

Medicaid: Denials and Appeals

Receiving a letter from your insurance company denying a specific medication or service can be stressful and frightening. It is important that individuals are aware of their options.

Denials and appeals processes ensure that individuals have the right to dispute denied claims and appeal them.

When you enrolled in Medicaid, you should have received various documents that provide you with information about your health coverage including information on the denials and appeals process. When you receive a denial notification, the notice should also include guidance on how to file an appeal.

Read Your Denial Letter Carefully

Denials and appeals process

An appeal is a request to Medicaid or your Medicaid health plan to reconsider a decision that denies a request for coverage of a certain service or treatment.

Types of appeals:

- **Internal appeal:** A review by Medicaid or your Medicaid health insurance company.
- **External review:** An independent review by a third party if the internal appeal is denied.

Plans must provide a clear explanation of why a claim was denied and include information on how to file an appeal. You may want to talk to your healthcare provider if you do not understand it.

Pay attention to the timelines in the letter. Depending on the service, item or medication denied, response time limits may vary. If you are enrolled in a Medicaid managed care plan, most plans are required to send prior authorization decisions within 72 hours for expedited (i.e., urgent) requests and seven (7) calendar days for standard (i.e., non-urgent) requests.

Your first step is to start an internal appeal. You will work with your healthcare provider on this. Make sure the provider has all the relevant information. **Follow the instructions in your denial letter.**

If Medicaid or your health plan denies your request again, you have the right to an external review. This decision is final. You will need your healthcare provider's help with this step.

Resources

Your State Medicaid website

The member services phone number on your health insurance ID card

Check to see if there is an ombudsman who specifically works with Medicaid denials in your state.