

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202642 MARCH 24, 2026

IHCP updates fee-for-service nonpharmacy claim appeal process

Effective immediately, Indiana Health Coverage Programs (IHCP) fee-for-service (FFS) nonpharmacy claim appeals will no longer be initially directed to the Office of Administrative Law Proceedings (OALP). Instead, claim appeals will be redirected to the Office of Medicaid Policy and Planning (OMPP) for intake management prior to forwarding to the OALP for review.

This streamlined process will allow the OMPP to review a case and identify opportunities for resolution, as well as gather relevant materials, such as the adverse administrative review determination, for submission.

The appeal may be submitted via the [IHCP Provider Healthcare Portal](#) (IHCP Portal) through secure correspondence (using the Appeal category). If submitting by mail, send to the following address:

**MS07
Claim Appeals
Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning
402 W. Washington St., Room W374
Indianapolis, IN 46204-2739**



Please do not fax, email or mail the OALP directly.

Note: Do not contact your Provider Relations consultant or the Customer Assistance Center for updates on your claim appeal as they do not receive updates on the claim appeal status.

Providers are reminded to submit all relevant information with their appeal, **including the action being appealed**, all pertinent facts, proof of actions taken to resolve the payment or denial, and any associated documentation.

Providers are also reminded to submit all administrative reviews and appeals in a timely manner. If an administrative review is received outside of the 60-day window from notification of the claim disposition, the administrative review determination will be upheld. An appeal generated in response to an untimely administrative review must include relevant documentation concerning why the provider was unable or incapable of submitting within the 60-day window. Appeals must be submitted within 15 calendar days of the administrative review determination.

For more information about claim administrative reviews and appeals, see the [Claim Administrative Review and Appeals](#) provider reference module at in.gov/medicaid/providers. This module will be updated with the new process during the next review.

QUESTIONS

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

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