Policy Memo	
KDHE-DHCF POLICY NO: 2017-08-01	From: Jeanine Schieferecke
Date: 08/14/17	Medical KEESM Reference:
	KFMAM Reference:
RE: KEES Phase 3 Pre-Implementation Memo	Program(s): All Medical Assistance

The purpose of this memo is to provide instructions regarding the implementation of Phase 3 of the Kansas Eligibility Enforcement System. This is the first of two memos that will provide policy and implementation instructions to staff. This memo will provide general information regarding new and changing system functionality as well as the conversion plan. Additional implementation details will be provided in a second memo and supporting material.

I.   BACKGROUND

This implementation completes the scope of the original KEES project. Three separate phases of KEES have been implemented as follows.

Phase 1 – July, 2012: Implementation of the KEES Medical Self-Service Portal and Presumptive Eligibility Tool.

Phase 2 – July, 2015: Implementation of functionality into the KEES eligibility system to support medical assistance programs. This included a state-wide imaging system that also supports non-medical programs.

Phase 3 – August, 2017: Implementation of functionality to support non-medical programs into KEES and expansion of the Self-Service Portal to support Non-Medical programs.

With the inclusion of the non-medical programs, User Manuals, training guides and other support materials will also be updated. User support for the new programs will continue to be provided by the KEES Help Desk. Additional material regarding support features will be provided in subsequent communication.

This phase of KEES implementation is considered a major system upgrade. Not only will KEES modifications and updates occur, but business process and policy changes are also applicable. All staff with responsibilities related to the eligibility component of the medical assistance program

will be impacted by this implementation. Training, desk guides and other supporting material will be provided as part of this implementation.

II. IMPLEMENTATION SCHEDULE/SYSTEM AVAILABILITY

The process of implementing the non-medical programs in KEES requires the use of special processes during this period. This section details those processes as well as the timeline that is applicable for the implementation period. Please note that these dates may change if issues occur during the process. Staff will be notified if adjustments or changes become necessary as job duties require.

A. IMPLEMENTATION TIMELINE

The process of implementing non-medical functionality will include the conversion of data from existing systems, including KAECSES and KsCares, as well as the implementation of new functionality in KEES. In order to accomplish this, current automated systems will be unavailable for a brief period while the conversion is in progress. This time is called the Data Conversion Period. Following that, there will be limited use of the systems. The implementation will also impact other normally scheduled processing timeframes. The following outlines the impact of the implementation on the various automated systems.

1. KEES:

KEES will be unavailable in its normal capacity beginning at 6 pm Friday, August 18. Although technical staff and designated testers may have limited capability in KEES during the Data Conversion Period, there will be no access to full production KEES to process medical eligibility until the beginning of Controlled Production period. At that time, KEES will be available in a limited capacity. Only specific users and specific actions will be allowed during this 'controlled production' period. Staff will be notified as capacity is increased and additional functionality is to be used. The Controlled Production period is planned to run through September 13 with additional capacity and users added periodically through this time period. 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 staff beginning Monday, August 21. This version will include information on all individuals and cases that existed in KEES as of 6 pm Friday, August 18. This version of KEES will be used to answer questions, conduct research and pre-screen applications, but cannot be used to make eligibility determinations or issue benefits. There will, however, be some limited data entry into this version of KEES in order to support the Emergency Medical Card process as described in section V. Special documentation will be applicable for these cases and they will be clearly marked.

Summary:
- Friday, August 18, 6pm: KEES is brought down and is unavailable

- Monday, August 21: Read-Only version of KEES is available
- Late August/Early September: KEES available for Controlled Production
- September 13: KEES Medical Full Production

2. **IMAGENOW:**

Like KEES, ImageNow will not be fully functional during the Data Conversion period. ImageNow will go down at 6 pm on Friday, August 18. There will also be a read-only version of ImageNow available the week of August 21st. The enhanced version of ImageNow, with non-medical Doc Types and non-medical documents, will be available with the beginning of controlled production. See Section VI.I for more information regarding the new version of ImageNow.

Summary:
- Friday, August 18, 6pm: ImageNow is brought down and is unavailable
- Monday, August 21: Read-only version of ImageNow is available.   No scanning or re-indexing can be done at this time.
- Late August/Early September: ImageNow is available. Non-Medical document types will be included.
- September 13: KEES Medical Full Production

3. **MEDICAL SELF SERVICE PORTAL AND THE PRESUMPTIVE ELIGIBILITY TOOL:**

Both the Medical SSP and the PE tool will be unavailable to complete and submit applications during the data conversion period. Although other materials on the website will still be available, applications cannot be completed.

- Thursday, August 17, 5pm: Both will be disabled and the tools will be unavailable to the public.
- Monday, August 28: Both tools will be available to the public.

4. **MMIS:**

The MMIS will be fully available to staff during this time. Because KEES will not be issuing eligibility determinations, there will be no updates to eligibility data through the normal automated processes. However, updates can still be made by staff directly 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 KEES implementation, adjustments are made to the monthly and daily MMIS files and the alert file to KEES. The following summarizes the schedule:

- Friday, August 18: MMIS Monthly and last MMIS daily
- Monday, August 21 - Friday, August 25: All alerts and tasks sent between KEES and sent according to the normal schedule during the Data Conversion

Period. These will then be loaded into KEES and available at the beginning of Controlled Production.

- Late August/Early September: MMIS files resume at the beginning of Controlled Production.

5. **KAECSES:**

The Automated Eligibility portion of KAECSES that currently supports non-medical programs will be brought down in order to convert non-medical data to KEES.

- Friday, August 18, 5pm: KAECSES AE will be unavailable
- Monday, August 21: KAECSES AE will be available as a read-only tool.

N**ote**: Staff will continue to utilize the read-only version of KAECSES to view notices produced prior to KEES implementation (July, 2015).

6. **EATSS/BARI/BASI**

Access to systems providing Social Security and Department of Labor information will also be impacted. These systems will not be available during the first weekend of conversion, but will then be available during the rest of the down week with full capabilities. However, for EATSS, KEES will not be sending the client list file so newer individuals may not be found. These systems will then become unavailable again on September 10 for additional system updates, but will be available again on September 11.

- Friday August 18, 5 pm - Systems are not available
- Monday, August 21 – Systems will be available with normal functionality
- Sunday, Sept 10 – Systems will not be available this day

7. **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 on or about August 25. All updates to premium records and related tasks will be available in KEES on Monday, August 28.

III. PRE-CONVERSION ISSUES

Pre-conversion action, primarily data clean up, is necessary prior to the actual implementation of Phase 3. This is important in order to prepare for new functionality, but also because many consumers who participate in medical programs also participate in non-medical programs. When converting information for KAECSES/KsCares into KEES, it is important to accurately identify duplicate individuals, companion cases and other commonalities.

Several projects have been underway to review discrepant data and make necessary adjustments to avoid problems post-conversion. *Please note:* data problems are frequently caused by staff failure to pay attention to detailed information and noticing changes or discrepancies in the data. It is critical that all staff follow appropriate procedures when entering data into the KEES system.

Specific projects are outlined below.

A. ADDRESS DISCREPANCIES

Because KEES will only allow one address for each individual client in KEES, it is important that the address be correct. If a consumer is involved in an active medical case at the time of conversion, the KEES address will be used. If the consumer is only active on a non-medical case at the time of conversion, the non-medical address is converted into KEES. Additional information regarding managing a common address between medical and non-medical programs will be provided in a subsequent memo.

B. DATE OF BIRTH DISCREPANCIES

A conversion rule similar to the address process is used for Date of Birth (DOB) discrepancies as well. When a client has been identified in both systems but different birthdates exist, the KEES DOB is to take precedence. However, because such a large number of discrepancies were discovered during the initial review of the converted data, a special review of all discrepant DOBs was conducted. Staff manually reviewed these reports and identified the correct birthdate. If the KAECSES birthdate was determined to be accurate, the KEES system will be updated with a new birthdate. These cases will be evaluated following implementation of Phase 3 to determine if it is necessary to redetermine eligibility with the new birthdate. Additional instructions will be issued.

C. SOCIAL SECURITY NUMBER DISCREPANCIES

Issues were also discovered with Social Security Numbers during the review of converted data and a review of all non-matching SSNs was conducted. In situations where an SSN existed in KAECSES, but not in KEES, the SSN will be added to KEES during the conversion process. All SSNs for active members have been evaluated for accuracy. The case will be converted with the accurate SSN regardless of the source system. When a change was required, the SSN was verified according to standard verification policies. For inactive members, when the SSN was unable to be verified, it was placed into a pending status so that it can be evaluated if the individual applies for assistance in the future.

IV. PROCESSING MEDICAL ASSISTANCE DURING THE IMPLEMENTATION PERIOD

A. BEFORE DATA CONVERSION PERIOD

In most situations, business processes will continue as usual in the time period leading up to the Data Conversion Period. Special processes are outlined below.

1. **PRESUMPTIVE ELIGIBILITY (PE) TOOLS**

   All PE tools received prior to and including those received on 8/17/2017 must be registered and processed before close of business on 8/18/2017. This will ensure that all those approved for PE coverage receive access to their coverage prior to the Data Conversion Period. MAXIMUS and KDHE staff will coordinate to ensure this is accomplished.

2. **BUY-IN DELETION REPORT**

   The time frame allowed for processing of the monthly Buy-In Deletion report will be reduced. The report will be received on 8/14 and must be completed by close of business on 8/18/2017. MAXIMUS and KDHE staff will coordinate to ensure this is accomplished.

B. DURING THE DATA CONVERSION PERIOD

During the Data Conversion Period, the read-only versions of KEES and ImageNow as described in Sections II.A.1 and II.A.2 will be available for staff to conduct research. Staff will utilize these systems to support special processes which will be occurring to ensure that minimum eligibility functions continue and applications continue to be reviewed and prepared for processing once the Data Conversion Period is complete.

1. **SPECIAL PROCESSES**

   Incoming mail and faxes will be sorted, researched, and batched so they are ready to image.

   All eligibility actions and telephone contacts must be documented. Because KEES is not available to record this documentation, information will be stored in special tracking tools that will be used by all staff. The information in these tools will then be manually added to KEES once the Data Conversion Period ends. This will include case journals and tasks. Special processes will be followed to ensure that journals indicate what date the action occurred. When both telephone contacts and eligibility journals exist for one case, the actions may not be manually added to KEES in the correct date order. Staff shall pay special attention to the date indicated in the journal to understand the case history. Tasks that would normally be created through the Contact Log will be created through Task Management. This allows staff to manually adjust the received date in order to preserve the date the action occurred.

2. **PRE-SCREENING PROCESS**

   In an effort to continue processing during the Data Conversion Period, applications and reviews will be screened for missing information using a manual process. Alternative processes will also be used to verify information since access to the electronic interfaces through KEES are unavailable.

When processing applications with earnings, the Manual RC Tool shall be used to complete the Reasonable Compatibility Test. The Manual RC test shall be completed using both income from BASI and The Work Number when available. As indicated above in II.A.6, EATSS, BARI, and BASI will remain accessible to staff during the Data Conversion Period.

When processing reviews with earnings, as indicated in KDHE Policy Memo 2017-02-01, if the consumer has not reported any changes in income, and the income passed the Reasonable Compatibility Test that was executed by the Review Batch, it is not necessary to re-run the RC Test. The passing RC test executed by the batch is used for the determination. If there was not an RC test performed for the individual's earnings or the RC test did not pass, then staff shall use the Manual RC Tool to complete the RC test.

In instances where the Manual RC Tool is used, it must be stored and later image to the case after the end of the Data Conversion Period.

After screening the application or review, if staff identify that additional information is required, a manual notice will be sent to the consumer to request the verification. On a daily basis, the notices will be prepared for printing. Notices will be mailed on the day following the day they are created by eligibility staff. These notices will be saved as a PDF, stored and later imaged to the case after the end of the Data Conversion Period.

3. **CONTROLLED PRODUCTION**

During the Controlled Production period, KEES is fully functional but processing will be conducted with a smaller number of users to ensure confidence in the system functionality. The intent is to support the operational needs while also keeping the volume of eligibility actions small so that if there are issues, remediation of the issues is more manageable. The following outlines the specific activities that will be occurring in Controlled Production.

- Call Center will continue to operate using the Data Conversion Period processes for the first two days of Controlled Production. Following this time, Call Center will be fully operational following standard business processes.
- Mailroom will image only high priority items. August reviews must be scanned using the bar code prior to September 13th to ensure coverage is not discontinued for failing to return a review when the Review Discontinuance batch is run.
- Registration will be fully operational following standard business processes.
- Staff will begin inputting the journals and tasks that were stored from the Data Conversion Period.
- Eligibility will be processing the following high-priority items:
  - Emergency Medical cases that were processed during the Data Conversion Period
  - Presumptive Eligibility

- Expedited Eligibility
- Urgent Medical Needs
- PACE, WORK and other date-sensitive Long Term Care cases
- ADAP cases
- Reinstated CHIP tasks must be processed prior to 9/1/2017 to ensure no gap in coverage exists for individuals who timely paid their CHIP premiums.

V. MEDICAL COVERAGE DURING DATA CONVERSION PERIOD – EMERGENCY MEDICAL CARDS

The suspension of medical processing during the conversion 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 the MCOs will continue to be exchanged during the conversion period, although the content and volume will be limited to issues such as assignment changes. New eligibility will not be communicated on the file. 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 in place to allow medical assistance coverage determinations to occur in exceptional circumstances during the conversion period. 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 August, 2017 as other months will be determined under normal processing.

A. REQUESTS FOR COVERAGE:

Individuals who request emergency medical coverage are routed to a special team at the KanCare Clearinghouse for the determination. This team is responsible for all determinations received during the conversion period. Requests received at the Clearinghouse will be routed to the team according to processes in the Emergency Medical Job Aid. Staff outside the Clearinghouse, including Central Office, Outstationed Workers and Intake Managers, shall email requests to the staff listed below. 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:
Amanda Corneliusen (Amanda.Corneliusen@ks.gov)
Cindy Edwards (Cindy.Edwards@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 with 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 during the data conversion period.

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 as well.

B. POTENTIAL ELIGIBLE INDIVIDUALS

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

1. FOSTER CHILDREN

The process used for new Foster Children that is in place today will continue to be used during the Data Conversion Period. Staff will issue the Temporary 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.

2. 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 or be eligible for reinstatement of coverage. Persons who apply during the Data Conversion 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.

C. 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 the actual determination. However, this will

only document the determination – it will not actually send the results to MMIS nor will it be retained past the Data Conversion Period.

ii. The version of KEES that will be used to support the Emergency process is the same version that all staff are using to research cases, answer questions and process work during the Data Conversion 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. Once a case is identified as a potential Emergency Medical case a note in the journal will be added: 'Case Being Evaluated for DCP Emergency Medical – refer all questions to the Emergency Team at the Clearinghouse'. Staff who view this note should not attempt to assist the consumer and should refer any phone calls or other inquires to the staff noted above in section V.A.

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 executed. The case is then transferred to the state if the determination results in potential approval of Medicaid coverage. When the determination is completed, the EDBC may be accepted and saved in the staging environment. Because this will not be retained, staff must take a screen shot 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 during Controlled Production.

v. If the member is not eligible, staff must contact the applicant by phone to provide notification of the denial for Emergency 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 Rebecca Vaillancourt (Rebecca.Vaillancourt@ks.gov, with a copy to Russell Nittler (Russell.Nittler@ks.gov).

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

Once KEES Phase 3 is implemented, all information will be recorded in KEES and documents will be imaged to the case. An actual determination will be 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 Data Conversion Period, contact KDHE Central Office for guidance.

All final decisions will be completed within 2 weeks of KEES Phase 3 Implementation and will be recorded on the Emergency Medical Spreadsheet.

A Provider Bulletin will be published to the KMAP website prior to the Data Conversion Period. In addition, the MCOs have identified key contacts to assist with any issues that arise during the downtime.

VI. MAJOR CHANGES WITH PHASE 3

A. INCLUSION OF NON-MEDICAL ASSISTANCE PROGRAMS IN KEES

The implementation of KEES Phase 3 is considered a major change for both KDHE and DCF. The implementation includes additional KEES functionality for all programs that involve screen changes, new values and processes. Instructions for using the new features and values will be provided in Policy Memos, training material and other instructions. However, the most significant change will be the inclusion of non-medical program data in the KEES system.

B. STAFF ISSUES

Staff will now have immediate access to all non-medical program information. Some data will automatically be included as part of the medical case record once it is accepted and verified in KEES, regardless of the program. This means that action taken by a DCF case worker as part of non-medical case processing can have direct impact on the medical program. And, action taken by medical worker or process can impact the non-medical program. Program determinations will continue to be maintained separately, meaning KDHE is not authorized to approve any non-medical program nor is DCF authorized to approve any medical program with the exception of PPS. However, the data from these programs will interact and can impact the determination.

KDHE and DCF have agreed to an open approach with data, documents and information. This means that all data on all cases will be available to fully-credentialed users. For example, a DCF staff person can view a medical document and a medical worker can view a DCF journal. Note the exception is that some PPS information is considered highly confidential and will not be available.

However, even though the information is available, staff are not allowed to view or use information outside of that required to perform their job duties. Staff must follow the guidelines provided by agency policy, KEES User support and their own supervisory staff to determine if it is appropriate to view or use information available through KEES to perform job duties. Staff may be disciplined or face other consequences if data available through KEES is misused.

C. CASE NUMBER RULES:

With Phase 3, the general operating rule of thumb is that medical assistance will have one case number and non-medical assistance will have a separate case number. Many KEES features are maintained and stored by case number. Some examples include distributed documents, the journal, EDBC list and Review/IR history. For these features, staff will need to access the other case number in order to view the case. However, other data, called 'person level', is actually displayed across case numbers. This means that information provided for a non-medical program will be easily and readily viewable by medical staff. Guidance for use of this information will be issued at a later date.

1. CONVERTED CASES:

With the implementation of KEES Phase 2, all medical programs known to KAECSES retained the original case number except that the leading 0 was replaced with a 1. New cases created after medical conversion begin with the number 2.

Non-medical cases will have a similar rule. Those converting from either KAECSES or KsCares will convert as is from the original system. This means all non-medical conversion cases will retain the original case number known to KAECSES or KsCares which begin with a 0.

All new cases will continue to be created with a leading 2 – both medical and non-medical. This means that a new consumer who applies for both medical and non-medical programs will have two case numbers created and both will begin with the number 2.

2. PPS CASES

PPS cash assistance programs will also be moved to KEES and PPS staff will continue to process Foster Care and Adoption Support related medical. Both PPS programs (cash and medical) will be on a single case number. Foster Care Aged Out will continue to be processed by KDHE on a case number that is separate from the other PPS programs. Other medical programs will continue to coexist on the Aged Out Foster Care case (such as coverage for a spouse or a child).

3. PROGRAM BLOCKS

Medical assistance cases will continue to be processed with multiple program blocks on a single case number. No changes are made to the rules regarding programs blocks on a medical case.

4. REGISTRATION

Medical programs shall never be registered on a non-medical case. Staff registering new medical cases may continue to select previous medical cases if appropriate, but shall never select a current or former non-medical case.

D. MEDICAL VS NON-MEDICAL DATA

The approach to working in KEES will change with this implementation. Not only will additional information be available due to the addition of new programs, but how staff enter data and manage work within KEES will also change. Having recently transitioned from the KAECSES system, working in a shared system is not something that staff are unfamiliar with. However, working in KEES will not be like working in KAECSES. In KAECSES, separate cases meant programs could generally operate separately. In KEES, data is used differently depending on the page, field and the program. It is critical for staff to understand how the different methods of data and information is used by the various programs.

Please note that KEES has been designed according to these data use protocols. These rules have been agreed upon by agency leadership and it is critical for staff using KEES to adhere to these protocols. It is the responsibility of all staff using KEES to become familiar with them and follow them.

The following provides an overview of how information is used within the integrated KEES system. Staff using KEES must understand how the information they use is also used by others. Additional detail will be provided in the second KEES Phase 3 Implementation Memo, Training Material and the KEES User Manual.

1. AGENCY-SPECIFIC PAGES

Some pages have been designated agency specific. This means that only staff within the designated agency are allowed to enter and update information on that page. Because these pages are not used for programs other than those designated, other agency staff have no need to alter or enter data on these pages. Pages designated agency specific are:

- DCF-Specific Pages
  - Time Limits
  - Purch. and Prep.
  - School Attend.
  - Striker
  - Work Regist
  - EBT Account List
  - Child Care Tab
  - RDB Tab – Vendor Information List

- KDHE-Specific Pages
  - LTC Data
  - Presumptive Eligibility
  - Tax List
  - Reasonable Compatibility
  - Worker Portal Tab

Again, non-agency staff should not be using agency-specific screens. This is true even if your individual security profile allows you to update these pages. Exceptions exist for PPS staff who may need access to the medical screens. Staff may also be required to access these pages during the data acceptance process when information from the SSP or the worker portal is displayed on one of the 'non-agency' pages. Additional instructions for managing this information will be provided in subsequent material.

2. **AGENCY–SPECIFIC FIELDS**

Similar to pages designated exclusive to an agency, certain fields have also been designated agency-specific. Fields designated 'DCF Only' are off-limits to medical program staff and vice-versa. KDHE should never be entering information into these fields. Fields designated agency-specific include:

- DCF-Specific Fields
    - Individual Demographics
        - Role Field
        - Is this Individual a U.S. Citizen?
        - Last Grade Completed
    - Address Detail
        - 'This person living out of state'
    - Employment
        - Employment records with an *
        - Status Info
        - Job Information
    - Non-Custodial Parents
        - Paternity Status
        - Employment
        - Health Insurance
        - Marital Status
        - Court Order
        - Paternity

- KDHE-Specific Fields
    - Individual Demographics
        - MCO Choice
    - Citizenship/Identity
        - Citizenship Section
    - Employment
        - Employment Records without an *

Additional instruction regarding the use of these fields is available in the KEES User Manuals and training material. Please note if staff experience a problem with

leaving a page or with taking any action because of information on these pages, contact KEES Help Desk.

3. **CASE-SPECIFIC PAGES AND FEATURES**

Because medical and non-medical programs will operate on different case numbers, KEES will provide for separate data and information by design. Case-specific pages contain only the information from that case. Case specific pages include the following:

- Household Status page
- Journal
- Case Flag
- Hide Persons
- Distributed Documents

When necessary, staff can access these pages by first accessing the other case number.

4. **PERSON-LEVEL INFORMATION BY AGENCY**

Person-Level information is data in KEES that is attached to the person, meaning it always stays with them no matter what case they are on. In KEES, a significant portion of data is person-level, including income and resources. Because each program has rules that require various elements in order to determine eligibility (countable amount, date reported, etc.), agencies are provided the ability to separate these elements through the use of Program Type Codes and Verification Codes. Although the information remains person-level, these features allow programs to control the information and data used for the determination at hand. Program Type codes are similar to the income type codes of Family Medical, E and D and MIPPA currently used and staff will now see the Medical and Non-Medical types. Staff processing medical cases shall always select the 'medical' program type.

Medical and non-medical verification codes are being incorporated for many critical fields. Although the KEES system may allow only one value, program determinations can be controlled by use of the verification code. For example, a specific eligibility item may be satisfied for non-medical and DCF mark it as verified. However, for medical the item requires additional verification so it is marked 'pending'. This allows EDBC to consider the verification requirements satisfied for non-medical and not for medical.

When correctly used, these features allow staff to control the data used for the determination. The following are elements where agency-specific indicators are used.

a. **Income:** Income is budgeted separately by utilizing the medical and non-medical income types. Income sources and amount may be different among the programs. Only a medical income type is used in a medical budget.

b. **Resources:** Resources are considered separately by utilizing the medical and non-medical resource types.

c. **Pregnancy:** Pregnancy records are considered separately by establishing the record as either a medical or a non-medical pregnancy record.

d. **Verification:** The result of the verification indicators separated by program means the Verification Detail and Verification List page are also available by program. Additional instruction will be provided through training material.

5. **SHARED DATA**

Person-level data that is NOT agency-controlled is considered 'Shared Data'. Shared data are elements that are used by all programs. When the information is updated for one program, it is updated for all. Ensuring the accuracy and integrity of shared data is the responsibility of all staff using KEES. Specific guidance regarding the use of Shared Data will be provided in training and subsequent policy material.

E. DATA ACCEPTANCE

Staff are reminded at this time how important it is to pay careful attention to any and all data we input or accept into the KEES system, even before the conversion to Phase 3. Incorrect data, including that caused by keying errors or inattentive data acceptance, can have consequences. These can be serious, such as payment errors or confidentiality breeches. With the implementation of non-medical programs, it is not just the medical programs at risk, but carelessness could result in errors for non-medical programs too. Staff are urged to take their responsibility seriously and follow careful practices when entering and accepting data into KEES.

Additional guidance will be issued regarding specific data acceptance guidelines that will be utilized to reduce the risk of impact on another agencies case.

F. EXPANSION OF THE SSP

The SSP is being modified as part of Phase 3 enhancements. As addressed in Section II.A.3 the existing SSP will be unavailable during the Data Conversion Period. The application is modified to allow information entered on the Medical SSP application to be transferred into the Non-Medical SSP application if the consumer chooses this option. This option is also available for individuals applying through the Non-Medical application who choose to also apply for Medical applications.

Each application submitted is registered and processed separately. Documents uploaded as part of one application process are only available as documents to that eligibility application. After the application has been registered, those documents will be available in ImageNow to view by the other program. See Section VI.I (ImageNow Expansion).

Applicants are still required to provide address information when completing an application though the SSP but are no longer required to complete the selection of a home or mailing address when initially signing up. The SSP also allows consumers to opt out of receiving paper mailings. However, while the online application allows the consumer to indicate they wish to receive mailings via another source, this functionality has not been added to KEES. This means consumers will continue to receive paper mailings even if an alternate method has been chosen. This will be an important point to communicate to consumers when they inquire about their notice delivery options.

G. COMMUNICATION PROCESS WITH DCF

As part of the shared data design, Leadership for both agencies made decisions regarding what type of data changes would be communicated to the other agency. The following instructions provide guidance on sharing information between assistance programs and on the communication process between agencies.

1. COMMUNICATION WITH ECONOMIC EMPLOYMENT SERVICES (EES)

EES is the department within DCF that determines eligibility for non-medical programs, not including PPS. Communication between Medical staff and EES occurs via tasks created in the Contact Log. While EES staff will notify KDHE staff of three different types of data changes, KDHE is only responsible for notifying EES of one type of change.

KDHE is responsible for sharing the following with EES:
- Address change – out of state only

EES is responsible for sharing the following with KDHE:
- Address change – out of state only
- Medical condition – when a verified medical condition begins, ends, or changes. DCF will not communicate when a consumer is verified to be incapacitated for at least 30 days or when there is a Food Assistance Disability.
- Expenses – when the health insurance premium begins, ends or changes. This would include a change in the contributor or the amount paid.

Refer to the Agency Cross Communication Guide for additional information about how to create the tasks.

2. COMMUNICATION WITH PPS

Communication with PPS is necessary to coordinate coverage for a child who is taken into state custody and approved for Foster Care medical coverage while they are already open and receiving coverage on another medical program.

Consider the following scenarios:

Scenario 1: *PPS has received a Foster Care Medical application where a child is already open on a medical case at the Clearinghouse.*

When PPS runs EDBC approving FC Medical, a task will automatically be generated in the Clearinghouse Eligibility Queue advising that FC Medical has been opened for the child. PPS users should check to see if a task was generated. If a task is not generated, PPS will create a task for the Clearinghouse using the Contact Log.

Scenario 2: *The Clearinghouse receives a family medical application for a child that is already open on a PPS case.*

No communication between agencies is required in this situation. If the PPS program is still active, this is indicative that the child remains in state custody and has not yet been returned home. The application for family medical shall be denied as the child is not residing in that home.

H. MASTER PERSON INDEX

The Master Person Index (MPI) will provide a new way of issuing and storing Client ID numbers in KEES. The MPI is a 'sub-system' that will also store person-based information. It is the system of record for KEES and other DCF systems (CSS, KMIS and FACTS). This means the MPI controls all person-specific data used by KEES. The specific elements controlled by the MPI include: Name, DOB, Gender and SSN.

Use of the MPI by KEES means that changes will be made to search functionality as well as the client ID. MPI has dynamic search capabilities that will help the user locate the correct individual. The MPI will automatically use a combination of Exact Match, Phonetic, and Wildcard searches to locate potential matches for the search criteria provided.

Additional details will be provided in Training Material and the KEES User Manual.

I. IMAGE NOW EXPANSION

Changes have been made in ImageNow to incorporate Non-Medical programs. When accessing images, Medical and Non-Medical documents will be viewable by DCF and KDHE staff. Because the imaging system is used across both the medical and non-medical enterprise, it is critical that all users follow a standard procedure to organize documents. Each document recorded in KEES is organized by a Document Type (or Doc Type). Labeling the document by Doc Type not only organizes, but initiates automated workflow tasks. Staff must ensure the appropriate Doc Type is used.

With the implementation of Phase 3, person level indexing (also known as second level indexing) of documents is of the utmost importance. Person level indexing is the process of associating documents with a person instead of the case. This will allow information to be available to other cases, through searches in ImageNow.

Case Level Documents – Most documents are imaged at the Case Level in KEES. This means that the document is tied to the case and will be easily accessible by all program blocks on that case number. Documents imaged to the Case Level will also be available to other cases, through searches in ImageNow.

Person Level Documents – Personal Identifying Information (PII) will be imaged at the Person Level. These documents will be associated to the person and will be available to anyone who is viewing the individual. Examples of PII are birth certificates, driver's license, and citizenship and immigration documents. Documents imaged to the person level (or second level) can be accessed by searching on both the case number in ImageNow or using the Images button on Case Summary.

See the attached Job Aid: Second-Level Indexing for instructions on this process.

DCF One-Note: The conversion of the DCF One Note files has not been completed. Medical staff must continue to access these files through the individual computers provided by DCF.

J. CHILD WELFARE-RELATED MEDICAL ASSISTANCE IN KEES

Processing both foster care and adoption support related medical continues to be the responsibility of DCF-PPS. KDHE is responsible for processing Aged Out Foster Care.

1. FOSTER CARE PROCESSING

With the implementation of Phase 3, Foster Care cash and PPS Medical will be on the same case number with separate program blocks. The Other Program Assistance (OPA) page in KEES will no longer be used for Foster Care. Instead, the Custody Authority, Foster Care Eligibility Determination, and Child Placement data collection pages will be used. The OPA page will be used for ICPC and ICAMA cases only. ICPC (Interstate Compact on the Placement of Children) and ICAMA (Interstate Compact on Adoption and Medical Assistance) are two compacts that serve as a contract among specific states to ensure that children who are placed across state lines for Foster Care or adoption will receive adequate support and medical services. PPS staff remain responsible for processing these types of cases.

Foster Care eligibility is determined within KEES using system generated rules to determine the appropriate aid code based on data entered on the data collection pages. This is referred to as an Eligibility and Payment (EP) segment. The EP segment can change depending on the placement type. For example, from a licensed foster home to an unlicensed relative, non-relative home on an ineligible IV-E placement (detention). The worker will run EDBC each time a placement changes or a permanency hearing is held to re-determine the funding eligibility code. This information is then communicated with FACTS via the FACTS interface.

Additional information about Foster Care processing can be found in the Phase 3 Non Medical KEES User Manual.

2. ADOPTION SUPPORT MEDICAL PROCESSING

The Other Program Assistance (OPA) page will no longer be used when processing Adoption Support Medical (ASM). With the implementation of Phase 3, the ASM aid code will be generated when a case has an Active Adoption program block and a Discontinued Foster Care program block. The ASM aid code will also generate when a case has an Active Adoption program block and no Foster Care program block.

Additional information about Adoption Support processing can be found in the Phase 3 Non Medical KEES User Manual.

3. FOSTER CARE AGED OUT PROCESSING

With the changes being made to how PPS programs are being processed in KEES, this also has some impacts on the Foster Care – Aged Out program.

Upon implementation of Phase 3, the Other Program Assistance page is solely used for ICPC and ICAMA cases as described above in section VI.J.1. The Person View page will now be used to identify if an individual was receiving Foster Care in Kansas during the month of their 18th birthday. The records that currently exist on the OPA page will remain, although new records will only be created for ICPC and ICAMA.

Consumers who have received Foster Care Aged Out on a medical program block will not have their OPA record converted to a Foster Care program block. All others will have their Foster Care records converted to a Foster Care program block. Both the records that exist on OPA and those on the Foster Care program block will be used by KEES to determine Foster Care Aged Out eligibility.

Despite the changes indicated above to the OPA page, a record will still be created on OPA when a consumer indicates on their application that they have aged out of Foster Care. Staff will continue to use this as an indicator that they need to review the case to determine if potential eligibility exists for Foster Care Aged Out.

K. ADDITIONAL KEES FUNCTIONALITY CHANGES

The following outline additional changes that are occurring with the Phase 3 Implementation.

1. CASE NAME CHANGES

The Case Name is now going to be linked to the name in the MPI. Therefore, any updates to the name in the MPI will update the case name as well. This eliminates the problem which has existed in Phase 2 where the Case Name would continue to

display a previous name, even though it had been changed. Notices will now reflect the current Case Name.

2. CASE JOURNAL CHANGES

The methods by which a case journal can be exported from KEES has changed. The new methods available are Excel, PDF, or Word.

In addition, the search criteria has been changed. The option to search by Contact type or Verbal and Written is no longer available.

3. SEARCH TASK INVENTORY BY E-APP SOURCE

It will now be possible to search for tasks by the e-application status. This will improve the ability to designate staff to specific projects. For example, staff will now be able to locate tasks associated with FFM applications.

4. COUNTY CODE

The county code is now a mandatory field for the Physical Address. This change will prevent cases from erroring off the MMIS file. For situations where the consumer moves out of the state of Kansas, the county code associated with the Physical Address will be greyed-out so that it cannot be updated. The Kansas county will remain.

5. PARIS REPORT

Some changes have been made to the display of the PARIS report. The report will now include an address for each household member. When no address is otherwise present for an individual in KEES, the address of the Primary Applicant will be used.

6. **EATSS** INTERFACE

Changes were made to the EATSS interface that will affect the information staff are able to access as well as the period of time information is available. The EATSS interface will no longer send case persons on the file if they have not become program persons within 90 days of the date the program becomes active. In addition, records will now be accessible for 90 days after the program ends.

Every record sent on the file will have at least one program indicator/flag set to 'Y'. This is fixing a problem where records were being sent on the file without any program indicator set. EATSS assigns security access based on the Y, so no access was being granted to view the record. The start date for the daily and weekly file will always be the date the batch file is created.

7. **SUFFIX**

The Suffix field will now be correctly transmitted to the MMIS. Therefore, the Suffix will no longer be added to the last name field. If a suffix is present in the last name field, it will need to be removed. A report was provided to staff and clean-up of this data has been conducted.

VII. APPENDIX ITEMS

A. AGENCY CROSS COMMUNICATION GUIDE
B. EMERGENCY MEDICAL CHECKLIST
C. EMERGENCY MEDICAL SPREADSHEET
D. SECOND LEVEL INDEXING JOB AID

VIII. CONCLUSION

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