

# Kansas Department of Social and Rehabilitation Services

Janet Schalansky, Secretary

**Integrated Service Delivery - Candy Shively, Deputy Secretary (785) 296-3271**

**Economic and Employment Support - Sandra Hazlett, Director (785) 296-3349**

## MEMORANDUM

---

**To:** EES Chiefs and Staff

**Date:** September 28, 2001

**From:** Jeanine Schieferecke  
Kim Brink

**RE:** SOBRA Processing Procedures

The purpose of this memo is to provide instructions for processing medical coverage for persons eligible under the SOBRA provisions. A change in procedure for establishing labor and delivery as an emergency condition is also addressed. These procedures are applicable for processing dates on or after October 1, 2001.

### Background Information

Beginning January 1, 2001 a process was implemented to review the medical condition of all SOBRA applicants prior to approval as a condition of eligibility. This review is conducted by the Medicaid fiscal agent and Health Care Policy staff. The MS-2156, Medical Review of Emergency Services, was modified at that time to support a new process which requires the form to be completed and submitted, along with the necessary medical records, for final decision regarding the emergency condition. Once the confirmation of the emergency is received from the fiscal agent, eligibility may be processed.

### Labor and Delivery Policy

To streamline this process, modifications are now being made to remove this requirement for women requesting SOBRA coverage following a recent delivery. Applications processed on or after 10-01-01 for recently pregnant women for coverage in the month of birth will not require an MS-2156 for establishing eligibility. This change is possible because the Center for Medicaid Services (CMS) has stated that labor and delivery is to be treated as an emergency condition for purposes of SOBRA processing. If all other eligibility criteria are met for coverage within the group, eligibility can be processed and approved for the length of stay in the hospital.

To be exempt from the MS-2156 requirement, the woman must have delivered a baby during the month under consideration. Either a traditional delivery or a C-section would meet the criteria, as would a still-birth. However, a miscarriage, false labor or

## New and Revised Notices

The current SOBRA approval notice has been revised and two new denial notices have been created to support this change.

V401 - SOBRA Approval

V402 - SOBRA Denial, No Emergency

V403 - SOBRA Denial, Other Reasons

Attached to this memo is a document summarizing the new SOBRA process. Because the Kansas Medical Services Manual will not be updated until a later date, this document provides current instructions for case processing.

Hospital providers will be informed of the modified procedure in a formal association meeting conducted by the fiscal agent. Provider manual updates are also planned as well as updates during other provider meetings. Providers with questions shall be referred to the local provider representative for resolution. Providers should never be referred to the SOBRA unit.

If you have any questions regarding eligibility policy or process, please contact Jeanine at (785) 296-8866. Questions regarding the determination of an emergency condition, including specific medical questions, should be directed to Kim at (785) 296-3386 or the SOBRA unit at the fiscal agent, currently (785) 291-4025.

JS:KB:jmm

cc: Sandra C. Hazlett  
Bob Day  
Dennis Priest  
Nialson Lee  
Brenda Kuder  
EES Trainers  
Cheryl Woods  
Lauri Corcoran  
Deb Wiley  
Kathy Valentine  
SRS HelpDesk  
Margretta Fosse  
Darin Bodenhamer

Chris Swartz  
Chris English  
Lisa Wessel  
Rhonda Kearney  
Gail Giordono  
Dan Roehler  
Joan Schultz  
Steve Klise BCBSKS  
Linda Clark, BCBSKS  
Carol Samuelson, BCBSKS  
Carla Hogan, BCBSKS

## SOBRA Eligibility Process October 1, 2001

As described in the Kansas Economic and Employment Support Manual, SOBRA eligibility may be approved for persons who otherwise qualify for Medicaid coverage except the citizenship and alienage requirements are not met. SOBRA coverage is limited to payment of emergency services only, and persons must meet both criteria to be eligible. Because of this, eligibility cannot be approved until the occurrence of an emergency condition has been confirmed. The decision regarding an emergency condition is documented on the MS-2156, Medical Review of Emergency Services for Establishing SOBRA Eligibility, except for labor and delivery.

If the applicant delivered a baby in the month assistance is requested, the presence of an emergent condition is assumed and eligibility may be processed for appropriate months. The MS-2126 is not required to determine eligibility in labor and delivery months. This process shall be utilized for traditional births as well as C-sections and still births. However, situations involving a miscarriage, complications of pregnancy or false labor are NOT considered labor and delivery expenses. It is important to ensure eligibility has been considered for all months the mother was hospitalized for labor and delivery. If reimbursement is requested for services provided during the same month(s) yet unrelated to labor and delivery, an MS-2156 shall be initiated and sent to the appropriate provider, as explained below.

If the applicant does not report a recent birth or has additional emergent needs not related to birth, the following procedure shall be followed to determine if an emergency service was provided:

1. **Initiate the MS-2156:** Eligibility staff are responsible for initiating the MS-2156 for every person requesting SOBRA coverage. Section 1, Request For Information, shall be completed as thoroughly as possible. The DOB, Case Number and Medicaid ID fields are required. As this is the only method for identifying both the client and the staff person, it is important to write legibly. Provide information on the person for whom coverage is being requested. A separate form is required for each individual in the household requesting SOBRA coverage.

Although financial eligibility may not be determined at the point the form is initiated, it is appropriate to evaluate the applicant's situation to determine if

Eligibility staff may find it necessary to inquire on the status of the MS-2156 to ensure the determination process is progressing appropriately. Staff may contact the fiscal agent to determine if the information has been received. The provider may also be contacted to trace the status of the MS-2156. If it is discovered that the provider has failed to submit the MS-2156 to the fiscal agent in 30 days, follow-up is necessary. Contact with the client should occur through a written notice informing him that eligibility is still pending the documentation of an emergency and that the application will be denied if the provider does not submit the information to the fiscal agent within 10 days. If the client reports another emergency service in the same month, a new MS-2156 shall be initiated. If the original form is not submitted to the fiscal agent and no additional contact is received from the client, the application may be denied at that point, for failure to meet the emergency service criteria.

4. **Processing:** A final eligibility determination may be rendered once the MS-2156 is returned to the originator. If eligibility is denied for a reason other than failure to meet the emergency service requirement, notify the Medicaid fiscal agent so they may update their records. If eligibility is approved, a local medical card shall be issued for the period of eligibility (one or two months) with the message 'Emergency Services Only' noted on the card.

The ES citizenship code must be used on ETRC when approving coverage. The MMIS will apply special claims payment rules for SOBRA eligibles and the ES code will alert the MMIS to do this. Certain labor and delivery services will be paid when billed for a SOBRA eligible client provided all other edits are passed (e.g. billing for a woman and within a certain age range). However, all other claims billed for this population will automatically suspend and be sent to the SOBRA unit for review. If the claims can be matched to an approved MS-2156, they will be paid. If a supporting MS-2156 is not located, the claim will be denied.

**Medical Review of Emergency Services  
For Establishing SOBRA Eligibility  
(except Labor and Delivery)**

**I. REQUEST FOR INFORMATION (to be completed by local SRS office)**

Individual's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Birthdate: \_\_\_\_\_ Case Number: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

The above-named person has applied for medical assistance from the Kansas Department of Social and Rehabilitation Services, and information is needed to determine if the medical services provided were for an emergency medical condition after the sudden onset of a medical condition manifested by symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (a) placing the patient's health in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part.

SRS Specialist: \_\_\_\_\_ Phone#: \_\_\_\_\_

Office Location: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**II. VERIFICATION OF EMERGENCY SERVICES (to be completed by provider)**

In order to verify the emergent nature of the services, the following information must be provided, this form attached to those records and the entire document mailed to: Kansas Medical Assistance Program, Office of the Fiscal Agent, CC:765L, SOBRA Staff, P.O. Box 3571, Topeka, KS 66601-3571. This form is not required for routine labor and delivery services.

To ensure timely processing this form and all documents must be submitted to the fiscal agent within 30 days from receipt of this form.

Payment for services may not be made without the following documentation:

**A. For Hospital Services (Inpatient, Outpatient, ER)**

- 1. History
- 2. Physical
- 3. Admission & Discharge Summary
- 4. Emergency Room Records with Doctor's Exam and Notes

**B. For All Other Outpatient Service (i.e., Physician, FQHC, RHC, etc.)**

- 1. Exam Notes
- 2. History

Services meeting the above criteria were rendered on the following date(s): \_\_\_\_\_ Through \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Phone Number: \_\_\_\_\_

Provider's Signature (or Designee) \_\_\_\_\_ Address \_\_\_\_\_ Date Form Completed \_\_\_\_\_

**III. MEDICAL REVIEW (to be completed by SOBRA Manager or Fiscal Agent Staff)**

Decision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Authorized Reviewer's Signature