

# End of Public Health Emergency (COVID-19) Quick Reference Guide/FAQ

Molina Healthcare of Illinois (Molina) strives to always support our providers and members. During the COVID-19 Public Health Emergency (PHE), Medicaid enrollees received uninterrupted health care coverage without annual proof of eligibility requirements. Some state Medicaid agencies continued their eligibility review process, but enrollees were not terminated for ineligibility.

On December 29, 2022, President Joe Biden signed the <u>Consolidated Appropriations Act of 2023</u>\* (also known as the omnibus spending bill) into law, which included the resumption of Medicaid redeterminations.

Previously, the resumption of Medicaid redeterminations was tied to the termination of the PHE. With the passage of this bill, the continuous coverage requirements that paused all Medicaid redeterminations at the start of the PHE will be decoupled from the PHE termination date of April 1, 2023.

#### Q: What does all this mean?

A: When Medicaid redeterminations resume, most Medicaid recipients will need to go through a redetermination, or renewal, process to keep their Medicaid eligibility and benefits. We need your help to ensure your Medicaid patients don't lose coverage.

#### Q: When will the normal Medicaid enrollment and renewal process resume?

A: The Centers for Medicare & Medicaid Services (CMS) has provided guidance requiring all state Medicaid agencies to resume redetermination activities by April 30, 2023, for members with a redetermination date of June 30, 2023. Each state Medicaid agency, including the Illinois Department of Healthcare and Family Services (HFS), must submit their Renewal Redistribution Plan and system readiness artifacts to CMS by February 15, 2023.

# Q: What can individuals (Medicaid recipients) do now to prepare?

A: First and foremost, all Medicaid recipients should make sure their contact information, including their mailing address and phone number(s), are up to date with HFS to ensure they receive important notices about the renewal process.

- Learn how our members can update their contact information with the HFS and Molina online at illinois.gov/hfs/MedicalClients/Pages/addresschange.aspx.
- Ask our members—your patients—to make sure they keep an eye out for information and notices about their coverage and renewal process, and respond promptly to any instructions they receive.
- Learn more about the renewal process for members and the assistance available to them online at MolinaHealthcare.com/KeepMyHealthPlan/IL.

# Q: What happens if an individual is no longer eligible for Medicaid and loses coverage?

A: If an individual no longer qualifies for Medicaid coverage through HFS, they will receive:

- A notice in the mail with the date their Medicaid coverage will end.
- Information on how to file an appeal, if they think the decision to cancel their coverage was incorrect.

# Q: What are some other choices for health coverage if an individual no longer qualifies for Medicaid?

A: Individuals should contact HFS to see what other options are available. If a member no longer qualifies for Medicaid, they may be eligible for a Marketplace or Medicare health plan.

To learn more about our Marketplace plans, visit MolinaMarketplace.com or call (844) 802-7472.

To learn more about our Medicare health plan, visit MolinaMedicare.com or call (866) 403-8293.

#### Q: How do I determine if my patient is currently covered by Medicaid?

A: Providers can use the HFS tool known as the <u>Medical Electronic Data Interchange (MEDI) System</u>, which shows both the **redetermination date** and the **form type** the member will be receiving.

#### Q: What are the form types?

A: Each member will receive one of two different form types for redeterminations:

**Form A**: Income has been automatically validated and member **is not** required to return form. Coverage will automatically continue. This process is called "ex parte."

**Form B**: Member **is required** to complete the form and respond to the redetermination for income and household verification. Failure to do so will cause the member to lose coverage.

Example as seen in MEDI:



### Q: How can members respond with the completed form?

#### A: They have three options:

- Online: Manage My Case at <u>Illinois.gov</u> (preferred and fastest method)
- Phone: Call the State of Illinois at (877) 805-5312.
- Mail:
  - This process will take the longest.
  - o Forms will be barcoded specific to the member and will be scanned in once received.

#### Q: Does HFS have a timeline for this process?

#### A: Yes:

4/30/23 HFS notifies members with 6/30/23 redetermination date

6/1/23 Due date for redetermination forms to be completed/returned to HFS

7/1/23 Loss of coverage for members who failed to complete and return form by 6/1/23

This cycle will continue monthly going forward.

# Q: Will Molina Healthcare of Illinois be offering providers any additional redetermination guidance?

A: Yes, our team is developing a webinar with a Q&A session. We will send an email with the registration link as soon as it's available. **Note**: Only providers and staff who register to receive our Illinois provider updates will receive the email. Register for provider updates.

### Q: How can I get more information about the restart of the redetermination process?

A: Contact Molina's <u>Provider Network Management team</u> at **(855) 866-5462** if you have any questions or would like more information.

Medicaid members can visit MolinaHealthcare.com/KeepMyHealthPlan/IL or call Molina Healthcare of Illinois at (855) 687-7861 (TTY: 711).

#### Q: What if I still have questions?

A: Visit the HFS website at Medical Providers (illinois.gov).

<sup>\*</sup>appropriations.senate.gov/imo/media/doc/JRQ121922.PDF