

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 <a href="http://www.aetnabetterhealth.com/illinois">http://www.aetnabetterhealth.com/illinois</a>	Attn: Grievance and Appeals Dept.  333 W Wacker Drive, Mail Stop F646 Chicago, IL 60606	Fax: 855-545-5196  Tel: 866-212-2851
Blue Cross Blue Shield of Illinois <a href="http://www.bcbsilcommunityfamilyhealthplan.com/">http://www.bcbsilcommunityfamilyhealthplan.com/</a> <a href="https://www.bcbsil.com/icp/member/appeals.html">https://www.bcbsil.com/icp/member/appeals.html</a>	Attn: Grievance and Appeals Unit  P.O. Box 27838 Albuquerque, NM 87125-9705	Fax: 866-643-7069  Tel: 877-860-2837
Community Care Alliance, Inc. <a href="http://www.ccaillinois.com/">http://www.ccaillinois.com/</a>	Attn: Grievance and Appeals Unit  322 S. Green St, Suite 400, Chicago, IL 60607	Fax: 312-257-2069  Tel: 866-871-2305
CountyCare <a href="http://www.countycare.com/">http://www.countycare.com/</a>	Attn: Grievance and Appeals Dept.  PO Box 803758 Chicago, IL 60680	Fax: 312-548-9940  Tel: 312-864-8200/ 855-444-1661
Family Health Network <a href="http://www.fhnchicago.com/">http://www.fhnchicago.com/</a>	Attn: Grievance and Appeals Unit  322 S. Green Street, Suite 400, Chicago, IL 60607	Fax: 312-257-2060  Tel: 888-346-4968
Harmony <a href="http://www.harmonyhpi.com/">http://www.harmonyhpi.com/</a>	Attn: Appeals Department  P.O Box 31368 Tampa, FL 33631-3368	Fax: 866-201-0657  Tel: 800-608-8158 TTY: 877-650-0952
Cigna HealthSpring <a href="http://www.specialcareil.com/">http://www.specialcareil.com/</a>	Attn: Grievance and Appeals Dept.  175 W. Jackson St. Suite 1750 Chicago, IL, 60604	Fax: 877-788-2830  Tel: 866-487-4331
Humana Health Plan <a href="https://www.humana.com/medicare/medicaid-dual/">https://www.humana.com/medicare/medicaid-dual/</a>	Attn: Grievance and Appeal Dept.  PO Box 14546 Lexington, KY 40512-4546	Fax: 1-855-336-6220  Tel: 1-800-787-3311

IlliniCare <a href="http://www.illinicare.com/">http://www.illinicare.com/</a>	Attn: Grievance and Appeals Dept.  999 Oakmont Plaza Drive Suite 400 Westmont, IL 60559	Fax: 877-668-2076  Tel: 866-329-4701
Meridian Health Plan <a href="http://www.mhplan.com/IL">http://www.mhplan.com/IL</a>	Meridian Health Grievance Coordinator  333 South Wabash Avenue, Suite 2900 Chicago, IL 60604	Fax: 312-980-0444  Tel: 866-606-3700
Molina Healthcare of Illinois <a href="http://www.molinahealthcare.com/">http://www.molinahealthcare.com/</a>	Attn: Grievance and Appeals Dept.  1520 Kensington Road Suite 212 Oak Brook, IL 60523	Fax: 855-502-5128  Tel: 855-766-5462
NextLevel <a href="http://www.nextlevelhealthil.com/">http://www.nextlevelhealthil.com/</a>	Attn: Grievance and Appeals Dept.  3019 W. Harrison St Chicago, IL 60612	Fax: 312-324-0665  Tel: 312-878-2778/ 844-807-9734

## **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.

## **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 Action 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.

## **State Fair Hearing**

If you choose, you may ask for a State Fair Hearing within thirty (30) calendar days of the date on the Decision Notice from your health plan, but you must ask for a State Fair Hearing within ten (10) calendar days of the date on the Decision Notice 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 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) 793-8573  
Email: [DHS.HSPApeals@illinois.gov](mailto:DHS.HSPApeals@illinois.gov)  
Or you may call (800) 435-0774, TTY: (877) 734-7429