



OneCare Kansas Refusal Form

Instructions

The OneCare Kansas (OCK) Refusal Form is to be utilized when an OCK partner (OCKP) refuses to serve a member assigned by a Managed Care Organization (MCO). The OCKP may refuse a member assignment under limited circumstances outlined in section three of the form. If the OCKP chooses to refuse a member for a reason not listed, the form must be approved by both the State OCK Manager and the assigned MCO.

To refuse a member assignment, the OCKP should complete the first three sections of the form. Once completed, the form should be sent to the assigned MCO using the contact information provided below. The form can be submitted to the MCO via fax, secure HIPPA compliant email, MCO portals, or standard mail.

MCO Contact Information

<p>Aetna Better Health of Kansas Attention: Member Services 9401 Indian Creek Pkwy, Suite 1300 Overland Park, KS 66210 Email Aetna Better Health of Kansas Phone: (855) 221-5656 Fax: (959) 282-8852</p>	<p>Sunflower Health Plan 8325 Lenexa Drive, Suite 200 Lenexa, KS 66214 Email Sunflower Health Plan Phone: (877) 644-4623 Fax: (888) 453-4317</p>	<p>United Health Care OneCare Kansas 6860 W 115th St. Mail Route: KS015-M400 Overland Park, KS, 66211 Email United Health Care Phone: (877) 542-9238 Fax: (855) 252-9324</p>
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Section I: OCK Partner Information

Provide the following information for the OCKP initiating the request.

Partner Name: _____

Primary Contact Name: _____

Title of Primary Contact: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Email:** _____

Section II: Member Information

Provide the following information regarding the member for whom the refusal request is being made.

MCO Assignment: Aetna Sunflower United **Medicaid ID Number:** _____

Member Name: _____ **Date of Birth:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Section III: Refusal Request

Provide the following information concerning the member's refusal request.

Date of Request: _____

Select the reason for the refusal of the member assignment:

- Member has been previously refused by the OCKP with applicable notice provided in writing
- Member resides outside the geographic range served by the OCKP
- OCKP does not serve the member's age group
- OCKP has reached its capacity to provide OCK services
- OCKP is a Tribal 638/Indian Health facility and wishes to limit its OCK services to Native Americans
- OCKP is a provider of services to individuals with intellectual or developmental disabilities (I/DD) and wishes to limit its OCK services to those with I/DD
- Member has not engaged in services for two (2) consecutive quarters
Note: Program disenrollment is at the discretion of the MCO and member
- Other reason *

*** If other reason was select, please specify:**

Section IV: MCO Follow-Up

The following fields are to be completed by the MCO processing the member refusal request.

MCO Representative Name: _____

Title of MCO Representative: _____ **Phone Number:** _____

Date Refusal Request Received: _____ **Date Refusal Reviewed:** _____

Alternative OCKP Assignment: _____