

A GUIDE TO MEDICAID

WHAT IS IT, HOW TO USE IT, HOW TO KEEP IT!



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CONTENTS

GLOSSARY.....	2
WHAT MEDICAID Is	3
HOW TO GET MEDICAID	3
Medicaid for Children.....	4
Medicaid for Seniors, Blind & Disabled.....	4
MEDICAID and IMMIGRATION STATUS.....	5
APPLYING FOR MEDICAID.....	5
CREATING an ABE USER ACCOUNT	6
COMPLETING THE APPLICATION	6
Document Types & Numbers.....	7
Language	8
Supporting Documents (Proofs)	8
IDENTITY PROOFING.....	9
Electronic Identity (ID) Proofing	9
Manual Identity (ID) Proofing	10
TIPS FOR APPLYING BY OTHER METHODS	10
Phone Applications.....	10
In-Person at Local DHS office/FCRC.....	11
Paper Applications	11
Community Agencies.....	11
How long before I hear back?	11
HOW TO USE MEDICAID	12
Getting Care.....	13
Annual Redetermination	14
RESOURCES	15
Community Agencies.....	15
Online Resources	15
Other Resources	16

GLOSSARY

AABD	Aid to the Aged, Blind, Disabled. A Medicaid program for persons who are age 65 or older, or who are blind or disabled.
ABE	Application for Benefit Eligibility. This is the online application for Medicaid and other State of Illinois benefits like SNAP (Food Stamps) or Cash Assistance. Access via www.abe.illinois.gov .
ACA	Affordable Care Act. Sometimes referred to as Obamacare. This law expanded Medicaid coverage to low-income, non-disabled adults without dependent children. This law also provides access to financial help to pay for health insurance.
FCRC	Family Community Resource Centers. The local DHS offices where you can go to get help if there is an issue with your case. This is where DHS caseworkers who process applications work.
FPL	Federal Poverty Level. This is an income measure that is used to determine eligibility for public benefits.
HFS	Illinois Department of Healthcare and Family Services. This is the State agency that manages the Medicaid program in Illinois. This agency writes policy, pays medical providers, and oversees the Managed Care Organizations.
IDHS	Illinois Department of Human Services. This is the State agency that processes applications for Medicaid and other state benefits.
MCO	Managed Care Organization. Private insurance companies that are responsible for coordinating care through the Medicaid program.
MMC	Manage My Case. This is the online system to manage your State of Illinois benefits. Access MMC through the ABE website.



WHAT IS MEDICAID

Medicaid is a name for health insurance from the state of Illinois. Some people refer to Medicaid as the Medical Card. Medicaid also has other names depending on what type of Medicaid coverage group you fit into. For example, the different coverage groups are called Moms and Babies, All Kids, Aid to the Aged, Blind and Disabled (AABD), and ACA Adult. As of December 2020, Illinois has a new coverage group called Immigrants Age 65 and older.

Medicaid may be used for doctor visits, hospital stays and much more. Medicaid is meant for people with limited income. Each state has its own rules about who is eligible for Medicaid, but, all states must meet federal requirements.

This guide covers the Illinois Medicaid program. Information in this guide is current as of March 31, 2021.

Due to the ongoing state of emergency as a result of the COVID-19 pandemic, several changes have been made to Medicaid. Some of these changes are temporary and will end when the state of emergency period ends. These changes are summarized throughout this guide. For the most current information about COVID related changes, visit <https://www.illinois.gov/hfs/Pages/coronavirus.aspx>.



HOW TO GET MEDICAID

The first step to getting Medicaid is to check your eligibility. Eligibility is based upon your monthly income, household size, immigration status and what state you are a resident of. You must be a resident of Illinois in order to receive Illinois Medicaid. There are special rules for persons with disabilities, seniors (people age 65 and older), children, and pregnant women.

Each Medicaid coverage group has its own monthly income limit. The state will look at your monthly income before taxes and other paycheck deductions are taken out of it. Your monthly income must be at or below the maximum limit set for a particular coverage group.

2021 Income Limits for Adults age 19-64		
Number in Household	Max Monthly Income	Other Requirements:
1	\$1,481	You must be a U.S. citizen or a "qualified alien" to get Medicaid as an adult age 19-64.
2	\$2,003	
3	\$2,525	
4	\$3,048	
5	\$3,570	
6	\$4,092	
Each add'tl person	+\$521	

2021 Income Limits for Pregnant Women	
Number in Household	Max Monthly Income
1	-----
2	\$3,092
3	\$3,898
4	\$4,704
5	\$5,510
6	\$6,316
Each add'tl person	+\$805

Medicaid for Children

Medicaid for children is provided through the All Kids Program. All Kids provides coverage for Well Child visits, immunizations, medicine and more. Another All Kids benefit is Early and Periodic Screening, Diagnosis and Treatment (EPSDT). This benefit provides age-appropriate screenings, preventive services and treatment for medical, dental, vision, and hearing services.

Additional information about All Kids, can be found on the Illinois Department of Healthcare and Family Services website at <https://www.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/about.aspx>.

2021 Income Limits (monthly) for All Kids (child only)	
# in Household	Maximum Monthly Income
1	\$3,413
2	\$4,616
3	\$5,819
4	\$7,023
5	\$8,226
6	\$9,429
Each additional person	+\$1,202



Medicaid for Seniors, Blind & Disabled

Aid to the Aged, Blind, and Disabled (AABD) is Medicaid coverage for seniors (people age 65+) and persons who are blind or disabled. Just like the previously covered Medicaid programs, AABD has a specific income limit for eligibility. This income limit is also applied to immigrants age 65+ who are not eligible for traditional Medicaid. This category has a resource/asset limit, as shown in the table.

2021 Income Limits for AABD*		
Number in Household	Maximum Monthly Income	Resources
1	\$1,073	\$2,000
2	1,452	\$3,000
3	1,830	Add \$50 for each additional household member
4	2,208	
Each additional person	+378	

MEDICAID and IMMIGRATION STATUS

Medicaid eligibility requires most adults to have a qualifying immigration status. Qualified immigrants include green card holders (also known as Lawful Permanent Residents) who have lived in the United States for five years or longer. Other qualifying immigrants include those with immigration statuses that are granted for humanitarian reasons. The most common examples include immigrants who have refugee/asylee status, but there are many others. To learn more, contact an organization that can assist with public benefits applications. To find an organization near you visit www.icirr.org/ifrp



In Illinois, there are no immigration status requirements for children age 18 and younger or pregnant women who are applying for Medicaid.

Immigrants age 65 and older may also apply for health coverage from the state of Illinois. However, the health benefits for immigrants age 65+ will not pay for long-term care services and support services such as nursing home care.

Many families have mixed statuses. This means some family members may have a qualifying immigration status (or be U.S.

citizens) and others do not. You may apply for Medicaid for those family members with an eligible immigration status.

APPLYING FOR MEDICAID

Application for Benefit Eligibility (ABE) is an online application for medical, food or cash assistance in the State of Illinois. It can be accessed at abe.illinois.gov. The ABE system is available in English or Spanish only. An ABE User Guide and other resources are available online at www.dhs.state.il.us/abe.

You may also apply by paper application, phone or in-person at a local IDHS office, known as a Family Community Resource Center (FCRC).

Due to the COVID-19 emergency, IDHS offices are open but operating with limited staff.

Applying online is highly recommended. When you apply online, you will receive an electronic application tracking number and have proof of application. *Manage My Case* is an online system to manage your State of Illinois benefits like SNAP and Medicaid. Access to *Manage My Case* is given after your benefits are approved. Go to the ABE home page and click on the green button to create a Manage My Case account.

The Illinois Department of Human Services (IDHS) processes the applications submitted through ABE.

CREATING an ABE USER ACCOUNT

Refer to the complete ABE User Guide for step-by-step instructions on how to create an account.

- Your user name must be 5 to 20 letters and/or numbers.
- Your password must be a minimum of 8 characters and contain at least three of the following:
 - one capital letter,
 - one lower case letter,
 - one special character (! @ # \$ % & *), and
 - one number.
- Passwords must be changed or reset every six months.



You will also have to select **Secret Questions** and enter answers to those questions. These secret questions are used if you forget your password or if your password has expired. If a date or phone number is used as an answer to one of the secret questions, make sure you remember how it is entered. For example, did you write out the month or use the number abbreviation?

- Answers to the secret questions must be at least 5 characters

COMPLETING THE APPLICATION

Step-by-step instructions for completing the application, along with screen shots, are available in the [ABE User Guide](#).

You will be instructed to select which benefits you are requesting. Check the box for every benefit that may apply even if you are not requesting them for every person in your home.

You will also need to enter the number of people in your home.

- If applying for SNAP or Cash, include yourself and everyone who lives with you.
- If applying for Medicaid, include people that live in your home AND include anyone you claim as a dependent on your federal tax return (even if they don't live with you).
- If you are age 19 or over and only applying for Medicaid, always include yourself and your spouse and children if they live with you. ONLY include your parents and others in the home IF they will claim you or you will claim them on your taxes.

Apply for Benefits

Check the boxes for the program(s) you would like to apply for.

- ☒ **SNAP (Supplemental Nutrition Assistance Program)**
Helps people and families buy the food they need for good health. This program used to be called Food Stamps.

- ☐ **Healthcare Coverage**
Helps provide healthcare benefits to low income people of all ages in Illinois. Some people know this program as Allkids or the medical card. [More information on healthcare coverage](#)

If you have unpaid medical bills for any of these months, check the box(es) to apply for help paying them.

☐ December ☐ November ☐ October

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.

- ☐ **Cash Assistance**
Helps pay for food, shelter, utilities, and expenses other than medical costs. A small amount of cash assistance is available to people who fit into one of these groups:
- Low income pregnant women or families with one or more dependent children in need of temporary financial and healthcare coverage
 - Low income people who are age 65 or older, are blind, or are disabled

Next, enter information about each of the people you entered in the 'People in Your Home' section. You may find it helpful to gather your family information before you start the application. Be ready to provide the following information on your application:

- ✓ Names and birthdays
- ✓ Information about income (pay stubs for past 30 days, possibly tax returns)
- ✓ Social Security Numbers (you will be asked for Social Security Numbers and citizenship status)
- ✓ Immigration information for non-citizens
- ✓ Child/Spousal support paid and names of absent parents
- ✓ Amount of housing costs (rent/mortgage, property taxes)
- ✓ Cost of monthly utility bills
- ✓ Cost of day care

Citizenship Information

Is this person a U.S. citizen? ☐ Yes ☒ No
Anyone applying for benefits has to provide information on their immigration status.

Is this a request for emergency medical for a non-citizen? ☐ Yes ☒ No

Does this person have a sponsor? ☒ Yes ☐ No

Is this person a documented alien? ☒ Yes ☐ No

Document Type

Document Number

What is this person's alien registration number?

What was their date of entry?
Ex: mm/dd/yyyy

There are times when you will need to provide income, relationship, and other information about people in your home who are not eligible for and/or are not requesting benefits, but you are not required to provide SSNs for people who are not requesting benefits for themselves.

If you have a lawful immigration status or are a documented noncitizen you should be prepared to enter your USICS number (or A#) and document numbers.

Document Types & Numbers

- I-551 (Permanent Resident Card)
- I-94 (Arrival/Departure Record)
- I-766 (Employment Authorization)
- And more

Language

The application asks what language you speak and what language the state should use when mailing you notices. The only language options for written notices are English and Spanish.

Personal Information

* First Name : Middle Initial : * Last Name : Suffix :

* Gender : ☒ Male ☐ Female

* Date of Birth : MM DD YYYY / /

* Please Confirm Date of Birth : MM DD YYYY / /

* What is this person's marital status?

What language should we use when we contact you?

If you do not speak English well, it is important to select your language from the drop-down menu.

If your primary language is not English or Spanish, note what language you prefer in the Comments section and state that you will need an interpreter. Written notifications will still be sent in English, but the State is required to accommodate other interactions by providing an interpreter. The process to access interpreters may vary by local office. It is important to note this in the applications so interpreters may be scheduled for you ahead of your first appointment.



The state is required to provide you with an interpreter free of charge if you need one.

Supporting Documents (Proofs)

Complete each section of the application, entering information about income and household. Before you sign and submit the application, review the rights and responsibilities section.

After you submit your application, you have the opportunity to attach supporting documents (proofs) electronically. Scan and save documents on a computer and then upload them into the ABE application system. If you do not upload proofs at the time of application, IDHS will send you a notice telling you to mail or fax the documents.

Proof of income is one of the most important items to upload. The state will attempt to electronically verify information through tax and employment information. It can be very helpful to attach pay stubs or other proof of income to your application, especially if you have had a recent change in income. Include your income for the past 30 days.

After you submit your application online, you will receive an Application Number.

It is important to make a note of your Application Number, in case you need to follow up with IDHS. You may also want to consider printing a copy of the application for your records.

You will also see the local office your application was sent to and information telling you what to expect next.

The screenshot shows a web page titled "Final Steps - Read Entire Page!". It contains the following information:

- Congratulations, your application was successfully submitted!**
- Here are your next steps:**
- Your Application Number is T10134555** (highlighted with a red box)
- Write down your application number or print your application for your records. Your application was sent to the following office to be processed:
- Uptown FCRC
2112 W LAWRENCE AVE
CHICAGO IL 60625-2495
Phone Number: (773) 907-4100
- Full Application PDF:** [Print My Application](#) (highlighted with a red box)
- You will get an answer about your SNAP application within 30 days.
- What to Expect Next** (highlighted with a red box):
 - Print a copy of our "What's Next Guide". This will give you helpful information while you wait for your application to be processed. [Print What's Next Guide](#)
 - You can also contact the DHS Help Line at 1-800-843-6154 if you have a question or need to report new information like a change in address.
- Attach documents to help us process your application** (highlighted with a red box):
 - If you have documents such as paystubs to upload in support of your application, you can do so on the next page.
 - If you do not have these documents ready now, you can log back in and upload documents later. Remember to upload documents as soon as possible, you will not be able to do so after the State begins processing the application.
- Buttons at the bottom: [Back to Manage My Case](#), [Logout](#), and [Next](#).

IDENTITY PROOFING

Electronic Identity (ID) Proofing

Everyone who applies for benefits is required to have their identity verified. It is recommended that you try the electronic version of identity verification (identity proofing) first. At the end of your application the ABE system will launch the electronic ID proofing process to verify your identity. The system will ask questions only you would know, such as previous addresses, family member names and more.

The ID proofing process is based on a person's credit history. You may not be able to complete the electronic ID proofing process if you do not have a credit history or if you do not know the answers to the questions. Examples of persons who may not have sufficient credit history to complete the electronic ID proofing include:

- Immigrants who have recently moved to the United States
- Children under age 18
- Persons without bank accounts

If you are unable to answer the questions electronically, you will be provided a reference number and phone number to verify your identity over the phone. If you are successful, you will be given a PIN number.

You may still submit your application online even if you cannot successfully complete the ID proofing process online or over the phone. Click [Verify Identity Later] to proceed with the application.

Manual Identity (ID) Proofing

ID proofing must be successfully completed in order for you to use Manage My Case. Manage My Case (MMC) is a section on the ABE website that lets you check on, change, and renew your Medicaid, SNAP, and TANF benefits online.

If you are unable to complete the electronic ID proofing, you may request state identity proofing. A link to the request form will appear in a pop-up window in the ABE System. The State Identity Proofing Request form may be found on IDHS webpage at <http://www.dhs.state.il.us/page.aspx?item=76721>.

You must have an ABE user account before returning the State Identity Proofing Request form. Every section of the form must be completed, or it will not be processed. Send copies of your proof documents to the ID Proofing Unit. Page three of the form lists the types of documents that will be accepted. You may send a copy of one (1) document from Column A or two (2) documents from Column B to the ID Proofing Unit. Allow 6-8 weeks to hear back from the state. The request form and document proof should be mailed to:

Illinois Department of Healthcare and Family Services
ATTN: ID Proofing Unit
P.O. Box 19122
Springfield, IL 62794-9122
Or FAX to 217-557-1370

After the state processes your request, they will send you a notice that will indicate if your request was approved or denied. If your request was approved, log into ABE with the username you provided on the request form and enter your personal information to link the account to your case.

The personal information you will need to enter includes date of birth and individual ID. If you do not know your individual ID, you can enter your social security number instead. Once you link your account, you will be able to use the Manage My Case section of ABE.

TIPS FOR APPLYING BY OTHER METHODS

Phone Applications

Call 1-800-843-6154 to apply by phone. There may be long hold times, especially mornings and over the lunch hour. Try calling at off-peak hours.

You may ask for the name of the caseworker who takes your call. Make a note of the caseworker's name and the day and time of your call. This information may be important to have if there is an issue with your application.

You may still have to mail ID proofs before IDHS can process your application.



In-Person at Local DHS office/FCRC

You may apply in person at your local FCRC. Each office handles walk-in customers differently. Some offices will have you wait and be seen by a caseworker who will do an application in real-time. Ask for the name of the caseworker and note the day/time you met with the person.

Many offices will give you a paper application and tell you to fill it out and leave it in a box at the front desk in the office. There should also be a log book. It is important to write your name in the log book and note that you dropped off an application. This will help protect your original application date if the office loses the paper application.

As of March 2021, IDHS Family Community Resource Centers have limited staff scheduled on-site. This is due to the ongoing COVID-19 state of emergency and is meant to protect the public and staff. It is strongly recommended you apply for benefits online.

Bring copies of any ID proofs you need to include with your application. Never leave original ID proofs with your application.

Many offices have Urgent Call Teams if customers need to contact IDHS. The listing of Urgent Call Teams is available online at <https://www.dhs.state.il.us/page.aspx?item=123570>.

Paper Applications

You may complete a paper application and return it by mail or fax.

If returning your application by mail, you should ask for delivery confirmation or send via certified mail. This way you will have proof that the application was received if the office loses the paperwork. Include copies of proofs - never send original documents.

If returning by fax, be sure to keep a copy of the fax confirmation sheet. This may be used to prove that the fax went through and you sent the application.

Community Agencies

There are a number of community-based agencies that help with these applications. Community health centers, local health departments, food pantries and other social service agencies may have staff that can help you apply for benefits. See the resources section for more information.

How long before I hear back?

It is state policy to process Medicaid applications within 45 days. However, there have been times when there are processing delays. If you have been waiting for more than 45 days, you have the right to receive a temporary medical card. You may request a temporary medical card and use it to get care until IDHS processes your application.

State of Illinois
Department of Human Services
Request for Cash Assistance - Medical Assistance - Supplemental Nutrition Assistance Program (SNAP)

Last Name: _____ First Name: _____ MI: _____ Mailing Name: _____
Present Address: _____ Apartment Number: _____
City: _____ State: _____ Zip Code: _____ County: _____
Are you homeless? ☐ Yes ☐ No
Mailing Address (if different from above): _____
City: _____ State: _____ Zip Code: _____ County: _____
Telephone number(s): Home: _____ Work: _____ Other: _____
Daytime phone: _____ Best time to call you: _____
Signing here will start your application. You must sign Page 18 before we approve you for any benefits.
Signature: _____ Date: _____

Approved Representative
When you sign to have an approved representative it means you give permission for this person (1) to sign your application for you, (2) to receive official information about this application, and (3) to act for you in all matters with this agency.
Do you want to name an approved representative? ☐ Yes ☐ No. If yes, complete the following:
Name of approved representative: _____ Address: _____
Phone Number: _____ Organization Name: _____ ID # if applicable: _____
Signature of applicant: _____

Instructions to person(s) applying for Cash, Medical, and/or SNAP benefits

Cash - ☐ Medical - ☐ SNAP - ☐

- Please print all of your answers on the application form so that we can read and understand your answers.
- You have the right to immediately file the application as long as the top of this page (Page 1) is completed with your name, address and signature. The filing of this signed page (Page 1) starts the application processing timeline.
- Read pages 16, 17 and 18 to know your rights and responsibilities for SNAP benefits.
- Before you can get any benefits, you must sign page 18.
- If applying for SNAP benefits, a decision on your eligibility will be made within 30 days. If determined eligible, SNAP benefits will be issued from the date the application is filed.
- You may be entitled to receive SNAP benefits right away if:
 - your gross nonemployment income and liquid assets are less than your monthly rent or mortgage payment and the appropriate utility standard; or
 - you have assets of \$100 or less and
 - your gross monthly income for the month of application is less than \$150; or
 - at least one person applying is a migrant who is "out of funds."
- You may complete this form at home or mail or bring it to a Department of Human Services (DHS) office. Another member of the household or an adult who knows you may complete and return the form to us also. If someone else completes this form for the household, they are to answer the questions for the person(s) they are applying for, not themselves or herself. You have the right to choose the office where you apply. Once you submit your application to an office it will be processed by that office.
- If you want to register to vote, fill out the enclosed Illinois Voter Registration Application (ISBE R-10) 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 1-800-643-6154, or 1-800-447-6404 (for TTY). For information online, see www.dhs.state.il.us or www.elections.il.gov. Filing out the Voter Registration Application as part of this application is optional. Registering to vote is your choice and will not affect the amount of benefits you get from this agency.

ILHHS 22018 (R-03-10) Request for Cash Assistance - Medical Assistance - Supplemental Nutrition Assistance Program
Protects the Authority of the State of Illinois PDS# 14-088-107-000 Page 1 of 18

Once a decision is made, you will receive a written notice from IDHS. If approved, you will also receive an HFS medical card. If your application is denied and you disagree with the decision, you have 60 days to appeal the decision.

For more information about how to file an appeal, visit <http://www.dhs.state.il.us/page.aspx?item=44946>.

HOW TO USE MEDICAID

Once you are approved for Medicaid, you will receive a paper medical card. Soon after, most people will also receive a letter indicating what managed care plan you have been assigned to. Once your plan begins, you may only change plans one time in the first 90 days.

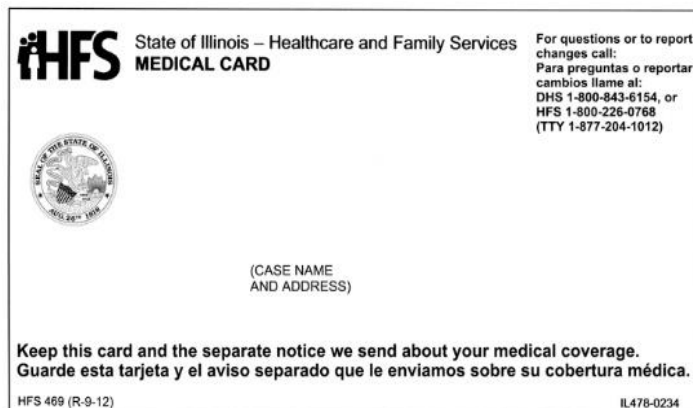
The HealthChoice Illinois program is a managed care system. This means you will be in a health plan (similar to an insurance plan) with a group of doctors, hospitals and other providers who will manage your health care. You will be required to choose a primary care provider in a health plan and see providers that are in your plan's network. You may change doctors at any time as long as you pick a doctor within your plan's network.

To learn more about the HealthChoice Illinois plans in your area, find a provider, and request to change plans, visit <https://enrollhfs.illinois.gov/> or call 1-877-912-8880.

Remember, once your plan begins, you may only change plans one time in the first 90 days. If your plan begins June 1 and you learn your doctor does not accept the plan, you have until August 31 to switch plans. After that, you will be locked into the plan for one year. Approximately 60 days before your one-year anniversary with the plan, you will have an open enrollment period. During that time, you may change plans or you may keep the same plan.



If you need to see a provider for care before your plan begins, use the paper medical card you received when you were first approved. Once your plan's coverage begins, you will use the insurance card from the plan.



The HealthChoice Illinois program plans are currently managed by the following companies:



If you have Medicare do NOT enroll in Health Choice Illinois. There are plans through the MMAI Program (Medicare-Medicaid Alignment Initiative) that you will enroll in. To learn more about MMAI plans in your area, visit <https://enrollhfs.illinois.gov/>.

Getting Care

Once you have Medicaid, it is important to schedule a checkup at the doctor. This is important especially if you are a new patient.

You may need to bring:

- Photo ID
- Medical Card
- Any current medication you are taking

Medicaid covers transportation to medical appointments. Call your Health Plan for help to arrange transportation.

All Illinois Medicaid plans include the following services:

• 24/7 Nurse line	• Behavioral health services	• Dental care services
• Doctor services	• Eye care services	• Hearing services
• Home health care	• Hospice care	• Hospital services
• Lab tests and x-rays	• Medical supplies	• Prescriptions
• Therapy	• Transportation	

The health plans also have Care Coordinators who will help you find the providers and services you need. Care Coordinators help with referrals, appointments, transportation to appointments and more. Call your plan's Member Services number to request a Care Coordinator.

Some plans offer extra benefits. Check with your plan to see if you qualify for these benefits. Examples of extra benefits include: free car seats for new moms, gift cards, gym memberships, and Weight Watchers memberships.

The state issues report cards for each of the Medicaid plans in Illinois. These report cards are based on patient survey data about the quality of services. You can find the report cards online at <https://www.illinois.gov/hfs/healthchoice/reportcard/Pages/default.aspx>

Annual Redetermination

Once a year you must renew your Medicaid. If you do not renew your Medicaid annually you will lose it. The process is called redetermination (or REDE).

Approximately ten months to one year after you apply for Medicaid you may receive a REDE letter in the mail. The letter begins the process of determining if you are still eligible for Medicaid. You must follow all of the directions on the REDE letter or you risk losing your Medicaid. If you have a Manage My Case account, you can view your letter online and renew your Medicaid online. If you do not have a Manage My Case online account you will need to return your paperwork to the address listed in the REDE letter.

If you do not return the REDE form on time or you do not send it back at all, your Medicaid case may be cancelled. You have 90 days (three months) from the date your Medicaid is cancelled to return your form and proofs and have your case reopened. If you return your form and proofs after 90 days, you will have to complete a new Medicaid application.

Call the IDHS Helpline at (800) 843-6154 if:

- If you do not receive a REDE letter in the mail
- If you have questions
- If you lose your medical card (if you have a Manage My Case account you can print a copy of your card from your online account)



IMPORTANT

- You must return the REDE form even if all of your personal information is the same.
- You will NOT get a new medical card upon completing the REDE. If you need one, print one out from your Manage My Case account or call IDHS at the number listed above.

DUE TO COVID-19

- IDHS is not processing Medicaid redeterminations. Once the COVID-19 emergency is officially declared over, Medicaid redeterminations will resume.
- Medicaid cases are not being cancelled unless the customer requests to close the case, moves out of state, or dies. Once the COVID-19 emergency is officially declared over, regular processes including cancellations will resume.

RESOURCES

Community Agencies

Many community agencies and local health centers help with Medicaid applications. To find a community agency that can help with benefits applications, visit <https://widget.getcoveredamerica.org/?original=/IL/>. Here are just a few agencies located in the western suburbs who provide this assistance. Ask for a Benefits & Enrollment Specialist or Medicaid application assistance when calling or visiting.

Aunt Martha's Health & Wellness Multiple locations 877-692-8686 www.auntmarthas.org	DuPage County Health Dept. Multiple locations 630-682-7400 www.dupagehealth.org	Hamdard Healthcare Multiple locations 630-835-1430 www.hamdardcenter.org
Loaves & Fishes Community Services Naperville 630-355-3663 www.loaves-fishes.org	PCC Community Wellness Center Multiple Locations 708-383-0113 www.pccwellness.org	Peoples Resource Center Westmont and Wheaton 630-682-5402 www.peoplesrc.org
Pillars Community Health Multiple locations 708-745-5277 www.pillarscommunityhealth.org		

Online Resources

For more information about Medicaid and Health Care:
www.getcareillinois.org

For more information about Health Choice Illinois (Medicaid Managed Care):
www.enrollhfs.illinois.gov – to review and choose a plan and provider

Health Choice Illinois – Managed Care Plan websites:

Blue Cross Community Health Plan	https://www.bcbsil.com/bcchp/ 1-877-860-2837
County Care (Cook County only)	http://www.countycare.com/ 1-312-864-8200
Aetna Better Health	www.aetnabetterhealth.com/illinois-medicaid/ 1-866-329-4701
Meridian	https://corp.mhplan.com/en/member/illinois/meridianhealthplan 1-866-606-3700
Molina Health Care	https://www.molinahealthcare.com/members/il/en-US/Pages/home.aspx 1-855-687-7861

TIP - Look for the benefits section on each website to learn more about what each plan can provide to you.

Other Resources

- Application for Benefits Eligibility - <https://abe.illinois.gov>
- Illinois Department of Healthcare and Family Services - <https://www.illinois.gov/hfs/MedicalClients>
- Illinois Client Enrollment Services – <https://www.enrollhfs.illinois.gov>
- All Kids (Healthcare for Kids) - <https://www.illinois.gov/hfs/MedicalPrograms/AllKids>
- Illinois Department of Human Services - <http://www.dhs.state.il.us/>
- Get Covered Illinois (Health Insurance Marketplace) - <https://getcovered.illinois.gov/en>

Thank you to our partners who reviewed this edition of *A Guide to Illinois Medicaid*.

DuPage County Health Department
Ever Thrive Illinois
Illinois Department of Healthcare and Family Services
Shriver Center on Poverty Law
