



Policy Memo	
KDHE-DHCF POLICY NO: 2013-09-01	From: Jeanine Schieferecke, Senior Manager
Date: September 4, 2013	KEESM/KFMAM Reference: N/A
RE: Application Forms Implementation Instructions	Program(s): All Medical Assistance Programs

The purpose of this memo is to provide information and instruction regarding new application forms that have been developed for medical programs. This memo will introduce staff to the new forms, provide guidance on how and when they are used, and provide detailed information to staff on how to respond to individual questions.

Effective with the release of new application forms, on or about September 1, 2013, medical coverage will be requested through single program applications only. Human service programs will require a separate application.

A. Background

Staff will notice a significant change in the new application forms. The documents have been reformatted to increase readability and additional questions have been added to support new policies. Supplements have also been developed to facilitate an easier process when a form is received without all necessary information.

The primary issue driving these changes is the implementation of the Affordable Care Act. States are required to use a single, streamlined application that can be used to apply for both Medicaid and CHIP as well as for assistance through the Federal Health Insurance Marketplace. The use of this single application allows an individual to have eligibility determined by both the state and the Marketplace without being required to complete a new application. Applications will be accepted at either location and information will be shared across entities. Persons applying with the Marketplace who appear to be in the Medicaid or CHIP income range will be transferred to the state and vice versa. Because the application must support all programs, questions are included that are not needed for our programs, but are needed for applications transferred to the Marketplace. These forms also accommodate the new MAGI (Modified Adjusted Gross Income) budgeting provisions.

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Medicaid and HealthWave:
 Phone: 785-296-3981
 Fax: 785-296-4813

State Employee Health Benefits and Plan Purchasing:
 Phone: 785-368-6361
 Fax: 785-368-7180

State Self Insurance Fund:
 Phone: 785-296-2364
 Fax: 785-296-6995

Coordination of applications between KEES and the federal Marketplace will be addressed in an upcoming Implementation memo.

Although KDHE will continue to maintain paper applications, it is the goal of the agency to increase the proportion of applications received through the Self Service Portal (SSP). Staff should encourage applicants to use the SSP rather than a paper application whenever possible to fully take advantage of the additional automated processes available with KEES.

B. Application Forms

The following is a complete list of medical application forms:

- KC1100 – Medical assistance application for Families with Children
- KC1500 – Medical assistance application for the Elderly and Persons with Disabilities
- ES-3100.8 – Medicare Savings Program application
- ES-3100.7 – Medical assistance application for Breast and Cervical Cancer
- Applications for TB Medical
- Online applications received through the KanCare Customer Self-Service Portal
- MIPPA applications received through the SSA
- Applications originating at the Federally Facilitated Marketplace (effective 10/1/2013)

DCF applications that are currently used for medical assistance requests will be renamed and reissued. DCF will provide additional information about this change.

- ES-3100 - Application for Families: Medical will be removed from this application
- ES-3100.1 – Application for the Elderly and Persons with Disabilities – This application will be obsolete. Human service programs available on this form will be included on the ES-3100.

C. Application Form Specifics

The three primary application forms are:

- KC1100 – Medical Assistance application for Families with Children
- KC1500 – Medical Assistance application for the Elderly and Persons with Disabilities
- ES-3100.8 – Medicare Savings Program(MSP) application

They are each distributed as part of an application packet. Specifics about what is included in each packet are identified below. Applications are available in both English and Spanish. The Spanish applications have the same form number, with an added 'S' at the end; i.e. KC1100S is the Spanish application for medical assistance for Families with Children.

C.1 KC1100 – KanCare Medical Assistance Application for Families with Children

The KC1100 Family application has been redesigned to capture all of the information necessary to determine eligibility for Medicaid and CHIP following the new MAGI policies that are being implemented October 1, 2013. In addition, the application includes questions that are not needed for the Medicaid or CHIP determination, but are needed by the Federal Health Insurance Marketplace. Provided with this memo is a Job Aid that gives detailed instructions on the use of this application

form and identifies which questions are used by the Marketplace.

The application packet includes:

- Family Brochure (KC2100)
- Application Form (KC1100)
- Helpful Hints for Families (KC2110)
- Extra Services Highlights (KC2120)
- Self-addressed postage-paid return envelope (addressed to the Clearinghouse)

C.2 KC1500 – KanCare Medical Assistance Application for the Elderly and Persons with Disabilities

The KC1500 E&D application is a new medical-only application for the Elderly and Persons with Disabilities. Provided with this memo is a Job Aid that gives detailed instructions on the use of this application form.

The application packet includes:

- E&D Brochure (KC2500)
- Application Form (KC1500)
- Helpful Hints for E&D (KC2510)
- Extra Services Highlights (KC2120)

C.3 ES3100.8 Medicare Savings Program application form

The ES-3100.8 MSP application has minimal updates. Historically this form was only available to staff through printing from the KEESM. With KEES, this form can be printed and available for distribution to interested individuals. Staff need to encourage consumers to complete this form when their only interest is in the Medicare Savings Programs. It is a much shorter application designed to simplify the process of applying for MSP.

The application packet includes:

- MSP Brochure (KC2700)
- Application Form (ES3100.8)

C.4 Return Envelopes

Applications processed by DCF do not include a self-addressed postage-paid return envelope. Because these applications are returned to multiple offices throughout the state, it wasn't possible to implement this process. The E&D application forms include a location for the local office to place a stamp or affix a label that identifies where the form should be returned.

D. Transition from old applications to new

The process of transitioning from the old applications to the new applications is designed to support the implementation of the new service delivery model which is effective October 1, 2013. At that time, all Family Medical applications and case maintenance activities are processed by the KanCare Clearinghouse. Most Elderly and Disabled medical and Child Welfare related medical will continue to be processed by DCF.

While the old applications will still be accepted, we are taking steps to ensure that the majority of applications received are either through the online SSP or via the new application forms. All current applications will be destroyed. KDHE Out-stationed eligibility staff will actively remove existing supplies and replace with new documents. Supplies will be sent to local DCF offices and other sites to facilitate a quick transition.

It is important that we use the new forms because of the critical information that is required to determine MAGI eligibility in KEES.

When an old application form is received, we must honor the application date, but it may require that we obtain additional information from the applicant in order to process their request. Below are the steps to take when an old application form is received.

D.1 Family Medical Applications

Effective with the release of this memo, all Family Medical applications are processed by the Clearinghouse. Previously, family medical applications were processed where they were received. This process ends with the transition to the new business model. All versions of the family medical application form received by DCF are immediately forwarded to the Clearinghouse for processing.

The Clearinghouse is responsible for processing these requests as well as maintaining the medical assistance case. Further information about the division of work will be provided in an upcoming KEES Implementation memo.

When DCF receives any version of the family medical application form, it is date stamped in an easily viewable location and immediately forwarded to the Clearinghouse. Applications are sent to the Clearinghouse via fax at 1-800-498-1255.

When the Clearinghouse or an out-stationed worker receives an old, obsolete application, the following rules apply:

- Prior to November 1: Request tax household and KEES information via the KC4510 Tax Information and Relationship (TIAR) form. The original application date is honored.
- November 1 or later: Send a new KC1100 application form to the applicant to complete. The original application date is honored. *Note:* Sending a new application form is only required when we don't have the necessary information to determine eligibility.

E. Process of Ordering Forms

The application forms are printed and distributed from a central location. MAXIMUS, the contractor that operates the Clearinghouse is responsible for the printing and distribution of application forms. A small supply of the KC1100 – Family Medical application will be provided to each DCF office and

community partners across the state during the first week of September. This will be followed by a bulk supply of application forms by mid-September.

Use the following procedures to request additional application forms:

- Bulk request: When a DCF office or community partner is in need of a supply of applications they will complete the KS – Application Requests email form and send it to KSApplicationRequest@policy-studies.com. The form includes such information as the Name, Address, Type of Material, Language and Volume.
- Individual requests for a consumer:
 - DCF offices continue to follow existing processes for providing individual consumers with an application.
 - Clearinghouse Call Center staff enter individual consumer requests into a database. These requests are compiled and provided to the print vendor on a daily basis.

F. Medical Self Service Portal

The KEES Medical Self Service Portal will be updated to capture the necessary data to complete a MAGI determination and communicate with the Federal Health Insurance Marketplace when necessary.

G. Application Supplements

With the creation of medical-only application forms, two supplemental forms were also created:

- KC1105: E&D Supplement to the KC1100
- KC1505: Family Supplement to the KC1500

These supplements are used when the applicant has completed the wrong form, and more information is needed to determine the type of medical program that is needed. These forms are not applications and therefore are not readily available to the public.

The supplement forms are only sent out at the request of a worker who determines that additional information is needed. For example, if an applicant completes the Family application, but actually needs a Long Term Care determination, the KC1105 is sent to capture resources and other E&D related information. Eligibility staff complete the KS – Application Requests email form and send it to KSApplicationRequest@policy-studies.com in order to request a supplement for the consumer.

As an alternative, DCF staff may print copies of the supplements to present directly to the applicant.

H. Application Job Aids

The new application forms include questions that are not currently being asked of consumers. Eligibility staff shall reference the attached KC1100 Family Medical Application Eligibility Processing Job Aid and the KC1500 E&D Application Eligibility Processing Job Aid for additional instructions about mandatory information and how to determine eligibility with this new information. These job aids also identify which questions on the application forms are needed for the Federal Insurance Marketplace and are therefore not required for a Medicaid or CHIP determination.

Conclusion

As indicated above, additional guidance will be provided prior to KEES implementation. For questions or concerns related to this document, please contact one of the Medical program staff below.

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

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

Russell Nittler, Senior Manager – rnittler@kdheks.gov

Jeanine Schieferecke, Senior Manager – jschieferecke@kdheks.gov

Attachments

- KC1100 & KC1100S – Medical Assistance Application for Families with Children
- KC1500 & KC1500S – Medical Assistance Application for the Elderly and Persons with Disabilities
- ES-3100.8 & ES-3100.8S – Medicare Savings Program application
- KC2100 & KC2100S – Families with Children brochure
- KC2500 & KC2500S – Elderly and Persons with Disabilities brochure
- KC2700 & KC2700S – Medicare Savings Program brochure
- KC1105 & KC1105S – E&D Supplement to the KC1100
- KC1505 & KC1505S – Family Supplement to the KC1500
- KC2110 & KC2110S – Helpful Hints for Families
- KC2510 & KC2510S – Helpful Hints for E&D
- KC2120 & KC2120S – Extra Services Highlights
- KC4510 Tax Information and Relationship (TIAR) form
- Job Aid – KC1100 Family Medical Application Eligibility Processing Job Aid
- Job Aid – KC1500 – E&D Application Eligibility Processing Job Aid
- KS – Application Requests email form