Frequently Asked Questions: Assisters

Enrollment and Eligibility

1. Has the grace period for the Request for Information (RFI) been eliminated? Currently, an individual's RFI may not be due for 30 days.	The deadline to submit verifications on the RFI has not been eliminated. If an individual makes a payment during the application month, they still must submit verifications by the deadline. If they are approved after submitting verifications, their coverage will backdate to the 1st of the month that the payment was made, even if verifications were submitted the month after the payment was made.
2. We are enrolling patients while they are in the hospital per their qualifiers and they are "conditionally eligible." Will their hospital bill be covered?	Coverage starts the beginning of the month that the payment is made, so if they already have this medical bill, encourage them to make that payment in the same month as the application. This also might be an opportunity to Fast Track depending on the timing of the application.
3. What's the difference between the MAGI PREG and pregnant adult?	PREG is a type of assistance (TOA) for Medicaid received by pregnant women. A pregnant woman can receive different types of TOAs. Refer to the Appendix A: TOA Tip Sheet in the Kentucky HEALTH training manual for more information on TOA descriptions.
4. How is eligibility affected for those in a substance abuse program?	The application process for these individuals has not changed. However, they will have to call the Managed Care Organization (MCO) to be determined Medically Frail since those with a chronic substance use disorder may be deemed Medically Frail.
5. What if someone is recently released from incarceration but needs immediate coverage (such as needing insulin)?	There is a push right now to complete the process leading up to the individual's release date. Incarcerated individuals still have Medicaid, but they are suspended from their MCO during incarceration. Please reach out to DCBS or DMS for further questions regarding this issue.

6. What will happen to Presumptive Eligibility (PE) coverage when Kentucky HEALTH goes live?	Anyone who receives their 2-month PE coverage during the month of implementation will be on the Alternative Benefit Plan (ABP)-Copay plan.
7. How can individuals receiving PE coverage avoid the Conditional Eligibility period?	That individual must apply for Medicaid prior to the date their PE coverage ends. They will continue to receive PE until the Medicaid application is approved or until the end of the 2-month period, whichever comes first.
8. For this example, Kentucky HEALTH has gone live. Patient seen in ER or admitted on 10/31. App filed 11/1. Is 10/31 covered?	No, unless the individual is a pregnant woman, a child, or Former Foster Care youth. Those groups are now the only ones eligible for retroactive coverage once Kentucky HEALTH goes live.
9. If a provider initiates an application for a patient under Presumptive Eligibility, but the patient is later found ineligible for Medicaid, will they have coverage for that PE period?	Yes. Additionally, if they are denied eligibility for Medicaid, they will be covered by their MCO for the remainder of the PE period (2 months). If someone was found to be eligible and was later denied due to providing false information, this would be reported to the Department of Medicaid Services (DMS).

Penalty and Suspensions

1. If an individual loses PE coverage, do they enter the 6-month penalty period?	No. The member may submit a new application at any time after PE ends. However, they may be subject to conditional eligibility.
2. In Module 3, in the example with Kate – Kate never pays premiums, nor does she participate in community engagement. Does she go into suspension if this lasts over 3 months?	In this example, Kate is appealing to the MCO, because they determined her not to be medically frail. She is still expected to meet cost-sharing requirements and PATH requirements until the MCO determines her to be medically frail. If Kate does not meet her cost share or PATH requirements she could still receive a suspension. Once the MCO determines that she is medically frail, her premiums will be optional, and she will be exempt from PATH Community Engagement. Kate can also receive retroactive coverage due to the ruling. If premiums were made during this period Kate could be eligible for a refund from the MCO.

3. How would a provider (such as a hospital) get paid if a client has a penalty or suspension? How can a Certified Application Counselor (CAC)/Assister help the client in getting the provider paid?	The individual is responsible for meeting requirements. If they do not meet requirements, a penalty is applied. If an individual receives a penalty, the CAC/Assister would need to inform the patient how to lift the penalty by reviewing their notices. If there are further questions, the individual can view Citizen Connect or contact Department of Community Based Services (DCBS) to find out how to lift their penalty.
4. If someone lifts the penalty, is the 6-month penalty period over?	Yes.
5. If someone pays their premium in advance, then is penalized and loses their coverage for another reason, what would happen with the months already paid?	The MCOs will have a refund process in place. That individual would need to request a refund from the MCO in a timely manner.
6. An individual is at a Dr. office or hospital and coverage is suspended. How will that provider get paid?	If an individual's MCO is suspended, then the doctor will not be paid through the MCO. It is important to inform the individual how to clear their penalties. Once the penalty is cleared, the coverage will begin the beginning of the month the individual cleared the penalty. Providers also have the ability to check the member's eligibility/suspension status through provider tools such as KYHealth Net.
7. For non-payment of premiums, when does coverage stop? Is it the first day after the payment is late?	If the individual's income is at or below 100% FPL, the individual receives a non-payment penalty and transitions to the copayment plan **first of the month the 60-day period ends**. The individual may re-enter the premium plan by making the payment for the next month and completing a re-entry course. If the individual has an FPL of greater than 100%, the individual is **denied ongoing eligibility after the 60th day**. (if a payment has still not been made). The MRA becomes suspended on 6/14/2019 (60 days after the date of the invoice).

Medically Frail

1. Are RSDI recipients automatically medically frail?	Individuals are only deemed Medically Frail by RSDI if they meet specific disability codes for medically frail. Not all RSDI recipients are deemed medically frail automatically.

2. During PE eligibility, would a citizen be considered medically frail for PATH?	No. The MCO has not deemed them medically frail at this point. Medically Frail does not affect a member's Presumptively Eligible benefits, so if a Medically Frail member is under Presumptively Eligible Adult coverage (PEAD), they are in the Alternative Benefits Plan Copayment Plan.
3. Does chronically homeless equal the HUD definition or are there are other acceptable definitions?	The definition for medically frail individuals states that an individual must be homeless for duration of 90 days versus the 12-month requirement listed for HUD. Also, the "disabling condition" has been removed since these conditions are already accounted for when assessing an individual for medically frail status.
4. For medically frail, does coverage backdate to the 1st of the month?	Everyone's coverage backdates to the beginning of the month in which the payment is made. If someone is already deemed medically frail when Kentucky HEALTH goes live, they will have coverage starting at program implementation date, because they are on the Medicaid State Plan.
5. If someone is homeless, how are they going to make contact in 6 months? Will the MCO determine an individual to be homeless if they have no contact with this person?	Assisters may help an individual contact the MCO to follow up about their Medically Frail status during the 6 months by contacting the MCO. An MCO cannot re-determine an individual Medically frail due to homelessness unless the MCO has been able to contact the individual who attested to the homelessness.
6. How many times can individuals dispute/appeal medical frailty?	It is unlimited. However, if that person truly feels that they are chronically medically frail, then they may need to consider applying for disability.
7. What if an individual's homelessness is permanent? How will he/she be able to receive benefits if they are only able to self-attest to this status once?"	For Kentucky HEALTH purposes, self-attestation simply means that that individual will automatically be deemed Medically Frail for 6 months. If an individual is homeless after that 6 months, the MCO must be contacted. The MCO will then use their own criteria to determine if that individual should be re-determined medically frail. Also, if a provider deems an individual homeless the individual receives 12 months of medically frail status.
8. Can someone be determined to be chronically homeless without self-attestation?	Yes. Providers can determine an individual homeless, which would grant the individual 12 months of Medically Frail status. The self-attestation will grant the individual 6 months of Medical Frail status. After the 6 months has ended, the MCO will examine the individual to determine if he/she still meets the definition of homelessness. Self-attestation may only be used once every 5 years. Once an individual has self-attested for homelessness, that individual would need to contact an MCO or provider for evaluation to determine if the individual could still be considered homeless.

9. Could an authorized representative contact the MCO for medical frailty with the patient while in the hospital room?	Yes, the client is told to contact the MCO. If they are unable to, an authorized representative may contact the MCO for the client and let the client answer questions.
10. The breakdown of Kentucky HEALTH parts by TOA, in Module 2, groups transitional Medicaid TOAs TMAE and TMAS, into the Medically Frail category of eligibility but not into any other category. However, in the Categories of Eligibility in Module 2, it shows some differences in Medically Frail and TMA. If they are considered Medically Frail, then why are they subject to PATH and cost-sharing?	Those TOAs are not automatically deemed Medically Frail. They are TOAs that could possibly be Medically Frail. If someone is medically frail regardless of their TOA, then that person would be optional for Cost Sharing and exempt from PATH requirements.

PATH

1. Does a parent/caretaker of small children have to do PATH requirements? Pay premiums?	Yes, parent/caretaker relatives (PACA) are PATH required and cost-share required. However, if a parent/caretaker relative is the primary caregiver of the children, they can claim an exemption for PATH. (Note that this would not exempt them from cost-sharing).
2. What qualifies someone for the parent/caretaker PATH exemptions?	A parent can claim to be the primary caregiver in the household, and this will be an exemption for PATH requirements. Parent/Caretaker relatives are individuals who are parent, including step parents) or a caretaker relative of a dependent child in the home related to the child by blood, marriage, or adoption. Caretaker relatives are individuals related to the child by birth or marriage and provide a home for the child.

3. What are some examples of Low Income Adult PATH exemptions?	**Exemptions**: 1. Former Foster Care Youth- Exempt through the last day of the month they turn 26. 2. Medically Frail- Exempt as long as the individual is Medically Frail. 3. Full-Time Student- Exempt until graduation, suspension, expulsion, withdrawal, or failure to register for the next normal school term (not including summer school). Full-time students are also exempt during any scheduled school vacations, such as summer and winter break. To keep this exemption, students should submit proof of enrollment during the initial application and during recertification. 4. Primary Caregiver of a Child <19 or Disabled Tax Dependent in Household- Exempt until the first of the month after the individual is no longer a primary caregiver, the child turns 19, or the individual may no longer claim the disabled tax dependent. ***Please Note:*** *Only one adult on a case may be exempted as a caregiver in a household, even if there are multiple children or disabled tax-dependents in the household.* 5. Living in a Paths 2 Promise County- Exempt as long as the individual lives in Whitley, Knox, Clay, Bell, Leslie, Harlan, Letcher, and Perry County. Individuals will have this exemption until January 1, 2019.
4. For the good cause, illness or incapacity of an individual for PATH, how would someone verify feeling sick or depressed for a couple days? Would they HAVE to obtain a doctor's note?	The purpose of this good cause is for situations in which a member is hospitalized or otherwise incapacitated and unable to complete the required monthly hours. In many scenarios, if a member is feeling ill for a few days, they will have the remainder of the month to make up the remaining hours. Also, keep in mind they have until the end of the next month to make up the missing hours to prevent a penalty. Verification from a hospital or a provider reporting illness suffices for an approved good cause.
5. How will self-employed individuals verify their hours?	People who are self-employed use the same method of reporting their hours as previously in Worker Portal. Individuals can report hours themselves through Citizen Connect. Citizens log into Citizen Connect by using or creating a Kentucky Online Gateway account. They click Report Activity on the Dashboard and then answer the questions for each field. They have the option to submit a form of written verification of their work by uploading a picture of it into Citizen Connect. This is strictly to record hours for the PATH requirement, and this does not capture income in Worker Portal. PATH verifies hours worked, not income.

6. Is the requirement still 80 hours even in the months that there are 5 weeks?	Yes, it is an 80-hour per month requirement.
7. How many hours does a part-time student need to supplement for PATH? Does it matter what kind of school they intend?	If the institution considers that person a full-time student, the student is exempt from PATH. A part-time student would still need to meet 80 hours per month. A part-time student would meet the 80 hours through a combination of PATH activities (employment, Part-time Student hours, additional classes, etc).
8. Does moving affect PATH requirements? If so, how far of a move (if any distance is required)?	It would only affect an individual if they move to a Paths 2 Promise county where PATH is exempt. If the individual moves to a county that has not rolled out yet, they will be able to claim a Satisfactory Condition until their new home county rolls out. Otherwise, moving would not affect PATH. The individual would still have to complete 80 hours that month.
9. Currently some employers' information automatically updates to DCBS via KY Internal Revenue Service (IRS). Will the information that is used now to take someone off Medicaid also suspend the PATH requirement?	The hours that count for PATH are the hours that are entered into Citizen Connect. However, if the person has been receiving a Satisfactory Condition for working 30 hours a week, through the information entered into Worker Portal, then these hours could be affected. For best practice, all hours should be entered into Citizen Connect regardless if the Satisfactory Condition for working 30 hours is received or not. This will allow the individual to get My Rewards Account credit for working more than the required 80 hours per month.
10. What if someone who is incarcerated moves while PATH is being rolled out? Will this count toward the 60-day waiting period?	The PATH clock is for anyone who has previously never had a PATH clock, and it lasts 3 months (90 days). If the individual started out being incarcerated when their PATH county rolled out, they will get a 3-month PATH clock once they have been released.
11. Will students have to meet the PATH requirement during breaks?	No, if they are enrolled in school full time, they will not be required to participate in PATH during breaks, including Winter and Summer.
12. Are PATH activities chosen by the individual or is the qualifying activity assigned?	Individuals may choose any PATH approved activity. They are not assigned.
13. How often do self-employed individuals have to verify PATH hours? Will it	The individual must enter their hours in Citizen Connect for PATH even if they are self-employed. Self-employment income still must be reported in Worker Portal/SSP the same as before to capture

automatically be included in recertification?	income. Information does not go from Citizen Connect to Worker Portal/SSP.
14. If a citizen is suspended for not submitting verifications on the RFI, would this also suspend PATH requirements and start back once RFIs are submitted?	Yes.
15. For a new app, I'm self-employed. I report 30 hours each week and upload this statement to Citizen Connect. Will this be sufficient verification for a Satisfactory Condition?	To receive a satisfactory condition the job would have to be entered into Worker Portal/SSP and verified for 30 hours a week. Hours entered into Citizen Connect do not transfer to Worker Portal/SSP. Therefore, the individual would still show as required to complete 80 hours a week if entered in Citizen Connect and not in Worker Portal/SSP. It is in the individual's best interest to always enter all hours into Citizen Connect. If they reach over 80 hours a week they can earn MRA dollars.
16. Will cases pend for income to verify the Satisfactory Condition?	If a member reports income that is not able to be verified by the HUB, the case pends for verification as it does today. The verified income and hours entered determines whether or not a member meets the Satisfactory Condition for PATH.
17. If an individual is listed as a household member, in order to select the Primary Caregiver exemption, will it generate a member match since the disabled person likely has their own active case?	Yes, it would create a member match. A person can be listed as a household member and not request coverage. If the member does request coverage but is already receiving it in another case, the individual would be denied due to already receiving benefits.
18. Can individuals bank PATH hours in advance if they know they will be short next month?	Members cannot bank PATH hours. If a member is short for the previous month, they may make up the lacking hours from the previous month and be current on their hours for the current month to prevent a PATH suspension. **For Example:** Julie only completed 60 hours of PATH activities in December. In January, Julie may complete 100 PATH hours to prevent receiving a suspension on February 1. Outside of this scenario any PATH hours completed beyond the minimum requirement in a month could be credited to the individual's My Rewards Account if reported.

19. What types of verifications can be used/accepted for verification for the full-time student exemption from PATH?	The client would need to provide anything that shows that the institution they are attending is considering them to be enrolled full-time. Class schedule, letter of enrollment from the institution, and a tuition receipt/bill are all acceptable verifications.
20. Are there processes in place to protect volunteers at the volunteer site? For example, do these agencies have a form the individual signs that releases that agency from any liability for injuries on the job, etc.?	Kentucky Career Centers and Career Coaches are insured and are not liable for any damages or injuries to an individual at the KCC. That should be the same for any agency who does volunteer work. However, that is up to the agency to provide the paperwork and ensure the volunteer signs it.
21. Will the time an individual didn't meet SNAP and PATH coincide, or does it start with one ends?	If an individual is no longer receiving SNAP, they will be expected to participate in PATH and report their hours starting the same month in which SNAP benefits were discontinued.

Cost Sharing

1. For groups where the premium is optional, will they still get an invoice from the MCO, and will the invoice indicate that payment is optional?	Yes, they will receive an invoice, but it may not say it is an optional payment. The client's Notice of Eligibility that they receive from DCBS will tell them that payment is optional. There is a copy of this notice in your guide in Module 6: Notices and Correspondences. The individual will continue to get invoices from the MCO, because someone who is cost-share optional could decide at any point that they want to start cost-sharing.
2. Are there good cause exemptions for missing the 60-day period?	Yes, there are good cause reasons for not making a payment within 60 days. These are listed in Module 3: Penalties and Suspensions. Good Cause reasons are subject to change.
3. If you make a payment, can you still change your MCO?	Only Children, Former Foster Youth up to age 26, and Pregnant Women will be able to change their MCO within 90 days of approval. (All individuals may provide a for cause reason to request a change outside of Open Enrollment or the 90-day period).
4. Are there grace periods for payments and/or suspensions initially?	No, individuals will receive an invoice dated on the 15th of each month, and they will have 60 days from the date on the invoice to pay their premium.

5. How does the premium payment change if a citizen changes their MCO within the 60-day window?	If they are conditionally eligible and they have made their initial premium payment, then they are locked into that MCO until open enrollment or they request good cause. That 60-day window to change only applies if they have not made their initial premium payment. If good cause is received a new invoice will be sent from the new MCO and the individual can receive a refund from the previous MCO. The premium is based on the FPL and the duration the individual enrolled in Kentucky HEALTH. Changing MCO will not affect the premium amount.
6. How would a friend, family member or community agency pay the individual's premium, and is it allowed?	There will be cash pay options or it can be mailed in to the MCO. There will be a Quick Reference Guide (QRG) available with information on where to send MCO payments in or where to go to pay for them. A community agency wanting to pay someone's premium is allowed.
7. Can the hospital/clinic/provider make a Fast Track payment or any other premium for the patient?	At the moment, there is no process or functionality in place for an Assister to take payment. Additionally, this creates liability issues if the Assister were to take the payment (such as the payment being mistaken as a fee for the Assister's service). While many providers have the *ability* to take a payment, there are still a lot of questions that must be answered in order to determine what the formal process will be. This concern is being taken into consideration. More details to be provided at a later date.
8. Many individuals in this population are not computer literate. Is there something that Assisters can provide to the patient/client to show them how to make a Fast Track payment?	A Fast Track QRG is distributed for Assisters to use on how to make a Fast Track Payment. However, once directed to the MCO website the individual needs to follow the instructions on the MCO's website to complete payment.
9. Do copays apply to both technical and professional fees?	A copayment is paid per visit to the provider. Services fall under these types of categories Institutional Care (inpatient, hospital care, rehab), Non-Institutional Care (physician visits, physical therapy), and non-emergency use of the ER.
10. Can you hold a non-family member liable for a premium payment not paid? What if the person didn't give consent to be put on their case?	A non-payment penalty will affect all cost-share required members under the same MCO in the household. If a member is incorrectly receiving Medicaid in the household, the 'Program Request' screen should be updated appropriately.

My Rewards Account

1. The My Rewards Account (MRA) statement comes once a year. If a person finds a discrepancy, with whom do they dispute it?	Aside from the yearly summary, individuals can check their MRA balance 24/7 via Citizen Connect. Medicaid Member Services would handle MRA disputes.
2. How often is My Rewards updated? If you accrue it in one month, does it show in that same month?	Credit for My Rewards courses is updated in real time. Credit for preventative services from a provider may take longer to show up in their account.
3. If an individual pays for a service themselves, can they be reimbursed from their My Rewards Account?	No. MRA dollars may only be used for Medicaid-approved dental and vision services at this time.
4. Preventative vision and dental screening are ways to earn MRA dollars. Are these exams covered, and if so, does the individual get MRA dollars for it?	If sufficient funds are available, Medicaid Member Information Services (MMIS) will pay the provider for the service performed and indicate a necessary deduction in the member's My Rewards Account based on the Fee-for-Service rate for that service minus the Third-Party Liability (TPL) reimbursement. If sufficient funds are not available, MMIS will deny the claims. The individual will get MRA dollars as well for the preventive vision and dental services since these are MRA approved activities.
5. For medically frail, if they choose not to make premiums, does half of their Deductible Account funds still go to their MRA?	Yes, however if their My Rewards Account does not go into active status within 60 days of receiving the deductible roll over, the roll over amount will be removed. Members can only accrue and use their My Rewards Account if it is in an active status.
6. Parents receive MRA dollars for taking their child to preventative services. They can transfer only these dollars from parent to parent. If that credit is transferred to the other parent, how soon will that transferred credit show up?	This MRA credit should show up as a credit in the transferred account that same day.
7. If I have $80 in MRA and schedule an $80 eye exam,	There is a function in HEALTH Net that allows the doctor to cancel the request for those funds. The client would want to inform the

and the Dr. holds that money, but instead I decide to have an $80 teeth cleaning, how does the dentist get my MRA money?	doctor that they no longer want the eye exam. In this example, the dentist would not be able to reserve the $80, because the optometrist would have reserved those funds. You would have to ask the optometrist to release/cancel those funds, so that the dentist would be able to then reserve them for the cleaning.

System

1. How long does it take for case disposition and getting info to MCO?	This information is provided directly to the MCO immediately.
2. Do Assisters have access to Citizen Connect?	No, Assisters do not have access to Citizen Connect.
3. Can Assisters upload PATH Community Engagement (CE) documents for clients?	Assisters do not have access to Citizen Connect so they are unable to upload information for CE hour verification. Assisters may provide side-by-side assistance to an individual by uploading verification on the citizen's account. However, an assister should never obtain the citizen's user name and password to upload the documentation.
4. Will Self-Service Portal (SSP)/benefind automatically recognize those already on Supplemental Nutrition Assistance Program (SNAP) or is it the responsibility of the citizen to show proof?	The SSP will be able to determine if a member receives SNAP.
5. Are the invoices on a 4th grade level or equivalent like other notices from the state?	We don't know what invoices will look like since they will be coming from the MCO. The language has not changed for any types of notices that IEES mails out.
6. Can Assisters see all notices on benefind? (including suspensions, etc.)	Yes, Assisters will be able to see Medicaid notices generated from IEES/Worker Portal. However, notices from the MCO will not be visible.
7. For the blind/permanently disabled question, does there have to have been a determination by Social	It would pend for verification of the disability. A Medical Review Team (MRT) determination may be completed as well. This will be processed through Worker Portal. The applicant can answer the question and the case would pend for verification of a disability or

Security in order to answer yes, or is it subjective?	blindness. Please note, there is a difference between disabled and incapacitation. For example, A disabled individual might include someone who is in a wheelchair (with no end date) from a car wreck. An Incapacitated individual may have been in a car wreck but after knee surgery that individual will recover in 3 weeks (end date). In addition, incapacitation is a term used specifically for SNAP whereas disability is used for Medicaid.
8. At start of the application, is the identity attestation (ID, etc.) a hard RFI? How do we proceed if the patient has no ID proof with them and we can't reach them over the phone?	This is currently being researched for many purposes, including how to deal with incarcerated individuals who will not be able to produce an ID.
9. Can we use the same cell phone # on multiple KOG accts. for password recovery registration?	Yes.
10. For refugees, will benefind/SSP be updated to allow entry of "U.S. date of entry" during the application process? This is critical to determining medical frailty.	This is currently being discussed. The case will pend until information is verified with DCBS. Additionally, this has been submitted as a suggestion for an enhancement to the system.
11. What kind of information will be available on KYMMIS? Will it show if someone is medically frail or if they have a suspension?	There is a Kentucky HEALTH section within (Kentucky Medicaid Management Information System (KYMMIS)/KyHealth Net. You can click on Medically Frail Details under that section, and it will show details of the determination. You will also be able to see any penalties or suspensions, My Rewards Account status, and the cost-sharing plan that individual is on.
12. Does a disabled person need to be added but not be selected as requesting coverage since they likely have their own active case?	If they live together, they can be on the same case, and if they are both approved, they will get different TOAs. If they select the disabled person and they have their own case, they will be denied for already receiving benefits.
13. What are the password requirements for Citizen Connect?	This is the same as KOG. An individual uses their KOG log-in to access Citizen Connect. The requirements for these passwords are: at least 8 characters long, at least 1 number, and contain lower and uppercase letters.

14. Will SNAP notices be visible in benefind for CACs?	Assisters are only able to see notices for the programs they have access to. If they only have access to the Medicaid program, they will only see the Medicaid correspondences.
15. Once the MCO processes the payment, how soon does it show up in Worker Portal?	The information should show up in Worker Portal in near real time.
16. Where do individuals upload verifications in SSP?	It is on the Individual Dashboard under “Request for Information.” For any RFI, an 'Upload' hyperlink button will be shown on the Individual Dashboard under Request for Information. Individuals can upload verification for those RFIs there. They can also click on View My Documents to see documents they have uploaded and manage them.
17. Does benefind do the backdating automatically or does the Assister add the date manually for PE coverage?	There is no backdating for PE. Benefind automatically puts "today's date" for the application date when submitted. PE benefits are temporary benefits that are effective the date the application is approved through the end of the following month. For example: An individual is approved PE on 8/3/2015. The period of eligibility for PE benefits will be 8/3/2015 – 9/30/2015.
18. When patients are suspended, will they show active on KYMMIS but suspended?	Yes. KYMMIS/KyHealth Net will display current penalties and show Medicaid eligibility as well.

General

1. What if an individual does not have a smart phone or internet access?	Internet access is only required for Fast Track, since the individual must make that payment via SSP. If the individual wants to watch courses, make an ongoing payment online or pay the initial payment (that wasn't Fast Tracked), then they can go to the public library or their local KCC to access the internet.
2. When household members are on more than 1 MCO, what is the easiest way to change to the same MCO?	Individuals were notified of a Special Enrollment period during April and May where they could change MCOs. Outside of this Special Enrollment period, they will have to wait until Open Enrollment or submit a request for “Good Cause” through the Department for Medicaid Services.

3. What if the control group participant is the Head of Household (HoH)? How does this affect cost-sharing?	If the HoH is in the control group, then the HoH is exempt from cost-sharing. Notices sent from Worker Portal are on the individual level, therefore control group individuals are displayed as Traditional Medicaid and do not display under "Kentucky HEALTH Summary" section on the Notice of Eligibility. The premium will still be based on the FPL of all members including head of household.
4. What are re-entry courses?	These are courses that an individual takes on Citizen Connect to lift penalties. Courses are still being developed, and they are called HFL (Health and Financial Literacy) courses.
5. What will the Citizen Connect mobile app be called?	Mobile Serve
6. Someone in the Random Control Trial (RCT) moves to another state and they need coverage for the new state, can they end the benefits? (Most states won't issue coverage if they still have coverage in another state).	All this means for RCT participants is that they will follow Medicaid rules prior to Kentucky HEALTH. It does not mean they will be locked in to receiving Medicaid for 5 years. They can still be denied and discontinued benefits just as they do now. If they are denied KY Medicaid for moving out of state, they could apply for Medicaid in another state. If they move back within the 5-year period and apply for KY Medicaid again, they would just be put back in the RCT group instead of Kentucky HEALTH.
7. Are good cause requests going to be reviewed timely enough to make a determination in the same month?	It depends when the good cause is requested. A good cause can be approved for the current or prior month. Typically, those should be reviewed within 15 days or less.
8. Can clients choose to Fast Track multiple times if they apply, get suspended, then reapply?	No. Individuals who are suspended from their MCO are still enrolled in Medicaid. They would not be reapplying after suspension unless they were denied at some point after being suspended. If they are truly reapplying, then yes, they could choose Fast Track at each reapplication.
9. Without MCO enrollment, does anyone (provider) get paid?	There must be an active MCO enrollment for payments to be made.
10. How long after a pregnant woman delivers does she have to report that she is now the primary caregiver?	The individual gets a 60-day postpartum exemption for PATH. The individual would want to report that change before the end of the 60-day time frame to ensure they stay exempt for PATH.

11. When will the Kentucky HEALTH paper application be updated?	The Kentucky HEALTH paper application is being updated and should be ready at implementation.
12. Does incarcerated release day start from the day that DCBS receives "release papers" or date of actual release indicated on papers?	The date stated on the release papers is what you will use for the incarceration release date.
13. Does Employee Sponsored Insurance(ESI)/Premium Assistance reimbursement operate like Medicare QMB (Qualified Medicare Beneficiary)?	No, ESI will not work like the Medicare Savings Program (SMB/SLMB/QI1). For Premium Assistance/ESI, Medicaid will reimburse the individual the difference between their premium amount and the cost of ESI. **For Example:** Cindy has income above 100% FPL, so her premium is $15. She is enrolled in ESI and the cost is $100 per month. Medicaid will send her a check each month for $85.
14. Would other members of an incarcerated individuals' household be held to their status?	No. If one individual is incarcerated, the other household members are not affected.
15. Will citizens with literacy issues be able to have someone create or track their Citizen Connect profile? (for example, their authorized rep)	If an individual needs help accessing their profile, it would be up to them to request help from an Authorized Representative, friend, family member, KCC, or assister etc. There is no way for an authorized representative to create a separate log in on the citizen's behalf. Therefore, unlike benefind, the Authorized Representative does not have their own account linked to access the individual's information.
16. The paper apps historically do not include all the same info as the online one and is not in the same order, which is needlessly confusing. Will the updated paper app match the updated electronic app now?	DMS is updating the paper applications and it should be available by implementation.
17. Could we get a copy of the MACE-145 form?	The MACE-145 is no longer going to be an option for reporting PATH hours. Individuals can contact a KCC for assistance entering hours or enter them into Citizen Connect.

18. Will the MCO still be paying for extra benefits such as glasses?	These are called “value-added benefits,” and are benefits that some MCOs offer as perks. We do not know if they will continue to provide these benefits. You can contact those MCOs to see if they will continue offering these benefits.
19. At the start of the application, is the identity attestation (ID, etc) a hard RFI? How do we proceed if the patient has no proof of ID with them or if we reach them over the phone?	If the client is present, the contact center can be contacted to complete the application. The contact center still has access to RIDP to verify an individual’s identity.