

Family Health Network Member Handbook

Providing Healthcare to Illinois Participants
in All Kids, FamilyCare, Moms & Babies



If you prefer this handbook in Spanish,
call 1.888.346.4968 and request a Spanish version

Si usted prefiere este documento en Español,
llame al: 1.888.346.4968 y pida la versión en Español.

Welcome to Family Health Network

Discover the Family Health Network Difference

Family Health Network (FHN) is the only not-for-profit managed health plan in Illinois. Family Health Network is sponsored by hospitals in the community. Our doctors and medical providers meet strict standards and will provide you and your children with quality medical care.

Family Health Network provides you with all the same services covered by the State's Primary Care Case Management Program (PCCM). We also provide you with many extra benefits. Please call Member Services (1.888.346.4968) for a listing of these extra benefits. Family Health Network is dedicated to you, your family, and to the community.

We know you'll discover the Family Health Network quality difference and benefit from your membership.



Family Health Network Contact Information:

Member Services
1.888.346.4968

TTY for the
Hearing Impaired
1.800.422.1942

Website
www.fhnchicago.com



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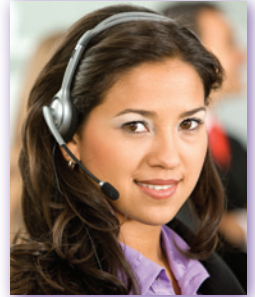
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The Family Health Network Member Service Promise

We have a dedicated staff of experienced member service representatives to help you. Call 1.888.346.4968 (toll free) to speak with a member of our staff. We have representatives that speak both English and Spanish.

Our staff will:

- answer questions
- help you choose a new doctor
- arrange for transportation to your doctor visits
- help you make appointments
- send you new FHN identification cards
- help you add a family member to the plan
- make extra benefits available to you



Did you change your address or phone number? Always contact Member Services at: 1.888.346.4968. We need your current address to send you information, extra benefits and rewards.

Your Member ID Card

FAMILY HEALTH NETWORK	
A Managed Care Community Network • No Co-payment Required	
TINA DOE	Sex: F DOB 5/1/85
ID# 00000012	Case #000000
PCP YOUR, DOCTOR	
Address 123 NICE LANE	
Phone 773-555-5555	Med Group
WHCP	
Hospital: NEIGHBOR HOSPITAL	

Each member of Family Health Network will receive a member ID card. Always carry it with you. The card has the name, phone number and address of the doctor you have chosen.

You will also get an HFS Medical Card from the State. It will also show your membership in Family Health Network. You will need your HFS Medical Card for pharmacy, dental, and vision services.

Remember to always carry your Family Health Network ID Card AND your HFS Medical Card with you at all times.

Your Doctors

- **Primary Care Physician (PCP)**
- **Women's Health Care Provider (WHCP)**

When you joined FHN, you also chose a primary care physician (PCP). You can choose a different PCP for each family member. Your PCP can be a:

- Family Practice Doctor who specializes in care for all ages of people.
- Pediatrician, a doctor who specializes in care for children only.
- Internal Medicine, a doctor who specializes in care for adults.
- General Practice, who does not have special training and takes care of both children and adults.



Your PCP is your personal doctor

He or she will arrange all of your health care needs. This includes preventive care and referring you to a specialist. Your PCP will also arrange for your lab and X-Ray tests and Family Planning. Your PCP will admit you to the hospital when needed.


Female members can also choose a Women's Health Care Provider (WHCP)

A Women's Health Care Provider is a doctor who specializes in Obstetrics and Gynecology or Family Practice. You can choose a Women's Health Care Provider at any time, but you do not have to choose one. Your regular doctor and your Women's Health Care Provider must have a referral arrangement with each other.

If the Women's Health Care Provider you choose does not have a referral arrangement with your doctor, you will have to choose a different Women's Health Care Provider. You can choose a different doctor who does have a referral arrangement with the Women's Health Care Provider you want.



If you need help choosing a doctor or WHCP call Member Services at 1.888.346.4968.



IMPORTANT...you will need to get all of your medical services through your Family Health Network Primary Care Doctor or WHCP. If you do not get care from your FHN doctor, we may not pay for that service (except for emergencies).

Your Doctors

Changing Your Doctors

Changing your doctor (PCP or WHCP) is easy. Call Member Services and they will help you. This may be very important if you move and want a doctor closer to your home. It may take up to 30 days to change your doctor. You will be sent a new Member ID card with your doctor's name and phone number on it.

Contacting Your Doctors (PCP or WHCP)

You can call your doctor 24 hours a day. If your doctor is not available, he will have a "doctor on call" who will care for you. The telephone number for your doctor is printed on the front of your Member ID Card. Remember to carry your Member ID Card with you at all times.

Specialty Care

Your Primary Care Doctor can take care of most of your health care needs. Your doctor may want you to see a specialty doctor. Your doctor will give you a written referral form for the specialty doctor. They will help you make the appointment. Take the referral form to the specialty doctor. Mental Health and Substance Abuse Services can be provided by any Family Health Network approved provider without a referral from your Primary Care Physician. You can access Family Planning Services in-network and out-of-network without a referral from your Primary Care Physician. Family Planning services are FREE.

Second Opinion

Your doctor may want you to have surgery or diagnose you with a serious medical condition. You may want to discuss this with another doctor. If you do, you have the right to ask for a second opinion. Please call member services to ask for a second opinion. FHN will find a doctor in-network to help you. 1.888.346.4968

Transition Care

If you are a new enrollee and are in a treatment plan by a doctor who is not with Family Health Network, you can ask to keep seeing that doctor for up to ninety (90) days after becoming a member of Family Health Network under the following conditions:

- You must keep seeing the same doctor regularly for treatment of the specific medical condition or disease.
- You are in your seventh, eighth, or ninth month of pregnancy. You can ask to keep your doctor until after the baby is born and the follow-up care is completed.
- Your doctor agrees to follow the Family Health Network policies and payment.

To request Transition of Care Services, call Family Health Network Member Services at 1-888-346-4968 and they will help you. If your care can be transitioned to an in-network provider safely, this will be done as soon as reasonably possible depending on your treatment plan.

Covered Medical Services

Family Health Network provides comprehensive medical services for its members. Here is a list of some of the medical services covered. For a complete listing, look in your Certificate of Coverage.

- Doctors visits
- School physicals
- Immunizations
- Transportation for medical visits
- Maternity care
- Emergency care
- Baby care
- Home health care
- Hospital inpatient services
- Physical therapy
- Speech and language therapy
- Laboratory and x-ray services
- Family planning services
- Contraceptives
- Whole blood and blood products
- Mental health services
- Preventive services
- Alcohol and substance abuse treatment services
- Well child services
- Health education
- Hospice

Non-Covered Services

- Elective cosmetic surgery
- Custodial services
- Elective abortions

Covered by HFS Medical Card

- Optical services: 1.877.912.1999
- Dental services: 1.888.286.2447
- Pharmaceutical services: Pharmacy products can be obtained at any pharmacy providing services to HFS participants. If you are charged a co-pay for your prescription, please send the receipt along with a “Drug Refund Request” form to Family Health Network for reimbursement. This form may be obtained by contacting Member Services at 1-888-346-4968.



Extra Benefits Reminder

- **No Co-Payments for doctor visits, Emergency Room or Hospital Services.**
- **Nurse Now is a 24-hour service to answer your medical questions.**
- **FHN pays pharmacy co-payments for covered prescriptions.**

Emergency Care

Emergencies can happen. Learn what to do. In case of an Emergency Medical Condition you should:

**Go to the closest emergency room or
to the nearest FHN network hospital
OR
Call 911 for assistance**

Family Health Network will cover services provided for an Emergency Medical Condition no matter where you are. You must have someone call FHN within 24 hours or as soon as reasonably possible. **Call 1.888.346.4968 to report an emergency hospital admission.** When the medical condition is stable, you may be moved to a Family Health Network Hospital.

After an Emergency Medical condition, you must receive all follow-up care through your Primary Care Doctor.

Examples of an Emergency Medical Condition include:

- Heavy, uncontrollable bleeding
- Shock
- Extreme pain
- Poison
- Chest pain
- Convulsion or extreme bodily shaking
- Severe burns
- Miscarriage
- Loss of consciousness
- Broken bones
- Difficulty breathing
- Vomiting blood

Urgent Care

Urgent Care means you need health care soon, but it is not an emergency. Call your doctor. Do not wait for a normally scheduled appointment. The name and number of your doctor are on the front of your Member ID Card. Call your doctor. He will evaluate your condition and see you within 24 hours, if needed.

Examples of urgent care are:

- Ear aches
- Minor burns or cuts
- Bad cold or sore throat
- Skin infections
- Blistered sunburn

Hospitalization

If you need to go to a hospital, your doctor will send you to an FHN hospital. To be covered by the Family Health Network, all hospital care must be referred by your Family Health Network doctor and authorized by Family Health Network.

Mental Health and Substance Abuse Services

If you need mental health and/or substance abuse services, they can be provided by any Family Health Network approved provider without a referral from your primary care physician. To contact a professional in our network, call 1.888.346.4968 and our Member Service Staff will connect you with a mental health provider.

Prescriptions

Your prescriptions are provided directly by the Department of Healthcare and Family Services (HFS), not Family Health Network. You should take your HFS Medical Card with you to the pharmacy. In a few instances, you may be charged a co-pay that Family Health Network will refund.

Making Appointments

Make appointments with your Primary Care Doctor. This is your regular doctor. This is where your medical records are kept.

- If you need to cancel your appointment, call your doctor's office.
- If you are going to be late for your appointment, call the doctor's office to let them know. They may ask you to set up another appointment time.

NEW MEMBERS SHOULD MAKE THEIR FIRST APPOINTMENT NOW!

If you selected a new doctor when you joined Family Health Network, you should call and make an appointment to meet the doctor. The telephone number of your doctor is on your Member ID Card. You should make separate appointments for each member of your family.



When You Make an Appointment, it's Important to:

- **Have your Member ID card with you.**
- **Explain why you need an appointment.**
- **Make an appointment for each person in your family who needs to be seen.**
- **Tell the doctor's office if you need urgent care so you can be seen within 24 hours.**

Transportation

If you need a ride to the doctor, call Member Services. You must call more than one business day before your appointment to get a ride. Arrangements for rides can only be made for the person with the appointment and the parent if the visit is for a child.

Important Family Health Network Services

Your Family Health Network doctor will help you get the care you need. A detailed list of covered services is found in the Certificate of Coverage. You can request a copy by calling Member Services or view an electronic copy on our website.

Preventive Services and Health Education

Family Health Network wants to keep you and your children healthy. You may get your children's immunizations, medical checkups and care through Family Health Network. Family Health Network hospitals will have special events to which you will be invited. These will include special programs for your children and special health education classes.

Case Management and Disease Management

We want to help you manage your chronic disease. Do you have asthma, diabetes or another type of chronic disease? Then you may benefit from care management. Family Health Network Care Management helps you take care of your health. You will get one-on-one help from your personal care manager. Your care manager will teach you how to control your disease. You will learn how to eat, exercise and take your medicine. Care management gives you the education you need to be healthy. You will also have access to nurses, doctors and the health care you deserve.

We want to help improve your health. Please call 1.888.346.4968 and ask for FHN Care Management.

Obstetric Services (if you become pregnant)

If you think you are pregnant, call your doctor soon. See your doctor early in pregnancy. We want you to have a healthy baby. When you are pregnant see your doctor at least:

- Every 4 weeks during the first 6 months.
- Every 2 weeks during the 7th and 8th months.
- Every week during the last month.

It is very important you do NOT travel outside Cook County, Illinois during the last month of your pregnancy. Routine delivery outside the contracting area is not covered. If you leave the service area during your third trimester, talk to your doctor first or call Family Health Network for information. Family Health Network may not pay for your delivery if you are outside the service area.

Eat healthy food. Do NOT smoke when you are pregnant. Do NOT drink alcohol while you are pregnant. Do NOT use any medicine or drugs unless you ask your doctor. If you need food, go to a WIC Center. For a list of WIC sites near you, call the Public Health Hotline at 1.800.545.2200. If you need other special help, call Member Services at 1.888.346.4968. We will try to help you.

Well-Baby Care

Babies need to see a doctor several times in their first year – even if they are not sick.

At the well-baby visits your doctor will:

- Give shots that will protect your baby from serious illnesses.
- Make sure your baby is growing properly.
- Identify problems that may require special care.
- Guide you in feeding and helping your baby fall asleep.
- Answer any questions you have about your baby.



The first well-baby visit is in the hospital and the second well-baby visit is at 2 weeks of age. After that you should take your baby to the doctor for check-ups and shots. When you want to choose a doctor for your new baby, call Member Services.

Set up appointments for your baby's well-baby visits at ages:

- 1 month • 2 months • 4 months • 6 months • 9 months
- 12 months • 15 months • 18 months • 24 months

Join Brighter Beginnings

If you are pregnant, or think you may be pregnant, call Member Services at: 1.888.346.4968. There are many rewards for you when you are pregnant and see your doctor regularly.

Immunizations for Babies

These are the vaccinations your baby needs:

At Birth	HepB
2 Months	HepB (1-2 months) + DTaP + PCV + Hib + Polio + Rv
4 Months	HepB ² + DTaP + PCV + Hib + Polio + Rv
6 Months	HepB (6-18 months ¹) + DTaP + PCV + Hib ³ + Polio (6-18 months ¹) + Rv + Influenza (6-59 months ^{1,4})
12 Months or older	MMR + DTaP + PCV + Hib + Chickenpox + HepA + Influenza (12-15 mos ¹) (15-18 mos ^{1,5}) (12-15 mos ¹) (12-15 mos ¹) (12-15 mos ¹) (12-23 mos ¹) (6-59 months ^{1,4})

Check with your doctor or nurse to make sure your baby is receiving all vaccinations on schedule. Many times vaccines are combined to reduce the number of injections. Be sure you ask for a record card with the dates of your baby's vaccinations; bring this with you to every visit.

Here's a list of the diseases your baby will be protected against:

- HepB: hepatitis B, a serious liver disease
- DTaP: diphtheria, tetanus (lockjaw), and pertussis (whooping cough)
- PCV: pneumococcal conjugate vaccine protects against a serious blood, lung, and brain infection
- Hib: Haemophilus influenzae type b, a serious brain, throat, and blood infection
- Polio: polio, a serious paralyzing disease
- Rv: rotavirus infection, a serious diarrheal disease
- Influenza: a serious lung infection
- MMR: measles, mumps, and rubella
- HepA: hepatitis A, a serious liver disease
- Chickenpox: also called varicella

Footnotes to above chart:

1. This is the age range in which this vaccine should be given.
2. Your infant may not need a dose of Hep B vaccine at age 4 months depending on the type of vaccine that your health care provider uses.
3. Your infant may not need a dose of Hib vaccine at age 6 months depending on the type of vaccine that your health care provider uses.
4. All children between the ages of 6 and 59 months should receive vaccination for influenza in the fall of each year. First-time vaccines should receive 2 doses, separated by at least 4 weeks.
5. This dose of DTaP may be given as early as 12 months if it has been 6 months since the previous dose and if you think you might not return for more shots by the time your child is age 18 months.

Member Rights

FHN members have the right to:

- Be treated with dignity and respect.
- Receive care consistent with sound nursing and medical practices.
- Privacy during a visit with their FHN doctor.
- Receive an explanation of their illness and treatment options in a manner appropriate to their condition and ability to understand.
- Share in deciding the type of care they will receive. Persons under 18 who are married, pregnant, or have a child also have this right.
- Refuse health care (to the extent of the Law) and understand what may happen if they choose not to accept care.
- Request information regarding MCO and health care facility licensure.
- Request information about providers of health care services, including education, board certification, and re-certification.
- Request information regarding provider bills and payments.
- Make a “living will” to plan for the kind of care they want if they become seriously ill or injured.
- Discuss their medical records with the FHN doctor and ask for a summary of their records.
- Have access to, receive a copy of, and have their medical records amended or corrected in accordance with applicable federal and state laws.
- Expect their records to be treated confidentially and to not be released without their permission.
- Receive information about Family Health Network, its services and providers.
- Choose a family doctor from the FHN network and to switch to another FHN doctor at any time.
- Make a complaint to FHN, or file a grievance and receive a response within 10 days after a grievance hearing.
- Not to be terminated from FHN due to high utilization of services, diminished mental capacity, or uncooperative/disruptive behavior resulting from the member’s special needs.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To be free to exercise these rights and the exercise of these rights does not adversely affect the way FHN treats members.
- Not be terminated from FHN due to actions in connection with appeal or grievance rights.

FHN members have the responsibility to:

- Treat doctors, staff, and FHN employees with dignity and respect.
- Make and keep appointments and be on time. A member will always call with as much notice as possible if they need to cancel an appointment or if they will be late.

Member Responsibilities

- Get referrals from their FHN doctor before going to a specialist, hospital, or another health care provider.
- Notify their FHN doctor as soon as possible after receiving emergency room services.
- Explain their health problem and symptoms to the doctor and to ask questions.
- Follow their doctor's treatment plan.
- Discuss with their FHN doctor any circumstances that could prevent them from following doctor's instructions.
- Become involved in their health care – get the information they need to take part in any treatment decisions.
- Consider the outcome of refusing treatment recommended by a doctor.
- Learn and follow the FHN policies in their Member Handbook.
- Carry their FHN identification card with them at all times and immediately report any lost or stolen cards to one of the FHN Member Services Representatives.
- Call one of the FHN Member Services Representatives if they have a problem and need help.
- Respect the privacy of other people waiting to get health care services.
- Make a “living will” to indicate their wishes concerning any type of care they want if they become seriously ill or injured.

Disenrollment Procedures

You can disenroll from Family Health Network at any time. To do so, call Member Services at: 1.888.346.4968. You can also call the Client Enrollment Broker at: 1.877.912.8880 to change medical plans.

If you have been disenrolled from Family Health Network due to loss of eligibility, call the Client Enrollment Broker or Family Health Network to re-enroll.

Advance Directives (living will)

This is a way to tell your Primary Care Doctor and family how you want to be taken care of if you cannot speak for yourself. It is a legal paper to write down what medical care you want. If you have questions, talk to your Primary Care Doctor.



Complaint & Grievance Procedures

If you are unhappy, or have a problem with Family Health Network, call Member Services for help. We will try to help you. You, or someone you want to speak for you, can contact us. If you want someone else to speak for you, you'll need to let us know this. To contact us you can:

- Call Member Services at: 1.888.346.4968 or TTY for hearing impaired: 1.800.422.1942.
- Write us a letter telling us what you are unhappy about. Be sure to put your Name and FHN ID Number on your letter. Put your phone number in the letter so we can contact you. Mail the letter to:

**Family Health Network
Member Service Department
910 West Van Buren, 6th Floor, Chicago, IL 60607**

FHN will call you with the resolution within 3 business days. If we cannot contact you, we will send a letter.

If you do not agree with our decision, you may submit a formal grievance in writing. We will work to resolve your formal grievance within 15 business days. We may ask for an extension of 14 days if we need more information. If we need an extension, we will notify you by letter. When your formal grievance is resolved, we will notify you within 10 days in writing.

You may request a fair hearing to HFS if you do not agree with our decision. Your request must be made to HFS between 20 and 90 days from the date of our letter. Send the request to the **HFS Bureau of Administrative Hearings**.

Medical Care Appeal

If we deny medical care, such as a hospital stay or outpatient surgery, you can ask us to change our decision. This process is called an appeal. You must contact us within 90 days and ask for us to change our decision. We will notify you in writing of the appeal decision.

We may deny the appeal because we believe the medical care is not appropriate or necessary. If you disagree with this decision, you may request an external independent review in writing. Your request must be written in 30 days. FHN will notify you of the process for external independent review. The external independent reviewer will make a decision within 5 days. You will be notified in writing.

If you do not agree with the external independent review results, you may request a hearing through the HFS Fair Hearing Process no less than 20 days and no more than 90 days from the date of the external independent review result letter.

If your appeal remains denied after the external review, you can submit a request for a fair hearing to:

**HFS Bureau of Administrative Hearings
Fair Hearing System
401 S Clinton Ave, 6th Floor, Chicago IL 60607
1.800.435.0774 • TTY 1.877.743.7429**

The decision by HFS is final.

Other Important Information

You may request information as to how your doctor makes referrals. You can write a request for information on incentive plans and reinsurance protection.

Your doctor may exercise “Right of Conscience” and not provide certain medical services. If so, call Member Services and FHN will make arrangements for the services you need.

Primary Care Physician Contact Information

Use this page to record the contact information for your family’s Physicians.

Your Primary Care Physician:

Name _____

Phone _____

Address _____

City _____

State _____ Zip _____

After Hours Phone _____

Your Child’s Primary Care Physician:

Name _____

Phone _____

Address _____

City _____

State _____ Zip _____

After Hours Phone _____

Your Women’s Health Care Provider:

Name _____

Phone _____

Address _____

City _____

State _____ Zip _____

After Hours Phone _____