

KI HIPPP

Kentucky Integrated Health Insurance Premium Payment Program

Kentucky Hospital Association Webinar
August 6, 2019

Objectives

By the end of today's session, we will:



1

Describe the KI-HIPP Program goals and benefits



2

Review KI-HIPP eligibility, enrollment, and ongoing member responsibilities



3

Discuss the impact of KI-HIPP on providers and opportunities for provider engagement

KI-HIPP Overview

Below describes the key points for the upcoming KI-HIPP integration effort.



Overview

KI-HIPP is a **voluntary** Medicaid program that helps eligible Medicaid members cover the cost of an Employer-Sponsored Insurance (ESI) plan. Members who choose to enroll in the program do **not** lose their Medicaid benefits.



Goal

KI-HIPP is designed to give Medicaid members the tools to afford quality, comprehensive coverage in the commercial marketplace while also saving the Commonwealth on healthcare expenses.



Timeline

The soft launch of the KI-HIPP program began on May 6, 2019, while expanded outreach for the program begins in August 2019.

KI-HIPP Potential Program Benefits

Based on an analysis of successful HIPP programs from other states, the following benefits may be expected from the implementation of the KI-HIPP program.

Beneficiary



May make family coverage more affordable by reimbursing the employee's share of a premium for more extensive coverage plans



May widen healthcare network by providing access to doctors through the full traditional Medicaid network

State and Community



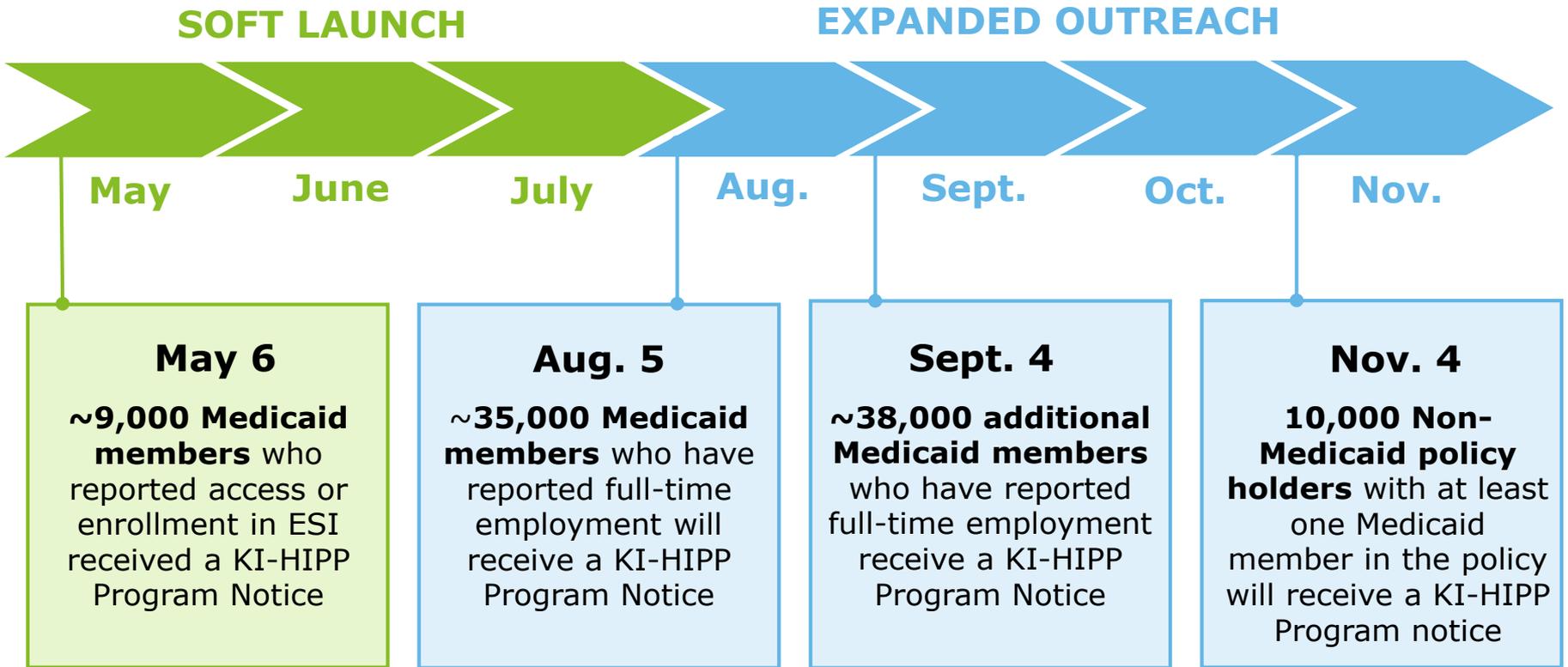
Increases participation in the commercial health insurance market, saving taxpayer dollars



Helps families have more extensive coverage at a lower cost, keeping families and individuals on their feet

KI-HIPP Outreach Timeline

KI-HIPP outreach is being targeted to specific groups of eligible individuals between May and November 2019:



Qualifying for KI-HIPP

A member of the public qualifies for KI-HIPP based on the following criteria.



Medicaid Member
in the Household



Enrollment or Access to
an Employer-Sponsored
Insurance (ESI) Plan



**Potentially
Qualifies for
KI-HIPP**

Before a member can enroll in KI-HIPP, the KI-HIPP team must review the ESI plan for **Plan Compatibility** based on the following criteria:

1

Cost-Effective

The premium, deductible, and co-pays of the ESI plan must cost the state less than the cost to cover a member in a Managed Care Organization (MCO).

2

Comprehensive

An employer's insurance plan must cover at least one benefit from each of the 10 essential health benefits (EHB) categories to be considered comprehensive.

Eligible Health Insurance Plans

The following types of insurance plans are eligible for KI-HIPP.



Coverage through an
**Employer-Sponsored
Insurance (ESI)** plan



Insurance through a
Parent's Employer



Coverage from any of the
following types of plans:

- **United Mine Workers**
- **Retiree Health Plan**
- **COBRA**



Please Note: ESI is the most common KI-HIPP-eligible health insurance plan.

KI-HIPP Eligible Member Enrollment Process

To enroll in KI-HIPP, an individual needs to follow the steps below:

Step 1



Apply for Medicaid

If not currently enrolled in Medicaid, the individual or a member of their household **must complete a Medicaid application** via:

- benefind
- In-Person
- Phone

Step 2



Submit Accessible Plan Documents

Submit the following documents to check plan compatibility:

- Premium Rate Sheet
- Summary of Benefits and Coverage (SBC)

Step 3



Enroll in Employer-Sponsored Insurance

After the applicant receives a notice of health insurance review, they can **enroll in a compatible ESI plan** (if not already enrolled). Once enrolled, the applicant must submit a copy of the health insurance card.

Step 4



Payments & Ongoing Verification

To stay enrolled, a member must:

1. Pay the health insurance premium
2. Submit proof of payment (paystub) to the KI-HIPP team each pay period

KI-HIPP Plan Compatibility Documents

Individuals who are interested in applying for KI-HIPP need copies of the following documents for health insurance plan(s) that they would like reviewed for plan compatibility.



Summary of Benefits and Coverage (SBC)

The **SBC** form shows comparisons of costs and coverage for health plans. The KI-HIPP team uses SBCs to evaluate **comprehensiveness**.

Insurance Company 1: Plan Option 1		Coverage Period: 01/01/2013 – 12/31/2013
Summary of Benefits and Coverage: What this Plan Covers & What it Costs		Coverage for: Individual + Spouse Plan Type: PPO
This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.[insert] or by calling 1-800-[insert].		
Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. See www.[insert].com or call 1-800-[insert] for a list of participating providers.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.
Questions: Call 1-800-[insert] or visit us at www.[insert].com . If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.[insert] or call 1-800-[insert] to request a copy.		
		OMB Control Number 1545-2229, 1210-0147, and 0938-1146
		1 of 8



Premium Rate Sheet

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

Health Insurance Rates Effective January 1, 2017						
Insurance	Coverage	BI-Weekly		Monthly		Total Premium
		Your Cost	SETA Cost	Your Cost	SETA Cost	
Kaiser HMO	Single - Employee Only	112.85	247.50	225.70	495.00	720.70
	Family - Employee w/dependent	531.52	390.00	1,063.04	780.00	1,843.04
Western Health Advantage HMO	Single - Employee Only	107.30	247.50	214.60	495.00	709.60
	Family - Employee w/dependent	518.30	390.00	1,036.60	780.00	1,816.60
Sutter Health Plus HMO	Single - Employee Only	99.06	247.50	198.12	495.00	693.12
	Family - Employee w/dependent	496.39	390.00	992.78	780.00	1,772.78
Kaiser High Deductible	Single - Employee Only	34.08	247.50	68.16	495.00	563.16
	Family - Employee w/dependent	330.10	390.00	660.20	780.00	1,440.20
Western Health High Deductible	Single - Employee Only	22.40	247.50	44.80	495.00	539.80
	Family - Employee w/dependent	300.90	390.00	601.80	780.00	1,381.80

Plan Compatibility Review Notice

Once the KI-HIPP Team receives correct documentation and runs the Plan Compatibility Review, the individual receives a notice with the Plan Compatibility Review results.

This notice shows if any of the plans are **comprehensive** and **cost-effective** and therefore, **eligible for KI-HIPP**.

Summary of Benefits and Coverage (SBC)

Premium Rate Sheet

HIP-XXXXXXXXX
07/2019

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
<Department for Community Based Services>

Date: 07/10/2019
Case Number: XXXXXXXX

John M Smith
123 Capitals Rd
Lexington, KY 40515

Kentucky Integrated Health Insurance Premium Payment (KI-HIPP)

Notice of Health Insurance Plan Review

Congratulations! You are now eligible to enroll in the KI-HIPP Program. Please see below for next steps to enroll in the KI-HIPP program.
Based on the information you have submitted, the Commonwealth has completed the review of your health insurance plan(s). Please see the details below:

Source of Coverage: ESI	Health Plan Name: Insurance Plan
Health Plan Policy #: XXXXXXXX	Coverage Year: 2019
Level of Coverage	Eligible for KI-HIPP?>
Employee Only	Yes
Employee plus dependent	Yes
Employee plus spouse	Yes

Please submit the document(s) below to complete your KI-HIPP enrollment:
• A Copy of your health insurance card or proof from your insurance company.

We will review your documentation. Once the verification process is complete, you will get another notice with your KI-HIPP coverage details.

You may submit the information on benefind.ky.gov, or send the information to:

KI-HIPP Address 275 East Main St., 6C-A Frankfort, KY 40621
Fax: 502-564-3232
Email: KIHIPPProgram@ky.gov

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



Please Note: By federal regulation, determination of eligibility for a Medicaid HIPP program is a qualifying life event. The determination of eligibility triggers a special enrollment period through which the eligible individual has 60 days to enroll in a qualifying ESI plan.¹

¹ Section 701(f)(3) of the Employee Retirement Income Security Act (29 U.S. Code § 1181),

KI-HIPP Example Scenarios

Below outlines a realistic KI-HIPP member scenarios, including key information from the ESI plan compatibility review.

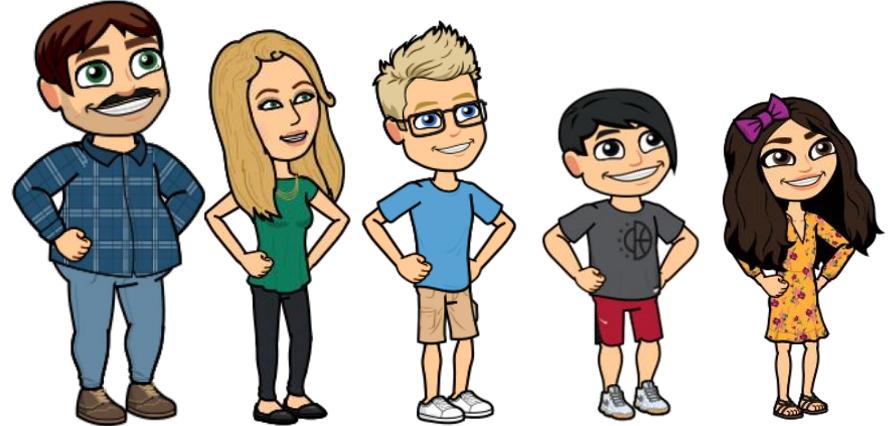
Scenario 1: Individual



Household Composition	1 Adult
Level of Coverage	Employee Only
Comprehensive?	Yes
Premium/Frequency	\$93.59/Bi-weekly
Deductible*	\$2,500
Copay	\$0

 **KI-HIPP Approved!**
Reimbursement amount: \$93.59/Bi-weekly

Scenario 2: Family



Household Composition	2 Adult, 3 children
Level of Coverage	Family
Comprehensive?	Yes
Premium/Frequency	\$142.28/Bi-weekly
Deductible*	\$6,000
Copay*	\$25

 **KI-HIPP Approved!**
Reimbursement amount: \$142.28/Bi-weekly

*The individual/family are not responsible for paying the ESI copay and deductible amount if they see in-ESI network and Medicaid providers.

KI-HIPP Members' Provider Visits

The following outlines the key responsibility for KI-HIPP members to take in order to facilitate accurate billing for provider visits.

KI-HIPP members must give providers **BOTH** their **Medicaid Card** *and* **Insurance Card** to support correct billing for any medical services received (e.g. doctor's visits, etc.).



**KI-HIPP
Members**

1 Medicaid Card



2 Insurance Card



Medical Costs Covered by KI-HIPP

The KI-HIPP program helps cover most of a member's medical costs. The providers that members choose to visit may impact the cost of services.

Costs Covered by KI-HIPP



In-Network Provider

A provider who has a contract and agreed to provide services to members within a group health insurance plan

- *And* -



Medicaid Provider

A provider who offers Medicaid services to eligible members

Costs Not Covered by KI-HIPP



Out-of-Network Provider

A provider who does not have a contract and does not provide services to members within a group health insurance plan

- *Or* -



Non-Medicaid Provider

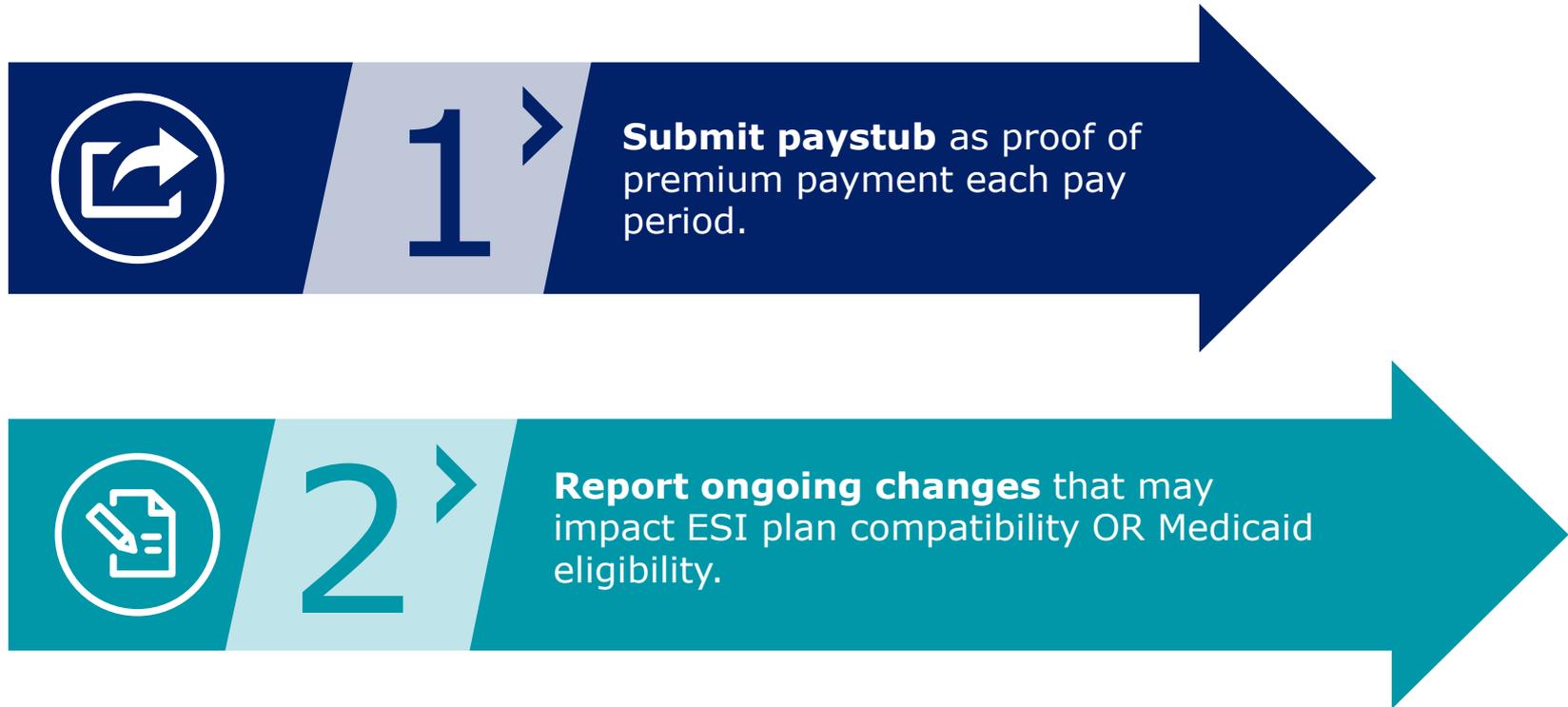
A provider who does not offer Medicaid services to eligible members



The KI-HIPP program does **NOT** cover or reimburse KI-HIPP members for out-of-pocket costs incurred if they go to a provider that is a Non-Medicaid Provider and is Out-of-Network with the employer's insurance plan.

Ongoing Member Responsibilities

Once a member is enrolled in KI-HIPP, they must complete the actions below in order to remain enrolled and receive KI-HIPP payments to help cover the cost of their premium:



Please Note: Members receive a **Notice of Renewal** 90 days before their ESI coverage ends as a reminder to report any potential changes to their plan.

Document Submission

KI-HIPP members are responsible for submitting documents to the KI-HIPP team to review.

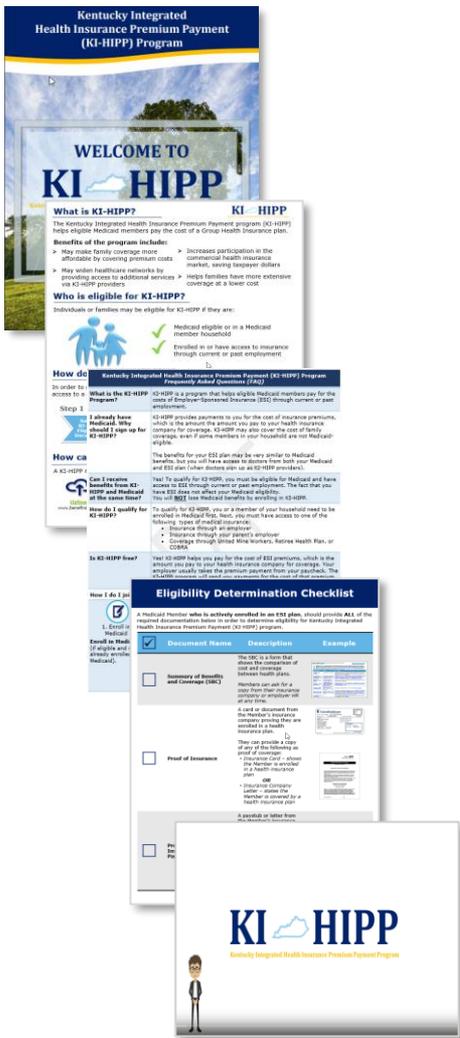
 <p><u>Upload:</u> benefind.ky.gov</p>	 <p><u>Mail:</u> 275 East Main Street, 6C-A Frankfort, KY 40621</p>	 <p><u>Email:</u> KIHIPP.Program@ ky.gov</p>	 <p><u>Fax:</u> 502-564-3232</p>
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Additional Questions?

Members can call **855-459-6328** for support!

KI-HIPP Resources on <http://bit.ly/kihipp>

The table below lists informational handouts and resources available on the KI-HIPP website.



Member Handbook

A detailed guide to the KI-HIPP program for individuals who are enrolled.

KI-HIPP 101

A one-pager that provides an overview of the KI-HIPP program and how interested individuals can apply.

Member FAQs

Frequently asked questions designed to address questions related to KI-HIPP and direct members to helpful resources.

Document Enrollment Checklist

A checklist that outlines the documents an eligible member should submit to check if their insurance plan is compatible for KI-HIPP.

Member videos

A series of brief videos that provide an overview of the KI-HIPP program and walk members through KI-HIPP eligibility, enrollment, and ongoing member responsibilities.

Questions?

THANK YOU!