



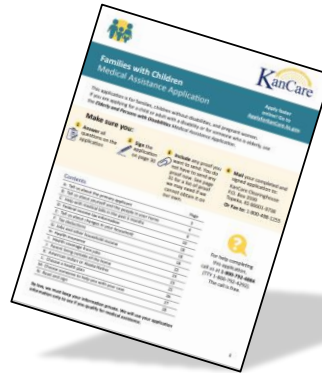


# A Guide to Completing the KC-1100 Application

For Families with Children



Sections H, & I



This guide was created in partnership with the KanCare Ombudsman Office and the Kansas Department of Health and Environment.

“Welcome to the KanCare Application Guide. This guide is made up of slides designed to help you with filling out the sections of Families with Children Application”



# Page 22: KC-1100: Other Health Insurance

**H Health insurance**

Tell us about health insurance policies your household has now or had in the last 3 months. For example, if you are applying in August, include policies from May, June, July and August. Also include policies for household members under age 19. If you do not know an answer, write "unknown". If you need to tell us about more than 3 policies, make a copy of this page before you fill it out. Attach the copy to your application.

Tell us about health insurance policies household members have now or had in the last 3 months:

Policy #1	Policy #2	Policy #3
Policyholder's name	Policyholder's name	Policyholder's name
Policyholder's SSN	Policyholder's SSN	Policyholder's SSN
Names of household members on this policy:	Names of household members on this policy:	Names of household members on this policy:
Insurance company name	Insurance company name	Insurance company name
Insurance company address	Insurance company address	Insurance company address
Policy number	Policy number	Policy number
Group number	Group number	Group number
Start date / / End date / /	Start date / / End date / /	Start date / / End date / /
If ended, why? (left job, too expensive, etc.)	If ended, why? (left job, too expensive, etc.)	If ended, why? (left job, too expensive, etc.)
Type of coverage	Type of coverage	Type of coverage
<input type="checkbox"/> Catastrophic only <input type="checkbox"/> Dental <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Long-term care <input type="checkbox"/> Medicare supplement <input type="checkbox"/> Prescription <input type="checkbox"/> Vision <input type="checkbox"/> Other: _____	<input type="checkbox"/> Catastrophic only <input type="checkbox"/> Dental <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Long-term care <input type="checkbox"/> Medicare supplement <input type="checkbox"/> Prescription <input type="checkbox"/> Vision <input type="checkbox"/> Other: _____	<input type="checkbox"/> Catastrophic only <input type="checkbox"/> Dental <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Long-term care <input type="checkbox"/> Medicare supplement <input type="checkbox"/> Prescription <input type="checkbox"/> Vision <input type="checkbox"/> Other: _____

22 KanCare | Families with Children Medical Assistance Application

This is the twenty-second page of the paper application for Families with Children. Page 22 asks questions about household members that have health insurance.

## H Health insurance

Tell us about health insurance policies your household has now or had in the last 3 months. For example, if you are applying in August, include policies from May, June, July and August. Also include policies for household members under age 19. If you do not know an answer, write "unknown."

If you need to tell us about more than 3 policies, make a copy of this page before you fill it out. Attach the copy to your application.

Here the applicant will put information about health insurance policies their household has now or had in the last 3 months. For example, if someone is applying in August, they should include policies from May, June, July and August. Also include policies for household members under age 19. if the applicant does not know an answer, they can write "unknown".

If the applicant needs to put more than three policies, they can make a copy of this page before filling it out and attach it to the application.

This section is not asking for information about Medicaid or Medicare.



# Health Insurance

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Tell us about health insurance policies household members have now or had in the last 3 months:

Policy #1		Policy #2		Policy #3	
Policyholder's name		Policyholder's name		Policyholder's name	
Policyholder's SSN		Policyholder's SSN		Policyholder's SSN	
Names of household members on this policy:		Names of household members on this policy:		Names of household members on this policy:	
Insurance company name		Insurance company name		Insurance company name	
Insurance company address		Insurance company address		Insurance company address	
Policy number		Policy number		Policy number	
Group number		Group number		Group number	
Start date	End date	Start date	End date	Start date	End date
/ /	/ /	/ /	/ /	/ /	/ /
If ended, why? (left job, too expensive, etc.)		If ended, why? (left job, too expensive, etc.)		If ended, why? (left job, too expensive, etc.)	
Type of coverage		Type of coverage		Type of coverage	
<input type="checkbox"/> Catastrophic only <input type="checkbox"/> Dental <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Long-term care <input type="checkbox"/> Medicare supplement <input type="checkbox"/> Prescription <input type="checkbox"/> Vision <input type="checkbox"/> Other: _____		<input type="checkbox"/> Catastrophic only <input type="checkbox"/> Dental <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Long-term care <input type="checkbox"/> Medicare supplement <input type="checkbox"/> Prescription <input type="checkbox"/> Vision <input type="checkbox"/> Other: _____		<input type="checkbox"/> Catastrophic only <input type="checkbox"/> Dental <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Long-term care <input type="checkbox"/> Medicare supplement <input type="checkbox"/> Prescription <input type="checkbox"/> Vision <input type="checkbox"/> Other: _____	

If the applicant or household members have a health insurance policy, it will go here. For each policy the applicant will put the policyholder's name, the policyholders Social Security Number, the names of the household members on this policy, insurance company name, insurance company address, policy number, group number, start and end date, if the policy ended why did it end, and the type of coverage on the policy.

Again, if any of this information is unknown the applicant can leave it blank. The KanCare Clearinghouse may request information.

**I Health coverage from jobs**

Answer the questions on this page and the next page only if **both** of these statements are true for your household:

- Someone in your household can get health coverage from a job.
- Your **gross** household income before taxes and deductions is **more** than the levels on the **Helpful Hints** flyer that came with this application.

Attach a copy of **pages 23-24** for each job that offers coverage. Tell us about the **job** that offers coverage.

**Employee**

Employee first and last name	Employee Social Security Number (SSN)
------------------------------	---------------------------------------

**Employer**

Employer name	Employer Identification Number (EIN)
---------------	--------------------------------------

Employer address

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Employer phone number \_\_\_\_\_

**Who can we contact about employee health coverage at this job?**

First and last name	Phone number
	Email address

**Do you qualify now or will you qualify in the next 3 months for coverage offered by this employer?**

No If **no**, stop here and go to Section I on **page 25**.


Yes If **yes**, please answer the questions below.

**► If you're in a waiting period or probationary period, when can you enroll in coverage?**

Date you can enroll (mm/dd/yyyy): / /

**List the names of any household members who qualify for coverage from this job.**

First and last name	First and last name
First and last name	First and last name
First and last name	First and last name

 For help completing this application, call us at 1-800-792-4884 (TTY 1-800-792-4292). The call is free.

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This is the twenty-third page of the paper application for Families with Children. Page 23 asks questions about household members that have health insurance from jobs.

Next, we will go through each part on page 23.

## I Health coverage from jobs

Answer the questions on this page and the next page only if **both** of these statements are true for your household:

1. Someone in your household can get health coverage from a job.

**And**

2. Your **gross** household income before taxes and deductions is **more** than the levels on the *Helpful Hints* flyer that came with this application.

Attach a copy of **pages 23-24** for each job that offers coverage. Tell us about the **job** that offers coverage.

Section I asks questions about health coverage from jobs. The applicant should only answer the questions on this page and page 24 if both of these statements are true for the applicant's household:

1. Someone in the applicant's household can get health coverage from a job.  
And
2. The applicant's gross household income before taxes and deductions is more than the levels on the Helpful Hints flyer that came with this application.

If the applicant does not have a Helpful Hints flyer, they can find it on the [KanCare.ks.gov](http://KanCare.ks.gov) website in the same area as the downloadable KanCare applications.

The applicant should attach a copy of pages 23-24 for each job that offers coverage. The KanCare Clearinghouse only wants to know about the job or jobs that offer coverage.

<b>Employee</b>		
Employee first and last name	Employee Social Security Number (SSN)	
<b>Employer</b>		
Employer name	Employer Identification Number (EIN)	
Employer address		
City	State	ZIP Code
Employer phone number		
<b>Who can we contact about employee health coverage at this job?</b>		
First and last name	Phone number	
	Email address	
<b>Do you qualify now or will you qualify in the next 3 months for coverage offered by this employer?</b>		
<input type="checkbox"/> No <b>If no, stop here and go to Section J on page 25.</b> <input type="checkbox"/> Yes <b>If yes, please answer the questions below.</b>		
<b>► If you're in a waiting period or probationary period, when can you enroll in coverage?</b>		
Date you can enroll (mm/dd/yyyy):    /    /		
<b>List the names of any household members who qualify for coverage from this job:</b>		
First and last name	First and last name	
First and last name	First and last name	
First and last name	First and last name	

If the applicant meets the criteria from the note above this section, they will put the employees first and last name, their Social Security Number, employer name, employer identification number (EIN), employer address, city, state, zip code, employer phone number, and who the KanCare Clearinghouse can contact about the employee health coverage at this job. The question, “Do you qualify now or will you qualify in the next 3 months for coverage offered by this employer” is a “No” or “Yes” question. If the applicant checks “No” they should stop at this question and go to section J on page 25. If the applicant checks “Yes” they should answer the questions below. The applicant should fill the rest out to the best of their ability.

If the applicant needs help finding the answers to these questions, they should speak with Human Resources at their place of employment.





# Page 23: KC-1100: Employer Health Plan

Health coverage from jobs (continued)

**I** Tell us about the health plan offered by the employer:

<b>Does the employer offer a health plan that meets the minimum value standard? See definition at right.</b>		<b>Minimum value standard (MVS)</b> A health plan meets the minimum value standard if it pays at least 60% of the total cost of medical services for a standard population and offers substantial coverage of hospital and doctor services. Most job-based plans meet the minimum value standard.
<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Set us about the premium (cost) for the lowest cost individual plan that is offered only to the employee and meets the minimum value standard (see box at right). Don't include family plans.</b> If the employer offers wellness programs, use the premium amount the employee would pay after the maximum discount for any quit smoking programs. Do not include discounts for other wellness programs.		
<b>How much would the employee pay for the employer-offered, lowest cost, individual, MVS plan?</b>		
Premium amount:	How often?	
\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	
<b>What change will the employer make for the new plan year, if known?</b>		
<input type="checkbox"/> Employer won't offer health coverage		
<input type="checkbox"/> Employer will start offering health coverage to employees or change the premium for the lowest cost plan that is available only to the employee and meets the minimum value standard. Premiums should reflect the discount for wellness programs. See above question.		
<input type="checkbox"/> I don't know		
<b>How much will the employee have to pay in premiums for this plan?</b>		
Premium amount:	How often?	Date of change (mm/dd/yyyy)
\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	/ /

**J Parent living outside of the home**

Does anyone on this application have a child under the age of 19 whose other parent lives outside the home?

No  Yes

**If yes,** that person will be asked to cooperate with the agency that collects medical support from an absent parent.  
If that person thinks that cooperating to collect medical support will bring harm to them or their children, they can tell KanCare and may not have to cooperate.

24 KanCare | Families with Children Medical Assistance Application

This is the twenty-fourth page of the paper application for Families with Children. Page 24 asks questions about household members that have health plans offered by their employer.

Next, we will go through the rest of section I on page 24.

**I** Tell us about the health plan offered by the employer.

Does the employer offer a health plan that meets the minimum value standard? See *definition at right*.

No     Yes

Tell us about the premium (cost) for the **lowest cost individual** plan that is offered **only** to the employee and meets the **minimum value standard** (see box at right). Don't include family plans.

If the employer offers wellness programs, use the premium amount the employee would pay after the maximum discount for any **quit smoking** programs. Do not include discounts for other wellness programs.

How much would the employee pay for the employer-offered, lowest cost, individual, MVS plan?

Premium amount	How often?
\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly

What change will the employer make for the new plan year, if known?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest cost plan that is available **only** to the employee and meets the minimum value standard. Premium should reflect the discount for wellness programs. See above question.

I don't know

► How much will the employee have to pay in premiums for this plan?

Premium amount	How often?	Date of change (mm/dd/yyyy):
\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	/ /

**Minimum value standard (MVS)**

A health plan meets the minimum value standard if it pays at least 60% of the total cost of medical services for a standard population and offers substantial coverage of hospital and doctor services.

Most job-based plans meet the minimum value standard.

The first question on page 24 asks, “Does the employer offer a health plan that meets the minimum value standard?” The applicant can read the definition for Minimum value standard to the right in the gray box. If the applicant meets that definition, they will check “No” or “Yes”.

The applicant should fill the rest of this section out to the best of their ability.

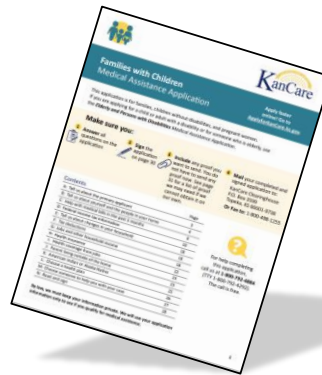


# A Guide to Completing the KC-1100 Application

For Families with Children



Conclusion H & I



This guide was created in partnership with the KanCare Ombudsman Office and the Kansas Department of Health and Environment.

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Thank you for viewing sections H & I.