

PROCESS REMINDER:

IdealCare 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 1/1/2017 – current:

Sendero Health Plans
 ATTN: Sendero Reconsiderations
 PO Box 301425
 Houston, TX 77230

Dates of Service 12/31/2016 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 the Texas Department of Insurance. Providers must exhaust the complaints or grievance process with Sendero before filing a complaint with TDI. Providers can contact TDI at:

Texas Department of Insurance
 PO Box 149091
 Austin, Texas 78714-9091
 FAX: 512-490-1007