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Illinois All Kids Eligibility and Coverage Start Dates – February 2014

The chart below shows the different All Kids' plans of coverage and the current income eligibility limits for each based on family size. Differences in the All Kids' plans derive from state law and rules that require more cost sharing as family income rises and that plans with premiums operate more like private insurance (for example, coverage is prospective). As a result, for children in families within these plans of coverage, there are varying rules regarding the start date for coverage, presumptive eligibility, retroactive coverage, waiting periods for coverage, and financial arrangements including premiums and cost-sharing. The following examples will illustrate how some of these rules apply to children in families within different plans of coverage.

Example 1: Presumptive eligibility and retroactive coverage

A family of three, making \$3,000 per month, takes their twelve-year-old son to the doctor with a broken wrist on 1/9/2014. A staff person at the doctor's office tells them about All Kids, which they have never applied for before. They start an ABE application which they submit on 1/14/2014. Because the family's income places them in Premium Level 1 and the son has not had presumptive eligibility (PE) coverage in the last twelve months, he is eligible for PE, and has coverage beginning January 14th, the date of application. The application is processed and approved on 2/19/2014 and the son is enrolled effective 4/1/2014. (If eligibility is denied, PE coverage ends five days after the application is processed.) The family will pay a premium of \$15 per month for coverage, and pay no more than \$100 in out-of-pocket costs during the year. Because this was the first time they had applied for coverage, once enrollment is complete they are also able to request coverage for up to two weeks prior to the date of application. All Kids covers the doctor visit on 1/9/2014 (as long as the initial doctor's visit bills were previously unpaid, the doctor was enrolled in Illinois Medicaid and the services are Medicaid covered).

Example 2: Private coverage and waiting periods

A family of five with three children ages 2 years, 5 years, and 9 years has coverage provided by the father's employer. The family has income of \$5,000 per month (All Kids Premium Level 2). Although they struggle to pay their monthly premiums, because of their income level, the children must be uninsured for 12 months or meet an exception to qualify for All Kids. At the end of 2013, the father's employer drops health insurance for part-time employees and the family loses coverage, although the father remains employed. The family applies for All Kids. The children are not eligible during the twelve-month waiting period following the date the employer's insurance ended. Because the parent's job did not end, they are not eligible for an exception. The family will need to buy coverage on the Marketplace. At their income level, they will be eligible for APTCs.

Example 3: Spenddown

A family of three with one child, age 8 has income of \$4,000 per month (All Kids Premium Level 2). In November, the child is hospitalized. The hospital bill comes to \$15,000. The family submits an ABE application in December, asks for coverage of November and uploads a copy of the hospital bill. The application is processed 1/16/2014. The family's spenddown amount for the month of November is \$3,492 (\$4,000 - \$508). That is what the family is responsible for paying toward the hospital bill with the state covering the remaining costs up to state Medicaid rates. The child's All Kids Premium Level 2 coverage begins 3/1/14 so they no longer need spenddown. The family is obligated to pay the state a monthly premium of \$40 beginning with the month of March for their child's coverage.

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(FPL levels updated for 2014)**

Family Size	All Kids Assist -age 18 or younger - family income	All Kids Share -age 18 or younger - family income	All Kids Premium Level 1 - age 18 or younger - family income	All Kids Premium Level 2 - age 18 or younger - family income
1	Up to \$1,430 per month	\$1,431-\$1,527 per month	\$1,528 - \$2,033 per month	\$2,034 - \$3,093 per month
2	Up to \$1,927 per month	\$1,928 – 2,058 per month	\$2,059-2,740 per month	\$2,741 – 4,168 per month
3	Up to \$2,424 per month	\$2,425 – 2,589 per month	\$2,590-3,447 per month	\$3,448 – 5,244 per month
4	Up to \$2,922 per month	\$2,923 – 3,120 per month	\$3,121-4,154 per month	\$4,155 – 6,320 per month
5	Up to \$3,419 per month	\$3,420 – 3,652 per month	\$3,653-4,861 per month	\$4,862-7,396 per month
If determined eligible, what is the date coverage starts? ⁱ	First day of the month of application ⁱⁱ	Depends on date application is processed ⁱⁱⁱ ; if processed before 15 th of month, coverage starts first day of next month. If after 15 th , starts first day of second month following processing month. ^{iv}		
Is Presumptive Eligibility (PE) possible for coverage to start while application is pending determination?	Once in a 12-month period, if citizens or lawfully present, state caseworker can presumptively enroll a child based on income declared on the application while eligibility determination is pending. PE coverage begins on date of application.			NO
Is retroactive coverage available prior to the application date?	If requested and eligible, available for 3 months prior to application date. Can be requested at any time.	Only the first time a child is approved, coverage can begin 2 weeks prior to date of application. May be requested only after enrollment.		No, except for infants who can be enrolled from date of birth if application is filed before the first day of the fourth month following birth.
Can someone have private insurance and still qualify for All Kids ^v	YES	YES	YES	NO
Is there a waiting period for Medicaid eligibility if had other coverage ^{vi}	NO	NO	NO	Yes – 12 months but exceptions apply ^{vii}
Premiums and/or co-payments	NO	No premium Maximum cost share/year is \$100 per family for all services	1 child = \$15 2-children = \$25 Each add child = \$5 up to max of \$40/mo Max cost share is \$100 per family/year	1 child = \$40/mo 2 or more = \$80/mo Maximum cost share/year is \$500 per child for hospital services
Is monthly eligibility available through Spenddown for children in families with high medical bills? ^{viii}	Not relevant	Yes. Medicaid provides coverage after a family has medical costs totaling the difference between their monthly income and the spenddown level below. Available retroactively per the All Kids Assist policy described above, regardless of income. Spenddown level family of 1 – \$283/mo Spenddown level family of 2 – \$375/mo Spenddown level family of 3 – \$508/mo Spenddown level family of 4 – \$558/mo		

ⁱ **What does “date coverage starts” mean if someone doesn’t have a Medicaid card?**

If someone needs health services while their Medicaid application is pending, they should be sure to: 1) receive those services from a Medicaid provider (found at www.enrollhfs.illinois.gov); 2) be sure Medicaid covers those services (contact the Health Benefits Hotline at 1-800-226-0768); and 3) have the provider bill rather than demand payment at point of service. If someone is found eligible and there is an unpaid bill for Medicaid covered services from a Medicaid provider, the consumer should contact the provider, give them their Recipient Identification Number (RIN) and have the provider submit the bill to Medicaid

ⁱⁱ **Month of Application**

The month of application is determined by the date the application is received by HFS or DHS. Regardless of the day an application is received (could be the first, last or any other day of the month), for All Kids Assist cases the first day of regular (not PE) coverage is automatically the first day of the month in which the application was received unless the family requests and the child qualifies for retroactive coverage.

ⁱⁱⁱ **Date Processed**

Date processed means the day on which a state case worker finalized the decision on an applicant’s eligibility.

^{iv} **Prospective coverage**

All Kids Share and All Kids Premium Level 1 & 2 were designed to mirror private insurance practices in so far as families would be advised to enroll prior to needing coverage. This philosophy underlies the rationale for the programs. A second reason for prospective enrollment is to prevent families from incurring premium debt for past months. No one can know for sure when they apply for All Kids whether they will have to pay a premium for coverage. By starting enrollment prospectively, the state assures that families have time to cancel before coverage begins if they are unwilling to pay the premiums.

^v **Federal restriction on reimbursement**

No federal reimbursement under Title XXI, CHIPRA, is available for any child who is insured when enrolled. That means children with insurance in All Kids Share, All Kids Premium Levels 1 and 2 are 100% state funded.

^{vi} See previous note

^{vii} **Exceptions to the 12 month All Kids Premium Level 2 Waiting Period:**

1. The child lost employer-sponsored health insurance when the child's parent's job ended;
2. The child has no health insurance and is less than one year old in the month of application for All Kids;
3. The child has exhausted the life-time benefit limit of his or her health insurance;
4. The child's health insurance is purchased under the provisions of Consolidated Omnibus Budget Reconciliation Act (COBRA);
5. The child was disenrolled for medical assistance under the Public Aid Code or benefits, including rebates, under the Children's Health Insurance Program Act within one year prior to applying under this Part; or
6. The child has health insurance provided by the child's noncustodial parent and the child's custodian is unable to access such health insurance benefits for the child.

^{viii} **What is Spenddown?** Medicaid spenddown offers a kind of catastrophic coverage for children at any income level whose families have very high medical bills in a calendar month. Families pay costs up to a set amount for the month based on income. This is their spenddown amount and is the difference between monthly income and the spenddown level on the chart. Once a family can show family bills or receipts for services, including insurance premiums, equal to the monthly spenddown amount, Medicaid covers the child’s care costing in excess of that amount for the remainder of that month. A family can submit bills or receipts each month or, if there are large medical bills, a family can submit them at one time to meet their spenddown amount for several months. Bills from up to 6 months prior to the application can be used to meet spenddown. Eligibility for spenddown is available retroactively for up to three months prior to the application date.