

9. Kentucky HEALTH Key Terms and Definitions

Term	Definition
Alternative Benefit Plan	<p>A Medicaid benefit package for Income-eligible Adults age 21 and older who are not pregnant and not medically frail. (see <i>Income-eligible Adults</i> and <i>Medically frail</i>) The plan covers:</p> <ul style="list-style-type: none"> • Primary and specialty care • Behavioral health services • Medications <p>Dental and vision services are covered through the My Rewards Account (see <i>My Rewards Account</i>).</p> <p>Non-emergency medical transportation costs will NOT be covered by the Commonwealth.</p>
Assisters	<p>Certified individuals that can help with health coverage applications and enrollments. Assisters refer people to appropriate sites to apply for health coverage, provide assistance with coverage options, and provide education and outreach.</p>
Authorized Representative (AR)	<p>Someone you choose to act on your behalf with your Medicaid coverage, like a family member or other trusted person.</p>
benefind	<p>The website where an individual, Authorized Representative (AR) or Assister can apply for benefits such as KTAP, SNAP, and Medicaid. Individuals may view their benefits information and report changes on benefind.</p>
Caregiver	<p>(see '<i>Primary caregiver</i>')</p>
Caretaker Relative	<p>Any individual that provides care to a child (under age 18) in the household. This individual is related by blood, adoption, or marriage to the dependent child. This can include step-parents. The child lives with the caretaker relative and the caretaker relative assumes primary responsibility for the child's care.</p> <p>This term may be used when talking about Income-eligible Parents/Guardians (see <i>Income-eligible Parents/Guardians</i>).</p>
Citizen Connect	<p>The website where an individual can look for PATH Community Engagement (see <i>PATH Community Engagement</i>) qualified activities and report the activities he or she completed. An individual may also complete online courses to earn dollars for</p>

	<p>their My Rewards Account and schedule and view appointments with Kentucky Career Centers.</p>
<p>PATH Community Engagement (Partnering to Advance Training and Health)</p>	<p>The initiative to help certain adult Kentucky HEALTH beneficiaries meet Kentucky HEALTH community engagement and employment activity requirements. PATH Community Engagement connects individuals to qualified activities, such as job skills training, job search activities, education related to employment, general education (i.e. GED, community college), vocational education/ training, subsidized or unsubsidized employment, community work experience, and community service/ public service.</p>
<p>Conditional Eligibility</p>	<p>Conditional Eligibility is the period of time in between someone getting approved for Kentucky HEALTH and that person paying the first premium. During the Conditional Eligibility period, someone is eligible for Kentucky HEALTH, but does not have access to the Kentucky HEALTH benefits. If the premium is not paid within 60 days, the Conditional Eligibility period will end.</p> <ul style="list-style-type: none"> • If the person has a household income at or below 100% FPL, he or she will move to the Copay Plan and start accessing Kentucky HEALTH benefits. • If the person has a household income above 100% FPL, he or she will not be enrolled in Kentucky HEALTH and will need to reapply. <p>Income-eligible Adults and Income-eligible Parents/Guardians may have a Conditional Eligibility period.</p>
<p>Copay Plan</p>	<p>A cost sharing structure for some Kentucky HEALTH beneficiaries. People in the Copay Plan have a household income at or below 100% FPL and are not paying premiums. People in the Copay Plan will need to pay a copayment (see <i>Copayment</i>) for each medical service they get.</p>
<p>Copayment</p>	<p>A set amount a beneficiary pays for a covered service. The copayment may be \$3 to \$50. The amount you pay depends on the type of medical service you get.</p>
<p>Cost Sharing</p>	<p>“Cost sharing” is the general term for the costs you need to pay for your health coverage. In Kentucky HEALTH, there are two different types of cost sharing: premiums and copayments.</p>

<p>Department for Community Based Services (DCBS)</p>	<p>Department for Community Based Services (DCBS) provides family support, child care, child and adult protection, eligibility determinations for Medicaid and SNAP, and runs an energy cost assistance program.</p> <p>With offices in each of Kentucky’s 120 counties in four service regions, DCBS provides services and programs to:</p> <ul style="list-style-type: none"> • Lower poverty, adult and child mistreatment, and their effects; • Improve person and family self-sufficiency, recovery, and resiliency; • Make sure all children have safe and nurturing homes and communities; and • Recruit and keep staff and partners that work with integrity and transparency.
<p>Deductible Account</p>	<p>The Kentucky HEALTH initiative to help beneficiaries understand the cost of their care and encourage them to make good choices about their healthcare. Kentucky HEALTH beneficiaries will be assigned a \$1,000 Deductible Account. The account is funded by the Commonwealth and managed by the person’s Managed Care Organization (MCO). The account pays for non-preventive services (see <i>Non-Preventive Services</i>).</p> <ul style="list-style-type: none"> • If all funds are used, services are covered by the MCO. • If funds are left over, some leftover funds may roll over into the person’s My Rewards Account, if it is active (see <i>My Rewards Account</i>)
<p>Federal Poverty Level (FPL)</p>	<p>A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine eligibility for certain programs and benefits.</p>
<p>Enrollment</p>	<p>Enrollment is when an individual is eligible and has taken the necessary steps to make his or her coverage effective. For example, an Income-eligible Adult (see <i>Income-eligible Adult</i>) with household income over 100% FPL should select an MCO and pay the initial premium to end the Conditional Eligibility period (see <i>Conditional Eligibility</i>) and become fully enrolled in Kentucky HEALTH.</p>
<p>Income-eligible Adults</p>	<p>Adult Medicaid recipients who qualify for Medicaid based on income (and not based on health status like pregnancy or disability). People in this group do not qualify for any of the other Kentucky HEALTH eligibility groups and their household income is up to 138% of the Federal Poverty Level (FPL). They may</p>

	also be called “Expansion Adults.”																
Kentucky Integrated- Health Insurance Premium Payment (KI-HIPP)	The Kentucky HEALTH initiative to help beneficiaries afford their employer-sponsored insurance (ESI). Kentucky HEALTH beneficiaries that have a job that offers health insurance may be able to get premium assistance through the Kentucky HEALTH ESI program to buy their employer’s insurance. They would not pay any more than they were paying for Kentucky HEALTH. This program is planned to start in 2019.																
Income-eligible Parents/Guardians	<p>Medicaid recipients with a dependent child (under age 18) and a household income at or below the following amounts:</p> <table border="1"> <thead> <tr> <th>Household size</th> <th>Monthly household income</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$235</td> </tr> <tr> <td>2</td> <td>\$291</td> </tr> <tr> <td>3</td> <td>\$338</td> </tr> <tr> <td>4</td> <td>\$419</td> </tr> <tr> <td>5</td> <td>\$492</td> </tr> <tr> <td>6</td> <td>\$556</td> </tr> <tr> <td>7</td> <td>\$621</td> </tr> </tbody> </table>	Household size	Monthly household income	1	\$235	2	\$291	3	\$338	4	\$419	5	\$492	6	\$556	7	\$621
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Kentucky HEALTH	Kentucky HEALTH is the Commonwealth’s new health and well-being program for certain low-income adults and their families. The program gets its name from its mission. The word HEALTH stands for Helping to Engage and Achieve Long-Term Health.																
Kentucky Transitional Assistance Program (K-TAP)	Kentucky Transitional Assistance Program (KTAP) is an assistance program that gives financial and medical help to needy dependent children in Kentucky and the family members they live with. KTAP also helps families find jobs or get training that leads to a job.																
Lock-out	A lock-out means that a Kentucky HEALTH beneficiary is not eligible and has lost benefits. The person cannot regain eligibility and benefits until corrective action is taken or the lockout period expires. An individual may be locked out if he or she does not report a change in his or her situation that makes him or her ineligible for Medicaid benefits, if the person voluntarily withdraws from Medicaid, or if he or she fails to complete the recertification process timely.																
Managed Care Organizations (MCO)	Organizations that link Medicaid recipients with participating physicians who are responsible for coordinating and providing their primary medical care. A health care provider offering Kentucky HEALTH beneficiaries with physical and behavioral health services.																

Medicaid	Insurance program that provides free or low-cost health coverage to people with income below 138% FPL. This program is paid by a combination of state and federal funds.
Medicaid State Plan	A Medicaid benefit package for non-disabled Medicaid-eligible individuals EXCEPT Income-eligible Adults. (see <i>Income-eligible Adults</i>) The plan covers: <ul style="list-style-type: none"> • Primary and specialty care • Behavioral health services • Medications • Dental and vision services • Non-emergency medical transportation
Medically Frail	Beneficiaries may be considered medically frail for many different reasons. Some of those reasons include: <ul style="list-style-type: none"> • Disabling mental health diagnosis • Chronic substance use disorder • Serious and complex medical condition • Significant impairment in ability to perform activities of daily living • Diagnosed with HIV/AIDs • Eligible for Social Security Disability Insurance (SSDI) • Chronic homelessness
My Rewards Account	The My Rewards Account allows individuals to earn dollars to spend on additional benefits not available through their benefit package, such as dental and vision services. Eligible individuals may earn dollars for this account by doing health, community engagement, and job training activities.
Non-Emergency Medical Transportation (NEMT)	Non-Emergency Medical Transportation (NEMT) is a ride to a Medicaid provider, provided to an individual who is not in an emergency situation.
Non-Preventive Service	Medical services that diagnose, manage, prevent, or treat certain health symptoms and conditions. (see <i>Preventive Services</i> for contrasting services).
Open Enrollment	Open Enrollment is a period of time an individual may actively pick an MCO, including switching to a new MCO. If an individual does not select an MCO, an MCO is automatically assigned.
Penalty	A penalty is a general term that refers to when a beneficiary did not comply with the requirements of the program, and could face

	<p>a negative consequence as a result. Not all penalties result in a loss of benefits. Some examples of penalties may include using the emergency room for a non-emergency service or failing to pay required premiums [when the household's income is at or below 100% FPL].</p>
Premium	<p>A premium is the fee an individual pays each month for health coverage. Many Kentucky HEALTH recipients (except pregnant women and children) will be required to make monthly premium payments on a sliding scale ranging from \$1.00 to \$15.00 per month based on household income. The fee will not go up based on the amount of care you need.</p>
Premium Plan	<p>A cost sharing structure for some Kentucky HEALTH beneficiaries. People in the Premium Plan are paying monthly premiums (see <i>Premium</i>).</p>
Presumptive Eligibility (PE)	<p>Presumptive Eligibility (PE) allows qualified providers to ask a smaller set of application questions and enroll individuals into Kentucky HEALTH without having to go through the full eligibility process. Presumptive Eligibility coverage is temporary. Anyone with PE coverage who wants to keep it must go through the full application process before the PE period ends. Income-eligible Parents/Guardians and Income-eligible Adults with PE coverage will have to pay copays during the PE period. (see <i>Income-eligible Parents/Guardians</i>, <i>Income-eligible Adults</i>, and <i>Copayment</i>)</p>
Preventive Services	<p>Routine health care like health screenings, check-ups, and office visits to avoid illnesses, disease, or other health problems. (see <i>Non-Preventive Services</i> for contrasting services).</p>
Primary Caregiver	<p>Adult who provides full-time care for another dependent member of the household. For example, a stay-at-home parent may claim to be the primary caregiver. Only one adult member in the household can claim to be the primary caregiver.</p>
Recertification	<p>Recertification is the annual process for Medicaid recipients to verify their household information, which allows the eligibility system to determine if the household/individual(s) are still eligible.</p>
Self-Attestation	<p>Self-attestation is when an individual says that something is true, and no additional paperwork is required at the time.</p>

Self-Service Portal (SSP)	<p>The Self-Service Portal (SSP) allows Kentucky families to access public assistance benefits and information online through benefind.</p>
Supplemental Nutrition Assistance Program (SNAP)	<p>The Supplemental Nutrition Assistance Program (SNAP) helps people with little or no money buy food for healthy meals at participating stores. SNAP benefits increase a household's food buying power when added to the household's money.</p>
Suspension Period	<p>A suspension period means that a Kentucky HEALTH beneficiary is still eligible, but benefits are suspended until the person takes a corrective action. The individual may have a suspension period if he or she fails to pay required premiums [and has household income over 100% FPL] or fails to meet PATH Community Engagement requirements. He or she can complete certain requirements to re-enter Kentucky HEALTH and get his/her Medicaid benefits before the end of the suspension period.</p>