

April 8, 2020

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

SUBJECT: COVID-19 Proposed Medicaid Eligibility & Enrollment Changes

To expand access to coverage during the COVID-19 public health emergency, the Illinois Department of Healthcare and Family Services (HFS) has submitted formal requests to the Centers for Medicare & Medicaid Services (CMS) to modify the Medicaid and Children's Health Insurance Program (CHIP) eligibility and enrollment processes under Section 1115(a) of the Social Security Act, emergency Medicaid and CHIP State Plan Amendments (SPAs), and other notifications. While the section 1115(a) waiver and SPAs require approval, certain actions may be implemented once the state has notified and obtained concurrence from CMS.

While HFS awaits federal approval for its proposed eligibility changes, HFS encourages individuals to submit medical assistance applications, answering all questions as completely as possible, even if applicants do not have all of the documentation required for the state to verify eligibility. **HFS also urges hospitals, physicians, and primary care providers treating uninsured patients in need of COVID-19 testing and treatment to assist these patients in submitting a Medicaid application, even if the provider is unsure as to whether the patient may be eligible. These applications should be submitted via ABE.illinois.gov. To expedite processing, please email the tracking number assigned to the application to HFS.Priority19@illinois.gov.** For additional information, please see an April 7, 2020 [HFS Provider Notice](#).

Eligibility and Enrollment Flexibilities

HFS has requested CMS approval and/or concurrence to implement the following eligibility and enrollment changes for new Medicaid applicants and current beneficiaries. If approved, these flexibilities may be retroactive to the date of the declaration of the public health emergency. Complete information on proposed flexibilities, such as disregards for clients on spend down and housing for quarantined homeless individuals, may be found in the Section [1115\(a\) waiver letter](#) (March 26, 2020), a 1115(a) waiver [fact sheet](#) (March 26, 2020), and an eligibility and enrollment [fact sheet](#) (March 27, 2020).

- **COVID-19 Partial Benefit Plan for Uninsured:** As authorized under the Families First Coronavirus Response (FFCR) Act (PL 116-127), extend Medicaid eligibility to the uninsured for COVID-19 diagnostic testing. Build on this requirement by creating a limited, partial-benefit plan to determine uninsured patients with a COVID-19 diagnosis eligible for Medicaid without regard to standard Medicaid eligibility rules. As a condition of payment, eligible patients may not be balance billed. *CMS must approve HFS' 1115(a) waiver request prior to implementation.*

- **COVID-19 Secondary Payer for Insured:** To protect against high out-of-pocket costs for COVID-19 treatment, serve as the secondary payer for insured patients with a COVID-19 diagnosis. Create a limited, partial-benefit plan to determine qualifying patients eligible without regard to standard Medicaid eligibility rules. As a condition of payment, eligible patients may not be balance billed. *CMS must approve HFS' 1115(a) waiver request prior to implementation.*
- **Attestation of Income:** Accept self-attestation of income without documentation. *HFS may move forward without CMS approval of 1115(a) waiver.*

If the difference between the attested amount and electronically verified amount is 30 percent or less, use the attested amount in making an eligibility determination (current standard is 10 percent or less). *CMS must approve the 1115(a) waiver prior to implementation.*

- **Attestation of Citizenship/Immigration Status:** Accept self-attestation of citizen/immigration status without documentation if it cannot be verified through electronic means. *CMS must approve the 1115(a) waiver prior to implementation.*
- **Modified Presumptive Eligibility:** Modify the current presumptive eligibility (PE) process for pregnant women and children to include MAGI adults and adults in the Aid to the Aged, Blind, and Disabled (AABD) eligibility categories. Allow the state to presumptively enroll individuals upon receipt of an application based on preliminary income and citizen/immigration information. Coverage would generally begin the first of the month in which the application was submitted (e.g., application submitted April 18, coverage effective April 1). For applications received prior to March 18, 2020, eligibility would be retroactive to March 1. *HFS will move forward with implementation of PE for or MAGI adults first as this change does not require CMS approval of the 1115(a) waiver. For AABD, CMS must approve the 1115(a) waiver prior to implementation.*
- **MCO Auto Assignment:** Waive the initial 60-day choice period and allow automatic assignment to a Medicaid Managed Care Organization. *CMS must approve the 1115(a) waiver prior to implementation.*
- **Redeterminations:** Delay processing of redeterminations and provide continuous coverage until a determination is made. *HFS may move forward without CMS approval of 1115(a) waiver.*

Extend beneficiaries' redetermination dates by 12 months and redirect case workers to process current applications. *CMS must approve the 1115(a) waiver prior to implementation.*

- **Terminations:** Delay state action on changes in circumstances that would reduce eligibility for medical programs (required under the FFCR Act for states drawing enhanced FMAP). *HFS may move forward without CMS approval of 1115(a) waiver.*

Application Processing Timeframes

HFS has also requested authority under Section 1115(a) to hire non-state employees in additional locations to expedite application processing timeframes and reduce the current application backlog. In addition, the Department of Human Services (DHS) [announced](#) on March 29, 2020 that 14 Family Community Resource Centers (FCRC) (i.e., Local Offices) will remain open with reduced staff to balance the need to provide essential services while meeting Centers for Disease Control and Prevention's social distancing guidelines during the coronavirus situation. DHS urges all customers to apply for and manage their benefits online at ABE.illinois.gov or by calling the DHS Help is Here toll-free line at 1-833-2-FIND-HELP.