

New England Building  
503 South Kansas Avenue  
Topeka, KS 66603-3404



Phone: (785) 296-6207  
Toll Free: 1-855-643-8180  
TTY: 771  
KanCare.Ombudsman@kdads.ks.gov  
www.kancare.ks.gov/ombudsman

Kerrie Bacon, KanCare Ombudsman

Sam Brownback, Governor

**October 5th, 2016**  
**12:00 pm-1:00 pm**  
**Lunch and Learn Call for HCBS Consumers**  
**(29 Participants on the call)**

*\* Ombudsman Lunch and Learn Conference Call Series\**

## **KanCare Clearinghouse Updates**

### **And How the Process Works**

### **With Nancy Scott, KDHE - DHCF – Clearinghouse**

Nancy Scott, LMSW  
E&D Senior Manager  
KDHE/DHCF/KanCare Clearinghouse

The KanCare Clearinghouse is relatively new in some of the things that it is responsible for and the information would be very helpful for consumers and possibly providers. The call could explain the responsibilities that fall under the Clearinghouse now and how it is organized. Some of the questions that have come through my office could also be answered:

What does the eligibility process look like now? The Governor's Executive Reorganization Order moved eligibility for Elderly and Disabled (E&D) and Long Term Care (LTC) programs from Dept. for Children and Families (DCF) to Kansas Dept of Health and Environment (KDHE). The current contractor for family medical eligibility programs, Maximus, was awarded the contract to process the applications, reviews and changes to KanCare eligibility cases.

The Clearinghouse has separate areas for mailing, registration of applications, Maximus eligibility staff and KDHE State staff. This allows all the processing and notices for cases to be

The process for a new application is to use the online application process or send directly to the Clearinghouse via fax or mail.

Once it arrives, the case is registered, assigned a case number and tasks are set up in the KEES system to alert workers to the need for processing the case either as an Elderly and Disabled (E&D) or Long Term Care (LTC) case. Maximus workers are assigned the case and they review and process the case and send it on to the state side for final determination.

- Q. Is it better to fax or mail documents?  
A. It is fine to fax or mail documents to the Clearinghouse.  
The fax number for Family Medical is: 1-800-498-1255  
The fax number for E&D is: 1-844-264-6285

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The mailing address for the Clearinghouse is:

KanCare Clearinghouse

PO Box 3599

Topeka, KS 66601

The phone number for the Call Center at the Clearinghouse is:

Toll free: 1-800-792-4884

Local: 785-368-1515

Toll free, TDDY – 1-800-792-4292

⊖ If you have an issue, is it better to send a letter, fax a letter, or call?

A. It is fine to request information via letter, fax or phone call to the Clearinghouse call center.

⊖ How many people are working on applications? Processing documents?

A. Maximus has a total of 367 staff to handle eligibility determination, case maintenance and customer service.

KDHE Clearinghouse has 33 Family Medical Staff Workers

KDHE Clearinghouse has 14 Elderly and Disabled Workers

KDHE has 33 out stationed staff.

⊖ What is the best way to find out if an application has been received?

A. It depends on whether you have faxed or mailed a document. If faxing a document, give the Clearinghouse at least 48 hours to process the document and attach it to the case. The Call Center will be able to check the case and confirm if they case has been received and attached to the case.

⊖ When something has been faxed, what happens to it?

A. Faxed documents arrive in the mail room and are sorted to the correct program and type of document. New applications need to be sent to registration to be entered as a case. Reviews and other documents need to be imaged and attached to the corresponding case. It is always best to make sure that enough identifying information is included with the documents so they can be attached to the correct case. For example: Don't send expenses (bills or receipts) without at least the name and birthdate of the person.

⊖ When will the applications that have taken more than 45 days to process be caught up? Does that include nursing home applications?

A. By the end of September all applications over 45 days will have been processed or screened to determine if they are ready to complete or still need documentation. Not all cases can be processed within 45 days. Some cases are pended waiting for a disability determination from SSA, going thru the presumptive disability process at the state level or awaiting needed information. Specialty cases, such as LTC cases that require a division of assets or any E&D case that includes a trust or annuity that must be reviewed will typically will take longer to process because they are more complicated and may require additional information. As long as the beneficiary or its representative work with us we will extend deadlines for production of documents. This sometimes results in cases taking longer than 45 days to complete.

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- Q. Who handles spend down documentation? If I have a question for that, can I get hold of someone in that department?
- A. Someone in that department.
- Q. Who handles client obligation documentation? If I have a question for that, can I get hold of someone in that department?
- A. Eligibility workers handle the financial determination and case maintenance for both situations. This means that eligibility workers would review documents provided by consumers to see if they could be allowed to reduce a spenddown or obligation.

The call center would be the contact for our agency for either situation.

NOTE: This is only specific to non-billing issue. This is specific to consumers providing documentation to the Clearinghouse. If the consumer provides documentation to the clearinghouse for a bill that has not been billed to Medicaid yet and they have active coverage, they would be referred back to the provider to have them bill the appropriate MCO.

Q. Martha Gabehart, when someone is checking on an application, is there a way to get ahold of a specific person?

A. We don't have specific way to get ahold of someone. Whatever worker has been working on the case, keeps documenting. Please call the call center. They can check the journal.

If the Provider has questions, there is a provider spreadsheet so they can contact (They need the release) the call center. MCO's don't need a release in order to get information.

Q. Jean in Wichita, we have a consumer that has a disability and they have a trust, do they have to be reviewed every year?

A. If they have a trust, it may depend on whether there has been any activity (money added, etc.). If there isn't any change, then it shouldn't need to be reviewed yearly. Normally it is reviewed by policy staff with a great deal of experience. Some of the cases can be very complicated.

Q. If an application and it is pending and you find out is approved, they have medical bills, will it retroactively pay?

A. It should go back and cover those expenses.