

ABE 101: Completing a Medicare Savings Program (MSP) Application

A Beginner's Guide to ABE and MSPs

Last Updated April 2024

About this guide

- Please note that this guide displays the version of the ABE website that was available in April 2024.
- In July 2024, Abe.Illinois.gov enhanced its security, requiring individuals to create an ILOGIN account to access applications through the website and the Manage My Case portal. Instructions to create an ILogin Account that are not included in this guide but are available online [here](#).



What is a Medicare Savings Program?

- A type of benefit that will pay someone's Medicare Part B premiums
- There are three different Medicare Savings Programs
- One MSP program, the Qualified Medicare Beneficiary (QMB) program, also pays Medicare part A premiums and Medicare **cost sharing**
 - Cost sharing- a term to describe any time someone shares the cost of a service with their insurance
 - QMB covers all cost sharing. Therefore, people enrolled in the QMB program should not have **any medical bills** for a Medicare service



Types of MSPs

Type of MSP	Helps Pay For:	Effective Date
Qualified Medicare Beneficiary (QMB)	Pays for monthly Medicare Part A and Part B premiums, deductibles, and cost sharing	QMB is effective the first day of the month following the month of approval
Specified Low-Income Medicare Beneficiary (SLMB)	Pays for monthly Part B premium only	Backdated to three months prior to the date of application
Qualified Individuals (QI)	Pays for monthly Part B premium only	Backdated to three months prior to the date of application

Note: Beneficiaries who qualify for any one of the three MSPs will get automatically enrolled in Extra Help, a program that pays their Medicare Part D prescription drug costs



MSP Income and Asset Limits

2024 MSP Income and Asset Limits			
MSP	Federal Poverty Level (FPL)	*Monthly Income Limit (Includes a \$25 income disregard)	**Resources/Assets Less Than:
QMB	Income less than 100% FPL	\$1,280/month or less – (single) \$1,728/month or less - (couple)	\$9,430 (single) \$14,130 (couple)
SLMB	Income between 100% - 120% FPL	\$1,529/month or less - (single) \$2,067/month or less - (couple)	\$9,430 (single) \$14,130 (couple)
QI	Income between 120% - 135% FPL	\$1,717/month or less - (single) \$2,323/month or less - (couple)	\$9,430 (single) \$14,130 (couple)

*Illinois includes a \$25 income disregard which is reflected in the amounts listed above

** Note that following are exempt and do not count as an asset:

- Prepaid burial funds and expenses in a designated account up to \$1,500 per person (not included in the limits above)
- Life insurance policies with a cash value of less than \$1,500



Intake Information:

(Note: Additional information may be needed if you are applying for additional benefits)

- All information listed on the head of household's Driver's License or State ID
- Full names and date of birth for everyone on the application
- Social security numbers for everyone applying for benefits.
- Alien Registration Number for any person who is applying and not a US citizen
- Information about gross monthly income for everyone on the application
- Value of everyone's cash, checking, savings, and/or any other type of bank account
- General information about any vehicles, real property, life insurance, and burial resources for everyone in the household



MSP Enrollment Process



Applicants should anticipate getting a decision within 60 days of submission

In Illinois, it typically takes an additional 60 days after approval for Medicare Part B payment and/or other applicable benefits to begin



What is ABE?

The Application for Benefits Eligibility (ABE) is the State of Illinois official platform where individuals can submit applications or inquire about the status of their cases for the following public benefits:

Medicaid: Low-income health insurance.

SNAP: This program helps pay for groceries. Also known as EBT, LINK, or Food Stamps.

TANF/ AABD Cash: A cash benefit available to people with low income.

Medicare Savings Programs: 3 Benefit programs that pay Medicare Part B Premiums.

- One MSP program, the Qualified Medicare Beneficiary (QMB), also pays Medicare Part A premiums and Medicare cost sharing.

Note: AgeOptions does not train on AABD Cash/ TANF.



Benefits to ABE

- The applications are much easier to track as there is a record of everything.
- Faxed or mailed applications run risk of getting lost.
- There is no record of what was listed on an in-person application.
- The platform offers a secure way to upload documents.

We strongly recommend you use ABE as much as possible. Only utilize paper applications as an absolute last resort.



Pro Tip! Apply for SNAP!

- All MSP applicants should also meet the income requirements for SNAP benefits
- SNAP benefits must legally get processed in 30 days
- If the applicant does not receive SNAP, you can add a SNAP application to their MSP application on ABE. This typically helps expedite the approval process.

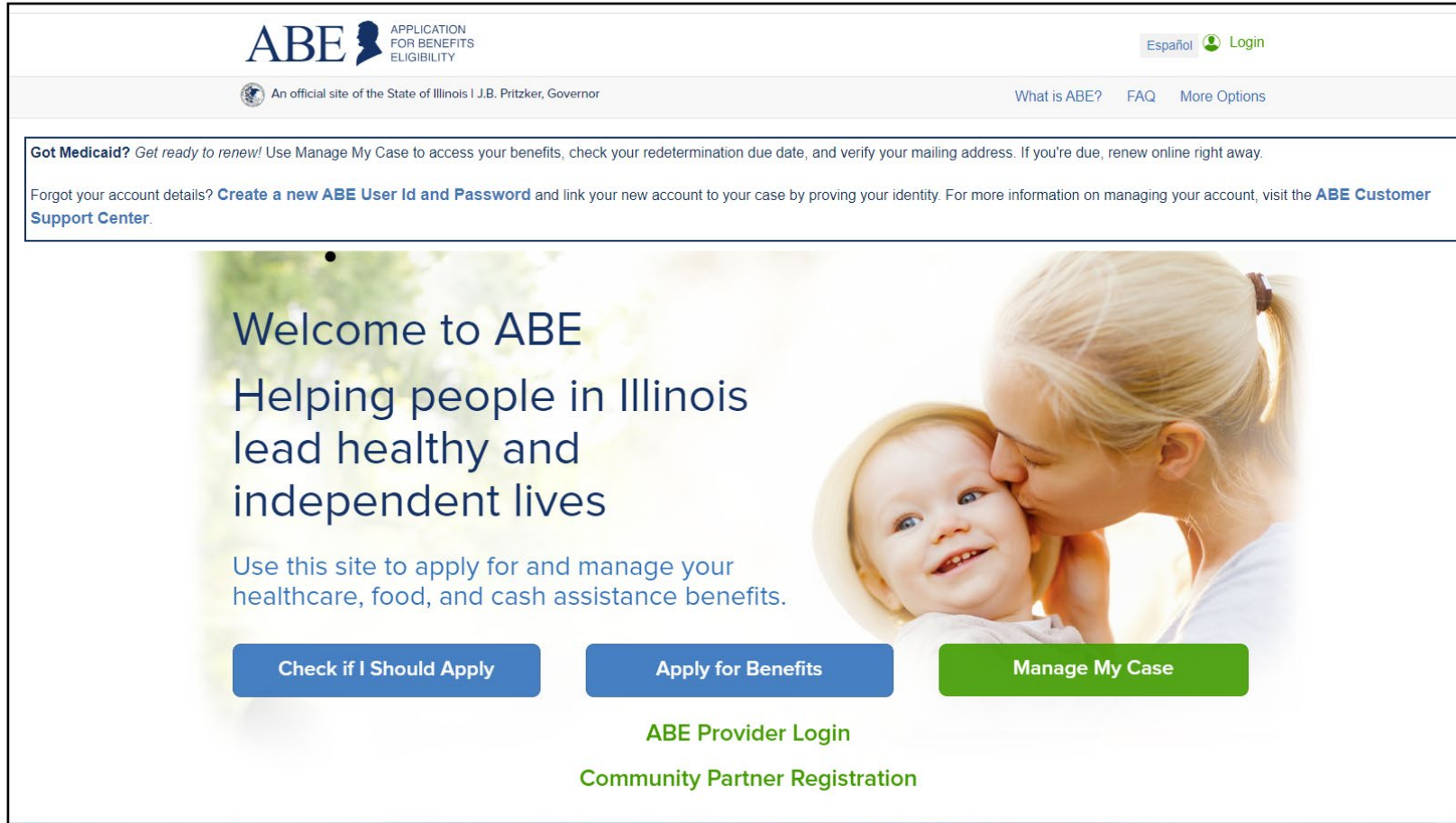


How to Submit the ABE application



Home screen

WWW.ABE.ILLINOIS.GOV



The screenshot shows the home screen of the ABE website. At the top left is the ABE logo with the text 'APPLICATION FOR BENEFITS ELIGIBILITY'. To the right are links for 'Español' and 'Login'. Below the logo is a banner stating 'An official site of the State of Illinois | J.B. Pritzker, Governor'. On the right side of the banner are links for 'What is ABE?', 'FAQ', and 'More Options'. A central message box contains information about Medicaid renewal and account management. The main content area features a large image of a woman kissing a baby on the cheek. To the left of the image, the text reads 'Welcome to ABE' and 'Helping people in Illinois lead healthy and independent lives'. Below this is a sub-headline: 'Use this site to apply for and manage your healthcare, food, and cash assistance benefits.' At the bottom of the main content area are four buttons: 'Check if I Should Apply' (blue), 'Apply for Benefits' (blue), 'Manage My Case' (green), and 'ABE Provider Login' (green). Below the buttons is a link for 'Community Partner Registration' (green).

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Español Login

An official site of the State of Illinois | J.B. Pritzker, Governor

What is ABE? FAQ More Options

Got Medicaid? *Get ready to renew!* Use Manage My Case to access your benefits, check your redetermination due date, and verify your mailing address. If you're due, renew online right away.

Forgot your account details? **Create a new ABE User Id and Password** and link your new account to your case by proving your identity. For more information on managing your account, visit the **ABE Customer Support Center**.

Welcome to ABE

Helping people in Illinois lead healthy and independent lives

Use this site to apply for and manage your healthcare, food, and cash assistance benefits.

[Check if I Should Apply](#) [Apply for Benefits](#) [Manage My Case](#)

[ABE Provider Login](#)

[Community Partner Registration](#)



Home Screen: The first things to learn

Use this site to apply for and manage your healthcare, food, and cash assistance benefits.

Check if I Should Apply

Apply for Benefits

Manage My Case

ABE Provider Login

Community Partner Registration

Benefit Screener

Tool to help determine what benefits the household may qualify for

Application

Link to apply for SNAP, Medicaid, Medicare Savings Program, or Cash Benefits

Manage My Case

A portal that allows you to view the status of any existing benefit cases, apply for new programs, file redeterminations, and report changes



Log in or Create an Account

Create An Account

Before you get started on your application, it is a good idea to create a secure account. This should take just a few minutes.

If you create an account, you can save your application and come back to it later. We will also save the information as you go along. If anything happens while you are working on your application, you will not lose the work that you did.

Keep in mind that this is a secure website run by the Illinois Department of Human Services and the Illinois Department of Healthcare and Family Services. As required by law we will keep your information private and secure.

Please click one of the buttons to tell us what you would like to do. Then click the **Next** button at the bottom of the page.

- Create an account** so you can save your application and come back to work on it later. You can also use this account to check the status of your application after you submit it.
- Log in** using your existing account if you have an account.

Exit

Back

Next



Setting Up Your Account

There are three more steps to setting up a secure account. Keep in mind that this is a secure website. By law, we must keep your information private and secure.

If you experience technical problems while using the site, [Report Technical Difficulties](#).

Some items have a star (*) next to them. You must fill these items in before you can create your account.

Step 1: Your Name

Please fill in your name below.

* First Name :

Middle Initial :

* Last Name :

Step 2: User ID and Password

To log in to your account, you will need to create a user ID and password. For both of these, you should choose something that's easy for you to remember but hard for other people to guess.

Keep in mind that you will need your user ID and password as you start your online application. So, please remember these details.

* User ID :

Your User ID must be 5 to 20 letters and/or numbers.

* Password :

Your password must be a minimum of 8 characters. It must contain a minimum of three of the following:

- one capital letter,
- one lower case,
- one special character (! @ # \$ % & *), and
- one numeral

Passwords cannot be used consecutively. The same password cannot be used for 24 change cycles.

Best Practice:

Create a formula for creating a username and password.

Example Formula:

UN: Last Name, Year Born

PW: [Streetname] [phone number]!

For security purposes, formulas should be unique to your organization. Give the client their log in information, but do not let clients know about your agency's formula.



Security Questions

Step 3: Secret Questions

We are also asking two "secret questions" that you can use if you ever need to recover your password. Click on the box to choose a question that only you know the answer to. Then fill in your answer. Please remember the answer you give, since you will need to type it in exactly the same way if you lose your password.

* Secret Question 1 :

* Answer to Secret Question 1 :

* Secret Question 2 :

* Answer to Secret Question 2 :

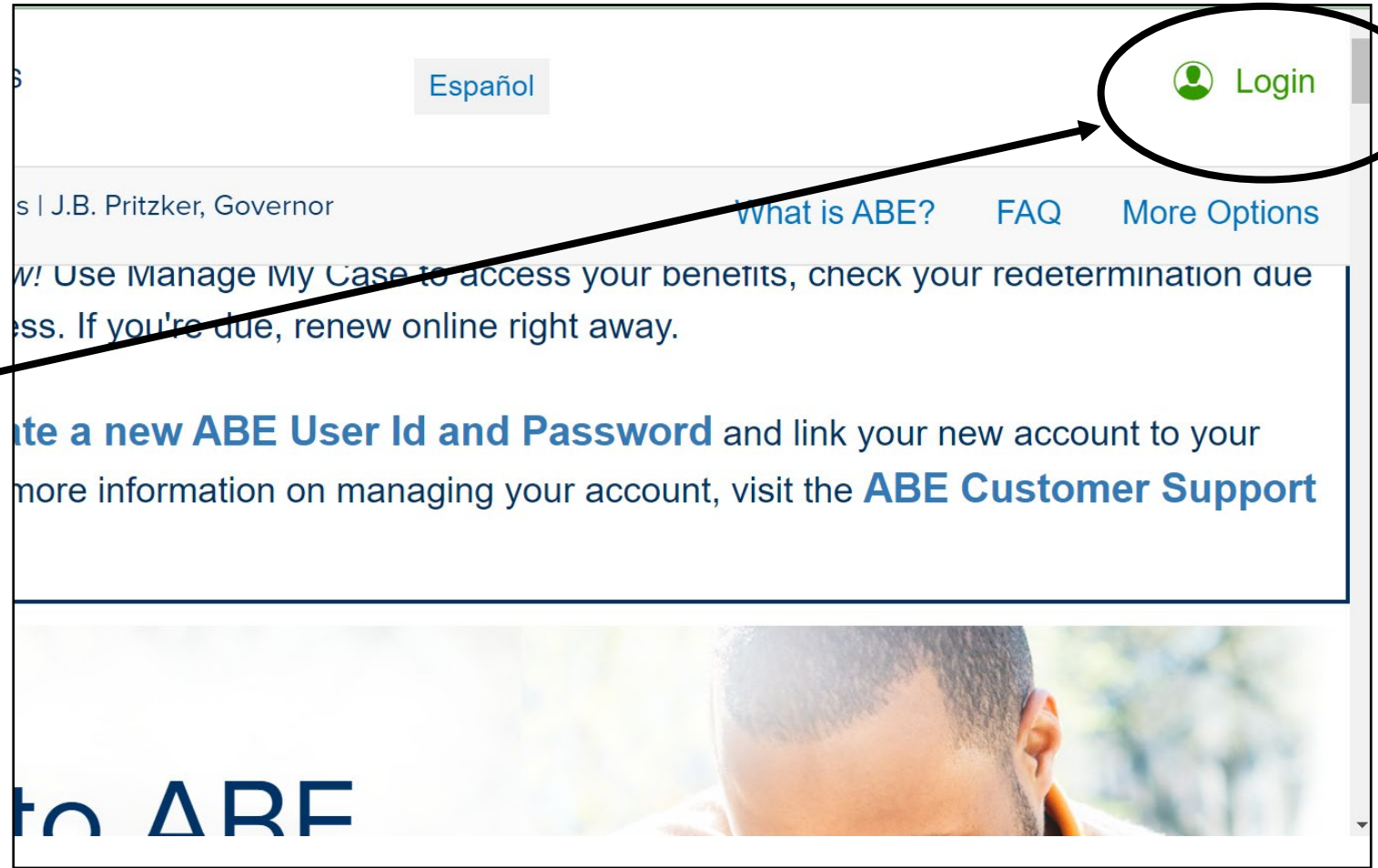
Save these! Clients will need them

- The security system requires the password to be changed every 180 days
- If the client forgets their password, they will need these security questions
- Security questions must be more than 4 letters




Log into the account

Log in button is in the upper right-hand corner of the screen



Click “Private Computer”

ABE  APPLICATION FOR BENEFITS ELIGIBILITY

[Help](#) | [Print](#) Logged in: [jappleseed123](#) | [Logout](#)

Hello, Johnny. You are logged in.

In order to secure your data better, please let us know the type of computer you are using currently.

- This is a private computer. Example Personal computer at your home.
- This is a public computer. Example(s) DHS Kiosks, Public library computer, Community center computer, Office computer.

Next



Opening a New Application

Click here to start a new application

NOTE: Only start a new application if the client is certain neither they or their spouse has Medicaid, SNAP, MSP, or AABD Cash and therefore do not have an *active case* with an FCRC (public aid office).

Hello, Johnny. You are logged in.

Apply For Benefits


Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

- Start a new application for Health care coverage, SNAP, Cash Assistance, and/or Medicare Savings Program. For most people, it will take approximately 30 minutes to fill out the application.
- Keep working on an application that you have already started.
- Check the status or view an application that you have already submitted.
- Register my agency as a Community Partner, or update my agency's information.

As you apply for benefits, please do not use the Forward, Back or Stop buttons on your web browser to move from page to page. Instead, use the buttons on this website.

Note: You will be logged out after 15 minutes of inactivity.
If you have technical difficulties using this website, please [Report Technical Difficulties](#)

Exit **Next**

Official Site of  The State of Illinois

[Privacy Statement](#) [HFS Home](#) [DHS Home](#) [HFS Forms](#) [HFS Brochures](#) [DHS Forms](#) [DHS Brochures](#)
[Frequently Asked questions \(FAQ\)](#) [Contact Us](#) [Satisfaction Survey](#)



Scroll down to the bottom and click next

Apply For Benefits

Before you start the application, there are a few things you should know.



Right to submit my application now

You can submit your application right away before answering the questions, but it may take us longer to decide if you qualify for benefits.

The date DHS or HFS receives your application is your "application date" and may affect the date your benefits start. Your "application date" is the date from which SNAP benefits will be provided. If your application is received or filed online after close of business on a business day, the date of application is the following business day. Business days are Monday to Friday most weeks and state business closes at 5:00 p.m. Weekends and state holidays are not business days.

To submit your application for SNAP, Cash Assistance, or Healthcare Coverage right away:

- Click on the "Save & Exit" button at the bottom of any page within the online application
- Choose the "Submit my application now" option.
- Your application will be sent to DHS or HFS office with only the information you have entered.
- You will still need to provide additional information. A worker will contact you to gather other information that we will need to make a decision.
- You will not be able to change your answers or add information to your application.



We accept paper applications

If you prefer a paper application, click the link below. You can type in answers to the questions or print the form and fill it out by hand. When you are done, mail, fax, or take it to a Family and Community Resource Center.

[Paper form to apply for Cash, SNAP, and Healthcare \(PDF\)](#)



What if I need food right away?

If you apply for SNAP you might be able to get benefits right away, if:

- your gross income and assets are less than your monthly rent or mortgage payment and the appropriate utility standard.
- your assets are less than \$100 and your monthly income for the month of application is less than \$150, or
- your assets are less than \$100 and at least one person applying is a migrant worker who does not expect to earn at least \$25 in the next 10 days.



What information will I need to fill out the application?

- ✓ Full names and dates of birth for everyone who is applying for benefits
- ✓ Social Security numbers for everyone applying. If Social Security numbers are pending, give the date(s) the application(s) were made.
- ✓ Address of where you live.
- ✓ Information about all of the income everyone receives.
- ✓ If someone applying for benefits is not a US citizen, have the Non-Citizen Registration Numbers
- ✓ If someone is applying for Cash or Health Care Coverage for the Aged, Blind or Disabled, have information about the value of everyone's cash, checking and savings accounts.
- ✓ If someone is applying for SNAP or Cash, have:
 - the amount of child or spousal support paid.
 - the names of any absent parents.
 - housing and utility costs.
 - the amount paid for care of a child or disabled adult.

Back

Next

Hello, Johnny. You are logged in.

Before you go to the next page:

⚠ Approved Representatives must upload a completed IL444-2998 Approved Representative form (PDF). The Approved Representative will receive a copy of all notices sent to the customer. The role of the Approved Representative is fully explained on the form. The form must be completed entirely and signed by the customer. It is not necessary to be an Approved Representative to help someone apply for benefits.

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Who is filling out the application?

Are you filling out this application for yourself or someone in your family? Yes No

Are you filling out this application for someone else? If so are you:

- a friend or legal guardian
- someone with power of attorney
- a staff person of a community agency ?

If you or your agency are registered as a community partner on this site, enter your agency number here.

By checking this box, a request will be sent to allow this agency to view information on my case. You will still need to approve this request in your ABE account.

Back

Save and Exit

Next

Check in with your agency to see if you need to become an approved representative

Some of your organizations may have registered as a community agency. If so, list your agency number here.



Click 'Apply for Medicare Savings Program'

Apply for Coverage

- Start
- People
- Liquid Resources
- Other Resources
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Finish
- Submit

Apply for Benefits

Please select Yes or No for each benefit option below

Apply for SNAP (Supplemental Nutrition Assistance Program)? Yes No

SNAP (Supplemental Nutrition Assistance Program) helps people and families buy food they need for good health. This program used to be called Food Stamps. [More about SNAP.](#)

Apply for Healthcare Coverage? Yes No

Provides access to healthcare benefits to people of all ages in Illinois. [More about healthcare coverage.](#)

If you do not qualify for HFS medical programs, we will send your information to the federal Health Insurance Marketplace. The Marketplace will contact you to complete the application process by reviewing available tax credits and choosing and enrolling in a health plan.

Apply for Family Planning Program? Yes No

The Illinois Family Planning Program is a partial-benefit program that offers coverage for family planning and related services for men and women. **Select this option to apply for the Family Planning services only.** [More about Family Planning Program.](#)

Apply for Cash Assistance? Yes No

Helps pay for food, shelter, utilities, and expenses other than medical costs. A small amount of [Cash Assistance](#) is available to people who qualify.

If you apply for Cash Assistance, you will automatically apply for Healthcare coverage.

Apply for Medicare Savings Program? Yes No

Helps people on Medicare pay for premiums, deductibles, and co-insurance charges. [More information about the Medicare Savings Program](#)

Back **Save and Exit** **Next**

Please note:
If you have your client apply for multiple programs, there may be additional steps and documentation required.



Hello, Johnny. You are logged in.



8% Complete

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

More About Benefits

We are almost ready to start! There are just a few more things you should know. Once you have read this, click on the **Next** button at the bottom of the page.

SNAP, Cash Assistance and Healthcare Coverage

- ✓ You have the right to submit your application right away by providing only your name address and signature but by filling out as many pages as possible, you may avoid delays in processing of your application. If you still want to submit your application now click "Save and Exit".
- ✓ The date we receive your application is your application date which affects the date your benefits will start. If the application is filed online after close of business (such as weekends, holidays, or after 5:00 P.M. on business days), the date of the application is the following business day.

Back

Save and Exit

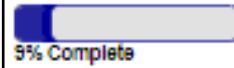
Next



General Information Section



Hello, Johnny. You are logged in.



Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills


Other Bills

Finish


Submit



Johnny Appleseed

Primary Account Holder 

People In Your Home

* First Name : 

Johnny

Middle Initial :

* Last Name :

Appleseed

Suffix :



Gender :



Male



Female

Date of Birth :

MM

DD

YYYY

/

/

What is this person's marital status?



What county do you live in?



Back

Save and Exit

Next



Hello, Johnny. You are logged in.

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

Where You Live

* Street Address:

* City :

* State :



* Zip Code :

I am homeless right now. If you are homeless fill out a mailing address instead of this address.

Mailing Address

Where can we mail notices about your benefits?

Street Address or P.O. Box Number :

City :

State :



Zip Code :

Back

Save and Exit

Next

Mailing address
can be different
from where you
live



Hello, Johnny. You are logged in.

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

Contact Information

How can we get in touch with you?

Home Phone :

Work Phone : Extension:

Cell Phone :

Alternate Phone :

Phone for Text Reminders : 

Standard fees may apply from your mobile service provider.

What is the best phone to get in touch with you during a weekday?

What is the best time to call you during the weekday?

If you are deaf or hard of hearing and you have asked us to get in touch by phone, what method do you use?

What language should we use if we need to contact you?

What language should we use when we mail you notices? English Spanish

Email Address:

Confirm Email Address :

Back

Save and Exit


Next

Applicants can elect to get text reminders for important dates.

Applicants can elect to get emailed reminders that notices are available online and/or were mailed



People in the Home

* How many people live with you (include yourself)? If applying for medical assistance also include everyone that will be claimed on your tax return even if they don't live with you. 

1 

Back

Save and Exit

Next

NOTE: If someone is solely applying for a MSP, we only need to consider the income of the applicant and their spouse when determining eligibility. Other household members only need to be listed if the person is you also applying for a second benefit




Benefit Selection

Select Yes or No to apply for benefits for this person. If you don't see the benefit you need, navigate "Back" to the Apply for Benefits screen and select Yes to make it available here

* Medicare Savings Program : Yes No

Social Security Information

You do not have to answer these questions if this person is not applying for benefits. 

Social Security Number : - -

Please Confirm Social Security Number : - -

If this person does not have a Social Security Number (SSN), but has applied for one, when did he or she apply? Ex: mm/dd/yyyy


A Social Security number is required for anyone applying for benefits.

If a household member is **NOT** applying, their SSN does not need to be entered.



If a household member is not a US citizen, you may enter their citizenship information

Citizenship Information

Is this person a U.S. citizen?  Yes No

Anyone applying for benefits has to provide information on their immigration status.

Is this a request for emergency medical for a non-citizen? Yes No


Is this person a documented non-citizen? Yes No

Document Type

Document Number

What is this persons Alien registration number?

What was their date of entry? Ex: mm/dd/yyyy

* What date did this status begin?  Ex: mm/dd/yyyy

Note: This question is not relevant to an MSP application, as it refers to emergency Medicaid Coverage. Anyone who needs emergency Medicaid coverage should be applying for Medicaid, not an MSP.



Note: Race and ethnicity information is optional

Ethnicity

Select this person's ethnicity. You do not have to answer this question if you do not want to. Your answers will not be used to make a decision about your benefits.

- Puerto Rican
- Non-Hispanic/Latino
- Another Hispanic, Latino, or Spanish origin
- Mexican, Mexican American, Chicano/a
- Cuban

Race

Select this person's race. You do not have to answer this question if you do not want to. Your answers will not be used to make a decision about your benefits.


- American Indian / Alaska Native
- Black / African American
- Native Hawaiian
- Other
- Filipino
- Japanese
- Samoan
- Unknown
- Asian Indian
- Other Asian
- White
- Chinese
- Guamanian or Chamorro
- Korean
- Vietnamese



If the client is living at the address they previously stated, select “In this home”

Residence Information

Is this person a resident of Illinois? Yes No

* Where does this person live? 

Back

- In this Home
- Nursing home/Supportive Living Program
- Group Home Including CILA
- County Jail/County Juvenile Detention
- Illinois State Prison/State Juvenile Detention
- Shelter Care
- Other

Note: MSPs are not available to incarcerated individuals



Hello, Johnny. You are logged in.



Apply for Coverage

✓ Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Household Members Summary

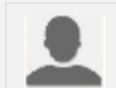
Here is a summary of what you told us. You can change your answers by clicking on the "Change" button. If you made a mistake and want to remove a person's designation for something on the application, click "Erase". For example, if the summary page says a person is disabled but that's not correct, click "Erase".

To add another person to this application, click "Add Person"

[Add Person](#)

Johnny Appleseed

Personal Information [Change](#)



Born: **Not provided**
Gender: **Male**
Language: **Not provided**
Phone: **Not provided**

Benefit Selection [Change](#)

- Healthcare Coverage

Click 'Add Person' to add a spouse. Only add other household members if you are applying for additional benefits.





Identity Proofing



Verify applicant's identity

APPLICATION

Verify Your Identity

Verify Identity

We need to verify your identity. We can verify your identity during the application process or you can do it later. If you return later to link your case in MMC, you will be required to verify at that time.

To verify your identity later, choose the 'Verify your Identity Later' button

To verify your identity now, complete the questions below and choose 'Verify Identity Now'. If you do not have an Illinois Driver's license or State ID Card, we will attempt to verify your Identity using another method.

* Do you have an Illinois Driver's License or State ID Card? Yes No

[Verify Identity Later](#) [Back](#) [Verify Identity Now](#)

[Frequently Asked questions \(FAQ\)](#) [Contact Us](#) [Satisfaction Survey](#)



Hello, USER. You are logged in.

Verify your Identity - Illinois Driver's License or State ID Card

Complete the Illinois Driver's License/State ID Details section below. Enter the information **EXACTLY** as shown on your Illinois Driver's License/State ID Card, including your middle name **ONLY** if it appears on your ID.

Illinois Driver's License/State ID Information

* First Name

Middle Name

* Last Name

Suffix

* Date of Birth MM DD YYYY
 / /

* Eye Color
Brown
Black
Grey
Green
Hazel
Blue
Yellow

* Height ft in

* Weight lb

* Enter in your 12-digit Illinois Driver's License or Illinois State ID Number - -

On your Illinois Drivers License, your Illinois Driver's License Number is located here:



On your Illinois State ID Card, your Illinois State ID Number is located here:



Back

Next

Verify with ID card

Make sure to type in information **exactly** as it is listed on the ID card

PRO TIP! Put a 0 before the numerical value in the 'ft' section and a 0 in front of the in section, if applicable

*Example: if someone is 5ft 5in, state that they are **05** ft and **05** inches.*

If you don't put the 0 the system will not be able to verify identity



Verify with Experian background questions

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print | Logged in: happy1540 | Logout

Verify Your Identity

To protect you from identity theft, and to confirm your identity, please answer these questions. If the correct answer isn't here, choose "None of the above". When you are done, click "Next".

1. Which of the following streets have you lived on?
 - Sunnyside Rd.
 - Main St.
 - Michigan Ave.
 - Grand Ave.
 - None of the above
2. Which of the following phone numbers have you been associated with?
 - 217-555-1212
 - 312-000-1234
 - 773-555-0000
 - 872-111-0000
 - None of the above
3. What street number have you lived at?
 - 111
 - 34786
 - 14177
 - 300
 - None of the above
4. What is your mother's maiden name?
 - Smith
 - Johnson
 - Williams
 - Brown
 - None of the above
5. What county do you currently live in?
 - Cook
 - Adams
 - Sangamon
 - DuPage
 - None of the above

Next

If you are unable to verify identity through the client's ID, the client can answer a series of questions that drawn from their credit report.

These questions are only available if the applicant has credit history.



You may see this screen if you unsuccessfully answered the verification questions or there is no credit history to verify the applicant's identity.

Verify Your Identity

We were unable to verify your identity based on the answers you provided.

Our Identity Verification service is hosted by Experian. Please call the Experian help desk and give them this reference number to verify your identity over the phone.

Help Desk Phone Number: 1-866-578-5409

Reference Number: 8c31-e9-68c6

Please answer the question below after calling Experian.

Were you able to verify your identity through Experian? Yes No

Click Next to complete the identify verification process

Back

If you are unable to verify identity through state ID and/or Experian, you can manually verify by faxing a form to IDHS. See appendix for more.





Assets



Apply for Coverage

✓ Start

✓ People

Liquid Resources

Other Resources

Job Income


Other Income

Housing Bills

Other Bills

Finish

Liquid Resources

Tell us about the people in your home who have liquid resources. 

If someone owns a resource with another person, only check the box of one of the owners. Later, we will ask more about who else owns the resource.

*** Cash**

Does anyone keep cash at home (rather than in a savings or checking account)? Yes No


*** Savings Account**

Does anyone have a savings account or closed or removed/added a name to a savings account in the last 5 years? Yes No

*** Checking Account**

Does anyone have a checking account or closed or removed/added a name to a checking account in the last 5 years? Yes No

*** Other Liquid Resources**

Does anyone own any other liquid resources or has anyone sold/given away any liquid resources in the past five years? 

These liquid assets are calculated towards the MSP asset limit.



Other Liquid Resources

Next, please check the box(es) to tell us which type(s) of other resource(s) each person owns or has sold/given away in the last 60 months. Keep in mind that if a resource has more than one owner, you only need to tell us about that resource once. If you need to know more about a type of resource listed below, please click the Help button.

* Johnny's Other Liquid Resources



- | | |
|---|---|
| <input type="checkbox"/> Trusts and/or annuities | <input type="checkbox"/> Medical Savings Account |
| <input type="checkbox"/> Money Market Accounts | <input type="checkbox"/> Lawsuit that may bring money |
| <input type="checkbox"/> Savings bonds, stocks or mutual funds | <input type="checkbox"/> Certificates of Deposit (CDs) |
| <input type="checkbox"/> IRA, Keogh, 401(k) or deferred compensation account(s) | <input type="checkbox"/> Other (tax refund, mineral/oil rights, nursing home accounts, promissory notes/loans, reverse mortgages, etc.) |

The total value of all liquid accounts must be under \$9,430.00 for an individual and \$14,130.00 for a couple



More About Johnny's Cash on Hand.

Please tell us a little bit more about Johnny's cash on hand.

How much money does Johnny have?

\$

Sold / Given Away

Complete only for persons who live in a nursing home facility or a supportive living facility or who intend to move to a nursing home facility or supportive living facility, or who receive or have applied for services through the Department on Aging's Community Care Program. Please answer if the cash on hand has been closed or a name is added/removed in the last 60 months.

Yes No

Back

Save and Exit

Next

List the current value of the applicant's accounts here.




Vehicles

Vehicles

Next, please check the boxes to tell us which types of vehicles each person owns. Keep in mind that if a vehicle has more than one owner, you only need to tell us about it once.

Johnny's Vehicles

 Johnny

- Car
- Truck
- Boat
- Camper / Trailer
- Motorcycle
- Recreational Vehicle
- Other Vehicles

One vehicle per person is exempt from this asset test. Fair Market Value does not need to be verified if the vehicle is exempt

More About Johnny's Car.

* Year : Make : Model :

What is the fair market value of Johnny's car? \$?

How much does Johnny owe on this car? \$?

Other Owners

Does anyone own the car with Johnny? ?

Someone outside of the home

First Name: Last Name:

Prior Months Information

You have told us that Johnny needs Healthcare Coverage for the prior 3 months. Please tell us about the value of Johnny's car during these months.

Month	Value
December	\$ <input type="text"/>

Does Johnny own another car? Yes No




Real Estate

Real Estate

Next, please check the boxes to tell us the type of real estate that each person owns. Keep in mind that if a resource has more than one owner, you only need to tell us about that resource once.

Johnny's Real Estate


Johnny

- Home / Building
- Land
- Life Estate
- Mobile Home
- Other Real Estate

Back **Save and Exit** **Next**

The house the applicant lives in is exempt from asset tests. Additional Real Estate is not.



More About Johnny's Home / Building.

Please tell us a little bit more about Johnny's home / building.

Does Johnny live in this home / building? Keep in mind that you should only answer yes if this is Johnny's primary residence. Yes No

If you answered no because Johnny is staying in a nursing home, hospital, or other care facility, does Johnny plan to return to this home / building? Yes No

Does Johnny's spouse live in this home / building? Yes No

What is the fair market value of Johnny's home / building? \$

How much does Johnny owe on this home / building? \$

Is this home / building listed for sale? Yes No

Home / Building Address

What is the address of this home / building?

The household address (123 Appleseed Ln, Oak Park, IL 60301)
 Other

Street Address:

City : State : Zip Code :

Other Owners

Please check the boxes for anyone who owns the home / building with Johnny. If the joint owner lives in the home but is not listed below, [Click here for more information about Real Property](#)

Someone outside of the home

First Name: Last Name:

Prior Months Information

You have told us that Johnny needs Healthcare Coverage for the prior 3 months. Please tell us about the value of Johnny's home / building during these months.

Month	Value
December	\$ <input type="text"/>

Does Johnny own another home / building? Yes No

One home is exempt from the asset test. If the client lives in their home, you can skip the sections asking the fair market value and amount owed, as that asset is exempt. If the client owes two homes, you will need to list this information.



Note: MSP Not Subject to Medicaid Estate Recovery

- MSP benefits are NOT subject to Medicaid estate recovery
 - The Medicare Improvement for Patients and Providers Act (MIPPA) **eliminated estate recovery for MSP claims**
 - Includes Part A and Part B premiums, deductibles, coinsurance, and co-payments
 - Applies to all MSP groups
- Encourages beneficiaries who are eligible for MSP to apply without fear of Medicaid estate recovery after their death
- Medicaid benefits not related to MSP cost-sharing may still be subject to estate recovery

DHS policy memo: <https://www.dhs.state.il.us/page.aspx?item=60004>




Burial Resources

Burial Resources

Next, please check the boxes to tell us the types of burial resources that each person owns. Keep in mind that if a resource has more than one owner, you only need to tell us about that resource once.

Johnny's Burial Resources



Johnny

- Burial Spaces/Plots
- Other Burial Funds / Contracts
- Pre Need / Pre Paid Burial Fund / Contracts
- Other Burial Resource

More About Johnny's Burial Spaces/Plots.

Please tell us a little bit more about Johnny's burial spaces/plots.

Who is this burial spaces/plots for?


Johnny

Other

How much are these burial spaces/plots worth? \$

Does Johnny own any other burial spaces/plots? Yes No

The first \$1500.00 in a pre-paid burial fund is exempt




Life Insurance

Life Insurance

Please check the box to tell us what kind of life insurance each person has. If you are not sure, please click the Help button to read more about each type of life insurance. Keep in mind that if a resource has more than one owner, you only need to tell us about that resource once.

Johnny's Life Insurance

 Annuity Term
 Whole

Johnny

Life insurance policies without a cash value are exempt. If the life insurance policy has a cash value, the first \$1,500 is exempt but the rest is then counted towards the asset limit. Proof of the life insurance policy must be submitted.

Johnny's Annuity Life Insurance

You have told us that Johnny has life insurance. Please tell us more about Johnny's Annuity policy.

What is the face value of this Annuity policy? By face value, we mean the minimum benefit that will be paid out upon Johnny's death. In most cases, this is the amount written on the policy. \$

What is the cash surrender value of this policy? By cash surrender value, we mean the amount Johnny would get if the Annuity policy were cancelled. \$

What is the policy number?

Life Insurance Company

Please tell us more about Johnny's Life Insurance company.

Insurance Company Name :

Address :

City : State : Zip Code :

Prior Months Information

You have told us that Johnny needs Healthcare Coverage for the prior 3 months. Please tell us about the value of Johnny's Annuity during these months.

Month	Value
December	\$ <input type="text"/>

Does Johnny own another Annuity insurance policy? Yes No



Other Additional Resources

Additional Resources

Please check the box for anyone who owns any other additional resource.

*** Johnny's Additional Resources**


Johnny

- Mineral / Oil / Royalties / Copyright / Patents
- Tools and equipment, Livestock or crops
- Other Additional Resource
- Safe Deposit Box

Back **Save and Exit** **Next**

It is highly unlikely that you will encounter a case where someone has one of these assets. If you do, contact Avisery for assistance.

More About Johnny's Mineral / Oil / Royalties / Copyright / Patents

Please tell us a little bit more about Johnny's mineral / oil / royalties / copyright / patents.

What is the total value of Johnny's mineral / oil / royalties / copyright / patents? \$

Other Owners

Please check the boxes for anyone who owns mineral / oil / royalties / copyright / patents with Johnny. If the joint owner lives in the home but is not listed below, [See More About Additional Resources](#).

Someone outside of the home

First Name: Last Name:

Prior Months Information

You have told us that Johnny needs Healthcare Coverage for the prior 3 months. Please tell us about the value of Johnny's mineral / oil / royalties / copyright / patents during these months.

Month	Value
December	\$ <input type="text"/>

Does Johnny own any other additional resource that he or she is keeping as an investment? Yes No

Back **Save and Exit** **Next**





Income



Job Income

Hello, Johnny. You are logged in.

59% Complete

Apply for Coverage

- ✓ Start
- ✓ People
- ✓ Liquid Resources
- ✓ Other Resources
- Job Income**
- Other Income
- Housing Bills
- Other Bills
- Finish
- Submit


Job Income Information


Tell us about the people in your home who have jobs or are self-employed.

*** Current or Recent Job**

Check the box for anyone who has a job right now or had a job in the last 3 months or is on strike from a job right now. Do not check this box if the person is self-employed.


No one

 Johnny

*** Self Employment** 

Check the box for anyone who is self-employed right now or has been self-employed in the last 3 months.

No one

 Johnny

Back **Save and Exit** **Next**

More About Johnny's Job

Tell us more about a job Johnny has had in the past 3 months.

Do not enter information about Work Study here. We will ask about that later in the Other Income section.

Employer

* Name of Employer:

Employer Address:

City: State: Zip Code:

Employer Phone:

Job Title:

When did Johnny start this job? Ex: mm/dd/yyyy

Is Johnny's payment from employment expected to continue for the next 30 days? Yes No

Pay Information

How often does Johnny get paid? This is Johnny's pay period.

How much does Johnny get paid each time they are paid? \$



Hourly Pay

Does Johnny get paid by the hour?

Yes No

Bonus, Commission Pay or Tips

Does Johnny get any other pay, such as a bonus, commission pay, or tips?

Yes No

Strike

Is Johnny on strike from this job?

Yes No

Job End

Is this job ended or going to end?

Yes No

Does Johnny have any other jobs?

Yes No

If someone has variable income, list what they earned in the past 30 days.



Self-Employment/ Contract Employees

More About Johnny's Self-Employment

You have told us that Johnny is or has been self-employed in the last 90 days. Tell us more about this self-employment.

Self-Employment

What type of self-employment does Johnny have?

What is the start date of Johnny's self-employment?
Ex: mm/yyyy

How many hours a month is Johnny self-employed? If Johnny's hours are not regular, try to estimate the number of hours.

What is the gross monthly income amount from Johnny's self-employment before any expenses are taken out?

How much are Johnny's business expenses each month?

Is Johnny's self-employment expected to continue for the next 30 days? Yes No

Is Johnny's self-employment run out of the home? Yes No

Prior Months Self Employment Income

You told us that Johnny needs Healthcare Coverage for the prior 90 days. Tell us the total gross amount that Johnny earned with this self-employment in these months.

Month	Total Gross Amount <input type="text"/>
December	\$ <input type="text"/>

Does Johnny have any other self-employment? Yes No

[Back](#) [Save and Exit](#) [Next](#)



Tips for Reporting Self Employment

- Fill out as much information as you can.
- Self Employed individuals' can deduct work expenses from their gross income when determining eligibility. Make sure to list expenses.
- Clients can submit self employment ledgers to document expenses. They do not need to submit receipts as proof of any expenses.
<https://www.dhs.state.il.us/page.aspx?Item=15193>



Other/Unearned Income

Hello, Johnny. You are logged in.

66% Complete

Apply for Coverage

- Start
- People
- Liquid Resources
- Other Resources
- Job Income
- Other Income**
- Housing Bills
- Other Bills
- Finish
- Submit

Money From Other Sources

Tell us about money the people in your home get from sources other than a job or self-employment. This includes money given to you by friends or family. If you are not sure about a source of income, click on Help to read more about what we are looking for.

*** Supplemental Security Income (SSI)**

Did anyone get SSI in the last 3 months? [?](#) Yes No

*** Retirement, Survivor, and Disability Insurance (RSDI)**

Did anyone get RSDI in the last 3 months? [?](#) Yes No

*** Child Support**

Did anyone get child support from someone outside of your home in the past 3 months? [?](#) Yes No

*** Room and Meals**

Does anyone get money for renting a room and/or providing meals to someone? Yes No

*** Adoption Subsidy Payments**

Does anyone receive an adoption subsidy payment? [?](#) Yes No

*** Other Income**

Does anyone get any other types of income or payments? [?](#) Yes No

[Back](#) [Save and Exit](#) [Next](#)

Click here if the applicant receives SSI

Click here if the applicant receives any other type of Social Security Benefit

‘Other Income’ sources on this list may also be referred to as “**Unearned Income**” because the money is not earned through work.



More About Johnny's Retirement, Survivor's, and Disability Insurance (RSDI)

You have told us that Johnny gets money from Retirement, Survivor's, and Disability Insurance (RSDI). Please answer the questions below to tell us more about this payment. If you get this type of payment only a few times a year, please choose monthly and estimate how much this payment would be each month.

When did Johnny start getting payments from Retirement, Survivor's, and Disability Insurance (RSDI)?

Ex: mm/dd/yyyy

How often does Johnny get payments from Retirement, Survivor's, and Disability Insurance (RSDI)?

How much is each payment from Retirement, Survivor's, and Disability Insurance (RSDI)?

Is Johnny's payment from Retirement, Survivor's, and Disability Insurance (RSDI) expected to continue for the next 30 days?

 Yes No

Does Johnny have any other Retirement, Survivor's, and Disability Insurance (RSDI)?

 Yes No

This is an example of what is asked if any type of unearned income is checked off.





Submission



Hello, Johnny. You are logged in.

100% Complete

Apply for Coverage

✓ Start

✓ People

✓ Liquid Resources

✓ Other Resources

✓ Job Income

✓ Other Income

Housing Bills

Other Bills

✓ Finish

Submit

Signing Your Application

You are just a few minutes away from submitting your application. To do so, you will need to:

- Read the Rights and Responsibilities we have listed below.
- Check the signature box and type your name below to sign your application.

Do I have to come to the office to be interviewed?

If you are applying for Cash or SNAP benefits we will schedule an interview within 14 days, usually at our office. However, if you can not come to the office because of problems with work, health, transportation or child care we can talk with you over the phone. If you have indicated that you cannot go to a DHS Office in person for an interview, please be aware that DHS WILL CALL YOU at the telephone number listed to complete an interview by phone. If you are applying for TANF cash assistance you must come to the office for an interview. If you are applying for Healthcare only, no office interview is required.

Healthcare Coverage Rights and Responsibilities

Read Carefully - These are your Rights and Responsibilities as an applicant for Healthcare benefits.

We will keep what you tell us private as required by law.

Be sure to answer the questions correctly. We may check all information on your application. You must help us if we ask you to prove that your information is correct.

We will use the information you provided as well as information from other sources such as Social Security benefits, unemployment insurance, unearned income and wages from employment to decide if you qualify.

You agree the state may seek reimbursement for services the state covered for your family. If these services should have been paid for by your other health coverage, you



Fraud Penalty Affidavit

Before you will be able to complete the online application, you must read the following Penalty Affidavit and provide certification of your understanding and acceptance.

I understand that the information on this form is subject to verification by federal, state, and local officials. If I intentionally give false or misleading information, I may be subject to criminal or civil prosecution.

I also understand that I may be prosecuted for fraud, be required to repay the amount wrongfully received and/or be disqualified from program participation. I understand I may be asked to show proof of any information I have given.

* By checking this box you are certifying that you have read, understand and accept the penalty statement above.

[Report fraud for Cash, SNAP & Healthcare Coverage](#)

Electronic Attestation

I have agreed to submit this application by electronic means. By signing this application electronically, I declare under penalties of perjury that my answers are correct and complete to the best of any knowledge and belief. I also declare the following:

- I understand the questions and statements on this application.
- I have read and understand my Rights and Responsibilities in the box above.
- I understand the penalties for giving false information.
- I understand that upon verification of my information, this attestation will have the same legal effect and can be enforced in the same way as a written signature.

* By checking this box and typing my name below, I am electronically attesting to the information in the application.

* First Name :

Middle Initial :

* Last Name :

Back

Submit

When the client types their name here, it is the same thing as a legal signature



Who will receive the application?

Office Information

Based on the information you provided in your application, the system will send your application to the following DHS/HFS office:

West Suburban FCRC
2701 W LAKE Street
MELROSE PARK IL 60160-3800
Phone Number: (708) 338-7600

If you would like to be served at an alternate office, please select your office of choice from the list below:

Service Office:
WEST SUBURBAN LOCAL OFFICE

Authorization Key (Office Use Only)

Note: This phone number usually just routes straight to the IDHS hotline. It is typically not answered by anyone who works at the local office.

ABE will offer to send the application to the closest FCRC office. However, the applicant can opt to send their application to any office in their county if they want to. They can select a different office here.



Submission Summary

Final Steps – Read Entire Page!
Congratulations, your application was successfully submitted!
Here are your next steps:

Your Application Number is **T292970**

Write down your application number or print your application for your records.
Your application was sent to the following office to be processed:

North Suburban FCRC
3501 W ALGONQUIN Road
ROLLING MEADOWS IL 60008-3129
Phone Number: (847) 483-7171

Full Application (HTML) Full Application PDF: [Print My Application](#)

You will get an answer about your SNAP application within 30 days.

What to Expect Next
Print a copy of our "What's Next Guide". This will give you helpful information while you wait for your application to be processed. [Print What's Next Guide](#)

You can also contact the DHS Help Line at 1-800-843-6154 if you have a question or need to report new information like a change in address.

Attach documents to help us process your application
If you have documents such as paystubs to upload in support of your application, you can do so on the next page.
If you do not have these documents ready now, you can log back in and upload documents later. Remember to upload documents as soon as possible, you will not be able to do so after the State begins processing the application

Illinois Voter Registration

- To complete a new voter registration application or update your existing voter registration information online please visit Illinois State Board of Elections.
- To complete a paper application, please download one of the following PDFs, complete the form, and submit it to your local election office or Family Community Resource Center when completed.
 - English Voter Registration Form (PDF)
 - Spanish Voter Registration Form (PDF)

[Back to ABE](#) [Logout](#) [Next](#)

IMPORTANT! Document the tracking number in your records. If IDHS loses the application, this may be the only way for them to locate it.

Save a PDF of the application for your records and/or print for the client. **Black out all SSNs** if you ever send anyone a copy.

Click 'Next' to submit documents.



Select Type of Proof

People often misconstrue this to be a list of required documents. It is not.

Scroll through this list and click all the types of proof you have to upload.

If you forget to list something, there will be plenty of opportunities to add documents later.

Who	Proof That May Be Needed	Examples of Documents That May Serve as Proof													
	<input type="checkbox"/> Proof of Citizenship	<p>Provide one of the following documents: US Passport, Certificate of Naturalization, Certificate of US Citizenship (N-560 or N-561) or a document from a federally recognized Indian tribe.</p> <p>If these are not available provide one item from each column for each U.S. citizen:</p> <table border="1"> <thead> <tr> <th>Place of birth</th> <th>Identity</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Certified copy of a birth certificate from the state or county where the person was born</td> <td>Driver's License</td> </tr> <tr> <td>State issued ID card</td> </tr> <tr> <td>Final adoption decree</td> <td>School ID</td> </tr> <tr> <td rowspan="2">Official military record that shows a place of birth</td> <td>U.S. Military ID</td> </tr> <tr> <td>U.S. military dependent card</td> </tr> <tr> <td rowspan="2">Papers showing the person was employed by the U.S. government before 1976.</td> <td>Other government ID (city, county or state issued)</td> </tr> <tr> <td>For children under age 16, school or daycare records, or a parent or guardian's signature on this application</td> </tr> </tbody> </table>	Place of birth	Identity	Certified copy of a birth certificate from the state or county where the person was born	Driver's License	State issued ID card	Final adoption decree	School ID	Official military record that shows a place of birth	U.S. Military ID	U.S. military dependent card	Papers showing the person was employed by the U.S. government before 1976.	Other government ID (city, county or state issued)	For children under age 16, school or daycare records, or a parent or guardian's signature on this application
Place of birth	Identity														
Certified copy of a birth certificate from the state or county where the person was born	Driver's License														
	State issued ID card														
Final adoption decree	School ID														
Official military record that shows a place of birth	U.S. Military ID														
	U.S. military dependent card														
Papers showing the person was employed by the U.S. government before 1976.	Other government ID (city, county or state issued)														
	For children under age 16, school or daycare records, or a parent or guardian's signature on this application														
	<input type="checkbox"/> Proof of Illinois Residency	<p>Illinois driver's License, rent/ lease/ mortgage receipt, utility bill, document from U.S. Department of Homeland Security, medical records/ clinic cards, home owners insurance, statement from homeless shelter, property tax bill, employment records, school enrollment records, mail document showing postmark within last 30 days with illinois address, other ID with a name and address.</p>													
	<input type="checkbox"/> Proof of SSN	<p>Social Security Card</p>													
	<input type="checkbox"/> Proof of living with	<p>Proof of a child living with a parent or caretaker relative</p>													



Submitting Documents

Upload Documents

You can use this screen to upload your documents by following these 3 easy steps.

Step 1

First, you'll need to choose the household member who the document is for. Once you have done that, please let us know what type of document you are uploading by selecting the correct Type of Proof and Document Type from the menus below.

It's important to add only one document type at a time, and to select only the correct person for each document type.

[View a list of documents currently needed for your case.](#) You may also enter comments into the box below.

* Household Member:

click here to choose ▼

* Type of Proof

click here to choose ▼

* Document Type

click here to choose ▼

Comment (Optional)

Step 2

Next, you'll need to add the file that you plan on uploading. To do so, click Browse and then select the file from your computer. After you have selected the file, make sure to click the ADD button. the file should then appear in the chart below.

The types of files supported for upload are: jpg, jpeg, tif, tiff, png and pdf.

Choose File No file chosen

To add more than one document, please return to Step1 before continuing to Step 3. You may add up to 10 documents before moving on to step 3 and submitting your upload.

Back

For faster processing, save the title of the document as the application tracking number, client name, and type of document

Example: "T12345, Johnny Appleseed, Paystub"



Submitting Documents



MSPs and Self Attestation

- Case managers must accept an applicant's self attestation of information for MSP-only applications, except for Part A enrollment.
- Document submission is not required if the application is for an MSP only. Documents are required for all other benefit applications offered on ABE.
- Email Avisery@ageoptions.org if you have a MSP-only case where documents are getting requested.
- Policy Manual links:
 - QMB:PM 06-12-02-a: <https://www.dhs.state.il.us/page.aspx?Item=14183>
 - SLIB: PM 06-13-02-a: <https://www.dhs.state.il.us/page.aspx?item=14222>
 - QI-1: PM 06-14-02-a: <https://www.dhs.state.il.us/page.aspx?Item=14255>



Required Documents

Type of Proof	Document Needed
Proof of Medicare Part A Insurance	Red White and Blue Medicare Card Note: Include this with every MSP application
Proof of Medicare Part B Premiums	Social Security Award Letter

*While proof of Part B premiums are not technically required, our experience indicates that case processing will run smoother if you submit these documents with the application



Recommended Documents

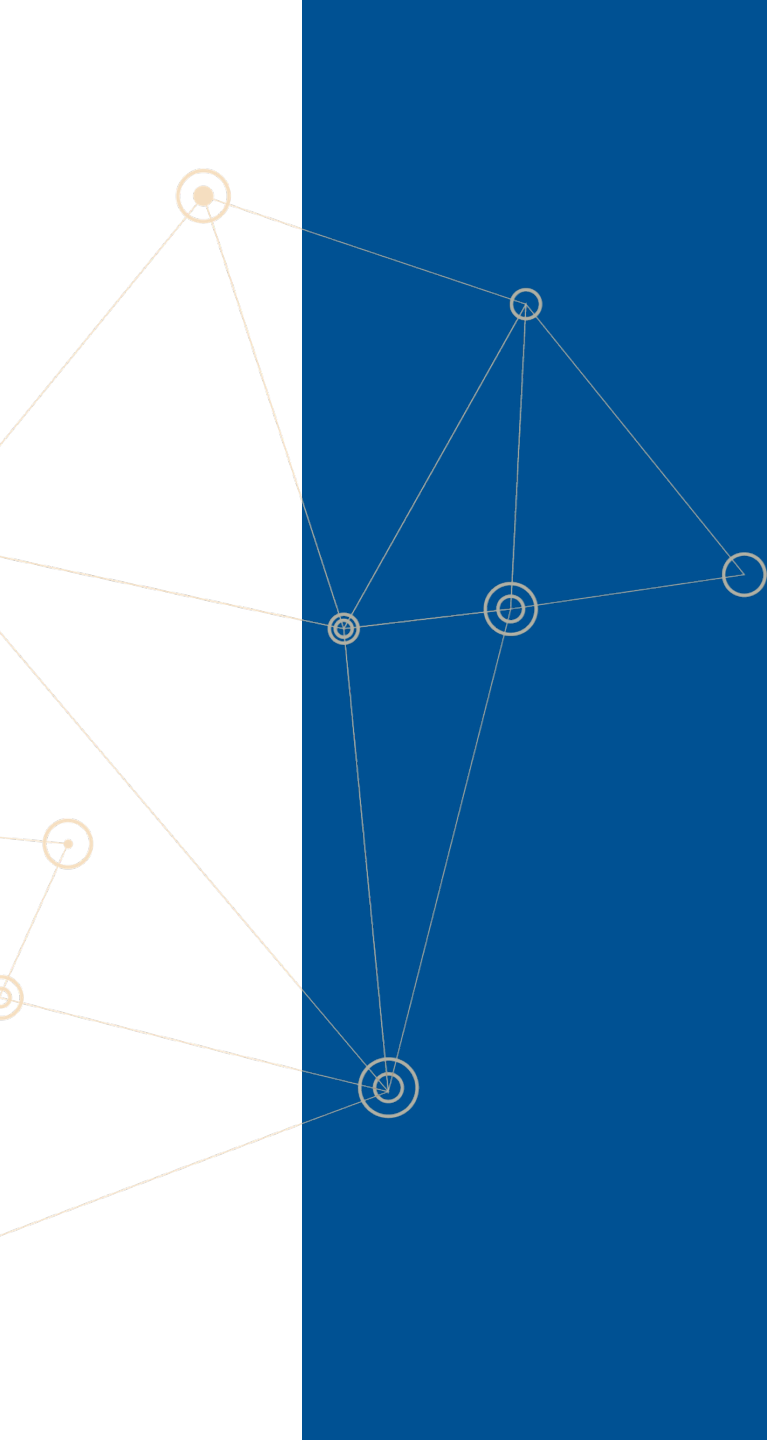
Type of Proof	Document Needed
Pension Income	Most recent 1099R
Self Employed Income	1099 and/or self employment ledger listing work related expenses
Unemployment	Unemployment Statement
Alien Registration Number	Copy of the front and back of green card for all Legal Permanent Residents in the household
Liquid Assets (usually a checking account, savings account, or retirement account)	Most Recent Bank Statement, letter attesting to value of assets, or a copy of self attestation policy
Proof of Life Insurance	Life insurance policy, must have the clients name on document, letter attesting to value of assets, or a copy of self attestation policy



Recommended Documents

Type of Proof	Document Needed
Identification	Illinois State ID/ Drivers License
Social Security Income	Social Security Award Letter, written letter from employer, or a copy of self attestation policy
Work Income	Paystubs from the past 30 days, written letter from employer, or a copy of self attestation policy





Part Three: Manage My Case

What is Manage My Case?

- Manage My Case (MMC) is a portal that allows you to:
 - File Redeterminations
 - Apply for new benefit programs
 - View the status of any existing benefit cases
 - View important decision notices issued by IDHS
 - Report Changes
 - Upload documents

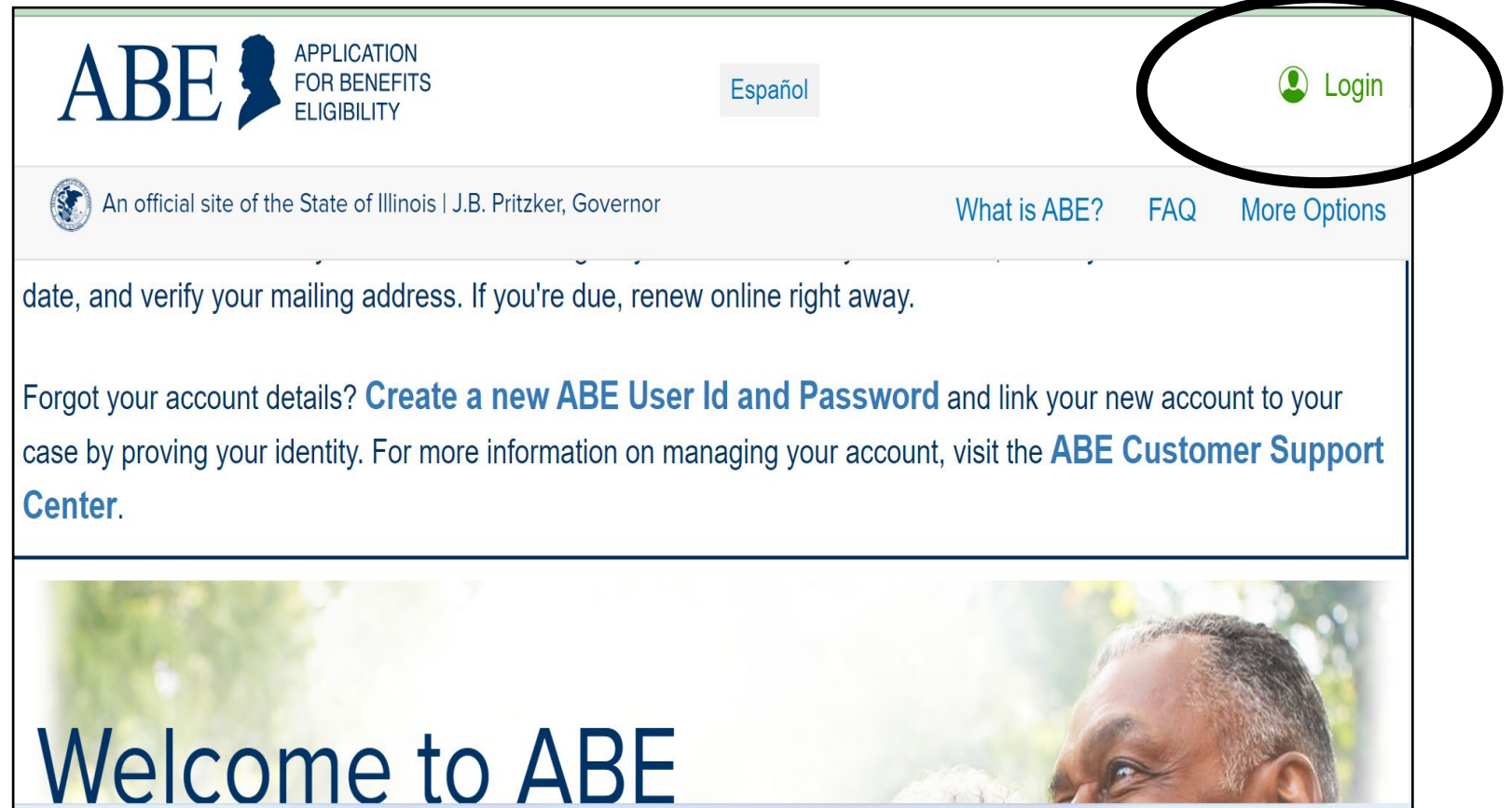
DISCLAIMER: The following section describes how Manage My Case is *supposed* to work. Please note that some MMC accounts can have missing information.



Accessing Manage My Case

Step One: Log in

PRO TIP: If the client doesn't remember their log in information, you can still create a new username and password and link it to the client's Manage My Case



The screenshot shows the top navigation bar of the ABE website. The logo "ABE" is on the left, followed by "APPLICATION FOR BENEFITS ELIGIBILITY". A "Español" button is in the center. On the right, a "Login" button with a person icon is circled in black. Below the navigation bar, there is a banner with the text "date, and verify your mailing address. If you're due, renew online right away." and "Forgot your account details? [Create a new ABE User Id and Password](#) and link your new account to your case by proving your identity. For more information on managing your account, visit the [ABE Customer Support Center](#)." Below the banner is a large image of a man's face with the text "Welcome to ABE" overlaid.



Accessing Manage My Case

Step Two:
Click 'Link
your account'

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print

Logged in: carterpearlean1937 | Logout

| Am I Eligible? | Apply For Benefits | Appeals |

Hello, Pearlean. You are logged in.

Welcome

Are you trying to link your account or apply for benefits?

Apply for benefits (or view submitted applications)

Link your account

Exit

Official Site of The State of Illinois

Privacy Statement HFS Home DHS Home HFS Forms HFS Brochures DHS Forms DHS Brochures
Frequently Asked questions (FAQ) Contact Us Satisfaction Survey

Linking your ABE Account to your case

This page should be used by individuals who have already applied or who have an existing SNAP/TANF/Medical/MSP case. If you would like to start a new application, please [click here](#)

If you have technical difficulties using this website please [click here](#)

Some items have a star (*) next to them. You must fill these items in before you can go on to the next page.

Please follow the steps below to link your ABE Account to your case so that you can see if you are eligible for benefits and handle your account. ABE is a secure website run by the State of Illinois. By law, we must keep your information private and secure

Personal Information

First, please enter your date of birth and your Individual ID from your case. You can find your Individual ID on any letter you've received about your case. If you don't have your Individual ID, you can give us your Social Security number instead. **(You only need to give your SSN if you do not have your Individual ID)**

If you cannot locate your Individual ID and do not have your Social Security Number, please contact the Call Center at: (800) 843-6154

*Date of Birth:

If your birthday is March 31, 1960, type 03/31/1960.

MM DD YYYY
 / /

*Please Confirm Date of Birth:

If your birthday is March 31, 1960, type 03/31/1960.

MM DD YYYY
 / /

*Individual ID (10 digits):

You can find your individual ID on any letter you've received about your case. If you don't have your Individual ID, you can give us your Social Security number in the box below.

If you cannot find your Individual ID, please provide your Social Security Number

*Social Security number:

 - -

*Please Confirm Social Security number:

 - -

IMPORTANT! Although there is a red asterisk marked by 'Individual ID' it is not actually a required field.

If the client has a social security number, **do not** put anything in this box. It causes glitches.



Verify the client's identity

You only need to verify identity once – either at time of application or when accessing Manage My Case for the first time.

Hello, USER. You are logged in.

Verify Identity

We can verify your identity using your Illinois Driver's License or State ID Card. If you do not have an Illinois Driver's License or State ID Card, we will attempt to verify your identity using another method.

* Do you have an Illinois Driver's License or State ID Card? Yes No

Back

Verify Identity Now



Multiple Cases

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print Logged in [REDACTED]

Am I Eligible? | Apply For Benefits | Manage My Case | A

Case Selection

Please click on the 'Click Here to Report Changes' link for the case you would like to report changes on through

Case #	Case Status	Report Changes?
123682891	Denied	Click Here To Report Changes
925425489	Approved	Click Here To Report Changes

Official Site of The State of Illinois

If the client has a closed case in the system, you will see the old case number and the word 'denied' or "terminated" next to that case.

Click the '**Click Here to Report Changes**' button next to the '**Approved**' case to access the Manage My Case for their current benefits.

Note: If you ever need to contact a case manager, try to have the case ID # ready before you speak with them. Case IDs can also be found on the upper right-hand corner of paper notices.



Manage My Case Home Screen

Tabs are here

Click here to file a Change Report. Make sure to check the status and following up with IDHS if you do not see changes made in 30 days.

The screenshot shows the 'Manage My Case Home Screen' interface. At the top, there are four tabs: 'Case Summary' (selected), 'Benefit Details', 'Contact Information', and 'Account Management'. Below the tabs, there are two main action buttons: 'Report My Changes' and 'Apply for Other Benefits'. Below these buttons is a welcome message and a table of benefit programs.

Case Summary | Benefit Details | Contact Information | Account Management

Report My Changes Click this button to report changes to your DHS or HFS Office.

Apply for Other Benefits Click this button to apply for additional benefits.

Welcome to the Case Summary Page. This page gives you a look at your benefits, and lets you know if there is anything you need to do to receive or continue benefits. From this page you can find information about your [benefit status](#), [verifications](#), [notices](#), [application or change report status](#).


We have taken a number of steps to keep your information private and secure. To learn more, [view your security and account management information](#).

As a head of household, you can [control benefit information displayed to other adults in your household](#).

What is the status of my benefit programs?

You have requested or are receiving the benefits mentioned below. Click on the "Click Here" link for each program to view a summary of your benefits. This information is current as of **March 22, 2024 10:01 AM**.

Follow this link and select **Other Changes** to [Cancel Your Case](#).

Benefit	Description	Summary
	Food Assistance Program	Food Assistance Program Details

Click here to apply for an additional benefit if the client has an existing case



Manage My Case Home Screen Continued

Upload documents here

What verifications are due?

No documents have been requested at this time. You can still upload a document at any time using the buttons below.

View Upload History Click this button to view documents that have already been uploaded to your case.

Upload Documents Click this button to upload verification documents to your case.

What are my available notices?

To view the details about notices sent to you regarding your case, you can click on the "View Notices" link below. This information is current as of **March 26, 2024 03:24 PM**.

Available Notices

[View notices](#) sent in the last 12 months.

What is the status of my ABE application, Redetermination, or Reported Change?

Application Status

Application Number	Date	Status	Details/Action
T29297070	April 9, 2024	Submitted	


Tracking number and status of a submitted application is noted here



Case Summary Tab

Hello, Patricia. You are logged in.

ALERT





- Go Green today! Update your Preferred Delivery Method in [Communication Preferences](#) to receive Electronic Only notices.

Case Summary | Benefit Details | Account Management

What is the status of my benefit programs?

You have requested or are receiving the benefits mentioned below. Click on the "Click Here" link for each program to view a summary of your benefits. This information is current as of **March 26, 2024 03:24 PM**.

Benefit	Description	Summary
	Healthcare Coverage Program	Healthcare Coverage Program Details
	Medicare Savings Program	Medicare Savings Program Details

What verifications are due?

Clicking this blue text does the same thing as clicking the 'benefit details tab'



Benefit 'Details' Tab



Type of Medicaid coverage, coverage start date, links to Medicaid card, MCO plan (if applicable) and **view notice links** all listed on this page.

Look for blue 'View Notice' links to get access to the case history and documents

What is the status of my benefit programs?

You have requested or are receiving the benefits mentioned below. Click on the "Click Here" link for each program to view a summary of your benefits. This information is current as of **January 26, 2023 01:52 AM**.

Follow this link and select **Other Changes** to **Cancel Your Case**.

Benefit	Description	Summary
	Food Assistance Program	Food Assistance Program Details
	Healthcare Coverage Program	Healthcare Coverage Program Details

Benefit Details

You have ACA Adult coverage.

Your coverage started on August 2016.

Your next medical redetermination must be completed by **April 2023**. In the meantime, you must continue to **report changes**.

[View or print your MCO Medical Card](#) in your available notices.

[View your approval notice](#) to see how your benefits were determined

Actions you may need to take:

- Your Earned Income Payment is due on Friday, February 22, 2019.

MCO Plan Name: BLUE CROSS BLUE SHIELD IL MMCP

Your MCO Plan contact phone number is 877-860-2837. [Visit your MCO Plan website](#).

MCO Plan Anniversary Date: January 1, 2021 (You can switch plans 60 days before this date)

[View your notices](#) for more information about what was requested.

[Back to Summary](#)





'View Notice' Page

- Often the most useful section of the Manage My Case platform
- Contains links to pdfs of all notices that were mailed to the client
- Reading these notices will give you insight to the case history


What are my available notices?

Here is a list of the notices that have been sent to you in the last 12 months. You may click on the PDF icon to view the details. This information is current as of March 26, 2024 03:24 PM.

Upload documents

Name	Date of Notice	Notice Name	Additional Documents	Notice	Print Type	Action Needed?
[REDACTED]	February 28, 2024	IL444-360C Notice of Decision	HFS 3806 Privacy Notice HFS 458SP-4 Pay In Spenddown Enrollment Form HFS 469 Medical Card		Original	No
[REDACTED]	January 25, 2024	IL444-0267 Verification Checklist	IL444-1120 Document Coversheet IL444-2790 Self Employment Record		Reprint	Yes
[REDACTED]	December 28, 2023	IL444-0267 Verification Checklist	IL444-1120 Document Coversheet IL444-2790 Self Employment Record		Original	Yes
[REDACTED]	November 1, 2023	HFS 643 Medical Benefits Renewal Form	HFS 2381 Medical Benefits: Time to Renew Notice R-19 Voter Registration		Original	Yes

You will need to have a program called Adobe Acrobat Reader to see and print these notices. If you do not have this program on your computer, you may install it for free by clicking on the icon below.



[Back](#)



Contact Information Tab

Case Summary **Benefit Details** **Contact Information** **Account Management**

Your Contact Information

This page contains your contact information as well as your DHS or HFS local office information. If you have questions about using this website please call the DHS Help Line (800) 843-6154, Monday through Friday between 8:00 AM - 5:00 PM.

Your Mailing Address and Phone Number

This is the mailing address and phone number we have on file for you. If we have the wrong information, [report a change in address or phone](#).

612 W PATTERSON Avenue APT 9
CHICAGO, IL
60613
Cook
Phone:
Email:

Your DHS or HFS local office

Adams County FCRC
300 MAINE ST
QUINCY, IL
62301-3922
Phone: 2172230550
Fax: 2172234707

[Send an email to your office.](#)

Your Case Number and Individual ID

Your Case Number is: 778731787
Your Individual ID is: 1200633683

Customer's current mailing address appears here. They are reminded to report any changes.

Customer's questions will appear in an email queue in IES for a caseworker to review.

However, we recommend contacting an LOA.

Account Management Tab

Case Summary **Benefit Details** **Contact Information** **Account Management**

Manage Your Account

This page will help you manage your ABE account.

If you would like to change your password, go to the [New Password Page](#). To create a new password, you will need to provide your user ID, date of birth and Individual ID or Social Security number. You will also need the answers to the secret questions you answered when you first created your account. Your Individual ID Can be found on notices sent to you, or by clicking on the Contact Information Tab above.

Manage Your Communication Preferences

This page will help you manage your ABE communication preferences, such as going paperless with your notices and receiving email or text message alerts when new notices are sent to you.

If you would like to change your communication preferences, go to the [Manage your Communication Preferences page](#).

Household Member Account Access

We have listed all of the people who have created ABE accounts. As the primary account holder, you can grant or remove access to your case information for members of your household. If there are any household members who are not listed below and would like access to your case information, they must first create an ABE account. Once they have done so, the primary account holder will need to grant access. Click on the Manage Household Access button to do so.

Household Member Name	ABE User ID	Access Type	Manage Household
-----------------------	-------------	-------------	------------------



Redeterminations and Report Changes



What is a Redetermination?

- MSP recipients must renew their benefit once a year by filling out
- Often called 'Rede' for short
- Applicants will receive a physical form in the mail when it is time to complete their redetermination. They may be required to submit updated income documentation.
- Applicants are renewed automatically if IDHS can verify their income with one of their computer systems. If someone is renewed automatically, they will get a letter letting them know they were renewed.



How do they do the automatic redeterminations?

IDHS starts by splitting everyone up into two groups

Monthly Redetermination To-Do Pile

Note: If someone has SNAP and an MSP, they may be automatically redetermined for their MSP but still have to redetermine for SNAP.

Form A/ 'Exparte'
This is the automatic renewal group

Form B
This group has to turn in 'Rede' paperwork to keep their MSP



Redeterminations and the Public Health Emergency

- From March 2020-May 2023, no one receiving Medicaid had to redetermine their benefits due to the Public Health Emergency.
- People are just now having to renew their Medicaid benefits for the first time since the COVID-19 pandemic.
- IDHS refers to the process of re-introducing redeterminations as ‘The Unwinding’.



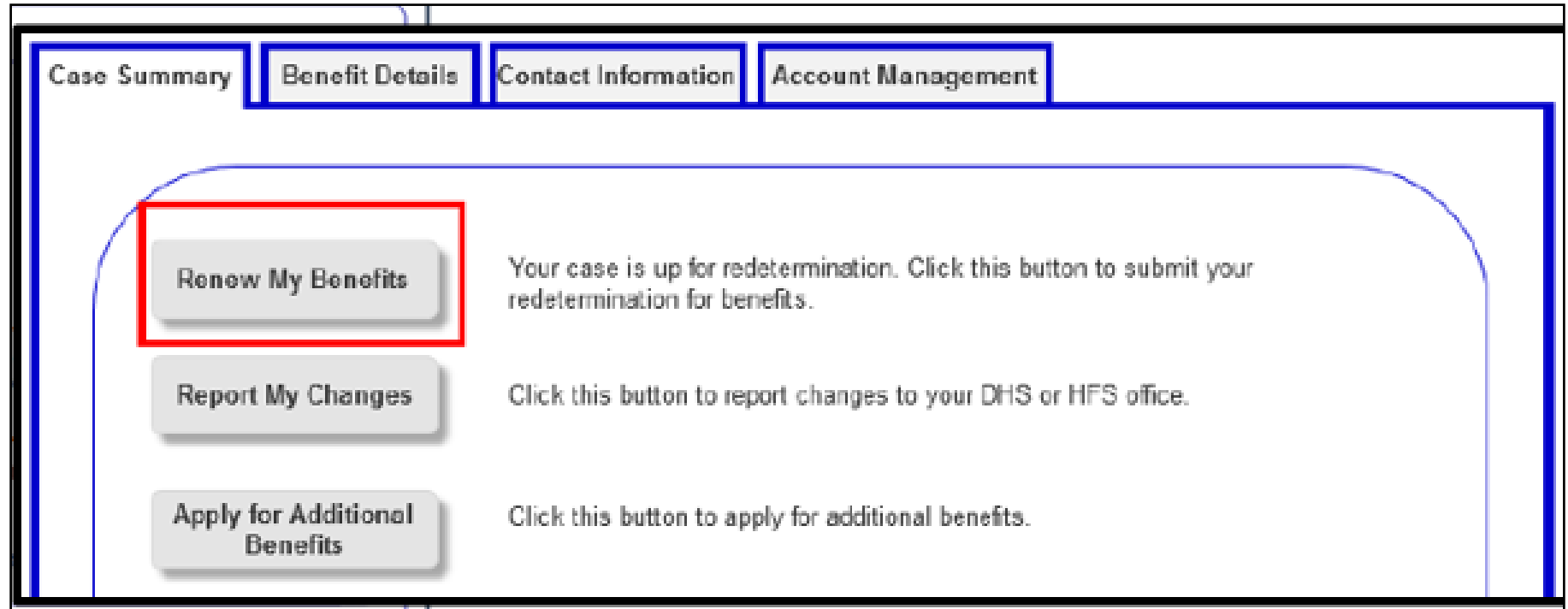
Completing Redeterminations

- MSP recipients can complete their redetermination by returning a mailed form, calling the IDHS hotline, or submitting one through Manage My Case. **We recommend submitting through Manage My Case.**
- If the redetermination is not completed by the deadline, the beneficiary will get a 30-day grace period to turn their redetermination in late. After that, the benefits will end.
- These 30-day grace periods are a provision of The Unwinding. They are currently scheduled to end in December 2024.



Completing Redeterminations

If the client needs to redetermine, the 'Renew My Benefits' button will first appear 60 business days before the redetermination is due.



The screenshot displays a web interface with a navigation bar at the top containing four tabs: 'Case Summary', 'Benefit Details', 'Contact Information', and 'Account Management'. The 'Benefit Details' tab is currently selected. Below the navigation bar, there is a large rounded rectangular area containing three buttons and their corresponding descriptions:

- Renew My Benefits**: Your case is up for redetermination. Click this button to submit your redetermination for benefits. (This button is highlighted with a red border in the image.)
- Report My Changes**: Click this button to report changes to your DHS or HFS office.
- Apply for Additional Benefits**: Click this button to apply for additional benefits.



Redetermination Overview

It is time for your [[BENEFIT_TYPES]] redetermination.

Please complete all screens and submit copies of all requested proofs by [[REDE_DUEDATE]]

You may submit all requested proofs online or by mail. If you submit your documents online, your case will be processed more quickly. If you choose to submit documents in person or by mail, remember that original documents may not be returned. Include your name and case number on any proofs you submit to us.

Back

Save and
Exit

Next

An overview screen will then review which benefits are up for Redetermination. Click NEXT.



The Redetermination Form

- Form is typically auto-populated
- Confirm the information is correct with the client
- If it is a spenddown case, note that in the comments
- Submit!
- Upload required documents if necessary

Redeterminations typically only take about 15 minutes to complete.



Final Steps

Thank you! Your online Redetermination was successfully submitted!

Here are your next steps:



Your Application Tracking Number is **6000272561**

Write down your tracking number or print your application for your records. Do NOT mail this Report My Changes.

Print Your Redetermination

Your Report My Changes was sent to the following office to be processed:

Adams County FCRC
300 MAINE
QUINCY IL 62301-3922
Phone Number: (217) 223-0550



Attach documents to help us process your application

If you have documents such as paystubs to upload in support of your application, you can do so on the next page.

If you do not have these documents ready now, you can log back in and upload documents later. Remember to upload documents as soon as possible, you will not be able to do so after the State begins processing the application.

Back to Manage
My Case

Next

Save the tracking number and a PDF of the Redetermination.

Click NEXT to submit any necessary documentation.

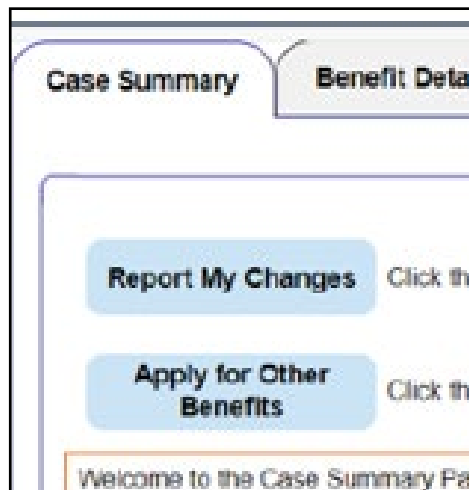
If the client receives a letter asking for further documentation, you can upload documents through Manage My Case.



Report Changes

Recipients must report changes within 10 days of the change occurring
Depending on the change, the person's benefits may be impacted.

Benefit counselors should track change reports and follow up with IDHS if they haven't been processed in 30 days. Changes can also be reported through the IDHS Hotline.



Welcome to Report My Changes

After you have told us what has changed below, we will let you know if the change requires verification and what to provide. You can upload your verification or you can mail, fax, or bring the proof to your DHS or HFS office. If you would like to withdraw your application, cancel your case, or request a case transfer, please select the "Any other change or changes not mentioned above" option under the other Changes Section.

Reporting Changes Through ABE

Please let us know what has changed. After answering yes to one or more of the categories below, an additional list of options will be shown. You may check all boxes that apply.

Change in Contact Information Yes No

Name change or correction Address Change
 E-mail address or phone number change Approved Representative add or cancel

Change in Household Yes No

Change in Household Income Yes No

Expenses/Bills Have Changed Yes No

Resources Have Changed Yes No

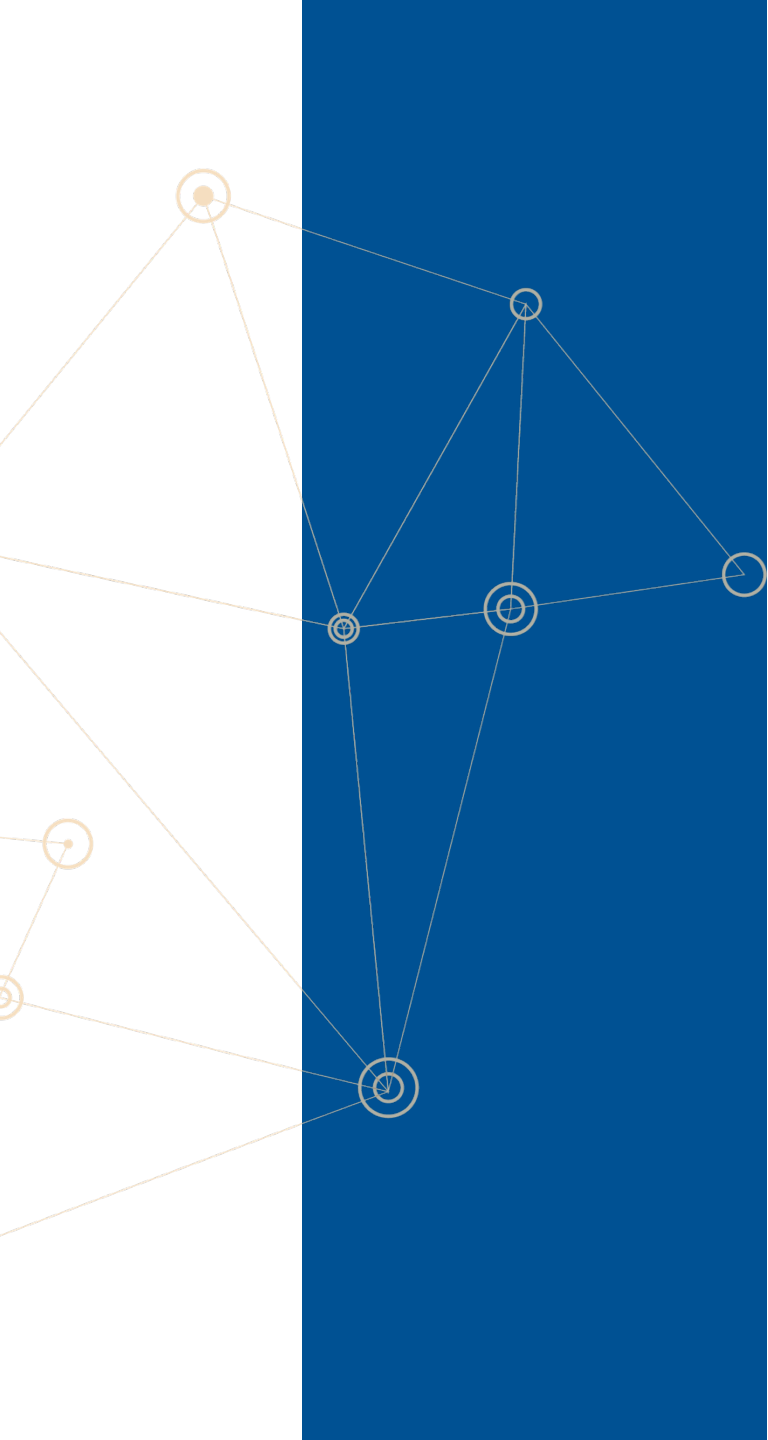
Health Insurance Has Changed Yes No

Other Changes Yes No

Any other change or changes not mentioned above

Keep in mind that you should only report changes that have already happened.





Troubleshooting Tips

“Your session has ended because of an error”

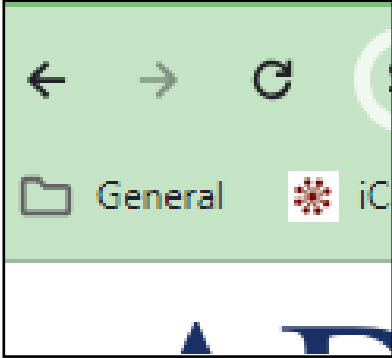
- ABE will sometimes glitch mid application. When this happens, you may be permanently blocked from the application

Follow these steps if you encounter this error message while you are in the middle of a new application:

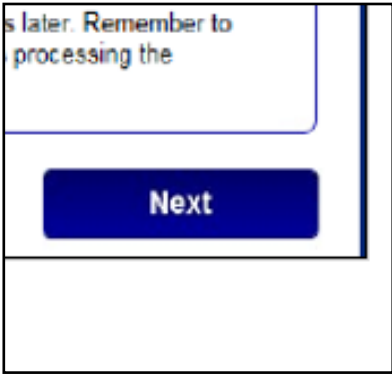
1. Try logging in on a different browser. Avoid using Internet Explorer.
2. Restart computer
3. If problem persists, create a new ABE user ID and password



Avoid Hitting the Forward/ Back button



NO




YES



Click the 'Change' or 'Erase' Button to Edit


Before you go to the next page:

 If you are sure you want to erase Johnny's Cash on Hand, please click on the "Erase" link one more time. If you do not want to erase it, just click Next

Liquid Resources Summary

Here is a summary of what you have told us. If a section below has a check mark, you have given us all of the information we have asked for. If you would like to change your answers or finish a section that does not have a check mark, click on "Change." If you would like to remove something, click "Erase."

Review Your Answers: Cash

Who Has It	Amount	Section Complete?	Change or Erase
 Johnny	\$ 0.00		Change or Erase



Processing Time Frames

Applicants should anticipate:

- A 45-60 day wait for their application to get approved
- An additional 60 day wait for the benefit to take effect
- Automatic enrollment into the Extra Help prescription drug payment program within 60 days of application
- **Utilize Avisery's MSP legal referral pathway if you have a MSP case that has been pending past either of these time frames**



Pro Tip! Apply for SNAP!

- All MSP applicants should also meet the income requirements for SNAP benefits
- SNAP benefits must legally get processed in 30 days
- If the applicant does not receive SNAP, you can add a SNAP application to their MSP application on ABE. This typically helps expedite the approval process.



Avisery's MSP Legal Referral Pathway

- Assists beneficiaries who are experiencing issues with their MSP application or benefits
- Avisery has partnered with legal aid organizations in Illinois to provide legal assistance to beneficiaries experiencing MSP issues
 - Accepting referrals for beneficiaries living in the state of Illinois
 - Referrals made to Chicago Legal Aid, Land of Lincoln Legal Aid, and Prairie State Legal depending on client's geographic area



MSP Legal Referrals Currently Accepted

- Referrals are being accepted for the following MSP issues:
 - Beneficiaries who were approved for MSP, but continue to have the Medicare Part B premium deducted from their Social Security benefit 60 days after receiving a DHS approval notice
 - MSP applications that are taking 60 days or longer to be processed once all necessary information has been submitted
 - Beneficiaries who applied for the Extra Help Program through Social Security, do not currently have MSP, and never received information or screening form from DHS about MSP
 - Very low-income beneficiaries who are required to pay a premium to enroll in Part A and who need assistance coordinating their Part A enrollment with their application for QMB so as to avoid being charged the Part A premium (via the Part A “Conditional Enrollment” process).



Where should I go if I have Questions?

Contact AgeOptions Avisery for Technical Assistance

- Avisery by AgeOptions offers technical assistance for professionals with questions regarding Medicaid, MSPs, and Medicare.
- Professionals can always email us if you ever encounter any questions or roadblocks regarding the MSP enrollment process
- .Email Avisery at Avisery@ageoptions.org with any questions.



Sign up for Avisery Alerts and Trainings

- If you want to take your knowledge to a deeper level, enroll in Avisery by Age Options' Medicaid and Medicare related trainings.
- Avisery alerts detail policy changes and updates in the Medicare and Medicaid field.
- Sign up to receive Avisery's alerts by going <https://www.ageoptions.org/resources/avisery/>, and clicking 'Contact Avisery' at the bottom of the page

