

Illinois Continuity of Care 1115 Waiver
Quarterly Monitoring Report & Quarterly Budget Neutrality Report

DY3Q1

October 4, 2023

The COVID-19 Public Health Emergency (PHE) prevents Illinois from accurately measuring the impact of the provisions in its Continuity of Care 1115 Waiver. This quarter's monitoring and budget neutrality report describes the implications of the PHE on each of the three waiver components.

Additionally, on January 25, 2022 CMS reported alternate reporting metrics for use during the public health emergency. The approved metrics are noted below. We are working with our eligibility team to report on these approved metrics in future quarterly monitoring reports during the PHE.

Extending Postpartum Coverage to 12 Months:

- *DY3Q1 ends on 3/31/23. The state transitioned it 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:* In its waiver application, HFS proposed to report on the number of reinstatements into MCOs as well as MCO enrollees meeting HEDIS 12-month continuous enrollment standard. However, the COVID-19 PHE MOE has impacted these metrics. HFS currently is not taking adverse actions on late redetermination paperwork due to the PHE MOE and Medicaid enrollees are generally staying enrolled continuously due to the PHE MOE. As a result, HFS believes reporting on these metrics would reflect the impact of the PHE MOE more than the impact of the 1115 demonstration change.
- *Approved PHE 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.
 - *The average number of monthly reinstatements that happened between 61 and 90 days after cancellation in months prior to the PHE was 1,149.*
- *Budget Neutrality:* N/A

Waiver of Hospital Presumptive Eligibility (HPE):

- *Narrative:* In its waiver application, HFS proposed to report on Medicaid approval and denial rates and application processing backlog and turnaround time. However, the COVID-19 PHE MOE has impacted application processing at HFS. For example, the reduced amount of time caseworkers are spending on processing redeterminations due to the PHE MOE has resulted in caseworkers having more time to process Medicaid eligibility applications. The number of pending applications is currently much lower than when the state submitted the 1115 waiver, but reporting on these metrics would reflect the impact of the PHE MOE more than the impact of the 1115 demonstration. Approval and denial rates could have changed as well; however,

additional PHE-related application flexibilities such as accepting customer income attestation and removing asset tests would have far more impact on those rates than the state's HPE waiver.

- *Approved PHE Metric:* To estimate the impact of waiving HPE requirements on application metrics, the state will add its estimated number of incoming monthly HPE applications to its current backlogs.
 - *DY3Q1 ends on 3/31/23. As of 3/31/23, adding the state's estimated number of incoming monthly HPE applications to its current backlog equals 12,609 applications.*
- *Budget Neutrality:* N/A