

Medicaid Managed Care Guide

There have been many changes to the health care system in Illinois. These changes have affected people who have always had Medicaid and people who are new to Medicaid. We hope this guide helps you understand those changes so that you get the health care you need.

THE BASICS



Everyone with Medicaid has to enroll in Medicaid Managed Care (or a health plan for short). Some people chose their plan, and others were enrolled into a plan because they did not make a choice.

Some examples of health plan providers are: Aetna, Blue Cross Blue Shield, CountyCare, IlliniCare and Humana.

Ok. I understand the changes, but I don't know which health plan I am in. How do I find out?

Call Illinois Client Enrollment Services at **1-877-912-8880** and ask which health plan you are in. You can call your doctor's office, go online (<http://enrollhfs.illinois.gov/>) or talk to a case manager (if you have one).

I know what coverage my health plan offers. Now what?

Your health care will be provided by doctors and hospitals that accept your health plan. You must choose a doctor (also known as a primary care provider or primary doctor) who accepts your health plan. This doctor will see you for your health care needs. You can call your health plan to change your primary doctor or ask for your primary doctor's name.

Below is an example of a health insurance card. You should put this card in your wallet or purse and take it to every doctor's appointment and pharmacy that you go to. This card tells you which health plan you are in and who your primary doctor is. The back of the card has important telephone numbers for your health plan.

<p>MEMBERS: Member Service line 1-866-329-4701 TDD/TTY 1-888-868-8888 24/7 Nurse Line 1-888-868-8888</p> <p>PROVIDERS IVR Eligibility Inquiry - Prior Auth 1-888-868-8888 U.S. Script Help Desk 1-888-868-8888 Behavioral Health 1-888-868-8888</p> <p>Medical claims: Company Name Attn: CLAIMS PO Box 9999 Farmington MO XXXXX-XXXX</p> <p>Mental Health Claims: Company Name Attn: CLAIMS POX XXXXX Farmington, MO XXXXX-XXXX</p> <p>Provider/claims information via the web: www.domainname.com</p>	<p>COMPANY NAME US Script BIN: 00000</p> <p>Member Name: Jane Doe Medicaid ID#: XXXXXXXXXXXX Effective Date:</p> <p>PCP Name: John Doe PCP Number: XXX-XXXX-XXXX</p>
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What should I expect from my health plan?

Your health plan gives you the same services that Medicaid does, plus some additional benefits. Call your health plan or read the member handbook to see your benefits.

All members should be on the lookout for this information **by mail**:

- Health insurance card with important numbers and primary doctor information
- Welcome packets
- Member handbook – this lists your benefits!

Some members should be on the lookout for this information

by phone calls:

- Welcome calls from the health plan
- Health assessments – someone from your plan will ask brief questions
- Meet your care coordinator – a care coordinator is someone who helps you understand your health plan and get the care you need
- Care plan and/or service plan – your health plan wants to help you reach your health goals to get healthy and stay healthy

If you need more support, please reach out to your health plan care coordinator or case manager (if you have one).

VISITING YOUR DOCTOR

When should I make an appointment with my primary doctor?

Make an appointment when you need:



- Medication fills and refills
- A complete physical or referral to a specialty doctor
- To follow up after being in the hospital or going to the emergency room
- To receive preventive care such as a flu shot, vaccinations, and screenings for diabetes, asthma, breast cancer, etc.

Call your doctor's office to make an appointment. Your doctor's name and number will be on your health insurance card. You might need to leave a message or wait for a call back to make your appointment.

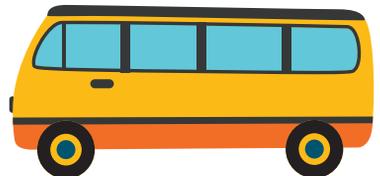
I made my primary care appointment. How do I prepare?

Make sure you bring:

- Your health insurance card
- Photo ID
- List of medications you are taking
- A list of questions about any health problems
- A phone to play games, magazine, book or a friend to help you pass the time! You might have to wait a while.

What if I need transportation to my appointment?

Some health plans will provide bus fare or a cab to help you get to your appointment. You will need to call your health plan to ask about transportation benefits.



It's the day of my appointment. What are some tips for my visit?

- It's ok to take notes, ask your primary doctor to write down information, or bring a friend with you to help you remember
- Write down any health issues you have had since your last doctor, hospital or ER visit
- Bring a list of questions about:
 - ☑ Your health issues
 - ☑ Your health, medication, food and exercise
 - ☑ What you need to do to improve your health issue
 - ☑ Why is it important to do the things that will improve your health



What should I do when my appointment is over?

- Follow your doctor's instructions
- Fill any medications from your doctor
- You may need to make a follow-up appointment with your doctor
- You may need to get a test done or see another doctor
 - You might need a *referral* from your primary doctor (a *referral* is a note from your primary doctor for a test or to see another doctor)
 - Be sure to ask if the doctor you are being referred to is accepted by your health plan
 - If you have questions, ask your primary doctor or call your health plan
 - Some services might require what is called *prior authorization* or *prior approval*. This means your doctor has to call your health plan before you are able to get service

HELPFUL TIPS



Who do I call if:

- I can't get the medications I need
- I am having trouble making a doctor's appointment
- I have a problem on the day of or after my primary doctor's visit
- I get a bill I don't understand

For help, call your health plan member services telephone number (or your care coordinator, if you have one). They are there to answer questions, help you, and talk to your doctor or clinic to try to solve problems.

Look up your member services telephone number now and write it here:

What if I want to change my health plan?

You will be able to change once a year. You will get a letter in the mail from the state telling you that it's time to change your plan or keep the plan you have. If you do not get this letter or don't respond, you will keep the plan you have. **After 90 days, you cannot change your plan.**

How do I change my primary doctor?

For help, call your health plan member services telephone number (or your care coordinator, if you have one). There are many reasons you might want to change your doctor.

You might want:

- A doctor who is closer to where you live
- A doctor you know or are already seeing for care
- A doctor who speaks the same language as you
- A doctor who is the same gender, sexual orientation or ethnicity as you

Things to remember

The primary doctor must be *in-network*. This means that the doctor accepts the plan you have. If the doctor is *out-of-network*, they do not accept the health plan you have.

If your primary doctor accepts another health plan, you can wait until your *open enrollment* period to change to that plan. *Open enrollment* is the one time during the year that you can change your health plan.

Emergency Services

Now that you have a primary doctor, the emergency room (ER) should only be for real emergencies.

Some reasons to visit the ER:

- I am bleeding and it will not stop
- I have a hard time breathing
- I have chest pain
- I passed out, feel dizzy, feel confused, or have a change in my eyesight
- I am thinking about hurting myself or others
- I have a head injury or an injury to my spine
- I am throwing up hard, coughing (example: coughing up blood)



Staying Insured

Don't lose your Medicaid and LINK card benefit!

If you get a LINK card (also called SNAP, used to be called Food Stamps) and/or Medicaid, be on the look-out for redetermination paperwork from your public aid office. If you have Medicaid only, paperwork will come from the Illinois Medicaid Redetermination Project. Follow the instructions and return the paperwork in the provided envelope, or fax or upload paperwork and documents. Paperwork will be sent to the last address the state has on file for you.

You must fill out and return this paperwork before it is due; otherwise, you will lose your Medicaid and LINK card benefits! Even if nothing about your situation has changed, you must fill out, sign and return the paperwork.

If you need help, call your health plan care coordinator or case manager (if you have one).

How do I make sure the address where I live is updated with the state and my health plan?

Call the public aid office hotline at **1-800-720-4166** or fill out a change of address form, found online at:

<https://www.dhs.state.il.us/page.aspx?item=46873>

If your address is wrong, you might lose your LINK card benefit, Medicaid or miss getting important health plan information.

If you need help changing your address, contact someone you trust or your case manager, if you have one.

**Thank you for reading this guide!
We hope that you have a better understanding of your health insurance and how to get the health care that you need.**

Provided by
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