Chapter 2: Important phone numbers and resources

Introduction

This chapter gives you contact information for important resources that can help you answer your questions about <plan name> and your health care benefits. You can also use this chapter to get information about how to contact your care coordinator and others that can advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

[If applicable, plans should modify this chapter to include contact information for other health services.]

[Plans should refer members to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, “refer to Chapter 9, Section A, page 1.” An instruction [plans may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.*]

Table of Contents

[A. How to contact <plan name> Member Services 3](#_Toc102723481)

[A1. When to contact Member Services 3](#_Toc102723482)

[B. How to contact your care coordinator 6](#_Toc102723483)

[B1. When to contact your care coordinator 6](#_Toc102723484)

[C. How to contact the Nurse Advice Call Line 8](#_Toc102723485)

[C1. When to contact the Nurse Advice Call Line 8](#_Toc102723486)

[D. [*Optional:* How to contact the Behavioral Health Crisis Line] 9](#_Toc102723487)

[D1. When to contact the Behavioral Health Crisis Line 9](#_Toc102723488)

[E. How to contact the Senior Health Insurance Program (SHIP) 10](#_Toc102723489)

[E1. When to contact the SHIP 10](#_Toc102723490)

[F. How to contact the Quality Improvement Organization (QIO) 11](#_Toc102723491)

[F1. When to contact <State-specific QIO name> 11](#_Toc102723492)

[G. How to contact Medicare 12](#_Toc102723493)

[H. How to contact Medicaid 13](#_Toc102723494)

[I. How to contact the Illinois Health Benefits Hotline 14](#_Toc102723495)

[J. How to contact the Illinois Home Care Ombudsman Program 15](#_Toc102723496)

[K. Other resources 16](#_Toc102723497)

# How to contact <plan name> Member Services

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number> This call is free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | <Web address> |

## A1. When to contact Member Services

* Questions about the plan
* Questions about claims, billing or <plan name> Member ID Cards

[If plans have different numbers for the functions listed below, plans should insert separate charts with the additional contact information.]

* Coverage decisions about your health care
* A coverage decision about your health care is a decision about:
* your benefits and covered services, **or**
* the amount we will pay for your health services.
* Call us if you have questions about a coverage decision about health care.
* To learn more about coverage decisions, refer to Chapter 9 [plans may insert reference, as applicable].
* Appeals about your health care
* An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake.
* To learn more about making an appeal, refer to Chapter 9 [plans may insert reference, as applicable].
* Complaints about your health care
* You can make a complaint about us or any provider – including a non-network or network provider. A network provider is a provider who works with the health plan. You can also make a complaint about the quality of the care you got to us or to the Quality Improvement Organization (refer to Section F below [plans may insert reference, as applicable]).
* If your complaint is about a coverage decision about your health care, you can make an appeal. (Refer to the section above[plans may insert reference, as applicable].)
* You can send a complaint about <plan name> right to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* To learn more about making a complaint about your health care, refer to Chapter 9 [plans may insert reference, as applicable].
* Coverage decisions about your drugs
* A coverage decision about your drugs is a decision about:
* your benefits and covered drugs, **or**
* the amount we will pay for your drugs.
* This applies to your Part D drugs, Medicaid prescription drugs, and Medicaid over-the-counter drugs.
* For more on coverage decisions about your prescription drugs, refer to Chapter 9 [plans may insert reference, as applicable].
* Appeals about your drugs
* An appeal is a way to ask us to change a coverage decision.

[Plans should include contact information for appealing Medicaid drugs and Part D drugs. If the contact information is the same, plans should modify the information so only one number is given to appeal all drugs. If applicable, explain how Medicaid drugs are labeled in the Drug List.]

* For more on making an appeal about your prescription drugs, refer to Chapter 9 [plans may insert reference, as applicable].
* Complaints about your drugs
* You can make a complaint about us or a pharmacy. This includes a complaint about your prescription drugs.
* If your complaint is about a coverage decision about your prescription drugs, you can make an appeal. (Refer to the section above [plans may insert reference, as applicable].)
* You can send a complaint about <plan name> right to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* For more on making a complaint about your prescription drugs, refer to Chapter 9 [plans may insert reference, as applicable].
* Payment for health care or drugs you already paid for

[Plans with an arrangement with the state may add language to reflect that the organization is not allowed to reimburse members for Medicaid-covered benefits. Plans adding this language should include reference to the plan’s Member Services.]

* For more on how to ask us to pay you back, or to pay a bill you got, refer to Chapter 7 [plans may insert reference, as applicable].
* If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. Refer to Chapter 9 [plans may insert reference, as applicable] for more on appeals.

# How to contact your care coordinator

[Plans should replace “care coordinator” with the term used by the plan/state. Plans should include information explaining what a care coordinator is, how members can get a care coordinator, how they can contact the care coordinator, and how they can change their care coordinator.]

| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| --- | --- |
| TTY | <TTY phone number> This call is [insert if applicable: not] free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | [Web address is optional.] |

## B1. When to contact your care coordinator

* Questions about your health care
* Questions about getting behavioral health services, transportation, and long-term services and supports (LTSS)
* If your provider or care coordinator thinks you may be eligible for long-term care or additional supports and services to keep you in your home, they will refer you to an agency that will decide if you are eligible for those services.

Sometimes you can get help with your daily health care and living needs. [Plans should revise this section as necessary to list the specific services that are available.] You might be able to get these services:

* Skilled nursing care
* Personal Assistant
* Homemaker
* Adult Day Care
* Emergency Home Response System
* Physical therapy
* Occupational therapy
* Speech therapy
* Home health care

# How to contact the Nurse Advice Call Line

[Plans should include a brief description and information about what the Nurse Advice Call Line is.]

|  |  |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number> This call is [insert if applicable: not] free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

## C1. When to contact the Nurse Advice Call Line

* Questions about your health care

# D. [*Optional:* How to contact the Behavioral Health Crisis Line]

[*Plans should only include the Behavioral Health Crisis Line if it is applicable. If plans include a Behavioral Health Crisis Line, they should also briefly describe what it is.*]

| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| --- | --- |
| TTY | <TTY phone number> This call is [insert if applicable: not] free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

## D1. When to contact the Behavioral Health Crisis Line

[*Plans should include information on what members should call the behavioral health crisis line about*]

* Questions about behavioral health services
* [*Insert when applicable:* Questions about substance use disorder services]

# How to contact the Senior Health Insurance Program (SHIP)

The Senior Health Insurance Program (SHIP) gives free health insurance counseling to people with Medicare.SHIP is not connected with any insurance company or health plan.

|  |  |
| --- | --- |
| CALL | 1-800-252-8966 Monday-Friday 8:30 a.m. - 5 p.m. The call is free. |
| TTY | 1-888-206-1327 Monday-Friday 8:30 a.m. - 5 p.m. The call is free. |
| WRITE | Senior Health Insurance Program  Illinois Department on Aging  One Natural Resources Way, Suite 100  Springfield, IL 62702-1271 |
| EMAIL | [AGING.SHIP@illinois.gov](mailto:AGING.SHIP@illinois.gov) |
| WEBSITE | [www2.illinois.gov/aging/ship/Pages/default.aspx](https://www2.illinois.gov/aging/ship/Pages/default.aspx) |

## E1. When to contact the SHIP

* Questions about your Medicarehealth insurance
* SHIP counselors can answer your questions about changing to a new plan and help you:
* understand your rights,
* understand your plan choices,
* answer your questions about changing to a new plan,
* make complaints about your health care or treatment, **and**
* straighten out problems with your bills.

# How to contact the Quality Improvement Organization (QIO)

Our state has an organization called a <State-specific QIO name>. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare.<State-specific QIO name> is not connected with our plan.

|  |  |
| --- | --- |
| CALL | <Phone number(s)> |
| TTY | [TTY phone number is optional.]  [Insert if the QIO uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | <Web address> |

## F1. When to contact <State-specific QIO name>

* Questions about your health care
* You can make a complaint about the care you got if you:
* have a problem with the quality of care,
* think your hospital stay is ending too soon, **or**
* think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

# How to contact Medicare

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS.

|  |  |
| --- | --- |
| CALL | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| TTY | 1-877-486-2048 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WEBSITE | [www.medicare.gov](http://www.medicare.gov)  This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing homes, doctors, home health agencies, dialysis facilities, inpatient rehabilitation facilities, and hospices.  It includes helpful websites and phone numbers. It also has booklets you can print right from your computer. If you don’t have a computer, your local library or senior center may be able to help you visit this website using their computer. Or, you can call Medicare at the number above and tell them what you are looking for. They will find the information on the website, print it out, and send it to you. |

# How to contact Medicaid

Medicaid helps with medical and long-term services and supports costs for people with limited incomes and resources.

You are enrolled in Medicare and in Medicaid. If you have questions about your Medicaid eligibility, call the Illinois Department of Human Services Customer Help Line.

[If applicable, plans may also inform members that they can get information about Medicaid from county resource centers and indicate where members can find contact information for these centers.]

|  |  |
| --- | --- |
| CALL | 1-800-843-6154 Monday-Friday 8 a.m. – 5 p.m. The call is free. |
| TTY | 1-866-324-5553 Monday-Friday 8 a.m. – 5 p.m. The call is free. |
| EMAIL | [DHS.WebBits@illinois.gov](mailto:DHS.WebBits@illinois.gov) |
| WEBSITE | [www.dhs.state.il.us](http://www.dhs.state.il.us) |

# How to contact the Illinois Health Benefits Hotline

The Illinois Department of Healthcare and Family Services Health Benefits Hotline provides general information about Medicaid benefits.

|  |  |
| --- | --- |
| CALL | 1-800-226-0768 Monday-Friday 8 a.m. – 4:30 p.m. The call is free. |
| TTY | 1-877-204-1012 Monday-Friday 8 a.m. – 4:30 p.m. The call is free. |
| WEBSITE | [www.hfs.illinois.gov](http://www.hfs.illinois.gov)  This is the official website for Medicaid. It gives you up-to-date information about Medicaid. |

# How to contact the Illinois Home Care Ombudsman Program

The Illinois Home 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. They also can help you file a complaint or an appeal with our plan. The Illinois Home Care Ombudsman is not connected with any insurance company or health plan. Their services are free.

|  |  |
| --- | --- |
| CALL | 1-800-252-8966 Monday-Friday 8:30 a.m. – 5 p.m. The call is free. |
| TTY | 1-888-206-1327 Monday-Friday 8:30 a.m. – 5 p.m. The call is free. |
| WRITE | Home Care Ombudsman Program  Illinois Department on Aging  One Natural Resources Way, Suite 100  Springfield, IL 62702-1271 |
| EMAIL | [Aging.HCOProgram@illinois.gov](mailto:Aging.HCOProgram@illinois.gov) |
| WEBSITE | [www.illinois.gov/aging/programs/LTCOmbudsman/Pages/The-Home-Care-Ombudsman-Program.aspx](https://www2.illinois.gov/aging/programs/LTCOmbudsman/Pages/The-Home-Care-Ombudsman-Program.aspx) |

# Other resources

[Plans should provide information on additional resources, including county aging and disability resource centers, choice counselors, enrollment brokers, and area agencies on aging. Plans should format consistently with other sections and include a brief description and information about any other resources they add.]