**NOTICE OF FURTHER APPEAL RIGHTS (Medicare-Medicaid Overlap Service)**

If you speak Spanish, language assistance services, free of charge, are available to you. Call [*insert Member Services toll-free phone and TTY numbers, and days and hours of operation*]. The call is free. [*This disclaimer must be included in Spanish.*]

You can get this document for free in other formats, such as large print, braille, or audio. Call <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free.

**<<today\_date\_mmmm\_ddyyyy>>**

**<<r\_full\_name>>**

**<<r\_full\_address>>**

Re: Member Name **<<m\_full\_name>>**

Member ID No. **<<m\_external\_id>>**

Medicare-Medicaid Appeal Number **<<Event or Referral number under which denial was issued>>**

Dear **<<Name>>**:

By now, you should have received a letter from the Medicare Independent Review Entity (IRE), MAXIMUS Federal Services, Inc., about your appeal for the **<<denial, reduction, suspension, or termination>>** of **<<medical service/treatment>>**. The letter from the IRE should tell you the reason for the decision. If you have not received a letter from the IRE, please call us at **<toll-free number>**.

We want to let you know that you have other appeal rights and further options if you disagree with the IRE’s decision.

If you disagree with the IRE’s decision you can ask for an Administrative Law Judge (ALJ) Hearing, which was discussed in the letter you received from the IRE. In addition to asking for an ALJ Hearing or instead of an ALJ Hearing, you can ask for a State Fair Hearing. Additional information is below.

How to ask for an Administrative Law Judge (ALJ) Hearing

If you want an ALJ to review your case, the item or medical service you are requesting will have to meet a minimum dollar amount. For calendar year <insert calendar year>, the dollar amount must be at least <insert minimum dollar amount>. If the dollar value is less than <insert minimum dollar amount>, you cannot appeal to the ALJ.

You have **60 calendar days** from the date on the letter you received from the IRE to request an ALJ Hearing. If you want to ask for an ALJ Hearing, please follow the instructions in the letter you received from the IRE.

How to ask for a State Fair Hearing

If you want to ask for a State Fair Hearing, you must submit your request within **120 calendar days** of the date of this letter. If you want your services to remain in place during the State Fair Hearing process, you must say so when you appeal, and you must ask for a State Fair Hearing within **10 calendar days** of the date of the letter from the IRE. If you do not win this appeal, you may be responsible for paying for the services provided to you during the appeal.

You can ask for a State Fair Hearing in one of the following ways:

Mail: Illinois Department of Healthcare and Family Services

Bureau of Administrative Hearings

69 West Washington Street, 4th Floor

Chicago, IL 60602

Fax: 312-793-2005

Email: [HFS.FairHearings@Illinois.gov](mailto:HFS.FairHearings@Illinois.gov)

Call: 855-418-4421 (TTY users call 800-526-5812)

**[Insert when online submission becomes available:**

Online: Visit [abe.illinois.gov/abe/access/appeals](https://abe.illinois.gov/abe/access/appeals) to set up an ABE Appeals Account and submit a State Fair Hearing request online. This will allow you to track and manage your appeal online, view important dates and notices, and submit documentation.**]**

Filing a request for a State Fair Hearing will not adversely affect you or your benefits. Please refer to your *Member Handbook* for more information on the State Fair Hearing process.

You can also contact the Illinois Home Care Ombudsman (HCO) Program for help or more information. HCO is an advocate that can talk with you about the State Fair Hearing and what to expect during the hearing process. The HCO program is independent, and the services are free. Here are ways that you can get help from HCO:

* Call 1-800-252-8966 (TTY: 1-888-206-1327). Hours are Monday through Friday from 8:30 a.m. to 5:00 p.m.
* Email: [Aging.HCOProgram@illinois.gov](mailto:Aging.HCOProgram@illinois.gov)

Sincerely,

Medical Director

<Plan Name>

Cc: **<<facility\_name>>**

**<<pcp\_full\_name>>**

**<<treating provider name>>**

[*Plan must include all applicable disclaimers as required in the State-specific Marketing Guidance.*]