

KanCare Clearinghouse  
PO Box 3599  
Topeka, KS 66601-9738



Notice Date: 12/12/2022  
Case Name: Kuan-Lun Ho  
Case Number: 20525484  
Program: Medical

Kuan-Lun Ho  
1544 INTERNATIONAL CT APT 31  
MANHATTAN, KS 66502-2597

---

We have approved your application for Medical Assistance beginning 10/01/2022 for the following individuals:

MITCHELL HO

SI-TING ZHAO

People eligible for coverage will get a medical ID card. We will send a medical card to new members. If you need a medical card replacement, call 1-866-305-5147. Show the card to all medical providers when you get services. If you do not show your card, you may have to pay the bill.

Some members will get the medical card through KanCare. People in KanCare must have a health plan. We will send an enrollment packet telling what KanCare health plan you have been assigned. It will also tell you how to change plans. The health plan will send a welcome packet and the medical card in a few days.

This is a special type of medical assistance that may help pay for past medical bills. We will send you another letter telling you about coverage for the current time period. This letter only tells you about the prior time period. Take the medical ID card to all the doctors, hospitals, pharmacies, or dentists who gave you medical care during this time frame. Have them bill KanCare. KanCare will only pay for covered services. You can call your health plan to find out if the services are covered.

MITCHELL HO has been approved for Medical Assistance starting 10/01/2022.

The Medicaid ID number is: 00110586114.

MITCHELL HO will receive Medical Assistance under the Poverty Level Medical - Newborn program for 10/01/2022.

These are your benefits until otherwise notified.

KanCare coverage has been added for the newborn child for the month of: 10/01/2022.

We have approved your application for prior medical assistance for MITCHELL HO. This is a special type of medical assistance that may help pay for past medical bills. Prior KanCare medical assistance is from 10/01/2022 through 10/31/2022.

SI-TING ZHAO has been approved for Medical Assistance starting 10/01/2022.

The Medicaid ID number is: 00110586115.

SI-TING ZHAO will receive Medical Assistance under the SOBRA - Pregnant Woman program for 10/01/2022.

These are your benefits until otherwise notified.

Your coverage is through the SOBRA plan. This plan only covers certain emergency services that are approved. Child birth labor and delivery services may also be covered. No other services are covered under the SOBRA plan.

Our files show an approved emergency on the following date(s): 10/30/2022 through 10/31/2022. The emergency was: SOBRA Labor and Delivery.

Show this letter to the medical providers who gave the service. Ask them to bill the Medicaid plan for the service. We do not pay any part of the bill that is not approved. No other services are covered.

You must let us know when your baby is born. Your baby will probably get medical assistance also.

We are not giving full medical coverage because the US citizenship and immigrant status rules are not met.

We have approved your application for prior medical assistance for SI-TING ZHAO. This is a special type of medical assistance that may help pay for past medical bills. Prior KanCare medical assistance is from 10/01/2022 through 10/31/2022.

This action is based on Kansas Economic and Employment Services Manual section(s) 2140; 2691; 2000.

This action is based on the Kansas Medical Assistance Manual section(s) 2040 and subsections; 2000.

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:

## Medical 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. Continuation of benefits pending a fair hearing decision does not apply to CHIP coverage. 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 1-800-792-4884 (TTY 1-800-792-4292) 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. We will tell you which changes you are required to report. If you have questions about your reporting requirements, please contact us.

**HEALTH INSURANCE** You must report to KDHE 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 Medical Eligibility 1-800-792-4884 (TTY 1-800-792-4292)  
KanCare Managed Care Enrollment Center 1-866-305-5147

### **OFFICE OF ADMINISTRATIVE HEARINGS**

Office of Administrative Hearings  
1020 S. Kansas Avenue  
Topeka, KS 66612-1327

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)

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。

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).

/ KOREAN

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

မြန်မာ / BURMESE

သတိပို့ရန် - အကယုၤၤ သွၤညး ချမ္မာစကား ကို ဝေပုဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သဒ္ဒါအကြံကူ စီစဉ်ဆေးကြောပေးပါမည့်။ ဖုန်းနံပါတ် 1-800-792-4884 (TTY: 1-800-792-4292) သို့မဟုတ် ဝေဒုဆုဝိပါ။

ລາວ / LAO

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

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)。

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).

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.

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).

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).

SWAHILI

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

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).

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).

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).