

# Appeal Coversheet for Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW)

**Instructions:**

This form is to be used by participating providers to assist in the submission of a formal appeal of a pharmacy prior authorization denial. Please complete this form, attach a letter of medical necessity and pertinent clinical documents, and fax to MDwise Pharmacy Appeals at the fax number found at the bottom of this page. Please note:

* Appeals from providers MUST include a letter of medical necessity
* Appeals from anyone other than the prescriber must include a signed letter from the member allowing the appellant to act on his/her behalf
* Chart notes indicating doses and dates of previous tried therapies will be required in the absence of electronic prescription claims history
* Formal appeals may take up to 30 business days to process
* Refer to the prior authorization denial letter for full appeal rights and denial reason

If you do not wish to formally appeal but have additional information to provide, you may resubmit the prior authorization for reconsideration with the additional clinical documentation to MedImpact Healthcare Systems, Inc. via fax to (858) 790-7100.

.

**Member/Provider Information:**

|  |  |
| --- | --- |
| **MDwise Member’s Name:** | **Provider’s Name:** |
| **MDwise Member’s ID #:** | **Provider’s (Area Code) Phone Number:** |
| **MDwise Member’s DOB** (mm-dd-yy)**:** | **Provider’s (Area Code) Fax Number:** |

**Clinical Information:**

|  |  |
| --- | --- |
| **Requested Drug:** | **Dose and Quantity Requested:** |
| **Length of Treatment Requested:** | **Diagnosis Requiring Treatment:** |
| **Additional Information/Comments:** | |

**Fax completed coversheet, letter of medical necessity and pertinent clinical documents to:**

**MDwise Pharmacy Appeals**

**317-822-7582 or toll-free 844-759-8548**

This form serves only as coversheet to assist in appeal submission. **Appeal requests must include a signed letter of medical necessity.** *Requests missing a letter of medical necessity will be rejected.* Full instructions can be found at the top of this form.