

## **Fee for Service Grievance Process**

The ***Fee for Service (FFS) Grievance*** process is for current KanCare members who do not have an MCO. These grievances are filed with the Kansas Medical Assistance Program or KMAP.

**What is a Grievance?** A grievance is an expression of dissatisfaction about any matter other than a *Notice of Action*.

**Note:** A Notice of Action is when a state agency sends a notice that there has been an adverse decision/determination made regarding your FFS services or benefits (i.e. a state agency such as Kansas Medical Assistance Program/KMAP or Kansas Department of Health and Environment/KDHE-Division of Health Care Finance. A grievance does NOT change an adverse benefit determination.

**When would I file a Grievance?** If you have a problem with Kansas Medical Assistance Program (KMAP) or a network provider's services 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 a Fee for Service Grievance might be:

- You are unhappy with the quality of your care or services provided
- Poor behavior by an employee of KMAP or one their providers
- The failure to respect a member's rights and dignity
- You received a bill from a provider that should be covered by KMAP and KMAP said they are not covering it.
- 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 a Fee for Service Grievance?

- Grievances may be submitted verbally or in writing. The member call or write to the Kansas Medical Assistance Program (KMAP); or
- Ask a representative of your choice to call or write to the KMAP.

If you ask a representative to call or write to the KMAP, 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 Grievances 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.

## **To submit a Fee for Service Grievance, write to KMAP:**

### **Mail to:**

Kansas Medical Assistance Program  
Medicaid Grievances  
PO Box 3751  
Topeka, KS 66601

**Toll Free:** 1-800-766-9012

**Relay:** 711

### **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 for a submission of a grievance.



KanCare Ombudsman Office  
Phone: Toll Free: 1-855-643-8180  
Relay: 711  
Email: [KanCare.Ombudsman@ks.gov](mailto:KanCare.Ombudsman@ks.gov)  
Website: [www.kancare.ks.gov/kancare-ombudsman-office](http://www.kancare.ks.gov/kancare-ombudsman-office)

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## **Fee for Service Grievance Worksheet (on next page)**

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 Fee for Service Grievance. **This worksheet is an organizational tool only and does not provide legal advice.**



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## Fee for Service Grievance Worksheet

**I am submitting this Fee for Service 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 Fee for Service Grievance. However, the KanCare Ombudsman office suggests that you write out your story with a clear time line marking the specific event that occurred 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.):

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**Printed Name of Member (or parent/guardian) \***

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**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](#)
- [Authorized Representative Designation Form](#)
- The Durable Power of Attorney (DPOA) information should also be attached if applicable.