

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

April 18, 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. 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

Providers Using MEDI: Individual or Batch Inquiries

Entities registered and authorized in MEDI for the Internet Electronic Claims (IEC) and the Recipient Eligibility Verification (REVS) web applications can check recipient eligibility using multiple methods:

- 1) A single inquiry can be done in real time using the REVS Direct Data Entry (DDE) web application.
- 2) Batch inquiries using the HIPAA 270/271 transactions can be done using the IEC web application.

Entities that have joined the Electronic Data Exchange (EDX) program can check eligibility in real time and batch modes using the CAQH CORE Safe Harbor web service. They can also check eligibility using FTPS in a batch mode. The HIPAA 270/271 eligibility transactions are used in both options.

If you wish to join the EDX program, you should email HFS.EDITradingPartner@illinois.gov and request a Trading Partner Agreement and an Application for the EDX program.



HFS

Illinois Department of
Healthcare and Family Services

Medi Screen for Medical Providers

Retain Inquiry

New Inquiry

Print Everything

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

Transaction Audit Number: 202213610302794

Recipient Number: [REDACTED]

Recipient Date of Birth: 09/30/2002

Provider Number: 1234567893

County Code:

Case Address: [REDACTED]

Begin Date: 05/16/2022

NPI Number:

Recipient Name: [REDACTED]

Recipient SSN:

Recipient Sex: F

Provider Name:

Case Name: [REDACTED]

City - State - Zip: [REDACTED]

End Date: 05/16/2022

Renewal Due Date: *** 04/01/2022 ***

Renewal Form: A



HFS

Illinois Department of
Healthcare and Family Services

Redeterminations: Form A and Form B

Form A	Form B
• 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>	• 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).
• SNAP beneficiaries receiving medical benefits are also renewed when they go through the SNAP redetermination process.	• Customers that cannot be redetermined through electronic means or through the receipt of another program like SNAP, enter the Form B process.

Examples: Form A

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



HFS

Illinois Department of
Healthcare and Family Services

Example: Form B

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 have questions. We may be able to help you get the proofs you need.

Electronic Review of Eligibility for Medical Benefits

We checked our records for information about your household and put it on your Medical Benefits Renewal Form that is included with this notice. We need more information to decide if you are still eligible.

Please review the information on the Medical Benefits Renewal Form carefully. Correct any information that is wrong and add any information that is missing.

Medical Benefits Renewal Form

You must respond no later than June 1, 2023 to continue getting Medical benefits after June 30, 2023.

To find out if you qualify for medical benefits beginning July 1, 2023, tell us about your household. You can do this one of four ways:

1. Complete the electronic version of this form online in ABE Manage My Case at abe.Illinois.gov; or
2. Complete your redetermination over the phone by calling 1-800-843-6154 (TTY: 1-866-324-5553).
3. Fill out, sign, and send us this form and all verifications we ask for. You may send the form by mail or fax.
 - Mail to P.O. Box 19138, Springfield, IL 62704; or
 - Fax the form to 1-844-736-3563; or
4. If you want to complete your redetermination in person, call 1-800-843-6154 (TTY: 1-866-324-5553) to find help near you.

1. Do these people still live with you?
Maria Lopez 02/17/1981 ☐ Yes ☐ No

2. Are there other people living with you not listed above? If yes, list them here.

Full Name	Birth Date	Relationship
_____	_____	_____



HFS

Illinois Department of
Healthcare and Family Services

Redetermination Process Examples*

End of Certification Period	Form B Mailed	Rede Due Date on Notice	Cut-off Date: Rede case closure	No “B”, no coverage	90 day reinstatement period
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



55901198



HFS
Illinois Department of
Healthcare and Family Services



Special Populations and Transitions During the Unwinding

ACA to AABD Transitions

Type	Total	Notes
ACA Adults to AABD	Approx. 55,000	• Individuals that turned 65 and/or started receiving Medicare during PHE • HFS transitioned customers in IES the week of 02/20/23 • 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	State Decision, effective with restart of resource test on 5/12/23
Resources: Medicare Savings Program (MSP = QMB, SLIB & Q1)	\$ 9,090	\$15,160	Federally set, effective with restart of resource test 5/12/23

For pending applications, the new standards will apply for any budget month beginning with January 2023.

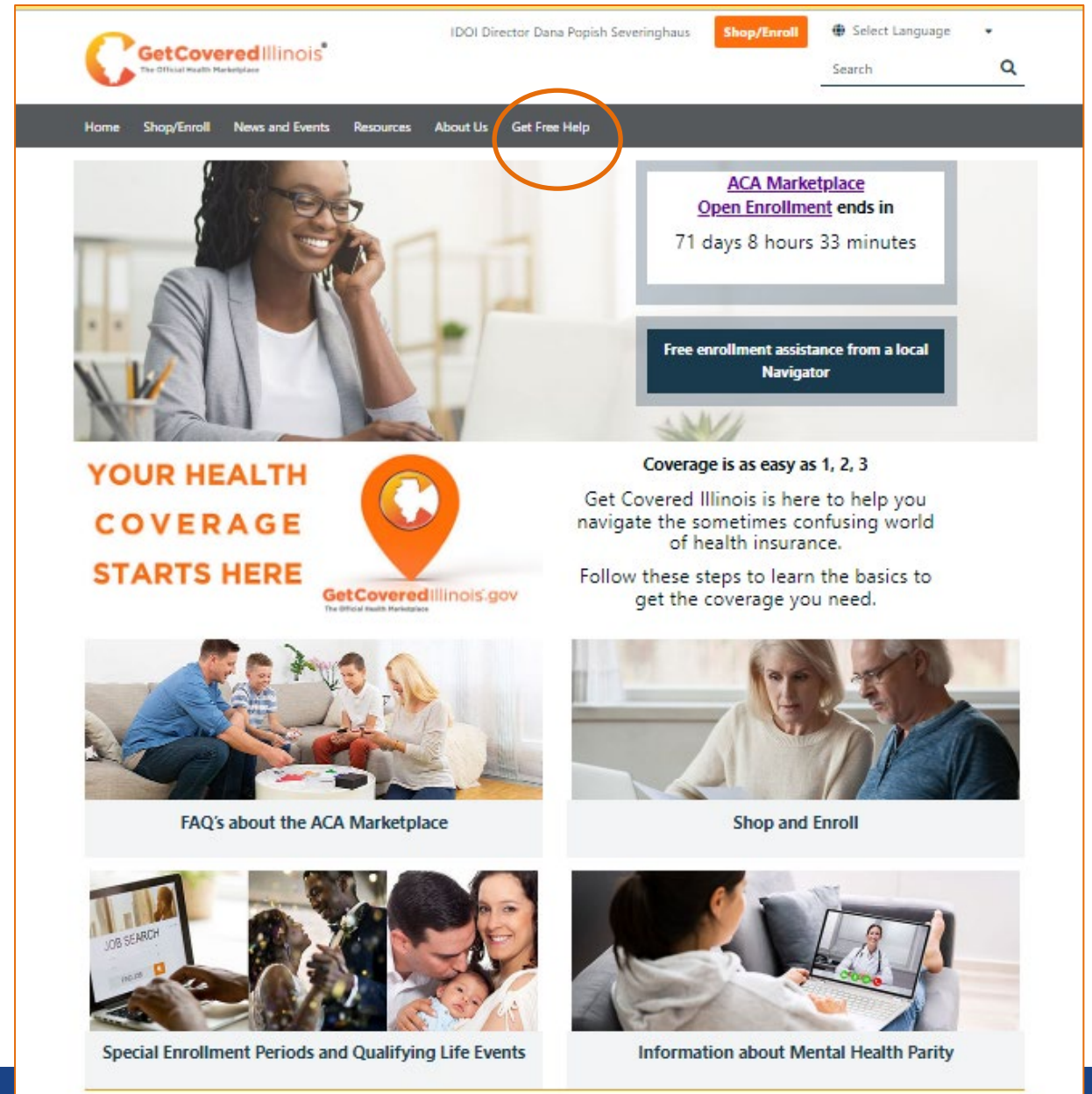
Those in spenddown with income below 2023 FPL became AABD (no spenddown) after 3/2023 mass change in IES.

Medicaid to Marketplace: Getting Help to Enroll

- Visit [GetCoveredIllinois.gov](https://getcoveredillinois.gov) and go to the “Get Free Help” button
- Enter your zip code and find a Certified Application Counselor(CAC) near you.
- CACs, will not recommend a specific plan for you but they will answer any questions you have regarding the different plans available.
- CACs can also help with Medicaid renewals

Get Covered Illinois is an ACA partnership between Illinois and the federal Marketplace.

getcovered.illinois.gov



The screenshot shows the homepage of the Get Covered Illinois website. At the top, the logo for Get Covered Illinois is displayed, along with the text "The Official Health Marketplace". To the right of the logo, there is a navigation bar with links for "Home", "Shop/Enroll", "News and Events", "Resources", "About Us", and "Get Free Help". The "Get Free Help" link is circled in orange. Below the navigation bar, there is a large banner featuring a woman smiling while talking on a phone. To the right of the banner, there is a countdown timer for "ACA Marketplace Open Enrollment" which ends in 71 days 8 hours 33 minutes. Below the banner, there is a section titled "YOUR HEALTH COVERAGE STARTS HERE" with the Get Covered Illinois logo and the text "Get Covered Illinois.gov". To the right of this section, there is a text box that says "Coverage is as easy as 1, 2, 3" and "Get Covered Illinois is here to help you navigate the sometimes confusing world of health insurance. Follow these steps to learn the basics to get the coverage you need." Below the banner, there are four smaller images with captions: "FAQ's about the ACA Marketplace", "Shop and Enroll", "Special Enrollment Periods and Qualifying Life Events", and "Information about Mental Health Parity".

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



MCO Text Messaging

Text Deployment Date/Timing	Message Copy
75 days before REDE due date	IMPORTANT: IL Medicaid, SNAP or Cash customers IDHS/HFS needs your current address. Manage your Case http://dhs.illinois.gov/?item=138311
60 days before REDE due date	Your IL Medicaid renewal will mail in 30 days. Click Manage My Case at abe.illinois.gov to verify your address and set up your account so you can renew online.
37 days before REDE due date	Your IL Medicaid renewal notice will mail in 7 days. Click Manage My Case at abe.illinois.gov to link your case to your online account so you can renew online.
25 Days before REDE due date, renewal button now visible to customers in ABE MMC	Your IL Medicaid renewal is ready online! You must renew within 30 days to keep your benefits. Visit abe.illinois.gov today and click Manage My Case to begin.
3 days post-cutoff and not received	Your IL Medicaid benefits end 01/01/0000. Redetermination not submitted. Need Medicaid? Click Manage My Case at abe.illinois.gov , submit redetermination ASAP.
After closure due to nonresponse	Your IL Medicaid ended. You may be eligible for reinstatement! Go to abe.illinois.gov , click renew button, complete the questions, and submit redetermination.
After closure due to ineligibility	Your IL Medicaid ended. You are no longer eligible. Visit getcovered.illinois.gov , medicare.gov or your job, ask about special enrollment period for coverage.



HFS

Illinois Department of
Healthcare and Family Services

HFS/DHS Text Messaging

Text Deployment Date/Timing	Message Copy
2 weeks before REDE Due Proactive Notification	IDHS/HFS Reminder; Redetermination due <First day of REDE Due Date Month> Manage your benefits http://dhs.illinois.gov/?item=138311
1 week before REDE due REDE due notification	IDHS/HFS Reminder: Redetermination due <First Day of REDE Due Date Month> Manage your benefits http://dhs.illinois.gov/?item=138311
3rd day of month after Rede Due: Past-due notification	IDHS/HFS Reminder: Redetermination overdue. Submit by <Cutoff Date> to keep getting benefits. Manage your benefits http://dhs.illinois.gov/?item=138311



HFS

Illinois Department of
Healthcare and Family Services

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.

Paid Media Campaign

- Statewide
- Targeted
- Omnichannel
- Yearlong
- Multilingual



Partner Agency Outreach Efforts



HFS
Illinois Department of
Healthcare and Family Services



Helping Our Customers Retain Coverage

A. Partnering with MCOs and Providers

B. Manage My Case



HFS

Illinois Department of
Healthcare and Family Services

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?**

The 3 Cs of Manage My Case (MMC)

Create	Check	Change
• Create a Login • Link Accounts	• Check your renewal date • Review your case Information • Check for notices from HFS and DHS • Check upcoming appointments and reschedule	• 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 for 'Español' and a 'Login' button with a user icon are in the top right. Below the header, a banner reads 'Welcome to ABE' and 'Helping people in Illinois lead healthy and independent lives', followed by a sub-header: 'Use this site to apply for and manage your healthcare, food, and cash assistance benefits.' On the right side, a login form includes fields for 'Username' and 'Password', a green 'Login' button, and links for 'Forgot password?' and 'Create Account'. A red circle highlights the 'Manage My Case' button in the main navigation area. In the bottom left, a blue box contains a 'User ID' and 'Password' form with a blue 'Login' button. A blue arrow points from the text 'New to ABE: Create an ABE User ID and password to access Manage My Case.' to a link in the bottom left corner that reads 'Reset Password' and 'Create a new ABE User Id and Password', which is circled in blue.



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



Linking ABE Account to Case Information

Customer enters Date of Birth and Individual ID **or** Social Security Number.

The Individual ID is a 10-digit number listed in the top right corner of the Notice of Decision Letter.

This is not the same as the Recipient Identification Number (RIN).

After linking, the customer may be asked to perform ID Proofing.

Linking your ABE Account to your case

This page should be used by individuals who have already applied or who have an existing SNAP/TANF/Medical/MSP case. If you would like to start a new application, please [click here](#)

If you have technical difficulties using this website please [click here](#)

Some items have a star (*) next to them. You must fill these items in before you can go on to the next page.

Please follow the steps below to link your ABE Account to your case so that you can see if you are eligible for benefits and handle your account. ABE is a secure website run by the State of Illinois. By law, we must keep your information private and secure

Personal Information

First, please enter your date of birth and your Individual ID from your case. You can find your Individual ID on any letter you've received about your case. If you don't have your Individual ID, you can give us your Social Security number instead. **(You only need to give your SSN if you do not have your Individual ID)**

If you cannot locate your Individual ID and do not have your Social Security Number, please contact the Call Center at: (800) 843-6154

*Date of Birth:

If your birthday is March 31, 1960, type 03/31/1960.

MM DD YYYY
 / /

*Please Confirm Date of Birth:

If your birthday is March 31, 1960, type 03/31/1960.

MM DD YYYY
 / /

*Individual ID (10 digits):

You can find your individual ID on any letter you've received about your case. If you don't have your Individual ID, you can give us your Social Security number in the box below.

If you cannot find your Individual ID please provide your Social Security Number

*Social Security number:

- -

*Please Confirm Social Security number:

- -



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.

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

Click here to choose
 - 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



HFS
Illinois Department of
Healthcare and Family Services

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:



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 Summary

Benefit Details

Contact Information

Account 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.

Remember, due date is always the 1st of the month!

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)

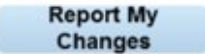
[View your notices](#) for more information about what was requested.

[Back to Summary](#)



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

☒ Yes ☐ No

☐ Name change or correction

☐ Address Change

☐ E-mail address or phone number change

☐ Approved Representative add or cancel

Change in Household

☐ Yes ☒ No

Change in Household Income

☐ Yes ☒ No

Expenses/Bills Have Changed

☐ Yes ☒ No

Resources Have Changed

☐ Yes ☒ No

Health Insurance Has Changed

☐ Yes ☒ No

Other Changes

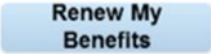
☒ Yes ☐ No

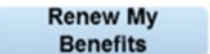
☒ Any other change or changes not mentioned above

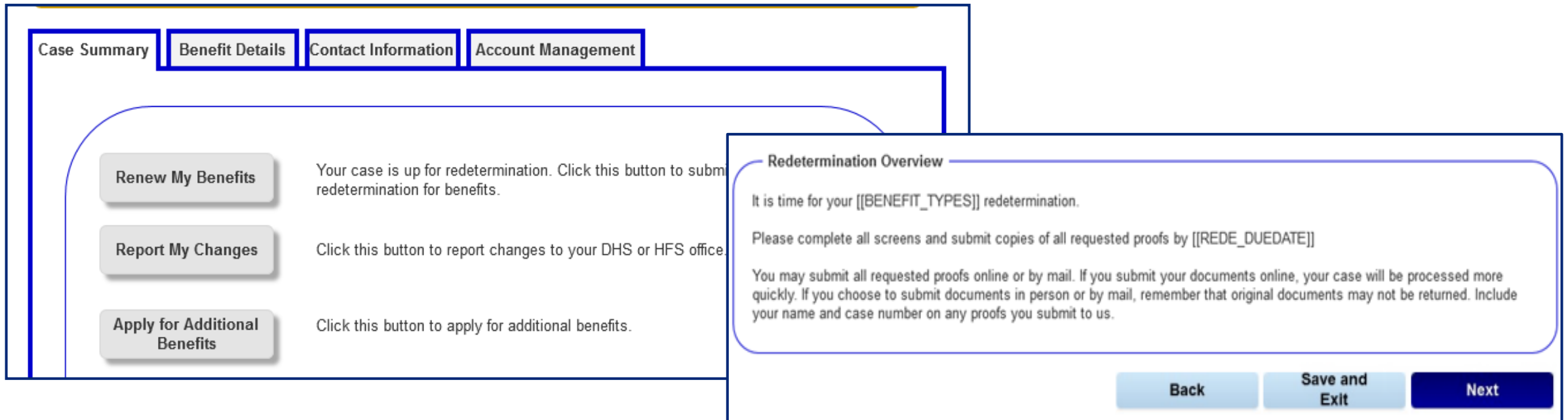
Keep in mind that you should only report changes that have already happened.



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 with a blue border. To the right of the buttons, there is a text area that reads: 'Your case is up for redetermination. Click this button to submit redetermination for benefits.' Below this, there is a text area that reads: 'Click this button to report changes to your DHS or HFS office.' Below that, there is a text area that reads: 'Click this button to apply for additional benefits.'

The 'Redetermination Overview' modal is displayed, showing 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'.

Account Management: 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?

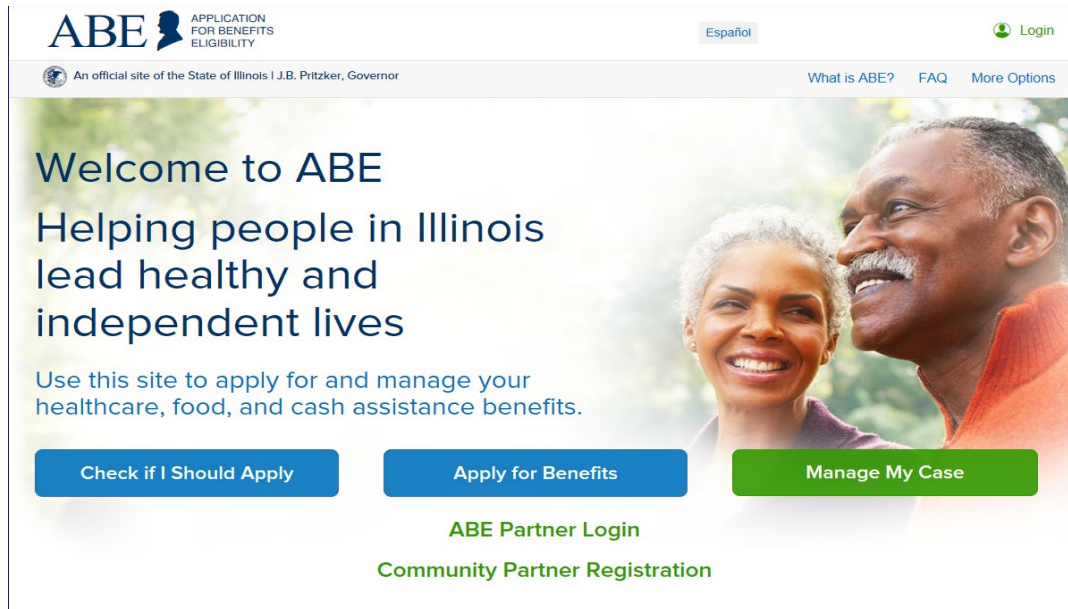
English ▼



HFS

Illinois Department of
Healthcare and Family Services

ABE Provider Portal



The screenshot shows the ABE Provider Portal homepage. At the top left is the ABE logo with the text 'APPLICATION FOR BENEFITS ELIGIBILITY'. To its right is a 'Login' button with a user icon. Below the logo is a banner with the text 'Welcome to ABE' and 'Helping people in Illinois lead healthy and independent lives'. Below the banner are three buttons: 'Check if I Should Apply', 'Apply for Benefits', and 'Manage My Case'. Below these buttons are two links: 'ABE Partner Login' and 'Community Partner Registration'. At the top right of the page is a 'Español' link. Below the banner is a small text: 'Use this site to apply for and manage your healthcare, food, and cash assistance benefits.'

Use the ABE Partner Portal to upload documents, which can include redetermination paperwork!

WARNING! THIS SYSTEM CONTAINS U.S. GOVERNMENT INFORMATION. BY USING THIS INFORMATION SYSTEM, YOU ARE CONSENTING TO SYSTEM MONITORING FOR LAW ENFORCEMENT AND OTHER PURPOSES. UNAUTHORIZED OR IMPROPER USE OF, OR ACCESS TO, THIS COMPUTER SYSTEM MAY SUBJECT YOU TO STATE AND FEDERAL CRIMINAL PROSECUTION AND PENALTIES AS WELL AS CIVIL PENALTIES. AT ANY TIME, THE GOVERNMENT MAY INTERCEPT, SEARCH, AND SEIZE ANY COMMUNICATION OR DATA TRANSITING OR STORED ON THIS INFORMATION SYSTEM. YOU MAY HAVE ACCESS TO OR SEE CONFIDENTIAL OR PROPRIETARY INFORMATION OR DATA (ALL HEREINAFTER REFERRED TO AS "CONFIDENTIAL INFORMATION"), SUCH AS NATIONAL DIRECTORY OF NEW HIRE INFORMATION, PROTECTED HEALTH INFORMATION (HIPAA) OR PERSONALLY IDENTIFIABLE INFORMATION. AUTHORIZED USE OF THE ABE PROVIDER PORTAL IS FOR CASE MANAGEMENT AND ELIGIBILITY INFORMATION. BY CLICKING LOGIN YOU UNDERSTAND AND AGREE THAT ALL SUCH CONFIDENTIAL INFORMATION OR DATA MAY NOT BE RELEASED, COPIED OR DISCLOSED, IN WHOLE OR IN PART, UNLESS PROPERLY AUTHORIZED BY ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS)/ ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES (IHFS).

* ABE User ID

* Password

Login

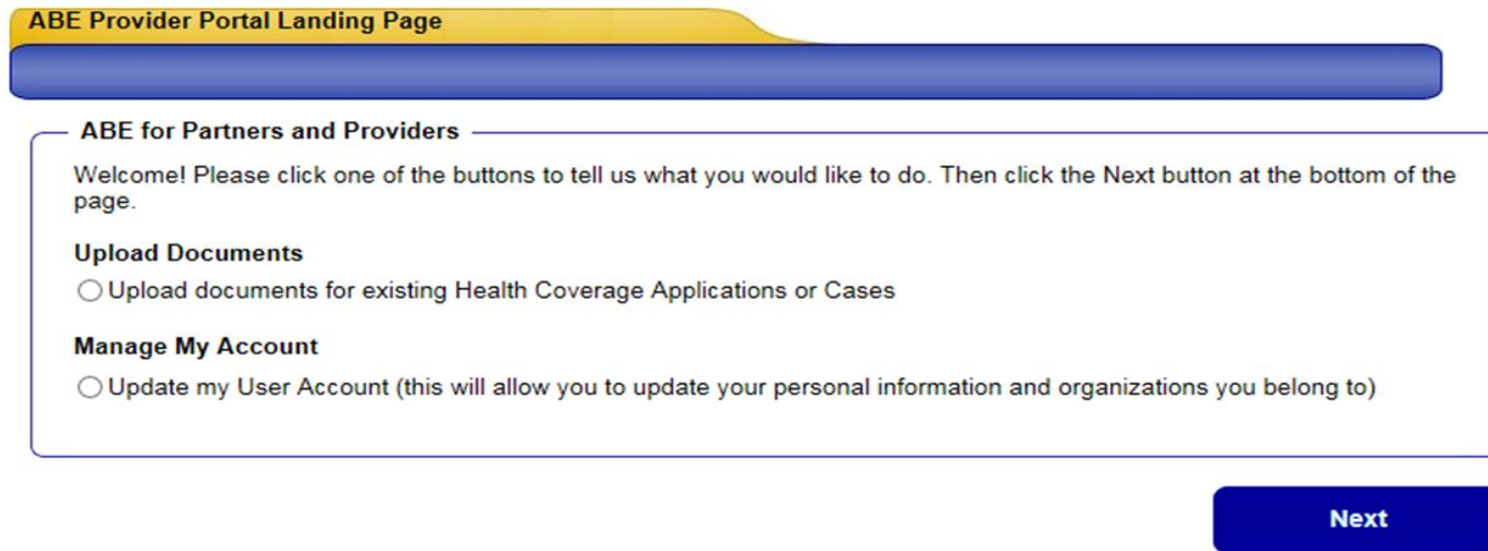
Forgot your password? Is your account locked? [Please enter your ABE User ID and reset your password.](#)
[Create a new ABE User ID and Password](#)



HFS
Illinois Department of
Healthcare and Family Services

Provider Portal Landing Page

After logging in to the ABE Partner Portal, completing MFA, and choosing your work location (if you have multiple locations) the Partner Portal Landing Page will display. Select, “Upload document for existing Health Coverage Applications or cases.” Click [Next]. You will choose the “Manage My Account” selection if you need to update your user profile including adding or changing a location, or changing an e-mail.



The screenshot shows the ABE Provider Portal Landing Page. At the top, there is a yellow header bar with the text "ABE Provider Portal Landing Page". Below this is a blue horizontal bar. The main content area is a white box with a blue border. It contains the following text: "ABE for Partners and Providers", "Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.", "Upload Documents", and a radio button followed by "Upload documents for existing Health Coverage Applications or Cases". Below this is "Manage My Account" and a radio button followed by "Update my User Account (this will allow you to update your personal information and organizations you belong to)". At the bottom right of the page is a blue button with the text "Next".

ABE Provider Portal Landing Page

ABE for Partners and Providers

Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

Upload Documents

☐ Upload documents for existing Health Coverage Applications or Cases

Manage My Account

☐ Update my User Account (this will allow you to update your personal information and organizations you belong to)

Next



Uploading Documents

Enter the client's Application or Case Number, Social Security Number or Recipient Identification Number (**RIN**) and select the Transaction Type that the documents relate. All mandatory questions must be answered to proceed. Click, [**Next**].

Upload Documents

Upload Documents

In order to upload documents for an IES application or case, Please complete the information below.

Upload Documents Information

* IES Application or Case Number:

123456789

Individual Information

Please enter either the SSN or RIN below.

Social Security number (SSN):

--

or

Recipient Identification Number (RIN):

* Transaction Type:

☐ Third Party Liability(TPL)

☒ Income

☐ Rede

☐ Resource

☐ Other

Transaction Audit Number (TAN):

Back

Next

If you choose **TPL** or **Income** as your Transaction Type, you will then be asked for the Transaction Audit Number (**TAN**). When submitting a 3654 document under Other Proof include the admission (**TAN**) when possible!

Finding the TAN

The TAN is an auto generated tracking number assigned to each and every MEDI transaction; you need to submit the changes in MEDI first, in order to get the TAN and upload the documents in the ABE Partner Portal. You can find this number on the Summary Results page to the provider which tells the provider if the submission was accepted successfully.

Healthcare and Family Services
LTC Income Change Results

Transaction Accepted.
Transaction Audit Number: 201724916575084

Facility Number:	1224567	Facility Name:		
Recipient Number:		Recipient Name:		
Place of Birth: State:	Illinois	City:	Springfield	
		County:	Sangamon	
Change in Income:	Previous Monthly Amount	\$ 100.00	Date Last Received:	
	Current Monthly Amount	\$ 50.00	Date First Received:	
	Source	SSA		

Remarks:

Signature/Title: MG
Signature Date: 09-06-2017

Print Page Back





Resources

dhs.abe.questions@illinois.gov – Customer support email

HFS.ABEpartnerportal@Illinois.gov – For Providers needing assistance

[Customer Support – Application for Benefits Eligibility](#) ABE Guide, MMC Guide, links to ID Proofing Forms

[IDHS: Continuous Coverage Ends 3/31/2023 and Medical Redeterminations Resume \(state.il.us\)](https://state.il.us)

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



HFS

Illinois Department of
Healthcare and Family Services

Questions ?



HFS
Illinois Department of
Healthcare and Family Services