Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

Member appeal or grievance

Anthem Blue Cross and Blue Shield would like to inform you that if a provider or authorized representative files a grievance or appeal on behalf of a member for a pre-service, **the request must contain written consent from the member** pursuant to the General Requirements regulation *42 CFR §438.402.*

Therefore, effective immediately, when a provider submits a grievance or appeal on behalf of a member for a pre-service, the file must contain signed and dated written consent from the member giving the provider permission to file the grievance or appeal on the member's behalf. Without this consent, the grievance or appeal will be dismissed.

Members, or providers acting on the member's behalf, have 60 calendar days from the date of action notice within which to file an appeal.

The information above applies to the Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect members.

www.anthem.com/inmedicaiddoc

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

AINPEC-2129-19 February 2019