



WHAT DO THE KENTUCKY HEALTH MEDICAID CHANGES MEAN FOR KENTUCKIANS?

Kentucky HEALTH is Governor Bevin's signature Medicaid program that stands for "Helping to Engage and Achieve Long Term Health." Also called an "1115 Medicaid Waiver," this program is an alternative to traditional Medicaid, meaning that the federal government has "waived" certain rules, allowing Kentucky to make changes to the way Medicaid is administered.

WHO WILL BE AFFECTED?

Medicaid covers low-income Kentuckians making at or below 138% of the Federal Poverty Level (FPL), about \$16,750 a year for an individual and \$34,600 for a family of four. In total, nearly 1.4 million Kentuckians are covered by Medicaid. Of these, more than 1 million Medicaid members – covered by Aetna, Anthem, Humana CareSource, Passport, and WellCare – will be affected by some or all of the new rules of Kentucky HEALTH. **That's more than 1 in 4 Kentuckians.**

Medicaid members participating in Kentucky HEALTH include:

Children

Pregnant Women

Former foster care youth up to age 26 (those who have "aged out" of foster care)

People with certain conditions who are deemed "medically frail"

Very low-income parents and caretakers (also known as "traditional" medicaid)

All other parents and caretakers (also known as Medicaid Expansion)

All other non-disabled adults without dependents (also known as Medicaid expansion)

The following individuals **will not** be subject to Kentucky HEALTH and will continue to receive traditional Medicaid:

- X Over age 65
- X Covered by Medicare
- X Receiving SSI (Supplemental Security Income)
- X Living in a long-term care facility
- X In the Medicaid buy-in program for working disabled adults
- X Currently in foster care or receiving subsidized adoption
- X Participating in the Breast and Cervical Cancer Treatment Program
- X Enrolled in 1915c Waivers, including:
 - x Home and Community Based Waiver
 - x Michelle P. Waiver
 - x Acquired Brain Injury (ABI) and ABI Long-term Care Waiver
 - x Model Waiver II
 - x Supports for Community Living

As a result of Kentucky HEALTH, almost **100,000 low-income Kentuckians** will no longer be enrolled in Medicaid by 2022. Many more could lose coverage temporarily due to new requirements and penalties.

Updated May 23, 2018

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ANNUAL RE-ENROLLMENT: Every year, you or your family will need to submit updated information or verify that your information is still correct. This must happen by the end of your annual re-determination month to stay enrolled in coverage.

REPORTING CHANGES IN ELIGIBILITY: You must report changes in income, household size, work status, and any other changes that would impact your eligibility for Medicaid within 30 days. You should not be required to report normal fluctuations, including:

- Changes in work hours that will not exceed 30 days
- A fifth or periodic paycheck
- Holidays, vacation days, or sick leave less than 30 days

EMPLOYER COVERAGE: If you work for an employer for at least one year and your employer offers health insurance, you must enroll in that plan. You will also be encouraged to enroll your children in the same plan. Medicaid will pay your out-of-pocket costs and provide "wrap-around" benefits if your employer plan does not provide every benefit offered by Medicaid. However, if your employer's plan offers fewer in-network providers or does not cover the same prescription drugs, these may not be covered by the state.

MULTIPLE ACCOUNTS: You can be enrolled in coverage as an individual or as part of a larger household. Adults will have two accounts: 1) a benefit account for enrollment, My Rewards, Deductible, and Community Engagement; and 2) an account with the managed care plan to pay premiums. Households will have three or more accounts: 1) the head of household will have a benefit account for enrollment; 2) each adult household member will have a separate benefit account for My Rewards, Deductible, and Community Engagement; and 3) each household will have at least one managed care plan account. If individuals living in the household are covered by different plans, they will have separate accounts.

"MY REWARDS" ACCOUNT: You can earn virtual reward "dollars" for preventive screenings, health classes, volunteering, job training and other activities. Reward dollars can be used to "buy" services like dental and vision care.

MY REWARDS FINES: Your My Rewards Account could be charged \$20 - \$75 for inappropriate or non-emergency use of the Emergency Department, unless you call the managed care plan's nurse hotline first. There could be a similar penalty for missing too many appointments without canceling ahead of time. Your account can also be charged for failure to pay premiums, comply with PATH requirements, or voluntarily withdrawing from the program without good cause.

DEDUCTIBLE ACCOUNT: The Deductible Account is meant to be like a health savings account. The state will put \$1,000 virtual "dollars" into your account at the beginning of the coverage year. During the year, the money in the account pays for the first \$1,000 of non-preventive medical expenses. After the account is "empty," all healthcare services will continue to be covered by your managed care plan.

MY REWARDS SUSPENSION: If you miss two premium payments or fail to comply with PATH requirements, you will not be able to use your My Rewards Account to access vision and dental.

PREMIUMS: You will be charged monthly premiums based on your household income. Over time, the state may increase premiums up to 4% of your total income. For example, if you are an individual making about \$16,700/year (earning about \$8 an hour at 40 hours per week) your premium payment will start at \$15 per month but could increase to \$55 per month over time. Premiums will be optional for some.

WHAT DO THE KENTUCKY HEALTH MEDICAID CHANGES MEAN FOR KENTUCKIANS?

ADULTS WITHOUT DEPENDENTS

EXPANSION

VERY LOW

INCOME

PARENTS

/ CARETAKERS

STAKEHOLDERS

RETROACTIVE COVERAGE: Medicaid usually covers medical expenses for 90 days before you are fully enrolled, assuming that you were already eligible for coverage during that time. This is helpful if you experience enrollment delays, get accidentally dis-enrolled, or have a gap in coverage. Under the new plan, coverage will only begin after you make the first premium payment and are fully enrolled. For example, if you make your first premium payment on the 5th of the month, coverage will start on the 1st day of that same month. Medicaid will not pay for medical services received before you are fully enrolled, even if enrollment is delayed for a reason beyond your control.

CO-PAYS: If your household income is at or below 100% FPL (\$12,140 for an individual and \$25,100 for a family of 4) and you miss two premium payments, you will be charged a co-pay each time you seek care. Co-pays range from \$3 - \$50 per visit and could quickly add up to a lot more than your premium payment.

"PATH" REQUIREMENT TO WORK, VOLUNTEER, STUDY, OR TRAIN: You will need to complete 80 hours of approved activities each month. If you are a full-time student, or a primary caregiver (1 per household), you may be eligible for an exemption. If you are enrolled in SNAP (food stamps) or TANF (cash assistance), you will only need to meet the work requirement once for all benefits.

LATE RE-ENROLLMENT SUSPENSION: If you do not re-enroll during the 90 day window following your re-determination month, you will be locked out of coverage for six months.

CHANGE IN ELIGIBILITY SUSPENSION: If you do not report a change in income or family size that makes you or your household ineligible for Medicaid within 30 days, you will be locked out of coverage for 6 months. The state may consider this to be Medicaid fraud, a very serious charge that is punishable by law. The length of time and opportunities to re-enroll may be different for each member of your household.

"PATH" SUSPENSION: If you do not complete at least 80 hours of "community engagement" activities each month, you could be suspended for the rest of the coverage year.

CO-PAYS & ENROLLMENT DELAY: If your household income is at or below 100% FPL (\$12,140 for an individual and \$25,100 for a family of four) and you cannot pay your first premium, your coverage will be delayed up to 60 days. Once you are enrolled, if you miss two premium payments, you will be charged co-pays every time you seek care or need to fill a prescription. Co-pays range from \$3-\$50 and could quickly add up to a lot more than the missed premium payment.

"CONDITIONAL" ENROLLMENT: If your household income is above 100% FPL (\$12,140 for an individual and \$25,100 for a family of four), your coverage won't start until you pay your premium.

NON-EMERGENCY MEDICAL TRANSPORTATION: You will no longer have access to Medicaid transportation services to get to and from a medical appointment.

DENTAL & VISION BENEFITS: You will no longer have access to dental or vision benefits. You will only be able to access dental and vision services by earning virtual "dollars" through your My Rewards Account.

PREMIUM PAYMENT SUSPENSION: If your household income is above 100% FPL (\$12,140 for an individual and \$25,100 for a family of four) and you miss two or more premium payments, you will be suspended for the rest of your recertification period. To end suspension sooner, you must pay past due premiums, pay the next month's premium and take a re-entry course in health literacy or financial literacy.

PREMIUM PAYMENT SCHEDULE BASED ON INCOME AND FAMILY SIZE:

Federal Poverty Level	Household Income (2018)				Household Monthly Premium (up to 4% annual income)	
	Individuals		Family of Four			
	Annual	Monthly	Annual	Monthly	Current Rate	Maximum
<25%	\$3,035	\$253	\$6,275	\$523	\$1	\$10
25 - 50%	\$6,070	\$506	\$12,550	\$1,046	\$4	\$20
51 - 100%	\$12,140	\$1,012	\$25,100	\$2,092	\$8	\$40
101 - 138%	\$16,753	\$1,396	\$34,638	\$2,887	\$15	\$55

THIRD-PARTY PREMIUM PAYMENTS: If you cannot afford to pay your monthly premium, you may be able to get help from a local hospital, clinic, church, or other community organization. Assistance options will vary from county-to-county, so you should ask your health care provider or Application Assister for more information.

DEFINITIONS

Alternative Benefits Plan: Your plan will no longer cover dental, vision, and non-emergency medical transportation

Chronic Homelessness: Kentucky HEALTH will use the federal definition to determine whether someone experiencing homelessness is eligible for an exemption of certain requirements. This is defined as: someone who sleeps in a place that is not meant for humans to live (for example, on the street) OR lives in a homeless emergency shelter; AND 1) Is homeless for 90 days or more; OR 2) has been homeless at least four times in the last three years.

Co-PAY: An amount of money people pay for each health service, office visit, or prescription medication. The amount differs depending on the services received.

DEDUCTIBLE: The amount people pay for covered health care services before their insurance plan starts to pay. With a \$1,000 annual deductible, for example, the person pays the first \$1,000 of covered services each year, and the insurance company pays for any expenses beyond \$1,000.

EXEMPTION: A protection for certain individuals or populations that waives some or all requirements and penalties that could create new barriers to care.

FEDERAL POVERTY LEVEL (FPL): A measure of income used to determine your eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage. This is based on your adjusted gross income, untaxed foreign income, non-taxable Social Security benefits, and tax-exempt interest.

LOCK-OUT: A penalty that results in an individual losing Medicaid coverage for a certain amount of time, even if they are eligible based on income.

MEDICAID EXPANSION: An expansion of coverage to low-income individuals and families created by the Affordable Care Act. In 2014, Kentucky expanded Medicaid to cover adults without dependent children making 0% – 138% FPL, as well as, adults with dependent children making 55% - 138% FPL.

PATH: An acronym for the state's requirement to work, volunteer, study, or train. PATH stands for "Partnering to Advance Training and Health" and is sometimes referred to as "community engagement".

PREMIUM: A fixed amount of money people have to pay each month to cover part of the cost of their health insurance.

State Benefit Plan: Your plan will not change; dental, vision, and non-emergency medical transportation will still be covered.

Are you a Kentuckian with Medicaid? Your income, household, and health status may impact your coverage.

If you are a parent or caretaker relative of a dependent child under the age of 19, your income and household size will determine whether you receive full or limited Medicaid benefits.

Adults covered by traditional Medicaid are eligible for the "State Benefit Plan" which includes dental, vision, and transportation to and from medical appointments. If your income increases in the future and exceeds the "PACA" scale, you may maintain full benefits for one year.

Adults covered by Medicaid expansion will no longer have access to dental, vision, or non-emergency medical transportation benefits. You may be able to earn virtual "dollars" through your "My Rewards Account" to purchase dental and vision services.

Traditional Medicaid ("Parent/Caretaker Relative" or "PACA")





Expanded Medicaid ("Low Income Adult" or "ADLT")

Household Size	Annual Income = 24% - 28% FPL (depending on household size)	Annual Income up to 138% FPL
1	\$0 - \$3,408	\$3,409 - \$16,753
2	\$0 - \$4,284	\$4,285 - \$22,715
3	\$0 - \$5,052	\$5,053 - \$28,676
4	\$0 - \$6,228	\$6,229 - \$34,638
5	\$0 - \$7,308	\$7,309 - \$40,600
6	\$0 - \$8,280	\$8,281 - \$46,561
7	\$0 - \$9,264	\$9,265 - \$52,523
8	\$0 - \$10,260	\$10,261 - \$58,484

Exemptions to Protect Vulnerable Kentuckians

"MEDICALLY FRAIL" EXEMPTION: Medicaid members may be considered "medically frail" for many different reasons, including:

- Disabling mental health diagnosis
- Chronic substance use disorder
- Serious and complex medical condition
- Difficulty performing activities of daily living
- Diagnosed with HIV/AIDS
- Eligible for Social Security Disability Insurance (SSDI)
- Chronic homelessness

	AUTOMATIC "MEDICALLY FRAIL" EXEMPTIONS: You may be granted automatic "medically frail" status for having HIV/AIDS, SSDI, or being identified as "medically frail" by your managed care plan based on existing diagnoses.
	APPLYING FOR A "MEDICALLY FRAIL" EXEMPTION: If you are not granted an automatic exemption, you can attest to being "medically frail" by asking your provider to complete a form. This will begin a process that could take up to 60 days. Your managed care plan will review this attestation and decide whether or not you are medically frail. During this process, you will be subject to all applicable requirements, penalties, and reduced benefits. If you self-attest to experiencing chronic homelessness or needing assistance with activities of daily living, you should be granted temporary medically frail protection before you have to complete the form with a provider.
	APPLYING FOR A "GOOD CAUSE" EXEMPTION: You can apply for a "good cause" exemption to avoid a penalty if you are unable to comply with program requirements due to domestic or interpersonal violence, eviction, homelessness, death in the family or other reasons. The exception can apply to the current month or past months, but it is not ongoing.
	If you are a newly resettled refugee or if you are experiencing domestic violence or interpersonal violence, you may be able to get another type of exemption. You can do this by talking with your provider, application assister, homeless shelter, domestic violence shelter, or the Cabinet's Family Support office.

Are you a Kentuckian with Medicaid?

Follow these steps to keep your coverage.

1. **Connect to your your new Medicaid information.**

1. Email

Use an existing email account or create a new account at www.gmail.com.

2. Create a KOG (KY Online Gateway) login to manage your new Medicaid information.

Visit www.mykentucky.gov to create a login.

Use this login to access your benefind account and Citizen Connect account.

benefind

Apply for benefits and report changes that may affect your Medicaid coverage.

Citizen Connect

This account is for all Medicaid members participating in Kentucky HEALTH, not just US citizens. Report Kentucky HEALTH activities and earn My Rewards.

If you plan to pay your premiums online, you will also need to set up a separate account with your MCO.

2. **Keep your information up to date.** Make sure to report any changes in your address, email, income, and household size. You can report these changes to the Cabinet's Family Support office (DCBS) or online through the new "Citizen Connect Portal" in benefind.
3. **Check your mail.** Check both regular US mail and your email for notices and updates from the state. Save any notices or communications you do not understand and bring them with you when you meet with your Application Assister.
4. **Maintain your Medicaid and SNAP coverage.** It is easier to maintain coverage than to apply again. Most adults will no longer be eligible for retroactive coverage, which means your medical bills will not be paid unless you are actively enrolled in Medicaid on the day you receive services. If you receive SNAP benefits, you may have an easier time meeting the state's new "PATH" work requirement, sometimes called "community engagement."
5. **If you have a condition that will make it hard for you to meet work requirements or pay premiums, ask your provider to fill out a "Medically Frail Attestation" form.** You can do this if you are experiencing homelessness, have a physical condition, mental health condition, addiction, or need help with activities of daily living.
7. **Know your rights.** If you have been wrongly penalized, if you are denied an exemption that you think you qualify for, or if you are disenrolled from Medicaid for a reason beyond your control, you can file an appeal. Contact your MCO or your local legal aid program.
8. **Know where you can get help.** If you need assistance with your application, setting up your Citizen Connect account, reporting requirements, applying for an exemption, or something else, a state DCBS employee or application assister should be able to help.

Find a DCBS office near you: https://prdweb.chfs.ky.gov/Office_Phone/index.aspx

Call the DCBS hotline: 1-855-306-8959

Find an application assister near you: 1-855-459-6328