| **Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program**  
*Frequently Asked Questions (FAQ)* |
|----------------------------------|
| **What is the KI-HIPP Program?**  
KI-HIPP is a voluntary Medicaid program offered to Medicaid members to help pay for the cost of an Employer-Sponsored Insurance (ESI) plan. In addition, enrolled members may also include Non-Medicaid policy holders with at least one Medicaid member on the plan. |
| **I already have Medicaid. Why should I sign up for KI-HIPP?**  
The KI-HIPP program provides KI-HIPP payments to the policy holder as reimbursement for the cost of the health insurance plans, which is the amount that the policy holder must pay each month in order to receive health insurance coverage. KI-HIPP may also cover the cost of family health insurance coverage, even if some members are not Medicaid-eligible, as long as the policy holder or a member on the policy is enrolled in Medicaid.  
The benefits offered by an ESI plan may be very similar to Medicaid benefits, however, KI-HIPP may widen the healthcare network by providing access to providers and services in the **full traditional Medicaid network**.* In addition, the KI-HIPP program offers the following benefits to members who enroll:  
• May help make **employer health insurance affordable** by reimbursing the policy holder for the monthly premium  
• **May allow an entire family** to be on the same health insurance plan and access the same providers  
*It is highly encouraged to visit a provider that accepts Medicaid. If the Medicaid member visits a Non-Medicaid Provider (does not accept Medicaid), they may have out-of-pocket costs that are not reimbursable. |
| **How do I qualify for KI-HIPP?**  
Kentucky Medicaid members and non-Medicaid policy holders with at least one Medicaid member on their plan may be eligible for KI-HIPP.  
Next, the policy holder must also have access to an insurance plan through one of the following sources:  
• Insurance through an employer  
• Coverage through United Mine Workers, Retiree Health Plan, or COBRA |
| **Can I receive benefits from KI-HIPP and Medicaid at the same time?**  
Yes! In fact, a member on the policy must be enrolled in Medicaid in order to qualify for KI-HIPP.  
Enrolling in KI-HIPP does **NOT** result in losing Medicaid benefits. |
| **Is KI-HIPP Voluntary?**  
Yes! The KI-HIPP program is a voluntary Medicaid program. Enrollment in KI-HIPP is not currently required. |
| **Is KI-HIPP free?**  
Yes! KI-HIPP helps enrolled members pay for the cost of health insurance premiums. Typically, employers usually take the premium payment from each paycheck to pay for health insurance coverage. The KI-HIPP program will send payments to the policy holder for the cost of that health insurance premium. |
**What is the KI-HIPP enrollment process?**

Follow the process below to enroll in KI-HIPP:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Apply for KI-HIPP</td>
</tr>
<tr>
<td>2.</td>
<td>Submit Documents</td>
</tr>
<tr>
<td>3.</td>
<td>Enroll in Insurance Plan</td>
</tr>
<tr>
<td>4.</td>
<td>Receive Payments &amp; Ongoing Verification</td>
</tr>
</tbody>
</table>

Individuals may **complete a KI-HIPP application** via:
- benefind.ky.gov
- In-Person (DCBS)
- Phone (DCBS: **855-459-6328**)
- Email (KI-HIPP)
- Mail (KI-HIPP)

**Submit the following insurance documents** gathered from the employer or insurance company:
- Summary of Benefits and Coverage (SBC)
- Premium Rate Sheet

After receiving a **Notice of Health Insurance Plan Review**, the individual must:
- **Enroll in the eligible ESI plan** (if not already enrolled)
- **Submit a copy of the health insurance card**

**To stay enrolled and receive ongoing KI-HIPP payments**, a member must:
1. Pay the health insurance premium
2. **Submit a copy of the paystub** as proof of premium payment to the KI-HIPP Team each pay period

---

**What documents do I need to submit for the KI-HIPP Program?**

In order to check if the policy holder’s available ESI plan(s) is eligible for KI-HIPP, submit the following documents to the KI-HIPP Team:
- Summary of Benefits and Coverage (SBC)
- Premium Rate Sheet

**Please Note:** The policy holder may ask for a copy of these documents from an employer or insurance company at any time.

**How do I submit documents to KI-HIPP Team?**

The policy holder may submit documents the following ways:
- benefind: benefind.ky.gov
- Email: kihipp.program@ky.gov
- Mail: CHFS KI-HIPP, 275 E. Main St., 6C-A, Frankfort, KY 40621

**What do I need to do once I have signed up for KI-HIPP?**

To get KI-HIPP payments, the policy holder must submit a paystub as proof of premium payment each time a premium payment is made.*
- The policy holder must submit a paystub that shows the premium was taken out of the paycheck to pay for health insurance coverage.
- The policy holder must **submit a copy of the paystub each pay period** via benefind, email, or mail.

*With ESI, the premium payment may be automatically taken out of each paycheck to pay for health insurance coverage.*
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will KI-HIPP pay for the costs of a family plan?</td>
<td>The policy holder’s ESI plan may qualify for KI-HIPP to pay for the cost of a family health insurance plan.</td>
</tr>
<tr>
<td></td>
<td>• Submit the required documents to the KI-HIPP Team to check if the plan is eligible for KI-HIPP</td>
</tr>
<tr>
<td></td>
<td>• The health insurance plan may cover the entire family, including family members who are not eligible for Medicaid</td>
</tr>
<tr>
<td></td>
<td>• Non-Medicaid members receive ESI coverage for healthcare services but would not be eligible for Medicaid reimbursement for out-of-pocket expenses that are covered by Medicaid</td>
</tr>
<tr>
<td>I was approved for KI-HIPP. When will my KI-HIPP benefits start?</td>
<td>KI-HIPP benefits will start the first day of the month after approval for KI-HIPP. For example, if approved on May 25, then KI-HIPP benefits would begin on June 1.</td>
</tr>
<tr>
<td>What do I need to do to stay in KI-HIPP?</td>
<td>To remain enrolled in KI-HIPP and continue receiving KI-HIPP payments, the policy holder must meet these requirements:</td>
</tr>
<tr>
<td></td>
<td>• Pay the health insurance premium</td>
</tr>
<tr>
<td></td>
<td>• Submit a paystub each time the health insurance premium is taken out of the paycheck</td>
</tr>
<tr>
<td></td>
<td>• Remain enrolled in the ESI plan</td>
</tr>
<tr>
<td></td>
<td>• Have at least one member on the plan enrolled in Medicaid</td>
</tr>
<tr>
<td>Can I set up direct deposit for KI-HIPP premium payments?</td>
<td>Yes! The KI-HIPP 63 Direct Deposit Authorization Form may be downloaded by logging into benefind.ky.gov or on the KI-HIPP website (<a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>). Submit this form through the methods described above (benefind, email, or mail).</td>
</tr>
<tr>
<td>I received a notice saying I am disenrolled from my MCO. What does this mean?</td>
<td>Once fully enrolled in the KI-HIPP program, Medicaid members enrolled in a Managed Care Organization (MCO) will transition to traditional Medicaid to allow for KI-HIPP payments for the health insurance premium to occur. The Medicaid member is still enrolled in Medicaid and will receive all of the benefits of Medicaid. For questions about a notice or document, please call the KI-HIPP Call Center: 855-459-6328 or email questions to the KI-HIPP Team: <a href="mailto:kihipp.program@ky.gov">kihipp.program@ky.gov</a></td>
</tr>
<tr>
<td>How long does it take to receive reimbursements?</td>
<td>Once the policy holder submits a paystub, it may take up to 10-14 days business days to receive the KI-HIPP payment as reimbursement for the cost of the premium.</td>
</tr>
<tr>
<td></td>
<td>*The policy holder will not receive a KI-HIPP payment for the initial paystub used to enroll. The policy holder will begin receiving KI-HIPP payments for submitted paystubs the month after being approved for KI-HIPP.</td>
</tr>
<tr>
<td>Are there fees for the KI-HIPP Program?</td>
<td>No - There is not a fee to enroll in KI-HIPP. Once enrolled, KI-HIPP will pay the policy holder for their share of the health insurance premium payment for submitted paystubs.</td>
</tr>
</tbody>
</table>
**Please Note:** If the ESI plan covers elective abortion, one dollar ($1) will be taken out of the first KI-HIPP payment the policy holder receives each month. If the policy holder submits insurance plan documents that verify elective abortion is *not* covered, they will receive the full KI-HIPP payment every time.

| What are the out-of-pocket (OOP) costs for KI-HIPP? Do I receive payments for out-of-pocket costs? | If the Medicaid member visits a Medicaid provider, they will have the same out-of-pocket costs as any Medicaid beneficiary, such as a Medicaid copay for certain non-preventative services. **Medicaid members may have out-of-pocket costs** when visiting a Non-Medicaid Provider.  
- The KI-HIPP program does **NOT** cover out-of-pocket costs (deductibles, co-pays, coinsurance) for Medicaid members if the provider is a Non-Medicaid Provider. The member will be responsible for paying those costs.  
- The member will not receive KI-HIPP reimbursement payments for these additional costs when visiting a Non-Medicaid Provider.  

**Please Note:** In Kentucky, more than 90% of doctors accept Medicaid. To avoid out-of-pocket costs, Medicaid members are encouraged to visit one of the 90% of doctors that accept Medicaid. Always present both the Medicaid card and health insurance card to check if the provider accepts Medicaid. |
|---|---|
| What happens if I go to a Non-Medicaid Provider? | If the Medicaid member goes to a Non-Medicaid Provider, they may have out-of-pocket costs that are not paid by Medicaid. The KI-HIPP program does not cover out-of-pocket costs for these non-covered costs and this member will be responsible for these costs.  
To make sure that healthcare charges are billed correctly, Medicaid members must give the provider or pharmacist *both* the Medicaid card AND health insurance card when paying for healthcare services or a prescription. |
| What should do I if I receive a bill from my provider? | After visiting a Medicaid Provider, KI-HIPP members may contact the KI-HIPP Team by phone or email to receive help with this billing issue.  
If KI-HIPP members visit a Non-Medicaid Provider, the bill may be the result of out-of-pocket costs that are not paid by Medicaid. |
| Do paystubs that I submit for KI-HIPP count towards other Medicaid program requirements? | No. Documents that are submitted to the KI-HIPP Team only apply to the KI-HIPP program. There are no changes to the current document submission process for KI-HIPP members that are enrolled in Medicaid. |
| If my job is out of state, but I am a Kentucky resident, do I qualify for KI-HIPP? | If the policy holder is a Kentucky resident and their employer is out of state (e.g., Indiana), the policy holder may be eligible for KI-HIPP if their employer offers a health insurance plan and a member on the policy is enrolled in Kentucky Medicaid. |
### I received a notice that more than one plan offered to me qualifies for KI-HIPP. Which plan do I choose?

The policy holder may enroll in any of the plans or level of coverages marked as “Yes” under “Eligible for KI-HIPP” listed on the Notice of Health Insurance Plan Review in order to receive the full KI-HIPP payment for their share of the health insurance premium. It is not encouraged to enroll in a plan or level of coverage that is marked “No” for “Eligible for KI-HIPP” as the policy holder will not receive a KI-HIPP payment.

Once the policy holder enrolls in an ESI plan, they are responsible for submitting their health insurance card and a paystub. Once these documents are approved, the policy holder begins receiving KI-HIPP benefits the start of the next month.

*The policy holder will not receive a KI-HIPP payment for the initial paystub used to enroll. The policy holder will begin receiving KI-HIPP payments for submitted paystubs the month after being approved for KI-HIPP.*

### What is the appeal process if I have a doctor deny my coverage or receive a surprise bill?

Since KI-HIPP is a Medicaid program, members should follow the established appeals process. This process may be found on page 27 of the Medicaid Member Handbook: [https://chfs.ky.gov/agencies/dms/Documents/Howtorequestahearing.pdf](https://chfs.ky.gov/agencies/dms/Documents/Howtorequestahearing.pdf)

Appeals related to an ESI program are handled through the ESI policy guidelines.

### Where can I go for more information about KI-HIPP?

KI-HIPP has a website with informational materials. Go to [https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx) to learn more about the program!

For questions about a notice or document, please call the KI-HIPP Call Center: 855-459-6328 or email questions to the KI-HIPP Team: [kihipp.program@ky.gov](mailto:kihipp.program@ky.gov)