



Avisery Alert: June 1st Changes to Redeterminations Due to the End of the Medicaid "Unwinding"

The Illinois Department of Human Services (DHS) has released a policy memo ([click here to view](#)) outlining changes to the Medicaid redetermination process based on Illinois having completed the process of "unwinding" from the Covid-19 Public Health Emergency (PHE). This Avisery alert aims to draw attention to several changes that went into effect **as of June 1, 2024** including that: 1) Medicaid customers will **no longer receive a 30-day grace period** if they do not complete their redetermination on time, and 2) DHS will **no longer accept self-attestation for Illinois residency, disability, and/or medical expenses**.

BACKGROUND

As part of the annual process to ensure continued eligibility for health coverage, some Medicaid enrollees will receive a notice with instructions to complete their eligibility redetermination by the 1st of the following month. These procedures were suspended during the Covid-19 Public Health Emergency (PHE) as states were required by law to maintain Medicaid coverage for all customers. When that requirement ended in March of 2023, states began transitioning back to standard operations by administering a new eligibility redetermination for all Medicaid enrollees. Federal guidance from the Centers for Medicare and Medicaid Services (CMS) encouraged states to do this in a staged manner lasting up to 14 months; the resulting time period came to be referred to as the "Medicaid Unwinding."

CMS granted states the option to request certain flexibilities to deviate from standard redetermination procedures during the Unwinding in order to facilitate retention of Medicaid customers, many of whom were new to Medicaid during the pandemic and had never experienced a redetermination. As listed in the DHS memo, Illinois received approval for multiple of these flexibilities addressing different aspects of the redetermination process. **Illinois was among one of the highest performing states in the nation for maintaining Medicaid coverage during the Unwinding due in part to these and other flexibilities.**

Except for enrollees in Illinois' Health Benefits for Immigrant programs, who are undergoing their redeterminations on a separate timeline, Illinois completed an initial redetermination for essentially all Medicaid customers as of May 31, 2024, thus bringing an end to Illinois' Unwinding period. As outlined in the DHS policy memo, **some of the Unwinding flexibilities have now ended**, while others either have different end dates or will become permanent (i.e., become part of regular Medicaid redetermination procedures). Going forward, Medicaid enrollees will undergo a redetermination of their eligibility every 12 months.

KEY JUNE 1st CHANGES IMPACTING OLDER ADULTS AND ADULTS WITH DISABILITIES

One of the now-expired flexibilities that many Illinois Medicaid customers took advantage of was the 30-day grace period. Under standard Medicaid policies, HFS gives an individual until the 15th of the month that their redetermination is due before closing the case and terminating coverage at the end of the month. During the Unwinding, Illinois residents whose redetermination was not completed by the 15th would receive a second notice from HFS granting them an additional month to complete the redetermination process. Based on data reported by the Illinois Department of Healthcare and Family Services (HFS, as of April 2024, **close to 810,000 individuals (roughly 22% of all redeterminations to that point) had taken advantage of the 30-day grace period to maintain coverage.**

Avisery is concerned that having benefited from the extension once, these and other individuals in their social networks could reasonably assume the grace period is part of the standard redetermination process and thus not understand the importance of complying by the initial deadline. **Medicaid customers undergoing redeterminations starting with a due date of June 1, 2024 and beyond will no longer be granted a grace period** if they fail to return their redetermination form by the 15th of the designated month. Avisery strongly encourages professionals to spread the word among Medicaid customers about these changes and to **reiterate the importance of completing the redetermination on time** either online, by phone, by mail, or in-person.

Additional Unwinding flexibilities that expired May 31st include the acceptance of self-attestation from customers regarding their **Illinois residency, disability, and/or medical expenses**. If DHS cannot electronically verify the information, individuals undergoing redetermination will now need to document their residency in Illinois, and when applicable to the Medicaid program they are applying to, their disability status and/or medical expenses (e.g., for Medicaid Spenddown). **Professionals should encourage their clients to act swiftly when they receive their redetermination notices to ensure they have access to or can obtain the required documents** if requested by DHS.

It is important to note that individuals who receive a notice of loss of Medicaid coverage will still have 90 days from the date of coverage loss to complete the process and have their coverage reinstated. Expenses incurred during that time can be submitted to Medicaid by the provider after reinstatement. Failure to complete a redetermination within 90 days will necessitate a new Medicaid application.

ADDITIONAL RESOURCES

HFS made available a set of helpful slides documenting the status of the Illinois Unwinding flexibilities, including ones not discussed in this Avisery alert. Click [here](#) to access those slides.

As always, if you have any questions about how to help a client who was determined ineligible for coverage due to failure to complete their redetermination or other eligibility issues, **please contact Avisery for free advice and guidance** at avisery@ageoptions.org.

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