Objectives

1. Describe the KI-HIPP Program goals and benefits

2. Identify individuals and families who are potentially eligible for KI-HIPP

3. Review the processes for individuals to enroll and maintain enrollment in KI-HIPP
Program Overview
KI-HIPP is a voluntary Medicaid program offered to Medicaid members to help pay for the employee cost of an Employer-Sponsored Insurance (ESI) plan.

KI-HIPP helps Medicaid members take more control of their health care choices/decisions.

KI-HIPP is designed to give Kentuckians the tools to afford quality, comprehensive coverage in the commercial marketplace while also allowing the Commonwealth to remain fiscally responsible.

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

**Benefits of the new KI-HIPP Program**

- May widen healthcare network by providing access to the full traditional Medicaid network
- May help make employer health insurance affordable by reimbursing Medicaid member/policy holder for their premium
- May allow an entire family to be on the same health insurance plan and access the same doctors
KI-HIPP Outreach Timeline

KI-HIPP outreach is being targeted to specific groups of eligible individuals between May and November 2019:

**May 6**
~9,000 Medicaid members who were the policy holder or reported access to ESI received a KI-HIPP Program Notice

**Aug. 5**
~35,000 Medicaid members who have reported full-time employment will receive a KI-HIPP Program Notice

**Sept. 4**
~38,000 additional Medicaid members who have reported full-time employment receive a KI-HIPP Program Notice

**Nov. 4**
10,000 Non-Medicaid policy holders with at least one Medicaid member in the policy will receive a KI-HIPP Program notice
**KI-HIPP Eligibility**

Eligibility for the KI-HIPP program is 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.

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:
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.
Program Processes
KI-HIPP Eligible Member Enrollment Process
To enroll in KI-HIPP, an individual needs to follow the steps below:

**Step 1**  
Apply for KI-HIPP

**Step 2**  
Submit Accessible Plan Documents

**Step 3**  
Enroll in Employer-Sponsored Insurance

**Step 4**  
Payments & Ongoing Verification

Individuals may complete a KI-HIPP application, Health Coverage Form, via:
- benefitfind
- In-Person
- Phone
- Email

Submit the following documents to check plan compatibility:
- Premium Rate Sheet
- Summary of Benefits and Coverage (SBC)

After review, the policy holder will receive a “Notice of Health Insurance Review,” the applicant must:
- Enroll in the eligible ESI plan (if not already enrolled)
- Send a copy of the insurance card

To stay enrolled, a member must:
1. Pay the health insurance premium
2. Submit proof of payment (paystub) to the KI-HIPP team each pay period
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.

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

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

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**Summary of Benefits and Coverage (SBC)**

- **Important Questions**
  - **What is the overall deductible?**
    - $500 per person / $1,000 family
    - You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you receive.
  - **Are there other deductibles for specific services?**
    - Yes, $300 for prescription drug coverage. There are no other specific deductibles.
  - **Is there an out-of-pocket limit on any services?**
    - Yes. For participating providers:
      - $2,500 for 1-5,000 family
    - The out-of-pocket limit in the most you could pay during a coverage period (usually one year). You don’t have to meet this limit each time you use a covered service. 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.

- **Premium Rate Sheet**

**Health Insurance Rates**

Effective January 1, 2017

<table>
<thead>
<tr>
<th></th>
<th>Insurance</th>
<th>Coverage</th>
<th>Bi-Weekly</th>
<th>Monthly</th>
<th>Total Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser HMO</td>
<td>Single - Employee Only</td>
<td>112.85</td>
<td>247.50</td>
<td>225.70</td>
<td>495.00</td>
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<tr>
<td></td>
<td>Family - Employee with dependent</td>
<td>531.52</td>
<td>390.00</td>
<td>1,063.04</td>
<td>780.00</td>
</tr>
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<td>Western Health Advantage HMO</td>
<td>Single - Employee Only</td>
<td>107.30</td>
<td>247.50</td>
<td>214.60</td>
<td>495.00</td>
</tr>
<tr>
<td></td>
<td>Family - Employee with dependent</td>
<td>518.30</td>
<td>390.00</td>
<td>1,036.60</td>
<td>780.00</td>
</tr>
<tr>
<td>Sutter Health Plus HMO</td>
<td>Single - Employee Only</td>
<td>99.06</td>
<td>247.50</td>
<td>198.12</td>
<td>495.00</td>
</tr>
<tr>
<td></td>
<td>Family - Employee with dependent</td>
<td>496.39</td>
<td>390.00</td>
<td>992.78</td>
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<tr>
<td>Kaiser High Deductible</td>
<td>Single - Employee Only</td>
<td>34.08</td>
<td>247.50</td>
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<td></td>
<td>Family - Employee with dependent</td>
<td>330.10</td>
<td>390.00</td>
<td>660.20</td>
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<tr>
<td>Western Health High Deductible</td>
<td>Single - Employee Only</td>
<td>22.40</td>
<td>247.50</td>
<td>44.80</td>
<td>495.00</td>
</tr>
<tr>
<td></td>
<td>Family - Employee with dependent</td>
<td>300.90</td>
<td>390.00</td>
<td>601.80</td>
<td>780.00</td>
</tr>
</tbody>
</table>
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 **comprehensive** and **cost-effective** and therefore, **eligible for KI-HIPP**.

**Summary of Benefits and Coverage (SBC)**

**Premium Rate Sheet**

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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 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 Medicaid eligible individual/family 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.).

**Please Note:** There are no changes in the provider billing 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.

<table>
<thead>
<tr>
<th>Costs Covered by KI-HIPP</th>
<th>Costs Not Covered by KI-HIPP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicaid Provider</strong></td>
<td><strong>Non-Medicaid Provider</strong></td>
</tr>
<tr>
<td>A provider who offers Medicaid services to eligible members</td>
<td>A provider who does not offer Medicaid services to eligible members</td>
</tr>
</tbody>
</table>

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. The Medicaid member is still responsible for the applicable Medicaid co-pay.
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:

1. Continue to have a Medicaid member on the ESI plan.
2. Remain employed and actively enrolled in the ESI plan.
3. Pay health insurance premium payment.
4. Submit proof of premium payment each time a payment is made.

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: benefind.ky.gov

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

Email: kihipp.program@ky.gov

Additional Questions? Members can call 855-459-6328 for support!
The table below lists informational handouts and resources available on the KI-HIPP website.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member FAQs</td>
<td>Frequently asked questions designed to address questions related to KI-HIPP and direct members to helpful resources.</td>
</tr>
<tr>
<td>Document Enrollment Checklist</td>
<td>A checklist that outlines the documents an eligible member should submit to check if their insurance plan is compatible for KI-HIPP.</td>
</tr>
<tr>
<td>KI-HIPP 101</td>
<td>A one-pager that provides an overview of the KI-HIPP program and how interested individuals can apply.</td>
</tr>
<tr>
<td>Member Handbook</td>
<td>A detailed guide to the KI-HIPP program for individuals who are enrolled.</td>
</tr>
<tr>
<td>Member videos</td>
<td>A series of brief videos that provide an overview of KI-HIPP eligibility, enrollment, and ongoing member responsibilities.</td>
</tr>
</tbody>
</table>
Questions?
THANK YOU!