



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

KanCare Application Process Flow Chart and FAQs

1. Submit an application:

- Apply for KanCare (Kansas Medicaid) by paper – You can download the paper version of the application from [http://www.kdheks.gov/hcf/medical assistance/apply for assistance.html](http://www.kdheks.gov/hcf/medical%20assistance/apply%20for%20assistance.html)
 - 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. The on-line application is the intuitive and changes depending on the data that is entered by each applicant.
 - To apply online, go to: www.ApplyForKanCare.ks.gov
 - 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.
 - Where to send paper applications and required documentation (proof of income, resources, insurance, etc.):
 - 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

2. 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 Medicaid and Medicare Services (CMS) allows the state the following number of days to process a KanCare application:
 - If a *pregnancy* is claimed on the application: 10 days – 2 weeks
 - If a *disability* is claimed on the application: 90 days
 - For *all other* applications: 45 days
- They may send a letter asking for additional information, which is required to process your application. If so, it should be responded to as soon as possible. Not turning in the documentation requested in a timely fashion will cause delays in application processing.



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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 <http://www.kancare.ks.gov/kancare-ombudsman-office/resources> or call 1-855-643-8180

3. 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 a hearing if you feel there is cause to do so. Information for a Medicaid eligibility hearing (state fair hearing) can be found at: www.oah.ks.gov.
- When requesting a Medicaid eligibility 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.

KanCare Application FAQs

Q: What can I do if I feel I have been waiting too long for my KanCare application to process?

A: 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 feel 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.

Q: 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?

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.). 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.