ILLINOIS DEPARTMENT OF Healthcare and Family Services

Bruce Rauner, Governor
Felicia F. Norwood, Director

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200
TTY: (800) 526-5812

Medicaid Advisory Committee
Public Education Subcommittee Meeting
Thursday, October 8, 2015
10:00 a.m. to 12:00 p.m.

401 S. Clinton St., Chicago – 7th Floor Video Conference Room
201 S. Grand Ave. East, Bloom Bldg., Springfield – 3rd Floor Video Conference Room

Agenda

1. Introductions
2. Approval of the Meeting Minutes from August13, 2015
3. Care Coordination Update
4. Marketplace Open Enrollment
5. Information Item: Preview of New HFS Website Design for Clients
6. Illinois Medical Redetermination Project (IMRP)/Enhanced Eligibility Verification (EEV) Update
7. ACA/Health Care Reform Updates
   - Application Processing
   - Integrated Eligibility System (IES) Phase Two
8. Open Discussion and Announcements
9. Adjourn

For anyone who cannot attend in person but wishes to participate by conference call they can join the meeting by dialing 1-888-494-4032.The access code is 5737699394# Individuals who participate by phone must identify themselves when they join the meeting.

In order to ensure the distribution of meeting materials, please confirm that you are planning to attend by responding to HFS Webmaster via e-mail to HFS.webmaster@illinois.gov or by phone at **312-793-1984.** Even if you plan to participate by phone, please register by sending an email so we can record your presence accurately.

This notice is also available online at:
http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommisions/MAC/News/Pages/default.aspx

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
August 13, 2015.

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
John Jansa, WKG Advisory (by phone)
Sherie Arriazola, TASC
Erin Weir, Age Options
Nadeen Israel, EverThrive Illinois
Hardy Ware, East Side Health District (by phone)
Brittany Ward, Primo Center for WC
Ramon Gardenhire, AFC
Sue Vega, Alivio Medical Center
Connie Schiele, HSTP (by phone)
Sergio Obregon, CPS

HFS Staff

Lauren Polite
Robert Mendonsa
Bridget Larson
Bridgett Stone
Veronica Archundia

Committee Members Absent

Interested Parties

Deb Matthews, DSCC
Kelly Carter, IPHCA
Judy Bowlby, Liberty Dental Plan
Jill Hayden, BCBS IL
Paula Dillon, Illinois Hospital Association
Alison Coogan, Legal Assistance Foundation
Kate Shelton, Legal Assistance Foundation
Kathy Waligora, EverThrive Illinois
Hetal Patel, Illinicare Health
Jessie Beebe, AFC
Mackenzie Speer, Shriver Center
Robert Nocon, University of Chicago Department of Medicine
Rachel Sacks, Leading Healthy Futures
Anna Carvalho, LaRabida
Graham Bowman, Chicago Coalition for the Homeless
Enrique Salgado, Harmony
Lynn Seermon, Consultant
Katie Tuten, Catholic Charities
Jennifer Wilbanks, Otsuka
Sheri Cohen, Chicago Department of Public Health
Anita Stewart, BCBSIL
Jim McNamara, V&V Healthcare
Dan Rabbitt, Heartland Alliance
Sandy De Leon, Ounce of Prevention Fund
Luvia Quiñones, ICIRR
Faye Manaster, The Arc of Illinois (by phone)
Mikal L. Sutton, Cigna Health Spring (by phone)
Heather Scalia, Humana (by phone)
Lynne Warszalek, Stickney Health Department (by phone)

Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
August 13, 2015.

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

2. **Review of Minutes**
   Sherie Arriazola made a motion to approve the minutes from the meeting held on June 11th, and it was seconded by Nadeen Israel. The minutes were unanimously approved.

3. **Care Coordination Update**
   Robert Mendonsa reported that there are over 2.1 million clients enrolled in care coordination, which is provided by a variety of managed care entities such as MCO, MCCN, ACE, and CCEs. He discussed details of the enrollment process included in a handout that was distributed, which describes the transition plans for ACE and CCE members titled "Medicaid Managed Care Choice Periods and ACE/CCEs Transitions Updates" (Attached.)

   Several members of the committee expressed concern that clients may be confused by the terms "Open Enrollment" and "Redetermination." It was suggested that a clarification note should be added to the open enrollment notice in order to explain that these are two different processes, as well as to emphasize the importance of acting upon each of them. Furthermore, Lauren Polite indicated that the department hopes to decrease this confusion with the enhancements of IES Phase Two, particularly regarding, the "Manage My Case" functionality, through which individuals will have the ability to complete their redetermination online, therefore facilitating the renewal process.

   Robert Mendonsa responded to the committee's inquiries. Faye Manaster stated that there is often a lack of awareness concerning children under the HCBS waivers who are exempt from Medicaid Managed Care. Ms. Manaster noted that, although, the occurrence of these types of complaints is not frequent, she still believes it is important to make the community aware of this policy. Mr. Mendonsa asked for case specific information in order to ensure that policy is applied appropriately.

   HFS staff will follow-up with the committee and provide answers to several inquiries:

   - Offer a notice regarding provider payments prompted by the budget impasse.
     ***Note*:** On 7/10/15 HFS issued an informational notice to "All Medical Assistance Providers" regarding the 2016 state fiscal budget:
     http://www.hfs.illinois.gov/assets/071015n.pdf
   - Confirm whether or not, families moving out of a county are subject to a "special enrollment event and whether or not this triggers a new effective date for open enrollment."
   - Make available on the HFS website a list of ACEs and CCEs that have completed their transition to become an MCO, so that advocate groups can be able to assist clients by explaining their options.
   - Provide an update concerning the possibility of extending the Medicaid Medicare Alignment Initiative (MMAI) for "dual-eligibles.

4. **ACA Health Care Reform Updates**
   Application Processing
   Lauren Polite reported that the state is keeping pace with application processing. Currently, there are 30,000 pending applications, which include SNAP, TANF, and medical benefits. She noted that, in recent weeks, ABE applications (for medical only) were routed to the Bureau of All Kids. Lauren explained that this practice is periodically followed based upon application volume, staff availability, and workload at HFS and DHS. This means that people will not be able to choose an FCRC at the time

the application is being submitted; however, once their applications are processed, they will be transferred to the corresponding FCRC where the client reside.

Integrated Eligibility System (IES) Phase Two Update
Lauren Polite indicated that the Department has made a decision to delay the implementation of IES Phase Two. Ms. Polite indicated that the department wants to ensure that everything is working properly before the launching of IES Phase Two. Lauren elaborated that, in the near future, thousands of state employees, contractors, and providers will use IES to view the information they need to administer the medical programs. She said that, when IES Phase Two "goes live," the legacy system will be "retired." Consequently, this will involve a huge endeavor that requires adequate coordination of all the different parts of the eligibility system and benefits management.

Kathy Chan asked if there may be any disruptions in terms of processing ABE applications for the Marketplace open enrollment. Lauren stated that processing should not be disrupted. She added that applications are already received into IES without major problems.

5. Illinois Medicaid Redetermination Project (IMRP) Enhanced Eligibility Verification (EEV) Update
John Spears was not available to provide an update about IMRP. Lauren Polite asked the committee to share their thoughts, questions, and concerns, which will be related to Mr. Spears for follow-up. Faye Manaster indicated that there is confusion among the families of a group of children who are enrolled in the Department of Human Services, Division of Developmental Disabilities (DHS/DDD) waivers, regarding parents not being required to provide income information when completing the redetermination process. She added that her organization, The Arc of Illinois, is working in coordination with FHS staff members on the development of a "fact-sheet" intended to clarify this and other significant issues. Kathy Chan emphasized the importance of sharing this resource with advocacy groups and community partners at large and suggested collaborating with Kathy Waligora from EverThrive Illinois.

Sherie Arriazola asked for advice about how to proactively proceed concerning clients who have redetermination dates that are overdue. In addition, she inquired about the appropriate representative authorization form to be used when advocating for clients when contacting the state to discuss a case. HFS staff will follow-up on both requests.

Margaret Stapleton asked for the redetermination statistics. Lauren Polite advised that the quarterly report is published in the HFS website: http://www2.illinois.gov/hfs/SiteCollectionDocuments/IMRPQtrlyReport22015.pdf

6. Open Discussion and Announcements
Kathy Chan reported that the state has passed SB 1847, a bill that increases access to SNAP benefits by raising the gross income limit from 130% to 165% of the federal poverty line, or from $25,737 to 32,653 for a family of 3.
http://www.ilga.gov/legislation/BillStatus.asp?DocNum=1847&GAID=13&DocTypeID=SB&SessionID=88&GA=99

Nadeen Israel reported that the state has passed:
SB 2812, a bill which ensures that Medicaid Managed Care Entities (MCEs) do not need to send an Explanation of Benefits (EOB) for sensitive services (e.g. mental services, substance abuse treatment services) in order to protect their members' confidentiality and reduce barriers to accessing care.
http://www.ilga.gov/legislation/BillStatus.asp?DocNum=2812&GAID=13&DocTypeID=HB&SessionID=88&GA=99

HB 2731 is a bill that strengthens transparency in the Medicaid Managed Care System
http://www.ilga.gov/legislation/BillStatus.asp?DocNum=2731&GAID=13&DocTypeID=HB&SessionID=88&GA=99

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SB 1410 is a bill that allows parents and legal guardians of school age children to object to health, dental, or eye examinations or immunizations on religious grounds. They must sign and present a form to the appropriate school authority detailing the grounds for their objection:
http://www.ilga.gov/legislation/BillStatus.asp?DocNum=1410&GAID=13&DocTypeID=SB&SessionID=88&GA=99

Graham Bowman commented that homeless families who are Medicaid recipients are being denied pharmacy services because of their inability to make co-payments. In Mr. Bowman's opinion, this is prevalent in communities where most of the population is comprised of Medicaid recipients.
***Note*:** On 3/29/2013, HFS issued an Informational Notice regarding the collection of co-payments, among other issues. The notice was mailed to physicians, chiropractors, podiatrist, optometrists, advance practice nurses, Federally Qualified Health Center (FQHC), Rural Health Clinics (RHC), hospital, and pharmacies.
http://www.hfs.illinois.gov/html/032913n.html

Kathy Chan asked committee members to contact HFS staff to recommend any new agenda items, meanwhile, it was agreed that an update on current agenda items should be provided during the next meeting.

11. Adjourn

The meeting was adjourned at 12:01 p.m. The next meeting is scheduled for October 8, 2015, between 10:00 a.m. and 12:00 p.m.

MEDICAID MANAGED CARE CHOICE PERIODS AND ACE/CCE TRANSITIONS UPDATES
July 2015

Initial Enrollment and Open Enrollment

- Anytime a member is enrolled with a health plan in a managed care program, either through choice or auto-assignment, they have 90 days from that plan enrollment effective date to change plans. An individual is limited to one (1) plan change during their 90-day switch period.

- Clients will also have a 60-day Open Enrollment (OE) period at the end of their 12 month lock-in period. During this 60-day period, a client may elect to switch health plans. Because HFS rolled out the mandatory managed care program in multiple stages over the course of about nine (9) months, Medicaid clients are in their 60-day Open Enrollment periods at different times throughout the year. (see the initial mailing schedule on the HFS website under Care Coordination).

- Client Enrollment Services sends the OE notices to individuals between 70 and 75 days before the end of their 12 month lock in order to get the notice in the clients hand prior to the 60-day switch period. Once a client has received their Open Enrollment notice, if the client calls Client Enrollment Services to change plans before the 60-day Open Enrollment period, the CEB will take the request and pend it until it can be submitted to HFS and processed.

- Attached is a sample of an Open Enrollment letter. The OE letter includes the list of all of the plan options for the client that are available in their area of service at that point in time. A client must contact Client Enrollment Services via the Call Center or via the Program web site to receive more information about their plan choices and assistance in switching plans, if needed.

- If clients do not actively change plans during their Open Enrollment period, they will remain in their current plan for another 12 month lock-in period. A client is not required to switch plans during their Open Enrollment Period and is not assigned away from their plan if there is no active plan switch.

- HFS averaged about 20,000 health plan "switches" per month in April – June but expects fewer switches moving forward as the volume of clients in their 90-day switch periods will decrease with the completion of expansion.

- If someone chooses to switch plans after having been auto-assigned, HFS considers that plan switch to be an active enrollment choice made by the individual.

ACE and CCE Member Transitions

ACEs and CCEs were given the option to either become a MCCN or to establish a relationship (contractual or otherwise) with an existing MCO or MCCN to assume the ACE or CCE members**. The primary goals of these relationships/transitions are to minimize disruption to the members and maintain the care coordination models in which the state and plans have invested.** With that in mind:

- ✓ HFS' expectation is that for health plans that establish a relationship with an existing MCO, the MCOs are tasked with working with the ACE or CCE to get all of the plan's PCPs and critical specialists into the MCO network. The Department will be monitoring this closely throughout the transition process.

- ✓ Members enrolled in an ACE or CCE that establishes a relationship with an existing MCO, will be transitioned to the partner MCO; however the client will be provided with a 90-day switch period from the effective date of transition to change health plans. The individual must contact Client Enrollment Services via the Call Center or the online enrollment portal to request a change in health plans during their 90-day switch period.

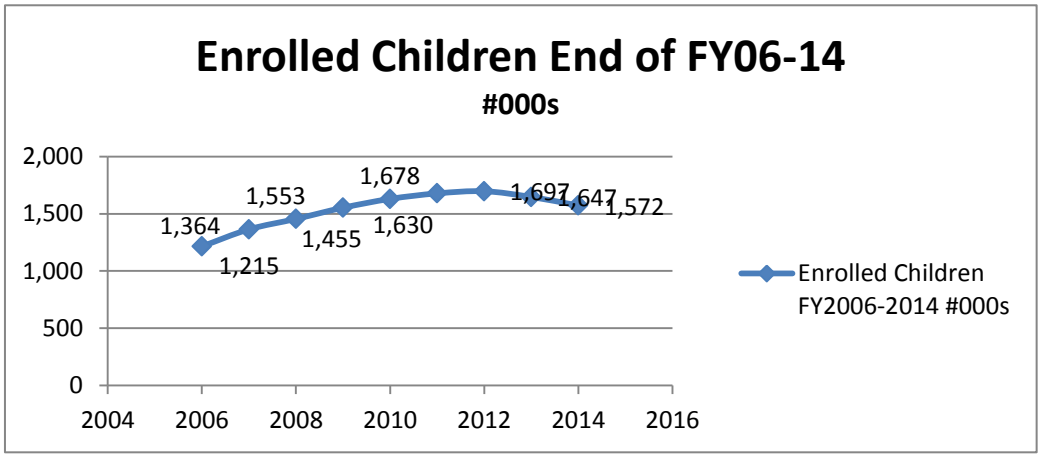
- ✓ Starting 2 months or sooner, prior to the effective date of the transition of ACE or CCE members to the partner MCO, the following may occur:
    - HFS will gradually remove the ACE or CCE from the client enrollment materials/website and educate the call center workers. HFS may also decide to suspend future auto-assignment and voluntary choice to the ACE or CCE health plan.
    - The partner MCO and the ACE or CCE work together to enroll PCPs that are active in the ACE or CCE network, but not in the MCO network.
    - The clients will receive written notice explaining the transition, and the option to switch health plans during the 90-day switch period.
    - The MCO sends the clients member materials and member ID cards.
    - The MCO and ACE or CCE may have a readiness review.
    - HFS transitions the members in its system from the ACE or CCE over to the MCO.

- ✓ HFS expects most if not all ACEs and CCEs to move to risk or partner with an MCO. If that is not the case, HFS will look at options for the members based on the individual ACE or CCE.

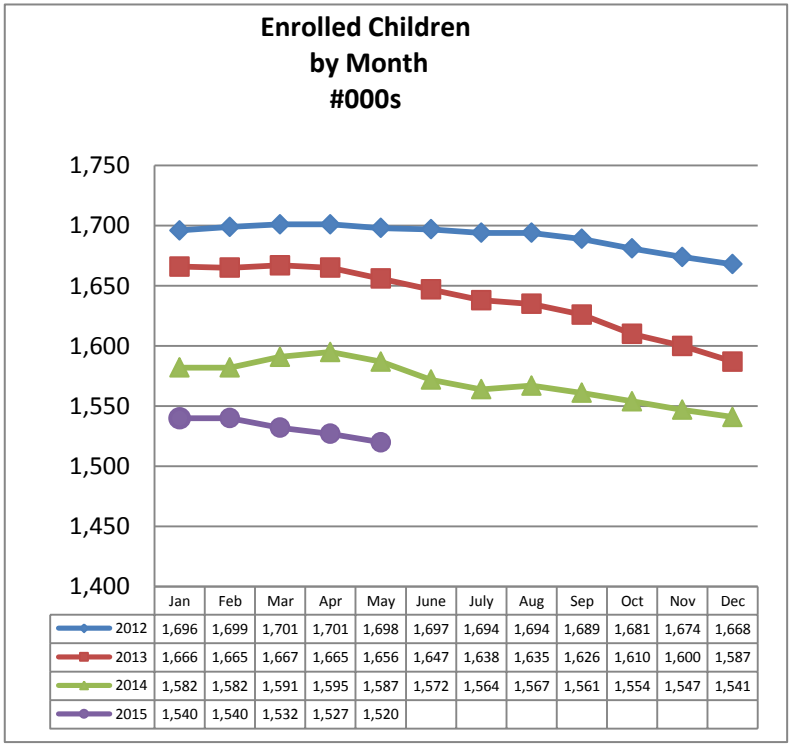
To date, two CCE plans have completed a transition to a partner health plan. Effective July 1, 2015, members enrolled in the EntireCare CCE health plan were transitioned to NextLevel CCE for care coordination and members enrolled in My Health Care Coordination CCE were transitioned to Health Alliance for care coordination. In addition, effective August 1, 2015, members enrolled in La Rabida's CCE, will be transitioned to CountyCare for care coordination.

Children's Enrollment

End of FY	Enrolled Children FY2006-2014 #000s
2006	1,215
2007	1,364
2008	1,455
2009	1,553
2010	1,630
2011	1,678
2012	1,697
2013	1,647
2014	1,572



End of Month 2012	Enrolled Children #000s	End of Month 2013	Enrolled Children #000s	End of Month 2014	Enrolled Children #000s	End of Month 2015	Enrolled Children #000s
Jan	1,696	Jan	1,666	Jan	1,582	Jan	1,540
Feb	1,699	Feb	1,665	Feb	1,582	Feb	1,540
Mar	1,701	Mar	1,667	Mar	1,591	Mar	1,532
Apr	1,701	Apr	1,665	Apr	1,595	Apr	1,527
May	1,698	May	1,656	May	1,587	May	1,520
June	1,697	June	1,647	June	1,572		
July	1,694	July	1,638	July	1,564		
Aug	1,694	Aug	1,635	Aug	1,567		
Sep	1,689	Sept	1,626	Sept	1,561		
Oct	1,681	Oct	1,610	Oct	1,554		
Nov	1,674	Nov	1,600	Nov	1,547		
Dec	1,668	Dec	1,587	Dec	1,541		



[DATE]

Dear new CountyCare Member,

Your health plan, La Rabida Care Coordination, has joined CountyCare. On August 1, 2015, you will be a CountyCare member. Welcome to CountyCare!

CountyCare covers everything Medicaid covers and more, at no cost to you. Plus you will continue to receive La Rabida Care Coordination services.

Your primary care provider (PCP) will continue to be PCP Name. If you want to change your PCP, you may do so at any time. Just call CountyCare Member Services at 1-855-444-1661 or 312-864-8200 (TTY: 1-800-526-0844).

CountyCare is a managed care plan, so all of your providers need to be in the CountyCare network. Your PCP is already a CountyCare provider. Most families will find that their current specialists are also already CountyCare providers. (This includes dentists, eye care providers and other specialists). Your La Rabida Care Coordinators will continue to help coordinate your care in your new CountyCare health plan.

We will mail your CountyCare member ID card soon. You will also receive a CountyCare Member Handbook. Read your handbook and keep it handy. It has important information about your health care and CountyCare.

If you do not want to stay in CountyCare, you have 90 days (from August 1, 2015), to change health plans. If you do not make a change, you will stay enrolled with CountyCare for one year. To learn more about your health plan options, or to pick a new health plan, call Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576) or visit www.EnrollHFS.illinois.gov.

Please keep this letter. After August 1, 2015, take your HFS medical card *and* your CountyCare member ID card with you to all appointments.

Our goal is to make receiving health care trouble-free for you and your family. **If you have any questions, please call:**

CountyCare Member Services at 1-855-444-1661 or 312-864-8200 (TTY: 1-800-526-0844)

La Rabida Care Coordination 773-256-5719

Health Alliance CONNECT℠

[DATE]

Dear New Health Alliance Connect Member:

Your health plan, My Health Care Coordination, is partnering with Health Alliance Connect. On July 1, 2015, you will be a Health Alliance Connect member. We want to welcome you to our health plan, and we are excited to provide you with great health care. Through the partnership, you will continue receiving care coordination services with My Health Care Coordination. Should you have any questions specific to this, please feel free to contact your care coordinator at (217)330-9840.

Effective July 1, 2015, your primary care provider (PCP) is [PCP Name]. We have made every effort to keep you with the same PCP you had in the My Health Care Coordination health plan. **If you want to change your PCP, you may do so at any time.** Just call Health Alliance Connect Member Services at 1-877-633-2526 (TTY:711).

Health Alliance Connect is a managed care plan. You will need to see providers that are part of the Health Alliance Connect network, including dentists, eye care providers and other specialists.

If you have not already gotten your Health Alliance Connect member ID card, we will mail it to you soon. Watch for it in the mail. You will also get a Health Alliance Connect Member Handbook in the mail. Be sure to read your Member Handbook and keep it handy. Your handbook is full of important information about your health care and Health Alliance Connect.

Health Alliance Connect covers everything Medicaid covers and more, at no cost to you. Here are some of the extra benefits you'll get from Health Alliance Connect:

- Health Alliance Connect does not follow the state 4 script limit
- You will have access to our customer service plus continued involvement with your trusted care manager. If you have questions for your care manager, please contact (217)330-9840.

If you do not want to stay with Health Alliance Connect, you have 90 days from July 1, 2015, to change health plans. If you do not make a change, you will stay enrolled with Health Alliance Connect for one year. To learn more about your health plan options or to pick a new health plan, call Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576) or visit EnrollHFS.illinois.gov.

Please keep this letter. If you need medical services after July 1, 2015, take your HFS medical card and your Health Alliance Connect member ID card with you to all appointments.

Our goal is to make health care trouble-free for you and your family. **If you have any questions, please call us toll-free at Health Alliance Connect Member Services at 1-877-633-2526 (TTY: 711).**

Sincerely,

Jennifer Marquardt

Jennifer Marquardt
Director of Product Services

August 28, 2015

Important News About Your Health Plan

Dear Together4Health member:

As of November 1, 2015, Together4Health will no longer be a health plan option. You will need to pick a new managed care health plan and Primary Care Provider (PCP) for your Illinois Medicaid coverage. This change will not affect your current Medicaid benefits.

You will receive an enrollment packet in the mail from Illinois Client Enrollment Services. Your enrollment packet will include:

- A list of family members who need to pick a new health plan
- The deadline by which you must enroll
- A chart listing all of the benefits for each health plan
- Tips to help you choose a health plan
- Step-by-step instructions for enrolling online
- Frequently asked questions

You will have 60 days to pick a new health plan and PCP. If you do not choose a health plan and PCP, HFS will choose for you. **We encourage you to choose a new health plan as soon as possible so we can help transition you to that plan if you need it.** It is better if you choose, because you know your healthcare needs best.

You can call your current PCP's office to see what other health plans they accept. To learn more about your health plan choices and enroll, go online at www.EnrollHFS.Illinois.gov, or call Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576). The call is free.

If you need medical services starting November 1, 2015 but before your new health plan begins, take your HFS Medical Card with you to your doctor appointments and to the pharmacy. Your new health plan will send you a member ID card and important information about their health plan. Be sure to read and save this information.

If you have questions about this notice, please call Together4Health at 1-855-684-170 (TTY: 1-800-526-0844). The call is free. Thank you for the opportunity to work with you, and we wish you success in meeting your health care goals.

Sincerely,

Jill Misra
Interim CEO
Together4Health

August 28th, 2015

Noticias importantes acerca de su plan de salud

Estimado miembro de Together4Health:

A partir del 1 de noviembre de 2015, Together4Health ya no será una opción de plan de salud. Usted tendrá que elegir un nuevo plan de salud administrado y un nuevo proveedor de atención médica primaria (PCP) para su cobertura de Medicaid de Illinois. Este cambio no afectará sus actuales beneficios de Medicaid.

Usted recibirá un paquete de inscripción en el correo de Servicios de Inscripción de Clientes de Illinois. Su paquete de inscripción incluirá:

- Una lista de los familiares que necesitan elegir un nuevo plan de salud
- El plazo dentro del cual debe inscribirse
- Una lista de todos los beneficios de cada plan de salud
- Consejos para ayudarle a elegir un plan de salud
- Instrucciones paso a paso para inscribirse en línea
- Repuestas a las preguntas más frecuentes

Usted tendrá 60 días para elegir un nuevo plan de salud y un nuevo PCP. Si usted no elige un plan de salud ni un PCP, HFS elegirá por usted. **Le recomendamos que elija un nuevo plan de salud tan pronto le sea posible para que podamos ayudarle en la transición a ese plan si necesita ayuda.** Es mejor que usted elija, ya que usted sabe mejor que nadie sus necesidades de atención médica.

Puede llamar a la oficina de su PCP actual para ver qué otros planes de salud acepta. Para obtener más información acerca de las opciones de planes de salud y para inscribirse, vaya en línea a www.EnrollHFS.Illinois.gov o llame a Servicios de Inscripción de Clientes de Illinois al 1-877-912-8880 (TTY: 1-866-565-8576). La llamada es gratuita.

Si necesita servicios médicos a partir de 1 de noviembre de 2015, pero antes de que comience el nuevo plan de salud, lleve su tarjeta médica de HFS a las citas con su médico y a la farmacia. Su nuevo plan de salud le enviará una tarjeta de identificación (ID) como miembro e información importante sobre su plan de salud. Asegúrese de leer y guardar esta información.

Si tiene preguntas sobre este aviso, por favor llame a Together4Health al 1-855-684-1700 (TTY: 1-800-526-0844). La llamada es gratuita. Le agradecemos la oportunidad de trabajar con usted y le deseamos éxito en el cumplimiento de sus metas de salud.

Atentamente,
Sincerely,

Jill Misra
Interim CEO
Together4Health

NextLevel Health
3019 W. Harrison Street, Chicago IL 60612
1-844-807-9734, TTY: Illinois Relay at 711

Dear [Member Name],

Your health plan, EntireCare, has joined NextLevel Health. On July 1, 2015, you will be a NextLevel Health member. We want to welcome you to our health plan and are excited to provide you with great health care.

Effective July 1, 2015, your primary care provider (PCP) is [PCP Name]. We have made every effort to keep you with the same PCP you had in the EntireCare health plan. **If you want to change your PCP, you may do so at any time.** Just call NextLevel Health Member Services at 1-844-807-9734 (TTY: 1-800-526-0844).

NextLevel Health is a managed care plan. You will need to see providers that are part of the NextLevel Health network, including dentists, eye care providers and specialists.

If you have not already received your NextLevel Health member ID card, we will mail it to you soon. Watch for it in the mail. You will also receive a NextLevel Health Member Handbook in the mail. Be sure to read your handbook and keep it handy. Your handbook is full of important information about your health care and NextLevel Health.

Here are some of the additional benefits you'll get from NextLevel Health:

- You will have your own Care Coordination Team who will visit you in your home or at your provider's office.
- You can call a nurse for advice 24 hours a day, 7 days a week.
- We'll link you to services such as housing, nutrition or financial assistance.

If you do not want to stay in NextLevel Health, you have 90 days from July 1, 2015, to change health plans. If you do not make a change, you will stay enrolled with NextLevel Health for one year. To learn more about your health plan options, or to pick a new health plan, call Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576) or visit www.EnrollHFS.illinois.gov.

After July 1, 2015, be sure to take your HFS medical card and your NextLevel Health member ID card with you to all appointments. Our goal is to make receiving health care trouble-free for you and your family. **If you have any questions, please contact us:**

By Phone: (312) 878-2778
Toll Free: 1-844-807-9734
TTY: Illinois Relay at 711

By Mail: 27 N. Wacker Drive, #108
Chicago, IL 60606

In Person: 3019 W. Harrison St.
Chicago, IL 60612

Online: www.NextLevelHealthIL.com
info@nlhpartners.com

We look forward to working with you to take your health to the NextLevel.

Dr. Cheryl Whitaker, MPH, FACP
CEO
NextLevel Health

State of Illinois
Department of Healthcare and Family Services
Department of Human Services
Illinois Medicaid Redetermination

00001
HH_NAME (ARR_ENGLISH)
ADDRESS LINE1
ADDRESS LINE2
CITY ST

00001
IMR7AZE
00-IMR2BR1E-2
ARR - EN

9010101

February 12, 2014 Case ID: 011011010011Y

Dear HH_NAME (ARR_ENGLISH),

You asked us to share information about your case.

We need you to give us permission to share your information.

Here's how to renew:

1. Please fill out the form that came with this letter, and then sign it.
2. Make a copy of the form to keep for your records.
3. Send your form to us one these ways:
   - → **Fax** your form and proofs to 1-866-661-7025
   - → **Mail** your form and proofs in the envelope that we sent you
   - → **E-mail** your form and proofs to www.medredes.hfs.illinois.gov

What if you change your mind?

You may ask us to stop sharing at any time. If you want us to stop, you can use the same form. Fill out Part 2 "Please STOP sharing my information" at the bottom of the form. Then sign your name and write the date. Make a new copy of the form to keep and send the form to us.

What if you have questions?

Please visit **www.hfs.illinois.gov/review** or call us at **1-855-458-4945** (TTY: 1-855-694-5458).

Thank you,

Illinois Medicaid Redetermination

Authorization to Share Information

Part 1: Please share my information

Fill out this part if you would like us to share information about your medical benefits with a person or organization. We will share information only with the people you write here.

My name	Social Security number (*you can choose not to write this*)
Please share my information with	

When I sign below, I know that:

- This authorization will last as long as I keep getting health benefits or until I tell you to stop sharing my information.
- I can change my mind about sharing information by signing part 2 of this form and sending it back to you by mail or fax.
- My choice to share information about my case, or to stop sharing it, will not change what benefits I can get.
- I can keep a copy of this form or call 1-855-458-4945 to get a copy.

Signature	Date
Address	Date of Birth

Part 2: Please STOP sharing my information

Sign here if you change your mind and would like us to stop sharing your information. After you sign, mail or fax this form to us. Keep a copy.

I do not want you to share my information with the person or organization on this form.

Signature	Date

Mail: Illinois Medicaid Redetermination
PO Box 1242
Chicago, Illinois 60690-1242

Fax: 1-866-661-7025

Questions? Call **1-855-458-4945** (TTY: 1-855-694-5458). The call is free!
Monday to Friday from 7 a.m. to 7:30 p.m. and Saturday from 8 a.m. to 1 p.m.
E-mail us at **www.medredes.hfs.illinois.gov** or send a fax to 1-866-661-7025.
Tenemos información en español. ¡Servicio de intérpretes gratis!
Llame al 1-855-458-4945.

ILLINOIS DEPARTMENT OF Healthcare and Family Services

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- Medical Programs Listing
- Brochures & Forms
- Medical Card Information
- Contact Us
- Report Fraud & Abuse

For Parents & Children

For Seniors

For People with Disabilities

For Women

For Veterans

For Other Adults

State of Illinois
Department of Human Services

1 (PERMANENT)

APPROVED REPRESENTATIVE CONSENT FORM

APPROVED REPRESENTATIVE'S INFORMATION (PLEASE PRINT LEGIBLY OR TYPE)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

CLIENT SECTION

I want the person named above to apply for cash, medical and/or Food Stamp benefits for me and/or my family. I understand that I am still responsible for the information that my representative gives to the Department.

Client's Signature (or mark): _____

Signature of Witness
(if client signed with a mark): _____

Date: _____

REPRESENTATIVE SECTION

I have talked to the client about why they are signing this form. I (or the company I represent) will submit to the Illinois Department of Human Services a request for cash, medical, and/or Food Stamp benefits on their behalf. I have also told this client that DHS needs to have certain facts to make a correct decision on their eligibility for benefits.

I have told the client that they need to cooperate with DHS to obtain any needed verification(s) for the eligibility decision.

Representative's Signature: _____

Relationship to Client: _____