



**Sample FHN Member Notice**

<Date>

<Name>

<Address>

<City>, <State> <ZIP>

Dear <Member Name>,

We want to share some important information about your Medicaid Managed Care health plan.

Family Health Network will not be participating in the Illinois Medicaid Managed Care Program after October 31, 2017. Family Health Network is partnering with another Medicaid plan, CountyCare. **On November 1, 2017 you will be a CountyCare member.**

**What does this mean for you?**

- You do not need to do anything about this change.
- You will get your health care services and prescription drug coverage through CountyCare beginning November 1, 2017.
- Beginning November 1, 2017, you will need to see providers who are part of the CountyCare network, including dentists, eye care providers and other specialists. For information about providers who are part of the CountyCare health plan, call CountyCare Member Services at 1-312-864-8200 (TTY:711, select option 2) or visit <http://www.countycare.com/members>.
- CountyCare will make every effort to keep you with the same Primary Care Provider (PCP) you have now. **If you want to change your PCP, you may do so at any time.** Just call CountyCare Member Services at 1-312-864-8200 (TTY:711, select option 2) or visit <http://www.countycare.com/members>.
- CountyCare has Care Coordinators. Care Coordinators work with you to make sure you get the care you need, when you need it. You can request a Care Coordinator. Call CountyCare Member Services at 1-312-864-8200 (TTY:711, select option 2) for more information.
- Some services may require prior approval. CountyCare will work with you to get the care and services you need.
- CountyCare will send you a welcome packet. This welcome packet will include a member handbook. Make sure to read your member handbook. It will give you more information about your new plan and the extra benefits they offer.
- You will also receive a CountyCare Member ID Card. You will use your new ID Card starting November 1, 2017.

Until then, you will continue to be covered by Family Health Network for all your current benefits. This means:

- There will be no change in your medical or prescription drug coverage.
- You should continue to make appointments and meet with your doctors as you normally do.
- You should keep working with your care coordinator to get the care and services you need.
- You will keep getting your plan-covered drugs as prescribed by your doctors.



**Please keep this letter.** If you need medical services after November 1, 2017, take your HFS medical card and your CountyCare Member ID Card with you to all appointments.

If you do not want to stay in CountyCare, you have 90 days from November 1, 2017 to change health plans. If you do not make a change, you will stay enrolled with CountyCare until your annual open enrollment period. To learn more about your health plan options, or to pick a new health plan, call Illinois Client Enrollment Services at 877-912-8880 (TTY: 866-565-8576) or visit [www.EnrollHFS.illinois.gov](http://www.EnrollHFS.illinois.gov).

We want to work with you and your family to keep you well. If you have questions about this notice, please call:

Family Health Network Member Services at 1-888-346-4968 (TTY:711)

Or

CountyCare Member Services at 1-312-864-8200 (TTY: 711, select option 2)

On behalf of the Family Health Network, thank you for the opportunity to work with you.

Sincerely,

James Kiamos  
Interim President and CEO  
Family Health Network

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

#### FHN

- 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 Member Services at 1-888-FHN-4YOU (346-4968).

If you believe that FHN 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:

#### Member Services

322 S. Green St., Suite 400

Chicago, IL 60607

1-888-FHN-4YOU (346-4968) (TTY 711) Fax: 1-312-257-2060

Email: [memberservices@myfhn.com](mailto:memberservices@myfhn.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Member Services department 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/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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

<b>English</b>	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-346-4968 (TTY: 711).
<b>Spanish</b>	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-346-4968 (TTY: 711).
<b>Polish</b>	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-346-4968 (TTY: 711).
<b>Chinese</b>	-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 1-888-346-4968 (TTY: 711)。
<b>Korean</b>	-주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-346-4968 (TTY: 711). 번으로 전화해 주십시오.
<b>Tagalog</b>	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-346-4968 (TTY: 711).
<b>Arabic</b>	(رقم 1-888-346-4968 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711)
<b>Russian</b>	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-346-4968 (телетайп: 711).
<b>Gujarati</b>	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-346-4968 (TTY: 711).
<b>Urdu</b>	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں، 1-888-346-4968 (TTY: 711)۔
<b>Tiếng Việt (Vietnamese)</b>	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-346-4968 (TTY: 711).
<b>Italian</b>	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-346-4968 (TTY: 711).
<b>Hindi</b>	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-346-4968 (TTY: 711) पर कॉल करें।
<b>French</b>	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-346-4968 (ATS : 711).
<b>Greek</b>	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1- 888-346-4968 (TTY: 711).
<b>German</b>	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-346-4968 (TTY: 711).