

Eligibility (Clearinghouse) Grievance Process

The **Eligibility (Clearinghouse) Grievance** is for people who are in the KanCare/Medicaid eligibility application process or renewal process or have issues with spenddown, client obligation or patient liability. These grievances will be filed with the KanCare Clearinghouse.

What is a Grievance? A grievance is an expression of dissatisfaction about any matter other than a *Notice of Adverse Benefit Determination* (previously called an Action).

Note: A Notice of Adverse Benefit Determination is when the KanCare Clearinghouse or a state agency sends a notice regarding your eligibility or benefits.

When would I file 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 complaint, 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.
- Have an issue with a spenddown, client obligation or patient liability.
- Did not receive culturally appropriate care during the eligibility or renewal process (In this case, you may also file an additional, state agency grievance)

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 assist, you will need to include written approval for them to represent you. You may choose from one of the following:
 - [Authorized Representative Designation Form](#): for Appeals, Hearings and Grievances
 - [Medical Representative Authorization](#): for persons on Medicaid to authorize (allow) another person to help them with medical calls, paperwork, etc. If the person assisting is a DPOA or Guardian, they must include that paperwork with this form. Read the form carefully for details.

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:
1-800-498-1255
1-844-264-6285

What documentation do I need?

You can file a grievance without providing documentation.

If you have a record of when phone calls were made, who you talked to, general info regarding the conversation, that may be helpful.

What is the timeline?

There is no deadline to submit a grievance.

Eligibility Dispute Resolution Process

A grievance does NOT change an adverse determination.

If an applicant receives a notice of adverse benefit determination, ***the applicant has three potential actions they can take:***

- Request a Review – With this process, the KanCare Clearinghouse will check the math, but will not do a full review. If an error is found, then the review turns into a Redetermination.
- Request a Redetermination – This process is a full review of all documentation. There are two potential ways of getting a redetermination:
 - The applicant has new or additional information for the KanCare Clearinghouse that they believe will change the outcome/denial.
 - If an error is found in a review, it then becomes a redetermination, a new notice is sent out and the clock starts over with the sent date on the notice.
- Request a(n) (Eligibility) State Fair Hearing. See the Eligibility Fair Hearing Process on the KanCare Ombudsman web pages:
<http://www.kancare.ks.gov/kancare-ombudsman-office/appeals-information>

Eligibility Grievance Worksheet

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.**



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) *

Signature of Member (or parent/guardian) * Date: _____

*Relationship to Member: Self Parent Guardian POA

Other (explain): _____

*Note: If you are representing the KanCare applicant/member, please send this worksheet or your letter with one of the following two forms:

- Medical Representative Authorization form (See page 1 for links to the form)
- Authorized Representative Designation Form (See page 1 for links to the form)
- The Durable Power of Attorney (DPOA) information should also be attached if applicable.