



Frequently Asked Questions about the Managed Care program HealthChoice Illinois

1. How can I find out what Managed Care Health Plans are in my area?

You can see the mandatory counties on the map [here](#). Or you can visit the website for Illinois' Client Enrollment Services. Go to: www.enrollhfs.illinois.gov to compare health plans.

Four health plans will serve Medicaid clients statewide-

Blue Cross Blue Shield of Illinois	*CountyCare
IlliniCare Health Plan	
Meridian Health Plan	
Molina Health Plan	
	*Serve Cook only

2. Can I change my health plan?

Yes. As a new enrollee you can change your health plan one time in the first 90 days. After that, you cannot change health plans for one year. Once each year, you can change health plans during the time called "open enrollment." This is true for all programs except the Medicare Medicaid Alignment Initiative (MMAI), when you can change your health plan at anytime.

3. How can I contact my Health Plan? See below link to the contact page

<https://www.illinois.gov/hfs/SiteCollectionDocuments/CONTACTInformationforHealthPlansforMembers102318.pdf>

4. Can I change my Primary Care Provider (PCP)

Yes. You can change your PCP once a month. To change your PCP, call your health plan.

5. What happens if I don't choose a health plan?

If you don't choose a health plan by the deadline listed in your enrollment letters, a health plan and a PCP will be picked for you.

6. If my provider leaves my Health Plan's network, what do I do?

You must contact your health plan as soon as possible. They will help you find a different provider that can meet your needs.

7. What if I have a treatment plan when I first enroll in a health plan?

If you are in a current, ongoing course of treatment, you can continue with your provider for 90 days when first enrolling in a Health Plan - whether that provider is in network or not. You will need to work with your health plan.

8. Can I keep my doctor as my Primary Care Provider (PCP)?

Yes. If you pick a health plan that your doctor is in. Contact your PCP to see which health plan(s) they accept.

9. I recently moved. Does this affect my health plan enrollment?

If you are moving from Cook County to outside of Cook County, and you are enrolled with CountyCare or NextLevel (only offered in Cook), your current health plan will end, and you will get a new 30-day enrollment period to select a plan where you live.

If you are enrolled with a plan that is available statewide your health plan enrollment will not change; you will be able to pick a new plan during the annual open enrollment period.

10. I recently had a baby. How can I enroll my newborn in a Health Plan?

Ask the hospital to help you add your baby to your medical case right away. If you do not have a medical case, you can apply for an HFS Medical card for your baby by calling 1-800-843-6154 or online at <https://ABE.illinois.gov>

If you do not have a medical case, or are not enrolled in a health plan at the time of the baby's birth, you will receive an enrollment packet for your baby in the mail. The enrollment packet will give you your baby's health plan options and a date for when you must decide.

11. What population of special needs children are required to participate in Managed Care?

Disabled Children

Division of Specialized Care for Children (DSCC)

Children receiving Social Security

Children who are on the Medically Fragile Technologically Dependent waiver will continue to be excluded from Managed Care.

12. What services will the special needs children be receiving from the managed care health plans?

Special needs children will receive all the Medicaid covered services and Care Coordination from the health plan. Service Package III is not part of the current changes.

13. Will Medically Fragile Technology Dependent (MFTD) waiver members and Nursing and Personal Care Services Program (NPCS) continue to be excluded from Managed Care?

Yes, children who are enrolled in MFTD and who receive NPCS will continue to be excluded from managed care.

