

# IHCP *bulletin*

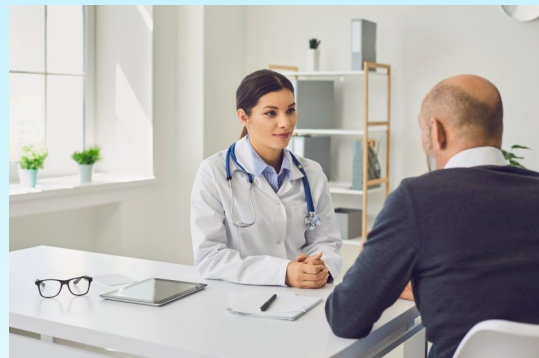
INDIANA HEALTH COVERAGE PROGRAMS    BT202483    JUNE 11, 2024

## IHCP reminds providers about the FFS prior authorization appeal process

Providers are reminded they must first exhaust the administrative review process through the fee-for-service (FFS) prior authorization (PA) contractor for denied or modified PAs **before** filing a state fair hearing appeal with the Office of Administrative Law Proceedings (OALP).

If the provider is dissatisfied with the administrative review decision made by the FFS PA contractor, the provider may request a state fair hearing by filing an appeal with the OALP. Providers should include a copy of the PA notification letter along with their written appeal request to OALP. Other documents pertaining to the PA request may also be included with the appeal. Providers must file their appeal in writing via hand delivery, mail, email or fax to the OALP:

Office of Administrative Law Proceedings  
100 N. Senate Ave., Room N802  
Indianapolis, IN 46204  
Fax: 317-232-4412  
Email: [fssa.appeals@oalp.in.gov](mailto:fssa.appeals@oalp.in.gov)



A comprehensive explanation of the administrative review and appeal process regarding PA decisions, including time frames, may be found in the [Prior Authorization](#) provider reference module at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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