

**PRIOR AUTHORIZATION**  
**Information for MEMBERS AND FAMILIES**  
**You Have the Right to Appeal this Decision**

**What is an appeal?** An appeal is asking for a hearing because you do not like or agree with a decision the Office of Medicaid has made. A Prior Authorization request for additional services was made on your behalf. You have the right to file an appeal if you disagree with the decision made in response to the request. You do not have to pay to file an appeal.

**How do I appeal?** You must appeal in writing. Write a letter telling us why you think a decision is wrong. Please make sure your name and the date of the decision is on the letter. You may also download an appeal form from [indianamedicaid.com](http://indianamedicaid.com). You can send or take your appeal to your county office of family resources, state division of family resources, or to:

Family and Social Services Administration  
Attn: Hearings and Appeals Section  
402 West Washington Street, Room E034  
Indianapolis, IN 46204

**How long do I have to appeal?** You must file an appeal:

- Within 33 calendar days of the date of this Notice, or
- Before the date a decision goes into effect, whichever is later

**What is a hearing?**

A hearing is a meeting between you and the State. A Judge will hear both sides and make a decision according to the law. They will not take sides in the appeal. They will put their decision in writing to let you know who is right.

**How will I know if I get a hearing?** You will receive a letter to tell you when and where the hearing will take place.

**Can I have someone else help me in the hearing?** You or someone else can tell why you disagree with this decision. If you wish to have legal guidance and you cannot afford it, you may call the Legal Services Agency in your area.

This Notice and any request for a hearing are only for the Medicaid services mentioned in the notice. It does not affect any other Medicaid services you may be receiving.

You have the right to review your case file and any documents used by the state or local office to decide your case by contacting the contractor that issued the decision. This information can be found, along with contact information, on the decision that was sent with this document.

Para una copia de esta letra en español, por favor póngase en contacto con HP línea directa del miembro (317) 713-9627 en el área local de Indianápolis o 1-800-457-4584, o váyase a [www.indianamedicaid.com](http://www.indianamedicaid.com).

## **PRIOR AUTHORIZATION Information for PROVIDERS**

Any entitled provider, as defined by 405 IAC 5-3-10, submitting a request for prior authorization which has been modified or denied either in whole or in part, may appeal the decision by following each of the steps in the order outlined below.

### **Step 1: Administrative Review**

The provider who submitted the prior authorization can request an Administrative Review in writing, within seven (7) working days of the receipt of modification or denial, to the contractor. Telephonic requests will **not** be accepted.

Providers must include the following information with the request:

- Copy of the original Indiana Prior Review and Authorization Request form; OR
- Summary letter, including PA number, recipient name, RID number and pertinent reasons the requested services are medically necessary.
- All documentation regarding the need for the service or equipment, including medical records, equipment consultations, progress notes, case histories, and therapy evaluation.
- Name, telephone number, and address of the provider submitting the request, including the entire medical record sent with review requests for inpatient hospitalizations.

This information should be mailed or faxed to the contractor that issued the modification or denial. This information can be found, along with contact information, on the PA notification that was sent with this document.

The review decision of the Medicaid contractor will be rendered within seven (7) working days of request. If the provider is not satisfied with the final action after administrative review, he or she may request an appeal.

### **Step 2: Appeal**

The appeal request must be in writing and submitted within 30 days of the Administrative Review Decision. Send the appeal to the recipient's county office of family resources, state division of family resources, or to the following address:

Indiana Family and Social Services Administration  
Attention: Hearings and Appeals Section  
402 West Washington St. Room E034  
Indianapolis, IN 46204

Following the completion of the hearing, the administrative law judge shall issue his or her decision. Any party who is not satisfied with the decision of the administrative law judge may request agency review of the decision.

### **Step 3: Agency Review**

An Agency Review must be requested within ten (10) days of receipt of the appeal decision.

The agency review shall be completed by the secretary of the family and social services administration or the secretary's designee. No new evidence will be considered during the agency review.

If the Medicaid applicant or recipient is not satisfied with the final action after agency review, he or she may file a petition for judicial review.