

# KI-HIPP Member Handbook

## Kentucky Integrated Health Insurance Premium Payment Program

### Table of Contents

Welcome.....	2
Program Overview.....	2
What is Hi-HIPP? .....	2
Who is Eligible for KI-HIPP? .....	2
What can I expect after applying for KI-HIPP? .....	2
Notice from KI-HIPP.....	2
A letter from the state: Notice About Your Coverage – .....	3
A Kentucky Medicaid Card – .....	3
A Card from your Employer’s Health Insurance Company – .....	3
KI-HIPP Benefits .....	3
What are my KI-HIPP Benefits? .....	3
Where can I Find Information about my Insurance Benefits? .....	3
What Medical Costs are Covered by KI-HIPP?.....	4
Covered costs include: .....	4
Costs not covered include:.....	4
Member Responsibilities.....	4
What do I Need to do After I Enroll in KI-HIPP? .....	4
How do I Submit my Proof of Premium Payment? .....	5
How do I Report a Change? .....	5
What do I Need to do to Stay Enrolled? .....	5
What is the Annual KI-HIPP Renewal Process? .....	6
Employer Health Plan Enrollment Renewal .....	6
Medicaid Renewal .....	6
Resources and Frequently Asked Questions .....	6
Resources .....	6
Frequently Asked Questions.....	7

## Welcome

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

KI-HIPP helps Medicaid members with employer-sponsored insurance (ESI) pay the cost of their insurance premiums.

This handbook will answer your questions and provide valuable information about the program. Please read this handbook carefully and keep it with your Medicaid and related medical information.

Thank you for letting us be part of your health care team.

Disclaimer: Topics such as the summary of Medicaid benefits, reporting a change, services not covered, rights and responsibilities, fraud and abuse, the Health Insurance Portability and Accountability Act (HIPAA) and requesting a hearing can be found in the Medicaid Handbook.

For assistance and additional information, please contact the KI-HIPP Help Desk at (855) 459-6328.

## Program Overview

### What is Hi-HIPP?

KI-HIPP helps eligible Medicaid members enrolled in the program pay group health insurance premiums (the amount you pay to your health insurance company for coverage.) The program allows an entire family to be on the same insurance plan, offers more coverage and a wider health care network.

### Who is Eligible for KI-HIPP?

Individuals and families with one or more members eligible for Medicaid and enrolled in or with access to a group health insurance plan may be eligible for KI-HIPP assistance.

The types of group health insurance that qualify for KI-HIPP include:

- Insurance through an employer
- Insurance through a parent's employer
- Coverage from the United Mine Workers, a retiree health plan or COBRA

### What can I expect after applying for KI-HIPP?

After applying, you will receive several documents in the mail.

**Notice from KI-HIPP** – This letter explains which employer health insurance plans qualify for KI-HIPP and provides additional instructions if you need to take additional steps to enroll in your employer's health insurance plan and KI-HIPP.

Remember: You must remain Medicaid eligible and continue to meet Medicaid requirements to remain enrolled in KI-HIPP.

**A letter from the state: Notice About Your Coverage** – This letter explains your KI-HIPP coverage and benefits.

**A Kentucky Medicaid Card** – If you do not have one already, you will receive a Kentucky Medicaid card with your name and Medicaid identification number on the front.

- Do not throw away your card. You will not receive a new card every month.
- If you lose your card or notice a mistake on your card, request a replacement card by contact your local Department for Community Based Services office by calling toll-free (855) 306-8959.
- Your Medicaid card is valid as long as you are eligible for Medicaid.

**A Card from your Employer's Health Insurance Company** – You will receive a card from your employer's health insurance plan which will remain valid as long as you are enrolled in your employer's health insurance plan.

- If you notice a mistake on your card, contact the health insurance company at the phone number provided on your card.
- If you have a separate vision or dental plan, you may receive cards for these plans.

## KI-HIPP Benefits

### What are my KI-HIPP Benefits?

KI-HIPP provides access to doctors and specialists in your Medicaid and group health insurance plan. Benefits from your employer's health insurance plan may be similar to Medicaid benefits. You and your family will have extensive coverage and access to additional providers and services participating in KI-HIPP.

KI-HIPP expands your health care network by providing access to Medicaid and group health insurance providers and services.

KI-HIPP may make family coverage more affordable by covering more health care plans.

KI-HIPP may allow an entire family to be on the same insurance plan with access to the same network of providers and services.

### Where can I Find Information about my Insurance Benefits?

Your employer's health insurance plan's summary of benefits explains the services and providers it covers and lists any out-of-pocket costs. Request a copy of your employer's summary of health insurance benefits and coverage from the insurance company. Be sure to carefully review all the benefits provided by your health insurance plan.

**Note:** Adult dental and vision services may be provided through your employer under separate dental and vision plans. Depending on your Medicaid eligibility status, dental and vision benefits may be provided by Medicaid.

### What Medical Costs are Covered by KI-HIPP?

KI-HIPP helps cover most of your medical costs. The providers you choose to visit may affect the cost of services.

#### Covered costs include:

Services from by in-network providers who accept your employer's health insurance.

Services from by Medicaid providers who accept Medicaid.

#### Costs not covered include:

Services from out-of-network providers who do not accept your employer's health insurance plan.

Services from non-Medicaid providers who do not accept Medicaid.

Your out-of-pocket costs will **not** be covered or reimbursed by KI-HIPP if you use a provider who does not accept Medicaid and is not in your employer's health insurance plan network.

To find out if a provider participates in the Medicaid program, follow these steps:

1. Go to the Partner Portal Provider Directory at <https://prdweb.chfs.ky.gov/ProviderDirectory/PDSearch.aspx>
2. Select **No** for the question Are you looking for a Waiver Provider only?
3. Fill in the correct information
4. Click the **Search** button

It's important that you and your family receive health care services from in-network providers who accept Medicaid.

## Member Responsibilities

### What do I Need to do After I Enroll in KI-HIPP?

Once you are enrolled in KI-HIPP, you must do all of the following to remain enrolled and receive a check to help cover the cost of your premium:

If you don't meet KI-HIPP program requirements and lose KI-HIPP coverage, your enrollment in your employer's health insurance plan will not be affected. You will remain enrolled in your employer's health insurance plan if you continue employment and meet your employer's health insurance plan requirements.

Pay your health premium payment. If you have employer-sponsored insurance, your premium payment may be taken directly out of your paycheck.

Submit your pay stub each time you make a payment. If your employer's health insurance premium is taken out of your paycheck more than once a month, you need to submit each paystub that has a health insurance premium taken out to get your full reimbursement amount.

If you do not submit a paystub as proof of premium payment by the 15<sup>th</sup> of the month, you will get a reminder notice, but no check is sent until documentation is received.

If you do not submit your pay stub on time, you have up to 60 days to submit the proof of payment to get the reimbursement.

Remain enrolled in your employer's health insurance plan. If you have any changes to your health coverage, such as premium changes or you are no longer enrolled in your employer's health plan, you need to report these changes to the benefind Self-Service Portal at <https://benefind.ky.gov> or by calling toll-free (855) 306-8959.

Remain eligible for Medicaid to remain enrolled in the KI-HIPP program.

### How do I Submit my Proof of Premium Payment?

- Upload scanned documents at <https://benefind.ky.gov>
- Mail documents to CHFS\KI-HIPP, 275 E. Main St., 6C-A, Frankfort, KY 40621
- Attach documents to an email and send to [KIHIPPProgram@ky.gov](mailto:KIHIPPProgram@ky.gov)
- Fax documents to (502) 564-3232

### How do I Report a Change?

If you or someone in your family has changes that could affect your Medicaid eligibility, you need to report these changes at <https://benefind.ky.gov> or call toll-free (855) 306-8959. The following changes must be reported:

- Changes in income
- Changes in employer/employment
- Changes in health plan
- Changes in household size
- Changes of address

### What do I Need to do to Stay Enrolled?

To stay enrolled in KI-HIPP, you must meet all the following requirements:

- Pay your health insurance premium
- Submit your pay stub to other proof of premium payment each time you make a payment
- Remain enrolled in your employer's health insurance plan
- Remain eligible for Medicaid

If you lose your health coverage or fail to meet the program requirements, you will no longer be eligible for KI-HIPP and will revert to your prior Medicaid managed care organization.

### What is the Annual KI-HIPP Renewal Process?

Each year you must renew your employer health insurance plan and your Medicaid enrollment.

### Employer Health Plan Enrollment Renewal

Your employer will have open enrollment each year when you can choose to keep the same plan or make changes to your health insurance plan, such as choosing a plan with more extensive coverage.

Before you make changes to your employer-provided health insurance plan, submit the required documents to KI-HIPP for review to ensure the plan you choose meets all the KI-HIPP requirements for cost effectiveness and coverage/benefits.

You will receive a program notice in the mail 90 days before the end of your current coverage period reminding you to submit plan enrollment materials to KI-HIPP if there are any changes to your health plan for the next year.

### Medicaid Renewal

You need to renew your Medicaid requirements every year. This is **not** the same as your employer health plan renewal.

You will receive an annual Medicaid renewal notice from Medicaid. You must report all changes in income, employer/employment, health plan, household size or address.

## Resources and Frequently Asked Questions

### Resources

The resources listed below include important phone numbers and links to websites you can visit for more information or assistance.

**Report A Change** – Go to the benefit Self-Service Portal - <https://benefind.ky.gov> or call toll-free (855) 306-8959

**Questions** – To ask questions about KI-HIPP, call toll-free (855) 459-6328 or visit the KI-HIPP web page at <http://bit.ly/kihipp>

**Medicaid Card** - If you lose or notice a mistake on your card, contact your local DCBS office or call toll-free (855) 306-8959 to request a replacement.

**Provider Directory** - Find approved providers by searching the Partner Portal Provider Directory at <https://prdweb.chfs.ky.gov/ProviderDirectory/PDSearch.aspx>

**Medicaid Handbook** – Find the Medicaid Member Handbook link under Additional Information at <https://chfs.ky.gov/agencies/dms/member/Pages/default.aspx>

### Frequently Asked Questions

**What will happen to my Medicaid benefits if I enroll in KI-HIPP?**

Your Medicaid benefits will not change when you enroll in KI-HIPP.

**How is KI-HIPP coverage different than Medicaid?**

KI-HIPP gives your family access to Medicaid doctors and specialists as well as providers in your employer health insurance plan network.

**How do I get paid?**

After submitting proof of insurance premium payment, you will receive a check in the mail.

For answers to more questions, visit the KI-HIPP web page at <http://bit.ly/kihipp>.