



MEMORANDUM

To: SRS Staff
HealthWave Clearinghouse Staff

Date: August 22, 2008

From: Jeanine Schieferecke, KHPA

RE: Implementation of Plastic Medical Cards

The purpose of this memo is to provide instructions regarding the implementation of plastic medical cards. Although the official implementation date for the plastic card is September 1, 2008, these procedures are effective beginning with the initial conversion to plastic cards, August 22, 2008.

A. Background

For many years beneficiaries have received paper medical cards to document eligibility for coverage. The information on the card has been used by providers to verify general eligibility as well as the benefit plan, managed care assignment, copayment responsibilities and other critical pieces of information that are necessary for a provider to know prior to providing services. Color-coded cards have even been used to allow providers to recognize special coverage situations (e.g. QMB) easily. Possession of a paper medical card has been considered proof of coverage, and when a beneficiary presented a valid medical card at the time of service the provider was ensured payment. Supporting this paper-based process required issuing hundreds of thousands of medical cards each month, including thousands of replacements for lost or destroyed cards.

Enhanced technology now offers providers the opportunity to verify eligibility using phone and on-line systems, without relying on detailed information from a paper document. EDS has offered providers an Automated Voice Response System (AVRS), AVRS faxback, Provider Electronic Solutions (PES) and on-line verification through a secure KMAP web site for a number of years. These processes are routinely used by providers, and are even required by KHPA to be used for specific case situations (e.g. medically needy spenddown). This routine use has resulted in a decreased level of dependence on the information available on the paper card, and therefore, the paper card process.

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Earlier this year, KHPA announced Kansas would be the 46th state to terminate production of monthly paper ID cards and implement a permanent plastic card. Kansas will be the first state, however, to use national standards for advanced ID cards endorsed by the Workgroup for Electronic Data Interchange (WEDI).

The new plastic card is effective September 1, 2008.

B. The Plastic Medical Card

A permanent plastic medical card will be issued to all current and new medical assistance beneficiaries who currently receive a paper medical card. The final paper cards will be produced on August 21, 2008 with a full conversion to plastic occurring on August 22.

All beneficiaries receive a plastic medical card unless they are in one of the following benefit plans: HealthWave XXI, SOBRA, LMB, Expanded LMB, QWD, and PACE.

One card will be sent for each eligible individual. Up to four cards will be sent in a single envelope for families. All cards will be produced and mailed by EDS, from a facility in Oklahoma City, Oklahoma.

- 1. New Beneficiaries:** All persons newly eligible for medical assistance will be issued a plastic medical card. Beneficiaries can expect to receive a card in about 5 days following authorization of the case. Cards will be sent to the case address or mailing address, listed on the MMIS. Daily issuance of cards will begin August 22, 2008.
- 2. Existing Beneficiaries:** Plastic medical cards will be mailed to individuals eligible for the month of August using the July 23 KAECSES month end eligibility file. This could mean that clients who are not eligible in September will receive a card. The card will be mailed to the address in the MMIS system as of July 24. Individuals who were determined initially eligible between July 23 and August 22 will be mailed during the week of August 25, 2008.

The plastic card will contain limited information; Only the member's name, ID number and date of birth will appear on the card. No specific eligibility information will be on the card, as the provider is responsible for verifying all relevant eligibility and coverage information at the time of service. The plastic medical card is equipped with magnetic swipe technology. This technology will allow providers to "swipe" the card through a card reader and access a beneficiary's eligibility information through the MMIS.

C. Returned Medical Card Procedures

Beginning with the first mailing of plastic medical cards, the return address listed on the medical card will no longer be the local SRS office or HealthWave Clearinghouse. All plastic medical cards that are undeliverable by the Post Office will be returned to the EDS site in Topeka.

EDS staff will research the case to determine the correct address and resend the cards, if possible. To ensure new addresses are reported back to the caseworker, a spreadsheet will be created that will list the beneficiaries whose cards were returned. The spreadsheets will be sent to a person designated for each region. That person will be responsible to determine which case information needs to be distributed to which worker and forward the information to them. From the information provided on the spreadsheet you will need to determine the correct address and update it in KAECSES.

Note: Remember to reauthorize the last paid benefit month so the updated address is sent to the MMIS.

A high number of returned cards are expected with the initial batch of cards. After this initial mailing, the number of undeliverable cards is expected to be significantly reduced.

D. Temporary Cards

Temporary cards can still be produced as necessary. However, the need for temporary cards is expected to be diminished, as providers can no longer use the card as proof of eligibility.

1. Instances Requiring Temporary Cards

- a. For persons who are known to the MMIS, a temporary card is produced by screen printing the existing Temp ID Card window in the MMIS. The new temporary card will be an exact replica of the plastic card, with the same information as the plastic medical card.
- b. For foster children unknown to the MMIS, the Foster Care letter will continue to be issued for these youth. The letter is valid for a short period, until a permanent card is issued through the MMIS. The letter has been modified and will be issued to CFS staff under separate cover.
- c. For Presumptive Eligibility, a coverage letter is issued to the caretaker of the child determined presumptively eligible. The letter is valid for a maximum of 7 days, to allow staff time to issue medical benefits and the system time to issue a plastic medical card.

2. Medical Card Stickers

To authenticate a temporary medical card, an official, sequentially issued sticker must be secured to the back of each card. These stickers have been revised to support plastic medical cards. Because these stickers are used for very specific instances (the Provider Letters for children in SRS/JJA custody, the Presumptive eligibility program and for temporary medical cards that are printed in the local office), a limited number have been produced. An initial supply will be sent to the offices and entities that use them. If you need medical card stickers and have not received the new ones, please contact Cheryl Coughlin at Cheryl.coughlin@khp.ks.gov

E. Replacement Cards

The plastic medical cards are intended to be permanent. The beneficiary is expected to keep their card even if they lose eligibility for a period of time. Because of this, requests for replacement cards should be minimal. Members who have been without coverage for at least 12 months will receive a new card following approval without additional action by staff. Members with shorter periods of ineligibility are expected to still have their card and a new card will not automatically be generated. However, a new card can be issued if it is needed.

If a member does require a new card, a replacement can be ordered through EDS. The individual can request the card through eligibility staff, EDS customer service staff or others with the appropriate MMIS security access.

To request a replacement card, take the following steps:

- 1) Check the ID Card Issuance History window to see when the last card was sent. If it was sent within the last 7 days, don't request a new card. Inform the beneficiary that a card has already been requested and is in the mail.
- 2) Check the address in the MMIS to make sure it is correct. If it isn't correct, the eligibility worker must make the update in KAECSES and reauthorize the last paid benefit month to update the address in the MMIS. Once the address is updated in the MMIS, a replacement card should be requested.
- 3) Access the Beneficiary ID Card Request window. Enter the reason the replacement card is being requested. The window will not allow more than one request per day. A replacement card request can be submitted for any beneficiary that has current eligibility or has had eligibility within the last two months. If the last month of eligibility is more than two months from the date of request, determine if the beneficiary truly needs a plastic medical card. If it is determined a card is needed and you try to request the card, the MMIS will give you an edit stating supervisor authorization is required and not allow the request to be processed. You will need to ask an EDS Medicaid liaison to request the card or the beneficiary will have to call EDS customer service and request the card from them. They are the only staff who will have the security profile that will allow them to request a replacement card. In those instances, the Reason Code will always be set to 'Override'.

F. Certificates of Creditable Coverage

There may be some instances where a beneficiary doesn't have current eligibility but wants a replacement card for past eligibility periods. They may have received bills from their providers for the past eligibility periods and want a card to present to the provider so the provider can submit the bill to KMAP.

In these instances, the Certificate of Creditable Coverage (CCC) may provide sufficient information to allow the provider to verify eligibility. A CCC is sent to most Medicaid and MediKan beneficiaries when eligibility terminates to prove past coverage to future health care providers in order to reduce or eliminate waiting periods for pre-existing conditions. The CCC is required by federal law.

Because the certificate provides the name and Medical ID number, it can be used by the provider to verify eligibility. The beneficiary can show the CCC to the provider. Modifications have been made to the CCC to allow it to be used for this purpose.

In rare instances, a CCC may be sent to the member instead of a medical card to document eligibility on a closed case. Because the MMIS address cannot be updated on a closed case it is extremely difficult to get the card to the right address. However, the CCC can be sent to a third party, providing a quicker method of getting the member an acceptable form of documentation of coverage.

Keep in mind, the CCC does not verify eligibility, as much information is still needed by the provider (eg managed care assignment, copayment levels) for payment purposes. But, the CCC does verify KMAP involvement. Also, CCC's are not appropriate for individuals who have coverage only through a limited benefit plan, such as ADAP or QMB. A certificate cannot be mailed for these persons.

The CCC window is accessed using the Additional Options Menu from the Beneficiary Base Window and is available through specific security profiles only.

Please remember, that if a certificate cannot be sent, the provider can always check a beneficiary's eligibility in the MMIS using the various tools that are available to them. The beneficiary will have to provide their Member ID number or their Social Security Number and then the provider can look up their eligibility.

G. MMIS System Modifications

Modifications have been made to the MMIS to support the new process, these include updates and additions to MMIS windows. KMAP liaisons located in the regional SRS offices will provide training on the changes.

Changes have been made to the following windows:

1) ID Card Issuance History

The date field will now indicate the date EDS sent the request for a card to the production facility. A new reason code for why the card was requested has been added.

2) Beneficiary ID Card Request

The Begin and End Date has been removed as the plastic ID cards are not month specific. A Reason Code field has been added to indicate the reason a replacement card has been requested. The reason codes can be accessed using the drop down box where you can select the reason for issuing a replacement card.

3) Beneficiary Temporary ID Card

This window is used to print a temporary ID card. The information displayed and printed is the exact same information that appears on the front and back of the plastic medical card.

4) Beneficiary Reference

This new window has been added to provide staff with a summary of eligibility information. The window functions like the previous Beneficiary Temporary ID card window. It pulls together all the eligibility information and displays it on one screen. This window will be beneficial to staff if they have to answer questions about last KBH screening, last eye exam, remaining spenddown etc.

This window is accessed from the Additional Options drop down menu on the Beneficiary Base window. You **CANNOT** print the information from this window.

H. KAECSES Notices

Many KAECSES notices have been updated to reflect the change from paper to plastic medical cards. This includes nearly all approval notices, review notices and many change notices. The majority of these notices have been updated, replacing information on monthly paper cards with a general statement regarding plastic cards. Due to the volume, a complete notice list is not included. In addition, some notices are still awaiting update. If you find a notice that hasn't been updated, please notify Patty Rice, Automated Systems Manager (patty.rice@khp.ks.gov).

I. Future Updates

KHPA continues development of several other system updates to provide better service to our members. Two of these updates are scheduled for implementation on October 1, 2008.

1) ROSIE - the Response Options System for Information and Eligibility

ROSIE is a secure, automated voice response system (AVRS) which will provide members the opportunity to verify information previously contained on the paper medical card over the phone. It will operate much like the provider AVRS. Members will be sent letters in late September with instructions regarding access to the system. A PIN and password will be required to use this system.

2) On-Line Member Services

EDS will offer a secure web site, or beneficiary portal, to access eligibility and benefit information. The web site will provide eligibility and coverage information and will allow a member to request basic information. For example, the member can check eligibility, request a duplicate ID card, report a change in TPL and select a managed care provider on line. The web site will be secure and individual access information will be sent out in late September.

It is important to note that the on-line site is organized by case number and accessible by the case head only. This means that all information for a family can be accessed under the same profile, but family members on different case numbers will have separate logon PINs and passwords. In addition, the security information for children who are listed as the case head without a different mailing address will be mailed in the child's name. This is also true for cases with responsible persons indicated – the member will receive the security information at the mailing address (eg the nursing home).

J. Customer Service Impact

KHPA and EDS are anticipating an unusually high call volume in the month of September due to the special mailing. As some EDS staff will be redirected to help manage this additional work load, we are asking staff to be aware of this additional workload when making requests of EDS.

It is also important for staff to realize that confidentiality rules only allow EDS staff to speak openly about a case with adult members, the case head (if an adult) or a named responsible person. This is because the information received from KAECSES is limited. If other individuals are approved to discuss information on the case, the case worker should enter this information on the Chrono Notes window of the MMIS.

K. Closing

KHPA is very excited to move the medical assistance programs forward with the implementation of plastic medical cards. Your support and hard work to make this project successful is much appreciated.

If you have any question about the information in this memo, please contact Kay Wiese, kay.wiese@khp.ks.gov or by phone, (785) 296-0738. If you have questions for EDS, please contact your liaison or the customer service center at 1-800-766-9012.