

Family Voices of Illinois
The Arc of Illinois
Family to Family Health Information and Education Center
www.familyvoicesillinois.org familytofamily@thearcofil.org
708-560-6703 (voice) 866-931-1110 (toll free for Illinois families)

Illinois Medicaid Integrated Care Program Advocacy Toolkit May 2011

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Additional Helpful Information/Links:

1. Background information on the Integrated Care Program (HFS handouts)
<http://www.familyvoicesillinois.org/documents/documentdetails.asp?did=2746>
2. Record keeping forms from DSCC website:
<http://internet.dsccl.org/dscclroot/parents/ccr.asp> (Word and PDF versions)
Physicians/therapists/dentists: <http://internet.dsccl.org/forms/ccr/ccr4.pdf>,
Hospitalizations: <http://internet.dsccl.org/forms/ccr/Ccr30.PDF>
Medications: <http://internet.dsccl.org/forms/ccr/Ccr28.PDF>
Equipment/supplies: <http://internet.dsccl.org/forms/ccr/Ccr32.PDF>

Illinois Medicaid's Integrated Care Program (ICP) for Adults with Disabilities - Guide for Consumers and Families: Resources to Help You Select The Most Appropriate Provider May 2011

The Illinois Medicaid program now has a special program for adults, age 19 and older, who have disabilities and receive SSI. This program is called the Integrated Care Program (ICP). Participation in this program is mandatory. Eligible people who live in the target areas for this program are getting letters from HFS in the mail. You will have 60 days from the date you receive your letter to choose one of the two health plans contracted through HFS. The names of the health plans are Aetna Better Health and IlliniCare Health Plan.

This consumer guide can help you choose the health plan that may work best for you. The resources provided here will help you gather important information about your healthcare needs. It will also allow you to compare the two plans based on how they may meet your needs. You will then need to decide which health plan to select, or whether you need to ask HFS for a "Single Case Agreement", explained below.

The worksheet on page 12 of this toolkit can help you gather information to compare plans. You can find the needed information on the health plan provider websites and/or call them on their toll-free numbers. You may also want to call one of the Enrollment Facilitator agencies for more help. Fill in the worksheet with your personal information. Get answers from each of the health plans (also called MCOs or managed care organizations) about your personal situation. Compare the information to see which health plan covers more of your needs and includes more of the doctors and hospitals you prefer in their network.

Help!! My doctors and/or health plans are not in either network. What should I do?

Consumers who are enrolled in Medicaid and are required to participate in the Integrated Care Program have the right to request a "**single case agreement**" in order to stay with their current doctor(s) and hospital(s). If you do not request a single case agreement, and the doctors/hospitals you use are not "**in the network**" of one or both of the MCOs, you will only be allowed to continue with your current providers for 90 days. After that time period, you must begin seeing **enrolled network providers**.

Timeline for Transition to the Illinois Integrated Care Program

Getting Ready – Now Through Summer 2011

- Integrated Care Provider Outreach – The two organizations under contract with Illinois HFS will be offering information to potential clients. Attend an informational meeting and/or gather as much information as possible. Call Aetna Better Health at 1-866-212-2851 and/ or IlliniCare at 1-866-329-4701, or visit their website (listed below).
- Collect information about both plans including whether or not each plan includes the doctors, hospitals, services and supplies that are important to you. Record this information on the chart included in this toolkit
- Watch your mail for your enrollment letter from HFS.
- Review a complete copy of the “enrollment packet” on the Family to Family Health Information Center website:
<http://www.familyvoicesillinois.org/documents/documentdetails.asp?did=2746>
- Tell all of your doctors and other providers about the Integrated Care Program in which you are going to be required to participate.

When you receive your enrollment letter . . .

- Record the date you received the letter here: _____
- Find and record detailed information about each health plan. Use information from their websites, call them and/or call the enrollment facilitator agencies.
- Remember that you will need to search the managed care company websites that are specific to their contracts with the Illinois Department of Healthcare and Family Services (HFS). Each of the two insurance companies has established a division for this purpose, as listed below. Do not use the main corporate websites to search for providers participating in the Medicaid-only Integrated Care Program.
 - Aetna Better Health: <http://www.aetnabetterhealth.com/Illinois/default.aspx>
 - IlliniCare: <http://www.illinicare.com/>
 - Enrollment Facilitator Agencies:
http://illinoiscebicp.com/files/Community_Helper_list.pdf
 - Illinois Client Enrollment Broker (Automated Health Systems):
<http://illinoiscebicp.com/>
- **You will have 60 days** to choose a health plan and Primary Care Provider or ask in writing for a “single case agreement”.
- **If you have an ongoing course of treatment and your provider is not in network, you will have 90 days** to continue with your current providers once you are enrolled with one of the Managed Care Organizations.

Illinois Department of Healthcare and Family Services Integrated Care Program Contact Guide

Illinois Department of Healthcare and Family Services

Division of Medical Programs
Department of Healthcare and Family Services
201 South Grand Avenue East
Springfield, Illinois 62763-0001
Telephone number: 217-782-2570
Fax number: 217-782-5672
E-mail: [Medical Programs](#)

Medical Programs - Bureau of Managed Care

The Bureau of Managed Care is responsible for implementing managed care programs, developing policy and procedures for those programs, procuring and monitoring contracts. Illinois has three managed care delivery systems: Integrated Care Program (ICP), Primary Care Case Management (PCCM), and Voluntary Managed Care (VMC).
Telephone number: 217-524-7478
Fax number: 217-524-7535
<http://www.hfs.illinois.gov/managedcare/>

Managed Care Providers Participating in the Integrated Care Program

1. Aetna Better Health
866-212-2851
www.aetnabetterhealth.com/illinois
One South Wacker
Chicago, IL 60606

The following addresses are for the corporate offices of Aetna and Aetna Better Health. Aetna Better Health is the division of Aetna that addresses Medicaid managed care programs. These addresses are included for your convenience in the event that communication with corporate leadership is desired.

Aetna (corporate headquarters)
151 Farmington Avenue
Hartford, CT 06156
1-800-87-AETNA or 860-273-0123
<http://www.aetna.com/index.html>

Aetna Better Health
P.O. Box 8156
Newark, DE 19714-8156

2. Centene Corporation- IlliniCare Health Plan
IlliniCare Health Plan
999 Oakmont Plaza Drive
Westmont, IL 60559
866-329-4701
www.illinicare.com

This corporate address has been included for your convenience.

Centene Corporation
National Headquarters
Centene Plaza
7700 Forsyth Blvd.
St. Louis, MO 63105
(314) 725-4477
<http://www.centene.com/contact-us/>

Illinois Client Enrollment Broker - Automated Health Systems

Hours: Monday - Friday 8 a.m. to 7 p.m. & Saturday 9 a.m. to 1 p.m.

1-877-912-8880 (TTY: 1-866-565-8576) The call is free.

You can get help/information in other languages or formats (like audiotape).

Free interpretation services!

Call 1-877-912-8880 (TTY: 1-866-565-8576)

Hay informacion en español. ¡Servicio de intérprete gratis!

Llame al 1-877-912-8880 (TTY: 1-866-565-8576)

[Automated Health Systems](#)

1375 E Woodfield Rd Ste 600

Schaumburg, IL 60173

847-995-1021

Integrated Care Provider Information Summary

Resource	Aetna Better Health	IlliniCare Health Plan	IL Client Enrollment Broker
Website	English: www.aetnabetterhealth.com/illinois Spanish: http://trans5.convertlanguage.com/delawarepc/enes/24/www_aetnabetterhealth.com/Illinois/IllinoisMembers.aspx?menu=2	English: www.illinicare.com	English: http://www.illinoiscebicp.com/Default.aspx Spanish: http://illinoiscebicp.com/files/Program_Benefits_for_the_ICP_Spanish_Link.pdf
Contact Information	Aetna Better Health, Illinois One South Wacker Chicago, IL 60606 312-821-0502	IlliniCare Health Plan 999 Oakmont Plaza Drive Westmont, IL 60559 866-329-4701	Automated Health Systems 1375 E Woodfield Rd Ste 600 Schaumburg, IL 60173 847-995-1021 http://www.automated-health.com/
Hours of Operation	Monday-Friday, 8 AM – 5 PM (except for State holidays) Member services 24/7	Member Services (866) 329-4701 TDD/TTY (866) 811-2452 8 AM – 5 PM Nurse Line – After Hours (866) 329-4701	Monday - Friday 8 AM - 7 PM Saturday 9 AM – 1 PM

<p>Member Handbook</p> <p>a. English</p> <p>b. Spanish</p>	<p>a. http://www.aetna.com/betterhealth.com/ILLINOIS/PDFDocs/IllinoisHandbook.pdf</p> <p>b. http://www.aetna.com/betterhealth.com/ILLINOIS/PDFDocs/IllinoisHandbookSpanish.pdf</p>	<p>a. http://www.illinicare.com/files/2011/04/IlliniCare-Member-Handbook_Draft_3-29-11-finalWITHCOVER.pdf</p> <p>b. Not available- <i>IlliniCare can help translate your health coverage benefits. IlliniCare can also help translate available services. If you need something translated into another language than English, please call IlliniCare.</i> http://www.illinicare.com/members/diversity-resources/</p>	<p>a. http://illinoisebicp.com/files/ICP_Information_Guide.pdf</p> <p>b. http://illinoisebicp.com/files/ICP_Information_Guide_Spanish.pdf</p>
<p>Pharmacy Information</p>	<p>Prescription: http://www.aetnabetterhealth.com/ILLINOIS/PDFDocs/Aetna_Better_Health_IL_Formulary_5.1.11.pdf</p> <p>Over-the-Counter: http://www.aetnabetterhealth.com/ILLINOIS/PDFDocs/Aetna_Better_Health_IL_OTC_List_2_23_11.pdf</p>	<p>Prescription and OTC http://www.illinicare.com/files/2010/12/IlliniCare-Health-Plan-PDL-May-2011_042011.pdf</p>	<p>HFS notice to participating pharmacies 5/19/11: http://www.hfs.illinois.gov/assets/051911n.pdf</p>
<p>Provider/Hospital Finder</p>	<p>http://www.aetnabetterhealth.com/Illinois/FindProvider.aspx?menu=1</p>	<p>http://www.illinicare.com/find-a-provider/</p>	<p>http://www.illinoisebicp.com/PCPSearch/ICSearchLogin.aspx</p>

Provider Manuals	http://www.aetnabetterhealth.com/Illinois/PDFDocs/IL_Provider_Handbook_Version_1.pdf	http://www.illinicare.com/files/2011/04/IlliniCare-Provider-Manual.pdf	http://www.illinoishealthconnect.com/providerinfo.aspx
Benefits Summary a. English b. Spanish	<p>a. http://www.aetnabetterhealth.com/Illinois/PDFDocs/DescOfCare.pdf</p> <p>b. http://www.aetnabetterhealth.com/Illinois/PDFDocs/DescOfCareSpanish.pdf</p>	<p>a. http://www.illinicare.com/files/2010/12/Benefit-Grid-Stand-alone4-61.pdf (English only)</p>	<p>a. http://illinoishealthconnect.com/files/ICP_Comparison_Charts.pdf</p>
Transportation Options	<p>Contracted with Medical Transportation Management, Inc: 1-888-513-1612</p> <p>Medical Transportation Management, Inc. 16 Hawk Ridge Drive Lake St. Louis, Missouri 63367-1829 Phone: 636-561-5686 TOLL-FREE at: 1-888-561-8747 Fax: 636-561-2962 E-mail at: marketing@mtm-inc.net</p> <p>Monday-Saturday 8 AM – 6 PM</p> <p>Mileage reimbursement also available if you use your own car or get a ride. Contact member services w/in 7 days after appointment to request reimbursement.</p>	<p>Non-emergency Transportation Services are covered by IlliniCare for medically necessary services. IlliniCare will also provide an escort, if authorized in advance. To schedule transportation, please call 866-329-4701</p> <p>Call Member Services to schedule rides at least 2 days in advance.</p> <p>First Transit is the vendor.</p> <p>First Transit Inc. Corporate Headquarters 600 Vine Street, Suite 1400 Cincinnati, OH 45202 513-241-2200</p> <p>https://www.firsttransit.com/contact-us</p>	<p>NA</p>

<p>Dental Care Options (Oral Health)</p>	<p>DentaQuest 1-800-416-9185 (toll free) 12121 Corporate Parkway Mequon, WI 53092-9838 Toll Free 1.800.417.7140 Local 1.262.241.7140 http://www.dentaquestgov.com/</p>	<p>Contractor not specified. Call Member Services</p>	<p>NA</p>
<p>Behavioral Health Services (Mental Health)</p>	<p>Call Member Services</p>	<p>http://www.illinicare.com/stay-healthy/health-services/mental-health-services/</p> <p>IlliniCare offers members access to all covered, medically necessary behavioral health services through Cenpatico.</p> <p>IlliniCare members seeking mental health or substance abuse services may self-refer to a network provider for thirty (30) standard outpatient sessions per member but prior authorization is required for subsequent visits. For assistance in identifying a behavioral health provider or for prior authorization for inpatient or outpatient services, Cenpatico may be reached at 1-866-329-4701.</p> <p>In the event that the physician or practitioner is unable to provide timely access for a</p>	

		<p>member, IlliniCare will assist in securing authorization to a physician or practitioner to meet the member's needs in a timely manner.</p> <p>Behavioral Health Provider Finder:</p> <p>http://www.cenpatico.com/find-a-provider/</p> <p>Cenpatico, a subsidiary of Centene, is the contractor:</p> <p>http://www.cenpatico.com/contact-us/</p> <p>Cenpatico 504 Lavaca St., Suite# 850 Austin, TX 78701 (512) 406-7200</p>	
<p>Self-Referrals/ Direct Access</p>	<p>Members may self-refer/directly access some services without an authorization from the PCP. These services include behavioral health care, vision care, dental care, family planning and services provided by Women's Health Care Providers (WHCPs). The member must obtain these self referred services from Aetna Better Health's provider network.</p> <p>http://www.aetnabetterhealth.com/Illinois/PDFDocs/IL_Provider_Handbook_Version_1_1%20(5_4_11).pdf</p>		

Choosing A Medicaid Integrated Care Program Plan: A Worksheet For ICP Participants

Before you choose one of the providers contracted by HFS's Integrated Care Plan, study their information carefully and record your data on this chart. When the chart is filled in, you will have detailed information to assist you in choosing the plan that fits your needs. It may also allow you to recognize the need for a written request to HFS for a Single Case Agreement.

	Current Providers/Information	Aetna Better Health Network	IlliniCare Health Plan Network	Comments/Questions
My Medical Center/Hospital				
Primary Doctor (PCP)				
Specialists (list)				
Specialists				
My Prescription Medicines				
My Over-the-Counter Medicines (OTC)				
Transportation to Appointments				
Dental Care (Oral Health)				
Mental Health (Behavioral Health)				
My Medical Equipment				
My Medical Supplies				
Disability-Specific/Accessibility Needs				
Co-pays for Services				
Tests and Evaluations (and how often)				
Other Health Care Needs (specify)				

Sample Letter to Request Single Case Agreement for Integrated Care Plan Participant

Date

Bureau of Contract Management
Division of Medical Programs
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
Springfield, Illinois 62763-0001
(Fax number: 217-782-5672)

Re: (name of person enrolled in Medicaid, birth date, Recipient Identification Number and Case ID #)

To Whom It May Concern:

I am writing on behalf of (person's name) who received the attached letter from HFS on (specify date) regarding enrollment in the Integrated Care Program. I am (person's name) (specify relationship: parent, guardian, case manager, etc.). (Person's name) diagnoses are (list all diagnosed medical, disability and behavioral health conditions.)

We have reviewed the provider lists supplied by both of the health plans - Aetna Better Health and IlliniCare - and have found that neither (person's name) doctors or the hospital where (person's name) receives treatment is in either network. A list of the doctors and hospitals (person's name) uses is attached to this letter. Due to (person's name)'s special health care needs, it is very important to continue services with his/her current providers, doctors and hospitals.

Therefore, we need your intervention with the Integrated Care Program providers to please establish Single Case Agreements with the providers on (person's name) list.

Please contact me at (phone number) if you have any questions or need more information. Thank you for your assistance with this request.

Sincerely,

Your name
Your address
Your email

Attachments:

1. Current provider list
2. Current medication list
3. Copy of ICP letter received
4. Copy of current Medicaid card (both sides)
5. Copy of guardianship order (if applicable)

Cc: Person's primary care physician
Tony Paulauski, The Arc of Illinois
Person's State Senator and State Representative
Others

*Send your letter with all attachments via certified mail and request a return receipt.
You can also fax a copy of the letter and attachments to HFS.*

Appeal Rights in the Medicaid Integrated Care Program

Everyone who is enrolled in Medicaid has the right to appeal. This includes people who are enrolled in a managed care organization (MCO) as part of the Integrated Care Program. Enrollees in Medicaid Managed Care have legal rights and responsibilities, including the right to appeal.

The Kaiser Family Foundation has a detailed fact sheet about Medicaid appeal rights:
<http://www.kff.org/medicare/7240/medicaid.cfm>

The following link provides basic appeal information from the Illinois Department of Healthcare and Family Services (HFS): <http://www.hfs.illinois.gov/medicalbrochures/hfs591.html>

What do I do if I have a complaint about the care I received under the Medical Programs or if I know someone is misusing the benefits of the Medical Programs?

If you receive poor medical care, have problems getting medical care or are charged for medical services that are covered by HFS Medical Programs, call:

Welfare and Medical Fraud Hotline

Monday – Friday (except state holidays)

8:30 a.m. – 5:00 p.m.

1-800-252-8903 Persons using a TTY can call 1-800-447-6404. The call is free.

Also, call this telephone number if you know someone who is withholding information or not telling the truth about the medical services they need or if you know someone who is charging the HFS Medical Programs for medical care that he or she did not give.

You may also file a written appeal. Since you are enrolled in an HMO or health maintenance organization, also called an MCO or managed care organization, you must first follow the procedures outlined in the member handbook provided to you by your HMO. The HMOs are required to give you their member handbook in your preferred language/method of communication (for example, in a language other than English and/or in large print or Braille). Their member handbooks must include detailed information about grievance and appeal rights.

You can file a written appeal with your HMO. You can also fax your appeal, as well as sending it by certified mail. <http://www.usps.com/send/waystosendmail/extraservices/certifiedmailservice.htm>

Here is the contact information for the Illinois Managed Care Providers:

- For Aetna Better Health enrollees:
<http://www.aetnabetterhealth.com/Illinois/PDFDocs/IllinoisHandbook.pdf>

Aetna Better Health
Attn: Appeals and Grievance Manager
One South Wacker Drive
Mail Stop F646
Chicago, IL 60606
Phone 866-212-2851
Fax: 855-545-5197

Illinois Relay 7-1-1 (hearing impaired)

- For IlliniCare Health Plan Enrollees:
http://www.illinicare.com/files/2011/04/IlliniCare-Member-Handbook_Draft_3-29-11-finalWITHCOVER.pdf

Member Appeals
IlliniCare Health Plan
999 Oakmont Plaza Drive
Westmont, IL 60559
Phone 866-329-4701
Fax: 877-646-6056

Who can help me with my appeal?

Here in Illinois, there are several advocacy and legal assistance organizations that may be able to assist you with your appeal. Listed below is the contact information for some of these organizations:

- **For problems related to services, programs and State of Illinois agencies:**
Illinois Life Span Project at The Arc of Illinois
www.illinoislifespan.org
800-588-7002 voice
- **For problems related to SSI, Medicaid, Medicare and Health Benefits for Workers with Disabilities**
Health and Disability Advocates
www.hdadvocates.org
312-223-9600 voice
800-427-0766 TTY
- **For problems related to youth transition and health (including access and coverage)**
Family Voices of Illinois
The Arc of Illinois Family to Family Health Information Center
www.thearcofil.org/familytofamily
866-931-1110/708-560-6703 (voice)
711 Illinois Relay
- **For legal problems, including problems with services for people with disabilities from state agencies:**
Equip for Equality
www.equipforequality.org
800.537.2632(voice)
800 -610-2779(TTY)
- **For problems related to continuation of home-based nursing care after age 21, including problems with services from state agencies:**
US Department of Justice Joins Farley Lawsuit
www.thearcofil.org/pastissues/document.asp?did=2379 and <http://www.farley1.com/news.html>