Tips on How to Request a Temporary Medicaid Card

Here are steps to help you and your clients navigate the new process for requesting Temporary Medicaid coverage when an initial Illinois Medicaid application has been pending for over 45 days. Eventually the process will become more formalized and integrated into the State's electronic systems.



Step 1: Confirm that it has been **more than 45 days since the client applied** for Medicaid, either as a new case or an add-on.



Step 2: Ask the client whether they have **urgent medical needs** (such as diabetes, pregnancy or other condition for which they require medication).

Step 2A: If the client confirms that they have **an urgent medical need**, send an email to <u>hfs.aca@illinois.gov</u>. (You don't have to wait 45 days for these) Include in the email:

- the client's name
- date of birth
- application tracking number
- 1–2 sentences summarizing the client's urgent medical need

Please don't send non-medically urgent cases to that email address.

Step 2B: Even if they **do not have an urgent medical need** they <u>can</u> still request a temporary medical card using any of the options in Step 3.

Step 3: Requesting Temporary Medical Assistance ("T Card") from DHS. You can do this even if you don't have an urgent medical need. Option A is the best option to try first and use Option B if that fails.



Option A: Client can request a T card at their local FCRC (DHS Office). Some clients will have received the Form HFS 2350 (also called a "Cohen Notice") that informs them of their right for a T Card. Client can bring the HFS 2350 (if they received one) to the office. If client **does not** have the HFS 2350 form they <u>can</u> <u>still</u> request the T Card.



Option B: Create a Manage My Case (MMC) if they don't have one yet. Write "Yes, please give me a T Card" on your HFS2350 form (if the client received one) <u>or</u> write a brief letter (2–3 sentences) requesting a T card. Include the date the client applied for Medicaid, if possible. Upload the completed HFS 2350 form or

upload the letter to Manage My Case. (There is no button yet in MMC to use to apply for a T card online. The state is working on that option).



Option C: Client can call DHS Customer Help Line (800) 843-6154 to ask that Customer Service email their local FCRC on client's behalf to request T Card.



Note: The **most important thing** is that client gets a <u>**RIN number**</u> and is told that the T Card is active. Getting a printed card is helpful, but providers will not accept the printed card alone, they will look clients up by the RIN to confirm eligibility.

Please **report all problems** and all successes regarding requesting a T Card to Meghan Carter at Legal Council for Health Justice at <u>mcarter@legalcouncil.org</u>

Keep a password protected list of delayed cases (including name, DOB, tracking number, application date) and regularly **send the list of delayed cases** – including newborn add-ons – to Stephanie Altman at the Shriver Center at <u>stephaniealtman@povertylaw.org</u>



Quick Facts:

- You do not need to have received a notice to get a T card. You can request one anytime after 45 days has passed since the Medicaid application was submitted.
- When requesting a T Card in person at FCRC office, they should be able to tell you your RIN number. There may be a 48-hour wait for the RIN to show up in MEDI or be considered active. You do not have to leave the Form 2350 at the FCRC and "wait" for something in the mail.
- Sometimes HFS will issue permanent Medicaid coverage instead of a T card. If so, clients do not need a T card.
- There is **no time limit** for Temporary coverage.
- Temporary cards **cover all services**, **except nursing home care**. Providers will not see any difference in MEDI when the client has temporary coverage versus full coverage; it will show active for both.
- Temporary Medicaid cards are not retroactive (unlike regular Medicaid which can be backdated 3 months, if eligible).

- T Card approval notices look exactly like regular Medicaid approval notices.
- With a T card, clients will not have the option of picking a Managed Care Plan. They will be in fee for service Medicaid and will not receive an enrollment packet from Health Choice Illinois unless they get approved for (regular, non-Temporary) Medicaid. Unfortunately, the T Card approval notice tells clients to pick a plan, but they do not need to do this.
- The RIN number a client gets for a T card is the same RIN number that they will have for their full Medicaid case.
- Even if the applicant gets a T card, they need to remember to answer any requests for information from DHS or they might be ultimately denied coverage.
- Here is a sample, redacted Cohen notice
 <u>http://helphub.povertylaw.org/documents/23667</u>