



Kansas Medical Assistance Fact Sheet: Medical Coverage Basic Eligibility Requirements

The Kansas Department of Health and Environment (KDHE) Division of Health Care Finance (DHCF) offers medical assistance to help cover health care costs. We have three major programs for individuals and families who qualify:

KanCare under the Medicaid plan - Our largest program. It covers people with limited income, which may include pregnant women, children up to age 19, adult caretaker of children, persons aged out of foster care, persons with disabilities and senior citizens to list a few. We provide Medicaid through many special programs.

KanCare under the CHIP plan - Our Children's Health Insurance Program. It covers uninsured children up to age 19 who don't qualify for Medicaid.

MediKan - This program is funded entirely by state funds. It covers people who are trying to get Social Security disability benefits.

Medical assistance covers people who meet certain rules. Some rules apply to all medical assistance programs. Other rules apply just to particular programs. Most medical programs also have income or asset limits. We have listed the general rules below. These rules apply to all programs.

Covered Groups: Medical assistance is only available to certain groups of people. If people do not fall into one of these groups, they do not qualify. The groups are listed below:

- Children up to age 19, including those who are in foster care or who get adoption support payments,
- Persons under age 26 who were in foster care at the time of their 18th birthday,
- Pregnant Women,
- Persons who are blind or disabled by Social Security rules,
- Persons aged 65 or older,
- Persons receiving inpatient treatment for tuberculosis,
- Low-income families with children under age 19,
- Persons screened and diagnosed with breast or cervical cancer through the Early Detection Works program,
- Persons currently receiving SSI payments.

General Rules: These rules apply to all medical programs.

1. **Kansas Residency** – You must live in Kansas.
2. **Citizenship and Immigrant Status** – You must be a citizen or immigrant with a certain status. Some immigrants must wait 5 years before they can get coverage. For information see Fact Sheet: Non-Citizen Applicants. Verification of citizenship and identity is required for some individuals. See the Citizenship and Identity Requirements fact sheet for more information.
3. **Household** – The people included in your medical assistance plan may be different for different medical assistance programs. On the application, list each person who is living in your home. The eligibility worker will decide who must be included in your household for your medical assistance plan.
4. **Other Health Insurance** – If you have other health insurance, you must use it first. Be sure to have all bills submitted by providers to Medicaid.
5. **Coverage Date** – Medical assistance usually starts with the month of application. Sometimes you can receive coverage for the three months before the month you apply, if requested.
6. **Reviews** – Medical assistance is reviewed each year. If you move, be sure to tell us your new address so that you receive your review form and any other communications. Your coverage could end if we don't have a current address for you.

Income Rules: Each medical program has different income rules. Your household's income must be less than the maximum income level for the program you apply for. Both earned income and unearned income may be counted. Earned income is the money that you or others in your household get from jobs. Unearned income is the money you or others in your household get from Social Security, child support, unemployment, VA, pensions, etc. Please remember that we use the gross income (amount before taxes) and subtract deductions such as qualifying pre-tax, federal deductions, etc.

Resources and Assets: Examples of resources are bank accounts, cars, property, and stocks that are owned by you or someone in your household. Most plans for the elderly and persons with disabilities have a limit on the amount of resources you may have. Plans for families and children do not have a limit.

Other Rules: In addition to the general rules, each medical program has its own set of rules. You and all the persons you are applying for must meet all of the general rules and any particular rules for the program you are applying for.

Medical Benefits: All medical assistance programs provide prescription drugs, mental health services and medical (doctor) coverage. Inpatient hospital, hearing, dental, and eye-wear coverage is also included for most persons.

How to Apply for Medical Coverage: You must complete and apply to receive medical coverage.

To apply for medical coverage, use any of the following choices:

- Apply Online- Apply for all programs at the [Medical Consumer Self-Service Portal](#).
- Call the KanCare Clearinghouse at 1-800-792-4884 to request an application be sent to you. Interpreter services are available.
- If you or your family currently have an open KanCare case that has been reviewed in the last year, you can call to request coverage for an additional family member at 1-800-792-4884. We will contact you if any additional information is needed to complete the request.
- Paper applications can be downloaded for printing at [Apply for KanCare](#).
- You can also report changes or submit your review at the [Medical Consumer Self-Service Portal](#).