

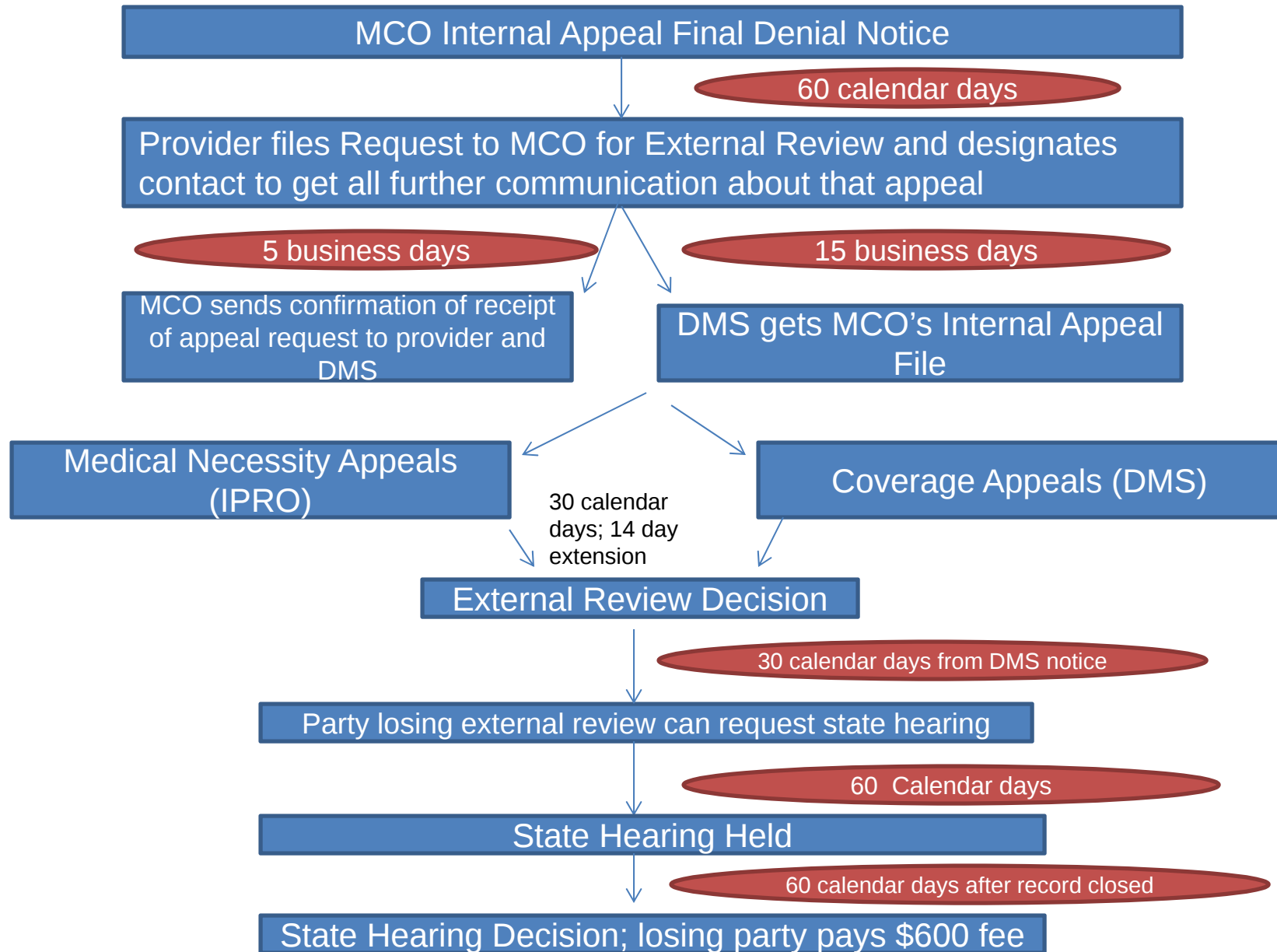
Senate Bill 20 Provider Appeals

907 KAR 17:035 – External Independent
Third Party Review (NEW)

SB 20 Overview

- Filed as an Emergency Rule on December 1, 2016
 - **Applies to service dates on or after 12/1/2016**
- Gives providers their own appeal right
 - Service denials
 - Reimbursement denials for services provided
- Steps:
 - Exhaust MCO internal appeal
 - Independent external third party review
 - **No cost to provider**
 - CHFS Administrative Hearing

Flow Chart for SB 20 Provider Appeals Process of MCO Denials



CHFS Changes and Clarifications

Clarifications:

- ER Triage Denials can go to external review
- No peer to peer required to exhaust MCO's internal appeal
- May appeal after 30 days if MCO has not requested, in writing, a 14 day extension
- MCOs will be required to submit all provider internal appeal documentation and attest to its completeness

No change:

- No Specialists on external appeal
- No Bundling of common denials across multiple patients
- MCOs not required to send internal appeal decision to designated provider

Suggested Hospital Actions

- Make sure documentation is thorough when filing an internal appeal with an MCO
- Keep records of the number of external reviews requested and the disposition
 - See suggested KHA template of data elements to track
 - Track and alert KHA if hospital not receiving timely MCO final denial letters
- Remember.....*There is no cost to file an external review of legitimate disputes*