Health Insurance Education Series: Medicaid Eligibility and Coverage

APRIL 2023
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
- Renee Woodson
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.
We are recording this presentation. The recording will be posted on the website.

Do not share any personal information.

We will email the slides to you after the presentation. They will be posted at https://dsccl.uic.edu/family-education-webinars/
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 HealthChoice Illinois plan that has contracted with DSCC for care coordination.
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 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
### 2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

<table>
<thead>
<tr>
<th>Persons in family/household</th>
<th>Poverty guideline</th>
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<tbody>
<tr>
<td>1</td>
<td>$14,580</td>
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<td>2</td>
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<td>$40,280</td>
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<td>7</td>
<td>$45,420</td>
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<tr>
<td>8</td>
<td>$50,560</td>
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</tbody>
</table>

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

Source: U.S. Department of Health and Human Services Poverty Guidelines
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 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.

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.

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.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>All Kids Assist</th>
<th>AABD</th>
<th>ACA Adult</th>
<th>Family Care</th>
<th>Moms &amp; Babies</th>
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<td>4</td>
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<td>5</td>
<td>$9,312</td>
<td>$2,928</td>
<td>$4,041</td>
<td>$4,041</td>
<td>$6,237</td>
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<td>6</td>
<td>$10,674</td>
<td>$3,357</td>
<td>$4,632</td>
<td>$4,632</td>
<td>$7,150</td>
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</table>

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.
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

Source: DHS Appeals
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

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
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
Call (877) 805-5312

Report Medicaid Change of Address

Medicaid Address Update
Medicaid member? 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.

Online Address Updates Click Here
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.
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.
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
- Call (877) 912-8880
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
- Call (877) 912-8880
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.
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 a 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.

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Medical Supplies</th>
<th>Durable Medical Equipment</th>
<th>Dental</th>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Doctor appointments</td>
<td>• Diapers</td>
<td>• Wheelchairs</td>
<td>• Oral exams and cleanings every six months</td>
<td>• Prescription medications</td>
</tr>
<tr>
<td>• Specialist visits</td>
<td>• Feeding supplies</td>
<td>• Commode or bath chairs</td>
<td>• Sealants</td>
<td>• In some cases, over the counter medications and vitamins are covered</td>
</tr>
<tr>
<td>• Lab work</td>
<td>• Formula</td>
<td>• CPAP and ventilators</td>
<td>• Fluoride</td>
<td></td>
</tr>
<tr>
<td>• Surgery</td>
<td>• Infusion supplies</td>
<td>• Crutches, canes, or walkers</td>
<td>• Crowns, root canals, etc.</td>
<td></td>
</tr>
<tr>
<td>• Inpatient hospitalizations</td>
<td>• Oxygen</td>
<td>• Hospital beds</td>
<td>• Extractions</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Vision Services</th>
<th>Mental/Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Physical therapy</td>
<td>• Eye exams</td>
<td>• Inpatient hospitalization</td>
</tr>
<tr>
<td>• Occupational therapy</td>
<td>• Eyeglasses and prescription lenses, bifocals, and trifocals</td>
<td>• Outpatient behavioral health services</td>
</tr>
<tr>
<td>• Speech therapy</td>
<td>• Specialty frames such as Miraflex, if medically necessary</td>
<td>• Neuropsychological evaluations</td>
</tr>
<tr>
<td>• Applied Behavioral Analysis (ABA) therapy</td>
<td>• Contact lenses, if medically necessary</td>
<td>• Crisis intervention for youth aged 20 and younger (SASS)</td>
</tr>
</tbody>
</table>

Orthodontia

Orthodontia is covered for individuals who have eligible medical conditions.

Some examples of conditions include:
• Clef 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) 226-0788.
• Review your member handbook.
  o Medicaid Member Handbook in English
  o 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.
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.
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.

Source: go.cms.gov/c2c
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.

Source: DHS Appeals
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
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- Fax (312) 793-3387
- Mail to:
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  69 W. Washington, 4th Floor
  Chicago, IL, 60602

Source: DHS Appeals
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 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.

Source: DHS Health Insurance Premium Payment Program Brochure
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.illinios.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
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.
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.
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.
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

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Connect with Us

(800) 322-3722
dscu@uic.edu
dscu.uic.edu
www.
UIC Division of Specialized Care for Children