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 that there has been an adverse decision/determination made regarding your eligibility or benefits. A grievance does NOT change an adverse benefit determination.

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. Once the member has completed the grievance process, if unable to obtain culturally appropriate care, you can contact the KanCare Ombudsman's office for assistance.

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.

- Note: The timeline to provide information needed for a review or the review form itself extends through the three months after coverage ended for failure to return the review, or 12 days after the discontinuance notice, whichever is later. (references to the 3-month period are in Medical KEESM 9310.3 and KFMAM 7431).
- For example, if coverage was discontinued due to failure to return the review on 08/31/2018, the consumer would have until 11/30/2018 to provide the review form and have it processed as a review (rather than as a new application).
- However, the review timeframe only applies when the coverage ended because of failure to provide requested information or failure to return the review form itself. If coverage is discontinued for any other reason (past due premiums, over the income or resource limits, failure to meet the residency requirement, etc.), then the review reconsideration period doesn't apply.
- On the other hand, if what they want to know about is redeterminations (in terms of correcting errors in coverage) specifically, there is no set timeframe. If we find an error in processing, we will correct that regardless of whether the request was made within a reconsideration period.

- Request a Redetermination – This process is a full review of all documentation. There are two potential ways of getting a redetermination:
    - 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.
    - The applicant has new or additional information for the KanCare Clearinghouse that they believe will change the outcome/denial. ***IMPORTANT***: Information Received on Denial or IROD Timeframe – the deadline for submission of new or additional information is 12 calendar days from the eligibility denial letter or within 45 days from application date, whichever is longer. If applicant does not submit new/updated information that they believe will change the outcome/denial by the IROD timeframe, they must reapply.
- 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) *

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

*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.