

APPEALS/RECONSIDERATION OPTIONS

There are several types of appeals offered to providers and members.

1. Expedited Reconsideration
2. Peer –to-Peer
3. Reconsideration
4. Bureau for Medical Services (BMS) Appeal

1. Expedited reconsiderations are only to be requested if the authorization request was medically urgent.

The WV Bureau for Medical Services defines MEDICALLY URGENT as follows:

A delay in services could seriously jeopardize

1. *the life or health of the consumer;*
2. *the ability of the consumer to regain function;*
3. *in the opinion of a physician with knowledge of the consumer's condition, would subject the consumer to severe pain that cannot be adequately managed without care or treatment that is the subject of the case.*

These reconsiderations are completed by KEPRO within 24 hours of the request.

2. Peer-to-Peer may be requested by the member's attending physician. Peer –to- Peer reviews are requested in the C3 system, under the Actions menu: Request Reconsideration. On the Summary and Submit page, under the Annotations: Notes section, the provider will type: "Peer to Peer requested", the Attending physician's name, contact information, and best dates/times to contact him/her.

The physician reviewer at KEPRO will contact the patient's attending physician and discuss the case. The KEPRO physician reviewer will then determine if the additional information provided during the conversation alleviates his/her previous concerns, related to the medical necessity of the admission or procedure. A determination will be input into the C3 system with the denial letter or authorization number made available.

Peer to Peer Timeframes- Providers may be requested any time before the reconsideration is requested. KEPRO will complete within 72 hours of request. Please note that if KEPRO is unable to reach the attending physician within this timeframe, a reconsideration will need to be requested, if the facility would like to pursue further.

3. Reconsideration reviews are requested in the C3 system, under the Actions menu: Request Reconsideration. On the Summary and Submit page, under the Annotations: Notes section, the provider will type: "Recon Requested" and either type in additional information, scan and attach additional information, or indicate that the additional information is being faxed or mailed.

Please Note: If the additional information is under 50 pages, the provider may mail, fax, or attach it to the record in C3. If the additional information is over 50 pages, the provider **MUST** fax or scan and attach it in C3. If a provider chooses to mail or fax in medical records, it is important to know this may delay the response as it will take more time for KEPRO staff to scan and attach it in the C3 system. The most pertinent information to include is: H& P, labs, D/C Summary, Operative reports, diagnostic studies, & MAR. A cover letter, indicating the Authorization Request ID, Request for Reconsideration, and information indicating why provider believes medical necessity is met and acute hospitalization is warranted, should also be included.

Reconsideration Timeframes-KEPRO has 14 calendar days to complete reconsideration requests.

- must be requested and submitted with all pertinent documentation by the provider within 60 calendar days from member/provider notification of the service denial.

4. BMS Administrative Appeals: Document/Desk Review for Providers and Fair Hearing for Members.

If a provider disagrees with the reconsideration decision and has not been reimbursed for services provided, a Document/Desk Review may be requested with the Bureau for Medical Services regarding this case. A written request for a Document/Desk Review within thirty (30) days from receipt of the reconsideration may be mailed to:

The Bureau for Medical Services
Legal Department
350 Capitol Street, Room 251
Charleston, WV 25301-3706.

Please refer to the WV Medicaid Manual, Chapter 800, Section 800.14.2 for further reference.