

March 22, 2013

POLICY MEMO:

To: KDHE-DHCF Clearinghouse Staff and DCF EES Program Administrators	From: Russell Nittler
Eligibility Policy Memo No: 2013-03-01	KFMAM: KFMAM Revision # 14
RE: Summary of Changes for Revision # 14	Program(s): All Family Medical Programs

Purpose, Background and Reason for Change of the Kansas Family Medical Assistance Manual (KFMAM), revision 14.

The purpose of this document is to identify the policy changes implemented in KFMAM revision 14. The revisions made are applicable to policies implemented July 1, 2012 and January 1, 2013. Separate implementation memos concerning these policies were issued.

Overview

Provisions have been added concerning the new KDHE-DHCF online medical assistance application which was implemented July 1, 2012. The online application is known as the SSP (Self-Service Portal).

Clarification was added to confirm the role of a facilitator is to help the applicant with the application process. They may neither sign the application nor act on behalf of the applicant.

With the implementation of KanCare, descriptions of the managed care delivery model were added to the manual. In addition, multiple sections have been updated to remove reference to the HealthWave program.

Changes

1401 and 1402 have been updated to identify an online application as another valid source of application. Applications received through the Self-Service Portal (SSP) are routed to either DCF or the Clearinghouse depending on the types of medical assistance requested.

1403 has been updated to identify the date of application for applications submitted online through the SSP. Instructions for applications submitted by individuals with no legal relationship to the applicant are also included. Two forms are referenced; "Medical Representative Authorization" and "Signature Page". These forms can be found with the implementation materials for KEES, Phase 1 issued on 7/20/2012.

1406.01 has been updated to include provisions related to KanCare for members approved for a Spenddown.

1408.01 and 1408.02 have been updated to include the new process used by Qualified Entities to determine Presumptive Eligibility for children. The Qualified Entities now use an online portal to make their PE determination.

2200 has been updated to explain the basis of the Medicaid delivery system. It includes an explanation of KanCare, capitation payments, the MCO contracts, among other basic information.

Clarifications

1406.02 has been updated to reflect a policy previously clarified. A denied application may be reinstated without a new application at any time within the original 45 day processing timeline, regardless of reason for denial.

2010.03 has been updated to clarify the role of a Facilitator. A Facilitator may not apply on a person's behalf nor sign the application.

1501 has been updated to clarify that a request for a fair hearing must be submitted in writing.

Rebranding HealthWave to KanCare

With the implementation of the KanCare program effective January 1, 2013, the HealthWave program has been rebranded as KanCare. Instead of the HealthWave Clearinghouse, it is now known as the KanCare Clearinghouse. References to the Title 21 population will now be CHIP. All other family populations will simply be known as KanCare or Medicaid. The following manual sections have been updated based on this rebranding.

1102	2051	2502
1120	2212	2503
1222	2271.03	2510
1225	2280	2520
1325.01	2310	2530
1401	2340.02	2531.01
1403	2400	2531.02
1404.04.	2403	2540
1408.01	2411.03	2600
1408.02	2413	2610
1408.03	2420	3120
1408.05	2430	3120.02
1423.12	2440	6113.01
1423.11	2440.01	6223
1503.01	2440.02	6311
1505	2451	6311.02
1507	2452.09	6410
2011.01	2453.02	6410.01
2040	2460.02	6511
2042	2470	6520
2045.04	2480	7441.01
2045.05	2501	8362.03

The following sections were updated to repair invalid links.

1211.05	2340.02	8113.02
2020.01	2480	8113.03
2034	6110	8313.02
2047.03	7300	8321.04
2240.03	8111.03	

Conclusion

If you have any questions about the material included in this memo, please contact:

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