

On the Case Summary page workers will see the Review date showing the case has a review due.

Case Name: **Kate Zenc**  
Case Number: **20003584**

Journal   Tasks   Reminders   Contact Log   Logout Help

Case Info
Eligibility
Services
Child Care
Resource Databank
Fiscal
Special Units
Reports
Document Control
Admin Tools
User: Dana George
Worker Portal
11:48 AM

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

Case Number  
 Request ID

### Case Summary

Case Name Kate Zenc	Mailing Address 701 SAINT MARYS ST ELLIS, KS 67637	County of Residence Kansas
Home Address 701 SAINT MARYS ST ELLIS, KS 67637		

**Companion Cases**

Case Number	Case Name
<input type="button" value="Add"/>	

**Display:**

08/01/2015

**Medical Programs - 0144**

Worker:	Office Num 02 Unit Num Q1 User	Primary Applicant/Recipient:	Kate Zenc
Worker ID:	<a href="#">KH0206Q100</a>	Language:	English
Program Status:	Active	Phone Number:	
Review Due Month:	08/2015 <input type="button" value="Review"/>	Application Date:	09/01/2014

Name	Requested Medical Type	Review Month	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason
▶ <a href="#">Abbie Zenc</a>	Medical	08/2015	Child	MEM		Active	
▶ <a href="#">Kate Zenc</a>	Medical	08/2015	Primary Applicant	MEM		Active	

**All People Associated with the Case**

Name	DOB	SSN	Client ID	Household Status
<a href="#">Kate Zenc</a>	09/07/1985	157-89-6543	0010011950	
<a href="#">Abbie Zenc</a>	05/05/2010	958-62-3535	0010011951	

The screenshot shows the KEES web application interface. At the top, the case information is displayed: Case Name: Kate Zenc, Case Number: 20003584. The user is identified as Dana George. The interface includes a navigation menu with options like Case Info, Eligibility, Services, Child Care, Resource Databank, Fiscal, Special Units, Reports, Document Control, Admin Tools, and Worker Portal. The 'Reporting' link is highlighted in the local navigation. The main content area displays the 'Review and IR/12 Month Reporting List' page, which includes a search filter for Case Number or Request ID, a person search section, and a table with columns for Type, Submit Month, Document Status, Report Status, Program, Date Received, and Action. The table currently shows 'No Data Found'.

When a worker clicks on the Reporting link on Local Navigation, the Review and IR/ 12 Month Reporting List page displays. This page may be blank or contain old converted records.

The Review Determination Batch ran & because this case was Passively reviewed, the Review Due Month on Case Summary has been updated.

**Case Name:** Kate Zenc  
**Case Number:** 20003584

**Journal** **Tasks** **Reminders** **Contact Log** **Logout** **Help**  
User : Dana George  
Env : NPD22  
Time : 07/10/2015 03:34 PM

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

**New Application** **Case Summary** **Worker Assignment** **Customer Schedule** **e-Tools**

Case Number  
 Request ID  
 **Go**

**Person Search**

- Case Summary
- Contact
- Negative Action
- New Program
- New Person
- Hide Person
- Case Flag
- Legacy Case

**Case Summary**

**Case Name:** Kate Zenc  
**Mailing Address:** 701 SAINT MARYS ST, ELLIS, KS 67637  
**County of Residence:** Kansas  
**Home Address:** 701 SAINT MARYS ST, ELLIS, KS 67637

**Companion Cases**

Case Number	Case Name
<b>Add</b>	

**Display:** 08/01/2015 **View**

**Medical Programs - 0144**

**Worker:** Office Num 02 Unit Num Q1 User  
**Worker ID:** [KH0206Q100](#)  
**Program Status:** Active  
**Review Due Month:** 08/2016 **Review**

**Primary Applicant/Recipient:** Kate Zenc  
**Language:** English  
**Phone Number:**  
**Application Date:** 09/01/2014

Name	Requested Medical Type	Review Month	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason
<a href="#">Abbie Zenc</a>	Medical	08/2016	Child	MEM		Active	
<a href="#">Kate Zenc</a>	Medical	08/2016	Primary Applicant	MEM		Active	

[https://npd22-abms.kees.ks.internal/apsp/paa.portal?\\_nfpb=true&\\_pageLabel=home](https://npd22-abms.kees.ks.internal/apsp/paa.portal?_nfpb=true&_pageLabel=home) **View Details**

# Medical Reviews

The Review and IR/12 Month Reporting List page displays the Type as Passive Medical Review. The Document Status is Sent and the Report Status is Passive.

Case Name: Kate Zenc  
Case Number: 20003584

Journal Tasks Reminders Contact Log Logout Help  
User : Dana George  
Env : NPD22  
Time : 07/10/2015 03:44 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

Review and IR/12 Month Reporting List

### Review and IR/12 Month Reporting List

Search Results Summary Results 1 - 1 of 1

Display From: To: View

Type	Submit Month	Document Status	Report Status	Program	Date Received	Action
<a href="#">Passive Medical Review</a>	08/2015	Sent	Passive	Medical - 0144		<a href="#">Edit</a>

https://npd22-abms.kees.ks.internal/apsp/paa.portal?\_nfpb=true&\_pageLabel=home

The EDBC List page displays the new eligibility determination with the EDBC Source as Batch EDBC Rules.

Case Name: Kate Zenc  
Case Number: 20003584

Journal Tasks Reminders Contact Log Logout Help  
User: Dana George

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

Person Search

Non Financial  
 Presumptive Eligibility  
 Financial

- Verifications
- EBT Account List
- Run EDBC
- Manual EDBC
- Needs
- Service Arrangements
- EDBC Results**

Display by: Program:  Type Reason:  From: 06/2015 To: 09/2015

Search Results Summary Results 1 - 2 of 2

Begin Month	End Month	Program	Type	Run Status	Auth Amount	Date Run	EDBC Source
09/2014	08/2015	<a href="#">Medical - 0144</a>	Regular	Accepted - Saved	Details	07/09/2015	Online EDBC Rules
09/2015		<a href="#">Medical - 0144</a>	Regular	Accepted - Saved	Details	07/10/2015	Batch EDBC Rules

[https://npd22-abms.kees.ks.internal/apsp/paa.portal?\\_nfpb=true&\\_pageLabel=home](https://npd22-abms.kees.ks.internal/apsp/paa.portal?_nfpb=true&_pageLabel=home)

Case Name: Kate Zenc  
Case Number: 20003584

Journal Tasks Reminders Contact Log Logout Help

User: Dana George

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
  - Verifications
  - EBT Account List
  - Run EDBC
  - Manual EDBC
  - Needs
  - Service Arrangements
- EDBC Results

## Medicaid EDBC Summary

Begin Month	End Month	Run Date	Run Status	Accepted By
09/2015		07/10/2015	Accepted - Saved	<a href="#">PB00E512 Batch</a>

EDBC Information

Type: Regular

EDBC Run Reason: RE

Program Configuration

System Determination

EDBC Source: Batch EDBC Rules

Program Status: Active

Note: Overridden rows are in bold.

Name	DOB	Role	Role Reason	Status	Status Reason	QHP Screened
<a href="#">Zenc, Kate</a>	09/07/1985	MEM		Active		N
<a href="#">Zenc, Abbie</a>	05/05/2010	MEM		Active		N

Clicking on the medical hyperlink takes the worker to the Medicaid EDBC Summary page.

The Distributed Documents page shows a Passive Review Response was sent, as well as, the review NOA telling them the determination of the review.

Case Name: Kate Zenc  
Case Number: 20003584

Journal Tasks Reminders Contact Log Logout Help  
User : Dana George  
Env : NPD22  
Time : 07/10/2015 03:45 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

### Distributed Documents Search

\* - Indicates required fields

▶ Refine Your Search

Search Results Summary Results 1 - 3 of 3

Select	Date	Worker	Document	Recipient	Type	Program	Ben. Mo.	Status	Receive Date	Posted Date	Undelivered
<input checked="" type="checkbox"/>		07/10/2015	PB00R208 Batch	<a href="#">Passive Family Medical Review</a>	Kate Zenc		Medical - 0144		Printed Centrally		
<input type="checkbox"/>	07/10/2015	PB00E512 Batch	<a href="#">NOA - Medical - Approval</a>	Kate Zenc		Medical - 0144	09/01/2015	Printed Centrally			
<input type="checkbox"/>	07/09/2015	Dana George	<a href="#">NOA - Medical - Approval</a>	Kate Zenc		Medical - 0144	09/01/2014	Printed Centrally			

Undelivered Regenerate Delete Images



# Medical Reviews

KanCare Clearinghouse  
PO Box 3599  
Topeka, KS 66601-9738



**Notice Date:** 07/10/2015  
**Case Number:** 20003584  
**Medical Type:** Medical

Kate Zenc  
701 SAINT MARYS ST  
ELLIS, KS 67637-2303

The Passive Review Response tells the consumer what information was used to make the determination & asks the consumer to report if anything is incorrect or there is new information to report.

Dear **Kate Zenc**,

We are renewing your KanCare medical assistance case. This is the annual renewal to determine ongoing eligibility. The results of the renewal are sent in a separate letter. Read the separate renewal letter for specific information on coverage for your family.

Follow the steps listed in this letter to complete the renewal process.

**IMPORTANT:** If you fail to report a change, you may have to pay back coverage you get in error.

**STEP 1: Review This Information**

We based the renewal on information we have on file. It is important that you make sure the information we use is correct. We have listed the information used for the renewal on this form. Read it carefully. You must tell us if any information is wrong or out of date.

**Household Members**

Our records show the following people live with you. If you have any household changes, you must tell us now.

Household Members With Medical Assistance:	Other People in Your Household:
Abbie Zenc	
Kate Zenc	

**Income Tax Filing**

Our records show the following income tax filing status for your household. If anyone plans to file differently in the tax year you must tell us now. For example:

- If anyone changes if taxes were filed or how taxes were filed.
- If anyone plans to claim different dependents.
- If any dependent will be claimed by someone new.

Person:	Tax Filing Status:	Dependents Claimed:	Claimed as a Dependent?
Nothing on File			





# Medical Reviews

## Household Income

Our records show the following income for your household. If anyone has a change in income, tell us now. Please note we are looking at the monthly amount of income. For example:

- A change in employer, source of income or a new job
- A change in unearned income, such as a pension or retirement payments
- A change in the amount of income, including a change in hours or hourly wage

Person:	Type of Income:	Monthly Amount:
Nothing on File		

## Other Health Insurance

Our records show the following health insurance for your household. If anyone has dropped, added or changed coverage, tell us now.

Person:	Insurance/Company:
Nothing on File	

## STEP 2: I Do Not Have Changes To Report

If everything on the form is correct and up-to-date, no action is needed. Your coverage is renewed automatically. Information about your ongoing coverage is sent in a separate letter. You do not have to complete Step 3.

## STEP 3: I Have Changes To Report

If any information on this form is wrong or out of date, call us right away:

**1-800-792-4884**

We will take your changes over the phone. We may need proof of the change.

Please note, if you have changes the separate renewal letter may not be correct. We will send a new letter after we process the change.

## QUESTIONS OR HELP

If you have other questions or need help with this letter, please call KanCare toll free at 1-800-792-4884 or TTY 1-800-792-4292.

Interpreters are available.

Los intérpretes están disponibles.



# Medical Reviews

## Approval Notice

KanCare Clearinghouse  
PO Box 3599  
Topeka, KS 66601-9738

Kate Zenc  
701 SAINT MARYS ST

ELLIS, KS 67637-2303



Notice Date: 07/10/2015  
Case Name: Kate Zenc  
Case Number: 20003584  
Program: Medical

TEST  
USE  
ONLY  
DO NOT  
DISTRIBUTE

We have reviewed your medical assistance case. The eligibility for the people on your case is listed below. Coverage begins 09/01/2015.

People eligible for coverage will get a medical ID card. We will send a medical card to new members. If you need a medical card replaced, call 1-866-305-5147. Show the card to all medical providers when you get services. If you do not show your card, you may have to pay the bill.

Some members will get the medical card through KanCare. People in KanCare must have a health plan. We will send an enrollment packet telling what KanCare health plan you have been assigned. It will also tell you how to change plans. The health plan will send a welcome packet and the medical card in a few days.

Abbie Zenc has been approved for Medical Assistance starting 09/01/2015.

The Medicaid ID number is: 00110011951.

Abbie Zenc is still eligible for Medical Assistance as of 09/01/2015.

Abbie Zenc will receive Medical Assistance under the MAGI CARETAKER MEDICAL-Children program beginning 09/01/2015.

Kate Zenc has been approved for Medical Assistance starting 09/01/2015.

The Medicaid ID number is: 00110011950.

Kate Zenc is still eligible for Medical Assistance as of 09/01/2015.

Kate Zenc will receive Medical Assistance under the MAGI CARETAKER MEDICAL-Parent or Caretaker program beginning 09/01/2015.

This action is based on the Kansas Family Medical Assistance Manual section(s) 7000; 07120.

Child Support Services (CSS) helps get your child's absent parent to get health insurance for your child. You must assign any medical support (other health insurance) to the agency effective 09/01/2015.

Not working with CSS to get medical support can stop medical assistance for all adults. To avoid losing medical assistance you must:

- Help us in establishing the paternity of your children and establishing and enforcing orders for

Case Summary  
for a Pre-  
Populated  
review.

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

New Application   **Case Summary**   Worker Assignment   Customer Schedule   e-Tools

Case Number  
 Request ID

**Case Summary**

<b>Case Name</b> [REDACTED]	<b>Mailing Address</b> 7552 W RIFLE RD SALINA, KS 67401	<b>Phone Number</b> (785)577-8182 <b>Alt. Phone Number</b> (785)577-8182
<b>Home Address</b> 7552 W RIFLE RD SALINA, KS 67401		

**Companion Cases**

Case Number	Case Name
<input type="button" value="Add"/>	

**Display:**  
08/01/2015

**Medical Programs - 4926**

<b>Worker:</b>	Office Num 02 Unit Num Q1 User	<b>Primary Applicant/Recipient:</b>	[REDACTED]
<b>Worker ID:</b>	<a href="#">KH0206Q100</a>	<b>Language:</b>	English
<b>Program Status:</b>	Active	<b>Phone Number:</b>	(785)577-8182
		<b>Application Date:</b>	08/27/2013

**Review Due Month:** 07/2015

Name	Requested Medical Type	Review Month	Relationship To Primary Applicant	Role	Role Reason	Status	Status Reason
▶ <a href="#">B [REDACTED] S</a>	MAGI	07/2015	Child	MEM		Active	
▶ <a href="#">J [REDACTED] S</a>	Medical	07/2015	Spouse	FRI	Non-Citizen Child	Active	
▶ <a href="#">J [REDACTED] S</a>	MAGI	07/2015	Child	MEM		Active	
▶ <a href="#">M [REDACTED] S</a>	MAGI	07/2015	Primary Applicant	FRI	Non-Citizen Child	Active	
▶ <a href="#">M [REDACTED] S</a>	MAGI	07/2015	Child	MEM		Active	
▶ <a href="#">E [REDACTED] S</a>	Medical	07/2015	Unrelated	UP		Denied	

Case Name: [REDACTED]

Case Number: [REDACTED]

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

User: Dana George   4:24 PM

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

Case Number

Request ID

---

Person Search

Review and IR/12 Month Reporting List

## Review and IR/12 Month Reporting List

**Search Results Summary** Results 1 - 1 of 1

Display From:  To:

Type	Submit Month	Document Status	Report Status	Program	Date Received	Action
<a href="#">Pre-Populated Medical Review</a>	07/2015	Sent	Incomplete	Medical - 4926		<input type="button" value="Edit"/>

The Review and IR/12 Month Reporting List has the Type of review as Pre-Populated. The Document Status is Sent and the Report Status is Incomplete.

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

Journal Tasks Reminders Contact Log Logout Help  
User: Dana George  
Worker Portal 4:26 PM

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

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

Case Number Request ID Go

## Distributed Documents Search

\* - Indicates required fields

Refine Your Search

Search Results Summary Results 1 - 1 of 1

Select	Date	Worker	Document	Recipient	Type	Program	Ben. Mo.	Status	Receive Date	Posted Date	Undelivered
<input type="checkbox"/>	06/12/2015		PB00R206 Batch	<a href="#">Pre-Populated Family Medical Review</a>	[REDACTED]	Medical -	4926		Printed Centrally		

Undelivered Regenerate Delete Images

Workers can navigate to the Distributed Documents Search page to see that the Pre-Populated Family Medical Review was sent out via the Batch process.

Pre-  
Populated  
Review form  
sent to  
consumer.

KanCare Clearinghouse  
PO Box 3599  
Topeka, KS 66601-9738



**Notice Date:** 06/12/2015

**Case Number:** [REDACTED]

**Medical Type:** Medical



SALINA, KS 67401-9424

[Renew now to continue KanCare medical assistance!](#)

Dear [REDACTED]

It is time to renew your medical assistance. Complete the form in this packet and return it to us. Your review must be completed by **7/1/2015**. If you do not send in this form your medical assistance will end on **7/31/2015**.

You may request medical assistance for other members of your family or household.

In this packet, you will find a KanCare renewal form. If you need help filling it out or have questions, call 1-800-792-4884. We have filled out part of the review form with the answers you gave us last year. The information we have on file is printed on the form. Review and complete each section of this renewal by following these steps.

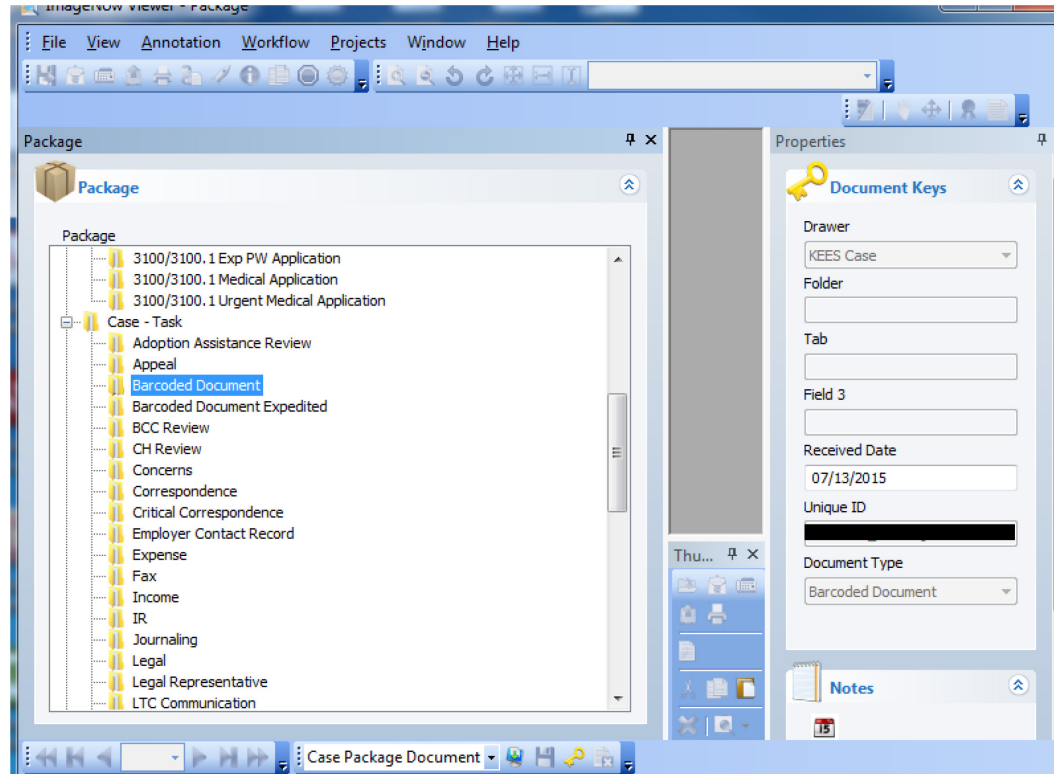
- Step 1:** Review your household information.
- Step 2:** Tell us about changes in your household.
- Step 3:** Tell us about new people in your household.
- Step 4:** Read and sign the form.
- Step 5:** Mail or fax the completed review form to the following KanCare Clearinghouse

KanCare Clearinghouse  
P.O. Box 3599  
Topeka, KS 66601-973

Phone 1-800-792-4884 TTY 1-800-792-4292 Fax 1-800-498-1255  
Interpreters are available. Los intérpretes están disponibles.

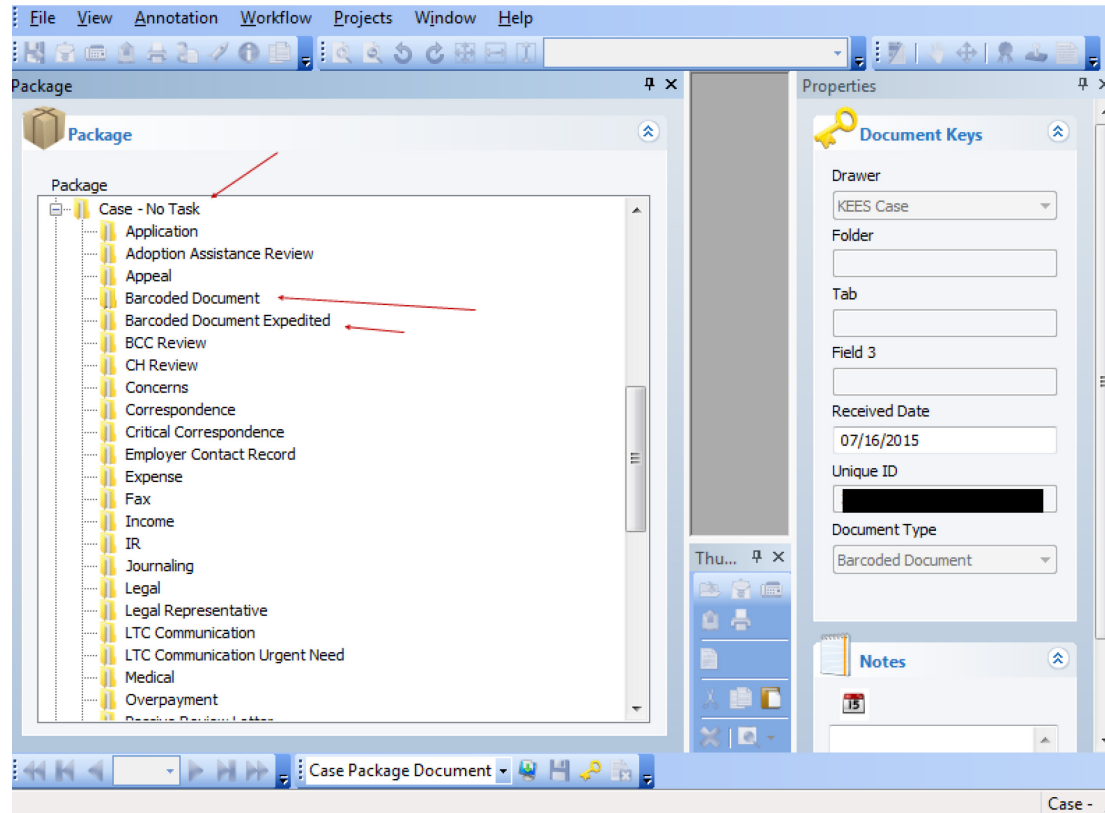


CH \*



When the barcoded review has been returned. The worker will change the application type on Image Now to Barcoded Document & change the package to Case-Task & choose Barcoded Document or Barcoded Document Expedited. Complete the imaging steps.

DCF\*



When the barcoded review has been returned. The worker will change the application type on Image Now to Barcoded Document. Change the Package to Case-NoTask & choose Barcoded Document or Barcoded Document Expedited. Complete the imaging steps.



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

Journal Tasks Reminders Contact Log Logout Help  
User: Dana George

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

New Application Case Summary Worker Assignment Customer Schedule e-Tools

Case Number  
 Request ID  
Go

**Case Summary**

Capture Images

Quick Search Search

Case Number starts with [REDACTED] Go

Drawer	Case Number	Case Name	Person MPI	Person Name	Batch ID	Document Type	Received Date	Pages
KEES Case	[REDACTED]	[REDACTED]			301YZ7E_00F38Y2...	CH Review	07/10/2015	9

The worker then clicks the Images box on the Case Summary page while in the context of the case. This action allows Image Now to reindex documents to the case.

KanCare Clearinghouse  
PO Box 3599  
Topeka, KS 66601-9738



**Notice Date:** 06/12/2015  
**Case Number:** [REDACTED]  
**Medical Type:** Medical



**Renew now to continue KanCare medical assistance!**

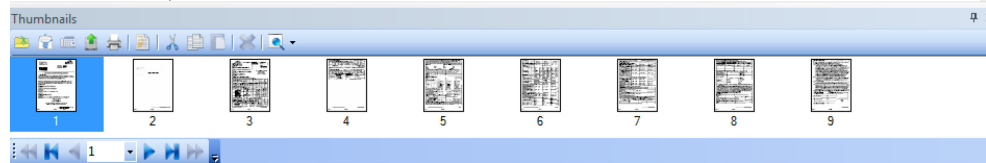
Dear [REDACTED]

It is time to renew your medical assistance. Complete the form in this packet and return it to us. Your review must be completed by 7/1/2015. If you do not send in this form your medical assistance will end on 7/31/2015. You may request medical assistance for other members of your family or household.

In this packet, you will find a KanCare renewal form. If you need help filling it out or have questions, call 1-800-792-4884. We have filled out part of the review form with the answers you gave us last year. The information we have on file is printed on the form. Review and complete each section of this renewal by following these steps.

**Step 1:** Review your household information.

**Step 2:** Tell us about changes in your household.



Properties

**Document Keys**

Drawer: KEES Case

Case Number: [REDACTED]

Case Name: [REDACTED]

Person MPI: [REDACTED]

Person Name: [REDACTED]

Batch ID: 301 [REDACTED]

Document Type: CH Review

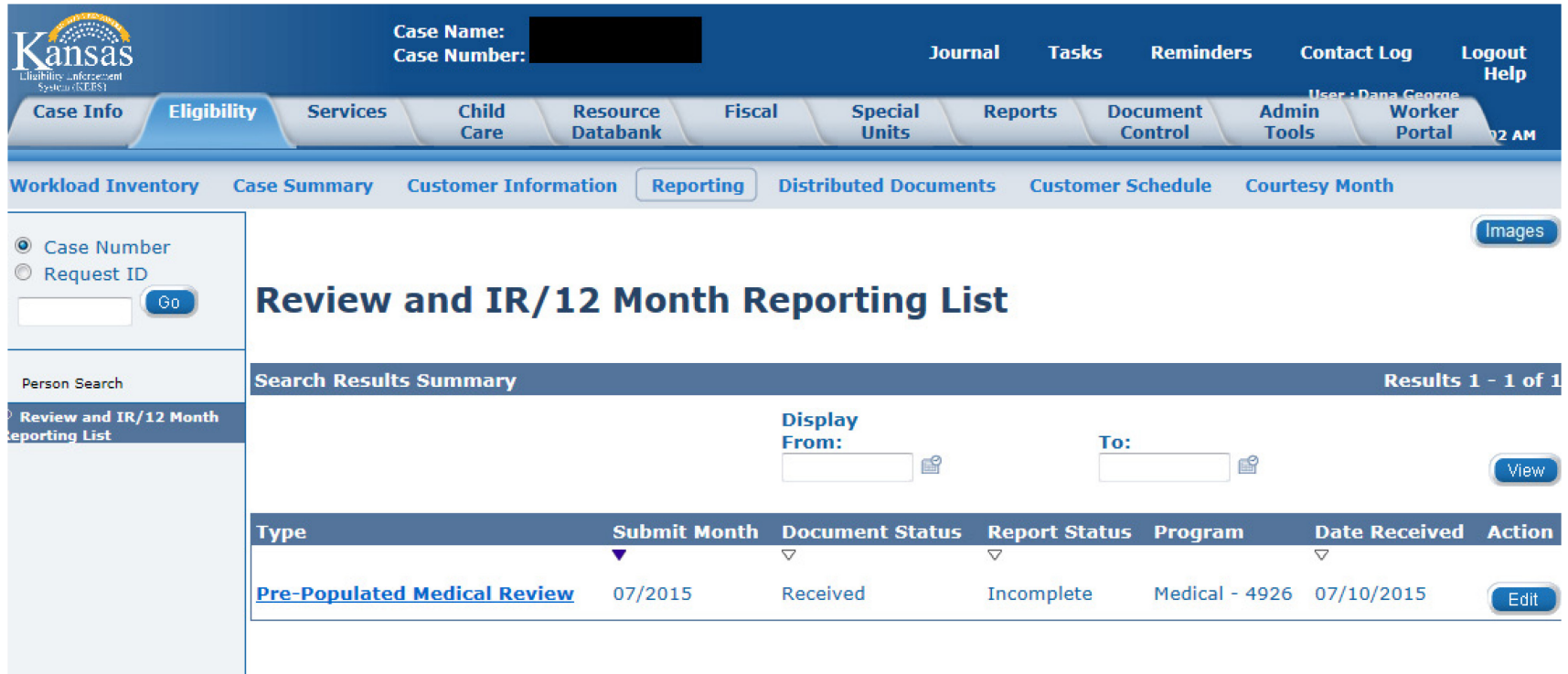
[More...](#)

**Custom Properties**

Document Category	Barcoded Document
Applicable Date	07/13/2015
Received Date	07/10/2015
Created By	X0883952
isCategory_Review	True
Barcode ID	197507

**Notes**

Clicking on the document will bring up the images in Image Now. All of the images have been re-indexed to CH Review document type as the barcode dictated who "owned" this review.



The screenshot shows the 'Review and IR/12 Month Reporting List' page in the KEES system. The page includes a navigation bar with tabs for Case Info, Eligibility, Services, Child Care, Resource Databank, Fiscal, Special Units, Reports, Document Control, Admin Tools, and Worker Portal. A search sidebar on the left allows filtering by Case Number or Request ID. The main content area displays a table of reporting results.

**Case Name:** [Redacted] **Case Number:** [Redacted]

**Journal** **Tasks** **Reminders** **Contact Log** **Logout Help**

User: Dana George

**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**

**Review and IR/12 Month Reporting List**

**Search Results Summary** Results 1 - 1 of 1

**Display From:**  **To:**  **View**

Type	Submit Month	Document Status	Report Status	Program	Date Received	Action
<a href="#">Pre-Populated Medical Review</a>	07/2015	Received	Incomplete	Medical - 4926	07/10/2015	<b>Edit</b>

Once Images have been re-indexed, the Review and IR/12 Month Reporting List page updates the Document Status to Received.

## Run EDBC

Run EDBC Cancel

\* - Indicates required fields

**Benefit Month:\***

08/2015

Select

<input type="checkbox"/>	Program	Status	Timely Notice Exception	Reason	Run Reason
<input checked="" type="checkbox"/>	Medical - 4926	Active			RE

Run EDBC Cancel

Complete all data collection pages & Run EDBC for the Benefit Month. Select RE from the Run Reason drop-down menu.

## Medicaid EDBC Summary

Accept Cancel

Begin Month	End Month	Run Date	Run Status	Accepted By
08/2015		07/13/2015	Not Accepted	<a href="#">Dana George</a>

EDBC Information	
Type:	Regular
EDBC Run Reason: RE	

Program Configuration	
System Determination	
EDBC Source:	Online EDBC Rules
Program Status:	Active
<b>Note:</b> Overridden rows are in bold.	

The Medicaid EDBC Summary page displays. It has not yet been accepted by the worker. It has the EDBC Run Reason of RE & it has the EDBC Source of Online EDBC Rules. If eligibility is as expected, the worker will Accept the results and complete the process to generate the NOA. This will flip the Review and IR/12 Month Reporting List Report Status to Complete and will update the Review Due Month on the Case Summary page.

Questions ????