



To:	EES Program Administrators & Staff KanCare Clearinghouse Staff	Date:	February 20, 2014
From:	Jeanine Schieferecke, Senior Manager KanCare Eligibility Policy	Re:	Implementation Instructions for 2014 Medical Poverty Level Increases

This memo provides implementation instructions for the increases in the federal poverty level standards which take effect April 1, 2014.

POVERTY LEVEL CHANGES

1. **Medicaid Poverty Level, CHIP, QMB, LMB, QWD, Spousal Impoverishment, and Working Healthy Programs** – The following instructions are for the increases in the federal poverty level standards in the Medicaid poverty level (KanCare 19), CHIP (KanCare 21), QMB, LMB and QWD programs. These new standards also increase the minimum community spouse income allowance and the dependent family member allowance under the spousal impoverishment provisions effective April 1, 2014.

The poverty level table in KAECSES will be updated prior to close of business on 02-20-14 to incorporate the new poverty level amounts effective 04-01-14. Eligibility for any cases copied into April, 2014 after this date will be computed using the new poverty level amounts. The Medicaid poverty level, CHIP, Working Healthy, and QMB programs are affected by this update. Since eligibility for the LMB and QWD programs is determined manually, automated processing for these programs, as well as the spousal impoverishment changes, are not affected by this action.

Reminder: When processing a request for coverage for March 2014, if the income exceeds the poverty level for that month, eligibility should then be determined for April 2014 using the new higher income standards.

- a. **Medicaid Poverty Level and CHIP Programs** – Because changes in the poverty level standards will not impact the majority of poverty level eligibles, mass change will not occur for the MP program (except for certain premium payers as noted below). Because changes in financial eligibility do not affect eligibility until the end of the family continuous eligibility period, persons are not transferred from CHIP to Medicaid or vice versa solely because of the change in poverty standards. No coverage changes are made at this time unless a child is at the end of his/her continuous eligibility period. Because ongoing cases will be rebudgeted based on the new amounts if the PLID screen is accessed for the benefit of May or later, staff need to be aware that poverty level percentages may be altered but medical subtypes should remain unchanged. Although this could result in some inconsistency in the information present on the system, eligibility will not automatically change.

As indicated previously, certain CHIP households assigned a family premium amount may be impacted by this change. Because the current eligibility of many MAGI-based cases is not correctly determined by using the KAECSES determination, it is not possible to correctly identify premium cases that may be impacted by the poverty level change. An automated/manual process to adjust these cases is under evaluation and may be released in the future. In the interim, cases are to be

adjusted at client request, including instances where a decrease in income or increase in household size is reported. KAECSES Notice P703, MP – CHIP – Premium Amount Change, shall be sent for any premium adjustments.

In addition to the review of current premium cases, spenddown cases with either a child or pregnant woman recipient are to be reviewed in the month of April for potential poverty level Medicaid coverage under the higher standards. These spenddown cases are identified on the MA Spenddown Report. This report lists all open MA cases without a program subtype regardless of spenddown status. Those cases which include a pregnant woman (including postpartum coverage) are identified with a Y in the PW/PP column. The report is sorted by worker and is included with this memo. All cases are to be reviewed for potential Medicaid poverty level or CHIP eligibility with any changes effective April 1, 2014.

NOTE: While reviewing MA programs careful attention must be given to those without existing subtypes to ensure program coding is correct. In instances where the MA program provides Family Medical coverage (including TransMed and Extended Medical) a subtype must be present. Without a subtype of CM, WT or EM, the MA program is regarded as a spenddown case and will result in an incorrect managed care payment.

For spenddown cases in which a child(ren) and/or pregnant women is included and meet the Medicaid poverty level or CHIP criteria, an MP program is to be added in KAECSES with a proration date of 4-01-14 and the current base is shortened to end in March.

Individuals who have not met spenddown previous to the change are to be notified of the new spenddown amount for the shortened base. In addition, persons who met spenddown previous to the poverty level determination are to be notified of the shortened base and decreased spenddown so they have the opportunity to have a portion of their spenddown expenses covered.

Eligibility work for any of the above changes must be completed by March 21, 2014 (medical card cutoff for April) in order for eligibility/coverage to be correct for April.

- b. Presumptive Eligibility For Children** – As with the poverty level programs for children, no mass change will occur for the MK program. Individuals currently eligible for coverage under either the Presumptive Medicaid or Presumptive CHIP programs shall continue to receive the same benefit, as the change in the poverty levels shall not impact the initial presumptive determination. Revised instructions incorporating the new poverty levels will be issued to the entities authorized to make Presumptive Eligibility Determinations (Children’s Mercy Hospital in Kansas City; Via Christi Medical Center, Grace Medical Clinic, and Hunter Health Clinic in Wichita; Community Health Center of Southeast Kansas in Pittsburg). Revised materials will be available to the entities in March, 2014.

The new materials are used for new determinations made on or after April 1, 2014 only. For individuals found eligible under either Presumptive Medicaid or Presumptive CHIP in March, presumptive eligibility is not adjusted for subsequent months due to the poverty level change. A separate determination for April is not necessary. The new poverty levels will be considered in the actual determination made by the KanCare Clearinghouse.

- c. QMB Program** – A mass change run will occur at the time of rollover in March and will determine QMB eligibility for all MS cases based on financial and non-financial criteria. A mass change detail report (MR330) will be produced following the run and will only list MS cases where a change has occurred. This report will be available on SAR as of 02-21-14 (Report ID SWM03828-B59). The report lists cash and food assistance cases first for the whole state with the medical cases at the end. The mass change run will result in the following:

- (1) Cases that are newly eligible for QMB will have an alert sent to the worker. The case must then

be authorized by going through MSID and authorizing the SPEN screen for the benefit month of April so that QMB status begins effective April 1, 2014. In addition, a notice of QMB eligibility, N197 or similar notice must be sent.

- (2) Cases which were QMB eligible but have now failed eligibility will be identified by a FAILED message on the mass change report. The QMB indicator on MSID will be deleted during this process and the case must be reauthorized for the benefit month of May. Potential eligibility for LMB coverage is then explored, especially for those covered only under QMB previously. Only those cases which do not have the special COLA disregard coding in place as referenced in item (3) below will appear as FAILED on the mass change report.
- (3) For all cases, the PICK and SEPA screens must also be updated, if the SSA cost-of-living adjustment (COLA) amount for January per KEESM 6410(56)(b) has been excluded.
- (4) Some cases may have a change in the spenddown amount since all MS cases will be processed in the mass change. This will likely happen when an individual is on two cases, income was changed, and only one of the cases was authorized.

For all other programs (MA, MA/CM, etc.), the worker will need to review any case in which a Medicare Part A recipient is not currently listed in QMB status and who may be eligible under the new poverty standards.

Such review should occur no later than the next scheduled review. QMB status would be effective the month following the month in which the case is reviewed.

NOTE: For all cases in which QMB or LMB eligibility is changing, care must be taken to ensure the PICK and SEPA codes remain compatible. Consider the following examples:

- A) Situation: An Expanded LMB individual is now eligible for LMB coverage.
Action: The LO medical program subtype is retained. The PICK code is changed from LL to LO.
- B) Situation: An LMB-only individual is now eligible for QMB coverage.
Action: The LO medical program subtype is changed to QO. The LO PICK code is removed.
- C) Situation: A QMB-only individual remains eligible for QMB coverage.
Action: The QO medical program subtype is retained. The QO PICK code is removed.
- D) Situation: A Medically Needy (MN) and QMB individual remains eligible for QMB coverage.
Action: There is no medical program subtype to change. The QS PICK code is removed.

All cases which may lose QMB coverage must be reviewed to ensure proper eligibility information is entered and the coding remains consistent. To identify these cases, a report of all cases with a medical program subtype of QO as well as those with a QS, QM, or WQ PICK code have been identified. The report is included with this memo. The identified cases need to be reviewed beginning with the benefit month of April. A similar report will be provided in April for final review purposes.

- d. **LMB Program** – The higher 120% and 135% standards become effective on all LMB determinations for the month of April, 2014 and thereafter. For current recipients, a regular LMB (120% of poverty) determination is to be completed based on the new standard as affected cases are identified, but no later than the next scheduled review period.
- e. **QWD Program** – The higher 200% standards become effective on all QWD determinations for the month of April, 2014 and thereafter. For current recipients, a determination is to be done under the

new standards as affected cases are identified, but no later than the next scheduled review period.

- f. **Spousal Impoverishment Income Allowances** – The higher community spouse and dependent family member allowances take effect as of April 1, 2014 for all determinations made on or after this date. Current cases are to be reviewed during the month of March and necessary adjustments made effective April 1.

To aid in the review process, a printout will be produced based on KAECSES records and will list all cases in which an AI or AI/DI code is reflected on EXNS. These codes reflect cases in which income is being allocated. The printout will be in alphabetical order by case name and be in caseload by county order. It will also list the expense code as well as the allocated amount. This information will be based on KAECSES information as of mid-February and will be sent separately

Income allowances are to be adjusted in some of the cases as the community spouse can now get at least \$1,967 a month and any dependent family member can get \$656 a month provided his or her income is not in excess of \$1,967 per month. The new community spouse standard affects the outcome of the excess shelter calculation. The maximum amount of excess shelter which can now be given is \$964. Excess shelter expenses are now reduced by a standard of \$219. Thus, if the person's shelter payment equals or exceeds \$1,183 all that can be allocated is \$964. Any payment less than \$1,183 but more than \$219 would produce a varying standard. These new guidelines may decrease or eliminate the excess shelter allowance in some cases.

- h. **Working Healthy (Including Medically Improved)** – Because of the new poverty level, both the maximum income level and premium standards will be adjusted. The new income limits and ranges become effective for all Working Healthy determinations for the month of April, 2014 and thereafter. A mass change will occur at the time of rollover in February to incorporate the new maximum income level and minimal premium threshold. The mass change detail report (MR330) noted in item (c) above will list all cases processed during this mass change. Any case with income in excess of the limit will be identified with an UNABLE TO PROCESS message, although none are expected. The SAR report will be available on 02-21-14 (Report ID SWM03828-B59).

Premium adjustments necessary because of the new income levels will not be automated. All Working Healthy premium cases must be reviewed to determine if the premium obligation will be reduced or eliminated based on the new income levels. Countable income shall be compared to the new standard and, if a reduced premium results, the new premium is effective April 1, 2014. Notice, N743 - Change - WH Premium Levels, shall be used for this purpose. Premium cases are identified on the Working Healthy Premium Report (MR410) and is available on SAR, report ID SWY0183T-R04. This report will also be made available in an Excel spread sheet and sent to the field. Please make note that only the premium income levels are changing, the actual premium amounts are not being adjusted this year.

2. **Report Summary** – The following reports are associated to this mass change:

- a. **CHIP Premium Report** – Lists cases in premium status with incomes close to the current premium limits. These cases shall be reviewed to determine if the premium amount is adjusted with the poverty level change. This report will be available the week of March 1, 2014.
- b. **MA Spenddown Report** – Lists current MA spenddown cases. These cases shall be reviewed to determine if the child or pregnant woman is now eligible for Medicaid or CHIP. This report is included with this material.
- c. **QMB Report** – Lists all QMB cases with a QO medical program subtype and a PICK code of QS, QM, or WQ. These cases are to be reviewed for continued QMB eligibility. This report is included

with this material.

- d. **Spousal Impoverishment Report** – Lists all cases with allocated income. These cases are to be reviewed to determine ongoing Community Spouse and Dependent Family Member allowances. This report is included with this material.

If you have any questions concerning this memo or the implementation process, please contact the appropriate policy manager:

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