

Family Guide to Medicaid Managed Care Appeals

Step 1 - Get a prescription from your child's doctor for a recommended, medically necessary treatment. For example, a developmental evaluation or a therapy service require a prescription.

A prescription is also needed for durable medical equipment as well as for some supplies or over-the-counter medications for children.

Step 2 - Contact your child's care coordinator by calling the toll-free number on the back on the insurance card. **Important**- if your child does not yet have a care coordinator, you can request one by calling the same toll-free customer service number.

- Tell the care coordinator that Dr. X_____, has prescribed the following service _____ at the last office visit.

Ask for a written/hard copy referral to a provider of this service who is "in-network" with the health plan. This document lists all of the Health Choice Illinois plans, and the toll-free member services number for each:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/CONTACTInformationForHealthPlansForMember0262020.pdf>

<https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/defaultnew.aspx>

Step 3 - If you receive a written list of in-network therapy providers (or download and print out a list from the health plan's website) you will need to call each one and request an appointment for your child. You need to keep a record of each call which you make and the response which you receive;

- 1) Provider name
- 2) Telephone number
- 3) Date and time of your call
- 4) Name of person you spoke with
- 5) Outcome of your call (for example: my child got an appointment, I was told that there is a waiting list, I was told that provider does not accept Medicaid, I was told that provider is no longer "in network" with the health plan, other)

Step 4 - If the care coordinator informs you that the health plan does not have a provider for the prescribed services, or that you can only be referred to a provider who has a long waiting list (or any other reason that your child cannot receive the prescribed service), then you will need to file a grievance with the health according to the rules in your Member Handbook.

Step 5 - If you do not have a member handbook, you can ask the Care Coordinator to send one to you in any language and/or format required. You can also look at the Member Handbook on the health plan's website.

Step 6 - If you do not agree with the decision which the health plan made in response to your grievance, then you can file an appeal with the Illinois Department of Healthcare and Family Services. Here is information regarding how to do this:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/MCOGrievanceAndAppealsProcess.pdf>

Be sure to keep copies of all documents related to your grievance and/or appeal.

Please contact The Arc of Illinois Family to Family Health Information Center and 866-931-1110 or Illinois Life Span Program at 800-588-7002 if you have any questions or need more information.