



Policy Memo	
KDHE-DHCF POLICY NO: 2016-08-02	From: Jeanine Schieferecke, Senior Manager
Date: August 16, 2016	KEESM Reference: KFMAM Reference: N/A
RE: Advanced Payment Program	Program(s): Long Term Care

This memo provides policy and implementation instructions for cases receiving payment from the NF Advanced Payment Program. The instructions and policies in this memo are applicable to all requests for Advanced Payment received on or after 08-08-2016.

A. BACKGROUND

The NF Advanced Payment Program is intended to provide nursing facilities with a partial payment for care the facility provided to a resident while a Medicaid application is pending a determination. The NF is responsible for requesting a special Advanced Payment by following the procedures outlined in the Provider Spreadsheet process implemented in February, 2016. The Advanced Payment is available only to Nursing Facilities and Nursing Facilities for Mental Health. Other provider types are not eligible for Advanced Payments at this time. Once a request for payment is received from the NF, the KanCare Clearinghouse is responsible for determining eligibility for the payment. An NF is eligible for an Advanced Payment for a resident if one of the following conditions apply:

1. A Medicaid application has been received for the resident and it has been pending 45 days or more.
2. A request for NF payment has been made for a current KanCare recipient or for a resident who has been in the facility at least 45 days. This includes current residents as well as deceased persons and former residents.

If the request is approved, the provider is notified via email and the case is sent to the KDHE Business Operations Team for payment processing. As part of the process, the NF will be required to submit additional information and sign a repayment agreement.

If the request is denied, the application/request will continue to be processed using existing policy and process. The NF will be notified via email of the denial.

B. ELIGIBILITY PROCESS

Once an Advanced Payment is made on the case, the case is targeted for special processing by the Clearinghouse. The case will be immediately identified as a special Advanced Payment case by creating a journal entry: *Member approved for NF Advanced Payment on DD/MM/YY. Special rules are used to process this case.*

The following processes apply:

1. **Approval** A screening/assessment is completed as part of the determination for the Advanced Payment. If the all information is available and the client appears to be eligible, the case is processed immediately. Prior to finalizing, staff must review the case to ensure the MMIS is complete and correct (LOC, Patient Liability, MCO assignment, responsible person, etc) and all correspondence has been appropriately sent. Ensure all administrative roles are correctly noted. A contact with the NF is also made to ensure they are aware of the approval. Notify the Business Operations Team of case approval.
2. **Active Case with No NF Payment:** If the member is a current recipient, but NF payment has not been approved, the case is immediately reviewed to determine what information is necessary to determine eligibility for NF payment. If additional information is not required, the case is processed and all appropriate correspondence shall be issued. If additional information is needed from the member, the procedures outlined in Section C apply. Once complete, notify the Business Operations Team of case approval.
3. **General Denial/Clear Financial Denials:** If the application is denied for general criteria (example – ineligible non-citizen, failure to meet CARE criteria) or if the member is clearly fails financial criteria, the case if flagged for negative action. Prior to taking final action, the case is sent to a specialized KDHE review team to review. If the denial is appropriate, the KDHE review team will take final action. The NF is informed of the denial and staff must ensure that proper correspondence is sent to all parties. Notify the Business Operations Team of case denial.
Note: This is not applicable to denials for Failure to Provide Information.
4. **Pending Information:** If the application is still pending and is in any other status, including cases that appear to be a financial denial, information is pending/ has not been requested or partial information has been returned, the process outlined in Section C shall be followed. This is true regardless if a previous Request for Information has been issued and the client has failed to respond.

C. SPECIAL PROCESSING WHEN ADDITIONAL INFORMATION IS REQUIRED

For any case that cannot be processed because information is not available the following process applies:

- a. The application/request is reviewed to determine items needed to process the request. This review shall include a search of the existing case file to determine if the information already exists as well as a review of the application to ensure appropriate information is requested.
- b. Once the scope of information necessary to process is determined, a formal request for information is issued to the applicant. The information request will allow the applicant 30 calendar days to return the information. A phone call to the NF is also necessary to tell them the application is still pending an information has been requested.
Note: If the applicant/recipient has appointed a facility representative to be a facilitator, a phone call is not necessary.
- c. If the information has not been returned within 15 days from the date of the Request For Information, a phone contact is made with the Applicant or the Responsible Person to discuss the status of the request. If the applicant and/or Responsible Person is not available or is not responsive, contact is made with the nursing facility and the NF is informed the information has not been returned. Note that detailed information can be shared with the facility only if a valid release of information has been received.
- d. If the information is fully returned within the time frame the application is processed according to Item B (1) above if approved. If it appears the case should be denied, the case is sent to a specialized KDHE review team to review. If the denial is appropriate, the KDHE review team will take final action. The NF is informed of the denial and staff must ensure that proper correspondence is sent to all parties. Notify the Business Operations Team of case denial.
- e. If the information is not returned within the time frame, follow the process in item d above.

D. QUESTIONS

For questions or concerns related to this document, please contact one of the KDHE Medical Policy Staff listed below.

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