

**STATE OF KANSAS MEDICAID PROGRAM**  
**PROVIDER PAYMENT DISPUTE RESOLUTION PROCESS**  
(Reconsideration, Appeal and State Fair Hearing)

**Contractual Definitions:**

- **Action:** The denial, in whole or in part, of payment for a service.
- **Appeal:** A request for an MCO to review an action.
- **Reconsideration:** A request by a provider for an MCO to review the denial, in whole or in part, of payment for a service.
- **State Fair Hearing:** An administrative hearing involving the presentation of evidence and argument before a presiding officer concerning an action.

**Optional Reconsideration Process:**

- This is a process that allows a provider to dispute a claim payment determination prior to requesting an appeal and is not required as a precursor to the submission of an appeal.
- A provider has the right to submit either a reconsideration request or an appeal request following receipt of the Remittance Advice (RA) or notice of action.
- The reconsideration process is optional, but the provider must complete the MCO's appeal process before requesting a state fair hearing.
- The timeframe within which a provider may submit a request for a reconsideration with the MCO is 120 calendar days from the date of the RA or notice of action, plus three (3) calendar days if the notice is mailed.
- The MCOs are not required to send an acknowledgement letter after receipt of the reconsideration request.
- A provider's right to appeal is preserved throughout the reconsideration process. A provider may terminate the reconsideration process and submit an appeal request within 60 calendar days of the date of the RA or notice of action, plus three (3) calendar days if the RA or notice is mailed. A provider's right to appeal is not dependent upon the completion of the reconsideration process.
- If a provider terminates the reconsideration process beyond 63 calendar days of the date of the RA or notice of action, the provider must wait to receive the MCO's notice of reconsideration resolution before submitting an appeal or the appeal will not meet the appeal submission requirements.
- The MCOs are not required to resolve the reconsideration request within a defined period of time.
- The MCOs are required to issue a reconsideration resolution notice within five (5) business days of the date of resolution for 98% of requests and within 10 business days for 100% of requests.

**Required Appeal Process:**

- The timeframe within which a provider may submit an appeal request to the MCO is 60 calendar days from the date of the RA or notice of action, plus three (3) calendar days if the RA or notice is mailed.
- A provider also may submit an appeal request to the MCO following receipt of the reconsideration resolution notice within 60 calendar days of the date of the notice, plus three (3) calendar days if the notice is mailed.
- The MCOs are required to send an acknowledgement letter within 10 days of receipt of the appeal request.
- The MCOs are required to resolve 98% of appeal requests and issue an appeal resolution notice within 30 calendar days of receipt and resolve 100% within 60 calendar days of receipt.
- The MCOs are required to issue a notice of appeal resolution that contains an explanation of a provider's right to request a state fair hearing.

**State Fair Hearing:**

- A provider has the right to submit a request for a state fair hearing following receipt of an appeal resolution notice.
- The timeframe within which a provider may submit a request for hearing is 120 calendar days from the date of the appeal resolution notice, plus three (3) calendar days if the notice is mailed.