



## **Policy Clarification 2016-06-02**

### **Title: TransMed Hierarchy**

**Date:** 6/28/2016

**From:** Allison Miller, Family Medical Policy Manager

**Program impacted:** TransMed Program

*Note: This is intended as clarification and does not replace previously provided TransMed training materials.*

An individual qualifies for TransMed when the following are all true:

- The individual is a caretaker
- They received CTM in the month prior to the month that is being determined
- They have an increase in earned income
- The total IBU income exceeds CTM income limits

When all of the above are true – the individual is approved for TMD, even if they could potentially qualify for other programs. TransMed is higher in the hierarchy than other Family Medical programs for the qualifying individual.

Other household members could also be eligible for TransMed, but only when they don't qualify for any other medical program. If eligibility exists under another program (such as CTM, PLN, or PLT) then that is the program the household members are approved for. If they are ineligible for all other medical programs, then they are eligible for TransMed.

**Question 1:** I have an application for a pregnant woman who is within the Pregnant Woman income guidelines, but also qualifies for TransMed. Which program should be given?

**Answer:** If the pregnant woman is a caretaker, she received CTM in the month prior, she had an increase in earned income which now exceeds CTM income limits – she is eligible for TransMed. TransMed is higher in the hierarchy than PLN/PLT PW coverage.

**Question 2:** But, I thought TransMed was only given when a person doesn't qualify for anything else?

**Answer:** That rule is only applicable to household members of a qualifying TransMed recipient. If the actual individual themselves, meets all of the criteria to qualify for TransMed – then that is the program they are given. Now, if the qualifying TransMed recipient had a spouse who was pregnant, and the income was within the PW income guidelines, she would be given PW coverage instead of TransMed.

**Question 3:** So, what do we do when the PLN/PW reaches the end of her Post-partum period? Is she then added to TransMed?

**Answer:** At the end of her post-partum coverage, when EDBC is run to determine if she qualifies for another program, KEES should approve for TransMed. The CE period for the woman will need to be updated to match the end of the initial TransMed period.

**Question 4:** Can a person be added to an open TransMed program?

**Answer:** Yes. If the person being added does not qualify for any other medical programs, and the initial TransMed recipient is a member of their IBU – then the person can be approved for TransMed for the remaining of the initial 12 month period.

**Question 5:** Does it matter if the person being added is someone who is just entering the home or if they have been on the case all along?

**Answer:** It does not matter. As long as the month being determined is still within the 12 month TransMed period, the person can be added if not eligible for any other program.

**Question 6:** How are the CE and Review Due month to be set on TransMed cases when CTM coverage was already provided beyond an expired Review Due month?

**Answer:** If CTM coverage continued (due to the discontinuance batch not running), the 12 month TransMed period still begins with the month after the original Rev Due ends. In these instances, EDBC is run for the come-up month and then, after saving and accepting EDBC, the CE period and Rev Due month are shortened to match the actual 12 month TransMed period.

## Processing TransMed in KEES

KEES will not correctly determine TransMed for household members of the TransMed recipient. KEES will place all household members in the TransMed program, even when they qualify for another program. The following instructions are from the KEES User Manual in section Family Medical > Caretaker Medical> Processing Caretaker Medical to TransMed or Extended Medical

KEES does not support the new TransMed and Extended Medical policy due to changes in the way eligibility is established. TransMed and Extended Medical coverage is only given to household members that are **not** eligible for another program.

1. Update the case information with any changes reported for the review in the come-up month.
2. **Run EDBC** for the appropriate month using the **RE run reason** since this change only takes place at review. If the wages or spousal support exceed the guidelines for Caretaker Medical, then TransMed or Extended Medical are listed in the **Eligible Budgets** block.
3. Review the **Potential Eligibility** block on the **Medical EDBC Summary** page, the **Potential Eligibility** section shows the coverage an individual would be eligible for if KEES were not assigning TransMed or Extended Medical coverage. Per the policy, the best eligibility from this list is what should be used for each individual if more than one is present.
4. If there are consumers on the program that have **Potential Eligibility** for any program outside of TransMed or Extended Medical the user needs to identify those consumers and **Cancel** out of EDBC result to create the appropriate **Customer Option** record. Otherwise, if TransMed or Extended Medical is the only eligibility the consumers are eligible for and the EDBC result is correct, the user can skip to **Step 10**. *Note: Step 10 was omitted from this clarification but is included in the KEES User Manual. Step 10 refers to Accepting and Saving the EDBC.*
5. Since the consumers on this case have other Potential Eligibility a Customer Option record for TransMed or Extended Medical should be created on the **Customer Options** page for all consumers who have other Potential Eligibility.

6. On the **Customer Option Detail** select the consumer **Name**, then select a **Type** of either **Transitional Medical** or **Extended Medical** as appropriate for the case.
7. Use a **Begin Date** of the first day of the month the eligibility **Type** should be excluded from consideration. If appropriate, enter an **End Date** for the **Customer Option** record.
8. Return to the **Run EDBC** page to Run EDBC for the appropriate month using the **RE Run Reason**.
9. Select the **Medical** hyperlink to view the EDBC result. The eligibility should be correct for all consumers.

Do not accept and save the EDBC, as the case should be sent to KDHE staff for approval.

### **Example 1**

May 2016 review is processed. Household includes a Mom and two children. The family was previously receiving CTM. The mom reports that she is pregnant and has a job now. Her earnings exceed the income guidelines for CTM. EDBC is run for June 2016. EDBC results show TMD eligibility for Mom and the two children. It also shows Potential Eligibility for Mom as PLN/PW and for children as PLN/CH.

**TransMed Recipient:** Mom qualifies for TMD because she is a caretaker, had CTM in May 2016, had an increase in earned income, and her IBU's income exceeds CTM. Because she meets all of the criteria for a TransMed recipient, eligibility will be approved for TMD.

**Household Members:** The children only qualify for TMD if they don't qualify for any other program. EDBC shows potential eligibility for PLN/CH. Therefore, a Customer Options record is created for the two children for TMD for the period of 06/01/2016 through 05/31/2017. This allows KEES to bypass the TMD and approve PLN instead.

### **Example 2:**

May 2016 review is processed. Household includes a Mom, Dad, and two children. The family was previously receiving CTM. The mom reports that she is pregnant (due in October 2016) and the dad has a job now. His earnings exceed the income guidelines for CTM. EDBC is run for June 2016. EDBC results show TMD eligibility for Mom, Dad, and the two children. It will also show Potential Eligibility for Mom as PLN/PW and for children as PLN/CH.

**TransMed Recipient:** Dad qualifies for TMD because he is a caretaker, had CTM in May 2016, had an increase in earned income, and his IBU's income exceeds CTM. Because he meets all of the criteria for a TransMed recipient, eligibility will be approved for TMD.

**Household Members:** The Mom and two children only qualify for TMD if they don't qualify for any other program. EDBC shows potential eligibility for the mom as a PLN/PW and the children as a PLN/CH. Therefore, Customer Options records are created. Mom has a TMD Customer Options record for the period of 06/01/2016 through 12/31/2016 to match the end of her CE period. The children's Customer Option record is for TMD for the period of 06/01/2016 through 05/31/2017. This allows KEES to bypass the TMD and approve PLN instead.

### **Example 3:**

Continuation of Example 2: After the baby is born and the mom has reached the end of her Post-Partum period, eligibility is redetermined for the Mom. When running EDBC for 01/2017, EDBC will approve the mom for TransMed for 1/2017-12/2017. This is NOT the correct CE period, as the mom should only receive TransMed for what is remaining of the initial TransMed period. The worker must adjust the CE date to 5/31/2017.

**Example 4:**

Open case for Mother and her two children. Mom is open on TMD from January 2016 through December 2016. The two children are receiving CHIP. Mom gets married and her husband enters the home. A request for coverage is received for him in May 2016. The spouse is ineligible for any other medical programs, so is approved for TransMed. When running EDBC for 05/2016, EDBC will approve the Spouse for TransMed for 5/2016 – 4/2017. This is NOT the correct CE period, as the spouse should only receive TransMed for what is remaining of the initial TransMed period. The worker must adjust the CE date to 12/31/2016.