



# CERTIFICATE OF COVERAGE



# HOW TO USE YOUR CERTIFICATE

You should read all of this Certificate. Many of the items in this Certificate are connected. Reading just one or two items may not give you a clear understanding.

Many words in this Certificate have special meanings. These words are capitalized and are defined in Section I. By using these definitions, you will get the clearest understanding.

This Certificate may be subject to amendment, modification, or termination by mutual agreement between the County of Cook through the Cook County Health and Hospitals System, operator of the CountyCare Health Plan (“Health Plan”) and the Illinois Department of Healthcare and Family Services without the consent of any Member. Members will be notified of such changes as soon as possible after they are made. By choosing health care coverage under the Health Plan, Members agree to all the terms and conditions in this Certificate.

# TABLE OF CONTENTS

Certificate of Coverage.....	2
Description of Coverage.....	3
Definitions.....	10
Primary Care Provider (PCP) & Women’s Health Care Provider (WHCP).....	11
Member Services.....	11
CountyCare Covered Services.....	11
Grievances & Appeals.....	13
Rights & Responsibilities.....	18
Disclaimers.....	21
CountyCare Notice of Privacy Practices.....	22

## Certificate of Coverage

This Certificate is issued by the County of Cook through its Cook County Health and Hospitals System sponsor of the CountyCare Health Plan, operating as a County Managed Care Community Network (MCCN). In consideration of the Member's enrollment, CountyCare Health Plan shall provide and/or arrange for covered health services to the Member in accordance with the provisions of this Certificate.

IN WITNESS WHEREOF, the Health Plan has caused this Certificate to be executed by its duly authorized officer on the date indicated below, under which this Certificate of coverage will commence on the effective date indicated below.

CountyCare Health Plan

A handwritten signature in black ink, appearing to read 'A. Galeener', is written over a horizontal line.

Aaron Galeener, Chief Administrative Officer  
CountyCare Health Plan  
Cook County Health and Hospitals System

01/01/2025

# DESCRIPTION OF COVERAGE

The Managed Care Reform and Patient Rights Act of 1999 established rights for enrollees in health care plans. These rights include:

- What emergency room visits will be paid for by your health care plan.
- How specialists (both in and out of network) can be accessed.
- How to file complaints and appeal health care plan decisions (including external independent reviews).
- How to obtain information about your health care plan, including general information about its financial arrangements with providers.

You are encouraged to review and familiarize yourself with these topics and the other benefit information in the Description of Coverage Worksheet. Since the Description of Coverage Worksheet is not a legal document, for full benefit information please refer to your contract or Certificate or contact your health care plan. In the event of any inconsistency between your Description of Coverage and contract or Certificate, the terms of the contract or Certificate will control.

For general assistance and information, please contact the Illinois Department of Healthcare and Family Services at 800-226-0768. Please be aware that the Illinois Department of Healthcare and Family Services will not be able to provide specific plan information. For this type of information, you should contact your health care plan directly.

## Description of Coverage Worksheet

### Coverage Basics

Your Doctor	<ul style="list-style-type: none"> <li>• Selection of a Primary Care Provider (PCP) occurs at the time of enrollment.</li> <li>• A female may choose a Woman's Health Care Provider (WHCP) at enrollment or any time thereafter.</li> <li>• These choices may be changed at anytime by calling Member Services.</li> </ul>
Annual Deductible	None
Out-Of-Pocket	None
Lifetime Maximums	None
Pre-existing Condition Limitations	None

### Covered Services, Prior Authorizations, Benefit Limits and Co-Pays

COVERED SERVICE	PHYSICIAN MUST OBTAIN PRIOR AUTHORIZATION (PA)	BENEFIT LIMITATION	CO-PAY AMOUNT
Abortion services are covered by Medicaid (not CountyCare) by using your HFS Medical Card	Yes	As allowed by state & federal law and when necessary to protect the mother's life or for rape/incest victims	\$0
Advanced practice nurse services			\$0
Adaptive behavior support (ABS) services	Yes	Under the age of 21 Diagnosed with Autism Spectrum Disorder Referred by a physician and recommended by a Board-Certified Behavioral Analyst	\$0

COVERED SERVICE	PHYSICIAN MUST OBTAIN PRIOR AUTHORIZATION (PA)	BENEFIT LIMITATION	CO-PAY AMOUNT
Ambulatory surgical treatment center services	Yes		\$0
Audiology services; Hearing aid	Yes, under certain circumstances	One (1) per three (3)	\$0
Behavioral health services	Yes, under certain circumstances	Community-based behavioral health Crisis services Inpatient care Outpatient services, such as medication management, therapy, and counseling Day treatment at a hospital	\$0
Blood, blood components and the administration thereof			\$0
Chiropractic services			\$0
Colorectal cancer screening			\$0
Dental services: Exams and cleanings		One (1) per six (6) months	\$0
Dental services: Deep cleanings	Yes	One (1) per 24 months per quadrant	\$0
Dental services: Fluoride treatments		One (1) per six (6) months in a dental office for ages 3-20, either D1206 or D1208  Three (3) per 12 months in a dental office for ages 0-2, either D1206 or D1208  One (1) per six (6) months in a school setting for ages 3-20	\$0
Dental services: Restorations (onlays and fillings), dentures, anesthesia	For specific services	Different frequency limitations depending on service	\$0
Dental services: Oral and maxillofacial surgery, crowns, periodontics	For specific services	Different frequency limitations depending on service	\$0
Dental services: X-rays		Different frequency limitations depending on service	\$0
Dental services: Root canal	For specific services	One (1) per lifetime per tooth	\$0
Dental services: Medically necessary braces	Yes	Members under the age of 21 to receive medically necessary braces  CountyCare covers removal of medically necessary braces for all members	\$0

COVERED SERVICE	PHYSICIAN MUST OBTAIN PRIOR AUTHORIZATION (PA)	BENEFIT LIMITATION	CO-PAY AMOUNT
Diagnostic and therapeutic radiology			\$0
Durable medical equipment (DME)	For specific equipment		\$0
Emergency dental services			\$0
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for enrollees under age 21 (excluding shift nursing for enrollees in the Medically Fragile, Technologically Dependent (MFTD) and Home and Community Based Services)			\$0
Family planning services and supplies		Services available from both in-network and out-of-network Medicaid providers	\$0
Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC) and other Encounter Rate Clinic visits			\$0
Genetic counseling and testing	Yes		\$0
Gender affirming care	Yes		\$0
Hearing aid			\$0
Home health agency visits	Yes	Including, but not limited to, skilled nursing services, therapies and wound therapies	\$0
Home health care	Yes		\$0
Hospital emergency department visits			\$0
Hospital inpatient services	Yes	Planned services must be pre-authorized; emergent services must be submitted for authorization within 24 hours	\$0
Hospital ambulatory services	Yes		\$0
Laboratory and x-ray services	Yes		\$0
Medical supplies, equipment, prostheses and orthoses	Yes		\$0

COVERED SERVICE	PHYSICIAN MUST OBTAIN PRIOR AUTHORIZATION (PA)	BENEFIT LIMITATION	CO-PAY AMOUNT
Nursing care for enrollees under age 21 not in the HCBS waiver for individuals who are MFTD	Yes		\$0
Nursing facility services	Yes		\$0
Nursing, respite or hospice care in the home	Yes		\$0
Optical services and supplies		Members choose from a standard selection of frames. As an added benefit, members can choose a \$125 allowance toward the retail value of frames.  For all members, one (1) pair of eyeglasses is available every calendar year.  As an added benefit, all members can choose contact lenses instead of eyeglasses. The fitting fee is fully covered and members get a \$300 allowance toward the cost of contact lenses.	\$0
Optometrist services			\$0
Palliative and hospice services	Yes		\$0
Pharmacy services	Yes	Drug limits may apply. To see if a drug is covered or if an authorization is required, please see the Preferred Drug List (PDL)	\$0
Physical, occupational and speech therapy services	Yes	PA required after the first six (6) visits No PA required for physical therapy for joint replacement surgeries up to 12 visits	\$0
Physician services			\$0
Podiatric services	Yes		\$0
Post-stabilization services	Yes		\$0
Practice visits for enrollees with special needs			\$0
Radiology services	Yes	In certain circumstances	\$0
Renal dialysis services			\$0
Respiratory equipment and supplies	Yes	In certain circumstances	\$0



COVERED SERVICE	PHYSICIAN MUST OBTAIN PRIOR AUTHORIZATION (PA)	BENEFIT LIMITATION	CO-PAY AMOUNT
Services to prevent illness and promote health			\$0
Skilled nursing	Yes	In certain circumstances	\$0
Subacute alcoholism and substance use services, residential day treatment, and detox day treatment			\$0
Transplants	Yes	Using transplant provider certified by HFS	\$0
Transportation to secure covered services			\$0
Vision services		One (1) exam every calendar year	\$0

### Covered Home and Community-Based Services (waiver members only)

Below is a list of benefits that CountyCare covers for members who are in a home and community-based waiver program.

HCBS WAIVER PROGRAM	SERVICES	PROVIDER MUST OBTAIN PRIOR AUTHORIZATION
Department on Aging (DoA) <i>Persons who are Elderly</i>	Adult day service Adult day service transportation Homemaker Automated medication dispenser service (AMDS) Personal emergency response system (PERS)	You may need a prior authorization from us before you get covered services
Division of Rehabilitation Services (DRS) <i>Persons with Disabilities</i>	Adult day service Adult day service transportation Environmental accessibility adaptations for your home Home-health aid Intermittent nursing Skilled nursing - Registered Nurse (RN) and Licensed Practical Nurse (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)	You may need a prior authorization from us before you get covered services

HCBS WAIVER PROGRAM	SERVICES	PROVIDER MUST OBTAIN PRIOR AUTHORIZATION
<p>Division of Rehabilitation Services (DRS)</p> <p><i>Persons with HIV or AIDS</i></p>	<ul style="list-style-type: none"> <li>Adult day service</li> <li>Adult day service transportation</li> <li>Environmental accessibility adaptations for your home</li> <li>Home-health aid</li> <li>Intermittent nursing</li> <li>Skilled nursing - Registered Nurse (RN) and Licensed Practical Nurse (LPN)</li> <li>Occupational therapy</li> <li>Physical therapy</li> <li>Speech therapy</li> <li>Homemaker</li> <li>Home-delivered meals</li> <li>Individual provider/personal assistant</li> <li>Respite</li> <li>Specialized medical equipment and supplies</li> <li>Personal Emergency Response System (PERS)</li> </ul>	<p>You may need a prior authorization from us before you get covered services</p>
<p>Division of Rehabilitation Services (DRS)</p> <p><i>Persons with Brain Injury</i></p>	<ul style="list-style-type: none"> <li>Adult day service</li> <li>Adult day service transportation</li> <li>Environmental accessibility adaptations for your home</li> <li>Supported employment</li> <li>Home-health aid</li> <li>Intermittent nursing</li> <li>Skilled nursing - Registered Nurse (RN) and Licensed Practical Nurse (LPN)</li> <li>Occupational therapy</li> <li>Physical therapy</li> <li>Speech therapy</li> <li>Prevocational services</li> <li>Homemaker</li> <li>Home-delivered meals</li> <li>Individual provider/personal assistant</li> <li>Respite</li> <li>Specialized medical equipment and supplies</li> <li>Behavioral Services- Masters (MA) and Doctor of Medicine (MD)</li> <li>Personal Emergency Response System (PERS)</li> <li>Day habilitation services</li> </ul>	<p>You may need a prior authorization from us before you get covered services</p>

HCBS WAIVER PROGRAM	SERVICES	PROVIDER MUST OBTAIN PRIOR AUTHORIZATION
<p>HealthCare and Family Services (HFS)</p> <p><i>Supportive Living Program</i></p>	<ul style="list-style-type: none"> <li>Apartment-style living</li> <li>Ancillary services</li> <li>Health promotion and exercise</li> <li>Housekeeping</li> <li>Laundry</li> <li>Maintenance</li> <li>Medication, oversight, and assistance in self-administration</li> <li>Intermittent nursing services</li> <li>Personal care</li> <li>Social and recreational programming</li> <li>24-hour response/security</li> <li>Meals and snacks</li> </ul>	<p>You may need a prior authorization from us before you get covered services</p>

# 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 function 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.

**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.

# PRIMARY CARE PROVIDER (PCP) & WOMEN'S HEALTH CARE PROVIDER (WHCP)

Each CountyCare member will select, or have selected on his or her behalf, a primary care provider (PCP) or women's health care provider (WHCP) through whom certain primary care medical services will be provided or coordinated, and who will coordinate the other Covered Services to be received by the member from other participating providers. In addition to a PCP, all female members may select a WHCP. It is not required to have or select a WHCP, but the option is available. If a member receives services through a physician or health care provider other than their PCP/WHCP and such services were not ordered by their PCP/WHCP and authorized by the Health Plan, those services will not be covered except in a true emergency. Members may change their PCP/WHCP by calling Member Services.

## MEMBER SERVICES

CountyCare maintains a Member Services Department which is available to respond to your questions or concerns. If you have any questions regarding provisions of this Certificate, how to obtain services under this Certificate, or have other questions, please contact CountyCare Member Services at 312-864-8200 / 855-444-1661 (toll free) / 711 (TDD/TTY). Member Services are available Monday – Friday 8:00 AM – 6:00 PM and Saturdays 9:00 AM – 1:00 PM Central Time.

Member Services will:

- Replace identification cards
- Assist in scheduling appointments
- Resolve member complaints
- Assist with referrals to specialists
- Assist with PCP changes and WHCP changes
- Assist in filing grievances and appeals

## COUNTYCARE COVERED SERVICES

CountyCare covers all medically necessary Medicaid covered services along with some additional benefits for our members. We cover the services at no cost to you. We have included a list of covered services in this handbook. You can also visit our website at [www.CountyCare.com](http://www.CountyCare.com) or call Member Services to receive a copy of our covered services.

Some services require prior authorization. Your PCP will submit any needed prior authorizations. You do not need to contact us about this.

### Covered Medical Services

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

- Abortion services are covered by Medicaid (not CountyCare) by using your HFS Medical Card
- Advanced practice nurse services
- Ambulatory surgical treatment center services
- Applied Behavior Analysis (ABA) therapy and services
- Assistive/augmentative communication devices
- Audiology services
- Blood, blood components and the administration thereof
- Chiropractic services
- Dental services, including oral surgeons
- EPSDT services for enrollees under age twenty-one (21)
- Family planning services and supplies
- Federally Qualified Health Centers, Rural Health Centers and other Encounter Rate Clinic visits
- Gender affirming care
- Home health agency visits
- Hospital ambulatory services
- Hospital emergency department visits
- Hospital inpatient services

- Laboratory and x-ray services
- Medical supplies, equipment, prostheses and orthoses
- Mental health services provided under the Medicaid Clinic Option, Medicaid Rehabilitation Option and Targeted Case Management Option
- Nursing care
- Nursing care for the purpose of transitioning children from a hospital to home placement or other appropriate setting for enrollees under age 21
- Nursing facility services
- Optical services and supplies
- Optometrist services
- Palliative and hospice services
- Pharmacy services
- Physical, occupational and speech therapy services
- Physician services
- Podiatric services
- Post-stabilization services
- Practice visits for enrollees with special needs
- Renal dialysis services
- Respiratory equipment and supplies
- Services to prevent illness and promote health
- Subacute alcoholism and substance abuse service, residential day treatment and detox day treatment
- Transplants
- Transportation to secure covered services
- Vision services

### Limited Covered Services

- Sterilization services as allowed by the state and federal law. The provider must complete HFS Form 2189 and file it in the medical record.
- Hysterectomy if the provider completes HFS Form 1977 and files it in the medical record.

### Non-Covered Services

Here is a list of some of the medical services and benefits that CountyCare does not cover:

- Services that are experimental or investigational in nature
- Services that are provided by a non-network provider and not authorized by your health plan
- Services that are provided without a required prior authorization
- Elective cosmetic surgery
- Infertility care
- Any service that is not medically necessary
- Services provided through local education agencies

If you are unsure if a certain service is covered, please contact Member Services at 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY). We will be able to tell you whether or not a service is covered.

### Emergency Care

An emergency medical condition is very serious. It could even be life threatening. You could have severe pain, injury or illness. If you have an emergency call 9-1-1 immediately.

Some examples of an emergency are:

- Heart attack
- Severe bleeding
- Poisoning
- Difficulty 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 9-1-1
- Call ambulance if no 9-1-1 service in area
- No referral is needed
- Prior authorization is not needed, but as soon as your condition is stable you should call your PCP to arrange follow-up care

## Post-Stabilization Care

Post-stabilization services are needed after an emergency medical condition. CountyCare covers these services. These services may be provided in the hospital, at home or in an office setting. For a list of providers or facilities providing these services, you may find providers listed on [countycare.com/find-a-provider](https://countycare.com/find-a-provider) or you may call Member Services at 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY). Your care coordinator can also help set up post-stabilization services.

If you have a condition that occurs often, talk to your PCP about making a medical emergency plan. If you must go to an out-of-network hospital or provider, call CountyCare as soon as you can and tell us what happened. This is important so we can help you get follow-up care.

## 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), orthopedics (bones and joints). If your PCP thinks you need a specialist, they will work with you to choose a specialist. Your PCP will arrange your specialty care. In some cases, a specialty provider may be assigned as your PCP due to a chronic condition that you may have. However, in order for a specialist to be your PCP they need to agree to provide you with that level of care.

With CountyCare, you do not need a referral to see a specialist, but it is best to see your PCP first. Your PCP can advise you if a specialist is needed and recommend specialists for your specific health condition. If you need mental health services, you do not need a referral as long as you see a CountyCare provider. If you need help getting an appointment, please contact your care coordinator or Member Services at 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY).

## Out of State Care

If you travel outside of Illinois and need emergency services, health care providers can treat you. They will send claims to us. You will be responsible for payment of any service you get outside Illinois if the provider will not send claims to us or will not accept our payment. Emergency services are covered only if these services are provided in the United States. Emergency services provided outside of the United States are not covered.

For urgent or routine care away from home, you must get approval from CountyCare to go to a different provider. Call Member Services at 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY) to get this approval.

## Out of Network Care

You must receive your care from in-network providers and hospitals. You may find a list of in-network providers and hospitals on [Find Care - CountyCare](#) or you may call Member Services at 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD TTY). You must have approval from CountyCare if you go to out-of-network providers. The only exception is for treatment of emergencies, family planning services, school dental services and state operated hospitals.

## Service Area

CountyCare is only available to members who live in Cook County.

# GRIEVANCES & APPEALS

We want you to be satisfied with the 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 concern. 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 312-864-8200 / 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: 312-548-9940

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 312-864-8200 / 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/wp-content/uploads/CCAuthorized-Representative\\_English\\_01082025.pdf](https://countycare.com/wp-content/uploads/CCAuthorized-Representative_English_01082025.pdf)

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 a “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 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 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 **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 **10 calendar days** from the date on our 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

### Here are two ways to file an appeal:

1. Call Member Services at 312-864-8200 / 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: 312-864-8200 / 855-444-1661  
 (toll-free) / 711 (TDD/TTY)  
 Fax: 312-548-9940

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 physician or a family member, for example.
- Choose to be represented by a legal professional.

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 [https://countycare.com/wp-content/uploads/CCAuthorized-Representative\\_English\\_01082025.pdf](https://countycare.com/wp-content/uploads/CCAuthorized-Representative_English_01082025.pdf)

### Appeal Process

We will send you an acknowledgement letter within three 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 request. 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 Adverse Benefit Determination, 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, if needed.
- You have the option to see your appeal file.
- You have the option to be there when CountyCare reviews your appeal.

### How can you expedite your Appeal?

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 the 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.

### 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.

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 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY)

### 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 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 **120 calendar days** of the date on the Decision Notice, but you must ask for a State Fair Hearing Appeal within **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 CountyCare 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/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, 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](mailto:HFS.FairHearings@illinois.gov)  
Or you may call (855) 418-4421,  
TTY: (800) 526-5812

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

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

### State Fair Hearing Process

The hearing will be conducted by an Impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings office informing you of the date, time and place of the hearing. This letter will also provide information about the hearing. It is important that you read this letter carefully. If you set up an account at <https://abe.illinois.gov/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 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 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 **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 a 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 of 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 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:**

CountyCare Health Plan  
P.O. Box 21153  
Eagan, MN 55121  
Phone: 312-864-8200 / 855-444-1661  
(toll-free) / 711 (TDD/TTY)  
Fax: 312-548-9940

## 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 business days from the letter we sent 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 toll-free at 312-864-8200 / 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  
Phone: 312-864-8200 / 855-444-1661  
(toll-free) / 711 (TDD/TTY)  
Fax: 312-548-9940

## 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 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.

# 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 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 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 policies.
- 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.

## 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. Illinois has 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. You can print one from the CountyCare website: <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/powerofattorneyhealthcareform.pdf>
- **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) order** - 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.

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.

### **Fraud, Waste and Abuse**

Reporting fraud, waste and abuse 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 (FWA) 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 CountyCare ID.
- Using someone else's CountyCare 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**

844-509-4669

#### **CountyCare Member Services**

312-864-8200

855-444-1661

711 (TDD/TTY)

#### **HFS Medicaid/Welfare Fraud Hotline**

844-453-7283

844-ILFRAUD

#### **DHS Office of the Inspector General**

800-368-1463 I

#### **IL Department on Aging**

866-800-1409

888-206-1327 (TTY)

#### **Senior Helpline**

800-252-8966

# DISCLAIMERS

## Nondiscrimination Statement

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, age, disability, or sex. CountyCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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 **CountyCare Member Services** at 312-864-8200 / 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, age, disability, or sex, you can file a grievance with:

**CountyCare Health Plan**  
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 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, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at  
<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/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 (llamada sin cargos) / 711 (TTY).

### Polish:

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

### Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 312-864-8200 / 855-444-1661 (toll-free) / 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 (toll-free) / 711.

### Arabic:

ندعاسم ل تامدخ نإف، ةغلل ركذا شدحتت تنك اذا: تظوحلم 312 مقرب ل لصتا. ن اجم اب لكل رفاوتت ةيوغلل: مكبل او مصلا فتاه مقر) 864-8200 / 855-444-1661 / 711 (تلتايت: 312-864-8200 / 855-444-1661 (toll-free) / 711).

### Russian

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

### Gujarati

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

### Urdu

نابز وک پآ وت، سیہ ے لوب ودرآ پآ رگا: رادربخ لاک۔ سیہ بایتسد سیہ تفرم تامدخ ی ک دم ی ک 312-864-8200 / 855-444-1661 (toll-free) (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 (toll-free) (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 (toll-free) (TTY: 711).

### Hindi

312-864-8200/ 855-444-1661 (toll-free) (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 (toll-free) (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 (toll-free) (TTY: 711).

### German

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

### Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 312-864-8200 / 855-444-1661 (телетайп: 711).

# COUNTYCARE NOTICE OF PRIVACY PRACTICES

This notice tells you how your health information may be used and shared by your health plan. It also describes how you can access your own health information. Please review it carefully.

## What Is This Document?

This document, called a Notice of Privacy Practices, tells you how CountyCare may use and share your health information. We must keep your health information private and secure. We will let you know if a breach occurs that affects the privacy or security of your information. The notice also explains how you can get access to your own health information.

## What Is Health Information?

The words "health information" mean any information that identifies you. Examples include your name, date of birth, details about health care you received, or amounts paid for your care.

## Why Are You Giving This To Me?

We are required by law to give you this notice. We must follow the practices in this notice. We will not use or share your information other than as described here



unless you tell us we can in writing. If you tell us we can share your information, you may change your mind at any time. Let us know in writing if you change your mind.

### **Who Follows This Notice?**

All employees, contractors, consultants, vendors, volunteers, and other health care professionals and organizations who work with CountyCare follow this notice.

### **How We Can Use And Share Your Health Information**

**To Manage Your Health Care Treatment.** We will use and share your health information to help with your health care.

**For Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange for additional services.

**For Example:** We may share your health information with a service agency that arranges health care supportive housing services.

**For Health Care Operations.** We will use and share your health information to help us do our job. We may contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

**For Example:** We use your health information to develop better services for you or to make sure you are receiving good services.

**For Example:** We submit data related to your health information to the state to show we are following our contract.

**To Pay for your Health Services.** We will use and share your health information as we pay for your health services.

**For Example:** We share information about you with your prescription plan to coordinate payment for your prescriptions.

**To Administer Your Plan.** We may share your health information with other businesses for plan administration.

**For Example:** We share your information with a transportation company to make sure you get to your important appointment.

**With Business Associates.** We may share your health information with another company, called a business associate, which we hire to provide a service to us or on our behalf. We will only share your information if the business associate has agreed in writing to keep health information private and secure.

### **Ways We Can Use or Share Your Health Information With Your Permission**

You can choose how we share your information in the situations described below. Tell us what you want us to do and we will follow your instructions. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest.

#### **With Individuals Involved in Payment for Your Care.**

We may share health information about you with your family members, friends or other people who are involved in your health care or who help pay for it. You have the right to ask that we not share your information with certain people, but you must let us know.

**To Share Information About Health-Related Benefits, Services and Treatment Alternatives.** We may tell you about health services, products, possible treatments or alternatives available to you. We may not sell your health information without your written permission.

**Sensitive Information.** Some types of medical information are very sensitive. The law may require that we obtain your written permission to share this information. Sensitive medical information may include genetic testing, HIV/AIDS testing, diagnosis or treatment, mental health, alcohol and substance abuse, sexual assault or in-vitro fertilization. Your permission is also required for the use and sharing of psychotherapy notes.

**Use of Your Information for Our Marketing.** We may not use or disclose your health information for marketing purposes unless we have your written permission.

**Sale of Your Information.** We may not sell your health information unless we have your written permission.

### **How We Must Share Your Health Information**

We also have to share your information in situations that help contribute to the public good or safety. We

have to meet many conditions in the law before we can share your information for these purposes.

**Research.** We can use or share your information for health research.

**Public Health and Safety.** We may share your health information for public health and safety reasons. For example:

- To prevent or control disease;
- To help report information about bad products;
- To report adverse reactions to medications;
- To let you know that you may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; or
- To your employer in certain limited instances.

**Abuse and Neglect.** We may have to share your information to report suspected abuse, neglect or domestic violence to state and federal agencies. You will likely be told that we are sharing this information with these agencies.

**For Disaster Relief.** We may share your health information in a disaster relief situation.

**Prevent a Serious Threat to Safety.** We may use and share your medical information to prevent or reduce a serious threat to your health and safety or the health and safety of others.

**Comply with the Law.** We must share health information about you when we are required to do so by federal or state laws.

**As a Part of Legal Proceedings.** We can share health information about you in response to a court order or a subpoena. We will only share the information stated in the order. If we receive any other legal requests, we may share your health information if we are told that you know about it and do not object to the release.

**With Law Enforcement.** We must share health information about you when we are required to do so by law or by the court process, including for the following:

- To identify or locate a suspect, fugitive, material witness or missing person
- To obtain information about an actual or suspected victim of a crime

We may also share information with law enforcement if we believe a death was the result of a crime or to report crimes on our property or in an emergency.

**During an Investigation.** We will share your information with the Secretary of the Department of Health and Human Services if they ask for it as part of an investigation of a privacy violation.

**Special Governmental Functions.** We may share your health information with:

- Authorized federal officials
- Military
- For intelligence, counter-intelligence and other national security activities
- To protect the president

**Coroners, Medical Examiners and Funeral Directors.** We may share health information with a coroner or medical examiner to identify a dead person or find the cause of death. We also may share health information with funeral directors if they need it to do their job.

**Health Oversight Activities.** Certain health agencies are in charge of overseeing health care systems and government programs or to make sure that civil rights laws are being followed. We may share your information with these agencies for these purposes.

**Organ and Tissue Donation.** If you are an organ donor, we may release health information to the organizations in charge of getting, transporting or transplanting an organ, eye or tissue.

**Workers Compensation.** We may share your health information with agencies or individuals to follow workers compensation laws or other similar programs.

## **Your Rights Regarding Your Health Information**

**You Have a Right to Request Restrictions.** You have the right to ask us to limit the ways we use and share your health information for treatment, payment, and health care operations. We do not have to agree if it would affect your care.

You must submit your request in writing, and it must be signed and dated. You should describe the information you want limited and tell us who should not receive this information. You must submit your written request to the Office of Corporate Compliance, 1900 West Polk, Suite 123, Chicago, IL 60612. We will

tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to treat you in an emergency.

**You Have a Right to Get a Copy of Health and Claims Records.** You have the right to read or get a copy of your health and claims records and other health information we have about you.

To see and obtain copies of your information you must complete your request in writing. We will give you a copy or a summary of your health and claims record within 30 days of your request. If you request a copy of your health and claims record, we may charge a reasonable, cost-based fee for the costs of copying, mailing or other expenses associated with your request.

**You Have a Right to Request Changes.** You may ask us to change your health information or payment record if you think it is incorrect or incomplete. You must send us a written request and you must provide the reason why you want the change. We are not required to agree to make the change. If we do not agree to the requested change, we will tell you why in writing within 60 days. You may then send another request disagreeing with us. It will be attached to the information you wanted changed or corrected.

**You Have a Right to Request Confidential Communication.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests. We must agree if you tell us, you would be in danger if we do not follow with your request.

**You Have the Right to an Accounting of Disclosures.** You have the right to make a written request for a list of the times we've shared your health information in the past six years. The list will have who we shared it with, the date it was shared and why. We will include

all the disclosures except for those about treatment, payment, and health care operations and any disclosure you asked us to make. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. Your written request must designate a time period.

**You Have the Right to a Paper Copy of This Notice.** You have the right to ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

**You Have a Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

### **HIV Outreach Efforts**

CountyCare is working with the State of Illinois to stop new HIV cases. The Illinois Department of Public Health is sharing HIV data they have with IL Medicaid and IL Medicaid Managed Care Organizations to have better care for people living with HIV. Name, date of birth, SSN, HIV status and other information is being shared safely and securely for all Medicaid members.

### **Changes To This Notice**

We may change our privacy policies, procedures, and this Notice at any time, and the changes will apply to all information we have about you. If we change this Notice, the new Notice will be posted on our website, and we will mail a copy to you.

# WHAT IF I NEED TO REPORT A PROBLEM

If you are unhappy and report a problem, we will not use your complaint against you.

If you believe CountyCare has violated your privacy rights in this Notice, you may file a complaint with CountyCare or with the Office for Civil Rights, U.S. Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

**U.S. Department of Health and Human Services Office for Civil Rights**  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

You can also call 1-877-696-6775 or you may visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

You can contact the CountyCare Compliance and Privacy Officer to discuss any concern you have using the information below:

**Office of Corporate Compliance**  
**Cook County Health**  
1950 West Polk  
Chicago, IL 60612  
Telephone: 1-877-476-1873

# THANK YOU FOR CHOOSING COUNTYCARE



Administrative Office  
Harrison Square  
605 W. Wolcott Avenue, 5th Floor  
Chicago, IL 60612  
312-864-8200  
855-444-1661 (toll-free)  
711 (TDD/TTY)

*If you have questions, please call the Member Services Department.*

[www.countycare.com](http://www.countycare.com)

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