

Quarterly Monitoring Report & Quarterly Budget Neutrality Report

DY4Q3

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:* HFS proposed reporting on the number of reinstatements into MCOs and MCO enrollees meeting the HEDIS 12-month continuous enrollment standard within the waiver application. This is the third quarter under the demonstration that the state is reporting metrics on the PHE Maintenance of Effort (MOE), 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. This 30-day grace period expired 5/31/2024.

As a result, individuals who would have lost coverage at the end of March for not returning redetermination paperwork had their coverage extended until the end of July 2024, with cancellation effective August 1. Their 90-day reconsideration period spanned July, August, and September 2024. For the March cohort, the 61-90-day reconsideration period was in July; for the April cohort, it was in August; and for the May cohort, it was in September.

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 between 61 and 90 days after cancellation in months before the PHE.

Month	Reinstatements into MCOs with Late Redetermination Paperwork Submitted Between 61-90 Days
July	1,779
August	1,711
May	994

- ❖ March cohort extended to April- reinstatement days 61-90 were in July.
- ❖ April cohort extended to May -reinstatement days 61-90 were in August.
- ❖ May cohort extended to June - reinstatement days were in September.

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 managed care organizations (MCOs) when reinstated. Prior to implementing this metric, the state implemented the reinstatement prospectively, which did not impact the HEDIS 12-month continuous enrollment requirement. CMS was notified of this change before 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 benefited 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, HFS is working 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-Jul	34,750	48,206
24-Aug	36,858	52,069
24-Sep	33,246	40,632
Total	104,854	140,907

Total Application received	245,761	256,599
Rate	43%	55%

Application Backlog and Turnaround Time

Application Processing by Month	Jul-24	Aug-24	Sep-24
Apps On Hand (end of month)	99,403	95,199	99,366
<i>0-7 days</i>	10,257	9,285	9,399
<i>8-20 days</i>	12,603	13,991	13,077
<i>21-30 days</i>	7,764	6,513	7,397
<i>31-45 days</i>	10,183	10,390	9,251
<i>46-90 days</i>	18,248	20,026	21,207
<i>91-180 days</i>	21,207	19,724	22,794
<i>181+ days</i>	19,141	15,270	16,241

Budget Neutrality: N/A