

Medicaid Coordinated Care Plan Choice and Navigation Toolkit 2015

This guide is intended for health care providers and benefits counselors to assist consumers in using and navigating health insurance options under Medicaid Coordinated Care. 1

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¹ Please note that not all managed care entities provide the information that was sought in creating this guide. "Information not provided" is used as a placeholder in these instances, and HDA will update when information becomes available. This guide was last updated July 2015.



Enrollment Information

How do my clients enroll in a Medicaid Health Plan?

Call Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576) to talk to an enrollment broker.

OR

Go to <u>enrollhfs.illinois.gov</u> to the Illinois Client Enrollment Services webpage and complete an application. You can compare Medicaid Medicare plans at HFS: http://enrollhfs.illinois.gov/node/1

What information should the enrollment broker be able to share when called?

- a. Provider Networks and provider ID numbers (which doctors are part of each plan's network)
- b. Drug Formulary- Part D (which drugs each plan covers)
- c. All health insurance plans' health benefits
- d. Cost-sharing amounts that a consumer would have to pay, if any

What information do clients/patients need to provide when enrolling?

A client checklist for this information is on the next page. Clients need the following when enrolling:

- a. Social Security Number
- b. A chosen primary care provider and the provider's ID number (Call doctor or HFS at 877-912-8880 to get this number)
- c. Name of primary care physician or specialists they wish to continue seeing (so they can ask if those providers are in network)
- d. Medication list. (So clients/patients can ask if medications are covered)
- e. Preferred hospitals and clinics. (So clients/patients can ask if their hospital is innetwork)



Client Enrollment Checklist

| Do you have your SSN? The enrollment broker will ask for this. | |
|---|----|
| Have you chosen a Primary Care Provider and do you have his/her Provider ID (Sometimes called NPI Number)? Ask what plans have your doctor in network. | |
| Do you have the names of physicians or specialists you would like to continue to see? Ask what plans have your doctors in network. | ? |
| Do you have a list of your medications? Ask if your medications are covered by the MMAI plan you are considering and what the copay will be. | |
| Do you have preferred hospitals, facilities (like nursing homes), or clinics? Make sure ask if these are in network if you do. | to |
| Have you checked all the boxes? If so, you are ready to call Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576) to talk to an enrollment broker. | |
| Or, you can go to enrollhfs.illinois.gov to the Illinois Client Enrollment Services webpage and complete an application. You can compare Medicaid Medicare plans at HFS: | |

Benefits that all Plans Offer

Behavioral health Immunizations services Lab tests and x-rays Medical supplies **Dental services Doctor services** Nurse helpline Eye care services Prescriptions Family planning Therapy Hearing services Transportation Home health care Hospice care **Hospital services**



What Happens After Enrollment into Medicaid Coordinated Care?

What Happens after Enrollment into Medicaid Coordinated Care?



| Enrollment | 10 Days After Enrollment | 60 Days After Enrollment | 90 Days After Enrollment | 180 Days After Enrollment |
|--|-----------------------------|---|--|--|
| If Client Enrollment Services enters enrollment by the 12th of the month then coverage begins the 1st day of the next month Example: If enrollment is entered April 9th, coverage starts on May 1st. | | Health Risk Screening completed. Enrollee assigned low, moderate or high risk which indicates the type and intensity of services and frequency of contact with Care Coordinator. | All enrollees are assigned a Care Coordinator who will contact enrollee within 90 days. Low risk enrollees receive no additional contact until one year after their enrollment date. | An in-person Health Risk Assessment is completed for enrollees receiving Home and Community Based Services (HCBS) or living in a Nursing Facility (NF) at time of enrollment. HCBS and NF enrollees work with the |
| If Client Enrollment Services enters enrollment on or after the 13th of the month then coverage begins 1st day of the month after next. Example: If enrollment is entered on April 13th, coverage starts on June 1st. | Received | | If enrollee is moderate or high risk, the Care Coordinator will complete a Health Risk Assessment ¹ and create Individualized Care Plan (ICP). ² | Care Coordinator to choose providers for ICT. HCBS, NF enrollees and ICT create an ICP. ³ |
| | | | Care Coordinator and enrollee work together to choose providers Interdisci- plinary Care Team (ICT). | |

Get a **copy** of the timeline!



Minimum Contact Standards (Plans may establish their own more robust standards)

By Risk:

All enrollees are reassessed each year regardless of risk.

- 1. Low risk: Enrollee needs prevention and wellness information and condition-specific education materials. Care Coordinator will complete annual follow up.
- 2. Moderate risk: Enrollee needs support in addressing specific health conditions. ICT meets every 90 days to review care plan and Care Coordinator will contact enrollee every 90 days.
- 3. High risk: Enrollee needs intensive care management to address past ineffective healthcare or improve social supports. Care plans are reviewed every 30 days. Care coordinators must have contact with high risk enrollees every 90 days.

Footnotes

- 1. Exception: Enrollees receiving Home and Community Based (HCBS) Waiver Services at time of enrollment or living in a Nursing Facility (NF) at time of enrollment have 180 days to have a Health Risk Assessment completed.
- 2. Individualized Care Plan: This is a written plan for an individual's healthcare services and supports shaped by the individual's goals and culture, as well as behavioral, social and medical needs. The goal of this plan is to ensure continuity of health care, prevention and that care is received in a supportive, efficient, cost-effective and timely way. It is created with help from a health care team.
- 3. Enrollees receiving HCBS Waiver Services or living in a NF at time of enrollment will use their existing ICP for an 180 day transition period and must create a new plan within that time. There is a transition period of 90 days to complete a new ICP for a person switching MMAI plans. The old MMAI plan must provide the new MMAI plan with the ICP within 15 days of disenrollment.



Information by Health Plan

Benefits

| Health Plan | Benefits |
|---|--|
| MMAI | |
| Aetna Better Health Premier Plan | http://www.aetnabetterhealth.com/illinois/assets/pdf/members/SummaryofBenefits.pdf |
| Blue Cross Blue Shield Community | http://www.bcbsil.com/mmai/pdf/mmai summary of benefits il.pdf |
| Cigna-HealthSpring CarePlan of Illinois | http://www.careplanil.com/DownFile.Aspx?fileid=4216 |
| Humana Gold Plus Integrated | http://apps.humana.com/marketing/documents.asp?file=2377739 |
| Health Alliance Connect | http://medicaid.healthalliance.org/media/caid-2015mmaisob.pdf |
| Meridian Complete | http://www.medicaremeridian.com/pdf/complete/il/members/Summary_of_Benefits_2015_pdf |
| Molina HealthCare of Illinois | http://www.molinahealthcare.com/members/il/en-US/PDF/Duals/summary-of-benefits- 2015.pdf |
| ICP, CCEs, and MCCNs | |
| Aetna Better Health | http://www.aetnabetterhealth.com/illinois/members/icp/benefit-summary |
| Blue Cross Community ICP | http://www.bcbsil.com/icp/plan_details/benefits.html |
| Community Care Alliance | |
| Health Alliance Connect | http://medicaid.healthalliance.org/media/Certificate-of-Coverage.pdf |
| IlliniCare Health | http://www.illinicare.com/for-members/benefit-information/benefits-chart/ |
| Molina Healthcare of Illinois | http://www.molinahealthcare.com/members/il/en-US/PDF/Medicaid/benefits-at-a-glance.pdf |
| NextLevel Health | http://www.nextlevelhealthil.com/members/your-benefits/ |
| Together 4 Health | Information Not Provided |
| Be Well Partners | Information Not Provided |
| Cigna-HealthSpring Special Care of Illinois | http://www.specialcareil.com/plandetails |
| CountyCare | http://www.countycarehealth.com/for-members/benefit-information/benefits-chart/ |
| Humana Integrated Care Program of Illinois | Information Not Provided |
| Meridian Health Plan | http://www.mhplan.com/content/pdf/il/members/handbook/Certificate_of_Coverage_Engl_ish.pdf#view=Fit_ |
| My Health Care Coordination | Information Not Provided |
| Precedence CCE | https://www.unitypoint.org/quadcities/precedence-cce.aspx |
| Family Health Plans | |
| Advocate Accountable Care | http://www.advocatehealth.com/documents/app/handbook.pdf |
| Better Health Network | http://www.betterhealthchicago.org/ |
| Community Care Partners | http://www.northshore.org/link/045a0fd74b924f2ba1fb7b000f9cc6f4.aspx?id=82528#page =7 |

| Family Health Network | http://www.fhnchicago.com/files/member_handbooks/F1104_0814_5_COC.PDF |
|---|---|
| Health Alliance Connect | http://medicaid.healthalliance.org/media/caid-fhpcoc.pdf |
| Illinicare Health | http://www.illinicare.com/fhp-for-members/benefit-information/ |
| Illinois Partnership for Health | http://ilpartnershipforhealth.org/benefits/ |
| La Rabida Care Coordination | Information Not Provided |
| Meridian Health Plan | http://www.mhplan.com/content/pdf/il/members/handbook/MHPMemberHandbook English.pdf#page=13 |
| My Care Chicago | http://www.mycarechicago.org/files/MyCareHandbook R011415.pdf |
| SmartPlan Choices | https://www.smartplanchoice.org/benefits/benefits-q3.html |
| Aetna Health Plan | http://www.aetnabetterhealth.com/illinois/members/fhp/benefits |
| BlueCross Community Family Health Plan | http://www.bcbsil.com/family-health-plan/plan-details/medical-benefits |
| CountyCare | http://www.countycarehealth.com/for-members/benefit-information/benefits-chart/ |
| Harmony Health Plan | https://www.harmonyhpi.com/member/default |
| HealthCura | http://www.healthcura.net/Pages/For-Members/Services-Provided.aspx |
| Illinois Health Connect | http://www.illinoishealthconnect.com/clients/ihcexplained.aspx |
| Loyola Family Care | http://www.loyolamedicine.org/FamilyCare |
| Lurie Children's Health Partners | http://healthpartnerscc.luriechildrens.org/Healthcare%20Benefits |
| Molina Healthcare Plan | http://www.molinahealthcare.com/members/il/en-US/PDF/Medicaid/benefits-at-a-glance-family-health-plan.pdf |
| UI Health Plus | http://hospital.uillinois.edu/Patients and Visitors/Health Insurance Information/UI Health Plus/Benefits.html |



Drug Lists (Formularies)

| Health Plan | Drug Lists |
|---|--|
| MMAI | |
| Aetna Better Health Premier Plan | http://www.aetnabetterhealth.com/illinois/assets/pdf/pharmacy/IL ListofCoveredDrugs 2 015.pdf |
| Blue Cross Blue Shield Community | http://www.bcbsil.com/mmai/pdf/mmai_drug_list_il.pdf |
| Cigna-HealthSpring CarePlan of Illinois | http://www.careplanil.com/DownFile.Aspx?fileid=4218 |
| Humana Gold Plus Integrated | http://apps.humana.com/marketing/documents.asp?file=2382731 |
| Health Alliance Connect | http://medicaid.healthalliance.org/media/caid-2015MMAlformulary.pdf |
| Meridian Complete | http://www.medicaremeridian.com/pdf/complete/il/formulary/formulary_2015.pdf |
| Molina HealthCare of Illinois | http://www.molinahealthcare.com/members/il/en-US/PDF/Duals/formulary-2015.PDF |
| ICP, CCEs, and MCCNs | |
| Aetna Better Health | http://www.aetnabetterhealth.com/illinois/assets/pdf/pharmacy/ABH_IL_Formulary_%2081.2014.pdf_ |
| Blue Cross Community ICP | http://www.bcbsil.com/icp/pdf/icp_drug_list_il.pdf |
| Community Care Alliance | https://www.ccaillinois.com/medicaid/files/CCAI_Formulary_FINAL_eff_2_1_15.pdf |
| Health Alliance Connect | http://medicaid.healthalliance.org/media/medicaid-drug-formulary.pdf |
| IlliniCare Health | https://www.usscript.com/Media/Default/docs/FORMULARY-ILLINICARE_HEALTH.pdf |
| Molina Healthcare of Illinois | http://www.molinahealthcare.com/members/il/en-US/PDF/Medicaid/formulary-2015.pdf |
| NextLevel Health | Information Not Provided |
| Together 4 Health | Information Not Provided |
| Be Well Partners | Information Not Provided |
| Cigna-HealthSpring Special Care of Illinois | http://www.specialcareil.com/druglist |
| CountyCare | https://www.usscript.com/Media/Default/docs/FORMULARY-COUNTYCARE.pdf http://www.countycarehealth.com/files/2012/01/cc_acariahealth_supplied_biopharmaceut ical_program_flyer_3_25_15.pdf |
| Humana Integrated Care Program of Illinois | http://apps.humana.com/marketing/documents.asp?file=2545465 |
| Meridian Health Plan | http://www.mhplan.com/content/pdf/il/formulary/Medicaid_Formulary.pdf#view=fit_ |
| My Health Care Coordination | Information Not Provided |
| Precedence CCE | Information Not Provided |
| Family Health Plans | |



| Advocate Accountable Care | Information Not Provided |
|----------------------------------|---|
| Better Health Network | Information Not Provided |
| Community Care Partners | Information Not Provided |
| Family Health Network | http://www.fhnchicago.com/files/resource_center/FHN_Formulary_FINAL_eff_3_1_15.pdf |
| Health Alliance Connect | Information Not Provided |
| Illinicare Health | https://www.usscript.com/Media/Default/docs/FORMULARY-ILLINICARE_HEALTH.pdf |
| Illinois Partnership for Health | http://ilpartnershipforhealth.org/benefits/ |
| La Rabida Care Coordination | Information Not Provided |
| Meridian Health Plan | http://www.mhplan.com/content/pdf/il/formulary/Medicaid_Formulary.pdf#view=fit |
| My Care Chicago | Information Not Provided |
| SmartPlan Choices | Information Not Provided |
| Aetna Health Plan | http://www.aetnabetterhealth.com/illinois/assets/pdf/pharmacy/ABH_IL_Formulary_%208 |
| | <u>.1.2014.pdf</u> |
| BlueCross Community Family | http://www.bcbsil.com/PDF/family-health-plan/fhp-drug-list-il.pdf |
| Health Plan | |
| CountyCare | http://www.countycarehealth.com/for-members/benefit-information/benefits-chart/ |
| Harmony Health Plan | https://www.harmonyhpi.com/WCAssets/illinois/assets/il caid otc brochure english 10 |
| Trainforty freatth Flan | <u>2014.pdf</u> |
| HealthCura | Information Not Provided |
| Illinois Health Connect | Information Not Provided |
| Loyola Family Care | Information Not Provided |
| Lurie Children's Health Partners | Information Not Provided |
| Molina Healthcare Plan | http://www.molinahealthcare.com/members/il/en-US/PDF/Medicaid/formulary-2015.pdf |
| UI Health Plus | Information Not Provided |
| | |



Provider and Facility Directories

| Health Plan | Provider and Facility Directory |
|----------------------------|--|
| MMAI | |
| Aetna Better Health | |
| Premier Plan | http://www.aetnabetterhealth.com/illinois/assets/pdf/members/IL-MMAIProvDir.pdf |
| Blue Cross Blue Shield | https://public.hcsc.net/providerfinder/search.do?corpEntCd=IL1&custGrp=MMAIGOVIL |
| Community | α=MMA&ntwkdisplayId=DUEIL_ |
| Cigna-HealthSpring | |
| CarePlan of Illinois | http://www.careplanil.com/DownFile.Aspx?fileid=4372 |
| Humana Gold Plus | |
| Integrated | https://www.humana.com/medicare/medicaid-dual/illinois/resources/ |
| Health Alliance Connect | http://medicaid.healthalliance.org/ProviderSearch/MmaiSearch#icons |
| | http://www.medicaremeridian.com/complete/il/providers/index.php?location=membe |
| Meridian Complete | r&page=providerdirectory_live_ |
| Molina HealthCare of | http://www.molinahealthcare.com/members/il/en-US/PDF/Duals/provider-and- |
| Illinois | <u>pharmacy-directory-2015.pdf</u> |
| ICP, CCEs, and MCCNs | |
| Aetna Better Health | http://www.aetnabetterhealth.com/illinois/find-provider |
| | https://public.hcsc.net/providerfinder/search.do?corpEntCd=IL1&custGrp=ICPGOVIL&al |
| Blue Cross Community ICP | pha=ICP&ntwkdisplayId=MCDIL |
| | https://www.ccaillinois.com/medicaid/component/provider/?task=showSearch&type= |
| Community Care Alliance | medicaid&Itemid=50573 |
| Health Alliance Connect | https://www.healthalliance.org/Guests/ProviderSearch/SelectNetwork |
| IlliniCare Health | http://apps.illinicare.com/findadoc/showNetwork?prodId=324 |
| Molina Healthcare of | |
| Illinois | https://providersearch.molinahealthcare.com/Provider/ProviderSearch |
| | http://www.nextlevelhealthil.com/wp-content/uploads/2014/10/Provider-Directory- |
| NextLevel Health | <u>10.14.14.pdf</u> |
| Together 4 Health | Information Not Provided |
| Be Well Partners | http://bewellpartnersinhealth.com/provider-directory/ |
| Cigna-HealthSpring Special | |
| Care of Illinois | http://www.specialcareil.com/ProviderDirectory |
| CountyCare | http://www.countycarehealth.com/find-a-provider/ |
| Humana Integrated Care | |
| Program of Illinois | https://www.humana.com/medicaid/illinois/icp |
| | http://www.mhplan.com/il/providers/index.php?location=member&page=providerdire |
| Meridian Health Plan | ctory live |
| My Health Care | |
| Coordination | http://myhealthcarecoordination.com/network-providers/ |



| Precedence CCE | https://www.unitypoint.org/quadcities/precedence-cce.aspx |
|--------------------------|---|
| Family Health Plans | |
| Advocate Accountable | |
| Care | http://www.advocatehealth.com/sub-page-2 |
| Better Health Network | http://www.betterhealthchicago.org/# |
| Community Care Partners | http://www.northshore.org/community-care-partners/provider-directory/ |
| Family Health Network | http://www.fhnchicago.com/component/provider/?task=showSearch&Itemid=231 |
| Health Alliance Connect | Information Not Provided |
| Illinicare Health | http://www.illinicare.com/find-a-provider/ |
| Illinois Partnership for | |
| Health | http://ilpartnershipforhealth.org/find-a-doctor/ |
| La Rabida Care | |
| Coordination | http://www.larabida.org/areas-of-expertise-physicians |
| Manistic of Hankle Dlaw | http://www.mhplan.com/il/providers/index.php?location=member&page=providerdire |
| Meridian Health Plan | ctory live http://www.mycarechicago.org/files/MyCare%20Full%20Provider%20File%20May%202 |
| My Care Chicago | 015.pdf |
| SmartPlan Choices | https://www.smartplanchoice.org/find-a-doctor/index.html |
| Aetna Health Plan | http://www.aetnabetterhealth.com/illinois/find-provider |
| BlueCross Community | https://public.hcsc.net/providerfinder/search.do?corpEntCd=IL1&custGrp=TNFGOVIL&a |
| Family Health Plan | lpha=TNF&ntwkdisplayId=TNFIL |
| CountyCare | Information Not Provided |
| Harmony Health Plan | https://www.harmonyhpi.com/search/provider/lob and plan |
| HealthCura | http://www.healthcura.net/Documents/HealthCuraProviderDirectory.pdf |
| Illinois Health Connect | https://www.illinoishealthconnect.com/pcpsearch/PCCMSearchLogin.aspx |
| Loyola Family Care | http://www.loyolamedicine.org/sites/default/files/ace-providers-linked-040715.pdf |
| Lurie Children's Health | |
| Partners | <u>file:///C:/Users/dbalk/Downloads/cce-providers.pdf</u> |
| | https://providersearch.molinahealthcare.com/Provider/ProviderSearch?RedirectFrom= |
| Molina Healthcare Plan | MolinaStaticWeb&memstate=il&State=il&Coverage=NA |
| UI Health Plus | http://hospital.uillinois.edu/Find a Doctor.html |



Transportation Information

| Health Plan | Transportation Information |
|-------------------------------------|---|
| MMAI | |
| Aetna Better | |
| Health | Call Member Services at 1-866-600-2139 (toll-free), 24 hours a day, 7 days a week. Call at least 3 |
| Premier Plan | days in advance. They can arrange a ride for you and one other person, such as a caregiver. |
| Blue Cross | |
| Blue Shield | If you need a ride to the doctor, call Member Services at least 24 hours before your appointment. |
| Community | The hours that you can receive a ride are Monday – Friday from 8 a.m. – 8 p.m. 1-877-723-7702 |
| Cigna- | |
| HealthSpring CarePlan of | Transportation Line - First Transit |
| Illinois | (855) 300-9126 |
| Humana Gold | (653) 556 5125 |
| Plus | 1-855-253-6867 |
| Integrated | Monday-Friday 8 a.m 5 p.m. Central time. |
| Health | |
| Alliance | 4.055.054.0354 |
| Connect | 1-866-951-0264 |
| | Call 866-796-1165 at least two days before an appointment for a ride. When you call, please have |
| Meridian | the following ready: Name, ID number, and date of birth, address and phone number for pickup and |
| Complete | drop off location. |
| Molina HealthCare of Illinois | Call (877) 659-8409. Call no later than 72 hours in advance of your appointment. Hospital discharge rides can be scheduled with three hours' notice. Additionally, Molina Dual Options also covers a trip to the pharmacy to pick up a prescription right after a medical appointment. Please call the ride assist line at (877) 659-8410 to schedule your pharmacy stop prior to leaving your provider's office. Ask your health care provider to call your prescription in to the pharmacy so it is ready when you get there. Let your transportation driver know you need to stop at the pharmacy on your return trip. |
| ICP, CCEs, and MCCNs | |
| Aetna Better Health | Call 1-866-212-2851 Monday - Saturday from 8 a.m 6 p.m. to set up transportation 3 days prior to your appointment. Mileage reimbursement is available if you drive or if you get a ride from someone. Call within 7 days of the appointment to get reimbursement. |
| Blue Cross Community ICP | If you need a ride to the doctor, call Member Services at least 24 hours before your appointment. The hours of operation are Monday – Friday from 8 a.m. – 8 p.m. 1-888-657-1211 |
| Community Care Alliance | To schedule a ride, call Enrollee Services at 1-866-871-2305. Please call more than two business days before your appointment to get a ride. |

| Health | |
|---------------|---|
| Alliance | |
| Connect | Call 1-877-933-8480. |
| | Non-emergency Transportation Services are covered by IlliniCare Health for medically necessary |
| IlliniCare | services. IlliniCare Health will also provide an escort, if authorized in advance. To schedule |
| Health | transportation, please call 866-329-4701. |
| Molina | |
| Healthcare of | |
| Illinois | To arrange transportation call (877) 917-8164. Please call at least 72 hours before your appointment. |
| NextLevel | , , , |
| Health | Contact your care coordinator at 1-844-807-9734, or if you're hearing impaired, Illinois Relay 711. |
| Together 4 | , |
| Health | Information Not Provided |
| Be Well | |
| Partners | Information Not Provided |
| Cigna- | |
| HealthSpring | |
| Special Care | |
| of Illinois | (855) 300-9126 |
| | Please contact your primary care medical home office for assistance with transportation needs. If |
| | you need information |
| | regarding your primary care office location or number, please contact 312-864-8200 or 855-444- |
| | 1661 and a member services |
| CountyCare | representative can provide you with the information. |
| Humana | |
| Integrated | Humana's LogistiCare service provides routine transportation for members to get to healthcare |
| Care Program | visits. Members can contact LogistiCare at 855-253-6865, 8 a.m. to 5 p.m. Central/CST, Monday |
| of Illinois | through Friday. TTY: 866-288-3133. |
| | Meridian members have options for transportation to and from visits to the doctor, behavioral |
| | health visits pharmacies, DME vendors, Family Case Management and WIC offices. You can also get |
| | paid back for gas to and from office visits. When you call for transportation info, please have your |
| | name, Medicaid ID number, date of birth, the address and phone number where you will be picked |
| | up, the address and phone number where you are going, your appointment date and time, and the |
| Meridian | name of your provider. Please call 866-796-1165 at least two days before your appointment to talk |
| Health Plan | about your transportation options. |
| My Health | |
| Care | |
| Coordination | Information Not Provided |
| Precedence | You may qualify for free or reduced bus or shuttle transportation to medical services, hearings or |
| CCE | other appointments. |
| Family Health | |
| Plans | |



| Advocate Accountable Care | To see if you qualify for non-emergency transportation services, call 1.877.725.0569. If you use a TTY, call 1-877-204-1012. You can call between 8 am and 5 pm Monday through Friday. The call is free. You must call and ask for help to get a ride at least two business days (not counting weekends or holidays) before the trip. When you call for approval for a ride, you must give: the name, address, and phone number of the person who needs the ride, the recipient identification number (this is the number on the person's HFS or All Kids medical card), the name and address of the doctor or clinic the person will be seeing, the date, time, and reason for the appointment, and the name of the transportation provider, if known. |
|--|---|
| | |
| Better Health Network | Call First Transit at 1-877-725-0569. If you use a TTY, call 1-877-204-1012. You can call between 8:00 a.m. and 5:00 p.m. Monday through Friday. Call and ask for help to get a ride at least two business days (not counting weekends or holidays) before the trip. When you call for approval for a ride, you must give: the name, address, and phone number of the person who needs the ride, the recipient identification number (this is the number on the person's HFS or All Kids Medicaid card), the name and address of the doctor or clinic the person will be seeing, the date, time, and reason for the appointment, and the name of the transportation provider, if known. |
| Community | To see if you qualify for non-emergency transportation services, call First Transit at 1-877-725-0569 |
| Care Partners | (TTY: 1-877-204-1012). You can call between 8:00 a.m. and 5:00 p.m. Monday through Friday. |
| Family Health Network Health Alliance | If you need a ride to the doctor, call Member Services at 1-888-346-4968. You must call more than one business day before your appointment to get a ride. Siblings or significant others may go with you to an appointment as needed. |
| Connect | Information Not Provided |
| Illinicare Health | If you need a ride to or from a medical visit please call us at least two business days in advance and Illinicare will schedule a ride for you. If you need to bring a guest with you, you can. Call IlliniCare Health at 1-866-329-4701) (TTY: 1-866-811-2452). When prompted, ask for transportation and a transportation specialist will assist you. You can call Monday through Friday, from 8 a.m. – 5 p.m. Central Time (CT). |
| Illinois Partnership for Health | For non-emergency transportation, work with your Care Coordinator to get approval for transportation services. 1-877-633-2531 (TTY users call 1-800-526-0844 or 711) |
| La Rabida Care Coordination | Medicaid covers non-emergency transportation to the nearest possible provider only. Talk with your Care Coordination Team about your transportation needs. 1-855-238-4859 |



| Meridian Health Plan | Meridian Health Plan offers gas reimbursement to you, a friend, neighbor or family member when driving to and from your doctor's appointments. You can call to schedule gas reimbursement 30 days in advance up until the date of your appointment. If you choose to call on the date of your appointment, you must call prior to your appointment taking place. You can call 866-796-1165 to schedule your gas reimbursement. Other forms of transportation may be provided if medically necessary. |
|---|---|
| My Care Chicago | In MyCare Chicago you do not need a referral from your PCP for non-emergency transportation services. If it is hard for you to get to your medical appointments either because you do not have a car to use or because you cannot afford the gas, MyCare Chicago may be able to help you get a ride to your PCP or clinic. This is not for ambulance services. HFS covers non-emergency transportation to the nearest possible provider only. To see if you qualify for non-emergency transportation services, you should call your CC. You must call and ask CC for help to get a ride at least two business days (not counting weekends or holidays) before the trip. When you call for approval for a ride, you must give: the name, address, and phone number of the person who needs the ride, the recipient identification number (this is the number on the person's HFS or All Kids medical card), the name and address of the doctor or clinic the person will be seeing, and the date, time, and reason for the appointment |
| SmartPlan Choices | You may qualify for help to get a ride to your PCP or clinic. For nonemergency help with transportation, First Transit, Inc. at 1-877-725-0569 on Monday through Friday from 8 AM to 5 PM, excluding state holidays or via web at NETSPAP.com at least 2 business days (not counting weekends or holidays) before your appointment. This company is not a transportation provider. First Transit operates a state-wide call center for the prior authorization of non-emergency transportation services. You will be asked for information such as your Medicaid Recipient Identification Number (RIN) number, physician name and location, and time of your appointment. |
| Aetna Health Plan | Call 1-866-212-2851 to set up transportation Monday - Saturday from 8 a.m 6 p.m. Please set up a ride at least three days before your appointment. Mileage reimbursement is available if you use your own car or get a ride from someone. You have seven days after your appointment to ask for mileage reimbursement. Call Member Services at 1-866-212-2851 and they will help you do this. |
| BlueCross Community Family Health Plan | The Plan offers this service for medical needs, free of charge when you have no other way to get to a doctor's appointment, an appointment with another health care provider, a dental appointment, or a pharmacy after a provider visit. If you need a ride to the doctor, call Member Services at 1-877-860-2837 (TTY: 711) for a ride at least three days before the appointment. The hours of operation are Monday to Friday, 8 a.m. to 8 p.m. Central time. If you have a complaint about the service or staff, call Member Services to talk about your concerns. Call 312-864-8200 / 855-444-1661 (toll-free) 711 (TDD/TTY) |
| CountyCare | Monday—Friday 8 a.m. to 5 p.m. (Central Time) Saturday 9 a.m. to 1 p.m. (Central Time) |
| Harmony Health Plan | Harmony offers transportation to any medical, pharmacy or dental appointment. Harmony also offers rides to WIC offices, durable medical equipment visits, and visits to family members in the hospital. Children, including siblings, are allowed to ride with the member. The number to call for transportation services is 1-800-608-8158. Please call at least 48 hours in advance |



| HealthCura | |
|---------------------------------------|---|
| Illinois Health Connect | In Illinois Health Connect you DO NOT NEED A REFERRAL from your PCP for non-emergency transportation services. If it is hard for you to get to your medical appointments either because you do not have a car to use or because you cannot afford the gas, HFS may be able to help you get a ride to your PCP or clinic. To see if you qualify for non-emergency transportation services, call 1-877-725-0569 (TTY: 1-877-204-1012). You can call between 8:00 a.m. and 5:00 p.m. Monday through Friday. The call is free. You must call and ask for help to get a ride at least two business days (not counting weekends or holidays) before the trip. When you call for approval for a ride, you must give the name, address, and phone number of the person who needs the ride, the recipient identification number (this is the number on the person's HFS or All Kids medical card), the name and address of the doctor or clinic the person will be seeing, the date, time, and reason for the appointment, and the name of the transportation provider, if known |
| Loyola Family | |
| Care Lurie Children's Health Partners | Information Not Provided If you need transportation to your child's medical appointment, call 877.725.0569 (TTY: 877.204.1012) to determine if you are eligible. When you call, tell the person who answers: The name, address and phone number of the person who needs a ride, the number of individuals needing a ride, the date and time of the medical appointment, the time the person needs to be picked up, the person's identification number from their medical card, the reason for the appointment, and what special equipment your child has, if any. |
| Molina Healthcare Plan | Non-emergency medical transportation to medical facilities can be covered when you do not have any way to get to your medical appointments. As an added benefit, Molina Healthcare will cover trips to the pharmacy to pick up a prescription immediately following a medical appointment as well as trips to WIC offices. Medical appointments include trips to a doctor, clinic, hospital, therapy or behavioral health appointment. Let your transportation driver know that you will need to stop at the pharmacy on your return trip and ask your health care provider to call your prescription in to the pharmacy so it is ready when you get there. To arrange transportation, or if you have any questions, please call (855) 369-3719. TTY for Deaf and Hard of Hearing: 7-1-1. Please call as soon as possible to schedule your transportation, but at least 72 hours in advance of your appointment. |
| UI Health Plus | You do not need a referral from your PCP for non-emergency transportation services. If it is hard for you to get to your medical appointments either because you do not have a car to use or because you cannot afford the gas, Medicaid may be able to help you get a ride to your PCP or clinic. HFS covers non-emergency transportation to the nearest possible provider only. To see if you qualify for non-emergency transportation services, call First Transit at 1-877-725-0569 (TTY: 1-877-204-1012). You can call between 8:00 a.m. and 5:00 p.m. Monday through Friday. The call is free. You must call and ask for help to get a ride at least two business days (not counting weekends or holidays) before the trip. When you call for approval for a ride, you must give the name, address, and phone number of the person who needs the ride, the recipient identification number (this is the number on the person's UI Health Plus ID card), the name and address of the provider or clinic the person will be seeing, the date, time, and reason for the appointment, and the name of the transportation provider, if known |



Care Coordination Contact Numbers

| Usalih Blau | Come Committee Company |
|---|--------------------------------------|
| | Care Coordination Contact |
| MMAI | 1.055.500.0100 |
| | 1-866-600-2139 |
| | 1-877-723-7702 |
| | 1-866-487-3002 |
| | 1-800-787-3311 (TTY: 711) |
| | 1-866-951-0264 |
| Meridian Complete 1 | 1-855-580-1689 |
| Molina HealthCare of Illinois | 1-877-901-8181 |
| ICP, CCEs, and MCCNs | |
| Aetna Better Health 1 | 1-866-212-2851 |
| Blue Cross Community ICP | 1-888-657-1211 |
| Community Care Alliance | 1-866-871-2305 |
| Health Alliance Connect | 1-877-633-2526 |
| IlliniCare Health | 1-866-329-4701 |
| Molina Healthcare of Illinois | 1-855-766-5462 |
| NextLevel Health 1 | 1-844-807-9734 |
| Together 4 Health | Information Not Provided |
| Be Well Partners | Information Not Provided |
| Cigna-HealthSpring Special Care of Illinois | 1-866-487-3002 |
| CountyCare | 1-855-444-1661 |
| Humana Health Plan | 1-800-764-7591 (TTY:711) |
| Meridian Health Plan | 1-866-606-3700 |
| My Health Care Coordination | Information Not Provided |
| Precedence CCE | Information Not Provided |
| Family Health Plans | |
| Advocate Accountable Care | 1-800-323-4769 |
| Better Health Network | Information Not Provided |
| Community Care Partners | 1-888-977-2447 (TTY: 1-800-855-2880) |
| Family Health Network | 1-888-346-4968 |
| Health Alliance Connect | Information Not Provided |
| Illinicare Health | 1-866-329-4701 (TTY:1-866-811-2452) |



| Illinois Partnership for Health | Information Not Provided |
|--|--------------------------------------|
| La Rabida Care Coordination | 1-855-238-4859 |
| Meridian Health Plan | 1-866-606-3700 |
| My Care Chicago | 1-844-320-2273 (TTY: 1-844-510-2273) |
| SmartPlan Choices | 1-844-254-2273 (TTY: 1-844-852-1371) |
| Aetna Health Plan | 1-866-212-2851 |
| BlueCross Community Family Health Plan | 1-877-860-2837 (TTY: 711) |
| CountyCare | 855-444-1661 |
| Harmony Health Plan | Information Not Provided |
| HealthCura | Information Not Provided |
| Illinois Health Connect | 1-800-323-4769 (TTY: 1-800-447-6404) |
| Loyola Family Care | Information Not Provided |
| Lurie Children's Health Partners | Information Not Provided |
| Molina Healthcare Plan | 1-855-687-7861 (TTY: 711) |
| UI Health Plus | Information Not Provided |



Behavioral Health Contact Numbers

| Health Plan | Behavioral Health Contacts |
|---|--|
| MMAI | |
| Aetna Better Health Premier Plan | 1-866-600-2139 |
| Blue Cross Blue Shield Community | 1-877-723-7702 (TTY: 711) |
| Cigna-HealthSpring CarePlan of Illinois | 1-866-487-4331 |
| Humana Gold Plus Integrated | 1-855-235-8530 (TTY:711) |
| Health Alliance Connect | 1-866-796-1167 (TTY: 711) |
| Meridian Complete | 866-796-1167 (TTY: 711) |
| Molina HealthCare of Illinois | 1-888-275-8750 (TTY:711) |
| ICP, CCEs, and MCCNs | |
| Aetna Better Health | 1-866-212-2851, option 9 |
| Blue Cross Community ICP | 1-888-657-1211 (TTY 711) |
| Community Care Alliance | 1-800-753-5456 |
| Health Alliance Connect | 1-877-933-8480, (TTY 1-800-526-0844 or 711) |
| IlliniCare Health | 1-866-329-4701 (TTY: 1-866-811-2452) |
| Molina Healthcare of Illinois | 1-888-275-8750 (TTY: 1-866-735-2929) |
| NextLevel Health | 1-844-807-9734 (TTY: 711) |
| Together 4 Health | Information Not Provided |
| Be Well Partners | Information Not Provided |
| Cigna-HealthSpring Special Care of Illinois | 1-866-780-8546 |
| CountyCare | 1-312-864-8200 / 1-855-444-1661 |
| Humana Integrated Care Program | 1-855-235-7494 / 1-800-764-7591 |
| Meridian Health Plan | 1-866-796-1167 |
| My Health Care Coordination | Information Not Provided |
| Precedence CCE | Information Not Provided |
| Family Health Plans | |
| Advocate Accountable Care | 1-855-260-0996 |
| Better Health Network | 1-844-410-2273 (TTY: 1-844-852-1372) |
| Community Care Partners | 1-888-977-2447 (TTY: 1-800-855-2880) |
| Family Health Network | 1-800-753-5456 |
| Health Alliance Connect | 1-877-633-2531 (TTY: 1-800-526-0844 or 711). |
| Illinicare Health | 1-866-329-4701 (TTY: 1-866-811-2452) |
| Illinois Partnership for Health | Information Not Provided |
| La Rabida Care Coordination | Information Not Provided |
| Meridian Health Plan | 1-866-796-1167 |
| My Care Chicago | 1-844-320-2273 (TTY: 1-844 510-2273) |



| SmartPlan Choices | 1-844-254-2273 1-708-681-4357 |
|--|--------------------------------------|
| | 1-866-212-2851 |
| Aetna Health Plan | 1-866-212-2851, option 9 |
| BlueCross Community Family Health Plan | 1-877-860-2837 (TTY: 711) |
| CountyCare | Information Not Provided |
| Harmony Health Plan | 1-800-608-8158 |
| HealthCura | Information Not Provided |
| Illinois Health Connect | 1-877-912-1999 (TTY: 1-866-565-8577) |
| Loyola Family Care | Information Not Provided |
| Lurie Children's Health Partners | Information Not Provided |
| | 1-800-843-6154 |
| Molina Healthcare Plan | 1-888-275-8750 |
| UI Health Plus | 1-844-810-2273 |



Request for Protected Health Information

This generic form can be used: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1 050485.pdf

| Health Plan | Request for Protected Health Information Form |
|---|---|
| Treater Flair | nequest for Frotested fredicti mornidation form |
| MMAI | |
| Aetna Better Health Premier Plan | http://www.aetnabetterhealth.com/illinois/assets/pdf/members/ShareInformationForm-IL.pdf |
| Blue Cross Blue Shield Community | http://www.bcbsil.com/PDF/hipaa/hipaa_standard_auth_il.pdf |
| Cigna-HealthSpring CarePlan of Illinois | http://www.cigna.com/assets/docs/Cigna%20notices-of-privacy-practices/privacy-forms/58999125.pdf?WT.z_nav=healthcare-forms%3BBody%3BEnglish |
| Humana Gold Plus Integrated | http://apps.humana.com/marketing/documents.asp?file=999024 |
| Health Alliance Connect | http://medicaid.healthalliance.org/media/cmp-caidhipaaform.pdf |
| Meridian Complete | Information Not Provided |
| Molina HealthCare of Illinois | http://www.molinahealthcare.com/providers/ut/medicaid/manual/PDF/Section 1 6 HIPAA.pdf |
| ICP, CCEs, and MCCNs | |
| Aetna Better Health | http://www.aetnabetterhealth.com/illinois/assets/pdf/members/ShareInformationForm-IL.pdf |
| Blue Cross Community ICP | http://www.bcbsil.com/PDF/hipaa/hipaa_standard_auth_il.pdf |
| Community Care Alliance | Information Not Provided |
| Health Alliance Connect | http://medicaid.healthalliance.org/media/cmp-caidhipaaform.pdf |
| IlliniCare Health | http://mmp.illinicare.com/files/2013/12/Appointment-of-Representative-Form.pdf |
| Molina Healthcare of Illinois | http://www.molinahealthcare.com/providers/ut/medicaid/manual/PDF/Section_1 6_HIPAA.pdf |
| NextLevel Health | Information Not Provided |
| Together 4 Health | Information Not Provided |
| Be Well Partners | Information Not Provided |
| Cigna-HealthSpring Special Care of Illinois | Information Not Provided |
| CountyCare | Information Not Provided |
| Humana Integrated | http://apps.humana.com/marketing/documents.asp?file=999024 |

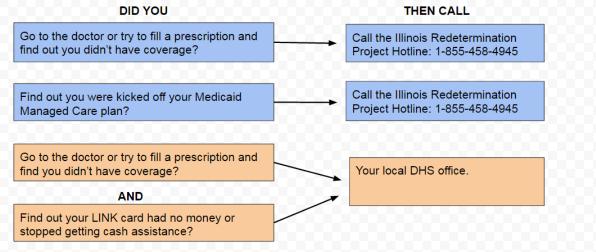


| Care Program of Illinois | | |
|--|--|--|
| Meridian Health Plan | Information Not Provided | |
| My Health Care | ation Not Provided | |
| Coordination | Information Not Provided | |
| Precedence CCE | Information Not Provided | |
| Family Health Plans | | |
| Advocate Accountable Care | Information Not Provided | |
| Better Health Network | Information Not Provided | |
| Community Care Partners | Information Not Provided | |
| Family Health Network | Information Not Provided | |
| Health Alliance Connect | http://medicaid.healthalliance.org/media/cmp-caidhipaaform.pdf | |
| Illinicare Health | http://mmp.illinicare.com/files/2013/12/Appointment-of-Representative-Form.pdf | |
| Illinois Partnership for Health | Information Not Provided | |
| La Rabida Care Coordination | Information Not Provided | |
| Meridian Health Plan | Information Not Provided | |
| My Care Chicago | Information Not Provided | |
| SmartPlan Choices | Information Not Provided | |
| Aetna Health Plan | Information Not Provided | |
| BlueCross Community Family Health Plan | http://www.bcbsil.com/PDF/hipaa/hipaa_standard_auth_il.pdf | |
| CountyCare | Information Not Provided | |
| Harmony Health Plan | Information Not Provided | |
| HealthCura | Information Not Provided | |
| Illinois Health Connect | Information Not Provided | |
| Loyola Family Care | Information Not Provided | |
| Lurie Children's Health Partners | Information Not Provided | |
| Molina Healthcare Plan | http://www.molinahealthcare.com/providers/ut/medicaid/manual/PDF/Section 1 6 HIPAA.pdf | |
| UI Health Plus | Information Not Provided | |



Redetermination Fact Sheet

Help! I lost my Medicaid!



Why did this happen anyway?

You are required to prove that you still need Medicaid or All-Kids **every year**. This is your yearly "**redetermination**" or "**re-de**". You will get letters in the mail telling you that your re-de is about to happen. It is important to respond by the letter's due date or you could lose coverage.

