



Provider Notification

03/02/2021

Updated HFS Complaint Tracking Process

This notice serves to provide additional and updated information regarding the Illinois Department of Healthcare and Family Services (HFS) complaint tracking process, which became effective at the beginning of 2020. Under the new process, HFS requires a unique Managed Care Organization (MCO) tracking number for every complaint submitted through the HFS Provider Portal. Please refer to the below for the most current process to ensure that you can file an HFS Provider Portal complaint.

The HFS portal is for complaints relative to the Medicaid portion only, not Medicare. This also includes denials for a Medicare-covered service for dually eligible enrollees.

To use the portal, providers or designated billing staff must first register with the portal at <https://www.Illinois.gov/hfs/MedicalProviders/cc/Pages/ManagedCareComplaints.aspx>.

The Illinois Department of Healthcare and Family Services requires providers to first use the MCO internal dispute/appeals process to attempt to resolve a complaint before submitting a complaint through the portal.

Provider Disputes Submitted to Humana

If, upon receipt of an initial claim determination from Humana via Explanation of Remittance, Automated Remittance Advice, or Remittance Advice, the provider disagrees with the determination made by Humana and would like to request a dispute/reopening of the issue, providers may do so. However, the process and method to submit a dispute depends upon whether the dispute primarily involves long-term care or behavioral health services.

Non-Long Term Care, Non-Behavioral Health Provider Disputes

Providers may submit disputes for community well disputes by contacting Humana via telephone, written correspondence, or fax.

Telephonic

Provider disputes may be submitted telephonically by calling the following number:
1-800-787-3311 between 7 a.m. to 7 p.m. CST, Monday through Friday

Mail

Provider disputes submitted in writing need to be sent to the following address:
Humana Provider Correspondence

P.O. Box 14601
Lexington, KY 40512-4601

Fax

Provider disputes may be submitted via fax to the following number:
1-888-556-2128

Please note, provider disputes containing a request for reconsideration should include the following documentation:

- A copy of the original claim
- The remittance notification showing the denial
- Any clinical records and other documentation that support your case for reimbursement

Humana is required to assign the provider an MCO Tracking Number for each complaint submitted through the Humana internal dispute process. Telephonically submitted disputes may not generate a reference number if the dispute is resolved during the call. However, disputes submitted via mail or fax will always generate a reference number. Please note, allow two – three business days for a tracking number to be generated for a faxed dispute prior to calling Humana in the event you are unable to locate an MCO Tracking Number, to account for required system generation timelines.

Humana's provider complaint tracking number for community well consists of a 12-13 character alphanumerical code.

If you do not know or are unable to locate the MCO Tracking Number, providers can call Humana Provider Services at 1-800-457-4708 between 7 a.m. to 7 p.m. CST, Monday through Friday. Once the case is located, the Humana Provider Services representative will give you the MCO Tracking Number.

In addition, refer to the outcome letter (sample below) that Humana sent in response to the claim dispute. Find the MCO Tracking Number [Reference ID] in the header of the outcome letter.

Humana Humana Health Care Plans P.O. BOX 14601 Lexington KY 40512-4601	
[DATE]	
N/A N/A 1234 LOOKUP LANE TAMPA FL 33611	
Patient name:	John Doe
Member ID number:	H0000000
Group number:	xxxx
Claim number(s):	987654321
Patient date of birth:	01/01/0001
Reference ID:	0123456789
Reference ID:	123456789
Humana entity:	hmp
Account number:	0000
Provider name:	N/A

The provider must enter this MCO-assigned tracking number in the HFS Provider Resolution portal when submitting the complaint ticket. If you have the MCO Tracking Number, you may file your HFS complaint.

Long-Term Care Disputes

Long-term Care (LTC) providers may submit disputes for claims by contacting Provider Relations via telephone.

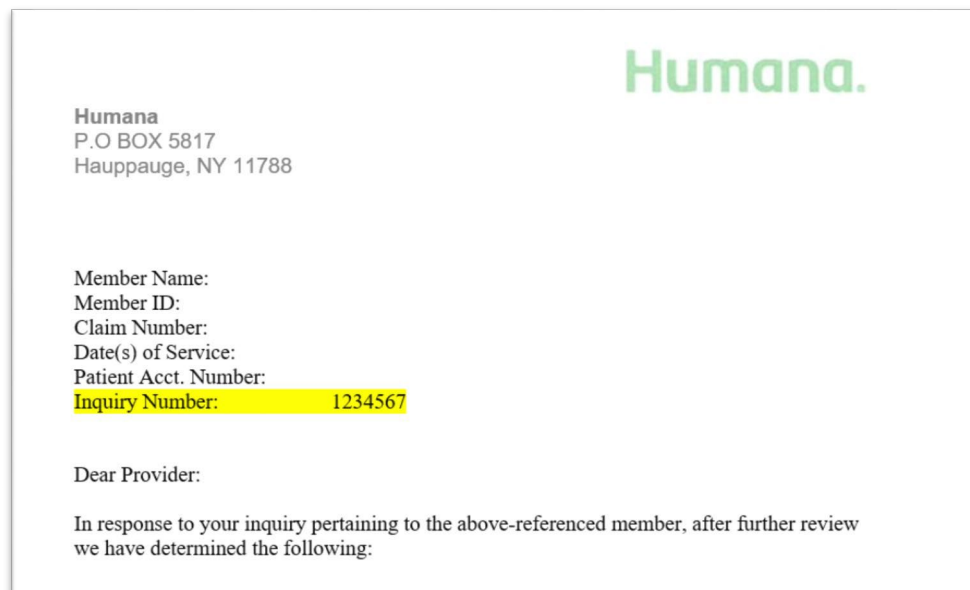
Telephonic

Provider disputes may be submitted telephonically by calling the following number:

1-855-430-3616 between 8:30 a.m. to 5 p.m. CST, Monday through Friday

The MCO Tracking Number will be given to the provider during the call. Please note, the tracking number for LTC disputes consists of a 7 character numerical code. If you do not know or are unable to locate the MCO Tracking Number, providers can call the Provider Relation telephone number listed above who will locate the MCO Tracking Number using the claim number for the dispute.

In addition, refer to the outcome letter (sample below) sent in response to the claim dispute. Find the MCO Tracking Number [Inquiry Number] in the header of the outcome letter.



The image shows a sample outcome letter from Humana. The letter is on a white background with the Humana logo in green at the top right. The text is as follows:

Humana
P.O BOX 5817
Hauppauge, NY 11788

Member Name:
Member ID:
Claim Number:
Date(s) of Service:
Patient Acct. Number:
Inquiry Number: 1234567

Dear Provider:

In response to your inquiry pertaining to the above-referenced member, after further review we have determined the following:

The provider must enter this MCO-assigned tracking number in the HFS Provider Resolution portal when submitting the complaint ticket. If you have the MCO Tracking Number, you may file your HFS complaint.

Behavioral Health Provider Disputes

Providers may submit disputes for behavioral health claims by contacting Humana via telephone, email, or fax.

Telephonic

Provider disputes may be submitted telephonically by calling the following number:
1-855-481-7044 between 7 a.m. to 6 p.m. CST, Monday through Friday

Email

Provider disputes submitted in writing need to be sent to the following address:
SoutheastServiceCenterPR@beaconhealthoptions.com

Fax

Provider disputes may be submitted via fax to the following number:
1-305-722-3013

Telephonically submitted disputes will not automatically generate a reference number if Provider Relations is able to address provider's complaint while on the phone. However, a complaint tracking number can always be generated and given to the provider if requested.

For disputes received via email, Provider Relations will respond back to the provider with the MCO Tracking Number.


If a dispute is received via fax and includes the provider phone number, Provider Relations staff will call the provider to provide them with the MCO Tracking Number. If a phone number was not included, Provider Relations staff will send a fax back acknowledging the receipt of the faxed dispute and include the MCO Tracking Number.

The reference number for behavioral health related complaints is 15 numeric characters in length, separated by a dash after the eighth digit. The first 8 characters of the reference number denote the date the dispute was received and the following 7 characters are randomly generated numbers. The format of the reference number is as follows:

MMDDYYYY-1234567

If you do not know or are unable to locate the MCO Tracking Number for a dispute regarding a behavioral health claim, Providers can call Beacon Provider Services at 1-855-481-7044. Once the case is located, the Provider Services representative will give you the MCO Tracking Number.

In addition, refer to the complaint acknowledgement letter (sample below) that was sent in response to the claim dispute. Find the MCO Tracking Number [Reference ID] in the header.



<Insert date>

<Insert provider first name> <Insert provider last name>, <Insert credentials (if available)>
<Insert Business/Practice Name>

Complaint issue: <Insert CRM complaint reason>
Complaint Reference number: < MCO Tracking Number >

An update on your request

<Insert provider first_name> <Insert provider_last_name>, <Insert credentials (if available)>:

Thank you for contacting Beacon Health Options with your request received on <Insert date complaint received>. We'll review the request and give you our decision within 30 days.

If you have questions, please call us at 855-481-7044, Monday through Friday 8:00 am – 7:00 pm EST.

Thank you for your care of our members.

Sincerely,

Beacon Provider Relations

The provider must enter this MCO-assigned tracking number in the HFS Provider Resolution portal when submitting the complaint ticket. If you have the MCO Tracking Number, you may file your HFS complaint.

Provider Disputes Submitted to HFS

Visit the HFS provider portal at the following link to file a complaint:

www.illinois.gov/hfs/MedicalProviders/cc/Pages/ManagedCareComplaints.aspx

You may submit a dispute through the HFS provider portal:

- No sooner than 30 calendar days after submitting a complaint through Humana's internal process
- No later than 60 calendar days after submitting a complaint through Humana's internal process

Any complaint submitted outside of the above timeframes will be closed.

All HFS provider complaint portal submissions must include the Humana-provided tracking number and the date the complaint was filed with Humana's internal dispute resolution process. If applicable, include the date the provider received the MCO resolution. The HFS provider portal will present the dispute to Humana within 10 business days of receipt of a complaint. Humana will have 30 calendar days from the complaint receipt date to issue its written proposal to resolve the dispute, unless Humana is granted an extension by HFS.

Providers must use the new standard Complaints/Claims-Issue template when submitting two (2) or more of the same or similar complaints with Humana. Providers are limited to a maximum of 100 similar complaints/claims on a template. When submitting a template, providers should not mix complaints/claims from different MCOs or different providers/facilities. Separate complaints/claims

should be filed, with separate templates for each unique provider/facility (by Medicaid Tax ID and location address).

When Humana requests additional information from a provider, the provider must provide the additional information or demonstrate that this information was already provided to Humana. Incomplete complaints or lack of response by the provider will cause the complaint to be closed in the portal. Humana must respond to the provider with a plan to address the complaint; the plan must include a time period in which the complaint will be investigated, and an answer given.

Only one (1) 30-day extension is possible in extenuating circumstances to either the provider or to Humana, but not both (as approved by HFS).

In addition:

- Any complaint that involves failure to obtain a prior authorization where required will be closed. If the provider received a prior authorization, that information must be provided to Humana as part of Humana's internal dispute process. Note: Receipt of prior authorization does not guarantee payment.
- The Department encourages providers to review the [Comprehensive Billing Manual](#) developed by the Illinois Association of Medicaid Health Plans (IAMHP). The Department has approved these guidelines for posting, and they include MCO contacts, clearinghouse information, and more.
- An MCO can request additional information from a provider within five (5) business days of receiving the ticket in the portal. The provider must provide (submit) the additional information requested in the portal **within five (5) business days** or demonstrate that it previously shared this information. If the provider does not respond within five (5) business days, the ticket will be closed.
- Tickets that do not follow the portal guidelines, including incomplete submissions, will be closed.

If complaints cannot be resolved, HFS will make a final decision. The HFS decision on all disputes shall be final.