

MCO Appeal Process

Department for Medicaid Services

Two Paths to Appeal

- ▶ Member

- ▶ 907 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.
- ▶ 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.
- ▶ <http://www.chfs.ky.gov/dms>

Questions?

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