



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:

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 have used medical bills to match members with a KanCare Health Plan. The plan chosen is listed on the 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 before the end of December:

BEFORE JANUARY 1, 2013

1. There are 3 ways to **change** the January 1, 2013, 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
 - ◆ Call the Enrollment Center at 1-866-305-5147 (TDD/TTY 1-800-766-3777)
2. If any member has other health insurance please complete the Other Insurance form in this packet. Then mail it to us in the postage paid envelope.

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 enclosure for details.
2. Each member listed 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.
4. To get a copy of the plans' provider lists, call the Enrollment Center at the number above, or go to:
 - www.sunflowerstatehealth.com
 - www.myamerigroup.com/ks
 - www.uhccommunityplan.com

JANUARY 1, 2013 and AFTER

1. Check to make sure the doctor or clinic you use for services is listed with your KanCare plan.
2. You must qualify for KanCare to stay enrolled with the plan each month.
3. You have 90 days starting January 1, 2013, to change plans for future months.
4. After this time frame you will stay with the same plan for the rest of 2013.
5. You will be able to change your plan during your annual open enrollment period. A packet will be mailed when open enrollment begins.

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. Thank you for reading this letter. We look forward to helping you with your KanCare questions.

[(case id)]

ENROLLMENT FORM

(Casehead Name)
(Address)
(City, ST, Zip)

(MONTH DD, YYYY)
(Case ID)

Member Name	ID	Assigned Plan Plan Phone Plan Effective Date	To Change Plans Put an X in the box by your choice
(XXXXXXXXXX)	(XXXXXXXXXX)	(Plan 1 -) (555555555) (MM/DD/YYYY)	<input type="radio"/> (Plan 2) <input type="radio"/> (Plan 3)
(XXXXXXXXXX)	(XXXXXXXXXX)	(Plan 2 -) (555555555) (MM/DD/YYYY)	<input type="radio"/> (Plan 1) <input type="radio"/> (Plan 3)
(XXXXXXXXXX)	(XXXXXXXXXX)	(Plan 1 -) (555555555) (MM/DD/YYYY)	<input type="radio"/> (Plan 2) <input type="radio"/> (Plan 3)
(XXXXXXXXXX)	(XXXXXXXXXX)	(Plan 2 -) (555555555) (MM/DD/YYYY)	<input type="radio"/> (Plan 1) <input type="radio"/> (Plan 3)

If you are happy with the plan listed above, 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.

Si usted está satisfecho con el plan mencionado, no es necesario llamar o regresar esta forma.

Si hace un cambio, usted recibirá una carta mostrando el cambio que ha sido hecho.



KanCare is scheduled to begin January 1, 2013. Some of the program must be approved by the federal government first. **If there are any changes to KanCare that affect you, we will inform you.**

When possible we picked a KanCare plan for you or your family by looking at providers you have seen in the past. The plan we picked for you is listed on your Enrollment Form.

**If you are happy with the plan
we picked for you or your family,
you do not need to send your form back or call.**

**You may stay in your current nursing home no matter which
KanCare plan we picked or you choose.**

Helpful information

- You should read all of the packet materials so you know how the KanCare program will work.
- **Each person listed on the KanCare Enrollment Form will get a new member ID card from their KanCare plan.** You must use this card when getting services starting January 1, 2013.
- The plan will send you a member handbook with phone numbers to call and ask questions. The plan will ask you to pick a primary care provider (PCP) who will help you get the care you need. You may choose or change your PCP by calling your KanCare plan.

KanCare Enrollment Packet



KanCare Medical Assistance Program

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How do I make a change?

Step 1 Look at the **Enrollment Form** in the packet. It lists family members who are enrolled and may choose to change their health plan.

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 use. This includes aging or disability services, and mental health or substance abuse services.

Amerigroup **1-800-600-4441**

www.myamerigroup.com/ks

Sunflower State Health Plan **1-877-644-4623**

www.sunflowerstatehealth.com

UnitedHealthcare Community Plan - Kansas **1-877-542-9238**

www.uhcommunityplan.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 listed 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.

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

IMPORTANT: 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.

Health Plan Highlights

Look at your **Enrollment Form** to compare plans. All physical, mental, and substance abuse services are the same in each MCO. The chart shows extra services you can receive in KanCare.

		
<p>Dental care for people 21 and over:</p> <ul style="list-style-type: none"> • Two free exams (cleaning and scaling) per year • Free teeth whitening for certain conditions 	<p>Dental visits for adults -- 2 routine dental check-ups per year</p>	<p>Adult dental services will be a benefit. People over 21 can get an exam, x-ray, and teeth cleaning.</p>
<p>Members can earn between \$10 and \$50 in debit card credits each time they get certain health checkups and screenings (up to \$200 of credits can be earned).</p>	<p>Members can earn rewards on our CentAccount debit card when they get health checkups and screenings. Members can get \$20 for the first health screening and \$20 a year for annual checkups.</p>	<p>Adults can earn between \$5 and \$15 in gift cards to help them become and stay healthy. They can earn the gift cards by going to health screenings and checkups.</p>
<p>We help certain members get free cell phones through SafeLink® and up to 250 minutes of service each month plus:</p> <ul style="list-style-type: none"> • 200 bonus minutes when you agree to get texts from us • Wellness texts and reminders to renew your benefits on time • Unlimited minutes to call our Member Services line 	<p>SafeLink® and Connections Plus are programs that provide a free cell phone to members. SafeLink® provides up to 250 free minutes of service per month, with free calls to and from Sunflower State Health Plan. Members will be able to have telephone access to their health care providers.</p>	<p>Some members will receive a cell phone to help them keep in touch with their doctors and Care Coordinator. We also have Smartphone applications to help members keep track of their medical appointments.</p>
<p>Taking Care of Baby and Me® prenatal and postnatal program with health resources, coaching, a special self-care book and more debit card credits.</p>	<p>Start Smart for Your Baby - This program gives support and education for moms, babies, and families. The program includes the services below. There is no cost to member.</p> <ul style="list-style-type: none"> • Start Smart home visits for new mothers • Start Smart baby showers for pregnant mothers • Start Smart birthday programs for children 	<p>Baby Blocks is a program to help those that are pregnant. Baby Blocks uses online tools so new moms can track their appointments. If they go to all of their appointments they can earn gifts for themselves or their baby.</p>



<p>Free programs for adults to:</p> <ul style="list-style-type: none"> • Stop smoking • Lose weight • Get a GED • Improve relationships <p>Free healthy living coaching for preteens</p>	<p>Community Programs for Healthy Children: Sunflower offers free services, such as membership fees to Boys & Girls Clubs and Brownie Badge Programs to promote healthy lifestyles for kids.</p>	<p>We have great Sesame Street programs. Learn from Sesame Street friends about going to the doctor for checkups. Learn about asthma and lead tests. We have help for families to teach them how to eat better without much cost. We also send Sesame Street and Dr. Health E. Hound birthday cards for all kids.</p>
<p>Extra over-the-counter medicines through mail order for all waiver groups and members receiving SSI.</p> <p>\$120 annually (\$10 monthly) towards the purchase of over-the-counter products.</p>	<p>We can send someone with members with a developmental disability or mental illness for support at doctor visits. We also have practice visits to OB/GYNs and dentists for members with a developmental disability so members are more comfortable with preventive care visits.</p>	<p>Our adult members can go to free Weight Watchers classes. You can also earn workout gear for finishing the program.</p>
<p>Free rides to community health events and free caregiver transportation to doctor visits for all waiver groups and members receiving SSI.</p>	<p>Peer and family support services for members with mental illness or disabilities to help them live in their community.</p>	<p>Kids age 10 to 17 who are watching their weight can earn a \$50 gift card. They earn the gift card by finishing a healthy weight program. The family also helps them to develop a healthy lifestyle.</p>
<p>Career development help and money to buy professional clothes for job interviews.</p>	<p>Healthy Schools & Adopt-A-School Program: Sunflower provides hands-on education and outreach to local community schools.</p>	<p>We will give all children the chance to join a youth organization. This can be a group like the YMCA, Boys and Girls Clubs, and 4-H.</p>
<p>Free in-home pest control for all waiver groups and members receiving SSI (excludes members residing in ICF/MR, assisted living and nursing facilities, group homes, or similar settings).</p>	<p>Pet therapy visits are offered. Members must be in an assisted living or nursing facility for this. Members on an HCBS waiver also have the chance for this visit.</p>	<p>We will provide more vision services. The services will include a better choice of eyeglass frames. It also includes replacement if your glasses are lost or stolen. Some members could get contact lenses.</p>
<p>Respite care for caregivers of Frail Elderly waiver members and extra respite care for members of Autism, Developmental Disability, and Serious Emotional Disturbance waiver groups (excludes members living alone or residing in ICF/MR, assisted living and nursing facilities, group homes, or similar settings)</p>	<p>In-home telemonitoring is available. It helps members be able to be more independent. This is offered to those that are aged, blind, and/or disabled.</p>	<p>Members can get more foot doctor visits. They need to be over 21 and get approval from their Care Coordinator. This could include up to two visits per year.</p>

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 will not have copays.

Things that do not change:

- The KanCare ID number will not change.
- The review date for eligibility will not change.
- The HIPPS program will not change for people who are already enrolled.
- The amount some people must pay their providers will not change such as spenddown, patient liability, and/or premiums.

Contact Information

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

Other Insurance

Complete and return the enclosed **Other Insurance Information** form if the family member(s) listed on the Enrollment Form have other insurance besides KanCare.

What are my rights and responsibilities?

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

- 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 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.

*** If your health plan is Amerigroup... call 1-800-600-4441 to file a grievance.

*** If your health plan is Sunflower State Health Plan ... call 1-877-644-4623 to file a grievance.

*** If your health plan is UnitedHealthcare Community Plan - Kansas... call 1-877-542-9238 to file a grievance.

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 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, but it must be followed by a written request. The Customer Service Center for your health plan can also help you with an appeal.
- An appeal must be filed within 30 calendar days after you have received a Notice of Action.
- The appeal will be resolved within 30 calendar days unless more time is needed. You will be notified of the delay, but your appeal will be resolved in 45 calendar days.

You have other options for a quicker review of your appeal. Call your health plan for more information.

- If you are in Amerigroup, Sunflower State Health Plan, or UnitedHealthcare Community Plan - Kansas, you must finish your Appeal before filing a Fair Hearing.

Fair Hearings

A Fair Hearing is a formal meeting where an impartial person (someone you do not know), assigned by the Office of Administrative Hearings, 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 to:

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

- The letter or fax must be received within 30 days of the date of the appeal decision.

Other Insurance Information

Please complete this form if the family members listed on the Enrollment Form have other insurance. Return it in the enclosed envelope.

Case No. _____
 The case number can be found on the Enrollment Form.

Person Insured	Medicaid ID Number
Person Insured	Medicaid ID Number
Person Insured	Medicaid ID Number
Person Insured	Medicaid ID Number
Person Insured	Medicaid ID Number

Name of Other Insurance Company		Phone Number	
Street Address	City	State	Zip
Policy Holder Name	Policy Holder Social Security Number		
Policy Holder Date of Birth	Policy Number/ID Number		
Group ID or Name of Employer			

Return this form to:

Kansas Medical Assistance Program
 Attn: TPL Department
 PO Box 3571
 Topeka, KS 66601-3571

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** in the enclosed envelope or send by fax to 785-266-6109.

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.

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.

January 1, 2013
Kansas Medicaid and HealthWave
Kansas Medical Assistance Program (KMAP)

State of
Kansas
Medical Card

Member Name

Member ID

Member DOB


Kansas
Department of Health
and Environment
Division of Health Care Finance



... are becoming KanCare

