



KENTUCKY

# Department for Medicaid Services

## MEMBER TOOLKIT

---

# Table of Contents

<a href="#">Kentucky Department for Medicaid Services Member Toolkit</a>	1
<a href="#">Why Health Coverage is Important</a>	3
<a href="#">Medicaid</a>	3
<a href="#">Kentucky Children’s Health Insurance Program (KCHIP)</a>	4
<a href="#">How Do I Get Medicaid Coverage?</a>	4
<a href="#">Where Can I Apply?</a>	5
<a href="#">Who Can Help Me Learn More?</a>	5
<a href="#">Department for Community Based Services (DCBS)</a>	5
<a href="#">kynect Online</a>	5
<a href="#">kynect resources</a>	5
<a href="#">kynectors</a>	6
<a href="#">kynect Training Videos Library</a>	6
<a href="#">How Do I Enroll and Keep My Medicaid?</a>	6
<a href="#">Staying Covered</a>	6
<a href="#">Stay in Touch</a>	7
<a href="#">Understanding Your Coverage</a>	7
<a href="#">I Have Coverage, Now What?</a>	7
<a href="#">What Type of Coverage Do I Have?</a>	7
<a href="#">Fee-For-Service Medicaid</a>	7
<a href="#">Medicaid Through Your Managed Care Organizations (MCO)</a>	8
<a href="#">MCO Contact Information</a>	8
<a href="#">Your Medicaid Identification Card and MCO Insurance Card</a>	8
<a href="#">Your Medicaid Identification Card</a>	8
<a href="#">Your MCO Insurance Card</a>	9
<a href="#">Understanding Health Care Costs</a>	9
<a href="#">Medicaid Covered Services</a>	10
<a href="#">Early Periodic Screening Diagnosis &amp; Treatment Services (EPSDT)</a>	10
<a href="#">Medical Transportation</a>	11
<a href="#">Using My Medicaid</a>	12
<a href="#">Appointments with Providers</a>	12
<a href="#">Community Health Workers (CHW)</a>	12
<a href="#">Prescription Drug Coverage</a>	13
<a href="#">Explanation of Benefits (EOB)</a>	13
<a href="#">What If I Don’t Qualify for Medicaid?</a>	13
<a href="#">Qualified Health Plans (Private Insurance)</a>	13
<a href="#">Comparing QHPs</a>	14
<a href="#">Moving from Medicaid to QHP?</a>	14
<a href="#">Moving from a QHP to Medicaid?</a>	14
<a href="#">Connect With Us</a>	14
<a href="#">Special Populations</a>	15
<a href="#">Long-Term Services and Supports</a>	15
<a href="#">Special Note: Pregnant Women</a>	15
<a href="#">Special Note: Incarcerated Individuals</a>	15
<a href="#">Special Note: Immigrants and Refugees</a>	15



## Why Health Coverage is Important

Access to affordable health care is vital for individuals and their families to lead healthy and productive lives. Health coverage helps everyone access necessary medical services and lowers the cost of out-of-pocket expenses. These benefits can help with early detection and timely treatment of diseases, reduce the risk of further complications and improve overall health. While illnesses and medical emergencies can strike unexpectedly, having health coverage is one way to be ready. For over one million Kentuckians, Medicaid has your back.



Use this toolkit to learn about Medicaid and all the services you can access. There are links to other resources throughout, but this information will help you understand your coverage and how to get care to keep you healthy.

## Medicaid

Kentucky Medicaid is a state program authorized and jointly funded by the federal government to provide health care for adults, children, families, pregnant women, older adults, individuals leaving incarceration, and people with disabilities. Medicaid provides medical assistance to eligible low-income Kentuckians.

With Kentucky Medicaid, members should not experience any out-of-pocket costs or unexpected medical bills for needed health services, whether preventive, emergency, or ongoing, such as managing a chronic condition. This will make sure you can access a wide range of services and programs to help you stay healthy and active. These services and programs include, but are not limited to:

- Doctor visits and check-ups
- Dental care
- Vision care
- Hospital stays
- Prescription medications
- Lab tests and screenings
- Behavioral health services (therapy, counseling, treatment for substance use disorder, etc.)
- Non-Emergency Medical Transportation (NEMT)

Medicaid also helps in preventive care and early intervention by covering regular check-ups, vaccinations, screenings, and chronic disease management. This allows you to address health concerns before they escalate into more severe conditions, improving your health and quality of day-to-day life. For more detailed information or questions regarding Kentucky Medicaid, please visit the [Kentucky Department for Medicaid Services website](#).

Additional information for special groups is at the end of this toolkit. Check out the [Special Population](#) section for information specific to waiver participants, pregnant women, immigrants, and incarcerated individuals.



## Kentucky Children's Health Insurance Program (KCHIP)

Kentucky wants to ensure all children grow up healthy and strong, and a key part of that is ensuring Kentucky's children have access to health care. Kentucky Children's Health Insurance Program (KCHIP) is here to help.

KCHIP provides free or low-cost health insurance for Kentucky's children and families with incomes too high to qualify for Medicaid but can't afford private coverage. Children under the age of 19, pregnant women, and women through 12 months postpartum with income less than 218% percent of the [Federal Poverty Level \(FPL\)](#) are eligible. KCHIP eligibility is determined using the [Modified Adjusted Gross Income \(MAGI\)](#) and family size. If your family may be eligible, it is important to apply.

For more detailed information regarding KCHIP, please visit the [Kentucky Kid's Health website](#).

For more information on pregnant women and postpartum, please refer to the [Special Note: Pregnant Women](#) section in this toolkit.

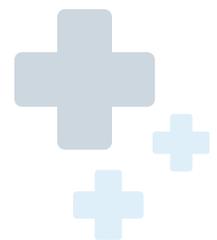
## How Do I Get Medicaid Coverage?

Medicaid can help you and your family stay healthy. To get Medicaid coverage, you must be eligible and apply for coverage. There is more information on eligibility in the [How Do I Enroll and Keep My Medicaid?](#) section on page 7. Here is information on how you can apply!

Applying for Medicaid and KCHIP is as easy as filling out one application on the Medicaid website, using the kynect self-service portal, visiting a [local Department for Community Based Services office](#), or working with a [local kynector](#) or insurance agent who can help you enroll with coverage.

The state may determine you do not qualify for Medicaid, but you do qualify for getting help buying private insurance through the state marketplace. In that case, they can connect you to people to help you enroll. There is more information on that at the end of this toolkit in the [What If I Don't Qualify For Medicaid?](#) section.

Lastly, there is a chance the state determines that while you are not eligible for Medicaid, your children are, and they can help you enroll them in KCHIP.



## Where Can I Apply?

There are several ways you can apply for Medicaid and KCHIP. You can:

- Apply online through [kynect](#). Start your Medicaid/KCHIP application today. If you require assistance navigating kynect or the application, there is a [library of kynect “How to” training videos](#) that will walk you through several features of kynect and the Medicaid/KCHIP application.
- Contact a kynector. [Find a kynector](#) to help you with your application.
- Apply via phone. Call **1 (855) 306-8959** to speak with a caseworker.
- Fill out the application at home. Print out the Medicaid/KCHIP application and mail, fax, or hand deliver to your local DCBS office. The Medicaid application is now available in multiple languages. For a paper copy of the application, please [download the application](#) in your preferred language.
- Apply in-person. [Visit your local DCBS office](#).

If you need help with your application or to apply faster online, go to [www.kynect.ky.gov](http://www.kynect.ky.gov) or call **1-855-4kynect (459-6328)**. If you have any questions about Medicaid or KCHIP, you can call DCBS at **1 (855) 306-8959**.

## Who Can Help Me Learn More?

### Department for Community Based Services (DCBS)

The Department for Community Based Services (DCBS) provides family support; child and adult protection; eligibility determinations for Medicaid and food benefits; and administration of an energy cost-assistance program, the [Low Income Home Energy Assistance Program \(LIHEAP\)](#).

With offices in every county, DCBS provides services and programs to enhance the self-sufficiency of families, improve safety and permanency for children and vulnerable adults, and engages families and community partners in a collaborative decision-making process.

For more information about DCBS or to find your local DCBS office, please visit the [DCBS website](#).

### kynect Online

kynect is Kentucky’s website that makes accessing state benefits easier. Using kynect, you can apply for and manage your Medicaid and other benefits<sup>1</sup> on both your mobile device and computer with step-by-step guidance.

For more information and to find the health assistance program right for you, visit [kynect benefits](#) and/or the [Kentucky Department for Medicaid Services website](#).



### kynect resources

kynect resources is a place to find local programs and services through a partnership with United Way of Kentucky. kynect resources provide a mobile-friendly, managed directory to connect Kentuckians to the help they need. You can find programs to help with needs such as food insecurity, housing, employment support, support groups, health programs, and family-centered help.

Community partners, state agencies, and others use kynect resources to connect residents to community programs and services. kynect resources provide management tools to facilitate collaboration and coordination across organizations. This helps all Kentuckians come together and work towards a better, healthy Kentucky.

Visit [kynect resources](#) to browse available programs and services in your area.

---

[1] Other benefits you may be eligible for include but are not limited to 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.

## kynectors

kynectors are trained, health coverage navigators in the community who assist Kentucky residents in applying for health coverage, specifically Medicaid, Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) program, Qualified Health Plan (QHP), Supplemental Nutrition Assistance Program (SNAP), and Child Care Assistance Program benefits. In their role, they can educate, enroll, and break down barriers for you and your family to access health care. kynectors can help determine if you are eligible for Medicaid in Kentucky. You may also determine your eligibility on your own by going through [kynect](#) and completing the prescreening process. If you are not eligible for Medicaid, kynectors can help you access health coverage through the [State Based Marketplace](#), which is available through the [kynect portal](#).

[Find a kynector near you.](#)

## kynect Training Videos Library

If you require assistance navigating the kynect website and all of its features, please visit the [kynect Training Videos library](#) on the Kentucky Medicaid website.

## How Do I Enroll and Keep My Medicaid?

To apply, complete the application through kynect, or submit it on paper. The information you enter into the application determines your eligibility for Kentucky state assistance programs and services. kynect uses the [Federal Poverty Level \(FPL\)](#) as a measure of income for eligibility. All programs look at your income and household size as a determining factor for eligibility. It is important to remember each type of coverage has unique eligibility requirements.

The best way to determine your eligibility is to apply and receive eligibility results. There is no penalty or cost to apply. Once you know your eligibility results, you can choose whether or not to enroll. If you disagree with your eligibility results, you can appeal. For more information on eligibility requirements or to see your application status, please visit kynect. If you require assistance with the prescreening tool to check eligibility, there is a [helpful video](#) that will walk you step-by-step through the process.

Once you are enrolled in Medicaid, you will receive coverage for that entire year. Each year you will go through an annual renewal of Medicaid where Kentucky DMS will review your information again to make sure you are still eligible. This will include steps like reviewing your income and specifics about your household. Kentucky DMS may need information from you to complete your renewal. It is important to update your information if you go through any changes and to keep your contact information up to date so that Kentucky DMS can reach out to you about your Medicaid renewals.

## Staying Covered

It is important to keep your application updated when changes happen, so you are in the best coverage for your situation. This helps protect you from medical bills you may receive if you are not enrolled in the correct program. Examples of changes you should report and update in your kynect application are:

- Change in income.
- Loss of other health coverage (depending on circumstances).
- Having a child.
- Marriage
- Moving to the state or out of state.
- Release from incarceration.
- Change in citizenship or immigration status.

When you report a change, you may qualify for a [Special Enrollment Period](#). This is a time outside Open Enrollment when individuals may choose a new plan. Special Enrollment Periods are available within a limited time from when the change occurs, so it is important to report changes when they happen. If you require assistance navigating kynect benefits to update your application, use this [kynect "How to" video](#) that will walk you step-by-step on navigating the resident dashboard in kynect benefits.

## Stay in Touch

Annual renewals must happen for all Medicaid members. To make sure you can keep your Medicaid, you need to make sure the state can reach you.

You should update your contact information as soon as possible and keep it updated so Kentucky DMS can reach you. When it comes time for your renewal, Kentucky DMS will send you a message. This message will let you know that your renewal is due and what steps you need to take. You may receive a message via text message or through mail [See Figures 1 & 2]. If you receive a Medicaid Renewal Packet or Request for Information, please make sure to respond. Even if your situation has changed, we still need to hear from you.

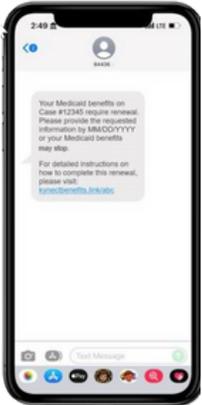


Figure 1: Renewal Text Message Example

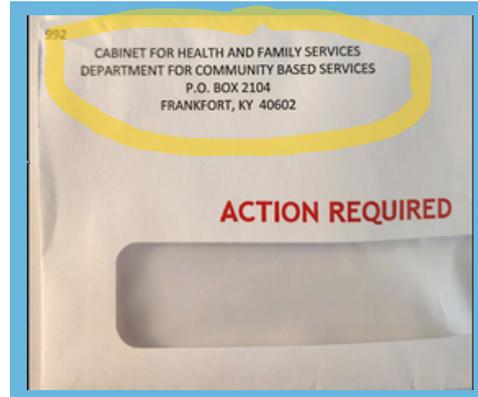


Figure 2: Mailed Formal Letter Example  
Please Note: Envelope will state Cabinet for Health and Family Services Department for Community Based Services

## Understanding Your Coverage

### I Have Coverage, Now What?

Now that you have health coverage, you will need to understand all the services that are covered and how to use your coverage. Health coverage pays for provider services, medications, hospital care, and special equipment when you are sick. Coverage also pays for things you need even when you are not sick, such as free immunizations for children and adults, annual visits, health screenings, and more. However, it is good to know that most plans won't cover elective procedures, or they will require a referral from the provider.

Before seeking care, you may want to check with your provider and your plan to ask if specific services or procedures are covered. Provider offices may offer a "good faith" estimate on services and procedures before they are provided.

You should check with your plan or Managed Care Organization (MCO) to understand what services and providers your plan will pay for each visit. If medication is prescribed, you should also check with your plan or MCO to understand how much of the prescription cost you will pay.

### What Type of Coverage Do I Have?

#### Fee-For-Service Medicaid

As a Medicaid member, you may have heard "Fee-For-Service". Fee-For-Service (FFS) refers to how health care providers receive payment from Medicaid, not your Managed Care Organization (MCO). Medicaid directly pays doctors and providers for each service they provide. For example:

1. You visit the doctor for a wellness exam
2. The doctor or provider charges Medicaid a fee according to the state's fee schedule
3. Medicaid pays the doctor or provider for that wellness exam

FFS covers any medical services your Medicaid plan covers, so long as the service is medically necessary and prescribed by your doctor.

## Medicaid Through Your Managed Care Organizations (MCO)

The Kentucky Department for Medicaid Services (DMS) contracts with managed care organizations (MCOs) to provide coverage for most Kentucky Medicaid members. MCOs you might already be familiar with include Aetna Better Health of Kentucky and Humana Healthy Horizons in Kentucky. Kentucky DMS oversees the Medicaid program including the MCOs which process claims and provide disease management, prior authorization, and other services for their recipients. All MCOs must provide the same benefits as cost-sharing. However, some offer special programs, in addition to normal Medicaid benefits. Choosing the MCO plan that best meets your needs is very important.

Each MCO covers regular care services that include but are not limited to dental, hearing, medical, and vision. Each MCO also covers additional services exclusive to their organization. Additional services may include but are not limited to behavioral health benefits, special benefits for expecting mothers, and more. Please make sure to visit your MCO online to see what benefits and services your MCO may offer!

Members may interact with their MCO directly rather than with Kentucky DMS. You are more likely to be familiar with the name of your MCO.

For more information on Medicaid managed care, please visit [Medicaid.gov](https://www.kentucky.gov/medicaid). For more information on Kentucky Medicaid's MCOs, please visit the [Kentucky DMS website](https://www.kentucky.gov/dms).

## MCO Contact Information

All phone numbers are toll-free.

[Aetna Better Health of Kentucky](#) - (855) 300-5528

[Humana Healthy Horizons in Kentucky](#) - (800) 444-9137

[Passport Health Plan by Molina Healthcare](#) - (844) 778-2700

[UnitedHealthcare Community Plan](#) - (866) 293-1796

[WellCare of Kentucky](#) - (877) 389-9457



## Your Medicaid Identification Card and Insurance Card

### Your Medicaid Identification Card

Kentucky Medicaid members are sent Medicaid ID cards. [See Figures 3 & 4] The ID card has the member's name and Medicaid Identification number. Make sure all names are spelled correctly. This card differs from your MCO card as it confirms your status as a Medicaid member and cannot be used as proof of insurance for providers and pharmacies. Your Medicaid ID card is valid as long as you are Medicaid-eligible. Keep your card in a safe place where it is easily accessible. Do not throw away your card. Contact the [Department for Community Based Services](#) at (855) 306-8959 if you lose your card, it contains errors, or to request a replacement card.



Figure 3: Front of Medicaid ID Card



Figure 4: Back of Medicaid Card

## Your MCO Insurance Card

When you sign up with an MCO, you will receive an insurance card as proof of insurance. Your insurance card will have important information regarding your plan and your MCO. Your MCO contact information will be located on the card. Contact your MCO for any questions regarding what your plan covers, value-added services, reporting a lost card, reporting errors printed on your card, etc.

Remember, you may need to use your plan and/or MCO insurance card each time you visit a provider or pharmacy.

## Understanding Health Care Costs

As a Medicaid member, you have no monthly payments, copayments, or deductibles. However, it is important to remember that you must use in-network providers. In-network providers are a network of doctors and health care facilities that provide health services covered by your plan. Out-of-network providers are a network of doctors and health care facilities that provide health services not covered by your plan. You may be responsible for all or some costs if you receive care from an out-of-network provider without prior authorization by your insurance. Thankfully, Kentucky Medicaid has a list of providers that accept Medicaid and CHIP, allowing you to easily find a provider near you. To view this list, please visit [kynect](http://kynect) or call (855) 306-8959 for assistance.



## Medicaid Covered Services

Essential Health Benefits (EHBs) are 10 categories of services all health plans must cover under the [Affordable Care Act](#). Some plans cover more services, like Value Added Benefits (VAB) which are additional services provided by MCOs to further improve quality and health outcomes. For more information and additional resources on what VABs each MCO offers, please visit Kentucky Medicaid's [Managed Care Organization 2024 Value Added Services](#) table. The 10 EHBs that Medicaid covers are:

- Ambulatory patient services
- Emergency services
- Hospitalizations
- Pregnancy, maternity, and newborn care before and after birth
- Pediatric care
- Rehabilitative and habilitative services and devices
- Mental health and substance use disorder services
- Lab services
- Preventive and wellness services and chronic disease management

Along with the 10 EHBs, Kentucky Medicaid offers members several services, programs, treatments, and waivers to assist you in your health journey. To view services you may qualify for, please visit Kentucky Medicaid's [Member Information webpage](#). In addition, Kentucky Medicaid covers several state-specific services<sup>2</sup> only to available to Kentucky Medicaid members.

If you have any questions, please contact Member Services toll-free at **(800) 635-2570**.

## Early Periodic Screening Diagnosis & Treatment Services (EPSDT)

Medicaid's comprehensive and preventive child health program is available for Kentucky Medicaid members under the age of 21. Early Periodic Screening Diagnosis & Treatment (EPSDT) guarantees health care resources<sup>3</sup> are available and accessible to Medicaid members and their caregivers. In addition, EPSDT provides special services that may be preventive, diagnostic/treatment, or rehabilitative. All EPSDT special services require prior authorization before they are used. It is important to note there are some services EPSDT special services does not cover.

Assistance may be available for transportation to and from treatment. For more transportation information, please call (888) 941-7433. For more information on EPSDT, please contact Chantée Jordan, EPSDT Specialist, at [Chantee.Jordan@ky.gov](mailto:Chantee.Jordan@ky.gov) or **(502) 564-5505**.

[2] Kentucky Medicaid-specific services include but are not limited to [Program of All-Inclusive Care for the Elderly \(PACE\)](#), [Behavioral Health and Substance Use Disorder](#) (i.e. [Team Kentucky 1115 Waiver](#)), [School-Based Health Services \(SBHS\)](#), and Medical Transportation Services.

[3] Health care resources include but are not limited to physical examinations, dental examinations, immunizations, vision and hearing tests, regular check-ups, and more.



## Medical Transportation

Medicaid covers only [medically necessary transportation](#) to and from Medicaid-covered services.

### *Emergency Ambulance Transportation Services*

Emergency ambulance services are covered when the eligible member is transported in an emergency condition, usually to a hospital, resulting from an accident, serious injury, or severe illness that makes it impossible to use other types of transportation.

### *Non-Emergency Ambulance Transportation Services (NEMT)*

Non-emergency ambulance services (NEMT) are covered if the eligible member is confined to a bed before and after the ambulance trip or the member must be moved only by stretcher to receive medically necessary Medicaid-covered medical services.

NEMT is for Medicaid members who do not have access to free transportation that suits their medical needs to be transported to a Medicaid-covered service.

### *Requesting Transport Services*

NEMT services are available through the [Human Service Transportation Delivery \(HSTD\) Brokerage Listing](#). This regional brokerage system provides transportation by taxi, van, bus, or public transit depending on a member's medical needs. If you have not been eligible in previous years, please consult with a [kynector](#) or your local NEMT provider again. You may be eligible to use NEMT services. For program policies and complaints, contact the Office of Transportation Delivery at **(888) 941-7433**.

## Partner Portal Provider Directory

The [Partner Portal Provider Directory](#) is a free resource available to you as a Medicaid member. This directory can be used to search for basic information about health care providers. Search features include provider specialties, practicing locations, and phone numbers. This service also allows you to search for waiver providers only if you qualify for waiver services.

## Using My Medicaid

### Appointments with Providers

When you need to see a provider, you must make an appointment. If it is your first visit with a provider, tell the office you are a new patient. You may be asked to share information from your insurance card like the plan name and number. You will also be asked why you need to be seen. Most appointments will be a wellness exam, specific health needs, or a follow-up visit.

If you need help with language services or have other specific needs, make that request when scheduling your appointment. Many provider offices now offer appointment scheduling online and by phone. If you can no longer make a scheduled appointment, it is important to call the provider's office to reschedule.

When it is time for your appointment, you will want to get there early. Many offices will have you fill out paperwork before you arrive or once you check-in. You need to bring your insurance card and any other documents the office asks you to bring, like your ID. Some paperwork may ask you about your medical history and any current medications. It may be helpful to bring a list of any medications you take to share with your primary care provider. Your answers help your primary care provider understand your health history and what type of lifestyle you lead. This is important information to help maintain and improve your health.

During your visit, your provider may ask more questions about you and your family's health history and any ongoing health issues. It is important to be open and honest with your provider during any visit. Before you leave your appointment, make sure you understand these things:

- Health status
- Treatment plans and options for illnesses or chronic conditions
- How and when to expect results
- Where to pick up and how to take any medications your primary provider prescribes to you

Never be afraid to ask questions. Your provider is there to assist you in understanding your health.

After your appointment, it is important to follow through on your provider's directions. If you have any questions or if you forget something your provider wanted you to do, you can call their office and they will help you with your questions.

It is important to fill prescriptions and understand directions for taking the medication. Your pharmacist can help you with this and answer any additional questions.

### Community Health Workers (CHW)

If you have trouble with communicating with your provider, understanding follow-up instructions, obtaining medication from a pharmacy, or having other health care-related issues, a community health worker (CHW) can help. CHWs can provide a wide array of services<sup>4</sup> and are used in several medical settings to assist you in achieving better health outcomes. CHW services may be performed in health care offices, at home, in a mobile location, or via telehealth. It is important to note that CHW services must be a part of a coordinated plan of care and ordered by an approved clinician. Ask your provider about working with a CHW if you are interested in this service. Medicaid covers CHW services.

---

[4] Services include but are not limited to scheduling, transportation, help provider coordination and communications, explanation of benefits, locate a provider, connect members with support groups, attend appointments with members, and educate members of their medication needs.

## ■ Prescription Drug Coverage

Prescription drug coverage is the most frequently used benefit of health coverage. Many plans cover prescription drugs based on a formulary. A drug formulary is a categorized list of prescription medications. The different categories determine how much you will pay for that specific medication. If medication is “nonformulary,” it means it is not included in the insurance company’s “formulary.” The medications are usually also divided into different levels, called “tiers.” Prescription drugs in each tier may have a different cost. In general, the lowest-tier drugs are the lowest cost.

Remember, you may need to use your plan and/or MCO insurance card each time you visit a pharmacy.

For more information regarding Medicaid prescription drug coverage, please visit Kentucky Medicaid’s [Pharmacy Policy Branch’s webpage](#).

## ■ Explanation of Benefits (EOB)

After a visit to your provider, your plan may send you an Explanation of Benefits (EOB). This is NOT A BILL. It is a record of the health care you received and how much your provider is charging your plan. If you must pay more for your care, your provider will send you a separate bill. You may receive a bill from a provider for costs not covered by your plan or other out-of-pocket costs.

Contact your [health coverage provider](#) if you have questions about any EOB you receive.

## ■ What If I Don’t Qualify for Medicaid?

If you are determined ineligible when you apply, if your situation changes, or if your eligibility status changes at your annual renewal date, don’t worry! There are other low-cost options available to you.

## ■ Qualified Health Plans (Private Insurance)

A Qualified Health Plan (QHP) is an insurance plan that is certified by kynect and provides essential health benefits and meets other requirements under the Affordable Care Act. You can be eligible for payment assistance. The [Advance Premium Tax Credit \(APTC\)](#) can reduce monthly premiums, and Cost Sharing Reeducations (CSRs) can reduce out-of-pocket costs. If you are above the income limit for Medicaid, you may qualify for payment assistance. When reviewing a QHP, it is important to remember:

- There may be premiums or other costs.
- You can only enroll during Open Enrollment or if you experience a qualifying life event that gives you a Special Enrollment Period
- You do not qualify for retroactive coverage.
- Network areas are relatively small.
- Coverage can be terminated if monthly premiums are not paid.

## Comparing QHPs

Before enrolling in a QHP, it is important to compare available plans to ensure you have the coverage right for you. You will see available plan options after your application is submitted and your enrollment has been approved. Plans may be compared by premium cost, “metal level,” or by using other search filters. A “metal level” is the term the Health Coverage Marketplace uses to classify different types of health plans. The four (4) metal levels are: Bronze, Silver, Gold, and Platinum. Things to consider when comparing plans are:

- Monthly premiums, deductibles, copays, and other out-of-pocket costs
- The frequency at which you need provider care.
- Provider visit limitations
- Prescription coverage
- Coverage for specialists
- Are your current providers in the plan network

For step-by-step instructions on how to enroll in a QHP, visit [kynect](#). Remember, kynect has licensed insurance agents and kynectors to help you with the kynect application and plan choice. Help is available to you at no cost. For assistance, [find an insurance agent or kynector today](#).

## Moving from Medicaid to a QHP?

If you no longer qualify for Medicaid, you may be eligible to enroll in a QHP. A QHP may have a monthly premium. It is important to pay the premium every month to keep your coverage. In a QHP, there may be cost sharing, deductibles, copays, and coinsurance. For example, you may have to pay a copay or coinsurance when you see a provider. The QHP may have a different network. Your doctor, pharmacy, or other health providers may or may not be in the plan’s network. You will receive new QHP cards and new numbers to call for information and ask questions.

When moving from Medicaid to a QHP, your QHP coverage will begin the first of the month following plan selection.

## Moving from a QHP to Medicaid?

If you are enrolled in a QHP and then later become eligible for Medicaid, you will likely move to an MCO for coverage. As a reminder, Medicaid has no premiums or cost sharing. The MCO may have a different network. Your current doctor, pharmacy, or other health providers may or may not be in the same plan’s network or accept Medicaid. You will receive new MCO cards and new numbers to call to answer questions.

When moving from a QHP to Medicaid, your Medicaid coverage will begin the first of the month after being found eligible.

## Connect With Us

The Kentucky Department for Medicaid Services (DMS) is on social media. Follow us on your preferred platform(s) for instant updates regarding Medicaid news.



Facebook



X (Formerly Twitter)



Instagram



YouTube



LinkedIn

Questions about Kentucky DMS and services? Visit our [website](#).

## Special Populations

### Long-Term Services and Supports (LTSS)

Kentucky Medicaid's Division of Long-Term Services and Supports (LTSS) oversees programs for Kentuckians who need ongoing support due to their age, medical conditions, or disability. LTSS offers a variety of options to meet each individual's unique needs.

For more information or questions on programs and services overseen by LTSS, please visit their [webpage](#).

### Special Note: Pregnant Women

Learning you are going to be a mother can be exciting and a bit scary. Kentucky Medicaid wants to help you make sure your baby enters the world healthy. If you are already a Medicaid member, your doctor's visits, eligible prescription drugs, and hospital stay for delivery will be covered by Medicaid. Make an appointment to see your doctor and make sure you receive all the prenatal care to ensure a healthy baby. You must remember to present your Medicaid ID card at all health care appointments. Visit our [Members Information page on Pregnant Women](#) for more information and to learn about programs [6] that can assist you and your baby.

Additional resources and programs that you and your child may qualify for:

- [Breast pumps through Medicaid](#) - for breast pumps and milk storage bags for pregnancy support, education, and supplies, discover the motherhood essentials covered by your MCO and have them delivered straight to your home.
- [Breastfeeding Information and FAQs](#)
- [Health Access Nurturing Development Services \(HANDS\)](#) is a home visiting program for pregnant mothers and new parents that supports all areas of your baby's development. HANDS can answer all your questions during all stages of your baby's growth. You must enroll in HANDS during your pregnancy or before your baby is three months old.
- [First Steps](#) is a statewide early intervention system that provides services to children with developmental disabilities and their families from birth to age 3.
- [Women, Infants and Children's \(WIC\)](#) is a food assistance program for women who are pregnant, recently had a baby, or have children younger than 5.
- [Ryker's Request](#) is an educational based mission in providing things to consider when choosing childcare.

Don't forget to call your MCO and tell them you are expecting. Most MCOs offer other special programs for mothers and their babies.

Lastly, Kentucky Medicaid has expanded postpartum coverage to 12 months under Medicaid and KCHIP. This means that you and your baby will have guaranteed health insurance coverage for 12 months after you give birth. You must be a Medicaid member to receive this coverage, so be sure to apply and enroll if you are eligible!

### Special Note: Incarcerated Individuals

Incarcerated individuals may not enroll via kynect. kynectors can help coordinate enrollment upon release. Incarcerated individuals are classified as individuals serving a term in prison or jail. Individuals who are on probation, parole, or home confinement are not classified as incarcerated. Individuals are also not considered incarcerated if they are in prison or jail pending charges – meaning being held but not convicted of a crime.

### Special Note: Immigrants and Refugees

If a Kentucky resident is not a U.S. citizen, the resident must fill out details on their immigration status and whether they have an immigration sponsor. The resident will fill out this information on the "Not a U.S. Citizen" screen during the "Member Details" portion of the application. After completing all fields on this screen and selecting "Next," a service call is made to verify entered citizen identification information.

For more information on Immigrant Population Health Coverage, visit the [Kentucky Health Benefit Exchange \(KHBE\)](#).