

Federal Data Shows Illinois Has Highest Medicaid Renewal Rate Among States, Midway Through Unwinding From Pandemic-Era Continuous Coverage

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SPRINGFIELD – As the Department of Healthcare and Family Services (HFS) approaches the halfway point in resuming customer Medicaid redeterminations following the end of the pandemic-era continuous Medicaid coverage requirement, Illinois has the highest renewal rate among states, according to the Kaiser Family Foundation’s [Medicaid Enrollment and Unwinding Tracker](#). The tracker relies on renewal data that the federal Centers for Medicare and Medicaid Services (CMS) collects from states.

Following the end of the continuous coverage requirement earlier this year, states resumed Medicaid renewals, or redeterminations, which are regular customer eligibility verifications.

According to the data tracker, at this stage of the unwinding process, Illinois and Maine have the highest renewal rates among all states, at 90%. HFS credits robust preparations and ongoing process improvements to being able to preserve health care coverage for Medicaid-eligible individuals across the state.

To provide the public with latest statewide data, the Illinois Department of Healthcare and Family Services (HFS) this week launched an [online dashboard](#) with Medicaid renewal data.

“As pandemic-era continuous Medicaid coverage comes to an end, Illinois is once again leading the nation in every metric—from transparency to equity to renewal rates,” said Governor JB Pritzker. “And with today’s launch out of HFS, Illinoisans can now view our latest statewide data regarding Medicaid renewals—furthering our commitment to a process that is as public as it is seamless.”

“I am so proud of the hard work and preparation that’s gone into this massive effort to restart Medicaid eligibility renewals following the public health emergency,” HFS Director Theresa Eagleson said. “Our top priority has been ensuring that customers who remain eligible for

Medicaid stay covered. We believe these efforts will continue to have a significant and positive impact on health outcomes for the millions of Illinoisans we serve – as we continue through the unwinding process, and in the years to come.”

The redetermination dashboard will be updated regularly as new data becomes available, providing the public with a breakdown of redetermination status by renewal month, customer demographic, language and geographic data.

Prior to redeterminations resuming earlier this year, customers had not been asked to renew their Medicaid coverage since March 2020. After the federal government declared an end to the public health emergency and continuous Medicaid enrollment requirement this year, states were given several options of when to resume annual Medicaid redeterminations. In Illinois, customers with June renewal dates were the first to go through the resumed renewal process.

In March, HFS launched a multi-platform outreach campaign called [Ready to Renew](#), which includes paid ads, print, digital and broadcast communications, and grassroots outreach to help Medicaid customers across the state ensure they're prepared for their

upcoming renewal. HFS also recently launched a new ['Are You Covered' messaging toolkit](#) in multiple languages so anyone who interacts with Medicaid customers can easily access and use key messages, including materials specifically for schools.

HFS urges Medicaid customers who haven't gone through the renewal process yet to ensure their contact information on file with the Illinois Medicaid program is up-to-date, which is critical to ensuring customers receive their time-sensitive redetermination materials. The materials are mailed to customers and must be completed and returned to HFS by the due date in order to verify a customer's continued Medicaid eligibility.

Those who lose coverage because they didn't respond to paperwork can reinstate their Medicaid coverage if HFS receives the required information within 90 days. CMS also granted a 30-day grace period earlier this year, aimed at minimizing the number of individuals who lose Medicaid coverage for not returning their redetermination by the due date, also known as procedural disenrollments.