

How Illinois Medicaid **MCO Enrollees** can file Grievance or Appeal, or request State Fair Hearing

HFS clients enrolled in a health plan must contact their health plan to make a complaint or file an appeal. These rights are explained in every health plan member handbook, available online by clicking on the health plan's website.

Contact information for Illinois Medicaid health plans:

<b>Health Plan</b>	<b>Address to mail a grievance or appeal</b>	<b>Phone Number</b>
Aetna Better Health of IL <a href="http://www.aetnabetterhealth.com/illinois-medicaid">www.aetnabetterhealth.com/illinois-medicaid</a>	Aetna Better Health of IL Attn: Grievance and Appeals Dept. P.O. Box 81139 Cleveland, OH 44181 Email: <a href="mailto:ILAppealandgrievance@aetna.com">ILAppealandgrievance@aetna.com</a>	Fax: 877-668-2076 Tel: 866-329-4701 TTY: 711
Blue Cross Blue Shield of Illinois <a href="https://www.bcbsil.com/bcchp/resources/appeals-and-grievances">https://www.bcbsil.com/bcchp/resources/appeals-and-grievances</a>	Blue Cross Blue Shield of Illinois Attn: Grievance and Appeals Unit P.O. Box 27838 Albuquerque, NM 87125-9705	Fax: 866-643-7069 Expedited Appeals Fax: 800-338-2227 Tel: 877-860-2837
CountyCare Health Plan <a href="http://www.countycare.com/">http://www.countycare.com/</a>	CountyCare Health Plan Attn: CCH A&G Department P.O. Box 21153 Eagan, MN 55121	Fax: 866-200-5031 Tel: 312-864-8200/855-444-1661 (toll-free) TDD/TTY: 711
Humana Health Plan <a href="https://www.humana.com/medicaid-dual/illinois/">https://www.humana.com/medicaid-dual/illinois/</a>	Humana Health Plan Attn: Grievance and Appeal Dept. PO Box 14546 Lexington, KY 40512-4546	Fax: 1-855-336-6220 Tel: 1-800-787-3311
Meridian Health Plan <a href="http://www.mhplan.com">www.mhplan.com</a>	MeridianHealth Attn: Grievance Coordinator or Appeals Coordinator PO box 44287 Detroit, MI 48226	Fax: 312-508-7255 Phone: 866-606-3700
Molina Healthcare of Illinois <a href="http://www.molinahealthcare.com/">http://www.molinahealthcare.com/</a>	Molina Healthcare of Illinois Attn: Grievance and Appeals Dept. 1520 Kensington Road Suite 212 Oak Brook, IL 60523 Email: <a href="mailto:MHI.IL.Appeal@MolinaHealthCare.Com">MHI.IL.Appeal@MolinaHealthCare.Com</a>	Fax: 855-502-5128 Tel: 855-687-7861 TTY: 711

## **Grievance**

If you are not satisfied with services you get from your health plan or provider, you can file a grievance with your health plan. A grievance is a complaint about any matter other than a denied, reduced or terminated service or item. If you have a grievance about a provider or about the quality of care or services you have received, you should let your health plan know right away. They will do their best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits coverage.

You can file your grievance on the phone by calling your health plan or sending a letter, using the contact information on the back of your health plan ID card. You can also visit your health plan's website.

In the grievance call or letter, provide as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your health plan ID number.

### **1<sup>st</sup> Level Appeal**

You may not agree with a decision or an action made by your health plan about your services or an item you requested. You ask for a review of those actions by filing an appeal with your health plan. You may appeal within sixty (60) calendar days of the date on the Notice of Adverse Benefit Determination letter that you receive from your health plan. Examples of when you might want to file an appeal with your health plan include: not approving or paying for a service or item your provider asks for; stopping a service that was approved before; not giving you the service or items in a timely manner; not advising you of your right to freedom of choice of provider, and not approving a service for you because it was not in network.

### **2<sup>nd</sup> Level State Fair Hearing**

If you choose, you may ask for a State Fair Hearing within one hundred and twenty (120) calendar days of the date on the Notice of Appeal Resolution from your health plan, but you must ask for a State Fair Hearing within ten (10) calendar days of the date on the Notice of Appeal Resolution if you want to continue your services. If you do not win this appeal, you may be responsible for paying for the services provided to you during the appeal process.

At the State Fair Hearing, just like during the health plan 1<sup>st</sup> level appeals process, you may ask someone to represent you, such as a lawyer or have a relative or friend speak for you. To appoint someone to represent you, send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information.

The hearing will be conducted by an impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings Office informing you of the date, time, and place of the hearing. This letter will also provide information about the hearing. It is important that you read this letter carefully.

If you want to file a State Fair Hearing Appeal related to your medical services or items, or Elderly Waiver Community Care Program (CCP) service, send your request in writing to:

Illinois Department of Healthcare and Family Services  
Bureau of Administrative Hearings  
69 W. Washington Street, 4th Floor  
Chicago, IL 60602  
Fax: (312) 793-2005  
Email: [HFS.FairHearing@illinois.gov](mailto:HFS.FairHearing@illinois.gov)  
Or you may call 1-855-418-4421 TTY: 1-800-526-5812

If you want to file a State Fair Hearing Appeal related to mental health services or items, substance abuse services, Persons with Disabilities Waiver services, Traumatic Brain Injury Waiver services, HIV/AIDS Waiver services, or any Home Services Program (HSP) service, send your request in writing to:

Illinois Department of Human Services  
Bureau of Hearings  
69 W. Washington Street, 4th Floor  
Chicago, IL 60602  
Fax: (312) 793-3387  
Email: [DHS.BAH@illinois.gov](mailto:DHS.BAH@illinois.gov)  
Or you may call (800) 435-0774, TTY: (877) 734-7429  
Online: <https://abe.illinois.gov/abe/access/appeals>