Kentucky Medicaid MCO
Provider Appeal Form

Check the box of the plan in which the provider is enrolled	MCO	Phone	Fax
	☐ Anthem BCBS Medicaid	1-855-661-2028	502-212-7336
	☐ CoventryCares/Aetna Better Health	1-855-300-5528	1-855-454-5585
	☐ Humana – CareSource	1-855-852-7005	1-855-262-9793
	☐ Passport Health Plan	1-800-578-0636	502-585-8461
	☐ 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 _____