

Question #	Date/Origin	Category	Question	Answer	Answered By	Notes	Distributed to Staff
1	May 2016 Policy Changes	NOA	NOAs are produced each of the prior medical months but not in current (month of app) why is that?	Each Prior Med month is a separate determination, therefore, in most cases you will get a NOA for every PM month. For the application month, KEES looks for changes between the last PM month and the app month. If there are no changes then a NOA will not generate for the app month.	Allison Miller		5/13/2016
2	May 2016 Policy Changes	Reviews	When there are different review dates on a case do we also process the later review not currently being worked ? Also should we or will we be allowed to make changes to the program and CE period?	When you run EDBC for the child with the review, the system will automatically look at eligibility for the other child. There are situations where we would allow coverage for the child without a review due to change and the CE period to be extended. The rules behind those changes are built into the system.	Allison Miller		5/13/2016
3	May 2016 Policy Changes	PW/NB	When KEES sets the 2 month post-partum and the baby is born early, do we have to shorten the mom's CE to the new shorter CE period?	Yes.	Allison Miller		5/13/2016
4	May 2016 Policy Changes	PW	Do we have to send CTM cases to State when we add a pregnancy?	If adding the pregnancy records extends the CE beyond the existing CTM CE period, then the case shall be sent to KDHE for processing. If the CE period is NOT extended, MAXIMUS can process it.	Allison Miller		5/13/2016
5	May 2016 Policy Changes	Income Change	Does the policy change regarding how we process an income change with an add-a-person also apply to adding a newborn?	Yes	Allison Miller		5/13/2016
6	May 2016 Policy Changes	Income Change	Will previously paid premiums, that are later removed because of an income change being worked on an open case, be reimbursed to the consumer?	Yes and the information to remove the premium will be sent to the MMIS automatically. The premium will be reimbursed after a period of approx. 90 days.	Allison Miller		5/13/2016
7	May 2016 Policy Changes	CHIP Processing	Why don't we change the View Date on Case Summary after denying for Future CHIP Start Date?	If you change the View Date when processing CHIP, the system will look at that as needing to redetermine the months that were just denied due to Future CHIP Start Date instead of just looking at the future months.	Allison Miller		5/13/2016

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8	May 2016 Policy Changes	CHIP Processing	Can we just authorize CHIP and KEES will set the Start Date as the the date we are working it without the workaround now?	Yes. That is correct.	Allison Miller		5/13/2016
9	May 2016 Policy Changes	CHIP Processing	If we are processing and approving a CHIP application late (April app date, processing in June) we don't have to run EDBC in May?	No, when we run EDBC for April it will deny April and May. We then RESCIND and June will then be in pending.	Allison Miller		5/13/2016
10	May 2016 Policy Changes	CHIP Processing	When adding a CHIP child to an open case, do we have to run EDBC for every month? Does the process to add a person work the same as processing an app?	Yes, when processing a request to add a person to an already open program, the worker will need to continue to run EDBC until the current benefit month is reached (See page 22, step 6 of the training material).	Allison Miller		5/13/2016
11	May 2016 Policy Changes	Processing EDBC	If we have an app from 2/2016 and mom calls to report pregnancy in 4/2016. If we run 2/2016, it removes mom from pending status and results in a case return. Do we still have to run every month in order or do we just run 4/2016 to process the request for mom?	In progress			
12	May 2016 Policy Changes	Spenddown	Do we still offer a spenddown if we aren't able to give CHIP coverage back to the date of birth? If we call and they don't answer, do we send a NOA with 10 day due date and if they don't respond do we just set up CHIP?	Yes we still offer a spenddown to any CHIP newborn who cannot be backdated to the date of birth. If the baby was born in the prior medical period, then CHIP is approved for current coverage and then an email is sent to Misty Bosch-Hastings and Jan Goforth to offer a spenddown for the prior medical period. If the baby was born in the month of application or later, then the email is sent to offer a spenddown for current. The Spenddown worker sends a notice to the consumer explaining what a spenddown is and gives the family 10 days to decide if they want to pursue a spenddown. If there is no response from the consumer, then CHIP is approved and coverage begins on the date of approval.	Allison Miller		5/13/2016
13	May 2016 Policy Changes	Spenddown	Can't we break a base period to approve CHIP eligibility?	Not at this time. Future instructions will be provided.	Allison Miller		5/13/2016

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14	May 2016 Policy Changes	Spenddown	When we offer a spenddown to a CHIP newborn that we can't backdate to date of birth - at what stage of the process do we send a spenddown case to a spenddown worker?	See Question #12	Allison Miller		5/13/2016
15	May 2016 Policy Changes	Processing EDBC	Has the error that denies due to being an Active FRI been corrected in KEES?	There is a Change Request to fix this issue however it has not been implemented at this time.	Allison Miller		5/13/2016
16	May 2016 Policy Changes	Premiums Enforcement	Do we ever send people to collections if they never pay their premiums?	KDHE does not do official bill collecting or turn accounts over to a legal agency. However, the consumer will continue to receive invoices for their unpaid account, and at some point in the future we may start to do a State debt setoff to recoup the unpaid amounts.	Allison Miller		5/13/2016
17	May 2016 Policy Changes	Premiums Enforcement	Is Call Center going to encourage consumers to pay premiums before their coverage will end?	Yes. Call Center was trained to explain to the caller the impacts on their case based on when they make their payment before Eligibility.	Allison Miller		5/13/2016
18	May 2016 Policy Changes	Premiums Enforcement	What is the latest a consumer can make a payment and keep their case from closing and a premium being implemented?	Consumers must have the delinquent amount paid during business hours on the last business day of the month for the payment to be processed with a date of the month before the penalty begins.	Allison Miller		5/13/2016
19	May 2016 Policy Changes	Premiums Enforcement	What happens to a newborn that is born in the month before or during a penalty period?	If the newborn is added in the month prior to the penalty beginning, the newborn will receive coverage for the remaining days of that month. If the request to add a newborn is made during a penalty, they will not be eligible for CHIP until the penalty has been served or shortened. It is possible that adding the newborn will allow the case to become eligible for Title 19 coverage and therefore the premium delinquency is not relevant. The system knows which program changes can be allowed.	Allison Miller		5/13/2016

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20	May 2016 Policy Changes	Premiums Enforcement	If an 18 year old was previously included in a premium penalty and applies/requests coverage of their own, can it be processed or will they be denied?	The 18 year old can receive coverage on their own, if requested. They will not be penalized due to the premium penalty on the other case.	Allison Miller		5/13/2016
21	May 2016 Policy Changes	Premiums Enforcement	Does the old past due premium, which had a penalty period served on it, become part of the currently owed premiums if the account is allowed to get behind again?	No, even though the amount from the previous penalty still may be owed, the new delinquent amount will only reflect the amounts from the current delinquency/penalty.	Allison Miller		5/13/2016
22	May 2016 Policy Changes	Premiums Enforcement	When we approve retro CHIP, will we send notification to the consumer to inform them of the premium requirement in prior months prior to approval?	No. If they are CHIP eligible in a prior month (processing a review late) we are required by Federal law to go back and give the coverage and we are going to charge the premium for it.	Allison Miller		5/13/2016
23	May 2016 Policy Changes		Is there a way for the worker to tell the case was rescinded instead of reapplied? Will there be something in the KEES User Manual?	Yes. For starters, you don't rescind or reapply a case – you rescind or reapply people. If the worker clicks on the person's name hyperlink in the Medical program block, they get the Medical Person History page. On that page if you click on the Application Date hyperlink, it gives you all of the Event Type history. If the application was rescinded, then you would see an Event Type of 'Discontinuance Rescinded'.	Allison Miller		5/13/2016
24	May 2016 Policy Changes	Premiums Enforcement	Will the system make any auto-logs for the actions taken when discontinuing for premium delinquency?	No, auto-journals are not part of this process.	Allison Miller		5/13/2016
25	May 2016 Policy Changes	Premiums Enforcement	After the penalty period has passed and the premiums remain unpaid, will the consumer, when they reapply, still be delinquent for the prior unpaid premiums?	The KEES system is going to change their status from "Delinquent" to "Served" the day after the penalty period expires. From an eligibility standpoint, you won't know the consumer has a previous delinquent premium amount when processing the new request for coverage. Only if Delinquent status appears does a premium penalty have to be established.	Allison Miller		5/13/2016

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26	May 2016 Policy Changes	Premiums Enforcement	When tasks are set on the case regarding delinquent premiums, is it one per person or one per case?	It is actually one task per Requested Medical Type (RMT). So, since most cases have two RMTs (MAGI and Medical), you can expect two tasks per case. When processing the action, it would be important for staff to complete all tasks on the case.	Allison Miller		5/13/2016
27	May 2016 Policy Changes	Premiums Enforcement	What do we do when we identify that an American Indian/Alaskan Natives was charged a premium in error?	Identify the date KanCare was informed that there was an American Indian/Alaskan Native child (participating in coverage) in the household. Premium change will be made in the month after the month of report. Report the premium dates involved in an email to PremiumBilling@kdheks.gov to have adjustments made.	Allison Miller		5/13/2016
28	May 2016 Policy Changes	Premiums Enforcement	What happens if the individual never stated they were an American Indian/Alaskan Native until now and premiums were billed in previous months?	The consumer is obligated to pay the premiums for months prior to and the month they notified us that there was an American Indian/Alaskan Native child participating. The premium will be removed in the month following the month this is reported. See also Question #27	Allison Miller		5/13/2016
29	May 2016 Policy Changes	Premiums Enforcement	Will the rules in KEES recognize an American Indian/Alaskan Native to prevent them from being charged a premium or penalized for delinquent premiums?	No. The rules in KEES do not recognize this and the system will still allow an American Indian/Alaskan Native to be charged a premium and/or penalized for delinquent premiums. See question 27.	Allison Miller		5/13/2016
30	May 2016 Policy Changes	Premiums Enforcement	Will the batch process and apply penalty periods if the previous EDBC was overridden? (EDBC overridden to approve CHIP for American Indian)	Yes.	Allison Miller		5/24/2016
31	May 2016 Policy Changes	CHIP Processing	When adding a person (CHIP child to an open case) do we have to run EDBC for every month? Does the process to add a person work the same as processing an app?	Yes, when processing an add a person request to an open program, the worker will run EDBC from first month requested though current benefit month. (See page 22, step 6 of the training material).	Allison Miller		5/13/2016

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32	May 2016 Policy Changes	CHIP Processing	Will EDBC correctly set the CHIP Start and Premium Start dates on reviews (w/ and w/out a premium penalty)?	Yes	Allison Miller		5/13/2016
33	May 2016 Policy Changes	Rescind/Reapply	How are registration staff supposed to tell if the reapply or rescind feature should be used in relation to a Premium Penalty?	This is assuming the consumer has paid the penalty amount or penalty has been set to Served: When a penalty has begun (even if it is only one day) then reapply is to be used and daily enrollment would apply. If the penalty has been set to Negated/has not begun, then rescind can be used due to coverage being allowed to backdate. If the penalty amount has not been paid and an app has been received then reapply should be used.	Allison Miller		5/13/2016
34	May 2016 Policy Changes	Continuous Eligibility and Review Dates	On late reviews, won't a reapply w/ retro months set the wrong CE and Rev Due dates? Does User Manual need to include a workaround?	In these cases CE dates and Review Due will need to be updated manually.	Allison Miller		5/13/2016
35	May 2016 Policy Changes	Rescind/Reapply	On requests following a shortened or served premium penalty, does it matter if rescind or reapply is used (both w/ & without a 1 month break)?	Anytime a penalty period has begun reapply should be used. This would allow daily enrollment to apply due to not backdating CHIP after a penalty period has started.	Allison Miller		5/13/2016
36	May 2016 Policy Changes	Premiums Enforcement	When a penalty period is applied, are the CE & review due shortened appropriately?	The CE and Review Due are not updated at the time the Penalty is established. When EDBC is run the next time, if the Penalty goes to Negated, the CE & Review will hold. If the Penalty goes to Shortened or Served, then the CE is broken.	Allison Miller		5/13/2016

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37	May 2016 Policy Changes	Premiums Enforcement	Scenario: 2 CH are open on Medicaid. On 3/12 consumer requests newborn born on 3/8 be added to the plan. NB is CHIP. CHIP premiums are delinquent. Payment of delinquent premiums are requested but not paid. Case is processed on 4/2. Does the penalty start with the month daily enrollment would normally apply (3/2016) or with the month in which the request was processed (Apr 2016) and we approve CHIP for month(s) prior to the penalty period starts?	CHIP is denied for delinquent premiums and the penalty period is established beginning with the month the application is processed: April 2016 - June 2016. CHIP eligibility does not exist for the child in March. CHIP can only be added in the month prior to a penalty period when there are other CHIP children open in that month.	Allison Miller		5/13/2016
38	May 2016 Policy Changes	Premiums Enforcement	Scenario: 2 CH (2year & 4year) are open on Medicaid. On 3/12 consumer requests 7 year old be added to the plan. 7 year old is CHIP. Payment of delinquent premiums is requested but not paid. Case is processed 4/2. We have to run for March through the come-up month. Is the process to run for March and EDBC will deny and establish a penalty? Then run EDBC for April, May, and June and it will also deny for a penalty?	No, once EDBC is run for March KEES should deny for Premium Delinquency. KEES will then set up a penalty period based on the month it is being processed, in this case April. Your penalty period will be April, May and June. EDBC will not need to be run for April, May and June.	Allison Miller		5/13/2016
39	May 2016 Policy Changes	CHIP Newborn	How will EDBC count income for a CHIP deemed eligible child when income is ended in the same month?	If a CHIP deemed NB is added to a case and an income change is reported at the same time, when processing both requests the NB could become Medicaid instead. If the mother becomes Medicaid eligible then NB will become Medicaid too.	Allison Miller		5/13/2016
40	May 2016 Policy Changes	Other health insurance	Is health insurance considered accessible if an absent parent that will not provide the other parent with insurance card information?	These situations will be evaluated on a case-by-case basis. Please submit to the Family Medical Policy Manager for review.	Allison Miller		5/13/2016
41	May 2016 Policy Changes	Continuous Eligibility and Review Dates	What do we do if the system does not have the review set up to end at the same time a PW's PP ends? Example: PP ends 12/15 but review due is listed as 04/16.	The review date should be updated to match the shortest CE period.	Allison Miller		5/13/2016

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42	May 2016 Policy Changes	Income Change	Consumer is denied coverage due to excess income. Consumer calls 2 days later to report he is no longer employed. Is this a red flag? Do we verify consumer's employment has ended?	Yes, per policy a valid red flag is a denial in the last 90 days for excess income. Further clarification would be needed on consumers income.	Allison Miller		5/13/2016
43	May 2016 Policy Changes	State Interaction	Consumer is open on PLN PW. She then reports an income change that will make her CTM PW eligible. Do these cases need to go to KDHE for approval?	If the income changes extends the CE beyond the existing CE period, then the case shall be sent to KDHE for processing. If the CE period is NOT extended, MAXIMUS can process it.	Allison Miller		5/13/2016
44	May 2016 Policy Changes	Income Change	In what Family Medical situations does EDBC need to be run after an income change is reported?	This is addressed in section 1.C. of the Policy Memo. The following situations require a redetermination of eligibility and therefore verification of the income change: - Individual is a CHIP Premium-Payer and reports a reduction/elimination of income. - TransMed recipient reports a reduction/elimination of income. - Extended Medical recipient reports a reduction/elimination of income. In addition, EDBC is run whenever processing a new request for coverage.	Allison Miller		5/13/2016
45	May 2016 Policy Changes	KEES	HH is PA, Minor Mom, NB. Will the "Care and Control" box still need to be marked for the Grandparent/NB relationship?	May 2016 policy changes did not affect this process. Workers will still need to follow the current process.	Allison Miller		5/13/2016
46	May 2016 Policy Changes	Continuous Eligibility and Review Dates	There are some cases that do not list a review due date because of a KEES defect. How are we to treat these cases?	Report these cases as incidents.	Allison Miller		5/13/2016

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47	May 2016 Policy Changes	Income Change	Consumer is open on PLN PW. She calls and reports being on unpaid maternity leave. Does EDBC need to be ran to switch her to CTM/PW?	If only reporting an income change, then eligibility is not redetermined. See question 46. If the income change is reported at the same time of the birth of the newborn, then the income change is processed in the month of report, because it is associated with an add-a-person. When running EDBC to add the newborn, KEES will allow appropriate coverage changes, which depending on other case circumstances may mean the PLN PW is changed to CTM PW.	Allison Miller		5/13/2016
48	May 2016 Policy Changes	Continuous Eligibility and Review Dates	Should our journals indicate what each individual's CE period is? Do we need to include when the next review is due?	Yes. The journal should continue to document the eligibility outcome, CE dates and review date.	Allison Miller		5/13/2016
49	May 2016 Policy Changes	Premiums Enforcement	When can we tell the consumer they need to pay the premiums by (in response to the letters on past due accounts that were just sent)?	Tell them May 15 th to ensure the discontinuance batch does not close them. Note: This question is in reference to the special one-time mailing that occurred in April for all delinquent accounts. This is not an ongoing mailing.	Allison Miller		5/13/2016
50	May 2016 Policy Changes	Premiums Enforcement	When will coverage end for the first group affected by the premium enforcement policy?	July 1st, 2016. On June 5th, the discontinuance batch will be run and all cases that are delinquent will be closed effective July 1.	Allison Miller		5/13/2016
51	May 2016 Policy Changes	Premiums Enforcement	What if CHIP with a premium was approved in error? Do the consumers still have to pay those premiums and could then lose coverage for being delinquent?	If the coverage should have been Medicaid (or no premium), premiums will be removed. If they were completely ineligible for coverage (overpayment), the premiums will still be billed and may offset any repayment required for the overpayment. If they fail to pay the premiums associated with CHIP coverage, they will become delinquent and discontinued.	Allison Miller		5/13/2016

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52	May 2016 Policy Changes	Premiums Enforcement	If a consumer is discontinued and put into a penalty period, but they tell us that they can't pay the premiums and want to know when to apply, what do we tell the consumer?	Tell the consumer to reapply the last month of the penalty period	Allison Miller		5/13/2016
53	May 2016 Policy Changes	Continuous Eligibility and Review Dates	Will the newborn CE periods work correctly for babies born to a mom on Foster Care medical?	Yes.	Allison Miller		5/13/2016
54	May 2016 Policy Changes	Continuous Eligibility and Review Dates	Will KEES set CE correctly for BCC?	The BCC program does not have CE.	Allison Miller		5/13/2016
55	May 2016 Policy Changes	Continuous Eligibility and Review Dates	Will we allow KEES to make eligibility changes even in paid months?	Yes. KEES will only change to a better coverage. We should still never allow a change to a worse program in a paid month, as this causes the individual to be placed into 'ineligible' status.	Allison Miller		5/13/2016
56	May 2016 Policy Changes	Reviews	If we are processing an add a person when someone on the program block is past the review month, how do we handle it?	If the review was not returned, discontinue coverage for anyone who is past their review date. Instructions for processing the review, when it has been returned or another application was received can be found in the Reviews section of the KEES User Manual.	Allison Miller		5/13/2016
57	May 2016 Policy Changes	PW	If the applicant is pregnant, but we are processing it late, and she is now past her postpartum months, how do we handle it?	Eligibility needs to be considered for other programs. In some situations, this may require contact with the consumer to obtain updated information, such as income and household. It is not necessary to reverify income that exists on the case unless an income change has been reported. If there is no indication of eligibility under other programs, coverage is discontinued, allowing for timely and adequate notice.	Allison Miller		5/13/2016
58	May 2016 Policy Changes	Premiums Enforcement	When KEES discontinues coverage for Premium Delinquency, does KEES know to only discontinue CHIP children on a blended case?	Yes	Allison Miller		5/13/2016

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59	May 2016 Policy Changes	NOA	If we are denying prior medical and current, do we need to send a manual form for the current denial as well as the prior medical denials?	No, a manual NOA for the Application month is not required when PM months have been denied and Application month will also be denied. The last PM NOA can be appended to say: "(Names of those being denied) have also been denied in the application month of (Month of application). This action was taken because (insert reason for denial)." This phrase will also be added to the Standard Copy and Paste Spreadsheet.	Allison Miller		5/13/2016
60	May 2016 Policy Changes	Premiums Enforcement	Will the CSRs be trained to ask if the consumer wants coverage if they call to tell us they paid their premiums?	Yes, they have been.	Allison Miller		5/13/2016
61	May 2016 Policy Changes	Premiums Enforcement	If processing in the first month after closure, will KEES know to backdate the CHIP when we are working a Reinstatement CHIP task?	Yes. (this would be a negated penalty)	Allison Miller		5/13/2016
62	May 2016 Policy Changes	Premiums Enforcement	Will KEES automatically know what month to start a penalty when we are processing an application late?	Yes.	Allison Miller		5/13/2016
63	May 2016 Policy Changes	Premiums Enforcement	How do we handle applications that were received in the 1 st or 2 nd month of a penalty that are processed late (when the penalty has already been served due to late processing)?	If the penalty is still in an ACTIVE status - the application shall be denied. If the penalty is in a SERVED status - it is processed.	Allison Miller		5/13/2016
64	May 2016 Policy Changes	Reviews	The family gets a review in March, they turn it in and get another review in May. If they don't turn in the May review for whatever reason, it's only going to affect the person up for review in May and not the people being reviewed in March. Correct?	Correct. When we process the March review, that person's review date is reset for March of the following year. So if the May review is not returned, the individual's with a CE of the following March are protected.	Allison Miller		5/13/2016
65	May 2016 Policy Changes	Continuous Eligibility and Review Dates	Are the changes from PLT to PLN specifically called out in the memo?	Yes, the memo lists all of the situations that we will allow coverage to change in the middle of a CE period.	Allison Miller		5/13/2016
66	May 2016 Policy Changes	CHIP Processing	We have an open CHIP child and we receive a request to add a sibling that will be MCD eligible. If we are late in processing, we have to run months that have already paid?	Yes. We will have to re-run CHIP months that have already paid and the system will allow the CHIP child to switch to MCD. It won't allow their CE period to extend but it will switch them to MCD.	Allison Miller		5/13/2016

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67	May 2016 Policy Changes	CHIP Newborn	Pregnant woman who isn't CHIP eligible. She has the baby and requests coverage 2 days later. The baby is CHIP eligible. Does CHIP get prorated back to the date she had the baby?	If she requests eligibility within 31 days of the birth of the baby, it will prorate back to the day the baby was born.	Allison Miller		5/13/2016
68	May 2016 Policy Changes	Continuous Eligibility and Review Dates	Scenario: We have an open application for CHIP children and the mom requests SOBRA coverage. The mom reports she is no longer working. Will it change the children to Medicaid? Will the NOAs reflect that change?	When we process the request for the mother, the children will be changed to Medicaid. It would change the children to MCD and remove the premiums all the way back to that month. The NOAs should show the change in eligibility but may not show the change in premium. There is a premium change template on the Standard Text for Copy and Paste spreadsheet.	Allison Miller		5/13/2016
69	May 2016 Policy Changes	Premiums Enforcement	If the consumer requests a refund of premiums they've paid after we remove their obligation, what do we do?	Refer the consumer to HP to request the premium refund. HP's number is 1-866-688-5009	Allison Miller		5/13/2016
70	May 2016 Policy Changes	Prior medical	If an application is received in April and the consumer requests prior medical, when we process the first prior medical months, is KEES going to set the CE date for December.	Yes, initially when the first prior medical month is run, the CE would set for 12 months from that month - so in your scenario, that would be December. We always start with the first prior medical month. KEES now knows how to set correct CE. If eligibility is established in a PM month, then CE will be established based on that eligible PM month. Then if eligible in application month CE will be established based on the app month. So if eligible in PM and application CE would be set for 15 months and CE would end based 12 months from app month. If there is CHIP eligibility in application month, then CE will be established based on the first PM month where Medicaid exists. If Medicaid does not exist in PM, CE will be based on when CHIP begins.	Allison Miller		5/13/2016

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71	May 2016 Policy Changes	General	What do you do when the system doesn't produce the result you think it should?	Review the policy memo to ensure that your expectation was accurate. If the KEES result does not match the policy memo, report an incident.	Allison Miller		5/13/2016
72	May 2016 Policy Changes	CHIP Processing	What happens when we process CHIP and our current calendar month is the application month?	EDBC will be run for the app month, which is also the current processing month. KEES will then set the correct CHIP Start Date and Premium Bill Start Date.	Allison Miller		5/13/2016
73	May 2016 Policy Changes	Premiums Enforcement	Will my premium bill start date be listed on the EDBC Summary regardless of whether I have a premium or not?	Yes	Allison Miller		5/13/2016
74	May 2016 Policy Changes	CHIP Processing	Is adding a CHIP deemed newborn an exception that allows the aid code to change?	We run mom first, if mom doesn't change to MCD we have to back out of EDBC and add a Customer Options record.	Allison Miller		5/13/2016
75	May 2016 Policy Changes	Premiums Enforcement	If CHIP is approved for a partial month, will the household still be required to pay that premium?	No, the household isn't required to pay a premium until the first full month of eligibility.	Allison Miller		5/13/2016
76	May 2016 Policy Changes	CHIP Processing	With regard to the three prior months, sometimes the system says they aren't eligible for MCD in the prior months. Would we deny, then rescind, and approve the following months?	No, each prior med month is a separate determination. So the system won't close the program block based on a denial in a prior med month.	Allison Miller		5/13/2016
77	May 2016 Policy Changes	CHIP Processing	When would this scenario (Initial eligibility was CHIP only and the application month or any subsequent months were NOT fully denied) come up?	When you have a blended case or you're an active FRI.	Allison Miller		5/13/2016
78	May 2016 Policy Changes	Premiums Enforcement	Do they ever have to pay the delinquent premium amounts?	Yes. We are not writing them or adjusting them off. They will continue to be billed this amount on their statement.	Allison Miller		5/13/2016

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79	May 2016 Policy Changes	Premiums Enforcement	When the case is closed for premium delinquency, will they actually be 3 months behind in premiums?	At the time they are discontinued - they have two months delinquent, and might still have a current premium in the month that we are closing. So - after coverage ends they will have 3 months that are unpaid. However, the first 2 months of delinquent premiums are what they have to pay to have services reinstated. Once reinstated, they will already have one delinquent premium against them if they only pay premiums for the 2 months that were initially delinquent.	Allison Miller		5/13/2016
80	May 2016 Policy Changes	Premiums Enforcement	Application is denied for Premium Delinquency and a penalty is established. If they make a payment and shorten their penalty - do we require a new application? Even if paid within 45 days of the original application date?	If the penalty is shortened, we can process the original application as long as the consumer makes a request within the application reactivation period (45 days from app date or 10 days from determination date, whichever is longer). After that time, the consumer will be required to reapply.	Allison Miller		5/13/2016
81	May 2016 Policy Changes	Premiums Enforcement	What's the difference between two delinquent months and two delinquent invoices?	If I'm processing a February review and approving CHIP, March and April will be processed with a \$30 premium. On the May invoice, they will have March, April, and May for a total of \$90 in premiums. This is three months - but one invoice. They are not considered delinquent until they have a second invoice that is unpaid. So, if the consumer fails to pay June, now they have two invoices unpaid. Their delinquent months are March, April, May, and June. They would have to pay that \$120 to avoid discontinuance.	Allison Miller		5/13/2016
82	May 2016 Policy Changes	Premiums Enforcement	We're adding a baby in the month prior to the penalty beginning. Will the penalty apply to that baby even though they're a CHIP deemed newborn?	Yes, because penalties are at the case level and not the child level.	Allison Miller		5/13/2016

Question #	Date/Origin	Category	Question	Answer	Answered By	Notes	Distributed to Staff
83	May 2016 Policy Changes	Premiums Enforcement	Will a new application be needed after being discontinued for a premium delinquency?	If the payment of the penalty amount is paid before the penalty start date, the status changes to Negated and a new application is NOT required. If paid, and coverage requested in the first month following closure - a verbal request is sufficient. Anytime after that - a new application is required.	Allison Miller		5/13/2016
84	May 2016 Policy Changes	Premiums Enforcement	If you have a blended family where some of the children are CHIP and some are MCD, will a new application be required for the CHIP children?	No. When it is stated that a new application is required - this means that an application (according to policy definition) is required. We always allow a verbal request to add a person on an open medical program. So a formal application would not be required in this situation.	Allison Miller		5/13/2016
85	May 2016 Policy Changes	General	On the Task Inventory, when I assign something to myself it says I need a new worker assignment at the end when I run EDBC. Is this something I need to report to the HelpDesk?	The worker assignment is on the program block level and different than assigning a task to yourself. If you run EDBC and it's telling you there is no worker assignment check the program block on Case Summary to make sure it is assigned to appropriate case load.	Allison Miller		5/13/2016
86	May 2016 Policy Changes	Foster care	What will KEES set the CE as for aged out foster care cases?	Foster Care Aged Out is not a continuous eligibility program - so should not display a CE in KEES.	Allison Miller		5/13/2016
87	May 2016 Policy Changes	PW	Will the system end PW coverage after 2 months PP?	No. If the review is set to match the end of the postpartum, the end of PP coverage will occur when processing the review. There is also a report that identifies women who are at the end of the postpartum and will resume being worked at a future date.	Allison Miller		5/13/2016
88	May 2016 Policy Changes	PE	How does the removal of the MMIS/Prem Bill Start Date impact PE processing?	The CHIP Start Date field will now appear and should be used in the same manner to set up PE.	Allison Miller		5/13/2016

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89	May 2016 Policy Changes	General	Is there an established workaround process for CTM to TMD coverage at review? Currently the CE dates often need to be updated when TMD is approved.	There is a process documented in the KEES User Manual for when people are given TMD in error due to rules not supporting current policy. Currently the CE dates often need to be updated when TMD is approved. Workers can update the CE Date just like all other CE Dates (however, until we fix TMD, the old baseline CE Date will still be set for 12 months).	Allison Miller		5/13/2016
90	May 2016 Policy Changes	Premiums Enforcement	How would we handle a situation where the premium payment doesn't clear and the delinquent premiums remain on the case? Would coverage end and a new penalty period be established?	If a premium payment is returned by the bank as insufficient, those invoices will be updated and considered 'unpaid' in the premium billing system. If there are two unpaid invoices, then the Delinquent indicator will change to Yes and the consumer will be discontinued the next time the batch is run.	Allison Miller		5/13/2016
91	May 2016 Policy Changes	Reviews	If we receive an Oct 2015 app can we use it for an 04/16 review?	No. Applications received more than 60 days prior to the review due month cannot be used as a review. In the case of a 4/16 review, an application received in February or March 2016 would be allowed. Further instructions on this topic are forthcoming.	Allison Miller		5/13/2016
92	May 2016 Policy Changes	Continuous Eligibility and Review Dates	CE period of 18 year old will automatically be set for month of 19 th birthday, which will trigger a review to be due, but until Discontinuance Batches are run, coverage will not be ended. Correct?	Correct. However, there is a report that is ran and worked to discontinue coverage for these individuals.	Allison Miller		5/13/2016
93	May 2016 Policy Changes	General	If a current recipient of Refugee Medical (REF/CA) reports a pregnancy will a MAGI determination be needed at that time for possible CTM or PLN eligibility or should worker just allow REF/CA coverage to run to end of 8 month eligibility period and then request needed information for the MAGI determination?	A MAGI determination shall be completed at the time the pregnancy is reported.	Allison Miller		5/13/2016

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94	May 2016 Policy Changes	General	MMIS/Prem Bill Override field has been eliminated. Does that mean that the End-Date field now works?	The End Date field is a required field when overriding eligibility. It didn't 'do' anything, but had to be completed on the screen. Now that we aren't overriding CHIP, it isn't necessary.	Allison Miller		5/13/2016
95	May 2016 Policy Changes	CHIP Processing	Policy Memo: Page 14 3rd bullet point – When EDBC is run in the month of birth....etc. 4th bullet point – Eligibility is then run in sequential month of all other prior months....etc. Does this mean that this in an exception to the Always Run in Order run? Or am I just misunderstanding the wording? If baby is born in PM months, are those PM months run in order or month of birth first?	No, this is not an exception to the rule. If baby was born in a PM month the user will only need to add PM months to the Month of birth. For instance app in 04/16 baby born in 02/16 you do not need to add 01/16 as a retro month. So when you run in order you will run the first PM month which is also the birth month.	Allison Miller		5/13/2016
96	May 2016 Policy Changes	Premiums Enforcement	Working Healthy premiums also show on the same page as Chip premiums; they do not affect each other, correct?	That is correct.	Allison Miller		5/13/2016
97	May 2016 Policy Changes	Premiums Enforcement	Does KEES now recognize that recipients with recorded Native American heritage should never be charged a Chip premium?	No, KEES does not recognize that anyone recorded as an AI/AN should not be charged a premium. However KEES does recognize that they should not be penalized for past due premiums if they happen to have been charged. In order to make sure they are not charged the worker will need to override the premium amount in EDBC in order to not charge these recipients a premium. See question 27 also.	Allison Miller		5/13/2016
98	May 2016 Policy Changes	Premiums Enforcement	If a child is born during a CHIP penalty period, changing the IBUs and now causing the previously CHIP child to be Medicaid eligible or if an income change occurs; how does this affect those CHIP Delinquent premiums? I understand that the child can be given Medicaid coverage but will that HH in the future still have the Y indicator for Delinquent CHIP Premiums?	No, once a penalty period has been established and HH becomes Medicaid eligible then the penalty status will be changed to shortened and the consumer will not be penalized for that same amount again. Only if the consumer becomes CHIP again and is delinquent again will the consumer be penalized again based on the new delinquency.	Allison Miller		5/13/2016

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99	May 2016 Policy Changes	General	Policy Memo: Application requirements for LTC refers to new KC-1600 application; is this a misprint?	Yes, it is a misprint; it was referring to the KC-1500.	Allison Miller		5/13/2016
100	May 2016 Policy Changes	Poverty Level Standards	Policy Memo: Page 2 Section B Poverty Level Changes: • Was the system already updated with the new income guidelines or will a report be generated with cases that were given incorrect coverage in error (as we did not have the correct income guidelines) be created to correct the error?	Yes the system was updated. No report will be needed as the change is applicable to actions taken on or after 5/1/2016 for the benefit month of May 2016.	Allison Miller		5/13/2016
101	May 2016 Policy Changes	Income Change	When there is an income change and a request for a new person received at the same time are both processed in the month of request/report?	The income change is processed IN the month of request when there is a request for new coverage, even when coverage is not approved for that person.	Allison Miller		5/13/2016
102	May 2016 Policy Changes	Income Change	Policy Memo: Page 3, Section C: Income Changes-#2 - Income change with a request for coverage. Anytime they report a change in income, would it be in the consumers best interest to be prompted to request a determination for coverage?	No. When a consumer is only reporting an income change, we will not prompt them to request coverage for household members not already covered. If a consumer wants coverage for a household member - they will request it. In some situations, EDBC is run for income changes even when a request for coverage is not received. See also Question # 46	Allison Miller		5/13/2016
103	May 2016 Policy Changes	TransMed	Policy Memo: Page 7 Section 5 CE Protection Aid Codes: Will we still have to customer option other HH members out of TransMed at review?	Yes, there aren't any changes to how TransMed is processed in KEES. The rules will still try to incorrectly approve household members for TMD even when they are eligible for other programs.	Allison Miller		5/13/2016
104	May 2016 Policy Changes	Newborns	Policy Memo: Page 7 Not Extending Continuous Eligibility a: Going from a CHIP Newborn to a CHIP Deemed Newborn seems like it would be worse coverage as it would shorten the CE period for the baby. Am I not thinking about that right? I am not sure I understand Why we would want to do that?	Not all CHIP newborns are approved for their date of birth and not all situations will shorten the CE period. Each situation is explained within the Policy Memo.	Allison Miller		5/13/2016

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105	May 2016 Policy Changes	NOA	Policy Memo: Page 14 Section 7 NOAS' and Forms: Will all the Premium Corrections coming, correct the issue with NOA's denying Adult Only for Past due premiums? Or if the Indicator is there with a past due premium like now will it still include it on the Adults denial?	These changes will not likely have an impact on existing defects for premium NOA fragments. If not already reported, please report as an incident.	Allison Miller		5/13/2016
106	May 2016 Policy Changes	Premiums Enforcement	Policy Memo: Page 17 Section 2 Denials and Discontinuance for Delinquent Premiums: If CHIP is past due ONE month the Y indicator will be there with a past due balance. If a new request for another CHIP Child comes in will the cast need to be pended for the past due balance? Or will the system let them be past due ONE month and add a member?	The Yes delinquency indicator will only be present if there are two invoices delinquent. So just one month delinquent would not affect coverage. Once a Yes delinquency indicator is present CHIP coverage cannot be granted until the delinquency is resolved by either negating, shortening or serving the penalty.	Allison Miller		5/13/2016
107	May 2016 Policy Changes	Premiums Enforcement	So, we no longer deny CHIP unless UNLESS they are in a premium penalty ?	No. You'll deny CHIP if the delinquency indicator is set to Yes. It is not until the denial is completed that the penalty is established. If the consumer is otherwise CHIP eligible then the case would be pended for payment of the delinquency amount, and if not paid case would be denied for premium delinquency and penalty period established. If active CHIP and delinquency indicator is set to Yes the case would have a penalty period established and coverage could only be given for an otherwise CHIP individual before the penalty period months e.g. penalty period is set for 05/16-07/16 CHIP coverage can be granted for 04/16 and prior if applicable.	Allison Miller		5/13/2016

Question #	Date/Origin	Category	Question	Answer	Answered By	Notes	Distributed to Staff
108	May 2016 Policy Changes	Premiums Enforcement	<p>Policy Memo: Page 17 Section 2 Denials and Discontinuance for Delinquent Premiums Example 1:</p> <p>So deny in Current Month for Past due Premiums we have deny App Month for Future start date, Rescind THEN deny for past due premiums? In the training we were told it would do it off the APP month?</p>	No, you would follow the steps outlined in the training. Run EDBC for all PM months to deny for failure to provide. Then you run your app month of July. This will deny the case for Premium Delinquency and since you are processing this in August the penalty period would be established for August, September and October. There is no Rescinding needed. The Example in the policy memo will be updated.	Allison Miller		5/13/2016
109	May 2016 Policy Changes	Premiums Enforcement	<p>Policy Memo: Page 17 Section 2 Denials and Discontinuance for Delinquent Premiums Example 1: Can you please explain the difference in the situations when we can run APP month and when we have to run System month to set up the Premium penalty ?</p>	You always run in order, however there is a process where the penalty period would need to be updated manually due to system looking at it as a denial vs a discontinuance. The process is for Denying a Review for Premium Delinquency, when previously Medicaid and it can be found on page 52 of the training material.	Allison Miller		5/13/2016
110	May 2016 Policy Changes	Premium Adjustments	<p>Policy Memo: Page 28 Section 9 Adjusting a Premium: Are workers Emailing Patty Rice Directly? At this time they email the Premium Issue email box and then they take the appropriate action to limit the amount of unneeded emails to Patty or KEES.</p>	The KEES Dispatch instructed users to email Patty Rice directly in these situations this process continues.	Allison Miller		5/13/2016
111	May 2016 Policy Changes		<p>Scenario: Children open on CHIP. The PA applies for CTM in 01/16; the app is processed in 04/16. At the time of processing, the CHIP premiums are delinquent. What action do we take on the CHIP?</p>	The worker does not take action to discontinue for premium delinquency, as this is handled automatically by KEES. However, if when processing the request for coverage for the PA, if there is an income change reported, new income would be used for 1/16 and if kids became Medicaid, the delinquent premiums are no longer applicable to their determination. If KEES had already processed the discontinuance and established the penalty period, the penalty status would be changed to Shortened.	Allison Miller		5/13/2016

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112	May 2016 Policy Changes	Other health insurance	<p>Policy Memo: Page 16 – regarding Denials/Discontinuance of Delinquent Premiums.</p> <p>Second sentence state, "For example, if an individual has existing health insurance or access to state health insurance, they shall be denied or closed for that reason."</p> <p>Thought we were NOT denying for access to state HI, Misprint maybe? I don't remember the topic specifically brought up at training. They did discuss the three questions on HI record but nothing that I recall on this.</p>	Correct. This was an error in the memo and is being updated.	Allison Miller		5/13/2016
113	May 2016 Policy Changes	Other health insurance	<p>Policy Memo: TPL Accessibility - Are we now denying CHIP for having access to any health insurance? I'm confused by what 'accessible' means.</p>	<p>No. Accessibility is part of the definition of Comprehensive Health Insurance. Comprehensive health insurance that is not reasonably accessible to a child because of the distance involved in traveling to participating providers will not cause a denial. If the insurance is not reasonably accessible, then we won't deny for having comprehensive health insurance. See KFMAM 2411.</p>	Allison Miller		5/13/2016
114	May 2016 Policy Changes	Continuous Eligibility and Review Dates	<p>Scenario: 2 children are open on CHIP with a review date of 8/2016. A new request is received to add a 3rd child in 5/2016 resulting in the 3rd child being approved with a CE period of 5/2016 through 4/2017. When the review is processed in 8/2016, are we doing the review for everyone? What if the income at the time of review is over income for all programs, does this impact the coverage for the first two children?</p>	<p>Once approved, the 3rd child is continuously eligible for the 12 month period (unless they are closed off for some other reason like premiums, out of state etc.), and a determination for additional children is not going to affect the CE period of the already determined child. So - in 8/2016, the first two children will be closed for being over income and the 3rd child remains eligible through 4/2017. The review date is reset to match 4/2017.</p>	Allison Miller		5/13/2016

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115	May 2016 Policy Changes	Continuous Eligibility and Review Dates	Scenario: Consumer is open on TransMed. Calls on 1/10 and reports a job loss. Calls again on 1/20 and reports starting a new job. How are these income changes processed?	This all depends on when the action is taken to process the income changes. <u>Processed on 1/15 (between the income changes):</u> The TMD coverage is changed to CTM and a new 12 months is approved. So - CTM is established for 2/2016-1/2017. Then, when processing the income change reported on 1/20, no action is taken on the eligibility. The income is updated in KEES, but no change will occur until the next review. <u>Processed on 1/25 (after both income changes):</u> Using the point in time income policy, we only react to the second income change. The income is updated in KEES and the TMD coverage remains unchanged.	Allison Miller		5/13/2016
116	May 2016 Policy Changes	Premiums Enforcement	In regard to a CHIP penalty, we are told if penalty is going to start 8/1/2016 and a new person is added 07/20/2016 they also are given coverage through 07/31/2016. But will EDBC allow us to approve the CHIP eligible child that is being added when it shows there is a delinquent amount showing?	Yes. This is an exception to the rule that KEES will not ever approve CHIP when the delinquency indicator = YES. KEES knows that this is a special situation and will approve CHIP for the month of 7/2016.	Allison Miller		5/13/2016
117	May 2016 Policy Changes	Premiums Enforcement	How do we deny for both Premium Delinquency and Crowd out at the same time? How can we apply both penalties at the same time?	KEES will deny for Premium Delinquency, but does not deny for Crowd-Out. The staff member has to recognize that a Crowd-out penalty would also be applicable and 'manually' add this denial reason to the case journal and the notice to the consumer. There is no way to deny for crowd-out in KEES. Workaround 68 is not applicable because the purpose of the WA is to prevent CHIP from being approved by KEES. But in this situation, KEES is already denying CHIP for a different reason.	Allison Miller		5/13/2016

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118	May 2016 Policy Changes	Retro CHIP	Are we no longer going to backdate CHIP due to our backlog?	CHIP is only backdated if they are CHIP at review, or if we are doing a retro CHIP approval (bills unpaid due to agency error or untimely processing). We do NOT automatically backdate CHIP because of the backlog. If processing an application late - we approve CHIP to begin the date the case is processed. Retro CHIP is only considered if the consumer calls to request it. If you are adding a child to an open CHIP case, coverage still starts the day you authorize. If they are in an active penalty, that child will be denied along with the others.	Allison Miller		5/13/2016
119	May 2016 Policy Changes	Premiums Enforcement	Since we do not backdate CHIP coverage based solely on the current backlog situation, are we able to authorize the period before the penalty - 46th day till 07/31/16 if the consumer formally requests retro active coverage before the penalty period?	Since we are processing the request in August and the penalty period has already started, the child is denied for Premium Delinquency and has the same penalty period as the other CHIP children on the case. Retro CHIP is not an option in this situation. We would not approve CHIP for 1/2016-07/2016.	Allison Miller		5/13/2016
120	May 2016 Policy Changes	Income Change	Scenario: PA is getting TMD and 2CH are getting PLN. On 04/05/16, the PA calls requesting to add SP to coverage who hasn't any income himself and also reports PA lost her job previous month. When we add the SP and income change in the month reported will the PA change to CTM in already paid months (beginning with month of reported change)? Do we let that happen or do we use Customer Options to protect the TMD coverage?	Because this is an income change WITH an Add-Person, then the income change is processed in the month of report. The PA's income is end-dated as of 3/31/16. EDBC is run in 4/16 and SP is eligible for CTM. KEES will allow the PA to change to CTM effective 4/16 as well. Even though 4/16 and 5/16 are already paid months - we do allow KEES to change the PA's coverage from TMD to CTM.	Allison Miller		5/13/2016

Question #	Date/Origin	Category	Question	Answer	Answered By	Notes	Distributed to Staff
121	May 2016 Policy Changes	Income Change	When adding a person to an already paid month, and the HH reports an income change - do we trust the system and allow a change in coverage to occur for existing HH members? Or should we be protecting the existing coverage in paid months?	Trust the system and allow coverage to change. If the worker recognizes that KEES is changing coverage in a way that is not consistent with the 2016-05-01 Policy Memo, then an incident should be reported.	Allison Miller		5/13/2016