**Problem:** Lack of clear and reliable information is a barrier to health care.  
**Solution:** HB6213 reduces the information gap so Medicaid enrollees can make health care decisions that meet their needs.

<table>
<thead>
<tr>
<th>Right now:</th>
<th>If this bill becomes law:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Directory (i.e. list of health providers)</strong></td>
<td></td>
</tr>
<tr>
<td>-Doesn’t always include useful search terms, such as doctor’s office hours, doctor’s language capabilities, or if the doctor’s office is handicap accessible</td>
<td>-Medicaid Managed Care Plans will include helpful search terms such as the doctor’s office hours, languages spoken by the doctor, and if the office is handicap accessible</td>
</tr>
<tr>
<td>-Should be accurate and updated regularly, BUT nothing in law says what “accurate” or “updated regularly” means</td>
<td>-Medicaid Managed Care Plans will update provider directory with any changes within 3 business days (online list) and 30 business days (paper list)</td>
</tr>
<tr>
<td><strong>List of medications</strong></td>
<td></td>
</tr>
<tr>
<td>-Difficult to know which prescription drugs are covered or if there are any extra steps needed to get a prescription filled</td>
<td>-Clear guides with explanations to show which prescription drugs are covered and which ones need extra steps before a prescription can be filled</td>
</tr>
<tr>
<td><strong>Picking a Medicaid Managed Care Plan</strong></td>
<td></td>
</tr>
<tr>
<td>-Difficult to tell which plans are performing the best on specific health services that matter to a Medicaid enrollee</td>
<td>-Medicaid enrollees receive a chart that compares Medicaid plans’ performance to one another, clearly showing which plans are providing great care on specific services</td>
</tr>
<tr>
<td><strong>If Something Goes Wrong</strong></td>
<td></td>
</tr>
<tr>
<td>-Confusing to figure out who to call when Medicaid enrollees have a problem getting care</td>
<td>-State provides helpful information of whom to contact and how to get help when Medicaid enrollees have a problem getting care</td>
</tr>
</tbody>
</table>
Vote **YES** on HB6213

Empowering Meaningful Patient Choice in Medicaid Managed Care

Representative Carol Ammons

Organizations in support of HB6213:

- Age Options
- AIDS Foundation of Chicago
- Ann & Robert H. Lurie Children’s Hospital of Chicago
- Champaign County Health Care Consumers (CCHCC)
- Chicago Coalition for the Homeless
- EverThrive Illinois
- Healthcare Alternative Systems, Inc. (H.A.S.)
- Health & Disability Advocates
- Health & Medicine Policy Research Group
- Heartland Alliance for Human Needs
- Illinois Alcoholism and Drug Dependence Association (IADDA)
- Illinois Chapter, American Academy of Pediatrics (ICAAP)
- Illinois Coalition for Immigrant and Refugee Rights (ICIRR)
- Illinois Collaboration on Youth (ICOY)
- Illinois Health and Hospital Association (IHA)
- Illinois Health and Hospital Association (IHA)
- Illinois Network of Centers for Independent Living
- Illinois Partners for Human Services
- Illinois Primary Health Care Association (IPHCA)
- Illinois Public Health Association (IPHA)
- Legal Council for Health Justice
- Memorial Behavioral Health
- Mental Health Summit and Mental Health America of Illinois
- Metropolitan Family Services
- Ounce of Prevention Fund
- Patient Innovation Center
- Planned Parenthood of Illinois
- Sargent Shriver National Center on Poverty Law
- SEIU Health Care Illinois Indiana
- TASC, Inc.
- Transitions Mental Health Services

For more information, please contact:

Nadeen Israel, EverThrive Illinois, nisrael@everthriveil.org, 847-620-9758
Dan Rabbitt, Heartland Alliance for Human Needs & Human Rights, drabbitt@heartlandalliance.org, 443-401-6142
Dan Frey, AIDS Foundation of Chicago, dfrey@aidschicago.org, 847-471-0379