



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services

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PROVIDER LETTER

TO: KENTUCKY CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC)
Provider Type (PT) 16

FROM: Leslie Hoffmann, Deputy Commissioner

DATE: May 24, 2023

RE: S-CHIP Benefit Category
Provider Letter (PL) #A-1

The Kentucky Department for Medicaid Services (DMS) has received additional guidance from CMS relative to some pregnant adults who receive benefits under the S-CHIP benefit category and their inclusion in the CCBHC Demonstration. For Kentucky Medicaid, this specific S-CHIP benefit category is identified within MMIS as Program Code KP with a Program Status code of P3. (See below example)

Eligibility

Eligibility 5 Year History

Eligibility Group	Program Code	Program Status	From Date	To Date
KY Managed Care Organization without Co-Pay	KP - Pregnant Woman	P3 - Pregnant adult at least 19 and under 65	05/16/2023	05/31/2023

~~Cover will be waived for all members, regardless of the member's Benefit Plan. DMS will~~

This CMS guidance confirms that individuals enrolled in the S-CHIP benefit category, including the Eligibility Group shown above, are **excluded** as eligible to receive services in the CCBHC demonstration.

DMS directs that providers must verify an individual's eligibility when providing services. Review of claims confirms that PT 16 (CCBHC) claims have been submitted for these enrollees. Beginning June 1, 2023, if verification of eligibility confirms a program code of KP and a status code of P3 (as shown above), services for that enrollee must be billed through your PT 30 (CMHC) provider number.

Thank you for your attention to this communication.



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