

MCO (Managed Care Organization) Grievance Process

The ***MCO Grievance*** process is for KanCare members who are currently ***receiving services*** and have a managed care organization (MCO) such as Amerigroup, Sunflower or United. If the member has a complaint regarding their MCO or one of its network providers, this grievance will be filed with the member's managed care organization.

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 a managed care organization (MCO) or state agency sends a notice regarding your eligibility or benefits (i.e. MCOs, 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).

When would I file a Grievance? If the member has a complaint regarding their MCO or network providers 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 (MCO) 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
- Issues with transportation
- You received a bill from a provider that should be covered by KanCare (your MCO) and the MCO said they are not covering it.
- Did not receive culturally appropriate care (In this case, you may also file an additional, state agency grievance)

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. You may choose from one of the following:
 - The written approval is usually a form found in your managed care provider's manual.
www.kancare.ks.gov/providers/health-plan-information
 - Authorized Representative Designation Form: for Grievances, Appeals and Hearings
 - 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.



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

To submit an MCO grievance, contact your managed care organization:

<p><u>Amerigroup:</u> 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><u>Sunflower:</u> 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><u>United Healthcare:</u> 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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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.
- The MCO must acknowledge in writing the grievance was received within 10 calendar days.
- The Managed Care Organization must resolve the grievance and send an issue notice within 30 calendar days from receipt of the grievance.
- 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 as untimely authorizations or resolutions, this constitutes a denial and are adverse actions. The member then can file an appeal with the MCO and then a state fair hearing if the appeal is denied.

MCO 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 MCO Grievance. **This worksheet is an organizational tool only, and does not provide legal advice.**



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MCO (Managed Care Organization) Grievance Worksheet

I am submitting this MCO Grievance to:

Member Contact Information:

KanCare Member Name (Please Print)

Medicaid ID# or Case # _____

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 MCO 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.



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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.

Requirements for the Grievance process

- **NEW-** All grievances will be resolved, and issue notice no later than 30 calendar days following receipt of grievance.
- **NEW -** Members may file a grievance with the MCO **at any time (no longer the 180- day requirement)**. The MCO must acknowledge in writing the grievance was received within 10 calendar days; All grievances must be resolved, and issue notice sent no later than 30 calendar days following receipt.
- If the MCO extends the timeframe for issuing an authorization decision, the Member can file a grievance if the Member disagrees with that decision.
- 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, this constitutes a denial and are adverse actions. *The member then can file an appeal with the MCO and then a state fair hearing if the appeal is denied.*
- 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.