Building a Culture of Coverage in Illinois

Member Briefing

Tips, messages and talking points to help physicians connect their patients to insurance coverage in Illinois

This initiative is a partnership between EverThrive Illinois (Formerly Illinois Maternal and Child Health Coalition), Health & Disability Advocates, The Sargent Shriver National Center on Poverty Law, the United Way of Metropolitan Chicago, and the American Academy of Pediatrics, Illinois Chapter.
Connecting your patients to coverage: Ask, Advise and Refer

Surveys of those who did not access coverage in 2013 show that they were not aware of the extent of subsidies available or the assistance they could receive.

ASK
Do you or your family need help finding affordable insurance?

ADVISE
There are many organizations that can help you find insurance for you or your family. Free in person assistance is available in your community. Financial assistance is available at different income levels. Look before you rule out seeking coverage. An individual making up to $40,000 a year may be eligible for assistance.

REFER
Visit getcoveredillinois.gov or healthcare.gov to find locations near you.

Some additional tips:
- Know what insurance products are accepted in your office or know who to refer questions to regarding insurance
- Connect with groups doing enrollment and establish a referral system. Like your patients, you can use the “refer” links above to find enrollment agents.
- Create a printout of the eligibility of Medicaid and insurance subsidies to show patients
  a. www.healthcare.gov/qualifying-for-lower-costs-chart/
  b. www.allkids.com/income.html
  c. kff.org/interactive/subsidy-calculator
- Medicaid is always open for enrollment for patients who qualify
- Post a flyer, poster or other information in your waiting room to remind patients about getcoveredillinois.gov

Accepting Medicaid in your practice

More than 3 million people are covered by the Illinois Medicaid program.

To become a Medicaid Provider:

1. Enroll in the Medicaid program by visiting the HFS website at www.hfs.illinois.gov —visit Medical Programs, Medical providers and select “Provider Enrollment”
2. Enroll with a Care Coordination Entity. A list can be found on the HFS website, under “Public Involvement” then “Care Coordination”
3. Complete the necessary forms and inform patients of plans you accept

If you are already a Medicaid Provider, you should:

1. Verify you are listed correctly by visiting enrollhfs.illinois.gov and reviewing your own provider listing
   - If there is plan you accept omitted or a plan listed you do not accept you should call the plan directly
2. Create a letter or flyer for your waiting room that lists all the plans you accept. You may also do a mailing to your patients. Remember! Any materials must list ALL the plans you accept in your practice. Review guidelines on www.hfs.illinois.gov under “Public Involvement” then “Care Coordination”
3. Clients have 90 days after they enroll with a plan to make one change of insurance plans. Reach out to your patients so they can make changes if necessary
Frequently Asked Questions

Who is eligible to purchase private insurance on the Illinois Marketplace/healthcare.gov?

US Citizens, lawfully present immigrants and those with “unaffordable” employer insurance (determined to be more than 9.5% of their income for an individual insurance plan) are eligible to purchase on the exchange.

When does enrollment begin?

Enrollment for private insurance on the insurance exchange begins in the fall each year. During this time you may enroll in private insurance or make changes to your current private insurance plan. You must have purchased by February 15 to avoid a tax penalty.

Medicaid enrollment is always open.

When can people make changes to insurance purchased on the insurance exchange?

Those who have purchased insurance should visit healthcare.gov every year during open enrollment to make any changes or to change plans.

What is covered by private insurance?

Insurance purchased on the exchange must cover 10 essential health benefits including preventive visits, prescription drugs, rehabilitation and more. A full list can be found on healthcare.gov.

Which Medicaid clients must choose a managed care entity for their care?

All those living in a mandated Medicaid managed care area must choose a managed care organization for their care. Only those covered by a Medicaid waiver—such as children with DSCC or foster children—are not included.

Additional Resources

- Healthcare.gov and getcoveredillinois.gov both have many downloadable resources for patients to understand what is available.
- Illinois.becovered.org is an unbranded campaign by Blue Cross Blue Shield of Illinois to help patients better understand and use their insurance coverage.
- Kaiser Family Foundation - kff.org - has resources for consumers including the marketplace calculator and Health Reform FAQ.