



Illinois Medicaid Redetermination Program Key Information for Assisting Clients

Starting in January, the Departments of Healthcare and Family Services (HFS) and Human Services (DHS) are initiating an enhanced eligibility verification project with the official name of the “Illinois Medicaid Redetermination Project” (IMRP) and the unofficial name of EEV (Enhanced Eligibility Verification). The purpose of this project is to process the backlog of cases that require immediate redeterminations and ensure that going forward, redeterminations will be processed in a timely manner, so that eligibility for Medicaid coverage is verified on an annual basis. This note will provide some background information on the project in case of inquiries from clients or to otherwise answer questions.

Background

The Illinois Medicaid Redetermination Project arose from an emergency procurement authorized by the Save Medicaid Access and Resources Together (SMART) Act of May 2012 to secure services of a Vendor to assist in the verification of income, assets and residence for Medicaid eligibility through use of data matching resources.

On September 13, 2012, the State entered into a contract with MAXIMUS Health Services, Inc., who in turn subcontracted with HMS for the data matching component. This document summarizes the key program components, including:

- Scope of Work;
- Impacted Programs;
- Schedule; and
- Illinois Medicaid Redetermination Program Hotline Information.

Scope of Work

- MAXIMUS will review cases using a proprietary system, developed by HMS, a firm that assembles data from multiple data sources. Using business rules, the system indicates cases that are most likely eligible and those potentially ineligible for medical benefits.
- While some of the data can be verified entirely through electronic means, conflicting and/or missing data will require customer contact.
 - For cases where no benefits other than Medical benefits are involved, MAXIMUS will contact clients who will have 10 business days to supply additional information
 - When MAXIMUS does contact clients, they will identify themselves as working for the Medicaid Redetermination Project (as opposed to working for MAXIMUS) in order to reduce client confusion; any information or supporting documents returned by clients will be to the Illinois Medicaid Redetermination Project
 - Where the case includes SNAP or cash assistance, the clients will be contacted by the State Caseworkers using current procedures
- MAXIMUS Eligibility Specialists will review most medical only cases, and provide recommendations using State-approved Policies and Procedures, and Work Instructions. A few smaller medical programs, such as the Breast and Cervical Cancer Program, Illinois Veterans care, Health Benefits for Workers with Disabilities and Illinois Healthy Women will not be included in the IMRP process.

- The State Caseworkers will determine if the recommendation is correct, and complete the Redetermination in the State’s eligibility system. The redetermination processing of medical-only cases will be largely consolidated in some regional centers, the largest of which will be in Chicago. Cases with other benefits will continue to be worked by caseworkers in their local offices as is now the case.
- MAXIMUS will provide clients with access to dedicated customer support and a variety of tools to confirm the status of their case in the eligibility redetermination process and submit required documentation:
 - Illinois Medicaid Redetermination Program Hotline: a call center staffed with Customer Service Representatives specifically trained to handle questions and inquiries concerning the redetermination process. They will answer the phone as “Medicaid Redetermination Project”.
 - There will be multiple channels for submitting documentation: mail and fax, and, subsequently, scanned material
- State Caseworkers will have access to detailed work instructions, FAQs and other project materials on the DHS and HFS Intranet Sites where recommendations are also recorded.
- Public-facing information about the project will be posted to the DHS and HFS Internet Sites throughout the life of the contract. The information will be supplementary information to assist in the redetermination process.

Impacted Programs

- MAXIMUS will provide a redetermination recommendation for the following programs. Clients within these programs may contact the IMRP Hotline.
 - Aid to the Aged, Blind and Disabled (AABD), including Long Term Care (LTC)
 - Family Health Plans, including:
 - FamilyCare/All Kids Assist
 - All Kids Share
 - All Kids Premium Level 1
 - All Kids Premium Level 2
 - All Kids Rebate
 - Moms and Babies
- MAXIMUS will NOT provide a redetermination recommendation for the following medical programs. Clients within these programs should continue to work with their respective caseworkers or local office.
 - Health Benefits for Workers with Disabilities
 - Veteran’s Care
 - Breast & Cervical Cancer Program
 - Illinois Healthy Women

Clients who have other benefits in addition to Medicaid (primarily Supplemental Nutritional Assistance Program, SNAP, the official name for “food stamps”) should continue to work with their local caseworker.

Schedule

The following schedule outlines key program implementation dates:

Illinois Medicaid Redetermination Program Schedule	
Date	Activity
January 2, 2013	MAXIMUS-operated Illinois Medicaid Redetermination Program reviews and assesses initial cases
January 21, 2013	Full hotline and recommendation processing for medical-only cases
February 1, 2013	MAXIMUS begins review of cases that also include SNAP or other benefits
February 4, 2013	State begins to receive medical-only case redetermination recommendations

Since the initial case efforts will be focused on cases that have higher probability of being ineligible, there may be a wave of clients losing eligibility, particularly in February through April.

IMRP Hotline Information

A client who has been asked to submit information to the Illinois Medicaid Redetermination Project should submit the data as shown below. Data can also be taken to local DHS office (or sent to the All Kids unit) but returning directly to the Redetermination Project in the stated time frames will decrease likelihood of recommendations being made for discontinuation due to missing, conflicting or outdated information.

While the project is very focused on maintaining business continuity, the situation of most concern is where a client is required to submit information to the Redetermination Project within 10 business days. When that period has elapsed, the control of the case is returned to the local office (or the All Kids Unit if that's where case was being maintained) for a final decision. Once the case recommendation has been returned to the local office, the client should submit information there—or contact their local office if they are cancelled and they believe the cancellation is in error. Our plan calls for any information that gets to the Call Center to be routed to the local office if they have re-assumed control of the case, but the more hand-offs, the greater the risk of process break-downs. ***Clients will need to pay attention to any deadlines in correspondence and direct responses accordingly.***

Illinois Medicaid Redetermination Program Hotline Information	
Hours of Operation:	Monday – Friday, 7:00 am – 9:00 pm, Central Time Saturday, 8:00 am – 1:00 pm, Central Time
Holidays:	The IMRP Hotline will be closed on the following holidays: <ul style="list-style-type: none">- New Year's Day- Memorial Day- Fourth of July- Labor Day- Thanksgiving Day- Christmas Day
Phone Number:	1-855-HLTHYIL (1-855-458-4945)
TTY:	1-855-694-5458
Mailing Address:	Illinois Medicaid Redetermination, PO Box 1242, Chicago, IL 60690-9992
FAX:	1-855-394-8066