



Policy Memo

KDHE-DHCF POLICY NO: 2013-07-01	From: Jeanine Schieferecke, Senior Manager
Date: July 29, 2013	KFMAM Reference: N/A KEESM Reference: N/A
RE: KEES Pre-Implementation Instructions and Information	Program(s): All Medical Assistance Programs, TANF, FA, CC, Refugee

The purpose of this memo is to provide information and instruction regarding activities related to the implementation of the Kansas Eligibility Enforcement System (KEES). This memo is focused on activities prior to go-live, scheduled for October 1, 2013. These activities are designed to ease the transition to KEES, from the existing legacy systems (KAECSES, PSI Platform and the interchange MMIS). The actions noted in this memo will also support new medical policies going into effect on October 1, 2013.

A significant part of any large system implementation is the conversion of data from the existing system to the new system. A clean conversion process will not only ensure existing customers continue to receive medical coverage during the transition phase but will also ease the workload for staff after KEES is live. Because the data required by KEES isn't the same as currently collected in KAECSES, activities are underway to narrow the gap in data in order to make the conversion as clean as possible. This memo addresses several of the pre-conversion activities currently underway. Please note: all instructions pertain only to medical programs unless otherwise indicated.

A. KEES Implementation Time Line

When fully implemented, KEES will support all medical assistance programs as well as most human services programs. These programs are currently supported by KAECSES, KsCares and the PSI Platform. In the original implementation plan, medical and human services programs were both scheduled to go live October 1, 2013. This plan was revised in February of this year to a phased approach with medical programs scheduled to go live October 2013 and human services programs scheduled to go live May 2014.

Specific details of the implementation phases are listed below:

Rm. 900-N, Landon Building, 900 SW Jackson Street, Topeka, KS 66612-1220
www.kdheks.gov/hcf/

Medicaid and HealthWave:
 Phone: 785-296-3981
 Fax: 785-296-4813

State Employee Health Benefits and Plan Purchasing:
 Phone: 785-368-6361
 Fax: 785-368-7180

State Self Insurance Fund:
 Phone: 785-296-2364
 Fax: 785-296-6995

KEES Phase 1 (completed) – Implementation of the Online Application and Presumptive Eligibility Tool for medical assistance.

KEES Phase 2 – Scheduled October 1, 2013 - Implementation of all medical assistance programs. In addition, the functionality to support DCF workflow and imaging will be implemented and DCF One Note will also be converted for both medical and non-medical cases.

KEES Phase 3 – Scheduled late May, 2014 - This phase will implement the human service programs. The specific programs include Food Assistance, TANF, Refugee Cash, Child Care, Work Programs, Foster Care and Adoption Subsidy.

There are several key issues to understand about the various KEES phases.

1. Support for medical determination is actually moving from KAECSES to KEES. This means the ability to make or change any medical determinations in KAECSES will end. Even though staff will still be using KAECSES to determine eligibility for human services programs, it cannot be used for medical once KEES is implemented.
2. Staff will still be able to view historical medical determinations in KAECSES after Phase 2. However, medical processing in KAECSES will end. All medical programs are impacted: Family, Elderly, Disabled and Child Welfare related medical programs as well as MediKan, ADAP, automatic medical issued to Foster Care, Adoption Support, and Refugees. The information remaining in KAECSES may be used for research and documentation. The information will also be needed in fair hearing requests regarding determinations prior to 10-01-2013.
3. The interface between KAECSES and the MMIS will also be turned off. Medical 'pay tape' will now be issued from KEES.
4. The PSI Platform will still be operational, but only to maintain a list of existing work at the time of deployment.
5. Until Phase 3 is implemented all human services programs will continue to be managed in the existing systems (KAECSES and KsCares).

B. Effective Date of Medical Policy Changes

Along with implementation of KEES, there will also be major policy changes going into effect on October 1, 2013. Most of these changes are driven by implementation of the Affordable Care Act (ACA). Although these changes will primarily impact the Family Medical programs, there will also be an impact to the Elderly and Disabled programs.

The largest and most impactful change is the implementation of the new MAGI (modified adjusted gross income) budgeting methodology. The MAGI methodology applies to Family Medical programs and utilizes the federal income tax rules as the basis for eligibility determination. The changes in assistance planning, countable income and budgeting are being implemented as part of MAGI methodology change. Verification processes and rules are also undergoing major changes.

Interfaces will be used to the fullest extent possible instead of relying primarily on paper verification from the member. The interface information is used if it is Reasonably Compatible with the member's reported income. There are many other policy changes that will be further explained in the coming weeks.

Medical policy changes will be implemented with a hard effective date of October 1. This means that the new rules will apply to any determination made on or after 10-01-2013. All such determinations will be completed in KEES. Determinations made prior to this date will use the old rules and will be made in KAECSES. This applies to all new determinations as well as any changes, including pending applications and prior medical. New information will also be needed for cases processed after October 1. This could result in different eligibility outcomes depending on the date the case is processed.

For example, an application is received on 09-01-2013. The application month is processed on 09-10-2013 using KAECSES (the existing eligibility rules). The applicant is not eligible. The prior medical request was still pending information. Information was returned and the prior medical months are processed on 10-03-2013, using KEES (the new rules). The determination for the prior months (06-2013 through 08-2013) is delivered and the applicant is eligible.

We understand this may result in some confusing situations for our members. Materials, including a Motion to Dismiss based on policy are in development. Eligibility staff are encouraged to contact KDHE policy staff if a situation arises that raises questions.

C. Case Number Changes

The long term plan for KEES, once all programs are implemented, is to have most medical programs exist on one case number and other human services programs on a separate case number. Processes and functionality in KEES are designed to support this long range goal. For medical, this means that where families previously had separate cases to support the business model, coverage will now be on a single case.

For example, a mother with two children, one covered under poverty level medical and the other receiving HCBS, would have two case numbers in KAECSES today. In KEES both types of coverage will be managed on a single case number. KEES uses a feature called Program Blocks to allow separate management of the different types of medical coverage. Just like today, DCF will be responsible for the management of the E and D/HCBS coverage and the Clearinghouse will be responsible for the management of the poverty level eligibility.

Note that, even under the KEES design, the following medical programs will be maintained on a separate case number: Adoption Support medical, Foster Care medical, Presumptive Eligibility and ADAP.

All new medical applications coming into KEES after go-live will be registered and managed with the single medical case number approach. However, active medical cases that are part of KEES implementation will be converted as they are currently represented in KAECSES, without any splitting or merging of medical programs/cases into single or multiple cases. Instructions to accomplish the necessary splitting and merging in KEES will be issued at a later date.

All medical cases will be given a new case number when converted. The new medical case number will be a 1 followed by the last 7 digits of the KAECSES case number. For example, if the existing KAECSES number is 01234567, the new KEES case number will be 11234567. Cases created after go live will start with a 2 (example: 20123456). The old KAECSES case number will also be stored in KEES as a reference and will continue to be used by the MMIS to process spenddowns and premiums. Human services programs will likely be given a new case number as part of Phase 3 conversion process, but this decision is pending at this time.

All medical history will be converted to KEES. However, other program or benefit histories will remain in KAECSES until Phase 3

D. KanCare Household Info Collection Mailing to Existing Members

Under the new MAGI methodologies referenced above, assistance planning rules will require information from the family regarding their intent to file federal income tax for the upcoming tax year. This means, KEES will require tax filing intent in order to generate a final determination in most cases. This information is not currently collected as part of the eligibility process. A related issue also exists with household relationships. Today in KAECSES, the relationship to the primary individual is collected for each household member. In KEES, the relationship between each household member is required. The absence of this data in the system could result in the inability to make a determination in KEES, including batch eligibility determinations. If the information is not in KEES, staff will need to collect the information at the first eligibility action after October 1 in order to authorize continued coverage.

In order to collect the missing information, a mass mailing to all active Family Medical households (cases with an open MP, MA and MK program) will occur in July and August. The mailing is not being sent to elderly and disabled cases because the tax hh information is not generally needed and the number of household members is small and can be converted without additional information.

HP Enterprise Services (HPES), the MMIS fiscal agent, is conducting the bulk of work related to the mailing. HP will produce the letters, collect and store the information. HP, along with the KanCare Clearinghouse, will handle all member inquiries.

The following outlines detailed information regarding the mailing:

1. The mailing will consist of a cover letter explaining the process and the data collection form. Copies of both are attached.
2. The mailing will be staggered with one third of the letters being mailed on each of July 29, August 5 and August 12. There will only be one letter per household.
3. Forward addresses, when known, will be affixed prior to mailing. All non-deliverable mail will be returned to HPES.
4. Members are asked to complete the form, provide a phone number and sign the form
5. Completed forms are to be returned to HPES. A postage-paid envelope will be provided

6. Changes in household membership are not reported on the form. Instead, members are asked to call one of the designated numbers to report changes.
Note: Changes reported through this letter will not be routed to eligibility staff, except that a list of bad addresses will be sent to the Clearinghouse.
7. Completed forms are due two weeks following the mailing. The date at the top of the letter will populate with the correct date, depending on the specific mail date.
8. The following phone numbers are used for changes and questions:
 - To report household changes call the main CH number: 1-800-792-4884
 - If they need help filling out the form (English), call special CH number: **1-855-751-4012**
 - If they need help filling out the form (Spanish), call HP Managed Care number: 1-866-305-5147
9. KDHE outstationed workers are also available to assist members with the process.
10. If a member contacts an MCO, DCF office or other location for assistance, instruct them to call the numbers listed in Item 7 above. If forms are submitted to a DCF office or to any contractor or partner of KDHE, please date stamp the form and fax it to HPES at the following number: (785) 266-6109
11. Processes are also in place to obtain the information from members who call the Clearinghouse for other reasons. Callers will routinely be asked if they have completed the form and, if not, the info will be collected over the phone. The form does not need to be returned if the information is received over the phone.
12. This form will be imaged and indexed to the existing KAECSES case number. These will be retained as part of the case file for later research if necessary.
13. Information received from returned forms and phone calls will be entered into a data base. It will then be brought into KEES as part of the formal conversion process (noted in item F – Implementation Preparation). When this occurs, additional data entry by eligibility staff will not be necessary.

Cases targeted for the mailing were identified on July 24. This means that any case initially approved after this date will not receive a letter so electronic collection and conversion of this data won't be possible. The additional relationship and tax data will not be part of the case at conversion. This information must be obtained from the customer the next time the case is worked.

Also of note is a special process for one of the questions. Although most are self-explanatory, Question 4, 'Is this person claimed as a dependent on someone else's tax return?' requires additional instruction. If the member responds 'yes' they are asked to provide the name and relationship of the taxpayer claiming the individual on the form. Although the data base will accept a 'yes' or 'no' response to the question, it will not accept the specific name and relationship information. This means it will not be converted. The information will be present on the imaged document. However, if the information is gathered over the phone, the specific name of the taxpayer claiming the dependent and the relationship to the dependent will NOT be collected. Staff will need to gather the information the next time the case is worked.

For example, Susie is listed as a child on her mother’s form. She lives with her mother, but her father will claim her next year. The following form is received:

		Question 1	Question 2	Question 3		Question 4		
Name of Household Member	Date of Birth	Does this person plan to file a federal income tax return?	Will this person file jointly with a spouse?	Does this person have any dependents on their tax return that are not in the household?	If yes, list name(s) of dependents	Is this person claimed as a dependent on someone else’s tax return?	if yes, list the name of the tax filer	How is this person related to the tax filer?
Mother Sunshine	1-10-72	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, name:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Susie Sunshine	10-14-99	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, name:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Father Sunshine	Child

The data base will only store the ‘yes’ or ‘no’ response to the question. Responses to the last two questions – the name of the person claiming Sunshine (Father Sunshine) and her relationship to the taxpayer (Father) will need to be gathered from the image.

E. Review Extension

In order to reduce the risk of members losing coverage and to help prioritize workloads, no medical reviews will occur immediately following the implementation of KEES. Reviews normally scheduled during this time will be delayed and rescheduled to occur in 2014. Family medical programs (MP, MA, MK) that are due for review beginning with the review month of 10/2013 through 03/2014 will have the existing review period automatically extended for 6 months. Elderly and disabled medical programs (MS, CI) due for review beginning 10/2013 will have the existing review period automatically extended for 8 months.

A special KAECSES batch process will automatically reset medical reviews scheduled during this time (update to the Review Through date in KAECSES). An automated KAECSES system notice will be issued notifying the member of the change in their review date. The run is tentatively scheduled to occur on September 10, however this date may change. An announcement concerning the specific date will be made through the DCF HelpDesk.

Review dates will be set on all impacted cases, both active and closed. However, notices will only be mailed for active cases. Closed cases will not be notified. Please note, this delay only impacts medical reviews. Other program reviews scheduled are not impacted by this change

The following chart illustrates the review extension periods:

Review Extension Periods					
Family Medical Programs MA MP MK			Elderly and Disabled Medical Programs MS CI		
Current Review Mo	Extended Review Mo	Following Review Mo	Current Review Mo	Extended Review Mo	Following Review Mo
10/2013	04/2014	10/2014	10/2013	06/2014	06/2015
11/2013	05/2014	11/2014	11/2013	07/2014	07/2015
12/2013	06/2014	12/2014	12/2013	08/2014	08/2015
01/2014	07/2014	01/2015	01/2014	09/2014	09/2015
02/2014	08/2014	02/2015	02/2014	10/2014	10/2015
03/2014	09/2014	03/2015	03/2014	11/2014	11/2015
04/2014	There is no review extension. The review period remains the same, resulting in a doubling of reviews for these months.	04/2015	04/2014	12/2014	12/2015
05/2014		05/2015	05/2014	01/2015	01/2016
06/2014		06/2015	06/2014	02/2015	02/2016
07/2014		07/2015	07/2014	03/2015	03/2016
08/2014		08/2015	08/2014	04/2015	04/2016
09/2014		09/2015	09/2014	05/2015	05/2016

This essentially means that eligibility staff will have no medical program review responsibility for the family medical programs from October, 2013 through March, 2014 and for the elderly and disabled medical programs from October, 2013 through May, 2014.

For cases with an extended review, follow these rules when setting the first new review date in KEES (also see chart above):

- For Elderly and Disabled cases, the next review date is based on the NEW review date. It is set for 12 months following the NEW KEES review.
- For Family Medical cases, the next review date is based on the ORIGINAL review date. It is set for 12 months following the ORIGINAL review.

KEES will only have limited review functionality on October 1. Most automated processes, including identifying reviews due, sending out passive review letters and pre-populated review forms, will be implemented as part of Phase 3.

In order to correctly apply the above rules for subsequent reviews, staff must be able to distinguish a review that was impacted by the special extension from those that are not, particularly with Family Medical cases. Reports will be provided to staff to determine the correct review date. For example, in April, 2014 reviews normally due in April and some that were originally set in October will come due. Those that were originally scheduled in October will have a new review date of October, 2014, while those originally due in April will have a review through date of April, 2015.

Due to the delayed review plan, it will be even more important to react to changes that are reported during these months. It is imperative that staff react to changes occurring in these months, including changes in Medicare entitlement and household changes.

Reports will be used to help manage changes that normally take place at review. Reviews due for medical coverage with time limited coverage, specifically MediKan and Refugee medical, will not be impacted by the extension. Instead, the existing review date will remain in place. A report keyed from the review date will be produced to identify cases likely coming up on the maximum time limit. If it appears any member of the case may be eligible for additional coverage, a new application is to be mailed in order to determine ongoing coverage. This process will prevent accidental expansion of medical coverage beyond the time limited period once the case is in KEES. A similar process is followed for Medically Needy cases with base periods that expire.

Finally, no formal medical reviews are to be scheduled during the following periods:

- For Family Medical, October, 2013 through March, 2014
- For Elderly and Disabled medical, October, 2013 through May, 2014

Required Action: The “Active Case List” report should be reviewed starting now and each week prior to conversion to identify cases that are not in the current month. Medical cases should be rolled and authorized into the current month, if possible. This will allow the automatic review extension beginning 10/2013 to occur.

If a review is processed in KAECSES after the batch job has been run that extends the review dates, staff must manually determine the new date based on the extension process. Rather than setting the standard review date, staff shall set a new review date according to the chart above. For example, a review is processed on 09-20-13 for an MS program expiring 09-30-13. The review through date would have been reset for 09-14, but staff will adjust it to 05-2014 according the chart above.

F. Implementation Preparation

In the coming weeks the KEES team will be working to develop a final schedule and plan of activities and events leading up to go-live. There are a few critical dates to be aware of:

1. September 10 – Automated Review Closure notices will be mailed on all unreturned September reviews (those expiring 09-30-13). This is being done to prompt members to return review forms so work can be completed prior to the ‘Dead Zone’ referenced below. This will impact all cases, not just medical cases.
2. September 21 – Rollover into November will occur. This was originally scheduled to occur on September 28, but has been moved up to allow for KEES conversion activities. This will impact all cases, not just medical cases.
3. Week of September 16 – At a specific point during this week, entry of new medical applications into KAECSES and the PSI Platform will stop. This is to allow the KEES Conversion team adequate time to prepare the KAECSES and PSI data for conversion. The exact date of this event will be announced in the coming weeks.

4. Week of September 25 – At a specific point during this week, both KAECSSES and the PSI Platform will be brought down and will not be available for any medical program processing. It IS highly likely that inquiry access will be available during this time. Medical program update capability in both KAECSSES and the PSI Platform will be disabled and all ability to process medical will end. The exact date of this event will be announced in the coming weeks. KAECSSES should be available to process other programs. This ‘Dead Zone’, where no medical case work will occur on the system, will run through the morning of 10-01-2013 when KEES goes live.

Because there will be no medical system available during the Dead Zone, Central Office is working on a process to allow processing of emergency cases in designated situations, such as expedited pregnant women.

G. Worker Alerts

There will be no conversion of existing KAECSSES alerts into the new KEES eligibility system when the medical programs are converted at the end of September 2013. However, since the KAECSSES system will remain active for non-medical case work after the medical conversion, eligibility staff will still have access to existing alerts. It will be best practice to check for any medical specific alerts in KAECSSES the first time KEES eligibility is determined or the case reviewed. At that time, staff shall act on any alerts needing attention, manually convert future dated alerts into tasks in KEES and delete the alerts from KAECSSES as appropriate.

Recommended Action: The “Worker Alert Report” should be reviewed prior to conversion to take any necessary actions as indicated by the alert(s) and to remove those alerts which are no longer needed.

H. COLA Mass Change

Due to the timing of the KAECSSES to KEES conversion, Central Office is finalizing plans to change the SSA COLA mass change process for medical programs this year. Under this plan, mass change will occur early, using a projected COLA increase amount, rather than waiting for the official release of the COLA. The exact details are still being considered, but the current plan is outlined below.

Prior to conversion, all medical cases authorized in the current month with SSA income will be identified. The SSA amount on those cases will be calculated based on the forecasted COLA increase and processed for January 2014 in a KAECSSES parallel data base (known as DB13). An automated KAECSSES system notice will be issued notifying the individual of the change.

A separate mass change implementation memo with more detailed instructions will be issued at a later date. A process to mass change cases approved in KEES will also be developed.

Required Action: The “Active Case List” report should be reviewed prior to conversion to identify cases that are not in the current month. Medical cases should be rolled and authorized into the current month, if possible. This will allow the SSA COLA calculation for January 2014 to occur.

Questions

As indicated above, additional guidance will be provided prior to KEES implementation. For questions or concerns related to this document, please contact one of the Medical program staff below.

Allison Miller, Family Medical Program Manager – amiller@kdheks.gov

Tim Schroeder, Elderly and Disabled Program Manager – tschroeder@kdheks.gov

Russell Nittler, Senior Manager – rnittler@kdheks.gov

Jeanine Schieferecke, Senior Manager – jschieferecke@kdheks.gov

The KEES Resource Agents are also available to assist with KEES-related question end users may have. Each eligibility location is assigned a Resource Agent:

Brenda Schumacher, DCF West Region - Brenda.Schumacher@dcf.ks.gov

Donna Uhl, DCF East and Kansas City Regions Donna.Uhl@dcf.ks.gov

Kristen Zluticky, Wichita Region Kristen.Zluticky@dcf.ks.gov

Kim Burnam, Lead Agent, KDHE KanCare Clearinghouse and Presumptive Eligibility Qualified Entities KBurnam@kdheks.gov

Enclosures