



# KanCare Call Center Tip Sheet

## KanCare Clearinghouse Call Center Contact Information

- Phone number: 1-800-792-4884
- Hours of operation: Monday-Friday, 8 a.m.-7 p.m. Central Standard Time (CST)
- Consumers can call and leave a voicemail during or after hours. Voicemail calls are usually returned within two business days.

## Verifying Your Identity

When calling the KanCare Clearinghouse, be prepared to verify your identity. This step is needed to make sure the Clearinghouse is only sharing information with individuals who can receive information about your medical case. To verify your identity, you will need to provide the below information to the KanCare agent:

- Your Medicaid case number or your social security number.
- Your address and phone number. If you are not able to verify your address and phone number, then you must verify the name and date of birth of another person on your medical case. If you are the only one on your medical case, you will need to verify your date of birth.

## Interactive Voice Response (IVR) Prompts

**Press 1:** For English. **Press 2:** For Spanish. **Press 3:** For all other languages.

**Press 2:** If you are calling to report a change of address or phone number. **Press 1:** To leave a voicemail. **Press 2:** To speak to a representative.

**Press 3:** To check the status of your application, receive your renewal date or to apply.

**Press 4:** For information for pregnant women or families with children.

**Press 5:** If you are calling for yourself or on behalf of someone who is disabled or over the age of 65.

**Press 6:** If you are calling to change your managed care health plan (Sunflower, Aetna, or United Health Care).

**Press 8:** If you are calling regarding a premium

## Can Someone Call the KanCare Clearinghouse for Me?

- When calling, if you have someone who you'd like to speak on your behalf (for example, a friend or relative), you must verify your identity and then give permission for the KanCare agent to speak to that person. This step is not needed if you have signed and submitted a facilitator form or medical representative form for the person to contact KanCare.
- **Facilitator form:** Completing this form allows a person or organization to help you fill out your application and help you through the application process. You remain in charge of your case. We will be able to share information with this person. They will get copies of letters sent to you about your application. A facilitator may be appointed for a maximum of 12 months.
  - [English facilitator form.](#)
  - [Spanish facilitator form.](#)
- **Medical representative form:** Completing this form allows someone to apply for Medicaid for you, talk about your case with KanCare, send in papers requested and use your medical card for you. They will get copies of letters about your case. You can name a relative, neighbor, friend or other person you trust to do this for you. They cannot be someone who is trying to collect a medical debt against you.
  - [English medical representative form.](#)
  - [Spanish medical representative form.](#)