



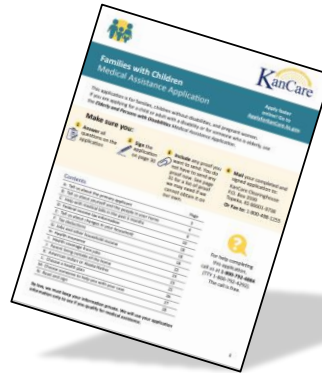


# A Guide to Completing the KC-1100 Application

## For Families with Children



## Sections J & K



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 24: KC-1100: Other Health Insurance

Health coverage from jobs (continued)

**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. <input type="checkbox"/> No <input type="checkbox"/> Yes	<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.
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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?	Every 2 weeks	Twice a month	
\$	<input type="checkbox"/> Weekly	<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?	Every 2 weeks	Twice a month		
\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Yearly	Date of change (mm/dd/yyyy)
					/ /

**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.

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This is the twenty-fourth page of the paper application for Families with Children. Page 24, Section J, asks questions about a parent living outside of the home.

**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.

Section J on page 24 asks, “Does anyone on this application have a child under the age of 19 whose other parent lives outside the home?” The applicant should check “No” or “Yes”.

If yes, the applicant 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 the KanCare Clearinghouse and may not have to cooperate.

Add clarifying note here on what the “If yes, that person...” section above.



# Page 25: KC-1100: Other Health Insurance

**K American Indian or Alaska Native**

Complete this page if you or family members are American Indian or Alaska Native. If you need to tell us about more than 3 people, make copies of this page before you fill it out. Attach the copies to your application.

**Tell us about your American Indian or Alaska Native family members.**

American Indians (AI) and Alaska Natives (AN) can get services from the Indian Health Service, tribal health programs, or urban Indian health programs. They also may not have to pay cost sharing and may get special monthly enrollment periods. Answer these questions to make sure you and your family get the most help possible.

AI or AN Person 1	AI or AN Person 2	AI or AN Person 3
First and last name	First and last name	First and last name
Is this person a member of a Federally recognized tribe?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what is the name of the tribe?		
Name of the tribe	Name of the tribe	Name of the tribe
Has this person ever gotten a service or a referral from the Indian Health Service, a tribal health program or an urban Indian health program?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, does this person qualify for services or a referral from the Indian Health Service, a tribal health program or an urban Indian health program?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Certain money received may not be counted for Medicaid or CHIP. List any income (amount and how often) reported on your application that includes money from these sources:

- Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties
- Payments from natural resources, farming, ranching, fishing, or leases or royalties from land designated as Indian trust land by the Department of the Interior (including reservations and former reservations)
- Money from selling things that have cultural significance

Amount of income	Amount of income	Amount of income
\$	\$	\$
How often?	How often?	How often?

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-fifth page of the paper application for Families with Children. Page 25, Section K asks questions about American Indian or Alaska Native status. Now, let's go through each section on page 25, or Section K.

### **K** American Indian or Alaska Native

Complete this page if you or family members are American Indian or Alaska Native. If you need to tell us about more than 3 people, make copies of this page before you fill it out. Attach the copies to your application.

Tell us about your American Indian or Alaska Native family members.

American Indians (AI) and Alaska Natives (AN) can get services from the Indian Health Service, tribal health programs, or urban Indian health programs. They also may not have to pay cost sharing and may get special monthly enrollment periods. Answer these questions to make sure you and your family get the most help possible.

The top of page 25 says, “Complete this page if you or family members are American Indian or Alaska Native. If you need to tell us about more than 3 people, make copies of this page before you fill it out. Attach the copies to your application.

Tell the KanCare Clearinghouse about your American or Alaska Native family members. American Indians (AI) and Alaska Natives (AN) can get services from the Indian Health Service, tribal health programs, or urban Indian health programs. They also may not have to pay cost sharing and may get special monthly enrollment periods. Answer these questions to make sure you and your family get the most help possible.

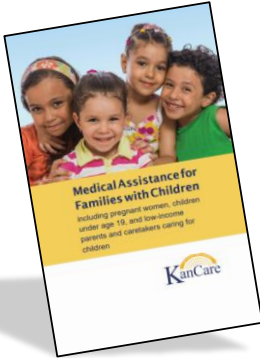
AI or AN Person 1	AI or AN Person 2	AI or AN Person 3
First and last name	First and last name	First and last name
Is this person a member of a federally recognized tribe?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
▶ If yes, what is the name of the tribe?		
Name of the tribe	Name of the tribe	Name of the tribe
Has this person ever gotten a service or a referral from the Indian Health Service, a tribal health program or an urban Indian health program?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
▶ If no, does this person qualify for services or a referral from the Indian Health Service, a tribal health program or an urban Indian health program?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Certain money received may not be counted for Medicaid or CHIP. List any income (amount and how often) reported on your application that includes money from these sources: <ul style="list-style-type: none"> <li>• Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties</li> <li>• Payments from natural resources, farming, ranching, fishing, or leases or royalties from land designated as Indian trust land by the Department of the Interior (including reservations and former reservations)</li> <li>• Money from selling things that have cultural significance</li> </ul>		
Amount of income \$	Amount of income \$	Amount of income \$
How often?	How often?	How often?

The applicant should fill out the rest of page 25 to the best of their ability. Remember, if there are more than 3 household members that need to be listed here, the applicant should make copies of this page before filling it out.

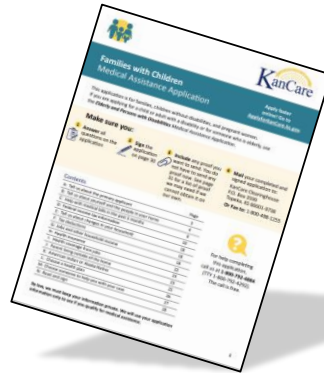


# A Guide to Completing the KC-1100 Application

For Families with Children



Conclusion J & K



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 J & K.