

Selecting/Changing a Managed Care Organization

General Information

KanCare is the program through which the State of Kansas administers Medicaid. It was launched in January 2013. It delivers whole-person, integrated care to approximately 430,000 people across the state. Kansas contracts with three health plans or Managed Care Organizations (MCOs) which are: Amerigroup, Sunflower, and UnitedHealthCare.

Choosing the Right MCO

When a member is choosing the best plan for them:

- Think about what is important to you when you get health care.
- Talk to your family, friends and doctor.
- Check with each MCO to see which networks your providers are in; for example, see if your current primary care physician works with each MCO. If they do not work with all MCO's, it may make a difference in which one you choose as a health program. You may call each MCO to ask for a list of providers or you can find the information on their website (see below).
- Review the “extra” or “value added services” offered by each MCO on the Health Plan Highlights sheet or go to: <http://www.kancare.ks.gov/consumers/benefits-services> (middle of the page).
 - These “extra services” are not the same for each MCO
 - See if any of the extra services are ones that may be helpful to your circumstances and consider that

information when deciding about which MCO to choose.

- These extra services may change each year; make sure you have the most current list.

Things to think about before you make your choice:

- Am I happy with the doctor I have right now? Which medical plan is my doctor in?
- Do I have to wait long to get an appointment? Are they open when I can go?
- Does the doctor speak my language or provide interpreters who do?
- Is the doctor's office or clinic nearby? Is it easy to get to?

Selecting an MCO

MCO Selection at Initial Application:

- 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.
- 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.
- If you choose not to change MCOs by that date, the next time you are able to change is during the Annual Open Enrollment.

MCO Information

Amerigroup (1-800-600-4441)

- www.myamerigroup.com/ks

Sunflower (1-877-644-4623)

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- www.sunflowerhealthplan.com

UnitedHealthCare Community Plan (1-877-542-9238)

- www.uhccommunityplan.com

Ways to Notify KanCare which MCO you Prefer

- Check the preferred MCO box at the end of the KanCare application.
- Mail the KanCare Enrollment Form that you receive in your enrollment packet.
- Call the Enrollment Center at 1-866-305-5147 (TDD/TTY 1-800-766-3777)
- Enroll online www.applyforkancare.ks.gov

Annual Open Enrollment

- Open enrollment is once a year and means you can change your plan if you want to be covered by a different plan, or you can keep your same health plan.
 - A member's "open enrollment" is ***usually*** the one-year anniversary date on which they enrolled in KanCare.
 - If members are not sure of their "open enrollment date" they will need to call the Managed Care Enrollment Center (1-866-305-5147; TTY 1-800-766-3777).
- If you are happy with your current health plan, you do not need to do anything at all; you will automatically be re-enrolled in your same plan.
- If you are NOT happy and want to change your current health plan, you will need to let the Managed Care Enrollment Center know by the following instructions in the enrollment packet

- Enrollment packets should be received by members 30 days before their one-year anniversary with KanCare.
- If you did not receive an enrollment packet, contact the Managed Care Enrollment Center. (1-866-305-5147; TTY 1-800-766-3777)

Good Cause Reason to change enrollment

- Occasionally, a member will have a “good cause” reason that may allow them to change in the middle of the year:
 - You have concerns about the doctors in your health plan’s network. If you have concerns about a doctor, you probably won’t be able to change health plans unless there is not another doctor available in your plan
 - You live in a nursing home that is no longer accepts your plan
 - You do not have access to covered services or providers
 - You need a certain medical treatment (specialist or specialty care) that is not available in your health plan
 - You would like a service that your health plan does not cover because of moral or religious objections
 - You need related services to be performed at the same time, but not all the related services are available within your health plan
- Other enrollment change information
 - If you lose eligibility for more than 90 days you can choose a new health plan when you come back to the program. If ineligibility lasts less than 90 days, you will be assigned back to your most recent health plan

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- when you come back.
- When you have a new baby, we will add the baby on your health plan. If all your other children or family members are on a different plan, you can choose to have your baby on the same plan as them.
 - Parents who adopt a child can change the child's health plan when the child is legally adopted.
 - If you meet the requirements for the PACE program, you can choose PACE at any time during the year. If you choose to move out of KanCare and into PACE, your choice will be effective on the first day of the next month. If you want to move out of PACE and into KanCare, that choice will be effective the first day of the next month as well.

Note: Signing up for Home and Community Based Services (HCBS) doesn't allow a beneficiary to choose a different MCO. Must be during open enrollment or for good cause reason. See above.