

KC1100 Family Medical Application Eligibility Processing Job Aid

This Job Aid is intended to provide instruction on the required elements of the KC1100 Family Medical application. This Job Aid identifies when an answer left blank is acceptable and when additional follow-up is required.

Note:

- Verification policies still apply.
- When a Leading Question has been answered Yes – then the Follow-up Questions will always be required. For example, if a customer indicates they are self-employed, then it is necessary to obtain answers to all of the self-employment Follow-up questions.

People: This section is in reference to the applicant and all household members

Application Question	Eligibility Action
Name (First, middle, last)	Must obtain answer
Maiden Name	Not required, but needed to run EVVE vital statistics
Relationship	Must obtain answer; use Mother's and Father's name and other known family relations to try to determine relationship before contacting applicant.
Gender	Must obtain answer
Date of Birth	Must obtain answer
Marital Status	Not required
Person live at the same address as applicant	Assume Yes, if left blank
Lived in a state other than Kansas in the last 3 months	Required if requesting assistance with prior medical
Applying for medical assistance	<ul style="list-style-type: none"> • When some household members have answered the question and others have left blank: Determine eligibility for household members who answered Yes. • If only one individual is on the application and left the question blank – assume Yes. • If all individuals on the application are blank, must obtain the answer
Pregnant Due Date # of babies	Assume No, if left blank Assume 9 months from the application date, if left blank Assume 1, if left blank
Guardian or conservator?	Assume No, if left blank
Social Security #	Required, if requesting assistance.
U.S. citizen	Required, if requesting assistance. The Federal Hub may provide the answer.
State and Country of birth	Not required, but needed to run EVVE vital statistics
Race	Required for ABMS. If left blank, choose Other
Ethnicity	Required for ABMS. If left blank, choose Other
Does this person have income?	Not required. But use as a comparison to income sections to ensure there is no conflicting information.

Application Question	Eligibility Action
In the past year did this person: Change jobs, Stop working, Start working less hours	Assume No, if left blank. Question is for the FFM. Can be used as a tool to help explain changes of income, when appropriate.
Delivered a baby in the last 3 months	Assume No, if left blank. Identifies a potential SOBRA application. Used when the applicant is a non-citizen.
Emergency care in the last 3 months	Assume No, if left blank. Identifies a potential SOBRA application. Used when the applicant is a non-citizen.
Prior Medical	Assume No, if left blank, unless a baby was born in the prior 3 months or other indication of recent major medical expense.
Disability that will last at least 12 months or result in death	Assume No, if left blank
Help with nursing home costs or in-home care	Assume No, if left blank
Live with at least one child and main person taking care of child under the age of 19	Not required. Question is for the FFM.
Mother's Full Name Father's Full Name	Not required. Answer may assist in determining relationship of each member of the household. Use along with the Relationship to the Primary Applicant question to determine household relationship.
Tax Household questions (the entire section)	Required for the Primary Applicant. If answered by the Primary applicant, then the answers can be inferred for other household members. Example: Primary applicant lists the children's names as dependents – then it is inferred that the children are not filing tax returns and are claimed as a dependent by the primary applicant
Did this person have insurance through a job and lose it within the last 3 months?	Not required. Question is for the FFM. However, the answer may assist in understanding changes which have occurred in the last 3 months.
Is this person a full-time student?	Not required. Question is for the FFM
Was this person in foster care at the time of their 18 th birthday?	Assume No, if left blank. An answer of Yes indicates potential eligibility for the Foster Care aged out program
Does this person have a parent living outside the home?	Not required. Question is for the FFM

Prior Medical: This section is in reference to the additional questions that are asked when an application requests assistance with unpaid medical bills.

- If prior medical is requested, then these follow-up questions must also be answered:
 - Changes in the household in the last 3 months
 - Changes in income during the last 3 months
- If prior medical has not been requested, then these answers are not required.

- If the original prior medical question was left blank and it was assumed that the consumer was not requesting prior medical, but then the applicant answers these follow-up questions, the assumption is changed to Yes. A determination is to be made for prior medical assistance.

Immigration Status

The individual's name (as it appears on their immigration documents) and the Immigration number are required when a non-citizen has requested medical assistance.

Household Income:

Application Question	Eligibility Action
Anyone in the household has a job	Assume No, if left blank
Follow-up wage questions	When the applicant has answered Yes to the above question, enough information is required in this section to make a determination. Therefore, the following two elements are required: <ul style="list-style-type: none"> • Amount paid • Frequency If these questions are not answered on the application form, but found elsewhere, such as with pay verification provided, that is acceptable.
Jobs include tips, commissions, or bonuses	Assume No, if left blank
Anyone in the household self-employed	Assume No, if left blank
Were taxes filed on this income last year	If left blank, send the self-employment worksheet and a request for the tax return. See the Verification policy document for more information.
Predictable changes in income	Assume No, if left blank
Income from somewhere other than work	Assume No, if left blank
Money from anyone	Assume No, if left blank
Jobs that have ended in the last 6 months	Not required.
Deductions	Not required. Question is for the FFM.

Health Insurance:

Application Question	Eligibility Action
Anyone in the household have other health insurance	Assume No, if left blank
Follow-up insurance questions	When the applicant has answered Yes to the above question, enough information is required in this section to make a TPL referral. This generally includes the policy holder's name, SSN, and name of the insurance company. However, an application shall not be delayed to obtain additional health insurance information.
Reason insurance ended in the last 3 months	Required if insurance ended in the last 3 months – AND – the applicant is eligible for CHIP with a FPL above 219%.

Application Question	Eligibility Action
Health Coverage from Jobs	Not required. Questions are for the FFM.

American Indian or Alaska Native

- Not required. Questions are for the FFM.

Choosing Someone to help with the medical assistance case

- If the applicant has appointed someone to help them with their medical assistance case, but has NOT identified if that person is to be a Facilitator or a Medical Representative:
 - Assume the person is a Facilitator (this will generate copies of the letters to the individual)
 - Send a notice asking the applicant if they intended to appoint the person as their Medical Representative. This does not prevent the application from being processed.

Choose your Health Plan

- Not required.