

Fee for Service Fair Hearing Process

The ***Fee for Service Fair Hearing*** process is for people who are receiving Medicaid through the Kansas Medical Assistance Program (KMAP).

What is a State Fair Hearing?

- The state fair hearing (SFH) is defined as an administrative hearing involving the presentation of evidence and argument before a presiding officer from the Kansas Office of Administrative Hearings (OAH) concerning an adverse determination
- A **Notice of Adverse Benefit Determination** letter is mailed to tell a Medicaid member that there has been an adverse decision made regarding their Medicaid services. A Notice of Adverse Determination is issued for all: terminations, suspensions, reductions, denials, etc. The letter should tell the member why services (or request for specific services) were denied and there is an option to file a fair hearing. The Fee for Service SFH must be filed within 30 calendar days from the sent date on the letter (plus 3 calendar days if the letter was mailed).
- The Fee for Service fair hearing process is done through the Office of Administrative Hearings (OAH) with the State of Kansas. It is an opportunity for the member to:
 - speak about his/her issue
 - present documentation that supports the case.
- The member and the Medicaid state agency will meet before a Presiding Officer that is an administrative law judge, who is an impartial individual. He or she will enter an

order based upon what is presented by you and the agency at the hearing.

- Most fair hearings are done on the phone as a conference call, but a member can request to have the hearing in person.
- There is no fee required for a fair hearing, either on the phone or in person.

Filing an Fee for Service Fair Hearing

- You should not be treated differently by the Kansas Medical Assistance Program (KMAP) if you file a fair hearing.
- ***DO NOT WAIT. Turn in the fair hearing form right away.*** You can always withdraw the request if you decide not to go forward with the fair hearing. They do not make exceptions for missed deadlines.

What documentation do I need?

- Send a letter or the “request for administrative hearing” form, see page 4, to the Office of Administrative Hearings along with the Notice of Adverse Benefit Determination letter.
- Include a timeline of letters sent and received, when calls were made, who you talked to, general info regarding the conversation, action taken regarding this issue.
- Send in your fair hearing request letter or form (either a letter or the form will work) as soon as possible saying you want a hearing. Be sure to include: (1) Your full name, address, telephone number; (2) an explanation of why the decision/final action is unsatisfactory in your circumstances; (3) a copy of the “adverse determination” letter (a copy of the letter from which you are appealing, if you received one). This initial request does not have to state all the details of

your case yet. Follow up with a letter and documentation from yourself and other healthcare professionals that will support your case.

- Have the healthcare individuals (doctors, nurses, LPN, physical therapists, home attendants, etc.) write something as well as the member. It will be helpful if the professionals know the specific things that are being denied and why.
- If at any time during the hearing process your address changes, it is your responsibility to provide that address change to the Presiding Officer.

Where do I file a Fair Hearing?

Mail to:

Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, KS 66612-1327

Or Fax: 785-296-4848

What happens to my services while I am filing a Fee for Service Fair Hearing?

- Continuation of services will end 10 calendar days following the sent date of the notice of adverse benefit determination. The member has the opportunity to request continuation of disputed services to the conclusion of the hearing decision within that 10-day deadline, but it is complicated by a variety of things and a case by case determination will be made regarding whether the continuation will happen. Please keep in mind that you may have to pay for those disputed services if you lose the fair hearing.

Other Fair Hearing Information

- You may have an attorney represent you at the hearing. The attorney will be at your expense. If you hire an attorney, he or she must be licensed in the State of Kansas and enter their appearance on your behalf prior to the hearing. If you choose Kansas Legal Services or Disability Rights Center of Kansas, they do not charge a fee. The Ombudsman's office recommends members consider having a lawyer assist with preparing for the fair hearing and come to the fair hearing with them.
 - ***Deadlines for this information will come by letter from the Office of Administrative Hearing. Be sure to read every letter from them thoroughly.***
 - The ***most frequent mistake*** made by individuals during the process of preparing is failing to read the notices and documents issued as part of the hearing process. Read everything you receive ***very carefully.***

Legal Services

- **The Disability Rights Center of Kansas**

The Disability Rights Center of Kansas (DRC) is a public interest legal advocacy agency empowered by federal law to advocate for the civil and legal rights of Kansans with disabilities. DRC is the Official Protection and Advocacy System for Kansas and is a part of the national network of federally mandated and funded protection and advocacy systems.

Contact Information

214 SW 6th St., Suite 100

Topeka, KS 66603

Voice: (785) 273-9661

Toll Free Voice: (877) 776-1541

- **Kansas Legal Services**

Kansas Legal Services is a statewide non-profit organization dedicated to helping low-income Kansans meet their basic needs through the provision of essential legal, mediation and employment training services. Kansas Legal Services can assist individuals with cases involving health issues, housing, employment, juvenile issues (delinquent, termination of parental rights), income maintenance, Indian laws, family issues, individual rights and consumer issues.

Legal Assistance Toll Free Central Intake Line

Phone: (800) 723-6953

Main Office: (785) 233-2068 (voice)

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**Request for Medicaid Hearing
Applicant/Beneficiary Eligibility Hearing or Fee-For-Service
Beneficiary Hearing
Kansas Office of Administrative Hearings**

Date: _____

I am requesting a hearing before an impartial hearing officer regarding my Medicaid eligibility or Fee-For-Service Medicaid Services. I understand I may represent myself or use an attorney, relative, friend or other spokesperson.

Applicant/Beneficiary: _____ Phone: _____

Case #: _____ Date of Birth: _____

Address: _____

Representative (if applicable): _____ Phone: _____

Representative's Address: _____

Representatives should include their authorized representative form when submitting this form to the Office of Administrative Hearings.

Representative is (circle one): a parent or relative, an advocate or friend, an attorney, a health care provider, a guardian, a conservator or other (please specify): _____

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 papers you think may help explain the problem.



(Continue on attached page if necessary)

You can ask for an expedited (fast) hearing if you have an urgent medical need. **You must send medical documents as proof of the urgent medical need at the time you ask for a fast hearing.** We will review these requests as quickly as possible. We will approve or deny the request based on the documents submitted at the time of the request. If we approve the request, your hearing will be scheduled as quickly as possible. If we deny the request, your hearing will be scheduled in the usual amount of time.

I would like to request a fast hearing. **I am sending medical documents that prove I have an urgent medical need for a fast hearing.**

Name of Person Requesting Administrative Hearing

Name of Person Completing This Form
Submitted Verbally _____ Written _____



You may submit your hearing request by mail, fax, or by telephone:

Mail: Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, Kansas 66612

Fax: Office of Administrative Hearings.....1-785-296-4848
(Keep a copy of the page that shows your fax was successful.)

Telephone:

KanCare Clearinghouse (Eligibility Decisions)....1-800-792-4884

KMAP Customer Service (Fee-for-service beneficiary service decisions).....1-800-766-9012

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

RULES AND REGULATIONS RELATING TO FAIR HEARINGS

1. K.S.A. 75-3306, as amended, provides that “The secretary ... shall provide a fair hearing for any person ... who appeals from the decision or final action of any agent or employee of the secretary”. The hearing shall be conducted in accordance with the provisions of the Kansas administrative procedure act, K.S.A. 77-501 et. seq.
2. A dissatisfied individual or entity must request an administrative hearing in writing and sign it (except for food assistance where the request may be oral). This form may be used but it is not a requirement. The request for an administrative hearing should be returned to the local agency office or sent to the Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, KS 66612. The individual or entity requesting the administrative hearing shall then be called an appellant and the party whose decision is appealed shall be called the respondent.
3. Written notice of the time and place of the hearing or prehearing shall be given by the Office of Administrative Hearings to the appellant and to the respondent at least ten days prior to the hearing.
4. The appellant may have a representative of his/her own choice at the hearing, along with the ability to have witnesses and produce documentary evidence relating to his/her appeal. Failure to participate in the scheduled hearing or any other matter scheduled regarding your appeal may result in your appeal being dismissed.
5. The hearing shall be conducted by a Presiding Officer from the Office of Administrative Hearings. (K.S.A. 75-37,121)

6. A recording shall be made of the hearing, and this recording shall be reduced to a transcript if requested for good cause shown by any of the parties to the hearing. If such a request is made, it will be the requesting party's responsibility to pay for the transcript.
7. A copy of the initial order of the Presiding Officer shall be mailed to the appellant and the respondent.
8. A request for administrative hearing shall be in writing (except in food assistance where the request may be oral) and received by the agency within 30 days (90 days for food assistance) from the date of the order or notice of action taken by the agency.
9. If an individual is in need of any special accommodation, in order to be involved in their hearing, they should notify the Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, KS 66612.
10. The Office of Administrative Hearings does not accept any filings by e-mail without prior approval of the Presiding Officer or their designee.

This form taken from the Office of Administrative Hearings website at: www.oah.ks.gov/Home/Forms