



KanCare Renewals and Discontinuances Frequently Asked Questions

What is the deadline to submit my renewal? Renewal forms must be received by the KanCare Clearinghouse on the 15th of every month. You'll need to submit your annual renewal by the 15th of your renewal month.

Do I have to sign my renewal? The renewal must be signed and dated by the primary applicant. If the primary applicant has a guardian or conservator, the renewal must be signed by the guardian or conservator.

What happens if I didn't submit my renewal by the date in my letter? Renewals turned in after the 15th are automatically closed by KanCare's computer system because the renewal wasn't turned in on time. You can still submit the renewal form during the three months following your renewal month. Once your renewal is received and processed, and if you're determined eligible, eligibility may be backdated for those three months.

If I return my renewal after the 15th, will I have coverage while my renewal is being processed? If you submitted your renewal after the 15th, the closure was made according to eligibility policy. You will not have coverage until the renewal is processed. If you are determined eligible once the renewal is processed, coverage may be backdated.

I returned my renewal on time and received a letter saying my coverage ends at the end of the month due to not returning my renewal. Why? If your renewal was received prior to the 15th but was not entered into KanCare's computer system by the closure date, it will be automatically closed. **These cases will be reopened, and you will have coverage while the renewal is being processed.**

What should I do if I receive a letter that my coverage has ended and I returned my renewal before the 15th? You will get a reinstatement letter soon. Your coverage will continue until the renewal is processed. You don't need to do anything else at this time. KanCare will contact you if further information is needed.

What should I do if I get a letter that my coverage has ended and I haven't returned my renewal? Turn your renewal in as soon as possible and make sure it's signed and dated. There is a three-month grace period. If you turn the renewal in during those months, it will be processed like it was on time and if you're determined eligible, coverage may be backdated up to three months.

What should I do if I get a letter that my coverage has ended and I returned my renewal late? You'll need to wait until your renewal is processed or you get a mailed request from KanCare for more information.

How often do I have to complete a renewal? KanCare members are renewed once a year.

Why do I have to complete a renewal? None of my information has changed. KanCare is federally required to complete financial reviews once a year by the Centers for Medicare and Medicaid Services (CMS).

How long will it take to process my renewal? It usually takes about 35 days after the mailroom receives an on-time renewal to process it. Renewals that are returned after the deadline may take more time.

Does everyone who has KanCare have to do an annual renewal? Some eligibility groups, like those with Supplemental Security Income (SSI), don't have to complete annual renewals. Most KanCare members do have to complete an annual renewal.

I've been discontinued, but I have information that I think would make me eligible.

What should I do? If you have more information to report after you turn in your renewal, contact the KanCare Clearinghouse at 1-800-792-4884. You can also [reapply for KanCare](#) at any time.

I think I've been discontinued in error. What should I do? If you think there may be a mistake in your eligibility status, contact the KanCare Clearinghouse at 1-800-792-4884. If you still need help after you've contacted the Clearinghouse, you can contact the KanCare Ombudsman's Office at 855-643-8180. If you would like to request an [eligibility state fair hearing](#), you have the right to do so.

What if I'm found ineligible for KanCare after my renewal is processed? If you're not eligible for KanCare, you can check if you're eligible for affordable health coverage at the [federal Marketplace](#). Many people find insurance plans for as low as \$10 a month.

What if the Clearinghouse can't share information about my loved one because I'm not on their medical case? If you need information about a KanCare member but aren't listed on their medical case, fill out a [facilitator or medical representative form](#). Facilitator and medical representative forms must be signed by the primary applicant.

How do I set up the self-service portal? If you want to use the self-service portal, go to <https://cssp.kees.ks.gov/apspspp/spp.portal>.

1. Click on "Sign Up" in the top right-hand corner. If you're using a phone or tablet, click on the three dots in the top right corner, then click "Sign Up."
2. After you've created an account, you need to link your medical cases by clicking "Manage My KanCare," then clicking "Link Account."
3. You will see a question asking, "Do you have an existing case you would like to link to this account?" If you want to link your case, choose "Yes" and click "Continue."
 - a. NOTE: You must link your case to see your benefits, complete a renewal or report changes.
4. Your information will be pulled up. You must enter the case number, first name, last name and date of birth under "Case Details." Complete the section under "Certification" then click "Submit Request."
5. Then you'll see a confirmation that you've requested to link your case. These requests are reviewed by KanCare eligibility workers before being approved.

If you have more questions about the self-service portal, KanCare has a [series of videos](#) about the portal. You can also call the KanCare Clearinghouse at 1-800-794-4884.