

Medically Needy (MN) Late Review Guide

Overview

The below instructions are to be used for Medically Needy cases when KEES eligibility does not match the eligibility in the MMIS. This most often occurs when a base period has expired in KEES and a new base period is not established in KEES before the MMIS Monthly run. This causes eligibility to end in the MMIS even though KEES still shows they are an Active Medically Needy MEM. The consumer may have ongoing MSP coverage that will continue, but the Medically Needy will not because the new base period has not been established.

In order for Medically Needy eligibility to be accepted by MMIS it must always have a corresponding Spenddown Base Period for that month. In other words, eligibility and the base period must be sent together. When a review not processed timely and a new base period is not in place, the MMIS does not accept the eligibility that appears to be in place in KEES.

Note: The only exception is for LTC consumers with the new MN3 Aid Code.

Example: Bill's only coverage is Medically Needy (no MSP) and his original base was 03/16-08/16. The worker is processing the case on 12-01-16 after the second base period should have begun. His case was missed and coverage has been allowed to continue from 09/16 forward with no base period established. Although KEES indicates there is ongoing Medically Needy eligibility, the MMIS does not have this coverage. Attempting to rerun EDBC will not send the coverage as it is past the base period.

When this situation occurs the worker must determine if it is necessary to 'fill in' the months shown as Active MEM in KEES into the MMIS. This is known as 'Filling the gap'. These 'Fill the Gap' base periods do not occur automatically –special system action and KEES Helpdesk assistance is necessary. The material in this guide will assist the worker determine if it is appropriate to 'Fill the Gap' and the appropriate steps to take to ensure the information is correct in both KEES and the MMIS.

PART A: DETERMINE IF A CASE QUALIFIED TO FILL THE GAP

Policy:

Not every case will need a base period created to Fill the Gap. Some cases don't qualify. The following questions need to be addressed to determine if a gap needs to be filled:

- Did the consumer return a required review?

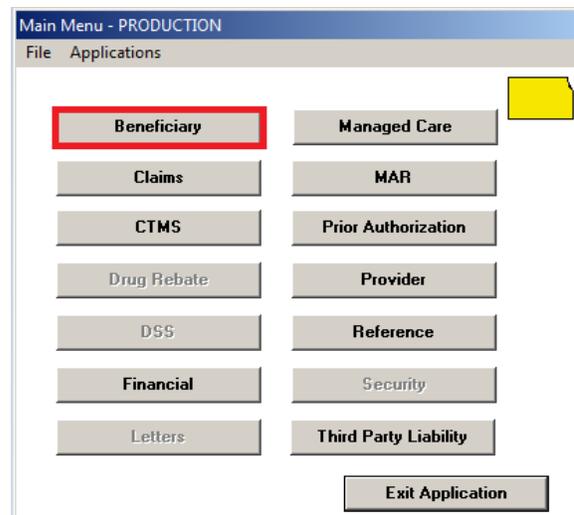
- Was the consumer notified of a new spenddown? If the consumer was notified of a new spenddown base, then it will need to be established in MMIS. See step 21 to answer this question.
- Did the consumer call asking about the status of a spenddown for months in the gap months? See step 22-25 to answer this question.
- Do special circumstances exist – such as Mental Health expenses, Uncovered OTC drugs, Old due and owing bills or Other health insurance.
- Has the consumer met 67% or more of their most recent spenddown liability segment showing in the MMIS? (CH spenddown tool) See steps 1-14 to answer this question.

Note: Only one yes to any of these questions is needed to determine a gap must be filled.

Checking MMIS

In order to answer the questions listed above and to determine what gap months are needed, a worker will need to check MMIS. The following will show a worker what to look for when researching MMIS.

1. Log into MMIS.
2. On the Main Menu Select Beneficiary



3. When the Beneficiary Search window displays. Type Case Number in the search field. (Note: if the KEES case number begins with a 1, change that to 0 when searching MMIS.)

BID No.:
 Medicare ID: Case Number:
 SSN: Birth Date:
 Sex: County:
 Last Name: First Name:
 Phonetic:

4. Click Search button.
5. The Beneficiary Search window displays. Click the spenddown beneficiaries name to be selected. This will highlight the row in dark blue.

Beneficiary Search

File Edit Applications Options Addtl Options KDC

BID No.:
 Medicare ID: Case Number:
 SSN: Birth Date:
 Sex: County:
 Last Name: First Name:
 Phonetic:

Beneficiaries Found: 1

BID No.	Name	Birth Date	SSN	Sex	County	Case Number	Worker #
00100		B 1975/10/19	5460	M	DG		330206

6. Click Select button.

7. Beneficiary Base window displays.

Beneficiary Base

File Edit Applications Options Addtl Options KDC

BID No.: Active: Age: 041 Base Update

Medicare ID: Citizen: US

Name: B Race: A

Address 1: 4832 W 24TH ST Ethnicity: N Address Indicator:

Address 2: Responsible Person:

City: LAWRENCE State: KS Zip: 66047 9622 TPL: N

Phone: Sex: MALE MCare Part A/B/D: Y Y Y

Birth Date: 1975/10/19 SSN: Lockin: N Hospice: N CFS: N

Death Date: 0000/00/00 Written Language Preference: ENGLISH HH Ind: N Exc Rsn:

County: DG Spoken Language Preference: ENGLISH CSHCN: N 0000/00/00

T21 Due Date: 0000/00/00 Other Media: NONE Notes: N

Application Date: 2015/05/20

Case

Name Worker Number 330206

Next BID No. Inquire Save Exit

ELIG IDCRD PMP MH/SA MP BUY LOC TPL TCRD CCREQ SPND KBH

8. Click ELIG (eligibility) button.
9. The Beneficiary Eligibility window displays. Review the following information if present.

Beneficiary Eligibility

File Edit Applications Options Addtl Options KDC

Benefit Plan Eligibility Filtered

Benefit Plan	Effective Date	End Date	Last Update
MN	2016/10/01	2017/03/31	2017/02/21

Case Number History

Case Number	Effective Date	End Date	Last Update
	2016/10/01	2299/12/31	2017/01/18

Coverage Category

Pop Code	Effective Date	End Date	Medical Program	In Med Subtype	ME Ind	Cash Program	FC AS FD/PLC/LS	Lime Type/Title	Pres Dis	Last Update
22	2016/10/01	2017/03/31	MS/	AD	SD	/	/ /	/		2017/02/21

Exit

- The End Date of the last MN Benefit Plan. This date will be used to determine if there are any gap months and if so what months they are.

10. Click Exit button.

11. Click the SPND (Spenddown) button.

Beneficiary Base

File Edit Applications Options Addtl Options KDC

BID No.: Active: Y Age: 041 *Base Update*

Medicare ID: Citizen: US

Name: B Race: A

Address 1: 4832 W 24TH ST Ethnicity: N Address Indicator:

Address 2: Responsible Person:

City: LAWRENCE State: KS Zip: 66047 9622 TPL: N

Phone: 785-550-2127 Sex: MALE MCare Part A/B/D: Y Y Y

Birth Date: 1975/10/19 SSN: 501-90-5460 Lockin: N Hospice: N CFS: N

Death Date: 0000/00/00 Written Language Preference: ENGLISH HH Ind: N Exc Rsn:

County: DG Spoken Language Preference: ENGLISH CSHCN: N 0000/00/00

T21 Due Date: 0000/00/00 Other Media: NONE Notes: N

Application Date: 2015/05/20

Case

Name	Worker	Number
<input type="text"/>	330206	<input type="text"/>

Next BID No. Inquire

Buttons: ELIG, IDCRD, PMP, MH/SA, MP, BUY, LOC, TPL, TCRD, CCREQ, SPND, KBH

12. Spenddown Liability window displays.

Spenddown Liability

File Edit Applications Options Addtl Options KDC

Base Period Start Date	Base Period End Date	Amount	Date Created
2016/10/01	2017/03/31	\$5,511.00	2017/01/18

Buttons: Notice, Exit

- Confirm the Base Period End Date of the last Spenddown Liability segment. (Does this end date cover the MN end date on the Beneficiary Eligibility window? This may identify any missing months of eligibility.)

13. Double Click on the Amount with the Base Period End Date that needs researched.

14. Spenddown Claim window displays.

Spenddown Claim

File Edit Applications Options Addtl Options KDC

Show All Claims

Total Spenddown Amount \$5,511.00 Base Period 2016/10/01 - 2017/03/31 **Remaining Amount \$0.00**

Seq	ICN	PPP	Bene ID	First Name	Billing Provider Name MCO Provider Name	FDOS Service Provider Name	TDOS	Applied Amount
0001	6017020000323	Y	00101016541	RONALD	SUMNER MENTAL HEALTH CEN	2016/12/28	2016/12/28	\$272.00
0002	6017020000324	Y	00101016541	RONALD	SUMNER MENTAL HEALTH CEN	2016/12/22	2016/12/22	\$25.00
0003	6017020000325	Y	00101016541	RONALD	SUMNER MENTAL HEALTH CEN	2016/12/22	2016/12/22	\$34.00
0004	6017020000326	Y	00101016541	RONALD	SUMNER MENTAL HEALTH CEN	2016/12/21	2016/12/21	\$50.00
0005	6017020000327	Y	00101016541	RONALD	SUMNER MENTAL HEALTH CEN	2016/12/20	2016/12/20	\$170.00
0006	6017020000328	Y	00101016541	RONALD	SUMNER MENTAL HEALTH CEN	2016/12/16	2016/12/16	\$125.00
0007	6017020000329	Y	00101016541	RONALD	SUMNER MENTAL HEALTH CEN	2016/12/13	2016/12/13	\$170.00

Total Amount Applied: \$5,511.00

Exit Bene Bill

- Confirm whether the consumer met 67% or more of their most recent spenddown amount. The Spenddown Estimating Tool will be needed. This is also contains information on the type of bills used to meet the spenddown, such as mental health expenses.

Checking KEES

The following will show a worker what to look for in order to answer the remaining questions in KEES.

15. If not already completed login to KEES and navigate to the appropriate case.

16. The Case Summary screen will display. Review the following information:

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

Case Summary Customer Information Reporting Distributed Documents Customer Schedule Courtesy Month

Go Case Summary

Case Name Mailing Address Phone Number County of Residence Kansas
Alt. Phone Number
Home Address

Companion Cases

Display: 03/01/2017 View

Medical Programs - 1393

Worker: VIRGINIA JOHNSON Primary Applicant/Recipient:
Worker ID: KH02060102 Language:
Program Status: Discontinued Phone Number:
Discontinued Date: 03/01/2017 Application Date:

Review Due Month: 02/2016 Review

Name	Requested Medical Type	Review Month	Relationship To Primary Applicant	Role	Role Reason	Status
	Medical	02/2016	Spouse	MEM		Discontinued
	Medical	02/2016	Primary Applicant	FRI	Spouse	Discontinued

- Review Due Month

- What is the Review due month listed in the Medical Program block? A future month listed may reflect action was taken which could have adjusted eligibility. If Medically Needy was authorized as a result of this action, a spenddown liability segment will need to be present along with MN eligibility to MMIS. This would also indicate that that a gap should be filled.

Note: After processing a case, ensure the Review Due Month is correct. The Review Due Month should match the End date of the second Base Period in a twelve month review period. (If the spenddown base period begins with the first month of a review period, the Review Due Month will be the twelfth month, if it is not, then the Review Due Month may need to be adjusted)

17. Select Eligibility in the Global Navigation bar

18. Select Reporting in the Local Navigation menu. Review the following information on the Review and IR/12 Month Reporting List page.

Review and IR/12 Month Reporting List

Search Results Summary				
		Display From: <input type="text"/>	To: <input type="text"/>	
Type	Submit Month	Document Status	Report Status	Program
Pre-Populated Medical Review	11/2008	Sent	Incomplete	Medical - 1654

- Document status
 - Is there a record corresponding to the Review Due month on Case Summary page? If not, mail the KC1600 allowing 15 days to return. If the review is returned the gap filling criteria must be applied.
 - Does the record show Type Pre-Populated Medical Review with a Document Status of “Received”?
 - If yes, the consumer qualifies for Gap Filling, process the case using the information found in the returned Review application.
 - If the Type Pre-Populated Medical Review with a Document Status is “Sent”, ensure all appropriate parties were sent the review. If so, deny case for failure to return review. If the administrative role did not get a review sent to them this will need to be sent to them allowing for 15 days to return.

19. Select Distributed Documents in the Local Navigation menu.

20. The Distributed Documents Search Page displays.

21. Update the From in the Date Range to 12/01/2015. This will show all notices sent for the last year. Review the following information to answer the question: Was the consumer notified of a new spenddown? If the consumer was notified of a new spenddown base the case qualifies for Gap Filling.

Distributed Documents Search

* - Indicates required fields

Search By: Case

Case Number: *

Program Type:

Worker:

Document Name:

Category:

Status:

Date Range: From: 12/01/2015 To: 03/28/2017

Results per Page: 25

Distributed Documents Search

* - Indicates required fields

Refine Your Search

Search Results Summary Results 1 - 11 of 11

Select	Date	Worker	Document	Recipient	Type Program	Ben. Mo.	Status	Receive Date	Posted Date	Undelivered
<input type="checkbox"/>	01/18/2017		Medically Needy Health Plan-Spenddown Informational Notice				Printed Centrally			
<input type="checkbox"/>	01/18/2017		Medically Needy Health Plan-Spenddown Informational Notice				Printed Centrally			
<input type="checkbox"/>	01/18/2017		NOA - Medical - Approval			10/01/2016	Printed Centrally			
<input type="checkbox"/>	01/18/2017		NOA - Medical - Approval			10/01/2016	Printed Centrally			
<input checked="" type="checkbox"/>	11/10/2016		KanCare Verification Request				Printed Centrally			
<input checked="" type="checkbox"/>	10/18/2016		General Correspondence				Printed Centrally			
<input type="checkbox"/>	08/19/2016		NOA - Medical - Denial			12/01/2015	Printed Centrally			
<input type="checkbox"/>	08/19/2016		NOA - Medical - Denial			01/01/2016	Printed Centrally			
<input type="checkbox"/>	08/19/2016		NOA - Medical - Denial			11/01/2015	Printed Centrally			
<input checked="" type="checkbox"/>	07/06/2016		KanCare Verification Request				Printed Centrally			
<input checked="" type="checkbox"/>	06/17/2016		General Correspondence				Printed Centrally			

Undelivered Regenerate Delete Images

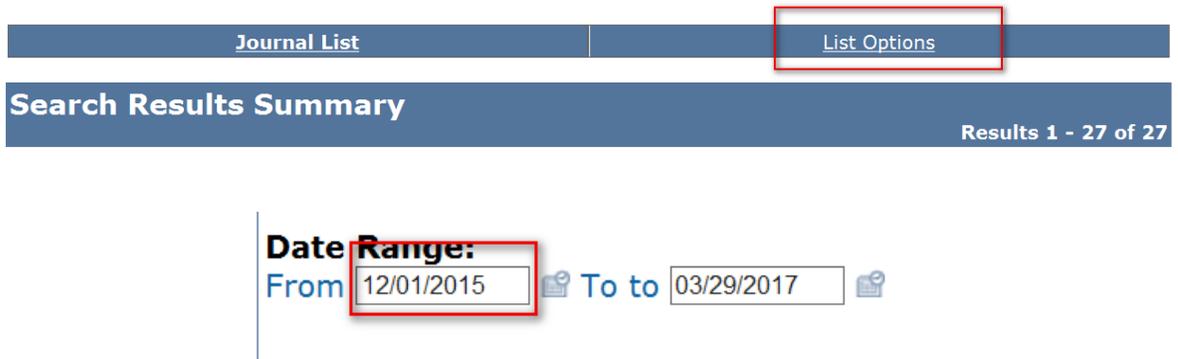
- Distributed Documents

- Did all appropriate parties receive the prepopulated review? If the administrative role did not get a review sent to them and the review has not been received this will need to be sent to them allowing for 15 days to return. If the review is returned the gap filling criteria must be applied.
- Are there other NOAs to verify past and current eligibility? If the consumer was notified of a new spenddown, it is required to give them the coverage they were notified for, which would mean filling any gaps.

22. Select Journal in the top right hand corner.

23. The Journal List page displays.

24. Select the List Options hyperlink and update the from in the date range year to 2015.



25. Click search and review the following information to answer the question: Did the consumer call asking about the status of a spenddown for months in the gap months?

- Journal
 - Has the consumer contacted the agency about unpaid bills in months that would be part of the “gap” or turned in a new application?
 - Is there historic activity regarding spenddowns? Has the consumer met them in the past? If yes, this could help in determining if the consumer should receive benefits in the “gap” months.

Does a gap need filled?

After completing the review of the case, the worker should now be able to determine if gap months exist, what the gap months are, and if they should be filled. If you are unsure, contact with supervisory or lead staff may be necessary.

PART B: FILLING THE GAP

When a case has been determined to be eligible for filling the gap, a multiple step process must be followed to correctly establish eligibility in KEES and MMIS. The following process will explain how gap months must be handled. It is critical to know the months and the base period you intend to fill before starting this action.

Step 1- Establish the Missing Base Period(s) in KEES:

Using the information gathered in MMIS identify the new base period(s) that must be established. The first month of the base period will start after the end date of the last month of the last spenddown base period showing in the MMIS. Once this information is known EDBC will need to be run in KEES.

Note: When working gap months it is not necessary to send to KDHE for approval. Only when working the current review months would this be sent to KDHE after the gap months have been completed in full.

1. Run EDBC for the first month of the continuing eligibility in order to create the new base period.
 - Review the base period being created and the spenddown amount to ensure accuracy.
2. Save and Accept EDBC when the correct determination has been reached.
3. Continue to Run EDBC/Save and Accept for each month in order for all gap months.

Note: This process could create more than one six month base period if the gap you are filling is longer than 6 months.

- Review all NOAs generated for accuracy.
- Place Case on hold until the next day.

Step 2- Check MMIS:

The next day MMIS will need to be checked to ensure the correct Benefit Plan and Spenddown Liability Base Period(s) were sent. Based on what is found there are multiple actions. See steps 1-12 on how to check MMIS and what should be showing.

- MN Benefit Plan and Spenddown Base Period(s) are showing and are correct in the MMIS: Gap months have been completed, continue with normal review processing.
- MN Benefit Plan does NOT show at all or for the correct dates of eligibility, but the correct spenddown base period(s) are showing in MMIS: Submit a ticket to the KEES HelpDesk and notify them that the eligibility plan did not update to the MMIS.
- Neither the MN benefit plan nor spenddown base period(s) show in MMIS: Submit a ticket to the KEES HelpDesk and notify them that the eligibility plan and spenddown base period/s did not update to the MMIS.

Once the HelpDesk has completed the incident normal review/case processing can continue.

Note: The review due month should always match the last month of the second base period within the twelve month review period. This may require the review date to be adjusted.

Journal

Gap months of (list all gap months) have been filled due to (list reason for gap filling). Correct eligibility and base periods now showing in MMIS.

PART C: CASES THAT DO NOT QUALIFY FOR GAP FILLING

Not every case qualified for Gap Filling. When this occurs, the following is necessary:

Cases involving MSP

Cases involving MSP where the MSP will continue but the Medically Needy will not:

1. Medically Needy (MN) and MSP
2. Medically Needy (MN) only with new MSP coverage requested.
 - Change RMT to MSP and authorize MSP based upon current policy and month review received.
 - Run EDBC only in the come up month with a RE run reason to reset the review period. This will set the new review date and close MN for the current month.

Example 1: The last base period in the MMIS shows 10/2015 – 03/2016 and MN eligibility ended 3/31/2016. KEES shows an active spenddown and MSP through current month 04/30/2017 when coverage should have ended due to failure to return the 09/2016 review. The consumer submits a paper app on 1/12/2017. Through research it is determined that a gap will not be filled due to not meeting last spenddowns and no reports of new bills in uncovered months. Change RMT to MSP for the current month. Update non-financial and financial pages, and run EDBC with the RE run reason in the come up month. Update the IR Record to a Status of complete. Send NOA and Journal the case action taken. Make a note in the Journal that 'eligibility in KEES does not match eligibility in MMIS and a gap was not filled due to only MSP continuing.

Example 2: The last base period in the MMIS shows 04/2016 – 09/2016 and MN eligibility ended 9/30/2016. KEES shows an active spenddown through current month 04/30/2017. The consumer submits a pre pop review on 3/15/2017 requesting MSP only. Through research it is determined that a gap will not be filled due to not meeting last spenddowns and no reports of new bills in uncovered months. Change RMT to MSP for the current month. Update non-financial and financial pages, and run EDBC with the RE run reason in the come up month. Update the IR Record to a Status of

complete. Send NOA and Journal the case action taken. Make a note in the Journal that 'eligibility in KEES does not match eligibility in MMIS and a gap was not filled due to requesting MSP only.

Journal

Gap months of (list all gap months) will not be filled due to (list reason for not gap filling) MN coverage ended (list end date) current MSP coverage will continue through (list review due).

Cases where Eligibility Will Not Continue:

When a case does not qualify for any ongoing eligibility, it must be discontinued in the current month. Do not attempt to discontinue for an earlier month.

Journal

Gap months of (list all gap months) will not be filled due to consumer no longer has eligibility. MN coverage will discontinue in KEES as of (list end date). Case history in MMIS does not match KEES. Although KEES indicates a base period exists base periods and eligibility were never sent to MMIS. Due to no eligibility continuing at this time no further action is needed.