

# COLA: Protected Medical Group Manual Processing Instructions

## Overview

Cases on this report are KanCare recipients with a Protected Medical Group (PMG) aid code. Each year during COLA Mass Change, persons receiving eligibility under the PMG aid code must be manually reviewed to determine if their PMG eligibility shall continue. In addition to reviewing cases for those consumers who were already determined eligible for PMG prior to the COLA batch, it is also important to review cases where consumers were found newly eligible for PMG after the COLA batch ran. While KEES determines eligibility for Protected Medical Groups, it is important these cases are reviewed to ensure eligibility is accurate.

There are three types of cases that will appear on this report.

1. **Cases with PMG aid codes prior to the batch run that reflect eligibility with an aid code other than PMG after the batch run.** These cases may appear on the report due to post-conversion cleanup not being completed on the Income Detail page for the consumer's Social Security income record.
2. **Cases with PMG aid codes prior to the batch run that remain eligible for PMG after the batch run.** These are cases with an old and new aid code that both reflect PMG eligibility. Recipients of Independent Living or Medically Needy services that fall into this category are eligible for full Medicaid with no spenddown. PMG recipients who receive HCBS, MFP or PACE-Independent Living will continue to receive services with no monthly obligation. EDBC will correctly determine eligibility for HCBS but WA450 (PACE or MFP for Protected Medical Groups) must be followed for MFP and PACE. Institutional Care or PACE-Institutional Care recipients are not eligible for PMG and their income is considered when determining the patient liability.
3. **Cases where consumers were found newly eligible for PMG after the COLA batch ran.** These are cases with an aid code other than PMG prior to the batch run that reflect a PMG aid code after the batch run.

Follow the steps outlined below to determine whether consumers with a PMG aid code prior to the COLA batch run still qualify.

## Process

1. Enter the case number in KEES and claim all tasks associated with the case.
2. On Case Summary, in addition to evaluating changes in eligibility and/or aid code, check the Review Month on the Program Block. If the Review Month is past, research is necessary to determine whether the review was sent and if so, whether the review or an application has been received. If the Review Due is not in the past, skip to step 3.
  - a. If a review was not sent, the consumer must be allowed time to complete their review and return it for processing.
    - i. Ensure all administrative roles are appropriately listed on the case.
    - ii. Do not change the Review Due Month on Case Summary.
    - iii. Re-send the KC1600 Pre-Populated Review Form using Document Control.
    - iv. Generate a V008 and use the 'Review Discontinuance – Review Form Sent' notice template from the Standard Text for Copy and Paste spreadsheet. This template can be found on the Family Medical tab.
    - v. Send the KC5720 or add the Rights and Responsibilities snippet to the form from the Standard Text for Copy and Paste.

## COLA: Protected Medical Group Manual Processing Instructions

- vi. Create a 'Review-Manual' task in the appropriate queue, with a task due date of 14 calendar days from the task creation date. If the case has an 'Active Review' task, staff should Void it.
        - vii. Proceed to Step 3 to determine if the updates made by COLA are accurate.
  - b. If a review was sent and an application or review has not been received and there is no Administrative Role listed on the case or there is an Administrative Role that was sent the review form,
    - i. Discontinue coverage allowing timely notice using a Negative Action reason of Failure to Return Review.
    - ii. Review the system generated discontinuance NOA for accuracy and delete the COLA NOA that is currently on hold.
    - iii. For LTC cases, send appropriate correspondence to the MCO or Nursing Facility. Cases that are discontinued for failure to return review will not be included in the special COLA notification process for MCOs and Nursing Facilities.
  - c. If an application/review has been received, it is preferred that staff process the review at the same time they are completing COLA updates. If there are other tasks associated with the case that do not pertain to the review, staff should process them while completing COLA updates. Continue to Step 3.
3. Review all data collection pages related to COLA updates. These include the Medical Condition, Income, Expense, and Medicare Expense pages.
4. Ensure all Post Conversion Cleanup of Non-Financial and Financial pages has been completed in KEES. For cases with PMG aid codes, there are special Post Conversion Cleanup instructions to follow in order for benefits to be determined correctly.
  - a. For cases with PMG aid codes prior to the COLA batch that are showing an aid code other than PMG after the COLA batch,
    - i. Edit the Social Security income record on the Income List page for the consumer whose name appears on the report.
    - ii. Complete the **Protected Medical Groups** questions pertaining to the type of PMG needed on the **Social Security Income Detail** page. These questions will be completed based on information learned from research in EATSS, provided the records needed haven't been archived.
    - iii. If information is not available in EATSS, a call to the appropriate Social Security office must be made to ask the applicable PMG questions shown on the Income Detail page below.

### Disabled Adult Children

Is this person at least 18 years of age and previously received SSI on the basis of blindness or a disability which began before the person reached age 22?

Has this person been discontinued from SSI as a result of the individuals becoming entitled on or after July 1, 1987 to Social Security child's benefits payable on the basis of a disability which began before age 22, or because of an increase in such childhood disability benefits?

Amount of Adult Disabled Child benefit in the month prior to the increase which caused loss of SSI:

## COLA: Protected Medical Group Manual Processing Instructions

Qualified Disabled Widow/Widower	
Was this person entitled to OASDI for December 1983?	<input type="checkbox"/>
Was this person entitled to an OASDI widow or widower benefit for January 1984 based on disability?	<input type="checkbox"/>
Did this person become ineligible for SSI because of an increase in the OASDI widow or widower benefit because of the elimination of the reduction factor for widows or widowers who became entitled before age 60?	<input type="checkbox"/>
Has this person been continuously eligible for a widow or widower benefit since that increase?	<input type="checkbox"/>
Would this person be eligible for SSI currently if the amount of the increase and any subsequent cost-of-living increases were deducted from current income?	<input type="checkbox"/>
Early Widow/Widower	
Is this person receiving OASDI widow or widower's benefit under section 2021 or 202(f) of the Social Security Act?	<input type="checkbox"/>
Is the person 60 years old or between the ages of 50 and 60 and are disabled?	<input type="checkbox"/>
Did the person lose SSI eligibility because they began to receive early widow or widower benefit?	<input type="checkbox"/>
Would the person be eligible for SSI currently if the amount of widow or widower benefits were disregarded?	<input type="checkbox"/>
Is this person not currently eligible for Medicare Part A coverage?	<input type="checkbox"/>

- b. For cases with an aid code other than PMG prior to the COLA batch that that became eligible for PMG after the COLA batch,
      - i. Edit the Social Security income record on the Income List page for the consumer whose name appears on the report.
      - ii. Verify the **Protected Medical Groups** questions pertaining to the type of PMG needed on the **Social Security Income Detail** page have been completed and that the information listed is accurate.
5. Run EDBC
  - a. Run EDBC in the come-up month to determine if the consumer qualifies for continued PMG eligibility.
  - b. Verify that the aid code on the Medicaid EDBC Summary page is correct.
6. If the consumer is NOT eligible for PMG, verify that the information entered on the Income page is accurate. If you feel the consumer is being found ineligible for PMG in error, consult your supervisor or team lead before proceeding to Step 7. DO NOT override. If needed, an incident ticket should be created with the KEES HelpDesk. If the eligibility determination is correct, skip to Step 8.
 

*Note: An individual that qualifies for PMG must be both financially eligible and eligible according to SSA income records.*
7. Determine eligibility for other programs. Consumers who are no longer eligible for PMG should not be discontinued. Instead, eligibility for other programs such as Medically Needy or MSP must be considered.
8. State Interaction
  - a. Cases that DO NOT need to be sent to KDHE
    - Consumers who were eligible for PMG coverage prior to the COLA and remain eligible for PMG after the COLA do not need to be sent to KDHE for final authorization. MAXIMUS staff can Save and Accept EDBC.
  - b. Cases that DO need to be sent to KDHE
    - Consumers who experience a change in eligibility, such as changing from PMG to Medically Needy with a spenddown or becoming newly eligible for PMG. These cases must be sent to KDHE for final authorization.

## COLA: Protected Medical Group Manual Processing Instructions

### 9. Send NOAs

- a. After completing a review of the case, a NOA must be sent to the consumer if there was a change in eligibility. This may be completed by KDHE staff. Please see the State Interaction chart for more information.
- b. The system generated COLA NOA that is currently on hold may be deleted in the following situations:
  - i. If there was no change in coverage and the consumer remains eligible for PMG, it is not required that a new NOA be sent. This is likely to happen with cases where the consumer went from PMG to MDN after the COLA batch due to the PMG questions on the Income page not being completed. After these were completed, the consumer retained their PMG eligibility.
  - ii. If there was a change in coverage during cleanup that causes the COLA NOA to no longer be accurate. In this situation, staff must ensure the new system-generated change NOA is accurate and send a V008 form using the COLA Mass Change template from the Standard Text for Copy and Paste spreadsheet. This is likely to happen in situations where the consumer is no longer eligible for PMG and eligibility for a new medical program is determined.
- c. For PMG consumers receiving LTC:
  - i. PMG consumers receiving HCBS/PACE/MFP do not have a monthly obligation. If these individuals remain eligible for PMG, there will be no change in eligibility and no NOA would be sent.
  - ii. Individuals potentially eligible for PMG but receiving Institutional Care services are not eligible for a PMG aid code and will have a monthly patient liability. NOAs may need to be sent regarding a change to this liability amount.

### 10. Journal

- a. The following information should be included in the Journal for cases that remain eligible for PMG:
  - i. Completed COLA processing for case appearing on the PMG report. PA remains eligible for benefits under the PMG category. System generated COLA NOA deleted as no change has occurred.
- b. The following information should be included in the Journal for cases that are NOT eligible for PMG:
  - i. Completed COLA processing for case appearing on the PMG report. PA is not eligible for benefits under the PMG category.
    1. Include additional information about any other type of coverage the consumer may be eligible for.
    2. Include information about whether the case is being transferred to KDHE for final authorization.

**End Process.**