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:

**SOFT LAUNCH**
- **May 6**
  - ~9,000 Medicaid members who reported access or enrollment in ESI received a KI-HIPP Program Notice

**EXPANDED OUTREACH**
- **Aug. 5**
  - ~35,000 Medicaid members who have reported full-time employment will receive a KI-HIPP Program Notice
- **Sept. 4**
  - ~38,000 additional Medicaid members who have reported full-time employment receive a KI-HIPP Program Notice
- **Nov. 4**
  - 10,000 Non-Medicaid policy holders with at least one Medicaid member in the policy will receive a KI-HIPP Program notice
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.
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:
- benefitfind
- 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**.

**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

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Coverage</th>
<th>Bi-Weekly</th>
<th>Monthly</th>
<th>Total Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Cost</strong></td>
<td><strong>SEDA Cost</strong></td>
<td><strong>Your Cost</strong></td>
<td><strong>SEDA Cost</strong></td>
<td></td>
</tr>
<tr>
<td>Kaiser HMO</td>
<td>Single - Employee Only</td>
<td>112.85</td>
<td>247.50</td>
<td>225.79</td>
</tr>
<tr>
<td></td>
<td>Family - Employee w/dependent</td>
<td>531.52</td>
<td>390.00</td>
<td>1,063.04</td>
</tr>
<tr>
<td>Western Health Advantage HMO</td>
<td>Single - Employee Only</td>
<td>107.30</td>
<td>247.50</td>
<td>214.60</td>
</tr>
<tr>
<td></td>
<td>Family - Employee w/dependent</td>
<td>518.30</td>
<td>390.00</td>
<td>1,036.60</td>
</tr>
<tr>
<td>Sutter Health Plus HMO</td>
<td>Single - Employee Only</td>
<td>99.06</td>
<td>247.50</td>
<td>196.12</td>
</tr>
<tr>
<td></td>
<td>Family - Employee w/dependent</td>
<td>496.39</td>
<td>390.00</td>
<td>992.78</td>
</tr>
<tr>
<td>Kaiser High Deductible</td>
<td>Single - Employee Only</td>
<td>34.08</td>
<td>247.50</td>
<td>68.16</td>
</tr>
<tr>
<td></td>
<td>Family - Employee w/dependent</td>
<td>330.10</td>
<td>390.00</td>
<td>660.20</td>
</tr>
<tr>
<td>Western Health High Deductible</td>
<td>Single - Employee Only</td>
<td>22.40</td>
<td>247.50</td>
<td>44.80</td>
</tr>
<tr>
<td></td>
<td>Family - Employee w/dependent</td>
<td>300.90</td>
<td>390.00</td>
<td>601.80</td>
</tr>
</tbody>
</table>
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**.

---

**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

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

### 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
**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.).
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.

**In-Network Provider**
A provider who has a contract and agreed to provide services to members within a group health insurance plan

**Medicaid Provider**
A provider who offers Medicaid services to eligible members

**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

**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:

1. **Submit paystub** as proof of premium payment each pay period.

2. **Report ongoing changes** that may impact ESI plan compatibility OR Medicaid eligibility.

**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.

Upload: benefind.ky.gov
Mail: 275 East Main Street, 6C-A Frankfort, KY 40621
Email: KIHIPP.Program@ky.gov
Fax: 502-564-3232

Additional Questions? Members can call 855-459-6328 for support!
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!