



CABINET FOR HEALTH
AND FAMILY SERVICES

MEDICAID UPDATES

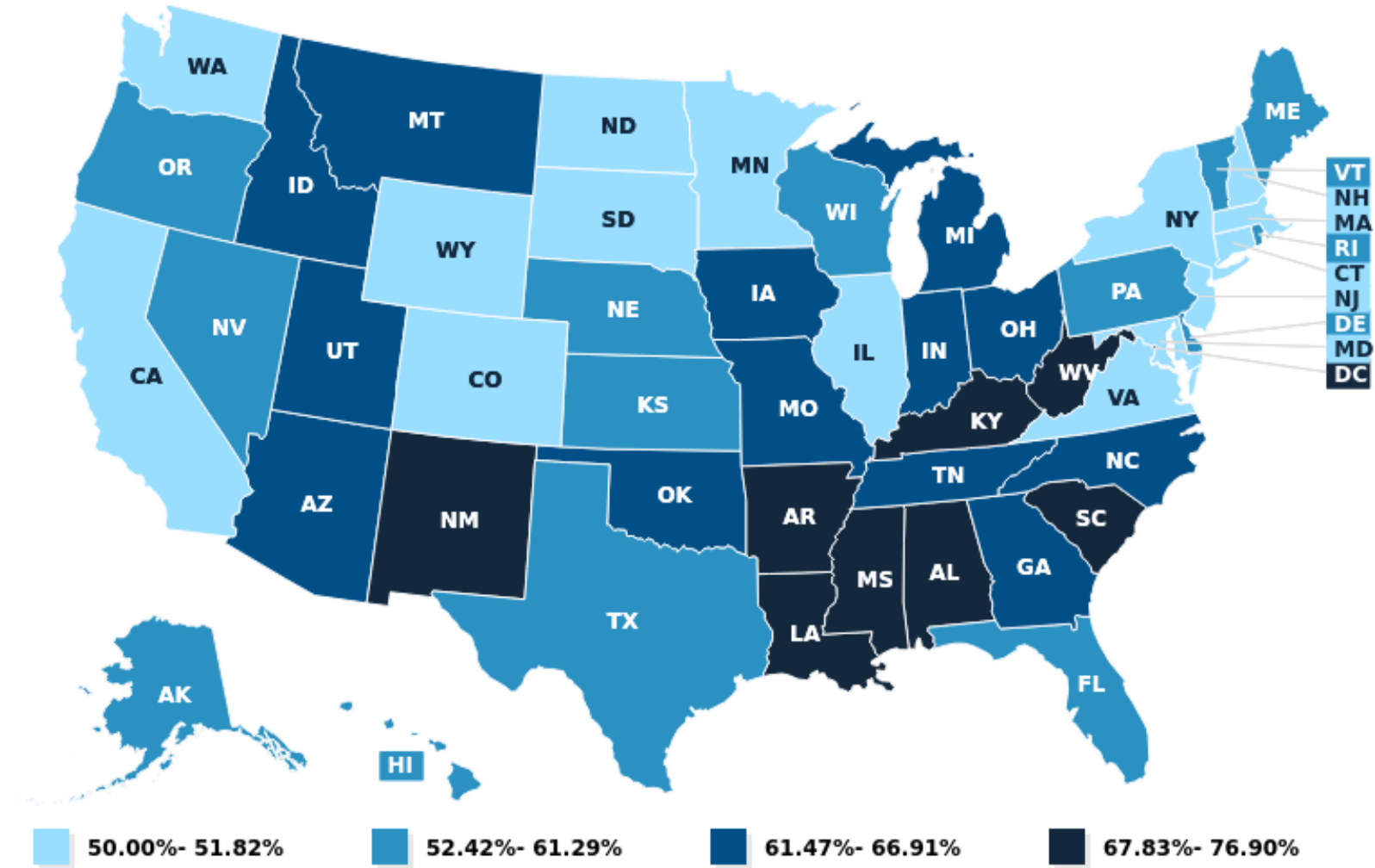
Primary Care Technical Advisory Committee
February 27, 2025

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

Kentucky Federal Medical Assistance Percentage (FMAP)

- Traditional Medicaid
 - Benefits: 71.48%
 - Administration – 50%
 - Personnel – 50%
 - Nurses – 75%
 - Information Technology
 - 90% for Design and development
 - 75% for Maintenance and Operations
- Expansion Population Benefits – 90%
- KCHIP Benefits and Administration – 80.04%
- Based on State's Per Capita Income
- States with Lower Per Capita Income Have Higher FMAP

Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier: FMAP Percentage, FY 2026



SOURCE: KFF's State Health Facts.

Kentucky Medicaid at a Glance

1,470,877 members as of Dec. 2024

Over 619,000 children – more than half of the children in Kentucky (includes KCHIP)

450,000 expansion members

Over 69,000 enrolled providers

\$18.5 billion in total SFY 2024 expenditures (Administrative and Benefits combined)

Medicaid Benefits Budget

	SFY 2023	SFY 2024	Increase/Decrease	% change from 2023
Managed Care (MCO)	\$ 13,001,486,400	\$ 14,318,543,500	\$ 1,317,057,100	10.13%
Non-Emergency Medical Transportation (NEMT)	\$ 155,004,800	\$ 162,737,100	\$ 7,732,300	4.99%
Drug Rebate	\$ (1,500,857,500)	\$ (1,559,412,800)	\$ (58,555,300)	3.90%
Fee-For-Service (FFS)	\$ 4,920,472,900	\$ 5,275,237,100	\$ 354,764,200	7.21%
	\$ 16,576,106,600	\$ 18,197,104,900	\$ 1,620,998,300	9.78%

- SFY 2024 expenditures increased by \$1.62B (9.8%) over SFY 2023 expenditures.
- Approximately \$233.7M (65.9%) of the FFS spending increase was due to an increase in waiver and nursing facility expenditures.
- Approximately 30.5% of the managed care payments are related to **State Directed Payments** that totaled \$4,366,289,200 in SFY 2024, a \$1.4B (10.13%) increase:
 - \$1,106.5M (81.2%) increase in Hospital Reimbursement Improvement Plan (HRIP) (Total Spend \$2,469,462,300)
 - \$ 292.3M (18.9%) increase in University Directed Payments (Total Spend \$1,840,378,100)
 - \$ 5.8M (11.3%) increase in Ambulance Provider Assessment Program (APAP) (Total Spend \$56,548,800)

Medicaid Benefits Budget

	SFY 2023	SFY 2024	Increase/Decrease	% change from 2023
Supports for Community Living Waiver	\$ 482,832,100	\$ 505,683,200	\$ 22,851,100	4.73%
Michelle P Waiver	\$ 378,348,000	\$ 415,669,300	\$ 37,321,300	9.86%
HCB Waiver	\$ 521,109,700	\$ 605,514,400	\$ 84,404,700	16.20%
Model Waiver	\$ 1,737,700	\$ 1,410,000	\$ (327,700)	-18.86%
Brain Injury Waiver	\$ 30,477,500	\$ 34,403,200	\$ 3,925,700	12.88%
ABI LTC Waiver	\$ 40,428,500	\$ 42,974,300	\$ 2,545,800	6.30%
	\$ 1,454,933,500	\$ 1,605,654,400	\$ 150,720,900	10.36%

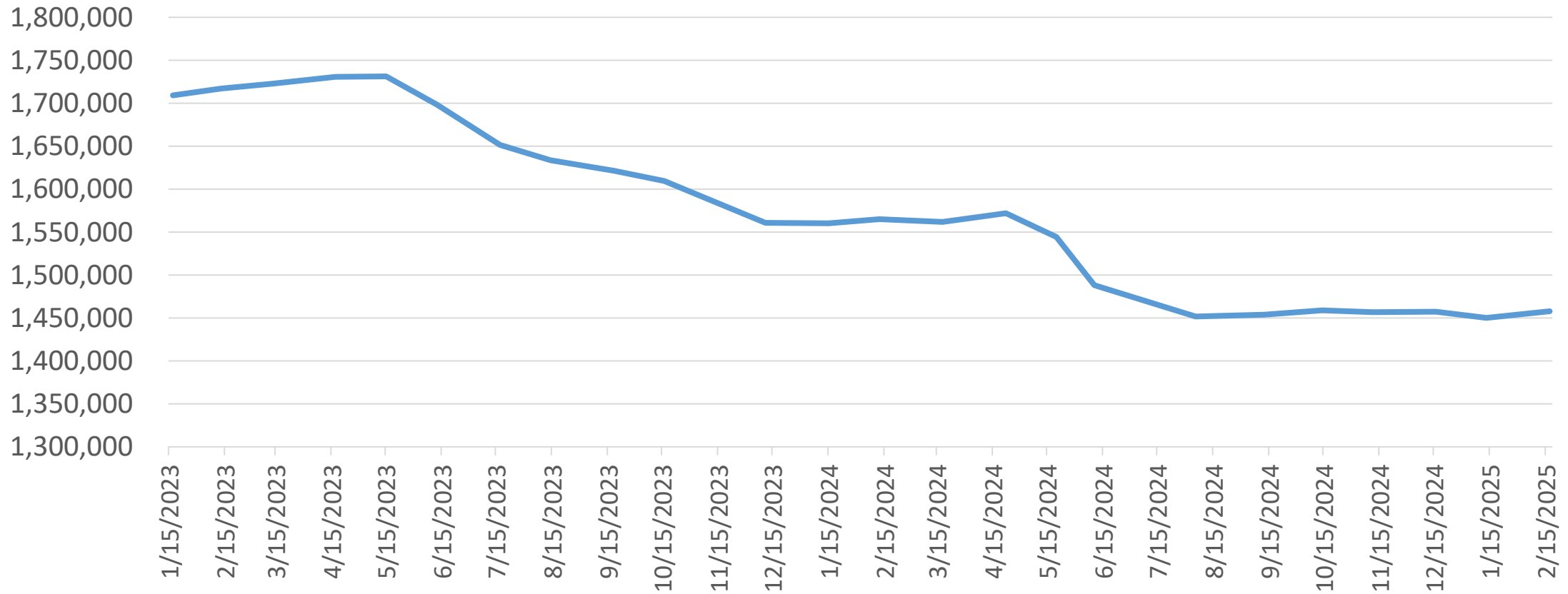
- In aggregate, the six Medicaid Waiver programs experienced a \$150.7M (10.4%) increase in total expenditures in SFY 2024 when compared to SFY 2023.

Medicaid Spend by Provider Type SFY2024 – Top 20

Provider Type Description	Claim Count	Members Served	FFS Paid Amount	MCO Paid Amount	Total Paid Amount	% Paid out of Total
Hospital	3,906,400	987,335	\$274,275,628.14	\$3,539,748,410.44	\$3,814,024,038.58	26.47%
Pharmacy	26,018,007	1,196,417	\$127,032,826.76	\$2,919,016,302.28	\$3,046,049,129.04	21.14%
Nursing Facility	400,467	24,797	\$1,398,629,121.92	\$477,268.30	\$1,399,106,390.22	9.71%
Support for Community Living (SCL)	2,242,773	16,233	\$915,135,186.74	\$2,264,820.25	\$917,400,006.99	6.37%
Physician - Group	8,769,212	1,133,162	\$33,020,490.26	\$633,953,602.65	\$666,974,092.91	4.63%
Adult Day Care	1,907,837	16,661	\$582,529,984.27	\$0.00	\$582,529,984.27	4.04%
Primary Care Center/Federally Qualified Health Ctr	4,967,148	469,949	\$351,854,628.03	\$106,573,844.16	\$458,428,472.19	3.18%
Behavioral Health Service Organization (BHSO)	2,623,595	69,869	\$3,673,414.07	\$426,396,418.06	\$430,069,832.13	2.98%
Rural Health Clinic	5,317,533	467,868	\$289,800,402.19	\$124,545,015.42	\$414,345,417.61	2.88%
Behavioral Health Multi-Specialty Group	2,491,282	139,925	\$11,899,238.98	\$309,510,376.27	\$321,409,615.25	2.23%
MSEA Supplier	1,023,873	198,411	\$36,193,134.96	\$149,135,095.29	\$185,328,230.25	1.29%
ICF/IID	6,359	440	\$169,823,539.91	\$0.00	\$169,823,539.91	1.18%
Net (Capitation)	3,562,782	57,355	\$0.00	\$164,672,446.42	\$164,672,446.42	1.14%
Psychiatric Hospital	21,976	13,321	\$4,235,641.44	\$143,185,395.34	\$147,421,036.78	1.02%
Certified Nurse practitioner	2,474,910	683,710	\$7,032,890.67	\$132,494,973.40	\$139,527,864.07	0.97%
Community Mental Health Center	1,069,782	71,990	\$5,164,716.32	\$126,717,047.94	\$131,881,764.26	0.92%
Independent Laboratory	1,663,247	465,613	\$3,146,289.64	\$125,657,831.57	\$128,804,121.21	0.89%
Certified Community Behavioral Health Clinic	919,613	49,997	\$65,678,700.39	\$51,607,673.28	\$117,286,373.67	0.81%
Dental - Group	447,749	234,973	\$2,885,582.99	\$103,192,145.69	\$106,077,728.68	0.74%
Dentist - Individual	456,727	238,264	\$1,098,050.44	\$103,821,736.74	\$104,919,787.18	0.73%

Medicaid Enrollment Trend

Medicaid Enrollment: Jan 2023 through Feb 2025 Renewals



KY Medicaid Renewals* and Reinstatements

Individuals procedurally terminated on their renewal due date are given 90 days to respond and provide requested information. If they are determined eligible, coverage is **reinstated** back to their termination date. Months that are still within the 90-day window and are still processing reinstatements are included below.

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending	Extended	Reinstatements as of 2/14/25
November	38,540	30,194	1,234	5	7,107	1,112
December	38,604	33,235	819	1	4,549	685
January	70,736	61,288	1,945	1	7,502	289

*Numbers are based on CMS Reports.

KY PHE Website Resources

<https://medicaidunwinding.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](#)

Stakeholder Session Information

KY PHE Reports

FAQs

Medicaid Member Information

Medicaid Provider Information

Communication Materials

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 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!

Anthem Medicaid Transition

Anthem must maintain operations for run out including but not limited to:

- Cover and reimburse for services prior to January 1, 2025
- Process claims up to 365 days from date of service
- Respond to appeals for services prior to January 1, 2025 until completed

Designated website, [Kentucky Medicaid Anthem MCO Transition](#)

Designated number for Anthem members: 1-833-501-9930

Medicaid Advisory Committee and Beneficiary Advisory Council

- Under the Ensuring Access to Medicaid Services Final Rule, new federal requirements for a **Medicaid Advisory Committee (MAC)** and **Beneficiary Advisory Council (BAC)** **effective July 2025**. (42 CFR 432.12)
- [House Bill 789](#)

MAC areas to highlight:

- Members selected by Commissioner
- Advising role does not change
- Expands membership to MCOs and other Commonwealth agencies
- BAC members must comprise certain % of MAC
- Selection of members will change
- Members cannot serve back-to-back terms
- MAC must submit an annual report to CMS

Current Status:

- **Held virtual forums on December 16 and 18**
- **Conducted survey through December 30**
- **Working on key takeaways and proposed legislation**

BAC areas to highlight:

- Members selected by Commissioner
- BAC membership is only current and former Medicaid beneficiaries, family members and caregivers
- Members cannot serve back-to-back terms
- BAC meetings do not need to be public
- Certain % of BAC members must serve on the MAC
- Must meet prior to MAC meeting

Our **HEALTHY** **KENTUCKY** Home

- Eat 2 servings of fruits or vegetables daily.
- Exercise at least 30 minutes, 3 times per week.
- Engage with others, stay connected!

#OurHealthyKYHome



LEARN MORE:
OurHealthyKYHome.ky.gov

TEAM 
KENTUCKY



Medicaid in 2025 – What's ahead?

- Monitor changes to the Medicaid program at the federal and state level
- Develop a child specific initiative to address high acuity needs
- Implement the reentry programs (1115 Waiver and Consolidated Appropriations Act 2023)
- Implement the RISE (Recovery Independence Support Engagement) program for individuals with severe mental illness
- 1915c Waiver wait list management
- Continue work to improve quality and access



Questions?

502-564-9236

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MEDICAID MONTHLY MEETING

A monthly virtual forum to share department-specific information. Scan this QR code to register.



11 a.m. ET third Thursday of the month



Medicaid leadership, program staff, sister agencies



Interactive questions and answers