

MEDICAID

RECONNECT

TOUR



**MEDICAID
RECONNECT
TOUR** 



Deputy Secretary Carrie Banahan

Kentucky Cabinet for Health and Family Services





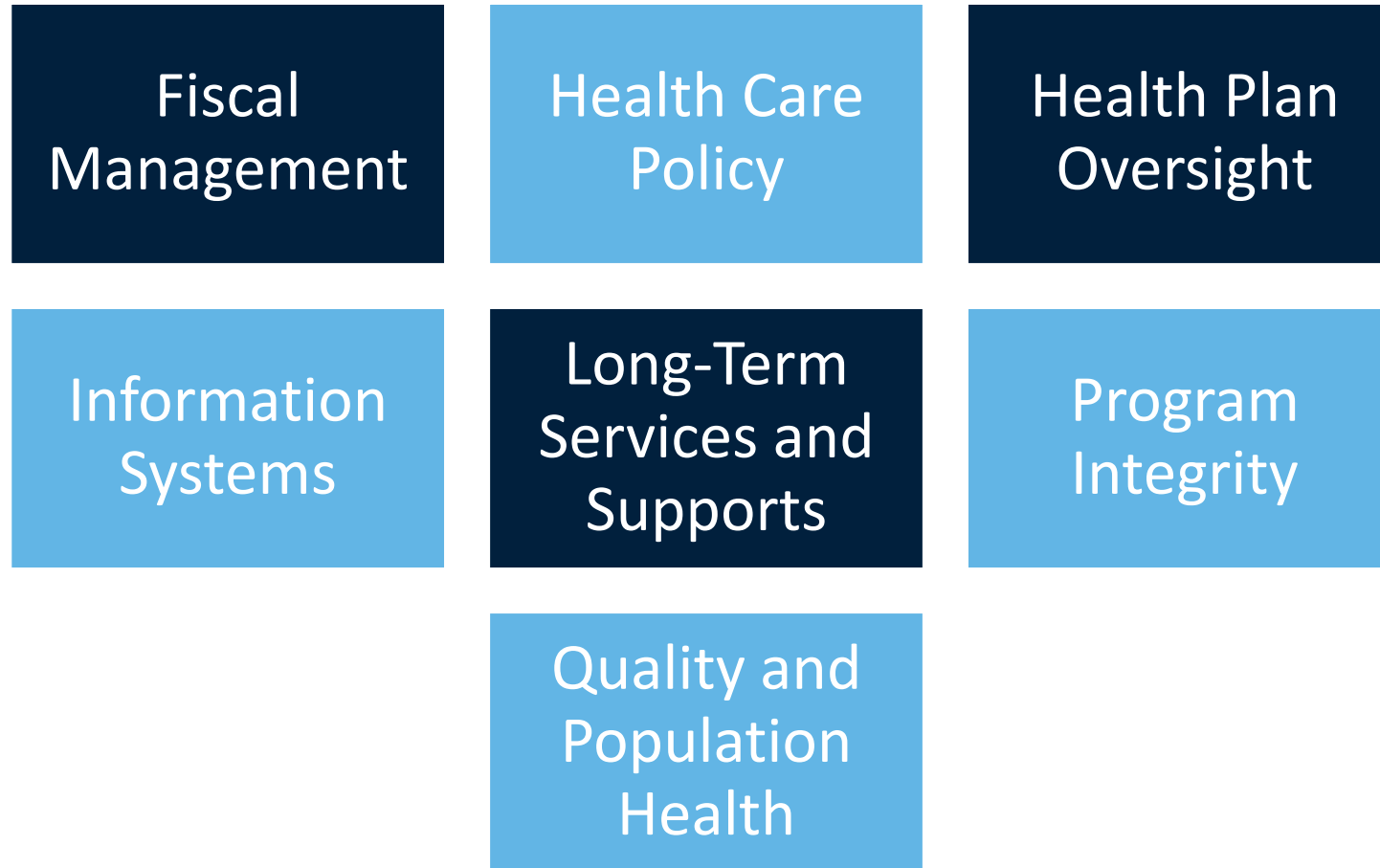
CABINET FOR HEALTH
AND FAMILY SERVICES

Department for Medicaid Services

KY Medicaid MCO Forum
Spring 2023

Lisa Lee, Commissioner

Department at a Glance



Kentucky Medicaid at a Glance

Approximately 1.7 million members

Over 600,000 children – more than half of the children in Kentucky

649,000 Expansion members

Over 69,000 enrolled providers

\$15.1 billion in total SFY 2022 expenditures (Administrative and Benefits combined)

2023 Federal Poverty Level (pre-tax)

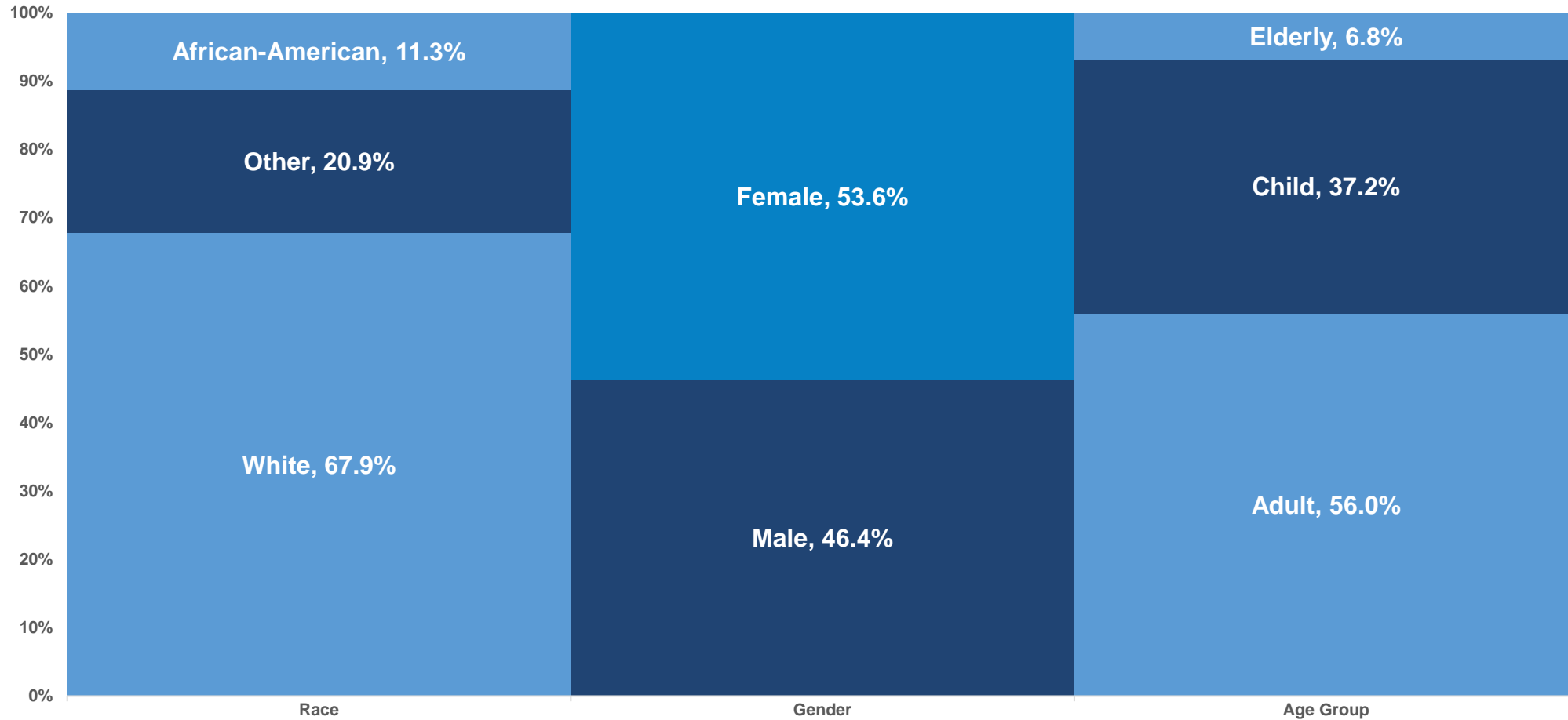
# of Persons in Household	2023 Federal Poverty Level for the 48 Contiguous States (Annual Income)			
	100%	138%	150%	200%
1	\$14,580	\$20,120	\$21,870	\$29,160
2	\$19,720	\$27,214	\$29,580	\$39,440
3	\$24,860	\$34,307	\$37,290	\$49,720
4	\$30,000	\$41,400	\$45,000	\$60,000
5	\$35,140	\$48,493	\$52,710	\$70,280
6	\$40,280	\$55,586	\$60,420	\$80,560
7	\$45,420	\$62,680	\$68,130	\$90,840
8	\$50,560	\$69,773	\$75,840	\$101,120
Add \$5,140 for each person in household over 8 persons				

Average Kentucky Expenses

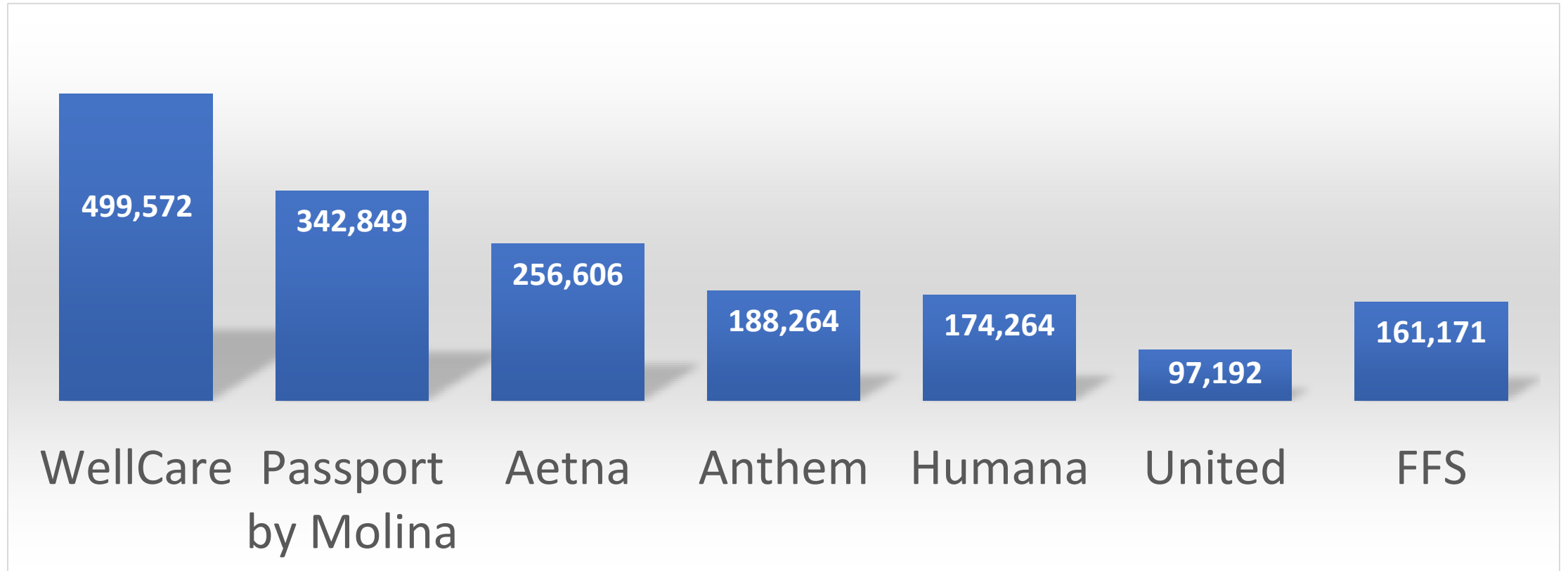
Family of 4		
Medicaid Income Limit	\$41,400.00	
Taxes	\$ 12,420.00	
Housing	\$ 11,664.00	Cost of Living in Kentucky (2023) SoFi
Utilities	\$ 4,812.00	
Food and Groceries (non restaurant)	\$ 14,324.16	
Total Expenses	\$43,220.16	

Additional expenses not considered in above calculation: Clothing, transportation, auto insurance, telephone, misc. expenses related to school-aged children

KY Medicaid Enrollment Demographics



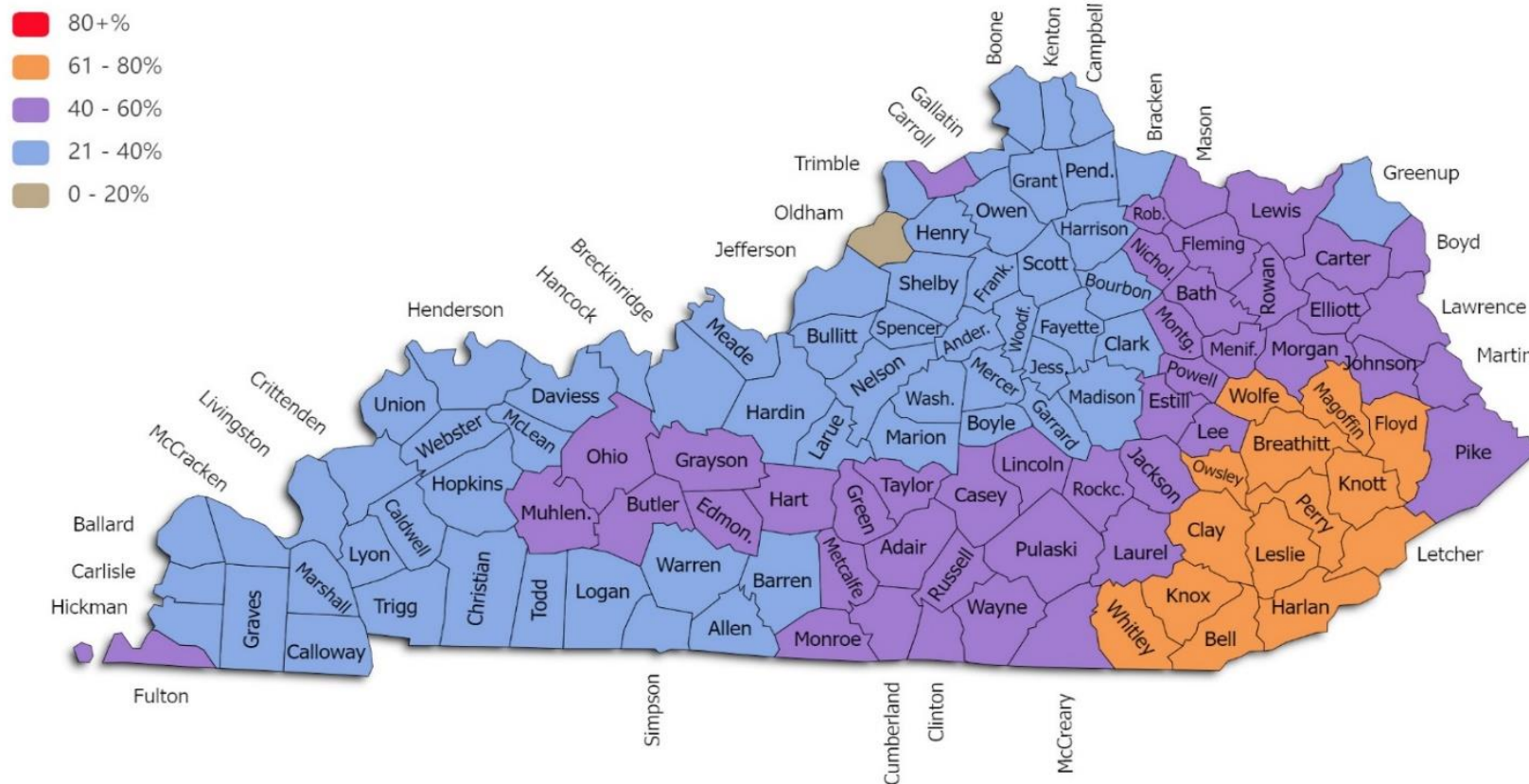
KY Medicaid Enrollment



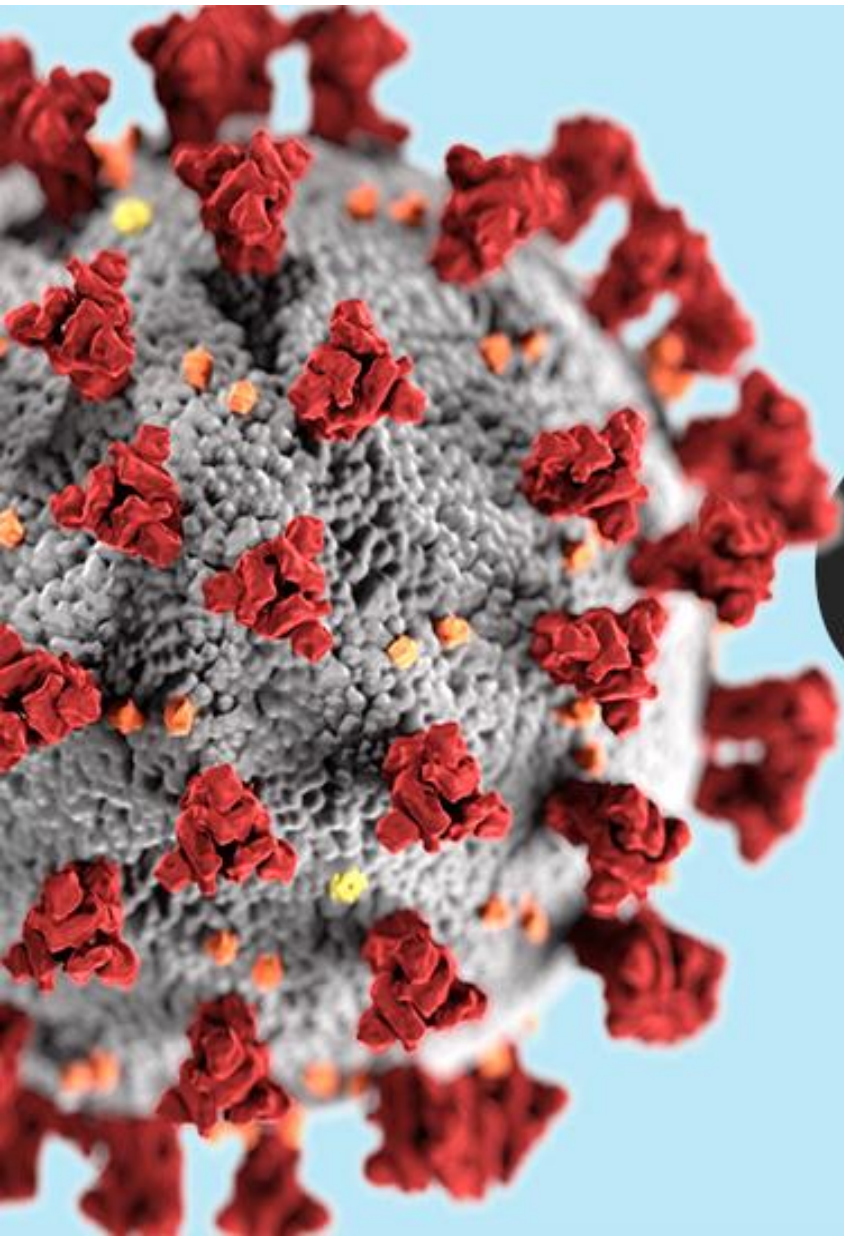
NOTE: Aetna includes 28,045 SKY members

www.chfs.ky.gov/agencies/dms/stats/KYDWMMCC032023.pdf

KY Medicaid Enrollment Percentage by County



Created with paintmaps.com



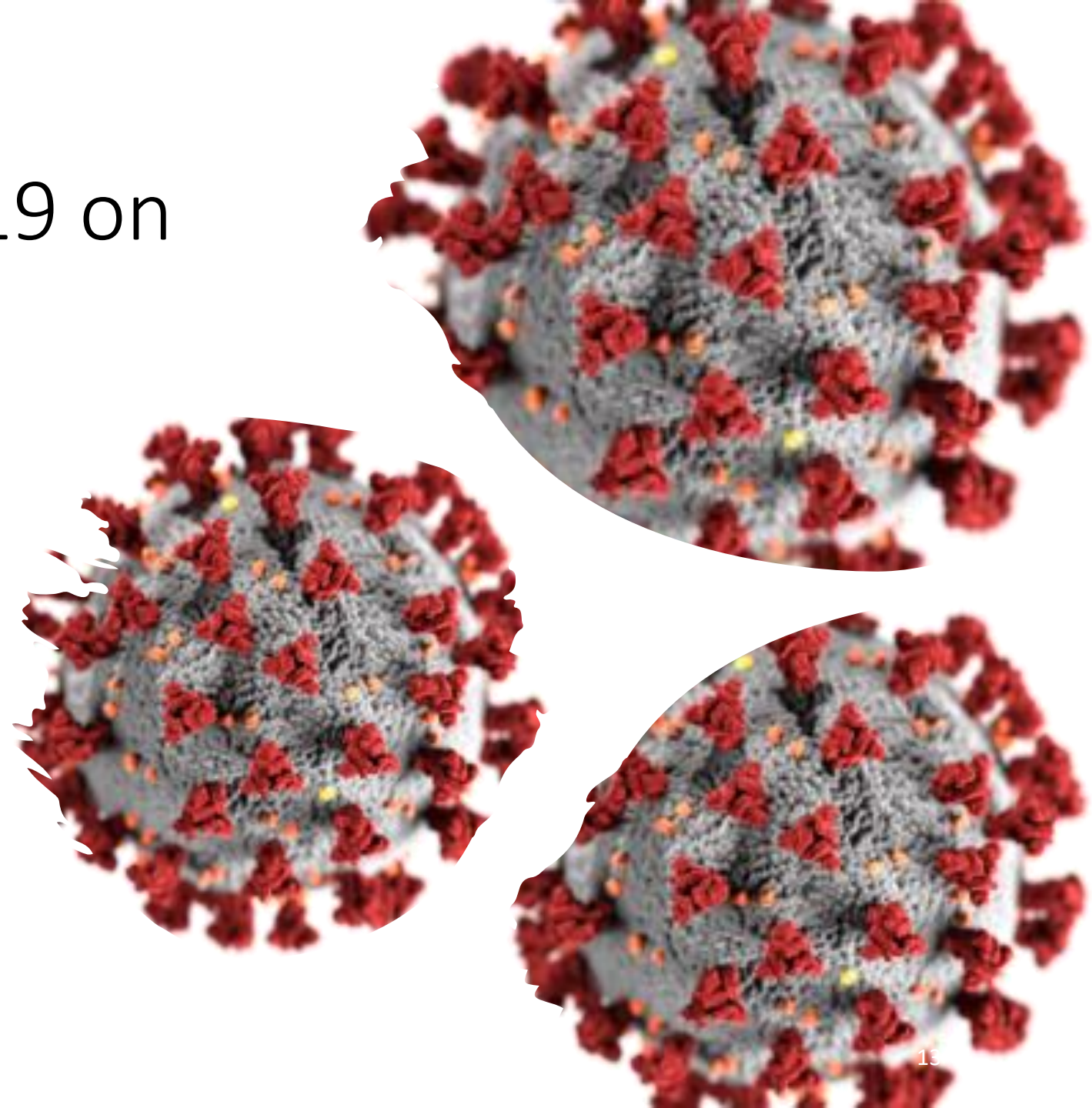
COVID-19

CORONAVIRUS PANDEMIC

[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

Impact of COVID-19 on Medicaid Program

- Increased enrollment
- Decrease in-person medical visits
- Increase in telehealth
- Increase in expenditures
- Increased need for behavioral health services
- Remote workforce



Covid Expenditures

SFY2020 Total	\$20,785,618.57
SFY2021 Total	\$298,464,929.02
SFY2022 Total	\$426,884,720.62
SFY2023 Total (through February 2023)	\$166,899,730.72
Grand Total	\$913,034,998.93

FFS total members: 40,169

FFS amount per member: \$11,973

MCO total members: 349,114

MCO amount per member: \$1,238

Notable Program Changes

- Single prescription drug list for all Medicaid members enrolled in MCO effective 11/2021
- Program of All-inclusive Care for the Elderly (PACE)
- 12 months coverage for post-partum
- Vision, hearing, and dental for adults
- Created Health Diversity and Equity Technical Advisory Council
- Created Persons Returning to Society from Incarceration Technical Advisory Council

Notable Legislation

2020

- SB50 required the Department to establish a single pharmacy benefit manager implemented 07/01/2021
- HB8 established an Ambulance Provider Assessment Program

2021

- SB55 permanently ended co-pays for Medicaid members
- HB140 Makes telehealth option permanent
- SB51 removes prior authorizations for any medication used to treat alcohol or opioid use disorders
- HB183 established the Hospital Reimbursement Improvement Program – pays average commercial rate

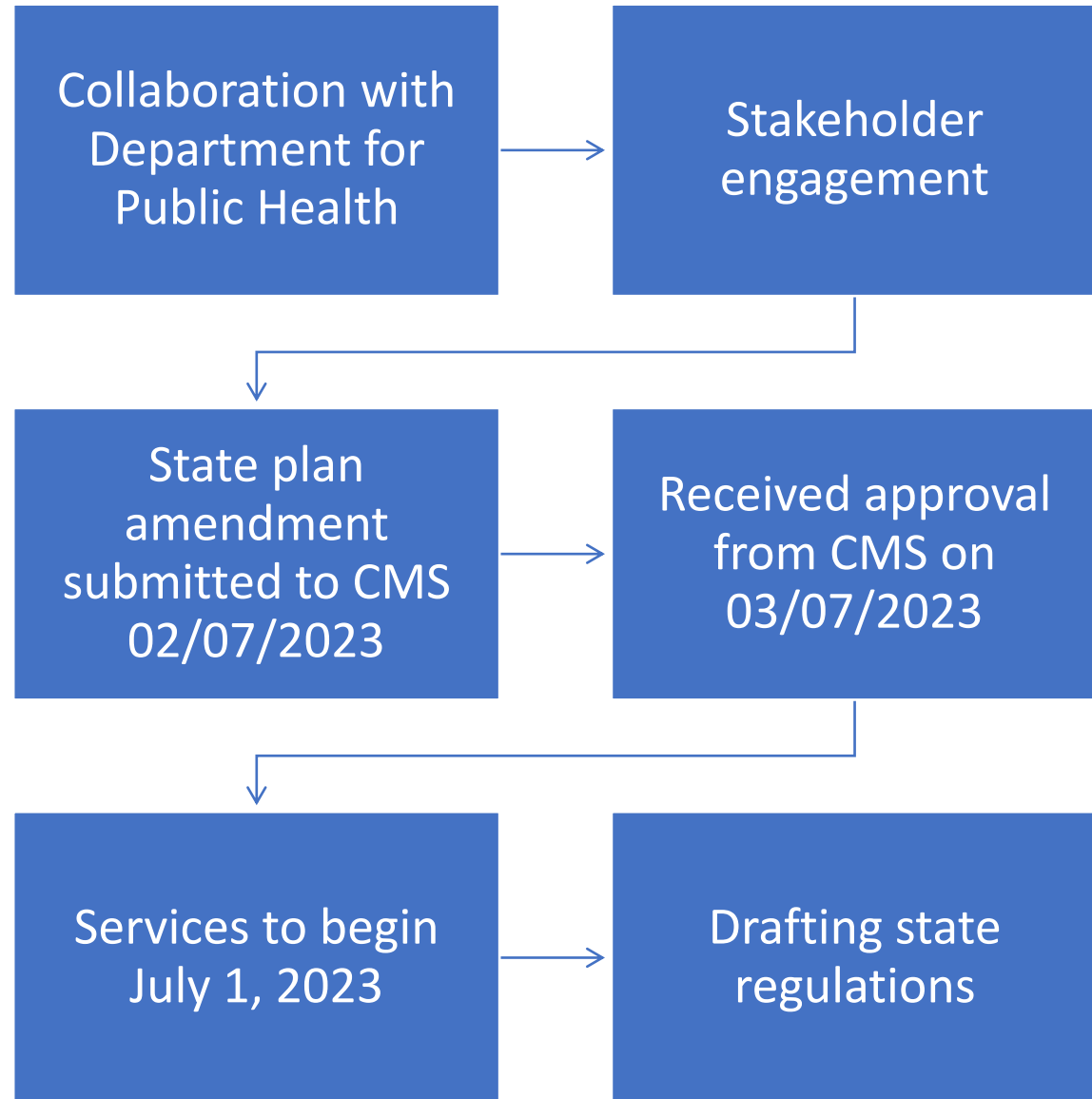
2022

- HB7 presumptive eligibility
- HB525 directed the Department to reimburse for Community Health Workers
- SB90 directed DMS to investigate and apply for approval to establish a recovery housing benefit
- SB178 expanded Medicaid eligibility to 12 months for postpartum

2023

- HB75 established outpatient improvement program for hospitals
- HJR35 recommends the Department submit state plan amendment to improve ambulance services and service options

Activities to Incorporate CHW Services in Kentucky Medicaid



Certification

- Legal US resident;
- Resident of Kentucky or employed as a CHW in the state of Kentucky;
- At least 18 years of age; and
 - Complete a competency-based CHW training and mentorship program offered by an organization approved by DPH; or
 - Meet requirements established by DPH for certification based on relevant and verifiable past community health worker experience
- Certifications must be renewed annually

Covered Services

Must be ordered by a:

- Physician
- Physician Assistant
- Nurse Practitioner
- Certified Nurse Midwife
- Dentist

Services must be delivered according to plan of care and may include:

- Health system navigation
- Health promotion and coaching
- Health education and training

Reimbursement

- CPT 98960
 - 1 patient
 - \$21.87 per 30 minute increment
- CPT 98961 2 – 4 patients
 - 2 – 4 patients
 - \$10.30 per 30 minute increment
- CPT 98962
 - 5 – 8 patients
 - \$7.72 per 30 minute increment
- No wrap for Federally Qualified Health Care Centers, Rural Health Clinics,
- Managed Care Organizations
- Hospitals

Priorities Going Forward

Unwinding of the
Public Health
Emergency

Mobile Crisis

Children's
services

1115 Waiver for
Incarcerated

Quality Strategy

Value-Based
Payments

Focus on
behavioral health
needs



CABINET FOR HEALTH
AND FAMILY SERVICES

Public Health Emergency Unwinding

Veronica Judy Cecil, Sr. Deputy Commissioner
April 2023

Agenda

Understand upcoming changes

KY PHE Flexibilities
Tracker

Support patients going through renewals

How to find your
patients' renewal date

Stay informed

KY PHE website
CHFS Social media

Public Health Emergency (PHE)

The Secretary for the Department of Health and Human Services declared a PHE on January 31, 2020, due to COVID-19



The PHE allowed states several flexibilities by:

- Triggering a variety of federal emergency powers
- Temporarily waiving certain Medicaid and Children's Health Insurance Program (CHIP) requirements
- Permitting continuous coverage with 6.2% enhanced Federal Medical Assistance Percentage (FMAP)



PHE flexibilities remain in effect for 90 days

- The PHE has been extended numerous times
 - Most recent extension is to **April 11, 2023**
 - White House announced end on **May 11, 2023**



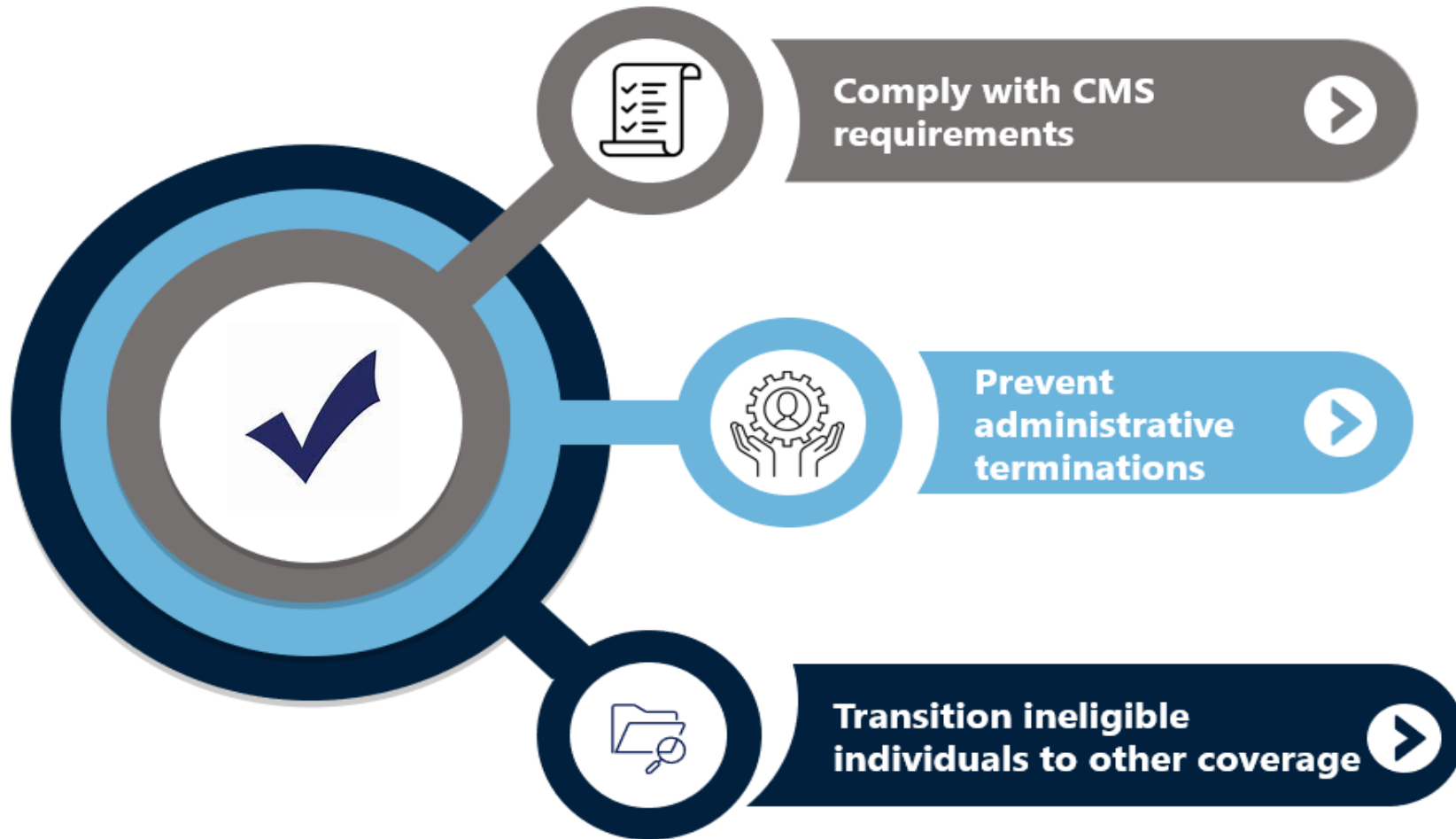
The Consolidated Appropriations Act 2023 separates continuous coverage from the PHE effective **March 31, 2023** and phases out the enhanced FMAP through December 31, 2023



Upon PHE expiration

- ✓ Unwind PHE flexibilities
- ✓ Resume temporarily waived requirements and conditions
- ✓ Identify flexibilities to permanently integrate into state plan or waivers

Kentucky's PHE Unwinding Goals



High Level Timeline for Renewals

February 15, 2023

Renewal Redistribution
Plan and System
Readiness Artifacts due
to CMS



April 8, 2023

Baseline Unwinding Data
Report due to CMS –
progress reports due on
the 8th of each month



May 2023 – April 2024

Conduct renewals over
12-month period



March 31, 2023

Continuous coverage ends
– 14-month period to
complete renewals



May 2023

Renewals starts for
members with renewal
date of May 31, 2023

Renewal Caseload Planning

All individuals requiring renewal will be distributed across a 12-month period, based on the state's renewal distribution plan



May – June – July – August – September – October – November – December – January – February – March – April

Priority: May-October

Medicare-eligible population will be prioritized in the first 6 months to enroll in Medicare

Priority: June

Special circumstance population (over 14K beneficiaries) will be prioritized in June

Priority: July - ongoing

QHP-eligible population will be engaged starting June 2023 for the duration of the renewal process

KY Medicaid Renewal Process

March

May renewals will receive a text and/or email notification that their renewal month is approaching

DID YOU KNOW?

Members will receive a communication:

- About 90 days before their renewal end date and/or
- If there's no response by the 15th of their renewal month

April

May renewals start processing

May **passive renewals** successfully verified issued notice of renewal

Notice of Eligibility

May **passive renewals not verified** issued request for information about 60 days prior to end date

Request for Info

May **active renewals** issued renewal packet about 60 days prior to end date

Renewal Packet

June renewals will receive a text and/or email notification that their renewal month is approaching

May

May **active renewals and passive renewals with RFI** will issue notice of renewal or denial by month end date

June renewals will start processing

June **passive renewals** successfully verified issued notice of renewal

Notice of Eligibility

June **passive renewals not verified** issued request for information about 60 days prior to end date

Request for Info

June **active renewals** issued renewal packet about 60 days prior to end date

Renewal Packet

July renewals will receive a text and/or email notification that their renewal month is approaching

June

June **active renewals** will issue notice of renewal or denial by month end date

July renewals will start processing

July **passive renewals** successfully verified issued notice of renewal

Notice of Eligibility

July **passive renewals not verified** issued request for information about 60 days prior to end date

Request for Info

July **active renewals** issued renewal packet about 60 days prior to end date


Renewal Packet

August renewals will receive a text and/or email notification that their renewal month is approaching

Example Notices

Example Notice of Eligibility:

KIP-105.1
10/22



kynect
Together for a better Kentucky

Date: 01/19/2023
Case Number: 112917281

Cabinet for Health and Family Services
Department for Community Based Services

Decision About Your Coverage

Please see below for your household coverage. Coverage is based on the information you gave us.

Who was approved for coverage

Name	Program	Coverage Start Date	Coverage End Date
[REDACTED]	Medicaid	August 01, 2022	January 31, 2023
[REDACTED]	Medicaid	March 01, 2023	February 29, 2024
[REDACTED]	Medicaid	March 01, 2022	February 29, 2024
[REDACTED]	Medicaid	March 01, 2022	February 29, 2024
[REDACTED]	Medicaid	March 01, 2022	February 29, 2024

Whose coverage will end

Name	Program	Effective Date
[REDACTED]	Medicaid	February 01, 2023

Reason: You will no longer receive benefits because your SSI payment has stopped. We based our decision on the rules in: 907 KAR 20:060.


You may check the rules online at <https://apps.louisiana.gov/law/kar/TITLE907.HTM>.

Important Medicaid Information

If you will be turning 65 in the next 90 days, or become eligible for Medicare due to a disability, there may be actions you need to take. Please refer to the **IMPORTANT: You may soon be eligible for Medicare** insert included in this notice.

Example RFI:

KIP-2.1
09/21



kynect
Together for a better Kentucky

Date: 03/03/2023
Case Number: 113022229

Cabinet for Health and Family Services
Department for Community Based Services

ACTION REQUIRED BY June 01, 2023

[REDACTED]

WE NEED INFORMATION

WHY?


We need more information from you to decide if you can get benefits. We need it by the due date(s) below. **If we do not get it, you may not qualify for Medicaid or Qualified Health Plan.**

WHAT'S NEXT? We need you to submit proof.

Proof We Require for Medicaid/Qualified Health Plan with Payment Assistance (APTC)	Examples of Proof	Due Date
Verification of lawful presence	<ul style="list-style-type: none"> I-327 (Reentry Permit); or I-551 (Permanent Resident Card), I-571 (Refugee Travel Document); or I-766 (Employment Authorization Card); or I-94 (Arrival/Departure Record); or Unexpired Foreign Passport; or I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status) 	June 01, 2023

Example Renewal Packet:

EDB-087
04/21



kynect
Together for a better Kentucky

DATE: 12/15/2022
CASE NUMBER: 110543114

Cabinet for Health and Family Services
Department for Community Based Services

Medicaid Renewal: We Need Information from You

Why?

It's time to renew your Medicaid benefits. We cannot renew them unless you give us the information we ask for in this letter. We need it by January 31, 2023. If we don't get it, your Medicaid will stop.

What we need and when we need it

What to do	Due Date
Give us the information below	January 31, 2023

Your current info

We used this information about members of your case to decide their eligibility

Name	Monthly Income	Is the person incarcerated?	Resources
[REDACTED]	\$0.00	Not Incarcerated	-

Renewals: How patients respond to a notice

Completing and Returning Forms

- Fill in all requested information
- Return by fax to 502-573-2005 or 502-573-2007
- Return by mail to P.O. Box 2104, Frankfurt, KY 40602

Self-Service Portal

- Log in to kynect at <https://kynect.ky.gov/benefits>
- Click on **Review Benefits** or **upload requested information in RFI**

Call kynect or DCBS

- Call kynect (1-855-459-6328) Mon-Fri 8:00 am to 4:30 pm ET
- Call DCBS (1-855-306-8959) Mon-Fri 8:00 am to 4:30 pm ET and Saturdays from 9:00 am to 12:00 pm ET

Visit a kynector, insurance agent of DCBS office

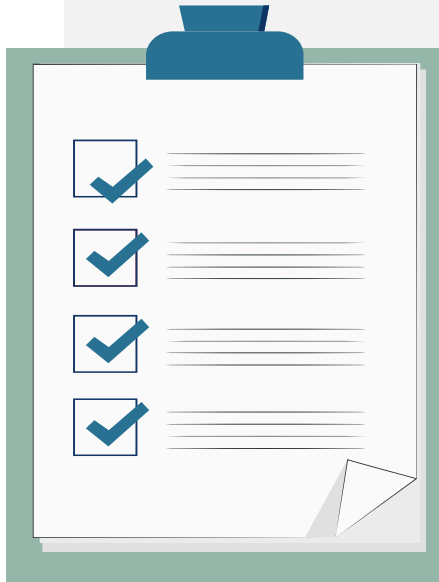
- Find a kynector or agent office* and visit Mon-Fri 8:00 am to 4:30 pm local time
- Find a DCBS office* and visit Mon-Fri 8:00 am to 4:30 pm local time

*Find a kynector or agent office here: https://kynect.ky.gov/benefits/s/auth-reps-assisters?language=en_US

*Find a DCBS office here: https://kynect.ky.gov/benefits/s/find-dcbs-office?language=en_US

Renewals: What's Next?

What to expect and what you can help patients do!



Patients should keep their contact information updated so Kentucky Medicaid is able to reach them when it is their time to renew!

Update contact information as soon as possible!

Visit kynect.ky.gov or call kynect at **855-4kynect (855-459-6328)** with questions and to update mailing address, phone number, and email!



Be on the look out for any mail or outreach from Kentucky Medicaid and be sure to respond!

Renewals: Need help?

There are
people in
your
community
who can
help your
patients!

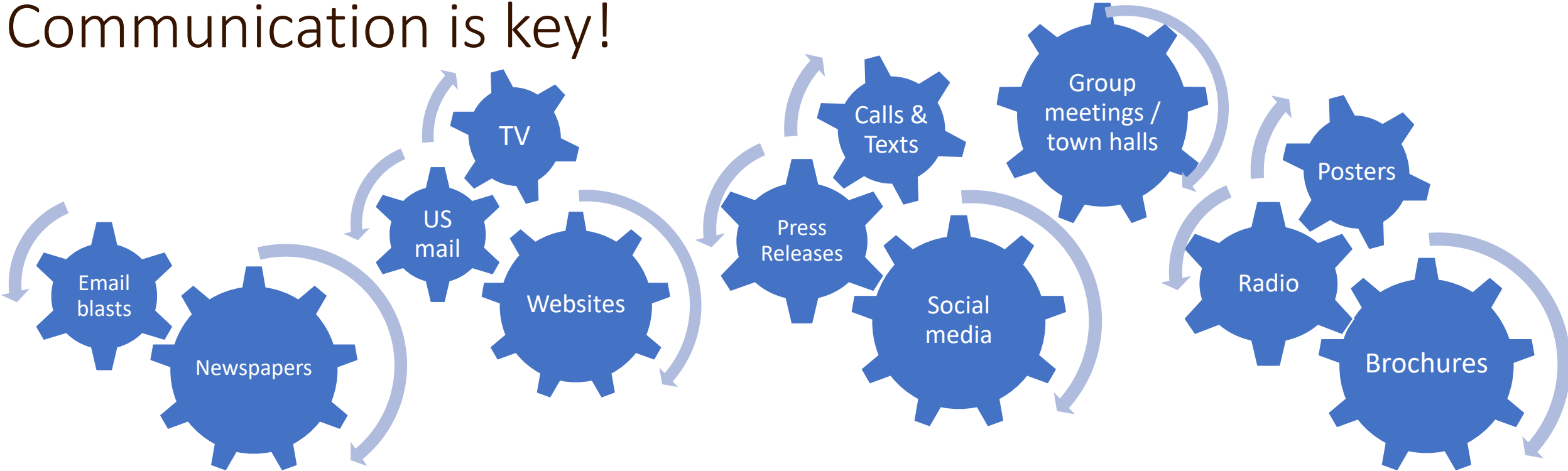
[kynector](#) or [licensed insurance agent](#) available online and by calling **1-855-4kynect** (1-855-459-6368)

If they're 65+ call the SHIP Hotline at (877) 293-7447 (**option #2**) or call DAIL at (502) 564-6930 and ask for a SHIP counselor to learn about Medicare options!

Check out Kentucky's website for all things Medicaid Renewals and PHE Unwinding!

<https://khbe.ky.gov/Enrollment/Pages/PHEUnwinding.aspx>

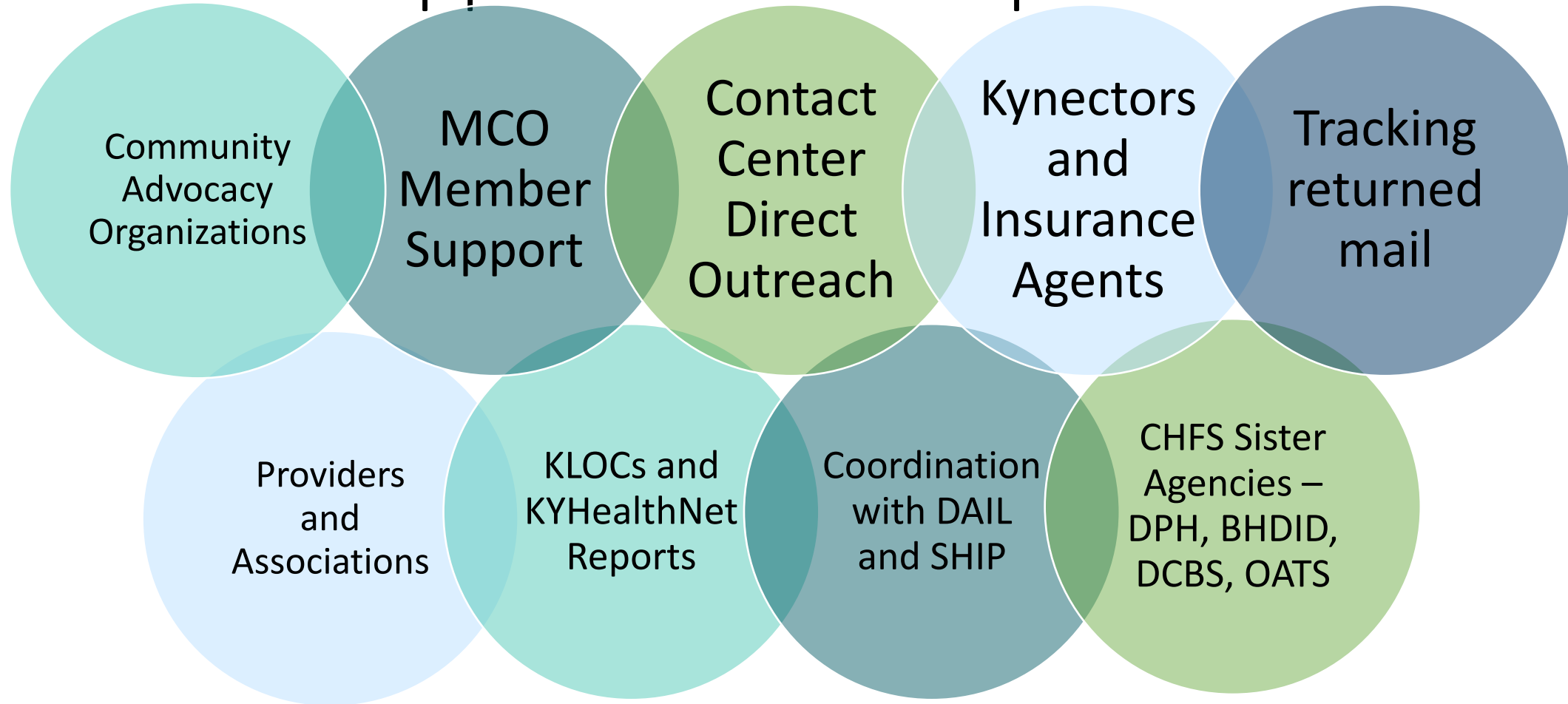
Communication is key!



Members * Providers * State Agencies * Managed Care Organizations * Advocacy & Community Based Organizations



Proactive Approaches to Help Members



Support Patients Through Renewals

Renewals will occur over a 12-month period.

The first to go through a renewal are those having a May 31, 2023 end date.

Notices for these individuals went out in April.

Here is how to find your patient's renewal date in KYHealthNet.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMIMIS)

Provider Home | Member | Claims | PA | Missed Appointments | Provider References | Trade Files | RA Viewer | Logout

Member Eligibility Verification

Friday 24 March 2023 07:55 am

Provider: [Dropdown] - 282N00000X

Select Lookup Type: Member ID Lookup Service Type: Emergency Services, Family Planning, Health Plan Coverage

Member ID: [Text Box]

From Date: 03/24/2023 To Date: 03/31/2023

Verification No. 230830000C - 3/24/2023 Status: Active

Member Information:

Current ID:	Last Name: L...	First Name:	Date of Birth: 09/27/1964
Previous IDs	Check Digit: 0	Gender: F	Date of Death:
SSN: 1...	Phone Number: (7...)	County: 058 - Johnson	
Physical Address: 1833		View Member's Mailing Address: here	
City:	State: KY	Zip Code: 4...	
Hospice Election Date:			
Medicare A:		Medicare B:	
Medicare C:			
Case Number:	Case Name:	Above FPL: N	

Redetermination Date: 06/01/2023

Member's Authorized Representative

No Authorized Representative on file for current member.

Eligibility

[Eligibility 5 Year History](#)

Eligibility Group	Program Code	Program Status	From Date	To Date
KY Managed Care Organization with Co-Pay	D - Disabled indiv who rec	00 - Regular	03/24/2023	03/31/2023

How can I help my patients?

- ✓ Ask them to update their information in kynect by logging into kynect.ky.gov or calling 855-4kynect (855-459-6328)
- ✓ Remind them to watch for notices. Medicaid will contact them when it is their time to renew.
- ✓ If their renewal date is coming up, make sure they are aware.

PHE Flexibilities Ending on May 11, 2023

NOTE: HCBS Appendix K flexibilities do not end until 6 months after the end of the PHE

Providers

- Suspension of provider revalidations
- Suspension of recoupments and payment intercepts
- Temporary provider enrollments
- Use of unlicensed facilities as an alternative location
- Use of a temporary expansion site or other areas that do not comply with requirements
- Use of SNF beds for patients not meeting SNF requirements

Members

- Second Presumptive Eligibility (PE) period in a calendar year

Provider Reimbursement

- Hospital 20% add-on to DRG for COVID-19 diagnosis
- Nursing Facility \$270 per diem add-on

NOTE: This is not a comprehensive list of flexibilities that may end. Some flexibilities are still under review.

PHE Flexibilities Extended

Members

- Disregard for excess resources for LTC members for 12 months past the PHE.
- Period to file an appeal and for the state to make a decision
- Re-enrollment of member to previous MCO if within 120 days

Covered Services

- Required coverage of COVID-19 vaccines, testing and treatments without cost sharing (ARPA)
- Telehealth audio-only, non-HIPAA compliance platforms (CAA, 2023)
- Methadone take-home doses for OUD (SAMSHA extension)

NOTE: This is not a comprehensive list of flexibilities that may be extended. Some flexibilities are still under review.

PHE Flexibilities Permanently Implemented

Provider

- Nurse Aide applicants use of I-9 instead of Social Security Card (907 KAR 1:250)

Covered Services

- Expanded telehealth (907 KAR 3:170)

NOTE: This is not a comprehensive list of flexibilities that may be implemented permanently. Some flexibilities are still under review.

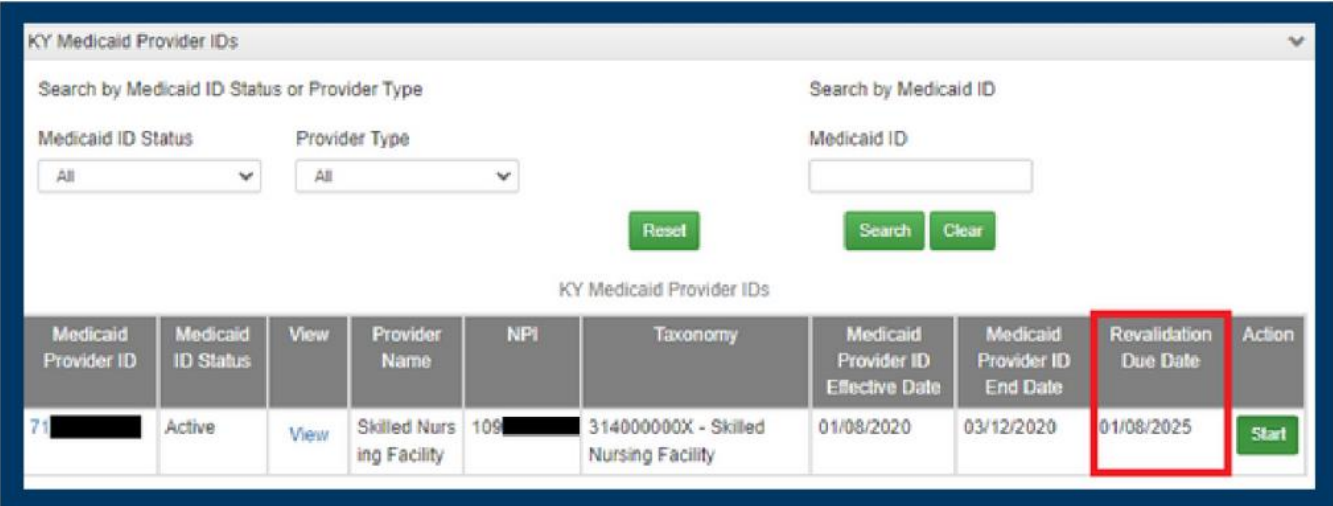
Provider Revalidations

If your revalidation was due during the Public Health Emergency (PHE) and you have not yet done so, we encourage you to complete and submit your revalidation (RVL). Submitting your RVL now will allow KY DMS to review and process your RVL in accordance with Federal guidance in a timely manner.

WHERE TO FIND REVALIDATION DUE DATE:

The revalidation date can be found on your dashboard under KY Medicaid provider IDs.

[Revalidation](#)
[Newsletter](#)



The screenshot shows a web interface for "KY Medicaid Provider IDs". It includes search filters for Medicaid ID Status (set to "All"), Provider Type (set to "All"), and a search box for Medicaid ID. Below the filters are "Reset", "Search", and "Clear" buttons. The main content is a table with the following columns: Medicaid Provider ID, Medicaid ID Status, View, Provider Name, NPI, Taxonomy, Medicaid Provider ID Effective Date, Medicaid Provider ID End Date, Revalidation Due Date, and Action. A red box highlights the "Revalidation Due Date" column, which shows "01/08/2025" for the first entry. The "Action" column for this entry has a "Start" button.

Medicaid Provider ID	Medicaid ID Status	View	Provider Name	NPI	Taxonomy	Medicaid Provider ID Effective Date	Medicaid Provider ID End Date	Revalidation Due Date	Action
71 [REDACTED]	Active	View	Skilled Nursing Facility	109 [REDACTED]	314000000X - Skilled Nursing Facility	01/08/2020	03/12/2020	01/08/2025	Start

How to stay informed...

Kentucky's Medicaid Renewals and PHE Unwinding Website -
[MedicaidUnwinding.ky.gov](https://www.MedicaidUnwinding.ky.gov)

CHFS Social Media

- Facebook,
- Twitter, and
- Instagram

Stakeholder Meetings

- Ongoing Stakeholder Meetings – 3rd Thursday @ 11:00 ET

Provider Session

- April 20 – 12:30 pm ET



CABINET FOR HEALTH
AND FAMILY SERVICES

Division of Health Plan Oversight
David Verry, Assistant Director

The Kentucky Health Benefit Exchange

kynect

- **Assistant Director – David Verry** (email: David.Verry@ky.gov)



What is the Exchange?

An online marketplace for individuals and employees of small businesses to shop for health insurance offered by insurers and compare those plans based on price and quality.

Individuals may receive tax subsidies to make premiums, copays and deductibles lower. Small businesses may qualify for tax credits as well.

Individuals may also apply for Medicaid or the Kentucky Children's Health Insurance Program (KCHIP) coverage through the single kynect application.

Types of Marketplaces

Federally-facilitated Marketplace (FFM): In a Federally-facilitated Marketplace, HHS performs all Marketplace functions. Consumers in FFM states apply for and enroll in coverage through Healthcare.gov.

State-based Marketplace-Federal Platform (SBM-FP):

These states are considered to have a State-based Marketplace and are responsible for performing all marketplace functions for the individual market, except that the state will rely on the federal Healthcare.gov website for eligibility and enrollment functions. Consumers in these states apply for and enroll in coverage through Healthcare.gov

State-based Marketplace (SBM): States running a State-based Marketplace are responsible for performing all marketplace functions for the individual market. Consumers in these states apply for and enroll in coverage through marketplace websites established and maintained by the states.

Integrated System

kynect: an umbrella platform that allows individuals to apply for assistance through kynect health coverage, kynect benefits, and kynect resources.



kynect health coverage: Kentucky's State Based Marketplace. One Stop Shop to seek eligibility and enroll in health coverage including Medicaid, KCHIP, ACA compliant Qualified Health Plans with financial assistance if eligible



kynect benefits: Individuals can also apply for other state programs: Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), Child Care Assistance Program (CCAP), and Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) program.



kynect Resources: Individuals can connect with community partner organizations through an interactive portal. Individuals can seek assistance or referrals based on their interests and needs.

No Wrong Door

DCBS Caseworkers

kynectors

Contact Center

Insurance Agents

Here to help...

Navigators are contracted kynectors who help Residents and small businesses find health coverage through kynect. Navigators are required by KHBE to hold outreach, education, and enrollment events.

Certified Application Counselors (CACs) are non-contracted kynectors who are staff members or volunteers of designated public or private organizations that include: hospitals, Federally Qualified Health Centers (FQHCs), health coverage providers, and agencies providing social services. CACs are trained by KHBE to help Residents find health coverage in kynect.

Agents are licensed by the Commonwealth and registered with kynect to assist consumer in enrolling in health insurance plans.

Here to help...

Call Center Representatives are available to assist individuals. Persons can complete an application and enroll over the phone.

Department for Community Based Services (DCBS) staff are available to assist individuals. Individuals can receive assistance over the phone or at local offices.

Single Stream Application

kynect.ky.gov



Real-time
eligibility and
enrollment
process



Mobile friendly
QHP enrollment
through kynect



Automatic
health coverage
plan renewal

Medicaid to Qualified Health Plan

kynect.ky.gov

Medicaid

Completely free

Can enroll whenever an individual qualifies

Retroactive coverage

QHP/APTC

Premiums, copays, deductibles

Open Enrollment in the fall

Almost always only going forward

Qualified Health Plans



A Qualified Health Plan (QHP) is an insurance plan certified by the Kentucky Health Benefit Exchange (KHBE) that complies with the requirements of the Affordable Care Act (ACA).



Individuals may apply for and enroll in a QHP online, over the phone, using a paper application, at a DCBS office, with help from an agent or kynector



QHPs are available in up to five metal levels and meet the requirements to be Minimum Essential Coverage



QHP metal levels are based on the plan's Actuarial Value – the percentage of total costs for covered benefits that a plan covers.

Qualified Health Plans

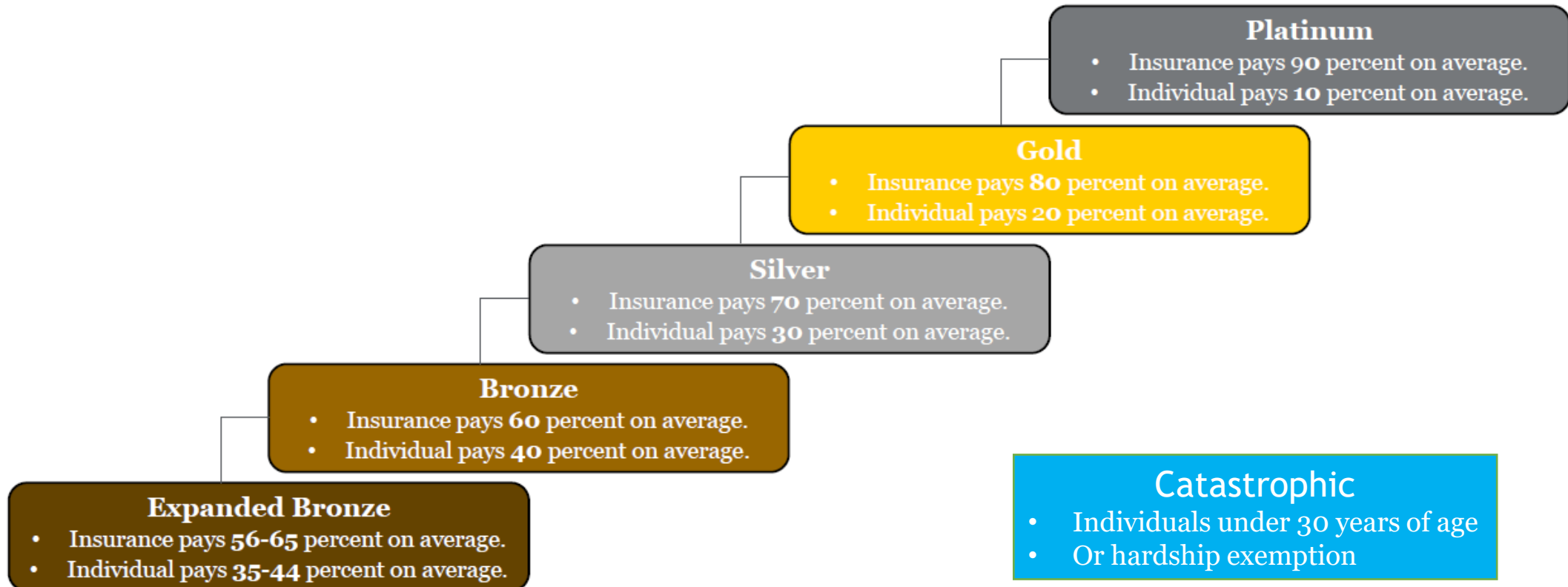
Premiums can only be based on:

- Age
- Rating area (zip code)
- Tobacco use

- Guaranteed Issue
- Essential Health Benefits

Qualified Health Plans

QHP Metal Levels include Expanded Bronze, Bronze, Silver, Gold and Platinum. QHP metal levels do not reflect the quality or amount of care the metal plans provide.




Qualified Health Plans



Individual Health Plans

- **Anthem**
- **CareSource Marketplace**
- **Molina Healthcare**
- **WellCare Health Plans**


There are fifty-three (53) health plan options for Residents to choose between.



Stand Alone Dental Plans

- **Anthem Dental**
- **Best Life & Health Insurance**


There are eight (8) dental plans for Residents to choose between.



Individual Vision Plans

- **VSP**

There are two (2) vision plans for Residents to choose between.



SHOP Plans

- **Anthem**

There are eighteen (18) health plans for small businesses to choose between.

Qualified Health Plans



Premium

A health insurance premium is the monthly cost associated with the plan that the Individual is responsible for paying.



Coinsurance

The coinsurance is the allotted amount that an Individual pays for a covered health service.



Copayment

A copayment is the fixed amount that an Individual pays for a doctor's visit.



Deductible

The deductible for a health insurance plan is the amount an Individual pays out-of-pocket before the plan begins to pay for healthcare costs.

The Big Transition from Medicaid to QHP

Individuals **MUST** take action!

Individuals must choose a health plan before Medicaid coverage ends to avoid gap in coverage

- Coverage Start Date is the first of the month following plan selection
- Coverage will not be effectuated until first binder payment is received and processed
- Choosing a health insurance plan can be challenging—adverse selection can be costly

The Advance Premium Tax Credit

Advance Premium Tax Credit (APTC)

- The Advance Premium Tax Credit (APTC) is a tax credit Individuals can use to help lower the monthly cost of health insurance. This tax credit is only available when an Individual gets their plan through kynect health coverage and is based on income and household size. APTC is also called Payment Assistance.
- Eligibility for APTC is determined by using the MAGI methodology.
- Individuals cannot have access to or be enrolled in employer-sponsored insurance or other types of MEC: Medicare, Medicaid, VA health care benefits, or Tricare.
- Individuals must be lawfully present and file taxes
- Tax Credit can be taken at the end of the year when an individual files taxes or, more commonly, used each month to pay for premiums
- Individuals then reconcile with the IRS at the end of the year.

The Advance Premium Tax Credit

Generally speaking, higher household income levels result in lower amounts of APTC.

Below is the percentage of annual income a household can expect to pay for the Second Lowest Cost Silver Plan (SLCSP) or Benchmark Plan. This is based on where their household income falls on the Federal Poverty Level (FPL).

Income Range (% of FPL)	Range of Expected Contributions (as a % of annual income)
138-150%	0%
150-200%	0-2%
200-250%	2-4%
250-300%	4-6%
300-400%	6-8.5%
400% and higher	8.5%

There is no upper income limit on APTC, meaning households above 400% of the FPL can purchase kynect coverage and receive payment assistance if the premium for a SLCSLP or less expensive plan exceeds 8.5% of their overall household income

Cost Sharing Reductions

- Cost Sharing Reduction (CSR) subsidies are a means of keeping out-of-pocket health care costs affordable for individuals with modest incomes.
- CSR benefits are available to enrollees with household income between 100% and 250% of the federal poverty level (FPL).
- CSRs lower coinsurance, copays, deductibles, and maximum out-of-pocket costs—in some cases substantially—some Silver plans have a higher Actuarial Value than Gold or Platinum
- Must enroll in a Silver Plan (unless Native American)

Small Business Health Options Program (SHOP)

The kynect Small Business Health Options Program (SHOP) is an affordable, flexible, and convenient way for small employers to provide health and/or dental insurance to their employees.

Generally speaking, a business or non-profit organization must have 1-50 employees to qualify for kynect SHOP.

If a business or non-profit qualifies, there is no need to wait for an Open Enrollment Period. You can offer kynect SHOP coverage to your employees any time during the year

The American Rescue Plan

As part of the Inflation Reduction Act, signed into law on August 16, 2022, these enhanced subsidies have been extended through 2025.

AVERAGE YEARLY SAVINGS:

\$800.00 PER PERSON

The Family Glitch

Generally, Individuals with Employer-Sponsored Insurance (ESI) coverage do not qualify for tax credits (Advance Premium Tax Credit) with kynect health coverage. There is an exception if the ESI coverage does not meet minimum standards or fails the affordability test. Most ESI plans meet the minimum standards. Previously, the affordability rules didn't consider the cost of ESI family coverage. This was called the "Family Glitch."

The [IRS finalized the rule change](#) in October 2022, a few weeks before the start of the open enrollment period for 2023 individual/family health coverage.

Open Enrollment

Enrollment Metrics



63,115
Total Members Enrolled

- **54,351** Total Members Effectuated for PY 2023
- **44,032** Renewed Members Enrolled in QHP with APTC
- **9,633** Renewed Members Enrolled in QHP only
- **8,263** New Members Enrolled in QHP with APTC since 11/1
- **1,187** New Members Enrolled in QHP only since 11/1

Application Metrics

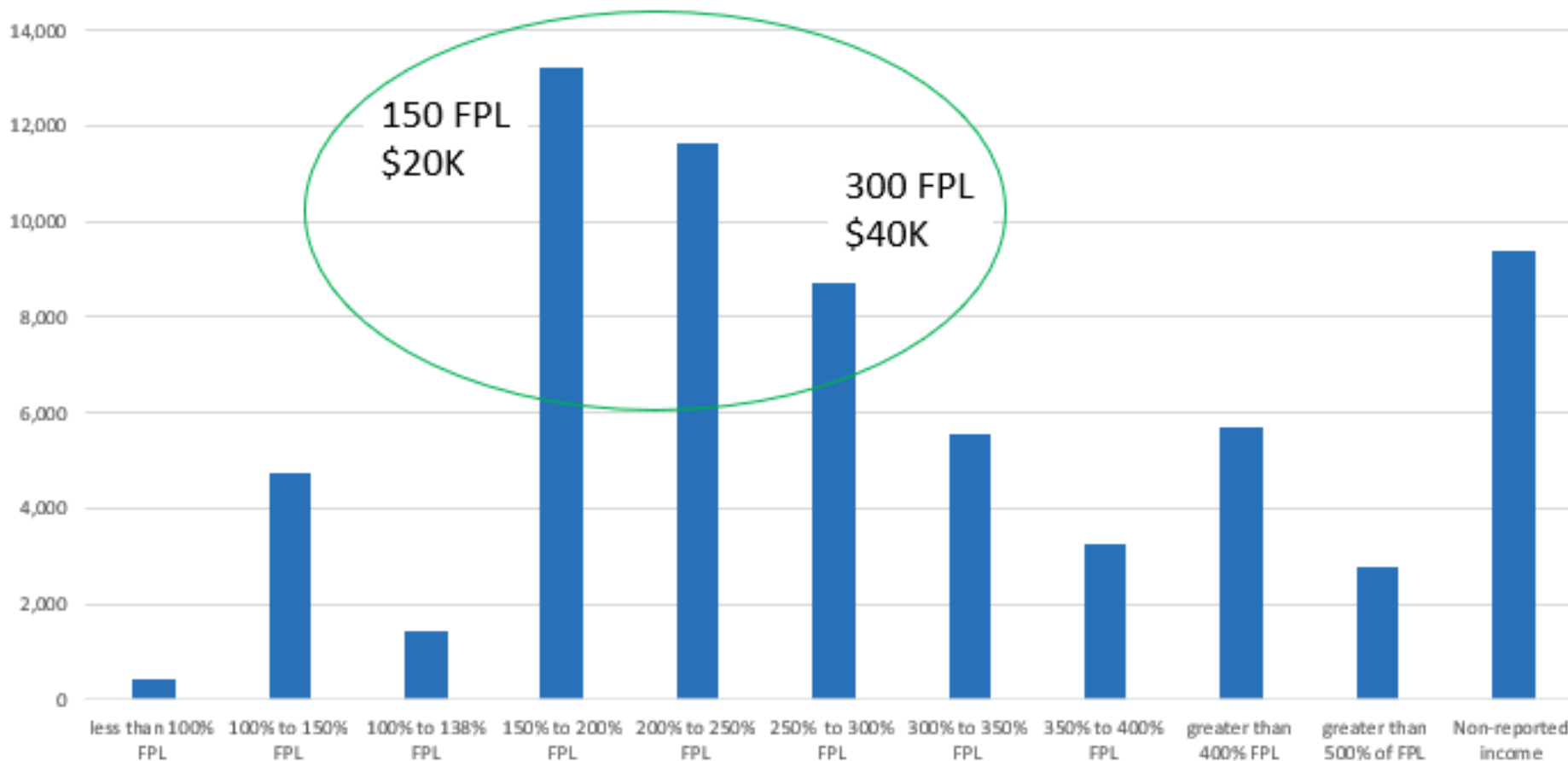


28,165
MA/QHP Applications since 11/1

- **1,384** QHP only Applications since 11/1
- **274** SHOP Applications since 10/17

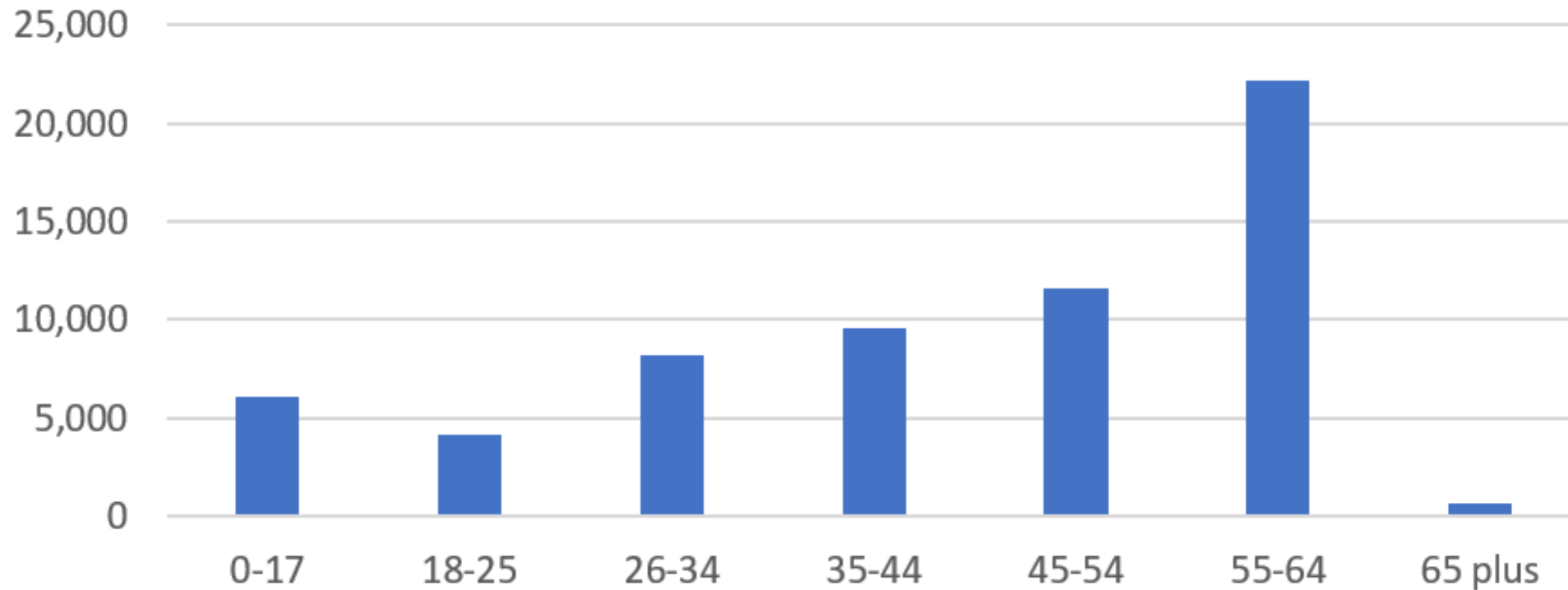
Enrollment

Enrollment by FPL



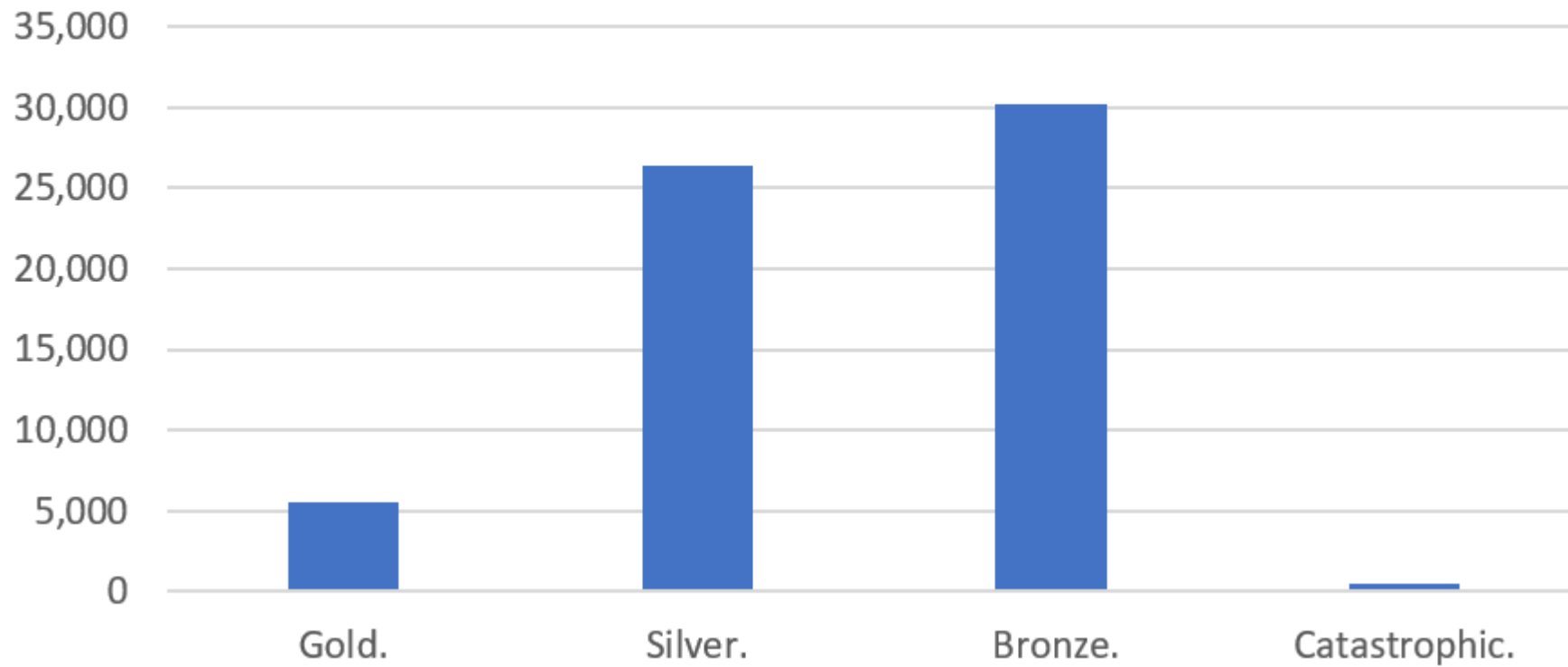
Enrollment

Enrollment by Age



Enrollment

Enrollment Metal Level



Enrollment

Average Premium: \$579

Average Premium After APTC: \$113

Enrollment

The Special Enrollment Period (SEP) is a period where an Individual may enroll in or change their existing enrollment due to a qualifying event.

Components of SEP

Qualifying Events

The following are examples of qualifying events which requires proof to confirm the SEP eligibility:

- Lost qualified health insurance coverage in last 60 days
- Will lose qualified health insurance coverage in next 60 days
- Gain of dependent due to marriage in last 60 days
- Gain of dependent due to adoption, or placement of adoption in last 60 days
- Someone in the household has moved to a new coverage area in last 60 days
- The Individual or a dependent plans to move to a new coverage area in next 60 days
- Gain of dependent through a child support order or other court order in last 60 days

Time Period

An Individual has a specified time period to report the qualifying event, which includes:

- 60 days prior to the event occurring
- 60 days after the event has occurred

**The Public Health
Emergency**

Medicaid Unwinding

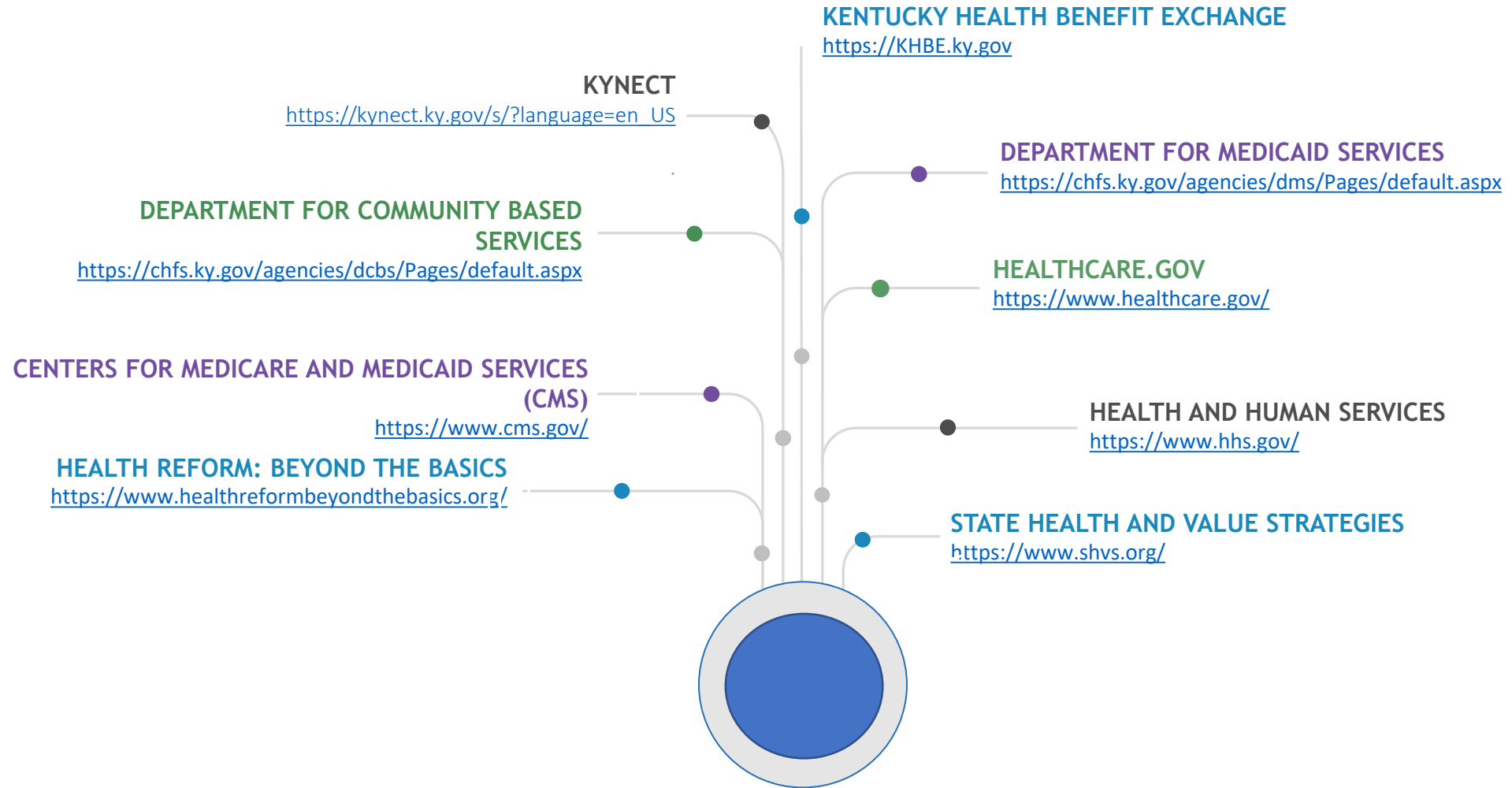
Special Enrollment

There will be an Unwinding Special Enrollment Period (SEP) for individuals who have lost Medicaid and submit a new application or update an existing application between March 31, 2023 and July 31, 2024.

- Individuals who are eligible for this Unwinding SEP will have 60 days after they submit their application to enroll in a QHP even if it has been longer than 60 days since they lost Medicaid.
- Coverage will start the first day of the month following plan selection but the first payment must be paid before the coverage is effective.

If an individual is uninsured months from now...they may still qualify for a Special Enrollment

Helpful Resources



Thank you



Break



CABINET FOR HEALTH
AND FAMILY SERVICES

Behavioral Health Initiatives

Leslie Hoffmann, Deputy Commissioner

Behavioral Health Initiatives

As Medicaid enrollment continue to increase, so does the need for Behavioral Health services. Today we will highlight a few of the current BH initiatives.



CCBHC
Demonstration
Project



Multi-Systemic
Therapy Pilot



SMI 1115
Application



Mobile Crisis
Implementation

CCBHC Timeline

Certified Community Behavioral Health Clinics



Protecting Access to Medicare Act of 2014

Outlines the creation of a demonstration program.

Kentucky Selected for Participation

Kentucky implements the eight-quarter demonstration on 01/01/2022, with an end date of 12/31/2023.

Bipartisan Safer Communities Act (BSCA) 2022

Due to the passage of this legislation, recent communication from CMS directs that Kentucky's demonstration will now end 12/31/2027.

Strengthening System of Care

CCBHCs must provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals to increase access to services.

POPULATIONS IMPACTED



Serious mental illness



Serious emotional disturbance



Long-term chronic addiction



Mild or moderate mental illness and substance use disorders



Complex health profiles

CCBHCs must provide care regardless of ability to pay or place of residence, providing care for those who are on Medicaid, uninsured, underserved, homeless, and for active-duty military or veterans.



Seven Counties Services
(502) 589-1100



NorthKey
(859) 331-3292



New Vista
(800) 928-8000



Pathways
(606) 324-1141

MST

Multisystemic Therapy



POPULATION IMPACTED

Medicaid enrolled children between the ages of 10-17 that are at risk for entering the Juvenile Justice system. The goal is to work intensively with the youth and family to prevent justice involvement and out of home placements.

MULTISYSTEMIC THERAPY PILOT



Evidence-Based

MST is an evidenced based intensive treatment process that focuses on diagnosed behavioral health disorders and on environmental systems



Partnerships

DCBS, DJJ, MCOs, and other community providers have referred to the programs during the first year of the pilot.



Three-Year Project

DMS, along with DCBS, has partnered with 3 Pilot providers that are licensed by the MST Institute for the delivery of this intensive service.

SMI, Severe Mental Illness, 1115 Overview

**What is an 1115
Demonstration Waiver?**

Recuperative Care

1115 Overview

Expansion of IMD Coverage

**Public Comment & CMS
Submission**

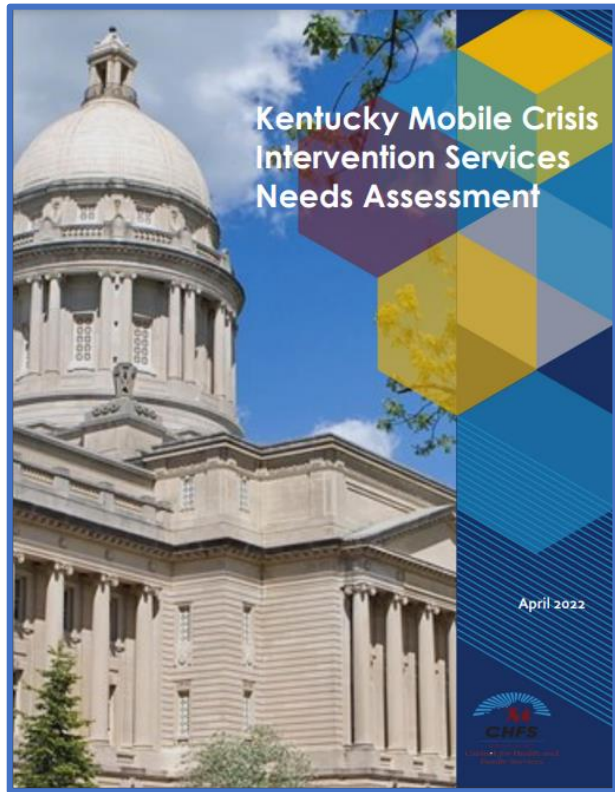
Kentucky 1915i SPA

**Supported
Employment**

**Supportive
Housing**

**Behavioral Health
Respite**

Kentucky Mobile Crisis Continuum



<https://www.chfs.ky.gov/agencies/dms/Documents/MobileCrisisInterventionAssessment.pdf>

- **September 30, 2021:** DMS Awarded CMS *Mobile Crisis Intervention Services Planning Grant*, \$796,894
- **January – March 2022:** MCI Stakeholder Engagement & Research
- **April 2022:** MCI Needs Assessment Completed
- **October 2021 – December 2022:** Design & develop crisis intervention models
 - **Commonwealth Model** in accordance with CMS requirements for enhanced funding
 - **Community Crisis Co-response Model** to close the loop in the crisis continuum – *on-going development*.
- **November 2022:** HRSA Grant Application Submitted to Support Rural Co-Response Implementation
- **January – March 2023:** Co-Response Stakeholder Engagement & Research
- **March 2023:** Governor Beshear announced the MCI Proposal https://youtu.be/7qh9yT5_jzQ

Diversion from Jails and Hospitals

Building a comprehensive crisis continuum for all Kentuckians

SAMHSA's National Guidelines for Behavioral Health Crisis Care

Behavioral Health
Crisis Services for
anyone, anywhere,
anytime.
No Wrong Door



Someone to Talk to

Crisis lines accepting all calls and dispatching support based on the assessed need of the caller.

- 988
- Regional Crisis Call Centers
- Public Safety Access Points (PSAP) i.e., 911



Someone to Respond

Mobile crisis teams dispatched to wherever the need is in the community.

- Regional Mobile Crisis Providers (CMHC, CCBHC, and BHSO)
- MRSS for children/youth response
- Community Paramedicine
- Co-Response and Law Enforcement
- Prevention/Deflection/Diversion/Inclusion



A Place to Go

Crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources.

- Least restrictive next level of care
- 23-Hour Short-Term Crisis Observation and Stabilization
- First Responder Drop-Off Options
- Post-Crisis Follow-up

KENTUCKY MEDICAID
RACIAL & HEALTH EQUITY
INITIATIVES

TEAM 
KENTUCKY[®]

CABINET FOR HEALTH
AND FAMILY SERVICES



DMS Racial & Health Equity Initiatives

- Medicaid developed a Racial and Health Equity plan to align with the Cabinet's initiatives
- Medicaid Identified tools to better assess tasks and projects through the lens of cultural humility.
- Medicaid set goals for each Division in Medicaid and developed strategies with the MCOs
- Medicaid currently assists with the Cabinet's first Health Disparity and Equity Technical Advisory Committee (TAC).
- Medicaid was granted participation in the Medicaid Innovative Collaborative (MIC)

MEDICAID INNOVATION COLLABORATIVE



IOWA
KENTUCKY
NEVADA
NEW YORK



Through this collaborative DMS can work with other states on racial equity programs and initiatives.



MIC is a structured approach for states and MCOs to source and deploy tech-enabled solutions that address inequities in Medicaid.



Members receive primary research, technical assistance, support, and other key resources to effectively collaborate on health equity innovation.



Social Determinants of Health Cohort seeks to identify scalable solutions to close gaps in social needs for Medicaid beneficiaries.

THANK YOU

DMS HOME



DMS BH PAGE



DMS ISSUES



leslie.hoffmann@ky.gov



CABINET FOR HEALTH
AND FAMILY SERVICES

Department for Behavioral Health, Intellectual and Developmental Disabilities

DEPARTMENT VISION AND MISSION

- **Vision:** All Kentuckians have access to quality services and supports to live full and healthy lives.
- **Mission:** To promote health and well-being by facilitating recovery for people whose lives have been affected by mental illness and substance use; supporting people with intellectual or other developmental disabilities; and building resilience for all.

DEPARTMENT OVERVIEW: SERVICES

Central Office

- Hospitals:
- Appalachian Regional Healthcare
 - Central State Hospital
 - Eastern State Hospital
 - Kentucky Correctional Psychiatric Center
 - Western State Hospital

Long Term Care:

- Glasgow State Nursing Facility (GSNF)
- Western State Nursing Facility (WSNF)

Intermediate Care Facilities:

- Bingham Gardens
- Hazelwood (Del Maria, Meadows, Windsong)
- Oakwood
- Outwood

Personal Care Home

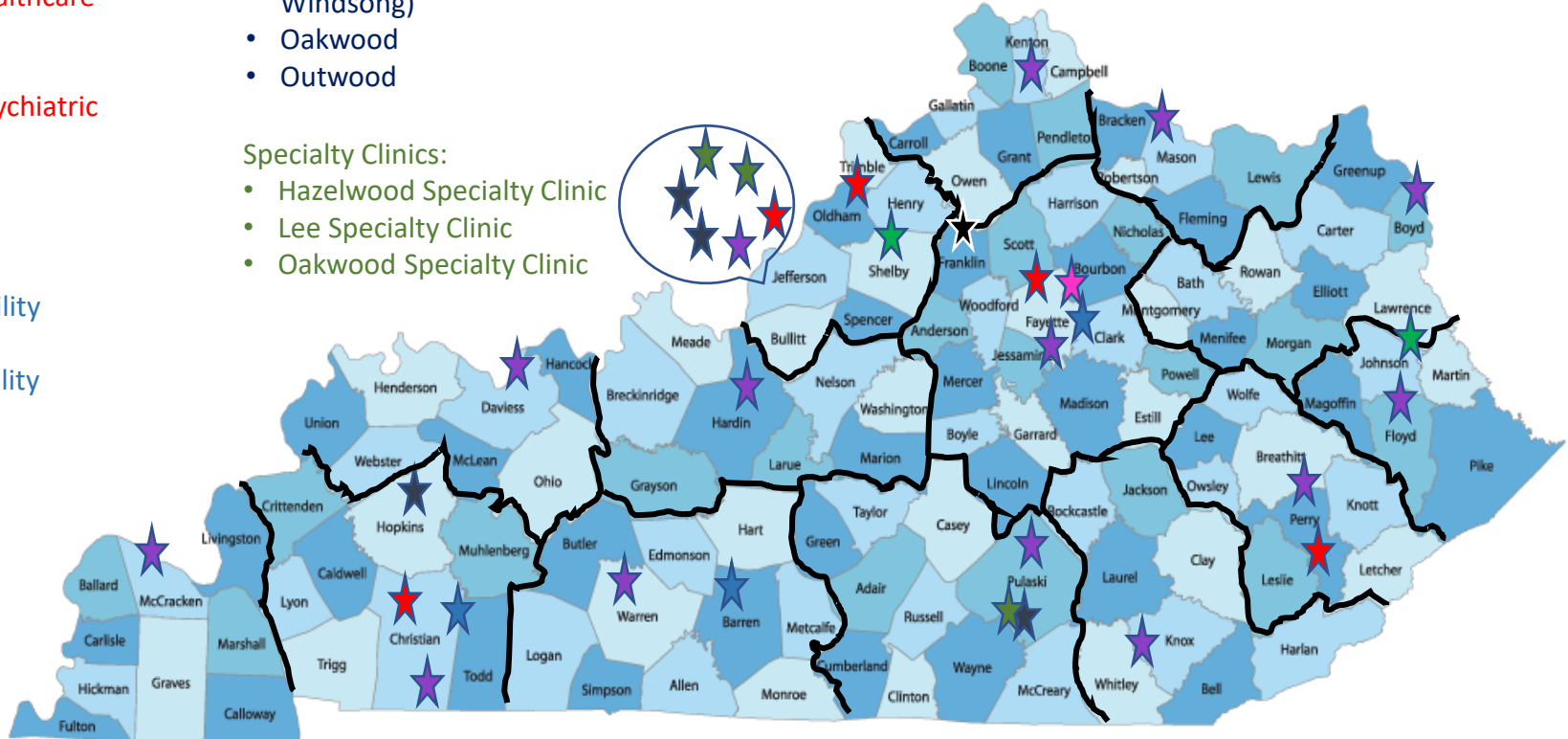
- Central Kentucky Recovery Center

Community-Based Residential Substance Abuse Programs:

- Serenity House
- Women's Renaissance Center

Specialty Clinics:

- Hazelwood Specialty Clinic
- Lee Specialty Clinic
- Oakwood Specialty Clinic



Community Mental Health Centers (CMHC)

- | | | | |
|-----------------------------|---------------------------------|-------------------------------|---------------------------------|
| • Adanta | • Cumberland River | • Mountain Comprehensive Care | • RiverValley Behavioral Health |
| • NewVista of the Bluegrass | • Four Rivers Behavioral Health | • NorthKey | • Centerstone |
| • Communicare | • Kentucky River Community Care | • Pathways | |
| • Comprehend, Inc. | • LifeSkills | • Pennyroyal Regional Center | |

Kentucky Opioid Response Effort

- ✓ End stigma
- ✓ Carry and distribute naloxone
- ✓ Link clients to treatment
- ✓ Link clients to quality recovery housing
- ✓ Access free technical assistance
- ✓ Incorporate tobacco cessation training

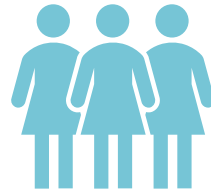


UNSHAME Kentucky is a statewide campaign to destigmatize opioid use disorder by providing education, increasing awareness of fentanyl, and sharing the stories of people whose lives have been affected by opioid use.

How to Get Involved: Visit UnshameKY.org



Share Your
Story



Become an
UnshameKY
Champion



Attend a Monthly
Webinar

Help Save Lives –

Carry naloxone (Narcan™) and learn how to use it

- Free, brief training is available online for providers and patients
- Visit kphanet.org/kore to learn how your organization can help



- Medicaid fully covers naloxone
- Over-the-counter naloxone will be available by Fall 2023
- KORE Copay Program reduces the cost of co-pays for non-Medicaid beneficiaries
- Visit kphanet.org/copay

Link Clients to Treatment

Visit **FindHelpNowKy.org** to find addiction treatment

Have questions about treatment and recovery?

Call **1-877-318-1871**



Who Needs Help? **Gender**

Mental Health Diagnosis

Location [Use My Location](#)

Type of Treatment [help](#)

Payment [help](#)

Link Clients to Quality Recovery Housing

- Visit **FindRecoveryHousingNowKy.org** to find recovery housing in KY
- Learn about quality recovery housing standards
- Apply to become a certified recovery residence



Free Training and Technical Assistance

[OpioidResponseNetwork.org](https://opioidresponsenetwork.org)

- Community trainings on the prevention and treatment of opioid use disorder
- Education and training in evidence-based clinical practices
- Educational materials to help your community address stigma



Mental Health Initiatives:

- ✓ End stigma
- ✓ Expand access to community-based resources/treatment
- ✓ Support recognition of and access to care for suicidal crises
- ✓ Increase access in crisis situations
- ✓ Provide support during disasters and after trauma



746,000 adults in **Kentucky**
have a mental health condition.



That's more than **10X** the population of **Bowling Green**.

Enhance Access to Community-Based Resources



WHAT IS 988?

988 IN KY

FAQS

CALL CENTERS

PARTNERS

SHORTER NUMBER. BROADER MISSION.

988 is up and running in Kentucky

Kentuckians in crisis can now connect with suicide prevention, mental health and substance abuse counselors using a nationwide, easier-to-dial phone number – 988. Phone service providers will now direct 988 calls to the existing national lifeline with its 13 Kentucky call centers. And connection to additional crisis services will be provided if necessary.

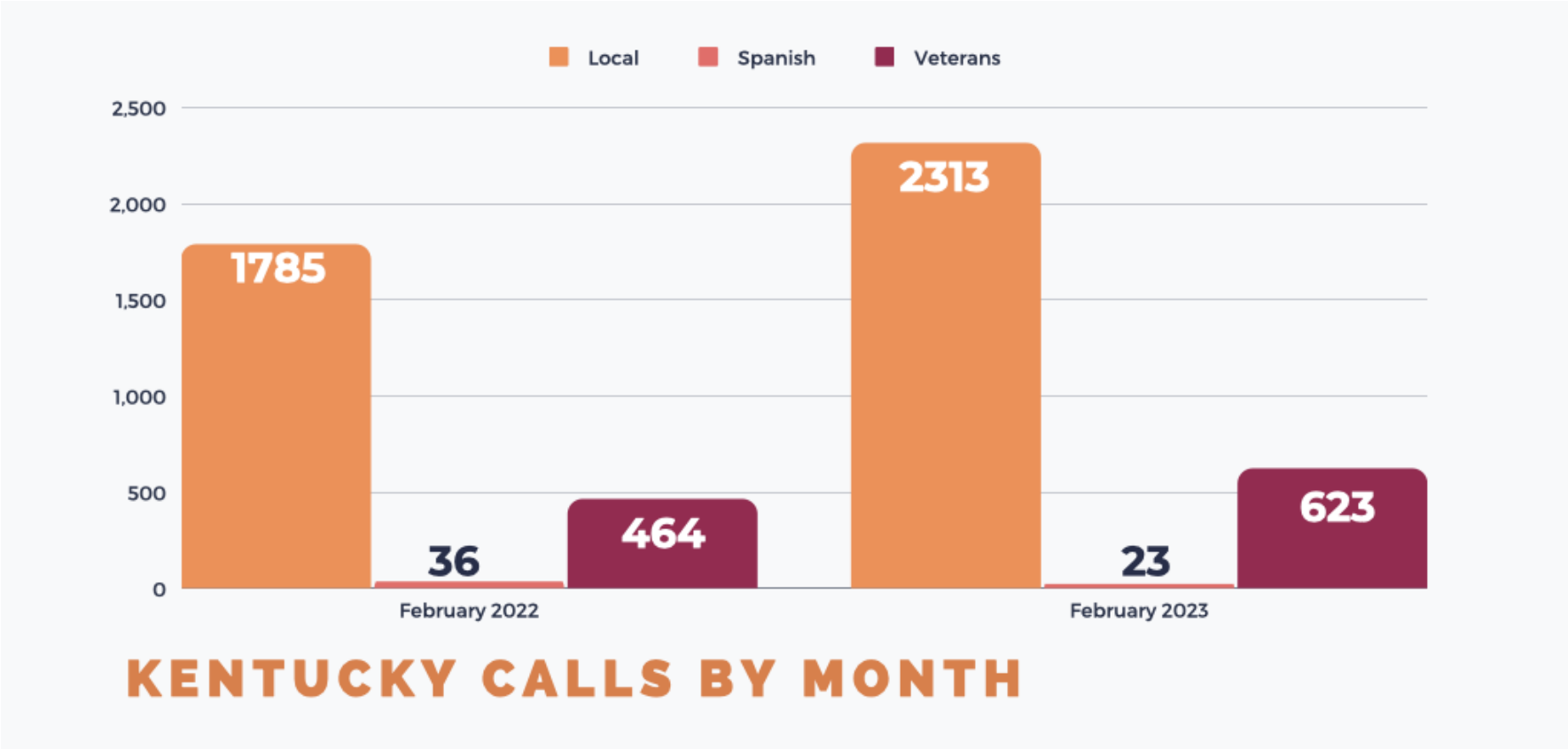
If you or someone you know is in crisis, someone to talk to is just a click away.

CALL 988*

www.988.ky.gov



Enhance Access to Community-Based Resources



Suicide Prevention, Intervention & Postvention

2023-2024

Kentucky Department of Behavioral Health Recommendations for School Suicide Prevention Training



2023-2024

Kentucky Department of Behavioral Health

**Recommendations for School
Suicide Prevention Training**

Together we care
Together we prepare
Together we grow



**TEAM
KENTUCKY**
CABINET FOR HEALTH
AND FAMILY SERVICES

<https://rb.gy/ze782>

Suicide Prevention, Intervention & Postvention



MISSION

WARNING SIGNS

PROTECT YOUR HEALTH

RESOURCES

SUPPORTERS



PUTTING THE FOCUS ON FARMER HEALTH

Help and Hope Are Right Here

Debt, extreme weather, unstable prices, and isolation have created a storm of stress for the people who feed the rest of us. We see you, we appreciate you, and we are here to help. If you or someone you know is feeling depressed or overwhelmed or is struggling with their mental well-being, please don't hesitate to reach out. Call or text the 988 Suicide & Crisis Lifeline 24/7 for free and confidential emotional support.

Call 988 now

Text 988 or chat at 988lifeline.org



www.raisinghopeky.com

Disaster Preparedness & Recovery

Were you affected by the **flooding in Eastern Kentucky?**
You are not alone. We are here for you.



ARE YOU INTERESTED IN...

- Talking with someone
- Recognizing disaster reactions
- Building coping skills
- Managing stress

WE PROVIDE...

- Information
- Education Emotional
- support Links to
- resources

OUR SERVICES ARE...

- Confidential
- Anonymous
- Free
- In-person or virtual

& ARE AVAILABLE AT...

- School
- Meetings
- Workplace
- Places of worship

Project Recovery Kentucky is here to help individuals and communities recover from the effects of natural and human-caused disasters.

KENTUCKY RIVER COMMUNITY CARE
www.krccnet.com / 1-800-262-7491
Deaf and Hard of Hearing: 1-800-787-5043 (TTY)
Letcher, Leslie, Perry, Knott, Breathitt, Owsley, Lee, Wolfe

MOUNTAIN COMPREHENSIVE CARE CENTER
www.mtcomp.org / 1-800-422-1060
Pike, Martin, Floyd, Magoffin, Johnson

WWW.PROJECTRECOVERYKY.COM
Project Recovery *building resiliency

23



Anniversary reactions may include:

- Restlessness
- Poor concentration and memory
- Trouble making decisions
- Increased emotionality
- Mood and/or behavior changes
- Irritability and interpersonal conflicts
- Tearfulness
- Increased depression or anxiety
- Isolating from others
- Loss of interest in things



SUPPORTING BEHAVIORAL HEALTH WELLNESS IN

EASTERN KENTUCKY

Natural Disaster Anniversary Kit for Eastern Kentucky Communities

2023

TEAM KENTUCKY.
CABINET FOR HEALTH AND FAMILY SERVICES

www.projectrecoveryky.com

Care After Traumatic Events



KENTUCKY COMMUNITY CRISIS RESPONSE TEAM

(888) 522-7228

www.kccrt.ky.gov

Lunch

Meet the Medicaid MCOs



CABINET FOR HEALTH
AND FAMILY SERVICES

**Kentucky Department for
Medicaid Services
Division of Health Plan Oversight**

Division of Health Plan Oversight

Director: Edith Slone

- **Assistant Director – David Verry** (email: David.Verry@ky.gov)

Eligibility and Enrollment Branch

Human Services Program Branch Manager: Jordan Griffin (email: Jordan.Griffin@ky.gov)

- **Assistant Director – Jeremy Armstrong-DeRossitt** (email: Jeremy.Armstrong@ky.gov)

Appeals and Complaints Branch (email: SB20@ky.gov)

Human Services Program Branch Manager – Stephanie Hodges (email: Stephanie.Hodges@ky.gov)

Contract Monitoring Branch (email: ProviderMCOInquiry@ky.gov)

HSPBM – Vacant

Eligibility and Enrollment Branch

Kentucky Health Benefit Exchange (KHBE) – General questions regarding APTC/QHP (email: KHBE.Program@ky.gov)

Eligibility questions or concerns can be referred to DMS.Eligibility@ky.gov

Suggestion to discuss Incarceration segments

Appeals and Complaints Branch

Provider receives a denial of services or claim denial or underpayment

MCO Appeal Process

Two Paths to Appeal

Member

KAR 17:010 Member Appeals

907 KAR 1:563 State Fair Hearing

Provider

907 KAR 17:015 Provider Appeals

907 KAR 17:035 External Independent Third-Party Review

907 KAR 17:040 Administrative Hearing

KRS 205.646

Appeals and Complaints Branch continued...

Member Appeals

- Providers may appeal on behalf of the member, but it is still considered a member appeal.
- Member must provide written consent for their provider to represent them in an appeal.
- Must be received by the MCO within 60 days from the date of the adverse determination notice.
- Decision by MCO within 30 days.
- Expedited appeals must be resolved in 3 working days.
- Continuation of services is allowed.
- Next step is state fair hearing, if service is denied.

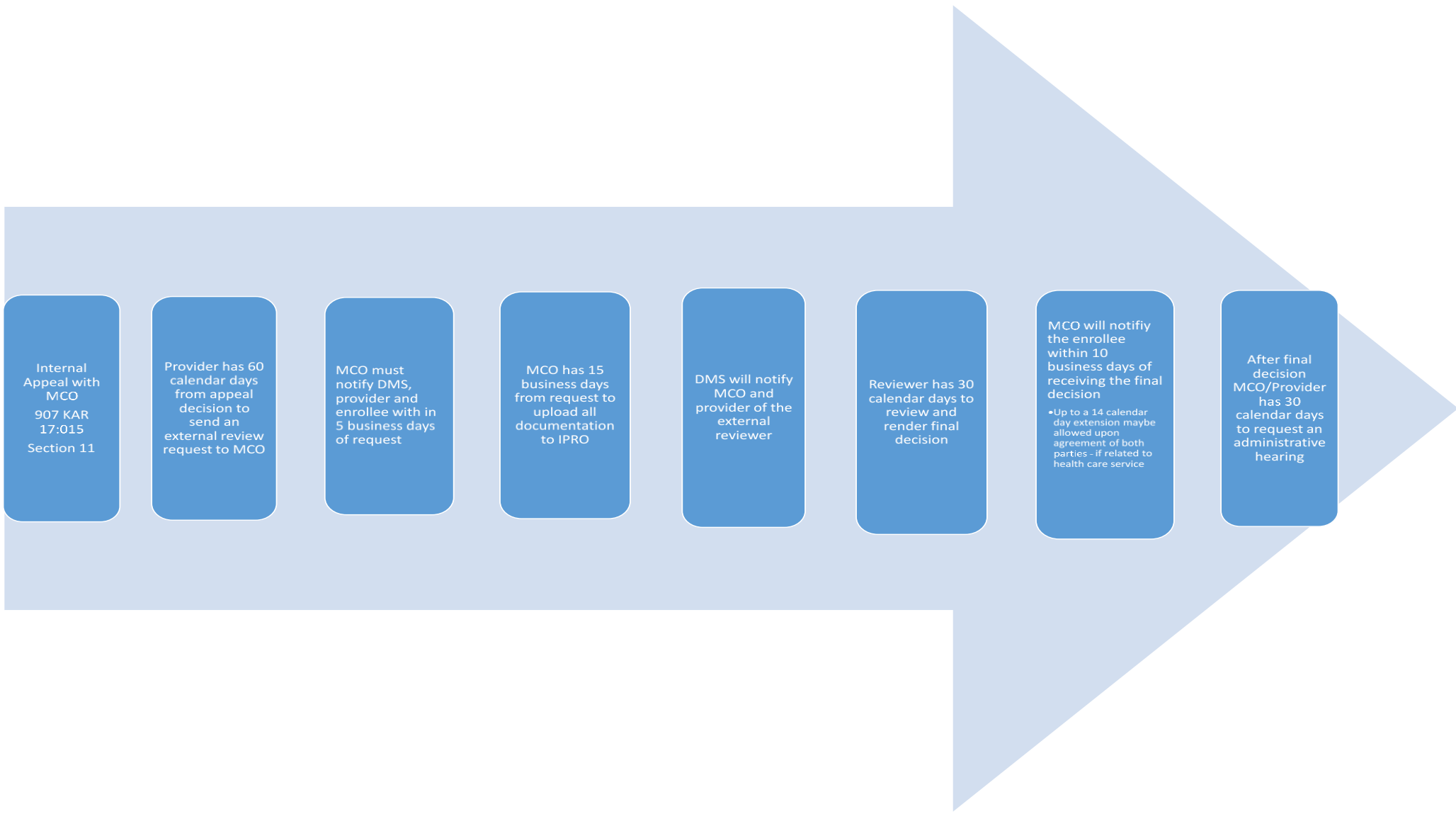
Appeals and Complaints Branch continued...

Provider Appeals

- Timeframe for provider to request is determined by MCO provider internal appeal process.
- There is only one provider internal appeal and it applies to prior authorizations, service denials, claim denials, etc.
- MCO must make an internal appeal decision within 30 calendar days.
- Peer to peer reviews are not required, but may occur separately from the internal process. This does not affect the 30-day decision requirement.
- 14 day extensions shall be granted if requested by the MCO or provider.
- **Include all documentation to support the appeal.**
- Upon receipt of the final internal appeal decision, providers have 60 calendar days to request an **External Independent Third-Party Review**

External Independent Third-Party Review

- Senate Bill 20, KRS 205.646, or 907 KAR 17:035
- Medical necessity determinations or service coverage requirements
- Must be requested within 60 calendar days of the internal appeal decision.
- Applies to dates of service **after** 12-1-16
- The MCO appeal decision letters provide directions on how to request the external independent third party review.
- Providers send the request to the MCO. The MCO forwards the request to DMS.
- If a member has an active state fair hearing request for the same service, the external review will not be granted.
- External review decision should be rendered in no more than 45 days.





CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services

Andy Beshear
Governor

Eric C. Friedlander
Secretary

275 East Main Street, 6E-D
Frankfort, KY 40621
www.chfs.ky.gov

Lisa D. Lee
Commissioner

Edith Slone
Director

DATE

PROVIDER ADDRESS
ATTN:

RE:

The Kentucky Department for Medicaid Services (DMS) has reviewed your request for an external independent third-party review.

Your request is being returned due to being deficient for the following reason(s).

1. Request was not submitted by the provider (self or through attorney), or designee as authorized in writing _____
2. Date of service prior to 12/01/16 _____
3. Did not identify each specific issue and dispute _____
4. Does not state the basis for which the decision is believed to be erroneous _____
5. Designated contact information missing _____
6. Was not received within 60 days of MCO final decision _____
7. Did not exhaust provider internal appeal _____
8. Rate/Contract disputes are not eligible for review under KRS 205.646 _____

Should you have any questions regarding this determination, please contact DMS by email at SB20@ky.gov.

Provider Administrative Hearing

- Must be requested within **30** calendar days of the external independent third-party review decision.
- May be requested by either the MCO or provider.
- The party that receives the adverse final order pays a fee of **\$600** to the Department within **30** days.

Key takeaways EIR



- **Keep in mind the type of appeal you are requesting from the MCO.**

For example... if a provider requests an expedited or peer to peer review/appeal this will lead to a member appeal which does not qualify for the external independent review.
- **Always make the request in writing and submit ALL documentation that supports the reason you disagree with the decision.**
 - The External Reviewer can only review items that were reviewed during the internal appeal
 - If no medical records are provided – a provider cannot prove medical necessity *send all documents*

Contract Monitoring Branch

- State of Kentucky contracts with 6 Managed Care Organizations:
 1. Aetna Better Health
 2. Anthem Blue Cross/Blue Shield
 3. Humana Healthy Horizons
 4. Passport by Molina
 5. United Healthcare Community
 6. WellCare

Contract Monitoring Branch

Responsible for providing oversight of contractual requirements with State and Federal Regulations

- Provider Complaint Form (ProviderMCOInquiry@ky.gov) *Complaint Examples: Issues relating to claims processing, credentialing, and/or coverage of services provided to members, etc...*
- Subcontractor and Policy Review – MCOs are required to obtain Department approval prior to disseminating to the provider networks with an at minimum 30 day notification of the change to the appropriate provider network in contract with said MCO's.
- Encounter Penalty Monthly Calculations: MCOs are contractually monitored and required to submit encounters data. A monthly assessment penalty is calculated based on accuracy, timeliness, and completeness. Encounters are specifically claims data information shared with the Department.

KENTUCKY DEPARTMENT FOR MEDICAID SERVICES

PROVIDER COMPLAINT FORM

Have you filed an Appeal/EIR (External Independent Review) or dispute with the MCO regarding the claim(s)? If so, STOP completing this form, and inquire with the SB20@ky.gov regarding the Appeal/EIR. No action may be taken if an External Independent Third Party Review has been requested. If no EIR, please complete this form and submit by mail, email, or fax to:

Division of Program Quality & Outcomes
Department for Medicaid Services
275 E. Main Street 6C-C Frankfort, KY 40621

502-564-9444
502-564-0223 Fax
ProviderMCOInquiry@ky.gov

GENERAL PROVIDER INFORMATION

Provider Name: NPI #:

Provider Specialty:

Provider's Place of Service Address:

City: St: ZIP:

Provider's Contact Person's Name:

Contact Person's Company:

Mailing Address:

City: St: ZIP:

Phone: Fax: E-mail:

Key Takeaways Provider Complaints



- **Always** contact the provider representative first.
- **Provide** all documentation that applies to the complaint(s) including email correspondence, a brief description of issue, claims information, etc....
- **Identify** the MCO(s) when requesting a complaint. This is important if a provider has similar issues with multiple MCOs.
- If a provider has gone through the MCO internal appeal process and wants to file a complaint **include** that information in the complaint.