# Frequently Asked Questions

## Overall Kentucky HEALTH Program Questions

1. **What is 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.”

   The goal of the program is to offer each beneficiary the ability to customize a path based on individual needs that will lead to better health, engagement in their communities, improved employability, and success through long-term independence.

2. **Why Kentucky HEALTH?**
   
   The current system has not improved health outcomes and is not sustainable. The Medicaid expansion as enacted has not moved the needle on these metrics, and the Commonwealth cannot continue a program that does not propel participants toward better health and economic security.

   Instead, the Commonwealth needs a program that empowers and supports the well-being of individuals, families, and communities in Kentucky.

   Kentucky HEALTH will:
   - Be more cost effective and accountable.
   - Address the needs of the whole person to help improve beneficiary health and well-being.
   - Help beneficiaries be more active and informed about healthcare and how to use it.
   - Connect beneficiaries to employment and training services using programs, resources, and tools that are already available in our communities.
   - Provide beneficiaries new skills to transition them successfully to commercial health insurance.
   - Save an initial estimated $2 billion in state and federal taxpayer dollars over the demonstration, according to initial estimates.
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<tr>
<th>3. How will Kentucky HEALTH affect beneficiaries?</th>
<th>Kentucky HEALTH is designed for working age adults and their families. Kentucky HEALTH benefits will be available to all non-disabled Medicaid beneficiaries, low-income parents, family caregivers, pregnant women, former foster youth up to age 26, and children. Kentucky HEALTH is not for people who are on Medicare (over age 65) or those who are on Medicaid due to age or disability. Click <a href="#">here</a> for more information about how Kentucky HEALTH may affect beneficiaries.</th>
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</table>
| 4. How can beneficiaries get information about their Kentucky HEALTH benefits? | Beneficiaries will have a lot of different ways to get information about their benefits. Some examples of information about beneficiary benefits include:  
- Notices from Kentucky HEALTH  
- Notices from the managed care organization  
- Comprehensive beneficiary handbook  
- The call center  
- Kentucky HEALTH website |
| 5. How do beneficiaries apply for Kentucky HEALTH? | Beneficiaries may use [benefind](#) to see if they qualify for Medicaid coverage. Benefind is the state website to apply for Medicaid, Kentucky Child Health Insurance Program (KCHIP), Supplemental Nutrition Assistance Program (SNAP - formerly called Food Stamps), Kentucky Transitional Assistance Program (KTAP), Kentucky’s Temporary Assistance for Needy Families (TANF cash assistance program) and other benefit programs. Please go to [benefind.ky.gov](http://benefind.ky.gov) to apply for benefits without having to visit a local DCBS office. To contact an assister, call 1-855-459-6328. |
| 6. Can application assisters still help beneficiaries? | Yes, in-person assisters will be trained on Kentucky HEALTH and able to help beneficiaries apply. Beneficiaries may call 1-855-459-6328 or go to Assister Search to find help in their area. |
7. Will changes in Washington, D.C. affect Kentucky HEALTH? 

Based on current proposals before Congress, the Commonwealth does not anticipate any changes to Kentucky HEALTH.

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### Eligible and Non-Eligible Populations

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<th>8. Who is eligible for Kentucky HEALTH?</th>
<th>Working-age adults and their families may be eligible for Kentucky HEALTH. This includes non-disabled Medicaid beneficiaries, such as:</th>
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<tr>
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<td>• Low-income parents and caretakers</td>
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<td>• Pregnant women</td>
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<td>• Non-disabled children</td>
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<td>• Former foster youth up to age 26</td>
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<td>• Medicaid expansion adults</td>
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<th>9. Who is NOT affected by Kentucky HEALTH?</th>
<th>Individuals who are aged, blind, and/or disabled will not be impacted by Kentucky HEALTH. Examples of people who will not see any changes to their Medicaid include:</th>
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<td>• Individuals on certain waivers:</td>
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<td>o Home and Community Based Waiver</td>
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<td>o Michelle P. Waiver</td>
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<td>o Acquired Brain Injury (ABI) and ABI Long-term Care Waiver</td>
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<td>o Model Waiver II</td>
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<td>o Supports for Community Living</td>
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<td>• Individuals determined eligible for Supplemental Security Income</td>
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<td>• Individuals in the Medicaid buy-in program for working disabled adults</td>
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<td>• Individuals covered by a Home and Community Based Waiver or residing in a Long Term Care Facility</td>
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<td>• Individuals on Medicare</td>
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<td>• Children in foster care or receiving subsidized adoption</td>
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<td>• Individuals participating in the Breast and Cervical Cancer Treatment Program</td>
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| 10. Are there any added costs to Kentucky HEALTH? | While there are some new development administrative costs to implement the program, initial estimates suggest that Kentucky HEALTH will not see any added costs. |
HEALTH could save an initial estimated $2 billion in state and federal funds over the course of the demonstration.

| 11. Will individuals lose benefits under Kentucky HEALTH? | Individuals will not lose medical benefits under Kentucky HEALTH. Most individuals will keep the same benefits, and, in fact, may be eligible for new benefits, such as fitness services. Pregnant women, children, individuals who are considered medically frail, former foster youth up to age 26, and groups covered by Medicaid before the expansion will have all the same benefits they do now, including vision, dental, and access to non-emergency medical transportation. Non-disabled adults—those who became eligible for Medicaid when it was expanded—will also be able to get the same medical benefits, but they will get some of them in a different way. These individuals will still have access to preventive and specialty medical services through their managed care organization (MCO) plan; however, vision and dental services (and some fitness activities) will be available through their My Rewards Account—a special health savings account where participants can earn dollars by doing certain healthy activities. |
| 12. How will people know what to do when the program changes? | We will keep people informed in many different ways. Beneficiaries will hear directly from the Commonwealth and from their health plan (Managed Care Organization), social media, community outreach, direct mail and more. When it is time for beneficiaries to do something, the Commonwealth will send them information in the mail before the program starts in July 2018. |
| 13. What can beneficiaries do now to get ready for Kentucky HEALTH? | If beneficiaries have recently moved, they should update their mailing address so they do not miss any important information. If beneficiaries have recently moved, they should log in to benefind.ky.gov or call 1-855-306-8959 to update their mailing address so they do not miss any important information. Starting in January 2018, all adults eligible for Kentucky HEALTH may begin earning My Rewards dollars. When beneficiaries go to the dentist for a cleaning, take their dependent child in for a check-up, get a health screening, or complete other types of preventive services, they will automatically earn dollars in their My Rewards Account. Beneficiaries will receive more information about “My Rewards” soon. |

Medically Frail and Chronically Homeless Designations
| 14. What does “chronic homelessness” mean? | The federal definition of **chronically homeless** is someone who:  
1. Sleeps in a place that is not meant for humans to live (for example, on the street) OR  
2. Lives in a homeless emergency shelter AND  
3. Is homeless for a year or more OR  
4. Has been homeless at least four times in the last three years. |
|---|---|
| 15. What should a Kentucky HEALTH beneficiary do if he or she is chronically homeless? | Kentucky HEALTH beneficiaries who may meet the definition of “chronically homeless” may report it. That beneficiary will have up to six months of Kentucky HEALTH benefits for medically frail beneficiaries. During that time the beneficiary will:  
- Have a comprehensive set of benefits, including medical benefits, vision, dental, and transportation to doctor appointments.  
- Have an optional monthly premium. If the beneficiary pays the premium, he or she will have access to a My Rewards Account.  
- Not be required to participate in the Partnering to Advance Training and Health (PATH) program. |
| 16. What does “medically frail” mean? | Beneficiaries may be considered medically frail for many different reasons. Some of those reasons include:  
- 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  
- Refugee (up to one year after entering the U.S. with refugee status) |
| 17. How will someone know if he or she is medically frail? | Kentucky HEALTH will be able to identify people who are medically frail using four key methods:  
1. The **Medicaid system** will look at state health registries.  
2. **Managed care organizations** will look at a beneficiary’s medical services or use a tool to screen for medically frail status.  
3. **Doctors** can report that their patient may be medically frail to the managed care organization.  
4. **The beneficiary** can report that he or she may be medically frail to the managed care organization. |
| 18. How does being medically frail change | Someone who is considered medically frail will get all the same medical benefits he or she gets now, including: |
the benefits someone gets on Kentucky HEALTH?

- Preventive care services
- Specialty services
- Non-emergency medical transportation
- Vision services
- Dental services

19. Will someone who is medically frail have to do anything different?

People who are medically frail will have access to new resources.

1. They will have an option to pay a monthly premium. If they do pay, they will have access to a My Rewards Account.
2. They will have an option to participate in the PATH program. It stands for “Partnering to Advance Training and Health,” and will provide lots of great job resources, free of charge.

Managed care organizations will periodically need to verify that beneficiaries are still medically frail, and beneficiaries may be asked to provide information as a part of that process.

Premium Assistance

20. Is there a way for the Commonwealth to help beneficiaries buy insurance through their employer?

Yes. Beginning in 2019, if beneficiaries are eligible for Medicaid and have access to health insurance through their employer, beneficiaries may be eligible for the premium assistance program. With this program, the Commonwealth will pay for beneficiaries and their families to enroll in the beneficiary’s employer plan for only $1-$15 per month.

21. Who can get help paying for employer-sponsored insurance?

People who are eligible for Kentucky HEALTH and have a job that offers health insurance may be eligible for help paying the premium for their employer-sponsored insurance through Kentucky HEALTH Premium Assistance.

Not all plans will be eligible for Premium Assistance. The plan will be evaluated to make sure it is cost-effective for the state.

22. Do beneficiaries have to enroll in employer-sponsored insurance if it is available?

Some beneficiaries may have to enroll in employer-sponsored insurance if it is available; but if they are required to do so, they will be getting financial help through Kentucky HEALTH Premium Assistance so that their monthly premiums are the same as the monthly Kentucky HEALTH premiums.

Participating in the Kentucky HEALTH Premium Assistance program will be optional for the first year a beneficiary is in Kentucky HEALTH. After that, the beneficiary may need to provide information about his or her employer health plan, and the state will decide if the plan is cost-effective. If it is, the
beneficiary will need to enroll in the plan, and will get premium assistance checks from the state to help pay most of the cost of the premium. If the plan is not cost-effective, the beneficiary will stay on Kentucky HEALTH.

| 23. Will the medical benefits be the same for beneficiaries with Premium Assistance? | Kentucky HEALTH Premium Assistance will give beneficiaries access to all the benefits of their employer plan **PLUS** all the benefits of Medicaid—including benefits and providers.

Beneficiaries getting Kentucky HEALTH Premium Assistance will need to pay the same premium they would pay for regular Kentucky HEALTH coverage, and will keep access to their My Rewards Account. |

### Cost Sharing

<table>
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<tr>
<th>24. How much will Kentucky HEALTH beneficiaries pay in monthly premiums?</th>
<th>Monthly premium payments will be on a sliding scale based on family income. Premiums will range from $1.00 to $15.00 per month.</th>
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<tr>
<td><strong>Federal Poverty Level Premium Amount</strong></td>
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<tr>
<td>Under 25% FPL</td>
<td>$1.00 per month</td>
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<tr>
<td>25-50% FPL</td>
<td>$4.00 per month</td>
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<tr>
<td>51-100% FPL</td>
<td>$8.00 per month</td>
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<tr>
<td>101-138% FPL</td>
<td>$15.00 per month</td>
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- Pregnant women and children on Kentucky HEALTH will not have a premium payment.
- People who are medically frail or former foster youth up to age 26 can choose to pay the monthly premium to get access to a My Rewards Account.
- All other adults in Kentucky HEALTH will be required to pay monthly premiums.

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<th>25. How much will beneficiaries pay if they have copayments?</th>
<th>Beneficiaries who are paying their monthly premiums will not have copayment. However, beneficiaries with a household income below the poverty level who do not pay their premium will have to pay copayments. Copayment amounts may vary based on the type of service, and range from $3.00 for an office visit to $50.00 for a hospital visit. Copayments can be more expensive than the monthly family premiums.</th>
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| 26. What happens if beneficiaries do not pay their premiums? | Beneficiaries who do not pay their premiums will have different penalties, based on their income and health status. |
- Pregnant women and children will not have a premium, so nothing will change.
- Medically frail and former foster youth up to age 26 will keep their benefits, but their My Rewards Account will go inactive. This means they will not be able to use the My Rewards Account to access enhanced services (i.e. approved fitness services).
- Other beneficiaries with household income under 100% FPL will have to pay copayments for each visit, and their My Rewards Account will go inactive. This means they will not be able to use the My Rewards Account to access vision, dental, and approved fitness services.
- Other beneficiaries with household income over 100% FPL will lose access to their medical benefits, including their My Rewards Account, for up to six months unless they meet requirements for early re-entry.

Beneficiaries will have opportunities to prevent a penalty; and if they lose their benefits, they will have opportunities to take steps to get them back before the end of the six-month lockout period. Those steps include repaying missed premiums and taking a re-entry course.

### 27. Can a beneficiary re-enroll after they have been locked out for not paying premiums?

Yes, a beneficiary can re-enroll in Kentucky HEALTH.

The beneficiary will need to complete the re-entry course and repay missed premiums, up to three months.

### My Rewards Account

### 28. What is a My Rewards Account?

A My Rewards Account is an account for most adults eligible for Kentucky HEALTH. It works like a Health Spending Account. Beneficiaries can earn dollars into their account by completing certain activities.

### 29. What will the My Rewards Account cover?

The My Rewards Account can be used to pay for services such as:
- Vision services
- Dental services
- Enhanced benefits, such as approved fitness services or activities

All beneficiaries may use the My Rewards Account for the enhanced benefits. Medicaid expansion adults may also use My Rewards Account for preventive vision and dental services (medical vision and dental needs are still covered by the beneficiary’s managed care organization (MCO)).
MCOs will continue to cover preventive vision and dental services for traditional Medicaid adults, pregnant women, children, individuals determined to be medically frail, and former foster youth up to age 26. These individuals will not use My Rewards Accounts for vision and dental services.

### 30. Will it be difficult for beneficiaries to earn My Rewards dollars?

No. Beneficiaries can earn My Rewards dollars for activities they already do. For example, beneficiaries can get rewards for things like getting yearly physicals, taking their dependent children to the doctor for well-child visits, and taking a health risk assessment with their managed care organization.

Beneficiaries can get My Rewards dollars for these types of services without having to take any extra steps – the credit is applied automatically to their account.

### 31. How else can beneficiaries earn “dollars” into their My Rewards Account?

Beneficiaries can do healthy activities or extra community engagement activities to earn dollars for their My Rewards Account. Here are some examples of activities beneficiaries can complete for My Rewards dollars:

**Health and well-being**
- Complete health risk assessment with the managed care organization
- Complete diabetes, cardiovascular, weight management, or other chronic disease management course
- Complete child preventive medical or dental exam
- Avoid inappropriate emergency room visits
- Follow-up with primary care doctor after ER visit

**Community Engagement**
- Register with career center and complete goals/needs assessment
- Complete employment-related education or GED prep classes

Beneficiaries will also have a Deductible Account to pay for some of their initial healthcare services. If they do not use all of the money in that account, they may be able to roll half of the unused funds into the My Rewards Account at the end of the year.

### 32. When can beneficiaries start earning My Rewards Dollars?

If beneficiaries are on Medicaid now and are eligible for Kentucky HEALTH, they will be able to earn My Rewards dollars before Kentucky HEALTH begins.

- **January 1, 2018**: Starting in January 2018, all adults eligible for Kentucky HEALTH may begin earning My
Rewards dollars. When beneficiaries go to the dentist for a cleaning, take their dependent child in for a check-up, get a health screening, or complete other types of preventive services, they will automatically earn dollars in their My Rewards Account.

- **April 1, 2018:** Beneficiaries have the opportunity to continue earning dollars by participating in My Rewards education and training activities (details coming soon).
- **July 1, 2018:** Kentucky HEALTH benefits begin. Beneficiaries can earn dollars for all qualifying activities, and use the dollars in their My Rewards Account to pay for dental services, vision services, and some fitness activities, such as gym memberships.

Beneficiaries will receive information in the mail as these dates get closer.

### 33. What if a beneficiary does not receive enough reward points to receive treatment?

Major medical services like preventive and specialty services will be covered for all Kentucky HEALTH beneficiaries. **No one** on Kentucky HEALTH should be missing yearly exams, cancer screenings, health screenings or checkups because of their My Rewards Account. In fact, these types of services will **give** beneficiaries funds to use on other services.

If Medicaid expansion adults want vision and dental services, they can get them through their My Rewards Account. They can earn the dollars they need for those services by getting the types of health services recommended for them. They can also get dollars by taking their dependent children in for their recommended health visits, by taking online health courses, or even by volunteering.

It may take some planning ahead, but Kentucky HEALTH offers lots of options for beneficiaries to earn the funds to access their vision and dental benefits.

### 34. Who does not have a My Rewards Account?

Children and non-Kentucky HEALTH Medicaid beneficiaries will not have My Rewards Accounts.

### Deductible Account

### 35. What is the Deductible Account and what can it be used for?

The Deductible Account acts like a health savings account. The state will pay $1,000 into the account at the beginning of the year. During the year, the money in the account pays for the first $1,000 of non-preventive medical expenses. After the account is depleted, all medical services will continue to be covered by the beneficiary’s managed care plan.
If the beneficiary has funds left in the account at the end of the year, a portion of those funds may roll over into the beneficiary’s My Rewards Account.

### Community Engagement/PATH

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<tr>
<th>36. What is Community Engagement? What is PATH?</th>
<th>Community Engagement is the general term that refers to work and work-related activities that some people must do to stay eligible for their benefits in Kentucky HEALTH. However, Kentucky HEALTH is offering ALL beneficiaries access to many community engagement and employment resources through its PATH Program. PATH stands for “Partnering to Advance Training and Health.” Beneficiaries can use the program to access job opportunities, job training, volunteer opportunities, and much more – all free of charge.</th>
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<tr>
<td>37. Who is required to participate in PATH?</td>
<td>Many adult Kentucky HEALTH beneficiaries will be required to complete 80 hours of PATH-approved activities each month to stay eligible for their Kentucky HEALTH benefits. Pregnant women, children, individuals who have been determined medically frail, primary caregivers, full-time students, and former foster youth up to age 26 will be considered <strong>exempt</strong> from the PATH requirement. People who are enrolled in SNAP or TANF and meeting work requirements <strong>already meet</strong> the PATH requirement, but may be able to earn My Rewards dollars for completing job enhancement activities.</td>
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</table>
| 38. Who is not required to participate in PATH? | Not everyone will be required to participate in the PATH program. Some groups that are exempt from the requirement include:  
- Children  
- Pregnant women  
- People who have been determined medically frail  
- Primary caregiver of a dependent (for example, stay-at-home parent)  
- Full-time students  
- Former foster youth up to age 26  
These groups may voluntarily participate in PATH if they would like to. |
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<th>Question</th>
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<tr>
<td>39. What does “primary caregiver” mean?</td>
<td>The primary caregiver is an adult member of a household who provides full-time care for another dependent member of the household. In general, only one adult member in the household can claim to be the primary caregiver. Example: A stay-at-home parent taking care of his or her child.</td>
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<tr>
<td>40. How does being a “primary caregiver” change the benefits someone gets on Kentucky HEALTH?</td>
<td>“Primary caregiver” status does not change a person’s benefit package. The primary caregiver status only impacts whether or not the person will need to participate in the Partnering to Advance Training and Health (PATH) program. Participation in this program is optional for primary caregivers, and it will provide lots of great job resources, free of charge. Primary caregiver status will not impact whether or not the person needs to pay a premium.</td>
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<td>41. What are the PATH requirements?</td>
<td>Beneficiaries subject to PATH (Partnering to Advance Training and Health) requirements will need to complete 80 hours of approved activities each month. PATH requirements will roll out across the state during 2018. Beneficiaries may not be subject to PATH requirements right away, but they will get a notice from Kentucky HEALTH three months before their requirements start. That will give the beneficiaries time to prepare and find available activities.</td>
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<td>42. Is there a plan being developed to provide more and better-paying jobs?</td>
<td>There are many high-demand, good-paying jobs in Kentucky now. Over the next several years, there will be thousands of job openings, especially in 5 key areas: 1. Advanced manufacturing 2. Business and information technology 3. Construction trades 4. Healthcare 5. Transportation and logistics While many jobs in these and other in-demand fields do not need a college degree, some do need a high school diploma or GED and some skills training.</td>
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<td>43. Will there be an exemption for those who do not have reliable transportation, are living in an area without available work or volunteer opportunities, have been convicted of a</td>
<td>Kentucky HEALTH is partnering with local workforce development boards to identify resources that will help beneficiaries meet program requirements, gain practical skills, and obtain necessary training to successfully navigate the program. However, Kentucky HEALTH will consider exceptional circumstances that prevent beneficiaries from being able to meet their PATH (Partnering to Advance Training and Health) requirements. Beneficiaries may qualify for temporary</td>
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<td>felony or are facing other hardships?</td>
<td>exemptions from the PATH requirements, based on their situation.</td>
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<td><strong>44. What happens if someone doesn’t meet the PATH requirement?</strong></td>
<td>Beneficiaries who do not meet their PATH (Partnering to Advance Training and Health) requirement will lose access to their medical benefits until they make up or meet the required hours or take a re-entry course.</td>
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<tr>
<td><strong>45. Do beneficiaries need to reapply to Kentucky HEALTH every year?</strong></td>
<td>Beneficiaries will need to update or verify their information every year during their annual redetermination period.</td>
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<td>Beneficiaries must respond to any Kentucky HEALTH requests for information during this period or they may have a six-month lockout from accessing benefits.</td>
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<td><strong>46. What happens if someone does not respond during the redetermination period?</strong></td>
<td>Beneficiaries will have an additional three months after their redetermination date to submit their paperwork and become re-enrolled in Kentucky HEALTH.</td>
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<td>If the beneficiaries have not responded within the three months after their redetermination date, they will need to wait for six months before they can re-enroll in Kentucky HEALTH. This does not apply to pregnant women, children, or people determined medically frail.</td>
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<td><strong>47. How long do beneficiaries have to report a life change, such as in family composition, income, or employment?</strong></td>
<td>Beneficiaries will have 30 days to report a change, but it is recommended that they report a change as soon as possible.</td>
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<td><strong>48. What if a beneficiary’s job, income, or family size changes?</strong></td>
<td>Beneficiaries must continue to report changes in income, household size, and other changes using the same process they currently use to report a change—in person, in writing, via phone call, or through the benefind Self Service Portal (SSP).</td>
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<td>They must report changes in circumstances, but are not required to report normal fluctuations, including:</td>
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<td>- Changes in work hours that will not exceed 30 days;</td>
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<td>- A fifth or periodic paycheck; or</td>
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<td>- Holidays, vacation days, or sick leave less than 30 days.</td>
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<td>49. What can beneficiaries do if they believe they have been wrongly disenrolled?</td>
<td>Kentucky HEALTH beneficiaries will be able to appeal all eligibility determinations through the same channels and processes they use for appealing eligibility determination today.</td>
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<td>50. Is there a limit to the number of times someone can be disenrolled from the program and re-enroll?</td>
<td>There is no limit to how many times someone can re-enroll. However, there are limits to the number of times someone can take the re-entry courses for penalties and suspensions. Each re-entry course can be taken once per year, to clear each suspension reason.</td>
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<td>51. Will retroactive eligibility be available?</td>
<td>The Commonwealth will continue to provide retroactive coverage to pregnant women and children. For other Kentucky HEALTH beneficiaries, medical benefits will start the same month the beneficiary makes his or her first premium payment. For example, if the beneficiary makes the first premium payment on the 5th of the month, his or her coverage will go back to the 1st of that month.</td>
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<td>52. When do beneficiaries get coverage after a suspension?</td>
<td>Beneficiary coverage starts the first of the month after they complete all re-entry requirements.</td>
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<td><strong>Emergency Transportation and Emergency Room Use</strong></td>
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<tr>
<td>53. Will beneficiaries still have transportation in case of an emergency? Are Kentucky HEALTH beneficiaries losing transportation to their medical appointments?</td>
<td>Kentucky HEALTH beneficiaries will still have access to emergency transportation when they need it.</td>
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<td></td>
<td>However, some beneficiaries will no longer have transportation to their regular, non-emergency medical services. Pregnant women, children, medically frail individuals, and former foster youth up to age 26 will still have this non-emergency medical transportation, but other non-disabled adults on the program will not.</td>
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<td>54. Will beneficiaries be penalized for inappropriate emergency room visits?</td>
<td>Yes, funds will be taken from a beneficiary’s My Rewards Account for each confirmed inappropriate emergency room visit.</td>
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<td>However, beneficiaries can call their managed care organization’s nurse advice line before they go to the emergency room. If the nurse advice line recommends the beneficiary go to the emergency room, that person will not have funds taken out the My Rewards Account, even if the visit did not end up being an emergency.</td>
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