

Internal Appeal Process for Physicians for Medical Necessity or Experimental/Investigational Adverse Determinations

UniCare Health Plan of Kansas, Inc. (UniCare) provides a process for physicians to file an oral or written appeal of medical necessity and experimental/investigational adverse determinations. For the purpose of this policy and procedure, physician is defined as a medical doctor (MD) or a doctor of osteopathy (DO).

As a physician, you also can request an appeal on behalf of a member for denial, deferral, or modification of a prior authorization. These appeals are treated as member appeals and follow UniCare's member appeal process.

When applying experimental/investigational exclusions in an appeal situation, credible scientific evidence as well as the individual circumstances of the member and the views of the physician, is considered and documented. Medical necessity and experimental/investigational determinations must not act as precedent to other medical necessity and experimental/investigational determinations. If the initial denial has been overturned on appeal to a nonparticipating physician, payment will be issued directly to the physician. The physician is bound by the rendered decisions.

UniCare handles all grievances and appeals in a confidential manner and does not discriminate against a physician for filing an internal or external appeal.

Determining if an Appeal is a Member Appeal or a Physician Appeal

A physician may submit an appeal for medical necessity and experimental/investigational adverse determinations. The appeal will be considered a member appeal under any of the following circumstances:

- The appeal is for a preservice issue.
- The member has financial liability.
- The physician states he or she is submitting the appeal on behalf of the member and has written approval from the member to do so.

If the appeal does not meet the above criteria, the appeal is considered to be a physician appeal of a medical necessity or experimental/investigational adverse determination.

For preservice appeals, the physician may file on a member's behalf with a written authorization from that member. If the preservice is urgent, the physician is deemed the authorized member representative. For postservice appeals, a physician must seek written approval from the member to proceed as that member's representative.

Note: Prohibited Actions by Physicians

A physician may not initiate an internal postservice appeal of any denied service if any of the following has occurred:

- The member or physician filed a preservice appeal for that service.
- The member currently seeks or has sought review for that service.
- The member has filed suit after the denial.
- The member is under a self-insured plan that has not agreed to participate in UniCare's external review program (for external reviews only).

How Physicians File an Appeal of a Medical Necessity and Experimental/Investigational Adverse Determination

Physicians may file an appeal of a medical necessity or experimental/investigational adverse determination in writing to:

UniCare Health Plan of Kansas, Inc.
Attn: Appeals and Complaints Dept.
P.O. Box 3553
Topeka, KS 66601-3553

Physicians may also fax appeal requests to **(866) 387-2968**

The latest forms, including provider grievance and appeals forms, can be found under "Forms and Tools" on our provider website.

When to File an Appeal of a Medical Necessity or Experimental/Investigational Adverse Determination

Physician appeals may be filed up to 30 calendar days after the date of the notice of action letter advising the physician of the medical necessity or experimental/investigational adverse determination.

Receipt and Acknowledgement of an Appeal

UniCare will send a written acknowledgement to the provider within 5 calendar days of receiving an appeal for medical necessity and experimental/investigational adverse determinations. If a physician has filed an appeal on behalf of a member, the member will be sent an acknowledgement letter and a copy will be sent to the appealing physician.

Requesting More Information

UniCare may request, by telephone or by fax, medical records or a provider explanation of the issues raised in the appeal received by UniCare. Physicians are expected to comply with the request within 10 days of the date that appears on the request.

Appeal Investigation Responsibilities

A Physician Clinical Review (PCR) specialist of the same or similar specialty and who was not

involved in the initial determination will review the appeal case. The PCR may not be the subordinate of any person involved in the initial determination. The PCR will review the case and contact the provider as necessary to discuss possible appropriate alternatives, render a decision, and document the decision in the system.

When to Expect Resolution

For physician appeals, UniCare sends a written resolution letter to the physician within 30 calendar days after receiving the appeal.

Provider Dissatisfaction with Resolution

Physicians may file a request for a Fair Hearing within 30 calendar days of the date of the appeal resolution. The request for a Fair Hearing must be written and signed by the physician.

- The request for Fair Hearing must be mailed to:

Office of Administrative Hearings
1020 S. Kansas
Topeka, KS 66612

- The request for Fair Hearing must be faxed to:

Office of Administrative Hearings
(785) 296-4848

In addition, after exhausting the internal appeal process for medical necessity or experimental/investigational adverse determinations, physicians may file a request an external review with Managed Care Managed Claims, LLC at the following address:

Managed Care Managed Claims LLC
88 Black Falcon Avenue, Suite 353
Boston, MA 02210
Phone: (800) 227-1464
Fax: (617) 375-7683

Contact Information

Utilization Management: (866) 408-7107
Customer Care Center: (866) 408-7105