

Your Guide

Available Services & Detailed Program Information for Access to Care Members

2225 Enterprise Drive, Suite 2507
Westchester IL 60154
708-531-0680

info@accesstocare.org | accesstocare.org



March 2021

Services Available through the Access to Care Program

Doctors in family practice and internal medicine participate in the Access to Care (ATC) program. Services provided by doctors under the ATC program are limited to a specific set of basic health care services which exclude some procedures typically provided by primary care physicians.

Services Included for ATC Members:

- Visits to your Access to Care doctor
- Most laboratory tests ordered by your Access to Care doctor
- Most x-rays ordered by your Access to Care doctor
- Most prescription drugs prescribed by your Access to Care doctor

Medical services, lab tests, x-rays and/or prescriptions ordered by any doctor other than your assigned Access to Care doctor are not covered. Non-covered services or procedures will not be paid for by the program regardless of whether your Access to Care doctor performs or orders it.

Services Not Included:

- Emergency room care
- Care provided by non-primary care physician or specialist
- Well baby care and child care
- Physicals
- Completion of disability, workman's compensation, employment, or school forms
- Vision or dental services
- Family planning/birth control
- Care provided by an obstetrician or gynecologist
- Prenatal care
- Sexually transmitted disease diagnosis and treatment
- Ultrasounds and IVPs, except Breast Ultrasounds
- CT scans or MRI tests
- Hospital care
- Over-the-counter drugs and equipment, except diabetic testing supplies

If you have any questions about whether a procedure or service is covered by the Access to Care program, call the ATC office at 708-531-0680 **before** you have the procedure done. **If you have a non-covered procedure you will be responsible for full payment.**

Identification Cards

You can begin to use your Access to Care identification card immediately after receiving it. Keep your card with you at all times. You will need to show your card in order to receive program services and prescriptions. Only you may use your identification card to receive medical services and medication. If a replacement card is necessary, there will be a \$5 charge per card.

Fees

Access to Care doctors will charge you \$5 for each office visit. The pharmacy will charge you \$15 per prescription for generic drugs, \$30 per prescription for preferred brand drugs and \$40 for non-preferred brand drugs. There will be a \$5 charge for each lab and/or x-ray procedure. You should be prepared to pay these fees in full at the time you receive services.

Enrollment Period

Your enrollment in the Access to Care program will automatically expire on the expiration date shown on your identification card unless you have re-enrolled by that time. You may not receive any notice before your eligibility expires. You should apply for re-enrollment one month before the expiration date. A re-evaluation of eligibility will occur at each re-enrollment. Because the cost of the program may be higher than expected, program services are not guaranteed and may end at any time even during your enrollment period.

Doctor Services

Only specific doctors are participating in the Access to Care program. Each enrollee will have a designated doctor or physician site.

- Under certain circumstances, you may be transferred to another Access to Care doctor. If you or your doctor request your transfer to another doctor, it may take up to 60 days to provide you with a new Access to Care doctor.
- Your Access to Care doctor may not be available at all times and may refer you to another participating doctor. This is the only time we will pay for services, lab tests, X-rays or prescriptions provided or ordered by a doctor who is not your Access to Care doctor. However, this other doctor must be a participating Access to Care doctor. Before going to any other doctor, it is your responsibility to call the Access to Care office at 708-531-0680 to find out whether he/she is a physician participating in the Access to Care program.
- Physician services, tests or prescription medications provided at Cook County Health and Hospital System sites including the Oak Forest Hospital Specialty Clinics and Fantus Clinics at Stroger Hospital are not covered by the Access to Care program. These services are offered on a sliding fee scale based on your income and you are responsible for full payment.
- Referrals made for specialty care by your Access to Care physician are done as a courtesy and are not part of the Access to Care program. This includes any discussion between your Access to Care doctor and any specialist regarding your care or prescription needs, as well as the completion of any application for disability etc.

If you do not speak English, consider bringing an adult with you who can translate when you go to the doctor's office, in case translation services are not available.

Pharmacy Services

Access to Care is accepted at most pharmacies. You must show your Access to Care identification card and pay \$15 per prescription for generic drugs, \$30 per prescription for formulary brand drugs and \$40 for non-formulary brand drugs. You will be given generic medicine unless your Access to Care doctor makes a special request for a brand name drug.

Note: If you request a brand name drug without a special notation from your physician, you will be responsible for the full cost of the medication. Prescriptions are limited to 30-day doses without exception. Over-the-counter drugs and equipment (except diabetic testing supplies) are not covered by the program. Prescriptions from doctors other than your Access to Care doctor (except as indicated above) will not be covered through the Access to Care program.

Vaccinations for Flu and Pneumonia are covered by Access to Care at zero cost to you. These are the ONLY vaccinations covered by the program. You do not need a prescription to request these vaccinations, however flu and pneumonia vaccines must be provided by your local pharmacy. They will not be covered if administered at your physician's office.

Your new member packet included alternate sources for your prescription medications. Medications not covered through the Access to Care program may be available from these other resources.

Lab and X-ray Services

A specific set of basic lab and x-ray procedures are available through the program when ordered by your Access to Care doctor. You may have to go to a location other than your doctor's office for these procedures. When you call for an appointment or go for lab or x-ray services, you should identify yourself as an Access to Care patient. You must show your Access to Care identification card and the order from your doctor. You will be required to pay \$5 for each ordered procedure.

If you receive lab or x-ray services at any facility other than the following sites, you will be responsible for the entire cost of these services.

Lab Services

For Access to Care members, lab services are available through Quest Diagnostics or LabCorp facilities. Both Quest and LabCorp have many locations. You are encouraged to call ahead of time to confirm hours of operation.

To find a lab location near you:

Quest Diagnostics	LabCorp
Call 1-866-697-8378 and follow the prompts for patients or go online at questdiagnostics.com ;	Call 1-888-522-2677 and follow the prompts for patients or go online at labcorp.com

X-ray Services

For Access to Care members, x-ray services are only available only at the following locations. Call ahead to confirm that they are open and available.

NORTH

Alexian Brothers Medical Center
800 Biesterfield Rd.
Elk Grove Village
847-437-5500, ext. 4538

Bright Light Radiology
31 S. Arlington Heights Rd.
Elk Grove Village
847-439-2315

Glenbrook Hospital
2100 Pfingsten Rd.
Glenview
847-657-5860

Nesset Health Center
(Only if your doctor is at Nesset Health Center)
1775 Ballard Rd.
Park Ridge
847-318-2000

North Shore University Health System
2650 Ridge Ave.
Evanston
888-364-6400

Northwest Community Treatment Centers
15 S. McHenry Rd.
Buffalo Grove
847-459-6100

St. Alexius Medical Center
1555 Barrington Rd.
Hoffman Estates
847-843-2000

SOUTH

Chicago Ridge Medical Imaging
9830 S Ridgeland Ave.
Chicago Ridge
708-423-1819
*Mammograms cannot be performed at this location

Christ Hospital
4440 W 95th St.
Oak Lawn
708-425-8000

Little Company of Mary Hospital
2800 W. 95th St.
Evergreen Park
708-422-6200

Little Company of Mary Care Stations
4901 W. 79th St. Burbank
708-422-0300

6700 West 95th St. Oak Lawn
708-499-2273

Palos Community Hospital
12251 S. 80th Ave.
Palos Heights
708-923-4000

Palos Primary Care Center
Immediate Care Center South Bldg
15300 West Ave.
Orland Park
708-460-5550

South Suburban Hospital
17850 S. Kedzie Ave.
Hazel Crest
708-799-8000, ext. 3270

WEST

Gottlieb Memorial Hospital
701 W North Ave.
Melrose Park
708-538-5333

La Grange Memorial Hospital
(Only if your doctor is on staff at La Grange Memorial Hospital)
5101 S Willow Springs Rd.
La Grange
708-352-1200
*Mammograms cannot be performed at this location

West Suburban Hospital
3 Erie Ct.
Oak Park
708-383-6200
*Mammograms cannot be performed at this location

CHICAGO

Resurrection Health Care
7435 W Talcott Ave.
Chicago
773-774-8000

Counseling/Behavioral Health Services

Access to Care works with Presence Health to offer behavioral health services. Sessions are available in-person (at Loyola Center for Health in Maywood), virtually, or over the phone. Access to Care members can receive an initial assessment visit plus up to 8 counseling sessions. There is a co-payment of \$5 per session and more sessions are available via sliding fee scale.

To schedule a session, call Presence Health at 708-786-8505, say you are an Access to Care member and staff will help set up your first session. Presence Health's 24/7 Crisis Hotline: 708-681-HELP (4357) is always available. If you have an emergency or are in immediate danger, go to your nearest emergency room or call 911.

Responsibilities of Members:

1. **You are responsible** for making appointments with your Access to Care doctor. You should identify yourself as an Access to Care patient when phoning for an appointment.
2. **You are responsible** for the full payment of visits to any doctor other than the one that appears on your Access to Care identification card and for the full payment of any medical tests ordered by other doctors.
3. **You are responsible** for presenting your Access to Care identification card whenever you go for medical, pharmacy, lab or X-ray services.
4. **You are responsible** for paying the appropriate co-payments to Access to Care doctors and pharmacies; and for each lab and/or X-ray procedure. You are also responsible for full payment of services not covered by Access to Care.
5. **You are responsible** for notifying the Access to Care program of any changes in name, address, telephone number or if you become ineligible for the program during the enrollment period. (see eligibility requirements below)
6. **You are responsible** for re-enrolling prior to the expiration date on your identification card if you wish to remain in the Access to Care program. Non-English speaking individuals should have an adult translator available for enrollment and re-enrollment.

Eligibility requirements are:

- Residence in suburban Cook County or in northwest Chicago (north of North Ave. and west of Pulaski Rd) in zip codes: 60630, 60631, 60634, 60639, 60641, 60646, or 60656
- Family income less than 300% of the federal poverty level;* and
- Ineligible for Medicaid (Public Aid) or Medicare; and
- No health insurance for doctor office visits (unless individual deductible is \$1500 or more)

*Federal poverty levels are revised and published in the Federal Register in February of each year.

Access to Care enrollment and privileges will be terminated for abuse of the program such as:

- Lack of compliance with the Access to Care program procedures, responsibilities, or eligibility requirements; or
- Repeated lack of compliance with your Access to Care physician’s therapeutic direction or abusive behavior directed toward the physician or office staff; or
- Giving your identification card as an Access to Care enrollee to any other person to use; or
- Participating in Medicare, Medicaid or receiving health benefits for doctor office visits under any other program; or
- Deliberate omission or misrepresentation of any information provided to the Suburban Primary Health Care Council, the administrators of the Access to Care program.

Members’ Rights

You may file a grievance if:

1. You believe you have been unfairly terminated or declared ineligible.
2. You believe you have been discriminated against based on of race, color, sex, national origin, age or handicap by an employee, agent or contractor of the Access to Care program, other than a physician.
3. You believe that an employee, agent or contractor of the Council, other than a physician, has violated any established policy or procedure of the Access to Care program.

Grievances must be submitted in writing within 14 days of the event to:

Access to Care
2225 Enterprise Drive, Suite 2507
Westchester, Illinois 60154

A copy of the grievance procedure is available upon request from the Access to Care office.

Disclaimer

The doctors participating in the Access to Care program are not employees, agents, or partners of the Access to Care program. The program is not responsible in any way for the amount or quality of medical care services received from participating doctors. The program is not engaged in the practice of medicine and does not hold itself out as a medical facility. The Access to Care program will not function as a resource for medical advice with respect to medical diagnosis and/or medical treatment.

Access to Care is charity care, not insurance, and does not meet the individual mandate requirement under the Affordable Care Act.

Other Health Care Services Available in the Community

The Access to Care program does not provide some basic health care services which are already available in the community at a reduced cost or free of charge. These services can be accessed by contacting the Cook County Department of Public Health, local health departments and social service agencies. Contact information follows but should be not be considered an exhaustive list.

Cook County Department of Public Health

Visit www.cookcountypublichealth.org; call 708-836-8600 or email CCDPH at healthycook@cookcountyhhs.org for additional information and resources.

CEDA Offices

CEDA offers a variety of services to families and individuals in need. Visit www.cedorg.net or call 312-782-CEDA (2332)

Health Departments/Social Service Agencies

The following health departments and social service agencies offer a variety of services such as school physicals and immunizations. Many of them have specific residency and income requirements.

Berwyn Health Department
708-788-6600

Cicero Health Department
708-656-3600 ext. 147

Cottage Grove Medical Center
Ford Heights, 708-753-5800

Evanston Health Department
847-866-2952

Oak Park Health Department
708-358-5480

Orland Township Clinic
708-403-4222

Palos Township Clinic
708-598-2441

Robbins Health Center of Cook County
708-293-8100

Schaumburg Township Nurse
847-285-4551

Skokie Health Department
847-933-8252

Stickney Township Clinic
708-424-9200

Well Child Conference, Elgin
847-741-7370

Worth Township Clinic
708-371-3393

Always check with your local township office to determine what services it may offer.

If you have questions about the information in this Guide, please contact Access to Care at 708-531-0680. Or email us at info@accesstocare.org and include your name and member identification number.