



2026 Enrollment Booklet

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 KanCare Enrollment Center at 1-866-305-5147 or TDD/TTY at 1-800-766-3777.

Contact information - For more information, visit www.kancare.ks.gov/contact-us

Agency & Website	Telephone
Enrollment Center https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/UserRegistration To change your KanCare health plan. <i>Log on and password required.</i>	1-866-305-5147 TDD/TTY 1-800-766-3777 Business hours: Monday - Friday 7:30 a.m. - 5:30 p.m.
Eligibility Verification www.applyforkancare.ks.gov To confirm your eligibility and KanCare plan. <i>Log on and password required.</i>	1-800-766-9012 TDD/TTY 1-800-766-3777 Business hours: Monday - Friday 7:30 a.m. - 5:30 p.m.
KanCare Clearinghouse www.kancare.ks.gov/ For questions about your eligibility. Also, to report household changes such as address, phone number or family size.	1-800-792-4884 Business hours: Monday - Friday 8:00 a.m. - 7:00 p.m.
Healthy Blue www.choosehealthyblue.com/ks To pick a doctor and ask questions about your health care benefits, including transportation.	1-833-838-2593 Business hours: Monday - Friday 8:00 a.m. - 5:00 p.m.
Sunflower Health Plan www.sunflowerhealthplan.com/members/medicaid.html To pick a doctor and ask questions about your health care benefits, including transportation.	1-877-644-4623 Business hours: Monday - Friday 8:00 a.m. - 5:00 p.m.
UnitedHealthcare Community Plan – Kansas www.uhccommunityplan.com/kansas-medicaid-plans To pick a doctor and ask questions about your health care benefits, including transportation.	1-877-542-9238 Business hours: Monday - Friday 8:00 a.m. - 6:00 p.m.

Helpful Resources

Aging and Disability Resource Center (cont.)

Options Counseling is a person-centered service that helps individuals, especially older adults and people with disabilities, understand their options and make informed decisions regarding long-term services and supports.

- No Wrong Door: Statewide information and referral for older adults and people of all ages living with disabilities
- Assistance: Identifying resources and support tailored to each unique situation
- Guidance: Planning the next steps to maintain independence


You may contact the ADRC by phone at 1-855-200-ADRC (2372) or email at Kansasadrc@libertyhealth.com. ADRC sites are available to the public and regional information can be found at <https://libertyhealthcare.com/kansas-adrc/>. You can also call the number above for more information about locations near you.

Additional Information

If you need help understanding or learning more about your managed care company, please call the KanCare Enrollment Center at 1-866-305-5147 or at TDD/TYY 1-800-766-3777. You can find additional helpful information about KanCare and more online at <https://www.kancare.ks.gov/home>:

- 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.

Authorized representative forms can be found online at: <https://www.kancare.ks.gov/data-policy/policy/eligibility/forms>



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/TYY 1-800-766-3777.




Table of Contents

Important information	1
How can my health plan help me when my needs change?	2
What are my rights and responsibilities?	3
What if I am not happy with my health care?	4
How do I make a change?	7
Helpful resources	8
Contact information	11

Helpful Resources

KanCare Ombudsman Office

Do you have questions about KanCare and need help? Sometimes, people need help understanding Kansas Medicaid, also known as KanCare. The Ombudsman's office can help with:

- Answers to questions.
- Resolving issues.
- Understanding letters from KanCare.
- Responding when you disagree with a decision or change.
- Completing an application or renewal.
- Filing a complaint (grievance).
- Filing an appeal or fair hearing.
- Learning about in-home services, also called Home and Community Based Services (HCBS).

Contact the KanCare Ombudsman Office:

- Toll-Free Phone: 1-855-643-8180
- Relay: 711
- Email: KanCare.Ombudsman@ks.gov
- Website for resources: <https://www.kancare.ks.gov/members/help-resources/kancare-ombudsman>
- Facebook: www.Facebook.com/KanCareOmbudsman

Aging and Disability Resource Center

The Kansas Aging and Disability Resource Center (ADRC) connects older adults and people with disabilities to information, referrals, and Options Counseling. ADRC empowers individuals to make informed choices about long-term services – meeting them where they live, work, and socialize.

Helpful Resources

KanCare Enrollment Center

The KanCare Enrollment Center can help members like you and people responsible for your care get information about health plans. The KanCare Enrollment Center can also provide information about your rights and options as a member. This includes:

- Understanding KanCare and the health plans.
- KanCare health plan choice counseling. This can include helping to check which providers and services are available through the health plans.
- Understanding how and where to file grievances and appeals.
- Understanding how to request a Fair Hearing and where to send your requests for Fair Hearings.
- Understanding the period each year when you can change your health plan.
- Helping to change your health plan during the allowed period. This includes:
 - Giving you the dates when you can change your health plan.
 - Assigning you to the health plan of your choice.
 - Providing health plan choice counseling.
- Sending any issues you have to your health plan for resolution.
- Understanding when you can change health plans outside of the usually allowed time each year. This is only allowed in certain situations.

You may contact the KanCare Enrollment Center at 1-866-305-5147 or TDD / TTY: 1-800-766-3777 from 7:30 a.m. to 5:30 p.m., Monday through Friday.

Important Information

Remember

You can change plans during your initial Choice Period and each year during your Annual Open Enrollment. The deadline to change is listed on the enrollment form in the field named “Choice Period End Date.”

If you are pregnant or will be adding a newborn (under 12 months) to your case

The baby will usually be added to the same plan as the mother. If coverage is approved, the system will try to keep the mother and baby together beginning at birth. Think about this when choosing your plan.

Things to know:

- Your primary care provider may be a doctor, physician assistant, nurse practitioner or clinic in your health plan. If you need a specialist, please contact your specialist and check with your health plan to ensure they are in the network.
- 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 ensure you get the care you need.
- KanCare does not have copays.
- The Annual Open Enrollment period is based on the household rather than each person within a household.

How can my health plan help me when my needs change?

In KanCare, your health plan must ensure you get the care you need. When you enroll, your health plan will ask questions about your health to determine what care you need.

Your health plan must coordinate your services. It will let you know whom to contact for help with this. Your health plan can coordinate services:

- When your care settings change, such as going home after a hospital stay.
- If you switch health plans.
- If you switch from Fee-For-Service Medicaid to KanCare Medicaid.
- With your community or social support service providers.

As your care needs change, your health plan must ensure that your care continues. This may be done by:

- Allowing you to get care from non-network providers for a period of time.
- Connecting you to providers within the health plan's network.
- Coordinating with providers, the State or other health plans serving you.

Your health plan may need to share some of your information with providers, the State or other health plans serving you. This could include health risk information or medical records. Your information will only be shared when needed to manage your services. Your information will be shared in a way that protects your privacy.

How do I make a change?

If you want to use the Internet but do not have a computer, try going to your public library, place of worship or neighborhood school.

STEP 1

Look at the Enrollment Form in the packet. It lists the members in your household who are enrolled. It tells you who can change their health plan and the last day the change can be made.

STEP 2

Look at the **Value-Added Benefits**. Ask for the plans or check the providers in their networks on their website. 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.

- **Healthy Blue**
1-833-838-2593
<https://www.healthybluekansas.com/medicaid/extras>
- **Sunflower Health Plan**
1-877-644-4623
<https://www.sunflowerhealthplan.com/members/medicaid/benefits-services/extra-services.html>
- **UnitedHealthcare Community Plan - Kansas**
1-877-542-9238
<https://www.uhc.com/communityplan/kansas/plans/medicaid/community-plan/mltss>

STEP 3

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

- Enroll online at <https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/UserRegistration>
 - Complete the Enrollment Form and return it in the enclosed envelope before the deadline.
- OR**
- Call the Enrollment Center at 1-866-305-5147 from 7:30 a.m. to 5:30 p.m., Monday through Friday (TDD/TTY 1-800-766-3777).

What if I am not happy with my health care?

State fair hearings

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

- If you are unhappy with the decision made on your appeal, you or someone acting on your behalf may ask for a state fair hearing. You can ask your health plan by calling your health plan, or you can ask in writing by mailing or faxing your request to:

Office of Administrative Hearing
1020 S. Kansas Ave
Topeka, KS 66612-1327
Fax: 785-296-4848
- If you ask for a state fair hearing after your appeal, the letter or fax must be received at OAH within 123 calendar days of the date of the notice.
- You may be able to have a quicker state fair hearing. Call your health plan for more information.
- You must first ask your health plan for an appeal before you can ask for a state fair hearing with the OAH.
- Your health care providers can ask for an external review of your health plan's denial or limited approval of a service. If you are not happy with the decision made by the external reviewer, you may ask for a state fair hearing by calling or writing your health plan.
- If you ask for a state fair hearing after the external reviewer's decision, the letter or fax must be received at OAH within 33 calendar days of the date of the notice that tells you about the decision of the external reviewer.

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, seven days a week.
- Receive a second opinion.
- Voice concerns about your provider or services.
- Appeal any denials from the program.
- Review records used for program denials.
- 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 can 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.

What are my rights and responsibilities?

In KanCare, you have the responsibility to (cont.):

- Show respect to providers.
- Use services appropriately. Example: Use the emergency room only when you believe you have a true emergency.
- Tell your provider about other insurance coverage you have, including Medicare.

What if I am not happy with my health care?

Grievances

A grievance expresses dissatisfaction about anything other than an adverse benefit determination. You may ask for a grievance at any time. Call or write one of the customer service centers below to file a grievance. Customer service staff will help you with a grievance.

Healthy Blue	1-833-838-2593
Sunflower Health Plan	1-877-644-4623
UnitedHealthcare Community Plan	1-877-542-9238

Appeals

An appeal is a request for a review of any of the adverse benefit determinations below:

- The denial of approval for services or a limited approval of services, including the type or level of service.
- Reducing, suspending, or ending a service you have been receiving.

What if I am not happy with my health care?

Appeals (cont.)

- The denial, in whole or part, of payment for a service.
- The failure of the health plan to resolve grievances or appeals within the required times.
- The denial of your request to dispute something owed.

You will receive a notice in the mail explaining the adverse benefit determination. You must ask for an appeal within 63 calendar days of the date of the notice.

You or someone acting on your behalf can ask for an appeal by contacting your health plan. You can ask for an appeal verbally or in writing. Customer service at your health plan can also help you with an appeal.

The appeal will be reviewed within 30 calendar days unless more time is needed. You or your health plan can ask for an additional 14 calendar days to review the appeal. You will be notified of the delay if the health plan requests more time. You may be able to have a quicker review of your appeal. Call your health plan for more information.