



Your Guide to Kentucky HEALTH



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Kentucky has changed the way Medicaid works for some people. The state's new program is called **Kentucky HEALTH**. Kentucky HEALTH offers health insurance for certain low-income adults and their families.

Key Points about Kentucky HEALTH:

- The program encourages you to do things that lead to better health and well-being.
- The program gets its name from its mission. The word HEALTH stands for “**H**elping to **E**ngage and **A**chieve **L**ong **T**erm **H**ealth.”

If you qualify for Kentucky HEALTH, you might share some of the cost of your health care. You might pay a small premium, have a co-pay, or earn your benefits by doing health-, job-, education-, or community-related activities.

Not everyone on Medicaid will be affected by the new changes. The new program is **NOT** for people who are on Medicare (age 65 or over) or those who are on Medicaid due to age or disability.

Passport Members Who Are NOT Included in Kentucky HEALTH:

- Traditional Medicaid Members (Aged, Blind, & Disabled)
- Qualified Medicare Members
- Foster Care Children
- Adopted Children
- Children in the Juvenile Justice System
- Members Who Get Social Security Income (SSI)
- Presumptive Eligible Children
- Presumptive Former Foster Care Adults

Passport Members Who Are Included in Kentucky HEALTH:

KEY POINTS

MEMBERS WHO ARE NOT INCLUDED

MEMBERS WHO ARE INCLUDED

Non-Disabled Adults & Children	
<p>Low-Income Parents/Caretakers & Transitional Medicaid Adults</p> <p>These members have:</p> <ul style="list-style-type: none"> • To pay a premium or co-pays.** • No changes to benefits. <ul style="list-style-type: none"> - Dental and vision is covered by Passport. - Transportation is covered by Medicaid. • To do community engagement (also called PATH). Some adults will be exempt or not required to meet this requirement. 	<p>Pregnant Women & Children (Traditional Medicaid)</p> <p>These members have:</p> <ul style="list-style-type: none"> • No out-of-pocket costs (No premiums or co-pays). • No changes to benefits. <ul style="list-style-type: none"> - Dental and vision is covered by Passport. - Transportation is covered by Medicaid. • The option to do community engagement (also called PATH).
<p>Presumptive Eligible Low-Income Parents/Caretakers/KCHIP Children</p> <p>These members have:</p> <ul style="list-style-type: none"> • To pay copays. • No changes to benefits. <ul style="list-style-type: none"> - Dental and vision is covered by Passport. - Transportation is covered by Medicaid. 	<p>Presumptive Eligible Medicaid Expansion Adults</p> <p>These members have:</p> <ul style="list-style-type: none"> • To pay co-pays. • An alternative benefit package. <ul style="list-style-type: none"> - Dental and vision is covered through My Rewards account. Please see the My Rewards section for more details.

Non-Disabled Adults & Children (Continued)

Medicaid Expansion Adults

These members have:

- To pay premiums or co-pays.**
- An alternative benefit package.
 - Dental and vision is covered through My Rewards account. Please see the My Rewards section for more details.
- To do community engagement (also called PATH) unless you are exempt.

Medically Frail Adults* & Former Foster Youth up to Age 26

These members have:

- The option to pay premiums.***
- No changes to their benefits.
 - Dental and vision is covered by Passport.
 - Transportation is covered by Medicaid.
- The option to do community engagement (also called PATH).

*A person will be determined "Medically Frail" if they are chronically homeless, have a disabling mental disorder (including serious mental illness), chronic substance use disorder (SUD), serious and complex medical condition, or a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living.

**Some Kentucky HEALTH members will help with the cost of their healthcare by making once-a-month payments, also known as premiums. These premiums will cover the cost of all Medicaid-covered visits for the whole month. If members do not pay their premiums, they may need to pay copays each time they need a medical service. Members can move to copays only if their income is under 100% of the federal poverty level (FPL). If their income is over 100% FPL, they could lose their benefits for up to 6 months. Members can get back in sooner if they repay their missed premiums and take a re-entry course.

***Monthly premiums are optional for medically frail adults and former foster youth up to age 26. Paying the premium will give members access to the My Rewards Account. This will allow them to earn rewards for healthy activities and use those rewards for services not normally covered by Medicaid.

Words to Know




Cost Sharing	Some parents and caretakers will share a small part of the cost of their health care. Those who qualify for cost sharing will pay premiums or co-pays as a way of investing in their health.
Premiums	A small amount some members pay once-a-month to help with the cost of their health care.
Co-pays	A small amount some members pay to receive a service or medicine. If you pay premiums, you will not have to pay co-pays.
My Rewards Account	A special account some members can use to get extra benefits. You can earn funds in your account by doing health-, job-, education-, or community-related activities. Once you earn the funds, you can then use them to receive extra benefits.
PATH	The community engagement part of Kentucky HEALTH. It stands for " P artnering to A dvance T raining and H ealth." The purpose of PATH is to help you get more involved in your community and gain the skills needed for future success. PATH connects people to opportunities like education, job training, substance use disorder treatment, employment, and volunteer work.

What are the main parts of Kentucky HEALTH?

- Cost Sharing
- Deductible Account
- My Rewards Account
- Community Engagement
- Education & Training

Cost Sharing

- Some members will share a small part of the cost of their health care. If you qualify for cost sharing, you will pay premiums or co-pays as a way of investing in your health.
- Premiums will range from \$1 to \$15 a month per family, depending on income. Co-pays will range from \$0 to \$8 for most services and \$50 for hospital visits. **You will pay either premiums or co-pays – not both.** If you pay a premium, you do not have to pay co-pays.

PASSPORT HEALTH PLAN  KENTUCKY HEALTH 5100 Commerce Crossings Dr Louisville KY 40229		
INVOICE		
 For billing questions, please call: 1-833-712-5007 (TTY: 1-800-691-5566) Office hours: Monday - Friday, 6:00am - 6:00pm CST		
Addressee HEAD OF HOUSEHOLD 123 PLAIN BLVD HEBRON, IN 46341-0123		
 Pay Online: passportmbr.mysecurebill.com		
Case ID 12345678	Invoice Date 03/23/2018	Amount Due \$0.00
Please make check payable and mail to: PASSPORT HEALTH PLAN PO BOX 714801 Cincinnati, OH 45271-4801		

Your Payment Options

- **Mail your Payment** with the stub on this invoice.
- **Pay by Phone** with a credit/debit card or electronic check. Call 1-833-712-5007.
- **Pay Online** at <https://passportmbr.mysecurebill.com/default> by clicking on the link to pay by credit/debit card or electronic check.
- **Pay with a Direct Deposit** from your pay check. Call us at 1-833-712-5007 to get this set up.

Below are the services covered under Kentucky HEALTH and any copays you might pay:

Services Covered	Your Copay
Preferred and non-preferred generic drug	\$1
Preferred and non-preferred generic drug	\$1
Non-preferred brand name drug	\$8
Chiropractor	\$3
Dental – for Members not enrolled in the Alternative Benefit Plan*	\$3
Podiatry (Foot Care)	\$3
Vision – for Members not enrolled in the Alternative Benefit Plan*	\$3
General ophthalmological services – for Members not enrolled in the Alternative Benefit Plan*	\$3
Office visit for care by a doctor, physician's assistant, advanced registered nurse practitioner, certified pediatric and family nurse practitioner, nurse midwife, or any behavioral health professional	\$3
Physician service	\$3
Visit to a rural health clinic, primary care center, or federally qualified health center	\$3

Services Covered	Your Copay
Outpatient hospital service	\$4
Emergency room visit for a non-emergency service	\$8
Inpatient hospital admission	\$50
Physical therapy, speech therapy, occupational therapy	\$3
Durable medical equipment	\$4
Ambulatory surgical center	\$4
Laboratory, diagnostic, or x-ray service	\$3
*Dental and vision copays are for members not enrolled in an Alternative Benefits Plan.	

If you fail to pay a monthly premium, you will stop receiving benefits or have to pay co-pays. If you have questions about cost sharing, we'll be here for you. You can call Passport at **1-800-578-0603**.

Report Your Pregnancy

If you become pregnant, you'll need to let the Department for Community Based Services (DCBS) know by calling

1-855-306-8959 or visiting www.benefind.ky.gov. It's important to report your pregnancy right away. You will not need to pay premiums or do community engagement during your pregnancy.

Suspensions & Penalties

You may be subject to 4 types of suspensions and penalties. The chart below explains these suspensions and penalties and the ways you can clear them out.

Suspension / Penalty	How to Clear Out (when multiple items are listed, you must do all items to clear out)
Your benefits will stop or you may have to pay co-pays if you do not pay a premium within 60 days.	<ul style="list-style-type: none"> • Pay the 2 months of premiums you missed. • Pay your next due payment, the upcoming month. • Take a certified re-entry class.
Your benefits will stop when you do not complete Community Engagement (CE) requirements for 2 months in a row.	<ul style="list-style-type: none"> • Complete 80 hours of CE. • Take a certified re-entry class.
If you do not recertify* on time for Medicaid each year, you will have to wait to reapply for Medicaid in 6 months.	<ul style="list-style-type: none"> • Pay your first month premium payment. • Take a certified re-entry class.
If you voluntarily withdraw from Medicaid, you will be locked out for 6 months.	<ul style="list-style-type: none"> • Take a certified re-entry literacy class. • Pay any premiums you owe.
You will get a penalty if you do not report a change that affects your Medicaid eligibility within 30 days.	<ul style="list-style-type: none"> • Pay your first month premium payment. • Take a certified re-entry class.

*You must recertify for Medicaid every year. This lets the state decide if you and/or your household are still eligible for benefits. If you do not recertify within 90 days from your recertification date, you can be disenrolled and denied benefits..

Deductible Account

All Kentucky HEALTH adults* will get a \$1,000 deductible each year. This account will help you track your health care spending and show you the cost of your health care.

- You will **never** have to pay out-of-pocket to meet a deductible.
- You should **not** get any bills for services applied to your deductible.
- Your account shows what you would pay under a commercial health insurance plan with a deductible.

*Does not apply to pregnant women. The deductible account is not active during pregnancy.

What happens when the \$1,000 is used?

Once your Deductible Account is empty, Passport will keep paying for covered services. You will get a statement to let you know when you have used all \$1,000.

What happens if you do not use all \$1,000?

At the end of the year, up to half of the money left in your Deductible Account may be rolled into your My Rewards Account 90 days after the year ends. The funds that roll over will be based on the number of months you were enrolled in Kentucky HEALTH.

Why are some services not applied to my Deductible Account?

A service is still paid for even if it is not applied to your Deductible Account. Some services not applied to your Deductible Account are if:

- You use a **preventive service** such as a well-child or well-adult checkup. These services are paid for by Passport. You can earn My Rewards dollars for getting these services. Be sure to check your My Rewards Account.
- You have **used all of the money** in your Deductible Account.

You will get monthly statements showing how much of your deductible you have used. If you have any questions, you may call the number listed on your statements.

How do I read these statements?

- You will receive a statement every month.
- The "**Previous statement balance**" shows the amount of money left in your Deductible Account from last month.

- The “**Total medical and pharmacy spending applied to account**” shows the bills received for your health services since the last statement.
 - You may have visited a doctor in the past month, but if the doctor did not submit a bill yet, it will not show up until Passport receives the bill.
- The “**Remaining Deductible Account balance**” is the previous balance minus any reported spending.
- The “**Explanation of Benefits (EOB) Summary**” shows the bills received during a month, the amounts charged for each service, and if it applied to your Deductible Account.



Deductible Account and Healthcare Summary

THIS IS NOT A BILL.

[Date]

[First Name] [Last Name]

[Address Line 1]

[Address Line 2]

[City], [State] [Zip Code]

Dear [First Name] [Last Name]:

As part of your enrollment in the Kentucky HEALTH program, [MCO Name] provides you with a monthly summary of your healthcare spending. At the start of the year, you were assigned a \$1,000 Deductible Account. Our records show you have used all \$1,000 in the Deductible Account. Once all the money in your Deductible Account is used, all eligible claims for covered services are paid by [MCO Name].

[Month Year] Deductible Account Summary	
Previous statement balance	\$250.00
Medical and pharmacy spending applied to account [insert applicable date range]	(\$250.00)
Remaining Deductible Account balance	\$0.00

Please contact [phone number] if this statement is not accurate or if you have any questions.

Explanation of Benefits (EOB) Summary
[Month Year]

Service Date	Service Description	Provider	Claim Number	Billed Amount	Paid Amount	Applied to Deductible Account?	
# / # / #	Office Visit	Dr. Smith	#####	\$300	\$125	Y	\$125
# / # / #	Pharmacy	CVS	#####	\$300	\$125	Y	\$125
# / # / #	Office Visit	Dr. Smith	#####	\$300	\$125	N	\$0
					\$375 Total Paid	\$250 applied to account	

My Rewards Account

My Rewards is a special account some members can use to get enhanced benefits. These benefits include dental, vision, and some health and fitness services. You can earn funds in your account by:

- Doing health-, job-, education-, or community-related activities.
- Getting preventive health services. This includes things like getting a physical check-up, complete preventive dental exam, or complete vision exam.
- Taking your dependent child in for any of these services.

The purpose of My Rewards is to improve your health, your job skills, and your involvement in your community. To view a list of all the ways you can earn My Rewards, visit www.citizenconnect.ky.gov.

You can view your My Rewards account balance through a Self-Service Portal on www.benefind.ky.gov. The details will be shown on your member dashboard in the My Rewards Module. You may also check your balance by calling Medicaid at **1-800-635-2570**.

How do I use the My Rewards I have earned?

If you want to use your My Rewards Account to receive a benefit, tell your eye doctor or dentist's office when you make your appointment. The office will get a prior authorization and make sure you have the funds in your account. If the funds are in your account, the office will be reimbursed for the service. The office will let you know if you have any out-of-pocket costs.

Community Engagement

Most able-bodied working-age adults must complete up to 80 hours per month of community engagement and/or employment activities. If you are working, your hours can count towards this requirement.

Some adults will be "exempt" or not required to meet this requirement. Non-exempt members must complete these activities to keep their eligibility. The activities that qualify are:

- Working
- Volunteering
- Caretaking
- Job training

- Education that can lead to getting a job
- Job searching
- General education (getting a G.E.D. or attending a community college)
- Substance Abuse Disorder (SUD) treatment

Why are you being asked to do Community Engagement?

Research shows that when a person does some sort of community engagement (like volunteer work, public service, or working a job), the person's overall health and well-being gets better.

Good Cause Exemptions

If you do not pay a premium and receive a suspension or penalty, you may be exempt if you have a good cause. If you have a one of the following good causes, the suspension or penalty can be removed:

- An immediate family member, who lives in your home, dies or becomes institutionalized.
- You are a victim of a natural disaster such as a flood, storm, earthquake, or serious fire.
- You submitted an address change on time, but did not receive an invoice.
- You were hospitalized and unable to make a payment.
- You were a victim of domestic violence and unable to make a payment.
- You were evicted from your home or became homeless.
- You have a disability as defined by the Americans with Disability Act (ADA).

If you have one of these good causes, please call Passport at **1-800-578-0603**.

Education & Training

All Kentucky HEALTH members, except children, can earn benefits by taking education and training classes. You can take these classes to earn dollars in your My Rewards Account, meet PATH requirements, and end a penalty period.

If you are not a Kentucky HEALTH member, you will not have any education or training requirements.





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KENTUCKY
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