Summer 2024 KEES Release

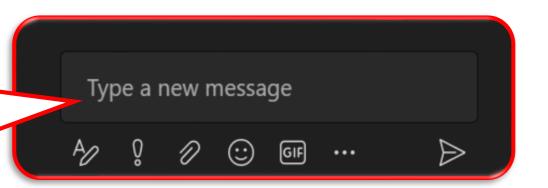


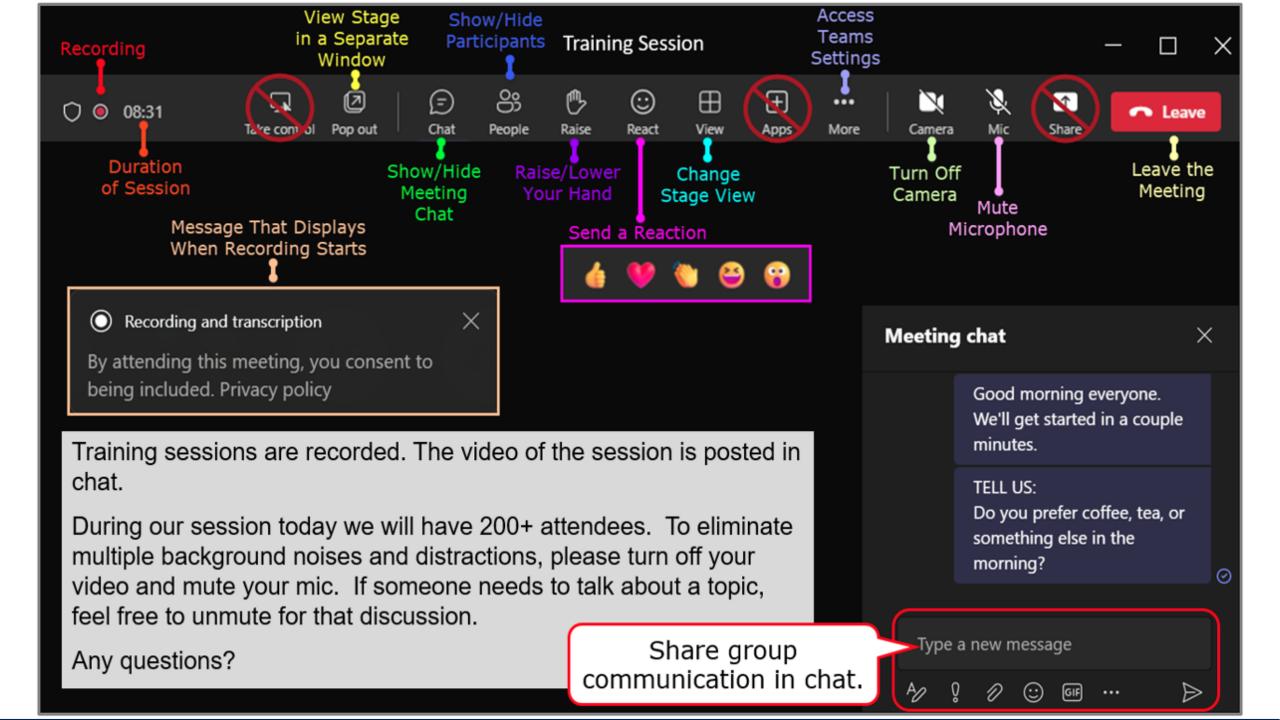
Please make sure your Camera video is turned off and your microphone is muted.



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

What is your favorite sweet treat from your childhood?







Medical KEES Release

Summer 2024



TOPICS

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 - MNLTC
 - SOBRA
- LTC Applicant & MDN Spouse
- Self-Service Portal **Updates**
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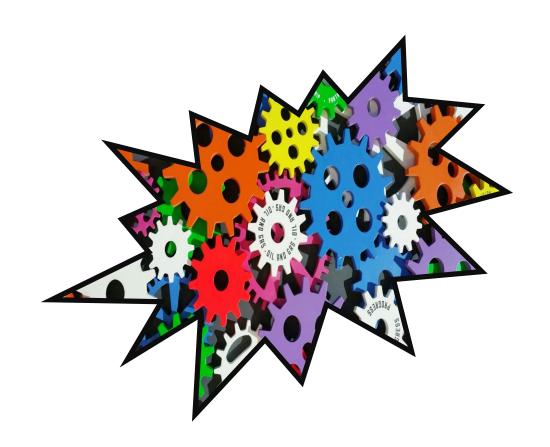




CMS has mandated that States complete what is known as an Ex Parte Person level review for consumers with a Passive Review type. Ex Parte renewals ensure that individuals retain their coverage while minimizing gaps and reduces the workload for staff.

Through the Ex Parte process, Passive Review type consumers who presumably remain eligible at Review are automatically renewed.

Review MKEESMs 9310.2 (and all applicable subsections) for additional information on Passive Reviews and the requirements a Medical Assistance case must meet to be assigned a Passive Review type.





The term "Super-Passive" has been removed as a Review type and no longer appears on the Customer Reporting Record. Consumers who meet Super-Passive criteria are now covered under the term "Passive or Ex Parte". These consumers have a *Passive Medical Review* record in KEES on the **Review and IR/12 Month Reporting List** detail record.



Please note that KEES staff is working to remove the term Super-Passive from the KEES User Manual and this takes a bit of time. We thank you for your patience as we work on this.



All active Programs in KEES must be reviewed. The Program's Review Due Date shows on the Program Block. A Program and Person can have different Review types. Example: An Active Medical Program Block that includes both MAGI and SSI coverage.



Using this example, the MAGI coverage must be reviewed to determine continued eligibility and the SSI coverage is eligible to be Passively renewed through the Ex Parte process.

When the Program and Person level Review types are different, the entire household now receives a Pre-Populated Review.

Questions?





Changes at Review

Changes at Review



The Ex Parte process can also make changes to coverage at Review for certain consumers. Households with changes that would result in lesser coverage at Review (example: PLN to CHIP, LTC to MDN, QMB to LMB, etc.) are sent a Pre-Populated Review form. If the Pre-Populated Review is not timely received by the agency, the change in coverage is authorized automatically through the Ex Parte process.

The Review Batch runs and identifies Households with Active members anticipated to change to lesser coverage.

If, by the time the Review
Discontinuance Batch runs the Review
is not received, coverage changes
through the Ex Parte process.

Once identified, the entire Household is sent a Pre-Populated Review form.

The Household is notified of each member that was Passively renewed and those who were Discontinued for Failure to Return.

Changes at Review



Households with active members who all meet Passive criteria are Passively Renewed by Ex Parte using the information in KEES and available in data sources when the Review batch is run.

If all Household members are eligible to continue their <u>current coverage</u>: they are approved through the automated batch process and the Household is then sent either the:

- KC-1300 Passive Family Medical Review form or
- KC-1700 Passive Elderly & Disabled Review form

Previously, when a consumer was anticipated to receive <u>lesser coverage</u> per the Review batch findings, it was automatically changed (excluding SSI recipients).

With this Release and moving forward, when a consumer is set to receive lesser coverage, the EDBC is made *Read Only*, and the Household is sent a Pre-Populated Review form. The Review explains to the Pre-Pop consumer(s) that they are not required to return the form. However, it does not tell the consumer what coverage they are anticipated to receive if not returned.

Questions?



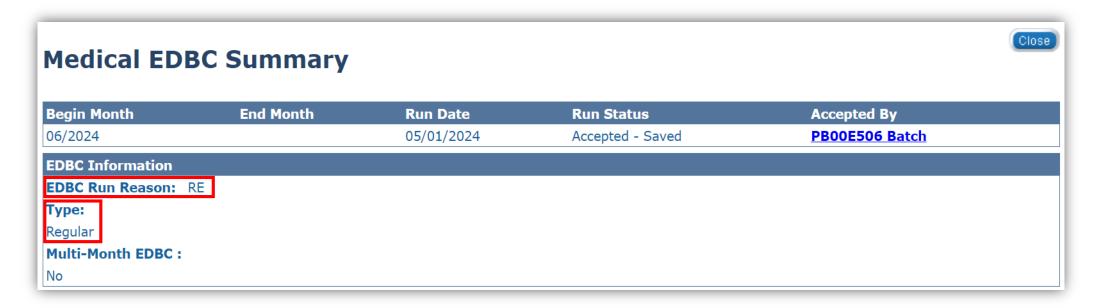




When the Review Batch is run if at least one household member is eligible for an Ex Parte Review, EDBC will be run regardless of the Program's Review type.

Currently, when staff check the EDBC Result page after the Review batch is run, they see one of three Results:

1. A Regular EDBC Result Type and an EDBC Run Reason of RE.





The second result staff see is:

2. A Read Only EDBC **Type** with an RE **EDBC** Run Reason and **Type** Reason of Negative Change at Review.



Moving forward: Households identified by the Review batch that are anticipated to change to lesser coverage will now have a *Read Only* EDBC run.



When a Review Batch is run on a Passive Review household and:

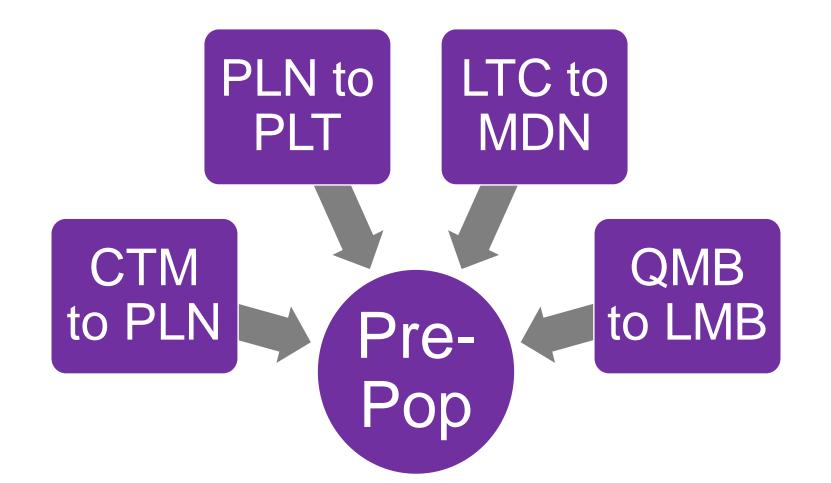


- one member has lost coverage or
- an active member receives a lesser coverage
- or if the consumer was previously eligible for PLT (CHIP) and is now eligible for anything other than PLT

The EDBC is marked Read Only and a Pre-Populated Review form is sent.



When a Review Batch is run on a Passive Review household and one member has lost coverage or an active member is anticipated to receive a lesser coverage, a Pre-Populated Review is sent. Examples would be:



NOTE: Lesser coverage can be defined as a change in coverage down the Medical Hierarchy chart.

Changes to a Spenddown or to a Share of Cost are not included as lesser coverage.



The third EDBC result is an RE Soft EDBC and the **Type** is always *Read Only*. Remember that Read Only EDBC's do not send benefits to KMMS.

07/2024 07/2024 Medical - 4385 Read Only Accepted - Saved Details 05/02/2024 Batch EDBC Rules

After clicking the hyperlink and within the EDBC Information section, the **EDBC Run Reason** displays *RE Soft EDBC* with a **Type Reason** of *RE Soft EDBC*.



An RE Soft EDBC is run when the following criteria is met:

The Household includes both Pre-Populated and Passive Review type consumers. Questions?





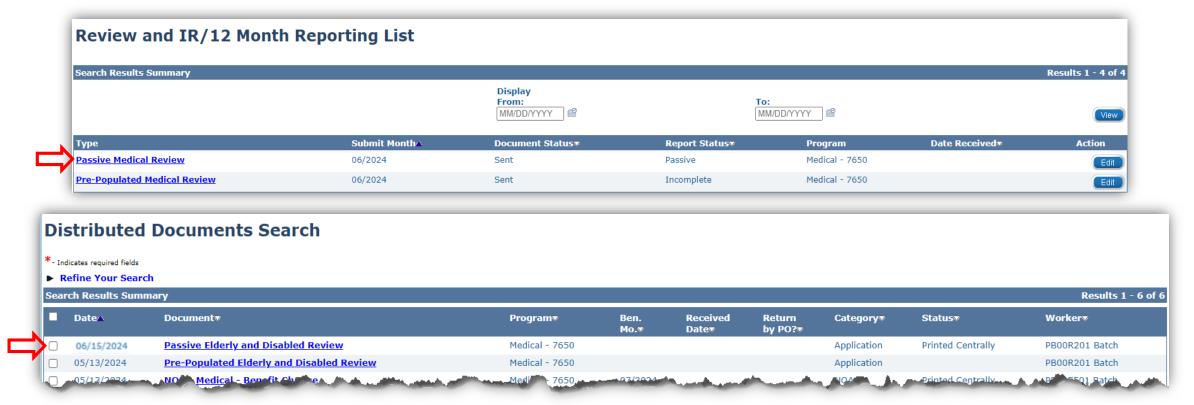
Review Batch Updates

Review Batch Updates



A **KC1700 Passive Elderly and Disabled Review** is sent when the Reviews Batch runs on a mixed review household, where one consumer has a status of **Failure to Return Signed Review** and the second consumer is Ex Parte.

Example: Person 1 has a Failure to Return Signed Review status with an MDN/DS aid code. Person 2 is Ex-Parte with an MSP/QMB aid code.



Review Batch Updates



A **KC1300 Passive Family Medical Review** is sent when the Reviews Batch runs on a mixed review household, where one consumer has a status of **Failure to Return Signed Review** and the second consumer is Ex Parte.

Example: Person 1 has a Failure to Return Signed Review status with an aid code PLN/C2. Person 2 is Ex-Parte with a PLN/PW aid code.



Distributed Documents Search									
*- Indicates required fields Refine Your Search									
Search Results Summary Results 1 - 5 of 5									
	Date△	Document▼	Program₹	Ben. Mo.⊽	Received Date⊽	Return by PO?▼	Category₹	Status♥	Worker₹
	06/13/2024	Passive Family Medical Review	Medical - 7668				Application	Printed Centrally	PB00R201 Batch
	05/13/2024	Pre-Populated Family Medical Review	Medical - 7668				Application		PB00R201 Batch
-	-05/12/2024	Man - Medical - Chefit Chap	7668	07/2			NOA	Printed Centrally	PRONESO1 Batch

Questions?







System generated Pre-Populated Review Forms (the KC-1200 for MAGI programs and the KC-1600 for E&D programs) have had several recent updates to accommodate this new Ex Parte process.

The cover letter displays dynamic tables and accompanying text depending on the type of coverage the Household has.

Review forms where the entire household consists of Pre-Populated individuals now include the text:

"If this form is not received for the individuals listed below, eligibility will end on [date]."

Followed by a table identifying those members required to return the form to determine continued eligibility.

KanCare Clearinghouse PO Box 3599 Topeka, KS 66601-9738



Tammy Brighton 1515 CLAFTIN AVE SALINA, KS 67552 Notice Date: 05/16/2024 Case Number: 20622312 Medical Type: MAGI

Renew now to continue KanCare medical assistance!

Dear Tammy Brighton,

It is time to renew your KanCare medical assistance. Complete the form in this packet and return it to us. **Your review must be returned by 6/15/2024**. We have included the information we have on file. It is important that you make sure the information included in this form is correct. You must tell us if any information is wrong or out of date.

If this form is not received for the individuals listed below, eligibility will end on 6/30/2024.

Name	
Tammy Brighton	
Warner Brighton	

You may request medical assistance for other members of your family or household.

Copies sent to:

In this packet, you will find a KanCare renewal form. If you need help filling it out or have questions, call 1-800-792-4884.

KanCare Clearinghouse
P.O. Box 3599
Topeka, KS 66601-9738
Phone 1-800-792-4884 TTY 1-800-792-4292 Fax 1-800-498-1255
Interpreters are available. Los intérpretes están disponibles.

Households that include both Passive and Pre-Populated consumers are sent a combined Pre-Populated Review form that includes text and tables specific to each member's coverage.

The Passive consumers are addressed first and see the Passive only text of:

"If this form is not received for the individuals listed below, eligibility will be redetermined based on the information we have on file. You will receive a separate notice with the outcome of that eligibility determination."

Followed by a table identifying those Household members eligible to be Passively Renewed.



KanCare Clearinghouse PO Box 3599 Topeka, KS 66601-9738



Terry Allaro 2329 SW Arrowhead Ave Topeka, KS 66614 Notice Date: 05/13/2024 Case Number: 20622310 Medical Type: MSP

Renew now to continue KanCare medical assistance!

Dear Terry Allaro,

It is time to renew your KanCare medical assistance. Complete the form in this packet and return it to us. Your review must be returned by 6/15/2024. We have included the information we have on file. It is important that you make sure the information included in this form is correct. You must tell us if any information is wrong or out of date.

If this form is not received for the individuals listed below, eligibility will be redetermined based on the information we have on file. You will receive a separate notice with the outcome of that eligibility determination.

Name	
Rain Allaro	

If this form is not received for the individuals listed below, eligibility will end on 6/30/2024.

Name	
Terry Allaro	

You may request medical assistance for other members of your family or household.

Copies sent to:

In this packet, you will find a KanCare renewal form. If you need help filling it out or have questions, call 1-800-792-4884.

KanCare Clearinghouse P.O. Box 3599 Topeka, KS 66601-9738

Phone 1-800-792-4884 TTY 1-800-792-4292 Fax 1-800-498-1255 Interpreters are available. Los intérpretes están disponibles.

On that same cover letter page and directly below the Passive members information is the Pre-Populated specific text and table.

As seen in the image to the right, the text reads:

"If this form is not received for the individuals listed below, eligibility will end on [date]."

The table displays those consumers who are required to return the form to determine continued eligibility.



KanCare Clearinghouse PO Box 3599 Topeka, KS 66601-9738



Notice Date: 05/13/2024 Case Number: 20622310 Medical Type: Medical

Renew now to continue KanCare medical assistance!

Dear Terry Allaro.

Terry Allaro

817 SE 16th St SALINA, KS 67552

It is time to renew your KanCare medical assistance. Complete the form in this packet and return it to us. Your review must be returned by 6/15/2024. We have included the information we have on file. It is important that you make sure the information included in this form is correct. You must tell us if any information is wrong or out of date.

If this form is not received for the individuals listed below, eligibility will be redetermined based on the information we have on file. You will receive a separate notice with the outcome of that eligibility determination.

Name	
Rain Allaro	

If this form is not received for the individuals listed below, eligibility will end on 6/30/2024.

Name
Terry Allaro

You may request medical assistance for other members of your family or household.

Copies sent to:

In this packet, you will find a KanCare renewal form. If you need help filling it out or have questions, call 1-800-792-4884.

KanCare Clearinghouse
P.O. Box 3599
Topeka, KS 66601-9738
Phone 1-800-792-4884 TTY 1-800-792-4292 Fax 1-800-498-1255
Interpreters are available. Los intérpretes están disponibles.

Kansas
Eligibility Enforcement
System (KEES)

The Pre-Populated Review form cover letter for Households that include all Ex Parte (Passive) members include the following text:

"If this form is not received for the individuals listed below, eligibility will be redetermined based on the information we have on file. You will receive a separate notice with the outcome of that eligibility determination."

Followed by a table identifying the members that are eligible to be Passively renewed.

KanCare Clearinghouse PO Box 3599 Topeka, KS 66601-9738



Sansee Huda 5481 Clover Rd Garden City, KS 67846 Notice Date: 05/07/2024 Case Number: 20622199 Medical Type: MAGI

Renew now to continue KanCare medical assistance!

Dear Sansee Huda

It is time to renew your KanCare medical assistance. Complete the form in this packet and return it to us. Your review must be returned by 4/15/2025. We have included the information we have on file. It is important that you make sure the information included in this form is correct. You must tell us if any information is wrong or out of date.

If this form is not received for the individuals listed below, eligibility will be redetermined based on the information we have on file. You will receive a separate notice with the outcome of that eligibility determination.

lame	
Dullah Huda	

You may request medical assistance for other members of your family or household.

Copies sent to:

In this packet, you will find a KanCare renewal form. If you need help filling it out or have questions, call 1-800-792-4884.

KanCare Clearinghouse
P.O. Box 3599
Topeka, KS 66601-9738
Phone 1-800-792-4884 TTY 1-800-792-4292 Fax 1-800-498-1255
Interpreters are available. Los intérpretes están disponibles.

Case Number: 20622199

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KC1600



Another change to the KC-1200 & KC-1600 Pre-Populated review forms is that table BB now includes the "Is this person pregnant?" question as well as the Prior Medical question of:

"Does this person need help paying medical bills from the last 3 months (including Medicare premiums)?"

BB. Review your household information. These are the people you told us live with you.						
Name	Is this person pregnant?	Does this person need help paying medical bills from the last 3 months (including Medicare premiums)?	Does this person have a disability that will last at least 12 months or result in death?	,		
Andrew Demo	□No	□ No	□No	□No		
Andrew Demo	☐ Yes	☐ Yes	☐ Yes	☐ Yes		
Miranda Demo	□No	□ No	□No	□No		
Willanda Demo	☐ Yes	☐ Yes	☐ Yes	☐ Yes		
Tony Domo	□No	□ No	□No	□No		
Tony Demo	☐ Yes	☐ Yes	☐ Yes	☐ Yes		



The Prior Medical question is immediately followed by the Disability question of:

"Does this person have a disability that will last at least 12 months or result in death?"

BB. Review your household information. These are the people you told us live with you.							
Name	Is this person pregnant?	Does this person need help paying medical bills from the last 3 months (including Medicare premiums)?	Does this person have a disability that will last at least 12 months or result in death?	,			
Andrew Demo	□No	□No	□No	□No			
Andrew Demo	☐ Yes	☐ Yes	☐ Yes				
Miranda Demo	□No	□No	□No	□No			
Will allua Dellio	☐ Yes	☐ Yes	☐ Yes				
Tony Domo	□No	□No	□No	□No			
Tony Demo	☐ Yes	□Yes	□ Yes	□ Yes			

To the right of the Disability question is the Social Security Benefit question of:

"Has this person ever applied for Social Security Benefits? (If yes, also complete section H)"



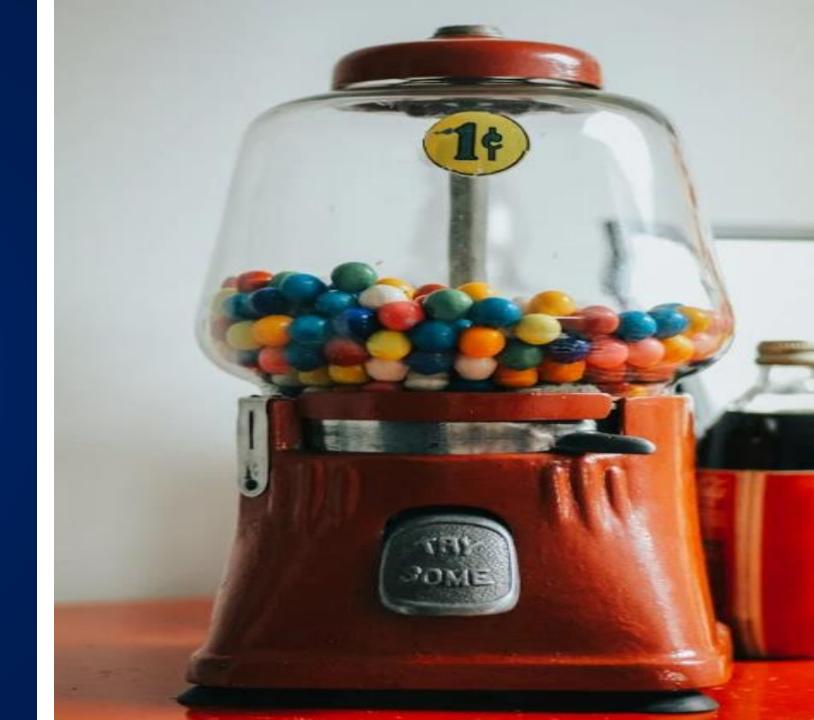
If a consumer answers 'yes' to the Social Security Benefit question, they are required to complete the follow up questions on their Review form. The questions appear on different tables depending upon the type of coverage the household has.

H. Social Security Application Information Provide information for any person in your household that has applied for Social Security If you need more room to write, please use another sheet of paper and return it with this review form.							
Name Was this application denied? Us the denial under appeal? Has the existing condition becomes since the Social Security denial explain.							
	□ No □ Yes When?	☐ No ☐ Yes Status of appeal:	☐ No ☐ Yes	Explain:			

The purpose of adding these questions is to assist E&D and Hybrid workers when needing to determine eligibility under Non-MAGI programs when necessary.

HH. Social Security Application Information (continued) Provide information for any person in your household that has applied for Social Security If you need more room to write, please use another sheet of paper and return it with this review form.								
Name	or condi	is person have a new disability tion that Social Security did not tt? If yes, briefly describe the disability.	Is an attorney or someone else helping this person with the Social Security application for disability benefits? If yes, provide their information.					
	☐ No ☐ Yes	Describe:	☐ No ☐ Yes	Name: Organization: Phone Number of Person or Organization:				
	☐ No ☐ Yes	Describe:	☐ No ☐ Yes	Name: Organization: Phone Number of Person or Organization:				

Questions?





Mixed Review Household

Mixed Review Household



Mixed Review Household (HH) is another new term workers need to know. These are programs that receive a Pre-Pop Review. Mixed Review HHs are those which have:



The EDBC result will always be *Read Only*, and the household is sent a Pre-Populated Review.



Scenario Examples



Esther is the PA and currently receives SI Medical coverage. Spouse Mark is CTM (Caretaker Medical) and has SE income. Their CH Esmie is also CTM.

Names	Person Level Review	Program Level Review
Esther	No Review	Pre-Populated
Mark	Pre-Populated	Pre-Populated
Esmie	Pre-Populated	Pre-Populated

A KC1200 Pre-Populated Family Medical Review is sent but isn't returned.

The Review Discontinuance Batch runs, approving Esther's SSI coverage as she remains Categorically Eligible. However, Mark and Esmie's coverage ends because the Self-Employment income needed to determine their eligibility hasn't been received.



To research the case in KEES, start by navigating to **Distributed Documents.** Completing a search reveals that a *Pre-Populated Family Medical Review* was initially sent to the Household. Click on the *Pre-Populated* link to verify which Household members needed to return a signed and completed review.

Dis	Distributed Documents Search										
Searc	ch Results Summa	ry							Results 1 - 21 of 21		
•	Date▲	Document*	Program₹	Ben. Mo.⊽	Received Date	Return by PO?♥	Category₹	Status♥	Worker⊎		
	06/15/2024	Passive Family Medical Review	Medical - 0392				Application	Printed Centrally	PB00R212 Batch		
	06/15/2024	NOA - Medical - Benefit Change	Medical - 0392	07/2024			NOA	Printed Manually	Kara Jacobs		
	06/15/2024	<u>Voter Registration Cover Letter – KDHE Form (Original)</u>	Medical - 0392				Other	Printed Centrally	PB00R203 Batch		
	05/15/2024	Pre-Populated Family Medical Review	Medical - 0392				Application	Printed Centrally	PB00R203 Batch		
	07/22/2023	NOA - Medical - Approval	Medical - 0392	07/2023			NOA	Printed Centrally	Meagan Larrea		



As expected, additional information was needed to determine coverage for Mark and Esmie.

To obtain specific details on what was needed, review the Data Collection pages.

Esther Rutledge 1515 CLAFTIN AVE SALINA, KS 67552 Case Number: 20622643 Medical Type: Medical, MAGI

Renew now to continue KanCare medical assistance!

Dear Esther Rutledge,

It is time to renew your KanCare medical assistance. Complete the form in this packet and return it to us. Your review must be returned by 6/15/2024. We have included the information we have on file. It is important that you make sure the information included in this form is correct. You must tell us if any information is wrong or out of date.

If this form is not received for the individuals listed below, eligibility will be redetermined based on the information we have on file. You will receive a separate notice with the outcome of that eligibility determination.

me	
ther Rutledge	

If this form is not received for the individuals listed below, eligibility will end on 6/30/2024.

Name	
Mark Rutledge	
Esmie Rutledge	1

You may request medical assistance for other members of your family or household.

Copies sent to:

In this packet, you will find a KanCare renewal form. If you need help filling it out or have questions, call 1-800-792-4884.

Case Number: 20622643

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14605234

KC 1200



4

We are changing your Medical Assistance coverage or benefits effective 07/01/2024 for the following individuals:

Esther Rutledge

Mark Rutledge

Esmie Rutledge

Your next Review Due Date has been updated to 06/30/2025.

Esther Rutledge will continue to have medical coverage. There is no change in medical assistane for this person

Medical Assistance for Mark Rutledge will close as of 06/30/2024.

This action was taken because you did not complete the review process. We do not know if you are still eligible.

Mark Rutledge will no longer receive benefits under the Caretaker Medical program as of 06/30/2024.

Medical Assistance for Esmie Rutledge will close as of 06/30/2024.

This action was taken because you did not complete the review process. We do not know if you are still eligible.

Esmie Rutledge will no longer receive benefits under the Caretaker Medical program as of 06/30/2024.

This action is based on Kansas Economic and Employment Services Manual section(s) 2120; 9300; 2000.

This action is based on the Kansas Medical Assistance Manual section(s) 2020; 7330; 2000.

The following person(s) in the household have not returned their review. Failure to do so may result in a gap in coverage. They have until the following dates to return the signed review: 09/30/2024 - Mark Rutledge, Esmie Rutledge. If a review form has been returned, please call us as soon as possible. We may be able to help them keep their insurance.

All persons eligible for Medical Assistance must be reviewed periodically. Your program's next review will be due 06/2025. 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.

Distributed Documents also revealed that the following correspondence was sent when the Review Discontinuance Batch ran:

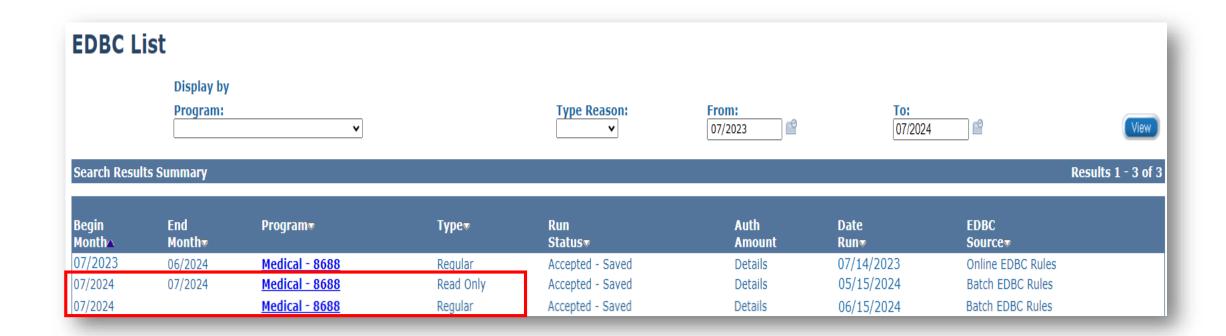
Passive Family Medical Review for Esther's ongoing coverage.

Benefit Change NOA for Esther's ongoing coverage as well as the ending of Mark and Esmie's.

Navigate to the **EDBC List** page to continue researching the case.



Note that two EDBCs were run for 07/2024, one *a Read Only* and the other a *Regular* EDBC which is High-Dated. Click on the Medical Program hyperlink for the *Read Only* EDBC as it was run first and provides historical information for the other, *Regular* EDBC.

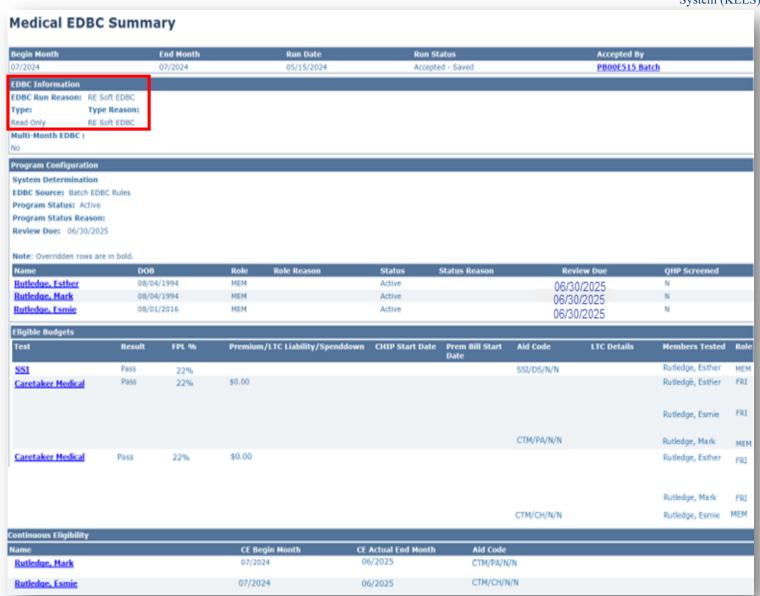




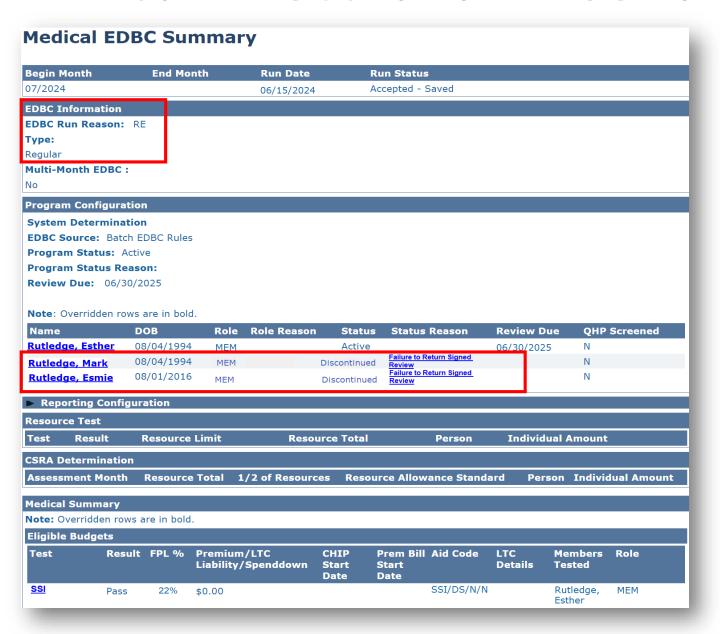
The **Medical EDBC Summary** page indicates that the Review Determination Batch ran and created an *RE Soft EDBC*.

The RE Soft EDBC shows that all MEMs appear to be eligible for coverage at Review if the information needed to determine eligibility is present and/or provided.

Let's look at the *Regular* EDBC for 07/2024 next.







The Regular EDBC type was created when the Review Discontinuance Batch ran; the RE Run Reason indicates this.

Only one Household member was determined eligible by the Review Discontinuance Batch.

The PA Esther continues to receive SSI coverage.

The SP and CH are Discontinued with a **Status Reason** of *Failure to Return Signed Review*.



To complete research on this case, access the Review Reporting record. The *Incomplete* **Report Status** for the *Pre-Populated Medical Review* confirms the information gathered from EDBC and Distributed Documents.



Questions?





Camila is PA PW. She has 2 children, 5-year-old Elias and 1-year-old Isabella.

Household Members	Person Level Review	Program Level Review
Camila	Passive	Pre-Populated
Elias	Passive	Pre-Populated
Isabella	Pre-Populated	Pre-Populated

A KC1200 Pre-Populated Family Medical Review is sent to the household.

Upon reading the notice, Camila notes that she and Elias are still eligible, but additional information is needed to continue Isabella's coverage.

She calls the Clearinghouse and is informed that Isabella's SSN is needed, which she provides.

An Eligibility worker picks up the task and completes an Administrative Review for Isabella.



To research the case in KEES, start by navigating to **Distributed Documents.** Completing a search reveals that a *Pre-Populated Family Medical Review* was initially sent to the Household. Click on the *Pre-Populated* link to verify which Household members needed to return a signed and completed review.

Distributed Documents Search Refine Your Search Search Results Summary Results Date^ Ben. Received Worker ▼ **Program**▼ Return Category **▼** Mo.▼ bv PO?▼ Printed Manually Simon Walker NOA - Medical - Approval Medical - 9489 NOA 06/15/2024 07/2024 Passive Family Medical Review Medical - 9489 Application Printed Manually Simon Walker 06/15/2024 Medical - 9489 06/15/2024 Voter Registration Cover Letter – KDHE Form Other PB00R201 Batch 05/16/2024 Medical - 9489 Pre-Populated Family Medical Review Application PB00R201 Batch Printed Centrally PB00E515 Batch



As expected, additional information was needed to determine coverage for Isabella.

Reviewing the **Data Collection** pages provides specifics about the info needed to determine eligibility.

Renew now to continue KanCare medical assistance!

Dear Camila Cano,

It is time to renew your KanCare medical assistance. Complete the form in this packet and return it to us. Your review must be returned by 6/15/2024. We have included the information we have on file. It is important that you make sure the information included in this form is correct. You must tell us if any information is wrong or out of date.

If this form is not received for the individuals listed below, eligibility will be redetermined based on the information we have on file. You will receive a separate notice with the outcome of that eligibility determination.

	Name	
	Camila Cano	
	Elias Cano	
If this form	is not received for the individuals listed below, eligibility will end on 6/30/2024.	
	Name	
	Isabella Cano	
		1

You may request medical assistance for other members of your family or household.

Copies sent to:

In this packet, you will find a KanCare renewal form. If you need help filling it out or have questions, call 1-800-792-4884.



We have reviewed your medical assistance case. The eligibility for the people on your case is listed below. Coverage begins 07/01/2024.

Camila Cano will continue to have medical coverage. There is no change in medical assistance for this person.

Elias Cano will continue to have medical coverage. There is no change in medical assistance for this person.

Isabella Cano will continue to have medical coverage. There is no change in medical assistance for this person.

All persons eligible for Medical Assistance must be reviewed periodically. Your program's next review will be due 06/2025. 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.

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

Distributed Documents also revealed that the following correspondence was sent when the Review Discontinuance Batch ran:

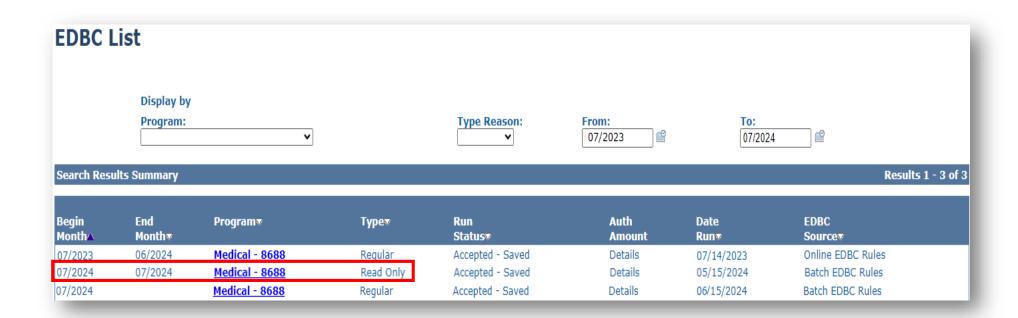
Passive Family Medical Review for the **MEM**s' ongoing coverage. This was sent manually by the worker after completing the Administrative Review.

Approval NOA for the **MEM**s' ongoing coverage.

Navigate to the **EDBC List** page next.



Once again, two **EDBC**s were run for 07/2024, one a *Read Only* and the other a *Regular* **EDBC** which is High-Dated. Click on the *Medical* hyperlink for the *Read Only* **EDBC** as it was run first and provides historical information for the other, *Regular* **EDBC**.

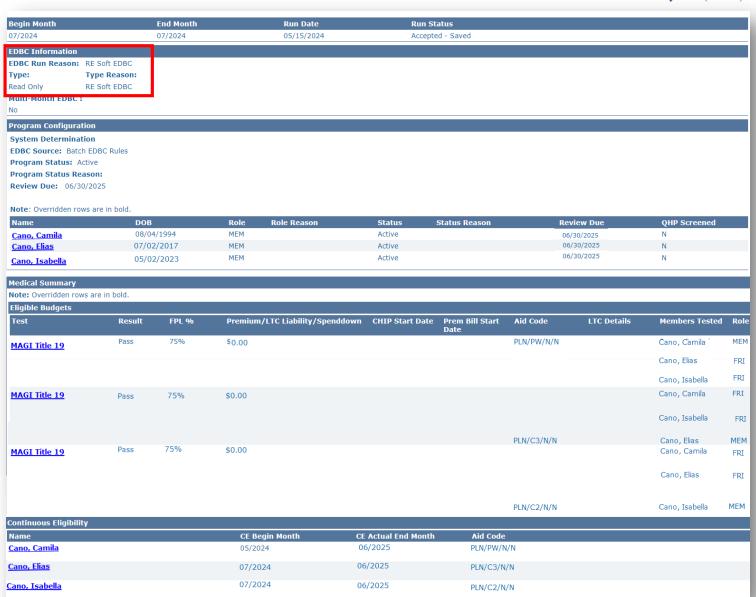




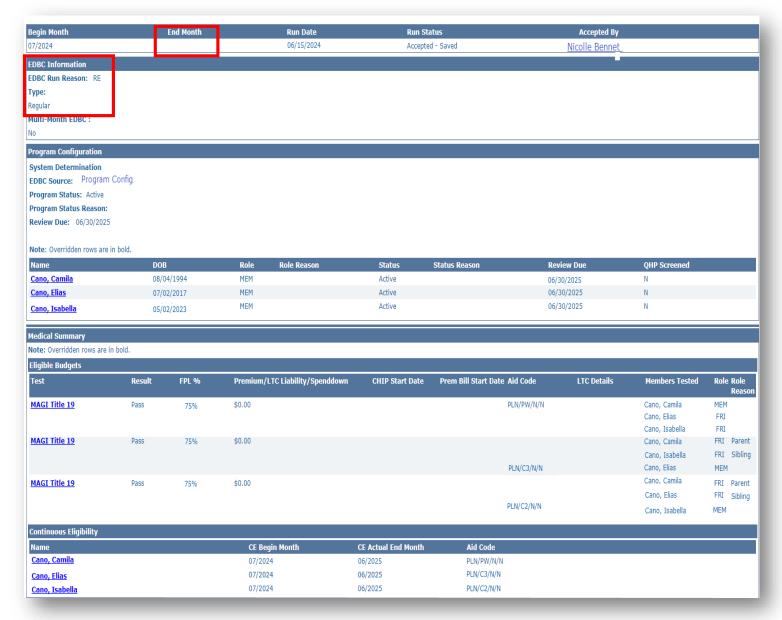
The **Medical EDBC Summary** page indicates that the Review Determination Batch ran and created an *RE Soft EDBC*.

The RE Soft EDBC shows that all **MEM**s appear to be eligible for coverage at Review if the information needed to determine eligibility is present and/or provided.

Let's look at the *Regular* EDBC for 07/2024 next.





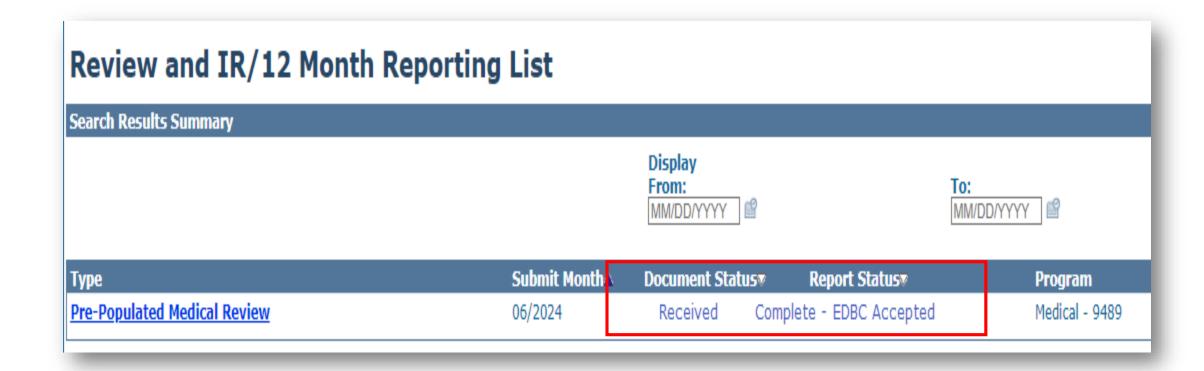


The Regular **EDBC** type was created when the worker completed the Administrative Review.

All Household members are eligible now that Isabella's SSN was provided to the Call Center.



The final step is to check the **Review and IR/12 Month Reporting List** record. When processing the Administrative Review, the worker used *RE* to run EDBC, which automatically changed the **Status** of the *Pre-Populated Medical Review* to *Complete – EDBC Accepted*.



Questions?





Children Liam and Leo are up for Review. The HH's income is within the Both Below and RCD guidelines.

Household Members	Person Level Review	Program Level Review
Liam	Passive	Pre-Populated
Leo	Pre-Populated	Pre-Populated

A KC1200 Pre-Populated Family Review is sent indicating that Liam is approved but additional information is needed to determine Leo's eligibility.

This request doesn't make sense to his parents as they provided all the necessary information about Leo years ago when his coverage first started.

They believe this must be a clerical error and forget to follow up on it with the KanCare Clearinghouse. The Review Discontinuance Batch runs, approving Liam and closing Leo's coverage.



The parents don't realize Leo's coverage has ended until they try to fill a prescription for him 2 weeks later. The parents call the KanCare Clearinghouse and ask to have Leo's case reopened.

A worker picks up the task and in researching the case finds that the Verified Status of Leo's Cit/ID was incorrectly changed to *Pending* during Data Collection.

The worker corrects the Cit/ID record, marking it as Verified, and completes an Administrative Review to reinstate Leo's coverage.



Navigating to **Distributed Documents** reveals that a *Pre-Populated Family Medical Review* was initially sent to the Household. Click on the *Pre-Populated* link to verify which Household members needed to return a signed and completed review.

Di	Distributed Documents Search										
Sea	rch Results Summa	агу							Results 1 - 21 of 21		
•	Date△	Document*	Program₹	Ben. Mo.♥	Received Date®	Return by PO?♥	Category▼	Status•	Worker♥		
	06/15/2024	Passive Family Medical Review	Medical - 0392				Application	Printed Centrally	PB00R212 Batch		
	06/15/2024	NOA - Medical - Benefit Change	Medical - 0392	07/2024			NOA	Printed Centrally	PB00E515 Batch		
	06/15/2024	Voter Registration Cover Letter - KDHE Form (Original)	Medical - 0392				Other	Printed Centrally	PB00R203 Batch		
	05/15/2024	Pre-Populated Family Medical Review	Medical - 0392				Application	Printed Centrally	PB00R203 Batch		
	07/28/2023	NOA - Medical - Approval	Medical - 0392	07/2023			NOA	Printed Centrally	Meagan Larrea		



The KC1200 indicates that Liam is eligible but additional information is needed to determine coverage for Leo.

Reviewing the **Data Collection** pages provides workers with specific details on what is needed to determine Leo's eligibility.

Maeve Byrne 5000 LILY PAD LN BUCYRUS, KS 66013 Case Number: 20687041 Medical Type: MAGI

Renew now to continue KanCare medical assistance!

Dear Maeve Byrne

It is time to renew your KanCare medical assistance. Complete the form in this packet and return it to us. Your review must be returned by 6/15/2024. We have included the information we have on file. It is important that you make sure the information included in this form is correct. You must tell us if any information is wrong or out of date.

If this form is not received for the individuals listed below, eligibility will be redetermined based on the information we have on file. You will receive a separate notice with the outcome of that eligibility determination.

Name
Liam Byrne

If this form is not received for the individuals listed below, eligibility will end on 6/30/2024.

Leo Byrne

Name

You may request medical assistance for other members of your family or household.

Copies sent to:

In this packet, you will find a KanCare renewal form. If you need help filling it out or have questions, call 1-800-792-4884.

Case Number: 20622643

KC 1200

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4605234



We are changing your Medical Assistance coverage or benefits effective 07/01/2024 for the following individuals:

Liam Byrne

Leo Byrne

Your next Review Due Date has been updated to 06/2025.

Liam Byrne will continue to have medical coverage. There is no change in medical assistance for this person.

Medical Assistance for Leo Byrne will close as of 06/30/2024.

This action was taken because you did not complete the review process. We do not know if you are still eligible.

Leo Byrne will no longer receive benefits under the Poverty Level Medical program as of 06/3/2024.

This action is based on Kansas Economic and Employment Services Manual section(s) 2120; 9300; 2000.

This action is based on the Kansas Medical Assistance Manual section(s) 2020; 7330; 2000.

The following person(s) in the household have not returned their review. Failure to do so may result in a gap in coverage. They have until the following dates to return the signed review: 09/30/2024 -

Leo Byrne. If a review form has been returned, please call us as soon as possible. We may be able to help them keep their insurance.

All persons eligible for Medical Assistance must be reviewed periodically. Your program's next review will be due 06/2025. 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.

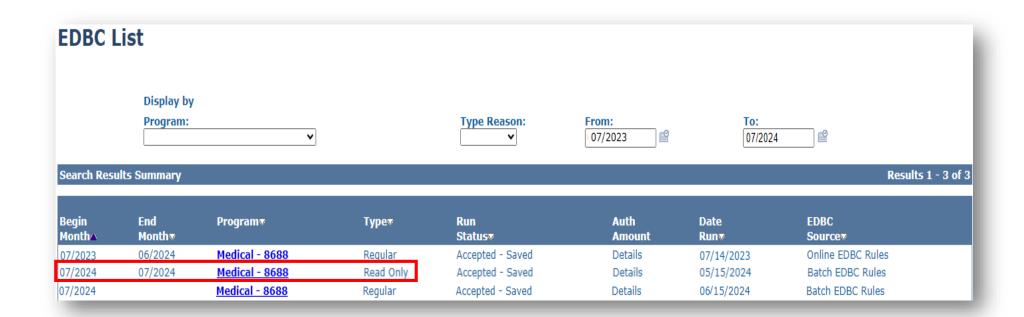
Distributed Documents also revealed that the following correspondence was sent when the Review Discontinuance Batch ran:

Passive Family Medical Review for Liam's ongoing coverage.

Benefit Change NOA for Liam's ongoing coverage and the ending of Leo's.



The **EDBC Summary List** page is the next page to research. Both a *Read Only* and *Regular* EDBC that is High-Dated were run for 07/2024. Click on the *Medical* hyperlink for the *Read Only* EDBC as it was run first and provides historical information for the other, *Regular* EDBC.





The **Medical EDBC Summary** page indicates that the Reviews Determination Batch ran using *RE* as the Run Reason.

The RE EDBC is Read Only as there is a Negative Change at Review. The Program Configuration section shows that Leo's coverage will end due to Pending Cit/ID.

Let's look at the *Regular* EDBC for 07/2024 next.





Begin Month		End Month		Run Date	Run	Status	Accepted	Ву	
07/2024				06/15/2024	Acce	epted - Saved	PB00E50	3 Batch	
EDBC Information									
EDBC Run Reason:	RE								
Туре:									
Regular									
Multi-Month EDBC:									
No									
Program Configurati	ion								
System Determinati	on								
EDBC Source: Batch	EDBC Rules								
Program Status: Ac	tive								
Program Status Rea	son:								
Review Due: 06/30	/2025								
Name	DO	В	Role	Role Reason	Status	Status Reason	Review Due	QHP Screened	i
<u>Byrne, Maeve</u>	08/	04/1994	FRI	Parent	Active			N	
Byrne, Rupert	08/	01/2010	FRI	Parent	Active			N	
<u>Byrne, Liam</u>	08/	02/2019	MEM		Active		06/30/2025	N	
<u>Byrne, Leo</u>	08/	02/2019	FRI	Pending Cit/ID	Discontinued	Failure to Return Signe	ed Review		
Medical Summary									
Note: Overridden row	s are in bold.								
Eligible Budgets									
Test	Result	FPL %	Premiun Liability	n/LTC /Spenddown	CHIP Start Da	ite Prem Bill Start Date	Aid Code	Members Teste	d R
MAGI Title 19	Pass	125%						Byrne, Maeve	F
								Byrne, Rupert	F
							PLN/C2/N/N	Byrne, Liam	M
Continuous Eligibili	ty								
Name			CE I	Begin Month	CE Actual End M	onth Aid Code			
Byrne, Liam			07/2	2024	06/2025	PLN/C2/N/N			

When the Review Discontinuance Batch ran using RE, a *Regular* EDBC type was created.

Only Liam was determined eligible by the Review Discontinuance Batch.

Leo is showing as Discontinued with a Role Reason of Pending Cit/ID.



To complete research on this case, access the **Review and IR/12 Month Reporting List** record.

When processing the Administrative Review for Leo, the worker correctly updated the **Status** of the *Pre-Populated Medical Review* to *Received*.

Running EDBC automatically changed the **Status** of the *Pre-Populated Medical Review* to *Complete – EDBC Run*.

Review and IR/12 Month Reporting List								
Search Results Summary								
		Display From: MM/DD/YYYY ≅	To: MM/D	D/YYYY 🖆				
Туре	Submit Month△	Document Status▼	Report Status	Program				
Passive Medical Review	06/2024	Sent	Passive	Medical - 9489				
Pre-Populated Medical Review	06/2024	Received	Complete - EDBC Run	Medical - 9489				

Questions?





Children Bhavani and Preeti receive PLN coverage and are up for Review.

The HH's income is within the Both Below and RCD guidelines, but a Pre-Populated Review is sent as the Review Determination Batch indicates Bhavani is now PLT eligible.

Household Members	Person Level Review	Program Level Review
Bhavani	Passive	Pre-Populated
Preeti	Passive	Pre-Populated

The parents read through the KC1200 and decide to *not* provide the KanCare Clearinghouse with additional information.

When the Reviews Discontinuance Batch runs, Bhavani is approved for PLT and Preeti remains PLN.



Researching the case starts by accessing the **Distributed Documents** page first. The screenshot below reveals that a *Pre-Populated Family Medical Review* was initially sent to the Household.

Do you remember why a *Pre-Populated Review* was sent on this case? Please enter your answers in our Teams Chat.

Distribut	Distributed Documents Search										
Search Results S	Summary							Results 1 - 21 of 21			
□ Date_	Document _*	Program®	Ben. Mo.⊽	Received Date	Return by PO?▼	Category⊽	Status₹	Worker₹			
06/15/2024	4 <u>Passive Family Medical Review</u>	Medical - 0392				Application	Printed Centrally	PB00R212 Batch			
06/15/2024	4 <u>NOA - Medical - Benefit Change</u>	Medical - 0392	07/2024			NOA	Printed Centrally	PB00E515 Batch			
06/15/2024	4 <u>Voter Registration Cover Letter – KDHE Form (Original)</u>	Medical - 0392				Other	Printed Centrally	PB00R203 Batch			
05/15/202	4 Pre-Populated Family Medical Review	Medical - 0392				Application	Printed Centrally	PB00R203 Batch			
07/28/202	NOA - Medical - Approval	Medical - 0392	07/2023			NOA	Printed Centrally	Meagan Larrea			



For this scenario, a *Pre-Populated Review* was sent because the Review Determination Batch recognized that Bhavani's PLT eligibility moved *down* the Medical Hierarchy table. Because the Review Determination Batch found Bhavani was eligible for the lesser PLT coverage, a *Pre-Populated Family Medical Review* was sent to give the Household a chance to provide additional information.

Distributed Documents Search									
Search Results Summary Results 1 - 21 of 21									
•	Date₄	Document₹	Program₹	Ben. Mo.▼	Received Date	Return by PO?▼	Category₹	Status₹	Worker▼
	06/15/2024	Passive Family Medical Review	Medical - 0392				Application	Printed Centrally	PB00R212 Batch
	06/15/2024	NOA - Medical - Benefit Change	Medical - 0392	07/2024			NOA	Printed Centrally	PB00E515 Batch
0	06/15/2024	<u>Voter Registration Cover Letter – KDHE Form (Original)</u>	Medical - 0392				Other	Printed Centrally	PB00R203 Batch
	05/15/2024	Pre-Populated Family Medical Review	Medical - 0392				Application	Printed Centrally	PB00R203 Batch
0	07/28/2023	<u>NOA - Medical - Approval</u>	Medical - 0392	07/2023			NOA	Printed Centrally	Meagan Larrea

Let's take a look at the *Pre-Populated Family Medical Review*.



Only the first table populated because the Review Determination Batch identified that both children remain eligible for Medical coverage.

The *Pre-Populated Review* also indicates that the Household may provide additional information if they choose to do so.

If they don't provide information, the children's eligibility is determined using the case data when the KEES Review Discontinuance Batch runs.

Renew now to continue KanCare medical assistance!

Dear Niva Patel,

It is time to renew your KanCare medical assistance. Complete the form in this packet and return it to us. Your review must be returned by 6/15/2024. We have included the information we have on file. It is important that you make sure the information included in this form is correct. You must tell us if any information is wrong or out of date.

If this form is not received for the individuals listed below, eligibility will be redetermined based on the information we have on file. You will receive a separate notice with the outcome of that eligibility determination.

Name	
Bhavani Patel	
Preeti Patel	

You may request medical assistance for other members of your family or household.

Copies sent to:

In this packet, you will find a KanCare renewal form. If you need help filling it out or have questions, call 1-800-792-4884.



We are changing your Medical Assistance coverage or benefits effective 07/01/2024 for the following individuals:

Bhavani Patel

Preeti Patel

Your next Review Due Date has been updated to 06/2025.

There has been a change in KanCare medical assistance for Bhavani Patel as of 07/01/2024.

Bhavani Patel will no longer receive benefits under the Poverty Level Medical program as of 06/30/2024.

Bhavani Patel will receive Medical Assistance under the Children's Health Insurance program for 07/01/2024.

Preeti Patel will continue to have medical coverage. There is no change in medical assistance for this person.

This action is based on Kansas Economic and Employment Services Manual section(s) 2120; 9300; 2000.

This action is based on the Kansas Medical Assistance Manual section(s) 2020; 7330; 2000.

All persons eligible for Medical Assistance must be reviewed periodically. Your program's next review will be due 06/2025. 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.

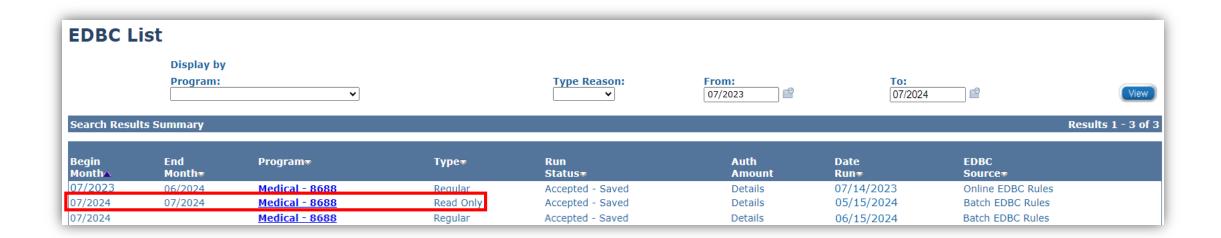
The **Distributed Documents Search** also revealed that the following documents were sent to the Household when the Review Discontinuance Batch ran:

Passive Family Medical Review for Bhavani and Preeti's ongoing coverage.

Benefit Change NOA for Bhavani's change to PLT and Preeti's coverage staying the same.



The **EDBC Summary List** page displays a *Read Only* and *Regular* EDBC for 07/2024. Click on the *Medical* hyperlink for the *Read Only* EDBC as it was run first and provides historical information for the other, *Regular* EDBC.

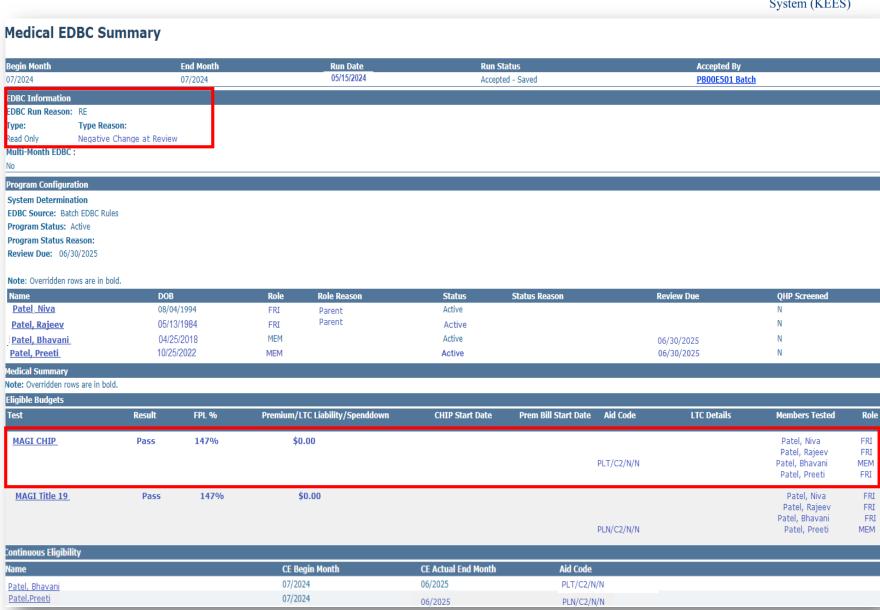


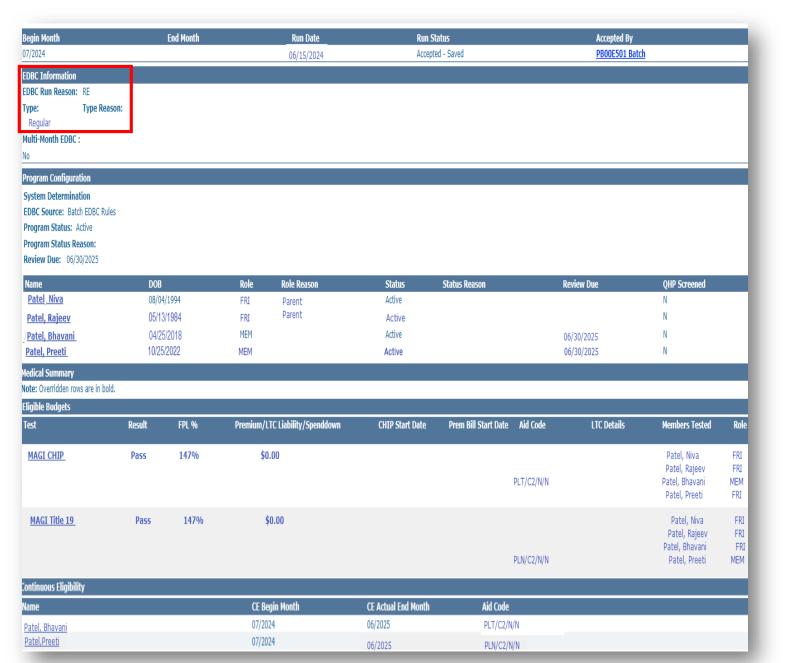


The **Medical EDBC Summary** page indicates that the Review
Determination Batch ran using *RE* as the Run Reason.

The RE EDBC is Read Only as there is a Negative Change at Review. In this scenario, Bhavani's change from PLN to PLT eligibility is considered a Negative Change because she is moving to lesser coverage.

Let's look at the *Regular* EDBC for 07/2024 next.







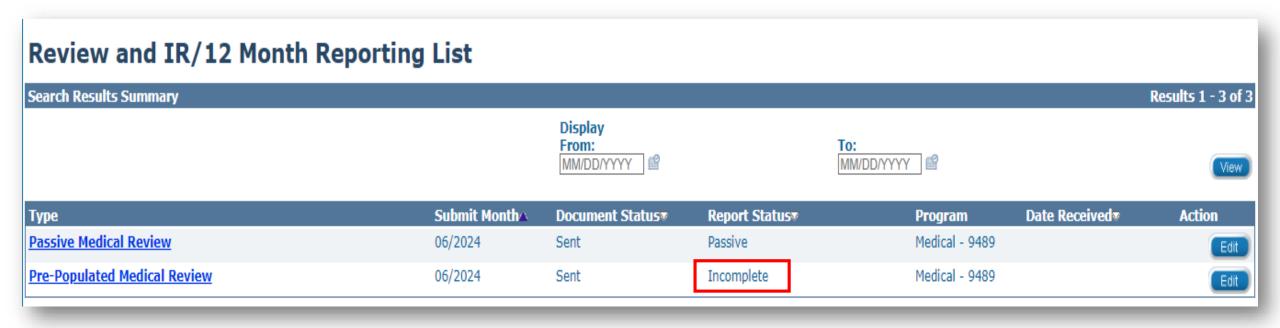
The Regular EDBC type was created when the Review Discontinuance Batch ran, as indicated by the RE Run Reason.

The Review Discontinuance Batch determined that while both children were eligible, Bhavani's coverage changed to PLT.

Mixed HH Scenario 4: PLN to PLT



To complete research on this case, access the **Review and IR/12 Month Reporting List** record. The *Incomplete* **Status** for the *Pre-Populated Medical Review* confirms that the Household didn't provide additional information.



Questions?





PA Aaliyah receives SSDI and has MSP/QMB benefits. Her spouse works and isn't receiving Medical coverage.

Household Members	Person Level Review	Program Level Review
Aaliyah	Passive	Pre-Populated

When the Review Batch runs, a *Read Only* EDBC is generated as Aaliyah is no longer MSP/QMB eligible due to her spouse's increased income; she remains MDN eligible.

Begin Month△	End Month⊽	Program₹	Туре⊽	Run Status♥	Auth Amount	Date Run⊎	EDBC Source v
07/2024	07/2024	<u>Medical - 5198</u>	Read Only	Accepted - Saved	Details	05/15/2024	Batch EDBC Rules

Begin Month	End Month	Run Date	Run Status	Accepted By	
07/2024	07/2024	05/15/2024	Accepted - Saved	PB00E503 Batch	
EDBC Information					
EDBC Run Reason:	RE				
Туре:	Type Reason:				
Read Only	Negative Change at Review				
Multi-Month EDBC	:				
No					



The EDBC **Medical Summary** displays Aaliyah's current coverage under the **Eligible Budgets** section.

Medical Summary									
Note: Overridden row	s are in bold								
Eligible Budgets									
Test	Result	FPL %	Premium/LTC Liability/Spenddown	CHIP Start Date	Prem Bill Start Date	Aid Code	LTC Details	Members Tested	Role Role Reasoi
Medicare Saving Plan	Pass	72%	\$0.00			MSP/QB/N/N		JOHNSON, AALIYAH	MEM
<u>Medically Needy</u>	Pass	72%	\$2,646.00			MDN/DS/N/N		JOHNSON, AALIYAH	MEM

Below, in the **Potential Eligibility** section, is the coverage she is anticipated to change to if the Pre-Populated Review form is not returned to the agency before the Review Discontinuance batch runs.

Potential Eligibility									
Test	Result	FPL %	Premium/LTC Liability/Spenddown	CHIP Start Date	Prem Bill Start Date	Aid Code	LTC Details	Members Tested	Role Role Reason
Medicare Saving Plan		110%	\$0.00			MSP/LM/N/N		JOHNSON, AALIYAH	MEM
Medically Needy		110%	\$3,150.00			MDN/DS/N/N		JOHNSON, AALIYAH	MEM



A KC1600 Pre-Populated Elderly and Disabled Review form is sent.

The cover letter of the Pre-Pop Review indicates that Aaliyah does not have to return the form and that she will be approved if no further information is received from the household.

However, it does not include the coverage she is anticipated to receive if not returned.

KanCare Clearinghouse PO Box 3599 Topeka, KS 66601-9738



Aaliyah Johnson 2349 Burlingame Rd Topeka, KS 66604 Notice Date: 05/15/2024 Case Number: 20622199 Medical Type: Medical

Renew now to continue KanCare medical assistance!

Dear Aaliyah Johnson,

It is time to renew your KanCare medical assistance. Complete the form in this packet and return it to us. Your review must be returned by 06/15/2024. We have included the information we have on file. It is important that you make sure the information included in this form is correct. You must tell us if any information is wrong or out of date.

If this form is not received for the individuals listed below, eligibility will be redetermined based on the information we have on file. You will receive a separate notice with the outcome of that eligibility determination.

Aaliyah Johnson

You may request medical assistance for other members of your family or household.

Copies sent to:

In this packet, you will find a KanCare renewal form. If you need help filling it out or have questions, call 1-800-792-4884.

KanCare Clearinghouse
P.O. Box 3599
Topeka, KS 66001-9738
Phone 1-800-792-4884
TTY 1-800-792-4292
Fax 1-800-498-1255
Interpreters are available. Los intérpretes están disponibles.

Case Number: 20622199

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1454342

KC1600



The household chose not to return the Pre-Pop Review form, so when the Review Discontinuance Batch runs, a Regular high-dated EDBC with Details is processed and Aaliyah is approved for another Spenddown and the lesser MSP coverage of LMB.

Begin Month▲	End Month ®	Program₹	Туре₹	Run Status»	Auth Amount	Date Run∞	EDBC Source*	
07/2024	07/2024	Medical - 5198	Read Only	Accepted - Saved	Details	05/15/2024	Online EDBC Rules	
07/2024		Medical - 5198	Regular	Accepted - Saved	Details	06/15/2024	Batch EDBC Rules	
01/2024		<u>Medical - 3196</u>	Regular	Accepted - Saved	Details	00/13/2024	Batch EDBC Rules	

Eligible Budgets									
Test	Result	FPL %	Premium/LTC Liability/Spenddown	CHIP Start Date	Prem Bill Start Date	Aid Code	LTC Details	Members Tested	Role Role Reas
Medicare Saving Plan	Pass	110%	\$0.00			MSP/LM/N/N		JOHNSON, AALIYAH	MEM
<u>Medically Needy</u>	Pass	110%	\$3,150.00			MDN/DS/N/N		JOHNSON, AALIYAH	MEM
Continuous Eligibility								7 5 121 17 11	
Name No CE Data Found			CE Begin Month	CE Actual End Month	Aid Code				
Potential Eligibility									
Test	Result	FPL %	Premium/LTC Liability/Spenddown	CHIP Start Date	Prem Bill Start Date	Aid Code	LTC Details	Members Tested	Role Role Reas
No Data Found									
Failed and Overridden Budge	ts								
Test	Result	FPL %	Premium/LTC Liability/Spenddown	CHIP Start Date	Prem Bill Start Date	Aid Code	LTC Details	Members Tested	Role Role Reas
No Data Found						<u> </u>			**



Once the Review Discontinuance batch has run, Aaliyah's coverage changes, and she is sent a NOA.

Navigate to the **Distributed Documents** page to check the system-generated NOA for accuracy and adjust as needed.

Finally, confirm the **Review and IR/12 month Reporting List** page reflects the correct Medical Review **Type** and **Report Status** for the **Program** recently reviewed.

Questions?



Mixed HH Scenario 6: MDN, MSP & SSI



PA Grace receives MDN and MSP/LMB benefits. Spouse Nasir is MDN only; he recently began receiving SSDI payments.

Household Members	Person Level Review	Program Level Review
Grace	Passive	Pre-Populated
Nasir	Passive	Pre-Populated

By the time the Review Batch runs, it determines that Grace still qualifies for MDN but is no longer MSP/LMB eligible due to an increase in her income.

Nasir was recently approved for SSI and is eligible to be Passively renewed.

Mixed HH Scenario 6: MDN, MSP & SSI



A Read Only EDBC is run with an **EDBC Run Reason** of RE and **Type Reason** of Negative Change at Review. The **Potential Eligibility** section displays the coverage the household members are anticipated to receive if no further information is received.

Begin Month	End Mo	nth Run Date	Run Status	Accepted By
07/2024	07/2024	06/15/202	4 Accepted - Saved	PB00E515 Batch
EDBC Information				
EDBC Run Reason:	RE			
	Type Reason:			
Read Only	Negative Change at Review			
Multi-Month EDBC:				
No				

Medical Summary								
Note: Overridden rows ar	e in bold.							
Eligible Budgets								
Test	Result	FPL %	Premium/LTC Liability/Spenddown	CHIP Start Date	Prem Bill Start Date Aid Code	LTC Details	Members Tested	Role Role Reaso
Medically Needy	Pass	118%	\$1,838.00		MDN/DS/N/N		HASSAN, GRACE	MEM
SSI Recipients	Pass	71%	\$0.00		SSI/DS/N/N		HASSAN, NASIR	MEM
Continuous Eligibility								
Name			CE Begin Month	CE Actual End Month	Aid Code			
No CE Data Found								
Potential Eligibility								
Test	Result	FPL %	Premium/LTC Liability/Spenddown	CHIP Start Date	Prem Bill Start Date Aid Code	LTC Details	Members Tested	Role Role Reaso
Medically Needy	Pass	125%	\$4,186.00		MDN/DS/N/N		HASSAN, GRACE	MEM
SSI Recipients	Pass	71%	\$0.00		SSI/DS/N/N		HASSAN, NASIR	MEM

Mixed HH Scenario 6: MDN, MSP/LMB, & SSI



A KC1600 Pre-Populated Elderly and Disabled Review form is sent.

The form indicates that both Nasir and Grace will be approved if no further information is received from the household.

It does not state which coverage they will be approved for if not returned.

KanCare Clearinghouse PO Box 3599 Topeka, KS 66601-9738



Notice Date: 06/10/2024 Case Number: 20623967 Medical Type: Medical

Grace Hassan 4505 SW FAIRLAWN RD TOPEKA, KS 66610-1297

Renew now to continue KanCare medical assistance!

Dear Grace Hassan.

It is time to renew your KanCare medical assistance. Complete the form in this packet and return it to us. Your review must be returned by 6/15/2024. We have included the information we have on file. It is important that you make sure the information included in this form is correct. You must tell us if any information is wrong or out of date.

If this form is not received for the individuals listed below, eligibility will be redetermined based on the information we have on file. You will receive a separate notice with the outcome of that eligibility determination.

Name
Grace Hassan
Nasir Hassan

You may request medical assistance for other members of your family or household.

Copies sent to:

In this packet, you will find a KanCare renewal form. If you need help filling it out or have questions, call 1-800-792-4884.

KanCare Clearinghouse
P.O. Box 3599
Topeka, KS 66601-9738
Phone 1-800-792-4884 TTY 1-800-792-4292 Fax 1-800-498-1255
Interpreters are available. Los intérpretes están disponibles.

Mixed HH Scenario 6: MDN, MSP/LMB, & SSI



As no additional information was received, the Review Discontinuance Batch approves Grace for MDN only using her updated income and Nasir for SSI.

Dania Marsh	r-d ush	Down Date	Pro- Ot-to-	Accorded Do
Begin Month 07/2024	End Month	Run Date 06/15/2024	Run Status Accepted - Saved	Accepted By PB00E515 Batch
-		08/13/2024	Accepted - Saved	PBUUESTS Batch
EDBC Information				
EDBC Run Reason: RE				
Type:				
Regular				
Multi-Month EDBC:				
No				
Program Configuration				
System Determination				
EDBC Source: Batch EDBC Ru	iles			
Program Status: Active				
Program Status Reason:				
Review Due: 06/30/2025				

Medical Summary								
Note: Overridden rows are	in bold.							
Eligible Budgets								
Test	Result	FPL %	Premium/LTC Liability/Spenddown	CHIP Start Date	Prem Bill Start Date Aid Code	LTC Details	Members Tested	Role Role Reason
<u>Medically Needy</u>	Pass	38%	\$5,780.00		MDN/DS/N/N		Hassan, Grace	MEM
SSI Recipients	Pass	0%	\$0.00		SSI/DS/N/N		Hassan, Nasir	MEM

Mixed HH Scenario 6: MDN, MSP/LMB, & SSI



Once the Review Discontinuance batch has run, Grace and Nasir's coverage changes, and a NOA and Passive Review is sent.

Navigate to the **Distributed Documents** page to check the system-generated NOA for accuracy and adjust as needed.

Finally, on the **Review and IR/12 month Reporting List** page confirm the Medical Review **Type** and **Report Status** for the **Program** recently reviewed is correct.

Questions?







KDHE Processing Deadlines Code Card – Fiscal Year 2025

Benefit Month	MMIS Monthly	Come Up Month Available	Review Batch	MMIS Spenddown Met to Unmet	Change	Close	Review Discontinuance	Buy-In
June 2024	5/22	4/19	5/10	5/10	5/20	5/17	5/16	5/20
July 2024	6/20	5/18	6/7	6/14	6/18	6/17	6/14	6/20
August 2024	7/23	6/18	7/5	7/12	7/18	7/18	7/17	7/19
September 2024	8/22	7/19	8/9	8/16	8/20	8/19	8/16	8/20
October 2024	9/20	8/20	9/6	9/13	9/19	9/18	9/17	9/20
November 2024	10/23	9/19	10/11	10/11	10/18	10/17	10/16	10/18
December 2024	11/19	10/18	11/8	11/15	11/19	11/18	11/15	11/20
January 2025	12/20	11/19	12/6	12/13	12/19	12/19	12/18	12/20
February 2025	1/23	12/20	1/10	1/10	1/17	1/16	1/15	1/17
March 2025	2/20	1/17	2/7	2/7	2/17	2/14	2/13	2/20
April 2025	3/21	2/15	3/7	3/14	3/20	3/19	3/18	3/20
May 2025	4/22	3/20	4/11	4/11	4/17	4/17	4/16	4/18
June 2025	5/21	4/18	5/9	5/16	5/20	5/19	5/16	5/20



Coverage is determined based on when/if a Pre-Populated Review form is received by the agency.

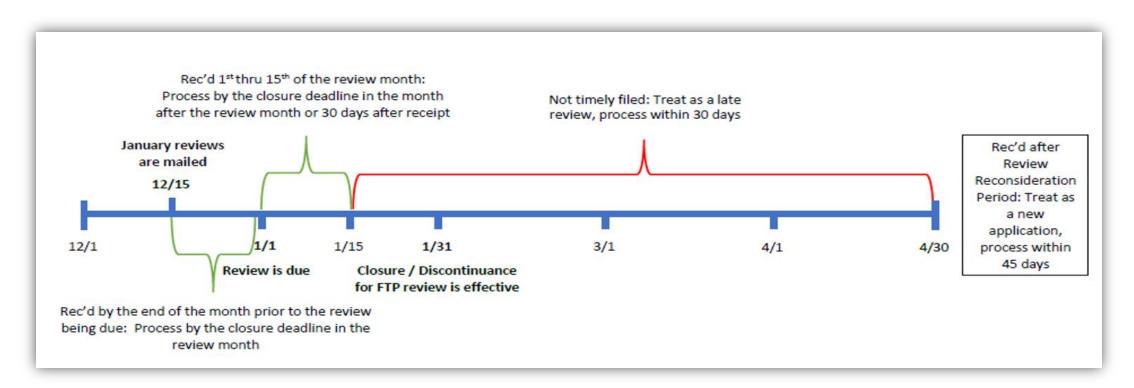
- 1. TIMELY: Staff process the consumers Pre-Populated Review for all persons and programs using the information submitted.
- 2. NOT TIMELY: Fully Passive household members' coverage is Passively renewed. Consumers requiring the Pre-Pop Review form to determine continued eligibility are discontinued.

If a Pre-Populated Review form is not returned before the Review Discontinuance batch runs: Passive coverage is automatically renewed through Ex Parte and Pre-Populated coverage is discontinued for Failure to Return Signed Review.



If the Pre-Populated review form is returned after the Review Discontinuance batch runs and the Household is within their Review Reconsideration Period, workers should Rescind the program and follow the steps described in the **Processing when Passively Renewed after Pre-Pop was Sent** document to complete the determination.

There are several resources available to staff to assist with Reviews, the image below is an example to use when determining if a consumer remains in their Reconsideration Period.





Review Received Date	Fully Passive Household	Fully Pre-Populated Household	Mixed Household (Passive & Pre-Pop coverage)*
Timely (Before the Review Disc. Batch runs)	This type of HH is not impacted as all Ex Parte members are Passively Renewed.	The entire HH's coverage is redetermined based on info rec'd on the Pre-Pop Review form.	The entire HH (including Passive members) are processed by staff using the Pre-Pop Review form.
Never Returned	N/A	Coverage is discontinued for the HH following current policies.	Ex Parte HH members are Passively renewed, and the Pre-Pop HH members are discontinued following current policies.
Untimely (After the Review disc. Batch runs)	N/A	Rescind PB if within the Review Reconsideration Period and process using the Pre-Pop form.	Rescind any Pre-Pop HH Members and use the Pre-Pop as a Passive Response for any Ex Parte HH Mems.

^{*}Includes Passive HH requiring Pre-Populated Review



Positive Changes for Pre-Pop HH

Positive Changes for Pre-Populated Households



Previously, fully Pre-Populated households that were anticipated to change to better coverage at Review were automatically changed to that coverage by batch; example: moving from PLT to PLN.

With this release, these type of Households are now first sent a Pre-Populated review form. If the Pre-Pop review form is timely received workers should process following normal policies.

If no response is received from the household, then the Review Discontinuance batch changes the eligible member(s) coverage. Any Ex Parte household members that are Passively renewed when the Review Discontinuance batch runs have a Passive IR record created on the **Review and IR/12 Month Reporting List** page.

This system update reduces the amount of cases that fall out of the automated process reducing the manual workload for staff.

Questions?







The Reasonable Compatibility Test Detail page displays KEES FPL, KDOL FPL, and TALX FPL. When there is no data reported these fields remain blank.





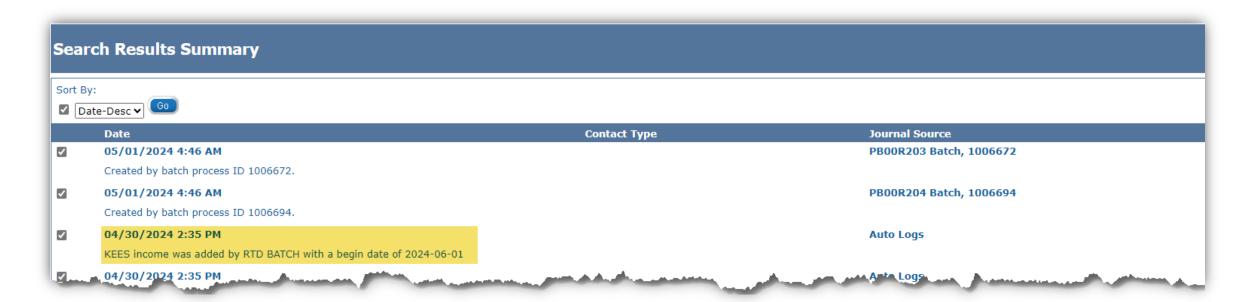
When a case has data for **KEES FPL**, **KDOL FPL**, and **TALX FPL** the information is displayed in each section.

Reasonable Compatibility Test Detail							
			Close				
Name:	Assessment Date:						
Winters, Jackie	04/21/2024						
KEES Total Monthly Income Amount:	Tolerance Percentage:	Run Reason:	KEES FPL:				
\$1,500.00	20.00%	Online - Worker	162.00				
KDOL Monthly Income Amount: \$2,666.00	KDOL Compatible Percentage: 87.00%	KDOL Quarter Used:	KDOL FPL: 87.00				
TALX Monthly Income Amount: \$2,666.00	TALX Compatible Percentage: 87.00%	TALX Date Range Used:	TALX FPL: 87.00				
Reasonably Compatible:	Verification Source:	Reasonably Compatible Method:					



When an income record has been updated based on Reasonable Compatibility Determination (RCD), Both below, and Federal Poverty Level (FPL).

A journal entry is created when the Reviews Batch is run to notify the worker of an income update.





The RCD results must fit certain criteria to determine if an income record should be updated. To determine this, we should review the child's RCD result. When reviewing the results we should be looking for a few things:

- If the CH has Both Below indicator, the income records are not updated
- The KEES FPL must be below the Max CHIP FPL 255%.
- TALX or KDOL must also be below the Max CHIP FPL 255%

Name:	Assessment Date:		
Winters, Andrew	04/30/2024		
KEES Total Monthly Income Amount:	Tolerance Percentage:	Run Reason:	KEES FPL:
\$0.00	20.00%	Online - Worker	162.00
KDOL Monthly Income Amount:	KDOL Compatible Percentage:	KDOL Quarter Used:	KDOL FPL:
No Useable Data	100.00%	1st Quarter - 2024	247.00
No oscable bata	10010070	200 Quartor 2021	217100
TALX Monthly Income Amount:	TALX Compatible Percentage:	TALX Date Range Used:	TALX FPL:
No Useable Data			1,375.00
Reasonably Compatible: Yes	Verification Source:	Reasonably Compatible Method:	



KEES determines whose income to update based on the RCD results within the child's IBU.

Any person with an RCD result of No has their income updated.

Let's take a look at the PA's RCD result for this CH's IBU. If you recall, KDOL was the interface that was below the CHIP Max FPL. The income record that KEES creates is used for the monthly earnings from that interface.

Name:	Assessment Date:		
Winters, Jackie	04/30/2024		
KEES Total Monthly Income Amount:	Tolerance Percentage:	Run Reason:	KEES FPL:
\$1,500.00	20.00%	Batch - Reviews	162.00
KDOL Monthly Income Amount:	KDOL Compatible Percentage:	KDOL Quarter Used:	KDOL FPL:
\$2,666.00	87.00%	1st Quarter - 2024	123.00
TALX Monthly Income Amount:	TALX Compatible Percentage:	TALX Date Range Used:	TALX FPL:
\$29,600.00	87.00%	03/16/2024 - 04/15/2024	1,375.00
Reasonably Compatible:	Verification Source:	Reasonably Compatible Method:	
No			



The income **Source** is listed on the **Income Amount Detail** page from the Reasonable Compatibility Determination.



Questions?









Reminder - e-Application Status



When processing a case with multiple e-Apps, workers need to make sure all e-Apps are worked, and the **App Status** is updated to *Processed by Worker*. To update the **App Status**, click the **App Number** hyperlink to the e-App that needs to be updated.

Case Applications									
App Number ▽	Source ▽	Applicant Name ▽	Expedited Services	Priority: ▽	Recertification/Renewal	Application Date ▼	App Status ▽		
3866958	Electronic	Winters, Jackie	Yes	Expedited	No	04/08/2024	Processed by Worker		
3866869	Electronic	Winters, Jackie	No	None		04/08/2024	In Progress		

The **e-Application Summary** page displays. Select the **Edit** button.



Reminder - e-Application Status



The **e-Application Summary** page can be edited by selecting the *Processed by Worker* from the drop-down section of the **e-App Status** section, then selecting the **Save** button.

e-Application	Summary			(Assign e-App	(Save)	(Cancel)
e-App Number: 3866958	e-App Status: Processed by Worker >	e-App Source: SSP Medical	Case Number: 20621812			
Application Date: 04/05/2024	Submit Date: 04/05/2024 07:17:01	Priority: None	Alternative Interview Reason:			
	Recertification/Renewal: No	Alternative Interview: No	Priority Date: 04/05/2024			
Office: KanCare Clearinghouse 6700 SW Topeka Blvd Bldg 281 Topeka, KS 66619	Auto Renewal Consent:	Voter Registration No Response	Provided Case Number: No Information Provided			

The Case Summary page displays the updated App Status information.

Case Applications										
App Number ▽	Source ▽	Applicant Name ▽	Expedited Services ▽	Priority: ▽	Recertification/Renewal ∇	Application Date ▼		App Status ▽		
3866958	Electronic	Winters, Jackie	Yes	Expedited	No	04/08/2024		Processed by Worker		
3866869	Electronic	Winters, Jackie	No	None		04/08/2024	—	Processed by Worker		

Reminder – Review and IR/12 Month Reporting List



Workers need to verify the **Report Status** on the **Review and IR/12 Month Reporting List** page is updated after completing a review. To get to the **Review and IR/12 Month Reporting List** page select the **Eligibility** tab in the Global Navigation section and then select the **Reporting** button in the Local Navigation section on the **Case Summary** page.



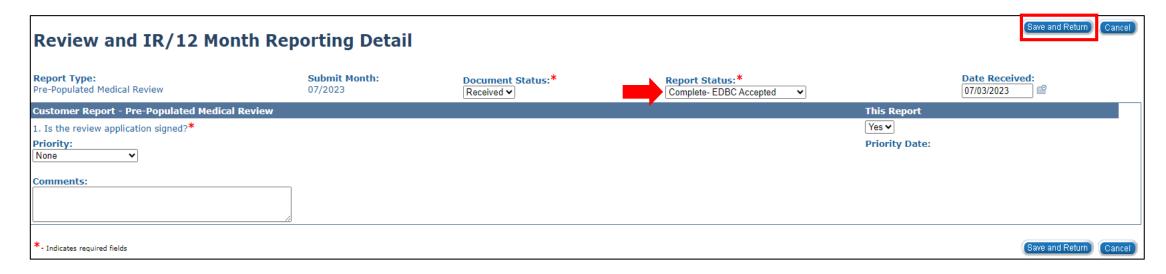
The **Report Status** on the **Review and IR/12 Month Reporting List** page displays *Incomplete* and needs to be updated. Select **Edit** from the **Action** section.



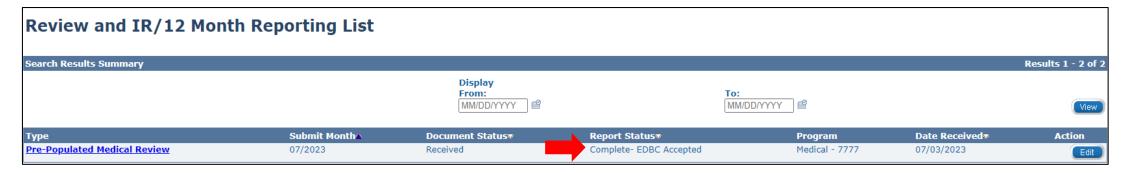
Reminder – Review and IR/12 Month Reporting List



The **Review and IR/12 Month Reporting Detail** page displays, select *Complete-EDBC Accepted* from the **Report Status** drop-down. Select **Save and Return** button.



The **Review and IR/12 Month Reporting List** page displays the updated **Report Status** of *Complete-EDBC Accepted*.



Questions?



MN3/LTC



MN3 and LTC Consumers



Long-Term Care (LTC) applicants with income exceeding 300% of the current Federal Poverty Level (FPL) are assigned an MN3 Aid Code in KEES upon approval.

Case Summary

Aid Code LTC Details

MN3/OA/N/N IC/NF/SN

EDBC Result

Aid Code	LTC Details
MN3/OA/N/N	IC/NF/SN

Previously, when checking this type of coverage in KMMS workers would see an MN Benefit Plan and LTC Details.

To assist Providers with claims processing and reduce confusion for staff, new Benefit Plan codes have been created within KMMS.

KEES to KMMS - MNLTC



Beginning with the Benefit Month of August 2024, the Benefit Plan that staff will see in KMMS when a consumer has an MN3 Aid Code and LTC Details in KEES is MNLTC. This code is for MN3/LTC consumers with or without a Share of Cost.

Any combination of MN3 (example: MN3 + OA, DS, BL, or CH) and LTC (IC, HCBS, or PACE) is going to result in an MNLTC Benefit Plan in KMMS. This includes Overridden EDBC's that yield an MN3/LTC result with or without a Share of Cost.



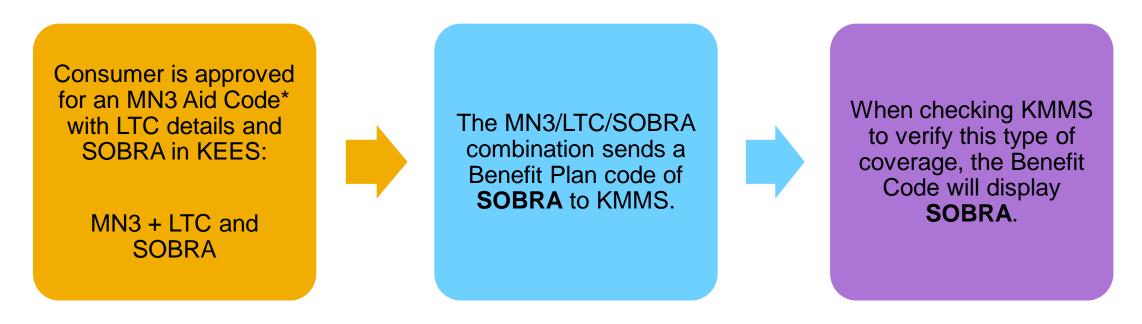
^{*}Includes an Overridden EDBC

KEES to KMMS - SOBRA



For MN3/LTC consumers who are also SOBRA eligible, staff will see a SOBRA Benefit Plan sent to KMMS.

Remember, this includes any combination of MN3 (OA/DS/BL/CH) and LTC (IC/HCBS/PACE) with the SOBRA determination.



^{*}Includes an Overridden EDBC

Long-Term Care Applicant & Medically Needy Spouse



Previously, when processing Spousal applications that included an Applicant requesting and eligible for Long-Term Care (LTC) and a Spouse requesting and eligible for a Medically Needy Spenddown (MDN), each person had to have their own case.

If not properly separated upon approval, KMMS was not able to correctly reflect the consumers coverage and Providers had difficulty billing.

The addition of the MNLTC Benefit Code was also created to assist with this issue, allowing staff to approve both the PA's LTC coverage and the Spouse's Medically Needy coverage on the same case.

Workers no longer need to create separate cases for households that include a Spenddown and Long-Term Care coverage if approving benefits beginning with the benefit month of August 2024.



Questions?





Self-Service Portal Updates Password Reset

SSP Updates: Password Reset



At one time or another, most of us struggle with the usernames and/or passwords we use to log into our computer, KEES, KMMS, or other programs we use. Our consumers experience similar difficulties when they are unable to remember the correct credentials (username and password) to access their SSP account.

With the June 2024 Release, consumers are now able to reset their SSP passwords when they forget them. This is done via a link sent to the email address used to create the consumer's SSP account.

A Forgot Username feature has also been added. Consumers can recover their SSP username by providing the correct name, date of birth, and SSN associated with the SSP account.

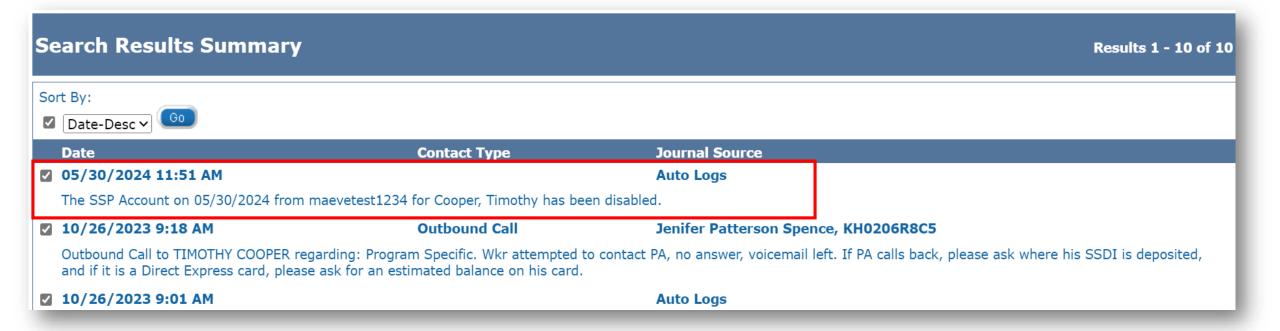
Log In	
User Name	
Password	
Log In	
Click here if you forgot your password	
Click here if you forgot your username	
Don't have an account?	

SSP Updates: Password Reset



If the consumer is unable to provide the required information, they are given the option to create a new SSP account. To do so, the consumer must use an email address that is *not* currently tied to another SSP account. If the consumer wants to use an email address that is already tied to an SSP account, they are given the option to delete or disable the 'old' SSP account.

A journal entry is created when a consumer chooses to disable an SSP account.





Self-Service Portal Updates SSP Application

SSP Updates: SSP Application



The Medical Self-Service Portal (SSP) is an important tool consumers use to apply for benefits, report changes, and complete reviews. As such, the SSP must receive updates to ensure that it continues to meet our consumer's needs as well as CMS' requirements.

We'll review the SSP updates in the next few slides.

SSP Updates: SSP Application



Landing pages have been added to the beginning of the SSP sections listed below. The purpose of Landing pages is to provide the consumer with a brief preview of the information needed in the next section of the SSP application. Landing pages also indicate where and/or how far the consumer is in the SSP application flow.

Start Application

Job/Wages

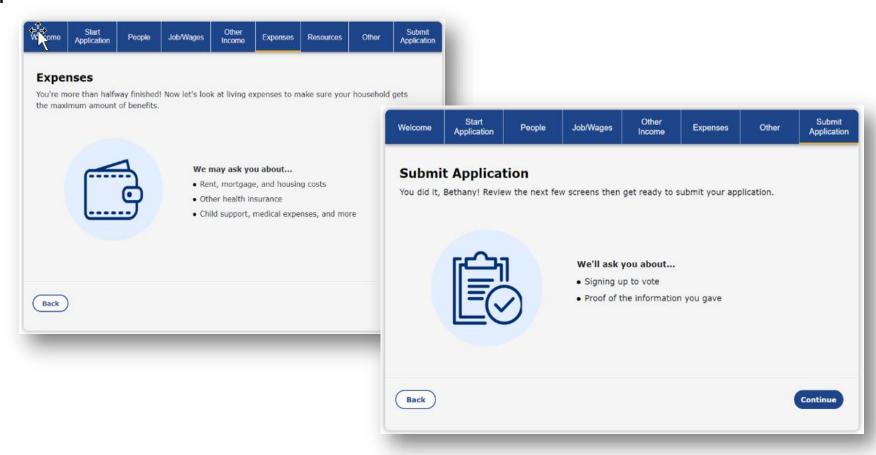
Other Income

Expenses

Resources

Other

Submit Application



SSP Updates: SSP Application



Other changes made to the SSP include:

Instructional Text

Helps consumers through the SSP application.

Bolded Names

Clarifies which Household member's information is needed.

PDF

• Updated to match changes made to the SSP application.

Self-Service Portal Updates

e-Apps & Data Mapping





One of the best things about e-Applications is that it's a win-win for both consumers and Eligibility staff. We've already discussed the SSP updates from the consumer's perspective so now it's time to focus on changes that impact workers.





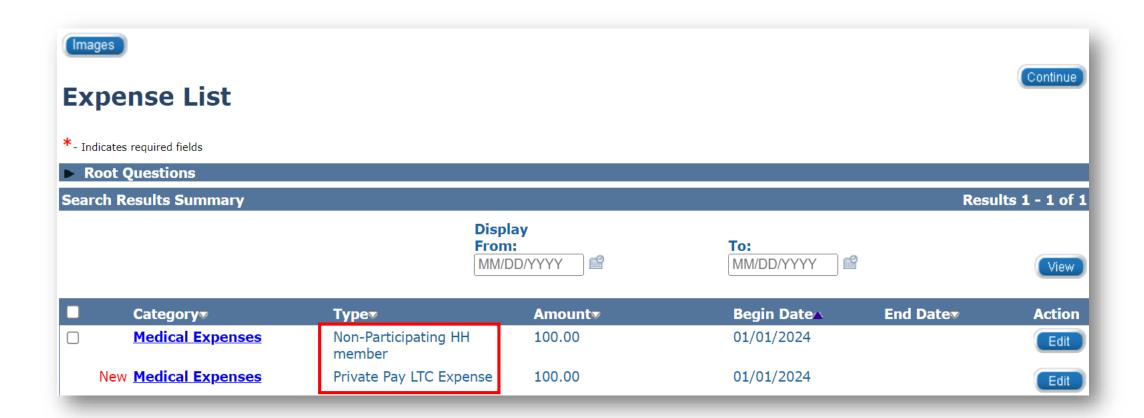
With this Release, the types of Medical Expense records listed below are now mapped into KEES:

SSP	KEES
Private Pay Nursing Home Expense	Private Pay LTC Expense
Expense for Household Member not receiving assistance	Non-Participating HH Member

This means that when a consumer selects either of these Expenses (Private Pay or Household Member not receiving assistance) in the SSP application, their response automatically populates the type on the Income List and Detail pages in KEES.

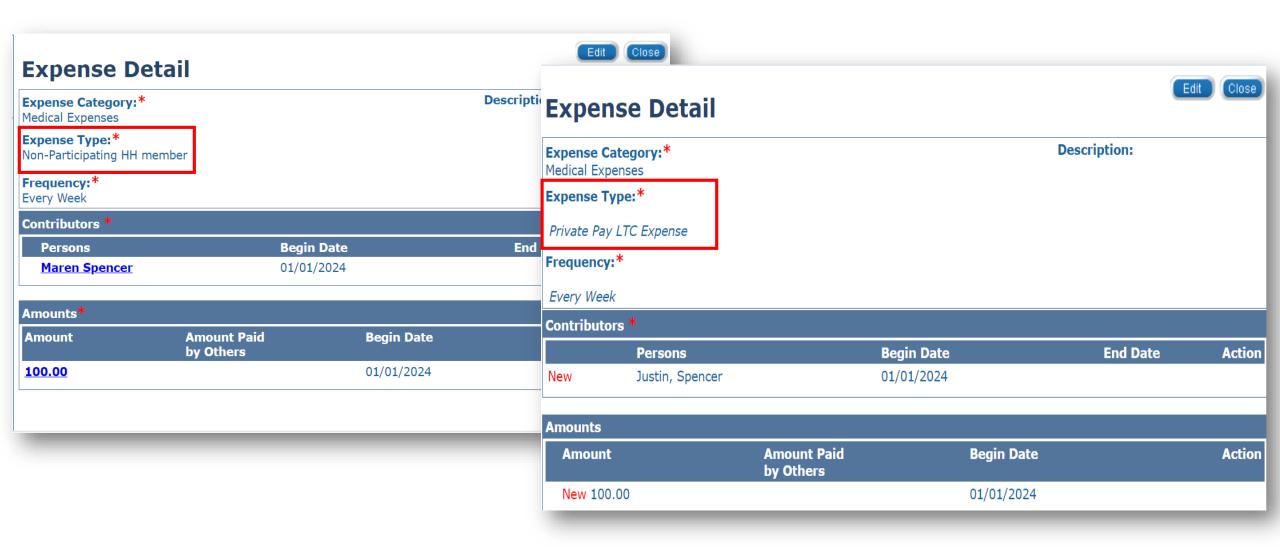


This screenshot provides an example of the SSP values mapping into the Expense List page.



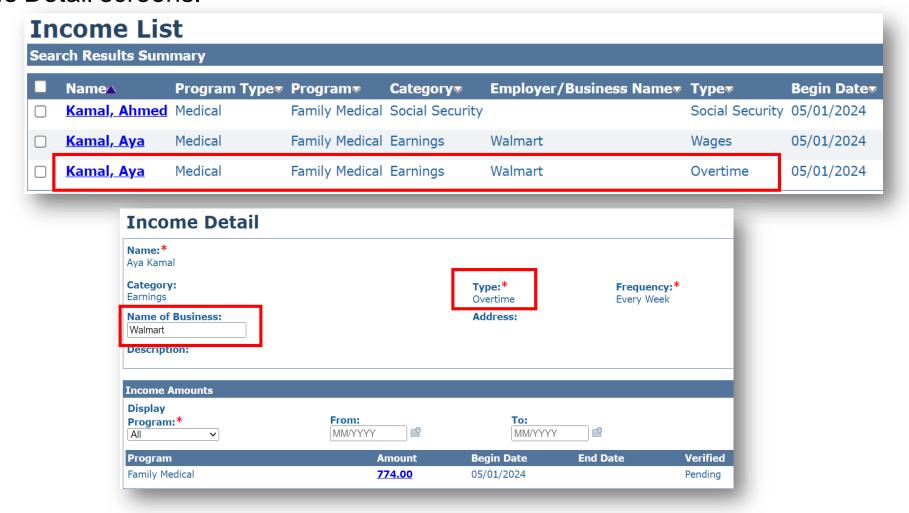


Here is what the SSP values will look like on the Expense Detail pages.





The other Data Mapping update is related to Overtime income. When a consumer works overtime and provides the name of the Employer, it will auto-populate on the **Income List** and Income Detail screens.





Questions?



KEES Resources

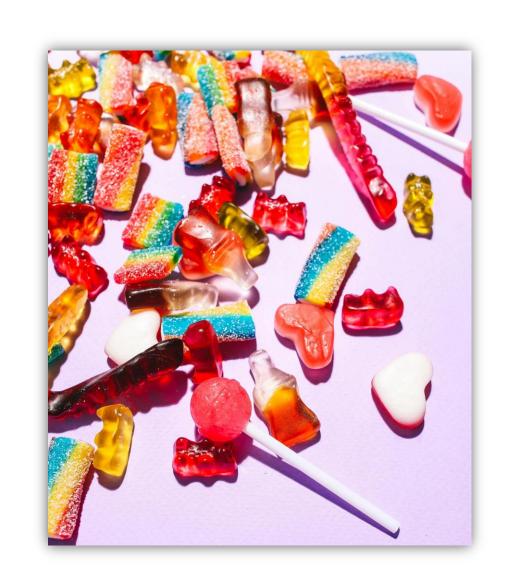
KEES Resources



Keep an eye out for the daily KEES Dispatch emails as they include additional details regarding today's release and links to helpful KEES resources.

If you are not receiving these emails, please reach out to your Supervisor.

The KEES User Manual is being updated to accommodate this Release and we thank you for your patience as we complete this.



Questions?

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

