Thank you for joining the KI-HIPP Informational Webinar!

The session will begin soon.

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<table>
<thead>
<tr>
<th>Dial-In Information</th>
<th>Ask a Question in the Chat</th>
<th>Speaking During the Call</th>
<th>Browser Preference</th>
</tr>
</thead>
<tbody>
<tr>
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<td>During the Zoom call, all participants are automatically muted. If you would like to ask a question about the content:</td>
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<td>• Click the “Reaction” button</td>
<td>• Chrome, Firefox, or Edge</td>
</tr>
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<td>• Click “Switch to Phone Audio”</td>
<td>• Type a question and click “Enter” on your keyboard to send the question</td>
<td>• Click “Raise Hand”</td>
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</tbody>
</table>

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KI-HIPP Informational Webinar
September 2021
Program Overview
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**

- **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.
KIHipp Eligibility

Eligibility for the KIHipp 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.

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

Before a potentially eligible Kentuckian can enroll in KIHipp, the KIHipp team must review the ESI plan for Plan Compatibility based on the following criteria:
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!
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?

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.
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*

- Individuals may complete a KI-HIPP application by:
  - [kynect.ky.gov/benefits](http://kynect.ky.gov/benefits)
  - Visiting a DCBS Office
  - Calling 855-306-8959
  - Emailing [kihipp.program@ky.gov](mailto:kihipp.program@ky.gov)

**Step 2**  
*Submit Accessible Plan Documents*

- Submit the following documents to check plan compatibility:
  - Premium Rate Sheet*
  - Summary of Benefits and Coverage (SBC)* for all plans they have access to

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

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

**Step 4**  
*Payments & Ongoing Verification*

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

*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.

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

The **Summary of Benefits and Coverage (SBC)** form shows comparisons of costs and coverage for health plans. The KI-HIPP team uses SBCs to evaluate *cost-effectiveness* and *comprehensiveness*.

---

### Health Insurance Rates Effective January 1, 2017

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Coverage</th>
<th>Bi-Weekly</th>
<th>Monthly</th>
<th>Total Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Your Cost</td>
<td>SETA Cost</td>
<td>Your Cost</td>
<td>SETA Cost</td>
</tr>
<tr>
<td>Kaiser HMO</td>
<td>Single - Employee Only</td>
<td>112.85</td>
<td>247.50</td>
<td>225.70</td>
</tr>
<tr>
<td></td>
<td>Family - Employee w/dependents</td>
<td>531.52</td>
<td>390.00</td>
<td>1,063.04</td>
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<tr>
<td>Western Health Advantage HMO</td>
<td>Single - Employee Only</td>
<td>107.39</td>
<td>247.50</td>
<td>214.60</td>
</tr>
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<td></td>
<td>Family - Employee w/dependents</td>
<td>510.59</td>
<td>390.00</td>
<td>1,030.60</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>
</tr>
<tr>
<td></td>
<td>Family - Employee w/dependents</td>
<td>486.39</td>
<td>390.00</td>
<td>992.78</td>
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<td>Kaiser High Deductible</td>
<td>Single - Employee Only</td>
<td>34.00</td>
<td>247.50</td>
<td>60.16</td>
</tr>
<tr>
<td></td>
<td>Family - Employee w/dependents</td>
<td>310.10</td>
<td>390.00</td>
<td>660.20</td>
</tr>
<tr>
<td>Western Health High Deductible</td>
<td>Single - Employee Only</td>
<td>22.40</td>
<td>247.50</td>
<td>44.80</td>
</tr>
<tr>
<td></td>
<td>Family - Employee w/dependents</td>
<td>360.90</td>
<td>390.00</td>
<td>601.80</td>
</tr>
</tbody>
</table>

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### Insurance Company 1: Plan Option 1

<table>
<thead>
<tr>
<th>Important Characteristics</th>
<th>Amounts</th>
<th>Why Don’t Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Premium</td>
<td>$1,000.00</td>
<td>insufficient funds</td>
</tr>
<tr>
<td>In general exclusions</td>
<td>$2,000.00</td>
<td>no specific exclusions</td>
</tr>
<tr>
<td>Does this plan cover a network of providers?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Maximum number of provider per state in network</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Does this plan cover all services?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is there a deductible per service?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

---

### Summary of Benefits and Coverage (SBC)

**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*.

**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*.
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.

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 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

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

### Scenario 2: Family

- **Household Composition**: 2 Adults, 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
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 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.

<table>
<thead>
<tr>
<th>Costs Covered by KI-HIPP</th>
<th>Costs Not Covered by KI-HIPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Green Checkmark] Medicaid Provider</td>
<td>![Red Cross] Non-Medicaid Provider</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.
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 enrolled in the ESI plan.
3. Pay health insurance premium payment.
4. 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
Email: kihipp.program@ky.gov
Mail: 275 E. Main St., 6C-A Frankfort, KY 40621

Additional Questions? Members can call 855-459-6328 for support!
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
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
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?

A. Email the application and documents to 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
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!
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!
The table below lists informational handouts and resources available on the KI-HIPP website for members.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member Handbook</strong></td>
<td>A detailed guide to the KI-HIPP program for individuals who are enrolled.</td>
</tr>
<tr>
<td><strong>KI-HIPP 101</strong></td>
<td>A one-pager that provides an overview of the KI-HIPP program and how interested individuals can apply.</td>
</tr>
<tr>
<td><strong>Member FAQs</strong></td>
<td>Frequently asked questions designed to address questions related to KI-HIPP and direct members to helpful resources.</td>
</tr>
<tr>
<td><strong>Document Enrollment Checklist</strong></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><strong>Member videos</strong></td>
<td>A series of brief videos that provide an overview of KI-HIPP eligibility, enrollment, and ongoing member responsibilities.</td>
</tr>
</tbody>
</table>
KI-HIPP Employer Resources on [https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](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.

<table>
<thead>
<tr>
<th>Teresa Shields</th>
<th>Amanda Kelley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Manager</td>
<td>KI-HIPP Team</td>
</tr>
<tr>
<td><a href="mailto:Teresa.shields@ky.gov">Teresa.shields@ky.gov</a></td>
<td><a href="mailto:Amandam.kelley@ky.gov">Amandam.kelley@ky.gov</a></td>
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<tr>
<td>502-564-4958 x2159</td>
<td>502-564-4958 x2200</td>
</tr>
</tbody>
</table>
Questions?
THANK YOU!