



KanCare Ombudsman Office
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Bob Bethel Joint Committee on HCBS and KanCare Oversight
Report by Kerrie J. Bacon, KanCare Ombudsman
April 29, 2019

Mr. Chair and Committee members,

Thank you for the opportunity to share information with you about how the KanCare Ombudsman's office is working to help members, potential members and providers with information, assistance, referrals and resources. I would like to provide you with some highlights of the KanCare Ombudsman first quarter report for 2019.

1. The number of initial contacts for the KanCare Ombudsman office continues to average around or well above 1,000 per quarter. First quarter initial contact total is 1,060. See page 5.
2. The KanCare Ombudsman Olathe Satellite Office has an increase in volunteers and is now staffed Monday through Thursday, 9am to 4pm, and Friday for three and a half hours.
3. The outreach and education activities for first quarter totaled 32 with three of those activities being worth additional recognition (See pages 5-7):
 - Outreach flyer posted in 17 libraries in northwest Kansas
 - Mailed an introductory letter and KanCare Ombudsman brochures (English and Spanish) to 130 Community Based Organizations
 - All DCF offices throughout Kansas display our outreach post on their lobby televisions, for those consumers in the waiting rooms.
4. The KanCare Ombudsman Office has created 27 [frequently asked questions](#) and answers. The questions are about application assistance and other general KanCare questions. These questions are now a fact sheet and also a new page of resources on the KanCare Ombudsman web pages.

That concludes my testimony. I am available to answer any questions you may have.



Kerrie J. Bacon
KanCare Ombudsman
Qtr. 1, 2019 (based on calendar
year)

I. Quarterly Report Jan. 1 – Mar. 31, 2019

Data downloaded on 4/17/19



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II. Highlights/Dashboard

A. Contact Information – page 4

In the last seven quarters, the initial contacts with the KanCare Ombudsman Office has averaged around 1,000 with two quarters higher than average.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2017	825	835	970	1,040
2018	1,214	1,059	1,088	1,124
2019	1,060			

B. Volunteer office coverage – page 5

The Olathe Satellite office now has volunteer coverage Monday through Thursday, 9am – 4pm and 3.5 hours on Friday. They have four new volunteers. The Wichita office has interviews with three potential volunteers in the next few weeks.

C. Outreach and Education – pages 5-7

- Outreach flyer posted in 17 libraries in northwest Kansas
- Mailed an introductory letter and KanCare Ombudsman brochures (English and Spanish) to 130 Community Based Organizations
- All DCF offices throughout Kansas display our outreach post on their lobby televisions, for those consumers in the waiting rooms.

D. Enhancements to program – pages 19

The KanCare Ombudsman Office has made available on the web pages and in a Fact Sheet, [frequently asked questions](#) regarding application assistance and other general KanCare concerns. See attachment at the end of this document for FAQs fact sheet.



III. Accessibility by Ombudsman’s Office

A. Initial Contacts

The KanCare Ombudsman office was available to members and potential members of KanCare (Medicaid) by phone, email, written communication, and in person during first quarter of 2019. The initial contacts have been averaged around 1,000 for the last seven quarters with two quarters significantly higher.

Initial Contacts	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2014	545	474	526	547
2015	510	462	579	524
2016	1,130	846	687	523
2017	825	835	970	1,040
2018	1,214	1,059	1,088	1,124
2019	1,060			

**2013 year does not include emails in the data, so it is not included. not included.*

B. Additional Contacts

The KanCare Ombudsman office provides follow up contact with members, providers and organizations. These include requests for follow-up to another organization and their responses, and follow-up contacts to and from the beneficiary. There may be multiple contacts for a member/applicant.

Additional Contacts: Notes History (ongoing contacts with beneficiary to note calls and/or updates with issue/concern)	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2017	1,388	1,651	1,954	2,122
2018	2,251	1,892	1,898	1,855
2019	1,850			

Additional Contacts: Email History (emails with beneficiaries and follow up with agencies, MCOs and providers, to resolve cases)	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
2017	655	919	1,338	1,490
2018	1,389	1,252	1,315	1,211
2019	1,370			



C. Accessibility through the KanCare Ombudsman Volunteer Program

Both KanCare Ombudsman Satellite offices answer KanCare questions and help with issues as well as assist with filling out KanCare applications and providing assistance on grievances, appeals and fair hearings on the phone and in person at the offices. The Satellite offices current coverage is listed below. Note: Olathe Satellite office is now covered all five days of the working week.

	Volunteer Hours	# of Volunteers	# of hours covered/wk.	Area Codes covered
Olathe Satellite Office	M: 9am-4pm T: 9am-12pm W: 9am-4pm Th: 9am-4pm F: 10am-1:30pm	7	31.5	913, 785, 816
Wichita Satellite Office	M: 9am-4pm T: 9am-1pm W: 1pm-4:30pm Th: 9am-1pm	3	19.5	316, 620

Information as of 4/15/19

IV. Outreach by Ombudsman’s office

A. Outreach through Collaboration and Education

- Contacted the Peace and Social Justice Center on 1/3 to request they hang our outreach flier.
- Met with Aetna advocates to share about the KanCare Ombudsman program and communication process; 1/3
- Participated in the KanCare Long Term Care Team meetings (monthly)
- Participated in the Monthly Joint MCO meetings (monthly)
- Participated in the KanCare Steering Committee meetings (monthly)
- Shared information regarding where to find updated Liaison Training information, and a reminder of the Aetna change at the United Way Emergency Assistance Network Meeting on 1/15; Approximately 20 attendees
- Presented KanCare Ombudsman program overview to the House Health and Human Services Committee; 1/29
- Cheyenne County Health Dept. – Flyer posted (County: Cheyenne) (January 2019)



- Norton County Health Department – Flyer posted (County: Norton) (January 2019)
- Osborne County Health Department – Flyer posted (County: Osborne) (January 2019)
- Rawlins County Health Department – Flyer posted (County: Rawlins) (January 2019)
- Presented KanCare Ombudsman program overview to the Senate Public Health and Welfare Committee; 2/5
- Presented KanCare Ombudsman Annual Report to the Bob Bethell Joint Committee on HCBS and KanCare; 2/15
- Presented to the Sedgwick County Advisory Council on Aging on 2/27 over our office and our volunteer opportunities.
- Dropped off Spanish KanCare Ombudsman flyers at Treehouse as well as information about our volunteer program
- Tabled on 2/27 at the WSU Health Fair; Approximately 150 passers-by
- Presented to Chisholm Place Assisted Living Center about the Ombudsman’s Office, gave information about the FE Waiver and the KanCare application process on March 26th from 6 p.m. to 8 p.m.; 25 attendees
- Participated in the Kansas Meaningful Measures meeting; 3/1
- Deaf and Hard of Hearing Day at the Capital (resources only); 3-5-19 (Topeka, KS)

B. Outreach through Publications

- Sedgwick County League of Women’s Voters (1/3)
- Sedgwick County Advisory Council on Aging (1/3)
- Paul University Parish of Wichita (1/10)
- The Seed Church of Wichita (1/10)
- Community Service Board Volunteer Fair on Wichita State University’s campus (1/29)
- All DCF offices throughout Kansas display our outreach post on their lobby televisions, for those consumers in the waiting rooms (starting Jan. 31, 2019).
- Golden Years Newspaper (Counties: Franklin, Osage, Anderson, Linn, Coffey) (Jan, Feb, March 2019)
- Unitarian Universalist Social Justice Group (3/4)
- Aldersgate United Methodist Volunteer Group (3/4)
- St. Anne Peace and Social Justice Group (3/4)
- WSU Psychology Department Chair (3/6)
- WSU Sociology Department Chair (3/6)
- Newman University Psychology Department Chair (3/6)
- Newman University Sociology Department Chair (3/6)

- Newman University Allied Health Department Chair (3/6)
- Newman University Social Work Field Education Coordinators (3/6)
- WSU Marketing Department Chair (3/25)
- Butler County Community College Marketing Department Chair (3/25)
- Newman Marketing Department Chair (3/25)
- WSU Shocker Student Marketing (3/25)
- Butler County Community College Sociology and Social Work Department Chair (3/25)
- Outreach Flyer Posted in Libraries (March 2019):
 - Olathe Public Library (Johnson, Co.) (Jan., Feb. March 2019)
 - Rawlins Co.
 - Smith Center Co.
 - Norton Co.
 - Rush Co.
 - Thomas Co.
 - Cheyenne Co.
 - Decatur Co.
 - Sheridan Co.
 - Graham Co.
 - Wallace Co.
 - Logan Co.
 - Trego Co.
 - Phillips Co.
 - Rooks Co.
 - Ellis Co.
 - Russell Co.
- Mailed an introductory letter and KanCare Ombudsman brochures (English and Spanish) to 130 Community Based Organizations (Aging and Disability Resource Centers, Community Developmental Disability Organizations, Centers for Independent Living, Families Together, Long Term Care Ombudsmen, Community Mental Health Centers, Senior Health Insurance Counselors of Kansas, Veterans Association Counselors.)

C. Outreach through Collaboration and Training

- Trained providers in Butler County on general Medicaid information, and how the Ombudsman Office can serve them on 1/17; 37 attendees.
- Trained social workers at Harry-Hynes Memorial Hospice on general Medicaid information, and how the Ombudsman Office can assist on 1/23; 8 attendees
- Liaison Training; Great Bend, KS (Barton Co.): Kansas Guardianship Program (1-10-19)
- Liaison Training; Colby, KS (Thomas Co.): Citizens Medical Center (2-13-19)
- Indian Creek Volunteer Fair (Olathe, KS) (February 1, 2019)
- Atchison Senior Living (training was done in Olathe, KS due to weather – broke up the Atchison training into two classes) (February 27, 2019)
- Atchison Senior Living (Atchison, KS) (March 12, 2019)

V. Data by Ombudsman's Office

A. Data by Region

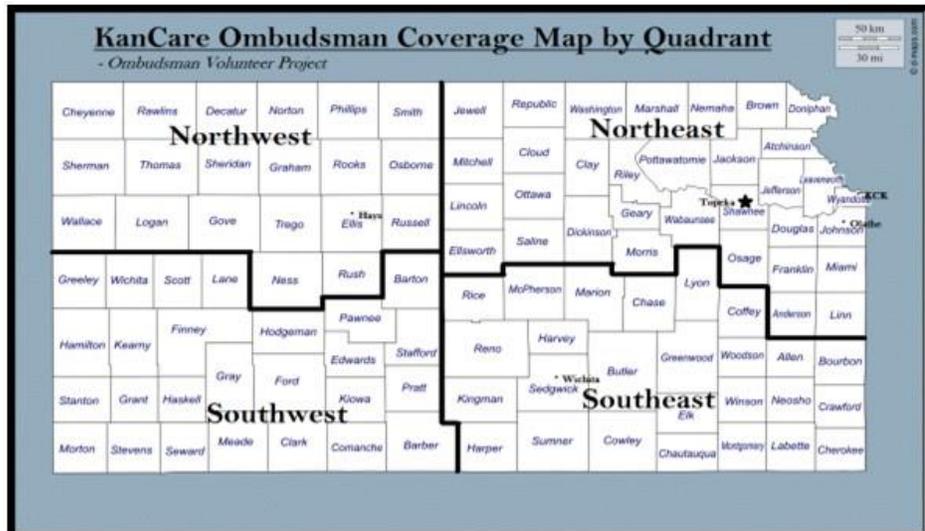
1. Initial Contacts to KanCare Ombudsman Office by Region

The KanCare Ombudsman's office began pulling data by region in 3rd quarter 2018. See regional map on next page. Most calls are coming from the east side of the state which also ties to the Medicaid members within the state and the population density of Kansas.

Region	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19
Northeast	157	220	238	187	183
Southeast	59	135	163	244	205
Northwest	14	16	10	14	7
Southwest	14	18	14	29	19
Out of State	14	17	21	17	16
Not Identified	955	653	639	633	630
Total	1,213	1,059	1,085	1,124	1,060

The KanCare Ombudsman map shows the counties included in each region. The north/south dividing line is based on the state area codes in general (785 and 620).

- 785, 913 and 816 area codes in the northern regions go to the Olathe Satellite office.
- 316 and 620 area codes in the southern regions go to the Wichita Satellite office.



2. KanCare/Medicaid Members by Region

Medicaid

Region	Q4/18	Q1/19
Northeast	194,798	205,267
Southeast	175,370	185,683
Northwest	12,488	13,240
Southwest	38,023	40,073
Total	420,679	444,263

Q1 Data from KDHE; 4/15/19

3. Population Density by KanCare Ombudsman Region

Population Density	Urban	Semi Urban	Densely Settled Rural	Rural	Frontier	Total Counties
NE	5	5	6	15	2	33
SE	1	5	9	7	4	26
NW			1	4	15	20
SW			4	7	15	26
Total	6	10	20	33	36	105

Based on 2015 Census data – www.KCDCinfo.ks.gov Kansas Population Density map using number of people per square mile (ppsm):

Frontier - less than 6 ppsm

Rural - 6 to 19.9 ppsm

Densely-Settled Rural - 20 to 39.9 ppsm

Semi-Urban - 40-149.9 ppsm

Urban - 150+ ppsm

B. Data by Issue Category

The top issues for first quarter continue to be all Medicaid issues: Medicaid General Issues/questions, Medicaid Application Assistance, Medicaid Eligibility questions, Medicaid Information/Status Update. The second tier of issues are: Other, HCBS General issues, and Medicaid Renewal. Medicaid Renewal increased again in 1st quarter after dipping down for a couple of quarters.

ISSUE CATEGORY	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19
Access to Providers (usually Medical)	4	2	8	10	11
Abuse / neglect complaints	10	10	7	2	8
Affordable Care Act Calls	15	12	9	8	5
Appeals/Fair Hearing questions/issues	46	26	38	16	17
Background Checks	4	0	1	0	2
Billing	40	26	33	19	30
Care Coordinator Issues	10	11	7	14	18
Change MCO	12	7	5	37	12
Choice Info on MCO	3	3	3	20	7
Client Obligation	53	35	24	27	21
Coding Issues	32	9	11	21	14
Consumer said Notice not received	16	6	15	13	6
Cultural Competency	0	1	1	3	1
Data Requests	3	2	4	0	2
Dental	10	9	6	7	11
Division of Assets	10	3	5	11	8
Durable Medical Equipment	1	4	9	13	4
Estate Recovery	10	4	10	8	4
Grievances Questions/Issues	28	35	23	12	12
Guardianship	3	6	5	5	1
HCBS Eligibility issues	46	28	37	34	34
HCBS General Issues	36	35	60	49	62
HCBS Reduction in hours of service	7	2	3	2	6
HCBS Waiting List	4	4	4	10	5
Health Homes	0	1	0	1	0
Help understanding mail	4	16	22	21	15
Housing Issues	7	8	7	4	5
Medicaid Application Assistance	185	135	144	174	167
Medicaid Coding	0	0	0	0	0
Medicaid Eligibility Issues	209	219	183	187	151
Medicaid Fraud	3	2	2	5	1
Medicaid General Issues/questions	63	186	200	256	273



ISSUE CATEGORY	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19
Medicaid info (status) update	210	217	196	187	122
Medicaid Renewal	103	58	39	24	55
Medical Services	23	27	11	13	18
Medicare related Issues	17	23	26	31	18
Medicare Savings Plan Issues	19	17	20	25	22
Moving to / from Kansas	16	14	21	19	20
Nursing Facility Issues	20	19	23	24	35
Pain management issues	0	0	0	1	5
Pharmacy	16	1	2	11	18
Prior authorization issues	1	2	0	4	8
Questions for Conference Calls/Sessions	0	1	0	1	0
Respite	0	1	0	1	1
Social Security Issues	9	13	12	24	16
Spend Down Issues	28	32	24	28	29
Transportation	16	10	9	12	11
Working Healthy	3	6	8	9	3
X-Other	213	114	132	135	133
Z Thank you.	558	509	482	498	403
Z Unspecified	78	68	72	80	96
ISSUE CATEGORY TOTAL	2204	1979	1963	2116	1926

There may be multiple selections for a member/contact.



C. Data by Office Location

Initial phone calls to the KanCare Ombudsman toll-free number (1-855-643-8180) are sent directly to one of three KanCare Ombudsman offices based on the area code the call is coming from. Johnson County receives 913,785 and 816 calls. Wichita receives 620 and 316 calls. All other toll-free calls in addition to direct calls go to the Main office (Topeka).

Contacts by Office	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19
Main	772	619	491	546	561
Johnson County	68	81	223	177	166
Wichita	374	359	371	401	333
Total	1,214	1,059	1,085	1,124	1,060

D. Data by Contact Method

Contact method by email has increased and has stabilized for the last three quarter. Contact method by face-to-face continues to gradually increase (except for Q3,4/2018). We are seeing an increase in the number of people who walk in to the KDADS reception area needing one-on-one Medicaid assistance.

Contact Method	Q1/2018	Q2/2018	Q3/2018	Q4/2018	Q1/2019
Email	112	119	153	161	152
Face-to-Face Meeting	7	9	22	20	12
Letter	2	1	2	3	1
ONLINE	0	0	0	0	0
Other	2	0	2	1	5
Telephone	1,090	930	909	939	890
CONTACT METHOD TOTAL	1,213	1,059	1,088	1,124	1,060



E. Data by Caller Type

Most contacts are consumers which includes beneficiaries, family member, friend, etc.

CALLER TYPE	Q1/2018	Q2/2018	Q3/2018	Q4/2018	Q1/2019
Consumer	1,065	943	899	977	913
MCO Employee	6	4	5	4	7
Other type	46	31	85	50	47
Provider	96	81	99	93	93
CALLER TYPE TOTAL	1,213	1,059	1,088	1,124	1,060

F. Data by Program Type

The top program types that we receive calls for are the three Home and Community Based Services waivers (Physical Disability, Intellectual/Developmental Disability, and Frail Elderly) and nursing facility concerns.

PROGRAM TYPE	Q1/2018	Q2/2018	Q3/2018	Q4/2018	Q1/2019
PD	51	27	28	37	40
I/DD	29	27	36	32	29
FE	27	22	30	31	25
AUTISM	1	1	2	4	3
SED	9	2	8	7	5
TBI	7	10	9	6	13
TA	5	3	7	3	5
WH	5	4	6	5	2
MFP	1	0	0	0	0
PACE	0	0	0	0	2
MENTAL HEALTH	2	1	3	2	2
SUB USE DIS	0	0	0	0	1
NURSING FACILITY	47	39	28	41	33
PROGRAM TYPE TOTAL	184	136	157	168	160

There may be multiple selections for a member/contact.



VI. Action Taken

This section reflects the action taken by the KanCare Ombudsman Office and/or the related organizations assisting through information on the amount of time it is taking to respond to beneficiary concerns, if resources are needed/requested, referrals made, and resolution of issues timeframe.

A. Responding to Issues

1. Ombudsman Office response to members/applicants
 The Ombudsman Office goal is to respond to a contact within two business days. Weekends and holidays create some issues with meeting this goal 100%

<u>Quarter yr.</u>	<u>Nmbr. Contacts</u>	<u>Avg. Days</u>	<u>%Responded</u>	<u>% Responded</u>	<u>% Response</u>
		<u>To Respond</u>	<u>0-2 Days</u>	<u>in 3-7 Days</u>	<u>8 or More Days</u>
Q1/2018	1,213	1	82%	17%	1%
Q2/2018	1,059	1	90%	10%	1%
Q3/2018	1,088	1	87%	12%	1%
Q4/2018	1,124	1	86%	14%	0%
Q1/2019	1,067	1	88%	11%	1%



2. Organizational response to Ombudsman requests
 The KanCare Ombudsman office sends requests for review and assistance to various state organizations. The following information provides data on the response/resolution response rate for issues that have been referred.

<u>Nmbr Referrals</u>	<u>Days to Respond to Referral</u>	<u>Avg Days Referred</u>	<u>Referred to</u>	<u>% Responded 0-2 Days</u>	<u>% Responded 3-7 Days</u>	<u>% Responded 8-30 Days</u>	<u>% Responded 31 or More Days</u>
125	306	2	Clearinghouse	78%	11%	10%	0%
2	3	2	KDADS-Behavior Health	100%	0%	0%	0%
15	66	4	KDADS-HCBS	53%	20%	27%	0%
-	-	-	KDADS-Health Occ. Cred.	0%	0%	0%	0%
17	10	1	KDHE-Eligibility	94%	6%	0%	0%
10	22	2	KDHE-Program Staff	70%	20%	10%	0%
1	2	2	KMAP	100%	0%	0%	0%
3	1	0	DCF	100%	0%	0%	0%
14	27	2	Aetna	79%	7%	14%	0%
1	0	0	Amerigroup	100%	0%	0%	0%
14	23	2	Sunflower	79%	14%	7%	0%
17	111	7	UnitedHealthcare	47%	35%	12%	6%
12	12	1	KDHE-Provider Contact	83%	17%	0%	0%



B. Resolving requests

1. Action Taken by KanCare Ombudsman Office to resolve requests

Action Taken Resolution Type	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19
Questions/Issue Resolved (No Resources)	105	69	70	106	94
Used Contact or Resources/Issue Resolved	766	675	752	873	834
Closed (No Contact)	101	133	109	132	126
ACTION TAKEN RESOLUTION TYPE TOTAL	972	877	931	1,111	1,054

There may be multiple selections for a member/contact

2. Additional Help provided by KanCare Ombudsman Office

Action Taken Additional Help	Q4/2018	Q1/2019
Provided Resources	666	563
Mailed/Email Resources	140	148
ACTION TAKEN ADDITIONAL HELP TOTAL	806	711

There may be multiple selections for a member/contact.



3. Referred Beneficiary to an Organization for Assistance/Follow-up
 This section has been expanded to identify groups within the state organizations and the managed care organizations (MCOs) individually for better tracking purposes.

Action Taken Refer Caller to Organization	Q4/2018	Q1/2019
Clearinghouse	316	248
KDADS-Behavior Health	0	1
KDADS-HCBS	18	21
KDADS-Health Occ. Cred.	0	1
KDHE	18	12
KMAP	9	7
DCF	10	3
Aetna	11	18
Amerigroup	19	1
Sunflower	23	19
UnitedHealthcare	20	24
State or Community Agency	142	120
Disability Rights and/or KLS	9	8
ACTION TAKEN REFER CALLER TO ORGANIZATION TOTAL	595	483

There may be multiple selections for a member/contact.



4. Staff request Assistance from Organization on behalf of beneficiary
 This section has been expanded to identify organizations contacted by the KanCare Ombudsman staff for assistance in resolving an issue.

Action Taken Staff Contact Organization	Q4/2018	Q1/2019
Clearinghouse	156	130
KDADS-Behavior Health	2	2
KDADS-HCBS	17	15
KDADS-Health Occ. Cred.	0	1
KDHE-Eligibility	11	18
KDHE-Program Staff	12	11
KDHE-Provider Contact	10	12
KMAP	3	1
DCF	6	3
Aetna	1	14
Amerigroup	12	1
Sunflower	14	18
UnitedHealthcare	6	19
ACTION TAKEN STAFF CONTACT ORGANIZATION TOTAL	250	245

There may be multiple selections for a member/contact.

5. Ombudsman Office Resolution of Issues (*NEW format*)
 The average days to close/resolve an issue remained relatively the same from 3rd to 4th quarter. The improvement in 3rd quarter was due to clarification for staff and volunteers to close based on resolution date or if no response, on the date last contacted. Prior to this, cases were closed by many at the end of the quarter when I sent out the reminder to close cases; using the end of quarter date.

Quarter yr	Avg Days To Complete	% Completed	% Completed	% Completed
		0-2 Days	in 3-7 Days	8 or More Days
Q1/2018	8	60%	17%	23%
Q2/2018	10	61%	13%	27%
Q3/2018	3	73%	17%	10%
Q4/2018	4	72%	18%	9%
Q1/2019	3	72%	17%	11%

VII. Enhancements or New Activities

A. Frequently Asked Questions

The KanCare Ombudsman Office has made available on the web pages and in a Fact Sheet, [frequently asked questions](#) regarding application assistance and other general KanCare concerns. See attachment at the end of this document for FAQs fact sheet.



VIII. Appendix A – Information by Managed Care Organization

A. Aetna-Issue Category

ISSUE CATEGORY	Q1/19
Access to Providers (usually Medical)	2
Abuse / neglect complaints	0
Affordable Care Act Calls	0
Appeals/Fair Hearing questions/issues	0
Background Checks	0
Billing	3
Care Coordinator Issues	10
Change MCO	4
Choice Info on MCO	2
Client Obligation	2
Coding Issues	1
Consumer said Notice not received	0
Cultural Competency	0
Data Requests	0
Dental	3
Division of Assets	0
Durable Medical Equipment	1
Estate Recovery	0
Grievances Questions/Issues	2
Guardianship	0
HCBS Eligibility issues	4
HCBS General Issues	7
HCBS Reduction in hours of service	0
HCBS Waiting List	1
Health Homes	0
Help understanding mail	0
Housing Issues	0
Medicaid Application Assistance	2
Medicaid Coding	0
Medicaid Eligibility Issues	5
Medicaid Fraud	0
Medicaid General Issues/questions	16
Medicaid info (status) update	4
Medicaid Renewal	1

ISSUE CATEGORY (Aetna cont.)	Q1/19
Medical Services	3
Medicare related Issues	0
Medicare Savings Plan Issues	2
Moving to / from Kansas	0
Nursing Facility Issues	0
Pain management issues	0
Pharmacy	4
Prior authorization issues	1
Questions for Conference Calls/Sessions	0
Respite	0
Social Security Issues	1
Spend Down Issues	1
Transportation	4
Working Healthy	0
X-Other	14
Z Thank you.	26
Z Unspecified	1
ISSUE CATEGORY TOTAL	127

There may be multiple selections for a member/contact.

B. Aetna-Waiver Information

PROGRAM TYPE	Q1/19
PD	3
I/DD	1
FE	2
AUTISM	0
SED	0
TBI	2
TA	2
WH	0
MFP	0
PACE	0
MENTAL HEALTH	0
SUB USE DIS	0
NURSING FACILITY	0
PROGRAM TYPE TOTAL	10

There may be multiple selections for a member/contact.

C. Sunflower-Issue Category

ISSUE CATEGORY	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19
Access to Providers (usually Medical)	3	1	4	5	4
Abuse / neglect complaints	2	0	0	1	0
Affordable Care Act Calls	0	0	1	0	0
Appeals/Fair Hearing questions/issues	0	4	5	0	1
Background Checks	1	0	0	0	0
Billing	8	6	6	2	4
Care Coordinator Issues	2	2	0	2	2
Change MCO	3	2	1	3	2
Choice Info on MCO	0	0	0	1	1
Client Obligation	5	3	4	1	1
Coding Issues	7	2	1	5	4
Consumer said Notice not received	1	2	3	4	0
Cultural Competency	0	0	0	0	0
Data Requests	0	0	0	0	0
Dental	3	1	0	4	0
Division of Assets	1	0	0	0	0
Durable Medical Equipment	1	1	0	2	0
Estate Recovery	0	0	0	0	0
Grievances Questions/Issues	2	5	5	4	0
Guardianship	0	1	1	1	0
HCBS Eligibility issues	8	5	8	3	5
HCBS General Issues	12	3	9	8	7
HCBS Reduction in hours of service	1	0	0	1	2
HCBS Waiting List	0	0	0	1	1
Health Homes	0	0	0	0	0
Help understanding mail	0	2	1	3	3
Housing Issues	1	0	0	2	0
Medicaid Application Assistance	2	2	0	1	1
Medicaid Coding	0	0	0	0	0
Medicaid Eligibility Issues	8	13	10	11	14
Medicaid Fraud	0	0	0	2	0
Medicaid General Issues/questions	7	9	13	17	18
Medicaid info (status) update	7	5	9	5	4
Medicaid Renewal	3	6	4	4	3
Medical Services	4	4	0	3	5
Medicare related Issues	0	3	3	2	1



ISSUE CATEGORY (Sunflower cont.)	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19
Medicare Savings Plan Issues	2	2	3	0	0
Moving to / from Kansas	1	0	0	0	1
Nursing Facility Issues	1	0	3	0	0
Pain management issues	0	0	0	0	1
Pharmacy	2	0	0	5	6
Prior authorization issues	0	1	0	2	2
Questions for Conference Calls/Sessions	0	0	0	0	0
Respite	0	0	0	0	0
Social Security Issues	1	0	0	1	0
Spend Down Issues	0	3	1	3	2
Transportation	2	1	1	2	2
Working Healthy	0	1	1	1	1
X-Other	8	9	8	15	10
Z Thank you.	49	27	49	41	33
Z Unspecified	0	2	0	5	3
ISSUE CATEGORY TOTAL	158	128	154	173	144

There may be multiple selections for a member/contact.

D. Sunflower-Waiver Information

PROGRAM TYPE	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19
PD	13	5	7	6	2
I/DD	5	3	4	3	4
FE	5	2	0	2	3
AUTISM	0	0	1	0	0
SED	0	0	1	1	0
TBI	1	0	3	3	4
TA	2	0	0	0	1
WH	1	1	1	0	1
MFP	1	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	0	0	0	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	4	1	3	0	0
PROGRAM TYPE TOTAL	32	12	20	15	15

There may be multiple selections for a member/contact.



E. UnitedHealthcare-Issue Category

ISSUE CATEGORY	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19
Access to Providers (usually Medical)	0	0	0	0	2
Abuse / neglect complaints	0	3	0	0	0
Affordable Care Act Calls	0	0	0	0	0
Appeals/Fair Hearing questions/issues	4	2	5	2	1
Background Checks	0	0	0	0	0
Billing	6	3	9	2	1
Care Coordinator Issues	4	4	3	4	5
Change MCO	2	1	0	3	2
Choice Info on MCO	0	1	0	1	0
Client Obligation	8	2	6	7	2
Coding Issues	2	0	1	3	2
Consumer said Notice not received	0	0	1	2	0
Cultural Competency	0	0	0	0	0
Data Requests	0	0	1	0	0
Dental	0	1	0	2	3
Division of Assets	1	0	0	0	0
Durable Medical Equipment	0	0	0	1	2
Estate Recovery	0	0	0	0	0
Grievances Questions/Issues	3	3	4	0	4
Guardianship	0	0	1	0	0
HCBS Eligibility issues	5	3	6	3	4
HCBS General Issues	4	5	15	10	12
HCBS Reduction in hours of service	0	0	1	0	3
HCBS Waiting List	0	1	1	1	2
Health Homes	0	0	0	0	0
Help understanding mail	0	3	6	3	0
Housing Issues	1	0	0	0	0
Medicaid Application Assistance	4	4	1	6	2
Medicaid Coding	0	0	0	0	0
Medicaid Eligibility Issues	11	14	10	9	11
Medicaid Fraud	0	0	0	1	0
Medicaid General Issues/questions	4	7	10	18	20
Medicaid info (status) update	4	9	4	2	9
Medicaid Renewal	7	6	3	3	2
Medical Services	2	7	6	3	2
Medicare related Issues	0	0	1	1	2



Medicare Savings Plan Issues	4	1	1	1	0
Moving to / from Kansas	1	0	0	1	0
Nursing Facility Issues	0	3	3	3	2
Pain management issues	0	0	0	1	2
Pharmacy	4	1	0	3	2
Prior authorization issues	1	0	0	0	3
Questions for Conference Calls/Sessions	0	0	0	0	0
Respite	0	1	0	0	0
Social Security Issues	0	1	0	1	0
Spend Down Issues	3	7	6	4	4
Transportation	6	2	2	0	1
Working Healthy	0	0	1	1	0
X-Other	9	3	4	9	11
Z Thank you.	46	40	42	47	49
Z Unspecified	1	0	1	1	2
ISSUE CATEGORY TOTAL	147	138	155	159	169

There may be multiple selections for a member/contact.

F. UnitedHealthcare-Waiver Information

PROGRAM TYPE	Q1/18	Q2/18	Q3/18	Q4/18	Q1/19
PD	7	5	3	9	10
I/DD	2	3	7	1	6
FE	4	2	4	3	4
AUTISM	0	0	0	0	1
SED	1	0	4	1	2
TBI	1	1	3	0	2
TA	0	1	0	2	0
WH	2	1	1	0	0
MFP	0	0	0	0	0
PACE	0	0	0	0	0
MENTAL HEALTH	0	0	0	2	0
SUB USE DIS	0	0	0	0	0
NURSING FACILITY	3	3	2	4	2
PROGRAM TYPE TOTAL	20	16	24	22	27

There may be multiple selections for a member/contact.

KanCare Frequently Asked Questions

1. How are KanCare and Medicare different?

KanCare is Kansas Medicaid. This is a program that provides health care coverage for low income people who generally fall into one of the following categories:

- Disabled
- Age 65 and over
- Age 18 and under
- Pregnant
- Caregiver/parent to a child age of 18 and under

Medicare is a program that provides health care coverage primarily for people age 65 and over and for people with disabilities who have been on Social Security Disability for over two years. There are no income or asset limits to qualify for Medicare.

2. How do I know if I am eligible for KanCare?

There are 3 ways to check if you may be eligible for KanCare:

- The best way to determine if you are eligible for KanCare is to apply. You can apply on-line or print out the application at the [KanCare website](#).
- Complete **the online eligibility checker** found at the [KanCare website](#) when you click on the on-line tracker. There are three boxes; the first box is Check Eligibility.
- Check the [program fact sheets](#) for KanCare.

3. What KanCare programs are available? [Basic Eligibility Requirements Fact Sheet](#)

Children and Family Programs:

- Children's Medicaid ([Medical Coverage for Children Fact Sheet](#)):
 - Covers children under 19 years old
 - Financial eligibility is very limited
 - No premiums
 - Coverage can cover up to 3 months before the date of the application if there are medical bills
 - A child can have other insurance and still be eligible
- Children's Health Insurance Program (CHIP) ([Medical Coverage for Children Fact Sheet](#)):
 - Covers children age 18 and under
 - Financial eligibility is extended
 - Monthly premiums are income-based and vary from \$20, \$30, or \$50
 - Coverage cannot be backdated; it begins the date the coverage is approved
 - Child cannot already be covered by any other insurance (with exceptions for state employees)
- Pregnant Women's Medicaid ([Medicaid Coverage for Pregnant Women Fact Sheet](#)):
 - Covers pregnant women
 - Provides comprehensive health coverage, prenatal care, labor and delivery, and postpartum care
 - Financial eligibility is extended
- Parents and Caregivers Medicaid ([Medical Coverage for Parents or Caregivers of Children Fact Sheet](#)):
 - Covers non-disabled, non-elderly adults who are the primary caregivers to children age 18 and under
 - Financial eligibility is extremely limited

Elderly and Disabled Programs (Fact Sheet)

- Medically Needy
 - Provides health care coverage to people who may not qualify otherwise because of the income and/or asset limits
 - People who qualify for this program have consistently high medical bills that would impoverish them without medical assistance
 - This program has a Spenddown, which means that a certain amount of medical expenses must be incurred before KanCare will start covering medical expenses; like a deductible (share of cost)
- Program for All Inclusive Care (PACE)
 - Provides long term care coverage through day and residential services
 - Individuals qualified for PACE are:
 - Age 65 and older
 - Age 55 and older with a disability
 - Living in the community
 - In a **PACE service area**, which can be found here:
[www.kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)/programs/pace](http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/programs/pace)
 - Individuals can only use PACE contracted providers
 - Participants may have a monthly “Participant Obligation” to help pay for their care (share of cost)
- Long Term Care/Nursing Home Coverage
 - This coverage is for children and adults residing in:
 - Nursing homes
 - Medical or mental health nursing facilities
 - Other long-term care facilities
 - Coverage is based on income level
 - Those over the income level have a monthly Patient Liability (share of cost)

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- Home and Community Based Services Waivers ([HCBS Fact Sheet](#))
 - Provides services to people in their home and community rather than them being in a long-term care facility
 - There are 7 waivers:
 - Autism
 - Frail Elderly
 - Intellectual/Developmental Disability
 - Physical Disability
 - Technology Assisted
 - Traumatic Brain Injury
 - Severely Emotionally Disturbed
 - Members making over \$747/month pay for their care through a monthly [Client Obligation \(share of cost\) Fact Sheet](#)

- Working Healthy
 - This program offers medical assistance to employed (full and part-time) persons between 16-64 years old with disabilities while also allowing them to get or keep KanCare
 - Working Healthy Benefits Specialists can help you determine if you are eligible for this program and what the impact may be, if any, to other benefits member may be receiving. Their contact information is located on the [Working Healthy website](#):
 - Participation in this program eliminates Spenddown.
 - Working Healthy participant may have a premium based on income (sliding scale).

4. What if I am not eligible for Medicaid and can't afford insurance?

The KanCare Ombudsman's office has a document that provides medical, pharmacy, vision and dental assistance for those without insurance. The "[Assistance for Those without Insurance document](#)" is on-line or can be mailed by calling the KanCare Ombudsman's office at 855-643-8180.

5. How do I apply for KanCare?

- If you are applying for the Children and Families Program, do one of the following:
 - Print the [K1100 application form](#) at the bottom of the linked page
 - [Apply online](#)
 - Request a paper application be sent to you from the Clearinghouse
 - KanCare Clearinghouse contact information:
 - **Phone:** (800) 792-4884
 - **TTY:** (800) 792-4292
 - **Relay:** 711
 - Use [application assistance folder](#) to help with filling out the application; look under KanCare Applications and Assistance/Application Assistance Folder.
- If you are applying for the Elderly and Disabled Program, do one of the following:
 - Print the [K1500 application form](#) at the bottom of the linked page or
 - [Apply online](#) or
 - Request a paper application be sent to you from the Clearinghouse at:
 - (800) 792-4884
 - Use [application assistance folder](#) to help with filling out the application; look under KanCare Applications and Assistance/Application Assistance Folder.
- Once you have completed the application and gathered the necessary documentation, you can submit it by either mail or fax:
 - KanCare Clearinghouse Mailing Address: P.O. Box 3599, Topeka, KS 66601-9738
 - KanCare Clearinghouse Fax Numbers:
 - Children and Families Program: 800-498-1255
 - Elderly and Disabled Program: 844-264-6285
 - Be sure to send copies, not originals. Make a copy of everything you send.
 - If faxing, keep the page that comes out after the fax has been send. It should say OK and it also has the phone number it was sent from. If the Clearinghouse has trouble finding a fax, they use the phone number it was sent from to find it. See [application checklist](#) for additional information.

KanCare General Information Fact Sheet



6. What resources are available to help as I fill out the application?

- An application checklist, flow chart for the application process, and detailed documentation checklist can be found on the [KanCare Ombudsman Resource Page](#); look under KanCare Applications and Assistance/Application Assistance Folder.
- A video walking you through an application for the Elderly and Disabled Application can be found on the [KanCare website, Apply for KanCare](#), half way down the page.
- If you still have questions,
 - Call the [KanCare Ombudsman's Office](#) for an application assistance appointment
 - Review the [Application Assistance guide](#) for a location near you that provides assistance; look under KanCare Applications and Assistance/Application Assistance Guide.

7. What is a Managed Care Organization and how do I pick the one that is best for me? ([Selecting an MCO Fact Sheet](#))

KanCare is privatized Medicaid which means that the State of Kansas has contracted with three different health insurance providers to provide all Medicaid services. The 3 current Managed Care Organizations are:

- Aetna
- Sunflower
- United Healthcare

Each of these Managed Care Organizations provide the same basic KanCare services (see [KanCare Benefits and Services](#)). The differences between the 3 are which doctors and healthcare providers will accept each and the [Value-Added Benefits](#) each provide. Value Added Benefits are extra free services that each Managed Care Organization offers to their members.

Before choosing a Managed Care Organization, do the following:

- Call your doctor and any other healthcare provider(s) whom you receive services from to ensure that they accept that Managed Care Organization
- Review the [Value Added Benefits sheet](#) for 2019
- For additional information, you can review the [selecting an MCO fact sheet](#)

KanCare General Information Fact Sheet



8. What should I expect from the application process?

After you have submitted your application and documentation (see [Documentation Checklist](#)): call the Clearinghouse to verify that it has been received and that no further documentation is needed at this time:

- Wait 2 weeks to call if you mailed the application
- Wait 1 day to call if you faxed the application

The Clearinghouse will notify you by mail if they need additional documentation. However, you can speed up the process by calling once a week to check if additional documentation is needed.

Once the Clearinghouse has all of the documentation they need from you, they can begin processing your application. The timeframe for completing the processing of applications are:

- 90 calendar days if you claim a disability on the application, have a Social Security Disability application processing, appealing the decision, or approved for Social Security Disability
- 10-14 calendar days if you are pregnant
- 45 calendar days for all other applications

Once a decision has been reached, you will be notified by mail. If you are approved, you will receive your Medicaid card by mail in the weeks that follow your approval letter. If you are denied and you believe that it was due to a mistake on their part, you can request a [fair hearing](#).

For more information see the [Application process flow chart and frequently asked questions \(FAQs\)](#)

9. What if my application is taking too long to process?

Option 1: First see FAQ number seven and see if you have passed the processing timeframe for your type of application. If so, contact the KanCare Clearinghouse. If you have not passed the processing timeframe, contact the KanCare Clearinghouse to see if any further documentation is needed. It is a good idea to contact them to make sure they (1) have received your application and (2) are not waiting on any further documentation from you.

KanCare Clearinghouse contact information:

Phone: (800) 792-4884

TTY: (800) 792-4292

Relay: 711

Mail to: The KanCare Clearinghouse, P.O. Box 3599, Topeka, KS 66601-9738

Fax for Children and Families documents: 1-800-498-1255

Fax for Elderly and Disabled documents: 1-844-264-6285

Option 2: If you are past the processing timeframe for your type of application, you can also file an [Eligibility Fair Hearing](#). If you would like to learn more about this option, please contact the KanCare Ombudsman at: 1-855-643-8180.

10. How do I check on the status of my application?

- If you are applying for Children and Families call 800-792-4884, after the language menu plays and the next menu begins, dial 2, then 3.
- If you are applying for Elderly and Disabled call 800-792-4884, after the language menu plays and the next menu begins, dial 3, then 1, then 3.
- For more information on the application process see the [Application Process Flow Chart and frequently asked questions \(FAQs\)](#)

11. What should I expect when calling the Clearinghouse?

When you call the Clearinghouse, there is a phone tree that may be hard to understand or confusing. The easiest way to get through it is to use the following program specific shortcuts ([information on the Clearinghouse voicemail menu](#)):

- **For Children and Families:** A language menu will play and then you will hear a female voice say “we are experiencing a higher than usual call volume”. When you hear that, press 2 and then wait several seconds then press 3. This will put you in line to speak with a customer service person.
- **For Elderly and Disabled:** A language menu will play and then you will hear a female voice say “we are experiencing a higher than usual call volume”. When you hear that press 3, wait several seconds then press 1, wait several seconds then press 3 again. This will put you in line to speak with a customer service person.
- If you have been waiting on hold for a while, a voice may come on and ask you to leave a message. If you hear that press zero twice in a row to be put back in line to speak with a person.
- The Clearinghouse wait times may be shorter between 5 p.m. and 7 p.m.; Office hours are Monday through Friday, 8:00 a.m. to 7:00 p.m.

Once you are on the phone with an agent, they will ask you to provide the name of the applicant/person receiving services and then the following information about the applicant or the person receiving services:

- Social Security number **or** Medicaid ID number
- Current mailing address
- Current phone number

To talk with the Clearinghouse about a case, you need to be:

- the member or applicant
- a [medical representative](#) or [facilitator](#) (for applications).
- Have a [release of protected health information form](#) on file with the Clearinghouse

12. What can be done if the person needing Medicaid cannot apply on their own?

If the person is under the age of 18, they will need an adult to fill out the application with them. The applicant is Person 1 and as the adult assisting is Person 2.

If the adult is also applying for Medicaid, s/he can list him/herself as Person 1 and child/children as persons 2 and so on.

If the person is age 18 or over but is not able to fill out their own application, another adult can assist them. This adult will list the applicant as Person 1 (the person assisting would put his/her name as Person 2 only if they live at the same residence.) When they reach the second to last page of the application, with the applicant's permission, fill out the section that assigns them either the role of Medical Representative or Facilitator (read closely to determine which is correct for your situation).

13. What happens if my application is denied?

Option 1: Determine the reason for the denial. This should be noted in the denial letter. If you still don't understand the reason, contact the KanCare Clearinghouse for help understanding the letter.

KanCare Clearinghouse contact information:

Phone: (800) 792-4884

TTY: (800) 792-4292

Relay: 711

Option 2: Contact the KanCare Ombudsman's office for help in understanding the denial or for help with talking to the Clearinghouse.

KanCare Clearinghouse contact information:

Phone: (855) 643-8180

TTY: (800-792+4292

Relay: 711

Option 3: If you disagree with the denial, you may:

- File an [Eligibility Fair Hearing](#). If you would like to learn more about this option, please contact the KanCare Ombudsman at: 1-855-643-8180.

14. I am moving to Kansas from another state. Can I transfer my Medicaid or do I have to reapply?

Medicaid is a state-run program which means that every state sets their own eligibility guidelines. This means that coverage cannot be transferred to Kansas from another state. As soon as you start living in Kansas you can submit a Medicaid application.

Be sure your Medicaid in the state you are moving from has been dropped. KanCare cannot be approved until the other state Medicaid has been cancelled or dropped.

15. My application for Social Security Benefits is still processing or I am appealing a denial. Can I still apply for KanCare?

Yes, there is a section on the Elderly and Disabled KanCare application that asks if you have applied for Social Security Benefits or if you are appealing a denial. Make sure that you fill out that section clearly and thoroughly. If you have any questions, please call the KanCare Ombudsman office at 855-643-8180.

16. Will I have to pay anything for my KanCare?

If your income is within the protected income limit for the program and you meet other eligibility guidelines, you will not have a share of cost for KanCare/Medicaid.

If your income is above the protected income limit and you meet other eligibility guidelines, you may have a share of cost for KanCare/Medicaid.

A share of cost can be in the form of:

- A [spenddown](#) or deductible
- A [client obligation](#) for those receiving home and community-based services
- A [participant obligation](#) for those in the PACE program
- A [patient liability](#) for those in long term care facilities or nursing homes
- A premium for [Children's Health Insurance Program](#) or [Working Healthy](#)

17. Can I reduce my monthly premiums?

Members may be able to reduce the amount they owe on their Medicaid premiums or Spenddown by submitting receipts for medical costs not covered by insurance (out-of-pocket medically necessary expenses) for self, for dependent spouse's or other dependent family members. These receipts must be submitted to the KanCare Clearinghouse.

- You can submit the receipts by either mail or fax:
 - KanCare Clearinghouse Mailing Address: P.O. Box 3599, Topeka, KS 66601-9738
 - KanCare Clearinghouse Fax Numbers:
 - Children and Families Program: 800-498-1255
 - Elderly and Disabled Program: 844-264-6285

Examples of Allowable Expenses:

- Health Insurance Premiums (Medicare, Medicare Supplemental, Private Insurance)
- Medically necessary expenses that Medicaid, Medicare and other health insurance does not cover. A calculation worksheet is available to provide an example and allow people to look at potential expenses. ([Client obligation fact sheet](#); [Client Obligation/Participation Obligation calculation](#); [Patient Liability calculation](#))

18. What can I do if I am over the asset limit for the Elderly and Disabled program?

- You can spend down your assets to the limit (\$2000 for single people or \$3000 for married couples) on items necessary for the health and well-being of the asset holder. It will be necessary to keep receipts for funds spent to provide when applying for KanCare/Medicaid.
- If married and one will be in a long-term care facility and the other at home, the KanCare eligibility team will do a division of assets. (see [Division of assets fact sheet](#))
- Examples of things to spend down the money on are:
 - Irrevocable funeral/burial plans
 - Clothes
 - Medical supplies
 - Incontinence supplies
 - Household items
 - Payments to nursing facility
 - (This is not an exhaustive list. It is meant to provide examples.)
- Examples of what NOT to do when spending down assets are:
 - Giving extra car (you can have one) to family member or friend; or selling it at below market price.
 - Giving funds to children, grandchildren, etc.
 - Signing over house to children, grandchildren, etc.
(This is not an exhaustive list. It is meant to provide examples.)
 - There is a five year look back timeframe that Medicaid uses in reviewing assets.

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19. What if KanCare/Medicaid is refusing to provide me services I need?

If you have received a letter denying you services from a managed care organization (MCO) such as Aetna, Sunflower or United; or from the Kansas Medical Assistance Program (KMAP):

- You should first call and determine why it was denied. (was additional documentation needed; a prior authorization, etc.)
 - **Aetna:** 800-221-5656; Relay: 711 (starting 1/1/2019)
 - **Sunflower:** 877-644-4623; **TTY:** 888-282-6428; **Relay:** 711
 - **United:** 877-542-9238; **Relay:** 711
- If you disagree with the denial, you have the option to file an appeal with your MCO. If the appeal is denied, then you have the option to file a fair hearing with the MCO. See [Grievances, Appeals and Fair Hearings information](#), go to Managed Care Organization section midway down the page.
- If you received the denial from KMAP, you have the option to file a fee for service fair hearing. See [Grievances, Appeals and Fair Hearings information](#), go to Fee for Service section at the bottom of the page.

20. What if I have a question and I'm not sure if it is related to KanCare. Or I have a question that is more of a general service type question?

The KanCare Ombudsman's office has a "[Who Should I Call?](#)" document that has several Medicaid related and non-Medicaid related organizations and their contact numbers. If you cannot access it on-line, call the KanCare Ombudsman's office for a mailed copy. (855) 643-8180

21. What if I am deaf and having trouble getting access to accommodations when I call the MCO or Clearinghouse or other organizations?

- You can print of the document on the KanCare Ombudsman’s website “[The ADA and Deaf or Hard of Hearing](#)” and provide that to the organization you are having trouble with.
- If that is not successful, you can contact the [KanCare Ombudsman’s office](#) for additional assistance.

Phone: 1-855-643-8180

Relay: 711

Email: KanCare.Ombudsman@ks.gov

22. What if I have family history of cervical or breast cancer and am not eligible for Medicaid and cannot afford health insurance?

You may be eligible for a Kansas Medicaid program called [Early Detection Works](#) (EDW). You can review the EDW fact sheet or call (877) 277-1368 for more information.

23. I’m over 64 years of age and not eligible for KanCare/Medicaid because my income is too high. Is there any other program that I might be eligible for that could help with my limited income?

- The [Medicare Savings Program \(MSP\)](#) is for people who are on Medicare with limited income. The Medicare Savings Program pays some or all of your Medicare premiums if you qualify. See the [MSP brochure](#) and [MSP application](#) or call the KanCare Ombudsman’s office to have a brochure and application mailed to you.

KanCare General Information Fact Sheet



24. I am an immigrant or refugee from another country. Can I apply for KanCare?

- There is a [Medical Assistance for Refugees, Asylees and Immigrants Fact Sheet](#) that may be helpful in determining if you should apply and if you need to contact an organization to assist you.
- If you need the fact sheet printed and mailed to you, please contact the KanCare Ombudsman's office.

Phone: 1-855-643-8180

Relay: 711

Email: KanCare.Ombudsman@ks.gov

25. I want to change my Managed Care Organization (MCO) but I'm not in my open enrollment period. What can I do?

You have a several options that you can try.

- To change your MCO when you are not in open enrollment, you must have a good cause reason to change enrollment. There is a [Selecting and Changing an MCO fact sheet](#) and a [Frequently Asked Questions -Changing Your Plan After the Enrollment Period document](#) for a good cause reason for changing an MCO. To request this change, you need to call the Kansas Medical Assistance Program.

Phone: (800-766-9012

TTY: (800) 766-3777

Relay: 711

- If you are not eligible for a good cause reason or are denied, the KanCare Ombudsman's office recommends you contact the Kansas Medical Assistance Program and ask what your enrollment date is. Then mark it in big letters on your calendar so you can call and request the change when that time arrives. You should also be looking for an enrollment package to come about a month or so before your open enrollment begins.

Kansas Medical Assistance Program

Phone: (800-766-9012

TTY: (800) 766-3777

Relay: 711

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26. Someone told me my child should be eligible for KanCare without a client obligation or spenddown under the Adult Disabled Child regulation. How do I check on that?

There is an [Adult Disabled Child \(ADC\) Fact Sheet](#). It has the list of requirements to qualify. If you believe they meet the criteria listed on the Fact Sheet, you should contact the KanCare Clearinghouse and request that they review it for your family member.

KanCare Clearinghouse contact information:

Phone: (800) 792-4884

TTY: (800) 792-4292

Relay: 711

Mail to: The KanCare Clearinghouse, P.O. Box 3599, Topeka, KS 66601-9738

Fax for Children and Families documents: 1-800-498-1255

Fax for Elderly and Disabled documents: 1-844-264-6285

27. I am trying to help my family member/friend with issues they have with KanCare, but no one will talk to me.

You need to talk with your family member/friend about completing either a [Medical Representative Authorization Form](#) or an [Authorization for Release of Protected Health Information Form](#). For the Release of Information form be sure to list all the people and organizations that may need to work on the case are listed (for example: you, KanCare Clearinghouse, the MCO (Aetna, Sunflower, or United), the KanCare Ombudsman Office, etc.) These forms can be found on the KanCare Ombudsman's webpages under [Resources/Forms](#) (at the bottom of the page).

28. Who can I contact if I have other questions?

- Check out the ["Who should I call" information sheet](#)
- **KanCare Ombudsman's office** – When other assistance is not working out, the KanCare Ombudsman's office helps in resolving problems regarding services, coverage, access and rights.

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Relay: 711

Email: KanCare.Ombudsman@ks.gov