

Illinois Medicaid Redetermination Project (IMRP) Frequently Asked Questions (FAQs)

June 2014

We have operators who speak Spanish, and free interpreter services for other languages. All calls to IMRP are free.

Tenemos operadoras que hablan español, y servicio de intérpretes gratis para otros idiomas. Información en español disponible 1-855-458-4945 (TTY: 1-855-694-5458) Todas las llamadas telefónicas an IMRP son gratis.

1. What is a redetermination?

A redetermination is a review of eligibility for Medicaid, All Kids, SNAP or cash assistance. Eligibility for Medicaid and All Kids must be reviewed at least once a year. The state must decide whether a client meets the rules to keep getting benefits. For example, to get Medicaid a person must be an Illinois resident and must have income that is less than the maximum allowed under Illinois law. Sometimes there are other rules that must be reviewed. Clients will be notified if other rules apply to their eligibility.

2. What is the Illinois Medicaid Redetermination Project?

Through the Illinois Medicaid Redetermination Project or Illinois Redetermination Project, the state decides whether clients continue to qualify for Medicaid or All Kids. The project is also called IMRP.

IMRP handles redeterminations or reviews for clients who are receiving Medicaid or All Kids. IMRP *does not usually* handle redeterminations for Medicaid or All Kids clients who also get SNAP (food stamps) or cash assistance. Department of Human Services (DHS) Family Community Resource Center (FCRC) handle redeterminations for all benefits for clients who receive SNAP or cash assistance along with medical benefits. DHS Family and Community Resource Centers are also called DHS local offices.

You may also get a letter from IMRP when any of the following happen:

- a child is turning age 19 and no longer qualifies for All Kids but may be eligible under another group;
- the youngest child in a family is turning 18 and the parents are no longer eligible under Family Health Plans but may be eligible under a different Medicaid or All Kids group;
- an adult begins receiving Medicare and may be eligible under a different group
- an adult is turning age 65 and may be eligible under a different group
- a former foster child is turning age 26 and may be eligible under a different group
- a refugee may be eligible under a different group

If you follow the directions in the letter, IMRP can make sure you continue to get coverage if you are still eligible.

3. I'm enrolled in CountyCare. Do I need to complete a redetermination?

Yes, CountyCare enrollees need to complete a redetermination.

4. Who does redetermination reviews?

Reviews for clients who get only Medicaid or All Kids are handled by a central office that is staffed by state caseworkers. Reviews for clients who get Medicaid or All Kids plus SNAP or cash assistance are handled by caseworkers at DHS local offices.

5. How will I know when it's time for redetermination of my case?

If your eligibility is being reviewed through IMRP, you will get a letter in the mail. For this reason, it is very important that you always tell the state when you change your address.

- First, you will get a letter telling you that your redetermination is coming up and you should watch for the redetermination form in the mail.
- About two weeks later, you will get the redetermination form itself. It will contain the most recent information the State has in your case record. You must correct any wrong information.
- If you are reporting anything new, like a new type of income, you must provide proof.
- The redetermination form will also tell you how you can return it.
- The form will tell you the date when the form must get back to the IMRP office. If you need additional time, please call 1-855-458-4945 (TTY: 1-855-694-5458).
- If you change information on the form you should also attach proof for the things that have changed. The form must be returned even if you do not change anything. If you have no income, write \$0 on the form.

It is very important that you complete the form and return it on time. Your case will be canceled if we do not hear from you by the due date or if you do not provide all the information we asked for. If your case is canceled, you will no longer get medical benefits.

6. How do I report a different address?

If you keep your address updated with the U.S. Post Office, your change of address will be reported to us and your case will be updated automatically.

You can submit your new address online at <http://www.dhs.state.il.us/page.aspx?item=46873>

If you have an All Kids Share or All Kids Premium case you can submit your new address on line at <http://www.allkids.com/customers/address.html>

7. What proof documents should I send?

We need to make sure that what you tell us is correct. That means we must verify information about you to make sure you still qualify for Medicaid or All Kids. We can verify some of your information electronically.

If we cannot verify information about you electronically, you will have to give us documents to prove that what you tell us is true. For example, we may ask you to send documents that prove:

- how much income you get (If you have no income, write \$0 on the form.)
- you are an Illinois resident
- you are a qualifying noncitizen. If you tell us you are lawfully present in the United States, we may ask for copies of your documents.

If you qualify as a senior, 65 years of age or older or as a persons with a disability, you may need to send proof to show the current value of your financial resources other than your income. Financial resources are assets like bank accounts or property you own.

We recommend you send documents with your redetermination form if any of the situations in the list below apply to you:

- If your income is different than what is shown on the redetermination form, include copies of pay stubs, checks for income or self-employment records for income you received in the last 30 days.
- If your other financial resources (assets) are different, include documents that show the current value of the resources. For example, include a bank account statement from the last 30 days.
- If you have health insurance that you have not already reported, include a copy of the front and back of your insurance card.

You do not need to send documents to prove your date of birth, Social Security number or that you are a United States citizen. These are things about people that usually do not change. However, we will ask you to provide proof about these things if we have reason to believe the information we have is not correct.

8. What kind of proof do I send if I am self-employed?

We will need proof of your gross income and business expenses for the last 30 days. You can provide a copy of your business records that shows your current earnings and expenses for producing the income.

9. Where do I send proof documents?

If you are responding to an IMRP letter, do not send or take the form to your local office. You should return both the form and proof documents together. Be sure to write your name and case number on all documents. You may send copies of original documents. You can send your proof documents one of three ways:

- Fax your documents to 1-866-661-7025. You should keep a copy of the fax confirmation page for your records;
- Scan and upload your documents at www.medredes.hfs.illinois.gov. This is a secure website. That means your information will be kept private. You should print and keep a copy of the confirmation page for your records; or
- Mail your documents with your redetermination form in the postage paid envelope to Illinois Redetermination Project, PO Box 1242, Chicago, IL 60690-1242.

10. Can I take my documents to my DHS local office?

No, please call IMRP at 1-855-458-4945 (TTY: 1-855-694-5458) and ask what the best place is to send your documents if you do not mail them or fax them to us with your redetermination form.

If you only get Medicaid or All Kids and you take documents for your redetermination to the DHS local office, the documents may not get to the right caseworker in time. Remember that the DHS local office caseworkers do not make redetermination decisions for clients who only receive Medicaid or All Kids and do not get SNAP (Food Stamps) or cash assistance). Your documents have to be reviewed by the central redetermination offices.

If the central office caseworker does not get your documents in time, the decision about your eligibility could be wrong and your case could be canceled. It is better to return documents directly to IMRP. For more information, see the answer to question number 7 above.

11. How do I get a replacement redetermination form?

If you have lost your form or you never received your form, call 1-855-458-4945 (TTY: 1-855-694-5458) and ask for another one. We can send you another form by mail or email. The DHS local office cannot give you a replacement for the IMRP redetermination form.

12. I missed the due date to send proof documents. What should I do?

If you did not send the proof documents in time, please call us at 1-855-458-4945 (TTY: 1-855-694-5458) right away.

13. How do you decide if I am still eligible for Medicaid or All Kids?

If your case is handled by IMRP, a state caseworker in a central office will review the information or documents you send with your redetermination form. The caseworker will also check electronic information available from the Illinois Secretary of State, the Department of Employment Security, the Social Security Administration and other sources to verify that what you sent is correct.

If the caseworker needs any additional information, the caseworker will send you another notice to tell you what else you need to send in or explain. Under Illinois law, you will have 10 regular business days to respond to this second notice and send in the additional information. Regular business days are Mondays through Fridays but do not include any state holidays.

After at least 10 regular business days have passed, the caseworker reviews all the information available about you to decide if you still meet the rules to be eligible for Medicaid or All Kids.

14. How will I know if I can still get Medicaid or All Kids?

You will get a notice in the mail that tells you whether you still qualify. If your eligibility is canceled, the notice will tell you why.

15. I was late and did not get my redetermination form in on time. My case was canceled. What can I do now?

If you have your redetermination form, complete it right away. As soon as possible, send it to IMRP with any documents needed to verify any changes you made. If you need a replacement form, call us at 1-855-458-4945 (TTY: 1-855-694-5458) so we can send you another.

If we get your information by the end of the third month after your last day of coverage, we will reinstate your benefits as long as you still qualify for Medicaid or All Kids. If we reinstate your case, the cancelation will be reversed. Reinstatement is faster than applying again.

16. *What happens if my case was canceled and you do not get my redetermination form and information by the end of the third month after my last day of coverage?*

If you do not respond within three months, you will probably have to complete a new application for Medicaid or health coverage. You should contact the DHS local office for assistance. The answer to question number 25 explains how to file an appeal.

17. *If my case was canceled do I need to reapply?*

You do not need to reapply unless your case has been canceled for more than three months. See the answer to question number 14 above to learn how you can be reinstated without a new application in some situations.

18. *If I didn't get a medical card this month, does that mean my Medicaid has been canceled?*

The medical card does not guarantee that you are covered. Not getting a medical card does not mean that you are not covered.

A recent Illinois law mandated that the state stop sending a new medical card to every client each month. In March 2013, new cards were sent to all Medicaid and All Kids clients with a notice explaining that they would not get another new card until the next time their eligibility was reviewed and approved.

After we decide whether you are still eligible, we will send you a notice of continuation or a notice of cancelation or change. If you are still eligible, we will send you a new medical card in a separate envelope.

You should keep your notice and your medical card. Show your medical card when you need medical care. Your doctor, pharmacy or other medical providers will use the number on the card or notice to check whether you are still covered.

You may also receive a separate medical card from your managed care plan. If you receive a card from your managed care plan, show that card to your doctor, pharmacy or other medical provider when you go for services.

19. *Do I need to contact my DHS local office?*

If you received your redetermination form from the IMRP, do not contact your DHS local office. Remember, IMRP only handles redeterminations for clients who only get medical benefits.

If you get SNAP (food stamps) or cash assistance, the DHS local office will send a notice about your redetermination. That notice will tell you what you need to do to keep getting SNAP or cash assistance. You may have to contact your DHS local office. If you get SNAP or cash assistance and also Medicaid or All Kids, your Medicaid or All Kids redetermination will be handled by the DHS local office caseworker.

20. Do I still have a caseworker?

Caseworkers are still available to assist clients. However, if your question is about a notice received from IMRP, please contact 1-855-458-4945 (TTY: 1-855-694-5458.) The IMRP agent will assist you. If the IMRP agent cannot answer your questions, you can ask to speak to a supervisor.

21. Can I ask to get letters in a language other than English?

We can send redetermination and other written notices in Spanish and English. We also have operators who speak Spanish and some other languages, and free interpreter services for clients who speak other languages.

If you know someone who needs assistance in a language other than English or Spanish, call IMRP at 1-855-458-4945 and request an interpreter.

Tenemos operadores que hablan español, y servicio de intérpretes gratis para otros idiomas. Información en español disponible 1-855-458-4945 (TTY: 1-855-694-5458).

22. Can you share information about my redetermination with someone who is not in my family?

You can always have someone on the phone with you or give us permission to speak with someone else about your case. If you want someone to be able to call IMRP when you cannot be on the phone with them, you must let us know by filling out a special form. Use the form to give us permission to talk to someone else about you. If you want us to fax or mail you the form, please call IMRP at 1-855-458-4945 (TTY: 1-855-694-5458). The call is free. After filling out and signing the form, fax it back to us at 1-855-394-8066 or mail it to Illinois Medicaid Redetermination, PO Box 1242, Chicago, IL 60690-1242.

23. How can I check the status of my case?

If you got a letter in the mail from the IMRP, you can call 1-855-458-4945 (TTY: 1-855-694-5458) on Monday through Friday from 7:00 a.m. to 9:00 p.m. and Saturday from 8:00 a.m. to 1:00 p.m. The call is free.

24. What if I get medical benefits plus other benefits, like SNAP (food stamps) or cash assistance?

Usually IMRP will not contact you if you get SNAP (food stamps) or cash assistance along with your medical benefits. Your DHS local office caseworker will complete your redetermination and contact you for any information or proof documents that are needed. Your caseworker will mail you a notice telling you the decision about your redetermination. It will tell you whether your benefits will continue or not. If any of your benefits are canceled or reduced, the notice will tell you why.

25. I think the decision about my redetermination is wrong. What can I do?

If your case was reviewed as part of the IMRP, call 1-855-458-4945 (TTY: 1-855-694-5458) and explain why you disagree. It may be possible to fix the issue easily. If your case was redetermined by a DHS local office, please contact that office.

You can also appeal the decision and ask for a special review called a fair hearing. The notice we send you will explain how you can file an appeal and request a fair hearing.

You must ask for a fair hearing within 60 calendar days of the date on the notice of cancellation. Please read the notice for more information on how to ask for a fair hearing.

26. *How can I contact someone if I have other questions?*

If you have questions about Medicaid or All Kids redeterminations, you can e-mail us at HFS.Medredes@illinois.gov or call us at 1-855-458-4945 (TTY: 1-855- 694-5458). The call is free.

IMRP TIMELINES

The following summarizes the timeline for cases handled by IMRP. Please note that these are cases that have only medical benefits and are not receiving SNAP (food stamps) or cash assistance.

1. IMRP mails notice that a redetermination is coming due and clients should watch for their redetermination form. This notice is mailed two weeks before redetermination form is mailed.
2. IMRP mails the redetermination form 20 days before the redetermination form is due.
3. The client must reply by the due date. Extensions are possible if IMRP is contacted.
4. IMRP will determine the case within 30 days of the due date of the redetermination form.
 - a. If client is eligible with no changes, client will receive a letter of continuation of benefits.
 - b. If client is eligible with changes to the case, client will receive a notice of the changes
 - c. If client is no longer eligible for benefits, or if there is not sufficient information to determine eligibility, the client will receive a cancelation letter.

When a case is canceled for failure to cooperate by providing needed information, the client will be reinstated if missing information is submitted within three months of the last day of coverage. When coverage is reinstated, it will be effective for the back as far as the first month when coverage was canceled.

Example:

Joe Smith was approved for Medicaid starting July 1, 2013. The only benefit he receives is Medicaid. At the middle of April 2014, Joe receives a notice from the IMRP to look out for his redetermination form. Two weeks later, Joe receives his redetermination form, due May 20.

1. If Joe returns the form, along with necessary proofs to the IMRP by May 20, and is still eligible for Medicaid, he will get a letter in the mail that says this. Later, he will also be sent a new medical card.
2. If Joe does not return the form by close of business on May 20, he will get a notice in the mail that says his case will be cancelled and he will no longer have coverage starting July 1.
 - a. Joe should call 1-855-458-4945 (TTY: 1-855-694-5458) and let the operator know that he missed the deadline.
 - b. Joe has until the third month of the last day of coverage to submit necessary proofs and have his case reinstated. Since Joe's coverage is scheduled to end as of midnight on June 30, his coverage may be reinstated if he submits his redetermination forms and necessary proofs by close of business September 30.
 - c. If Joe's coverage is reinstated, Medicaid can cover his bills for health care he received in July, August and September.
 - d. If Joe does not send everything by close of business September 30, he will have to submit a new application to see if he is eligible for Medicaid.

Joe will receive a notice to tell him whether his coverage continues, continues with changes, or is cancelled.

Resource Directory

Illinois Medicaid Redetermination Project (IMRP)

1-855-458-4945 (TTY: 1-855-694-5458)

Hours of operation: 7am-9pm, Monday through Friday and 8am-1pm on Saturday

When to contact IMRP:

- You received a redetermination form and you have questions or need help completing it
- Ask for an extension to complete your redetermination form
- Find out when your redetermination forms are due
- You did not receive your redetermination form and would like to request a new copy be sent to you

Check on receipt of your redetermination forms and necessary proofs (please wait five days after sending)

Illinois Department of Human Services (DHS) Help Line

1-800-843-6154 (TTY: 1-800-447-6404)

Hours of operation: 8:00 a.m. - 5:30 p.m., Monday through Friday (except state holidays)

When to contact the DHS Help Line:

- Report a change in address
- Request a replacement medical card
- Complete an ABE application over the phone
- Add a baby to a case
- Request cancellations
- Check on the status of a pending application

Redetermination Tips for Providers, Navigators, and Other Application Assisters

- Remind patients/clients that they will be asked at least once a year to submit redetermination forms. Persons only receiving medical benefits (and not SNAP or cash assistance) should expect these forms in the mail around the 10th month of coverage.
- Encourage Medicaid clients to look out for “official” mail from HFS, DHS, or the IMRP. Mail from IMRP may use “Illinois Redetermination Project” in the return address on the envelope.
- Ask if the patient/client has changed addresses and if this new information has been reported to HFS or DHS. Change of addresses can be reported to the DHS Help Line at 1-800-843-6154.
- Cases due for redetermination appear in the Medical Electronic Data Interchange (MEDI) system for the three months prior to the redetermination date. If you have access to this system, you are encouraged to share relevant information with the patient/client.
- If you can do so, offer to provide assistance with the redetermination process. You can help the client complete and return necessary forms to the IMRP in one of the following ways:
 - in the postage-paid return envelope to IMRP, PO Box 1242, Chicago, IL 60690-1242,
 - by fax to 1-866-661-7025, or
 - as an email attachment to www.medredes.hfs.illinois.gov (this is a secure website).