

Kentucky Medicaid Member Handbook

February 2011

Table of Contents

Important Telephone Numbers	3
Your Important Numbers	4
Important Web Sites	4
Kentucky Medicaid and You	5
Your Kentucky Medicaid Card.....	5
Your Kentucky Medicaid Benefit Plan	6
Global Choices.....	7
Family Choices	11
Optimum Choices	15
Comprehensive Choices.....	20
Prior Authorization	25
Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	25
How to Get Transportation Services	26
Services Not Covered	27
Choosing or Changing Your Primary Care Provider (PCP).....	27
Benefits of Having a PCP	27
Choosing or Changing a PCP for KenPAC Members	27
Reasons or Times to Change Your PCP for KenPAC Members	28
Working with Your PCP for KenPAC Members.....	28
Seeing a Specialist for KenPAC Members	29
Second Opinions for KenPAC Members.....	29
Services KenPAC Members Can Get Without First Seeing a PCP	29
Passport	30
Lock-In Program.....	30
Kentucky Medicaid and Third Party Liability (TPL)	30
Emergency Room (ER) Use	31
Kentucky Medicaid Rights and Responsibilities	32
Your Kentucky Medicaid Rights	32
Your Kentucky Medicaid Responsibilities	32
Fraud and Abuse	33
Member Fraud and Abuse.....	33
Provider Fraud	33
Reporting Medicaid Fraud	34
Health Insurance Portability and Accountability Act (HIPAA).....	34
Where Do I Send Questions?.....	34
Complaints	34
How to Ask For a Hearing	35
Denied Services	35
Sample Hearing Request Letter	37
Glossary	38

Important Telephone Numbers

Agency	Phone Number
Kentucky Medicaid Member Services	1-800-635-2570 (Toll Free) For TDD/TTY, call 711 to talk to KY Relay
Child and Adult Abuse	1-800-752-6200
National Domestic Violence Hotline	1-800-799-SAFE (7233)
IMPACT Plus	1-502-564-4797
Kentucky Children’s Health Insurance Plan (KCHIP)	1-877-524-4718 1-800-662-5397 en Espanol
Medicaid Fraud and Abuse Hotline	1-800-372-2970
Social Security Administration (SSA)	1-800-772-1213
Nursing Home Ombudsman	1-800-372-2991
Office of the Medicaid Services Ombudsman Cabinet for Health and Family Services	1-877-807-4027 Or TTY 1-800-627-4702
Parent Helpline	1-800-432-9251
Passport Health Plan	1-800-578-0603 Or for TDD/TTY, call 1-800-691-5566
HP – Third Party Liability (TPL)	1-800-807-1459
Transportation	1-888-941-7433
State Health Insurance Assistance Program (SHIP)	1-877-293-7447
KenPAC to select or change your provider <ul style="list-style-type: none"> • SSI Recipients • If you get benefits through DCBS 	<ul style="list-style-type: none"> • 1-877-298-6108 • Contact your local DCBS office

Your Important Numbers

Your local ambulance number (for emergencies)	
Your Transportation Provider (If you have transportation through <i>KyHealth Choices</i>)	
Your Primary Care Provider's (PCP) name	
Your SSA Office (Call <i>KyHealth Choices</i> for help with the number)	
Your Department for Community Based Services: (DCBS) Office	
Your DCBS worker's name/address:	
Your Home County:	Your Case Number:

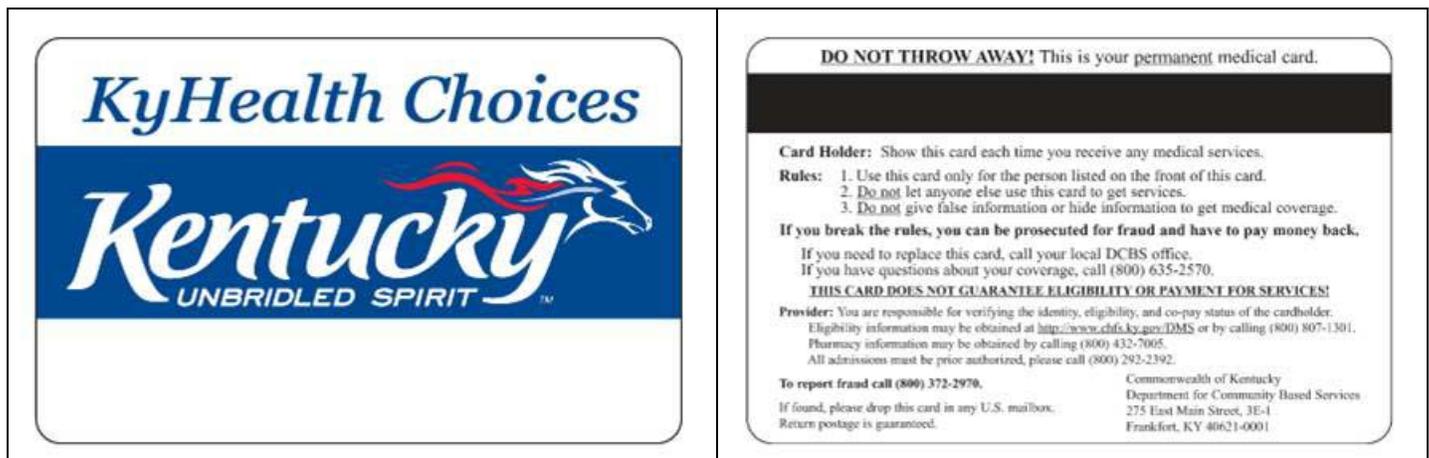
Important Web Sites

Agency	Web Address
Provider Directory	http://chfs.ky.gov/dms
Department for Medicaid Services (DMS)	http://chfs.ky.gov/dms
KCHIP	http://chfs.ky.gov/dms/KCHIP
Social Security	http://www.ssa.gov
Medicare	http://www.medicare.gov
Office of the Medicaid Ombudsman	http://chfs.ky.gov/os/omb
Passport Health Plan	www.passporthealthplan.com
Find local DCBS office	https://apps.chfs.ky.gov/OfficePhone/index.aspx
Kentucky Health-Net (providers only)	https://www.kymmis.com/kyhealthnet/DMS/DMSSaffIn.aspx

Kentucky Medicaid and You

Your Kentucky Medicaid Card

When you first become a Kentucky Medicaid member, you will get a Kentucky Medicaid card in the mail within 7-10 business days. Below you can see what the Medicaid card looks like. It has your name and Kentucky Medicaid ID number on the front of the card. The ID number is a made-up number. When you get your card, make sure that your name on the card is correct. If you see something wrong on your card, contact your local Department for Community Based Services (DCBS) Office. Your Medicaid card is active as long as you continue to be eligible. **Do not throw your card away.** You will not get a new card each month. If you lose your card, contact your local DCBS office for another one.



You will need to take your card when you:

- Go to the doctor
- Go to a dentist or eye doctor
- Go to a clinic
- Get a vision or hearing exam
- Get a prescription filled
- Go to the hospital or emergency room
- Get medical supplies

You can only use your Kentucky Medicaid card with a certified Kentucky Medicaid Provider. It is your responsibility to ensure the Provider accepts the Kentucky Medicaid card. Failure to do so will result in you being charged for the services you receive.

If your personal information changes (name, address, etc.), contact your DCBS worker or local Social Security Administration (SSA) office right away. If you do not show your Kentucky Medicaid card each time you see a provider, you may be charged for the services you get. If you forget your card when you go for a service, you can ask the provider to call Medicaid at 1-800-635-2570 or your provider can go to <https://www.kymmis.com/kyhealthnet/DMS/DMSaffIn.aspx>. To prove that you are a Kentucky Medicaid member, your provider needs:

- Your name
- Your Medicaid ID number

- If you don't have your Medicaid ID number, you can use your social security number and date of birth

Your Kentucky Medicaid Benefit Plan

Kentucky Medicaid has four benefit plans for members. You are placed in one of these plans based on your medical needs. The four plans are:

- Global Choices
- Family Choices
- Optimum Choices
- Comprehensive Choices

Call Kentucky Medicaid at 1-800-635-2570 with questions about your .benefits or visit the website at <http://chfs.ky.gov/dms>.

Global Choices

Global Choices is the benefit plan for most Kentucky Medicaid members. This plan covers basic medical services. This is not a complete list of services. If a service is not listed, there is no co-pay. Some service limits can be increased if the service is medically necessary (requires prior approval).

Call Kentucky Medicaid at 1-800-635-2570 or visit the website at <http://chfs.ky.gov/dms> with questions about your benefits.

Some people covered by Medicaid never have to pay co-pays. These people include:

- Non-KCHIP Children
- Children under 19 years old who are in foster care
- Pregnant women
- Hospice care patients
- Personal Care or Family Care Home

Co-pays cannot be more than 5% of a family's income per quarter.

Global Choices		
Benefit/Service	Co-pays*	Service Limits
Medical Out-of-Pocket Maximum	\$225 per calendar year (January – December)	
Pharmacy Out-of-Pocket Maximum**	\$225 per calendar year (January – December)	See prescription drug benefits
Acute Inpatient Hospital Services	\$50 co-pay per admission	
Laboratory, Diagnostic and Radiology Services	\$3 co-pay	
Out-patient Hospital / Ambulatory Surgical Centers	\$3 co-pay	
Physician Office Services ***	\$2 co-pay	
Behavioral Health Services****		
Allergy Services		Shots and allergy treatments limited to children under 21
Preventive Services		
Emergency Ambulance		
Dental Services	\$2 co-pay	<ul style="list-style-type: none"> • Children under 21, to include: <ul style="list-style-type: none"> - 2 cleanings per 12-month period - Extractions and fillings - 1 set of x-rays per 12-month period - Other dental services are available • Adults 21 and over: <ul style="list-style-type: none"> - 1 cleaning per 12-month period - Limited to one dental visit per month - Extractions and fillings - 1 set of x-rays per 12-month

Global Choices		
Benefit/Service	Co-pays*	Service Limits
		period
Occupational Therapy		At an approved setting: <ul style="list-style-type: none"> No limit for children under 21 Adults 21 and over are limited to 15 visits per calendar year
Physical Therapy	\$2 co-pay	At an approved setting: <ul style="list-style-type: none"> No limit for children under 21 Adults 21 and over are limited to 15 visits per calendar year
Speech Therapy	\$1 co-pay	At an approved setting: <ul style="list-style-type: none"> No limit for children under 21 Adults 21 and over are limited to 10 visits per calendar year
Hospice (non-institutional)		
Non-Emergency Transportation		Transportation only to a Kentucky Medicaid-approved medical service, not to pick up prescriptions
Chiropractic Services	\$2 co-pay	Limited to 26 visits per 12-month period for children and adults
Prescription Drugs (for Members who do NOT have Medicare Part D)	<ul style="list-style-type: none"> \$1 co-pay generic \$2 co-pay preferred brand 5% co-insurance non-preferred brand up to a maximum of \$20 per prescription 	<ul style="list-style-type: none"> For adults 19 and over, limited to 4 prescriptions per month with a maximum of 3 brand names These limits do not apply to children 18 and under. Insulin is excluded from the 4-prescription limit Ask your doctor or pharmacist about exceptions for medical conditions or certain drugs
Emergency Room	5% co-insurance for non-emergency visits not to exceed \$6 per visit	See Emergency Room section of this handbook
Hearing Aids		<ul style="list-style-type: none"> Limited to children under 21 Not to exceed \$800 per ear every 36 months
Audiometric Services		<ul style="list-style-type: none"> Limited to children under 21 One audiologist visit per calendar year

Global Choices		
Benefit/Service	Co-pays*	Service Limits
Vision Services	\$2 co-pay for ophthalmologic or optometric office visit	<ul style="list-style-type: none"> • Eyewear limited to children under 21 • Adults and children limited to 1 eye exam per calendar year • \$200 limit per calendar year. Maximum paid for one pair of glasses is \$150.
Prosthetic Devices		
Home Health Services		
Durable Medical Equipment (DME)	3% co-insurance up to a maximum of \$15 per month	
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)		Limited to children under 21
Substance Abuse		EPSDT and pregnant women only
Maternity Services <ul style="list-style-type: none"> • Nurse mid-wife services • Pregnancy-related services • Services for other conditions that might complicate pregnancy • 60 days postpartum pregnancy-related services 		
Family Planning		
Podiatry Services	\$2 co-pay	
End Stage Renal Disease and Transplants		

Global Choices		
Benefit/Service	Co-pays*	Service Limits
Tobacco Cessation Assessment	<ul style="list-style-type: none"> • No co-pay for the actual assessment; • \$2 co-pay for the office visit; • No co-pay for the smoking cessation drugs; • All drugs, if prescribed are covered and DO NOT require a prior authorization for the initial fill; • Refills of the prescribed smoking cessation drugs require approval from the Division of medical Management. 	<p>Limited to two (2) tobacco cessation assessments per recipient per calendar year.</p> <p>The assessment must be performed over a period of at least thirty (30) minutes.</p> <p>Be performed face-to-face with the member.</p> <p>Must be performed by a Kentucky Medicaid:</p> <ul style="list-style-type: none"> • Physician; or • Physician Assistant working under the supervision of a supervising physician; or • Advanced Practice Registered Nurse (APRN)

* 'Groups with Co-pay' include SSI members and Caretaker Relatives.

** The Kentucky Medicaid Pharmacy Program allows pharmacy providers to dispense a 93-day supply or 100-dosage units, whichever is greater, of selected medications. If you have questions about which medications may be dispensed as a 93-day supply or 100-dosage units, check with your pharmacist.

*** 'Physician Office Services' includes physicians, certified pediatric and family nurse practitioners, nurse midwives, Federally Qualified Health Centers (FQHC's), rural health clinics (RHC's), primary care centers (PCC's), and physician assistants.

**** 'Behavioral Health Services' include mental health rehab/stabilization, behavioral support, psychological services, and inpatient psychiatric services.

Family Choices

Family Choices is the Kentucky Medicaid benefit plan for most children. This plan covers basic medical services. Kentucky Children’s Health Insurance Program (KCHIP) is part of the Family Choices Plan. This is not a complete list of services. If a service is not listed, there is no co-pay. Some benefit limits can be increased if the service is medically necessary (requires prior approval).

Call Kentucky Medicaid at 1-800-635-2570 with questions about your benefits or visit the website at <http://chfs.ky.gov/dms>.

Some people covered by Kentucky Medicaid never have to pay co-pays. These people include:

- Non-KCHIP Children
- Children under 19 years old who are in foster care
- Pregnant women
- Hospice care patients
- Personal Care or Family Care Home

Co-pays cannot be more than 5% of a family’s income per quarter.

Family Choices		
Benefit/Service	K-CHIP Children Co-pays	Service Limits
Medical Out-of-Pocket Maximum	\$225 per calendar year (January – December)	
Pharmacy Out-of-Pocket Maximum *	\$225 per calendar year (January – December)	See prescription drug benefits
Acute Inpatient Hospital Services		
Laboratory, Diagnostic and Radiology Services		
Out-patient Hospital / Ambulatory Surgical Centers		
Physician Office Services **		
Behavioral Health Services ***		
Allergy Services	\$2 co-pay for office visit and testing	Shots and allergy treatments limited to children under 21
Preventive Services		
Emergency Ambulance		
Dental Services		<ul style="list-style-type: none"> • Children under 21, to include: <ul style="list-style-type: none"> - 2 cleanings per 12-month period - Extractions and fillings - 1 set of x-rays per 12-month period - Other dental services are available.
Family Planning		
Occupational Therapy		At an approved setting
Physical Therapy		At an approved setting
Speech Therapy		At an approved setting
Hospice (non-institutional)		

Family Choices		
Benefit/Service	K-CHIP Children Co-pays	Service Limits
Non-Emergency Transportation		Only to a Kentucky Medicaid-approved medical service, not to pick up prescriptions (KCHIP III children who pay a monthly premium are not eligible for non-emergency transportation.)
Chiropractic Services		Limited to 26 visits per 12-month period
Prescription Drugs (For Members who do NOT have Medicare Part D)	<ul style="list-style-type: none"> • \$1 generic • \$2 preferred • \$3 non-preferred brand 	<ul style="list-style-type: none"> • For adults 21 and over, limited to 4 prescriptions per month with a maximum of 3 brand names • These limits do not apply to children under 19 • Insulin is excluded from the 4-prescription limit • Ask your doctor or pharmacist about exceptions for medical conditions or certain drugs
Emergency Room	5% co-insurance for non-emergency visits not to exceed \$6 per visit	See Emergency Room section of this handbook
Hearing Aids		<ul style="list-style-type: none"> • Limited to children under 21 • Not to exceed \$800 per ear every 36 months
Audiometric Services		One audiologist visit per calendar year
Vision Services		<ul style="list-style-type: none"> • Eyewear limited to children under 21 • \$400 limit per calendar year Maximum paid for one pair of glasses is \$150 • Children limited to 1 eye exam per calendar year
Prosthetic Devices		\$1500 maximum per calendar year
Home Health Services		Limited to 25 visits per calendar year
Durable Medical Equipment (DME)		
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)		Limited to children under 21. KCHIP III children who pay a monthly premium are not eligible for EPSDT Special Services.

Family Choices		
Benefit/Service	K-CHIP Children Co-pays	Service Limits
Substance Abuse		EPSDT and pregnant women only. KCHIP III children who pay a monthly premium are not eligible for substance abuse services.
Podiatry		
Maternity Services <ul style="list-style-type: none"> • Nurse mid-wife services • Pregnancy-related services • Services for other conditions that might complicate pregnancy • 60 days postpartum pregnancy-related services 		
Tobacco Cessation Assessment	<ul style="list-style-type: none"> • No co-pay for the actual assessment; • No co-pay for the office visit; • No co-pay for the smoking cessation drugs; • All drugs, if prescribed are covered and DO NOT require a prior authorization for the initial fill; • Refills of the prescribed smoking cessation drugs require approval from the Division of Medical Management. 	<p>Limited to two (2) tobacco cessation assessments per recipient per calendar year.</p> <p>The assessment must be performed over a period of at least thirty (30) minutes.</p> <p>Be performed face-to-face with the member.</p> <p>Must be performed by a Kentucky Medicaid:</p> <ul style="list-style-type: none"> • Physician; or • Physician Assistant working under the supervision of a Supervising physician; or • Advanced Practice Registered Nurse (APRN)

- The Kentucky Medicaid Pharmacy Program allows pharmacy providers to dispense a 93-day supply or 100-dosage units, whichever is greater, of selected medications. If you have questions about which medications may be dispensed as a 93-day supply or 100-dosage units, check with your pharmacist.

** 'Physician Office Services' includes physicians, certified pediatric and family nurse practitioners, nurse midwives, Federally Qualified Health Centers (FQHC's), rural health clinics (RHC's), primary care centers (PCC's), and physician assistants.

*** 'Behavioral Health Services' include mental health rehab/stabilization, behavioral support, psychological services, and inpatient psychiatric services.

Optimum Choices

Optimum Choices is the benefit plan that covers members with mental retardation or developmental disabilities who need long-term care. The member must:

- Meet Intermediate Care Facilities for the Mentally Retarded (ICF/MR) level of care and be in an ICF/MR, or
- Receive services through Supports for Community Living (SCL) Waiver (mental retardation or developmental disability), or the Michelle P. Waiver.

This plan has all the benefits that are included in Global Choices. This is not a complete list of services. If a service is not listed, there is no co-pay. Some service limits can be increased if the service is medically necessary (requires prior approval).

Some people covered by Kentucky Medicaid never have to pay co-pays. These people include:

- Non-KCHIP Children
- Children under 19 years old who are in foster care
- Pregnant women
- Hospice care patients
- Personal Care or Family Care Home
- Members who live in an ICF/MR

Co-pays cannot be more than 5% of a family's income per quarter.

Call Kentucky Medicaid at 1-800-635-2570 with questions about your benefits or visit the website at <http://chfs.ky.gov/dms/>.

Optimum Choices		
Benefit/Services	SCL Waiver Co-pays	Service Limits
Medical Out-of-Pocket Maximum	\$225 per calendar year (January – December)	
Pharmacy Out-of-Pocket Maximum*	\$225 per calendar year (January – December)	See prescription drug benefit
Acute Inpatient Hospital Services	\$10 co-pay	
Laboratory, Diagnostic and Radiology Services		
Out-patient Hospital / Ambulatory Surgical Centers	\$3 co-pay	
Physician Office Services **		
Behavioral Health Services ***		
Allergy Services		Shots and allergy treatments limited to children under 21
Preventive Services		
Emergency Ambulance		

Optimum Choices		
Benefit/Services	SCL Waiver Co-pays	Service Limits
Dental Services		<ul style="list-style-type: none"> • Children under 21, to include: <ul style="list-style-type: none"> - 2 cleanings per 12-month period - Extractions and fillings - 1 set of x-rays 12-month period - Other dental services are available • Adults 21 and over: <ul style="list-style-type: none"> - 1 cleaning per 12-month period - Limited to one dental visit per month - Extractions and fillings - 1 set of x-rays per 12-month period
Family Planning		
Occupational Therapy		At an approved setting: <ul style="list-style-type: none"> • No limit for children under 21 • Adults 21 and over are limited to 30 visits per calendar year
Physical Therapy		At an approved setting: <ul style="list-style-type: none"> • No limit for children under 21 • Adults 21 and over are limited to 30 visits per calendar year
Speech Therapy		At an approved setting: <ul style="list-style-type: none"> • No limit for children under 21 • Adults 21 and over are limited to 30 visits per calendar year
Hospice (non-institutional)		
Non-Emergency Transportation		Only to a Kentucky Medicaid-approved medical service, not to pick up prescriptions.
Chiropractic Services		Limited to 26 visits per 12-month period for children and adults

Optimum Choices		
Benefit/Services	SCL Waiver Co-pays	Service Limits
Prescription Drugs (For Members who do NOT have Medicare Part D)	<ul style="list-style-type: none"> - \$1 co-pay generic - \$2 co-pay preferred brand - 5% co-insurance non-preferred brand up to a maximum of \$20 per prescription 	<ul style="list-style-type: none"> • Members are normally limited to 4 prescriptions per month with a maximum of 3 brand names • These limits do not apply to children under 19 or people without Medicare Part D coverage who live in a nursing home • Insulin is excluded from the 4-prescription limit • Ask your doctor or pharmacist about exceptions for medical conditions or certain drugs
Emergency Room	5% co-insurance for non-emergency visits not to exceed \$6 per visit	See Emergency Room section of this handbook
Hearing Aids		<ul style="list-style-type: none"> • Limited to children under 21 • Not to exceed \$800 per ear every 36 months
Audiometric Services		<ul style="list-style-type: none"> • Limited to children under 21 • One audiologist visit per calendar year
Vision Services	\$2 co-pay for ophthalmologic or optometric office visit	<ul style="list-style-type: none"> • Eyewear limited to children under 21 • \$400 limit per calendar year. Maximum paid for one pair of glasses is \$150. • Adults and children limited to 1 eye exam per calendar year
Prosthetic Devices		
Home Health Services		
Durable Medical Equipment (DME)	3% co-insurance up to a maximum of \$15 per month	
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)		Limited to children under 21
Substance Abuse		EPSDT and pregnant women only

Optimum Choices		
Benefit/Services	SCL Waiver Co-pays	Service Limits
Maternity Services <ul style="list-style-type: none"> • Nurse mid-wife services • Pregnancy-related services • Services for other conditions that might complicate pregnancy • 60 days postpartum pregnancy-related services 		
Podiatry Services	\$2 co-pay	
End Stage Renal Disease and Transplants		
Nursing Home Care		
Tobacco Cessation Assessment	<ul style="list-style-type: none"> • No co-pay for the actual assessment; • No co-pay for the office visit; • No co-pay for the smoking cessation drugs; • All drugs, if prescribed are covered and DO NOT require a prior authorization for the initial fill; • Refills of the prescribed smoking cessation drugs require approval from the Division of Medical Management. 	Limited to two (2) tobacco cessation assessments per recipient per calendar year. The assessment must be performed over a period of at least thirty (30) minutes. Be performed face-to-face with the member. Must be performed by a Kentucky Medicaid: <ul style="list-style-type: none"> • Physician; or • Physician Assistant working under the supervision of a Supervising physician; or • Advanced Practice Registered Nurse (APRN)

* The Kentucky Medicaid Pharmacy Program allows pharmacy providers to dispense a 93-day supply or 100-dosage units, whichever is greater, of selected medications. If you have questions about which medications may be dispensed as a 93-day supply or 100-dosage units, check with your pharmacist.

** 'Physician Office Services' includes physicians, certified pediatric and family nurse practitioners, nurse midwives, Federally Qualified Health Centers (FQHC's), rural health clinics (RHC's), primary care centers (PCC's), and physician assistants.

*** 'Behavioral Health Services' include mental health rehab/stabilization, behavioral support, psychological services, and inpatient psychiatric services.

If you are in Optimum or Comprehensive Choices and would rather be in Global Choices, call 1-800-635-2570 to change. Keep in mind Global Choices has higher co-pays and more service limits.

Comprehensive Choices

Comprehensive Choices is the benefit plan that covers members who meet nursing facility (NF) level of care. The member may be in a nursing home or be in the:

- Home and Community Based (HCB) Waiver (aged and/or disabled)
- Model II Waiver (ventilator-dependent), or
- Acquired Brain Injury (ABI) Waiver
- Acquired Brain Injury Long Term Care (ABI LTC) Waiver

This plan has all the benefits that are included in Global Choices. This is not a complete list of services. If a service is not listed, there is no co-pay. Some service limits can be increased if the service is medically necessary (requires prior approval).

Call Kentucky Medicaid at 1-800-635-2570 with questions about your benefits or visit the website at <http://chfs.ky.gov/dms>.

Some people covered by Kentucky Medicaid never have to pay co-pays. These people include:

- Non-KCHIP Children
- Children under 19 years old who are in foster care
- Pregnant women
- Hospice care patients
- Personal Care or Family Care Home
- Members living in a nursing facility

Co-pays cannot be more than 5% of a family's income per quarter.

Comprehensive Choices		
Benefit/Service	ABI, Model II, or HCB Waiver Co-pays	Service Limits
Medical Out-of-Pocket Maximum	\$225 per calendar year (January – December)	
Pharmacy Out-of-Pocket Maximum*	\$225 per calendar year (January – December)	See prescription drug benefits
Acute Inpatient Hospital Services	\$10 co-pay	
Laboratory, Diagnostic and Radiology Services		
Out-patient Hospital / Ambulatory Surgical Centers	\$3 co-pay	
Physician Office Services **		
Behavioral Health Services***		
Allergy Services		Shots and allergy treatments limited to children under 21
Preventive Services		
Emergency Ambulance		

Comprehensive Choices		
Benefit/Service	ABI, Model II, or HCB Waiver Co-pays	Service Limits
Dental Services		<ul style="list-style-type: none"> • Children under 21, to include: <ul style="list-style-type: none"> - 2 cleanings per 12-month period - Extractions and fillings - 1 set of x-rays per 12-month period - Other dental services are available • Adults 21 and over: <ul style="list-style-type: none"> - One cleaning per 12-month period - Limited to one dental visit per month - Extractions and fillings - 1 set of x-rays per 12-month period
Family Planning		
Occupational Therapy		At an approved setting: <ul style="list-style-type: none"> • No limit for children under 21 • Adults 21 and over are limited to 30 visits per calendar year
Physical Therapy		At an approved setting: <ul style="list-style-type: none"> • No limit for children under 21 • Adults 21 and over are limited to 30 visits per calendar year
Speech Therapy		At an approved setting: <ul style="list-style-type: none"> • No limit for children under 21 • Adults 21 and over are limited to 30 visits per calendar year
Hospice (non-institutional)		
Non-Emergency Transportation		Only to a Kentucky Medicaid-approved medical service, not to pick up prescriptions
Chiropractic Services		Limited to 26 visits per 12-month period for children and adults

Comprehensive Choices		
Benefit/Service	ABI, Model II, or HCB Waiver Co-pays	Service Limits
Prescription Drugs (For Members who do NOT have Medicare Part D)	<ul style="list-style-type: none"> • \$1 co-pay generic • \$2 co-pay preferred brand • 5% co-insurance non-preferred brand up to a maximum of \$20 per prescription 	<ul style="list-style-type: none"> • Members are normally limited to 4 prescriptions per month with a maximum of 3 brand names • The 4-prescription limit does not apply to children under 19 or people without Medicare Part D coverage and who live in nursing homes • Insulin is excluded from the 4-prescription limit • Ask your doctor or pharmacist about exceptions for medical conditions or certain drugs
Emergency Room	5% co-insurance for non-emergency visits not to exceed \$6 per visit	See Emergency Room section of this handbook
Hearing Aids		<ul style="list-style-type: none"> • Limited to children under 21 • Not to exceed \$800 per ear every 36 months
Audiometric Services		<ul style="list-style-type: none"> • Limited to children under 21 • One audiologist visit per calendar year
Vision Services	\$2 co-pay for ophthalmologic or optometric office visit	<ul style="list-style-type: none"> • Eyewear limited to children under 21 • \$400 limit per calendar year. Maximum paid for one pair of glasses is \$150. • Adults and children limited to 1 eye exam per calendar year
Prosthetic Devices		
Home Health Services		
Durable Medical Equipment (DME)	3% co-insurance up to a maximum of \$15 per month	
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)		Limited to children under 21
Substance Abuse		EPSDT and pregnant women only

Comprehensive Choices		
Benefit/Service	ABI, Model II, or HCB Waiver Co-pays	Service Limits
Maternity Services <ul style="list-style-type: none"> • Nurse mid-wife services • Pregnancy-related services • Services for other conditions that might complicate pregnancy • 60 days postpartum pregnancy-related services 		
Podiatry Services	\$2 co-pay	
End Stage Renal Disease and Transplants		
Tobacco Cessation Assessment	<ul style="list-style-type: none"> • No co-pay for the actual assessment; • No co-pay for the office visit; • No co-pay for the smoking cessation drugs; • All drugs, if prescribed are covered and DO NOT require a prior authorization for the initial fill; • Refills of the prescribed smoking cessation drugs require approval from the Division of Medical Management. 	Limited to two (2) tobacco cessation assessments per recipient per calendar year. The assessment must be performed over a period of at least thirty (30) minutes. Be performed face-to-face with the member. Must be performed by a Kentucky Medicaid: <ul style="list-style-type: none"> • Physician; or • Physician Assistant working under the supervision of a Supervising physician; or • Advanced Practice Registered Nurse (APRN)

* The Kentucky Medicaid Pharmacy Program allows pharmacy providers to dispense a 93-day supply or 100-dosage units, whichever is greater, of selected medications. If you have questions about which medications may be dispensed as a 93-day supply or 100-dosage units, check with your pharmacist.

** 'Physician Office Services' includes physicians, certified pediatric and family nurse practitioners, nurse midwives, Federally Qualified Health Centers (FQHC's), rural health clinics (RHC's), primary care centers (PCC's), and physician assistants.

*** 'Behavioral Health Services' include mental health rehab/stabilization, behavioral support, psychological services, and inpatient psychiatric services.

If you are in Optimum or Comprehensive Choices and would rather be in Global Choices, call 1-800-635-2570 to change. Keep in mind Global Choices has higher co-pays and more service limits.

Prior Authorization

Some medical services have to be approved before you get them. Your Primary Care Provider (PCP) will ask for these services if you need them. Getting approval for services before you get them is called Prior Authorization. If a service is denied, you may ask for a review. See section on “Denied Services”. Some (but not all) of the services that need to be approved before you get them are:

- Acute inpatient hospitalizations
- Critical access hospital
- Some dental services
- Diagnostic services
- Durable medical equipment (wheelchairs, crutches, etc.)
- Home health services
- Inpatient psychiatric services (under age 21)
- Occupational therapy for adults 21 and over who exceed the limit
- Personal care services
- Some pharmacy services
- Physical therapy for adults 21 and over who exceed the limit
- Nursing facility services
- Private duty nursing only covered through EPSDT Special Services or Model Waiver
- Prosthetic devices
- Respiratory care for ventilator-dependent
- Speech therapy for adults 21 and over who exceed the limit
- Transplants
- Some transportation
- Waiver services (Acquired Brain Injury, Acquired Brain Injury Long Term Care, Home and Community Based, Michelle P., Model II, Supports for Community Living)

Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

EPSDT is a program for children from birth to age 21 who are eligible for Medicaid or the Kentucky Children’s Health Insurance Program (KCHIP).

Under the EPSDT program, children are checked for medical problems early, on a regular basis. These health check-ups are available at your doctor or local health department. Scheduled check-ups protect your child’s health and future. The program identifies health problems before they become serious.

If your child needs additional services, Kentucky Medicaid may cover them. EPSDT Special Services will cover some health services not normally covered by Medicaid. This may include medical supplies and special equipment; dental services not normally covered; allergy serum and shots; and mental health services not normally covered. These EPSDT Special Services require a prior authorization. Your provider will ask for this prior authorization. KCHIP children who pay a monthly premium are not eligible for EPSDT Special Services or for help with non-emergency transportation.

How to Get Transportation Services

Kentucky Medicaid will pay to take some members to get medical services covered by Kentucky Medicaid. If you need a ride, you must talk to the transportation broker in your county to schedule a trip. (KCHIP III children who pay monthly premiums do not get non-emergency transportation.)

Each county in Kentucky has a transportation broker. You can only use the transportation broker for a ride if you can't use your own car or don't have one. If you can't use your car, you have to get a note for the transportation broker that explains why you can't use your car. If you need a ride from a transportation broker and you or someone in your household has a car, you can:

- Get a doctor's note that says you cannot drive
- Get a note from your mechanic if your car won't run
- Get a note from the boss or school official if your car is needed for someone else's work or school
- Get a copy of the registration if your car is junked

Kentucky Medicaid does not cover rides to pick up prescriptions.

For a list of transportation brokers and their contact information, please visit <http://chfs.ky.gov/dms/> or call Kentucky Medicaid at 1-800-635-2570. For more information about transportation services, call 1-888-941-7433.

You should always try to go to a medical facility that is close to you. However, if you need medical care from someone outside your service area, you have to get a note from your PCP. The note has to say why it's important for you to travel outside your area. (Your area is your county and the counties next to it).

If you are in a wheelchair or if you can walk but are disoriented, you may choose a transportation company that can meet these special needs. Contact your broker to see what special needs companies are available. You have to get a note from your PCP. The note has to say why that type of transportation is needed.

The hours of operation are Monday – Friday 8:00 a.m. – 4:30 p.m. and Saturday 8:00 a.m. – 1:00 p.m. If you need a ride, you have to call 72 hours before the time that you need the ride. If you have to cancel an appointment, call your broker as soon as possible.

Services Not Covered

Kentucky Medicaid only pays for services that are medically necessary. Below are some of the services that Kentucky Medicaid does not pay for. **If you use services that Kentucky Medicaid does not pay for, you will have to pay for them.**

- Services from providers who are not Kentucky Medicaid providers
- Services that are not medically necessary
- Transportation to pick up prescriptions
- Massage and hypnosis
- Abortion (unless the mother's life is in danger, or in the case of incest or rape)
- In vitro fertilization
- Paternity testing
- Hysterectomy for sterilization purposes
- Hospital stays if you can be treated outside the hospital
- Cosmetic surgery
- Fertility drugs
- Braces for teeth, dentures, partials, and bridges for persons 21 and over
- Glasses and contact lenses for persons 21 and over
- Hearing aids for persons 21 and over
- Fans, air conditioning, humidifiers, air purifiers, computers, home repairs

If you have questions, call Kentucky Medicaid at 1-800-635-2570 or visit the website at <http://chfs.ky.gov/dms>. Dial 711 for KY Relay.

Choosing or Changing Your Primary Care Provider (PCP)

Benefits of Having a PCP

Having a Primary Care Provider (PCP) is an important part of Kentucky Medicaid. No matter what program you are in, we encourage you to choose a PCP who can coordinate your care. Make sure that the PCP you choose is a Kentucky Medicaid provider. Medicaid will place Kentucky Medicaid members in the Kentucky Patient Access and Care Program (KenPAC) if they are eligible.

Choosing or Changing a PCP for KenPAC Members

Many people with Kentucky Medicaid are in KenPAC. Participating in KenPAC does not affect your Kentucky Medicaid benefits. KenPAC is designed to improve the health care that you get by providing you with a PCP. If you get your Kentucky Medicaid benefits through DCBS, your worker will ask you to pick a PCP. Supplemental Security Income (SSI) members should call the Help Desk at 1-877-298-6108.

These are some examples of the types of providers who can be your PCP:

- Pediatrician, internist, family doctor, general doctor, obstetrician (OB), or a gynecologist (GYN)
- Nurse Practitioner
- A Physician Assistant who works in a primary care center or a rural health clinic.

Any PCP you choose has to be part of the KenPAC program. The PCP also has to have an opening for you. If you choose a PCP who isn't taking new patients, you will have to choose someone else. If your family doctor is not part of the KenPAC program, you will have to choose someone else. **If you do not decide which PCP you want, *Kentucky Medicaid* will choose one for you.**

Reasons or Times to Change Your PCP for KenPAC Members

You can change your PCP for any of the following reasons:

- Your PCP is no longer a *Kentucky Medicaid* provider
- Your PCP disenrolls you
- You or your current provider are no longer in the same medical service area (your county or the counties next to it)

You can also change your PCP at any of the following times:

- At your yearly recertification of eligibility
- Within 90 days of your initial enrollment with a provider or within 90 days of the date the department sends you notice of initial enrollment
- Once every 12 months after initial enrollment
- At any time by written request with approval from the Department for Medicaid Services

Working with Your PCP for KenPAC Members

Your PCP will provide services to you on a regular basis and knows your medical history. Your PCP usually sees you first when you need medical care. Your PCP will:

- Be available by phone 24 hours a day, 7 days a week (or offer a back-up)
- Take care of all your basic health care needs
- Send you to a specialist when you need one
- Keep screenings and shots for children up-to-date
- Help you improve your health

When you choose a PCP you should schedule an appointment to meet your doctor before you get sick. If you have an existing medical condition, you should try to take your medical records with you to the doctor's office.

Seeing a Specialist for KenPAC Members

First, **you must go to your PCP**. He or she will help you choose a specialist who can give you the care you need. You cannot see a specialist unless referred by your PCP. If you see a specialist without a referral from your PCP, you can be charged for the services you get. If you are pregnant, you do not have to see your PCP before you visit an OB/GYN.

Second Opinions for KenPAC Members

You can get a second opinion if you have questions about a diagnosis or treatment your PCP suggests. **Be sure you have a referral from your PCP before you go to another doctor for a second opinion**. The second doctor will tell you what kind of treatment you need and then send you back to your PCP. Your PCP will take care of you. If you are treated by the second doctor and don't get a referral from your PCP, you may have to pay for any services you get.

Services KenPAC Members Can Get Without First Seeing a PCP

Services that do not require a referral from your PCP include:

- Mental Health
- Maternity and Newborn Care
- Family Planning Services
- Transportation
- Basic Dental, Vision and Hearing Care
- Chiropractic Care
- Podiatry Screening
- Treatment for Sexually Transmitted Diseases

Passport

Passport is a Kentucky Medicaid health care plan for most people who live in the 16 counties surrounding Louisville. They are Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble and Washington. If you live in this region, you will get a Passport Member Handbook, Passport card and a Kentucky Medicaid card. You will need both cards to get services. The Passport Member Services information number is 1-800-578-0603.

Lock-In Program

Members who abuse their Medicaid services may be put in the Lock-In Program. For example, this might happen if you go to the emergency room too often or get a lot of different medicines from different doctors. When you are put in the Lock-In Program, a PCP and a pharmacy are chosen for you. Your PCP will take care of your health care needs. Your PCP will manage your referrals to all health care facilities except emergency services. You cannot choose to go to another PCP. You will go to only one pharmacy to have all of your prescriptions filled.

If you don't think you should be put in the Lock-In program, you can appeal and get a hearing. (See the *How to Ask for a Hearing* section of this handbook for more information). For more information, call 1-877-298-6108.

Kentucky Medicaid and Third Party Liability (TPL)

If you have other health insurance along with Kentucky Medicaid or lose coverage with another insurance plan, Kentucky Medicaid needs to know. Contact your local DCBS office or call the TPL unit at **1-800-807-1459** if you have changes in your health insurance.

When you have other health insurance, your provider should always bill that health insurance first. Kentucky Medicaid always pays last. This is called "Third Party Liability" (TPL). If Kentucky Medicaid pays the bill when you have other health insurance, your other health insurance will have to pay the money back. For questions about TPL, call 1-800-807-1459.

Examples of other insurance are:

- Personal health insurance (Anthem / Blue Cross Blue Shield, AARP, Humana)
- Veteran's coverage
- Worker's Compensation
- Auto Insurance to cover injury due to an auto accident
- If you sue someone in court to recover expenses due to injury, disease or disability
- Insurance that pays you if you have cancer, heart disease, and other disabilities

- Student health insurance policies
- Sports health insurance policies
- Medicare

Emergency Room (ER) Use

You should go to the ER when you have signs of a medical condition that could be life-threatening or that could cause permanent damage if not treated right away. If you think you have a condition like this, go to the nearest ER. Call 911 if you need help getting to the ER. **If you aren't sure that you are having an emergency, call your PCP.** The list below has examples of when to go to the ER. Only go to the ER for true emergencies. You will have to pay 5% of your ER bill, (up to \$6 per visit), if you get services at the ER for something other than an emergency.

Examples for visiting the ER	Examples for visiting your PCP or the Urgent Treatment Center
Loss of consciousness, fainting	Earache
Signs of heart attack or stroke	Small cuts
Severe shortness of breath	Dog bite
Bleeding severely or uncontrollably	Sprains and strains
Sudden, constant pain	Asthma (unless life-threatening)
Head or spinal injury	Low fever
Suicidal feelings	Coughs, colds, flu
Seizures	Eye problems (infections, scratches)
Miscarriage or pregnancy with vaginal bleeding	Stomach ache
Physical attack or rape	Backache
Poisoning or drug overdose	Migraine
Severe vomiting or diarrhea that does not stop	Sore throat
Paralysis	Skin rash
Shock	Sexually Transmitted Diseases
Major burns	Medication review
Suddenly become confused – mental status changes	Physical exams
Any life-threatening situation	Immunizations
	Pregnancy tests
	Pap smear, Mammogram

Kentucky Medicaid Rights and Responsibilities

Your Kentucky Medicaid Rights

- To get good medical care no matter your race, color, religion, sex, age, disability, or nationality
- To be treated with respect and dignity and to have your privacy protected
- To have a choice about your Kentucky Medicaid PCP and be able to change your PCP within the rules
- To get medical care when you need it
- To ask questions and get answers about your health care
- To be told that services are not covered before you get them
- To be part of all decisions about your health care
- To ask for a second opinion
- To have your medical records and care kept private (See *HIPAA* section of this handbook for more information about privacy rights)
- To look at copies of your medical records and get copies if you want them
- To complain or ask for a hearing if you have problems with your eligibility or health care

Your Kentucky Medicaid Responsibilities

- To give the best information you can so that *Kentucky Medicaid* and your providers can take care of you and your family
- To follow your PCP's instructions and care plans
- To call your PCP first when you need medical care
- To go to providers who take your medical card
- To show your latest medical card every time you get medical services
- To make sure that you only see Kentucky Medicaid providers
- To keep all appointments and be on time
- To cancel an appointment if you can't get there
- To pay your co-pays
- To follow the rules of your PCP's office or clinic. If you or others don't follow the rules, your provider can ask you to leave.
- To ask your PCP questions if you don't understand something about your medical care
- To tell the truth about yourself and your medical problems
- To report suspected fraud and abuse
- To understand your rights and responsibilities as a Kentucky Medicaid member

Fraud and Abuse

Member Fraud and Abuse

Medicaid fraud can be:

- Lying or holding back information when you sign up to be a member of Kentucky Medicaid or KCHIP
- Letting someone else use your Kentucky Medicaid card
- Not telling your DCBS worker about changes in income and family status
- Not telling Kentucky Medicaid that you have other insurance

Medicaid abuse can be:

- Too many ER visits for problems that are not emergencies
- Using pain medicines that you don't need
- Getting prescriptions that you don't need

If you commit Medicaid fraud, you:

- Have to pay back any money Medicaid paid for you to get services
- Could be prosecuted for a crime and go to jail
- Could lose your Kentucky Medicaid benefits for up to a year

Provider Fraud

Providers can commit fraud in a lot of different ways. Provider fraud, like member fraud, takes money from those who need it. Because of this fraud, there is less money to treat members who need medical help. You can help stop provider fraud. Keep a record of:

- Medical services you get
- When and where the service takes place
- Name of the person who takes care of you
- Any other services ordered by the provider

Some examples of provider fraud are:

- Billing for services that you didn't get
- Making an appointment for a return office visit when you don't need one
- Taking x-rays, doing blood work, etc. that you don't need
- Billing for services that someone else in the office actually performed (charging you too much for those services)
- Billing for more time than the service took
- Adding extra names to your bill (for example, a family member) and billing for those
- Taking money from another provider to refer you to him

Reporting Medicaid Fraud

If you think someone has committed Medicaid fraud or abuse, call Medicaid's Fraud and Abuse Hotline at 1-800-372-2970. Everything you say is private.

Health Insurance Portability and Accountability Act (HIPAA)

Your health information is personal. HIPAA rules give you the right to control your personal health information (PHI). Any health information that can be used to identify you is protected health information.

Anyone who takes part in your medical care can see your PHI. Everyone who handles your health information is legally required to protect the privacy of your PHI. Anyone who uses your PHI in a wrong way is responsible for that.

PHI can be legally used in certain ways. A provider who is treating you can see as much of your PHI as he needs to be able to take care of you. He can only see the information he needs to treat you.

Only the minimum amount of PHI can be legally used without your permission. You can decide to let people use your PHI if you think it is necessary. If you decide to let someone else use your PHI, then you have to write a detailed letter saying that person is allowed to use it. **A person has to have a written statement to ask for your PHI, even if that person is a spouse or a family member.**

Where Do I Send Questions?

If you have questions about HIPAA and your PHI, you can contact the DMS Privacy Officer. The address is:

Cabinet for Health and Family Services
Ombudsman's Office
Attn: HIPAA Compliance Officer
275 E. Main Street (IE-B)
Frankfort, Kentucky 40621

You can call Kentucky Medicaid at 1-800-635-2570 or visit the website at <http://chfs.ky.gov/dms>. If you have a hearing problem, 711 to reach KY Relay.

Complaints

If you think your PHI has been used incorrectly, you can make a complaint. The address is:

The Secretary of Health and Human Services
Room 615F
200 Independence Ave., SW
Washington, D.C. 20201

You can call the U.S. Department of Health and Human Services at 1-877-696-6775. You can also call the United States Office of Civil Rights at 1-866-OCR-PRIV (1-866-627-7748) or 1-866-788-4989 TTY if you have a hearing problem.

How to Ask For a Hearing

You have the right to apply for a hearing if:

- You were denied a service by Kentucky Medicaid
- You have been placed in Lock-In

A hearing gives you a chance to explain your situation to a hearing officer. The hearing officer decides if Kentucky Medicaid has made the right decision.

Denied Services

If you did not get a Kentucky Medicaid service you think you should have, call Kentucky Medicaid at 1-800-635-2570. We will look at your record and help you understand why you did not get the service. We must provide written notice to you whenever Kentucky Medicaid stops, reduces or suspends Medicaid eligibility or covered services.

If you still think that you should get a service after you talk to Kentucky Medicaid, you can ask for a hearing. To ask for a hearing, you need to write a letter to Kentucky Medicaid. (A sample of a letter is included at the end of this section).

If you are being denied a service that you are getting now, **you must mail your written request within 10 days of getting your denial notice to keep getting the Medicaid service.** If you do not need to keep your service, you have up to 30 days of getting your denial letter to mail in a written request for a hearing. Kentucky Medicaid will only take written requests. If you ask for a hearing on time, you will keep your benefits (except for EPSDT Special Services) through the hearing process.

If you are being denied a new service you will not be able to get the service until the hearing is completed.

You will get a written notice of the hearing date. The notice will tell you what time the hearing is and where to go. The hearing will be close to your house. If you want to have the hearing on the phone, you can ask for that. The hearing date should be no more than 30 days from the date of your letter asking for a hearing. Before the hearing, you have the right to examine your case file and any documents or records that will be used at the hearing by Kentucky Medicaid.

Go to the hearing. If you don't go, your case will be dismissed. At the hearing you will explain your problem to the hearing officer and you can say why you should get that service. You can bring a friend or a lawyer with you and any witnesses you believe may be helpful. Medicaid may have a lawyer at the hearing also.

The hearing officer will mail you his recommended decision within 90 days of the date of your signature on the letter asking for a hearing. You can file written notice to Medicaid within 15 days of the decision. Medicaid will make a final decision within 90 days of the hearing officer's recommended decision. If you still feel that the decision is wrong, you can appeal to the Circuit Court. You have 30 days from the date of the final order to make that appeal.

Sample Hearing Request Letter

(Date)

Cabinet for Health and Family Services
Department for Medicaid Services
Division of Administration and Financial Management
275 East Main Street, 6W-C
Frankfort, Kentucky 40621-0001

Attn: Hearing Request

Dear Sir or Madame:

I am writing to ask for a hearing.

My Medicaid ID Number is _____.

My Social Security Number is _____.

My address is _____.

My telephone number is _____.

(Below write the reason you are requesting a hearing.)

Thank you.

Sincerely,

(Sign your name) _____

Glossary

Term	Definition
Abuse	To wrongly or improperly use something or someone.
Authorized Representative	You can choose someone over 18 years old who knows about your health situation. This person is your “Authorized Representative” and can speak to someone at the Kentucky Medicaid call center for you. The call center can be reached at 1-800-635-2570.
Behavioral Health Care	Mental Health Services, including services for alcohol and substance abuse. Services for alcohol and substance abuse are provided only to pregnant women or to members under 21 through EPSDT Special Services.
Co-insurance	When you and an insurance company or Medicaid agree to share costs. You pay part and they pay part. Usually a co-insurance payment is higher than a regular co-pay.
Complaint	If you are unhappy about the use of your PHI or any violation of your rights, you can make a formal complaint.
Co-pay	When a member has to pay for part of a medical service he or she gets, this is called a co-pay.
Deductible	The part of your health care costs that are not covered by an insurance plan.
Department for Community Based Services (DCBS)	DCBS delivers services to support the community, such as child support and child care and follows Medicaid rules to enroll people in Kentucky Medicaid.
Durable Medical Equipment (DME)	Durable medical equipment (DME) is equipment used to serve a medical purpose, can withstand repeated use, and is appropriate for use in the home. Some examples of DME include diabetic supplies, hospital beds, walkers, wheelchairs, and oxygen tents.
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	This program is for children from birth to age 21 who are eligible for Medicaid. Under the EPSDT program, children are checked for medical problems early.
EPSDT Special Services	EPSDT covers some special services that are not normally paid for by Kentucky Medicaid. Some of these services are: mental health services, nitrous oxide (laughing gas) at the dentist’s office, nutritional supplements, and substance abuse treatment.
Emergency	A medical condition that could be life-threatening or could cause permanent damage if not treated right away.
Fraud	Lying or holding back information when you sign up to be a member or become a member of Kentucky Medicaid or KCHIP.
Hearing	<p>You have the right to apply for a hearing if:</p> <ul style="list-style-type: none"> • You were denied a service by Medicaid • You have been placed in Lock-In <p>A hearing gives you a chance to explain your situation to a hearing officer. The hearing officer decides if Medicaid has done everything possible to help you.</p>

Kentucky Medicaid Member Handbook

Term	Definition
Lock-In	Members who abuse their Medicaid rights may be put in the Lock-In Program. A PCP and a pharmacy are chosen for you.
Kentucky Children’s Health Insurance Program (KCHIP)	KCHIP is a program that provides health insurance coverage to low income, uninsured children in Kentucky.
KCHIP III	Children in a family whose income is over 150% of the federal poverty level and who pay a monthly premium.
Kentucky Patient Access and Care Program (KenPAC)	KenPAC is one of Kentucky’s programs that is designed to improve the health care that you get by providing you with a Primary Care Provider (PCP) who makes sure you get the help you need.
Maternity Services	Services that monitor the health of a pregnant woman and her unborn child. A maternity examination can include: monitoring weight gain or loss, blood pressure, size of the abdomen, position of the fetus, and fetal heartbeat. Other tests your doctor may recommend are ultrasound and fetal heart rate monitoring.
Medicaid	Medicaid is a state health program that helps pay health care costs for some people with a low income. If you can’t pay for medical care, Medicaid could help you get the care you need. Kentucky Medicaid is the Medicaid program for the Commonwealth of Kentucky.
The Office of the Medicaid Ombudsman 800-627-4702	Answers questions about programs in the Cabinet for Health and Family Services (CHFS). The Medicaid Ombudsman looks into complaints about Medicaid.
Passport	The Medicaid plan for people who live in the 16 counties around Jefferson county.
Personal Health Information (PHI)	Any health information that can be used to identify you is personal health information (PHI).
Preventive Services	Preventive services are offered by health professionals in clinical settings. They include: <ul style="list-style-type: none"> • Shots for children and adults • Screening tests to catch disease early • Counseling to show you how to live a healthy life • Well-child visits
Primary Care Centers (PCC)	A PCC provides basic health care services to patients of all ages. Specifically, a PCC provides preventive, diagnostic, and therapeutic services by licensed or certified providers to meet usual health care needs.
Primary Care Provider (PCP)	This person will help coordinate your care and will know your medical history.
Prior Authorization (PA)	In order for Kentucky Medicaid to pay for certain medical services, your provider must contact Kentucky Medicaid and get approval before you get the service.

Kentucky Medicaid Member Handbook

Term	Definition
Rural Health Clinics (RHC)	A Rural Health Clinic is a clinic certified to receive special Medicare and Medicaid reimbursement. It provides access to primary care in underserved rural areas. RHCs are required to use a team approach of physicians and mid-level practitioners (nurse practitioners, physician assistants, and certified nurse midwives) to provide services. The clinic must be staffed at least 50% of the time with a mid-level practitioner.
Social Security Administration (SSA)	You can go to the SSA office to: <ul style="list-style-type: none"> • Apply for a social security number • Check on your earnings record • Apply for Social Security benefits, Black Lung benefits, Supplemental Security Income (SSI), and hospital insurance (Medicare) protection • Enroll for medical insurance (Medicare) • Learn everything you need to know about your rights and responsibilities under the Social Security law
Supplemental Security Income	SSI is a monthly payment to people who have low income and few resources and are age 65 or older or are blind, or disabled.
Third Party Liability	TPL is when someone other than Medicaid pays for all or part of a medical service. The law says that Kentucky Medicaid is to “pay last” on a bill. That means all other third-party resources must pay on the medical bills before Medicaid pays.
Transitional Medical Assistance (TMA)	Families may be eligible for TMA if they lose K-TAP benefits when a caretaker relative gets a job, gets a raise or more income, or loses deductions given for K-TAP earnings. TMA members have to pay a \$30 premium.
Transportation Broker	A person who schedules your transportation to some Medicaid-covered services. Transportation services are only available for members who do not have a car.