
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 an Action.

Note: A Notice of Action 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:

- Aspects of interpersonal relationships such as rudeness of a provider or 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.

How do I file an Eligibility Grievance?

- Grievances may be submitted by a member verbally or in writing to the KanCare Clearinghouse.
- 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.
- The KanCare Clearinghouse does not acknowledge or confirm they received the grievance.
- The KanCare Clearinghouse is obligated to provide a resolution of the grievance within 30 days.
- Once the Clearinghouse resolves the grievance, they provide the resolution verbally by calling the person who filed the grievance. The Clearinghouse will try a maximum of three times to call the person filing the grievance.
- If the Clearinghouse never reaches that person, the grievance is still considered resolved and no further attempts at contact are made.

Note: If someone feels as if their grievance has been ignored, the person can call the KanCare Clearinghouse if they haven't received a phone call after 30 days. The grievance resolution efforts will have been logged. The Customer Service Representative answering the call will be able to read how the grievance was resolved.

Eligibility Dispute Resolution Process

A grievance does NOT change an adverse determination.

If an applicant receives a notice of action, ***the applicant has three potential actions they can take:***

1. Request a Review – With this process, the KanCare Clearinghouse will do a limited review, but will not issue a new decision or a new notice. If an error is found, the Clearinghouse will determine if a new decision and new notice are needed.
 - 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 an error is found in processing, it is corrected regardless of whether the request was made within a reconsideration period.
 - A new notice is not sent after a review is completed.
 - The timeframe for submitting a fair hearing request continues based on the date on the denial letter (30 calendar days from the date on the letter plus 3 calendar days if the letter was mailed.)

2. Request a Redetermination – This process is a review of all documentation and action taken on the case. Upon review, eligibility may be adjusted when either of the following occurs:
 - An error has occurred, and eligibility is adjusted.
 - New or additional information has been provided that changes the original eligibility decision.
 - If eligibility is adjusted, a new notice of action will be sent explaining the eligibility decision.
 - The date on this notice is the one to use for the request for fair hearing. The request for fair hearing must be made within 33 calendar days from the date on the notice of action.
3. Request a(n) (Eligibility) State Fair Hearing. See the [Eligibility Fair Hearing Process](#) on the KanCare Ombudsman web pages: (Please check these to ensure the timeline begins on the date of the notice of action.)
<http://www.kancare.ks.gov/kancare-ombudsman-office/appeals-information>

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

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



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

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) *

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.