

Email Received: 10-29-02
From: Moses, Kathryn A
To: Corbin, Angela

Angela,
Here is the answer to CMS's follow-up question:

FSSA requires an expedited review process for medical services when requested by the enrolled member in certain situations. Each MCO is contractually required to "make available an expedited informal and formal grievance procedure for member grievances that cannot be delayed without risking permanent damage to the member's health," and the expedited review must be completed within 72 hours. Members are notified by their delivery system (RBMC or PCCM) of this option. Each delivery system has a member handbook which gives guidance on this issue. For example, the MDWise MCO member handbook states: "In an emergency, grievances will be handled quickly. This is called an "expedited" grievance or appeal. If your case can be expedited, we will review your case and notify you of a decision within 72 hours. Call us at (317) 630-2831 or 1-800-356-1204 to see if this can be done."

The review process is in compliance with our state health insurance law, I.C. 27-13-10.

Please let me know if there is anything else I can provide.
Kathy