

# Provider Memorandum

## Medicaid Redetermination Q & A

Molina Healthcare of Illinois (Molina) is issuing this communication as a way to assist our provider network to better understand the Medicaid redetermination process and its potential impact on Members and provide answers to commonly asked questions. Molina is working to help ensure that our Members keep the benefits they qualify for.

Please note that this communication has been published for provider audiences and is not meant to be disbursed to Member or consumer audiences. Molina Members who have questions on the redetermination process should be encouraged to reach out to Molina Member Services. Molina Contact Center representatives are equipped to answer questions from our Members. Molina is working to implement additional Member outreach efforts.

**Q: What is Redetermination?**

**A:** Redetermination is a review of eligibility for Medicaid, All Kids, SNAP or cash assistance.

**Q: What is the Illinois Medicaid Redetermination Project?**

**A:** Through the Illinois Medicaid Redetermination Project, (IMRP) the state decides whether clients continue to qualify for Medicaid or All Kids. The project is also called IMRP.

**Q: When and how are Members notified that they are up for redetermination?**

**A:** Each year, prior to the end of their benefit year, Members will receive a letter in the mail from IMRP informing them that it's almost time to renew their medical coverage and to look for their Medical Renewal Form to arrive in about 15 days.

**Q: How long does a Member have to complete and return the redetermination form that was sent to him/her and what happens if he/she misses the deadline?**

**A:** The redetermination form that is mailed to the Member will include a date that the form and supporting documentation must be returned by. Those who do not respond by the due date will have their cases canceled and will no longer have medical coverage.

**Q: What can Members do if they miss their deadline for returning their forms and their cases are cancelled?**

**A:** Member should complete and send in their redetermination forms and any supporting documents as soon as possible. If IMRP receives the information before the end of the 3<sup>rd</sup> month after their last day of coverage, IMRP will reinstate their benefits, so long as they still qualify for Medicaid or All Kids.

**Q: What happens if a Member's medical benefits have been cancelled and it has been more than three months since their last day of coverage?**

**A:** Individuals may have to complete a new application for Medicaid or health coverage.

**Q: How would a provider know when a Member is up for redetermination?**

**A:** By viewing the MEDI system: Cases due for redetermination appear in the Medical Electronic Data Interchange (MEDI) system three months prior to the redetermination date. Additionally, if requested, Molina will provide a monthly report of your Members who are up for redetermination.

**Q: What if a Member has questions about the redetermination process?**

**A:** Have Members **call Molina Member Services at (855) 687-7861** for assistance.

**Q: What is Molina doing today to assist Members with their redetermination process?**

**A:**

- ✓ Molina is making reminder calls to every Member who is up for redetermination
- ✓ Our Case Managers are assisting Members who are in care coordination

**Q: What is Molina planning to do in 2017, with approval from the state?**

**A:**

- ✓ Include redetermination information on our Member Portal
- ✓ Include redetermination articles in our Member Newsletters
- ✓ Send reminder post cards to Members when they are up for redetermination

**Q: What can you do to assist your Members?**

**A:** Agree to partner with Molina on our outreach initiative. By doing so, we will provide you with a monthly list of your Molina Members who are up for redetermination.

**Q: How can providers assist your Molina Members?**

**A:**

- ✓ Make reminder calls to your Members who are up for redetermination
- ✓ Set a reminder alert on scheduling screen, so that you can speak with Members about submitting their redetermination forms when they call to schedule an appointment
- ✓ Place a sticker on patient charts that will act as a reminder to office staff to speak with Members about submitting their redetermination forms when they come in for a visit
- ✓ Direct Members to call Molina Member Services at (855) 687-7861 for FHP Members and (855)766-5462 for ICP Members for assistance

**Q: How can you assist a Member who has lost his/her medical coverage?**

**A:** Call your patients and let them know that they should still complete and send in their redetermination form and any supporting documents **as soon as possible**. If IMRP receives the information before the end of the 3<sup>rd</sup> month after their last day of coverage, IMRP will reinstate their benefits, so long as they still qualify for Medicaid or All Kids.

**Q: What happens if the reinstatement time frame has passed?**

**A:** Patients may have to complete a new application for Medicaid or health coverage.

Please contact your Provider Service Representative if you have questions or would like to receive redetermination reports for Members who are up for redetermination. Providers may also contact the Provider Services Department directly at (630) 203-3965 or via email at [IllinoisProviders@MolinaHealthcare.com](mailto:IllinoisProviders@MolinaHealthcare.com).