# 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 an attorney, relative, friend or other spokesperson.**

Provider Name: _____ Phone: _____
Beneficiary Name: _____

Representative (if applicable): _____ Phone: _____
Representative's Address: _____

Providers may request an administrative hearing for a reimbursement dispute using this form. 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 Aetna, Sunflower or United HealthCare, providers may request a reconsideration and/or an appeal. Providers must complete the appeal process with Aetna, 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.

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(Continue on attached page if necessary)

_____ _____
Name of Person Requesting Administrative Hearing

Name of Person Completing This Form
Submitted Verbally _____ Written _____

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**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:** Aetna_____1-855-221-5656
Sunflower_____1-877-644-4623
United_____1-800-542-9238
KMAP Customer Service_____ 1-800-933-6593

This hearing request form can be found at www.oah.ks.gov/Home/Forms