



# KENTUCKY HEALTH

## Frequently Asked Questions

### **Who is affected by Kentucky HEALTH?**

Non-disabled Medicaid beneficiaries will receive their Medicaid benefits through Kentucky HEALTH. This includes:

- Children
- Pregnant women
- Former foster youth up to age 26
- Individuals who have been determined medically frail
- Income-eligible caretakers of a child
- Income-eligible adults

Kentucky HEALTH is not for people who are on Medicare (over age 65) or those who are on Medicaid due to age or disability.

### **What is the role of Managed Care Organizations (MCOs) for beneficiaries of Kentucky HEALTH?**

A Managed Care Organization (MCO) is a health care provider or a group of medical service providers who offers managed care health plans. Individuals eligible for expanded or traditional Medicaid in Kentucky may choose one of the following MCOs: Aetna Better Health of Kentucky, Anthem, Humana CareSource, Passport Health Plan, or WellCare of Kentucky.

### **What is a My Rewards Account? What does it cover?**

A My Rewards Account is an account for most adults eligible for Kentucky HEALTH. It works like a Health Spending Account. Recipients can earn dollars into their account by completing certain activities. The My Rewards Account can be used to pay for services such as vision or dental services. Some adults may use My Rewards Account for preventive vision and dental services (medical vision and dental needs are still covered by the MCO).

### **What does cost sharing mean?**

If a beneficiary has a **Premium** or **Optional Premium** benefit type, they will pay a monthly fee to each household member's Managed Care Organization. The premium amount will be from \$1 to \$15 based on household income. Premiums must be paid to each MCO every month. Kentucky HEALTH recipients may pay less if they choose the same MCO for all adults in their household.



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Frequently Asked Questions continued...

## **What happens if recipients do not pay their premiums?**

Kentucky HEALTH recipients 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 they will not be able to use their My Rewards Account.
- Other recipients with household income under the 100% Federal Poverty Level (FPL) will move to the State copayment plan for each medical service they receive, and their My Rewards Account will go inactive. This means they will not be able to use the My Rewards Account to access non-medical vision or dental services.
- Other recipients with household income over the 100% FPL will lose access to their medical benefits, including their My Rewards Account, for up to six months unless they meet requirements for re-entry. If a recipient loses their benefits, they will have opportunities to get them back before the end of the six-month lockout period by repaying missed premiums and taking a re-entry course.

## **How will someone know if they are Medically Frail?**

Kentucky HEALTH will 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 recipient's medical records or use a tool to screen for Medically Frail status.
3. Doctors can report to the MCO that their patient may be Medically Frail.\*
4. Individual recipients can report to the MCO that they may be Medically Frail.\*

\*Subject to review before Medically Frail status for Kentucky HEALTH is confirmed.