



Policy Memo	
KDHE-DHCF POLICY NO: 2014-11-02	From: Jeanine Schieferecke, Senior Manager
Date: November 17, 2014 November 21, 2014 – Retracted	KEESM/KFMAM Reference: N/A
RE: Processing Medical Assistance During Transition to KEES	Program(s): All Medical Assistance Programs

The purpose of this memo is to provide information and instruction for medical assistance processing as we transition to a new automated eligibility system, the Kansas Eligibility Enforcement System (KEES). The memo provides critical dates for both KEES and the existing system, the Kansas Automated Child Support Enforcement System (KAECSES). Criteria and instructions for issuing emergency medical coverage during this transition period are also included.

This memo is intended for all eligibility staff processing medical assistance cases as well as Presumptive Eligibility Entities, Managed Care Organizations, medical providers, eligibility contractors and others who work closely with KanCare and KMAP beneficiaries.

A. Medical Processing Downtime

Medical Processing Downtime refers to a period where automated systems are not available to support medical casework while we transition to the new system. The data conversion and implementation process that occur during this transition period is a substantial effort. The effort requires a very organized and detailed conversion process. Extensive testing of all systems is done once the conversion process is complete. The conversion process and technical transition process will take several days.

The Downtime begins several days prior to the expected KEES go-live date when automated systems currently used to determine and track eligibility are brought down. The systems will go dark and will not be available for most eligibility-related processing. At this time, all medical processing from KAECSES, the existing eligibility system of record will terminate. Processing will resume several days later, when KEES is fully enabled. This means that medical eligibility determinations will not be possible during the downtime window. Processing is temporarily suspended.

Note that applications, reviews, and other documents will continue to be accepted. . Phone lines will also be open, but business services will be limited. Processing suspension will occur at all locations (The KanCare Clearinghouse, DCF offices, Outstationed Worker, ADAP, etc).

The Downtime will end when KEES is fully enabled - currently scheduled for 8 am on December 2, 2014. However, any unplanned complications or issues with the conversion process could extend this period. Staff and partners will be notified if such an event occurs.

A process has been established to provide medical coverage in limited situations during the Medical Processing Downtime. Coverage for Foster Care, Presumptive Eligibility for Children and for urgent medical needs is available. These processes are defined in Section C below.

All applications, reported changes and other casework in progress at 7 pm on November 21 at the beginning of Medical Downtime, as well as new work received during the Downtime will be completed in KEES when the new system is available.

B. Availability of Existing Systems During Transition to KEES

Although KAECSES is the primary legacy system impacted by the implementation of KEES, several other systems are also impacted by the cutover. The planned availability of impacted systems during the technical transition is outlined below.

a. KAECSES (Kansas Automated Eligibility & Child Support Enforcement System)

KAECSES is currently the system of record for medical eligibility and other human services programs (e.g. SNAP, TANF). Although medical eligibility will transition to KEES, KAECSES will continue to be the system of record for the other programs until implementation of KEES Phase 3 (expected to occur in 2015).

At the beginning of the downtime, critical medical jobs will run before the data conversion process begins. These include the medical paytape to MMIS and several jobs related to COLA Mass Change (see KDHE Memorandum, *Mass Change Instructions for January 2015*). Once medical conversion from KAECSES is completed, KAECSES will be available 'business as usual' for other programs, according to the schedule below. Following the conversion, medical history will still be viewable in KAECSES, but updates to medical cases cannot be made. Medical functionality in KAECSES will be disabled. (Note exception is staff will be able to delete a KAECSES notice produced as a result of COLA mass change until COB December 18, 2014). Where a case was previously shared in KAECSES by both medical and non-medical programs, the information can only be updated for the non-medical programs. Medical changes must be held and made when KEES is available. DCF and Clearinghouse management areas are responsible for developing processes for holding and retrieving information received during the downtime.

Example: An address change is provided by a customer during the downtimes who has open FS and MS programs. The address information is gathered and the information updated in KAECSES for the FS program only. The address cannot be updated for the medical case during the downtime – it will not be converted to KEES nor sent to the MMIS. Eligibility staff are responsible for holding the information and updating KEES with the new information once KEES is live.

KAECSES will be available according to the following schedule:

November 18, 2014: Medical paytape (MMIS monthly) runs according to current schedule

November 21, 2014: KAECSES is available until 7 pm. At that time, KAECSES will be brought down and the technical transition will begin. Before the actual KEES conversion process begins, several final KAECSES jobs will run. These are expected to run through the weekend but will be complete by November 23, 2014. KAECSES jobs in order:

- COLA Mass Change Jobs
- MMIS Daily #1
- Rollover from December, 2014 into January, 2015
- MMIS Daily #2 (send patient liability, client obligation and new spenddown periods resulting from Mass Change)
- Closures for failure to return review for November coverage – conversion cases only. Production cases will be produced the last day of the month.
- Modifications to KAECSES to eliminate the ability to process medical determinations in KAECSES. This will include end-dating all medical only notice templates, removing medical programs from the registration process and eliminating medical-only options within the KAECSES screens (e.g. Medical Budgeting type).

November 24, 2014 Available according to normal schedule

- KAECSES available for non-medical processing
- KAECSES available for medical view only

b. PSI Platform

This is a supplemental system used by the Kancare Clearinghouse to support Family Medical eligibility. It also houses the eligibility case log and provides workflow. The Platform will be available to Clearinghouse staff will record calls and actions that are discovered or reported during the downtime. The Platform will be disabled for update and become read-only just before go-live on November 28, 2014. A select group of Clearinghouse staff will still have update capabilities for management purposes.

c. ImageNow and DCF OneNote

ImageNow is used by the KanCare Clearinghouse, PMDT, ME QC, Premium Billing and other eligibility areas for document management. ImageNow will be brought down during the downtime and there will be no access to any documents stored on the ImageNow server, including those used for other eligibility functions over the weekend. ImageNow for other areas within KDHE will continue to be available.

November 21, 2014: Conversion and re-indexing of existing documents at the Clearinghouse will begin. The systems will be unavailable from the evening of November 21 through Sunday evening, November 23 during the database upgrade. Both the legacy 6.4 DHCF ImageNow system and KEES ImageNow will be available for use November 24. State KEES ImageNow users will gain access as the KDHE IT Helpdesk comes through to install the new 6.6 client. Installation will begin Monday morning November 24 for the Clearinghouse.

For DCF OneNote, DCF will begin using KEES for document management at go-live for all medical and non-medical programs. DCF will convert all images from the existing OneNote

system into KEES. Note: DCF will not back-scan older documents which are not stored in OneNote.

The OneNote conversion will begin approximately one week after KEES go-live. The OneNote folders will be restricted to read only within the first week after go-live but will remain available to view if necessary.

d. DCF Tracker

The Tracker is the current DCF Business Process Management tool. It will remain available during the Downtime. At KEES go-live, DCF will continue to manage day to day work with the Tracker..The transition to KEES which will replace the tracker will be delayed. For information see the DCF EES Change Discussion Guide located on the DCFnet KEES web page.

e. MMIS

The Medicaid Management Information System is the fiscal agent for medical assistance programs. It is operated by HP Enterprise Services (HPES). Data is being converted from the MMIS into KEES, and this process will begin the evening of November 21. Additional jobs will run following go-live to synchronize the MMIS and KEES. However, this isn't expected to impact the availability of the MMIS, as it will be available according to the current schedule. The MMIS will not be available during the normal maintenance window, 6:00 am -10:00 on Sundays.

f. Premium Billing

The Premium Billing system is operated by HPES and provides services for processing and collecting premiums for the Working Healthy and Kancare CHIP programs. Availability of the HP Premium Billing system will not be impacted by KEES conversion. Staff will be able to check premium status during the downtime.

g. KanCare Self Service Portal and the Presumptive Eligibility Tool

Both the KanCare self-service portal (the on-line application) and the Presumptive Eligibility (PE Tool) will be modified with the full implementation of KEES. New questions and functionality are being added to the application and a Pregnant Woman PE test is added to the PE tool. The transition to the new versions of the application and the portal will also require a downtime.

Both portals will be brought down at the beginning of the downtime period: 7 pm on November 21, 2014. A special announcement redirecting visitors to apply through other channels will display to anyone accessing these portals during the downtime. The new versions are expected to be available on Sunday, November 30, 2014.

1. The following apply to the SSP:

- i. All user ID's created by applicants during Phase 1 of the portal will be converted from Phase 1 to Phase 2, including the associated password
- ii. All incomplete applications will be lost when the Phase 1 version of the SSP is retired. Applications that are started but not submitted by November 21, 7pm will be lost. Applicants must reapply if the application is purged through this process.

- iii. A mass notice will be mailed to all account holders with incomplete applications. It will be sent a few days prior to go-live and will inform them of the transition and the upcoming purge of incomplete applications.
- iv. All data created during Phase 1 will be available to select Central Office staff to retrieve if necessary. Data will be archived into long term storage.

2. The following apply to the PE Tool:

- i. The PE portal will have the same availability as the Self Service Portal during the downtime, meaning it will be unavailable from 7 pm November 21 – November 30..
- ii. Current PE Tool users will have credentials migrated to the KEES system. Instructions are being issued to all impacted users.
- iii. PE Tools received on or before November 20 will be data entered into KAECSES prior to the beginning of the downtime. Tools received after this date may be delayed until after the downtime. If so, the temporary medical card issued should be honored by providers (see Item C below)

C. Providing Medical Assistance During the Medical Processing Downtime

As indicated above, the temporary suspension of systematic medical assistance casework during the downtime will prevent the authorization of coverage or changes during this period. The following are exceptions and off-system issuance will occur during the downtime:

a. Foster Care

Foster Care medical cards will be issued during this time with the same procedures that PPS uses to issue temporary cards used at the current time. Except for a delay with obtaining a Medical ID number for new youth, there is no change to the process.

b. Presumptive Eligibility for Children

See section B(2)c above regarding medical cards for PE children. At this time, the PE tool is not expected to be available during the downtime. However, temporary cards may have been issued during the days immediately prior to downtime.

c. Emergency/Urgent Care

Medical coverage can be provided to individuals who cannot receive critical or urgent care without the assurance of medical coverage. The 'Emergency' cards are only available for limited situations. All Emergency cards are approved and issued by KDHE Central Office.

A detailed specific list of medical conditions or reasons considered appropriate for Emergency coverage is not being issued. Situations must be evaluated on a case by case basis. KDHE clinical staff will be consulted as necessary regarding decisions for emergency care. However, there are specific exclusions, as emergency coverage cannot be issued under certain coverage types and benefit plans.

Because of the timing of Go-Live, we assume that all requests are for November, 2014 eligibility. However, December coverage may also be provided if necessary.

Use the following guidelines to determine if Emergency coverage can be considered:

1. Medical issues where Emergency coverage is allowable:
 - i. Prescriptions that need to be filled right away and the pharmacy cannot dispense without payment
 - ii. Critical or urgent medical appointment, for example a planned surgery or pre-operative step
 - iii. Inability to access pre-natal care
 - iv. Critical treatment, such as dialysis
2. Medical issues where Emergency coverage is not allowable unless there are other medical circumstances as noted in Item (a)
 - i. Nursing Home Entrance
 - ii. Expedited Pregnant Woman Coverage
3. Exclusions: The following populations cannot receive an Emergency card:
 - i. KanCare-CHIP
 - ii. SOBRA
 - iii. ADAP
 - iv. MediKan

d. Field Instructions and Processes

Keep in mind, replacement cards can be produced for person who have coverage already authorized and have just misplaced the ID Card. Follow normal replacement card procedures. The Emergency process is only applicable for persons who do not have current eligibility

When a potential situation has been identified, the eligibility staff person will complete an off system determination using the forms indicated on the attached ES-DZA, Documentation of Eligibility for Issuance of Temporary Medical Card. Local/Clearinghouse eligibility staff are responsible for ensuring ALL eligibility factors are met (e.g. General, Non-Financial and Financial) and appropriate verification requirements have been met. Reference forms are included with the DZA, but additional local processes will be necessary. This process is not intended to short cut the eligibility determination process, so all policies are still in effect. Policy changes effective December 1, 2014 are applicable. The results of the determination and the reason for the Emergency request are then captured on the ES-DZA. This document is then sent to KDHE Central Office. Please ensure the Reason cell on the form is fully completed. If December, 2014 coverage is needed, note the reasons why in this cell.

Completed requests are then submitted to the following KDHE CO staff:

Russell Nittler, RNittler@kdheks.gov.

With a copy to Jeanine Schieferecke, JSchieferecke@kdheks.gov

Upon receipt, KDHE Central Office staff will review the documentation. KDHE staff will issue a paper Temporary Medical Card to the consumer and notify the Kancare MCO and HP staff of the approval.

Once KEES is live, the determination must be recorded in KEES. Eligibility staff processing the initial request are responsible for entering the final determination in KEES. Follow normal KEES processing rules. All cases approved for emergency care must be entered in KEES within two business days of full production.

This interim Emergency process will be used for a maximum of 2 weeks, beginning with the first day of the medical eligibility down time and ending when KEES is live. If the downtime extends beyond that period, additional guidance will be issued.

e. Notification to Medical Providers

A special bulletin to medical providers has been created to announce the downtime. It will be made available on the KMAP website. See <https://www.kmap-state-ks.us/Public/homepage.asp>

D. Initial Processing In KEES

Once the technical conversion process is completed, KEES will be available for medical assistance processing according to the schedule below. See section above for availability of the Self-Service Portal and PE Tool.

a. Controlled Production

This is the initial production phase for KEES. During Controlled Production, cadres of users in all management areas (DCF, The Clearinghouse and Outstationed Workers) will process select cases. These cases will be monitored as processing steps occur to note any unexpected outcomes or problems. Cases will be chosen ahead of time and specific instructions for processing cases will be provided. Cases processed during Controlled Production are live cases and the results will be sent to the MMIS. Staff participating in the Controlled Production phase will be notified by local management.

Controlled Production Period: November 30 – December 1, 2014

b. Full Production

Upon successful completion of Controlled Production, KEES will enter the full production phase and will be available for all medical case processing. This should occur on December 2, 2014, but may be delayed depending on the results of Controlled Production. Timely notification will be provided to KEES users regarding full production as necessary.

As with any major system implementation, there will be an adjustment period for staff, QE entities, third parties and medical beneficiaries. Eligibility staff, in particular, will require time to adapt to KEES and learn new business processes. There could also be unexpected changes or modifications to planned processes in the event the technical transition and conversion don't execute as expected. This will likely result in reduced production levels for the initial days or weeks until staff become comfortable with the new system. Members and others may experience response/processing delays during this transition phase.

Members may wish to use self-service tools available through the MMIS. ROSIE, the automated phone attendant, can provide eligibility information over the phone. Also, the Member Web Service portal provides immediate coverage information on-line. For more information on the Portal, see <https://www.kmap-state-ks.us/HCP2/Default.aspx?alias=www.kmap-state-ks.us/HCP2/Member>. If a member has not yet registered their account to gain access, they can do so at any time using the instructions sent at initial enrollment or by calling 1-800-766-9012.

Persons who experience problems and wish to speak to someone should call the location

responsible for the eligibility case:

The KanCare Clearinghouse – Family Medical: 1-800-792-4884

DCF – Elderly/Disabled Medical: 1-888-369-4777 (or call the local office directly) :

c. Processing Priorities

To help ensure pending and production volumes can be consistently tracked in KEES and to meet critical deadlines with KEES, the following processing rules apply. Keep in mind, current processing priorities (such as urgent medical needs, pregnant women and PACE cases) are still applicable.

The following rules apply:

1. Cases approved for Emergency Medical should be fully processed in KEES within 2 working days.
2. Cases received during Medical Processing Downtime should be registered in KEES within 3 working days.
3. Reviews received during the Medical Processing Downtime for November coverage should be evaluated within 3 working days.
4. Cases converting as discontinued or other critical post-conversion activities should be resolved within 5 working days.
5. Case Maintenance actions received during Medical Processing Downtime should be imaged and tasks created within 5 working days.
6. Reviews for December coverage that are received in the office must be recorded in KEES by December 15, 2014 or a discontinuance notice will be produced.
7. The Medicare Buy-In report must be processed on December 17.

d. KEES Customer Service

KEES users who experience problems are encouraged to consult the KanCare KEES training site for more in depth guidance. The site contains policy memos, FAQs, job aids, tips & tricks, workaround processes and other KEES-related training material. The site is located at: <http://www.kancare.ks.gov/kees-train/Info/Training/Content/KEES-Info-Training.htm>. Once KEES is live, staff may also contact the KEES Business Support Center at KEESBusinessSupportTeam@kees.ks.gov with any system related questions.

E. Questions

For questions or concerns related to this document, please contact one of the Medical program staff below.

Jeanine Schieferecke, Senior Manager – jschieferecke@kdheks.gov

Russell Nittler, Senior Manager – rnittler@kdheks.gov

Tim Schroeder, Elderly and Disabled Program Manager – tschroeder@kdheks.gov

Allison Miller, Family Medical Program Manager – amiller@kdheks.gov |