

Blue Cross Community MMAI (Medicare-Medicaid)SM Frequently Asked Questions

How does the Blue Cross Community MMAI (Medicare-Medicaid Plan)SM (“the Plan”) work?

With this Plan, you choose a primary care provider (PCP) from our provider network. Your PCP will coordinate all your health care. Your PCP will be the doctor who knows your health care needs the best.

The Plan pays providers for Covered Services with no charge to you. You do not have to meet a deductible. You do not have to fill out claim forms when you see a participating provider. See your benefit information for details.

What is a Care Coordinator?

You will have a Care Coordinator. This is a person who works with you and your care providers. They help to make sure you get the care you need.

Your Care Coordinator will:

- Make sure you get all the tests, labs and other care that you need.
- Make sure that your test results are shared with your care team and the right providers.
- Always get your permission before sharing medical information with other providers.

How do I contact my Care Coordinator?

You may call Member Services at **1-877-723-7702** (TTY: 711). Member Services at **1-877-723-7702** (TTY: 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. We have free translation for people who do not speak English.

What is an Interdisciplinary Care Team?

You will have an interdisciplinary care team that are there to help you get the care you need. Your care team may include doctors, nurses, counselors, and care coordinators.

What is a provider?

A provider is a licensed doctor, facility, or health care professional. Your PCP is a provider. Providers deliver medical products and services to health plan members.

What is a participating provider?

A health care professional or a facility that is contracted with the Plan to provide services to members. They are also called in-network providers.

What is an in-network provider?

A provider that is contracted with the Plan to provide services to members. They are also called a participating provider.

What is an out-of-network provider?

A provider that is not contracted with the Plan. They are also called a non-participating provider.

What is a Primary Care Provider (PCP)?

Your PCP coordinates all your health care. Please call your PCP whenever you have a health need.

Why is it important to get to know my PCP?

Your PCP knows you best. Your PCP knows your medical history and present state of health. This allows your PCP to make the best decisions when you need medical care. Your PCP can also help arrange visits to specialists.

What if I'm sick and my PCP is not available?

Participating providers have agreed to be accessible 24 hours a day for our members. Call your PCP to learn how to get care. If your PCP is unavailable, they will give you access to another doctor.

How do I change my PCP?

If you would like to change your PCP, please call Member Services. We can be reached at **1-877-723-7702** (TTY: 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.

What happens if my PCP or medical group leaves the network?

If your PCP or medical group leaves the network, you will be notified. To select a new PCP, please call Member Services at **1-877-723-7702** (TTY: 711). The call is free. 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.

When do I need prior authorization?

Certain services must have approval from the Plan. This approval is called "prior authorization." If approval is not obtained, those services will not be covered. See the *Member Handbook* for a list of services that need approval. To ask for approval, you or your provider must call the Plan.

Plan providers know which services need prior approval. They can handle the details for you. Make sure prior approval is received if:

- You are admitted as an inpatient.
- You get any of the services lists as needing approval.
- You visit a provider that is not in our provider network.

Without approval in these situations, coverage will be denied.

Can I get a second opinion?

Yes. You can get a second opinion for any procedure or treatment. Your doctor can recommend a specialist. You or your doctor can call Member Services for help.

Do I need a referral to see a specialist?

No. However, make sure the specialist is in the Plan's network. Also, see if the services are covered before you make an appointment. If not, you will be responsible for costs of services not covered. Even if you don't need a referral for some services with specialists, you may need prior approval. Ask your

PCP. Your PCP knows your medical history. They are best qualified to coordinate your medical care, including visits to specialists.

What is a medical emergency?

An emergency is a sudden medical condition with severe symptoms, including intense pain. Without immediate medical help your health and life could be in danger. Emergency conditions can harm bodily functions. They can cause serious injury to body organs or parts. Emergency conditions can also cause disfigurement. Examples of emergencies are:

- heart attack
- poisoning
- severe allergic reaction
- convulsions
- unconsciousness
- uncontrolled bleeding

Services received in an emergency room (ER) or other trauma center must meet the definition of “emergency” to be covered. Care received in a doctor’s office or urgent care facility are not considered emergencies.

See the *Member Handbook* for guidelines on emergency care coverage.

What do I do in an emergency?

The Plan wants to make sure you get proper care in an emergency. Here’s what you need to do:

- In an emergency, if you can do so safely, go to the nearest hospital or trauma center.
- You can call “911” or other community emergency resources for assistance in emergency situations.
- You do not need approval for emergency services.
- Please call Member Services within 48 hours of the admission. We can be reached at **1-877-723-7702** (TTY: 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.
- Call your PCP as soon as reasonably possible after getting emergency care or being admitted as an inpatient. They will help arrange for follow-up care.

Note: Emergency services are reviewed. If they are determined to be non-emergency services, coverage may be denied.

How can I get emergency care when traveling?

If you are traveling and need emergency care, call “911”. Or, if you can do so safely, go to the nearest ER or trauma center. When you return home, call your PCP or care coordinator. They will help arrange follow-up care.

What is urgent care?

Urgent care is medical treatment for a condition that is not life threatening. The condition needs quick medical attention to prevent serious health problems. Examples include sprains, high fever, and cuts

that need stitches. See the *Member Handbook* for guidelines on urgent care coverage.

How do I get urgent care?

If you don't have an emergency condition but feel you need prompt medical attention, go to an urgent care clinic in our network. You can also call the 24/7 Nurseline. **Note:** Your wait time at urgent care may be shorter than at an ER. It's important to save the ER for emergencies.

What should I do if I lose my ID card?

Simply call Member Services at **1-877-723-7702** (TTY: 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. It may take up to two weeks to get a new card.

How does the prescription drug plan work?

Please see [Drug Coverage](#) for information.

What if I have questions about my benefits?

Call Member Services at **1-877-723-7702** (TTY: 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.

What if I get a bill for covered services?

We do not allow our network provider (such as a doctor or hospital) bills you more than the plan's cost sharing amount for services. This is true even if we pay the provider less than the provider charges for a covered service or item. You are never required to pay the balance of any bill. Show your Blue Cross Community MMAI Member ID Card when you get any services or prescriptions. Call Member Services if you get any bills you do not understand.

Because Blue Cross Community MMAI pays the entire cost for your services, you do not owe any cost-sharing. Providers should not bill you anything for these services.

How to get transportation services?

You may be able to get transportation to and from your doctors' office or health care facility. Trips must be for medical reasons only. If you need a ride to the doctor, please call Member Services at **1-877-723-7702** (TTY: 711) at least 72 hours before your appointment. Call "911" if you need emergency transportation. You do not need prior approval in an emergency.

What is the Over-the-Counter Drugs & Supplies - Supplemental personal health related items?

The plan covers certain over-the-counter (OTC) drugs and supplies. The plan will pay up to a \$30 benefit per quarter. Items will be shipped to your address in 5-7 business days. You may make one (1) order each quarter. Benefits or coverage do not carry over. To place an order, you can contact an OTC Advocate at: 1-855-891-5274 (TTY: 711).

Limitations and restrictions may apply. For more information, call Blue Cross Community MMAI (Medicare- Medicaid Plan)SM Member Services or read the Blue Cross Community MMAI (Medicare- Medicaid Plan)SM Member Handbook.

Blue Cross Community MMAI (Medicare-Medicaid Plan)SM is provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.

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., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, 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>.

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

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

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

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-723-7702 (TTY: 711) 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: 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: 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: 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: 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: 711).

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

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