CountyCare
A MEDICAID HEALTH PLAN

HealthChoice Illinois

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.

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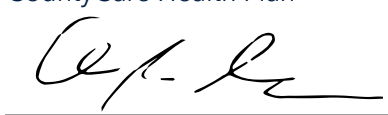
Certificate of Coverage

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



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

01/01/2026

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 heath 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

Coverage Basics

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

Covered 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 Illinois Healthcare and Family Services (HFS) medical card
- Advanced practice nurse services
- Applied Behavior Analysis (ABA) therapy and services
- Ambulatory surgical treatment center services
- Assistive/augmentative communication devices
- Audiology services
- Blood, blood components and the administration thereof
- Chiropractic coverage for members ages 21 and over
- Dental services, including oral surgeons

- Doula services
- Early and Periodic Screening, Diagnostic, and Treatment services for members under age 21
- Family planning services and supplies
- Federally Qualified Health Centers, rural health centers and other encounter rate clinic visits
- Gender-affirming care
- Genetic counseling and testing
- Home health agency visits
- Hospital emergency department visits, inpatient services and ambulatory services
- Inpatient mental health or substance use disorder services in an institution for mental diseases (IMD), when medically appopriate
- Laboratory and X-ray services
- Lactation counseling 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 facility services
- Nursing care for the purpose of transitioning children from a hospital to home placement or other appropriate setting for members under age 21
- 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 members with special needs
- Renal dialysis services
- Respiratory equipment and supplies
- Services to prevent illness and promote health
- Skilled nursing
- Subacute alcoholism and substance use services, residential day treatment and detox day treatment
- Transplants*
- Transportation to covered services
- Vision services

* CountyCare Access (HBIS) coverage is limited to stem cell transplants and kidney transplants. No other transplant organ is covered for this group.

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) *Persons who are Elderly*	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

HCBS WAIVER PROGRAM	SERVICES	PROVIDER MUST OBTAIN PRIOR AUTHORIZATION
Division of Rehabilitation Services (DRS) *Persons with Disabilities*	Adult day service Adult day service transportation Environmental accessibility adaptions 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
Division of Rehabilitation Services (DRS) *Persons with HIV or AIDS*	Adult day service Adult day service transportation Environmental accessibility adaptions 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

Division of Rehabilitation Services (DRS) *Persons with Brain Injury*	Adult day service Adult day service transportation Environmental accessibility adaptions for your home Supported employment Home-health aid Intermittent nursing Skilled nursing - Registered Nurse (RN) and Licensed Practical Nurse (LPN) Occupational therapy Physical therapy Speech therapy Prevocational services Homemaker Home-delivered meals Individual provider/personal assistant Respite Specialized medical equipment and supplies Behavioral Services- Masters (MA) and Doctor of Medicine (MD) Personal Emergency Response System (PERS) Day habilitation services	You may need a prior a uthorization from us before you get covered services
HealthCare and Family Services (HFS) *Supportive Living Program*	Apartment-style living Ancillary services Health promotion and exercise Housekeeping Laundry Maintenance Medication oversight Intermittent nursing services Personal care Social and recreational programming 24-hour response/security Meals and snacks	You may need a prior authorization from us before you get covered services

Managed Long Term Support & Services (MLTSS) Covered Services

Managed Long Term Support and Services Covered for members enrolled in Managed Long Term Support and Services (MLTSS) include:

- Certain outpatient mental health services, like group and individual therapy, counseling, community treatment, medication monitoring and more
- Certain outpatient alcohol and substance use services like group and individual therapy, counseling, rehabilitation, methadone services, medication monitoring and more
- Some transportation services to appointments
- Long-term care services in skilled and intermediate facilities
- All Home and Community Based Waiver Services like the ones listed above under Covered Home and Community Based Services if you qualify

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 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 specialty is cardiology (heart health) or 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.

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

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.

Definitions

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

Copayment 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 seekcare right away to avoid severe harm.

Emergency Medical Transportation means ambulance services for an emergency medical condition.

Emergency Room Care means the emergency services you get in an emergency room.

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

Excluded Services means health care services that your health insurance or plan does not pay for or cover.

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

Habilitation Services and Devices means services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who is not 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.

Health Insurance is a contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Health Plan means an organization made up of doctors, hospitals, pharmacies, providers of long-term services and other providers. It also includes care coordinators to help you manage your providers and services. They all work together to provide the care you need.

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 inpatient admission 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 does not 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.

Network means the facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Network Pharmacy means a pharmacy (drug store) that has agreed to fill prescriptions for our plan members. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Network Provider or "provider" or "plan provider" is the general term we use for doctors, nurses and other people who give you services and care. The term also includes hospitals, home health agencies, clinics and other places that give you health care services, medical equipment and long-term services and supports.

- They are licensed or certified by the Centers for Medicare and Medicaid Services and by the State of Illinois to provide health care services.
- We call them "network providers" when they agree to work with our health plan, accept our payment and not charge our members an extra amount.
- While you are a member of our plan, you must use network providers to get covered services.

Non-Participating Provider is a provider who does not have a contract with your health insurer or plan to provide services to you. You will pay more to see a

non-participating provider. Check your policy to see if you can go to all providers who have contracted with your health insurance plan or if your health insurance or plan has a tiered network and you must pay extra to see some providers.

Out-of-Network means 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.

Participating Providers agree to work with the health plan, accept payment and not charge members an extra amount. While you are a member of our plan, you must use participating providers to get covered services. Participating providers are also called "network providers."

Physician Services are health care services a licensed medical physician (e.g., M.D. – medical doctor, D.O. – doctor of osteopathic medicine) provides or coordinates.

Plan is the pairing of health insurance benefits under a product, provider network and service area.

Preauthorization or 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 prior-authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Prior authorization is not a promise your health insurance or plan will cover the cost.

Premium means the amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage means health insurance or a health plan that helps pay for prescription drugs and medications.

Prescription Drugs means drugs and medications that require a prescription by law.

Primary Care Physician means a physician (e.g., M.D. – medical doctor, D.O. – doctor of osteopathic medicine), as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Primary Care Provider means a physician (e.g., M.D. – medical doctor, 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.

Provider is the general term we use for doctors, nurses, and other people who give you services and care. The term also includes hospitals, home health agencies, clinics, and other places that give you health care services, medical equipment, and long-term services and supports

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. This also includes the treatment you get to help you recover from an illness, accident or major operation. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings. Call Member Services to learn more about rehabilitation services.

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.

Skilled Nursing Facility (SNF) Care means the skilled nursing care and rehabilitation services provided on a continuous, daily basis in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous (IV) injections that a registered nurse or a doctor can give.

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.

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

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

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
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 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, 9th Floor
Chicago, IL 60602
Fax: (312) 793-3387
Email: DHS.BAH@illinois.gov
Or you may call (800) 435-0774,
TTY: (877) 734-7429
Online: https://abe.illinois.gov/abe/access/appeals

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 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.

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

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, etc.)
- 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 or to request a printed copy of materials, please contact Member Services at CountyCare: Phone: 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY). If you believe that CountyCare has failed to provide these services or discriminated against you in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

CountyCare Grievance & Appeals Coordinator
Attn: Grievance and Appeals Dept.
P.O. Box 21153
Eagan, MN 55121
Phone: 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY
Fax: (312) 548-9940
Electronically: http://www.countycare.com/members/portal

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 and 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://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)

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

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

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

中文/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.

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

Arabic/ي يبرع برع

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

Русский/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).

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

اُردُو/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 (toll-free) (TTY: 711).

Tiếng Việt/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).

हिन्दी/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।

Français/ 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).

Українська/ 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).

বাংলা/Bengali

দৃষ্টি আকর্ষণ: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ। কল করুন 312-864-8200 / 855-444-1661 (টোলমুক্ত) / 711 (TTY)

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 ("us", "we") may use and share your health information and demographic information including but not limited to your race, ethnicity, language or sexual orientation. This notice also describes your rights to access your information and our responsibilities to protect it. We must keep your health information private and secure.

What Is Health Information?

"Health information" means any information related to your health care that identifies you. Examples include but are not limited to 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 protect the privacy of your health information and provide you with information on how we use and share it. We are also required by law to give you this notice. These state and federal laws strengthen our commitment to you as our member to carefully maintain and safeguard your confidentiality. Although it is not health information, we also apply the same privacy and protection to your demographic information such as race, ethnicity, language and sexual orientation. We will not use or share your information other than as described here, unless you tell us we can in writing. Your demographic information will not be used for denial of services, coverage or benefits. 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 and Demographic Information

To Manage Your Health Care Treatment. We will use and share your 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 and demographic information (such as your preferred language) 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 and assess how well we are doing it. We may contact you when necessary or if you have opted in to being contacted.

> **For Example:** We will 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 of Illinois to show we are following our contract.

To Pay for your Health Services. We may 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 that have a contract with CountyCare for plan administration.

> **For Example:** We will share your information with a transportation company to make sure you get to your appointments.

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 and demographic information private and secure.

How We Can Use or Share Your Health and Demographic Information with Your Permission

You can choose how we use and 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 any other person you tell us is involved in your health care or who helps pay for it. You have the right to ask that we not share your information with certain people, but you must let us know. In an emergency situation or other circumstance where you are not able to tell us your preference, we may share some information with family, friends or others if we believe it is in your best interest.

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 provide you information through a general newsletter, in person or by way of products or services of nominal value. We may share your health information with a business associate to assist us in these activities. We may contact you by email or text message for appointment reminders, member surveys, wellness program benefits or other general communications and health care content if you provide us with your email address and/or mobile phone number. Contact may be made by phone call, email or text message if you have provided those methods of contact. You may reach out to us and specifically request that we do not contact you via any of those methods. We may not sell your health information without your written permission.

With Parents and Legal Guardians of Minors. We may disclose health information about minor children to their parents or legal guardians, unless such disclosure is prohibited by law. If a minor is emancipated, married, pregnant or a parent, we will not share the minor's information with their parents or legal guardians without the minor's permission. If a minor is receiving care for certain sensitive conditions, such as HIV/AIDS, mental health conditions, reproductive care and others, we will not disclose this information to the minor's parents or legal guardians without permission, unless required or allowed by law.

To Perform Research. We may use and disclose your health information for research purposes. Most research projects, however, are subject to a special approval process and require your permission if a researcher will be involved in your care or will have access to your name, address, or other information that identifies you. The law allows some research to be done using your health information without requiring your authorization.

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 or if we are required by law to share your information. We have to meet many legal conditions in the law before we can share your information for these purposes.

Public Health and Safety. We may share your health information for public health and safety reasons.

For example:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect
- To help report information to the U.S. Food and Drug Administration (FDA) about products it oversees;
- 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.

With Law Enforcement. We will share health information about you when we are required to do so by federal, state or local law, or by the courts.

For example:

- To respond to a court order, warrant, summons or other similar process;
- To identify or locate a suspect, fugitive, material witness or missing person; or
- To obtain information about an actual or suspected victim of a crime.

We may share information with a law enforcement official:

- If we believe a death was the result of a crime;
- To report crimes on our property; or
- In an emergency.

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.

During an Investigation. We will share your information with the Secretary of the U.S. Department of Health and Human Services if they ask for it as part of an investigation of a privacy violation. Under the same laws, we must give you records about yourself that you request. In some limited circumstances, we are allowed to keep some information from you.

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

- Authorized federal officials;
- Armed forces command authorities or federal agencies to see if you are fit for military duty, eligible for veteran's health benefits or medically fit to receive a security clearance;
- For intelligence, counter-intelligence, and other national security activities; and
- To protect the President of the United States.

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 health information to prevent or reduce a serious threat to your health and safety or the health and safety of others.

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 oversee health care systems and government programs 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.

How We Protect the Use of Your Information

How We Keep Your Information Safe. We take steps to protect your health and demographic information and keep it private. We use both physical and electronic safeguards to protect your health information, including secure computer systems, access and password controls, employee minimum necessary and use restriction policies, and mandatory employee and vendor training.

Your Rights Regarding Your Health and Demographic Information

You Have the 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. However, we do not have to agree to the request. We must agree to the request if the disclosure is for the purpose of carrying out payment or for health care operations and is not otherwise required by law. We must also agree to the request if the health information is only about a health

care service or item that you or a person other than your health plan has fully paid for on your behalf. You may also ask us to limit the information that we use or share with your family members, friends or any other person who you tell us is involved in your care or helps pay for it.

You must submit your request in writing, and it must be signed and dated. You should describe the information you want to limit and tell us who should not receive this information. You must submit your written request to:

CountyCare Health Plan
Attention: Compliance
1950 W. Polk St., Suite 9217
Chicago, IL 60612

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

You Have the Right to Get a Copy of Your Designated Record Set. You have the right to read or get a copy of your designated record set that we have about you. To see and obtain copies of this information, you must make a request in writing. We will give you a copy or a summary of your designated record set within 30 days of your request. If you request a copy of your designated record set, we may charge a reasonable fee for the costs of copying, mailing or other activities associated with your request.

You Have the Right to Request Changes. You may ask us to change your health information, demographic, 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 if you disagree with us. It will be attached to the information you wanted changed or corrected.

You Have the 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 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 have 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 disclosures, except for those about treatment, payment and health care operations or any disclosure you asked us to make. We'll provide one accounting per year for free but will charge a reasonable fee if you ask for another within 12 months. Your written request must specify a time period for these disclosures.

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 one promptly.

You Have the 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. If you have chosen someone to act for you, you must provide a copy of the documentation giving that person authority to act for you.

Reproductive Health Information. We will not use your health information to conduct or assist others in conducting investigations or imposing penalties on you for the mere act of seeking, obtaining, or facilitating reproductive health care that is lawful. In instances where we receive requests for your health information that may include reproductive health information for health oversight activities, judicial or administrative proceedings, law enforcement purposes or disclosures to coroners and medical examiners, we will obtain a signed attestation from the requestor stating that their request is not for a prohibited purpose.

We will inform them that improper uses and disclosures of your health information may result in criminal penalties

Genetic Information. We are not allowed to use genetic information to decide whether we will give you coverage or the price of that coverage.

Substance Use Disorder (SUD) Treatment Information. If we receive or maintain any information about you from a SUD treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a consent you provide to that Program to use and disclose the Part 2 information for purposes of treatment, payment or health care

operations, we may use and disclose your Part 2 information for those same purposes. This is consistent with HIPAA requirements and uses and disclosures described in this Notice. If we receive or maintain your Part 2 information through specific consent you provide to us or another third party, we will use and disclose your Part 2 information only as permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 information, or testimony on information contained in your Part 2 Program record in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by you or the order of a court after it provides you notice of the court order.

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.

Other Uses and Disclosures of Your Health Information

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

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 U.S. Department of Health and Human Services Office for Civil Rights. You can do so 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
https://www.hhs.gov/hipaa/filing-a-complaint/index.html

You can contact the Cook County Health Office of Corporate Compliance and/or the Cook County Health Privacy Officer to discuss any concern you have using the information below:

Cook County Health & Hospital System
1950 West Polk St., Suite 9217
Chicago, IL 60612
Telephone: 1-877-476-1873
compliance@cookcountyhhs.org

CountyCare
A MEDICAID HEALTH PLAN

Thank you for choosing

CountyCare

Professional Building
1950 W. Polk St.,
Chicago, IL 60612
312-864-8200
855-444-1661 (toll-free)
711 (TDD/TTY)
If you have questions, please call Member Services at 312-864-8200.
www.countycare.com
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