

HBIA/HBIS Managed Care and Cost-Sharing

WHAT YOU
NEED TO KNOW

The Health Benefits for Immigrant Seniors (ages 65+) and Adults (42-64 year old) programs offer medical coverage for immigrant adults and seniors who are unable to join Medicaid due to their immigration status. Recently some changes have been made to the programs.

As an enrollee, here's what you need to know:

Most HBIA/HBIS will move into a managed care plan beginning **January 1, 2024.**

You may be charged copays or coinsurance for certain services, starting **February 1, 2024.**

These changes were announced through public notice.

Enrolling in Managed Care

Managed care is how the majority of Illinois Medicaid customers get their healthcare. Managed care is a kind of health insurance program. It offers quality health care and care coordination. When you enroll in Managed Care, you become a member of a Health Plan. You will have at least four (4) Health Plans to choose from, depending on where you live. HBIA/HBIS plans in Illinois include: County Care, Aetna Better Health, Blue Cross Blue Shield of Illinois, Molina, and Meridian.

Through managed care, customers choose a health plan that best fits their needs and goals. They also receive added benefits, such as care coordination and a 24-hour nurse help line. A care coordinator will help you access the services you need.

Most HBIA/HBIS customers will be enrolled in managed care by April 1, 2024. Those who will be enrolling receive letters explaining their options and what they need to do. More information about managed care

and what you can expect when you enroll with a health plan can be found on the Illinois Department of Healthcare and Family Services (HFS) HBIA/S webpages.

Cost-sharing (Copayments and Coinsurance)

Copays and coinsurance are a portion of the medical cost you pay for some services and procedures you may receive. They are common in private insurance and Medicare.

Beginning in February 2024, some managed care customers will begin to be charged copays and coinsurance for certain non-emergency procedures and services (listed below). Each health care provider should tell their patients or clients if they will be charged a copay and how much it will cost. Customers enrolled in the CountyCare managed care plan, which serves customers in Cook County, will not be charged any copays.

Cost-sharing (Copayments and Coinsurance) - continued

Cost-sharing may only be charged on the following HBIA/HBIS services:

1. Non-emergency Inpatient hospitalizations: \$250 copayment per stay
 - o Example: If you stay overnight at the hospital for treatment of a non-emergency condition, like complications of a procedure, the hospital may charge you \$250.
 - o However, if the overnight stay is a result of an emergency condition, like chest pains that could be a heart attack, there should not be a copayment.
2. Non-emergency Outpatient Services at a Hospital or Ambulatory Surgical Treatment Center: coinsurance that is 10% of the procedure's Medicaid price
 - o Example: If you go to a hospital for treatment of a medical condition that is not an emergency, and you get medical care that takes a couple of hours, like an MRI, a colonoscopy, or injection, the hospital can charge you 10% of what Medicaid will pay the provider for the service.
 - o Example: If you need a surgery that is finished the same day, like treatment for cataracts in your eyes, replacing a knee or hip, removing your gall bladder, removing a cancerous tumor or a hernia operation, the hospital or surgical treatment center can charge you 10% of what Medicaid will pay the provider for the service.
 - o The amount you can be charged will vary depending on the service and the provider.
 - o Before you get a service, ask your health care provider if they will charge you, if they know what the amount will be and when you will have to pay. You can call different providers to compare prices.

No cost-sharing may be charged for an emergency service.

An Emergency Service is defined as one needed to evaluate or stabilize an emergency medical condition, with symptoms severe and painful enough that a reasonable person would think they are life-threatening and need immediate medical care. Individuals who have severe symptoms that could be life threatening should not hesitate to seek immediate treatment, and in those instances will not have cost sharing requirements.

Managed care customers should always check with their provider on whether there will be cost sharing and when the payment is expected (before or after the procedure).

Any service provided and billed by a provider that is not a hospital or ambulatory surgical treatment center will not have a copayment, even if provided in a hospital.

Services without Cost-Sharing

Many services will continue to be free, including services or visits to:

- Primary care provider offices or Federally Qualified Health Centers (FQHCs);
- Public health departments and Community Mental Health Providers;
- Non-surgical vision, dental, and audiology providers;
- Prescriptions at pharmacies, vaccines, including those received at a pharmacy;
- Durable medical equipment and
- Transportation



HFS

Illinois Department of
Healthcare and Family Services

Questions? Call the Client Enrollment
Services line at 1-877-912-8880
(TTY 1-866-565-8576)