MCO Provider Reconsideration Process

Effective with payment denials processed on and after May 1, 2017, the three KanCare managed care organizations (MCOs) standardized the process for disputing a denial of payment by an MCO through submission of a Reconsideration, Appeal, or both to the MCO.

Submission of a Reconsideration is optional. The Reconsideration process offers providers an opportunity to submit a request to the MCOs to review a denial of payment prior to requesting an Appeal. Reference MCO General Bulletin 17115. The Reconsideration process does not replace the Appeal process. Providers who choose to first submit a Reconsideration to the MCO, rather than an Appeal, must submit the Reconsideration no later than 120 calendar days from the date of the remittance advice (RA), explanation of payment (EOP), or denial notice. Once an MCO receives the Reconsideration, it will review the payment denial and issue a Reconsideration resolution notice. The MCOs are not required to resolve Reconsiderations within a defined period of time.

Completion of the Reconsideration process is not required prior to requesting an Appeal. Providers have the opportunity to submit an Appeal to the MCO instead of submitting a Reconsideration or after receipt of the Reconsideration resolution notice. Providers may terminate the Reconsideration process and file an Appeal within 60 calendar days of the date of the RA, EOP, or denial notice – or no later than 60 calendar days from the date of the Reconsideration resolution notice. An additional three calendar days from the date of the RA, EOP, or denial notice are added to the submission timeframes. Providers must complete the MCO’s Appeal process prior to requesting a State Fair Hearing.

A summary of the revised Provider Payment Dispute Resolution Process is available under the Helpful Information heading on the Provider page of Kansas Medical Assistance Program website.

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