

## Kansas Medical Assistance Program

P.O. Box 3571  
Topeka, KS 66601-3571

Provider Line: 1-800-933-6593  
Consumer Line: 1-800-766-9012

*From the office of the Fiscal Agent*



### **KANCARE ANNUAL OPEN ENROLLMENT**

Dear Member:

It is **KanCare Annual Open Enrollment time** for the members listed on the Enrollment Form. The Annual Open Enrollment period is based on the case as a whole rather than each person on the case. KanCare is the State of Kansas health program that provides medical, mental health, dental, substance abuse and long term care services. Every year we ask if you want to change KanCare health plans. If you do not want to change health plans skip to 'Things To Know'. If you want a different plan, follow the steps below before the Choice Period End Date on the Enrollment Form.

#### **TO CHANGE**

1. There are 3 ways **to change** the KanCare plan choice – Web, Mail or Phone
  - ◆ Enroll online at <https://www.kmap-state-ks.us/hcp/member>
  - ◆ Mail the completed Enrollment Form in the enclosed envelope.  
Make sure to allow three (3) days for mail time.
  - ◆ Call the Enrollment Center at 1-866-305-5147 (TDD/TTY 1-800-766-3777)
2. To get a copy of the plans' provider lists, call the Enrollment Center at 1-866-305-5147 or go to:
  - [www.sunflowerstatehealth.com](http://www.sunflowerstatehealth.com)
  - [www.myamerigroup.com/ks](http://www.myamerigroup.com/ks)
  - [www.uhccommunityplan.com](http://www.uhccommunityplan.com)
3. You will have until the Choice Period End Date on the enclosed Enrollment Form to make changes. All changes will be effective on the 1<sup>st</sup> day of the next month.

#### **THINGS TO KNOW**

1. If you do nothing your enrollment stays the same.
2. If you are an American Indian or an Alaska Native you may opt out of KanCare. Please see the American Indian/Alaska Native Opt-Out process enclosure for details.
3. Check to make sure the providers you use for all services you receive are listed with your KanCare Plan.
4. Once this annual open enrollment period has ended, you will stay with the plan chosen until the next annual open enrollment period.
5. You must qualify for KanCare to stay enrolled with the plan each month.

#### **Need Help?**

If this letter is hard to understand or you need it in a different format, call us at 1-866-305-5147 (TDD/TTY 1-800-766-3777). You can call from 8:00 am to 5:00 pm, Monday through Friday. Thank you for reading this letter. We look forward to helping you with your KanCare questions.

## American Indian/Alaska Native Opt-Out Process

American Indians and Alaska Natives may choose not to enroll in a KanCare health plan. Even if you choose not to be in a KanCare health plan, you may remain as a Medicaid member. If you do not want to be enrolled in a KanCare health plan, mark the box below. **Return this sheet, a copy of your tribal documentation** (see list below) and **the enrollment form** in the enclosed envelope or send by fax to 785-266-6109.

\*If your children are in the CHIP program (sometimes known as KanCare 21 or Title 21), they will be in a KanCare health plan and will not have the option to Opt Out.

If you choose to be in a KanCare health plan, you still will be able to receive services from Indian Health Service, tribal, and urban Indian providers if you want to. If you choose not to be in a KanCare health plan, you cannot get value-added services provided by the KanCare plans. These services include dental services for adults, reward programs and cell phone programs. These value-added services are listed on an insert in the packet.

**I do not want to be a part of a KanCare health plan.**

A copy of my tribal documentation is enclosed or attached.

Tribal documentation can be in the form of any one of the following:

- Tribal Enrollment Card
- Tribal Enrollment Letter
- Certificate of Degree of Indian Blood (CDIB)
- Documentation from an Indian Health Service, Tribal or Urban Indian clinic

If you have questions about what documents are needed, you may call 1-866-305-5147.



**Enrollment Booklet**

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## IMPORTANT

**Remember** – you can change plans during your initial Choice Period and then each year during your Annual Open Enrollment. The Enrollment Form in this packet shows you what the deadline is for you to make a change in your KanCare Health Plan. The deadline is listed on the form in the field named, “Choice Period End”.

**If you are pregnant or will be adding a newborn (under 12 months of age) to your case** – the baby will usually be added to the same plan as the mother. The system will try to keep the mother and baby together beginning at birth if eligibility is approved. Think about this when choosing your plan.

### Things to know:

- Your primary care provider may be a doctor, physician assistant, nurse practitioner, or a clinic in your health plan. If you need a specialist, make sure the specialist you want to see is in your health plan.
- Call your primary care provider if you or your child gets sick. In an emergency, go to the nearest emergency room or call 911.
- If you have special health care needs, call your health plan after you are enrolled and they will make sure you get the care you need.
- KanCare does not have copays.
- The Annual Open Enrollment period is based on the case as a whole rather than each person on the case.

## How to make a change

### STEP 1

Look at the **Enrollment Form** in the packet. It lists the members who are enrolled and may choose to change their health plan. It also lists your choice period end date.

### STEP 2

Look at the **Health Plan Highlights**. Ask the plans or check their website for the providers in their networks. You will find doctors, hospitals, pharmacies, or other providers you may use. This includes aging or disability services and mental health or substance abuse services.

**Amerigroup** 1-800-600-4441  
[www.myamerigroup.com/ks](http://www.myamerigroup.com/ks)

**Sunflower Health Plan** 1-877-644-4623  
[www.sunflowerhealthplan.com](http://www.sunflowerhealthplan.com)

**UnitedHealthcare Community Plan** 1-877-542-9238  
[www.uhccommunityplan.com](http://www.uhccommunityplan.com)

*If you would like to use the Internet but do not have a computer, try going to your public library, place of worship, neighborhood school, or DCF access point.*

### STEP 3

You may change your plan by choosing one of the three options below:

**Option 1** – Enroll online at  
<https://www.kmap-state-ks.us/hcp/member>.

**Option 2** – Complete the Enrollment Form and return it in the enclosed envelope before the deadline.

**Option 3** – Call the Enrollment Center at 1-866-305-5147 from 8:00 a.m. to 5:00 p.m., Monday through Friday (TDD/TTY 1-800-766-3777).

## What are my rights and responsibilities?

### In KanCare, you have the right to:

- Be treated with respect.
- Receive information about KanCare benefits.
- Choose your primary provider within your plan.
- Make decisions about your health care.
- Have access to medical advice from your provider, either in person or by phone, 24 hours a day, 7 days a week.
- A second opinion.
- Voice concerns about your provider or services.
- Appeal any denials from the program.
- File a grievance if you are unhappy with your care.
- Ask if a service is covered before receiving it by asking your provider or calling your health plan.

### In KanCare, you have the responsibility to:

- Review the KanCare enrollment packet. You have until the Choice Period End date on the enrollment form to change plans. If you choose not to change by that date, the next time you are able to change is during your Annual Open Enrollment.
- Choose your primary provider within the available plan.
- Call your provider for any medical problem.
- Go to your primary provider for preventive care.
- Read all the information given to you on your medical benefits.
- Make and keep appointments. If you can't keep an appointment, call and cancel.
- Follow the advice of providers.
- Pay for services that are not covered by KanCare.
- Show respect to providers.
- Use services appropriately. Example: Use the emergency room only when you believe you are having a true emergency.
- Tell your provider about other insurance coverage you have, including Medicare.

## What if I am not happy with my healthcare?

### Grievances

A grievance is an expression of dissatisfaction about any matter other than an Action. Call or write one of the Customer Service centers below to file a grievance. A customer service staff member will help you file a grievance.

<b>Amerigroup</b>	<b>1-800-600-4441</b>
<b>Sunflower Health Plan</b>	<b>1-877-644-4623</b>
<b>UnitedHealthcare Community Plan</b>	<b>1-877-542-9238</b>

### Appeals

An appeal can only occur under the following circumstances:

- If an Action has occurred. An Action is the denial of services or a limitation of services, including the type or level of service; the reduction, suspension, or termination of a service you have been receiving; the denial, in whole or part, of payment for a service; or the failure of the health plan to act within established time requirements for service accessibility.
- You will receive a Notice of Action in the mail if an Action has occurred.
- An Appeal is a request for a review of any of the above actions.
- To file an Appeal: You, your friend, your attorney, or anyone else on your behalf can file an appeal.
- An appeal can be filed verbally or in writing. The Customer Service center for your health plan can also help you with an appeal.

## Health Plan Highlights for 2016

Look at the highlighted services below to compare plans. All physical, mental, and substance abuse services are the same in each MCO. The table below shows extra services you can receive in KanCare. Please contact your MCO by phone or the MCO website for additional details related to the value added services.

 <b>1-800-600-4441</b>	 <b>1-877-644-4623</b>	 <b>1-877-542-9238</b>
Dental care for members 21 and over: <ul style="list-style-type: none"> <li>Two cleanings per year</li> <li>Scaling and polishing</li> </ul>	One dental visit for adults 21 and older every six months. Children receive regular benefits on most dental services.	Any member over age 21 can visit a participating dental provider once a year for a screening and cleaning, which includes scaling and polishing teeth. Dentist will provide one x-ray per year.  FE members may be eligible to receive dentures at no cost.
Healthy Rewards program: <ul style="list-style-type: none"> <li>Earn \$10, \$15, or \$25 debit card credits for over-the-counter (OTC) items when you get health checkups and screenings</li> </ul>	Members can earn \$10 - \$50 in healthy rewards or a combination of rewards on a CentAccount rewards card for receiving healthy checkups. The rewards can be used to buy from hundreds of items.	Members can earn rewards through UnitedHealthCare's Community Rewards program, by tracking healthy activities using an online tool or smart phone. Earn points to get merchandise and reward cards.
Free cell phones and up to 250 free minutes each month plus: <ul style="list-style-type: none"> <li>200 bonus lifetime minutes</li> <li>Unlimited text messages</li> </ul> *Coverage may not be offered in certain remote service areas.	Free cell phone through our Connections Plus programs for those who qualify. SafeLink® provides up to 250 free minutes of service per month. This includes free calls to and from Sunflower Health Plan. Members will be able to have telephone access to their KanCare providers.	Our Member Advocates can help certain members get free cell phones through SafeLink®. Member can get up to 250 free minutes of service a month. The advocates can help with: <ul style="list-style-type: none"> <li>Getting the member connected with the program</li> <li>Picking the right cell phone provider</li> <li>Filling out the application</li> <li>Learning phone benefits</li> </ul> Coverage may not be offered in some service areas.
Taking Care of Baby and Me®, free health resources and coaching for pregnant women plus: <ul style="list-style-type: none"> <li>Information on Warm Health and how to enroll</li> <li>Helpful information on enrolling in Text4Baby, pregnancy group centering visits and more</li> </ul>	Start Smart for Your Baby - Support and education for moms, babies, and families. The program includes the services below. There is no cost to member. <ul style="list-style-type: none"> <li>Home visits for new mothers</li> <li>Baby showers for pregnant mothers</li> <li>Birthday programs for children.</li> </ul>	Each pregnant member will get the "Baby Basics" book.  Pregnant members can join Baby Blocks program. Get a \$20 gift card or a cool diaper bag for joining. Earn seven more rewards for staying with the program until your baby is 15 months old.  Sponsored community baby shower events for pregnant and new mothers. Moms learn about health and wellness for themselves and their babies.
Weight Watcher® vouchers to help you manage your weight: <ul style="list-style-type: none"> <li>Voucher for four weeks of classes</li> <li>Payment of the sign-up fee</li> </ul>	Weight management program through Healthy Solutions for Life, by referral only.	Adults can obtain membership in the Weight Watchers program to help them lose weight. The program is good for local meetings and cannot be used for online services.
Stop smoking program including: <ul style="list-style-type: none"> <li>Nicotine replacement therapy (NRT) products</li> <li>Unlimited calls to a health coach for tips and advice</li> </ul>	Members can participate in a smoking cessation program offered through Healthy Solutions for Life. (Nicotine replacement therapy is a regular benefit when prescribed by your doctor.)	We offer members who need glasses an enhanced benefit of higher quality lenses beyond what Medicaid covers to help members maintain their vision and improve their self-esteem.
Extra over-the-counter (OTC) drugs through mail order for all waiver groups and certain members on SSI: <ul style="list-style-type: none"> <li>\$120 per year (\$10 monthly per member) toward the purchase of OTC products online or over the phone</li> </ul>	We also provide practice visits to dentists for members with developmental disabilities to help them become more comfortable with preventive care visits.	Pest Control treatments for HCBS members who own their home. Services must be set up through Care Coordinator.
Free rides for all waiver groups and certain members on SSI: <ul style="list-style-type: none"> <li>For members to community health events</li> <li>For members and caregivers to provider appointments</li> </ul>	MyStrength online program offers eLearning to help members overcome depression and anxiety. This online program includes simple tools, weekly exercises, mood trackers and daily inspirational quotes and videos. The program may be used on its own or with other care.	Six one-way, or three roundtrip, rides for certain waiver members and some members receiving behavioral health support services, to job interviews or job.
Healthy Families program: <ul style="list-style-type: none"> <li>For families with overweight or obese children ages 7-13 to live healthier lives</li> </ul>	Disease management for members with asthma, COPD, diabetes, heart disease or high blood pressure through our Healthy Solutions for Life Program. Members can enroll in any of these programs.	Families with children age 2 to 8 can participate in the Sesame Street "Food for Thought" program. The program is where families can learn about how to eat healthy on a budget from Sesame Street characters.

 <b>Amerigroup RealSolutions</b> in healthcare <b>1-800-600-4441</b>	 <b>sunflower health plan</b> <b>1-877-644-4623</b>	 <b>UnitedHealthcare</b> Community Plan <b>1-877-542-9238</b>
<p>Free pest control for all waiver groups and certain members on SSI:</p> <ul style="list-style-type: none"> <li>• Maximum benefit of \$500 per calendar year</li> <li>• Members must own their home to get this benefit</li> </ul> <p>*Excludes members residing in ICF/MR, assisted living and nursing facilities, group homes, or similar settings.</p>	<p>Community Programs for Children: Free services and events to promote healthy lifestyles for kids, such as membership fees to Boys &amp; Girls Clubs and Adopt a School Program.</p>	<p>Youth members up to 18 will have access to great youth programs such as the YMCA, Boys and Girls Clubs, and 4-H and selected Parks and Recreation Departments.</p> <p>Adults on the FE and PD waiver and SMI Health Home members can get access to one activity per member per year with their selected local Parks and Recreation offices.</p>
<p>Extra respite care:</p> <ul style="list-style-type: none"> <li>• For caregivers of Frail Elderly waiver members</li> <li>• For members in Autism and Intellectual/Developmental Disability waiver groups (in addition to the KanCare benefit).</li> </ul> <p>*Excludes members living alone or residing in ICF/MR, assisted living and nursing facilities, group homes, or similar settings</p>	<p>Up to 8 hours a year of respite for caregivers of members on the Frail Elderly waiver. Up to 50 hours for respite care or hospital companionship for those on the Intellectual/Developmental Disability waiver.</p>	<p>Respite Care for I/DD waiver members receiving supported home care or home based services. Up to 40 hours of respite care.</p>
<p>Personal assistant services for members in the Intellectual/Developmental Disability waiver group</p>	<p>Choose Health Program targets members with chronic health conditions. The program helps members determine how emotions can impact their condition (i.e. stress, poor sleep, and change in appetite). As a part of the program, participants are assigned a Choose Health Coach who works with the entire health care team to ensure members have everything they need to feel their best.</p>	<p>Members coming out of the hospital for a behavioral health need can join the Peer Coaches Program. This program can link the member to community resources to avoid going back into the hospital.</p>
<p>Hypoallergenic bedding for members with allergies or certain other conditions:</p> <ul style="list-style-type: none"> <li>• A one-time \$100 credit for special bedding items</li> <li>• A doctor must recommend/order the product</li> </ul>	<p>We provide members of certain waiver populations with a medical escort if needed.</p>	<p>The child member with Asthma is sent information presented by Sesame Street characters that teaches them how to deal with asthma. Children 1 to 4 will receive the A is for Asthma newsletter.</p>
	<p>In-home tele-monitoring available for adults. This service helps members stay at home when they need help to manage their chronic heart failure, heart diseases or high blood pressure.</p>	<p>Members over 21 can get up to two podiatry visits each year.</p>
	<p>A Comprehensive Medication Review with a local pharmacist is available to eligible members. The review includes a 30 minute Face-to-Face consultation with a local pharmacist.</p>	<p>Adult members on the PD and FE waivers can pick one free home safety or other support product per year from a catalog of home help items through their care coordinator.</p> <p>FE members will be mailed a wellness calendar at the beginning of each year to track their doctor appointments, medications timeline, and social events.</p>
		<p>Members can download Health4Me app on their smartphone. This app can help members manage their health.</p> <p>Members, or those responsible for members, can access myUHC.com online to help access health history, educate them on working with their doctor, and track doctor visits.</p>
		<p>Mental Health First Aid program is an interactive course designed to mimic regular first aid training. It teaches the general public how to identify, understand, and respond to signs of mental health and substance use disorders.</p>
		<p>PD and FE waiver members can receive up to two boxes of adult briefs to assist with their everyday comfort.</p>

To change plans call 1-866-305-5147

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## What if I am not happy with my healthcare?

### Appeals (cont.)

- An appeal must be filed within 30 calendar days after the date of the Notice of Action.
- The appeal will be resolved within 30 calendar days unless more time is needed. You or the Health Plan can ask for an additional 14 days to resolve the appeal. If the Health Plan requests more time, you will be notified of the delay. You have other options for a quicker review of your appeal. Call your health plan for more information.

### State fair hearings

A state fair hearing is a formal meeting where an impartial person (someone you do not know), assigned by the Office of Administrative Hearings (OAH), listens to all of the facts and then makes a decision based on the law.

- If you are not satisfied with the decision made on your appeal, you or your representative may ask for a fair hearing. It must be done in writing and mailed or faxed.

Office of Administrative Hearings  
1020 S. Kansas Ave.  
Topeka, KS 66612-1327  
Fax: 785-296-4848

- The letter or fax must be received at OAH within 30 days, plus 3 days if mailed, of the date of the Notice of adverse decision.
- You can file a state fair hearing with the Office of Administrative Hearings at the same time as you are appealing an adverse action with the health plan.

## Contact information

Agency & website	Telephone
<b>Enrollment Center</b> <a href="https://www.kmap-state-ks.us/hcp/member">https://www.kmap-state-ks.us/hcp/member</a> <i>Log on and password required.</i> To change your KanCare health plan.	<b>1-866-305-5147</b> TDD/TYY 1-800-766-3777 Business hours: Monday - Friday 8:00 AM - 5:00 PM
<b>Eligibility verification</b> <a href="https://www.kmap-state-ks.us/hcp/member">https://www.kmap-state-ks.us/hcp/member</a> <i>Log on and password required.</i> To confirm your eligibility and KanCare plan.	<b>1-800-766-9012</b> TDD/TYY 1-800-766-3777 Business hours: Monday - Friday 8:00 AM - 5:00 PM
<b>KanCare Clearinghouse</b> <a href="http://www.kancare.ks.gov/">http://www.kancare.ks.gov/</a> For questions about your eligibility. Also to report household changes such as address, phone number, or family size.	<b>1-800-792-4884</b> Business hours: Monday - Friday 8:00 AM - 5:00 PM
<b>Amerigroup</b> <a href="http://www.myamerigroup.com/ks">www.myamerigroup.com/ks</a> To pick a doctor and ask questions about your health care benefits including transportation.	<b>1-800-600-4441</b> Business hours: Monday - Friday 8:00 AM - 5:00 PM
<b>Sunflower Health Plan</b> <a href="http://www.sunflowerhealthplan.com">www.sunflowerhealthplan.com</a> To pick a doctor and ask questions about your health care benefits including transportation.	<b>1-877-644-4623</b> Business hours: Monday - Friday 8:00 AM - 5:00 PM
<b>UnitedHealthcare Community Plan – Kansas</b> <a href="http://www.uhccommunityplan.com">www.uhccommunityplan.com</a> To pick a doctor and ask questions about your health care benefits including transportation.	<b>1-877-542-9238</b> Business hours: Monday - Friday 8:00 AM - 8:00 PM