

Kentucky Medicaid MCO Provider Appeal Request

	MCO	Phone	Fax
Check the box of the plan in which the provider is enrolled	<input type="checkbox"/> Anthem BCBS Medicaid	1-855-661-2028	502-212-7336
	<input type="checkbox"/> Aetna Better Health	1-855-300-5528	1-855-454-5585
	<input type="checkbox"/> Humana	1-855-852-7005	1-855-262-9793
	<input type="checkbox"/> Passport Health Plan	1-800-578-0636	502-585-8461
	<input type="checkbox"/> WellCare of Kentucky	1-877-389-9457	1-866-201-0657

Please complete all appropriate fields
 If you need assistance with this form, call your MCO at the number listed above
 All Appeals must be filed within 30 days from the date of MCO action

Date _____
 Person filing request _____ Email _____ Phone _____

If filing on behalf of provider, state relationship to provider _____

Who is the Appeal for?

Provider's name _____ Provider's NPI _____
 Providers address _____ County _____
 City _____ State _____ Zip _____

Why are you requesting an appeal?

Is this an expedited request?
 Yes Reason _____

This request for an appeal is a
 Payment issue - Claim number _____ DOS _____
 Authorization Issue
 Pre-service
 Post-service
 Contract issue
 Other _____

Please give as much detail as possible about this issue:

Attach a copy of the denial letter along with any other correspondence concerning this request.

Signature of person filing request _____ Date _____

This form complies with the Appeals process as outlined in KAR 17:010