



Network Notification

Notice Date: January 27, 2020
To: Kentucky Medicaid Healthcare Providers
From: Humana – CareSource®
Subject: Adverse Payment and Coverage Determinations – Supporting Documentation

Summary

In the event a Kentucky Medicaid healthcare provider receives an adverse decision regarding a payment or coverage determination, the provider has the right to request all supporting documents and records that were pertinent in making the adverse decision. The adverse decision notice will detail the specific reason for the decision. On request, and at no cost to the provider, Humana – CareSource will provide all related documentation, records and other relevant information used in making the adverse decision. You may request the information from the Humana – CareSource Utilization Management department by calling 1-855-852-7005 or faxing a request to 1-888-246-7043.

Questions?

If you have questions regarding this notification, please call provider services at 1-800-852-7005. Hours of operation are Monday through Friday, 8 a.m. to 6 p.m. Eastern time.

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