

## **YOUR MEMBER HANDBOOK**

### **Welcome to Cigna-HealthSpring® SpecialCare of Illinois – Your Integrated Care Program (ICP)!**

Congratulations on choosing Cigna-HealthSpring SpecialCare of Illinois as your Integrated Care Program (ICP). We thank you for your membership and look forward to helping you improve your health, well-being and sense of security.

Like our name suggests, our goal is to provide you with “SpecialCare.” To us, that means high-quality health care that is affordable, understandable, easy-to-access and tailored to meet your individual needs.

This Cigna-HealthSpring SpecialCare of Illinois Member Handbook is your guide to understanding how to get the maximum benefits from your health plan. It is important to read it carefully, refer to it often and keep it in a safe, convenient place.

There are many important things you will learn from your Member Handbook, including:

- What is the role of your Primary Care Provider (PCP) or main doctor?
- How to find out what drugs are covered on the formulary.
- When do you need a referral or prior authorization from your PCP?
- Who to contact and what to do if you become ill or injured?
- How to take advantage of preventive health services and other benefits.

At Cigna-HealthSpring SpecialCare of Illinois, we want you to be an active participant in your own health. This means following the recommendations of your PCP and other providers, and calling us whenever you have a question about your health plan. We are always ready to guide you in the right direction.

One of our team members is always here to make sure you are receiving “SpecialCare.” If you have any questions about your health plan, please call Customer Service at (866) 487-4331 (TTY 711), Monday to Friday from 8:00 a.m. to 5:00 p.m. (Central Standard Time). If you have any questions about your health, our 24-Hour Health Information Line is staffed by nurses ready to serve you. Call (855) 784-5613, (TTY 711).

You can also visit us at [www.SpecialCareIL.com](http://www.SpecialCareIL.com) to find more information on Cigna-HealthSpring SpecialCare of Illinois covered services, including Certificate of Coverage, Provider Directory and more. If you need printed copies of these documents, call Customer Service at (866) 487-4331.

On behalf of the entire Cigna-HealthSpring SpecialCare of Illinois team, thank you. We look forward to meeting all your health care needs and helping you lead a healthier life.

Sincerely,  
Cigna-HealthSpring SpecialCare of Illinois

***Please note: This information is available for free in other languages.***

Please call Customer Service at (866) 487-4331 for additional information. (TTY users should call 711). The hours of operation are Monday to Friday from 8:00 a.m. to 5:00 p.m. (Central Standard Time). Free language interpreter services are also available for non-English speakers.

Esta información está disponible sin costo alguno en otros idiomas. Para información adicional, favor de contactar al Departamento de Servicio al Cliente al (866) 487-4331. (Los usuarios de TTY deben llamar al 711). El horario es de lunes a viernes de 8:00 a.m. a 5:00 p.m. (hora del centro). El Departamento de Servicio al Cliente cuenta también con servicio gratuito de intérprete de idiomas para las personas que no hablan inglés.

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# YOU AND CIGNA-HEALTHSPRING SPECIALCARE OF ILLINOIS

## Service Area

Members eligible for ICP benefits through Cigna-HealthSpring SpecialCare of Illinois must live in Cook, DuPage, Kane, Lake, and Will Counties.

## My Cigna-HealthSpring SpecialCare of Illinois Information

Take a moment to fill out the information below to the best of your knowledge. This will become a quick reference page that you can customize to meet your current needs.

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My Primary Care Provider

---

Office Phone Number

---

After-Hours Contact Phone Number

---

Address

---

Hospital Affiliations

---

My Network Pharmacy

---

Pharmacy Phone Number

---

Pharmacist's (or Main Contact) Name

---

My Family Member/Caregiver

---

Main Phone Number

---

Relationship to Me

---

Second Contact Person

---

Phone Number

## Important Telephone Numbers

Customer Service	(866) 487-4331
Hearing Impaired	711
24-Hour Health Information Line	(855) 784-5613
Behavioral/Mental Health	(866) 780-8546
Care Coordination	(866) 487-3002
Dental	(800) 215-8002
Illinois Client Enrollment Broker	(877) 912-8880
Illinois Client Enrollment Broker (Hearing Impaired)	(866) 565-8576
Transportation Line	(866) 487-4331
Vision	(800) 428-8789

### Your Identification (ID) Card

You will get a Cigna-HealthSpring SpecialCare of Illinois ID card when you join. Your ID card has your name, member number, and the name and phone number of your Primary Care Provider (PCP). If you did not pick a PCP when you first joined, then we provided you with one. His/her name is printed on your ID card. For questions about your PCP, please call the Customer Service phone number listed on the front of this handbook.

### Sample Membership ID Card

***Quick Fact: Your PCP, or Primary Care Provider, may also be referred to as your Primary Care Physician, Primary Doctor or General Practitioner.***

### How to Use Your ID Card

You should carry your Cigna-HealthSpring SpecialCare of Illinois ID card in a secure place wherever you go. Present your ID card whenever you receive scheduled or unexpected care. If you do not have your ID card, you may have issues getting care or prescriptions. For help with your ID card or to replace a lost ID card, please call Customer Service.

## Commonly Used Abbreviations

At Cigna-HealthSpring SpecialCare of Illinois, we may often use words or acronyms (abbreviated words) that are not familiar to you. A list of our most common abbreviations:

Acronyms	Definition
ICP	Integrated Care Plan
ID	Identification
ER	Emergency Room
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
ESRD	End Stage Renal Disease
HCBS	Home and Community Based Service
LTSS	Long Term Service and Supports
OT	Occupational Therapy
OTC	Over the Counter
PCP	Primary Care Provider
PDL	Preferred Drug List
ST	Speech Therapy
WHCP	Women's Health Care Provider

***Please note: Our goal is to make sure you understand every word in your Member Handbook. If you come across other words or abbreviations that you don't understand, please call Customer Service.***

# YOUR PCP AND “MEDICAL HOME”

## **Your PCP (Primary Care Provider)**

Your Primary Care Provider (PCP) plays a very important role in your overall health care. Your PCP provides preventive and wellness care; identifies and treats general medical conditions; evaluates the nature of your medical condition; directs you to needed care; and makes referrals to specialists as needed. You must get a referral from your PCP in order to receive specialty care. You will receive all of your care through your PCP. Your PCP may be a Family Practice Doctor, General Practice Doctor, Internal Medicine Doctor, Nurse Practitioner, Physician’s Assistant or an OB/GYN for women.

## **Your “Medical Home”**

Your PCP will become your medical home. As a medical home, your PCP and office support team will be your primary source for health care. You should have an ongoing, trusting relationship with your PCP. Your PCP will know your medical history, manage your health care, refer you to specialists as needed, and advocate on your behalf if you are admitted to the hospital.

## **How to Choose a PCP**

In most cases, you chose your PCP when you joined Cigna-HealthSpring SpecialCare of Illinois. If you did not choose your own PCP, you may have been given one. If so, your PCP’s name and phone number appear on your ID card. In some cases, you may still need to choose your PCP. If you need help choosing a PCP, you can call Customer Service. You can then schedule your first visit with your PCP by calling the number on your ID card. If you need help scheduling your visit, you can call Customer Service.

## **What to Do on Your First Visit**

Your first visit with your new PCP creates the foundation of your future care. In addition to bringing your Cigna-HealthSpring SpecialCare of Illinois ID card, be prepared to discuss your care expectations, current health symptoms or concerns, prescriptions, family and past medical history and future health goals. Ask about office hours, after-hours contact information and write down the names of the office support team.

***Quick tip: Before you leave your first visit, schedule your follow-up appointments and routine check-ups. It is important to make these appointments to keep your health on track.***

## **When to Call Your PCP**

Call your PCP whenever you need care or have questions or concerns about your care. This includes times when you feel ill or pain, need help with ongoing conditions, have questions or concerns, need after-hours care including Urgent Care, or want to schedule or



change appointments. In an emergency, you should always go to the nearest Emergency Room or call 911.

### **WHCP (Women's Health Care Provider)**

A WHCP is a Women's Health Care Provider that female members may select in addition to a PCP. A WHCP may be a gynecologist, OB/GYN or midwife nurse practitioner. In some cases, a WHCP may function as a PCP. In other cases, a female member may have both a WHCP and a PCP on file. A referral from a PCP is not required to see a WHCP.

### **How to Change PCP or WHCP**

It is important to establish a relationship with your PCP or your WHCP. This will help your PCP get to know you and your health care needs. If you need to change your PCP or your WHCP, please call Customer Service. Your change will take effect 30 days after your request.

***Good news: If you feel that your personal needs are not being met, you may choose a new PCP or WHCP at any time.***

### **Non-network PCPs**

If you received care from a PCP who is not in our network, you may continue seeing the caregiver for up to 180 days after joining us. We honor all medically necessary services from Medicaid-certified doctors who will accept our payment. Please let us know if you are seeing a non-network doctor. We can ask him/her to join our network on your behalf so that you may continue to see them after 180 days. For more information, call Customer Service or visit [www.SpecialCareIL.com](http://www.SpecialCareIL.com).

### **Getting Second Opinions**

You can get a second opinion from another provider at no cost to you. If you need help finding a provider, call Customer Service. They will help you find another provider for a second opinion.

### **How to Get Specialist Care**

Your PCP or WHCP may refer you to a specialist if you have a specific problem. Your PCP or WHCP can also refer you to a lab or hospital for special services. We may need to review and approve service requests before you can get services. If it is medically necessary, you can get a standing authorization to see a specialist. The specialist, lab or hospital will know how to get approval for these services, or you may call Customer Service.

### **When You Need Prior Authorization**

Some services must be approved before you can get them. This is called "prior authorization." If your provider thinks you need a service, they will ask us for prior authorization. Our medical staff makes decisions about the care and services you need.

These decisions are based on three things: 1) your medical needs, 2) national clinical guidelines and 3) information from your provider.

# CUSTOMER SERVICE

## Customer Service

Customer Service is here to help answer your questions and provide information about your benefit plan, claim payments or status, changing or updating information, names of providers, medical supplies, transportation and other issues related to your membership. To reach Customer Service, please call (866) 487-4331 (TTY 711) Monday to Friday from 8 a.m. to 5 p.m. (Central Standard Time).

## 24-Hour Health Information Line

Cigna-HealthSpring SpecialCare of Illinois offers members health and medical guidance with our 24-Hour Health Information Line. Registered nurses are available at (855) 784-5613, 24 hours a day, seven days a week. They will answer your questions in a confidential and easy-to-use service. Contact the 24-Hour Health Information Line about:

- Questions about your health care
- Understanding the health care system
- Learning how to use our online tools
- Get referrals to health care partners such as care coordinators

***Remember: You can call the 24-Hour Health Information Line with any health question. Our skilled nurses will talk with you and guide you in the right direction.***

## Your Member Advisory Committee

Cigna-HealthSpring SpecialCare of Illinois is dedicated to improving the health of the communities we serve by delivering the highest quality health care benefits and services to our members. But we need to hear from you on how we are doing. The Cigna-HealthSpring SpecialCare of Illinois Member Advisory Committee gives you, your family and caregivers an opportunity to tell us what you think about our programs to make sure we are meeting the specific needs of our members. If you, your family or caregiver are interested in becoming a member of Member Advisory Committee, please call Customer Service.

## Language Services

At Cigna-HealthSpring SpecialCare of Illinois, we want you to have access to information in the language that is most comfortable to you. For additional information please call Customer Service at (866) 487-4331. (TTY users should call 711). The hours of operation are Monday to Friday from 8:00 a.m. to 5:00 p.m. (Central Standard Time). Free language interpreter services are also available for non-English speakers.

***Don't forget: If your doctor's office does not have someone who can talk to you in you a way that you can understand, you may schedule an interpreter to go on your next visit.***

## **Hearing Help**

For hearing impaired help, call Illinois Relay Service (TTY) at 711. We will also have this handbook in Braille and audio CDs, free of charge.

## **Change of Address**

If you are moving to a different address, it is very important to call us with your new address and phone number. If we do not know how to reach you, then it will be difficult to help you. For more information, please call Customer Service.

# **YOUR PRESCRIPTION COVERAGE**

## **Drug Formulary**

Your Cigna-HealthSpring SpecialCare of Illinois health plan covers prescription drugs. In some cases, you may see a list of covered prescriptions, medications or drugs referred to as a formulary. You can get your medications at no cost when the drugs are listed on our formulary and the prescriptions are filled at a network pharmacy. Medications that are not listed on the formulary are considered excluded and will not be a covered benefit. If you need to find out if your prescriptions are on the formulary, call Customer Service or visit [www.SpecialCareIL.com](http://www.SpecialCareIL.com).

## **Preferred Drug List**

Drugs covered on the formulary are classified as either preferred or non-preferred. Medications on the formulary that are considered non-preferred will need authorization before you can fill them. If you are taking any of these non-preferred drugs, we will cover them for the first 90 days you are on the plan. During this time your PCP may request an exception to have the drug covered or your PCP may work with you to find a preferred drug that does the same thing. If you need to find out if your prescriptions are on the PDL (Preferred Drug List), call Customer Service or visit [www.SpecialCareIL.com](http://www.SpecialCareIL.com).

## **Over-the-Counter (OTC) Drug Coverage**

Over-the-counter (OTC) drugs that appear on the formulary are also covered. Like any drug, an OTC drug must be prescribed by your provider in order for it to be covered. To learn more about which OTC drugs are on the formulary, call Customer Service or visit [www.SpecialCareIL.com](http://www.SpecialCareIL.com).

## **Network Pharmacies**

Take your prescriptions to any network pharmacy to have them filled. As long as the drug is on the formulary and you present our Cigna-HealthSpring SpecialCare of Illinois ID card, there will be no cost to you. To find a network pharmacy near you, call Customer Service or visit [www.SpecialCareIL.com](http://www.SpecialCareIL.com).

**Mail-Order Prescription Service**

You can get a 90-day supply (3 months) of your drugs from any of the participating mail order pharmacies listed below. You can also order refills by mail, phone, online or you can sign up for automatic refills. For more information or to sign-up to receive your prescriptions by mail, please contact one of the pharmacies listed below.

Walgreens Mail Order: (800) 759-0823 and TTY/711

Wal-Mart Mail Order: (800) 273-3455 and TTY/711

# YOUR COVERED BENEFITS CHART

Cigna-HealthSpring SpecialCare of Illinois covers all medically necessary services listed alphabetically in this chart. Please note that some limitations and prior authorization requirements may apply as noted below. If you have questions about specific services, please call Customer Service.

## Medicaid-covered Benefits

Medicaid-covered Benefits	Prior Authorization Required	Limitations	Copay
Alcohol and Substance Abuse Rehab Services	YES		\$0
Anesthesia Services	YES		\$0
Audiology Services	YES		\$0
Chiropractic Services	YES	Age 21 or less. Limited to manipulation for subluxation of the spine.	\$0
Clinic Services (Physical Rehabilitation)	YES		\$0
Clinical Laboratory Services	NO	Must use an in-network laboratory.	\$0
Dental Emergency	NO		\$0
Dental Services	NO	Age 21 or less	\$0
Dialysis	NO	Please notify us when having dialysis.	\$0
Durable Medical Equipment (DME)	YES	For DME over \$500, a prior authorization is required.	\$0
Doctor Office Visits	NO		\$0
Emergency Room Visits	NO	Please notify us when you have visited the ER.	\$0
EPSTD	YES	Age 21 or less	
Family Planning	N/A	Sterilization is not covered.	\$0
General Inpatient	NO	Please notify us when you are admitted into the hospital.	\$0
Home Care	YES	For LTSS, needs to be evaluated per the DON/Service Plan.	\$0
Home Health Aids	YES	Prior authorization and	\$0

Medicaid-covered Benefits	Prior Authorization Required	Limitations	Copay
		review required.	
Home Health Services	YES	Three (3) visits including evaluation. Prior authorization is required after three (3) visits.	\$0
Home Health/Hospice	YES		\$0
Hospice Care	NO	Please notify us when hospice is utilized.	\$0
Inpatient Hospital Services (General)	NO	Please notify us when you have received inpatient services at the hospital.	\$0
Inpatient Hospital Services (Physical Rehabilitation)	YES		\$0
Inpatient Hospital Services (Psychiatric and Substance Abuse)	NO	Please notify us when you have received inpatient psychiatric services at the hospital.	\$0
Lab Tests and X-rays	YES	MRI/CT scan require prior authorization.	\$0
Medical Supplies, Prostheses, Orthoses, Respiratory Equipment and Supplies	YES		\$0
Midwife Services	NO		\$0
Nurse Practitioner Services	NO		\$0
Nursing Care	YES	Age 21 or less. Nursing care for the purpose of transitioning children from a hospital to home or other appropriate setting.	
Nursing Facility	YES	Services for the first ninety (90) days. Excludes members who are residents of a Nursing Facility on the date of enrollment with contractor	\$0
Observation	NO	Please notify us when going in for observation.	\$0

Medicaid-covered Benefits	Prior Authorization Required	Limitations	Copay
Optical Services and Supplies	YES	Refer to Eye Care Services in the Added Benefits chart below	\$0
Optometrist Services	NO	Must use in-network provider.	\$0
Outpatient Behavioral Health Assessment, Individual or Group Therapy, Medication Management	NO	Must use in-network provider.	\$0
Outpatient Services (ESRD)	NO		\$0
Outpatient Services (General)	YES		\$0
Pharmacy Services (Drug and OTC)	N/A	Please refer to drug formulary.	\$0
Physical Exams	NO		\$0
Physical Therapy Services	YES		\$0
Other Outpatient therapies (OT, ST, Cardiac Rehab)	YES		\$0
Physician Assistant or Nurse Practitioner	NO		\$0
Podiatric Services	YES		\$0
Portable X-Ray Services	NO		\$0
Radiology	NO	MRI/CT scan require prior authorization.	\$0
Speech Therapy	YES		\$0
Surgery	YES		\$0
Targeted Case Management Service (Mental Health)	YES		\$0
Transportation	NO	Plan-paid transportation to/from medical appointments.	\$0



## Added Benefits

Added Benefits	Prior Authorization Required	Limitations	Copay
24-Hour Health Information Line	NO	Caring registered nurses answer the phone for members who request health and medical information and guidance.	\$0
Care coordinator	NO	.	\$0
Dental Services	NO	<p>One (1) oral exam every six (6) months</p> <p>One (1) cleaning every six (6) months</p> <p>One (1) bitewing x-ray every year</p> <p>One (1) full mouth OR panoramic x-ray every thirty-six (36) months</p> <p>Restorative services (fillings, crowns)</p> <p>Periodontics (Scaling and root planting, full mouth debridement, maintenance)</p> <p>Endodontic (root canal) – covered for anterior teeth only</p> <p>Extractions</p> <p>Prosthodontics - Dentures (removable only), Partials/Bridges (removable only)</p> <p>Oral Surgery</p> <p>No plan coverage limit</p> <p>Members with developmental disabilities or serious mental illness can go for practice visits to the dentist.</p>	\$0
Disease Management	N/A	Education and Outreach to members with chronic conditions.	\$0
Eye Care Services	NO	<p>One (1) routine eye exam every year.</p> <p>One (1) pair of eyeglasses (lenses and frames) every 2 years.</p> <p>\$100 plan coverage limit for</p>	\$0

Added Benefits	Prior Authorization Required	Limitations	Copay
		supplemental eyewear every year. Must use a provider in our network.	
Health and Wellness Items	NO	One (1) bath mat per member in a twelve (12) month period.  One (1) cold and flu kit per member in a twelve (12) month period.  One (1) first aid kit per member in a twelve (12) month period.	\$0
Hearing Services	YES	One (1) routine hearing exam every year.	\$0
Hearing Aids	YES	Fitting and Evaluation for hearing aid.  One (1) hearing aid every three (3) years.	\$0
Over-the-Counter Item Allowance	NO	Members will be given \$10 each month to use for over-the counter items. These items can be ordered from the CarePack Catalog. Unused balances will not accumulate month-to-month. Members will only be able to make one order per month.	\$0
Prescriptions	N/A	Please refer to drug formulary.  Ninety (90) day supply mailed to your home.  Medicaid's four (4) prescription limit per month does not apply.	\$0
Tele-monitoring	YES	You can get medical equipment or other tools to help you check your health problems at home.	\$0
Transportation	NO	You can get a ride to the pharmacy right after your doctor visit.	\$0

## Non-Covered Services

The following are some services that Cigna-HealthSpring SpecialCare of Illinois does not cover.

Non-Covered Services
Experimental medical and surgical procedures, equipment and medications.
Surgical treatment for morbid obesity, except when it is considered medically necessary.
Private room in a hospital, except when it is considered medically necessary.
Private duty nurses.
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.
Cosmetic surgery or procedures.
Acupuncture.
Naturopath services (uses natural or alternative treatments).

For more information call Customer Service at (866) 487-4331 (TTY 711).

# UNDERSTANDING YOUR SERVICES

## Emergency Care

Emergency care is care needed right away. This may be caused by an injury or a sudden illness. If your emergency is sudden or life-threatening, you should go to the Emergency Room (ER) or call 911. You may also go to any hospital, doctor or clinic to receive emergency care. You do not need a referral or prior authorization for emergency care. If you are not sure if you have an emergency, you may call your PCP or our 24-Hour Health Information Line at (855) 784-5613 to ask if the ER is right for you.

Actual emergencies include: choking, trouble breathing, poisoning, broken bones, heart attack, stroke, severe pain, severe burns, sexual assault, severe or unusual bleeding, loss of vision, loss of speech, loss of movement, neck or back injuries, loss of consciousness or fainting, prolonged or repeated seizures, convulsions or an immediate fear that you may hurt yourself or someone else.

Remember, hospital ERs are for true emergencies only. If you are admitted to the hospital or must go to an out-of-plan hospital or provider, please ask someone to call us as soon as possible to explain the situation. This is important so that you receive the correct follow-up care. Please contact your Cigna-HealthSpring SpecialCare of Illinois care coordinator within 24 hours of receiving emergency care at (866) 487-3002. Emergency Services include inpatient and outpatient health care services, including transportation, needed to evaluate or stabilize an emergency medical condition.

Cigna-HealthSpring SpecialCare of Illinois also provides Post Emergency Stabilization Services to keep you stable after Emergency Room care. These services may be provided in the hospital or in a doctors' office. For a list of providers or facilities providing Emergency and Post Emergency Stabilization services, please call Customer Service.

***Important: If there is no 911 service in the area, go to the nearest Emergency Room or call an ambulance.***

## Urgent Care

Urgent care is care you need sooner than a routine doctor's visit. Urgent care is not emergency care. Do not go to a hospital Emergency Room (ER) for urgent care unless your doctor tells you to go there. Some conditions suitable for Urgent Care include minor cuts, sprains, bruises, non-severe bleeding and minor burns. If you need Urgent Care, call your PCP or our 24-Hour Health Information Line at (855) 784-5613. Your PCP or the 24-Hour Health Information Line will help you decide where to get care that is in network.

***Please note: If you have a health condition that occurs often or is considered chronic, talk to your PCP about preparing a medical emergency plan.***

### **Preventive Care**

Taking advantage of Preventive Care is one of the keys to maintaining your health. Your PCP will guide you to a program of Preventive Care that meet your individual needs. Services may include: annual physicals, immunizations, mammograms, pap tests, cervical cancer screenings, chlamydia screenings, prostate screenings, cholesterol screenings, smoking cessation and more.

***Health Tip: Preventive Care is key to staying healthy. Be sure to talk to your PCP about screenings and services that are right for you.***

### **Specialty Care**

A specialist is a doctor who works in a specific area of medicine. For example, heart, skin or bones. Your PCP may refer you to a specialist if needed. In some cases, a specialist may be assigned as your PCP, due to a chronic condition that you may have. If you need mental health services, you do not need a referral as long as you see one of our providers. For more information, please call Behavioral Health Services at (866) 780-8546. All other Specialty Care services require a referral from your PCP. If you need help getting a visit, please contact Customer Service.

### **Dental Care**

Maintain good dental health by taking advantage of a cleaning and exam, once every six months. Exams will be used to see if other services are needed. You also have coverage for x-rays, fillings, crowns, dentures and extractions. Poor dental care can affect your overall physical health. Please remember to make an appointment for a dental exam. You may choose any dentist from the directory provided by our dental partner DentaQuest without a referral. If you want to switch dentists, simply choose another provider from the list by calling 1-800-215-8002 or visiting [www.dentaquestgov.com](http://www.dentaquestgov.com).

### **Vision Care**

Preserve your eyesight by taking advantage of one routine vision exam every year and one new pair of glasses every two years. You may choose any doctor from the directory provided by our vision partner Block Vision without a referral by calling (800) 428-8789 or visiting [www.blockvision.com](http://www.blockvision.com).

### **Behavioral Health**

Behavioral Health care includes a range of mental health and substance abuse services. If you need to take advantage of these services, please call the 24 hour help line at (866) 780-8546. One of our staff will help you in a private, professional manner. If you have a life-threatening emergency, please go to the nearest emergency room or call 911.

Services include: mental health assessment and psychological/psychiatric evaluation, medication management, community treatment and support, therapy and counseling, outpatient and inpatient treatment, day treatment and detoxification programs. You may choose any Behavioral Health provider from the directory without a referral, call (866) 780-8546, or visit [www.SpecialCareIL.com](http://www.SpecialCareIL.com).

### **Men's Health**

There are many issues that affect the health of men. Schedule routine health visits to identify problems early and help you to live a healthier life. Your PCP will give you care based on family history, risk factors and lifestyle. Issues that may be talked about include diet and exercise, blood pressure, prostate and colon cancer screening, along with tobacco and alcohol usage. Your PCP will also discuss any other health issues. Your PCP will tell you how to improve your overall wellness. Prostate cancer is one of the leading causes of cancer deaths in men. It is a slow growing cancer. Men need yearly exams to catch and treat this early. Regular exams and PCP visits can make all the difference.

### **Women's Health**

Women need special services to stay healthy once they are sexually active or age 19 and older. Your PCP or WHCP may recommend annual wellness visits that may include a Pap test, breast exam, chlamydia screening and mammogram for women age 40 and older. You do not need a referral to see a WHCP or specialist for these services, but be sure that your PCP receives the results of any tests. You may choose any Women's Health Care Provider from the directory without a referral, call Customer Service or visit [www.SpecialCareIL.com](http://www.SpecialCareIL.com)

### **Family Planning**

Responsible family planning is important. Take advantage of services such as birth control counseling, pills and shots; morning after pills; intra-uterine device; diaphragms; condoms; foams and suppositories; natural family planning; medical and lab exams, including ultrasounds related to family planning and more. You can receive family planning services from any provider from the directory without a referral or prior authorization.

### **Pregnancy Care**

Pregnancy is a special time and requires special services. If you think you are pregnant, please contact your care coordinator right away at (866) 487-3002. Cigna-HealthSpring SpecialCare of Illinois, along with your PCP, WHCP or OB/GYN, will help you access regular pregnancy care, special classes, vitamins, labor and delivery and more.

### **Medically Necessary Transportation**

If you need a ride to or from a medical visit, please call us at least two days in advance and we will schedule a ride for you. If you need to bring a guest with you, you can. Call Customer Service. When you call to schedule your ride, you will only need to make one call. We will work directly with the transportation company.

### **Out-of-State and Out-of-Plan Care**

If you plan to travel, it is important to understand your coverage in case you need care while you are away from home. If you need routine or urgent care that is out-of-state or out-of-plan, you must get approval by calling Customer Service. If you have a serious or life-threatening condition, you should go to the nearest Emergency Room (ER) or call 911. You may also go to the nearest hospital, doctor or clinic to receive emergency care. You do not need a referral for emergency care. Emergency services are covered only if these services are provided in the United States.

***Don't forget: It is important to call Customer Service to review your coverage before you travel at (866) 487-4331.***

### **Care Coordination**

Cigna-HealthSpring SpecialCare of Illinois care coordination program can help you get the medical services and home—and community—based services you need. The professionals who work in the care coordination program are called care coordinators. All care coordinators are nurses or social workers. As a Cigna-HealthSpring SpecialCare of Illinois member, you will have a dedicated care coordinator to assist you. To speak to a care coordinator, please call (866) 487-3002.

In order to help you, we will need to learn more about you. Shortly after you become a Cigna-HealthSpring SpecialCare of Illinois member, we will contact you to ask you questions about your health and lifestyle. This is called a health assessment. The assessment will help us determine how care coordination can help you. We will complete a health assessment as often as needed, but at least once a year.

Your care coordinator will work with your providers, other health care professionals and support staff to create and update your care plan. Your care plan is a written plan that details needed medical and other services to manage your health care needs. These professionals make up your integrated care team. The integrated care team will help everything run smoothly by bringing together the health care and additional assistance services you need to manage your health. Several times a year, your care coordinator will be in contact with you to check in, review your care plan and make sure you are getting the care you need.

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My Cigna-HealthSpring Care Coordinator

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My Care Coordinator's Phone Number

If you do not want to receive care coordination services, call Customer Service and tell us you do not want to be a part of the program.



# YOUR RIGHTS AND RESPONSIBILITIES

## Your Rights

As a Cigna-HealthSpring SpecialCare of Illinois member, you have the rights listed below. You are free to exercise your rights without any fear of anyone taking action against you.

- You have the right to receive the information in the Member Handbook in another language or format.
- You have the right to receive health care services as defined by Federal and State law. All covered services must be available and accessible to you. When medically appropriate, services must be available 24-hours a day, seven days a week.
- You have the right to receive information about Cigna-HealthSpring SpecialCare of Illinois, its services, practitioners and providers.
- You have the right to ask for an interpreter, and have one provided to you, during any covered service.
- You have the right to receive information about Cigna-HealthSpring SpecialCare of Illinois Member Rights and Responsibilities policy. You also have the right to make recommendations to Cigna-HealthSpring about this policy.
- You have the right to receive information about treatment options. This includes the right to request a second opinion about your condition, and the ability to understand treatment information.
- You have the right to make decisions about your health care. This includes the right to refuse treatment.
- You have the right to be treated with respect, and with care for your dignity and privacy.
- You have the right to complain to Cigna-HealthSpring SpecialCare of Illinois, on the phone or in writing, about any issue.
- You have the right to appeal a decision made by Cigna-HealthSpring SpecialCare of Illinois either on the phone or in writing.
- You have the right to have an interpreter present during any complaint or appeal process.
- You have the right to be free from any form of restraint or seclusion used as a means of force, control, and/or retaliation.
- You have the right to request and receive a copy of your medical records.
- You have the right to request an amendment or correction to your medical records.
- You and the authorized representatives have the right to be given, upon request, reasonable assistance in filing a grievance through trained Enrollee Customer Service Representatives and Member Advocates.

## **Your Responsibilities**

- You must choose a PCP under this plan.
- You have a responsibility to participate in your own health care. This includes making and keeping appointments.
- If you are not able to keep an appointment, you must inform your doctor as soon as possible.
- You must present your Cigna-HealthSpring SpecialCare of Illinois ID card when getting care or prescriptions.
- You have the responsibility to tell your doctor anything he or she needs to know to treat you.
- You have the responsibility to follow the treatment plan agreed upon by you and your doctor.
- You have the responsibility to keep your information up-to-date. Please tell your case worker about any changes in income or address.
- If you have other insurance, you must tell both your provider and your case worker immediately.
- You must also follow the guidelines of your other insurance.

## **Civil Rights**

Cigna-HealthSpring SpecialCare of Illinois provides covered services to all members regardless of age, race, religion, color, disability, gender, sexual orientation, national origin, marital status, arrest record, conviction record, military status, political affiliation or place of employment. All medically necessary covered services are offered to all members. All services are provided in the same manner to all members.

## **Advance Directives – Living Will or Power of Attorney for Health Care**

You have a right to make decisions about your medical care. You have a right to accept or refuse medical or surgical treatment. You also have the right to plan and direct the types of health care you may receive in the future if you become unable to state your wishes. You can let your doctor know about your feelings by completing a living will. You can also complete a power of attorney for health care form. Contact your doctor for more information.

# YOUR RESOLUTION CENTER

## Decisions and Denials

Decisions about the services you receive are based on the care you need and the coverage you receive. Your PCP will work with you to get the maximum benefits from your health plan. Decision-makers are never rewarded for 1) reducing care or services, 2) denying services, or 3) providing incentives that encourage decision makers to under-use services.

A notice will be sent to you if there is a denial, change in recommended treatment plan and/or limitation on visits or benefits. We will not delay your care and will not put your health at risk waiting for these decisions. All decisions are made as quickly as your health condition requires.

## INTEGRATED CARE PROGRAM-GRIEVANCES AND APPEALS

We want you to be happy with services you get from Cigna-HealthSpring SpecialCare of Illinois and our providers. If you are not happy, you can file a grievance or appeal.

### Grievances

A grievance is a complaint about any matter other than a denied, reduced or terminated service or item.

Cigna-HealthSpring SpecialCare of Illinois takes member grievances very seriously. We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, you should let us know right away. Cigna-HealthSpring SpecialCare of Illinois 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 concern. Filing a grievance will not affect your health care services or your benefits coverage.

### These are examples of when you might want to file a grievance.

- Your provider or a Cigna-HealthSpring SpecialCare of Illinois staff member did not respect your rights.
- You had trouble getting an appointment with your provider in an appropriate amount of time.
- You were unhappy with the quality of care or treatment you received.
- Your provider or a Cigna-HealthSpring SpecialCare of Illinois staff member was rude to you.

- Your provider or a Cigna-HealthSpring SpecialCare of Illinois staff member was insensitive to your cultural needs or other special needs you may have.

You can file your grievance on the phone by calling Customer Service at (866) 487-4331. You can also file your grievance in writing via mail or fax at:

Cigna-HealthSpring SpecialCare of Illinois  
Attn: Grievance and Appeals Dept.  
175 W. Jackson St. Suite 1750  
Chicago, IL, 60604  
Fax: (877) 788-2830

In the grievance letter, 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 member ID number. You can ask us to help you file your grievance by calling Customer Service at (866) 487-4331.

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your grievance. If you are hearing impaired, call the Illinois Relay at 711.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be “your representative.” If you decide to have someone represent you or act for you, inform Cigna-HealthSpring SpecialCare of Illinois in writing the name of your representative and his or her contact information.

We will try to resolve your grievance right away. If we cannot, we may contact you for more information.

## **Appeals**

You may not agree with a decision or an action made by Cigna-HealthSpring SpecialCare of Illinois about your services or an item you requested. An appeal is a way for you to ask for a review of our actions. You may appeal within **sixty (60) calendar days** of the date on our Notice of Action form. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than **ten (10) calendar days** from the date on our Notice of Action form. The list below includes examples of when you might want to file an appeal.

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before
- Not giving you the service or items in a timely manner

- Not advising you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get a “Notice of Action” letter from us. This letter will tell you the following:

- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it
- Your right to ask to have benefits continue during your appeal, how to do it and when you may have to pay for the services

**Here are two ways to file an appeal.**

1) Call Customer Service at (866) 487-4331. If you file an appeal over the phone, you must follow it with a written signed appeal request.

2) Mail or fax your written appeal request to:

Cigna-HealthSpring SpecialCare of Illinois  
 Attn: Appeals Resolution Center  
 PO Box 24087  
 Nashville, TN 37202  
 Fax: (855) 320-4409

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your appeal. If you are hearing impaired, call the Illinois Relay at 711.

**Can someone help you with the appeal process?**

You have several options for assistance. You may:

- Ask someone you know to assist in representing you. This could be your Primary Care Physician or a family member, for example.
- Choose to be represented by a legal professional.
- If you are in the Disabilities Waiver, Traumatic Brain Injury Waiver, or HIV/AIDS Waiver, you may also contact CAP (Client Assistance Program) to request their assistance at 1-800-641-3929 (Voice) or 1-888-460-5111 (TTY).

To appoint someone to represent you, either: 1) send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information or, 2)

fill out the Authorized Representative Appeals form. You may find this form on our website at <http://www.specialcareil.com/resources>.

## **Appeal Process**

We will send you an acknowledgement letter within three (3) business days saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing.

A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce or stop the medical service.

Cigna-HealthSpring SpecialCare of Illinois will send our decision in writing to you within fifteen (15) business days of the date we received your appeal request. Cigna-HealthSpring SpecialCare of Illinois may request an extension up to fourteen (14) more calendar days to make a decision on your case if we need to get more information before we make a decision. You can also ask us for an extension, if you need more time to obtain additional documents to support your appeal.

We will call you to tell you our decision and send you and your authorized representative the Decision Notice. The Decision Notice will tell you what we will do and why.

If Cigna-HealthSpring SpecialCare of Illinois' decision agrees with the Notice of Action, you may have to pay for the cost of the services you got during the appeal review. If Cigna-HealthSpring SpecialCare of Illinois' decision does not agree with the Notice of Action, we will approve the services to start right away.

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when Cigna-HealthSpring SpecialCare of Illinois reviews your appeal.

## **How can you expedite your Appeal?**

If you or your provider believes our standard timeframe of fifteen (15) business days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Notice of Action letter, information about your case and why you are asking for the expedited appeal. We will let you know within twenty-four (24) hours if we need more information. Once all information is provided, we will call you within twenty-four (24) hours to inform you of our decision and will also send you and your authorized representative the Decision Notice.

## **How can you withdraw an Appeal?**

You have the right to withdraw your appeal for any reason, at any time, during the appeal process. However, you or your authorized representative must do so in writing, using the same address as used for filing your appeal. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request.

Cigna-HealthSpring SpecialCare of Illinois will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call Cigna-HealthSpring SpecialCare of Illinois at 1-866-487-4331.

## **What happens next?**

After you receive the Cigna-HealthSpring SpecialCare of Illinois appeal Decision Notice in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing Appeal and/or asking for an External Review of your appeal within **thirty (30) calendar days** of the date on the Decision Notice. You can choose to ask for both a State Fair Hearing Appeal and an External Review or you may choose to ask for only one of them.

## **State Fair Hearing**

If you choose, you may ask for a State Fair Hearing Appeal within **thirty (30) calendar days** of the date on the Decision Notice, but you must ask for a State Fair Hearing Appeal within **ten (10) calendar days** of the date on the Decision Notice if you want to continue your services. If you do not win this appeal, you may be responsible for paying for these services provided to you during the appeal process.

At the State Fair Hearing, just like during the Cigna-HealthSpring SpecialCare of Illinois Appeals process, you may ask someone to represent you, such as a lawyer or have a relative or friend speak for you. To appoint someone to represent you, send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information.

You can ask for a State Fair Hearing in one of the following ways:

- Your local Family Community Resource Center can give you an appeal form to request a State Fair Hearing and will help you fill it out, if you wish.
- If you want to file a State Fair Hearing Appeal related to your medical services or items, or Elderly Waiver (Community Care Program (CCP)) services, send your request in writing to:

Illinois Department of Healthcare and Family Services  
Bureau of Administrative Hearings  
69 W. Washington Street, 4th Floor  
Chicago, IL 60602  
Fax: (312) 793-2005  
Email: [HFS.FairHearings@illinois.gov](mailto:HFS.FairHearings@illinois.gov)

Or you may call (855) 418-4421, TTY: (800) 526-5812

- If you want to file a State Fair Hearing Appeal related to mental health services or items, substance abuse services, Persons with Disabilities Waiver services, Traumatic Brain Injury Waiver services, HIV/AIDS Waiver services, or any Home Services Program (HSP) service, send your request in writing to:

Illinois Department of Human Services  
Bureau of Hearings  
69 W. Washington Street, 4th Floor  
Chicago, IL 60602  
Fax: (312) 793-8573  
Email: [DHS.HSPApeals@illinois.gov](mailto:DHS.HSPApeals@illinois.gov)

Or you may call (800) 435-0774, TTY: (877) 734-7429

### **State Fair Hearing Process**

The hearing will be conducted by an Impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings office informing you of the date, time and place of the hearing. This letter will also provide information about the hearing. It is important that you read this letter carefully.

At least three (3) business days before the hearing, you will receive information Cigna-HealthSpring SpecialCare of Illinois. This will include all evidence we will present at the hearing. This will also be sent to the Impartial Hearing Officer. You must provide all the evidence you will present at the hearing to Cigna-HealthSpring SpecialCare of Illinois and the Impartial Hearing Officer at least three (3) business days before the hearing. This includes a list of any witnesses who will appear on your behalf, as well as all documents you will use to support your appeal.

You will need to notify the appropriate Hearings Office of any accommodation you may need. Your hearing may be conducted over the phone. Please be sure to provide the best phone number to reach you during business hours in your request for a State Fair Hearing. The hearing may be recorded.



### **Continuance or Postponement**

You may request a continuance during the hearing, or a postponement prior to the hearing, which may be granted if good cause exists. If the Impartial Hearing Officer agrees, you and all parties to the appeal will be notified in writing of a new date, time and place. The time limit for the appeal process to be completed will be extended by the length of the continuation or postponement.

### **Failure to Appear at the Hearing**

Your appeal will be dismissed if you, or your authorized representative, do not appear at the hearing at the time, date and place on the notice and you have not requested postponement in writing. If your hearing is conducted via telephone, your appeal will be dismissed if you do not answer your telephone at the scheduled appeal time. A Dismissal Notice will be sent to all parties to the appeal.

Your hearing may be rescheduled, if you let us know within **ten (10) calendar days** from the date you received the Dismissal Notice, if the reason for your failure to appear was:

- A death in the family
- Personal injury or illness which reasonably would prohibit your appearance
- A sudden and unexpected emergency

If the appeal hearing is rescheduled, the Hearings Office will send you or your authorized representative a letter rescheduling the hearing with copies to all parties to the appeal.

If we deny your request to reset your hearing, you will receive a letter in the mail informing you of our denial.

### **The State Fair Hearing Decision**

A Final Administrative Decision will be sent to you and all interested parties in writing by the appropriate Hearings Office. This Final Administrative Decision is reviewable only through the Circuit Courts of the State of Illinois. The time the Circuit Court will allow for filing of such review may be as short as thirty-five (35) days from the date of this letter. If you have questions, please call the Hearing Office.

### **External Review (for medical services only)**

Within **thirty (30) calendar days** after the date on the Cigna-HealthSpring SpecialCare of Illinois appeal Decision Notice, you may choose to ask for a review by someone outside of Cigna-HealthSpring SpecialCare of Illinois. This is called an external review. The outside reviewer must meet the following requirements:

- Board certified provider with the same or like specialty as your treating provider

- Currently practicing
- Have no financial interest in the decision
- Not know you and will not know your identity during the review

External Review is not available for appeals related to services received through the Elderly Waiver; Persons with Disabilities Waiver; Traumatic Brain Injury Waiver; HIV/Aids Waiver; or the Home Services Program.

**Your letter must ask for an external review of that action and should be sent to:**

Cigna-HealthSpring SpecialCare of Illinois  
Attn: External Review Center  
PO Box 24087  
Nashville, TN 37202  
Fax: (855) 320-4409

### **What Happens Next?**

- We will review your request to see if it meets the qualifications for external review. We have five (5) business days to do this. We will send you a letter letting you know if your request meets these requirements. If your request meets the requirements, the letter will have the name of the external reviewer.
- You have five (5) business days from the letter we send you to send any additional information about your request to the external reviewer.

The external reviewer will send you and/or your representative and Cigna-HealthSpring SpecialCare of Illinois a letter with their decision within five (5) calendar days of receiving all the information they need to complete their review.

### **Expedited External Review**

If the normal time frame for an external review could jeopardize your life or your health, you or your representative can ask for an **expedited external review**. You can do this over the phone or in writing. To ask for an expedited external review over the phone, call Member Services toll-free at (866) 487-4331. To ask in writing, send us a letter at the address below. You can only ask one (1) time for an external review about a specific action. Your letter must ask for an external review of that action.

Cigna-HealthSpring SpecialCare of Illinois  
Attn: Expedited External Review Center  
PO Box 24087  
Nashville, TN 37202

### **What happens next?**

- Once we receive the phone call or letter asking for an expedited external review, we will immediately review your request to see if it qualifies for an expedited external review. If it does, we will contact you or your representative to give you the name of the reviewer.
- We will also send the necessary information to the external reviewer so they can begin their review.
- As quickly as your health condition requires, but no more than two (2) business days after receiving all information needed, the external reviewer will make a decision about your request. They will let you and/or your representative and Cigna-HealthSpring SpecialCare of Illinois know what their decision is verbally. They will also follow up with a letter to you and/or your representative and Cigna-HealthSpring SpecialCare of Illinois with the decision within forty-eight (48) hours.

### **Report Fraud, Waste and Abuse**

Health care fraud is a violation of federal and/or state law. If you know of or suspect health insurance fraud, please report it by calling our Compliance and Ethics Hotline at (800) 826-6762. You are not required to identify yourself when you report the information. The hotline is anonymous.

### **Reporting Abuse, Neglect, Exploitation or Unusual Incidents**

You can contact the Department of Public Health to get information on CNAs or the Department of Financial and Professional Regulation for information on any LPN or RN that you want to employ to see if they have claims of abuse, neglect or theft. If you are the victim of abuse, neglect or exploitation, you should report this to your care coordinator right away. You should also report the issue to one of the following agencies based on your age or placement. All reports to these agencies are kept private and anonymous reports are accepted. For more information, please call Customer Service at (866) 487-4331.

### **Nursing Home Hotline– (800) 252-4343**

Illinois Department of Public Health Nursing Home Hotline is for reporting complaints regarding hospitals, nursing facilities, and home health agencies and the care or lack of care of the patients.

### **Office of the Inspector General– (800) 368-1463**

The Illinois Department of Human Services Office of Inspector General Hotline is to report allegations of abuse, neglect or exploitation for people 18 to 59 years old.

### **Aging/Elder Abuse – (866) 800-1409 (TTY (888) 206-1327)**

The Illinois Department on Aging Elder Abuse Hotline is to report allegations of abuse, neglect or exploitation for people 60 years old and over. Your care coordinator will give you with 2 brochures on reporting Elder Abuse and Exploitation. You can request new copies of these brochures at any time.

Illinois law defines abuse, neglect and exploitation as:

- **Physical abuse** — inflicting physical pain or injury upon a senior or person with disabilities.
- **Sexual abuse** — touching, fondling, intercourse or any other sexual activity with a senior or person with disabilities, when the person is unable to understand, unwilling to consent, threatened or physically forced.
- **Emotional abuse** — verbal assaults, threats of abuse, harassment or intimidation.
- **Confinement** — restraining or isolating the person, other than for medical reasons.
- **Passive neglect** — the caregiver's failure to provide a senior or person with disabilities with life's necessities, including, but not limited to, food, clothing, shelter or medical care.
- **Willful deprivation** — willfully denying a senior or person with disabilities medication, medical care, shelter, food, a therapeutic device or other physical assistance, and thereby exposing that adult to the risk of physical, mental or emotional harm — except when the person has expressed an intent to forego such care.
- **Financial exploitation** — the misuse or withholding of a senior or person with disabilities' resources to the disadvantage of the person or the profit or advantage of someone else.

# **LONG-TERM SERVICES AND SUPPORTS (LTSS)**

## **Information**

Cigna-HealthSpring SpecialCare of Illinois provides a separate Handbook containing the Long Term Services and Supports (LTSS) booklet. LTSS Programs are for individuals who are eligible for the Home and Community Based Services (HCBS) Waiver programs or Nursing Home (NF) program. Eligibility is determined by the Department on Aging or the Department of Rehabilitative Services. If you or someone you care for believes you may be eligible to enroll in an LTSS program, please refer to the separate LTSS Booklet or call Care Coordination at (866) 487-3002. If you need help getting the LTSS Booklet, please call Customer Service at (866) 487-4331 (TTY 711) Monday to Friday from 8 a.m. to 5 p.m. (Central Standard Time).





