



<b>Policy Memo</b>	
<b>KDHE-DHCF POLICY NO: 2020-01-01</b>	<b>From: Erin Kelley, Senior Manager</b>
<b>Date: January 16, 2020</b>	<b>Medical KEESM/KFMAM Reference:</b>
<b>RE: Policy Implementation Instructions and Information for January 2020 KEES Changes</b>	<b>Program(s): All Medical Programs</b>

This memo implements changes to the Medical Assistance programs implemented with the KEES Release on January 19, 2020. Except where noted, all changes are effective with eligibility actions (including system actions) taken on or after the KEES Release. Additional information related to the implementation of these changes is available through training material released to eligibility staff, KEES Release Notes, and the KEES User Manual.

Applicable to all Medical Programs:

- TALX Functionality
- Oracle Cloud Infrastructure (OCI) Migration

## **1. CHANGES IMPACTING ALL MEDICAL PROGRAMS**

The following changes are applicable to all medical programs.

### **A. TALX FUNCTIONALITY**

This KEES Release will remove the automatic TALX Tier III functionality from KEES. For staff, this means that the system will no longer be automatically populating the TALX data in EDBC from the Reasonable Compatibility results and updating the Source field on the Income Amount Detail page. However, TALX data can still be manually used when allowed by policy. Staff will need to manually update the amount in the Income Amount Detail and update the Source to “Tier III – TALX”. This change will also affect reviews. Because this automated functionality has been removed, Passive and Super Passive reviews will no longer be determined as a result of TALX Tier III.

## **B. ORACLE CLOUD INFRASTRUCTURE (OCI) MIGRATION**

### **1. BACKGROUND**

This KEES Release completes the migration of KEES from being housed in a physical data center to a cloud-based computing environment.

### **2. MIGRATION SCHEDULE AND SYSTEM AVAILABILITY**

Except as noted below, the process of implementing KEES in a cloud computing environment is not expected to require the use of special processes. This section provides information related to the timeline that is applicable for the migration period while section C below provides details for the Emergency Medical Card process. Staff will be notified if adjustments or changes become necessary as job duties require.

### **3. MIGRATION TIMELINE**

The process of migrating KEES to a cloud-based environment will require KEES, the Medical Self-Service Portal, the Document Upload Portal, and the Presumptive Eligibility (PE) Tool to be unavailable for a brief period while the migration is in progress. The migration period will impact other normally scheduled processing timeframes. The following outlines the impact of the implementation on the various automated systems.

#### **a. KEES**

KEES will be unavailable in its normal capacity beginning 8:00pm Thursday, January 16<sup>th</sup>. There will be no access to full production KEES to process medical eligibility until after the migration is complete. The migration is expected to be completed the morning of Tuesday, January 21<sup>st</sup>. At that time, KEES will be available in a limited capacity. Only specific users and specific actions will be allowed during this period. Staff will be notified as capacity is increased and additional functionality may be used. Local supervisory staff will provide information to staff regarding the ability to add additional staff and functionality as necessary.

A read-only version of KEES will be available to specific staff beginning Friday, January 17<sup>th</sup>. This version will include information on all individuals and cases that existed in KEES as of Monday, January 13<sup>th</sup>. This version of KEES shall not be used to make eligibility determinations or issue benefits, however, there will be some limited data entry into this version of KEES in order to support the Emergency Medical Card process described in section 1.C. below.

**b. IMAGENow**

Like KEES, ImageNow will not be available during the migration period. ImageNow will go down at 8:00pm on Thursday, January 16<sup>th</sup>. There will be no access to ImageNow until after the migration is complete.

**c. MEDICAL SELF-SERVICE PORTAL AND THE PRESUMPTIVE ELIGIBILITY TOOL**

Both the Medical Self-Service Portal (SSP) and Presumptive Eligibility (PE) Tool will be unavailable to complete and submit applications during the migration period. Although other materials on the website will still be available, applications cannot be submitted. It is expected that both the SSP and the PE Tool will be available to the public on Tuesday, January 21<sup>st</sup>.

**d. MMIS**

The MMIS will be fully available to eligibility staff during the migration period. Because KEES will not be available to issue eligibility determinations, there will be no updates to eligibility data through the normal automated processes. However, updates can still be made directly by staff with such capacity. All other MMIS functions will continue as normal, including the 834 file to the MCOs and all claims processing.

To support the migration, adjustments are made to the daily MMIS files and the alert file to KEES. The following summarizes the schedule:

- Thursday, January 16<sup>th</sup>: The last daily MMIS file will run
- Friday, January 17<sup>th</sup>: All alerts and tasks sent between KEES are sent according to the normal schedule during the migration period. These will then be loaded into KEES and are expected to be available following completion of the migration.
- Tuesday, January 21<sup>st</sup>: MMIS daily files resume as normal.

**e. PREMIUM BILLING AND COLLECTION (PB&C) SYSTEM**

Access to the PB&C system will not be impacted by this conversion. Because KEES will not be issuing eligibility determinations, there will be no updates to premium data through the normal automated processes. The Premium Balance files will continue to be sent from the PB&C to KEES. KEES will process these files in the order received after the migration is

complete. All updates to premium records and related tasks will be available in KEES after that time.

## **C. MEDICAL COVERAGE DURING OCI MIGRATION – EMERGENCY MEDICAL CARDS**

The suspension of medical processing during the migration period will prevent authorization of new medical coverage through KEES. Although new coverage will not be approved, the MMIS will be fully functional during this time. The MMIS can be used to answer questions and provide coverage information. Files between the MMIS and MCOs will continue to be exchanged during the migration period, although content and volume will be limited to information such as assignment changes. New eligibility will not be communicated on the file during the period of time in which daily files to the MMIS are not being sent. In addition, direct update of some information in MMIS will continue, including data fixes occurring as a result of errant records. If staff become aware of an issue, continue to send these through the KEES Help Desk.

A special off-system process will be executed on Friday, January 17<sup>th</sup> to allow medical assistance coverage determinations to occur in situations where coverage has recently ended for an individual who is in need of prescription medication. This specific process is not applicable to persons newly applying for medical assistance. The full Emergency Medical process for other exceptional circumstances will not be implemented unless the migration period extends beyond Tuesday, January 21<sup>st</sup>. Temporary, emergency medical cards can be issued for persons who are eligible and have a medical need. Coverage under the emergency medical card is only available for January 2020 as other months will be determined under normal processing.

### **1. REQUESTS FOR COVERAGE**

Individuals who request emergency medical coverage are routed to a special team within KDHE for the determination. This team is responsible for all emergency medical determinations received during the migration period. Requests received at the KanCare Clearinghouse will be routed to the team according to the processes in the Emergency Medical Job Aid. Staff outside the KanCare Clearinghouse, including Central Office, Outstationed Workers and Intake Managers, shall email requests to the mailbox listed below. The subject line of the email must include “Emergency Medical”. All requests should go through supervisory staff for a preliminary review prior to the referral. If an application or any other information is also available, scan the material and include it with the email: [KDHE.QualityIssues@ks.gov](mailto:KDHE.QualityIssues@ks.gov).

Note this process does not apply to foster care. PPS cases will be sent to the designated regional contact. These staff will work the KDHE Central Office to ensure sufficient information is available to facilitate a special off-system MCO enrollment. All

requests will be identified and tracked on the Emergency Medical Spreadsheet. Staff are responsible for submitting an updated spreadsheet to Central Office by noon each business day following execution of the emergency medical process through such time as the KEES eligibility system is brought back online.

Because a live version of KEES is not available during this time, special tracking processes have been put in place to document and route requests received during this time. Any activity related to this process must be entered into the journal when KEES is available. These include approved and denied requests. All documents must be imaged to the appropriate case file once ImageNow becomes available as well.

## **2. POTENTIALLY ELIGIBLE INDIVIDUALS**

The following two groups are potentially eligible for coverage during the migration period.

### **a. FOSTER CHILDREN**

The process used for new foster children that is in place today will continue to be used during the migration period. Staff will issue the temporary medical card using current protocol. However, once issued, the information included in the Emergency Medical Spreadsheet must be collected and shared with KDHE Central Office. In addition to the MCO choice, staff are asked to include any information regarding critical medical care the child may need.

### **b. EMERGENCY MEDICAL CARE**

Medical coverage can also be provided to individuals who are unable to access critical medical care due to the lack of a payer source. In order to qualify, the following criteria must be met:

- i. The individual must have a pending application to be eligible for reinstatement of coverage. Persons who apply during the migration period may also be considered.
- ii. The individual must have an emergency need that will go unmet because the provider/service cannot be paid. The Emergency Medical Checklist (attached) is used to determine this requirement. Although verification is not required, staff are given flexibility to determine the validity of the claim. The sole purpose of the emergency card is to make essential treatment available, therefore, individuals currently

residing in nursing facilities or concerned only about paying a bill will not likely be eligible for the card.

### **3. EMERGENCY MEDICAL CARD PROCESS**

Once the basic criteria have been met, an eligibility determination is completed according to the following process. Note additional details will be available in the Emergency Medical Job Aid.

- i. If the emergency criteria are met the individual must be determined financially eligible for Medicaid or CHIP. Staff will utilize a special version of KEES to make this determination. Designated staff will be given the ability to enter data in a KEES staging environment in order to simulate an actual determination. However, this will only document the determination – it will not actually send the results to the MMIS nor will it be retained past the migration period.
- ii. The version of KEES that will be used to support the emergency medical process is the same version that Call Center staff will use to research cases and answer questions during the migration period. It is important that staff who are not involved in the emergency medical card process are aware that some cases may be undergoing a special determination and the information they view may not reflect actual coverage of the member.
- iii. Staff must then complete the eligibility determination. Although limited data entry is allowed for these determinations, all eligibility criteria and factors must continue to be met. However, because interfaces will not be available through KEES staff may skip directly to later tiers in the verification hierarchy if necessary. When data has been entered, EDBC is ran. When the determination has been completed, the EDBC may be accepted and saved in the staging environment. Because this will not be retained, staff must take a screenshot of the results for retention in the case file.
- iv. Notification to the consumer is not sent at this time. Official notification will occur at the time the formal determination is made following the migration period.
- v. If the member is not eligible, staff must contact the applicant by phone to provide notification of the denial for emergency medical coverage. However, a full determination will be completed when KEES is available.
- vi. If the member is eligible, notify KDHE Central Office of the approval. Central Office is responsible for finalizing eligibility and coordinating enrollment with the MCO. An email that includes the case number and the member's name shall be sent to KDHE Central Office staff.

- vii. A temporary medical card will be sent to the consumer from Central Office. Central Office will communicate with the Emergency Medical Team when this occurs and is responsible for notifying the consumer via phone of the outcome.

Once the migration period is completed, all information will be recorded in KEES and documents will be imaged to the case. An actual determination is completed in KEES and the beneficiary will be formally notified of the decision at this time. In the event the resulting determination is different than that provided during the migration period, contact KDHE Central Office for guidance.

All final decisions will be completed within two weeks of the migration period and will be recorded on the Emergency Medical Spreadsheet.

A Provider Bulletin will be published to the KMAP website prior to the migration period beginning. In addition, the MCOs have identified key contacts to assist with any issues that arise during the migration period.

## 2. 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](mailto:KEES.HelpDesk@ks.gov)