



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

KanCare Application Process Flow Chart and FAQs

1. Submit an application:

- Apply for KanCare (Kansas Medicaid) by paper – You can download and print the paper version of the application from <https://www.kancare.ks.gov/consumers/apply-for-kancare> , scroll down to the table with the application you would like to download. You can also call the KanCare Clearinghouse at 1-800-792-4884 and request a paper application be mailed to you.
 - Application for Medical Assistance for Families with Children
 - Children under 19
 - Families with children under 19
 - Pregnant women
 - Application for Medical Assistance for the Elderly and Persons with Disabilities
 - Elderly (65 and older)
 - Persons with Disabilities (child or adult)
- Apply for KanCare online - There is only one on-line application for all KanCare programs.
 - To apply online, go to: <https://www.kancare.ks.gov/consumers/apply-for-kancare>
 - Click the image to link to the Medical Consumer Self-Service Portal
 - For questions when filling out the application, call KanCare Clearinghouse customer service at 1-800-792-4884 or the KanCare Ombudsman’s office at 1-855-643-8180.
 - For help with filling out an application see the [KanCare Ombudsman Application Assistance Guide](#) or call 1-855-643-8180.

2. Submitting required documentation:

- It’s a good idea to keep a copy of your application and any documents you send to the KanCare Clearinghouse.
- It’s important to send documentation proving anything you’ve claimed on the application (proof of income, resources/assets, health insurance, etc.) along with your initial application. If other items are needed by the eligibility team, you will be notified. However, the need to request more information will delay application processing time.
- What do I need to submit with my application? See the *Documentation Checklist* at: https://kancare.ks.gov/docs/default-source/kancare-ombudsman/resources/application-assistance/documentation-checklist-for-kancare-applications.pdf?sfvrsn=15e64c1b_7



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- Where to send required documentation (proof of income, resources, insurance, etc.) and paper applications:
 - By Mail: KanCare Clearinghouse, PO Box 3599, Topeka, KS 66601-9738
 - By Fax:
 - Families with Children applications: 1-800-498-1255
 - People with Disabilities and Elderly and/or Medicare Savings Program applications: 1-844-264-6285

3. Choosing a Managed Care Organization (MCO)

MCO Selection at Initial Application:

- a. Every member has the option to enroll in the MCO of their choice. If you do not select an MCO, you will be automatically assigned and enrolled into an MCO.
- b. If you do not like your assignment, you have until the Choice Period End Date on the enrollment form to change plans. This date is 90 days from initial enrollment.
- c. If you choose not to change MCOs by that date, the next time you are able to change is during the Annual Open Enrollment.
- d. See the Selecting/Changing a Managed Care Organization for more info: [selecting-changing-mcose9ea2c54f5e56149804cff0000ec1706.pdf \(ks.gov\)](#)
- e. For help with choosing a MCO, call the Managed Care Enrollment Center at 1-866-305-5147

4. Application Processing

- To check the status of your application, you must contact the KanCare Clearinghouse at 1-800-792-4884. (Currently, the status *cannot* be checked online.)
- Center for Medicare and Medicaid Services (CMS) allows the state the following number of calendar days to process a KanCare application:
 - If a *pregnancy* is claimed on the application: 45 days
 - If a *disability* is claimed on the application, but your disability case is still *pending* with the Social Security Administration (for example, you have recently applied or are currently appealing a denial of disability through Social Security): 90 days
 - For *all other* applications: 45 days
- **Is the application you submitted complete?** The KanCare Clearinghouse may send a letter asking for additional information, which is required to process your application, so watch your mailbox carefully. Respond to requests for more information as soon as possible.



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- Watch for the deadlines on the letters; a missed deadline may cause a denial of services. If you have questions, call the KanCare Clearinghouse customer service line for assistance; 1-800-792-4884.
- During the wait process, if you have health concerns, the Ombudsman's office has a four-page medical information document with medical, pharmacy, vision and dental assistance information for people without insurance. The information is found at https://kancare.ks.gov/docs/default-source/kancare-ombudsman/resources/resources/assistance-for-those-without-insurance.pdf?sfvrsn=6ac24f1b_2 or call 1-855-643-8180

5. Notification

- You will be notified by letter if the application has been approved or denied.
- The letter will also note that you have the option to appeal (eligibility fair hearing) if you feel there is cause to do so. Information for a Medicaid eligibility fair hearing can be found at: [eligibility-fair-hearing-process.pdf \(ks.gov\)](#).
- When requesting a Medicaid eligibility fair hearing, you would need to provide information that shows that the *KanCare Clearinghouse or state did not follow the rules in processing the application*, rather than show reasons why a person needs KanCare. For questions about the Medicaid eligibility hearing, contact the KanCare Ombudsman's office at 1-855-643-8180.



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KanCare Application FAQs

Q1: What can I do if I feel I have been waiting over 45 days for my KanCare application to process?

A1: If you have turned in everything on time and have confirmed with the KanCare Clearinghouse that they have all the required documentation they need from you, and you have been waiting too long for your application to process, you may file a state fair hearing. If you would like to learn more about this option, please contact the KanCare Ombudsman office at: 1-800-643-8180 or see the Eligibility Fair Hearing Fact Sheet: [eligibility-fair-hearing-process.pdf \(ks.gov\)](#) .

Q2: If I am just applying for KanCare to get a denial letter required by Marketplace, can I just get a letter saying that I am denied?

A2: No. Even if only a denial is needed, KanCare is required to process the application in full and may need all of the normal documentation (including proof of income, proof of health insurance, etc.). Sometimes a Medicaid determination is required prior to going through Marketplace; this happens when there is some indication of potential Medicaid eligibility. However, noticeably marking **FFM** (Federally Facilitated Marketplace), on the front of the KanCare application, will help it be processed more quickly.

Q3: When I applied for Marketplace, they said I have to apply for KanCare and get a denial letter from KanCare before I can continue on with my Marketplace application. What if KanCare approves me, and won't give me a denial letter? I don't want KanCare. I want Marketplace. What can I do?

A3: It's not a choice. The Affordable Care Act (ACA) is set up in a way that "if you do NOT qualify for Medicaid," you can then go to the Marketplace. However, if you are found eligible for the Medicaid, then you may not be eligible for Marketplace.

- **Important Note:** If the only program you are found eligible for is the Medically Needy program (with a Spenddown amount that you cannot afford), submit the following information to the Marketplace: (1) a copy of that approval letter that also indicates your spenddown amount and (2) a letter explaining you cannot meet that amount and why. You will turn that into Marketplace, just as you would a KanCare denial letter. This should allow you to move forward with your Marketplace application.