

**SAMPLE NOTICE**

&lt;MEMBER NAME&gt;

&lt;ADDRESS LINE 1&gt; &lt;ADDRESS LINE 2&gt;

&lt;CITY&gt; &lt;STATE&gt; &lt;ZIP&gt;

&lt;DATE&gt;

**Important news about the Medicaid Managed Care Program expansion**

Dear &lt;MEMBER NAME&gt;,

Welcome to MeridianHealth (Meridian). We are glad to have you as a new member of our plan. Meridian will continue to be one of the health plans under the new Illinois Medicaid Managed Care Program called **HealthChoice Illinois**. We have been working hard with Aetna Health Plan to make your transition to Meridian as smooth as possible. Beginning January 1, 2018 Meridian will work with you and your family to get you the healthcare services you need. You do not need to do anything about this change. Meridian will make every effort to keep you with the same Primary Care Provider (PCP). If you want to change your PCP, you may do so at any time. Just call Meridian Member Services at 866-606-3700 (TTY: 711)

You will get a welcome packet in the mail from Meridian. This welcome packet will include a Member Handbook so you can learn more about the health plan. You will also receive a Meridian Member ID Card. You will use your new ID card starting January 1, 2018, when you need services. Some services may require prior approval. Meridian will work with you to make sure you get all of the care you need, when you need it.

Be sure to read your Meridian Member Handbook and keep it handy. Your handbook is full of important information about your health care and Meridian.

Starting January 1, 2018, the Illinois Medicaid Managed Care Program is expanding to include all counties statewide. This new program is called **HealthChoice Illinois**. Your Medicaid benefits will not change, but the health plan choices in your area will change.

**What this means for you**

You and your family members listed below are enrolled in Meridian beginning January 1, 2018.

**Member:**

[ENROLLEEn]

ID #: [ENn\_RIN]

[ENROLLEEn]  
ID #: [ENn\_RIN]

In **HealthChoice Illinois**, you can stay with Meridian or you can choose a new health plan.

#### **If you want to keep Meridian**

To stay in Meridian, you do not have to do anything at all! You will work with Meridian to find providers, make appointments, get transportation and get answers to your questions.

#### **If you want to change your health plan**

You can change health plans for anyone listed above. **You will have 90 days to change health plans.** If you want to change health plans, you must change by **March 31, 2018**. If you do not choose a new health plan by this date, you will stay in Meridian. The next time you can change plans will be during your open enrollment period next year. We will send you a letter at that time.

You can choose the same health plan for everyone in your family, or you can choose different plans. You can choose from these health plans:

[HEALTH PLAN NAME]

[HEALTH PLAN NAME]

[HEALTH PLAN NAME]

[HEALTH PLAN NAME]

[HEALTH PLAN NAME]

#### **There are two ways to change your health plan**

- Go to [www.EnrollHFS.illinois.gov](http://www.EnrollHFS.illinois.gov) and click “Enroll,” or
- Call Client Enrollment Services at **1-877-912-8880 (TTY: 1-866-565-8576)**, Monday to Friday, 8 a.m. to 7 p.m. The call is free.

To learn about all of the **HealthChoice Illinois** health plans, go to: [www.EnrollHFS.illinois.gov](http://www.EnrollHFS.illinois.gov). Click on “Compare Plans.” Before you decide, you should ask your doctors which health plans they will be part of starting January 1, 2018. Your doctors may not accept all of the health plans.

**Remember: If you want to keep Meridian, you do not need to do anything.**

#### **New HealthChoice Illinois health plan welcome packet**

If you choose a new health plan, your new plan will send you a welcome packet in the mail. The packet will have your member ID card and member handbook. You will use your new member ID card to get healthcare services. If you have questions or need help getting health care, call the health plan’s member services number on your member ID card.

**Transition of Care when changing health plans**

If you change health plans, it is important to let your new plan know about any appointments already scheduled and any prescriptions you are currently taking. Contact the new health plan's member services department right away to discuss.

**Changing a Primary Care Provider (PCP) with your health plan**

Once you are in a health plan, you can change your PCP at any time. To change your PCP, call your health plan's member services number on your member ID card. You should always call your PCP first if you are sick or need health services.

**About HealthChoice Illinois health plans**

All HealthChoice Illinois health plans cover the same list of healthcare services. Your health plan offers education and help from their staff. You will continue to work with your health plan to get healthcare services. You may have a Care Coordinator to help make doctor's appointments, find transportation, get prior approvals for healthcare, prescriptions or medical equipment, and arrange for other social services. If you do not have a Care Coordinator, you can request one. Call the member services number on your ID card.

If you have any questions, call Meridian Member Services at 866-606-3700 (TTY: 711).

Thank you,

MeridianHealth

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

MeridianHealth:

- 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 Meridian's Grievance Coordinator.

If you believe that MeridianHealth 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 Meridian's Grievance Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Meridian's Grievance Coordinator is available to help you.

Mail: MeridianHealth  
Attn: Grievance Coordinator  
P.O. Box 44287  
Detroit, MI 48244

Telephone: 866-606-3700 (TTY users should call 711)

Fax: 313-463-5259

Email: [medicaidgrievances@mhplan.com](mailto:medicaidgrievances@mhplan.com)

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/portal/lobby.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

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-606-3700 (TTY: 711).

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 866-606-3700 (TTY: 711).

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 866-606-3700 (TTY : 711)。

**한국어(Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 866-606-3700 (TTY: 711)번으로 전화해 주십시오.

**Tagalog (Tagalog-Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 866-606-3700 (TTY: 711).

**العربية (Arabic):** ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 866-606-3700 (رقم هاتف الصم والبكم: 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 866-606-3700 (телетайп: 711).

**ગુજરાતી (Gujarati):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 866-606-3700 (TTY: 711).

**اُردُو (Urdu):** خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 866-606-3700 (TTY: 711).

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 866-606-3700 (TTY: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 866-606-3700 (TTY: 711).

**हिंदी (Hindi):** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 866-606-3700 (TTY: 711) पर कॉल करें।

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 866-606-3700 (ATS : 711).

**λληνικά (Greek):** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 866-606-3700 (TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 866-606-3700 (TTY: 711).