

**Frequently Asked Questions on Clients and Providers for ACEs and CCEs
Illinois Department of Healthcare and Family Services**

- 1. Is there any difference between a member, a client, a recipient, an enrollee, or a patient?**
No. All of these words are used as synonyms on the HFS website and in ACE- and CCE-related documentation. All of these words may be used to refer to a person who is receiving HFS medical benefits, a person who is on the panel of a particular health plan, or a particular PCP. Documents that refer to a population that may enroll with a particular plan or PCP should clearly differentiate the person's current enrollments from any potential or pending enrollments.
- 2. What is the website that Maximus will be using for the enrollment process? What is included on that site? Is this provider search site different from the actual enrollment site?**
[The Illinois Client Enrollment Services \(ICES\) program website](#) is also the site that will be listed in clients' enrollment materials. The materials will direct clients to call ICES or go online to the program website to learn more information about their health plan choices. Clients will also have the option to enroll online as an alternative to enrolling through the ICES call center. The online site will list all providers under each plan on the provider search function on the general site. The website also shows all the comparison charts that are used for mailings to a given area.
- 3. What can enrollees accomplish with Illinois Client Enrollment Services (Maximus)?**
Either via phone or web, clients can receive education on their health plan choices, pick a health plan and provider, switch their health plan and PCP during the first 90 day switch period, or switch their health plan and PCP during their open enrollment period.
- 4. What providers show up on the website when a client logs on to enroll?**
When a client authenticates into the enrollment component of the site, they will see the public-facing website. This includes a provider list that shows only those providers in the various plans that are available to be selected by the client in that client's area of service. If the person has the option of more than one plan, they may see a providers' name more than one time (if the provider is affiliated with more than one plan, has sites at different addresses, etc.).
- 5. When a provider goes to the enrollment website, what how will he or she see providers listed?**
For the provider search function on the general site, it will list all providers affiliated with the plans. A single provider may be listed multiple times if they are affiliated with multiple plans, multiple locations of service, etc. It is not specific to the individual clients' plan and provider options. Therefore the listing may be much longer than what the client sees.
- 6. Why doesn't the client enrollment services website list all the specialists in a given plan's network?**
Asking individual clients to search for each specialist they may need separately is less efficient than directing them to a plan's care coordinator who will coordinate across all their specialist needs. Therefore the website only lists PCPs and plans. Once the client is in the plan, the plan can direct that person to a specialist within the network.
- 7. What should a client do if they have a strong relationship with a specialist and want to enroll in a plan that the specialist is in?**
They can contact that specialist's office to ask which plans the specialist is enrolled with and then enroll one of those plans by web or phone.

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8. Can a specialist list themselves as a PCP for ACE or CCE clients?

Specialists should list themselves as PCPs only if they want to advertise themselves as able and wanting to provide comprehensive primary care services to clients.

9. What should the plan do if provider information changes?

We reflect the addresses and other details provided by each Health Plan for a provider. If the information is not accurate, the Provider needs to work with the health plan(s) they are contracting with to get their information corrected. It is important for each entity to be responsible for its own provider files, as only the plan can have comprehensive, up-to-the-minute information on the status of each provider. HFS relies on the provider data to educate clients, so keeping the file maintained and updated becomes a very critical part of the process.

10. When will the Illinois Client Enrollment Services website be fully available for enrollment?

It will be available within a short time after the mailing begins for a particular service area.

11. Can providers associated with a plan help their existing patient enroll with the plan or a PCP?

No. On this point, the contract language and the [Health Plan Outreach Guidelines](#) are unambiguous. No staff at the hospital or any other provider location, whether employed by a health plan or a participating provider group, can assist the client in enrolling in a health plan. The plan or provider can allow a person to use a phone to enroll, but may not sit in on the call. The plan may not provide use of a computer to the potential enrollee specifically for enrollment purposes, but may allow any person to navigate to the enrollment website from a computer that is provided in a healthcare facility for general use by any member of the public. All enrollments must be processed by ICES, either through the call center or program web site.

12. What does a client of an ACE/CCE do to Change their PCP?

The client must call Illinois Health Connect (IHC – 1-877-912-1999) or use [the IHC website](#) to log in and change their PCP. A care coordinator or plan employee can assist with this task, but the client must complete the process via IHC. Merely telling the plan about the desired change is not enough.

13. Does a client of an ACE/CCE have to switch PCP in order to see a new one?

Clients can see any primary care provider (PCP) affiliated with their plan without a referral. Therefore, they should be able to keep their appointments even if a PCP switch is delayed or has not become effective yet. Health plans/care teams should work with the clients and their doctors to let them know the clients' claims will be paid even though a different PCP is listed, because all network providers (PCPs) are affiliated with the plan.

14. If a client visits a PCP who is not listed as her/his PCP in the panel roster, will the PCP be paid?

A plan's patients can see any provider affiliated with your plan without a referral. Doctors will be paid even if a different PCP is listed, as long as the PCP is affiliated with the plan. If the PCP is not affiliated with the plan, then they will not be paid.

15. Are Chiropractic Services covered by Medicaid?

Chiropractic services for adults were cut by the Smart Act and were not restored in SB741. Medicaid only covers chiropractic for children (under age 21). [Please see more details in our provider manual here \(PDF\)](#).

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16. What are the current Dental Benefits for adults and children, including co-payments?

To find the benefits and co-pays by category of coverage, including different All Kids programs, please refer to Attachments AA (page 105) and CC (page 111) in the [DentaQuest handbook here](#) (PDF).

17. How can an ACE or a CCE use the DentaQuest website to find a provider?

Currently, DentaQuest runs a “Find a Dentist” website. It only lists the IL All Kids/Medicaid and the MCOs that they contract with to be the dental administrator, but ACEs and CCEs can refer their members to any of the dentists listed under IL All Kids/Medicaid Dental during the 18 months that ACE and CCE providers are still fee-for-service.

18. In the event of provider termination, will the client be auto-assigned another PCP within the ACE or CCE with the option to change?

If a PCP becomes inactive, non-participating or terminated, IHC will reassign the member to a new PCP within the plan. IHC will also send a letter to this member to let them know that their previous provider is no longer available and they have been assigned to the new provider – with the provider address and phone number, and a statement that tells the member if they do not want this new provider for their PCP, they can call IHC to select a new PCP. A plan will see this PCP change on their daily panel roster.

19. When a baby is born, will they automatically be enrolled in the mom’s ACE or CCE?

No. The hospital must still notify Medicaid of the birth within 60 days. But unlike the policy for MCOs, if the mom is enrolled in an ACE or CCE, the Client Enrollment Services will send mom (or head of household) an enrollment packet for the baby after the baby is born and enrolled in the HFS Medicaid program. Upon receipt of this enrollment packet, the mom (of head of household) has 60 days to pick a plan and PCP for the baby. If no choice is made, the baby will be auto-assigned. The algorithm will take into consideration things like the PCP of the member who is closest in age to the baby. If the PCP identified is in multiple ACEs or CCEs, the algorithm will try to equalize enrollment by assigning to the plan with the lowest enrollment first.

20. Will a client ever be enrolled in more than one health plan or PCP at a time?

It is not permissible under switching rules to be in more than one health plan or PCP at a time. Typically, the process of switching PCPs within a plan becomes effective in about 24-48 hours, leaving little time for overlap. When a person switches from an ACE or CCE to an MCO or from an MCO to an ACE or CCE, the enrollments will be effective the first of the following month, or even the first of the month after that, depending on the time of the request. In this case they are still enrolled with the health plan and PCP until the effective date of the switch. They are not in two plans at the same time.

21. If a client needs their demographic and contact information corrected or updated, is the plan expected to communicate that change to HFS?

We do not mandate you to take responsibility for ensuring HFS files are up to date. We do expect that for purposes of care coordination you are maintaining up-to-date client contact information in your care management system. Plans will want to encourage their members to work with their caseworker at their local DHS office to update their address, phone number,

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county, and other relevant information, in order to ensure HFS and the plans are receiving updates.

22. What is the best way to change a clients' demographic or contact information in HFS files?

Will updates to demographic or contact information be visible in the daily panel roster?

The best way to change information is to have them contact DHS. A client can call the DHS Change Report Hotline at 1-800-720-4166 (TTY: 1-800-447-6404). Clients can also go online to [the DHS website](#), click "for Customers" and then click "Change of address, income or assets." It is also possible to update the information in person with a DHS caseworker, or by sending letters by US mail. They will come through our system and into your panel roster.

23. If a client is disenrolled from Medicaid and then re-enrolls, will they have the same RIN?

Yes, in most cases they will. It is possible but rare for a client to be re-enrolled with a new RIN.

24. If a client disenrolls and reenrolls with an ACE or CCE, will the panel roster show all their enrollment and disenrollment dates?

No, only the most recent enrollment date will be showing after their second enrollment. The plan or provider can use their demographic information and RIN number to match them to the plan's medical records or the MEDI system to retrieve previous records.

25. How should providers who are not yet enrolled with Medicaid get enrolled?

Providers should contact our Provider Participation Unit (PPU) to complete the standard enrollment process. The general contact number for the PPU is 217-782-0538 or [online here](#). They should also sign up for MEDI, a portal that will permit them to check a person's eligibility and see a limited amount of claims data. (This is not required, but is highly recommended.) The process for these is the same as for any non-ACE, non-CCE provider.