

October 2022

Quarter 3 2022 report required by 305 ILCS 5/11-5.1(h). (Public Act 101-0209)

The Illinois Department of Healthcare and Family Services (HFS) and the Illinois Department of Human Services (IDHS) continue to collaborate on our multi-pronged plan to maintain low eligibility backlogs which includes maintaining staffing levels for eligibility workers, providing better training, deploying best practices across both agencies, and rolling out simplified policies and procedures. Addressing the backlog and improving the Integrated Eligibility System (IES) is a primary focus of HFS and IDHS every day.

In addition to our focus on backlog of applications and redeterminations the agencies continue work to address the COVID Public Health Emergency.

Application Backlog

At the end of September 2022, pending Medicaid applications over 45 days were 3613, down from 147,000 at the end of January 2019 by 98%.

Hiring Personnel – Caseworker Onboarding & Training

We continue to make progress in hiring caseworkers and maintaining staffing levels. Since February 2019, we have added 546 net new caseworkers in local IDHS offices around the state and the HFS Bureau of All Kids. This is a 20.5% increase. The onboarding of caseworkers is vital to processing backlogs, applications, and renewals. New caseworkers can take several months to learn the complex system of eligibility. Caseworkers often assist with flagging IES issues, suggesting more efficient processes, and testing new enhancements before full implementation.

Long Term Care (LTC) – Continued Efforts

On April 30, 2019, there were 6,342 pending LTC applications with 4,898 over 45 days old and 15,173 pending admits with 10,196 over 45 days old. These backlogs have been eliminated. As of October 1, 2022, there were 82 LTC applications pending with 3 over 45 days and 517 admits pending with only 11 over 45 days. This progress is due, in part to COVID policies, but also to the re-alignment of processes and workflows at the three existing LTC hubs, the LTC Statewide Processing Center, and the new fourth LTC office in Anna; new trainings for caseworkers, and several initiatives which occurred in 2020. This included creation of a new LTC statewide processing center at Granite City, which became operational in January 2021, the ongoing creation of the Medical Field Operations Anna Office, which opened January 16, 2021, and allowing facilities the ability to upload documents to IES through the ABE Provider Portal. Further, the Central Scanning Unit for Long Term Care work opened in April 2021. The State continues to evaluate the workload and processes to make continual improvements to the system to maintain the progress made on timely application decisions.

Call Center – Continued Efforts

The Alton Call Center became fully operational on September 16, 2020. There are currently 58 staff on board who are fully trained and 3 trainees. Additional positions are in the process of being filled. All trained caseworker staff on board will be taking calls through the IDHS Call Center. FCS has been working with a vendor and the Illinois Department of Innovation and Technology (DoIT) to restructure the Call Center System. Phase I was implemented on December 17, 2021. This phase includes new interactive self-service features, as well as new options for customers to complete Medical redeterminations and SNAP redeterminations telephonically. The Alton Rede Center has been established to focus on the telephonic SNAP Rede's. There are currently 8 HSC's and an LOA on board. When fully staffed, the office will have 34 staff. Phase II moves the FCRC's into the Statewide IVR. Rollout began in February and the offices are being moved into the IVR in waves. The last wave is scheduled for September 21st. At that time, all FCRC's will be in the IVR.

System Improvements – In Progress

We continue to work on IES system performance initiatives, implementing legislative mandated policy changes, COVID-related changes and issuances, known documented defects and refreshing IES hardware and software. An external vendor was hired to advise HFS and IDHS on the most impactful system improvements since February 2022.

COVID Strategies

Beginning in March 2020, HFS implemented a variety of eligibility and enrollment flexibilities to apply during the COVID Public Health Emergency (PHE) with the goal of streamlining application requirements, starting coverage faster, and assuring continued coverage throughout the PHE. These flexibilities included changes to: simplify documentation requirements at application, delay renewals and actions that would change or end coverage, disregard assets in determining eligibility, waive premiums and co-payments for children in All Kids and individuals in the Health Benefits for Workers with Disabilities program, cover COVID-19 testing for the uninsured, and provide presumptive eligibility to certain adults.

Challenges Exist

Despite our significant efforts, challenges remain. HFS, IDHS and DoIT continue to face challenges with finding candidates and onboarding new staff to address IES performance and the backlog of applications and renewals. Strategies to address IES system performance issues are underway, but some are slower than anticipated.

See following page for Reporting of Medical Application and Renewal Processing Data for Quarter 3 2022.

For the purposes of part B of the chart below, please note:

The term “ex parte renewal” refers to a process by which the state systematically uses approved electronic sources during the annual renewal process to automatically verify an

Eligibility Backlog Reporting

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individual's eligibility status and continue medical coverage. Using the ex parte process provides efficiency for both clients and state caseworkers through automation. The state sends Form A to clients found eligible for ex parte renewal. Note, beginning in March 2020, HFS suspended Form B mailings due to COVID.

Quarterly Reporting - Eligibility (required by 305 ILCS 5/11-5.1(h))				
A. Medical Applications (End of month)		Jul-22	Aug-22	Sep-22
Total applications on hand by number of days on hand		14,179	15,065	16,826
	0-7 Days	4,840	4,936	4,883
	8-45	6,795	7,303	8,330
	46-90	566	801	1,357
	91-180	321	340	468
	181+	1,657	1,685	1,788
Total applications on hand by basis for determining		14,179	15,065	16,826
	Modified Adjusted Gross Income (MAGI)	1,605	1,765	1,860
	Non-MAGI - Long Term Care	206	204	224
	Non-MAGI - Excluding Long Term Care	1,033	1,025	1,147
	Unknown	11,335	12,071	13,595
Applications over 45 days		2,544	2,826	3,613
	Modified Adjusted Gross Income (MAGI)	603	611	632
	Non-MAGI - Long Term Care	68	74	63
	Non-MAGI - Excluding Long Term Care	199	219	283
	Unknown	1,674	1,922	2,635
B. Medical Renewal (by month in which ex parte decision is made)				
Total number of cases up for renewal in two months		175,798	162,241	158,728
	Form A Mailed (ex parte)	60,200	58,951	55,225
		34%	36%	35%
	Form B (not mailed: not ex parte)	115,598	103,290	103,503
		66%	64%	65%
Reasons Form B (not mailed)		115,598	103,290	103,503
	Aged, Blind and Disabled	11,102	9,628	9,136
		10%	9%	9%
	Unverifiable Income	17,803	13,611	13,657
		15%	13%	13%
	Zero (\$0) Income	34,717	28,926	29,048
		30%	28%	28%
	No SSN	11,220	8,298	8,830
		10%	8%	9%
	Income Exceeds Eligibility Criteria	25,449	25,374	24,802
		22%	25%	24%
	Self-Employment Income	7,364	8,079	8,842
		6%	8%	9%
	Other Reasons	7,943	9,374	9,188
		7%	9%	9%

