



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Steven L. Beshear
Governor

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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: Managed Care Organization Provider Appeal Information

Dear Commissioner:

Pursuant to your request I have reviewed the provider appeal policy and procedure for each Managed Care Organization (MCO). The MCO's each produce a Provider Manual for their network. The appeals policies and procedures are outlined in each manual to varying detail. Each discusses the differences in medical necessity appeals pre and post service, non-clinical reviews, claims review or appeal procedures, expedited appeals and credentialing or network participation appeals. All processes are focused on providing an avenue of appeal when there is a difference of opinion regarding the provision of medically necessary services to members. The secondary focus is on participation in the MCO network or payment for member services. Below is a table listing the subject areas available for appeal and the time lines associated with these areas. Please note below that Anthem and Coventry each have a less formal process available for resolving payment issues.

MCO Provider Appeals	Anthem*	Coventry*	Humana	Passport	WellCare
Credentialing/Network Participation					
Time to File	30 Days	30 Days	30 Days	30 Days	30 Days
Response Time	30 Days	30 Days	30 Days	30 Days	30 Days
Medical Necessity - Clinical - Pre-Service/Prior Auth					
Time to File	90 Days	30 Days	30 Days	60 Days	30 Days
Response Time	30 Days	30 Days	30 Days	30 Days	30 Days
Expedited					
Response Time	<72 Hours	<72 Hours	<72 Hours	<72 Hours	<72 Hours
MCO Provider Appeals					
Medical Necessity - Clinical - Post-Service - Payment					
Time to File	90 Days	365 Days/DOS	365 Days/DOS	730 Days/Last Process Date	30 Days
Response Time	30 Days	30 Days	30 Days	30 Days	30 Days



Administrative - Non-Clinical					
Time to File	90 Days	365 Days/DOS	30 Days	60 Days	30 Days
Response Time	30 Days	30 Days	30 Days	30 Days	30 Days

Days noted are Calendar Days and represent the days from provider notification unless otherwise noted.
*Anthem - for a reimbursement issue, complaint process only
*Coventry - offers claims review process

Where we specifically outline a timeframe in our MCO contract, the MCO's are consistent or they afford the provider additional time to submit an appeal. All MCO's have reviewed this information and agree with our expression of their timeframes. My Medicaid team will perform an audit this fall to confirm compliance with these timeframes.

Please let me know if you need anything further or have questions on this information.

Sincerely,

Lee A. Guice
Director
Policy and Operations

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