

Flyer Template

Attention HFS Medical Card and All Kids Card Holders

You may have received an enrollment packet from the Illinois Department of HealthCare and Family Services requiring you to enroll in a Health Plan.

These Health Plans will provide all of your healthcare needs and help coordinate your care.

These Health Plans go by several different names.

- Care Coordination Entities (CCE)
- Managed Care Community Networks (MCCN)
- Managed Care Organizations (MCO)
- Accountable Care Entities (ACE)

This provider office [or clinic or doctors name] provides services to the following populations (list all that apply):

[List Family Health, ACA Adult, Children with Special Needs, Seniors and Persons with Disabilities]

This provider office [or clinic or doctor's name] contracts with the following Health Plans in our area:

[List health plans from attached list]

[Preferred Health Plan paragraph can be entered here, must follow the Health Plan Outreach Guidelines, and must be approved by HFS through your contracted Health Plan]

To learn more about your health plan choices, please contact Illinois Client Enrollment Services at 1-877-912-8880, toll free helpline number: TTY: 1-866-565-8576; or visit www.EnrollHFS.Illinois.gov.

[Spanish statement of above]

Letter Template

[DATE]

[NAME]

[STREET ADDRESS]

[CITY, STATE, ZIP]

Dear [NAME],

You may have received an enrollment packet from the Illinois Department of HealthCare and Family Services requiring you to enroll in a Health Plan.

These Health Plans will provide all of your healthcare needs and help coordinate your care.

These Health Plans go by several different names.

- Coordinated Care Entities (CCE)
- Managed Care Community Networks (MCCN)
- Managed Care Organizations (MCO)
- Accountable Care Entities (ACE)

This provider office [or clinic or doctors name] provides services to the following populations (list all that apply):

[List Family Health, ACA Adult, Children with Special Needs, Seniors and Persons with Disabilities]

This provider office [or clinic or doctor's name] contracts with the following Health Plans in our area to provide services to our patients:

[List health plans & phone numbers]

[Preferred Health Plan paragraph can be entered here, must follow the Health Plan Outreach Guidelines, and must be approved by HFS through your contracted Health Plan]

To learn more about your health plan choices, please contact Illinois Client Enrollment Services at 1-877-912-8880 or visit www.EnrollHFS.Illinois.gov.

[Spanish statement of above]

Thank you,

[CLINIC NAME]

[CLINIC STREET ADDRESS]

[CLINIC CITY, STATE, ZIP]

[CLINIC PHONE NUMBER]

Provider’s completing this template should utilize the following names when listing the Health Plans they have contracted with to provide services to their patients in these populations. These are the same Health Plan names listed on the Health Plan comparison chart sent to eligible enrollees from the Illinois Client Enrollment Services. Using the same Health Plan names will help eliminate confusion to your patients.

Family Health Population	ACA Adult Population	Seniors and Persons with Disabilities Population	Children with Special Needs
Advocate Accountable Care			Advocate Accountable Care
Better Health Network	Better Health Network		Better Health Network
Community Care Partners	Community Care Partners		Community Care Partners
HealthCura	HealthCura		HealthCura
Illinois Partnership for Health	Illinois Partnership for Health		Illinois Partnership for Health
Loyola Family Care			Loyola Family Care
MyCare Chicago	MyCare Chicago		MyCare Chicago
	NextLevel Health Partners	NextLevel Health Partners	
SmartPlan Choice	SmartPlan Choice		SmartPlan Choice
UI Health Plus	UI Health Plus		UI Health Plus
Aetna Better Health	Aetna Better Health	Aetna Better Health	Aetna Better Health
Blue Cross Community Family Health Plan	Blue Cross Community Family Health Plan	Blue Cross Community ICP	Blue Cross Community Family Health Plan
Harmony Health Plan	Harmony Health Plan		Harmony Health Plan
Health Alliance Connect	Health Alliance Connect	Health Alliance Connect	Health Alliance Connect

Family Health Population	ACA Adult Population	Seniors and Persons with Disabilities Population	Children with Special Needs
IlliniCare Health	IlliniCare Health	IlliniCare Health	IlliniCare Health
Meridian Health Plan	Meridian Health Plan	Meridian Health Plan	Meridian Health Plan
Molina Healthcare	Molina Healthcare	Molina Healthcare	Molina Healthcare
CountyCare	CountyCare	CountyCare	CountyCare
Family Health Network	Family Health Network		Family Health Network
		Be Well Partners in Health	
		CIGNA-HealthSpring	
		Community Care Alliance of Illinois (CCAI)	
		EntireCare	
		Humana Health Plan	
		My Health Care Coordination	
		Precedence	
		Together4Health	
			LaRabida Care Coordination
			Lurie Children's Health Partners
			OSF - Children's Hospital of Illinois