Welcome to IlliniCare Health!

Welcome to your new HealthChoice Illinois plan. We are happy to have you with us!

We want you to lead a healthy lifestyle and ask you to be an active participant in your health. Your healthcare team will include your primary care provider (PCP), specialty providers, behavioral health provider, care managers, pharmacist, and you.

As an IlliniCare Health member, you have access to many services and resources. This member handbook will help you understand these. Inside, you will find information about:

- Covered services including: medical, dental, vision, and behavioral health
- Care coordination and health education
- The My Health Pays™ rewards program
- Choosing your PCP and how to get care
- And much more!

Please read everything in this handbook. Write down any questions you might have. You can call us at 866-329-4701 (TTY: 711) with your questions. For more information, visit IlliniCare.com.

We look forward to partnering with you!

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:

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Services</td>
<td>866-329-4701 (toll-free)</td>
</tr>
<tr>
<td>TTY (Illinois Relay Services)</td>
<td>711</td>
</tr>
<tr>
<td>24/7 Nurse Advice Line</td>
<td>866-329-4701</td>
</tr>
<tr>
<td>Transportation</td>
<td>866-329-4701</td>
</tr>
<tr>
<td>Emergency</td>
<td>911</td>
</tr>
<tr>
<td>Website</td>
<td>IlliniCare.com</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>PO Box 92050&lt;br&gt;Elk Grove Village, IL 60009-2050</td>
</tr>
</tbody>
</table>

IlliniCare Health’s business hours are 8:30 a.m. – 5:00 p.m. (CST) Monday through Friday.
IlliniCare Health’s HealthChoice Illinois plan is available in all Illinois counties.
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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:

- 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.

Member Identification (ID) Card

You will receive a Member ID Card. You should always carry your card with you. It has important phone numbers. You will need to show it when you get services.

Information on your Member ID Card:

- Member Name
- IL Medicaid ID #
- Plan Name
- Effective Date
- IHH and/or PCP Information (name & phone number)
- Pharmacy Information: RxPCN, RxBIN, RxGroup
- Member Services Phone Number (includes behavioral health, dental, vision, and transportation)
- 24/7 Nurse Advice Line
- IlliniCare Health Mailing Address and Website
- Important Provider Phone Numbers
- Claim Submission Information (paper claims and payer ID #)

HealthChoice Illinois

Member Name: 
Medicaid ID#: 
Effective Date:
PCP Name: 
PCP Number: 
IHH Name: 
IHH Number:

24/7 Eligibility and Prior Auth Check:
404-329-4701

Enroll Pharmacy Solutions Help Desk:
404-329-4701

MEMBERS Member Services, Behavioral Health, Dental, Transportation, 24/7 Nurse Advice Line: 866-329-4701 TTY: 711 www.IlliniCare.com

PROVIDERS 24/7 Eligibility and Prior Auth Check:
404-329-4701
Enroll Pharmacy Solutions Help Desk:
404-329-4701

Paper Claims IlliniCare Health
PO Box 4030
Farmington, MO 63640-4403

Payer ID #: 68069
Claim and EFT/ERA information on www.IlliniCare.com
Open Enrollment

Once each year, you can change health plans during a specific time called “Open Enrollment”. Client Enrollment Services (CES) will send you an open enrollment letter approximately 60 days prior to your anniversary date. Your anniversary date is one year from your health plan start date. You will have 60 days during your open enrollment to make a one plan switch by calling CES at 1-877-912-8880. After the 60 days has ended, whether a plan switch was made or not, you will be locked in for 12 months. If you have questions regarding your enrollment or disenrollment with IlliniCare Health please contact the Client Enrollment Service (CES) at 1-877-912-8880.

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, we encourage you to work with your PCP to coordinate any care you may need.

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”.

Integrated Health Home (IHH)

An Integrated Health Home is a group of health care professionals who provide care coordination for all of your physical, behavioral and social needs. Members will be automatically enrolled and can opt out at any time. IHH is not a place. It is a set of new care coordination services including:

• Comprehensive Care Management
• Care coordination and health promotion for behavioral and physical health, substance use, and social needs.
• Individual and family support services. These include identifying and recognizing the role of families, informal supports, and caregivers supporting you to reach your health goals.
• Transitional Care Assistance
• Referral to community and social support services

These services will help you receive the right care, at the right time, in the right place. You should have fewer gaps in service and better coordination between all of your health care providers. They help you get the care you need from all different providers by:

• Asking you questions about your overall health
• Helping you create a person-centered plan of care
• Assist with setting appointments
• Making sure you get referrals to all your different appointments

If you need help finding or changing your IHH, please contact Member Services at 866-329-4701 (TTY: 711), 8:30 a.m. to 5:00 p.m., Monday through Friday.

How to Change IHHs:
You can change or opt out of your IHH at any time. The switch will become effective at the beginning of the next month. Please contact Member Services at 866-329-4701 (TTY: 711), 8:30 a.m. to 5:00 p.m., Monday through Friday.
Primary Care Provider (PCP)

Your primary care provider (PCP) is your personal doctor who will give you most of your care. They may also send you to other providers if you need special care. With IlliniCare Health you can pick your PCP. You can have one PCP for your whole family. Or you can choose other PCPs for each family member.

You may choose a specialist as a PCP if you have chronic health conditions, disabilities, or special healthcare needs.

If you are an American Indian/Alaskan Native member, you have the right to get services from an Indian Tribe, Tribal Organization, or Urban Indian Organization provider in and outside of the State of Illinois.

If you need help finding or changing your PCP, please contact Member Services at 866-329-4701 (TTY: 711). Hours are 8:30 a.m.-5:00 p.m, Monday through Friday. You can also change your PCP in your member portal account by visiting IlliniCare.com and clicking “Find a Provider”.

How to Change PCPs

You can change your PCP at any time. Please contact Member Services at 866-329-4701 (TTY: 711). Hours are 8:30 a.m.-5:00 p.m, Monday through Friday. You can also change your PCP in your member portal account by visiting IlliniCare.com and clicking “Login”. Or complete the PCP change form located in the member Benefits and Forms Book.

Women’s Health Care Provider (WHCP)

As a woman with IlliniCare Health coverage, you have the right to select a Women’s Health Care Provider (WHCP). A WHCP is a doctor licensed to practice medicine specializing in obstetrics, gynecology, or family medicine.

Family Planning

IlliniCare Health has a network of Family Planning providers where you can get family planning services; however, you may choose to get family planning services and supplies from any out-of-network provider without a referral and it will be covered.

Specialty Care

A specialist is a doctor who cares for you for a certain health condition. An example of a specialist is Cardiology (heart health) and Orthopedics (bones and joints). If your PCP thinks you need a specialist, he or she will work with you to choose one. Your PCP will arrange your specialty care. With IlliniCare Health, you do not need a referral to see a specialist if they are an in-network provider.

Scheduling Appointments

It is very important that you keep all appointments you make for doctor visits, lab tests, or x-rays. Please call your PCP at least one day ahead of time if you cannot keep an appointment. If you need help in making an appointment, please contact Member Services at 866-329-4701 (TTY: 711). Hours are 8:30 a.m.-5:00 p.m, Monday through Friday.
Urgent Care

Urgent care is an issue that needs care right away but is not life threatening.

Some examples of urgent care are:
- Minor Cuts and scrapes
- Colds
- Fever
- Ear ache

Call your PCP for urgent care or you can call IlliniCare Health Member Services at 866-329-4701 (TTY: 711). Hours are 8:30 a.m.-5:00 p.m, Monday through Friday.

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

Post-Stabilization Care

Post-Stabilization Services are needed services given to a member once the member is stabilized following an emergency medical condition, in order to make the member better. For a list of providers or facilities providing post-stabilization care, call Member Services at 866-329-4701 (TTY: 711).

Covered Services

All services must be medically necessary. Some services require prior authorization. Your provider will submit any needed prior authorizations. You 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.

You 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.

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).
Covered Medical Services

Here is a list of some of the medical services and benefits that IlliniCare Health covers.

Advanced Practice Nurse services;
Ambulatory Surgical Treatment Center services;
Assistive/Augmentative communication devices;
Audiology services;
Blood, blood components, and the administration thereof;
Chiropractic services for members under age twenty-one (21);
Dental services, including oral surgeons;
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for members under age twenty-one (21);
Family Planning services and supplies;
Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Community Mental Health Centers (CMHCs), and other clinic visits;
Home health agency visits;
Hospital ambulatory services;
Hospital Emergency Department visits;
Hospital inpatient services;
Inpatient and outpatient psychiatric facility services, including: psychiatric and substance use services;
Laboratory and x-ray services;
Medical supplies, equipment, prostheses, and orthoses;
Nursing care;
Nursing Facility services;
Optical services and supplies;
Optometrist services;
Outpatient mental health and alcohol and substance use services, including: family, group, & individual therapy, and telepsychiatry;
Palliative and Hospice services;
Pharmacy services;
Physical, Occupational, and Speech Therapy services;
Physician services;
Podiatric services;
Post-Stabilization services;
Renal Dialysis services;
Respiratory equipment and supplies;
Services to prevent illness and promote health;
Substance use services;
Transplants;
Transportation to secure covered services.

Covered Home and Community Based Services (Waiver clients only)

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);
- 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;
- Physical Therapy;
- Speech Therapy;
- Homemaker;
- Home Delivered Meals;
- Personal Assistant;
- Personal Emergency Response System (PERS);
- Respite;
- Specialized Medical Equipment and Supplies.

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

**Managed Long Term Support & Services (MLTSS) Covered Services**

**MLTSS Covered Services include:**
- Mental health services like: Group and Individual Therapy, Counseling, Community Treatment, Medication Monitoring and more
- Alcohol and substance use services like: Group and Individual Therapy, Counseling, Rehabilitation, Methadone services, Medication Monitoring and more
- Some transportation services to appointments
- Long Term Care services in skilled and intermediate facilities
- All Home and Community Based Waiver Services like the ones listed above under ‘Covered HCBS Services’ if you qualify

**Limited Covered Services**

- Abortion services where necessary to protect the health or life of the pregnant woman, or in cases of rape or incest.
- IlliniCare Health may cover sterilization services only as allowed by State and federal law.
- If IlliniCare Health covers a hysterectomy, IlliniCare Health shall complete HFS Form 1977 and file the completed form in the member’s medical record.
Non-Covered Services

Here is a list of some of the medical services and benefits that IlliniCare Health 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 service that is not medically necessary;
- Services provided through local education agencies.

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.

Dental Services

Members under the age of 21 are covered for the following dental services:

- Dental services provided in school dental programs
- Oral exams (1 per year)
- Fluoride treatments (1 per year)
- Oral surgeons
- Dental cleanings (2 times per year)

Members age 21 and over are covered for the following dental services:

- Limited and comprehensive exams
- Restorations
- Complete dentures
- Extractions
- Sedation
- Practice visits

Eligible pregnant women can get these additional dental services PRIOR to the birth of their babies:

- Periodic oral exams
- Teeth cleaning
- Periodontal work

All members are covered for emergency dental services.

All dental services must be medically necessary. Prior authorization may be required for dental services. You must go to an in-network dentist. You can find a dentist on our website, IlliniCare.com. Or call Member Services at 866-329-4701 (TTY: 711).

Vision Services

Members are allowed the following vision services:

- **Vision Exam:** One (1) preventive vision exam from our network of optometrists and ophthalmologists per year.

- **Frames:** Members are eligible for new frames every two (2) years. Choose from our standard selection of frames, or opt-out and use a $100 allowance toward the retail value of frames. If the value of the frames for this opt-out election is above $100, members are responsible for the difference in price out of pocket. Members can choose glasses or contacts.

- **Lenses:** If certain prescription requirements are met, single vision and bifocal lenses are fully covered.

- **Contact Lenses:** The fitting fee is fully covered and members are entitled to use an $80 retail value allowance toward the price of the contact lenses. If the value of the
lenses for this opt-out election is above $80, members are responsible for the difference in price out of pocket. Members can choose glasses or contacts.

Additionally, coverage is provided for services obtained through vendors procured by Chicago Public Schools (CPS) to manufacture eyeglasses for children enrolled in CPS.

You must use an in-network vision provider for vision services. To find an in-network vision provider, call IlliniCare Health Member Services at 866-329-4701 (TTY: 711). Or check “Find a Provider” online at IlliniCare.com.

Pharmacy Services

IlliniCare Health uses a Preferred Drug List (PDL), designed in partnership with the Illinois Department of Healthcare and Family Services (HFS). A PDL is a list of the drugs that we prefer you use.

If you need a medication that does not appear on the PDL, your provider may ask for a review. You can find the PDL on our website, IlliniCare.com. If you don’t have internet access, please call Member Services at 866-329-4701 (TTY: 711) and we will mail you a paper copy.

You must pick up your drugs at one of our 1,500 pharmacies. Prescriptions from out-of-state pharmacies may not be covered. To find an in-network pharmacy, call Member Services at 866-329-4701 (TTY: 711) or check “Find a Provider” online at IlliniCare.com.

IlliniCare Health provides another option for you to receive your medication. This is our maintenance medication program. You can get a 90 day supply (three month supply) of the drugs you take every day at most in-network pharmacies, or delivered directly to you. Please call Member Services at 866-329-4701 (TTY: 711) to find out more, or to sign up for drug delivery.

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 upon request
- 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 at least 2 business days ahead of time to request a trip log, trip number, and obtain required forms.
- Transportation for dependents who are at least 12 years of age can travel alone pending the completion of a parental waiver
- Dependents or members under the age of 12 years old must be accompanied by an adult at least 18 years of age or older.

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?

Added Benefits

NEW IN 2019
Free Gym Membership when you or your child, 16 years or older, complete a health risk screening, annual wellness visit, and BMI measurement

Free Afterschool Care when your child completes a health risk screening and annual well-child visit

Free School Uniforms when your child completes a health risk screening, annual well-child visit, have up to date vaccinations, and complete a BMI measurement.

MY HEALTH PAYS™
My Health Pays™ is IlliniCare Health’s program that rewards you for completing healthy behaviors. You will receive a My Health Pays™ card with reward dollars pre-loaded when you complete your first healthy behavior. New rewards will be added to your card once you complete more healthy behaviors. More information is online at IlliniCare.com. Or call Member Services at 866-329-4701 (TTY: 711).

You can earn reward dollars when each of the following occurs:

• $10 when you complete the Health Risk Screening (paper, online, or via the phone).
• $20 when you go to your annual PCP visit.
• Up to $45 when you complete prenatal visits (visits while you are pregnant).
• $20 when you complete one postpartum visit (visit after you have the baby).
• $15 when you complete an annual colorectal cancer screening.
• $15 when you complete an annual cervical cancer screening.
• $50 when you complete an annual breast cancer screening.
• $50 when you complete the annual Comprehensive Diabetes Care screenings:
  • Cholesterol screening;
  • Nephropathy screening: a test for kidney disease;
  • A1c screening: a blood test that checks your blood sugar levels; and,
  • Eye exam.
• $10 when you complete statin therapy. Statin therapy is diabetic medication prescribed by your PCP.
• $10 when you complete ACE/ARB therapy. ACE/ARB therapy is diabetic medication prescribed by your PCP.
• $10 when you complete a well child visit in 1st, 2nd, 3rd, 4th, 5th and 6th year of life (up to $60 total).
• $25 when you follow up with a Behavioral Health provider within 7 days of being discharged from a Behavioral Health facility.
• $25 when you follow up with your PCP within 14 days of being discharged from an inpatient hospital stay.

The My Health Pays™ card can be used for everyday items at Walmart, utilities, transportation, rent, telecommunications, child care, and education. The funds on your My Health Pays™ card can also be used for health-related items, such as:

• Baby care items
• Diabetes care items
• First aid items
• Home health care items
• Over-the-Counter medicine
• Personal care items
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 high risk members in care coordination who qualify, do not have access to telephones, and who do not qualify for a Safelink phone. 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.
Care Coordination

IlliniCare Health has several programs to improve the health of our members. We do this through education and personal help from IlliniCare Health staff. This is referred to as care coordination. The goal of this service is to add to the quality of your care and give you the support you need. If you qualify for care coordination and choose to stay in care coordination, a Care Coordinator will be assigned to you. This Care Coordinator will either be from your Integrated Health Home or the MCO. Either way, your Care Coordinator will work with your health plan to assist you in managing your care through:

- Frequent contact with you or your caregiver and health providers
- An assessment and evaluation of your conditions
- Care planning and setting short and long-term goals
- Coordination of services to provide necessary and efficient care

A CARE COORDINATOR is a resource person that:

- Answers questions about treatment
- Helps you meet your health needs by using their knowledge of the healthcare system
- Helps you consider your options and choices
- Helps with referrals for treatment at healthcare facilities
- Acts as your link to IlliniCare Health
- Identifies covered benefits and helps with referrals to specialists
- Helps plan your transition out of the hospital
- Helps connect you with community resources

The information obtained through our care coordination process is confidential. It is shared only when needed to help plan your care and to properly pay your claims. IlliniCare Health provides care coordination services in an ethical manner based on Commission for Case Management (CCMC) and Care Management Society of America’s (CMSA) Statement on Ethics and Standards of Practice. Information on our policies and standards for ethics for care management is available.

For more information about IlliniCare Health’s care coordination program, or to request a care coordinator, call Member Services at 866-329-4701 (TTY: 711).

Disease/Health Education Management Programs

If you have or are at risk for having one of the health conditions listed below, please call IlliniCare Health so we can enroll you in our disease management programs. There is no cost to you.

**Diabetes Program:** We offer information, resources, and care management to help members take control over the condition.

**Heart Disease Program:** We offer care management and information to address heart-related issues.

**Asthma Program:** We provide care management services for asthma. We will help you develop a healthcare plan to help keep you healthy. Please contact us if you have asthma.

**Other Healthcare Needs:** IlliniCare Health has medical professionals who are trained to help our members with many other complex and/or special needs. Please call us if you would like help with your serious illness or condition.

**Start Smart for Your Baby®:** Start Smart for Your Baby® (Start Smart) is our special program for women who are pregnant. IlliniCare Health wants to help you take care of yourself.
and your baby through the whole pregnancy. Information can be provided to you by mail, telephone, and through the Start Smart website, www.StartSmartForYourBaby.com. Our Start Smart staff can answer questions and give you support if you are having a problem. We can even arrange for a home visit if needed. To enroll in the Start Smart program, fill out a Notice of Pregnancy form and talk to your case manager.

For more information about IlliniCare Health’s disease management programs, call Member Services at 866-329-4701 (TTY: 711).

Recipient Restriction Program

IlliniCare Health, in partnership with the Department of Healthcare and Family Services (HFS), implements a pharmacy lock-in program for members who qualify. Through this program, we help members work with one pharmacy or provider for drug coverage. Coordinating pharmacy services through one pharmacy or provider can help prevent duplicate prescriptions and catch medication errors. For more information about this program, call Member Services at 866-329-4701 (TTY: 711).

Mobile Crisis Response Services

IlliniCare Health members can use the 24 hour Crisis and Referral Entry Services (CARES) line to talk to a behavioral health professional. You can call if you or your child is a risk to themselves or others, having a mental health crisis, or if you would like a referral to services. Call the CARES line at 1-800-345-9049 (TTY: 1-773-523-4504).

Advance Directives

An advance directive is a written decision you make about your health care in the future in case you are so sick you can’t make a decision at that time. In Illinois there are four types of advance directives:

- **Healthcare Power of Attorney** - This lets you pick someone to make your health care decisions if you are too sick to decide for yourself.

- **Living Will** - This tells your doctor and other providers what type of care you want if you are terminally ill which means you will not get better.

- **Mental Health Preference** - This lets you decide if you want to receive some types of mental health treatments that might be able to help you.

- **Do Not Resuscitate (DNR) order** - This tells your family and all your doctors and other providers what you want to do in case your heart or breathing stops.

You can get more information on advance directives from IlliniCare Health or your doctor. If you are admitted to the hospital they might ask you if you have one. You do not have to have one. You do not have to have one to get your medical care but most hospitals encourage you to have one. You can choose to have any one or more of these advance directives if you want. You can cancel or change it at any time. IlliniCare Health recommends all of our members take the time to provide their advance directive to their primary care provider (PCP). You can complete the Illinois Power of Attorney for Health Care form found on the Illinois Department on Aging website: https://www.illinois.gov/aging/AboutUs/Pages/legal_adv-directives.aspx. You can also call IlliniCare Health Member Services at 866-329-4701 (TTY: 711).

Once you have completed your advance directive, ask your PCP to put the form in your file. You can also talk to your PCP about the
decision making process of creating your Living Will or Advance Directive. Together, you can make decisions that will set your mind at ease.

If you should ever need or want to, you can change your Advance Directive at any time. You should make sure others know you have an Advance Directive. You may also choose to designate a Medical Power of Attorney. That person should be made aware of your advance directive or living will as well. With an Advance Directive, you can be sure that you are cared for as you wish, at a time when you cannot give the information.

Grievance & Appeals

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 two (2) 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.HSPAppeals@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

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 polices.
• Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
• Exercise your rights, with the assurance that the exercise of those rights will not adversely affect the way you are treated.

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.

### Fraud, Abuse, and Neglect

Report any suspected fraud, abuse, or neglect by calling Member Services at 866-329-4701 (TTY: 711). Or call our Fraud and Abuse hotline at 866-685-8664. All information will be kept private.

Fraud, Abuse and Neglect are all incidents that need to be reported.

**Fraud** occurs when someone receives benefits or payments they are not entitled to. Some other examples of fraud are:

- To use someone else’s ID card or let them use yours.
- A provider billing for services that you did not receive.

**Abuse** is when someone causes physical or mental harm or injury. Here are some examples of abuse:

- Physical abuse is when you are harmed such as slapped, punched, pushed or threatened with a weapon.
- Mental abuse is when someone uses threatening words at you, tries to control your social activity, or keep you isolated.
- Financial abuse is when someone uses your money, personal checks or credit cards without your permission.
- Sexual abuse is when someone is touching you inappropriately and without your permission.

**Neglect** occurs when someone decides to hold the basic necessities of life such as food, clothing, shelter or medical care.

If you believe you are a victim you should report this to your IlliniCare Health case manager right away. You should also report the issue to one of the following agencies based on your age or placement. All reports to these agencies are kept confidential and anonymous reports are accepted.

**Nursing Home Hotline:** 1-800-252-4343.
Illinois Department of Public Health Nursing Home Hotline is for reporting complaints regarding hospitals, nursing facilities, and home health agencies and the care or lack of care of the patients.

**Supportive Living Program Complaint Hotline:** 1-800-226-0768.

**Adult Protective Services:** 1-866-800-1409 (TTY: 1-888-206-1327).
The Illinois Department on Aging Adult Protective Services Hotline is to report allegations of abuse, neglect, or exploitation for all adults 18 years old and over. Your IlliniCare Health case manager will provide you with 2 brochures on reporting abuse, neglect, and exploitation. You can request new copies of these brochures at any time.

**Home Care Ombudsman Program:** 1-800-252-8966.

You can also call Member Services at 866-329-4701 (TTY: 711) to report your incident.

### 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.
PRIVACY NOTICE AND PRIVACY RIGHTS
IlliniCare Health is required by law to protect the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your protected 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 protected health information.

IlliniCare Health describes how we may use and disclose your protected health information. It also describes your rights to access, amend and manage your protected health information and how to use those rights. All other uses and disclosures of your protected 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 protected health information we already have as well as any of your protected 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.

INTERNAL PROTECTIONS OF ORAL, WRITTEN AND ELECTRONIC PHI
IlliniCare Health Plan protects your PHI. We have privacy and security processes to help. These are some of the ways we protect your PHI.

- We train our staff to follow our privacy and security processes
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

HOW WE USE OR SHARE YOUR PROTECTED HEALTH INFORMATION
The following is a list of how we may use or disclose your protected health information without your permission or authorization:

Treatment - We may use or disclose your protected 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 protected health information to make benefit payments for the health care services provided to you. We may disclose your protected 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 protected 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 protected 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 protected 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 protected 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 protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

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

**Appointment Reminders/Treatment Alternatives**
- We may use and disclose your protected 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 protected health information, we may use or disclose your protected 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 protected health information to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your protected 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 protected health information to a local, state, or federal government authority, including social services or a protective services agency authorized by law 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 protected 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 protected 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 protected health information to identify or locate a suspect, fugitive, material witness, or missing person.

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

**Organ, Eye, and Tissue Donation** - may disclose your protected health information to organ procurement organizations. We may also disclose your protected 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 protected 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 protected health information as required by military command authorities. We may also disclose your protected 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 protected 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 protected 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 previous 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 protected 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 protected 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 protected 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 PROTECTED HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

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

**Sale of Protected 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 protected health information for marketing purposes 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 your 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 protected 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 protected 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 protected 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 protected 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 location you want. You do not have to explain the reason 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 protected 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 protected 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 protected 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 protected 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 protected 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 protected 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 protected 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
Definitions

**Appeal** means a request for your health plan to review a decision again.

**Co-payment** means a fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Durable Medical Equipment** means equipment and supplies ordered by a health care provider for everyday or extended use.

**Emergency Medical Condition** means an illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

**Emergency Services** means the evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

**Excluded Services** means health care services that your health insurance or plan doesn’t pay for or cover.

**Grievance** means a complaint that you communicate to your health plan.

**Habilitation Services and Devices** means services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn’t walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

**Home Health Care** means health care services a person receives at home.

**Hospice Services** means services to provide comfort and support for persons in the last stages of a terminal illness and their families.

**Hospitalization** means care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

**Hospital Outpatient Care** means care in a hospital that usually doesn’t require an overnight stay.

**Integrated Health Home** means a fully-integrated form of care coordination for all members of Illinois Medicaid. The Integrated Health Home will coordinate physical, behavioral and social healthcare for its members. An Integrated Health Home is responsible for care coordination for members, but is not responsible for the members’ health services and treatment. The Integrated Health Home will work closely with your health plan to coordinate your care.

**Medically Necessary** means Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

**Out of Network** means providing a beneficiary with the option to access plan services outside of the plan’s contracted network of providers. In some cases, a beneficiary’s out-of-pocket costs may be higher for an out-of-network benefit.

**Prior Authorization** means a decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. It is sometimes called pre-authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn’t a promise your health insurance or plan will cover the cost.

**Prescription Drug Coverage** means health insurance or plan that helps pay for prescription drugs and medications.
**Primary Care Provider** means a physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

**Rehabilitation Services and Devices** means health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

**Skilled Nursing Care** means nursing services provided within the scope of the Illinois Nurse Practice Act (225 ILCS 65/50-1 et seq.) by registered nurses, licensed practical nurses, or vocational nurses licensed to practice in the State.

**Specialist** means a physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

**Urgent Care** means care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.
STATEMENT OF NON-DISCRIMINATION
IlliniCare Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. IlliniCare Health does not exclude people or treat them differently 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).

## Language Assistance

<table>
<thead>
<tr>
<th>Language</th>
<th>Message</th>
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<tbody>
<tr>
<td>English</td>
<td>ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-329-4701 (TTY: 711).</td>
</tr>
<tr>
<td>Arabic</td>
<td>(رقم هاتف 1-866-329-4701 مسموح به: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل رقم: 711.)</td>
</tr>
<tr>
<td>Russian</td>
<td>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-329-4701 (телетайп: 711).</td>
</tr>
<tr>
<td>Hindi</td>
<td>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।</td>
</tr>
<tr>
<td>Greek</td>
<td>ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-329-4701 (TTY: 711).</td>
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