



# ANNUAL NOTICE OF CHANGES FOR 2020

**1-877-723-7702 (TTY/TDD: 711)**

We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit <https://www.bcbsil.com/mmai>

**Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup> offered by Health Care Service Corporation, a Mutual Reserve Company**

**Annual Notice of Changes for 2020**

**Introduction**

You are currently enrolled as a member of Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup>. Next year, there will be some changes to the plan’s benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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## A. Disclaimers

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

The *List of Covered Drugs* and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Blue Cross Community MMAI Member Handbook.

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## B. Reviewing Your Medicare and Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section E2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 14 to see your choices).
- You will get your Medicaid benefits through fee-for-service or a HealthChoice Illinois Medicaid Managed Long-Term Services and Supports (MLTSS) health plan (go to page 17 for more information).

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## B1. Additional Resources

- **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-877-723-7702 (TTY/TDD: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.
- **ATENCIÓN:** Si habla español, los servicios de asistencia lingüística están a su disposición sin costo alguno para usted. Llame al 1-877-723-7702 (TTY/TDD: 7-1-1). Estamos a su disposición los siete (7) días de la semana. Nuestra central telefónica está abierta de lunes a viernes de 8:00 a. m. a 8:00 p. m., hora del centro. Para los fines de semana y días feriados federales, está disponible el servicio de mensajes de voz. Si deja un mensaje de voz, un representante de Atención al Asegurado le devolverá la llamada antes del próximo día laborable. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-723-7702 (TTY/TDD: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. Once requested, Member Services will always send you materials in your chosen language and/or format (such as large print, braille, or audio) until you request to have it changed. This service is free.

## B2. Information about Blue Cross Community MMAI

- Blue Cross Community MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

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- Coverage under Blue Cross Community MMAI is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- Blue Cross Community MMAI is offered by Health Care Service Corporation. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Health care Service Corporation, a Mutual Legal Reserve Company. When it says “the plan” or “our plan,” it means Blue Cross Community MMAI.

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### **B3. Important things to do:**

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit and cost changes to make sure they will work for you next year.
  - Look in section D for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D2 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.
    - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
    - To get additional information on drug prices, visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.
    - Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- **Check to see if your providers and pharmacies will be in our network next year.**

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- Are your doctors, including specialists you see regularly, in our network? What about your pharmacy? What about the hospitals or other providers you use?
- Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

**If you decide to stay with Blue Cross Community MMAI:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (see section E2 for more information). If you enroll in a new plan, your new coverage **could** begin on the first day of the following month. Look in section E page 14 to learn more about your choices.

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## C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2020.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at <https://www.bcbsil.com/mmai>. You may also call Member Services at 1-877-723-7702 for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.

## D. Changes to benefits and costs for next year

### D1. Changes to benefits and costs for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2019 (this year)	2020 (next year)
<b>Opioid treatment program services</b>	Opioid treatment program services are not covered.	<p>The plan will pay for the following services to treat opioid use disorder:</p> <ul style="list-style-type: none"> <li>• Medications approved by the Food and Drug Administration (FDA) and, if applicable, managing and giving you these medications</li> <li>• Substance use counseling</li> <li>• Individual and group therapy</li> <li>• Testing for drugs or chemicals in your body (toxicology testing)</li> </ul>

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	2019 (this year)	2020 (next year)
<b>Outpatient mental health crisis services (Expanded)</b>	Outpatient mental health crisis services (Expanded) is not covered.	<p>In addition to crisis intervention services, the plan will cover the following medically necessary crisis services:</p> <ul style="list-style-type: none"> <li>• <b>Mobile Crisis Response (MCR):</b> MCR is a mobile, time-limited service for crisis symptom reduction, stabilization, and restoration to the previous level of functioning.</li> </ul> <p>MCR services require a face-to-face screening using a state approved crisis-screening instrument and may include: short-term intervention, crisis safety planning, brief counseling, consultation with other qualified providers, and referral to other mental health community services.</p> <p><b>(Continued)</b></p>

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	2019 (this year)	2020 (next year)
<b>Outpatient mental health crisis services (Expanded) (continued)</b>	Outpatient mental health crisis services (Expanded) is not covered.	<p>To access MCR services, health plan members or individuals concerned about health plan members should call the state’s crisis intake line, CARES, at 1-800-345-9049 (TTY: 1-866-794-0374). CARES will dispatch a local provider to the location of the health plan member in crisis.</p> <ul style="list-style-type: none"> <li>• <b>Crisis Stabilization:</b> Crisis stabilization services are time-limited, intensive supports available for up to 30 days following an MCR event to prevent additional behavioral health crises. Crisis stabilization services provide strengths-based support on a one-on-one basis in the home or community.</li> </ul> <p><b>(Continued)</b></p>

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	2019 (this year)	2020 (next year)
<b>Outpatient mental health crisis services (Expanded) (continued)</b>	Outpatient mental health crisis services (Expanded) is not covered.	The health plan will cover Mobile Crisis Response and Crisis Stabilization services provided by: <ul style="list-style-type: none"> <li>• Community Mental Health Centers with a crisis certification from the state, or</li> <li>• Behavioral Health Clinics with a crisis certification from the state.</li> </ul>
<b>Medicare Part B Prescription Drugs</b>	Part B drugs did not require step therapy in 2019.	Part B drugs <i>may</i> be subject to step therapy requirements. This requirement encourages you to try less costly but just as effective drugs before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the plan may require you to try Drug A first. If Drug A does not work for you, the plan will then cover Drug B. This requirement to try a different drug first is called “ <b>step therapy.</b> ”

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	2019 (this year)	2020 (next year)
<b>Diabetic Supplies and Services</b>	<p>Preferred product is limited to diabetic test strips and meters obtained through the pharmacy for an Ascensia branded product (Contour Next One, Contour Next EZ and Contour Next). Approval will be required for non-preferred test strips and meters. All test strips will also be subject to a quantity limit of 204 per 30 days.</p>	<p>Preferred product is limited to diabetic testing supplies (meters, strips, and lancets) obtained through the pharmacy for a LifeScan branded product (OneTouch Verio Flex, OneTouch Verio, OneTouch Ultra Mini and OneTouch Ultra 2).</p> <p>Approval will be required for all other Diabetic testing supplies (meters, strips and lancets). All test strips will also be subject to a quantity limit of 204 per 30 days.</p> <p>Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are subject to Prior Authorization.</p>

## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at <https://www.bcbsil.com/mmai>. You may also call Member Services at 1-877-723-7702 for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

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Review the Drug List to **make sure your drugs will be covered next year** and to see if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at 1-877-723-7702 (TTY/TDD: 711) or contact your care coordinator to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
  - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, see Chapter 9 of the *2020 Member Handbook* or call Member Services at 1-877-723-7702 (TTY/TDD: 711).
  - If you need help asking for an exception, you can contact Member Services or your care coordinator. See Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care coordinator.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*.)
  - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

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**Changes to prescription drug costs**

The following table shows your costs for drugs in each of our 3 drug tiers.

	2019 (this year)	2020 (next year)
<p><b>Drugs in Tier 1</b></p> <p>Generic Drugs</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$1.25 or \$3.40 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0.00 per prescription.</b></p>
<p><b>Drugs in Tier 2</b></p> <p>Brand Drugs</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0.00 or \$3.80 or \$8.50 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0.00 per prescription.</b></p>
<p><b>Drugs in Tier 3</b></p> <p>Non-Medicare Rx and Over-the Counter Drugs</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your co-pay for a one-month (30-day) supply is <b>\$0.00 per prescription.</b></p>	<p>Your co-pay for a one-month (30-day) supply is <b>\$0.00 per prescription.</b></p>

**E. How to choose a plan**

**E1. How to stay in our plan**

We hope to keep you as a member next year.

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You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2020.

## E2. How to change plans

If you want to keep getting your Medicare and Medicaid benefits together from a single plan, you can join a different Medicare-Medicaid Plan. You can enroll in the new Medicare-Medicaid Plan by calling Illinois Client Enrollment Services Monday through Friday from 8 a.m. to 6 p.m. at 1-877-912-8880. TTY users should call 1-866-565-8576. The call and help are free.

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

## E3. What if you don't want to join a different Medicare-Medicaid Plan

If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Blue Cross Community MMAI, you will go back to getting your Medicare and Medicaid services separately.

## E4. How you will get Medicare services

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Medicare-Medicaid Plan:

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan (such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE))</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.</li></ul> <p>You will automatically be disenrolled from Blue Cross Community MMAI when your new plan's coverage begins.</p>
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<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.</li> </ul> <p>You will automatically be disenrolled from Blue Cross Community MMAI when your Original Medicare coverage begins.</p>
<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.</li> </ul> <p>You will automatically be disenrolled from Blue Cross Community MMAI when your Original Medicare coverage begins.</p>

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## F. How you will get Medicaid services

If you leave the Medicare-Medicaid Plan, you will either get your Medicaid services through fee-for-service or be required to enroll in the HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services.

If you are not in a nursing facility or enrolled in a Home and Community Based Services (HCBS) Waiver, you will get your Medicaid services through fee-for-service. You can see any provider that accepts Medicaid and new patients.

If you are in a nursing facility or are enrolled in an HCBS Waiver, you will be required to enroll in the HealthChoice Illinois MLTSS program to get your Medicaid services.

To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576. Tell them you want to leave Blue Cross Community MMAI and join a HealthChoice Illinois MLTSS health plan.

If you don't pick a HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) health plan, you will be assigned to our company's HealthChoice Illinois MLTSS health plan.

After you are enrolled in a HealthChoice Illinois Medicaid MLTSS health plan, you will have 90 days to switch to another HealthChoice Illinois MLTSS health plan.

You will get a new Member ID Card, a new *Member Handbook*, and a new *Provider Directory* from your HealthChoice Illinois MLTSS health plan.

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## G. How to get help

### G1. Getting help from Blue Cross Community MMAI

Questions? We're here to help. Please call Member Services at 1-877-723-7702 (TTY/TDD: 711). We are available for phone calls seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day.

#### **Your 2020 Member Handbook**

The *2020 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

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<https://www.bcbsil.com/mmai>.



You can also review the *Member Handbook* to see if other benefit changes affect you. An up-to-date copy of the *2020 Member Handbook* is always available on our website at <https://www.bcbsil.com/mmai>. You may also call Member Services at 1-877-723-7702 (TTY/TDD: 711) to ask us to mail you a *2020 Member Handbook*.

### **Our website**

You can also visit our website at <https://www.bcbsil.com/mmai>. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

## **G2. Getting help from Illinois Client Enrollment Services**

The Illinois Client Enrollment Services can help you understand your healthcare choices, answer questions, and help you choose a health plan. You can call Illinois Client Enrollment Services at 1-877-912-8880, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-866-565-8576. The call and help are free.

## **G3. Getting help from the Illinois Long Term Care Ombudsman Program**

The Illinois Long Term Care Ombudsman Program is an ombudsman program that can help you if you are having a problem with Blue Cross Community MMAI. The ombudsman's services are free.

- The Illinois Long Term Care Ombudsman Program is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The Illinois Long Term Care Ombudsman Program makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The Illinois Long Term Care Ombudsman Program is not connected with us or with any insurance company or health plan. You can call the Illinois Long Term Care Ombudsman Program at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

## **G4. Getting help from the State Health Insurance Assistance Program (SHIP)**

You can also call the Senior Health Insurance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. The SHIP is not connected with us or with any insurance company or health plan. You

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<https://www.bcbsil.com/mmai>.



can call the SHIP at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

## **G5. Getting help from Medicare**

To get information directly from Medicare you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Medicare Website**

You can visit the Medicare website (<http://www.medicare.gov>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

### **Medicare & You 2020**

You can read *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## **G6. Getting help from Medicaid**

If you have questions about your Medicaid eligibility, you can:

- Contact the Illinois Department of Human Services (DHS) Customer Help Line. Call 1-800-843-6154 Monday through Friday from 8 a.m. to 5 p.m. TTY users should call 1-866-324-5553.
- Visit <http://www.dhs.state.il.us>.
- You can also call the Quality Improvement Organization (QIO). In Illinois, this is Livanta BFFCC-QIO, at 1-888-524-9900, TTY/TDD 1-888-985-8775. This is a group of doctors and other health care providers who help improve the quality of care for people with Medicare. It is not connected with our plan.

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<https://www.bcbsil.com/mmai>.



Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- 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, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois 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: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35<sup>th</sup> floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, [Civilrightscoordinator@hcsc.net](mailto:Civilrightscoordinator@hcsc.net). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights 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/portal/lobby.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 <http://www.hhs.gov/ocr/office/file/index.html>.

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-723-7702 (TTY/TDD: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-723-7702 (TTY/TDD: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-723-7702 (TTY/TDD: 711).

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 1-877-723-7702 (TTY/TDD: 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-723-7702 (TTY: TTY/TDD) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-723-7702 (TTY/TDD: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-723-7702 (رقم هاتف الصم والبكم: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-723-7702 (телетайп: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-723-7702 (TTY/TDD: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-723-7702 (TTY/TDD: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-723-7702 (TTY/TDD: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-723-7702 (TTY/TDD: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-723-7702 (TTY/TDD: 711) पर कॉल करें।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-723-7702 (ATS: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-723-7702 (TTY/TDD: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-723-7702 (TTY/TDD: 711).