

Medicaid Application Process

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Stritch Class of 2023

This is a resource created by Stritch students in January 2020 without school administration oversight. There may be errors or changes since the date this was written and we are only speaking from personal experience.

COVID-19 update from a classmate: The DHS office in Melrose Park will be closed until further notice due to COVID-19. There are only a few offices currently open for in-person visits. The staff member I spoke with confirmed that online processing should take at most 1 week, but most should be processed within 48hrs. Apply by phone is also available and encouraged for anyone who wants immediate notice on eligibility. An interview phone call will be waived for those who apply online. Applicants will self-report IL residency and income, and documentation will only be required if requested for Medicaid.

COVID-19 SNAP update: The Consolidated Appropriations Act, 2021 temporarily expands SNAP eligibility to also include students who have an Expected Family Contribution (EFC) of 0 during the current academic year (whereas normally there are employment requirements). The new temporary exemption will be in effect until 30 days after the COVID-19 public health emergency is lifted.

We were also recently made aware that the Wellness Center on the main campus has a [Care Manager](#) who can help students navigate their options outside of Loyola. In addition, [here is an LUC page](#) dedicated to **food insecurity** resources for students.

Health coverage on Medicaid:

For the most part, everything is free. The Medicaid plan that you select will require you to see in-network providers and may request that you try a generic drug instead of your desired or current medication (however, it is possible to request an exception by having your provider submit a prior authorization). If a provider or facility is in-network, you should have no copays for visits, labs, imaging, etc. It is always worth checking with your insurance provider beforehand. In general, Medicaid is a great alternative to the SSOM student health insurance given the SSOM plan's cost, significant copays, and fairly limited scope of coverage.

Medicaid also offers **back coverage up to 3 months** for any outstanding medical bills. A student may have accrued significant medical bills on the school health insurance before their Medicaid start date, but can be approved for back coverage. This means that Medicaid covers past *unpaid* medical bills and pays medications in full.

You do not need to have Illinois residency to qualify for Illinois Medicaid. You just need to show that you actually live in the state. As described below, a copy of a signed lease will suffice as proof that you live here.

Ensure you opt out of the school health insurance by the given date:

For 2019, the opt out date for Stritch was early October. If you do not opt out of Loyola's student health insurance by their deadline, you will not be refunded or receive credit for the amount you paid. The Financial Aid office can help if you are unsure how to opt out.

Fastest process for Medicaid coverage:

1. Go to a Department of Human Services (DHS) office that processes Medicaid applications in person. Arriving early or before the office opens may reduce your wait time. This location processes Medicaid applications and is close to Stritch:

Illinois Department of Human Services
2701 W Lake St
Melrose Park, IL 60160

2. In terms of documents to bring with you, it would not hurt to bring: social security card, driver's license, birth certificate, a printed copy of your Stritch acceptance letter, financial aid award, and estimated cost of attendance. You definitely need to have evidence of your residence in Illinois (a copy of a signed lease should suffice).
3. When you get inside, inform the triage person that you are applying for Medicaid and SNAP (i.e. food stamps). Even if you don't think you need food stamps, if you state that you are applying for SNAP then they will process you that day and in person. If not, my understanding from other students is that they may not deem your case urgent enough and will request you send in your application online and wait up to 3 months for approval.
4. You will then be in line to check in with someone at the front desk area. You will show them your driver's license, answer a few questions, then be told to wait in the waiting area for someone to call you back. For example, one student showed up 15 minutes after the office opened and had to wait about an hour and a half to be called back.
5. When you get called back to a caseworker's desk, you will be asked to show any necessary documents and will be told whether or not you are approved for Medicaid. From that point onward, you officially have Medicaid. They will explain the next step (i.e. choosing a plan) to you before you leave.

Other options for Medicaid coverage:

Apply online:

Apply online at <https://abe.illinois.gov/abe/access/> but be prepared for a 2 to 3 month wait. This wait time should be taken into account when choosing insurance, as you may not be approved for Medicaid before the deadline to opt out of the SSOM student health insurance. Application through the website is an option, however it is NOT the best option if you need coverage ASAP.

A classmate had a unique situation in which she needed expedited coverage, but submitted her application online:

A few weeks after submitting the online application, she received an urgent letter stating that she would need to answer a call from the DHS at a specific time. The DHS did not end up contacting her at the specified time and she was unable to reach the office over the phone, so she went to the DHS office in person. Once there, she was told that she had already been approved for Medicaid and was given instructions for selecting a specific plan. **She recommends that students apply in person instead of submitting an online application.**

Choosing a Medicaid plan:

When you sign up, you initially will be on Illinois Medicaid for about 30 days before you select a plan from the 4-5 available insurers. You have small copays during that period and your covered providers may be different from the covered providers once you are on your selected plan. Medicaid also assigns you a PCP, but you are able to change to a different in-network provider of your choice.

If you have pre-existing medical conditions that require certain drugs or medical equipment, we recommend you do one (or all) of the following:

- If you have a provider, even a Loyola doctor you find online, who specializes in your health condition or likely has patients with your condition, you can e-mail them and ask, “If you have patients who use drug/equipment _____, which Medicaid plan seems to provide the best coverage?” The person you ask may not know the answer but likely can forward you to someone who does. If you need medical equipment, like an insulin pump, they may help you get in contact with a representative from the device company who can answer your question.
- An alternative to contacting a provider would be to contact the device or drug company directly, but this may work best for more niche medical equipment companies, which tend to have better customer service.
- Look up the insurance plan’s formulary (drug coverage list) on their website and see if your drug/equipment is covered. Keep in mind that some plans have quantity, dosage, and/or brand restrictions. In some cases, the drug or medical equipment is not commonly prescribed and may not be listed.

- If not listed on the formulary, you can call each individual insurer to ask specifically about your medication or equipment coverage. Likely, the insurance representative will only be able to tell you that the insurance company would require a prior authorization for the product to be covered. This is where the device company representative may be most helpful, or a provider familiar with Medicaid patients on your particular drug or product. If the product you use is more commonly prescribed, the insurance representative may be more helpful, although they generally just reiterate what you can find on the online drug coverage list.

If a medication is not covered or Medicaid requests that you try and “fail” on a different medication first:

You can always request that your provider submit a prior authorization form to your insurance, which may or may not be approved. If a prior authorization is denied, you can go through an appeal process if you wish. Coverage denial can happen on any insurance plan, not just Medicaid.

Pay attention to your mail. You may be approved coverage for an initial 90-day supply of a particular medication or equipment, but a prior authorization could be required for additional refills. You should receive a letter in the mail if this is the case.

Notes:

- Several students who have Medicaid were not approved for food stamps, but still received a SNAP card with a one-time \$50 balance. A few students *were* approved for SNAP, though perhaps this is dependent on the DHS caseworker. It seems that SNAP approval is unlikely for unmarried students without children, but may be possible.
- Households with a Medicaid card holder may qualify for Comcast/Xfinity WiFi (25 Mbps) for \$9.95/month with no contract. The applicant must not have been enrolled in Comcast in the last 90 days. In addition to Medicaid, someone with any of the following may also qualify for this internet deal: HAP/HUD, SNAP, TANF, SSI, NSLP/Head Start, LIHEAP, WIC, Federal Pell Grant, VA pension, tribal assistance. Additional program information: <https://internetessentials.com/>. Application: <https://apply.internetessentials.com/>.

Questions? Because we (Hannah and Marissa) graduate in May 2023, we suggest you contact the Financial Aid Office, current Stritch students (the class GroupMe has been a great resource over the years), and any student groups that may be able to help (for example, the First-Generation, Low-Income (FGLI) Medical Student Committee).