

**Request for Medicaid Hearing
Provider Hearing
Kansas Office of Administrative Hearings**

Date: _____

I am a provider requesting a hearing before an impartial hearing officer to review the reimbursement decision for services rendered to a managed care beneficiary or a fee-for-service beneficiary. I understand I may represent myself or use legal counsel, a relative, a friend, or other spokesperson.

Provider Name: _____ Beneficiary Name: _____

Representative (if applicable): _____

Representative's Address: _____

Providers may request an administrative hearing for a reimbursement dispute. Providers may represent a Medicaid beneficiary for all other disputes. If you are a provider representing a Medicaid beneficiary, please use the Applicant/Beneficiary Hearing form. Please include your authorized representative form when submitting the hearing request form to the Office of Administrative Hearings.

If the reimbursement dispute involves an adverse decision by Amerigroup, Sunflower or United HealthCare, providers may request a reconsideration and/or an appeal. Providers must complete the appeal process with Amerigroup, Sunflower, or United before requesting a fair hearing. Fee-for-Service providers may request a fair hearing immediately after receipt of the adverse reimbursement decision notice.

I request an Administrative hearing to review the decision or action taken by:

State Agency (KDADS, KDHE): _____ List KanCare Health Plan: _____

Date of Action Being Appealed: _____

Please attach a copy of the notice about which you are appealing. Explain why you are not satisfied with the decision and send copies of any documents you think may help explain the problem.

(Continue on attached page if necessary)

Name of Person Requesting Administrative Hearing

Name of Person Completing This Form
Submitted Verbally _____ Written _____

You may submit your Provider fair hearing request by mail or fax:

Mail: Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, Kansas 66612

Fax: Office of Administrative _____ 1-785-296-4848
(Keep a copy of the page that shows your fax was successful.)

Phone: United _____ 1-877-542-9238
Sunflower _____ 1-877-644-4623
Amerigroup _____ 1-800-600-4441
KMAP Customer Service _____ 1-800-933-6593

This hearing request form and Rules and Regulations for fair hearings can be found at www.oah.ks.gov.