

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

Month XX, 2024

CASEHEAD
ADDRESS
CITY, KS ZIP

KANCARE SPECIAL OPEN ENROLLMENT

Dear Member:

In 2025, there is a **Special Open Enrollment period** for the members listed on this Enrollment Form. KanCare is the State of Kansas health program that provides medical, mental health, dental, substance abuse and long-term care services. In 2025, **Aetna Better Health of Kansas** will be replaced by **Healthy Blue**, and this letter is giving you the opportunity to change plans effective January 1, 2025. If you are happy with your current plan, you do not have to do anything. Please read "Things To Know" for more information. If you think a different plan would be better for you, follow the steps on the **enrollment form**.

Things To Know

1. If you do nothing your enrollment will stay the same. 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 MCO many offer additional services/benefits. Review the **Value-Added Benefits** for more information.
3. Make sure all the providers you use for services accept your assigned health plan. To receive a copy of a plan's provider list, go to:
 - **Sunflower Health Plan:** www.sunflowerhealthplan.com
 - **Healthy Blue:** www.healthybluekansas.com
 - **United Healthcare Community Plan:** www.uhccommunityplan.com
 - **Kansas Medical Assistance Program (KMAP):** portal.kmap-state-ks.us/PublicPage/
 - Or call the **Enrollment Center** at 1-866-305-5147 (TDD/TTY 1-800-766-3777).
4. After the special open enrollment choice period end date, you will stay assigned to your chosen plan until your annual open enrollment period. A packet will be mailed when your next open enrollment begins.
5. You **must have active KanCare eligibility** 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 7:30 a.m. to 5:30 p.m., Monday through Friday.

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



Value-Added Benefits

Value-Added Benefits (VABs) are health care services, benefits or positive incentives that promote healthy lifestyles and improved health outcomes among our members. They are services that are additional benefits to your Medicaid coverage that are not already covered. Each MCO has a unique set a VABs that their members are eligible for.

To view a complete set of benefits available to members, please go to the KanCare website under Consumers – Choosing a plan:

www.kancare.ks.gov/consumers/choosing-a-plan

To receive a hard copy of the VABs, please email a request to the KanCare mailbox at kdhe.KanCare@ks.gov or call 785-296-3982.

You can also view the VABs through each MCO's website. To get a printed copy, you can call each MCO. See the MCO contact information below:

- **Healthy Blue**
Online: www.choosehealthyblue.com/ks
Phone: 1-833-838-2593
- **Sunflower Health Plan**
Online: www.sunflowerhealthplan.com
Phone: 1-877-644-4623
- **United Healthcare Community Plan**
Online: www.uhccommunityplan.com
Phone: 1-877-542-9238



Month XX, 2024

CASEHEAD
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Important: Please Read

INSTRUCTIONS: You and/or your family are assigned to the health plan(s) listed below. If you are happy with your assigned plan, you **DO NOT** need to call or return this form.

If you want to **change plans**, you can either:

- Mail the completed Annual Open Enrollment Form in the enclosed envelope ***before*** the **AOE Period End Date**. Please allow three (3) days for mail time. You will receive a letter once your change has been made.
- Make changes online by logging into: portal.kmap-state-ks.us/PublicPage/Public/Beneficiary/member ***or***
- Call the Enrollment Center at 1-866-305-5147 (TDD/TTY 1-800-766-3777).

Annual Open Enrollment Form

AOE Period End Date: Month XX, 2024

Case Number: XXXXXXXX

Member Name ID Number	Assigned Health Plan Plan Phone Number	To Change Plans Put an "X" in the box by your choice.
MemberName ID	Healthy Blue 833-838-2593	<input type="checkbox"/> Sunflower Health Plan <input type="checkbox"/> United Healthcare Community Plan



Accessibility

We offer the following free options to help you understand these materials:

- Larger print size.
- Paper versions of information from the KanCare or health plan websites.
- Read to you in any language, including American Sign Language.
- Written translations in Spanish.
- Additional aids and services, such as Braille or TTY services.

If you need these services, please call the Managed Care Enrollment Center at 1-866-305-5147 or (TDD/TTY 1-800-766-3777).

Accesibilidad

Ofrecemos las opciones siguientes gratis para ayudarle a entender estos materiales:

- Letras imprimidas en grande.
- Versiones en papel acerca de las páginas de Internet o sobre los planes de salud de KanCare.
- Leída en cualquier lenguaje, incluyendo Lenguaje de Señas Americano.
- Traducciones en español por escrito.
- Ayuda y servicios adicionales, como Braille y servicios de TTY.

Si usted necesita estos servicios, por favor llame al Centro de Inscripción al 1-866-305-5147 o (TDD/TTY 1-800-766-3777).

Additional Information

If you need help understanding or learning more about your managed care organization, please call the Managed Care Enrollment Center at 1-866-305-5147 or (TDD/TTY 1-800-766-3777).

You can find additional helpful information about KanCare and more online at www.kancare.ks.gov/: General information about KanCare; Benefits and services; Additional people to contact for help on specific questions; Frequently asked questions; Information about provider networks; Quality reports; Links to Member Handbooks, Provider Directories, and approved drug lists.

Other Available Languages

<p>Attention: If you speak another language, assistance services, free of charge, are available to you. Call 1-800-766-9012</p>	<p>TAGALOG PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-766-9012</p>
<p>ESPAÑOL/SPANISH ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-766-9012</p>	<p>မြန်မာစာ /BURMESE သတိပြုရန် - အကယုၣ် သဠည ဝုမန္တစကားကို ဝေပုလပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့ သင့ုအကြံကု စီစဉ်ဆောင်ရွက်ပေးပါမည့်။ ဖုန်းနံပါတ် 1-800-766-9012</p>
<p>TIENG VIET/VIETNAMESE CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-766-9012</p>	<p>Français/FRENCH ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-766-9012</p>
<p>繁體中文/CHINESE 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-766-9012</p>	<p>日本語/JAPANESE 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-766-9012</p>
<p>DEUTSCHE/GERMAN ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-766-9012</p>	<p>Русский/RUSSIAN ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-766-9012</p>
<p>한국어/KOREAN 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-766-9012</p>	<p>Hmoob / HMONG LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-766-9012</p>
<p>ພາສາລາວ/LAO ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແນ່ນມາພ້ອມໃຫ້ ທ່ານ. ໂທ 1-800-766-9012</p>	<p>فارسی / FARSI توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما 1-800-766-9012 تماس بگی.</p>
<p>Arabic (Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-766-9012 (رقم xxxx)</p>	<p>Kiswahili / SWAHILI KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-766-9012</p>



Other Insurance Information

Please complete this form if the members listed on the enrollment form have another insurance other than Kansas Medicaid.

Medicaid Case No. _____

The case number can be found on the enrollment form.

Members covered by another insurance other than Kansas Medicaid:

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

Other Insurance Information (Not Medicaid):

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

Return this form in the enclosed business reply envelope.



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 decide not to be assigned to a KanCare plan, you may remain a Medicaid member.

*If your children are in the CHIP program (sometimes known as State Children's Health Insurance Program), they cannot opt-out and **will be assigned** to a KanCare health plan.

If you choose to be assigned to a KanCare health plan, you can still receive services from Indian Health Service, Tribal, and Urban Indian providers. If you decide not to be assigned to a KanCare health plan, you will not get the value-added benefits provided by the KanCare plans. These services include dental services for adults, reward programs, and cell phone programs. See the Value-Added Benefits page for more information.

If you do not want to be assigned to a KanCare plan, mark the box below and include the documents listed.

I DO NOT want to be assigned to a KanCare health plan. (Below is required.)

The following documents are required to process an opt-out request:

- Opt-out request form
- Enrollment form
- A copy of your tribal documentation

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

The opt-out request form and required documentation can be returned in the enclosed envelope or faxed to 1-785-266-6109.

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