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QUESTIONS & ANSWERS REGARDING NEW ILLINOIS MEDICAID ISSUES

This information is current as of February 26, 2018. It was supplied to The Arc of IL by Illinois Healthcare and Family Services (HFS) Medicaid's Policy and Procedure Unit and the Managed Care Policy Unit.

Background
In the Fall of 2017, IL Medicaid changed computer systems and programs. This change has accidently severely negatively impacted certain areas of eligibility for IL Medicaid. While the computer systems and programs are being recoded and corrected, we asked HFS for interim information, strategies and solutions to address critical problems for children and adults with disabilities and families. Here is what we have been told.

Please note, HFS contracts with the Department of Human Services to run Family Community Resource Centers (FCRCs), which are also known as local offices. Caseworkers refer to people who work in these offices.

Question 1: Redetermination forms are difficult to understand.
Answer: IL Medicaid realizes this and they know they need to revise the forms but no date was provided as to when this will happen. They suggest going to the Medicaid field office to get help.

Question 2: Cannot use the Application for Benefits Eligibility (ABE) system to apply for IL Medicaid if the applicant does not have credit history showing on Experian (a national credit rating system)
Answer: Medicaid is working with Experian to correct this. In the meantime, we can use paper applications (HFS 2378b - http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-2378B.pdf) and fax or mail or bring them to the local office. The Arc recommends that you always make and save copies of anything you submit.

Question 3: Issues around recognition of guardianship or powers of attorney
Answer: During the application process, these documents should be provided so that Medicaid is aware of this relationship. If these were not in place at the time of application, you have 10 days to submit these to the Medicaid caseworker. However, the path of least resistance is to use IL Medicaid's own approved representative form (HFS 2998 - https://www.illinois.gov/hfs/SiteCollectionDocuments/IL444-2998.pdf)

Question 4: Inability to get a caseworker on the telephone
Answer: 1) IL Medicaid has gone from a caseworker to caseload type of system to a que / task-based system. Example: today, all caseworkers are working on new applications. Tomorrow, all caseworkers are working on processing information received from clients. The next day, they are working on cases where the requested information was not received and will be denying cases today.
2) At a local/regional office, there are caseworkers, supervisors, ALOA (Assistant Local Office Administrator) and LOA (Local Office Administrator).
3) Even on "Paper Days", when the office is not open to speak with a caseworker, the ALOA and LOA are available for emergencies. You can walk in and indicate that you have an emergency and need to speak with the ALOA or LOA. Please only use this strategy in a CRISIS.

Question 5: Buy-in Programs were cancelled
Answer: When the system converted, the buy-in payments did not transfer over. This caused Health Benefits for Workers with Disabilities (HBWD), Pay-In Spenddown and ALL KIDS PREMIUM cases to cancel for non-payment. This has to be manually corrected. There is a four-page list of these cases that need to be reopened. Each case can take around 3 hours to complete. If you have a waiver or cannot wait for the natural progression to get these done, call or go to the office and ask for a supervisor.

Question 6: Lack of understanding of Waivers
Answer: Within 10 days of getting your waiver program, report to IL Medicaid that you have a waiver. They will code this. This may help meet spend-down or impact NOT getting cut off from Medicaid. This can be done by sending the waiver award letter or form 2653 (http://www.dhs.state.il.us/page.aspx?item=43583) to your local office.

Question 7: Redeterminations sent in timely but case cancelled as they state they did not receive the documentation
Answer: IL Medicaid has 90 days to reopen a cancelled case. We can argue and show proof to the redetermination unit that these were timely provided. However, the easier path is to bring in your redetermination form and documents to the field office for them to reopen your case.

Question 8: IL Medicaid is denying applications for medical coverage because of parental income and assets and the child is over 18 and on Supplemental Security Income (SSI).
Answer: 1) IL Medicaid's computer is set to consider every application under the Affordable Care Act (ACA). This category has the highest income guideline, Modified Adjusted Gross Income (MAGI) information. and assets are not considered. They feel this is best for the applicant. If the applicant is being claimed on their parents' taxes, the parents' income counts for the applicant. Sometimes, parental income is higher than the ACA guideline, MAGI. In the past, these applications were denied.
2) Due to advocacy from The Arc of IL, there is now a caseworker note that should pop up on the computer to check for another category and NOT deny the application outright.

Question 9: The new IL Medicaid system automatically converted most AABD (Aid to the Aged, Blind and Disabled) recipients who have no Medicare, to ACA Medicaid.
Answer: AABD & ACA have the exact same medical and waiver service coverage. We were told that an appeal is not the solution – you have medical and waiver coverage. We were told that IL Medicaid is aware that the claimant is claimed on parents' taxes and that this change was done by IL Medicaid. They suggested two things:

1) Go to the local office and bring parental income information to change it back to AABD

2) Wait for your yearly redetermination where the caseworker will manually change your case back to AABD

Question 10: If your child is eligible for the "Under 19" category of Medicaid, this case is usually in the name of the parent for the child. These cases are getting cancelled when the child turns 19.
Answer: A redetermination should be mailed PRIOR to turning 19. Policy will check to ensure this is being done. If not, a new application must be submitted UNDER the child as applicant – not the parent since the child is now 19. They may ask for parental income to rule out ACA. This includes all children, plus those with waivers.

Question 11: Managed Care Update

Answer: 1) If you have a full coverage commercial insurance, you do not have to participate in the managed care program – now being called: HealthChoice IL. If you are getting letters that you need to pick a plan BUT have full coverage commercial insurance, the insurance is not put onto your case. This needs to be put on your case by giving the caseworker: the front & back of the health insurance card, the employer's name, address, and phone number for where the health insurance comes from and the insured's name, date of birth and social security number. The caseworker will then input this TPL (Third Party Liability) code onto your case – exempting you from HealthChoice IL.

2) Children on SSI (as well as children in DSCC, foster children, children in nursing homes and children who are American Indians) are currently excluded from HealthChoice IL. If they are being asked to join this, IL Medicaid does not have it coded that they are receiving SSI. However, on the tentative date of July 1, 2018, packets of information will be sent to this population requiring them to be part of HealthChoice IL (https://enrollhfs.illinois.gov/news/healthchoice-illinois).

3) By the end of 2018, they estimate that 80% of IL Medicaid recipients will be in a managed care plan. (Excluded: commercial insurance TPL)

Keep in mind, when their system is corrected, many problems that we are experiencing now will go away.

Keep in mind, IL Medicaid has a three-month retroactive period:

EXAMPLE: I submit an application to IL Medicaid any time in February. When approved, it will cover the month I applied: February and will cover: January, December and November, 2017.

Disclaimer: The information is general in nature and may not apply to all individuals. It is not designed to be a substitute for medical decisions, legal advice, future planning or financial guidance from qualified professionals serving individuals with disabilities and their families. Families, consumers and guardians are advised to seek guidance from appropriate professionals at all times regarding individual situations. We recognize that each individual has unique gifts and challenges and therefore, will need an individualized process for transition. Families, consumers and guardians are advised to seek guidance from appropriate professionals at all times regarding individual situations.

Next Steps

The Arc of Illinois is continuing to advocate for improvements to the HFS computer systems as well as for additional information and resources from HFS to address the needs of individuals with intellectual and developmental disabilities and families. A huge thanks to Sherri Schneider, Arc Board Vice President, for her help in this advocacy. We will share with advocates further information as we receive it.

If you have additional information, you can call the Arc's Life Span Program at 1-800-588-7002.

Achieve with us.