



Policy Directive 2021-09-01

Title: SOBRA Provider Requests

Date: 9-30-2021

From: Erin Kelley, Senior Manager

Program(s) impacted: All Medical Programs

This policy directive details instructions for the procedural updates and changes for obtaining supporting documentation from medical providers needed by the Fiscal Agent and SOBRA Program Manager to determine SOBRA eligibility once a SOBRA application has been received. The policy and procedures outlined in this directive supersede PM2000-12-01 where applicable. This policy implementation is effective October 1, 2021.

Note: The MS-2156 is not required for labor and delivery including traditional births as well as C-sections and still births. However, situations involving a miscarriage, complications of pregnancy or false labor are NOT considered labor and delivery expenses. See PM2001-09-01.

1. KDHE eligibility staff will maintain the responsibility to initiate the MS-2156 SOBRA referral process by completing section I once a SOBRA application has been received and the individual is determined otherwise eligible. Eligibility staff will also fill out MS-2156-A SOBRA Referral. The MS-2156 and MS-2156-A are then sent to the medical provider. The medical provider should complete section II of the MS-2156. The medical provider should send the completed MS-2156 and supporting medical documentation to the KanCare Clearinghouse.

Note: Per PM2001-09-01 SOBRA Processing Procedures, contact with the client and appropriate administrative roles should occur through a written notice advising that eligibility is pending the documentation of a medical emergency and the application will be denied if the provider does not submit the information to the agency within 12 days. An NOA has been created and added to the Standard Text for Copy & Paste for this purpose.

The medical provider may contact the Clearinghouse to request additional time. This extension follows the existing twenty (20) day extension business process and may also be applied in situations where an application is received prior to the individual being discharged.

Note: If an individual has not been discharged from the facility due to issues unrelated to the emergency that they were admitted for, the MS-2156 and medical documentation may be requested and sent to SOBRA for a medical determination prior to discharge.

For example, if an individual was treated for an emergency for 15 days then was stable but remained in the facility while working out living arrangements before being discharged 60 days later, the SOBRA request is only for the emergency and can continue being processed and coverage approved for the emergency prior to the delayed discharge.

2. If the MS-2156 form is not returned or is returned without any supporting medical documentation, eligibility staff will send the MS-2156-B SOBRA Document Request to the medical provider. If the provider sent the MS-2156 form, the copy they provided with section II filled in will be included with the MS-2156-B. If they did not provide the MS-2156 form yet, the form with section I filled in will be sent again.

Note: When pending a second time for the MS-2156 form and/or supporting documentation from the medical provider, a second notice must also be sent to the consumer and authorized representatives. An NOA has been added to the Standard Text for Copy & Paste for this purpose.

3. If the MS-2156 and supporting medical documents are not received, and two separate requests have been sent to the provider (with notification also being sent to the consumer and appropriate administrative roles) as noted above, allowing 12 days each time in addition to extensions if applicable, then the case will be denied for failure to meet program requirements as it is assumed upon no response that a medical emergency does not exist as the MS-2156 was not submitted by the provider. See Medical KEESM 2691. Cases are not to remain in a pending status once the two separate requests have been sent and appropriate timeframes allowed to return documents have passed.

Note: A denied application may be reinstated without a new application if the information is received within the original application processing timeframe. A new application is required if outside of this timeframe. See Medical KEESM 1413 and 1414.2(1). Also see KFMAM 1407 and 1410.

4. Eligibility staff will send the MS-2156 along with any supporting documentation received to the Fiscal Agent for review.
5. The Fiscal Agent will review all documentation received and complete section III of the MS-2156.
 - a. If all appropriate documents were received, they will forward the SOBRA request to the SOBRA Manager for a medical determination per existing policies and procedures.
 - b. If documentation is missing or discrepant, the Fiscal Agent will issue a Technical Denial in section III based on the documentation received by the agency from the provider. Section III will indicate the reason for the technical denial. Fiscal will return the MS-2156 to eligibility staff.
6. Eligibility staff will review the completed MS-2156 and take appropriate case action.
 - a. If the completed MS-2156 indicates a Technical Denial based on the information received, or lack thereof, staff will deny the SOBRA coverage request for failure to meet program requirements, per PM2000-12-01. Information from the Fiscal Agent regarding the technical denial should be included on the denial notice.

- b. If the completed MS-2156 indicates an approval or partial approval, eligibility staff will complete case processing following existing policy and procedures.
- 7. In the instance that additional supporting documentation is received from the provider within the application timeframe per Medical KEESM 1413, 1414.2(1)(b) and KFMAM 1407.02, 1410.02(1), a SOBRA redetermination may be requested without the receipt of a new application. The redetermination request may be used when the provider sends additional supporting documents after a technical denial or requests additional days be covered after a partial approval was completed. In these situations, the same MS-2156 form with only sections I and II filled in may be used, but the reconsideration section will be updated with the new information and all medical documentation including the new records received will be sent to the Fiscal Agent.

Forms

- MS-2156 Medical Review of Emergency Services - SOBRA
- MS-2156-A – SOBRA Referral
- MS-2156-B – SOBRA Referral Second Request

For questions or concerns related to this document, please contact the KDHE Medical Policy Staff at kdhe.medicaideligibilitypolicy@ks.gov.

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