



Policy Memo	
KDHE-DHCF POLICY NO: 2013-12-01	From: Jeanine Schieferecke Senior Manager – Medicaid Eligibility
Date: December 12, 2013	KEESM Reference: KFMAM Reference:
RE: MAGI Redeterminations	Program(s): All Medical

The purpose of this memo is to provide instructions for making interim eligibility determinations using MAGI-based methodologies. These processes shall be used for all determinations made on or after the receipt of this memo. Where noted, these processes shall replace those outlined in KDHE Policy Memo 2013-09-02.

A. Background

A MAGI-based determination is required for most applications received on or after 10-01-2013. Although specific policies and processes for making MAGI determinations were not established at the time, Policy Memo 2013-09-02 defines criteria for identifying and tracking cases for a subsequent determination and has been in place since 10-01-2013. All persons requesting coverage are initially determined using existing policies and, if not eligible, are sent a special notice informing them of a pending redetermination. These special notices are used to identify cases that need a redetermination. One of three notices is sent for impacted cases:

- V504 – Refer to Insurance Marketplace
- V505 – MAGI – Redetermination – Partial
- V506- MAGI-Redetermination – Full

The V505 and the V506 identify cases with at least one individual denied under current rules who may qualify using MAGI methodologies. The V504 is used to identify cases where at least one person should be referred to the Federally Facilitated Marketplace.

This memo implements an interim MAGI determination process to be used for all cases that have been sent a V505 or V506 notice. These procedures shall also be used for applications processed on or after receipt of this memo and shall remain in place until the implementation of KEES Phase II, where MAGI methodologies will be fully supported.

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B. MAGI Determinations for Cases Sent a V505 or V506 Notice

A new determination using MAGI methodologies must be completed for specific persons denied coverage under existing rules and sent a V505 or V506 notice. The 'MAGI In The Cloud' tool will be used for these determinations. Instructions for Using the Tool and Recording the Results of the Determination are found in the attached Job Aid (Attachment A). Once this process is completed, additional work in KEES should not be necessary.

The following policies and processes apply to the MAGI redetermination:

1. The KanCare Clearinghouse will complete all redeterminations, regardless of where the original denial occurred.
2. Information from the original application shall be used unless new information has been provided since the determination.
3. Current verification processes shall apply when determining countable monthly income.
4. Determine the countable income and appropriate plan size using the MAGI in The Cloud Tool. Compare the resulting income level to the income standards in the attached document, Kansas Medical Assistance Standards (Attachment B). Do not use current income standards found in KEESM Appendix F-8.
5. Copies of all pages used in the MAGI in The Cloud tool are imaged to the case file.
6. Document the results of the determination in the case log.
7. Add a PRAP code of MG in KAECSSES for each individual who receives a MAGI determination, regardless of whether the MAGI determination results in denial or approval.
8. For individuals determined eligible, record the results using these special processes:
 - a. Enter the appropriate medical subtype in KAECSSES and set a continuous eligibility date and any applicable premium for the individual(s). Do not record any income for the month of application.
 - b. For the second month of coverage enter the income going forward.
 - c. The TAX HH information cannot be recorded in KAECSSES
 - d. Send the appropriate approval notice(s) with MAGI language in the 'other' section of the notice. Approved statements will be provided by KDHE Policy.
9. For individuals who are determined ineligible in the redetermination, record the results using these special processes:
 - a. If the case has been fully denied, there is no need to revert the case to open or enter income in KAECSSES.

- b. Send the appropriate denial notice(s) with MAGI language in the 'other' section of the notice. Approved statements will be provided by KDHE Policy.
- c. Persons denied a second time following the MAGI redetermination will be sent to the FFM after KEES is live. No additional action is necessary at this time.

10. A report of all cases sent the V505 or V506 notices has been provided to the Clearinghouse. Cases must have the redetermination completed within 45 days if possible.

C. Determination for Cases With A V504

No additional action is required at this time. Referrals will be generated to the FFM when KEES is live. Staff shall continue to generate the V504 notices on cases meeting the criteria outlined in Policy Memo 2013-09-02. This is applicable to both Family Medical and Elderly/Disabled Medical applications.

D. MAGI Determinations for New Cases

New processes are implemented for persons who fail a Medicaid/CHIP determination using current rules and require a MAGI determination. The identification and tracking process using the V505 and V506 are eliminated with this memo.

1. A MAGI Redetermination using the MAGI in the Cloud Tool shall be completed for all cases meeting the criteria indicated in Policy Memo 2013-09-02 for the V505 or V506 notice.
2. Complete a determination using current rules. If everyone requesting coverage is eligible, complete the determination without special processes. No additional action is required.
3. If anyone requesting coverage is not eligible, complete a MAGI determination for the entire household using the MAGI in the Cloud tool.
4. Enroll all eligible household members in the eligible program resulting from the MAGI determination.
5. The Family Continuous Eligibility date applies to these households. Set the CE date for all family members equal to the latest individual date, with the exception of Pregnant Women. Pregnant women shall not have a CE date exceeding the third month following the expected delivery month.
6. Follow all documentation processes, except that income shall be entered into the KAECSES system for a failed determination (see 8(a) in Item B above). Note: A denial notice is only necessary if both the initial determination and the MAGI determination result in a denial.
7. The V505 and V506 Notices will be discontinued and will no longer be available upon release of this memo. Some individuals may require a referral to the FFM, but no additional action by staff is required at this time.

The Clearinghouse and KDHE Outstationed Workers will process all MAGI redeterminations. With the transition of all Family Medical program processing to KDHE in September; it is not likely that DCF will process an application that requires a MAGI redetermination. If a MAGI redetermination is required for a case processed by DCF, please contact KDHE Policy and the Clearinghouse for further instruction.

E. Questions

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

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

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

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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 Region - Donna.Uhl@dcf.ks.gov

[Janet Dellinger - Kansas City Region – Janet. Dellinger@dcf.ks.gov](mailto:Janet.Dellinger@dcf.ks.gov)

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

For questions related to any of the special KAECSES processes, please contact the DCF HelpDesk at HelpdeskBusiness@dcf.ks.gov or (785) 296-4357.