Reconsideration Period Policy Change

- Kansas Medicaid will be implementing a policy change July 1, 2025, that changes how reconsideration windows work for members submitting a late review or requested information.
    - If a member submits a late review, the review will be treated as a new application, not a review.
    - The change will sunset flexibilities Kansas Medicaid adopted during the COVID-19 Public Health Emergency (PHE).
- This means that Kansas Medicaid may not be able to backdate eligibility.
    - For eligibility to be backdated for a late review, now being treated as an application, the member must respond "yes" to the question, "If this person is applying, do they need help paying medical bills from the last 3 months?"
        - For Modified Adjusted Gross Income (MAGI), also known as family medical, reviews, this question is located in Section B.
        - For non-MAGI, also known as elderly and disabled, reviews, this question is located in Section B.
        - The prior medical expenses question is located in Section C in the application for MAGI and non-MAGI applicants.
- Kansas Medicaid assumes the answer to the prior medical expenses question is "no," if left blank, unless the member includes information elsewhere in the review or application indicating they are pregnant or have had a medical emergency in the past three months.
- If the member later realize they need prior medical coverage, but have already submitted their renewal, the member, their guardian, or authorized representative can contact the KDHE Clearinghouse at 1-800-792-4884 within 60 days of their submission and request prior medical coverage.
- This change in policy is to align with the Centers for Medicare and Medicaid Services' requirements for reconsideration periods.
- The best way to mitigate any potential gap in coverage is for members to keep their contact information updated and provide the renewal by the due date.