



Commonwealth of Kentucky

Department for Medicaid Services

Member Handbook

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IMPORTANT THINGS TO KNOW

This Member Handbook is available in English and Spanish. It is also available in Braille. Please contact Medicaid Member Services at 800-635-2570 to request copies in a different format. This member handbook provides information for Fee for Service Kentucky Medicaid members. It contains information about:

- Medicaid benefits
- Copays
- Rights and responsibilities
- Health, dental and behavioral health plans
- Well child examinations, immunizations and follow-up care

If You Are a Managed Care Organization (MCO) Members

An MCO is a group of doctors, pharmacies and other medical providers you use for your medical care. Your MCO pays your provider for Medicaid covered services. You must use providers who are contracted with your MCO or you may have to pay for the services you receive.

You need to know how your MCO works. You will receive an identification card and handbook from your MCO. Your MCO may contact you to ask about your medical needs. They have many benefits and services to support you and your covered family members. Contact your MCO with any questions you may have.

If you are assigned to one of the Managed Care Organizations (MCOs), you can reach their Member Services Call Center at the numbers listed on the following page. You may also find useful information on their websites. The MCOs web addresses are listed on the following page with their phone numbers.

MANAGED CARE ORGANIZATION CONTACT INFORMATION

Managed Care Organization	Telephone Number	Website
Anthem Blue Cross & Blue Shield	1-855-690-7784	http://www.anthem.com/kymedicaid
Coventry Cares of Kentucky	855-300-5528	http://chcmedicaid-kentucky.coventryhealthcare.com
Humana	855-852-7005	http://www.caresource.com/members
Passport	800-578-0603	http://www.passporthealthplan.com
WellCare of Kentucky	877-389-9457	http://kentucky.wellcare.com

IMPORTANT TELEPHONE NUMBERS

Agency	Phone Number
Kentucky Medicaid Member Services	800-635-2570 (Toll Free) For TDD/TTY, call 711 to talk to KY Relay
Child and Adult Abuse	800-752-6200
National Domestic Violence Hotline	800-799-SAFE (7233)
IMPACT Plus	502-564-4797
Kentucky Children's Health Insurance Plan (KCHIP)	877-524-4718 800-662-5397 en Espanol
Medicaid Fraud and Abuse Hotline	800-372-2970
Social Security Administration (SSA)	800-772-1213
Nursing Home Ombudsman	800-372-2991
Office of the Medicaid Services Ombudsman Cabinet for Health and Family Services	877-807-4027 Or TTY 800-627-4702
Third Party Liability (TPL)	800-807-1459
Transportation	888-941-7433

YOUR IMPORTANT PHONE NUMBERS

Your Transportation Provider	
Your Primary Care Provider's (PCP) Name and Phone Number	
Your Social Security Administration Office	
Your Department for Community Based Services: (DCBS) Office	
Your DCBS Worker's Name/Address:	
Your Home County:	Your Case Number:

IMPORTANT WEB SITES

Agency	Web Address
Kentucky Medicaid Provider Directory	http://www.kymmis.com/provider%20directory
Department for Medicaid Services (DMS)	http://chfs.ky.gov/dms
KCHIP	http://chfs.ky.gov/dms/KCHIP
Social Security	http://www.ssa.gov
Medicare	http://www.medicare.gov
Office of the Medicaid Ombudsman	http://chfs.ky.gov/os/omb
Find the Local DCBS Office	https://prd.chfs.ky.gov/OfficePhone/index.aspx

KENTUCKY MEDICAID AND YOU

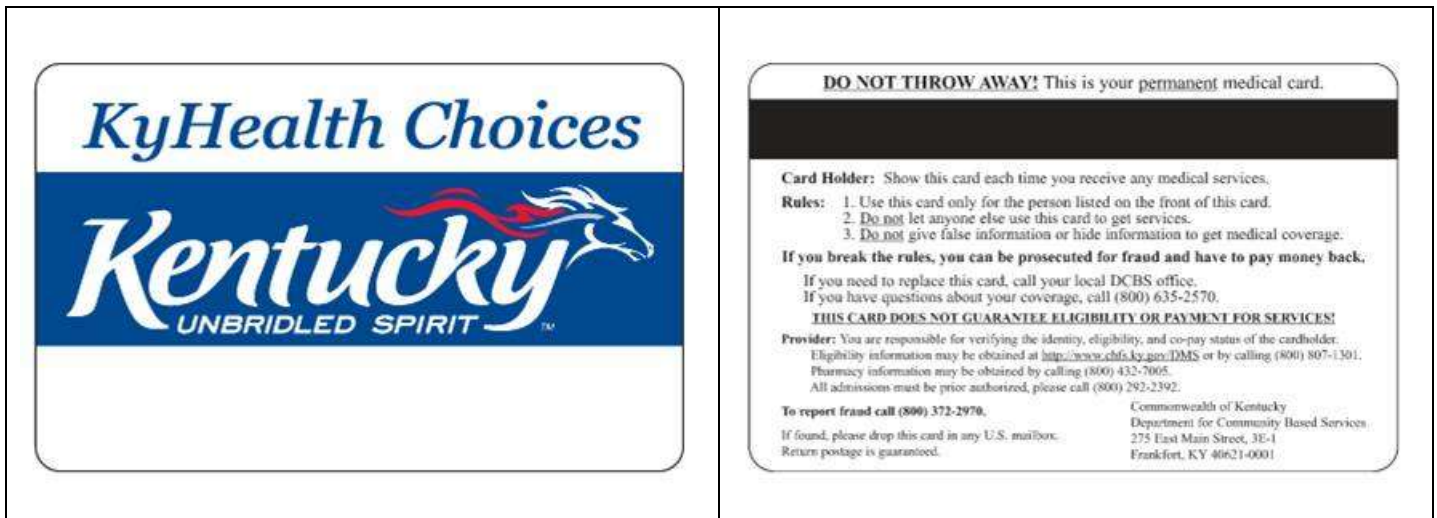
Welcome to Kentucky Medicaid

Thank you for letting us be a part of your healthcare team. This Member Handbook is designed to provide you with answers to your healthcare questions. Read this handbook and keep it with your medical information. Should you have any questions, please call our Member Services team at 800-635-2570.

Your Kentucky Medicaid Card

When you first become a Kentucky Medicaid member, you will get a Kentucky Medicaid card in the mail. On the following page, you can see what the Medicaid card looks like. It has your name and Kentucky Medicaid identification (ID) number on the front of the card. The ID number is a made-up number. When you get your card, make sure that your name is spelled correctly. If you see something wrong on your card, contact the Department for Community Based Services at 800-306-8959. Your Medicaid card is active as long as you are eligible.

Do not throw your card away. You will not get a new card each month. If you lose your card, contact your local DCBS office for another one. You can call DCBS at 855- 306-8959.



Managed Care Organization (MCO) Card

If you are a member of an MCO you will get a card from that MCO. Keep the MCO card with your Kentucky Medicaid card. They will both be required to obtain services.

You will need to take your card when you:

- Go to the doctor
- Go to a dentist or eye doctor
- Go to a clinic
- Get a vision or hearing exam
- Get a prescription filled
- Go to the hospital or emergency room
- Get medical supplies

You can only use your Kentucky Medicaid card with a participating Kentucky Medicaid Provider. It is your responsibility to make sure that the Provider accepts the Kentucky Medicaid card. Failure to do so will result in you being charged for the services you receive. NOTE: If you are a member of a MCO with Kentucky Medicaid, you will need to follow their rules for seeing healthcare providers.

If your personal information changes (name, address, etc.), contact your DCBS worker or local Social Security Administration (SSA) office right away. If you do not show your Kentucky Medicaid card each time you see a provider, you may be charged for the services you receive.

If you forget your card when you go for a service, you can ask the provider to call Medicaid at 800-635-2570 or your provider can go to <https://www.kymmis.com/kyhealthnet/DMS/DMSaffIn.aspx> to verify that you are a Kentucky Medicaid member. Your provider will need:

- **Your name**
- **Your Medicaid ID number**
- **If you don't have your Medicaid ID number, you can use your Social Security number and date of birth**

YOUR KENTUCKY MEDICAID BENEFIT PLAN

The following section of this Member Handbook provides an overview of the benefits you are entitled to receive through your Kentucky Medicaid Benefit Plan. It also describes the dollar amount you may be responsible for when you receive a service or a prescription.

What are my Benefits?

Starting January 1, 2014 all members will be in the same benefit plan and receive the same benefits. These are the same benefits provided through the Kentucky Medicaid State Plan. The chart below explains the benefits, as well as potential copay amounts that you may be responsible for paying at the time of your visit, prescription fill, or supply purchase.

Copays

Copays refer to the dollar amount you, as the member, are responsible for paying when you receive certain services, supplies, or prescriptions. The following table lists the copay amounts for Medicaid beneficiaries. A list of individuals who are exempt from copay requirements is provided immediately after the table. All copay amounts are effective beginning January 1, 2014.

Benefit	Copay	Limits
<i>Hospitalization</i>		
Acute Inpatient Hospital Services	\$50	
Inpatient Physician/Surgeon Services	\$0	
Transplant	\$0	
<i>Emergency Services</i>		
Emergency Room	\$0; non-emergency use: \$8	
Emergency Ambulance	\$0	
<i>Ambulatory Patient Services</i>		
Physician Office Services	\$3	
Outpatient Hospital/Ambulatory Surgical Center	\$4	Does not cover cosmetic surgery (except for post-mastectomy re-constructive surgery)

Benefit	Copay	Limits
Dental Services (children)	\$0	
Dental Services (adults)	\$3	1 cleaning and 1 set of x-rays per 12 month period
Home Health Care	\$0	
Vision Services (children)	\$0	
Vision Services (adults)	\$3	1 eye exam per year
Urgent Care	\$3	
Radiation Therapy	\$0	
Chemotherapy	\$0	
Family Planning	\$0	
Podiatry	\$3	
<i>Maternity and Newborn Care</i>		
Prenatal and Postnatal Care	\$0	
Maternity Services	\$0	
<i>Prescription Drugs</i>		
Home Infusion Therapy	\$0	Limited to administration by parent or guardian in the home

Benefit	Copay	Limits
Prescription Drugs	\$1 Generic; \$4 Preferred Brand; \$8 Non-preferred Brand	Non-preferred brand copay is applicable to all members (including those typically excluded from copays) <ul style="list-style-type: none"> ○ Family planning, no copays ○ Tobacco cessation, no copays ○ 2nd Generation Antipsychotics and Injectable Antipsychotics, \$1 copay ○ Anticonvulsants, non-preferred brands, \$4 copay ○ Oral oncology, non-preferred brands, \$4 copay ○ Diabetic supplies <ul style="list-style-type: none"> ▪ Meters, no copays ▪ Test strips, control solutions, insulin needles, lancets, etc. \$4 copay with no more than one copay per calendar day being charged
Rehabilitative and Habilitative Services and Devices		
Skilled Nursing and Rehabilitation	\$0	
Chiropractic Services	\$3	26 visits per 12 month period
Durable Medical Equipment	\$4 per date of service	
Hearing Aids/Audiometric Services	\$0	Limited to children under 21
Prosthetic Devices	\$4	
Physical / Occupational / Speech Therapy	\$3	20 visits per year per therapy (combined for rehabilitative and habilitative); no limit for children
Private Duty Nursing	\$0	2,000 hours per year
Laboratory Services		
Laboratory, Diagnostic, and Radiology Services	\$3	

Benefit	Copay	Limits
<i>Pediatric Services</i>		
Autism Spectrum Disorders	\$0	Up to Age 21
EPSDT Special Services	\$0	Limited to medically necessary services not included in the State Plan and authorized under Section 1905(a) of the Social Security Act, or 42 USC Section 1396d(a)
EPSDT Screening	\$0	
Commission for Children with Special Health Care Needs	\$0	Limited to children who meet the eligibility criteria of the Kentucky Commission for Children with Special Health Care Needs
IMPACT Plus	\$0	Limited to children with severe emotional disabilities in the custody or under the supervision of DCBS, or at risk of DCBS custody, who are also institutionalized or at risk of institutionalization for behavioral health issues.
Specialized Children’s Services Clinics	\$0	Services limited to children under age 18 and must be performed by specialized clinics
Targeted Case Management: SED Children	\$0	Limited to children who meet Kentucky’s statutory definition of severe emotional disability.
First Steps Services	\$0	Services are available to children from birth through age two who have developmental delays or diagnosed physical or mental conditions associated with developmental delay.

Benefit	Copay	Limits
<i>Mental Health and Substance Use Disorder Services</i>		
Targeted Case Management: SMI Adults	\$0	Limited to adults who meet Kentucky's statutory definition of severe mental illness.
Inpatient Mental Health/Substance Use Services	\$50	
Outpatient Mental Health/Substance Use Services	\$3	
<i>Preventive Services and Chronic Disease Management</i>		
Smoking Cessation	\$0	
Allergy Services	\$0	
Immunizations and other preventive health services recommended by national expert groups (such as annual check-ups, pap smears, blood pressure screenings, etc.)	\$0	
<i>Other</i>		
Long Term Care	\$0	Limited to individuals who meet level of care criteria for a nursing facility or an Intermediate Care Facility for Individuals with Intellectual Disabilities
Non-Emergency Transportation	\$0	
Hospice	\$0	
Renal Dialysis/Hemodialysis	\$0	

NOTES:

- All benefits provided must be medically necessary.
- Copays are applicable for non-exempt members only.
- Copays may vary between MCOs.
- The maximum amount of total copays shall not exceed 5% of your family's total income per calendar quarter (3 months).

Individuals Exempt from Copays

All Medicaid beneficiaries are obligated to pay the copays outlined above except for the following exempt individuals and services. Please note that ALL Medicaid members, even those listed on the exemption list below, are responsible for the \$8 non-preferred drug copay obligation.

- *Children*—Services furnished to individuals under 18 years of age (and, services provided to individuals who are part of an optional group, such as foster care and remain on Medicaid, who have reached their 18th birthday but have not turned 19).
- *Pregnant women*—Services furnished to pregnant women.
- *Institutionalized individuals*—Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution if the individual is required (pursuant to Code of Federal Regulations§435.725, 435.733, 435.832, or 436.832), as a condition of receiving services in the institution, to spend all but a minimal amount of his income required for personal needs, for medical care costs.
- *Emergency services*—Services as defined at section Code of Federal Regulations 1932(b)(2) of the Act and §438.114(a).
- *Family planning*—Family planning services and supplies furnished to individuals of child-bearing age.
- *American Indians*.—Items and services furnished to an American Indian directly by an American Indian health care provider or through referral under contract health services.
- Services furnished to an individual who is receiving hospice care
- Preventive services

PRIOR AUTHORIZATION

Some medical services have to be approved before you receive them. Your Primary Care Provider (PCP) will ask for these services if you need them. Getting approval for services before you get them is called Prior Authorization. If a service is denied, you may ask for a review. See the section on “Denied Services” for more information. Some (but not all) of the services that need to be approved before you get them are:

- Acute inpatient hospitalizations
- Transplants
- Inpatient rehabilitation
- Long-term acute hospitalizations
- Sterilizations
- Some physician services
- Some audiology services
- Critical Access Hospital services
- Some dental services
- Diagnostic services
- EPSDT Special Services
- Durable medical equipment (wheelchairs, crutches, prosthetic devices, etc.)
- Home health services
- Inpatient psychiatric services
- Occupational therapy
- Some pharmacy services
- Physical therapy
- Nursing facility services
- Private duty nursing
- Speech therapy
- Some transportation
- Waiver services (Acquired Brain Injury, Acquired Brain Injury Long Term Care, Home and Community Based, Michelle P., Model II, Supports for Community Living)

EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)

EPSDT includes scheduled health check-ups for children from birth to age 21 who are eligible for Medicaid or the Kentucky Children's Health Insurance Program (KCHIP). If a problem is found during a check-up, EPSDT Special Services may include additional testing and treatment services not normally covered by Medicaid.

A child receiving an EPSDT check-up will be checked for medical problems early and on a regular basis. Health check-ups are available at doctor's offices and local health departments. A health check-up might include medical history, physical growth and assessment, mental health status, test for eyesight, hearing, dental, levels of iron in the blood, tuberculosis, blood lead screening, and shots to prevent diseases such as whooping cough and measles. Regularly scheduled check-ups are important in order to find and treat hidden health problems and prevent future health problems such as obesity, asthma, diabetes, vision and hearing, and mental health disorders.

If a health problem is found during your child's check-up, EPSDT Special Services may be available to test and treat the problem before it becomes serious. Your child's doctor's office or local health department can help you make an appointment to get testing or treatment for your child. EPSDT Special Services may include: medical supplies and special equipment, dental services not normally covered by Medicaid, allergy serum and shots, special therapies, substance abuse treatment, mental health services, and other services not normally covered by Medicaid. These EPSDT Special Services require a prior approval. Your doctor's office will ask for prior approval.

EPSDT Special Services and non-emergency transportation are not covered benefits for children enrolled in Medicaid KCHIP III.

HOW TO GET TRANSPORTATION SERVICES

Kentucky Medicaid will pay to take some members to get medical services covered by Kentucky Medicaid. If you need a ride, you must talk to the transportation broker in your county to schedule a trip.

Each county in Kentucky has a transportation broker. You can only use the transportation broker for a ride if you can't use your own car or don't have one. If you can't use your car, you have to provide written proof to the transportation broker that explains why you can't use your car. If you need a ride from a transportation broker and you or someone in your household has a car, you can:

- Get a note from your doctor that says you cannot drive
- Get a note from your mechanic if your car will not run
- Get a note from your supervisor or school official if your car is needed for someone else's work or school
- Get a copy of the registration if your car is junked

Kentucky Medicaid does not cover rides to pick up prescriptions.

For a list of transportation brokers and their contact information, please visit <http://chfs.ky.gov/dms/trans.htm> or call Kentucky Medicaid at 800-635-2570. For more information about transportation services, call 888-941-7433.

You should always try to go to a medical facility that is close to you. However, if you need medical care from someone outside your service area, you have to get a note from your Primary Care Physician. The note has to say why it is important for you to travel outside your area. (Your area is your county and the counties next to it).

If you are in a wheelchair or if you can walk but are disoriented, you may choose a transportation company that can meet these special needs. Contact your broker to see what special needs companies are available. You must get a note from your PCP to receive transportation services. The note has to say why that type of transportation is needed.

The hours of operation for non-emergency transportation are: Monday – Friday 8:00 a.m. – 4:30 p.m. and Saturday 8:00 a.m. – 1:00 p.m. If you need a ride, you must call 72 hours before the time that you need the ride. If you have to cancel an appointment, call your broker as soon as possible.

WHAT DO I DO WITH MEDICAL BILLS?

Pay attention to the mail you get for medical care. If the bill says that you owe money, you should:

1. Make sure your provider's office has a copy of your Medicaid card for the month of the service.
2. Call the provider's office. Ask if they have billed your MCO or Kentucky Medicaid.
3. If they have billed for the services but have not heard back from the MCO or Kentucky Medicaid, ask if they will check on the claim. You can also call Medicaid Member Services at 800-635-2570 and check on the claim.
4. If you have called your provider's office and checked on the claim but you still have problems, call Medicaid Member Services.

You may have to pay your own medical bills for Medicaid covered services if:

- You see a provider who is not part of your MCO
- You receive services without showing your Medicaid card to the provider

You will have to pay the bill for services you get:

- When you were not eligible for Medicaid
- During an appeal, grievance, or hearing if the action is denied

You will have to pay for any services that are not covered by Medicaid.

If you receive services that Medicaid does not cover, you have to pay for the services yourself. The provider will ask you to sign a form that must show:

1. What non-covered service you will have
2. You know it is not a Medicaid covered service
3. How much you will have to pay

SERVICES NOT COVERED

Kentucky Medicaid only pays for services that are medically necessary. Below are some of the services that Kentucky Medicaid does not pay for. **If you use services that Kentucky Medicaid does not pay for, you will have to pay for them yourself.**

- Services from providers who are not Kentucky Medicaid providers
- Services that are not medically necessary
- Transportation to pick up prescriptions
- Massage and hypnosis
- Abortion (unless the mother's life is in danger, or in the case of incest or rape)
- In vitro fertilization
- Paternity testing
- Hysterectomy for sterilization purposes
- Hospital stays if you can be treated outside the hospital
- Cosmetic surgery
- Fertility drugs
- Braces for teeth, dentures, partials, and bridges for persons 21 and over
- Glasses and contact lenses for persons 21 and over
- Hearing aids for persons 21 and over
- Fans, air conditioning, humidifiers, air purifiers, computers, home repairs

KENTUCKY MEDICAID AND THIRD PARTY LIABILITY (TPL)

If you have other health insurance along with Kentucky Medicaid or lose coverage with another insurance plan, Kentucky Medicaid needs to know. Contact your local DCBS office or call the TPL unit at 800-807-1459 if you have changes in your health insurance.

When you have other health insurance, your provider should always bill that health insurance first. Kentucky Medicaid always pays last. This is called “Third Party Liability” (TPL). If Kentucky Medicaid pays the bill when you have other health insurance, your other health insurance will have to pay the money back. If you file a lawsuit or otherwise recover expenses from any other source, you or your attorney must notify Kentucky Medicaid. For questions about TPL, call 800-807-1459.

Examples of other insurance are:

- Personal health insurance
- Veteran’s coverage
- Worker’s compensation
- Auto insurance to cover injury due to an auto accident
- Recover expenses from a lawsuit or from any other source due to an injury, disease, or disability
- Insurance that pays you if you have cancer, heart disease, and other disabilities
- Student health insurance policies
- Sports health insurance policies
- Medicare

EMERGENCY ROOM (ER) USE

You should go to the ER when you have signs of a medical condition that could be life-threatening or could cause permanent damage if not treated right away. If you think you have a condition like this, go to the nearest ER. Call 911 if you need help getting to the ER. **If you are not sure that you are experiencing an emergency, call your primary care physician's office.** The list below shows examples of true medical emergencies and of urgent medical issues. Only go to the ER for true emergencies.

Examples for visiting the ER	Examples for visiting your PCP or the Urgent Treatment Center
Loss of consciousness, fainting	Earache
Signs of heart attack or stroke	Small cuts
Severe shortness of breath	Dog bite
Bleeding severely or uncontrollably	Sprains and strains
Sudden, constant pain	Asthma (unless life-threatening)
Head or spinal injury	Low fever
Suicidal feelings	Coughs, colds, flu
Seizures	Eye problems (infections, scratches)
Miscarriage or pregnancy with vaginal bleeding	Stomach ache
Physical attack or rape	Backache

Poisoning or drug overdose	Migraine
Severe vomiting or diarrhea that does not stop	Sore throat
Paralysis	Skin rash
Shock	Sexually Transmitted Diseases

KENTUCKY MEDICAID RIGHTS AND RESPONSIBILITIES

Your Kentucky Medicaid Rights

As a Kentucky Medicaid member, you are entitled to the following rights:

- To get good medical care no matter your race, color, religion, sex, age, disability, or nationality
- To be treated with respect and dignity and to have your privacy protected
- To get medical care when you need it
- To ask questions and get answers about your healthcare
- To be told that services are not covered before you get them
- To be part of all decisions about your healthcare
- To ask for a second opinion
- To have your medical records and care kept private (See *HIPAA* section of this handbook for more information about privacy rights)
- To look at copies of your medical records and get copies if you want them
- To file a complaint or ask for a hearing, if you have problems with your eligibility or healthcare

As a Kentucky Medicaid member, you have the following responsibilities:

Your Kentucky Medicaid Responsibilities

- To give the best information you can so that Kentucky Medicaid and your providers can take care of you and your family
- To follow your provider's instructions and care plans
- To call your provider first when you need medical care
- To go to providers who take your Medicaid card
- To show your latest Medicaid card every time you get medical services
- To make sure that you only see Kentucky Medicaid providers

- To keep all appointments and be on time
- To cancel an appointment if you cannot be there on time
- To pay your copays
- To follow the rules of your provider's office or clinic. If you or others do not follow the rules, your provider can ask you to leave.
- To ask your provider questions if you do not understand something about your medical care
- To tell the truth about yourself and your medical problems
- To report suspected fraud and abuse
- To understand your rights and responsibilities as a Kentucky Medicaid member

FRAUD AND ABUSE

The following situations constitute fraud and/or abuse. If you think someone has committed Medicaid fraud and/or abuse, call Medicaid's Fraud and Abuse Hotline at 800-372-2970. Everything you share during the call is kept confidential.

Medicaid fraud can be:

- Lying or not sharing information when you sign up to become a member of Kentucky Medicaid or KCHIP
- Letting someone else use your Kentucky Medicaid card
- Not telling your DCBS worker about changes in your income and/or family status
- Not telling Kentucky Medicaid that you have other insurance

Medicaid abuse can be:

- Too many ER visits for problems that are not emergencies
- Using pain medicines that you do not need
- Getting prescriptions that you do not need

If you commit Medicaid fraud, you:

- Have to pay back any money Medicaid paid for you to get services
- Could be prosecuted for a crime and go to jail
- Could lose your Kentucky Medicaid benefits for up to one year

Provider Fraud:

Providers can commit fraud in many different ways. Provider fraud, like member fraud, takes money from those who need it. Because of this fraud, there is less money to treat members who need medical help.

You can help stop provider fraud by keeping track of the following information:

- A record of all medical services you receive
- When and where the service takes place
- Name of the person who takes care of you

- Any other services ordered by the provider

Some examples of provider fraud are:

- Billing for services that you did not get
- Making an appointment for a return office visit when you do not need one
- Taking x-rays, doing blood work, and other services that you do not need
- Billing for services that someone else in the office actually performed (charging you too much for those services)
- Billing for more time than the service took
- Adding extra names to your bill (for example, a family member) and billing for those
- Taking money from another provider to refer you to him/her

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Your health information is personal. HIPAA rules give you the right to control your personal health information (PHI). Any health information that can be used to identify you **is** protected health information.

Anyone who takes part in your medical care can see your PHI. Everyone who handles your health information is legally required to protect the privacy of your PHI. Anyone who uses your PHI in a wrong way is responsible for that.

PHI can be legally used in certain ways. A provider who is treating you can see your PHI as a part of your care and treatment.

You can decide to let people use your PHI if you think it is necessary. If you decide to let someone else use your PHI, you need to write a detailed letter stating that person is allowed to use it. **A person has to have a written statement to ask for your PHI, even if that person is a spouse or a family member.**

Where Do I Send Questions:

If you have questions about HIPAA and your PHI, please contact the Medicaid Privacy Officer, in writing.

The address is:

Cabinet for Health and Family Services
Ombudsman's Office
Attn: HIPAA Compliance Officer
275 E. Main Street (IE-B)
Frankfort, Kentucky 40621

Complaints:

If you think your PHI has been used incorrectly, you can make a complaint.

The address is:

The Secretary of Health and Human Services
Room 615F
200 Independence Ave., SW
Washington, D.C. 20201

You can call the U.S. Department of Health and Human Services at 877-696-6775. You can also call the United States Office of Civil Rights at 866-OCR-PRIV (866-627-7748) or 866-788-4989 TTY .

HOW TO ASK FOR A HEARING

You have the right to apply for a hearing if:

- You were denied a service by Kentucky Medicaid
- You have been placed in Lock-In

A hearing gives you a chance to explain your situation to a hearing officer. The hearing officer decides if Kentucky Medicaid has made the right decision.

Denied Services:

If you did not receive a Medicaid service you think you were eligible for, call the Member Services team at 800-635-2570. We will look at your record and help you understand why you did not get the service. We must provide written notice to you whenever Medicaid stops, reduces, or suspends Medicaid eligibility or covered services.

If you still think that you should get a service after you talk to us, you can ask for a hearing. To ask for a hearing, you need to write a letter to the Kentucky Department for Medicaid Services. You or your provider can appeal this decision. You can also have someone else act on your behalf. This person is called your authorized representative. Please tell us, in writing, who your authorized representative is before he or she acts for you. This person may be:

- Your guardian
- Relative
- Friend
- A Lawyer
- Another person of your choice

If you are being denied a service that you are getting now, **you must mail your written request within 10 days of getting your denial notice to keep receiving the Medicaid service.** If you do not need to keep your service, you have up to 30 days of getting your denial letter to mail in a written request for a hearing. The Kentucky Department for Medicaid Services will only take written requests. If you ask for a hearing on time, you will keep your benefits (except for EPSDT Special Services) through the hearing process.

Continuation of Benefits While We Review an Appeal

You may ask that your benefits continue while your appeal is in review. To do this, all of the following must be met:

1. The member asks to extend benefits
2. The appeal request is filed within 10 days of the date on the denial letter
3. The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment
4. The services were ordered by an authorized provider
5. The coverage period previously authorized has not expired

You may have to pay the cost of services if the first decision is not changed.

If you are being denied a new service, you will not be able to get the service until the hearing is completed.

You will get a written notice of the hearing date. The notice will tell you what time the hearing is and where to go. The hearing will be close to your house. If you want to have the hearing on the phone, you can ask for that. The hearing date should be no more than 30 days from the date of your letter asking for a hearing. Before the hearing, you have the right to examine your case file and any documents or records that will be used at the hearing by the Kentucky Department for Medicaid Services, by making an open records request.

Go to the hearing. If you don't go, your case will be dismissed. At the hearing you will explain your problem to the hearing officer and you can say why you should get that service. You can bring a friend or a lawyer with you and any witnesses you believe may be helpful. Medicaid may have a lawyer at the hearing also.

The hearing officer will mail you his recommended decision within 60 days of the date of your signature on the letter asking for a hearing. You can file written notice to Medicaid within 15 days of the decision. Medicaid will make a final decision within 90 days of the hearing officer's recommended decision. If you still feel that the decision is wrong, you can appeal to the Circuit Court. You have 30 days from the date of the final order to make that appeal.

Sample Hearing Request Letter

(Date)

Cabinet for Health and Family Services
Department for Medicaid Services
Division of Program Quality and Outcomes
275 East Main Street, 6C-C
Frankfort, Kentucky 40621-0001

Attn: Hearing Request

Dear Sir or Madame:

I am writing to ask for a hearing.

My Medicaid ID Number is _____.

My Social Security Number is _____.

My address is _____.

My telephone number is _____.

(Below write the reason you are requesting a hearing.)

Thank you.

Sincerely,

(Sign Your Name) _____

