



Answers to frequently asked questions about Medicaid redetermination

During the Public Health Emergency (PHE) declared at the outset of the COVID-19 pandemic, Medicaid recipients received uninterrupted healthcare coverage without having to requalify. Some state Medicaid agencies continued their eligibility review process, but Medicaid recipients did not lose their Medicaid coverage due to ineligibility.

What is Medicaid redetermination?

In Illinois, Medicaid redetermination is the process through which all Medicaid recipients report their household income to the Illinois Department of Healthcare and Family Services (HFS), so it can make sure they remain eligible for Medicaid. Illinois residents enrolled in the Medicare-Medicaid Alignment Initiative (MMAI) program (like Humana Gold Plus® Integrated [Medicare-Medicaid] members) must complete this redetermination process as well.

When does Medicaid redetermination take place?

Medicaid redetermination typically occurs every 12 months. However, the process was on hold during the PHE. With the PHE ending, HFS will begin its redetermination process beginning in May 2023.

How does the redetermination process work?

HFS will send via direct mail to all Medicaid recipients a Medical Benefits Renewal Form to complete and return. Medicaid recipients, including Humana Gold Plus Integrated members, will lose Medicaid coverage if they do not complete the form and provide required documents.

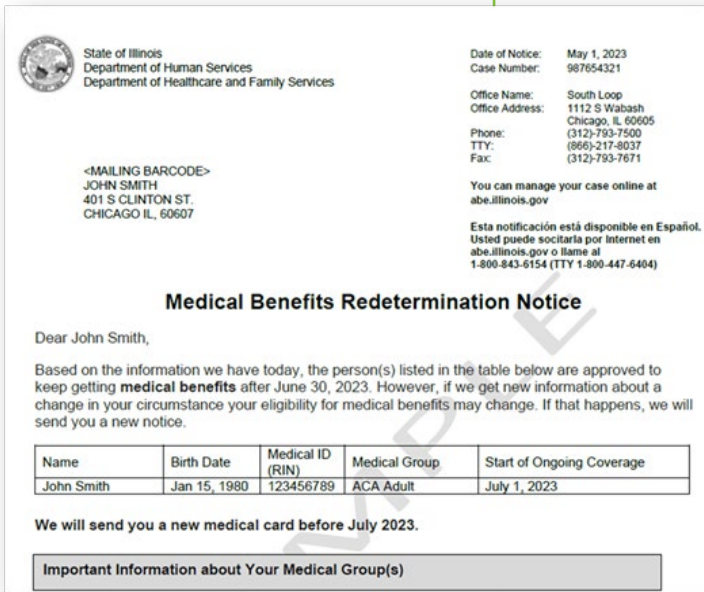
The envelope containing the redetermination paperwork should look like this:



Humana®

Why is it important to take action?

If Medicaid recipients, including Humana Gold Plus Integrated members, do not complete their Medicaid redetermination by the required deadline, they will lose Medicaid coverage. If they lose coverage, they have 90 days from the date of coverage loss to return their redetermination paperwork and have coverage retroactively reinstated. This is called the reinstatement period. Individuals will have to reapply for Medicaid if their paperwork is not returned within the reinstatement period.



State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: May 1, 2023
Case Number: 987654321

Office Name: South Loop
Office Address: 1112 S Wabash
Chicago, IL 60605
Phone: (312)-793-7500
TTY: (866)-217-8037
Fax: (312)-793-7671

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español.
Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-800-447-6404)

<MAILING BARCODE>
JOHN SMITH
401 S CLINTON ST.
CHICAGO IL, 60607

Medical Benefits Redetermination Notice

Dear John Smith,

Based on the information we have today, the person(s) listed in the table below are approved to keep getting **medical benefits** after June 30, 2023. However, if we get new information about a change in your circumstance your eligibility for medical benefits may change. If that happens, we will send you a new notice.

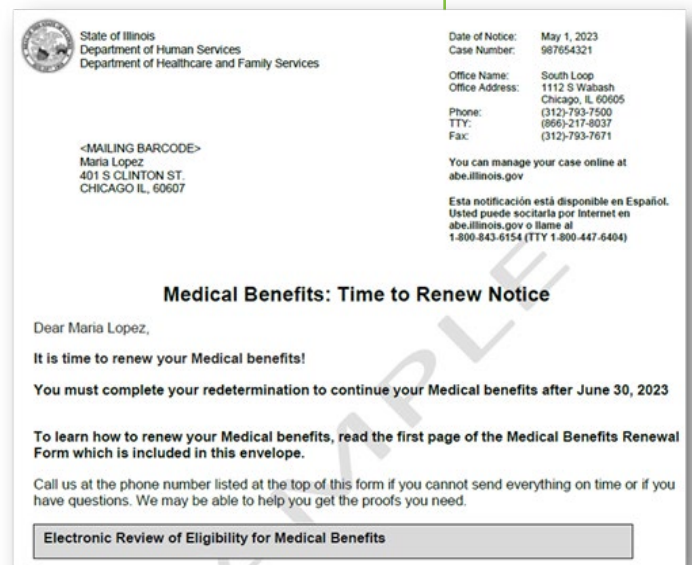
Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
John Smith	Jan 15, 1980	123456789	ACA Adult	July 1, 2023

We will send you a new medical card before July 2023.

Important Information about Your Medical Group(s)

If the redetermination paperwork begins with “**Medical Benefits Redetermination Notice**” and looks like the image to the left, HFS may have automatically renewed the member’s Medicaid eligibility.

If the redetermination paperwork begins with “**Medical Benefits: Time to Renew Notice**” and looks like the image to the right, the recipient must complete the redetermination process to avoid a loss of coverage.



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Medical Benefits: Time to Renew Notice

Dear Maria Lopez,

It is time to renew your Medical benefits!

You must complete your redetermination to continue your Medical benefits after June 30, 2023

To learn how to renew your Medical benefits, read the first page of the Medical Benefits Renewal Form which is included in this envelope.

Call us at the phone number listed at the top of this form if you cannot send everything on time or if you have questions. We may be able to help you get the proofs you need.

Electronic Review of Eligibility for Medical Benefits

How do I take action?

1. Update your address

Humana Gold Plus Integrated members should make sure that HFS has the most up to date contact information on file. To update your address, call **877-805-5312** from 7:45 a.m. – 4:30 p.m. or click “Manage My Case” at abe.illinois.gov and log in to your secure account. Don’t have an account? You can follow the prompts to create an account.

2. Check your redetermination date

Humana Gold Plus Integrated Medicare-Medicaid members can check their redetermination date through their secure account at <https://abe.illinois.gov/abe/access/>.

You can view information about your redeterminations date on the “Benefit Details” tab.

Humana Gold Plus Integrated Medicare-Medicaid members can call us at **800-787-3311 (TTY: 711)**, Monday – Friday, from 8 a.m. – 8 p.m., Central time to get more information.

3. Fill out your redetermination paperwork

- **Online** – Use your secure online account at <https://abe.illinois.gov/abe/access/>.
- **Over the phone** - Call **800-843-6154**. You can complete your redetermination paperwork and get answers to other questions you may have.
- **Complete and return the physical forms** – Redetermination forms can be returned by mail, fax, or dropped off in person at your local Family and Community Resource Center. Review a list of **Family and Community Resource Centers**.

Do I have to pay anything to renew or apply for Medicaid?

Beware of scams. Illinois **never will** ask you for money to renew or apply for Medicaid. If someone reaches out to you asking for money to renew or apply for Medicaid:

- **Report the scam to the fraud report website**
- Call the Medicaid fraud hot line at **844-ILFRAUD (453-7283)**

Connect to coverage

If you are no longer eligible for Medicaid, you should get other health insurance to avoid a lapse in coverage.

If you have a job, ask your employer if health insurance is offered. If you don’t have a job, or don’t have access to insurance through your job, visit Get Covered Illinois at [Getcovered.illinois.gov](https://getcovered.illinois.gov) to shop for quality, affordable coverage provided under the Affordable Care Act (ACA). You usually have 30-60 days to enroll in a new plan. This is called a “Special Enrollment Period.”

Get Covered Illinois is the official ACA Health Insurance Marketplace for the state of Illinois, helping you shop for health insurance to fit your needs and budget. Health plans offered on the ACA Health Insurance Marketplace cover pre-existing conditions and essential health benefits, including preventive care and mental health services.

Many people find plans for \$10 or less per month after tax credits.