Kansas Administrative Regulations

Department of Health and Environment

Article 4.—Maternal and Child Health—Children with Special Health Care Needs Program.

28-4-401. Responsibilities of individuals who apply for or who receive services.

(a) Each applicant shall fulfill the following requirements:

(1) Supply financial, insurance, and family information essential to the establishment of eligibility within 30 days of the request for service, on forms prescribed by the secretary;

(2) submit written permission, on forms prescribed by the secretary, for release of information needed to determine medical and financial eligibility; and

(3) report to the secretary changes in any of the following circumstances:

(A) the eligible person's address;

(B) the number of persons living in the home;

(C) marital status of eligible person, parents, or legal guardians;

(D) custody of the eligible person;

(E) medical insurance coverage for the eligible person;

(F) medicaid eligibility or supplemental security income eligibility for the eligible person;

(G) family income or cash assets of more than $500.00 per year; or

(H) other circumstances that affect the special health care needs of the eligible person.

(b) Each eligible person who is enrolled in the department of social and rehabilitation services managed care arrangements shall report, within 10 working days of enrolling, the following information:

(1) The eligible person's medicaid number;

(2) the name of the managed care provider; and

(3) the name of the eligible person's primary care network physician at the time of application to the managed care provider or at the time of subsequent enrollment or change in enrollment in the managed care provider arrangement.

(c) Each eligible person enrolled in medicaid shall participate in the kan-be-healthy program.

(d) Each eligible person enrolled in a managed care arrangement under the medicaid program or an insurance policy shall obtain referrals for care as required by the managed care provider.

(e) Each eligible person shall perform the following actions:

(1) Obtain prior authorization for services;

(2) apply for insurance, medicaid coverage, supplemental security income, or benefits from other sources, when requested;

(3) assign the insurance benefits to hospitals and other providers of service for any medical treatment;

(4) apply the benefits of any non-assignable insurance by making payments to hospitals or other providers of service for items ordered by the attending physician;

(5) reimburse the secretary for any insurance proceeds sent directly to the recipient if the insurance payment is made for medical treatment provided by the services for children with special health care needs program; and

(6) submit any bills received for prior-authorized services to the secretary within six months of the date of service.

(Authorized by and implementing K.S.A. 65-5a08; effective, E-82-10, April 27, 1981; effective May 1, 1982; amended May 1, 1983; amended, T-85-41, Dec. 19, 1984; amended May 1, 1985; amended, T-86-46, Dec. 18, 1985; amended May 1, 1986; amended, T-87-47, Dec. 19, 1986; amended May 1, 1987; amended Dec. 26, 1989; amended Sept. 12, 1997.)

***** Authenticated Kansas Administrative Regulation *****