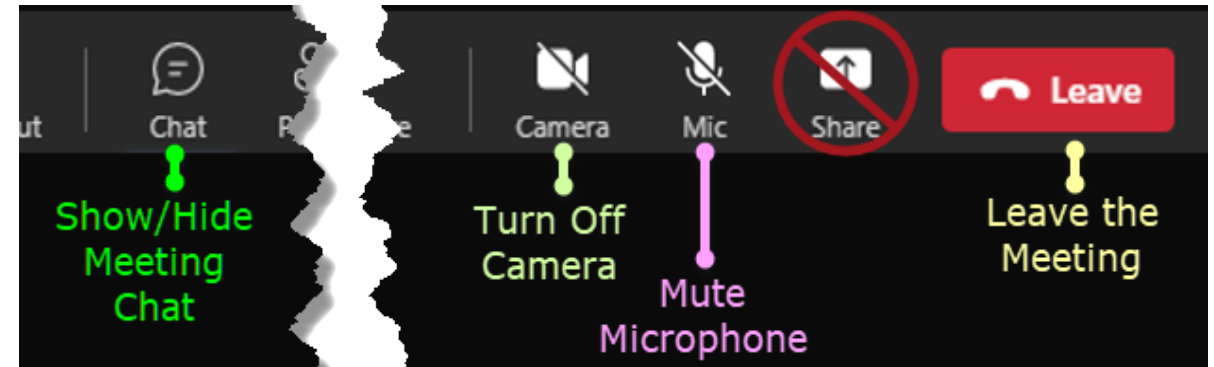


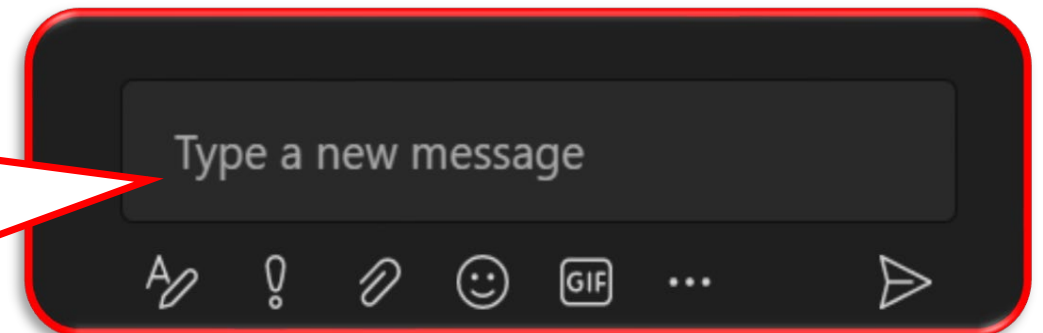
Winter 2023 KEES Release

Please make sure your Camera video is turned off and your microphone is muted.



While we wait for everyone to join, please join this discussion in the chat...

What is your favorite Old Wives' Tale?



Recording

08:31

Take control

Pop out

Chat

People

Raise

React

View

Apps

More

Camera

Mic

Share

Leave

View Stage in a Separate Window

Show/Hide Participants

Duration of Session

Message That Displays When Recording Starts

Show/Hide Meeting Chat

Raise/Lower Your Hand

Send a Reaction

Change Stage View

Turn Off Camera

Mute Microphone

Leave the Meeting

Recording and transcription

By attending this meeting, you consent to being included. Privacy policy

Training sessions are recorded. The video of the session is posted in chat.

During our session today we will have 200+ attendees. To eliminate multiple background noises and distractions, please turn off your video and mute your mic. If someone needs to talk about a topic, feel free to unmute for that discussion.

Any questions?

Meeting chat

Good morning everyone. We'll get started in a couple minutes.

TELL US: Do you prefer coffee, tea, or something else in the morning?

Type a new message

Share group communication in chat.



Medical KEES Release

Winter 2023

TOPICS



- Medicare Part B-ID
 - Introduction to B-ID
 - Medicare Part B-ID Aid Codes
 - Identifying B-ID Eligibility (in KEES)
 - Medicare Detail Record
 - Part B-ID & Reviews
- NOA updates – B-ID Specific
 - Approvals
 - Denials
 - Changes
 - Discontinuances
- KEES User Manual Updates
- Medical Task Enhancements
- Task Logic Enhancements
- Presumptive Eligibility (PE) Discontinued NOAs
- KEES Customizations

Medicare Part B-ID



Introduction to Medicare Part B-ID

What is Part B-ID?

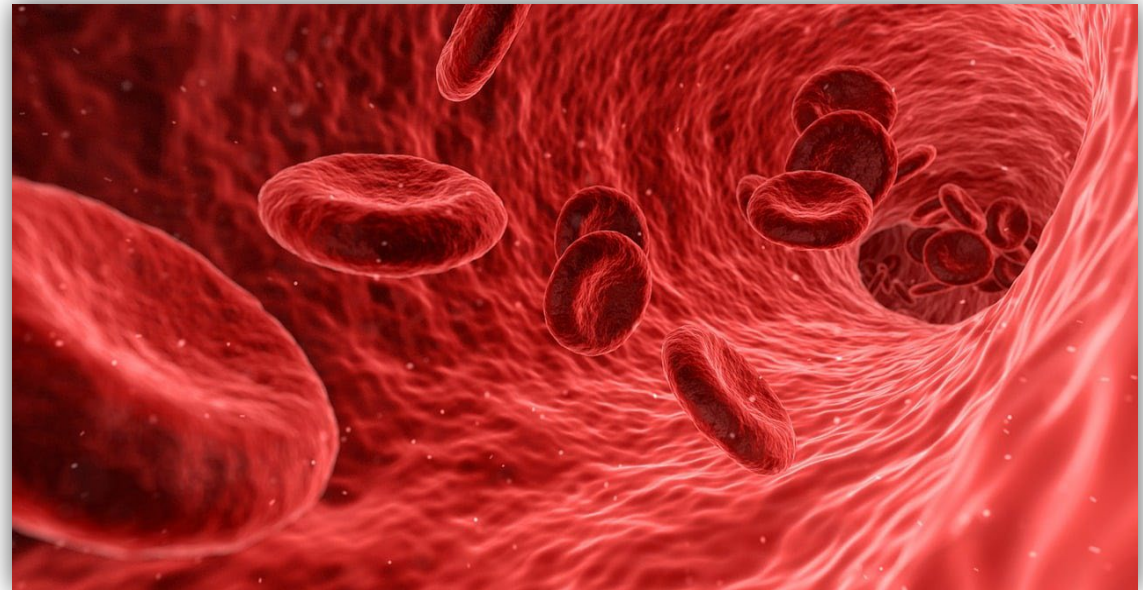
This Medicare benefit is available to a very limited number of people and does not provide full health coverage. Beneficiaries include those who are only eligible for Medicare due to End-Stage Renal Disease (ESRD). These beneficiaries lose their Medicare coverage 36 months after a kidney transplant.

The ID in Medicare Part B-ID stands for:

- Immunosuppressive Drugs

The Part B-ID program covers:

- Immunosuppressive Drugs only



Introduction to Medicare Part B-ID

Post transplant consumers need Immunosuppressive Drugs beyond 36 months, this is where Medicare Part B-ID enters.

There are specific policies surrounding eligibility for Part B-ID as it is a Medicare Savings Program (MSP).

To further familiarize yourself with B-ID eligibility policies, review **PM2023-09-01** and ask questions as needed.

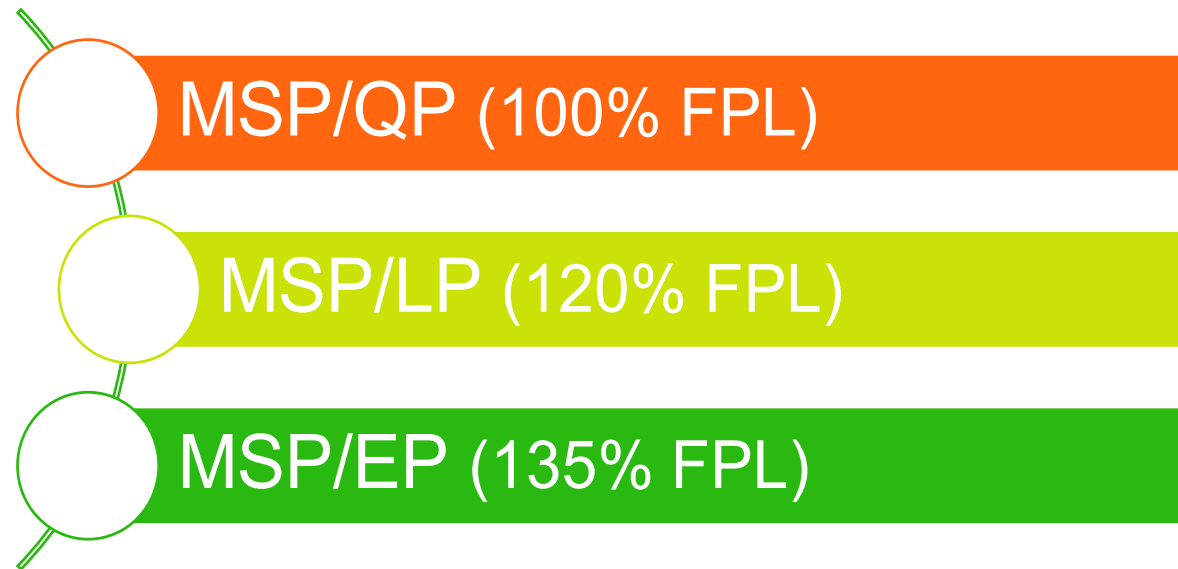
Policy Memo	
KDHE-DHCF POLICY NO: 2023-09-01	From: Erin Kelley, Senior Manager
Date: September 15, 2023	MKEESM Reference(s): 2671, 2672, 2675, 2911
RE: Medicare Savings Program Eligibility for Medicare Part B-ID Recipients	Program(s): Elderly & Disabled Medical

Medicare Part B-ID Aid Codes

When a new program is announced, new Aid Codes are also introduced. As previously mentioned, Part B-ID is a sub-program within the Medicare Savings Program (MSP) 'umbrella'. Because of this, Medicare Part B-ID follows the same income and resource guideline standards as regular MSP.



Part B-ID has the same 3 sub-categories of QMB, LMB, and ELMB and each has their own accompanying B-ID aid code. They are:



Identifying Part B-ID Eligibility in KEES

Staff can view a consumer's Medicare Part B-ID eligibility in KEES by navigating to the **Medicare Expense Detail** page and then clicking the **Medicare Information** button.

Medicare Expense Detail

Save and ReturnCancel

* - Indicates required fields.

Name:*	Medicare Identification Number:*
Kate Foster▼ Retrieve Information	508142058A
Part A Payment Method: Self▼	Part A Payment Amount:
Part A Start Date: 01/01/2020 ⓘ	Part A End Date: 05/31/2023 ⓘ
Part B Payment Method: Self▼	Part B Payment Amount: 97.10
Part B Start Date: 06/01/2023 ⓘ	Part B End Date: ⓘ ⓘ
Part D Payment Method: ▼	Part D Payment Amount:
Part D Start Date: ⓘ ⓘ	Part D End Date: ⓘ ⓘ
Begin Date:*	End Date:
01/01/2020 ⓘ	ⓘ ⓘ
Verified:*	
Verified▼	

Medicare Information

Save and ReturnCancel

Identifying Part B-ID Eligibility in KEES

The **Medicare Information** page displays and under the **Medicare Information Part B** header the **Part B-ID** identifier shows either a ‘**Yes**’ or ‘**No**’ depending on the consumer’s B-ID eligibility.

Medicare Information				
Medicare Name	SSN	DOB	Medicare Identification Number	Health Insurance Claim Number
KATE FOSTER	508142058	9/12/1987		508142058A
Medicare Information Part A header				
Part A Entitlement Date	Part A Entitlement End Date			
1/1/2020	5/31/2023			
Part A Entitlement Status	Part A 3rd Party Premium Payer		Payer Start Date:	Payer End Date:
Medicare Information Part B header				
Part B Entitlement Date	Part B Entitlement End Date		Part B-ID	
6/1/2023	12/31/9999		Yes	
Part B Entitlement Status	Part B 3rd Party Premium Payer		Payer Start Date:	Payer End Date:
Medicare Information Part D header				
Part D Start Date:	Part D End Date:	Part D Opt-Out Indicator:	Retiree Drug Subsidy Start Date:	RDS Term. Date:
Other Medicare Information Header				
End Stage Renal Disease Start Date		End Stage Renal Disease End Date		
Verified				

Return

Anytime a consumer is eligible for Medicare Part B-ID, KEES will display that information under the **Medicare Information Part B** header. It will not appear in its own section.

Adding a Part B-ID Medicare Detail Record



If a consumer has regular Medicare Part B and now qualifies for Part B-ID, the current Medicare record needs to be end dated and a new one created.

The end date for the old/previous record should reflect the last day of the month before B-ID begins. The new record should begin the first day of the month of B-ID eligibility.

When creating the new record, keep in mind that per PM2023-09-01: a consumer is not entitled to Medicare Part A or Part D.

The entitlement date can be found in KEES by clicking the **Medicare Information** button within the **Medicare Information Detail** page.

Medicare Information Part B header			
Part B Entitlement Date	Part B Entitlement End Date	Part B-ID	
6/1/2023	12/31/9999	Yes	
Part B Entitlement Status	Part B 3rd Party Premium Payer	Payer Start Date:	Payer End Date:

Staff should also always continue to check the appropriate interface (EATSS) to verify Medicare Part B-ID eligibility, effective date, and end date.

Adding a Part B-ID Medicare Detail Record



Part B-ID information should be entered in the **Part B Payment Method**, **Part B Payment Amount**, **Part B Start Date**, and **Part B End Date** (if applicable) fields on the **Medicare Expense Detail** page.

Medicare Expense Detail

Save and Return

Cancel

*

 - Indicates required fields.

Name:*

Kate Foster

Retrieve Information

Medicare Identification Number:*

508142058A

Part A Payment Method:

Part A Payment Amount:

Part A Start Date:

Part A End Date:

Part B Payment Method:

Self

Part B Payment Amount:

97.10

Part B Start Date:

06/01/2023

Part B End Date:

Part D Payment Method:

Part D Payment Amount:

Part D Start Date:

Part D End Date:

Begin Date:*

01/01/2020

End Date:

Verified:*

Verified

Medicare Information

Save and Return

Cancel

Medicare Part B-ID & Reviews



Consumers who receive Medicare Part B-ID coverage receive an **Elderly & Disabled Review**.

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



Notice Date: 11/06/2023
Case Number: 20560160
Medical Type: MSP

Kate Foster
534 S KANSAS AVE
TOPEKA, KS 66603-3451

Dear Kate Foster,

We are renewing your KanCare medical assistance case. This is the annual renewal to determine ongoing eligibility. The results of the renewal are sent in a separate letter. Read the separate renewal letter for specific information on coverage for your family.

Follow the steps listed in this letter to complete the renewal process.

The **Review Type** could be **Passive** (KC-1700) or **Pre-Populated** (KC-1600) depending upon consumer circumstance.



QUESTIONS?

NOA Updates: Medicare Part B-ID Specific



B-ID Specific NOA snippets

Part B-ID specific verbiage has been added to NOAs for the following types of case actions:

- Approvals,
- Denials,
- Changes and
- Discontinuances.

These changes appear on both the English and Spanish versions.

Note: Staff should always carefully review all notices and ensure accuracy per MKEESM 1430 (and all applicable subsections). When a consumer is MSP/B-ID eligible, KEES should generate this information in the NOA; as when a consumer is not B-ID eligible, they should not receive NOAs that include B-ID information.

Eligibility staff continue to remain our first line of defense if the system is not generating notices appropriately. If this occurs, please submit a KEES Help Desk Ticket using the current KEES Issue Template found on the KEES Repository.

Approval NOA – MSP/QP

Consumers who are approved for MSP/QP will see the highlighted text. This snippet appears on both the English and Spanish NOA versions.

ENGLISH:

We have approved your application for Medical Assistance beginning 06/2023 for the following individuals:

Kate Foster

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

Kate Foster has been approved for Medical Assistance starting 06/01/2023.

The Medicaid ID number is: 00110621343.

Kate Foster will receive Medical Assistance under the Medicare Savings Plan for Medicare Part B-ID Only – Qualified Medicare Beneficiary program for 06/01/2023.

You are not eligible for the Medicare Savings Plan for Medicare Part B-ID Only - Qualified Medicare Beneficiary program for prior months.

These are your benefits until otherwise notified.

Please allow 60 - 90 days for your Medicare Part B-ID premium to be reimbursed back to you. You may contact the Social Security Administration if you have any questions about the reimbursement.

The Medicare Savings Plan for Medicare Part B-ID Only – Qualified Medicare Beneficiary program pays your Medicare Part B premium. It will also pay the deductible and co-insurance costs of immunosuppressive drugs.

If you have a medical card now, Medicare Savings Plan for Medicare Part B-ID Only – Qualified Medicare Beneficiary coverage will be added to your plan. If you do not have a medical card, you will receive one in a few days. Show your card to Medicare service providers for the immunosuppressive drugs. If you do not show the card, you may have to pay the bill.

All persons eligible for Medical Assistance must be reviewed periodically. Your program's next review will be due 05/2024. If we require additional information from your household to complete your review, you will receive a notification before it is due. Failing to complete the review in a timely manner may result in loss of coverage.

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

Note for people who also have Medicare coverage: We will help pay your Medicare costs. We will pay the Part B premium.

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

SPANISH:

Hemos aprobado su solicitud para Medical Assistance a partir de 09/2023 para las siguientes personas:

Hallie Wallace

Las personas elegibles para cobertura obtendrán una tarjeta de identificación médica. Le enviaremos una tarjeta médica a los nuevos miembros. Si necesita un reemplazo de tarjeta médica, llame al 1-866-305-5147. Muestre la tarjeta a todos los proveedores médicos cuando reciba servicios. Si usted no muestra su tarjeta, es posible que tenga que pagar la factura.

Hallie Wallace ha sido aprobado para Medical Assistance a partir de 09/01/2023.

El número de identificación de Medicaid es: 00110623750.

Hallie Wallace recibirá Medical Assistance en virtud del programa Medicare Savings Plan for Medicare Part B-ID Only – Qualified Medicare Beneficiary para 09/01/2023.

Usted no califica para el Programa de Beneficiario Cualificado para meses anteriores (solo para el Programa de Ahorros de Medicare para la Parte B-ID).

Estos son sus beneficios hasta que se notifique lo contrario.

El reembolso de la prima de la Parte B-ID de Medicare tardará entre 60 y 90 días. Puede ponerse en contacto con la Administración del Seguro Social si tiene alguna duda sobre el reembolso.

El Programa de Beneficiario Cualificado (solo para el Programa de Ahorros de Medicare para la Parte B-ID) paga su prima de la Parte B de Medicare y también paga los deducibles y coseguros de los medicamentos inmunosupresores.

Si ya tiene una tarjeta médica, se añadirá la cobertura del Programa de Beneficiario Cualificado (solo para el Programa de Ahorros de Medicare para la Parte B-ID) a su plan. Si no tiene una tarjeta médica, recibirá una en los próximos días. Muéstrelas su tarjeta a los proveedores de servicios de Medicare al momento de recibir los medicamentos inmunosupresores. Si no muestra su tarjeta, es posible que tenga que pagar la factura.

Todas las personas que sean elegibles para recibir Asistencia Médica deben ser revisadas periódicamente. La próxima revisión de su programa será el 09/2023. Si necesitamos información adicional de su hogar para completar su revisión, recibirá una notificación antes de la fecha límite. En caso de no completar la revisión de manera oportuna podría perder la cobertura.

Si tiene cualquier otro seguro, debe utilizar ese seguro antes de que KanCare pague cualquier factura médica.

Nota para las personas que también tienen cobertura de Medicare: lo ayudaremos a pagar sus gastos de Medicare. Pagaremos la prima de la Parte B.

Por favor, lea la última página de esta carta. Contiene información importante acerca de su derecho a una

Approval NOA – MSP/LP

Below is the MSP/LP approval verbiage on both the English and Spanish versions.

ENGLISH:

We have approved your application for Medical Assistance beginning 07/2023 for the following individuals:

Adam Samson

Adam Samson has been approved for Medical Assistance starting 07/01/2023.

The Medicaid ID number is: 00110621344.

Adam Samson will receive Medical Assistance under the Medicare Savings Plan for Medicare Part B-ID Only – Low-Income Medicare Beneficiary program for 07/01/2023.

These are your benefits until otherwise notified.

Please allow 60 - 90 days for your Medicare Part B-ID premium to be reimbursed back to you. You may contact the Social Security Administration if you have any questions about the reimbursement.

The LMB program will only pay for your Medicare Part B or B-ID premium.

All persons eligible for Medical Assistance must be reviewed periodically. Your program's next review will be due 06/2024. If we require additional information from your household to complete your review, you will receive a notification before it is due. Failing to complete the review in a timely manner may result in loss of coverage.

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

Note for people who also have Medicare coverage: We will help pay your Medicare costs. We will pay the Part B premium.

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

We provide interpreter services at no cost.

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

SPANISH:

Hemos aprobado su solicitud para Medical Assistance a partir de 08/2023 para las siguientes personas:

Maxine Gordon

Maxine Gordon ha sido aprobado para Medical Assistance a partir de 08/01/2023.

El número de identificación de Medicaid es: 00110621477.

Maxine Gordon recibirá Medical Assistance en virtud del programa Medicare Savings Plan for Medicare Part B-ID Only – Low-Income Medicare Beneficiary para 08/01/2023.

Estos son sus beneficios hasta que se notifique lo contrario.

El reembolso de la prima de la Parte B-ID de Medicare tardará entre 60 y 90 días. Puede ponerse en contacto con la Administración del Seguro Social si tiene alguna duda sobre el reembolso.

El Programa LMB solo pagará su prima de la Parte B o de la Parte B-ID de Medicare.

Todas las personas que sean elegibles para recibir Asistencia Médica deben ser revisadas periódicamente. La próxima revisión de su programa será el 07/2024. Si necesitamos información adicional de su hogar para completar su revisión, recibirá una notificación antes de la fecha límite. En caso de no completar la revisión de manera oportuna podría perder la cobertura.

Si tiene cualquier otro seguro, debe utilizar ese seguro antes de que KanCare pague cualquier factura médica.

Nota para las personas que también tienen cobertura de Medicare: lo ayudaremos a pagar sus gastos de Medicare. Pagaremos la prima de la Parte B.

Por favor, lea la última página de esta carta. Contiene información importante acerca de su derecho a una audiencia justa.

Nosotros proporcionamos servicios de intérprete en forma gratuita.

Si usted tiene cualquier pregunta, por favor comuníquese con KanCare Clearinghouse al (800) 792-4884 de lunes a viernes en el horario de 8 am a 5 pm.

Approval NOA – MSP/EP

Consumers who are approved for MSP/EP see the following highlighted text in their NOAs. Again, this text appears on both the English and Spanish versions.

ENGLISH:

We have approved your application for Medical Assistance beginning 08/2023 for the following individuals:

Margot Clarke

Margot Clarke has been approved for Medical Assistance starting 08/01/2023.

The Medicaid ID number is: 00110623004.

Margot Clarke will receive Medical Assistance under the Medicare Savings Plan for Medicare Part B-ID Only – Expanded LMB program for 08/01/2023.

These are your benefits until otherwise notified.

Please allow 60 - 90 days for your Medicare Part B-ID premium to be reimbursed back to you. You may contact the Social Security Administration if you have any questions about the reimbursement.

The LMB program will only pay for your Medicare Part B or B-ID premium.

All persons eligible for Medical Assistance must be reviewed periodically. Your program's next review will be due 07/2024. If we require additional information from your household to complete your review, you will receive a notification before it is due. Failing to complete the review in a timely manner may result in loss of coverage.

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

Note for people who also have Medicare coverage: We will help pay your Medicare costs. We will pay the Part B premium.

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

We provide interpreter services at no cost.

If you have any questions, please contact KanCare Clearinghouse at (785) 100-5425 between 8:00 AM and 5:00 PM Monday through Friday.

SPANISH:

Hemos aprobado su solicitud para Medical Assistance a partir de 08/2023 para las siguientes personas:

Jo Santiago

Jo Santiago ha sido aprobado para Medical Assistance a partir de 08/01/2023.

El número de identificación de Medicaid es: 00110623146.

Jo Santiago recibirá Medical Assistance en virtud del programa Medicare Savings Plan for Medicare Part B-ID Only – Expanded LMB para 08/01/2023.

Estos son sus beneficios hasta que se notifique lo contrario.

El reembolso de la prima de la Parte B-ID de Medicare tardará entre 60 y 90 días. Puede ponerse en contacto con la Administración del Seguro Social si tiene alguna duda sobre el reembolso.

El Programa LMB solo pagará su prima de la Parte B o de la Parte B-ID de Medicare.

Todas las personas que sean elegibles para recibir Asistencia Médica deben ser revisadas periódicamente. La próxima revisión de su programa será el 07/2024. Si necesitamos información adicional de su hogar para completar su revisión, recibirá una notificación antes de la fecha límite. En caso de no completar la revisión de manera oportuna podría perder la cobertura.

Si tiene cualquier otro seguro, debe utilizar ese seguro antes de que KanCare pague cualquier factura médica.

Nota para las personas que también tienen cobertura de Medicare: lo ayudaremos a pagar sus gastos de Medicare. Pagaremos la prima de la Parte B.

Por favor, lea la última página de esta carta. Contiene información importante acerca de su derecho a una audiencia justa.

Nosotros proporcionamos servicios de intérprete en forma gratuita.

Si usted tiene cualquier pregunta, por favor comuníquese con KanCare Clearinghouse al (785) 100-5425 de lunes a viernes en el horario de 8 am a 5 pm.

Denial NOAs

When an applicant is denied for any level of the MSP/B-ID program, the highlighted snippet below appears in the consumer notice.

ENGLISH:

We have denied the application for Medical Assistance received on 08/01/2023 effective 08/29/2023.

Your household has no eligible members.

You can reapply at anytime.

Evin Ahmad has been denied for Medical Assistance effective 08/29/2023.

This action was taken because you are not eligible for Medicare Savings Program or Medicare Savings Program Part B-ID and extra help because your resources exceed the maximum allowable amount to be eligible for the program.

This action was taken because your countable resources for the program exceed the maximum allowable amount of \$9,090 for your household size. Your total countable household resources are \$13,524.

This action is based on Kansas Economic and Employment Services Manual section(s) 2671; 2672; 2675; 5130; 5100.

Your application is good for a period of 45 days from when you applied. If changes occur during this time, please notify us. When information is provided within this time frame, we can re-look at your application. You will not have to fill out a new one.

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

We provide interpreter services at no cost.

If you have any questions, please contact KanCare Clearinghouse at (785) 100-5425 between 8:00 AM and 5:00 PM Monday through Friday.

SPANISH:

Hemos denegado la solicitud para Medical Assistance recibida el 08/01/2023 a partir de 08/29/2023.

Su grupo familiar no tiene miembros elegibles.

Usted puede presentar la solicitud nuevamente en cualquier momento.

Indica Watson ha sido rechazado para Medical Assistance a partir de 08/29/2023.

Esta medida se ha tomado porque usted no califica para el Programa de Ahorros de Medicare ni para el Programa de Ahorros de Medicare para la Parte B-ID y ayuda adicional, ya que sus recursos superan el monto máximo permitido.

Se tomó esta medida porque sus recursos contables para el programa superó la cantidad permitida máxima de \$9,090 para el tamaño de su grupo familiar. Los recursos contabilizables totales de su grupo familiar son \$17,680.23.

Esta acción está basada en la(s) sección(es) del Manual de Sustento Económico y Laboral de Kansas 2671; 2672; 2675; 5130; 5100.

Su solicitud es válida por un período de 45 días a partir de la fecha en que la realizó. Si ocurren cambios en este período, por favor notifiquenos. Cuando la información es proporcionada dentro de este marco de tiempo, podemos evaluar nuevamente su solicitud. No será necesario que usted complete una nueva.

Por favor, lea la última página de esta carta. Contiene información importante acerca de su derecho a una audiencia justa.

Nosotros proporcionamos servicios de intérprete en forma gratuita.

Si usted tiene cualquier pregunta, por favor comuníquese con KanCare Clearinghouse al (785) 100-5425 de lunes a viernes en el horario de 8 am a 5 pm.

Change NOAs

B-ID recipients reporting information that results in a change to their coverage receive the highlighted information in their notices. Again, these changes are applicable to both the English and Spanish versions.

ENGLISH:

We are changing your Medical Assistance coverage or benefits effective 10/01/2023 for the following individuals:

Troy BUREAN

Medical assistance for Troy BUREAN is changing.

The Medicaid ID number is: 1012935474.

There has been a change in KanCare medical assistance for Troy BUREAN as of 10/01/2023.

Troy BUREAN will no longer receive benefits under the Medically Needy - Disabled program as of 09/30/2023.

Troy BUREAN is no longer eligible for Medicare Savings Plan - Qualified Medicare Beneficiary benefits and extra help with Medicare Part D Prescription Drug Costs.

Troy BUREAN will no longer receive benefits under the Medicare Savings Plan - Qualified Medicare Beneficiary program as of 09/30/2023.

Troy BUREAN is no longer eligible for Medicare Savings Plan - Qualified Medicare Beneficiary benefits and extra help with Medicare Part D Prescription Drug Costs.

Troy BUREAN will receive Medical Assistance under the Medicare Savings Plan for Medicare Part B-ID Only – Low-Income Medicare Beneficiary program for 10/01/2023.

The LMB program will only pay for your Medicare Part B or B-ID premium.

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

All persons eligible for Medical Assistance must be reviewed periodically. Your program's next review will be due 09/2024. If we require additional information from your household to complete your review, you will receive a notification before it is due. Failing to complete the review in a timely manner may result in loss of coverage.

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

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

We provide interpreter services at no cost.

SPANISH:

Estamos cambiando su cobertura Medical Assistance o beneficios a partir de 10/01/2023 para las siguientes personas:

Juan Ramirez

La asistencia médica para Juan Ramirez está cambiando.

El número de identificación de Medicaid es: 00110623265.

Ha habido un cambio en la asistencia médica KanCare para Juan Ramirez a partir del 10/01/2023.

Juan Ramirez ya no recibirá los beneficios bajo el programa Medicare Savings Plan for Medicare Part B-ID Only – Qualified Medicare Beneficiary a partir del 09/30/2023.

Juan Ramirez recibirá Medical Assistance en virtud del programa Medicare Savings Plan for Medicare Part B-ID Only – Low-Income Medicare Beneficiary para 10/01/2023.

El Programa LMB solo pagará su prima de la Parte B o de la Parte B-ID de Medicare.

Esta acción está basada en la(s) sección(es) del Manual de Sustento Económico y Laboral de Kansas 2610.

Todas las personas que sean elegibles para recibir Asistencia Médica deben ser revisadas periódicamente. La próxima revisión de su programa será el 08/2024. Si necesitamos información adicional de su hogar para completar su revisión, recibirá una notificación antes de la fecha límite. En caso de no completar la revisión de manera oportuna podría perder la cobertura.

Si tiene cualquier otro seguro, debe utilizar ese seguro antes de que KanCare pague cualquier factura médica.

Por favor, lea la última página de esta carta. Contiene información importante acerca de su derecho a una audiencia justa.

Nosotros proporcionamos servicios de intérprete en forma gratuita.

Si usted tiene cualquier pregunta, por favor comuníquese con KanCare Clearinghouse al (785) 100-5425 de lunes a viernes en el horario de 8 am a 5 pm.

Discontinuance NOAs

When a consumer is no longer eligible for Medicare Part B-ID and must be discontinued, the highlighted text below appears in the consumer NOA.

ENGLISH:

We have ended Medical Assistance for the following individuals:

Murphy Cooper

The last day of coverage is 09/30/2023.

You can reapply at anytime.

Medical Assistance for Murphy Cooper will close as of 09/30/2023.

This action was taken at your request.

Murphy Cooper will no longer receive benefits under the Medicare Savings Plan for Medicare Part B-ID Only – Low-Income Medicare Beneficiary program as of 09/30/2023.

This action is based on Kansas Economic and Employment Services Manual section(s) 1211.10.

This action is based on the Kansas Medical Assistance Manual section(s) 1210.09.

If you have Medicare Part B PLEASE NOTE: We will no longer pay your Part B premium since you are not eligible. You will pay the monthly premium in the future. Premiums are usually taken out of your Social Security check. Social Security may take out more than one premium the first time. Social Security will send you more information about this change.

If you still qualify under another KanCare program we will send you a separate letter.

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

We provide interpreter services at no cost.

If you have any questions, please contact KanCare Clearinghouse at (785) 100-5425 between 8:00 AM and 5:00 PM Monday through Friday.

SPANISH:

Hemos finalizado Medical Assistance para las siguientes personas:

John Ahn

El último día de cobertura es 09/30/2023.

Su grupo familiar no tiene miembros elegibles.

Usted puede presentar la solicitud nuevamente en cualquier momento.

Medical Assistance para John Ahn finalizará a partir de 09/30/2023.

Esta acción se tomó a petición suya.

John Ahn ya no recibirá beneficios bajo el Plan de Ahorros de Medicare solo para la Parte B-ID de Medicare - Programa de beneficiarios de Medicare de bajos ingresos a partir del 09/30/2023.

Esta acción está basada en la(s) sección(es) del Manual de Sustento Económico y Laboral de Kansas 1211.10.

Esta acción está basada en la(s) sección(es) del Manual de Asistencia Médica de Kansas 1210.09. Si usted tiene Medicare Parte B, POR FAVOR, TENGA EN CUENTA: Ya no pagaremos su prima Parte B dado que usted no es elegible. Usted pagará la prima mensual en el futuro. Las primas son usualmente tomadas de su cheque del Seguro Social. El Seguro Social puede tomar más de una prima la primera vez. El Seguro Social le enviará más información acerca de este cambio.

Si aún reúne los requisitos en virtud de otro programa de KanCare, le enviaremos una carta por separado.

Por favor, lea la última página de esta carta. Contiene información importante acerca de su derecho a una audiencia justa.

Nosotros proporcionamos servicios de intérprete en forma gratuita.

Si usted tiene cualquier pregunta, por favor comuníquese con KanCare Clearinghouse al (785) 100-5425 de lunes a viernes en el horario de 8 am a 5 pm.

QUESTIONS?



KEES User Manual Updates



KEES User Manual Updates



When processing Medicare Part B-ID, the following pages remain available in the KEES User Manual and should be used when questions arise during processing:

- [Information on the Medicare Expense Detail Page \(ks.gov\)](#)
- [Medicare Expense - Data Acceptance \(ks.gov\)](#)
- [Processing Medicare Savings Program \(ks.gov\)](#)
- [Medicare Savings Program \(ks.gov\)](#)
- [Processing QMB Start Date Exceptions \(ks.gov\)](#)
- [Troubleshooting - MSP \(ks.gov\)](#)



QUESTIONS?

Medical Task Enhancements



Medical Task Enhancements

Updates have been made not to create duplicate tasks when there is already an open task for the same person on the same case. This change applies to the following tasks:

- BENDEX SSA Income Start
- BENDEX SSA Income Change
- BENDEX Gender Discrepancy
- BENDEX Date of Death Received
- BENDEX Benefits Terminated
- BENDEX SSA Different Address
- SDX Move Out of State
- SDX SSI Income Start
- SDX SSI Income End
- SDX Verified Date of Death
- TPQY Invalid SSN
- TPQY Invalid SSN DOB
- TPQY Invalid SSN Name
- KDOC Verified Incarceration
- PB Delinquent Premium
- PB No Delinquent Premium
- MMIS Verified Date of Death
- MMIS Verified Living Arrangement
- MMIS Add Baby
- MMIS Verify Medicare Data
- MMIS Health Insurance Ended
- MMIS Add TPL
- KDHE Date of Death
- CSS Non-Cooperation
- CSS Cooperation
- Medicare Data Exists
- WH Desk Review Due

Search Results Summary																			
■	Priority	Priority Date	Contact Type	Task	Rec'd Date	Completion Date	Status	Status Reason	Due Date	Queue	Wait Time	Work Time	Worker	Location	CaseBanks	Review Due	Case Number	Case Name	App Id
<input type="checkbox"/>	Accelerated	08/11/2023		Return - AGO Application - 7730798	08/08/2023		Assigned	KDHE-Return	08/21/2023	MAGI Eligibility	66:25		Helen Helps	KanCare Clearinghouse	MAGI - KH0206MG00		20557831	Earlene Marie Jones	KD
<input type="checkbox"/>	Accelerated	08/11/2023		AGO Application - 7740847	08/08/2023	08/11/2023	Completed	KDHE-Being Worked	08/16/2023	Registration	67:49	67:49	Helen Helps	KanCare Clearinghouse	MAGI - KH0206MG00		20557831	Earlene Marie Jones	KD
<input type="checkbox"/>	Accelerated	08/11/2023		AGO Application - State - 7730798	08/08/2023	08/11/2023	Completed	KDHE-Return	08/21/2023	State	67:46	66:25	Carl Cares	KanCare Clearinghouse	MAGI - KH0206MG00		20557831	Earlene Marie Jones	KD
<input type="checkbox"/>	Accelerated	08/11/2023		Process AGO Application - 7740847	08/08/2023	08/11/2023	Completed	KDHE-State	08/31/2023	MAGI Eligibility	67:47	67:46	Helen Helps	KanCare Clearinghouse	MAGI - KH0206MG00		20557831	Earlene Marie Jones	KD
<input type="checkbox"/>	None	08/11/2023	Inbound Call	Partial - Add Newborn - 7740926	08/11/2023		Assigned	KDHE-Partial	08/21/2023	MAGI Eligibility	00:00	66:25	John Joy	KanCare Clearinghouse	MAGI - KH0206MG00		20557831	Earlene Marie Jones	KD
<input type="checkbox"/>	None	08/11/2023	Inbound Call	Add Newborn - 7740911	08/11/2023	08/11/2023	Completed	KDHE-Being Worked	08/21/2023	MAGI Eligibility	66:47	66:47	John Joy	KanCare Clearinghouse	MAGI - KH0206MG00		20557831	Earlene Marie Jones	KD
<input type="checkbox"/>	None	08/11/2023	Inbound Call	Add Newborn - State - 7740926	08/11/2023	08/11/2023	Completed	KDHE-Partial	08/21/2023	State	66:27	66:25	Carl Cares	KanCare Clearinghouse	MAGI - KH0206MG00		20557831	Earlene Marie Jones	KD

Customer Reporting Record

The **Review and IR/12 Month Reporting List** page has been updated to automatically switch the **Reporting Status** to *Complete – EDBC Accepted* after running **EDBC** with an **RE Run Reason**. This occurs even when **EDBC** is run 3 months after the review is due.

Run EDBC Run EDBC Cancel

* - Indicates required fields

Single Month Multi-Month

Benefit Month: *
09/2023 Select

<input checked="" type="checkbox"/>	Program	Status	Timely Notice Exception	Reason	Run Reason
<input checked="" type="checkbox"/>	Medical - 7672	Active			RE ▼

Run EDBC Cancel

Images

Review and IR/12 Month Reporting List

Search Results Summary Results 1 - 2 of 2

Display From: To: View

Type	Submit Month*	Document Status*	Report Status*	Program	Date Received*	Action
Pre-Populated Medical Review	03/2023	Received	Complete- EDBC Accepted	Medical - 7672	08/09/2023	Edit

Program* Add



QUESTIONS?

Task Logic Enhancements



Task Logic Enhancement

The logic for **Tasks** has been updated for both Medical and Non-Medical cases. For Medical, **Tasks** only generate on *High-dated, Pending, or Active* Persons and/or Programs for the following:

- **BENDEX**
 - Benefits Terminated
 - DOB Discrepancy
 - DOB Received
 - Gender Discrepancy
 - SSA Different Address
 - SSA Income Change
 - SSA Income Start
 - SSN Discrepancy
- **SDX** (State Data Exchange) for SSI
 - Moved Out of State
 - SSI Income Ended
 - SSI Income Start
 - Verify Date of Death
- **CSS Cooperation** (Child Support Services)
- **CSS Non-Cooperation** (Child Support Services)
- **SVES** (State Verification and Exchange System)
 - TPQY Invalid SSN
 - TPQY Invalid SSN DOB
 - TPQY Invalid SSN Name

When tasks are received workers need to check the information reported on the task with the data in KEES to determine if it matches, if the information reported is different than what is in KEES the worker makes the changes following their business process.

Task Logic Enhancement

The **KDHE Verify Date of Death** tasks have been updated to generate when a person has been Denied/Discontinued but was active on a **Medical/ADAP** program on or after their date of death. When workers receive this task, they need to check the date of death in KEES to ensure it matches what's on the interface file then run EDBC for that month to ensure the consumer has coverage through the actual day of their death.

Task	Queue	Received Date	Status	Actions
KDHE Verify Date of Death	E&D Eligibility	10/17/2023	New	<button>Claim</button> <button>Void</button>

NOTE: This task does not generate when the consumer is not on an active program and the date of death has been reported.

Task Details

Case #:
20560518

Name:
Victoria Rose

Claim

Complete

Save and Continue

Cancel

Status:
New

Status Reason:
- Select -

Priority:
None

Priority Date:
10/17/2023

Created Date:
10/17/2023

Created Time:
10:03 AM

Due Date:
10/27/2023

Review Due:

Received Date:
10/17/2023

Region:
KDHE Clearinghouse

Location:
KanCare Clearinghouse

Worker Assigned:

Completion Date:

Task #:
7997084

Queue:
E&D Eligibility

Task:
KDHE Verify Date of Death

CaseBank:
E&D - KH0206ED00

Created By:
1006834

Contact Type:

Work Time:
00:00

Wait Time:
06:05

eApp Source:

Task Details:

Information received from Death File: 20560968 Name: Victoria Rose DOB: 05-18-1990 Date of Death: 07-15-2023

Task Logic Enhancement

Workers no longer need to change the **Status Reason** when claiming a task. This is because the **Status Reason** now automatically changes to *KDHE-Being Worked* when the worker claims a task.

Task Details									
Case #: 20560518 Name: Victoria Rose									
<div> <div>Claim</div> <div>Complete</div> <div>Save and Continue</div> <div>Cancel</div> </div>									
Status: New		Status Reason:* KDHE-Being Worked ▼		Priority: None ▼		Priority Date: 10/30/2023			
Created Date: 10/30/2023		Created Time: 8:53 AM		Due Date:* 10/31/2023		Review Due:			
Received Date: 10/16/2023		Region: KDHE Clearinghouse		Location: KanCare Clearinghouse		Worker Assigned: Rebecca Velazquez			
Completion Date:									
Task #: 8121874		Queue: E&D Eligibility		Task: Process Application - Manual		CaseBank: E&D - KH0206ED00		Created By: 1055773	
Contact Type:		Work Time: 00:00		Wait Time: 00:01		eApp Source:			

☐	Priority	Priority Date	Contact Type	Task	Rec'd Date	Completion Date	Status	Status Reason	Due Date	Queue	Wait Time	Work Time	Worker	Location	CaseBanks	Review Due	Case Number	Case Name	App Id	Region	e-App Source	Request Number	My Case
☐	None	10/30/2023		Process Application - Man - 8121874	10/16/2023		New	KDHE-Being Worked	10/31/2023	E&D Eligibility	00:02	00:00	Rebecca Velazquez	KanCare Clearinghouse	E&D - KH0206ED00		20560518	Victoria Rose		KDHE Clearinghouse			N

Task Logic Enhancement

The **MMIS Spenddown Met** task on the **Task Detail** page has been updated to display the Begin and End dates of the Spenddown Base period so the workers can update the correct data for the Medical expenses.

Task Details				
Case #: 20560518				
Name: Victoria Rose				
<div>ClaimCompleteSave and ContinueCancel</div>				
Status: New	Status Reason: * - Select -	Priority: None	Priority Date: 09/21/2023	
Created Date: 09/21/2023	Created Time: 2:14 PM	Due Date: * 09/26/2023	Review Due:	
Received Date: 09/21/2023	Region: KDHE Clearinghouse	Location: KanCare Clearinghouse	Worker Assigned:	
Completion Date:				
Task #: 7865532	Queue: E&D Eligibility	Task: MMIS Spenddown Met	CaseBank: LTC - Hybrid - KH0206LH01	Created By: 1006815
Contact Type:	Work Time: 00:00	Wait Time: 93:36	eApp Source:	
Task Details: MMIS states that spenddown is met for beneficiary Victoria Rose , 0000394444. Spenddown: 04/2023 - 09/2023				
Hyperlink				

Task Logic Enhancement

The **KDOL Unemployment Income** tasks are generated when a client is on the KDOL file, and an income update or adjustment needs to be made.

Task	Queue	Received Date	Status	Actions
Client has Unemployment Income - KDOL Unemployment Income	MAGI Eligibility	09/20/2023	New	<button>Void</button>

When this task is received the worker needs to check the income amount reported on the task with what is in KEES and make any necessary updates.

Task Details				
Case #: 20560518				
Name: Victoria Rose		<button>Claim</button> <button>Complete</button> <button>Save and Continue</button> <button>Cancel</button>		
Status: New	Status Reason:* - Select -	Priority: None	Priority Date: 10/30/2023	
Created Date: 10/30/2023	Created Time: 1:48 PM	Due Date:* 10/30/2023	Review Due:	
Received Date: 09/20/2023	Region: KDHE Clearinghouse	Location: KanCare Clearinghouse	Worker Assigned:	
Completion Date:				
Task #: 8160496	Queue: MAGI Eligibility	Task: Client has Unemployment Income - KDOL Unemployment Income	CaseBank: MAGI - KH0206MG00	Created By: 1055773
Contact Type:		Work Time: 00:00	Wait Time: 00:00	eApp Source:
Task Details: Victoria Rose, client ID 0000394444 has unemployment income that does not match unemployment income in KEES - verify amounts				
Hyperlink				

Task Logic Enhancement

The **KDOC Verify Incarceration** task is generated when a consumer is on the Inmate Information inbound interface file and is in active/pending status so the worker can process the necessary changes.

Task	Queue	Received Date	Status	Actions
KDOC Verify Incarceration	MAGI Eligibility	08/31/2023	New	<button>Claim</button> <button>Void</button>

Task Details				
Case #: 20560518				
Name: Victoria Rose		<button>Claim</button> <button>Complete</button> <button>Save and Continue</button> <button>Cancel</button>		
Status: New	Status Reason:* - Select -	Priority: None	Priority Date: 10/30/2023	
Created Date: 10/30/2023	Created Time: 2:53 PM	Due Date:* 10/30/2023	Review Due:	
Received Date: 09/29/2023	Region: KDHE Clearinghouse	Location: KanCare Clearinghouse	Worker Assigned:	
Completion Date:				
Task #: 8170734	Queue: MAGI Eligibility	Task: KDOC Verify Incarceration	CaseBank: E&D - KH0206ED00	Created By: 1055773
Contact Type:		Work Time: 00:00	Wait Time: 00:00	eApp Source:
Task Details: Information received from Inmate File: 12154161, Victoria Rose incarcerated on 07-30-2023 at Facility: Topeka Prison				

QUESTIONS?



Presumptive Eligibility (PE) Discontinued NOAs

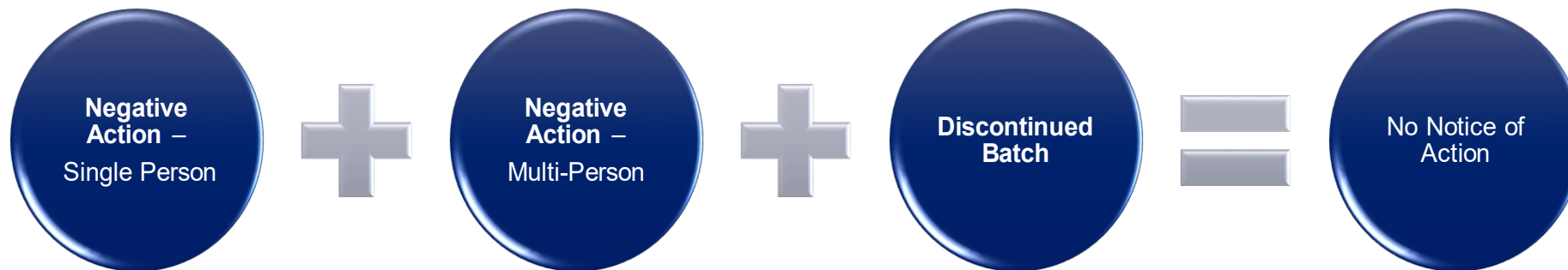


Presumptive Eligibility (PE) Discontinued NOAs

Updates have been made in KEES to not generate the PE Discontinued NOA when:

- Negative Action is run to discontinue a single person on a multi-person PE program
- Negative Action is run on an entire PE Program block
- The PE Discontinuance Batch is run

Workers no longer need to delete the NOAs since they are not generated.



NOTE: The Standard Copy and Paste snippet continues to be used as directed currently.



QUESTIONS?

KEES Customizations



KEES Customizations

The **Income Detail** page for *Medical* and *Non-Medical* has been updated to display a **Verified** section when an income record has been added to the **Income Amount Detail** page. *Pending* displays under **Verified** on the **Income Detail** page when the reported income is in *Pending Status* on the **Income Amount Detail** page.

Income Detail

Check SpellingCopySave and ReturnCancel

* - Indicates required fields.

Name: *
Victoria Rose

Category:
Social Security

Type: *
Social Security


Frequency: *
Once a Month


Social Security Claim Number:

Description:

Income Amounts

Display Program: *
Elderly & Disabled

From: 

To: 

<input checked="" type="checkbox"/> Program	Amount	Begin Date	End Date	Verified	Action
<input type="checkbox"/> Elderly & Disabled	1,250.00	09/01/2023		Pending	<input type="button" value="Edit"/>

KEES Customizations

When the reported income has been *verified* on the **Income Amount Detail** page, *Verified* displays on the **Income Detail** page under the **Verified** section.

Income Detail

Check SpellingCopySave and ReturnCancel

* - Indicates required fields.

Name: *
Victoria Rose

Category:
Social Security

Type: *
SSI


Frequency: *
Once a Month


Social Security Claim Number:

Description:

Income Amounts

Display Program: *
All

From: 

To: 

View

<input type="checkbox"/> Program	Amount	Begin Date	End Date	Verified	Action
<input type="checkbox"/> Non-Medical	560.67	06/01/2022	01/31/2023	Verified	Edit
<input type="checkbox"/> Non-Medical	609.34	02/01/2023		Verified	Edit

Remove

A photograph of a lynx sitting in a snowy forest. The lynx has a thick, spotted coat and prominent tufted ears. It is looking towards the right. The background is a blurred winter scene with snow-covered branches and trees.

QUESTIONS?

Questions?

If you have questions related to this training, please email the KEES Training Team at Training@KEES.ks.gov

