

Provider appeal processes

Provider grievance, reconsideration, appeal, external independent third-party review and State Fair Hearing

UnitedHealthcare Community Plan of Kansas would like to remind you of the processes that are available to help you resolve issues surrounding adverse actions taken by UnitedHealthcare.

Provider grievance

A grievance is any expression of dissatisfaction about any matter other than an action. A grievance must be submitted within 180 calendar days from the date of the incident being grieved. We will resolve your grievance within 30 calendar days and tell you how it was resolved.

Grievances can be submitted through various means.

- **In writing:**
UnitedHealthcare Community Plan – Kansas Attention: Appeals and Grievance
P.O. Box 31364
Salt Lake City, UT 84131-0364
- **By telephone (toll-free):** Call **877-542-9235** (during business hours 8 a.m.–5 p.m. CT)
- **Electronically:** Using the claimsLink self-service tool at UHCprovider.com
- **Drop off in person** (during regular business hours 8 a.m.–5 p.m. CT):
6860 West 115th Street
Overland Park, KS 66211
Must be labeled: UnitedHealthcare Community Plan of Kansas – Grievance, Mail Route: KS015 – M400

You may choose someone, including an attorney or provider, to represent you and act on your behalf. UnitedHealthcare Community Plan does not cover any fees or payments to your representatives.

Provider claim reconsideration

The provider reconsideration process allows a provider to dispute a claim payment determination prior to requesting an appeal, but is not required prior to the submission of an appeal. Reconsideration requests must be submitted within 123 calendar days from the remittance date. You should submit a fully completed claims reconsideration request form (found at UHCprovider.com > Health Plans By State > Kansas > Claims and Payments > Claim Reconsideration) and all supporting documentation with your request.

Reconsiderations can be submitted in one of the following ways:

- **In writing:**
UnitedHealthcare Community Plan
P.O. Box 5270
Kingston, NY 12401
- **By telephone (toll-free):** Call **877-542-9235** (during business hours 8 a.m.–5 p.m. CT)
- **Electronically:** Use the claimsLink self-service tool at UHCprovider.com

Care providers may terminate the reconsideration process and submit a formal appeal request within 63 calendar days of the original remittance notice of action. If you disagree with a claim adjustment or our decision not to make a claim adjustment, you can file a formal appeal within 63 calendar days of the reconsideration resolution notice.

Provider appeal

A formal appeal is a review of an adverse action. You have 63 calendar days from the date of the notice of action to file an appeal. Appeal requests must be submitted in writing and should clearly state “formal appeal request.” Providers should state the specific reason for denial as stated on the remittance or notice of action. Filing an appeal is final and providers cannot submit a reconsideration following the appeal submission/decision.

You can submit an appeal in one of the following ways:

- **In writing:**
UnitedHealthcare Community Plan – Kansas
Attention: Appeals and Grievance
P.O. Box 31364
Salt Lake City, UT 84131-0364
- **Electronically:** Use the claimsLink self-service tool at UHCprovider.com
- **Drop off in person** (during regular business hours 8 a.m.–5 p.m. CT):
6860 West 115th Street
Overland Park, KS 66211
Must be labeled: UnitedHealthcare Community Plan of Kansas – Appeal, Mail Route: KS015 – M400

You may also provide supporting appeal documents in person. If you need help filing an appeal, call Provider Services at **877-542-9235, TTY 711. Provider Services cannot accept an appeal by telephone.** Within 10 calendar days, we will let you know in writing that we got your appeal. You may choose someone, including an attorney or provider, to represent you and act on your behalf. UnitedHealthcare Community Plan does not cover any fees or payments to your representatives. We will keep your appeal private and send you our appeal decision in writing within 30 calendar days.

Provider external independent third-party review

Effective with denials dated Jan. 1, 2020, and after, if you disagree with the outcome of your UnitedHealthcare formal appeal, you can request an external independent third-party review (EITPR). EITPR is an optional process available to care providers only, and the formal appeal process must be completed prior to requesting an EITPR.

The EITPR will be available to KanCare providers who have received a denial of authorization of a new health care service to a UnitedHealthcare member or a denial of a claim for reimbursement to the provider for a health care service to a UnitedHealthcare member. EITPR can be requested in writing, by submitting the EITPR request form (found at UHCprovider.com > Health Plans By State > Kansas > Provider Forms and References).

You can file an external independent third-party review in one of the following ways:

- **In writing:**
UnitedHealthcare Community Plan of Kansas – EITPR
P.O. Box 31218
Salt Lake City, UT 84131
- **Drop off in person** (during regular business hours 8 a.m.–5 p.m. CT):
6860 West 115th Street
Overland Park, KS 66211
Must be labeled: UnitedHealthcare Community Plan of Kansas – EITPR, Mail Route: KS015 – M400
- **Email:** Send to KS_EITPR@uhc.com

Care provider requests for an EITPR must be received by UnitedHealthcare within 63 calendar days from the date of the notice of appeal resolution. UnitedHealthcare will acknowledge receipt of your request, in writing, within 5 business days of receipt.

Documentation reviewed by the external reviewer will be limited to documentation submitted by the provider for the appeal process, along with the medical necessity criteria UnitedHealthcare applied in the appeal decision (for denial of a health care service). No additional documentation will be accepted with the EITPR request. Only the records and documentation reviewed during the appeal will be reviewed during the EITPR. If additional documentation needs to be reviewed, the care provider should use the State Fair Hearing process.

If the EITPR outcome upholds the decision made by the UnitedHealthcare formal appeal review, the care provider will be responsible for paying the costs of the review to the third-party review contractor.

Provider State Fair Hearing

If you disagree with the outcome of your appeal or external independent third-party review outcome, you can request a State Fair Hearing. You may only file for a State Fair Hearing after you've completed the formal appeal process with UnitedHealthcare Community Plan.

You must file for a State Fair Hearing within 123 calendar days from the date of the appeal resolution notice or within 33 calendar days from the date of the notice of external review decision.

You can file for a State Fair Hearing in one of the following ways:

- **In writing:**
Office of Administrative Hearings
1020 S. Kansas Avenue
Topeka, KS 66612
- **By telephone (toll-free):** Call **877-542-9238** (during business hours 8 a.m.–5 p.m. CT)
- **Electronically using the Office of Administrative Hearings fax:** **(785) 296-4848**
- **Drop off in person** (during regular business hours 8 a.m.–5 p.m. CT):
6860 West 115th Street
Overland Park, KS 66211
Must be labeled: UnitedHealthcare Community Plan of Kansas – State Fair Hearing, Mail Route: KS015 – M400

We're here to help

If you have any questions about the provider appeal processes, please contact Provider Services at **877-542-9235** or reach out to your Provider Advocate. If you don't know your advocate, lists of advocate teams can be found at **UHCprovider.com** > Health Plans by State > KS > Contact Us.

Additional information can also be found in Chapter 12 of the UnitedHealthcare Community Plan of Kansas Care Provider Manual on **UHCprovider.com**.