

Quarterly Monitoring Report & Quarterly Budget Neutrality Report

DY4Q1

The unwinding of the COVID-19 Public Health Emergency (PHE) impacted the provisions in the Continuity of Care 1115 Waiver. This quarter's monitoring and budget neutrality report describes the impact on metric results.

Extending Postpartum Coverage to 12 Months:

- *The state transitioned the 12-month postpartum extension from 1115 waiver to SPA authority effective 7/1/22.*

Managed Care Reinstatement when a Medicaid Beneficiary Submits Late Paperwork within 90 Days:

- *Narrative:* Within the waiver application, HFS proposed to report on the number of reinstatements into MCOs as well as MCO enrollees meeting the HEDIS 12-month continuous enrollment standard. This quarter is the second quarter under the demonstration that the state is reporting on these metrics due to the PHE MOE and continuous eligibility requirement and the PHE unwinding.

In Illinois, the Medicaid continuous enrollment condition ended March 31, 2023. Redeterminations began on April 1, 2023 and the first redetermination cohort was mailed redetermination letters on May 1, 2023. In June 2023, HFS implemented the redetermination 30-day grace period, a PHE unwinding flexibility.

As a result, individuals who would have lost coverage at the end of September for not returning redetermination paperwork had their coverage extended until the end of October 2023, with cancellation effective November 1. Their 90-day reconsideration period spans January, February, and March 2024. For the September cohort, the 61-90 day reconsideration period is in January; for the October cohort, it is in February; and for the November cohort, it is in March.

1115 Waiver Application Metric: To estimate the potential impact of the 90-day reinstatement period into the same MCO, the state will calculate the average number of monthly reinstatements that happened between 61 and 90 days after cancellation in months prior to the PHE.

Month	Reinstatements into MCOs with Late Redetermination Paperwork Submitted Between 61-90 Days
January	1,565
February	1,179
March	1,147

- ❖ September cohort extended to October- reinstatement days 61-90 are in January
- ❖ October cohort extended to November- reinstatement days 61-90 are in February
- ❖ November cohort extended to December- reinstatement days 61-90 are in March

1115 Waiver Application Metric: MCO enrollees meeting HEDIS 12-month continuous enrollment standard.

- The state is not reporting on the HEDIS metric impact, which contemplated retroactive enrollment into MCOs when reinstated. Prior to implementation of this metric the state determined to implement the reinstatement prospectively, which does not impact the HEDIS 12-month continuous enrollment requirement. CMS was notified of this change prior to implementation, and HFS and CMS confirmed that this approach is allowable under the Special Terms and Conditions (STCs) of this waiver.
- *Budget Neutrality:* N/A

Waiver of Hospital Presumptive Eligibility (HPE):

- *Narrative:* Within the waiver application, HFS proposed to report on Medicaid approval and denial rates, as well as application processing backlog and turnaround time. However, the COVID-19 PHE unwinding has significantly impacted application processing at HFS. For example, the increase in processing redeterminations and the normal flow of new applications have resulted in an application processing backlog. New HPE applications would have further increased the already substantial backlog. Therefore, waiving HPE requirements has been beneficial for the state by keeping the application backlog from worsening.

Additionally, waiving HPE has allowed the state to focus on processing full benefit applications, which has prevented the duplication of application processes, reduced administrative burden, and improved the timeliness and appropriateness of Medicaid eligibility determinations and denials. By waiving HPE, the state has been able to reduce eligibility backlogs, thus allowing Medicaid applicants to gain access to health coverage sooner.

Medicaid Approval and Denial Rates:

	Medicaid Approvals	Medicaid Denials
24-Jan	31,748	36,584
24-Feb	31,529	39,090
24-March	36,896	50,401
Total	100,173	126,075
Total Application received	226,248	226,248
Rate	44%	56%

Application Backlog and Turnaround Time:

Application Processing by Month	Jan-24	Feb-24	Mar-24
Apps On Hand (end of month)	134,077	133,534	122,192
0-7 days	10,301	9,506	8,601
8-20 days	20,323	12,396	11,759
21-30 days	15,439	10,245	6,912
31-45 days	10,593	15,772	10,108
46-90 days	49,996	42,981	30,434
91-180 days	17,675	31,036	40,891
181+ days	9,750	11,598	13,487

Budget Neutrality: N/A