

Checklist for ACE and CCE Member Materials

General Guidelines:

- All materials should be written at a sixth-grade reading level in an easily understood manner. We recommend using www.readability-score.com or another web-based tool or software to check the level. (All tools should be based on the Fleisch-Kincaid readability standard.)
- Most documents should include this statement: "You have 90 days to change plans. After the 90 days, you need to stay in the same plan for one year, until your annual enrollment period. To learn more about your health plan options, contact the Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576) or visit <http://enrollhfs.illinois.gov/>."

Welcome Letter and PCP Letter (if different from Welcome Letter):

- Both letters must include the wording above about the 90-day period in which a person can switch plans and instructions on how to contact the client enrollment broker.

Member Handbook

The member handbook should include the following:

- Contact information for the plan, including the name, address, phone, email, and website URL.
 - A table listing contact numbers is optional but recommended.
- Definitions, explanations of acronyms, and helpful words (to ensure readability).
- An explanation of the plan's role and responsibility in coordinating care.
- A list of reasons a plan may contact a member.
- A list of all the populations who can enroll in the plan.
- Information about the service area, such as geographic boundaries.
- A section on member rights and responsibilities.
- A section on Grievances and Appeals, using language HFS has provided.
- A section on privacy and confidentiality.
- Information on how to change personal information with the plan via a DHS case worker.

Member Handbook: Linguistic and Disability Accessibility

- You must inform members that the handbook is available in alternative formats for the visually impaired, including Braille and large print, and let them know how to access a copy
- Translations in Spanish must be available. The handbook must also be available in other languages at members' request
- In all versions, including English ones, instruction on how to access interpreters must be included

Member Handbook: Benefits of a PCP

The member handbook should contain the following information about primary care providers (PCPs):

- A definition of a PCP; who can be one
- A description of the role of PCP as the first doctor to call and a source of referral to specialists
- Information on making and keeping doctor's appointments and visiting the PCP
- Information on how to address a problem with a PCP
- Information on how to change a PCP, including information on when this can be done
- Information on how to change plans, including information on when this can be done
- Information on when to seek emergency room care and why and how to contact the PCP or plan after going to the ER

Member Handbook: Benefits

The member handbook should describe the following:

- A list of services Medicaid covers (a description of what is not covered is also an option)
- A general description of copays
- A list of which providers can be seen without a referral (this list must include OB/GYN, dental, vision, prescriptions, and any types of providers not in the plan's network).

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- Information on dental, vision, prescription drug, and transportation benefits, including how to access these services
- Information on services to women and children; this can be excluded if the plan will not be serving one of these populations
- Information on after-hours coverage

Member ID Card:

- If a plan chooses to send a member ID card, please include the following phrasing on the card:
“This card does not guarantee eligibility or payment for services. Medical providers must verify identity and eligibility when you need care.”
- A plan may not list specific copays on the card. The phrasing “copays may be charged for some services and prescription drugs” is permitted.