

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

April 11, 2023



HFS

Illinois Department of
Healthcare and Family Services



HFS

Illinois Department of
Healthcare and Family Services

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 and Providers
 - 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
 - Manage My Case
 - Benefit Details Tab
- Medi System for Providers
- Customer's Managed Care Organization (MCO), if enrolled
- **Coming Soon:** Automated Voice Response (AVR) Phonenumber



Medi Screen for Medical Providers

Retain Inquiry

New Inquiry

Print Everything

Transaction Audit Number:

202213610302794

Recipient Number:

Recipient Date of Birth:

09/30/2002

Provider Number:

1234567893

County Code:

Case Address:

Begin Date:

05/16/2022

NPI Number:

Recipient Name:

Recipient SSN:

Recipient Sex:

F

Provider Name:

Case Name:

City - State - Zip:

End Date:

05/16/2022

Renewal Due Date:

*** 04/01/2022 ***

Renewal Form:

A

Renewal Form indicator is not updated until 1 month before the renewal date. If older than that, do NOT use.

The logo for the Illinois Department of Healthcare and Family Services (HFS), featuring a stylized geometric design.

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11

Redeterminations: Form A and Form B

Form A	Form B
<ul style="list-style-type: none">• IES currently renews 30-40% of medical customers each month automatically.• This is done through electronic verification of income and other factors• This process does not require customer action unless information has changed.• <i>Process is known as Ex Parte or Form A process.</i>	<ul style="list-style-type: none">• All Medicaid customers whose eligibility information cannot be electronically verified.• Pre-populated with information from case record• Customer reviews and updates with current information.• Update information and attach proof of income for last 30 days (if don't have proof, submit anyway).
<ul style="list-style-type: none">• SNAP beneficiaries receiving medical benefits are also renewed when they go through the SNAP redetermination process.	<ul style="list-style-type: none">• Customers that cannot be redetermined through electronic means or through the receipt of another program like SNAP, enter the Form B process.

Redetermination Process Examples*

End of Certification Period	Forms Mailed	Due Date on Notice	Cut-off Date: Rede not in by this date will be closed	Form B not received, 1 st day without coverage	90 Day Reinstatement Period: Last day to return rede
06/30/2023	05/01/2023	06/01/2023	06/15/2023	07/01/2023	09/30/2023
07/31/2023	06/01/2023	07/01/2023	07/17/2023	08/01/2023	10/31/2023
08/31/2023	07/01/2023	08/01/2023	08/15/2023	09/01/2023	11/30/2023

*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
- 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.

EXAMPLE of barcode at bottom of notice

Turn this page over to read more information on the back.

IL444-1893 (R-09-15) SNAP Redetermination
Interview Required and Medical Benefits
Renewal Form

Page 1 of 7



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Special Populations and Transitions During the Unwinding

ACA to AABD Transitions

Type	Total	Notes
ACA Adults to AABD	Approx. 55,000	<ul style="list-style-type: none">• Individuals that turned 65 and/or started receiving Medicare during PHE• HFS transitioned customers in IES the week of 02/20/23<ul style="list-style-type: none">• 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)

2023 Increases in Income and Resource Standards

<https://www.dhs.state.il.us/page.aspx?item=21741>

	1 Person	2 People	Notes
Income: AABD Medical	\$ 1,215	\$ 1,643	FPL update effective 1/1/23
Income: Medicare Savings Program	See policy		FPL update effective 1/1/23
Resources: AABD medical	\$17,500	\$17,500	Effective with restart of resource test on 5/12/23
Resources: Medicare Savings Program (MSP = QMB, SLIB & Q1)	\$ 9,090	\$15,160	Effective with restart of resource test 5/12/23

- The 2023 standards are effective 01/01/23. They updated in IES 03/01/2023 effective for 4/1/23 for active cases.
- 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>



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.



Communications Strategy



Unwinding Communication: Phase 2, Ready to Renew!

Illinois Medicaid Renewals Information Center:

[Medicaid.Illinois.gov](https://www.Medicaid.Illinois.gov)

Illinois Medicaid Renewals Information Center

[HFS](#) > [Medical Clients](#) > 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 simply renewals.

Unwinding the Public Health Emergency

In addition, the federal government has set an end to other pandemic-related Medicaid changes put in place during the 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 coverage.
- [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



HFS/DHS Automatic Text Messaging

SMS (Short Message Service)	MMS (Multimedia Message Service)
Get ready to renew your Medicaid! Find your due date & verify your mailing address at abe.illinois.gov (click Manage My Case) or 1-800-843-6154. Txt STOP=stop	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 abe.illinois.gov or call 1-800-843-6154. STOP = unsubscribe.

Media Campaign:

- Statewide
- Targeted
- Omnichannel
- Yearlong
- Multilingual



Partner Agency Outreach Efforts



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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)

Create	Check	Change
<ul style="list-style-type: none">• Create a Login• Link Accounts	<ul style="list-style-type: none">• Check your renewal date• Review your case Information• Check for notices from HFS and DHS• Check upcoming appointments and reschedule	<ul style="list-style-type: none">• Submit your renewal• Change your address• Change of Income• Add household members to your case• Report Expenses• Upload documents

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.

The screenshot displays the ABE website interface. At the top, the ABE logo is accompanied by the text 'APPLICATION FOR BENEFITS ELIGIBILITY'. A language selector shows 'Español'. A 'Login' button with a user icon is in the top right. The main heading reads 'Welcome to ABE' followed by 'Helping people in Illinois lead healthy and independent lives'. Below this, a message states: 'Use this site to apply for and manage your healthcare, food, and cash assistance benefits.' A navigation bar contains buttons for 'Apply for Benefits' (blue), 'Manage My Case' (green, circled in red), 'Partner Login', and 'Partner Registration'. A login form on the right includes fields for 'Username' and 'Password', a green 'Login' button, and links for 'Forgot password?' and 'Create Account'. A bottom section features a 'Reset Password' link and a link 'Create a new ABE User Id and Password' which is circled in blue. A blue arrow points from the text 'New to ABE: Create an ABE User ID and password to access Manage My Case.' to this circled link.

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Español

Login

Username

Password

Login

Forgot password?

Create Account

Welcome to ABE

Helping people in Illinois lead healthy and independent lives

Use this site to apply for and manage your healthcare, food, and cash assistance benefits.

Apply for Benefits

Manage My Case

Partner Login

Partner Registration

User ID

Password

Login

Reset Password

Create a new ABE User Id and Password



Linking an Account

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print

Logged in: happymee | Logout

Am I Eligible? | Apply For Benefits | Appeals

Hello, Kim. You are logged in.

Welcome

Are you trying to link your account or apply for benefits?

☐ Apply for benefits (or view submitted applications)

☒ Link your account

Exit

Link Your Account

Official Site of The State of Illinois

Privacy Statement | HFS Home | DHS Home | HFS Brochures and Forms | DHS Forms | DHS Brochures | Frequently Asked questions (FAQ) | Contact Us | Satisfaction Survey

- Logging in to link a new account

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

Hello, Sarah. You are logged in.

Link Your Account

Case Summary

Welcome. This page gives you a quick look at the status of your application for SNAP, Cash Assistance and Healthcare Coverage. If you are ready to end your ABE session, be sure to Logout.

What is the status of my Applications?

Here is a summary of the applications you have worked on.

Application Number	Date	Status	Details/Action
T00101511	June 14, 2015	Submitted	View

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.
 3. Manual ID Proofing – Paper form process with DHS/HFS.

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.

Hello, USER. You are logged in.

Verify Identity

We can verify your identity using your Illinois Driver's License or State ID Card. If you do not have an Illinois Driver's License or State ID Card, we will attempt to verify your identity using another method.

★ Do you have an Illinois Driver's License or State ID Card? ☐ Yes ☐ No

[Back](#) [Verify Identity Now](#)

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

Hello, USER. You are logged in.

Verify your Identity - Illinois Driver's License or State ID Card

Complete the Illinois Driver's License/State ID Details section below. Enter the information **EXACTLY** as shown on your Illinois Driver's License/State ID Card, including your middle name **ONLY** if it appears on your ID.

Illinois Driver's License/State ID Information

• First Name

Middle Name

• Last Name

Suffix

• Date of Birth MM DD YYYY / /

• Eye Color

Brown
Black
Grey
Green
Hazel
Blue
Yellow

• Height ft in

• Weight lb

• Enter in your 12-digit Illinois Driver's License or Illinois State ID Number - -



On your Illinois Drivers License, your Illinois Driver's License Number is located here:



On your Illinois State ID Card, your Illinois State ID Number is located here:



Back

Next



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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



ABE

APPLICATION
FOR BENEFITS
ELIGIBILITY

Help | Print

Logged in: happy1540 | Logout

Verify Your Identity

To protect you from identity theft, and to confirm your identity, please answer these questions. If the correct answer isn't here, choose "None of the above". When you are done, click "Next".

- Which of the following streets have you lived on?
 - ☐ Sunnyside Rd.
 - ☐ Main St.
 - ☐ Michigan Ave.
 - ☐ Grand Ave.
 - ☐ None of the above
- Which of the following phone numbers have you been associated with?
 - ☐ 217-555-1212
 - ☐ 312-000-1234
 - ☐ 773-555-0000
 - ☐ 872-111-0000
 - ☐ None of the above
- What street number have you lived at?
 - ☐ 111
 - ☐ 34786
 - ☐ 14177
 - ☐ 300
 - ☐ None of the above
- What is your mother's maiden name?
 - ☐ Smith
 - ☐ Johnson
 - ☐ Williams
 - ☐ Brown
 - ☐ None of the above
- What county do you currently live in?
 - ☐ Cook
 - ☐ Adams
 - ☐ Sangamon
 - ☐ DuPage
 - ☐ None of the above

Next

Experian ID Proofing - Verification

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.

Verify Your Identity

We were unable to verify your identity based on the answers you provided.

Our Identity Verification service is hosted by Experian. Please call the Experian help desk and give them this reference number to verify your identity over the phone.

Help Desk Phone Number: 1-866-578-5409

Reference Number: 8c31-e9-68c6

Please answer the question below after calling Experian.

Were you able to verify your identity through Experian? ☒ Yes ☐ No

Click Next to complete the identify verification process

Back **Next**

Requesting Manual Identity Proofing


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



State of Illinois
Department of Human Services

STATE IDENTITY PROOFING REQUEST FORM

The State of Illinois is committed to keeping your confidential information safe and secure. To do that, the State must verify your identity before you use Manage My Case (MMC) online.

The first step that you must take to verify your identity is to create an ABE account. If you do not have an ABE Account, go to <https://ABE.Illinois.gov> and select **Login** then **Create Account**.

Once you have an ABE account, there are 2 ways that the State of Illinois can verify your identity:

1. You can verify your identity through the ABE.Illinois.gov website. If you have not tried to verify your identity through ABE, please select the Green "Manage My Case" button, login to your ABE account, and complete the process. **You must do this before moving to #2.**
2. You can verify your identity by completing and submitting this form along with acceptable identity proofing documentation (listed on Page 3). **Note: This form can only be used if you have already tried to verify your identity online at ABE.Illinois.gov but could not.**

*ABE Username:

*First Name:

*Last Name:

*Date of Birth:

*Phone Number:

Email Address:

*Mailing Address:

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.

Column A Submit One (1) of These	Column B Alternatively, submit two (2) of these
Illinois Driver's License	Birth Certificate
Certificate of Naturalization (Form N-550 or N-570) or Certificate of U.S. Citizenship (Form N-560 or N-561)	Social Security Card or Official document containing your Social Security Number
U.S. Military Draft Card or Draft Record	Marriage Certificate
Native American Tribal document	Divorce Decree
School Identification Card	Property Deed or Title
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	High School or College Diploma (Including High School Equivalence Diploma)
Identification card issued by the federal, state or local government	Employer Identification card
Employment Authorization Document that contains a photograph (Form I-766)	
<ul style="list-style-type: none"> • Military dependent's identification card • U.S. passport or U.S. passport card • U.S. Coast Guard Merchant Mariner card 	
Foreign passport or identification card issued by a foreign embassy or consulate that contains a photograph	



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

Case SummaryBenefit DetailsContact InformationAccount Management

Renew My Benefits

Report My Changes

Apply for Other Benefits

Your case is up for redetermination. Click this button to submit your redetermination for benefits.

Click this button to report changes to your DHS or HFS Office.

Click this button to apply for additional benefits.

Welcome to the Case Summary Page. This page gives you a look at your benefits, and lets you know if there is anything you need to do to receive or continue benefits. From this page you can find information about your [benefit status](#), [verifications](#), [notices](#), [application or change report status](#).




We have taken a number of steps to keep your information private and secure. To learn more, [view your security and account management information](#).

As a head of household, you can [control benefit information displayed to other adults in your household](#).

What is the status of my benefit programs?

You have requested or are receiving the benefits mentioned below. Click on the "Click Here" link for each program to view a summary of your benefits. This information is current as of **June 29, 2016 02:01 PM**.

Follow this link and select Other Changes to [Cancel Your Case](#).

Benefit	Description	Summary
	Supplemental Nutrition Assistance Program	Click Here for Details
	Healthcare Coverage Program	Click Here for Details
	Cash Assistance Program	Click Here for Details



Check Renewal Date: Case Summary or Benefit Details Tabs

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

What is the status of my benefit programs?

You have requested or are receiving the benefits mentioned below. Click on the "Click Here" link for each program to view a summary of your benefits. This information is current as of **January 26, 2023 01:52 AM**.

Follow this link and select **Other Changes** to **Cancel Your Case**.

Benefit	Description	Summary
	Food Assistance Program	Food Assistance Program Details
	Healthcare Coverage Program	Healthcare Coverage Program Details

Click the hyperlink under '**Summary**' to view details about each benefit program received.

You have ACA Adult coverage.

Your coverage started on August 2016.

Your next medical redetermination must be completed by **April 2023**. In the meantime, you must continue to [report changes](#).

[View or print your HFS Medical Card](#) in your available notices.

[View your approval notice](#) to see how your benefits were determined

Actions you may need to take:

- Your Earned Income Payment is due on Friday, February 22, 2019.

MCO Plan Name: BLUE CROSS BLUE SHIELD IL MMCP

Your MCO Plan contact phone number is 877-860-2837. [Visit your MCO Plan website](#).

MCO Plan Anniversary Date: January 1, 2021 (You can switch plans 60 days before this date)

[View your notices](#) for more information about what was requested.

[Back to Summary](#)




HFS

Illinois Department of
Healthcare and Family Services

Report Changes

Reporting a change in the household or circumstances:

1. Customer clicks on the Report My Changes  button on the Case Summary page.
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.

Welcome to Report My Changes

After you have told us what has changed below, we will let you know if the change requires verification and what to provide. You can upload your verification or you can mail, fax, or bring the proof to your DHS or HFS office. If you would like to withdraw your application, cancel your case, or request a case transfer, please select the "Any other change or changes not mentioned above" option under the other Changes Section.

Reporting Changes Through ABE

Please let us know what has changed. After answering yes to one or more of the categories below, an additional list of options will be shown. You may check all boxes that apply.

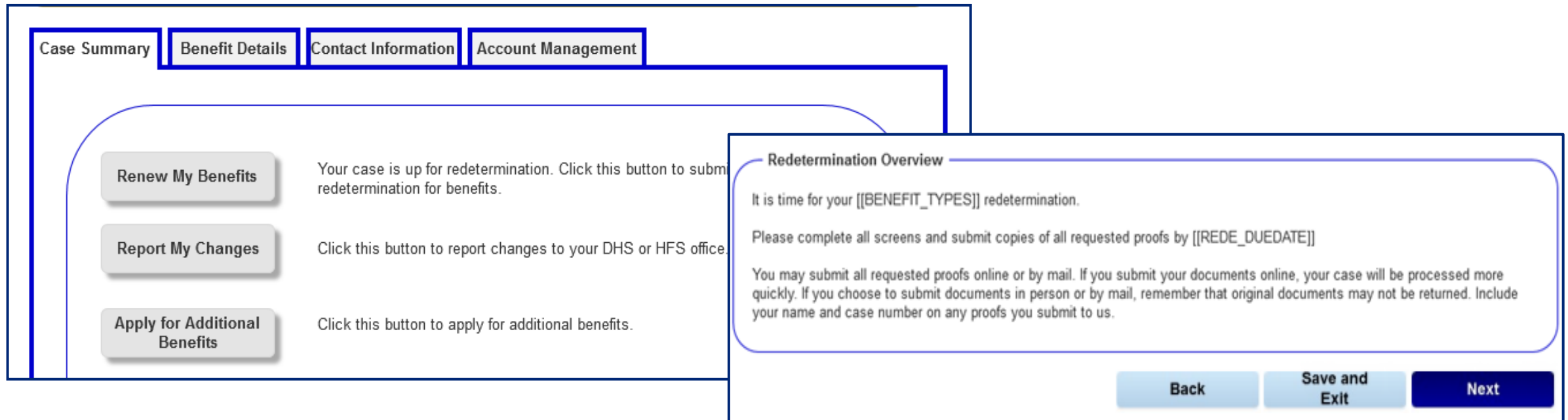
Change in Contact Information	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Name change or correction	<input type="checkbox"/> Address Change
<input type="checkbox"/> E-mail address or phone number change	<input type="checkbox"/> Approved Representative add or cancel
Change in Household	<input type="radio"/> Yes <input checked="" type="radio"/> No
Change in Household Income	<input type="radio"/> Yes <input checked="" type="radio"/> No
Expenses/Bills Have Changed	<input type="radio"/> Yes <input checked="" type="radio"/> No
Resources Have Changed	<input type="radio"/> Yes <input checked="" type="radio"/> No
Health Insurance Has Changed	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other Changes	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input checked="" type="checkbox"/> Any other change or changes not mentioned above	

Keep in mind that you should only report changes that have already happened.

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  button. The Redetermination Overview page displays letting the customer know which of their benefits is up for redetermination. Review and click **Next**.



The screenshot shows the 'Case Summary' page with a navigation bar containing 'Case Summary', 'Benefit Details', 'Contact Information', and 'Account Management'. The 'Case Summary' tab is active. Below the navigation bar, there are three buttons: 'Renew My Benefits', 'Report My Changes', and 'Apply for Additional Benefits'. The 'Renew My Benefits' button is highlighted. To the right of the buttons, there is text explaining the redetermination process. A modal window titled 'Redetermination Overview' is open, displaying the following text:

Redetermination Overview

It is time for your [[BENEFIT_TYPES]] redetermination.

Please complete all screens and submit copies of all requested proofs by [[REDE_DUEDATE]]

You may submit all requested proofs online or by mail. If you submit your documents online, your case will be processed more quickly. If you choose to submit documents in person or by mail, remember that original documents may not be returned. Include your name and case number on any proofs you submit to us.

At the bottom of the modal, there are three buttons: 'Back', 'Save and Exit', and 'Next'.

Manage 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 Your Communication Preferences

This page will help you manage how you want to receive information from the State of Illinois.

If you experience technical problems while using the site,

Communication Preferences (Optional)

As the Primary Account Holder, you may choose how you would like your notices sent to you. You will automatically receive electronic versions of your notices. If you would like to stop receiving paper versions of your notices, please select the electronic only option.

Preferred Delivery Method:

☒ Paper and Electronic ☐ Electronic Only

You may choose to receive alerts when the State of Illinois sends notices to you. Please choose your preferred method of receiving these alerts.

☐ Email

E-mail Address

Confirm E-mail Address

☐ Email And
Text
Message

Cell Phone Carrier

☒ I do not want
to receive
alerts.

Cell Phone Number

Standard fees may apply from your mobile service provider.

Language Preference

What Language should we use when we contact you?

English ▼





Manage My Case Support

dhs.abe.questions@illinois.gov

[Customer Support – Application for Benefits Eligibility](#)

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



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