

Health Insurance Education Series: Medicaid Eligibility and Coverage

APRIL 2023



**Division of Specialized
Care for Children**

About the Presenters



DSCC Benefits Management & Research Unit Team



Works with the DSCC care coordination teams to help solve insurance problems.



Presenters

- » Brittani Provost
- » Amy Edwards
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Housekeeping



Captioning is available for this presentation.



ASL interpretation is also available.



All attendees are muted. Use the “Raise Hand” button or use the “Q&A” button to ask a question.



The chat has been turned off.



Chat



Raise Hand



Q&A



Show Captions



Resources

Housekeeping



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Agenda



DSCC overview



Medicaid eligibility and programs



Medicaid coverage



Appeals



Medicaid and other insurance

Our Vision and Mission



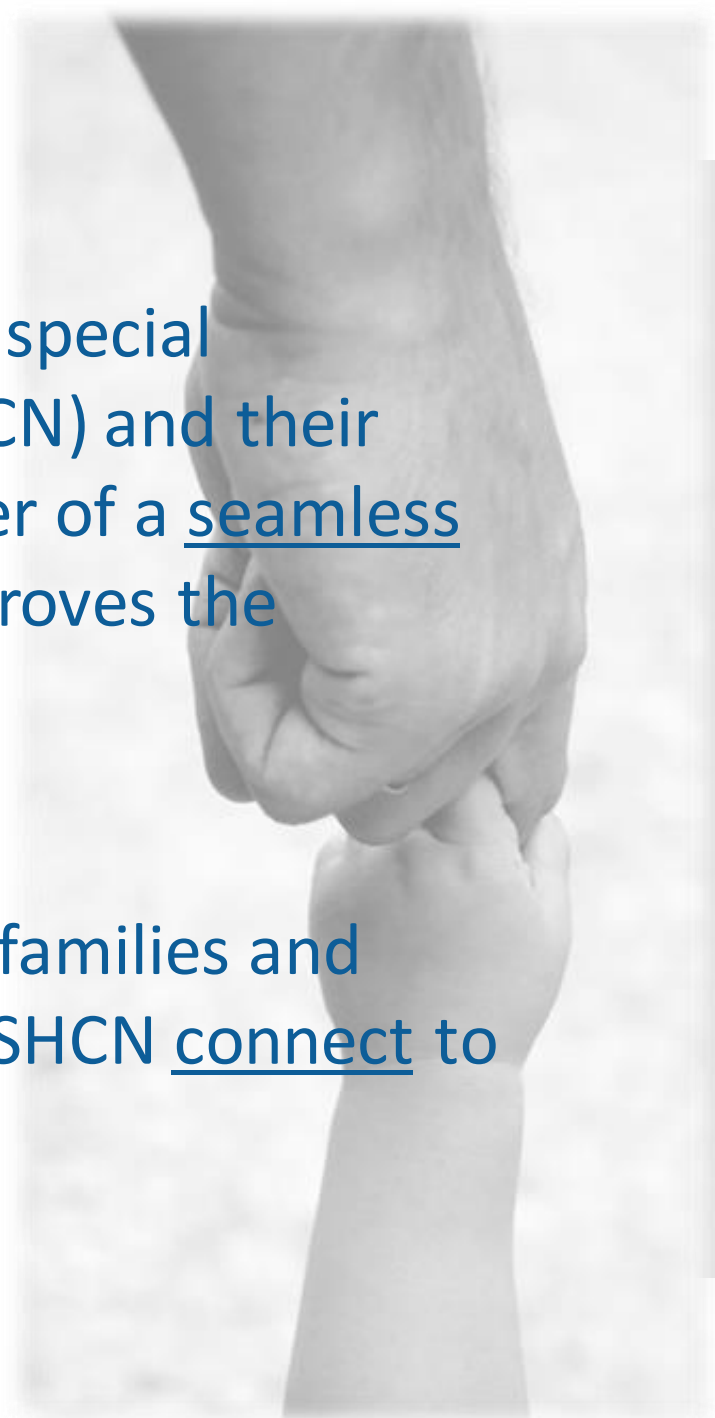
Vision

- » Children and youth with special healthcare needs (CYSHCN) and their families will be the center of a seamless support system that improves the quality of their lives.



Mission

- » We partner with Illinois families and communities to help CYSHCN connect to services and resources.



Who We Serve



DSCC provides care coordination services through four programs:

- » **Core Program** – Ages birth to 21 with medically eligible conditions.
- » **Connect Care Program** – Ages birth to 21 with special healthcare needs who are enrolled in a Medicaid Health*Choice* Illinois plan that has contracted with DSCC for care coordination.

Who We Serve



DSCC provides care coordination services through four programs (continued):

- » **Home Care Program** – Children or youth in need of in-home shift nursing.
- » **Interim Relief Program** – Children with eligible mental health or behavioral disorders.

What is Medicaid?



Medicaid is a health insurance program that is run by the state.



It's also called "medical card" or "public aid."



Medicaid is a program for eligible low-income adults, children, pregnant individuals, elderly adults, and people with disabilities.



Anyone can apply for Medicaid at any time.

Medicaid Eligibility



Medicaid looks at a few factors to decide if you can get Medicaid.



Income

- » Based on the Federal Poverty Level



Illinois Resident

- » Must live in Illinois for any of the Medicaid programs



Citizenship or immigration status (for some programs)



Assets (for some programs)

- » Your house and one car are not counted
- » Extra vehicles or homes are counted
- » Other assets, like money in a savings account are counted

Federal Poverty Level Guidelines 2023



Source: [U.S. Department of Health and Human Services Poverty Guidelines](#)

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560

For families/households with more than 8 persons, add \$5,140 for each additional person.

Your Costs



Premium: The amount you pay for your health insurance every month.



Deductible: The amount you pay for covered services before your insurance plan starts to pay.



Copay: A set amount you pay for a covered healthcare service.

- » Example: \$20 to be seen at your regular office visit or \$30 to be seen at a specialist visit.



Coinsurance: A percentage amount you pay for a covered healthcare service.

- » Example: Durable medical equipment is covered at 80 percent so you have a 20 percent coinsurance per service. If you need a piece of equipment that is billed at \$100, your insurance pays \$80 and you pay \$20.

All Kids Assist



All Kids Assist is Medicaid for children through age 18.



Must meet family monthly income limits. Income limit is 318 percent of federal poverty level. No asset limits.

- » Example: for a family size of four, 318 percent of the federal poverty level is about \$95,400 per year.



Not required to be a U.S. citizen or meet certain requirements for non-citizens.



There are no copays, coinsurance, deductibles, or premiums for this program.

Family Care



Medicaid for parents or caretakers with dependents under age 18.



Must meet family monthly income limits. Income limit is 138 percent of federal poverty level.

- » Example: for a family size of 4, 138 percent of the federal poverty level is about \$41,400 per year.



Must be a U.S. citizen or meet certain requirements for non-citizens.



There are no copays, coinsurance, deductibles, or premiums for this program.

Moms and Babies



Medicaid for pregnant individuals during pregnancy and 12 months after birth. Also covers the baby for 12 months after birth.



Must meet family monthly income limits. Income limit is 213 percent of federal poverty level. No asset limits.

- » Example: for a family size of four, 213 percent of the federal poverty level is about \$63,900 per year.



Not required to be a U.S. citizen or meet certain requirements for non-citizens.



There are no copays, coinsurance, deductibles, or premiums for this program.

ACA Adult Medicaid



Medicaid for adults ages 19 to 64.



Must meet family monthly income limits. Income limit is 138 percent of federal poverty level.

- » Example: for a family size of 1, 138 percent of the federal poverty level is about \$20,120 per year.



Must be a U.S. citizen or meet certain requirements for non-citizens



There are no copays, coinsurance, deductibles, or premiums for this program.

Aid to the Aged, Blind, and Disabled (AABD)



Medical coverage for individuals who are blind, individuals with disabilities, or are 65 years or older.



Must be a U.S. citizen or meet certain requirements for non-citizens.



Must meet family monthly income limits. Income limit is 100 percent of federal poverty level.



There is also an asset limit of \$17,500 for a single person or couple. It used to be \$2,000 before 2023.



There are no copays, coinsurance, deductibles, or premiums for this program.

Medicaid for Immigrants



Medicaid for immigrant adults and seniors.

- » Health Benefits for Immigrant Adults – Ages 42 to 64
- » Health Benefits for Immigrant Seniors – Ages 65 and older



Must be a legal permanent resident for less than five years or an undocumented immigrant.



Must meet family monthly income limits. Income limit is 138 percent of federal poverty level.

- » Example: for a family size of four, 138 percent of the federal poverty level is about \$41,400 per year.



There are no copays, coinsurance, deductibles, or premiums for this program.

Medicaid Monthly Income Limit for 2023



These income limits are updated each year around April.

Family Size	All Kids Assist	AABD	ACA Adult	Family Care	Moms & Babies
1	\$3,864	\$1,215	\$1,677	\$1,677	-
2	\$5,226	\$1,643	\$2,268	\$2,268	\$3,500
3	\$6,588	\$2,072	\$2,859	\$2,859	\$4,413
4	\$7,950	\$2,500	\$3,450	\$3,450	\$5,325
5	\$9,312	\$2,928	\$4,041	\$4,041	\$6,237
6	\$10,674	\$3,357	\$4,632	\$4,632	\$7,150

Applying for Medicaid



To apply for any Medicaid program, you can:

- » Go online at ABE.Illinois.gov.
- » Call the Customer Help Line at (800) 843-6154.
- » Visit your local DHS Family Community Resource Center.
 - » Use the [DHS Office Locator](#) to find an office near you.



Medicaid will decide if you qualify. Medicaid must decide within 45 days.



They will send you a letter with the decision.

What happens next?



If you are approved, you will get a letter that tells you when your coverage starts and a copy of the medical card.



If you are denied, you will get a letter that says why you were denied.



If you are over income, you may be considered for Spenddown. To learn more, review the [Spenddown Tip Sheet](#).



If you are over income and not eligible for or do not want Spenddown, you might be able to get private insurance through the Marketplace.

Medicaid Appeals



An appeal is when you ask Medicaid to reconsider their decision.



If Medicaid denies your application, you have the right to appeal if you do not agree.



You must submit the appeal within 60 days from when they denied the application.

How to Appeal to Medicaid



Online at

<https://abe.illinois.gov/abe/access/appeals>



Write a letter and submit it one of these ways:

- » At your DHS Family Community Resource Center.
- » Call (800) 435-0774
- » Email DHS.BAH@Illinois.gov
- » Fax (312) 793-3387
- » Mail to:
Bureau of Hearings
69 W. Washington, 4th Floor
Chicago, IL, 60602

Redetermination



Each year, Medicaid checks to make sure that each member qualifies for Medicaid.



They did not complete these reviews when the public health emergency for COVID-19 started. These reviews will begin again very soon.



Each family case may have a different redetermination time each year. You should check your mail and pay attention to any letters from Medicaid.



Medicaid checks residency, income, and other requirements.

Redetermination



Medicaid tries to review as much information in electronic systems.



Medicaid may ask you to give them information so they can complete the review. It is important to respond to Medicaid if they ask you for information.



There are many ways you can complete your redetermination.

- » Go online at ABE.Illinois.gov and use Manage My Case.
- » Mail the form back to Medicaid.
- » Call the Customer Help Line at (800) 843-6154.
- » Visit your local DHS Family Community Resource Center.

Manage My Case



Go to [ABE.Illinois.gov](https://abe.illinois.gov)

The screenshot shows the homepage of the ABE (Application for Benefits Eligibility) website. At the top left is the ABE logo with the text "APPLICATION FOR BENEFITS ELIGIBILITY". To the right are links for "Español" and "Login". Below the header is a navigation bar with "What is ABE?", "FAQ", and "More Options". A red banner message reads: "For convenience and customer safety, you are encouraged to use the State's online and phone services." The main content area features a large image of a man hugging a young girl. Text on the page says: "Welcome to ABE", "Helping people in Illinois lead healthy and independent lives", and "Use this site to apply for and manage your healthcare, food, and cash assistance benefits." At the bottom are three buttons: "Check if I Should Apply", "Apply for Benefits", and "Manage My Case". Below these are links for "ABE Provider Login" and "Community Partner Registration".

ABE APPLICATION FOR BENEFITS ELIGIBILITY

[Español](#) [Login](#)

An official site of the State of Illinois | J.B. Pritzker, Governor

[What is ABE?](#) [FAQ](#) [More Options](#)

For convenience and customer safety, you are encouraged to use the State's online and phone services.

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.

[Check if I Should Apply](#)

[Apply for Benefits](#)

[Manage My Case](#)

[ABE Provider Login](#)

[Community Partner Registration](#)

Manage My Case



You can use Manage My Case online at ABE.Illinois.gov.



In Manage My Case, you can:

- » Complete your annual redetermination
- » Report changes in address, income, household
- » View notices
- » File and manage appeals



In order to use this site, you must set up an account.

Update Your Address



Go online to [Medicaid.illinois.gov](https://www.Medicaid.illinois.gov)



Call (877) 805-5312

The screenshot shows the top of the HFS website. The header includes the HFS logo (a stylized star with blue and orange points) and the text "HFS Illinois Department of Healthcare and Family Services". To the right of the logo are navigation links: "HFS Home", "Illinois.gov", "JB Pritzker, Governor", and "Theresa E...". Below the header is a dark blue navigation bar with white text for "MY HEALTHCARE", "MEDICAL PROVIDERS", "CHILD SUPPORT SERVICES", and "HFS O...". The main content area has a large heading "Report Medicaid Change of Address". Below this is a breadcrumb trail: "HFS > Medical Clients > Report Medicaid Change of Address". The text below the breadcrumb reads: "Medicaid Address Update. Medicaid members! Don't risk losing your health insurance. We need your current address to send you paperwork about keeping your Medicaid health insurance. Medicaid pays for your healthcare, like visits to your doctor and your medicine. By updating your address, you can avoid surprises and get updates about your insurance. You can complete the change of address form below or call 1-877-805-5312 for free from 7:45 AM to 4:30 PM. If you use a TTY, call 1-877-204-1012." At the bottom of the page is a red button with white text that says "Online Address Updates Click Here".

How to Contact Medicaid



Call the Customer Help Line at (800) 843-6154

- » Questions about eligibility for Medicaid
- » Help with your Medicaid case
- » Questions about redetermination
- » Applying for Medicaid



Visit your local DHS Family Community Resource Center.

- » Use the [DHS Office Locator](#) to find an office near you.

Medicaid Managed Care

HealthChoice Illinois



HealthChoice Illinois is a Medicaid managed care program.



When you enroll in managed care, you become a member of a health plan for your Medicaid benefits.



You will choose a primary care provider (PCP) who works with your health plan.



You must use the managed care plan's network of providers.



Most Medicaid members must enroll in a managed care plan.

Medicaid Managed Care



You cannot enroll in a managed care plan if:

- » You are in the Home Care Program.
- » You have private health insurance that covers hospital and doctor visits.
- » You are in the Spenddown Program.
- » You are getting temporary medical benefits.
- » You are in the Illinois Breast and Cervical Cancer Program.
- » You are in a Veteran's Care case.



If you are a Native American or Alaska Native, you have the option to enroll. You are not required to.

Current Plans



Plans available for Medicaid managed care:

- » Aetna Better Health of Illinois
- » Blue Cross Community Health Plan
- » CountyCare Health Plan (only for Cook County residents)
- » Meridian Health Plan
- » Molina Healthcare



Plan for current DCFS youth in care and DCFS former youth in care members

- » YouthCare

How to Enroll



If you are required to enroll, you will get an enrollment packet in the mail. You will choose a health plan and primary care provider (PCP) for each member of the family.



If you do not choose a plan, Medicaid will choose one for you.



There are two ways to enroll. You can also check when you can enroll:

- » Online: Go to [EnrollHFS.Illinois.gov](https://enrollhfs.illinois.gov)
- » Call (877) 912-8880

Open Enrollment



If you are in a Medicaid managed care plan, you can choose a new plan once each year.



This happens at a different time of year for each Medicaid member. Each member of your family could have a different time to pick a new plan.



The open enrollment time is based on when you were first enrolled in managed care.



There are two ways to check your enrollment time and choose your new plan:

- » Online: Go to [EnrollHFS.Illinois.gov](https://enrollhfs.illinois.gov)
- » Call (877) 912-8880

Finding a Medicaid Provider



You must use providers that accept Medicaid.



If you have regular Medicaid, call the Health Benefits Hotline at (800) 226-0768 for help finding a provider.



If you are in a Medicaid managed care plan, you must use providers that are in-network with your plan.

- » Call the member services number on your insurance card to find a provider.
- » You can also use the health plan website to find a provider.

What does Medicaid Cover?



Medicaid provides benefits for many medical services. You can see more information on the [What Does Illinois Medicaid Cover](#) Tip Sheet.



Medicaid also has coverage for other benefits like vision, dental, and prescription medications.



Medicaid managed care provides the same services as regular Medicaid and may have some additional benefits for their members.



Medicaid or your managed care plan may need to give you special permission to get certain services. This is called a prior authorization or prior approval.

What Does Illinois Medicaid Cover?

Illinois Medicaid is not a Division of Specialized Care for Children (DSCC) program. DSCC does not decide coverage or eligibility for Medicaid. We provide this information as helpful guide.

Medicaid covers many services, providing full medical, dental, vision and pharmacy benefits. Below are examples of what Medicaid may cover. It is not a complete list.

Some services may have special rules to get them, such as a certain age or medical diagnosis. Some services have limits on how much of the service or item Medicaid will cover. For example, Medicaid will only cover diapers for a child aged 4 and up. The child must have a medical need to get formula.

<p>Medical Services</p> <ul style="list-style-type: none"> • Doctor appointments • Specialist visits • Lab work • Surgery • Inpatient hospitalizations 	<p>Medical Supplies</p> <ul style="list-style-type: none"> • Diapers • Feeding supplies • Formula • Infusion supplies • Oxygen
<p>Durable Medical Equipment</p> <ul style="list-style-type: none"> • Wheelchairs • Commode or bath chairs • CPAP devices and nebulizers • Crutches, canes, or walkers • Hospital beds • Blood sugar meters and strips • Communication devices • Internal home lifts • Stair climbers (only if there are stairs inside the home) 	<p>Dental</p> <ul style="list-style-type: none"> • Oral exams and cleanings every six months • Sealants • Fluoride • Crowns, root canals, etc. • Extractions • Anesthesia and sedation when medically necessary <p>Note: Some services are only available for children through age 21.</p>
<p>Transportation</p> <ul style="list-style-type: none"> • Transportation to appointments • Emergency transportation, such as an ambulance when there is an urgent medical emergency 	<p>Medications</p> <ul style="list-style-type: none"> • Prescription medications • In some cases, over the counter medications and vitamins are covered

<p>Therapy</p> <ul style="list-style-type: none"> • Physical therapy • Occupational therapy • Speech therapy • Applied Behavioral Analysis (ABA) therapy 	<p>Mental/Behavioral Health</p> <ul style="list-style-type: none"> • Inpatient hospitalization • Outpatient behavioral health services • Neuropsychological evaluations • Crisis intervention for youth aged 20 and younger (SASS)
<p>Vision Services</p> <ul style="list-style-type: none"> • Eye exams • Eyeglass frames and prescription lenses, bifocals, and trifocals • Specialty frames such as Miraflex, if medically necessary • Contact lenses, if medically necessary 	<p>Orthodontia</p> <p>Orthodontia is covered for individuals who have eligible medical conditions.</p> <p>Some examples of conditions include:</p> <ul style="list-style-type: none"> • Cleft palate • Deep impinging bite with signs of tissue damage • Anterior crossbite with gingival recession • Severe traumatic deviation

Helpful Resources

- If you are in a Medicaid managed care plan, call the Member Services number on your card to ask about covered benefits. You may also have additional benefits available to you.
- Call the Medicaid Health Benefits Hotline at (800) 226-0768.
- Review your member handbook.
 - [Medicaid Member Handbook in English](#)
 - [Medicaid Member Handbook in Spanish](#)
 - Contact your managed care plan for a copy of your handbook. They are also located on the health plan website.

Medicaid and Other Insurance



You can have Medicaid and other insurance like:

- » Private insurance
- » Medicare
- » Tricare (military insurance)



Your other insurance will pay for services first, Medicaid will pay second.



You must follow both insurance rules:

- » Using in-network providers
- » Getting a referral when required
- » Getting a prior authorization when required



If services are covered by Medicaid, you should not be charged copays, deductible, or coinsurance from your other insurance.

Updating Medicaid with Other Insurance



You must tell Medicaid if you have other insurance.



Call the Third-Party Liability Update Line at (217) 524-2490.

- » Have the Medicaid number for each member and the insurance information ready.
- » Press 1 for English or 2 for Spanish.
- » Press 4 for the Third-Party Liability.



Email hfs.tpl.1442@illinois.gov

- » In the email put the member's name, the Medicaid number, and provide the insurance information.
- » It helps to provide a picture of the insurance card in the email.

What to Do If You Get a Bill?



If you have a question or a concern about the bill, call medical provider to ask them to explain the charges.

- » The provider may need more information.
- » Medicaid or your managed care plan might have denied services.



If the provider accepts your Medicaid and the services are covered by Medicaid, the provider cannot charge you copays, coinsurance, or deductibles.



If you don't agree with the bill, you can dispute it with the provider by calling the billing department.

Appeals



An appeal is when you ask Medicaid or your managed care plan to reconsider their decision.



If your insurance denied services, you have the right to appeal.



If you have regular Medicaid (no managed care plan), you submit your appeal to Medicaid.



If you have a Medicaid managed care plan, you submit your appeal to your plan by calling member services.



You must submit the appeal within 60 days from when they denied the application or services.

How to Appeal to Medicaid



Online at

<https://abe.illinois.gov/abe/access/appeals>



Write a letter and submit it one of these ways:

- » At your DHS Family Community Resource Center.
- » Call (800) 435-0774
- » Email DHS.BAH@Illinois.gov
- » Fax (312) 793-3387
- » Mail to:
Bureau of Hearings
69 W. Washington, 4th Floor
Chicago, IL, 60602

Health Insurance Premium Payment Program



This is also known as the HIPP Program.



The program will pay the private health insurance premium for some individuals with high medical costs and certain medical conditions.



The state decides if the medical expenses are more than the cost of the monthly insurance premium.



You can call the HIPP Hotline at (217) 524-8268 to ask questions and request an application.



You can see more information on [DSCC's HIPP Program Tip Sheet](#).

HIPP Program



The child must have high medical expenses each month due to their medical condition, such as:

- » severe arthritis
- » cancer
- » heart ailment or defect
- » liver disease
- » kidney disease
- » brain disease or disorder
- » neurological disease or disorder
- » diabetes
- » AIDS
- » organ transplant
- » any other medical condition requiring high-cost ongoing medical treatment

Resource Links



ABE.illinois.gov



[Illinois Department of Healthcare and Family Services \(HFS\)](#)



[Illinois Department of Human Services \(DHS\)](#)



[DHS Health Insurance Premium Payment Program Brochure](#)



[Client Enrollment Services Website](#)

Summary



Medicaid decides if you qualify when you apply and reviews this each year.



Medicaid provides coverage for most medical, dental, vision, and medication needs.



Most Medicaid members are in a managed care plan.



You can have Medicaid and other insurance.

Questions



We have saved some time for questions.



Please use the **Q&A button** box if you have questions. You can also use the **Raise Hand** button and we will unmute you.



Chat



Raise Hand



Q&A



Show Captions



Resources

Thank you!

Survey



Thank you for participating in our training today. We hope you found it helpful!



We will email the slides to you. They will be posted at <https://dscc.uic.edu/family-education-webinars/>.



The recording for this training will also be posted on the website.



Please complete the survey at the end of the training. Your thoughts are very helpful and important.



We also would like to know any other topics you would like more training on.

Future Webinars



This training is part of a series of trainings called “Health Insurance Education.”



You can review this recording and materials for the other two trainings on our website.

- » March: Understanding Your Insurance
- » April: Medicaid Eligibility and Coverage
- » May: Insurance Appeals



Visit <https://dscc.uic.edu/family-education-webinars/>

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UIC Division of Specialized Care for Children