

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 action.

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, quality of care, 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.



KanCare Ombudsman Office
Phone: Toll Free: 1-855-643-8180
Relay: 711
Email: KanCare.Ombudsman@ks.gov
Website: www.KanCareOmbudsman@ks.gov

How do I file a Fee for Service Grievance?

- Grievances may be submitted by a member verbally or in writing. The member can call or write to the Kansas Medical Assistance Program (KMAP) to file the grievance; or
- The member can ask a representative of their 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



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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 for a submission of a grievance.

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| <p>This information is provided in cooperation with the Kansas Department of Health and Environment/Health Care Finance.</p> |
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Fee for Service 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 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.

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