

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

Level 2 for Medicare and Medicare-Medicaid Overlap Independent Review Entity

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

Medicaid IRE

Level 2 for Medicaid Services Level 3 for Medicare-only and M-M Overlap

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 Administrative Law

No statutory time limit for processing

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

State Fair Hearing

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

Expedited
3 Days

Level 4: External Appeal #3

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