



Policy Memo	
KDHE-DHCF POLICY NO: 2019-08-01	From: Erin Kelley, Senior Manager
Date: August 1, 2019	Medical KEESM/KFMAM Reference(s):
RE: Policy Implementation Instructions for the Data Exchange with Appriss	Program(s): All Medical Programs

The purpose of this memo is to provide policy instruction and information related to the implementation of a data exchange with Appriss.

A. BACKGROUND AND GENERAL INFORMATION

Medicaid payments are not allowed for an inmate of a public institution. To prevent incorrect payments, coverage is terminated allowing timely and adequate notice upon learning a recipient has entered a public institution. If the agency does not become aware of the incarceration timely, Medicaid coverage will continue. In some cases, the beneficiary may have already been released from the public institution before the agency becomes aware of the incarceration. In these cases, eligibility is not discontinued however, a claim shall be filed if failure to report the change in circumstances results in overstated eligibility in any month. For additional information see Medical KEESM 9121, 9123, 11120 and subsections.

To facilitate prompt discontinuance upon incarceration and timely reinstatement upon release, a data exchange between Appriss and KDHE has been developed. The fiscal agent, DXC, will assist KDHE with the receipt of this information and will generate a report each day for eligibility staff to process.

B. APPRISS DATA EXCHANGE

Appriss manages an arrest data network which provides near real-time information on offenders age eighteen (18) and older across the country. The Appriss system does not provide incarceration information for minor children. The system is populated with data provided by participating law enforcement/correctional facilities. In Kansas, 69 city/county jails currently participate however, Appriss will also provide incarceration notifications for persons incarcerated in participating law enforcement/correctional facilities throughout the country. The Appriss system

shall be the primary notification source for persons entering and leaving a law enforcement/correctional facility. The information is considered verified upon receipt. Applications submitted for persons leaving Kansas Department of Corrections facilities shall follow the established Pre-Release process outlined within the implementation instructions for KEESM Revision 32, which was effective July 1, 2007.

The Appriss system provides arrest/incarceration information based on a list of beneficiaries provided by the state – called a ‘Watch List’. The ‘Watch List’ will include the following benefit plans for beneficiaries age 18 and older, including those who have been discontinued for any reason other than ‘deceased’ for a period of one year following the date of discontinuance:

- Title 19 (including Presumptive Eligibility (PE))
- Title 21 (including Presumptive Eligibility (PE))
- Medically Needy (met or unmet spenddown)
- MediKan
- QMB-only
- LMB-only
- ELMB-only

The following benefit plans are not included on the ‘Watch List’:

- Title 19 with a Level of Care (LOC) of Skilled Nursing (NF/SN)
- ADAP-only
- Inmate Inpatient
- SOBRA
- TB

The fiscal agent, DXC, will generate the initial ‘Watch List’ and send to Appriss on August 1, 2019. Then, the fiscal agent will send a monthly update file to Appriss which will contain additions, deletions, and updates to the ‘Watch List’. This report shall be generated and sent to Appriss on the last day of each month after the daily eligibility file has been run.

When an individual is incarcerated or released, as mentioned above, Appriss will send near real-time information to the fiscal agent. If matches are returned, the fiscal agent will then compile the data received into a report. This report will be available each morning through IBM Content Navigator for eligibility staff to process. A special, dedicated unit within KDHE has been established to process cases appearing on this report.

1. ELIGIBILITY ACTION UPON INCARCERATION

Recipients who enter a public institution will be discontinued from coverage. Recipients must be given a minimum of ten (10) clear days notice prior to the effective date of

termination and the closure will always be effective the last day of the month. This is called Negative Action deadline and is usually around the 20th of the month.

It is not uncommon for a stay to be extremely brief – only a few days in some instances. To avoid closure and immediate reinstatement, a Timely Action window will be established. This window will run for a period of five (5) business days just ahead of the Negative Action deadline. All individuals incarcerated within the Timely Action window will be held from termination until the next Timely Action window. If the individual is no longer incarcerated when the case is evaluated, no action will be taken. In all situations, the beneficiary must be notified of any negative action taken.

2. ELIGIBILITY ACTION UPON RELEASE

To be eligible for immediate reinstatement of Medicaid, CHIP, or MediKan, the incarcerated individual must have been a recipient of either Medicaid, CHIP, or MediKan at the time they became incarcerated and must be returning to Kansas residency upon release. Actions to reinstate eligibility following release from a public institution will be dependent on the length of time the individual was incarcerated.

a. SHORT TERM STAYS

Individuals incarcerated less than the month of entry and two (2) following months will be considered for immediate reinstatement upon release. Although no action to reinstate shall be taken until the individual has been released, persons shall be evaluated for reinstatement as expeditiously as possible upon notification of their release. Unless there is information known to the agency that indicates the individual would no longer be eligible, coverage shall be reinstated as expeditiously as possible following notification of their release. The individual will be reinstated back to the previous case.

b. LONG TERM STAYS

Individuals incarcerated beyond the month of entry and two (2) following months are also considered for immediate reinstatement. As previously stated, no action to reinstate shall be taken until the individual has been released. Persons shall be evaluated for reinstatement as expeditiously as possible upon notification of their release. Persons eligible for continued coverage based on information immediately available, including pregnant women and SSI recipients who have been incarcerated less than twelve (12) months, shall be reinstated.

Those who are not eligible for immediate reinstatement based on the information available, including those who haven't been formally reviewed

within the past twelve (12) months, shall be enrolled in the MediKan Reintegration program. MediKan Reintegration coverage will be provided for a maximum period of the month of release and two (2) following months. Policies and processes currently followed with the existing MediKan Reintegration program shall be followed. A required review should be completed before the expiration of the MediKan Reintegration period. The KC1200 or KC1600 Pre-Populated Review form shall be sent at the time MediKan Reintegration coverage is authorized and the individual shall be allowed twelve (12) days to return the form. If the individual is eligible for Medicaid coverage upon completion of the review, MediKan Reintegration coverage shall be replaced with Medicaid. Failure to return the review shall result in loss of eligibility at the end of the MediKan Reintegration period, allowing timely notice.

The individual's circumstances both before and after incarceration shall be evaluated prior to reinstatement. Information available through interfaces shall be used, including EATSS and the AVS for resource information. For Elderly and Disabled medical programs subject to a resource test, the AVS shall be used to request account information for both the consumer and their spouse, if applicable, for the month in which the review is generated and the month prior.

c. INCARCERATED MORE THAN 12 MONTHS

Individuals incarcerated for a period of more than twelve (12) months are not subject to immediate reinstatement upon release from the law enforcement/correctional facility. A new application shall be required.

3. SPECIFIC INSTRUCTION UPON RELEASE BY PROGRAM

The medical assistance program an individual is reinstated to is dependent upon information known at the time the individual is being released from incarceration. Information contained within this section is applicable to both short term stays and long term stays.

a. SSI-RELATED MEDICAL ASSISTANCE

Persons may be immediately reinstated to SSI-related medical assistance coverage, including Protected Medical Groups (PMG) if incarcerated for a period of less than twelve (12) months. MediKan Reintegration coverage shall be authorized in situations where the criteria outlined above are not met.

b. PREGNANT WOMEN

Pregnant women may be immediately reinstated if within their expected post-partum period. MediKan Reintegration coverage shall be authorized if the woman is outside the expected post-partum period.

c. CARETAKER MEDICAL

Persons receiving Caretaker Medical at the time they became incarcerated may have eligibility under these programs reinstated if they are returning to their previous household. Eligibility under these programs is dependent on residing in the household with children for whom they are responsible and meeting the policy definition of a caretaker outlined in KFMAM 2110.

The Appriss system will not provide the residential address of the individual being released from incarceration. To verify the individual is returning to their previous household, it may be necessary to contact them by telephone prior to reinstating coverage. If telephone contact is unsuccessful or if the individual is not returning to their previous household, MediKan Reintegration coverage shall be authorized.

d. TRANSMED AND EXTENDED MEDICAL

Persons receiving TransMed or Extended Medical at the time they became incarcerated may have eligibility under these programs reinstated if they are returning to their previous household and they are within their original continuous eligibility (CE) period.

As indicated in section B.3.c. above, the Appriss system will not provide the residential address of the individual being released from incarceration. It may be necessary to contact the individual by telephone to verify they are returning to their previous household prior to reinstating coverage. MediKan Reintegration coverage shall be authorized if telephone contact is unsuccessful, it is verified the individual is not returning to their previous household, or the individual is outside of their original CE period.

e. POVERTY LEVEL (PLN) OR CHIP MEDICAL ASSISTANCE

Persons receiving eligibility under PLN or CHIP will only appear on the Appriss reports if incarcerated or released from incarceration while age 18. As mentioned in section B above, the Appriss system will not provide incarceration information for minor children.

Persons previously eligible for PLN or CHIP may be reinstated to those programs upon release from incarceration if they have not yet reached age 19 and are still within their current CE period. Persons who are age 19 and older or outside their current CE period shall have coverage authorized under the MediKan Reintegration program.

f. MEDICALLY NEEDED SPENDDOWN

Eligibility under the Medically Needy spenddown program shall be reinstated if the individual is released from incarceration within their existing six-month spenddown base period. MediKan Reintegration coverage shall be authorized if the individual is released from incarceration outside of their existing six-month base period.

g. MEDICARE SAVINGS PROGRAMS (MSP)

Coverage under the Medicare Savings Programs (MSP) may be reinstated if the individual is actively receiving Medicare upon release from incarceration. Coverage under MediKan Reintegration shall be authorized if Medicare has been terminated.

h. LONG TERM CARE (300 OR MN3 AID CODES)

Long term care coverage may not be reinstated without verification the individual has entered a long term care facility and the appropriate level of care has been met or the individual has been approved by the Home and Community Based Services (HCBS) Program Manager to be reinstated to the waiver they were previously receiving services from. In most cases, it will take several days to obtain this information. In order to reinstate coverage as expeditiously as possible prior to this information being obtained, eligibility shall first be considered under other Elderly and Disabled medical programs. If there is no potential eligibility under an Elderly and Disabled medical program, MediKan Reintegration coverage shall be authorized.

i. MEDIKAN

MediKan eligibility may be reinstated if within their fixed twelve (12) month coverage period. In situations where the individual's fixed twelve (12) month coverage period has expired, MediKan Reintegration coverage shall be authorized. Note that coverage received under MediKan Reintegration is not considered toward the individuals twelve (12) month lifetime limit for MediKan.

C. QUESTIONS

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

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Questions regarding any KEES issues are directed to the KEES Help Desk at KEES.HelpDesk@ks.gov