TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Department for Medicaid Services

Member Appeals

Appeal Process

1. Providers may appeal on behalf of the member, but it is still considered a member appeal.
2. The member must provide written consent for their provider to represent them in an appeal.
3. Must be received by the Managed Care Organization (MCO) within 60 days from the date of the adverse determination notice.
4. Non-expedited appeals must be decided within 30 days. Expedited appeals must be decided in 3 business days.
5. If service is denied, the member has 120 days to request a state fair hearing. Continuation of service is allowed.

Documetation



Documents - Make sure all documentation is provided when requesting an External Independent Third-Party Review (EITPR).



Dispute - Make sure you are clear about what you are disputing.



Disagree - Make sure you are clear on why you believe the MCO's decision to be a mistake.



Contact - Make sure all contact information is accurate and up to date.

State Fair/Administrative Hearing

- Must be requested within 30 calendar days of the EITPR 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 Kentucky Department for Medicaid Services within 30 days.

Member Resources

- Department for Medicaid Services Member Information webpage.
- Appeals and Complaints Branch webpage

Member Information Webpage

Appeals and Complainsts Branch

Contact Us

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