

Illinois Medicaid Redetermination FAQs

What is Medicaid redetermination?

Medicaid redetermination is the process through which all Medicaid members report their household income to the Illinois Department of Healthcare and Family Services (HFS) every 12 months to redetermine their eligibility for Medicaid. This is also referred to as Medicaid renewal.

Members must complete the Medical Benefits Renewal Form that they receive in the mail from HFS. If Medicaid members do not complete the form and provide the required eligibility documents, their Medicaid benefits may be terminated.

When is Medicaid redetermination?

Members need to renew their health care benefits every 12 months. HFS will notify members prior to their Medicaid redetermination date.

The redetermination process was on hold for more than two years due to the COVID-19 pandemic. HFS is now required to restart the redetermination process, which began in April 2023.

Why is the Medicaid redetermination process restarting?

Medicaid redetermination was on hold during the COVID-19 pandemic because of the Centers for Medicare and Medicaid Services continuous coverage provision. This provision has ended and HFS is now required to restart the redetermination process. As a result, many Medicaid members may be unfamiliar with the redetermination process.

How does the redetermination process work?

HFS mails a Medical Benefits Renewal Form to each Medicaid member prior to their redetermination date. Members must complete the renewal form and return it by the stated deadline. If they do not complete the form and provide the required eligibility documents by the deadline, their Medicaid benefits may be terminated.

What's the timeline?

The redetermination process began in April 2023. It will continue over a 12-month period until all Medicaid members have been contacted for an eligibility update. This will be an annual process moving forward.

Example timeline: A member with a June 1 redetermination date would get a letter from HFS in late April notifying them of their redetermination date. They would need to complete the paperwork and return it before June 1. If their paperwork isn't received in time, the State would begin disenrollment effective July 1.

How is this being communicated to Medicaid members?

HFS will mail a Medical Benefits Renewal Form to Medicaid members prior to their redetermination date. Aetna Better Health of Illinois is also working with HFS to increase outreach efforts to reinforce the importance of members renewing their Medicaid benefits.

What is the difference between Form A and Form B?

There are two different types of redetermination forms — Form A and Form B.

- **Form A:** HFS has been able to electronically verify a member's eligibility. No further action is required by the member.
- **Form B:** Members should review this pre-filled form, make any needed changes and return it to HFS by the deadline shown. If the form isn't returned by the due date, coverage will be cancelled.

How can members submit Form B to HFS?

Members can submit their completed Form B in several ways, including:

- Online at [ABE.Illinois.gov](https://www.abe.illinois.gov)
- By returning the form in the mail to HFS
- By calling HFS at [1-800-843-6154](tel:1-800-843-6154)
- In person at a local Family and Community Resource Center

As long as the form is in the state's system by the due date, Medicaid benefits will continue until the form is processed. If the member continues to be eligible after processing, there will be no gap in coverage.

What if someone is no longer eligible for Medicaid?

Members no longer eligible for Medicaid can get coverage through work-based health plans or at [GetCoveredIllinois.gov](https://www.getcoveredillinois.gov).

How do providers benefit from supporting redetermination efforts?

Helping members complete their redetermination requirements ensures that they can continue to get the care and services they need through Medicaid. In addition, timely renewal can help prevent claims denials due to eligibility discrepancies and keeps patient panels accurate.

Aetna Better Health of Illinois is not involved in the Medicaid redetermination process. The Illinois Department of Healthcare and Family Services determines eligibility.

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What can providers do to help members with Medicaid redetermination?

Remind your Medicaid members to keep their mailing address updated with HFS. They can update their mailing address online at <https://www2.illinois.gov/hfs/address> or by calling **1-877-805-5312 (TTY: 1-877-204-1012)**.

Let Medicaid members know they should be on the lookout for the Medical Benefits Renewal Form from HFS in the mail. If they want to confirm their redetermination status or ask questions about process, they can call the Application for Benefits Eligibility (ABE) hotline at **1-800-843-6154 (TTY: 1-866-324-5553)** or visit ABE.Illinois.gov.

How can providers get member redetermination info?

We have a reporting feature in the Availity portal to inform providers about redetermination for their assigned members. The “Redetermination” report has member contact info, redetermination dates and Form A/B distinction on these three tabs:

- All assigned members
- Members whose redeterminations haven’t been received by the 20th of the month it’s due (e.g., August 20 for members with a September 1 redetermination date)
- Members whose cases require follow-up because either:
 - HFS did not receive redetermination info from member
 - Member was determined to be ineligible for over-income

Who can you contact for more information?

To learn more about Medicaid redetermination, call the ABE hotline at **1-800-843-6154 (TTY: 1-866-324-5553)** or visit ABE.Illinois.gov.

Need redetermination resources for your office?

HFS has a free toolkit with flyers, social media graphics and more you can use to educate members about redetermination. You can find the toolkit from HFS at <https://hfs.illinois.gov/medicalclients/addresschange/readytorenewmessagingtoolkit.html>

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