

# Illinois Unified Medicare-Medicaid Appeals Process

## Level 1: Internal Plan Level Appeals for both Medicaid and Medicare Services

*Timeframe to file: 60 days from Notice of Adverse Action*

*Continuation of benefits: Benefits continue pending appeal for Medicare Services – Medicaid appeals must be filed within 10 days from Notice of Adverse Action*

**Standard Process**

- Resolution timeframe: 15-business day limit

**Expedited Process:**

- Resolution timeframe: 24-hours after receipt of info



**Medicaid-only Services**  
Beneficiary can appeal to the State Fair Hearing and/or Medicaid-IRE

**Medicare services and Medicaid-Medicare overlap services**  
Automatic forwarding to IRE;

**Medicare IRE**

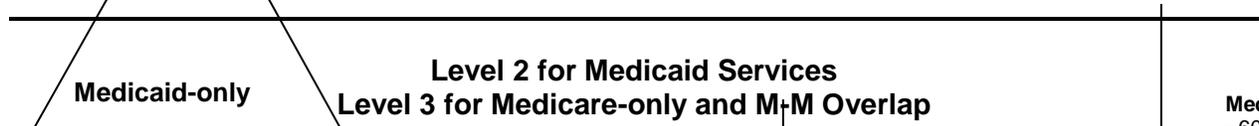
**Standard Process**

Pre-Service: 30-day limit  
Payment: 60-day limit

**Expedited Process**

Pre-Service: 72 hour limit  
Payment: Cannot be expedited

*Medicare services: benefits do not continue*  
*M-M Overlap services: benefits continue pending IRE*



**Medicaid-only**

(Level 2): 30 days to file  
Benefits continue if requested by enrollee within 10 days of receipt of contractor's decision notice

**Medicare-Medicaid-Overlap Services**

**Overlap (Level 3):** May appeal to SFH or ALJ  
Bene has 30-days to file SFH  
Bene has 60 days for ALJ (must meet minimum \$)

**Medicare-only Services**

**Medicare: Level 3**  
- 60 days to file; must meet minimum dollar amount; No continuation of benefits

**Medicaid IRE**

**State Fair Hearing**

Standard  
90 days after contractor's decision notice including days client took to file for a SFH

Expedited  
3 Days

**Medicare Administrative Law**

No statutory time limit for processing



35 days to file for admin review

**Circuit Court Administrative Hearing**

No statutory time limit for processing

**Medicaid END**

60 days to file

**Medicare Appeals Council**

No statutory time limit for processing

**Federal District Court**

**Medicare END**