

KanCare 3.0 Public Meeting Resources



Important Contact Information

- For questions about managed care organization (MCO) enrollment, call 1-866-305-5147 (TDD/TTY: 1-800-766-3777).
- For eligibility assistance, contact the KanCare Clearinghouse: 1-800-792-4884.
- General KanCare questions: KDHE.KanCare@ks.gov
- Visit kancare.ks.gov for more information.

MCO Contacts

UnitedHealthCare

- uhccp.com/Kansas
- 1-877-542-9238

Sunflower

- sunflowerhealthplan.com
- 1-877-644-4623

Healthy Blue


- choosehealthyblue.com/ks
- 1-833-838-2593

Important Dates

- Oct. 2024 - Enrollment packets mailed.
- October 1, 2024 - First day to make an MCO plan choice.
- December 17, 2024 - Last day to make your MCO choice for the January 1, 2025 effective date.
- January 1, 2025 - New contracts go live.
- April 4, 2025 - Additional 90 days to choose a different MCO ends.

Your Letter Will Look Like

Aetna Members

Kansas Medical Assistance Program 
P.O. Box 3771 Topeka, KS 66661-3771 Provider Line: 1-800-933-6913 Consumer Line: 1-800-766-9812 *From the office of the Fiscal Agent*
 Month XX, 2024

CASEHEAD ADDRESS CITY, KS ZIP

KANCARE PLAN CHANGE

Dear Member:

There will be a change in KanCare plans on January 1, 2025. KanCare is the State of Kansas health program that provides medical, mental health, dental, substance abuse and long-term care services. **Aetna Better Health of Kansas** is being replaced with **Healthy Blue**. You and/or members of your household are currently enrolled with Aetna. The State changing a KanCare plan will not affect your eligibility in the program or your ability to access services. Beginning January 1, 2025, you will be enrolled with **Healthy Blue**. Please read "Things To Know" for more information. If you think a different plan would be better for you, follow the steps to change plans on the [enrollment form](#).


Things To Know

1. If you do nothing you will be enrolled with **Healthy Blue** on January 1, 2025. If you are an American Indian or an Alaska Native, you may opt out of KanCare. Please see the American Indian/Alaska Native Opt-Out process enclosure for details.
2. Each MCO may offer additional services/benefits. Review the **Value-Added Benefits** for more information.
3. Each member listed will get a new **member ID card** from the assigned health plan. You must use this card when getting services.
4. Make sure all the providers you use for services accept your assigned health plan. To receive a copy of a plan's provider list, go to:
 - **Healthy Blue:** www.healthyblue.com
 - **Sunflower Health Plan:** www.sunflowerhealthplan.com
 - **United Healthcare Community Plan:** www.uhcommunityplan.com
 - **Kansas Medical Assistance Program (KMAP):** portal.kmap-state-ks.us/PublicPage/
 - Or call the **Enrollment Center** at 1-866-305-5147 (TDD/TTY 1-800-766-3777).

The plan will send you instructions on where to find a member handbook that includes phone numbers to call and get any needed information. The plan will ask you to pick a **Primary Care Provider (PCP)** who will help you get the care needed. You may choose or change your PCP by calling your plan.

5. After the choice period end date, you will stay assigned to your chosen plan until your annual open enrollment period. A packet with enrollment begins.
6. You **must have active KanCare eligibility** to stay enrolled with the plan each month.

Need Help?
 If this letter is hard to understand or you need it in a different format, call us at 1-866-305-5147 (TDD/TTY 1-800-766-3777). You can call from 7:30 a.m. to 5:30 p.m., Monday through Friday. Thank you for reading this letter. We look forward to helping answer your KanCare questions.


 Month XX, 2024

CASEHEAD ADDRESS CITY, KS ZIP

Important: Please Read

INSTRUCTIONS: You and/or your family are assigned to the health plan(s) listed below. If you are happy with your assigned plan, you DO NOT need to call or return this form.

If you want to **change plans**, you can either:

- Mail the completed Annual Open Enrollment Form in the enclosed envelope **before** the **AOE Period End Date**. Please allow three (3) days for mail time. You will receive a letter once your change has been made.
- Make changes online by logging into: portal.kmap-state-ks.us/PublicPage/Public/Beneficiary/member or
- Call the Enrollment Center at 1-866-305-5147 (TDD/TTY 1-800-766-3777).

Annual Open Enrollment Form

AOE Period End Date:
Month XX, 2024

Case Number: XXXXXXX

Member Name ID Number	Assigned Health Plan Plan Phone Number	To Change Plans Put an "X" in the box by your choice.
MemberName ID	Healthy Blue 833-838-2593	<input type="checkbox"/> Sunflower Health Plan <input type="checkbox"/> United Healthcare Community Plan

Sunflower/UnitedHealthcare Members

Kansas Medical Assistance Program 
P.O. Box 3771 Topeka, KS 66661-3771 Provider Line: 1-800-933-6913 Consumer Line: 1-800-766-9812 *From the office of the Fiscal Agent*
 Month XX, 2024

CASEHEAD ADDRESS CITY, KS ZIP

KANCARE SPECIAL OPEN ENROLLMENT


Dear Member:

In 2025, there is a **Special Open Enrollment period** for the members listed on this Enrollment Form. KanCare is the State of Kansas health program that provides medical, mental health, dental, substance abuse and long-term care services. In 2025, **Aetna Better Health of Kansas** will be replaced by **Healthy Blue**, and this letter is giving you the opportunity to change plans effective January 1, 2025. If you are happy with your current plan, you do not have to do anything. Please read "Things To Know" for more information. If you think a different plan would be better for you, follow the steps on the [enrollment form](#).

Things To Know

1. If you do nothing your enrollment will stay the same. If you are an American Indian or an Alaska Native, you may opt out of KanCare. Please see the American Indian/Alaska Native Opt-Out process enclosure for details.
2. Each MCO may offer additional services/benefits. Review the **Value-Added Benefits** for more information.
3. Make sure all the providers you use for services accept your assigned health plan. To receive a copy of a plan's provider list, go to:
 - **Sunflower Health Plan:** www.sunflowerhealthplan.com
 - **Healthy Blue:** www.healthyblue.com
 - **United Healthcare Community Plan:** www.uhcommunityplan.com
 - **Kansas Medical Assistance Program (KMAP):** portal.kmap-state-ks.us/PublicPage/
 - Or call the **Enrollment Center** at 1-866-305-5147 (TDD/TTY 1-800-766-3777).
4. After the special open enrollment choice period end date, you will stay assigned to your chosen plan until your annual open enrollment period. A packet will be mailed when your next open enrollment begins.
5. You **must have active KanCare eligibility** to stay enrolled with the plan each month.

Need Help?
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Member Name ID Number	Assigned Health Plan Plan Phone Number	To Change Plans Put an "X" in the box by your choice.
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KanCare 3.0 Contract Program Enhancement Areas

Care Coordination Enhancements

- If members are not receiving personal care services and specialized medical care hours, the State can refuse to pay a managed care organization (MCO).
- MCO must provide notice and appeal rights if a member's PCSP or plan of service does not include a covered service that they requested.
- Strengthens care coordination requirements.
- Care coordinators must assist members in keeping Medicaid eligibility, including when a member works.

Access to Care and Services Enhancements

- Care coordinators must help members access durable medical equipment (DME), assistive devices and home modifications.
- MCOs to work with stakeholders to simplify the process to access DME, assistive devices and home modifications.
- MCOs to increase the direct care workforce for behavioral health and HCBS.
- MCOs required to improve the non-emergency medical transportation (NEMT) experience for members.
- Provider directories will be updated more often.
- MCO to develop an emergency management plan to provide services during emergencies.

Provider Experience Enhancements

- State to implement centralized credentialing.
- Prior to centralized credentialing, timeframes to be shortened for credentialing.
- Requirements to help streamline and standardize prior authorization processes across MCOs.
- Timeframe for MCOs to make prior authorization decisions is reduced.
- Enhanced the requirements for peer-to-peer consultation, including qualifications.
- Require MCOs to provide one-on-one assistance regarding claims, including if the MCO has or will deny 25% of the provider's claims in a 90-day period.
- If a provider requests value-based purchasing (VBP), MCO must make a good faith effort to enter a VBP arrangement with the provider.

Maternal and Infant Health Enhancements

- Encouraged MCOs to provide more value-added services for pregnant and postpartum women, including doulas, peer supports, home visiting and lactation consultation.
- Care coordinators must educate members about postpartum coverage and ensure quality care.
- State may require the MCOs to support development of a summary of prenatal and postpartum measures.

Social Determinants of Health (SDOH) Enhancements

- SDOH are the nonmedical factors that impact someone's health.
- MCOs are required to invest some of their profits in the community.
- Strengthened requirements for health screening.
- MCOs required to identify and address SDOH needs of members, including connecting members to necessary SDOH resources and tracking referrals.

Ensure Quality of Health and Health Care Across Populations

- MCOs required to have a health equity director/manager.
- MCOs required to identify and address health disparities.
- Requirements to improve access to interpretation services.