

## PROCESS REMINDER: STAR/CHIP Reconsiderations & Appeals

Sendero Health Plans follows an established process for providers to pursue resolution of medical and/or administrative appeals. This process is available to all providers, in-network and out-of-network.

### **Level I Appeal Reconsideration**

In the event that a provider disagrees with Sendero's denial of a medical and/or claim determination, the provider has the right to submit a request for administrative reconsideration of Sendero's initial determination. This is considered a Level I Appeal Reconsideration and must be filed in writing **within 120 calendar days** of the initial decision (Explanation of Payment (EOP) or medical necessity determination).

Level I Appeal Reconsiderations are required to include:

- ✓ A completed claim form
- ✓ A copy of the EOP with the claim in question
- ✓ A written explanation of the reconsideration which should identify as "Administrative Appeal Reconsideration"
- ✓ Supporting documentation

Level I Appeal Reconsiderations must be mailed to:

#### **Dates of Service 9/1/2017 – 4/30/2018:**

Sendero Health Plans  
ATTN: Sendero Reconsiderations  
PO BOX 15507  
Austin, TX 78761

#### **Dates of Service 8/31/2017 and before:**

Sendero Health Plans  
ATTN: Sendero Reconsiderations  
2028 E Ben White Blvd, Ste 400  
Austin, TX 78741

### **Level II Appeal**

If a provider disagrees with Sendero's reconsideration decision, the provider has the right to appeal Sendero's reconsideration determination. An appeal cannot take place unless a previous reconsideration has been submitted and denied. This is considered a Level II Appeal and must be filed in writing with supporting documentation **within 30 calendar days** of the reconsideration decision.

Level II Appeals must be mailed to:

Sendero Health Plans  
ATTN: Sendero Appeals  
2028 E Ben White Blvd, Ste 400  
Austin, TX 78741

If after completing this process, you are still not satisfied with the appeal resolution and believe you did not receive full due process from Sendero, you may file a complaint or inquiry at [HPM\\_complaints@hhsc.state.tx.us](mailto:HPM_complaints@hhsc.state.tx.us). Providers must exhaust the complaints or grievance process with Sendero before filing a complaint with HHSC. Providers can send written complaints to HHSC at:

Texas Health and Human Services Commission  
Provider Complaints  
Health Plan Operations, H-320  
PO Box 85200  
Austin, Texas 78708