

MCO (Managed Care Organization) Grievance Process

The ***MCO Grievance*** process is for KanCare members who are currently ***receiving services*** and have a managed care organization (MCO) such as Aetna, Sunflower or United. If the member has a complaint regarding their MCO or one of its network providers, this grievance will be filed with the member's managed care organization.

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 a managed care organization (MCO) or state agency sends a notice that there has been an adverse decision/determination made regarding your eligibility or benefits (i.e. MCOs, such as Aetna, Sunflower or United, or a state agency such as Kansas Department of Health and Environment, Kansas Department of Aging and Disability Services or Kansas Department of Children and Families). A grievance does NOT change an adverse benefit determination.

When would I file a Grievance? If the member has a complaint regarding their MCO or a network provider's services concerning such things as customer service, quality of care, access to care, your rights and dignity, or poor behavior of a provider, an MCO or an MCO associate, you may file **an official complaint, or grievance:**

Possible subjects of a KanCare (MCO) Grievance might be:

- You are unhappy with the quality of your care or services provided
- Poor behavior by an employee of the MCO or one of their providers
- The failure to respect a member's rights and dignity
- Issues with transportation
- You received a bill from a provider that should be covered by KanCare (your MCO) and the MCO said they are not covering it.
- If the MCO extends the timeframe for issuing an authorization decision, the Member can ***file a grievance*** if the Member disagrees with the extension of time.



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

- 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 KanCare Grievance?

- Grievances may be submitted by a member verbally or in writing. The member can call or write the Managed Care Organization (MCO) to file the grievance (see MCO contact information on next page) or
- The member can ask a representative of their choice to call or write to the MCO.

If you ask a provider or other person to call or write to the MCO, you will need to include written approval for them to represent you. You may choose from one of the following:

- The written approval is usually a form found in your managed care provider's manual. www.kancare.ks.gov/providers/health-plan-information
- [Authorized Representative Designation Form](#): for Grievances, Appeals 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.



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To submit an MCO grievance, contact your managed care organization:

Aetna

Mail to:

Aetna Grievance and Appeal Dept.
9401 Indian Creek Parkway
Suite 1300
Overland Park, KS 66210

Toll Free: 1-855-221-5656

Relay: 711

Fax: 1-833-857-7050

Sunflower

Mail to:

Sunflower Health Plan
Quality Department
8325 Lenexa, KS 66214

Toll Free: 1-877-644-4623

Relay: 711

Fax: 1-888-453-4755

United

Mail to:

United Grievance and Appeals
PO Box 31364
Salt Lake City, UT 84131-0364

Toll Free: 1-877-542-9238

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?

- **NEW** - There is no deadline to submit a grievance.
- The MCO must acknowledge in writing the grievance was received within 10 calendar days.
- **NEW** - All grievances must be resolved, and issue notice sent no later than 30 calendar days following receipt.
- Failure of the MCO to send a grievance notice or appeal notice within the required timeframe means that the member is deemed to have exhausted the MCO's appeal process and the member may initiate a state fair hearing. (A state fair hearing can only address issues qualifying for appeals.)

This information is provided in cooperation with the Kansas Department for Health and Environment/Health Care Finance.
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MCO 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 MCO Grievance. **This worksheet is an organizational tool only and does not provide legal advice.**



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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) *

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.