8325 Lenexa Drive
Lenexa, KS 66214

PROVIDER RECONSIDERATION & APPEAL FORM

Use this Provider Reconsideration and Appeal Form to request a review of a decision made by Sunflower Health Plan. The process for reconsideration and appeal is the same for participating and non-participating providers.

If original claim submitted requires correction, such as a valid procedure code, location code or modifier, please submit the corrected claim following the "Corrected Claim" process in the Provider Manual. Please do not include this form with a corrected claim.

NOTE: For reconsideration (optional step), check the appropriate box. Reconsideration must be submitted within 120 calendar days of the date on the EOP, plus three calendar days if the notice is mailed. For provider appeal, the form MUST be submitted within 60 calendar days of the date on the EOP, plus three calendar days if the notice is mailed. Sunflower will not review requests outside of these timeframes.

All boxes immediately below are required to be completed – Do not attach another copy of the claim.

Provider Name	**Provider Tax ID#**
Control/Claim Number (***Located on EOP***)	**Date(s) of Service**
Member Name	**Member ID Number**

Request Review Type (must select one):

- ☐ Reconsideration (optional step)
- ☐ Provider Appeal (required step to proceed to State Fair Hearing)

Reason for Dispute (please check):

- ☐ Claim was denied for no authorization, but authorization # _____ was obtained.
- ☐ Claim was denied for no authorization, but no authorization is required for this service.
- ☐ Claim was paid to wrong provider.
- ☐ Claim was denied for untimely filing in error (proof of timely filing should be attached).
- ☐ Claim was paid for incorrect amount.
- ☐ Denied as duplicate in error.
- ☐ Retro eligibility.
- ☐ Coordination of benefits (please explain below).
- ☐ Client obligation/patient liability/ spenddown not applied correctly.
- ☐ Other (please explain below).

Supporting comments/explanation:

Requestor Name:

Date of Request:	**Requestor Phone Number:**

ATTACH: A copy of the EOP with the claim number to be reviewed clearly circled. Please complete required information above and do not attach a copy of the claim. Mail completed form(s) and attachments to:

Sunflower Health Plan
Attn.: Appeals
PO Box 4070
Farmington, MO 63640-3833

Or

Specialty partner address listed on your EOP

Reconsideration (optional step):

- Submit request to Sunflower Health Plan requesting reconsideration within 120 calendar days of date on EOP plus three (3) calendar days if mailed
- Sunflower Health Plan will provide a resolution to the reconsideration request within thirty (30) calendar days of receiving reconsideration request

Provider Appeal (required step to maintain right to proceed to State Fair Hearing):

- Providers may proceed to an appeal if outcome of the reconsideration is not satisfactory or instead of requesting a reconsideration.
- Providers must request an appeal within sixty (60) calendar days of the date on the EOP plus three (3) calendar days if mailed.
- Sunflower Health Plan will acknowledge your request for an appeal in writing within ten (10) calendar days from the date the request for an appeal is received.
- Sunflower Health Plan will make a determination and/or resolve an appeal within thirty (30) calendar days from the date the request for an appeal is received. You will receive an appeal determination letter to notify of the outcome of the appeal decision.

State Fair Hearing

Providers that are not satisfied with the resolution of their appeal have the right to a State Fair Hearing. Providers may request a State Fair Hearing within thirty (30) calendar days from the date on the Provider Appeal Determination letter plus three (3) additional days if mailed. Providers have the right to be represented by legal counsel, a relative, friend, spokesperson or by their self at hearing and provide evidence in person or in writing to support the matter being disputed.

Requests for State Fair Hearing must be submitted in writing to the Office of Administrative Hearing at address below or to Sunflower Health Plan.

Office of Administrative Hearing
1020 Kansas Avenue
Topeka, KS 66612

(This form may be photocopied)