

KanCare Grievance Process

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

The **Eligibility Grievance** process is for people who are in the **eligibility process or renewal process** for receiving KanCare. Those grievances will be filed with either the KanCare Clearinghouse or Kansas Department of Health and Environment - Division of Health Care Finance (Medicaid agency). If your complaint is with the eligibility process rather than with your current services, please see the **Eligibility Grievance Process** information packet.

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** if the Member disagrees with that decision.
- **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.

KANCARE 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).



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

What is a Grievance? 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, or grievance:**

Possible subjects or examples of a KanCare 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.

How do I file a KanCare Grievance?

- 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. The written approval is usually a form found in your managed care provider's manual. You can also find a generic form on the KanCare Ombudsman's website for use at: <http://www.kancare.ks.gov/docs/default-source/KanCare-Ombudsman/resources/authorized-representative-designation-form.pdf?sfvrsn=0>.

Grievance Resolution Timeline

Members must file a grievance within 180 calendar days of the action taken by the MCO. The MCO must acknowledge in writing the grievance was received within 10 calendar days; 98% of all grievances must be resolved in 30 calendar days. If the MCO believes an additional time is needed to resolve the grievance, the resolution period may be extended by up to 14 calendar days. This request must be made to KDHE/HDCF two business days in advance of the 30 calendar day deadline. 100% of grievances must be resolved in 60 calendar days.



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To submit a KanCare Grievance (official complaint), contact your managed care organization.

<p>Amerigroup: Toll Free: (1-800-600-4441) (TTY: 711); Direct: 913-749-5955 (TTY 711)</p> <p>Mail to: Central Appeals Processing Amerigroup Kansas, Inc. PO Box 62429 Virginia Beach, VA 23466-2429</p> <p>Visit us in person at: Amerigroup Kansas, Inc. Administrative Review and Grievance Department 9225 Indian Creek Parkway, Building #32 Overland Park, KS 66210</p>	<p>Sunflower: Toll Free: (1-877-644-4623) (TTY: 1-888-282-6428) Fax: 1-888-453-4755</p> <p>Mail to: Sunflower Health Plan Quality Department 8325 Lenexa Dr., Suite 200 Lenexa, KS 66214</p>	<p>United Healthcare: Toll Free: (1-877-542-9238) (TTY: 711)</p> <p>Mail to: United Healthcare Grievance and Appeals P.O. Box 31364 Salt Lake City, UT 84131-0364</p>
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KanCare Grievance Worksheet

To submit an official KanCare Grievance, KanCare members may call or write to the MCO. 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 KanCare Grievance. **This worksheet is an organizational tool only, and does not provide legal advice.**



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KanCare Grievance Worksheet

I am submitting this KanCare Grievance to: _____

Member Contact Information:

KanCare Member Name (Please Print) _____

Medicaid ID# _____

KanCare 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 KanCare 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? _____