

[DATE]

Important News about the Medicaid Managed Care Program Expansion

Dear [CLIENT NAME],

Welcome to IlliniCare Health, we are glad to have you as a new member of our plan. We have been working hard with Family Health Network (or CCAI) to make your transition to IlliniCare Health as smooth as possible. Beginning January 1, 2018 IlliniCare Health will work with you to get you the healthcare services you need.

Starting January 1, 2018, the Illinois Medicaid Managed Care Program is expanding to include all counties statewide. This new program is called **HealthChoice Illinois**. Your Medicaid benefits do not change. But, the health plan choices in your area will change.

What this means for you

You will be enrolled in IlliniCare Health beginning January 1, 2018.

Member

[ENROLLEEn]

ID # [ENn_RIN]

In HealthChoice Illinois, you can stay with IlliniCare Health or you can choose a new health plan.

If you want to keep IlliniCare Health

To stay in IlliniCare Health, you do not have to do anything at all! You will work with IlliniCare Health to find providers, make appointments, get transportation and get answers to your questions.

If you want to change your health plan

You can change health plans. **You will have 90 days to change health plans.** If you want to change health plans, you must change it by **March 31, 2018**. If you do not choose a new health plan by this date, you will stay in IlliniCare Health. The next time you can change plans will be during your open enrollment period next year. We will send you a letter at that time.

You can choose from these health plans:

Blue Cross Blue Shield of Illinois
Meridian Health

Harmony Health Plan
Molina Healthcare of IL

There are two ways to change your health plan

- Go to **EnrollHFS.Illinois.gov** and click "Enroll," or
- Call Client Enrollment Services at **1-877-912-8880 (TTY: 1-866-565-8576)**, Monday to Friday, 8 a.m. to 7 p.m. The call is free.

To learn about all of the HealthChoice Illinois health plans, go to our website at EnrollHFS.Illinois.gov. Click on "Compare Plans." Before you decide, you should ask your doctors which health plans they will be part of starting January 1, 2018. Your doctors may not accept all of the health plans.

Remember: If you want to keep IlliniCare Health, you do not need to do anything.

New HealthChoice Illinois health plan welcome packet

If you choose a new health plan, your new plan will send you a welcome packet in the mail. The packet will have your member ID card and member handbook. You will use your new member ID card to get healthcare services. If you have questions or need help getting healthcare, call the health plan's member services number on your member ID card.

Transition of Care when changing health plans

If you change health plans, it is important to let your new plan know about any appointments already scheduled and any prescriptions you are currently taking. Contact the new health plan's member services department right away to discuss.

Changing a Primary Care Provider (PCP) with your health plan

Once you are in a health plan, you can change your PCP at any time. To change your PCP, call your health plan's member services number on your member ID card. You should always call your PCP first if you are sick or need health services.

About HealthChoice Illinois health plans

All HealthChoice Illinois health plans cover the same list of healthcare services. Your health plan offers education and help from their staff. You will continue to work with your health plan to get healthcare services. You may have a Care Coordinator to help make doctor's appointments, find transportation, get prior approvals for healthcare, prescriptions or medical equipment, and arrange for other social services. If you do not have a care coordinator, you can request one. Call the member services number on your ID card.

If you have any questions, call the IlliniCare Health Member Services line at 1-866-329-4701 (TTY: 711).

Thank you,

IlliniCare Health

Statement of Non-Discrimination. IlliniCare Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. IlliniCare Health does not exclude people or treat them differently based on race, color, national origin, age, disability, or sex.

IlliniCare Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and 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, and information written in other languages

If you need these services, contact IlliniCare Health at 1-866-329-4701 (TTY: 711).

If you believe that IlliniCare Health 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: IlliniCare Health, Attn: Complaints and Grievances, PO Box 92050, Elk Grove Village IL 60009-2050, 1-866-329-4701 (TTY: 711), Fax 1-877-668-2076. You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, IlliniCare Health 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/smartscreen/main.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, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/filing-with-ocr/index.html>.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-329-4701 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-329-4701 (TTY: 711).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-329-4701 (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 1-866-329-4701 (TTY: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-329-4701 (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 1-866-329-4701 (TTY: 711).
Arabic	رقم هاتف 1-866-329-4701 ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711 بالصم والبكم: (711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-329-4701 (телетайп: 711).
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-329-4701 (TTY: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-329-4701 (TTY: 711)۔
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-329-4701 (TTY: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-329-4701 (TTY: 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-329-4701 (TTY: 711) पर कॉल करें।
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-329-4701 (ATS: 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-329-4701 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-329-4701 (TTY: 711).