

KanCare Clearinghouse  
PO Box 3599  
Topeka, KS 66601-9738



Notice Date: 08/31/2021  
Case Name: TARA Lynn MARCH  
Case Number: 20121858  
Program: Medical

TARA L MARCH  
1437 N SMITH CT APT 3  
WICHITA, KS 67212-5520

---

We are changing your Medical Assistance coverage or benefits effective 10/01/2021 for the following individuals:

TARA L. MARCH  
ZOIE J. MARCH  
ZAILEY MARCH  
Zander D. March

Medical assistance for TARA L. MARCH is changing.

The Medicaid ID number is: 00102058576.

There has been a change in KanCare medical assistance for TARA L. MARCH as of 10/01/2021.

TARA L. MARCH will no longer receive benefits under the Pregnant Woman Medical program as of 09/30/2021.

TARA L. MARCH will receive Medical Assistance under the Caretaker Medical - Adult program for 10/01/2021.

Medical assistance for ZOIE J. MARCH is changing.

The Medicaid ID number is: 00110253705.

There has been a change in KanCare medical assistance for ZOIE J. MARCH as of 10/01/2021.

ZOIE J. MARCH will no longer receive benefits under the Poverty Level Medical - Child program as of 09/30/2021.

ZOIE J. MARCH will receive Medical Assistance under the Caretaker Medical - Child program for 10/01/2021.

Medical assistance for ZAILEY MARCH is changing.

The Medicaid ID number is: 00103840463.

There has been a change in KanCare medical assistance for ZAILEY MARCH as of 10/01/2021.

ZAILEY MARCH will no longer receive benefits under the Poverty Level Medical - Child program as of 09/30/2021.

ZAILEY MARCH will receive Medical Assistance under the Caretaker Medical - Child program for 10/01/2021.

Medical assistance for Zander D. March is changing.

The Medicaid ID number is: 00110428278.

There has been a change in KanCare medical assistance for Zander D. March as of 10/01/2021.

Zander D. March will no longer receive benefits under the Deemed Newborn Medical program as of 09/30/2021.

Zander D. March will receive Medical Assistance under the Caretaker Medical - Child program for 10/01/2021.

This action is based on Kansas Economic and Employment Services Manual section(s) 2610.

This action is based on the Kansas Medical Assistance Manual section(s) 7000; 7120.

You must tell us about certain changes in your household within 10 days. We want you to get the right medical insurance for your household. Please help us by reporting all changes in your household as soon as they happen.

### **Medical Assistance Reporting Requirements**

You must tell us about the following changes within 10 days of the time you learn of the change.

1. If anyone becomes pregnant.
2. If the source of your income changes.
3. If the amount of your income goes up or down.
4. If anyone gets married, separated or divorced.
5. If anyone moves into or out of the home.
6. If you move to a new address.
7. If your phone number changes.
8. If health insurance or Medicare begins, changes or ends for anyone.
9. If how you file your income tax changes.

We want you to get the correct medical coverage. Please help us by reporting these changes.

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

We provide interpreter services at no cost.

If you have any questions, please contact KanCare Clearinghouse at (800) 792-4884 between 8:00 AM and 5:00 PM Monday through Friday.

Comments:

## Rights and Responsibilities

**RIGHT TO REQUEST A FAIR HEARING** You have the right to ask for a fair hearing if you do not agree with a decision made about your case. You may ask for a hearing in writing or by phone. Your request for hearing must be received within 30 calendar days, plus 3 extra days for mailing, from the date on the notice of decision. You can represent yourself at the hearing or have someone represent you. Fair hearing decisions are most often made within 90 calendar days from the date of request. You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send papers from a medical professional as proof of the urgent medical need at the time you ask for an expedited hearing. If approved, the expedited hearing will be set as soon as possible. If denied, the hearing will be set in the usual amount of time. If you ask for a hearing, you may be able to keep your coverage while you wait for your hearing decision. If your coverage continues until the hearing decision, you may have to pay back any assistance you receive if the decision is not in your favor. Your hearing decision may result in a change in coverage for other members of your household. To ask for a fair hearing, you must call 1-800-792-4884 (TTY 1-800-792-4292) or mail your request to The Office of Administrative Hearings, 1020 S. Kansas Ave, Topeka, KS 66612.

**CIVIL RIGHTS PROVISION** If you feel you have been discriminated against on the basis of age, race, color, sex, sexual orientation, religion, national origin, or political belief in any program administered by the Kansas Department of Health and Environment, call 1-888-369-4777 for information on filing a complaint.

**PENALTY FOR FRAUD** Persons found guilty of intentionally obtaining benefits for which they are not entitled will be barred from receiving assistance in accordance with program guidelines and may also be subject to a fine or imprisonment or both.

**REPORTING CHANGES** You are required to report changes to KDHE/DCF. We will tell you which changes you are required to report. If you have questions about your reporting requirements, please contact your worker.

**HEALTH INSURANCE** You must report to KDHE/DCF all changes in your health insurance coverage, health insurance coverage available through your employer, and insurance settlements due to accident or injury. You must notify your medical providers of all health insurance, including Medical Assistance, at the time of treatment.

**TOLL FREE NUMBERS:**

KanCare/Family Medical 1-800-792-4884

Medical Coverage for Elderly and Disabled Individuals 1-888-369-4777

Managed Care Enrollment Center 1-866-305-5147

**Attention:** If you speak another language, assistance services, free of charge, are available to you. Call 1-800-792-4884 (TTY: 1-800-792-4292)

#### العربية / ARABIC

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-792-4884 (رقم هاتف الصم والبكم: 1-800-792-4292).

#### မြန်မာ / BURMESE

သတိပို့ရန် - အကယုၣ် သဠဉ် ဃုမ္မဉ်စကား ကို ဝေဃဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သဠဉ်အတြဲကု စီစဉ်ဝေဉ်ငြဲကုဝေးပါမည။ ဖုန်းနံပါတ် 1-800-792-4884 (TTY: 1-800-792-4292) သုဝိ ဝေဠုဆုဝိပါ။

#### 中文 / CHINESE

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-792-4884 (TTY: 1-800-792-4292)。

#### فارسی / FARSI

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-792-4884 (TTY: 1-800-792-4292) تماس بگیرید.

#### FRANÇAIS / FRENCH

Attention : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-792-4884 (ATS: 1-800-792-4292).

#### DEUTSCHE / GERMAN

Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-792-4884 (TTY: 1-800-792-4292).

#### HMOOB / HMONG

Lus Ceev: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-792-4884 (TTY: 1-800-792-4292).

#### 日本語 / JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-792-4884 (TTY: 1-800-792-4292)まで、お電話にてご連絡ください。

#### / KOREAN

: 1-800-792-4884 (TTY: 1-800-792-4292)

#### ລາວ / LAO

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-792-4884 (TTY: 1-800-792-4292).

#### РУССКИЙ / RUSSIAN

Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-792-4884 (телетайп: 1-800-792-4292).

#### ESPAÑOL / SPANISH

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-792-4884 (TTY: 1-800-792-4292).

#### SWAHILI

Kumbuka: Ikiwa unazungumza Kiswahili, unaweza kupata huduma za lugha bila malipo. Piga simu 1-800-792-4884 (TTY: 1-800-792-4292).

#### TAGALOG

Paunawa: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-792-4884 (TTY: 1-800-792-4292).

#### TIẾNG VIỆT / VIETNAMESE

Chú Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-792-4884 (TTY: 1-800-792-4292).