



AETNA BETTER HEALTH®

1 South Wacker Dr
Mail Stop F646
Chicago, IL 60606
Tel: 1-866-600-2139
TTY: Illinois Relay 7-1-1
www.aetnabetterhealth.com/illinois

[Date]

[Enrollee Name]

[Address]

[Address 2]

[City, State, Zip]

Enrollee Name: [Enrollee First Name] [Enrollee Last Name]

Enrollee ID: [XXXXXXXX]

Subject: **Grievance Status - Missing Information**

Dear [Enrollee First Name] [Enrollee Last Name]:

We received a grievance filed on your behalf by [Insert Requestors Name] on [Date grievance received] about [subject of the grievance]. But, we need more information to start our review.

What we need from you

If you want someone you know to represent you or act on your behalf, we need you to provide a document. We will accept one of the following:

- The enclosed Appointment of Representative (AOR) form. Both you and the person acting for you must sign it.
- A copy of the Durable Power of Attorney
- Other legal paperwork, like guardianship or conservatorship documents

If you wish for the above-named individual to act on your behalf in this matter please return one of the required documents as soon as possible.

Where to send the information

You can mail or fax it to us at:

Aetna Better Health of Illinois
Appeals and Grievance Manager

If you need this in larger print or another format, call Enrollee Services at 1-866-600-2139.

Llame hoy mismo al 1-866-600-2139, si usted desea recibir esta carta en español



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What happens next

We need the information by **[Received date plus 30 calendar days]**. If we don't get it by that date, we will not be able to review your request and your request will be dismissed. You, or your representative with one of the required documents, may be able to resubmit your grievance at a later date.

Need more help?

If you have questions or need help with your appeal, including interpreter and translation services at no cost to you, call Aetna Better Health at 1-866-600-2139 (For Hearing Impaired call Illinois relay 7-1-1) and Aetna Better Health will assign a staff person who has not been involved in the complaint issue to help you.

Usted puede obtener este documento en español, o hablar gratuitamente con una persona en otros idiomas sobre esta información. Llame a Servicios al Miembro al 1-866-600-2139 y TTY/TDD al 711, 24 horas al día, siete días de la semana. La llamada es gratis.

Sincerely,

Aetna Better Health

Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

Cc: **[Enrollee Representative if Applicable]**

[Enclosure: AOR]