

A person wearing a dark suit and a white shirt is holding a white rectangular sign with both hands. The sign has text on it. The background is dark.

***Grievance* Procedures**

***Making an
Official Complaint***

9/28/2018

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What is a Grievance?



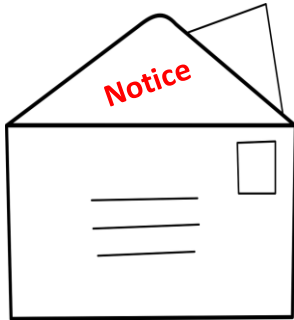
A grievance is an expression of dissatisfaction about any matter **other than a *Notice of Adverse Benefits Determination*** (previously called an Adverse Action). **A grievance is an official complaint.**

Possible grievance subjects:

- You are unhappy with the quality of your care or services provided
- Poor behavior by an employee
- Failure to respect a member's rights and dignity

... by the MCO, one of the MCO's network providers, the Clearinghouse, or by a state agency.

What a Grievance is **not**



A grievance is an expression of dissatisfaction about any matter **other than a Notice of Adverse Benefit Determination** (previously called an Action).

A Notice of Adverse Benefit Determination is when a managed care organization (MCO) or state agency sends a notice regarding your eligibility or benefits.

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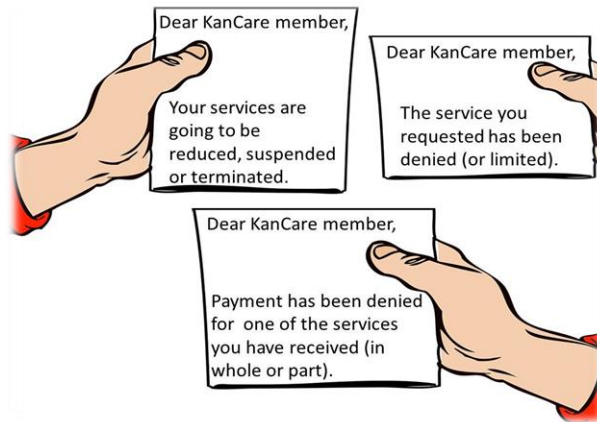
MCO examples:

- Aetna
- Sunflower
- United HealthCare

State Organization examples:

- Kansas Department of Health and Environment (KDHE)
- Kansas Department of Aging and Disability Services or Kansas (KDADS)
- Department of Children and Families (DCF)
- KanCare Clearinghouse (often abbreviated CH)

Adverse Benefit Determinations - Examples



- In cases such as these, you would **not file a grievance**.
- You would use the **appeals** or **fair hearings** processes instead, depending on your situation.

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More Possible Examples of Adverse Benefit Determinations:

- If the MCO or state agency does not authorize of a service within the required time
- If the MCO does not respond to grievances within the required time

Instead of filing an official complaint (a grievance), the member has the option to file a fair hearing to try to reverse that adverse determination.

If this is your situation, please see the **KanCare MCO Appeals and Fair Hearings Process** packet. This can be found on the KanCare website at: <http://www.kancare.ks.gov/kancare-ombudsman-office/appeals-information> .

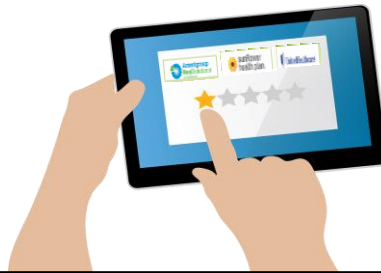
3 Types of Grievances



1. **MCO Grievances** - for current KanCare members wanting to make an official complaint about the Managed Care Organization (MCO) or one of its network providers.
2. **Eligibility (Clearinghouse) Grievances** - for individuals wanting to make an official complaint about the KanCare Clearinghouse (*usually occurs during the eligibility process during new applications or renewals*).
3. **Fee for Services Grievances (submit to KMAP)**- This grievance is for current KanCare members who do **not** have an MCO. For example, KanCare members on the following programs: MediKan, Medicare Savings Program *only*, or programs connected to Kansas Medical Assistance Program (KMAP).

What is an MCO Grievance?

- For KanCare members who are **currently receiving services and have a Managed Care Organization** (MCO: Amerigroup, Sunflower, or UnitedHealthcare).
- An official complaint **about your MCO or one of its network providers**
- Submit **MCO grievances to your MCO**



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What types of complaints would be appropriate for an MCO Grievance?



The current KanCare member:

- Is unhappy with the quality of care or services provided by the MCO or one of its providers.
- Is dissatisfied with his or her access to care and services due to the MCO or one of its providers.
- Feels their rights and dignity have not been respected by the MCO or one of its providers.
- Has been treated with poor behavior by the MCO, an MCO associate or one of the MCO's network providers.

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Example of Poor Behavior: Issue with Transportation:

If the driver that provides transportation through the MCO is smoking during transport, and you have asked him/her to stop, and they continue to smoke. This would be a reason to submit a grievance to the MCO.

Specific "Access to Care" Example:

You received a bill from a provider that **should be** covered by your MCO, but the MCO said they are not covering it.

Where do I file an MCO Grievance?



1. Call or write to the MCO about it; or
2. Ask a representative of your choice to call or write to the MCO on your behalf

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Aetna

1-855-221-5656

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

Can someone else file a grievance on my behalf?

If you ask another person to call or write to the MCO on your behalf, you will need to include **written approval** for them to represent you.

You may choose from one of the following:

1. The written approval is usually a form found in your managed care provider's manual.
<http://www.kancare.ks.gov/providers/health-plan-information>
2. [Authorized Representative Designation Form](#): for Appeals, Hearings and Grievances
3. [Medical Representative Authorization](#): for persons on Medicaid to authorize (allow) another person to help them with medical calls, paperwork, etc.

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- The Medical Representative will also receive the member's Medicaid card and KanCare renewal form, and is responsible for updating and submitting the renewal to the Clearinghouse each year.
- If the person assisting is a DPOA or Guardian, they must **also** include that paperwork with this form (send in proof that you are DPOA, Guardian, Social Security Payee, etc.).

How do I submit an MCO Grievance?



- The grievance itself can be a **phone call** or in **letter form**.
- You can file a grievance **without providing documentation** and **no specific form is required**.
- If you have a record of when phone calls were made, who you talked to, general information regarding the conversation, that may be helpful.

How do I write an MCO Grievance?

KanCare
Ombudsman

KanCare Ombudsman Office
Phone: Toll Free 1-855-653-9185
TTY: 711
Email: kanCare.ombudsman@ks.gov
Website: www.kanCare.gov/kanCare-ombudsman-office

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.

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.

Updated 5/1/15 Page 3

- No specific form is required.
- However, the KanCare Ombudsman's office has created a fill-in-the-blank form that you may use to help you organize your information.
- See the **[grievance worksheet](#)** in the **[MCO Grievance Process packet](#)**.

You may use this 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 submit your official MCO Grievance. **This form is not required.**

MCO Grievance - Resolution Timeline

- Members may file a grievance with the MCO at any time (no longer a 180 day-requirement).
- The MCO must acknowledge in writing the grievance was received within 10 calendar days.
- 100% of grievances must be resolved and issue notices sent no later than 30 calendar days following the receipt of grievance.



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Failure of MCO to send grievance issue notice on time:

Failure of the MCO to send grievance notices within the required timeframes means that the member is deemed to have exhausted the MCO's appeal process and the member may initiate a state fair hearing.

Special Note on Culturally Appropriate Care:

If the member is unable to obtain culturally appropriate care, the MCO shall inform Members how to submit a grievance directly with the State, once the Member has completed the MCO's grievance process.

What is an Eligibility (Clearinghouse) Grievance?

- For individuals in the *eligibility process* (*new applications or renewals*) for receiving KanCare.
- An official complaint **about the KanCare Clearinghouse**.
- Submit to the **Eligibility (Clearinghouse) Grievances** to the Clearinghouse.



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What types of complaints would be appropriate for an Eligibility (CH) Grievance?



The KanCare member or applicant:

- Is unhappy with the customer service during the eligibility and renewal processes.
- Has concerns about access to care due to the eligibility and renewal process.
- Feels their rights and dignity have not been respected during the eligibility or renewal process.
- Has been treated with poor behavior by an employee of the KanCare Clearinghouse during the eligibility or renewal process.^{1,4}

Special note: You should **not** use the grievance process to express dissatisfaction about being denied KanCare eligibility. Being denied eligibility is an “Adverse Determination,” so a grievance is inappropriate.

*See the **Eligibility Dispute Resolution** section later in this lesson for details.

Where do I file an Eligibility (Clearinghouse) Grievance?



1. Call or write to the KanCare Clearinghouse
2. Ask a representative of your choice to call or write to the KanCare Clearinghouse

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KanCare Clearinghouse:

Phone: 1-800-792-4884

Mail to:

KanCare Clearinghouse

P.O. Box 3599

Topeka, KS 66601-9738

Fax:

Families with Children Department: 1-844-264-6285

Elderly & Persons with Disabilities Department: 1-800-498-1255

Can someone else file an Eligibility (Clearinghouse) Grievance on my behalf?

If you ask another person to call or write to the KanCare Clearinghouse on your behalf, you will need to include **written approval** for them to represent you.

You may choose from one of the following:

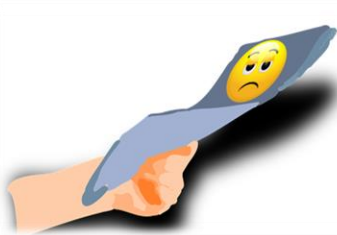
1. [Authorized Representative Designation Form](#): for Appeals, Hearings and Grievances
2. [Medical Representative Authorization](#): for persons on Medicaid to authorize (allow) another person to help them with medical calls, paperwork, etc.

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- The Medical Representative will also receive the member's Medicaid card and KanCare renewal form, and is responsible for updating and submitting the renewal to the Clearinghouse each year.
- If the person assisting is a DPOA or Guardian, they must **also** include that paperwork with this form (send in proof that you are DPOA, Guardian, Social Security Payee, etc.).

How do I submit an Eligibility (Clearinghouse) Grievance?



- The grievance itself can be a **phone call** or in **letter form**.
- You can file a grievance **without providing documentation** and **no specific form is required**.
- If you have a record of when phone calls were made, who you talked to, general information regarding the conversation, that may be helpful.

How do I write an Eligibility (Clearinghouse) Grievance?

KanCare
Ombudsman

KanCare Ombudsman Office
Shore Life Plaza - 1500 Adams Blvd.
2nd Floor
Email: kan-care-ombudsman@ks.gov
Website: www.kancare.ks.gov/kan-care-ombudsman-office

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.

Updated 5/1/18 Page 2

- No specific form is required.
- However, the KanCare Ombudsman's office has created a fill-in-the-blank form that you may use to help you organize your information.
- See the **[grievance worksheet](#)** in the **[Eligibility \(Clearinghouse\) Grievance Process](#)** packet.

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You may use this 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 submit your official Eligibility (Clearinghouse) Grievance. **This form is not required.**

Eligibility Dispute Resolution Process

A grievance does NOT change an adverse determination (eligibility denial).

If an applicant receives a notice of **adverse determination** (such as new application denial or renewal application denial), the applicant has three potential actions they can take (**instead of filing a grievance**):

1. Request a Review
2. Request a Redetermination
3. Request an Eligibility (Clearinghouse) Fair Hearing.



What does it mean to **request a review**?



- You are telling the Clearinghouse that you believe they have made a **specific error**, and **you are asking them to look for that error**.
- When you request a review, the KanCare Clearinghouse will “**check the math**” regarding that specific error, but will **not** do a full review.
- If the error is found, then the **review turns into a redetermination**.

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Deadline to request a REVIEW?

What does it mean to request a redetermination?



This process is a **full review of all documentation**. There are two potential ways of getting a redetermination:

- 1) The applicant has **new or additional information they believe will change the outcome/denial** that they can provide to the KanCare Clearinghouse.
- 2) **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.

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Deadline to request a redetermination:

- **Information Received on Denial or IROD Timeframe** – The IROD timeframe is the deadline for submission of new or additional information that will change the outcome of the denial. The IROD deadline 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.

Deadline to request a review:

What does it mean to request an Eligibility (Clearinghouse) Fair Hearing?



An **Eligibility (Clearinghouse) Fair Hearing** may be requested if you believe you have been denied eligibility due to a error made by the Clearinghouse or state agency, made during the application or renewal process.

What does it mean to request an Eligibility (Clearinghouse) Fair Hearing?



- A fair hearing can also be filed if the application process takes longer than the deadlines determined by Centers for Medicare and Medicaid Services (CMS).
 1. Pregnancy application: 10 days - 2 weeks
 2. Disability application: 90 days
 3. Balance of applications: 45 days
- See the [Eligibility \(Clearinghouse\) Fair Hearing Process](#) packet.

What is a Fee for Service Grievance?

- For **current KanCare members who do not have an MCO**.
For example: MediKan, Medicare Savings Program *only*, or programs connected to Kansas Medical Assistance Program (KMAP).
- An official complaint about **Kansas Medical Assistance Program (KMAP) or one of its network providers**
- Submit a Fee for Service Grievance to **Kansas Medical Assistance Program (KMAP)**



What types of complaints would be appropriate for a Fee for Service Grievance?



The KMAP member:

- Is unhappy with the quality of your care or services provided
- Has been treated with behavior by an employee of KMAP or one of their providers
- Feels that KMAP or one of their providers has failed to respect their 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 by KMAP or one of their providers

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Where do I file a Fee for Service Grievance?



1. Call or write to the Kansas Medical Assistance Program (KMAP)
2. Ask a representative of your choice to call or write to KMAP on your behalf

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KMAP Customer Service (Fee-for-service beneficiary service decisions):

Beneficiaries not enrolled in KanCare Managed Care Organizations (MCOs) will contact Kansas Medical Assistance Program or KMAP

KMAP Mailing address:

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

KMAP phone: 1-800-766-9012

How do I submit a Fee for Service Grievance?



- The grievance itself can be a **phone call** or in **letter form**.
- You can file a grievance **without providing documentation** and **no specific form is required**.
- If you have a record of when phone calls were made, who you talked to, general information regarding the conversation, that may be helpful.

How do I write a Fee for Services Grievance?

KanCare
Ombudsman

KanCare Ombudsman Office
Phone Toll Free: 1-855-642-6180
TTY: 711
Email: KanCare.Ombudsman@ks.gov
Website: www.kan.gov/kancare-ombudsman-office

Fee for Service Grievance Worksheet

I am submitting this Fee for Service 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 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.

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.

Updated 9/3/18 Page 3

- No specific form is required.
- However, the KanCare Ombudsman's office has created a fill-in-the-blank form that you may use to help you organize your information.
- See the **[grievance worksheet](#)** in the **[Fee for Service Grievance Process](#)** packet.

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You may use this worksheet as a script to guide you on the phone, in writing a letter, or you may mail this worksheet as an alternative, to submit your official Fee for Service Grievance to KMAP. **This form is not required.**

Can someone else file a Fee for Service Grievance on my behalf?

If you ask another person to call or write to the Kansas Medical Assistance Program or KMAP on your behalf, you will need to include **written approval** for them to represent you.

You may choose from one of the following:

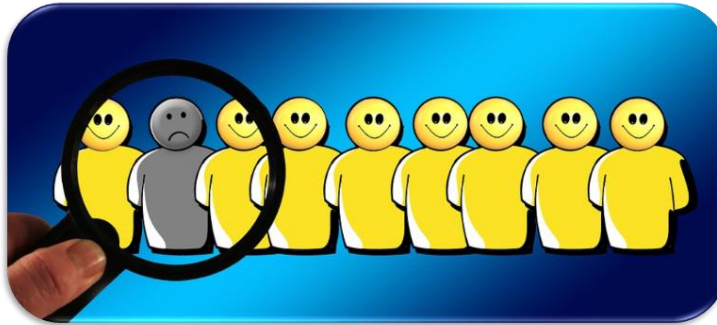
1. [Authorized Representative Designation Form](#): for Appeals, Hearings and Grievances
2. [Medical Representative Authorization](#): for persons on Medicaid to authorize (allow) another person to help them with medical calls, paperwork, etc.

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- The Medical Representative will also receive the member's renewal form, and is responsible for updating and submitting the renewal to the Clearinghouse each year.
- If the person assisting is a DPOA or Guardian, they must **also** include that paperwork with this form (send in proof that you are DPOA, Guardian, Social Security Payee, etc.).

True for Grievances, Appeals & SFH Processes



You should not be treated differently if you file a grievance, appeal or fair hearing.

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If you feel that you are, please contact the KanCare Ombudsman:
1-855-643-8180.

Grievance Process Information Packets

There is an information packet available for each type of grievance on the [KanCare website](http://www.kancare.ks.gov).



To find the guide to the Grievance Process:

1. Go to: www.kancare.ks.gov
2. Look for the Ombudsman section
3. Click the link to: Grievances, Appeals & Fair Hearings
4. Select the PDF for appropriate Grievance Processes



How does a volunteer guide a consumer/applicant through the grievance process?

Volunteers may NOT give legal advice, but we are here to give guidance and assistance:

1. When an individual needs help filing a grievance, you will provide them with the grievance information packet (whichever is appropriate for their circumstance).
2. Depending on the individual, they may need you to read through it with them, and help them understand what's required.
3. There is a fill-in-the-blank **grievance worksheet** inside each information packet to guide them in organizing important information.