



ALL KIDS APPLICATION AGENT TRAINING



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All Kids Application Agent Training



The training is designed to address:

- ❖ The role of the All Kids Application Agent (AKAA)
- ❖ Overview of Health Plans
- ❖ Give detailed instructions for accurate completion of the 2378MC application



Role of an AKAA



- ❖ Assist the applicant in completing the paper 2378MC
- ❖ Obtain all required documentation
- ❖ Have the applicant sign and date the “Read and Sign” page
- ❖ Complete the application checklist for all paper 2378MC applications
- ❖ AKAAs should not discourage any family, child or pregnant woman from applying





Role of an AKAA



- ❖ The Department will take steps to eliminate this fraud to ensure the integrity of the All Kids and FamilyCare program
- ❖ AKAAs should not encourage or instruct an applicant to falsify or omit certain information
- ❖ Any AKAA instructing an applicant not to list their spouses and/or that person's income is a violation of the AKAA agreement and will not be tolerated





Technical Assistance Payments



- ❖ The Department **compensates AKAAs a \$50** Technical Assistance Payment (TAP) for every completed application submitted on a timely basis, according to the Department's criteria, that is subsequently approved for All Kids and FamilyCare
- ❖ TAP will be denied on 2378MC application if:
 - ✓ Submitted with an incorrect or omitted provider number
 - ✓ Applicant's signature date altered
 - ✓ Signature date on application older than 30 days
 - ✓ If an individual is added to an existing case





Technical Assistance Payments

TAP denied if...



- ✓ A The checklist was not attached or was not complete
- ✓ B The application was not signed and dated
- ✓ C **All relevant questions were not answered**
- ✓ D Pages 1 through 7 were not included
- ✓ E SSN or Proof of application for a SSN were not attached
- ✓ F The Rebate form was not attached - required for Rebate
- ✓ G Alien registration#s /immigration proof required but not provided
- ✓ H A pregnant woman was applying and pregnancy was not verified





TAP denied if.... (continued)



- ✓ **I Sufficient proof of income was not attached**
- ✓ K Signature date on application older than 30 days
- ✓ L Applicant's signature date altered
- ✓ M Sufficient proof of deductions were not included and without deductions applicant is ineligible for all plans
- ✓ N The AKAA contact person completed his or her own application
- ✓ P Application sent to wrong office
- ✓ Q Medical only requested using the RealBenefits application
- ✓ R Web application proofs/signature page not sent after submit date
- ✓ X Case already paid for an approval
- ✓ Z More than 3 reasons





Non-Financial Factors of Eligibility



- ❖ Must be a resident of Illinois
- ❖ Children: 18 years or younger, regardless of immigration status
- ❖ Pregnant women regardless of their immigration status
- ❖ Parents living with an All Kids *eligible* child (FamilyCare)
- ❖ Caretaker *relatives* caring for All Kids *eligible* children in place of a parent (FamilyCare)





Social Security Numbers

- ❖ When available obtain Social Security numbers for children and adults.
- ❖ Non-citizen children 18 or younger that cannot obtain a SSN may still be determined eligible.
- ❖ SSN requirement does not apply to pregnant women or newborns until the age of 1 or first redetermination *if the mother was Medicaid eligible at the time of birth (Manual page 69)*





Citizenship and Immigration Status



Parents and caretaker relatives must:

- ❖ Be U.S. citizens
- ❖ Be permanent legal immigrant and lived in the U.S. for five years

➤ Notes:

** Must be qualified permanent legal immigrants, may not be here on a temporary student, work or travel visas*

*** See "Questions and Answers about Immigration and Public Charge. Brochure HFS 3863@*

www.hfs.illinois.gov/medical brochures

(Manual, page 107) Order on-line

<http://www.allkids.com/akaa/allkidsforms.html>

**** Receiving most public health shouldn't affect immigration status exception are nursing home or mental health facilities that the government pays for.*





Citizenship Documentation

- ❖ FEDERAL law now requires that citizens who get state health benefits document their identity and U.S. citizenship.
- ❖ AKAAs should complete document ([Application Guide, page #11](#)) to certify that they viewed original or certified copy.
- ❖ This requirement affects both new applicants and individuals who are currently getting benefits.
- ❖ *At this time, the department will not deny or cancel individuals just because they cannot produce the documents.*





Financial Factors of Eligibility

Each All Kids and FamilyCare plan has an income range. To determine where a family may fall, All Kids considers:

- ❖ Household size
- ❖ Gross monthly income from the most recent 30 days (less some allowable deductions)

Note: Eligibility is determined by All Kids staff, and not by an AKAA

- ❖ ***Income Standards online at***

<http://www.allkids.com/income.html>

<http://www.familycareillinois.com/income.html>





Allowable Deductions

❖ **Child care costs**

Up to a maximum of **\$200** per child under age 2 and **\$175** per child age 2 and over.

❖ **The first \$50 of child support received**

❖ **Any court ordered support** payment made by a member of the family being **paid** to another household

❖ **\$90 job allowance** per working parent





Types of Income Considered



- ❖ Employment earnings of adults
- ❖ Social Security benefits
- ❖ Unemployment benefits
- ❖ Child support received
- ❖ Spousal support received
- ❖ Veterans benefits
- ❖ Rental income
- ❖ Income from a pension or trust





Case Scenario

- ❖ Mr. and Mrs. Sanders have 2 children. Tom, age 10, Karen, age 7.
- ❖ Mrs. Sanders is 2 months pregnant. **They have been insured** for the past 12 months.
- ❖ Mrs. Sanders is a waitress, earning \$1,300 per month plus another \$250 per month in tips.
- ❖ She receives \$200 in child support
- ❖ Mr. Sanders is employed with a gross income of \$3,200.
- ❖ Mr. Sanders pays \$394 in child support from a previous marriage.
- ❖ Mr. Sanders pays \$600 per month in child care.





Do you qualify for All Kids /FamilyCare

❖ **A) Add up monthly income** **\$4,950.00**

❖ **B) Add up monthly deductions**

Day care expenses \$350.00

Child support RECEIVED \$ 50.00

Child Support PAID \$394.00

\$ 90 for each adult with income from a job \$180.00

Total Deductions **\$974.00**

❖ **C) Subtract B from A** **\$3,976.00**





Applying for Benefits



- ❖ Only a custodial parent may apply on behalf of children.
- ❖ Only a custodial parent may apply on their own behalf.
- ❖ Pregnant women of any age.
- ❖ A child living on his or her own.
- ❖ A caretaker relative caring for children in place of a parent may apply on behalf of the children.
- ❖ A caretaker relative caring for children in place of a parent may apply on their own behalf.

Note: *Non-custodial parents may not apply.*





Existing and Expansion Plans



Existing Plans:

All Kids and FamilyCare Assist

All Kids and FamilyCare Share

All Kids Premium Level 1

FamilyCare Premium Level 1

All Kids and FamilyCare Rebate

Moms and Babies

Expansion Plans:

All Kids Premium Levels 2-8





All Kids and FamilyCare Assist



ASSIST – Medicaid

Children, parents, caretaker relatives
0 -133% of the FPL

- ❖ There are **no co-pays or premiums for children**
- ❖ **Parents and caretaker relatives have no premiums but co-payments** of \$3 or less per service.
 - \$3 for brand name prescriptions
 - \$2 co-pay for visits to physician, chiropractor, podiatrist and optometrist
 - \$Up to \$3 per day for inpatient hospital stays



Moms & Babies



MOMS & BABIES – Medicaid

Pregnant women of any age

0 - 200% of the FPL

- ❖ Mom receives medical coverage for all prenatal care, the delivery, and at least 60 days after she delivers the baby
- ❖ *A newborn may be covered for the first 12 months of life if Mom was Medicaid eligible at time of birth*
- ❖ No co-pays or premiums





2010 Monthly Income Ranges: Moms & Babies and Assist

Moms
& Babies



Family Size	Moms & Babies 0 – 200% FPL	Assist 0 – 133% FPL
1	*	0 - \$1,200
2	0 - \$2,428	0 - \$1,615
3	0 - \$3,052	0 - \$2,029
4	0 - \$3,675	0 - \$2,444
5	0 - \$4,298	0 - \$2,858
6	0 - \$4,922	0 - \$3,273
7	0 - \$5,545	0 - \$3,687
8	0 - \$6,168	0 - \$4,102
For each additional person add	\$623	\$415



12 Month Income Eligibility




- ❖ Children 18 or younger receive 12 months guaranteed income eligibility.
- ❖ Parents and caretaker relatives do not receive 12 months guaranteed income eligibility.





Assist or Moms & Babies White MediPlan Card



00000001	 Healthcare Programs for Families	FamilyCare Moms & Babies	
	94 199 00 011111	08-01-2006 Through 08-31-2006	
		CASELOAD: 999	
	YOUR NAME 123 MAIN STREET ANY TOWN, IL 65432-1000		
	No copays for children under age 19 or pregnant women. No copays for generic prescriptions, lab, radiology, emergency or family planning services. Adult copays are \$2 for certain types of medical visits, up to \$3 per day for certain types of inpatient hospital stays and \$3 for brand name prescriptions.		
	HFS 480 (R-3-06) IL475-0234		

08-01-2007	Eligibility Period Through	08-31-2007	Case ID Number	93 199 00 011111	00000001
YOUR NAME 123 MAIN STREET ANY TOWN IL					
ONLY THE FOLLOWING PERSONS ARE ELIGIBLE: YOUR NAME ID# 444444444 DOB: 04/04/1984					
***** TOTAL NUMBER OF COVERED PERSONS: 1					
- Please see front of card for important information -					



All Kids and FamilyCare Share

All Kids and FamilyCare SHARE –

*Children and parents/caretaker relatives whose household income falls between **133% - 150%** of the **FPL***

❖ **Co-payments for All Kids:**

- \$2 co-pay for most medical visits and prescriptions
- No co-pay for immunizations and well-child visits

❖ **Co-payments for FamilyCare:**

- \$3 for brand name prescriptions
- \$2 co-pay for visits to physician, chiropractor, podiatrist and optometrist
- \$Up to \$3 per day for inpatient hospital stays





All Kids and FamilyCare Premium Level 1

PREMIUM Level 1 – All Kids and FamilyCare

- ❖ *All Kids for Children* whose household income falls between **150% - 200% of the FPL**
- ❖ *FamilyCare for parents/caretaker relatives* whose household income falls between **150% - 185% of the FPL**





All Kids and FamilyCare Premium Level 1

PREMIUM Level 1

Families must pay a low monthly premium based on the number of persons enrolled in All Kids and FamilyCare Premium Level 1:

- \$15 for 1 person
- \$25 for 2 people
- \$30 for 3 people
- \$35 for 4 people
- \$40 for 5 or more people

Families falling **60 or more days behind** in premium Payments will be cancelled for a minimum of 3 months.





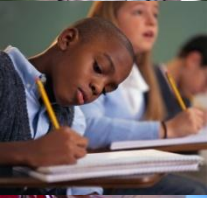
All Kids and FamilyCare Premium Level 1

❖ Co-payments for Children

- \$5 for each hospital inpatient stay,
- \$25 for each emergency room visit for a non-emergency condition
- \$5 for each visit to a doctor or other medical practitioner
- \$5 for each brand name prescription, and
- \$3 for each generic prescription
- No co-pay for immunizations and well-child visits

❖ Co-payments for Adults

- 3 for brand name prescriptions
- \$2 co-pay for visits to physician, chiropractor, podiatrist and optometrist
- \$Up to \$3 per day for inpatient hospital stays





Notes on All Kids Premium Level 1



SHARE and PREMIUM Level 1

- ❖ A family only has to pay **\$100** per year in **co-payments** for medical services and prescriptions.
- ❖ The co-payment period begins each year at renewal or redetermination.





2010 Monthly Income Ranges: Share and Premium Level 1




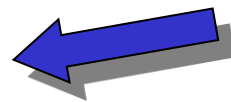
Family Size	Share 133 – 150% FPL	Premium Level 1 150 – 185% FPL	Premium Level 1 150 – 200% FPL
1	\$1,201-1,354	\$1,355 -1, 670	\$1,355 -1,805
2	\$1,616 -1,821	\$1,822 -2,246	\$1,822 -2,428
3	\$2,030 -2,289	\$2,290 –2,823	\$2,290 -3,052
4	\$2,445 -2,756	\$2,757 -3,399	\$2,757 -3,675
5	\$2,859 -3,224	\$3,225 –3,976	\$3,225 -4,298
6	\$3,274 -3,691	\$3,692 -4,553	\$3,692 -4,922
7	\$3,688 -4,159	\$4,160 -5,129	\$4,160 -5,545
8	\$4,103 -4,626	\$4, 627 –5,706	\$4,627 -6,168
For each additional person add	\$468	\$577	\$623




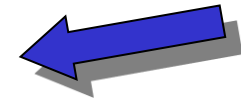
Share and Premium Level 1



00000001	 Healthcare Programs for Families	FamilyCare	More All Kids Information Call 1-877-805-5312 1-866-468-7543 (TTY 1-877-204-1012)
		Moms & Babies	
	Case ID Number	Coverage Period	
	94 180 00 W00000	08-01-2007 THROUGH 08-30-2007	
	CASELOAD: 999		
<p>YOUR NAME 123 MAIN STREET ANY TOWN, IL 65432-1000</p> <p>Copays apply for most medical services. There are no copays for immunizations for children and well-child visits. To obtain copay status, providers may use the MEDI Website at www.myhfs.illinois.gov, a REV vendor, or call 1-800-842-1461, The Automated Voice Response System.</p>			
HFS 469KC (R-4-06)		IL478-0234	



00000001	 Healthcare Programs for Families	FamilyCare	More All Kids Information Call 1-877-805-5312 1-866-468-7543 (TTY 1-877-204-1012)
		Moms & Babies	
	Case ID Number	Coverage Period	
	94 180 00 W00000	08-01-2007 THROUGH 08-31-2007	
	CASELOAD: 999		
<p>YOUR NAME 123 MAIN STREET ANY TOWN, IL 65432-1000</p> <p>Child Copays: No copays for immunizations, well-child visits, lab and radiology. \$5 for other medical visits, \$3 for generic or \$5 for brand-name Rx, and \$25 for non-emergency, use of the emergency room. Adult Copays: \$2 for medical visits, \$3 for brand-name Rx and up to \$3 per day for hospital stays. No copays for family planning.</p>			
HFS 469KC (R-4-06)		IL478-0234	





Existing Plans and Private Insurance



All Kids and FamilyCare **Assist**
All Kids and FamilyCare **Share**
All Kids and FamilyCare **Premium Level 1**
Moms & Babies



Persons found eligible for one of these plans ***can have private insurance or insurance through an employer in addition to All Kids and FamilyCare.***



Covered Benefits for Assist, Share, Premium and Moms & Babies



- Inpatient & outpatient hospital services
- Physician services
- Inpatient & outpatient surgical services
- Clinic services
- Prescription drugs
- Laboratory & x-rays
- Dental services **(Limited for adults)**
- Medical supplies, equipment, prosthesis & orthoses
- Nursing care
- Physical therapy, occupational therapy & speech therapy
- Hospice care and Home health care
- Mental health treatment **(DHS certified facility)**





Covered Benefits for Assist, Share, Premium and Moms & Babies



- Family planning services and supplies
- Podiatric services
- Chiropractic services
- Audiology (hearing) and Optometric & Optometrist (eye)
- Intermediate care for persons with developmental disabilities
- Early intervention
- Maternity care
- Hospital emergency room
- Long Term care (nursing homes)
- Healthy Kids services (**checkups, screenings & shots**)
- Renal dialysis
- Respiratory equipment and services
- Emergency & Non-emergency transportation





Medical Providers

- ❖ To choose a PCP, Contact **Illinois Health Connect** at website:

www.illinoishealthconnect.com/

OR

phone 877-912-1999.

- ❖ For Dental Services Contact: **DentaQuest 1-888-286-2447.**

- ❖ For non-emergency transportation with income thru Premium Level 1 Contact: **First Transit 1-877-725-0569.**



All Kids and FamilyCare Rebate

The household income for Rebate is the same income range as Share and All Kids Premium Level 1 income ranges combined.

- ❖ Rebate is for ***families with health insurance***, either through an employer or private insurance agent.
- ❖ *Children, parents and caretaker relatives* whose household income falls between **133% - 200%** of the **FPL**
- ❖ Pregnant women with countable income in the Rebate income range may receive Moms & Babies but not Rebate





Benefits for All Kids and FamilyCare Rebate

- ❖ The **policyholder** will receive a rebate of **up to \$75 per insured person per month** towards the cost of health insurance premium.
- ❖ Families that choose Rebate receive the services included in their employer or private insurance plan.

*Note: The State of Illinois **is not** responsible for additional premiums, deductibles or co-payments required by the employer or private health insurance policy.*





Informed Choice

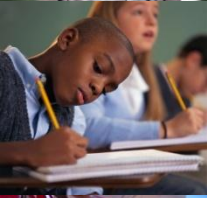
- ❖ Persons with health insurance and income within the **Share** and **Premium Level 1** range, they may:
 - ✓ **Keep their insurance** and choose Rebate. The policy holder receives payment.
 - ✓ Keep their insurance and choose Share or Premium level 1 as a **wrap around** or **secondary insurance**.
- ❖ **Must use a provider that accept All Kids.** Good options if benefits are not available with the employer sponsored or private insurance.

*Note: **Not available** when income greater than 200% FPL*





2010 Monthly Income Range: Rebate



Family Size	Rebate 133 – 200% FPL
1	\$1,201 -1,805
2	\$1,616-2,428
3	\$2,030 -3,052
4	\$2,445 -3,675
5	\$2,859 -4,298
6	\$3,274 -4,922
7	\$3,688 -5,545
8	\$4,103 -6,168
For each additional person add	\$623

2010 Monthly Income Ranges for the Existing Plans up to 200% of the FPL:

Family Size	Assist 0-133	Moms & Babies 0-200%	Share 133-150%	FamilyCare Premium Level 1 150-185%	Premium Level 1 150-200%	Rebate 133-200%
1	0 - \$1,200	*	\$1,201 - 1,354	\$1,355 - 1,670	\$1,355 - 1,805	\$1,201 - 1,805
2	0 - \$1,615	0 - \$2,428	\$1,616 - 1,821	\$1,822 - 2,246	\$1,822 - 2,428	\$1,616 - 2,428
3	0 - \$2,029	0 - \$3,052	\$2,030 - 2,289	\$2,290 - 2,823	\$2,290 - 3,052	\$2,030 - 3,052
4	0 - \$2,444	0 - \$3,675	\$2,445 - 2,756	\$2,757 - 3,399	\$2,757 - 3,675	\$2,445 - 3,675
5	0 - \$2,858	0 - \$4,298	\$2,859 - 3,224	\$3,225 - 3,976	\$3,225 - 4,298	\$2,859 - 4,298

Share and Premium Level 1 Cost-Sharing Requirements



Family Size	All Kids Share 133-150%	FamilyCare Share 133-150%	All Kids Premium level 1 150-200%	FamilyCare Premium Level 1 150-185%
Monthly Premium		-	<ul style="list-style-type: none"> •\$15 for 1 •\$25 for 2 •\$30 for 3 •\$35 for 4 	<ul style="list-style-type: none"> •\$15 for 1 •\$25 for 2 •\$30 for 3 •\$35 for 4
Monthly Max Premium		-	•\$40 for 5 or more persons	•\$40 for 5 or more persons
Each Visit to a Doctor	\$2	\$2	\$5	\$2
Each Brand or Generic Prescription	\$2	\$3 brand name only	\$5 or \$3	\$3 brand name only
Each ER Visit		-	\$25 for non-emergency	-
Each Hospital Admission		\$3	\$5 per admission	\$3
% of HFS rate for each Outpatient Svs		-	-	-



Medical Backdating



- ❖ Persons eligible for ***Assist or Moms & Babies*** may request backdating up to **three months** prior to the application date.
- ❖ Applicants may request medical backdating when completing question 7 on the All Kids application
- ❖ **Adults** eligible for **FamilyCare Share or Premium Level 1** may qualify for backdated coverage.
- ❖ For existing **FamilyCare Share or Premium 1** cases, contact the **All Kids Unit** verbally or in writing.
- ❖ **Children** approved for **All Kids Share or Premium Level 1** are ***not*** eligible for backdating.





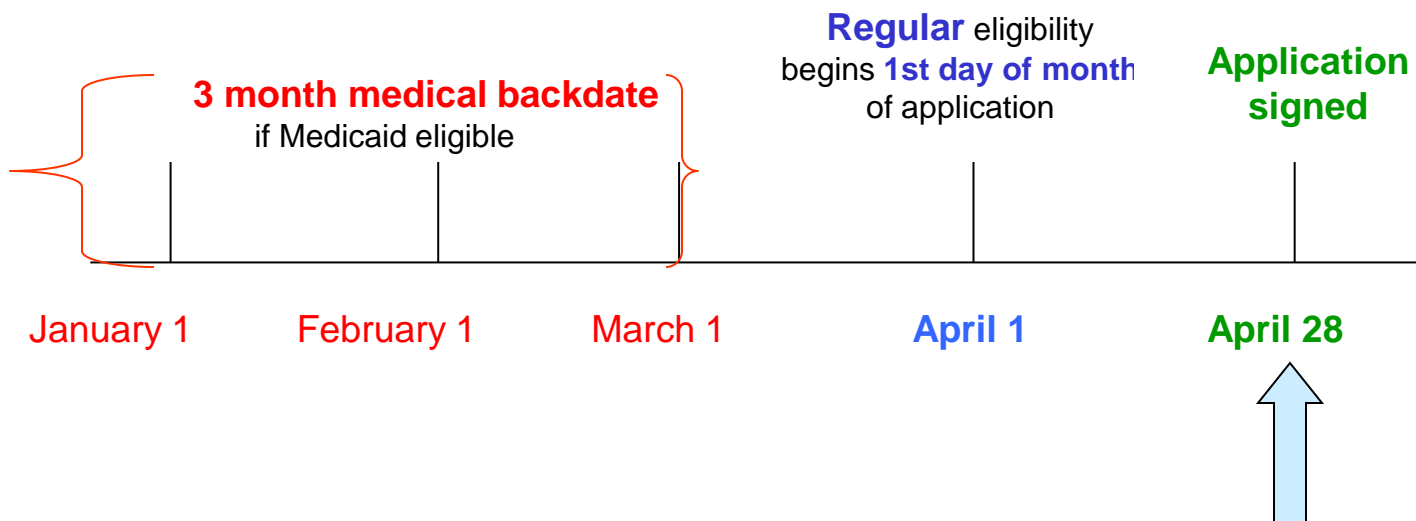
Medical Backdating



Medicaid Plans

Assist and Moms & Babies

2378MC Applications





Prior Coverage – Children Only



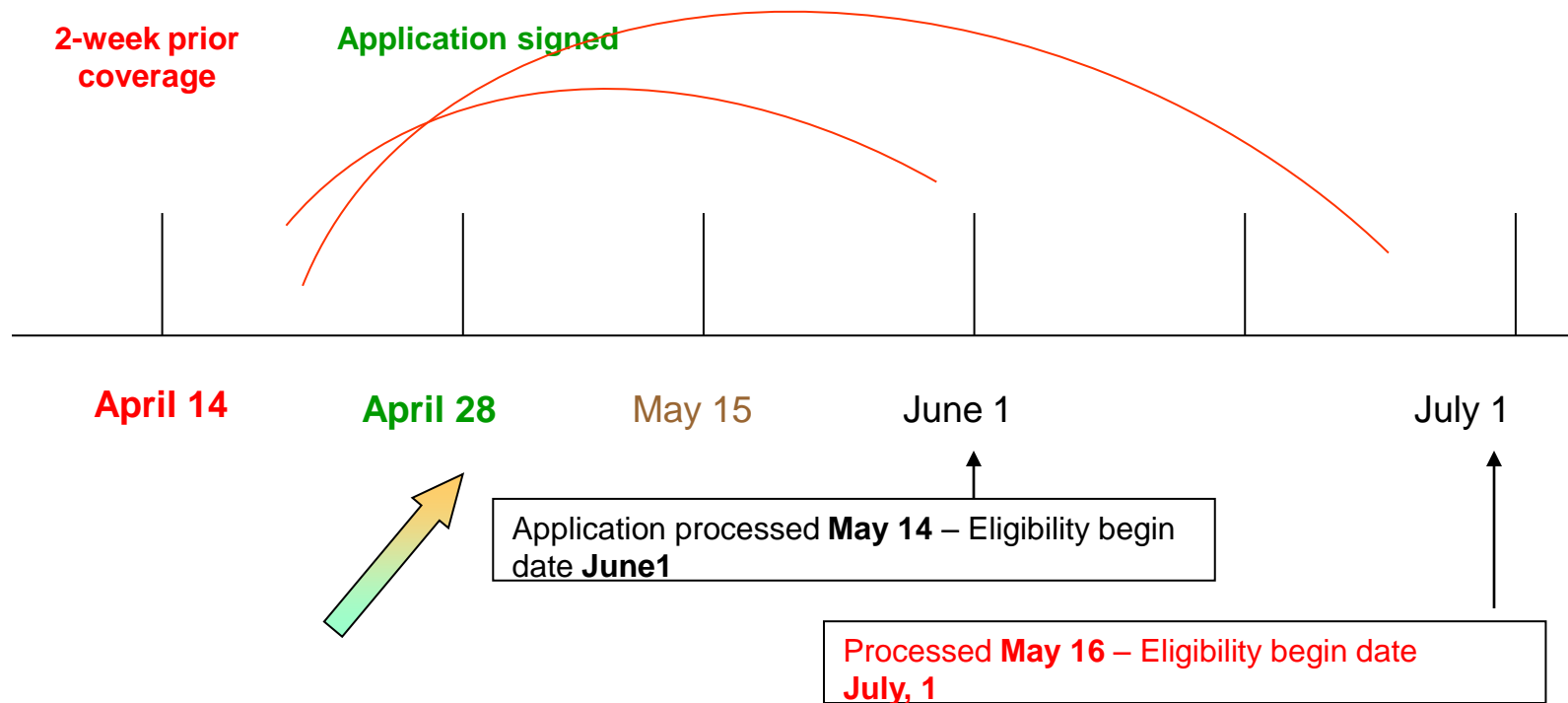
- ❖ Children approved for ***Share or Premium Level 1*** may be eligible for payment of medical bills up to **two weeks** prior to the date of application.
- ❖ Prior coverage is **permitted only one time** per child and will only be permitted the first time a child applies for and is approved for coverage.
- ❖ Families **must request** within the **first six months** of coverage by calling **1-866-All-Kids**.





Prior Coverage (Share and Premium Level I)

Children only



Eligibility for **Share and Premium Level I** (133% – 200% FPL) is **prospective**. The processing **cutoff date** for these two plans is the **15th of each month**, meaning, if an application is processed before the 15th, eligibility will begin on the first day of the following month. However, if an application is processed after the 15th of the month, eligibility will not begin until the first day of the month after next. (See example above.)

Prior coverage will only go back two weeks prior to the **date of the applicant's signature**. However, once approved, medical coverage fills in the gap from the beginning date of prior coverage to the first date of regular eligibility.



Temporary Medical Presumptive Eligibility (PE)



PE is temporary **NO COST** medical benefits for **children only**.

- ❖ It's authorized when the application **is registered**.
- ❖ A Child may receive PE **while we review** their application.
- ❖ If the following eligibility requirements are met:
 - ✓ *U.S. citizen or meet immigration requirements (Non-citizen, undocumented children are NOT eligible).*
 - ✓ *Declared family income at or below 200% FPL.*
 - ✓ *Child didn't received PE in 1 of the last 12 months.*
- ❖ PE **is not available** if income is more than **200% FPL**.





Temporary Medical Presumptive Eligibility (PE) continue

- ❖ It's recommended that applicants ask their provider, if All Kids is accepted before making an appointment.
- ❖ No Mediplan or All Kids ID card is issued.
- ❖ Notice sent to applicant is proof of coverage.
- ❖ Notice refers to Temporary All Kids Medical Benefits.
- ❖ To request a replacement of the notice call 1877-805-5312.





All Kids Expansion



ALL KIDS Expansion Plans Premium Levels 2 - 8





All Kids Expansion



The All Kids expansion ensures that every **uninsured child**, regardless of income, a pre-existing medical condition or immigration status has access to health care.

- ❖ Family costs vary by income level:
 - no co-payment for regular check-ups or immunizations
 - reasonable monthly premiums and co-payments
 - a maximum out-of-pocket limit on the hospital co-payments for most families
- ❖ Covers the same benefits as All Kids and FamilyCare **except** non-emergency medical transportation is not provided.





Premium Levels 2-8



The child must be:

- * 18 or younger
- * Resident of Illinois
- * Uninsured (for a minimum of 12 months).
The 12 month waiting period will be waived if:

- ❖ Lost his/her insurance because a parent lost a job
- ❖ Currently on COBRA Insurance
- ❖ Lost eligibility under All Kids within the past 12 months (does not owe unpaid premiums or Rebate overpayments)
- ❖ Insurance has ended because their lifetime limit has been met
- ❖ Insurance policy is limited to a disease specific illness such as cancer, an accident only or a hospital only policy
- ❖ Newborn





Medical Backdating for Newborns Only



- ❖ Families found eligible under an expansion plan may request medical backdating for **newborns only** (for up to *three months* prior to the date of application) when completing an All Kids and FamilyCare application if:
- ❖ The request is made prior to the first day of the 4th month after the month of birth. For example a child born on July 30th may be added if request is made before November 1st.
- ❖ The parents are willing to pay the child's premium from the earliest month of backdate.





All Kids Premium Levels 1 through 8

Payments may be made **electronically** at the All Kids website.

- ❖ To pay via credit card or direct checking account debit, call **877-828-2375**.
- ❖ Families with children on any level of Premium falling **60 days** or more behind in premium payments will automatically be **cancelled** for a minimum of **3 months**.
- ❖ The family may **re-apply after 3-months**.



All Kids Premium Levels 2 through 8 Monthly Income Guidelines



Family Size	All Kids Premium Level 2	All Kids Premium Level 3	All Kids Premium Level 4	All Kids Premium Level 5	All Kids Premium Level 6	All Kids Premium Level 7	All Kids Premium Level 8
1	\$1,806– 2,708	\$2,709– 3,610	\$3,611 – 4,513	\$4,514 – 5,415	\$5,416 – 6,318	\$6,319 – 7,220	More than \$7,220
2	\$2,429 – 3,643	\$3,644 – 4,857	\$4,858 – 6,071	\$6,072 – 7,285	\$7,286 – 8,499	\$8,500 – 9,713	More than \$9,713
3	\$3,053 – 4,578	\$4,579 - 6,103	\$6,104 – 7,629	\$7,630 – 9,155	\$9,156 - 10,681	\$10,682 - 12,207	More than \$12,207
4	\$3,676 - 5,513	\$5,514 – 7,350	\$7,351 - 9,188	\$9,189 - 11,025	\$11,026 - 12,863	\$12,864 – 14,700	More than \$14,700
5	\$4,299 – 6,448	\$6,449 - 8,597	\$8,598 –10,746	\$10,747 –12,895	\$12,896 –15,044	\$15,045–17,193	More than \$17,193

Premium Levels 2 – 8 Cost-Sharing Requirements




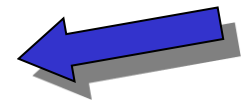
	Premium Level 2	Premium Level 3	Premium Level 4	Premium Level 5	Premium Level 6	Premium Level 7	Premium Level 8
Monthly Premium	\$40 per child	\$70 per child	\$100 per child	\$150 per child	\$200 per child	\$250 per child	\$300 per child
Max Monthly Premium	\$80 for 2 or more children	\$140 for 2 or more children	\$200 for 2 or more children	No-Cap	No-Cap	No-Cap	No-Cap
Each Visit to a Doctor	\$10	\$15	\$20	\$25	\$25	\$25	\$25
Each Brand of Generic Prescription	\$7 or \$3	\$14 or \$6	\$21 or \$9	\$28 or \$12	\$28 or \$12	\$28 or \$12	\$28 or \$12
Each ER Visit	\$30	\$50	\$75	\$100	\$100	\$100	\$100
Each Hospital Admission	\$100 per admission	\$150 per admission	\$200 per admission	10% of HFS rate per admission	10% of HFS rate per admission	10% of HFS rate per admission	25% of HFS rate per admission
% of HFS rate for Outpatient Svs	5%	10%	15%	20%	20%	20%	25%
Max per child per co-pay for hospital Svs	\$500 per child	\$750 per child	\$1,000 per child	\$5,000 per child	\$5,000 per child	\$5,000 per child	No Max



All Kids Premium Levels 2 – 8



00000001	 Healthcare Programs for Families	FamilyCare	More All Kids Information Call 1-877-805-5312 1-866-468-7543 (TTY 1-877-204-1012)
		Moms & Babies	
	Case ID Number	Coverage Period	
	94 180 00 W00000	08-01-2007 THROUGH 8-31-2007	
		CASELOAD: 999	
	YOUR NAME 123 MAIN STREET ANY TOWN, IL 65432-1000		
	Copays apply for most medical services. There are no copays for immunizations for children and well-child visits. To obtain copay status, providers may use the MEDI Website at www.myhfs.illinois.gov , a REV vendor, or call 1-800-842-1461, The Automated Voice Response System. 000011007		
	HFS 469KC (R-4-06)	IL478-0234	





Medical Cards



- ❖ **Assist and Moms & Babies** get a white MediPlan card and case is handled by their local **DHS office**.
- ❖ Children approved for **Share or Premium (1 - 8)** get a yellow card and case is handled by the All Kids Unit in **Springfield**.
- ❖ Children and adults approved for **Rebate** do not get an ID card from the state and their case is also handled by the All Kids Unit in **Springfield**.
- ❖ Determine copay status via MEDI, REV vendor or via telephone (800-842-1461).





Co-Payment Information in MEDI



MEDI - Display Recipient Eligibility Inquiry Results

Page 1 of 2



ILLINOIS DEPARTMENT OF Healthcare and Family Services

www.myhfs.illinois.gov

Rod R. Blagojevich, Governor

IEC Links

IEC Home
Eligibility Inquiry
Claim Submission
Claim Status Inquiry
Remittance Advice
Upload X12 File(s)
Download X12 File(s)
Help Index
Companion Guides
Contact Us
MEDI Home
myHFS Home
Logout

If you have billing
problems, go to
www.hfs.illinois.gov/system
or for a billing
consultant, call
1-877-782-5565.
For all other questions,
please call Network
Services at
1-877-281-6398.

Recipient Eligibility Results

Print All

Chg Inq

New Inq

Help

For the Date(s) of service entered, the Recipient qualifies for Medical Benefits.

Transaction Audit Number:
200612345645672

Recipient Birth Date:
09-28-2002

County Code:

Begin Date:
08-02-2006

Coverage Detail

Case Type:
ALL KIDS PREMIUM LEVEL 3 - CO-
PAYS APPLY

Special Information:

CO-PAY FOR EACH PRACTITIONER OFFICE VISIT, \$15;
CO-PAY FOR EACH GENERIC DRUG, \$6;
CO-PAY FOR EACH BRAND-NAME DRUG, \$14;
CO-PAY FOR EACH EMERGENCY ROOM VISIT, \$50;
CO-PAY FOR EACH INPATIENT ADMITTANCE, \$150;
CO-INSURANCE FOR HOSPITAL OUTPATIENT, 10%.
NO CO-PAY FOR WELL-CHILD, IMMUNIZATIONS, OR FAMILY PLANNING SERVICES,
NON-EMERGENCY TRANSPORTATION SERVICES ARE NOT COVERED.

[Recipient Utilization Review Program Data](#)

[Managed Care Organization Data](#)

[HOSPICE Data](#)

[Third Party Liability Data](#)

[Pending Denied Data](#)

[Medicaid Data](#)

No Medicare Information for this Inquiry

Print All

Chg Inq

New Inq

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file://G:\BTS\Mauck\All Kids Level 3 Eligibility.htm

8/3/2006



Adding a Family Member to an Existing Case

- ❖ The **HFS 243C**, (Manual, page #91) Request for Medical Benefits for Another Family Member(s) must be sent to the office where the existing case is managed.
- ❖ AKAAs should look at the **county code** on a family members medical card to determine where their existing case is being maintained. For example:
 - ✓The county code **180** would mean that the family's case is being maintained in the All Kids Unit in **Springfield**
 - ✓**All other three digit county** codes would mean that a family's case is being maintained in a **DHS** local office. (Usually the county in which the family resides).





Completing the 2378MC Application Process

A guide for All Kids Application Agents

“Completing the 2378MC” is available online at

<http://www.allkids.com/akaa/notice>





Completing the 2378MC Application Process



- ❖ When the family returns all of the required documentation, review the **“Read and Sign”** page with them
- ❖ Ask the applicant to **sign** and **date** this page
- ❖ AKAAs then **complete** the cover **checklist** on the front of the 2378MC All Kids and FamilyCare Application
- ❖ **Staple the cover checklist** with the application and the Rebate Form (if applicable) to the required documentation
- ❖ **Batch all applications** together and complete the **All Kids Transmittal Sheet** (*Manual, page 104*)





Medical Priority Situations



Priority applications and verifications may be faxed to 217-785-1647 using the "Fax Transmittal Sheet ([Manual, page #97](#)).

Acceptable priorities for children only...



ADHD – If school aged child who would otherwise **not be able to attend school** as a result of the need for psychotropic ADHD meds.

- ❖ **Surgeries** required for life sustaining injuries/ illnesses.
- ❖ **Any medications that are life sustaining** (i.e. heart meds, asthma meds, diabetes, etc).
- ❖ **Psychotropic medications** required for suicidal ideations (lithium, clozapine, perphenazine, fluphenazine (permitil or prolixim), haldol, thorazine, zyprexa, risperdal).
- ❖ **Broken bones/ twisted ankles etc.**
- ❖ **Note: Do not mail original if application faxed.**





Resources



1-866-ALL-KIDS (TTY: 877-204-1012)

The Hotline can assist with:

- ❖ General questions about *All Kids* and FamilyCare.
- ❖ Checking the status of a pending *All Kids* and FamilyCare

1-877-805-5312

Customer Service can assist with:

- ❖ Families enrolled in All Kids and FamilyCare Share, Premium Levels 1 – 8 and Rebate.
- ❖ Speak with their caseworker.

All Kids Application Agent manual is available online at:
<http://www.allkids.com/akaa>





Resources



North of Route I-80 All Kids Liaisons

- Veronica Archundia Email: veronica.archundia@illinois.gov
Phone 312.793.5270
- Jim Monk Email: james.monk@illinois.gov
Phone (312) 793-1088

South of I-80 Liaison

- Susan Yargus Email: susan.yargus@illinois.gov
Phone (217) 557-0893

Liaison staff can assist with:

- General questions about *All Kids* and FamilyCare
- Checking the status of a pending *All Kids* and FamilyCare
- All Kids training and technical assistance





AKAAs Applying Online

- **In order to complete the application online and receive TAP,** AKAAs must register with and file online application through the MEDI homepage at <http://www.myhfs.illinois.gov/>
- If you have difficulty with the digital certification call 1-217-785-8880.
- If you have questions or problems with MEDI, call Network Services at 1-800-366-8768.
- Visit <http://www.myhfs.illinois.gov/> to take an online tutorial on how to use MEDI. A .pdf version of the MEDI help manual can also be downloaded from this website.





Become an AKAA



Entities seeking to become AKAAs must:

- ❖ Write to All Kids at the address below on business letterhead requesting to become an AKAA.
- ❖ Include a brief description of the entity's business and the services they provide,
- ❖ Also include a brief description of how the entity comes in contact with families that may be eligible for All Kids and FamilyCare, OR send a brochure describing the entity's work.
- ❖ State whether they are an insurance agent.
- ❖ Requests may be **faxed to 217-557-4274**, or mailed to:
All Kids
PO Box 19122
Springfield, IL 62794





All Kids Web site



All Kids Forms Request - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://www.allkidscovered.com/akaa/allkidsforms.html>

State Web Site Welcome to MEDI KidCare Technical Assistance Payments Media and Public Information Welcome to IDPA's InfoNet Online Information HFS Internet

Apply Online

Download Application

Search for Agents

How to Become an AKA

AKAA Instructions & Alerts

E-mail Notification Request

Forms Request

Authorization for Disclosure

HFS HIPAA Forms

Information for Providers

All Kids News

Contact All Kids

AKAA Home

Home

[State Links](#)

[Search Illinois](#)

AKAA Provider Forms Request

Please limit the quantity of forms and envelopes requested to an amount that would be used in a 3-month period.

Provider Name

Provider Number
(Please enter your complete Medicaid assigned number)

Street Address
(Cannot deliver to post office box)

City

State

Zip

Attention

Phone

E-mail Address

Enter the quantity of the forms being requested.

Quantity	All Kids/FamilyCare Form Number
<input type="text"/>	KC 3738MC All Kids/FamilyCare Application Activity Log
<input type="text"/>	KC 3739MC/MCS Notice Regarding Interest in All Kids Program Letter
<input type="text"/>	KC 11081 All Kids Prepaid Business Reply Envelope
<input type="text"/>	KC 3740MC All Kids Application Transmittal Sheet
<input type="text"/>	KC 3710 All Kids Application Fax Transmittal Sheet



All Kids and FamilyCare Web sites

<http://www.allkids.com/>

<http://www.familycareillinois.com/>





Thank You for Attending
Today's Training!





Healthy Kids



- Healthy Kids is a **free health care program** for babies, kids, and teens through age 20.
- It is very important for children to have **regular checkups**, even when they are not sick. At checkups, a Primary Care Provider (PCP) can catch little problems before they become a chronic problem.





Healthy Kids



- At Checkups, the doctor will make sure the child is growing and developing properly.
- **The doctor will:**
 - Give the child a complete physical exam.
 - Check the child's ears, eyes and mouth.
 - Order lab work (blood and urine test) Make sure the child has up-to-date immunizations (shots).
 - Talk to the parent about helping the child stay healthy.
 - Make referrals for special services, if the child needs them.





Healthy Kids



- Parents may call the child's doctor or clinic to schedule a Healthy Kids checkup. Or
- Call the Illinois Health Connect Helpline at **1-877-912-1999**. The call is free.
- Illinois Health Connect will:
- Schedule Healthy Kids checkups.
- Remind the parent when the next checkup is due.





Healthy Kids



Primary Care Case Management

Illinois Health Connect





Illinois Health Connect



- What is Illinois Health Connect?
- Illinois Health Connect is a new health care program of HFS (Illinois Department of Healthcare and Family Services).
- Illinois Health Connect helps families to get health care and stay healthy by providing a medical home.
- Most people with HFS or All Kids medical card **MUST** join Illinois Health Connect.





Illinois Health Connect



When enrolled in Illinois Health Connect, participants will have:

- A **medical home** for all health care needs.
- A **Primary Care Provider** (PCP) to reach 24 hours a day.
- **Healthy Kids** exams – free check-ups for babies, kids, teens, and young adults (birth through age 20).
- An Illinois Health Connect Client Helpline for answers to questions and other help. Call us at **1-877-912-1999 (TTY: 1-866-565-8577)**. The call is free.





Illinois Health Connect



- **Client Helpline**

- The phone number for the Illinois Health Connect Client Helpline is 1-877-912-1999 (TTY: 1-866-565-8577). The call is free.
- The hours of operation are:
 - Monday – Friday 7:00a.m. to 8:00p.m.
 - Saturday 9:00a.m. to 5:00p.m.
- After hours you participants may call the Helpline and leave a message. The call will be returned the next business day.





Illinois Health Connect



The Client Helpline will help participants:

- Access services.
- Find providers in your region.
- Find providers who are handicapped accessible.
- Tell what services are and are not covered for you.
- Get disease management services.
- Get help with any special needs.
- Update contact information.
- File a complaint or answer inquiries.





Illinois Health Connect



Illinois Nurse Helpline

- Illinois Health Connect offers a nurse helpline.
- Trained nurses who can answer basic medical questions.
- The nurses will assist if there is a need to go to the Emergency Room.
- Hours of operation are 6:00 p.m. to 7:00 a.m. Monday through Friday and 24 hours a day on weekends.
- The Illinois Nurse Helpline number is **1-800-571-8094** (TTY: **1-800-571-8419**). The call is free.





Illinois Health Connect



- **How to Enroll?**

- It is easy to join Illinois Health Connect (IHC).
- **First pick a PCP.** consider where health care is received now and if the participant wants to stay or choose another doctor or clinic. He/she may call that clinic or doctor's office to see if they are part of Illinois Health Connect.
- If yes, the participant can pick them as their doctor. Family members may choose a different doctor or clinic.
- Illinois Health Connect can help in picking doctor or a PCP at **1-877-912-1999 (TTY: 1-866-565-8577)**. The call is free.
- Participants may go to the **Illinois Health Connect PCP Directory** to search for a PCP.





Illinois Health Connect



Referrals

- Referrals may be registered by internet, phone or fax.
- Referrals are ordered and authorized by the PCP, not the PCCM Administrator. The PCCM Administrator only tracks referrals to guarantee payments is appropriately made to the specialist or other provider.
- Referral information will be available on a real time basis so providers can verify a referral has been made.





Illinois Health Connect



Services Requiring Referral

Services provided by:

- Physicians (with exception OB/GYNs)
- Nurse practitioners, midwives and physician assistants
- Podiatrists and Chiropractors
- FQHCs, RHCs, other clinics and ambulatory surgical treatment centers
- Audiologists

All other services that are not Direct Access services





Illinois Health Connect



Required Information for Referrals

- Enrollee name, identification number, address and telephone number
- PCP name and HFS provider number
- Referred Provider name and HFS provider number
- Date range of referral authorization
- Referrals may also include diagnosis, reason for referral and any restrictions.





Illinois Health Connect



Client Enrollment Broker Duties

- Only in counties **WITH** voluntary MCO.
- Conduct all client enrollment activities including mailing enrollment packets and handbooks and assisting with selection of PCP or MCO.
- Process requests to change PCPs or change delivery systems (from PCCM to MCO or vice versa).

