



Member Handbook

Healthy Blue



Healthy Blue

KANSAS MEMBER HANDBOOK

833-838-2593 (TTY 711)

[healthybluekansas.com/medicaid](https://www.kdhe.ks.gov/healthybluekansas.com/medicaid)

<https://www.kdhe.ks.gov/>

[KanCare.ks.gov](https://www.kdhe.ks.gov/KanCare.ks.gov)



Healthy Blue

Welcome to Healthy Blue

You are receiving this handbook because you are enrolled in a KanCare Managed Care health plan where you receive your benefits. Each KanCare Managed Care health plan member must have a **primary care provider (PCP)**. A PCP manages a member's healthcare. Review this handbook for information about your benefits.

You can do an online search to find a Healthy Blue-approved provider at healthybluekansas.com/search-providers or you can call **833-838-2593 (TTY 711)** for a list of KanCare-approved providers.

Visually and Hearing Impaired Members

We have this handbook in an easy-to-read form for people with poor eyesight. Please call us at **833-838-2593 (TTY 711)** for help. We have a special phone number for people with poor hearing. Members who use a Telecommunications Device for the Deaf (TDD) and American Sign Language can call **TTY 711**. These services are available to you at no cost.

Keeping Your Insurance

It is very important you call the Kansas Department of Health and Environment (KDHE) Information Center at **785-296-1500** or visit their website at cssp.kees.ks.gov/apsspssp/spp.portal to access the KDHE Program Enrollment System online to let them know when your address changes. Important letters and information will be mailed to the address you have provided. You or your children could lose your KanCare coverage if you do not respond to State requests for information. Please make sure that you answer all mail from the State.

Interpreter Services

If you do not speak or understand English, call **833-838-2593 (TTY 711)** to ask for help. We can help if you do not speak or understand English.

- We will get you a translator, including American Sign Language services when needed, at no cost to you.
- We may have this book in your language.
- We will get a copy of the grievance and appeal rules in your language.

Healthy Blue follows federal civil rights laws. We don't discriminate against people because of their:

- Race
- Color
- Gender
- Sexual orientation
- Gender identity or expression
- Religion
- National origin
- Ancestry
- Age
- Military or veteran status
- Disability status
- Marital or family status
- Genetic information
- Political affiliation

That means we won't exclude you or treat you differently because of these things.

Communicating with you is important

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic, and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call Member Services at **833-838-2593 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m. Central time.

Your rights

Do you feel you didn't get these services, or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail, fax, or phone:

Grievance Coordinator

Healthy Blue

P.O. Box 62429

Virginia Beach, VA 23466-2429

Phone: **833-838-2593 (TTY 711)**

Fax: **877-881-1305**

Email: KansasMedicaidGA@healthybluekansas.com

Need help filing? Call our Grievance Coordinator at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the web:** ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **By mail:** U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, DC 20201
- **By phone:** **800-368-1019 (TTY/TDD 800-537-7697)**

For a complaint form, visit hhs.gov/ocr/office/file/index.html.

Do you need help with your healthcare, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll-free at 833-838-2593 (TTY 711).

¿Necesita ayuda con su cuidado médico, para hablar con nosotros o leer lo que le enviamos? Ofrecemos nuestros materiales en otros idiomas y formatos sin costo para usted. Llámenos al número gratuito 833-838-2593 (TTY 711).

በጤና መድንዎ፣ እኛን በማናገር ወይም የምንልክልዎን ጽሑፎች በማንበብ ዙሪያ እገዛ ይፈልጋሉ? ጽሑፎቻችንን በሌሎች ቋንቋዎች እና ቅርጾች (ፎርማት) ያለምንም ክፍያ እናቀርባለን። ከክፍያ ነፃ በሆነ ስልክ:- 833-838-2593 (TTY 711) ይደውሉልን።

أو معنا التحدث بخصوص أو الصحية رعايتك بخصوص مساعدة إلى تحتاج هل بنا اتصل. مجاناً أخرى وتنسيقات بلغات المواد نوفر فإننا لك؟ نرسله ما قراءة 833-838-2593 (TTY 711) المجاني الهاتف على.

U nsombol mahola i nyuu matibla mong, u nsombol podos bés, tolè u nsombol songol bi kat ndi eblè wè? Bi kat gwés bi yé nkoblaga ni mahop momasso ni nya yoso ngui nsaa wogui wo. Sebel bés ngui nsaa wogui wo i nsinga ini 833-838-2593 (TTY 711).

您在醫療保健方面、與我們交流或閱讀我們寄送的材料時是否需要幫助？我們可為您免費提供其他語言和格式的材料。請撥打我們的免費電話 833-838-2593（TTY 711）。

آیا در ارتباط با مراقبت های سلامتی خود، صحبت کردن با ما، و یا خواندن آنچه ما برای شما ارسال می کنیم نیاز به کمک دارید؟ ما مدارک و اسناد خود را بدون هیچگونه هزینه اضافی برای شما به سایر زبان ها و قالب ها نیز ارائه می .تماس بگیرید (TTY 711) کنیم. با تلفن رایگان ما به شماره 833-838-2593

Avez-vous besoin d'aide avec vos soins de santé? Souhaitez-vous nous parler ou lire nos communications? Nous pouvons vous fournir gratuitement nos matériels dans d'autres langues et en d'autres formats. Appelez-nous gratuitement au 833-838-2593 (TTY 711).

શું તમને તમારી આરોગ્યસંભાળ, અમારી સાથે વાત કરવા અથવા અમે તમને જે મોકલીએ છીએ તે વાંચવામાં મદદની જરૂર છે? અમે તમને કોઈપણ ખર્ચ વિના અન્ય ભાષાઓ અને ફોર્મેટમાં અમારી સામગ્રી પ્રદાન કરીએ છીએ. અમને 833-838-2593 (TTY 711) પર ટોલ ફ્રી કોલ કરો.

Èske ou bezwen èd avèk swen sante w, pale avèk nou, oswa li sa nou voye ba ou a? Nou founi materyèl nou yo nan anpil lòt lang

ak fòma gratis. Rele nou nan liy dirèk gratis la 833-838-2593 (TTY 711).

! chọrọ enyemaka maka nlekọta ahụike, ịgwa anyị okwu, ma ọ bụ ịgụ ihe anyị zitere gị? Anyị na enye ngwa anyị n'asụsụ na nhazi ndị ọzọ n'efu. Kpọọ anyị n'efu na 833-838-2593 (TTY 711).

의료 서비스를 이용할 때, 저희와 연락하실 때, 또는 발송 자료를 읽고 이해하시는 데 도움이 필요하십니까? 저희 자료를 다른 언어 및 다른 형식으로 별도의 비용없이 받으실 수 있습니다. 수신자 부담 전화 833-838-2593 (TTY 711) 번으로 연락해 주십시오.

Necessita de ajuda com os seus cuidados de saúde, para falar connosco, ou para ler a documentação que lhe enviamos? Fornecemos os nossos materiais noutros idiomas e formatos, sem qualquer custo para si. Ligue-nos gratuitamente para 833-838-2593 (TTY 711).

Вы нуждаетесь в помощи при получении медицинского обслуживания, во время общения с нами или с прочтением материалов, которые мы вам отправляем? Мы бесплатно предоставляем наши информационные материалы на других языках и в иных форматах. Звоните нам по бесплатному номеру телефона 833-838-2593 (TTY 711).

Kailangan mo ba ng tulong sa pangangalagang pangkalusugan, sa pakikipag-usap sa amin, o pagbabasa ng mga ipinapadala namin sa iyo? Nagbibigay kami ng mga materyales sa iba't-ibang mga wika at mga format nang wala kang gagastusin. Tawagan kami ng libre sa telepono bilang 833-838-2593 (TTY 711).

کو آپ نے ہم جو یا ، کرنے چیت بات سے ہ ، صحت نگہداشت اپنی کو آپ کیا کسی بنائے کے آپ ہم ہے؟ ضرورت کی مدد میں سلسلے کے پڑھنے اسے ہے بھیجا کرتے فراہم مندرجات بھی میں فارمیٹس اور زبانوں دیگر ، فیس یا اخراجات کریں۔ کال فری ٹول پر (TTY 711) 833-838-2593 ہیں۔ ہمیں

Quý vị có cần trợ giúp về chăm sóc sức khỏe, nói chuyện với chúng tôi, hoặc đọc nội dung chúng tôi gửi cho quý vị không? Chúng tôi có cung cấp tài liệu ở các ngôn ngữ và định dạng khác, không tính phí với quý vị. Hãy gọi cho chúng tôi theo số miễn phí 833-838-2593 (TTY 711).

Njé o nílò ìrànlọwọ pẹlú ètò ìlera rẹ, nípa bíbá wa sọrọ, tàbí ní kíkà ohun tí a fi ránṣẹ́ sí ọ? A maa n pèsè àwọn ohun èlò wa ní àwọn èdè mûràn àti fòmátì láí nání lówó. Pè wá lófẹ ní 833-838-2593 (TTY 711).

Table of Contents

WELCOME TO HEALTHY BLUE — YOUR PLAN FOR HEALTHY LIVING	7
CALL 24-HOUR NURSE HELP LINE FIRST	9
Need Help Making Health-Related Decisions?	9
IN AN EMERGENCY	10
QUESTIONS OFTEN ASKED ABOUT HEALTHY BLUE	10
WEBSITE INFORMATION	12
HEALTHY BLUE ID CARD	12
MEMBER SERVICES	14
Preventive Services	15
Preventive Services Coverage.....	15
HEALTHCARE APPOINTMENTS	15
Dental Appointments	15
Urgent Care.....	15
Emergency Medical Services	16
Get Up-to-Date ER Service Providers on Our Website	17
Post-Stabilization Care Services	17
YOUR PRIMARY CARE PROVIDER	18
What is a Primary Care Provider (PCP)?	18
Choosing and Changing Your Primary Care Provider (PCP)	18
Check the PCP on Your ID Card	18
Getting Medical Care	19
Travel Distance.....	19
Access to Care.....	19
Medical Necessity	21
Prior Authorization.....	21
How Do I Cancel or Change an Appointment?	21
What if I Need Interpreter Services at My Appointment?	21
What if I Need to See a Specialist?	22
What if I Need to Travel Outside of Kansas and Need Medical Care?	22
Access to Women’s Health Services.....	22
Healthcare Support from a Specialist	22
Second Opinion.....	22
Telehealth Service.....	22
Your Health Benefits in Healthy Blue	23
Value-Added Benefits.....	31
Social Determinants of Health (SDOH)	36
Healthy Rewards Program.....	36
Network Covered Services	37
What is Not Covered?	37
Special Care for Pregnant Members.....	37
When You Become Pregnant	38
Family Planning	40
Immunization Schedule for Children.....	40
MORE BENEFITS FOR CHILDREN	40
Lead Screening for Children and Pregnant or Lactating Women	44

BEHAVIORAL HEALTHCARE.....	45
CARE COORDINATION SERVICES	45
How Care Coordination Can Help You.....	45
CONDITION CARE	47
What Programs Do We Offer?.....	47
How it Works.....	47
How to Join.....	47
Condition Care Rights and Responsibilities	48
How Do I Become Eligible to Participate?.....	49
What If I Don't Want to Take Part?	49
COMMUNITY RESOURCE LINK.....	49
Help with Problems Beyond Medical Care	49
PHARMACY SERVICES	50
Prior Authorization.....	51
HEALTHCARE AWAY FROM HOME	53
WHAT IF I DON'T HAVE TRANSPORTATION?	53
Non-Emergency Medical Transportation (NEMT)	53
MEMBER ADVISORY COMMITTEE	54
GRIEVANCES AND APPEALS	54
When Will We Make a Decision?.....	56
Expedited (Fast) State Fair Hearings.....	57
FRAUD, WASTE, AND ABUSE	59
CHANGES YOU NEED TO REPORT.....	60
CHANGING TO ANOTHER KANCARE MANAGED CARE HEALTH PLAN	61
DISENROLLMENT	61
TRANSITION OF CARE.....	61
INSURANCE	62
EXPLANATION OF BENEFITS	63
UTILIZATION REVIEW	63
Healthy Blue's Quality Improvement Program.....	63
IF YOU ARE BILLED	64
DECISIONS ABOUT YOUR HEALTHCARE	64
Advance Healthcare Directive	64
Member Confidentiality and Privacy	65
MEMBER RIGHTS AND RESPONSIBILITIES	65
Your Rights as a KanCare Managed Care Health Plan Member	65
WHAT IS ABUSE, NEGLECT AND EXPLOITATION?.....	67
Preventing Abuse, Neglect and Exploitation	67
GLOSSARY	69

Welcome to Healthy Blue — Your Plan for Healthy Living

Congratulations, you have joined Healthy Blue!

Healthy Blue is your health plan. Healthy Blue is a Managed Care Organization (MCO) contracted with the Kansas Department of Health and Environment (KDHE) and Kansas Department for Aging and Disability Services (KDADS). You became a Healthy Blue member because you:

- Live in Kansas
- Currently receive Medicaid benefits
- Are eligible for the KanCare program

The KanCare program is the State of Kansas' combined care model for providing Medicaid services. Healthy Blue is contracted to coordinate healthcare for Medicaid beneficiaries. The administration of KanCare is carried out by KDHE and KDADS.

Healthy Blue gives you choices — from choosing your primary care provider (PCP) to participating in special programs that help you stay healthy.

We encourage you to read this handbook to help you understand Healthy Blue and your benefits. If you have any questions, day or night, we're always available to help you through 24-hour Nurse Help Line at **833-838-4344 (TTY 711)**. If you are a Children's Mercy Pediatric Care Network member, call **855-670-2642 (TTY 711)**.

Important Healthy Blue Phone Numbers

Service	Phone Number	When to Call
Healthy Blue Member Services	833-838-2593 (TTY 711)	<ul style="list-style-type: none"> • General questions about Healthy Blue • Change of address • Change of phone number • Monday through Friday, 8 a.m. to 5 p.m. Central time
24-hour Nurse Help Line	833-838-4344 (TTY 711)	<ul style="list-style-type: none"> • For medical advice • To decide if you need to go to the emergency room • Available 24/7
24-hour Nurse Advice Line for Children's Mercy Pediatric Care Network	855-670-2642 (TTY 711)	<ul style="list-style-type: none"> • For medical advice • To decide if you need to go to the emergency room • Available 24/7
Non-Emergency Medical Transportation (NEMT)	833-270-2254	<ul style="list-style-type: none"> • To arrange a ride to routine healthcare appointments • Call at least three days before the appointment • Call if you have to change or cancel your ride • Monday through Friday, 8 a.m. to 5 p.m. Central time
Prior Authorization	833-838-2593 (TTY 711)	<ul style="list-style-type: none"> • For questions regarding prior authorization
Dental Care	844-621-4575	<ul style="list-style-type: none"> • To make a dental appointment • Available to all members • Monday through Friday, 8 a.m. to 5 p.m. Central time
Vision Care	844-844-0928	<ul style="list-style-type: none"> • To make a vision appointment • Available to all members

Service	Phone Number	When to Call
		<ul style="list-style-type: none"> Monday through Friday, 8 a.m. to 5 p.m. Central time
24/7 Behavioral Health Crisis Line	833-824-2180	<ul style="list-style-type: none"> 24/7 crisis line
Behavioral Healthcare	833-838-2593 (TTY 711)	<ul style="list-style-type: none"> For help in scheduling an appointment For any other behavioral health needs Monday through Friday, 8 a.m. to 5 p.m. Central time
KanCare Clearinghouse	800-792-4884	<ul style="list-style-type: none"> For help with questions about KanCare eligibility
Pharmacy Member Services	833-838-8558	<ul style="list-style-type: none"> For questions about your pharmacy benefit 24-hour line
KanCare Member Enrollment	866-305-5147	<ul style="list-style-type: none"> Choose your MCO, also known as KanCare Health Plan

Make Sure You Have These Items

We look forward to providing your healthcare needs. By now, you should have received your Healthy Blue new member packet, as well as your member ID card. Make sure to check your ID card to see that the PCP listed is correct. If so, you're ready to start using your Healthy Blue benefits. If your PCP is not correct, or if you have any other questions, please call Member Services at **833-838-2593 (TTY 711)**.

Call 24-hour Nurse Help Line First

Need Help Making Health-Related Decisions?

Call 24-hour Nurse Help Line at **833-838-4344 (TTY 711)**. If you are a Children's Mercy Pediatric Care Network member, call **855-670-2642 (TTY 711)**. Nurses are available 24 hours a day, seven days a week, to answer your healthcare questions.

When you call, a nurse will ask some questions about your problem. Give as many details as you can. For example, where it hurts, or what it looks and feels like. The nurse can then help you decide if you:

- Can care for yourself at home.

- Need to see a doctor or go to the hospital.

Remember, a nurse is always there to help. Consider calling 24-hour Nurse Help Line before calling your doctor or going to the hospital. If you think it is a real medical emergency, call **911** first or go to the nearest emergency room.

In an Emergency ...

Call **911** or go to the nearest emergency room, even if it is not part of Healthy Blue's network. We'll talk more about emergencies later in this handbook.

If you're not sure if it's an emergency, you should call your primary care provider (PCP) or 24-hour Nurse Help Line before going to the emergency room (ER).

This does not take the place of your PCP. But if it's late at night or you can't reach your PCP, the nurses can help you decide what to do. The nurses can also give you helpful hints on how to feel better and stay healthy. When an earache is keeping your child awake or you can't sleep because of a headache, you can call one of our nurses for help.

Call 24-hour Nurse Help Line at **833-838-4344 (TTY 711)**. If you are a Children's Mercy Pediatric Care Network member, call **855-670-2642 (TTY 711)**.

Questions Often Asked About Healthy Blue

Healthcare decisions can be confusing. We want to help you understand how Healthy Blue works for you. Here are answers to common questions.

1. What is a PCP?

A PCP is a primary care provider. In Healthy Blue, your PCP is a doctor or advanced practice nurse who you choose to be your main healthcare provider. This includes a specialist, such as an OB-GYN. It is very important to see your PCP at least once per year. You should also be sure the correct PCP is on your Healthy Blue ID card.

2. What if I need to see a specialist?

Your PCP can help you select a specialist in our network. In some cases, your specialist can even be your PCP.

3. I don't have a car. How do I get to my healthcare appointments?

Some members need help getting to their appointments. You can schedule a ride by calling our transportation vendor at **833-270-2254**.

4. What if someone in my family gets sick in the middle of the night?

Always call your PCP first unless it is an emergency. They will let you know what to do. You may also call 24-hour Nurse Help Line at **833-838-4344 (TTY 711)** (toll-free). If you are a Children's Mercy Pediatric Care Network member, call **855-670-2642 (TTY 711)**. Someone will be there to answer your questions — 24 hours a day, every day.

5. If my PCP can't see me right away, should I go to the emergency room?

You have options such as urgent care, walk-in clinics, or telehealth. They can help with routine illnesses after hours and can provide prescriptions to get you well.

6. When should I go to the emergency room or call 911?

If you feel your life or a member of your family's life is in danger or at risk of permanent harm.

7. What should I do if I get sick and I'm out of town?

Unless it is an emergency, call your Healthy Blue PCP. They will help you decide what to do. You may also call 24-hour Nurse Help Line for help. You can talk to a nurse 24 hours a day, seven days a week. Call **833-838-4344 (TTY 711)**. If you are a Children's Mercy Pediatric Care Network member, call **855-670-2642 (TTY 711)**. If you think it is an emergency, call **911** or go to the nearest emergency room.

8. Will I have to pay for my prescriptions?

You will get your pharmacy benefits from Healthy Blue by using your Healthy Blue ID card. There is no cost to you for your prescription drugs that are on the formulary. The exception is members with unmet spenddown may have a copay. If you have questions about prescriptions, call Pharmacy Member Services at **833-838-8558**. You can also read the *Pharmacy Services* section to learn more about your drug coverage.

9. Will I get an insurance card?

Yes, you will receive an insurance card from Healthy Blue. Please see the *Healthy Blue ID card* section for more details. If you haven't received your Healthy Blue ID card, call Member Services at **833-838-2593 (TTY 711)**.

10. What if I lose my card?

If you lose your Healthy Blue ID card, just call Member Services at **833-838-2593 (TTY 711)**. We will send you another one right away. The **SydneySM Health** mobile app makes it easy to find a doctor, access your Healthy Blue ID card, and chat with a live representative. Download the Sydney Health app at sydneyhealth.com.

11. Do I need an authorization to go to the emergency room?

A prior authorization is not required for emergency services. The emergency room is a busy place meant for people with serious or life-threatening injuries or illnesses. If you use the emergency room for non-emergency care, you may have to wait a long time to be seen.

If you want advice about emergency care, call your PCP or 24-hour Nurse Help Line at **833-838-4344 (TTY 711)**. Medical emergencies don't need prior approval.

Some injuries and illnesses are not emergencies but can turn into emergencies if they aren't treated within 48 hours. This type of care is called **urgent care**. Some examples are:

- Earaches.
- Sore throat.
- Fever over 101 degrees Fahrenheit.
- Muscle sprains/strains.

If you need urgent care:

- Call your PCP. Your PCP will tell you what to do.

- Follow what your PCP says. Your PCP may tell you to go to:
 - Their office right away.
 - Some other office to get care right away.
 - The emergency room at a hospital for care.

You can also call 24-hour Nurse Help Line at **833-838-4344 (TTY 711)** if you need advice about urgent care. If you are a Children's Mercy Pediatric Care Network member, call **855-670-2642 (TTY 711)**.

Website Information

You can get up-to-date information about your Healthy Blue health plan on our website at healthybluekansas.com/medicaid. You can visit our website to get information about the services we provide, our provider network, frequently asked questions, contact phone numbers, and email addresses.

We can also send you a printed copy of the information on our website at no cost to you.

Website Features

You may be able to find answers to your questions on our website. Go to healthybluekansas.com/medicaid for information about:

- Our member handbook, provider directory, or *Find Care* search tool.
- How we protect your privacy.
- Your member rights and responsibilities.
- Member newsletters.
- Information on member benefits and additional services available to you through Healthy Blue.
- Women's health and pregnancy care.

When you register for a secure online account, you can also:

- Update your address and phone number.
- Request a change to your primary care provider (PCP).
- Order member materials like your ID card, member handbook, and provider directory.



Healthy Blue ID Card

You will receive a Healthy Blue ID card. Your ID card will show your Medicaid State ID, your Healthy Blue member ID, your name, your PCP's name, and other information about your care. Carry your Healthy Blue ID card with you at all times.

The Sydney Health mobile app makes it easy to find a doctor, access your Healthy Blue ID card, and chat with a live representative. Download the Sydney Health app at sydneyhealth.com.

If you don't have your Healthy Blue ID card, you can still get services. You need to bring the documents you got from the State showing you are eligible for a KanCare Managed Care plan.

If your card is lost, stolen, or you cannot access on the Sydney app, call Member Services at **833-838-2593 (TTY 711)**. You will receive a replacement card within 10 calendar days of notifying Healthy Blue.

 	
JOHN Q SAMPLE Member ID:	Primary Care Provider (PCP):
Member Prefix: KCE	PCP Telephone #: Visit CoPay: \$0
Date of Birth: Effective Date:	Prefix: 8481 RxBIN: 020107 RxPCN: IRXKS RxGRP: RX8481

	healthybluekansas.com
Out of area providers: Please file medical claims to the local Blue Plan using the Member prefix on the front of this card immediately followed by the Member ID. Do not include a space. Healthy Blue providers can submit claims to: Availity.com payer ID 00047 or Healthy Blue P.O. Box 61010 Virginia Beach, VA 23466	Member Services: 833-838-2593 24-hour Nurse Help Line: 833-838-4344 Behavioral Health Crisis Line: 833-824-2180 TTY: 711 Provider Services: 833-838-2595 Pharmacy Member Services: 833-838-8558 Help for Pharmacists: 833-838-8802 Vision: 844-844-0928 Dental: 844-621-4575 Transportation: 833-270-2254
This card does not guarantee benefits or payment. Include your member ID when sending inquiries. In an emergency, go to the nearest ER or call 911. Benefits may be limited outside of Kansas.	Healthy Blue is the trade name of Community Care Health Plan of Kansas, Inc. Independent licensee of the Blue Cross and Blue Shield Association.
KS05, KS07-KS10 (1/25)	

You are the only person who can use your Healthy Blue ID card. Your Healthy Blue ID card will help you get the healthcare services you need. You are responsible for protecting all your insurance cards. Keep your ID card in a safe place just like you do a driver's license or any other form of personal ID. Do not misuse your card.

Care You Get Using the Healthy Blue ID Card

Please let your primary care provider (PCP) know about the care you get. This helps your PCP take care of you. This care may include the following:

- School-based services.SAFE/CARE exams for abused children.
- Children get behavioral health/substance use care through KanCare using approved providers. These children get their physical healthcare from Healthy Blue.
- Care Coordination for behavioral health services.
- Applied Behavior Analysis (ABA) services for children with Autism Spectrum Disorder.

Please see the “Your Health Benefits in Healthy Blue” to see the complete list of covered services and care.

Member Services

Healthy Blue’s normal business hours are Monday through Friday, 8 a.m. to 5 p.m. Central time. Call **833-838-2593 (TTY 711)** for questions about being a Healthy Blue member or to get help with the care you need. You can call this number from anywhere at no cost to you, even if you’re out of town.

Call 24-hour Nurse Help Line at **833-838-4344 (TTY 711)** to speak to our nurses. If you are a Children’s Mercy Pediatric Care Network member, call **855-670-2642 (TTY 711)**.

Healthy Blue’s Member Services department can:

- Help you choose or change a primary care provider (PCP) to be your personal provider.
- Educate you and your family about managed care, including the way you can get services from managed care and the role of the PCP.
- Explain your rights and responsibilities as a Healthy Blue member.
- Help you get services, answer your questions, or solve a problem you may have with your care.
- Tell you about your benefits and services (what is covered and not covered).
- Explain how you can get specialty care, behavioral health, and hospital services.
- Help you make appointments.
- Direct you on how to set up medically necessary transportation for Healthy Blue members.
- Tell you about your PCP’s qualifications, office locations, and office hours.
- Let you know what help may be offered to you and your family in the area you live.
- Tell you about fraud and abuse policies and procedures, and help you report fraud and abuse.
- Give the following information to you when asking the names of providers:
 - Whether the provider currently participates in Healthy Blue
 - Whether the provider is currently accepting new patients
 - Any restrictions on services, including any referral or prior authorization requirements you must meet to get services from the provider
- Send you a member ID card if lost, stolen or did not receive.

- Answer questions about value-added benefits and send copies of notices.
- Help obtain interpreter for in-person doctor appointments.

Types of Care

Preventive Services

Healthy Blue provides coverage for preventive services and follows the U.S. Preventive Services Task Force recommendations and the Bright Futures Guidelines from the American Academy of Pediatrics. If you have health insurance other than Healthy Blue, your other health insurance may be responsible for the payment of these preventive services.

Preventive Services Coverage

Healthy Blue pays for you to have checkups and vaccines. It is very important that you see your PCP at least once a year.

Healthcare Appointments

Specialty healthcare providers must see you within 30 days when you call for a regular healthcare and dental appointment. Call **833-838-2593 (TTY 711)** if you need help.

You should not have to wait longer than 45 minutes from the time of your appointment. For example, if your appointment time is 2 p.m., you should be seen by 2:45 p.m. Sometimes, you may have to wait longer because of an emergency. Please call Healthy Blue at **833-838-2593 (TTY 711)** if you have problems or need help with an appointment. It is always important that you take all your health insurance cards to your appointments.

For urgent care appointments for physical illness or injuries that require care right away but are not emergencies such as high temperature, persistent vomiting or diarrhea, or symptoms which are of sudden or severe onset but which do not require emergency room services, you must be seen within 48 hours.

For routine care with physical symptoms such as persistent rash, recurring high-grade temperature, nonspecific pain, or fever, you must be seen within three weeks for non-emergency appointments and 48 hours for urgent care.

For routine care without physical or behavioral symptoms such as well-child exams, and routine physical exams, you must be seen within 30 calendar days.

After-care appointments must be within seven calendar days after hospital discharge.

Your healthcare provider will care for you if they can. Your healthcare provider will send you to someone else if they are not able to see you that soon. It is always important that you take all your health insurance cards to your appointments.

Dental Appointments

Appointments for dental services are the same as for regular and urgent healthcare appointments. Please call SkyGen Dental at **844-621-4575** or your dental provider to schedule an appointment.

Urgent Care

Urgent care centers help diagnose and treat illnesses or injuries that aren't life threatening but can't wait until the next day. If your PCP's office is closed, an urgent

care center can give you fast, hands-on care. Urgent care centers can also offer shorter wait times than an emergency room (ER).

Go to an in-network urgent care center for:

- Sprains
- High fevers
- Ear infections
- Flu symptoms with vomiting

Urgent care is not emergency care. Urgent care is needed when you have an injury or illness that must be treated within 48 hours. It is usually not life threatening, yet you cannot wait for a visit to your PCP.

Only go to the emergency room if your doctor tells you to go or you have a life-threatening emergency. When you need urgent care, follow these steps:

- Call your PCP. The name and phone number are on your Healthy Blue card. Your PCP may give you care and directions over the phone.
- If it is after hours and you cannot reach your PCP, call 24-hour Nurse Help Line at **833-838-4344 (TTY 711)**. If you are a Children's Mercy Pediatric Care Network member, call **855-670-2642 (TTY 711)**. You will be connected to a nurse. Have your Healthy Blue ID card number handy. The nurse may help you over the phone or direct you to other care. You may have to give the nurse your phone number. During normal office hours, the nurse will help you contact your PCP. If you are told to see another doctor or to go to the nearest hospital emergency room, bring your Healthy Blue ID card. Ask the doctor to call your PCP or Healthy Blue.

Emergency Medical Services

In an emergency, go to the nearest emergency room, even if it is not in the Healthy Blue network, or call **911**. When you go to the emergency room, a healthcare provider will check to see if you need emergency care. You can call **833-838-4344** anytime, day or night, if you have questions about going to the emergency room. Call your PCP after an emergency room visit.

An emergency is when you call **911** or go to the nearest emergency room for things like:

- Chest pain;
- Stroke;
- Difficulty breathing;
- Bad burns;
- Deep cuts/heavy bleeding; or
- Gunshot wounds.

Emergency medical services help with sudden health problems. These problems can be medical, mental, or due to substance use and often have severe symptoms like bad pain. Without quick care, these problems could cause:

- Placing the patient's physical or behavioral health (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or
- Serious impairment of bodily functions; or
- Serious dysfunction of any bodily organ or part; or
- Serious harm to self or others due to an alcohol or drug abuse emergency; or
- Injury to self or bodily harm to others; or
- With respect to a pregnant woman who is having contractions, transfer may pose a threat to the health or safety of the woman or the unborn.

If you aren't sure about the medical condition, get help right away or call your PCP's office for advice. Ask for a number you can call when the office is closed. You can also call Healthy Blue's 24-hour Nurse Help Line at **833-838-4344**. If you are a Children's Mercy Pediatric Care Network member, call **855-670-2642 (TTY 711)**.

Get Up-to-Date ER Service Providers on Our Website

To find the most current list of our in-network ER service providers, visit healthybluekansas.com/medicaid. Our *Find Care* tool has an up-to-date list.

Post-Stabilization Care Services

Post-stabilization care occurs after a medical emergency. The goal of this care is to maintain, improve, or resolve a member's condition after the emergency.

Post-stabilization care services mean covered services related to an emergency medical condition that are provided after a member is stabilized in order to maintain the stabilized conditions or to improve or resolve the member's condition.

Healthy Blue will pay for post-stabilization care that is:

- Received in or out of our network and is pre-approved by a Healthy Blue provider or representative.
- Received in or out of our network that was not pre-approved by a Healthy Blue provider or representative, but given to maintain, improve, or resolve the member's condition if:
 - Healthy Blue doesn't respond to a request for pre-approval within one hour.
 - Healthy Blue can't be reached.
 - The Healthy Blue representative and the treating provider cannot reach an agreement about the member's care, and a Healthy Blue provider cannot be reached to discuss the member's care.

Healthy Blue does not pay for out-of-network post-stabilization care that was not pre-approved when:

- A Healthy Blue provider can treat the member at the hospital and takes over the member's care.
- A Healthy Blue provider takes over the member's care through transfer.
- A Healthy Blue representative and the treating provider reach an agreement concerning the member's care.
- The member is discharged.

Your Primary Care Provider

What is a Primary Care Provider (PCP)?

You and each member of your family who is eligible for Healthy Blue can choose your own PCP from the Healthy Blue provider directory. To get a provider directory, call Member Services at **833-838-2593 (TTY 711)**.

Your PCP is your primary healthcare provider. You, your PCP, and Healthy Blue will work together as a team. We want to make sure you get the best healthcare possible. Your PCP will arrange for the covered services you need.

Our PCPs are trained in different specialties. They include:

- Family and internal medicine
- General practice
- Geriatrics
- Pediatrics
- Obstetrics-Gynecology (OB-GYN)
- Advanced Practice Registered Nurse services

There are also times when a specialist can be your PCP if:

- You have a chronic condition and historical relationship with the specialist; and
- The specialist agrees in writing to assume the responsibilities of the PCP.

It's important to have a good relationship with your PCP. Make sure you talk to your PCP about any health problems or concerns you have. This way, your PCP gets to know you and can help you get the healthcare you need. Always follow your PCP's instructions about your healthcare. You should always see your PCP at least once a year for a checkup, even if you feel well.

The PCP you have selected may not be taking new patients. If you have questions, call Member Services at **833-838-2593 (TTY 711)**.

Choosing and Changing Your Primary Care Provider (PCP)

You should choose a PCP. If you do not choose one within 10 business days, we will automatically assign you to one. Your PCP will manage your healthcare. The PCP knows Healthy Blue's network and can guide you to specialists if you need one. You may ask for a specialist as your PCP if you have a chronic illness or disabling condition. We will work out a plan to make sure you get the care you need. Our provider directory will have information on PCP demographics, services offered, location, and accessibility information to help you choose a PCP that is right for you.

You have a right to change PCPs in our Healthy Blue Managed Care health plan. There are no limits on how often you may change your PCP. The PCP change will take effect the same day you call Healthy Blue. Children in state custody may change PCPs as often as needed. To do this, call us at **833-838-2593 (TTY 711)**.

Check the PCP on Your ID Card

It is very important the PCP on your ID card is correct. If the PCP on your ID card is not the one you are going to, please call Member Services or visit the member portal to update your information.

Getting Medical Care

Call your primary care provider (PCP) when you need healthcare. Your PCP's phone number is on your Healthy Blue ID Card. Your PCP will help you get the care you need or refer you to a specialist.

These services do not need a PCP referral:

- Birth control or family planning — You may go to our providers, or a KanCare-approved provider. We will pay for this care, even if the provider is not in Healthy Blue.
- Behavioral healthcare — You may go to any of our behavioral health providers. Just call this toll-free number **833-838-2593 (TTY 711)**.
- Local health departments — Children may go to local health departments for shots. Members may go to local health departments for tests and treatment of sexually transmitted diseases and tuberculosis; HIV/AIDS tests; or for lead screening, testing, and treatment.
- Women's health service — You may go to any of our OB-GYN providers.
- Dental healthcare — You may go to any of our dental health providers. Just call this toll-free number **844-621-4575**.
- Vision care — You may go to any of our vision care providers. Just call this toll-free number **844-844-0928**.

You may have to pay for services you get if:

- You choose to get medical services that are not covered by Healthy Blue;
- You go to a provider who is not a Healthy Blue provider without prior approval;
- You do not have prior approval for services that need it.

Travel Distance

Healthy Blue wants to make sure you can see your PCP when you are sick. Your PCP will arrange for the covered services you need. If you need to see a specialist, your PCP can guide you to one. If you have questions, call Member Services at **833-838-2593 (TTY 711)**.

Access to Care

When you call your doctor for a normal checkup, they need to make sure they see you within three weeks. If you need urgent care because you are very sick, your doctor should arrange to see you within 48 hours, or two days. For maternity care, there are special requirements.

Healthy Blue must make providers available within the timeframes listed below:

PCP:

- Emergency (immediately)
- Urgent care (within 48 hours)
- Routine/preventive (within 3 weeks)

Women's health specialist:

- Newly diagnosed (within first trimester or within 10 calendar days of notification)

- First trimester (within 14 days of request)
- Second trimester (within 7 days of request)
- Third trimester (within 3 days of request)
- High-risk pregnancies (within 3 days of high-risk identification)
- Postpartum exam (between 7 and 84 days after delivery)

Specialty care provider:

- Emergency (immediately)
- Urgent care (within 48 hours of referral)
- Nonurgent sick care (within 10 calendar days)
- Routine lab, X-ray, optometry (within 3 weeks)
- Emergency/life-threatening mental health (immediately)
- Urgent mental health (within 72 hours)
- Routine mental health (within 10 days)
- All other specialties (30 calendar days)

Mental health services:

- Emergency/life-threatening mental health (immediately)
- Urgent mental health (within 72 hours)
- Routine mental health (within 10 days)
- All other specialties (30 calendar days)

Substance use disorder (SUD) services:

- Emergency (immediately)
- Urgent assessment (within 24 hours) and services delivered (within 24 hours) after assessment
- Routine assessment (within 10 days)
- Pregnant women who are intravenous drug users and all other pregnant substance users, regardless of Title XIX status, must receive treatment within 24 hours of assessment. When it is not possible to admit the member within this Healthy Blue will make interim services available within 48 hours of initial contact to include prenatal care.
- Persons who inject drugs must receive an assessment and will be admitted to treatment no later than 10 business days after making the request for assessment. If no program has the capacity to admit the member within the required timeframe, Healthy Blue will make interim services available to the Member no later than 48 hours after their request. Admission to treatment must not exceed 120 calendar days of the assessment request.

To find a provider, call Member Services at **833-838-2593 (TTY 711)**.

Medical Necessity

Healthy Blue makes decisions based on medical necessity when a PCP or specialist orders some services. That means our medical director may decide if the service meets medical standards for the health condition.

Medical necessity is used to decide if a form of treatment is:

- Appropriate for a physical or behavioral illness or injury.
- Going to improve the function of an injured body part.
- Able to slow the effects of a disability.
- Achieve age-appropriate growth and development.

Healthy Blue performs clinical triage, referral, and utilization management (UM) services twenty-four (24) hours a day, seven (7) days a week, and three hundred and sixty-five (365) days a year for Healthy Blue Kansas members, providers, and facilities. We shall furnish medically necessary covered services in an amount, duration, and scope that is no less than the amount, duration, and scope for the same benefit/services.

Decisions are based only on the appropriateness of care and your benefit coverage. They are not based on financial rewards to those who make these decisions.

Prior Authorization

Sometimes, your PCP or specialist is asked to call Healthy Blue to get our approval to do some services. That process is called prior authorization. You do not need prior authorization for emergency medical/behavioral health services.

If the request is approved:

- The PCP or specialist can treat as requested.

If the request is denied:

- Healthy Blue's medical director will notify the provider why the request was denied.

You will receive a letter from Healthy Blue if a service is denied. The letter will explain why the service was denied. It will also tell you how to request an appeal of the denial. (Please see the *Grievances and Appeals* section for more details about how to request an appeal.) Your PCP or specialist cannot bill you for denied services. If you get a bill for denied services, please call us at **833-838-2593 (TTY 711)**. You may also call us if you have any questions about this process.

How Do I Cancel or Change an Appointment?

There may be times you need to cancel or change your appointment with your Healthy Blue provider. When this happens, please call their office at least 24 hours before your appointment. This will give the provider more time to see other patients. If you cancel an appointment, you should always try to make an appointment for another time to ensure you receive the care you need.

What if I Need Interpreter Services at My Appointment?

If you need interpreter services at one of your appointments you or your provider can request both onsite or telehealth translation services through Member Services, at no cost. To ensure availability, requests should be made at least 5 business days prior to

the appointment. Healthy Blue will facilitate arrangements with our contracted vendor to provide an interpreter for your appointment.

For cancellations, a minimum of 24 hours' notice is required. In urgent situations, requests should be made at least 24 hours in advance. While we will do our best to fulfill same-day requests, availability cannot be guaranteed. If you have any questions about interpreter services, please call Member Services at **833-838-2593 (TTY 711)**.

What If I Need to See a Specialist?

Your PCP is in charge of arranging your healthcare needs. Your PCP can arrange for care from other providers if needed. Be sure to follow your PCP's guidance when you get care from another provider. As long as your PCP has made arrangements, Healthy Blue will pay for medically necessary covered services. Prior authorization rules may apply.

Healthy Blue does not require referrals for in-network providers. This includes specialists.

If Healthy Blue does not have a healthcare provider in our network with appropriate training or experience, we may refer you to an out-of-network provider.

If you have any questions about seeing a specialist, please call Member Services at **833-838-2593 (TTY 711)**.

What If I Need to Travel Outside of Kansas and Need Medical Care?

When you are outside of the service area and need emergency care, no prior authorization is required. Non-emergency services from an out-of-network provider require prior authorization. Please call Member Services at **833-838-2593 (TTY 711)** if you have any questions regarding travel outside of Kansas.

Access to Women's Health Services

You are allowed to see women's health specialists (OB-GYNs) of choice in Healthy Blue's network for certain services. You may do this for covered routine and preventive healthcare services. For these services, you do not need approval from your PCP or Healthy Blue. Services may include, but are not limited to, prenatal care, breast exams, mammograms, and Pap tests.

Healthcare Support from a Specialist

If you see a specialist and you would like that specialist to be your PCP, call Healthy Blue at **833-838-2593 (TTY 711)**. Healthy Blue will work with you to make sure you get the care you need.

Second Opinion

You have the right to a second opinion from a different healthcare provider. Healthy Blue will pay for a second opinion from a provider in our network. We can also help you get a second opinion from a provider who is not in our network. This would be done at no cost to you.

Telehealth Service

This service lets you visit with a provider by video so you can get care closer to home. You don't need to drive far to see a provider.

Telehealth works a lot like a normal office visit:

- Telehealth providers are licensed in the state where they practice.
- A consulting provider may ask a tele presenter to help with your visit.
- Your information will be kept private.

Q: Why should I use telehealth?

A: Most people use the service when they need to see a specialist who doesn't have an office nearby.

Q: How do I find a telehealth provider?

A: Telehealth providers can be found on the online *Find Care* tool. You can also call Member Services at **833-838-2593 (TTY 711)** for help finding a telehealth provider. You may also request a printed copy of our provider directory. If you request a directory, it will be mailed within 48 hours of your request.

Q: How can I learn more about telehealth services?

A: Talk to your doctor to learn more about telehealth. You can also call Member Services at **833-838-2593 (TTY 711)**.

Access to Home and Community Based Services and Long Term Services and Supports

Healthy Blue will provide information about long term services and supports and the HCBS waiver programs to members who are deemed eligible upon enrollment and throughout the year. Outreach methods include:

- Face-to-face, field-based contact. This includes new member and health education workshops.
- Phone calls.
- Text messages.
- Mobile app, member website, secure emails, live chat, blogs, and videos.
- Newsletters, member handbook, and quick start guides.

More information can be found under the *Care Coordination* section of the member handbook.

Your Health Benefits in Healthy Blue

All services are subject to benefit coverage, limitations, and exclusions, some of which are described here. Call Healthy Blue at **833-838-2593 (TTY 711)** for information about your health benefits or benefit limitations.

Benefit	Coverage	Limited Benefit	Comments
Alternative Medicine	Not Covered		Acupuncture, Christian science, faith healing, herbal therapy, homeopathy, massage, massage therapy or naturopathy.
Abortions	Not Covered	Only covered when a member suffers from a rape, incest, or life	Abortion necessity form required at the

		of mother is threatened.	time the claim is submitted.
Adult Care Home Services	Covered		
Allergy Services (when billed with office visit)	Covered		
Ambulance (Emergency Transportation)	Covered	Ground, rotary and fixed wing.	
Ambulatory Surgery Center	Covered		
Anesthesia Services	Covered		
Audiology Services	Covered		
Bariatric Surgery	Covered		
B-12 Injections	Covered		
Behavioral Health Services	Covered		
Birth Centers	Covered		
Cardiac Rehabilitation	Covered		
Chemical Dependency Treatment	Covered		
Chemotherapy	Covered		
Chiropractor Services	Not Covered		Only covered if member has Medicare coverage in a Qualified Medicare Beneficiary program plan.
Circumcisions (Routine/Elective)	Covered		
Cosmetic or Plastic Surgery	Not Covered		Examples are tattoo removal, face lifts, ear or body piercing, and hair transplants. Any medically necessary procedures that could be considered cosmetic in nature must be prior authorized.

		Related to trauma to the mouth, jaw, teeth, or other contiguous sites as a result of injury; treatment of a disease/medical condition without which the health of the individual would be adversely affected; preventive services; restorative services; periodontal treatment; oral surgery; extractions; radiographs; pain evaluation and relief; infection control; and general anesthesia.	
Dental Services	Covered		Application of topical fluoride is covered for the following members by the MCO: -CHIP members ages 0-18 -Medicaid members ages 0-20
Dentures or Partial	Covered		Prior authorization is required.
Developmental Testing	Covered	One per day, up to three visits per calendar year (Note: no cap on visits after April 1, 2025).	
Diabetes Self-Management	Covered		
Diagnosis & Treatment of Infertility, Impotence & Sexual Dysfunction	Not Covered		
Dialysis	Covered		
Dietitian Services	Covered	Services limited to members ages 20 and under.	
Durable Medical Equipment	Covered		
Early Periodic Screening Diagnosis & Treatment Services	Covered	Members under 21 years old.	
Emergency Room Services	Covered		

Experimental Procedures, Drugs, and Equipment	Not Covered		
Family Planning	Covered		
Gender Reassignment Surgery	Not Covered		
Hearing Aids	Covered	Some limitations apply for ages over 20.	Batteries are limited to six per month for monaural hearing aids and 12 per month for binaural hearing aids. One set of hearing aids are covered every four years.
Hearing Aid Repairs	Covered	Charges for hearing aid repairs under \$15 are not covered.	
Hearing Aids (Bone Anchored)	Covered	Limited to members 5 to 20 years of age.	
HIV Testing and Counseling	Covered		
Home Births	Not Covered		
Home Health Care Services	Covered		
Hospice Care	Covered		
Hospital Services: Inpatient	Covered		
Hospital Services: Outpatient	Covered		
Hyperbaric Oxygen Therapy	Covered		
Hysterectomy	Covered	Not covered if only to prevent pregnancy.	Sterilization consent form is required with claim submission by your doctor.
Laboratory Services– Outpatient	Covered		
Laboratory Services– Inpatient	Covered		

Maternity (OB Routine Ultrasounds)	Covered	Two routine OB sonograms covered per fetus, per pregnancy.	Examples are: • Nurse midwife services • Pregnancy related services • Care for conditions that might complicate pregnancy
Maternity Care Services	Covered		
Maternity Doula Services	Covered		
Medical Nutrition (through stomach or veins)	Covered	Some limitations apply.	Medication and counseling for opioid use disorder
Medication Assisted Treatment	Covered		
Non-Emergency Medical Transportation– (Ambulance)	Covered		Examples are transportation for non-ambulatory patients, patient home to hospital or hospital to patient's home, transfers between hospitals. Prior authorization required for fixed-wing transportation.
Non-Emergency Medical (NEMT)	Covered		For transportation, call 833-270-2254 .
Non-Medical Equipment	Not Covered		
Nursing Facility	Covered		
Outpatient Hospital/ Outpatient Surgery	Covered		
Oxygen and Respiratory Services	Covered	Some limitations apply.	
Pain Management	Covered		
Personal Comfort Items	Not Covered		

Physician and Nurse Practitioner Services	Covered		
Physical Exam Required for Insurance or Licensing	Not Covered		
Physical, Occupational, and Speech Therapy	Covered		
Podiatrist Services	Covered	For members ages 20 and under.	Children may receive additional visits if prior authorized.
Prescription Drugs	Covered		
Preventive Care	Covered	Certain limitations may apply.	
Prosthetic and Orthotic Devices	Covered		
Psychotherapy	Covered		
Psychological Testing	Covered		
Radial Keratotomy	Not Covered		
Radiology and X-rays	Covered	Includes CT, MRI and MRA. PET scans are not covered.	
Radiology (High Tech Imaging)	Covered	Related to diagnosis of breast cancer only.	
Reconstructive Surgery after Mastectomy	Covered		
School or Employment Physicals	Covered		Provider must bill using the appropriate evaluation and management code.
Screening and Treatment for STD	Covered		
Services not allowed by federal or state law	Not Covered		
Sleep Studies	Covered	Covered as medically necessary for all Kansas Medicaid pediatric and adult members.	

Transplant Service	Covered	Covered for certain organs. Limitations apply. Confirm with the plan during prior authorization or by calling customer service.	Members needing a kidney transplant for end-stage renal disease should apply for Medicare prior to transplant. Provide denial information if asking the plan to cover as primary payor.
Transportation - See Non-Emergency Medical Transportation	Covered		
Urgent Care Services	Covered		
Vision & Eye Exams	Covered	One complete eye exam and one pair of glasses are covered for members 21 years and older each year. Eyeglasses, repairs, and exams as needed for members under 21, up to three pairs per calendar year.	For coverage questions, call 844-844-0928

Home and Community Based Waivers

Home and Community Based Services (HCBS) are specially designed programs that offer extra assistance to seniors and individuals with disabilities. These programs empower individuals to live an engaged life within their communities, actively participating in their own care. The specific services are unique for each waiver program, and this information is provided later.

To determine functional eligibility for HCBS waiver programs, the state contracts with several organizations including, Aging and Disability Resource Centers (ADRCs), Community Developmental Disabilities Organizations (CDDOs), Children's Resource Connections (CRC), and Community Mental Health Centers (CMHCs).

To facilitate this process smoothly, Healthy Blue steps in with care coordination. It also helps in coordinating access to the necessary benefits that are covered, as well as tapping into resources available within the community.

Home- and Community-Based Services Benefits by waiver program:

Autism Waiver

- Respite Care (Agency or Self-Directed)

- Parent Support and Training (peer to peer) Provider
- Family Adjustment Counseling (Individual or Group)
- Financial Management Services

Frail Elderly (FE)

- Adult Day Care
- Comprehensive Support
- Enhanced Care Services
- Financial Management Services
- Home and Environmental Modification Services
- Home Telehealth
- Medication Reminder
- Nursing Evaluation Visit
- Oral Health Services
- Personal Care Services (self-directed or agency-directed)
- Personal Emergency Response
- Specialized Medical Equipment and Supplies
- Vehicle Modification Services
- Wellness Monitoring

Physical Disability (PD)

- Enhanced Care Services
- Financial Management Services
- Home and Environmental Modification Services
- Home-Delivered Meals Service
- Medication Reminder Services
- Personal Care Services (self-directed or agency-directed)
- Personal Emergency Response System and Installation
- Specialized Medical Equipment and Supplies
- Vehicle Modification Services

Brain Injury (BI)

- Behavior Therapy
- Cognitive Rehabilitation
- Enhanced Care Services
- Home and Environmental Modification Services
- Home-Delivered Meals Service
- Financial Management Services
- Medication Reminder Services
- Occupational Therapy
- Personal Care Services
- Personal Emergency Response System and Installation
- Physical Therapy
- Specialized Medical Equipment and Supplies

- Speech and Language Therapy
- Transitional Living Skills
- Vehicle Modification Services

Technology Assisted (TA)

- Financial Management Services
- Health Maintenance Monitoring
- Home Modification
- Intermittent Intensive Medical Care
- Medical Respite Care
- Personal Care Services (Agency or Self-Directed)
- Specialized Medical Care

Serious Emotional Disturbance (SED)

- Attendant Care
- Independent Living/Skills Building
- Parent Support and Training
- Professional Resource Family Care
- Short-Term Respite Care
- Wraparound Facilitation

Intellectual/Development Disability (I/DD)

- Day Supports
- Enhanced Care Service
- Financial Management Services
- Home and Environmental Modification Services
- Medical Alert Rental
- Overnight Respite Care
- Personal Care Services
- Residential Supports (adults and children)
- Children's Integrated Community Supports
- Specialized Medical Care
- Specialized Medical Equipment and Supplies
- Supported Employment
- Vehicle Modification Services
- Wellness Monitoring

Note: Each service in the waiver programs might have specific conditions, limitations, or requirements.

Value-Added Benefits

We offer extra benefits to our members, called value-added benefits. To learn more about Healthy Blue's value-added benefits, give us a call. Our toll-free number is **833-838-2593 (TTY 711)**.

Benefit/Services	Description
Asthma and COPD Relief Catalog	Members with asthma or COPD can select up to 2 items per year (\$200 max) from a custom catalog of asthma and allergy relief products from options such as: inhaler vaporizer kits, air purifiers, travel nebulizer compressor systems, hypoallergenic bedding, pillow covers and mattress covers, HEPA air filters, and asthma monitoring devices to manage symptom triggers and prevent asthma attacks.
Baby Essentials	Pregnant members that complete a postpartum visit can receive \$100 to purchase items that support a healthy environment for baby and birthing recovery, such as: <ul style="list-style-type: none"> • Baby monitor • Baby proof items • Convertible car seat • Diapers • Highchair • Portable crib
Baby on the Way	Available to pregnant members who complete a prenatal visit in the first trimester. Eligible pregnant members can select two items per pregnancy from a custom catalog that support a healthy pregnancy and healthy environment for baby, such as: <ul style="list-style-type: none"> • Folic acid supplements • Maternity support belts and hose
Clothing Essentials	Foster care members and children in a kinship placement can receive a \$50 gift card per year to purchase clothing for members to retailers such as Kohl's, TJ Maxx, or Old Navy.
Community Transportation	Members can get up to 30 roundtrip rides per year to cover for example: grocery stores, food banks, places of worship, Women, Infants, and Children (WIC) appointments, prenatal classes, lactation consultants, breastfeeding and postpartum support groups, the pharmacy, job interviews, career coaching courses, shopping for work attire, community health events, and more.
Dental Desensitization Kit	Members on the I/DD waiver with sensory or dental anxiety can receive one dental desensitization kit per year to help reduce anxiety and stress.
e-Reader	Foster Care eligible, and members on the I/DD, Autism, and SED Waivers are eligible to receive an e-reader that can be used to read books, watch movies, listen to podcasts, and more. (One-time benefit)

Benefit/Services	Description
Emotional Well-Being Program	<p>Eligible members receive unlimited access to the online community which promotes behavioral health and wellness through instruction, coaching, goal setting and monitoring.</p> <p>These self-help resources ensure members can actively participate in their journey to becoming and staying mentally and physically healthy. Resources include:</p> <ul style="list-style-type: none"> • Access to on-demand personalized self-paced online programs with interactive multi-media tools and activities, and the ability to track progress • Opt-in support from a Masters-level clinical coach by phone, email, or text to further their emotional well-being goals • The ability to engage family and friends in their experience to provide ongoing encouragement <p>Free webinars on a variety of emotional well-being topics Members can use the platform to get support when they need it and practice skills that improve conditions in ways that promote overall good health.</p>
Employment Basics Support Package	<p>Members 18 and older enrolled in the Job Connections program can select one of the following options to support their employment goals:</p> <ul style="list-style-type: none"> • GED assistance • Industry certification assistance • Uniform support • Styling support • Tools <p>Benefit is limited to one selection per member per lifetime.</p>
Family Night Package	<p>Youth in Foster Care and kinship families can choose from one of the following per year: Family Game Night package includes a card game, jumbo playing dice, jigsaw puzzle and a classic board game, Family Movie Night - a \$50 Fandango gift card, or Family Dinner Night - a \$50 restaurant gift card.</p>
Free Diapers	<p>New moms who complete their child's first well-child visit can receive one package of diapers each quarter until the age of 1, up to 800 diapers.</p>
Fresh Food Connect	<p>Members over 18 with a behavioral health diagnosis can receive up to a \$75 Healthy Grocery Store gift card, or wholesale membership access for healthy and nutritious food options. Max one gift card, 3 boxes of fresh produce, or one wholesale membership per household.</p>
Get Connected to Health	<p>Members assigned a case manager are eligible for the Get Connected to Health program and can receive a high-quality smartphone that's preloaded with a curated</p>

Benefit/Services	Description
	selection of digital health applications and resources designed to help them quickly access care and stay healthy. This enhanced offering provides members with a higher-quality phone at no cost with unlimited minutes, text messages, data, and accessories.
Healthy Adults Healthy Results	<p>Members 18+ diagnosed with hypertension or diabetes are eligible for our Healthy Adults, Healthy Results Program, which includes:</p> <ul style="list-style-type: none"> • On-demand fitness and exercise resources designed to help teach the importance of physical activity • Personal Exercise Kit or \$50 toward a gym membership • Weight Watchers membership • \$50 Healthy Grocery Card
Healthy Grocery Card	Eligible pregnant members receive one \$75 Healthy Grocery Card per pregnancy.
Healthy Home	Healthy Blue Members on the I/DD, PD, FE, BI waivers or the waiver waiting lists who own their own home can receive up to \$250 toward pest control treatments or carpet cleaning services.
Healthy Lifestyle Aids	Waiver members and members diagnosed with coronary artery disease (CAD), congestive heart failure (CHF), hypertension (HTN), or diabetes can select up to 2 healthy lifestyle aids (not to exceed \$75), such as a digital scale, diabetic insoles and socks, reachers/grabbers, raised toilet seats, fitness trackers, large button remotes, abdominal binders, lumbar support items, memory foam pillows, and more.
Home Safety	FE, PD, and I/DD waiver members can select up to 2 home safety items per year such as: carbon monoxide detectors, hearing impaired smoke alarms, fire extinguishers, air quality monitor, water filtration kits, lead test kits, gun locks, radon detectors, night lights, door alarms, or mold tests.
Identification Support	We will cover the cost of obtaining a driver's license, birth certificate, or state identification card for members age 14 and older who do not have access to these resources through another source. (One-time benefit.)
Living within the Community Training Incentive	Healthy Blue members on the FE, PD, I/DD, and BI waivers or the waiver waiting lists that complete the "Living Well in the Community" training courses offered by Three Rivers, Inc. (3Rivers) Center for Independent Living will receive up to \$50 in gift cards for successful completion of the full curriculum.

Benefit/Services	Description
Meditation App Subscription	Members age 13 and up with a behavioral health diagnosis will receive access to a yearly subscription to a Meditation App with guided meditations, sleep aids, and other resources to promote mindfulness and reduce stress.
Nursing Support Items	Pregnant and new moms can receive a \$75 gift card to purchase items to help support healthy breastfeeding such as a nursing support pillow, disposable nursing pads, extra milk storage bags and bottles, nursing cover, microwave sterilizer, and more.
Online Enrichment Classes	Youth in Foster Care ages 5–18 will receive a \$75 gift card per year for online classes that offer a variety of engaging, small-group classes online to explore their interests in depth via interactive, live video by experienced, independent educators.
Online Substance Use Disorder (SUD) Recovery Support	Members enrolled in case management with substance use disorders will receive access to our SUD Recovery Support Program, a mobile platform that provides daily motivations/check in, peer support through discussion groups and peer to peer messages, counselor messaging, care plan reminders, goals, journals, high-risk location alerts, and content to support ongoing recovery.
Over-the-Counter and Personal Care Items	Members can receive up to \$25 per household per quarter to purchase: <ul style="list-style-type: none"> • OTC items, such as pain relievers, nasal decongestants, nutritional supplements, sleep aids, incontinence products, and more • Personal hygiene items, such as feminine products, shampoos, conditioners, deodorants, toothbrush holders, hair combs/brushes, and facial tissues.
PO Box Access	Post office boxes (P.O. Box) benefit Tribal Members by enabling them to receive mail in areas where mail may not be delivered directly to their homes. The benefits of P.O. boxes include security, privacy, the need for quicker delivery, and to maintain a permanent mailing address. Healthy Blue will pay for one year of (of a size small) post office box. (One-time benefit.)
Post-Secondary Education Support	Eligible members in 12th grade are eligible to receive up to a \$75 gift card once per lifetime to use toward textbooks and dorm room items.
Sensory Solutions	Members on the IDD, Autism, and SED waivers or with a diagnosis of ADD, ADHD, or anxiety are eligible to receive a \$100 allowance per year to choose from custom textile products, equipment, toys, and other tactile and sensory products like gravity blankets, thinking putty, fidget spinners, and resistance bands. These products are meant

Benefit/Services	Description
	to help improve conversation building and fine motor skills, help reduce anxiety, improve focus, and more!
Summer Camp	Youth members, ages 5–17, that complete a well-child visit can receive up to \$200 to help cover the costs for summer camp.
Transportation Essentials	Members 18 and up that complete a wellness visit will be able to receive one of the following with a value up to \$75 per member per year: <ul style="list-style-type: none"> • Ride share gift card • Gas card • Oil change • Public transportation
Youth Club Membership	Eligible members, ages 5–18, receive a \$75 gift card per year to use toward annual membership fees to youth clubs, such as: Boys and Girls Clubs, YMCA, Girl Scouts, Boy Scouts, and 4H.

In Lieu of Services (ILOS)

Healthy Blue may cover services that serve as medically appropriate substitutes for services and settings **NOT** covered by the State plan. These are called “in lieu of services.” In lieu of services must be approved by KDHE-DHCF, and they are only available when medically appropriate. We will never require a member to use an in lieu of service instead of a covered service. Members who choose to use an in lieu of service will keep their rights to grievances and appeals and other protections outlined in 42 CFR 438.

Deciding if an “in lieu of” service or setting is right for you is a team effort. Healthy Blue will work with you and your provider to make the best choice. You have the right to choose not to participate in one of these settings or treatments in place of a state covered service. For more information of in lieu of services, call Member Services at **833-838-2593 (TTY 711)**.

Social Determinants of Health (SDOH)

Healthy Blue members have access to social determinants of health services based on your specific needs. We have dedicated staff that can refer you to resources and community-based organizations to meet your whole health needs. To learn more about available resources, call **833-838-2593 (TTY 711)**.

Healthy Rewards Program

Our Healthy Rewards Program rewards members who complete specific preventive health, wellness, and engagement milestones. Enrollees earn reward dollars to their account, which can be redeemed for a variety of retail gift cards.

Enroll, view the rewards you’re eligible for, and redeem your Healthy Rewards at healthybluekansas.com/medicaid/extras/healthy-rewards or call the Healthy

Rewards Customer Service Line at **888-990-8681 (TTY 711)**, Monday through Friday, 8 a.m. to 7 p.m. Central time.

Limitations and restrictions apply. You must be enrolled in the Healthy Rewards Program to earn rewards. Rewards are subject to change.

Network Covered Services

There could be a time when Healthy Blue can't provide a covered service in our network. If that happens, you may be referred to a healthcare provider that is not in our network. We will pay for services until a healthcare provider in our network is available or you can begin to see an in-network provider. Prior authorization rules may apply. To ask for an out-of-network healthcare provider, call Member Services at **833-838-2593 (TTY 711)**.

What is Not Covered?

For services not covered, your provider may have you sign an advanced beneficiary notice (ABN) to let you know you would be responsible for the bill. For more information on services not covered, call Member Services at **833-838-2593 (TTY 711)**.

Special Care for Pregnant Members

New Baby, New LifeSM is the Healthy Blue program for all pregnant members. It is very important to see your primary care provider (PCP) or obstetric (OB) healthcare provider for care when you are pregnant. This kind of care is called **prenatal care**. It can help you to have a healthy baby. It is important that you seek prenatal care each time you are pregnant. With our program, members receive health information and may receive incentives for going to your appointments.

Our program also helps pregnant members with complicated healthcare needs. Maternity nurse care coordinators work closely with members with high-risk pregnancies to provide:

- Prenatal and postpartum education
- Emotional support
- Help in following the OB provider's care plan
- Information on services and community resources

Our nurses also work with OB providers and help with other services you may need. The goal is to promote better health for pregnant members and delivery of healthy babies. Call Member Services and ask to speak to an OB care coordinator.

Quality Care for You and Your Baby

At Healthy Blue, we want to give you the very best care during your pregnancy. That's why you also have access to a digital maternity program which is offered at no cost as part of our New Baby, New Life program. The digital maternity program gives you the information and support you need to stay healthy during your pregnancy and after you deliver.

Get to Know Our Digital Maternity Program

The digital maternity program delivers maternal health education by smartphone app that is helpful and fun. You can count on:

- Prenatal and postpartum education you can use
- Communication with the Care Coordination team via chat

- Information delivery on a time schedule that works for you
- No cost to you

Helping You and Your Baby Stay Healthy

The Healthy Blue digital maternity program can give you answers to your questions, plus clinical support, if you need it. There is an important pregnancy screener that you'll complete shortly after you download the app and register, followed by ongoing educational outreach and fun activities via the smartphone app. All you need to do is download the app to learn, have fun, and answer a few questions. You can also chat with the Care Coordination team if a question comes up that isn't answered in the app.

If you think you are pregnant:

- Call your PCP or OB healthcare provider right away. You do not need a referral from your PCP to see an OB provider.
- Call Member Services if you need help finding an OB provider in the Healthy Blue network.

When You Become Pregnant

When you find out you are pregnant, you should call Member Services to notify Healthy Blue of the pregnancy. You should also report your pregnancy to KanCare Eligibility Families and Children at 800-792-4884.

Visit our Pregnancy page at healthybluekansas.com/medicaid/pregnancy-and-womens-health for information and resources on how to keep you and your baby healthy. If you would like to receive pregnancy information by mail, please call Member Services.

When you are pregnant, it is highly recommended you go to your PCP or OB care provider at least:

- Every four weeks for the first six months
- Every two weeks for the seventh and eighth months
- Every week during the last month

Your PCP or OB care provider may want you to visit more than this based on your health needs.

When You Have a New Baby

When you deliver your baby, you and your baby may stay in the hospital at least:

- 48 hours after a vaginal delivery
- 72 hours after a Cesarean section (C-section)

You may stay in the hospital less time if your PCP or OB healthcare provider and the baby's provider see that you and your baby are doing well. If you and your baby leave the hospital early, your PCP or OB provider may ask you to have an office or in-home nurse visit within 48 hours.

After you have your baby, you should:

- Call Member Services as soon as you can to let us know you had your baby. We will need details about your baby.
- Call KanCare Eligibility Families and Children at **800-792-4884** to add your baby to your Medicaid.

After You Have Your Baby

After your baby is born, the digital maternity program will provide you access to postpartum education as well as valuable education about your baby.

It's important to set up a visit with your PCP or OB healthcare provider after you have your baby for a postpartum checkup. You may feel well and think you are healing, but it takes the body at least six weeks to mend after delivery.

- The visit should be done between seven (7) to 84 days after you deliver.
- If you delivered by C-section or had complications with your pregnancy or delivery, your PCP or OB care provider may ask you to come back for a one or two week checkup. This is not considered a postpartum checkup. You will still need to go back and see your provider within seven (7) to 84 days after your delivery for your postpartum checkup.

Healthy Blue can cover the cost of a breast pump. Contact Member Services to learn about how you can get a breast pump. Doula services may also be covered under your plan.

You can learn more about the New Baby, New Life program and our digital maternity program online at

healthybluekansas.com/medicaid/pregnancy-and-womens-health

or by calling Member Services and asking to speak to an OB Care coordinator.

Navigating the Neonatal Intensive Care Unit (NICU)

If your baby was born premature or with a serious health condition, they may have been admitted to the NICU. We believe the more you know, the better you will be able to care for your infant. To support you, we have a NICU Care Coordination program.

We extend our support by helping you to prepare yourself and your home for when your baby is released from the hospital. After your baby is home, our Care Coordinators continue to provide education and assistance in improving your baby's health, preventing unnecessary hospital readmissions, and guiding you to community resources if needed.

The anxiety and stress related to having a baby in the NICU can potentially lead to symptoms of post-traumatic stress disorder (PTSD) in parents and caregivers. To reduce the impact of PTSD among our members, we assist by:

- Facilitating screenings for potential PTSD.
- Helping them engage with hospital-based support programs.
- Connecting them with behavioral health program resources and community support.

- Requesting member feedback on the provided resources and how an increased awareness of PTSD helped.

You can learn more about the NICU Care Coordination program online at healthybluekansas.com/medicaid/pregnancy-and-womens-health or by calling Member Services and asking to speak to an NICU care coordinator.

Family Planning

All Healthy Blue members can get family planning services no matter what age. These services will be kept private. You may go to a Healthy Blue provider or a KanCare-approved provider to get family planning services. You do not need to ask Healthy Blue first. Healthy Blue will pay for your family planning services.

Immunization Schedule for Children

Immunizations (shots) help prevent serious illness. If your child did not get their immunizations at the recommended age, they still need to get them. Talk to your PCP about your child's immunizations. Children might have to have their immunizations to enter school.

For more information please refer to the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents for the most up-to-date recommendations on when your child should receive their immunizations: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

More Benefits for Children

A child is anyone less than 21 years of age. Some services need prior approval before getting them. Call **833-838-2593 (TTY 711)** to check. Healthy Blue provides medically necessary services to children. The program is called Early Periodic Screening, Diagnosis, and Treatment (EPSDT) or KAN Be Healthy. Your primary care provider (PCP) can give your child these services. Some examples of services include:

- Child's medical history
- An unclothed physical exam
- Blood and/or urine tests
- Immunizations (shots)
- Screening and testing lead levels in blood
- Checking the growth and progress of the child
- Vision, hearing, and dental screens (includes fluoride and diagnosis and treatment if anything is found in an EPSDT screening)

A health screen helps children stay healthy or find problems that may need medical treatment. Your child needs to get regular checkups.

Children between the ages of 6 months and 6 years of age must be screened for lead exposure through the use of a lead risk questionnaire. In addition to lead screening, children should get a blood lead test to check for lead poisoning by 12 months and 24 months of age. Initial lead testing should be conducted no later than 12 months and again by 24 months of age, and at least once before 6 years of age. Pregnant or lactating women should also be screened for lead exposure through the use of a lead

risk factor questionnaire and a blood lead test if indicated by the screening. You may use the chart below to record when your child has completed a health screening, lead risk questionnaire screening, and/or a blood lead test.

Health Screen & Lead Poison Assessment Record		
Age	Date of Health Screen	Date of Lead Exposure Screen or Blood Lead Test
Newborn		
By one month		
2-3 months		
4-5 months		
6-8 months		
9-11 months		
12-14 months		Your child needs a blood lead test by 12 and 24 months.
15-17 months		
18-23 months		
24 months		
3 years		

Health Screen & Lead Poison Assessment Record		
Age	Date of Health Screen	Date of Lead Exposure Screen or Blood Lead Test
4 years		Your child needs a lead screen and should receive a blood lead test if they screen as having any risk factors for lead exposure.
5 years		
6–7 years		
8–9 years		
10–11 years		
12–13 years		Pregnant or lactating women should receive a lead screen and blood lead test if they screen as having any risk factors for lead exposure.
14–15 years		
16–17 years		
18–19 years		
20 years		

National Committee for Quality Assurance (NCQA) Recommends the Following Children and Adolescent Well-Care Visits		
Category	Age	Care Needed
Well-Child Visits First 30 Months of Life	By 15 months	6+ well-child visits by 15 months old with a PCP
	15–30 months	2+ well-child visits by 30 months old with a PCP
Child and Adolescent Well-Care Visits	3–21 years	1 well-care visit each year with a PCP or OB-GYN provider

Important tests your child needs are shown on the chart below. Please note these are not all the tests your child may need. Talk with your child's PCP.

Age	Newborn Screening Tests: Hearing, Heart, and Blood Spot
Birth	PKU test
12 months	TB test, blood count, blood lead test
2 years	Blood lead test
3 years	A blood lead exposure screening should be done using a risk questionnaire. If screened as having risk factors for lead exposure, a blood lead test should be done. Ask your doctor about screening for lead exposure.
4 years	A blood lead exposure screening should be done using a risk questionnaire. If screened as having risk factors for lead exposure, a blood lead test should be done. Ask your doctor about screening for lead exposure.

Age	Newborn Screening Tests: Hearing, Heart, and Blood Spot
5 years	A blood lead exposure screening should be done using a risk questionnaire. If screened as having risk factors for lead exposure, a blood lead test should be done. Ask your doctor about screening for lead exposure.
6 years	A blood lead exposure screening should be done using a risk questionnaire. If screened as having risk factors for lead exposure, a blood lead test should be done. Ask your doctor about screening for lead exposure.

Lead Screening for Children and Pregnant or Lactating Women

Lead is a toxic exposure in children and can have a lifelong impact. Even low levels of lead in the blood have been shown to affect IQ, delay development, cause behavioral problems, and cause other serious health effects. Some of the ways your child may be at risk for lead poisoning include:

- You live in or visit a house built before 1978; or
- Someone in your house works as a
 - Plumber,
 - Auto mechanic,
 - Printer,
 - Steel worker,
 - Battery manufacturer,
 - Gas station attendant, or
 - Other jobs that contain lead.

There are many other ways your child can be lead poisoned. Call the KDHE EpiHotline at 877-427-7317 if you have questions about lead poisoning.

Lead is a toxic heavy metal that has been used throughout history to make products such as pipes, paint, and cosmetics. While the use of lead has decreased over the years due to health risks, lead is still found in many places. Children are usually exposed to lead by breathing it in or swallowing dust that contains lead. A child with lead poisoning may not have visible signs or symptoms. Even at low levels, lead can cause irreversible damage to hearing, growth, and development. A blood test is the only way to know if you have been exposed to lead and if you have lead in your body.

- It's recommended all children be tested by 1 year and by 2 years of age.
- It's recommended children ages 2–6 should be tested if they have never been previously tested.

- It's recommended that all children and pregnant or lactating women be tested any time they screen as having one or more risk factors for lead exposure.

During a lead screen, the primary care provider will ask questions to see if your child may have been exposed to lead. Then the PCP may take some blood from your child to check for lead. This is called a blood lead test. All children at 1 year old and again at 2 years old should have a blood lead test. Children with high lead levels in their blood should have follow-up services for lead poisoning.

High lead levels in a pregnant or lactating woman can harm her unborn child. If you're pregnant or nursing or thinking about becoming pregnant, talk with your PCP or obstetrician to see if you may have been exposed to lead and need to have a blood lead test. Lead can be passed to the baby during pregnancy and breastfeeding.

Behavioral Healthcare

Healthy Blue will cover your behavioral health needs. A PCP referral is not needed for behavioral healthcare. You may go to any behavioral health provider on Healthy Blue's list of providers. Be sure to go to a behavioral health provider in our network. Behavioral healthcare includes mental health (your emotional, psychological, and social well-being) and substance (alcohol and drugs) use disorder treatment and rehabilitation services. All members have access to services to help with mental health issues like depression or anxiety, or to help with alcohol or other substance use disorders. Call Member Services to get behavioral health services and for help finding a provider within our network.

If you feel that you are experiencing a **behavioral health crisis**, Healthy Blue has trained staff that is available 24/7 at **833-824-2180**.

Care Coordination Services

Healthy Blue will offer Care Coordination for members who are pregnant, on an HCBS waiver, have certain chronic conditions, or may otherwise benefit from Care Coordination. You may ask for a screen for care coordination services at any time by calling Healthy Blue at **833-838-2593 (TTY 711)**.

How Care Coordination Can Help You

Care coordination helps members with special needs. It pairs a member with a care coordinator. The care coordinator is professional who can help you with issues, such as:

- Complex medical and behavioral health needs, including, but not limited to, cancer, chronic pain, HIV/AIDS, and anxiety disorders
- Solid organ and tissue transplants
- Chronic conditions such as asthma, diabetes, high blood pressure, and heart disease
- Children with special healthcare needs
- Lead poisoning
- Pregnancy needs

A care coordinator will check in on you either monthly or quarterly, or more often depending on your needs. They can also help answer questions about your healthcare

and help you with your providers. Your care coordinator is your primary contact person for your Service Plan.

A care coordinator helps Healthy Blue members who are receiving long-term services and supports (LTSS). They will be your primary contact person for questions about your long-term care services. They will check in on you monthly, or more often if needed. Your care coordinator will work with you to make a Service Plan, to help you access long-term care services, as well as medical, social, housing, educational, and other supports. Your Service Plan will help you:

- Build or maintain relationships with your families and friends.
- Live as independently as possible.
- Engage in productive activities, such as volunteerism or employment.
- Participate in community life.

To help you make your POS/Person-Centered Service Plan, your Care Coordinator will complete a few different types of assessments (health assessment, health risk assessment, needs assessments) with you. These assessments are a set of questions that ask about your personal behaviors, life-changing events, health goals and priorities, service coordination, and overall health.

Your Service Plan may include the Home- and Community-Based Services (HCBS) that best meet your long-term care needs. Not everyone in Healthy Blue will need a Service Plan. Home- and Community-Based Services are provided in your home or other community settings to help you remain safe and have the best quality of life. Examples of Home- and Community-Based Services might be home-delivered meals, employment supports or a direct support worker to help you take a shower.

Whether you wish to stay in your home or go to a long-term care or nursing facility, you can contact your care coordinator to share your concerns. Your care coordinator will:

- Listen to you and take the time to understand your specific needs.
- Help you make an individualized care plan and service plan to reach your identified goals.
- Connect you to the services, tools, support, and community resources that can help you improve your quality of life.
- Provide health information that can help you make informed choices.
- Help you coordinate care with your providers.

We're here to help you. For more information about care coordination, please call us at **833-838-2593 (TTY 711)**. This no-cost program gives you access to a registered nurse or licensed behavioral health worker Monday through Friday, 8 a.m. to 5 p.m. Central time.

You may ask for an assessment for care coordination services at any time. Call Healthy Blue at **833-838-2593 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m. Central time.

Condition Care

A Condition Care (CNDC) program can help you get more out of life. As part of your Healthy Blue benefits, we're here to help you learn more about your health, keeping you and your needs in mind at every step.

Our team includes registered nurses called CNDC care coordinator. They'll help you learn how to better manage your condition, or health issue. You can choose to join a CNDC program at no cost to you.

What Programs Do We Offer?

You can join a Condition Care program to get healthcare and support services if you have any of these conditions:

Asthma	HIV/AIDS
Bipolar Disorder	Hypertension
Chronic Obstructive Pulmonary Disease (COPD)	Major Depressive Disorder – Adult
Congestive Heart Failure (CHF)	Major Depressive Disorder – Child and Adolescent
Coronary Artery Disease (CAD)	Schizophrenia
Diabetes	Substance Use Disorder

How it Works

When you join one of our CNDC programs, a CNDC care coordinator will:

- Help you create health goals and make a plan to reach them.
- Coach and support you through one-on-one phone calls.
- Track your progress.
- Give you information about local support and caregivers.
- Answer questions about your condition and/or treatment plan (ways to help health issues).
- Send you materials to learn about your condition and overall health and wellness.
- Coordinate your care with your healthcare providers, like helping you with:
 - Making appointments.
 - Getting to healthcare provider visits.
 - Referring you to specialists in our health plan, if needed.
 - Getting any medical equipment you may need.
- Offer educational materials and tools for weight management and tobacco cessation (how to stop using tobacco, like quitting smoking).

Our CNDC team and your PCP are here to help you with your healthcare needs.

How to Join

We'll send you a letter welcoming you to a CNDC program, if you qualify. Or call us toll-free at **888-830-4300 (TTY 711)**, Monday through Friday, 8:30 a.m. to 5:30 p.m. Central time.

When you call, we'll:

- Set you up with a CNDC care coordinator to get started.

- Ask you some questions about your or your child's health.
- Start working together to create your or your child's plan.

You can also email us at condition-care-self-referral@healthyblueks.com.

Please be aware that emails sent over the internet are usually safe, but there is some risk third parties may access (or receive) these emails without you knowing. By sending your information in an email, you acknowledge (or understand) third parties may access these emails without you knowing.

You can choose to opt out (we'll take you out of the program) of the program at any time. Please call us toll-free at **888-830-4300 (TTY 711)**, Monday through Friday, 8:30 a.m. to 5:30 p.m. Central time to opt out. You may also call this number to leave a private message for your CNDC care coordinator 24 hours a day.

Useful phone numbers:

In an emergency, call **911**.

Condition Care:

Toll-free: **888-830-4300 (TTY 711)**

Monday through Friday 8:30 a.m. to 5:30 p.m. Central time

Leave a private message for your Care Coordinator 24 hours a day.

After-hours:

Call 24-hour Nurse Help Line

24 hours a day, seven days a week

833-838-4344 (TTY 711)

855-670-2642 (TTY 711) for Children's Mercy Pediatric Care Network members

Condition Care Rights and Responsibilities

When you join a Condition Care program, you have certain rights and responsibilities. You have the right to:

- Get details about us, such as:
 - Programs and services we offer.
 - Our staff and their qualifications (skills or education).
 - Any contractual relationships (deals we have with other companies).
- Opt out of CNDC services.
- Know which CNDC Care Coordinator is handling your CNDC services, and how to ask for a change.
- Get support from us to make healthcare choices with your healthcare providers.
- Ask about all CNDC-related treatment options (choices of ways to get better) mentioned in clinical guidelines (even if a treatment is not part of your health plan), and talk about options with treating healthcare providers.
- Have personal data and medical information kept private.

- Know who has access to your information and how we make sure your information stays secure, private, and confidential.
- Receive polite, respectful treatment from our staff.
- Get information that is clear and easy to understand.
- File grievances to Healthy Blue by calling **833-838-2593 (TTY 711)** toll-free, Monday through Friday, 8 a.m. to 5 p.m. Central time.
 - Get help on how to use the grievance process.
 - Know how much time Healthy Blue has to respond to and resolve issues of quality and grievances.
 - Give us feedback about the Condition Care program.

You also have a responsibility to:

- Follow the care plan that you and your CNDC Care Manager agree on.
- Give us information needed to carry out our services.
- Tell us and your healthcare providers if you choose to opt out (leave the program).

Condition Care does not market products or services from outside companies to our members. CNDC does not own or profit from outside companies on the goods and services we offer.

You can log in to your secure account, or register, at healthybluekansas.com/medicaid to ask us to join a CNDC program. You'll need your member ID number to register (located on your member ID card).

Using your secure account, you can send a secure message to Member Services and ask to join the program.

How Do I Become Eligible to Participate?

There are two ways Healthy Blue members may be enrolled in a Condition Care program. One way is if you are diagnosed with any of the chronic conditions mentioned above. The other way is if you are at risk for any of these conditions. You can also ask your provider to ask for a referral. Would you like to know more about our Condition Care programs? Please call us at **888-830-4300 (TTY 711)**.

What If I Don't Want to Take Part?

You have the right to make decisions about your healthcare. If we contact you to take part in one of our programs, you may refuse.

If you are already taking part in one of our programs, you may choose to stop at any time by contacting us at **888-830-4300 (TTY 711)**.

Community Resource Link

Help with Problems Beyond Medical Care

It can be hard to focus on your health if you have problems with your housing or worry about having enough food to feed your family. Healthy Blue can connect you to resources in your community to help you manage issues beyond your medical care:

- Worrying about your housing or living conditions.

- Having trouble getting enough food to feed yourself or your family.
- Finding it hard to get to appointments, work, or school because of transportation issues.
- Feeling unsafe or are experiencing domestic violence. If you are in immediate danger, call **911**.
- Have another type of need such as:
 - Financial assistance (utilities, rent)
 - Affordable childcare
 - Job/education assistance
 - Family Supplies — diapers, formula, cribs, and more

Log in to your online account at member.healthybluekansas.com/login or download the Sydney Health mobile app to find resources.

Pharmacy Services

Healthy Blue covers medicines you need as determined by the Kansas Medical Assistance Program (KMAP). You can go to any pharmacy that accepts Healthy Blue. The covered drug list includes prescription drugs, including injections and certain infusions, over-the-counter drugs, and pharmacy supplements.

Filling Your Prescriptions

Your doctor will write you a prescription for medicine you may need.

Your doctor will then contact your pharmacy, or you can go there with your prescription. Healthy Blue works with CarelonRx to manage your pharmacy benefits.

You must use a pharmacy that takes Healthy Blue. You can find pharmacies in our Provider Directory or by calling Member Services at **833-838-2593 (TTY 711)**.

Your pharmacy benefits have a Preferred Drug List (PDL). The PDL has the medicines your plan pays for as long as you have a prescription. This includes some over-the-counter (OTC) medicines. Find the complete KDHE PDL at [Preferred Drug List Program | KDHE, KS](#).

Pharmacy benefits include:

- Prescription drugs
- Some over-the-counter (OTC) medicines. A prescription is required for coverage.
- Self-injecting drugs (including insulin)
- Smoking cessation agents, including over-the-counter products
- Medical and surgical supplies (including needles, syringes, blood sugar monitors, test strips, lancets, and glucose urine testing strips) available through DME pharmacies and suppliers
- Vaccines available through the medical benefit
- Healthy Blue Medicaid Formulary Drug Search tool to see which drugs are covered: client.formularynavigator.com/Search.aspx?siteCode=0695041502

These prescription drugs are not offered:

- Over-the-counter (OTC) medicines (unless specified on formulary or PDL)

- Experimental or investigational drugs
- Drugs for cosmetic reasons
- Drugs for hair growth
- Drugs to treat erectile dysfunction

Generic Drugs

Generic drugs are as good as brand-name drugs. Your pharmacist will give you generic drugs when your doctor has approved them. Here are a few things you need to know:

- Generic drugs must be given when there is one available.
- Brand-name drugs may be given if there is not a generic drug for it.
- The PDL will tell you the exceptions to these rules.
- Generic and preferred drugs must be used for your condition unless your doctor gives a medical reason to use a different drug.

Prior Authorization

Some drugs need a prior authorization, or an OK, ahead of time. You can find a list of drugs that require prior authorization on the State's website:

kdhe.ks.gov/206/General-Clinical-Prior-Authorization. Your doctor must ask for an OK if:

- A drug is listed as nonpreferred on the PDL here: kdhe.ks.gov/211/Preferred-Drug-List
- Certain conditions need to be met before you get the drug.
- You're getting more of a drug than what is normally expected.
- There are other drugs that should be tried first.

If a prior authorization is needed, your doctor will need to give us details about your health. We will then decide whether Healthy Blue can pay for the drug.

This is important because:

- You may need tests or help with a drug.
- You may be able to take a different drug.

Show your ID card to your provider. It has the phone number for preapproval requests. Healthy Blue will decide within 24 hours after getting the request if your drug request can be approved. Your doctor will be notified.

Lock-In Program

The Healthy Blue Lock-In program affects members by restricting their access to medical services to one designated primary care provider (PCP), one pharmacy, and one hospital for non-emergency services for a period of 24 months. This restriction aims to prevent misuse of medical services and ensure better care coordination. Here is a summary of the key components of how the lock-in process affects members:

Initial Identification and Evaluation:

1. Members who frequently use multiple pharmacies, hospitals, and doctors are evaluated for lock-in.
2. Evaluation involves a comprehensive review of utilization reports and other relevant data.
3. If misuse is suspected, you will receive a warning letter.

Warning Period:

1. Members receive a Lock-In warning letter detailing observed misutilization and consequences.
2. They have 60 days to change their behavior and meet acceptable medical practices.
3. If improvement is noted, lock-in may be avoided; otherwise, the lock-in process continues.

Lock-In Decision:

1. The Health Plan Lock-In Committee reviews your behavior and determines whether to enforce the lock-in.
2. If locked in, members receive a certified letter outlining reasons, assigned providers, and appeal rights.
3. Members can choose different providers within 10 days if they meet certain criteria.

Lock-In Period Management:

1. During the 24-month lock-in period, members are restricted to designated providers for obtaining non-emergency medical services.
2. Members can appeal the lock-in decision and have the right to a State Fair Hearing.
3. Members placed in lock-in by the state cannot appeal their lock-in status but can file grievances related to provider assignments.

Care Management and Coordination:

1. Members are evaluated for care management to ensure they receive necessary support.
2. Care coordination specialists attempt to engage members in necessary services.
3. Healthy Blue documents all member contact and support activities.

Flexibility and Exceptions:

- Changes to assigned PCP, pharmacy, or hospital can be made under specific conditions, such as provider relocation or network exit.
- Urgent prescription needs can be met by non-designated pharmacies under certain circumstances.

Overall, the lock-in process is designed to enhance the member's safety by managing and coordinating their care more effectively and preventing the misuse of medical services.

Pharmacy Copays

Members do not have copays for drugs covered on the State PDL and formulary. Members with a Medically Needy benefit plan with an unmet spenddown balance will be charged a copay.

Healthcare Away From Home

- If you need urgent healthcare when you are away from home, call your PCP or Healthy Blue at **833-838-2593 (TTY 711)** for help.
- In an emergency, you do not need to call your PCP first. Go to the nearest emergency room or call **911**.
- Call your PCP after an emergency room visit.
- Get your follow-up care from your PCP.
- Routine healthcare services should be received from your PCP when you get back home.
- All services outside the United States and its territories are not covered.

What If I Don't Have Transportation?

Emergency Transportation

Call **911** or the closest ambulance.

Non-Emergency Medical Transportation (NEMT)

NEMT stands for Non-Emergency Medical Transportation. NEMT should only be used when you do not have a way to get to your in-network healthcare appointment without charge. We may use public transportation or bus tokens, vans, taxi, or even an ambulance, if necessary, to get you to your healthcare appointment. Healthy Blue will give you a ride that meets your needs. You do not get to choose what kind of car or van or the company that will give you the ride.

Who can get NEMT services?

- You must be a Healthy Blue member on the day of your appointment.
- Children who are under age 17 must have an adult ride with them.
- NEMT services cover one child and one parent/guardian and/or an attendant if your child is under age 21 and needs to be away from home overnight or needs someone to be with them. We will not pay for other children or adults. Exceptions can be made with prior approval by Healthy Blue.

What healthcare services can I get NEMT to take me to?

- Any healthcare appointment that is covered on your benefit plan with Healthy Blue. This includes trips to your primary care provider, eye exams, dental visits and more.
- The appointment is to a healthcare provider near where you live. If the provider is far away, you may need to say why you are going to this provider and get approval from Healthy Blue.

- Some services already include NEMT. We will not give you a ride to these services. Examples are: Some Comprehensive Substance Treatment Abuse and Rehabilitation (CSTAR) services; hospice services; Developmental Disability (DD) Waiver services; some Community Psychiatric Rehabilitation (CPR) services; adult day care waiver services; and services provided in your home. School districts must supply a ride to a child's Individual Education Plan (IEP) services.
- The NEMT program can take you to a durable medical equipment (DME) provider only if the DME provider cannot mail or deliver your equipment to you.

How do I use the NEMT program?

Call **833-270-2254 for help scheduling your ride**. You must call at least three days before the day of the appointment or you may not get NEMT. You may be able to get a ride sooner if your healthcare provider gives you an urgent care appointment. If you have an emergency, dial **911**, or the local emergency phone number.

Member Advisory Committee

We are meeting in your community and we want to hear from you.

At Healthy Blue, our members are our reason for being. Member feedback gives us the opportunity to learn from you. How do you feel about your health plan and the healthcare you're getting? We can talk about:

- Healthy Blue benefits and coverage
- Healthy Blue provider network
- Suggestions to improve benefits and services
- How to change your PCP
- Reasons for making and keeping appointments
- Your Healthy Blue member handbook
- Member rights
- Events in your area

Anything else? We can talk about that, too. Our goal is to offer a comfortable setting where you can share your thoughts. Join us and other Healthy Blue members in your community. We'll provide healthy refreshments for the event. You tell us what's on your mind.

Join a Healthy Blue Member Advisory Committee by calling **833-838-2593 (TTY 711)** or by emailing ksevents@healthybluekansas.com. We hope we hear from you — and see you — soon. This committee meets quarterly.

Grievances and Appeals

You may not always be happy with Healthy Blue. We want to hear from you. Healthy Blue has people who can help you. Healthy Blue **cannot take your benefits away because you make a grievance, appeal, or ask for a state fair hearing**.

There are two ways to tell Healthy Blue about a problem:

Grievance or Appeal

A grievance is a way for you to show dissatisfaction about things like:

- The quality of care or services you received;
- The way you were treated by a provider;
- A disagreement you may have with a Healthy Blue policy; or
- A disagreement to extend the time for a decision of a grievance or an appeal.

An appeal is a way for you to ask for a review when Healthy Blue:

Takes action to:

- Deny or give a limited approval of a requested service;
- Deny, reduce, suspend, or end a service already approved; or
- Deny payment for a service;

Or fails to:

- Act within required time frames for getting a service;
- Make a grievance decision within 30 calendar days of receipt of request;
- Make an expedited decision within 72 hours of receipt of request; or
- Make an appeal decision within 30 calendar days of receipt of request.

Healthy Blue must give you a written Notice of Adverse Benefit Determination if any of these actions happen. The Notice of Adverse Benefit Determination will tell you what we did and why and give you your rights to appeal or ask for a state fair hearing.

You have some special rights when making a grievance or appeal

1. A qualified clinical professional will look at medical grievances or appeals.
2. If you do not speak or understand English, call **833-838-2593 (TTY 711)** to get help from someone who speaks your language.
3. You may ask anyone such as a family member, your religious leader, a friend, or an attorney to help you make a grievance or an appeal.
4. If your physical or behavioral health is in danger, a review will be done within 72 hours. This is called an expedited review. Call Healthy Blue and tell Healthy Blue if you think you need an expedited review.
5. Healthy Blue may take up to 14 calendar days longer to decide if you request the change of time or if we think it is in your best interest. If Healthy Blue changes the time, we must tell you in writing the reason for the delay.
6. You may request enrollment in another KanCare Managed Care health plan for good cause if the issue cannot be resolved.

How to File a Grievance or Appeal or Ask For a State Fair Hearing

Grievance — You may file a grievance anytime by telephone, faxing it to **877-881-1305**, via your Sydney Health app, or in writing.

Call Healthy Blue at **833-838-2593 (TTY 711)** to file a grievance.

- Healthy Blue will write you within 10 calendar days and let you know we got your grievance.
- Healthy Blue must give written notice of a decision within 30 calendar days

- Send your written grievance to:

Grievance Department
Healthy Blue
P.O. Box 62429
Virginia Beach, VA 23466-2429

Appeal — You may file an appeal by telephone, via your Sydney Health app, or by writing to Healthy Blue.

- You must appeal within 60 calendar days from the date of our Notice of Adverse Benefit Determination, plus an additional three calendar days to allow for sending of the notice.
- To call or get help to make an appeal, call Healthy Blue at **833-838-2593 (TTY 711)**.
- Send your written appeal to:
Appeals Department
Healthy Blue
P.O. Box 62429
Virginia Beach, VA 23466-2429
- Or by fax at **877-881-1305**
- Healthy Blue must write you within five calendar days and let you know we got your appeal.
- Healthy Blue must give written notice of a decision within 30 calendar days unless it is an expedited review.

When Will We Make a Decision?

Appeals

- Healthy Blue will allow you to appeal within 60 calendar days from the date of the notice of our decision. Then three additional days will be allowed for the notice to be delivered (This is called a Notice of Adverse Benefit Determination).
- Healthy Blue will decide within 30 calendar days after we receive the request for preservice appeals, within 30 calendar days after we receive the request for post service appeals, and within 72 hours for expedited appeal.

Expedited (Fast) Appeals

- If you or your doctor believe that waiting for the appeal answer could seriously harm your life, health, or ability to get better, you may ask for an expedited (fast) appeal.
- You may call Healthy Blue at **833-838-2593 (TTY 711)** to ask for your appeal. Or you may file your appeal via your Sydney Health app. We will let you or your doctor know our decision within 72 hours. If you ask for a fast appeal, you will have a limited time to send proof or information to support your appeal.
- You must complete the expedited appeals process before asking for an expedited state fair hearing.

the appeal or state fair hearing is in your favor, Healthy Blue will approve or provide those services as quickly as possible, but no later than seventy-two (72) hours from the date the first decision was changed.

Continuing Your Services

If you have been getting medical care and Healthy Blue reduces, suspends, or ends the service, you could continue to get services while you are waiting for your appeal or state fair hearing to be completed. HCBS services will continue while Healthy Blue reviews your appeal. In order for non-HCBS medical care to continue while you appeal the decision, you must contact Healthy Blue within 10 calendar days from the date the notice of action was mailed and tell us not to stop the non-HCBS service while you appeal. You may call Healthy Blue at **833-838-2593 (TTY 711)** to ask for your services to continue. Or you may ask to continue services in writing when you mail or fax your appeal.

Services will continue if all of the following are met:

- You asked for your appeal or state fair hearing on time;
- The services were approved before, but were later reduced, suspended or ended;
- The services were ordered by an approved provider;
- The original approval time has not ended; and
- You ask to keep getting your benefits.

If you do not win your appeal or state fair hearing, you may have to pay for the medical care you got during this time.

If you are receiving Home and Community Based Services (HCBS), you do not have to ask to extend your benefits. Your benefits will continue for 63 calendar days from the date of the Notice of Adverse Benefit Determination. If you want to appeal the adverse decision about your HCBS services, you must ask for an appeal during those 63 calendar days. If you don't ask for an appeal, the adverse decision will go into effect. If you ask for an appeal, your services will continue for 123 calendar days. You must ask for a state fair hearing within those 123 calendar days. If you don't ask for a hearing, the adverse decision will go into effect. If you ask for a hearing, your services will continue until the date of the state fair hearing decision. You will not have to pay for the cost of any continued benefits if the final decision is not in your favor.

For members who continue to receive services while the appeal or state fair hearing is in progress, your services will continue until such a time when:

- You choose to cancel the appeal or state fair hearing request.
- You take too long to file your appeal, missing the 60 days from the original denial or 120 days from the date of the appeal decision letter. There's an extra three days allowed for mailing by Healthy Blue.
- The state fair hearing officer agrees with the original decision.
- You or your approved representative ask to stop a previously approved HCBS service and replace it with a different service.

After your appeal is finished, if the original decision stays the same, your benefits will only last for up to 120 days (including an extra three days for mailing) after the appeal decision date unless you ask for a state fair hearing. If you ask for a state fair hearing, your benefits will continue until the officer agrees with our original decision.

Fraud, Waste, and Abuse

Everyone is hurt by fraud, waste, and abuse. Millions of dollars are paid to those not entitled to receive services or cash. That money could be spent to provide more care to people in need or more benefits to you.

Our goal is to make sure our healthcare program works well and that we catch any problems like fraud, waste, or abuse. We start by learning about these issues and being aware of them.

- **Fraud:** Any type of intentional deception or misrepresentation made with the knowledge that the deception could result in some unauthorized benefit to the person committing it -- or any other person. This includes any act that constitutes fraud under applicable Federal or State law.
- **Waste:** Includes overusing services, or other practices that, directly or indirectly, result in excessive costs. Waste is generally not considered to be driven by intentional actions, but rather occurs when resources are misused.
- **Abuse:** behaviors that are inconsistent with sound financial, business and medical practices and result in unnecessary costs and payments for services that are not medically necessary or fail to meet professionally recognized standards for healthcare. This includes any member actions that result in unnecessary costs.

How to report fraud, waste, and abuse

If you believe a member (a person who receives benefits) or a provider (a doctor, dentist, counselor, etc.) has committed fraud, waste, or abuse, you have a responsibility and a right to report it. You also have the right to remain anonymous when reporting fraud, waste, and abuse. To report fraud, waste, or abuse, find out as many details as you can. You may report providers or members to your health plan by:

- Visiting our fighthealthcarefraud.com education site; at the top of the page click "Report it" and complete the "[Report Waste, Fraud, and Abuse](#)" form.
- Calling our Member Services number at the bottom of this page.
- Calling the Healthy Blue Fraud Hotline at **866-847-8247**.
- Writing to:
Attn: Special Investigations Unit
Healthy Blue Kansas
740 W. Peachtree Street NW
Atlanta, GA 30308
- Calling the Kansas Medicaid Fraud and Abuse Hotline at **866-551-6328**.

Examples of Provider Fraud, Waste, and Abuse (FWA):

- Altering medical records to misrepresent actual services provided

- Billing for services not provided
- Billing for medically unnecessary tests or procedures
- Billing professional services performed by untrained or unqualified personnel
- Misrepresentation of diagnosis or services
- Overutilization
- Soliciting, offering, or receiving kickbacks or bribes
- Unbundling – when multiple procedure codes are billed individually for a group of procedures which should be covered by a single comprehensive procedure code
- Upcoding – when a Provider bills a health insurance payer using a procedure code for a more expensive service than was actually performed

When reporting concerns involving a PROVIDER (a doctor, dentist, counselor, medical supply company, etc.) include:

- Name, address and phone number of Provider (for example, the doctor(s) name(s), the hospital, nursing home, home health agency, etc.)
- Medicaid number of the Provider and facility, if you have it
- Type of Provider (doctor, dentist, therapist, pharmacist, etc.)
- Names and phone numbers of other witnesses who can help in the investigation
- Dates of events
- Summary of what happened

Examples of Member Fraud, Waste, and Abuse:

- Forging, altering, or selling prescriptions
- Letting someone else use the Member's ID (identification) card
- Relocating to out-of-service Plan area and not notifying us
- Using someone else's ID card

When reporting concerns involving a member include:

- The person's name
- The person's date of birth, member ID, or case number if you have it
- The city where they reside
- Specific details describing the fraud, waste, or abuse

Changes You Need to Report

If you move, it is important that you **report your new address** by contacting KanCare Clearinghouse at **800-792-4884**. Your coverage may be affected. If we do not know where you live, you will miss important information about your coverage. Other changes you need to report to the FSD Information Center at **855-373-4636** include:

- Marital status;
- Member name;
- If you become pregnant;
- Family size (including the birth of any babies, death, etc.);
- Income;
- Address;

- Phone number; and
- Other health insurance.

Changing to Another KanCare Managed Care Health Plan

You may change KanCare Managed Care health plans for any reason during the first 90 days after you become a KanCare Managed Care health plan member. You will also be able to change during your annual open enrollment time. Call the KanCare Enrollment Center at **866-305-5147** for help in changing KanCare Managed Care health plans.

Disenrollment

KanCare program procedures must be followed for all disenrollment requests. Your request for disenrollment must be directed to KanCare either orally or in writing. We will ensure your right to disenroll is not restricted in any way. You may request disenrollment without cause at the following times:

- During your initial ninety (90) day enrollment period.
- During your annual open enrollment period announced by the state.

You may request disenrollment with cause at any time. A determination will be made by the state, which has the authority and discretion to disenroll members for the following:

- If you need related services to be performed at the same time and not all related services are available within the network and your PCP or another provider determines receiving the services separately would subject you to unnecessary risk.
- Poor quality of care, lack of access to services covered under the plan, or lack of access to providers experienced in dealing with the member's healthcare needs.
- Transfer to a medical eligibility category not included in benefits.
- Member no longer resides in the State of Kansas.
- Member no longer qualifies for medical assistance under one of the Medicaid eligibility categories in the targeted population.
- If Healthy Blue does not, because of moral or religious objections, cover the service you are seeking.

If you'd like to know how to change your KanCare Managed Care health plan, call the Enrollment Help Line at **866-305-5147**.

Healthy Blue wants to work with you to help resolve any problems you may have. If you cannot work with Healthy Blue, the State may change your KanCare Managed Care health plan.

Transition of Care

Getting the care you need is very important to us. That is why we will work with you to make sure you get your care when:

- You're leaving another health plan and just starting with us.
- One of your providers leaves our network.

- You leave our health plan to go to another one.
- You're transitioning to adulthood and need help choosing an adult primary care practitioner.
- Other situations which involve changing healthcare services.

We want to be sure you can still see your doctors and get your medications. If you move from another health plan to ours, you will not need prior authorizations for medical or behavioral care for a period of time. This is true whether you see an in-network or out-of-network provider. That time frame is 90 days after your start date with us, or until you are able to safely transfer to an in-network provider. This will help you move to our plan smoothly with no interruption in your care.

Transitioning pregnant members can still receive services from their PCP, without prior authorization, until:

- The birth of the child;
- The end of their pregnancy; or
- They are no longer eligible for coverage.

Please call or have your provider call us if you are new to our health plan and if any of the following apply to you. You can reach us at **833-838-2593 (TTY 711)**. If you:

- See a specialist.
- Get therapy (for example, occupational or physical therapy).
- Use durable medical equipment, like oxygen or a wheelchair.
- Receive in-home services (for example, wound care or in-home infusion).
- Are pregnant and in your third trimester.

Insurance

You have KanCare Managed Care healthcare coverage through Healthy Blue. You may have other health insurance, too. This may be from a job, a parent, union, or other source. If you have other health insurance besides Healthy Blue, that insurance company must pay for most of your health services before Healthy Blue pays. If your other health insurance covers a service not covered by KanCare, you will need to work with your primary insurance on any balance that KanCare does not cover. It is important that you show all your insurance ID cards to your healthcare provider.

Healthy Blue and your other health insurance policy have rules about getting healthcare. You must follow the rules for each policy. There are rules about going out-of-network. Some services need prior approval. You may have to pay for the service if you don't follow the rules. For help, call Healthy Blue at **833-838-2593 (TTY 711)**.

If you have health insurance other than Healthy Blue or your insurance changes, details about your insurance are needed. Have your insurance card with you when you call the following numbers. You must call:

- Healthy Blue at **833-838-2593 (TTY 711)**; and
- The KanCare Enrollment Center at **866-305-5147**

Please call Healthy Blue at **833-838-2593 (TTY 711)** within 30 days if:

- You get hurt in a car wreck;
- You get hurt at work;

- You get hurt and have a lawyer; or
- You get money because of an accident.

Explanation of Benefits

You may request an explanation of benefits (EOB) from Healthy Blue. An EOB will consist of a list of services that were billed to Healthy Blue. This list will contain paid and unpaid claims. For any unpaid claims, the list will give the reason the claim was not paid. You can also find this information in the member portal of our website at healthybluekansas.com/medicaid.

Please call Member Services at **833-838-2593 (TTY 711)** if you see a service on your EOB that you did not receive.

Utilization Review

Sometimes, we need to make decisions about how we cover care and services. This is called Utilization Management (UM). All UM decisions are based on your medical needs and current benefits.

Doctors in our plan use clinical practice guidelines, medical policies, and the benefits of your plan to determine necessary treatments and services.

When you or your doctor asks for certain care that needs a preapproval, our utilization review team decides if the service is medically necessary and one of your benefits. If you disagree with our decision, you or your doctor can ask for an appeal.

To speak with someone on our UM team, call Member Services at **833-838-2593 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m. Central time.

Healthy Blue's Quality Improvement Program

We want to make sure you have access to high-quality healthcare services that are safe and make you healthier. Healthy Blue's Quality Improvement program reviews your care. We check the quality of care you receive. Our Quality Improvement program wants to make sure you have:

- Easy access to quality medical and behavioral care.
- A checkup every year.
- Health management programs that meet your needs.
- Help with any chronic conditions or illnesses you have.
- Support when you need it most, like after hospital admissions or when you are sick.
- High satisfaction with your healthcare providers and with the health plan.

One of the ways we measure quality of care is through HEDIS®. HEDIS stands for Healthcare Effectiveness Data and Information Set. It was developed by the National Committee for Quality Assurance (NCQA). The data helps us track important health information. We look at things like how often our members see their PCP, take their asthma-control medications, or have important health screenings.

Healthy Blue also wants to make sure you are happy with the services you get from your healthcare provider and from us. To do this, we look at CAHPS® data. CAHPS stands for Consumer Assessment of Healthcare Providers and Systems. This survey asks questions to see how happy you are with the care you receive. Please know that

the survey is anonymous. No one can see who the answers came from. Also, your benefits will not change whether you take the survey or not.

Healthy Blue shares HEDIS and CAHPS results with you and our providers through means such as newsletter articles. We work with our providers to make sure the services they give you and the services we give you add to your healthcare in a good way.

You can learn more about Healthy Blue's Quality Improvement program, including what we do to improve your care. You may also ask for hard copies of information about our program. Please call us at **833-838-2593 (TTY 711)**. We'll be happy to help you.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

If You Are Billed

Healthy Blue will pay for all covered KanCare Managed Care services. If you choose to pay for a service, you must agree in writing that you will be responsible for the payment before getting the service. The written agreement must show the date and service. It must be signed and dated by you and the provider. The agreement must be made before you receive the service. A copy of the agreement must be kept in your medical record.

You will not have to pay for covered healthcare services even if:

- The State does not pay Healthy Blue;
- Healthy Blue does not pay your provider;
- Your provider's bill is more than Healthy Blue will pay; or

You may have to pay for services you get if:

- You choose to get medical services that are not covered by Healthy Blue; or
- You go to a provider that is not a Healthy Blue provider without prior approval.

If you get a bill, do not wait. Call our Member Services office at **833-838-2593 (TTY 711)**. Healthy Blue will look into this for you.

Decisions About Your Healthcare

Advance Healthcare Directive

You have the right to accept or refuse any medical care. A time may come when you are too sick to talk to your PCP, family, or friends. You may not be able to tell anyone what healthcare you want. The law allows adults to do two things when this happens.

- An advance directive allows you to leave written directions about your medical treatment decisions.
- An advance directive also allows you to ask someone to decide your care for you.

If you do not have an advance healthcare directive, your PCP may not know what healthcare you want. Talk to your PCP or call Healthy Blue at **833-838-2593 (TTY 711)** for information on an advance healthcare directive. Your PCP must keep a written and signed copy of what care you want. An advance directive becomes part of your medical record.

Member Confidentiality and Privacy

We want to remind you that Healthy Blue may use your information for health plan activities. Also, you can look at your records, get a copy of them, or change them. Your healthcare information will be kept private and confidential. It will be given out only if the law allows or if you tell Healthy Blue to give it out.

As a Healthy Blue member, you have the right to ask for limits on the use or release of your health information. You may also deny the release of your health records, other than when they are used for treatment, payment, or healthcare operations. You may ask that we change your health information. Also, you may ask Healthy Blue to give you a list of when we have disclosed your health information.

If you have questions about this, call Member Services at **833-838-2593 (TTY 711)**.

Member Rights and Responsibilities

Healthy Blue believes that our members are important. Below is a list of member rights and responsibilities. If we both agree to follow them, it will help us work together.

Your Rights as a KanCare Managed Care Health Plan Member

You have the right to:

- Be treated with respect and dignity.
- Receive needed medical services.
- Privacy and confidentiality (including minors) subject to state and federal laws.
- Select your own PCP.
- Refuse treatment.
- Receive information about your healthcare and treatment options.
- Participate in decision-making with practitioners about your healthcare.
- Have access to your medical records and to request changes, if necessary.
- Have someone act on your behalf if you are unable to do so.
- Get information on our Physician Incentive Plans, if any, by calling **833-838-2593 (TTY 711)**.
- Be free of restraint or seclusion from a provider who wants to:
 - Make you do something you should not do.
 - Punish you.
 - Get back at you.
 - Make things easier for them.
- Be free to exercise these rights without retaliation.
- Receive one copy of your medical records once a year at no cost to you.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Receive services in a home-like environment regardless of where you live.
- Receive information about being involved in your community, setting personal goals, and how you can take part in that process.

- Be told where, when, and how to get the services you need.
- Be able to take part in decisions about your healthcare.
- Talk openly about the treatment options for your conditions, regardless of cost or benefit.
- Choose the programs you take part in and the providers that give you care.

Healthy Blue Members Have Additional Rights To:

- Voice grievances or appeals about Healthy Blue or the care it provides.
- Make recommendations regarding Healthy Blue's member rights and responsibilities policy.
- Receive information about Healthy Blue, its services, its practitioners and providers, and their rights and responsibilities.
- An open discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.

You Have a Responsibility To:

- Read and follow this handbook.
- Show your Healthy Blue ID card to each healthcare provider before you get medical services.
- Know the name of your PCP and be sure the correct one is on your ID card.
- Keep your address and phone number current with Healthy Blue and KanCare.
- Get approval from your PCP before you get services from any other provider, unless it is an emergency. There are exceptions, like family planning. Call Member Services at **833-838-2593 (TTY 711)** if you have questions.
- Make appointments ahead of time for all PCP visits or transportation, if eligible.
- Be on time for appointments or cancel the day before your appointment.
- Give your PCP your past health information that they may need to give you care. Your PCP needs to see shot (immunization) records for members up to age 21.
- Tell your PCP if you do not understand your medical care so you can help decide upon your treatment goals.
- Follow your PCP's instructions and guidelines.
- Tell Healthy Blue and the Family Support Division Information Center if you have changes or your family has changes that will change your eligibility.
- Pay for services you get without approval from Healthy Blue or your PCP.
- Tell Healthy Blue and the KDHE-DHCF Medicaid Unit if you have an accident at work, a car accident, or are involved in a personal injury, tort, product liability, or malpractice lawsuit.
- Give a copy of your living will or advance directives to your PCP to include with your medical records.
- Supply information that Healthy Blue and its practitioners and providers need in order to provide care.
- Follow plans and instructions for care that you've agreed to with your practitioners.
- Understand your health problems and participate in developing agreed-upon goals, to the degree possible.

What is Abuse, Neglect and Exploitation?

KanCare members have the right to be free from abuse, neglect, exploitation and fiduciary abuse. It's important that you understand how to identify and how to report abuse, neglect, exploitation, and fiduciary abuse.

Abuse is any act or failure to act, done on purpose or carelessly, that causes or might cause harm to someone. This includes:

- Hurting someone physically or making them feel very sad or scared.
- Forcing someone to do something sexual when they don't agree or when they can't say no because they are too scared, sick, or confused.
- Using physical force, locking someone up, or giving them medicine in a way that hurts them or might hurt them.
- Using force, medicine, or locking someone up as a punishment, because it's easier, against a doctor's orders, or instead of treating them, except when it's necessary to keep them or others safe.
- Threatening or scaring someone in a way that makes them feel afraid or very stressed.
- Taking advantage of someone for money or property.
- Not giving someone the care, goods, or services they need to stay healthy and safe.

Neglect means not giving someone the things they need to be safe and healthy. This can happen when a caretaker or someone responsible doesn't provide the care, goods, or services needed to keep the person from getting hurt or sick.

Exploitation means unfairly using someone's things or money for your own benefit. This can happen when a caretaker or anyone else tricks, pressures, or mistreats someone to take their belongings or money for themselves.

Fiduciary abuse means when a caregiver or someone trusted to look after a person takes their money or property and uses it for something that isn't for the person's good or benefit.

If you think you or someone you know is a victim of abuse, neglect, exploitation or fiduciary abuse, please call the Kansas Protection Report Center at 1-800-922-5330. Kansas Relay Center can facilitate communication with Kansans that have hearing and/or speech disabilities by calling 1-800-922-5330. If you or another individual is in an emergency situation, please call 911.

Additional information on understanding and recognizing the signs of abuse, neglect, exploitation and fiduciary abuse and frequently asked questions about making a report can be found on the Kansas Department for Children and Families (DCF) website at dcf.ks.gov/services/PPS/Pages/KIPS/KIPSWebIntake.aspx.

Preventing Abuse, Neglect and Exploitation

Preventing abuse, neglect, and exploitation is crucial for ensuring the safety and well-being of individuals. There are several practical steps you can take to protect yourself and others from harm. Below are 10 tips to empower you to stay informed, connected, and proactive in safeguarding your rights and health.

1. **Stay Connected:** Keep in touch with friends, family, and neighbors. Regular visits and calls can help spot any signs of mistreatment early.
2. **Know Your Rights:** Learn about your rights and the services available to you. Knowing what you deserve can help you recognize when things aren't right.
3. **Speak Up:** If something doesn't feel right, tell someone you trust. Don't be afraid to report any kind of mistreatment.
4. **Get Educated:** Learn about what abuse, neglect, and exploitation look like. This can help you and others recognize the signs early.
5. **Trusted Helpers:** Choose caregivers and helpers carefully. Make sure they are trustworthy and have your best interests in mind.
6. **Stay Involved:** Try to be involved in decisions about your care and finances. Don't be afraid to ask questions about anything you don't understand.
7. **Legal Safeguards:** Consider legal protections like setting up a power of attorney or living will to make sure your wishes are followed.
8. **Safe Environments:** Ensure your living space is safe and that you have everything you need, like food, medicine, and a safe place to stay.
9. **Community Resources:** Use community resources and support groups. They can provide help, information, and friendship.
10. **Watch for Warning Signs:** Be aware of changes in behavior, unexplained injuries, or missing belongings. These might be signs something is wrong.

Glossary

Words/Phrases
Adoption Subsidy — Subsidy services supporting a family adopting a child. Financial, medical, and support services for the child until age 18 or in some cases until age 21.
Advanced Beneficiary Notice (ABN) — Also known as a waiver of liability, is issued by medical providers as a warning that services might not be covered. The ABN formally and legally transfers liability for payment of services to Medicaid.
Advance Directive — A written instruction, such as a living will or durable power of attorney for healthcare, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of healthcare when the individual is incapacitated.
Adverse Benefit Determination — (1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit; (2) The reduction, suspension, or termination of a previously authorized service; (3) The denial, in whole or in part, of payment for a service; (4) The failure to provide services in a timely manner as defined by the state; (5) The failure of the health plan to act within the timeframes required by the state and regarding the standard resolution of grievances and appeals; (6) The denial of a member's request to exercise their right to obtain services outside the network; or (7) The denial of a member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.
Appeal — A way for you to ask for a review when your health plan takes action to deny or give a limited approval of a requested service; deny, reduce, suspend, or end a service already approved; or deny payment for a service.
Notice of Appeal Resolution — The written determination concerning an appeal.
Behavioral Health Services — Mental Health and Substance Use Disorder Services.

Benefits/Covered Services — Services, procedures and medications that Healthy Blue will cover for you when medically necessary.
Carved-out benefits — Services that are not covered by Healthy Blue. Benefits are covered directly by Medicaid.
Continuity and Coordination of Care — Healthcare provided on a continuous basis. This begins with the patient's initial contact with a PCP and follows the patient through all episodes. Care that is uninterrupted.
Copayment — Your share for cost of services provided. A set amount of money that you will have to pay for the medical service you received.
Covered Services — Medically necessary services that Healthy Blue will pay the provider for you to receive.
Disenrollment — To stop your membership in Healthy Blue.
Durable Medical Equipment (DME) — Necessary medical equipment that your provider has ordered for you, to assist you in and out of your home because of your medical condition.
Eligible Individual — An individual who has been deemed eligible to receive services as specified i by KanCare.
Emergency Care — When you have an injury or illness that must be treated immediately or is life threatening.
Emergency Medical Condition — A condition that requires medical attention right away. Call 911 or go to the nearest emergency room even if it is not in your health plan network.
Emergency Medical Transportation — Call 911 or the closest ambulance.

Emergency Room Care — Medical care that needs to be given right away to help care for things like pain, chest pain, stroke, difficulty breathing, bad burns, head wounds or trauma, deep cuts/heavy bleeding, or gunshot wounds.

Emergency Services — In an emergency, go to the nearest emergency room, even if it is not in your health plan network, or call **911**. When you go the emergency room, a healthcare provider will check to see if you need emergency care. You can call the number listed on the back of your Healthy Blue ID card anytime, day or night, if you have questions about going to the emergency room.

EPSDT/Well Child Program — Early Periodic Screening, Diagnosis, and Treatment, also known as KAN Be Healthy, provides exams for children through the month of their 21st birthday.

Excluded Services — Medical services that your health plan does not pay for.

Grievance — An expression of dissatisfaction about any matter other than an adverse benefit determination or an action. Possible subjects for Grievances include, but are not limited to, the quality of care or services provided, rudeness of a provider or employee, or failure to respect the member's rights regardless of whether remedial action is requested. Grievance includes your right to dispute an extension of time proposed by Healthy Blue to make a service authorization decision.

Habilitation or Rehabilitation Services and Devices — Healthcare services that help you keep, improve, acquire, or regain — either partially or fully — skills related to communication and activities of daily living, such as: talking, walking, and hearing. These services include: physical therapy, occupational therapy, speech-language pathology, and audiology. Medical devices, which include assistive devices and durable medical equipment, are used with habilitation services to improve your physical function and mobility.

Health Insurance — Healthy Blue is insurance that covers your medical services.

Healthy Blue Member ID Card — Your Healthy Blue ID card tells providers and hospitals you're a member of our health plan.

<p>Home and Community Based Services (HCBS) — Specially designed programs that offer assistance to seniors and individuals with disabilities. These programs empower individuals to live an engaged life within their communities, actively participating in their own care. The specific services are unique for each waiver program..</p>
<p>Home Healthcare — Services that can be provided and managed in the home for a member who has an acute illness or long-term illness. Services include skilled nurse visits, home health aide visits, and medical supplies.</p>
<p>Hospice Services — Services that can be given to an adult or child who is in the last six months of their life. The goal of the hospice is to provide pain relief and support to the patient and family.</p>
<p>Hospitalization — When your doctor requires you to stay in the hospital for certain medical services to be done or certain medical conditions where you have to be monitored so your condition can be treated or does not get worse.</p>
<p>Hospital Outpatient Care — When you receive medical services that do not require staying in the hospital. After you have a procedure you can go home.</p>
<p>Immunizations — Necessary shots to protect your child from life-threatening diseases.</p>
<p>In-Network Provider — The group of doctors, hospitals, and other healthcare providers that Healthy Blue contracts with to provide services. You can find all of our providers at healthybluekansas.com/medicaid.</p>
<p>In Lieu of Services — Medically appropriate and cost-effective services or settings in addition to those covered under the State Plan, if previously approved in writing by the State.</p>
<p>Inpatient — When you are admitted into a hospital.</p>
<p>Inquiry — A request from a member for information that would clarify health plan policy, benefits, procedures, or any aspect of health plan function but does not express dissatisfaction.</p>

Long-Term Services and Supports (LTSS) — LTSS includes a wide range of services to help members live more independently. These services help with personal and healthcare needs and activities of daily living, such as:

- Eating
- Bathing
- Managing medication
- Walking
- Cooking

Care is provided in the home, in community-based settings, or in facilities, such as nursing homes.

Managed Care Organization (MCO) — A health plan or healthcare company that utilizes a managed care approach to ensure the care and quality of Kansas KanCare enrollees.

Medicaid — The medical assistance program authorized by Title XIX of the Social Security Act.

Medical Necessity — This means a service that:

1. Is to prevent, diagnose or treat a physical or mental illness or injury; foster proper development, minimize a disability or maintain or regain function.
2. Cannot be omitted without adversely affecting the condition or the quality of medical care.
3. Is given in the most appropriate setting.

Member — A person who is eligible to receive covered services from Healthy Blue as defined by the State of Kansas.

Network — A group of healthcare providers set up by Healthy Blue that can see you for your medical care, treatment, and supplies.

Non-Emergency Medical Transportation (NEMT) — A service that provides transportation to individuals who are not in an emergency situation but need medical assistance.

Non-Participating Provider — A healthcare provider that is not signed up as a network provider with Healthy Blue.

<p>Notice of Action — A written document that includes planned action, reason for planned action, policy, regulation or statute supporting action. It explains member rights to expedited or standard appeal and State Fair Hearing and how to request those. It says how to request continued services during appeal or State Fair Hearing.</p>
<p>Out-of-Network Provider — a healthcare professional, hospital, or pharmacy that is not part of Healthy Blue’s network of contracted providers. You may have to pay for services received from an out-of-network provider.</p>
<p>Outpatient — When you have a procedure done that does not require admission into a hospital.</p>
<p>PCP — A primary care provider is a healthcare provider who manages a member’s healthcare.</p>
<p>Participating Provider — A healthcare provider who you can see because they are signed up with your Healthy Blue’s Managed Care health plan.</p>
<p>Physician Services — Medical services provided to you by a provider who is licensed to practice under state law.</p>
<p>Plan — A health plan that provides, covers, and arranges medical services that are needed by its members for a fixed rate.</p>
<p>Preauthorization or Prior Authorization or Service Authorization — Healthy Blue’s method of pre-approving certain services.</p>
<p>Preferred Drug List (PDL) — A list of medications covered by Medicaid and the KanCare program.</p>
<p>Premium — An amount of money that is paid for someone to receive healthcare insurance.</p>
<p>Prescription Drug Coverage — A way for you to get coverage for your medications.</p>

Prescription Drugs — Medications that require a prescription or a doctor's order.
Primary Care Physician — A healthcare provider who manages a member's healthcare. Also known as PCP.
Primary Care Provider — A healthcare provider who manages a member's healthcare. Also known as PCP.
Prior Approval — When Healthy Blue has received, reviewed and approved prior to services being rendered to the Member.
Protected Health Information (PHI) — Health information that identifies an individual.
Provider — A healthcare professional or a facility who delivers healthcare services, like a doctor, hospital, or pharmacy.
Provider Directory — A list of providers participating with Healthy Blue.
Referral — A process used by a PCP to let you get healthcare from another healthcare provider, usually for specialty treatment.
Rehabilitation Services and Devices — Rehabilitation Services and Devices help you keep, get back, or improve skills for daily living after you were sick, hurt or disabled. This may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation.
Self-Direction — Most Healthy Blue members participating in HCBS programs have the option to take control of their services through 'self-direction'. This process involves personally employing direct care workers, and managing tasks such as their hiring, training, and scheduling. In order to self-direct, a Financial Management Services (FMS) provider must be chosen and utilized. FMS providers are responsible for handling employment procedures, overseeing payroll, and billing Healthy Blue for the delivered services.
Self-Referred Services — Services that you do not need to see your PCP for a referral.

Skilled Nursing Care — Care given to you in a nursing home for a short period of time because of an injury or illness.
Specialist — A medical professional who has a lot of knowledge about your chronic illness. If you have a chronic illness and are seeing a specialist for your medical care, you may ask Healthy Blue for a specialist to be your primary care provider.
Spenddown — The dollar amount of healthcare costs you may have to pay out of pocket before Healthy Blue will provide full Medicaid coverage.
Termination — The member's loss of eligibility for the Kansas Medicaid program (KanCare) and therefore automatic disenrollment from Healthy Blue.
Title XIX — The provisions of Title 42 United States Code Annotated Section 1396 et. seq. (The Social Security Act), including any amendments thereto. Title XIX provides medical assistance for certain individuals and families with low incomes and resources.
Title XXI — The provisions of the Social Security Act as amended in August, 1997 to add Title XXI (known at the federal level as the Children's Health Insurance Program (CHIP), which provides health insurance coverage to uninsured children from low-income families, who are not Title XIX eligible.
Treatment — The care that you may receive from doctors and facilities.
Urgent Care — Treatment for physical or behavioral illness or injuries which require care quickly that are not emergencies.

Healthy Blue is the trade name of Community Care Health Plan of Kansas, Inc. Independent licensee of the Blue Cross and Blue Shield Association.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.



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healthybluekansas.com/medicaid

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