PHE Unwinding: The End of the Continuous Coverage Period/Start of Redeterminations

April 12, 2023
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.
Agenda

• **Medical Eligibility:**
  A. End of Continuous Coverage
  B. Resuming Medical Redeterminations
  C. Special Populations
  D. Communication Strategy

• **Partner Agency Outreach Efforts:**
  A. Partnering with MCOs
  B. Outreach Events
  C. Manage My Case
Background
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.
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 unwinding 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 VCL.
  - Delay action on changes affecting eligibility until redetermination
  - Presumptive eligibility for MAGI adults at initial application
  - Increase Presumptive Eligibility (PE) for children and MAGI adults to up to two times in a calendar year.
Restarting Redeterminations
HFS Goals

• Minimize the number of eligible customers who lose coverage

• Provide all customers with access to multiple customer-centered redetermination completion and submission opportunities

• Ensure all Medicaid eligible customers continue to connect with their healthcare providers
How to Find Renewal Dates

• ABE.Illinois.gov
  o Manage My Case
  o Benefit Details Tab
• Medi System for Providers
• Customer’s Managed Care Organization (MCO), if enrolled
• Coming Soon: Automated Voice Response (AVR) Phoneline
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 CAQHCORE 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.
Renewal Form indicator is not updated until 1 month before the renewal date. If older than that, do NOT use.
**Redeterminations: Form A and Form B**

<table>
<thead>
<tr>
<th>Form A</th>
<th>Form B</th>
</tr>
</thead>
<tbody>
<tr>
<td>• IES currently renews 30-40% of medical customers each month automatically.</td>
<td>• All Medicaid customers whose eligibility information cannot be electronically verified.</td>
</tr>
<tr>
<td>• This is done through <strong>electronic verification</strong> of income and other factors</td>
<td>• Pre-populated with information from case record</td>
</tr>
<tr>
<td>• This process does not require customer action unless information has changed.</td>
<td>• Customer reviews and updates with current information.</td>
</tr>
<tr>
<td>• <em>Process is known as Ex Parte or Form A process.</em></td>
<td>• Update information and attach proof of income for last 30 days (if don’t have proof, submit anyway).</td>
</tr>
<tr>
<td>• SNAP beneficiaries receiving medical benefits are also renewed when they go through the SNAP redetermination process.</td>
<td>• Customers that cannot be redetermined through electronic means or through the receipt of another program like SNAP, enter the Form B process.</td>
</tr>
</tbody>
</table>
Examples: Form A

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 June 30, 2023. 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Medical ID (RIN)</th>
<th>Medical Group</th>
<th>Start of Ongoing Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>Jan 15, 1980</td>
<td>123456789</td>
<td>ACA Adult</td>
<td>July 1, 2023</td>
</tr>
</tbody>
</table>
Example: Form B

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.

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
   Full Name Birth Date Relationship
   [ ] Yes  [ ] No

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

<table>
<thead>
<tr>
<th>End of Certification Period</th>
<th>Form B Mailed</th>
<th>Rede Due Date on Notice</th>
<th>Cut-off Date: Rede case closure</th>
<th>No “B”, no coverage</th>
<th>90 day reinstatement period</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/30/2023</td>
<td>05/01/2023</td>
<td>06/01/2023</td>
<td>06/15/2023</td>
<td>07/01/2023</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>07/31/2023</td>
<td>06/01/2023</td>
<td>07/01/2023</td>
<td>07/17/2023</td>
<td>08/01/2023</td>
<td>10/31/2023</td>
</tr>
<tr>
<td>08/31/2023</td>
<td>07/01/2023</td>
<td>08/01/2023</td>
<td>08/15/2023</td>
<td>09/01/2023</td>
<td>11/30/2023</td>
</tr>
</tbody>
</table>

*Rede due dates will be spread over a 12-month period: 6/01/23 – 5/01/24*
## 4 Ways To Complete redeterminations

- **Online through [ABE.Illinois.gov](ABE.Illinois.gov)**
- Must have Manage My Case (MMC)
- If rede is due – Renew button and electronic version of redetermination questions will appear in MMC.

### By Phone: Call the DHS Call Center
1-800-843-6154/ 1-866-324-5553 TTY prompts to select TBD

### Return the Renewal Notice by mail or fax to:
Central Scanning Office (not local office).
Return envelope is included in mailing
P.O. Box 19138
Springfield, IL 62763 or
Fax: 1-844-736-3563

### Return the form in person to Department of Human Services (DHS) office on Notice. Click here for list of Family Community Resource Centers

For free help completing and submitting the form refer members to a [Certified Application Assistant](#)
More on Rede 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.
Special Populations and Transitions During the Unwinding
## ACA to AABD Transitions

<table>
<thead>
<tr>
<th>Type</th>
<th>Total</th>
<th>Notes</th>
</tr>
</thead>
</table>
| ACA Adults to AABD   | Approx. 55,000 | • Individuals that turned 65 and/or started receiving Medicare during PHE  
• HFS transitioned customers in IES the week of 02/20/23  
  • 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 in one year (from Transition) |
<table>
<thead>
<tr>
<th></th>
<th>1 Person</th>
<th>2 People</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income: AABD Medical</td>
<td>$ 1,215</td>
<td>$ 1,643</td>
<td>FPL update – effective 1/1/23</td>
</tr>
<tr>
<td>Income: Medicare Savings Program</td>
<td>See policy</td>
<td></td>
<td>FPL update effective 1/1/23</td>
</tr>
<tr>
<td>Resources: AABD medical</td>
<td>$17,500</td>
<td>$17,500</td>
<td>State Decision, effective with restart of resource test on 5/12/23</td>
</tr>
<tr>
<td>Resources: Medicare Savings Program (MSP = QMB, SLIB &amp; Q1)</td>
<td>$ 9,090</td>
<td>$15,160</td>
<td>Federally set, effective with restart of resource test 5/12/23</td>
</tr>
</tbody>
</table>

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.
Resource: IDOA’s SHIP

The **Senior Health Insurance Program (SHIP)**

- Free statewide health insurance counseling service for *seniors and persons with disabilities and their caregivers*.
- Information and resources about applying for Medicare, Medicaid and the Medicare Savings Program (MSP)
- Sites in their area where individuals can get assistance
- Tools for SHIP sites around the State to utilize in serving Medicare beneficiaries.

[https://ilaging.illinois.gov/ship.html](https://ilaging.illinois.gov/ship.html)
Transitions: Children Turning 19

At the time of a case/family redetermination when rede paperwork is sent out, an additional form, the 643A, 19 Year Old Aging Out of All Kids Medical Benefits will be included for households in which a member turned 19 during PHE or the unwinding period. This form gathers information to determine whether the youth will remain on parent’s case or establish their own case. This determination is based on tax status:

- If the child will be claimed by their parents on tax documents, they will remain on their parents’ Medicaid case after turning 19, if still income eligible.
- If the child will no longer be claimed by parents, a new case will be established for the 19 year old.
- The form must be completed even if the teen will remain on parent's case.

Parent CANNOT sign the 643A! The 19-year-old must sign the form before it is submitted with all redetermination documents. If the 19-year-old doesn’t sign the form and are not claimed as dependents by parents, the state cannot open a new case for the individual and the youth will lose coverage.
Medicaid to Marketplace: Getting Help to Enroll

- Visit GetCoveredIllinois.gov and go to the “Get Free Help” button
- Enter your zip code and find a Certified Application Counselor (CAC) near you.
- CACs, will not recommend a specific plan for you but they will answer any questions you have regarding the different plans available.
- CACs can also help with Medicaid renewals

Get Covered Illinois is an ACA partnership between Illinois and the federal Marketplace.

getcovered.illinois.gov
Communications Strategy
Illinois Medicaid Renewals Information Center:

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 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
- 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
## Text Messaging Schedule
### HFS, DHS MCOs

<table>
<thead>
<tr>
<th>Text Deployment Date/Timing</th>
<th>Message Copy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>75 days before REDE due date</strong></td>
<td>IMPORTANT: IL Medicaid, SNAP or Cash customers IDHS/HFS needs your current address. Manage your Case <a href="http://dhs.illinois.gov/?item=138311">http://dhs.illinois.gov/?item=138311</a></td>
</tr>
<tr>
<td><strong>60 days before REDE due date</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>37 days before REDE due date</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
# HFS/DHS Text Messaging Schedule

<table>
<thead>
<tr>
<th>Period</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>25 Days before REDE due date, renewal button NOW visible on the customers ABE Manage My Case account</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>2 weeks before REDE Due Proactive Notification</strong></td>
<td>IDHS/HFS Reminder; Redetermination due &lt;First day of REDE Due Date Month&gt; Manage your benefits <a href="http://dhs.illinois.gov/?item=138311">http://dhs.illinois.gov/?item=138311</a></td>
</tr>
<tr>
<td><strong>1 week before REDE due REDE due notification</strong></td>
<td>IDHS/HFS Reminder: Redetermination due &lt;First Day of REDE Due Date Month&gt; Manage your benefits <a href="http://dhs.illinois.gov/?item=138311">http://dhs.illinois.gov/?item=138311</a></td>
</tr>
</tbody>
</table>

Some providers may do own campaign as well!
### HFS/DHS Automatic Text Messaging

<table>
<thead>
<tr>
<th>SMS (Short Message Service)</th>
<th>MMS (Multimedia Message Service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get ready to renew your Medicaid! Find your due date &amp; verify your mailing address at abe.illinois.gov (click Manage My Case) or 1-800-843-6154. Txt STOP=stop</td>
<td>Get ready to renew your Medicaid! Illinois is checking to see if you are still eligible for Medicaid. You need to verify your mailing address and know your due date to make sure you get your renewal letter. Click Manage My Case today at <a href="http://abe.illinois.gov">abe.illinois.gov</a> or call 1-800-843-6154. STOP = unsubscribe.</td>
</tr>
</tbody>
</table>
Paid Media Campaign

• Statewide
• Targeted
• Omnichannel
• Yearlong
• Multilingual
Partner Agency Outreach Efforts
Helping Our Customers Retain Coverage

A. Partnering with MCOs
B. Outreach Events
C. Manage My Case
Partnering with Medicaid MCOs: Communication

• Managed Care plans are developing robust outreach initiatives including:
  • Text Messaging Campaigns
  • Emails and mailings to members
  • Phone banking and customer engagement
    • Example: If a customer contacts their MCO and is known to have a renewal due, the MCO will offer to transfer the caller to the DHS Helpline to complete the redetermination over the phone.
  • Redetermination events – are you interested in participating?
  • Redetermination awareness campaigns
• Improved data sharing between HFS and MCOs to target customers
Providers: Help our Customers Retain Coverage

• Encourage medical customers to learn about their redetermination date
• When speaking or working with someone – try to tell them when their redetermination is due
• Refer to Get Covered Illinois Navigators for help with Medicaid and Marketplace forms
• Explain the timeline of when redeterminations are mailed vs. their due date.
  • Redes are mailed 30 days before their renewal due date and 60 days before the end of their certification period (which is the last day of coverage if don’t renew).
• Continue to encourage medical customers to update their contact information through: 1) MMC, 2) by calling 877-805-5312 or 3) submitting online form
• Assist customers with setting up Manage My Case (MMC) accounts – via phone, zoom, facetime, or in person. Are there volunteers who can be trained to help?
Outreach Events

HFS Speaker's Bureau: Community Events Participation Request Form

• Requests for HFS participation during an upcoming community event and/or requests for HFS to conduct a training for your organization must be submitted using the:
  • HFS Community Events Participation Request Form.

For All Entries:

• This Form is for Internal and External utilization.
• Please submit all request 12-14 business days prior to the date of your event or training.
• All submissions will be reviewed by the HFS Outreach Team.
• Note: HFS's Confirmation of Participation is based on staff capacity and available resources.
# The 3 Cs of Manage My Case (MMC)

<table>
<thead>
<tr>
<th>Create</th>
<th>Check</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Create a Login</td>
<td>• Check your renewal date</td>
<td>• Submit your renewal</td>
</tr>
<tr>
<td>• Link Accounts</td>
<td>• Review your case Information</td>
<td>• Change your address</td>
</tr>
<tr>
<td></td>
<td>• Check for notices from HFS and DHS</td>
<td>• Change of Income</td>
</tr>
<tr>
<td></td>
<td>• Check upcoming appointments and reschedule</td>
<td>• Add household members to your case</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Report Expenses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Upload documents</td>
</tr>
</tbody>
</table>

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.
Linking an Account

• Logging in to link a new account

- Submitted Application via ABE
- Status of application seen on Case Summary page

Presenter: Margaret Dunne, Division of Medical Eligibility
Linking ABE Account to Case Information

Customer enters Date of Birth and Individual ID or Social Security Number.

The Individual ID is a 10-digit number listed in the top right corner of the Notice of Decision Letter.

This is not the same as the Recipient Identification Number (RIN).

After linking, the customer may be asked to perform ID Proofing.
Identity Verification (ID Proofing)

• If ID proofing was not completed while submitting the application, ID Proofing must be completed before using MMC.
• ID Proofing is required only once.
• Three (3) ID Proofing services will be available. They will be offered to the customer in the following order.

  1. Secretary of State (SoS) – Verifies a SoIL Driver’s License or State ID information. (available in March 2023)
  2. Experian – Randomly generated questions only the customer would know based on previous addresses, tax data or ownership details.
Identity Verification through Illinois Secretary of State (SOS) coming March 2023

- Beginning in March 2023, the IL Secretary of State process will be available.
- SoS Identity Proofing will be used in the Appy for Benefits process as well.

If customers answers, "No", they will advance to the Experian Identity Proofing process.

If customer answers, "Yes", they will advance to the SoS ID Proofing process.
Matching Information

The user will be asked to enter multiple fields EXACTLY as they appear on their ID, including the License or ID Number.

If successful, customers will get a Thank you message and click Next to navigate to MMC Landing page.

If unsuccessful, clicking next will navigate to Experian ID Proofing.
Experian ID Proofing Screens:

Experian ID Proofing will be used when:

• Customer does not have IL Driver’s License or ID
• Identity Verification fails through SOS

Multiple-choice questions will display that only the customer would know the answer to, thus “proving” the customer identity.

If successful, the Next button will take customer to MMC Landing page
If unsuccessful, the Next button will give further instructions
If the customer is NOT able to answer the questions correctly or if the service does not have enough information to offer questions, the customer will be asked to contact the Experian Help Desk with a reference number for additional questions to answer.

After calling Experian help desk answer the question, “Were you able to verify your identity through Experian?”

- If successful, the customer will select “yes” that they were able to verify identity through Experian – and then click [Next].
- If unsuccessful, the customer will click “no” and will need to use the Manual ID Proofing process.
- Note: The customer will be unable to access MMC until their identity has been verified manually.
1. To request State Identity Proofing, fill out, sign, and return the State Identity Proofing Request Form (pdf), or IL444-3610 S FORMULARIO DE SOLICITUD DE PRUEBA DE IDENTIDAD DEL ESTADO (pdf), and proof documents (listed on page 3 of the form).

2. If an Approved Representative is completing the form, a signed Approved Representative Form MUST be mailed along with the Request form, and Proof Document, even if one is already on file with the State.

3. Return the completed form and proof documents to:
   Illinois Department of Human Services
   Attn.: ID Proofing Unit
   600 E. Ash, Building 500, 5th Fl.
   Springfield, IL 62703
   or Return the form to your local or chosen FCRC

4. Allow 6-8 weeks to hear back from the state.

5. If there are questions, email: ABE.Questions@illinois.gov
# Manual ID Proofing Documents

The customer must submit copies of these documents even if they submitted them before as part of their application for benefits.

<table>
<thead>
<tr>
<th>Column A Submit One (1) of These</th>
<th>Column B Alternatively, submit two (2) of these</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois Driver’s License</td>
<td>Birth Certificate</td>
</tr>
<tr>
<td>Certificate of Naturalization (Form N-550 or N-570) or Certificate of U.S. Citizenship (Form N-550 or N-561)</td>
<td>Social Security Card or Official document containing your Social Security Number</td>
</tr>
<tr>
<td>U.S. Military Draft Card or Draft Record</td>
<td>Marriage Certificate</td>
</tr>
<tr>
<td>Native American Tribal document</td>
<td>Divorce Decree</td>
</tr>
<tr>
<td>School Identification Card</td>
<td>Property Deed or Title</td>
</tr>
<tr>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>High School or College Diploma (Including High School Equivalence Diploma)</td>
</tr>
<tr>
<td>Identification card issued by the federal, state or local government</td>
<td>Employer Identification card</td>
</tr>
<tr>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
</tr>
<tr>
<td>• Military dependent’s identification card</td>
<td></td>
</tr>
<tr>
<td>• U.S. passport or U.S. passport card</td>
<td></td>
</tr>
<tr>
<td>• U.S. Coast Guard Merchant Mariner card</td>
<td></td>
</tr>
<tr>
<td>Foreign passport or identification card issued by a foreign embassy or consulate that contains a photograph</td>
<td></td>
</tr>
</tbody>
</table>
Can I Create an MMC Account for a Customer?

HFS Application Agents/Assisters/MCOs should *not* create MMC Accounts without the Customer present unless they have been designated as an Approved Representative and have the signed, required paperwork.

Staff can *assist* the customer in setting up their own MMC Accounts on the customer’s device; *staff can be on the phone or online through Zoom, webex, etc.* Customer can then complete and submit information while using MMC. The customer must sign any forms submitted through MMC.

Staff should never keep the Customers User ID and password! You can write it down for the customer to keep and emphasize it should be stored securely.

In order to communicate with Caseworkers, if you are an Application Agent assisting with applications or renewals be sure to have customers complete the Application Agent Customer Authorization Form.
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.
Check Renewal Date: Case Summary or Benefit Details Tabs

View more details about the benefits currently received on the Benefits Details tab.

Click the hyperlink under ‘Summary’ to view details about each benefit program received.
Report Changes

Reporting a change in the household or circumstances:

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.
Renew My Benefits – Report any Changes

If it is time to renew customer benefits, a **Renew My Benefits** button displays on the Case Summary page. **This button displays a month before the customers renewal is due.**

1. Click the **Renew My Benefits** button. The Redetermination Overview page displays letting the customer know which of their benefits is up for redetermination. Review and click **Next**.
Account Management: Communication Preferences

- Customers opt in or out to receive the following:
  - Paper and Electronic
  - Electronic Only
  - Email and text alerts

Note: If an alert e-mail or text bounces back, the State will restart sending paper notices to the last address we have on file for the customer.
Manage My Case Support

dhs.abe.questions@illinois.gov

Customer Support – Application for Benefits Eligibility
Stay Informed - Sign up for Provider Notices!

Provider Notices

Provider notices and bulletins contain pertinent information for participating providers for medical services provided or for claims submitted for reimbursement.

Notices inform providers and billing agents of possible revisions or clarifications of medical services. Bulletins include information about general policy and procedural updates for the various provider handbooks issued by the department.

To filter Provider Notices by specific Provider Category, by Notice Year, or to apply both Filters simultaneously, please click the dropdown for the desired Filter(s), choose the desired value, and click Apply Filter. To apply both Filters simultaneously, you must click Apply Filter separately for each Filter. To remove all filters, click the Clear All Filters button.

Please note that when you filter by category, all Provider Notices tagged with your chosen Provider Category will be returned, including those that apply to multiple Provider Categories.
Scam Alert –
Some States are Already Experiencing Scams

For MCO/Provider Outreach

Please remind customers to beware of scams. Illinois will never ask them for money to renew or apply for Medicaid. Report scams to the fraud report website or the Medicaid fraud hotline at 1-844-453-7283/1-844-ILFRAUD

Direct Customer Outreach – Include on Website/Social Media/other

Beware of scams. Illinois will never ask you for money to renew or apply for Medicaid. Report scams to the fraud report website or the Medicaid fraud hotline at 1-844-453-7283/1-844-ILFRAUD
Questions ?