



Policy Memo	
KDHE-DHCF POLICY NO: 2019-06-01	From: Erin Kelley, Senior Manager of Medicaid Policy Jerri Camargo, Family Medical Program Manager
Date: June 2, 2019 Effective date April 21, 2019	KFMAM References: 1333.03, 2047.01, 2042, 2043 and subsections, and 2230. Medical KEESM References: 1322.1(2), 2140, 2142, 2146, 9310 and subsections
RE: Policy Implementation Instructions and Information for April 2019 KEES Release	Program(s): All Medical Programs

This memo sets forth instructions for implementation of policy changes related to the KEES Release on April 21, 2019. Except where noted, all changes are effective with eligibility actions (including system actions) taken on or after the KEES Release. Updates to the Medical KEESM and KFMAM manuals will be completed as part of a future revision. Additional information related to the implementation of these changes is available through KEES Release Notes and Dispatch, the KEES User Manual, and training material released to eligibility staff.

Applicable to all Medical Programs:

- Verify Lawful Presence (VLP) Interface

Applicable to Family Medical Programs only:

- Transitional Medical and Extended Medical

Applicable to Elderly and Disabled Medical Programs only:

- Changes to Medical Reviews
- KEES Correspondence Updates: N810 – Working Healthy Premium Information

I. CHANGES IMPACTING ALL MEDICAL PROGRAMS

The following changes are applicable to all medical programs.

A. VERIFY LAWFUL PRESENCE (VLP) INTERFACE

In response to a CMS mandate, all Non-Citizenship verification calls are required to be initiated through the Federal Hub. This change is effective April 29, 2019. Previously, we had been using the manual SAVE GUI as the main verification tool and will discontinue use of the manual SAVE GUI process for routine verification. Beginning April 29, 2019 the manual SAVE may be used only if the interface is failing when first initiated from KEES.

The KEES system will also no longer automatically initiate 2nd and 3rd Step verification calls, if they are required. We are anticipating with the enhanced functionality of the HUB, the number of Step 2 and 3 verification calls will decrease. These must now be manually initiated by the workers within the system. Additionally, there are two groups that will require special processing - Cuban/Haitian immigrants and Violence Against Women Act (VAWA) victims.

It is important to note that if we have copies of the immigration documents, the type of document must be entered on the Non-Citizenship page. If the copy of the document is not on hand it is acceptable to use the document type of "Other Immigration Document" and complete the required information to initiate the Hub call. A verification request will have to be initiated for each person in the household requiring Non-Citizenship verification.

1. Verification Request Steps

a. Step 1 Verification Request

Once a call to the Hub has been sent through KEES, staff will need to review the data received on the Verification Request Detail Page. When non-citizenship verification is initiated at Step 1, there will either be a valid return of information, a notification that staff will need to proceed with Step 2 verification or two additional responses that can be returned if there is an issue at this point.

- 1a – This response will be received if there is a mismatch of information submitted by the worker with the information held at the DHS. This would be either an inconsistency with the consumers reported name, date of birth or Alien/INS number listed. Information listed on the Individual Demographics page will need to be reviewed to ensure the information is entered in correctly, as well as the Immigration Documents on file. Contact with the consumer may need to be made if the worker can not determine a discrepancy.
- 1b – This response will be received if there is an issue with the consumer's SEVIS ID. These are most likely associated with an individual here on a student visa. If we receive the 1b response code, again contact with the consumer is required to inform them that they must contact their

sponsor to rectify the issue. The case will need to be pended for 12 days giving time for the consumer to update their status. If the consumer lets us know that the issue has been resolved, verifications will need to be ran again. Consumers with this code are not eligible for Reasonable Opportunity.

These responses should be returned within seconds of requesting the verification in KEES.

b. Step 2 Verification Request

If we are unable to verify during Step 1, a Step 2 request will be needed. Staff will need to select the “Next Step to Request” option. This is required to submit the Step 2 verification request.

Responses for the Step 2 verification request can take anywhere from 2-5 days to receive a return on the request. If the Step 2 request does not pull back a completed request, the information returned will instruct staff to proceed to Step 3 verification.

c. Step 3 Verification Request

During Step 3 verification it is required that images are attached to the request. This is will be done from the Verification Detail page of an INS Document Verification record.

If images are not found in the case file, a request will need to be sent to the consumer to obtain copies of the documents. If documents are found in the case file it is required that they are separated out per household member using second level indexing. The second level indexing policy can be found in the PM2017-08-01 [KEES Phase 3 Pre-Implementation Memo](#). The Step 3 responses can take anywhere from 10-20 days to be returned. The Step 2 and Step 3 responses do take longer to return findings as they are worked manually by the DHS office.

If the consumer fails to respond, indicates they cannot or will not comply with the request for documentation, the individual needing verification will be denied for failure to provide information. This is done on an individual level and we will still need to complete processing for any consumer that has all required information.

2. Tasks

With the implementation of this memo there will now be two tasks that can be generated once the responses for Step 2 and Step 3 have been returned. These are as follows:

- Step 2 Response Received
- Step 3 Response Received

As the responses are generated on a person basis, it is possible to receive multiple tasks on a particular case. Each task detail will contain the case number, client name, response description and the Agency Action. This information will need to be reviewed to determine if the required criteria has been met to verify the consumers status. Since these tasks are on a person basis, when the responses are received it will not update any currently pending tasks. The system was designed this way to accommodate potential variances in requests for multiple household members.

3. Response Details

When a response is received, the information provided by the HUB will need to be reviewed. There are three specific sections Eligibility Workers will need to review.

- QNC – Qualified Non-Citizen
- 5 Year Bar Applies
- 5 Year Bar Met

These sections will be filled out with either a “Y” - yes, “N” - no, “P” – pending, or “X” – Not Applicable. The combination of these responses will allow workers to determine the current status of a consumer. This is the same information already found on the SAVE verification results just in a different format. All current codes and further explanation of findings can be found in tables attached to the memo.

Example 1: Initial Non-Citizenship Verification has been initiated for PA Betty and CH Paul. We received the following Response Details for both of them.

Paul	
QNC	Y
5-year bar applies	Y
5-year bar met	Y

Based on the information received this tells us that CH Paul is a Qualified Non-Citizen, who the 5-year bar does apply too, which as already been met. His Non-Citizenship page can be updated, and eligibility can be determined for him.

Betty	
QNC	Y
5-year bar applies	Y
5-year bar met	N

Betty's information tells us that she is also a Qualified Non-Citizen, who the 5-year bar does apply too but has not met the 5-year bar. Her page also needs to be updated and she will not be eligible for coverage based on not meeting Alien status/Citizenship Requirements.

Example 2: Initial Non-Citizenship Verification has been initiated for PA William. We have received the following Response Details for him.

William	
QNC	N
5-year bar applies	X
5-year bar met	X

The information returned on William informs us that he is not QNC and that the 5-year bar does not apply to him. Based on this information his Non-Citizenship page will need to be updated and he is not eligible for coverage based on not meeting Alien status/Citizenship Requirements.

Example 3: Initial Non-Citizenship Verification has been initiated for PA Rose. The following Response Details have been returned for her.

Rose	
QNC	Y
5-year bar applies	X
5-year bar met	X

These response details tell us that Rose is a Qualified Non-Citizen, that is not subject to the 5-year bar. Rose's Non-Citizenship page will need to be updated and we can continue determining if she is eligible for coverage.

4. Special Processing

As stated above there are two groups of Non-Citizens that have special processing requirements. These are VAWA's (victims of human trafficking) and Cuban/Haitian Immigrants.

a. Violence Against Women Act - VAWA

When responses are returned for these people the Department of Homeland Security will not have a date of entry recorded for them. This information will need to be gathered from their immigration documents. If the document is not on file, we can provide Reasonable Opportunity if their self-attested date of entry is over 5 years. If it is less than 5 years, the case will need to be put on hold for copies of their immigration documents and we cannot approve RO. Staff will be able to indicate if a consumer is a VAWA victim by the “T” code found on their response details.

b. Cuban/Haitian Immigrants

If a consumer attests to be a resident of Cuba or Haiti, hard copy of their immigration documents will always be needed when verifying their status. This documentation will need to be attached to the Initial Verification request. If this is not attached the system will give a soft warning that it is needed. If a copy of the document is not in the case file, the case will need to be pended to allow the consumer time to provide the needed information.

II.CHANGES IMPACTING FAMILY MEDICAL PROGRAMS ONLY

The following changes are applicable to Family Medical programs only.

A. TRANSITIONAL MEDICAL AND EXTENDED MEDICAL

Previously KEES would not recognize Transitional Medical (TransMed) and Extended Medical eligibility before CHIP. The new [KC-7010 Medical Hierarchy Chart](#) will be released with the issuance of this memo, indicating TransMed and Extended Medical will now be given if a consumer is not eligible for any other Medicaid Program.

PM 2017-11-01 [Policy Implementation Instructions and Information for November 1, 2014](#) provides clarification on how the TransMed policy should be applied. If a consumer is not individually eligible for any other Medicaid program, including TransMed, they may still be put on the program if the following requirements are met:

- The individual is not eligible for any other Medicaid (CTM/PLN) program.
- The individual’s IBU includes the TransMed approved individual.

This means that a consumer may not qualify for TransMed per KFMAM 2230.01, but KEES would give them a passing EDBC for TransMed if they have an approved individual in their IBU.

Examples for Transitional Medical are in a separate document attached to the Policy Memo. Additional information will be available in the KEES release notes for TransMed and Extended Med.

III.CHANGES IMPACTING ELDERLY AND DISABLED MEDICAL PROGRAMS ONLY

The following changes are applicable to Elderly and Disabled Medical programs only.

A. CHANGES TO MEDICAL REVIEWS

Enhanced functionality included in KEES will now generate a specific review type in certain situations, outlined below.

1. MIPPA/LIS APPLICATION

When processing an initial MIPPA/LIS application, most reported information is considered verified. In order to receive and properly verify reported information at review, the first review given after the initial MIPPA/LIS application shall be Pre-Populated. Subsequent reviews may be Super Passive, Passive, or Pre-Populated as determined by the Reviews Batch and eligibility information in KEES.

2. SSI-RELATED MEDICAL ASSISTANCE

Effective with this KEES release, the following changes are implemented for individuals receiving SSI-related coverage.

a. PRESUMPTIVE MEDICAL DISABILITY – TIER 1

Individuals receiving SSI-related coverage based on a Presumptive Medical Disability Determination of Tier 1 shall receive a Pre-Populated Review.

b. SSI WITH MSP

Updates have been made within KEES to ensure persons receiving coverage under a Medicare Savings Program in addition to SSI-related coverage will receive a Super Passive Review. This follows current policy outlined within Medical KEESM 9310.2(1). It is important to note that the review is generated for the MSP program, as SSI-related medical assistance is not subject to review.

Persons receiving SSI with MSP who fail Super Passive and Passive Review criteria are subject to a Pre-Populated Review. Receipt of earned income, the first review following approval of an initial MIPPA/LIS application, or the third review following two consecutive Passive and/or Super Passive Reviews are a few examples of reasons a Pre-Populated Review would generate. If a Pre-Populated Review is generated by KEES and returned by the consumer, it shall be processed in accordance with current policy outlined in Medical KEESM 9300 and subsections.

In situations where a Pre-Populated Review is generated by KEES but not returned by the consumer, an Administrative Review is conducted. An Administrative Review is a review conducted by eligibility staff using information available through interfaces and in the case file to determine ongoing eligibility. Cases receiving an administrative review are processed manually by eligibility staff and are conducted without the use of a review form.

When completion of an Administrative Review is appropriate, staff must first determine if all necessary information is available to process the review. A statement regarding the current situation is obtained from the consumer. All required review-related verification must also be obtained, following the Tier process.

i. INCOME

Earned income must be Reasonably Compatible or otherwise verified. This means once an income statement is received, an RC test must be completed or, income otherwise verified following the Tier process (e.g. available in the case file). The RC test completed by the Reviews Batch can be used if there has been no reported change in income. Note that cases with income received from self-employment will rarely be eligible for an Administrative Review unless recent verification is on file that is consistent with the individual's self-attestation.

Unearned income, including continued receipt of SSI, must be verified following the Tier process. In situations where SSI has been suspended or terminated, eligibility must be determined under a new program, with or without a new application, as specified in PM 2018-10-01, [Loss of SSI Recipient status and the Verification of Resources](#).

ii. HOUSEHOLD COMPOSITION

Unless information is received to the contrary, it is assumed that all members currently receiving coverage wish to continue.

iii. RESOURCES

If resources exceed 85% of the allowable limit, verification is required. Other resources factors that disqualify a person from a Passive Review (e.g. trust, etc.) are applicable and will also prevent the Administrative Review.

iv. OTHER FACTORS

If there is any other indication of a change in the case, the information must be considered and a judgement regarding the Administrative Review documented.

If an Administrative Review is completed, staff are required to contact the consumer to inform them of the completed determination and that the Pre-Populated Review form does not need to be returned. The worker saving EDBC results on the case is responsible for contacting the consumer. If the Pre-Populated Review form is later returned and changes are reported, these are treated under current change processing rules.

Staff must thoroughly document all case action in the Journal.

Upon completing an Administrative Review, a review must be recorded in KEES. The date the case is processed is used as the received date for the Review/IR Record.

3. MEDICALLY NEEDED SPENDDOWN CASES

The review type determination batch takes many things into consideration, such as aid code, income, and resources when determining which type of review will be generated. Effective with this KEES Release, the review type determination for individuals receiving Medically Needed spenddown coverage will also include whether the spenddown is met, partially met, or unmet. An additional field, Spenddown Status, has been added to the Medical Detail page in KEES to document the status of the spenddown. Once the Reviews Batch has run against a program block with active Medically Needed spenddown coverage, the Spenddown Status dropdown value will reset to blank. A blank spenddown status indicator is treated the same as 'Unmet'.

The Spenddown Status dropdown will contain the following values:

a. SPENDDOWN STATUS – MET

The 'Met' indicator allows the program block to proceed through the reviews type determination batch and potentially generate a Passive or Pre-Populated Review

The Spenddown Status indicator shall be set to 'Met' when the eligibility worker identifies the spenddown has been met with expenses allowed in KEES, beneficiary billed expenses, provider billed expenses, or a combination of all three. This may occur at the time eligibility is initially determined, when performing regular case maintenance activities, or when processing a subsequent spenddown where the previous base period was met. It is important that eligibility staff use the MMIS to correctly determine when a spenddown is met.

b. SPENDDOWN STATUS – UNMET

A Pre-Populated Review will be generated for all program blocks where the Spenddown Status indicator is set to 'Unmet'. The 'Unmet' status shall be populated at the time initial eligibility is determined and upon completing a review, except in situations where the spenddown is met by expenses allowed in KEES. See Medical KEESM 7532.4(1) for policy related to the types of expenses which may be allowed in KEES.

In addition, the Spenddown Status shall be reviewed, and the appropriate value verified each time case maintenance action is taken. Doing this will ensure the correct value is selected and the appropriate review type is consistently generated.

c. SPENDDOWN STATUS – PARTIALLY MET

The 'Partially Met' indicator performs like the "Unmet" indicator and will not be used at this time. Future policy may incorporate use of this dropdown value.

B. KEES CORRESPONDENCE UPDATES

The following correspondence updates are included with this KEES Release.

1. N810 – WORKING HEALTHY PREMIUM INFORMATION

Updates are being made to Form N810, Working Healthy Premium Information, to display the correct income standards. This form will be updated annually along with changes to the Federal Poverty Levels. Form N810, Working Healthy Premium Information Form, is the KEES version of the ES-3165 and is intended for use in the same manner. The [ES-3165](#) will continue to be available for use and may be accessed by visiting the KDHE Eligibility Policy Form page at <https://www.kancare.ks.gov/policies-and-reports/kdhe-eligibility-policy/forms>.

IV. QUESTIONS

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

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