



# 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*

Dear Member:

This is a second letter about KanCare. Beginning January 1, 2013, **KanCare** is the new State of Kansas health program that will provide for medical, mental health, dental, and long term care services. In most cases we used medical bills to match members with a KanCare health plan. The plan chosen is listed on the new Enrollment Form. **If you are happy with the plan listed, you do not need to call or return the enrollment form.** If you think a different plan would be better, follow the steps below.

## TO CHANGE

1. Before you change make sure the doctor or clinic you use for services is listed with the KanCare plan you want.
2. The 3 KanCare Health Plans are:

Plan Name	Phone Number
Amerigroup Kansas, Inc.	1-800-600-4441
Sunflower State Health Plan, Inc.	1-877-644-4623
UnitedHealthCare Community Plan - Kansas	1-877-542-9238

3. To get help in finding your provider or to get a copy of the plans' provider lists, call the Enrollment Center at 1-866-305-5147 (TDD/TTY 1-800-766-3777), call the plans or go to:

[www.myamerigroup.com/ks](http://www.myamerigroup.com/ks)  
[www.sunflowerstatehealth.com](http://www.sunflowerstatehealth.com)  
[www.uhccommunityplan.com](http://www.uhccommunityplan.com)

4. There are 3 ways to change KanCare plans – Mail, Phone or Web
  - ◆ Mail: Complete and mail the Enrollment Form
  - ◆ Phone: Call the Enrollment Center at 1-866-305-5147 (TDD/TTY 1-800-766-3777)
  - ◆ Web: Enroll online at <https://www.kmap-state-ks.us/hcp/member>
  - ◆ You have until April 4, 2013 to change plans for future months.
  - ◆ After April 4, 2013 you will stay with the same plan for the rest of 2013.
  - ◆ You will be able to change your plan during your annual open enrollment period. A packet will be mailed when open enrollment begins.

## THINGS TO KNOW

1. 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 document for details. You may also call the Enrollment Center for help.
2. Each member on your case will get a **new member ID card**. You must use this card when getting services starting January 1, 2013.
3. The plan will send you a member handbook with phone numbers to call and get information. The plan will ask you to **pick a Primary Care Provider (PCP)** who will help you get the care needed. You may choose or change your PCP by calling your plan.

### **Need Help?**

If you need this letter in a different format please call us. If this letter is hard to understand, 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. We look forward to helping you with your KanCare questions.

Si usted necesita esta carta en español, por favor llame at 1-866-305-5147.

# KanCare Plan Enrollment Form



Casehead Name  
 Address 1  
 Address 2  
 City, KS Zip

December 21, 2012  
 Case ID:

As of the date on this letter, the members on your case are enrolled in the KanCare plan below starting January 1, 2013. If you are happy with the plan listed, you do not need to call or return this form. If you do change, you will get a letter showing your change has been made.

Changing your KanCare plan is easy:

1. Figure out which plan you want to change to.
2. Place an X only under the name of the plan you want for each member. Please only make 1 plan choice for each person.
3. Mail the enrollment form to:  
 KanCare Enrollment Center  
 P. O. Box 3571  
 Topeka, KS 66601-3571
4. If you have any questions, call the Enrollment Center at 1-866-305-5147 (TDD/TTY 1-800-766-3777)

<b>Member Name</b>	<b>Assigned Plan effective 1/1/13</b>	<b>Amerigroup Kansas Inc</b>	<b>Sunflower Health Plan</b>	<b>United Health Care</b>
Beneficiary Name	KanCare Plan Name			
Beneficiary Name	KanCare Plan Name			
Beneficiary Name	KanCare Plan Name			

# 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 your children are in the CHIP program (sometimes known as KanCare 21 or Title 21), they will be in a KanCare health plan. 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** by fax to 785-266-6109 or by mail to:

KanCare Enrollment Center  
P. O. Box 3571  
Topeka, KS 66601-3571

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 page 3 of the enrollment guide.

If you are American Indian or Alaska Native and do not want to be in a KanCare health plan, check the box below:

**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.