

Introduction: The End of the Continuous Coverage Requirement (CCR)



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Illinois Department of
Healthcare and Family Services



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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.

Series Goals and Objectives

- Equip our Providers and Partners with the tools necessary to assist our customers
- Assure that our Providers and Partners are sharing the same message as HFS and DHS
- Minimize the number of eligible customers who lose coverage

Agenda

- The End of the Continuous Coverage Requirement (CCR)
- Dates and Timelines
- Marketing and Communication
- Introduction to Manage My Case



End of Continuous Coverage Requirement (CCR)



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COVID-19 Public Health Emergency

- The declaration of the Public Health Emergency (PHE) provided states with authority to implement numerous flexibilities that impact almost all aspects of Illinois Medicaid operations
- The Families First Coronavirus Response Act (FFCRA) legislation offered states enhanced federal match in exchange for meeting a Maintenance of Effort (MOE) requirement
 - The **'continuous coverage'** or **'continuous enrollment'** condition was part of the Maintenance of Effort



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Consolidated Appropriations Act, 2023 (CCA)

- Signed by President Biden on December 29, 2022
- Amends the FFCRA to delink the Medicaid Continuous Enrollment Requirement from the end of the COVID PHE
- Other Medicaid flexibilities remain tied to the end of the PHE
- Phases out the enhanced federal match rate authorized by the FFCRA

Impact on Continuous Enrollment

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



PHE Eligibility Flexibilities

- PHE Flexibilities will continue through the 12 month unwinding period to help eligible customers get and stay covered, including:
 - Accepting attestation for income, incurred medical expenses, and insured status, but if possible, include “proof” with redetermination, especially of income – to avoid a Verification Checklist (VCL)
 - Delay action on changes affecting eligibility until redetermination
 - Presumptive eligibility for Modified Adjusted Gross Income (MAGI) adults at initial application
 - Increase Presumptive Eligibility (PE) for children and MAGI adults to up to two times in *a calendar year*



Dates and Timelines



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Redetermination Process by Month

End of Certification Period	Rede Mail Date	Rede Due Date Printed on Notice	Case Closure Date: Form B not received	First day of Coverage Loss	Last day to return rede: 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

*Rede due dates will be spread over a 12-month period: 6/01/23 – 5/01/24


Defining Key Dates

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 their due date.
Rede Mail Date	The date by which Medical Redeterminations will be mailed.
Rede Due Date Printed on Notice	The date that is printed on the Medical Redetermination. It is the first day of the last month of a customer's certification period.
Case Closure Date: Form B not Received	The date a case will close if a customer's Medical Redetermination is not received. 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: potential reinstatement	The last day a customer has to submit their Medical Redetermination. If the case is eligible for reinstatement, the effective date of reinstatement is retroactive to the first day for which coverage had been canceled. Therefore, the case is reopened with no loss in benefits.

Ex Parte (Form A): Key Date

Notices sent the first of the month

SAMPLE FORM A



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

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

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: (866)-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)

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

Coverage begins the first of the month

Form B: Key Dates

Medical Benefits: Time to Renew Notice

Dear Maria Lopez,

It is time to renew your Medical benefits!

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

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

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

Electronic Review of Eligibility for Medical Benefits

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

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

Medical Benefits Renewal Form

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

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

1. Complete the electronic version of this form online in ABE Manage My Case at abe.Illinois.gov; or
2. Complete your redetermination over the phone by calling 1-800-843-6154 (TTY: 1-866-324-5553).
3. Fill out, sign, and send us this form and all verifications we ask for. You may send the form by mail or fax.
 - Mail to P.O. Box 19138, Springfield, IL 62704; or
 - Fax the form to 1-844-736-3563; or
4. If you want to complete your redetermination in person, call 1-800-843-6154 (TTY: 1-866-324-5553) to find help near you.

1. Do these people still live with you?
Maria Lopez 02/17/1981 Yes No

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

Full Name	Birth Date	Relationship
_____	_____	_____



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Marketing and Communication



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Communications Phase 2, Ready to Renew!

Illinois Medicaid Renewals Information Center:

[Medicaid.Illinois.gov](https://www.Medicaid.Illinois.gov)

Illinois Medicaid Renewals Information Center

HFS > Medical Clients > Illinois Medicaid Renewals Information Center

Resuming Medicaid Renewals

Starting May 2023, we must ask Medicaid customers in Illinois to renew their healthcare coverage. People who use pandemic, but Congress has ended the pause on annual eligibility verifications, known as redeterminations, or similar.

Unwinding the Public Health Emergency

In addition, the federal government has set an end to other pandemic-related Medicaid changes put in place during the Operational Plan in the sidebar.

Resources

Please take advantage of the following resources:

- [Ready to Renew messaging toolkit](#)
 - If you work with Medicaid customers, we urge you to use this toolkit to help them get ready to renew their coverage.
- [Ready to Renew Frequently Asked Questions](#)
 - FAQs about resuming Medicaid renewals
- [Understanding the Renewal Process](#)
 - Quick overview of how renewals work
- PHE Unwinding Operational Plan
 - Our plan for the end of the federal public health emergency
- [Report Medicaid Change of Address Form](#)
 - A quick way for Medicaid customers to update their address with us

For Medicaid Customers

Click Manage My Case at abe.illinois.gov to:

- Verify your address (under 'Contact Us')
- Find your renewal due date (under 'Benefit Details')
- Complete your renewal when you are due



Audience + Messages

A. Medicaid Customers

1. Verify your address
2. Find your due date
3. Check your mail
4. Complete your renewal
5. Connect to coverage

B. External Stakeholders

- *Managed Care Organizations (MCOs), providers, state agencies, application agents, schools, churches, food banks, elected officials, community leaders...*
- Help Medicaid customers get ready to renew
- Use our outreach materials and messaging to talk to Medicaid customers about redeterminations

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.



HFS/DHS Text Messaging

Text Deployment Date/Timing	Message Copy
2 weeks before REDE Due Proactive Notification	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 REDE due notification	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: Past-due notification	IDHS/HFS Reminder: Redetermination overdue. Submit by Cutoff Date to keep getting benefits. Manage your benefits http://dhs.illinois.gov/?item=138311





Intro to MMC



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The 3 Cs of Manage My Case (MMC)

Create	Check	Change
<ul style="list-style-type: none">• Create a Login• Link Accounts	<ul style="list-style-type: none">• Check your renewal date• Review your case Information• Check for notices from HFS and DHS• Check upcoming appointments and reschedule	<ul style="list-style-type: none">• Submit your renewal• Change your address• Change of Income• Add household members to your case• Report Expenses• Upload documents

MMC is one of the easiest way for consumers to submit redeterminations!

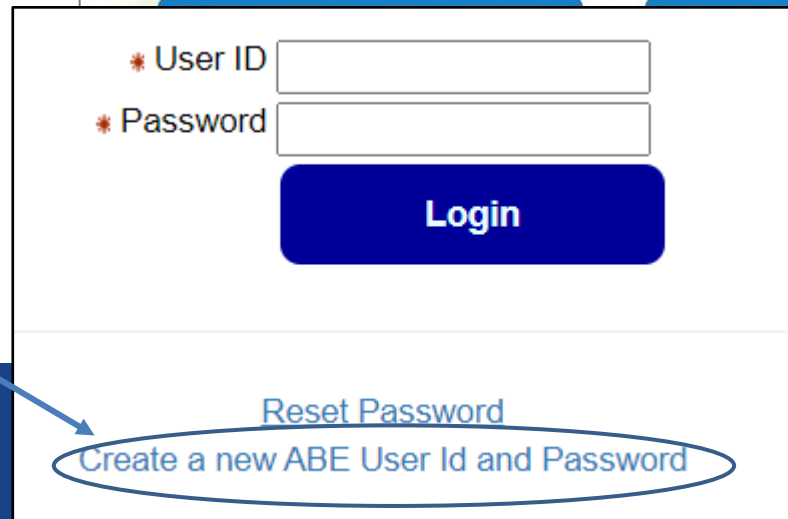
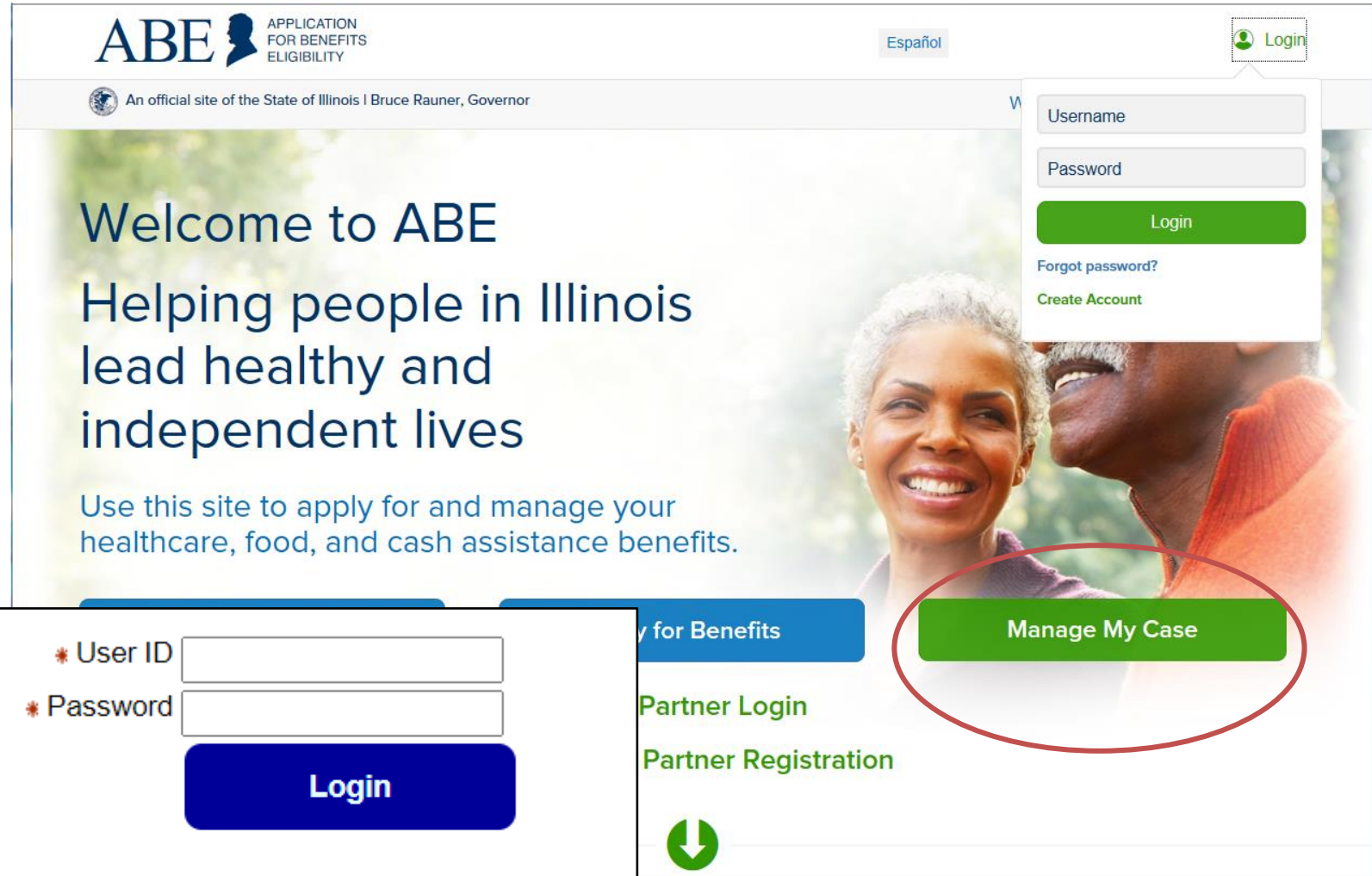
- MMC allows customers to make fewer visits to their local DHS office, stay informed on the status of their benefits, and manage their case information
- We urge all agencies with customer contact and resources available to assist customers in setting up MMC accounts

MMC Create

Most customers can use Manage My Case in ABE

If the customer created an ABE Profile to apply for benefits, they will use that login information

New to ABE: Create an ABE User ID and password to access Manage My Case



Case Summary - Check

Links to many of the Manage My Case features are available on this page

Important Note: Renew My Benefits will display on the first day of the month 30 days prior to due date

Customers can get their own benefit details here or from the tab at the top of the page

The screenshot shows the 'Case Summary' page with four tabs: Case Summary, Benefit Details, Contact Information, and Account Management. The 'Case Summary' tab is active. A red box highlights three buttons: 'Renew My Benefits', 'Report My Changes', and 'Apply for Other Benefits'. To the right of these buttons are instructions: 'Your case is up for redetermination. Click this button to submit your redetermination for benefits.', 'Click this button to report changes to your DHS or HFS Office.', and 'Click this button to apply for additional benefits.' Below the buttons is a welcome message and a security notice. A red arrow points to the 'Cancel Your Case' link in the 'What is the status of my benefit programs?' section. Another red arrow points to the 'Click Here for Details' link for the Healthcare Coverage Program in the table below.

Case Summary Benefit Details Contact Information Account Management

Renew My Benefits Your case is up for redetermination. Click this button to submit your redetermination for benefits.

Report My Changes Click this button to report changes to your DHS or HFS Office.

Apply for Other Benefits Click this button to apply for additional benefits.

Welcome to the Case Summary Page. This page gives you a look at your benefits, and lets you know if there is anything you need to do to receive or continue benefits. From this page you can find information about your [benefit status](#), [verifications](#), [notices](#), [application or change report status](#).




We have taken a number of steps to keep your information private and secure. To learn more, [view your security and account management information](#).

As a head of household, you can [control benefit information displayed to other adults in your household](#).

What is the status of my benefit programs?


You have requested or are receiving the benefits mentioned below. Click on the "Click Here" link for each program to view a summary of your benefits. This information is current as of **June 29, 2016 02:01 PM**.

Follow this link and select Other Changes to [Cancel Your Case](#).

Benefit	Description	Summary
	Supplemental Nutrition Assistance Program	Click Here for Details
	Healthcare Coverage Program	Click Here for Details
	Cash Assistance Program	Click Here for Details

Report Changes

Reporting a change in the household or circumstances:

1. Customer clicks on the Report My Changes  button on the Case Summary page
2. Customer chooses the change to be reported and clicks Next
3. Customer completes additional questions
4. If the change requires proof, documents can be uploaded through Manage My Case

Welcome to Report My Changes

After you have told us what has changed below, we will let you know if the change requires verification and what to provide. You can upload your verification or you can mail, fax, or bring the proof to your DHS or HFS office. If you would like to withdraw your application, cancel your case, or request a case transfer, please select the "Any other change or changes not mentioned above" option under the other Changes Section.

Reporting Changes Through ABE

Please let us know what has changed. After answering yes to one or more of the categories below, an additional list of options will be shown. You may check all boxes that apply.

Change in Contact Information	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Name change or correction	<input type="checkbox"/> Address Change
<input type="checkbox"/> E-mail address or phone number change	<input type="checkbox"/> Approved Representative add or cancel
Change in Household	<input type="radio"/> Yes <input checked="" type="radio"/> No
Change in Household Income	<input type="radio"/> Yes <input checked="" type="radio"/> No
Expenses/Bills Have Changed	<input type="radio"/> Yes <input checked="" type="radio"/> No
Resources Have Changed	<input type="radio"/> Yes <input checked="" type="radio"/> No
Health Insurance Has Changed	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other Changes	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input checked="" type="checkbox"/> Any other change or changes not mentioned above	

Keep in mind that you should only report changes that have already happened.



Questions?



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