

MEDICAID – Combined (SSI/FCP)

All **Medicaid** claim decisions with regard to payment or denial are subject to appeal. Independent Care Health Plan will accept appeal requests from providers who disagree with Independent Care Health Plan's payment/denial determination, if the provider submits the appeal in writing and within 60 days of the initial payment/denial notice.

All provider appeals must be submitted in writing in a letter or a form clearly marked "Appeal" and should include the provider's name, member's MCI ID number, date of service, date of billing, date of rejection and reason(s) claim merits reconsideration for each appeal and submit the appeal to: "iCare Claim Appeal Unit, Independent Care Health Plan, 1555 North River Center Drive, Suite 206, Milwaukee Wisconsin, 53212.

If Independent Care Health Plan fails to respond within 45 days, or if the provider is not satisfied with Independent Care Health Plan's response, the provider may request a final determination from the Department of Health Services in writing, within 60 days of Independent Care Health Plan's final decision. Medicaid appeals to the Department should be submitted to: Managed Care Unit, PO Box 6470, Madison, WI 53716-0470.

All **Family Care Partnership** claim decisions with regard to payment or denial are subject to appeal. Independent Care Health Plan will accept appeals from providers who disagree with Independent Care Health Plan's payment/denial determination, if the provider submits the appeal in writing and within 60 days of the initial payment/denial notice.

All provider appeals must be submitted in writing in a letter or form clearly marked "Appeal" and should include the provider's name, member's MCI ID number, date of service, date of billing, date of rejection and reason(s) claim merits reconsideration for each appeal and submit the appeal to: "iCare Claim Appeal Unit, Independent Care Health Plan, 1555 North River Center Drive, Suite 206, Milwaukee Wisconsin, 53212.

If Independent Care Health Plan fails to respond within 45 days, or if the provider is not satisfied with Independent Care Health Plan's response, the provider may request a final determination from the Department of Health Services in writing, within 60 days of Independent Care Health Plan's final decision. Family Care Partnership appeals to the Department should be submitted by: Fax at (608) 266-5629 OR Mail to: Provider Appeals Investigator, Division of Medicaid Services, 1 West Wilson Street, Room 518, PO Box 309, Madison, WI 53701-0309.