

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Final Meeting Minutes
October 9th, 2014.**

401 S. Clinton Street, Chicago, Illinois
201 S. Grand Avenue East, Springfield, Illinois

Committee Members Present

Kathy Chan, Cook County Health & Hospitals System
Margaret Stapleton, Shriver Center
Sherie Arriazola, TASC
Erin Weir, Age Options
Nadeen Israel, EverThrive Illinois
Sue Vega, Alivio Medical Center (by phone)
John Jansa
Connie Schiele, HSTP (by phone)
Brittany Ward, Primo Center for WC
Sergio Obregon, CPS
Hardy Ware, East Side Health District (by phone)

HFS Staff

Jacqui Ellinger
Mike Koetting
Amy Harris-Roberts
Lynne Thomas
Lauren Polite
Arvind K. Goyal
Jim Parker
Margaret Dunne
Kai Tao
Patrick Lindstrom
Mariah Balaban
Veronica Archundia

Committee Members Absent

Interested Parties

Deb Matthews, DSCC
Laura Phelan, Get Covered Illinois
Chris Haen, Lurie Children's Hospital (by phone)
Lynne Warszalek, Stickney Health Department (by phone)
Alexa Herzog, LAF
Susan Melzer, MCHC
Luvia Quiñones, ICIRR
Franchise Holland, Advocate
Sheri Cohen, Chicago Department of Public Health
Ramon Gardenhire, SEIU Healthcare
Sean Mullins, Deloitte Consultant
Jodie Winnett, Deloitte Consultant
Fanny Wong, South East Asia Center
Sonia Robins, Molina HC
Lindsey Artola, IlliniCare
Alison Stevens, LAF
Alivia Siddiqi, IHC

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1. Introductions

Kathy Chan, from CCHHS, chaired the meeting. Attendees in Chicago and Springfield introduced themselves.

2. Review of Minutes

Margaret Stapleton made a move to approve the minutes from the meeting held on August 14th and it was seconded by Erin Weir. The minutes were approved by a vote of 11 in favor and zero opposed.

3. ACA Updates

ABE Usability Improvement Initiative

Sean Mullins reported that Deloitte Consultants, in coordination with HFS and DHS, continues working on the usability improvement project, the goal of which is to ensure that the ABE web portal is consumer friendly and easy to navigate. He shared a handout titled “Improving the Customer Experience” (attachment one), in addition, he indicated that, as a result of the feedback solicited in the previous meeting, more than 200 design suggestions were added to the suggestions which were initially received in the summer of 2013.

Mr. Mullins stated that the usability team has been working on the enhancement and consolidation of the “Frequently Asked Questions” section of the ABE web site. In addition, the ABE member portal is expected to provide customers with information regarding “What to Expect Next,” including when to expect correspondence from the state. Sean emphasized that a great deal of effort will be focused upon improving the navigation of the ABE application, as well as the member portal. John Jansa asked about the composition of the testing team. Sean indicated that the testing group is comprised of individuals who have been working on the development of IES and state employees, in addition to interested parties from the advocacy community. Sean added that, the first release will take place in December, followed by two more, one in March and the last one is scheduled for May of 2015. The committee recommended keeping this agenda item for the next meeting.

Application Process Status

Mike Koetting indicated that the state is advancing its effort to reduce the backlog of applications. An average of 16, 000 to 20,000 applications is received every week, and most applications are being processed within a 45 day time frame. However, there is cluster of applications that is still being struggled with. Mr. Koetting added: “We are still not where we would like to be, but every week, we are making clear progress.” Nadeen Israel asked how to proceed regarding “old applications,” and Lauren Polite recommended contacting the Automated Voice Response System (AVRS) at 1800 842-1461 and arranging for a “three way call” in order to find the status of a particular case. Ms. Polite asserted that, often in her experience, so called “old applications,” have previously been given a determination of eligibility, but clients may not have always received notification. This could be because a client may have moved and the state had not been informed, and therefore a notice of the decision may not have been received. Ms. Polite emphasized that the “three way call” could help ensure that an appropriate course of action is taken with regard to each specific situation.

IES Phase Two Update

HFS and DHS have concentrated their efforts upon the development of Phase Two of IES (the Integrated Eligibility System). The transformation of the state’s eligibility process for Medicaid, SNAP, and cash assistance, is on time as scheduled and is expected to “go live” in September of 2015.

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Efforts are being concentrated upon the replacement of the legacy system, as well as a new standardization of processes in all DHS local offices, as well as the HFS Bureau of All Kids, in addition to the improvements to the ABE web portal.

FFM Status

Laura Phelan indicated that Get Covered Illinois recently announced that 37 organizations had been awarded In- Person Counselor grants totaling \$25.8 million. More information can be found at: <http://getcoveredillinois.gov/idph-announces-37-organizations-selected-federal-grants-year-2-get-covered-illinois-navigator-program/>

Ms. Phelan stated that, last summer, GetCovered.illinois (GCI), in collaboration with UIC, conducted a survey to identify the highest enrollers during the open enrollment period for 2013 - 2014. Special attention was given to the types of services that were provided, and the grant application was changed based upon the information that was obtained.

Ms. Phelan indicated that, unlike the previous year, organizations providing In-person Counselors (IPC) are expected to be staffed on a full-time basis. The study showed that organizations which had full-time IPCs available and conducted outreach were the most successful. The results of both focus groups and IPC/UIC research showed that people strongly preferred in-person assistance. As a result, for the second open enrollment period, efforts will be made to make appointments easier by allowing clients to call a help desk and schedule an appointment, instead of just obtaining a phone number. Ms. Phelan stated that GCI is going to build capacity with certified counselors and insurance brokers, getting them involved by inviting them to webinars, and sending them policy updates. There will also be increased opportunities for training, which is based on the modules that navigators have received: <http://www2.illinois.gov/gov/healthcarereform/Pages/ProducerTool.aspx>

4. Enhanced Eligibility Verification Illinois Medicaid Redetermination Project (IMRP)

Mike Koetting stated that the Illinois Medicaid Redetermination Project continues showing improvement. The challenges that were encountered in May and June have been resolved. Statistics appear positive for the month of September when IMRP had its lowest cancelation percentage, although it is yet to be determined if this is the case of an isolated month or if there is a trend. In addition, the number of “267 Notices,” or “requests for additional information,” has decreased and will continue to be monitored.

5. Care Coordination Update

Amy Harris-Roberts provided an update on the Care Coordination roll-out, indicating that it was completed for Cook and collar counties, as well as Central Illinois. Clients have either selected a managed care entity or have been assigned by algorithm. The committee engaged in robust discussion about case scenarios, such as: when the contract with a PCP has ended, transition requirements for plans, the 90-day period to switch health plans before clients are “locked in” for a year. Amy Harris-Roberts and Jim Parker led the discussion responding to committee members’ concerns. Ms. Harris thanked the committee members for their help to enhance the language of the materials available on the HFS website. The committee asked that an update about care coordination be included during the next meeting.

6. Open Discussion and Announcements

Chair person Kathy Chan welcomed Sherie Arriazola, a Health Policy Administrator, from the Center for Health and Justice (TASC) as a new member of the committee. In addition, Ms. Chan announced that Margaret Dunne and Henry Taylor are no longer members of this committee.

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Family Planning Services

Kai Tao announced that HFS has launched a new initiative to make family planning more accessible for both, women and men covered by Medicaid. HFS is going to provide training to medical providers to create awareness among consumers regarding different family planning options so that they can better decide which is right for them. She also noted that Illinois medical assistance covers all FDA approved contraceptives, which is also the case for all private insurance purchased through the Illinois Health Insurance Marketplace.

Ms. Tao called the attention of committee members to the [Family Planning & Birth Control](#) section available on the HFS website. She distributed a handout from the U.S. Department of Health and Human Services, Center for Disease Control, titled [Effectiveness of Family Planning Methods \(pdf\)](#).

Kai Tao also distributed a draft notice (attachment two), which was created to help make clients aware of their rights and benefits with respect to family planning. She acknowledged that this is a complex topic, information about which is intended to reach to a wide audience and asked committee members for their suggestions, edits, and recommendations to enhance out-reach to a wide audience. Edits to the family planning initiative should be sent to Kai Tao at kaitao@illinois.gov before the close of business on October 17th, 2014.

Finally, Ms. Tao informed the committee that the Illinois Department of Healthcare and Family Services has issued a provider notice regarding guidelines for family planning which is available at <http://hfs.illinois.gov/assets/062614n1.pdf>. In addition, she mentioned that there is a feedback form on the HFS Family Planning website through which providers, advocates, and clients can share any issues or concerns regarding access to family planning.

7. Adjourn

The meeting was adjourned at 12:05 p.m. The next meeting is scheduled for December 11, 2014, from 10:00 a.m. to 12:00 p.m.



Application for Benefits Eligibility (ABE) Improving the Customer Experience

August 14, 2014

Deloitte.

ABE Usability Improvement Initiative



- The State of Illinois will be making a series of improvements to ABE – the Application for Benefits Eligibility module.
- We are in the process of prioritizing a list of enhancement projects.
- We would like your input today on areas where the ABE customer experience can be improved.

- Which pages, terms or data elements of the ABE Application do your customers have the hardest time understanding? Or you spend the most time explaining? (e.g., income, household size, expenses)

- Which parts of the application do customers most often fill out incorrectly, requiring follow-up from a caseworker or a request for further documentation?

- What changes to ABE would make your job assisting with ABE Applications easier?

- If there was more information available to customers after submitting their applications about “what happens next,” what questions should be addressed?



ABE Usability Improvement Initiative

Of the following possible ABE enhancements, which would have the greatest impact on the speed, accuracy and satisfaction with which ABE applications are completed? (1 = high impact / 3 = low impact)

- More explanation of terms used in the ABE application through “hover text” or Help screens
- Greater use of “quick keys” to move through the application, for example hitting “Return” rather than scrolling to the “Next” button
- More information on what to expect after the ABE application is submitted, including how will customers know if their application was approved, when benefits will start and a list of documents that may be required based on information supplied in the application
- The ability to photograph and submit documents using a mobile phone

**** MOCK-UP – FOR DISCUSSION PURPOSES ONLY ****

Your Health Plan Choices

Basic health benefits

All plans have the same Medicaid services that you get now, such as:

- Behavioral health services
- Doctor services
- Eye care services
- Family planning
- Hearing services
- Home health care
- Hospice care
- Hospital services
- Immunizations
- Lab tests and x-rays
- Medical supplies
- Nurse helpline
- Prescriptions
- Therapy
- Transportation

Use this chart to compare the extra benefits and services that each health plan offers:

<p>These health plans are Managed Care Organizations (MCOs) A Managed Care Organization is an insurance-based health plan or provider-owned group that offers access to care through a network of doctors, specialists and hospitals. MCOs offer a full range of benefits to all enrollees and help develop a plan of care for those that need or want it.</p>	<p>These health plans are Accountable Care Entities (ACEs) An Accountable Care Entity is a provider-based health plan. ACEs offer a new way to bring together health services from doctors, hospitals, health clinics and community providers. The provider team will help you manage your health and get the services you need.</p>	<p>These health plans are Care Coordination Entities (CCEs) for Children with Special Needs (CSNs) A Care Coordination Entity for Children with Special Needs is a provider-based health plan that helps children with special health care needs find the people, services and equipment they need. CCEs will provide each child with a Care Team that will work with the child, their family members and providers.</p>
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[logo] Health Plan A 1-866-123-4567 TTY: 1-800-526-0844 or Illinois Relay at 7-1-1 www.healthplana.com	[logo] Health Plan B 1-877-234-5678 TTY: 1-800-526-0844 or Illinois Relay at 7-1-1 www.healthplanb.com	[logo] Health Plan C 1-877-345-6789 TTY: 1-800-526-0844 or Illinois Relay at 7-1-1 www.healthplanc.com	[logo] Health Plan D 1-877-456-7890 TTY: 1-800-526-0844 or Illinois Relay at 7-1-1 www.healthpland.com	[logo] Health Plan E 1-877-567-8901 TTY: 1-800-526-0844 or Illinois Relay at 7-1-1 www.healthplane.com	[logo] Health Plan F 1-877-901-2345 TTY: 1-800-526-0844 or Illinois Relay at 7-1-1 www.healthplanf.com
<p>Health Plan A has a large network of primary care providers, specialists and hospitals who deliver quality health care and services. We are committed to improving your health care experience by offering a wide choice of programs to support your wellness.</p>	<p>Health Plan B is a health plan managed by local medical providers who are focused on providing quality care for our members. We offer an extensive network of doctors with no co-pays and children’s programs – for a better health plan and quality health care you and your family deserve. <i>Join the Family!</i></p>	<p>Health Plan C is a group of doctors and hospitals in Northern and Central Illinois. Our providers are connected to share information and help you get the care you need when you need it. Your health is our top priority.</p>	<p>Health Plan D is made up of doctors, nurses and clinics. We are here to help you receive quality care at the right time from the right care provider. Think of us as your new health care partner working with you to make the best health decisions.</p>	<p>Health Plan E is a care coordination team dedicated to helping children with special healthcare needs get the best care possible. The plan gives easy access to Health Plan E pediatric specialists and support team to work with a child’s PCP to coordinate services and care for the child, helping the child get the care he/she needs to stay healthy.</p>	<p>Health Plan F helps children with special health care needs find the people, services and equipment they need.</p>

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<p>PROVIDERS</p> <ul style="list-style-type: none"> • ## PCPs • ## Specialists • ## Hospitals <p>CO-PAYS</p> <ul style="list-style-type: none"> • No co-pays for doctor visits • No co-pays for emergency room (ER) visits • No co-pays for prescriptions <p>PRESCRIPTIONS</p> <ul style="list-style-type: none"> • Medicaid’s four prescriptions per month rule does not apply • Other rules may apply <p>CARE TEAM</p> <ul style="list-style-type: none"> • You can call a nurse for advice 24 hours a day, 7 days a week <p>DENTAL</p> <ul style="list-style-type: none"> • Additional dental care for adults <p>PREGNANCY AND HEALTHY KIDS</p> <ul style="list-style-type: none"> • You may qualify for gift cards by keeping prenatal appointments <p>TRANSPORTATION</p> <ul style="list-style-type: none"> • You can get a ride to the pharmacy right after your doctor visit 	<p>PROVIDERS</p> <ul style="list-style-type: none"> • ## PCPs • ## Specialists • ## Hospitals <p>CO-PAYS</p> <ul style="list-style-type: none"> • No co-pays for doctor visits • No co-pays for emergency room (ER) visits • No co-pays for prescriptions <p>PRESCRIPTIONS</p> <ul style="list-style-type: none"> • 90-day supply mailed to your home • Medicaid’s four prescriptions per month rule does not apply • Other rules may apply <p>DENTAL</p> <ul style="list-style-type: none"> • Additional dental care for adults <p>PREGNANCY AND HEALTHY KIDS</p> <ul style="list-style-type: none"> • You may qualify for diapers or gift cards by keeping prenatal and postpartum appointments and getting regular immunizations (shots) in the Brighter Beginnings program <p>TRANSPORTATION</p>	<p>PROVIDERS</p> <ul style="list-style-type: none"> • ## PCPs • ## Specialists • ## Hospitals <p>CO-PAYS</p> <ul style="list-style-type: none"> • You can get all of the services you get now with your HFS medical card • If you have co-pays now, your co-pays will be the same <p>PRESCRIPTIONS</p> <ul style="list-style-type: none"> • Medicaid’s four prescriptions per month rule applies for clients 19 years of age and older <p>CARE TEAM</p> <ul style="list-style-type: none"> • Personalized primary care from a Care Team that knows you and your health care needs • Your Care Team will provide you with health education and help you with referrals, prescriptions and other follow-up services you need <p>PREGNANCY AND HEALTHY KIDS</p> <ul style="list-style-type: none"> • You may qualify for support programs and classes in your community 	<p>PROVIDERS</p> <ul style="list-style-type: none"> • ## PCPs • ## Specialists • ## Hospitals <p>CO-PAYS</p> <ul style="list-style-type: none"> • You can get all of the services you get now with your HFS medical card • If you have co-pays now, your co-pays will be the same <p>PRESCRIPTIONS</p> <ul style="list-style-type: none"> • Medicaid’s four prescriptions per month rule applies for clients 19 years of age and older • Your Care Team will help you understand the Medicaid rules for prescriptions <p>CARE TEAM</p> <ul style="list-style-type: none"> • You will have your own health care team, led by the doctor you choose to be your PCP • Your care team works with you and your doctor to help you get the care and services you need, when and where you need them • Your care team includes nurses and other people 	<p>PROVIDERS</p> <ul style="list-style-type: none"> • ## PCPs • ## Specialists • ## Hospitals <p>CO-PAYS</p> <ul style="list-style-type: none"> • You can get all of the services you get now with your HFS medical card • If you have co-pays now, your co-pays will be the same <p>PRESCRIPTIONS</p> <ul style="list-style-type: none"> • Medicaid’s four prescriptions per month rule applies for clients 19 years of age and older • A Care Team will help manage your child’s medication <p>CARE TEAM</p> <p>Your child’s Care Coordinator will:</p> <ul style="list-style-type: none"> • Coordinate care between your child’s doctors • Visit you at home or at your child’s doctor’s office • Help you develop your child’s own care plan • Help you work toward your child’s wellness 	<p>PROVIDERS</p> <ul style="list-style-type: none"> • ## PCPs • ## Specialists • ## Hospitals <p>CO-PAYS</p> <ul style="list-style-type: none"> • You can get all of the services you get now with your HFS medical card • If you have co-pays now, your co-pays will be the same <p>PRESCRIPTIONS</p> <ul style="list-style-type: none"> • Medicaid’s four prescriptions per month rule applies for clients 19 years of age and older • A Care Team will help manage your child’s medication <p>CARE TEAM</p> <p>Your child’s Care Coordinator will:</p> <ul style="list-style-type: none"> • Coordinate care between your child’s doctors • Visit you at home or at your child’s doctor’s office • Help you develop your child’s own care plan • Help you work toward your child’s wellness

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<p>VISION You can get \$30 toward a pair of upgraded eyeglass frames every two years</p> <p>WELLNESS</p> <ul style="list-style-type: none"> You can get gift cards to buy healthcare items if you do things for your health like go for yearly checkups You may qualify for programs to help you manage diseases, such as diabetes and asthma Newsletter mailed to you every three months 	<ul style="list-style-type: none"> You can get a ride to the pharmacy, medical equipment provider, and Women, Infants and Children (WIC) food assistance site <p>VISION</p> <ul style="list-style-type: none"> You can get a \$40 adult vision rebate <p>WELLNESS</p> <ul style="list-style-type: none"> You may qualify for gift cards for completing preventive services You may qualify for programs to help you manage diseases You can get a free Weight Watchers® membership You can get a discounted Curves® members Children’s Book Club Free home pregnancy tests Newsletter mailed to you each month 	<p>WELLNESS</p> <ul style="list-style-type: none"> You may qualify for programs and classes in your community to help you manage your weight You can get help to stop smoking You may qualify for programs to help you manage diseases, such as diabetes 	<p>who work with you and your doctor to make a care plan just for you</p> <ul style="list-style-type: none"> Your care team’s goal is to keep you healthy or get your healthier, depending on what you need <p>PREGNANCY AND HEALTHY KIDS You may qualify for child birth and baby care classes</p> <p>WELLNESS</p> <ul style="list-style-type: none"> Diet and nutrition counseling Free stop smoking program Link to critical support services and assistance to support your overall health and wellness such as food and housing Make appointments and get your medical information online 24/7 	<p>goals</p> <ul style="list-style-type: none"> Help you access local community support services for your child Help make your child’s doctor appointments Work with your child’s school 	<p>goals</p> <ul style="list-style-type: none"> Help you access local community support services for your child Help make your child’s doctor appointments Work with your child’s school

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- Doctor services
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- Family planning
- Hearing services
- Home health care
- Hospice care
- Hospital services
- Immunizations
- Lab test and x-rays
- Medical supplies
- Nurse helpline
- Prescriptions
- Therapy
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Use this chart to compare the extra benefits and services that each health plan offers:

These health plans are Managed Care Organizations (MCOs)

A Managed Care Organization (MCO) is an insurance-based health plan or provider-owned group that offers access to care through a network of doctors, specialists and hospitals. MCOs offer a full range of benefits to all enrollees and help develop a plan of care for those that need or want it.



1-877-633-2526

TTY: Illinois Relay at 7-1-1
or 1-800-526-0844

www.healthallianceconnect.org

Health Alliance Connect will help you “meet health” today with quality health care for you and your family. Our doctors and care coordinators will help you and your family get the services you need. You will also have a local team to answer your questions and access to tools for your body, mind and life.

Providers

You can choose from

- 947 primary care providers
- 2,911 specialists
- 25 hospitals



1-855-701-4886

TTY: Illinois Relay at 7-1-1
or 1-800-526-0844

www.molinahealthcare.com

Molina Healthcare will work with you and your family to get the care you need. We have special programs for moms and babies and other added benefits. The biggest benefit is being part of the Molina Healthcare family.

Providers

You can choose from

- 726 primary care providers
- 686 specialists
- 15 hospitals

Please see the back of this page for more plan information »

Go to the **next page** for information about other plans

Questions? Visit www.EnrollHFS.Illinois.gov or call **1-877-912-8880** (TTY: 1-866-565-8576). The call is free! You can get this information in other languages or formats, such as large print or audio. Tenemos información en español. ¡Servicio de intérpretes gratis! Llame al 1-877-912-8880.



Care team

- You can get help finding the providers and services you need, including help with coordinating transportation
- You can call a nurse for advice 24 hours a day, 7 days a week

Co-pays

- No co-pays for doctor visits
- No co-pays for emergency room (ER) visits
- No co-pays for prescriptions
- No co-pays for some over-the-counter drugs (doctor's prescription required)
- \$2 for visits to the ER when it is not an emergency

Dental

- Extra dental care for adults

Pregnancy and healthy kids

- You may qualify for diapers, gift cards, a stroller or baby swing by keeping appointments in the Prenatal Rewards program

Prescriptions

- Medicaid's four prescriptions per month rule does **not** apply
- Other rules may apply

Transportation

- You can get a ride to the pharmacy right after your doctor visit

Wellness

- You may qualify for programs to help you manage diseases, such as diabetes and COPD
- You can access Web tools to help you meet your wellness goals



Co-pays

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- No co-pays for prescriptions

Dental

- Extra dental care for adults

Pregnancy and healthy kids

- You may qualify for gift cards by keeping appointments in the Motherhood Matters program

Prescriptions

- Medicaid's four prescriptions per month rule does **not** apply
- Other rules may apply

Transportation

- You can get a ride to the pharmacy, medical equipment providers, and Women, Infants, and Children (WIC) food assistance sites

Vision

- You can get an extra \$40 allowance toward a pair of eyeglasses each year

Wellness

- You may qualify for gift cards for completing preventive services
- You may qualify for programs to help you manage diseases
- You can get help to stop smoking
- You may qualify for programs to help you manage your weight

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1-877-633-2531

TTY: Illinois Relay at 7-1-1
or 1-800-526-0844

www.ilpartnershipforhealth.org

Illinois Partnership for Health is a group of doctors and hospitals in Northern and Central Illinois. Our providers are connected to share information and help you get the care you need when you need it. Your health is our top priority.

Providers

You can choose from

- 505 primary care providers
- 3,983 specialists
- 24 hospitals

SmartPlan™ Choice

1-844-254-2273

TTY: 1-844-852-1371

www.smartplanchoice.org

SmartPlan Choice is made up of doctors, nurses and clinics. We are here to help you receive quality care at the right time from the right care provider. Think of us as your new health care partner working with you to make the best health decisions.

Providers

You can choose from

- 81 primary care providers
- 436 specialists
- 3 hospitals

Please see the back of this page for more plan information »

Questions? Visit www.EnrollHFS.Illinois.gov or call **1-877-912-8880** (TTY: 1-866-565-8576). The call is free! You can get this information in other languages or formats, such as large print or audio. Tenemos información en español. ¡Servicio de intérpretes gratis! Llame al 1-877-912-8880.



Care team

- You will have your own health care team, led by the doctor you choose to be your PCP
- Your care team works with you and your doctor to help you get the care and services you need, when and where you need them
- Your care team includes nurses and other people who work with you and your doctor to make a care plan just for you
- Your care team's goal is to keep you healthy or get you healthier, depending on what you need

Co-pays

- You can get all of the services you get now with your HFS medical card
- If you have co-pays now, your co-pays will be the same

Pregnancy and healthy kids

- You may qualify for support programs and classes in your community

Prescriptions

- Medicaid's four prescriptions per month rule applies to adults 19 and older
- Your care team will help you understand the Medicaid rules for prescriptions

Wellness

- You may qualify for programs and classes in your community to help you manage your weight
- You can get help to stop smoking
- You may qualify for programs to help you manage diseases, such as diabetes

SmartPlan™ Choice

Care team

- Your care team will be led by your PCP who will get to know you and your health needs
- You will have your own care team, with the right providers for you
- Your care team will help you get the care and services you need, when and where you need them
- You can call a crisis counselor 24 hours a day, 7 days a week

Co-pays

- You can get all of the services you get now with your HFS medical card
- If you have co-pays now, your co-pays will be the same

Pregnancy and healthy kids

- You may qualify for child birth and baby care classes

Prescriptions

- Medicaid's four prescriptions per month rule applies for adults 19 and older
- Your care team will help you understand the Medicaid rules for prescriptions

Wellness

- You may qualify for programs to help you manage diseases, such as diabetes
- You may qualify for classes and programs to help you manage your weight
- You can get help to stop smoking

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November 2014

Important News about Your Medical Benefits

A new state law has made important changes to your medical benefits.

Beginning July 1, 2014

- You can get dental services again. Dental services for adults have been restored and they are not limited to emergency only.

Beginning October 1, 2014

- You can get podiatry services. This service is not limited to persons who are diabetic.
- You can get therapy services. Therapy services visits for adults are no longer limited but prior authorization is still required.

Family Planning Services

- You do not pay any out-of-pocket costs for family planning or contraceptive supplies.
- You do not need a referral for family planning services. You can see a provider for family planning services outside of your plan's network and still have coverage.
- You are covered for any approved birth control method including long acting IUDs and implants.
- Both moms and babies are healthier when pregnancies are planned.
- You can decide if and when you want to be a parent because effective birth control is covered for you.
- You can get more information about family planning services at <http://www2.illinois.gov/hfs/FamilyPlanning/Pages/default.aspx/>.

Talk to your provider about these changes to understand more about how they will affect you.

If you have other questions about this notice, you can call the HFS hotline at 1-800-226-0768. Persons who use a TTY can call 1-877-204-1012.