

# Application FAQs:

## 1. How do I apply for KanCare Services?

There are two ways to apply: (1) paper application or (2) online application

### Paper Applications:

- a. Application for Families with Children
  - children under 19
  - families with children under 19
  - pregnant women
- b. Application for the Elderly and Persons with Disabilities
  - Elderly (65 and older)
  - Persons with Disabilities (child or adult)

### On-line Application:

There is only one on-line application; it will work for all of the possible KanCare programs (Children, Pregnant Women, Families with Children, Elderly, Adults/Children with Disabilities). The on-line application is interactive and changes depending on the data that is entered by each applicant.

## 2. Where do I send my Application to apply for KanCare Services?

You can mail or fax your KanCare Application along with any additional documentation that may be required (ex: proof of income, resources, insurance, etc.) to the KanCare Clearinghouse:

### Mail to:

Kancare Clearinghouse  
PO BOX 3599  
Topeka, KS. 66601-9738

### Fax To:

- Fax for Families and Children Department: 1-800-498-1255
- Fax for Elderly or Disabled Department: 1-844-264-6285

## 3. What if I have questions while I am completing the application?

If an applicant has **questions when filling out the application**, they can call KanCare Clearinghouse customer service at 1-800-792-4884.

If an applicant wants **assistance completing the application**, they can call the KanCare Ombudsman's office at 1-855-643-8180.

#### **4. How do I check the status of my application?**

The process is the same whether you apply on-line or on paper. To check the status of your KanCare application you must contact the KanCare Clearinghouse (1-800-792-4884).

##### **The CH's automated system will give you the following three options:**

1. You may stay on the line to speak with a customer representative.
2. You may leave a message and they will return your call.
3. You may choose to type in your SSN and birthdate to check the status of your application.

#### **5. What is the average wait time for an application to process?**

Center for Medicaid and Medicare Services (CMS) allows the state the following number of days to process a KanCare application:

1. For someone who has claimed a pregnancy on their application: 10 days-2 weeks
2. For an individual who has claimed a "disability" on their application: 90 days
3. For everyone else: 45 days

If the applicant has done their due diligence with the KanCare Clearinghouse and has confirmed that the Clearinghouse has all their required documentation, and the applicant has still waited longer than the wait times listed above, then the applicant has a right to request a state fair hearing.

#### **6. What can I do if I have been waiting longer than the average time for my application to process?**

Option 1: Contact the KanCare Clearinghouse by phone or in writing. If you have not yet contacted the Clearinghouse, it is a good idea to contact to make sure they (1) have received your application and (2) are not waiting on any further documentation from you.

Phone: 1-800-792-4884

Mail to: The KanCare Clearinghouse, P.O. Box 3599, Topeka, KS 66601-9738

Fax for Children and Families documents: 1-800-498-1255

Fax for Elderly and Disabled documents: 1-844-264-6285

Option 2: File a *Medicaid State Fair Hearing*. If you would like to learn more about this option, please contact the KanCare Ombudsman at: 1-855-643-8180.

#### **7. How will I be notified that I have been approved or denied KanCare health coverage?**

The person who applied will be notified by letter if their application has been approved or denied.

**8. What if I am denied, and believe it was due to a mistake by the Clearinghouse during the application process?**

Option 1: If you contact the KanCare Clearinghouse (1-800-792-4884) and let them know that you feel there was an issue with the processing of the application, they may review the application again. If any issues are found, they will be corrected.

Option 2: You may file a Medicaid State Fair Hearing. If you would like to learn more about this option, please contact the KanCare Ombudsman at: 1-855-643-8180.

- The reasoning (and supporting documentation) for the hearing would need to show the consumer was denied (or not renewed) **because the state did not follow the rules in processing the application**, rather than show reasons why a person *needs* KanCare.

**9. What if I am trying to apply for medical insurance through the Marketplace, and Marketplace tells me that I need a Medicaid determination prior to going through the Marketplace?**

**Q:** If someone is just applying for KanCare so that they can get a denial letter (as sometimes required by Marketplace when there is some indication of potential Medicaid eligibility), so that they can go ahead and apply for insurance through the Marketplace, is there a certain department this goes to, to expedite situations such as these?

**A:** No. Even if only a denial is needed, KanCare is required to process the application in full and will need all of the normal documentation (including proof of income, proof of health insurance, etc.).

However, noticeably marking **FFM** (Federally Facilitated Marketplace), on the front of the application, will help it be processed more quickly.