# MLTSS

## Member Handbook

CountyCare
A MEDICAID HEALTH PLAN

HealthChoice Illinois

# Helpful Information

## CountyCare

### Member Services
1-312-864-8200
1-855-444-1661 (toll-free) / 711 (TDD/TTY)
M-F 8:00 am to 6:00 pm
Saturday 9:00 am to 1:00 pm

## Services for the Hearing Impaired

### Illinois Relay 711

## Enrollment and Application Services

### Illinois Client Enrollment Services
1-877-912-8880
1-866-565-8576 (TTY)

## Transportation Services

1-630-403-3210

## Behavioral Health Services

### Call Member Services
1-312-864-8200
1-855-444-1661 (toll-free) / 711 (TDD/TTY

## Language Interpretation Services

### Including Sign Language Interpretation and CART Reporting

Call Member Services 1-312-864-8200
1-855-444-1661 (toll-free) / 711 (TDD/TTY)
M-F 8:00 am to 6:00 pm

## Grievance and Appeals

### Call Member Services
1-312-864-8200
1-855-444-1661 (toll-free) / 711 (TDD/TTY)
Or File in Writing
P.O. Box 21153
Eagan, MN 55121
Fax: 1-866-200-5031

## Fraud and Abuse Hotline

1-844-509-4669

## Reporting Abuse, Neglect and Exploitation

### Adult Protective Services (APS)
1-866-800-1409
1-888-206-1327 (TTY)

## Care Coordination

### Member Services
1-312-864-8200
1-855-444-1661 (toll-free) / 711 (TDD/TTY)

Member Handbook

# Managed Long Term Services & Supports (MLTSS)

Welcome to CountyCare Managed Long Term Services & Supports (MLTSS). The program is for people who receive full Medicaid and Medicare Benefits, live in a nursing facility or receive waiver services. You'll receive your Medicaid-covered waiver or nursing facility services through CountyCare, as well as some behavioral health services and non-emergency transportation.

Members enrolled with CountyCare must live in Cook County.

**How to use this member handbook**

**Please read this entire member handbook very carefully. Information in different sections of it may be related. Reading just a few of the items or pages may not help you fully understand what you may want to know.**

# Table of Contents

# Helpful Phone Numbers

| | |
|---|---|
| **Other Communication Methods**<br>Please call Member Services if you want information in other formats. We have audio CD-ROM, large print and Braille. | 1-312-864-8200 or<br>1-855-444-1661 (toll-free) / 711 (TDD/TTY) |
| **Behavioral Health Crisis**<br>24 hours a day, 7 days a week | 1-312-864-8200 or<br>1-855-444-1661 (toll-free) / 711 (TDD/TTY) |
| **Behavioral Health Services**<br>For questions about benefits or help finding a behavioral health provider, call Member Services. | 1-312-864-8200 or<br>1-855-444-1661 (toll-free) / 711 (TDD/TTY) |
| **Care Coordination**<br>To reach your Care Coordinator, or be assigned one, call Member Services. | 1-312-864-8200 or<br>1-855-444-1661 (toll-free) / 711 (TDD/TTY) |
| **Grievances (Complaints) or Appeals**<br>If you have a grievance (complaint) or appeal, call Member Services. | 1-312-864-8200 or<br>1-855-444-1661 (toll-free) / 711 (TDD/TTY) |
| **Claims**<br>For questions about claims or bills, call Provider Services. | 1-312-864-8200 or<br>1-855-444-1661 (toll-free) / 711 (TDD/TTY) |
| **Emergency**<br>If you have a medical condition that could cause serious health problems or even death if not treated immediately. | Call 911 or go immediately to the emergency room. |
| **Enrollment**<br>Call the Illinois Client Enrollment Services if you have questions about eligibility or enrollment. | 1-877-912-8880 TTY<br>1-866-565-8576 |
| **Hearing impaired**<br>(TDD/TTY) | Illinois Relay 711 |
| **Interpreter services**<br>Language interpretation services, including sign language, are available free of charge. Call Member Services for help. | 1-312-864-8200 or<br>1-855-444-1661 (toll-free) / 711 (TDD/TTY) |
| **Transportation**<br>For non-emergency transportation. | 1-630-403-3210 |

# Welcome to CountyCare

## Managed Long Term Services & Supports (MLTSS)

Thank you for choosing CountyCare.

If you have questions, call our Member Services Department at **1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY)**. Member Services can answer questions about your benefits. We're here to help you Monday through Friday 8:00 am to 6:00 pm and Saturday 9:00 am to 1:00 pm.

# Member Information

Your health is important to us. Please read this handbook. It has good information about your covered services such as:

- Which services CountyCare pays for
- Which services CountyCare doesn't pay for
- How to get care and services
- How our Member Services Department can help you
- How to make appointments with providers
- How to file a grievance (complaint) or an appeal
- Your rights and responsibilities

### Member Services Department

You can call Member Services at **1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY)**. We're here Monday through Friday 8:00 am to 6:00 pm and Saturday from 9:00 am to 1:00 pm. We can answer your questions and give you information. Below is a list of some of the things we can help you with:

- Your covered MLTSS services
- Your rights and responsibilities
- Making an address, telephone or email address change
- Getting a ride to your appointments
- Getting behavioral health care

- Getting a free interpreter (language services, including sign language)
- Getting information in a language other than English
- Getting information in other ways, like audio CDs, large print or Braille
- Where to get help for domestic violence or elder abuse
- Filing a grievance (complaint) or appeal

Please call us at **1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY)** for help.

## Language Services

If you speak another language and need interpreter services call **1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY)**. We'll get you an interpreter in your language. We can also help if you need sign language interpretation. You can also use this service at your health care provider's office. This service is available at no cost to you.

You can get this handbook in another language. Call Member Services at **1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY).**

## Other Ways To Get Information

If you're deaf or hard of hearing, please call Illinois Relay at 711. Illinois Relay can help in many ways:

- TTY (English)
- TTY (Spanish)
- Voice
- Voice Carry Over (VCO)

If you have a hard time seeing or hearing, or you don't read English, you can get information in the following ways:

- Audio CD
- Large print
- Braille

## Website

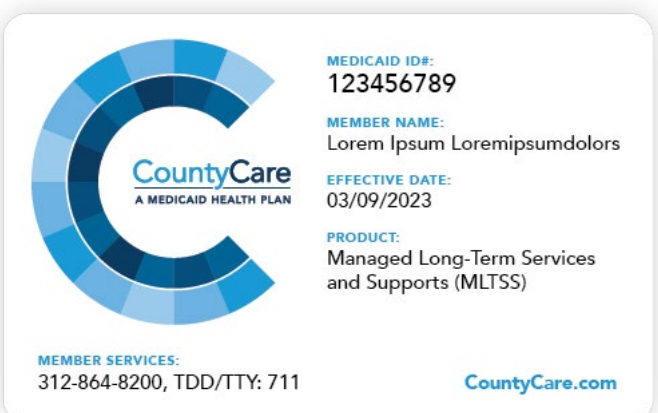
Our website is: www.countycare.com. It has information to help you:

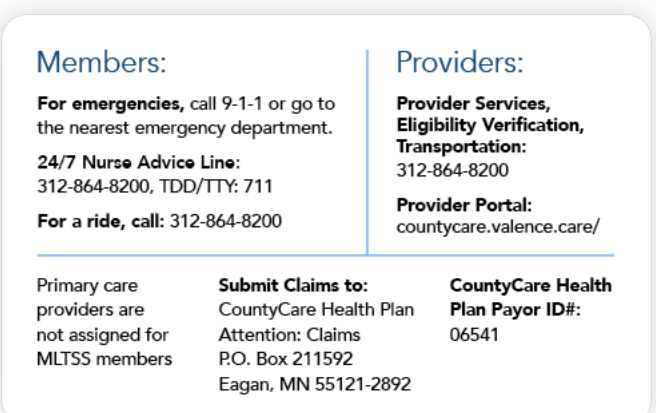
- Find a MLTSS provider
- Send us questions through email, when you log into the secure member portal
- Get information about your benefits
- Get health information
- Get a copy of the member handbook

## ID Card

You'll get an ID card when you join. You need this ID card to get MLTSS covered services. Keep your ID card in a safe place. Show it whenever you need MLTSS covered services. Please call Member Services at **1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY)** if you do not receive an ID card or lose your ID card. We'll send you a new one.

You're the only one who can use your ID card. Don't give, loan or sell your ID card to anyone. Don't give the information on the ID card to anyone. If you give your card to someone, you could have problems getting health benefits.




# Enrollment

## Open Enrollment

During Open Enrollment, you can choose any Medicaid health plan that you wish.

If you're new to CountyCare, you have 90 calendar days from when you first sign up with us to try our health plan.

You can change health plans at a certain time every year. Each year, at the end of your enrollment year, you'll get a letter from the Illinois Client Enrollment Services. The letter will say that you can change plans if you want to. The letter will give you the dates that you can do this. You'll have 60 calendar days to make a change. This 60-day period is called "Open Enrollment."

You don't have to change health plans. If you choose to change plans during Open Enrollment, you'll be a member in the new plan at the end of your current enrollment year. Whether you pick a new plan or stay with CountyCare, you'll be in that plan for the next 12 months.

You can opt-out of MLTSS at any time if you enroll in a Medicare-Medicaid Alignment Initiative (MMAI) health plan.

Illinois Client Enrollment Services is the only agency that can enroll you in a plan. Call the Illinois Client Enrollment Services with questions at **1-877-912-8880 or TTY 1-866-565-8576**.

You can opt-out of MLTSS at any time if you enroll in a Medicare-Medicaid Alignment Initiative (MMAI) health plan.

## Privacy Notice

Your health care information is private. We'll only give it out if the law allows or if you let us.

Your welcome packet has a Notice of Privacy Practices in it. It says how we use your personal information. It tells how you can get copies of your

health records. It shows how to make changes in your records. For another copy of our Notice of Privacy Practices, please call Member Services at **1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY)** or go to www.countycare.com.

## Member Rights & Responsibilities

As a CountyCare member we must honor your rights and cannot punish you when you exercise your rights.

### Member 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.
- Be free from any form of restraint or seclusion used as a way to force, control, and ease of reprisal or retaliation.
- Receive information, including the member handbook from CountyCare in other languages such as audio, large print or Braille.
- Have use of an interpreter when needed.
- Have a candid discussion with your provider about appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Receive information on available treatment options and alternatives. This includes the right to ask for a second opinion. Providers must explain your treatment options in a way you understand.
- Receive information necessary to be involved in making decisions about your health care 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 CountyCare. You can change your PCP at any time.
- File a complaint (sometimes called a grievance), or appeal about CountyCare or the care you received without fear of mistreatment or backlash of any kind.
- Appeal a decision made by CountyCare on the phone or in writing.
- Have an interpreter during any complaint or appeal process.
- Request and receive, in a reasonable amount of time, information about CountyCare Health Plan and its providers, services and polices.
- Receive information about CountyCare Member Rights and Responsibilities. You also have the right to suggest changes in this policy.
- Receive health care services in ways that comply with federal and state law. CountyCare must make covered services accessible to you. Services must be available 24 hours a day, seven days a week.

### Member Responsibilities

- Treat your doctor and the office staff with courtesy and respect.
- Carry your CountyCare 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.
- Provide as much information as possible so that CountyCare and their providers can give you the best care possible.
- Know your health problems and take part in making decisions about your treatment goals as much as possible.
- Follow the instructions and treatment plan agreed upon by you and your doctor.
- Tell CountyCare and your Care Coordinator if your address or phone number changes.
- Tell CountyCare and your Care Coordinator if you have other insurance and follow those guidelines.

- Read your member handbook so you know what services are covered and if there are any special rules.

### Provider Qualifications and Doctor Incentives

You have the right to information about our providers. This includes the provider's:

- Education
- Board certification
- Recertification

You have the right to ask if we have special financial arrangements with our physicians that can affect the use of referrals and other services you might need. To get this information, call us.

### Copays

CountyCare members don't pay copays for any MLTSS services covered under our plan. Providers may not bill CountyCare members for any services or copayments. If you receive a bill from a provider, call Member Services at **1-312-864-8200 or 1-855-444-1661 (toll free) / 711 (TDD/TTY)**. A Member Services representative will help you.

# Getting Care Or Services

**CountyCare members must use in-network, contracted providers to obtain covered services.**

### Provider Directory

Our provider directory is online at www.countycare.com. If you want help finding a provider for any of your CountyCare covered services, call Member Services at **1-312-864-8200 or 1-855-444- 1661 (toll-free) / 711 (TDD/TTY)**. They'll be glad to help you.

### Your Provider's Office

When you see your provider, ask him or her and the office staff, the questions listed below. By knowing the answers, you'll be better prepared for getting covered services.

- What are your office hours?
- Do you see patients on weekends or at night?
- What kinds of special help do you offer for people with disabilities?
- If you're hearing-impaired: Do you have sign language interpreters? (**Note:** if your provider's office doesn't have sign-language interpreters, CountyCare can provide you with one at no cost to you. Call us at **1-312-864-8200 or 1-855-4441661 (toll-free) / 711 (TDD/TTY)** at least three days before your appointment, and ask to arrange for a sign language interpreter at your provider visit.
- Will you talk about problems with me over the phone?
- Who should I contact after hours if I have an urgent situation?
- How long do I have to wait for an appointment?

### Care Coordination

A waiver program provides services that allow individuals to remain in their own home or live in a community setting. Every member who receives waiver services will be assigned to a Care Coordinator who can assist them.

Our Care Coordinators can help you reach your personal goals and address your individual needs, including:

- Understanding your waiver benefits
- Setting up appointments
- Setting up rides to appointments
- Making sure you can get needed covered services

- Making referrals to community resources and services
- Helping you understand paperwork from your provider
- Finding a support group, if needed
- Helping you become active in your community

For more information or to reach a Care Coordinator, call Member Services at **1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY)**.

## Prior Authorization

Most covered services must be approved before you can get them. This is called "prior authorization." If your provider thinks you need a service, they'll ask us for prior authorization. Our highly qualified staff make decisions about the care and services you need. These decisions are based on three things:

- Your medical or service needs
- National guidelines
- Information from your provider

If you're new to CountyCare, we'll honor prior authorizations of services from Medicaid or another health plan for 90 calendar days after you join. Call Member Services at **1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY)** if you have questions about prior authorizations.

## Prior Authorization Steps

Your Care Coordinator will work with you to develop your care or service plan. All services in the plan given to you by your Care Coordinator are authorized.

–OR–

- Your provider contacts us by phone, fax or online to ask for prior authorization. They tell us about the service and why you need it.
- Our staff looks at the information to decide if the service can be approved. They may talk more with your provider.
- If the service is approved, we tell your provider.
- If the service isn't approved, we send a letter to you and your provider. This is called a "Notice of Action letter." It explains the decision.

If you disagree with the decision, you can file an appeal or ask for a State Fair Hearing. See "Grievance and Appeals" on page 15 to learn more.

We don't reward a provider for denying, limiting or delaying coverage of health care services. We don't give money to staff that make medical necessity decisions to get them to turn down services. You don't pay for medically necessary covered services. You may have to pay when we don't cover the service provided. Your provider should tell you that a service isn't covered before you get it.

# Covered Services

**Services covered by CountyCare are listed below. Some limitations and prior authorization requirements may apply. If you have questions about covered services, call Member Services at 1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY).**

Covered Services include:

- Home and Community Based (Waiver) Services
- Long Term Care services in skilled and intermediate facilities
- 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

## Covered Home & Community Based Services (HCBS Or "Waiver Services")

CountyCare operates five (5) HCBS Waiver Programs through the Illinois Department of Healthcare and Family Services for individuals who qualify. A waiver program provides services that allow individuals to remain in their own homes or live in a community setting, instead of living in an institution or a nursing facility.

The five (5) HCBS Waiver Programs currently operated by CountyCare include:

| Waiver | Description |
|---|---|
| **Aging Waiver** | For people 60 years of age and older and at risk of nursing facility placement. |
| **Persons with Disabilities Waiver** | For people that have a physical disability, who are under the age of 60 at the time of application and at risk of nursing facility placement. |
| **HIV/AIDS Waiver** | For people of any age that have been diagnosed with HIV or AIDS and are at risk of nursing facility placement. |
| **Persons with Brain Injury Waiver** | For people of any age with an injury to the brain who are at risk of nursing facility placement. |
| **Supportive Living Program Waiver** | For people 22-64 years of age with a physical disability or 65 years of age or older and would otherwise be in a nursing home. |

CountyCare does not determine your eligibility for HCBS services. Eligibility is determined by the State of Illinois through the Determination of Need (DON) assessment. Following the assessment, an overall DON score is given, which will determine your eligibility.

The covered services within each waiver program are noted below.

### Department On Aging (DOA), Persons Who Are Elderly:

- Adult Day Service
- Adult Day Service Transportation
- Automated Medication Dispenser Service (AMDS)
- Homemaker
- Personal Emergency Response System (PERS)

### Division Of Rehabilitation Services (DRS), Persons With Disabilities, HIV/AIDS:

- Adult Day Service
- Adult Day Service Transportation
- Environmental Accessibility Adaptations-Home
- Home-Health Aide
- Intermittent Nursing
- Skilled Nursing (RN And LPN)
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Homemaker
- Home-Delivered Meals
- Individual Provider/Personal Assistant
- Respite
- Specialized Medical Equipment And Supplies
- Personal Emergency Response System (PERS)

### Division Of Rehabilitation Services (DRS), Persons With Brain Injury:

- Adult Day Service
- Adult Day Service Transportation
- Environmental Accessibility Adaptations-Home
- Supported Employment
- Home-Health Aide

- Intermittent Nursing
- Skilled Nursing (RN and LPN)
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Prevocational Services
- Day Habilitation
- Homemaker
- Home-Delivered Meals
- Individual Provider/Personal Assistant
- Personal Emergency Response System (PERS)
- Respite
- Specialized Medical Equipment And Supplies
- Behavioral Services (MA and PhD)

## Healthcare & Family Services (HFS), Supportive Living Program Waiver:

- Apartment-Style Living
- Ancillary Services
- Daily Checks
- Emergency Call System
- Health Promotion And Exercise
- Housekeeping
- Laundry
- Maintenance
- Medication, Oversight, And Assistance In Self-Administration
- Nursing Services
- Personal Care
- Social And Recreational Programming
- 24-Hour Response/Security Staff

## Long Term Care (LTC)

Long Term Care facilities sometimes go by different names, such as nursing homes, nursing facilities, or skilled nursing facilities. These facilities have services that serve both the medical and non-medical needs of residents who need assistance and support to care for themselves due to chronic illness or disability. If you are living in a long term care facility, CountyCare has supports in place to ensure you are getting the care you need. If you are able, we have resources to assist in transitioning you back to living independently in the community.

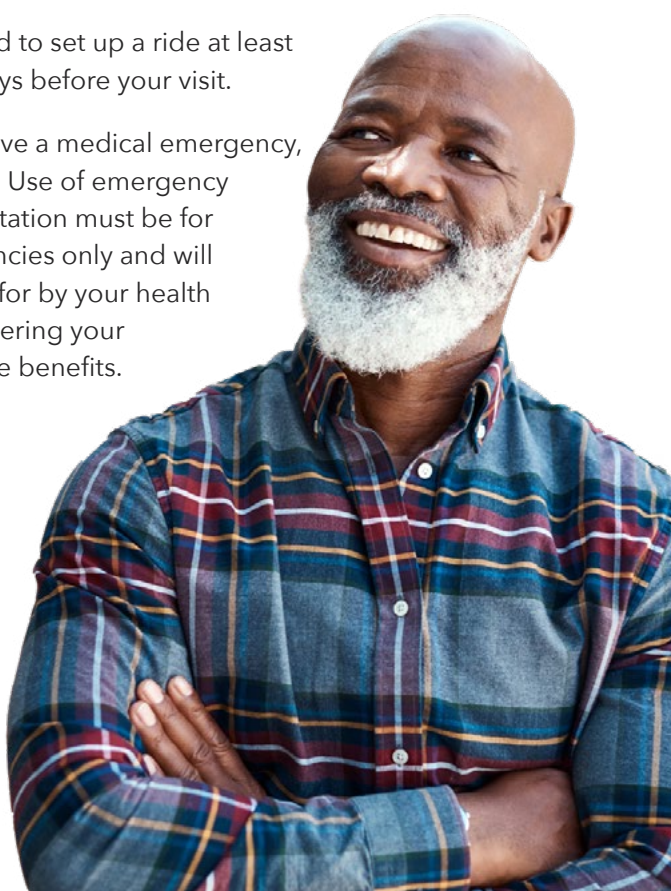
Contact your Care Coordinator at **1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY)** if you would like to talk about long term care or living in the community.

## Transportation Services

If you need a ride to your health care or service visits, please call Member Services at **1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY)**. If you need a family member or personal care attendant to ride with you, they can at no cost to you.

You need to set up a ride at least three days before your visit.

If you have a medical emergency, dial 911. Use of emergency transportation must be for emergencies only and will be paid for by your health plan covering your Medicare benefits.



# CountyCare Added Benefits

**As a CountyCare member, you get extra benefits on top of your regular MLTSS coverage. Extra benefits include:**

## CountyCare Rewards Card


## What is it?

The CountyCare Rewards Card Program lets you earn cash rewards to pay for what you need, such as groceries, transportation, utilities, and more, at most places that accept Visa.

## How It Works

When you go to the doctor for certain services CountyCare will send you a CountyCare Visa Rewards Card in the mail. The card will have a cash credit on it based on the services you received. Once you activate the card, you can use it to pay for what you need from most places that accept Visa. Your card won't buy alcoholic or tobacco products. Anytime you see your doctor for an eligible service CountyCare will credit your existing card with the eligible amount. Members have six months from the date the reward is added to their card to use the credit. After six months the reward will expire.

## Eligible Services And Amounts Earned Annual Health Risk Screening - $50 Reward

CountyCare will give each member a $50 credit on their Rewards Card once a year for completing a Health Risk Screening. Call Member Services to be connected with your Care Coordinator to complete the screening.

## Redetermination - $40 Reward

Members can earn $40 for completing their renewal by the due date and their Medicaid coverage is extended.

## Reminders About The CountyCare Rewards Card

- **Keep your card!** We will add more rewards as you earn them.
- **Remember:** Your card won't buy alcohol or tobacco products.
- **Get the Free Smartphone App** – You can keep up with the CountyCare Rewards Program on your phone. Download the OTC Card Network app to check your balance and more. It works for Apple or Android.
- Reward funds will expire six months from the date they are added to your card if they are not used.

## Other Added Benefits

## Free Home Pregnancy Tests

Female members of childbearing age can call Member Services and request up to one test a month. It will be mailed to the address you provide.

## Weight Watchers Vouchers

CountyCare members get free vouchers for Weight Watchers meetings near home. Call Member Services to request, and we will mail them to you.

## Free Cell Phone

CountyCare members are eligible for a free cell phone (one per household) through SafeLink. The program provides free minutes for phone calls to CountyCare.

**If you have questions about our extra benefits, please call Member Services at 1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY). You can reach us Monday through Friday from 8:00 am to 6:00 pm. and Saturday 9:00 am to 1:00 pm or visit our website for more information.**

## Out-of-Area Coverage

CountyCare covers members who live in Cook County.

Sometimes the care you need isn't close to where you live. In these cases, we may approve health care services in another county. CountyCare will only pay for these services if we approve them first.

If you plan to take a trip away from home, please call your Care Coordinator or Member Services at **1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY)**, so we can help you stay healthy while you're away.

CountyCare doesn't cover services outside of the United States.

# Grievances and Appeals

**We want you to be satisfied with services you get from CountyCare and our providers. If you are not satisfied, 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. CountyCare 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, you should let us know right away. CountyCare 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 concerns. Filing a grievance will not affect your health care services or your benefits coverage.

If the grievant is a customer of the Vocational Rehabilitation (VR) program, the grievant may have the right to the assistance of the DHS-ORS Client Assistance Program (CAP) in the preparation, presentation and representation of the matters to be heard.

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

- Your provider or a CountyCare 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 a CountyCare staff member was rude to you.
- Your provider or a CountyCare 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 Member Services at **1-312-864-8200 / 1-855-444-1661 (toll-free) / 711 (TDD/TTY).**

You can also file your grievance in writing via mail or fax at:

**CountyCare Health Plan**
P.O. Box 21153
Eagan, MN 55121
Fax: 1-866-200-5031

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 Member Services at **1-312-864- 8200 / 1-855-444-1661 (toll-free) / 711 (TDD/TTY)**.

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."

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 form. You may find this form on our website at https://countycare.com/members/member-resources/

CountyCare will send you an acknowledgment letter within 48 hours saying we received your grievance.

CountyCare will try to resolve your grievance right away. If we cannot, we may contact you for more information. Within 90 days, you will receive a letter from CountyCare with our resolution.

## 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 an "Adverse Benefit Determination" 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, under 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 CountyCare 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 our Adverse Benefit Determination 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 of the Adverse Benefit Determination 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

**There are two ways to file an appeal:**

1. Call Member Services at **1-312-864-8200 / 1-855-444-1661 (toll-free) / 711 (TDD/TTY)**. 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:

**CountyCare Health Plan**
P.O. Box 21153
Eagan, MN 55121
Phone: 1-312-864-8200 / 1-855-444-1661 (toll-free) / 711 (TDD/TTY)
Fax: 1-866-200-5031

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.

## Help With Your Appeal

You have several options for assistance. You may:

- Ask someone you know to assist in representing you. This could be your Primary Care Physician or a family member, for example.
- Choose to be represented by a legal professional.

To appoint someone to represent you, either:

- Send us a letter informing us that you want someone else to represent you, and include in the letter his or her name and contact information or,
- Fill out the Authorized Representative Appeals Form. You may find this form on our website at: www.countycare.com.

## Appeal Process

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

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

CountyCare will send our decision in writing to you within 15 business days of the date we received your appeal. CountyCare may request an extension up to 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 CountyCare'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 CountyCare's decision does not agree with the Adverse Benefit Determination, 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.
- You have the option to see your appeal file.
- You have the option to be there when CountyCare reviews your appeal.

## Expedited Appeals

If you or your provider believes our standard timeframe of 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 Adverse Benefit Determination letter, information about your case and why you are asking for the expedited appeal.

We will let you know within 24 hours if we need more information. Once all information is provided, we will call you within 24 hours to inform you of our decision and will also send you and your authorized representative the Decision Notice.

## What Happens Next

After you receive the CountyCare 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 30 calendar days of the date on the Decision Notice.

You can ask for both a State Fair Hearing and an External Review, or you may choose to ask for only one of them.

## Withdrawing 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 you used for filing your appeal. Withdrawing your appeal will end the appeal process and no decision will be made on your appeal.

CountyCare 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 CountyCare at **1-312-864-8200 / 1-855-444-1661 (toll-free) / 711 (TDD/TTY)**

## State Fair Hearings

You may file a State Fair Hearing Appeal within 120 calendar days of the date on the Decision Notice. However, if you want to continue your services, you must file within ten days of the Decision Notice date.

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 CountyCare Appeal Process, you may ask someone to represent you, such as a lawyer, a relative or friend. They can 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 name and 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. They 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 Hearing Appeal online. This will allow you to track and manage your appeal online, view important dates and notices related to the State Fair Hearing and submit documentation.
- If you want to request 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:

**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 1-855-418-4421,
TTY: 1-800-526-5812

- If you want to file a State Fair Hearing Appeal related to mental health services or items, substance use 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 call 1-800-435-0774,
TTY: 1-877-734-7429

## 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 CountyCare. 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 CountyCare and the Impartial Hearing Officer at least three 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 continuance 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 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 your request to reset your hearing is denied, you will receive a letter in the mail informing you of this denial.

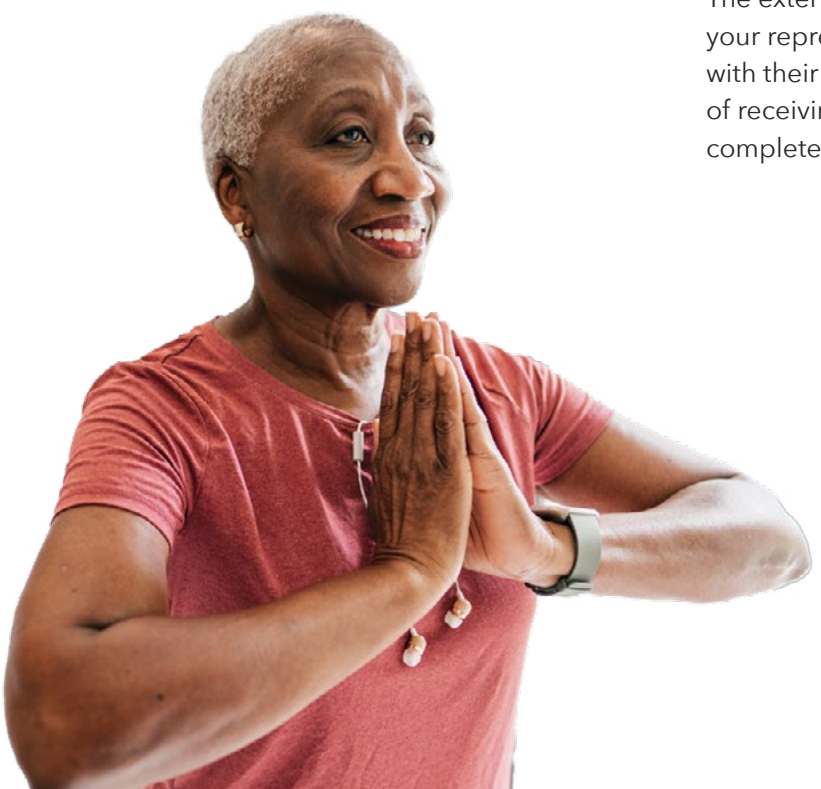
## The State Fair Hearing Decision

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 35 days from the date of this letter. If you have questions, please call the Hearing Office.

## External Review (For Medical Services Only)

Within 30 calendar days after the date on the CountyCare appeal Decision Notice, you may choose to ask for a review by someone outside CountyCare. 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 won't 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; or the HIV/AIDS Waiver.

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

**CountyCare Health Plan**
P.O. Box 21153
Eagan, MN 55121
Fax 866-200-5031

## External Review – What Happens Next

We will review your request to see if it meets the qualifications for External Review. We have five 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 CountyCare a letter with their decision within five 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 at **1-312-864-8200 or 1-855-444-1661 (toll-free) / 711 (TDD/TTY).** To ask in writing, send us a letter at the address below. You can only ask one time for an External Review about a specific action. Your letter must ask for an External Review of that action.

**CountyCare Health Plan**
P.O. Box 21153
Eagan, MN 55121
Fax 866-200-5031

## Expedited External Review – 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 CountyCare know what their decision is verbally. They will also follow up with a letter to you and/or your representative and CountyCare with the decision within 48 hours.

The Medicare Beneficiary Ombudsman also shares information with the Secretary of Health and Human Services, Congress, and other organizations about what does and doesn't work well to improve the quality of the services and care you get through Medicare.

If you've contacted Member Services at **312-864-8200** about a Medicare-related inquiry or complaint but still need help, ask the Member Services representative to send your inquiry or complaint to the Medicare Ombudsman's Office. The Medicare Ombudsman's Office helps make sure that your inquiry or complaint is resolved.

## Fraud, Waste And Abuse

Reporting Fraud, Waste and Abuse (FWA) is the responsibility of everyone.

Let us know if you think a doctor, dentist, pharmacist at a drugstore, or any other health care provider or even a person getting benefits is doing something wrong.

Doing something wrong could be fraud, waste, or abuse, which is against the law.

- Fraud is when someone receives benefits or payments they are not entitled to.
- Waste is when someone overuses or misuses Medicaid program services, resources, or materials that results in unnecessary costs.
- Abuse is when someone causes financial harm or injury.

Fraud, waste and abuse are all incidents that need to be reported.

Tell us if you think someone is:

- Getting paid for services that were not given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Misusing their plan benefits.
- Letting someone use their Medicaid ID.
- Using someone else's Medicaid ID.
- Not telling the truth about the amount of money or resources they have to get benefits.

CountyCare will send you letters from time to time to ask you to confirm that you received medical services. Please review and answer these letters. This helps us prevent FWA. There are many ways to report FWA.

# What Can I Do?

**If you believe a health care provider or person getting benefits is doing something wrong, you should report this right away. All information will be kept private.**

**There are many ways to report Fraud, Waste and Abuse:**

| | |
|---|---|
| **CountyCare Fraud, Waste and Abuse Hotline** | 1-844-509-4669 |
| **CountyCare Member Services** | 1-312-864-8200<br>1-855-444-1661<br>711 (TDD/TTY) |
| **HFS Medicaid/Welfare Fraud Hotline** | 1-844-453-7283<br>1-844-ILFRAUD |
| **DHS Office of the Inspector General** | 1-800-368-1463 |
| **IL Department on Aging** | 1-866-800-1409<br>1-888-206-1327 (TTY) |
| **Senior Helpline** | 1-800-252-8966 |

## Health, Saftey, Welfare, Reporting and Follow-up of Incidents

Incidents regarding member health, safety and welfare are defined by Illinois State law. They involve actions that may risk the health, safety, and well-being of vulnerable adults by causing harm or creating a serious risk of harm to a person by their caregiver or other trusted person, whether or not harm is intentional.

### Types of Incidents include:

- **Physical abuse** – the willful infliction of physical pain or injury, or the willful deprivation of services necessary to the physical safety of an individual
- **Emotional abuse** – an act that inflicts emotional harm, invokes fear or shame or otherwise negatively impacts the mental health or safety of an individual
- **Neglect** – the failure of an agency, facility, employee, or caregiver to provide important services needed to maintain the physical and or mental health of a vulnerable adult
- **Financial abuse** – the misuse or taking of the vulnerable adult's property or resource using undue influence, breach of a fiduciary relationship, deception, harassment, criminal coercion, theft, or other unlawful or improper means

### Incident Reporting Requirements

Incidents involving member abuse, neglect and financial abuse must be reported to authorities, as required by state law.

### How to Report an Incident

Incidents related to CountyCare members can be reported to CountyCare by fax, email, or phone.

Fax: 312-637-8312
Email: countycarequalityofcare@cookcountyhss.org
Call Provider Services at 312-864-8200/ 855-444-1661/ 711 TTD/TTY

You may also report Incidents to the right state agency, as follows:

- For members 18-59 with a disability or 60 and older living in the community: Illinois Department on Aging-Adult Protective Services Hotline Telephone Number: **866-800-1409 (voice)TTY: 888-206-1327**
- For members under the age of 18 years old: Illinois Department of Children & Family Services (DCFS) Hotline Telephone Number: **800-252-2873 (voice)TTY: 800-358-5117. For non-DCFS membership.**
- For members in Nursing Facilities: Department of Public Health Nursing Home Complaint Hotline Telephone Number: **800-252-4343**
- For members 18-59 receiving mental health or Developmental Disability services in DHS operated, licensed, certified or funded programs: Illinois Department of Human Services Office of the Inspector General Telephone Number: **800-368-1463 (voice and TTY)**
- For members in Supportive Living Facilities: Department of Healthcare and Family Services SLF Complaint Hotline Telephone Number: **800-226-0768**

If you or a family member witness, told of, or suspect an incident of abuse, neglect, financial abuse or any other event that may place the member at risk or the member services at risk it is important to report the allegation immediately. Below are a few examples:

### Physical abuse signs to look for:

- Punching, hitting, beating
- Slapping, smacking
- Pushing, shoving, shaking
- Pinching, cutting, slicing
- Improperly physically restraining

### Sexual abuse signs to look for:

- Rape
- Date rape
- Attempted rape
- Inappropriate touching
- Sexual assault or battery
- Coerced nudity
- Sexually explicit content

### Emotional abuse signs to look for:

- Name calling
- Yelling, bullying
- Ridicule, insults
- Threats
- Coercion, manipulation

### Neglect signs to look for:

- Injury that has not been cared for properly
- Dehydration or malnutrition without illness-related cause
- Poor coloration, sunken eyes or cheeks
- Soiled clothing or bed
- Lack of necessities such as food, water, or utilities
- Same clothing all of the time
- Fleas, lice on individual
- Unkempt, dirty
- Hair matted, tangled or uncombed

### Financial abuse signs to look for:

- Accessing another individual's funds without consent
- Changing ownership of assets
- Forged signature for financial transactions
- Changing legal documents, such as wills
- Using someone else's money for personal reasons

## Advance Directives

You have a right to make decisions about your medical care. An advance directive is a written decision you make about your health care in the future in case you become too ill to make a decision at that time.

In Illinois, there are four types of advance directives:

- **Health Care Power of Attorney**
  - This lets you pick someone to make your health care decisions if you are too sick to decide for yourself. You can print one from the Member Resources section of the CountyCare website: https://countycare.com/members/member-resources/
- **Living Will**
  - This tells your doctor and other providers what type of care you want if you are terminally ill. Terminally ill means your condition will not get better.

- **Mental Health Preference**
    - This lets you decide if you want to receive some types of mental health treatment that might be able to help you.
- **Do Not Resuscitate/Practitioner Orders for Life-Sustaining Treatment (DNR/POLST)**
    - This tells your family, all your doctors, and other providers what you want to do in case your heart or breathing stops. It can also be used to write down your wishes for life-sustaining treatment.

You can get more information on advance directives from your health plan or your doctor. If you are admitted to the hospital, you might be asked if you 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 and you can cancel or change each at any time.

You can state your medical care wishes in writing, while you are healthy and able to choose. An advance directive is a written statement about how you want medical decisions made when you can no longer make them. Federal law requires that you be told of your right to make an advance directive when you are admitted to a health care facility. It also must ask you if you have put your wishes in writing.

No one can make you complete an advance directive. You decide if you want to have an advance directive. Anyone 18 years of age or older, who is of sound mind and can make his or her own decisions can have an advance directive. You do not need a lawyer to fill out an advance directive. Still, you may decide you want to talk with a lawyer.

Talk to your provider to get an advance directive form. You can also call Member Services for an advance directive form.

The Illinois Department of Public Health's website also has helpful information regarding advanced directives. You can find those resources here: http://www.dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives

## Non-Discrimination

Discrimination is against the law. CountyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ethnicity, religion, age, disability, sex, sexual orientation, medical or claims history, mental or physical disability, genetic information or source of payment.

CountyCare does not exclude people or treat them differently because of race, color, national origin, ethnicity, religion, age, disability, sex, sexual orientation, medical or claims history, mental or physical disability, genetic information or source of payment.

CountyCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - 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
    - Information written in other languages

If you need these services, please contact Member Services at CountyCare: **1-312-864-8200 / 1-855-444-1661 (toll-free) / 711 (TDD/TTY**). If you believe that CountyCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnicity, religion, age, disability, sex, sexual orientation, medical or claims history, mental or physical disability, genetic information or source of payment, you can file a grievance with:

**CountyCare Health Plan**
ATTN: Compliance
P.O. Box 21153
Eagan, MN 55121
Fax: 312-548-9940

You can file a grievance in person or by mail, fax, or via our website. If you need help filing a grievance, the CountyCare Grievance & Appeals Coordinator 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://www.hhs.gov/ocr/complaints/index.html, or by mail or phone at:

**U.S. Department of Health and Human Services**
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html

**English:**
ATTENTION: If you speak ENGLISH, language assistance services, free of charge, are available to you. Call 312-864-8200 / 855-444-1661 (toll-free) / 711 (TTY).

**Spanish:**
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 312-864-8200 / 855-444-1661 / 711 (TTY).

**Polish:**
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 312-864-8200 / 855-444-1661 / 711 (TTY).

**Chinese:**
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 312-864-8200 / 855-444-1661 / 711.

**Korean:**
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 312-864-8200 / 855-444-1661 / 711. 번으로 전화해 주십시오.

**Tagalog:**
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 312-864-8200 / 855-444-1661 / 711.

**Arabic:**
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 312-864-8200 / 855-444-1661 / 711 (رقم هاتف الصم والبكم: 312-864-8200 / 855-444-1661 / 711).

**Russian**
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 312-864-8200 / 855-444-1661 (телетайп: 711).

**Gujarati**
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 312-864-8200 / 855-444-1661 (TTY: 711).

**Urdu**
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال 312-864-8200 / 855-444-1661 (TTY: 711).

**Vietnamese**
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 312-864-8200 / 855-444-1661 (TTY: 1-711).

**Italian**
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 312-864-8200 / 855-444-1661 (TTY: 711).

**Hindi**
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 312-864-8200 / 855-444-1661 (TTY: 711) पर कॉल करें।

**French**
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 312-864-8200 / 855-444-1661 (ATS : 711).

**Greek**
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 312-864-8200 / 855-444-1661 (TTY: 711).

**German**
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 312-864-8200 / 855-444-1661 (TTY: 711).

**Hindi**
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 312-864-8200 / 855-444-1661 (TTY: 711) पर कॉल करें।

**French**
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 312-864-8200 / 855-444-1661 (ATS : 711).

**Greek**
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 312-864-8200 / 855-444-1661 (TTY: 711).

**German**
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 312-864-8200 / 855-444-1661 (TTY: 711).

# Personal Information

**My Member ID Number:** _____

**My Care Coordinator:** _____

**My Care Coordinator's Phone Number:** _____

Thank you for choosing

# CountyCare

CountyCare
A MEDICAID HEALTH PLAN

HealthChoice Illinois