Anthem

Your rights as a Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, or Indiana PathWays for Aging member

As a Hoosier Healthwise (HHW), Healthy Indiana Plan (HIP), Hoosier Care Connect (HCC), or Indiana PathWays for Aging member, you have rights. If you have a concern, we want to help. Asking for help will not affect the other care you receive.

If you have questions about your rights or any of the steps below, you can send us a secure message by logging into your account at **anthem.com/inmedicaid**. You can also call us at **866-408-6131** (Hoosier Healthwise, Healthy Indiana Plan); **844-284-1797** (Hoosier Care Connect); **833-412-4405** (Indiana PathWays for Aging); or **TTY 711**, Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

Grievances and appeals
A **grievance** can be filed for any concern about your care. An **appeal** can be filed if you believe a decision about your care was incorrect. More information about each is below.

Grievances:

Grievances (complaints)
As defined in 42 CFR §438.400(b), a grievance is an expression of dissatisfaction about any matter other than adverse benefit determination. This may include but is not limited to:

- The quality of care or services provided and aspects of interpersonal relationships, such as the rudeness of a provider or employee.
- Failure to respect the member's rights regardless of whether remedial action is requested.
- A member's right to dispute an extension of time proposed by the health plan to make an authorization decision.
- If you are not happy with the way you were treated.
- If you are not happy with the quality of care or services you received.
- If you are having problems getting care.
- If you are having billing problems.
- If you are wanting to change health plans.

Filing a grievance
If you are dissatisfied and would like to file a grievance, you or your representative (with your written consent) can file a grievance orally or in writing, at any time, for an issue or concern.

If you would like to submit your grievance by mail, fax, or email, you can download the form at **anthem.com/inmedicaid**. Attach any papers, comments, or information that

will help us investigate your issue to the form. Fax, email, or mail the grievance to the address below:

Fax: **855-516-1083**

Email: ING&A-Medicaid@anthem.com

Mail: Anthem Blue Cross and Blue Shield
Member Appeals and Grievances
P.O. Box 62429
Virginia Beach, VA 23466

Please tell us:

- Who is involved in the grievance.
- What happened.
- When it happened.
- Where it happened.
- Why you are not happy with your healthcare services.

If you and/or your representative would like to present evidence in person or by phone, you can request an opportunity to do so by calling us. We will inform you and/or your representative of the limited time available to present your information.

You can call us at **866-408-6131** (Hoosier Healthwise, Healthy Indiana Plan); **844-284-1797** (Hoosier Care Connect); **833-412-4405** (Indiana PathWays for Aging); or **TTY 711**, Monday through Friday from 8 a.m. to 8 p.m. Eastern time if you:

- Need help filing your grievance.
- Would like to submit your grievance by phone.
- Need to submit your grievance as expedited for urgent medical reasons.

Expedited grievance
If you need to submit your grievance as expedited for urgent medical reasons, you or your representative can call us at **866-408-6131** (Hoosier Healthwise, Healthy Indiana Plan); **844-284-1797** (Hoosier Care Connect); **833-412-4405** (Indiana PathWays for Aging); or **TTY 711**, Monday through Friday from 8 a.m. to 8 p.m. Eastern time. You can also fax to **855-516-1083**. Please be sure to mark "EXPEDITED" on the form before faxing. If we agree the grievance is urgent, we will resolve it within 48 hours of receipt. If we do not agree the grievance is urgent, we will process the grievance as a standard request within 30 days. We will notify you by letter and also attempt to contact you by phone. If you disagree with the decision, you have the right to file a grievance.

After you file a grievance
Within three business days from the time we receive your grievance, we will send you a letter confirming it was received. We will research your issue and make a decision as quickly as possible, but no more than 30 calendar days from the date we received your grievance. Expedited grievances will be resolved within 48 hours of receipt if we agree it is urgent. We will send you a letter with our decision.

Extension
If you need more time to send us information, you can add up to 14 calendar days to the grievance time. We can also add up to 14 calendar days to the grievance time if we need more information to make a decision. We will notify you by letter and also attempt to contact you by phone. If you disagree with the delay, you have the right to file a grievance.

Appeals:

Appeals
An appeal is a formal request for review of an adverse benefit determination. You or anyone you choose to represent you (with your written consent) during the appeal process, including an attorney or your doctor, can ask for an appeal if you receive a *Notice of Action* letter from us telling you a medical service has:

- Been denied.
- Been changed.
- Been approved and then stopped.
- Not been given in a timely manner.

Filing an appeal
If you are dissatisfied and would like to file an appeal, you, or the person you choose to represent you needs to ask for an appeal within 60 calendar days from the date on the *Notice of Action (denied services)* letter. You can file your appeal orally or in writing. If you choose someone else to represent you, you need to do so in writing.

If you would like to submit your appeal by mail, fax, or email, you can download the form at **anthem.com/inmedicaid**. Attach to the form any papers, comments, or information that will help us investigate your issue. You can file an appeal by phone, mail, fax, or email:

Phone:	**866-408-6131** (Hoosier Healthwise, Healthy Indiana Plan; **844-284-1797** (Hoosier Care Connect); **833-412-4405** (Indiana PathWays for Aging); or **TTY 711**, Monday through Friday from 8 a.m. to 8 p.m. Eastern time
Fax:	**855-516-1083**
Email:	ING&A-Medicaid@anthem.com
Mail:	Anthem Blue Cross and Blue Shield Member Appeals and Grievances P.O. Box 62429 Virginia Beach, VA 23466

Expedited appeals
If you think waiting 30 calendar days may harm your health, we may be able to give you an answer within 48 hours. This is called an expedited (faster) appeal. In your request, tell us why you think waiting 30 calendar days would harm your health. You

can call us at **866-408-6131** (Hoosier Healthwise, Healthy Indiana Plan); **844-284-1797** (Hoosier Care Connect); **833-412-4405** (Indiana PathWays for Aging); or **TTY 711**, Monday through Friday from 8 a.m. to 8 p.m. Eastern time. You can also fax your expedited appeal to **855-516-1083**. Please be sure to mark "EXPEDITED" on the form before faxing. We will make a decision and try to call you within 48 hours from the time we receive your appeal. We will also send you a letter with our decision.

If we do not think waiting 30 calendar days will harm your health, we will send you a letter within two calendar days to let you know we will complete your appeal as quickly as we can within 30 calendar days. We will also try to call you to tell you our decision. If you disagree with this decision, you have the right to file a grievance.

After you file an appeal
Within three business days from the time we receive your appeal, we will send you a letter confirming it was received. We will review the issues and make a decision within 30 calendar days from the date we receive your appeal. Expedited appeals will be resolved within 48 hours of receipt if we agree it is urgent. We will send you a letter with our decision**.** You or your representative can request an opportunity to examine your case file, including medical records, and any other documents and records to be considered during the appeals process.

Extension
If you need more time to send us information, you can add up to 14 calendar days to the appeal time. We can also add up to 14 calendar days to the appeal time if we need more information to make a decision. We will send you a letter with the reason for the delay. If you do not agree with our decision to extend the appeal timeframe, you have the right to file a grievance.

Continuation of benefits during your appeal
You can keep your benefits while an appeal is pending if you meet **all** of these conditions:

- You asked for the appeal within 10 calendar days from the date on the *Notice of Action* letter.
- The appeal has to do with a service that had been delayed, reduced, or stopped after it was approved.
- The services were ordered by an approved provider.
- The first period of coverage when it was first approved has not ended.
- You asked to extend your benefits.

If we agree to let you keep your benefits while the appeal is pending, they will be in effect until one of these occurs:

- You withdraw your appeal request.
- Ten (10) days pass after we send you a *Notice of Action* letter with our decision to uphold the first denial (unless you asked for a state fair hearing within that 10-day period).
- A state fair hearing judge upholds our denial.
- The time period of a service that was approved before the appeal is complete.

If you ask that your services continue and it is decided they were not medically necessary, you may have to pay for those services.

Other appeal options:

External review by independent review organization
If you are not satisfied with the decision we made on your appeal, you or the person you choose to represent you can ask for an external independent review (EIR) once the following steps are completed:

- You have completed our appeal process.
- You received an appeal decision letter telling you your services are being denied.

Requesting EIR does not impact your ability to also request a state fair hearing, and you can request both at the same time.

Filing an EIR request
Your EIR request needs to be sent within 120 calendar days of the date on the letter with our appeal decision. We will send all the records we have to an EIR group approved by the Indiana Department of Insurance.

A non-expedited request for EIR needs to be sent in writing:

Fax: **855-516-1083**

Email: ING&A-Medicaid@anthem.com

Mail: Anthem Blue Cross and Blue Shield
Member Appeals and Grievances
P.O. Box 62429
Virginia Beach, VA 23466

Expedited requests for external independent review (EIR)
If you think waiting 15 business days may harm your health, we may be able to give you a faster (expedited) answer. This is called an expedited (faster) review. In your request, tell us why you think waiting 15 business days would harm your health. If your request for an expedited review is approved, a decision will be made within 72 hours after we receive your request. If the request for an expedited EIR is denied, it will be reviewed in the standard 15 business days timeframe. You will be notified within 24 hours of this decision.

ALL EXPEDITED EIR REQUESTS SHOULD BE FAXED TO: 855-516-1083

After you file an EIR request
The EIR group needs to make its decision within 15 business days after the request is received. If an expedited review is approved, a decision will be made within 72 hours of the request. The EIR group will tell you and us the decision within 72 hours after it has been made. Anthem will follow what the EIR decides.

State fair hearing
If you are not happy or disagree with our response to your appeal, you or the person you choose to represent you have the right to ask for a state fair hearing (SFH) with the Family and Social Services Administration (FSSA).

Filing an SFH request
For a state fair hearing, you are required to do both of the following:

- Complete our appeal process.
- Send your request in writing within 120 calendar days from the date you were notified of Anthem's decision to uphold your appeal.

State fair hearings are handled by the State of Indiana Office of Administrative Law Proceedings (OALP). You can mail your request for a state fair hearing to the State of Indiana Office of Administrative Law Proceedings at the following address:

Office of Administrative Law Proceedings
100 N. Senate Ave., Room N802
Indianapolis, IN 46204

After you file an SFH request
The state will contact you to discuss your case. The state will also set up a hearing date when you can present the information you want the state to consider.

Anthem will follow what the state decides. We will take action and notify you within 72 hours after we receive notification of the state's decision.

Additional information for all appeals, EIRs, and state fair hearings
You can look at your case file. This includes medical records or other papers taken into account during our appeal process. At any time during the appeal process, you can ask us for a copy of all the paperwork free of charge. This includes what we used to make this decision.

You can keep your benefits while your state fair hearing is pending if you meet **all** of these conditions:

- You were receiving the services during your plan appeal.
- You asked for the state fair hearing within 10 calendar days from the date on the *Appeal Resolution Upheld* letter.
- You asked to extend your benefits.

If we agree to let you keep your benefits while the SFH is pending, they will be in effect until one of these occurs:

- You withdraw your request.
- A state fair hearing judge upholds our denial.

If you ask that your services continue during the SFH and it is decided they were not medically necessary, you may have to pay for those services.

Tobacco surcharge appeal rights (Healthy Indiana Plan (HIP) members only)

As a Healthy Indiana Plan member, if you are listed as a tobacco user and you think our information is wrong, you can request to have it corrected. You can send us a secure message by logging into your account at **anthem.com/inmedicaid** or calling us at **866-408-6131 (TTY 711)**, Monday through Friday from 8 a.m. to 8 p.m. Eastern time. You can also file an appeal if you went through the health plan selection process in your second benefit year and are still marked as a tobacco user.

If you have questions
You can send us a secure message by logging into your account at **anthem.com/inmedicaid**. You can also call us at **866-408-6131** (Hoosier Healthwise, Healthy Indiana Plan); **844-284-1797** (Hoosier Care Connect); **833-412-4405** (Indiana PathWays for Aging); or **TTY 711**, Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

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