



Policy Memo	
KDHE-DHCF POLICY NO: 2018-01-01	From: Jeanine Schieferecke
Date: January 2, 2018	KEESM Sections: 2671, 2672, 2675.4, 5130, 5331.1
RE: Summary of Changes (SOC) for Medical KEESM Revision #5	Program(s): Elderly & Disabled Medical

The purpose of this document is to identify the changes which have been included in the Medical KEESM effective January 1, 2018. In addition to this document, KDHE Policy Memo 2017-12-02 has been issued. Manual changes are outlined below.

- 2671** **Qualified Medicare Beneficiaries (QMB)** – This section has been updated to reflect the increased resource limit for the Medicare Savings Programs (MSP).
- 2672** **Low Income Medicare Beneficiaries (LMB)** – This section has been updated to reflect the increased resource limit for the Medicare Savings Programs (MSP).
- 2675.4** **Benefits and Levels of Subsidy** – This subsection has been updated to reflect costs related to the Medicare Part D prescription drug coverage that have changed for 2018. The following co-payments for dual eligible Medicare Part D beneficiaries are effective January 1, 2018:
- For individuals eligible for QMB, LMB, or ELMB, the co-payments have increased from \$3.30 to \$3.35 per generic and from \$8.25 to \$8.35 per brand name.
 - For full Medicaid eligible with income at or below 100% of FPL, the co-payment has changed from \$1.20 to \$1.25 per generic and remains \$3.70 per brand name.
 - For full Medicaid eligible with income above 100% of FPL, the co-payment has increased from \$3.30 to \$3.35 per generic and from \$8.25 to \$8.35 per brand name.

The benchmark subsidy premium for Kansas has also changed from \$30.27 to \$31.43 effective January 1, 2018. This figure impacts the amount of Medicare Part D subsidy a

beneficiary can receive. The subsidy will provide coverage of the lowest premium a Part D plan offers, up to the basic premium level for the state. A beneficiary receiving the subsidy may elect an enhanced or high cost plan, but he/she is responsible for the difference between the benchmark and the actual premium amount.

- 5130** **Medical Assistance** – The resource limit for the Medicare Savings Programs (MSP – QMB, LMB, ELMB) has increased from \$7,390 to \$7,560 for a single individual and \$11,090 to \$11,340 for a couple. The increase is mandated by federal law and is based on the annual change in the consumer price index (CPI).
- 5331.1** **Substantial Home Equity** – The substantial home equity limit for individuals applying for long term care coverage has increased from \$560,000 to \$572,000 effective January 1, 2018. This increase is mandated by the federal law and is based on the annual change in the consumer price index (CPI).
- 8144** **Spousal Impoverishment Provisions** – This section and subsections have been rewritten to remove references to the actual spousal impoverishment resource standards which change annually. This change was made as part of the 8/2017 Medical KEESM Implementation but some references were inadvertently missed.
- 8244** **Spousal Impoverishment Provisions** – This section and subsections have been rewritten to include HCBS policy related to the community spouse resource assessment as institutional care policy was included in error.

CONCLUSION

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

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