MEDICAID PROVIDER BULLETIN
March 2017

Provider appeals — medical necessity and payment

Anthem Blue Cross and Blue Shield Medicaid (Anthem) would like to provide a summary of the specific time frames for submission and response for provider appeals. Please note the process changes in bold.

- **Medical necessity appeals**
  - The appeal must be received by Anthem within 30 calendar days of the date on the notice of action. Anthem will resolve the appeal within 30 calendar days of receipt unless a 14-day extension is requested and granted.
  - **Please note change: Effective April 15, 2017, medical necessity reconsiderations will no longer be available.**
- **Peer-to-peer medical necessity**
  - If a request for service does not meet criteria for approval, the requesting provider will be afforded the opportunity to discuss the case with the medical director within seven calendar days of the denial. A peer-to-peer discussion can be arranged by calling **1-855-661-2028**.
  - **Please note change: Effective April 15, 2017, the time frame has been changed to seven calendar days.**
  - The appeal timeline begins on the notice of action date/denial date.
- **Payment appeals**
  - The appeal must be received by Anthem within 90 calendar days of remittance date. Anthem will resolve the appeal within 30 calendar days of receipt unless a 14-day extension is requested and granted.
  - **Please note change: Effective April 15, 2017, a second-level payment appeal will no longer be available.**
- **External review requests**
  - Effective December 1, 2016, *Senate Bill 20* established the right for providers who have exhausted the Anthem appeal process to be entitled to an external, independent, third-party review under *KRS 205.646* and *907 KAR 17:035*.
  - Beginning with dates of service on or after December 1, 2016, providers can submit a written request for an external, independent, third-party review within 60 calendar days of receiving a final decision from the Anthem appeal process.
  - To request an independent, third-party review on a denied medical necessity appeal or payment appeal, a written request must be submitted to Anthem within 60 calendar days of the postmark on the appeal denial letter. Each request must clearly indicate **"External Independent Review"** in order to ensure appropriate routing to the Department for Medicaid Services. Requests can be submitted through any of the following options:
    - Email: KYExternalReview@anthem.com
    - Fax: **1-502-212-7336**
    - Mail: Central Appeals Processing
      Anthem Blue Cross and Blue Shield Medicaid
      P.O. Box 62429
      Virginia Beach, VA 23466-2429
    - Electronic: Availity Provider Portal

If you have questions about this communication, please contact your Provider Relations representative or the Provider Services department at **1-855-661-2028**. Please share this information with your office staff.

AKYPEC-1181-17 March 2017