



Medical Eligibility

Data Collection – Financial Information



Introduction

The financial data collection pages are designed to:

- View, Edit, & Add the consumer's financial information.
- Capture specific information such as income sources, resources, Medicare, other health insurance information, and medical expenses



Objectives

After completing this course, you will be able to:

- View, Edit, and Add:
 - Income Information
 - Resource Information
 - Expense Information
 - Tax Information
 - Medicare Information
 - Medical Subrogation Records
 - Third Party Other Health Insurance Information





Medical Eligibility: Data Collection - Financial Information

Agenda

Lesson 1: Financial Page Navigation

Lesson 2: Income

Lesson 3: Resources

Lesson 4: Expenses

Lesson 5: Tax

Lesson 6: Medicare Expense

Lesson 7: Medical Subrogation

Lesson 8: Other Health Insurance





The following pages are in the Financial section in the Task Navigation pane.

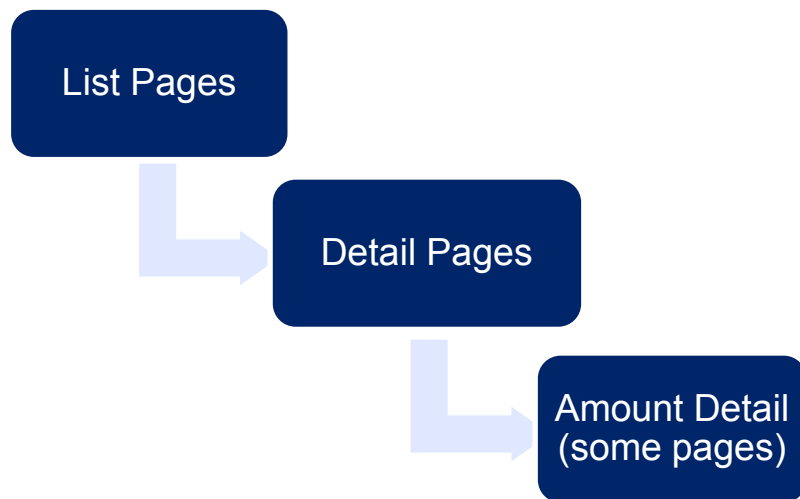
- Root Questions (not currently utilized)
- Income
- Resource
- Special Needs (not currently utilized)
- Expenses
- Tax
- Medicare Expense
- Medical Subrogation
- Other Health Insurance
- Health Care Referral (not currently utilized)
- IEVS Applicant (not currently utilized)





On the financial pages, information is entered for each consumer listed on the case.

All pages follow the same flow:





The **List** pages have built-in sort functionality. The filled in carrot below the heading will identify how the records have been sorted. To sort by one of the other headings, simply click the carrot.

Expense List Continue

* - Indicates required fields

▶ Root Questions

Search Results Summary Results 1 - 4 of 4

Display From: To: View

<input type="checkbox"/>	Category	Type	Amount	Begin Date	End Date	Action
<input type="checkbox"/>	Health Insurance Premiums	Medicare Supplement Policy	64.85	12/01/2014		Edit
<input type="checkbox"/>	Shelter	Mortgage	750.00	12/01/2014		Edit
<input type="checkbox"/>	Utility Allowance	Utility Allowance		01/01/2014		Edit
<input type="checkbox"/>	Shelter	Rent	625.00	06/01/2013	09/30/2014	Edit

Remove Expense Category: Complete Continue

Expense & resource records with an **End Date** within the three prior months will display on the **List** pages. All income records, regardless of **End Date** will display.

Medical Eligibility: Data Collection - Financial Information

Lesson 1: Financial Page Navigation > Viewing a Record

Occasionally, it is necessary to view historical records. By clicking **View**, all records for the case/person will display.

Resource List

* - Indicates required fields

▶ Root Questions

Search Results Summary

Results 1 - 2 of 2

Display by Program Type:

From:

To:

View

Owner	Program Type	Category	Type	Value	Begin Date	End Date	Action
▼	▼	▼	▼	▼	▼	▼	
Bean, Kidney	Medical	Motor Vehicle	Car	100.00	12/01/2014		Edit
Bean, Kidney	Medical	Liquid	Bank Account/Cash	378.00	12/01/2014		Edit

Resource List

* - Indicates required fields

▶ Root Questions

Search Results Summary

Results 1 - 3 of 3

Display by Program Type:

From:

To:

View

Owner	Program Type	Category	Type	Value	Begin Date	End Date	Action
▼	▼	▼	▼	▼	▼	▼	
Bean, Kidney	Medical	Motor Vehicle	Car	100.00	12/01/2014		Edit
Bean, Kidney	Medical	Liquid	Bank Account/Cash	378.00	12/01/2014		Edit
Bean, Kidney	Medical	Real Property	Residential Property		10/01/2009	10/30/2012	Edit



To limit the number of records returned,
On the List page:

- Select the desired program from the **Display by Program Type** drop-down menu.
- Enter the desired date range in the **From** and **To** fields.
- Click **View**.

Resource List

Continue

* - Indicates required fields

▶ Root Questions

Search Results Summary

Results 1 - 1 of 1

Display by
Program Type:

Medical

From:

09/01/2012

To:

09/30/2012

View

Owner	Program Type	Category	Type	Value	Begin Date	End Date	Action
▼	▼	▼	▼	▼	▼	▼	
<input type="checkbox"/> Bean, Kidney	Medical	Real Property	Residential Property		10/01/2009	10/30/2012	<input type="button" value="Edit"/>

Program Type:*

Resource Category:*

Complete



Medical Eligibility: Data Collection - Financial Information

Lesson 1: Financial Page Navigation > Viewing a Record

To view income, resource, and expense records:

On the List page:

- Select the Hyperlink of the record you wish to view:

<input type="checkbox"/>	Owner	Program Type	Category	Type	Value	Begin Date	End Date	Action
<input type="checkbox"/>	Bean, Kidney	Medical	Motor Vehicle	Car	100.00	12/01/2014		<input type="button" value="Edit"/>
<input type="checkbox"/>	Bean, Kidney	Medical	Liquid	Bank Account/Cash	378.00	12/01/2014		<input type="button" value="Edit"/>



This will take you to a view only **Detail** page. From this page you can view the record to ensure the information is accurate. The **Next** button will take you to the next record within that case. The **Edit** button will allow you to make changes to the record.

Next Edit Close

Motor Vehicle Detail

* - Indicates required fields

Owners	
Owner(s) *	Percentage *
Kidney Bean	100.0
Pinto Bean	100.0

Year:* 2006	Make: ford
Model: focus	Motor Vehicle Type:* Car
Begin Date:* 12/01/2014	End Date:
Fair Market Value Source: Other	Fair Market Value:* 100.00
Registered In Kansas:* Yes	
Encumbrance:	
Status/Usage Code:* Primary Vehicle	
Count as Most Valuable Vehicle (Medicaid only): No	
Verified: Verified	

Next Edit Close



Medical Eligibility: Data Collection - Financial Information

Lesson 1: Financial Page Navigation > Removing a Record

If a financial record is ending and should no longer be considered for eligibility, the **Remove** button should NEVER be utilized. In these instances, the record should be **End Dated**.

Expense List

* - Indicates required fields

▶ Root Questions

Search Results Summary

Results 1 - 3 of 3

Display From:

To:

View

<input type="checkbox"/>	Category	Type	Amount	Begin Date	End Date	Action
<input type="checkbox"/>	Health Insurance Premiums	Medicare Supplement Policy	64.85	12/01/2014		Edit
<input checked="" type="checkbox"/>	Shelter	Mortgage	750.00	12/01/2014		Edit
<input type="checkbox"/>	Utility Allowance	Utility Allowance		01/01/2014		Edit

[Remove](#)

Expense Category:

[Add](#)

Complete

[Continue](#)



When adding records on the financial screens for Income, Resources, and Expenses, always remember:

- It is important to make sure the **Category**, **Type**, and **Description** selected for the financial data are accurate.
- The **Category**, **Type**, and **Description** determine whether an income, resource, or expense is countable or exempt for the medical program.





Medical Eligibility: Data Collection - Financial Information

Lesson 1: Financial Page Navigation > Adding a Record

To **Add** new income, resource, and expense records:

On the List page:

- Select the **Program Type**:
 - Medical
 (for income and resources only)
- Select the **Category**.
- Click the **Add** button.

Program Type: *

Income Category: *

Program Type: *

Income Category: *

- Annuities, Trusts
- Child/Spousal Support
- Contract Sales
- Disability
- Earnings
- Education
- Government Payments
- Insurance, Legal Settlement, Third Party
- Interest, Dividends, Investments
- Loans, Gifts, Contributions
- Miscellaneous

Complete

Financial Changes are not uncommon for ongoing medical cases. Many times consumers have changes to income, resources, and expenses that may or may not impact medical benefits.

For Family Medical, EDBC should be run to re-determine the eligibility using timely reporting guidelines if the consumer requests a change to a premium amount or spenddown due to a decrease in income or increase in expenses.

If information is reported timely and will have a negative impact on the case, the information should be recorded in KEES, but no EDBC should be ran.

For Elderly & Disabled, EDBC should be run using timely reporting/negative action guidelines.

In this lesson you learned:

- What information is captured on the financial pages
- How to sort & search financial records
- How to view financial records
- How to add financial records
- How financial changes impact the case & when to run EDBC





Agenda

Lesson 1: Financial Page Navigation

Lesson 2: Income

Lesson 3: Resources

Lesson 4: Expenses

Lesson 5: Tax

Lesson 6: Medicare Expense

Lesson 7: Medical Subrogation

Lesson 8: Other Health Insurance





The Income pages capture all forms of income to use for determining eligibility and benefits.





Medical Eligibility: Data Collection - Financial Information

Lesson 2: Income > Income List Page

Case Name: Kilgore Colbyheier
Case Number: 20000712

Journal Tasks Reminders Contact Log Logout Help
User: Eileen Wiedwald
Env: PRD-Test
5.004.1
/02/2014 12:50 PM

Case Info Eligibility Services Child Care Resource Databank Fiscal Special Units Reports Document Control Admin Tools Worker Portal

Workload Inventory Case Summary Customer Information Reporting Distributed Documents Customer Schedule Courtesy Month

Case Number
Request ID
Go

Person Search

- Non Financial
- Presumptive Eligibility
- Financial
 - Root Questions
 - Income (Selected)
 - Resource
 - Special Needs
 - Expenses
 - Tax
 - Medicare Expense
 - Medical Subrogation
 - Other Health Insurance
 - Health Care Ref.
 - IEVS Applicant
- Verifications
- EBT Account List
- Run EDBC
- Manual EDBC
- Needs
- Service Arrangements
- EDBC Results

Income List

* - Indicates required fields

Root Questions

Search Results Summary Results 1 - 2 of 2

Display by Program Type: From: To: View

Name	Program Type	Category	Type	Begin Date	End Date	
<input type="checkbox"/> Colbyheier, Kilgore	Medical	Social Security	Social Security	05/01/2014		<input type="button" value="Edit"/>
<input type="checkbox"/> Colbyheier, Kilgore	Medical	Retirement, Pensions	KPERS	05/01/2014		<input type="button" value="Edit"/>

Program Type: *

Income Category: *

Complete

Once **Income** is selected on the Task Navigation, the **Income List** page appears. It is from this screen that income records can be viewed, edited, or added.



The **Income Category** drop-down includes:

Program Type: *

Income Category: *

- Annuities, Trusts
- Child/Spousal Support
- Contract Sales
- Disability
- Earnings
- Education
- Government Payments
- Insurance, Legal Settlement, Third Party
- Interest, Dividends, Investments
- Loans, Gifts, Contributions
- Miscellaneous
- Native American
- Oil Royalties/Mineral Rights
- Railroad
- Reimbursements
- Retirement, Pensions
- Self-Employment
- Social Security
- Unemployment
- Veterans
- Work Program/Training

Complete

Once an **Income Category** is selected, click the **Add** button to complete the **Income Detail** page.



On the Income Detail Page:

- Select **Name** of the person.
- **Category** is auto-populated from **Income List Page**.

Income Detail

* - Indicates required fields.

The screenshot shows the 'Income Detail' form with the following fields:

- Name:*** (dropdown menu, currently showing '- Select -')
- Retrieve Information** (button)
- Category:** (highlighted in yellow, showing 'Social Security')
- Social Security Claim Number:** (text box)
- Description:** (text box)

A red arrow points from the 'Retrieve Information' button to the second 'Name' dropdown menu, which is open and showing 'Jacob Test' and 'Mary Test' as options. A black arrow points to the 'Description' text box.

Additional information can be added in the **Description** text box.



On the Income Detail Page:

- Select **Type** of income.
 - Drop-down is dependent on the income **Category**
- Select **Frequency** received.

Income Detail

* - Indicates required fields.

Name: *

Mary Test

Category:
Social Security

Social Security Claim Number:

Description:

Type: *

- Select -
- Select -
- SSI
- Social Security

Frequency: *

- Select -
- Select -
- Every Two Weeks
- Every Week
- Every year
- Once a Month
- One Time Only
- Other
- Quarterly
- Semi Annually
- Twice a Month

Income Amounts *



On the **Income Detail** Page:

- Once all Detail information is entered:
 - Select **Display Program** from the drop-down menu.
 - After selection is made, the **Add** button will appear.

Name:*
Mary Test

Category:
Social Security

Type:*
SSI

Frequency:*
Once a Month

Social Security Claim Number:

Description:

Income Amounts*
Display Program:*
- Select -
- Select -
All
Elderly & Disabled
Family Medical
MIPPA



The **Income Amount Detail** page allows the user to enter the income amount(s) one of two ways.

- Entering the **Reported Amount**
 - This field should be used when the consumer is receiving the same income amount (without variability) month after month. (i.e., Social Security Income)
- Using the **Average Calculator**
 - This should be used when trying to calculate an average of varying incomes or when there are multiple income payments from the same source during one month. (i.e., Earnings, Child/Spousal Support)

On the **Income Amount Detail** Page (when the **Average Calculator** isn't needed):

- Enter the **Reported Amount**.
- Enter the **Begin Date**.
- Select **Verified** and select the **Source** used to verify income.
- Click **Save & Return**

Income Amount Detail

Program: Elderly & Disabled

* - Indicates required fields

Program: Elderly & Disabled Category: Social Security Type: SSI

▼ Average Calculator

Date Received	Amount	Count in Average	
<input type="text"/>	<input type="text"/>	Yes ▾	<input type="button" value="Add"/>
Average Amount:			<input type="button" value="Calculate"/>
0.00			<input type="button" value="Use"/>

Reported Amount: *

Begin Date: *

Verified: *
Verified ▾

Unreported Amount:

End Date:

Source: *
Document ▾



On the **Income Detail** Page (when utilizing the **Average Calculator**):

The **Average Calculator** uses the **Frequency** drop-down box on the **Income Detail** page to determine the calculated amount.

Income Detail

* - Indicates required fields.

Name:*

Kidney Bean ▾

Category:

Earnings

Type:*

Wages ▾

Frequency:*

Twice a Month ▾

Name of Business:

Walgreens

Address:

2900 SW Gage Blvd

Description:



On the **Income Amount Detail** Page (when utilizing the **Average Calculator**):

- Enter the **Date Received**, **Amount**, **Hours**, and **Hourly Wage**.
 - The **Count in Average** drop-down defaults to **Yes**. If the income entry is not representative and should not be counted in the average, select **No**.
- Click the **Add** button.

Income Amount Detail

Program: Elderly & Disabled

* - Indicates required fields

Program: Elderly & Disabled Category: Earnings Type:

▼ Average Calculator

<input type="checkbox"/>	Date Received	Amount	Hours	Hourly Wage	Count in Average
<input type="checkbox"/>	10/15/2014	434.75	47	9.25	Yes
<input type="checkbox"/>	10/30/2014	490.25	53	9.25	Yes
<input type="checkbox"/>	11/15/2014	721.50	78	9.25	No
<input type="checkbox"/>	11/30/2014	462.50	50	9.25	Yes
<input type="checkbox"/>	12/15/2014	444	48	9.25	Yes

Average Amount: 0.00 Weekly Hours: 0.00 Monthly Hours: 0.00



When using the **Average Calculator** for Earnings:

- Click **Calculate**.
 - The **Average Amount**, **Weekly Hours**, and **Monthly Hours** will populate.
- Click **Use**, if the displayed **Average Amount** is correct, to populate the **Reported Amount** field.

Income Amount Detail

Program: Elderly & Disabled

* - Indicates required fields

Program: Elderly & Disabled Category: Earnings Type: Wages

▼ Average Calculator

<input type="checkbox"/>	Date Received	Amount	Hours	Hourly Wage	Count in Average
<input type="checkbox"/>	10/15/2014	434.75	47	9.25	Yes
<input type="checkbox"/>	10/30/2014	490.25	53	9.25	Yes
<input type="checkbox"/>	11/15/2014	721.50	78	9.25	No
<input type="checkbox"/>	11/30/2014	462.50	50	9.25	Yes
<input type="checkbox"/>	12/15/2014	444.00	48	9.25	Yes
<input type="checkbox"/>					Yes

Average Amount: 915.75 **Weekly Hours:** 23.57 **Monthly Hours:** 99.00

Reported Amount:* 915.75 **Unreported Amount:** 0.00



At the bottom of the **Income Amount Detail** page:

- Enter the **Begin Date**.
- Select **Verified** and select the **Source** used to verify income.
 - (We will look at source options on the next slide.)
- Click **Save & Return**

Income Amount Detail

Program: Elderly & Disabled

* - Indicates required fields

Program: Elderly & Disabled Category: Earnings Type: Wages

▼ Average Calculator

<input type="checkbox"/>	Date Received	Amount	Hours	Hourly Wage	Count in Average
<input type="checkbox"/>	10/15/2014	434.75	47	9.25	Yes
<input type="checkbox"/>	10/30/2014	490.25	53	9.25	Yes
<input type="checkbox"/>	11/15/2014	721.50	78	9.25	No
<input type="checkbox"/>	11/30/2014	462.50	50	9.25	Yes
<input type="checkbox"/>	12/15/2014	444.00	48	9.25	Yes
<input type="checkbox"/>					Yes

Average Amount: 915.75 Weekly Hours: 23.57 Monthly Hours: 99.00

Reported Amount:* **Unreported Amount:**
Begin Date:* **End Date:**
Verified:* **Source:***



The **Source** drop-down acronyms include:

- CSS – Child Support Services
- IRS – Internal Revenue Service
- KDOL – Kansas Department of Labor
- KPC – Kansas Pay Center
- KPERS – Kansas Public Employees Retirement System
- PARIS – Public Assistance Reporting Information System
- SSA – Social Security Administration
- Title II Income – SSA Income

Source: *

CSS
Collateral Contacts
Consumer Statement Document
IRS
KDOL
KPC
KPERS
Other
Other Agency
PARIS
Reported-Unverified
SSA
Title II Income



Once all income information is entered:

- Select **Save and Return**.
 - If there are additional incomes, select the **Program Type** and **Income Category** and click **Save and Add Another**.

Income Detail

* - Indicates required fields.

Name:*
Kidney Bean

Category:
Earnings

Type:*
Wages

Frequency:*
Twice a Month

Name of Business:
Walgreens

Address:
2900 SW Gage Blvd

Description:

Income Amounts*

Display Program:*
Elderly & Disabled

From:

To:

<input type="checkbox"/>	Program	Amount	Begin Date	End Date	
<input type="checkbox"/>	Elderly & Disabled	<u>915.75</u>	12/01/2014		<input type="button" value="Edit"/>

▶ **Protected Medical Groups**

Program Type:

Income Category:



Many of the data entry fields are dynamic and different sections, drop-down selections, and categories appear based on the Income being entered. Some examples include:

- **Self-Employment**
 - Share of Ownership field appears and defaults to 100
- **Child/Spousal Support:**
 - Optional Person Paying fields appear
 - Frequency defaults to monthly
- **Social Security**
 - Protected Medical Group (PICKLE) questions only appear for this category
- **Unemployment**
 - “Unemployment Claim With” field appears with State drop-down menu which defaults to KS (this field is optional but best practice is to capture the data)



On the **Income Detail** page when entering Self-Employment:

Income Detail

* - Indicates required fields.

Name:*
 Mary Test

Category:
 Self-Employment

Type:*
 Self-Employment

Frequency:*
 Every year

Name of Business:

Share Of Ownership:
 100

Type:*
 - Select -
 - Select -
 Rental Income – Manages Property Less Than 20 Hours/Week
 Rental Income – Manages Property at Least 20 Hours/Week
 Self-Employment

Description:

Income Amounts*

Display Program:*
 Elderly & Disabled

▶ Protected Medical Groups

Frequency selected should be based on the way the income is provided. For example, if they provided a tax return, you should select **Every Year**. If they provided the last three monthly ledgers, you should select **Monthly**.



Income Amount Detail

Save and Return

Cancel

Program: Elderly & Disabled

* - Indicates required fields

Program: Elderly & Disabled

Category: Self-Employment

Type: Self-Employment

▼ Average Calculator

<input type="checkbox"/>	Schedule/Ledger	Total Gross Income	Income Addition
<input type="checkbox"/>	Schedule C/C-EZ ▼	28,000.00	<input type="text"/>
<input type="checkbox"/>	<input type="text"/> ▼	<input type="text"/>	<input type="text"/>

<input type="checkbox"/>	Schedule/Ledger	Total Expenses	Expense Exclusion
<input type="checkbox"/>	Schedule C/C-EZ ▼	7,000.00	<input type="text"/>
<input type="checkbox"/>	<input type="text"/> ▼	<input type="text"/>	<input type="text"/>

Divisor:

12 ▼

Average Amount:

1750.00

Reported Amount:*

1750.00

Unreported Amount:

0.00

Divisor should be based on the number of months the income was entered for.



On the **Income Amount Detail** page (when entering Child/Spousal Support):

- Enter the **Date Received** and **Amount**.
- Select 1 from the **Divisor** drop-down.
- Select the appropriate **Number of Children** from the drop-down.
- Click **Calculate** and **Use**.

Save and Return Cancel

Income Amount Detail

Program: Elderly & Disabled

* - Indicates required fields

Program: Elderly & Disabled Category: Child/Spousal Support Type: Child Support- Arrearages

▼ Average Calculator

<input type="checkbox"/>	Date Received	Amount	Count in Average
<input type="checkbox"/>	09/15/2014	150.00	Yes ▼
<input type="checkbox"/>	09/30/2014	150.00	Yes ▼
<input type="checkbox"/>	10/15/2014	150.00	Yes ▼
<input type="checkbox"/>	10/30/2014	150.00	Yes ▼
<input type="checkbox"/>	11/15/2014	150.00	Yes ▼
<input type="checkbox"/>	11/30/2014	150.00	Yes ▼
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Yes ▼

Remove Add

Divisor: 1 ▼ Number of Children: 2 ▼

Calculate

Average Amount: 150.00 Use

Reported Amount:* 150.00 Unreported Amount: 0.00

Medical Eligibility: Data Collection - Financial Information

Lesson 2: Income > Income Detail Page Pickle Questions

On the **Income Detail** page (when entering Social Security):

▼ Protected Medical Groups

Pickle


Since April 1977, has this person received or has been entitled to receive both RSDI and SSI in the same month? No ▾

Has this person been discontinued from SSI? ▾

Does this person reside in the household of another and pay rent above the minimum threshold amount? No ▾

Has this person received a RSDI COLA increase in any month since SSI was discontinued? ▾

Date eligible for and last received SSI: 

Date RSDI (Social Security) Benefits began: 

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? No ▾

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? No ▾

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

Qualified Disabled Widow/Widower

Was this person entitled to OASDI for December 1983? No ▾

Was this person entitled to an OASDI widow or widower benefit for January 1984 based on disability? No ▾

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? No ▾

Has this person been continuously eligible for a widow or widower benefit since that increase? No ▾

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? No ▾

Early Widow/Widower

Is this person receiving OASDI widow or widower's benefit under section 2021 or 202(f) of the Social Security Act? No ▾

Is the person 60 years old or between the ages of 50 and 60 and are disabled? No ▾

Did the person lose SSI eligibility because they began to receive early widow or widower benefit? No ▾

Would the person be eligible for SSI currently if the amount of widow or widower benefits were disregarded? No ▾

Is this person not currently eligible for Medicare Part A coverage? No ▾

On the **Income Detail Screen**, when **Unemployment** was selected from the **Income Category** drop-down:

- **Unemployment Claim With** field appears with State drop-down menu which defaults to KS (this field is optional but best practice is to capture the data)

Copy Save and Return Cancel

Income Detail

* - Indicates required fields.

Name:*

Kidney Bean

Category:

Unemployment

Type:*

Unemployment

Frequency:*

Every Week

Unemployment Claim with:

Kansas

Description:





A **saved** Income Amount Detail record on an Income Detail page can be copied to create a new one. By clicking the **Copy** button, KEES saves the previous record and displays an exact duplicate of the Income Amount Detail for editing.

- The new income amount detail record is displayed in Edit Mode.
- The original program that the income amount detail is associated to remains on the income detail record is not be editable.
- The individual income amount detail, other than program, can be modified.



On the **Income List** page:

- Click **Edit** next to the record that you wish to copy.

Income List

* - Indicates required fields


▶ Root Questions







Search Results Summary Results 1 - 6 of 6


Display by Program Type:

From:

To:



<input type="checkbox"/>	Name	Program Type	Category	Type	Begin Date	End Date	
<input type="checkbox"/>	Bean, Kidney	Medical	Social Security	SSI	10/01/2014		
<input type="checkbox"/>	Bean, Kidney	Medical	Earnings	Wages	09/01/2007	10/31/2009	
<input type="checkbox"/>	Bean, Kidney	Medical	Unemployment	Unemployment	01/01/2012	06/30/2012	
<input type="checkbox"/>	Bean, Kidney	Medical	Earnings	Wages	12/01/2009	12/15/2011	
<input type="checkbox"/>	Bean, Lima	Medical	Child/Spousal Support	Child Support Current	10/01/2014		
<input type="checkbox"/>	Bean, Kidney	Medical	Earnings	Wages	12/01/2014		





On the **Income Detail** page:

- Click **Copy**. This will allow you to **Edit** the new record while maintaining the information stored on the original record.

Income Detail

* - Indicates required fields.

Name:*

- Lima Bean
- Kidney Bean
- Lima Bean
- Pinto Bean

Type:*

Frequency:*

Person Paying Name:

Description:

Income Amounts*

Display Program:* **From:** **To:**

<input type="checkbox"/>	Program	Amount	Begin Date	End Date	<input type="button" value="Edit"/>
<input type="checkbox"/>	Elderly & Disabled	<u>150.00</u>	10/01/2014		<input type="button" value="Edit"/>

▶ **Protected Medical Groups**

Program Type:

Income Category:



On the **Income Detail** page:

- Once changes have been completed, click **Save and Return**.

Income Detail

* - Indicates required fields.

Name:*
Pinto Bean

Category:
Child/Spousal Support

Type:*
Child Support Current

Frequency:*
Twice a Month

Person Paying Name:

Description:

Income Amounts*

Display Program:*
All

From:

To:

	Program	Amount	Begin Date	End Date
<input type="checkbox"/>	Elderly & Disabled	<u>150.00</u>	10/01/2014	<input type="button" value="Edit"/>

Protected Medical Groups

Program Type:

Income Category:



On the **Income List** page:

- Both income records will be viewable.

Images

Continue

Income List

* - Indicates required fields

▶ Root Questions

Search Results Summary

Results 1 - 6 of 6

Display by
Program Type:

From:

To:

View

<input type="checkbox"/>	Name	Program Type	Category	Type	Begin Date	End Date	
<input type="checkbox"/>	Bean, Kidney	Medical	Social Security	SSI	10/01/2014		<input type="button" value="Edit"/>
<input type="checkbox"/>	Bean, Kidney	Medical	Earnings	Wages	09/01/2007	10/31/2009	<input type="button" value="Edit"/>
<input type="checkbox"/>	Bean, Kidney	Medical	Unemployment	Unemployment	01/01/2012	06/30/2012	<input type="button" value="Edit"/>
<input type="checkbox"/>	Bean, Kidney	Medical	Earnings	Wages	12/01/2009	12/15/2011	<input type="button" value="Edit"/>
<input type="checkbox"/>	Bean, Lima	Medical	Child/Spousal Support	Child Support Current	10/01/2014		<input type="button" value="Edit"/>
<input type="checkbox"/>	Bean, Pinto	Medical	Child/Spousal Support	Child Support Current	10/01/2014		<input type="button" value="Edit"/>

Remove

When a change is reported for an existing income, it will be necessary to **Edit** the record.

[Continue](#)

Income List

* - Indicates required fields

▶ **Root Questions**

Search Results Summary Results 1 - 4 of 4

Display by Program Type:
 From: 📅 To: 📅 [View](#)

<input type="checkbox"/>	Name	Program Type	Category	Type	Begin Date	End Date	
<input type="checkbox"/>	Bean, Kidney	Medical	Social Security	SSI	10/01/2014		Edit
<input type="checkbox"/>	Bean, Kidney	Medical	Earnings	Wages	01/01/2015		Edit
<input type="checkbox"/>	Bean, Pinto	Medical	Child/Spousal Support	Child Support Current	10/01/2014		Edit
<input type="checkbox"/>	Bean, Kidney	Medical	Self-Employment	Self-Employment	10/01/2014		Edit

[Remove](#)

Program Type:*
 Income Category:* [Add](#)

Complete
 [Continue](#)



On the **Income Detail** page under the **Income Amounts** block:

- Click the **Edit** button.

Copy Save and Return Cancel

Income Detail

* - Indicates required fields.

Name:*
Kidney Bean

Category: Self-Employment

Type:* Self-Employment

Frequency:* Once a Month

Name of Business:

Share Of Ownership: 90

Description:

Income Amounts*

Display Program:* All **From:** **To:** View

	Program	Amount	Begin Date	End Date
<input type="checkbox"/>	Elderly & Disabled	<u>1,000.00</u>	10/01/2014	Edit

Remove

Protected Medical Groups

Check Spelling Copy Save and Return Cancel



On the **Income Amount Detail** page:

- Enter the **End Date**.
- Click **Save and Return**.

Income Amount Detail

Save and Return Cancel

Program: Elderly & Disabled

* - Indicates required fields

Program: Elderly & Disabled

Category: Self-Employment

Type: Self-Employment

Average Calculator

Schedule/Ledger	Total Gross Income	Income Addition	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>
Schedule/Ledger	Total Expenses	Expense Exclusion	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

Divisor:

Average Amount: 0.00

Reported Amount:*

Unreported Amount:

Begin Date:*

End Date:

Verified:*

Source:*

Save and Return Cancel



On the **Income Detail** page:

- Click the **Save and Return** button.

Income Detail

* - Indicates required fields.

Name:*

Category: Self-Employment

Type:*

Frequency:*

Name of Business:

Share Of Ownership:

Description:

Income Amounts*

Display Program:* **From:** **To:**

<input type="checkbox"/>	Program	Amount	Begin Date	End Date	
<input type="checkbox"/>	Elderly & Disabled	1,000.00	10/01/2014	02/28/2015	<input type="button" value="Edit"/>

Protected Medical Groups

Medical Eligibility: Data Collection - Financial Information

Lesson 2: Income > Income List Page – End Dating a Record

That record will now show on the **Income List** page with an **End Date**.

Images

Continue

Income List

* - Indicates required fields

Root Questions

Search Results Summary

Results 1 - 4 of 4

Display by
Program Type:

From:

1/26/2015

To:

View

<input type="checkbox"/>	Name	Program Type	Category	Type	Begin Date	End Date	
<input type="checkbox"/>	Bean, Kidney	Medical	Social Security	SSI	10/01/2014		Edit
<input type="checkbox"/>	Bean, Kidney	Medical	Earnings	Wages	01/01/2015		Edit
<input type="checkbox"/>	Bean, Pinto	Medical	Child/Spousal Support	Child Support Current	10/01/2014		Edit
<input type="checkbox"/>	Bean, Kidney	Medical	Self-Employment	Self-Employment	10/01/2014	02/28/2015	Edit

[Remove](#)

Program Type:*

Income Category:*

[Add](#)

Click **Edit** next to the record you wish to update.



On the **Income Detail** page under the **Income Amounts** block:

- Select the **Display Program** from the drop-down menu.
- Click the **Add** button.

Income Detail

* - Indicates required fields.

Name:*
Kidney Bean ▾

Category:
Social Security

Type:*
SSI ▾

Frequency:*
Once a Month ▾

Social Security Claim Number:

Description:

Income Amounts*

Display Program:*
Elderly & Disabled ▾

From:

To:

	Program	Amount	Begin Date	End Date	
<input type="checkbox"/>	Elderly & Disabled	<u>721.00</u>	10/01/2014		<input type="button" value="Edit"/>

▼ Protected Medical Groups



On the **Income Amount Detail** page:

- Enter the **Amount**
 - (by either using the **Reported Amount** field or the **Average Calculator**).
- Enter the **Begin Date**.

Income Amount Detail

Program: Elderly & Disabled

* - Indicates required fields

Program: Elderly & Disabled Category: Social Security Type: SSI

▼ Average Calculator

Date Received	Amount	Count in Average	
<input type="text"/>	<input type="text"/>	Yes <input type="button" value="v"/>	<input type="button" value="Add"/>
Average Amount:			<input type="button" value="Calculate"/>
0.00			<input type="button" value="Use"/>

<p>Reported Amount: * <input type="text" value="733"/></p> <p>Begin Date: * <input type="text" value="01/01/2015"/></p> <p>Verified: * <input type="text" value="Verified"/></p>	<p>Unreported Amount: <input type="text"/></p> <p>End Date: <input type="text"/></p> <p>Source: * <input type="text" value="Document"/></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



On the **Income Amount Detail** page:

- Select a **Verified** value from the drop-down menu.
- Select a **Source** from the drop-down menu.
- Click **Save and Return**.

Income Amount Detail

Program: Elderly & Disabled

* - Indicates required fields

Program: Elderly & Disabled Category: Social Security Type: SSI

▼ Average Calculator

Date Received	Amount	Count in Average	
<input type="text"/>	<input type="text"/>	Yes ▼	<input type="button" value="Add"/>
Average Amount:			<input type="button" value="Calculate"/>
0.00			<input type="button" value="Use"/>

Reported Amount:*

Begin Date:*

Verified:*
Verified ▼

Unreported Amount:

End Date:

Source:*
Document ▼

On the **Effective Dating Confirmation List** page:

- Verify the information and dates are accurate.
- Click the **Save** button.

Effective Dating Confirmation List

This is the record you have added or updated:

Reported Amount	Unreported Amount	Begin Date	End Date
<u>733.00</u>	0.00	01/01/2015	

The system will make corrections to your additions/updates:

The system will adjust the effective dates of this record:

Reported Amount	Unreported Amount	Begin Date	End Date
<u>721</u>	0	10/01/2014	12/31/2014

Click Save to continue or Cancel to undo this action.



On the **Income Detail** page:

- Verify all mandatory fields are complete.
- Click **Save and Return**.

Income Detail

* - Indicates required fields.

Name:*
Kidney Bean

Category:
Social Security

Type:*
SSI

Frequency:*
Once a Month

Social Security Claim Number:

Description:

Income Amounts*

Display Program:*
Elderly & Disabled

From: **To:**

<input type="checkbox"/>	Program	Amount	Begin Date	End Date	
<input type="checkbox"/>	Elderly & Disabled	<u>721.00</u>	10/01/2014	12/31/2014	<input type="button" value="Edit"/>
<input type="checkbox"/>	Elderly & Disabled	<u>733.00</u>	01/01/2015		<input type="button" value="Edit"/>



That record will display on the **Income List** page.

Income List

* - Indicates required fields

▶ **Root Questions**

Search Results Summary Results 1 - 4 of 4

Display by
Program Type:

From:

To:

☐	Name	Program Type	Category	Type	Begin Date	End Date	
☐	Bean, Kidney	Medical	Social Security	SSI	10/01/2014		<input type="button" value="Edit"/>
☐	Bean, Kidney	Medical	Earnings	Wages	01/01/2014		<input type="button" value="Edit"/>
☐	Bean, Pinto	Medical	Child/Spousal Support	Child Support Current	10/01/2014		<input type="button" value="Edit"/>
☐	Bean, Kidney	Medical	Self-Employment	Self-Employment	10/01/2014	02/28/2015	<input type="button" value="Edit"/>

Program Type:*

Income Category:*



Medical Eligibility: Data Collection - Financial Information

Lesson 2: Income > Summary

In this lesson you learned:

- How to add income records
- How to use the Average Calculator
- How to copy income records
- How to end date income records
- How to edit income records



Agenda

Lesson 1: Financial Page Navigation

Lesson 2: Income

Lesson 3: Resources

Lesson 4: Tax

Lesson 5: Expenses

Lesson 6: Medicare Expense

Lesson 7: Medical Subrogation

Lesson 8: Other Health Insurance





The **Resource List** page allows the worker to view the type of resources each consumer owns. The types of resources are captured on the detail pages:

- **Liquid Resources Detail** –includes: checking, savings, stocks, etc...
- **Motor Vehicle Detail** –includes: cars, motorcycles, RVs, etc...
- **Real Property Detail** –includes: houses, land, buildings, etc...





Case Name: Kidney Bean
Case Number: 20000763

User: Christie Jacox
Env: NPD22
6.000.0.1
10/2014 08:27 AM

Journal Tasks Reminders Contact Log Logout Help

Case Info Eligibility Services Child Care Resource Databank Fiscal Special Units Reports Document Control Admin Tools Worker Portal

Workload Inventory Case Summary Customer Information Reporting Distributed Documents Customer Schedule Courtesy Month

Case Number Request ID Go

Person Search

Non Financial Presumptive Eligibility Financial

- Root Questions
- Income
- Resource**
- Special Needs
- Expenses
- Tax
- Medicare Expense
- Medical Subrogation
- Other Health Insurance
- Health Care Ref.
- IEVS Applicant
- Verifications
- EBT Account List
- Run EDBC
- Manual EDBC
- Needs
- Service Arrangements
- EDBC Results

Resource List

* Indicates required fields

Root Questions

Search Results Summary Results 1 - 2 of 2

Display by Program Type: From: To: View

Owner	Program Type	Category	Type	Value	Begin Date	End Date	Action
<input type="checkbox"/> Bean, Kidney	Medical	Liquid	Bank Account/Cash	378.00	12/01/2014		<input type="button" value="Edit"/>
<input type="checkbox"/> Bean, Kidney	Medical	Real Property	Residential Property	15,000.00	12/01/2014		<input type="button" value="Edit"/>

Program Type*: Resource Category*:

Complete

Once **Resource** is selected on the Task Navigation, the **Resource List** page appears. It is from this screen that resource records can be viewed, edited, or added.



The **Resource Category** drop-down includes:

Program Type: *

Resource Category: *

- Liquid
- Motor Vehicle
- Real Property
- Transferred Property/Income

Add

Complete

Continue

Once a **Resource Category** is selected, click the **Add** button. Depending on the type of resource selected, the appropriate **Resource Detail** page appears.

Note: **Transferred Property/Income** is not being utilized at this time.



Medical Eligibility: Data Collection - Financial Information

Lesson 3: Resources > Adding Resources: Liquid Resources Detail Page

To enter financial data for a Liquid Resource:

- Select the **Program Type**, **Medical** from the drop-down menu on the **Resource List** page
- Select a **Resource Category** of **Liquid**
- Click the **Add** button

Program Type: * Medical
 Resource Category: * Liquid
 Add

On the **Liquid Resources Detail** page:

- Select the **Owner(s)** from the drop-down menu
- For liquid resources all owners own 100 percent of the resource.
- If there are multiple owners, select the name from the drop-down menu, enter 100 in the **Percentage** field and click **Add**

Liquid Resources Detail

* - Indicates required fields.

Save and Add Another Save a

Owners		Owner(s) *	Percentage *
Owner(s) *	- Select -	- Select -	100
- Select -	- Select -	Kidney Bean	
Pinto Bean	Pinto Bean		100

Add

Note: It is only necessary to click **Add** if you have more than two owners.



On the **Liquid Resource Detail** page:

- Enter the **Begin Date**
- Select the **Liquid Resource Type** from the drop-down menu
 - (The Liquid Resource Type field is dynamic & different Description options and sections appear based on the type of liquid resource selected.)
- Select the **Description**
- Enter the **Current Value** of the resource

Liquid Resources Detail

* - Indicates required fields.

Owners	
Owner(s) *	Percentage *
Kidney Bean	100
Pinto Bean	100
<input type="button" value="Add"/>	

Begin Date: * 12/01/2014
End Date:

Liquid Resource Type: * Bank Account/Cash

Description:

Current Value: * 627.59
 Encumbrance:



The **Liquid Resource Type** drop-down includes:

Begin Date:*
12/01/2014

Liquid Resource Type:*
- Select -
- Select -
Annuity-not receiving income
Bank Account/Cash
Burial Funds
Contract For Care
Contract Sales/Loans/Notes
Essential to Employment
Home Sale Proceeds
Household Goods
IRA/Keough
Investments
Life Insurance
Other
Pension Plans/Funds
Tools In Use
Trust

Description:
- Select -

Once a **Liquid Resource Type** is selected, the **Description** field will allow you to make a selection

On the **Liquid Resource Detail** page:

- Enter all known **Financial Institution Details**

Financial Institution Details		
Financial Institution Name: <input type="text" value="Bank of America"/>	Account Number: <input type="text" value="****7891"/>	
Address:		
Address 01 <input type="text"/>	Address 02/Route/PO Box: <input type="text"/>	
City: <input type="text"/>	State: <input type="text" value=""/>	Zip Code: <input type="text" value=""/> - <input type="text" value=""/>
Face Value: <input type="text"/>		



Once all resource information is entered:

- Select a **Verified** Value from the drop-down list.
- Select **Save and Return**.
 - If there are additional liquid resources, click **Save and Add Another**.

Liquid Resources Detail

* - Indicates required fields.

Owners	
Owner(s)*	Percentage*
Kidney Bean	100
Pinto Bean	100

Begin Date: *	12/01/2014	End Date:	
Liquid Resource Type: *	Bank Account/Cash	Description:	Checking Account
Current Value: *	627.59	Encumbrance:	

Income Exempt as a Resource	Amount

Total Value:
0.00

Financial Institution Name: Bank of America		Account Number: ****7891
Address:		
Address 01	Address 02/Route/PO Box:	
City:	State:	Zip Code:
Face Value:		

Verified:
Verified

Medical Eligibility: Data Collection - Financial Information

Lesson 3: Resources > Adding Resources: Motor Vehicle Detail Page

To enter financial data for a Motor Vehicle:

- Select the **Program Type**, **Medical** from the drop-down menu on the **Resource List** page.
- Select a **Resource Category** of **Motor Vehicle**.
- Click the **Add** button.

Program Type: * Medical ▼
Resource Category: * Motor Vehicle ▼ **Add**

On the **Motor Vehicle Detail** page:

- Select the **Owner(s)** from the drop-down menu.
- For Motor Vehicles all owners own 100 percent of the resource.
- If there are multiple owners, select the name from the drop-down menu, enter 100 in the **Percentage** field and click **Add**.

Motor Vehicle Detail

* - Indicates required fields.

Save and Add Another Save

Owner(s) *	Owner(s) *	Percentage *
- Select - ▼	- Select - ▼	100
Pinto Bean ▼	Kidney Bean	100
	Pinto Bean	100

Add

Note: It is only necessary to click **Add** if you have more than two owners.



On the **Motor Vehicle Detail** page:

- Enter the **Year**, **Make** (if known), **Model** (if known).
- Select the **Motor Vehicle Type** from the drop-down menu.
- Enter the **Begin Date**.

Motor Vehicle Detail

*** - Indicates required fields**

Owners	
Owner(s) *	Percentage *
Kidney Bean ▾	100
Pinto Bean ▾	100
▾	▾

Year: *
2006

Model:
Focus

Begin Date: *
12/01/2014

Make:
Ford

Motor Vehicle Type: *
Car

End Date:

Motor Vehicle Type: *

- Select - ▾

- Select -

Car

Motorcycle

Other Motor Vehicle

Recreational Vehicle

Truck



On the **Motor Vehicle Detail** page:

- Select the **Fair Market Value Source** from the drop-down menu.
- Enter **Fair Market Value** amount.
- Select **Yes** or **No** from the **Registered in Kansas** drop-down menu.

Motor Vehicle Detail

* - Indicates required fields

Owners	
Owner(s) *	Percentage *
Kidney Bean	100
Pinto Bean	100
<input type="text"/>	<input type="text"/>

Year: *

Model:

Begin Date: *

Fair Market Value Source:

Registered In Kansas: *

~~**Encumbrance:**~~

Make:

Motor Vehicle Type: *

End Date:

Fair Market Value: *

Fair Market Value Source:

- Other
- Blue Book
- County Appraisal
- Dealer Estimates
- Other
- Private Appraisal



On the **Motor Vehicle Detail** page:

- Select the **Status/Usage Code** from the drop-down menu
- Select a **Verified** Value from the drop-down list.
- Select **Save and Return**.
 - If there are additional motor vehicles, click **Save and Add Another**.

Motor Vehicle Detail

* - Indicates required fields

Owner(s)*	Percentage*
Kidney Bean	100
Pinto Bean	100

[Add](#)

Year:*
2006

Model:
Focus

Begin Date:*
12/01/2014

Fair Market Value Source:
Other

Registered In Kansas:*
Yes

Encumbrance:
[Empty]

Status/Usage Code:*
Primary Vehicle

Count as Most Valuable Vehicle (Medicaid only)

Verified:
Verified

Make:
Ford

Motor Vehicle Type:*
Car

End Date:
[Empty]

Fair Market Value:*
100

Status/Usage Code:
 Select -
 Select -
 Bona Fide Effort
 Equipped for Handicap Use
 Family Home
 Legal Impediment
 Medical Treatment
 Primary Vehicle
 Secondary Vehicle
 Used over 50% for Employment

[Save and Add Another](#)
[Save and Return](#)
[Cancel](#)



Medical Eligibility: Data Collection - Financial Information

Lesson 3: Resources > Adding Resources: Motor Vehicle Detail Page

Motor Vehicle Detail

Save and Add Another Save and Return Cancel

* - Indicates required fields

Owners	
Owner(s)*	Percentage*
Kidney Bean	100
Pinto Bean	100

Year:* 2006

Model: Focus

Begin Date:* 12/01/2014

Fair Market Value Source: Other

Registered In Kansas:* Yes

Encumbrance:

Status/Usage Code:* Primary Vehicle

Count as Most Valuable Vehicle (Medicaid only)

Verified: Verified

Make: Ford

Motor Vehicle Type:* Car

End Date:

Fair Market Value:* 100

Count as Most Valuable Vehicle (Medicaid only)

Save and Add Another Save and Return Cancel

The checkbox for **Count as Most Valuable Vehicle** is used if the consumer has more than one vehicle being added as a resource. By checking this box, the rules will count that vehicle as the exempt vehicle for the consumer.



Medical Eligibility: Data Collection - Financial Information

Lesson 3: Resources > Adding Resources: Real Property Detail Page

To enter financial data for Real Property:

- Select the **Program Type**, **Medical** from the drop-down menu on the **Resource List** page
- Select a **Resource Category** of **Real Property**
- Click the **Add** button

Program Type: * Medical ▾
 Resource Category: * Real Property ▾ **Add**

On the **Real Property Detail** page:

- Select the **Owner(s)** from the drop-down menu
- For Real Property an owner can own a portion of the property.
- If there are multiple owners, select the name from the drop-down menu, enter the appropriate amount in the **Percentage** field and click **Add**

Save and Add Another Save and Return Cancel

Real Property Detail

* - Indicates required fields.

Owners		Owner(s) *	Percentage *
Kidney Bean ▾	Retrieve Information	Kidney Bean ▾	50
Pinto Bean ▾		- Select - Kidney Bean Pinto Bean	50

Add

Note: It is only necessary to click **Add** if you have more than two owners.



On the **Real Property Detail** page:

- Enter the **Begin Date**
- Select the **Real Property Type** from the drop-down menu.
 - The Real Property Type field is dynamic & different Description options & sections appear based on the type of Real Property selected.
- Select the **Description**.

Real Property Detail

* - Indicates required fields.

Owners	
Owner(s)*	Percentage*
Kidney Bean <input type="button" value="Retrieve Information"/>	50
Pinto Bean	50
<input type="text"/>	<input type="text"/>
<input type="button" value="Add"/>	

Begin Date:* 12/01/2014 <input type="button" value="Calendar"/>	End Date: <input type="text"/> <input type="button" value="Calendar"/>
Real Property Type:* Residential Property <input type="text"/>	Description:* Intent to Return <input type="text"/>

Note: A red arrow points from the Real Property Type dropdown to the Description dropdown.



The **Real Property Type** drop-down includes:

The screenshot shows a form with the following fields:

- Begin Date: *** (Required): Text input field containing "12/01/2014" and a calendar icon.
- End Date:** Text input field and a calendar icon.
- Real Property Type: *** (Required): A dropdown menu with a list of options: "- Select -", "- Select -", "Buildings", "Land", "Life Estate", and "Residential Property".
- Description: *** (Required): A dropdown menu with the option "- Select -".
- Value:** Text input field.

Once a **Real Property Type** is selected, the **Description** field will allow you to make a selection.



On the **Real Property Detail** page:

- Enter the property's current value in the **Value** field.
- Select **Yes** or **No** from the **Listed for Sale** drop-down menu.
- Select the address using the radio button, or add the address using the **Add Address** button.

Real Property Detail

* - Indicates required fields.

Owners	
Owner(s)*	Percentage*
Kidney Bean <input type="button" value="Retrieve Information"/>	50
Pinto Bean	50
<input type="button" value="Add"/>	

Begin Date:*
12/01/2014

Real Property Type:*
Residential Property

~~Encumbrance:~~

Listed For Sale:
No

End Date:

Description:*
Intent to Return

Value:
75000

Property Address

534 S KANSAS AVE
TOPEKA, KS 66603-3451

Once all property information is entered:

- Select a **Verified** value from the drop-down list.
- Select **Save and Return**.
 - If there are additional properties, click **Save and Add Another**.

[Save and Add Another](#) [Save and Return](#) [Cancel](#)

Real Property Detail

* - Indicates required fields.

Owners	
Owner(s)*	Percentage*
Kidney Bean <input type="button" value="Retrieve Information"/>	50
Pinto Bean	50
<input type="text"/>	<input type="text"/>

[Add](#)

Begin Date:* 12/01/2014 **End Date:**

Real Property Type:* Residential Property **Description:*** Intent to Return

Encumbrance: **Value:** 75000

Listed For Sale: No

Property Address

534 S KANSAS AVE
TOPEKA, KS 66603-3451

[Add Address](#)

Verified: Verified

[Save and Add Another](#) [Save and Return](#) [Cancel](#)

When a change is reported for an existing resource, it will be necessary to **Edit** the record.

Resource List

* - Indicates required fields

▶ Root Questions

Search Results Summary Results 1 - 2 of 2

Display by Program Type:

From:

To:

☐	Owner	Program Type	Category	Type	Value	Begin Date	End Date	Action
▼		▼	▼	▼	▼	▼	▼	
☐	Bean, Kidney	Medical	Motor Vehicle	Car	100.00	12/01/2014		
☐	Bean, Kidney		Liquid	Bank Account/Cash	627.59	12/01/2014		

Program Type:*

Resource Category:*



On the **Resource Detail** page:

- Enter the **End Date**.
- Click **Save and Return**.

Liquid Resources Detail



* - Indicates required fields.

Owners	
Owner(s)*	Percentage*
Kidney Bean	100.0
<input type="text"/>	<input type="text"/>
<input type="button" value="Add"/>	

Begin Date:* 12/01/2014	End Date:* 12/31/2014
Liquid Resource Type:* Bank Account/Cash	Description:* Checking Account
Current Value:* 378.00	Encumbrance: <input type="text"/>



This record will still display on the **Resource List** page. A new record, with the updated information may now be **Added**.

Resource List

* - Indicates required fields

▶ Root Questions

Search Results Summary Results 1 - 3 of 3

Display by Program Type:
 From:
 To:

Owner	Program Type	Category	Type	Value	Begin Date	End Date	Action
<input type="checkbox"/> Bean, Kidney	Medical	Motor Vehicle	Car	100.00	12/01/2014		<input type="button" value="Edit"/>
<input type="checkbox"/> Bean, Kidney	Medical	Liquid	Bank Account/Cash	378.00	12/01/2014	12/31/2014	<input type="button" value="Edit"/>
<input type="checkbox"/> Bean, Kidney	Medical	Real Property	Residential Property		10/01/2009	10/30/2012	<input type="button" value="Edit"/>

Program Type:*
 Resource Category:*



In this lesson you learned:

- What resources are captured on the **Resource** page
- How to add a liquid resource
- How to add a motor vehicle
- How to add real property
- When to edit resource records
- How to end date resource records





Agenda

Lesson 1: Financial Page Navigation

Lesson 2: Income

Lesson 3: Resources

Lesson 4: Expenses

Lesson 5: Tax

Lesson 6: Medicare Expense

Lesson 7: Medical Subrogation

Lesson 8: Other Health Insurance





The Expense List page is where medical expenses are captured.

Medical expenses are used to reduce consumer costs for spenddowns and long term care liabilities.

Expense information is shared data. There is no field to select Medical or Non-Medical program. Since this information is stored at the consumer level, when expenses are updated the information will apply to all programs on all cases where the consumer is a member.





Case Name: Kidney Bean
Case Number: 20000763

Journal Tasks Reminders Contact Log Logout Help
User: Christie Jacox
Env: NPD22
6.000.0.1
/10/2014 03:25 PM

Case Info Eligibility Services Child Care Resource Databank Fiscal Special Units Reports Document Control Admin Tools Worker Portal

Workload Inventory Case Summary Customer Information Reporting Distributed Documents Customer Schedule Courtesy Month

Case Number Request ID Go

Person Search

- Non Financial
- Presumptive Eligibility
- Financial
 - Root Questions
 - Income
 - Resource
 - Special Needs
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 - Tax
 - Medicare Expense
 - Medical Subrogation
 - Other Health Insurance
 - Health Care Ref.
 - IEVS Applicant
 - Verifications
 - EBT Account List
 - Run EDBC
 - Manual EDBC
 - Needs
 - Service Arrangements
 - EDBC Results

Expense List

* - Indicates required fields

Root Questions

Search Results Summary Results 1 - 2 of 2

Display From: To: View

Category	Type	Amount	Begin Date	End Date	Action
Shelter	Mortgage	750.00	12/01/2014		Edit
Health Insurance Premiums	Medicare Supplement Policy	64.85	12/01/2014		Edit

Remove Expense Category: Add Complete Continue

Once **Expenses** is selected on the Task Navigation, the **Expense List** page appears. It is from this screen that expense records can be viewed, edited, or added.



The **Expense Category** drop-down includes:

Expense Category: Add

- Actual Utilities
- Blind Work Expense
- Child Support - Court Ordered
- Cost of Home - Temp Absence
- Dependent Care
- Health Insurance Premiums
- Home Repairs - Natural Disasters - Fires/Floods
- Impairment Related Work Expense
- Medical Expenses
- Shelter
- Utility Allowance

Complete
Continue

This page is shared between Medical & Non-Medical programs. The **Expense Categories** that are used for Medical programs have been highlighted.



On the **Expense Detail** page:

- Select the **Expense Type** from the drop-down menu.
 - The Type field is dynamic and options available will depend on the **Category** selected.
- **Frequency** will default to **Monthly**.
- Click **Add** in the **Contributors** block.

Save and Add Another Save and Return Cancel

Expense Detail

* - Indicates required fields

Expense Category:*
Medical Expenses

Expense Type:*
- Select -

Frequency:*
Monthly

Description:

Expense Type:*
 - Select -
 - Select -
 Allocation of Income
 Durable Medical Equipment/Supplies
 Medical Transportation
 Non-Participating HH member
 Non-covered medical expense
 Override Allocation of Income
 Past Due Owing
 Prescriptions
 Private Pay LTC Expense

Contributors*

Persons	Begin Date	End Date
No Data Found		

Add



On the **Expense Contributors Detail** page:

- Select the name of the **Person**.
 - This field is multi-select; however, for medical expenses only select one person.
- Enter the **Begin Date**.
- Click **Save and Return**.

Expense Contributors Detail Save and Return Cancel

* - Indicates required fields

Person(s):*
- Select -
Kidney Bean
Pinto Bean

Begin Date:* 10/1/2014

End Date:

Save and Return Cancel



On the **Expense Detail** page:

- Click **Add** in the **Amount** block.

Expense Detail

* - Indicates required fields

Expense Category:*
Medical Expenses

Description:

Expense Type:*
Prescriptions

Frequency:*
Monthly

Contributors*

Persons	Begin Date	End Date	
Kidney Bean	10/01/2014		<input type="button" value="Edit"/>

Amounts

Amount	Amount Paid by Others	Begin Date	End Date
No Data Found			



On the **Expense Amount Detail** page:

- Enter the **Amount**.
- Enter the **Begin Date**.
- Select a **Verified** value from the drop-down list.
- Click **Save and Return**.

Expense Amount Detail

Save and Return

Cancel

* - Indicates required fields

Amount:*

105.00

~~Amount Paid by Others:~~

Begin Date:*

10/01/2014

~~End Date:~~

Verified:*

Verified

Save and Return

Cancel



Review the information on the **Expense Detail** page:

- Select **Save and Return**.
 - If there are additional expenses, click **Save and Add Another**.

Save and Add Another Save and Return Cancel

Expense Detail

* - Indicates required fields

Expense Category:*
Medical Expenses

Description:

Expense Type:*
Prescriptions

Frequency:*
Monthly

Contributors*

Persons	Begin Date	End Date
Kidney Bean	10/01/2014	

Edit

Amounts

	Amount	Amount Paid by Others	Begin Date	End Date
<input type="checkbox"/>	105.00	0.00	10/01/2014	

Edit

Remove

Save and Add Another Save and Return Cancel



When a change is reported for an existing expense, it will be necessary to **Edit** the record.

Continue

Expense List

* - Indicates required fields

▶ Root Questions

Search Results Summary

Results 1 - 2 of 2

Display
From:

To:

View

<input type="checkbox"/>	Category	Type	Amount	Begin Date	End Date	Action
<input type="checkbox"/>	Health Insurance Premiums	Medicare Supplement Policy	64.85	12/01/2014		Edit
<input type="checkbox"/>	Utility Allowance	Utility Allowance		01/01/2014		Edit

Remove

Expense Category:

Add

Complete

Continue



On the **Expense Detail** page under the **Amounts** block:

- Click the **Edit** button.

Expense Detail

Save and Return Cancel

* - Indicates required fields

Expense Category:*

Health Insurance Premiums

Description:

Expense Type:*

Medicare Supplement Policy

Frequency:*

Monthly

Display

From:

To:

View

Contributors*

Persons	Begin Date	End Date
Kidney Bean	12/01/2014	

Edit Add

Amounts

<input type="checkbox"/>	Amount	Amount Paid by Others	Begin Date	End Date
<input type="checkbox"/>	64.85	0.00	12/01/2014	

Remove Edit Add

Save and Return Cancel



On the **Expense Amount Detail** page:

- Enter the **End Date**.
- Click **Save and Return**.

Expense Amount Detail

* - Indicates required fields

Amount:* <input type="text" value="64.85"/>	Amount Paid by Others: <input type="text" value="0.00"/>
Begin Date:* <input type="text" value="12/01/2014"/>	End Date: <input type="text" value="2/28/2015"/>
Verified:* <input type="text" value="Verified"/>	



On the **Expense Detail** page under the **Contributors** block:

- Click the **Edit** button.

Expense Detail

* - Indicates required fields

Expense Category:*
Health Insurance Premiums

Description:

Expense Type:*
Medicare Supplement Policy

Frequency:*
Monthly

Display From:

To:

View

Contributors*

Persons	Begin Date	End Date	
Kidney Bean	12/01/2014		Edit
			Add

Amounts

<input type="checkbox"/>	Amount	Amount Paid by Others	Begin Date	End Date	
<input type="checkbox"/>	64.85	0.00	12/01/2014	02/28/2015	Edit
					Add
Remove					

Save and Return **Cancel**



On the **Expense Contributors Detail** page:

- Enter the **End Date**.
- Click **Save and Return**.

Expense Contributors Detail

Save and Return Cancel

* - Indicates required fields


Person(s):*

Kidney Bean

Begin Date:*

12/01/2014 

End Date:

02/28/2015 

Save and Return Cancel



On the **Expense Detail** page:

- Click the **Save and Return** button.

Expense Detail

* - Indicates required fields

Expense Category:*
Health Insurance Premiums

Description:

Expense Type:*
Medicare Supplement Policy

Frequency:*
Monthly

Display From: **To:** [View](#)

Contributors*

Persons	Begin Date	End Date	
Kidney Bean	12/01/2014	02/28/2015	Edit Add

Amounts

<input type="checkbox"/>	Amount	Amount Paid by Others	Begin Date	End Date	
<input type="checkbox"/>	64.85	0.00	12/01/2014	02/28/2015	Edit Add

[Remove](#)

[Save and Return](#) [Cancel](#)



That record will now show on the **Expense List** page with an **End Date**.

Expense List

* - Indicates required fields

▶ **Root Questions**

Search Results Summary Results 1 - 3 of 3

Display From:

To:

	Category	Type	Amount	Begin Date	End Date	Action
<input type="checkbox"/>	Health Insurance Premiums	Medicare Supplement Policy	64.85	12/01/2014	02/28/2015	<input type="button" value="Edit"/>
<input type="checkbox"/>	Shelter	Rent	650.00	10/01/2014		<input type="button" value="Edit"/>
<input type="checkbox"/>	Utility Allowance	Utility Allowance		01/01/2014		<input type="button" value="Edit"/>

Expense Category:

Complete

Click **Edit** next to the record you wish to update.



On the **Expense Detail** page under the **Amounts** block:

- Click the **Add** button.

Expense Detail

* - Indicates required fields

Expense Category:*

Shelter

Description:

Expense Type:*

Rent

Subsidized Housing:*

- Select -

Frequency:*

Monthly

Display From:

To:

View

Contributors*

Persons	Begin Date	End Date	
Kidney Bean	10/01/2014		<input type="button" value="Edit"/> <input type="button" value="Add"/>

Amounts

<input type="checkbox"/>	Amount	Amount Paid by Others	Begin Date	End Date	
<input type="checkbox"/>	650.00	0.00	10/01/2014		<input type="button" value="Edit"/> <input type="button" value="Add"/>
<input type="button" value="Remove"/>					

Save and Return

Cancel



On the **Expense Amount Detail** page:

- Enter the **Amount**.
- Enter the **Begin Date**.
- Select a **Verified** value from the drop-down menu.
- Click **Save and Return**.

Expense Amount Detail Save and Return Cancel

* - Indicates required fields

Amount:* 700.00	Amount Paid by Others: <input type="text"/>
Begin Date:* 02/01/2015	End Date: <input type="text"/>
Verified:* Verified	

Save and Return Cancel

On the **Effective Dating Confirmation List** page:

- Verify the information and dates are accurate.
- Click the **Save** button.

Effective Dating Confirmation List

This is the record you have added or updated:

Amount	Begin Date	End Date
700.00	02/01/2015	

The system will make corrections to your additions/updates:

The system will adjust the effective dates of this record:

Amount	Begin Date	End Date
650.00	10/01/2014	01/31/2015

Click **Save** to continue or **Cancel** to undo this action.





On the **Expense Detail** page:

- Verify all mandatory fields are complete.
- Click **Save and Return**.

Save and Return Cancel

Expense Detail

* - Indicates required fields

Expense Category:* Shelter	Description: <input type="text"/>
Expense Type:* Rent	Subsidized Housing:* No Subsidy
Frequency:* Monthly	

Display From: **To:** View

Contributors*		
Persons	Begin Date	End Date
Kidney Bean	10/01/2014	

Amounts				
<input type="checkbox"/>	Amount	Amount Paid by Others	Begin Date	End Date
<input type="checkbox"/>	700.00	0.00	02/01/2015	
<input type="checkbox"/>	650.00	0.00	10/01/2014	01/31/2015

Remove Save and Return Cancel

Images
Continue

Expense List

* - Indicates required fields

▶ Root Questions
Search Results Summary Results 1 - 4 of 4

Display From: To: View

<input type="checkbox"/>	Category	Type	Amount	Begin Date	End Date	Action
<input type="checkbox"/>	Health Insurance Premiums	Medicare Supplement Policy	64.85	12/01/2014	02/28/2015	Edit
<input type="checkbox"/>	Shelter	Rent	700.00	10/01/2014		Edit
<input type="checkbox"/>	Shelter	Rent	650.00	10/01/2014		Edit
<input type="checkbox"/>	Utility Allowance	Utility Allowance		01/01/2014		Edit

Remove Expense Category: Add
 Complete Continue

Medical Eligibility: Data Collection - Financial Information

Lesson 4: Expenses > Summary

In this lesson you learned:

- What expenses are captured on the **Expenses** page
- How to add an expense record
- How to end date an expense record
- How to effective date an expense record





Agenda

Lesson 1: Financial Page Navigation

Lesson 2: Income

Lesson 3: Resources

Lesson 4: Expenses

Lesson 5: Tax

Lesson 6: Medicare Expense

Lesson 7: Medical Subrogation

Lesson 8: Other Health Insurance





The **Tax** page is where KEES captures a consumer's tax information to be used in eligibility determinations and benefit calculations.



Case Name: Kidney Bean
Case Number: 20000763

Journal Tasks Reminders Contact Log Logout Help
User : Christie Jacox
Env : NPD22
6.000.0.1
/29/2014 02:20 PM

Case Info Eligibility Services Child Care Resource Databank Fiscal Special Units Reports Document Control Admin Tools Worker Portal

Workload Inventory Case Summary Customer Information Reporting Distributed Documents Customer Schedule Courtesy Month

Case Number Request ID
Go

Person Search

Non Financial Presumptive Eligibility Financial
 • Root Questions
 • Income
 • Resource
 • Special Needs
 • Expenses
 • Tax
 • Medicare Expense
 • Medical Subrogation
 • Other Health Insurance
 • Health Care Ref.
 • IEVS Applicant
 • Verifications

Tax List

Root Questions

Search Results Summary Results 1 - 1 of 1

Display by Name: All Display by Year: All

Name	Begin Date	End Date	Dependents	Filing Status
<input type="checkbox"/> Bean, Kidney	10/01/2012		Y	Head of Household

Remove Edit Add Complete Continue

Once **Tax** is selected on the Task Navigation, the **Tax List** page appears. It is from this screen that Tax records can be viewed, edited, or added.



On the **Tax Detail** page:

- Select the **Name** from the drop-down menu.
- Select the **Filing Status** from the drop-down menu.
- Select a **Verified** value from the drop-down menu.

Tax Detail

Save and Return

Save and Add Another

Cancel

* - Indicates required fields.

General Tax Information	
Name:*	Verified:*
Kidney Bean	Verified
Filing Status:*	
- Select -	
- Select -	
Head of Household	
Married - filing jointly	
Married - filing separately	
Not Filing	
Qualifying Widow/Widower with dependent child filing status	
Single	
	Dependent Name
	Add



On the **Tax Detail** page:

- Select the **Dependent Name** from the drop-down menu.
- Click **Add**.
 - Repeat these steps as many times as needed, until all the dependents associated with the case have been added to the tax record.

Save and Return

Save and Add Another

Cancel

Tax Detail

* - Indicates required fields.

General Tax Information	
Name: *	Kidney Bean
Verified: *	Verified
Filing Status: *	Head of Household

Dependents	
	Dependent Name
<input type="checkbox"/>	Lima Bean
	Pinto Bean
	Add

Remove



Lesson 5: Tax > Tax Detail

On the **Tax Detail** page:

- Select Yes or No from the **Claiming Other Dependents Not On Application** drop-down menu.
 - If **Yes**, select the **Number of Other Dependents Not On Application**.
 - If **No**, no other information is needed.
- Enter the **Begin Date**.
- Select **Save and Return**.
 - If there are additional tax records, click **Save and Add Another**.

Tax Detail

* - Indicates required fields.

General Tax Information

Name:* **Verified:***

Filing Status:*

Dependents

Dependent Name	
<input type="checkbox"/>	Pinto Bean
<input type="checkbox"/>	Lima Bean
	<input type="text"/>
<input type="button" value="Remove"/>	<input type="button" value="Add"/>

Claiming Other Dependents Not On Application:

Number of Other Dependents Not On Application:

Begin Date:*

End Date:

Lesson 6: Medicare Expenses > Summary

In this lesson you learned:

- How to add a Tax record





Agenda

Lesson 1: Financial Page Navigation

Lesson 2: Income

Lesson 3: Resources

Lesson 4: Expenses

Lesson 5: Tax

Lesson 6: Medicare Expense

Lesson 7: Medical Subrogation

Lesson 8: Other Health Insurance





The **Medicare Expense** page is where KEES captures a consumer's Medicare *expense* information to be used in eligibility determinations and benefit calculations.

NOTE: Medicare *eligibility* information is captured on the **Medicare Information** page. The **Medicare Information** page is populated by an Interface with SSA, and is not editable.



Case Name: [REDACTED]
Case Number: [REDACTED]

Journal Tasks Reminders Contact Log Logout Help
User : Christie Jacox
Env : NPD22
Ver : 2.6.000.0.1
Time : 12/18/2014 08:05 AM

Case Info Eligibility Services Child Care Resource Databank Fiscal Special Units Reports Document Control Admin Tools Worker Portal

Workload Inventory Case Summary Customer Information Reporting Distributed Documents Customer Schedule Courtesy Month

Case Number Request ID [Go]

Person Search

- Non Financial
- Presumptive Eligibility
- Financial
 - Root Questions
 - Income
 - Resource
 - Special Needs
 - Expenses
 - Tax
 - Medicare Expense
 - Medical Subrogation
 - Other Health Insurance
 - Health Care Ref.
 - IEVS Applicant
 - Verifications
 - EBT Account List
 - Run EDBC
 - Manual EDBC

Medicare Expense List

Root Questions

Search Results Summary Results 1 - 1 of 1

Display From: [] To: []

Name	Method of Payment	Begin Date	End Date
[REDACTED]	Part D: Self:\$25.00	01/01/2015	

Remove Edit Add Complete Continue

Once **Medicare Expense** is selected on the Task Navigation, the **Medicare Expense List** page appears. It is from this screen that Medicare expense records can be viewed, edited, or added.

On the **Medicare Expense Detail** page (after clicking **Edit**):

- Click the **Medicare Information** button.

Save and Return Cancel

Medicare Expense Detail

* - Indicates required fields.

Name: *	<input type="text"/>	Medicare Claim Number: *	<input type="text"/>
Part A Payment Method:	<input type="text"/>	Part A Payment Amount:	<input type="text"/>
Part A Start Date:	<input type="text" value="11/01/1993"/>	Part A End Date:	<input type="text" value="10/31/2000"/>
Part B Payment Method:	<input type="text"/>	Part B Payment Amount:	<input type="text"/>
Part B Start Date:	<input type="text" value="04/01/2002"/>	Part B End Date:	<input type="text"/>
Part D Payment Method:	<input type="text" value="Self"/>	Part D Payment Amount: *	<input type="text" value="25.00"/>
Part D Start Date:	<input type="text" value="01/01/2006"/>	Part D End Date:	<input type="text"/>
Begin Date: *	<input type="text" value="12/01/2014"/>	End Date:	<input type="text"/>
Verified: *	<input type="text" value="Verified"/>	Medicare Information	

Save and Return Cancel



Medical Eligibility: Data Collection - Financial Information

Lesson 6: Medicare Expenses > Medicare Information

The **Medicare Information** page data is populated from interface details. This page is view only. Any information edited, removed, or added on the **Medicare Expense Detail** page will not impact this page.

Medicare Information

Medicare Name	SSN	DOB	Medicare Claim Number	
Medicare Information Part A header				
Part A Entitlement Date	Part A Entitlement End Date			
4/1/2002	12/31/2299			
Part A Entitlement Status	Part A 3rd Party Premium Payer	Payer Start Date:		Payer End Date:
Medicare Information Part B header				
Part B Entitlement Date	Part B Entitlement End Date			
4/1/2002	12/31/2299			
Part B Entitlement Status	Part B 3rd Party Premium Payer	Payer Start Date:		Payer End Date:
Medicare Information Part D header				
Part D Start Date:	Part D End Date:	Part D Opt-Out Indicator:	Retiree Drug Subsidy Start Date:	RDS Term. Date:
1/1/2006	12/31/2299			
Other Medicare Information Header				
End Stage Renal Disease Start Date		End Stage Renal Disease End Date		
Verified				

[Return](#)



On the **Medicare Expense Detail** page (when editing a record):

- The **Start Date** is typically one of the fields populated from the interface.
- The **Begin Date** will occasionally be populated with the Medicare A start date. This can and should be changed to the first day of the application month when allowing a Medicare Expense.

Medicare Expense Detail

Save and Return Cancel

* - Indicates required fields.

Name:* <input type="text"/>	Medicare Claim Number:* <input type="text"/>
Part A Payment Method: <input type="text"/>	Part A Payment Amount: <input type="text"/>
Part A Start Date: 11/01/1993	Part A End Date: 10/31/2000
Part B Payment Method: <input type="text"/>	Part B Payment Amount: <input type="text"/>
Part B Start Date: 04/01/2002	Part B End Date: <input type="text"/>
Part D Payment Method: Self	Part D Payment Amount:* 25.00
Part D Start Date: 01/01/2006	Part D End Date: <input type="text"/>
Begin Date:* 12/01/2014	End Date: <input type="text"/>
Verified:* Verified	Medicare Information

Save and Return Cancel



Medical Eligibility: Data Collection - Financial Information

Lesson 6: Medicare Expenses > Medicare Expense Detail - Add

On the **Medicare Expense Detail** page (when adding a record):

- Select the **Name** from the drop-down menu.
- Enter the **Medicare Claim Number** and all known **Part A**, **Part B**, and **Part D** information.

Medicare Expense Detail

***** - Indicates required fields.

<p>Name:*</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> ▼ </div> <p>Part A Payment Method:</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> ▼ </div> <p>Part A Start Date:</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> ⓘ </div> <p>Part B Payment Method:</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> ▼ </div> <p>Part B Start Date:</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> ⓘ </div> <p>Part D Payment Method:</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> Self ▼ </div> <p>Part D Start Date:</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> ⓘ </div> <p>Begin Date:*</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> ⓘ </div>	<p>Medicare Claim Number:*</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> </div> <p>Part A Payment Amount:</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> </div> <p>Part A End Date:</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> ⓘ </div> <p>Part B Payment Amount:</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> </div> <p>Part B End Date:</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> ⓘ </div> <p>Part D Payment Amount:*</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> 10.00 </div> <p>Part D End Date:</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> ⓘ </div> <p>End Date:</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;"> ⓘ </div>
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Medical Eligibility: Data Collection - Financial Information

Lesson 6: Medicare Expenses > Medicare Expense Detail - Add

On the **Medicare Expense Detail** page (when adding a record):

- Enter the **Begin Date**
- Select a **Verified** value from the drop-down menu.
- Select **Save and Return**.
 - If there are additional Medicare expenses for another consumer, click **Save and Add Another**

Medicare Expense Detail

* - Indicates required fields.

<p>Name:*</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value="XXXXXXXXXX"/> <input type="button" value="Retrieve Information"/> </div> <p>Part A Payment Method:</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value=""/> </div> <p>Part A Start Date:</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value=""/> </div> <p>Part B Payment Method:</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value=""/> </div> <p>Part B Start Date:</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value=""/> </div> <p>Part D Payment Method:</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value="Self"/> </div> <p>Part D Start Date:</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value=""/> </div> <p>Begin Date:*</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value="02/01/2015"/> </div> <p>Verified:*</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value="Verified"/> </div>	<p>Medicare Claim Number:*</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value="XXXXXXXXXX"/> </div> <p>Part A Payment Amount:</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value=""/> </div> <p>Part A End Date:</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value=""/> </div> <p>Part B Payment Amount:</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value=""/> </div> <p>Part B End Date:</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value=""/> </div> <p>Part D Payment Amount:*</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value="10.00"/> </div> <p>Part D End Date:</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value=""/> </div> <p>End Date:</p> <div style="border: 1px solid #ccc; padding: 2px;"> <input type="text" value=""/> </div>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Medical Eligibility: Data Collection - Financial Information

Lesson 6: Medicare Expenses > Medicare Expense Detail-Editing

On the **Medicare Expense Detail** page (when editing a record):

- When their Medicare Savings Plan begins or when buy-in starts and there will no longer be a Medicare expense, simply enter the last day of the month the consumer is responsible for the expense in the **End Date**.
- After updating the begin/end date, click **Save & Return**.

Medicare Expense Detail

* - Indicates required fields.

<p>Name:* <input type="text"/></p> <p>Part A Payment Method: <input type="text"/></p> <p>Part A Start Date: <input type="text" value="11/01/1993"/></p> <p>Part B Payment Method: <input type="text" value="Self"/></p> <p>Part B Start Date: <input type="text" value="12/01/2014"/></p> <p>Part D Payment Method: <input type="text" value="Self"/></p> <p>Part D Start Date: <input type="text" value="12/01/2014"/></p> <p>Begin Date:* <input type="text" value="12/01/2014"/></p> <p>Verified:* <input type="text" value="Verified"/></p>	<p>Medicare Claim Number:* <input type="text"/></p> <p>Part A Payment Amount: <input type="text"/></p> <p>Part A End Date: <input type="text" value="10/31/2000"/></p> <p>Part B Payment Amount:* <input type="text" value="106.90"/></p> <p>Part B End Date: <input type="text"/></p> <p>Part D Payment Amount:* <input type="text" value="10.00"/></p> <p>Part D End Date: <input type="text"/></p> <p>End Date: <input style="border: 2px solid red;" type="text" value="1/31/2015"/></p>
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In this lesson you learned:

- How to navigate to the **Medicare Information** page
- How to add a Medicare expense record
- How to edit an existing Medicare expense record





Agenda

Lesson 1: Financial Page Navigation

Lesson 2: Income

Lesson 3: Resources

Lesson 4: Expenses

Lesson 5: Tax

Lesson 6: Medicare Expense

Lesson 7: Medical Subrogation

Lesson 8: Other Health Insurance





The Medical Subrogation page is used for capturing information when there is a possibility to recover medical expenses from a third party. This is when an entity outside of Medicaid or another health insurance is responsible for a consumer's medical costs.

After completing the Medical Subrogation page a task will be generated and sent to the Medical Subrogation/TPL unit to research if any other entity is responsible to pay a consumer's medical costs.





Medical Subrogation information is recorded when a consumer has sustained an injury and a third-party may be responsible for the medical expense(s). In these instances:

- a claim can be filed with an insurance entity
- a police report is filed for an injury.

A Medical Subrogation Injury should be recorded in KEES if a consumer:

- has been in an auto accident
- has been the victim of a crime
- has been injured at work
- has been injured in a public place or another's home

NOTE: For more information on when to complete Medical Subrogation: Injury information see KEESM 2910 and/or KFMAM 2531.



Medical Eligibility: Data Collection - Financial Information

Lesson 7: Medical Subrogation > Third Party Liability – Medical Subrogation - Adoption

The Medical Subrogation page is also used, when a Medicaid consumer is adopted, to request assistance from Medical Subrogation staff to acquire TPL information from:

- uncooperative birth mothers
- adoption agencies
- adoptive parents

NOTE: For more information on when to complete Medical Subrogation: Adoption information see KEESM 2910 and/or KFMAM 2531.



Medical Eligibility: Data Collection - Financial Information

Lesson 7: Medical Subrogation > Third Party Liability – Medical Subrogation List

The screenshot shows the KEES web application interface. At the top, the case information is displayed: Case Name: Kidney Bean, Case Number: 20000763. The user is identified as Christie Jacox. The main navigation bar includes tabs for Case Info, Eligibility, Services, Child Care, Resource Databank, Fiscal, Special Units, Reports, Document Control, Admin Tools, and Worker Portal. The sidebar on the left contains a tree view with categories like Non Financial, Presumptive Eligibility, and Financial. Under Financial, Medical Subrogation is selected. The main content area displays a table titled 'Third Party Liability - Medical Subrogation List' with columns for Name, Adoption, Injury, Date of Adoption, Date Problem Started, and Work Related Injury. A single record for 'Bean, Pinto' is shown with Adoption: N, Injury: Y, Date of Adoption: 11/15/2014, and Work Related Injury: N. The 'Add' button in the table is circled in red.

Name	Adoption	Injury	Date of Adoption	Date Problem Started	Work Related Injury
Bean, Pinto	N	Y		11/15/2014	N

Once **Medical Subrogation** is selected on the Task Navigation, the **Third Party Liability – Medical Subrogation List** page appears. It is from this screen that medical subrogation records can be viewed, edited, or added.



On the **TPL – Medical Subrogation** page (after clicking **Add**):

- Select **Person Adopted or Injured** from the multi-select field.
- Select **Adoption or Injury** from the drop-down field.
 - After selecting either **Adoption** or **Injury**, only the Adoption or Injury block will display.

Third Party Liability - Medical Subrogation Save and Return Cancel

Person Adopted or Injured:* - Select - Kidney Bean Pinto Bean	Adoption or Injury:* - Select - - Select - Adoption Injury
-------------------------------------------------------------------------------	-------------------------------------------------------------------------------



Medical Eligibility: Data Collection - Financial Information

Lesson 7: Medical Subrogation > Third Party Liability – Medical Subrogation List

On the **TPL – Medical Subrogation** page (under the **Adoption** block):

- Enter all known information.
- Select **Save and Return**.

Adoption

This information is used to request assistance from the Medical Subrogation staff in getting medical third party liability (TPL) information from uncooperative sources such as birth mothers, adoption agencies or adoptive parents when a Medicaid consumer is adopted.

Natural Mother's Name:		Baby's Name:		Date of Adoption:	Adoption Agency:
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
Address Line 1:		Hospital where the Baby was Born:			
<input type="text"/>		<input type="text"/>			
Address Line 2:					
<input type="text"/>					
City:	State:	Zip:	Address Line 1:	Address Line 1:	Address Line 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number:			Address Line 2:	Address Line 2:	Address Line 2:
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
		City:	State:	Zip:	City:
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Phone Number:	Adoptive Mother:	Adoptive Father:	Adoptive Father:
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TPL Information (If known):

* - Indicates required fields.

Save and Return
Cancel



Medical Eligibility: Data Collection - Financial Information

Lesson 7: Medical Subrogation > Third Party Liability – Medical Subrogation List

On the **TPL – Medical Subrogation** page (under the **Injury** block):

- Enter all known information.
- Select a **Verified** Value from the drop-down list.
- Select **Save and Return**.

Injury

This information is used if there is a possibility of recovery of medical expenses from a third party. Some examples are 1) consumer in auto accident, 2) victim of shooting, stabbing, assault or battery, 3) consumer injured in a store or at another person's home, 4) dog bite victim, 5) victim of medical malpractice, 6) consumer injured on the job, 7) consumer injured by equipment or products.

Person Injured:
Is this a work related injury:
Other relevant information:

Date of Injury Incident:
Retain Attorney:

Accident/Injury Type:
Retain Insurance:

Name of Attorney:

Address Line 1:
Address Line 2:

City:
State:
Zip:
Telephone:

Name of Liable Insurance Company:
Policy Number:

Address Line 1:
Address Line 2:

City:
State:
Zip:
Telephone:

Verified:

* - Indicates required fields.



In this lesson you learned:

- How to add a third-party liability to the **Medical Subrogation** page for injury and adoption



Agenda

Lesson 1: Financial Page Navigation

Lesson 2: Income

Lesson 3: Resources

Lesson 4: Expenses

Lesson 5: Tax

Lesson 6: Medicare Expense

Lesson 7: Medical Subrogation

Lesson 8: Other Health Insurance





The **Other Health Insurance** page is where information is captured for a consumer's third party private insurance.



Medical Eligibility: Data Collection - Financial Information

Lesson 8: Other Health Insurance > Third Party Liability – Other Health Insurance List

Case Name: Kidney Bean
Case Number: 20000763

Journal Tasks Reminders Contact Log Logout Help
User: Christie Jacox
Emp: NPD22
2.6.000.0.1
12/11/2014 12:15 PM

Case Info Eligibility Services Child Care Resource Databank Fiscal Special Units Reports Document Control Admin Tools Worker Portal

Workload Inventory Case Summary Customer Information Reporting Distributed Documents Customer Schedule Courtesy Month

Case Number Request ID Go

Person Search

- Non Financial
- Presumptive Eligibility
- Financial
 - Root Questions
 - Income
 - Resource
 - Special Needs
 - Expenses
 - Tax
 - Medicare Expense
 - Medical Subrogation
 - Other Health Insurance
 - Health Care Ref.
 - IEVS Applicant
- Verifications
- EBT Account List
- Run EDBC
- Manual EDBC
- Needs
- Service Arrangements
- EDBC Results

Images Continue

Third Party Liability - Other Health Insurance List

Root Questions

Search Results Summary Results 1 - 2 of 2

Display From: To: View Add

Beneficiary	Begin Date	End Date	Health Insurance Company Name	Type of Coverage	
<input checked="" type="checkbox"/> Bean, Kidney			Delta Dental	Dental	<input type="checkbox"/> Edit
<input type="checkbox"/> Bean, Pinto			Delta Dental	Dental	<input type="checkbox"/> Edit

Remove Add Complete Continue

Once **Other Health Insurance** is selected on the Task Navigation, the **Third Party Liability – Other Health Insurance List** page appears. It is from this screen that TPL records can be viewed, edited, or added.



On the **TPL – Other Health Insurance Detail** (After Clicking **Add**):

- Select the **Beneficiary**. This is a multi-select field and will allow you to select all necessary persons.
- Select **Health Coverage Type** from the drop-down menu.
- Enter the **Start Date** and **End Date** (if applicable)



Third Party Liability - Other Health Insurance Detail





<p>Beneficiary: *</p> <div style="border: 1px solid black; padding: 2px;"> - Select - Kidney Bean Pinto Bean </div>	<p>Health Coverage Type: *</p> <div style="border: 1px solid black; padding: 2px;"> - Select - - Select - All Other Health Coverage Employer Family Health Coverage Healthy Families Only </div>
<p>Start Date:</p> <div style="border: 1px solid black; padding: 2px;"> 12/01/2014  </div>	<p>End Date:</p> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/>  </div>



Medical Eligibility: Data Collection - Financial Information

Lesson 8: Other Health Insurance > Third Party Liability – Other Health Insurance Detail

On the **TPL – Other Health Insurance Detail (Health Insurance Information)**:

- Enter the **Health Insurance Company Name, Policy Number, Group Number, Type of Insurance, and Name of Plan.**
- Select all applicable **Type of Coverage(s)** from the multi-select menu.

Health Insurance Information		
Health Insurance Company Name: Delta Dental	Policy Number: DNS00587694	Group Number: FRN351684
Type of Coverage: Catastrophic Only Dental Doctor		
Type of Insurance: Dental Only		Name of Plan: Plan B
Address Line 1: City:	State:	Address Line 2: Zip:

Note: The information in this section can be found on the front and back of the consumer's insurance card.



Medical Eligibility: Data Collection - Financial Information

Lesson 8: Other Health Insurance > Third Party Liability – Other Health Insurance Detail

On the **TPL – Other Health Insurance Detail (Policy Holder Information)**:

- Enter the **Policy Holder Name**, **Policy Holder’s Social Security Number**, **Name of Employer**, and any additional know information.
- Select one of the individuals from the **Who is Covered** drop-down menu.

Policy Holder Information				
Policy Holder Name: Kidney Bean	Policy Holder's Social Security Number: 895-26-1646	Who is Covered:* Kidney Bean ▾		
Name (Employer, Union, Group, Organization or School): Big Lots	EIN: 	Local or Group Number: 	Is this a Union? No ▾	
Address Line 1: 	Address Line 2: 			
City: 	State: ▾	Zip: 	Zip Code Suffix: 	
Telephone: 	Ext: 			
Contact Name: 	Contact Telephone: 	Ext: 	E-Mail: 	

Note: If you multi-selected individuals under the **Beneficiary** menu it will consider them a covered individual



On the TPL – Other Health Insurance Detail (Access to Health Insurance):

- This section is used to capture information needed to determine CHIP eligibility.
- Answer each question, by selecting **Yes** or **No** from the drop-down menus

Access To Health Insurance

1. Member has access to employer sponsored health insurance: 

2. Member has access to State Health Insurance: 

3. Member has health insurance that has ended in the past 3 months: 





Medical Eligibility: Data Collection - Financial Information

Lesson 8: Other Health Insurance > Third Party Liability – Other Health Insurance Detail

Once all information is entered:

- Select a **Verified** Value from the drop-down list.
- Select **Save and Return**.
If there are additional TPL records, click **Save and Add Another**

Third Party Liability - Other Health Insurance Detail

Beneficiary:*

Health Coverage Type:*

Start Date: **End Date:**

Health Insurance Information

Health Insurance Company Name: **Policy Number:*** **Group Number:**

Type of Coverage:

Type of Insurance: **Name of Plan:**

Address Line 1: **Address Line 2:**

City: **State:** **Zip:**

Policy Holder Information

Policy Holder Name: **Policy Holder's Social Security Number:** **Who is Covered:***

Name (Employer, Union, Group, Organization or School): **EIN:** **Local or Group Number:** **Is this a Union?***

Address Line 1: **Address Line 2:**

City: **State:** **Zip:** **Zip Code Suffix:**

Telephone: **Ext:**

Contact Name: **Contact Telephone:** **Ext:** **E-Mail:**

Access To Health Insurance

1. Member has access to employer sponsored health insurance:

2. Member has access to State Health Insurance:

3. Member has health insurance that has ended in the past 3 months:

Verified:*

* - Indicates required fields



Remember, if you are entering Other Health Insurance, and a consumer has either a Medically Needy spenddown or a LTC liability; record the premium expense on the Expense Detail page.

If an Other Health Insurance ends, you must End Date the Other Health Insurance record and end date the premium expense from the Expense page.



Lesson 8: Other Health Insurance > Summary

In this lesson you learned:

- How to add other health insurance records





Wrap up

This concludes the section on Data Collection for Financial Information in KEES.

