

Appeal Template for We started ABA but therapy is now on hold because we no longer have the Medicaid-required supervisor for the BCBA.

This appeal can be filed by the parent or the ABA provider who is serving the child and is an approved Medicaid provider but no longer employs the licensed professional to supervise the BCBA.

Directions:

First, copy the below template and insert your individual information where you see "XX." Secondly, send your appeal request to your managed care plan. See the contact information below the template.

Appeal Template:

I am filing an appeal for my Medicaid-eligible child, (XX name and Medicaid number). My child was diagnosed with autism spectrum disorder (ASD) by a licensed professional and prescribed applied behavior analysis (ABA) therapy. The EPSDT federal mandate covers early, periodic, screening, diagnosis, and treatment and applies and requires the state Medicaid agency to cover and ensure my child receives this medically necessary care. Prompt treatment is essential and every day without treatment threatens current and future functioning. We are requesting and are entitled to a qualified provider. Our current ABA provider no longer employs a licensed professional to supervise the behavior analyst (BCBA) which is a requirement in Medicaid, but not in commercial insurance. The behavior analyst is the most common practitioner type that designs, implements, and supervises ABA treatment in both commercial and public insurance around the United States. Our managed care plan denied the provider's request for a single case agreement. Currently, Medicaid does not offer an adequate and accessible ABA provider network since rolling out coverage for ABA therapy in October 2020. We are requesting our single case agreement with our current ABA provider be approved.

Family Contact Information XX (Name, Address, Phone, Email, Child name, and Medicaid number)

Contact Information for managed care plans: If no email is listed, consider faxing your appeal.

Aetna Better Health of IL - Email: ILAppealandgrievance@aetna.com, Tel: 866-329-4701, Fax: 877-668-2076, Mail: Aetna Better Health of IL, Attn: Appeals Dept., P.O. Box 81139, Cleveland, OH 44181. Formerly Illinicare Health.

Blue Cross Blue Shield Community Plan – Email: unknown, Tel: 877-860-2837, Fax: 866-643-7069, Mail: BCBS, Attn: Grievance and Appeals Unit, P.O. Box 27838, Albuquerque, NM 87125-9705.

CountyCare (HealthChoice) Health Plan – Email: unknown, Tel: 312-864-8200, Fax: 866-200-5031, Mail: CountyCare Health Plan, Attn: CCH A&G Department, P.O. Box 21153, Eagan, MN 55121. Cook County only.

Humana Health Plan – Email: unknown, Tel: 1-800-787-3311, Fax: 1-855-336-6220, Mail: Attn: Grievance and Appeal Dept., PO Box 14546, Lexington, KY 40512-4546

Meridian Health Plan – Email: unknown, Tel: 866-606-3700, Fax: 312-508-7255, Mail: Meridian Health, Attn: Grievance Coordinator or Appeals, Coordinator, PO box 44287, Detroit, MI 48226.

Molina Healthcare of Illinois - Email: MHI.IL.Appeal@MolinaHealthCare.Com, Tel: 855-687-7861, Fax: 855-502-5128, Mail: Molina of Illinois, Attn: Grievance and Appeals Dept., 1520 Kensington Road Suite 212, Oak Brook, IL 60523.

Youthcare –Contact the case worker with the Illinois Department of Child and Family Services.

Medicaid Only – A Medicaid member not enrolled in managed care can file an appeal at DHS.BAH@Illinois.gov.