

KI HIP P

Kentucky Integrated Health Insurance Premium Payment Program

KI-HIPP Policy Training

Objectives



1 Describe the KI-HIPP program goals and expected benefits



2 Comprehend KI-HIPP eligibility and enrollment



3 Discuss next steps for clients after enrolling and useful resources

Program Overview

KI-HIPP Overview

Below describes the key points of the KI-HIPP program and update coming soon.

Pre-November Eligibility:

The KI-HIPP program is a voluntary Medicaid program offered to Medicaid members to help pay for the cost of an Employer-Sponsored Insurance (ESI) plan.

Coming November 4, 2019!

A new and improved KI-HIPP application allows for **more Kentuckians, including those with adoption subsidy cases**, to apply and be eligible for KI-HIPP!

Changes include:

- ✓ Non-Medicaid primary policy holders may now apply for KI-HIPP if they have at least one Medicaid member on their health plan.
- ✓ The new KI-HIPP application makes it easier for these newly eligible Kentuckians to apply and cuts the time it takes to add KI-HIPP to an existing case!



Please Note: Enrolling in KI-HIPP **does not result in losing Medicaid benefits!**

KI-HIPP Benefits and Testimonies

Below describes the benefits of KI-HIPP and current member testimonies.

KI-HIPP Program Benefits

-  **May widen healthcare network by providing access to the full traditional Medicaid network**
-  **May help make employer health insurance affordable by reimbursing members for their monthly premium**
-  **May allow an entire family to be on the same health insurance plan and access the same providers**

KI-HIPP Member Testimonies

“I have children on Medicaid, but I needed this program to help me save money. The process of submitting paystubs for KI-HIPP reimbursement is easy.”

“I needed additional help to buy medications. With KI-HIPP, I am now able to refill my medications without losing money.”

KI-HIPP Eligibility

Eligibility for the KI-HIPP program is based on the following criteria:



Medicaid Member
on the Policy



Enrollment or Access
to an ESI plan



Potentially
KI-HIPP
Eligible

Before a potentially eligible Kentuckian can enroll in KI-HIPP, the KI-HIPP team must review the ESI plan for **Plan Compatibility** based on the following criteria:

1

Cost-Effective

The premium, deductible, and co-pays of the ESI plan must cost the state less than it costs to cover a Medicaid member through Medicaid alone.

2

Comprehensive

An employer's insurance plan must cover at least one benefit from each of the 10 essential health benefits (EHB) categories to be considered comprehensive.

Qualifying Health Insurance Plans

The types of insurance plan that may be used for KI-HIPP include:



- **Employer-Sponsored Insurance (ESI)**



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



Please Note: ESI is the most common KI-HIPP qualifying health insurance plan.

Medical Costs Covered by KI-HIPP

It is important for applicants to know that the program does NOT cover out-of-pocket costs incurred if Medicaid members go to a Non-Medicaid provider.

Costs Covered by KI-HIPP



Medicaid Provider

A provider who offers Medicaid services to eligible members

- And -

In-Network Provider



A provider who has a contract and agreed to provide services to members within a group health insurance plan

Costs Not Covered by KI-HIPP



Non-Medicaid Provider

A provider who does not offer Medicaid services to eligible members

- Or -



Out-of-Network Provider

A provider who does not have a contract and does not provide services to members within a group health insurance plan



To avoid additional out-of-pocket costs for Medicaid Members, it is the member's responsibility to make sure that the provider or clinic accepts the Kentucky Medicaid card. The **KI-HIPP Member Handbook** provides additional guidance and may be found at bit.ly/kihipp.

KI-HIPP Enrollment Factors

Factors those with adoption subsidy cases should consider when determining whether to sign for KI-HIPP are below:

Top Reasons to Enroll in KI-HIPP



More easily comply with adoption subsidy case requirements



Receive specialized healthcare services that are not available to individuals with Medicaid coverage alone



Access more health insurance at a more affordable rate



Maximize household savings and access to healthcare when possible



Receive reimbursements for employer-sponsored insurance (ESI) premiums that they are already paying for

KI-HIPP Roles and Responsibilities

Below outlines the key roles and responsibilities for the KI-HIPP Team and R&C workers.



KI-HIPP Team

- ❖ Processes member claims, member requests, and ongoing payments
- ❖ Evaluates KI-HIPP Plan Compatibility
- ❖ Reviews and verifies ongoing document submissions
- ❖ Interacts with members via phone, fax, or email
- ❖ Issues member reimbursements



R&C Worker

- ❖ Describes KI-HIPP benefits to potentially eligible individuals to promote enrollment
- ❖ Assist with document submission to check eligibility or for ongoing payment verification for KI-HIPP
- ❖ Escalate questions or issues to the KI-HIPP team for attention

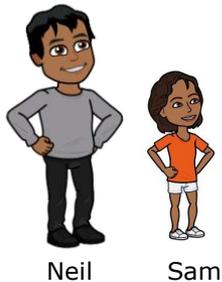
*R&C Workers are ***not*** responsible for the KI-HIPP Team's tasks*

November 2019 KI-HIPP Expanded Population

The November 4, 2019 expansion of eligibility guidelines includes the following:

Example:

The KI-HIPP program is expanding November 4, 2019 to include **adoption subsidy cases**. This means that the primary policy holders **may not be on the same Medicaid case as the Medicaid member**.



Household Members:

Neil (Head of Household); Sam (Daughter)

Health Insurance Policy Holder:

Neil is the primary policy holder of his ESI, covering Sam as well

Medicaid:

Sam receives Medicaid



Neil is enrolled in insurance



Neil's insurance covers an individual receiving Medicaid



Neil may qualify for KI-HIPP allowing for Sam to be on the same health plan!

KI-HIPP Income Example Scenarios

Below outlines a realistic KI-HIPP member scenarios, including key information from the ESI plan compatibility review.

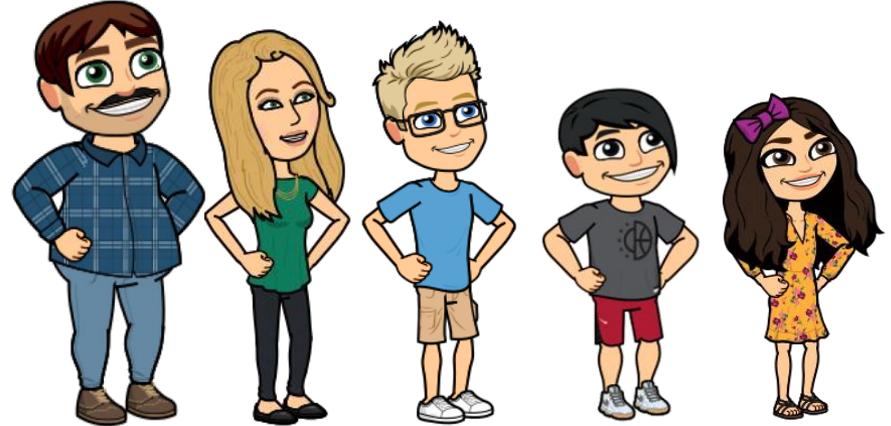
Scenario 1: Individual



Household Composition	1 Adult
Level of Coverage	Employee Only
Comprehensive?	Yes
Premium/Frequency	\$93.59/Bi-weekly
Deductible*	\$2,500
Copay	\$0

 **KI-HIPP Approved!**
Reimbursement amount: \$93.59/Bi-weekly

Scenario 2: Family



Household Composition	2 Adult, 3 children
Level of Coverage	Family
Comprehensive?	Yes
Premium/Frequency	\$142.28/Bi-weekly
Deductible*	\$6,000
Copay*	\$25

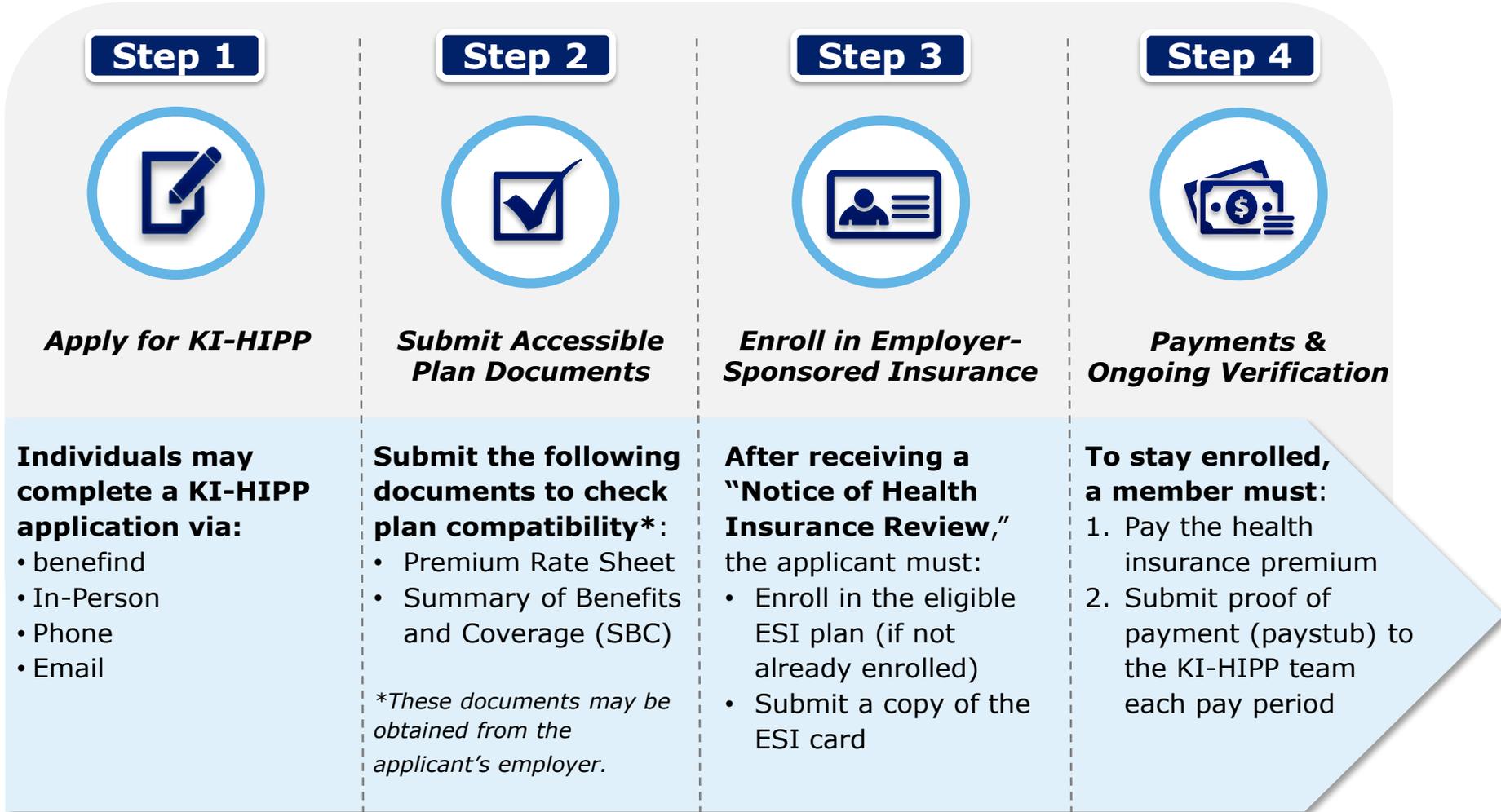
 **KI-HIPP Approved!**
Reimbursement amount: \$142.28/Bi-weekly

*The individual/family are not responsible for paying the ESI copay and deductible amount if they see in-ESI network and Medicaid providers.

Program Processes

KI-HIPP Enrollment Process

To enroll in KI-HIPP, an individual needs to follow the steps below.



KI-HIPP Application Documents

Individuals who are interested in applying for KI-HIPP must provide copies of the following documents to be reviewed for plan compatibility.



Summary of Benefits and Coverage (SBC)

The **SBC** form shows comparisons of costs and coverage for health plans. The KI-HIPP team uses SBCs to evaluate **comprehensiveness**.

Insurance Company 1: Plan Option 1		Coverage Period: 01/01/2013 – 12/31/2013
Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual + Spouse Plan Type: PPO		
This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.[insert] or by calling 1-800-[insert].		
Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. See www.[insert].com or call 1-800-[insert] for a list of participating providers.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.
<small>Questions: Call 1-800-[insert] or visit us at www.[insert].com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary OMB Control Number 1545-2229, 1210-0147, and 0938-1146 at www.[insert] or call 1-800-[insert] to request a copy. 1 of 8</small>		



Premium Rate Sheet

The **Premium Rate Sheet** details the premium rates of insurance plans. The KI-HIPP team uses the Premium Rate Sheet to evaluate **cost-effectiveness**.

Health Insurance Rates Effective January 1, 2017						
Insurance	Coverage	Bi-Weekly	Monthly	Total Premium		
		Your Cost	SETA Cost	Your Cost	SETA Cost	
Kaiser HMO	Single - Employee Only	112.85	247.50	225.70	495.00	720.70
	Family - Employee w/dependent	531.52	390.00	1,063.04	780.00	1,843.04
Western Health Advantage HMO	Single - Employee Only	107.30	247.50	214.60	495.00	709.60
	Family - Employee w/dependent	518.30	390.00	1,036.60	780.00	1,816.60
Sutter Health Plus HMO	Single - Employee Only	99.06	247.50	198.12	495.00	693.12
	Family - Employee w/dependent	496.39	390.00	992.78	780.00	1,772.78
Kaiser High Deductible	Single - Employee Only	34.08	247.50	68.16	495.00	563.16
	Family - Employee w/dependent	330.10	390.00	660.20	780.00	1,440.20
Western Health High Deductible	Single - Employee Only	22.40	247.50	44.80	495.00	539.80
	Family - Employee w/dependent	300.90	390.00	601.80	780.00	1,381.80



Please Note: To apply via email, applicants are required to submit a completed **Health Coverage Form** to the KI-HIPP email: kihipp.program@ky.gov. This form may be found with other program applications on benefit!

Plan Compatibility Review Notice

Once the KI-HIPP team receives correct documentation and completes the Plan Compatibility Review, the individual receives a notice with the Plan Compatibility Review results.

The Notice of Health Insurance Plan Review shows if any of the plans are **comprehensive** and **cost-effective** and therefore, **eligible for KI-HIPP**.

Summary of Benefits and Coverage (SBC)

Premium Rate Sheet



HIP-XXXXXXXXX
07/2019

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
<Department for Community Based Services>

Date: 07/10/2019
Case Number: XXXXXXXX

John M Smith
123 Capitals Rd
Lexington, KY 40515

Kentucky Integrated Health Insurance Premium Payment (KI-HIPP)

Notice of Health Insurance Plan Review

Congratulations! You are now eligible to enroll in the KI-HIPP Program. Please see below for next steps to enroll in the KI-HIPP program.
Based on the information you have submitted, the Commonwealth has completed the review of your health insurance plan(s). Please see the details below:

Source of Coverage: ESI	Health Plan Name: Insurance Plan
Health Plan Policy #: XXXXXXXX	Coverage Year: 2019
Level of Coverage	Eligible for KI-HIPP?>
Employee Only	Yes
Employee plus dependent	Yes
Employee plus spouse	Yes

Please submit the document(s) below to complete your KI-HIPP enrollment:
• A Copy of your health insurance card or proof from your insurance company.

We will review your documentation. Once the verification process is complete, you will get another notice with your KI-HIPP coverage details.

You may submit the information on benefind.ky.gov, or send the information to:

KI-HIPP Address 275 East Main St., 6C-A Frankfort, KY 40621
Fax: 502-564-3232
Email: KIHIPPP.Program@ky.gov

If you have any questions, call us at 855-459-6328

 **Please Note:** By federal regulation, determination of eligibility for a Medicaid HIPP program is a qualifying life event. The determination of eligibility triggers a special enrollment period through which the eligible individual has 60 days to enroll in a qualifying ESI plan.¹

¹ Section 701(f)(3) of the Employee Retirement Income Security Act (29 U.S. Code § 1181)

KI-HIPP Enrollment Documents

An individual must submit their health insurance card and paystub to enroll in KI-HIPP.



Proof of Coverage

Document Type: Health Insurance Card



Proof of Health Insurance Premium Payment

Document Type: Paystub showing insurance premium deduction*

[Company Name]			
Period:	2/1/2014	Employee Name	Jay Adams
Tax Status	1	Federal Allowance	4
Hourly Rate	\$10.00	Overtime Rate	\$15.00
Social Security Tax	\$38.43	Federal Income Tax	\$170.80
Medicare Tax	\$8.85	State Tax	\$14.03
Insurance Deduction	\$20.00	Other Regular Deduction	\$40.00
Total Taxes and Regular	\$292.11	Other Deduction	\$20.00

**KI-HIPP members are required to submit each paystub once they are enrolled in the program*

MCO Disenrollment

KI-HIPP members who were previously enrolled in a Managed Care Organization (MCO), such as Aetna, Anthem, Humana CareSource, Passport, or WellCare, receive a MCO Disenrollment Notice.

Transitioning from a MCO to KI-HIPP

Enrollment in ESI

After individuals enrolled in an MCO apply for KI-HIPP, these applicants receive the **Notice of Health Insurance Plan Review** telling them which ESI plans qualify for KI-HIPP payments. To complete KI-HIPP Enrollment, they must enroll in an ESI plan that is listed on the this notice.

Enrollment in KI-HIPP

Once these applicants are fully enrolled in KI-HIPP, they transition from their MCO to to the full traditional (or “fee for service”) Medicaid network. Members **should not discard their Kentucky Medicaid card**. Members are required to provide both their ESI card and their Medicaid card when visiting providers!

MCO Disenrollment

Once fully enrolled in KI-HIPP, these members receive an **MCO Disenrollment Notice** both from DMS and their MCO as they are no longer covered by an MCO. However, the member now has two sources of coverage: primary coverage from their ESI plan AND secondary coverage from Medicaid.



Please Note: The MCO Disenrollment Notice informs them that they have transitioned to the Medicaid fee for service network. They have not lost their Medicaid benefits. If questions arise, members may review the Medicaid Member Handbook or call 800-635-2570.

Document Submission

There are four different ways to submit KI-HIPP specific documents.

How to submit KI-HIPP specific documents to the KI-HIPP team:



Upload:
benefind.ky.gov



Mail:
275 East Main Street, 6C-A
Frankfort, KY 40621



Email:
kihipp.program@ky.gov

Additional Questions?

Please email the KI-HIPP team directly at kihipp.program@ky.gov for support!

KI-HIPP Members' Provider Visits

The following shows what a KI-HIPP member needs to bring to a providers visit in order for the providers to bill correctly.

KI-HIPP members must give providers **BOTH** their **Medicaid Card** *and* **Insurance Card** to support correct billing for any medical services received (e.g. doctor's visits, etc.). There are no changes in the billing process. Providers use the same process they have used for individuals with Medicaid and additional insurance or third party liability



1 Insurance Card



2 Medicaid Card



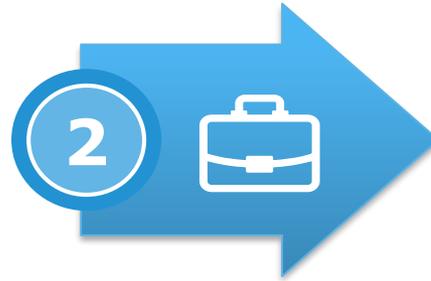
Please Note: To avoid out-of-pocket costs not covered by the KI-HIPP program, Medicaid member(s) on the plan must go to a Medicaid provider. If the Medicaid member does not have their Medicaid card, they may request a new one from their local DCBS office.

Ongoing Member Responsibilities

Once enrolled in **KI-HIPP**, the policy holder must take **ALL** of the actions below in order to remain enrolled and receive a check to help cover the cost of the premiums:



Continue to have a Medicaid member on the ESI plan.



Remain employed and actively enrolled in the ESI plan.



Pay health insurance premium payment.



Submit proof of premium payment each time a payment is made.



Please Note: Policy holders may re-enroll in KI-HIPP if they are disenrolled. They are not reimbursed for any paystubs from the time they disenroll to the time they are re-enrolled.

Forgetting to Submit Paystubs

Let's take a closer look at what happens when an individual forgets to submit a paystub. Our individual's name is Brett.



Notice to Provide Proof of Premium Payment

Brett forgets to submit his paystubs in November.



KI-HIPP Disenrollment Warning Notice

Brett **does not** submit the paystubs by the 8th. He is now in a "warning month" for December.



Member is disenrolled from KI-HIPP

Brett **does not** submit a December paystub by the 31st. He is automatically disenrolled from the KI-HIPP program.



Member is transitioned to MCO

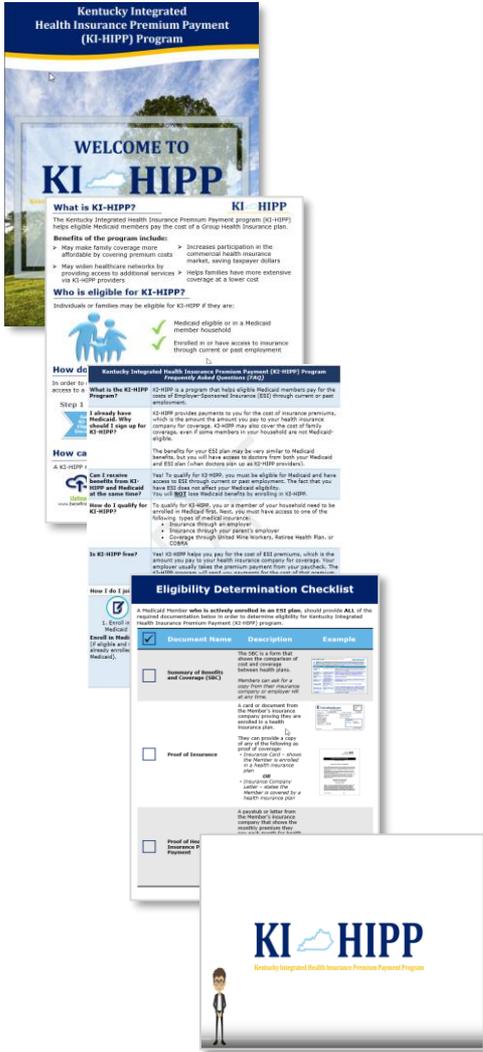
Brett is disenrolled from KI-HIPP. Members that transitioned from an MCO are re-enrolled in that MCO.



Please Note: To maintain eligibility, Brett is required to submit at least one paystub during his warning month (December). It is advised to have the policy holder submit each paystub to receive full reimbursements!

KI-HIPP Member Resources Online

The table below lists informational handouts and resources available on the KI-HIPP website to the public.



Member Handbook and Notice Guide
 A detailed guide to the KI-HIPP program for individuals who are enrolled and examples of notices received with explanations.

KI-HIPP 101
 A one-pager that provides an overview of the KI-HIPP program and how interested individuals may apply.

Member FAQs
 Frequently asked questions designed to address questions related to KI-HIPP and direct members to helpful resources.

Document Enrollment Checklist
 A checklist that outlines the documents an applicant should submit to check if their insurance plan is compatible for KI-HIPP.

Member Videos
 A series of brief videos that provide an overview of the KI-HIPP program and walk members through KI-HIPP eligibility, enrollment, and ongoing member responsibilities.

Recap

Recap: KI-HIPP Benefits



Myth

I heard that there are no benefits to having both Medicaid and employer-sponsored insurance (ESI) coverage. ESI coverage costs more and does not provide many benefits. I will save money with Medicaid coverage alone.



Interested KI-HIPP Individual



Fact

If your family has high healthcare costs, KI-HIPP saves you money by reimbursing you for your share of the ESI premium for more extensive coverage. Specialized healthcare can be expensive and is not typically covered by Medicaid.



R&C Worker

Recap: Reimbursement

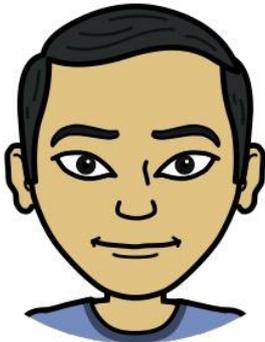


Myth



Fact

I heard that KI-HIPP would cost more money because I have to pay the premiums for my employer-sponsored insurance (ESI) plan.



Interested KI-HIPP Individual

Most KI-HIPP members were already enrolled in ESI and paying the premiums before enrolling in KI-HIPP. After enrolling, KI-HIPP will send you a payment each month for the cost of your ESI premium! You end up saving a lot of money on premiums in the long run with KI-HIPP!



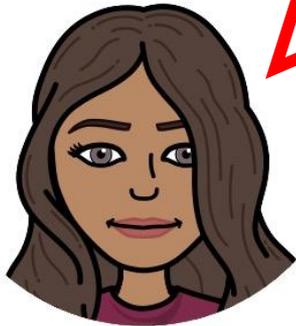
R&C Worker

Recap: MCO Disenrollment Notice



Myth

I recently enrolled in KI-HIPP and received a disenrollment letter from my MCO. I lost my Medicaid benefits.



Just Enrolled KI-HIPP Individual



Fact

You have not lost any Medicaid benefits! Receiving this notice is normal. Once you are fully enrolled in the KI-HIPP Program, you will be transitioned from your MCO to traditional Medicaid.



R&C Worker

Recap: Family Plans



Myth



Fact

KI-HIPP will not cover the cost of a family plan.



Interested KI-HIPP Individual

Family plans are eligible for KI-HIPP if the family plan is both cost-effective and comprehensive.



R&C Worker

THANK YOU!