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# KI HIPPP

Kentucky Integrated Health Insurance Premium Payment Program

**KI-HIPP Informational Webinar**

September 2021

# Program Overview

## KI-HIPP Overview

### What is KI-HIPP?

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

KI-HIPP is designed to give Kentuckians the tools to afford quality, more comprehensive coverage while helping the Commonwealth remain fiscally responsible.

KI-HIPP enrollment **does not result** in a loss of Medicaid benefits!

**Partner with  
MWMA Case  
Managers to:**



Help families with high healthcare costs save money



Grow KI-HIPP membership by increasing awareness of program benefits to 1915(c) Waiver Participants



Help the Commonwealth remain fiscally responsible

# KI-HIPP Offers the State & Medicaid Members Several Benefits

## Benefits

State

**Cost Savings:** Employer-sponsored Insurance (ESI) becomes the Medicaid Member's primary payer and Medicaid becomes the secondary payer.

**Medicaid Member Gets Access to Added Benefits:** Coverage of medical expenses by employer health insurance AND Medicaid, including benefits Medicaid may not cover.

**Employer-Sponsored Insurance Premium Reimbursement:** For policyholders with a Medicaid Member on the policy. In some cases, KI-HIPP reimburses the premium for an entire family, if found to be cost-effective.

Medicaid  
Members &  
their Families

## 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 Employer-Sponsored  
Insurance\* (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.

\* Eligible plans also include United Mine Workers, Retiree Health Plans, and COBRA.



# Knowledge Check 1

**What does KI-HIPP stand for?**

- A. Kentucky Individual Health Initiative Prevention Program**
- B. Kentucky Integrated Health Insurance Premium Payment**
- C. Kids Initiative Healthy Innovations Payment Program**
- D. None of the Above.**

Answer using the Polls box!



# Knowledge Check 1

**What does KI-HIPP stand for?**

- A. **Kentucky Individual Health Initiative Prevention Program**
- B. **Kentucky Integrated Health Insurance Premium Payment**
- C. **Kids Initiative Healthy Innovations Payment Program**
- D. **None of the Above.**

Answer using the Polls box!





## Knowledge Check 2

**Which are benefits of the KI-HIPP Program?**

- A. KI-HIPP may reimburse for the entire family premium, even if the entire household is not Medicaid eligible.**
- B. Medicaid members have dual insurance, saving them money.**
- C. The Medicaid member may get greater coverage for care not covered by Medicaid alone.**
- D. All of the Above.**

Answer using the Polls box!



## Knowledge Check 2

**Which are benefits of the KI-HIPP Program?**

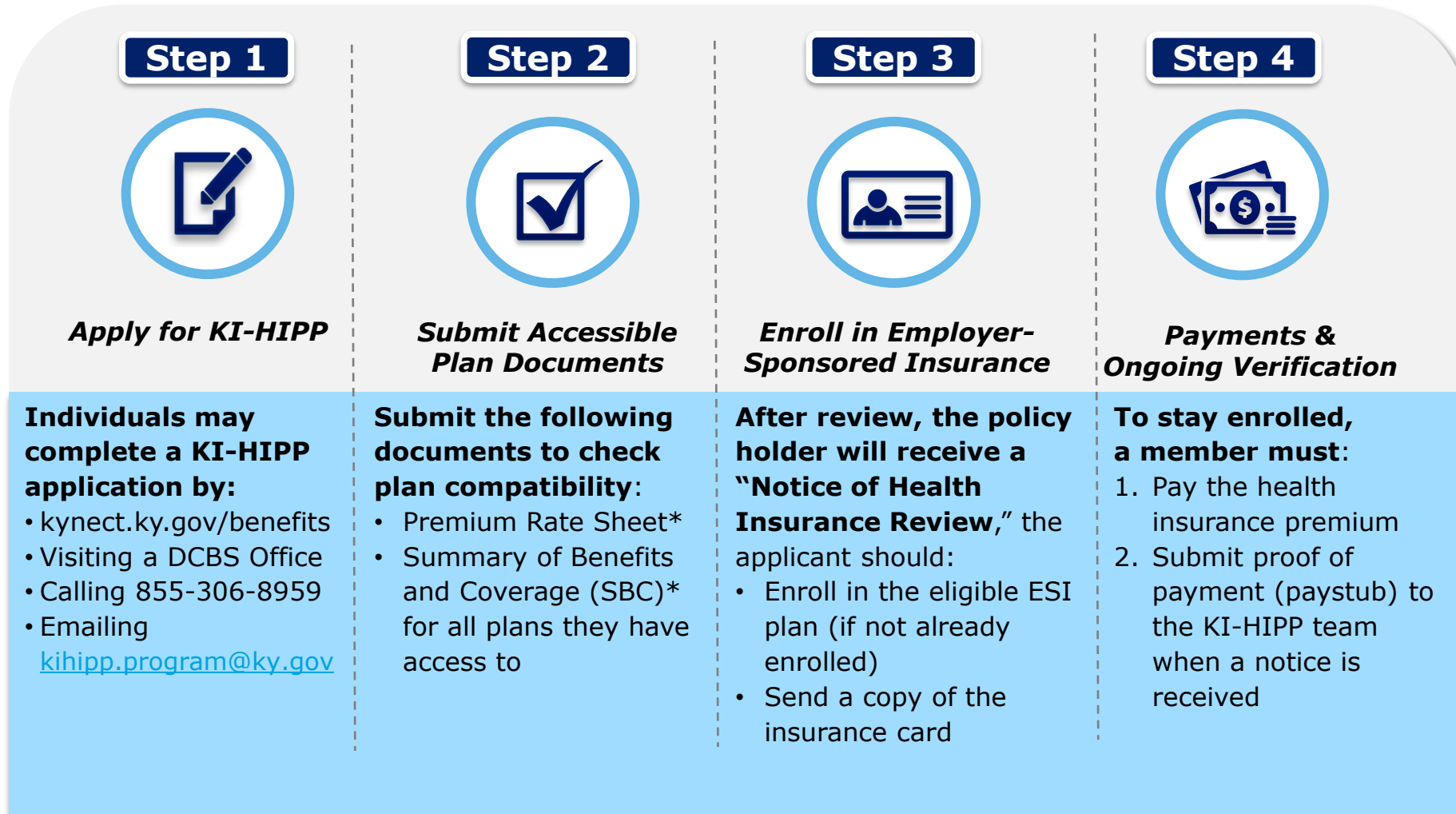
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- B. Medicaid members have dual insurance, saving them money.**
- C. The Medicaid member may get greater coverage for care not covered by Medicaid alone.**
- D. All of the Above.**

Answer using the Polls box!

# Program Processes

# KI-HIPP Eligible Member Enrollment Process

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



\*These documents can be requested from the employee’s HR Department.

# KI-HIPP Plan Compatibility Documents

Individuals who are interested in applying for KI-HIPP need copies of the following documents for health insurance plan(s) that they would like reviewed for plan compatibility.



## 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



## 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 **cost-effectiveness** and **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
<b>This is only a summary.</b> If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <a href="#">www.[insert]</a> 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 <a href="#">www.[insert].com</a> 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.
Questions: Call 1-800-[insert] or visit us at <a href="#">www.[insert].com</a> . If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at <a href="#">www.[insert]</a> or call 1-800-[insert] to request a copy.		OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146 1 of 8


## Plan Compatibility Review Notice

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

This notice shows if any of the plans are **cost-effective and comprehensive** and therefore, **eligible for KI-HIPP**. If the individual has access to more than one plan, they will all be listed separately.

Premium Rate Sheet

Summary of Benefits and Coverage (SBC)

HIP-004 05/19	COMMONWEALTH OF KENTUCKY Cabinet for Health and Family Services Department for Medicaid Services	Date: 03/05/2021 Case Number: 111111111
FIRST LAST 111 TEST DR CITY, KY ZIP		
		
<b>Notice of Health Insurance Plan Review</b>		
Congratulations! Your health insurance plan is eligible for KI-HIPP.		
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: EMPLOYER		Health Plan Name: PPO
Health Plan Policy #: 1111111111		Coverage Year: 2021
Level of Coverage	Eligible for KI-HIPP?	
Family	Yes	
You do not need to do anything else. Once you are enrolled in KI-HIPP, you will get another notice with additional information about your KI-HIPP coverage and you need to submit proof each time you make a premium payment to be reimbursed.		
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.<sup>1</sup>

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


## KI-HIPP Example Scenarios

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

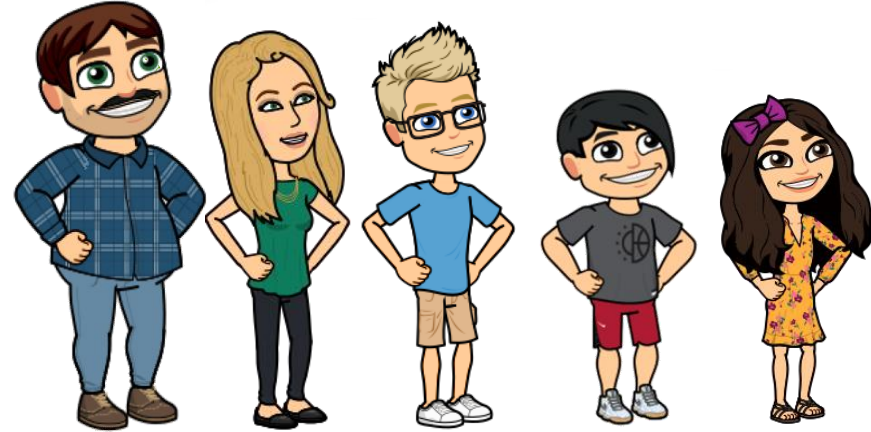
### Scenario 1: Individual




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

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

### Scenario 2: Family



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

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

\*The Medicaid individuals are not responsible for paying the ESI copay and deductible amount if they choose to see Medicaid providers.

## KI-HIPP Members' Provider Visits

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

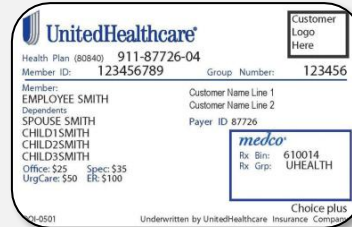
KI-HIPP members must give providers **BOTH** their **Insurance Card** and **Medicaid Card** to support correct billing for any medical services received (e.g. doctor's visits, etc.).



**KI-HIPP  
Members**

**1**

### Insurance Card



**2**

### Medicaid Card



**Please Note:** There are no changes in the provider billing and/or payment process. Providers use the same process they have used for individuals who have Medicaid and additional insurance or third party liability. Providers will be able to see any insurance information on the Medicaid member via KY Health Net.



## Medical Costs Covered by KI-HIPP

The KI-HIPP program helps cover most of a member's medical costs. The providers that members **choose** to visit may impact the cost of services.

### Costs Covered by KI-HIPP



#### Medicaid Provider

A provider who offers Medicaid services to eligible members

### Costs Not Covered by KI-HIPP



#### Non-Medicaid Provider

A provider who does not offer Medicaid services to eligible members



The KI-HIPP program does **NOT** cover or reimburse Medicaid KI-HIPP members for out-of-pocket costs incurred if they go to a provider that is a Non-Medicaid Provider.

## 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 enrolled in the ESI plan.



Pay health insurance premium payment.



Submit proof of premium payment when a notice is received.



**Please Note:** Members receive a **Notice of Renewal** 90 days before their ESI coverage ends as a reminder to report any potential changes to their plan.

## Document Submission

KI-HIPP members are responsible for submitting documents to the KI-HIPP team to review.

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



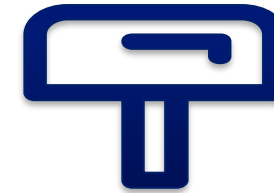
**Upload:**

**[kynect.ky.gov/benefits](https://kynect.ky.gov/benefits)**



**Email:**

**[kihipp.program@ky.gov](mailto:kihipp.program@ky.gov)**



**Mail:**

**275 E. Main St., 6C-A  
Frankfort, KY 40621**

### Additional Questions?

Members can call **855-459-6328** for support!



## Knowledge Check 3

**The FASTEST way to submit the Premium Rate Sheet and Summary of Benefits and Coverage and apply for KI-HIPP is?**

- A. Email the application and documents to [kihipp.program@ky.gov](mailto:kihipp.program@ky.gov)**
- B. Fill out a paper application and mail it and the documents to 275 E. Main St., 6C-A Frankfort, KY 40621**
- C. Online at [kynect.ky.gov](http://kynect.ky.gov)**
- D. None of the Above**

Answer using the Polls box!



## Knowledge Check 3

**The FASTEST way to submit the Premium Rate Sheet and Summary of Benefits and Coverage and apply for KI-HIPP is?**

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- D. None of the Above**

Answer using the Polls box!



## Knowledge Check 4

**Which one of the following is NOT an ongoing KI-HIPP member responsibility?**

- A. Continue to have a Medicaid member on the ESI plan.**
- B. Schedule annual physicals.**
- C. Pay ESI premiums and submit payment proof.**
- D. Remain employed and enrolled in the ESI plan.**

Answer using the Polls box!



## Knowledge Check 4

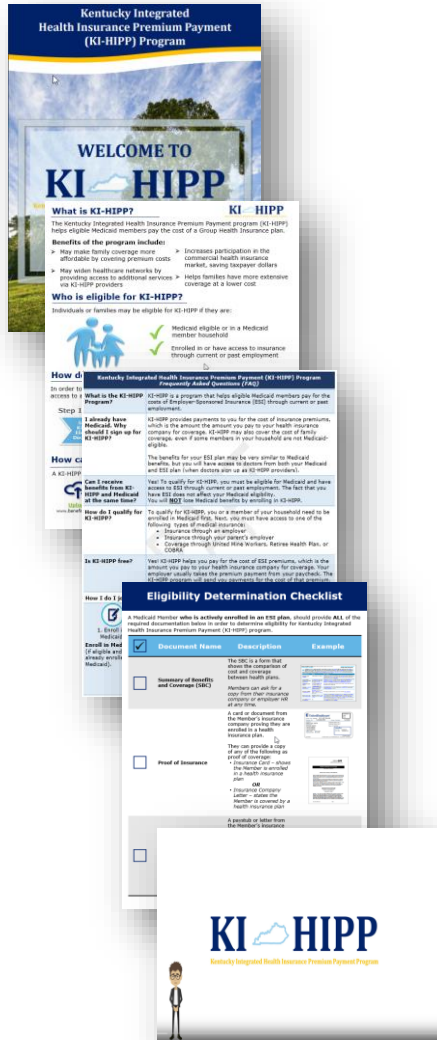
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- B. Schedule annual physicals.**
- C. Pay ESI premiums and submit payment proof.**
- D. Remain employed and enrolled in the ESI plan.**

Answer using the Polls box!

# KI-HIPP Member Resources on <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

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



## Member Handbook

A detailed guide to the KI-HIPP program for individuals who are enrolled.

## KI-HIPP 101

A one-pager that provides an overview of the KI-HIPP program and how interested individuals can 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 eligible member should submit to check if their insurance plan is compatible for KI-HIPP.

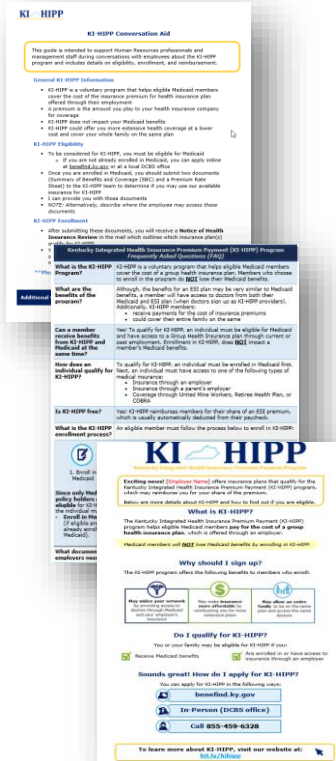
## Member videos

A series of brief videos that provide an overview of KI-HIPP eligibility, enrollment, and ongoing member responsibilities.



# KI-HIPP Employer Resources on <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

The table below lists informational handouts and resources available on the KI-HIPP website for employers and HR Professionals.



**Conversation Aid for HR Professionals**  
A scripting document to help employers and HR Professionals to assist employees and answer KI-HIPP questions.

**Employer FAQs**  
Frequently asked questions designed to address questions related to KI-HIPP and direct employers and employees to helpful resources.

**Email Template to Notify Employees about KI-HIPP**  
An email draft that can be sent to employees to provide outreach and spread awareness of the KI-HIPP program.



# Questions?

Please reach out to the KI-HIPP team if you have any questions or would like additional resources.

**Teresa Shields**  
*Program Manager*

**[Teresa.shields@ky.gov](mailto:Teresa.shields@ky.gov)**  
**502-564-4958 x2159**

**Amanda Kelley**  
*KI-HIPP Team*

**[Amandam.kelley@ky.gov](mailto:Amandam.kelley@ky.gov)**  
**502-564-4958 x2200**

**Questions?**

**THANK YOU!**