# Spenddown Enhancements

## Fall 2023 Medical KEES Release

# TOPICS

- Case Summary/Program Block Enhancements
- Life Cycle of a Spenddown
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  - KMMS Eligibility
  - Base Period
  - Tasks
  - EDBC
- Spenddown Enhancements
- Gaps in Spenddowns
- Shortened Spenddowns
- NOA Corrections & Correspondence Updates

# TOPICS cont'd

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  - Requested Medical Type
  - Program Block
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    - Shared Program Block
    - Reviews
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# Medically Needy Spenddowns

The Medically Needy program (MDN) refers to a spenddown amount as a deductible and the length as a base period. There are several situations which may arise resulting in an adjusted or shortened spenddown for a consumer.

Examples include but are not limited to:

- becoming SSI eligible,
- switching from MDN to LTC,
- moving to or from a PMD status,
- death, etc.

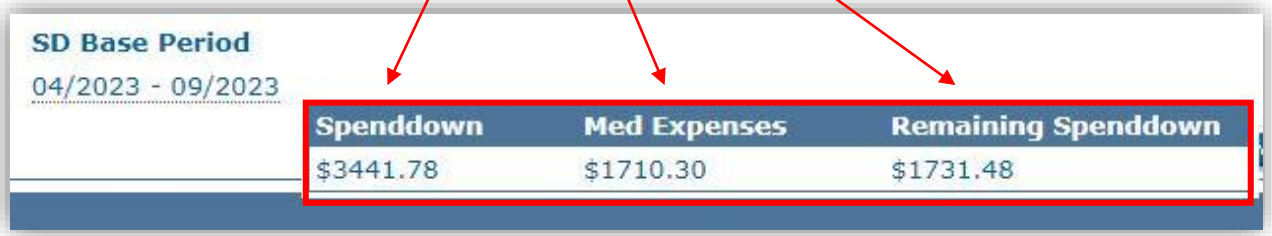
Updates have been made to KEES to simplify the amount of time staff need when reviewing these types of case actions. Previously, workers had to navigate to the EDBC Results page within a case to get details of a consumer's spenddown.

# Case Summary – Program Block Updates

Kansas Eligibility Enforcement System (KEES)

Now, the **Case Summary** page shows a consumer's spenddown information on their program block. When workers click the caret to expand the consumer's coverage, they will see a section titled **SD Base Period** that shows the dates for the current base period depending on the **Display** date selected.

Staff can hover over those dates to see the spenddown total, medical expenses used against the spenddown, and the remaining spenddown amount.



# Case Summary – Program Block Updates

It is important to understand the **Remaining Spenddown** amount that displays when using the new hover feature is pulled from the EDBC results, not KMMS. You still need to check KMMS for the real-time remaining amount.

This is also applicable for shortened spenddowns. Simply adjust the **Display** date on the **Case Summary** page, expand the caret by the consumer's **Name** then hover over the **SD Base Period** dates to view the details.

Questions?

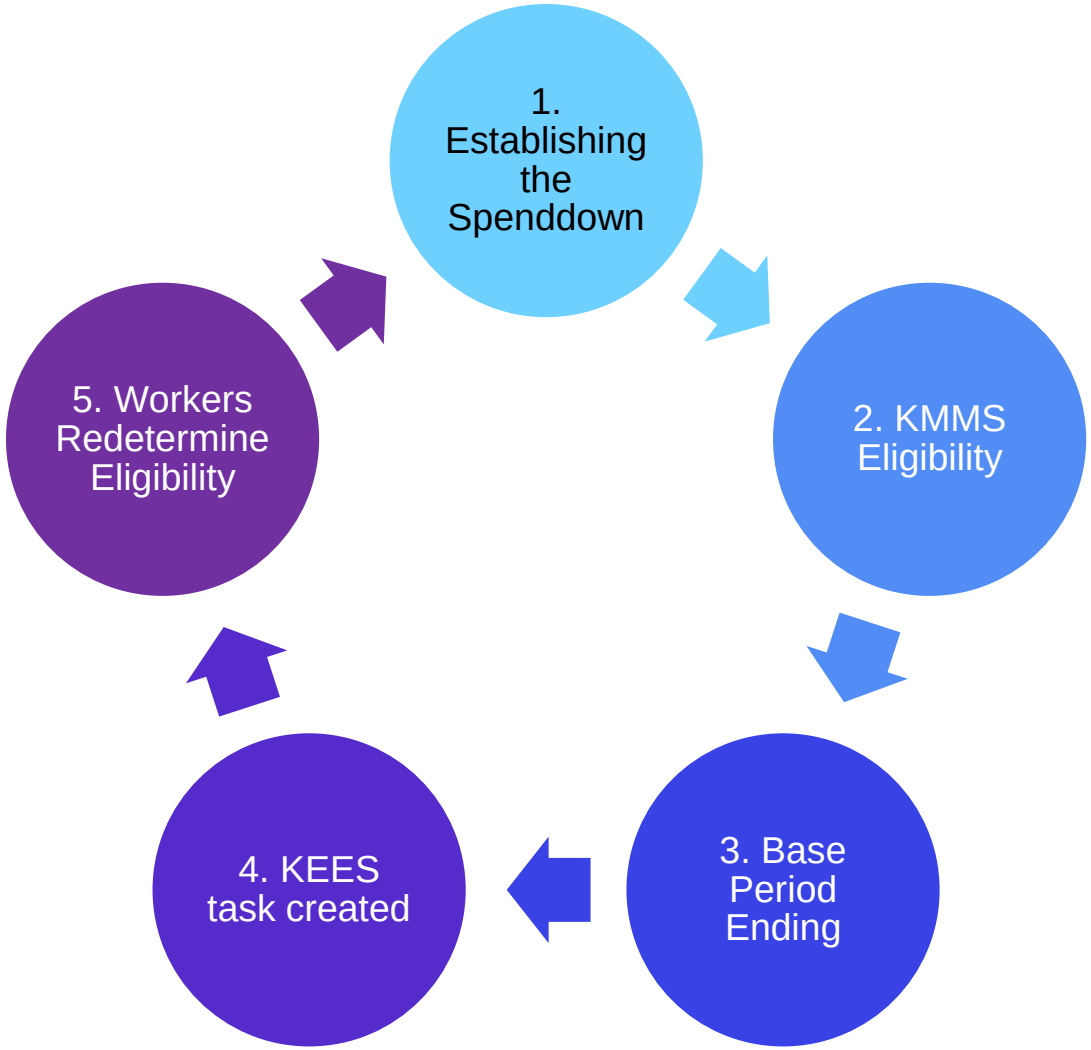
# Spenddown Life Cycle

# Life Cycle of a Spenddown

Spenddowns can be complex, so we have created a life cycle of sorts to assist in explaining.

A spenddown includes establishing the base period in KEES, sending eligibility to KMMS, the base period ending and KEES generating a task for workers to process and redetermine eligibility.

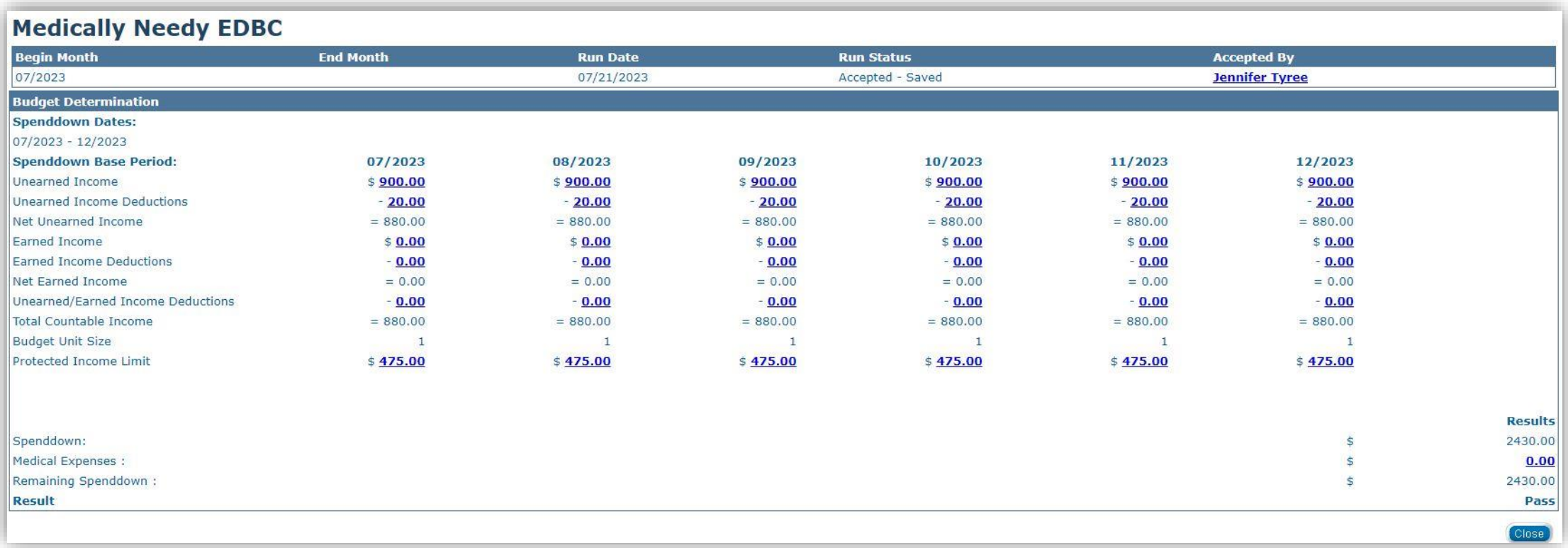
The next few slides further detail this process and serve as a gentle reminder of how to process Medically Needy spenddowns now that we are back to normal (pre-COVID) processing.



# Life Cycle - Establishing a Spenddown

1

As you know consumers must meet certain eligibility requirements to be approved for a **Medically Needy Spenddown (MDN).** Once those requirements are met, a 6-month **Spenddown Base Period** is established in KEES. Prior Medical Spenddowns have their own 3-month base period.



**Medically Needy EDBC**

| Begin Month | End Month | Run Date | Run Status | Accepted By |
|---|---|---|---|---|
| 07/2023 | | 07/21/2023 | Accepted - Saved | Jennifer Tyree |

**Budget Determination**

**Spenddown Dates:**
07/2023 - 12/2023

| Spenddown Base Period: | 07/2023 | 08/2023 | 09/2023 | 10/2023 | 11/2023 | 12/2023 |
|---|---|---|---|---|---|---|
| Unearned Income | $ 900.00 | $ 900.00 | $ 900.00 | $ 900.00 | $ 900.00 | $ 900.00 |
| Unearned Income Deductions | - 20.00 | - 20.00 | - 20.00 | - 20.00 | - 20.00 | - 20.00 |
| Net Unearned Income | = 880.00 | = 880.00 | = 880.00 | = 880.00 | = 880.00 | = 880.00 |
| Earned Income | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |
| Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 | - 0.00 | - 0.00 | - 0.00 |
| Net Earned Income | = 0.00 | = 0.00 | = 0.00 | = 0.00 | = 0.00 | = 0.00 |
| Unearned/Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 | - 0.00 | - 0.00 | - 0.00 |
| Total Countable Income | = 880.00 | = 880.00 | = 880.00 | = 880.00 | = 880.00 | = 880.00 |
| Budget Unit Size | 1 | 1 | 1 | 1 | 1 | 1 |
| Protected Income Limit | $ 475.00 | $ 475.00 | $ 475.00 | $ 475.00 | $ 475.00 | $ 475.00 |

| | Results |
|---|---|
| Spenddown: | $ 2430.00 |
| Medical Expenses : | $ 0.00 |
| Remaining Spenddown : | $ 2430.00 |
| **Result** | **Pass** |

Close

# Life Cycle - Establishing a Spenddown

When establishing a Spenddown, KEES sets the base period beginning the first month EDBC is run, accepted and saved. If a worker runs EDBC and accepts an incorrect base period, they may correct this on the same day.

If an incorrect base period was set and needs to be changed after being sent to KMMS, a KEES Help Desk ticket is required.

# Life Cycle – KMMS Eligibility

2

Once the base period has been established in KEES, the system communicates that information with KMMS resulting in *actual* eligibility for our consumers.

Medically Needy coverage cannot be sent to KMMS without a base period. Consumers who are also active MSP recipients will continue to have their MSP eligibility sent to KMMS.

When consumers have an expired base period in KEES they DO NOT have active coverage in KMMS, even if there's a high-dated EDBC with an MDN aid code.

This results in those very familiar follow up calls from our consumers asking about their coverage as they may have been told it's not active by a Pharmacy or Physician.

It is very important to thoroughly research a consumer's spenddown when they call in with questions or concerns because of an expired base period.

# Life Cycle - Reviewing a Spenddown

3

Reviewing a Spenddown is not the same as reviewing and processing a consumers 12-month annual review. Spenddown related tasks generate at both 6 and 12 months.

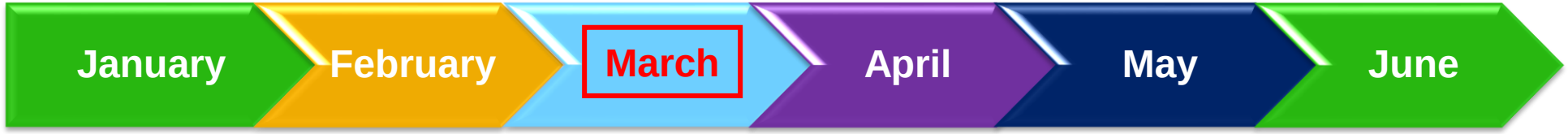
During processing, if you notice the Spenddown base period is incorrect staff need to follow the directions outlined in Troubleshooting - Medically Needy Spenddown (ks.gov) in the KEES User Manual to correct the issue.

If you have difficulty finding certain information in KMMS, remember you have several resources available to assist you and you can always reach out to your Supervisor for further assistance.

Researching a consumer's coverage in KMMS prior to running EDBC is the only way to gather real-time information related to their spenddown and avoid unnecessary troubleshooting.

# Life Cycle – Reviewing a Spenddown

There may be times when a person becomes due for their annual review in the middle of their base period.




If a consumer remains eligible at annual review, coverage will continue and they should remain on their current, already established base period when EDBC is run.

There are also times a consumer might be closed during an off-set review. When this occurs, staff can Rescind or Reapply the program block and restore the consumer on their original base period without needing to send a KEES Help Desk ticket.

# Life Cycle – Reviewing a Spenddown

When there is an expired base period and the worker has not set up a new base period, the program block remains open, but the consumer has no eligibility in KMMS.

Staff need to process the **Base Period** task and either discontinue the base period (allowing for timely notice) or set up a new base period per eligibility guidelines.

If the consumer should be discontinued, follow the appropriate process outlined in Deny or Discontinue a Program or Person (ks.gov) in the KEES User Manual and discontinue the program block.

# Life Cycle – KMMS Monthly File

The **KMMS Monthly File** is a batch process that is run on a certain day of each month. The very first column of the **KDHE Processing Deadlines Code Card** displays the day of each month that the KMMS monthly file batch runs.

When working a case, you need to consider the day you are processing, the type of action being taken, and when the monthly file batch is run.

The most recent version of the **KDHE Processing Deadlines Code Card** is linked in the daily KEES Dispatch emails.

| Benefit Month | MMIS Monthly | Come Up Month Available | Review Batch | MMIS Spenddown Met to Unmet | Change | Close | Review Discontinuance | Buy-In |
|---|---|---|---|---|---|---|---|---|
| June 2023 | 5/22 | 4/19 | 5/5 | 5/12 | 5/18 | 5/18 | 5/17 | 5/19 |
| July 2023 | 6/22 | 5/19 | 6/9 | 6/9 | 6/19 | 6/16 | 6/15 | 6/20 |
| August 2023 | 7/21 | 6/17 | 7/7 | 7/14 | 7/20 | 7/19 | 7/18 | 7/20 |
| September 2023 | 8/23 | 7/20 | 8/11 | 8/11 | 8/18 | 8/17 | 8/16 | 8/18 |
| October 2023 | 9/21 | 8/18 | 9/8 | 9/15 | 9/19 | 9/18 | 9/15 | 9/20 |
| November 2023 | 10/23 | 9/19 | 10/6 | 10/13 | 10/19 | 10/19 | 10/18 | 10/20 |
| December 2023 | 11/20 | 10/20 | 11/9 | 11/9 | 11/17 | 11/16 | 11/15 | 11/20 |
| January 2024 | 12/20 | 11/17 | 12/8 | 12/15 | 12/20 | 12/19 | 12/18 | 12/20 |
| February 2024 | 1/23 | 12/20 | 1/5 | 1/12 | 1/18 | 1/18 | 1/17 | 1/19 |
| March 2024 | 2/21 | 1/19 | 2/9 | 2/9 | 2/16 | 2/15 | 2/14 | 2/20 |
| April 2024 | 3/21 | 2/16 | 3/8 | 3/15 | 3/20 | 3/19 | 3/18 | 3/20 |
| May 2024 | 4/22 | 3/20 | 4/5 | 4/12 | 4/18 | 4/18 | 4/17 | 4/19 |
| June 2024 | 5/22 | 4/19 | 5/10 | 5/10 | 5/20 | 5/17 | 5/16 | 5/20 |

# Life Cycle - Spenddown Specific Tasks

4

Spenddown related tasks require research. If you need assistance when working a task, see Medically Needy Spenddown (ks.gov) in the KEES User Manual.

Workers can find detailed information regarding Spenddowns and how to process them in KEES. You can also find helpful troubleshooting tips.

**MMIS Spenddown Met** Task

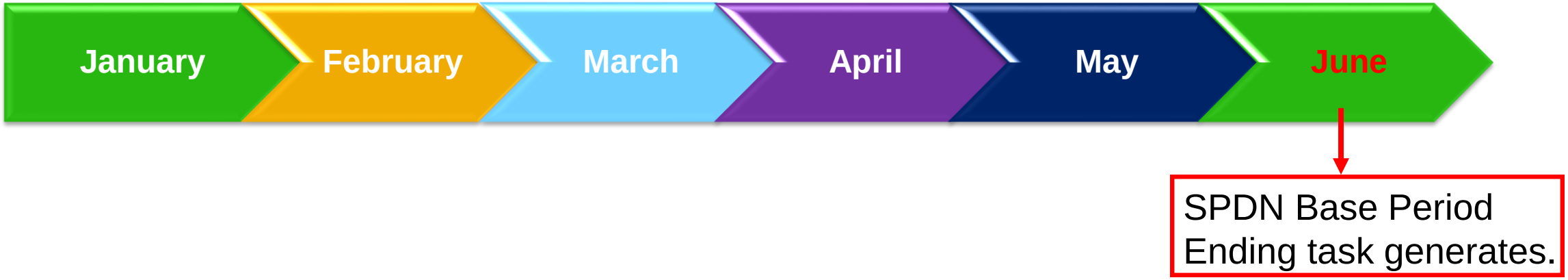
This task identifies that the consumer has met their Spenddown. It may be generated at any point during the current base period depending upon medical bills incurred by the consumer.

For $0 Spenddowns, keep in mind that an automatically met Spenddown DOES NOT equal automatically sent to KMMS. Once the **MMIS Spenddown Met** Task is complete, another task generates when the base period is nearing its end and eligibility must be redetermined.

# Life Cycle - Spenddown Specific Tasks

**Spenddown Base Period Ending** Task

This task is created the first day of the month the Spenddown Base Period is ending. It is generated again at the end of the second 6-month base period.




Determine if the consumer continues to be eligible for a spenddown, will switch to MSP only, or be discontinued. If a new base period is not appropriate and at least one beneficiary is eligible for MSP:

- change the RMT to MSP only and rerun EDBC for the come-up month.

Any action must be taken prior to the KMMS monthly file run date.

# Life Cycle - Spenddown Specific Tasks

**No Eligibility-Base Period Ended** Task

This task is created when the KMMS monthly file runs and the consumer noted in the task did not have a **Spenddown Base Period** set up for the following month.

This means the Medically Needy eligibility did not go to KMMS because there was no **Spenddown Base Period** created for that month.

If coverage should have continued it will not be in KMMS as expected and causes unnecessary delays for our consumers.

Please note that coverage for Medicare Savings Programs (MSP) are still sent, just not the Medically Needy eligibility.

# Life Cycle - Spenddown Specific Tasks

When a **No Eligibility-Base Period Ended** task generates staff must follow a certain process to rectify the issue.

1. Confirm that all **Non-Financial** and **Financial** records have been updated per the consumer's current eligibility,
2. Establish the correct base period in KEES by running EDBC.
3. Check KMMS the following day to ensure the base period and eligibility were sent.
4. If the base period and eligibility did not send to KMMS, you must contact the KEES Help Desk to have the Medically Needy eligibility manually sent to KMMS.

# QUESTIONS?

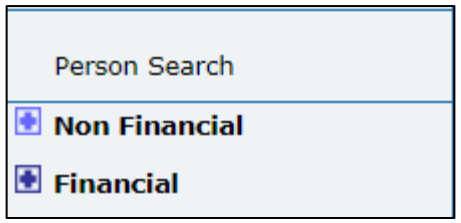
# Life Cycle – Running EDBC

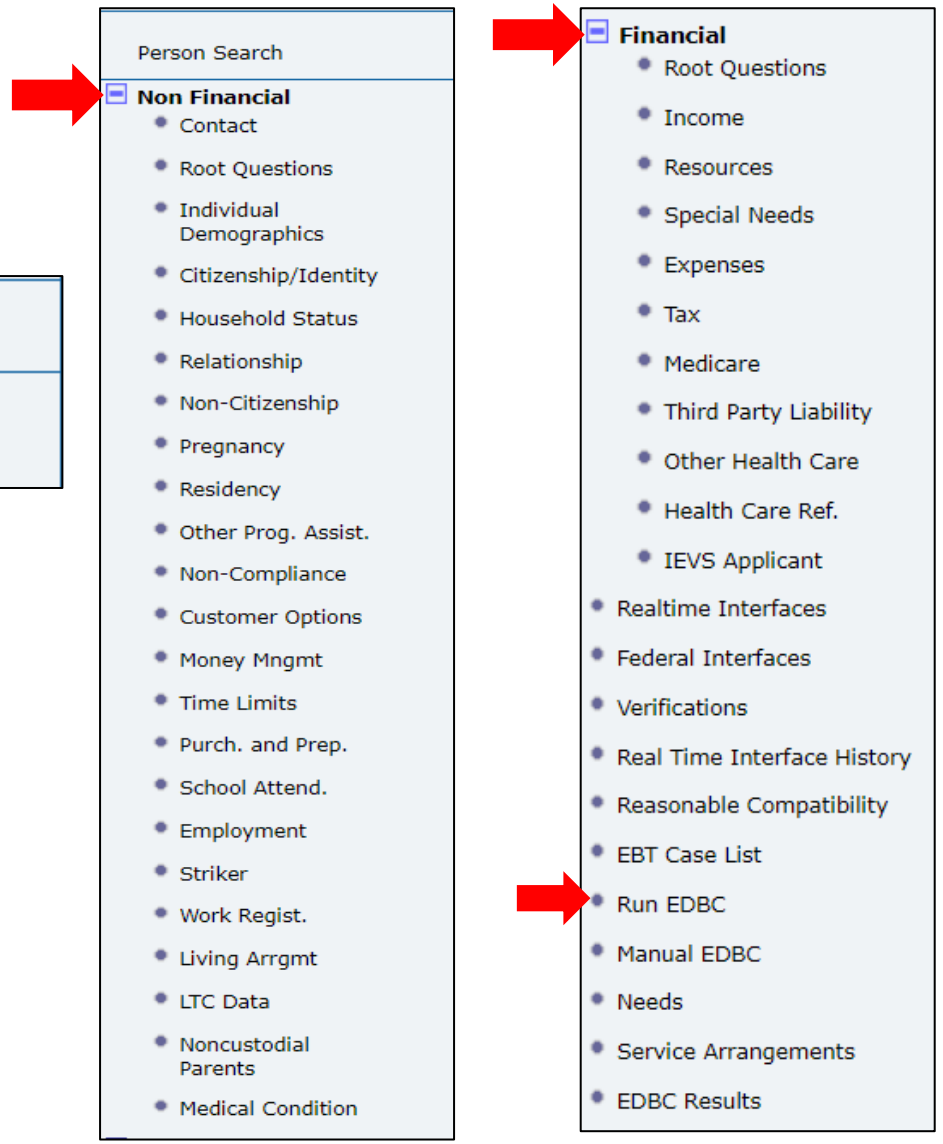
Kansas Eligibility Enforcement System (KEES)

1

Ensure that all **Non-Financial** and **Financial** data is correct and verified.

Once all **Non-Financial** and **Financial** data is verified, workers are ready to navigate to the **Run EDBC** section.



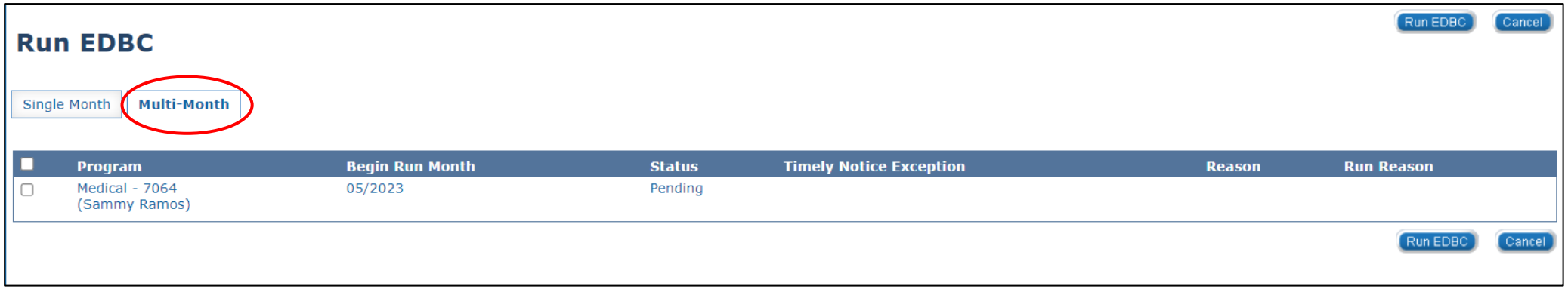



# Life Cycle – Running EDBC

2

On the **Run EDBC** page, the **Benefit Month** that displays depends on the date of application and if the consumer requests Prior Medical benefits. In this case the Application month is 08/2023 with Prior Medical requested.

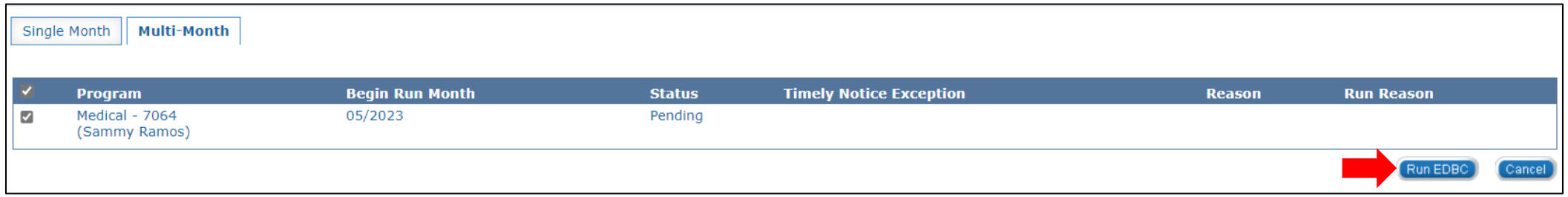
The **Multi-Month** runs EDBC for all Prior Medical months and Application month in order. **Multi-Month** cannot be used unless all requesting coverage on the Program Block are in Pending status. Only select **Multi-Month** if PM is requested. If no PM is requested, use Single Month EDBC.



# Life Cycle – Running EDBC

3

When the worker is ready to Run EDBC select the check box next to the *Medical Program* and click the **Run EDBC** button.

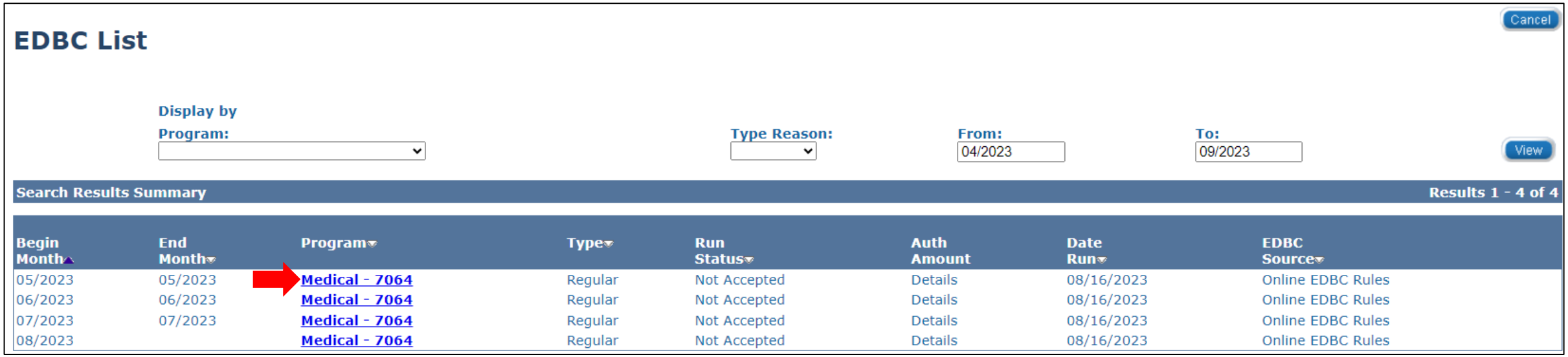


# Life Cycle – Running EDBC

4

The **EDBC List** page displays *Medical* hyperlinks to Prior Medical and Application months.

Workers should always run EDBC in order and continue running EDBC to the system (KEES) come up month. Example: 05/2023 is the first Prior Medical month so workers click the hyperlink for May first.



EDBC List

Cancel

Display by

Program: | Type Reason: | From: 04/2023 | To: 09/2023 | View

Search Results Summary — Results 1 - 4 of 4

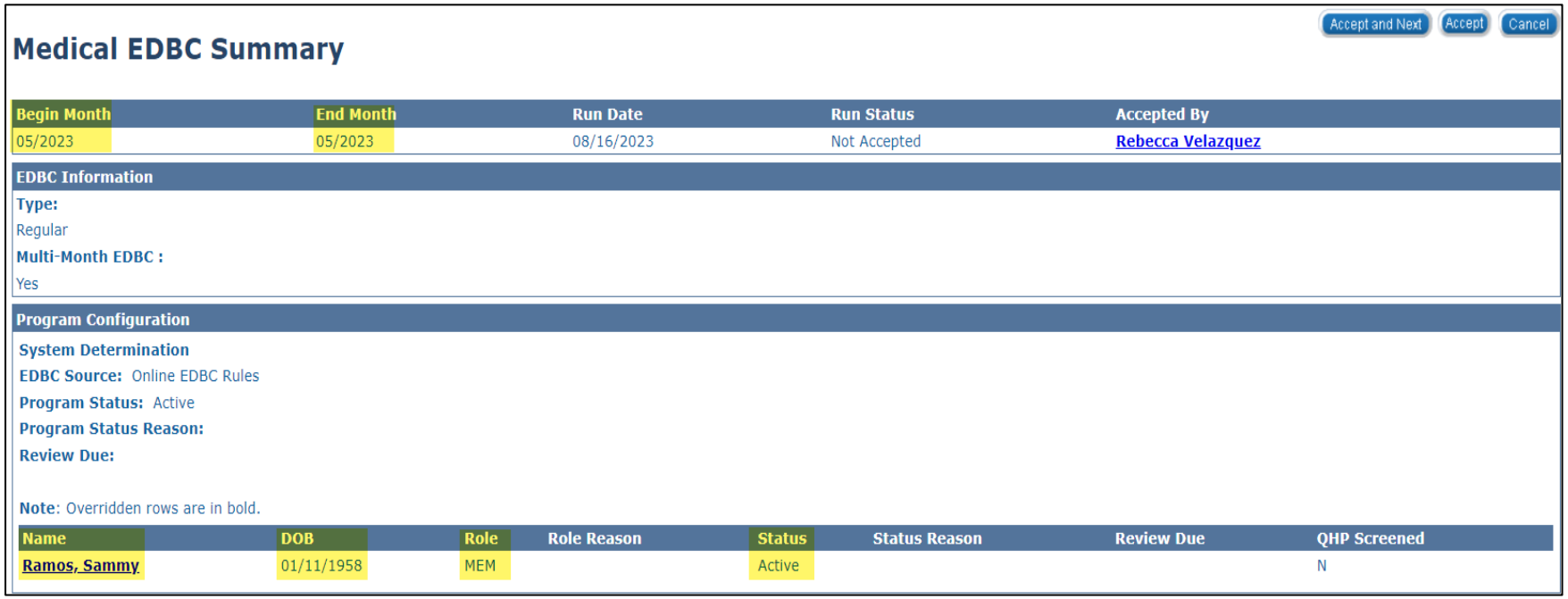
| Begin Month | End Month | Program | Type | Run Status | Auth Amount | Date Run | EDBC Source |
|---|---|---|---|---|---|---|---|
| 05/2023 | 05/2023 | Medical - 7064 | Regular | Not Accepted | Details | 08/16/2023 | Online EDBC Rules |
| 06/2023 | 06/2023 | Medical - 7064 | Regular | Not Accepted | Details | 08/16/2023 | Online EDBC Rules |
| 07/2023 | 07/2023 | Medical - 7064 | Regular | Not Accepted | Details | 08/16/2023 | Online EDBC Rules |
| 08/2023 | | Medical - 7064 | Regular | Not Accepted | Details | 08/16/2023 | Online EDBC Rules |

# Life Cycle – Running EDBC

5

The **Medial EDBC Summary** page displays. The worker needs to verify the EDBC information is correct.

- **Begin Month** –EDBC determination month.
- **End Month** – This is the same month as the Begin month since SDs are approved month to month.
- **Name**, **DOB**, **Role** – Verify you are running for the correct person.
- **Status** – Should be *Active* when approving coverage.

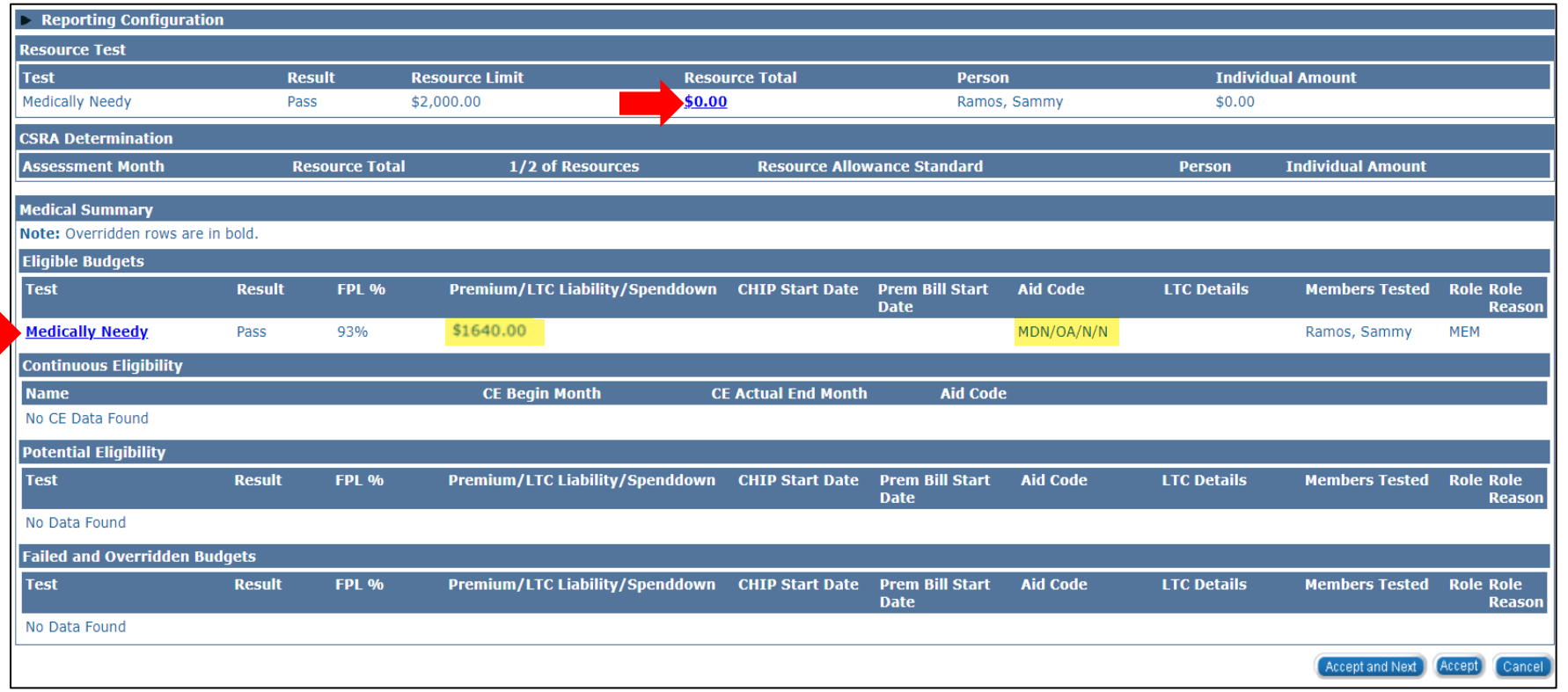


# Life Cycle – Running EDBC

5

**Medical EDBC Summary** page continued…

- **Resource Total** – Displays a hyperlink of the amount of countable reported resources.
- **Medically Needy** - Is a hyperlink to verify the *Premium/LTC Liability/SD* is correct.
- **Premium/LTC Liability/Spenddown** – Is the PL or SD amount that is set based on reported income.
- **Aid Code** – Displays the consumer's type of coverage.



▶ Reporting Configuration

**Resource Test**

| Test | Result | Resource Limit | Resource Total | Person | Individual Amount |
|---|---|---|---|---|---|
| Medically Needy | Pass | $2,000.00 | $0.00 | Ramos, Sammy | $0.00 |

**CSRA Determination**

| Assessment Month | Resource Total | 1/2 of Resources | Resource Allowance Standard | Person | Individual Amount |
|---|---|---|---|---|---|

**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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Medically Needy | Pass | 93% | $1640.00 | | | MDN/OA/N/N | | Ramos, Sammy | 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 Reason |
|---|---|---|---|---|---|---|---|---|---|---|
| No Data Found | | | | | | | | | | |

**Failed and Overridden Budgets**

| Test | Result | FPL % | Premium/LTC Liability/Spenddown | CHIP Start Date | Prem Bill Start Date | Aid Code | LTC Details | Members Tested | Role | Role Reason |
|---|---|---|---|---|---|---|---|---|---|---|
| No Data Found | | | | | | | | | | |

Accept and Next | Accept | Cancel

# Life Cycle – Running EDBC

6

When selecting the **Resource Total** hyperlink on the **Medical EDBC Summary** page the **Resource Detail** page displays with all the reported resources.

**Resource Test**

| Test | Result | Resource Limit | Resource Total | Person | Individual Amount |
|---|---|---|---|---|---|
| Medically Needy | Pass | $2,000.00 | $0.00 | Ramos, Sammy | $0.00 |

## Resource Detail

Close

| Owner | Property Type | Ownership | Value | Countable Amount |
|---|---|---|---|---|
| Ramos, Sammy | Bank Account/Cash | 100.0% | $0.00 | $0.00 |
| | | | **Total** | $0.00 |

Close

# Life Cycle – Running EDBC

Kansas Eligibility Enforcement System (KEES)

7

When the *Medically Needy* hyperlink is selected the **Medically Needy EDBC** page displays the following information.

| Test | Result | FPL % | Premium/LTC Liability/Spenddown | CHIP Start Date | Prem Bill Start Date | Aid Code | LTC Details | Members Tested | Role | Role Reason |
|---|---|---|---|---|---|---|---|---|---|---|
| Medically Needy | Pass | 93% | $1640.00 | | | MDN/OA/N/N | | Ramos, Sammy | MEM | |

- The **Begin Month** – EDBC determination month.
- The **End Month** –The same month as the Begin Month since a SD is approved month to month.
- **Spenddown Dates** – The months the SD base period is being set.

**NOTE:** Before this update, this section was titled **Spenddown Start Dates**.

## Medically Needy EDBC

| Begin Month | End Month | Run Date | Run Status | Accepted By |
|---|---|---|---|---|
| 05/2023 | 05/2023 | 08/16/2023 | Not Accepted | Rebecca Velazquez |

**Budget Determination**

**Spenddown Dates:**
05/2023 - 07/2023

| Spenddown Base Period: | 05/2023 | 06/2023 | 07/2023 |
|---|---|---|---|
| Unearned Income | $ 1150.00 | $ 1150.00 | $ 1150.00 |
| Unearned Income Deductions | - 20.00 | - 20.00 | - 20.00 |
| Net Unearned Income | = 1130.00 | = 1130.00 | = 1130.00 |
| Earned Income | $ 0.00 | $ 0.00 | $ 0.00 |
| Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 |
| Net Earned Income | = 0.00 | = 0.00 | = 0.00 |
| Unearned/Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 |
| Total Countable Income | = 1130.00 | = 1130.00 | = 1130.00 |
| Budget Unit Size | 1 | 1 | 1 |
| Protected Income Limit | $ 475.00 | $ 475.00 | $ 475.00 |

| | | Results |
|---|---|---|
| Spenddown: | $ | 1965.00 |
| Medical Expenses : | $ | 325.00 |
| Remaining Spenddown : | $ | 1640.00 |
| **Result** | | **Pass** |

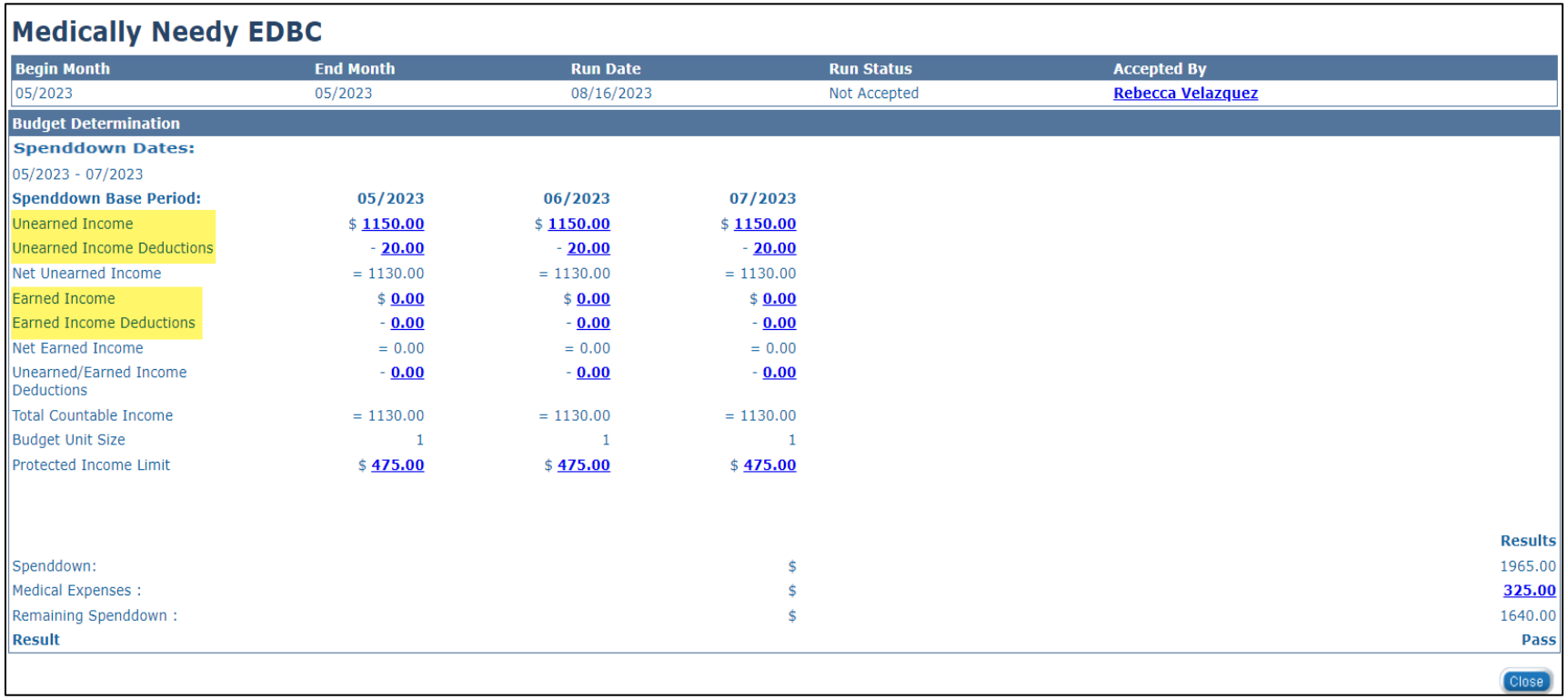
Close

# Life Cycle – Running EDBC

7

**Medically Needy EDBC** page continued…

- **Unearned Income** – displays reported unearned income Example: SSA, SSI, Retirement etc.
- **Unearned Income Deductions** – Unearned Income has a $20 disregard per month.
- **Earned Income** – displays reported earned income example: wages, tips, bonuses etc.
- **Earned Income Deductions** – Earned income has a $65 adjustment for each month and one-half of the remainder.



**Medically Needy EDBC**

| Begin Month | End Month | Run Date | Run Status | Accepted By |
|---|---|---|---|---|
| 05/2023 | 05/2023 | 08/16/2023 | Not Accepted | Rebecca Velazquez |

**Budget Determination**

**Spenddown Dates:**

05/2023 - 07/2023

| Spenddown Base Period: | 05/2023 | 06/2023 | 07/2023 |
|---|---|---|---|
| Unearned Income | $ 1150.00 | $ 1150.00 | $ 1150.00 |
| Unearned Income Deductions | - 20.00 | - 20.00 | - 20.00 |
| Net Unearned Income | = 1130.00 | = 1130.00 | = 1130.00 |
| Earned Income | $ 0.00 | $ 0.00 | $ 0.00 |
| Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 |
| Net Earned Income | = 0.00 | = 0.00 | = 0.00 |
| Unearned/Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 |
| Total Countable Income | = 1130.00 | = 1130.00 | = 1130.00 |
| Budget Unit Size | 1 | 1 | 1 |
| Protected Income Limit | $ 475.00 | $ 475.00 | $ 475.00 |

| | | Results |
|---|---|---|
| Spenddown: | $ | 1965.00 |
| Medical Expenses : | $ | 325.00 |
| Remaining Spenddown : | $ | 1640.00 |
| Result | | Pass |

Close

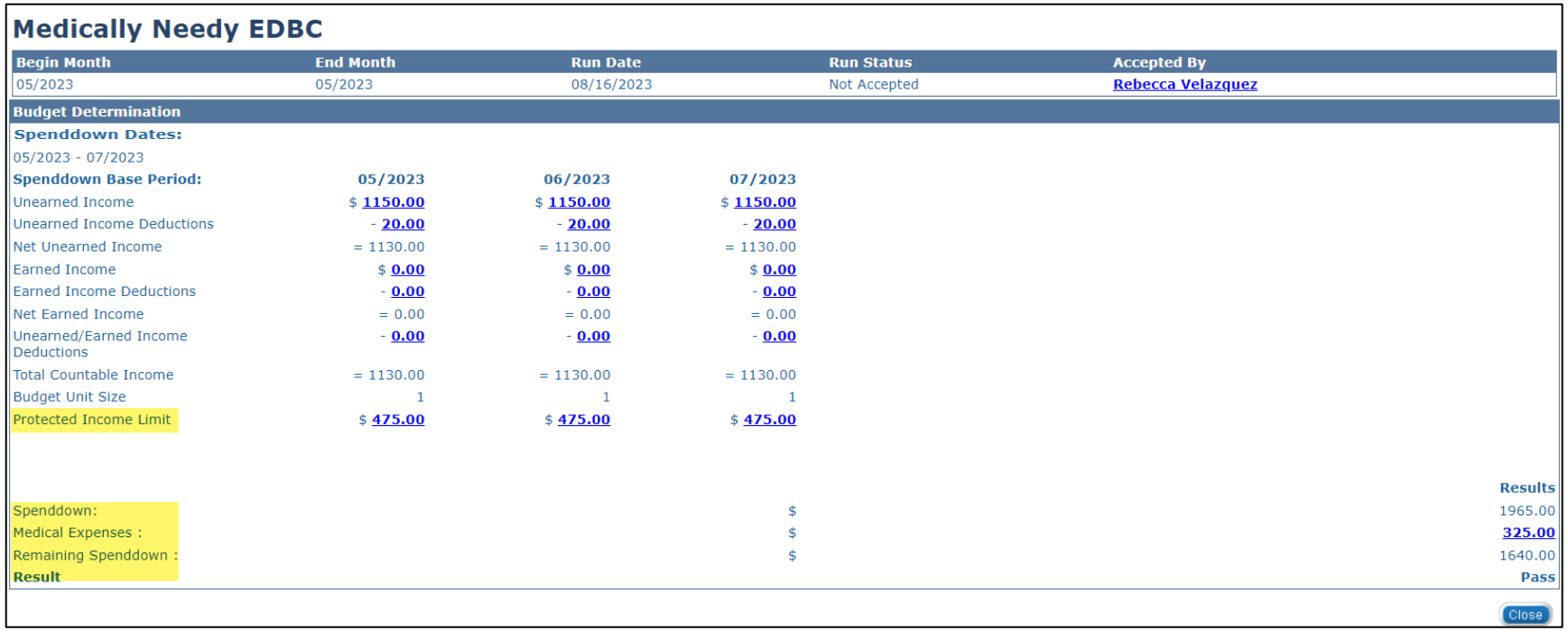
# Life Cycle – Running EDBC

Kansas Eligibility Enforcement System (KEES)

7

**Medically Needy EDBC** page continued…

- **Protected Income Limit** – See the KS Medical Standards F8 form to verify these amounts.
- **Spenddown** – the amount of the SD for the SD dates.
- **Medical Expenses** – amount of reported allowable medical expense.
- **Remaining Spenddown** – amount of the SD after medical expense has been applied.
- **Results** - display if the consumer has passed or failed.



**Medically Needy EDBC**

| Begin Month | End Month | Run Date | Run Status | Accepted By |
|---|---|---|---|---|
| 05/2023 | 05/2023 | 08/16/2023 | Not Accepted | Rebecca Velazquez |

**Budget Determination**

**Spenddown Dates:**
05/2023 - 07/2023

| Spenddown Base Period: | 05/2023 | 06/2023 | 07/2023 |
|---|---|---|---|
| Unearned Income | $ 1150.00 | $ 1150.00 | $ 1150.00 |
| Unearned Income Deductions | - 20.00 | - 20.00 | - 20.00 |
| Net Unearned Income | = 1130.00 | = 1130.00 | = 1130.00 |
| Earned Income | $ 0.00 | $ 0.00 | $ 0.00 |
| Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 |
| Net Earned Income | = 0.00 | = 0.00 | = 0.00 |
| Unearned/Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 |
| Total Countable Income | = 1130.00 | = 1130.00 | = 1130.00 |
| Budget Unit Size | 1 | 1 | 1 |
| Protected Income Limit | $ 475.00 | $ 475.00 | $ 475.00 |

| | | Results |
|---|---|---|
| Spenddown: | $ | 1965.00 |
| Medical Expenses : | $ | 325.00 |
| Remaining Spenddown : | $ | 1640.00 |
| Result | | Pass |

Close

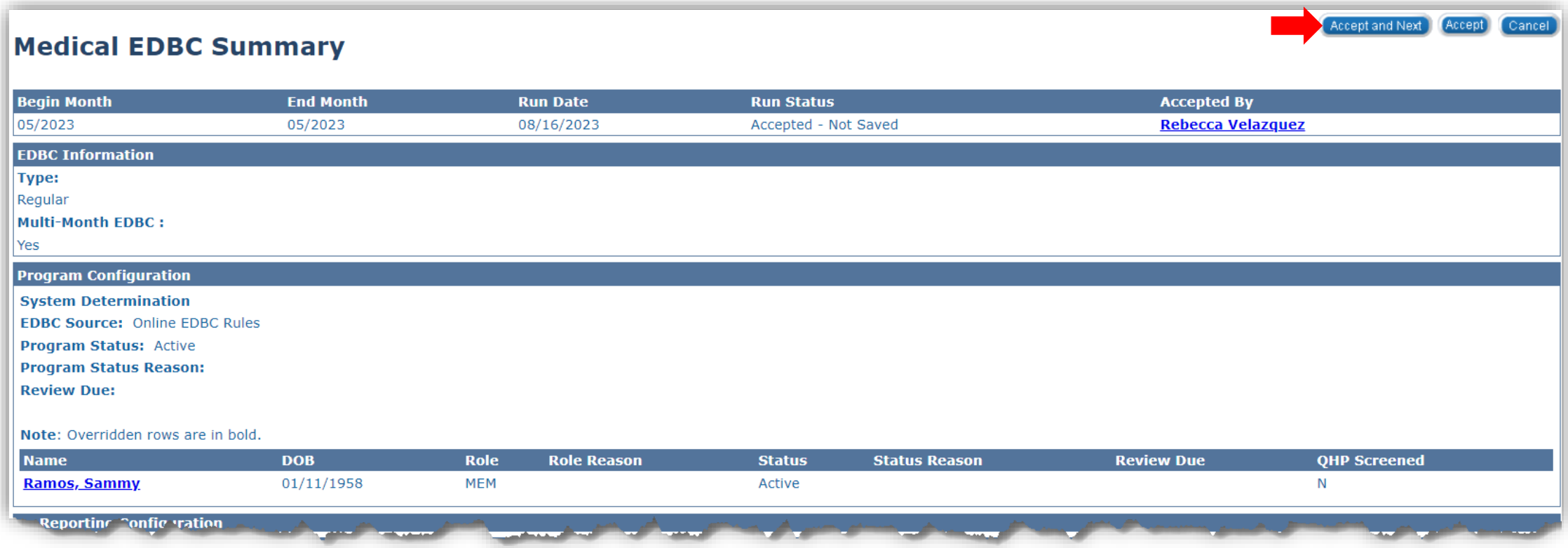
**NOTE:** If there is a PA and SP getting Medically Needy, they will be listed on the same Spenddown budget in EDBC. PA and SP should always share the same Spenddown base period as there can only be one Spenddown base period per case.

# Life Cycle – Running EDBC

Kansas Eligibility Enforcement System (KEES)

8

After the worker has reviewed and determined all the information on the **Medical EDBC Summary** and **Medically Needy EDBC** page are correct, click the **Accept and Next** button. **Accept and Next** button is clicked when **Multi-Month** is being used to continue to the next benefit month.



# Life Cycle – Running EDBC

Kansas Eligibility Enforcement System (KEES)

9

The **Medical EDBC Summary** page displays the next month 06/2023. After the worker reviews the results are correct click the **Accept and Next** button. The worker continues clicking the **Accept and Next** button after reviewing the **Medical EDBC Summary** page until the Application month.

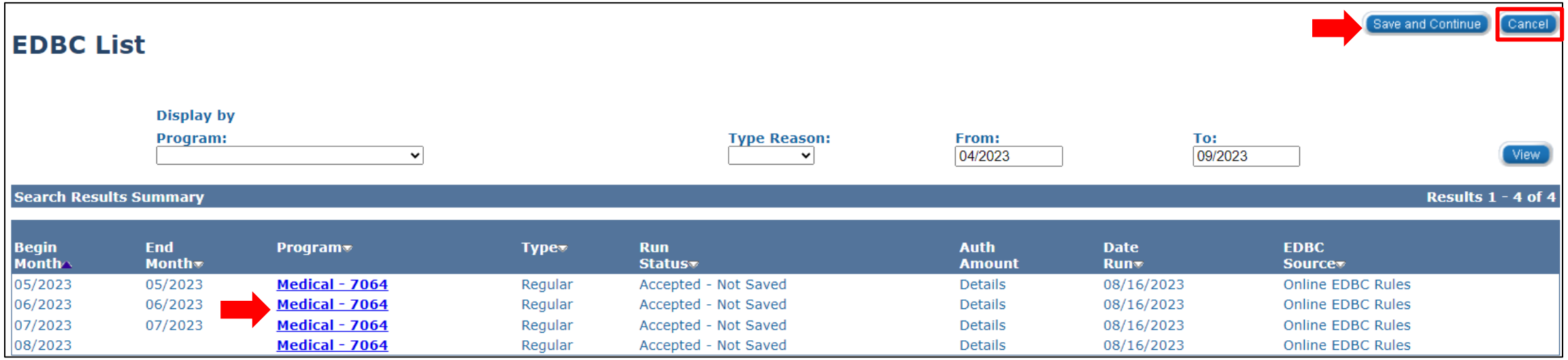
# Life Cycle – Running EDBC

Kansas Eligibility Enforcement System (KEES)

**10**

The **EDBC List** page displays the Prior Medical and Application month hyperlinks; at this point, the EDBC results have not been completely accepted. If the worker needs to further review the results, they can do so by clicking the *Medical Program* hyperlink for the month they want to review which navigates to the **Medical EDBC Summary** page. Or if the worker needs to add or correct any of the data on the case, they can click the **Cancel** button to return to the **Case Summary** page.

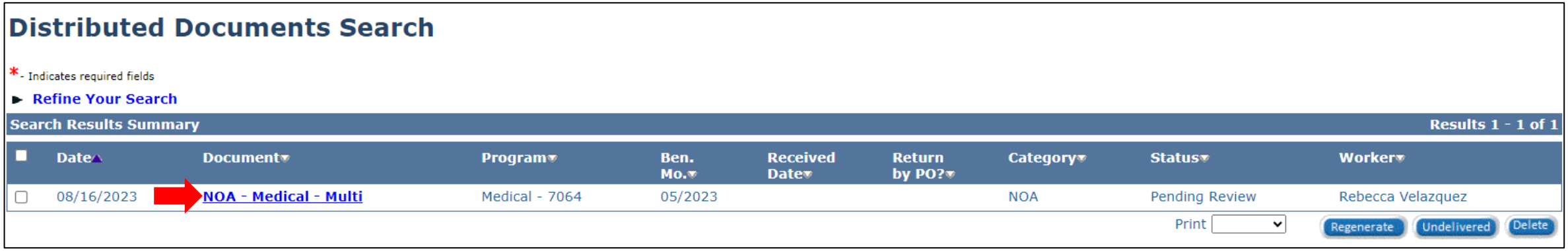
When ready to accept the **EDBC** results, click the **Save and Continue** button.



# Life Cycle – Running EDBC

11

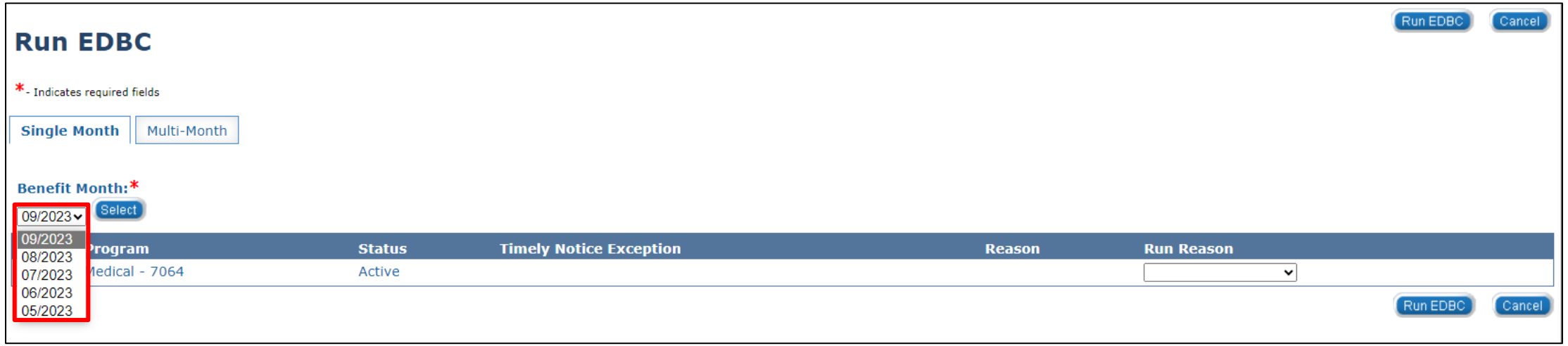
After clicking the **Save and Continue** button on the **EDBC List** page the **Distributed Documents Search** page displays with the *NOA – Medical – Multi* hyperlink in the **Documents** section. It is very important for the worker to click the hyperlink to review the Multi-Month NOA and ensure all information is correct.



# Life Cycle – Running EDBC

12

EDBC must be run and accepted for each month after the application month through the KEES come-up month even if the consumer has a $0 SD. Workers need to verify that all Spenddown base periods show the same for each month that is run. The prior Medical base period should show the months of 05/2023 – 07/2023 and the application month through the come-up month should show a base period of 08/2023 – 01/2024.



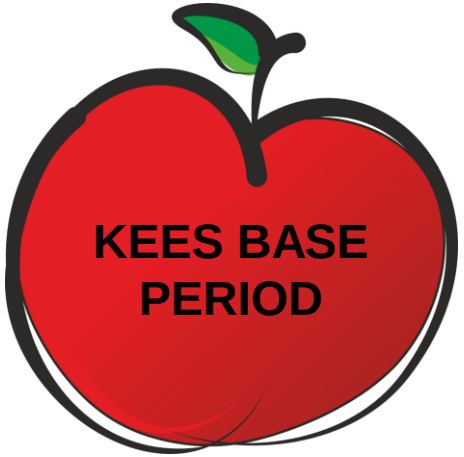
# Life Cycle – Completion

13

The Spenddown Life Cycle is complete once all steps have been processed.

Always thoroughly research your cases as there are consumers behind each case number awaiting your assistance.

When processing Spenddowns keep in mind that there is a difference between the base period in KEES and the eligibility that is sent to KMMS as they are not the same.



Questions?

# Spenddown Enhancements

# Spenddown Enhancements

Updates have been made on the **Medical EDBC Summary** page to display a soft warning when workers attempt to **Accept** a Spenddown base period and the consumer is active on another case with an overlapping base period. This soft warning helps the worker to not create overlapping base periods.

# Spenddown Enhancements

When this error is received it's important to not click **Accept**. This results in setting up overlapping base periods, which causes the case to error off and does not send a record to KMMS. A Help Desk ticket would have to be created causing a 1-3 day delay for correct coverage to be sent to KMMS and impacts consumers in a negative way.  The worker needs to **Cancel** out of EDBC, research the overlapping coverage from the other case, and take the appropriate steps to correctly close or continue the coverage on the other case.

**NOTE**: The soft warning does not appear when the consumer is on another case with an active Spenddown that does not overlap or is on another case without an active Spenddown.

# Questions?

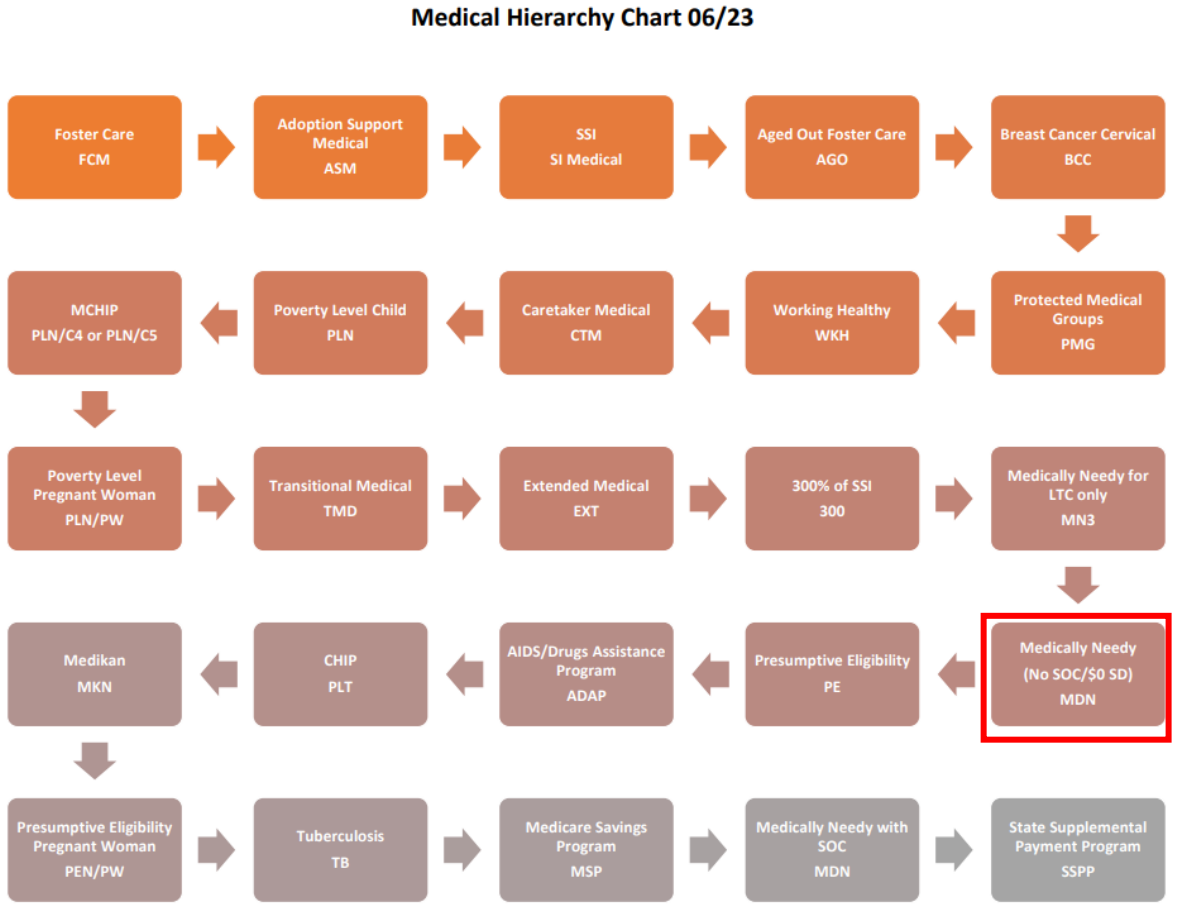
# Gaps in Spenddowns

# Medical Hierarchy Chart

A Spenddown lives a 6-month ‘life’ (with 6-month and annual reviews) until a consumer becomes eligible for better coverage, no longer eligible for a Spenddown, or becomes deceased. When determining whether other coverage is greater, always refer to the KC-7010 Medical Hierarchy Chart.

As seen on the chart, there are many types of coverage superior to a Medically Needy Spenddown.

Always thoroughly screen information and use your resources when processing cases to ensure consumers receive the appropriate coverage they're eligible for.



# Gaps in Spenddowns

Consumers have changes in circumstances all the time that can potentially create a gap in their already established Spenddown. These reported changes may affect the KEES base period but not the already established eligibility in KMMS.

Staff must take the appropriate action depending on the type of change being reported. If questions arise during processing always refer to the KEES User Manual for detailed steps to complete your case action(s).

We are going to walk through a few of the most common scenarios when there might be a gap in a spenddown or a change resulting in a shortened spenddown.

# Gap in Spenddown - Stuart

This is Stuart, he applied for assistance in April and was approved for a Medically Needy Spenddown. His KEES base period is established and runs from April through September (4/2023-9/2023) and his eligibility is sent to KMMS.

| Budget Determination | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Spenddown Dates:** | | | | | | | |
| 04/2023 - 09/2023 | | | | | | | |
| **Spenddown Base Period:** | **04/2023** | **05/2023** | **06/2023** | **07/2023** | **08/2023** | **09/2023** | |
| Unearned Income | $ 1325.00 | $ 1325.00 | $ 1325.00 | $ 1325.00 | $ 1325.00 | $ 1325.00 | |
| Unearned Income Deductions | - 20.00 | - 20.00 | - 20.00 | - 20.00 | - 20.00 | - 20.00 | |
| Net Unearned Income | = 1305.00 | = 1305.00 | = 1305.00 | = 1305.00 | = 1305.00 | = 1305.00 | |
| Earned Income | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | |
| Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 | - 0.00 | - 0.00 | - 0.00 | |
| Net Earned Income | = 0.00 | = 0.00 | = 0.00 | = 0.00 | = 0.00 | = 0.00 | |
| Unearned/Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 | - 0.00 | - 0.00 | - 0.00 | |
| Total Countable Income | = 1305.00 | = 1305.00 | = 1305.00 | = 1305.00 | = 1305.00 | = 1305.00 | |
| Budget Unit Size | 1 | 1 | 1 | 1 | 1 | 1 | |
| Protected Income Limit | $ 475.00 | $ 475.00 | $ 475.00 | $ 475.00 | $ 475.00 | $ 475.00 | |
| | | | | | | | **Results** |
| Spenddown: | | | | | | $ | 4980.00 |
| Medical Expenses : | | | | | | $ | 1200.00 |
| Remaining Spenddown : | | | | | | $ | 3780.00 |
| **Result** | | | | | | | **Pass** |

**SD Base Period**

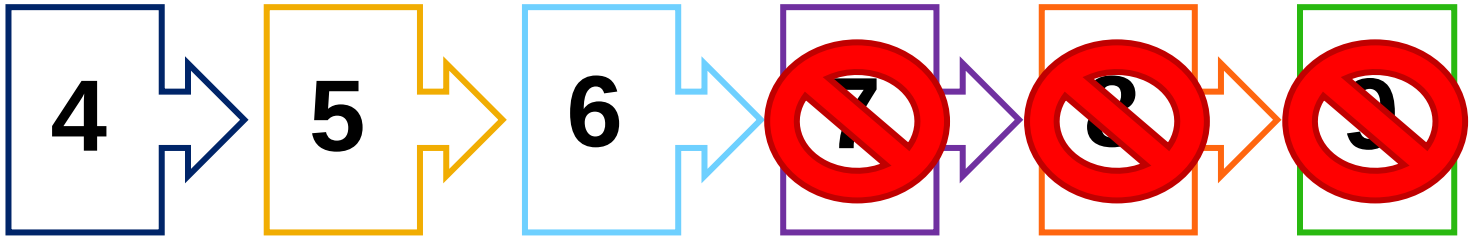
04/2023 - 09/2023

| Spenddown | Med Expenses | Remaining Spenddown |
|---|---|---|
| $4980.00 | $1200.00 | $3780.00 |

# Gap in Spenddown - Stuart

Stuart contacts KanCare June 16th to advise that he has moved out of state and asks to be voluntarily withdrawn from his coverage.

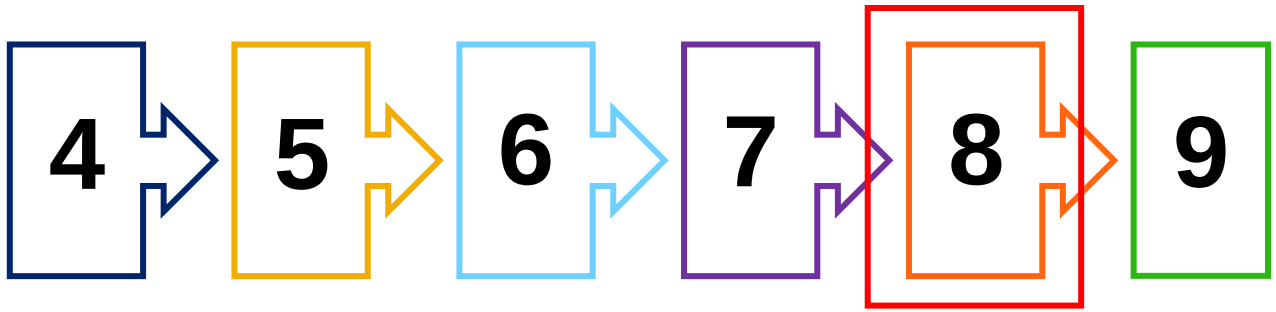
The last day of coverage depends on the day action is being taken allowing for timely and adequate notice. For this scenario it is the same month. Although his KEES coverage ends the last day of June, his KMMS eligibility base period continues to live through the end of September.




KEES does not have a means to ‘suspend’ KMMS eligibility. This means ineligible months are still counted as part of the KMMS eligibility base period however, he does not have MDN coverage starting July 2023.

# Gap in Spenddown – Stuart

It's now August 5th and Stuart has contacted KanCare as he has moved back to Kansas and is requesting coverage once again.




After thorough case research we know that Stuart has:

- a previously established,
- non-expired base period and remains financially eligible.

When this type of change is reported it is very important to research the case to determine the next course of action, this includes checking KMMS.

# Gap in Spenddown – Stuart

Stuart's coverage should be reinstated effective the first month he becomes eligible again, for this scenario that is August.

Previously, when running EDBC to re-establish coverage KEES would default to creating a new 6-month base period.

With this release, staff can run EDBC the month Stuart is eligible again (August) through the current come-up month.

Stuart should continue to have a spenddown base period of 04/2023 through 09/2023.

Please note: When running EDBC if KEES does attempt to create a new 6-month base period, workers need to exit out of the EDBC result, submit a KEES Helpdesk Ticket, and wait to process.

# Questions?

Scenarios –

Shortened Spenddown

Spenddown to SSI

# Shortened Spenddown – Jon

Meet Jon, he applies for HCBS/PD coverage for himself on 05/15 but is placed on the waiting list. He is approved for a MDN Spenddown with a base period of May through October (05/2023-10/2023) as he waits.

| Budget Determination | | | | | | |
|---|---|---|---|---|---|---|
| **Spenddown Dates:** | | | | | | |
| 05/2023 - 10/2023 | | | | | | |
| **Spenddown Base Period:** | **05/2023** | **06/2023** | **07/2023** | **08/2023** | **09/2023** | **10/2023** |
| Unearned Income | $ 1350.00 | $ 1350.00 | $ 1350.00 | $ 1350.00 | $ 1350.00 | $ 1350.00 |
| Unearned Income Deductions | - 20.00 | - 20.00 | - 20.00 | - 20.00 | - 20.00 | - 20.00 |
| Net Unearned Income | = 1330.00 | = 1330.00 | = 1330.00 | = 1330.00 | = 1330.00 | = 1330.00 |
| Earned Income | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |
| Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 | - 0.00 | - 0.00 | - 0.00 |
| Net Earned Income | = 0.00 | = 0.00 | = 0.00 | = 0.00 | = 0.00 | = 0.00 |
| Unearned/Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 | - 0.00 | - 0.00 | - 0.00 |
| Total Countable Income | = 1330.00 | = 1330.00 | = 1330.00 | = 1330.00 | = 1330.00 | = 1330.00 |
| Budget Unit Size | 1 | 1 | 1 | 1 | 1 | 1 |
| Protected Income Limit | $ 475.00 | $ 475.00 | $ 475.00 | $ 475.00 | $ 475.00 | $ 475.00 |

His 6-month base period is established in KEES and his MDN eligibility is sent to KMMS.

# Shortened Spenddown – Jon

Jon received a CRISIS exception from KDADS and was approved to begin receiving HCBS under the PD waiver. His ES-3160 and PPOC were received by the agency August 15 and processed the next day, PD waiver services began 08/16.

**Medical Programs - 3396**

| | | | |
|---|---|---|---|
| **Worker/Casebank:** | KanCare Clearinghouse | **Primary Applicant/Recipient:** | Jon Weston |
| **Worker ID/Casebank ID:** | KH0206LTA1 | **Language:** | English |
| **Program Status:** | Active | **Phone Number:** | |
| | | **Application Date** | 05/15/2023 |
| **Review Due Month:** | 04/2024 Review | | |

| Name | Requested Medical Type | Review Month | Reconsideration End Date | Relationship To Primary Applicant | Role | Role Reason | Status | Status Reason | Referred to FFM |
|---|---|---|---|---|---|---|---|---|---|
| Jon Weston | Medical | 04/2024 | | Primary Applicant | MEM | | Active | | No |

| Client Id | Aid Code | LTC Details | CE Begin Month | CE Actual End Month | Person # | PR/LTC/SD | SD Base Period |
|---|---|---|---|---|---|---|---|
| 0010623960 | 300/DS/N/N | HC/HC/PD | | | 01 | 0 | |

View Details

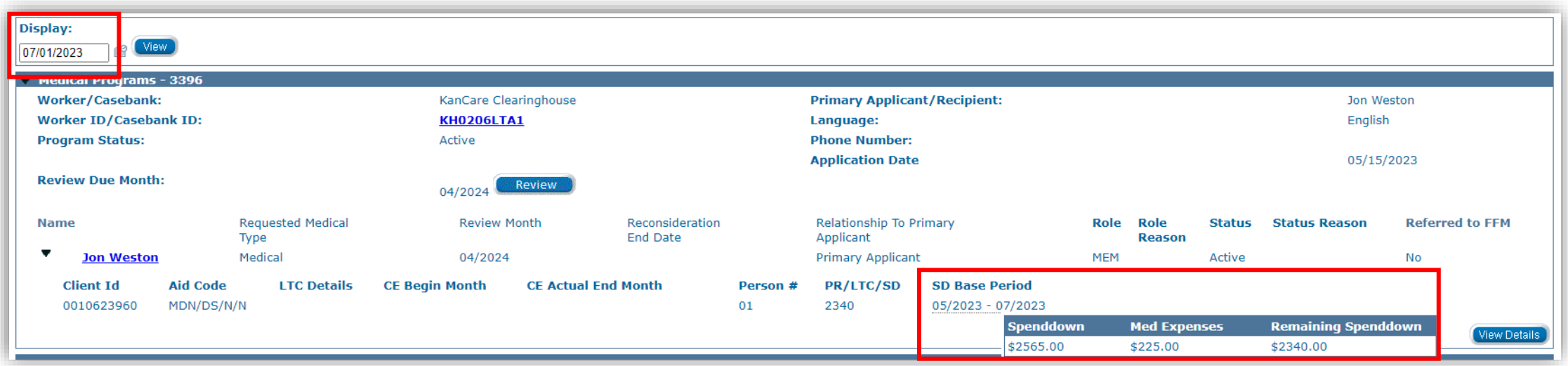
As we know, when HCBS begins Jon's Spenddown must be shortened. Previously, this meant running EDBC for the first month of LTC eligibility, then going back and running EDBC beginning with the first month of the SPDN through the month before LTC begins, *then* running the month after the first month of LTC through the current come-up month.

# Shortened Spenddown – Jon

With this release, KEES automatically shortens the Spenddown base period when changing coverage from MDN to LTC. Staff no longer need to run EDBC out of order to process this change appropriately and switch the consumers coverage.

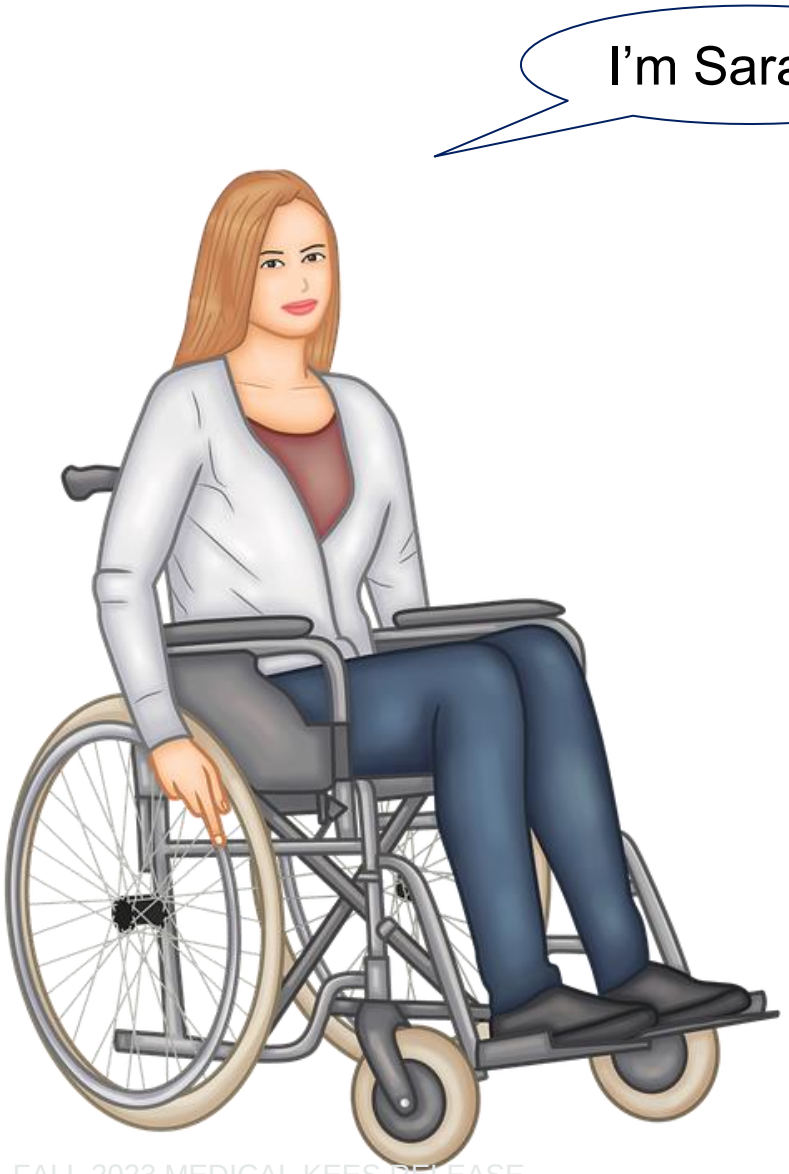
For Jon, this means running EDBC beginning with the application month through the current come-up month, in chronological order.

The shortened base period and associated information is shown within the EDBC result as well as on the **Case Summary** page in the program block when the **Display** date reflects a month in the base period timeframe.



# Questions?

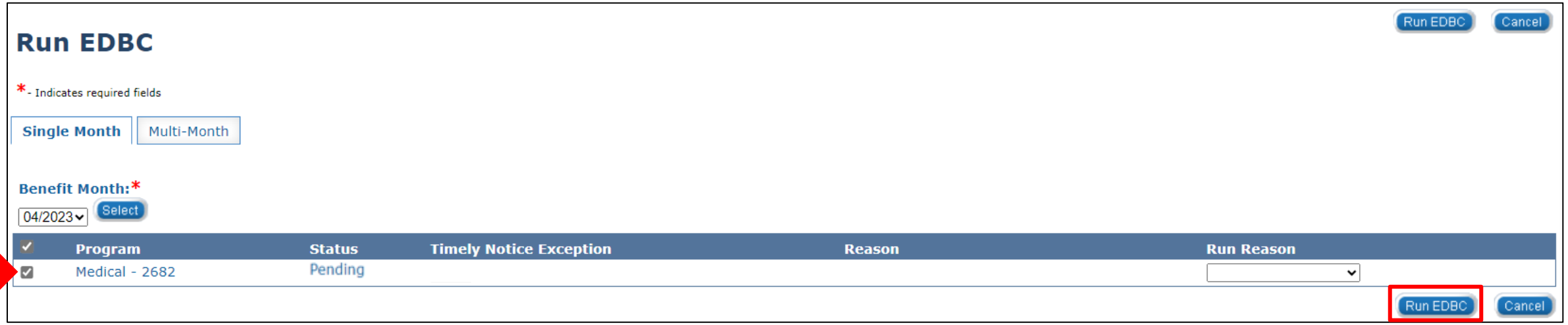
# - Sarah




In this scenario we have PA Sarah. On 07/01/2023 Sarah submitted an application requesting Prior Medical coverage. After reviewing the application, the worker verified Sarah was active SSA Disabled beginning 04/2023 to 05/2023. Beginning 06/2023 Sarah became active SSI Disabled. The worker entered all data including adding the Medical Condition records for SSA and SSI. The worker is ready to run EDBC.

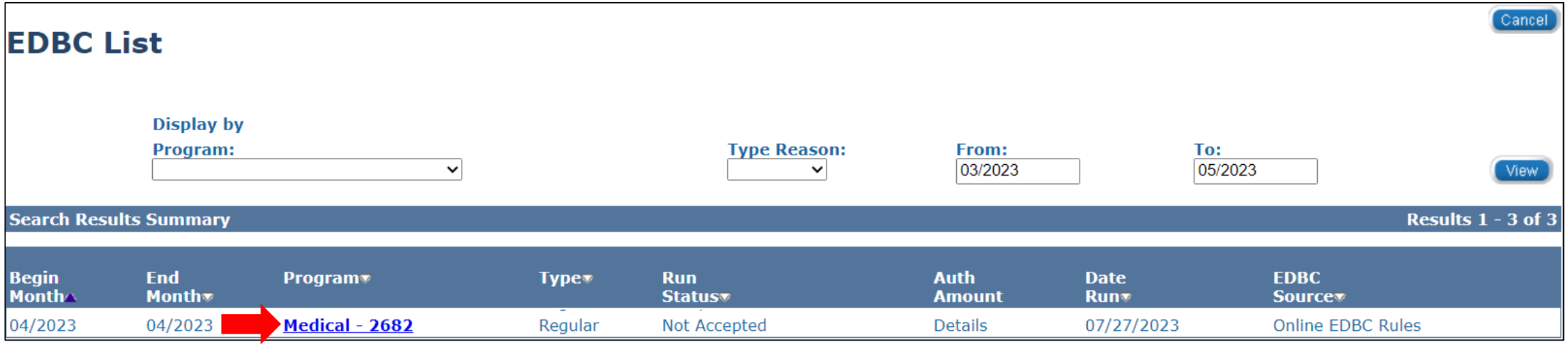
# Scenario - Sarah

When running EDBC for Sarah, the worker starts with the **Benefit Month** of 04/2023 as this is the first Prior Medical month for the 07/2023 application. Check the *Medical Program* box and click the **Run EDBC** button.



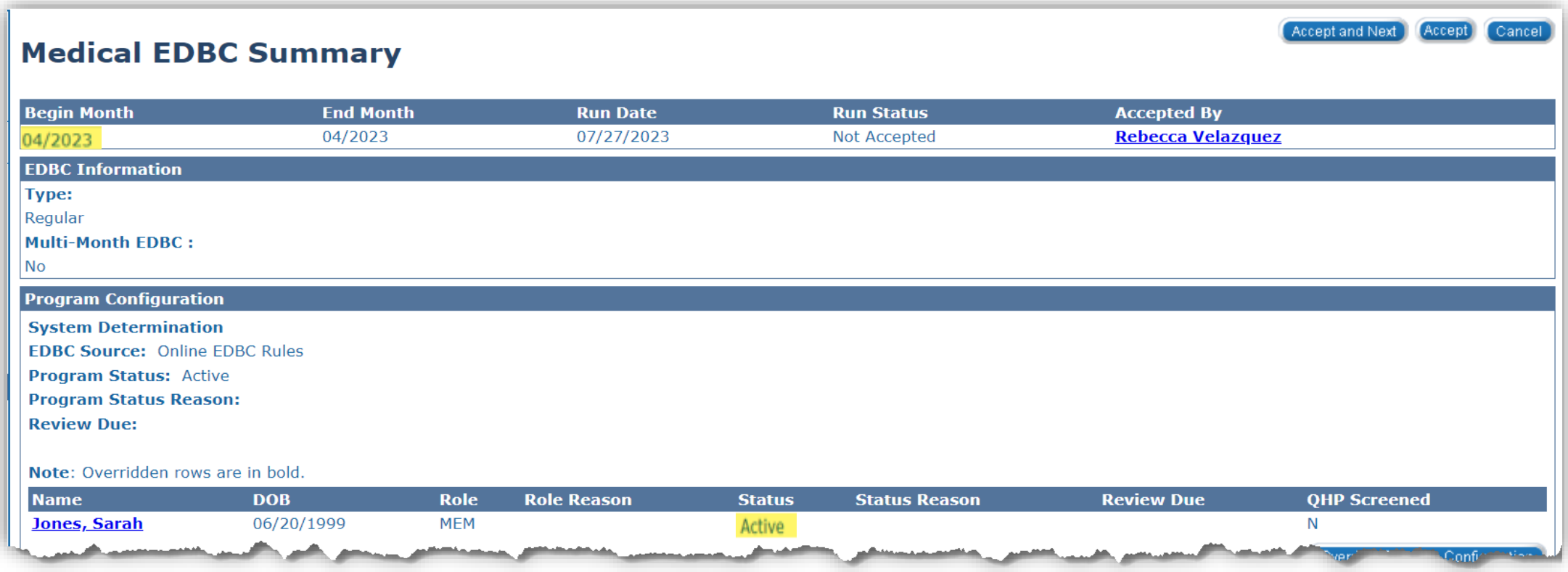
# Scenario - Sarah

The **EDBC List** displays the **Run Status** of *Not Accepted*. The worker clicks the *Medical Program* hyperlink.



# Scenario - Sarah

After clicking the *Medical Program* hyperlink, the **Medical EDBC Summary** page displays. Workers need to review all information on the **Medical EDBC Summary** page. Sarah's **Begin Month** shows 04/2023 with a **Program Status** of *Active*.



Medical EDBC Summary

Accept and Next | Accept | Cancel

| Begin Month | End Month | Run Date | Run Status | Accepted By |
|---|---|---|---|---|
| 04/2023 | 04/2023 | 07/27/2023 | Not Accepted | Rebecca Velazquez |

**EDBC Information**

**Type:**
Regular
**Multi-Month EDBC :**
No

**Program Configuration**

**System Determination**
**EDBC Source:** Online EDBC Rules
**Program Status:** Active
**Program Status Reason:**
**Review Due:**

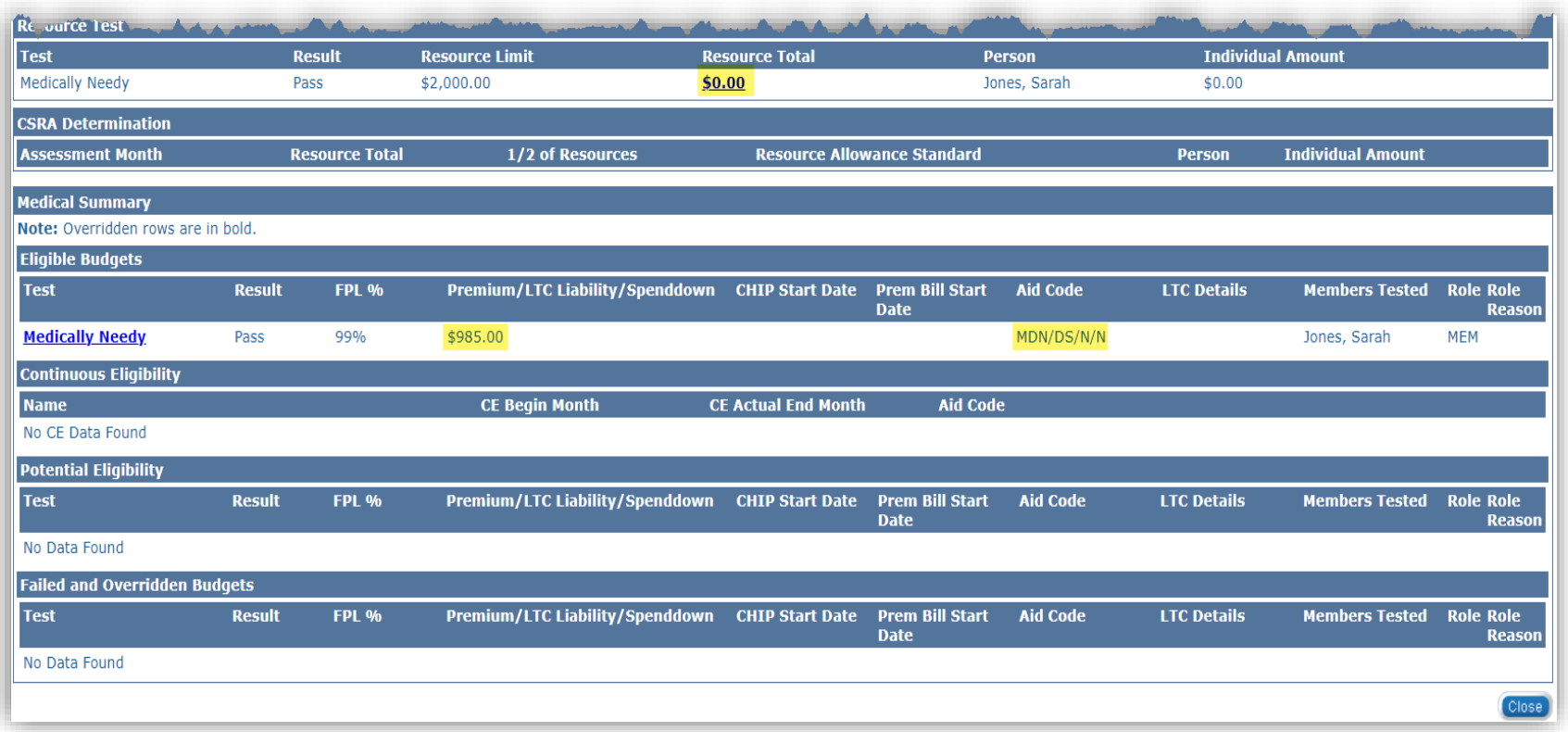
**Note**: Overridden rows are in bold.

| Name | DOB | Role | Role Reason | Status | Status Reason | Review Due | QHP Screened |
|---|---|---|---|---|---|---|---|
| Jones, Sarah | 06/20/1999 | MEM | | Active | | | N |

# Scenario - Sarah

Workers need to navigate towards the bottom of the **Medical EDBC Summary** page and review the **Resource Total**, **Premium/LTC Liability/Spenddown**, and **Aid Code** to verify accuracy.

Sarah's resource total displays $0.00 since she didn't report any countable resources. Based on her reported unearned income Sarah has a SD amount of *$985*. Her Aid Code is *MDN/DS* as the worker verified Sarah's disability.



**Resource Test**

| Test | Result | Resource Limit | Resource Total | Person | Individual Amount |
|---|---|---|---|---|---|
| Medically Needy | Pass | $2,000.00 | $0.00 | Jones, Sarah | $0.00 |

**CSRA Determination**

| Assessment Month | Resource Total | 1/2 of Resources | Resource Allowance Standard | Person | Individual Amount |
|---|---|---|---|---|---|

**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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Medically Needy | Pass | 99% | $985.00 | | | MDN/DS/N/N | | Jones, Sarah | 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 Reason |
|---|---|---|---|---|---|---|---|---|---|---|
| No Data Found | | | | | | | | | | |

**Failed and Overridden Budgets**

| Test | Result | FPL % | Premium/LTC Liability/Spenddown | CHIP Start Date | Prem Bill Start Date | Aid Code | LTC Details | Members Tested | Role | Role Reason |
|---|---|---|---|---|---|---|---|---|---|---|
| No Data Found | | | | | | | | | | |

Close

# Scenario - Sarah

When clicking the *Medically Needy* hyperlink on the **Medical EDBC Summary** page...

| Test | Result | FPL % | Premium/LTC Liability/Spenddown | CHIP Start Date | Prem Bill Start Date | Aid Code | LTC Details | Members Tested | Role | Role Reason |
|---|---|---|---|---|---|---|---|---|---|---|
| Medically Needy | Pass | 99% | $985.00 | | | MDN/DS/N/N | | Jones, Sarah | MEM | |

The **Medically Needy EDBC** page displays Sarah's Spenddown information. When running EDBC for the Prior Medical month EDBC will set a Spenddown Base period for all three Prior Medical months.

In Sarah's case, the Base Period is from 04/2023 – 06/2023

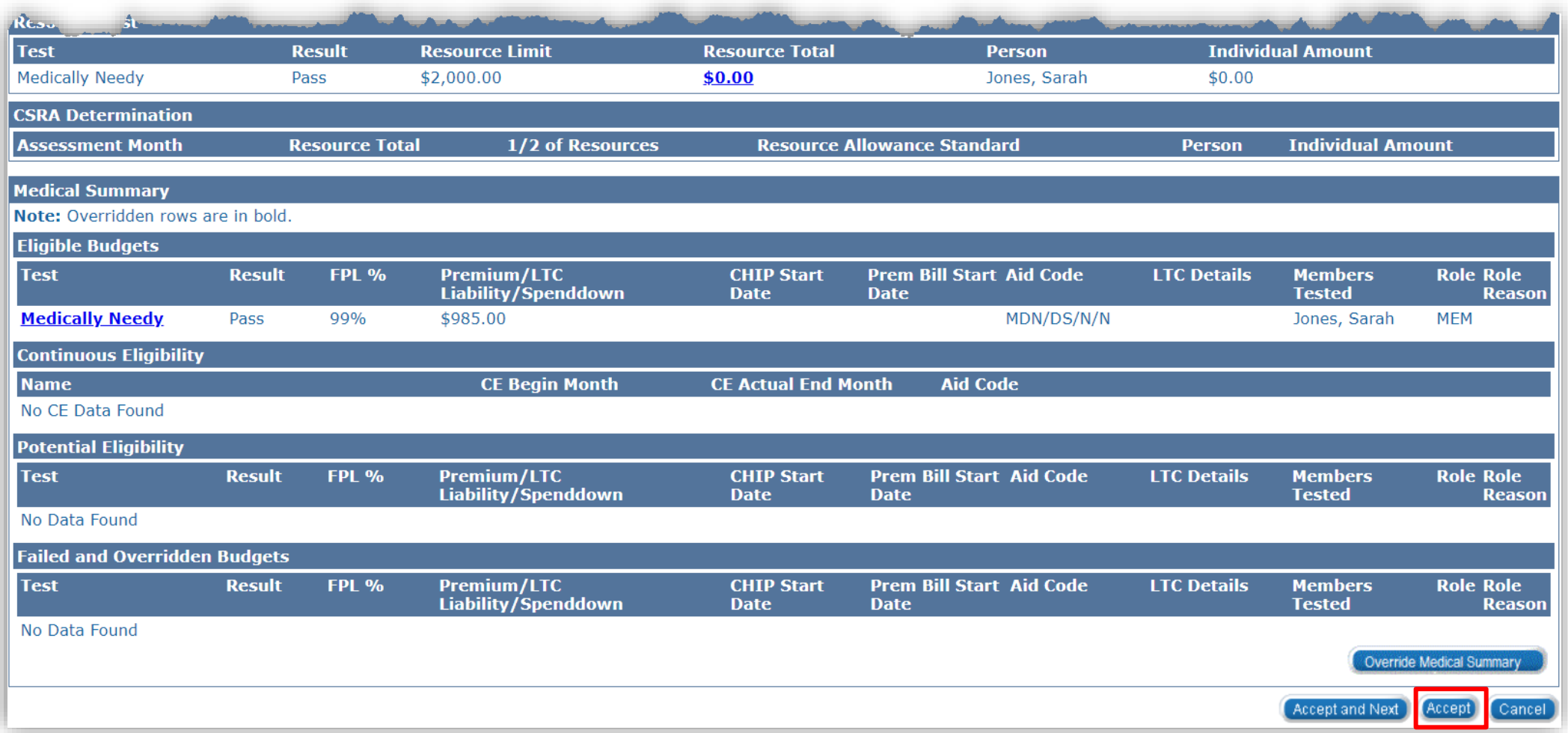
## Medically Needy EDBC

| Begin Month | End Month | Run Date | Run Status | Accepted By |
|---|---|---|---|---|
| 04/2023 | 04/2023 | 07/27/2023 | Accepted - Saved | Rebecca Velazquez |

| Budget Determination | | | | |
|---|---|---|---|---|
| **Spenddown Dates:** | | | | |
| 04/2023 - 06/2023 | | | | |
| **Spenddown Base Period:** | **04/2023** | **05/2023** | **06/2023** | |
| Unearned Income | $ 1225.00 | $ 1225.00 | $ 0.00 | |
| Unearned Income Deductions | - 20.00 | - 20.00 | - 0.00 | |
| Net Unearned Income | = 1205.00 | = 1205.00 | = 0.00 | |
| Earned Income | $ 0.00 | $ 0.00 | $ 0.00 | |
| Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 | |
| Net Earned Income | = 0.00 | = 0.00 | = 0.00 | |
| Unearned/Earned Income Deductions | - 0.00 | - 0.00 | - 0.00 | |
| Total Countable Income | = 1205.00 | = 1205.00 | = 0.00 | |
| Budget Unit Size | 1 | 1 | 1 | |
| Protected Income Limit | $ 475.00 | $ 475.00 | $ 475.00 | |
| | | | | **Results** |
| Spenddown: | | | $ | 985.00 |
| Medical Expenses : | | | $ | 0.00 |
| Remaining Spenddown : | | | $ | 985.00 |
| **Result** | | | | **Pass** |

# Scenario - Sarah

If Sarah's results are correct click the **Accept** button on the **Medical EDBC Summary** page.



| Test | Result | Resource Limit | Resource Total | Person | Individual Amount |
|---|---|---|---|---|---|
| Medically Needy | Pass | $2,000.00 | $0.00 | Jones, Sarah | $0.00 |

**CSRA Determination**

| Assessment Month | Resource Total | 1/2 of Resources | Resource Allowance Standard | Person | Individual Amount |
|---|---|---|---|---|---|

**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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Medically Needy | Pass | 99% | $985.00 | | | MDN/DS/N/N | | Jones, Sarah | 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 Reason |
|---|---|---|---|---|---|---|---|---|---|---|
| No Data Found | | | | | | | | | | |

**Failed and Overridden Budgets**

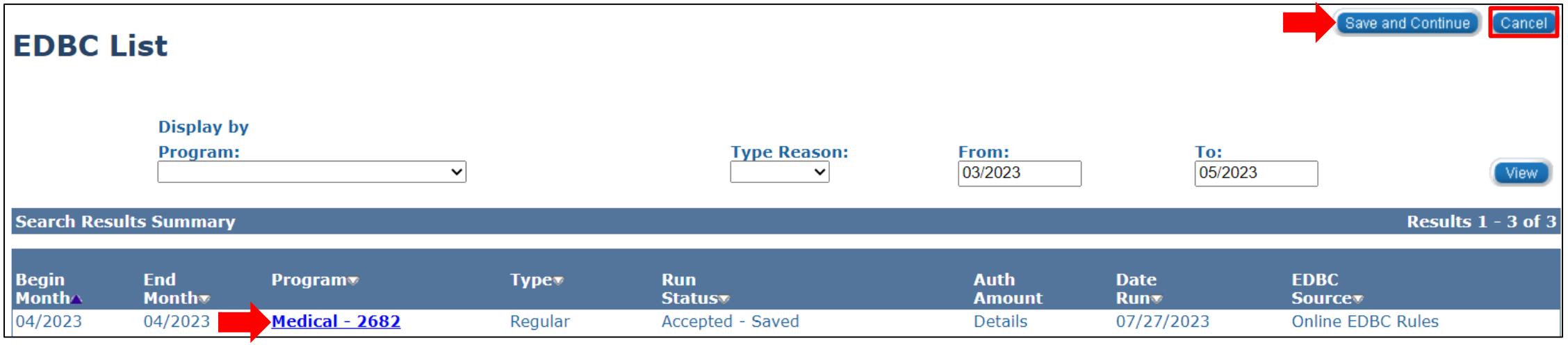
| Test | Result | FPL % | Premium/LTC Liability/Spenddown | CHIP Start Date | Prem Bill Start Date | Aid Code | LTC Details | Members Tested | Role | Role Reason |
|---|---|---|---|---|---|---|---|---|---|---|
| No Data Found | | | | | | | | | | |

Override Medical Summary

Accept and Next | Accept | Cancel

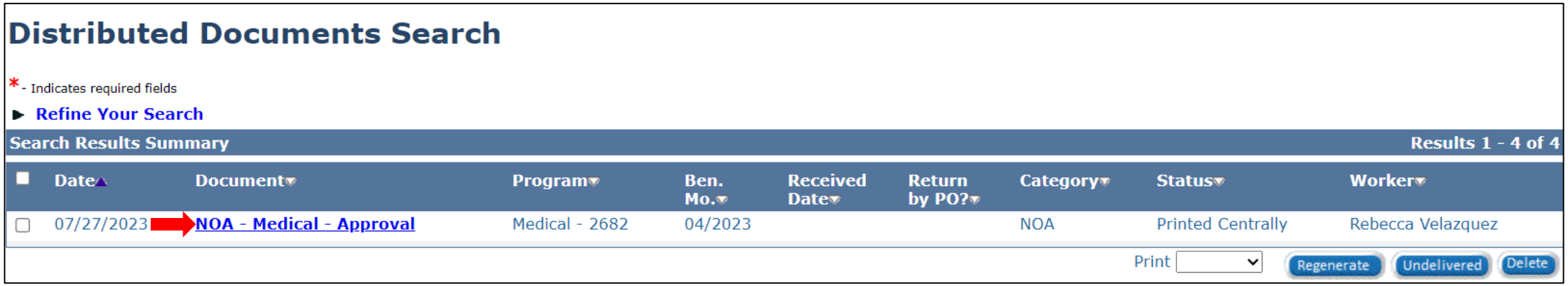
# Scenario - Sarah

The **EDBC List** page displays; at this point, the EDBC results have not been completely accepted. If the worker needs to further review the results, they can do so by clicking the *Medical Program* hyperlink which navigates to the **Medical EDBC Summary** page. Or if the worker needs to add or correct any of the data on the case, they can click the **Cancel** button to return to the **Case Summary page**. When ready to accept the results click the **Save and Continue** button.



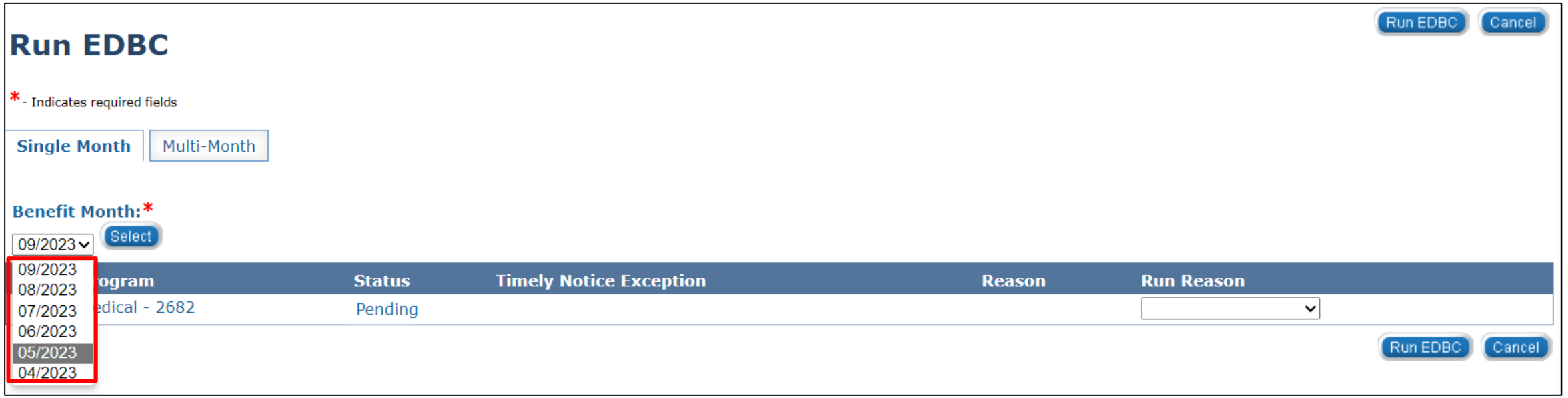
# Scenario - Sarah

The **Distributed Document Search** page displays the *NOA-Medical-Approval* hyperlink. Click the hyperlink to review the NOA and verify the information is correct.



# Scenario - Sarah

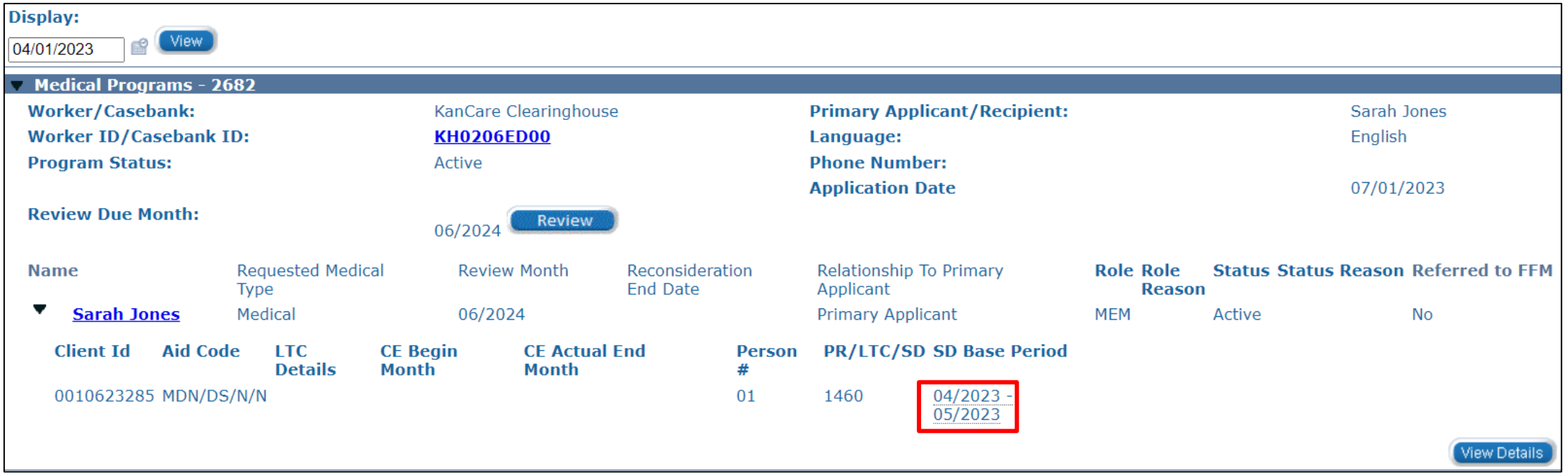
EDBC needs to be run and accepted for each prior medical month through the current KEES come-up month.  Prior medical information is only sent to KMMS when EDBC has been run and accepted for all prior medical months. When running EDBC for **Single Month** all generated NOAs for the Prior Medical months and Application month need to be opened and reviewed to verify all information is correct.



# Scenario - Sarah

Prior to this update, workers would run EDBC for 06/2023 first to approve SSI. Once this was done, workers would go back and run EDBC for the months of April and May to shorten the Spenddown.

Now workers run EDBC from the first Prior Medical month to the come-up because KEES automatically shortens the Spenddown when SSI has been approved for Sarah.



# Shortened Spenddown – Jon & Sarah

Let’s take a quick moment to CELEBRATE!!!!

*happy dance..

*less clicks to complete case actions..

*less time spent in a case..

*HOORAY!

# Questions About This Scenario?

# - Jon & Sarah

Next, we'll talk about System Generated NOAs.

# System Generated NOAs

&

# Correspondence Updates

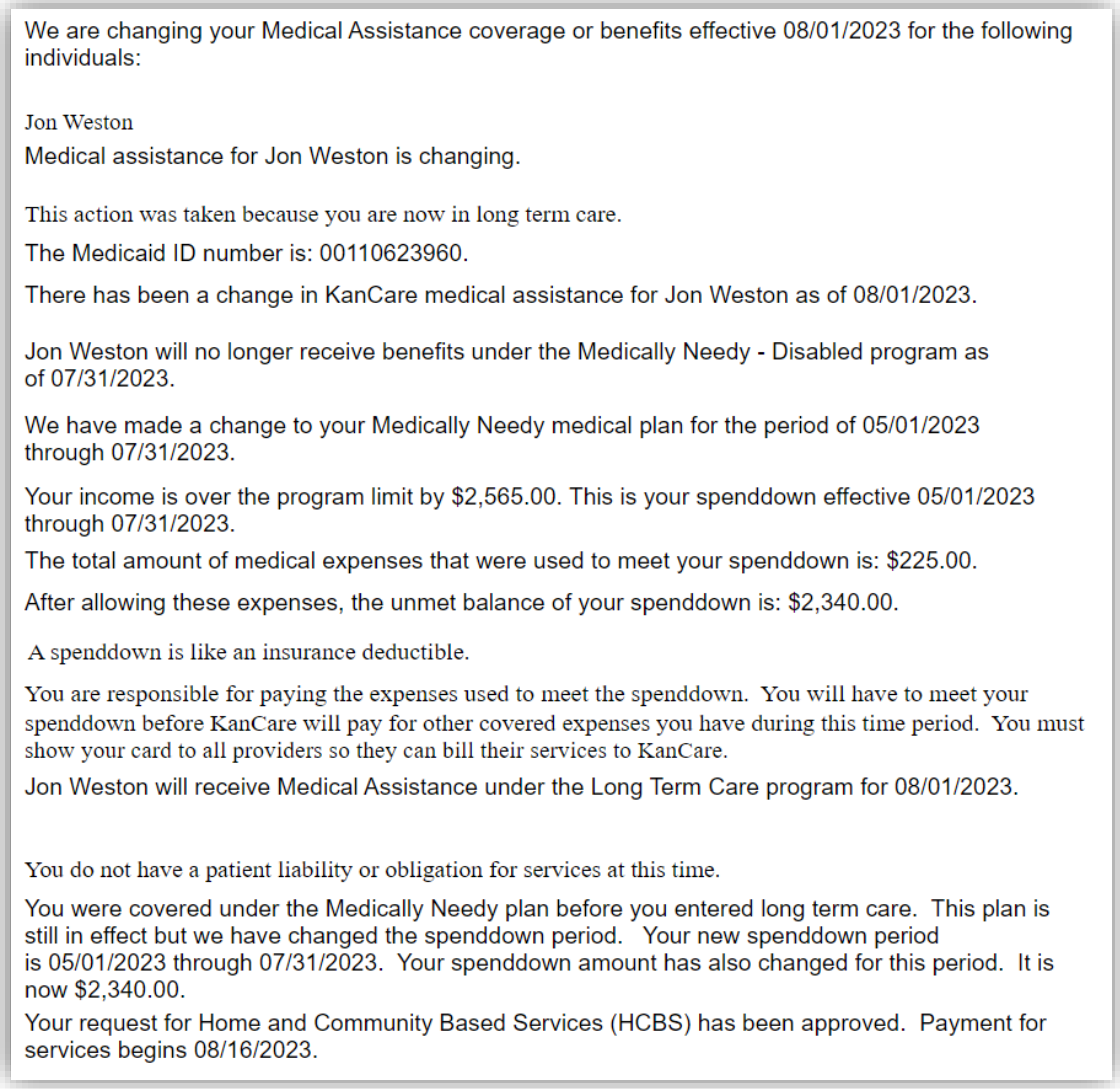
# System Generated NOAs

Along with the other changes included in this release are corrected NOAs.

Consumers will receive NOAs with updated information when they have changes regarding their Spenddown in any way.

This includes modified

- dates,
- amounts, and
- any changes in coverage (ex: MDN to LTC).



We are changing your Medical Assistance coverage or benefits effective 08/01/2023 for the following individuals:

Jon Weston

Medical assistance for Jon Weston is changing.

This action was taken because you are now in long term care.

The Medicaid ID number is: 00110623960.

There has been a change in KanCare medical assistance for Jon Weston as of 08/01/2023.

Jon Weston will no longer receive benefits under the Medically Needy - Disabled program as of 07/31/2023.

We have made a change to your Medically Needy medical plan for the period of 05/01/2023 through 07/31/2023.

Your income is over the program limit by $2,565.00. This is your spenddown effective 05/01/2023 through 07/31/2023.

The total amount of medical expenses that were used to meet your spenddown is: $225.00.

After allowing these expenses, the unmet balance of your spenddown is: $2,340.00.

A spenddown is like an insurance deductible.

You are responsible for paying the expenses used to meet the spenddown. You will have to meet your spenddown before KanCare will pay for other covered expenses you have during this time period. You must show your card to all providers so they can bill their services to KanCare.

Jon Weston will receive Medical Assistance under the Long Term Care program for 08/01/2023.

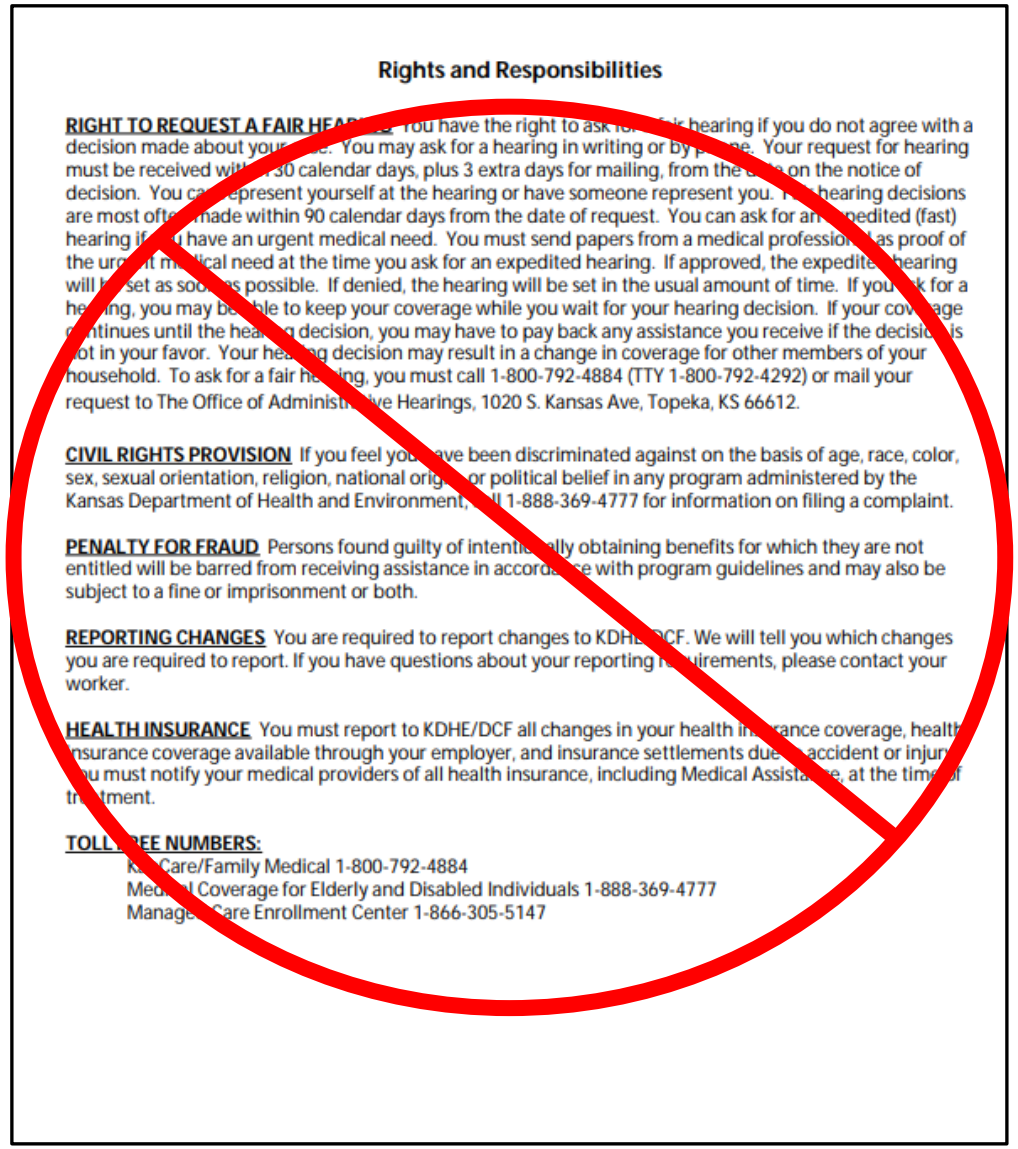
You do not have a patient liability or obligation for services at this time.

You were covered under the Medically Needy plan before you entered long term care. This plan is still in effect but we have changed the spenddown period. Your new spenddown period is 05/01/2023 through 07/31/2023. Your spenddown amount has also changed for this period. It is now $2,340.00.

Your request for Home and Community Based Services (HCBS) has been approved. Payment for services begins 08/16/2023.

# Correspondence Updates

The **Medical Rights and Responsibilities** page has been removed from the **Self Employment Worksheet** (KC5150) and **Verification Request List** (V001) forms for both English and Spanish.



**Rights and Responsibilities**

**RIGHT TO REQUEST A FAIR HEARING** You have the right to ask for a hearing if you do not agree with a decision made about your case. You may ask for a hearing in writing or by phone. Your request for hearing must be received within 30 calendar days, plus 3 extra days for mailing, from the date on the notice of decision. You can represent yourself at the hearing or have someone represent you. Most hearing decisions are most often made within 90 calendar days from the date of request. You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send papers from a medical professional as proof of the urgent medical need at the time you ask for an expedited hearing. If approved, the expedited hearing will be set as soon as possible. If denied, the hearing will be set in the usual amount of time. If you ask for a hearing, you may be able to keep your coverage while you wait for your hearing decision. If your coverage continues until the hearing decision, you may have to pay back any assistance you receive if the decision is not in your favor. Your hearing decision may result in a change in coverage for other members of your household. To ask for a fair hearing, you must call 1-800-792-4884 (TTY 1-800-792-4292) or mail your request to The Office of Administrative Hearings, 1020 S. Kansas Ave, Topeka, KS 66612.

**CIVIL RIGHTS PROVISION** If you feel you have been discriminated against on the basis of age, race, color, sex, sexual orientation, religion, national origin or political belief in any program administered by the Kansas Department of Health and Environment, call 1-888-369-4777 for information on filing a complaint.

**PENALTY FOR FRAUD** Persons found guilty of intentionally obtaining benefits for which they are not entitled will be barred from receiving assistance in accordance with program guidelines and may also be subject to a fine or imprisonment or both.

**REPORTING CHANGES** You are required to report changes to KDHE/DCF. We will tell you which changes you are required to report. If you have questions about your reporting requirements, please contact your worker.

**HEALTH INSURANCE** You must report to KDHE/DCF all changes in your health insurance coverage, health insurance coverage available through your employer, and insurance settlements due to accident or injury. You must notify your medical providers of all health insurance, including Medical Assistance, at the time of treatment.

**TOLL FREE NUMBERS:**

KanCare/Family Medical 1-800-792-4884
Medical Coverage for Elderly and Disabled Individuals 1-888-369-4777
Managed Care Enrollment Center 1-866-305-5147

# Correspondence Updates

The **Verification Request List** (V001) for the Spanish form has been updated to display www.applyforkancare.ks.gov

Prior to this update www.cssp.ks.gov displayed.

PO Box 3599
Topeka, KS 66601-9738

Kansas Department of Health and Environment

Fecha del Aviso: 06/21/2023
Nombre de Caso: Sammy Ramos
Número de Caso: 20560427
Programa: Medical

Sammy Ramos
5001 SW TOPEKA BLVD
TOPEKA, KS 66609-1138

**Lista de Solicitud de Verificación**

Esta es una lista de las verificaciones necesarias para determinar y/o mantener su elegibilidad para asistencia médica.

**Por favor proporcione estas verificaciones antes de la fecha de vencimiento listada más abajo. El hecho de no proporcionar la verificación solicitada puede hacer que su asistencia médica sea denegada, demorada o cerrada.**

| Tipo de Verificación Necesaria | Para la Persona | Descripción | Fecha de Vencimiento |
|---|---|---|---|

Usted puede utilizar el portal de autoservicio para cargar sus documentos. Vaya a www.applyforkancare.ks.gov e ingrese a su cuenta.

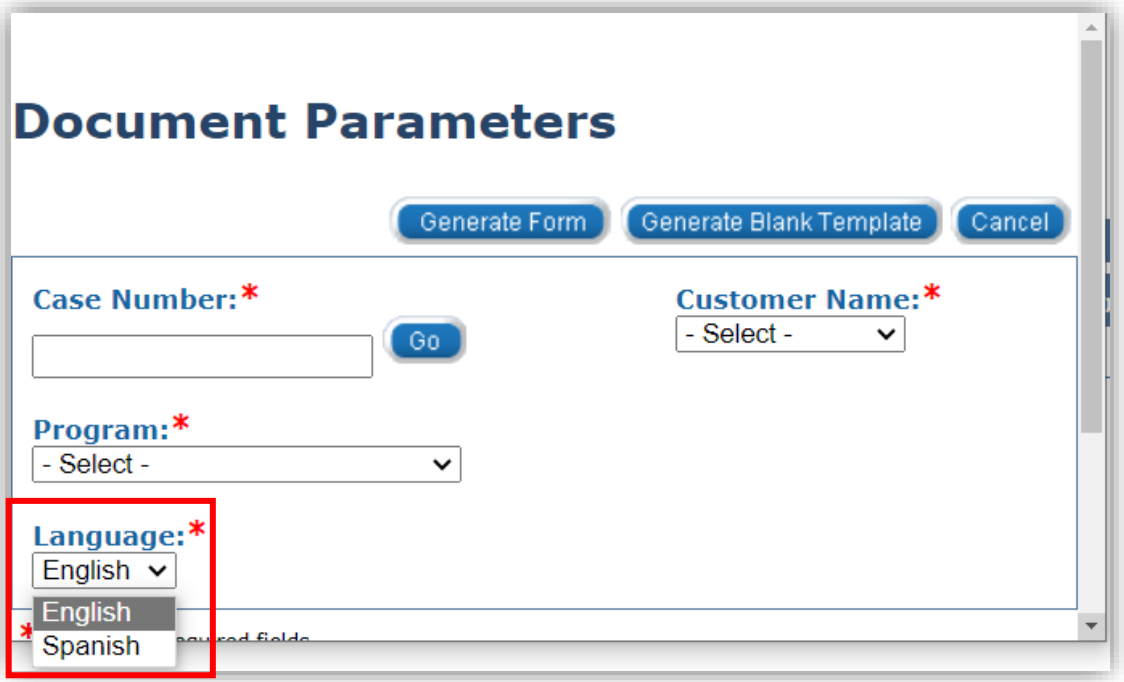
Nosotros proporcionamos servicios de intérprete en forma gratuita.

Si tiene cualquier pregunta, llame a al (800) 792-4884 de Lunes a Viernes entre las 8 AM y las 5 PM.

# Correspondence Updates

Workers can see and select *Spanish* from the **Language** drop-down on the **Document Parameters** page for the following forms

- State Supplement Payment Program Approval (V117)
- State Supplement Payment Program Approval with Direct Deposit (V118)
- State Supplement Payment Program Closure (V408)
- Child In Psychiatric Residential Treatment Facility Temporary Stay – Consumer Notice (KC5820)



# Correspondence Updates

The **Medical Rights and Responsibilities** page has been updated on some English and Spanish forms with the sentence:

*Your coverage will be continued if you ask for a hearing either before the effective date of the eligibility decision or within 15 calendar days from the date of the notice, whichever is later.*

**Medical Rights and Responsibilities**

**RIGHT TO REQUEST A FAIR HEARING** You have the right to ask for a fair hearing if you do not agree with a decision made about your case. You may ask for a hearing in writing or by phone. Your request for a hearing must be received within 30 calendar days, plus 3 extra days for mailing, from the date on the notice of decision. You can represent yourself at the hearing or have someone represent you. Fair hearing decisions are most often made within 90 calendar days from the date of request. You can ask for an expedited (fast) hearing if you have an urgent medical need. You must send papers from a medical professional as proof of the urgent medical need at the time you ask for an expedited hearing. If approved, the expedited hearing will be set as soon as possible. If denied, the hearing will be set in the usual amount of time. If you ask for a hearing, you may be able to keep your coverage while you wait for your hearing decision. Your coverage will be continued if you ask for a hearing either before the effective date of the eligibility decision or within 15 calendar days from the date of the notice, whichever is later. If your coverage continues until the hearing decision, you may have to pay back any assistance you receive if the decision is not in your favor. Continuation of benefits pending a fair hearing decision does not apply to CHIP coverage. Your hearing decision may result in a change in coverage for other members of your household. To ask for a fair hearing, you must call 1-800-792-4884 (TTY 1-800-792-4292) or mail your request to The Office of Administrative Hearings, 1020 S. Kansas Ave, Topeka, KS 66612.

**CIVIL RIGHTS PROVISION** If you feel you have been discriminated against on the basis of age, race, color, sex, sexual orientation, religion, national origin, or political belief in any program administered by the

**Derechos y Responsabilidades Médicas**

**DERECHO A SOLICITAR UNA AUDIENCIA IMPARCIAL** Usted tiene derecho a pedir una audiencia imparcial si no está de acuerdo con una decisión tomada respecto de su caso. Debe pedir una audiencia por escrito o por teléfono. Su solicitud de audiencia debe ser recibida dentro de los 30 días calendario, más 3 días extras para envío por correo, desde la fecha del aviso de la decisión. Puede representarse a usted mismo/a en la audiencia o tener un representante. Las decisiones de las audiencias imparciales suelen tomarse dentro de los 90 días calendario desde la fecha de solicitud. Puede pedir una audiencia urgente (rápida) si tiene una necesidad médica urgente. Debe enviar documentación de un profesional médico como comprobante de la necesidad médica urgente en el momento en el que pide una audiencia urgente. En caso de ser aceptada, la audiencia imparcial se coordinará tan pronto como sea posible. En caso de ser denegada, la audiencia se coordinará en el plazo habitual de tiempo. Si pide una audiencia, es posible que pueda mantener su cobertura mientras aguarda la decisión de su audiencia. Su cobertura continuará si solicita una audiencia antes de la fecha de entrada en vigor de la decisión de elegibilidad o en el plazo de 15 días naturales a partir de la fecha de la notificación, lo que ocurra más tarde. Si su cobertura sigue hasta la decisión de la audiencia, es posible que deba devolver cualquier asistencia que reciba si la decisión no es a su favor. La continuación de los beneficios a la espera de una decisión de audiencia justa no corresponde a la cobertura del CHIP. La decisión de su audiencia puede producir un cambio en la cobertura de otros integrantes de su grupo familiar. Para pedir una audiencia imparcial, debe llamar al 1-800-792-4884 (TTY 1-800-792-4292) o enviar su solicitud por correo a la Office of Administrative Hearings,1020 S. Kansas Ave, Topeka, KS 66612.

**CLÁUSULA DE DERECHOS CIVILES** Si usted siente que ha sido discriminado por su raza, color, sexo, edad, discapacidad, religión, creencia política, o nacionalidad en cualquier programa administrado por el Departamento de Salud y Medioambiente de Kansas llame al 1-800-792-4884 (TTY 1-800-792-4292) para

# Correspondence Updates

Kansas Eligibility Enforcement System (KEES)

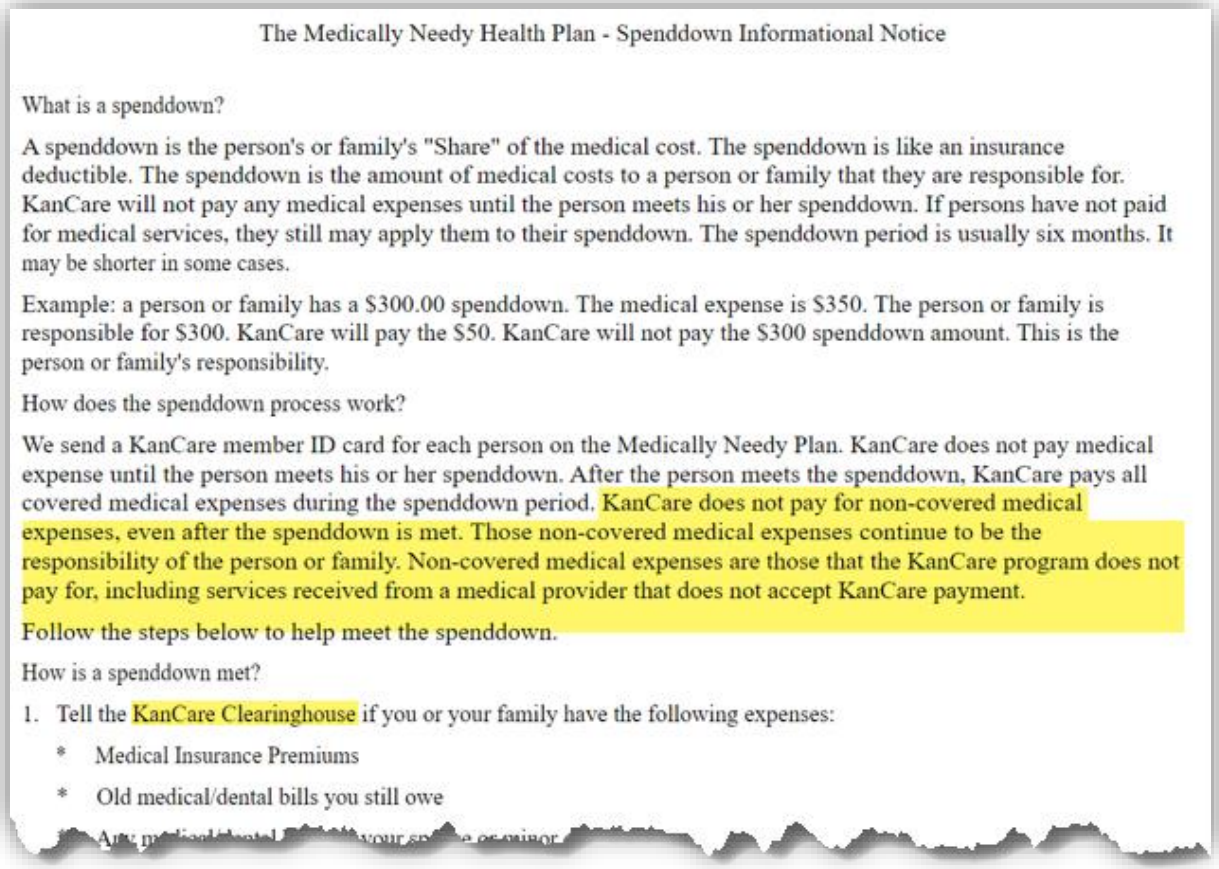
The updated Rights and Responsibility form applies to the following forms:

- Medial Application Cover Sheet (KC1100)
- PACE Disenrollment Notice (N729)
- Working Healthy – Unemployment Plan Request (N744)
- MediKan Approval (D100)
- General MediKan Denial (D200)
- MediKan Denied or Discontinued – Family of Deceased (D204)
- General MediKan Discontinuance (D400)
- Required Authorization for Medial Agent for Minor (V075)
- MediKan to Medicaid – SSA Approval (D701)
- Open MediKan – Medicaid Pending (D832)
- Working Healthy – Six Month Income Review (N812)
- Spousal Elective Share Request (V601)
- Termination – Decertification of Adult Home Care (N-S838)
- Transfer to Another Nursing Facility (N-S839)
- Demand Notice at Closure (Vmed830)
- Repayment Agreement Reminder/All Programs (Vmed828)
- Child in Psychiatric Residential Treatment Facility Temporary Stay – Consumer Notice (KC5820)
- Notice of Action Medical Card Extension Program Initial Eligibility (PPS7235)
- Application – Redetermination Medicare Savings Plan (ES-3100.8)
- Pre-Populated Family Medical Review (KC1200)
- Passive Family Medical Review (KC1300)
- Pre-Populated Elderly and Disabled Review (KC1600)
- Passive Elderly and Disabled Review (KC1700)
- State Supplemental Payment Program Approval (V117)
- State Supplemental Payment Program Approval with Direct Deposit (V118)
- State Supplemental Payment Program Closure (V408)
- Approval Long Term Care – Spousal Impoverishment Information (V100)
- Medical Assistance Pending Social Security Administration Decision (N832)
- General Notice of Approval (V115)
- General Notice of Denial (V200)
- General Notice of Discontinued (V400)
- General Notice of Reinstatement (V600)
- General Notice of Change (V700)
- Rights and Responsibilities (5720)
- Termination of Medical Card (PPS7250)

# Correspondence Updates

Kansas Eligibility Enforcement System (KEES)

Updates have been made per policy to the **Medically Needy Health Plan - Spenddown Information Notice** (M-N836) in English and Spanish forms.



The Medically Needy Health Plan - Spenddown Informational Notice

What is a spenddown?

A spenddown is the person's or family's "Share" of the medical cost. The spenddown is like an insurance deductible. The spenddown is the amount of medical costs to a person or family that they are responsible for. KanCare will not pay any medical expenses until the person meets his or her spenddown. If persons have not paid for medical services, they still may apply them to their spenddown. The spenddown period is usually six months. It may be shorter in some cases.

Example: a person or family has a $300.00 spenddown. The medical expense is $350. The person or family is responsible for $300. KanCare will pay the $50. KanCare will not pay the $300 spenddown amount. This is the person or family's responsibility.

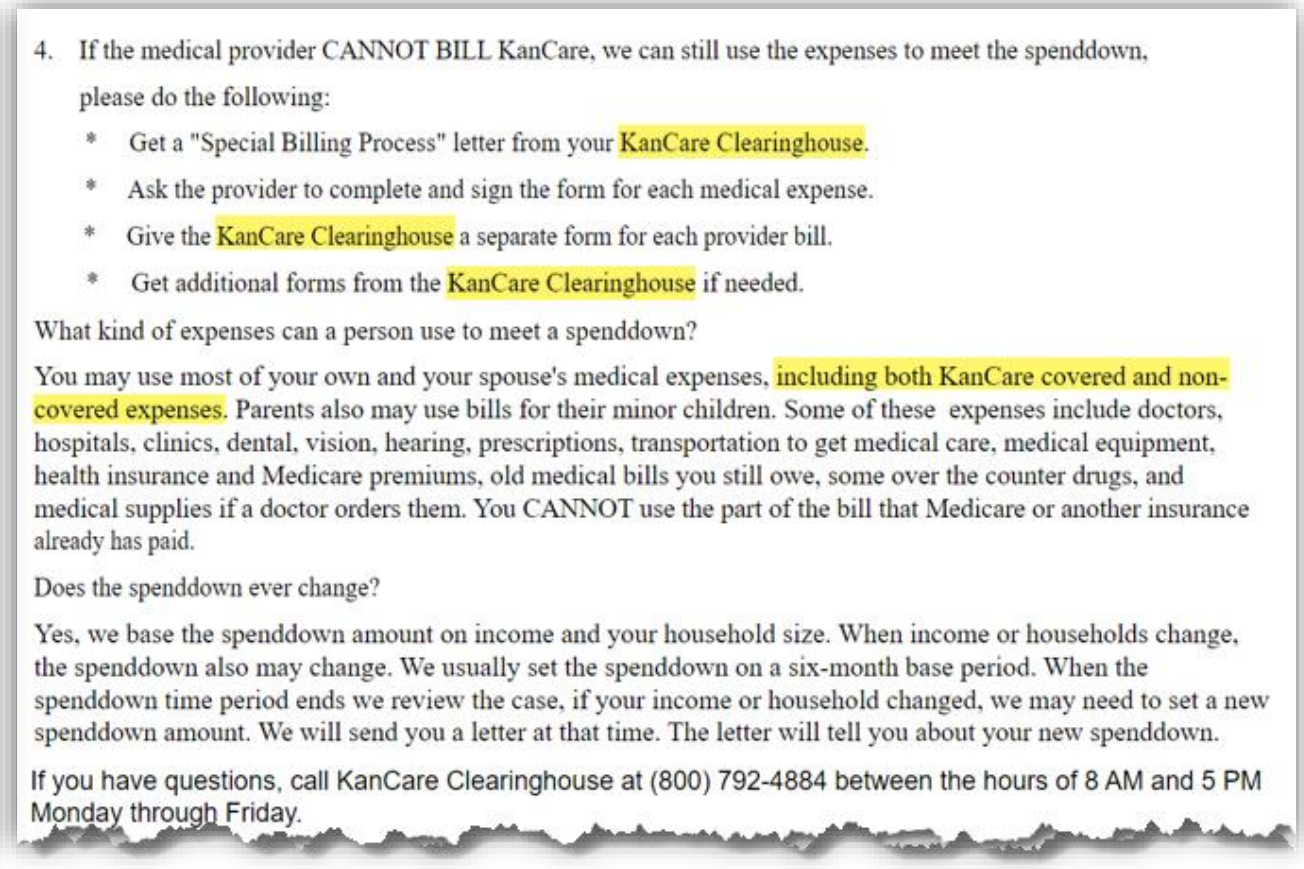
How does the spenddown process work?

We send a KanCare member ID card for each person on the Medically Needy Plan. KanCare does not pay medical expense until the person meets his or her spenddown. After the person meets the spenddown, KanCare pays all covered medical expenses during the spenddown period. KanCare does not pay for non-covered medical expenses, even after the spenddown is met. Those non-covered medical expenses continue to be the responsibility of the person or family. Non-covered medical expenses are those that the KanCare program does not pay for, including services received from a medical provider that does not accept KanCare payment.

Follow the steps below to help meet the spenddown.

How is a spenddown met?

1. Tell the KanCare Clearinghouse if you or your family have the following expenses:
   * Medical Insurance Premiums
   * Old medical/dental bills you still owe
   * Any medical/dental bills your spouse or minor



4. If the medical provider CANNOT BILL KanCare, we can still use the expenses to meet the spenddown, please do the following:
   * Get a "Special Billing Process" letter from your KanCare Clearinghouse.
   * Ask the provider to complete and sign the form for each medical expense.
   * Give the KanCare Clearinghouse a separate form for each provider bill.
   * Get additional forms from the KanCare Clearinghouse if needed.

What kind of expenses can a person use to meet a spenddown?

You may use most of your own and your spouse's medical expenses, including both KanCare covered and non-covered expenses. Parents also may use bills for their minor children. Some of these expenses include doctors, hospitals, clinics, dental, vision, hearing, prescriptions, transportation to get medical care, medical equipment, health insurance and Medicare premiums, old medical bills you still owe, some over the counter drugs, and medical supplies if a doctor orders them. You CANNOT use the part of the bill that Medicare or another insurance already has paid.

Does the spenddown ever change?

Yes, we base the spenddown amount on income and your household size. When income or households change, the spenddown also may change. We usually set the spenddown on a six-month base period. When the spenddown time period ends we review the case, if your income or household changed, we may need to set a new spenddown amount. We will send you a letter at that time. The letter will tell you about your new spenddown.

If you have questions, call KanCare Clearinghouse at (800) 792-4884 between the hours of 8 AM and 5 PM Monday through Friday.

# Correspondence Updates

The updated Spanish **Medically Needy Health Plan - Spenddown Information Notice** (M-N836)

El Plan de Salud para Personas Médicamente Necesitadas
– Aviso de Información de Obligación de Pago

¿Qué es una obligación de pago?

Una obligación de pago es la "Parte" del costo médico que está a cargo de la persona o de la familia. Una obligación de pago es como un deducible del seguro. La obligación de pago es el monto de los costos médicos de una persona o familia de los cuales ellos son responsables. KanCare no pagará ningún gasto médico hasta que la persona cumpla con su obligación de pago. Si las personas no han pagado los servicios médicos, aún así pueden aplicarlos a su obligación de pago. El período de obligación de pago normalmente es de seis meses. Puede ser más corto en algunos casos.

Ejemplo: una persona o familia tiene una obligación de pago de $300.00. El gasto médico es $350. La persona o la familia son responsables de $300. KanCare pagará $50. KanCare no pagará el monto de $300 de la obligación de pago. Esto es responsabilidad de la persona o de la familia.

¿Cómo funciona el proceso de obligación de pago?

Enviamos una tarjeta de identificación de miembro de KanCare a cada persona que forma parte del Plan para Personas Médicamente Necesitadas. KanCare no pagará el gasto médico hasta que la persona cumpla con su obligación de pago. Luego de que la persona cumpla con la obligación de pago, KanCare pagará todos los gastos médicos cubiertos durante el período de obligación de pago. KanCare no paga los gastos médicos que no sean cubiertos, ni siquiera después de alcanzar el límite de gastos. Esos gastos médicos no cubiertos siguen siendo responsabilidad de la persona o la familia. Los gastos médicos no cubiertos son aquellos que el programa KanCare no paga, incluidos los servicios recibidos de un proveedor médico que no acepta el pago de KanCare.

Siga los pasos más abajo que le ayudarán a cumplir con la obligación de pago.

¿Cómo se cumple con una obligación de pago?

1. Dígale al KanCare Clearinghouse si usted o su familia tienen los siguientes gastos:
   * Primas de Seguro Médico
   * Viejas facturas médicas/odontológicas que aún adeuda

2. Muestre su tarjeta de identificación de miembro al proveedor cada vez que un miembro de su familia que tiene cobertura reciba un servicio o artículo.

3. Pídale al proveedor que facture a KanCare TODOS los servicios para los miembros de la familia que poseen cobertura.

4. Si el proveedor médico NO PUEDE FACTURAR a KanCare, aún así podemos usar los gastos para cumplir con la obligación de pago. Por favor, haga lo siguiente:
   * Obtenga una carta de "Proceso Especial de Facturación" de KanCare Clearinghouse.
   * Pídale al proveedor que complete y firme el formulario para cada gasto médico.
   * Entréguele a KanCare Clearinghouse un formulario por separado para cada factura del proveedor.
   * Pídale a KanCare Clearinghouse formularios adicionales, si los necesita.

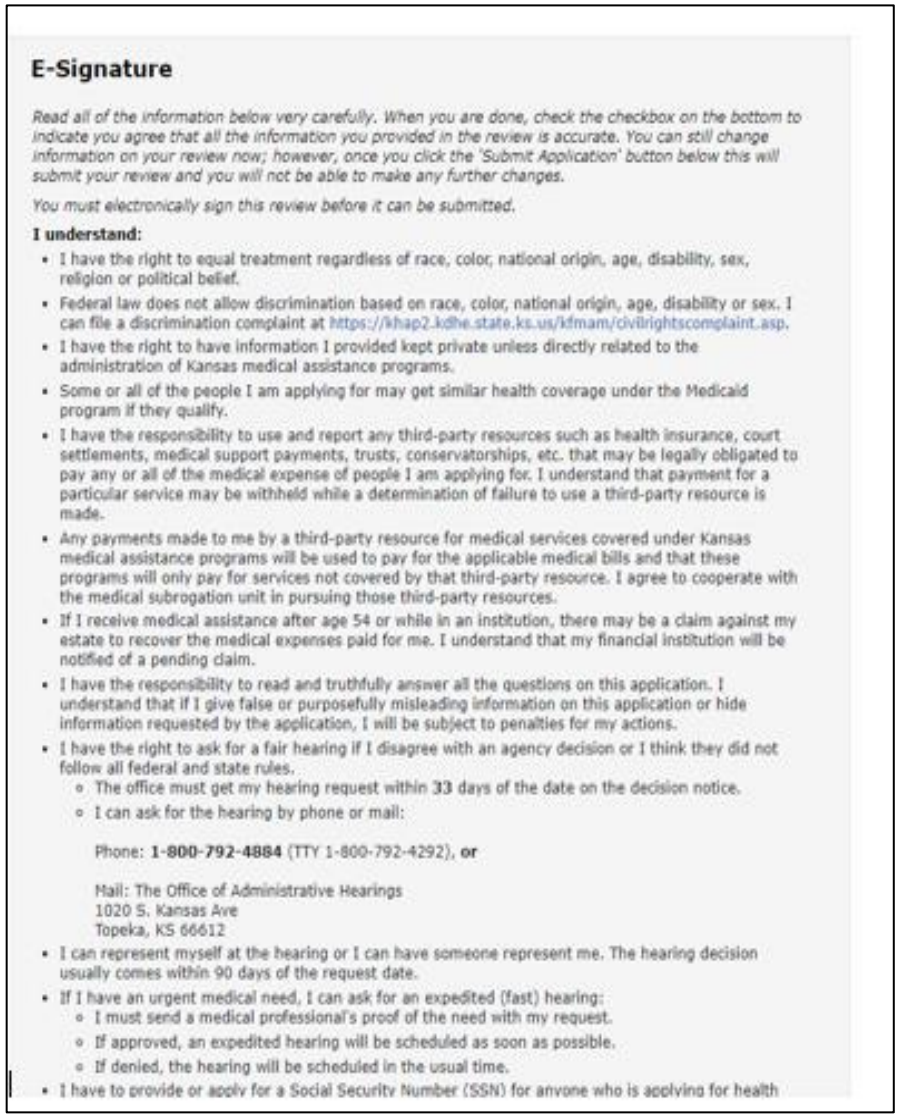
¿Qué tipo de gastos puede usar una persona para cumplir con una obligación de pago?

Puede usar la mayoría de los gastos médicos suyos y de su cónyuge, incluidos los gastos cubiertos y no cubiertos por KanCare. Los padres también pueden usar facturas para sus niños menores de edad. Algunos de estos gastos incluyen médicos, hospitales, clínicas, odontólogos, oftalmólogos, otorrinolaringólogos, recetas, transporte para obtener atención médica, equipamiento médico, primas de seguro de salud y Medicare, facturas médicas antiguas que aún adeuda, algunos medicamentos sin receta médica y provisiones médicas, si las ordena un médico. Usted NO PUEDE utilizar la parte de la factura que Medicare u otro seguro ya haya pagado.

¿La obligación de pago cambia alguna vez?

# Correspondence Updates

When submitting a Medical Review through the SSP the **Medical Rights and Responsibilities** now displays on the **E-Signature** screen. This also displays on the e-Application PDF for both English and Spanish.



**E-Signature**

*Read all of the information below very carefully. When you are done, check the checkbox on the bottom to indicate you agree that all the information you provided in the review is accurate. You can still change information on your review now; however, once you click the 'Submit Application' button below this will submit your review and you will not be able to make any further changes.*

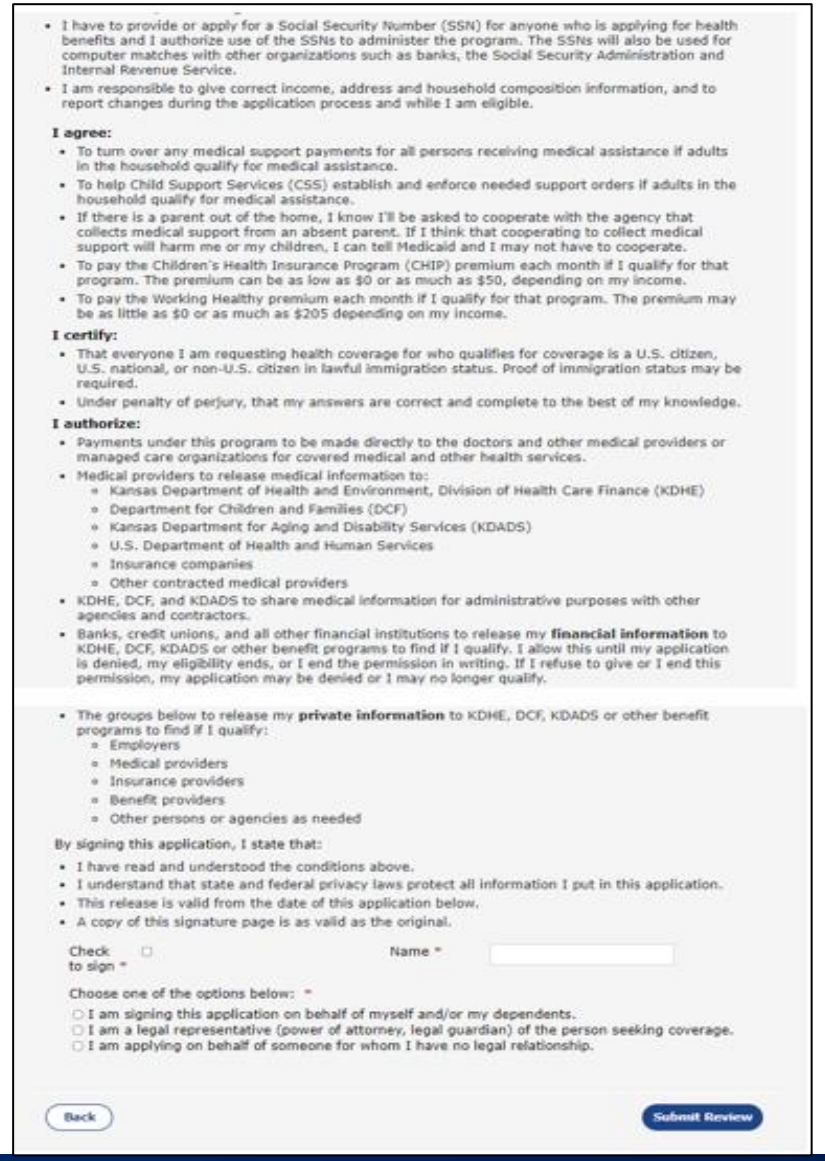
*You must electronically sign this review before it can be submitted.*

**I understand:**

- I have the right to equal treatment regardless of race, color, national origin, age, disability, sex, religion or political belief.
- Federal law does not allow discrimination based on race, color, national origin, age, disability or sex. I can file a discrimination complaint at https://khap2.kdhe.state.ks.us/kfmam/civilrightscomplaint.asp.
- I have the right to have information I provided kept private unless directly related to the administration of Kansas medical assistance programs.
- Some or all of the people I am applying for may get similar health coverage under the Medicaid program if they qualify.
- I have the responsibility to use and report any third-party resources such as health insurance, court settlements, medical support payments, trusts, conservatorships, etc. that may be legally obligated to pay any or all of the medical expense of people I am applying for. I understand that payment for a particular service may be withheld while a determination of failure to use a third-party resource is made.
- Any payments made to me by a third-party resource for medical services covered under Kansas medical assistance programs will be used to pay for the applicable medical bills and that these programs will only pay for services not covered by that third-party resource. I agree to cooperate with the medical subrogation unit in pursuing those third-party resources.
- If I receive medical assistance after age 54 or while in an institution, there may be a claim against my estate to recover the medical expenses paid for me. I understand that my financial institution will be notified of a pending claim.
- I have the responsibility to read and truthfully answer all the questions on this application. I understand that if I give false or purposefully misleading information on this application or hide information requested by the application, I will be subject to penalties for my actions.
- I have the right to ask for a fair hearing if I disagree with an agency decision or I think they did not follow all federal and state rules.
  - The office must get my hearing request within 33 days of the date on the decision notice.
  - I can ask for the hearing by phone or mail:

    Phone: **1-800-792-4884** (TTY 1-800-792-4292), **or**

    Mail: The Office of Administrative Hearings
    1020 S. Kansas Ave
    Topeka, KS 66612
- I can represent myself at the hearing or I can have someone represent me. The hearing decision usually comes within 90 days of the request date.
- If I have an urgent medical need, I can ask for an expedited (fast) hearing:
  - I must send a medical professional's proof of the need with my request.
  - If approved, an expedited hearing will be scheduled as soon as possible.
  - If denied, the hearing will be scheduled in the usual time.
- I have to provide or apply for a Social Security Number (SSN) for anyone who is applying for health



- I have to provide or apply for a Social Security Number (SSN) for anyone who is applying for health benefits and I authorize use of the SSNs to administer the program. The SSNs will also be used for computer matches with other organizations such as banks, the Social Security Administration and Internal Revenue Service.
- I am responsible to give correct income, address and household composition information, and to report changes during the application process and while I am eligible.

**I agree:**

- To turn over any medical support payments for all persons receiving medical assistance if adults in the household qualify for medical assistance.
- To help Child Support Services (CSS) establish and enforce needed support orders if adults in the household qualify for medical assistance.
- If there is a parent out of the home, I know I'll be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I may not have to cooperate.
- To pay the Children's Health Insurance Program (CHIP) premium each month if I qualify for that program. The premium can be as low as $0 or as much as $50, depending on my income.
- To pay the Working Healthy premium each month if I qualify for that program. The premium may be as little as $0 or as much as $205 depending on my income.

**I certify:**

- That everyone I am requesting health coverage for who qualifies for coverage is a U.S. citizen, U.S. national, or non-U.S. citizen in lawful immigration status. Proof of immigration status may be required.
- Under penalty of perjury, that my answers are correct and complete to the best of my knowledge.

**I authorize:**

- Payments under this program to be made directly to the doctors and other medical providers or managed care organizations for covered medical and other health services.
- Medical providers to release medical information to:
  - Kansas Department of Health and Environment, Division of Health Care Finance (KDHE)
  - Department for Children and Families (DCF)
  - Kansas Department for Aging and Disability Services (KDADS)
  - U.S. Department of Health and Human Services
  - Insurance companies
  - Other contracted medical providers
- KDHE, DCF, and KDADS to share medical information for administrative purposes with other agencies and contractors.
- Banks, credit unions, and all other financial institutions to release my **financial information** to KDHE, DCF, KDADS or other benefit programs to find if I qualify. I allow this until my application is denied, my eligibility ends, or I end the permission in writing. If I refuse to give or I end this permission, my application may be denied or I may no longer qualify.

- The groups below to release my **private information** to KDHE, DCF, KDADS or other benefit programs to find if I qualify:
  - Employers
  - Medical providers
  - Insurance providers
  - Benefit providers
  - Other persons or agencies as needed

**By signing this application, I state that:**

- I have read and understood the conditions above.
- I understand that state and federal privacy laws protect all information I put in this application.
- This release is valid from the date of this application below.
- A copy of this signature page is as valid as the original.

Check to sign * ☐ Name *

Choose one of the options below: *

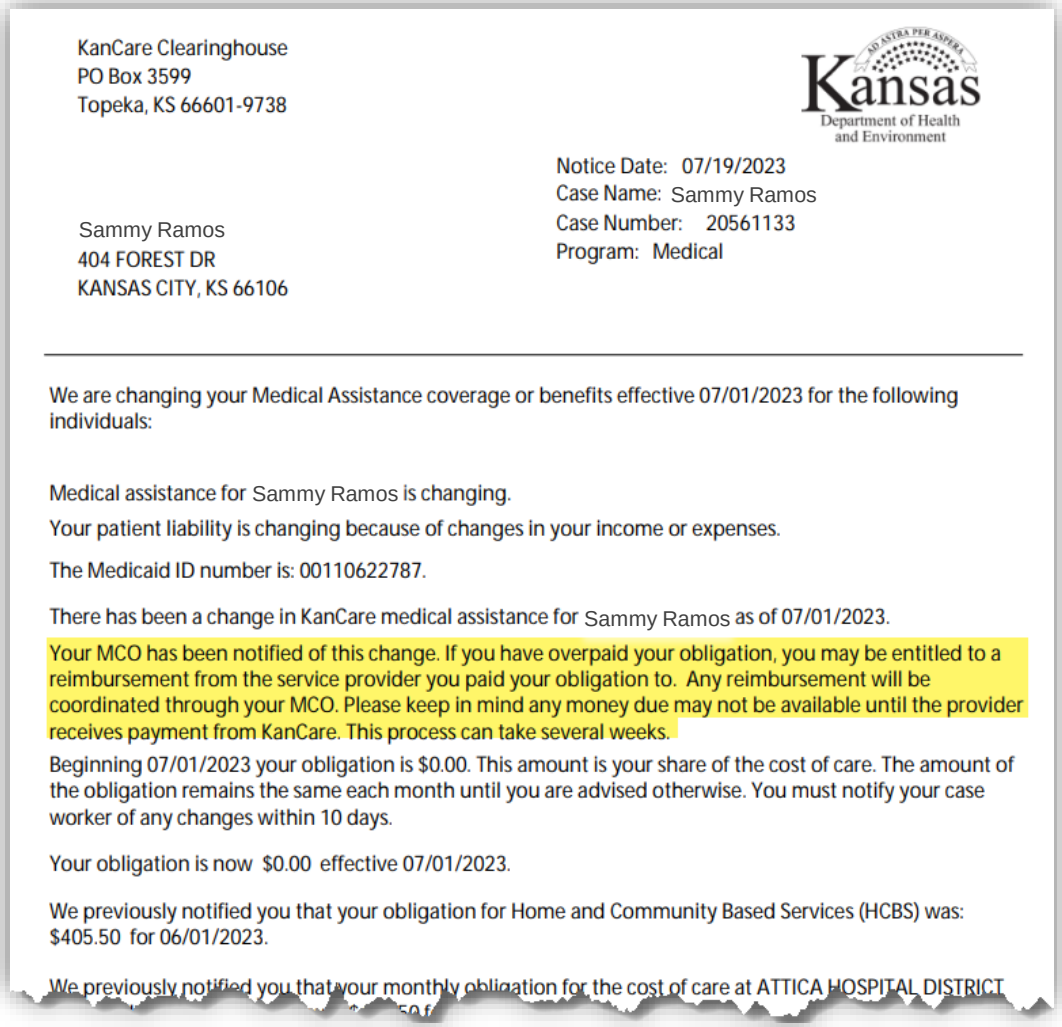
☐ I am signing this application on behalf of myself and/or my dependents.
☐ I am a legal representative (power of attorney, legal guardian) of the person seeking coverage.
☐ I am applying on behalf of someone for whom I have no legal relationship.

Back | Submit Review

# Correspondence Updates

Kansas Eligibility Enforcement System (KEES)

Updates have been made to the Medical Benefit Change NOA for English and Spanish forms.



KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738

Kansas Department of Health and Environment

Notice Date: 07/19/2023
Case Name: Sammy Ramos
Case Number: 20561133
Program: Medical

Sammy Ramos
404 FOREST DR
KANSAS CITY, KS 66106

We are changing your Medical Assistance coverage or benefits effective 07/01/2023 for the following individuals:

Medical assistance for Sammy Ramos is changing.

Your patient liability is changing because of changes in your income or expenses.

The Medicaid ID number is: 00110622787.

There has been a change in KanCare medical assistance for Sammy Ramos as of 07/01/2023.

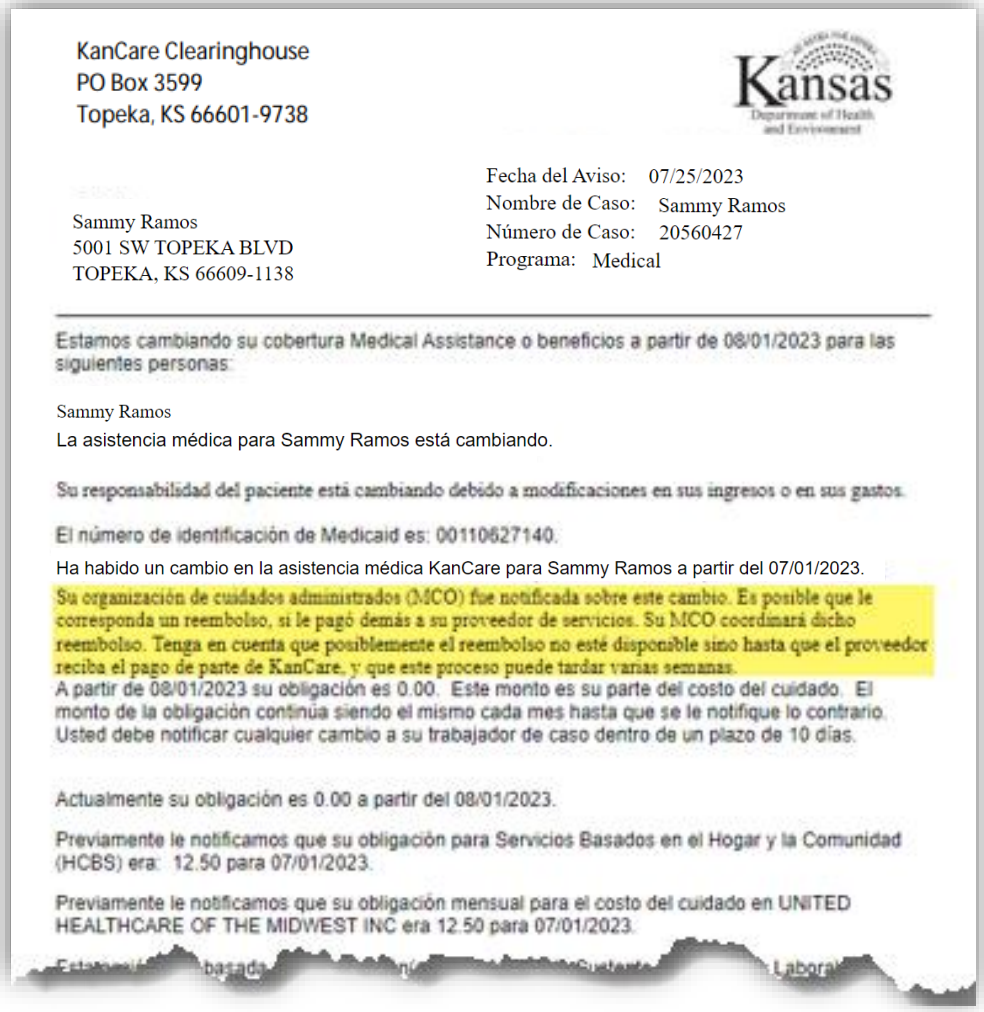
Your MCO has been notified of this change. If you have overpaid your obligation, you may be entitled to a reimbursement from the service provider you paid your obligation to. Any reimbursement will be coordinated through your MCO. Please keep in mind any money due may not be available until the provider receives payment from KanCare. This process can take several weeks.

Beginning 07/01/2023 your obligation is $0.00. This amount is your share of the cost of care. The amount of the obligation remains the same each month until you are advised otherwise. You must notify your case worker of any changes within 10 days.

Your obligation is now $0.00 effective 07/01/2023.

We previously notified you that your obligation for Home and Community Based Services (HCBS) was: $405.50 for 06/01/2023.

We previously notified you that your monthly obligation for the cost of care at ATTICA HOSPITAL DISTRICT



KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738

Kansas Department of Health and Environment

Fecha del Aviso: 07/25/2023
Nombre de Caso: Sammy Ramos
Número de Caso: 20560427
Programa: Medical

Sammy Ramos
5001 SW TOPEKA BLVD
TOPEKA, KS 66609-1138

Estamos cambiando su cobertura Medical Assistance o beneficios a partir de 08/01/2023 para las siguientes personas:

Sammy Ramos

La asistencia médica para Sammy Ramos está cambiando.

Su responsabilidad del paciente está cambiando debido a modificaciones en sus ingresos o en sus gastos.

El número de identificación de Medicaid es: 00110627140.

Ha habido un cambio en la asistencia médica KanCare para Sammy Ramos a partir del 07/01/2023.

Su organización de cuidados administrados (MCO) fue notificada sobre este cambio. Es posible que le corresponda un reembolso, si le pagó demás a su proveedor de servicios. Su MCO coordinará dicho reembolso. Tenga en cuenta que posiblemente el reembolso no esté disponible sino hasta que el proveedor reciba el pago de parte de KanCare, y que este proceso puede tardar varias semanas.
A partir de 08/01/2023 su obligación es 0.00. Este monto es su parte del costo del cuidado. El monto de la obligación continúa siendo el mismo cada mes hasta que se le notifique lo contrario. Usted debe notificar cualquier cambio a su trabajador de caso dentro de un plazo de 10 días.

Actualmente su obligación es 0.00 a partir del 08/01/2023.

Previamente le notificamos que su obligación para Servicios Basados en el Hogar y la Comunidad (HCBS) era: 12.50 para 07/01/2023.

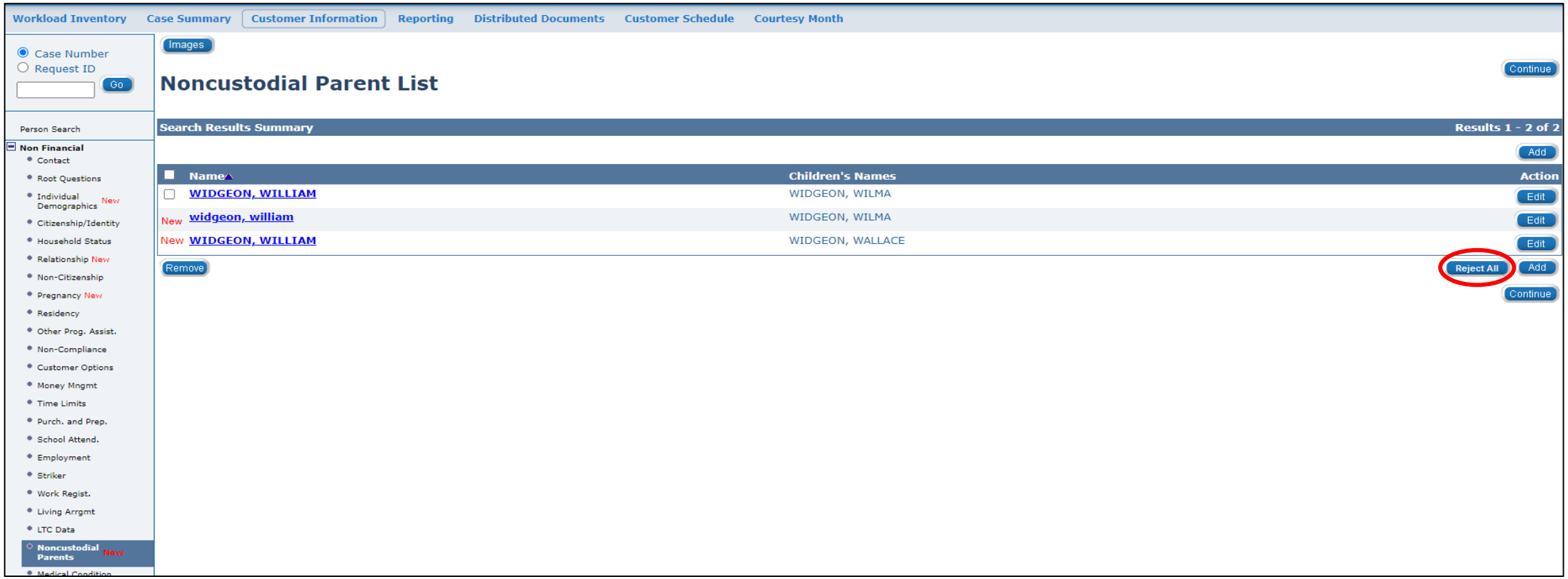
Previamente le notificamos que su obligación mensual para el costo del cuidado en UNITED HEALTHCARE OF THE MIDWEST INC era 12.50 para 07/01/2023.

Questions?

# SSP Data Mapping Updates

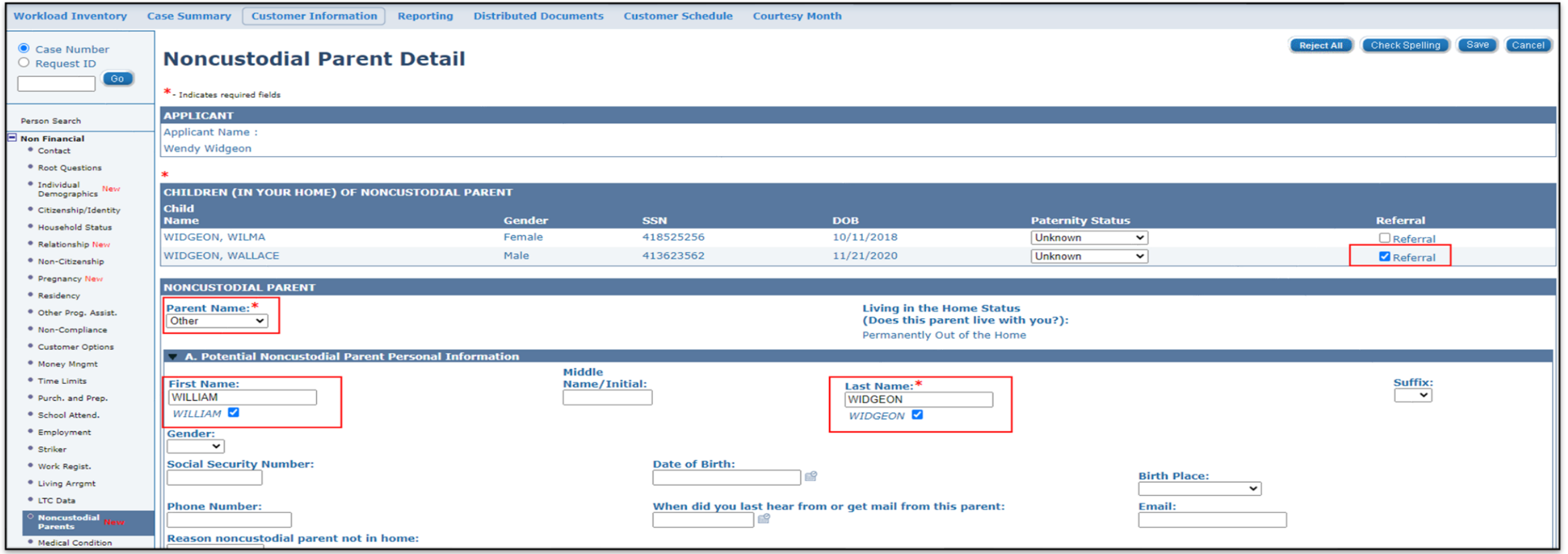
# Noncustodial Parent Record(s)

There is now a **Reject All** button on the **Noncustodial Parent List** page.



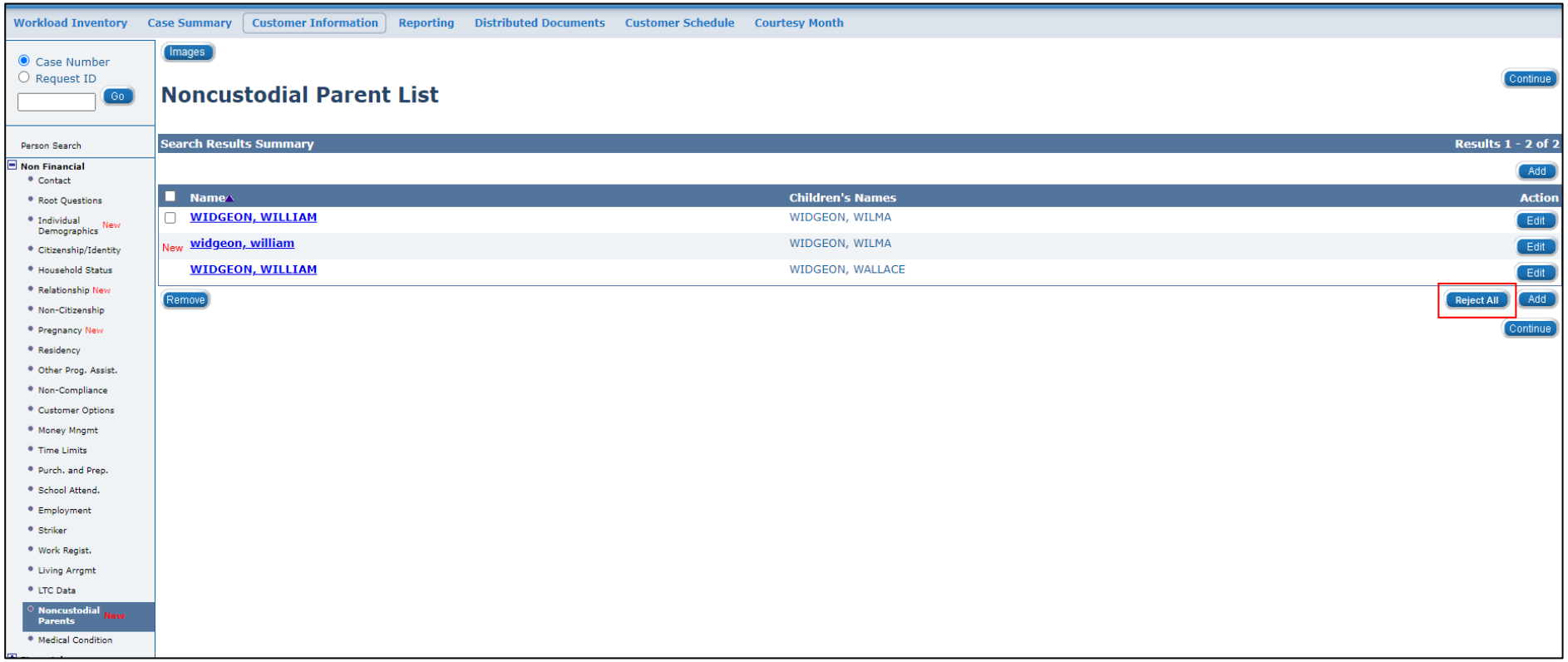
# Reject All Button Process

Staff can use the **Reject All** button to reject duplicate parent records. This is especially helpful when multiple duplicate records are present. In situations where a New record needs to be kept, staff should accept the information on the New record before using the **Reject All** button to delete the unnecessary records.



# Reject All Button Process

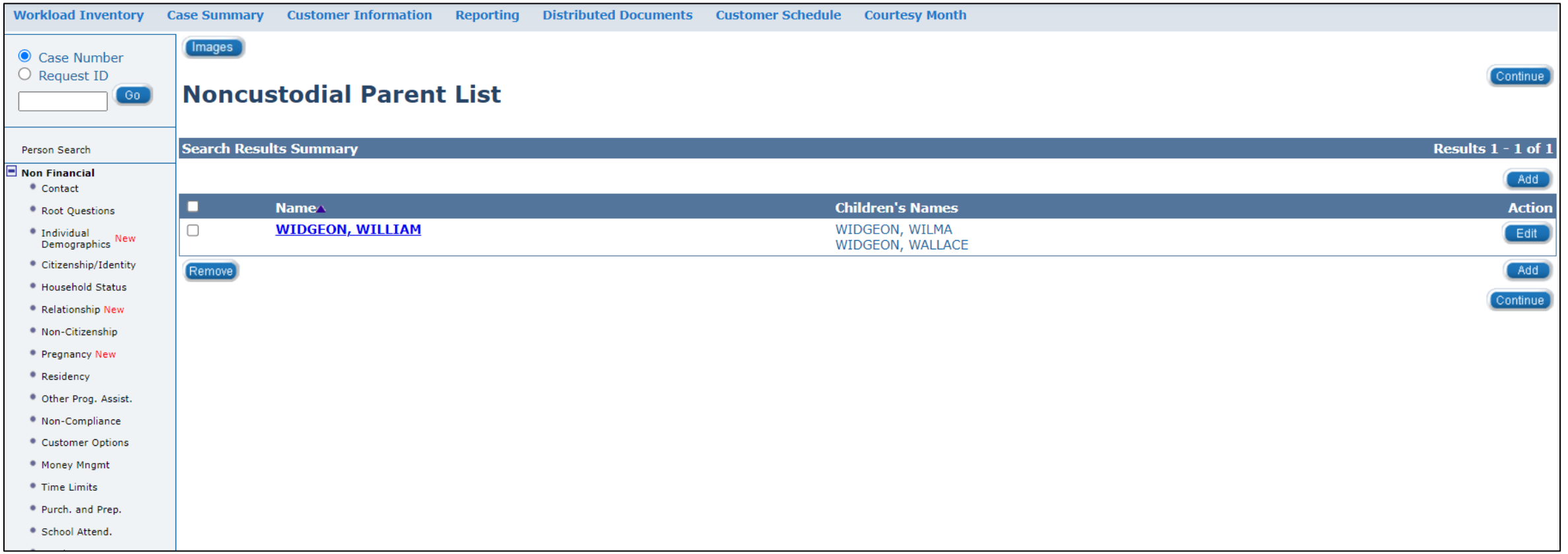
After you accept or correctly input the information on the needed record, you can click the **Reject All** button which removes the duplicate record(s).




**Note:** Records are organized by noncustodial parent, so if there are multiple children with the same noncustodial parent the old record should be edited to include the new child.

# Reject All Button Process

After duplicate record has been rejected, case processing can proceed as normal!

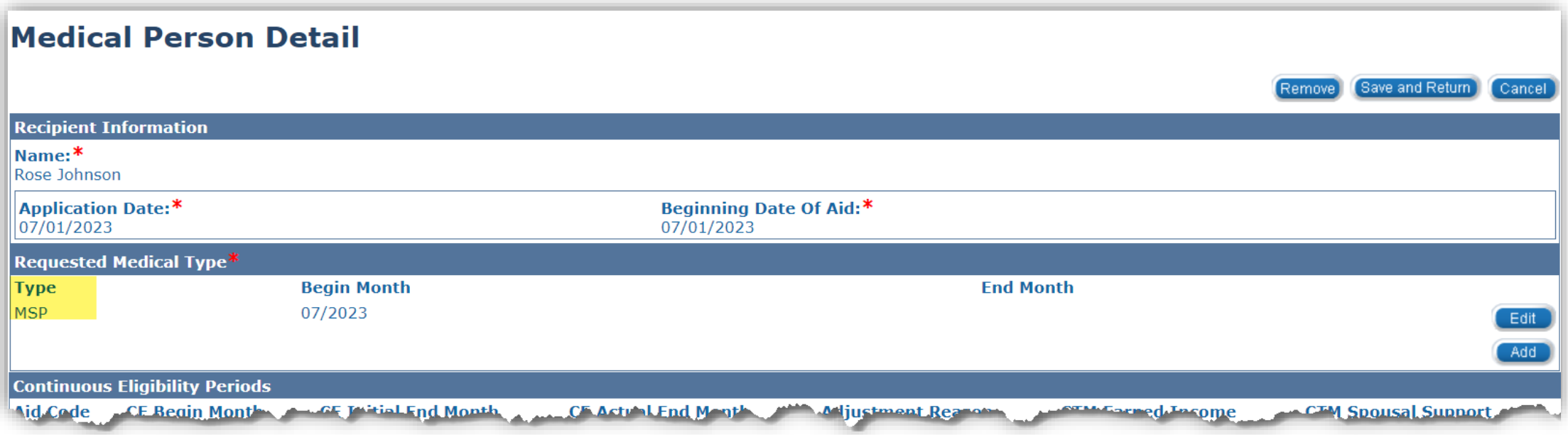


# Questions?

# Requested Medical Type

# Reminder – Requested Medical Type (RMT)

If a consumer has a Spenddown with MSP and coverage is changed to MSP-Only, the **RMT** on the **Medical Person Detail** page must be changed to *MSP* before running EDBC and the coverage is changed to MSP-Only. It is incorrect to leave the **RMT** as *Medical* because this causes a downstream impact on the case. If the **RMT** is not changed to *MSP* the case gets returned to the worker to re-enter and make appropriate corrections.



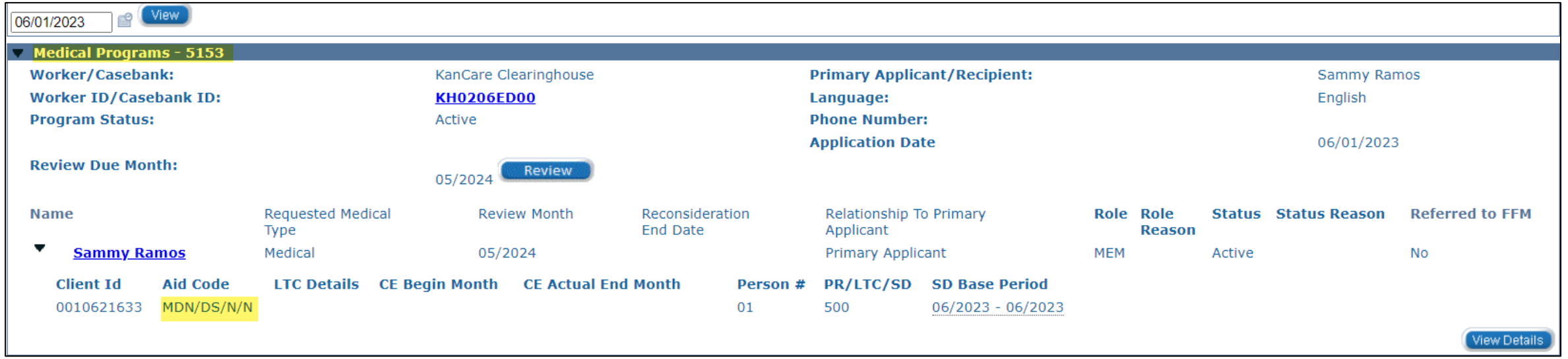
# Questions?

# Program Block & Review Refresher

# Program Block Refresher 1a

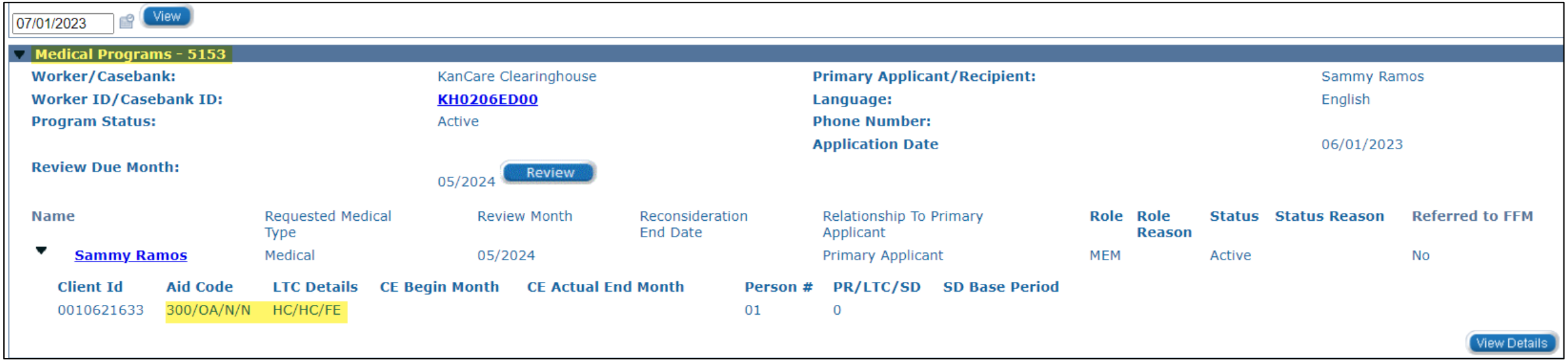
When there is a single person on a program block and the consumer has a change in coverage to another major aid code, the worker does not open a new program block. The worker runs EDBC on the same program block when switching to a different aid code.

Example - Sammy was active with Medically Needy SD on **Medical Program block - 5153** starting 06/2023



# Program Block Refresher 1b

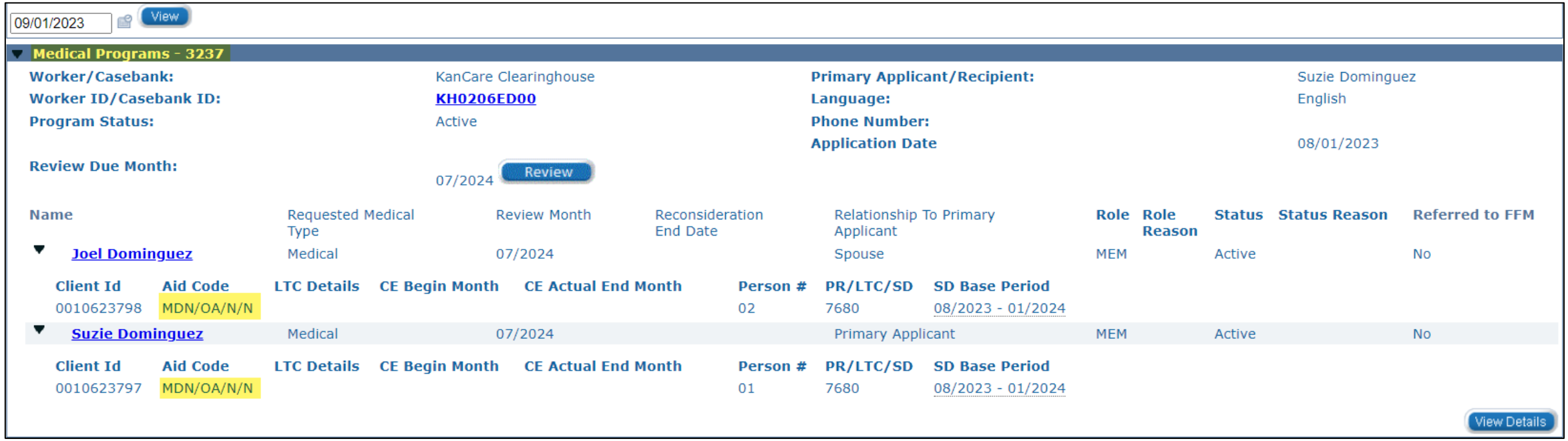
Sammy began receiving Home Care Base Service (HCBS) in the month 07/2023. The **Medical Program – 5153** Aid Code has been changed for Sammy and no new Program Block was created.



# Program Block Refresher 2a

When you have a married couple with active Medically Needy SD on the same program block and one of the spouses switches to LTC a new program block needs to be created for the spouse who switches aid code.

Example: Spouse Joel and Suzie are active Medically Needy SD on **Medical Program - 3237**



# Program Block Refresher 2b

Joel was admitted to a nursing facility on 08/05/2023. A new Program Block was created for Joel and EDBC needs to be run on **Medical Program – 3238** for the month of 08/2023 to the come-up to give Joel LTC coverage and then run EDBC for **Medical Program – 3237** to discontinue Medically Needy benefits for Joel and redetermine the Spenddown amount for Suzie.

**Medical Programs - 3237**

| | | | |
|---|---|---|---|
| **Worker/Casebank:** | KanCare Clearinghouse | **Primary Applicant/Recipient:** | Suzie Dominguez |
| **Worker ID/Casebank ID:** | KH0206ED00 | **Language:** | English |
| **Program Status:** | Active | **Phone Number:** | |
| | | **Application Date** | 08/01/2023 |
| **Review Due Month:** | 07/2024 Review | | |

| Name | Requested Medical Type | Review Month | Reconsideration End Date | Relationship To Primary Applicant | Role | Role Reason | Status | Status Reason | Referred to FFM |
|---|---|---|---|---|---|---|---|---|---|
| Suzie Dominguez | Medical | 07/2024 | | Primary Applicant | MEM | | Active | | No |
| Joel Dominguez | | 07/2024 | | Spouse | FSO | Gets LTC/SSI | Discontinued | Doesn't Meet Program Req. | No |

View Details

**Medical Programs - 3238**

| | | | |
|---|---|---|---|
| **Worker/Casebank:** | KanCare Clearinghouse | **Primary Applicant/Recipient:** | Suzie Dominguez |
| **Worker ID/Casebank ID:** | KH0206LT05 | **Language:** | English |
| **Program Status:** | Active | **Phone Number:** | |
| | | **Application Date** | 08/09/2023 |
| **Review Due Month:** | 07/2024 Review | | |

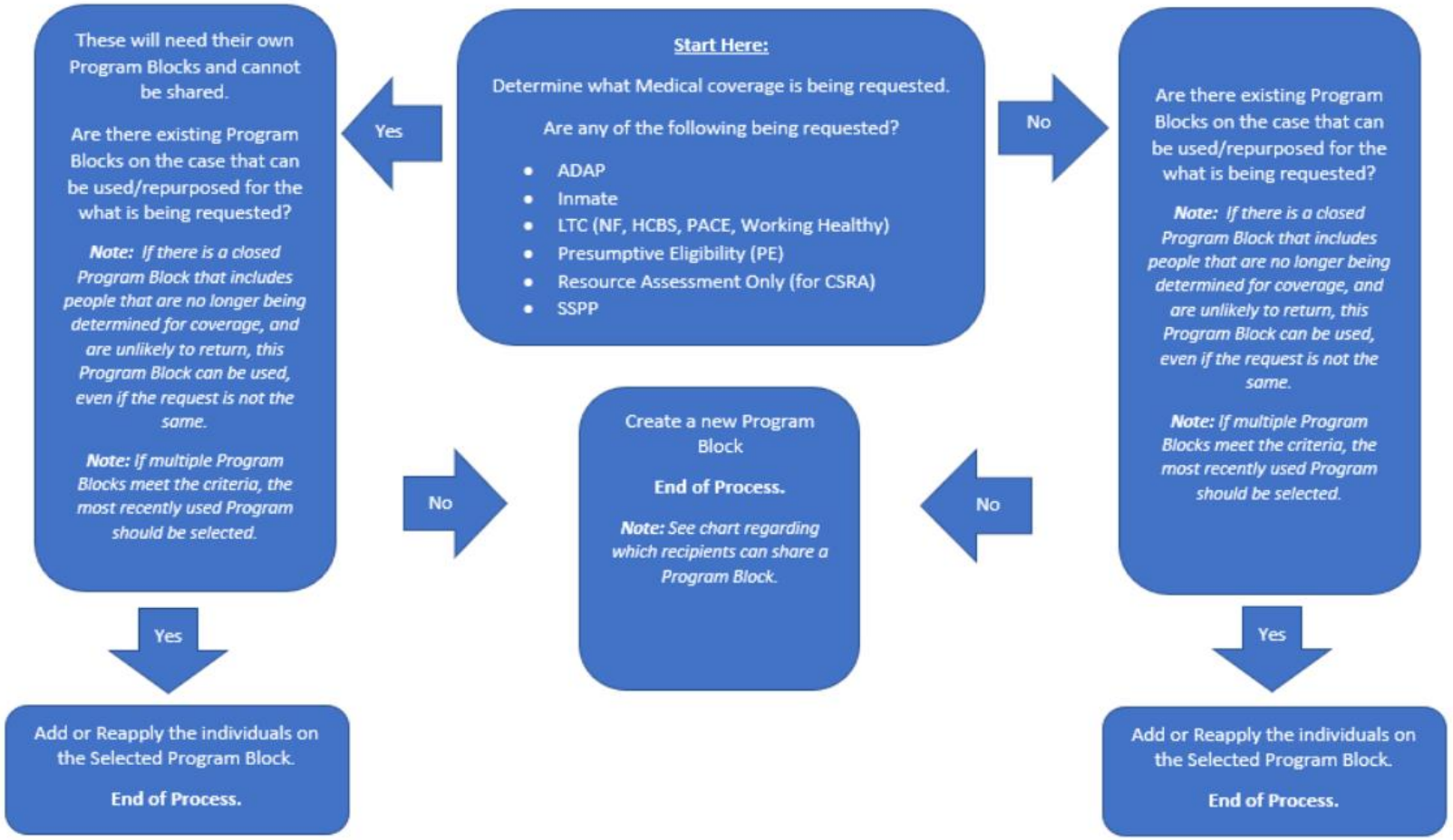
| Name | Requested Medical Type | Review Month | Reconsideration End Date | Relationship To Primary Applicant | Role | Role Reason | Status | Status Reason | Referred to FFM |
|---|---|---|---|---|---|---|---|---|---|
| Joel Dominguez | LTC | 07/2024 | | Spouse | MEM | | Active | | No |

View Details

# Usable Program Block

| Determining a Usable Program Block | Existing Program Block | New Program Block |
|---|---|---|
| There's currently a KEES Help Desk ticket on the case preventing an existing Program Block from being used, or coverage authorized. | A new Program Block should **not** be added unless otherwise directed by the KEES Help Desk. | |
| The Program closed, and still in a Reconsideration period. | Rescind should be used. | |
| The Program closed and all persons permanently out of the home. | Add or reapply may be used. | |
| There's only one applicant that needs to be determined for multiple types of coverage i.e., MAGI and Elderly and Disabled. | Program Block and RMT can be updated for each unique request. | |
| One of the following programs have been requested ADAP, Inmate, LTC, PE, Resource Assessment Only, SSPP. | | If there is no existing program block on the case that gives the consumer their own program block. |

# Usable Program Block




You can find this chart in the User Manual by clicking on the hyperlink below

https://content.dcf.ks.gov/ees/KEESWebHelp/Usable_Program_Block_-_Medical.htm

# Usable Program Block

**Start Here**

**Determine what medical coverage is being requested?**

- ADAP
- Inmate
- LTC (NF, HCBS, PACE, Working Healthy)
- Presumptive Eligibility (PE)
- Resource Assessment Only (for CSRA)
- SSPP

YES

***These will need their own Program Blocks and CANNOT be shared.***

**Are there existing Program Blocks on the case that can be used/repurposed for what is being requested?**

If there is a closed Program Block that includes people that are no longer being determined for coverage, and unlikely to return, this Program Block can be used, even if the request is not the same.

***Note:*** If multiple Program Blocks meet the criteria, the most recently used Program should be selected.

NO

YES

**Add or Reapply the individuals on the Selected Program Block**

**End of Process**

NO

**Create a New Program Block**

**End of Process**

***Note:*** See chart regarding which recipients can share a Program Block.

NO

**Are there existing Program Blocks on the case that can be used/repurposed for what is being requested?**

If there is a closed Program Block that includes people that are no longer being determined for coverage, and unlikely to return, this Program Block can be used, even if the request is not the same.

***Note:*** If multiple Program Blocks meet the criteria, the most recently used Program should be selected.

YES

**Add or Reapply the individuals on the Selected Program Block**

**End of Process**

https://content.dcf.ks.gov/ees/KEESWebHelp/Usable_Program_Block_-_Medical.htm

# Shared Program Blocks

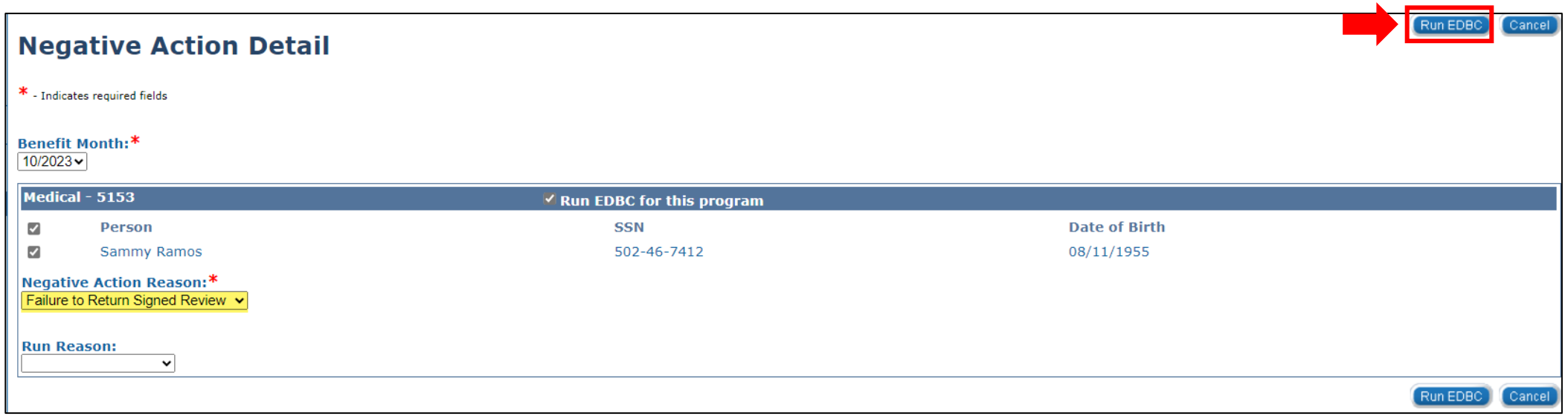
| Program Block | RMT | Which Active Recipients Can Share a Program Block |
|---|---|---|
| Medical | Inmate | Each Inmate recipient should be on their own Program Block. |
| | LTC | Each LTC recipient should be on their own Program Block. |
| | MAGI | MAGI, Medical, MSP, PPS, and Qualified Disabled Working Individual recipients can share a Program Block. |
| | Medical | Medical, MAGI, MSP, PPS, and Qualified Disabled Working Individual recipients can share a Program Block. |
| | MSP | MSP, MAGI, Medical, PPS, and Qualified Disabled Working Individual recipients can share a Program Block. |
| | Qualified Disabled Working Individual | Qualified Disabled Working Individual, MAGI, Medical, MSP, and PPS recipients can share a Program Block. |
| | Resource Assessment Only | Each Resource Assessment Only recipient should be on their own Program Block. |
| | Working Healthy | Each Working Healthy recipient should be on their own Program Block.<br>If there are two Working Healthy recipients, and the recipients have separate Working Healthy Premiums, these recipients cannot share a case. This causes Premium Billing system issues. Each recipient will have to have their own case. |

# Shared Program Blocks Continued

| Program Block | RMT | Which Active Recipients Can Share a Program Block |
|---|---|---|
| ADAP | | Each ADAP recipient should be on their own Program Block.<br>Only 1 ADAP program block is allowed on a case. |
| Presumptive Eligibility | | PE recipients must always receive their PE benefits on a PE Program Block. However, all PE recipients can be on the same PE Program Block regardless of whether it is PE Child, PE PW, or PE Adult. |
| SSPP | | Each SSPP recipient should be on their own Program Block.<br>Only 1 SSPP program block is allowed on a case. |
| Unshared Spenddown | All | Unshared Spenddowns need to be on separate cases regardless of RMT. |

# Review Refresher

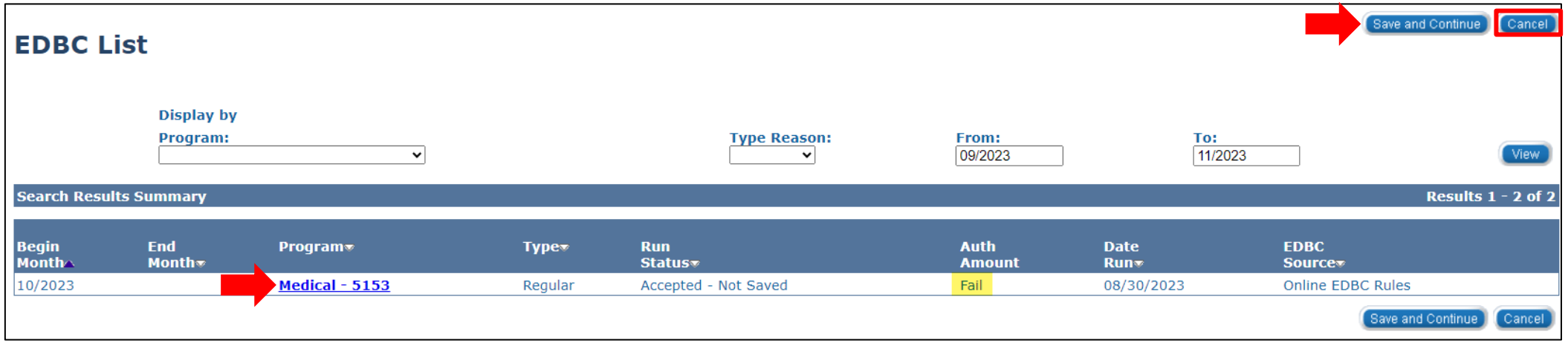
Now that PHE has ended consumers MUST have a review completed each year. If an active Spenddown consumer has a review due and it is not received, workers must **Run EDBC** on the **Negative Action Detail** page with a **Negative Action Reason** of *Failure to Return Signed Review* to discontinue benefits. There may be other policy situations for negative actioning consumers when failing to return a signed review, but we are focusing on Spenddowns.




Unless workers are processing a Base Period ending task where a discontinuance is appropriate, there is a batch that will close consumers for failing to return a signed review.

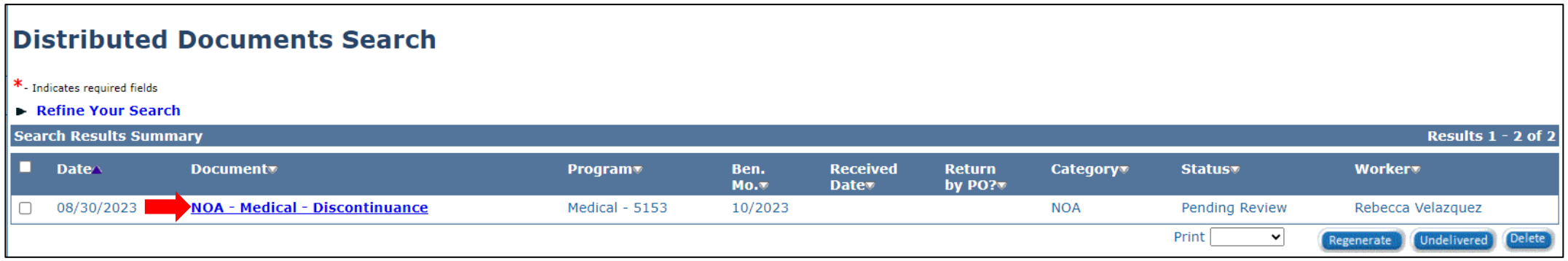
# Review Refresher

The **EDBC List** page displays the **Auth Amount** as *Fail*; at this point, the EDBC results have not been completely accepted. If the worker needs to further review the results, they can do so by clicking the *Medical Program* hyperlink which navigates to the **Medical EDBC Summary** page. Or, if the worker needs to add or correct any of the data on the case, they can click the **Cancel** button to return to the **Case Summary page**. When ready to accept the results click the **Save and Continue** button.



# Review Refresher

The **Distributed Documents Search** page displays with a *NOA – Medical – Discontinuance* hyperlink. The worker needs to click the hyperlink to verify the NOA is correct.



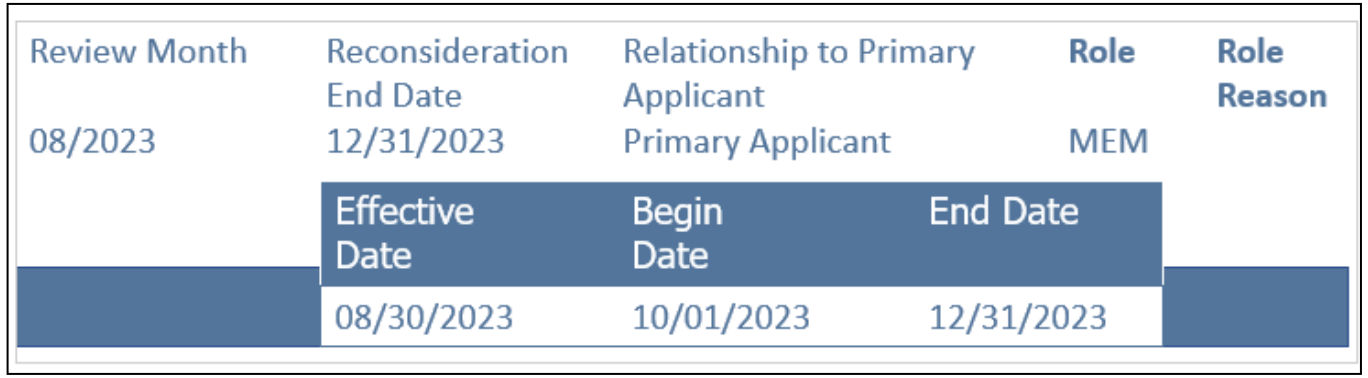

The **Reconsideration Date** is displayed on the **Case Summary** page:

**Review Month** – 08/2023 the month the review is due.

**Effective Date** – 08/30/2023 is the date EDBC was run to discontinue the case.

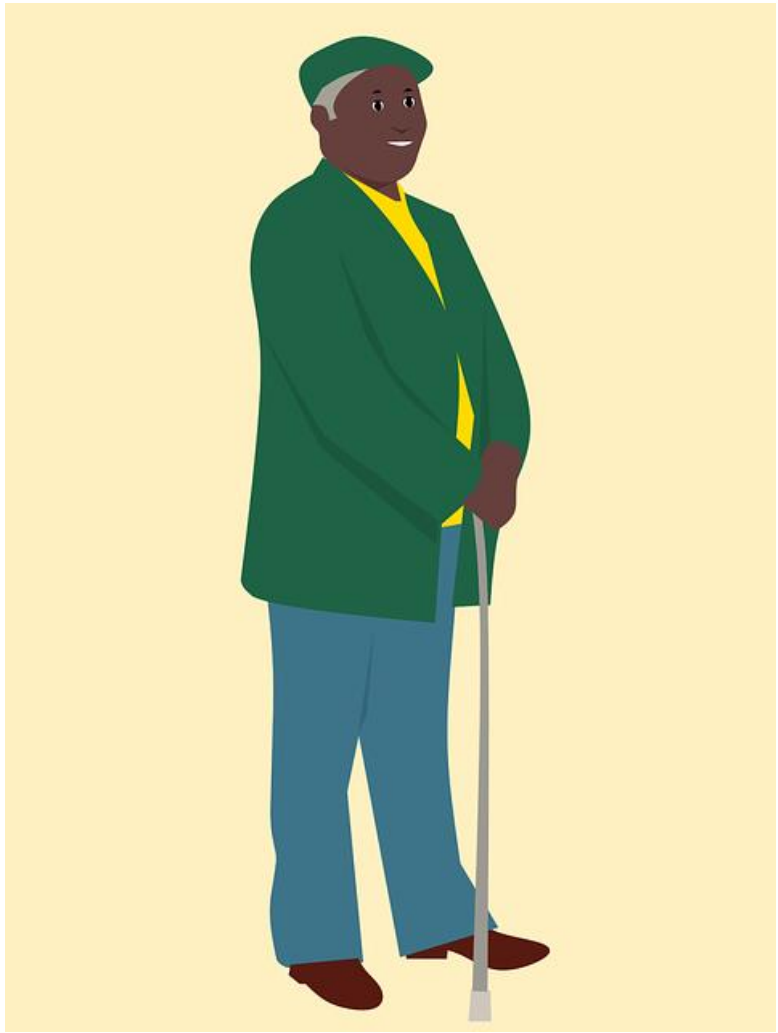
**Begin Date** – 10/01/2023 beginning of reconsideration period.

**End Date** – 12/31/2023 end of reconsideration period.



Questions?

# - Henry

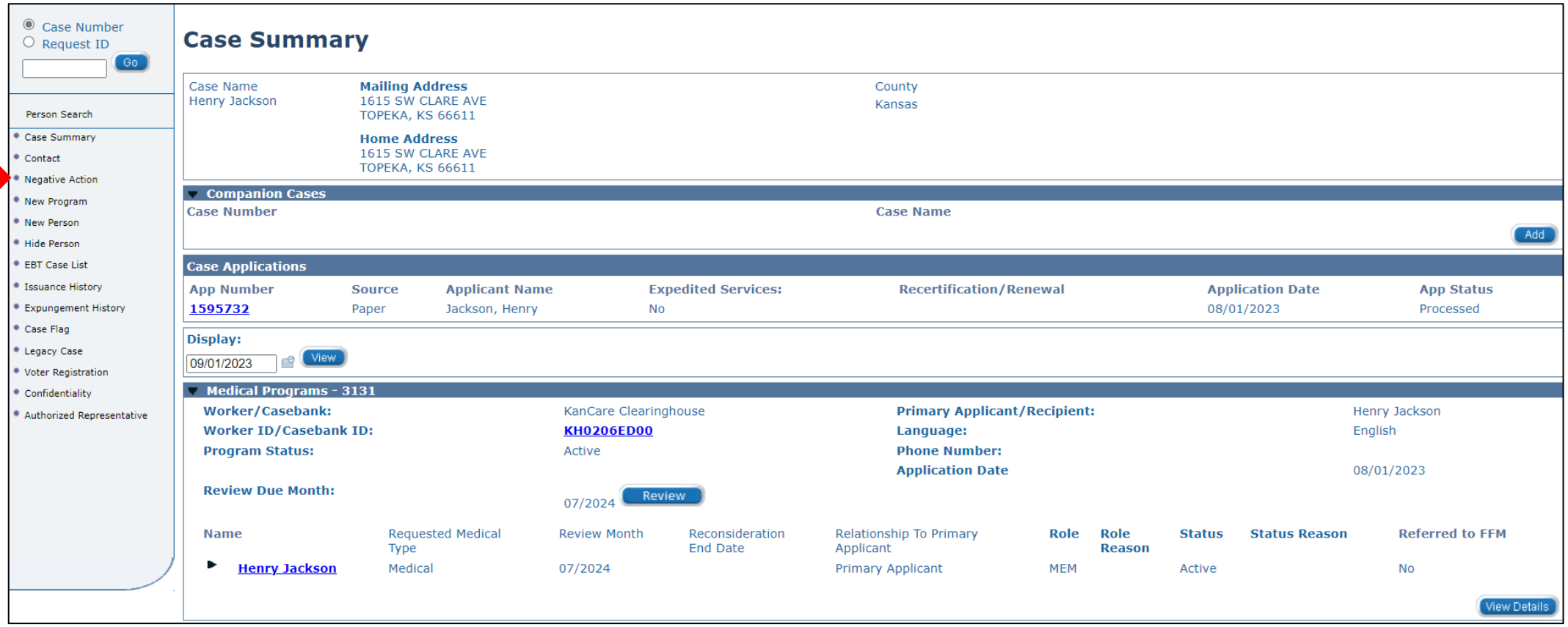



In this scenario we have PA Henry.

Henry is currently active with a Medically Needy Spenddown.
On 08/04/2023 Henry called the KanCare Clearinghouse to request that his case be discontinued as he no longer needs Medical coverage.

# Scenario – Henry

The worker receives Henry's case and verifies on the **Case Summary** page that he is currently active on a Spenddown. To close Henry's case, the worker selects *Negative Action* from the **Task Navigation** section.

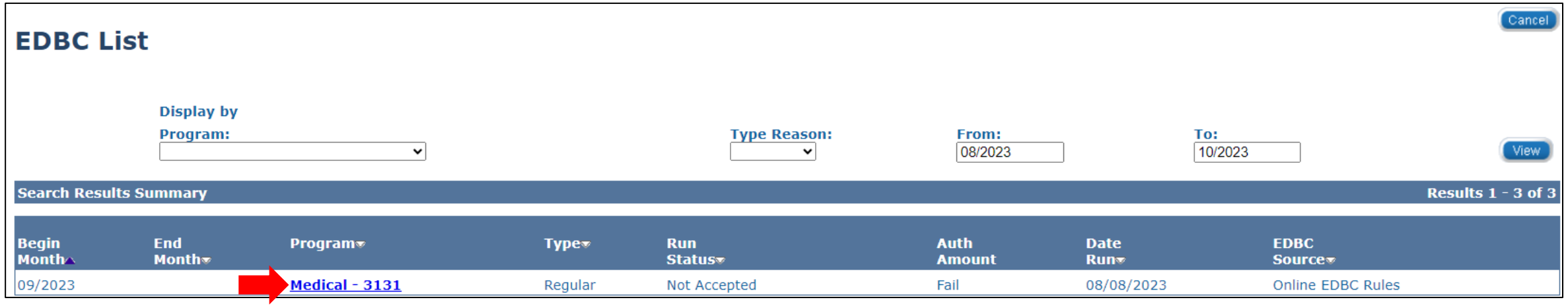


# Scenario – Henry

The **Negative Action** page displays the **Benefit Month** of 09/2023 which is the KEES come-up month. In the **Medical** section click the checkbox of the person who wants their coverage discontinued. The worker then selects a **Negative Action Reason** of *Voluntary Withdrawal*. When this is complete, click the **Run EDBC** button.

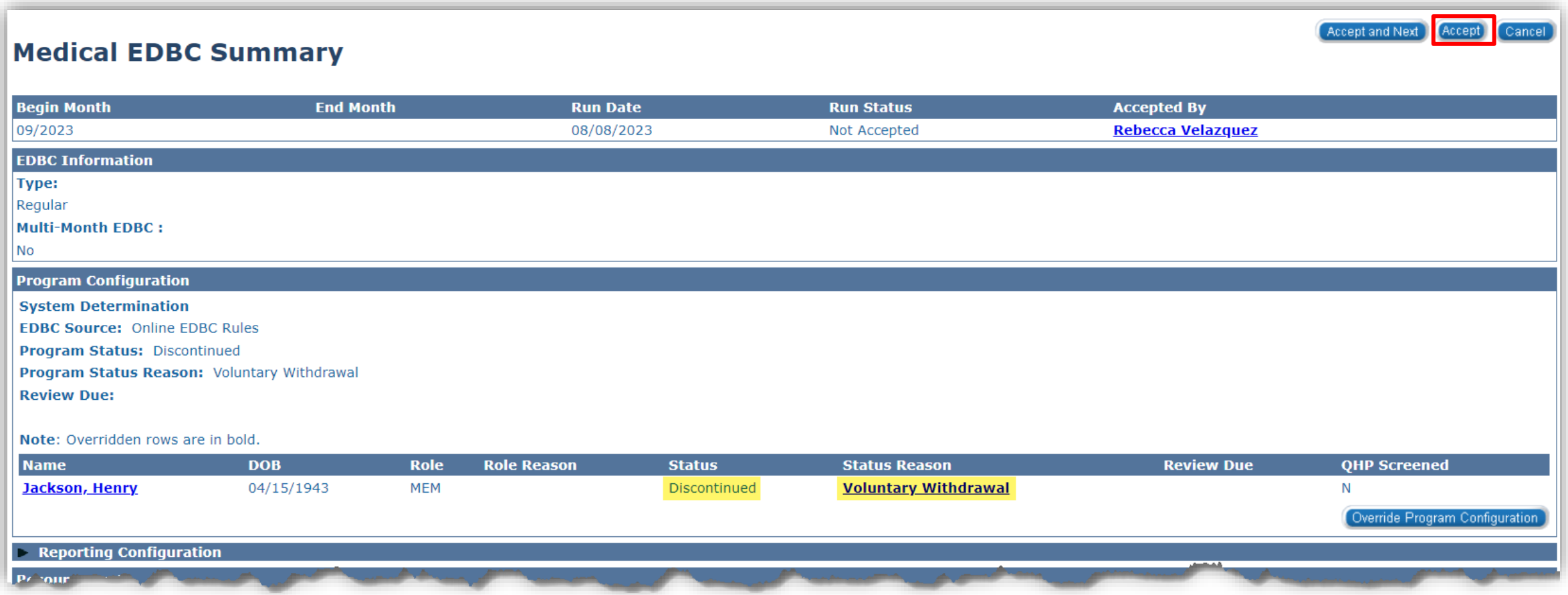
# Scenario – Henry

The **EDBC List** page displays the *Medical Program* hyperlink with the **Auth Amount** of *Fail*. Click the hyperlink.



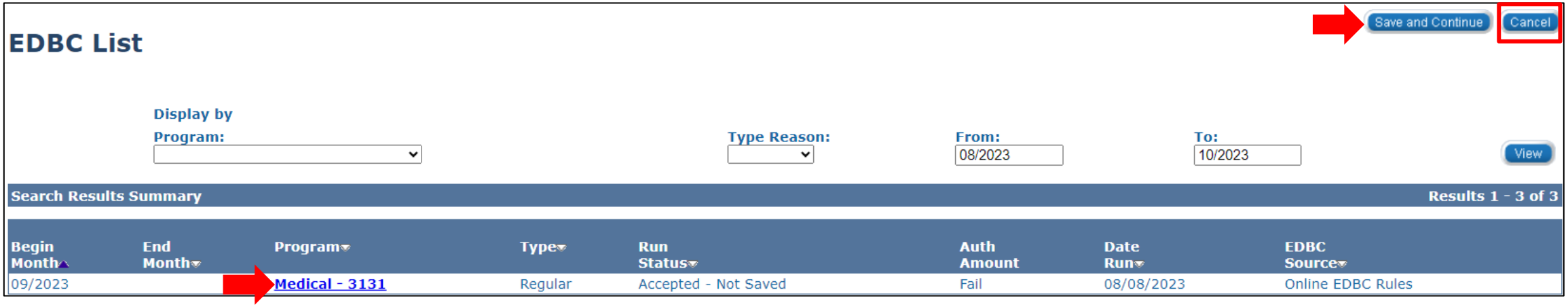
# Scenario – Henry

The **Medical EDBC Summary** page displays with a **Status** of *Discontinued* and **Status Reason** of *Voluntary Withdrawal*. As this is correct, click the **Accept** button.



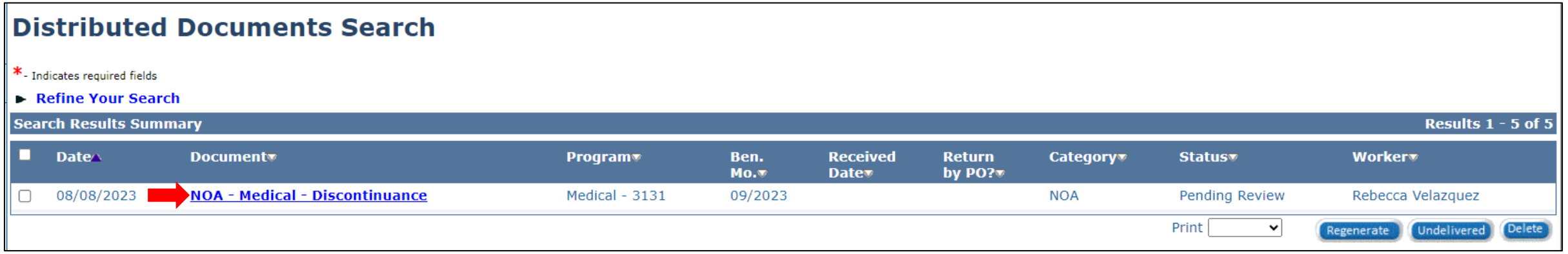
# Scenario – Henry

The **EDBC List** page displays; at this point, the EDBC results have not been completely accepted. If the worker needs to further review the results, they can do so by clicking the *Medical Program* hyperlink which navigates to the **Medical EDBC Summary** page. Or if the worker needs to add or correct any of the data on the case, they can click the **Cancel** button to return to the **Case Summary** page. When ready to accept the results click the **Save and Continue** button.



# Scenario – Henry

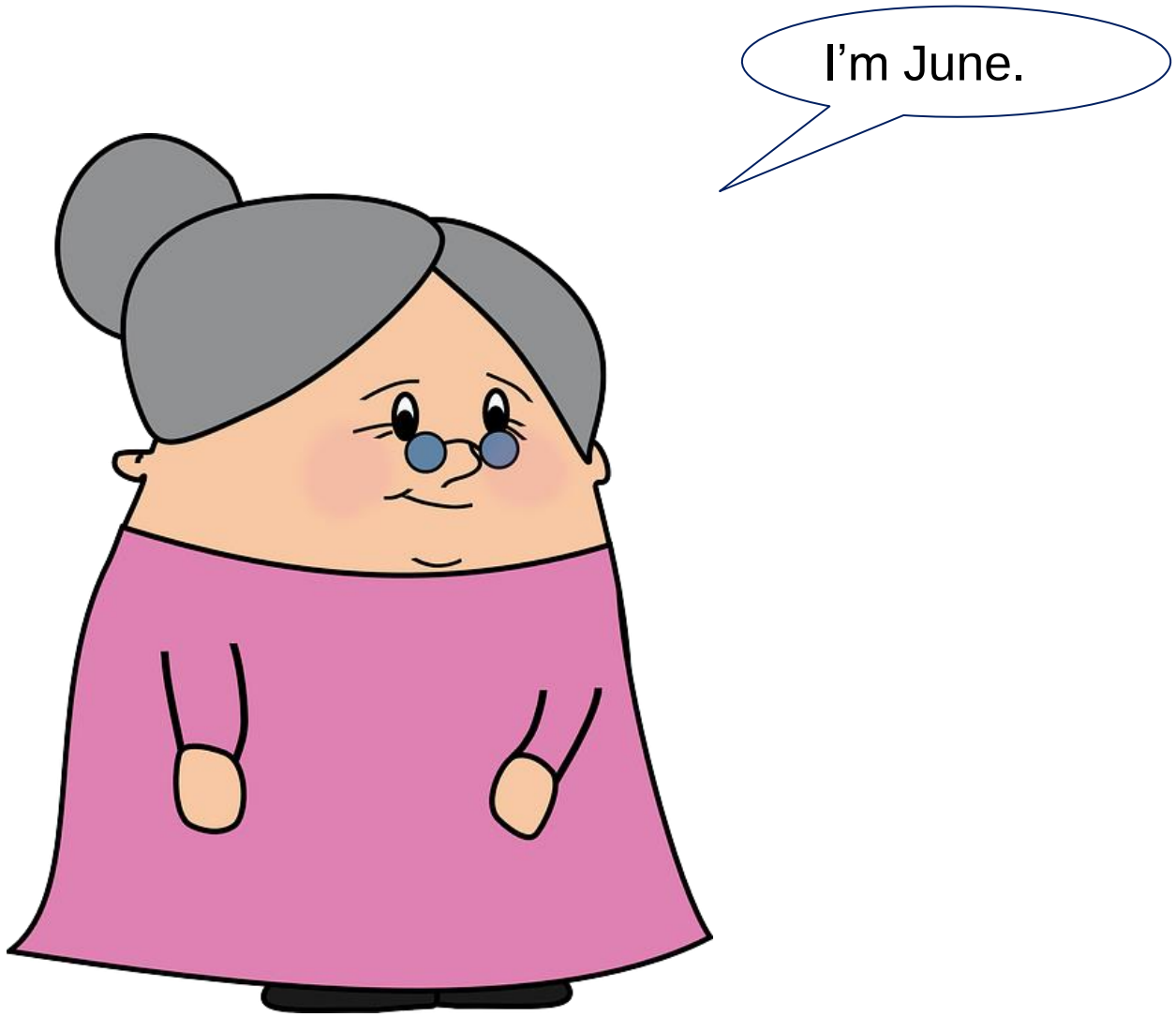
The **Distributed Documents Search** displays the *NOA – Medical – Discontinuance* hyperlink. Click this hyperlink to review the *Discontinuance* NOA to ensure it's correct.



# Questions About This Scenario?

- Henry

# - June

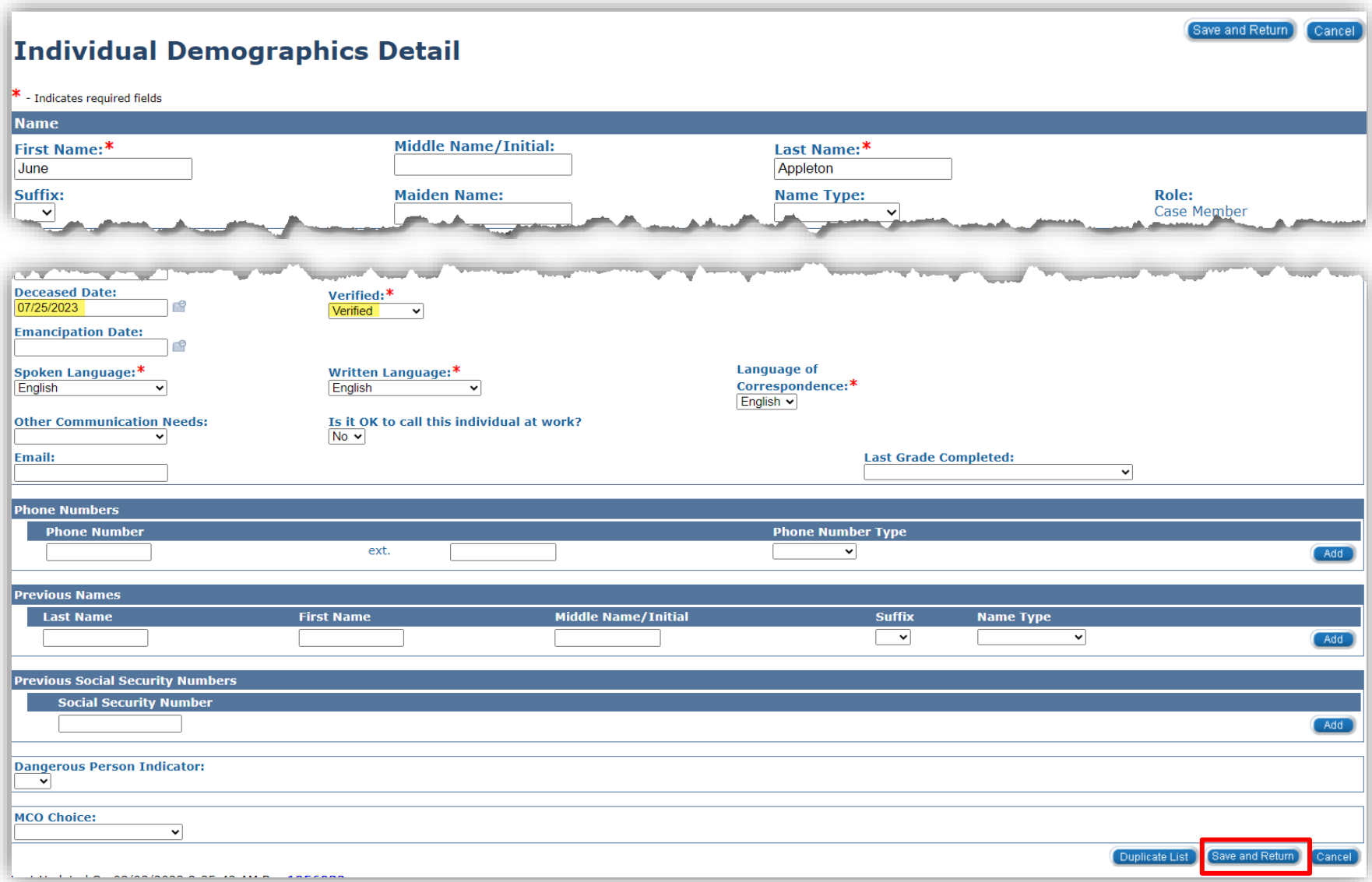



In this scenario we have PA June. This is a refresher on Date of Death.

June is currently active with a Medically Needy Spenddown with a Base Period of 06/2023 thru 11/2023.
On 08/28/2023 the KanCare Clearinghouse received information that June had passed away on 07/25/2023.

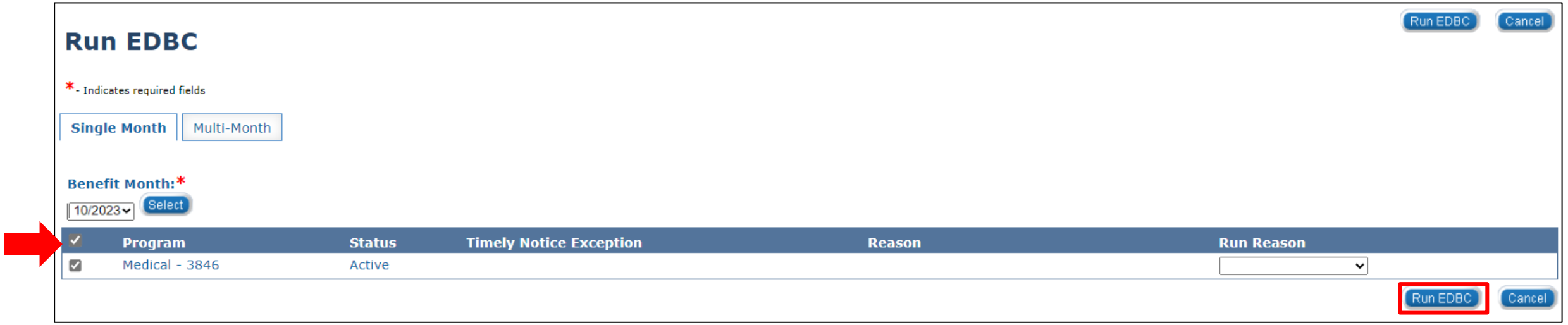
# Scenario - June

Information was received verifying that June passed away on 07/25/2023. The worker updates the **Individual Demographics Details** page with June's DOD *07/25/2023* in the **Deceased Date** box and set the Verified field to *Verified.* Click the **Save and Return** button.



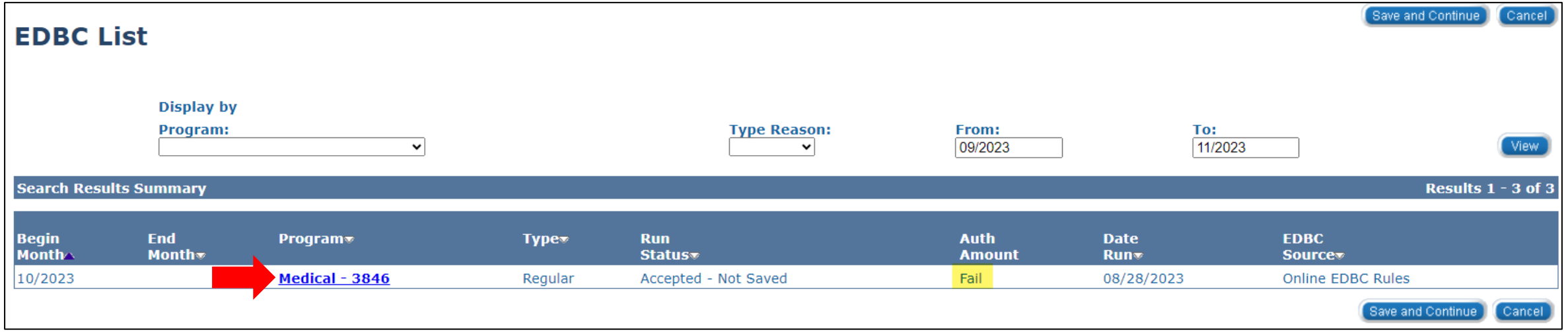
# Scenario - June

The worker runs EDBC by checking the **Program** box for the come-up month of 10/2023 and clicking the **Run EDBC** button.



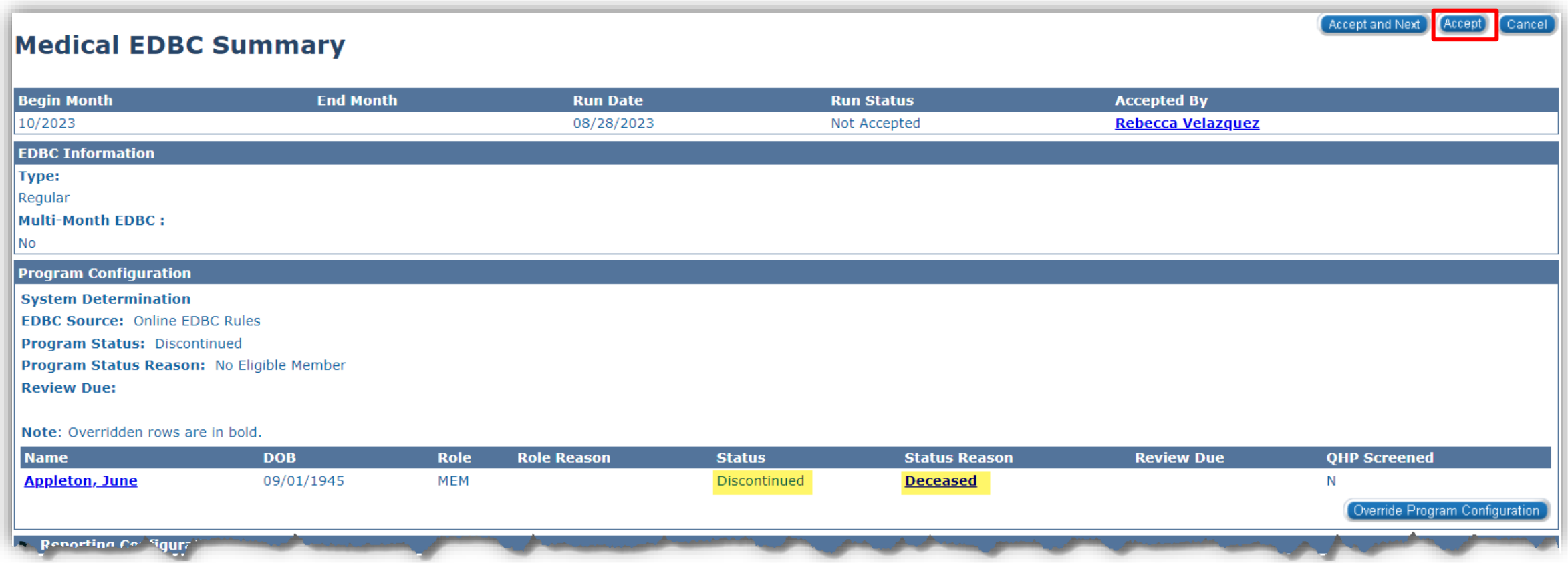
# Scenario - June

The **EDBC List** page displays the **Auth Amount** as *Fail*. The worker clicks the *Medical Program* hyperlink.



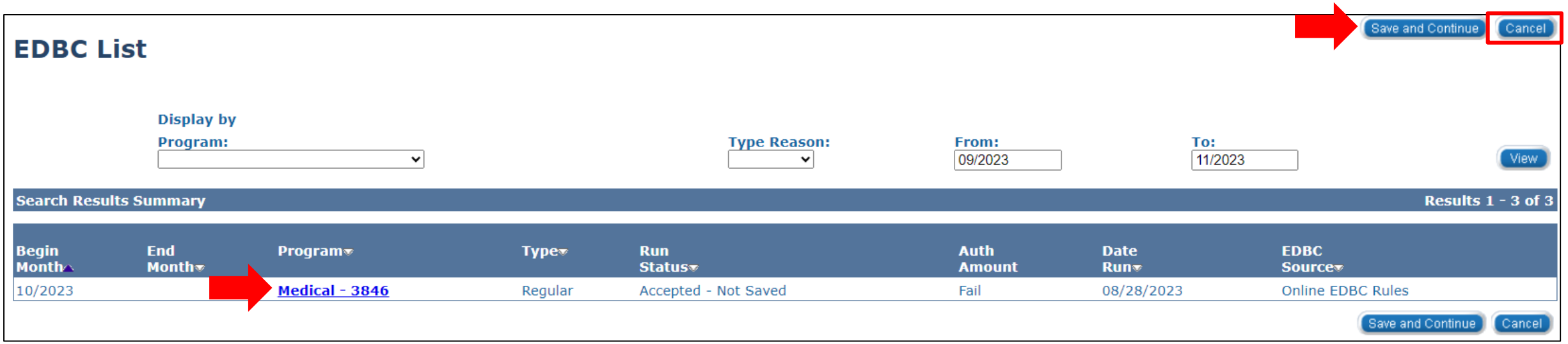
# Scenario - June

The **Medical EDBC Summary** page displays the **Status** as *Discontinued* and the **Status Reason** as *Deceased*. Since the EDBC results are correct, the worker clicks the **Accept** button.



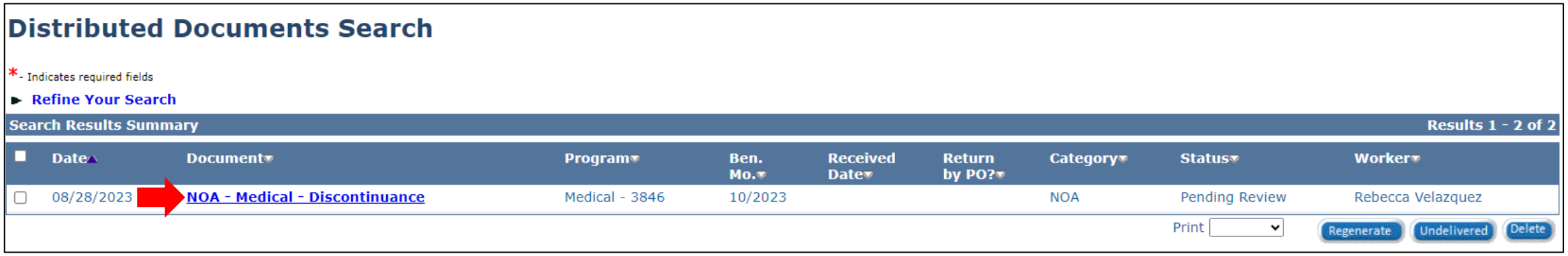
# Scenario - June

The **EDBC List** page displays; at this point, the EDBC results have not been completely accepted. If the worker needs to further review the results, they can do so by clicking the *Medical Program* hyperlink which navigates to the **Medical EDBC Summary** page. Or if the worker needs to add or correct any of the data on the case they can click the **Cancel** button to return to the **Case Summary** page. When ready to accept the results click the **Save and Continue** button



# Scenario - June

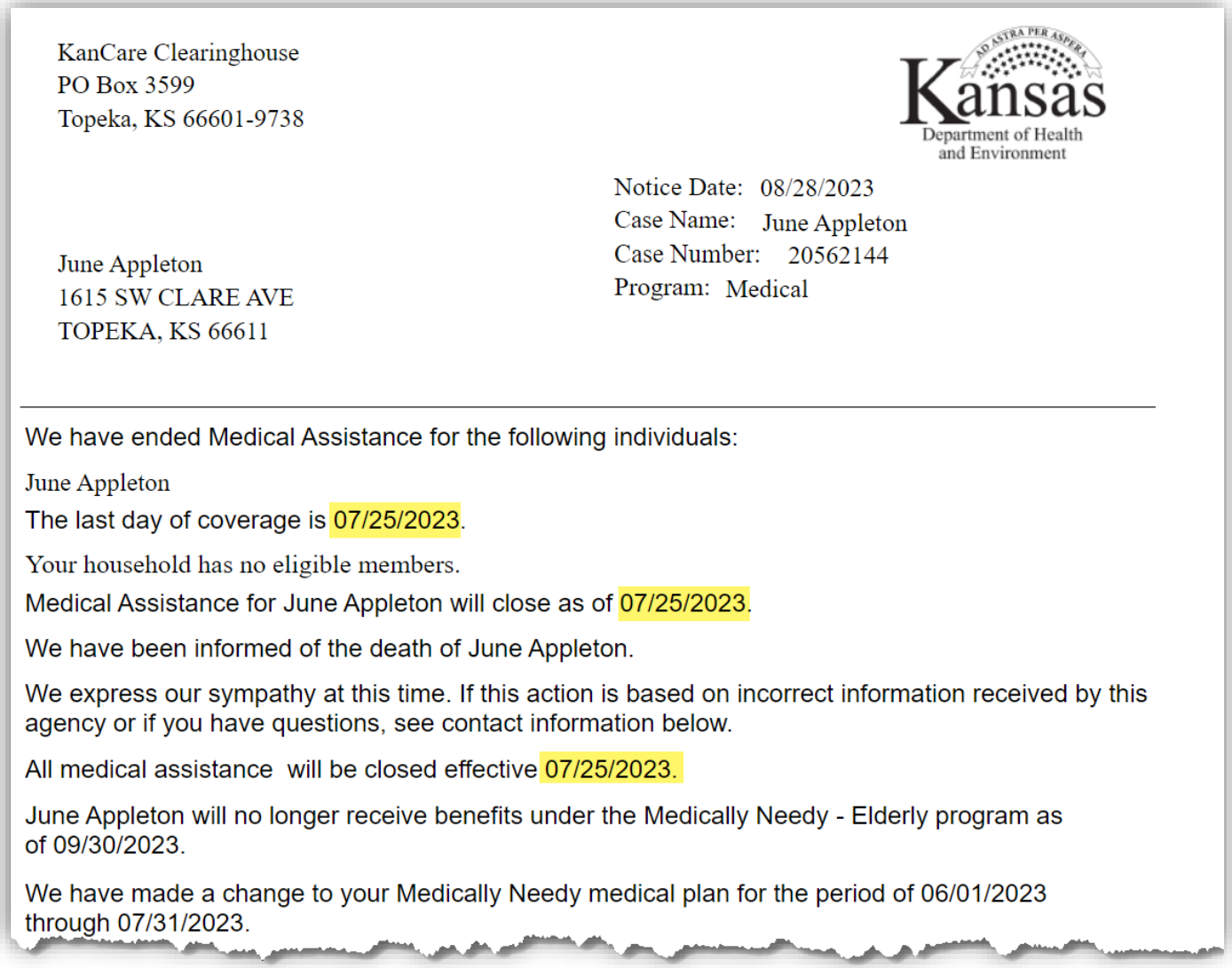
The **Distributed Documents Search** page displays with *NOA - Medical – Discontinuance* hyperlink. Workers click the hyperlink to review the Discontinued notice.



# Scenario - June

The discontinued notice displays June's last day of coverage as 07/25/2023.

The workers **DO NOT** run EDBC for the month of death.



KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738

Kansas
Department of Health and Environment

Notice Date: 08/28/2023
Case Name: June Appleton
Case Number: 20562144
Program: Medical

June Appleton
1615 SW CLARE AVE
TOPEKA, KS 66611

We have ended Medical Assistance for the following individuals:

June Appleton

The last day of coverage is 07/25/2023.

Your household has no eligible members.

Medical Assistance for June Appleton will close as of 07/25/2023.

We have been informed of the death of June Appleton.

We express our sympathy at this time. If this action is based on incorrect information received by this agency or if you have questions, see contact information below.

All medical assistance will be closed effective 07/25/2023.

June Appleton will no longer receive benefits under the Medically Needy - Elderly program as of 09/30/2023.

We have made a change to your Medically Needy medical plan for the period of 06/01/2023 through 07/31/2023.

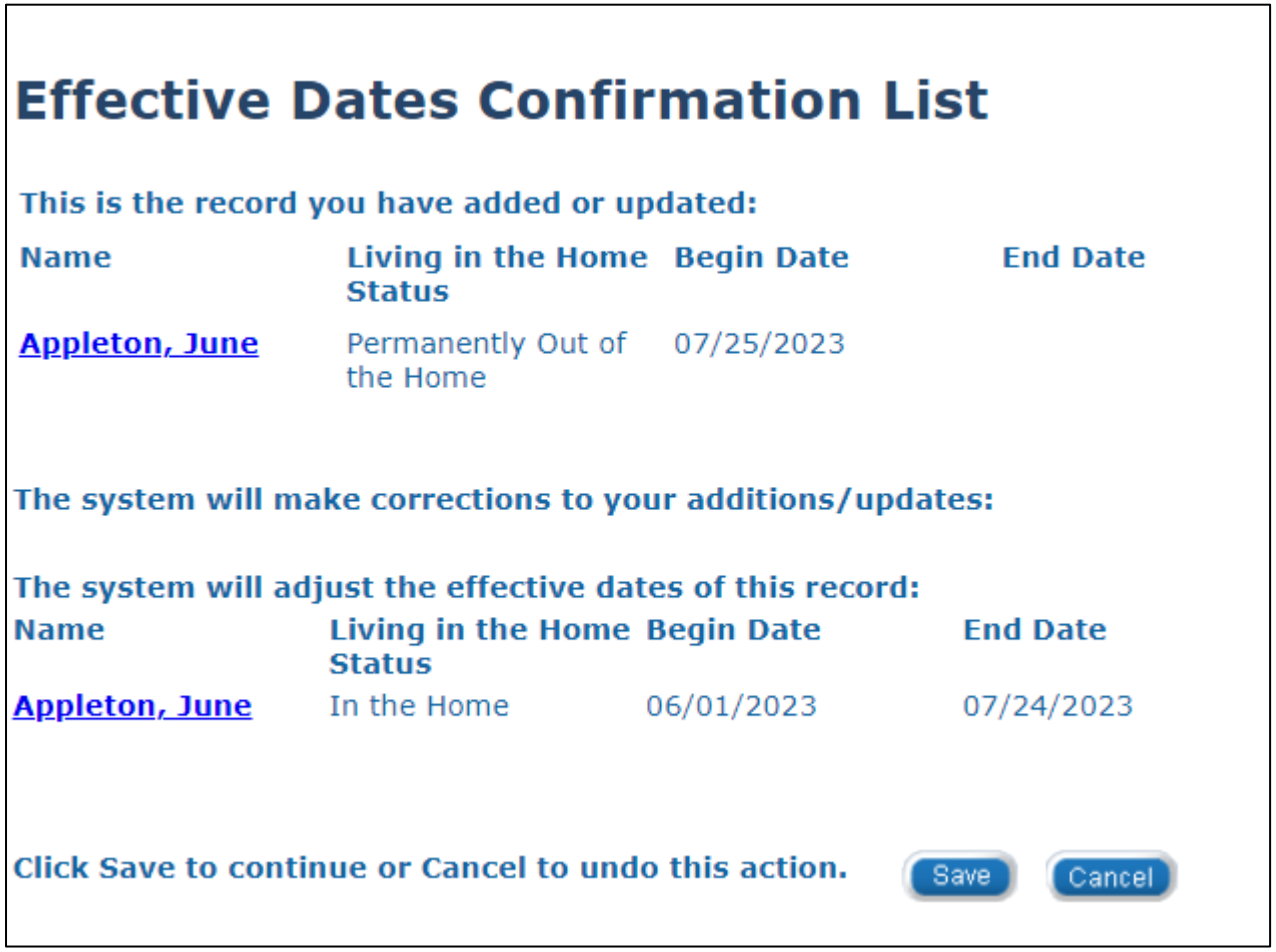
# Scenario - June

A new **Household Status** record needs to be created with the **Living in the Home Status** as *Permanently Out of the Home* and the **Begin Date** as the reported DOD *07/25/2023*. Click the **Save and Return** button.

# Scenario - June

The **Effective Dates Confirmation List** page displays. After workers review the page and verify the dates are correct, click the **Save** button. This automatically end dates the previous record.

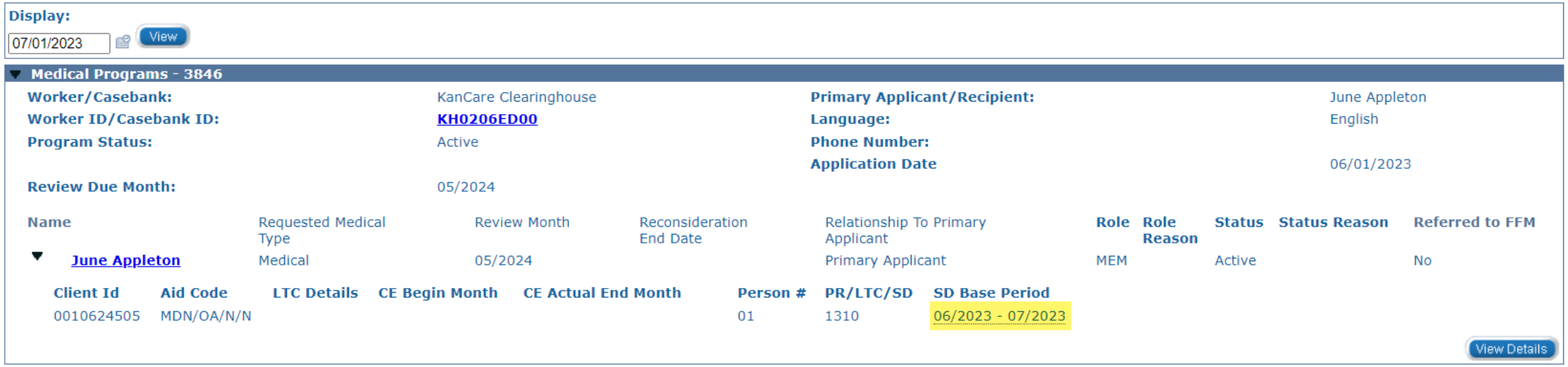
If the dates are *not* correct, click the Cancel button and update the record.



# Scenario - June

When Date of Death is **Saved and Accepted**, KEES automatically shortens the Spenddown base period to the month of death when the deceased consumer is on a Spenddown alone.

If there is a PA or SP who is also on the Spenddown with the deceased consumer, the Spenddown stays active for the remaining consumer and will not shorten. A redetermination is still completed for the remaining spouse. Workers no longer need to follow a special process to shorten the base period.



# Remember

Workers **DO NOT** have the capability to fix any Date of Death errors.

All Date of Death errors that have been **Accepted and Saved** in KEES need to go to the KEES Helpdesk. The KEES Helpdesk are the only workers with special permissions to fix these errors.

# Questions?

# Premium Billing Enhancements

# Premium Billing Enhancements

The State of Kansas offers a certain Family Medical program that may include a premium, known as the Children's Health Insurance Program (CHIP).

Dependent upon income, families pay a monthly premium of:

- $20,
- $30,
- $50 or
- no premium for their child(ren) to be enrolled in CHIP.

When consumers fail to pay their monthly premium for two months, the case becomes delinquent.

There is a specific batch that identifies and processes these type of cases.

# Premium Billing Enhancements

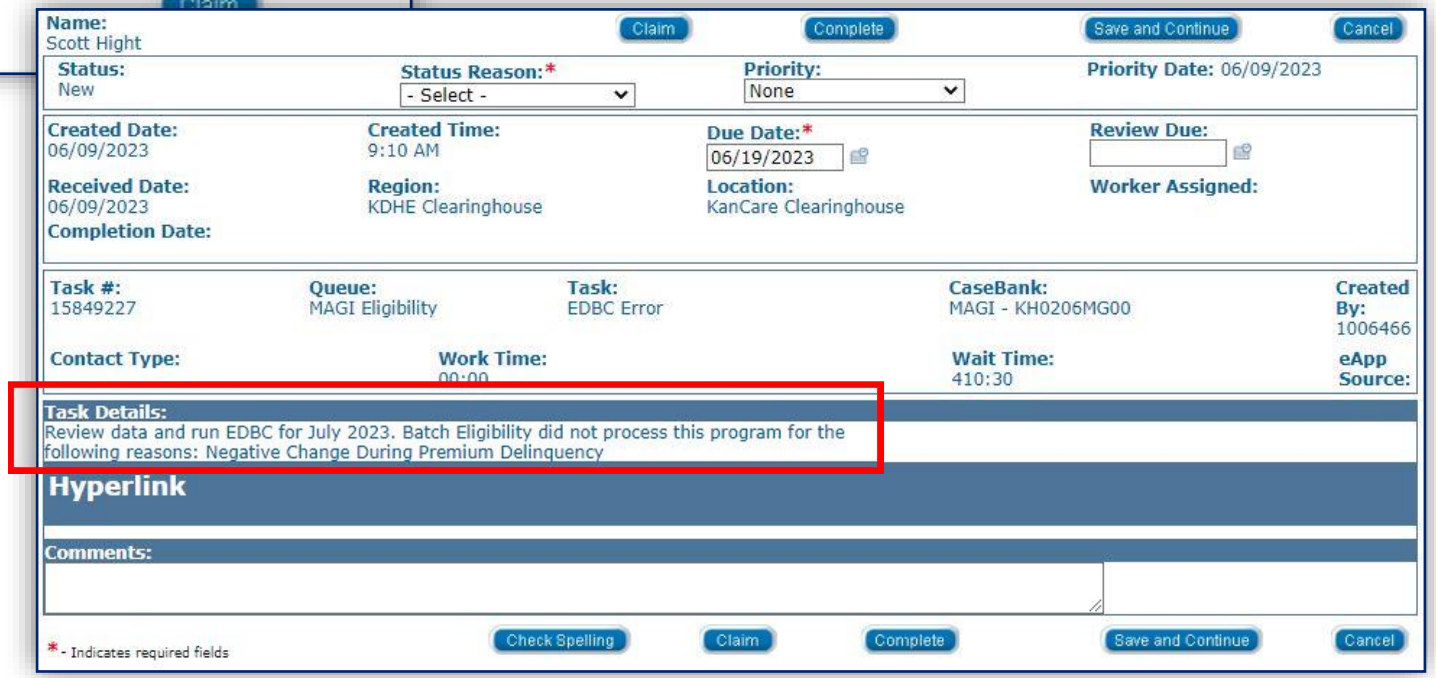
All households with active coverage that include a delinquent premium are picked up by a delinquent batch. When that batch is unable to run as intended, the EDBC result displays as **Read Only.**

Reasons that prevent a case from running with batch include:

- A change to lesser coverage (Ex: PLT w/ $0 monthly premium to PLT w/ $50 monthly premium),
- Extending an active MEM's Continuous Eligibility, and
- An active MEM losing coverage for a reason other than Premium Delinquency (Ex: Moving out of state or a voluntary withdrawal).

# Premium Billing Enhancements

When a case is skipped by batch for one of the previously mentioned reasons, an **EDBC Error** task generates with details that are specific to Premium Delinquency.




The KDHE Task Desk Aid has been updated and can be found in the KEES User Manual [KDHE Task Desk Aid (ks.gov)](KDHE Task Desk Aid (ks.gov)).

# Consumer Resources

Consumer questions regarding their Premium should continue to be directed to KanCare Premium Billing via telephone at 1-866-923-2724.

Premium payments should be mailed to:

KanCare Premium Billing

P.O. Box 842195

Dallas, TX 75284-2195

Payments may also be made online: [GWKansas Login (billerdirectexpress.com)]

**If you have questions related to this training, please email the KEES Training Team at [Training@KEES.ks.gov](mailto:Training@KEES.ks.gov)**