



**KanCare Ombudsman  
Volunteer Training Program  
Day 1 – Online Training**

Welcome to the first ever KanCare Ombudsman Volunteer Training Program. We are delighted that you have chosen to assist the KanCare Ombudsman in helping people with KanCare get questions answered and issues resolved. Thank you for your willingness to learn and your dedication to the KanCare population in Kansas. We are looking forward to working together as a team! This is Day 1 of KanCare Ombudsman Training. This portion of training is one of three online days.

***Questions about any of the training information should be directed to the KanCare Ombudsman Volunteer Coordinator and Trainer. Toll free phone: 1-855-643-8180, Pam Brown direct line: 785-296-2081 or email: [pam.brown@kdads.ks.gov](mailto:pam.brown@kdads.ks.gov)***

***You should have a training notebook with all parts of training, online and in-person.***

## Outline of Training – Day 1

- Introduction to KanCare
- Introduction to the KanCare Ombudsman
  - Kerrie Bacon
- Medicaid Introduction
- Medicaid Defined
- Federal Oversight
- Medicaid Benefits
- Medicaid in Kansas = KanCare
- Applying for KanCare Medical Assistance for Families with Children



# Introduction to KanCare



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## Introduction to KanCare

- KanCare is the program through which the State of Kansas administers Medicaid
  - Medicaid is a health care program for people with very low income and who also meet other criteria
- KanCare was launched in January 2013.
- KanCare delivers whole-person, integrated care to Medicaid consumers.
  - The KanCare health plans are required to coordinate all of the different types of care a consumer receives.



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Please note: Throughout this presentation there are links to websites with more information. Be sure to visit and check out each of these references.

Please review: KanCare website, About Us at  
[http://www.kancare.ks.gov/whats\\_kancare.htm](http://www.kancare.ks.gov/whats_kancare.htm)

cut and paste this web address into your  
browser and press enter to view

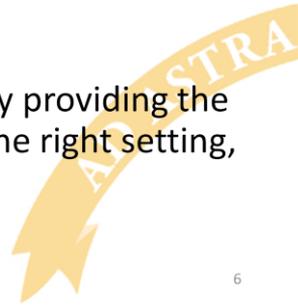
## Introduction to KanCare

- Kansas contracts with three managed care organizations to coordinate health care for nearly all Medicaid beneficiaries are:
  - United Healthcare
  - Amerigroup of Kansas, Inc.
  - Sunflower State Health Plan
- Each Medicaid consumer is assigned or chooses one of the three health plans to administer Medicaid benefits.
- Services are the same as those that were provided before Kansas Medicaid changed to KanCare.



## Introduction to KanCare

- In addition to standard state benefits, the three health plans offer value-added/extra services to KanCare consumers.
- The KanCare health plans are required to coordinate all of the different types of care a consumer receives.
- Goals of the KanCare Program
  - Improve overall health outcomes by providing the right care, in the right amount, in the right setting, at the right time.



# Introduction to the KanCare Ombudsman



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## Introducing the KanCare Ombudsman

- The KanCare Ombudsman is Kerrie Bacon.
- The KanCare Ombudsman's office is located within the Kansas Department for Aging and Disability Services (KDADS).
- The Ombudsman assists KanCare consumers in navigating and accessing covered health care services and supports.
- The Ombudsman also helps individuals understand the delivery system of KanCare benefits and resolve problems or concerns that may arise between an individual and a provider.

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See the KanCare Ombudsman brochure included in your training notebook.

## Introducing the KanCare Ombudsman

- The KanCare Ombudsman also helps consumers understand:
  - The state fair hearing process, grievances, and appeals.
  - Legal services available for an appeal or a state fair hearing.
  - How to apply for KanCare/Medicaid
- The KanCare Ombudsman works with a team of people from various agencies to make sure the job is done right.
- The KanCare Ombudsman also produces a quarterly report which is presented to the Kansas Legislature and Centers for Medicare and Medicaid Services (CMS).

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Please view this link: the KanCare Ombudsman portion of the KanCare website:  
**<http://www.kancare.ks.gov/ombudsman.htm>**

Make sure you look at the information on each tab under the KanCare Ombudsman tab:

- To contact the KanCare Ombudsman
- Role of the Ombudsman
- Resource Information
- NEW! KanCare Ombudsman Volunteer Program (that's you!!)
- Reports
- Weekly Lunch and Learn Schedule
- Meet the KanCare Ombudsman

Please note: When a link is presented in this training it is a good idea to review the information at the website as some of the questions on the test you take at the end of each day may refer to information on the website.

All of the information at the KanCare Ombudsman's portion of the KanCare website will be important to be familiar with as a KanCare Ombudsman Volunteer. It will be readily available to you as you volunteer assisting KanCare consumers.

# Medicare and Medicaid What's the Difference?



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## Medicaid and Medicare

- Medicaid was updated and Medicare was created by legislation introduced in 1965 as part of Lyndon Johnson's War on Poverty.
  - ***Title XVIII (18) – Medicare***
    - Federal legislation regarding the Medicare program
  - ***Title XIX (19) – Medicaid***
    - Federal legislation regarding the Medicaid program



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This portion of training is a brief introduction, we will then study KanCare/Medicaid in more depth.

Why mention Medicare? To differentiate between the two. Many people confuse the two. They are very different but created by the same legislation in 1965.

Medicare is the national health insurance program for people who are 65 or better and for some people who are disabled.

Medicaid is a partnership between the federal government and the states to provide medical benefits for people who meet the income and benefit criteria.

## Medicaid and Medicare

- Medicare is the nationally administered health insurance program for people 65 or older and for some people who have disabilities.  
(According to Social Security Standards) All states participate in Medicare.
- Medicaid is a health care program for people with very low income who also meet other eligibility criteria such as age and physical condition. States have some choices with Medicaid.



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This portion of training is a brief introduction to KanCare and other information. The material in this training does not need to be memorized. It will be available to you as you become more experienced in helping people resolve their KanCare issues.

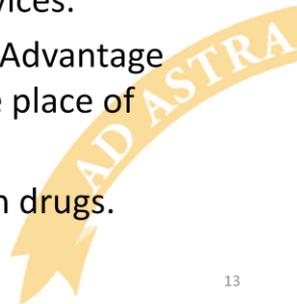
Why mention Medicare? To differentiate between the two. Many people confuse the two. They are very different but created by the same legislation in 1965.

**Medicare** is the national health insurance program for people who are 65 or better and for some people who are disabled.

**Medicaid** is a partnership between the federal government and the states to provide medical benefits for people who meet the income and benefit criteria.

# Medicare

- There are four parts of Medicare:
  - Medicare Part A covers inpatient type services: hospital, skilled nursing home health and hospice.
  - Medicare Part B covers outpatient type services: Doctor's services, durable medical equipment, ambulance, lab and preventive services.
  - Medicare Part C is called Medicare Advantage Plans. Managed care plans take the place of Original Medicare.
  - Medicare Part D covers prescription drugs.



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As a KanCare Ombudsman volunteer you will need basic knowledge of the Medicare Program.

Original Medicare includes Medicare Parts A and B.

## Medicaid

- Medicaid is a health care program for people with very low income who also meet other eligibility criteria:
  1. Age, child or elder
  2. Condition, pregnancy
  3. Disability
- States don't have to participate but all now do.
- It is a partnership between the federal government and state.



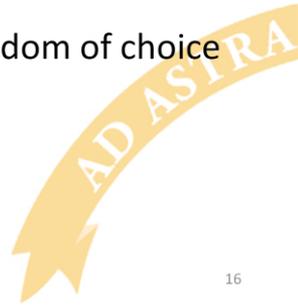
## More Medicaid

- State-run program jointly financed by federal and state governments.
  - Federal money in the form of matching state money.
    - How funds are matched depends on the program.
  - Each state has a different match rate each year based on a variety of economic factors.
- Certain people can be covered by both Medicare and Medicaid.
  - Full Benefit Dual Eligible
  - Partial Benefit Dual Eligible



## Medicaid Rules

- Federal Medicaid has three big rules:
  1. Services must be offered statewide
  2. Services must be comparable
    - The same for everyone
  3. Beneficiaries must be offered freedom of choice among qualified providers



## Who is covered by Medicaid?

- Low income and age
- Low income and disability
- Low income and pregnant / caretaker
- Other optional populations
  - Waiver and Demonstration Programs



## Who is eligible for Medicaid?

- “Medicaid and CHIP provide health coverage to nearly 60 million Americans, including children, pregnant women, parents, seniors and individuals with disabilities. In order to participate in Medicaid, federal law requires states to cover certain population groups (mandatory eligibility groups) and gives them the flexibility to cover other population groups (optional eligibility groups). States set individual eligibility criteria within federal minimum standards. States can apply to CMS for a waiver of federal law to expand health coverage beyond these groups.”

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There is not a single criteria for determining if a person is eligible for Medicaid but there are many factors considered in making the determination. As stated previously the Federal rules for Medicaid are very general and each state has more specific guidelines for eligibility for their population.

CHIP – Children’s Health Insurance Program

Right now we are providing information on general Federal guidelines for eligibility. Very shortly we will be more specific about the eligibility guidelines for KanCare/Kansas Medicaid.

## Federal Oversight



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## Federal Oversight

- So who is responsible for Medicaid?
- Look at the entries on the Kaiser Family Foundation (KFF) Medicaid timeline from 1977. [www.kff.org](http://www.kff.org)
  - “Secretary of the Department of Health, Education and Welfare, Joseph Califano, created the Health Care Financing Administration (HCFA) to administer the Medicaid and Medicare Programs.”
- Now more information is needed on HCFA
  - <https://www.federalregister.gov/agencies/health-care-finance-administration>
    - Click on read more at the bottom of the page and please read through the information given



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The Medicaid Timeline is included in your training notebook.

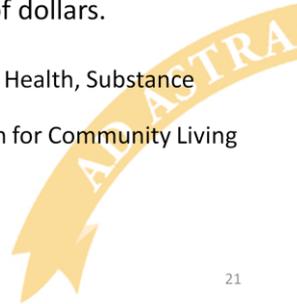
Please read through the information at the link to the Federal Register information about HCFA. If you have trouble going to the web address from this page, please cut and paste the address into your browser to view the entire page.

HCFA was renamed the Centers for Medicare and Medicaid Services in July, 2001. Centers for Medicare and Medicaid Services or CMS.

The Health Care Financing Administration (HCFA) was created in 1977 to combine under one administration the oversight of the Medicare program, the Federal portion of the Medicaid program, and related quality assurance activities.

## US Department of Health and Human Services (HHS)

- Centers for Medicare and Medicaid Services (CMS) is a part of the US Department of Health and Human Services (HHS).
  - Former Kansas Governor Kathleen Sebelius was the head of HHS from 2009 – 2014. Current Secretary, Sylvia M. Burwell
- HHS is the U.S. government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.
- HHS is responsible for almost a quarter of all federal outlays and administers more grant dollars than all other federal agencies combined. Their budget in double digit billions of dollars.
- Other agencies in HHS
  - Centers for Disease Control (CDC), Medicare, Indian Health, Substance Abuse and Mental Health Services (SAMHSA)
  - Food and Drug Administration (FDA), Administration for Community Living (ACL), Office of the Inspector General (OIG)
- HHS website: [www.hhs.gov](http://www.hhs.gov)



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We cannot mention Centers for Medicare and Medicaid Services (CMS) without including the agency that oversees CMS which is the US Department of Health and Human Services (HHS).

See the list above of other agencies that are included in HHS and the link to their website.

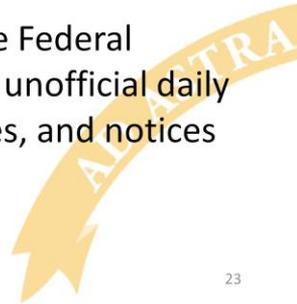
## **Centers for Medicare and Medicaid Services (CMS)**

- What is the role of CMS in Medicaid?
  - CMS is the federal agency within HHS that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (CHIP), and Health Insurance Portability and Accountability Act (HIPAA).



# Medicaid

- The Federal Register is “The Daily Journal of the United States Government”
- [www.federalregister.gov](http://www.federalregister.gov)
  - Search, browse and learn about the Federal Register. Federal Register 2.0 is the unofficial daily publication for rules, proposed rules, and notices of Federal ...



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Acronyms will be important in your study of Medicaid and how it works. In your Training Resource Guide from there is a list of frequently used acronyms for your benefit.

**AKA FUA FYB – Frequently Used Acronyms For Your Benefit.**

Acronym Index in the back of your Training Notebook.

## CMS Medicaid Responsibilities

- Oversight of Medicaid
- CHIP, Children's Health Insurance Program
- HIPAA administrative simplification standards
- Quality in long-term care facilities
  - Nursing homes/nursing facilities
    - Survey and certification
- Clinical Laboratory Improvement Amendments
- Oversight of Healthcare.gov
- Administration of Medicare



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HIPAA – Health Insurance Portability and Accountability Act.

Definition – HIPAA directly affects healthcare providers across the nation. HIPAA provides protections for the privacy and security of individually identifiable health information. We will mention the importance of maintaining privacy and study our program's requirements regarding HIPAA later in our studies.

## CMS More Responsibilities

- CMS is the federal government agency responsible for the oversight of Medicaid.
  - Children’s Health Insurance Program (CHIP) is a part of the Medicaid program.
- CMS has that same oversight responsibility for the Medicare Program.
- You will want to become familiar with the website for CMS
  - [www.cms.gov](http://www.cms.gov)



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Please note that no specific information will be chosen out of the abundance of information on the CMS.gov website. It would not be possible for you to cover all the information on the website. I do want you to be familiar with the website and know that it contains important information on the regulations related to Medicaid

On the website for CMS.gov you will find several tabs to investigate.

- Medicaid/CHIP
- Medicare-Medicaid Coordination
- Regulations and Guidance – more information than needed but there are some regulations that apply specifically to Medicaid
- Outreach & Education
  - Under the tab “Look up topics”
  - Check out “Medicaid”
  - Check out “CHIP”

FYI! There will be no specific test questions on the content of the [www.cms.gov](http://www.cms.gov) website unless I highlight a point later in the presentation. This is a vast resource for information. Please be aware the website exists and is part of the Federal agency that administers Medicaid.

## **Federal Oversight**

### **Putting it all together**

- US Department of Health and Human Services (HHS)
  - HHS is the U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.
- Centers for Medicare and Medicaid Services (CMS)
  - Administers the Medicaid Program
- Medicaid
  - A partnership between the Federal government and states which is the largest source of funding for medical and health-related services for people with low income in the US.



## **More About Medicaid (the part we care most about!)**



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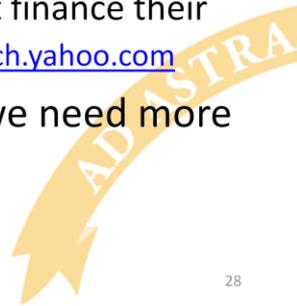
# Medicaid

- What is Medicaid?

- Medicaid Definition

A program in the United States, jointly funded by the states and the federal government, that reimburses hospitals and physicians for providing care to qualifying people who cannot finance their own medical expenses. [dictionary.search.yahoo.com](http://dictionary.search.yahoo.com)

- This definition is too general so we need more details.



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As we begin our training we will start with some basic facts. We receive all kinds of information regarding Medicaid from people we know and from the media. Our quest is to find out what is true about Medicaid. Some are happy with their benefits. Some think it doesn't work. Take a moment to consider what you hear people say about Medicaid. What is Medicaid? What is KanCare? An overload of information; some true and some not.

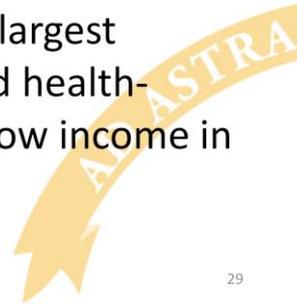
For training purposes we are going to focus on the facts. We will define and obtain as much accurate information as our brains can hold. We will answer many questions regarding Medicaid, KanCare and briefly mention Medicare. Medicaid in Kansas is now called KanCare.

As volunteers for the KanCare Ombudsman's office it is our job to assist people who are having issues with KanCare/Medicaid and to help those people resolve their issues.

Thank you for your time, energy, and willingness to learn more about this varying and detailed subject. The KanCare beneficiaries we serve will be most grateful and the KanCare Ombudsman and staff are most appreciative of your efforts. We will work together to use facts to resolve KanCare beneficiary issues.

# Medicaid

- **Let's Google: Medicaid**
- Google provided information including there are both federal and state initiatives regarding Medicaid.
- On the Google page there is a reference to Wiki. Wiki says, "Medicaid is the largest source of funding for medical and health-related services for people with low income in the US."



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Google and Wiki provide more information. Still can't pinpoint exactly what Medicaid is.

What we know so far:

- It is a partnership and jointly funded by Federal government and states.
- Each state has different rules about Medicaid.
- It is the largest source of funding for medical and health-related services for people with low income in the US.

# Medicaid

- More information – from Medicare’s website
- <http://www.medicare.gov/your-medicare-costs/help-paying-costs/medicaid/medicaid.html>
  - More information than necessary but a good place to start. Read through the webpage above.

“Medicaid is a joint federal and state program that helps with medical costs for some people with limited income and resources. Medicaid also offers benefits not normally covered by Medicare, like nursing home care and personal care services.”

## How to apply for Medicaid

“Each state has different rules about eligibility and applying for Medicaid. Call your state Medicaid program to see if you qualify and learn how to apply.”



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Please view the web page reference.

The webpage has more information than we are going to delve into right now. But, again, it has some good basic information in the first two paragraphs.

This is information we can use. Facts from the federal website:

- Medicaid is a joint federal and state program.
- Medicaid helps with medical costs for some people with limited income and resources.
- Medicaid also offers benefits not normally covered by Medicare, like nursing home care and personal care services.
- Talk to the state in which you live to find out about eligibility and applying for Medicaid.

We are starting to assemble the “Medicaid picture” but still more information is needed.

## Medicaid, more info needed

- Kaiser Family Foundation,
  - A leader in health policy analysis and health journalism, the Kaiser Family Foundation is dedicated to filling the need for trusted information on national health issues.
- Medicaid is a national health issue.
- Information found about the beginnings of Medicaid:
  - Kaiser Family Foundation provides “Medicaid: A Timeline of Key Developments”
- Please review:  
<http://kff.org/medicaid/timeline/medicaid-a-timeline-of-key-developments/>



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Another new fact: Medicaid is a national health issue.

To understand how a system works it is always good to look at why it came into existence in the first place.

Kaiser Family Foundation is a good place to find unbiased information about health care. On their website, I found a Medicaid timeline. **Please review the information on the timeline link. A copy of the timeline is provided in your KanCare Ombudsman Training Notebook.**

Like Medicare, Medicaid was part of President Lyndon B. Johnson’s War on Poverty. Look at the first entry on the timeline which gives us more information on how the program works. It is a “federal-state partnership program in which voluntarily participating states would receive grants for those eligible in a state to access a defined set of medical and long-term care benefits.” Continue to read down the right side of the timeline for even more important information

A copy of the Medicaid Timeline from Kaiser Family Foundation is included in your training notebook.

## Medicaid Highlights

- Created by Federal legislation
- Joint federal and state program
- If states participate they receive federal matching payments.
- 1971, States given the option to cover services in Intermediate Care Facilities (ICFs).
- 1972, Social Security Supplemental Income (SSI) established
- 1972, All states except Arizona participate in Medicaid
- 1980, Omnibus Budget Reconciliation Act (OBRA) Section 1115 waivers and managed care is mentioned.

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OBRA – Omnibus Budget Reconciliation Act of 1993

## Medicaid Highlights, Continued

- Also in 1981, section 1915. Home and Community Based Services (HCBS) waiver, allowed states to cover HCBS for elderly and individuals with disabilities at risk of institutional care.
- 1982, Arizona opts into Medicaid
- 1982, TEFRA (more legislation) of 1982
- Deficit Reduction Act of 1984
- COBRA (more legislation) 1985
- Changes to Medicaid on the kff.org timeline through 2009



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HCBS – Home and Community Based Services. Covered in more depth in Day 3 of training.

TEFRA – Tax Equity and Fiscal Responsibility Act of 1982

COBRA – Consolidated Omnibus Budget Reconciliation Act of 1985

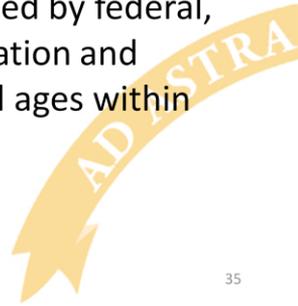
## Medicaid.gov

- There is a webpage dedicated to Medicaid only: [www.medicaid.gov](http://www.medicaid.gov)
  - We can see the abundance of information available on this page.
    - Federal Policy Guidance
    - Medicaid
    - CHIP
    - Basic Health Program
    - State Resources
    - Affordable Care Act
    - About Us



## Medicaid Summary

- What is Medicaid? The answer:
  - Medicaid provides health coverage to nearly 60 million children, families, pregnant women, the elderly, and people with disabilities.
  - Medicaid Is available in every state
  - A U.S. government program, financed by federal, state, and local funds, of hospitalization and medical insurance for persons of all ages within certain income limits.



## Medicaid Benefits



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## Medicaid Benefits

- Federal law outlines mandated benefits and optional benefits. States can choose what to provide from the optional benefits.
- What are the benefits of Medicaid?
  - <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Medicaid-Benefits.html>



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Medicaid has a basic set of benefits as set forth by the original Medicaid legislation and all of the changes made by the federal government and lawmakers up to the current time.

The link above gives a very specific set of benefits offered by Medicaid as mandated by the Federal law.

At the link, see the text before the two column lists of mandatory benefits and optional benefits:

‘States establish and administer their own Medicaid programs and determine the type, amount, duration, and scope of services within broad federal guidelines. States are required to cover certain "mandatory benefits," and can choose to provide other "optional benefits" through the Medicaid program.’

Please note the information from this link to the website will be included in testing for Day 1 of training

## Basic Medicaid Benefits

- Inpatient hospital services
- Outpatient hospital services
- EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Services
- Nursing Facility Services
- Home health services
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Family planning services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Freestanding Birth Center services (when licensed or otherwise recognized by the state)
- Transportation to medical care
- Tobacco cessation counseling for pregnant women



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Here are the basic services required by law for Medicaid coverage.

Any optional services can then be added in by each state. The list differs from state to state.

When we look at each of these services please remember they are shaped by legislative rules. Like Medicare, medical services covered by Medicaid must be medically necessary, that is, reasonable and necessary in the treatment of an illness or injury.

## Optional Medicaid Benefits

- Prescription Drugs
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing and language disorder services
- Respiratory care services
- Other diagnostic, screening, preventive and rehabilitative services
- Podiatry services
- Optometry services
- Dental Services
- Dentures
- Prosthetics
- Eyeglasses
- Chiropractic services



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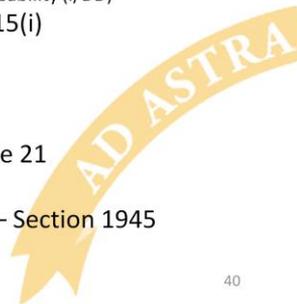
A defining statement about the difference between mandatory and optional benefits for [www.medicaid.gov](http://www.medicaid.gov)

“States establish and administer their own Medicaid programs, and determine the type, amount, duration, and scope of services within broad federal guidelines. States are required to cover certain "mandatory benefits," and can choose to provide other "optional benefits" including prescription drugs. States receive federal matching funds to provide these benefits.”

It is important to remember each of these benefits has a specific definition attached to them.

## Optional Medicaid Services

- Other practitioner services
- Private duty nursing services
- Personal Care
- Hospice
- Case management
- Services for Individuals Age 65 or Older in an Institution for Mental Disease (IMD)
- Services in an intermediate care facility for the mentally retarded\*
  - \*Please note the term mentally retarded is obsolete. Someone who has a disability of this nature is referred to as having an intellectual or developmental disability (I/DD)
- State Plan Home and Community Based Services- 1915(i)
- Self-Directed Personal Assistance Services- 1915(j)
- Community First Choice Option- 1915(k)
- TB Related Services
- Inpatient psychiatric services for individuals under age 21
- Other services approved by the Secretary\*
- Health Homes for Enrollees with Chronic Conditions – Section 1945



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- Item – Other services approved by the Secretary\* (of Health and Human Services): This includes services furnished in a religious nonmedical health care institution, emergency hospital services by a non-Medicare certified hospital, and critical access hospital (CAH).
- TB - Tuberculosis

## Moving forward in Medicaid

- More federal criteria on Medicaid.
- Please read this page  
<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/eligibility/eligibility.html>



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Please read through this entire page including information on eligibility.

Important information about eligibility on this page. Include in your reading:

- **Affordable Care Act of 2010 Expands Medicaid Eligibility in 2014**
- **Other Eligibility Criteria**
- **Retroactive Eligibility**
- **Income Resource Guidelines (a copy of Federal Poverty Level (FPL) guidelines and percentages of the FPL will be included in your resources.**
- **Waivers**
- **Glossary**

Please read through any links or highlighted text (click on the text for more information).

## Medicaid in Kansas = KanCare



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## Medicaid in Kansas

- In January of 2013, Medicaid in Kansas became known as KanCare.
- KanCare website: [www.kancare.ks.gov](http://www.kancare.ks.gov)
- Prior to January 2013, Medicaid was a fee-for-service plan with Kansas Social and Rehabilitation Services (SRS) being the Single State Medicaid Agency (SSMA).



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We have discussed Medicaid at the Federal level and know what agency is responsible for Medicaid.

Let's move to the State of Kansas level and see how Medicaid is administered in Kansas. Remember that Medicaid is a joint Federal and State partnership. The Federal government provides funding and the state then shares in that funding. There are varying formulas that determine the Federal/State portion of each dollar. In general, for every dollar spent on Medicaid the Federal government pays approximately 60 cents and the State pays approximately 40 cents.

## Medicaid Policy

- There must be a Single State Medicaid Agency (SSMA) to administer a state's Medicaid program
- In Kansas, that is Kansas Department of Health and Environment (KDHE), Division of Health Care Financing.



## **Kansas Department of Health and Environment (KDHE)**

- The responsibilities of KDHE as the administrator of Medicaid
  - Physical health care services
  - 1115 Demonstration Waiver (KanCare)
  - MMIS (Medicaid Management Information System)
  - Eligibility policy
  - Managing KanCare Eligibility Clearinghouse
  - KanCare Managed Care Organization (MCO) contract management and compliance



## **KDHE – Additional Responsibilities**

- Ensure compliance with federal Medicaid rules.
- Administer and report all federally matched payments.
- Examine overall Medicaid costs and coordinate policy recommendations where necessary.
- Serve as principle conduit for official correspondence and interaction with CMS.



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KDHE website: <http://www.kdheks.gov>

## Other agencies in KanCare

- KDADS
  - Kansas Department for Aging & Disability Services (KDADS)
    - Oversight of
      - Behavioral Health Care Services
      - Home and Community Based Service (HCBS)
      - Nursing Facilities
      - State Mental Health and Intellectual/Developmental Disability (I/DD) Hospitals
        - » Parsons State Hospital
        - » Kansas Neurological Institute (KNI)
      - LTSS (Long Term Care Supports and Services)



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KDHE has oversight. These agencies are involved in KanCare through programs and administrative duties.

Website: [www.kdads.ks.gov](http://www.kdads.ks.gov)

In the Day 3 online training we will discuss more information on these agencies and what they do.

Please note: the processing of Applications for Medical Assistance for Elderly and Disabled will be processed at the KanCare Clearinghouse effective January 1, 2016.

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## Other agencies in KanCare

- DCF
  - Kansas Department for Children and Families (DCF)
    - Implementation of eligibility policy for elderly and disabled
      - Applications for Elderly and Disabled are processed at DCF
      - Foster Care



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In the Day 3 online training we will discuss more information on these agencies and what they do.

DCF website: [www.dcf.ks.gov](http://www.dcf.ks.gov)

Please note: the processing of Applications for Medical Assistance for Elderly and Disabled will be processed at the KanCare Clearinghouse effective January 1, 2016.

## Medicaid – Eligibility

- Eligibility is determined by one or more of the following:
  - Income
  - Disability
  - Medical conditions
  - Age (children or senior citizens)
  - Family composition (parents or caretakers)



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KanCare members must qualify by the type of coverage needed or the coverage group they belong and meet income qualifications for KanCare

## Medicaid as an Insurer

- Medicaid is the 3<sup>rd</sup> largest provider of health benefits and coverage in Kansas after Blue Cross Blue Shield of Kansas and Medicare.
- It is the single largest insurer of children in Kansas
- Medicaid pays for over 40% of births in Kansas (and more than 50% in some counties in Kansas).
- KanCare/Medicaid is always the payer of last resort.



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When people with Medicaid have other insurance or Medicare, KanCare/Medicaid pays after all other insurance has paid on claims.

## KanCare Information

- In a twelve-month period, Medicaid and Children's Health Insurance Program (CHIP) will pay for health services or provide health insurance coverage for over 400,000 Kansas.
- In Kansas, Medicaid + CHIP = KanCare
  - There are a few exceptions to this statement we will discuss in Day 2 of the presentation.



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Thanks to Kansas Department of Health and Environment for this information.

## Applying for KanCare



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Questions about any of the training information should be directed to the KanCare Ombudsman Volunteer Coordinator. Toll free phone: 1-855-643-8180, Pam Brown direct line: 785-296-2081 or email: [pam.brown@kdads.ks.gov](mailto:pam.brown@kdads.ks.gov)

## KanCare Groups

- In Kansas you must meet the criteria or belong to a “group” of people to receive KanCare/Medicaid benefits. Those groups of people in Kansas include:
  - **Children under the age of 19**
  - **Pregnant women**
  - **Low income families**
  - People age 65 and over
  - Persons determined blind or disabled by the Social Security Administration
- Reminder: In Kansas there are two types of KanCare/Medicaid applications:
  - Medical Assistance for Families with Children
  - Medical Assistance for the Elderly and Disabled



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These groups are the same as those listed in the federal Medicaid law. These are the people who are eligible.

Being a member of a group eligible for and covered by Medicaid is one of the criteria to qualify. The other criteria is to meet the income qualifications

Today, Day 1, will focus on the KanCare Groups that include Medical Assistance for Families with Children (bold and underlined). Day 2 will focus on Medical Assistance for the Elderly and Disabled.

## How to apply for KanCare for Families with Children

- How to apply for KanCare
  - Families with Children application
    - Call the KanCare Clearinghouse to request an application
    - Complete the application, attach supporting documentation and mail to:
      - KanCare Clearinghouse
      - PO Box 3599
      - Topeka, KS 66601-9738
      - KanCare Clearinghouse contact number: 1-800-792-4884
      - KanCare Clearinghouse fax number: 1-800-498-1255
- Do not send originals in with your application. Send copies of information to the KanCare Clearinghouse.



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This is only one of the ways to apply for KanCare. Application options include mail, fax, and online.

Remember (this is very, very important) to let anyone know who calls to inquire about the status of their application – Process time for a KanCare application is 45 days.

Whether that application was mailed, faxed, delivered, or submitted online doesn't matter. 45 days from date of receipt is the time frame for processing applications. If information is missing or not included with application the processing will be delayed.

Effective date depends on the program requested and the date the application is received.

Remember! There are two types of KanCare applications available. The program a person is requesting determines which application a person completes.

1. Children and Families application.
2. Disabled and Elderly application. Elderly and Disabled applications are processed at the local DCF Service Centers across Kansas.

## How to apply for KanCare Families with Children

- Apply Online!
- <https://cssp.kees.ks.gov/apspssp/>
  - There is a quick screen for eligibility or
  - Apply for Medical Assistance
- Remember to keep a copy of what is sent to the KanCare Clearinghouse.

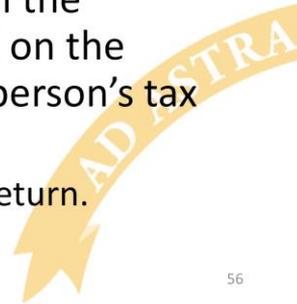


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If a consumer who has asked for assistance has questions about whether or not they meet the qualifications to obtain KanCare benefits, go ahead and help them complete the application and let the program determine eligibility. It is not the function of the KanCare Ombudsman Volunteer to say if someone may qualify or not. Let the program determine eligibility.

## General Requirements

- The applicant must be a person living in Kansas with the intent to stay
- The applicant must provide all needed information and cooperate with the application process.
- In addition, all persons residing in the household must also be included on the application and everyone in the person's tax household.
  - Status as filed on most recent tax return.



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Intent to stay—can apply the day they move to Kansas as long as there is intent to stay.

In general, hard copy documentation is required of citizenship, identity, and all forms of income. The KanCare Clearinghouse can verify some Kansas residents' citizenship and ID via a KDHE interface.

Legal responsible persons are needed in order to determine who is in the family group and what income to count to make a correct determination. It is acceptable to make comments or write a brief statement to include with your application to clarify what makes up a household. There is an area on the application to write comments.

## Application General Requirements

- The applicant must be able to act in their own behalf.
  - If the applicant is not able to act on their own behalf, a Durable Power of Attorney, Power of Attorney, Guardian, Conservator, or Authorized Representative may apply for the consumer.
- To qualify for medical coverage persons must be a US citizen or eligible non-citizen.
- On the application, another person can be appointed to assist in the KanCare application process.

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In general, hard copy documentation is required of citizenship, identity, and all forms of income. The KanCare Clearinghouse can verify some Kansas residents' citizenship and ID via a KDHE interface.

## Financial Requirements

- To qualify, a household's income and/or assets must be below the specified limit for each eligibility group.
- The income guidelines vary from program to program



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The next item for eligibility is meeting the financial requirements of the program for which the person is applying.

These amounts will be listed as we discuss each type of coverage in training.

## Financial Requirements - Income

- The countable income of the household is considered.
- Earned income, like wages from a job or self-employment, is used to determine eligibility.
- Unearned income is also considered.
  - Examples: unemployment, Social Security disability payments



## Financial Requirements – Exempt Income

- Some income is exempt and not used to determine eligibility.
- Exempt income depends on what kind of medical program is being considered.
- Examples of exempt income include
  - Certain VA payments
    - Aid and Attendant Care
    - Lump sum payments for Social Security disability are exempt for the first 9 months.
    - Child support income – for family medical only
      - Modified Adjusted Gross Income (MAGI), please see notes

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It is not the job of a KanCare Ombudsman Volunteer to make eligibility or financial eligibility determinations. Have the person applying for KanCare submit the application and go through the process.

If the person applying returns to our office after their application has been processed, KanCare Ombudsman Volunteers shall make inquiries with the KanCare Ombudsman.

MAGI budgeting – If a child receives HCBS Services their child support is counted in resources. MAGI, Modified Adjusted Gross Income

## Financial Requirements – Resources

- What can be counted as a resource?
  - Resources, can be converted to cash.

### Countable

- Bank accounts
- Stocks/Bonds
- Most trust funds
- Annuities, IRAs
- Life Insurance over \$1,500 (face value)
- Retirement Funds except for spouse
- Non-income producing property

### Exempt Resources

- Irrevocable burial plans up to \$7,000 plus burial merchandise.
- The home if spouse lives in it or if resident intends to return.
- Income producing property
- Life insurance less than \$1,500 (face value)
- Household/personal items
- One vehicle



## **KanCare Family Medical Programs**

- Family Medical Programs include:
  - KanCare Caretaker Medical
  - KanCare for children
  - KanCare for low-income families
  - KanCare for pregnant women
  - Known as Title 19 programs



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Again, make certain that the person applying for these benefits has completed and turned in or submitted online a KanCare Application for Medical Assistance for Families with Children.

## What is Title XIX (19)?

- Title 19 is KanCare/Medicaid
- [http://www.ssa.gov/OP\\_Home/ssact/title19/1900.htm](http://www.ssa.gov/OP_Home/ssact/title19/1900.htm)
- The website above has comprehensive information regarding Title 19 of the Social Security Act. For training purposes we will summarize.
- Enacted in 1965, Title XIX of the Social Security Act established regulations for the Medicaid program, which provides funding for medical and health-related services for persons with limited income.
- Title XIX contains a number of provisions governing the acquisition, use and disclosure of Medicaid enrollees' health information.

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Title XIX of the Social Security Act is extensive legislation that was enacted to create Medicaid. This information was discussed earlier in the presentation. The knowledge to take away from this: you do not have to know all the language of the law. What we do need to know is what KanCare/Medicaid is in Kansas and how it functions so that we can assist KanCare beneficiaries who have issues or problems with their KanCare coverage. Title XIX is KanCare/Medicaid

## Caretaker Medical

- Complete an application for Medical Assistance for Families with Children
- This is a program for caretakers of children under the age of 19
- An eligible caretaker can be parents, relatives such as a grandparents, or other persons who assume the primary responsibility for and control of at least one child.



## Caretaker Medical - Income

- To qualify for Caretaker Medical, a household's income must be lower than the specific income standards which is generalized at about 38 percent of the Federal Poverty Level (FPL).

Household Size	Caretakers and Children
1	\$373
2	\$505
3	\$637
4	\$768
5	\$900
6	\$1032
7	\$1164
8	\$1295

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Eligibility is a complex process. KanCare Ombudsman Volunteers should not advise people whether they are eligible for programs or not. Our job is to assist the person in applying and let the agency processing the application make the determination.

If an application is denied the person applying may file an appeal.

For each extra person add: \$132

This is monthly income and doesn't include resources (savings or things that can be turned to cash).

Note the income is very low for this program.

## Transitional Medical

- Transitional medical is a program for households that have been receiving Caretaker Medical coverage but are now ineligible for the program due to an increase in wages or earnings
- This is not a program that a household can apply for but is determined eligible when their income increases.



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Transitional Medical extends the benefits of Caretaker Medical for 12 months.

## Poverty Level Medical – KanCare 19

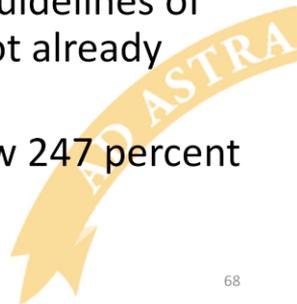
- KanCare 19 is a medical program for children from birth to the age of 19.
- KanCare 19 is the traditional Medicaid program for children that has been in existence since the 1960s.
- Children are eligible throughout the entire 12 months regardless of the household's income.
- KanCare 19 coverage can be retroactive back to 3 prior months before the month of application.

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Yearly review of medical case. Some Family Medical reviews are passive, meaning the eligibility system will soon be able to collect documentation of income and other items without mailing out a yearly review. This is possible because of the Affordable Care Act and the availability of information due to IRS data match and other information systems. The eligibility computer will be able to verify whether a person still qualifies for KanCare 19.

## Poverty Level Medical – KanCare 21

- KanCare CHIP – Children’s Health Insurance Program, also known as KanCare 21.
- Medical program for children from birth until the consumer turns 19.
- KanCare 21/CHIP serves children whose gross household income is above the guidelines of the Medicaid program who do not already have health coverage.
- Household income must be below 247 percent of the Federal Poverty Level



## KanCare 21 / KanCare CHIP

- Some households may have a premium for this coverage.
- Example
  - \$20 monthly premium for 167-191 percent of the Federal Poverty Level (FPL)
  - \$30 monthly premium if income falls between 192 – 218 percent of the Federal Poverty Level (FPL)
  - \$50 monthly premium if income falls between 219 – 244 percent of the Federal Poverty Level (FPL)
- Kansas Medical Assistance Standards chart is included in your training manual.
- See Page 1 of this chart for KanCare 21/KanCare CHIP income guidelines



## What's the difference?

- There are a few differences that separate the KanCare Programs of KanCare 19 and KanCare 21.
- They are two separate programs but from the outside look like one program (from the consumer point of view).
- KanCare 19 covers children to the age of 19. KanCare 21 covers children to the age of 19.
- The income guidelines differentiate the two programs.

## **KanCare 21/KanCare CHIP**

- KanCare 21 is CHIP/Medicaid.
- KanCare 21/KanCare CHIP coverage begins the day after the case has been processed.
- KanCare 21/KanCare CHIP program doesn't have the ability to backdate medical benefits to cover a previous month's bill like KanCare 19.

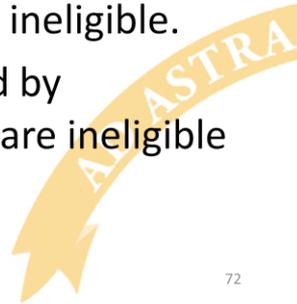


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Three names for one program. It could be called CHIP, Title 21, or KanCare 21 but it is all the same program.

## **KanCare CHIP limitations**

- Dependents of state employees are ineligible for KanCare CHIP due to their access to State of Kansas Health Insurance.
- Persons employed by cities, counties, and school districts that participate in the State of Kansas Health Insurance plan are ineligible.
- Children who are already covered by comprehensive health insurance are ineligible for this program.



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Please note: in all other KanCare/Medicaid programs except CHIP a consumer may have other private insurance.

## Pregnant Woman Program

- Part of the Medicaid Family Medical Program
- Pregnant Women can receive full medical benefits through their second post partum month.
- Income qualifications must fall within 171% of the FPL
- See the Kansas Medical Assistance Standards chart in your training notebook for examples of FPL levels for this program



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Be advised: verification of Pregnant Woman is needed to determine on-going coverage but women can be expedited for coverage without it.

## Family Medical Programs

- Applications for Family Medical programs can be submitted to the KanCare Clearinghouse or at a Kansas Department for Health and Environment (KDHE) Outstationed Eligibility Worker site.
- Any Family Medical applications that are initially worked by Outstationed staff are transferred to the KanCare Clearinghouse upon completion.
- Family Medical cases include KanCare 19 and KanCare 21 Programs formerly referred to as “Healthwave” and now part of KanCare.

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An example of a family medical and children application can be found in your KanCare Ombudsman Volunteer Program Training Notebook.

A reminder that applications can be submitted online at <http://www.kancare.ks.gov/apply.htm>, mailed, or faxed to the KanCare Clearinghouse or any KDHE Outstationed Eligibility Worker.

There is a list of KDHE Out-stationed Eligibility Workers in your Training Notebook.

Any application submitted has a 45 day processing time.

Family and Children Applications are processed at the KanCare Clearinghouse. Also please note: Information not provided with the application as requested can delay the 45 day processing time.

## Qualify or Denial

- Recipients will receive notification in writing about whether they qualify for KanCare or are denied and the reason why.
- Recipients have the right to appeal this decision.
- The appeal information will be on the letter received.



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Act in own behalf—

Someone over the age of 18

Minors who are emancipated by a court or married

Adults need the legal capacity to act on their own behalf

Otherwise a conservator or guardian for a legally incapacitated person must apply on his/her behalf

Durable POA outlast some becoming incapacitated, POA is void and null once a person becomes incapacitated.

## Recap – Applying for KanCare/Medicaid

- Medicaid is a program to pay healthcare costs for certain persons with low income and resources.
- Medicaid for Families with Children in Kansas is called KanCare.
- KanCare Family Medical covers:
  - Caretaker Medical
  - Children 19 and under / KanCare 19 and KanCare 21 CHIP
  - Pregnant Women
  - Low income families
- There are income limits for KanCare for Families with Children.
- A consumer must apply and meet certain criteria to receive KanCare/Medicaid.
- A consumer may appeal the decision whether accepted or denied KanCare.



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## Acronyms

- Acronyms will be important in your study of Medicaid and how it works.
- A list of frequently used acronyms is available in the index of your Training Resource Guide
- AKA FUAFYB – Frequently Used Acronyms For Your Benefit.



## Resources for Day 1 Online Training

- Websites
  - [www.hhs.gov](http://www.hhs.gov)
  - [www.cms.gov](http://www.cms.gov)
  - [www.medicare.gov](http://www.medicare.gov)
  - [www.medicaid.gov](http://www.medicaid.gov)
  - [www.kancare.ks.gov](http://www.kancare.ks.gov)
  - [www.kdads.ks.gov](http://www.kdads.ks.gov)
  - [www.kdheks.gov](http://www.kdheks.gov)
  - [www.kff.org](http://www.kff.org)
  - [www.dcf.ks.gov](http://www.dcf.ks.gov)



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## Resources for Online Training

- A huge thank you to the staff at KDHE for sharing several of their presentations that were used in compiling training materials for the KanCare Ombudsman Volunteer Program.



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