

Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program Frequently Asked Questions (FAQ)

<p>What is the KI-HIPP Program?</p>	<p>KI-HIPP is a voluntary Medicaid program offered to Medicaid members to help pay for the cost of an Employer-Sponsored Insurance (ESI) plan. In addition, enrolled members may also include Non-Medicaid policy holders with at least one Medicaid member on the health insurance plan.</p>
<p>I already have Medicaid. Why should I sign up for KI-HIPP?</p>	<p>The KI-HIPP program provides KI-HIPP payments to the policy holder as reimbursement for the cost of the health insurance plans, which is the amount that the policy holder must pay in order to receive health insurance coverage. KI-HIPP may also cover the cost of family health insurance coverage, even if some members are not Medicaid-eligible, as long as the policy holder or a member on the policy is enrolled in Medicaid.</p> <p>The benefits offered by an ESI plan may be very similar to Medicaid benefits, however, KI-HIPP may widen the healthcare network by providing access to providers and services in the full traditional Medicaid network.* In addition, the KI-HIPP program offers the following benefits to members who enroll:</p> <ul style="list-style-type: none"> • May help make employer health insurance affordable by reimbursing the policy holder for the insurance premium • May allow an entire family to be on the same health insurance plan and access the same providers <p><i>*It is highly encouraged to visit a provider that accepts Medicaid. If the Medicaid member visits a Non-Medicaid Provider (does not accept Medicaid), they may have out-of-pocket costs that are not reimbursable.</i></p>
<p>How do I qualify for the KI-HIPP program?</p>	<p>Kentucky Medicaid members and non-Medicaid policy holders with at least one Medicaid member on their health insurance plan may be eligible for KI-HIPP.</p> <p>Next, the policy holder must also have access to an insurance plan through one of the following sources:</p> <ul style="list-style-type: none"> • Insurance through an employer • Coverage through United Mine Workers, Retiree Health Plan, or Consolidated Omnibus Budget Reconciliation Act (COBRA) <p>There is a Prescreening Tool on kynect benefits (kynect.ky.gov/benefits) that allows policy holders to view their household's possible eligibility for state benefits before fully applying for KI-HIPP. The results from the Prescreening Tool do not guarantee KI-HIPP benefits. Additional information and resources for kynect benefits may be found on the CHFS website by searching "kynect benefits."</p>
<p>I got a letter that says I am potentially eligible for the KI-HIPP</p>	<p>Based on your existing case and health plan information, you were automatically determined to be potentially eligible for the KI-HIPP program. Your information still needs to be verified before your KI-HIPP benefits begin. Please submit the following</p>

<p>program. What do I need to do next?</p>	<p>documents to the KI-HIPP Team so they may verify your information:</p> <ul style="list-style-type: none"> • A Copy of Health Insurance Card OR A Document from insurance company verifying your enrollment; and • A recent copy of your Paystub OR a letter from your insurance company verifying most recent premium payment; and • Summary of Benefits and Coverage; and • Premium Rate Sheet <p>If you do not wish to receive KI-HIPP benefits, no action is necessary.</p>
<p>Can I receive benefits from both KI-HIPP & Medicaid at the same time?</p>	<p>Yes! In fact, a member on the policy must be enrolled in Medicaid in order to qualify for KI-HIPP.</p> <p>Enrolling in KI-HIPP does NOT result in losing Medicaid benefits.</p>
<p>Is KI-HIPP voluntary?</p>	<p>Yes! The KI-HIPP program is a voluntary Medicaid program. Enrollment in KI-HIPP is not currently required.</p>
<p>Is KI-HIPP free?</p>	<p>Yes! KI-HIPP helps enrolled members pay for the cost of health insurance premiums. Typically, employers usually take the premium payment from each paycheck to pay for health insurance coverage. The KI-HIPP program will send payments to the policy holder for the cost of that health insurance premium.</p>
<p>How do I enroll in KI-HIPP?</p>	<p>Follow the process below to enroll in KI-HIPP:</p> <ol style="list-style-type: none"> 1. Apply for KI-HIPP <ul style="list-style-type: none"> • Individuals may complete a KI-HIPP application via: <ul style="list-style-type: none"> ○ kynect benefits ○ In-person with DCBS ○ Over the phone with DCBS: 855- 306-8959 ○ Email: kihipp.program@ky.gov ○ Mail: CHFS KI-HIPP Unit 275 East Main Street, 6C-A Frankfort, KY 40621 2. Submit Documents <ul style="list-style-type: none"> • Submit the following insurance documents: <ul style="list-style-type: none"> ○ Summary of Benefits and Coverage (SBC) form ○ Premium Rate Sheet 3. Enroll in an eligible Insurance Plan <ul style="list-style-type: none"> • After receiving the Health Insurance Plan Review notice, the individual must: <ul style="list-style-type: none"> ○ Enroll in the eligible ESI plan (if not already) ○ Submit a copy of their health insurance card ○ Submit a recent paystub showing the health insurance premium deduction 4. Receive Payment <ul style="list-style-type: none"> • To stay enrolled and receive ongoing KI-HIPP payments, a member must: <ul style="list-style-type: none"> ○ Pay health insurance premium ○ Submit proof of premium payment to the KI-HIPP Team when notified

<p>What documents do I need to submit for KI-HIPP?</p>	<p>In order to check if the policy holder’s available ESI plan(s) is eligible for KI-HIPP, submit the following documents to the KI-HIPP Team:</p> <ul style="list-style-type: none"> • Summary of Benefits and Coverage (SBC) • Premium Rate Sheet <p>Please Note: The policy holder may ask for a copy of these documents from an employer or insurance company at any time.</p>
<p>How do I submit documents to the KI-HIPP Team?</p>	<p>The policy holder may submit documents the following ways:</p> <ul style="list-style-type: none"> • kynect benefits: kynect.ky.gov/benefits • Email: kihipp.program@ky.gov • Mail: CHFS KI-HIPP Unit, 275 E. Main St., 6C-A, Frankfort, KY 40621
<p>What do I need to do once I have signed up for KI-HIPP?</p>	<p>To receive ongoing KI-HIPP payments, the policy holder must submit proof of premium payment when they receive a <u>reminder notice from the KI-HIPP Team</u>. It is important to pay attention to reminder notices from the KI-HIPP mailbox to know when to submit proof of premium payment.</p> <p>The policy holder may submit one of the following documents as proof of premium payment <u>when notified via a KI-HIPP reminder notice</u>:</p> <ul style="list-style-type: none"> • A copy of paystub that shows the premium was taken out of the paycheck to pay for health insurance coverage*, or • A letter from insurance company that shows the amount and frequency that premium was paid for insurance coverage <p>When notified, the policy holder may submit proof of premium payment to the KI-HIPP Team via kynect benefits, email, or mail.</p> <p><i>*With ESI, the premium payment may be automatically taken out of each paycheck to pay for health insurance coverage.</i></p>
<p>Will KI-HIPP pay for the costs of a family plan?</p>	<p>The policy holder’s ESI plan may qualify for KI-HIPP to pay for the cost of a family health insurance plan.</p> <ul style="list-style-type: none"> • Submit the required documents to the KI-HIPP Team to check if the plan is eligible for KI-HIPP • The health insurance plan may cover the entire family, including family members who are not eligible for Medicaid • Non-Medicaid members receive ESI coverage for healthcare services but would not be eligible for KI-HIPP reimbursement for out-of-pocket expenses.
<p>What do I need to do to stay in KI-HIPP?</p>	<p>To remain enrolled in KI-HIPP and continue receiving KI-HIPP payments, the policy holder must meet these requirements:</p> <ul style="list-style-type: none"> • Pay the health insurance premium • Submit proof of premium payment (paystub or letter from insurance company) <u>when notified</u> via reminder notice from the KI-HIPP Team • Remain enrolled in the ESI plan • Have at least one member on the plan enrolled in Medicaid

<p>Can I set up direct deposit for KI-HIPP premium payments?</p>	<p>Yes! The KI-HIPP 63 Direct Deposit Authorization Form may be downloaded from the KI-HIPP website (https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx). Submit this form through the methods described above (kyenct benefits, email, or mail).</p>
<p>I received a notice saying I am disenrolled from my MCO. What does this mean?</p>	<p>Once fully enrolled in the KI-HIPP program, Medicaid members enrolled in a Managed Care Organization (MCO) will transition to traditional, fee-for-service Medicaid. This change allows the policy holder to receive the KI-HIPP payments. The Medicaid member still receives all of the benefits of Medicaid.</p> <p>For questions about a notice or document, please call the KI-HIPP Call Center: 855-459-6328 or email questions to the KI-HIPP Team: kihipp.program@ky.gov.</p>
<p>How long does it take to receive the ongoing KI-HIPP payments?</p>	<p>If the initial paystub used to enroll is submitted in a timely manner, the policy holder may receive a KI-HIPP payment for the initial paystub.</p> <p>If the initial paystub is not submitted in a timely manner, the policy holder will begin receiving KI-HIPP payments the month after being approved for KI-HIPP.</p> <p>Policy holders are reimbursed depending on their pay frequency. For example, if the policy holder is paid bi-weekly (i.e., once every two weeks), they receive their reimbursements every other Friday. If you have questions about your KI-HIPP payment, please email the KI-HIPP Team: kihipp.program@ky.gov.</p>
<p>Are there fees for the KI-HIPP Program?</p>	<p>No - There is not a fee to enroll in KI-HIPP. Once enrolled, KI-HIPP will pay the policy holder for their share of the health insurance premium payment as shown on their paystub.</p> <p>Please Note: If the ESI plan covers elective abortion, one dollar (\$1) will be taken out of the first KI-HIPP payment the policy holder receives each month. If the policy holder submits insurance plan documents that verify elective abortion is not covered, they will receive the full KI-HIPP payment every time.</p>

<p>What are the out-of-pocket (OOP) costs for KI-HIPP? Do I receive payments for out-of-pocket costs?</p>	<p>If the Medicaid member visits a Medicaid provider, they will have the same out-of-pocket costs as any Medicaid beneficiary, such as a Medicaid copay for certain non-preventative services.</p> <p>Medicaid members may have out-of-pocket costs when visiting a Non-Medicaid Provider.</p> <ul style="list-style-type: none"> • The KI-HIPP program does NOT cover out-of-pocket costs (deductibles, co-pays, coinsurance) for Medicaid members if the provider is a Non-Medicaid Provider. The member will be responsible for paying those costs. • The member will not receive KI-HIPP reimbursement payments for these additional costs when visiting a Non-Medicaid Provider. <p>Please Note: In Kentucky, more than 90% of doctors accept Medicaid. To avoid out-of-pocket costs, Medicaid members are encouraged to visit one of the 90% of doctors that accept Medicaid. Always present both the Medicaid card and health insurance card to check if the provider accepts Medicaid.</p>
<p>What happens if I go to a Non-Medicaid Provider?</p>	<p>If the Medicaid member goes to a Non-Medicaid Provider, they may have out-of-pocket costs that are not paid by Medicaid. The KI-HIPP program does not cover out-of-pocket costs for these non-covered costs and this means the member will be responsible for these costs.</p> <p>To make sure that healthcare charges are billed correctly, Medicaid members must give the provider or pharmacist <i>both</i> the Medicaid card AND health insurance card when paying for healthcare services or a prescription.</p> <p>You may view/download a PDF version of your Medicaid card from your Individual dashboard on kynect benefits.</p>
<p>What should do I if I receive a bill from my provider?</p>	<p>After visiting a Medicaid Provider, KI-HIPP members may contact the KI-HIPP Team by phone or email to receive help with this billing issue.</p> <p>If KI-HIPP members visit a Non-Medicaid Provider, the bill may be the result of out-of-pocket costs that are not paid by Medicaid.</p>
<p>Do paystubs that I submit for KI-HIPP count towards other Medicaid program requirements?</p>	<p>No. Documents that are submitted to the KI-HIPP Team only apply to the KI-HIPP program. There are no changes to the current document submission process for KI-HIPP members that are enrolled in Medicaid.</p>
<p>If my job is out of state, but I am a Kentucky resident, do I qualify for KI-HIPP?</p>	<p>If the policy holder is a Kentucky resident and their employer is out of state (e.g., Indiana), the policy holder may be eligible for KI-HIPP if their employer offers a health insurance plan and a member on the policy is enrolled in Kentucky Medicaid.</p>

<p>I received a notice that more than one plan offered to me qualifies for KI-HIPP. Which plan do I choose?</p>	<p>The policy holder may enroll in any of the plans or level of coverages marked as “Yes” under “Eligible for KI-HIPP” listed on the Notice of Health Insurance Plan Review in order to receive the full KI-HIPP payment for their share of the health insurance premium. It is not encouraged to enroll in a plan or level of coverage that is marked “No” for “Eligible for KI-HIPP” as the policy holder will not receive a KI-HIPP payment.</p> <p>Once the policy holder enrolls in an ESI plan, they are responsible for submitting their health insurance card and a paystub.</p>
<p>What is the appeal process if I have a doctor deny my coverage or receive a surprise bill?</p>	<p>Since KI-HIPP is a Medicaid program, members should follow the established appeals process. This process may be found on page 27 of the Medicaid Member Handbook: https://chfs.ky.gov/agencies/dms/Documents/Howtorequestahearing.pdf</p> <p>Appeals related to an ESI program are handled through the ESI policy guidelines.</p>
<p>Where can I go for more information about the KI-HIPP program?</p>	<p>KI-HIPP has a website with informational materials. Go to https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx to learn more about the program!</p> <p>For questions about a notice or document, please call the KI-HIPP Call Center: 855-459-6328 or email questions to the KI-HIPP Team: kihipp.program@ky.gov</p>
<p>I am concerned that if I sign-up for KI-HIPP and am disenrolled from the program, I will not be able to afford my ESI premium payments.</p>	<p>Your employer may consider disenrolling from KI-HIPP as a qualifying event to disenroll from your ESI. Please double-check with your employer. Additional information may be found on the KI-HIPP website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</p>
<p>I was approved for KI-HIPP. When will my KI-HIPP benefits start?</p>	<p>If the policy holder or a member on the health insurance is enrolled in a Managed Care Organization (MCO), your benefits start at the beginning of the next month following your KI-HIPP approval. If you are unsure if you are enrolled in an MCO, check with your health insurance provider or visit: https://chfs.ky.gov/agencies/dms/dpqo/mco-cmb/Pages/mco-options.aspx</p> <p>If you are enrolled in traditional, Fee-for-Service Medicaid, your KI-HIPP benefits are backdated to the first of the month that you applied for KI-HIPP.</p>