



Illinois Medicaid Redetermination FAQs

What is Medicaid redetermination?

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

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

When is Medicaid redetermination?

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

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

Why is the Medicaid redetermination process restarting now?

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

How does the redetermination process work?

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

What's the timeline?

The redetermination process will begin in April 2023. The first redetermination deadline will be June 1, 2023. Members with a June 1 redetermination date will get a letter from HFS in late April notifying them of their redetermination date. They will need to complete their paperwork and return it before June 1. If their paperwork is not received in time, the State will begin disenrollment effective on July 1, 2023.

Redetermination will continue over a 12-month period until all Medicaid members have been contacted for an eligibility update. This will be an annual process moving forward.

How is this being communicated to Medicaid members?

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

How do providers benefit from supporting redetermination efforts?

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

What can providers do to help members with Medicaid redetermination?

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

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

How do members complete the Medicaid redetermination process?

Your Medicaid members must complete the Medical Benefits Renewal Form they receive in the mail from HFS. The completed form and any supporting documents must be submitted to HFS via one of the following methods:

- Online: ABE.Illinois.gov
- Mail: P.O. Box 19138, Springfield, IL 62763
- Phone: **1-800-843-6154**

Who can you contact for more information?

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

Need redetermination resources for your office?

HFS has a free toolkit with flyers, social media graphics and more you can use to educate members about redetermination. You can find the toolkit from HFS at <https://www2.illinois.gov/hfs/Pages/AddressUpdateMessagingToolkit.aspx>

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

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