

Note: These questions were asked during a public Stakeholder Advisory Forum in Owensboro, Kentucky

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1. Where can patients find contact information for their Managed Care Organizations (MCOs) to obtain their refunds if they do not want a premium credit for when Kentucky HEALTH begins?

Beneficiaries can call the Customer Services number on their benefits card. That card, as well as any communication the MCO sends out to members, will include contact information. MCO contact information is also available on each organization's website.

2. How is the Spanish interpretation done for the My Rewards courses?

All translations are done by a professional language access group within the state cabinet.

3. How will limited English proficiency Medicaid recipients access learning activities? What about activities in languages other than Spanish?

In different communities, there are different agencies that offer language services and offer activities in languages other than English. This means the availability for activities in languages other than English will be available on a case-by-case basis based on the community where a beneficiary lives. Kentucky HEALTH is working diligently to add courses and add qualifying My Rewards activities that offer more languages. Community-Based Organizations that have opportunities for beneficiaries in languages other than English are encouraged to share them on Business Connect.

4. Can new Medicaid enrollees sign up for My Rewards now, or should they wait until Kentucky HEALTH CMS reconsiders the program and issues its decision?

Beneficiaries who will be enrolled with Kentucky HEALTH when the program begins are automatically assigned a My Rewards Account. The beneficiary's My Rewards Account will become **active** (meaning they can use the My Rewards dollars) when the beneficiary pays the first premium after Kentucky HEALTH begins. Beneficiaries have opportunities to earn My Rewards dollars **before** Kentucky HEALTH begins so there are My Rewards dollars available to use when the My Rewards Account becomes active:

- **January 1, 2018 through the start of Kentucky HEALTH:** All preventive services accessed from January 1, 2018 until Kentucky HEALTH starts will be credited to an individual's My Rewards Account, to be used when the My Rewards Account becomes active.
- **After April 1, 2018:** Beneficiaries may earn My Rewards dollars by taking online courses at CitizenConnect.ky.gov in addition to earning dollars by accessing preventive services.

Beneficiaries should continue to access educational courses on Citizen Connect and preventive health, dental, and vision services to earn My Rewards dollars before Kentucky HEALTH begins.

5. If someone has already been determined Medically Frail, do they need to be re-determined as Medically Frail when Kentucky HEALTH begins?

No. The Medically Frail determination tool is still running in the eligibility system. The Medically Frail determination tool looks at a person's treatment history and will automatically continue to generate Medically Frail status based on an individual's medical history. Kentucky HEALTH has recommended that the Managed Care Organization (MCO) partners keep collecting documents from providers when they think a patient may be Medically Frail. If an individual has not been marked as Medically Frail automatically, the individual may schedule an appointment with a provider who can report to the MCO that an individual has a condition that meets the definition of Medically Frail. Once an individual has been designated as Medically Frail, he/she will have that determination for 12 months. Having Medically Frail status already in the system will not shorten the timeframe. The 12-month period of Medically Frail status will begin once Kentucky HEALTH begins.

6. Will the lockout period for missing premium payments change based on the legal decision?

Kentucky HEALTH did not submit changes to the suspension period ("lockout period"). CHFS will consider changes if CMS requests them as part of the reconsideration of Kentucky's 1115 waiver. However, there are no plans to make changes.

7. Are beneficiaries only responsible for the cost of premiums, or do they also need to pay co-payments (co-pays) for medication?

If a beneficiary is paying the monthly premium, he/she will not have any co-payments. Kentucky HEALTH's premiums are designed to create one set predictable payment amount each month. By comparison, co-payments can be charged each time a beneficiary seeks health care services, so they are less predictable and can add up quickly.

8. What is the definition of a dependent child for the Kentucky HEALTH program?

A dependent child is a child under age 19 who is considered a tax dependent of the household. If an adult beneficiary is the primary caregiver of a dependent child, the beneficiary may be exempt from the PATH Community Engagement requirement.

9. Will individuals be re-notified with a 90-day notice for their PATH Community Engagement requirement since the approval was sent back to Health and Human Services?

Yes. If CMS approves Kentucky HEALTH, a notice will be re-issued for all individuals with a PATH Community Engagement requirement.

10. Will the dates of the PATH Community Engagement requirement be pushed back?

Beneficiaries will receive a 90-day notice before the PATH Community Engagement requirement begins. The 90-day notice cannot be sent unless CMS approves Kentucky HEALTH. However, beneficiaries can choose to start fulfilling their requirements before the program begins. The resources and the training programs are available now and the Cabinet for Health and Family Services leadership encourages Medicaid members to access these services before their start date.

11. Will the PATH Community Engagement requirement still be phased in by region?

*Please note: New information became available **after** the August public forum. The response below is the **most recent** information available as of August 23, 2018.*

Yes, the PATH Community Engagement requirement will still be phased in by workforce region. The exact schedule for the roll-out is being updated, contingent upon approval of the waiver by CMS.

12. Why did the Commonwealth send beneficiaries notices of future PATH Community Engagement requirements in early July, after the judge had reversed the approval of the Kentucky HEALTH program?

The legal decision was published after the PATH Community Engagement notices were sent to beneficiaries. Kentucky HEALTH was scheduled to begin on July 1, 2018, so notices were in the mail to beneficiaries before Kentucky learned of the legal decision on June 29, 2018. Information on KentuckyHEALTH.ky.gov and beneficiary eligibility notices have been updated to reflect that current Medicaid beneficiaries do not have PATH Community Engagement requirements as of now.

13. If I am a beneficiary and I work 20 hours each week or 80 hours each month, why do I need to upload hours if the system already has the information?

Individuals working part-time (less than 30 hours a week) typically have more variation in their hours, and therefore will be required to document hours to Citizen Connect each month at CitizenConnect.ky.gov. Reporting hours for the PATH Community Engagement requirement is a self-reported process. While documentation is optional, beneficiaries are encouraged to upload documentation if it is available.

14. Some providers have reported that co-payment requirements showed up in the system for KCHIP recipients after July 1, 2018. Previously, these children did not have co-payments. Why was there a sudden change, and why is this group not exempt from co-payments?

The only children who should have co-pays are in KCHIP with household income over 150% of the Federal Poverty Level (FPL). These children had co-pays before July 1, 2018 as well. If you have a situation where you think you have been incorrectly charged a co-payment, please call Medicaid member services at 1-800-635-2570.

15. How long after a pregnancy ends are women considered part of the Pregnant Women group that receives Medicaid health coverage?

A woman will be considered part of the pregnancy eligibility group while she is pregnant and 60 days after the pregnancy ends (during the postpartum period). On the first day of the month after the 60 day period has ended, the woman's coverage status changes to the eligibility category that applies to her at that time. For example, if the 60-day postpartum period ended November 15th, the woman would move to a different eligibility category December 1st.

16. What is the benefits status for refugees and individuals dealing with interpersonal violence?

Currently, there is no change to the benefits for refugees and victims of interpersonal violence. When Kentucky HEALTH starts, these individuals will not automatically be considered Medically Frail, but will be **exempt** from cost sharing and the PATH Community Engagement requirement. Refugees and individuals dealing with interpersonal violence who qualify for Medicaid based on the Medicaid expansion will be covered under the Alternative Benefit Plan (ABP). They will be required to access non-medical dental and vision services through their My Rewards Account; however, \$500 will be put into their My Rewards Account, and replenished as needed for these services.

17. For the Kentucky HEALTH Employer-Sponsored Insurance Premium Assistance (Kentucky HEALTH ESI PA) program, is there a time limit to how long Medicaid will pay a portion of the premium on behalf of the beneficiary?

No. There is not a time limit for the Kentucky HEALTH ESI PA program as long as the following conditions are met:

1. The individual is enrolled in Medicaid
2. The individual is eligible for an employer's health plan(s)
3. The individual provides the required information about his or her employer's health plan(s)
4. The employer's health plan meets Kentucky HEALTH cost and benefit requirements
5. The individual enrolls in the employer's health plan and provides confirmation to the Kentucky HEALTH ESI PA program
6. The individual provides regular documentation to prove ongoing enrollment in the employer's health plan

18. Do you expect non-emergency medical transportation services for the Medicaid Expansion population to be removed?

As part of its 1115 waiver application, Kentucky requested the ability to stop providing non-emergency medical transportation services for the Medicaid Expansion group after Kentucky HEALTH begins. In addition, Kentucky has agreed to provide methadone treatment, but is unable to cover the costs of non-emergency medical transportation services for provision of methadone treatment.