



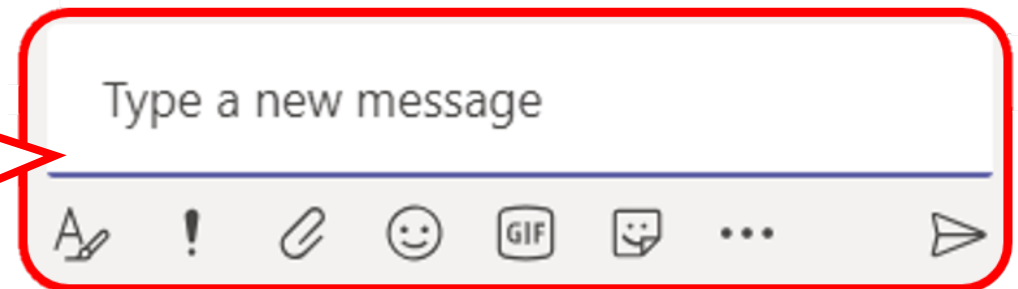
Summer 2025 Medical KEES Release

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



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

Do you have any summer traditions?



Recording
08:31
Duration of Session

View Stage in a Separate Window
Take control (disabled)
Pop out

Show/Hide Participants
Chat
People
Raise
React
View
Apps (disabled)

Access Teams Settings
More
Camera
Mic
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Leave
Leave the Meeting

Message That Displays When Recording Starts

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

Send a Reaction
👍 ❤️ 🙌 😄 😮

Meeting chat

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

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

Type a new message

Share group communication in chat.

Training Session



Medical KEES Release

Summer 2025

TOPICS

- Release Schedule
- Foster Care & Adoption Assistance Addresses
- PPS Address Updates
- Review Reconsideration Period
- Timeliness & Reviews
- Late Reviews & Scenarios
- Rescind Exception
- NOA Updates



- Self-Service Portal (SSP):
 - App or Review
 - Review Hyperlink
 - Tasks
- Incoming Documents & Tasks
- Presumptive Eligibility Updates
- Delinquent CHIP Premiums
- KEES Rules Updates
- Reminders & Resources

Release Schedule

KEES Release Dates

➤ Afternoon Session:

- Wednesday June 25th, 2025
12:30-2:30pm

➤ Morning Session:

- Thursday June 26th, 2025 9-11am

The changes associated with this Release are going to be implemented on June 28th, 2025.

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Foster Care & Adoption Assistance Addresses





Foster Care & Adoption Assistance Addresses

- **Updating Addresses for Children in Foster Care - Reminder**
- When registering applications or adding a new address for a case, it is very important to take extra care in ensuring that an address is NOT changed for a child in foster care. Addresses are person level data and shared across KEES. When an address is changed for a foster child on an EES case, the new address follows the child to the PPS and Medical cases. Children in foster care are assigned an address of the foster care agency they are associated with instead of the address where they are placed. This is a safety precaution for these children.
- Tips to prevent accidentally changing the address for a foster child:

Look at relationships of children on an application prior to registering or updating a case. If there is a foster child, do **NOT** update their address.

Uncheck “Same address as PA” when registering cases.

Do NOT update the address for **children in foster care**. Their address is the address to their Child Management Provider (CMP) and is used by PPS. All FC documents are mailed to the CMP since the FC case head is the child. Here are addresses for the CMPs that are used by PPS:

- 21344 W 153rd St, **KVC-FC**, Olathe, KS 66061-5413
- 2420 N. Woodlawn, Bldg 500; **SFM-FC**, Wichita, KS 67220 (*new address*)
- 217 SE 4th St, **TFI-FC**, Topeka, KS 66603 (*new address*)
- 155 S 18th St Ste 100, **COC-FC**, Kansas City, KS 64108-5651
- 2024 N Woodlawn St, **EHC-FC**, Wichita, KS 67208
- KDOC or Tribal custody, PPS uses the case manager’s office

NOTE: These addresses are maintained in the KEES User Manual on the **Contact Summary – PPS** page.



Foster Care & Adoption Assistance Addresses

It is equally important to be mindful when updating addresses for children with *Active Adoption Assistance*.

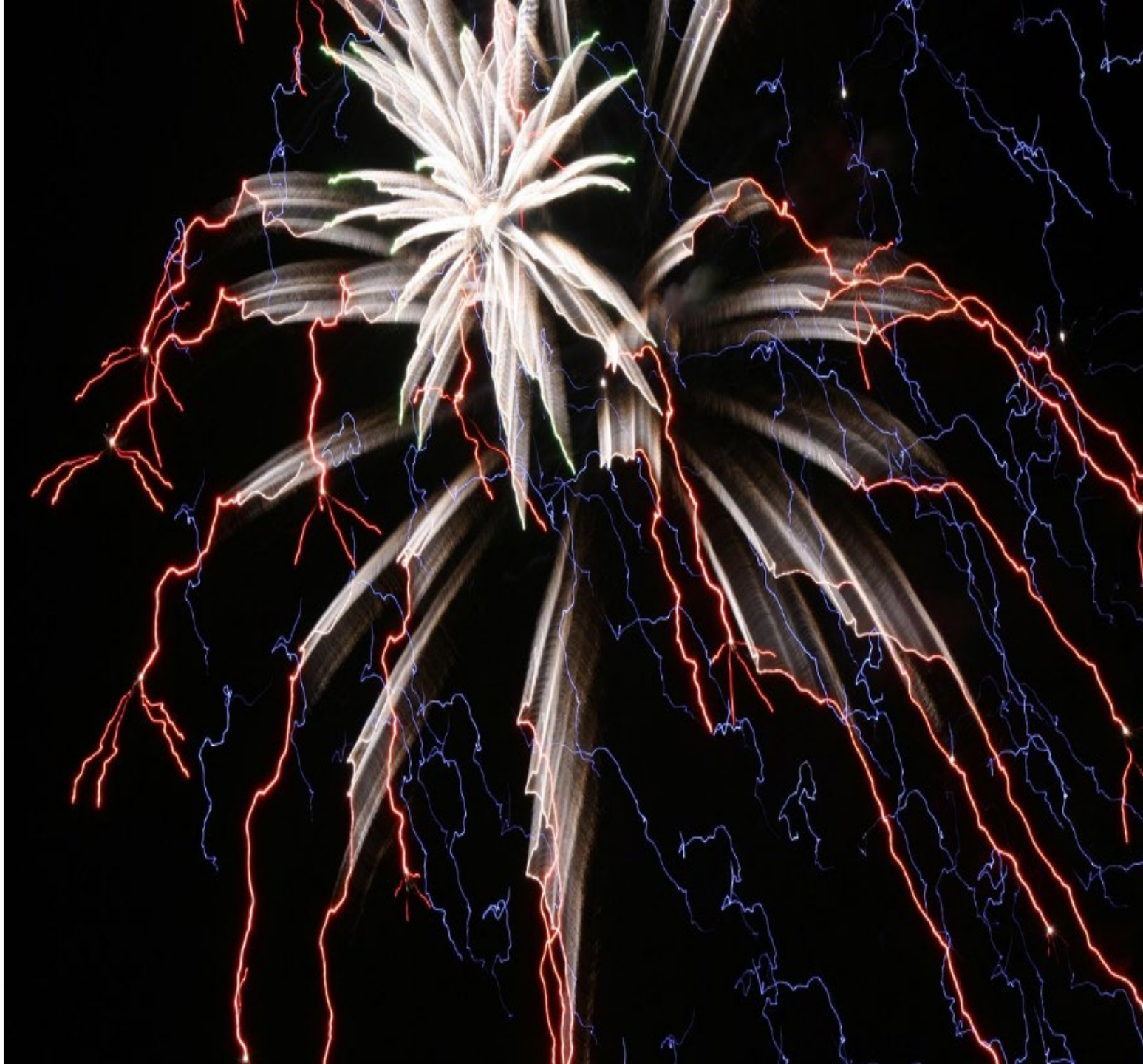
Children who are *Active* on an **Adoption Assistance** case should **NOT** have their address updated to their biological parents' address. This is for the safety and security of these children.





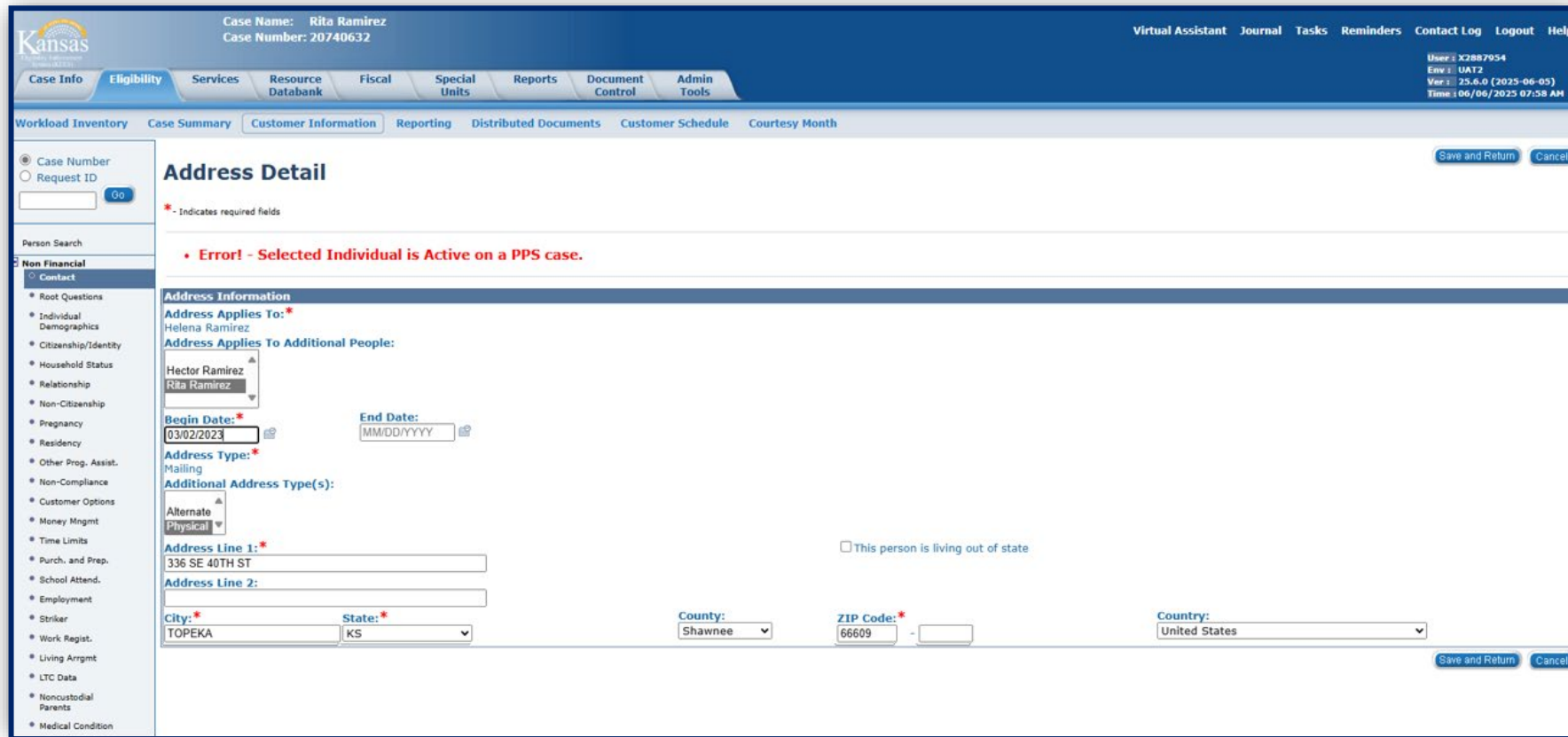
Questions?

PPS Address Updates



PPS Address Updates

To aid in the recognition of these addresses, a hard validation has been added to KEES. If the validation is received, unselect the PPS Child and select the others.



Case Name: Rita Ramirez
Case Number: 20740632

Virtual Assistant Journal Tasks Reminders Contact Log Logout Help

User: X2887954
Env: UAT2
Ver: 25.0.0 (2025-06-03)
Time: 06/06/2025 07:58 AM

Case Info Eligibility Services Resource Databank Fiscal Special Units Reports Document Control Admin Tools

Workload Inventory Case Summary Customer Information Reporting Distributed Documents Customer Schedule Courtesy Month

Case Number
Request ID
Go

Person Search

Non Financial
Contact

Root Questions
Individual Demographics
Citizenship/Identity
Household Status
Relationship
Non-Citizenship
Pregnancy
Residency
Other Prog. Assist.
Non-Compliance
Customer Options
Money Mngmt
Time Limits
Purch. and Prep.
School Attend.
Employment
Striker
Work Regist.
Living Arrgmt
LTC Data
Noncustodial Parents
Medical Condition

Address Detail

* Indicates required fields

Error! - Selected Individual is Active on a PPS case.

Address Information

Address Applies To:
Helena Ramirez

Address Applies To Additional People:

Hector Ramirez
Rita Ramirez

Begin Date: 03/02/2023
End Date: MM/DD/YYYY

Address Type: Mailing

Additional Address Type(s): Alternate
Physical

Address Line 1: 336 SE 40TH ST
☐ This person is living out of state

Address Line 2:

City: TOPEKA
State: KS
County: Shawnee
ZIP Code: 66609
Country: United States

Save and Return Cancel



Questions?

Review Reconsideration Period





Review Reconsideration Period

The process associated with a consumer's Review Reconsideration Period is changing. There remains a 3-month timeframe in which a Review may be received after the review due date and program discontinuance called the Review Reconsideration Period however, beginning July 1, 2025, a late Review must be treated as a new application. Moving forward, a late review is going to result in a gap in coverage.

A late review = a gap in coverage.

Example:

Ishmael has a Review due 05/31/2025. He returned his review 08/10/2025. Following new policy, his Review must be processed as an application.

As long as Ishmael remains otherwise eligible, he will have a gap in coverage for the months of June and July 2025, *unless* he requests prior medical coverage.

Reconsideration Dates – Case Summary

For households closed at Review, staff still see the Reconsideration Period dates on the closed program block when a household is within their Reconsideration Period.

Medical Programs - 4496

Worker/Casebank:
Worker ID/Casebank ID:
Program Status:
Discontinued Date:

KanCare Clearinghouse
[KH0206MG00](#)
Discontinued
03/01/2025

Primary Applicant/Recipient:
Language:
Phone Number:
Application Date

Dawna Fran
English
(361)827-6824
08/29/2024

Review Due Month:
01/2025 [Review](#)

Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM
Dawna Fran	MAGI	01/2025	05/31/2025	Effective Date	MEM		Discontinued	Failure to Return Signed Review	No
Ester Fran	MAGI	01/2025	05/31/2025	Begin Date	MEM		Discontinued	Failure to Return Signed Review	No
Jeff Fran	MAGI	01/2025	05/31/2025	End Date	MEM		Discontinued	Failure to Return Signed Review	No

[View Details](#)

Although the dates appear, they are solely for tracking purposes, as a late Review is to be treated as a new application.



Questions?

Timeliness & Reviews



Timeliness & Reviews

There are only three possible outcomes for Reviews. They are:

TIMELY REVIEW

1.

- Timely means the review was received prior to the last day of the Review due month.
- The Customer Reporting Record is updated once the Review has been returned.
- Includes reviews received after the Review Discontinuance batch has run but before the end of the Review due month.

Timely Review Example

Ezra's annual review is due April 30th. As Reviews are now sent earlier, she had ample time to complete, sign, and return her pre-populated review. The agency received the review form 03/13/2025.

Because Ezra was timely returning her review, the agency was able to get it processed, determining her still eligible and coverage continues without a gap.

Questions?



Timeliness & Reviews

DENIED AT REVIEW*

2.

- Consumers who have been denied at Review* for no longer meeting eligibility requirements must re-apply.

*does not include denied for Failure to Return or Failure to Provide.

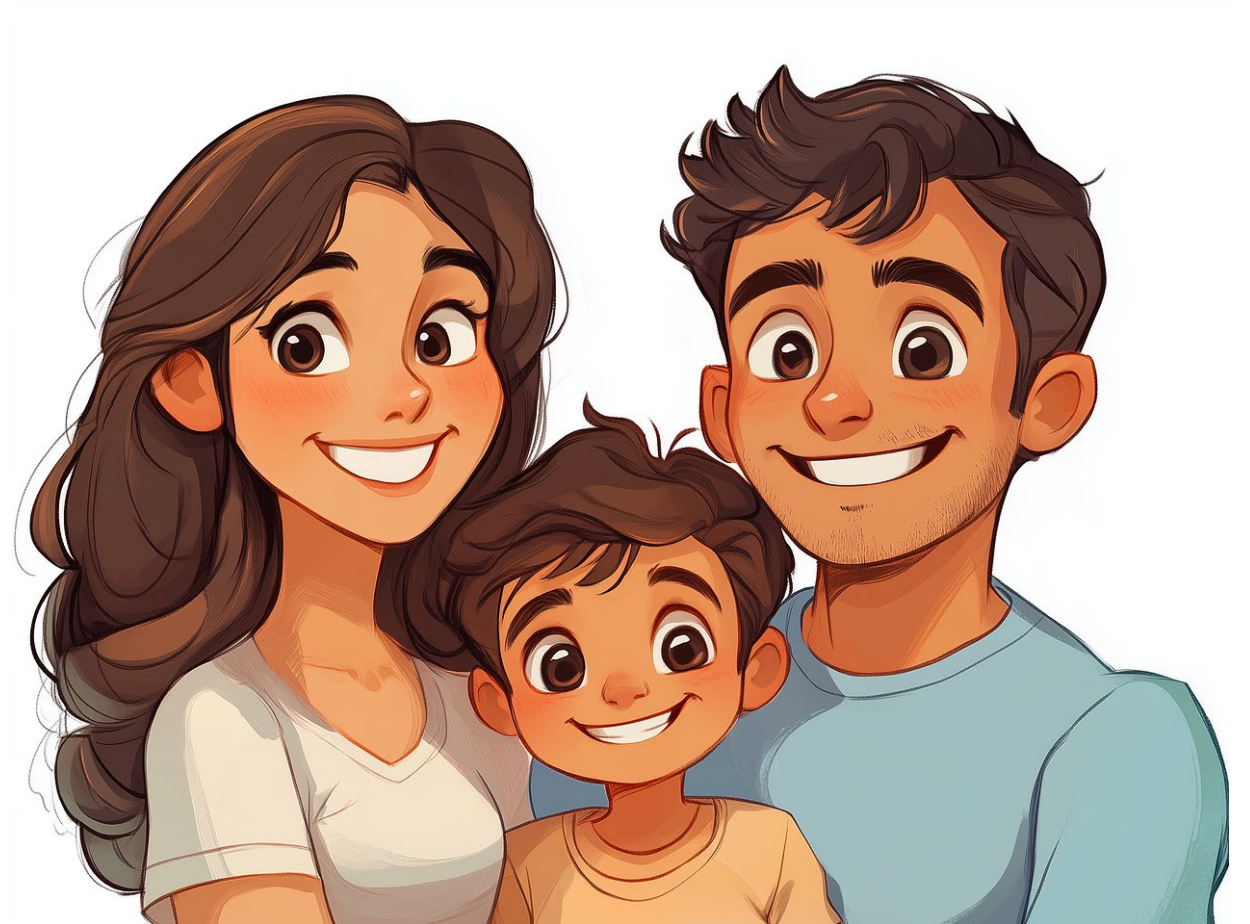
Denied at Review Example

The Jacobs family has their annual review due July 31st. They completed, signed and returned their pre-populated review form and it was received by the agency 07/09/2025.

During processing, the family no longer meets eligibility criteria due to increased income.

Allowing for timely notice, coverage is discontinued, and the family may reapply at any time.

Questions?



Timeliness & Reviews

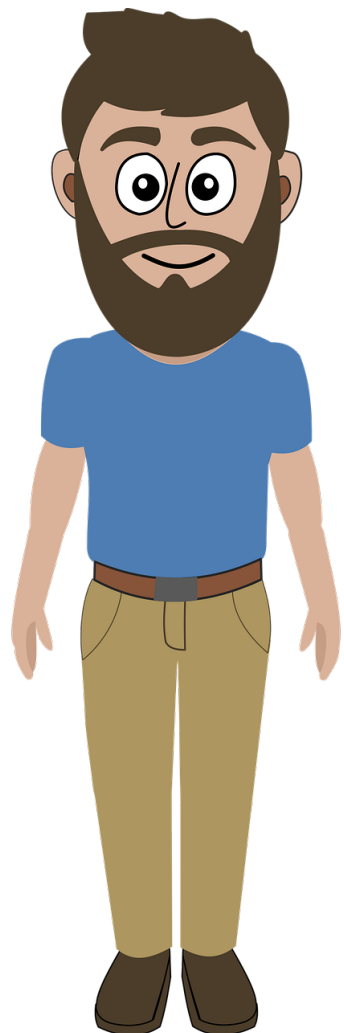
LATE REVIEW

3.

- A late Review is one that was returned after the last day of the Review due month but within the Reconsideration Period.
- Per new Policy derived from CMS guidance, there is no longer a 90-day 'grace period' of retroactive coverage reinstatement for late reviews.
- Moving forward, the consumer is discontinued and there will be a gap in coverage.



Late Review Example



This is Dan. His annual review is due July 31st, 2025. His completed and signed pre-populated review form was received by the agency on September 10th, 2025.

As Dan remains otherwise eligible for coverage and his review was received during his Review Reconsideration period, he is approved. However, as a late review must now be treated as an application, his coverage begins the month his Review was received and does not backdate.

Dan's coverage resumes in September, and there will be a gap in coverage for the month of August*.





True or False?

A Review received after the last day of the Review due month, but before the end of the Review Reconsideration Period can be processed without a gap in coverage.

True:



False:





Questions?

Late Reviews & Scenarios



Processing Review as Application

The previous direction when a late review was received was to **Rescind** the program so that coverage may continue without a gap.

Moving forward, in accordance with the new policy effective 07/01/2025, workers should **Reapply** the program block for which a late review was received. DO NOT RESCIND.



Late Review Scenarios

We'll take a look at the following late review scenarios and what they will soon look like in KEES:



Medically
Needy
Spendedown



CHIP
(Children's
Health
Insurance
Program)



Home &
Community
Based
Services
(HCBS)



Medicare
Savings
Program –
QMB



Late Review Scenario 1 – MDN Spenddown



Following the new process for late reviews, staff are to **Reapply** a previously discontinued program when a review is received within a Reconsideration Period.

In one of our previous examples, we had Dan: who's coverage was discontinued 07/31/2025 for Failing to Return his Review. He was previously receiving a Medically Needy Spenddown (MDN) with a base period that ended in alignment with his Review due month (07/2025).

As his Review was received September 10th and he remains otherwise eligible, we must **Reapply** his program block.

▼ Medical Programs - 5238

Worker/Casebank:

Worker ID/Casebank ID:

Program Status:

Discontinued Date:

Review Due Month:

KanCare Clearinghouse

[KH0206ED00](#)

Discontinued

07/31/2025

07/2025

Primary Applicant/Recipient:

Language:

Phone Number:

Application Date

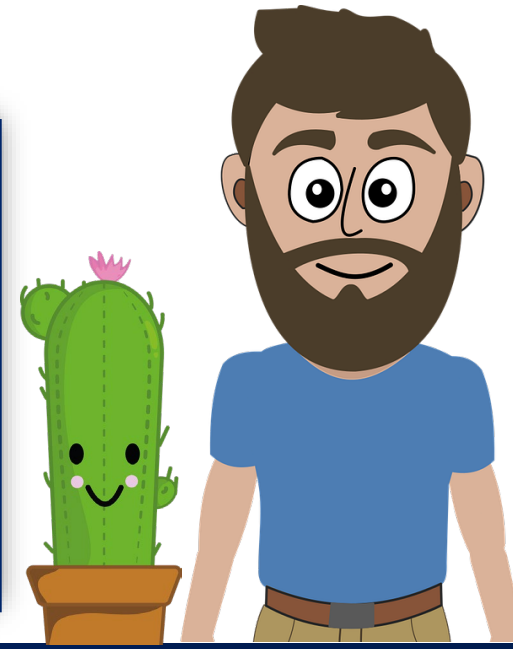
Dan Shepard

English

07/12/2024

Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM
Dan Shepard	Medical	07/2025	10/31/2025	Primary Applicant	MEM		Discontinued	Failure to Return Signed Review	Yes

View Details





Late Review Scenario 1 – MDN Spenddown

From the Case Summary page, select the month needing reapplied as the **Display:** month. For Dan, that's 09/01/2025.

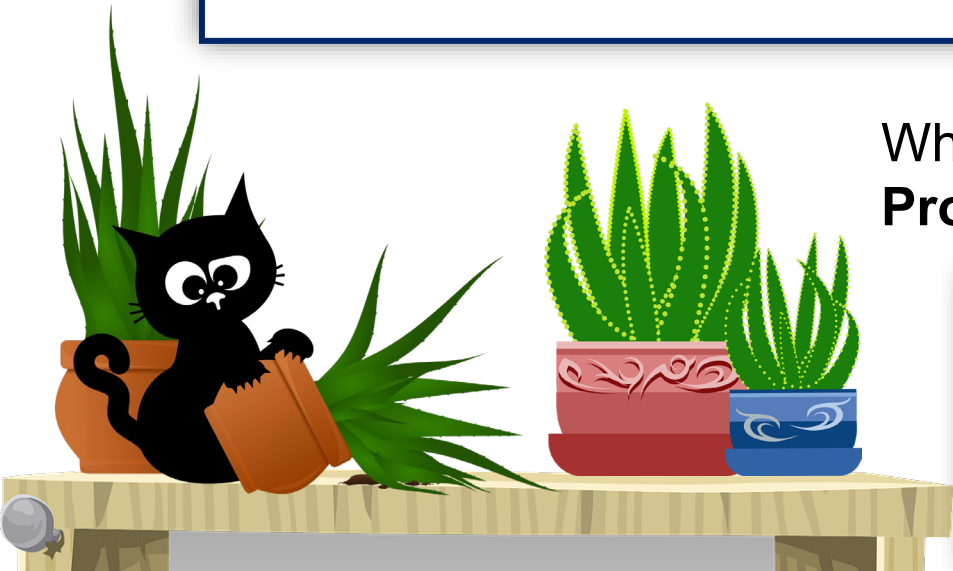


Display:
  [View](#)

Once on the **Medical Detail** page workers click the **Edit** button.

Medical Detail
* - Indicates required fields

[View History](#) [TMD/EXT](#) [Edit](#) [Close](#)



When the page regenerates, click the **Reapply** button within the **Program Persons** section:

Requested Medicaid Type	Role	Role Reason	Status	Status Reason	Referred to FFM	Action
Medical	MEM		Discontinued	Failure to Return Signed Review	Yes	Reapply

Late Review Scenario 1 – MDN Spenddown

Now that Dan's program block has been reapplied, it's once again Pending. After all information has been processed and the associated records updated, it's time to Run EDBC.

Once on the **Run EDBC** detail page, the Benefit Month drop-down includes the month of 09/2025 and once selected, shows a *Pending* status.

Run EDBC

* - Indicates required fields

Single Month Multi-Month

Benefit Month:*

09/2025

☐	Program	Status	Timely Notice Exception	Reason
☐	Medical - 5238	Pending	No v	



Late Review Scenario 1 – MDN Spenddown

After clicking the EDBC hyperlink the **Medical Summary** section shows a Medically Needy Spenddown (MDN/DS/N/N) beginning the month the late review was received & Dan was otherwise eligible and establishes a new base period with a begin date of 09/2025 and ending 02/2026.

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	43%	\$1,245			MDN/DS/N/N		Shepard, Dan	MEM



▼ Medical Programs - 5238

Worker/Casebank:

Worker ID/Casebank ID:

Program Status:

Review Due Month:

KanCare Clearinghouse

[KH0206ED00](#)

Active

08/2026

Primary Applicant/Recipient:

Language:

Phone Number:

Application Date

Dan Shepard

English

09/10/2025

Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM
▼ Dan Shepard	Medical	08/2026	11/30/2026	Primary Applicant	MEM		Active		Yes
Client Id	Aid Code	LTC Details	CE Begin Month	CE Actual End Month	Person #	PR/LTC/SD	SD Base Period		
0010974791	MDN/DS/N/N				01	1245	09/2025-02/2026		

View Details



Late Review Scenario 1 – MDN Spenddown

In this example, if Dan meets his Spenddown of 09/2025-02/2026, his Spenddown base period will end in alignment with his review due month as his second base period would be 03-08/2026.

It is important to note that a consumer’s Medically Needy base period may NOT always align with their Review month. In these instances, staff must thoroughly research the case in KMMS to ensure coverage is determined correctly.



▼ Medical Programs - 5238

Worker/Casebank:

Worker ID/Casebank ID:

Program Status:

Review Due Month:

KanCare Clearinghouse

[KH0206ED00](#)

Active

08/2026

Primary Applicant/Recipient:

Language:

Phone Number:

Application Date

Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant
▼ Dan Shepard	Medical	08/2026	11/30/2026	Primary Applicant

Client Id	Aid Code	LTC Details	CE Begin Month	CE Actual End Month	Person #	PR/LTC/SD	SD Base Period
0010974791	MDN/DS/N/N				01	1245	09/2025-02/2026



True or False?

When processing a review received during an active Reconsideration Period, you should Rescind the program block.

TRUE:



FALSE:





Questions?



Late Review Scenario 2 – CHIP Household

Here we have Frank Graham, who’s children: Julie & John were CHIP recipients with a \$20 monthly premium and a review month of 06/2025.

The household’s coverage was discontinued June 30th, 2025 for Failure to Return their annual review.

▼ Medical Programs - 6798

Worker/Casebank:

Worker ID/Casebank ID:

Program Status:

Discontinued Date:

Review Due Month:

KanCare Clearinghouse

[KH0206MG00](#)

Discontinued

06/30/2025

06/2025

Primary Applicant/Recipient:

Language:

Phone Number:

Application Date

Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason
Frank Graham	Medical	06/2025		Primary Applicant	FRI	Parent	Denied	Failure to Return Signed Re
John Graham	MAGI	06/2025	09/30/2025	Child	MEM		Discontinued	Failure to Return Signed Re
Julie Graham	MAGI	06/2025	09/30/2025	Child	MEM		Discontinued	Failure to Return Signed Re



Frank submitted their e-App August 18th and processing began the 28th.



Late Review Scenario 2 – CHIP Household

As Frank submitted their review after the review due month but within their reconsideration period, and Julie & John remain otherwise eligible, staff should **Reapply** the program.

Select the month the information was received (08/2025) as the **Display:** month then click the **View Details** button from within the program block:

Display:
  [View](#)



[View Details](#)

From the **Medical Detail** page, click the Reapply button:

[Reapply](#)

Late Review Scenario 2 – CHIP Household

Once Reapplied, all household applicants should have a **Status** of *Pending*.

▼ Medical Programs - 6798									
Worker/Casebank:		KanCare Clearinghouse			Primary Applicant/Recipient:		Frank Graham		
Worker ID/Casebank ID:		KH0206MG00			Language:		English		
Program Status:		Pending			Phone Number:				
					Application Date		08/18/2025		
Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM
Frank Graham	MAGI			Primary Applicant	MEM		Pending		No
John Graham	MAGI			Child	MEM		Pending		No
Julie Graham	MAGI			Child	MEM		Pending		No
View Details									

Historically, when a CHIP household returned their review late and remained otherwise eligible, coverage was able to backdate to the month following the month of discontinuance to eliminate any gap in coverage.



Late Review Scenario 2 – CHIP Household



Moving forward and in accordance with new policy, when a CHIP household returns their review late, coverage DOES NOT backdate and is effective beginning the date of approval in KEES.

Eligible Budgets									
Test	Result	FPL %	Premium/LTC Liability/Spendedown	CHIP Start Date	Prem Bill Start Date	Aid Code	LTC Details	Members Tested	Role Reason
MAGI CHIP	Pass	171%	\$20.00	08/28/2025	09/2025	PLT/C4/N/N		Graham, Frank	FRI Parent
								Graham, Julie	MEM
								Graham, John	FRI Sibling
MAGI CHIP	Pass	171%	\$20.00	08/28/2025	09/2025	PLT/C4/N/N		Graham, Frank	FRI Parent
								Graham, Julie	FRI Sibling
								Graham, John	MEM
Continuous Eligibility									
Name			CE Begin Month	CE Actual End Month	Aid Code				
Graham, Julie			08/2025	08/2026	PLT/C4/N/N				
Graham, John			08/2025	08/2026	PLT/C4/N/N				
Override CE Period									

As the Graham's returned their review late and Julie & John remain otherwise eligible, coverage resumes 08/28/2025. The household will have a gap in coverage during the entire month of July as well as from August 1st through the 27th.

Late Review Scenario 2 – CHIP Household

Below we see that John and Julie are once again active on PLT beginning 08/2025 with a \$20 monthly premium beginning 09/2025 and a Continuous Eligibility period of 08/2025 through 08/2026.

Medical Programs - 6798

Worker/Casebank:

Worker ID/Casebank ID:

Program Status:

Review Due Month:

KanCare Clearinghouse

[KH0206MG00](#)

Active

08/2026

Review

Primary Applicant/Recipient:

Language:

Phone Number:

Application Date

Frank Graham

English

08/18/2025

Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM
Frank Graham	MAGI	08/2026		Primary Applicant	FRI	No Linkage to MA	Active		No
John Graham	MAGI	08/2026		Child	MEM		Active		No
Client Id	Aid Code	LTC Details	CE Begin Month	CE Actual End Month	Person #	PR/LTC/SD	SD Base Period		
0010975748	PLT/C4/N/N		08/2025	08/2026	03	20			
Julie Graham	MAGI	08/2026		Child	MEM		Active		No
Client Id	Aid Code	LTC Details	CE Begin Month	CE Actual End Month	Person #	PR/LTC/SD	SD Base Period		
0010975747	PLT/C4/N/N		08/2025	08/2026	02	20			

View Details

Prior medical coverage may be requested by Frank, if he contacts the agency within two months of the review received date (see KFMAM 6311.02). A prior medical request for a late review shall be treated in the same way it would for an application.



True or False?

CHIP households that fail to return their review may have their coverage backdated to the day after discontinuance to eliminate any gap.

TRUE:



FALSE:





Questions?



Late Review Scenario 3 – HCBS

Remember Ezra? Let's say that she was *not* timely in returning her review.

She is a recipient of Home and Community Based Services under the Frail & Elderly (FE) waiver. Ezra's review was due April 30th however, the review and accompanying documents were not received by the Clearinghouse until June 18th, 2025.

As the information required to determine eligibility was not received by the last day of the review due month, her coverage was discontinued 04/30/2025.

Medical Programs - 6473										
Worker/Casebank:		KanCare Clearinghouse			Primary Applicant/Recipient:		Ezra Stevens			
Worker ID/Casebank ID:		KH0206LTA1			Language:		English			
Program Status:		Discontinued			Phone Number:					
					Application Date		06/10/2024			
Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM	
Ezra Stevens	LTC	04/2025		Primary Applicant	MEM		Discontinued	Failure to Return Signed Review	No	
										View Details





Late Review Scenario 3 – HCBS: PPOC Requirements

To qualify for backdated HCBS, Ezra needs to meet the following policy requirements:

Be financially & otherwise eligible

- The individual must continue to meet all financial and non-financial eligibility requirements.

Remain functionally eligible

- Coverage cannot be reauthorized if the consumer was previously found by KDADS or the assessing entity to not meet the functional criteria.

PPOC Requirements

- Assumed as long as there is no ES-3161 on file indicating otherwise.



Late Review Scenario 3 – HCBS

As Ezra does meet the policy requirements, her coverage is eligible to continue without a gap. As her Review was received by the agency 06/18/2025, this date shall be used to Reapply the program.

Display:
06/01/2025  [View](#)

Medical Programs - 6473

Worker/Casebank: KanCare Clearinghouse
Worker ID/Casebank ID: [KH0206LTA1](#)
Program Status: Discontinued
Discontinued Date: 05/01/2025

Primary Applicant/Recipient: Ezra Stevens
Language: English
Phone Number:
Application Date: 06/10/2024

Review Due Month: 04/2025

Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM
Ezra Stevens	LTC	04/2025		Primary Applicant	MEM		Discontinued	Failure to Return Signed Review	No

[View Details](#)

When ready, ensure the **Display:** date reflects 06/2025 and then click the *View Details* button to proceed to the **Medical Detail** page.





Late Review Scenario 3 – HCBS

Once loaded, click the *Edit* button and then within the **Program Persons** section, we click **Reapply**.

Program Persons											
Name	Aid Code	CE Begin Month	CE Initial End Month	CE Actual End Month	Requested Medicaid Type	Role	Role Reason	Status	Status Reason	Referred to FFM	Action
Ezra Stevens					LTC	MEM		Discontinued	Failure to Return Signed Review	No	Reapply

With the program block back in pending, it's time to finish processing.

Medical Programs - 6473									
Worker/Casebank:		KanCare Clearinghouse				Primary Applicant/Recipient:		Ezra Stevens	
Worker ID/Casebank ID:		KH0206LTA1				Language:		English	
Program Status:		Pending				Phone Number:			
						Application Date		05/01/2025	
Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM
Ezra Stevens	LTC			Primary Applicant	MEM		Pending		No
View Details									

Late Review Scenario 3 – HCBS

As Ezra has requested Prior Medical and meets the HCBS requirements to have her coverage backdated, we must add the gap month of 05/2025 to the program block as a Retro Month.

Medical Person Detail

Save and ReturnCancel

Recipient Information

Name:*
Ezra Stevens

Application Date:*
06/18/2025

Beginning Date Of Aid:*
06/01/2025

Requested Medical Type*

Type	Begin Month	End Month
Medical	05/2025	

EditAdd

Continuous Eligibility Periods

Aid Code	CE Begin Month	CE Initial End Month	CE Actual End Month	Adjustment Reason	CTM Earned Income	CTM Spousal Support
----------	----------------	----------------------	---------------------	-------------------	-------------------	---------------------

View CE History

Retro Months

Month

05/2025

Requested Medicaid Type
LTC

Add

Once added, proceed to the LTC Data Details page and confirm that there is not an end date to the HCBS.

Late Review Scenario 3 – HCBS

Now it's time to **Run EDBC** for Ezra. As she met the policy requirements, her EDBC result should include LTC Details of HC/HC/FE:

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	0%	\$0.00			300/OA/N/N	HC/HC/FE	Stevens, Ezra	MEM	
Continuous Eligibility										

And (after clicking the **Medically Needy** hyperlink) show an **LTC Details Start Date** of the day following discontinuance:

LTC Details				
Name	Type	Living Arrangement	Waiver	Start Date
Ezra Stevens	HC	HC	FE	05/01/2025

Late Review Scenario 3 – HCBS

Now that EDBC is complete, Ezra's program block shows her once again active with HCBS under the Frail/Elderly (FE) waiver.

Her Review Month is that of 04/2026.

Medical Programs - 6473

Worker/Casebank:
Worker ID/Casebank ID:
Program Status:

Review Due Month:

KanCare Clearinghouse

[KH0206LTA1](#)

Active

04/2026

Review

Primary Applicant/Recipient:
Language:
Phone Number:
Application Date

Ezra Stevens

English

05/01/2025

Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM
▼ Ezra Stevens	LTC	04/2026		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
0010975444	300/OA/N/N	HC/HC/FE			01	0	

View Details

Be sure to follow all new eligibility processes surrounding communication with KDADS, MCO's and assessor's when processing a late review for an HCBS consumer.



True or False?

HCBS consumers discontinued for Failure to Return Signed Review, who later submit their review, and meet new policy requirements might be eligible to have coverage backdated to the day after discontinuance.

TRUE:



FALSE:





Questions?

Late Review Scenario 3 – HCBS

Let's see what happens in the event Ezra did not meet a policy exception...



Late Review Scenario 3 – HCBS

Remember that Ezra's review was due 04/30/2025 but the agency did not receive the review form until 06/18/2025.

Medical Programs - 6473

Worker/Casebank:	KanCare Clearinghouse	Primary Applicant/Recipient:	Ezra Stevens
Worker ID/Casebank ID:	KH0206LTA1	Language:	English
Program Status:	Pending	Phone Number:	
		Application Date	05/01/2025

Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM
Ezra Stevens	LTC			Primary Applicant	MEM		Pending		No

View Details

Her annual functional review was completed and as a result, an ES-3161 was received stating that Ezra is no longer in need of HCBS services as she is no longer functionally eligible.

Prior to running EDBC, think back to the recent policy changes.

HCBS consumers must be financially & otherwise eligible, remain functionally eligible, and have a current PPOC on file for their HCBS coverage to backdate.



Late Review Scenario 3 – HCBS

As Ezra failed to meet the policy requirement of maintaining functional eligibility, this results in HCBS ineligibility. Her HCBS coverage does not backdate to the date after discontinuance. Ezra will be screened for eligibility under other programs during that time.

Prior to running EDBC, ensure the **LTC Data Detail** page has a **Termination Effective Date:** of the last day of the RE due month (04/30/2025).

HCBS Terminated: Yes ▾	Termination Effective Date: 04/30/2025 	Termination Reason: No longer functionally elig
----------------------------------	--	---

Then, from the **Run EDBC** page, select the **Benefit Month:** of 05/2025, click the checkbox for the program, and click *Run EDBC*. When looking at her EDBC result for 05/2025, we see that Ezra is eligible for a Medically Needy Spenddown.

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	136%	\$1,305.00			MDN/OA/N/N		Stevens, Ezra	MEM	

Late Review Scenario 3 – HCBS

Her new coverage is MDN/OA/N/N with a \$1,305 Spenddown and a base period that runs from 05/2025-11/2025.

Medical Programs - 7423

Worker/Casebank:
Worker ID/Casebank ID:
Program Status:

Review Due Month:

KanCare Clearinghouse
[KH0206ED00](#)
Active

04/2026

Review

Primary Applicant/Recipient:
Language:
Phone Number:
Application Date

Ezra Stevens
English

05/18/2025

Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM
▼ Ezra Stevens	Medical	04/2026		Primary Applicant	MEM		Active		Yes

Client Id	Aid Code	LTC Details	CE Begin Month	CE Actual End Month	Person #	PR/LTC/SD	SD Base Period
0010975444	MDN/OA/N/N				01	1305	05/2025-11/2025

View Details

Ezra's next Review is due 04/2026. Finish case processing by sending the appropriate forms and communications to all agencies involved in the HCBS process.



True or False?

Home & Community Based Services recipients who have been discontinued at review for failure to return their review and for no longer meeting functional criteria may continue to receive HCBS once their review form has been received by the agency.

TRUE:



FALSE:





Questions?



Late Review Scenario 4 – MSP/QMB

Medicare Savings Program – Qualified Medicare Beneficiary (MSP/QMB) coverage begins the month *after* approval in KEES.

When an MSP/QMB recipient returns their Review timely, but the information needed to determine eligibility within an active reconsideration period, this has a ripple effect.

Below we have Anita, who is a QMB recipient.

Medical Programs - 2077

Worker/Casebank:

Worker ID/Casebank ID:

Program Status:

Review Due Month:

KanCare Clearinghouse

[KH0206ED00](#)

Active

02/2025

Primary Applicant/Recipient:

Language:

Phone Number:

Application Date

ANITA ZIMMERMAN

English

(620)638-4766

11/01/2017

Review

Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM
ANITA M ZIMMERMAN	Medical	02/2025		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		
0000016447	MSP/QB/N/N				01	0			

View Details



Late Review Scenario 4 – MSP/QMB

Anita's Review was due 02/2025 and her review form was received 02/23/2025. However, the information required to make an eligibility determination wasn't received by the agency until 04/23/2025. Without having all required information timely, her MSP/QMB coverage was discontinued 03/31/2025.

▼ Medical Programs - 2077

Worker/Casebank:

Worker ID/Casebank ID:

Program Status:

Review Due Month:

KanCare Clearinghouse

[KH0206ED00](#)

Active

02/2025

Primary Applicant/Recipient:

Language:

Phone Number:

Application Date

ANITA ZIMMERMAN

English

(620)638-4766

11/01/2017

Review

Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM
ANITA ZIMMERMAN	Medical	02/2025		Primary Applicant	MEM		Discontinued		No

Historically, as long as Anita remained otherwise eligible and with her her additional documents having been received within the review reconsideration period, her coverage would backdate and continue without a gap.



Late Review Scenario 4 – MSP/QMB

Moving forward:

When a previous QMB consumer returns their Review timely but is then discontinued for Failure to Provide information, staff may assume there has been a request for prior medical coverage.

This is only applicable for MSP households that return their review timely, however, the information required to determine medical eligibility must be received during an active reconsideration period.

Although the consumer does not formally request prior medical coverage, as the Review form is timely received and the consumer was previously receiving QMB, the request for prior medical coverage is assumed.

This policy aligns with previous guidance (PD2020-09-02), which applies the same approach to prior medical coverage when the ES-3100.8 MSP Only Application is received.

As Anita was a previous QMB recipient whose review was received timely, we are to assume there has been a request for prior medical coverage.



Late Review Scenario 4 – MSP/QMB

When Reapplying Anita's program, and as she meets the policy requirements for backdated coverage, her previously discontinued program should be Reapplied 04/01/2025.

The process used to reinstate previous QMB coverage also uses an adjusted application date to ensure the assumed prior medical months have coverage.

New / Reapplication Detail

Save and ReturnCancel

View Date: 04/01/2025	Priority: 	Program Type: Medical	Case Application:* New Case Application
Application Date:* 04/01/2025		Beginning Date Of Aid:* 04/01/2025	

It is important to note that staff should **not** be adding assumed prior medical months to the program block! Using the adjusted application date will suffice.

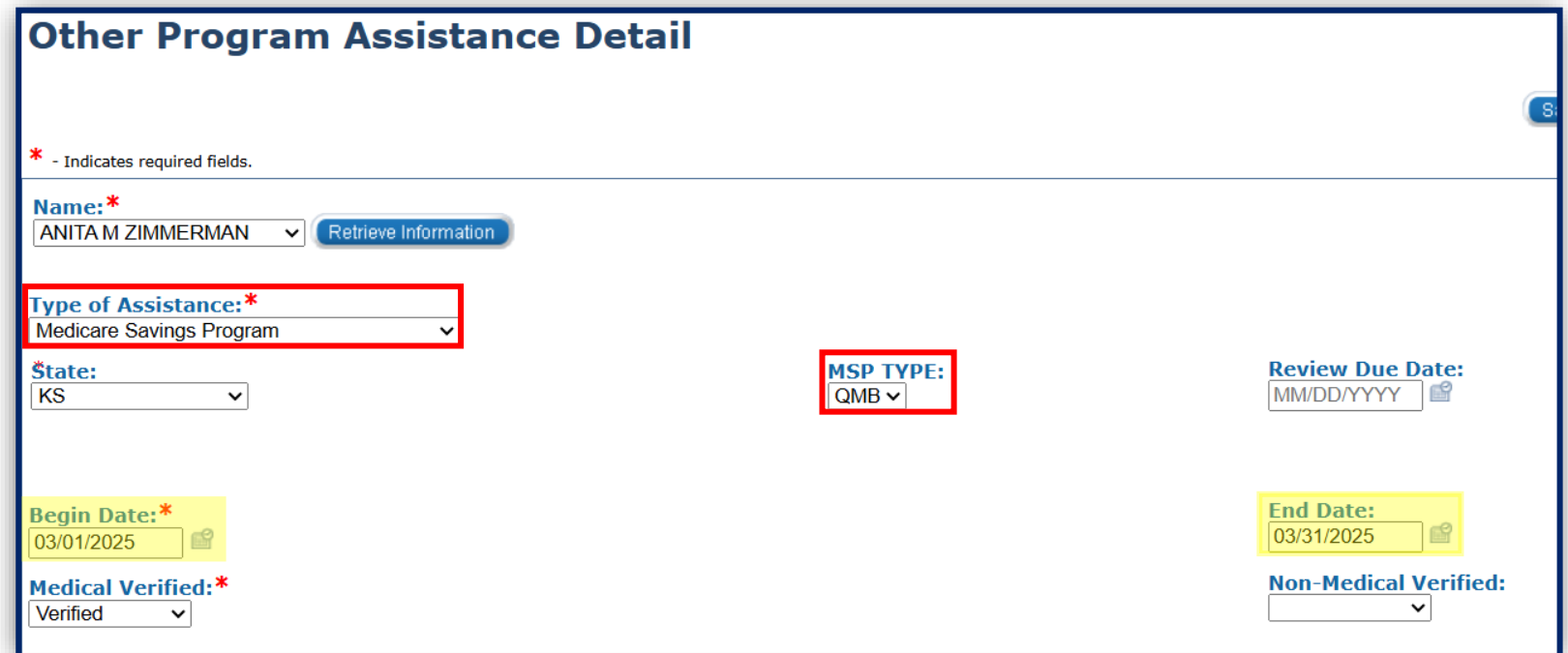
Late Review Scenario 4 – MSP/QMB

Because Anita's QMB is eligible to begin again the month of application (04/2025), she qualifies for a QMB start date exception.

This means, we must create an **Other Program Assistance (OPA) Detail** record prior to running EDBC.

Ensure the **Type of Assistance:** reflects *Medicare Savings Program* and the **MSP TYPE:** shows *QMB*.

The **Begin Date:** and **End Date:** should be for the month prior to QMB Approval (03/2025).



Other Program Assistance Detail

* - Indicates required fields.

Name:*
ANITA M ZIMMERMAN Retrieve Information

Type of Assistance:*
Medicare Savings Program

State:
KS

MSP TYPE:
QMB

Review Due Date:
MM/DD/YYYY

Begin Date:*
03/01/2025

End Date:
03/31/2025

Medical Verified:*
Verified

Non-Medical Verified:



Late Review Scenario 4 – MSP/QMB



When running EDBC for 04/2025, Anita’s MSP/QMB coverage is approved beginning the month after discontinuance and she is otherwise eligible (April).

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
Medicare Saving Plan	Pass	62%	\$0.00			MSP/QB/N/N		ZIMMERMAN, ANITA M.	MEM	

Continue to run EDBC through the current come-up month.

Late Review Scenario 4 – MSP/QMB

From the Case Summary page within her program block, we see Anita is once again active with MSP/QB/N/N:

Medical Programs - 7423

Worker/Casebank:
Worker ID/Casebank ID:
Program Status:

Review Due Month:

KanCare Clearinghouse

[KH0206ED00](#)

Active

04/2026

Review

Primary Applicant/Recipient:
Language:
Phone Number:
Application Date

ANITA ZIMMERMAN

English

04/01/2025

Name	Requested Medical Type	Review Month	Reconsideration End Date	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason	Referred to FFM
▼ ANITA ZIMMERMAN	Medical	04/2026		Primary Applicant	MEM		Active		Yes

Client Id
0010975444

Aid Code
MSP/QB/N/N

LTC Details

CE Begin Month

CE Actual End Month

Person #
01

PR/LTC/SD

SD Base Period

View Details

Her next review due date and other pertinent information can also be found within the program block.

Note: Do not forget to send a manual accretion email to Gainwell when necessary!!



True or False?

Following ***new*** policy: As an eligibility worker processing information received during an active reconsideration period for a QMB program previously discontinued for failure to provide, I can assume (**without asking**) that the consumer wants prior medical coverage and screen the household's potential eligibility during that time.

TRUE:



FALSE:





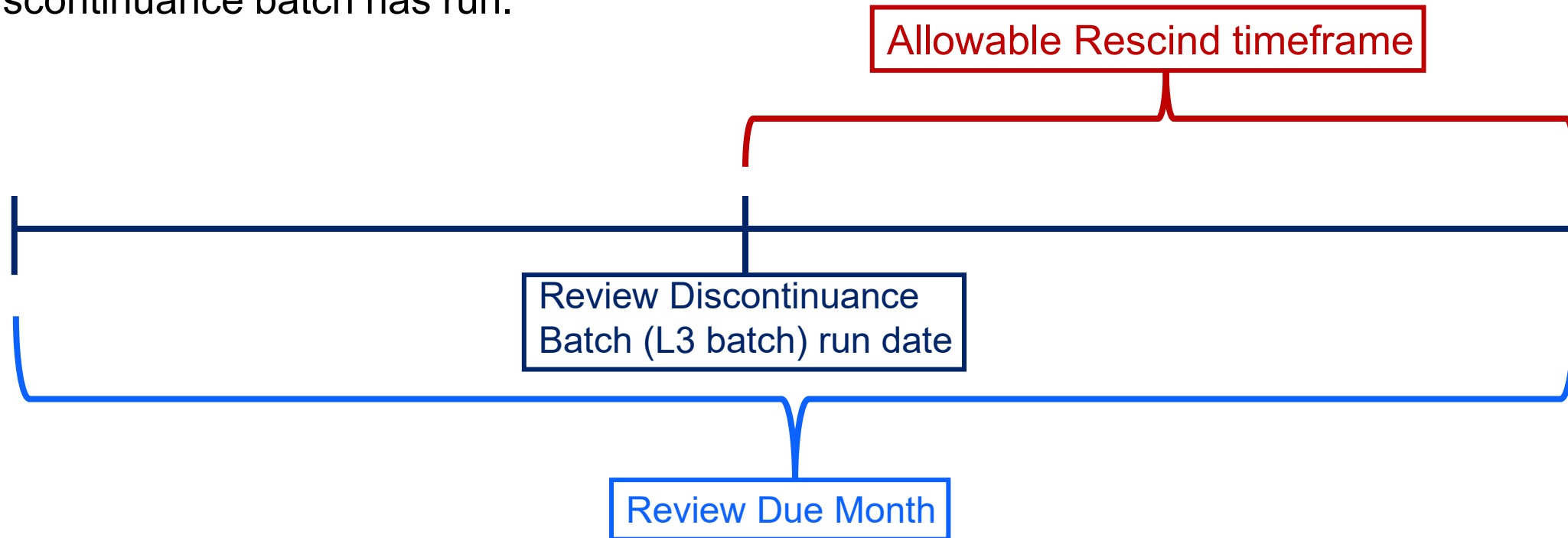
Questions?

Rescind Exception



Rescind Exception

There are a couple exceptions when staff should Rescind over Reapply and the first is when a Review has been received **prior to** the last day of the RE due month, but **after** the RE discontinuance batch has run.



The Review Discontinuance Batch runs between the 13th-18th of each month, please see the [KDHE Processing Deadlines Code Card](#) for the exact run date.



Rescind Scenario 1

Example:

Lucinda's review is due July 31st however, the agency didn't receive her pre-populated review form until July 22nd.



As the review discontinuance batch for August 2025 runs on 7/16, Lucinda is discontinued.

Benefit Month	MMIS Monthly	Come Up Month Available	Review Batch	MMIS Spenddown Met to Unmet	Change	Close/Disc	Review Discontinuance*	Buy-In
June-25	5/21	4/18	4/11	5/16	5/20	5/19	6/13	5/20
July-25	6/20	5/20	5/9	6/13	6/18	6/17	6/16	6/20
August-25	7/23	6/18	6/6	7/11	7/18	7/17	7/16	7/18



Rescind Scenario 1

Prior to rescinding Lucinda's program, we must confirm that her review:

- was in fact timely received and
- that her program was discontinued for an appropriate **Status Reason**.

Once verified, we'll proceed to **Rescind** the program block.

Remember that when Rescinding, to select the correct **Display:** month. For this scenario, that's 08/2025, then click **View Details** from within the program block.

From the **Medical Detail** page, click the **Edit** button and proceed to click **Rescind**.

Requested Medicaid Type	Role	Role Reason	Status	Status Reason	Referred to FFM	Action
Medical	MEM		Discontinued	Failure to Return Signed Review	Yes	Rescind Reapply

Rescind Scenario 1



To note the importance of verifying a person’s review due date as well as their discontinuance status reason, the **Rescind Detail** page now includes two new fields.

These are the Person’s **Status Reason** and their **Review Due Date**.

Rescind Detail

View Date:
08/01/2025

Program Application Date:
01/01/2025

Program Type:
Medical

Rescind Reason: *
Rescind Disc/Deny

Save and Return

Cancel

Select Effective Date to Rescind *

Effective Date: 08/01/2025

Name	DOB	Role	Role Reason	Application Date	Status	Status Reason	End Date	RE Due Date
Lucinda Yamas	10/15/1956	MEM		01/01/2025	Discontinued	Failure to Return Signed Review		07/31/2025

* - Indicates required fields

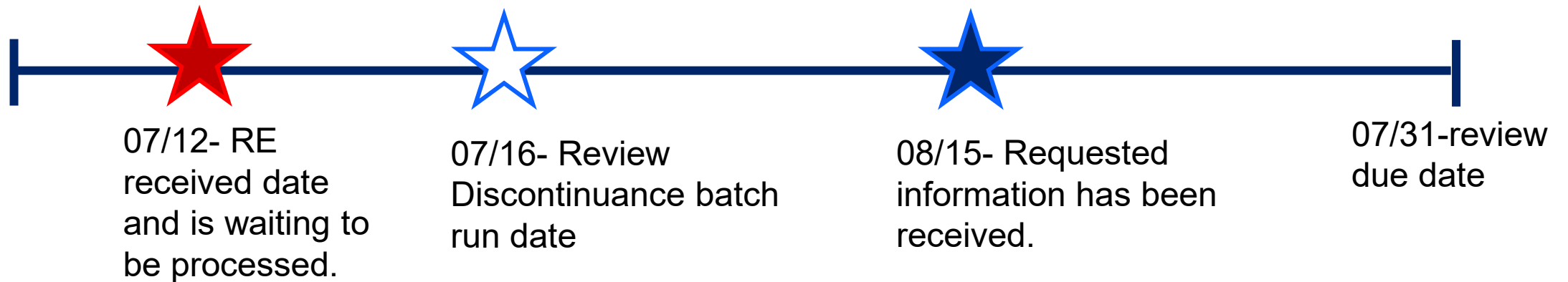
Save and Return

Cancel

As we can see, Lucinda’s discontinuance **Status Reason** was for *Failure to Return Signed Review* and her **RE Due Date** is *07/31/2025*.

Rescind Scenario 2

Another scenario of when to use **Rescind** is when a Review is returned timely, but by the time the Review has been processed timely notice has passed for the review month, which causes the program to be discontinued the month following the review month.



Example: Review Due date is 07/31/2025. The Review is returned on 07/12/25 and is waiting to be processed when the Discontinuance Batch (L3) runs. Workers are then pending the case for information that was not provided, so the worker discontinues the program effective 08/31/25 to allow a timely notice. The consumer returned the requested information on 08/15/25. Due to the program being active until 08/31/25, workers must **Rescind** the program to continue coverage.

Rescind Detail page

The Person's **RE Due Date** is important as per new Policy staff are no longer to Rescind a program within an active Reconsideration Period. The program must be Reapplied.



RE Due Date
04/30/2025

The Person's discontinuance must include any Failure to Provide for Non-Compliance, Info Req for Med elig, or Failure to Return Signed Review/FTR Signed Review Lite **Status Reason**.



Status Reason
Failure to Return Signed Review



Rescind Warning

When staff are attempting to Rescind a previously discontinued program block in which an Application or Review has been received, KEES identifies this and warns staff that they should be Reapplying instead of Rescinding the program block.

“Warning! You are rescinding someone who failed to return a review. Please ensure the review was received before the last day of the review due month. If received after, you must reapply.”

Rescind DetailSave and ReturnCancel

- Warning! You are rescinding someone who failed to return a review or requested information. Please ensure the review/information was received before the last day of the review due month. If received after, you must reapply.**

However, this is only a soft warning as per the exception, programs that have been discontinued after the Review Discontinuance batch, but before the end of the Review due month should be rescinded.



Questions?

NOA Updates



NOA Updates

The **Discontinuance NOA** has been updated for both English and Spanish. When a consumer is within their Reconsideration Period and is discontinued for FTP, the following snippet displays:

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



Helena Ramirez
735 WESTHAVEN DR
NEWTON, KS 67114-1431

Notice Date: 04/10/2025
Case Name: Helena Ramirez
Case Number: 20661003
Program: Medical

We have ended Medical Assistance for the following individuals:

Helena Ramirez
Rita Ramirez

The last day of coverage is 04/30/2025.

This action was taken because you failed to provide proof of income.

You can reapply at anytime.

If we receive this information within 45 days of the date you applied, we will re-look at your eligibility and you will not have to complete a new application.

Medical Assistance for Makayla L. Ahmed will close as of 04/30/2025.

Helena Ramirez will no longer receive benefits under the Caretaker Medical - Adult program as of 04/30/2025.

The following person(s) in the household have not provided information for their KanCare review. Failure to provide review information may result in a gap in coverage. They have until the following dates to return the requested information: 07/31/2025 - Helena Ramirez , Rita Ramirez . If they have provided information, please call us as soon as possible. We may be able to help them keep their coverage.

subsections.

This action is based on the Kansas Medical Assistance Manual section(s) 2020.01; 1211.02; 1320 and subsections.

The following person(s) in the household have not provided information for their KanCare review. Failure to provide review information may result in a gap in coverage. They have until the following dates to return the requested information: 07/31/2025 - Helena Ramirez , Rita Ramirez . If they have provided information, please call us as soon as possible. We may be able to help them keep their coverage.

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



Helena Ramirez
735 WESTHAVEN DR
NEWTON, KS 67114-1431

Fecha de notificación: 04/10/2025
Nombre del Caso: Helena Ramirez
Número de Caso: 20661003
Programa: Medical

Hemos finalizado Medical Assistance para las siguientes personas:

Helena Ramirez
Rita Ramirez

El último día de cobertura es 04/30/2025.

Esta medida se tomó porque usted no pudo proporcionar pruebas de sus ingresos.

Usted puede presentar la solicitud nuevamente en cualquier momento.

Si recibimos esta información dentro de los 45 días a partir de la fecha en que envió la solicitud, analizaremos nuevamente su elegibilidad y no tendrá que completar una nueva solicitud.

Medical Assistance para Makayla L. Ahmed finalizará a partir de 04/30/2025.

Helena Ramirez ya no recibirá los beneficios bajo el programa Caretaker Medical - Adult a partir del 04/30/2025.

Las siguientes personas en su hogar no han dado información para la revisión de KanCare. Si no se da la información de la revisión, puede haber una interrupción en la cobertura. Tienen hasta las siguientes fechas para dar la información que se pide: 07/31/2025 - Helena Ramirez , Rita RAMIREZ . Si ya dieron la información, llámenos lo antes posible. Es posible que podamos ayudarlos a mantener su cobertura.

Esta acción está basada en la(s) sección(es) del Manual de Asistencia Médica de Kansas 2020.01; 1211.02; 1320 and subsections.

Las siguientes personas en su hogar no han dado información para la revisión de KanCare. Si no se da la información de la revisión, puede haber una interrupción en la cobertura. Tienen hasta las siguientes fechas para dar la información que se pide: 07/31/2025 - Helena Ramirez , Rita RAMIREZ . Si ya dieron la información, llámenos lo antes posible. Es posible que podamos ayudarlos a mantener su cobertura.

Si está embarazada, por favor, comuníquese con nosotros lo antes posible.

NOA Updates

The **Change NOA** has also been updated in both English and Spanish. When a consumer FTP and is within their Reconsideration Period, the following snippet displays on page 2:

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



Notice Date: 04/10/2025
Case Name: JESS R. SIMS
Case Number: 20671174
Program: Medical

JESS R. SIMS
6743 W 135TH ST APT 233
OVERLAND PARK, KS 66223-8030

We have ended Medical Assistance for the following individuals:
JESS R. SIMS
HANNAH K. ALVARDO
SENIA P. ALVARDO
JOE A. ALVARDO

The last day of coverage is 04/30/2025.
You can reapply at anytime.
Medical Assistance for JESS R. SIMS will close as of 04/30/2025.
This action was taken because you did not complete the review process. We do not know if you are still eligible.
JESS R. SIMS will no longer receive benefits under the Caretaker Medical - Adult program as of 04/30/2025.
Medical Assistance for HANNAH K. ALVARDO will close as of 04/30/2025.
This action was taken because you did not complete the review process. We do not know if you are still eligible.
HANNAH K. ALVARDO will no longer receive benefits under the Caretaker Medical - Child program as of 04/30/2025.
Medical Assistance for SENIA P. ALVARDO will close as of 04/30/2025.

JESS R. SIMS will no longer receive benefits under the Caretaker Medical - Adult program as of 04/30/2025.
This action was taken because you did not complete the review process. We do not know if you are still eligible.
JOE A. ALVARDO will no longer receive benefits under the Caretaker Medical - Child program as of 04/30/2025.

The following person(s) in the household have not returned their KanCare review. Failure to return a review may result in a gap in coverage. They have until the following dates to return the signed review: 07/31/2025 - HANNAH K. ALVARDO, SENIA P. ALVARDO. If they have returned a review form, please call us as soon as possible. We may be able to help them keep their coverage.

KanCare Clearinghouse
PO Box 3599
Topeka, KS 66601-9738



Fecha de notificación: 04/10/2025
Nombre del Caso: JESS R. SIMS
Número de Caso: 20671174
Programa: Medical

JESS R. SIMS
6743 W 135TH ST APT 233
OVERLAND PARK, KS 66223-8030

Hemos finalizado Medical Assistance para las siguientes personas:
JESS R. SIMS
HANNAH K. ALVARDO
SENIA P. ALVARDO
JOE A. ALVARDO

El último día de cobertura es 04/30/2025.
Usted puede presentar la solicitud nuevamente en cualquier momento.
Medical Assistance para JESS R. SIMS alizará a partir de 04/30/2025.
Esta acción fue tomada porque no completó el proceso de revisión. No sabemos si usted aún es elegible.
JESS R. SIMS ya no recibirá los beneficios bajo el programa Caretaker Medical - Adult a partir del 04/30/2025.
Medical Assistance para HANNAH K. ALVARDO finalizará a partir de 04/30/2025.

SENIA P. ALVARDO ya no recibirá los beneficios bajo el programa Caretaker Medical - Child a partir del 04/30/2025.
Medical Assistance para JOE A. ALVARDO finalizará a partir de 04/30/2025.
Esta acción fue tomada porque no completó el proceso de revisión. No sabemos si usted aún es elegible.
JOE A. ALVARDO ya no recibirá los beneficios bajo el programa Caretaker Medical - Child a partir de 04/30/2025.

Página 1 de 4

Las siguientes personas de su hogar no han devuelto su revisión de KanCare. Si no lo hacen, puede haber una interrupción en su cobertura. Tienen hasta las siguientes fechas para devolver la revisión firmada: 07/31/2025 - HANNAH K. ALVARDO, SENIA P. ALVARDO. Si ya devolvieron el formulario de revisión, llámenos lo antes posible. Es posible que podamos ayudarlos a mantener su cobertura.



Questions?

**Self-Service
Portal (SSP):
App or Review
RE Hyperlink
Tasks**



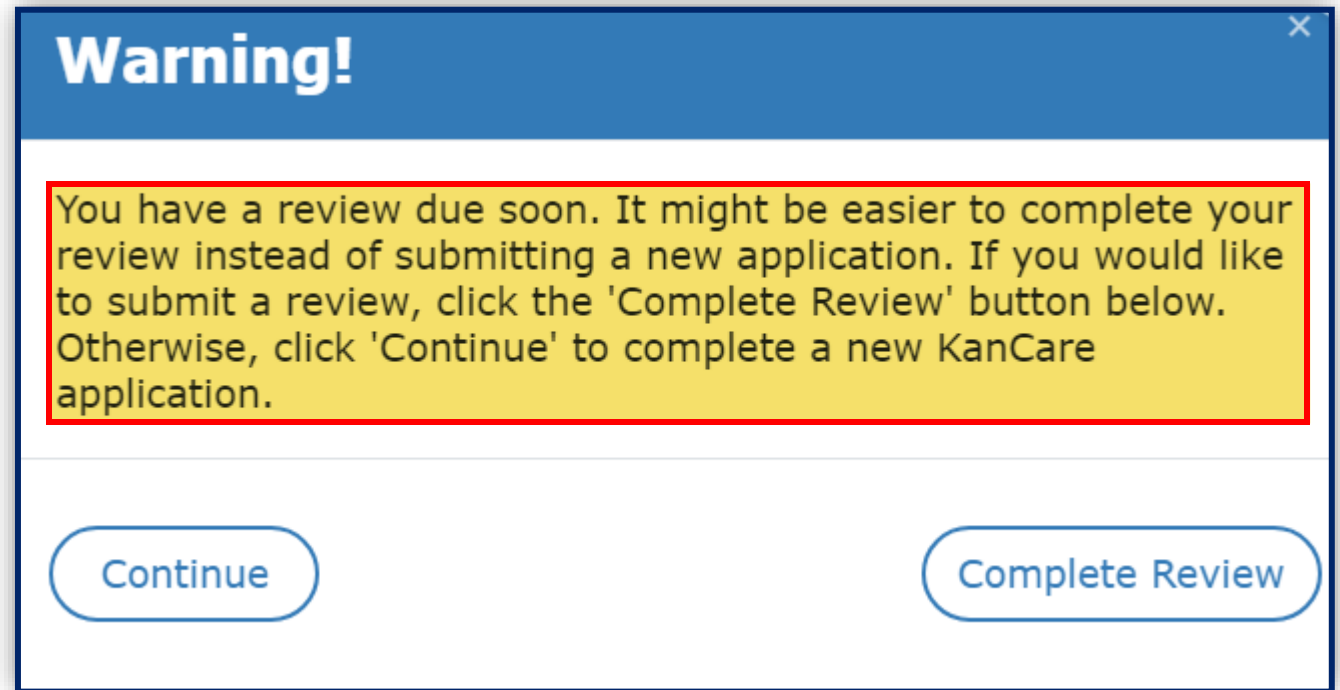
Self-Service Portal (SSP) – App or RE

Households with a Review due can complete and submit their Medical Review online.

Once logged into their Self-Service Portal (SSP) account, consumers have the option to submit either an Application or their Review.

If a consumer attempts to submit an e-Application during their Review Due Period, the following message appears.

This message is a reminder to the consumer that they have a review due.



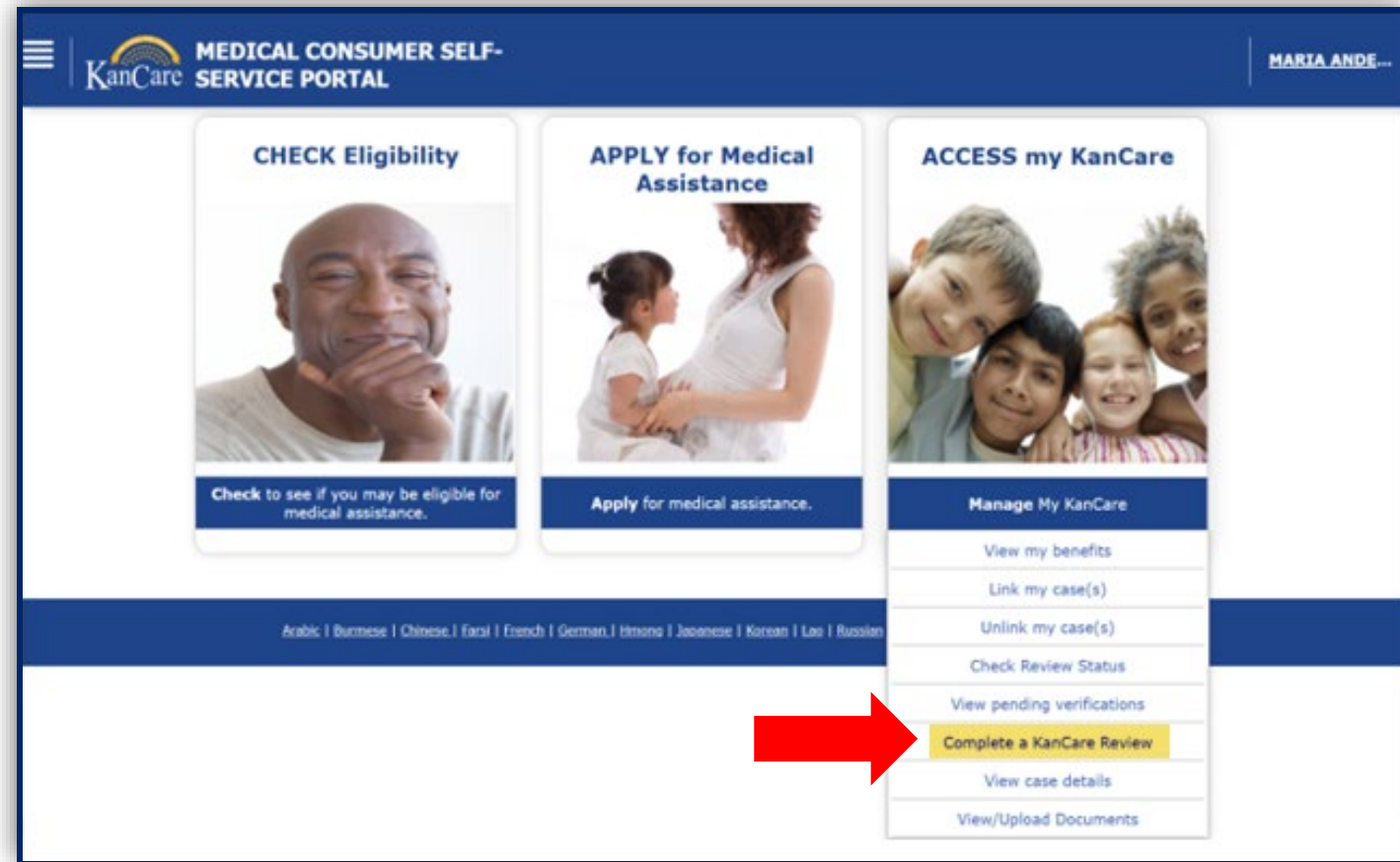
When a household is outside of their Reconsideration Period, this pop-up message does not display.

Self-Service Portal (SSP) – RE hyperlink

As a Medical consumer who's logged in to their SSP account and is within an active reconsideration period, the *Complete a KanCare Review* hyperlink displays until 5 pm on the last day of the 3rd month after being closed (the last day of the RE Reconsideration Period).

Example: HHs with a review due 05/31/2025, see the hyperlink display to 08/31/2025 until 5 pm.

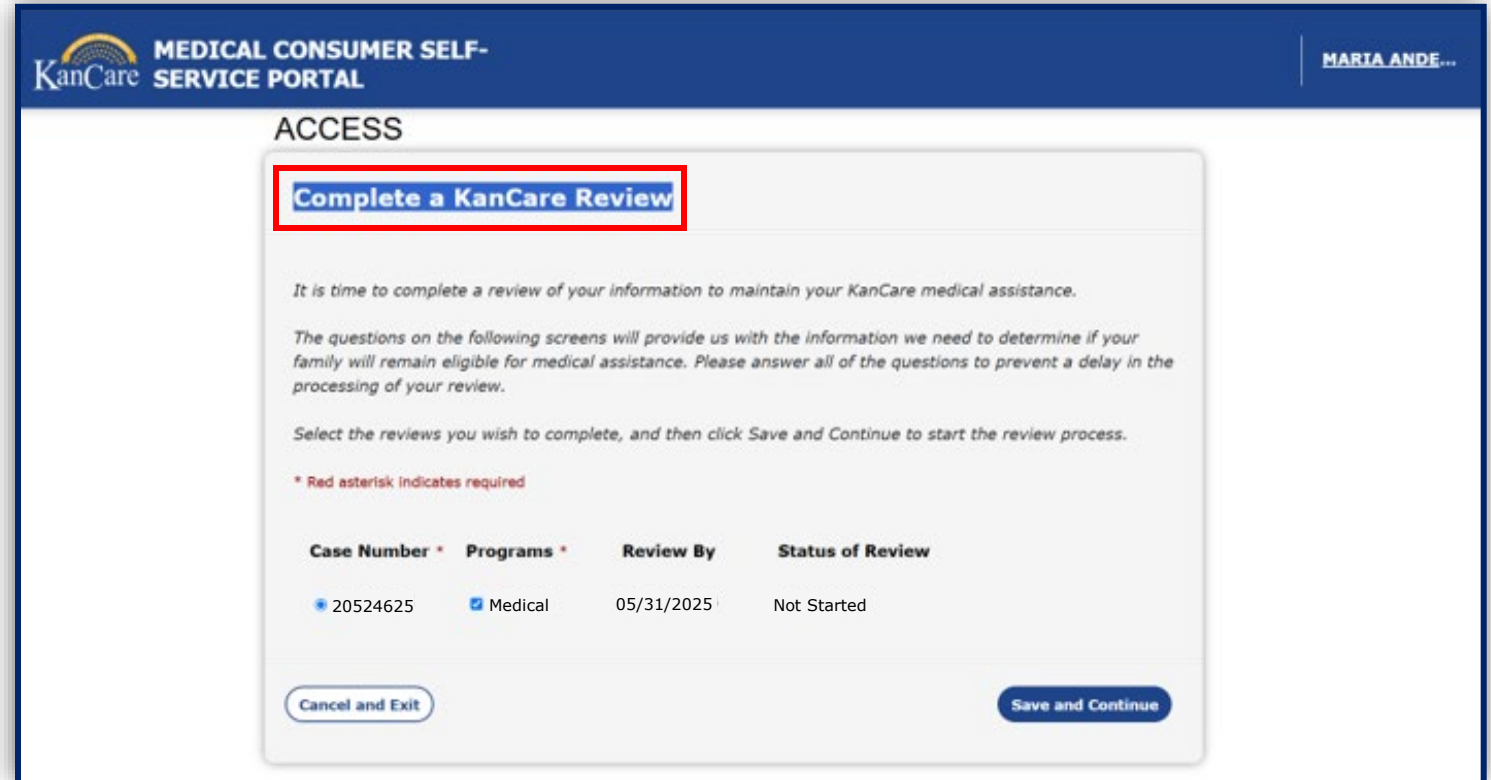
This allows the consumer to submit an SSP Review past the RE Due Date if they choose to do so.



Self-Service Portal (SSP) – RE hyperlink

When selecting the Review link, the consumer can *Complete a KanCare Review*.

Although consumers may still see the RE hyperlink displayed in the SSP, if a Review is submitted during an active Review Reconsideration Period, it should be treated as an application per the new CMS guidance.



MEDICAL CONSUMER SELF-SERVICE PORTAL

ACCESS

Complete a KanCare Review

It is time to complete a review of your information to maintain your KanCare medical assistance.

The questions on the following screens will provide us with the information we need to determine if your family will remain eligible for medical assistance. Please answer all of the questions to prevent a delay in the processing of your review.

Select the reviews you wish to complete, and then click Save and Continue to start the review process.

* Red asterisk indicates required

Case Number *	Programs *	Review By	Status of Review
20524625	☒ Medical	05/31/2025	Not Started

[Cancel and Exit](#) [Save and Continue](#)

Self-Service Portal (SSP) – Tasks

Prior to this release, when a household submitted an e-Application during an active Review due period KEES generated an Intake task.

**Intake -
288127424**

Moving forward, program specific review tasks generate depending upon the household's coverage. This only applies to e-Applications (Medical SSP apps) received during an active Review due period.

Example:

For MAGI households that submit an e-App during their Review period, KEES now generates a **MAGI Pre-Populated Review** task instead of an **Intake** task.

Self-Service Portal (SSP) – Tasks

As previously mentioned, KEES responds differently depending on the information submitted through the SSP.

COVERAGE TYPE	ACTIVE RE DUE PERIOD?	E-APP OR E-REVIEW?	CUSTOMER REPORT RECORD	TASK CREATED
MAGI	Yes	e-App	MAGI Pre-Pop	MAGI Pre-Populated Review
Elderly & Disabled (E&D)	Yes	e-App	E&D Pre-Pop	E&D Pre-Populated Review
MAGI Passive	Yes	e-App	MAGI Passive	Passive Review Response
E&D Passive	Yes	e-App	E&D Passive	Passive Review Response



Questions?

**Incoming
Documents**

&

Tasks



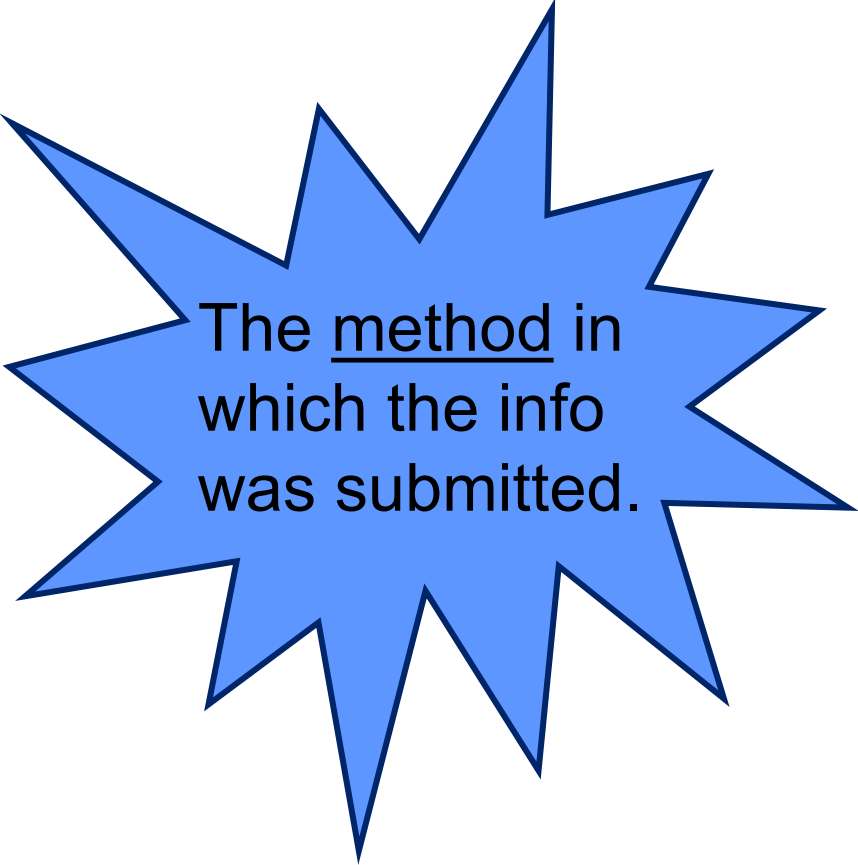
Incoming Documents & Tasks

When KEES creates tasks, it takes two things into consideration:



When
information
was received.

&



The method in
which the info
was submitted.

We'll take a deeper look at how KEES now responds and what staff can expect moving forward in the next couple slides.



Incoming Documents & Tasks

When mailroom staff scan in documents* received for consumers who have been Denied or Discontinued at Review and remain in their Review Reconsideration period, an **Information Received on Denied/Disc** (IROD) task is created.

An IROD task can generate for either a denied or discontinued program.

<u>Info Rcvd On Denied/Disc</u>	MAGI Eligibility
-------------------------------------	------------------

Example:

Household's review is due 04/30/2025. They failed to return the necessary information and coverage was discontinued April 30th. The documents required to determine eligibility are received and imaged to the case 06/05/2025.

This generates an **Info Rcvd On Denied/Disc** task; all IROD tasks are processed by eligibility.



Incoming Documents & Tasks

Documents* that are scanned in for programs that have been Denied or Discontinued at Review after the last day of their Review Reconsideration period, generate a **Follow Up Written Correspondence** task.

<u>Follow Up</u> <u>Written</u> <u>Correspondence</u>	Administrative CH
---	----------------------

Example:

Household's review was due April 30th. Information was submitted September 15th. The program's review reconsideration period was during the months of May, June, and July.

As the information submitted was received by the agency after the end of the reconsideration period, KEES recognizes this and creates a **Follow Up Written Correspondence** task.



Questions?

Presumptive Eligibility Updates



PE Updates

As you may know, Presumptive Eligibility (PE) is determined by hospitals, clinics, schools, and other community resources that are referred to as Qualified Entities (QEs).

To help manage their workload and meet the needs of consumers, many Qualified Entities (QEs) employ contract staff. Until this release, QE contract staff were just able to assist consumers in applying for medical coverage through the Medical SSP.

QE contractors now have access to the PE Portal, which allows them to *begin* a PE Application for consumers. Per CMS guidelines, their access to the PE Portal only allows QE contractors to begin and fill out a PE Application.

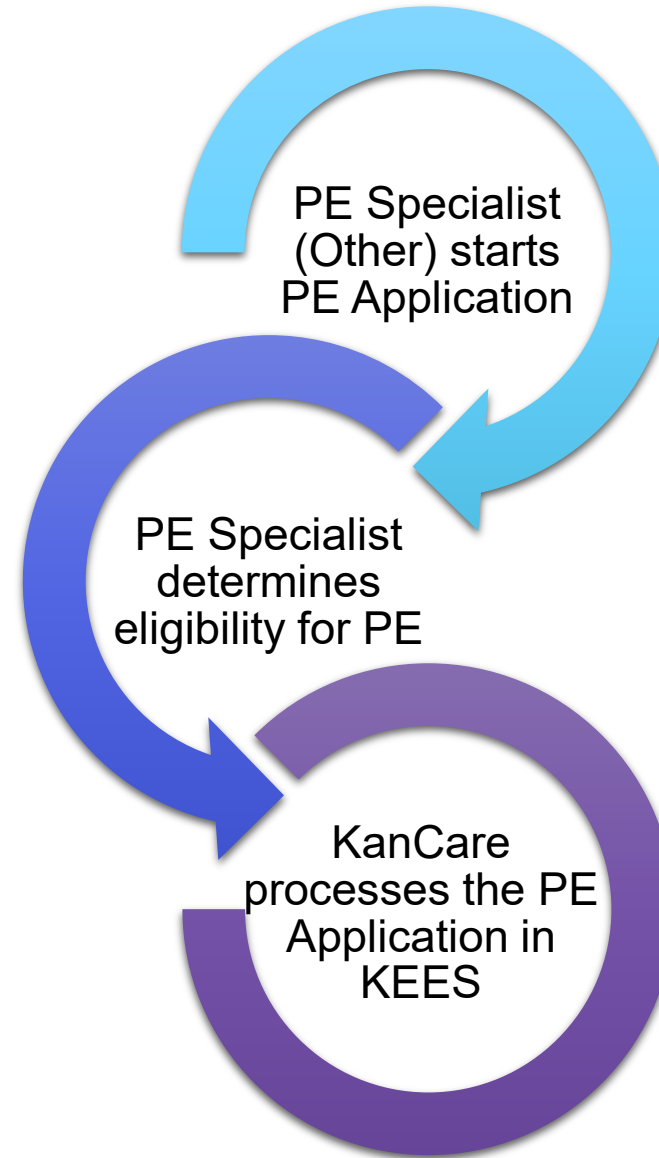
Once this is done, the QE's staff, or employees, review the PE Application for accuracy and then determine a consumer's eligibility for PE.



PE Portal: Terminology & Process Flow

PE Specialist (Other) =
QE Contractors

PE Specialist = QE
Employees



PE Updates

Processing PE Applications in KEES remains the same.

Eligibility staff may note the name of the QE Specialist (Other) on the PDF of the PE Application; the name only displays when QE contractors begin the PE Application.

Keshawn		Jackson	07/02/2022		Approved	N/A	PE Child CHIP	06/05/2025
---------	--	---------	------------	--	----------	-----	---------------	------------

QE Details

PE Specialist: Christie Jacox

PE Specialist (Other):



QE Location: KDHE Qualified Entities

Application Programs

PE - Presumptive Eligibility

Tanisha Jackson

Is this person applying for Presumptive Eligibility?: Yes

Has this person received Presumptive Eligibility in the last 12 months?: No

Is this person currently receiving Medicaid Coverage?: No

Application Details

[Start Application](#)

[Tell Us More](#)



Questions?

Delinquent CHIP Premiums



Delinquent CHIP Premiums

There are several aid codes associated with CHIP coverage, some of which are charged monthly Premiums. Accumulating several months of unpaid CHIP premiums has caused a Member's (MEM's) coverage to be discontinued until the past due amount has been paid or the 3-month penalty period has been served.

CMS has recently provided new guidance concerning CHIP HHs with past due or delinquent premiums. In this section, we'll review CMS' new guidelines as well as the changes made to KEES to support them.

Delinquent CHIP Premiums

The new guidance from CMS states that a CHIP CH's Continuous Eligibility is ***no longer*** discontinued due to delinquent or past due premiums.

The *only* time a CHIP CH is discontinued for past due or delinquent premiums is at their Review.

Delinquent CHIP Premiums

If a CHIP CH is discontinued for past due or delinquent premiums at their Review, they ***no longer*** must serve a Penalty period of any kind.

Once an application or new request for coverage is received, the CH can be approved for CHIP or Medicaid if their income has changed.

Let's look at an example next.

Delinquent CHIP Premiums

Scenario

CH Dashawn and Emily were approved for CHIP coverage with a CE of 04/24—04/25. A \$20 premium was assigned to their case due to their Federal Poverty Level (FPL).

Unfortunately, the PA fell behind in making her premium payments and could not get caught up.

At Review, the children remained eligible for CHIP but were discontinued for Failure to Pay Premiums. Their Penalty Period was set for the months of 05/25—07/25.

The PA submitted a new application for the children on 5/27, and it was processed on 06/10. Dashawn and Emily were approved for CHIP coverage with a CE of 06/25—06/26 and were assigned a \$20 premium.

Their Penalty Period was *Shortened*, ending on 05/31/2025, though their Delinquent Premium Amount continued to display in KEES.

Let's take a look at KEES next.

Delinquent CHIP Premiums

The **Medical Detail** screen continues to display Premium information, including the CHIP Penalty Start (05/2025) and End (07/2025) dates.

The Status of *Shortened* displays because the Penalty ended (05/31/2025) when the children were approved for CHIP coverage on 6/10.

Medical Detail			
Program Information			
Status:*		Status Reason:	
Active			
Application Date:*			
05/25/2025			
Review Due Month:*			
06/2026			
Inter-County Transfer:*			
No			
Automatically Reassign When Activated:		Assign To Medical Only:	Spenddown Status:
No		No	
Household Premium Amount:		20.00	
<u>Delinquent Premiums</u>			
Delinquent CHIP Premiums:		Delinquent Amount:	Date:
No			
Delinquent WH Premiums:		Delinquent Amount:	Date:
<u>Penalty Period</u>			
CHIP Penalty Start:	05/2025	Penalty End:	07/2025
Delinquent Month Starts:	07/2024	Delinquent Month Ends:	04/2025
Penalty Amount:			200
Status:			Shortened
View Penalty History			

Delinquent CHIP Premiums

Navigating to the **Premium Penalty History** screen displays additional information, including the **Status Date** that indicates when the **Status** was *Shortened* due to the Penalty ended (05/31/2025) when the children were approved for CHIP coverage on 6/10.

Premium Penalties History

Search Results Summary

Results 1 - 2 of 2

Display Penalty Start: MM/DD/YYYY

Penalty End: MM/DD/YYYY

View

Add

	Test Category	Penalty Start	Penalty End	Penalty Amount	Delinquent Month Starts	Delinquent Month Ends	Status	Status Date	Action
☐	MAGI CHIP	05/2025	07/2025	200	05/01/2025	07/31/2025	Active	05/17/2025	Edit
☐	MAGI CHIP	05/2025	07/2025	200	05/01/2025	07/31/2025	Shortened	06/10/2025	Edit

Delinquent CHIP Premiums



The new *Shortened* **Penalty Status** only displays after the Daily Batch is run.

This means that the updated or changed **Penalty Status** won't be visible until the day after eligibility is determined.

Delinquent CHIP Premiums: Fixed Scenario

In addition to these changes, KEES received an update that corrects the eligibility determination for 1 scenario.

With this Release, KEES no longer extends the Review date of a CHIP CH who has a Delinquent Premium when another CH on the case is discontinued.

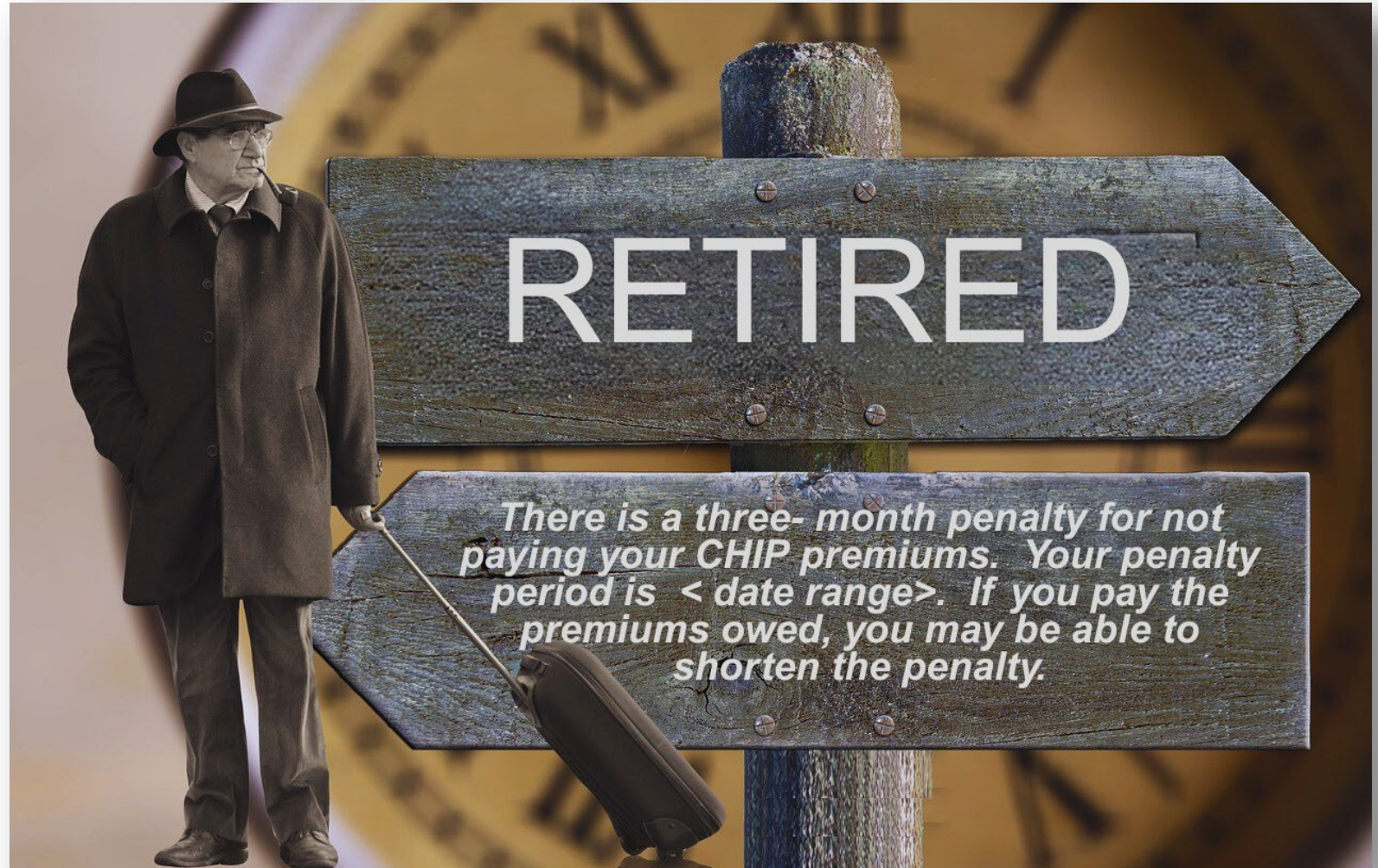
Example: Baby Tate is up for Review in the month of 05/25. His brother, 12-year-old Doniel receives CHIP with a Premium and is Continuously Eligible (CE) through 09/25.

When Baby Tate's Review is processed, he is discontinued for Failure to Provide (FTP). Doniel, who has a Delinquent Premium of \$80, maintains his coverage and has the same CE of 09/2025.



Delinquent CHIP Premiums: NOAs

NOAs have been updated to reflect the ending of the CHIP Penalty Period.



Delinquent CHIP Premiums: Retired Workarounds

The last item to cover for this change is the retirement of the following Workarounds, which have also been removed from the KEES User Manual:

WA231466 - EDBC Override for Premium Delinquency

WA237324 - Premium Delinquency





Questions?

KEES Rules Updates

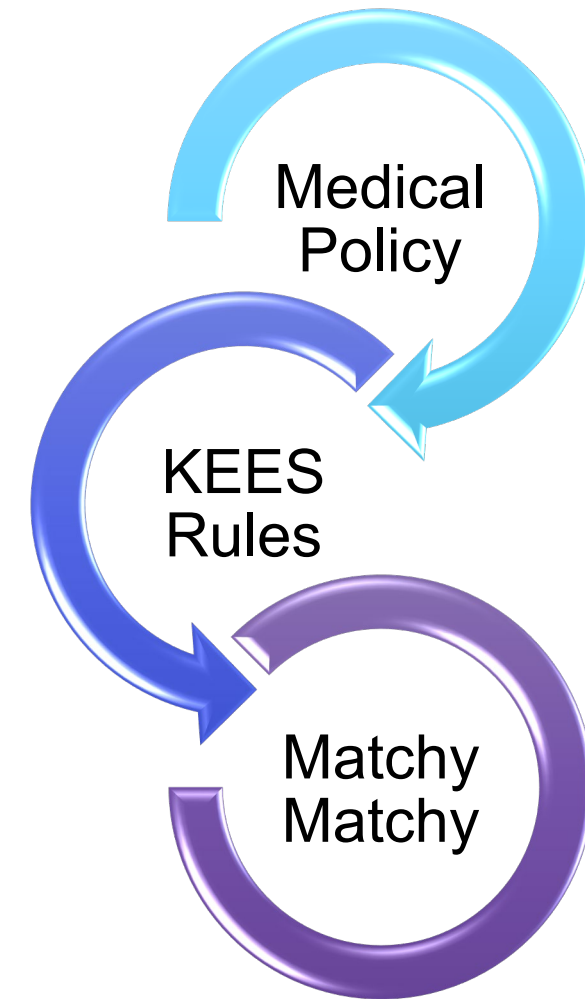


KEES Rules Updates

The KEES Rules engine plays a crucial role in determining eligibility. These Rules are created to ensure that a consumer's eligibility is established in accordance with the guidelines of Medical Policy.

As you know, there are specific scenarios in which KEES Rules do not match Medical Policy. This is problematic for several reasons, including the additional time needed to process the case and, more importantly, the increased risk that eligibility is incorrectly determined.

With this Release, updates have been made to KEES Rules, enabling eligibility for some of these scenarios to be determined according to Medical Policy. We'll review these scenarios next.



KEES Rules Update 1



Adults who were Non-Compliant with CSS continued to receive coverage or were incorrectly approved.



KEES now denies and/or discontinues adults who are coded Non-Compliant with CSS.

KEES Rules Update 2



CHIP-eligible CH with Comprehensive Health Insurance were incorrectly approved and/or renewed for coverage.



KEES now denies and/or discontinues CHIP-eligible CH who have Comprehensive Health Insurance.

KEES Rules Update 3



Some Income Types weren't included in the MAGI Earned Income Total, causing incorrect determinations.



KEES now includes all Income Types in the MAGI Earned Income Total, so MAGI coverage is correctly determined.

KEES Rules Updates: Hard Warning Error

Additional updates include a hard warning error message for the **Medical EDBC Override** and **Medical EDBC Detail (Manual)** pages. This error message appears when one or both of the following are incorrect:

Aid Code

Premium/LTC Liability/Spenddown

Medical EDBC Override Detail

Save and Return

Cancel

Error! Aid Code - Not a valid combination in the Aid Code and 'Premium/LTC Liability/Spenddown' amount fields. Select a different Aid Code or change the amount.

System Determination

Test:	Test Result:	FPL %:	Premium/LTC Liability/Spenddown:
Medikan	Pass	0	0.00

Person	Role	Role Reason	Aid Code
Katz, Millie	MEM		MKN/AD/N/N

User Override

Test: *	Test Result: *	FPL %: *	Premium/LTC Liability/Spenddown: *	Start Date: *	End Date: *
MediKan	Pass	253%	\$124	05/01/2025	05/31/2025

Person *	Role *	Role Reason *	Aid Code *
☐ Katz, Millie	MEM		MediKan

Remove

KEES Rules Updates: Hard Warning Error

Here is an example of the hard warning error message on the **Medical EDBC Detail (Manual)** page.

Once again, this error message populates when either the Aid Code and/or Premium/LTC Liability/Spenddown fields don't match.

In this example, the **Aid Code**, Working Healthy Medically Improved – Blind Cost Share and the 0.00 **Premium/LTC Liability/Spenddown** do not go together.

Medical EDBC Detail (Manual)

Save and Return Cancel

• Error! **Aid Code** - Not a valid combination in the Aid Code and 'Premium/LTC Liability/Spenddown' amount fields. Select a different Aid Code or change the amount.

Test

Test: * Test Result: * FPL %: * Premium/LTC Liability/Spenddown: * Start Date: * End Date: *

Working Healthy Pass 20 0.00 05/01/2025 05/31/2025

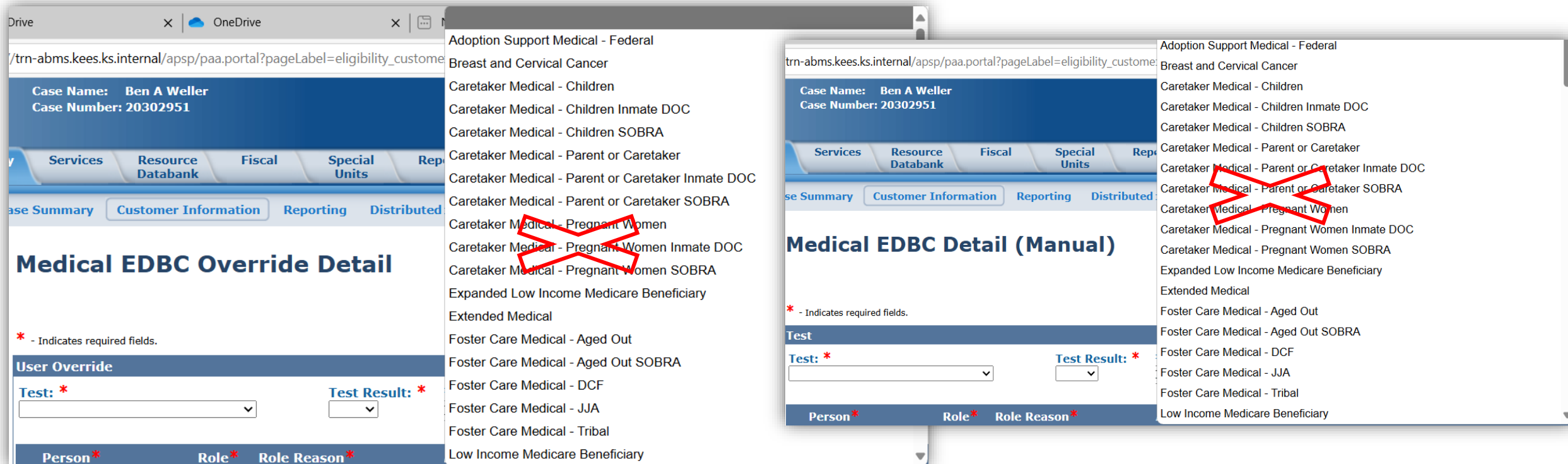
Person *	Role *	Role Reason *	Aid Code *
☐ Katz, Millie	MEM		Working Healthy Medically Improved - Blind Cost Share

Remove

KEES Rules Updates: Removal of CTM/PW

The last rule update also deals with the **Medical EDBC Override** and **Medical EDBC Detail (Manual)** screens. With the implementation of this Release, these screens no longer display the inactive CTM/PW codes. These codes are being removed to align KEES with Policy.

Please see *KDHE-DHCF POLICY NO: 2018-02-01* for more specific information.



Drive x OneDrive x

/trn-abms.kees.ks.internal/apsp/paa.portal?pageLabel=eligibility_customer

Case Name: Ben A Weller
Case Number: 20302951

Services Resource Databank Fiscal Special Units Rep

Case Summary Customer Information Reporting Distributed

Medical EDBC Override Detail

* - Indicates required fields.

User Override

Test: * Test Result: *

Person* Role* Role Reason*

Adoption Support Medical - Federal
Breast and Cervical Cancer
Caretaker Medical - Children
Caretaker Medical - Children Inmate DOC
Caretaker Medical - Children SOBRA
Caretaker Medical - Parent or Caretaker
Caretaker Medical - Parent or Caretaker Inmate DOC
Caretaker Medical - Parent or Caretaker SOBRA
Caretaker Medical - Pregnant Women
Caretaker Medical - Pregnant Women Inmate DOC
Caretaker Medical - Pregnant Women SOBRA
Expanded Low Income Medicare Beneficiary
Extended Medical
Foster Care Medical - Aged Out
Foster Care Medical - Aged Out SOBRA
Foster Care Medical - DCF
Foster Care Medical - JJA
Foster Care Medical - Tribal
Low Income Medicare Beneficiary

trn-abms.kees.ks.internal/apsp/paa.portal?pageLabel=eligibility_customer

Case Name: Ben A Weller
Case Number: 20302951

Services Resource Databank Fiscal Special Units Rep

Case Summary Customer Information Reporting Distributed

Medical EDBC Detail (Manual)

* - Indicates required fields.

Test

Test: * Test Result: *

Person* Role* Role Reason*

Adoption Support Medical - Federal
Breast and Cervical Cancer
Caretaker Medical - Children
Caretaker Medical - Children Inmate DOC
Caretaker Medical - Children SOBRA
Caretaker Medical - Parent or Caretaker
Caretaker Medical - Parent or Caretaker Inmate DOC
Caretaker Medical - Parent or Caretaker SOBRA
Caretaker Medical - Pregnant Women
Caretaker Medical - Pregnant Women Inmate DOC
Caretaker Medical - Pregnant Women SOBRA
Expanded Low Income Medicare Beneficiary
Extended Medical
Foster Care Medical - Aged Out
Foster Care Medical - Aged Out SOBRA
Foster Care Medical - DCF
Foster Care Medical - JJA
Foster Care Medical - Tribal
Low Income Medicare Beneficiary

KEES Rules Updates: Retired Workaround

With these Rules updates, the following Workarounds are officially retired and have been removed from the KEES User Manual:

WA678 - CSS Non-Coop with CTM





Questions?

Reminders

&

**KEES
Resources**





Reapply Reminders

- ❖ Reapply allows staff to log a new application.
- ❖ All Case Persons should be added to the case prior to completing the reapply process (does not apply to e-Apps).
- ❖ The **Reapply** button does not display for a denied or discontinued program if there is already a pending application for all persons.
- ❖ If the application date is 6 months old or greater the following error message displays: ***Error!***
Application Date – The application Date cannot be more than six months prior to the current date. and a Help Desk ticket is needed to reapply the program block.

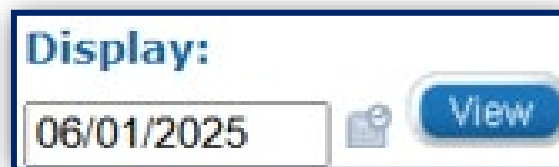
Review the July 2025 Policy memo for additional Policy related information when Reapplying.



Rescind Reminders – Eligibility Staff

Some things to keep in mind when Rescinding a program include:

- Workers should select the month of coverage that needs rescinded as the **Display** month*.



Display:
06/01/2025 View

*If using a Rescind Reason of *1st or 2nd Month Ineligible* change the view month to the month of application.

- The **Rescind** button can only rescind a group of people with the same application date and event type (ex: household of 4 and all members have been discontinued for failure to provide).

Rescind Reminders-Registration Staff

When a review has been received for a household that has been denied/discontinued for any Failure to Provide reason, and remains in their Review Reconsideration period, the **Review and IR/12 month reporting list** page does not need to be updated.

Example:

A household has a review due 05/31/2025. They did not return their review form, so coverage was discontinued 05/31/2025. The clearinghouse receives the review 07/05/2025.

As the review form was received *after* the review due date, there is no need to update the **Review and IR/12 month reporting list** page.



KEES Resources

As always, we encourage staff to utilize all available resources when processing cases, including keeping an eye out for the KEES Dispatch emails as they contain important information!





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

Have a wonderful Summer!