department of
Healthcare and Family Services

OUR VISION FOR THE FUTURE

We improve lives.

- ▶ We address social and structural determinants of health.
- ▶ We empower customers to maximize their health and well being.
- ▶ We provide consistent, responsive service to our colleagues and customers.
- ▶ We make equity the foundation of everything we do.

This is possible because:

- ▶ **We value our staff as our greatest asset.**

We do this by:

Fully staffing a diverse workforce whose skills and experiences strengthen HFS.

Ensuring all staff and systems work together.

Maintaining a positive workplace where strong teams contribute, grow and stay.

Providing exceptional training programs that develop and support all employees.

- ▶ **We are always improving.**

We do this by:

Having specific and measurable goals and using analytics to improve outcomes.

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

- ▶ **We inspire public confidence.**

We do this by:

Using research and analytics to drive policy and shape legislative initiatives.

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.

Public Education Subcommittee Charter

The Public Education Subcommittee is established to advise the Medicaid Advisory Committee concerning materials and methods for informing individuals about health benefits available under the Department of Healthcare and Family Service's medical programs.

This subcommittee, comprised of a diverse group of stakeholders, shall:

1. Review and provide advice on brochures, pamphlets and other written materials prepared by the department;
2. Review and provide advice on HFS website content directed towards Medicaid beneficiaries and the general public;
3. Review projects designed to inform the general public about medical programs;
4. Serve as conduit for informing the Medicaid Advisory Committee and the department concerning gaps in public understanding of the medical programs;
5. Propose additional means of communicating information about medical programs;
6. Review and provide advice on program eligibility changes, customer service delivery, and eligibility processing systems, and
7. Make necessary recommendations to the Medicaid Advisory Committee

Expectations of Subcommittee Members

- Attend all regularly scheduled meetings; when this is not possible, secure prior approval from Chair to send a non-voting substitute.
- Bring healthcare and social determinants of health knowledge and subject matter expertise to bear on the work of the subcommittee in support of Illinois' Medicaid Program.
- Drive meeting agendas and work products.



House Keeping

- Meeting basics:
 - Please note, this meeting is being recorded.
 - To ensure accurate records, please type your name and organization into the chat.
 - If possible, members are asked to attend meetings with their camera's turned on, however, if you call in & need materials, please email veronica.archundia@illinois.gov and Margaret.dunne@illinois.gov with a copy to Melisha.Bansa@Illinois.gov as soon as safely possible.
 - Please be sure to mute your audio except when speaking.
 - Please note that HFS staff may mute participants to minimize any type of disruptive noise or feedback.
- Comments or questions during the meeting:
 - If you are a subcommittee member and wish to make a comment or ask a question during the meeting, please use the WebEx feature to raise your hand, contact the host/co-host, or unmute your self during QA sections facilitated by chair.
 - If you are a member of the general public and wish to make a comment please register to make a public comment prior to the meeting. Instructions to make public comments have been provided for you in the public meeting posting located on the MAC webpage.
 - If you have a question during the meeting please utilize the Webex chat feature to send your question directly to the subcommittee chair or any of the host or co-host.

House Keeping

Meeting basics Cont.

- The chair will try to address as many questions as possible during designated sections of the meeting. We recognize that due to the limited allotted time, your question may not be answered during the meeting, therefore be sure to visit the HFS Webpage for a list of helpful resources. Your questions are important to us and will help inform the development of future presentations and informational materials.
- HFS is committed to hosting meetings that are accessible and ADA compliant. Closed captioning will be provided. Please email veronica.archundia@illinois.gov and Margaret.dunne@illinois.gov with a copy to Melisha.Bansa@Illinois.gov in advance to report any requests or accommodations you may require or use the chat to alert us of challenges during a meeting.
- Patience, please – many subcommittee members and staff are new to MAC proceedings.
- Minutes of the prior meeting will be circulated to subcommittee members in advance of each session. Once approved, they will be posted to the website.

Agenda

- 1. Call to Order**
- 2. Roll Call of Subcommittee Members**
- 3. Introduction of HFS and State Agency Staff**
- 4. Review and approval of the Meeting Minutes from March 1st, 2023)**

Agenda

5. State Updates:

A. Eligibility Updates

- I. Customer Service
- II. Restarting Redeterminations
- III. Customer Notifications
- IV. Special Populations
- V. HFS Application Agents
- VI. DHS Update
- VII. Communications and Outreach

B. MCO Update

C. Metrics

Agenda

6. Public Comments

7. Additional Business: Old and New

A. Items for Future Discussion

8. HFS Announcements

A. Speaker's Bureau: HFS Community Events Participation Form

B. Outreach and Resources

9. Concluding Directives and Wrap Up

10. Adjournment



5. State Updates



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Illinois Department of
Healthcare and Family Services

5. A. Eligibility Updates



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5) A. I. Customer Service



HFS

Illinois Department of
Healthcare and Family Services

Presenter: Sergio Obregón, Division of Eligibility

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DHS Customer Service Call Center

1-800-843-6154

DHS	HFS
<ul style="list-style-type: none"> • Dynamic Triage using SSN and DOB • If renewal is due at the time the customer calls, it will route to a state caseworker for technical assistance • If renewal is not due, caller will be routed to find their renewal date, i.e. MEDI AVRS (coming soon) 	<ul style="list-style-type: none"> • Health Benefits Hotline (HBH) and MEDI AVRS • Will provide Renewal Date • MEDI AVRS requires Recipient Identification Number (RIN) • If RIN not known, but customer does have SSN and DOB, there's an option to speak to HBH Rep
<ul style="list-style-type: none"> • Until April 30th the call center hours are Monday - Friday, 8:30 AM – 4:30 PM except for state holidays. • Beginning May 1, 2023, the hours are Monday – Friday, 8:00 AM – 6:30 PM except for state holidays. 	<ul style="list-style-type: none"> • MEDI AVRS Hours of operation: Coming Soon

5) A. II. Restarting Redeterminations



New: Ex Parte vs. Form B

June 2023

Type	Total	Percentage	Notes
Ex Parte	58,323	51%	<ul style="list-style-type: none">• Historic rate = Between 30% - 40%
Form B	55,283	49%	<ul style="list-style-type: none">• Form B Reasons:<ul style="list-style-type: none">• Earned income exists on case and none was found in clearances• SSN not provided• AWVS income exceeds income limit• Case record has self employment• Unearned income on the case is not verifiable electronically

Continuous Coverage Requirement

- 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 by 05/01/2023.
 - First date Medicaid customers could lose coverage is 07/01/2023.

PHE Flexibilities

Flexibility	Description	Status
Reasonable compatibility (RC)	<ul style="list-style-type: none"> • RC refers to household income information obtained through an electronic data match that is “reasonably compatible” with income information provided by or on behalf of an individual. • A household income would be considered if both are either <u>above</u>, <u>at</u> or <u>below</u> the applicable income standard or other relevant income threshold. • RC before the PHE was 5% and during the PHE is 30%. 	Continuing through the PHE Unwinding period
Medical: Accepting Attestation at Application	<ul style="list-style-type: none"> • Self-attestation is accepted for all new and pending medical applications for select eligibility criteria factors. • Ensures applications are approved timely and not pended for verifications. <ul style="list-style-type: none"> • Eligibility criteria factors are as follows: <ul style="list-style-type: none"> • Income, Illinois Residency, Insured, Status Resources, Disability, and Incurred Medical Expenses, Incurred medical expenses can be used to meet spenddown. • <u>The state recommends the submission of proof of 30 days of income for all new applications and redeterminations.</u> 	Continuing through the PHE Unwinding period

PHE Flexibilities

Flexibility	Description	Status
Delay Action on Changes Affecting Eligibility	<ul style="list-style-type: none"> System changes made to IES to incorporate an override preventing eligibility from ending due to income, household and resource changes found by electronic verification or reported by the customer. 	Continuing through PHE Unwinding Period
Presumptive Eligibility (PE) for MAGI Adults	<ul style="list-style-type: none"> To ensure eligible adults receive medical care during the determination process, Illinois implemented PE determinations for MAGI adults and will continue throughout the PHE and the unwinding period. PE for MAGI adults is determined at <u>initial application only</u>. 	Continuing through PHE Unwinding Period
More Frequent Presumptive Eligibility (PE) for Children and MAGI Adults	<ul style="list-style-type: none"> Children and MAGI adults may be eligible for PE up to two times in a calendar year during the PHE and throughout the unwinding period. 	Continuing through PHE Unwinding Period

Redetermination Process by Month

End of Certification Period	Rede Mail Date	Rede Due Date Printed on Notice	Cut-off Date: Form B not received	First day of Coverage Loss	Last day to return rede for potential reinstatement
06/30/2023	By 05/01/2023	06/01/2023	06/15/2023	07/01/2023	09/30/2023
07/31/2023	By 06/01/2023	07/01/2023	07/17/2023	08/01/2023	10/31/2023
08/31/2023	By 07/01/2023	08/01/2023	08/15/2023	09/01/2023	11/30/2023

Renewal Due Date vs. Cut Off Date

Rede Timeline Date	Key Date Defined
End of Certification Period	The last date of coverage if a customer does not return their Medical Redetermination by the cut-off date in the month in which their rede is due.
Rede Due Date	For those who receive Form B – the due date printed on the rede form. It will be the first day of the month of the "end of the certification period".
Cut-off Date: Form B not Received	The last day for a customer to get their Medical Redetermination into the State. This date varies slightly month to month but is usually the 15th unless that is a weekend or holiday.
First day of Coverage Loss	If a customer's Medical Redetermination is not received, this is the first day a customer <u>will not have coverage</u> .
Last Day to Return rede for Potential Reinstatement	The last day a customer has to submit their Medical Redetermination to be eligible for reinstatement. If the case is determined eligible for reinstatement, the effective date of reinstatement is retroactive to the first day for which coverage had been cancelled. Therefore, the case is reopened with no loss in benefits.

Reinstatements

Reinstatement into Medicaid	Reinstatement into MCO
<ul style="list-style-type: none">• Customer has 90 days from the last day of coverage. The rede form should be submitted, not a new application.• If eligible for reinstatement, the effective date is retroactive to the first day of cancelled coverage, i.e. no loss in benefits.• If coverage is reinstated, customer should ask providers to bill HFS for services provided during period of no coverage.• Note: HFS does not reimburse customers for out of pocket expenses paid during period of no coverage.	<ul style="list-style-type: none">• Customer must submit their Medicaid renewal to be reinstated into their MCO within 90 day window from when coverage was cancelled.• Case has to be processed within 90 days and in the Medicaid Management Information System in order for the customer to be automatically reinstated into their MCO.
<ul style="list-style-type: none">• If customer does not submit within 90 day window, they must reapply.	<ul style="list-style-type: none">• If case is processed after 90-day reinstatement period, the customer will have to go through plan selection again.

5) A. III. Customer Notifications



Customer Notifications Defined

Form	Form Name and Number	Form Defined
Ex Parte (Form A)	HFS 2381A (R 9-15) - Medical Benefits Redetermination Notice	Sent to customers that have electronically verifiable information such as income that <u>does not</u> require customer action, unless there has been a change in circumstance.
Form B	HFS 2381 (R 9-15) - Medical Benefits: Time to Renew Notice	Sent to customers that do not have electronically verifiable information such as income that <u>does</u> require customer action.
Verification Check List (VCL)	IL444-0267 (R-09-15) Verification Checklist	Sent to customers to request information, when the info is due, the name of the person from whom information is needed, what is needed, examples that can be used as verification, and the program for which proof is required.
Denial	IL444-0360C (R-09-15) Notice of Decision	Sent to customers who are no longer eligible.
Cancellation	IL444-0360C (R-09-15) Notice of Decision	Sent to customers that do not respond to renewal.

Ex-Parte (Form A) Renewal



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

SAMPLE FORM A

Date of Notice: Aug 1, 2019
Case Number: 987654321

Office Name: South Loop
Office Address: 1112 S Wabash
Chicago, IL 60605
Phone: (312)-793-7500
TTY: (800)-217-8037
Fax: (312)-793-7671

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)

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

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 September 30, 2019. 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 (RIN)	Medical Group	Start of Ongoing Coverage
John Smith	Jan 15, 1980	123456789	ACA Adult	Oct 01, 2019

We will send you a new medical card before October 2019.

Important Information about Your Medical Group(s)

Medical benefits covered are different depending on your Medical Group. Some Medical Groups provide full medically necessary health coverage.

List of Common Services Provided for Medical Groups with Full Coverage

- Doctor and clinic visits
- Inpatient and outpatient hospital
- Emergency room
- Prescription medicine
- Surgery
- Podiatric (feet) services
- Hospice care
- Emergency medical transportation
- Lab tests and x-rays
- Medical supplies and equipment
- Family planning (birth control)
- Medical transportation
- Home Health service
- Chiropractic services
- Physical and Occupational therapy
- Dental care (limited for adults over age 20)
- And more, check with your health care provider for details

Turn this page over to read more information on the back.

HFS 2381A (R 9-15)
(Medical Benefits Redetermination Notice)

Page 1 of 3

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Medical groups providing full health coverage meet the requirements for insurance under federal law, so you do not have to pay any tax penalty.

Find the Medical Group for each person in the ongoing Medical benefits eligibility table and then read below for more information about the benefits for each Medical Group.

Information about ACA Adult

ACA Adult is health coverage for adults age 19-64 who do not have dependent children living with them. ACA Adult health coverage provides the services listed above for full health coverage.

Adults pay copays for some services.

Doctor and clinic services	\$3.90 per visit
Inpatient hospital services	\$3.90 per day
Outpatient hospital services	\$0.00 per visit
Emergency room	\$3.90 per visit
Prescription medicine	
Generic	\$2.00 per prescription
Brand name	\$3.90 per prescription

Copays may change in the future.

How We Decided Your Eligibility for Medical Benefits

If you have any changes in income or if anyone moves in or out of your household, you must report the change to us within 10 days by going to Manage My Case at abe.illinois.gov or by calling the phone number on the first page of this notice.

Eligibility for medical benefits for the following person(s) is based on household income, who is living with the head of household and how they are related to each other, whether someone in the household files income taxes or is a dependent on someone else's tax return. This is called Modified Adjusted Gross Income (MAGI) methodology. You can find the income limits for each Medical Group online at illinois.gov/hfs/MedicalClients and then clicking "Medical Program Income Standards."

The facts we used to decide **John Smith's** ongoing Medical eligibility are:

- The number of people counted in the family size is 1.
- Countable monthly income is \$200.
- Countable monthly income calculation is based on household income, who is living with the applicant and whether someone in the household files income taxes or is a dependent on someone else's tax return.
- Monthly income standard is \$1,436.

HFS 2381A (R 9-15)
(Medical Benefits Redetermination Notice)

Page 2 of 3

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Ex-Parte (Form A)Renewal

How to File an Appeal

You Have the Right to File an Appeal

If you do not agree with our decision, you have the right to appeal and be given a fair hearing. You may represent yourself at this hearing or you can ask someone else, such as a lawyer, relative or friend to represent you. If you are appealing the decision about your medical benefits or health coverage you must do so within 60 days after the "Date of Notice." You can ask for a fair hearing by calling (855) 418-4421 (TTY (877) 734-7429), going online to abe.illinois.gov, emailing HFS.FairHearings@illinois.gov, faxing (312) 793-2005 or in writing to HFS Fair Hearings Section, 69 W. Washington, 4th Floor, Chicago, IL 60602.

To apply for free legal help:

- ✓ In Cook County (including the City of Chicago) – Legal Assistance Foundation of Metropolitan Chicago: (312) 341-1070
- ✓ In other counties in Northern or Central Illinois with area codes (309), (815) or (847) – Prairie State Legal Services: (800) 531-7057
- ✓ In other counties in Central or Southern Illinois where the area code is (217) or (618) – Land of Lincoln Legal Assistance Foundation: (877) 342-7891

Ex Parte Defined

- Electronically verifiable eligibility criteria
- Customer action is not required
- Notice sent to address on file

Ex Parte Increase

- Pre Pandemic = 30% - 40%
- Current for 06/2023 due date = 51%



Form B Renewal

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 P.o. Box 295 FITHIAN IL 61844. Is this correct? Yes No If No, tell us the correct address where you live:

Our records show that these are your phone numbers. If not, tell us your correct numbers.

Phone Type	Current Phone Number	New Phone Number	Receive Text Alerts and Reminders* (please check one)
Home			<input type="checkbox"/>
Work			
Cell			<input type="checkbox"/>
Alternate			<input type="checkbox"/>

*Standard fees may apply from your mobile service provider.

I do not wish to receive text alerts and reminders.

4. Please review the employment information we found for your household and let us know if it is correct.

Person	Employer	Monthly Income	Is this Correct?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If a job listed above ended, tell us which job and the date of the last pay _____

If the employment information and the amount of monthly income above is correct, you do not have to list it again in the next question. You do not have to send proof of this income if the amount is correct. But we still need for you to complete other sections in this form and send it back.

5. Does anyone get paid for working <a job marked as not correct or other jobs not listed above>? 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 \$ _____

According to our records, you told us your household had income from Lucky Charms 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?
JOE MONTANA	LUCKY CHARMS	\$10	40	Every 2 weeks

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

6. 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.

7. Are you or is anyone who lives with you pregnant?

If yes, name: _____ Due date: _____ Expected number of babies: _____ End date: _____

8. Do you or anyone living with you have health insurance? Yes No

If yes, name of insurance plan: _____ Policy Number _____

Turn this page over to read more information on the back.
COMPLETE AND SEND

COMPLETE AND SEND



Form B Renewal

Who is covered by this health insurance? _____

Name of insurance plan: _____ Policy Number _____

Who is covered by this health insurance? _____

9. Are you or anyone living with you interested in the partial-benefit program for Family Planning if no longer eligible for Medical Benefits? Yes No

If yes, name of the person(s) who want to Opt-In: _____

10. Will you or anyone who lives with you file a federal income tax return next year to report income received this year? Yes No

If yes, name of person(s) filing tax return: _____ Birth Date _____

If this person will file jointly with a spouse, write name of spouse: _____

If this person will claim dependents on the tax return, write name(s) of dependents:

_____ Birth Date _____ Birth Date _____

_____ Birth Date _____ Birth Date _____

11. Will you or anyone who lives with you be claimed as a dependent on anyone's tax return for this year? Yes No

If yes, name of dependent _____ Birth Date _____ Tax filer's name and relationship to dependent: _____

12. Do you or anyone living with you pay any expense that can be deducted on your federal income tax return? Yes No

If yes, list the expense: _____ How Much? _____ How Often? _____

Voter's Registration Information

If you want to register to vote, fill out the attached Illinois Voter Registration Application SBE (R-19) and give it to your DHS office or your local election official. For help filling it out or for translation services, contact your DHS Family Community Resource Center. You may also call the Helpline at 1-800-843-6154, or 1-866-324-5553 (for TTY). For information online, see www.dhs.state.il.us or www.elections.il.gov/.

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

Turn this page over to read more information on the back.
COMPLETE AND SEND

COMPLETE AND SEND



Form B Renewal

Back of SBE No.R-19

ILLINOIS VOTER REGISTRATION APPLICATION

FOR ILLINOIS RESIDENTS ONLY

TO VOTE YOU MUST:

- Be a United States citizen
Be at least 18 years old (some 17 year olds may vote in the General Primary, Consolidated Primary or Caucus)
- Live in your election precinct at least 30 days
- Not be convicted and incarcerated.
- Not claim the right to vote anywhere else

TO VOTE IN THE NEXT ELECTION:

- Mail or deliver this application to your County Clerk or Board of Election Commissioners no later than 28 days before the next election. Go to <http://www.elections.il.gov>

IMPORTANT INFORMATION:

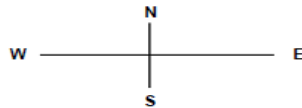
- If you do not have a driver's license, State Identification Card or social security number, and this form is submitted by mail, and you have never registered to vote in the jurisdiction you are now registering in, then you must send, with this application, either (i) a copy of a current and valid photo identification, or (ii) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows the name and address of the voter. If you do not provide the information required above, then you will be required to provide election officials with either (i) or (ii) described above the first time you vote in person or prior to voting by mail.
- If you change your name you must re-register.
- If you register at a public service agency, any information regarding the agency that assisted you will remain confidential as will any decision not to register.
- If you do not receive a Notice within 2 weeks of mailing or delivering this application, call your County Clerk or Board of Election Commissioners.

TO COMPLETE THIS FORM:

SBE R-19

- Box 1-If you do not have a middle name, leave blank.
- Box 3-If mailing address is same as Box 2, write "same".
- Box 4-By providing an email address you agree to receive election related notices via email.
- Box 5-If you have never registered before, leave blank. If you do not remember your former address, provide as much information as possible.
- Box 6-If you have not changed your name, leave blank.
- Box 10-If you have an Illinois Driver's License or Secretary of State ID, check the first box and fill in the number. If you do not have a Driver's License or SOS ID, check the second box and fill in the last four digits of your Social Security Number. If you do not have a SSN, check the third box and send a copy of the appropriate document (as described in the "Important Information" section) along with this form.
- Box 11-Read, date and personally sign your name or make your mark in the box.

IF YOU HAVE NO STREET ADDRESS, below describe your home: list the name of subdivision; cross streets; roads; landmarks; mileage and/or neighbor's names.



If you have questions about completing this form, please call the State Board of Elections at (217)782-4141 or (312)814-6440 (or webmaster@elections.il.gov).

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK

Are you a citizen of the United States of America? (check one) yes <input type="checkbox"/> no <input type="checkbox"/>		Office Use
Will you be 18 years of age on or before the next election day OR are you currently 17 and will be 18 by the day of the next General or Consolidated Election? (check one) yes <input type="checkbox"/> no <input type="checkbox"/>		
If you checked "no" in response to either of these questions, then do not complete this form. You can use this form to: (check one) <input type="checkbox"/> apply to register to vote in Illinois; <input type="checkbox"/> change your address; <input type="checkbox"/> change your name		
1. Last Name	First Name	Middle Name or Initial
		Suffix (Circle One) Jr. Sr. II III IV
2. Address where you live (House No., Street Name, Apt. No.) City/Village/Town Zip Code County Township		
3. Mailing address (P.O. Box) City/Village/Town, State Zip Code		4. Email (Optional)
5. Former Registration Address: (include City and State and Zip Code) Former County		6. Former Name: (if changed)
7. Date of Birth: MM/DD/YY	8. Home telephone number including area code (optional)	10. ID number - check the applicable box and provide the appropriate number
8. Sex (circle one) M F	() -	<input type="checkbox"/> IL Driver's License or, if none, Sec. of State ID or <input type="checkbox"/> Last 4 digits of Social Security Number <input type="checkbox"/> I have none of the above-listed identification numbers.

11. Voter Affidavit - Read all statements and sign within the box to the right. I swear or affirm that:

- I am a citizen of the United States;
- I will be at least 18 years old on or before the next election (or the next General or Consolidated Election);
- I will have lived in the State of Illinois and in my election precinct at least 30 days as of the date of the next election;
- The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, then I may be fined, imprisoned, or if I am not a U.S. citizen, deported from or refused entry into the United States.

This is my signature or mark in the space below.

Today's Date: ____ / ____ / ____

12. If you cannot sign your name, ask the person who helped you fill in this form to print their name, address and telephone number. Name of person assisting: _____ Full Address: _____ Telephone No. _____

YOUR ADDRESS

PUT
FIRST
CLASS
STAMP
HERE

MAIL TO: LINDSAY LIGHT, ELECTION DIVISION
201 NORTH VERMILION STREET
SUITE 110
DANVILLE, IL 61832

CHANGE OF ADDRESS

PCT	WARD	CODE	ADDRESS	CITY	ZIP	COUNTY	DATE	CLERK

SUSPENSION, CANCELLATION AND REINSTATEMENT

DATE	EXPLAIN	CLERK	DATE	EXPLAIN	CLERK

To Election Judges	Voting Record	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
For Primary, mark	Primary																				
D for Democrat	General																				
R for Republican	NonPartisan																				
for all other elections mark V	Special																				



More on Renewal 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.

EXAMPLE of barcode at bottom of notice

Turn this page over to read more information on the back.

IL444-1893 (R-09-15) SNAP Redetermination
Interview Required and Medical Benefits
Renewal Form

Page 1 of 7



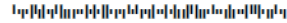
55901198

Example of Verification Check List (VCL)



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

Date of Notice: February 15, 2023
Case Number: 123456789
Office Name: LASALLE COUNTY FCRC
Office Address: 1560 FIRST AVE
OTTAWA, IL 61350
Phone: 815-433-1572
Fax: 844-736-3563



CINDY SUNSHINE
PO BOX 1234
HAPPY LAND, IL 60602

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 1-866-324-5553)

Verification Checklist

We need the items listed below to determine your eligibility. If you have an office interview **BRING** the items with you. If you have a phone interview or are applying for medical only, return these items as described in the instructions on the last page of this document.

What you need to give us - Give us the information that is marked below by the due dates listed below.

Please return at least one of the requested examples for each verification and person listed below by **no later than the due dates listed below**. If you do not respond by the due date your SNAP, Cash and/or Medical benefits could be reduced, cancelled or denied.

Name of Person	What is Needed	Examples	Required For	Due Date
	Provide paystubs or proof of gross income (before taxes and deductions) from the last 30 days	Copy of check stubs or earnings statement; if applying for medical, only one pay stub or earnings statement from the last 30 days is needed; Copy of statement from employer showing gross income	Medical	05/15/2023

Verification Document Cover Sheet

IMPORTANT: Return this Verification Document Cover Sheet when you return your verifications to us to avoid a delay in processing your benefits.

From: **CINDY SUNSHINE**

Number of Pages Returned: _____

Case Number: **123456789**

(including this sheet)

Instructions to Submit Your Verifications

Write in the number of pages you are returning to us in the space above. Do not write anywhere else on this coversheet. If you need to tell us about anything else, write it on a separate sheet. If you have questions, please call LASALLE COUNTY FCRC at 815-433-1572.

There are several ways you can return your verifications to us

ABE	If you already have an ABE account and access to a scanner, go to abe.illinois.gov , log on to your ABE account and follow the instructions to upload your scanned documents. Include this coversheet. Need to create an ABE account? Go to abe.illinois.gov and follow the instructions to create a new account.
Fax	Send all requested verification including this cover sheet to Data Preparation/IES Central Scanning at 1-844-736-3563. If your documents have information on both sides be sure to scan both sides of the page before including it in the fax.
Mail	Mail all requested documents including this cover sheet to: Data Preparation/IES Central Scanning P.O. Box 19138 Springfield, IL 62763
In Person	Take all requested documents including this coversheet to the following Family Community Resource Center: LASALLE COUNTY FCRC 1560 FIRST AVE OTTAWA IL 61350



Verification Check List (VCL)



State of Illinois
Department of Healthcare and Family Services

Help Sheet for U.S. Citizenship & Identity Documentation

This form only applies to persons who are U.S. citizens.

Because of a new federal law, we must ask people who are United States citizens to show documents that prove they are citizens. The law does not affect people who are not U.S. citizens.

This new law affects most children and adults if they are citizens who request medical benefits or get medical benefits. U.S. citizens who get SSI (Supplemental Security Income), Social Security Disability or Medicare do not have to show documents.

This form tells you what documents we need to see for all persons who are citizens who are requesting medical benefits or are named on your medical card.

If you have the following documents for anyone on your medical card, take them to your local Illinois Department of Human Services office.

- U.S. Passport
- Certificate of Naturalization (N-550 or N-570)
- Certificate of Citizenship (N-560 or N-561)

If you do not have one of the documents listed above, then we need to see two documents for each person on your medical card. You need to bring one item from EACH box for each person.

If anyone's name is different than the name on the documents that prove they are citizens, we need to see another document that caused the name change. For example, this could be a certificate of marriage, or court order, or other official document.

Papers that show Place of Birth

- Certified copy of a birth certificate from the state or county where the person was born;
- Final Adoption Decree,
- Official military record that shows a place of birth, or
- Papers showing the person was employed by the U.S. government before 1976

ID Card with Photo or other information that identifies the person.

- Driver's license;
- State issued ID card;
- School ID;
- U.S. military ID;
- U.S. Military dependent card; OR
- Other government ID (city, county, or U.S. state issued).
- For children under age 16, school or day care records.



State of Illinois
Department of Healthcare and Family Services

Your medical benefits may be stopped if you do not send or bring these documents to us.

If you do not have documents for someone on your medical card, you must try to get them.

You can get birth certificates from the state or county where the person was born. You may have to pay for official copies of birth certificates. Usually, you need to know the person's name, date of birth, place of birth and parents' names to order their birth certificate.

- Persons who were born in Illinois can get their birth certificates from the county where they were born. Here are a few county phone numbers and websites:

County	Phone and Website
Champaign	1-217-384-3720 or www.champaigncountyclerk.com/vitals
Cook	1-312-603-7799 or www.cookctyclerk.com
DuPage	1-630-682-7035 or www.co.dupage.il.us
Lake	1-847-377-2411 or www.lakecountvil.gov
Kane	1-630-232-5950 or www.co.kane.il.us/coc/
Peoria	1-309-672-6059 or www.co.peoria.il.us/
Rock Island	1-309-786-4451 or www.co.rock-island.il.us
Will	1-815-740-4615 or www.thewillcountyclerk.com

You can get a complete list of where to go for a birth certificate for any county in Illinois on the Internet at www.vitalrec.com/il.html#County. The Illinois Department of Public Health can help you find a county office if you call 1-217-782-6553.

- Persons who were born in Illinois can also get birth certificates from the Illinois Department of Public Health by calling 217-782-6553. You can order your birth certificate over the Internet at www.idph.state.il.us/vitalrecords if you use a credit card.
- The National Center for Health Statistics can help you find out where to get birth certificates for people who were born in a state other than Illinois. Call 1-866-441-6247. The call is free. If you can use a computer, you can find out where to go to get birth certificates for someone born in another state at www.cdc.gov/nchs.

If you cannot get these documents, call the office that is handling your case. There may be other documents that you can use to show that you or your family member is a U.S. citizen.

Turn this page over to read more information on the back.

HFS 3859A (R-09-15) Help Sheet for US
Citizenship and Identity Documentation

Page 1 of 2



71255086

HFS 3859A (R-09-15) Help Sheet for US
Citizenship and Identity Documentation

Page 2 of 2



71255086



HFS
Illinois Department of
Healthcare and Family Services

Denial Notice – No longer eligible



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

Date of Notice: April 19, 2023
Case Number: 123456789
Client Name: CINDY SUNSHINE
Individual ID: 1234567890
Office Name: CHAMPAIGN COUNTY
Office Address: FCRC 206 W ANTHONY DR
CHAMPAIGN, IL 61822
Phone: 217-278-5605
TTY: 866-451-5784
Fax: 844-736-3563



CINDY SUNSHINE
PO BOX 1234
HAPPY LAND, IL 61802

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 1-866-324-5553)

Notice of Decision

We reviewed your application for Medical benefits. This notice explains our decision. The notice also tells you how you can appeal if you think our decision is wrong.

Your application for **Medical Benefits** filed on April 19, 2023 is **denied**. Read the Medical Benefits section of this notice to find out why.

You can manage your case online through ABE (www.abe.illinois.gov). To learn how, read the **Manage My Case Online** section in this notice.

This notice contains important information. If you cannot read this notice, please call us at 1-800-843-6154 (TTY 1-866-324-5553) for help. Please stay on the line while you are connected with an interpreter.

Medical Benefits

Not Eligible for Medical Benefits

The person(s) listed in the table below have been denied for Medical Benefits.

Name	Birth Date	Dates of Coverage Denied	Reason	Policy Reference
CINDY SUNSHINE	April 1, 2067	No eligible dates of coverage	Household income is more than the limit for this individual for this program.	PM I-03-00

The application(s) for health coverage for CINDY SUNSHINE have been sent to the Federal Health Insurance Marketplace. Please refer to the attached *You Can Get Help to Buy Health Insurance* form for more information.

CINDY SUNSHINE was denied for having more income than the limit. The following amounts were used to make this decision:

MAGI Based Budget		Apr 01, 2023	May 01, 2023	Jun 01, 2023
Total gross earned income		\$2687.00	\$2687.00	\$2687.00
Total self employment income	+	\$0.00	\$0.00	\$0.00
Self employment expenses	-	\$0.00	\$0.00	\$0.00
Total unearned income	+	\$0.00	\$0.00	\$0.00
Gross monthly income	=	\$2687.00	\$2687.00	\$2687.00
MAGI deductions	-	\$0.00	\$0.00	\$0.00
Total countable monthly income	=	\$2687.00	\$2687.00	\$2687.00
Income standard for your household size 1		\$1677.00	\$1677.00	\$1677.00

Turn this page over to read more information on the back.

IL444-0360C (R-09-15) Notice of Decision Page 1 of 5

Scanning Barcode

IL444-0360C (R-09-15) Notice of Decision Page 2 of 5

Scanning Barcode



HFS
Illinois Department of
Healthcare and Family Services

Denial Notice – No longer eligible

CINDY SUNSHINE's denial was decided using MAGI methodology. If you have a permanent disability you might qualify under non-MAGI methodology for a different medical group. See the Your Rights section of this notice for information about how to request a review.

Your Rights

YOU HAVE CERTAIN RIGHTS CASH AND MEDICAL

If you were denied cash or medical benefits, you have the right to talk with a DHS or HFS caseworker to ask about the reason for denial. The talk will be informal. Any added information you have should be presented at that time. You have the right to be represented at this meeting by any person(s) you choose. If you wish such a meeting, contact the office named on the first page of this notice. You should do this right away. If you choose not to have an informal meeting, you still have a right to appeal this action.

SNAP

If Your SNAP Application Was Denied

You may apply for SNAP benefits again any time you think you may be eligible. If you don't agree with our decision to deny your application, you may ask for a fair hearing. You will not receive any SNAP benefits just because you ask for a fair hearing. You will have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer. If it is decided that you are right, you may be entitled to SNAP benefits from the date you applied.

If Your SNAP Application Was Approved

You may ask for a fair hearing if you don't agree with the decision. You will then have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer.

Turn this page over to read more information on the back.

IL444-0360C (R-09-15) Notice of Decision Page 3 of 5

Scanning Barcode

IL444-0360C (R-09-15) Notice of Decision Page 4 of 5

Scanning Barcode



HFS

Illinois Department of
Healthcare and Family Services

Denial Notice – No longer eligible

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

If you do not agree with our decision, you have the right to appeal and be given a fair hearing. You may represent yourself at this hearing or you can ask someone else, such as a lawyer, relative or friend to represent you. If you are appealing the decision on your cash and/or medical benefits decision you must do so within 60 days after the "Date of Notice." If you are appealing a decision about SNAP you must do so within 90 days after the "Date of Notice." You can ask for a fair hearing by calling (800) 435-0774, if you use a TTY, by calling (877) 734-7429, going online to abe.illinois.gov/abe/access/appeals, emailing DHS.BAH@illinois.gov, faxing (312) 793-3387, or in writing to DHS Bureau of Hearings, 69 W. Washington, 4th Floor, Chicago, IL 60602.

To apply for free legal help:

- ✓ In Cook County (including the City of Chicago) - Legal Assistance Foundation of Metropolitan Chicago: (312) 341-1070
- ✓ In other counties in Northern or Central Illinois with area codes (309), (815) or (847) - Prairie State Legal Services: (800) 531-7057
- ✓ In other counties in Central or Southern Illinois where the area code is (217) or (618) - Land of Lincoln Legal Assistance Foundation: (877) 342-7891

Manage My Case Online

Go to abe.illinois.gov and click on the Manage My Case button to set up an online account. You'll need the individual ID displayed to the right in order to access information in ABE Manage My Case. You can apply for benefits online, and once you access Manage My Case you can check the status of your application, view any upcoming appointments, or upload documents.

Name	Individual ID
CINDY SUNSHINE	1234567890



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

Date of Notice: April 19, 2023
Case Number: 123456789
Office Name: CHAMPAIGN COUNTY FCRC
Office Address: 206 W ANTHONY DR
CHAMPAIGN, IL 61822
Phone: 217-278-5605
TTY: 866-451-5784
Fax: 844-736-3583

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 1-866-324-5553)



CINDY SUNSHINE
PO BOX 1234
HAPPY LAND, IL 61802

Privacy Notice

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Read It Carefully.

The law requires The Illinois Department of Healthcare and Family Services (HFS) to protect the privacy of your medical information. This notice explains how HFS can use or share the medical information that HFS has about you or your family. It also explains your rights.

For some people, HFS pays for all health benefits. For others, HFS pays for certain services like prescription drugs. HFS must receive and keep your medical information so you can have these benefits. HFS may contract with other organizations or individuals to help provide your health benefits. These contractors may also receive and keep your medical information.

Effective September 23, 2013, HFS must follow this Notice until it is replaced. HFS can change the terms of this Notice at any time. If HFS changes this Notice, HFS will send a new Notice to all persons enrolled at that time. HFS can make the new changes apply to all your medical information kept by HFS before and after the date of the new Notice. The Notice is posted on the [HFS website](#).

HFS may use or share your medical information without your permission for the reasons below.

- **So you can get medical care.** For example, HFS may share your medical information with your doctor or pharmacy so that they can give you medical care and the right medicine.
- **So HFS can pay your medical bills.** For example, HFS may use and share your medical information so your doctor can send a bill to HFS and so HFS can pay your medical bills. HFS may also share your medical information to recover payment from other medical insurance or benefits you may have.
- **So HFS can perform its duties.** For example, HFS may use or share your medical information to assess quality of care; to decide who is eligible for medical benefits; to manage your care; to direct and plan HFS programs and budget; to coordinate with another public benefit program; to develop better services for you; or for audits.
- **To tell you about other health services.** For example, HFS may call or write to tell you about treatment options or other health-related services.

Turn this page over to read more information on the back.



Denial Notice – No longer eligible

- To comply with the law. For example, the law requires HFS to allow the U.S. Department of Health and Human Services to audit HFS records. HFS may share your medical information to comply with other laws.
- For other reasons. Examples include:
 - o To comply with legal proceedings, such as a court or administrative order or subpoena; and safety;
 - o For worker's compensation claims To enforce other laws or protect someone's health and safety;
 - o So a family member, friend or other person can help you to get or pay for your health care;
 - o So a personal representative you appoint or a court appoints for you can help you get health benefits;
 - o To support research as long as the information will be protected by the researchers;
 - o So a coroner or medical examiner can identify a deceased person or cause of death or so a funeral director can arrange burial;
 - o To support an organ procurement organization in limited circumstances;
 - o To protect you against a serious threat to your health or safety or the health or safety of others;
 - o To support a government agency overseeing health care programs
 - o For lawful national security purposes;
 - o To correctional institutions or law enforcement officers if you are an inmate of a correctional institution or if necessary (1) for the institution to provide you with medical care; (2) to protect your health and safety or the health and safety of others; (3) for the safety of the correctional institution
 - o For health research;
 - o For public health purposes; and
 - o For military purposes, if you are a member of the armed forces.

HFS will make the following uses and disclosures only with your written permission:

- To use and disclose information for marketing purposes;
- To use and disclose information that would be the sale of protected health information;
- To use and disclose psychotherapy notes (should we have such notes)
- Other uses and disclosures not described in this notice.

HFS will not use or share your medical information for any other reason unless you give HFS written permission. You may withdraw your permission in writing at any time. However, if HFS used or shared your information for a long-term project like a research study, HFS may continue to use or share your information for that purpose only. Your permission for HFS to use or share your information will end when HFS gets your written notice to withdraw your permission. You can find forms for these purposes on the HFS website and at Illinois Department of Human Services local offices HFS is not allowed to use your genetic information to decide whether to cover you or set the price of the covering your benefits.

Your rights. You may ask HFS to do any of the following if you ask in writing. HFS will decide if it can do what you want it to do. HFS will write to tell you what it decides.

- You may ask HFS not to use or share your medical information for treatment, payment and health care operations. HFS does not always have to agree. To ask HFS to not use or share your medical information, contact us in writing by mail or e-mail at the address listed at the bottom of this Notice.

- You may ask HFS to contact you about your medical information privately in a different way or at a different place than HFS is currently doing. HFS does not always have to agree unless the change is necessary to protect you, and HFS can still pay your medical bills. When you write to ask for this change, you must tell HFS how to contact you in private.
- You may ask to see or get copies of your medical information. You may be charged a small fee for copies.
- You may ask HFS to correct your medical information. HFS does not have to agree to make the change. To ask for a correction, make your request, in writing, to the address or e-mail at the bottom of this Notice.
- You have the right to be contacted and informed about a breach of your medical information.
- You may ask for a list of ways HFS or its contractors shared your medical information going back 6 years from the date of the request. You may write to ask HFS to send you another copy of this Notice.

If you want any of these things, contact the HFS Privacy Officer at the address below. HFS will help you make your written request.

Complaints. If you believe HFS has not protected your right to privacy, you have the right to complain to HFS or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with HFS at the address below. HFS will not hold it against you if you file a complaint.

Privacy Officer. To get more copies of this Notice or more information about HFS privacy practices or your rights, or to file a complaint, contact the Privacy Officer at the following address:

Privacy Officer
Office of the General Counsel
Healthcare and Family Services
201 S. Grand Ave. East, 3rd Floor
Springfield, IL 62763-1000

Toll-free telephone: 1-800-226-0768 (Health Benefits Hotline)
Toll-free for persons using a TTY: 1-877-204-1012
Fax: 1-217-524-2397
HFS.privacy.officer@illinois.gov



Denial Notice – No longer eligible



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.



Get Covered Illinois



IDOI Director Dana Popish Severinghaus

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[Home](#) > [Shop / Enroll](#) > [Special Enrollment Perio...](#)

Shop / Enroll

Special Enrollment Period - Qualifying Life Event

[SEP Losing Medicaid](#)

[Pre-Enrollment Checklist](#)

[Before You Enroll / Choosing a Health Plan](#)

[Open Enrollment - ACA Marketplace - Enroll](#)

[After You Enroll / Next Steps](#)

Special Enrollment Period - Qualifying Life Events

[See if you can get health coverage \(healthcare.gov\)](#)

When Open Enrollment is over, certain life events may qualify you for a Special Enrollment Period (SEP).

- Losing job-based health coverage
- [Losing Medicaid coverage](#)
- Having a baby
- Adopting a child
- Getting married
- Getting divorced or legally separated resulting in loss of health coverage
- Moving to a new ZIP code or county
- Turning 26 and no longer eligible for parents' coverage
- A student moving from the place they attend school
- On an ACA Marketplace plan with someone who dies and as a result, you're no longer eligible for your current health plan

Helpful Links

- [FAQs - Special Enrollment Period - Losing Medicaid Coverage](#)
- [Special Enrollment Period - Qualifying Life Events](#)



HFS

Illinois Department of
Healthcare and Family Services

Cancellation Notice – Renewal not returned



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

Date of Notice: April 17, 2023
 Case Number: [REDACTED]
 Client Name: [REDACTED]
 Individual ID: [REDACTED]
 Office Name: STEPHENSON COUNTY FCRC
 Office Address: 1631 GALENA AVE
 FREEPORT, IL 61032
 Phone: 815-232-6123
 TTY: 866-324-3554
 Fax: 844-736-3563



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 1-866-324-5553)

Notice of Decision

Beginning May 01, 2023, your benefits will change as follows:

Medical Benefits will stop for your household. Read the Medical Benefits section of this notice to find out why and to review these changes.

You can manage your case online through ABE (www.abe.illinois.gov). To learn how, read the **Manage My Case Online** section in this notice.

This notice contains important information. If you cannot read this notice, please call us at 1-800-843-6154 (TTY 1-866-324-5553) for help. Please stay on the line while you are connected with an interpreter.

Medical Benefits

Not Eligible for Medical Benefits

The person(s) listed in the table below are **not eligible** for Medical Benefits.

Name	Birth Date	Date Coverage Ends	Reason	Policy Reference
[REDACTED]	[REDACTED]	Apr 30, 2023	A completed redetermination was not received for this individual by the due date.	PM 19-02
[REDACTED]	[REDACTED]	Apr 30, 2023	A completed redetermination was not received for this individual by the due date.	PM 19-02
[REDACTED]	[REDACTED]	Apr 30, 2023	A completed redetermination was not received for this individual by the due date.	PM 19-02



Cancellation Notice – Renewal not returned

Your Rights

YOU HAVE CERTAIN RIGHTS CASH AND MEDICAL

If you were denied cash or medical benefits, you have the right to talk with a DHS or HFS caseworker to ask about the reason for denial. The talk will be informal. Any added information you have should be presented at that time. You have the right to be represented at this meeting by any person(s) you choose. If you wish such a meeting, contact the office named on the first page of this notice. You should do this right away. If you choose not to have an informal meeting, you still have a right to appeal this action.

SNAP

If Your SNAP Application Was Denied

You may apply for SNAP benefits again any time you think you may be eligible. If you don't agree with our decision to deny your application, you may ask for a fair hearing. You will not receive any SNAP benefits just because you ask for a fair hearing. You will have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer. If it is decided that you are right, you may be entitled to SNAP benefits from the date you applied. If you become eligible to receive Supplemental Security Income (SSI) or Temporary Assistance for Needy Families (TANF), you may be eligible for SNAP.

If Your SNAP Application Was Approved

You may ask for a fair hearing if you don't agree with the decision. You will then have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

If you do not agree with our decision, you have the right to appeal and be given a fair hearing. You may represent yourself at this hearing or you can ask someone else, such as a lawyer, relative or friend to represent you. If you are appealing the decision on your cash and/or medical benefits decision you must do so within 60 days after the "Date of Notice." If you are appealing a decision about SNAP you must do so within 90 days after the "Date of Notice." You can ask for a fair hearing by calling (800) 435-0774, if you use a TTY, by calling (877) 734-7429, going online to abe.illinois.gov/abe/access/appeals, emailing DHS.BAH@illinois.gov, faxing (312) 793-3387, or in writing to DHS Bureau of Hearings, 69 W. Washington, 4th Floor, Chicago, IL 60602.

To apply for free legal help:

- ✓ In Cook County (including the City of Chicago) - Legal Assistance Foundation of Metropolitan Chicago: (312) 341-1070
- ✓ In other counties in Northern or Central Illinois with area codes (309), (815) or (847) - Prairie State Legal Services: (800) 531-7057
- ✓ In other counties in Central or Southern Illinois where the area code is (217) or (618) - Land of Lincoln Legal Assistance Foundation: (877) 342-7891

Manage My Case Online

Go to abe.illinois.gov and click on the Manage My Case button to set up an online account. You'll need the individual ID displayed to the right in order to access information in ABE Manage My Case. You can apply for benefits online, and once you access Manage My Case you can check the status of your application, view any upcoming appointments, or upload documents.

Name	Individual ID
[REDACTED]	[REDACTED]





5. A. IV. Special Populations



ACA to AABD Transitions

Type	Total	Notes
ACA Adults to AABD	Approx. 53,000	<ul style="list-style-type: none">• Individuals that turned 65 and/or started receiving Medicare during PHE• HFS transitioned customers in IES the week of 02/20/23<ul style="list-style-type: none">• 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 has been completed.

2023 Increases in Income and Resource Standards

<https://www.dhs.state.il.us/page.aspx?item=21741>

	1 Person	2 People	Notes
Income: AABD Medical	\$ 1,215	\$ 1,643	FPL update – effective 1/1/23
Income: Medicare Savings Program	See policy		FPL update effective 1/1/23
Resources: AABD medical	\$17,500	\$17,500	State Decision, effective with restart of resource test on 5/12/23
Resources: Medicare Savings Program (MSP = QMB, SLIB & Q1)	\$ 9,090	\$15,160	Federally set, effective with restart of resource test 5/12/23

For pending applications, the new standards will apply for any budget month beginning with January 2023.

Those in spenddown with income below 2023 FPL became AABD (no spenddown) after 3/2023 mass change in IES.



Spenddown Notices Affected by PHE (Overrides)

Be sure to read the entire notice and not just the text in the box:
Continue Down Notice to “Information about Spenddown Deductible”

Medical Benefits

The person(s) listed in the table below are **eligible** for ongoing Medical benefits.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
[REDACTED]	[REDACTED]	[REDACTED]	AABD Spenddown Deductible	Apr 01, 2023 Must meet Spenddown Deductible
[REDACTED]	[REDACTED]	[REDACTED]	AABD Spenddown Deductible	Apr 01, 2023 Must meet Spenddown Deductible

Information about Spenddown Deductible

How we calculated your eligibility for Spenddown Deductible

- o The number of people counted in the family size is 2.
- o Countable monthly income is \$1821.00.
- o The value of your resources is \$2000.00.
- o The monthly income spenddown deductible was \$178.00.
- o The spenddown deductible is met.



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5. A. V. Application Agents



How to Find Renewal Dates

- ABE.Illinois.gov
 - Manage My Case
 - Benefit Details Tab
- Medi System for Providers
- Customer's Managed Care Organization (MCO), if enrolled
- **Coming Soon:** Automated Voice Response (AVR) Phonenumber



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Providers Using MEDI: Individual or Batch Inquiries

Entities registered and authorized in MEDI for the Internet Electronic Claims (IEC) and the Recipient Eligibility Verification (REVS) web applications can check recipient eligibility using multiple methods:

- 1) A single inquiry can be done in real time using the REVS Direct Date Entry (DDE) web application.
- 2) Batch inquiries using the HIPAA 270/271 transactions can be done using the IEC web application.

Entities that have joined the Electronic Data Exchange (EDX) program can check eligibility in real time and batch modes using the CAQH CORE Safe Harbor web service. They can also check eligibility using FTPS in a batch mode. The HIPAA 270/271 eligibility transactions are used in both options.

If you wish to join the EDX program, you should email HFS.EDITradingPartner@illinois.gov and request a Trading Partner Agreement and an Application for the EDX program.

Medi Screen for Medical Providers

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 Number: [REDACTED]
Recipient Date of Birth: 09/30/2002
Provider Number: 1234567893
County Code:
Case Address: [REDACTED]
Begin Date: 05/16/2022
NPI Number:

Recipient Name: [REDACTED]
Recipient SSN:
Recipient Sex: F
Provider Name:
Case Name: [REDACTED]
City - State - Zip: [REDACTED]
End Date: 05/16/2022
Renewal Due Date: *** 04/01/2022 ***
Renewal Form: A



How to Read the Renewal Dates in MMC

Benefit Details

You have ACA Adult coverage.

Your coverage started on August 2016.

Your next medical redetermination must be completed by **April 2023** in the meantime, you must continue to report changes.

[View or print your HFS Medical Card](#) in your available notices.

[View your approval notice](#) to see how your benefits were determined

Actions you may need to take:

- Your Earned Income Payment is due on Friday, February 22, 2019.

MCO Plan Name: BLUE CROSS BLUE SHIELD IL MMCP

Your MCO Plan contact phone number is 877-860-2837. [Visit your MCO Plan website.](#)

MCO Plan Anniversary Date: January 1, 2021 (You can switch plans 60 days before this date)

[View your notices](#) for more information about what was requested.

[Back to Summary](#)

Example:

First (1) of month = Due Date on Notice (4/1)

Middle of Month = Cut-off Date –
renewal must be in IES by this
Date (4/17/23 due to weekend)

Last day of month = End of Certification
Period/Last day of coverage if
renewal not returned by middle of
the month Cut-off Date (4/30)



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5. A. VI. DHS Update



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5. A. VI. DHS Update



5. A. VII. Communications & Outreach



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Updated HFS Website

The screenshot shows the homepage of the Illinois Department of Healthcare and Family Services (HFS). The header includes the ILLINOIS.gov logo, the HFS logo, the name of the Director (Theresa Eagleson), a language selection dropdown, and a search bar. A navigation menu below the header lists: Home, My Healthcare, Medical Providers, Child Support Services, HFS OIG, Info Center, and About Us. The main content area features a large banner with a photo of a woman and a child, and the text: "Welcome to the Department of Healthcare and Family Services". Below the banner is a grid of eight service tiles, each with an icon and a title: "Manage My Healthcare Benefits", "Explore Child Support Services", "Establish Paternity in Illinois", "Healthcare Transformation Collaboratives", "Subscribe to Provider Notices", "Using Your Medical Card", "Medicaid Renewals Information Center", and "Report Fraud or Abuse".

The screenshot shows the 'ABE Benefits' page on the HFS website. The header is identical to the homepage. The navigation menu is the same. The breadcrumb trail reads: HFS > Medical Clients > ABE Benefits. The page is divided into two columns. The left column, titled 'Medical Clients', contains links for: 'Medical Clients Home', 'Report Medicaid Change of Address Form', 'Update Your Address Messaging Toolkit', 'Continuous Coverage Frequently Asked Questions', and 'Understanding the Renewal Process'. The right column, titled 'ABE Benefits', contains a paragraph: "The State of Illinois' Application for Benefits Eligibility (ABE) now has features to help you manage your benefits and appeals online, anytime." followed by another paragraph: "The Application for Benefits Eligibility (ABE) at [ABE.Illinois.gov](\"http://ABE.Illinois.gov\") is the State of Illinois' Official website for applying for and managing Medical, SNAP and Cash benefits." Below this is a numbered list of three steps: 1. Use the **Check if I Should Apply** button to answer a few questions and find out if you are likely to be eligible for benefits; 2. Use **Apply for Benefits** to submit an application for benefits and upload supporting documents; 3. If you have an existing case or submitted an application, use **Manage My Case (MMC)** to do things like check the status of that application, view benefit details, report a change, renew benefits, upload documents, and link to the online appeals portal. At the bottom of the right column, there is a paragraph: "The ABE Appeals portal allows a customer to appeal a benefit decision at [ABE.Illinois.gov/abe/access/appeals](\"http://ABE.Illinois.gov/abe/access/appeals\")" followed by another paragraph: "This includes appealing a benefit decision made by a Managed Care Organization (MCO) by requesting a State Fair Hearing." and a final paragraph: "Visit the [ABE Customer Support Page](\"http://ABE Customer Support Page\") for a complete list of resources including an ABE User Guide, ABE Appeals Guide, instructions on setting up Manage My Case, Answers to Frequently Asked Questions, and more."

Updated HFS Website

The same

- Branding
- Structure
- Content

Different

- URL (www2.illinois.gov/hfs to hfs.illinois.gov)
- Mobile-friendly
- ADA compliant

The screenshot displays the Illinois Department of Healthcare and Family Services (HFS) website. The header includes the Illinois.gov logo, the HFS logo, and the text "Illinois Department of Healthcare and Family Services". The navigation menu contains links for Home, My Healthcare, Medical Providers, Child Support Services, HFS OIG, Info Center, and About Us. The main content area is titled "ABE Benefits" and includes a list of links for Medical Clients, such as "Medical Clients Home", "Report Medicaid Change of Address Form", "Update Your Address Messaging Toolkit", "Continuous Coverage Frequently Asked Questions", and "Understanding the Renewal Process". The main text describes the ABE benefits and provides a list of steps for applying for benefits, including using the "Check if I Should Apply" button, submitting an application, and managing existing cases. It also mentions the ABE Appeals portal and provides a link to the ABE Customer Support Page.



Texting campaign update

HFS/DHS Text Messaging

Awaiting IES Update, MCOs will send until IES is ready

Text Deployment Date/Timing	Message Copy
60 days before REDE due date	Your IL Medicaid renewal will mail in 30 days. Click Manage My Case at abe.illinois.gov to verify your address and set up your account so you can renew online.
37 days before REDE due date	Your IL Medicaid renewal notice will mail in 7 days. Click Manage My Case at abe.illinois.gov to link your case to your online account so you can renew online.
2 weeks before REDE Due	IDHS/HFS Reminder; Redetermination due First day of REDE Due Date Month Manage your benefits http://dhs.illinois.gov/?item=138311
1 week before REDE due	IDHS/HFS Reminder: Redetermination due First Day of REDE Due Date Month Manage your benefits http://dhs.illinois.gov/?item=138311
3rd day of month after Rede Due	IDHS/HFS Reminder: Redetermination overdue. Submit by Cutoff Date to keep getting benefits. Manage your benefits http://dhs.illinois.gov/?item=138311



MCO Text Messaging

Text Deployment Date/Timing	Message Copy
75 days before REDE due date	IMPORTANT: IL Medicaid, SNAP or Cash customers IDHS/HFS needs your current address. Manage your Case http://dhs.illinois.gov/?item=138311
60 days before REDE due date	Your IL Medicaid renewal will be mailed in 30 days. Click Manage My Case at abe.illinois.gov to verify your address and set up your account so you can renew online.
37 days before REDE due date	Your IL Medicaid renewal notice will be mailed in 7 days. Click Manage My Case at abe.illinois.gov to link your case to your online account so you can renew online.
25 Days before REDE due date, renewal button now visible to customers in ABE MMC	Your IL Medicaid renewal is ready online! You must renew within 30 days to keep your benefits. Visit abe.illinois.gov today and click Manage My Case to begin.
3 days post-cutoff and not received	Your IL Medicaid benefits end 01/01/0000. Redetermination not submitted. Need Medicaid? Click Manage My Case at abe.illinois.gov , submit redetermination ASAP.
After closure due to nonresponse	Your IL Medicaid ended. You may be eligible for reinstatement! Go to abe.illinois.gov , click renew button, complete the questions, and submit redetermination.
After closure due to ineligibility	Your IL Medicaid ended. You are no longer eligible. Visit getcovered.illinois.gov , medicare.gov or your job, ask about special enrollment period for coverage.





Ready to Renew update

Unwinding Communication: Phase 2, Ready to Renew!

Illinois Medicaid Renewals Information Center

medicaid.illinois.gov

The screenshot shows the Illinois Department of Healthcare and Family Services (HFS) website. The header includes the Illinois state logo, the HFS logo, the name of the director (Theresa Eagleson), and a language selection dropdown. A search bar is also present. The main navigation menu includes links for Home, My Healthcare, Medical Providers, Child Support Services, HFS OIG, Info Center, and About Us. The current page is titled "Report Medicaid Change..." and features a sidebar with links to "Medical Clients", "Three-Part Webinar Series: Training for the End of...", "Ready to Renew Messaging Toolkit", "Report Medicaid Change of Address", "Ready to Renew Frequently Asked Questions", "Understanding the Renewal Process", and "Unwinding Operational Plan - Coming Soon". The main content area is titled "Illinois Medicaid Renewals Information Center" and "Resuming Medicaid Renewals". It contains a paragraph explaining that starting in May 2023, Medicaid customers in Illinois must renew their healthcare coverage. It also mentions that Congress has ended the pause on annual eligibility verifications. Below this, there is a section titled "Unwinding the Public Health Emergency" with a paragraph explaining that the federal government has set an end to other pandemic-related Medicaid changes. A "Resources" section follows, listing a "Ready to Renew messaging toolkit" and a note that if users work with Medicaid customers, they should use this toolkit to help them get ready to renew.

Reaching Medicaid Customers

HFS

- Social (organic)
- News Media
- ABE Texts/Emails
- TV/Radio PSAs
- Website
- IVRs
- Paid media
- Grassroots/
institutional outreach

MCOs and Partners

- Institutional/grassroots outreach
- Social: Organic + paid
- IVRs
- Emails
- Texts
- Phone Calls
- Events

In Development for HFS

- Salesforce Marketing Cloud
 - Email
 - Text

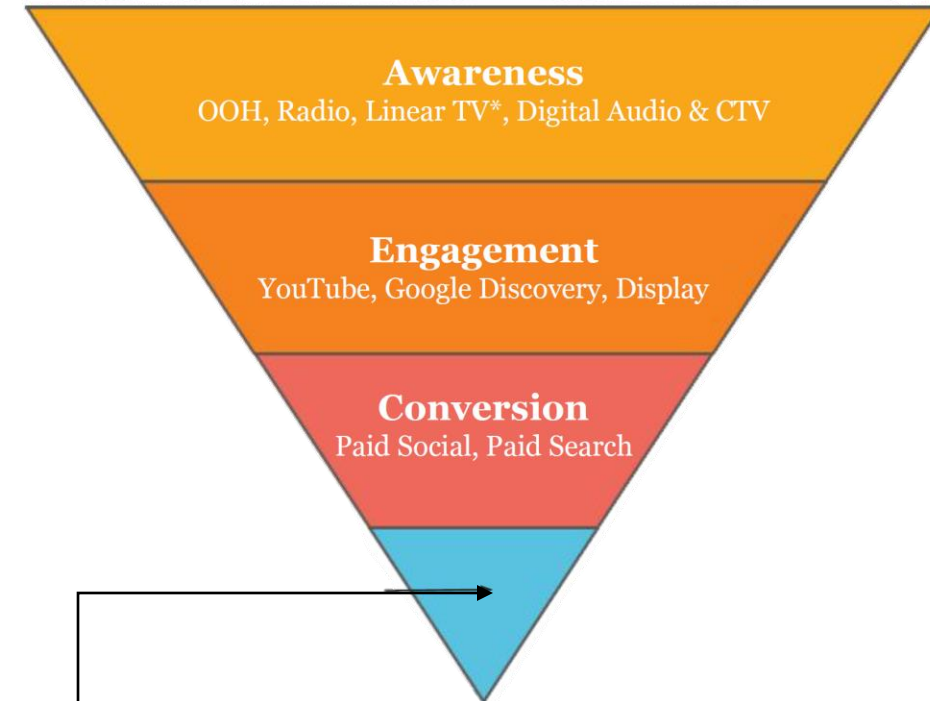
Paid Campaign: In Production

- ✓ • RFP
- ✓ • Selection
- ✓ • Contract Review
- ✓ • Media buy plan
- ✓ • Concepting + scripting
- ✓ • Media buy plan
- > • Production
 - Digital live: Week of 5/22
 - OOH live: Week of 6/1



Media Buy Plan

Product	Allocation	Reach (Estimated)
Out-Of-Home (e.g. billboards, transit)	Flat \$750k	TBD
Radio broadcast	Flat \$250k	TBD
OTT/CTV (Digital TV and video)	8.00%	5,400,000
OTT/CTV (Broadcast and cable inventory)	8.00%	5,400,000
Programmatic Audio (podcasts, online radio)	1.50%	1,350,000
Music Streaming (Spotify, Pandora)	2.50%	TBD
Contextual Native Display (in-app or web native)	2.00%	5,400,000
Programmatic Display (banner ads)	1.50%	5,400,000
Programmatic Video (automatic auction video ads)	2.50%	3,857,143
Geofence Display + Venue Replay (location based targeting)	2.00%	3,600,000
Geofence Video + Venue Replay (location based targeting)	4.00%	4,320,000
Video Sequencing (tracked video sequencing)	9.00%	19,440,000
Google Discovery Ads (across Google products)	14.00%	37,800,000
Facebook/Instagram	15.00%	28,928,571
Tik Tok	10.00%	21,600,000
Paid Search	20.00%	3,600,000
Total	100.00%	146,095,714



HFS-DHS owned medium for renewal:

- **abe.Illinois.gov / Manage My Case**

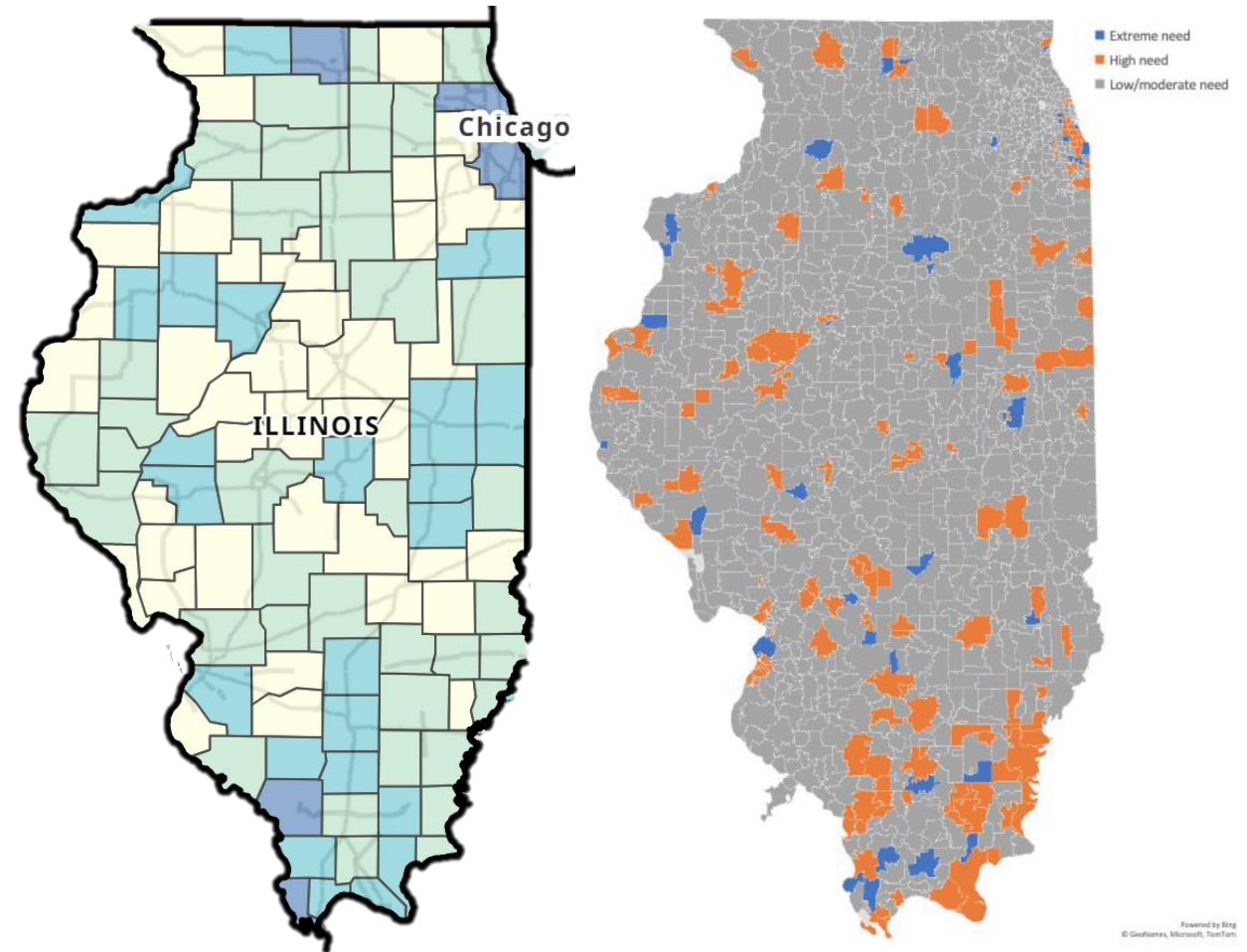
Priority Targeting

Starting Point:

- Overspend on Spanish-language media and advertisements
- Prioritize high vulnerability counties and zip codes

As the year progresses:

- Use IES data to refine targeting of groups/areas lagging in returns



5. B. MCO Update



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MCO Update

MCOs are fully engaged in the Redetermination efforts with outreach, education and engagement of members. Examples include:

- Sharing updated contact information for Medicaid enrollees with the state.
- Developed mailers, emails, text messages, media campaigns and phone banks to target Form B members. They have different messaging for different stages of the process: watch the mail, due date, missed 1st of the month due date but still time, and reinstatement period.
- Scheduling community events - where they will help anyone to set up Manage My Case and/or complete a redetermination and get it into the State.
- Developing personalized videos to capture the attention of members, educate them on the process and let them know when to watch for mail, their rede due date and how to submit
- IAMHP has developed a [Medicaid Redetermination Toolkit](#) – that summarizes key information, including **MCO member services phone numbers where members can check renewal due dates**, information for providers, types of redetermination forms, and more.

5. C. Metrics



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Applications and Redeterminations

Type	Total	Notes
New Applications	6,709	<ul style="list-style-type: none">• Total reflects statewide applications• Older than 45 days
Redeterminations	6,619	<ul style="list-style-type: none">• On hand• Form A that is being returned, but are not required• SNAP Redetermination that has a Medical Redetermination attached to it

Health Benefits for Immigrants

Immigrant 65+

- 14,409 enrolled
- \$328M in claims

Immigrant 55-64

- 14,306 enrolled
- \$141M in claims

Immigrant 42-54

- 28,127 enrolled
- \$130M in claims

- 67% of enrollees reside in Cook County. Since inception, 46% of payments have gone to Cook County Health and Hospital System.

Complete reports can be viewed on the HFS Public Education Subcommittee at :
[Reports | HFS \(illinois.gov\)](#)

Family Planning

Applying for Family Planning

- Customers that do not have an active Medicaid case
 - Apply via ABE
 - abe.illinois.gov

Program launched November 30, 2022 and has 1,994 enrollees.

ABE APPLICATION FOR BENEFITS ELIGIBILITY Help | Print Logged in: atest88 | Logout

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

Apply for Benefits

Please select Yes or No for each benefit option below

II • Apply for SNAP (Supplemental Nutrition Assistance Program)? Yes No

SNAP (Supplemental Nutrition Assistance Program) helps people and families buy food they need for good health. This program used to be called Food Stamps. [More about SNAP.](#)

+ • Apply for Healthcare Coverage? Yes No

Provides access to healthcare benefits to people of all ages in Illinois. [More about healthcare coverage.](#)

If you do not qualify for HFS medical programs, we will send your information to the federal Health Insurance Marketplace. The Marketplace will contact you to complete the application process by reviewing available tax credits and choosing and enrolling in a health plan.

+ • Apply for Family Planning Program? Yes No

• The Illinois Family Planning Program is a partial-benefit program that offers coverage for family planning and related services for men and women. **Select this option to apply for the Family Planning services only.** [More about Family Planning Program.](#)

S • Apply for Cash Assistance? Yes No

Helps pay for food, shelter, utilities, and expenses other than medical costs. A small amount of [Cash Assistance](#) is available to people who qualify.

If you apply for Cash Assistance, you will automatically apply for Healthcare coverage.

+ • Apply for Medicare Savings Program? Yes No

Helps people on Medicare pay for premiums, deductibles, and co-insurance charges. [More information about the Medicare Savings Program](#)

Back Save and Exit Next

6. Public Comments





6) Public Comments



7. Additional Business



7. Additional Business: Old & New

- A) Items for future discussion

8. HFS Announcements



8. HFS Announcements

A) Speaker's Bureau: HFS Community Events Participation Request Form

Speaker's Bureau: HFS Community Events Participation

Request Form

1. Applicants are able to request HFS to participate in upcoming community events 15 business days prior to the event:
 - Eligibility, Child Support, HealthChoice IL, etc.
2. Applicants can request trainings:
 - Medicaid Address Update, PHE Unwinding Toolkit, Manage My Case, Etc.
3. [Link: HFS Community Events Participation Request Form](#)



HFS Community Events Participation Request Form:

This form is to support the efforts of HFS staff participation in community events for the purposes of HFS Community Engagement.

* Required

Event Details:

1. Date of the Event: *

Please input date (M/d/yyyy)



2. Time of Event: *

Enter your answer

3. Name of the Event: *

Enter your answer

8. Additional HFS Learning and Training Opportunities



We improve lives.

Schedule of Events: Training for the End of the Continuous Coverage Requirement – A Three-Part Series

Date	Time	Training Title	Training Description	Registration Link
Wednesday, 04/19/23	10am-11am	Introduction: The End of the Continuous Coverage Requirement (CCR)	Participants will learn about the end of the CCR, important dates and timelines, marketing and communication and participants will have an introduction to manage my case.	Introduction: The End of the Continuous Coverage Requirement (CCR)
Thursday, 04/27/23	10am-11am	End of CCR: Outreach and Engagement	Participants will learn about how they can proactively participate in the State's efforts to reach customers that need to renew their benefits. Topics include: <ul style="list-style-type: none"> Using MEDI for proactive outreach Assisting customers create a Manage My Case (MMC) account Disseminating Ready to Renew Toolkit materials, i.e. leaflets, social media etc. 	End of CCR: Outreach and Engagement
Wednesday, 05/03/23	10am-11am	End of CCR: Completing the Redetermination	Participants will walk through the Form B Redetermination and learn how to complete it when assisting customers. Participants will also learn about accurate and timely submission of redetermination forms and will walk through the following notices: <ul style="list-style-type: none"> Ex Parte, i.e. Form A Verification Checklist Cancellation Notice 	End of CCR: Completing the Redetermination

[Subcommittee Public Ed | HFS \(illinois.gov\)](#)

[Continuous Coverage Webinar \(illinois.gov\)](#)

9c. Resources: MAC & Subcommittee Membership Questionnaire

Medicaid Advisory Committee (MAC)

HFS > About Us > Boards and Commissions > Medicaid Advisory Committee (MAC)

The Medicaid Advisory Committee (MAC) advises the Department of Healthcare and Family Services with respect to policy and planning related to the health and medical services provided under the department's [Medical Programs](#) including Medical Assistance, [All Kids](#) and [FamilyCare](#) pursuant to federal Medicaid requirements established at 42 CFR 431.12.

- [Medicaid Advisory Committee Opportunities \(pdf\)](#)

Medicaid Advisory Committee (MAC)
MAC Home
Overview
Members
Bylaws

Step 1



The screenshot shows a document titled "Medicaid Advisory Committee Opportunities" from the Illinois Department of Healthcare and Family Services (HFS). The document outlines the purpose of the MAC, its creation, and its role in advising on policy and program administration. It also lists three subcommittees: Community Integration Subcommittee, Health Equity & Quality Subcommittee, and Public Education Subcommittee. A red circle highlights the text "specific aspects of the Implementation Plan, as requested by HFS." in the Stakeholder Subcommittee section.

Step 2



The screenshot shows the "Medicaid Advisory Committee (MAC) & Subcommittee Application" form. It includes the HFS logo and the title "Request for Membership Application".

* Required

Please provide your contact information.

1. Name (Last, First, Middle Initial) *

2. Employer (If you are working in a paid position; list all if more than one.)

*

Step 3

- A. To receive MAC email notifications regarding public meeting notices, sign up for our MAC and Subcommittee Listserv:**
1. [Medicaid Advisory Committee \(MAC\) | HFS \(illinois.gov\)](#)
 2. [MAC and Subcommittees E-mail Notification Request | HFS \(illinois.gov\)](#)

Resources: Social Media

A. The Illinois Department of Healthcare and Family Services (HFS) utilizes a range of social media accounts to better reach our customers and stakeholders. We encourage you to follow us on:

1. Twitter: <https://twitter.com/ILDHFS>

2. Facebook: <https://www.facebook.com/ILDHFS>

3. LinkedIn: <https://www.linkedin.com/company/ildhfs/>

for important news, announcements and alerts. And please spread the word to your own followers.

Together, let's keep those we serve well informed, educated and empowered!

9. Concluding Directives and Wrap Up



10. Adjournment

