Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program

Notice Guide
Last Update: May 2020

Team Kentucky
The Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) program is a voluntary Medicaid program offered to Medicaid members to help pay for the cost of an Employer-Sponsored Insurance (ESI) plan, which is usually offered through current or past employment (COBRA, United Mine Workers, or Retiree Health Plan). In addition, enrolled members may also include Non-Medicaid policy holders with at least one Medicaid member on the plan.

KI-HIPP aims to help families with at least one person enrolled in Medicaid pay for the cost of health insurance premiums, which is the amount paid to a health insurance company for coverage. Once enrolled in KI-HIPP, the policy holder will receive ongoing payments to help cover the cost of health insurance premiums.

This Notice Guide is designed to help you understand what each notice means for you and to answer questions you may have.

For any questions about the KI-HIPP program, please call 855-459-6328.
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Before we get started...

It’s important to note that there are several notices that individuals may receive from the KI-HIPP program. This Notice Guide groups the notices into sections to help make it easier to find the notice you are looking for!

The table below describes the general purpose of the sections and lists the corresponding notices in each section.

<table>
<thead>
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<th>Section Description</th>
<th>Notices</th>
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| **KI-HIPP Eligibility** | • Access Program Notice  
• Enrollment Program Notice  
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| **Enrolling in KI-HIPP** | • Notice of Invalid/Incomplete Document  
• Notice of Health Insurance Plan Review  
• MCO Disenrollment Letter  
• Notice of Eligibility  
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• Application Summary Notice |
| **Reminders for Enrolled Members** | • Notice of Health Insurance Plan Review  
• Notice of Premium Payment Verification Frequency Change  
• Notice to Provide Payment Proof  
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• Notice of Premium Change  
• Notice of Renewal |
| **Notices about KI-HIPP Payments/Claims** | • Direct Deposit Failure Notice  
• Benefits Reduction Notice  
• Claim Adjustment Notice  
• Claim Termination Notice |
| **Notices for Disenrolled Members** | • Demand Notice  
• Claim Adjustment Notice  
• Payment Past Due Notice  
• Payment Receipt Notice  
• Good Cause Rejection Notice |
KI-HIPP Eligibility
Access Program Notice tells the individual that they may be eligible for KI-HIPP because they have access to a qualifying health insurance plan as a policy holder.

**Why am I receiving this notice?**

This notice explains that you may be eligible for KI-HIPP because:

- **You and/or family member(s) on your case are enrolled in Medicaid**
- **You are NOT currently enrolled, but have access to one of the following types of coverages as a policy holder:**
  - Employer-Sponsored Insurance (ESI)
  - Consolidated Omnibus Budget Reconciliation Act (COBRA)
  - Retiree Health Plan
  - United Mine Workers
- **You are NOT currently enrolled in KI-HIPP**

To check if you are eligible to enroll in KI-HIPP, send both of the following documents:

- **Summary of Benefits and Coverage (SBC)** showing the benefits covered by your ESI plan
- **Premium Rate Sheet** showing the charges and rates of your employer’s health insurance plans

**You can send these documents to the KI-HIPP Team in one of the following ways:**

- **Upload:** benefind.ky.gov
- **Mail:**
  
  CHFS KI-HIPP Unit  
  275 E. Main St., 6C-A  
  Frankfort, KY 40621  
  
  Email:**
  
  kihipp.program@ky.gov

More information on KI-HIPP benefits can be found on page 59.
Enrollment Program Notice tells the individual that they may be eligible for KI-HIPP because they are enrolled in a qualifying health insurance plan as a policy holder.

Why am I receiving this notice?

This notice explains that you may be eligible for KI-HIPP because:

✅ You and/or family member(s) on your case are enrolled in Medicaid

✅ You are enrolled in one of the following types of coverage as a policy holder:
  - Employer-Sponsored Insurance (ESI)
  - Consolidated Omnibus Budget Reconciliation Act (COBRA)
  - Retiree Health Plan
  - United Mine Workers

✅ You are NOT currently enrolled in KI-HIPP

To see if you are eligible to enroll in KI-HIPP, send in all of the following documents:

- **Summary of Benefits and Coverage (SBC)** showing the benefits covered by your ESI plan
- **Copy of your paystub** showing that the premium was taken out to pay for health insurance
- **Premium Rate Sheet** showing charges and rates of your health insurance plan
- **Copy of your insurance card** or a document from your health insurance company showing that you are enrolled in a health insurance plan

You can send these documents to the KI-HIPP Team in one of the following ways:

**Upload:** benefind.ky.gov

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

**Email:** kihipp.program@ky.gov

More information on KI-HIPP benefits can be found on page 59.
Enrollment Program Notice Insert (1/3)

Description

Enrollment Program Notice Insert provides more information about KI-HIPP to potentially eligible policy holders with at least one Medicaid member on the plan.

Why am I receiving this notice?

This Enrollment Program Notice Insert is sent along with the Enrollment Program Notice to the policy holder when the following criteria are met:

1. Policy holder is enrolled in a qualifying health insurance plan and
2. At least one member on the policy is enrolled in Medicaid

This insert provides more information on the following topics:

- Benefits that you and/or your family may receive by enrolling in KI-HIPP
- How to enroll in the KI-HIPP program
- How to receive KI-HIPP payments that help pay for the cost of premiums
- How to set up direct deposit for receiving KI-HIPP payments

More information on page 10-11.
What are my next steps?

The policy holder must complete the following steps to complete the KI-HIPP enrollment process and receive the ongoing KI-HIPP payments:

<table>
<thead>
<tr>
<th>Your Next Steps</th>
<th>Description</th>
</tr>
</thead>
</table>
| **1.** Complete KI-HIPP Application | Complete a KI-HIPP application via:  
  - benefind.ky.gov  
  - In-Person (DCBS Office)  
  - Phone (855-306-8959)  
  - Email ([kihipp.program@ky.gov](mailto:kihipp.program@ky.gov))  
  - Mail (275 E. Main St. 6C-A, Frankfort, KY 40621) |
| **2.** Submit Insurance Plan Documents | Send the following documents* to check if the insurance plan is eligible for KI-HIPP:  
  - Summary of Benefits and Coverage (SBC)  
  - Premium Rate Sheet |
| **3.** Enroll in Employer-Sponsored Insurance (ESI) | After receiving a **Notice of Health Insurance Plan Review**, you must complete the following steps:  
  1. Enroll in the eligible ESI plan (if not already enrolled)  
  2. Submit a copy of your Health Insurance Card |
| **4.** Payments & Ongoing Verification | To receive the ongoing KI-HIPP payments and stay enrolled in KI-HIPP, you must:  
  1. Pay the health insurance premium  
  2. Submit proof of premium payment when notified |

*You may request these documents from your employer or insurance company.

*If you have (ESI), your premium payment may be automatically taken out of your paycheck.

More information on page 11.
What are my next steps?

In order to receive the ongoing KI-HIPP payments that help pay for the cost of the health insurance premiums, you must submit proof of premium payment.

You must **submit one of the following documents as proof of premium payment** when you receive a **reminder notice** from the KI-HIPP Team:

- **Copy of your paystub** showing that the premium was taken out to pay for your health insurance coverage
- **Letter from your insurance company** showing the amount and the frequency that you pay for health insurance coverage

You must submit proof of premium payment when notified to show that you recently paid the premium for health insurance coverage.

**You may choose one of the two options for receiving KI-HIPP payments:**

- **Physical checks** sent via mail
- **Payments directly deposited** to your bank account

Complete the steps below to set up direct deposit for your KI-HIPP payments*:

<table>
<thead>
<tr>
<th>Checkbook (Y/N)</th>
<th>Your Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>✅ Yes</td>
<td>1. Write “Void” on the front of a <em>blank check</em> or deposit ticket with bank routing and checking account numbers.</td>
</tr>
<tr>
<td></td>
<td>2. Send blank check or deposit ticket with “Void” to the KI-HIPP Team via benefind, mail, or email.</td>
</tr>
<tr>
<td>✗ No</td>
<td>1. Print KI-HIPP-63 Direct Deposit Authorization Form from this website: <a href="https://benefind.ky.gov/General/HardcopyApplication">https://benefind.ky.gov/General/HardcopyApplication</a></td>
</tr>
<tr>
<td></td>
<td>2. Bring the KI-HIPP-63 Direct Deposit Authorization Form to your bank. A bank official must complete and sign the bottom of the form.</td>
</tr>
<tr>
<td></td>
<td>3. Send completed form to the KI-HIPP Team.</td>
</tr>
</tbody>
</table>

*The next steps depend on if you have a checkbook/deposit ticket or not.*
Enrolling in KI-HIPP
Notice of Incomplete/Invalid Document

**Description**

**Notice of Incomplete/Invalid Information** requests more information or missing documents in order for the KI-HIPP Team to complete the processing of the KI-HIPP case.

**Why did I receive this?**

This notice explains that you need to send in documents because:

- **New KI-HIPP Applicant**
  - You sent an application to see if you are eligible to enroll in KI-HIPP, but you did not send in all the necessary documents.

- **Existing KI-HIPP Member**
  - You reported a change or completed recertification of eligibility, but you did not send in all the necessary documents.

If you do not send documents, your KI-HIPP eligibility **cannot be determined**.

If you do not send documents, you may have a **reduction or loss of benefits**.

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**Kentucky Integrated Health Insurance Premium Payment (KI-HIPP)**

**Notice of Incomplete/Invalid Information**

- **Application**
  - The information you have submitted is incomplete or invalid. We need further information to determine your KI-HIPP eligibility. If the information is not provided, you may not get KI-HIPP benefits.

- **Change/Recertification**
  - The information you have submitted is incomplete or invalid. We need more information to process your KI-HIPP benefits. If the information is not provided, your KI-HIPP benefits may be changed or stopped.

**<Required Documents>**

You may upload the documents on benefind.ky.gov, or send it to:

**KI-HIPP Address**: 275 E. Main St., 6C-A, Frankfort KY 40621

**Email**: KIHIPP.Program@ky.gov

If you have questions, call us at 855-459-6328

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**What are my next steps?**

This section lists the specific documents that you need to send in order to complete the KI-HIPP eligibility process or continue receiving KI-HIPP benefits.

**You can send these documents to the KI-HIPP Team in one of the following ways:**

- **Upload**: benefind.ky.gov
- **Mail**: CHFS KI-HIPP Unit 275 E. Main St., 6C-A Frankfort, KY 40621
- **Email**: kihipp.program@ky.gov
Notice of Health Insurance Plan Review

Notice of Health Insurance Plan Review tells the individual if their available ESI plan is eligible for KI-HIPP after each level of coverage is reviewed by the KI-HIPP Team.

To be eligible, the Employer-Sponsored Insurance Plan must be:

**Cost-Effective**
The Employer-Sponsored Insurance (ESI) plan premium, deductible, and co-pays must cost the State less than the cost to cover a member in a Managed Care Organization (MCO).

**Comprehensive**
An employer’s insurance plan must cover at least one benefit from each of the 10 essential health benefits (EHB) categories.

Why did I receive this?
This notice explains whether your health insurance plan is eligible for KI-HIPP.
You sent an application to see if you are eligible to enroll in KI-HIPP. The KI-HIPP Team sends this notice after reviewing your documents to determine your eligibility. If your ESI plan is both cost-effective and comprehensive, then you are eligible for KI-HIPP.

After review, your available health insurance plan was determined eligible OR ineligible for KI-HIPP enrollment.

What are my next steps?
This section lists the next steps you must follow depending on the results of your health insurance plan review. These results vary from person to person, which means each person may have different next steps (i.e. you may need to submit additional documents to the KI-HIPP Team to complete enrollment or reapply).
MCO Disenrollment Notice informs the Medicaid member of their disenrollment from a Managed Care Organization (MCO) after enrolling in KI-HIPP.

**Why did I receive this?**

This notice explains that the Medicaid member on the policy will no longer be covered by a Managed Care Organization (MCO). The Medicaid member will transition to traditional Medicaid in order for the KI-HIPP payments to occur.

*The member will still have full access to traditional Medicaid benefits.*

Enrolling in KI-HIPP provides Medicaid members two sources coverage (Employer-Sponsored Insurance (ESI) plan AND Medicaid), instead of coverage from one MCO.

**Coverage of Enrolled KI-HIPP Members:**

- **Managed Care Organization (MCO) Coverage**
- **Traditional Medicaid Coverage:** Provides you access to the full network of Medicaid benefits and providers
- **Employer-Sponsored Insurance (ESI) Coverage:** May provide you access to another set of doctors, although with potential co-pay and deductibles

**MCO Disenrollment Letter**

Dear <Client Name>

The people listed below will no longer be covered by a Managed Care Organization (MCO) after the date shown:

<table>
<thead>
<tr>
<th>Member Name</th>
<th>MCO</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;Name&gt;</td>
<td>Aetna Better Health of Kentucky</td>
<td>&lt;MMM DD, YYYY&gt;</td>
</tr>
<tr>
<td>&lt;Name&gt;</td>
<td>Aetna Better Health of Kentucky</td>
<td>&lt;MMM DD, YYYY&gt;</td>
</tr>
</tbody>
</table>

Reason: You are disenrolled from MCO because of your KI-HIPP approval, you will be moved from your Managed Care Organization (MCO) to KYHealth Choices Medicaid. You will still receive Medicaid benefits.

You got this letter based on what we know about you today.

If this letter is hard to understand, call us at 1-855-446-1245. We can read this letter to you. We can give you free interpreter services. We can also give you this information in a way that is easier for you to read and understand.

Para ayuda en español, llame al 1-800-635-2570. Las llamadas son gratuitas.

For TDD/TTY dial 711 for KY Relay
Monday through Friday 8:00 a.m. to 5:00 p.m. EST

*More information on page 16.*
MCO Disenrollment Notice informs the Medicaid member of their disenrollment from a Managed Care Organization (MCO) after enrolling in KI-HIPP.

What are my next steps?

When paying for healthcare services or prescriptions, the Medicaid member must provide BOTH of the following documents to make sure the healthcare charges for services/prescriptions are billed correctly:

1. Medicaid Card
2. Health Insurance Card

For any questions regarding your coverage and the KI-HIPP program, please call 855-459-6328.

For questions about MCO Disenrollment NOT related to KI-HIPP, call 855-446-1245.
Notice About Your KI-HIPP Coverage tells the policy holder about the outcome of eligibility determination based on information from the KI-HIPP application or a reported change.

Why did I receive this?

The KI-HIPP Notice of Eligibility provides details about your coverage and requirements based on the information entered on the KI-HIPP application or a reported change.

- This notice explains KI-HIPP eligibility, the ongoing requirements to receive KI-HIPP payments, and overall KI-HIPP coverage for members on the policy.

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Coverage Summary</td>
<td>Members approved for KI-HIPP benefits are listed here.</td>
</tr>
<tr>
<td>B. Payment Summary</td>
<td>The policy holder will receive the ongoing KI-HIPP payment amount listed in this section. The dollar amount of KI-HIPP payments are based on the premium shown on the paystubs submitted by the policy holder.</td>
</tr>
<tr>
<td>C. Members who had their KI-HIPP coverage end</td>
<td>Members who have been disenrolled from KI-HIPP are listed here along with the reason for disenrollment.</td>
</tr>
<tr>
<td>D. Who was denied for KI-HIPP coverage</td>
<td>Members who have been denied KI-HIPP coverage are listed here along with the reason for denial.</td>
</tr>
</tbody>
</table>

More information on page 18.
Notice About Your KI-HIPP Coverage tells the policy holder about the outcome of eligibility determination based on information from the KI-HIPP application or a reported change.

What are my next steps?

If your household’s circumstances have changed, you must “report a change” via:

- Visit benefind Self-Service Portal: benefind.ky.gov
- Visit Dept. for Community Based Services (DCBS) Office
- Contact DCBS: 855-306-8959

You must “report a change” if any of the changes below apply:

<table>
<thead>
<tr>
<th>Income</th>
<th>Employer</th>
<th>Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Size</td>
<td>Address</td>
<td>Tax Filing Status</td>
</tr>
</tbody>
</table>

For any questions about your KI-HIPP coverage, please call 855-459-6328. For legal help, please call your local legal aid office.
**KI-HIPP Notice of Eligibility Insert** provides more information about the KI-HIPP program to the policy holder if at least one member is getting KI-HIPP benefits.

**Why did I receive this?**

The KI-HIPP Notice of Eligibility insert is sent with the Notice of Eligibility when there is at least one member on your policy who is actively enrolled in KI-HIPP.

**This insert provides more information about the following topics:**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KI-HIPP Payments</strong></td>
<td>You must submit proof of premium payment when notified in order to receive KI-HIPP payments to help pay for the cost of premiums.</td>
</tr>
<tr>
<td></td>
<td>If you do <strong>not</strong> submit proof of premium payment by the due date listed on the notice, you may be disenrolled from KI-HIPP (i.e. you will no longer receive KI-HIPP payments).</td>
</tr>
<tr>
<td><strong>Good Cause</strong></td>
<td>You may receive KI-HIPP payments for late submissions if you provide proof of “good cause” (i.e. the reason that you did not submit proof of premium payment by the due date).</td>
</tr>
</tbody>
</table>

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The rest of this document is on page 20.
### Description

**KI-HIPP Notice of Eligibility Insert** provides more information about the KI-HIPP program to the policy holder if at least one member is getting KI-HIPP benefits.

#### What are my next steps?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Your Next Steps</th>
</tr>
</thead>
</table>
| How do I give proof of “good cause”? | If you did not submit proof of premium payment by the due date on the notice, you must give proof of “good cause” by following these steps:  
1. Upload document(s) that support your good cause reason via [benefind.ky.gov](http://benefind.ky.gov)  
2. Select the Document Type as **KI-HIPP Good Cause** |
| Do I need to report changes? | If there is a change to your health insurance plan, you must report a change to continue receiving KI-HIPP benefits. **The following changes must be reported ASAP:**  
- Loss of health insurance plan  
- Premium change for your health insurance plan  
- Adding/removing people from your health insurance plan  
**You may report a change in one of the following ways:**  
1. Visit: [benefind.ky.gov](http://benefind.ky.gov)  
2. Contact KI-HIPP Call Center: 855-459-6328  
*If you do **not** report changes to your plan, you may lose or reduce your KI-HIPP payments.* |

To give proof of good cause, upload documents supporting good cause reason at [benefind.ky.gov](http://benefind.ky.gov) by selecting document type as “KI-HIPP Good Cause”.

Any time there is a change to your insurance plan, you must report the changes on [benefind.ky.gov](http://benefind.ky.gov) or call the KI-HIPP Call Center at 855-459-6328.

Examples of changes that you must report are:
- Loss of health plan for any reason
- Changes to the cost of the premium for your plan
- Adding or removing people from your plan

The plan benefits and cost may change year to year, even if you do nothing. You must also report these changes as soon as you find out. These changes take place during the “Open Enrollment” period.

It is important that you report any changes as soon as possible. If you do not report changes to your plan, you may stop getting KI-HIPP benefits or have a break in your payments.
The KI-HIPP Application is sent to the policy holder after completion of the KI-HIPP application. This notice is used to collect an official signature from the policy holder.

This notice provides a summary of the following application details:

- Policy Holder Contact Information (Name, Phone Number, Address)
- Correspondence Preference (Email, Text, or Mail)
- Members Covered by KI-HIPP
- Health Insurance Plan Information

The rest of the document is on page 22.
KI-HIPP Application Summary is used to collect an official signature from the policy holder and provides a summary of information from their KI-HIPP application.

Rights, Responsibilities, and Signature Penalty Warning:
I understand that if I receive Medicaid benefits and I am found guilty of committing a Medicaid intentional program violation (MA IPV), I may be subject to penalties that include disqualification from the Medicaid program for up to one year and repayment of the Medicaid benefits received during that time the IPV occurred. An IPV occurs when it is determined that a Medicaid recipient or responsible party made a false or misleading statement, or misrepresented, concealed, or withheld facts in order to receive services through the Medicaid program to which they were otherwise not entitled, or allowed someone else to use their MA card. Any suspected criminal activity will be referred to the appropriate legal authorities for further investigation and possible legal action. Criminal action can be taken against a recipient at any time and shall be handled separately from any administrative action proposed by the Department for Medicaid Services.

DO NOT give false information or conceal information to receive or to continue to receive Medicaid benefits.
DO NOT let someone else use your Medicaid card.
DO NOT abuse Medicaid benefits.

I understand if I give false information, withhold information or fail to report changes within 30 days, or allow someone else to use my MA card, I may be prosecuted for fraud, lose Medicaid benefits, and be required to repay benefits I received.

I understand that I must cooperate with Quality Control (QC). QC is a part of DCBS. QC reviews cases to make sure we determine who can get help correctly.

Your Signature: ____________________________  Today’s Date: ______________
Spouse’s Signature: ________________________  Today’s Date: ______________
Witness, if you signed with an X

_________  Today’s Date: ______________

All Applications for assistance are considered without regard to race, color, sex, disability, religious creed, national origin, or political belief.

You or your representative may request a fair hearing either orally or in writing if you disagree with any action taken in your case. Your case may be presented at the hearing by any person you choose.

A fair hearing may be requested by contacting a local office or Call Services at 1-855-306-6959, or by sending a letter to:
Cabinet for Health and Family
Services Division of Administrative Hearings, Families and Children
Administrative Hearings Branch
105 Sea Hero Rd, Suite 2
Frankfort, KY 40601

What are my next steps?

1. Read the Rights, Responsibilities, and Signature Warning Penalty*
2. Sign your name on the Your Signature line
3. Enter today’s date on the Today’s Date line

If any of the application information is incorrect, please call 855-459-6328.
If you disagree with actions on your case, call 855-306-8959 to request a hearing.

*Please Note: This is an abridged version of the Rights, Responsibilities, and Signature Warning Penalty.
Did You Know Notice provides information on the ways that members may receive help from the Department of Community Based Services (DCBS) with any program activity.

**Why did I receive this?**

This notice outlines the Americans with Disabilities Act (ADA). Members with any kind of health problem* have the right to receive help from the Department of Community Based Services (DCBS) when applying for programs and keeping benefits.

*Please Note: Members do not have to get disability benefits to receive help from DCBS.*

DCBS may provide help to members in the following ways:

- Filling out program applications
- Keeping appointments via phone calls or reminders
- Understanding notices/letters you received

DCBS may help you and/or your family in several other ways listed on the notice.

---

**DID YOU KNOW?**

If you have a physical or mental problem that makes it hard for you to:

- Apply for financial assistance (known as K-TAP), Medicaid, food assistance (known as SNAP), KI-HIPP or other benefits.
- Keep appointments with us.
- Do a task or activity we ask you to do.

We can help.

If you have a physical or mental problem, tell a worker so we can help you. We can also help you if you care for a family member and that makes it hard for you to get benefits. This flyer tells you why and how we can help.

**Americans with Disabilities Act (ADA)**

The law: You have the right under the Americans with Disabilities Act (ADA) to get help applying for and keeping benefits. You can get help with any activity needed to use our programs.

Who it protects: You have rights under the ADA if any kind of health problem makes it hard for you to do something basic and important, like:

- Care for yourself
- Walk, stand, or sit
- See, hear or talk
- Breathe
- Learn
- Remember things
- Do tasks with your hands
- Work

The problem can be physical, like diabetes, asthma, or migraine headaches. Or it can be mental or emotional, like depression, anxiety, or attention deficit/hyperactivity disorder (ADHD). It can also be a learning disability, like dyslexia.

You do not have to get disability benefits to get this help.

How we can help: If you have one or more of these problems, you have the right to get help from a DCBS worker. Depending on the nature of your health problem, this help may include:

- Help filling out applications and getting information and papers we ask you to give us;
- Home visits or telephone interviews if you are unable to come to our office;
- Phone calls or notices to remind you of appointments or to return needed information and papers;
- A meeting space big enough for medical equipment you need, like a walker, wheelchair, oxygen tank, etc.
- Help understanding what the letters we send you mean;
- More time to do work activities;
- Permission from us to not do work activities;
- Help finding a work activity you can do;
- Services to help you get ready to do a work activity;
- Help filing an ADA grievance if you believe you did not get the help you needed;
- Other types of help.
Did You Know Notice provides information on the ways that members may receive help from the Department of Community Based Services (DCBS) with any program activity.

If you need help due to a physical or mental problem, tell a worker what you need in order to access benefits and services offered by the Department for Community Based Services.

If you do not get the help you ask for, you may file an ADA grievance by telephone, mail, or fax to:

Cabinet for Health and Family Services
Office of Human Resource Management
EEO Compliance Branch
275 E Main St 5C-D
Frankfort, KY 40621
Phone 502-564-7770, ext. 4107
FAX 502-564-3129

“In accordance with Federal Law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.”

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 1-866-632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue SW,
Washington DC 20250-8410;

(2) fax: 202-690-7442; or

(3) email: program.intake@usda.gov
This institution is an equal opportunity provider.

What are my next steps?

If you and/or a family member need help due to a physical or mental problem, please ask a DCBS worker for help in order to access benefits and services offered by DCBS.

If you do not get the help you ask for, you may file an ADA grievance to the Cabinet for Health and Family Services Office of Human Resource Management EEO Compliance:

• Mail: 275 E Main St. 5C-D Frankfort, KY 40621
• Phone: 502-564-7770, ext. 4107
• Fax: 502-564-3129
**Notice of Privacy Practices**

**Description**

**Notice of Privacy Practices** provides information about your privacy rights as required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

**Why did I receive this?**

This notice describes how medical information about you may be used and disclosed by the Department for Medical Services (DMS) and your privacy rights.

**This notice provides more information on the following topics:**

- How your protected health information may be given out to carry out treatment, payment, or healthcare operations
- Your privacy rights regarding the access of your Medicaid health information
- How DMS protects your health information
- How DMS protects your health information

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**What am I now steps?**

You have the right to receive a paper copy of the full 7-page Notice of Privacy Right*.

**You may receive a paper copy in one of the following ways:**

- Mail a written request to: Cabinet for Health and Family Services Department of Medicaid Services 275 E. Main Street, Frankfort, KY 40621
- Search “Notice of Privacy Practices” on chfs.ky.gov

For any questions about your privacy rights, please call 1-800-635-2570.

*Please Note: This is an abridged version of the Notice of Privacy Rights.*
Rollout Notice for May 2020 Approvals informs enrolled members that the frequency for submitting proof of premium payment is changing.

**Why did I receive this?**

This notice explains that enrolled KI-HIPP members no longer have to submit a paystub each pay period. Starting on June 1, 2020, KI-HIPP members only have to submit proof of premium payment when notified via reminder notice from the KI-HIPP Team.

You must submit proof of premium payment when you receive a reminder notice from the KI-HIPP Team.

It is important pay attention to KI-HIPP notices to know when to submit proof of premium payment and continue receiving your KI-HIPP payments.

*Please Note:* Depending on the health insurance plan, some KI-HIPP members may be required to provide additional proof of payment when notified.

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**Important KI-HIPP Update starting on June 1, 2020:**

Proof of Premium Payment – Frequency Change

Starting June 1, 2020, you will no longer be required to submit a paystub every pay period as proof of premium payment. You will only need to submit valid proof of premium payment when you receive a reminder notice from the KI-HIPP Team. It is important to pay attention to KI-HIPP reminder notices to know when to submit your proof of premium payment.

The following documents are accepted as proof of premium payment for KI-HIPP:

- Copy of your paystub showing that the premium was taken out to pay for health insurance coverage
  
  OR
  
- Letter from your insurance company showing that you paid the premium for health insurance coverage

*More information on page 27.*
Rollout Notice for May 2020 Approvals (2/2)

Description

Rollout Notice for May 2020 Approvals informs enrolled members that the frequency for submitting proof of premium payment is changing.

The following documents are accepted as proof of premium payment for KI-HIPP:

- **Copy of your paystub** showing that the premium was taken out to pay for health insurance coverage
- OR
- **Letter from your insurance company** showing that you paid the premium for health insurance coverage

Please Note: The process for submitting proof of premium payment is not changing. When notified, you will continue to submit proof of premium payment to the KI-HIPP Team in one of the following ways:

- **Upload:** benefind.ky.gov
- **Mail:** CHFS, KI-HIPP Unit 275 E. Main St. 6C-A Frankfort, KY 40621
- **Email:** KIHIPP.Program@ky.gov

For any questions about the KI-HIPP program, please call 855-459-6328.

What are my next steps?

You must **submit one of the following documents as proof of premium payment** when you receive a reminder notice from the KI-HIPP Team:

- **Copy of your paystub** showing that the premium was taken out to pay for your health insurance coverage
- **Letter from your insurance company** showing the amount and the frequency that you pay for health insurance coverage

You may submit a **copy of your paystub** or **letter from your insurance company** as premium payment proof to the KI-HIPP Team in one of the following ways:

- **Upload:** benefind.ky.gov
- **Mail:** 275 E. Main St., 6C-A Frankfort, KY 40621
- **Email:** kihipp.program@ky.gov

For any questions about the KI-HIPP program, please call **855-459-6328.**
Reminders for Enrolled KI-HIPP Members
Notice of Health Insurance Plan Review tells the enrolled KI-HIPP if their reported level of coverage is eligible for KI-HIPP after each level of coverage is reviewed.

**Why did I receive this?**
This notice explains that your reported (new) level of coverage is **not** eligible for KI-HIPP. You reported a change in your plan’s level of coverage which caused your case to be re-reviewed for KI-HIPP eligibility. After review, the new level of coverage was determined ineligible for KI-HIPP. Therefore, you will continue your KI-HIPP enrollment in your current level of coverage and receive your current KI-HIPP payments.

**Example:** You enrolled in KI-HIPP with the “Employee Only” level of coverage. You recently reported a change in your level of coverage to “Employee Plus Spouse”, which is not eligible for KI-HIPP. Since the new level of coverage is ineligible for KI-HIPP, the following occur:

- You will **not** receive KI-HIPP payments to help pay for the “Employee Plus Spouse”
- You will continue KI-HIPP enrollment with current level of coverage (“Employee Only”)
- You will receive the same amount in KI-HIPP payments that you are currently receiving to help pay for the cost for your “Employee Only” level of coverage.

The **new level of coverage** was determined **ineligible** for KI-HIPP.

You will continue KI-HIPP enrollment with your **current level of coverage**. You will receive the **same KI-HIPP payments** that you currently receive to help pay for the cost of your current level of coverage.

**What are my next steps?**

**You do not have to do anything else.** You will continue your current level of coverage that is eligible for KI-HIPP and receive the same KI-HIPP payments.
KI-HIPP Outreach Notice: Frequency Change (1/2)

**Description**

**KI-HIPP Outreach Notice: Frequency Change** tells the enrolled KI-HIPP member that the frequency for submitting proof of premium payment is changing on June 1, 2020.

**Why did I receive this?**

This notice explains that enrolled KI-HIPP members no longer have to submit a paystub each pay period. Starting on **June 1, 2020**, KI-HIPP members only have to submit proof of premium payment when notified via **reminder notice** from the KI-HIPP Team. It is important to pay attention to KI-HIPP notices to know when to submit proof of payment.

You must submit **ALL** paystubs from **March 2020 through May 2020** as proof of premium payment to continue receiving your KI-HIPP payments.

Additionally, you must **submit proof of premium payment** when you receive a **reminder notice** from the KI-HIPP Team.

**If you do NOT submit current proof of premium payment when requested:**

You will **NOT** receive your ongoing KI-HIPP payments until you sent your current proof of premium payment to the KI-HIPP Team.

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**Important KI-HIPP Update starting on June 1, 2020: Proof of Premium Payment - Frequency Change**

Starting June 1, 2020, you will no longer be required to submit a paystub every pay period as proof of premium payment. You will only need to submit valid proof of premium payment when you receive a reminder notice from the KI-HIPP Team. It is important to pay attention to KI-HIPP reminder notices to know when to submit proof of premium payment.

If you have not already done so, please submit all your paystubs from March 2020 through May 2020 as proof of premium payment to continue receiving your ongoing KI-HIPP payments. You will not receive your ongoing KI-HIPP payments until you submit your current paystubs to the KI-HIPP Team.

The following documents are accepted as proof of premium payment for KI-HIPP:

- **Copy of your paystub** showing that the premium was taken out to pay for health insurance coverage
  OR
- **Letter from your insurance company** showing that you paid the premium for health insurance coverage

Please Note: The process for submitting proof of premium payment is not changing. When notified, you will continue to submit proof of premium payment to the KI-HIPP Team in one of the following ways:

- **Upload:** benefind.ky.gov
- **Mail:** CHFS/KI-HIPP Unit 275 E Main St 6C-A Frankfort, KY 40621
- **Email:** KiHIPP.Program@ky.gov

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*More information on page 31.*
What are my next steps?

1. If you have not already done so, **you must submit ALL paystubs from March 2020 through May 2020** as proof of premium payment to continue receiving your ongoing KI-HIPP payments.

2. You must **submit one of the following documents as proof of premium payment** when you receive a reminder notice from the KI-HIPP Team:

   - **Copy of your paystub** showing that the premium was taken out to pay for your health insurance coverage
   - **Letter from your insurance company** showing the amount and the frequency that you pay for health insurance coverage

You may submit a **copy of your paystub** or **letter from your insurance company** as premium payment proof to the KI-HIPP Team in one of the following ways:

- **Upload:** benefind.ky.gov
- **Mail:** CHFS, KI-HIPP Unit 275 E. Main St. 6C-A Frankfort, KY 40621
- **Email:** kihipp.program@ky.gov

For any questions about the KI-HIPP program, please call **855-459-6328**.
Notice to Provide your Premium Payment Proof

This notice explains that you must submit proof of premium payment to stay enrolled in KI-HIPP and continue receiving KI-HIPP payments for your share of the premium.

**Why did I receive this?**

You must submit proof of premium payment by the **Plan Midpoint Date** listed on the notice (typically 6 months before the health plan coverage period ends).

**Example:** If your Plan End Date is December 2020, then the Plan Midpoint Date is June 30, 2020. You must submit proof of premium payment in May or June 2020. If you do not submit proof of premium payment by June 30, 2020, you will not receive the KI-HIPP payments that start in July 2020.

If you do **NOT** send premium payment proof by the **Plan Midpoint Date** listed:

You will **NOT** get the KI-HIPP payment after the Plan Midpoint Date

You may be **disenrolled from** KI-HIPP by the end of next month

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**Notice to Provide your Premium Payment Proof**

You need to submit your premium payment proof.

To continue your KI-HIPP benefits after **<Plan Midpoint Date>**, send us proof for **<Month before Plan Midpoint>** OR **Month of Plan Midpoint Date** showing the premium payment that is taken out of your paycheck or proof showing you made a premium payment.

If you do not provide your premium payment proof on time, you may not get your KI-HIPP premium payment starting **Month after Plan Midpoint Date** and you may lose your KI-HIPP benefits.

Please provide proof of premium payment by **<Tracking End Due Date>** 4:00 p.m. EST. You may upload the documents on benefind ky.gov, or send it to:

**KHIPP Address:** CHFS KI-HIPP Unit 275 E. Main St., B6-A, Frankfort, KY 40621

**Email:** KIHIPP.PROGRAM@KY.GOV

If you have questions, call us at 855-459-6328

Tear here and return the bottom portion with a copy of document if you are sending it via mail or email.

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More information on page 33.
Notice to Provide your Premium Payment Proof requests proof of premium payment from enrolled KI-HIPP member to continue receiving KI-HIPP payments. KI-HIPP members receive this notice on the 1st of the month before the Plan Midpoint Date.

Notice to Provide your Premium Payment Proof

You need to submit your premium payment proof.
To continue your KI-HIPP benefits after <Plan Midpoint Date>, send us proof for <Month before Plan Midpoint> OR Month of Plan Midpoint Date showing the premium payment that is taken out of your paycheck or proof showing you made a premium payment.
If you do not provide your premium payment proof on time, you may not get your KI-HIPP premium payment starting Month after Plan Midpoint Date and you may lose your KI-HIPP benefits.

Please provide proof of premium payment by <Tracking End Due Date> 4:00 p.m. EST. You may upload the documents on benefit.ky.gov, or send it to:

KHIPP Address: CHFS KI-HIPP Unit 275 E. Main St., 6C-A, Frankfort, KY 40621

Email: KI-HIPP.PROGRAM@KY.GOV

If you have questions, call us at 855-459-6326

Tear here and return the bottom portion with a copy of document if you are sending it via mail or email.

KI-HIPP Notice to Provide Premium Payment Proof

NAME: <Client First M/ Last Name> CASE NUMBER: <Case Number>

What are my next steps?

You must submit one of the following documents as proof of premium payment to the KI-HIPP Team by 4:00 PM on the Plan Midpoint Date listed:

- Copy of your paystub showing that the premium was deducted to pay for health insurance coverage
- Letter from your insurance company showing the amount and the frequency that you pay for health insurance coverage

You may submit a copy of your paystub or letter from your insurance company as premium payment proof to the KI-HIPP Team in one of the following ways:

Upload: benefind.ky.gov

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

Email: kihipp.program@ky.gov

Please Note: If you send the document via mail or email you must include the bottom section of this notice (see dotted line).
Reminder Notice to Provide Premium Payment Proof requests proof of premium payment from the enrolled KI-HIPP member. KI-HIPP members receive this notice if they did not submit valid premium payment proof by the 15th of the Plan Midpoint Date month.

Why did I receive this?
This notice explains that you did not submit valid proof of premium payment by the 15th of the month of the Plan Midpoint Date (i.e. typically 6 months before the health plan coverage period ends).

If you do not submit proof of premium payment by the end of the month (Plan Midpoint Date), you will not receive the KI-HIPP payments starting next month and you may be disenrolled from KI-HIPP. You may reapply for KI-HIPP at anytime.

You must submit proof of premium payment by the Plan Midpoint Date listed in order to stay enrolled in KI-HIPP and receive KI-HIPP payments.

Reminder Notice to Provide Premium Payment Proof

We have not received valid proof that you paid your health insurance premium. This may be because you did not give us proof or gave a wrong document.

If you do not give us your proof on time, you may not get your KI-HIPP premium reimbursement starting next month and you may lose your KI-HIPP benefits.

You can use any of the following as proof of payment:
- A copy of your paystub that shows the premium was deducted to pay for your health insurance; or
- A letter or a receipt from your insurance company stating your current payment and how often you pay.

Please give us your most recent proof of premium payments by [Plan Midpoint Date] 4:00 p.m. EST. You may upload the documents on benefit KY.gov, or send them to:

KI-HIPP Address: CHFS KI-HIPP Unit 275 E. Main St., 6C-A, Frankfort, KY 40621

Email: KIHIPP.PROGRAM@KY.GOV

If you have questions, call us at 855-459-6328

Tear here and return the bottom portion with a copy of your document if you are sending it via mail or email.

KI-HIPP Reminder Notice to Provide Premium Payment Proof

NAME: [Client First & Last Name] CASE NUMBER: [Case Number]

More information on page 35.
Reminder Notice to Provide Premium Payment Proof requests proof of premium payment from the enrolled KI-HIPP member. KI-HIPP members receive this notice if they did not submit valid premium payment proof by the 15th of the Plan Midpoint Date month.

Reminder Notice to Provide Premium Payment Proof

We have not received valid proof that you paid your health insurance premium. This may be because you did not give us proof or gave a wrong document.

If you do not give us your proof on time, you may not get your KI-HIPP premium reimbursement starting next month and you may lose your KI-HIPP benefits.

You can use any of the following as proof of payment:
- A copy of your paystub that shows the premium was deducted to pay for your health insurance; or
- A letter or a receipt from your insurance company stating your current payment and how often you pay.

Please give us your most recent proof of premium payments by <Plan Midpoint Date> 4:00 p.m. EST. You may upload the documents on benefit.ky.gov, or send them to:

KI-HIPP Address: CHFS KI-HIPP Unit 275 E. Main St., 6C-A, Frankfort, KY 40621

Email: KIHIPP.PROGRAM@KY.GOV

If you have questions, call us at 855-459-6328

Tear here and return the bottom portion with a copy of your document if you are sending it via mail or email.

KI-HIPP Reminder Notice to Provide Premium Payment Proof

NAME: <Client First M I Last Name> CASE NUMBER: <Case Number>

What are my next steps?

You must submit one of the following documents as proof of premium payment to the KI-HIPP Team by 4:00 PM on the Plan Midpoint Date listed:

- **Copy of your paystub** showing that the premium was deducted to pay for health insurance coverage
- **Letter from your insurance company** showing the amount and the frequency that you pay for health insurance coverage

You may submit a **copy of your paystub** or **letter from your insurance company** as premium payment proof to the KI-HIPP Team in one of the following ways:

**Upload:** benefit.ky.gov

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

**Email:** kihipp.program@ky.gov

Please Note: If you send the document via mail or email you must include the bottom section of this notice (see dotted line).
Notice of Action: Submit Premium Payment Proof

Description

Notice of Action: Submit Premium Payment Proof requests the most recent proof of premium payment to verify employment or health insurance from in order for the enrolled KI-HIPP member to stay enrolled and continue receiving the ongoing KI-HIPP payments.

Why did I receive this?

This notice explains that the system detected a potential loss of employment and/or health insurance. You may not receive the KI-HIPP payments that help pay the cost of the health insurance premiums until you submit the most recent proof that you paid the premium for health insurance coverage.

If you do NOT submit recent proof of premium payment by the end of next month:

You may NOT receive the ongoing KI-HIPP payments after next month unless you submit proof that you are still enrolled in your health insurance plan and recently paid the premium for health insurance coverage.

More information on page 37.
Notice of Action: Submit Premium Payment Proof requests the most recent proof of premium payment to verify employment or health insurance in order for the enrolled KI-HIPP member to continue receiving the ongoing KI-HIPP payments.

**Description**

You must submit one of the following documents as recent proof of premium payment to the KI-HIPP Team by 4:00 PM by the end of the month due date listed:

- **Copy of your paystub** showing that the premium was recently deducted to pay for health insurance coverage
- **Letter from your insurance company** showing the amount and the frequency that you pay for health insurance coverage

You may submit a copy of your paystub or letter from your insurance company as premium payment proof to the KI-HIPP Team in one of the following ways:

**Upload:** benefind.ky.gov

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

**Email:** kihipp.program@ky.gov

**Please Note:** If you send the document via mail or email you must include the bottom section of this notice (see dotted line).
Notice of Premium Change (1/2)

**Notice of Premium Change** requests that the enrolled KI-HIPP member report the reason for a change in their health insurance premium amount.

**Why did I receive this?**

This notice explains that you must report a change because the premium amount on your most recent proof of premium payment has changed (increased or decreased) from your previous proof of premium payment.

*Example:* After receiving a reminder notice, you submitted a paystub showing that $50 was taken out to pay for your premium for the Plan Midpoint Date (i.e. usually 6 months before the end of the health insurance plan coverage period). At Plan End Date (i.e. the end of the health plan coverage period) you submitted a paystub with $75 taken out to pay for your premium.

This notice asks you to report why your health insurance premium amount has changed from previous months.

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The health insurance premium on your proof of payment for <Month, Year> was different from your last payment proof. You must report the reason(s) for the change with supporting documents.

- **If people were added or removed from your plan, give us:**
  - A copy of your insurance card; or
  - A document from the insurance company showing the change in coverage.

- **If your benefits changed, give us:**
  - A copy of your Summary of Benefits and Coverage (SBC). You can ask for a copy from your insurance company or employer at any time.

- **If your plan changed, give us:**
  - Information about your new plan.
    1. Log in to benefitfind.ky.gov to update your information online; or
    2. Complete the Health Coverage form with the updated information. You may get a copy of the Health Coverage form from:
      - Self Service Portal https://benefitfind.ky.gov/General/HardcopyApplication; or
      - A Department of Community Based Services (DCBS) office. To find a DCBS office near you go to https://todsweb.chfs.ky.gov/Office. Phone/index.aspx

Please give us the above information no later than <Due Date> 4:30 p.m. EST. You may upload the documents on benefitfind.ky.gov, or send them to:

**KI-HIPP Address:** CHFS KI-HIPP Unit 275 E. Main SL, 6C-A, Frankfort, KY 40621

**Email:** KIHIPP.PROGRAM@KY.GOV

If you have questions, call us at 855-459-6328.

Tear here and return the bottom portion with a copy of your document if you are sending it via mail or email.

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More information on page 39.
**Notice of Premium Change** requests that the enrolled KI-HIPP member report the reason for a change in their health insurance premium amount.

Please give us the above information no later than **<Due Date> 4:30 p.m. EST.** You may upload the documents on benefind.ky.gov or send them to:

**KI-HIPP Address:** CHFS KI-HIPP Unit 275 E. Main St., 6C-A, Frankfort, KY 40621

**Email:** KIHIPP.PROGRAM@KY.GOV

If you have questions, call us at 855-459-6328.

Tear here and return the bottom portion with a copy of your document if you are sending it via mail or email.

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**What are my next steps?**

1. You must **report the reason for the health insurance premium change** by **4:30 PM** on the **due date** listed in **one** of the following ways:
   - ✓ Update your information on Self-Service Portal **benefind.ky.gov**
   - ✓ Update the applicable document(s) based on the plan change

2. You must send additional documents **IF** any of the following changes apply to you:

<table>
<thead>
<tr>
<th>Change</th>
<th>Required Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>You added members OR removed members</td>
<td>• Copy of your health insurance card OR</td>
</tr>
<tr>
<td>from your health insurance plan</td>
<td>• Document from your insurance company showing the change in coverage</td>
</tr>
<tr>
<td>There is a change in your health plan benefits</td>
<td>• Summary of Benefits and Coverage (SBC) Form</td>
</tr>
<tr>
<td>You changed to a different health insurance plan</td>
<td>• Health Coverage Form with updated information about the new health insurance plan</td>
</tr>
</tbody>
</table>

You can send documents to the KI-HIPP Team in **one** of the following ways:

- **Upload:** benefind.ky.gov
- **Mail:** 275 E. Main St., 6C-A Frankfort, KY 40621
- **Email:** khipp.program@ky.gov

**Please Note:** If you send the document via **mail** or **email** you must include the bottom section of this notice **(see dotted line)**.
Notice of Renewal (1/2)

**Description**

Notice of Renewal requests recent proof of premium payment and enrollment documents the upcoming year’s health insurance plan from the enrolled KI-HIPP member. KI-HIPP members receive this notice 30-60 days before their current health plan coverage ends.

**Why did I receive this?**

This notice explains that you must renew your KI-HIPP benefits because your current health insurance plan coverage period is ending soon (i.e. your Plan End Date is in 30-60 days).

**You must submit recent proof of premium payment and enrollment documents** for the upcoming year’s health plan by the Plan End Due Date listed on the notice in order to stay enrolled in KI-HIPP and continue receiving the ongoing KI-HIPP payments.

*If you do NOT submit enrollment documents for the upcoming year by the Plan End Date:*

You will **NOT** get the KI-HIPP payment after your current plan coverage ends

You will be **disenrolled from KI-HIPP** by the Plan End Date

---

**Notice of Renewal**

It is time to renew your KI-HIPP benefits.

To continue your KI-HIPP benefits after <Month of Plan End Date>, send us your proof of payment and next year’s plan documents by <Plan End Date>.

You must submit the information below:

1. A paystub showing the premium payment taken out of your paycheck or a proof from insurance company showing that you made premium payment for the month of <Month before Plan End Date> or <Month Plan End Date>.

2. Summary of Benefits and Coverage (SBC) for next benefit year. The Summary of Benefits and Coverage (SBC) lists all covered services, the copay/coinsurance amount, and your deductible. We need the full SBC to complete your updates.

3. Premium rate sheet for the next benefit year. This will show your premium amount based on the level of coverage you choose.

4. Proof of changes in enrollment. This can be a copy of your insurance card or a document from the insurance company. Please see below on how to submit the information.

Please give us the above information no later than <Plan End Date> 4:00 p.m. EST. You may upload the documents on benefit.ky.gov, or send them to:

**KI-HIPP Address:** CHFS KI-HIPP Unit 275 E. Main St., 6C-A, Frankfort, KY 40621

**Email:** KIHIPP.PROGRAM@KY.GOV

If you have questions, call us at 855-459-6328.

*More information on page 41.*
Notice of Renewal (2/2)

Notice of Renewal requests recent proof of premium payment and enrollment documents the upcoming year’s health insurance plan from the enrolled KI-HIPP member. KI-HIPP members receive this notice 30-60 days before their current health plan coverage ends.

Notice of Renewal

It is time to renew your KI-HIPP benefits.

To continue your KI-HIPP benefits after <Month of Plan End Date>, send us your proof of payment and next year’s plan documents by <Plan End Date>.

You must submit the information below:

1. A paystub showing the premium payment taken out of your paycheck or a proof from insurance company showing that you made premium payment for the month of <Month before Plan End Date> or <Month Plan End Date>.
2. Summary of Benefits and Coverage (SBC) for next benefit year. The Summary of Benefits and Coverage (SBC) lists all covered services, the copy/coinsurance amount, and your deductible. We need the full SBC to complete your updates.
3. Premium rate sheet for the next benefit year. This will show your premium amount based on the level of coverage you choose.
4. Proof of changes in enrollment. This can be a copy of your insurance card or a document from the insurance company. Please see below on how to submit the information.

Please give us the above information no later than <Plan End Date> 4:00 p.m. EST. You may upload the documents on benefind.ky.gov, or send them to:

KI-HIPP Address: CHFS KI-HIPP Unit 275 E. Main St., 6C-A, Frankfort, KY 40621
Email: KIHIPP.PROGRAM@KY.GOV
If you have questions, call us at 855-459-6328.

What are my next steps?

You must submit each of the following documents for your health plan in the upcoming year to the KI-HIPP Team by 4:00 PM by the Plan End Due Date listed:

1. Proof of Premium Payment showing that you recently paid the premium for health insurance coverage before or during the month of the Plan End Date
   - Recent copy of your Paystub OR Letter from your insurance company

2. Summary of Benefits and Coverage (SBC) for the upcoming benefit year plan

3. Premium Rate Sheet for the upcoming benefit year plan

4. Proof of Changes in Enrollment showing changes for the health plan (if applicable)
   - Copy of Health Insurance Card OR Document from insurance company

You can send these documents to the KI-HIPP Team in one of the following ways:

Upload: benefind.ky.gov
Mail: 275 E. Main St., 6C-A
      Frankfort, KY 40621
Email: kihipp.program@ky.gov
 Renewal Reminder Notice reminds KI-HIPP members to send recent proof of premium payment and enrollment documents for upcoming year’s health plan. KI-HIPP members get this notice on the 15th of the month of the Plan End Date for the current plan.

Why did I receive this?

This notice explains that you did not submit proof of premium payment and enrollment documents for the upcoming year’s health plan by the 15th of the Plan End Date month.

**You must submit recent proof of premium payment and enrollment documents** for the upcoming year’s health plan by the Plan End Due Date to stay enrolled in KI-HIPP.

**Example:** If your current health plan ends on 12/31/2020 (Plan End Date), you must submit enrollment documents for your 2021 health plan by the Plan End Date. If you do not submit 2021 enrollment documents, **you will be disenrolled from KI-HIPP** on 12/31/2020.

*If you do NOT send premium payment proof by the Plan End Due Date listed:*

You will **not** get the KI-HIPP payment after the Plan End Date.

You will be **disenrolled from KI-HIPP** by the Plan End Date.

*If you are disenrolled from KI-HIPP:*

Medicaid member(s) previously in an MCO are **re-enrolled** in an MCO.

You **may have to pay your premiums** without KI-HIPP payments to help you pay.

Renewal Reminder Notice

We have not received your premium payment verification proof or documents for your next plan year benefits.

If you do not give us your proof on time, you may not get your KI-HIPP payments starting next month and you may lose your KI-HIPP benefits.

You must submit the below information:

- A paystub showing the premium payment taken out of your paycheck or a proof from insurance company showing that you made premium payment,
- Summary of Benefits and Coverage (SBC) for the next benefit year,
- Premium Rate Sheet for the next benefit year, and
- Proof of changes in enrollment, if your enrollment has changed. This can be a copy of your insurance card or a document from the insurance company.

Please submit the above information by **<Plan End Date>** 4:00 p.m. EST. You may upload the documents on benefit.ky.gov, or send it to:

**KI-HIPP Address:** CHFS KI-HIPP Unit 275 E. Main St., 6C-A, Frankfort, KY 40621

**Email:** KIHIPP.PROGRAM@KY.GOV

If you have questions, call us at 855-459-6328.

Tear here and return the bottom portion with a copy of your document if you are sending it via mail or email.

KI-HIPP Renewal Reminder Notice

NAME: <Client First Mi Last Name> CASE NUMBER: <Case Number>

More information on page 43.
Renewal Reminder Notice reminds KI-HIPP members to send recent proof of premium payment and enrollment documents for upcoming year’s health plan. KI-HIPP members get this notice on the 15th of the month of the Plan End Date for the current plan.

Renewal Reminder Notice

We have not received your premium payment verification proof or documents for your next plan year benefits. If you do not give us your proof on time, you may not get your KI-HIPP payments starting next month and you may lose your KI-HIPP benefits.

You must submit the below information:

• A paystub showing the premium payment taken out of your paycheck or a proof from insurance company showing that you made premium payment,
• Summary of Benefits and Coverage (SBC) for the next benefit year,
• Premium Rate Sheet for the next benefit year, and
• Proof of changes in enrollment, if your enrollment has changed. This can be a copy of your insurance card or a document from the insurance company.

Please submit the above information by <Plan End Date> 4:00 p.m. EST. You may upload the documents on benefind.ky.gov, or send it to:

KI-HIPP Address: CHFS KI-HIPP Unit 275 E. Main St., 6C-A, Frankfort, KY 40621

Email: KI-HIPP.PROGRAM@KY.GOV

If you have questions, call us at 855-459-6328.

 Tear here and return the bottom portion with a copy of your document if you are sending it via mail or email.

 ---

KI-HIPP Renewal Reminder Notice

NAME: <Client First M Last Name> CASE NUMBER: <Case Number>

---

What are my next steps?

You must submit each of the following documents for your health plan in the upcoming year to the KI-HIPP Team by 4:00 PM by the Plan End Due Date listed:

1. **Proof of Premium Payment** showing that you recently paid the premium for health insurance coverage before or during the month of the Plan End Date
   - Recent copy of your Paystub OR Letter from your insurance company

2. **Summary of Benefits and Coverage (SBC)** for the upcoming benefit year plan

3. **Premium Rate Sheet** for the upcoming benefit year plan

4. **Proof of Changes in Enrollment** showing changes for the health plan (if applicable)
   - Copy of Health Insurance Card OR Document from insurance company

You can send documents to the KI-HIPP Team in one of the following ways:

- **Upload:** benefind.ky.gov
- **Mail:** KI-HIPP Address
- **Email:** KI-HIPP Team

**Please Note:** If you send the document via mail or email you must include the bottom section of this notice (see dotted line).
Notices about KI-HIPP Payments/Claims
Direct Deposit Failure Notice (1/2)

Description

Direct Deposit Failure Notice tells the KI-HIPP policy holder when there is an issue or error with their bank account direct deposit.

Why did I receive this?

This notice explains that you must enter the correct information for your bank account direct deposit. This means that KI-HIPP premium payments will not be directly deposited into your bank account until the correct bank information is confirmed.

This notice lists the possible errors that may have occurred when you initially set up your direct deposit and the information you entered.

You must provide the correct bank information to receive KI-HIPP direct deposits.

You will receive KI-HIPP payments as a physical check instead of a direct deposit until the correct bank information is confirmed.

Direct Deposit Failure Notice

This letter is to inform you of an error with your bank account direct deposit. If there is a change in the bank account information, you will not get your Premium Payment deposited to your bank account until the correct information is confirmed. In the meantime, you will get a check for your Premium payment in the mail.

You entered the following information when setting up for your bank account direct deposit:

<table>
<thead>
<tr>
<th>Date</th>
<th>&lt;Bank Account details verification date&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Name</td>
<td>&lt;Verified Bank name&gt;</td>
</tr>
<tr>
<td>Address</td>
<td>&lt;Verified Bank Address&gt;</td>
</tr>
<tr>
<td>Account Number</td>
<td>*******&lt;Last 4 digits of Account number&gt;</td>
</tr>
</tbody>
</table>

Below are some possible errors with your bank account direct deposit:

- The account has not been confirmed
- The account information is incorrect
- The account is closed (or frozen)
- The account number is incorrect
- The routing number is incorrect

Please see below for an example of where to locate the bank account and routing number:

If you have questions, please call 855-459-8328.

If you want or need legal help, you may get free legal help from your local legal aid office at <Legal Aid Number>.

More information on page 46.
Direct Deposit Failure Notice (2/2)

Direct Deposit Failure Notice tells the KI-HIPP policy holder when there is an issue or error with their bank account direct deposit.

Description

For other direct deposit errors, please call one of the numbers below:

- Call 855-459-6328 for questions about the direct deposit failure.
- For legal help or advice, call your attorney or local legal aid office.

What are my next steps?

If you received this notice for one of the errors listed below, complete the following steps to correctly set up direct deposit KI-HIPP payments:

<table>
<thead>
<tr>
<th>Error</th>
<th>Your Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorrect Account Information</td>
<td>1. On a copy of a voided check, deposit ticket, or KI-HIPP-63 Direct Deposit Authorization Form, enter the correct information for the following:</td>
</tr>
<tr>
<td></td>
<td>1. Account Number</td>
</tr>
<tr>
<td></td>
<td>2. Routing Number</td>
</tr>
<tr>
<td>Incorrect Account Number</td>
<td></td>
</tr>
<tr>
<td>Incorrect Routing Number</td>
<td></td>
</tr>
</tbody>
</table>

*See example of check to locate correct information.

For other direct deposit errors, please call one of the numbers below:
Benefits Reduction Notice tells the KI-HIPP member that they received higher KI-HIPP payments than they are eligible to receive. Due to the higher KI-HIPP payments received, the member will receive reduced KI-HIPP payments to pay off the claim.

Why did I receive this?
This notice explains that you mistakenly received a higher claim in KI-HIPP payments than you should have gotten, which means a claim must be paid.

Your KI-HIPP payments will be reduced to pay off this claim.

Example: You are eligible to receive $60 in KI-HIPP payments each month. Last month, you got a higher KI-HIPP payment of $100 by mistake. You got $40 more in KI-HIPP payments than you are eligible to receive, which means you owe a $40 claim to the state. To pay off the $40 that you owe, you will only get a $20 KI-HIPP payment next month.

Your KI-HIPP payments will be reduced until the outstanding claim is paid off.

what are my next steps?
You do not have to do anything because your KI-HIPP payments are automatically reduced until the claim is paid in full.

Call 855-459-6328 for questions about the reduced payments.
For legal help or advice, call your attorney or local legal aid office.
Claim Adjustment Notice (1/2)

**Claim Adjustment Notice** tells the enrolled KI-HIPP member that the KI-HIPP Team adjusted (i.e. increased or decreased) their KI-HIPP claim amount.

**Why did I receive this?**

This notice explains that the KI-HIPP claim amount you owe increased or decreased for one of the following reasons:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>You sent a bad check (i.e. check was written on an account that did not have enough funds to cover the amount of the check)</td>
</tr>
<tr>
<td>B.</td>
<td>You paid off the claim in full</td>
</tr>
<tr>
<td>C.</td>
<td>You owe a claim as an active KI-HIPP member (i.e. currently receiving KI-HIPP payments)</td>
</tr>
</tbody>
</table>

**Description**

You must replace the check with a money order or a cashier’s check (NOT another personal check).

You no longer owe a claim.

You will receive KI-HIPP payments that are automatically reduced to pay off the claim.

More information on page 49.
**Claim Adjustment Notice** tells the enrolled KI-HIPP member that the KI-HIPP Team adjusted (i.e. increased or decreased) their KI-HIPP claim amount.

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reason</strong></td>
</tr>
</tbody>
</table>
| A. You sent a bad check (You must replace the check with a money order or a cashier’s check*) | 1. Write the claim number on a check or money order (see asterisks in top right)  
2. Mail the following documents to the KI-HIPP Team:  
* Cashier’s Check OR Money Order (made payable to the Kentucky State Treasurer)  
* Bottom section of this notice (see dotted line)  
* Do NOT send another personal check |
| B. You paid off the claim | You do not have to do anything because you no longer owe a claim (i.e. you already paid off the claim in full) |
| C. You owe a claim as an active KI-HIPP member | You do not have to do anything because your KI-HIPP payments are automatically reduced to pay off the claim |

**Zero Balance Dynamic Text:**
As of this date, your KI-HIPP debt is paid in full. This applies to this KI-HIPP debt only. You may have other debts you still owe to this office. If so, you should continue to make regular payments for those debts.

**Balance Greater than zero Dynamic Text**
Because you are getting KI-HIPP benefits, we will reduce your future KI-HIPP payment until the $<Pending Amount> has been repaid. This may mean you will not get KI-HIPP payments for several months.

You may get free legal help from your local legal aid office at <legal aid number>.

**Claim Adjustment Notice**

On <Claim Adjustment Date> your debt was <increased/decreased> by $<Claim Adjustment Amount>. This change was made because <Claim Adjustment Reason>.

**Bad Checks Dynamic Text:**
Your check was returned due to insufficient funds. You must replace the check with a money order or cashier’s check immediately. Do not send cash or another personal check.

You owe $<Pending Amount>.

What do you need to do?
- Please make your check or money order payable to the Kentucky State Treasurer. Do not send cash.
- Include claim number <Claim number> on your payment.
- Send payment to: 275 E Main St, 8C-A, Frankfort, KY 40621

We will send you a receipt showing the amount you paid and what you still owe.

If you are unable to pay the entire amount at this time, please contact this office at 855-459-8328.

If you want legal help, you may get free legal help from your local legal aid office at <legal aid number>.

Call 855-459-6328 for questions about payment receipts. For legal help or advice, call your attorney or local legal aid office.
Claim Termination Notice tells the KI-HIPP member that their existing KI-HIPP claim has been closed. This means the claim no longer requires payment.

Why did I receive this?
This notice explains that your existing KI-HIPP claim no longer has an outstanding amount and does not require further payment.

You do not owe any further payments because the claim you previously owed has been closed and/or paid off.

Kentucky Integrated Health Insurance Premium Payment (KI-HIPP)

Claim Termination Notice
As of <Claim Termination Date>, we have closed your KI-HIPP debt of $<Claim Balance Amount> for benefits received for the month(s) <Claim begin month through Claim end month>. You can stop paying this debt.

This applies to this debt only. You may have other debts you still owe. If so, you should continue to make regular payments for those debts.

If you have questions, please call 855-459-6328.

What are my next steps?
You do not have to do anything because you no longer owe a claim.

Call 855-459-6328 for questions about claim termination.
Notices for Disenrolled KI-HIPP Members
**Demand Notice** requests claim payment from the **disenrolled** KI-HIPP member within 30 days of the notice being mailed out.

**Why did I receive this?**
This notice explains that you must pay an outstanding claim for the higher KI-HIPP payment you mistakenly received. **You are responsible for paying** your claim because you were **disenrolled from KI-HIPP** (i.e. not currently receiving KI-HIPP payments).

You must **mail a check or money order** to pay off the outstanding claim.

*This notice is different from the Benefits Reduction Notice because you do not currently receive KI-HIPP payments that could be used to pay off an outstanding claim.*

**What are my next steps?**

1. You must write the **claim number** on a check or money order (see asterisks in top right)
2. You must **mail the following documents** to the KI-HIPP Team within **30 days** from the date listed (see dotted box in the top right corner):
   - Check or Money Order for amount owed (made payable to Kentucky State Treasurer)
   - Bottom section of this notice (see dotted line)

   If you **cannot** pay the full amount, please call **855-459-6328**.
Payment Past Due Notice
tells the disenrolled KI-HIPP member that they did not send a payment in full within 30 days of the Demand Notice.

Why did I receive this?
This notice explains that you did not fully pay off your outstanding claim within 30 days of the Demand Notice. The claim you owe is now delinquent.

You are responsible for paying your delinquent claim because you are disenrolled from KI-HIPP (i.e. not currently receiving KI-HIPP payments).

You must mail a check or money order to pay off the outstanding claim in full.

What do you need to do?
- Please make your check or money order payable to the Kentucky State Treasurer. Do not send cash.
- Include claim number on your payment.
- Send payment to: CHFS KI-HIPP
  275 E. Main St., 6C-A
  Frankfort, KY 40601

We will send you a receipt showing the amount you paid and what you still owe.

If you have questions, please call 855-459-6328.

If you want legal help, you may get free legal help from your local legal aid office at [legal aid number].

To pay off the outstanding claim in full, you must complete the following steps:

1. Write the claim number on a check or money order (see asterisks in top right)
2. Mail the following documents to the KI-HIPP Team:
   • Check or Money Order for amount owed (made payable to Kentucky State Treasurer)
   • Bottom section of this notice (see dotted line)

Call 855-459-6328 for questions about payment.
For legal help or advice, call your attorney or local legal aid office.
**Payment Receipt Notice** tells the disenrolled KI-HIPP member that their check or money order used to pay an outstanding claim has been received.

**Why did I receive this?**

This notice explains that your check or money order used to pay a claim has been received. Depending on the amount paid, you received this notice for **one** of these reasons:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>You did not pay off the claim in full</td>
<td>You still owe a remaining amount of the claim</td>
</tr>
<tr>
<td>You paid off the claim in full</td>
<td>You no longer owe a claim</td>
</tr>
<tr>
<td>You paid more than you owed</td>
<td>You will receive a check refunding you for the overpaid amount</td>
</tr>
</tbody>
</table>

**Payment Receipt Notice**

We received your Payment Source of $Payment Amount on Payment Date for Payment Claim for the debt you owe for KI-HIPP enrollee.

Balance greater than zero

Date: [Date]

Claim Number: [Claim No.]

| Name: [Name] |
| Date: [Date] |

Please make payment by check or money order payable to the Kentucky State Treasurer. Do not send claim.

Send payment to:

KYHIP PAYEE
277 E. Main St., 9th A
Frankfort, KY 40601

Please write claim number [Claim Number] on your check or money order. We will send you another receipt showing the amount you paid and what you still owe.

Zero Balance Dynamic Text:

As of this date, this debt is paid in full. This applies to the debt only. You may have other debts you still owe. If so, you should continue to make regular payments for those debts.

Sub-Zero Balance Dynamic Text:

The payment was for more than you owed for this debt! $Refund Amount will be refunded to you.

If you have questions, please call 855-459-6328.

If you want legal help, you may get free legal help from your local legal aid office at [legal aid number].

 Tear here and return the bottom portion with your payment in the enclosed envelope.

NAME: [First Name] [Last Name]  CLMNR: [Claim Number]

If you did not pay off the claim in full, you must complete the following steps to pay off the remaining amount of the claim:

1. Write the **claim number** on a check or money order (see asterisks in top right)
2. **Mail the following documents** to the KI-HIPP Team:
   - Check or Money Order for amount owed (made payable to Kentucky State Treasurer)
   - Bottom section of this notice (see dotted line)

Call **855-459-6328** for questions about payment receipts. For legal help or advice, call your attorney or local legal aid office.
Claim Adjustment Notice (1/2)
For Disenrolled Members

**Description**

Claim Adjustment Notice tells the disenrolled KI-HIPP member that the KI-HIPP Team adjusted (i.e. increased or decreased) their KI-HIPP claim amount.

**Why did I receive this?**

This notice explains that the KI-HIPP claim amount you owe increased or decreased. 

You are responsible for paying your delinquent claim because you are disenrolled from KI-HIPP (i.e. not currently receiving KI-HIPP payments).

You must mail a check or money order to pay off the outstanding claim in full.

---

Claim Adjustment Notice

On <Claim Adjustment Date> your debt was <increased/decreased> by $<Claim Adjustment Amount>. This change was made because <Claim Adjustment Reason>.

Balance Greater than zero Dynamic Text but not actively receiving KI-HIPP benefits:

You now owe $<Pending Amount>.

What do you need to do?

- Please make your check or money order payable to the Kentucky State Treasurer. Do not send cash.
- Include claim number <Claim number> on your payment.
- Send payment to: 275 E. Main St., 8C-A, Frankfort, KY 40621

We will send you a receipt showing the amount you paid and what you still owe.

If you are unable to pay the entire amount at this time, please contact this office at 856-455-6328

If you want legal help, you may get free legal help from your local legal aid office at <legal aid number>.

Tear here and return the bottom portion with your payment in the enclosed envelope.

NAME: <Client First M. Last Name> CLAIM NUMBER: <Claim Number>

---

More information on page 56.
What are my next steps?

To pay off the outstanding claim in full, you must complete the following steps:

1. Write the **claim number** on a check or money order (see asterisks in top right)

2. Mail the following documents to the KI-HIPP Team:
   - **Check** or **Money Order** for amount owed (made payable to **Kentucky State Treasurer**)
   - Bottom section of this notice (see dotted line)

Call **855-459-6328** for questions about payment receipts.

For legal help or advice, call your attorney or local legal aid office.
**Good Cause Rejection Notice**

**Description**

*Good Cause Rejection Notice* tells the **disenrolled** KI-HIPP member that their request for Good Cause has been rejected.

**Why did I receive this?**

This notice explains that your **Good Cause request has been rejected.**

This means you will **not** receive a Good Cause payment.

As a **disenrolled** KI-HIPP member, you requested Good Cause to receive KI-HIPP payments for past months where you did not send your paystubs as proof of premium payment. On your Good Cause request, you explain that you have valid reason for not sending your paystubs (e.g. you were on a Medical leave of absence from work). The KI-HIPP Team approves or rejects your Good Cause requests.

**Your Good Cause request was rejected for one of these reasons:**

- ☒ You did not send any documents showing Good Cause
- ☒ You sent documents that did not have enough detail to show Good Cause
- ☒ Your Good Cause Reason was invalid
- ☒ You are currently enrolled in an MCO

---

**What are my next steps?**

You do not have to do anything because you are no longer enrolled in KI-HIPP.

Requesting Good Cause does **not** mean you are re-enrolled in KI-HIPP.

Call **855-459-6328** for more information on how to re-enroll in KI-HIPP and for any questions about Good Cause.
Appendix
The benefits below are offered to enrolled KI-HIPP members. To get the most of your KI-HIPP benefits, please read the Best Practices at the bottom.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
</table>
| **May widen healthcare network** by providing access to providers and healthcare services through the full Medicaid network | • Medicaid members will continue to have access to their current Medicaid benefits  
• Additionally, you and your family may have access to providers and services through the full traditional Medicaid network |
| **May help make employer health insurance affordable**                 | • KI-HIPP helps members pay the cost of health insurance premiums, which is the amount the policy holder pays to the health insurance company for coverage  
• Once enrolled in KI-HIPP, the policy holder will receive ongoing payments to help cover their share of the health insurance premium |
| **May allow an entire family to be on the same health insurance plan**| • If the family health insurance plan is eligible, KI-HIPP will pay the cost of covering the entire family on one health insurance plan |

**Please Note:** The choice of provider impacts the cost of services. KI-HIPP does **NOT** cover out-of-pocket costs for the Medicaid member if the provider is a Non-Medicaid Provider (does not accept Medicaid).

**Best Practices for Medicaid Members:**

1. Medicaid members are encouraged to receive healthcare services and fill prescriptions from providers that **accept Medicaid**.

2. Medicaid members on the policy must provide **both** of the following documents when paying for services or a prescription:

   - **Medicaid Card**
   - **Health Insurance Card**

**KI-HIPP will cover costs if:**

- The Member visits a Medicaid Provider

**KI-HIPP will **NOT** cover costs if:**

- The Member Visits a Non-Medicaid Provider
Resources and Contact Information

Resources

The resources below include important phone numbers and website links you can visit for additional information or assistance:

**Report a Change**

- Go to benefind Self-Service Portal at benefind.ky.gov OR
- Contact DCBS at 855-306-8959

**Provider Directory**


**Additional Information**

- Visit the KI-HIPP webpage for more information about KI-HIPP: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx

Documents may be submitted to the KI-HIPP Team using one of the following methods:

**Upload:** benefind.ky.gov

**Mail:**
CHFS KI-HIPP Unit
275 E. Main St. 6C-A
Frankfort, KY 40621

**Email:**
kihipp.program @ky.gov

For any questions about the KI-HIPP program, please call 855-459-6328.