

MCO Appeal Process

Department for Medicaid Services

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

- Provider 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.

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.
- Peer to peer reviews are not required, but may occur separately from the internal process. This does not affect the 30-day decision requirement.
 - 14 day extensions shall be granted if requested by the MCO or provider.
- It is important that providers include 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 decision.
- Only applies to dates of service after 12-1-16
- Each MCO should 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 Department.
- 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.

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 Department within 30 days

MCO Provider Complaint Process

- If there is an issue that cannot be addressed through the MCO appeal or grievance process, providers may submit a complaint through the MCO provider complaint process.
- Providers should contact their MCO provider representative before submitting a complaint so the MCO has an opportunity to correct the issue.
- The complaint process is meant to assist providers when they have exhausted all of their options.

For more information, contact us:

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