CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Steven L. Beshear
Governor

275 East Main Street, 6W-A
P: (502) 564-4321
F: (502) 564-0509
Frankfort, KY 40621
www.chfs.ky.gov

Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

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Lawrence Kissner, Commissioner
Department for Medicaid Services
275 East Main Street, 6W-A
Frankfort, KY 40621

RE: MCO Member Appeals Policy

Pursuant to your request, I have compiled the MCOs' Member Appeals policies. The compilation was performed by requesting the Member Appeals policies from the MCOs' and making inquiries for clarification.

The MCOs' provide a Member Handbook to their members. The appeals policies and procedures are outlined in each handbook to varying detail. The member appeals policies and timeframes are very similar among the MCOs as the table below reflects.

Table 1: MCO Member Appeals Policy

Process/Steps to Appeal Adverse Action	Humana	Passport	WellCare	Coventry	Anthem
Member can file an oral appeal	Y	Y	Y	Y	Y
Oral appeal must be followed up with a written appeal	N	Y	Y	Y	Y
Days from receiving notice of adverse action appeal must be requested	30 C	30 C	30 C	30 C	30 C
Appeal requests must be signed by the member or authorized representative	N	Y	Y	Y	Y
Appeal requests must be dated	Y	Y	N	N	Y
Appeal requests are denied if not received within prescribed timeline	Y	Y	Y	Y	Y
Written notice of receipt of appeal request is given to the member	Y	Y	Y	Y	Y
Days for MCO to provide written notice of receipt of member's appeal request	5 B	5 B	5 B	5 B	5B
Written notice includes an expected resolution date	Y	Y	Y	Y	Y
Written notice includes an explanation of the appeal process	Y	Y	Y	Y	Y
Member's benefits continued	Y	Y	Y	Y	Y
Days the member has to request a State Fair Hearing	45C	45 C	45 C	45 C	45 C

Process/Steps to Appeal Adverse Action	Humana	Passport	WellCare	Coventry	Anthem
Member must request an extension of benefits during State Fair Hearing	Y	Y	Y	Y	Y
If the final decision is adverse to the member, the member is required to pay for services while the appeal was pending	Y	Y	Y	Y	Y
Appeal includes a medical review by a board certified physician if claim is denied, reduced or suspended because of medical necessity or limited authorization	Y	Y	Y	Y	Y
Member is permitted to attend the physician's medical review and provide facts	N	Y	Y	Y	Y
Medical review precludes the reviewing physician from being involved in the initial denial	Y	Y	Y	Y	N
Appeals involve an administrative review	Y	Y	Y	Y	Y
Members are permitted to attend the administrative review and provide facts	N	Y	Y	Y	Y
Written notices of appeal decisions are provided to members	Y	Y	Y	Y	Y
Timeframe for appeal decision notices to be sent to the members	30 C	30 C	30 C	30C	30 C
Appeal decision notices inform the member of their right to request a State Fair Hearing with instructions and time deadlines	Y	Y	Y	Y	Y
Members are charged for providing access and/or copies of the appeal file	N	N	N	N	N

All MCOs allow for oral and written appeal requests, and all MCOs provide a medical review by a board certified physician if the appeal involves a denial because of medical necessity. The member's benefits are not automatically continued during the appeal process; all MCOs require the member to request a continuation of benefits in writing.

All MCOs' have reviewed and confirmed this information is a correct expression of their policies.

Sincerely,

Elizabeth Justus, Branch Manager
Managed Care Oversight – Contract Compliance

Cc: Medicaid Advisory Counsel
Neville Wise, Deputy Commissioner, Medicaid
Lisa Lee, Deputy Commissioner, Medicaid
Dr. John Langefeld, Medical Director, Medicaid