Kentucky Department for Medicaid Services

Provider Complaints

Appeals & Grievances

External Independent Review

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Provider Forums 2019
Provider Complaints

1. Provider has reached out to the Managed Care Organization (MCO) Provider Representative regarding issue(s) and has not been able to come to a mutual resolution.

2. Provider submits a complaint regarding the MCO(s) to the Department for Medicaid Services (DMS).

Complaint examples:

- Claim issues
- Payment issues
- Credentialing issues
- Coverage of services provided to members, etc....
GENERAL PROVIDER INFORMATION

Provider Name: ___________________________ NPI #: ___________________________

Provider Specialty: ________________________

Provider’s Place of Service Address: ___________________________

City: ___________________________ St: _______ ZIP: ___________________________

Provider’s Contact Person’s Name: ___________________________

Contact Person’s Company: ___________________________

Mailing Address: ___________________________

City: ___________________________ St: _______ ZIP: ___________________________

Phone: ___________________________ Fax: ___________________________ E-mail: ___________________________

Managed Care Organization (MCO) Name: ___________________________

Were you a participating provider with this MCO on the dates of service?  Yes: ________ No: ________

Who have you contacted at the MCO? ___________________________

Medicaid Member’s Name: ___________________________ Medicaid Member ID #: ___________________________
MCO Internal Appeal & Grievances

MCO Appeal Process
Two Paths to Appeal

**Member**

KAR 17:010 Member Appeals
907 KAR 1:563 State Fair Hearing

**Provider**

907 KAR 17:015 Provider Appeals
907 KAR 17:035 External Independent Third-Party Review
907 KAR 17:040 Administrative Hearing

KRS 205.646
Member Appeals

- Providers may appeal on behalf of the member, but it is still considered a member appeal
- Member must provide written consent for their provider to represent them in an appeal
- Must be received within 60 days from the date of the adverse determination notice
- Decision within 30 days
- Expedited appeals must be resolved in 3 working days
- Continuation of services is allowed
- Next step is state fair hearing
MCO Internal Appeal & Grievances continued…

Provider Appeals

• Timeframe for provider to request is determined by MCO provider internal appeal process

• There is only one provider internal appeal and it applies to prior authorizations, service denials, claim denials, etc…

• MCO must make an internal appeal decision within 30 calendar days

• 14 day extensions shall be granted if requested by the MCO or provider

• Peer to peer reviews are not required, but may occur separately from the internal process. This does not affect the 30-day decision requirement

• It is important that providers submit all documentation to support the appeal

• Upon receipt of the final internal appeal decision, providers have 60 calendar days to request an External Independent Third-Party Review
External Independent Third-Party Review

- Senate Bill 20, KRS 205.646, or 907 KAR 17:035
- Must be requested within 60 calendar days of the internal provider appeal denial decision
- Only applies to dates of service after 12-1-16
- Each MCO will have directions on how to request the review on the appeal decision letters
- Providers send the request to the MCO. The MCO forwards the request to the DMS
- If a member has an active state fair hearing request for the same service, the external review will not be granted
- External review decision will be rendered in no more than 45 days
Know the process

1. Contact your MCO provider representatives
   *This gives the MCO/provider an opportunity to resolve the issue.

2. Providers can submit a provider complaint to DMS or they can choose to file an MCO Appeal

3. If an MCO appeal is completed and the MCOs initial decision is upheld, the provider has 60 calendar days from that decision to send an External Independent Review request to the MCO
   *If a provider wants to do a complaint directly with DMS you can but keep in mind that you still only have that 60 day deadline and please include in your complaint any information regarding the MCO appeal and decisions.

4. External Independent Review (EIR)

5. State Fair Hearing/Provider Administrative Hearing
External Independent Review (EIR) Process

1. **Internal Appeal with MCO 907 KAR 17:015 Section 11**
2. Provider has 60 calendar days from appeal decision to send an external review request to MCO
3. MCO must notify DMS, provider and enrollee within 5 business days of request
4. MCO has 15 business days from request to upload all documentation to IPRO
5. DMS will notify MCO and provider of the external reviewer
6. Reviewer has 30 calendar days to review and render final decision
7. MCO will notify the enrollee within 10 business days of receiving the final decision
   
   *Up to a 14 calendar day extension maybe allowed upon agreement of both parties - if related to health care service*
8. After final decision MCO/Provider has 30 calendar days to request an administrative hearing
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Matthew G. Bevin
Governor

Angela W. Parker
Division Director

May 17, 2019

RE: External Independent Third Party Review Request –

The Kentucky Department for Medicaid Services (DMS) has reviewed your request for an external independent third party review.

Your request is being returned due to being deficient for the following reason(s).

1. Request was not submitted by the provider (self or through attorney) or designee as authorized in writing
2. Date of service prior to 12/01/16
3. Did not identify each specific issue and dispute
4. Does not state the basis for which the decision is believed to be erroneous
5. Designated contact information missing
6. Was not received within 60 days of MCO final decision
7. Did not exhaust internal appeal
8. Rate/Contract disputes are not eligible for review under KRS 205.646

Should you have any questions in regard to this determination, please contact DMS by email at SB20@ky.gov or call 502-564-9444.
State Fair Hearing/Provider Administrative Hearing

• Must be requested within 30 calendar days of the external independent third-party review decision

• May be requested by either the MCO or provider

• The party that receives the adverse final order pays a fee of $600 to the DMS within 30 days
Key takeaways EIR

• Keep in mind the type of appeal you are requesting from the MCO.
  For example... if a provider requests an expedited appeal this will lead to a member appeal which does not qualify for the external independent review.

• Always make the request in writing and submit ALL documentation that supports the reason the provider disagrees with the MCO’s decision.
  • The External Reviewer can only review items that were reviewed during the internal appeal
  • If no medical records are provided – a provider cannot prove medical necessity *send all documents*

• If a billing service handles the provider’s appeals, the request must be on the provider’s letterhead with the provider’s signature or an appeal may be sent by an attorney.
Key takeaways Provider Complaints....

• **Always** contact the MCO provider representative

• **Provide** all documentation that applies to the complaint(s) including email correspondence, a brief description of issue, claims information, etc....

• **Identify** the MCO(s) when requesting a complaint. This is important if a provider has similar issues with multiple MCOs

• If a provider has completed the MCO internal appeal process and wants to file a complaint **include** that information in the complaint
chfs.ky.gov

Department for Medicaid Services

Division of Program Quality and Outcomes

Managed Care Oversight Branch and Disease and Case Management Branch

** Managed Care Oversight process Provider Complaints and Disease Case Management process all EIRs and State Fair Hearings
For more information, contact us:
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Questions