Medicare Medicaid Alignment Initiative (MMAI) plans synthesize Medicare and Medicaid benefits into one health insurance plan for dual-eligible beneficiaries. This brief is intended for health providers and benefits counselors to assist consumers in using and navigating this new health insurance option. There are six Chicago-area health insurance plan options and the two Central Illinois health insurance plan options. Commonly asked questions and details regarding these plans are addressed within this text.

**MMAI Health Insurance Plan Options**

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**General Questions**

1. **How can I get my clients/patients voluntarily enrolled into MMAI?**

Call Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576) to talk to an enrollment broker.

OR

Go to enrollhfs.illinois.gov to the Illinois Client Enrollment Services webpage and complete an application. You can compare Medicaid Medicare plans at HFS: http://enrollhfs.illinois.gov/node/13
2. What information should the enrollment broker be able to share when called?
   a. Provider Networks and provider ID numbers (which doctors are part of each plan’s network)
   b. Drug Formulary- Part D (which drugs each plan covers)
   c. All health insurance plans’ health benefits
   d. Cost-sharing amounts that a consumer would have to pay, if any

3. What information do clients/patients need to provide when enrolling?

A client checklist for this information is on the next page. Clients need the following when enrolling:

   a. Social Security Number
   b. A chosen primary care provider and the provider’s ID number (Call doctor or HFS at 877-912-8880 to get this number)
   c. Name of primary care physician or specialists they wish to continue seeing (so they can ask if those providers are in network)
   d. Medication list. (So clients/patients can ask if medications are covered)
   e. Preferred hospitals and clinics. (So clients/patients can ask if their hospital is in-network)
MMAI Client Enrollment Checklist

☐ Do you have your SSN? The enrollment broker will ask for this.

☐ Have you chosen a Primary Care Provider and do you have his/her Provider ID (Sometimes called NPI Number)? Ask what plans have your doctor in network.

☐ Do you have the names of physicians or specialists you would like to continue to see? Ask what plans have your doctors in network.

☐ Do you have a list of your medications? Ask if your medications are covered by the MMAI plan you are considering and what the copay will be.

☐ Do you have preferred hospitals, facilities (like nursing homes), or clinics? Make sure to ask if these are in network if you do.

☐ Have you checked all the boxes? If so, you are ready to call Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576) to talk to an enrollment broker.

Or, you can go to enrollhfs.illinois.gov to the Illinois Client Enrollment Services webpage and complete an application. You can compare Medicaid Medicare plans at HFS: http://enrollhfs.illinois.gov/node/13

Benefits that all MMAI Plans Offer

a. Medical transportation
b. Traditional Medicare and Medicaid benefits
c. Nurse advice line
d. Behavioral health crisis line
e. No co-pays for doctor visits, and ER visits
f. A member handbook and a provider handbook
g. Care coordination
h. Language services
Plan Specific Information

Aetna Better Health Premier Plan- MMAI

http://www.aetnabetterhealth.com/illinois/become-a-member/premier/

1. What are featured benefits of this MMAI plan?
   a. No co-pays for doctor visits, ER visits, and prescriptions.
   b. Adult preventive dental care.
   c. This plan provides $20.00 in over-the-counter items from Aetna OTC catalog.
   d. “Silver and Fit” program membership includes health club and fitness classes.
   e. Additional smoking cessation counseling sessions
   f. One routine foot care visit per year.
   g. You can get a ride to the pharmacy to pick up prescriptions following a doctor appointment.

2. Where do I find information regarding benefits, medications, and in-network providers?

See the following:

   a. For a Summary of Benefits:
   b. For the Drug List Search Tool:
      http://www.medicareplanrx.com/MedicationPricingTool/planInfo.do?clientId=102&regionId=1&year=2014&contractId=H2506&planId=001&lang=en&formularySearch=true&displayFormularyRegion=false&displayFormularyChangePlan=false&displayPricingRegion=false&displayPricingChangePlan=false
   c. For the Provider Finder on the website
      http://www.aetnabetterhealth.com/illinois/find-provider

Call Member Services at 1-866-600-2139 (toll-free). You can also contact an enrollment broker at 1-877-912-8880.

3. Will my clients have access to inpatient and outpatient facilities, and providers close to home under your plan?

You or your patient/client can use the provider search tool to find dental, vision, and lab providers, pharmacies, hospitals, and skilled/nursing facilities that are in-network. You
can search by address and zip-code to find these nearby. [http://www.aetnabetterhealth.com/illinois/find-provider](http://www.aetnabetterhealth.com/illinois/find-provider)

You can also contact an enrollment broker at 1-877-912-8880 for this information.

4. **How do I arrange the transportation for my clients?**

If your patient/client needs a ride to health care visits or to the pharmacy to pick up prescriptions, call 1-866-600-2139 to set up transportation. You can also call Ride Right/Medical Transportation Management Inc. at 1-888-513-1612.

You can call to schedule a ride Monday - Saturday from 8 a.m. - 6 p.m. Central time. Set up a ride at least three days before your appointment.

Mileage reimbursement is available if you use your own car or get a ride from someone. You have seven days after your appointment to ask for mileage reimbursement. Call Member Services at 1-866-600-2139 and they will help you do this. ([Information from: http://www.aetnabetterhealth.com/illinois/](http://www.aetnabetterhealth.com/illinois/))

5. **What about language services?**

Call 1-866-600-2139 (Aetna Better Health Premier Plan members). Aetna Better Health will provide telephone interpreter services with no charge to patient or provider. The provider finder also allows you to search based upon language. You can schedule these services in advance.

6. **What is the role of case management? How do I get in touch with case management?**

To make case management referrals, call Provider Services at 1-866-600-2139. A case manager will review and respond to your request within 3-5 business days. The case manager (a nurse or social worker) will work with the client to create a care plan to meet health goals. The amount of case management depends on client need. Case managers will provide patients with referrals for community services and resources not covered by Medicaid. Case managers may work with providers to coordinate a client’s needs.

Clients can call Member Services at 1-866-600-2139 (toll-free) to ask for their Case Manager.

7. **If I need pre-authorization for services or medications, what do I do?**

You can call the pre-authorization department at 1-866-600-2139.

You can fax your medical authorization request to 1-855-802-4291. You can fax your pharmaceutical authorization request to 1-855-365-8109. For dental preauthorization
call 1-800-416-9185. Or sign up for a secure web-portal here: [http://www.aetnabetterhealth.com/illinois/providers/portal](http://www.aetnabetterhealth.com/illinois/providers/portal)

Here is the form for the authorization request. [http://www.aetnabetterhealth.com/illinois/assets/pdf/providers/PriorAuthorizationForm-IL.pdf](http://www.aetnabetterhealth.com/illinois/assets/pdf/providers/PriorAuthorizationForm-IL.pdf)

8. **Will you have a different number for mental health/substance abuse services?**

The behavioral health and behavioral health crisis line is available via Member Services 1-866-600-2139 (Aetna Better Health Premier Plan members).

9. **What if I am having administrative problems (healthcare providers only)? Who do I call?**

A Provider Service representative should be assigned to your facility. Your representative serves as your point of contact with Aetna Better Health Premier Plan. Your representative will share information and assist you with any administrative or operational concerns. ([aetnabetterhealth.com](http://aetnabetterhealth.com)). The Provider Service representative phone number is 1-866-600-2139.
Blue Cross Community MMAI

http://www.bcbsil.com/mmai/

1. What are featured benefits of this MMAI plan?

   a) No copay for doctor visits, ER visits, or prescriptions.
   b) Additional preventive dental care
   c) Consumers may qualify for a free cell phone to call your doctor, care coordinator, or 911 emergency services
   d) Consumers can get a ride to the pharmacy following a doctor’s visit
   e) Consumers can get $130.00 towards glasses every 2 years.
   f) Consumers can get $30.00 in OTC items every 3 months.
   g) Covers emergency dental services.

2. Where do I find information regarding benefits, medications, and in-network providers?

   See the following:

   g. For the Provider Finder tool: https://public.hcsc.net/providerfinder/search.do?corpEntCd=IL1&custGrp=MMAIGOVIL&alpha=MMA&ntwkdisplayId=DUEIL

   Call Blue Cross Community MMAI at 1-877-723-7702. You can also contact an enrollment broker at 1-877-912-8880 for this information.

3. Will my clients have access to inpatient and outpatient facilities, and providers close to home under your plan?


   You can use the provider finder to search for both inpatient and outpatient facilities. If you are looking for an in-network nursing home, sub-acute rehab, or skilled nursing facility, you can find these under the search term “Extended Care Facility”.

   https://public.hcsc.net/providerfinder/search.do?corpEntCd=IL1&custGrp=MMAIGOVIL&alpha=MMA&ntwkdisplayId=DUEIL
You can also contact an enrollment broker at 1-877-912-8880 for this information.

4. **How do I arrange the transportation for my clients?**

You or your client can call 1-877-723-7702 (TTY/TDD 711) at least 24 hours before your appointment.

5. **What about language services?**

If you call the Member Services line at 1-877-723-7702, interpreter services are available.

6. **What is the role of case management? How do I get in touch with case management?**

Call Member Services at 1-877-723-7702 between 8:00am-6:00pm. The fax number is 1-855-674-9193. On weekends and holidays you may leave a voicemail. “Your Care Coordinator will work with your Interdisciplinary Care Team to determine your needs and develop a Care Plan to meet those needs.” A care coordinator will “plan in-person visits or phone calls with you, listen to your concerns, help you to get the services you need and to find health issues before they get worse, help set up care with your doctor and other health care team members, and help you, your family and your caregiver better understand your health condition(s), medications and treatments.” ([http://www.bcbsil.com/mmai/](http://www.bcbsil.com/mmai/))

7. **If I need pre-authorization for services or medications, what do I do?**

Electronic Requests—Registered Availity® or RealMed® providers may submit online pre-certification and authorization requests and inquiries. Telephone Inquiries—Call the pre-certification number on the back of the member's ID card. Or, call our Provider Telecommunications Center (PTC) at (800) 972-8088—upon verification of eligibility and benefits, you will be advised how to proceed. There is a caller guide here: [http://www.bcbsil.com/pdf/education/tutorials_user_guides/ivr_caller_guide_benefits.pdf](http://www.bcbsil.com/pdf/education/tutorials_user_guides/ivr_caller_guide_benefits.pdf). Online Approvals—Sign up to use iEXCHANGE®—an online tool that supports direct submissions and provides online approval of benefits for inpatient admissions and select outpatient services. Learn more about iEXCHANGE.

8. **Will there be a different number for mental health/substance abuse services?**

Clients will need to get a referral from their PCPs prior to getting mental health/substance abuse services. The number for behavioral health services will be on the back of the individual's health insurance card.

The Behavioral Health Crisis Line is the same number as member services. 1-877-723-7702.
9. **What if I am having administrative problems (healthcare providers only)? Who do I call?**

If you have additional questions about this plan you can email a provider education consultant at pecs@bcbsil.com. Or call the Provider Telecommunications Center at (800) 972-8088.
**Cigna-HealthSpring Care Plan of Illinois MMAI**

http://www.careplanil.com/

1. **What are featured benefits of this MMAI plan?**
   a. No copays for doctor visits, ER visits, prescriptions, and hospital stays.
   b. 30-90 day prescription supply mailed to your home.
   c. Additional preventive and comprehensive dental care for adults.
   d. 20 frozen nutritional meals delivered to your home after hospital discharge for traumatic or chronic illness.
   e. Free membership at participating gyms
   f. $10 in over-the-counter items each month from OTC catalog

2. **Who do I call regarding benefits, medications, and in-network providers?**

   See the following:
      Cigna-HealthSpring will also have a provider finder tool. However, the link on their website is currently broken. You can still use the provider list link above.

   You can also contact an enrollment broker at 1-877-912-8880.

3. **Will my clients have access to inpatient and outpatient facilities, and providers close to home under your plan?**

   You can check to see providers and inpatient/outpatient care facilities on the provider directory. http://www.careplanil.com/DownFile.Aspx?fileid=3578

   You can also contact an enrollment broker at 1-877-912-8880 for this information.

4. **How do I arrange the transportation for my clients?**

   Call First Transit at (855)300-9126.

5. **What about language services?**

   Call 1-866-487-4331 to get information in other languages.
6. What is the role of care coordination? How do I get in touch with a care coordinator?

Call Care Coordination at (866) 487-3002. A Care Coordinator, working closely with your client, will lead the Care Team and develop a Care Plan that helps manage medical, behavioral health, long term supports and services, and social and functional needs.

7. If I need pre-authorization for services or medications, what do I do?

You can sign up for HSConnect for precertification, referrals, inpatient authorization, and eligibility verification.
https://healthspring.hsconnectonline.com/HSCConnect/login.aspx

The prior authorization medication criterion is here:

8. Will there be a different number for mental health/substance abuse services?

Yes. The behavioral/mental health line is (866)-780-8546.

9. What if I am having administrative problems (healthcare providers only)? Who do I call?

Email info@healthspring.com if you have questions, call customer service at (866)-487-4331.

10. Where do I go for more information?

Humana Gold Plus Integrated MMAI

For info: https://www.humana.com/medicare/medicaid-dual/illinois

1. What are featured benefits of this MMAI plan?

   a. No copays for doctor visits, ER visits, or hospital stays.
   b. Copays for Part D Covered Drugs LIS Level 1: $2.55 (generic) $6.35 (brand) LIS Level 2: $1.20 (generic) $3.60 (brand) LIS Level 3: $0 (generic) $0 (brand)
   c. 30 or 90 day supply can be mailed home.
   d. Additional preventive and comprehensive dental care for adults.
   e. 10 frozen meals delivered to your home after overnight stay in hospital or nursing home.
   f. You can get contact lenses every 2 years.
   g. Silver Sneakers program membership (health club) at participating gyms
   h. You can get additional smoking cessation support and products
   i. You can get $30 in OTC items each month.
   j. You can get up to six visits each year for routine foot care.
   k. Medical nutrition therapy counseling.

2. Who do I call regarding benefits, medications, and in-network providers?

   See the following:

   a. For Summary of Benefits:
   b. For Provider Directory: Coming soon
      https://www.humana.com/medicare/medicaid-dual/illinois-info. Call Customer Care at 1-800-787-3311 to request a provider directory. You must have a tax ID number or member ID number when you call.
   c. For Covered Drugs:

   You can also contact an enrollment broker at 1-877-912-8880 for this information.

3. Will my clients have access to inpatient and outpatient facilities, and providers close to home under your plan?

   You can call Humana at 1-800-787-3311 to request information, or you can talk to an enrollment broker at 1-877-912-8880. Provider Directory: Coming Soon
   https://www.humana.com/medicare/medicaid-dual/illinois-info
4. **How do I arrange the transportation for my clients?**

Call the patient case manager at 1-800-787-3311.

5. **What about language services?**

There are free interpreter services for people who do not speak English. For more detail see: [http://apps.humana.com/marketing/documents.asp?file=2310490](http://apps.humana.com/marketing/documents.asp?file=2310490)

6. **What is the role of case management? How do I get in touch with case management?**

Call 1-800-787-3311 to reach a care coordinator. They can answer questions about LTSS, behavioral health services, transportation, and health care.

7. **If I need pre-authorization for services or medications, what do I do?**

This information is coming soon. See here for further information coming soon: [https://www.humana.com/medicare/medicaid-dual/illinois-info](https://www.humana.com/medicare/medicaid-dual/illinois-info)

8. **Will there be a different number for mental health/substance abuse services?**

You can reach the Behavioral Crisis Line at 1-855-235-8530. You can contact your care coordinator at the number above to discuss behavioral health needs.

9. **What if I am having administrative problems (healthcare providers only)? Who do I call?**

You can call 1-800-787-3311 (TTY: 711)
1. What are featured benefits of this MMAI plan?

   a. No copays for doctor visits, ER visits, or prescriptions.
   b. Copays for Part D Drugs
      - LIS Level 1: $0 (generic) $6.35 (brand)
      - LIS Level 2: $0 (generic) $3.60 (brand)
      - LIS Level 3: $0 (generic) $0 (brand)
   c. CentAccount: You get a prepaid debit card to buy healthcare items if you do things for your health like go for yearly checkups.
   d. Additional Preventive Dental Care for Adults
   e. You can get $70.00 in over-the-counter items mailed to your home every three months.

2. Who do I find information regarding benefits, medications, and in-network providers?

   See the following:

   a. For the Provider and Pharmacy Directory:
   b. For the List of Covered Drugs:

   Contact the plan or case manager for information regarding benefits, coverage, and medication. 1-877-941-0482. You can also talk to an enrollment broker at 1-877-912-8880.

3. Will my clients have access to inpatient and outpatient facilities, and providers close to home under your plan?


   You can also talk to an enrollment broker at 1-877-912-8880.
4. **How do I arrange the transportation for my clients?**

An authorization is required for transportation services. In emergency situations, an authorization is not required. For information about transportation services and how to schedule a service, call Member Services at 1-877-941-0482, Monday through Sunday 8:00 a.m.to 8:00 p.m.

5. **What about language services?**

Language services are available free of cost at 1-877-941-0482.

6. **What is the role of case management? How do I get in touch with case management?**

Call 1-877-941-0482 to get in touch with a case manager about prior authorization, long term support services, and coverage and benefits.

7. **If I need pre-authorization for services or medications, what do I do?**

All prior authorization requests will be reviewed by a Care Coordinator, who is trained to understand care you would receive from a specialist and will attempt to determine if the services needed are available within IlliniCare Health Plan’s network of specialists. Call 1-877-941-0482 to speak to a Care Coordinator.


8. **Will there be a different number for mental health/substance abuse services?**

Behavioral Health services can be set up by calling 1-877-941-0482 to speak with a Care Coordinator, or by talking to a primary care doctor.

9. **What if I am having administrative problems (healthcare providers only)? Who do I call?**

Call 1-877-941-0482.
Meridian Complete

http://www.medicaremeridian.com/complete/il/

1. What are featured benefits of this MMAI plan?
   a. No copays for doctor visits, ER visits, and prescriptions.
   b. Copays for Part D Covered Drugs
      - LIS Level 1: $2.55 (generics) $6.35 (brand)
      - LIS Level 2: $1.20 (generic); $3.60 (brand)
      - LIS Level 3: $0 (generic); $0 (brand)
   c. No Copay for Medicaid covered drugs
   d. 90 day prescription supply mailed to your home.
   e. Additional preventive dental care for adults
   f. You can get a ride to the pharmacy of medical equipment providers.
   g. You may qualify for gift cards for completing preventive services.
   h. You can get $10 each month in over-the-counter items from the Meridian Complete OTC catalog
   i. This plan has a live chat on website.

2. Who do I call regarding benefits, medications, and in-network providers?

   See the following:
   a. For a Summary of Benefits:
   b. For a Provider Directory Tool: You can find providers and facilities with this tool.
      Use provider type “Ancillaries” to find facilities and specified services.
   c. For a List of Covered Drugs:

   You can also talk to an enrollment broker to find this information at 1-877-912-8880.

3. Will my clients have access to inpatient and outpatient facilities, and providers close to home under this plan?

   You can use the Provider Directory tool to search for inpatient and outpatient facilities based on location.
You can also talk to an enrollment broker at 1-877-912-8880.

4. **How do I arrange the transportation for my clients?**

To arrange for non-emergent transportation services, the member, their PCP or a Meridian representative should call 866-796-1165 to schedule the appointment. Transportation services should be arranged at least 48 hours in advance.

5. **What about language services?**

A member may call Member Services at 866-606-3700 to inquire about interpretive services or alternative formats.

6. **What is the role of case management? How do I get in touch with case management?**


7. **If I need pre-authorization for services or medications, what do I do?**


Request for Prescription Drug Coverage Determination: [https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCOvGenIn/downloads/ModelCoverageDeterminationRequestForm.pdf](https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCOvGenIn/downloads/ModelCoverageDeterminationRequestForm.pdf)

8. **Will you have a different number for behavioral/mental health services?**

Call 866-796-1167 for information on Inpatient Mental Health, Outpatient Mental Health, and Substance Abuse Treatment. Behavioral health and substance abuse referrals may be faxed to 312-980-0443.
9. What if I am having administrative problems (healthcare providers only)?
   Who do I call?

Meridian Complete has a live chat on their website. Call Member Services department
toll free at 855-580-1689 (TTY users should call 711), Monday - Sunday from 8:00 a.m.
- 8:00 p.m. If you call before 11:00 a.m. or after 3:00 p.m., Member Services will have
shorter wait times.

10. What if I would like more information?

See the provider manual here:
age=manual
Molina Healthcare of Illinois: Molina Dual Options


1. What are featured benefits of this MMAI plan?
   a. $0 for doctor visits, ER visits, and prescriptions.
   b. No copay for Medicaid covered drugs
   c. Copays for part D drugs
      o LIS Level 1: $0 (generic); $6.35 brand
      o LIS Level 2: $1.20 (generic); $3.60 brand
      o LIS Level 3: $0 (generic); $0 brand
   d. 90 day supply mailed to your home
   e. Additional preventive and comprehensive dental care for adults
   f. You can get tools to help you check your health problems at home.

2. Where do I get information regarding benefits, medications, and in-network providers?

   See the following:
   a. For a Summary of Benefits:
   b. For a provider finder:
      https://eportal.molinahealthcare.com/Provider/ProviderSearch?RedirectFrom=MolinaStaticWeb&State=il&Coverage=duals
   c. For a List of Covered Drugs:

   Call Member Services at 877-901-8181 or Provider Services at (855) 866-5462. You can also call and enrollment broker at 1-877-912-8880.

3. Will my clients have access to inpatient and outpatient facilities, and providers close to home under your plan?

   Find providers, facilities and pharmacies here. Make sure to select the correct Medicare Medicaid Alignment Initiative/Dual Options. Use this link as the regular provider finder link does not show the MMAI option.
   https://eportal.molinahealthcare.com/Provider/ProviderSearch?RedirectFrom=MolinaStaticWeb&State=il&Coverage=duals

4. How do I arrange the transportation for my clients?
Call the ride assist line at (877) 659-8410 to schedule your pharmacy stop prior to leaving your provider’s office. To arrange transportation, call (877) 659-8409. Call as soon as possible to schedule your transportation, but no later than 72 hours in advance of your appointment.

5. **What about language services?**

Free interpreter services are provided to non-English speaking consumers.

6. **What is the role of case management? How do I get in touch with case management?**

You can get into touch with care coordination at 866-891-2320. Clients or providers can refer for care coordination. A care manager will answer questions about your health care and questions about getting behavioral health services, transportation, and long-term services and supports (LTSS).

7. **If I need pre-authorization for services or medications, what do I do?**

You or your PCP may request a prior authorization from Molina Healthcare’s Utilization Management Department by telephone, fax, or mail based on the urgency of the requested service. Phone: (855)-866-5462 Fax: (866)-617-4971. Visit [molinahealthcare.com](http://molinahealthcare.com) to access the Molina Web Portal which offers self-service options, including eligibility verifications.

8. **Will you have a different number for Behavioral/mental health services?**

This is the behavioral health crisis line. (888) 275-8750. Free interpreter services are available for people who do not speak English. The Behavioral Health Services Phone: (855) 866-5462.

9. **What if I am having administrative problems (healthcare providers only)? Who do I contact?**

Call Provider Services at (855) 866-5462

10. Where do I go for more information?

See the provider manual here: [http://www.molinahealthcare.com/providers/il/PDF/manual_IL_MMPDua](http://www.molinahealthcare.com/providers/il/PDF/manual_IL_MMPDuals_prvdrmanual.pdf)
Health Alliance Connect MMAI

http://medicaid.healthalliance.org/medicare-medicaid-alignment-initiative

1. What are featured benefits of this MMAI plan?
   a. No copays for doctor visits, ER visits, or prescriptions.
   b. No copays for generic prescriptions. LIS Level 1: $6.35 Brands. LIS Level 2: $3.60
   c. Additional Preventive and Dental Care Benefits for Adults
   d. $125 benefit for eyeglass frames or contact lenses.

2. Who do I call regarding benefits, medications, and in-network providers?

See the following:

   a. For a Drug list: http://medicaid.healthalliance.org/media/caid-MMAIformulary-0114.pdf
   b. For a Summary of Benefits: http://medicaid.healthalliance.org/media/caid-mmaisob.pdf
   c. For a Provider List: http://medicaid.healthalliance.org/media/caid-DualsProviderRxdirectory.pdf

You can call Health Alliance at 1-866-951-0264. You can call an enrollment broker at 1-877-912-8880.

3. Will my clients have access to inpatient and outpatient facilities, and providers close to home under your plan?

You can see providers and facilities on the provider list: https://www.healthalliance.org/media/directories/DUAL.pdf

4. How do I arrange the transportation for my clients?

You can call Health Alliance at 1-866-951-0264.

5. What about language services?

Health Alliance Connect has free language interpreter services for non-English-speaking members. Call 1-866-951-0264.

6. What is the role of case management? How do I get in touch with case management?

Case managers can be contacted with questions about healthcare, getting behavioral health services, transportation, and LTSS (long-term services and supports) Call 1-866-951-0264.
7. If I need pre-authorization for services or medications, what do I do?

See the following to make pre-authorization requests.

Pre-authorization list: http://medicaid.healthalliance.org/media/medicaid-preauthorization-list.pdf
Pre-authorization form: http://medicaid.healthalliance.org/media/medicaid-preauth-form.pdf
Medical Management Department Fax: 217-337-8440
Pharmacy Department Fax: 217-255-4598

8. Will you have a different number for mental health/substance abuse services?

To find providers call 1-866-951-0264. TTY users call 1-800-526-8044 or 711 (Illinois Relay.) If you have a behavioral health crisis, call the crisis line at 1-866-951-0264.

9. What if I am having administrative problems (healthcare providers only)? Who do I call?

Call: 1-877-933-8481 or Client Services: 1-866-951-0264, TTY 1-800-526-0844 or 711
Fax Number: 1-877-933-8223

10. What if I would like more information?

A provider manual is coming soon. http://medicaid.healthalliance.org/providers