

MEDICAID

RECONNECT

TOUR



MEDICAID RECONNECT TOUR

Agenda

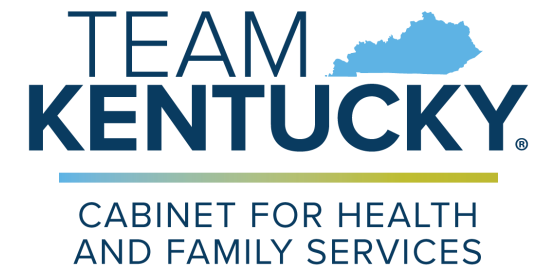
- 8-8:45 a.m.: Registration, Check-In
- Morning Session
- 9:00 a.m.: Welcome
- 9:10 -10:45 a.m.: What's New with Kentucky Medicaid?
- 10:45-11:00 a.m.: *BREAK*
- 11:00 a.m.-12:00 p.m.: Behavioral Health and SUD
- 12:00-1:00 p.m.: *LUNCH*
- Afternoon Session
- 1:00-2:00 p.m.: Meet the Managed Care Organizations
- 2:00 – 2:30 p.m.: Health Plan Oversight

All day - MCO Provider Meetings



Deputy Secretary Carrie Banahan

Kentucky Cabinet for Health and Family Services





CABINET FOR HEALTH
AND FAMILY SERVICES

MEDICAID PROGRAM UPDATE 2020 to 2023

Veronica Judy-Cecil, Senior Deputy Commissioner
Department for Medicaid Services

Department at a Glance

Fiscal
Management

Health Care
Policy

Health Plan
Oversight

Information
Systems

Long-Term
Services and
Supports

Program
Integrity

Quality and
Population
Health

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)

KY Medicaid Income Eligibility

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

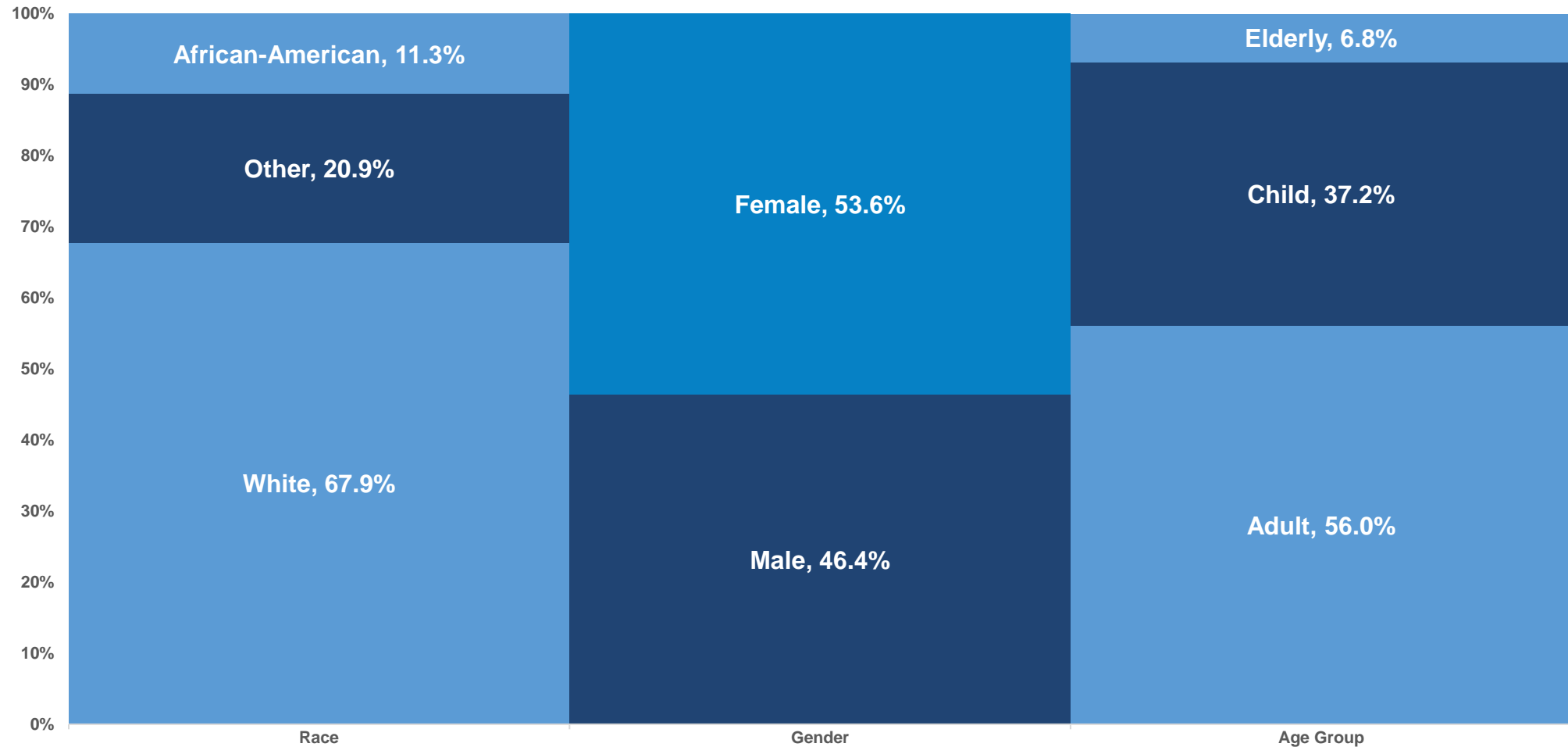
Add \$5,140 for each person in household over 8 persons

Average Kentucky Expenses

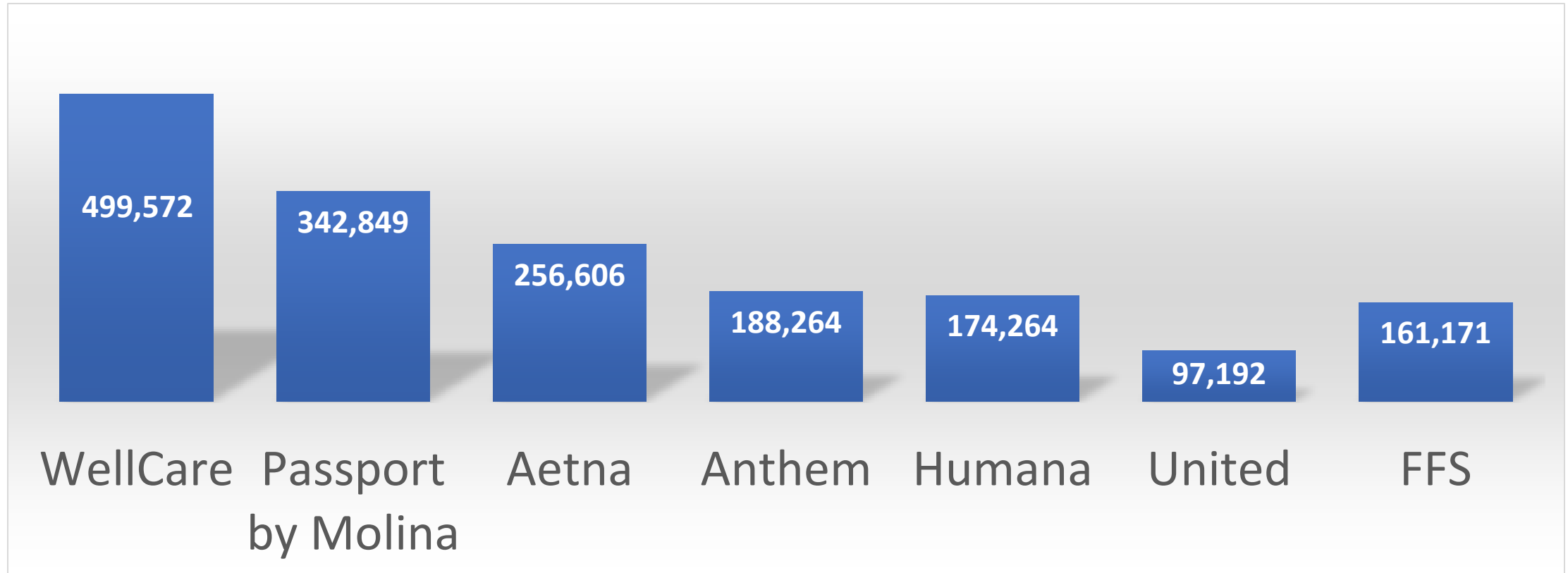
Family of 4		
Medicaid Income Limit	\$41,400.00	
Taxes	\$12,420.00	
Housing	\$11,664.00	Cost of Living in Kentucky (2023) SoFi
Utilities	\$ 4,812.00	
Food and Groceries (non restaurant)	\$14,324.16	
Total Expenses	\$43,220.16	

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

KY Medicaid Enrollment Demographics

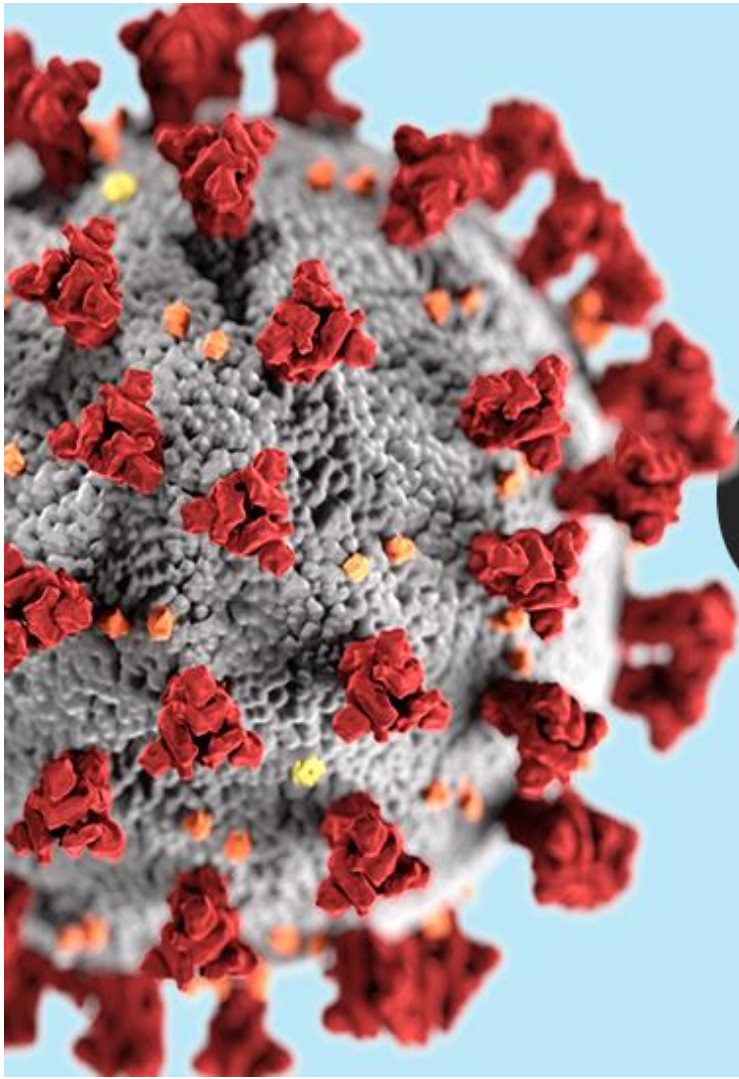


KY Medicaid Enrollment



NOTE: Aetna includes 28,045 SKY members

www.chfs.ky.gov/agencies/dms/stats/KYDWMCC032023.pdf



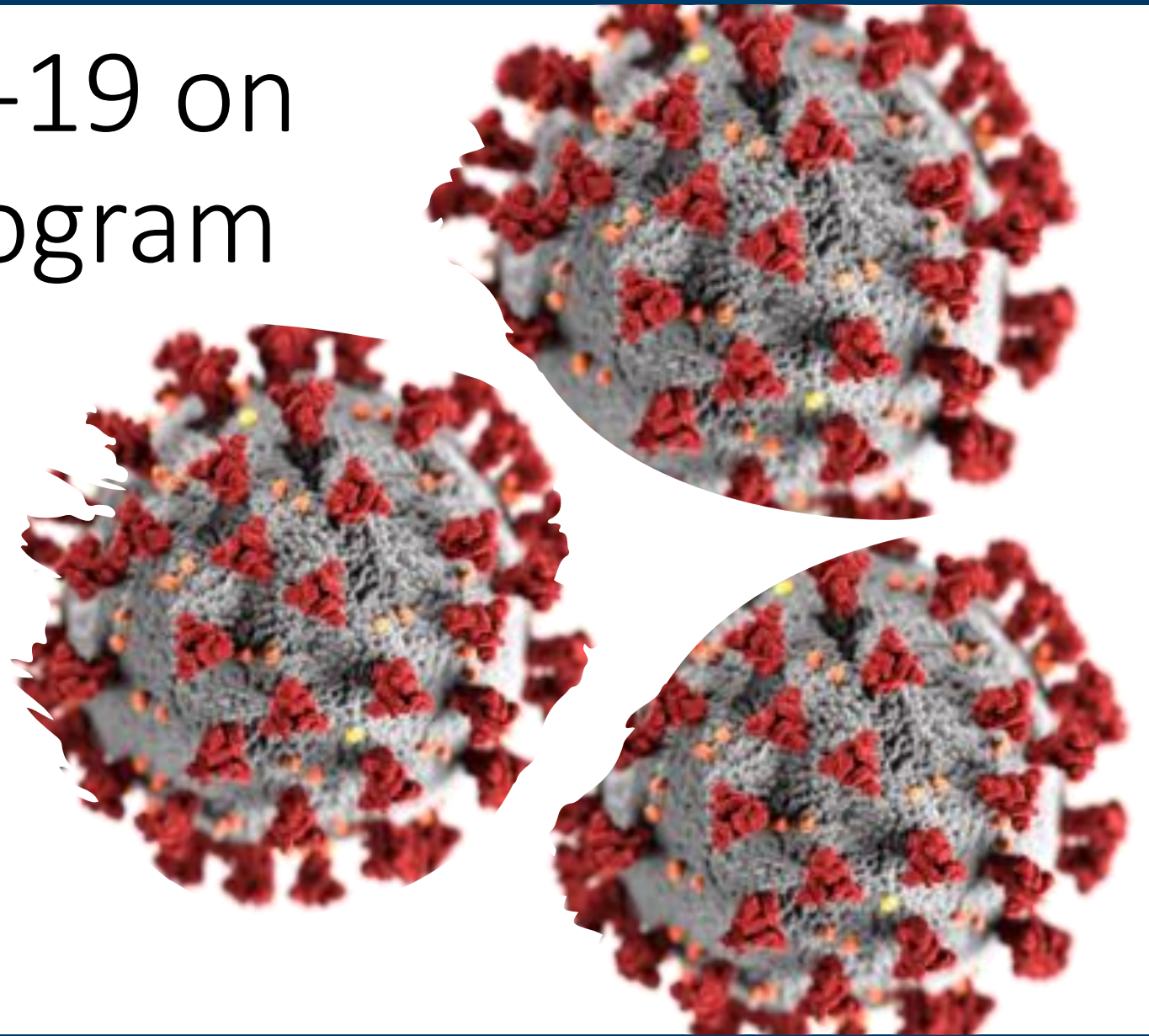
COVID-19

CORONAVIRUS PANDEMIC

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Impact of COVID-19 on the 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

2020-2023 Notable Program Changes

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

2020-2023 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

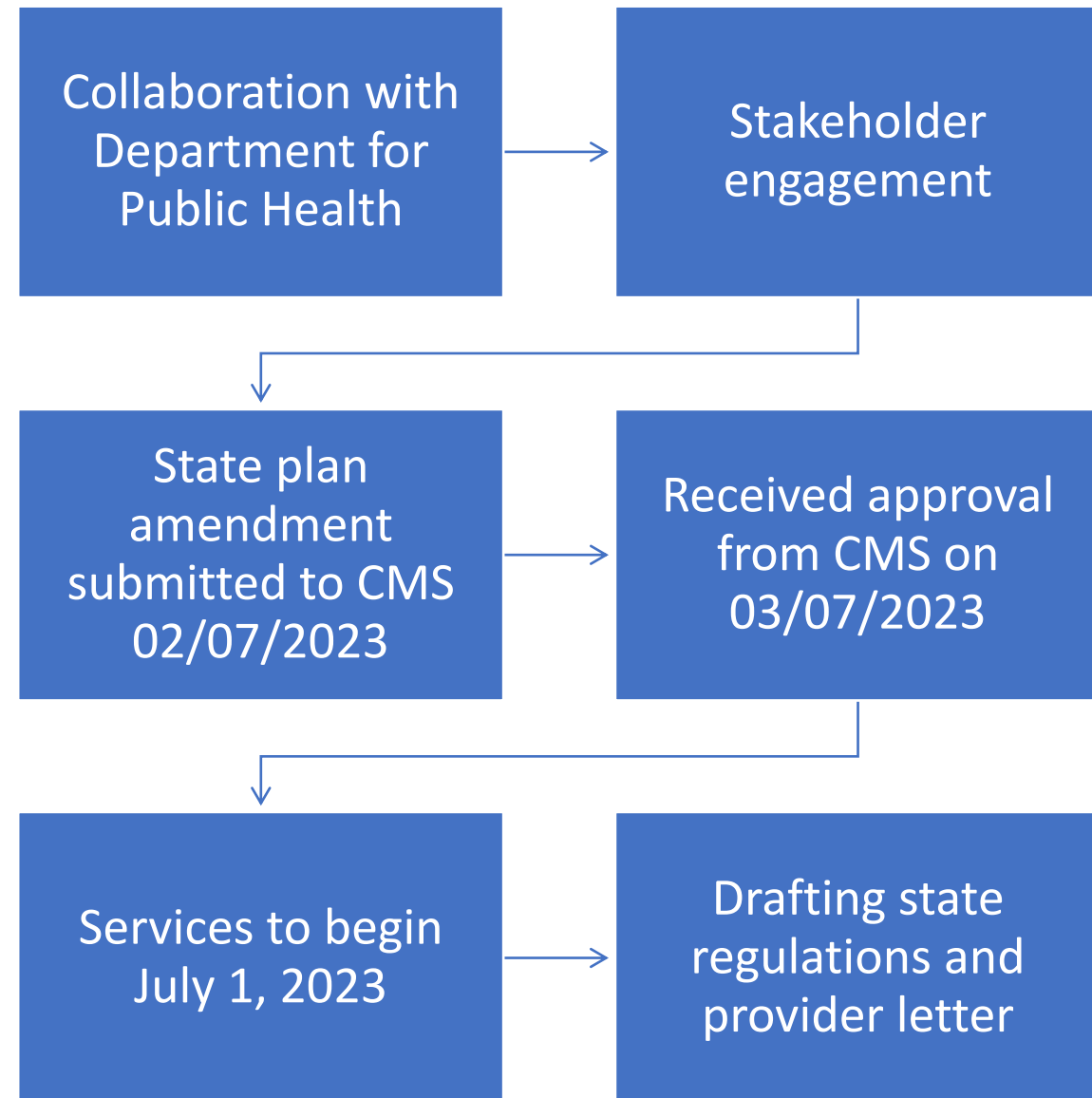
2022

- 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 Community Health Worker (CHW) Services



CHW Provider Eligibility

- 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 Department for Public Health (DPH); or
 - Meet requirements established by DPH for certification based on relevant and verifiable past community health worker experience
- Certifications must be renewed annually

CHW 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

CHW Rates

- 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,
- Required CHWs in 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

Kentucky Health Benefit Exchange

David Verry, Assistant Director
Division of Health Plan Oversight
Department for Medicaid Services

kynect Integrated System

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, Kentucky Health Benefit Exchange. One Stop Shop to enroll in health coverage including Medicaid, KCHIP, ACA-compliant Qualified Health Plans with financial assistance if eligible.



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

Single Stream Application

kynect.ky.gov



Real-time
eligibility and
enrollment
process



Mobile friendly
QHP enrollment
through kynect



Automatic
health coverage
plan renewal

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.

The Kentucky Health Benefit Exchange kynect



What is the Exchange?



a part of kynect

- 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 lower premiums, copays and deductibles. Small businesses may qualify for tax credits as well.
- Enrollment is generally once a year during open enrollment or if there is a qualifying life event.
- May only change plans during open enrollment.

Types of Marketplaces

- **Federally-facilitated Marketplace (FFM):**

- HHS performs all Marketplace functions
- Consumers apply for and enroll in coverage through Healthcare.gov



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

- State performs all marketplace functions for the individual market, except will rely on the federal Healthcare.gov website for eligibility and enrollment functions
- Consumers apply for and enroll in coverage through Healthcare.gov

- **State-based Marketplace (SBM):**

- State performs all marketplace functions for the individual market
- Consumers apply for and enroll in coverage through marketplace websites established and maintained by the state

Qualified Health Plans (QHP)



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

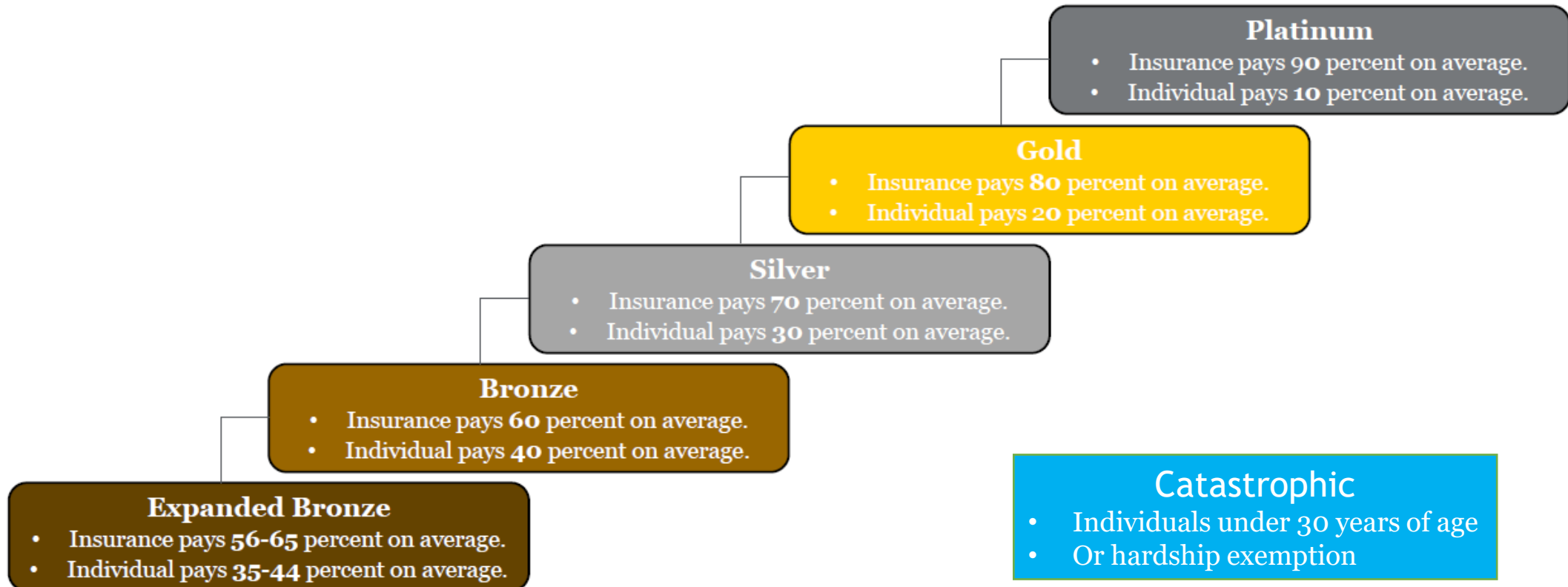
- Must permit enrollment regardless of health status, age, gender or other factors

Essential Health Benefits


- Plan must cover the 10 essential benefits at a minimum

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 Advance Premium Tax Credit (APTC)

- ✓ Also known as Payment Assistance
- ✓ Helps lower the monthly cost of the QHP
- ✓ Only available when an individual gets their QHP plan through kynect
- ✓ Eligibility determined by using the MAGI methodology – based on income and household size
- ✓ Cannot have access to or be enrolled in employer-sponsored insurance or other types of minimum essential coverage (MEC): Medicare, Medicaid, VA health benefits, or Tricare
- ✓ Must be lawfully present and file taxes
- ✓ Tax credit can be taken at the end of the year when filing taxes or, more commonly, used each month to pay for premiums
 - If used each month, individuals then reconcile with the IRS at the end of the year

The Advance Premium Tax Credit

Generally, 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 (CSR)

- Means of keeping out-of-pocket health care costs affordable for individuals with modest incomes
- Available to enrollees with household income between 100% and 250% of the federal poverty level (FPL)
- Lowers 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)

- Affordable, flexible, and convenient way for small employers to provide health and/or dental insurance to their employees
- Generally, 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 – employers can offer kynect SHOP coverage to 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

What's the Family Glitch?

- Generally, individuals with Employer-Sponsored Insurance (ESI) coverage do not qualify for tax credits (APTC)
- 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.

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, to consider cost of family coverage.

Qualified Health Plan 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

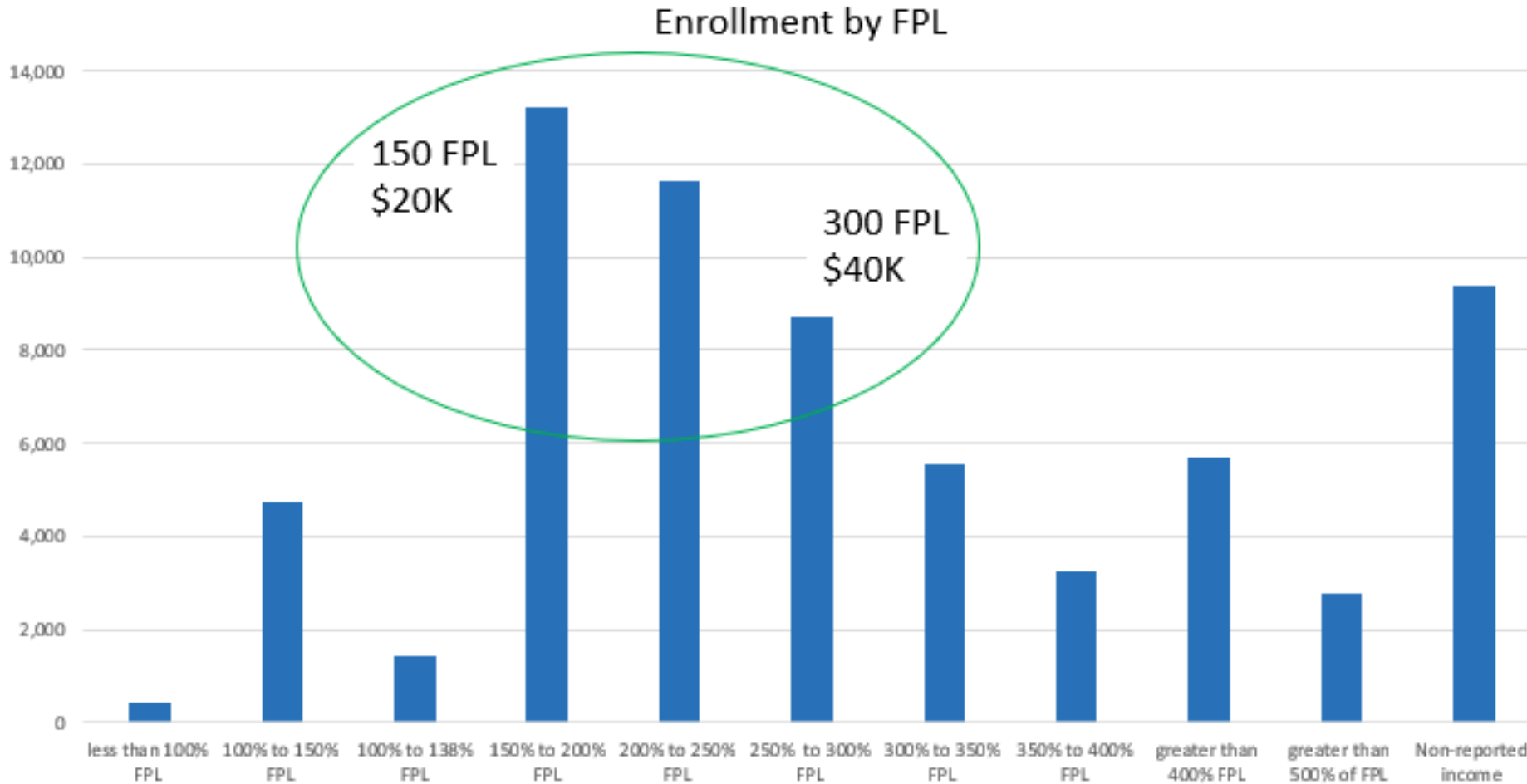
Application Metrics



28,165
MA/QHP Applications since 11/1

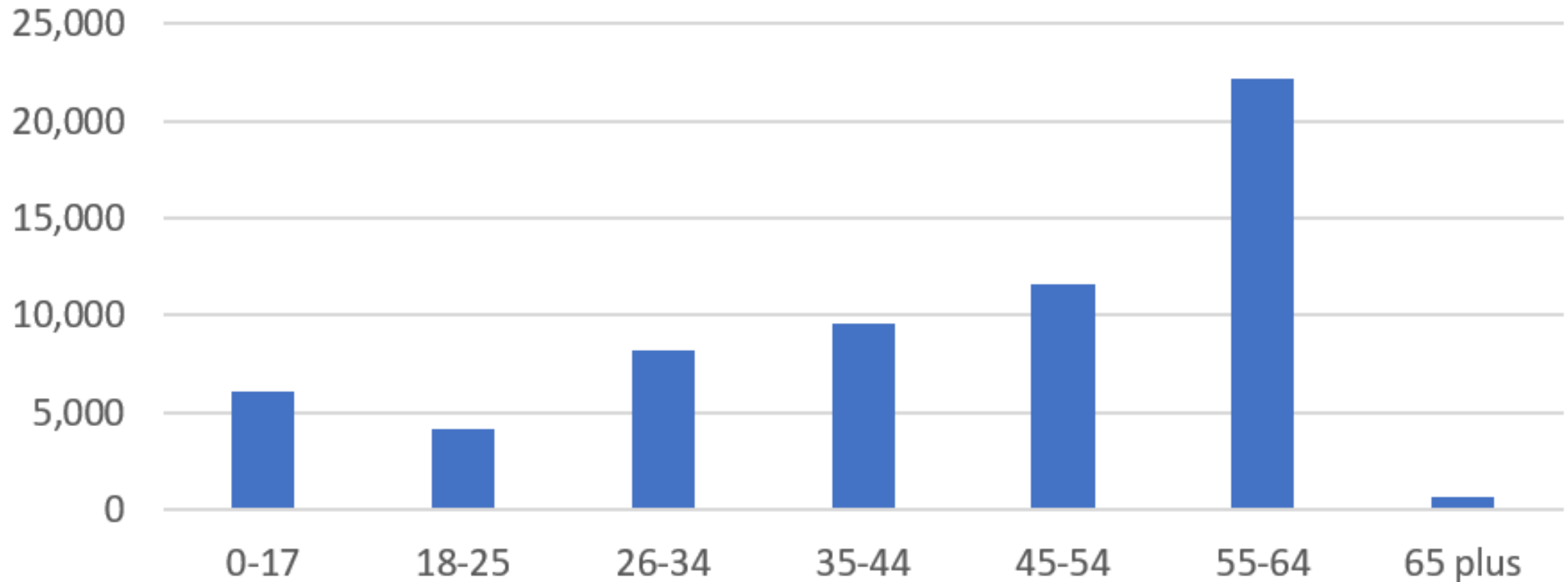
- **1,384** QHP only Applications since 11/1
- **274** SHOP Applications since 10/17

Qualified Health Plan Enrollment



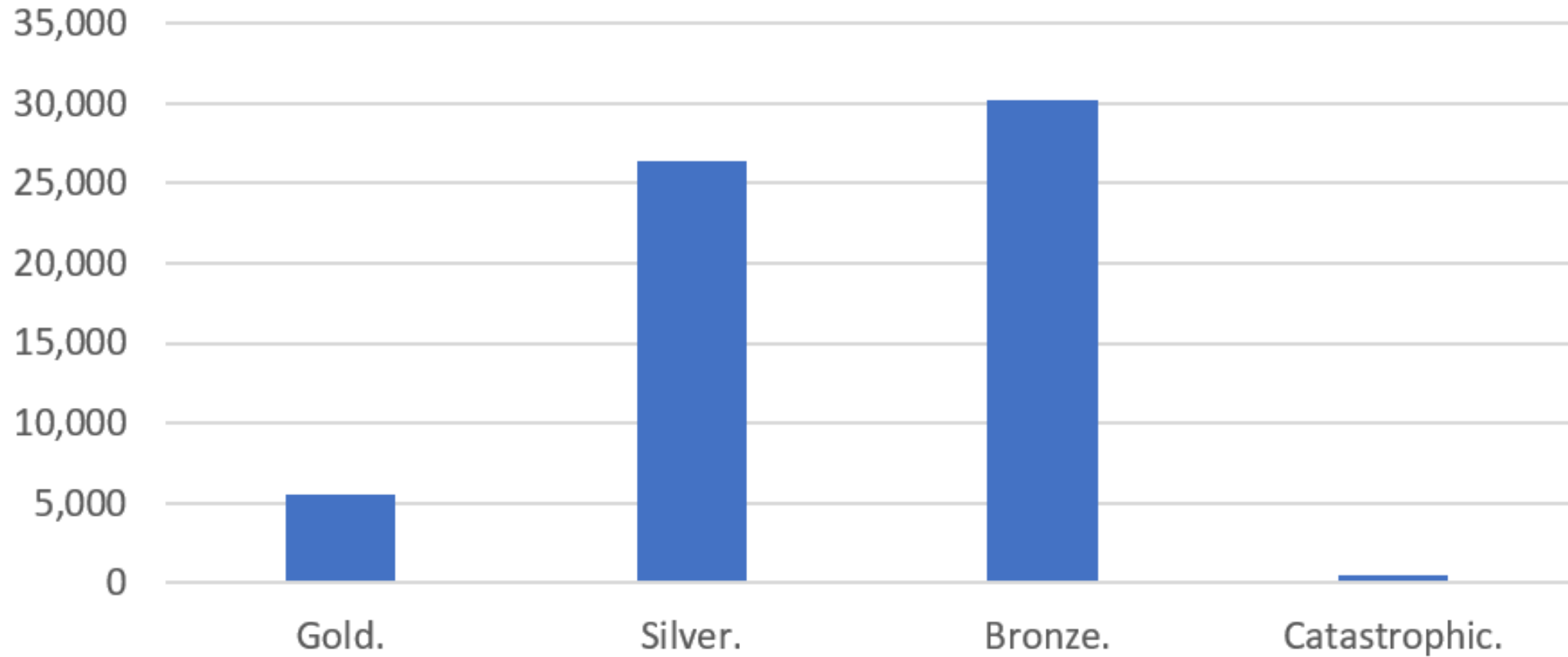
Qualified Health Plan Enrollment

Enrollment by Age



Qualified Health Plan Enrollment

Enrollment Metal Level



Qualified Health Plan Enrollment

Average Premium: \$579

Average Premium After APTC: \$113

Qualified Health Plan 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

Transition from Medicaid to Qualified Health Plan PHE Unwinding Special Enrollment Period

Individuals MUST take action!

PHE Unwinding Special Enrollment Period (SEP) for individuals who have lost Medicaid coverage 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.

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

Medicaid to Qualified Health Plan

kynect.ky.gov

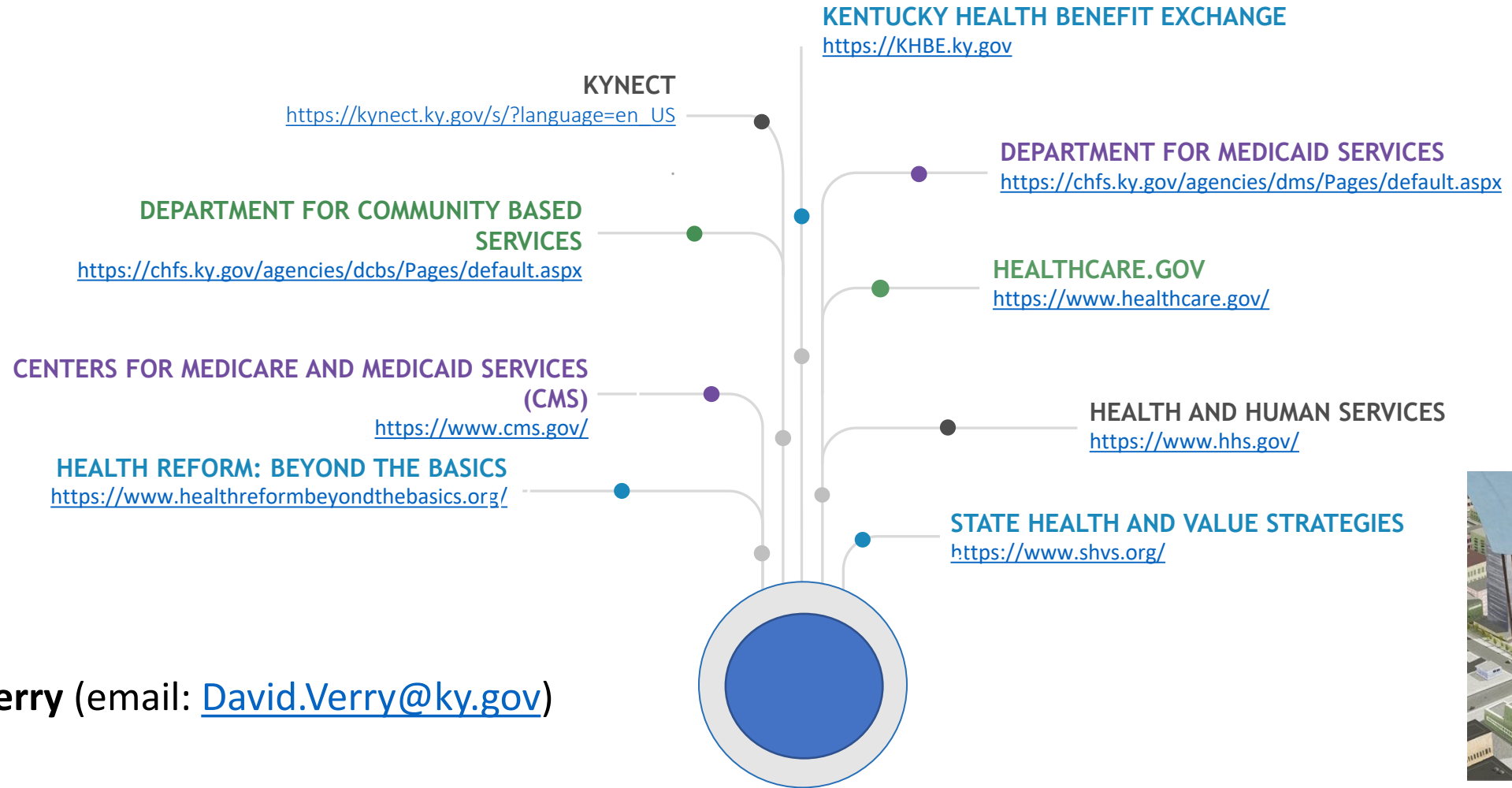
Medicaid

- **No premiums or cost sharing**
- **Can enroll whenever an individual qualifies**
- **Retroactive coverage**

QHP/APTC

- **Premiums, copays, deductibles**
- **Open Enrollment in the fall**
- **Almost always active going forward**

Helpful Resources



David Verry (email: David.Verry@ky.gov)





CABINET FOR HEALTH
AND FAMILY SERVICES

Public Health Emergency Unwinding

Veronica Judy-Cecil, Sr. Deputy Commissioner
Department for Medicaid Services
May 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**



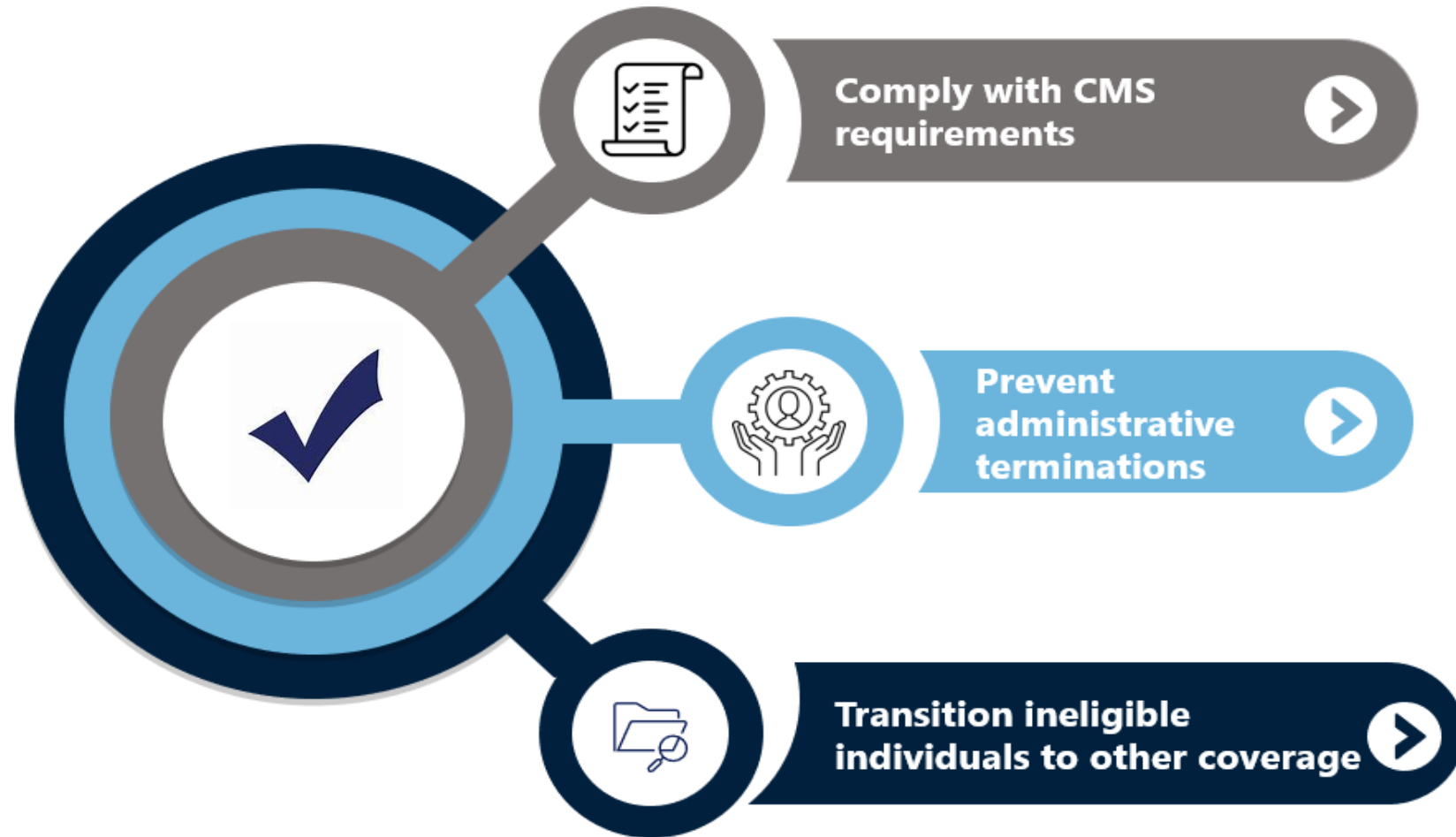
The Consolidated Appropriations Act 2023 separates continuous coverage from the PHE effective **March 31, 2023** and phases out the enhanced FMAP through December 31, 2023



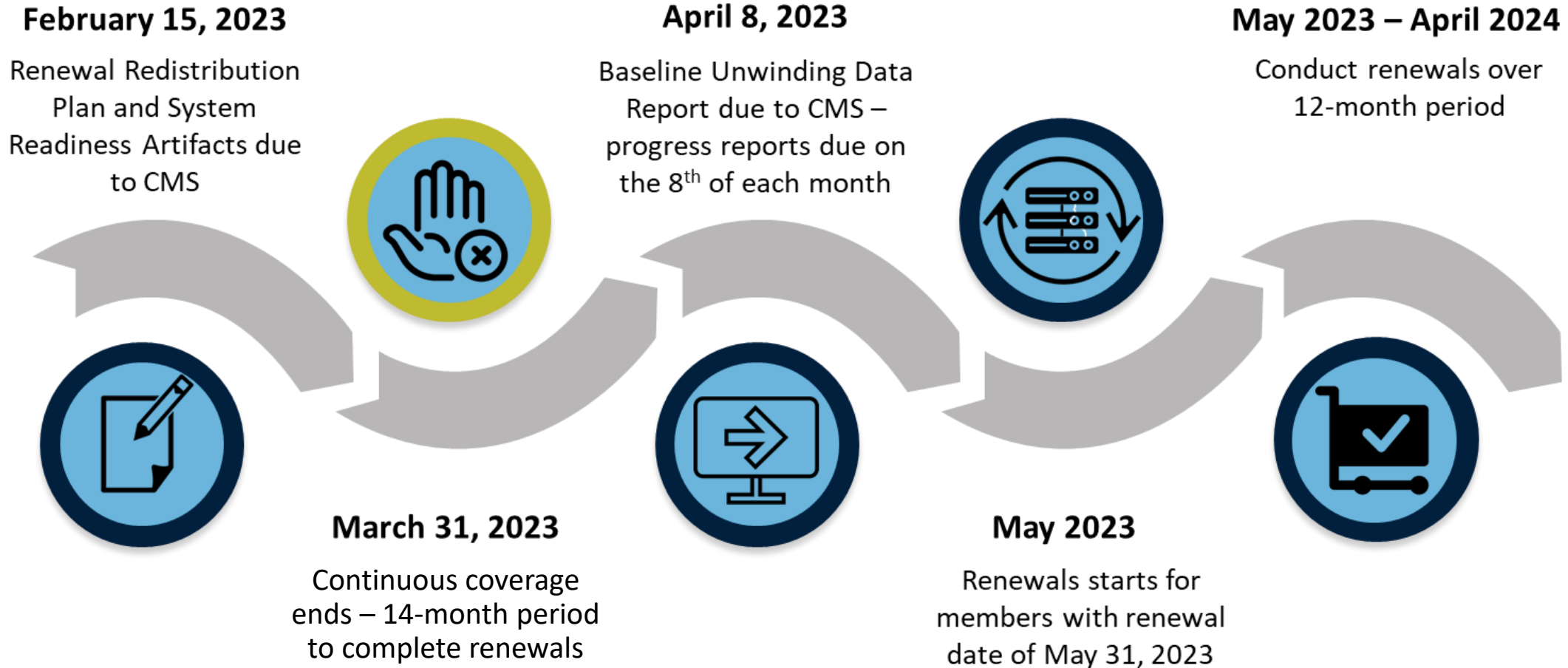
Upon PHE expiration

- ✓ 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



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.legislature.ky.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

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 to respond to a notice

Complete and return the form

- Fax to 502-573-2005 or 502-573-2007
- Mail PO Box 2104, Frankfort, KY 40602

Use the online Self Service Portal

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

Call 1-855-459-6328 (kynect) or 1-855-306-8959 (DCBS)

- Monday through Friday from 8:00 am to 4:30 pm ET
- Saturday from 9:00 am to 2:00 pm ET (1-855-306-8959 only)

Visit a kynector, insurance agent or DCBS office

- Monday through Friday 8:00 am to 4:30 pm local time
- DCBS office: https://prd.webapps.chfs.ky.gov/Office_Phone/index.aspx
- Kynector/insurance agent: https://kynect.ky.gov/benefits/s/auth-reps-assisters?language=en_US

Renewals: Need help?

There are
people in
your
community
who can
help you!

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

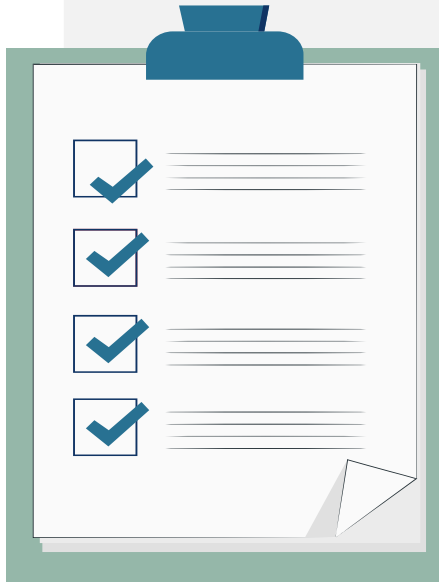
If you're 65+ call the SHIP Hotline at (877) 293-7447 (**option #2**) or call DAIL at (502) 564-6930 and ask for a SHIP counselor to learn about Medicare options!

Resources on Kentucky's website for all things Medicaid Renewals and PHE Unwinding!

[MedicaidUnwinding.ky.gov](https://www.MedicaidUnwinding.ky.gov)

Renewals: What's Next?

What to expect and what you can do!



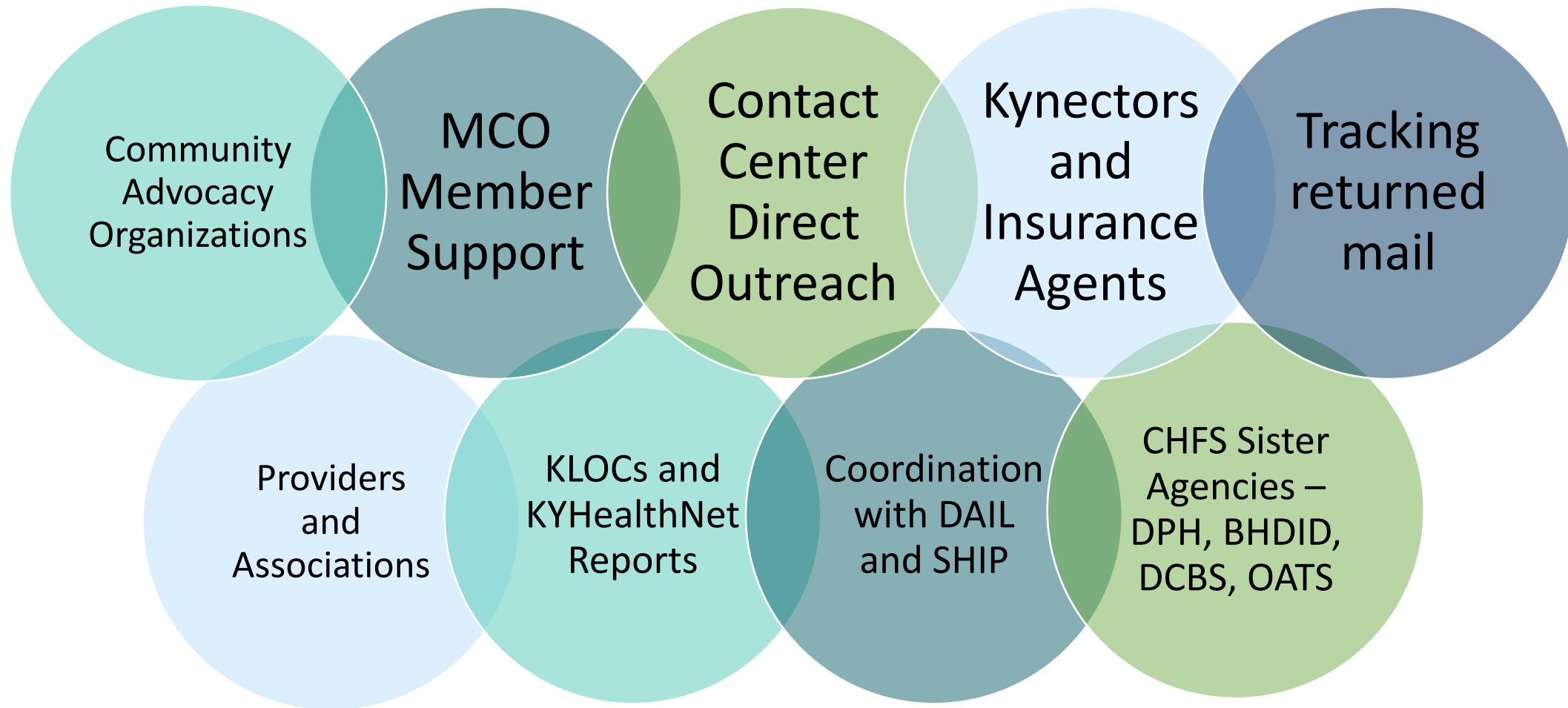
Members should keep their contact information updated so Kentucky Medicaid is able to reach them when it is their time to renew!

Update your information as soon as possible!

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

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

Proactive Approaches to Help Members



Providers Supporting Patients Through Renewals

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

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

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

Print

Member

Current ID: [Text Box] Last Name: L... First Name: [Text Box] Date of Birth: 09/27/1964

Previous IDs: [Text Box] Check Digit: 0 Gender: F Date of Death: [Text Box]

SSN: [Text Box] Phone Number: () [Text Box] County: 058 - Johnson

Physical Address: 1833 View Member's Mailing Address: [here](#)

City: [Text Box] State: KY Zip Code: [Text Box]

Hospice Election Date: [Text Box]

Medicare A: [Text Box] Medicare B: [Text Box]

Medicare C: [Text Box]

Case Number: [Text Box] Case Name: [Text Box] 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 [Text Box]	D - Disabled indiv who rec [Text Box]	00 - Regular [Text Box]	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.

Providers Supporting Patients Through Renewals

Waiver Participant & Provider Information

- [1915\(c\) HCBS COVID-19 and Appendix K FAQ](#)
- Kentucky Level of Care System (KLOCS) Report
 - Nursing facilities and intermediate care facility providers can access the Medicaid Renewal Report in [KLOCS](#).
 - See [the KLOCS Provider Medicaid Renewal Report Quick Reference Guide](#) to learn how to access a report of Medicaid Eligible Individuals who are due for renewal.

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

PROVIDER INFORMATION AND RESOURCES

Kentucky Level of Care System

What It Is

The Kentucky Level of Care System (KLOCS) electronic system streamlines and automates the current level-of-care paper process. KLOCS generates user tasks and notifications to enable all stakeholders to interact electronically in level-of-care application, review and approval processes.

Starting Aug. 3, 2020, all nursing facility providers, institutionalized hospice service providers and ICF/IID providers are required to use KLOCS. **Please Note:** KLOCS does not impact ancillary services. Those processes remain the same.

The following changes take effect Aug. 3, 2020:

- Applications will be submitted and tracked using an online self-service portal.
- Level-of-care requests and discharges will be initiated electronically. This process automatically routes requests to the appropriate KLOCS personnel for review and completion of determinations.
- Providers will receive automatic task notifications and reminders to submit requested information

Documentation

Providers/Facilities

- KLOCS Telehealth Frequently Asked Questions [🔗](#)
- KLOCS Provider Telehealth Quick Reference Guide [🔗](#)
- KLOCS Backdating and Correcting LOCs [🔗](#)
- KLOCS Provider Webinar Part 1 presentation [🔗](#)
- KLOCS Provider Part 2 presentation [🔗](#)
- NF Hospice ICF Guide [🔗](#)
- KLOCS Part 1 Provider Webinar recording [🔗](#)
- KLOCS Part 2 Provider Webinar recording [🔗](#)
- Part One Provider Webinar FAQs [🔗](#)
- KLOCS Common Scenarios and Quick Reference Guide [🔗](#)
- KLOCS Medicaid Renewal Report QRG [🔗](#)

PHE Flexibilities

NOTE: HCBS Appendix K flexibilities do not end until November 11, 2023, six months after the end of the PHE

This is not a full list of all flexibilities. Please reference the [KY PHE Flexibility Tracker](#) for full information.

Ending May 11, 2023

- Suspension of provider revalidations
- Use of unlicensed facilities as alternative locations
- Hospital 20% add-on to DRG for COVID-19 diagnosis
- Nursing Facility \$270 per diem add-on
- Second Presumptive Eligibility (PE) period in CY

Extended through PHE Unwinding

- LTC Resource disregard
- 90-day period to file an appeal and for the state to make a decision
- Telehealth audio-only
- Non-HIPAA platforms extended through 8/9/23*
- Re-enrollment of member MCO if within 120 days

Permanently Implemented

- Nurse Aide applicants use of I-9 instead of Social Security Card (907 KAR 1:250)
- Expanded telehealth (907 KAR 3:170)

**Following CMS guidance released on April 11, 2023, Office of Civil Rights is providing a 90-calendar day transition period for covered health care providers to come into compliance with the HIPAA Rules with respect to their provision of telehealth (begins May 12, 2023 and will end on August 9, 2023).*

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](#)

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

Renewal Cases Data Updates as of 4/30/23

Kentucky is one of a six states that is fully compliant with all federal requirements and has not been put on a mitigation plan.

**72,429 Medicaid Renewals
due 5/31/2023**

**49,499
Passive Cases**

**22,930 Active
Cases**

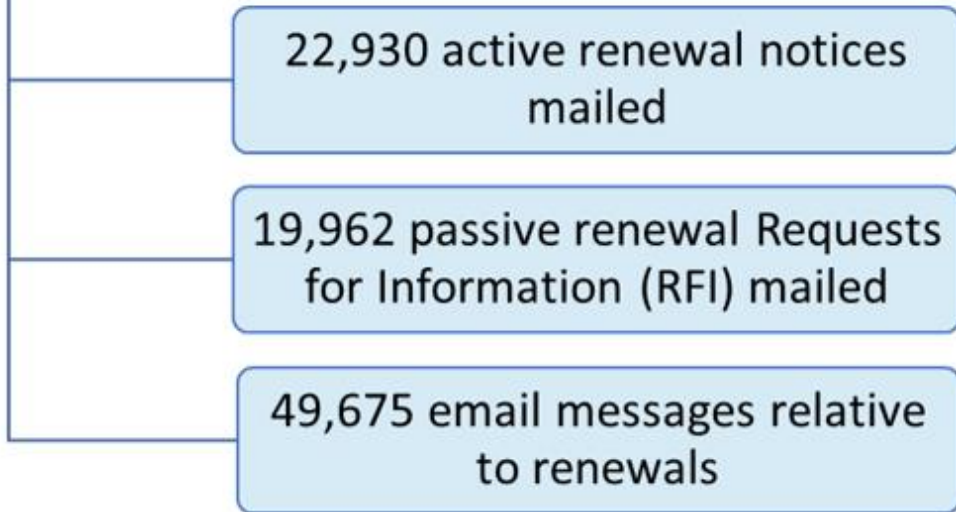
60% passive cases renewed

1,754 Active Renewals Completed

Determined Eligible	1,207
Transitioned to QHP/APTC	160
Determined Ineligible	547

***78% remained covered by Medicaid
or transitioned to QHP with APTC**

Outreach to Medicaid Members as of 4/30/23



- 1,576 cases undeliverable by mail. All have been acted on.
- 52k outreach calls have been conducted
- Over 16,634 calls have been received related to renewals

8,827 Alert Calls Made

4,408 Nudges Led to Updates

8,860 Alert Messages Left

13,932 Nudge Messages Left

*Alerts notify active renewal of upcoming renewal

*Nudges are sent when member response requires additional information or member has not responded

KY PHE Website Resources

<https://medicaid.unwinding.ky.gov>



During the COVID-19 Public Health Emergency (PHE), the Kentucky Department for Medicaid Services (DMS) made sure that all Medicaid beneficiaries kept their coverage. DMS stopped all annual renewals. But soon, DMS will begin annual renewals for Medicaid members. You may be at risk of losing Medicaid coverage if we cannot reach you. You should update your contact information as soon as possible and keep it updated so Kentucky Medicaid is able to reach you when it is your time to renew!

Please update your information as soon as possible!

Visit kynect.ky.gov or call kynect at 855-4kynect (855-459-6328) to update your mailing address, phone number, email and other contact information.

Kentucky Medicaid will then be able to reach you when it is your time to renew!

Kentucky PHE Plans and Reports

Through the PHE Unwinding, Kentucky will be prioritizing transparency across all operations and progress through the unwinding. The following materials will provide insight to all operational plans and up-to-date information on our progress through the 12-month unwinding period. Additional reports will be added to this section as they are available.

- [Kentucky Unwinding Approach March 2023](#)
- [Kentucky PHE Flexibilities Tracker](#)
- [Renewal Redistribution Report](#)
- [System Artifact Report](#)

Communications Materials

If you should need any materials to share with your customers or partners, please feel free to leverage the following resources, developed and approved by Kentucky Medicaid.

- [Member Information Brief](#) [español](#)
- [Member Renewals Information](#) [español](#)
- [Provider Information Brief](#)
- [Alternative Coverage Options](#) [español](#)
- [Qualified Health Plan \(QHP\)](#) [español](#)
- [Medicare Enrollment \(Members\)](#) [español](#)
- [Medicare Enrollment \(Provider\)](#)
- [How to Access Your Renewal Date](#)
- [How to Access Your Patient's Renewal Date](#)
- [KY PHE Renewal Pathway Brief](#)
- [Provider Renewals Guidance Document](#)

Stakeholder Session Information

KY PHE Reports

FAQs

Medicaid Member Information

Medicaid Provider Information

Communication Materials

Stakeholder Sessions

In March, DMS hosted Stakeholder Engagement meetings to provide information about the PHE Unwinding and Medicaid renewals. You can find the materials from those sessions here:

- [Presentation Recording - KY PHE Stakeholder Engagement Meeting Recording March - YouTube](#)
- [Presentation Slides](#)
- [Kentucky Unwinding Stakeholder Frequently Asked Questions Document](#)

To help support Medicaid partners, DMS is holding virtual stakeholder forums.



Please join us for the [Monthly Stakeholder Meeting](#) every third Thursday at 11:00 am ET.

If you have any questions for DMS that you would like for us to speak to during the upcoming monthly meeting, please submit those questions through this [survey](#). Thank you!

In addition, Thursday, April 20th we will be hosting a Provider Informational session on Medicaid Renewals and the PHE unwinding. Please [register for the event](#) to learn about updates specific to providers and hear answers to some of your questions!

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

Break

**MEDICAID
RECONNECT
TOUR** 



CABINET FOR HEALTH
AND FAMILY SERVICES

Behavioral Health Initiatives

Leslie Hoffmann, Deputy Commissioner
Department for Medicaid Services

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

Certified Community Behavioral Health Clinics (CCBHC) CCBHC Timeline



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 pilot programs since implementation.



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.

Severe Mental Illness (SMI) 1115 Overview

**What is an 1115
Demonstration Waiver?**

Recuperative Care

Expansion of IMD Coverage

**Public Comment & CMS
Submission**

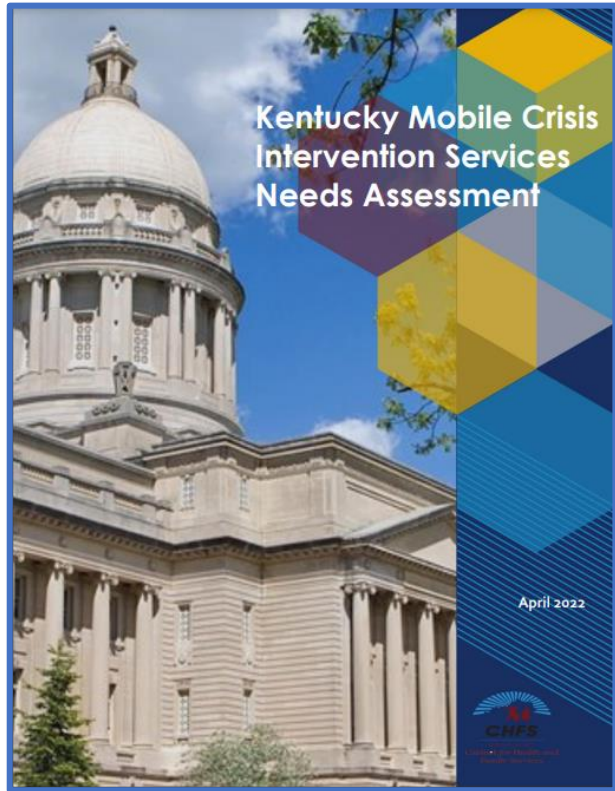
Kentucky 1915i SPA

**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

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

Building a comprehensive crisis continuum for all Kentuckians

SAMHSA's National Guidelines for Behavioral Health Crisis Care



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

Source: SAMHSA's National Guidelines for Behavioral Health Crisis Care: Core services and best practices

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

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



dms.issues@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

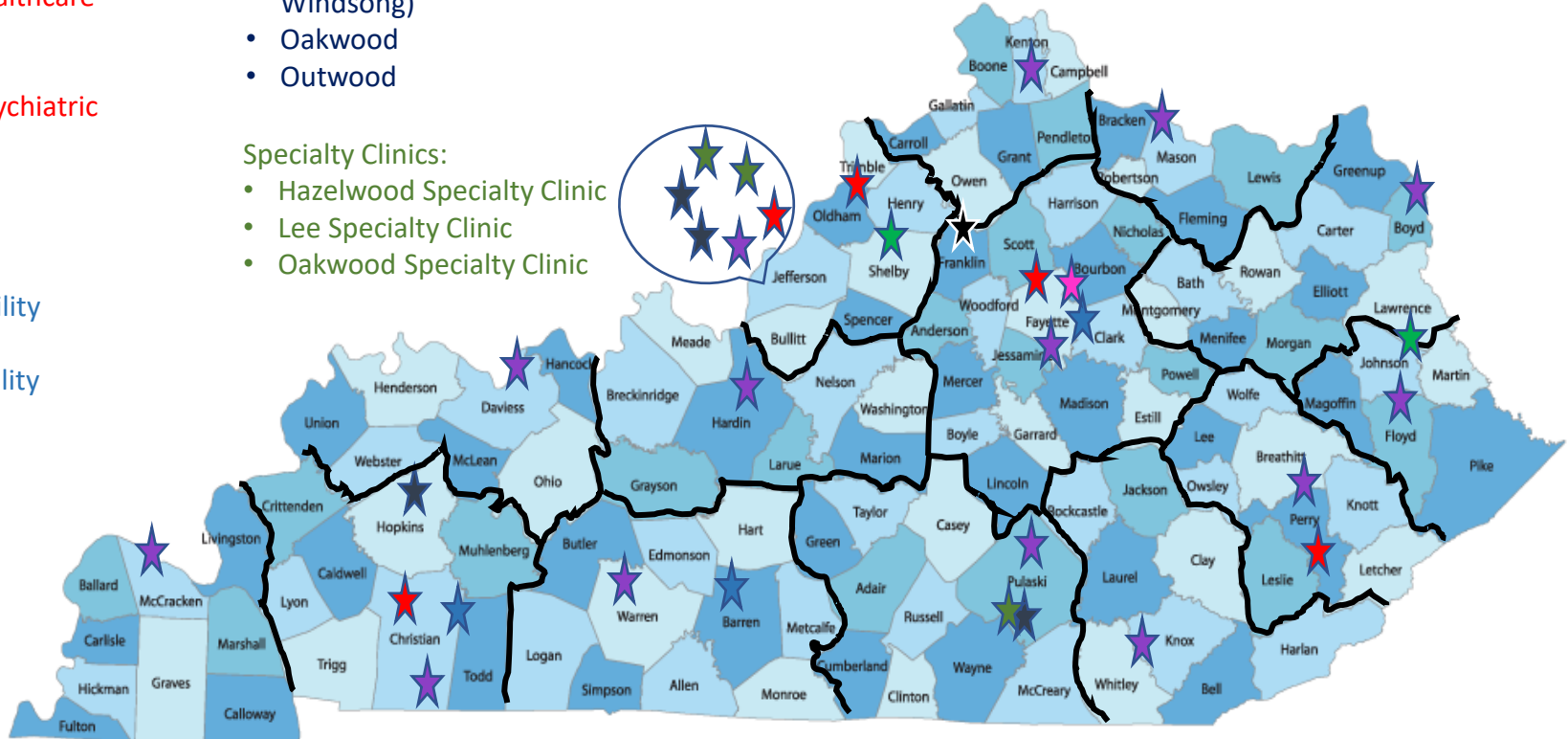
- Central Kentucky Recovery Center

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

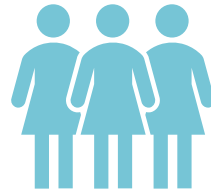


UNSHAME Kentucky is a statewide campaign to destigmatize opioid use disorder by providing education, increasing awareness of fentanyl, and sharing the stories of people whose lives have been affected by opioid use.

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

- 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

www.988.ky.gov

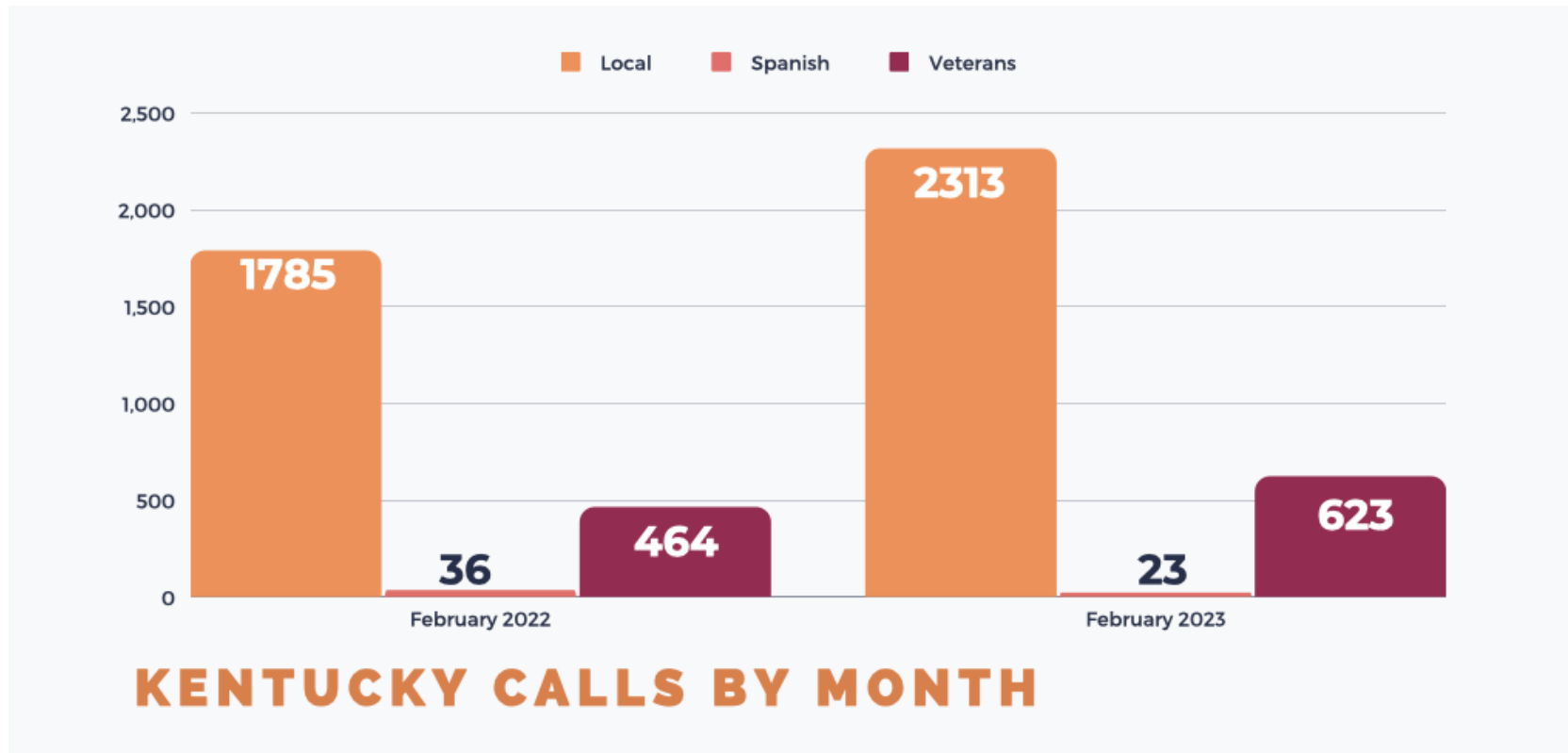
Kentuckians in crisis can now connect with suicide prevention, mental health and substance abuse counselors using a nationwide, easier-to-dial phone number – 988. Phone service providers will now direct 988 calls to the existing national lifeline with its 13 Kentucky call centers. And connection to additional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



Enhance Access to Community-Based Resources



Suicide Prevention, Intervention & Postvention

2023-2024

Kentucky Department of Behavioral Health Recommendations for School Suicide Prevention Training



<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



SUPPORTING BEHAVIORAL HEALTH WELLNESS IN
EASTERN KENTUCKY

Natural Disaster Anniversary Kit for Eastern Kentucky Communities

2023

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Care After Traumatic Events



KENTUCKY COMMUNITY CRISIS RESPONSE TEAM

(888) 522-7228

www.kccrt.ky.gov

Lunch

MEDICAID
RECONNECT
TOUR 

Meet the Medicaid MCOs

MEDICAID
RECONNECT
TOUR 



CABINET FOR HEALTH
AND FAMILY SERVICES

Health Plan Oversight

Jeremy Armstrong-DeRossitt, Assistant Director
Division of Health Plan Oversight
Department for Medicaid Services

Division of Health Plan Oversight

Edith Slone, Director

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

- Eligibility and Enrollment Branch

- Human Services Program Branch Manager: Jiordan Griffin (email: Jiordan.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)

- Branch Manager Vacant

Eligibility and Enrollment Branch

Kentucky Health Benefit Exchange (KHBE)

- General questions regarding APTC/QHP email KHBE.Program@ky.gov

Medicaid and KCHIP Eligibility

- Questions or concerns can be referred to DMS.Eligibility@ky.gov
- Incarceration Issues - MAP-INC
 - ✓ Fax: 1-502-564-0039
 - ✓ Email: DMS.Eligibility@ky.gov
 - ✓ Mail: Department for Medicaid Services, 275 East Main Street, 6W-D, Frankfort, KY 40621

Appeals and Complaints Branch

MCO denials, in whole or in part, a service or claim

MCO Appeal Process

Two Paths to Appeal

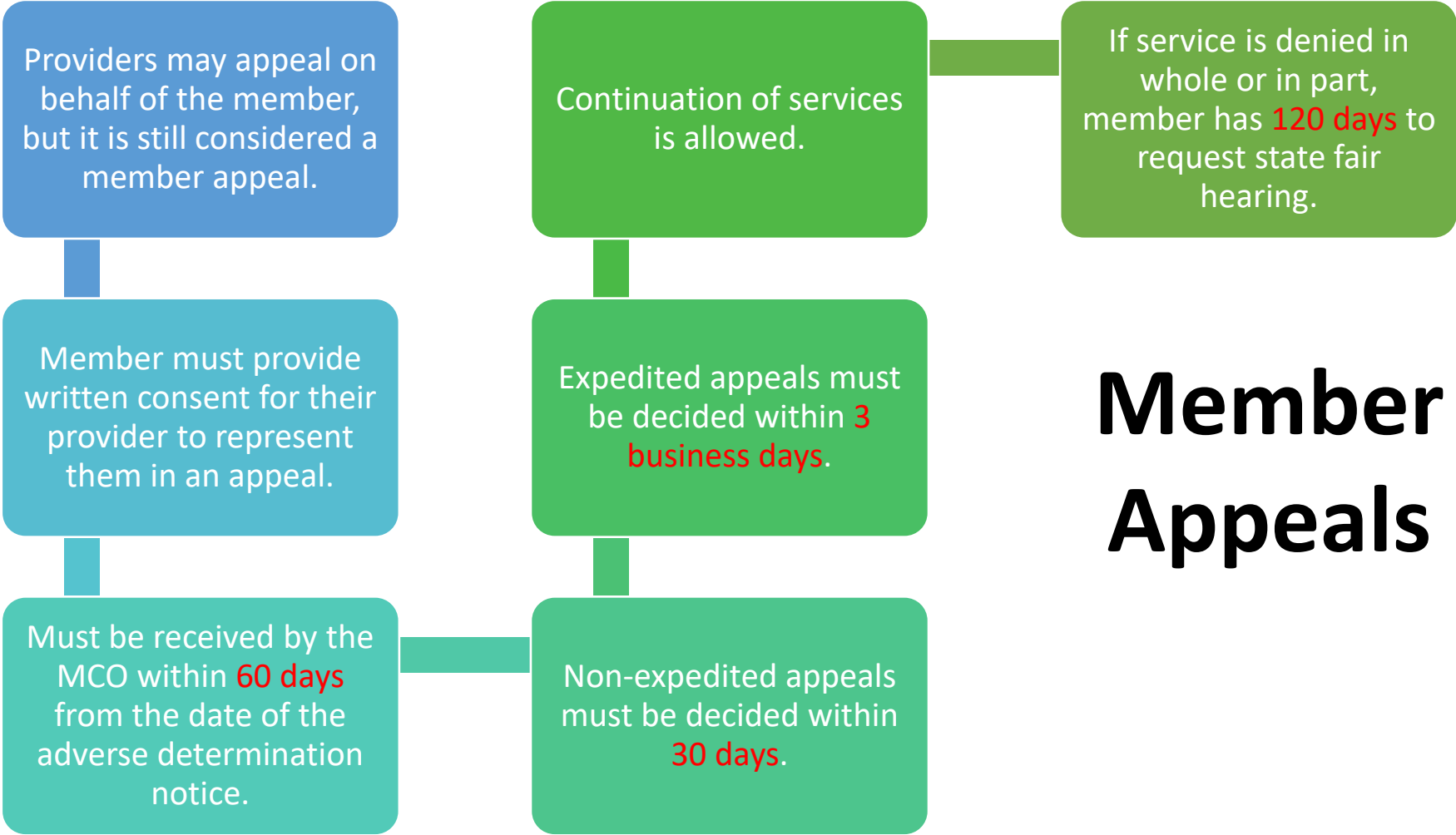
Member

- 907 KAR 17:010 MCO Member Appeals
- 907 KAR 1:563 State Fair Hearing and Non-MCO Appeals

Provider

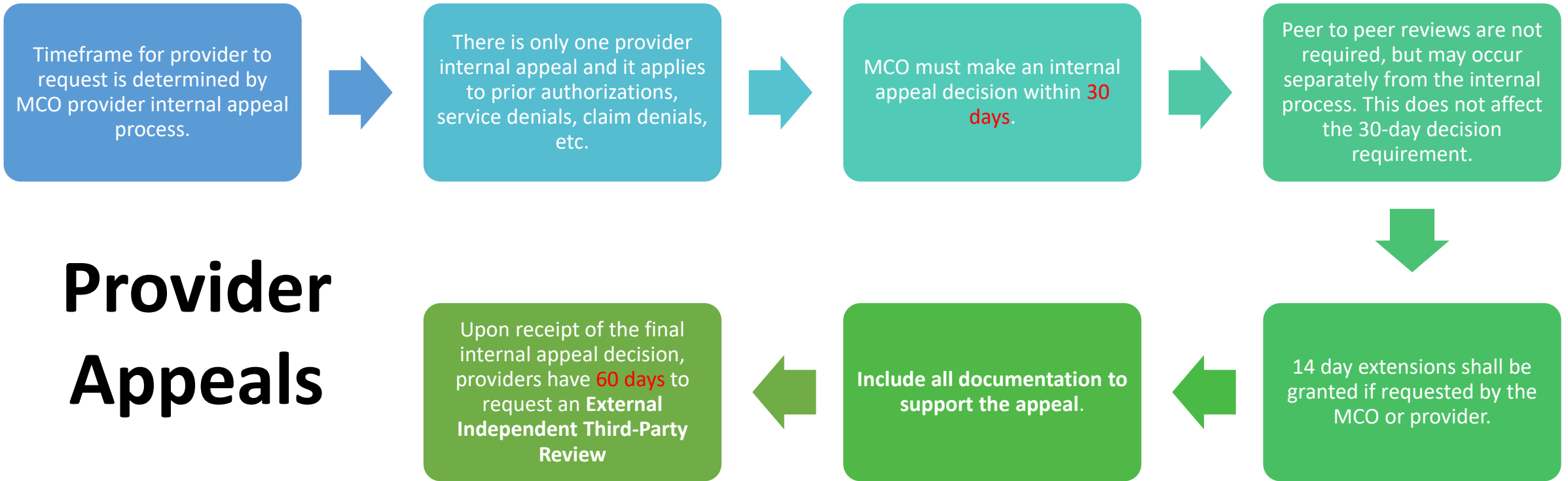
- 907 KAR 17:015 Provider Appeals
- 907 KAR 17:035 External Independent Third-Party Review
- 907 KAR 17:040 Administrative Hearing
- KRS 205.646

Appeals and Complaints Branch



Member Appeals

Appeals and Complaints Branch



Provider Appeals

External Independent Third-Party Review (EITR)



- Senate Bill 20 (2016), KRS 205.646, or 907 KAR 17:035
- Provider-only appeal that applies to dates of services **after** 12-1-16
- Medical necessity determinations or service coverage requirements
- Must be requested within 60 days of the internal appeal decision.
- MCO internal appeal decision letters provide directions on how to request the EITR.
- Providers send the request to the MCO and MCO forwards the request to DMS.
- If a member has an active state fair hearing request for the same service, the EITR will not be granted.
- EITR decision should be issued within 30 days.

EITR Process

MCO internal
appeal decision

Provider has **60 days** from
appeal decision
to send an EITR
request to the
MCO

MCO must
notify DMS,
provider and
member within
5 business days

MCO has **15 business days** to
upload
documentation
to IPRO

DMS will notify
MCO and
provider of
external
reviewer

Reviewer has **30 days** to review
and issue final
decision

MCO notify
member within
10 business days of
receiving final
decision

MCO or
provider has **30 days** to request
administrative
hearing

Denial of an External Independent Third- Party Review Request

Questions/Inquiries
SB20@ky.gov



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 Stone
Director

DATE

PROVDIER 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 - EITR



- **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 third-party 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

Six Medicaid Managed Care Organizations



Contract Monitoring Branch

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

- **Provider Complaints** - Issues not going through the appeal process. *Examples include timely claims processing, credentialing, and/or coverage of services provided to members, etc...*
- **Subcontractor and Policy Review** – MCOs are required to obtain DMS approval of all policies and communications. Must notify provider at least 30 days prior to a change in reimbursement or policy.
- **Encounter Penalty Monthly Calculations** - MCOs are contractually monitored and required to submit encounter (claim) data. A monthly assessment penalty is calculated based on accuracy, timeliness, and completeness.

Provider Complaint Form

ProviderMCOInquiry@ky.gov

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.

Thank
You

MEDICAID
RECONNECT
TOUR 