HCP Eligibility Policy No. 2003-11-18	RE: Transitional Medical
POLICY MEMO	**KFMAM:** 02230
FROM: Patty Rice, Manager, Family Medical Programs	OTHER:
Program(s): Transitional Medical (TransMed) End date 07-01-2010	

Background

Effective 7/1/2003, a policy was implemented stating TransMed continuous eligibility is 6 months instead of 12 months. The family can apply for an additional 6 months of coverage and would be determined based on the gross household income minus day care expense allowance for the initial 3 months of coverage. At the time this policy was implemented, the 6 month reporting process had not been defined. This memo will define the manual processes regarding the 6 month TransMed reporting and tracking requirements.

Tracking

Persons eligible to receive TransMed coverage are eligible for medical coverage for a period not to exceed 12 months when all provisions are met. Eligibility for TransMed will be established for the first 6 month period for each participating member. When establishing this initial 6 months of coverage, children must remain continuously eligible for the 12 months they are entitled.

Because this must be a manual process, it is necessary to set up an effective yet a user-friendly way to track. A separate KAECSES case load number needs to be set up for all TransMed cases. Approve the case with an electronic 12 month CE date but inform the consumer they are eligible for 6 months of coverage (M715). CARC the case to the TransMed caseload and monthly run the SAR Active Case Listing report for this case load. Identify all TransMed cases that have completed three months of TransMed coverage. Send a TransMed income review letter (M719) requesting verification of all gross income from the first 3 months of eligibility and verification of all day care expenses from the first 3 months of eligibility.

If the TransMed case was opened in a field SRS office, it needs transferred to the Clearinghouse to be maintained. When a field SRS office CARC's an active TransMed case to the Clearinghouse, it must be done within the first 2 months of TransMed eligibility otherwise the

field office needs to keep the case until the 3 month review is completed and the initial 6 months of coverage has been completed. Because continued eligibility must be determined, the Clearinghouse must know this is a TransMed case so it can be placed in the proper KAECSES case load. When a TransMed case is transferred to the Clearinghouse, an e-mail must be sent to the supervisor of that alpha split. This e-mail must indicate a TransMed case has been transferred, the case name, the case number, and the date TransMed began. The appropriate Clearinghouse supervisor will CARC the case into the TransMed case load so it can be tracked and reviewed at the appropriate time.

Process

When a worker is notified of, or determines MA CM coverage is ending and a family meets all eligible requirements for Transitional Medical (TransMed) coverage, the coverage needs established. Set up TransMed in KAECSES giving the family 6 months of TransMed coverage but setting the review date for 12 months. Send the 6-month TransMed notice (M715) and identify the case as a 6 month TransMed case for tracking purposes by CARCing the case to the appropriate KAECSES case load for easy monitoring.

For a family to be considered for the additional 6 months of TransMed coverage, all information required, including the letter of request, must be received no later than the last day of the 5th month of coverage. Any information received after this date will not be accepted as timely and coverage for the additional 6 months of TransMed will not be determined. Send Notice M720 in these situations.

At the end of the initial 3 months of coverage, send out a TransMed income review letter (M719) stating the information needed to complete the review. Make sure to inform consumers of the absolute dead line for providing information. Late information is not accepted. If information is received timely, determine if all information necessary to process is provided. If all information is provided use the TransMed income guidelines and electronic worksheet (worksheet will follow) to determine if the family is eligible for the additional 6 months of TransMed coverage. Do not register a review on the system when doing a 6 month income review. If the family is eligible, allow the case to roll as is and send the TransMed 6 mo. approval notice (M718).

If partial information is received and you are unable to process the review, deny the extended coverage and send the consumer the TransMed Closure notice for failure to provide (M717). Because you should be working this case in the 4th & 5th month of coverage, it is recommended that if partial information is received, change the adult participation code to DI and continue the children on the MA WT case. Not setting up an MP case for the children will prevent additional work if the family does provide the appropriate information timely. If the additional information is received, review the case using the income guidelines provided and the electronic worksheet (worksheet will follow.) If eligible send the TransMed 6 mo. approval notice (M718).

If no information is received, send the closure notice for failure to return (M716) informing the consumer of the information missing and the deadline for providing it. Again, because you should be working this case in the 4th & 5th month of coverage, it is recommended that if partial information is received at the time of request to just change the adult participation code to DI and continue the children on the MA WT case. Not setting up an MP case for the children will prevent additional work if the family does provide the appropriate information timely. Once completed you allow the case to continue through the initial 12 months and let the system request the annual review.

Effective Date

This policy is effective upon receipt of this memo.

Questions

Please direct any questions to Patty Shoemaker at psys@srskansas.org.