

## Nursing Facility Advance Payment KanCare 2016

### Background

KDHE is experiencing delays in processing applications for Medicaid benefits. Until the delays are resolved, KDHE has agreed to issue advance payments to qualified Nursing Facilities (NFs) who submit advance payment requests for specific applicants who are waiting on an eligibility determination.

### Process

1. The NFs will use the established status inquiry process to provide KDHE with the list of applicants who have a pending determination for Medicaid eligibility. The Facility will flag each of the applicants for whom they are requesting an advance payment. Only application dates greater than 45 days or recipients who have been in the NF for more than 45 days and need a level of care change will be considered. Additionally, priority will be given to the smaller facilities versus large corporate owned facilities. If advance payment criteria has been met, the nursing facility will receive an email from our Clearinghouse vendor, Maximus, with the following message; *“We have received your spreadsheet requesting advance payment for this beneficiary. This case has been approved for advance payment. Please expect additional communication from KDHE to complete the advance payment process.”*

Payment may be requested as one check per applicant or one check for multiple applicants. It is recommended that advance payments be requested as one check per applicant. This will facilitate tracking and monitoring of the advance payment accounts receivables once the eligibility determination is finalized.

M	N	O	P
Total Dollar Amount of Unbilled Claims	Issue	Date of Application	Additional Information
\$ 10,000.00	Pending Status	5/10/2016	Advance Payment Request Resident in facility Jan, Feb, March, April, May, June, July, August 2016

2. KDHE will review the requested payment amount and calculate the advance payment at 50% of the requested amount approved by KDHE.
3. An outstanding accounts receivable (AR) will be established for each advance payment and will display on the KMAP provider remittance advice (RA). If the payment is requested in one check, only one AR will display on the RA. Because there are no claims at the time the advance payment is created, no applicant name can be tied to the AR displayed on the RA. KDHE will provide a confirmation letter listing the AR number for each applicant advance payment.

4. KDHE will fax or email a scanned Payment Agreement letter to the provider for signature. This letter will identify the advance payment amount, the terms for repayment and information about the provider (KMAP provider number and TIN number).
5. The NF will sign and return the Payment Agreement letter to KDHE for processing of the advance payment. The payment will be issued in approximately 7 business days.
6. Once eligibility is approved and payment starts on behalf of the applicant, the advance payments will be collected by KMAP or the MCOs on claims submitted by the provider for that applicant.
7. If the applicant is denied eligibility, the agency will request a refund of the advance payment. The refund must be returned within 30 days of the date of the request. If the advance payment is not returned to the agency within 30 days, KDHE will direct the MCOs to collect the advance payment from any current disbursement due to the provider.

**NOTE:** For cases approved for Advance Payment, if a request for information is needed on an application, we will be allowing up to 30 days to submit documentation. In order to expedite the process, an eligibility worker will be contacting the responsible person and nursing facility on the 15<sup>th</sup> day if verifications have not been provided. Any denial on an advance payment case will go through a second review to confirm the denial is appropriate. If not appropriate, the case will be reviewed with the worker and processed to conclusion.