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To:	EES Program Administrators & Staff HealthWave Clearinghouse Staff	**Date:**	July 20, 2012
From:	Russell Nittler, Sr. Mgr. Eligibility Policy Jeanine Schieferecke, KEES Business Lead, KDHE	**RE:**	Implementation Instructions – KEES, Phase 1: Customer Self-Service Portal, Effective August 1, 2012

This memo sets forth implementation instructions regarding the newly developed Customer Self-Service Portal (CSSP). The CSSP is the first phase in implementation of the Kansas Eligibility Enforcement System (KEES). KDHE has contracted with Accenture to implement and operate KEES. Also implemented in Phase One is the Presumptive Eligibility (PE) Tool, which will be accessible for specific entities authorized to make PE determinations through a secure portal. The CSSP will be available for use by the general public and the PE entities on August 1, 2012. The memo addresses the following major topics:

- CSSP Overview
- Self Assessment
- Online Application
- Organization Help
- Electronic Signature, Medical Representatives and Facilitators
- Application Submission
- Application Date
- Application Format
- Identifying Expedited Applications
- Eligibility Processing
- Multiple Applications
- MediKan

Training material on these topics is also available in the KEES Learning Management System (LMS) and provides additional details. The LMS is located at http://lms.kees.ks.gov. A sign-on is required to access the LMS. Additional information on the KEES project can be found at the KEES website, www.kees.ks.gov

A) CSSP Overview

The CSSP is a secure online site that provides customers with the ability to access educational materials, perform a simplified eligibility self-assessment, or complete and submit an application for medical assistance. The CSSP is designed to allow greater access to service and to provide additional self-service options for customers. The CSSP is available in English and Spanish versions.

Assistance is available for both customers and staff experiencing problems using the CSSP. Online Help is accessible from most windows. Instructions on accessing Online Help are presented to the user, with additional information for staff available in the training material.

A technical helpdesk operated by Accenture is also available. Problems may be reported through email or phone. The phone number for the technical Helpdesk is 1-877-782-7358. Note that Accenture will only service calls related to the system. They will not address policy issues, provide eligibility guidance, or provide any information regarding coverage determinations or application status. These functions remain the responsibility of eligibility staff.

A secure message center is also part of the CSSP. When logged on, customers can view important information about their accounts. Specific information that can be viewed is included in the training material referenced above.

B) Self Assessment

The purpose of the CSSP Self Assessment tool is to provide customers with the ability to determine *potential* eligibility for medical assistance by answering a few short questions. The Self Assessment will identify in very broad terms potential eligibility for medical assistance for children, pregnant women, low-income families, the elderly, individuals with a disability, and Medicare Savings Programs.

The Self Assessment does not require the user to provide identifying information or to create an account. Customers are asked very general questions, such as the number of individuals living in their home; the amount of the household's income; and whether or not someone is pregnant, over age 65, or has a disability. These questions will allow the Self Assessment tool to determine which types of assistance for which the individual may qualify.

Upon completing the self-assessment, customers are told which categories of assistance they were screened for and whether or not they may qualify for one or more programs. Those that screen as potentially eligible are encouraged to apply by completing the online application. Those that appear to be ineligible for assistance are informed that they can still apply if they choose, but are also provided with a link to get information about other resources.

C) Online Application

An application for medical assistance is also being implemented as part of the CSSP. The online application is a single instrument that is used to apply for all of the KDHE administered medical programs, with the exception of the AIDS Drug Assistance Program (ADAP), Breast and Cervical Cancer (BCC) program, and Tuberculosis program.

The guided application streamlines the questions necessary to apply for medical programs. The application is designed to ask questions specific to the particular customer. For example, male customers will not be asked questions about pregnancy. Each customer may be presented with a slightly different application based on his or her individual circumstances. The application includes both Leading Questions and Follow-up Questions. Follow-up Questions appear depending on the answer given to a Leading Question. For example, questions regarding how many hours worked per week and hourly wage only appear when the customer has indicated that they are paid wages from a job.

In order to complete the online application, the customer must sign-up for an account on the CSSP. The applicant is guided through this process upon entering the initial page of the application. Customers are required to create a User Name and password that will help keep their information private. Please note that applicants must also provide an e-mail address in order to create an account. For persons who do not have an e-mail address, instructions for obtaining an e-mail account through a free online site, such as Yahoo or Gmail are included in the CSSP. The e-mail address is only used to notify customers when an important message exists in the Message Center. Confidential information is not included in any email through the CSSP.

The customers may save their applications to return and complete them later; this is called an Incomplete Application. Incomplete Applications will be deleted from the system if they aren't submitted within 120 days. Ten days before the application is deleted from the system the customer will receive an email at the address used during registration, notifying him or her of the upcoming deletion. By clicking the link within the email, the user is returned to the CSSP so he or she may log-in and complete the application.

It takes approximately 15 minutes to complete an online application. Customers are given prompts indicating how close they are to completing the application.

D) Organization Help

During the application process, customers are presented with a screen called Organization Help. Customers are asked if someone from an organization helped them complete the application. If the answer is yes, additional fields display to capture the name of the organization, name of the individual, phone number, and address. This is used when the individual is assisted by one of the KDHE outstationed eligibility staff, a member of an advocacy group (such as Catholic Charities, Mexican American Ministries, PE entity, etc.), or another facilitator.

Please note, just because contact information for the "Helper Agency" or individual is listed on the application, it does NOT permit eligibility staff to release information to the person and/or agency unless the Authorization for Release of Protected Health Information is completed. Staff may not contact this person and/or agency to discuss the application or obtain additional information about the customer, mail copies of notices to the Helper Agency or provide any specific information with the notice. It is a violation to discuss the individual's case with the Helper Agency when a specific Release of Information has not been provided.

E) Electronic Signature, Medical Representatives and Facilitators

The CSSP online application captures an electronic signature – an e-signature. The only e-signature permitted by KDHE-DHCF is currently that which is provided through the CSSP. Other tools utilizing an e-signature have not been approved. An e-signature is a legal signature and is equivalent to a handwritten signature on a paper application. With the CSSP, the customer provides the e-signature by selecting a checkbox which indicates 'Check to Sign' and then entering his or her name in the Signature field.

After completing the signature, the individual must then choose one of the following options:
- I am signing this application on behalf of myself and/or my dependents.
- I am a legal representative (power of attorney, legal guardian) of the person seeking benefits.
- I am applying on behalf of someone for whom I have no legal relationship.

1. **Customers applying for themselves and/or dependents** – It is expected this category will be selected by the majority of customers completing the online application.

2. **Legal Representatives** – When a legal representative, such as a legal guardian, conservator, or durable power of attorney is filing an application for an individual, additional fields display to capture his or her name, address, phone number, and relationship. This screen also instructs the legal representative to mail or fax a copy of their proof of legal relationship to the office where the application is being submitted. The application cannot be processed until this information is received (See Section G below).

   When eligibility staff review the application, if proof of power of attorney or legal guardianship is not already on file they must send a written request for this information. Eligibility staff must provide the customer with a minimum of ten (10) days to return the requested documentation.

3. **Individuals with no legal relationship** – Individuals with no legal relationship to the applicant(s) are informed that they must have the customer's permission to apply on their behalf. They are instructed to print a "Medical Representative Authorization Form" and obtain the signature of the individual seeking benefits. The application cannot be processed until this information is received (see section G below).

   Customers use the authorization form to appoint a friend, relative, or other individual that they trust who is knowledgeable about their circumstances to serve as their Medical Representative. This authorized individual may now act in lieu of the customer by signing the application and is responsible for reporting changes and completing the annual review as well.

   Applications signed by an individual with no legal relationship shall be treated like an unsigned application. The complete application along with a "Signature Page" and a "Medical Representative Authorization Form" shall be mailed to the customer. A cover letter must be included that explains that an individual has filed an application on his or her behalf. Customers must either sign the "Medical Representative Authorization Form" if they wish to allow this individual to apply on their behalf, or they must sign the application themselves if they wish to apply for assistance.

   Customers may not appoint an individual whose only interest is in collecting a medical debt against them or someone who is only serving as an application Facilitator. Eligibility policy does not allow these individuals and/or agencies to apply on behalf of a customer. If the customer does appoint a Medical Representative that is not permitted by policy, the complete application with "Signature Page" shall be mailed to the customer. A cover letter must be included that explains that he or she is not able to appoint the individual as their Medical Representative. The customer should be encouraged to sign their application themselves and return it for processing.

   Items M-6, "Medicaid Online Application Signature Page" and M-7, "Cover letter for Unsigned Online Applications" are to be used when returning the application to the customer for signature. These items can be found in the KEESM Appendix as well as in the KFMAM: Family Medical Policy Memos and KFMAM: Elderly and Disabled Medical.

   Please see the Department for Children and Families (DCF) Implementation Instructions for KEESM Revision 36, effective July 1, 2008 as well as manual sections, KEESM 2111 or KFMAM 2010.03 for more information about the role of Facilitators in the application process.

4. **Other Situations** – Some customers may find that none of these categories meet their specific situation. For example, an adult that the child resides with, (who does not qualify as a caretaker relative) may consider the child his or her dependent and select the first option, or select the third option indicating no legal relationship. By selecting the option 'I am applying on behalf of someone, for whom I have no legal relationship,' an individual not meeting the caretaker requirements for a child will be automatically mis-directed to the "Medical Representative Authorization Form." However, by policy, these individuals must instead complete the ES-3108, "Appointment of Authorized Agent for Minor" form. While these customers may submit a signed Medical Representative Form as instructed by the online application, eligibility staff must still obtain the ES-3108 form signed by the child's parent or legal guardian. See KFMAM 2011 for additional information.

   Note: The signature on the Signature Page must match the name of the individual who completed the online application. For example, a Legal Guardian would sign their own name, and not the name of the applicant. A Legal Guardian signing the applicant's name is not a valid signature. Staff must follow the guidelines for obtaining a signature on the Signature Page as described above.

F) Application Submission

Upon submission of the online application, a Confirmation page displays. This page provides the following:
- Ability to save or print the application
- Location and contact information where the application was sent
- Application confirmation number

Applications submitted through the CSSP will be routed to the appropriate office for processing, depending on the type of medical application and the location of the customer.

1. **Elderly and Disabled programs** – Medical applications for individuals age 65 or older and those who report a disability are routed via e-mail to a central DCF mailbox. Designated DCF staff forward these applications to the appropriate DCF office for processing. DCF office information displays on the Confirmation page.

2. **Family programs** – Medical applications for children, pregnant women, and families are routed to the Clearinghouse via email. These are identified as those with NO customers age 65 or older or reporting a disability. Clearinghouse information is displayed on the Confirmation page.

3. **Combination of programs** – If the application includes a combination of elderly and disabled and family medical programs, the application is routed to both DCF and the Clearinghouse. The Confirmation page indicates that the application was sent to both locations.

   These applications will require a considerable amount of coordination between DCF and the Clearinghouse. Each office shall register their own medical application, but coordinate with the other office to ensure eligibility is determined for all potential programs.

   Example 1:   A 70 year old grandmother applies for herself and her 15 year old granddaughter. This application was sent to both DCF and the Clearinghouse. DCF will determine eligibility for the grandmother as an elderly individual. The Clearinghouse will determine eligibility for both the grandmother and granddaughter under the caretaker relative medical program.

   Example 2: A 30 year old mother applies for herself and her two children. The mother is an SSI recipient. This application was sent to both DCF and the Clearinghouse. Because the Clearinghouse maintains the SI program when other household members are eligible for a family program, the Clearinghouse must process this application. DCF will not register their application.

4. **Outstationed Worker** – If the application indicates that assistance was provided by a KDHE-DHCF Outstationed Worker, the application is routed to a general Outstationed Worker email box. Designated staff will forward these applications to the appropriate Outstationed staff for processing.

Note: The confirmation number provided by the CSSP is not searchable in KAECSES. Customers may reference this number when calling with questions about their application. Staff must continue using existing methods to identify an individual upon inquiry in KAECSES.

G) Application Date

When the user clicks the 'Submit Application' button, the Date/Time Stamp is captured. This information will display at the top of the printed application form.

1. Application submitted by customer or legal representative - When the application is submitted by the customer or their legal representative, the date the application is submitted online is considered the Application Date if it is submitted on a business day. If submitted on a weekend or holiday, the Application Date is the next business day.

   Example 1: An online application is submitted at 11:59 pm on a Friday business day. Even though the application came in after normal business hours, that Friday is considered the application date.

   Example 2: An online application is submitted on Saturday the 19th and the next Monday is a holiday. Since the application came in on a non-business day, the application date is the next business day, which in this case is Tuesday the 22nd.

2. **Application submitted by individual with no legal relationship** – For applications submitted online by an individual with no legal relationship to the customer, the Application Date is the date the "Medical Representative Authorization Form" is received. This application may be used to determine eligibility as long as the "Medical Representative Authorization Form" is received within thirty (30) days from the date it was submitted online. If a "Medical Representative Authorization Form" is not received within thirty (30) days of submission, the application is void and the applicant would be required to file a new application.

   Example 1: An application is submitted by an individual with no legal relationship on 10/10/2012. A completed "Medical Representative Authorization Form" is received on 10/23/2012. Since the form was received within thirty (30) days from the date the application was submitted, the application date becomes 10/23/2012. Eligibility may be determined without filing a new application.

   Example 2: Same situation as Example 1 except the authorization form is never received. After thirty (30) days the application becomes void. Since this is no longer a valid application, if the individual is still interested in obtaining medical assistance, they will have to submit a new application.

   Example 3: Same situation as Example 2 except the authorization form is received sometime after the thirty (30) days has expired. A new application is then filed several days after the form is received. Since we now have an authorization form already on file, the new application is accepted with an application date based on the date the application was received.

H) Application Format

Online applications routed to DCF, Clearinghouse or Outstationed staff will be in a printable format. While the questions asked of each customer will vary depending on their specific circumstances, the structure of the printed application form remains constant. The printed application mimics the organization of questions that are contained within the online application. These sections are in the following order which is also similar to how information is entered in KAECSES:

- Start Application
- People
- Property
- Other Income
- Job/Wages
- Expenses
- Other

Please see the attached Sample Online Application for an example of what the application will look like when it is provided to eligibility staff for processing.

The length of the printed application form varies based on the number of questions the customer was presented with and the number of questions the customer chose to answer. The application form will display all questions the customer answered as well as the questions the customer was presented with but chose not to answer.

The printed application includes the questions viewed by the customer on the left side of the form and the corresponding answers on the right side. Leading questions are displayed on a white background and no indentation. Follow-up questions have a gray background and are indented below the applicable Leading Question. There is a page break in between each section of the application. This allows staff to easily locate each section of the application.

The printed application does NOT display questions that were not presented to the customer. Because the application questions are presented in sections, as outlined in the bullets above, the customer has the ability to jump to a specific section. If the customer skips an entire section, these questions will not display on the printed application form. Eligibility staff must be aware that the absence of a set of questions does not mean that those questions don't apply to the customer. The customer may have never seen them or had the opportunity to answer. Follow-up with the customer will be required to obtain additional information.
For example, if the customer skips from the Property section to Job/Wages, he or she was not presented with the Other Income section. This does not mean that the customer does not have any other income. It just means the customer didn't see those questions. The eligibility staff will have to recognize that the Other Income page is missing from the printed application, so they can contact the customer to ask those questions.

I) **Identifying Expedited Applications** – In the upper right corner of the application, a check will appear in the Expedited box if any household member requesting coverage has reported a pregnancy. This will improve the efficiencies of identifying these applications so they may be registered and processed timely.

J) **Eligibility Processing**

The online application includes questions that are not currently being asked of customers. Eligibility staff shall reference the attached CSSP Online Application Questions Eligibility Processing Job Aid for additional instructions about mandatory information and how to determine eligibility with this new information.

K) **Multiple Applications**

The following general guidelines apply to situations where multiple applications for the same individual or household are submitted. Each application must be thoroughly reviewed to determine what (if any) action to take.

1. **Duplicate application –** If an application for medical assistance has already been received, any additional application received by that applicant/household while the initial application is still pending shall be treated like a duplicate application and need not be separately processed. If the additional application contains information that is different from the initial application, receipt of that application shall be treated like a change reported while an application is pending.

   Example 1: Initial application for family medical is received on 10/17/2012. On 10/24/2012, another application for family medical is received – the information on the application is identical to that on the still pending initial application receive a week earlier. The second application may be marked as "Duplicate" with no further action necessary.

   Example 2: Same situation as Example 1 except it is reported on the second application that one of the household members has left the home. There are no other changes. Since the initial application is still pending, this report will be processed as a change. The second application need not otherwise be registered or processed.

2. **Request for additional coverage –** If an additional application is received while the initial application is still pending which requests additional health care coverage (i.e. either a different program type or for a household member not previously requested), the treatment of the application will depend on when it is received.

   a. **Initial application** – If the additional application is received within 45 days of the initial application, the request shall be effective with the date of the initial application.

   Example: Initial application for QMB-only coverage is received on 9-20-2012. An additional application for medical assistance is received on 10-5-2012. Since the second application requesting additional coverage is received within 45 days of the initial pending QMB-only application, an application date of 9-20-2012 shall be assigned to this request.

   b. **New application** – If the additional application is received more than 45 days after the initial application date, this is considered a new application for processing purposes.

   Example: Initial application for medical assistance is received on 8-23-2012. An additional application for HCBS coverage is received on 10-10-2012 – 48 days after the initial pending application was received. Since the second application was received outside of the 45 day time limit, it shall be registered with an application date of 10/10/2012.

   c. **Initial application processed** – Any application received after the initial application for medical assistance has been processed shall be treated like a new application as indicated in subsection (2)(b) above – even if received within 45 days of the initial application.

L) **MediKan –** An application for medical assistance shall include a determination for MediKan coverage. It is not necessary for the applicant to request cash assistance (General Assistance) in order to complete a MediKan eligibility determination.

   Note: Neither the DCF nor the CSSP online application currently allows an individual to apply for General Assistance.

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

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Questions regarding any KEES or CSSP issues should be directed to the Technical Help Desk at 1-877-782-7358.