

State of Illinois
Pat Quinn, Governor

Department of Healthcare & Family Services
Barry S. Maram, Director



Healthcare & Family Services Medical Programs



This booklet explains the Healthcare and Family Services (HFS) Medical Programs. It should answer many of your questions about the programs and how they can help you.

HFS offers many different healthcare programs for the people of Illinois. Sometimes these programs are called Medicaid, All Kids, FamilyCare, Moms & Babies or HFS Medical Benefits.

Two state agencies work together to help Illinoisans get HFS Medical Program benefits. The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois. The Department of Human Services (DHS) helps by taking applications for medical benefits.

If you have any questions or need more information, call the DHS Helpline at 1-800-843-6154, Monday through Friday (except state holidays), between 8:30 a.m. and 5:00 p.m. Persons using a teletypewriter (TTY) can call 1-800-447-6404. The call is free.



What are Medical Programs?

HFS Medical Programs are for some people who need help getting and paying for medical care.

How do I apply for medical benefits?

You can apply in person, by mail or by fax. You can also apply on-line for some programs.

To apply for medical benefits in person, go to your local DHS Family Community Resource Center (FCRC). To find the FCRC for your county or zip code, visit: www.dhs.state.il.us/ or call 1-800-843-6154. Persons using a teletypewriter (TTY) can call 1-800-447-6404. The call is free. A caseworker at your local DHS FCRC will ask you questions and enter your answers into a computer. When your caseworker is done, he or she will give you a computer printout with your answers on it and ask you to sign it. This is your application.

If you cannot stay for an interview, you may take a paper application to fill out at home and return it by mail, fax, or in person. You can also fill it out, sign it, and leave it at the FCRC. DHS will accept your application as long as it has your name, address and signature. DHS will send you a letter to let you know if they need more information.

Individuals and families, including persons who are age 65 or older, blind or who have a disability can download an application from www.health.illinois.gov and mail, fax or take it to your local DHS Family Community Resource Center.

Pregnant women and families can also apply for medical benefits at certain medical facilities and clinics, online at www.allkids.com or through the mail. For more information, call the All Kids Hotline at 1-866-ALL-KIDS (1-866-255-5437). Persons using a teletypewriter (TTY) can call 1-877-204-1012. The call is free.

If you are a patient in a hospital, ask someone on the hospital staff to help you apply.

How do I know if I qualify for medical benefits?

You may qualify for medical benefits if you:

- are a U.S. citizen or meet certain non-citizen requirements,
- are an Illinois resident, and
- meet the program rules described in this section.

Income and assets

All your earned income and unearned income is reviewed when you apply for medical benefits. If you are age 65 or older, are blind or have a disability, your assets will also be reviewed.

Earned income is wages from your job or profits from your business. Other money you get, like money from Social Security or a pension, is unearned income. Assets are the things you own, like money in a bank account or life insurance.

If you have too much income or assets to qualify for medical benefits, but you meet all other requirements, you may qualify for the medical benefits Spenddown Program. If you participate in the Spenddown Program, payment may be made for some of your medical care each month if you have medical bills that equal a certain amount. This amount is called your spenddown amount. You will receive a notice telling you the amount of your spenddown.



You may have the option of paying your spenddown amount directly to HFS. This is called Pay-in Spenddown. You will receive a notice telling you if you qualify to enroll in the Pay-in Spenddown option. See our Spenddown Program booklet for more information about spenddown.

Health insurance

You must also tell us if you have any other health insurance.

Proof of disability, blindness or age

If you are receiving or are approved to receive Supplemental Security Income (SSI), Social Security Disability or Railroad Disability benefits, you do not have to give us documents to prove you are aged or blind or have a disability. If you do not get these benefits, then your age, blindness or disability will be reviewed when you apply.

Documents for U. S. Citizens

HFS and DHS will ask most U.S. citizens who want medical benefits to provide one of the following documents: U.S. Passport, Certificate of Naturalization (N-550 or N-570) or Certificate of Citizenship (N-560 or N-561). If these are not available, you must provide one document from each of the lists in the two boxes below:

PLACE OF BIRTH

AND

IDENTITY

- Certified copy of a birth certificate from the state or county where the person was born;
- Final Adoption decree;
- Official military record that shows a place of birth; or
- Papers showing the person was employed by the U.S. government before 1976.

- Driver's license;
- State issued ID card;
- School ID;
- U.S. military ID;
- U.S. military dependent card; or
- Other government ID (city, county, or U.S. state issued).

For children under age 16, school or day care records or a report card can be used.

Please show us the original version of your documents.

If you receive Medicare, SSI or Social Security Disability, you do not need to provide proof of your U.S. citizenship or identity.

Immigration Documents for Non-Citizens

Most people who want medical benefits, who are not U.S. citizens, must provide proof of immigration status. A pregnant woman is encouraged, but not required, to provide proof of immigration status. Proof is a copy of any one of the following:

- Alien Registration Receipt Card/Permanent Resident Card/Green Card (INS-3A);
- Passport with the following stamps or attachments: Arrival-Departure Record with the stamp showing status (I-94), or Resident Alien Form (I-151 or I-551), or Temporary Resident Card (I-688);
- A court ordered notice for Asylees;
- INS documents with an A-number; or
- Other proof of lawful immigration status.

Other adults who want medical benefits must provide proof of their immigration status. We will contact the U.S. Bureau of Citizenship and Immigration Services to check their status. Most adults must also have been in the U.S. for at least five years.

The state can cover medical care provided in an emergency for adults whose legal immigration status cannot be verified, or if they have been in the U.S. less than five years, **only** if they meet all other medical program rules.

What happens after I apply?

HFS or DHS will let you know if you qualify within 45 days of the date you apply. If you apply because you have a disability, you will be told within 60 days.

Children under age 19 may get medical coverage while you are waiting to find out if you qualify. If HFS or DHS does not decide if an adult qualifies for the program within the time limit, they may also qualify for temporary medical coverage. Save copies of any medical bills you paid after your time limit. DHS or HFS will send a letter to you if you can be repaid.

What if I am homeless?

You can get medical benefits even if you do not have an address, but you must tell your caseworker an address where you can pick up your medical card. DHS can help with this.



What if I am turned down?

If your application for medical benefits is turned down, you can appeal and ask for a special meeting called a fair hearing in one of the following ways:

- Your local Family Community Resource Center can give you an appeal form and will help you fill it out, if you wish.
- You can file an appeal by writing to the Bureau of Administrative Hearings, 401 S Clinton Street, Chicago, Il 60607.
- Or you may call 1-800-435-0774 (TTY: 1-877-734-7429). The call is free.

At the hearing, you may represent yourself or be represented by a lawyer, relative or friend. For more information about your right to appeal and have a fair hearing, ask your caseworker or call the number listed above.

If I qualify, when do my benefits begin?

If your application is approved, your medical benefits usually begin with the month you apply. You will receive a medical card in the mail that you can use for your medical expenses.

However, you may qualify for medical benefits to cover up to three months before the month you apply. If you have medical expenses during any of the three months before the month you apply, be sure to tell your caseworker about them. Payment may be made for covered medical bills if you qualify. If possible, you should not pay your medical bills until you learn whether you qualify for medical benefits. Tell your medical providers that you have applied for HFS medical benefits.

What medical services are covered?

Medical Programs will pay for the following services:

- Hospital care
- Intermediate and skilled nursing care
- Laboratory tests & X-rays
- Doctor's services
- Home and special nursing care (only for children under 21)
- Medical equipment & supplies
- Care at clinics
- Family planning (birth control)
- Renal dialysis
- Psychiatric care
- Help for alcohol and substance abuse
- Medical transportation
- Prescription drugs
- Second opinions for surgery
- Special appliances & devices
- Hospice care
- Rehabilitation assistance (physical therapy)
- Dental care (limited for adults)
- Eye care
- Podiatry (foot care)
- Chiropractic care



Who provides these medical services?

Most people have to have a medical home. A medical home is a doctor's office or clinic that knows you and knows about your health care needs. If you must choose a medical home, Illinois Health Connect or the Illinois Client Enrollment Broker will contact you. You may choose your current medical provider if they are enrolled with HFS. If you need help to find a provider, call Illinois Health Connect at 1-877-912-1999. Persons using a TTY can call 1-866-565-8577. The call is free.



What other services can I get through this program?

If you qualify for medical benefits, DHS may be able to help your family pay for your funeral and burial expenses if you should die.

How do I stay enrolled for medical benefits?

Tell your caseworker when you move

You must let your caseworker know when you move so your medical card and other important information can be sent to your new address. If you are homeless, tell your caseworker how to reach you. If your caseworker cannot find you, your medical benefits will stop.

Pay attention to the mail we send

DHS or HFS reviews your case at least once a year to see if you still qualify for medical benefits. This is often done by mail using a Redetermination or Renewal form. Be sure to read the form carefully and follow the instructions on the form.

Tell us about other health coverage you have

You must give us any information you have about medical benefits, like other health insurance that you have. If you do not share this information, you will not get medical benefits. If you have a good reason for not giving us this information, tell your caseworker.

Sometimes HFS pays a medical bill that someone else or other insurance should have paid for you. When this happens, HFS Medical Programs has the right, by law, to collect money from this other source to cover the bill it paid for you.



Keep your appointments

You do not have to come to the office, but you must try to keep all your telephone appointments with your caseworker. If you cannot keep an appointment, be sure to tell your caseworker right away.

Work with Child Support Enforcement

Depending on your income and situation you may also have to cooperate with Child Support Enforcement (CSE) activities. Adults do not qualify if they refuse to cooperate with CSE unless they have a good reason for not cooperating. Tell your caseworker if you have a good reason. Your children who qualify for medical benefits will continue to receive them whether or not you cooperate.

Report changes in your family situation, income and assets

You must tell your caseworker within 10 days if there are changes in your family income (the money you receive), assets (the things you own, like money in the bank or life insurance), if someone moves in or out of your home, or if you become blind or disabled. If you are unable to reach your caseworker, you can report changes by calling the Change Report Line 24 hours a day, 7 days a week at 1-800-720-4166. Persons using a teletypewriter (TTY) can call 1-800-447-6404. The call is free.

Any change you report may affect your eligibility for medical benefits. For example, if you get a health insurance payment for a bill HFS has paid, you must report it to your caseworker. You will be asked to turn the payment over, or if the payment is more than what HFS paid for you, you will have to repay the amount HFS paid.

If you withhold information or do not tell us the truth about your family income or assets, you may be guilty of fraud. If you help others withhold information or make untrue statements about their family income or assets, you also may be guilty of fraud. Fraud is a serious crime. If you are found guilty of this crime, you may have to pay a fine, go to prison, or both.

Property Liens and Estate Claims

HFS has the legal right to recover the amount it paid for medical care for some persons who are aged, blind or have a disability. In certain situations, liens on real property and claims against estates are used to do this. For more information on



liens and claims, get the brochure called “Property Liens and Estate Claims” from your local DHS Family Community Resource Center, or you may download or print the brochure from www.hfs.illinois.gov/medicalbrochures/

What do I do if I have a complaint about the care I received under the Medical Programs or if I know someone is misusing the benefits of the Medical Programs?

If you receive poor medical care, have problems getting medical care or are charged for medical services that are covered by HFS Medical Programs, call:

Welfare and Medical Fraud Hotline

Monday – Friday (except state holidays)

8:30 a.m. – 5:00 p.m.

1-800-252-8903 Persons using a TTY can call 1-800-447-6404.

The call is free.

Also, call this telephone number if you know someone who is withholding information or not telling the truth about the medical services they need or if you know someone who is charging the HFS Medical Programs for medical care that he or she did not give.

What do I do if I am contacted by a collection agency or threatened with a lawsuit about paying a medical bill that I think HFS Medical Programs should pay?

HFS pays for most medical care you get while you qualify. Medical providers who accept you as an HFS Medical Programs' patient and give you a covered medical service should not ask you to pay for that service if you qualified for medical benefits at the time of the service.

If you are contacted by a collection agency or are sued or threatened with a lawsuit about payment for medical expenses you think HFS Medical Programs should pay, you can ask to have the bill reviewed by calling 1-800-252-8903. Persons using a TTY can call 1-800-447-6404. The call is free. You may also write to DHS at the address below. Be sure to give your complete name and address.

**Illinois Department of Human Services
Bureau of Customer Inquiry & Assistance**
100 South Grand Ave., East, 2nd Fl.
Springfield, IL 62762

Tell them about the problem you are having with the medical bill. They will send you a form.

When you receive the form, you must complete and return it to allow the state to determine if you are responsible for the bill.

You will be notified of the results of the review. You can only ask to have your bill reviewed if you

have been contacted by a collection agency or threatened with a lawsuit about payment of the bill. You should also tell the provider billing you that you are covered by HFS medical benefits.



How can I get more information about HFS Medical Programs or other DHS programs?

Call your local DHS Family Community Resource Center or you can call:

DHS Bureau of Customer Inquiry & Assistance

Monday - Friday (except state holidays)

8:30 a.m. - 5:00 p.m.

1-800-843-6154

Persons using a TTY can call 1-800-447-6404. The call is free.



Or, you may call the
HFS Health Benefits Hotline
Monday - Friday (except state holidays)
8:00 a.m. - 5:00 p.m.
1-800-226-0768
Persons using a TTY can call
1-887-204-1012. The call is free.



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