

Illinois Medicaid Redetermination

Information for DSCC Families

What is the Medical Redetermination Process?

- It is a yearly review of your eligibility for Medicaid. Medicaid reviews your income and checks to see if you still live in Illinois. They might review other factors, too.
- If you get Medicaid through Department of Children and Family Services (DCFS) for current youth in care or former youth in care, you do not go through this yearly review. This is part of DCFS eligibility.
- It is very important that Medicaid has your correct address. They will send you the redetermination form in the mail. If you move, you need to tell Medicaid. Call (877) 805-5312 from 7:45 am–4:30 pm or visit www.medicaid.illinois.gov. If you use a TTY, call (877) 204-1012.
- Medicaid stopped doing these reviews during the COVID-19 pandemic so you may not have had one recently. Medicaid will start doing these reviews again very soon.

How Can DSCC Help?

- The Division of Specialized Care for Children (DSCC) can help explain the process and make sure you know your redetermination due date. DSCC can also help if you lose coverage. If you have questions about redetermination, please contact your DSCC care coordination team.
- You must keep track of your redetermination form and respond to Medicaid if they ask for more information. DSCC cannot fill out the form for you.

How Does the Redetermination Process Work?

- The process starts about two months before your redetermination date. Each family case can have a different redetermination date. It is important you check your mail and know when to respond.

- Medicaid will look at electronic information in online databases for each case.
- If Medicaid sees you still qualify with the electronic review, you will have an automatic redetermination. Medicaid will send you a form that is pre-filled with information to review. If it is correct, there is no need to respond.
 - Return only if there is a change (like a new address).
 - Most Medically Fragile, Technology Dependent (MFTD) Waiver cases will get this type of form.
- If Medicaid cannot review your case electronically, you will receive a form that must be returned. The form will have a due date and must be returned on time. Once Medicaid has your form, they will check to see if you still qualify. You will keep your coverage until they decide.
- Medicaid will send you a letter with their decision.

How Can I Turn in My Redetermination Form?

There are many ways you can complete your redetermination.

- Go online at ABE.Illinois.gov and use Manage My Case.
- Mail the form back to Medicaid.
- Call the Customer Help Line at (800) 843-6154.
- Visit your local Department of Human Services (DHS) Family Community Resource Center.

What Happens If I Miss My Redetermination Due Date?

- If you miss the due date, you have 90 days to turn in the form for Medicaid to review it. If the form is received within 90 days and Medicaid decides you still qualify, you will keep your coverage with no gap.
- If you do not turn in the form within 90 days after the due date, you will have a gap in coverage. You will have to reapply for Medicaid to see if you can keep your coverage.

Redetermination Timeline

