



KanCare Ombudsman Office
Phone: Toll Free: 1-855-643-8180
TTY: 771
Email: KanCare.Ombudsman@ks.gov
Website: www.kancare.ks.gov/kancare-ombudsman-office

Eligibility Grievance Process

The **Eligibility Grievance** Process is for people who are in the eligibility application process or renewal process for receiving KanCare. These grievances will be filed with the KanCare Clearinghouse.

The **KanCare Grievance Process** is for KanCare members who are currently **receiving services**. Those grievances are filed with a managed care organization (MCO). If your complaint is with your current MCO or one of its network providers, please see the *KanCare Grievance Process* information packet.

ELIGIBILITY GRIEVANCE

What a Grievance is NOT? A grievance is an expression of dissatisfaction about any matter other than an action. **An Action** is when a managed care organization (MCO) *such as Amerigroup, Sunflower or United, or a state agency such as Kansas Department of Health and Environment, Kansas Department of Aging and Disability Services or Kansas Department of Children and Families:*

- Denies or limits a service you want;
- Reduces, suspends or terminates a service you are getting ;
- Fails to authorize a service in the required time; or
- Fails to respond to a grievance or appeal in the required time.

-Portions taken from United 2015 Member Handbook, p.43

Dissatisfaction about **an action** can be appealed (see information packet on KanCare Appeals and Hearings).

What is a Grievance? If you have a problem with eligibility services of KanCare concerning such things as customer service, access to care, or your rights and dignity, you may file **an official complain, or grievance:**

Possible subjects or examples of an Eligibility Grievance might be:

- Poor behavior by an employee of the KanCare Clearinghouse during the eligibility or renewal process.
- Failure to respect an applicant/member's rights and dignity during the eligibility or renewal process.
- Concerns about your access to care due to the eligibility and renewal process.
- You are unhappy with the customer service during the eligibility and renewal processes.



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How do I file an Eligibility Grievance?

- Call or Write to the KanCare Clearinghouse about it; or
- Ask a representative of your choice to call or write to the KanCare Clearinghouse

If you ask a representative to call or write to the KanCare Clearinghouse, you will need to include written approval for them to represent you. You can find the **Medical**

Representative Authorization Form at:

http://www.kdheks.gov/hcf/data_requests/download/KC6100MedicalRepresentativeAuthorizationForm_EN.pdf

To submit an Eligibility Grievance (official complaint), contact the KanCare Clearinghouse:

Phone: 1-800-792-4884

Mail to:

KanCare Clearinghouse
P.O. Box 3599
Topeka, KS 66601-9738

Fax:

Children and Families Department: 1-800-498-1255
Elderly and Disabled Department: 1-844-264-6285

Eligibility Grievance Worksheet

To submit an official Eligibility Grievance, call or write to the KanCare Clearinghouse. There is no special form required to submit an official grievance. You may use the following *Grievance Worksheet* as a script to guide you on the phone, in writing a letter, or you may mail or fax this worksheet as an alternative to a phone call or letter to submit your official Eligibility Grievance. **This worksheet is an organizational tool only, and does not provide legal advice.**



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Eligibility Grievance Worksheet

I am submitting this Eligibility Grievance to: _____

Applicant/Member Contact Information:

KanCare Applicant/Member Name (Please Print) _____

Medicaid ID# or Case# _____

KanCare Applicant/Member Street Address or PO Box: _____ Apt #: _____

City _____ State _____ Zip Code _____

Preferred Phone: _____ Alternative Phone: _____

Grievance Description

There is no special form required to submit an official Eligibility Grievance. However, the KanCare Ombudsman office suggests that you write out your story with a clear time line, marking the specific event as well as any difficulties that occurred due to that event.

Description of the event for which you are submitting a grievance (If you need more room, attach additional pages.): _____

Printed Name of Member (or parent/guardian)*

Date: _____

Signature of Member (or parent/guardian)*

*Relationship to Member: Self Parent Guardian POA

Other (explain): _____

*If you are representing the KanCare applicant/member, have you submitted the Medical Representative Authorization form with this worksheet? _____