

Protect Your Medicare

Because Your Medicare Matters



Steps to Protect Yourself from Medicare Fraud

Brought to you by





Dear Medicare Beneficiary:

We know how important your Medicare is to you, and we want to help you protect it. We understand that making decisions about your Medicare can be difficult. You have many options. You can keep your Original Medicare benefits, or you can switch to a Medicare Advantage plan that will provide your coverage instead of Medicare. You can also join a Part D plan to help pay for your prescription drug costs.

These choices can provide good coverage, depending on your health and needs. However, all of these choices can be confusing. Use this toolkit as a starting point to understand your Medicare options.

This toolkit also contains information to help you protect yourself from Medicare fraud and abuse. The Illinois Senior Medicare Patrol (SMP) Program is here to help you protect yourself from, detect, and report Medicare fraud and abuse. There are SMP Programs in every state. Contact AgeOptions to find a SMP Program near you.

If you have questions about this toolkit or think you may have experienced Medicare fraud or abuse, contact the Illinois SMP Program at AgeOptions: (800)699-9043 or (708)383-0258.

Your Toolkit Contains:

- ❖ Stories about people who have experienced Medicare fraud
- ❖ Tips on avoiding and detecting Medicare fraud
- ❖ Facts about Medicare Basics, Medicare Supplement plans, Medicare Part D and Medicare Advantage plans
- ❖ Questions to ask when purchasing an insurance plan
- ❖ Information on programs that can help pay for your healthcare and prescription drug coverage
- ❖ Tips on other consumer protection issues

SMP Stories and Tips

Be aware of Medicare fraud.

It can happen in a variety of different ways. The following stories are examples of Medicare fraud with tips in case a similar event happens to you.

✧ **Tip: Always read your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB) very carefully. Call AgeOptions for a free health care journal to help keep track of your medical and prescription information and to compare your notes to the claims on your MSN.**

Ms. Gomez

Ms. Gomez received a phone call one day from a man who said he could offer her a free diabetes testing meter. He told Ms. Gomez that all he needed was her Medicare number, doctor's name, and doctor's phone number. Ms. Gomez gave the man her information. A few weeks later, she received her diabetes testing meter in the mail. However, when she received her Medicare Summary Notice in the mail, she noticed that a company she did not know billed Medicare for several months' worth of diabetic supplies that she never received.

✧ **Tip: Do not give your personal information, including your Medicare number to anyone over the phone unless YOU make the call! If you want to know if someone is calling from a legitimate organization, hang up the phone. Then, look up the phone number for that organization and call them.**



Mr. Pryor

A woman came to Mr. Pryor's door and told him that she wanted to offer him "free services" through Medicare. The woman told Mr. Pryor that she could come visit him once a week and check his blood pressure – all Mr. Pryor needed to give her was his Medicare number. Mr. Pryor gave the woman his information, and she began visiting him once a week. Later, Mr. Pryor began seeing a physical therapist for problems with his knee. He was very surprised when his physical therapist called and said that he could no longer see Mr. Pryor. The therapist told Mr. Pryor that Medicare would not pay him for his services because the home health company visiting Mr. Pryor was already billing Medicare for physical therapy services.

✧ **Tip: No one should bill you or Medicare for services that you do not need or did not receive. If you notice charges on your Medicare Summary Notice for something that you do not need or did not receive, call the Illinois SMP Program.**

Tips to Avoid and Detect Medicaid Fraud

- ★ Read your **Medicare Summary Notice (MSN)** or **Explanation of Benefits (EOB)** notice to ensure that you are being billed correctly for the service that you receive. Ask yourself these questions:
 - Did I receive the item or service for which Medicare is being billed?
 - Did my doctor order the item or service for me?
 - Is this item or service relevant to my diagnosis?
 - Are there other errors in my statement?
- ★ Never provide your Medicare or Medicaid number (or any part of it) unless you know who you are dealing with. Protect these numbers as if they were credit card numbers. Only give them out on the phone if YOU make the call!
- ★ Never provide your Medicare or Medicaid number (or any part of it) in exchange for free services.
- ★ Never accept medical services, supplies, or equipment from someone on the phone, a door-to-door sales representative, or a TV or magazine ad. Only your doctor can order services, supplies, or equipment for you. Also, remember that Medicare does not sell anything.
- ★ If a caller tries to threaten or pressure you into something, hang up the phone.
- ★ Do not keep mail in your mailbox for more than one day. People steal information right out of your mailbox. Also, remember to rip up or shred your Medicare or other health care papers before throwing them away. Crooks go through the trash!
- ★ Avoid people who tell you that an item or service is not usually covered by Medicare or Medicaid, but they can bill for it differently to get paid.
- ★ Use a health care tracking journal to compare your notes to your Medicare Summary Notice (MSN). Also use the journal to record your health care appointments, tests and supplies.

Get your FREE health care tracking journal. To receive your journal, call AgeOptions at (800) 699-9043.



Get the Facts – Medicare Basics

MEDICARE is a government health insurance program. With Medicare coverage, you can visit any doctor, hospital, or health care provider that accepts Medicare. To qualify for Medicare, you must be at least 65 years old, have End Stage Renal disease or Lou Gehrig’s disease (ALS), or have received Social Security Disability benefits for at least 24 months. You must also be a United States citizen or a permanent resident who has lived in the United States for 5 years.

Medicare Part A is “hospital insurance.” Part A provides coverage for hospital care, some skilled nursing facility care, some home health care, and hospice. If you are turning 65 and you have “paid into” Social Security or Railroad Retirement through 40 quarters of work, you will qualify for Part A of Medicare without paying a monthly premium. (You can also get Part A without paying a premium if you worked for the federal, state, or local government.) If you have not worked 40 quarters, you can still buy Medicare coverage. The cost to buy Part A coverage depends on how many quarters you have worked.

You will have some cost-sharing with Medicare Part A. When you go to the hospital, you will have to pay a deductible before Medicare starts to cover your care. A deductible is an amount of money that you must pay for your services before Medicare will pay anything. Once you have paid your deductible, Medicare will cover a certain number of days of hospital or skilled nursing care in full. If you need more care, you may have to pay a co-payment for extra days of care that you need.

Medicare Part B is “medical insurance.” Part B covers outpatient services, like visits to your doctor, lab tests, ambulance services, and medical equipment and supplies. Part B also covers some preventive services, including mammograms, pap smears, colon cancer screenings, prostate cancer screening, diabetes screenings, and flu shots. In order to be eligible for Part B, you must have worked for at least 40 quarters in a job that “paid into” Social Security or Railroad Retirement. (You can also get Part B if you worked for the federal, state, or local government.) To get Part B benefits, you must also pay a premium each month. You may choose to have this premium taken out of your Social Security check.

In addition to the Part B premium, you will have a deductible every year. This is the amount of money that you must pay before Medicare will start to cover your services. Once you have paid the deductible amount, Medicare will usually cover about 80% of the cost of your Part B care. That means that you would have to pay about 20% of the cost of your care in coinsurance or co-payments.

Get the Facts – Medicare Supplement

“Filling the Gaps” - Supplementing your Medicare Coverage

If you have difficulty paying for your Medicare premiums, deductibles, and co-insurance, there are ways that you can fill in gaps in your coverage. If you are eligible for Medicaid or a Medicare Savings Program, these programs can help pay for those extra costs. (See more information about Medicare Savings Programs on page 10.)

If you do not qualify for Medicaid or a Medicare Savings Program, there are still ways that you can fill the gaps in your Medicare coverage. Some people may have employer insurance or retiree insurance to cover these costs. Others may choose to purchase a Medicare Supplement, or “Medigap” policy to supplement their Medicare insurance.

Anyone eligible for Medicare can purchase a Medigap policy. The companies that sell these policies **must** sell you a policy if you apply within 6 months of being eligible for Part B. This is called your Medigap “open enrollment period.” During your open enrollment period, companies cannot deny or limit your enrollment, even if you have health problems. If you have supplemental coverage from your employer, and you want to wait to purchase a Medigap plan later when you lose that coverage, you will have a 63-day open enrollment period once your employer coverage stops. If you buy a Medigap plan during those 63 days, you have the same rights as someone in their initial 6 month open enrollment period.

All Medigap policies have a 30-day “free look” period. This means that if you are not happy with your Medigap plan, you can cancel it within 30 days, and the plan will refund your money. Keep track of the date when you bought your policy and read the policy as soon as you get it. If you decide to cancel your policy, send your cancellation in the form of a letter, including all of your policy information. Send the letter certified mail with return receipt, so that you have proof that you returned the policy within 30 days.

If you choose to get your coverage through a Medicare Advantage plan, remember that Medicare Advantage is NOT the same as a Medicare Supplement plan. Some people prefer to get all of their Medicare benefits through a Medicare Advantage plan. (See more information about Medicare Advantage plans on page 7.) A Medicare Advantage plan may require you to go to certain doctors or hospitals. They may also charge a different co-payment for services. If you choose to buy a Medicare Advantage plan, make sure it is the right plan for you.

Get the Facts – Medicare Part D

Everyone who is eligible for Medicare is allowed to purchase Part D coverage. Medicare prescription drug coverage is available through many private plans. You can choose to get your coverage from a plan that only covers prescription drugs (PDP), or you can choose a Medicare Advantage plan that also covers prescription drugs (MA-PD).

Note: If you are enrolled in a Medicare Advantage plan that covers prescription drugs, you MUST get your prescription drug coverage through that plan.

Part D plans cover many drugs, but each plan has a formulary. A formulary is a list of drugs that a plan will cover. If a prescription is not on your plan's formulary, you will have to pay the full cost of that drug at the pharmacy.

Just like the other parts of Medicare, Part D has costs. Prescription drug plans usually charge monthly premiums, and you will often have to pay a deductible before the plan pays anything. Once you have paid your deductible, you will pay a co-payment for each prescription when you go to the pharmacy. Most of the Part D plans also have what is called a "donut hole" in their coverage. Once you and your plan together have spent a certain amount on your medication, you enter the "donut hole," and your cost-sharing changes. In 2011 and 2012, people in the "donut hole" must pay 50% of the retail price for brand name drugs. (As a result of the Affordable Care Act, the amount that consumers pay in the donut hole will decrease over the next several years, until the "donut hole" has been phased out completely in 2020.) Once you have spent enough to get out of the "donut hole," you will only pay 5% of the cost of your drugs, and your Part D plan will cover the rest. The amount you have to pay to reach and to get out of the donut hole changes every year. Call your Part D plan to learn these amounts.

It is important to remember that if you are eligible for Part D, you must sign up for a plan right away. Otherwise, you will have to pay a late penalty if you join a plan later. This late penalty will make your monthly drug plan premium higher every month. You will not have to pay a late penalty if you currently have prescription coverage that is considered "creditable." Creditable coverage means that you have insurance that is at least as good as Part D coverage. For example, Veteran's Administration coverage is creditable, and many employer and retiree plans may be. If you have creditable coverage, you will need proof in writing from your insurance plan that says so. Save that letter in a safe place, in case you decide to join a Part D plan later.

For help paying your Part D coverage, see pages 10-11 for information on the Extra Help and Illinois Cares Rx programs.

Get the Facts – Medicare Advantage Plans

Medicare Advantage (MA) plans are health care plans approved by Medicare and provided by private insurance companies. Medicare Advantage plans provide all of your Part A (hospital insurance) and Part B (medical insurance) coverage and other medically necessary services just like you have under Original Medicare. They may also cover other benefits, such as dental, vision or transportation. There are several types of plans:

- **Health Maintenance Organization (HMO)** plans require you to go to doctors, specialists, or hospitals on the plan's list, except in an emergency.
- **Preferred Provider Organization (PPO)** plans also have network lists. You may pay less if you use doctors, hospitals, and providers in their network, but pay more to go to doctors or hospitals outside the network.
- **Medical Savings Account (MSA)** plans have a high deductible. After you pay the deductible, you use a personal Medical Savings Account to pay for your healthcare costs.
- **Private Fee-for-Service (PFFS)** plans allow you to go to any doctor or hospital that accepts the plan's payment. The plan decides how much it pays and what you will pay for the services that you will receive.
- **Medicare Special Needs Plans (SNPs)** are specially designated to meet the needs of people who live in certain institutions, are eligible for both Medicare and Medicaid, and/or have one or more chronic conditions.

Medicare Advantage plans may provide good coverage for some people. Make sure you can afford to pay co-payments, as well as the monthly premium. Also check to see if your health care providers are part of the plan's network or if they will accept the plan's payment.

Before you make changes to your Medicare, make sure you understand the plan benefits and how the change will affect your current Medicare plan. Use the forms on pages 8 and 9 to help.

If you have Original Medicare and choose to enroll in a Medicare Advantage Plan:

- The plan will pay for your health care instead of Original Medicare paying for it.
- You will be given a new plan card. Use this card when you get health services.
- You will continue to pay your Part B premium if you enroll in a Medicare Advantage plan.
- The plan is not a Medicare Supplement plan, and it does not replace Medicare Supplement Insurance. Medicare Supplement plans only work with Original Medicare and will not provide coverage if you are using a Medicare Advantage plan.
- Your co-payments for health care services may be different than under Original Medicare.

Ask the Right Questions

If you are thinking about changing your Medicare coverage, work together with your insurance agent to complete this form and decide if the plan is right for you. If you have questions or need help, call AgeOptions at **(800)699-9043**.

Questions to Ask While Talking to an Insurance Agent about a Plan

Date: _____

What is the name of the plan? _____

How did I hear about the plan? _____

The plan I am interested in is a:

- | | |
|---|--|
| <input type="checkbox"/> Medicare Advantage plan - Health Coverage ONLY | <input type="checkbox"/> Medicare Advantage plan - Health and Prescription Drug Coverage |
| <input type="checkbox"/> Medicare Prescription Drug plan | <input type="checkbox"/> Medicare Supplement plan |

Has the agent given me a written description of the plan? YES NO

If the plan is a Medicare Advantage plan:

Does the plan include Prescription Drug (Part D) coverage? YES NO

How much will my monthly premium payment be? \$_____

Will I still have to pay my Part B premium? YES NO

Have I asked all my medical providers (doctors, hospitals, etc.) if they accept the plan? YES NO

What will my co-payments be for:

Doctor visit \$_____

Hospital stay \$_____

Prescription drugs \$_____

Can I return to Original Medicare at any time? YES NO

MAKE SURE THE OTHER SIDE OF THIS FORM IS COMPLETED ALSO.

Ask the Right Questions

(Continued)

If the plan is a Medicare Supplement plan:

How much will my monthly premium payment be? \$ _____

What benefits does the plan cover? _____

If the plan covers Prescription Drugs:

How much will my monthly premium payment be? \$ _____

What will my co-payments be? _____

Are all of my drugs covered? YES NO

Do any of my drugs require prior authorization, step therapy, or quantity limits? YES NO

If so, which drugs? _____

What are the rules? _____

Have the agent complete the section below

Agent/Broker Name _____ Phone _____

Plan and Company Name _____

Company Address _____

Agent's Illinois Insurance License Number _____

The plan I am offering is:

- | | |
|---|--|
| <input type="checkbox"/> Medicare Advantage plan - Health Coverage ONLY | <input type="checkbox"/> Medicare Advantage plan - Health and Prescription Drug Coverage |
| <input type="checkbox"/> Medicare Prescription Drug plan | <input type="checkbox"/> Medicare Supplement plan |

Agent /Broker Signature _____ Date _____

MAKE SURE THE OTHER SIDE OF THIS FORM IS COMPLETED ALSO.

Get Help Paying for Your Medicare

In Illinois, there are programs that will help with your medical bills or prescription drug costs if you have limited income and/or resources.

To find out if you qualify for these programs, contact your local Area Agency on Aging. (The Area Agencies on Aging are in the list of SMP partner agencies on page 14.)

Medicare Savings Programs are government assistance programs that help pay your Medicare Part A or Part B premiums, deductibles, and/or co-insurance **IF** you meet the monthly income and asset limit.

The **Extra Help Program** is a prescription drug assistance program offered through the Social Security Administration. This program helps pay for your costs in a Medicare Part D drug plan. It pays your Part D premium and provides coverage in the donut hole. Your co-pays for your drugs will also be lower. **If you have both Medicaid and Medicare, you automatically qualify for Extra Help and do not need to apply.**

The **Illinois Cares Rx Program**, formerly known as Senior Care or Circuit Breaker Pharmaceutical Assistance Program, also provides help paying for Part D prescriptions.

This program is for people who are:

- Residents of Illinois
- With or without Medicare
- Age 65 and older **OR** age 16 or older with a disability

To qualify for Illinois Cares Rx, you must also meet an annual income limit.



Illinois Cares Rx information continued on page 11.

★ **Tip: If it sounds too good to be true, it probably is! Be wary of people who offer you “free” services or equipment in exchange for your Medicare number, Social Security number, or other personal information. If you are uncertain as to whether a service or product is covered by Medicare, you can call 1-800-MEDICARE. If you have been offered “free” services in exchange for your Medicare number, call the SMP Program at AgeOptions: (800)699-9043.**

Get Help Paying for Your Medicare

Illinois Cares Rx Program (continued)

There are two levels of Illinois Cares Rx:

- **Illinois Cares Rx Basic** is for people who are under 65 with a disability and do not have Medicare. Illinois Cares Rx Basic covers certain drugs used to treat the following 10 conditions: Alzheimer’s Disease, arthritis, cancer, diabetes (including insulin, syringes, and needles), glaucoma, heart disease and its related conditions, lung disease and smoking-related illnesses, multiple sclerosis, osteoporosis, and Parkinson’s Disease.
- **Illinois Cares Rx Plus** is for people age 65 and older and people under 65 with a disability who do have Medicare. It covers almost all prescription drugs.

If you have Medicare and are in one of the Part D plans that coordinates with Illinois Cares Rx Plus, you can get “wrap around” benefits. You pay:

- No premium (the State pays for you)
- No deductible for covered drugs
- Lower co-pays for covered drugs
- Lower costs in the donut hole

You must file an application every year to renew your benefits through Illinois Cares Rx.

If you are enrolled in Illinois Cares Rx, you will also get a Special Enrollment Period (SEP), which is a chance to change your plan outside of the yearly Open Enrollment Period (OEP). You can use this opportunity to switch to a coordinating plan.

✦ **Tip: Insurance agents cannot call you or come to your house without your permission. They also cannot enroll you in a plan over the phone unless you call them. If you do invite an agent to your house to tell you more about a plan, do not sign anything unless you are ready to enroll in that plan. Ask for information in writing and read it before signing up. If you can, have someone who you trust with you during the meeting. Finally, use pages 8-9 of this toolkit to help you decide whether the plan is right for you before you sign up for a plan.**

Consumer Fraud Resources

Health care fraud is unfortunately not the only type of fraud. Below are some tips to avoid other types of fraud. Always guard your personal information and **PROTECT, DETECT, REPORT!** If you are uncertain about a phone call or something you received in the mail, call the Illinois SMP Program at AgeOptions: **(800)699-9043**.

Identity Theft

PROTECT yourself from identity theft by protecting your personal information – your Social Security number, Medicare number, date of birth, address, etc. Do not give this information out to a stranger, and do not carry your Social Security card or Medicare card in your wallet unless you need it that day.

DETECT identity theft by reading your bank and credit card statements. Also, read a free copy of your credit report **EVERY YEAR**. You are allowed one free credit report from each of the three credit reporting companies each year. You can order all three reports at once, or you can order them one at a time. It is important to read all three reports, since each one may have different information on it. You can order a copy of your credit reports from www.annualcreditreport.com or by phone at (877)322-8228.

Note: www.annualcreditreport.com is the **ONLY** place where you can get a free credit report – beware of other companies that offer “free” credit reports, but charge you fees or force you to buy other products to get your report.

REPORT identity theft to your local police department. Close any accounts that you think may have been tampered with. Then, contact the Illinois Attorney General’s Office Identity Theft Hotline - (866)999-5630. You can also file a complaint with the Federal Trade Commission by calling (877)ID-THEFT (438-4338) (TTY (866)653-4261) or file a complaint online at www.ftc.gov.

Finally, put a fraud alert or security freeze on your credit accounts by calling the following credit reporting companies. *(You only have to call one of the companies to place a fraud alert on your account; that company will contact the other two. However, to place a security freeze on your account, you will need to contact ALL three of the companies.)*

- Equifax: (800)525-6285
- Experian: (888)EXPERIAN(397-3742)
- TransUnion: (800)680-7289

Consumer Fraud Resources

Phone Scams and Telemarketing

To avoid getting phone calls from telemarketers, put your phone number on the **National Do Not Call Registry**. You can sign up for the Do Not Call Registry online at <http://donotcall.gov> or by phone at (888)382-1222 (TTY: (866)290-4236).

Note: There are exceptions to the Do Not Call Registry. For example, companies are allowed to call you if you give someone permission to call you. If you give a salesperson your contact information or sign up for a drawing, you are giving the company permission to call you.

NEVER give your personal information to anyone that you do not know – even if they say they are from the police, Medicare, Social Security, your bank, etc. Real employees from these organizations will NOT ask for personal information over the phone!

If someone says they are calling from a charity or other organization and asks for a donation, ask who is calling, then hang up the phone. If the call was legitimate, you will be able to give a donation by contacting the organization yourself.

Mail Fraud

Many scam artists will send offers in the mail for products, services, or investments that are really worthless scams. Often, these people will take your money and give you nothing in return. Beware of the following mail scams:

- **“Free” prizes or vacations, foreign lotteries, or sweepstakes winnings.** When you try to claim your “prize” you will often be told that you must pay fees, taxes or expenses up front. Do NOT give out personal information, and do NOT send money. You will NEVER be asked to pay up front for real contest winnings, and taxes on a cash prize can be taken out of winnings later.
- **Government look-alike mail** that asks for donations or other forms of payment. These mailings will often have a notice that says the sender is not from a government agency, but that notice may be in very small print.
- **Solicitations for charitable donations.** Only donate to charities with which you are familiar. Many scam artists will create fake charities to steal your money.

Illinois SMP Partner Agencies

AgeOptions funds the following agencies to host SMP volunteers and to provide SMP outreach:

Partners in Chicago & Northern Illinois

Alivio Medical Center/Pilsen Senior Center, Chicago (Spanish outreach)	(312)743-0493
Catholic Charities Northwest, Arlington Heights	(847)253-5500
Catholic Charities - Lake County, Round Lake	(847)546-5733
Chicago Department of Family and Support Services – Senior Services Area Agency on Aging	(312)744-4016
Coalition for Limited English Speaking Elderly, Chicago	(312)461-0812
Northeastern Illinois Area Agency on Aging, Kankakee	(800)528-2000
Northwestern Illinois Area Agency on Aging, Rockford	(815)226-4901
Senior Services Associates, Aurora	(630)897-4035
South Suburban Senior Services - Catholic Charities, Harvey	(708)596-2222
White Crane Wellness Center, Chicago	(773)271-9001

Partners in Central Illinois

Area Agency on Aging for Lincolnland, Springfield	(217)787-9234
Central Illinois Area Agency on Aging, Peoria	(309)674-2071
East Central Illinois Area Agency on Aging, Bloomington	(309)829-6018
Family Service - RSVP Program, Champaign	(217) 359-6500
West Central Illinois Area Agency on Aging, Quincy	(800)252-9027
Western Illinois Area Agency on Aging, Rock Island	(309)793-6800

Partners in Southern Illinois

Area Agency on Aging of Southwestern Illinois, Belleville	(618)222-2561
Egyptian Area Agency on Aging, Carterville	(618)985-8311
Midland Area Agency on Aging, Centralia	(618)532-1853
Southeastern Illinois Area Agency on Aging, Mount Carmel	(618)262-2306

Statewide Partners

Illinois Attorney General's Office – Silver Beat Program	(217)557-1982
Illinois Network of Centers for Independent Living	(217)525-1308

AgeOptions also partners with DuPage and IMPACT Centers for Independent Living to provide outreach to persons with disabilities, and with Solutions for Care, Palatine Township Senior Citizens Council, and Westlake Hospital to reach Spanish speaking groups in Cook County.

AgeOptions also works with key stakeholders to fight health care fraud in Illinois, including the U.S. Administration on Aging (AoA), the Illinois Senior Health Insurance Program (SHIP), the Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Health and Human Services Office of the Inspector General (HHS OIG), the Federal Bureau of Investigation (FBI), the Illinois State Police Medicaid Fraud Control Unit, the Illinois Department of Healthcare and Family Services Office of the Inspector General (HFS OIG), the U.S. Department of Justice (DOJ), the Medicare Quality Improvement Organization (QIO), the Illinois Long Term Care Ombudsman Program, the U.S. Postal Inspection Service, the Federal Trade Commission (FTC), and the Social Security Administration.

Report suspected Medicare fraud, waste and abuse:

Illinois SMP Program

AgeOptions

(800)699-9043

Local: (708)383-0258

TTY: (708)524-1653

Thank you to all of our Illinois SMP Volunteers and Partner Agencies for your continued dedication to serving Medicare and Medicaid beneficiaries in Illinois.

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