

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201222

JUNE 26, 2012



## Members have 33 days to appeal IHCP actions

In response to changes to *Indiana Administrative Code* ([LSA Document #11-724](#)), the Office of Medicaid Policy and Planning (OMPP) is increasing the number of days a member has to appeal actions taken by the Indiana Health Coverage Programs (IHCP) that deny or delay member services or benefits. Before the rule change, the OMPP established a 30-day period during which an individual could file an appeal with the State. If the individual mailed the appeal, three additional days were allowed. The OMPP has simplified this process by allowing a 33-day appeal deadline for all appeals related to this rule.

This requirement applies to managed care and fee-for-service (FFS) members. This change does not affect the grievance process used by the managed care entities (MCEs) or care management organizations (CMOs) before appeals to the State. Appeals must be submitted in writing. A [Medicaid Appeal Request Form](#) is available from the [indianamedicaid.com](#) member website (Members Rights & Responsibilities > Appeals and Grievances).

### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

### COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from [indianamedicaid.com](#). To receive email notices of future IHCP publications, [subscribe](#) to IHCP Email Notifications.