

Medicaid Appeals

When Medicaid/Family and Social Services Administration (FSSA)/the State decides something about your Medicaid, you will almost always have a right to appeal that decision. Medicaid includes all of the following programs: Hoosier Healthwise, Healthy Indiana Plan (HIP), Children's Health Insurance Program, Hoosier Care Connect, Medicare Savings Program, and traditional Medicaid.

An appeal means a judge will decide if the State's decision to change, deny, or terminate your benefits was right or wrong.

This guide about Medicaid appeals and has three parts:



Facts about Medicaid Appeals



How to start an Appeal and Prepare for a Hearing



What to do at a hearing

Medicaid appeals can be confusing! If you need help understanding your notices or with the appeals process, there are places you can go. The last page has a list of places that can help.



Facts about Medicaid appeals

Read your Notices

Read your notices carefully and pay attention to dates and reasons for the denial or change.

If you do not understand your notice, ask questions! You ask questions to FSSA about your Medicaid by calling 1-800-403-0864 or by visiting your local Division of Family Resources office. More information about finding and contacting your local office is at https://www.in.gov/fssa/files/DFR_Map_and_County_List.pdf

If you do not understand the answers, seek assistance from an attorney or an Indiana Certified Navigator. Information about finding assistance from an attorney or a navigator is in the “Where to find help” section at the end of this document.

You have a right to Appeal

You can appeal most of the State’s decisions about your Medicaid and you should appeal if you think the State got something wrong.

Common appeal reasons are:

- Your Medicaid application was denied
- The State wants to terminate your Medicaid
- Medicaid category changes (example: Moving from “full” Medicaid to HIP)
- Your required HIP Power Account contribution is wrong
- The effective date of your coverage is wrong

If the incorrect change is the result of a decision by the Managed Care Company, you should review your member handbook and make a grievance.

Act Quickly

For most Medicaid decisions, you have 33 days from the date on your notice to file an appeal. This is a strict deadline. Appeal quickly. In some cases, if you appeal within 10 days of the notice or before the effective date, you may be able to continue your benefit without changes until your hearing.

If you are not sure whether you should appeal, you should appeal. You can withdraw your appeal later if you are certain your issue is resolved.

Re-apply

If your Medicaid coverage is stopped or your application is denied, you can re-apply *and* appeal. Re-applying may get your coverage re-started sooner. If you win your appeal, you may be able to recover out-of-pocket medical expenses you paid while you waited for your hearing.



How to start an Appeal and Prepare for a Hearing

The notice you are trying to appeal should have appeal information. Detailed information about appeals is at <https://www.in.gov/oalp/resources-for-fssa-appeals/>

Ask for a hearing in writing

The State has a form you can use, but you can also write a letter. It is a good idea to attach a copy of the notice you are appealing. The state form is at https://www.in.gov/fssa/dfr/files/Administrative_Appeal_And_Hearing_Request_SF53932.pdf

After you fill out the form, Mail/Fax/deliver your request for a hearing within 33 days of the date of the notice you are appealing.

Mail: FSSA Document Center PO Box 1810 Marion, Indiana 46952

Fax: 1-800-403-0864

Visit your local DFR/Medicaid Office.

Attend a Pre-hearing conference

The State should contact you for a Pre-Hearing Conference. This is an opportunity to ask questions about your case. This is done over the phone, so it is important that Medicaid has your correct phone number.

During the conference the State may ask you to withdraw your appeal. You are not required to withdraw your appeal! If you are not satisfied that the problem has been resolved, you should not agree to withdraw your appeal.

Request the State's Exhibits/Evidence

You have a right to view the State's evidence before the hearing. You must ask for the state's exhibits in writing. It is a good idea to ask for this when you make your hearing request.

Give the State your Exhibits/Evidence

You should give your exhibits and evidence to the State before the hearing. You can mail, fax or email it.

Mail: Office of Administrative Law Proceedings - FSSA Hearings

402 W. Washington St., Rm E034

Indianapolis, IN 46204

Fax: 317-232-4412

Email: fssa.appeals@oalp.in.gov

Rescheduling your hearing

If you need to reschedule your hearing, you can contact the hearing office by calling 317-234-3488 or 1-866-259-3573



What to do at a Hearing

Where your hearing will be

Hearings are conducted by phone or in person. You may have to specifically request an in-person hearing. You will be mailed instructions about how to attend your hearing, including how to call in if your hearing is by phone.

Who will be at the hearing

There will be at least three people at your hearing: you, the State and the Administrative Law Judge.

The State will be represented by a worker (usually not an attorney) and may also bring witnesses.

You can bring witnesses and present evidence- even if you did not submit evidence ahead of time.

During the hearing

The hearing is informal, but you will swear to tell the truth. Each side will get a turn to talk.

The State will explain why it took the action it did. You can ask the State questions.

When it is your turn, you should explain to the judge why the State's action was wrong. You should give the judge all the evidence that shows why the State's decision is wrong.

The hearings are recorded so you should speak slowly and clearly.

After the hearing

After the hearing the judge will mail you a decision. The decision will tell you if you won and will explain the reasons for the judge's decision.

If you disagree with the judge's decision, you can appeal it. The decision will have information about how to appeal. Like with asking for an appeal, you will need to act quickly.



Where to find help

Right to Language Services

If English is not your first language, you may need assistance with translation throughout this process. You have a right to request this assistance from FSSA. Seek legal assistance (see below) if any State agency refuses translation assistance.

Indiana Legal Services, Inc.

Indiana Legal Services (ILS) provides free legal advice and representation to low-income Hoosiers on a variety of legal issues, including Medicaid.

To get help from ILS, you need to do an intake. You can do an intake by phone at 844-243-8570 Monday-Friday 8-12 Eastern /9-1 Central or online at <https://www.indianalegalservices.org/applyonline>

Authorized Representative

An authorized representative can help communicate with Medicaid on your behalf. Any trusted person can be your authorized representative and can help you with your application. More information about Authorized Representatives is at <https://www.in.gov/fssa/dfr/becoming-an-authorized-representative/>

Managed Care Organization (MCO)

The MCOs that contract with the State to administer Indiana's Medicaid are Anthem, CareSource, MDwise, Managed Health Services (MHS), and United Healthcare. MCOs can help resolve some types of issues on behalf of their clients, especially if it is related to coverage or a category change. Your Medicaid card will have contact information for your MCO.

Certified Navigators

An Indiana Certified Navigator may be able to help you apply for coverage, update your contact information, advocate for you with the State, understand your notice, or start an appeal.

Many hospitals, non-profits and federally qualified healthcare centers have navigators on staff. You can find Indiana Certified Navigators by visiting <https://in-fssa.force.com/HNav/>.

American Bar Association (ABA)

You can ask a lawyer legal questions at <https://indiana.freelegalanswers.org/>.