



# Member Handbook



## Community Care Partners

Working Together for Your Health

THE CARE PARTNERS:



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Our goal is to provide you with all the care you need so that you can enjoy your **best health throughout your life.**

### **Welcome to Community Care Partners**

NorthShore University HealthSystem, Erie Family Health Center, Lake County Health Department and Community Health Centers and Vista Health System have partnered as **Community Care Partners**. Our goal is to provide you with all the care you need so that you can enjoy your best health throughout your life. We are committed to serving Medicaid-eligible adults and children in Lake County and northern Cook County.

The State of Illinois decides who is able to participate in the Healthcare and Family Services (HFS) medical program. Community Care Partners has a contract with HFS to offer you Medicaid services. Community Care Partners follows all federal and state rules and makes sure that there is no discrimination against you based on your race, color, religion, sex, national origin, ancestry, age or physical or mental disability. Community Care Partners will also make sure that there is no discrimination because of your health status or need for healthcare services.

### **Important Contact Numbers:**

#### **Community Care Partners**

4901 Searle Parkway  
Suite 330  
PO BOX 1006  
Skokie, IL 60077  
1-888-977-2447 (TTY/TDD: 800-855-2880)  
Fax: 847-982-6963  
[www.care-partners.org](http://www.care-partners.org)

#### **Illinois Client Enrollment Services**

1-877-912-8880 (TTY: 1-866-565-8576)  
<http://enrollhfs.illinois.gov>

#### **Illinois Health Connect**

1-877-912-1999 (TTY: 1-866-565-8577)  
[www.illinoishealthconnect.com](http://www.illinoishealthconnect.com)

#### **Illinois Department of Healthcare and Family Services**

Bureau of Managed Care  
401 South Clinton Street, 6th Floor  
Chicago, IL 60607  
HFS Health Benefits Hotline: 1-866-468-7543  
(TTY 1-877-204-1012)

#### **Department of Human Services (DHS) Help Line**

1-800-843-6154 (TTY: 1-800-447-6404)

#### **DHS Information Change Report Hotline**

1-800-720-4166 (TTY: 1-800-447-6404)



## **Enrollment**

If you are new to Community Care Partners, you have 90 days to change plans. After the 90 days, you need to stay in the same plan for one year until your yearly enrollment period. To learn more about your health plan options, contact the Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576).

At the end of your enrollment year, you will get a letter from the Illinois Client Enrollment Broker (ICEB). The letter will say that you can change health plans if you want to. You will have 60 days to change. The letter will give you the dates that you can make the change. This 60-day period is called “open enrollment.” You can change health plans during your 60-day open enrollment period every year.

## **Community Care Partners**

### **CUSTOMER SERVICE**

We have customer service representatives available every weekday, 8:30 am to 5:00 pm, to answer your questions. Representatives can help you:

- Understand your eligibility
- Understand your benefits
- Update your contact information
- Request a new ID card
- Schedule transportation
- Pick or change a primary care provider (PCP)
- Find a specialist or hospital
- File a grievance or appeal

Customer Service can be reached at 1-888-977-2447 (TTY/TDD: 800-855-2880). We have translators available to meet your needs. All materials are also available in alternative formats, such as Braille and large print. You can also find us online at [www.care-partners.org](http://www.care-partners.org).

## IDENTIFICATION (ID) CARDS

You should have received a Community Care Partners membership ID card. Each member of your family who has joined Community Care Partners will receive their own card. Each card is good for as long as the person is a member of Community Care Partners and is eligible for Medicaid.

You will need your ID card each time you get medical services. This means that you need your Community Care Partners ID card when you:

- See your PCP
- See a specialist or other doctor
- Go to an emergency room
- Go to an urgent care facility
- Go to a hospital for any reason
- Get medical supplies
- Get medication
- Have medical tests

### *Call Customer Service as soon as possible if:*

- You have not received your ID card(s) yet
- Any of the information on the ID card(s) is wrong
- You lose your ID card(s)
- Your address or phone number changes

Community Care Partners Working Together for Your Health	
ENROLLEE NAME <b>FIRST NAME M LAST NAME JR</b>	EFFECTIVE DATE <b>XX/XX/XXXX</b>
MEDICAID RECIPIENT IDENTIFICATION NUMBER (RIN)	<b>XXX-XXXXXXX-XXX</b>
PRIMARY CARE PROVIDER (PCP) <b>XXXX XXXX XXXX</b>	PCP PHONE NUMBER <b>XXX-XXX-XXXX</b>
PCP CO-PAY: WAIVED. OTHER CO-PAY APPLY.	
THE CARE PARTNERS: 	

**Attention Members:** This card does not guarantee eligibility or payment for services. Medical providers must verify identity and eligibility when you need care.

Show this card each time you receive health care and pharmacy services. Contact your care team right away, if you have changes in your health, a hospitalization, an emergency department visit or have questions about your health care or needs.

If you need access to services after hours and cannot reach your PCP or care team, call the number below:

MEMBER HOTLINE: **888-977-2447**  
TTY (PARTIAL OR TOTAL HEARING LOSS): **800-855-2880**

**COMMUNITY CARE PARTNERS**  
4901 SEARLE PARKWAY | SUITE 330 | PO BOX 1006 | SKOKIE, IL 60076  
**WWW.CARE-PARTNERS.ORG**

WORKING TOGETHER FOR YOUR HEALTH

If your address or phone number changes, you will have to change that information with the DHS Information Change Report Hotline at 1-800-720-4166 (TTY: 1-800-447-6404).

## WE SPEAK YOUR LANGUAGE ---- HABLAMOS SU IDIOMA

It is important to us that you understand the information in this handbook, your benefits and how to get care. If you or a family member speaks another language other than English, we provide language assistance, over the phone and in writing. We also use the TTY/TDD telephone system for our members who are vision or hearing impaired. Please contact Customer Service for more information about language and TTY/TDD services.

## HELP US MAKE COMMUNITY CARE PARTNERS BETTER

Join the Consumer Advisory Board. The Consumer Advisory Board is a place for you to be heard, to review how Community Care Partners is doing, and to offer advice on how to make us better. You can help us review new programs and materials, give us advice on the best way to reach other members, and remind us what makes your communities so wonderful. Please contact Customer Service if you would like to join.

## Helpful Words

<b>PRIMARY CARE PROVIDER (PCP)</b>	Your family doctor, advanced practice nurse or other healthcare provider at your medical home who takes care of you and your family.
<b>CARE COORDINATION</b>	We will help you arrange medical care and other services you need.
<b>CO-PAYMENT/CO-PAY</b>	A small fee that you may have to pay for some services, like prescription drugs. Your co-payments depend on your age and the service you receive through us.
<b>COVERED SERVICES</b>	The services you receive from Community Care Partners. For example, coverage for non-emergency transportation and certain dental services are provided to some persons, but not to others. Call the HFS Health Benefits Hotline at 1-866-468-7543 to find out what services are covered for you. If you use a TTY, call 1-877-204-1012. The call is free. You can also call Community Care Partners Customer Service for information about your covered services.
<b>HFS (THE ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES)</b>	The state agency that runs the HFS Medical Programs. You can file grievance and appeals with them about your care and services.
<b>ILLINOIS CLIENT ENROLLMENT SERVICES</b>	A part of HFS. You must use this service to change your PCP or enroll in a new health plan.
<b>ILLINOIS NURSE HELPLINE</b>	Call the Helpline when your doctor's office is closed, nights and weekends, to speak to a nurse who can answer any questions, and help you decide if you should go to an emergency room. Call 1-877-912-1999 (TTY 1-866-565-8577), 7:00 p.m. to 8:00 a.m. Monday through Friday, and 24 hours a day on weekends.
<b>IMMUNIZATIONS</b>	Shots and other medications that help prevent sicknesses like measles, mumps, and chicken pox.
<b>MEDICAL HOME</b>	A medical home is the place you go to for your health care needs. Your medical home is where all of your records are kept. You and your family will go to your medical home to see your Primary Care Provider (PCP) when you are sick or it is time for a checkup.
<b>PRENATAL CARE</b>	Care that is given to a pregnant woman the whole time that she is pregnant. This care is important for the mom's and the unborn child's health.
<b>REFERRAL</b>	May be required when you seek services with a provider that is not your PCP.
<b>SPECIALIST</b>	A doctor who practices a special kind of medicine, like an ear, nose and throat doctor, or foot doctor.

## Your Benefits

### COVERED SERVICES

You and your family can get the following Medicaid services through Community Care Partners:

- Alcohol and substance abuse treatment services;
- Chiropractic services (children only);
- Dental services;
- Durable and non-durable medical equipment and supplies;
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services;
- Emergency services;
- Family planning services;
- Health education;
- Home health care services;
- Hospice;
- Hospital inpatient and outpatient services;
- Immunizations (children and adults);
- Laboratory and x-ray services;
- Maternity care services;
- Mental health;
- Nurse midwife services;
- Optical/Vision;
- Orthotic/prosthetic devices, including prosthetic devices or reconstructive surgery incident to mastectomy;
- Over the counter items;
- Pharmacy (children and adults);
- Physical, occupational and speech therapies;
- Physician services;
- Podiatric services (people with diabetes only);
- Preventive services;
- Skilled nursing care (first ninety (90) days);
- Transplant services (non-experimental);
- Transportation; and
- Well-child care services.

### NOT COVERED

- Custodial care services
- Elective cosmetic surgery



## How It Works

### YOUR MEDICAL HOME

A medical home is the place you go for care. Your medical home is where all of your records are kept. You and your family will go to your medical home to see your Primary Care Provider (PCP) when you are sick and need care or for check-ups.

It is good to have a medical home because you get personalized care. When you have a medical home, your PCP will get to know you well. You will feel more comfortable talking to your PCP about your health or any problems or questions you have. That way, you and your family get the quality care you need to stay healthy. Even if you are healthy and never get sick, it is good to have a medical home. Working with your medical home helps you learn how to take charge of your care and stay healthy.

A Primary Care Provider (PCP) is the family doctor, advanced practice nurse or other healthcare provider at your medical home who takes care of you and your family.

*Your PCP will:*

- Answer questions you have about your care.
- Give you the information you need to stay healthy.
- Help you manage conditions like diabetes, high blood pressure, and asthma.
- Refer you to specialists or other doctors.
- Take care of you when you are sick.
- Work with you to get the care you need.

It's important that you go to any PCP's appointments you have scheduled. If you are having a problem, and won't be able to keep your appointment, please call your PCP as soon as possible. They will be able to help you make a new appointment, and help you keep it.

In some cases, a specialist can be a PCP. A specialist can be a PCP if they join Medicaid as a PCP. This means the specialist has to agree to provide primary care services (such as checkups and immunizations) and meet other requirements of PCPs. You can pick a specialist to be your PCP if you already see them for care and they are signed up as a PCP in Medicaid. For example, a pregnant woman may want her Obstetrician/Gynecologist (OB/GYN) to be her PCP. She can do this if her OB/GYN is a Medicaid PCP.

To find out if a specialist is a Medicaid PCP, ask your specialist or call Customer Service. If your specialist wants to be your PCP, but hasn't joined Medicaid, ask the specialist to call Customer Service.

### YOUR PRIMARY CARE PROVIDER

When you picked Community Care Partners, you also picked a Primary Care Provider (PCP). It is important that you and all of your family members go to see your new PCP as soon as possible. Get to know your PCP. Your PCP is the doctor who knows you the best, who works with you to coordinate your care, and makes sure that you get the best possible care. Their name and phone number are on your ID card. Your PCP will see you for check-ups, shots, and other routine care needs. Your PCP will also help coordinate your care when you need to see other doctors (specialists) or go to the hospital.



## HOW TO CHANGE YOUR PCP

If for any reason you want to change your PCP, call Customer Service and we will work with you to pick a new PCP. You can change your PCP monthly. When you pick a new PCP, you must call Illinois Health Connect at 1-877-912-1999 (TTY: 1-866-565-8577) to let them know.

Community Care Partners will send you a new ID card with your new PCP name and telephone number on it. For the names of PCPs in the Community Care Partners network, you may look in your Provider Directory, at [www.care-partners.org](http://www.care-partners.org) or call Customer Service.

## PRESCRIPTION DRUGS

Medicaid provides coverage for prescription drugs. To get your medication, you will need a prescription from your medical provider. Adults (19 – 64) are allowed four prescriptions per month. A provider can prescribe more drugs if there is prior approval. In Illinois, most if not all, pharmacies accept Medicaid. If you want to be sure, call the pharmacy first.

There are co-pays for most medications. The amount of the co-pay depends on the type of drug as listed in the chart: brand name, generic, or over the counter. For children in All Kids, the amount of the co-pay will depend on their specific All Kids program. If you have questions about whether Medicaid will cover a prescription or if there will be a co-pay, please call Customer Service.

TYPE	CO-PAY AMOUNT
Brand name prescription	\$3.90
Generic prescription	\$2.00
Over the counter medication with prescription from your PCP*	\$2.00

\*Over-the-counter prescriptions are not covered for children in All Kids Premium level 2. Children on All Kids Assist do not have co-pays.

## REFERRALS

We want you to see your PCP when you need them. You do not need a referral for your primary care provider, OB/GYN, dental or vision services, or for prescriptions.

## NON-EMERGENCY TRANSPORTATION SERVICES

**You do not need a referral** from your PCP for non-emergency transportation services. If it is hard for you to get to your medical appointments either because you do not have a car to use or because you cannot afford the gas, Community Care Partners or HFS will help you get a ride to your PCP or clinic.

**This is not for ambulance services.**

**Medicaid covers non-emergency transportation to the nearest possible provider only.**

To see if you qualify for non-emergency transportation services, call First Transit at 1-877-725-0569 (TTY: 1-877-204-1012). You can call between 8:00 a.m. and 5:00 p.m. Monday through Friday. The call is free.

Community Care Partners has also partnered with Ride Right to support your transportation needs. Please let your PCP know if you think you need this service or call Customer Service.

You must call and ask for help to get a ride at least two business days (not counting weekends or holidays) before the trip. When you call for approval for a ride from First Transit, you must give:

- The date, time, and reason for the appointment
- The name and address of your PCP or clinic the person will be seeing
- The name, address, and phone number of the person who needs the ride
- The recipient identification number (this is the number on your HFS or All Kids medical card)
- The name of the transportation provider, if known

## Other Services

### MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

If you need mental health and/or substance abuse services, call your PCP for help in coordinating your care and to refer you to the right place for you, including a Community Health Center or an Illinois Department of Mental Health and Addiction Services (MHA) facility. You can also call Customer Service for information, or you may self-refer directly to a certified community mental health or treatment center. Please see your provider directory or call Customer Service for the names and telephone numbers of the facilities near you. You can also look at the provider directory online at [www.care-partners.org](http://www.care-partners.org).

### DENTAL SERVICES

You **do not need a referral** from your PCP for dental services. Medicaid covers dental services for children and adults. Children should visit the dentist for a checkup every six months starting no later than age 2. These services include visits to prevent disease, notice problems and fix your teeth – such as exams, teeth cleaning, cavity filling, root canals, and tooth removal. In some cases, there may be a co-pay for services, but there is no co-pay for exams. There may also be limitations on how often you can get a service.

Under the dental benefit, we encourage you to go to a dentist for an oral exam. At the exam, your dentist will develop a treatment plan for you. If the treatment plan includes a covered dental service that requires prior approval, the dentist will request the approval. If approved, the dentist can perform the service.

If you have any questions about finding a dentist or what is covered under your dental benefit, call Dental Services at 1-888-286-2447 (TTY: 1-800-466-7566).

For more information, visit DentaQuest's member documents' page at: <http://www.dentaquest.com/state-plans/regions/illinois/member-page/member-documents/>

### EYE SPECIALISTS AND SERVICES

An eye specialist is called an ophthalmologist. To see an ophthalmologist because of an eye disease or eye injury, you **do** need a referral from your PCP.

To find out what vision services are covered for you, call HFS Health Benefits Hotline at 1-866-468-7543 (TTY: 1-877-204-1012). The call is free.

If you need help finding a vision care provider or ophthalmologist, please call Illinois Health Connect at 1-877-912-1999 (TTY: 1-866-565-8577).



### MEDICAL MANAGEMENT SERVICES

We want to make sure you can always see the kind of doctor you need and get needed tests and procedures. While you are not required to use the Community Care Partner's Network, we strongly encourage you to. The network includes all kinds of doctors, selected to meet your needs. Our doctors speak your language, are in your community, and work with Community Care Partner's Care Coordinators to help you get all of the services you need. If you need a doctor, please look at the Provider Directory at [www.care-partners.org](http://www.care-partners.org) or call Customer Service.

### VISION SERVICES

You **do not need a referral** from your Primary Care Provider (PCP) for Medicaid covered vision services. Medicaid covered vision services include eye exams, eyeglasses, and specialty services, if needed. Adults are limited to one pair of eye-glasses in a two year period. Children are covered for eyeglasses as needed.

Vision services must be provided by a Medicaid-enrolled vision care provider. There may be co-pays for a vision exam and other services. Check with your vision care provider. Some vision services and materials, such as contact lenses and low vision devices, have to be approved before you can get them. Your vision care provider will request prior approval if necessary.

## Type of Care Needed: Where to Go and Who to Call

### EMERGENCY SERVICES

An emergency is a health problem that is life threatening or one that will seriously affect your health if not treated right away. An emergency can be from an accident or sudden illness and puts you in danger of death or severe harm. Only go to the Emergency Room if the problem is serious.

Some **examples of emergencies** when you should go to the Emergency Room are:

- Strong feeling that you might hurt yourself or another person
- A serious accident
- Bleeding that won't stop
- Broken bone(s)
- Chest pain
- Choking or being unable to breathe properly
- Damage to the eyes
- High fever
- Miscarriage (when a pregnant woman loses her baby)
- Passing out
- Poisoning
- Seizures
- Serious burns
- Severe shortness of breath
- Severe stomach pain
- Sudden loss of feeling or not being able to move
- Throwing up blood

### WHEN TO CALL YOUR PCP FIRST

Some **examples of when you should call your PCP first** to make an appointment instead of going to the Emergency Room are:

- Cough
- Ear ache
- Fever
- Pain medication
- Rash
- Refill medications that are now empty
- Runny Nose

If you are unable to reach your PCP after-hours or on the weekend, the Illinois Nurse Helpline can also help you decide if you have an emergency. Call 1-877-912-1999 (TTY 1-866-565-8577) 7:00 p.m. to 8:00 a.m., Monday through Friday, and 24 hours a day on weekends. The call is free. If you need a list of emergency providers in your area, call Illinois Health Connect at 1-877-912-1999 (TTY: 1-866-565-8577). The call is free. You can also call Customer Service for information about emergency providers in your area.



**If you have an emergency, a referral is NOT needed.** Call 911 (if available in your area) or go to the nearest emergency room right away. In an emergency you can use any hospital or other provider of emergency services.

**EMERGENCY VS. URGENT VS. CHECK-UP:**

<b>TYPE OF CARE NEEDED: WHERE TO GO AND WHOM TO CALL</b>	
<b>Emergency treatment</b>	<p>Emergencies may involve, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Broken bones</li> <li>• Chest pain</li> <li>• Difficulty breathing</li> <li>• Miscarriage/pregnancy with vaginal bleeding</li> <li>• Overdose/Poisoning</li> <li>• Seizures or convulsions</li> <li>• Severe burns</li> <li>• Unconsciousness</li> <li>• Unusual or excessive bleeding</li> </ul> <p>Call 911 if it is available in your area or go to the nearest emergency department. 911 is the local emergency telephone system available 24-hours a day, 7 days a week. The phone number for the Poison Control Center is 1-800-222-1222.</p>
<b>Urgent (non-emergency) treatment for an illness or injury</b>	Call your PCP to request an appointment.
<b>Routine care such as a physical exam, wellness visit or immunizations</b>	Call your PCP to request an appointment.
<b>Mental Health and Substance Abuse Services</b>	Call your PCP to help coordinate your care and refer you to the right place for you, or a Community Health Center or an Illinois Department of Mental Health and Addiction Services (MHA) facility, or contact Community Care Partners for help in getting needed services.
<b>Family Planning and Women's Health Services</b>	You do not need a referral to get Women's Health or Family Planning Services. You can go directly to your PCP, any OB/GYN, Certified Nurse Midwife, or Qualified Family Planning Provider to receive these services. You are not required to stay within the CCP network for family planning and women's health services.
<b>Specialist appointments</b>	Call your PCP to help coordinate your care and refer you to the right specialist for you.

If you have an emergency, call 911 or go to the nearest Emergency Department or other appropriate place. You **do not need a referral** from your PCP or have to call Community Care Partners before going to the Emergency Department.

Please show the staff at the Emergency Department your ID card so that they know who your PCP is. They will let your PCP know they saw and cared for you. Your PCP will follow-up with you to make sure that you are okay and help you get any needed medications or testing. You must make an appointment with your PCP for any follow-up care. Do not go to the Emergency Department for follow-up care.

Post-stabilization services are Medicaid-covered services that you receive after emergency medical care. Post-stabilization care services are provided and covered 24 hours a day, 7 days a week.

Call 911 if it is available in your area or go to the nearest emergency department. 911 is the local emergency telephone system available 24-hours a day, 7 days a week. The phone number for the Poison Control Center is 1-800-222-1222.

#### **AFTER-HOURS CARE**

What do you do when you need care but your PCP's office isn't open? If it is a life-threatening emergency, you should call 911 or go to the nearest Emergency Department. For a list of facilities providing Emergency Services, please see your Provider Directory or go to [www.care-partners.org](http://www.care-partners.org).

If you need to speak to your PCP after hours, you can call your PCP directly, using the number on your Community Care Partners ID card. Even if your PCP's office is closed, the office has someone available 24 hours a day, 7 days a week who will let you know what to do.





## Women and Children

### **FAMILY PLANNING AND WOMEN'S HEALTH SERVICES**

You do not need a referral to get Women's Health or Family Planning Services. You can go directly to your PCP, or any OB/GYN, Certified Nurse Midwife, or Qualified Family Planning Provider to receive these services. You are not required to stay within the CCP network for family planning and women's health services.

### **PRENATAL CARE**

You **do not need a referral** from your PCP for OB/GYN services. Pregnant women need special care during their pregnancy called prenatal care. Prenatal care is very important. Prenatal care visits with an OB/GYN or clinic will help pregnant women stay healthy and help their babies stay healthy too. Even if a woman has been pregnant before, prenatal care is still very important. Prenatal care should start as soon as possible.

Even if you are thinking of having a baby, you should discuss this with your PCP. There are things you can do before you get pregnant that will make your pregnancy healthier and your baby too.

### **WIC (WOMEN, INFANTS, AND CHILDREN)**

WIC is a free food assistance program to help pregnant women, new moms, babies, and young children eat well and stay healthy.

WIC is available to women who are pregnant, breastfeeding or just had a baby, and infants and children under 5 years old (including foster children) who are:

- Low to medium income
- Found to be at nutrition risk through a free health screening

It is very important that babies and young children eat right. This helps them grow up healthy and strong. WIC can teach you about good nutrition and health. With WIC you get healthy foods like milk, eggs, cheese, fruits and vegetables, juice, cereal, dried beans or peas, baby food, and whole grains (whole wheat bread and other options). WIC also covers infant formula with iron for babies who are not breast-fed. WIC can also give you information on, and help with, breastfeeding.

To find out more about WIC or to find a WIC office in your area, call 1-800-323-4769 (TTY 1-866-295-6817) or visit the DHS Web site at [www.dhs.state.il.us](http://www.dhs.state.il.us) and click on the Women, Infants and Children (WIC) link.

## CHECK-UPS FOR CHILDREN

It's important for children to have regular medical checkups—even when they are not sick—from the time they are born right up until they are 18. Healthy children are more likely to become healthy adults!

Your PCP will need to know your child's medical history. Tell your PCP about any illness or other medical condition your child has. Be sure to give the PCP a list of the medicines your child takes.

At regular checkups, your PCP will make sure your child is growing and developing properly.

### *Your PCP will:*

- Give your child a complete physical exam
- Check your child's ears, eyes and mouth
- Make sure your child has up-to-date immunizations (shots)
- Talk to you about helping your child stay healthy

## EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT SERVICES (EPSDT)

The EPSDT benefit covers medical exams, immunizations (shots), health education, and laboratory tests for everyone eligible for Medicaid under the age of 21 years. These exams are important to make sure that children are healthy and are developing physically and mentally. Mothers should have prenatal exams and children should have exams at birth, 3-5 days of age and at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age. After that, children should have at least one exam per year.

EPSDT also covers complete medical, vision, dental, hearing, nutritional, developmental, and mental health exams, in addition to other care to treat physical, mental, or other problems or conditions found by an exam. EPSDT covers tests and treatment services that may not be covered for people over age 20; some of the tests and treatment services may require prior authorization.

EPSDT services are available at no cost to members and include:

- Preventive check-ups for newborns, infants, children, teens, and young adults under the age of 21.
- Screenings:
  - Complete medical exams (with a review of physical and mental health development)
  - Dental exams
  - Developmental exams
  - Hearing exams
  - Lead testing
  - Nutrition checks
  - Vision exams
- Laboratory tests for certain ages
- Immunizations
- Follow up care to treat physical, mental, or other health problems or issues found during screening. This could include, but is not limited to, services such as:
  - Visits with a PCP, specialist, dentist, optometrist and other doctor to diagnose and treat problems or issues
  - Clinic visits
  - In-patient or outpatient hospital care
  - Laboratory tests
  - Prescription drugs
- Health education

It is very important to get preventive check-ups and screenings so your providers can find any health problems early and treat them, or make a referral to a specialist for treatment before the problem gets more serious. You can receive these services by calling your PCP and/or dental provider and making an appointment. If you have any questions, or need assistance, please call Customer Service.



## Programs Available

### CARE COORDINATION PROGRAM

We have a Care Coordination program to help you with managing your care. The Care Coordination program starts with your Health Assessment, a questionnaire that you fill out either at your PCP's office, on the website, or at home (and send back to us in the included envelope). Your answers will help us get to know you better and see where you might need some help. Whether it's help with a medical condition, like diabetes or asthma, a behavioral health condition like depression, or with transportation or access to your PCP, your care coordination team can help you achieve and maintain your best health. Care coordination is especially helpful if you have multiple conditions that make your care complicated. The Care Coordination program is available to all Community Care Partners members.

You can be enrolled in care management in a number of ways:

- Call Customer Service if you think that the program would benefit you
- Your PCP can call Community Care Partners and recommend you for the program
- A Care Coordinator will call you if she thinks that these services might be helpful to you

Your team is led by a Care Coordinator, a nurse or social worker, who works with other people who can help with your care, such as nutritionists, educators, and community health workers. Your Care Coordinator will either meet with you face-to-face or call you to ask you questions about your health and lifestyle to help develop your plan of care. Once the Care Coordinator has developed the plan of care with you, he or she will work with you to address any barriers to achieving your goals, and help you get and stay on track. Your Care Coordinator will work with your PCP and any other doctors involved in your care to help coordinate your plan of care. He or she will give you information about local community resources that might help you.

For more information about the Care Coordination Program, please call Customer Service.

### DISEASE MANAGEMENT AND HEALTH EDUCATION PROGRAMS

We want to make sure that you have access to educational programs to help you achieve and maintain your best health. You have access to the following programs:

- Breastfeeding education, support and peer counseling
- Diabetes education classes and support groups
- Education on oral health and referral to dental services
- Healthy lifestyle promotion
- Nutrition education and counseling
- STI/HIV education
- Tobacco cessation education and counseling
- WIC (Women, Infants and Children) Supplemental Nutrition Education Program education and referral for all pregnant mothers and mothers with children up to age 5



## Your Rights and Responsibilities

Community Care Partners members will be informed of their rights and responsibilities every year. You are free to apply your rights without any action taken against you.

### YOU HAVE THE RIGHT TO:

- Be treated with respect, dignity, and privacy.
- Have your PCP explain your treatment in a way that makes sense to you.
- Ask questions and have them answered by your PCP.
- Make decisions about the care you get. This includes saying “no” to care you don’t want.
- Get a copy of your medical records from your PCP and have the records corrected if needed.
- Change your PCP as often as once a month.
- Pick the same PCP for you and your family, or pick different PCPs for each member of your family.
- Call your PCP and get help.
- Complain about your PCP.
- Be free from any means of discrimination or retaliation.



### YOU HAVE THE RESPONSIBILITY TO:

- Learn your rights as a Community Care Partners member.
- Keep your appointments and cancel in advance the ones you cannot keep.
- Treat your PCP with respect.
- Tell your PCP about your healthcare needs and about any other healthcare services you are getting.
- Keep up-to-date on immunizations (shots).
- Contact your PCP first for care that is not an emergency.
- Get a referral from your PCP before getting care that needs a referral.
- Tell your PCP about other services you get that do not need a referral.
- Let your PCP know about important changes, such as changes in your name, address, phone number, income or family size.
- Share important information that is needed by your providers.
- Follow the instructions and guidelines given by your PCP.

## How To File a Grievance or Appeal

Community Care Partners wants you to get the best possible service and care. When something goes wrong or you are not treated well, we want to know.

### GRIEVANCES

A grievance is a complaint to Community Care Partners about any matter involving (CCP) other than a denied, reduced or terminated service or medical item. Community Care Partners takes member grievances very seriously. We want to know what is wrong so we can make our services better. Community Care Partners has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your problem or concern. Filing a grievance will not affect your health care services or your benefits covered.

These are examples of when you might want to file a grievance with CCP:

- Your medical provider or a Community Care Partners staff member did not respect your rights.
- You had trouble getting an appointment with your provider or Care Coordinator, or talking with your provider or Care Coordinator, in an appropriate amount of time.
- You were unhappy with the quality of care or treatment you received.
- Your provider or a Community Care Partners staff member was rude to you.
- Your provider or a Community Care Partners staff member was insensitive to your cultural needs or other special needs you may have.

#### STEP 1: HOW TO FILE A GRIEVANCE

If you have a grievance about your Primary Care Provider, Community Care Partners, or the service you have received:

1. You can call the Community Care Partners Customer Service line
2. You can put your grievance in writing and mail, email or fax it to:  
Community Care Partners  
4901 Searle Parkway Blvd  
Suite 330  
PO BOX 1006  
Skokie, IL 60077  
Fax: 847-982-6963  
www.care-partners.com
3. You can also register your grievance on the Community Care Partners Website, www.care-partners.org

When you file your grievance, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved, and details about what happened. Be sure to include your name and your Community Care Partners member ID number.

You can designate another person to help you file a grievance with us. You will need to fill out the Authorized Representative Designation form. This form is on the Community Care Partners website, www.care-partners.com. You can also obtain this form by calling the Customer Service line.

#### STEP 2: REVIEWING YOUR GRIEVANCE

We will make a record of your grievance. We will have someone not involved with the matter you are complaining about review your grievance and try to find a solution. Your satisfaction is important to us.

#### STEP 3: TAKING ACTION ON YOUR GRIEVANCE

We take action on all grievances within 30 days of receiving it. We will let you know what we decide.

#### STEP 4: IF YOU ARE NOT SATISFIED WITH THE ACTION WE TAKE ON YOUR GRIEVANCE, YOU MAY WRITE TO:

Illinois Department of Healthcare and Family Services  
Bureau of Managed Care  
Attn: ACE Grievances  
401 South Clinton Street, 6th Floor  
Chicago, IL 60607

Someone from HFS will review the matter and follow up with you as quickly as possible.

## APPEALS

You may not agree with a decision or an action made by the Illinois Department of Healthcare and Family Services (HFS) or the Illinois Department of Human Services (DHS). An appeal is a way for you to ask for a review of the Department's (HFS or DHS) actions and decisions. For example, you may not agree with a decision made or an action by the Department about your services or a medical item you requested.

You may appeal within **sixty (60) calendar days** of the date on the letter from the Department informing you of its denial or action. If you want your services to stay the same while you appeal, you must file your appeal no later than **ten (10) calendar days** from the date on the Department's letter informing you of its denial or action. When you appeal, you are asking for a hearing to review the Department's action or decision that you disagree with. The person reviewing the Department's action or decision will be a hearing officer.

You can also appeal if you think the Department made a mistake about any action or decision. You may not get a hearing on your appeal if the Department's action or decision was the result of a change in the law.

The list below includes examples of when you might want to file an appeal. You may want to appeal if the Department:

- Does not approve or pay for a service or item that you or your provider asks for
- Stops your benefits (coverage)
- Says that you will start to get fewer benefits
- Changes your co-payments

## HOW TO MAKE AN APPEAL

When you file your appeal, tell the Department what action or decision you disagree with and want them to review. Be sure to include your name, address, phone number, email, and your HFS Medical Card Identification Number (the "ID#" next to your name on the Medical Card).

An appeal is filed either with HFS or DHS, depending on the agency that made the decision you are contesting. Generally, an appeal is filed with the agency that made the decision and sent you the letter informing you of its denial or action.

If you want to file an appeal related to your medical services or items, Developmental Disability(DD), Elderly Waiver, or Community Care Partners services, send your request in writing via mail, fax, or email to:

**Illinois Department of Healthcare and Family Services**

Attn: Fair Hearings Section  
401 South Clinton, 6th Floor  
Chicago, IL 60607  
Fax #: 1-312-793-2005  
Email: HFS.FairHearings@illinois.gov

Or you may call **HFS** at 1-855-418-4421. If you use a TTY, call HFS at 1-877-734-7429. The call is free.

If you want to file an appeal related to your Medicaid application eligibility, food stamps, TANF, Persons with Disabilities Waiver services, Traumatic Brain Injury Waiver services, HIV/AIDS Waiver services, or any Home Service Program (HSP) services, send your request in writing via mail, fax, or email to:

**Illinois Department of Human Services**

Attn: Bureau of Hearings  
401 South Clinton, 6th Floor  
Chicago, IL 60607  
Fax #: 1-312-793-3387  
Email: DHS.BAHNewAppeal@illinois.gov

Or you may call **DHS** at 1-800-435-0774. If you use a TTY, call DHS at 1-877-734-7429. The call is free.

## Privacy and Confidentiality

Your privacy is important to us. We respect and protect your privacy. Community Care Partners uses and shares your information to provide you with health benefits. Community Care Partners wants to let you know how your information is used or shared.

PHI stands for these words, protected health information. PHI means health information that includes your name, member number or other identifiers, and is used or shared by Community Care Partners.

Community Care Partners uses or shares your PHI for the following actions:

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To share PHI as required or permitted by law

You have the following privacy rights:

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us to not use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI

Community Care Partners uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word or PHI digitally. Below are some ways Community Care Partners protects PHI:

- Policies and rules to protect PHI.
- Limits who may see PHI. Only Community Care Partners Healthcare staff or contractors with a need to know PHI may use and share PHI.
- Staff is trained on how to protect and secure PHI.
- Staff must agree in writing to follow the rules and policies that protect and secure PHI.
- Secure PHI digitally and it is kept private by firewalls and passwords.

By law, Community Care Partners must keep your PHI private, give you written information about our privacy practices, and follow the terms of our Notice of Privacy Practices. If you feel that your privacy rights have not been protected you have the right to make a complaint with Community Care Partners or with the U.S. Department of Health and Human Services. We will not hold anything against you. Your action would not change your health benefits in any way.

The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share our members' PHI. Our Notice of Privacy is included in the following section of your Community Care Partners Member Handbook. The Notice is posted on our web site at [www.care-partners.org](http://www.care-partners.org). You may also get a copy of the Notice by calling Customer Service at 1-888-977-2447 or 800-855-2880 (TTY/TDD number).

### NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## **UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

Each time you visit Community Care Partners a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. This information is often referred to as your health or medical record.

## **HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of health information practices.
- Inspect and obtain a timely copy of your health record; available in electronic format if requested.
- Request an amendment to your health record.
- Obtain an accounting of disclosures of your health information.
- Request confidential communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Request a restriction on certain uses and disclosures of your information, including the disclosure to a health plan of your health information that pertains to a health care service for which you have paid in full, out of pocket.

## **OUR RESPONSIBILITIES**

Community Care Partners is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify you of a breach of your unsecured health information.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised notice and publish the revision on our web site. We will not use or disclose your health information without your authorization, except as described in this notice.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, you may contact Customer Service. We respect your right to privacy. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

## **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS**

We will use your health information for treatment. For example: We will provide your physician, the hospital or a subsequent healthcare provider with copies of various reports from your medical record that should assist him or her in treating you.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations. For example: Members of the professional staff, quality improvement team, may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

## DISCLOSURES FOR OTHER REASONS

In addition to our use of your health information for treatment, payment or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may also revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those as described in this Notice.

Unless you object, we may disclose your health information to your family members, relatives or close personal friends identified by you as being involved in your treatment or payment for your medical care. If you are not present to agree or object, we may exercise our professional judgment to determine whether the disclosure is in your best interest. If we decide to disclose your health information to your family member, relative or other individual identified by you, we will only disclose the health information that is relevant to your treatment or payment.

We may disclose your health information to a “business associate” that needs the information in order to perform a function or service for our business operations. Third party administrators, auditors, lawyers, and consultants are some examples of business associates.

We may use your health information, and share it with others, in order to comply with the law or to meet important public needs that are described below:

- if we are required by law to do so;
- to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities;
- to government agencies authorized to conduct audits, investigations, and inspections, as well as civil, administrative or criminal investigations, proceedings, or actions, including those agencies that monitor programs such as Medicare and Medicaid;
- to a public health authority if we reasonably believe you are a possible victim of abuse, neglect or domestic violence;
- to a person or company that is regulated by the Food and Drug Administration for: (i) reporting or tracking product defects or problems, (ii) repairing, replacing, or recalling defective or dangerous products, or (iii) monitoring the performance of a product after it has been approved for use by the general public;
- if ordered by a court or administrative tribunal to do so, or pursuant to a subpoena, discovery or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure;
- to law enforcement officials to comply with court orders or laws, and to assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public, which we will only share with someone able to help prevent the threat;
- for research purposes;
- to the extent necessary to comply with workers’ compensation or other programs established by law that provide benefits for work-related injuries or illness without regard to fraud;
- to appropriate military command authorities for activities they deem necessary to carry out their military mission;
- to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined;
- in the unfortunate event of your death, to a coroner or medical examiner, for example, to determine the cause of death;
- to funeral directors as necessary to carry out their duties; and
- in the unfortunate event of your death, to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under the law.

In addition, we may use and disclose “partially de-identified” health information about you for public health and research purposes, or for business operations, if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, Social Security number, phone number, fax number, electronic mail address, Web site address, or license number)

If you have any questions about how Community Care Partners will use your health information, you may contact Customer Service.

## **RIGHT TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

### **1. RIGHT TO ACCESS YOUR HEALTH INFORMATION**

You have the right to inspect and obtain a copy of your health information except for health information: (i) contained in psychotherapy notes; (ii) compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding; and (iii) with some exceptions, information subject to the Clinical Laboratory Improvements Amendments of 1988 (CLIA). If we use or maintain an electronic health record (EHR) for you, you have the right to obtain a copy of your EHR in electronic format, and you have the right to direct us to send a copy of your EHR to a third party you clearly designate.

a. If you would like to access your health information, please send your written request to the address listed on the last page of this Privacy Notice. We will ordinarily respond to your request within 30 days if the information is located in our facility, and within 60 days if it is located off-site at another facility. If we need additional time to respond, we will let you know as soon as possible. We may charge you a reasonable, cost-based fee to cover copy costs and postage. If you request a copy of your EHR, we will not charge you any more than our labor costs in producing the EHR to you.

b. We may not give you access to your health information if it: (1) is reasonably likely to endanger the life and physical safety of you or someone else; (2) refers to another person and your access is likely to cause harm to that person; or (3) a health care professional determines that your access as the representative of another person is likely to cause harm to that person or any other person. If you are denied access for one of these reasons, you are entitled to a review by a health care professional, designated by us, who was not involved in the decision to deny access. If access is ultimately denied, you will be entitled to a written explanation of the reasons for the denial.

### **2. RIGHT TO AMEND YOUR HEALTH INFORMATION**

If you believe we have health information about you that is incorrect or incomplete, you may request in writing an amendment to your health information. If we do not have your health information, we will give you the contact information of someone who does. You will receive a response within 60 days after we receive your request. If we did not create your health information or your health information is already accurate and complete, we can deny your request and notify you of our decision in writing. You can also submit a statement that you disagree with our decision, which we can rebut. You have the right to request that your original request, our denial, your statement of disagreement, and our rebuttal be included in future disclosures of your health information.

### **3. RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES**

You have the right to receive an accounting of disclosures of your health information made by us and our business associates. You may request such information for the six-year period prior to the date of your request. Accounting of disclosures will not include disclosures: (i) for payment, treatment or health care operations; (ii) made to you or your personal representative; (iii) you authorized in writing; (iv) made to family and friends involved in your care or payment for your care; (v) for research, public health or our business operations; (vi) made to federal officials for national security and intelligence activities and (vii) incident to a use or disclosure otherwise permitted or required by law.

a. If you would like to receive an accounting of disclosures, please write to the address listed on the last page of this Privacy Notice. If we do not have your health information, we will give you the contact information of someone who does. You will receive a response within 60 days after your request is received. You will receive one request annually free of charge, but we may charge you a reasonable, cost-based fee for additional requests within the same twelve-month period.

#### **4. RIGHT TO REQUEST ADDITIONAL PRIVACY PROTECTIONS**

You have the right to request that we place additional restrictions on our use or disclosure of your health information. If we agree to do so, we will abide by our agreement except in an emergency situation. We do not need to agree to the restriction unless the information pertains solely to a health care item or service that you have paid for out of pocket and in full.

#### **5. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

You have the right to request that we communicate with you about your health information by alternative means or via alternative locations provided that you clearly state that the disclosure of your health information could endanger you. If you wish to receive confidential communications via alternative means or locations, please submit your written request to the address listed on the last page of this Privacy Notice and how or where you wish to receive communications.

#### **6. RIGHT TO NOTICE OF BREACH OF UNSECURED HEALTH INFORMATION**

Our policy is to encrypt our electronic files containing your health information so as to protect the information from those who should not have access to it. If, however, for some reason we experience a breach of your unsecured health information, we will notify you of the breach.

#### **7. RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE**

You have the right at any time to obtain a paper copy of this Privacy Notice, even if you receive this Privacy Notice electronically. Please send your written request to the address listed on the last page of this Privacy Notice or visit our Web site at [www.care-partners.org](http://www.care-partners.org).

### **Fraud and Abuse**

Community Care Partners seeks to uphold the highest ethical standards for the provision of health care benefits and services to its members and supports the efforts of federal and state authorities to prevent fraud and abuse. Community Care Partners investigates all suspected cases of fraud and abuse and promptly reports all confirmed incidences to the appropriate government agencies.

You have the right to report your concerns to Community Care Partners and/or the Illinois Department of Health and Family Services. When reporting suspected incidences, please leave a detailed message including the names and phone numbers of the parties involved. You do not have to leave your name if you do not wish to do so. Or you may send in your concerns in writing to:

Community Care Partners  
Attn: Compliance Officer  
4901 Searle Parkway  
Suite 330  
PO BOX 1006  
Skokie, IL 60077  
Confidential Compliance Hotline: 877-275-3642

#### *Here are a few examples of health care fraud and abuse:*

- Your provider prescribes more services than are necessary, such as:
  - Appointments
  - Treatments
  - Prescriptions
- You are billed for services that you did not receive
- Another person uses your member ID card
- Selling your prescription drugs
- Changing the information on a prescription