



Policy Memo	
KDHE-DHCF POLICY NO: 2017-04-01	From: Jeanine Schieferecke, Senior Manager
Date: April 10, 2017	KEESM/KFMAM Reference: N/A
RE: Processing Applications from the Federally Facilitated Marketplace	Program(s): All Medical Assistance Programs

The purpose of this memo is to provide instructions for processing applications received from the Federally Facilitated Marketplace (FFM). This memo also provides special instructions for the implementation of new FFM ‘bucketing’. All policies and procedures are effective upon receipt of this memo.

A. Background

The Patient Protection and Affordable Care Act (ACA) implemented a seamless application process for all ‘insurance affordability programs’, or Medicaid, CHIP and coverage through the Marketplace. An application received for tax credits/subsidy by the applicable health insurance exchange is also an application for Medicaid and CHIP in the applicant’s state of residence. Likewise, an application received for Medicaid or CHIP is also considered for subsidy/tax credits. Because Kansas has entered into an agreement with the FFM to serve as the health insurance exchange entity for the state, application information must be shared between the entities.

The FFM began accepting applications in October, 2013 and has identified applications that are potentially eligible for Medicaid or CHIP since that time. With the implementation of KEES, the FFM applications are transferred electronically from the Marketplace and loaded into the KEES system as an e-application and a PDF document is saved in Image Now.

B. Application Process

All applications received from the FFM are processed according to instructions provided in this memo. The instructions in this section are applicable to all FFM applications.

1. Applications taken at the FFM are recorded and sent electronically by the FFM to our KEES vendor, Accenture. Accenture receives the information on behalf of KDHE. The application information is then loaded into KEES as an e-application and a PDF document is saved in Image Now.
2. All applications are registered into KEES following existing policies and procedures. The Primary Name on the FFM application is the Primary Applicant in KEES, except when not allowed per KDHE policy (see section D.1. below).

3. There are two dates on the E-app: the Application Date and the Submit Date. The application is registered and coverage determinations are based on the Application Date. The Submit Date represents the date that the application was transferred to KDHE from the Marketplace.
4. With this implementation, the FFM applications are sorted into groups, also referred to as 'buckets' based on information provided on the application. This information may be used to help determine the program to register, and next steps for processing the applications. The buckets are explained in Section C.
5. Each application must be processed and a determination of eligibility must be completed for all medical coverage/programs the individual is potentially eligible to receive. The FFM application can also be used as a review, as indicated in KDHE Policy Memo 2017-02-01.
6. In situations where the individual is already receiving assistance, the application must be reviewed and compared to information already known to the agency. Any changes identified on the FFM application shall be made following existing policies for processing a reported change.
7. Applications are first considered for eligibility under a MAGI category by the Clearinghouse. If at least one MAGI-ineligible applicant indicates potential eligibility under a Non-MAGI group (disabled, aged, Medicare recipient or seeking LTC), the case is transferred to the LTC or E&D unit, as appropriate for processing the non-MAGI determination. If the only applicant requests LTC, a MAGI determination is not required and the application is immediately assigned to the LTC unit.
8. Persons are considered potentially Non-MAGI if the applicant meets any of the following criteria. This non-MAGI criteria is used to help determine the appropriate buckets, as explained in Section D.
 - a. Age 65 or older
 - b. Has declared a disability on the FFM application
 - c. Has declared they are entitled to receive Medicare,
 - d. Has indicated a need for Long Term Care services, or
 - e. Has declared they are a former foster care recipient.

C. Policies Applicable to all FFM Applications

Before sending the applications to Kansas, the FFM conducts a preliminary assessment and may verify some eligibility elements. The following policies apply to FFM applications:

1. Primary Applicant: As indicated in section B.2 above, the Primary Name on the FFM application shall be registered as the Primary Applicant in KEES. However, the FFM allows some individuals to apply for others that Medicaid policy does not allow. In those situations, the FFM application is accepted as valid and registered in KEES as though the proper individual had completed the application. See also KDHE Policy Memo 2014-01-01.
 - a. Example 1: The FFM accepts an application from a man applying on behalf of his girlfriend and her children because he is claiming them all as tax dependents. The FFM application is accepted as valid and registered in KEES with the girlfriend as the Primary Applicant.
 - b. Example 2: The FFM accepts an application from a woman applying for herself, her mother, and her two siblings. The applicant is age 24 and declares a disability. The FFM application is accepted as valid and registered in KEES with two case numbers. The 24-yr old applicant is the Primary Applicant on her own case. The second case is registered with the mother as the Primary Applicant.

2. Eligibility Factors: All general, non-financial and financial factors are applicable. The information on the FFM application will be used to the extent possible to process the application. However, there are a number of critical fields that are not mandatory for the applicant completing the FFM application. Therefore, information necessary to process may not be available without additional contact with the family.

If critical information is missing on the application and it cannot be located by referencing other portions of the application, research the casefile to determine if the information is available. If it is not available and cannot be determined as per the instructions below, contact with the consumer may be necessary. Research the application prior to making the contact to ensure all unresolved issues are addressed with a single contact. Note: If an E&D Supplement is required as indicated in instructions outlined below, it is not necessary to pend for additional information initially, as it will likely be necessary to pend the case again once the supplement is received.

3. Signature: It is assumed that every adult on the FFM application has signed the application for themselves.
4. E-Application and PDF: Both the E-app and the PDF shall be used to make the eligibility determination. There are some pieces of information that only display in one location or the other, but not both. If discrepancies exist in the data between the e-app and the PDF, the data from the e-app shall be used. An incident should be reported to the KEES Business Support Team.
5. Requests for Coverage – On e-applications, the ‘Applying’ field indicates with a Yes or No whether coverage is requested or not.
6. Prior Medical Requests: All requests for prior medical assistance shall be processed using existing prior medical policies. The FFM application does not ask the consumer the additional questions regarding whether or not there were changes in the household, income or resources that occurred in the prior months. For all requests for prior medical received on an FFM application, the consumer must be contacted to ask these questions. A notice shall be sent if unable to reach the consumer by telephone.
7. Resources and Expenses: The FFM application does not capture resource or expense information necessary for a non-MAGI eligibility determination. The KC1105 – E&D Supplement shall be sent to the consumer to obtain the necessary information. A notice shall also be sent which instructs the applicant that they have 15 days to return the supplement.
8. Type of Coverage Requested – The PDF will indicate if the individual is requesting LTC, but does not indicate the type of LTC being requested. It will be necessary to determine the type of LTC needed. This will be obtained via the E&D Supplement.
9. Disability Status: The FFM does not verify disability status. If required for a non-MAGI determination, eligibility staff are responsible for this action. A PMDT referral shall be made when appropriate. For persons who attest a disability but haven’t been determined disabled by SSA standards, a referral to PMDT or DDS may be required. In these cases, the referral to the PMDT or DDS is delayed until sufficient information is provided to indicate the individual will meet resource requirements. Most generally, this will be obtained when the E & D Supplement to the KC1100 (the

KC1105) is received. But, the information could be available through other avenues (such as a phone call). Because the Marketplace application does not obtain resource information, it is not possible for eligibility staff to determine if the individual would likely be financially eligible without the additional information. For FFM applications, it is necessary to obtain an indication the individual will be eligible before initiating the PMD process.

10. Pregnancy Estimated Due Date: When an applicant has reported a pregnancy but fails to include their due date on the FFM application, it is populating with the application date. When this occurs, treat the due date as if it was left blank, and use a date that is 9 months from the application date.

D. FFM Application Buckets

Based on information reported by the applicant to the FFM, the applications are sorted into groups to allow increased efficiency in processing the applications. At this time, six distinct groups or 'buckets' have been identified. However, additional groupings are under development and are planned to be implemented in the future. The six buckets are described below and are applied as a hierarchy. The applicable bucket are not currently identified on the FFM application. Therefore, the buckets and special processing rules for buckets are only applicable when staff are registering and processing from the FFM Bucket reports.

1. Receiving Assistance

This group includes applications where all individuals requesting assistance on the FFM application are already actively receiving medical benefits in KEES. An individual is considered receiving assistance if they are coded as an Active MEM in the Active Medical Program Block in the month the application is received.

Example 1: FFM application received. Household includes Primary Applicant, Spouse and Child. They are only applying for the Spouse. In KEES there is an active Medical Program Block that shows the Spouse and Child are currently active MEMs. Because the Spouse, the only FFM applicant, is already receiving assistance the application should fall into the Receiving Assistance bucket.

Example 2: FFM application received. Household includes Primary Applicant (PA), Spouse and Child. They are applying for the PA and Spouse. In KEES there is an active Medical Program Block that shows the Spouse and Child are currently active MEMs. Because the PA is not already receiving assistance the application should *not* fall into the Receiving Assistance bucket.

2. Pending

This group includes applications where at least one individual requesting assistance on the FFM application is also pending on a previously received application. An individual is considered pending if they are a pending person on an active or pending program block.

Example 1: FFM application received. Household includes Primary Applicant, Spouse and Child. They are applying for all three individuals. Household had previously submitted an online KanCare application for the child. This application is still pending and a determination has not been made. This FFM application will fall into the Pending bucket.

3. Pregnant Woman

This group includes applications where any individual requesting assistance on the FFM application is reporting a pregnancy. Pregnant applicants are only placed in this group if they do not meet the criteria above for already receiving assistance or pending. The bucket includes all women requesting assistance through the FFM who declare a pregnancy.

4. Elderly and Disabled

This group includes applications where any individual requesting assistance on the FFM application is over age 65, reports they are entitled to Medicare, declaring a disability, or requesting a Long Term Care determination. Applicants are only placed in this group if they are not already identified as receiving assistance, pending, or are a pregnant woman.

5. Unlikely Eligible

This group includes applications where it appears that all applicants on the FFM application are not likely to be eligible for a Kansas medical assistance program. Individuals are identified as part of this group if they meet one of the following criteria:

- a. Children ages 0 through 18, no indication of non-MAGI eligibility, with a Federal Poverty Level (FPL) percentage that is greater than 243%.
- b. Caretakers of children, no indication of non-MAGI eligibility, with a FPL percentage that is greater than 38%.
- c. Children ages 6 through 18, no indication of non-MAGI eligibility, with a FPL percentage between 134-243% and self-attesting to being enrolled in private health insurance.
- d. Children ages 1 through 5, no indication of non-MAGI eligibility, with a FPL percentage equal to or greater than 150% and self-attesting to being enrolled in private health insurance.
- e. All individuals, no indication of non-MAGI eligibility, with a FPL percentage that is greater than 243%.
- f. All individuals greater than age 19 with no indication of non-MAGI eligibility

6. Other

Any applications that do not meet criteria for any of the five buckets above will be placed in this bucket.

E. Processing Instructions for FFM Applications Bucket Reports

As indicated earlier, KDHE is working with Accenture to sort the incoming applications into the buckets listed below. When the bucketing process is fully implemented, a report of applications that meet the criteria listed above will be made available to the Clearinghouse each day. These reports will be accessible through KEES in the future, but will be sent by KDHE Central Office until then. Registration and processing applications in the various buckets shall be prioritized as indicated below. Note that all applications will continue to come into the KEES system as E-applications.

The following instructions are only applicable to processing FFM applications from the bucket reports.

Applications falling into the PW bucket shall receive priority processing each day, including registration. This means these applications will be processed ahead of non-PW applications received the previous day. Note that once an e-application is placed into a bucket, it won't repeat in a subsequent bucket. Example: An application with a pregnant woman and a child will appear in the PW bucket only.

1. Receiving Assistance

The application must be reviewed and compared to information already known to the agency. Any changes identified on the FFM application shall be made following existing policies for processing a reported change.

2. Pending

The application must be reviewed and compared to information already known to the agency. Any changes identified on the FFM application shall be made following existing policies for processing a reported change.

3. Pregnant Woman

The application is processed following existing policies for pregnant woman applications. Applications are expedited.

4. Elderly and Disabled

The application is processed following existing policies for elderly and disabled applications except as noted above in section C.5. Applications in this group may also include a request for MAGI applicants. It is the expectation that an eligibility staff member with experience in both MAGI and E&D populations process these dual applications.

5. Unlikely Eligible

This bucket is intended to identify applicants who are LIKELY not eligible for medical assistance. However the application must still be processed in KEES using standard application procedures, including confirming that there is no indication of non-MAGI eligibility, data acceptance and running EDBC. Self-attestation is used for purposes of determining ineligibility for the programs. For example, a self-attested report of income that exceeds program guidelines is used to deny eligibility. Verification of the income is not required to make this determination. Denials of eligibility falling into this bucket may be completed by MAXIMUS staff and are not required to be sent to KDHE staff for finalization. This is because KDHE has reviewed and approved the criteria used to place individuals in this bucket.

However, in the rare event that an application appears to an approval of coverage, the application shall be sent to KDHE staff as appropriate, following instructions provided in the State Interaction Chart. This would most likely occur if other information was available to the agency.

6. Other

These applications must be processed following all standard application procedures. These applications may include both MAGI and non-MAGI requests.

F. Questions

For questions or concerns related to this document, please contact one of the KDHE Medical Policy Staff listed below.

Allison Miller, Family Medical Program Manager – Allison.miller@ks.gov

Vacant - Elderly and Disabled Program Manager

Jeanine Schieferecke, Senior Manager – Jeanine.schieferecke@ks.gov

Questions regarding any KEES issues are directed to the KEES Help Desk at KEES.HelpDesk@ks.gov