



Certificate of Coverage

HEALTHCHOICE ILLINOIS

Managed Long Term Support and Services

Certificate of Coverage

This certificate of coverage represents that you are covered under all product lines through IlliniCare Health. IlliniCare Health shall provide to and/or arrange for your covered healthcare services in accordance with the provisions of the agreement between IlliniCare Health and the Illinois Department of Healthcare and Family Services. A description of covered healthcare services is detailed in the member handbook. This document constitutes the entire agreement between you and IlliniCare Health. Member handbooks are delivered to the address of record prior to the first effective date of coverage and annually thereafter. Members can access more information by contacting IlliniCare Health at 866-329-4701 (TTY: 711).

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 866-329-4701 (TTY: 711).

Important Phone Numbers & Contacts



Contact IlliniCare Health through the following methods:

Member Services	866-329-4701 (toll-free)
TTY (Illinois Relay Services)	711
24/7 Nurse Advice Line	866-329-4701
Transportation	866-329-4701
Emergency	911
Website	IlliniCare.com
Mailing Address	PO Box 92050 Elk Grove Village, IL 60009-2050

IlliniCare Health’s business hours are 8:30 a.m. – 5:00 p.m. (CST) Monday through Friday.

Member Services

Welcome to IlliniCare Health. Our Member Services department is ready to help you get the most from IlliniCare Health. Call 866-329-4701 (TTY: 711). Hours are from 8:30 a.m. – 5:00 p.m. (CST) Monday through Friday.

IlliniCare Health wants you to have all the information you need about your health plan. You can contact us to find out the following information:

- Any questions you may have
- Benefits
- How to receive healthcare services
- Authorizations needed for any healthcare services
- How to receive emergency services
- How to receive post-stabilization services
- Rights and responsibilities as an IlliniCare Health member
- How to submit a grievance and an appeal
- File a complaint
- Fair hearing procedures
- IlliniCare Health’s web address and the basic information included online
- Our Certificate of Coverage, which explains that we are contracted by the State of Illinois
- Our contracted providers
- How to obtain information

Most of this information can be found in this handbook. Additional information can be found on our website, IlliniCare.com. IlliniCare Health will notify you every year of your right to receive this basic information.

24/7 NURSE ADVICE LINE

We also have a toll-free 24/7 Nurse Advice Line. Everyone has questions about their healthcare. If you have a question, please call our 24/7

Nurse Advice Line at 866-329-4701 (TTY: 711). Callers will receive medical advice from registered nurses. The nurses can also confirm your eligibility for benefits. The line is open 24 hours a day, every day of the year.

Provider Network

IlliniCare Health partners with a wide range of providers, including primary care providers (PCPs), specialists, hospitals, nursing and senior living facilities, community mental health centers, and other medical and behavioral health providers and facilities. Members do not need referrals to see specialists, however you may want to see your PCP first.

You must use providers in the IlliniCare Health network for all your healthcare needs. You must have our approval prior to using an out-of-network provider. The only exceptions are for emergency medical care in the United States and for care at Indian Health Care Providers (IHCPS).

To search for providers in the IlliniCare Health network, visit IlliniCare.com and click “Find a Provider”.

Emergency Care

An emergency medical condition is very serious. It could even be life threatening. You could have severe pain, injury, or illness.

Some examples of an emergency are:

- Heart attack
- Severe bleeding
- Poisoning
- Difficulty in breathing
- Broken bones

What to do in case of an emergency:

- Go to the nearest Emergency Department; you can use any hospital or other setting to get emergency services
- Call 911
- Call an ambulance if no 911 service in area
- No referral is needed
- Prior authorization is not needed, but you should call us within 48 hours of your emergency care

Covered Services

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All services must be medically necessary. Some services require prior authorization. Your provider will submit any needed prior authorizations. Members do not need to contact us to request a prior authorization. Prior authorization is not required for approved waiver services for the following waiver recipients: persons with disability, elderly, supportive living facility, brain injury, and HIV/AIDS waiver members.

Members do not need referrals to see specialists, however you may want to see your PCP first. Your PCP can help coordinate referrals to specialists, hospitals, and other providers. You do not need a referral for behavioral health or substance use treatment.

IlliniCare Health covers your long term support and services. For medical and prescription drug coverage, please contact your Medicare or Medicare Advantage Plan, Medicaid, or your Prescription Drug (Medicare Part-D) plan.

If you need clinical advice, call our 24/7 Nurse Advice Line. It is staffed with registered nurses ready to answer your health questions 24 hours a day – every day of the year. Call 866-329-4701 (TTY: 711).

Managed Long Term Support & Services (MLTSS) Covered Services

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Eligibility for MLTSS

The Managed Long Term Support and Services (MLTSS) program is available to dual eligible individuals receiving full Medicare and Medicaid benefits who are not members of the Medicare-Medicaid Alignment Initiative (MMAI) and live in a nursing facility or receive one of the following Home and Community Based Services (HCBS) waivers:

- Persons with Disabilities
- Persons with Brain Injury
- Persons who are Elderly
- Persons with HIV/AIDS
- Supportive Living Facility

Eligibility for HCBS Waivers are determined by your Determination of Need (DON) score. You must have a DON score of 29 or higher. A care manager from a State of Illinois agency will conduct the DON in your home. IlliniCare Health will work with the State for your annual reassessment, or whenever there is a change in your condition or needs.

MLTSS Services

Some services are covered by Medicaid, Medicare, and IlliniCare Health. IlliniCare Health is your long term support & services provider. We will work with you to help coordinate your care. You will have a care coordinator who will help you navigate the health system, find a primary care provider (PCP), show you how to obtain pharmacy benefits, access Medicaid covered services, and even help you file complaints with the Ombudsman & SHIP counselors if needed.

You must qualify for Home and Community Based Services (HCBS) waivers to be eligible for

certain services, and each waiver has its own set of eligible services.

Services listed below are covered by IlliniCare Health through the MLTSS program:

- Behavioral Health Services, including:
 - Mental health assessment and/or psychological evaluation
 - Medication management
 - Family, group, & individual therapy
 - Community based services
- Nursing Care Services
- Nursing Facility Services
- Substance Use Services
- Non-Emergency Transportation Services
- HCBS Waiver Services

Covered Home and Community Based Services (Waiver clients only)

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Here is a list of some of the medical services and benefits that IlliniCare Health covers for members who are in a Home and Community Based Service waiver.

Department on Aging (DoA), *Persons who are Elderly:*

- Adult Day Service;
- Adult Day Service Transportation;
- Homemaker;
- Personal Emergency Response System (PERS).

Department of Rehabilitative Services (DRS), *Persons with Disabilities, HIV/AIDS:*

- Adult Day Service;
- Adult Day Service Transportation
- Environmental Accessibility Adaptations-Home;
- Home Health Aide;

- Nursing, Intermittent;
- Skilled Nursing (RN and LPN);
- Occupational Therapy;
- Home Health Aide;
- Physical Therapy;
- Speech Therapy;
- Homemaker;
- Home Delivered Meals;
- Personal Assistant;
- Personal Emergency Response System (PERS);
- Respite;
- Specialized Medical Equipment and Supplies.

Department of Rehabilitative Services (DRS), *Persons with Brain Injury:*

- Adult Day Service;
- Adult Day Service Transportation;
- Environmental Accessibility Adaptations-Home;
- Supported Employment;
- Home Health Aide;
- Nursing, Intermittent;
- Skilled Nursing (RN and LPN);
- Occupational Therapy;
- Physical Therapy;
- Speech Therapy;
- Prevocational Services;
- Habilitation-Day;
- Homemaker;
- Home Delivered Meals;
- Personal Assistant;
- Personal Emergency Response System (PERS);
- Respite;
- Specialized Medical Equipment and Supplies;
- Behavioral Services (M.A. and PH.D.).

HealthCare and Family Services (HFS), *Supportive Living Facility:*

- Assisted Living

Non-Covered Services

Here is a list of some of the medical services and benefits that IlliniCare Health's MLTSS plan does not cover:

- Services that are experimental or investigational in nature
- Services that are provided by an out-of-network provider and not authorized by IlliniCare Health
- Services that are provided without a required referral or required prior authorization
- Elective cosmetic surgery
- Infertility care
- Any services that is not medically necessary
- Audiology services
- Chiropractor services
- Dental services
- Diagnostic and therapeutic radiology
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) services
- Family planning services
- Laboratory and x-ray services
- Medical equipment and supplies
- Pharmacy services
- Podiatry services
- Transplants
- Vision services

Note: This is not a full list of services not covered.

For additional information on services, please contact Member Services at 866-329-4701 (TTY: 711). Hours are 8:30 a.m. – 5:00 p.m., Monday through Friday.

Transportation Services

If you need transportation to or from an appointment please call us at least two (2) business days in advance and we will schedule transportation for you. You can bring a guest if needed. Call IlliniCare Health at 866-329-4701 (TTY: 711).

IlliniCare Health will provide transportation including:

- Public Transportation
- Door-to-door service
- Americans with Disabilities Act (ADA) paratransit
- Caregiver reimbursement of personal mileage
 - If your caregiver takes you to the doctor, they could qualify to receive reimbursement. Your caregiver needs to call Member Services ahead of time to request a trip log, trip number, and obtain required forms.
- Transportation for dependents
 - You can arrange transportation for your dependents but you must travel with them. They cannot travel alone.

We will select the best transportation method for your needs. This will be based on the distance from your home to the provider's office, accessibility needs, and cost effectiveness. We will ask you a series of questions to determine the best transportation option for you. These questions include:

- Do you own and drive a working car?
- Do you have a friend or family member who is able to transport you?
- Are you able to take public transportation?
- Are you able to walk from your door to the vehicle with little or no assistance?
- Do you use any devices, such as a walker, cane, wheelchair, etc.?

- Are you able to step into the vehicle, or do you require a lift?
- Do you normally travel alone, or do you require an attendant?

Once your transportation is scheduled, you will receive a follow up call the day before your appointment. We will confirm all the details of your transportation. This includes time of pickup, the name and location of your doctor, type of transportation, and the name of transport provider.

Added Benefits

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MemberConnections® Community Health Services

MemberConnections® Community Health Services is a field based team that provides education, coaching, and support to IlliniCare Health members in the community. The team is staffed by trained Community Health Services representatives who provide face-to-face nonclinical support and assistance. Our Community Health Services representatives can visit members in their homes, at a health care facility, or in the community. They provide education and coaching on a variety of topics such as: diabetes, preventing hospital readmissions, avoiding the emergency department, preparing for a doctor’s appointment, and more. Some coaching topics only require one visit, however coaching can occur weekly for a short period of time.

Community Health Services representatives can help members connect with healthcare providers. They also assist scheduling preventive care and screenings. In addition, the team can help members find resources in their community such as housing, food, utilities, and transportation services. The Community Health Services team helps members understand and find their way through the large healthcare system by providing education, navigation, and materials to keep track of healthcare information.

MemberConnections® Community Health Services will:

- Help you select a provider or PCP.
- Assist you to schedule an appointment with your PCP, specialists, and behavioral health services.
- Explain your health benefits and how to get care quickly.
- Provide education and coaching to help you better communicate with your providers and understand your health.
- Find support in your community, such as: food, shelter, transportation, and health programs.
- Visit you at your home, a healthcare facility, or in the community.
- Host member events to meet members face-to-face.

For more information about MemberConnections® Community Health Services, call Member Services at 866-329-4701 (TTY: 711).

Connections Plus®

Connections Plus® is part of the program that provides free cell phones to members in care coordination who qualify and do not have telephones. This program allows our members to contact physicians, care managers, and 911. To learn more about the program, please contact Member Services 866-329-4701 (TTY: 711), or visit IlliniCare.com.

SafeLink

IlliniCare Health has partnered with SafeLink Wireless in order to better connect with our members. SafeLink is a federally-funded program. It provides free cell phones to people that qualify. SafeLink provides:

- A free cell phone
- 350 minutes per month
- The ability to make and receive calls to/from your providers, nurses, 911, IlliniCare Health, and family

- 411 directory assistance at no additional cost
- Voicemail
- Communication access 24 hours a day

IlliniCare Health members get all the same benefits of a SafeLink phone, plus more! There is no added cost for these extras!

- Unlimited inbound text messages.
- Unlimited calling to IlliniCare Health Member Services - These phone calls will not count toward your 350 minutes.

Grievance & Appeals

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We want you to be happy with services you get from IlliniCare Health and our providers. If you are not happy, you can file a grievance or appeal.

GRIEVANCES

A grievance is a complaint about any matter other than a denied, reduced, or terminated service or item.

IlliniCare Health takes member grievances very seriously. We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, let us know right away. IlliniCare Health has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits coverage.

These are examples of when you might want to file a grievance.

- Your provider or an IlliniCare Health staff member did not respect your rights.
- You had trouble getting an appointment with your provider in an appropriate amount of time.
- You were unhappy with the quality of care or treatment you received.

- Your provider or an IlliniCare Health staff member was rude to you.
- Your provider or an IlliniCare Health staff member was insensitive to your cultural needs or other special needs you may have.

You can file your grievance on the phone by calling IlliniCare Health at 866-329-4701 (TTY: 711). You can also file your grievance in writing via mail or fax at:

IlliniCare Health
Attn: Grievance and Appeals Dept.
PO Box 92050
Elk Grove Village, IL 60009-2050
Fax: 877-668-2076

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number. You can ask us to help you file your grievance by calling 866-329-4701 (TTY: 711).

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your grievance. If you are hearing impaired, call the Illinois Relay at 711.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be “your representative.” If you decide to have someone represent you or act for you, inform IlliniCare Health in writing the name of your representative and his or her contact information.

We will try to resolve your grievance right away. If we cannot, we may contact you for more information.

APPEALS

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item cannot be approved, or if a

service is reduced or stopped, you will get a “Notice of Action” letter from us. This letter will tell you the following:

- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it
- Your right to ask to have benefits continue during your appeal, how to do it, and when you may have to pay for the services

You may not agree with a decision or an action made by IlliniCare Health about your services or an item you requested. An appeal is a way for you to ask for a review of our actions. You may appeal within **sixty (60) calendar days** of the date on the Notice of Action letter. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than **ten (10) calendar days** from the date on the Notice of Action letter. The list below includes examples of when you might want to file an appeal.

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before
- Not giving you the service or items in a timely manner
- Not advising you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

Here are two ways to file an appeal.

1. Call Member Services at 866-329-4701 (TTY: 711). If you file an appeal over the phone, you must follow it with a written signed appeal request.
2. Mail or fax your written appeal request to:

IlliniCare Health
Attn: Grievance and Appeals Dept.
PO Box 92050
Elk Grove Village, IL 60009-2050
Fax: 877-668-2076

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your appeal. If you are hearing impaired, call the Illinois Relay at 711.

CAN SOMEONE HELP YOU WITH THE APPEAL PROCESS?

You have several options for assistance. You may:

- Ask someone you know to assist in representing you. This could be your primary care provider (PCP) or a family member, for example.
- Choose to be represented by a legal professional.
- If you are in the Disabilities Waiver, Traumatic Brain Injury Waiver, or HIV/AIDS Waiver, you may also contact CAP (Client Assistance Program) to request their assistance at 1-800-641-3929 (Voice) or 1-888-460-5111 (TTY).

To appoint someone to represent you, either: 1) send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information or, 2) fill out the Authorized Representative Appeals form. You may find this form on our website at IlliniCare.com.

APPEAL PROCESS

We will send you an acknowledgment letter within three (3) business days saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing.

A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce, or stop the medical service.

IlliniCare Health will send our decision in writing to you within fifteen (15) business days of the date we received your appeal request. IlliniCare Health may request an extension up to fourteen (14) more calendar days to make a decision on your case if we need to get more information before we make a decision. You can also ask us for an extension, if you need more time to obtain additional documents to support your appeal.

We will call you to tell you our decision and send you and your authorized representative the Decision Notice. The Decision Notice will tell you what we will do and why.

If IlliniCare Health's decision agrees with the Notice of Action, you may have to pay for the cost of the services you got during the appeal review. If IlliniCare Health's decision does not agree with the Notice of Action, we will approve the services to start right away.

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when IlliniCare Health reviews your appeal.

HOW CAN YOU EXPEDITE YOUR APPEAL?

If you or your provider believes our standard timeframe of fifteen (15) business days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Notice of Action letter, information about your case, and why you are asking for the expedited appeal. We will let you know within twenty-four (24) hours if we need more information. Once all information is provided, we will call you within twenty-four (24) hours to inform you of our decision and will also send you and your authorized representative the Decision Notice.

HOW CAN YOU WITHDRAW AN APPEAL?

You have the right to withdraw your appeal for any reason, at any time, during the appeal process. However, you or your authorized representative must do so in writing, using the same address as used for filing your appeal. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request.

IlliniCare Health will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call IlliniCare Health at 866-329-4701 (TTY: 711).

WHAT HAPPENS NEXT?

After you receive the IlliniCare Health appeal Decision Notice in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing Appeal and/or asking for an External Review of your appeal within **thirty (30) calendar days** of the date on the Decision Notice. You can choose to ask for both a State Fair Hearing Appeal and an External Review or you may choose to ask for only one of them.

STATE FAIR HEARING

If you choose, you may ask for a State Fair Hearing Appeal within **one hundred-twenty (120) calendar days** of the date on the Decision Notice, but you must ask for a State Fair Hearing Appeal within **ten (10) calendar days** of the date on the Decision Notice if you want to continue your services. If you do not win this appeal, you may be responsible for paying for these services provided to you during the appeal process.

At the State Fair Hearing, just like during the IlliniCare Health Appeals process, you may ask someone to represent you, such as a lawyer or have a relative or friend speak for you. To appoint someone to represent you, send us a letter informing us that you want someone else

to represent you and include in the letter his or her contact information.

You can ask for a State Fair Hearing in one of the following ways:

- Your local Family Community Resource Center can give you an appeal form to request a State Fair Hearing and will help you fill it out, if you wish.
- Visit <https://abe.illinois.gov/abe/access/appeals> to set up an ABE Appeals Account and submit a State Fair Health Appeal online. This will allow you to track and manage your appeal online, viewing important dates and notices related to the State Fair Hearing and submitting documentation.
- If you want to file a State Fair Hearing Appeal related to your medical services or items, or Elderly Waiver (Community Care Program (CCP)) services, send your request in writing to:

Illinois Department of Healthcare and Family Services
Bureau of Administrative Hearings
69 W. Washington Street, 4th Floor
Chicago, IL 60602
Fax: 312-793-2005
Email: HFS.FairHearings@illinois.gov
Or you may call 855-418-4421,
TTY: 800-526-5812

- If you want to file a State Fair Hearing Appeal related to mental health services or items, substance abuse services, Persons with Disabilities Waiver services, Traumatic Brain Injury Waiver services, HIV/AIDS Waiver services, or any Home Services Program (HSP) service, send your request in writing to:

Illinois Department of Human Services
Bureau of Hearings
69 W. Washington Street, 4th Floor
Chicago, IL 60602
Fax: 312-793-8573
Email: DHS.HSPApeals@illinois.gov
Or you may call 800-435-0774,
TTY: 877-734-7429

STATE FAIR HEARING PROCESS

The hearing will be conducted by an Impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings office informing you of the date, time and place of the hearing. This letter will also provide information about the hearing. It is important that you read this letter carefully. If you set up an account at <http://abe.illinois.gov/abe/access/appeals> you can access all letters related to your State Fair Hearing process through your ABE Appeals Account. You can also upload documents and view appointments.

At least three (3) business days before the hearing, you will receive information from IlliniCare Health. This will include all evidence we will present at the hearing. This will also be sent to the Impartial Hearing Officer. You must provide all the evidence you will present at the hearing to IlliniCare Health and the Impartial Hearing Officer at least three (3) business days before the hearing. This includes a list of any witnesses who will appear on your behalf, as well as all documents you will use to support your appeal.

You will need to notify the appropriate Hearings Office of any accommodation you may need. Your hearing may be conducted over the phone. Please be sure to provide the best phone number to reach you during business hours in your request for a State Fair Hearing. The hearing may be recorded.

CONTINUANCE OR POSTPONEMENT

You may request a continuance during the hearing, or a postponement prior to the hearing, which may be granted if good cause exists. If the Impartial Hearing Officer agrees, you and all parties to the appeal will be notified in writing of a new date, time and place. The time limit for the appeal process to be completed will be extended by the length of the continuation or postponement.

FAILURE TO APPEAR AT THE HEARING

Your appeal will be dismissed if you, or your authorized representative, do not appear at the hearing at the time, date and place on the notice and you have not requested postponement in writing. If your hearing is conducted via telephone, your appeal will be dismissed if you do not answer your telephone at the scheduled appeal time. A Dismissal Notice will be sent to all parties to the appeal.

Your hearing may be rescheduled, if you let us know within **ten (10) calendar days** from the date you received the Dismissal Notice, if the reason for your failure to appear was:

- A death in the family
- Personal injury or illness which reasonably would prohibit your appearance
- A sudden and unexpected emergency

If the appeal hearing is rescheduled, the Hearings Office will send you or your authorized representative a letter rescheduling the hearing with copies to all parties to the appeal.

If we deny your request to reset your hearing, you will receive a letter in the mail informing you of our denial.

THE STATE FAIR HEARING DECISION

A Final Administrative Decision will be sent to you and all interested parties in writing by the appropriate Hearings Office. The Decision will also be available online through your ABE Appeals Account. This Final Administrative Decision is reviewable only through the Circuit Courts of the State of Illinois. The time the Circuit Court will allow for filing of such review may be as short as thirty-five (35) days from the date of this letter. If you have questions, please call the Hearing Office.

EXTERNAL REVIEW (FOR MEDICAL SERVICES ONLY)

Within **thirty (30) calendar days** after the date on the IlliniCare Health appeal Decision Notice, you may choose to ask for a review by someone

outside of IlliniCare Health. This is called an external review. The outside reviewer must meet the following requirements:

- Board certified provider with the same or like specialty as your treating provider
- Currently practicing
- Have no financial interest in the decision
- Not know you and will not know your identity during the review

External Review is not available for appeals related to services received through the Elderly Waiver; Persons with Disabilities Waiver; Traumatic Brain Injury Waiver; HIV/Aids Waiver; or the Home Services Program.

Your letter must ask for an external review of that action and should be sent to:

IlliniCare Health
Attn: Grievance and Appeals Dept.
PO Box 92050
Elk Grove Village, IL 60009-2050
Fax: 877-668-2076

WHAT HAPPENS NEXT?

- We will review your request to see if it meets the qualifications for external review. We have five (5) business days to do this. We will send you a letter letting you know if your request meets these requirements. If your request meets the requirements, the letter will have the name of the external reviewer.
- You have five (5) business days from the letter we send you to send any additional information about your request to the external reviewer.

The external reviewer will send you and/or your representative and IlliniCare Health a letter with their decision within five (5) calendar days of receiving all the information they need to complete their review.

EXPEDITED EXTERNAL REVIEW

If the normal time frame for an external review could jeopardize your life or your health, you or

your representative can ask for an **expedited external review**. You can do this over the phone or in writing. To ask for an expedited external review over the phone, call Member Services toll-free at 866-329-4701 (TTY: 711). To ask in writing, send us a letter at the address below. You can only ask one (1) time for an external review about a specific action. Your letter must ask for an external review of that action.

IlliniCare Health
Attn: Grievance and Appeals Dept.
PO Box 92050
Elk Grove Village, IL 60009-2050

WHAT HAPPENS NEXT?

- Once we receive the phone call or letter asking for an expedited external review, we will immediately review your request to see if it qualifies for an expedited external review. If it does, we will contact you or your representative to give you the name of the reviewer.
- We will also send the necessary information to the external reviewer so they can begin their review.
- As quickly as your health condition requires, but no more than two (2) business days after receiving all information needed, the external reviewer will make a decision about your request. They will let you and/or your representative and IlliniCare Health know what their decision is verbally. They will also follow up with a letter to you and/or your representative and IlliniCare Health with the decision within forty-eight (48) hours.

Rights & Responsibilities

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YOUR RIGHTS:

- Be treated with respect and dignity at all times.
- Have your personal health information and medical records kept private except where allowed by law.

- Be protected from discrimination.
- Receive information from IlliniCare Health in other languages or formats such as with an interpreter or Braille.
- Receive information on available treatment options and alternatives
- Receive information necessary to be involved in making decisions about your healthcare treatment and choices.
- Refuse treatment and be told what may happen to your health if you do.
- Receive a copy of your medical records and in some cases request that they be amended or corrected.
- Choose your own primary care provider (PCP) from IlliniCare Health. You can change your PCP at any time.
- File a complaint (sometimes called a grievance), or appeal without fear of mistreatment or backlash of any kind.
- Request and receive in a reasonable amount of time, information about IlliniCare Health, its providers, and policies.

YOUR RESPONSIBILITIES:

- Treat your doctor and the office staff with courtesy and respect.
- Carry your IlliniCare Health ID card with you when you go to your doctor appointments and to the pharmacy to pick up your prescriptions.
- Keep your appointments and be on time for them.
- If you cannot keep your appointments cancel them in advance.
- Follow the instructions and treatment plan you get from your doctor.
- Tell IlliniCare Health and your caseworker if your address or phone number changes.
- Read your member handbook so you know what services are covered and if there are any special rules.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Effective 07.01.2017

For help to translate or understand this, please call 1-866-329-4701.

Hearing impaired TTY: 711.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono.

1-866-329-4701. (TTY: 711).

Interpreter services are provided free of charge to you.

PRIVACY NOTICE AND PRIVACY RIGHTS

IlliniCare Health is required by law to protect the privacy of your health information, provide you with this Notice of our legal duties and privacy practices related to your health information, abide by the terms of the Notice that is currently in affect and notify you in the event of a breach of your health information.

IlliniCare Health describes how we may use and disclose your health information. It also describes your rights to access, amend and manage your health information and how to use those rights. All other uses and disclosures of your health information not described in this Notice will be made only with your written authorization.

IlliniCare Health reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your health information we already have as well as any of your health information we receive in the future. IlliniCare Health will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights

- Our legal duties
- Other privacy practices stated in the notice

We will make any revised Notices available on our website.

HOW WE USE OR SHARE YOUR HEALTH INFORMATION

The following is a list of how we may use or disclose your health information without your permission or authorization:

Treatment - We may use or disclose your health information to a physician or other health care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.

Payment - We may use and disclose your health information to make benefit payments for the health care services provided to you. We may disclose your health information to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include:

- processing claims
- determining eligibility or coverage for claims
- issuing premium billings
- reviewing services for medical necessity
- performing utilization review of claims

HealthCare Operations - We may use and disclose your health information to perform our healthcare operations. These activities may include:

- providing customer services
- responding to complaints and appeals
- providing case management and care coordination
- conducting medical review of claims and other quality assessment
- improvement activities

In our healthcare operations, we may disclose health information to business associates. We will have written agreements to protect the privacy of your health information with these associates. We may disclose your health information to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

- quality assessment and improvement activities
- reviewing the competence or qualifications of healthcare professionals
- case management and care coordination
- detecting or preventing healthcare fraud and abuse

Group Health Plan/Plan Sponsor Disclosures

– We may disclose your health information to a sponsor of the group health plan, such as an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the health information (such as agreeing not to use the health information for employment-related actions or decisions).

Fundraising Activities – We may use or disclose your health information for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.

Underwriting Purposes – We may use or disclose your health information for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your health information for underwriting purposes, we are prohibited from using or disclosing your health information that is genetic information in the underwriting process.

Appointment Reminders/Treatment

Alternatives - We may use and disclose your health information to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose.

As Required by Law - If federal, state, and/or local law requires a use or disclosure of your health information, we may use or disclose your health information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.

Public Health Activities - We may disclose your health information to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your health information to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness products or services under the jurisdiction of the FDA.

Victims of Abuse and Neglect - We may disclose your health information to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.

Judicial and Administrative Proceedings - We may disclose your health information in judicial and administrative proceedings. We may also disclose it in response to the following:

- an order of a court
- administrative tribunal
- subpoena
- summons
- warrant
- discovery request
- similar legal request

Law Enforcement - We may disclose your relevant health information to law enforcement when required to do so. For example, in response to a:

- court order
- court-ordered warrant
- subpoena
- summons issued by a judicial officer
- grand jury subpoena
- We may also disclose your relevant health information to identify or locate a suspect, fugitive, material witness, or missing person.

Coroners, Medical Examiners, and Funeral Directors - We may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your health information to funeral directors, as necessary, to carry out their duties.

Organ, Eye, and Tissue Donation - may disclose your health information to organ procurement organizations. We may also disclose your health information to those who work in procurement, banking or transplantation of:

- cadaveric organs
- eyes
- tissues

Threats to Health and Safety - We may use or disclose your health information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Specialized Government Functions - If you are a member of U.S. Armed Forces, we may disclose your health information as required by military command authorities. We may also disclose your health information:

- to authorized federal officials for national security

- to intelligence activities
- the Department of State for medical suitability determinations
- for protective services of the President or other authorized persons

Workers' Compensation - We may disclose your health information to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Emergency Situations - We may disclose your health information in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, we will only disclose the health information that is directly relevant to the person's involvement in your care.

Inmates - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.

Research - Under certain circumstances, we may disclose your health information to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your health information.

HOW WE USE OR SHARE YOUR HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We are required to obtain your written authorization to use or disclose your health information, with limited exceptions, for the following reasons:

Sale of Health Information – We will request your written authorization before we make any disclosure that is deemed a sale of your health information, meaning that we are receiving compensation for disclosing the health information in this manner.

Marketing – We will request your written authorization to use or disclose your health information for marketing purposed with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.

Psychotherapy Notes – We will request your written authorization to use or disclose any of you psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

What are Your Rights?

The following are your rights concerning your health information. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

- **Right to Revoke an Authorization** - You may revoke your authorization at any time, the revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.
- **Right to Request Restrictions** - You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or healthcare operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your

request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of health information for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.

- **Right to Request Confidential Communications** - You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason is for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where your health information should be delivered.
- **Right to Access and Received Copy of your Health Information** - You have the right, with limited exceptions, to look at or get copies of your health information contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.
- **Right to Amend your Health Information** - You have the right to request that we amend, or change, your health information if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for

example if we did not create the information you want amended and the creator of the health information is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the health information you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

- **Right to Receive an Accounting of Disclosures** - You have the right to receive a list of instances within the last 6 years period in which we or our business associates disclosed your health information. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request
- **Right to File a Complaint** - If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, (TTY: 1-866-788-4989) or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

Right to Receive a Copy of this Notice - You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

USING YOUR RIGHTS

If you have any questions about this Notice, our privacy practices related to your health information or how to exercise your rights you can contact us in writing or by phone using the contact information listed below.

IlliniCare Health
Attn: Privacy Official
PO Box 92050
Elk Grove Village, IL 60009-2050
866-329-4701
TTY: 711

Statement of Non-Discrimination

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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 base of 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: Complaints and Grievances Coordination, P.O. 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>.

Language Assistance

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. الصم والبكم:
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).