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 or service authorization decision by Aetna, Sunflower, or United Healthcare or to review the reimbursement decision by the KDHE's Medicaid agency for services rendered to a fee-for-service beneficiary. I understand I may represent myself or use an attorney, relative, friend or other spokesperson.

Provider Name:_____   Phone:_____

Representative (if applicable): _____   Phone:_____

Representative's Address:_____

If you are a provider representing a member or beneficiary, please use the appropriate Member hearing request form or Eligibility/FFS hearing request form found at the website address below. Please include your authorized representative form when submitting the request form to the Office of Administrative Hearings.

If the dispute involves an adverse reimbursement or service authorization 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 Healthcare before requesting a fair hearing. If the dispute involves an adverse reimbursement decision by KDHE's Medicaid agency involving services rendered to a fee-for-service beneficiary, providers may request a fair hearing immediately after receipt of the adverse decision.

I request an administrative hearing to review the decision made by (Check One):
☐ KDHE   ☐ Aetna   ☐ Sunflower   ☐ United

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.

(You will need to continue on page 2 if box above is full)

_____	_____
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: Aetna_____1-855-221-5656
              Sunflower_____1-877-644-4623
              United_____1-800-542-9238
              KMAP Customer Service_____1-800-933-6593

This form can be found at https://www.kancare.ks.gov/providers/grievances-appeals-state-fair-hearings/provider-state-fair-hearing

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*Additional Page for Continuation of Explanation Information: