

KC1201 – Family Medical Pre-Populated Review Form

Eligibility Processing Job Aid

This Job Aid is intended to provide instruction on the required elements of the KC1200 – Family Medical Pre-Populated Review form. This job aid identifies when an answer left blank is acceptable and when additional follow-up is required. The review form includes the following sections:

Step 1: Reporting changes

Step 2: Adding a new household member, if applicable

Step 3: Providing more information about changes

Assumptions and Requesting Information

In the sections outlined below, there will be various places where staff are allowed to make assumptions about the answer (or lack of an answer) provided. However, if contact is required with the consumer about any eligibility component, then clarification is required for all elements where an assumption was made.

If all information is not received from the consumer, re-evaluate the information requested to determine if an assumption could have been made in order to complete processing of the review.

Step 1 – Review the Household Information

Section A: Name and Address

Form asks to confirm the name, address and contact information.

Application Question	Eligibility Action
Are your name, address, and contact information correct in the box in the upper right-hand corner?	If left blank, assume the information is correct.

Section B: Household Information

Form lists all household members, their relationship to the Primary Applicant, whether or not the individual is currently covered, and asks to confirm each person is in the home and if the person wants medical assistance. This section also asks if there is anyone else living with them.

Note: The form only reports information for the Program Block that is being reviewed. So, if there is a household member that is open on another program block, such as an SSI or LTC recipient, they will be listed as NOT receiving medical coverage currently because they are not on the same program block as the Family Medical coverage. It should never be assumed that the consumer wants to end the other household member's medical assistance based on a response or lack of a response in this section.

The form does not ask additional questions that might be needed to make an eligibility determination for existing beneficiaries or individuals already in the home who are now requesting medical assistance on the review form. Therefore, to determine eligibility for these individuals, assumptions may be needed.

Specific assumptions are allowed and documented below:

- Assume the individual is NOT pregnant.
- Assume the individual is NOT disabled.
- Assume the individual was NOT in Kansas foster care on their 18th birthday.
- Assume the individual is NOT requesting assistance with unpaid medical bills.

If the individual is requesting medical assistance and enough information is not on file to make a decision, then send a KC1100 Application Form to the consumer to complete.

Application Question	Eligibility Action
Still live with you?	If left blank, assume Yes.
Want medical assistance?	If left blank, assume all current recipients want to continue coverage and non-recipients do not want coverage.
Is there anyone else living with you?	If left blank, assume No.

Section C: Income

Form lists all income that is on file in KEES and asks to confirm if the income still exists and if the amount is still the same. Also asks if there are any changes in any of the income. If the form indicates 'No Information Reported', and they don't indicate that there are any changes, it is assumed that the consumer still has no forms of income.

Application Question	Eligibility Action
Still have this income?	If left blank, assume No changes.
Is the amount the same?	If left blank, assume No changes.
Is there any change in any of the income listed?	If left blank, assume No changes. Note: Answering No to this question is also indicative that there are no other new income sources to report, unless additional information is provided in Step 3.

Section D: Health Insurance

Form lists information about health insurance and asks if the insurance information has changed. If the form indicates 'No Information Reported', and they don't indicate that there are any changes, it is assumed that the consumer still has no other health insurance.

Application Question	Eligibility Action
Any change?	If left blank, assume No changes.
Is there any change in any of the expenses listed above?	If left blank, assume No changes.

Section E: Tax Household

Form lists information about each individual's tax filing status, dependents claimed, and whether or not the individual is claimed by someone else. If the form indicates 'No Information Reported', then you **MUST** obtain tax household information. This means that the case was previously processed without tax household information, which is required to determine eligibility. If the information cannot be obtained via a phone call, the KC-4510 TIAR form must be sent.

Application Question	Eligibility Action
Do you have a new tax filing status?	If left blank, assume No changes.
Are you claiming any new dependents?	If left blank, assume No changes.
Are there any changes to the above information?	If left blank, assume No changes.

Step 2 – Reporting Changes in the Household

Address or Phone Number

This section is used to provide an update to the address or phone number for the household. Assume no changes if nothing included in this section.

Adding a New Person

This section is used to add a person who is living in the home that was not already included on the Review Form. If the individual is requesting medical assistance and enough information is not provided in the questions outlined below, then send a KC1100 Application Form to the consumer to complete.

Application Question	Eligibility Action
Name (First, middle, last)	Must obtain answer
Maiden Name	Not required
What is this person's relationship to you?	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	Assume No, if left blank
Pregnant	Assume No, if left blank
Due Date	Assume 9 months from the application date, if left blank
# of babies	Assume 1, if left blank
Guardian or conservator?	Assume No, if left blank

Application Question	Eligibility Action
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
Race	Required for KEES. If left blank, choose Other
Ethnicity	Required for KEES. If left blank, choose Other
Does this person have income?	Use as a comparison to income sections.
In the past year did this person: Change jobs, Stop working, Start working less hours	Question is for the FFM. Use as a tool to help explain changes of income, when appropriate.
Delivered a baby in the last 3 months	Assume No, if left blank. Used when the applicant is a non-citizen. Identifies a potential SOBRA application and a separate prior medical request is not required.
Emergency care in the last 3 months	Assume No, if left blank. Used when the applicant is a non-citizen. Identifies a potential SOBRA application and a separate prior medical request is not required.
Prior Medical	Assume No, if left blank, unless a baby was born in the prior 3 months, other indication of recent major medical expense, or approving LMB.
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	Question is for the FFM. Not required to be answered.
Mother's Full Name Father's Full Name	Answer may assist in determining relationship of each member of the household. Use along with the Relationship to the Primary Application question to determine household relationship. Not required to be answered.
Tax Household	
Plan to file a tax return	Must obtain answer for individuals age 18 and older. For individuals under age 18, this answer is not required if they are already listed as a dependent of the Primary Applicant.
Will this person file jointly with a spouse?	Required for individuals who plan to file a tax return.
If yes, name of spouse	
1. Does this person have any dependents on their tax return?	Required for individuals who plan to file a tax return.
If yes, list name(s) of dependents	Required if dependents are being claimed.
2. Is this person claimed as a dependent on someone else's tax return?	Required for individuals who plan to file a tax return.
If yes, list the name of the tax filer	

Application Question	Eligibility Action
How is this person related to the tax filer?	
Did this person have insurance through a job and lose it within the last 3 months?	Question is for the FFM. Not required to be answered. Answer may assist in understanding changes which have occurred in the last 3 months.
Is this person a full-time student?	Question is for the FFM
Was this person in foster care at the time of their 18 th birthday?	Used to determine eligibility for the Foster Care Aged Out program Assume No, if left blank
Does this person have a parent living outside the home?	Question is for the FFM
Prior Medical	
Changes in the household during the last 3 months	Must obtain answer if prior medical assistance has been requested.
Description of household changes	Required if above answered Yes.
Changes in the income during the last 3 months	Must obtain answer if prior medical assistance has been requested.
Description of income changes	Required if above answered Yes.
Immigration Status – Only applicable to individuals who declare they are a non-citizen	
Name (First, middle, last)	Required
Document Type	Required to request verification through the VLP. A manual SAVE may be completed if not available.
Immigration Number	Required to request verification through the VLP. A manual SAVE may be completed if not available.
Immigration Status	

Step 3 – Other Important Household Information

In Step 3, the applicant is required to provide additional information about any changes that were reported in Step 1. This is the place to provide income, health insurance and expense information for a person added in Step 2.

Application Question	Eligibility Action
INCOME	
Are there other people from Step 2 who have income?	Must obtain answer
Name	If answer to above is Yes, or consumer indicated a change in income in Step 1, an answer to all of these questions is required.
Source of Income	
How much?	
How often?	

Application Question	Eligibility Action
HEALTH INSURANCE	
Multiple Health Insurance Questions	A TPL referral is completed with all information known. All answers are not required in order to approve Medicaid coverage. If additional information is needed about the health insurance policy, it will be requested after Medicaid approval, and only after the MMIS fiscal agent has a chance to verify the information.

Medical Representative

Form allows the applicant to appoint a medical representative.

If nothing new reported, assume the existing medical representative continues.

If a new medical representative is reported and one already exists, make contact with the consumer to determine if they are revoking the initial medical representative or adding a second one.