



Policy Memo	
KDHE-DHCF POLICY NO: 2015-06-03	From: Jeanine Schieferecke, Senior Manager
Date: June 8, 2015	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 Eligibility & 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 will be 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. Formal medical processing will be temporarily suspended at all locations (KanCare Clearinghouse, DCF Offices, Outstationed Worker locations, ADAP and KDHE Central Office).

Although business services will be limited, applications, reviews, and other documents will continue to be accepted by all areas responsible for medical processing. Phone lines will also be

open and calls will be accepted during established hours. Management areas have established procedures to ensure medical processing continues to the extent possible. DCF staff can refer to Section 8.2 of the Change Discussion Guide. KanCare Clearinghouse staff can reference the Dark Zone Job Aid.

The Downtime will end when KEES is fully enabled. This is currently scheduled to occur at 6 am on June 29, 2015. 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 going to be available. These processes are defined in Section D below.

All applications, reported changes and other casework in progress at 7 pm on June 19, 2015 - 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 non-medical programs until implementation of KEES Phase 3 (expected to occur in 2016).

At the beginning of the downtime, the medical paytape (eligibility file) to the MMIS will run. Following the completion of the MMIS run, the conversion process into KEES will begin. Once medical conversion from KAECSES is completed, KAECSES is expected to be available 'business as usual' for non-medical programs, according to the schedule below. Medical functionality in KAECSES will no longer be possible, but historical information will be available. Updates to medical information and cases will not be possible, but staff can use KAECSES to research historical information, including:

- Notices
- Alerts
- Medical History

Note: When 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 once KEES is available. DCF and Clearinghouse management areas are responsible for developing processes for holding and retrieving information received during the downtime. DCF staff can refer to Section 8.2 of the Change Discussion Guide for further instructions.

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 will be 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:

June 19, 2015 - Medical paytape (MMIS monthly) runs according to current schedule

June 19, 2015 : 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 June 21, 2015. KAECSES jobs in order:

- MMIS Daily
- Closures for failure to return review in June for July 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).

June 22, 2015 Available according to normal schedule

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

June 26, 2015 – Rollover from July, 2015 into August, 2015 will occur as scheduled for non-medical programs.

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 to record calls and actions that are discovered or reported during the downtime. The Platform will remain functional until mid-July. Although it will be disabled briefly over the weekend for conversion into KEES, it will be available on Monday, June 22. Additional information will be provided when available.

c. ImageNow and DCF OneNote

ImageNow is used by the KanCare Clearinghouse, PMDT, ME QC, Premium Billing and other eligibility areas for document management.

June 19, 2015: Conversion and re-indexing of existing document at the Clearinghouse begins. DHCF 6.4 ImageNow will be brought down at 7:00 p.m. and there will be no access to any documents stored on the ImageNow server, including those used in other DHCF program areas. ImageNow programs being moved to KEES will be unavailable until KEES is live.

June 22, 2015: The Legacy 6.4 DHCF ImageNow system (including Fax Functionality) will be available for use June 22 for areas outside of the Clearinghouse (PMDT, SEHP, etc). KDHE IT will also begin installation of the 6.6 KEES ImageNow client for State users on this date.

June 29, 2015: KEES ImageNow users will gain access of the imaging system on June 29 when the KEES system is available.

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 on July 10, 2015 – after KEES Go-Live. . The OneNote folders will be restricted to read only during the conversion process beginning July 10. The conversion is expected to take several weeks to complete.

d. DCF Tracker (EES Only)

The Tracker is the current DCF-EES Business Process Management tool. It will remain available during the Downtime. At KEES go-live, EES will continue to manage day to day work with the Tracker.. The transition to Task Inventory in KEES will be delayed until Phase 3. For information see the DCF EES Change Discussion Guide.

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 morning of June 20, 2015. 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 am 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 SSP or on-line application) and the Presumptive Eligibility (PE Tool) will be modified with the full implementation of KEES. The new online application will include new questions as well as functionality allowing the applicant to submit documents with the application. The new PE Tool will include a module for Pregnant Women. For hospitals enrolled as PE Entities an Adult module will also be available.

Both the PE Tool and the Self-Service Portal will be brought down at the beginning of the downtime period: 7 pm on June 19, 2015. A special announcement redirecting visitors to

apply through other channels will display to anyone accessing these portals during the downtime (see below). The new versions are expected to be available at 6 a.m. on Monday, June 29th, 2015.

The following message will appear:

The KanCare Application website is not available at this time. We are busy making improvements to the site. We expect to have the new website available on June 29, 2015.

*If you don't want to wait for the new site, you can complete a paper application for KanCare. Please visit the following site for a printable version of the application:
<http://www.kancare.ks.gov/apply.htm>*

You may contact us at 1-800-792-4884 if you need more information.

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. However, users will need to reset their 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 7 pm on June 19 will be lost. Applicants must reapply if the application is purged through this process.
- iii. 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 between 7 pm June 19, 2015 and 6 am June 29, 2015.
- 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 June 18, 2015 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 D below)

C. Coordination and Tracking During the Transition

Several policy and process changes go into effect with the implementation of the KEES system. The following transition processes are applicable to work items received during this time.

- a. The Clearinghouse will stop registering applications into KAECSES approximately one week prior to the medical down time, unless the case is an emergency and is expected to be processed immediately. Registering after KEES go live will ensure automated work flow is

activated within KEES. Exception: FFM cases noted in item (h) below are to be registered prior to KEES conversion regardless.

- b. DCF and Outstationed Workers shall make every effort to have applications registered in KAECSSES by COB Thursday, June 18. This will ensure work is converted with KEES conversion processes. Note: This also includes the FFM and MIPPA applications in Items (h) and (i) below.
- c. Full MAGI screening criteria (aka the Big 4) are applicable with the implementation of KEES. Applications where all individuals requesting coverage meet the 'Big 4' criteria may be initially determined under Non-MAGI criteria. All others must undergo a full MAGI determination. All cases received after the beginning of the Downtime are subject to the new criteria. The Clearinghouse is responsible for completing the MAGI determination on these cases. As a result, many application initially received by DCF may need to be routed to the Clearinghouse.

Applications received after 4 pm on Friday, June 19 are screened by DCF using the criteria. Applications screened potentially MAGI eligible received during the downtime are bundled and mailed daily, where they are imaged and registered by the Clearinghouse when KEES is available. Once KEES is live, applications received at DCF are imaged and routed to the Clearinghouse using business processes outlined in the DCF Change Discussion Guide.

Note: Formal implementation of the criteria for a full MAGI determination will be released with the KEES implementation memo planned for release later this month.

- d. All other applications received by DCF or the Clearinghouse that need to go to the other agency will be bundled and mailed daily.
- e. E and D applications pending and not yet processed when downtime begins will not require a full MAGI (Big Four) determination.
- f. Because most communicate between DCF and the Clearinghouse will be handled through KEES, two e-mail boxes used to communicate information to the Clearinghouse will be eliminated on June 29, 2015. The 'CH-Grievances' and 'CH-Info' will no longer be available with the start of Full Production. The Mailbox 'CH-Sups' will remain, but is to be used by HP and the MCO's only. This mailbox is not to be used by DCF.

If there are urgent communication that needs to occur outside of KEES, DCF should contact the appropriate individual as named on the KanCare Clearinghouse Communication Information sheet found on the KDHE website.

- g. Applications received through the Self Service Portal will be routed according to normal protocol until 4 pm on June 19. Existing registration processes apply.

Applications received on June 19 between 4 pm and 7 pm will be copied into Image Now and KEES staff will produce a paper copy of the application. These will be given to the Clearinghouse for registration and entry into KEES when it is live.

- h. **FFM Applications:** Current release and distribution processes will continue for applications received from the Federally Facilitated Marketplace (FFM, aka HealthCare.gov) through June 11, 2015. Under this process, applications are sent to KDHE Central Office and distributed to

the KanCare Clearinghouse for registration and processing. Some applications are forwarded onto DCF for a non-MAGI medical determination. Pregnancy and MAGI applications will be sent to the Clearinghouse on Friday, June 12; non-MAGI applications will be sent on Monday, June 15. All applications released using this process must be registered before the downtime begins – 7 pm on June 19, 2015.

Applications received on June 13, 2015 and later will be held by Accenture until KEES is brought up. With the implementation of KEES, FFM applications will be received through the E-Application process. PDF forms will also be produced and placed in ImageNow, but will not be in the same format as current FFM applications and will be similar to those coming from the SSP. All applications held during the downtime will be released through the new process on June 30, 2015. The Clearinghouse is responsible for registering all FFM applications received through the new process.

- i. **MIPPA Applications** : Current release and distribution processes will continue for all applications received from SSA through June 12, 2015. Paper applications will be created by DCF Central Office staff and distributed. DCF will register and process these using existing processes.

Applications received after June 13 will be held by DCF until KEES is live. At that time, they will be released as E-Applications using the new processes. These will be registered by the Clearinghouse using new processes.

D. 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

During this time, Foster Care medical cards will be issued with the same procedures that PPS currently uses to issue temporary cards. 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. Emergency coverage is only available for limited situations. All Emergency cases are approved and issued by KDHE Central Office. These instructions are applicable to all medical programs, including those administered by DCF-EES and PPS.

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 June, 2015 eligibility. However, other months 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 (1)
 - i. Nursing Home Entrance
 - ii. Expedited Pregnant Woman Coverage
3. The following populations cannot receive Emergency coverage regardless of medical issues.
 - i. KanCare-CHIP
 - ii. SOBRA
 - iii. ADAP
 - iv. MediKan

d. Field Instructions and Processes

Keep in mind, replacement cards (either through KMAP or through the MCO) can be produced for persons 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 DCF or 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 July 1, 2015 for KEES go-live are also 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. It is expected that most requests will be for June, 2015 coverage. If a different month is needed, a thorough explanation is required in this cell.

Completed requests are then submitted to the following KDHE Central Office 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>

E. 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, small teams of users in all management areas (DCF, The Clearinghouse and Outstationed Workers) will begin processing 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: June 27- June 28 2015

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 June 29, 2015 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 July 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. Cases due for review in August (coverage expires August 31) should have Post Conversion clean-up work completed prior to July 15, when the Review cycle is initiated through the automated Review Process in KEES. Instructions for completing this work are found in the KEES User Manual, under the Post – Conversion Cleanup on Open/Active Cases section. This is a monthly priority and all cases that are due to expire the following month must be prioritized for clean- up according to this same schedule.
7. Cases appearing on one of the 6 Inconsistent Coverage reports (Participation Changes, Closed/Denied effective 07/31 or later, premiums, spenddown, etc) must be processed no later than COB July 23 to ensure correct eligibility is in place for August, 2015. Instructions for completing this report are found in the KEES User Manual Section, under the Post-Conversion Cleanup on Open/Active Cases section. Note that cases appearing on both Post-Conversion report lists will be identified and those with an August review due must be worked first according to the deadline in Item (6) above.

d. KEES Customer Service

KEES users who experience problems are encouraged to consult the KanCare KEES website for more in depth guidance. This site includes the KEES Manual and other helpful materials. The site is located at: <http://www.kancare.ks.gov/kees-train/Info/Training/Content/KEES-Info-Training.htm>.

When KEES is live, staff may contact the KEES Business Support Center at **1-844-723-KEES (5337)**. For minor issues, staff can also email their questions to the KEES Business Support mail box: KEESBusinessSupportTeam@kees.ks.gov.

F. 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