



# **Illinois Oral Health Toolkit**

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*for providers, individuals, families, and organizations that work to improve oral health in Illinois*

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## **PROVIDER CENTERED INFORMATION**

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**Smiles for Life: A National Oral Health Curriculum** has developed modalities for primary care providers to learn and feel more comfortable providing anticipatory guidance and risk factor assessment to patients. The curriculum can be accessed through the following link:  
<https://www.smilesforlifeoralhealth.org>

Relevant modules for the maternal and child populations are:

Course 1 - [The Relationship of Oral and Systemic Health](#)

Course 2 - [Child Oral Health](#)

Course 5 - [Pregnancy and Women's Oral Health](#)

Course 6 - [Caries Risk Assessment, Fluoride Varnish, and Counseling](#)

Course 7 - [The Oral Examination](#)

### **Easy Messaging Flipchart and PowerPoint Presentation**

Illinois Department of Public Health. Improving Women's and Children's Oral Health, 2005.  
<https://dph.illinois.gov/sites/default/files/Improving%20Womens%20and%20Childrens%20Oral%20Health.pdf>

The Improving Women's and Children's Oral Health flipchart reviews oral health topics and oral health instructions. This is an excellent combined English and Spanish educational tool for use by any program promoting oral health to mothers, infants, and children. For more information, contact the IDPH Division of Oral Health at 217-785-4899, 800-547-4899 TTY (hearing impaired), or at [DPH.oralhealth@Illinois.gov](mailto:DPH.oralhealth@Illinois.gov)

### **Boston Children's Hospital, Department of Dentistry**

2013 PowerPoint Presentation

<https://oralhealthsupport.ucsf.edu/sites/g/files/tksra861/f/wysiwyg/oralhealthed/Boston%20Children%27s%20Hospital%20Flipchart%20Dentistry04-23-13.pdf>

### **Additional Fast Facts on Oral Health at the IDPH Division of Oral Health**

<https://dph.illinois.gov/topics-services/prevention-wellness/oral-health/fast-facts-oral-health>

# Oral Health Assessment, Integration and Referral Form A

## Oral Health Assessment, Integration and Referral

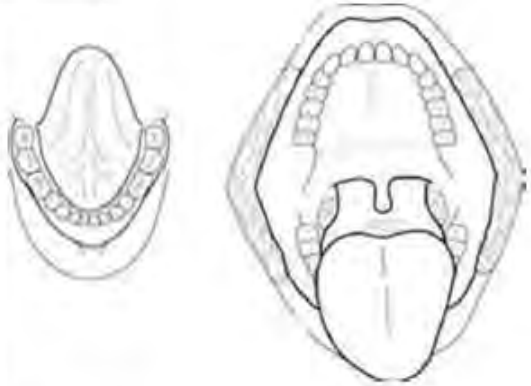
Medical Record #: \_\_\_\_\_ Service Date: \_\_\_\_\_

Population of Interest			
Pediatric under age 3	_____	Pediatric 3-6 years	_____
Pregnant women	_____	Adolescent age 12-20	_____

Contributing Conditions			
Dental home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Last dental visit: _____			
Dental pain (If yes, immediate referral)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fluoride exposure (through drinking tap water, toothpaste, professional applications, supplements)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Sugary foods or drinks between meals (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Flosses daily	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Current smoker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
For Patients Under Age 6			
Untreated dental caries in mother, caregiver and /or other siblings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Brushes teeth twice a day with fluoridated toothpaste	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Provider Signature: _____			

Anticipatory Guidance		
Oral health education	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nutritional counseling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tobacco cessation counseling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Oral hygiene kit provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Services Provided		
Toothbrush prophylaxis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fluoride Varnish	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Clinical Findings (Note in diagram on right)			
Cavitated or white spot lesions	Yes <input type="checkbox"/> (1-2 teeth)	Yes <input type="checkbox"/> (3 or more teeth)	No <input type="checkbox"/>
Inflamed /bleeding gums	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Visible dental plaque	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Severe dry mouth	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other lesions (please describe here and note location in diagram): If present for more than 2 weeks, immediate referral to dentist.			
Provider Signature: _____			



Referral (Check all that apply)	
<input type="checkbox"/> Immediate within 24-48 hours - to dentist for pain, abscess, swelling or fever	<input type="checkbox"/> Made appointment today
<input type="checkbox"/> Within 2 weeks / will follow up with dentist for routine treatment for caries, periodontal disease, broken asymptomatic teeth, dry mouth, suspicious lesion	<input type="checkbox"/> Patient has a dental home
Insurance Type: _____	
Case Manager Signature: _____	

# Oral Health Assessment, Integration and Referral Form B

## Oral Health Assessment and Integration

Client Initials: \_\_\_\_\_ DOB: \_\_\_\_\_ Service Date: \_\_\_\_\_

### Population of Interest

Pregnant Woman \_\_\_\_\_

Postpartum Woman \_\_\_\_\_

Contributing Conditions			
Dental home Last dental visit: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Dental pain (If yes, immediate referral)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fluoride exposure (through drinking tap water, toothpaste, professional applications, supplements)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Sugary foods or drinks between meals (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Flosses daily	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Current smoker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Anticipatory Guidance		
Oral health education	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nutritional counseling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tobacco cessation counseling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Oral hygiene kit provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Services Provided		
Fluoride Varnish	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Referral (Check all that apply)	
<input type="checkbox"/> Immediate within 24-48 hours - to dentist for pain, abscess, swelling or fever	<input type="checkbox"/> Made appointment today
<input type="checkbox"/> Within 2 weeks / will follow up with dentist for routine treatment for caries, periodontal disease, broken asymptomatic teeth, dry mouth, suspicious lesion	<input type="checkbox"/> Patient has a dental home
Insurance Type: _____	
Staff Signature: _____	

## **Primary Caregivers and Providers - Quick Tip - The importance of primary teeth**

Primary teeth play an important role in the health and development of children. Primary teeth guide speech development and are functionally used to chew foods and are socially relevant in terms of smile and development of self-confidence.

Primary teeth begin eruption between 4 months and 12 months of age and continue until full primary dentition is established around 3 years of age. There are 20 teeth in the primary dentition. Sequentially, the eruption pattern is usually Mandibular: central incisor, lateral incisor, primary first molar, canine, and primary 2<sup>nd</sup> molar; Maxillary: central incisor, lateral incisor, primary 1<sup>st</sup> molar, canine, and primary 2<sup>nd</sup> molar. This eruption pattern can vary from child to child. The primary incisors exfoliate about 6 to 7 years of age and the primary molars and canines are retained until 12 years of age. Early and adequate hygiene is essential to help retain these teeth until their normal exfoliation timeline. Early loss of primary molars and canines can result in space loss for the eruption of permanent teeth. If space loss occurs, permanent teeth may become impacted (retained under the gums) and require surgical procedures to guide eruption and complex orthodontic treatment plans. The best space maintainer to guide the development of the permanent dentition is the primary tooth, and every effort should be made to retain and restore them if cavities are evident.

Not only are primary teeth important to guide eruption of the permanent teeth, but trauma and infection in primary teeth can cause developmental defects in the permanent dentition. Traumatic injuries to primary teeth should be evaluated by a dentist within 24 hours, if possible, to ensure the health of the developing permanent dentition. Permanent teeth develop just below the root of primary teeth and infection can interrupt the process. Dental infections must be treated to prevent systemic complications and to preserve the permanent tooth. This treatment may include pulpotomy or pulpectomy (removal of the inflamed or necrotic pulp tissue) or extraction of the tooth.

Children depend on adult caregivers to ensure the health of their teeth and mouth. It is important to establish a daily hygiene routine early and consistently. Toothpaste with fluoride should be used upon eruption of the first tooth. The amount of toothpaste should minimize swallowing but allow the topical uptake of fluoride to the teeth. A smear of toothpaste (less than a grain of rice) is recommended for children ages 0–2. Once children learn to spit, toothpaste can be increased to a pea-size amount for ages 2–5 and larger than a pea-size amount for children age 6 and older. Tooth brushing should be completed by the caregiver until age 8 years, when the child's dexterity and maturity enable adequate hygiene techniques.

## **Pediatric Provider Guidance - Quick Tip: Dental Caries and High-Risk Patients**

Dental caries is not uniformly distributed in the population. This chronic and progressive disease is disproportionately concentrated among children of low socioeconomic status and among racial and ethnic minorities. It is important to identify risk factors and intervene in the disease process for these children.

The AAPD and APP provide recommendations to address early childhood caries in these high-risk populations, but multiple factors may limit their access to dental care. Anticipatory guidance and recommendations throughout the health care system will help to reduce these disparities.

Fluoride varnish is an effective preventive measure for children at elevated risk for dental caries. Varnish can be applied up to four times per year (twice per medical provider and twice per dental provider) and is covered by Illinois Medicaid. However, fluoride varnish alone is not enough to prevent the establishment or progression of the disease. Follow-up and referral to oral health providers can help mitigate this disease process.

## Fluoride Varnish Program for Young Children

### Illinois Department of Healthcare and Family Services supports early, risk-based intervention with fluoride varnish application.

The current protocol for reimbursement for fluoride varnish application by non-oral health medical staff can be found in the 203.8 section of the Illinois Department of Healthcare and Family Services Handbook for Providers of Healthy Kids Services, March 2017. (<https://www.illinois.gov/hfs/SiteCollectionDocuments/hk200.pdf>)

### HK-203.8 Oral Health Screening/Fluoride Varnish

Beginning at the 6-month visit, physicians should counsel caregivers on oral health, perform a dental screening for visual signs of decay and assess the child's oral health, and provide anticipatory guidance. Physicians should refer children to a dental home for routine and periodic preventive dental care within six months of the eruption of the first tooth or by age 1, as per recommendations by the American Academy of Pediatrics (AAP), the American Dental Association (ADA), and the American Academy of Pediatric Dentists (AAPD). The AAP's *Bright Futures, 4th Ed.* recommends oral health assessments begin at 6 months of age and continue at well child visits at 9, 12, 18, 24, 30, 36-months, and 6 years.

Physicians must be trained in an Illinois Department of Healthcare and Family Services (HFS)-approved training program to be eligible for reimbursement for applying fluoride varnish. Providers complete training in the HFS-approved *Bright Smiles from Birth* program and provide their Medicaid license number for enrollment in the program. Reimbursement is \$26 per fluoride application up to three times a year on children under 36 months of age. The procedure code for application of varnish is D1206. Information about HFS's reimbursement rates is available on the [HFS Fee Schedule website](#). The *Bright Smiles from Birth* training program can be found on the [American Academy of Pediatrics Illinois Chapter website](#).

Physicians trained in the program must perform the oral health assessment themselves. The fluoride varnish application may be delegated to ancillary medical staff that have been either trained in an HFS-approved training program themselves or trained by another provider who has been trained through the program.

An oral health screening is part of the physical examination but does not replace referral to a dentist. Medicaid dental benefits for children include services for treatment of early childhood caries, relief of pain and infections, restoration of teeth, dental sealants, prophylaxis, and maintenance of dental health, including instruction in self-care oral hygiene procedures. Dental care for children is **not** limited to emergency services, by federal law. Medicaid in every state must cover "all medically necessary" dental care for enrolled children. For assistance in finding a dentist for referral, contact [DentaQuest of Illinois](#) or the child's managed care organization for referral options.

An alternative to *Bright Smiles from Birth* is the national oral health curriculum developed by *Smiles for Life*, which has several trainings for primary providers addressing anticipatory guidance, risk factor assessment, and training for fluoride varnish application for young patients. This information can be found in Course 6 - [Caries Risk Assessment, Fluoride Varnish, and Counseling](#).

## **Fluoride Resources**

### **Illinois Fluoridated Cities/Towns and Resources**

Illinois county, city, and town information on public water fluoridation, naturally occurring fluoridated water sources can be accessed through the CDC My Water's Fluoride website, link below. This website will be useful to determine patient fluoridation status.

[https://nccd.cdc.gov/doh\\_mwf/default/default.aspx](https://nccd.cdc.gov/doh_mwf/default/default.aspx)

American Dental Association – Fluoride in Water

<https://www.ada.org/en/public-programs/advocating-for-the-public/fluoride-and-fluoridation>

Campaign for Dental Health (an alliance of health professionals and scientists)

[www.ilikemyteeth.org/](http://www.ilikemyteeth.org/)

Centers for Disease Control and Prevention - available in multiple languages

[www.cdc.gov/fluoridation/](http://www.cdc.gov/fluoridation/)

For additional information call: IDPH - Division of Oral Health 217-782-3300 or visit

<http://www.dph.illinois.gov/topics-services/prevention-wellness/oral-health>



## PERSON CENTERED INFORMATION

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### Accessing Oral Health Care in Illinois

Oral health is more than just healthy teeth. Oral refers to the mouth, which includes the teeth, gums, and supporting tissues. Oral health is an important part of overall health, well-being, and directly affects your quality of life. Diseases and disorders that can affect oral health include:

- Tooth decay and periodontal or gum disease.
- Viral infections, including cold and canker sores.
- Birth defects, such as cleft lip and palate, or missing all or most teeth.
- Chronic oral-facial pain that can result from disorders of the jaw joints and chewing muscles, such as temporomandibular joint (TMJ) dysfunction or craniomandibular dysfunction.
- Mouth and throat cancers.

Changes in the mouth often are the first signs of problems elsewhere in the body. Dentists and dental hygienists play an important role in evaluating, diagnosing, preventing, or treating oral diseases, which can affect systemic health. Poor oral health also may increase diseases and health conditions, such as diabetes, immune disorders, heart disease, and having pre-term low birth weight babies. These health conditions may result in poor health outcomes when your oral health is not good.

If you are having problems finding oral health care, there are several ways to find access to care. Check out the resources listed below to help locate oral health care services in your community. But first, some things to consider when choosing a dental home.

- Is the office easy to get to from your home or job?
- Do they have convenient office hours for you?
- If you have dental benefits, is this dentist in your network?
- Doctor-patient communication is important. Will you need translation or interpreter services?

### **These resources are searchable by your home ZIP code.**

- “Find a Dentist” for Illinois State Dental Society (ISDS) member dentist directory: <https://www.isds.org/for-the-public/find-a-dentist>
- “Find a Dental Clinic” resource on the ISDS website: <https://www.isds.org/for-the-public/find-a-dental-clinic>. This is a listing of clinics for people with limited financial ability.
- Illinois’ Federally Qualified Health Centers: <https://findahealthcenter.hrsa.gov>. These centers are for people who are low income, uninsured, or are undocumented residents.
- For Medicaid members, use the Find a Dentist function on [insurekidsnow.gov](https://insurekidsnow.gov) to find a community dentist enrolled in Illinois’ Medicaid program.

### **Also consider below sources to obtain oral health care.**

- Local health department dental clinics.
- Dental schools and dental hygiene programs.
- Check with your medical insurance plan to see if dental insurance is included and, if it is, contact customer service and ask for list of participating dentists.

- Consider purchasing a dental insurance plan.

### **Illinois Medicaid Dental Program Information**

Illinois Medicaid oversees enrollment and eligibility of individuals and families utilizing state and federal rules. Individuals and families can access an application package as well as assistance with completing the forms by calling the Application for Benefits Eligibility (ABE). Applications can be submitted at [ABE.Illinois.gov](https://www.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/about.aspx) or by calling the ABE hotline at 1-800-843-6154.

<https://www.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/about.aspx>

Illinois Medicaid benefits cover examination, dental cleanings, treatments for periodontal disease, dental caries, extraction of teeth, and additional treatments with prior authorization. A description of dental coverage and help for managed care adults and children members enrolled in Medicaid can be found on the [Illinois Department of Healthcare and Family Services Dental Program](#) webpage.

# Illinois Medicaid Dental Services

## Covered Services Comparison for Children and Adults

	Children (< age 21)	Adults (> age 20)	Pregnant Women
<b>Diagnostic Services (Exams)</b>			
Oral Exams (child - one per six months in office setting, and one per 12 months in a school setting; adult - one per 12 months; pregnant women - one per six months)	X	X	X
X-rays	X	X	X
<b>Preventive Services</b>			
Cleanings (child - one per six months; adult - one per 12 months; pregnant women - one per six months)	X	X	X
Sealants (child - one per lifetime per tooth)	X		
Topical Fluoride (child - [0-2] three per 12 months, [3-20] one per six months)	X		
Silver Diamine Fluoride (six per one lifetime per tooth, other limits apply)	X	X	X
Space Maintenance	X		
<b>Restorative Services (Fillings)</b>			
Amalgam restorations (some limits apply)	X	X	X
Composite restorations (some limits apply)	X	X	X
Crowns	<b>X</b>	<b>X</b>	<b>X</b>
Protective Restoration	X	X	X
<b>Endodontic Services (Root Canals)</b>			
Pulpotomy - pulp removal	X		
Root Canal Treatment	X	X	X
Apexification/Recalcification	<b>X</b>		
<b>Periodontal Services (for Gum Disease)</b>			
Gingivectomy - gum removal	<b>X</b>	X	X
Bone Replacement Grafts	<b>X</b>	X	X
Scaling and Root Planing	X	X	X
Full Mouth Debridement	X	X	X
<b>Removable Prosthodontic Services (Denture Services)</b>			
Complete Denture (upper and lower)	<b>X</b>	<b>X</b>	<b>X</b>
Immediate Denture (upper and lower)	<b>X</b>	<b>X</b>	<b>X</b>
Partial Denture (upper and lower)	<b>X</b>		
Denture Repair	X	X	X
Denture Relines	<b>X</b>	<b>X</b>	<b>X</b>
Maxillofacial Prosthetics	<b>X</b>	<b>X</b>	<b>X</b>
<b>Fixed Prosthetic Services</b>			
Bridgework	<b>X</b>		
<b>Oral and Maxillofacial Services (Removal of tooth/teeth)</b>			
Extractions – removal of tooth/teeth	X	X	X
Surgical Extractions	<b>X</b>	<b>X</b>	<b>X</b>
Alveoloplasty – pre-prosthetic procedure on jawbone	<b>X</b>	<b>X</b>	<b>X</b>
Removal of Odontogenic Cyst or Tumor	<b>X</b>	<b>X</b>	<b>X</b>
Addition services with prior approval	<b>X</b>	<b>X</b>	<b>X</b>
<b>Orthodontic Services (Braces)</b>			
Orthodontia (coverage limited to children meeting or exceeding a score of 28 points. Handicapping Labio-Lingual Deviation (HLD) Index or meeting criteria for medical necessity)	<b>X</b>		
<b>Adjunctive General Services (Other)</b>			
Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	X	X	X
General Anesthesia	<b>X</b>	<b>X</b>	<b>X</b>
Intravenous (IV) Sedation	<b>X</b>	<b>X</b>	<b>X</b>
Nitrous Oxide Analgesia	X	X	X
Conscious Sedation	<b>X</b>	<b>X</b>	<b>X</b>
Therapeutic Drug Injection	<b>X</b>	<b>X</b>	<b>X</b>

**X's in bold red may require prior authorization before services can be performed.  
Consult your dental provider.**

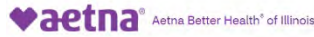
# Additional Dental Services by Managed Care Plan



1-877-860-2837  
TTY: Illinois Relay  
at 7-1-1  
or 1-800-526-0844  
[bcchpil.com](http://bcchpil.com)

Served by:  
DentaQuest\*  
1-888-291-3763

- For members under age 21:
- Exams and cleanings
  - One (1) fluoride treatment per year
  - Sealants
  - Fillings
  - Crowns
  - Root Canals
  - Dentures
  - Extractions
- For members over 21:
- Two (2) cleanings per year
  - Two (2) exams per year
  - One (1) set of preventive X-rays per year
- All covered for emergency dental services



Members should call  
Aetna Better Health  
for dental services at  
1-866-329-4701  
TTY: Illinois Relay  
at 7-1-1

<https://www.aetnabettehealth.com/illinois-medicaid/index.html>

- For members under age 21:
- Dental services provided in school dental programs
  - Oral exams (1 per year)
  - Fluoride treatments (1 per year)
  - Oral surgeons
  - Dental cleanings (2 times per year)
- For members over 21:
- Limited and comprehensive exams
  - Restorations
  - Complete dentures
  - Extractions
  - Sedation
- All covered for emergency dental services



1-866-606-3700  
TTY: Illinois Relay  
at 7-1-1  
or 1-866-606-3700  
or  
[memberservices.il@mhplan.com](mailto:memberservices.il@mhplan.com)  
[corp.mhplan.com](http://corp.mhplan.com)

- For members under age 21:
- Exams, cleanings, and X-rays
  - One (1) fluoride treatment per year
  - Sealants
  - Fillings
  - Crowns
  - Root Canals
  - Dentures
  - Extractions
- For members over 21:
- Two (2) cleanings per year
  - Two (2) exams per year
  - One (1) set of preventive X-rays per year
- All covered for emergency dental services



1-855-687-7861  
TTY: Illinois  
Relay at 7-1-1  
or 1-800-526-0844  
[molinahealthcare.com](http://molinahealthcare.com)

Members should  
call Molina for  
dental services at  
1-888-858-2156



1-855-444-1661  
TTY: Illinois Relay  
at 7-1-1  
or 1-855-444-1661  
[countycare.com](http://countycare.com)

Served by:  
DentaQuest\*  
1-888-291-3763

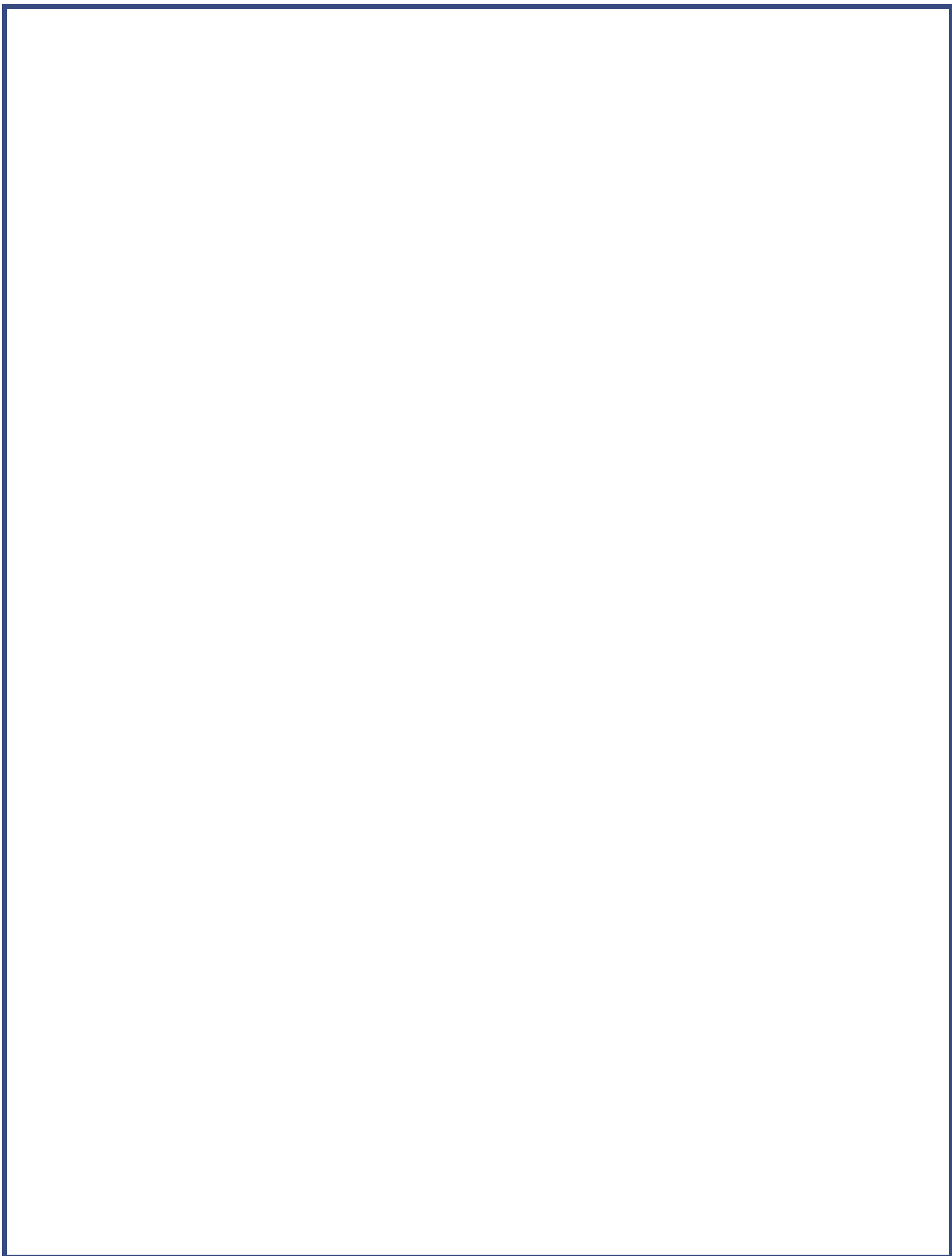
- For members under age 21:
- One dental exam and one cleaning every six months.
  - X-rays, sealants, fillings, oral surgery, crowns, root canals, dentures, braces, and extractions.
- For members over 21:
- Some routine and medically necessary dental services, including X-rays, fillings, crowns, root canals (front teeth only), oral surgery, extractions, dentures, and denture repairs.
  - Regular exams and cleanings every six months.
- All covered for emergency dental services

**Some dental services require prior approval. For those services, you must have approval before getting treatment. Without approval, you will have to pay for those services.**  
**\*\*Questions about services? Contact your managed care plan\*\***

## Need Help Finding a Dentist?

**Managed Care Members** will need to contact the phone number on the back on the membership card to receive help with finding a dentist enrolled in their Managed Care Plan. You can also use the "Find a Dentist" function at [insurekidsnow.gov](http://insurekidsnow.gov).

**Adults and children enrolled in Medicaid**, but not enrolled in a Managed Care Plan, will need to visit **\*DentaQuest** (<http://bit.ly/FindDentistIL>) or call 1-888-286-2447 (TTY 1-800-466-7566) for help finding a dentist.



**ACCESSING TRANSPORTATION BENEFITS  
IN ILLINOIS MEDICAID**

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**Illinois Medicaid Managed Care Organizations (MCO): Transportation Services**

Additional plan information can be found at: <https://www2.illinois.gov/hfs/MedicalClients/ManagedCare/Pages/default.aspx>

\*\*Transportation services are provide by a 3rd party transportation service company

MCO	Customer Service #	Transportation Request #	Hours of Operation (when appointment can be made)	Information Needed to Schedule Transportation	Days Notice	Mileage	Use of Service Limits	Unaccompanied Minor	Confirmation of Service	Extra info
YouthCare (Serves DCFS Youth in Care only)	844-289-2264 or visit <a href="http://medicaltrip.net">medicaltrip.net</a> to schedule	Member Services press 2 then press 1 for transportation	7a-6p and overnight staffing as well	Member ID number or member date of birth, phone number, and address; address of provider to be seen and pickup location	3 calendar days	N/A	Services and members must reside in IL; if outside the state then authorization needed	must be 18, no exception for emancipated, and must have adult over 18+ regardless of age.	Trips are set up by MCO provider and the third party with call 1 hour before appointment time; some companies do not call so it is recommended that the transportation is confirmed for the member in the event they don't call.	Recommendation: have the member call the day before to confirm transportation.
County Care - Cook County Only	312-864-8200	Press 3 for members then 5	7a-7p M-F and 9a-1p Sa-Sun		72 hours notice	Cook County Only	<a href="https://countycare.com/wp-content/uploads/NEMTFORCCCMembersFlyerFTPublic 2021.pdf">https://countycare.com/wp-content/uploads/NEMTFORCCCMembersFlyerFTPublic 2021.pdf</a>	Anyone under 18 must have an adult; wherer they need picked up.	They will get a confirmation call a day before to know exactly who is picking them up.	Request public transportation passes (CTA and Pace) 2 weeks before your appointment by calling Member Services at 312-864-8200/ 855-444-1661 (toll-free)/ 711 (TDD/TTY).
Meridian	866-606-3700 or visit <a href="http://medicaltrip.net">medicaltrip.net</a> to schedule	Press 3 for member services then 1	8a-6p standard 7/days week; emergency 24/7		3 calendar days	Varies based on type of Medicaid;	no ride of choice; could be denied if not called with 72; eligibility will be determined by health plan	16 years or older or emancipated minor can ride alone; otherwise accompanied by adult 16+; exception for memebtrs under 16 to family planning, pregnancy related appointments, and behavioral health treatments.	After scheduling the member will receive a 'trip number' and someone will reach out to the member to confirm appointment and ETA.	Any type of mile restriction or out of state will require Provider Approval; and CCR will inform member what is needed to get approved.
Molina	855-687-7861 or visit <a href="http://medicaltrip.net">medicaltrip.net</a> to schedule	Call Molina transportation directly 8446446354	24/7		2 calendar	Trips over 100 one way miles require prior authorization from Molina - 1 exception; discharge from hospital or urgent care no	Be aware of days notice	16 years or older or emancipated minor can ride alone; otherwise accompanied by adult 16+; exception for memebtrs under 16 to family planning, pregnancy related appointments, and behavioral health treatments	Drivers will call members to confirm; day before and day of 1-hour before.	Recommendation: Have the member call the day before to confirm transportation and to follow-up for all short notice requests.
Aetna Better Health (Formerly Illinicare Health)	866-329-4701	Press 2 for member then press 1	8a-5p m-f longer hold times on Monday; lower in afternoon and end of week		2 business days	50 miles one way; anything over will need authorization		Requires minor release form; once on file they can proceed 12+; allow 2 escorts.	When a member calls in, they schedule, once finished can be provided with trip number and once appotment scheduled provider will reach out to member to confirm appointment and ETA.	Mileage reimbursement is available if you use your own car or get a ride from someone. You have seven days after your appointment to ask for mileage reimbursement. Call Member Services at 1-866-600-2139 (TTY: 711) for assistance.
Blue Cross Community Family Health Plan	877-831-3148	Press 1 for member then follow prompts	8a-6p m-f		3 days	Prior authorization required to see a provider more than 40 miles away.	<a href="https://www.bcbsil.com/bcchp/benefits-and-coverage/transportation-services">https://www.bcbsil.com/bcchp/benefits-and-coverage/transportation-services</a>	Request, as needed.	Will be provided with reservation number. Be ready for your ride one hour before your visit. Your driver will honk, knock, ring the bell, or call you and will only wait 5 minutes. A parent or caregiver may ride with children or members with special needs. If you are a member who is a single caregiver, and you have more than one minor child in your care, you can ask Member Services to approve transportation for additional minor children. Caregivers or other children must be approved by BCCHP when the ride is scheduled.	You may pre-schedule a return ride if you know what time you will be done. If you pre-schedule your return ride, the driver should come within 30 minutes. If you do not have a pre-scheduled pick up time, call ModivCare at 1-877-831-3148 when you are done with your visit. The driver should come within an hour of the call.

**Notes:**

Illinois Medicaid and DHS member services number: **800-843-6154**; best times to call **Tues-Thurs @800a \*when line opens\***

Give an additional days notice when setting up services for the first time

All services will call day of when en route to pick up member

Exceptions for single caregivers and pregnant women are offered

The Oral Health Forum



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