Blue Cross Community MMAI (Medicare-Medicaid Plan)℠

Blue Cross Community MMAI (Medicare-Medicaid)℠ Frequently Asked Questions

How does the Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ ("the Plan") work?

With this Plan, you choose a primary care provider (PCP) from our provider network. Your PCP will coordinate all your health care. Your PCP will be the doctor who knows your health care needs the best.

The Plan pays providers for Covered Services with no charge to you. You do not have to meet a deductible. You do not have to fill out claim forms when you see a participating provider. See your benefit information for details.

What is a Care Coordinator?

You will have a Care Coordinator. This is a person who works with you and your care providers. They help to make sure you get the care you need.

Your Care Coordinator will:

- Make sure you get all the tests, labs and other care that you need.
- Make sure that your test results are shared with your care team and the right providers.
- Always get your permission before sharing medical information with other providers.

How do I contact my Care Coordinator?

You may call Member Services at **1-877-723-7702** (TTY: 711). Member Services at **1-877-723-7702** (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. We have free translation for people who do not speak English.

What is an Interdisciplinary Care Team?

You will have an interdisciplinary care team that are there to help you get the care you need. Your care team may include doctors, nurses, counselors, and care coordinators.

What is a provider?

A provider is a licensed doctor, facility, or health care professional. Your PCP is a provider. Providers deliver medical products and services to health plan members.

What is a participating provider?

A health care professional or a facility that is contracted with the Plan to provide services to members. They are also called in-network providers.

What is an in-network provider?

A provider that is contracted with the Plan to provide services to members. They are also called a participating provider.

What is an out-of-network provider?

A provider that is not contracted with the Plan. They are also called a non-participating provider.

What is a Primary Care Provider (PCP)?

Your PCP coordinates all your health care. Please call your PCP whenever you have a health need.

Why is it important to get to know my PCP?

Your PCP knows you best. Your PCP knows your medical history and present state of health. This allows your PCP to make the best decisions when you need medical care. Your PCP can also help arrange visits to specialists.

What if I'm sick and my PCP is not available?

Participating providers have agreed to be accessible 24 hours a day for our members. Call your PCP to learn how to get care. If your PCP is unavailable, they will give you access to another doctor.

How do I change my PCP?

If you would like to change your PCP, please call Member Services. We can be reached at **1-877-723-7702** (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

What happens if my PCP or medical group leaves the network?

If your PCP or medical group leaves the network, you will be notified. To select a new PCP, please call Member Services at **1-877-723-7702** (TTY: 711). The call is free. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

When do I need prior authorization?

Certain services must have approval from the Plan. This approval is called "prior authorization." If approval is not obtained, those services will not be covered. See the *Member Handbook* for a list of services that need approval. To ask for approval, you or your provider must call the Plan.
Plan providers know which services need prior approval. They can handle the details for you. Make sure prior approval is received if:

- You are admitted as an inpatient.
- You get any of the services lists as needing approval.
- You visit a provider that is not in our provider network.

Without approval in these situations, coverage will be denied.

Can I get a second opinion?

Yes. You can get a second opinion for any procedure or treatment. Your doctor can recommend a specialist. You or your doctor can call Member Services for help.

Do I need a referral to see a specialist?

No. However, make sure the specialist is in the Plan's network. Also, see if the services are covered before you make an appointment. If not, you will be responsible for costs of services not covered. Even if you don't need a referral for some services with specialists, you may need prior approval. Ask your

PCP. Your PCP knows your medical history. They are best qualified to coordinate your medical care, including visits to specialists.

What is a medical emergency?

An emergency is a sudden medical condition with severe symptoms, including intense pain. Without immediate medical help your health and life could be in danger. Emergency conditions can harm bodily functions. They can cause serious injury to body organs or parts. Emergency conditions can also cause disfigurement. Examples of emergencies are:

- heart attack
- poisoning
- severe allergic reaction
- convulsions
- unconsciousness
- uncontrolled bleeding

Services received in an emergency room (ER) or other trauma center must meet the definition of "emergency" to be covered. Care received in a doctor's office or urgent care facility are not considered emergencies.

See the *Member Handbook* for guidelines on emergency care coverage.

What do I do in an emergency?

The Plan wants to make sure you get proper care in an emergency. Here's what you need to do:

- In an emergency, if you can do so safely, go to the nearest hospital or trauma center.
- You can call "911" or other community emergency resources for assistance in emergency situations.
- You do not need approval for emergency services.
- Please call Member Services within 48 hours of the admission. We can be reached at **1-877-723-7702** (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.
- Call your PCP as soon as reasonably possible after getting emergency care or being admitted as an inpatient. They will help arrange for follow-up care.

Note: Emergency services are reviewed. If they are determined to be non-emergency services, coverage may be denied.

How can I get emergency care when traveling?

If you are traveling and need emergency care, call "911". Or, if you can do so safely, go to the nearest ER or trauma center. When you return home, call your PCP or care coordinator. They will help arrange follow- up care.

What is urgent care?

Urgent care is medical treatment for a condition that is not life threatening. The condition needs quick medical attention to prevent serious health problems. Examples include sprains, high fever, and cuts

that need stitches. See the *Member Handbook* for guidelines on urgent care coverage.

How do I get urgent care?

If you don't have an emergency condition but feel you need prompt medical attention, go to an urgent care clinic in our network. You can also call the 24/7 Nurseline. ***Note:*** Your wait time at urgent care may be shorter than at an ER. It's important to save the ER for emergencies.

What should I do if I lose my ID card?

Simply call Member Services at **1-877-723-7702** (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. It may take up to two weeks to get a new card.

How does the prescription drug plan work?

Please see Drug Coverage for information.

What if I have questions about my benefits?

Call Member Services at **1-877-723-7702** (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

What if I get a bill for covered services?

We do not allow our network provider (such as a doctor or hospital) bills you more than the plan's cost sharing amount for services. This is true even if we pay the provider less than the provider charges for a covered service or item. You are never required to pay the balance of any bill. Show your Blue Cross Community MMAI Member ID Card when you get any services or prescriptions. Call Member Services if you get any bills you do not understand.

Because Blue Cross Community MMAI pays the entire cost for your services, you do not owe any cost-sharing. Providers should not bill you anything for these services.

How to get transportation services?

You may be able to get transportation to and from your doctors' office or health care facility. Trips must be for medical reasons only. If you need a ride to the doctor, please call Member Services at **1-877-723-7702** (TTY: 711) at least 72 hours before your appointment. Call "911" if you need emergency transportation. You do not need prior approval in an emergency.

What is the Over-the-Counter Drugs & Supplies - Supplemental personal health related items?

The plan covers certain over-the-counter (OTC) drugs and supplies. The plan will pay up to a $30 benefit per quarter. Items will be shipped to your address in 5-7 business days. You may make one (1) order each quarter. Benefits or coverage do not carry over. To place an order, you can contact an OTC Advocate at:1-855-891-5274 (TTY: 711).

Limitations and restrictions may apply. For more information, call Blue Cross Community MMAI (Medicare- Medicaid Plan)℠ Member Services or read the Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ Member Handbook.

Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ is provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-723-7702 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-723-7702 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-877-723-7702 (TTY: 711) 。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-877-723-7702 (TTY: 711) 。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-723-7702 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-723-7702 (TTY :711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-723-7702 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-723-7702 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-723-7702 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-723-7702 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية لإلجابة عن أي أسئلة تتعلق بالصحة أو جدول ألدوية لدينا.
للحصول على مترجم فوري، ليس عليك سوى االتصال بنا على 1-877-723-7702 (TTY:711). سيقوم
شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के किए हमारे पास मुफ्त दुभाकिया सेवाएँ उपिब्ध हैं. एक दुभाकिया प्राप्त करने के किए, बस हमें 1-877-723-7702 (TTY: 711) पर फोन करें. कोई व्यक्ति जो कहन्दी बोि ता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-723-7702 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-723-7702 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-723-7702 (TTY :711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-723-7702 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-877-723-7702 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。