



# Prior authorization denial appeal

## Peer-to-peer consultations

Healthcare providers in the Humana Healthy Horizons® in Indiana provider network for Indiana PathWays for Aging can request a peer-to-peer (P2P) consultation when Humana Healthy Horizons in Indiana denies a prior authorization request. Within 15 business days of the determination date, providers can request a P2P consultation with a Humana Healthy Horizons in Indiana medical director.

To request a P2P consultation, you can:

- Email: [INMCDP2Prequest@Humana.com](mailto:INMCDP2Prequest@Humana.com)
- Fax: 317-644-0025
- Call: 866-274-5888 (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m., Eastern time

## Appeals

Healthcare providers who don't agree with a prior authorization denial can request an appeal. A provider acting on the member's behalf can request an appeal with the member's written consent. Appeals must be filed within 60 calendar days of the date of the adverse benefit determination notice.

Who can ask for an appeal?

- Member
- A provider acting on a member's behalf, with the member's written consent
- Anyone, including an attorney or legal representative, for whom the member provides written consent stating that person can ask for an appeal on their behalf

File appeals by:

Calling Member Services at 866-274-5888 (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m., Eastern time

Completing the Appeal or Grievance Form under “Grievance, appeal and coverage redetermination” at [Humana.com/member/documents-and-forms](https://www.humana.com/member/documents-and-forms)

Writing a letter that includes:

- Member name
- Medicaid identification number



- Member address and phone number
- All records and other information that will help explain the appeal

Mail the letter or form to:

Humana Healthy Horizons in Indiana  
Attn: Grievances & Appeals Department  
P.O. Box 14163  
Lexington, KY 40512-4163

Humana Healthy Horizons will acknowledge receipt of the appeal within three business days of the day we receive the appeal. Humana Healthy Horizons will provide a response within 30 days of the first appeal.

## **Expedited appeal**

Providers can request an expedited appeal if waiting up to 30 calendar days to decide an appeal could seriously jeopardize the member's life, physical or mental health, or ability to attain, maintain or regain maximum function. Humana Healthy Horizons will make a decision on expedited appeals within 48 hours after the plan receives notice of the appeal, unless this time frame is extended.

## **State Fair Hearing**

If you do not agree with the appeal decision and have exhausted the internal appeals process, the provider, the member or the member's authorized representative—with written consent—can request a State Fair Hearing. You can request a State Fair Hearing by filing a request in writing within 120 calendar days of the last appeal decision letter.

You can submit your request by:

- Mail: Office of Administrative Law Proceedings – FSSA Hearings  
100 N. Senate Ave., Room N802  
Indianapolis, IN 46204
- Phone: 317-234-3488 or 866-259-3573
- Fax: 317-232-4412
- Email: [fssa.appeals@oalp.in.gov](mailto:fssa.appeals@oalp.in.gov)