

Attention HFS Medical Card Holders

The Illinois Department of HealthCare and Family Services (HFS) require most individuals with an HFS Medical Card to pick a health plan for their care coordination services. The health plan you pick will provide you with all of your healthcare needs and help coordinate your care. Once enrolled, you will be enrolled with your health plan for 12 months. At the end of the 12 months, you will be able to pick a new health plan or stay enrolled with your current health plan. This is called your Open Enrollment period.

The health plans you may be required to pick go by the following names:

- Managed Care Organization (MCO)
- Managed Care Community Network (MCCN)

This provider office [or clinic or doctors name] provides healthcare to the following populations (list all that apply):

[List Family Health Plan, ACA Adult, Seniors and Persons with Disabilities]

This provider office [or clinic or doctors name] contracts with the following Health Plan(s) to provide services to our patients:

[List Health Plan names as provided on the attachment to template and the Health Plan member services phone numbers]

[If you are proposing to add a Preferred Health Plan paragraph, it must be added here. The proposed language in this paragraph must be approved by HFS through your contracted Health Plan(s) prior to its use. Please work directly with your contracted Health Plan(s) to obtain HFS approval.]

When will I know if I can make a health plan choice or switch health plans?

The 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.

[Spanish statement of above]

Letter Template

[DATE]

[NAME]

[STREET ADDRESS]

[CITY, STATE, ZIP]

Dear [NAME],

The Illinois Department of HealthCare and Family Services (HFS) require most individuals with an HFS Medical Card to pick a health plan for their care coordination services. The health plan you pick will provide you with all of your healthcare needs and help coordinate your care. Once enrolled, you will be enrolled with your health plan for 12 months. At the end of the 12 months, you will be able to pick a new health plan or stay enrolled with your current health plan. This is called your Open Enrollment period.

The health plans you may be required to pick go by the following names:

- Managed Care Organization (MCO)
- Managed Care Community Network (MCCN)

This provider office [or clinic or doctors name] provides healthcare to the following populations (list all that apply):

[List Family Health Plan, ACA Adult, Seniors and Persons with Disabilities]

This provider office [or clinic or doctors name] also contracts with the following Health Plan(s) to provide services to our patients:

[List Health Plan names as provided on the attachment to template and the Health Plan member services phone numbers]

[If you are proposing to add a Preferred Health Plan paragraph, it must be added here. The proposed language in this paragraph must be approved by HFS through your contracted Health Plan(s) prior to its use. Please work directly with your contracted Health Plan(s) to obtain HFS approval.]

When will I know if I can make a health plan choice or switch health plans?

The 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.

[Spanish statement of above]

Thank you,

[PROVIDER OR CLINIC NAME]

[PROVIDER OR CLINIC STREET ADDRESS]

[PROVIDER OR CLINIC CITY, STATE, ZIP]

[PROVIDER OR CLINIC PHONE NUMBER]