

# KANSAS Traffic Safety Resource OFFICE

KTSRO and KDOT are changing the way Kansas Traffic Safety Resource Office (KTSRO) car seats are going to be distributed here in Kansas. Up till now it has been the responsibility of each KTSRO Inspection Station to determine the eligibility of each recipient of the car seats, based upon the broad definition of “low income”. In light of the economic times and knowing the availability of funding from the federal government is going to be reduced in the near future, we are switching to having caregivers who arrive at our stations, if they are in need of a seat, must provide documentation of low income status if you provide a KDOT seat. If a seat is distributed documentation that the technician has checked for low income status is required on the check form.

The following are examples of the three forms of identification that are acceptable proof of low income status:

1.)

## WIC Check

The WIC check is the food prescription issued to a WIC client. It is similar to a personal check and should be treated just as carefully. All the information listed below must be present on the check before you take it. The client name printed on the check is the person the foods are intended for. Only the person listed under the signature line may redeem the check.

This is an example of a WIC check.

The image shows a sample WIC check form with the following fields and callouts:

- 1:** Pay to the order of any Authorized Kansas WIC Vendor Only
- 2:** Payable through: United Community Bank 64-1968 611
- 3:** AUTHORIZED FOOD - NO SUBSTITUTIONS (Child 2 to 5 yr old female)
 

Quantity	Description
2	gallons Fat Free, Skim, 1/2%, 1% or 2% Milk
36	ounces Cereal
1	64 oz container Juice (no refrigerated juices)
1	dozen Large Eggs, grade AA or A
2	14 to 16 oz cans Canned Beans
- 4:** WIC ID number: 1120012349
- 5:** Do not use before this date: 10/05/2011
- 6:** Client name: Doe, Mary

It should contain these items printed on the check:

1. WIC Clinic where the check was issued with phone number;
2. Client information including WIC ID number and name;
3. The authorized foods, quantity and size;
4. WIC check number;
5. First and last dates of use;
6. Caregiver(s) name (person authorized to use the check).

## 2.) Vision Card

### WHAT IS YOUR KANSAS VISION CARD?

There is a **SAFE**, **CONVENIENT**, and **EASY** way for you to get your benefits each month. It is called the Kansas Vision Card.



## 3.) KanCare Health Plans

These are the three KanCare Providers. Please keep this information sheet available so that you can verify that their cards are valid.

### 1) Sunflower State

Below are your actual ID cards. One of these cards is an extra copy. Check to make sure all information is correct. Please detach the cards from this letter. Always carry your Sunflower State Health Plan ID card with you. These cards are to be used for all of your Sunflower State healthcare needs. You will just need to show it when you get medical care.



Name:  
Medicaid #:  
Effective Date:  
PCP Name:  
PCP Phone:  
PCP Address:


If you have an emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your PCP or Sunflower State's 24/7 nurse line at 1-877-644-4623 (TDD/TTY 1-888-282-6423).




Name:  
Medicaid #:  
Effective Date:  
PCP Name:  
PCP Phone:  
PCP Address:


If you have an emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your PCP or Sunflower State's 24/7 nurse line at 1-877-644-4623 (TDD/TTY 1-888-282-6423).

### 2.) Amerigroup



Effective Date:  
Date of Birth:  
Subscriber #:





**Amerigroup Kansas Medicaid**

Member Name:  
Medicaid ID Number:  
Primary Care Provider (PCP):  
PCP Telephone #:  
Vision: 1-855-866-2623  
Dental: 1-855-866-2627  
Member Services and Behavioral Health: 1-800-400-4441  
Amerigroup On Call/Nurse Helpline: 1-866-864-2544

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for non-emergency care. If you have questions, call Member Services at 1-800-400-4441. If you are deaf or hard of hearing, call 1-800-455-9850.

**MIEMBROS:** Llevo conmigo siempre esta tarjeta de identificación. Muéstrela antes de recibir atención médica. Usted no necesita mostrar esta tarjeta antes de recibir atención de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Lleve siempre a su PCP de Amerigroup para la atención que no es de emergencia. Si tiene alguna pregunta, llame a Servicios para Miembros al 1-800-400-4441. Llame al 1-800-455-2684 si es una persona sorda o tiene problemas de la audición.

**HOSPITALS:** Pre-admission certification is required for all non-emergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

**PROVIDERS:** Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization billing information, call 1-800-454-3730.

**PHARMACISTS:** Submit claims using CoMarket RX#s: 000336; RMPCH; ADV; RRGSP; RX4378. For technical help, call CoMarket at 1-800-364-6331.

**SUBMIT MEDICAL CLAIMS TO:**  
AMERIGROUP - PO BOX 81010 - VINCENNA, IN 46088, VA 23466-1010

**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.  
EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.**

8501 113

1) UnitedHealth Care

999999 999999 999 999999  
SUBSCRIBER BROWN  
123 ANYWHERE STREET  
ANYWHERE, US 99999



UNITEDHEALTHCARE COMMUNITY PLAN  
PO BOX 31349  
SALT LAKE CITY UT 84131-0349 R

**Welcome to United Healthcare Community Plan**

This is your new Member ID card. Please carry it with you at all times. You should present this card when you go to doctor appointments or get covered services from other health care providers.

If you are a new member, you will receive your member handbook in a few days. For questions about your benefits or your PCP, call the Member Services number on the back of your ID card.



Health Plan (80840) 911-87726-04  
Member ID: 999999999 Group: 99999  
Member: Subscriber Brown Payer ID: 87726  
PCP Name: Provider Brown/Provider Group  
PCP Phone: (999) 999-9999  
Effective Date: 99/99/9999  
Kansas Medicaid  
Administered by UnitedHealthcare of Kansas, Inc.



Rx Bin: 610494  
Rx Grp: ACUKS  
Rx PCN: 9999

In an emergency go to nearest emergency room or call 911. Form 09/25/11



This card does not guarantee coverage. To verify benefits or to find a provider, visit the website [www.myuhc.com/communityplan](http://www.myuhc.com/communityplan) or call.

For Members:	877-542-9238	TTY 711
Nurseline:	856-675-0136	TTY 711
Behavioral Health:	855-802-7095	TTY 711
Vision:	800-877-7195	

For Providers: [www.uhccommunityplan.com](http://www.uhccommunityplan.com) 877-542-9235  
Medical Claims: PO Box 5270, Kingston, NY 12401

Pharmacy Claims: OptumRx, PO Box 2904, Hot Springs, AR 71903  
For Pharmacist: 877-305-8952

4) **Kansas Farm Worker Health Program**—This is an immigrant health program based on income tax information, if they qualify they can receive a KDOT seat