



SUPPORTING OUR PROVIDER PARTNERS THROUGH COMMUNICATION AND COLLABORATION

UPDATE: Senate Bill 20 (Independent Third Party Reviews for Appeals Permitted) effective December 1, 2016

To: Passport Providers

Date: December 7, 2016



Background:

Under KRS 205.646 and 907 KAR 17:035, providers will have the right to an Independent Third Party Review on denied appeals. If a provider appeals and does not agree with a final decision that denies, in whole or in part, a healthcare service or a claim for reimbursement, providers may request an independent third party review.

If an independent third party review is requested, Passport will notify the Kentucky Department for Medicaid Services of the request and submit all documentation the provider submitted during the internal appeal process. Passport will also notify the member if the independent third party review request is related to the denial of a health care service.

The effective date of this change is December 1, 2016.

Provider Action Needed:

Effective December 1, 2016, if you have received a denied appeal for a healthcare service or a claim for reimbursement and would like to request an independent third party review, please submit a written request within 60 days of the postmark on the denial letter stating the basis on which you disagree with the decision along with your contact information including name, phone number, mailing address and fax number. Please submit through any of the following:

Email: ReviewRequests@passporthealthplan.com

Fax: (502) 585-8334

Mail:

Attn: Provider Review Requests

Passport Health Plan

5100 Commerce Crossings Drive

Louisville, Kentucky 40229

If the independent third party review also denies the appeal, you may request an administrative hearing.

Questions:

If you have questions about the independent third party review process, please contact Provider Services, (800) 578-0775 or your [provider relations specialist](#).