

KanCare Grievance Process

This process is for KanCare members who are receiving services. These grievances are filed with the managed care organization (MCO – such as Amerigroup, Sunflower or United.)

The Eligibility and Renewal Grievance process is for people who are in the eligibility process or renewal process for receiving KanCare. Those grievances will be filed with the Kansas Department of Health and Environment.

Note changes to Grievance process with the MCOs contract starting May 1, 2017

- **NEW** – All submission and resolution timeframes changed from business days to calendar days.
- **NEW** – If the MCO extends the timeframe for issuing an authorization decision, the Member has the opportunity to file a grievance.
- **NEW** – If the MCO fails to issue service authorization decisions or meet grievance and appeal resolution timeframes for standard and expedited service authorizations, grievances and appeals, such untimely authorizations or resolutions constitute a denial and are adverse actions. *(The member then has the ability to file an appeal with the MCO and then a state fair hearing if the appeal is denied.*
- **NEW** - The MCO shall inform Members how to submit a grievance directly with the State, once the Member has completed the MCO's grievance process, if they are unable to obtain culturally appropriate care.

GRIEVANCE

What is a Grievance? A grievance is an expression of dissatisfaction.

If you have a problem with an MCO's or network provider's services concerning such things as quality of care, access to care, your rights and dignity, or poor behavior of a provider, an MCO, or an MCO associate, you may file an official complaint:

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

If you ask a provider or other person to call or write to the MCO, you will need to include written approval for them to represent you.

Possible subjects or examples of a grievance might be:

- You are unhappy with the quality of your care or services provided
- Poor behavior by an employee of the MCO or their provider
- The failure to respect a member's rights and dignity
- You received a bill from a provider that should be covered by KanCare (your MCO)



and the MCO said they are not covering it.

Basics

Members must file a grievance within 180 days of the action taken by the MCO. The MCO must acknowledge in writing the grievance was received within 10 business days; 98% of all grievances must be resolved in 30 business days. If the MCO believes an additional 30 business days may be needed to resolve the grievance, this request must be made to KDHE/HDCF two business days in advance of the 30 business day deadline. 100% of grievances must be resolved in 60 business days.

For grievance/complaint process for your managed care companies call these main numbers.

- **Amerigroup** Toll Free:(1-800-600-4441) (TTY: 711); Direct: 913-749-5955 (TTY 711)

Mail to:

Administrative Review and Grievance Department
Amerigroup Kansas, Inc.
9225 Indian Creek Parkway, Building #32
Overland Park, KS 66210

Visit us in person at:

Amerigroup Kansas, Inc., Administrative Review and Grievance Department
9225 Indian Creek Parkway, Building #32
Overland Park, KS 66210

- **Sunflower** Toll Free: (1-877-644-4623) (TTY: 1-888-282-6428)

Fax: 1-888-453-4755

Mail to:

Sunflower Health Plan Quality Department
8325 Lenexa Dr., Suite 200
Lenexa, KS 66214

- **United Healthcare** (1-877-542-9238) (TTY: 711)

Mail to:

United Healthcare Grievance and Appeals



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

P.O. Box 31364
Salt Lake City, UT 84131-0364