Provider Appeals Procedures

Provider Appeals and Grievance Procedures
You have the right to file a grievance or an appeal with Humana – CareSource regarding a provider payment issue or a contractual issue.

If you do not agree with a decision of a processed claim, you have 365 days from the date of service or discharge to file an appeal. If the claims appeal is not submitted in the required timeframe the claim will not be considered and the appeal will be denied. If the appeal is denied, providers will be notified in writing. If the appeal is approved, payment will show on the provider's Explanation of Payment (EOP).

Humana – CareSource shall resolve a provider grievance or appeal within 30 calendar days. Humana – CareSource may request a 14 day extension from you to resolve your grievance or appeal.

Please note: If you believe the claim was processed incorrectly due to incomplete, incorrect or unclear information on the claim, you should submit a corrected claim. You do not need to file an appeal. Providers have 365 days from the date of service or discharge to submit a corrected claim.

Humana – CareSource ensures that no punitive or retaliatory action is taken against a member or service provider who files a grievance or appeal or a provider who supports a member's grievance or appeal.

How to Submit a Provider Grievance or Appeal
Claims Appeals: Providers can submit grievances and claims appeals through our secure provider portal, or in writing:

Provider Portal: https://providerportal.caresource.com/ky
After logging in to the provider portal, click on the "Claims Appeals" tab on the left.

For grievances or appeals submitted in writing, please include:

- The member's name and Humana – CareSource member ID number
- The provider's name and ID number
- The code(s) and reason why the determination should be reconsidered
- If you are submitting a timely filing appeal, you must send proof of original receipt of the appeal by fax or Electronic Data Information (EDI) for reconsideration
- If the appeal is regarding a clinical edit denial, the appeal must have all the supporting documentation as to the justification of reversing the determination

Mail: Humana – CareSource
Attn: Provider Appeals
P.O. Box 823
Dayton, OH 45401

Fax: 1-855-262-9793

Member Grievance, Appeals and Fair Hearing Requests
Members have the right to file a grievance or appeal. They also have the right to request a state hearing once they have exhausted their appeal rights. As a Humana – CareSource provider, we may contact you to obtain documentation when a member has filed a grievance or appeal or has requested a state hearing. State and federal agencies require Humana – CareSource to comply with all requirements, including aggressive resolution timeframes.

Members are encouraged to call or write to Humana – CareSource to let us know of complaints regarding Humana – CareSource or the health care services they receive. Members or legal guardians may file a grievance or appeal with Humana – CareSource. Authorized representatives and providers, with the member's written consent, also may file a grievance or appeal with Humana – CareSource. Detailed grievance and appeal procedures are explained in the member handbook. Members, legal guardians and providers can contact Humana – CareSource at 1-855-852-7005 (TTY: 1-800-648-6056 or 711) to learn more about these procedures.

Member Grievances — When members inform us that they are dissatisfied with Humana – CareSource or one of our providers, it is a grievance. A member has 30 calendar days from the date of an event causing dissatisfaction to file a grievance with Humana – CareSource, either orally or in writing. Humana – CareSource investigates all grievances.. Humana – CareSource has five working days of receipt of the grievance to notify the member that the grievance has been received and when resolution of the grievance is expected. An investigation and final resolution of a grievance shall be completed within 30 days of the date the grievance is received by Humana –CareSource.

Member Appeals
Members have the right to appeal an adverse action or decision made by Humana – CareSource. An adverse action for the purpose of an appeal is:

- The denial or limited authorization of a requested service, including the type or level of service;
- The reduction, suspension or termination of a previously authorized service;
- The denial, in whole or in part, of payment for a service;
- The failure of the Humana – CareSource to provide services in a timely manner, as defined by the department or its designee;
- The failure of the Humana – CareSource to complete the authorization request in a timely manner as defined in 42 CFR 438.408; or
- The denial of a member's request to exercise his or her right, under § 438.52(b)(2)(ii), to obtain services outside the network when the member resides in a rural area with only one MCO.

Members have the right to appeal the decisions or actions listed above if they contact Humana – CareSource within 30 calendar days of receiving the notice of adverse action. Any timely oral appeal must be followed by a written appeal signed by the enrollee within 10 calendar days. Within five working days of receipt of an appeal, Humana – CareSource shall provide the member with written notice that the appeal has been received and the expected date of its resolution.

Humana – CareSource will respond to the appeal within 30 calendar days of when it was received unless the member or Humana – CareSource requests an extension and it can be demonstrated that additional time is needed. An extension shall be no longer than 14 days. Expedited appeals are resolved within 72 hours of the receipt of the request.

An appeal will be expedited when it is determined the resolution time for a standard appeal could seriously jeopardize the member's life, health, or ability to attain, maintain or regain maximum function.
Punitive or retaliatory actions will not be taken against:

- A member or provider who files a grievance or an appeal
- A provider who supports a member's grievance or appeal

State Fair Hearings
Once members have exhausted their appeal rights they can request a state fair hearing if Humana – CareSource makes a decision to deny, reduce, suspend or stop care for a member. Members have 30 days from receiving Humana – CareSource's final decision to request a state fair hearing.

If Humana – CareSource proposes to reduce, suspend or terminate a service already approved, members may request continuation of benefits until a state fair hearing is held; however, the member may be liable for the cost.

Members may request a state fair hearing through the Department for Medicaid Services. They can submit their request in writing, by fax or in person to:

Kentucky Department for Medicaid Services
Division of Administration and Financial Management
275 E. Main St., 6W-C
Frankfort, KY 40621
Fax number: 1-502-564-6917

Members can call the Kentucky Department for Medicaid Services with questions at 1-800-635-2570.

How to Submit a Grievance or Appeal
Grievances and claims appeals can be submitted through our secure provider portal, by fax or by mail.

Provider portal: https://providerportal.caresource.com/ky
Fax: 1-855-262-9793
Mail: Humana – CareSource
Attn: Provider Appeals — Clinical
P.O. Box 823
Dayton, OH 45401