

REQUEST FOR MEDICAID ADMINISTRATIVE HEARING – PROVIDER HEARINGS

Date: _____

Provider Name: _____ **Patient Name:** _____

Address: _____

Representative (if applicable): _____

Representative's Address: _____

Providers may request an administrative hearing for a reimbursement dispute. ALL KANCARE PROVIDERS SHOULD COMPLETE THE APPEAL PROCESS WITH AMERIGROUP, SUNFLOWER OR UNITED HEALTHCARE BEFORE REQUESTING A FAIR HEARING FOR A REIMBURSEMENT DISPUTE. Amerigroup, Sunflower and United Healthcare have different appeal processes. Please ensure you are following the requirements of each health plan’s appeal process.

Providers may represent members for all other disputes. If you are a provider representing a member, please use the Member/Consumer Hearing form. Please include your authorized representative form when submitting the hearing request form to the Office of Administrative Hearings.

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

State Agency (DCF, KDADS, or KDHE): _____

List MCO _____

Local Agency Office (if applicable): _____

Type of Program: _____

Date of Action Being Appealed: _____

I am requesting consideration of this matter because:

(Explain why decision or final action is not satisfactory in your circumstances)

(continue on attached page if necessary)

Please attach a copy of the notice from which you are appealing.

I understand that this is a hearing before an impartial Presiding Officer of the Office of Administrative Hearings.

Signature: (Person Requesting Administrative Hearing)

Office of Administrative Hearings

**RULES AND REGULATIONS
RELATING TO MEDICAID FAIR HEARINGS**

1. K.S.A. 75-7403, as amended, provides authority to the Secretary of Health and Environment for "implementation and administration of the powers, duties and functions prescribed for or transferred to the department as provided by law", including the authority to "enter into contracts as may be necessary to perform the powers, duties and functions of the department". Today, the Secretary of KDHE administers Medicaid by delegating various functions of that program to the Department for Children and Families (DCF) and to the Department for Aging and Disability Services (KDADS), each of which must provide for fair hearings in accord with the Kansas Administrative Procedure Act (KAPA) found at K.S.A. 77-501 *et seq.*
2. Medicaid fair hearings of these agencies shall be conducted by a Presiding Officer from the Office of Administrative Hearings (OAH). See, K.S.A. 75-37,121. However, in cases where a Medicaid service provider disputes agency action regarding the provider's Medicaid reimbursement, the provider must first satisfy all applicable appeal processes before requesting a fair hearing that goes before OAH.
3. A dissatisfied individual or entity must request an administrative hearing. The request for an administrative hearing must be submitted as specified in the notice of agency action that is being challenged, and/or the request may be sent directly **in writing, signed by the requesting party**, to the **Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, Kansas 66612**. This form may be used but it is not a requirement.
4. A request for administrative hearing must be received by the agency **within 30 days** (33 days if mailed) from the date of the order or notice of action taken by the agency. The individual or entity requesting the administrative hearing shall then be called an appellant and the State agency whose decision is appealed shall be called the respondent.
5. Written notice of the time and place of the hearing or prehearing shall be given by the Office of Administrative Hearings to the appellant and to the respondent at least ten days prior to the hearing.
6. The appellant may have a representative of his/her own choice at the hearing, along with the ability to have witnesses and produce documentary evidence relating to his/her appeal. Failure to participate in the scheduled hearing or any other matter scheduled regarding your appeal may result in your appeal being dismissed.
7. A recording shall be made of the hearing, and this recording shall be reduced to a transcript if requested for good cause shown by any of the parties to the hearing. If such a request is made, it will be the requesting party's responsibility to pay for the transcript.
8. A copy of the initial order of the Presiding Officer shall be mailed to the appellant and the respondent. In keeping with K.S.A. 77-531, whenever there is a prescribed period after service of a notice or order and the notice or order is served by mail, three days shall be added to the prescribed period.
9. If an individual is in need of any special accommodation in order to be involved in their hearing, they should notify the Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, KS 66612.
10. The Office of Administrative Hearings does not accept any filings by e-mail.