Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program

WELCOME TO

KI HIPP

Kentucky Integrated Health Insurance Premium Payment Program

MEMBER HANDBOOK

Last Update: August 2019

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Welcome

Welcome to the Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program!

The **Kentucky Integrated Health Insurance Premium Payment (KI-HIPP)** program is a Medicaid program offered to Kentuckians eligible for Medicaid (or with a Medicaid member in the household) who have access to Employer-Sponsored Insurance (ESI) through current or past employment.

KI-HIPP helps enrolled members pay for the cost of their ESI premiums, which is the amount you pay to your health insurance company for coverage.

This Member Handbook is designed to answer questions related to KI-HIPP and act as a reference guide for understanding your KI-HIPP benefits.

Please review this KI-HIPP Member Handbook and keep it with your medical information.

Thank you for letting us be a part of your healthcare team!

For any questions about the KI-HIPP program,
please contact the **KI-HIPP Call Center** at **855-459-6328**.

Program Overview

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How are benefits different under KI-HIPP?

The KI-HIPP program may provide access to a wider healthcare network by providing access to the full traditional (or "fee for service") Medicaid network. The Medicaid network is the group of doctors, pharmacies and other medical providers that accept Medicaid and that you may use for your medical care.*

If you were a member with a Managed Care Organization (MCO), such as Aetna, Anthem, Humana, Passport, or WellCare, this means that you previously had to use the providers limited to your MCO network.

In addition, with KI-HIPP you also have access to providers in your ESI network. But, if you see ESI providers that are **not** in the Medicaid network. You may have to pay some of the costs for procedures and services.

Who is eligible for KI-HIPP?

Individuals or families **may be eligible** for the KI-HIPP program if they meet following criteria:

The types of insurance coverages that qualify for KI-HIPP include the following:

Insurance through an **Employer (ESI) Plan**

Insurance through a **Parent's Employer**

Coverage from these plans:

- **United Mine Workers**
- **Retiree Health Plan**
- **COBRA**

*More information related to your Medicaid benefits may be found in the Medicaid Member Handbook here: https://chfs.ky.gov/agencies/dms/dpo/epb/Documents/MedicaidMemberHandbook.pdf

KI-HIPP Benefits

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What are my KI-HIPP benefits?

The KI-HIPP program provides access to Medicaid services and the providers, doctors, and specialists within the full **Medicaid network**. The benefits for your employer's health insurance plan may be very similar to Medicaid benefits. You and your family may have extensive coverage and access to additional providers within your ESI plan that accept Medicaid.

May widen healthcare network by providing access to providers and services through the full Medicaid network

May help make your employer health insurance affordable by reimbursing you for the monthly premium

May allow an entire family to be on the same health insurance plan and access the same providers

Where can I find information about my health insurance plan benefits?

The **Summary of Benefits and Coverage (SBC)** shows the benefits your employer's health insurance covers and lists some of the out-of-pocket costs.

You can request a copy of the SBC from your employer or health insurance company to review all of the benefits within your health insurance plan.

OEBB Summary of Medical and Pharmacy Benefits 2018-19 Plan Year

No lifetime maximum on any medical plans.	Med Plan 1 HMO Kaiser Permanente Network		Med Plan 2 HMO Kaiser Permanente Network		Med Plan 3 HMO Kaiser Permanente Network Optional HSA Allowed	
Plan Year Costs - Deductibles and copayments apply to the annual out-of-pocket maximum.	**In-Network Member Pays**	**Out-of-Network Member Pays**	**In-Network Member Pays**	**Out-of-Network Member Pays**	**In-Network Member Pays**	**Out-of-Network Member Pays**
Deductible per person	None	NA	$850	NA	$1,600[2]	NA
Maximum deductible per family	None	NA	$2,400	NA	$3,200[2]	NA
Out-of-pocket (OOP) maximum per person [1]	$1,500	NA	$4,000	NA	$6,550[2]	NA
Out-of-pocket (OOP) maximum per family [1]	$3,000	NA	$12,000	NA	$13,100[2]	NA
Maximum cost share per person	NA	NA	NA	NA	NA	NA
Maximum cost share per family	NA	NA	NA	NA	NA	NA
Preventive Care Services						
Wellness Visit (Moda plans: ages 21 and over, must use Medical Home)	$0	NA	$0[1]	NA	$0[1]	NA
Routine adult, well-child and women's exams; annual obesity screening & immunizations. See Plan Handbook for add'l Preventive Care Services	$0	Not Covered	$0[1]	Not Covered	$0[1]	Not Covered
Incentive Care Services (for asthma, heart conditions, children's, high blood pressure, diabetes)						
Moda Medical Home incentive care	NA	NA	NA	NA	NA	NA
Incentive office visits and home visits	NA	NA	NA	NA	NA	NA
Office Services						
Moda Medical Home primary care services	NA	NA	NA	NA	NA	NA
Primary care office visits	$20	Not Covered	$25[1]	Not Covered	20%	Not Covered
Specialist office visits	$30	Not Covered	$35[1]	Not Covered	20%	Not Covered
Urgent Care	$35	See Plan Handbook	$40[1]	See Plan Handbook	20%	See Plan Handbook
Mental Health Services						
Mental health office visits	$20	Not Covered	$25[1]	Not Covered	20%	Not Covered
Mental health inpatient and residential services	$100 per day, up to $500 per admission maximum	Not Covered	20%	Not Covered	20%	Not Covered
Chemical dependency services (inpatient, outpatient or residential)	$0	Not Covered	$0[1]	Not Covered	20%	Not Covered
Outpatient Services						
Outpatient surgery/facility care	$75	Not Covered	20%	Not Covered	20%	Not Covered
Outpatient Rehabilitation (physical, occupational & speech therapy) Kaiser Plans: Maximum 20 visits per therapy per Plan Year. Moda Plans: 30 sessions per plan year / 60 for spinal or head injury	$30 per visit	Not Covered	$35[1] per visit	Not Covered	20%	Not Covered
Tests (outpatient)						
Preventive tests	$0	Not Covered	$0[1]	Not Covered	$0[1]	Not Covered
Laboratory	$20 per visit	Not Covered	$25[1] per visit	Not Covered	20%	Not Covered
X-ray, imaging, and special diagnostic procedures	$20 per visit	Not Covered	$25[1] per visit	Not Covered	20%	Not Covered
CT, MRI, PET scans	$20 per visit	Not Covered	$25[1] per visit	Not Covered	20%	Not Covered
Alternative Care Services ($2,000 combined maximum)						
Acupuncture, Chiropractic & Naturopathic Services, labs, diagnostics, etc. *Cost of supplies & procedures performed in Alternative Care Provider's office applies to Alternative Care Benefit Maximum*	$20 per service	Not Covered	$25[1] per service	Not Covered	20%	Not Covered
Maternity Care						
Outpatient Maternity Care	$0	Not Covered	$0[1]	Not Covered	$0[1]	Not Covered
Physician or midwife services & hospital stay, delivery & routine newborn nursery care	$100 per day, up to $500 per admission maximum	Not Covered	20%	Not Covered	20%	Not Covered

If you have dental and vision coverage under your **current Medicaid benefits,** you keep these benefits. If your employer provides separate adult dental and vision plans from the health plan, KI-HIPP does not provide payments for those employer dental and vision plans.

KI-HIPP Benefits Cont.

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What medical costs are covered by KI-HIPP?

The doctors you choose impacts the cost of services. If you want to avoid additional out-of-pocket costs, it is your responsibility to make sure that the provider or clinic accepts the Kentucky Medicaid card.

Costs Covered by KI-HIPP

✓ **In-Network Provider**
A provider who offers services to members within your ESI plan

- AND -

✓ **Medicaid Provider**
A provider who offers services to Medicaid members

Costs Not Covered by KI-HIPP

X **Non-Medicaid Provider**
A provider who does not offer services to Medicaid members (but may be in your ESI plan)

- OR -

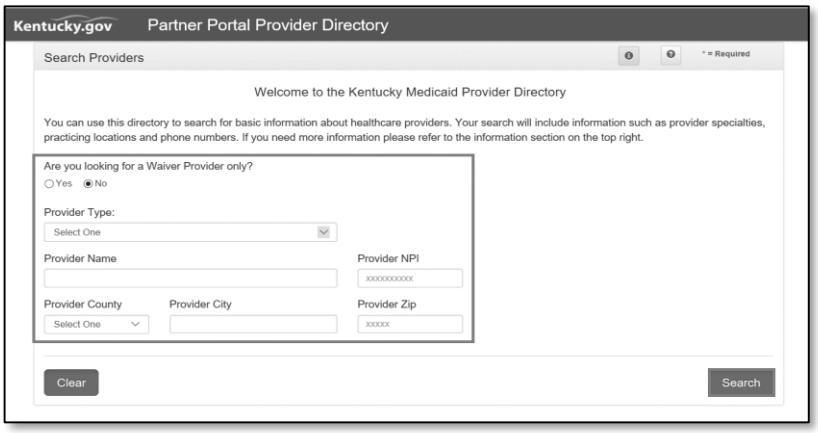
X **Out-of-Network Provider**
A provider who does not provide services to members within your ESI plan

The KI-HIPP program does **NOT** cover or reimburse out-of-pocket costs received if you go to a provider that is a Non-Medicaid provider. It is important to check your ESI plan to understand possible co-pays and the deductible if you go to a non-Medicaid provider.

To make sure that your healthcare charges are billed correctly, you must provide **both** your ***new Medicaid Card*** and ***Insurance Card*** when you visit a provider or fill a prescription.

To check if your provider is a Medicaid provider:

1. Go to the **Partner Portal Provider Directory** by typing this URL in the browser: https://prdweb.chfs.ky.gov/ProviderDirectory/PDSearch.aspx
2. Select **"No"** for *Are you looking for a Waiver Provider only?*
3. Select and fill in the appropriate information
4. Click the **Search** button
5. Once you select a doctor, call to confirm they take "fee for service" Medicaid



If you need help finding In-Network Doctors that accept Medicaid, please call **855-459-6328**.

KI-HIPP Enrollment

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What should I expect after I apply for KI-HIPP?

After you apply for KI-HIPP, you will receive several documents in the mail:

1

Notice of Health Insurance Plan Review

This letter tells you what employer health insurance options qualify for KI-HIPP. It will also give you instructions if you need to take any more steps to enroll in your employer's health insurance plan and/or KI-HIPP.

- You must be Medicaid-eligible or have a Medicaid-eligible member of the household in order to stay enrolled in the KI-HIPP program
- You must continue meeting Medicaid requirements
- If approved for KI-HIPP, you have 60 days to enroll in a qualifying ESI plan because KI-HIPP eligibility is a qualifying event

2

Notice of Eligibility

The ***"Notice of Eligibility"*** letter tells you about your KI-HIPP coverage and benefits from the Commonwealth.

When you visit your provider or fill a prescription, be sure to give your provider, doctor, or pharmacist **both** your ***new Medicaid Card*** and ***Insurance Card.****

3

A Kentucky Medicaid Card

You will receive a new Kentucky Medicaid Card. It has your name and Kentucky Medicaid Identification (ID) number on the front.

- Do **not** throw your new Medicaid card away! You will **not** get a new card each month
- You may discard your old Managed Care Organization (MCO) card
- If you lose your card or see something wrong on your card, contact your local **DCBS** at **855-306-8959** to ask for another one
- Your Medicaid card is **active** as long as you are eligible for Medicaid

4

A Card from your Employer's Health Insurance Company

You will receive a card from your employer's health insurance plan. This card will be **active** as long as you are enrolled in your employer's health insurance plan.

- If you see something wrong on your card, contact the health insurance company directly with the phone number provided on the back of the card
- If you have a separate vision or dental plan, each one of those plans may also have a card

******More information on page 6.*

MCO Disenrollment

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What does the MCO Disenrollment Letter mean?

After you enroll in KI-HIPP, you will receive a MCO Disenrollment Letter. The following process explains why you received this letter:

Enrollment in ESI

After you apply for KI-HIPP, you will receive the **Notice of Health Insurance Plan Review** telling you which ESI plans are eligible for KI-HIPP. To complete KI-HIPP Enrollment, you must enroll in an ESI plan that is eligible for KI-HIPP.

Enrollment in KI-HIPP

Once you are fully enrolled in KI-HIPP, you will be transitioned from your Managed Care Organization (MCO) to traditional Medicaid to allow for payments for your premium to occur. **You will receive a new Medicaid card and will receive all of the benefits of Medicaid.**

MCO Disenrollment

When you are fully enrolled in KI-HIPP, you will receive an **MCO Disenrollment Letter** because you are no longer covered by an MCO. However, now you have two sources of coverage. You have primary coverage from your ESI plan AND secondary coverage from Medicaid.

Coverage of Enrolled KI-HIPP Members:

✗ **Managed Care Organization (MCO):** You may no longer have access to special benefits or programs that your MCO provided.

✓ **Traditional Medicaid:** Provides you access to the full network of Medicaid benefits and providers

✓ **Employer-Sponsored Insurance (ESI):** May provide you access to another set of benefits and doctors, although with potential co-pay and deductibles*

MCO Disenrollment Letter

Dear [redacted],

The people listed below will no longer be covered by a Managed Care Organization (MCO) after the date shown:

MEMBER NAME	MCO	START DATE
[redacted]	Humana-CareSource https://prd.chfs.ky.gov/ManagedCare/	July 31, 2019

You got this letter based on what we know about you today.

If this letter is hard to understand, call us at 1-855-446-1245. We can read this letter to you. We can give you free interpreter services. We can also give you this information in a way that is easier for you to read and understand.

Para ayuda en español, llame al 1-800-635-2570. Las llamadas son gratuitas.

Need help? Have questions? Call toll free: 1-855-446-1245.
For TDD/TTY dial 711 for KY Relay
Monday through Friday 8:00 a.m. to 5:00 p.m. EST

DRAFT

You still have access to your traditional Medicaid benefits. Please review the Medicaid Member Handbook or call **855-459-6328** if you have If you have any questions.

**More information on page 6.*

Member Responsibilities

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What do I need to do after I enroll in KI-HIPP?

Once you are enrolled in KI-HIPP, you must take **ALL** of the actions below in order to remain enrolled and receive a check to help cover the cost of your premium:

- **Pay your health premium payment.** If you have Employer-Sponsored Insurance (ESI), your premium payment may be automatically taken out of your paycheck each pay period.

- **Submit your paystub each time a premium payment is made.** If your ESI premium is taken out of your paycheck **more than once a month**, you will need to **submit each paystub** that has a health insurance premium taken out of your paycheck in order to get your full reimbursement amount.
  - If you do not submit a **paystub** as proof of premium payment by the 15th of the month, you will get a **Notice to Provide Premium Payment Proof** as a reminder notice, but no check is sent until documentation is received.
  - If you do not submit your **paystub** on time, you have **up to 60 days** to submit the proof of payment to get the reimbursement.

- **Remain enrolled in Employer-Sponsored Insurance (ESI).** If you have any changes to your health coverage, such as premium changes or you are no longer enrolled in your employer's health plan, you need to report a change to **benefind Self-Service Portal** at benefind.ky.gov or contact **DCBS** at **855-306-8959.**

- **Be eligible for Medicaid.** You must be eligible for Medicaid in order to stay enrolled in the KI-HIPP program.

These are the different ways that you can submit your documentation:

Upload:
benefind

Mail:
CHFS/KI-HIPP
275 East Main Street, 6C-A
Frankfort, KY 40621

Email:
KIHIPP.Program@ky.gov

Fax:
502-564-3232

If you do not take the actions listed above and lose KI-HIPP benefits, you will stay enrolled in your ESI plan if you continue employment and meet your employer's health insurance enrollment requirements. You will **no longer** receive premium payments.

Member Responsibilities Cont.

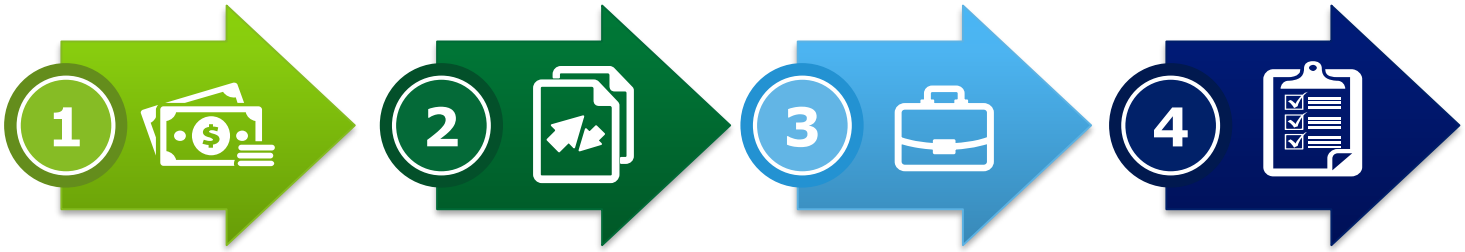
How do I report a change?

If you or someone in your family have any changes that may impact your **eligibility for Medicaid**, you need to report a change to **benefind Self-Service Portal** at benefind.ky.gov or contact **DCBS** at **855-306-8959**. You must report a change if any of the changes below apply to you or someone in your family:

- **Income**
- **Employer**
- **Health Plan**
- **Household Size**
- **Address**

What do I need to do to stay enrolled?

To stay enrolled in KI-HIPP, you must fulfill **ALL** of these **requirements**:



Step 1
Pay your health insurance premium.

Step 2
Submit your paystub as proof of premium payment each time a payment is made.

Step 3
Remain enrolled in Employer-Sponsored Insurance (ESI).

Step 4
Be eligible for Medicaid.

If you **lose your ESI coverage** and are still eligible for Medicaid, you will transition out of the KI-HIPP program to a Managed Care Organization (MCO). If you were disenrolled from a MCO for *less than* **60 days**, you will transition back to your *previous MCO* (the MCO that covered you before your KI-HIPP enrollment). If you were disenrolled from a MCO for more than 60 days, you will be automatically assigned to a MCO.

KI-HIPP Program → **MCO Coverage**

Member Responsibilities Cont.

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What is the annual renewal process?

Each year, you must renew your **ESI Plan** and **Medicaid** requirements.

ESI Plan

Your employer will have an **open enrollment period** where you can choose to **keep the same health insurance plan** OR **make changes to your ESI plan**. For example, an individual may change plans if he/she wants more extensive coverage.

If you want to make changes to your health insurance plan, you will need to provide the necessary documents to the KI-HIPP Team to check your plan for cost-effectiveness and comprehensiveness *before* you enroll in a new health insurance plan.

You will receive the **Notice of Renewal** 90 days before the coverage end date of your current plan. This notice will remind you to submit plan enrollment documents to the KI-HIPP Team if there are any changes to your health plan for the next year.

Medicaid

You will need to renew your Medicaid requirements every year to remain eligible for Medicaid. This is NOT the same as your ESI plan renewal.

You will receive an annual Medicaid renewal notice from Medicaid. You must report if you had a change in income, employer, health plan, household size, or address.

Resources and FAQs

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Resources

The resources below include important phone numbers and website links you can visit for additional information or assistance.

Report A Change

Go to **benefind Self-Service Portal** at benefind.ky.gov or contact **DCBS** at **855-306-8959**.

Questions

For any questions about KI-HIPP, contact the KI-HIPP Call Center at **855-459-6328** or visit the KI-HIPP website at **bit.ly/kihipp**

Medicaid Card

If you lose your card or see something wrong on your card, contact your **local DCBS office** or call **855-306-8959** to ask for another one.

Provider Directory

You can search for your **Medicaid doctors** via the **Partner Portal Provider Directory** at https://prdweb.chfs.ky.gov/ProviderDirectory/PDSearch.aspx

For more information, including how to appeal denied claims or get approval for services before you get them, please see the **Medicaid Member Handbook** at: https://chfs.ky.gov/agencies/dms/dpo/epb/Documents/MedicaidMemberHandbook.pdf

Frequently Asked Questions

The questions below are frequently asked questions (FAQs) about KI-HIPP.

Questions	Answers
What will happen to my Medicaid benefits?	Your Medicaid benefits will **NOT** change when you enroll in KI-HIPP.
How is KI-HIPP coverage different than Medicaid?	Your family may have access to doctors and specialists in Medicaid AND additional services through ESI doctors for more extensive coverage.
How do I get paid?	To receive a payment, send **a copy of your paystub** as proof of premium payment **each pay period.** You will receive a check in the mail or you can submit the direct deposit form to the program to receive electronic deposits.

A longer list of FAQs and forms can be found on the KI-HIPP website at bit.ly/kihipp