

Health Partner Appeals Procedures



HEALTH PARTNER APPEALS AND GRIEVANCE PROCEDURES

You have the right to file a grievance or an appeal with Humana – CareSource regarding a health partner payment issue or a contractual issue.

If you do not agree with a decision of a processed claim, you have 365 days from the date of service or discharge to file an appeal. If the claims appeal is not submitted in the required timeframe the claim will not be considered and the appeal will be denied. If the appeal is denied, health partners will be notified in writing. If the appeal is approved, payment will show on the health partner's Explanation of Payment (EOP).

Humana – CareSource shall resolve a health partner grievance or appeal within 30 calendar days. Humana – CareSource may request a 14 day extension from you to resolve your grievance or appeal.

Please note: If you believe the claim was processed incorrectly due to incomplete, incorrect or unclear information on the claim, you should submit a corrected claim. You do not need to file an appeal. Health partners have 365 days from the date of service or discharge to submit a corrected claim.

Humana – CareSource ensures that no punitive or retaliatory action is taken against a member or service health partner who files a grievance or appeal or a health partner who supports a member's grievance or appeal.

How to Submit a Health Partner Grievance or Appeal

Claims Appeals: Health partners can find KDMS-approved grievance and claim appeal forms from one of the following sources:

- The secure Humana – CareSource provider portal, at **<https://providerportal.CareSource.com/KY>**. (Click on the “Claims Appeal” tab on the left)
- Appendix I of this provider manual

Completed forms can be sent to Humana – CareSource via:

Mail: Humana – CareSource
Attn: Provider Appeals
P.O. Box 823
Dayton, OH 45401

Fax: 1-855-262-9793

