



January 27, 2009

POLICY MEMO:	
To: All SRS and KHPA Staff	From: Jeanine Schieferecke
Eligibility Policy Memo No: 2010-01-01	KFMAM: KFMAM Revision # 11
RE: Summary of Changes for Revision # 11	Program(s): All Family Medical Programs

Purpose, Background and Reason for Change for the Kansas Family Medical Assistance Manual (KFMAM) effective January 1, 2010

The purpose of this document is to identify the policy changes implemented in the KFMAM effective January 1, 2010.

Changes

1310 has been changed to eliminate the requirement that staff obtain further verification when a household is living at a higher standard of living than known resources or income would permit. The HealthWave application does not obtain information about household expenses, so this type of analysis isn't possible with information provided on the application. In addition, this section has been changed to limit further scrutiny of potential resources to just those involving medical insurance. Sub-headings in 1310 have been renumbered to accommodate the changes.

1322.01 has been changed to allow alternate sources of verification, including third party resources, when documentary evidence is not provided.

1322.03 This new section has been added to provide a definition of third party resource, guidance on use as verification, and specific examples.

1322.04 This section has been renumbered from 1322.03.

1325 has been updated to include third party resources in the definition of verification.

1325.01 has been updated concerning the verification process for reported earned income and child support. Documentation of identity has been expanded to include Title 21 CHIP coverage. A new identity documentation exemption for children born on or after July 1, 2006 to a Medicaid recipient has been added to

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this section. Pregnancy verification has also been removed as verification is no longer required.

1401 has been updated to remove reference to an on-line application. Further changes have been made to this section to remove reference to MAXIMUS, and insert Policy Studies, Inc. (PSI), as the Clearinghouse vendor.

1405.01 has been updated to remove Medicaid Poverty Level and HealthWave in reference to shorter processing timeframes. Medicaid Poverty Level and HealthWave applications follow the timeframes for processing identified in 1405.02.

1406.02 has been updated to remove reference to an on-line application.

1407 has been updated to eliminate some repetitive language and to remove references to pregnancy verification.

1408 has been changed to indicate that a Presumptive Eligibility for Children program determination does not include children meeting the qualified alien criteria.

1408.01 has been changed to remove instructions for new Qualified Entities requesting to participate in the program.

1408.02 has been updated to provide additional guidance concerning the responsibilities of a qualified entity in the Presumptive Eligibility Program process.

1408.04 a minor change has been made to the heading of this section.

1408.05 has been updated to allow Qualified Entities to complete the Presumptive Eligibility determination within two business days following the date of service. PE coverage will then begin on the date of service for those that are approved. This section also includes an update that the PE applicant must self-declare any prior PE coverage to the entity at the time of the application.

1423.12 has been added to require adequate notice only when a verbal request is received to end coverage due to the cost of the premiums.

2045 has been updated to include documentation of citizenship and identity for Title 21 CHIP individuals as well as adding a new citizenship and identity exemption for children born on or after July 1, 2006 to a Medicaid recipient.

2046.01 has been rewritten to provide additional instruction and a more definitive timeframe concerning the reasonable opportunity period for providing citizenship and identity verification.

2067 has been updated to state that a previous finding of non-cooperation does not apply to a child no longer living in the home or to a child that is now an adult.

2100 has been updated to remove references to pregnancy verification.

2120 has been updated to clarify who may apply for assistance for a child in a joint custody situation where both parents are applying for benefits and in situations where only one parent is applying.

2200 a minor change has been made to this section, replacing a reference to the medical claims fiscal agent, Electronic Data Systems (EDS), with HP Enterprise Services (HP). A reference to TAF program

methodologies affecting children and family medical programs has also been removed.

2211 reference to the TransMed period has been removed from this section.

2222.04 has been updated to remove references to the TAF program and other non-medical requirements.

2320 has been updated with changes made to policy in KHPA policy memo 2009-08-01.

2400 has been changed to reflect the increase in the Title XXI coverage income limit from 200% to 241% of federal poverty level.

2410 a minor wording change has been made to this section.

2413 this new section has been added to initiate and provide guidance on the Title XXI coverage waiting period for voluntarily dropping health insurance coverage.

02440 this section has been rewritten and reformatted to describe the new Title XXI premium billing levels and eligibility staff and vendor responsibilities in the new billing process.

2440.01 this new section has been added to further describe the impact of premium payment on Title XXI eligibility.

2440.02 this new section has been added to further describe when a change in circumstances warrants a change in the premium amount.

2440.03 this new section has been added to further detail the treatment of premium refunds and adjustments.

2440.04 this new section has been added to further explain the assignment of collection fees (including State Debt Set-Off) to the consumer as a past due premium amount.

2460.02 has been clarified concerning guidance on adding a child to an existing medical plan.

4000 has been updated to indicate that resources are not applicable to family medical programs.

5509 is a new section which has been added to exempt the earned income of temporary 2010 census employees.

5510 this section has been reformatted to list specific types of ARRA payments that are exempt as income.

5510.01 this section has been renumbered from 5510.

5510.02 this new section has been created to indicate that payments from the Filipino Veterans Equity Compensation Fund are exempt as income.

6110 has been updated to reflect a change in the policy for addressing missing paystubs when year-to-date totals indicate discrepant amounts. Rather than obtaining paystubs, it is necessary to clarify the discrepancies. In addition, the requirement has been removed that paystubs used in budgeting must be consecutive.

6112 includes a reference to section 6114 for information about calculating irregular earnings.

6112.03 has been updated to simplify instructions on prospectively estimating income from a new job.

6113 has been updated with minor wording changes.

6114 this new section has been created to provide instructions for budgeting irregular income received in the month of application.

6520 this section has been reformatted to include language that was previously contained in 2 subsections to this provision.

6521 this section has been removed and incorporated into section 6520.

6522 this section has been removed and incorporated into section 6520.

Conclusion

If you have any questions about the material included in this memo, please contact:

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Questions regarding any KAECSES issues are directed to the SRS Business Help Desk at helpdeskbusiness@srs.ks.gov.