



SAMPLE NOTICE

<Date>

<Name>

<Address>

<City>, <State> <ZIP>

Dear <Member Name>,

We want to share some important information about your Medicaid Managed Care health plan.

Family Health Network will not be participating in the Illinois Medicaid Managed Care Program after Dec.31, 2017. Family Health Network is partnering with another Medicaid plan, IlliniCare Health. **On Jan. 1, 2018, you will be a IlliniCare Health member.**

What does this mean for you?

- You do not need to do anything about this change.
- You will get your health care services and prescription drug coverage through IlliniCare Health beginning Jan. 1, 2018.
- Beginning Jan. 1, 2018, you will need to see providers who are part of the IlliniCare Health network, including dentists, eye care providers and other specialists. For information about providers who are part of the IlliniCare Health plan, call IlliniCare Health Member Services at 1-866-329-4701 (TTY: 711) or visit IlliniCare.com.
- IlliniCare Health will make every effort to keep you with the same primary care provider (PCP) you have now. **If you want to change your PCP, you may do so starting on Dec. 1, 2017.** Just call IlliniCare Health Member Services at 1-866-329-4701 (TTY: 711) or visit IlliniCare.com.
- IlliniCare Health has care coordinators. Care coordinators work with you to make sure you get the care you need, when you need it. You can request a care coordinator starting on Dec. 1, 2017. Call IlliniCare Health Member Services at 1-866-329-4701 (TTY: 711) for more information.
- Some services may require prior approval. IlliniCare Health will work with you to get the care and services you need.
- IlliniCare Health will send you a welcome packet. This welcome packet will include a member handbook. Make sure to read your member handbook. It will give you more information about your new plan and the extra benefits they offer.
- You will also receive a IlliniCare Health Member ID card. You will use your new ID card starting Jan. 1, 2018.

Until then, you will continue to be covered by Family Health Network for all your current benefits. This means:

- There will be no change in your medical or prescription drug coverage.
- You should continue to make appointments and meet with your doctors as you normally do.
- You should keep working with your care coordinator to get the care and services you need.
- You will keep getting your plan-covered drugs as prescribed by your doctors.

Please keep this letter. If you need medical services after Jan. 1, 2018, take your HFS medical card and your IlliniCare Health Member ID card with you to all appointments.

If you do not want to stay in IlliniCare Health, you have 90 days from Jan.1, 2018 to change health plans. If you do not make a change, you will stay enrolled with IlliniCare Health until your annual open enrollment period. To learn more about your health plan options, or to pick a new health plan, call Illinois Client Enrollment Services at 877-912-8880 (TTY: 866-565-8576) or visit EnrollHFS.illinois.gov.

We want to work with you and your family to keep you well. If you have questions about this notice, please call:

Family Health Network Member Services at 1-888-346-4968 (TTY:711)

Or

IlliniCare Health Member Services at 1-866-329-4701 (TTY: 711)

On behalf of Family Health Network, thank you for the opportunity to work with you.

Sincerely,

James Kiamos
President and CEO
Family Health Network

Illinois Client Enrollment Services will send you information about your health plan choices when it is time for you to make a health plan choice and during your Open Enrollment period.

Family Health Network (FHN) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FHN does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

FHN

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at 1-888-FHN-4YOU (346-4968).

If you believe that FHN has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Member Services
322 S. Green St., Suite 400
Chicago, IL 60607
1-888-FHN-4YOU (346-4968) (TTY 711) Fax: 1-312-257-2060
Email: memberservices@myfhn.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Member Services department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-346-4968 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-346-4968 (TTY: 711).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-346-4968 (TTY: 711).
Chinese	-注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-346-4968 (TTY: 711)。
Korean	-주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-346-4968 (TTY: 711). 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-346-4968 (TTY: 711).
Arabic	رقم 1-888-346-4968 ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-346-4968 (телетайп: 711).
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-346-4968 (TTY: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کل کریں 1-888-346-4968 (TTY: 711)۔
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-346-4968 (TTY: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-346-4968 (TTY: 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-346-4968 (TTY: 711) पर कॉल करें।
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-346-4968 (ATS : 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1- 888-346-4968 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-346-4968 (TTY: 711).