



## **Status of the Kentucky HEALTH Program Implementation:**

Based on a recent legal decision, changes to Medicaid under Kentucky HEALTH will **not** begin on July 1, 2018 as planned.

The Kentucky HEALTH team is working to identify how the court ruling affects systems integration, types of healthcare coverage, and planned communications with stakeholders.

The recent court ruling has prevented the Commonwealth from using this My Rewards program as the legal mechanism to pay for dental and vision coverages for those beneficiaries in the alternative benefit plan.

The court ruling gave the Cabinet for Health and Family Services (CHFS) a matter of hours to undo a year and a half of meticulous planning between a large number of community partners, Cabinets, and agencies.

### **What Does the Court's Ruling Change?**

The decision pauses most aspects of Kentucky HEALTH for the time being.

The court ruling forced the immediate suspension of coverage of some adult dental and vision services by preventing the use of the My Rewards program to pay for them.

In preparing to implement Kentucky HEALTH, the My Rewards account was created to allow some adult patients to access preventive dental and vision. People have been earning money into these accounts for months, expecting that they could use them to pay for these benefits. To date, people have earned more than \$8 million in My Rewards "dollars."

When the judge stopped the My Rewards program, he stopped these recipients from using the only legal mechanism for those in the alternative benefit plan to pay for the services.

While the people who are covered by the Alternative Benefits Plan will no longer have routine dental and vision coverage that would have been paid for by My Rewards program, they still have access to covered medical procedures that would not have been paid for with My Rewards dollars. See lists of service and coverage below.

The people on the Medicaid State Plan still have routine and medical dental and vision benefits with no changes.

Individuals can login to [benefind.ky.gov](http://benefind.ky.gov) to see their Medicaid Benefit Plan Type.

### **Background and Context:**

The Commonwealth thoughtfully researched other state programs and has created an innovative program that reflects the unique needs of our population.

Kentucky HEALTH is the solution that will make the Medicaid program financially sustainable and address the many fiscal challenges facing Kentucky.

It's been made clear that dental and vision benefits were dependent on the implementation of the Kentucky HEALTH waiver and that without the waiver, immediate benefit reductions would be required to compensate for the increasing costs of expanded Medicaid.

In April, the Department for Medicaid Services submitted a State Plan Amendment that would place specific Medicaid beneficiaries into an Alternative Benefit Plan.

In this health plan, the optional dental and vision benefits are available through Kentucky HEALTH's "My Rewards Account" program.

It is great that people are talking about the importance of routine vision and dental coverage.

Unfortunately, annually fewer than 10% of Medicaid beneficiaries have taken advantage of this coverage.

Kentucky HEALTH's My Rewards program is designed to increase people's use of their vision and dental coverage by providing the chance to earn credits to the My Rewards Account.

We hope that we can work together to quickly resolve the fallout from the court ruling so the My Rewards program can be reinstated, and we can provide incentives to people to take advantage of this coverage.

### **Effects of Legal Decision for Beneficiaries**

#### **1. What does this mean for me?**

As of July 1, 2018, your medical benefits will continue as they were prior to July 1, 2018 with no change. However, if you received a notice saying you could access vision and dental services through a My Rewards Account, you will not have access to dental and vision benefits. The legal decision has stopped the ability to use the My Rewards dollars in order to purchase dental and vision services.

If you need help finding out your current Medicaid Benefit Type, login to [benefind.ky.gov](http://benefind.ky.gov). For step-by-step instructions, go to [KentuckyHEALTH.ky.gov](http://KentuckyHEALTH.ky.gov) and click “How to View Benefit Type in benefind.”

**2. What do I need to do?**

You are not required to do anything at this time. If you have already paid your premium, you will get further information from your Managed Care Organization.

**3. Why isn't Kentucky HEALTH going live July 1, 2018?**

Based upon a June 29, 2018 Federal Court ruling, changes to Medicaid under Kentucky HEALTH will not begin on July 1, 2018 as planned. The Commonwealth of Kentucky has halted the Kentucky HEALTH implementation that was scheduled to start on Sunday, July 1, 2018.

**4. What does the Court's ruling change?**

The decision pauses most aspects of Kentucky HEALTH for the time being.

The court ruling forced the immediate suspension of coverage of some adult dental and vision services by preventing the use of the My Rewards program to pay for them.

In preparing to implement Kentucky HEALTH, the My Rewards account was created to allow some adult patients to access preventive dental and vision. People have been earning money into these accounts for months, expecting that they could use them to pay for these benefits. To date, people have earned more than \$8 million in My Rewards “dollars.”

When the judge stopped the My Rewards program, he stopped these recipients from using the only legal mechanism for those in the alternative benefit plan to pay for the services.

While the people who are covered by the Alternative Benefits Plan will no longer have routine dental and vision coverage that would have been paid for by My Rewards program, they still have access to covered medical procedures that would not have been paid for with My Rewards dollars. See attached for lists of services covered by My Rewards.

The people on the Medicaid State Plan still have routine and medical dental and vision benefits with no changes.

Individuals can login to [benefind.ky.gov](http://benefind.ky.gov) to see their Medicaid Benefit Plan Type to know if the legal ruling affects their routine dental and vision benefits.

**5. How is the Commonwealth notifying members of this change?**

At this time, the Commonwealth has posted a Kentucky HEALTH update on their website, [KentuckyHEALTH.ky.gov](http://KentuckyHEALTH.ky.gov). Click on [Kentucky HEALTH](#) for more information.

**6. If/when Kentucky HEALTH resumes, how will I be notified? Will it start immediately?**

If more changes to Kentucky HEALTH occur, we will notify members as soon as is possible. Your health care is our top priority.

**7. How will I know when Kentucky HEALTH gets underway/resumes?**

A legal ruling was made on June 29, 2018 to stop Kentucky HEALTH for now. The program was sent back to the Secretary of Health and Human Services and Center for Medicare and

Medicaid Services for more review. At this time, your benefits are still in managed care and may not include preventive vision and dental services. Communication will be posted on Medicaid's webpage, and your MCO's webpage, as soon as more information becomes available.

**8. How long has the implementation of Kentucky HEALTH been delayed?**

At this time, the Commonwealth is waiting for information from the Centers for Medicare and Medicaid Services. The Commonwealth and your MCO will provide you with information as soon as it becomes available.

**9. Do I still have a 80 hours per month requirement to keep my health benefits?**

Since the implementation of Kentucky HEALTH was temporarily stopped and will not start on July 1, 2018, you are not required to complete the 80- hour per month PATH Community Engagement requirement.

**10. I received a letter saying that I am “Medically Frail.” Am I still considered “Medically Frail” status?**

Yes. Any notification or designation of Medically Frail you received from the Commonwealth or your MCO is valid.

**11. Will I continue to earn My Rewards dollars for wellness exams? Can I still participate in online courses for My Rewards?**

Yes. While My Rewards benefits cannot be used to pay for services at this time, you will continue to earn dollars for qualifying activities.

**12. Can I still participate in Kentucky HEALTH?**

The Kentucky HEALTH program offers support and resources for those interested in improving their incomes and health. This ruling does not threaten the opportunities Kentucky HEALTH has already created. You can log on to [CitizenConnect.ky.gov](http://CitizenConnect.ky.gov) to take free online courses about health skills, life skills and work skills. You can also visit [KCC.ky.gov](http://KCC.ky.gov) to find a career center near you, where a coach can help you find training, education and job opportunities in your area.

## Benefits

**13. Are any of my benefits changing? Are my dental and vision benefits the same as they were?**

At this time, your **medical** benefits will continue as they are today with no change. However, if you received a notice saying you could access vision and dental services through a My Rewards Account, you will **not** have coverage for **routine** dental and routine vision benefits. The legal decision has stopped the ability to use the My Rewards dollars in order to purchase routine dental and vision services.

**14. If I have an appointment with a doctor, will my benefits be correct?**

Yes

## Premiums and Copayments

### 15. Are premium invoices sent to me valid or will new invoices be sent to me?

Please disregard any invoice received. Also, do not send in payments for an invoice you got in the mail.

### 16. Should I still pay my premium for future months?

At this time, you should not get any additional invoices. Payments are not currently being accepted for Kentucky HEALTH members.

### 17. Will I be reimbursed if I've already made my premium payment? Will you be sending me a refund?

We will have an update regarding refunds soon.

### 18. Does this mean I am not required to pay a premium for my coverage?

No premiums are due. However, copayments are required for some services. See question #21.

### 19. Do I have copayments now? If so, what does that mean?

A copayment is an amount you are required to pay as your share of the cost for a medical service like a visit to a doctor or a prescription. The requirement to make copayments was a change that was separate from Kentucky HEALTH. As of July 1, 2018, all MCOs will charge copayments for some services. See question #21.

### 20. Will Managed Care Organizations (MCOs) still be able to waive copayments (as they did before July 1, 2018)?

Copayments were approved for use at the time when the Medicaid benefits changed to Managed Care. The requirement to make copayments was a Commonwealth change that was separate from Kentucky HEALTH. All MCOs will now charge copayments. See question #21.

### 21. What benefits now require a copayment?

- Preferred and non-preferred generic drug: \$1
- Preferred brand name drug that does not have a generic equivalent: \$4
- Non-preferred brand name drug: \$4
- Chiropractor: \$3
- Dental – for members not enrolled in the Alternative Benefit Plan: \$3
- Podiatry: \$3
- Optometry – 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 physician, 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
- Outpatient hospital service: \$4

- Emergency room visit for a non-emergency service: \$8
- All 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

Exemptions may apply but are not limited to: Foster children, preventive services, pregnant women, terminally ill and hospice care, emergency services, and some family planning services.

### **Providers/Managed Care Organizations**

**22. Will my doctor know that Kentucky HEALTH did not go live July 1, 2018?**

The Commonwealth posted an “Important Update about Kentucky HEALTH” on its website, [KentuckyHEALTH.ky.gov](http://KentuckyHEALTH.ky.gov). Click on [Kentucky HEALTH](http://KentuckyHEALTH.ky.gov) for more information.

**23. Can the Kentucky HEALTH member ID card I received still be used? Is it valid if I see my doctor or go to a pharmacy after July 1, 2018?**

Yes. You can use the Kentucky HEALTH ID card.

**24. When I receive a new member handbook from my MCO?**

You will receive a member handbook that explains your benefits as soon as possible.

**25. Does this ruling have the potential to adversely affect Kentucky Medicaid in general?**

Not at this time.

**26. Will Kentucky Health-Net display the correct information now that Kentucky HEALTH is not starting on July 1, 2018?**

Yes

**27. Can I submit clinical attestations for “Medically Frail”?**

Yes. Please follow the established process.

#### **For more information:**

Resources and FAQs about the Kentucky HEALTH program:

<https://kentuckyhealth.ky.gov/resource/Pages/Citizens.aspx>

Contact Information for Managed Care Organizations (MCOs):

- Aetna: 855-300-5528
- Anthem: 855-690-7784
- Humana-CareSource: 855-852-7005
- Passport: 800- 578-0603
- WellCare: 877-389-9457

**From Kentucky HEALTH's website:**

**You may have heard that a judge stopped the changes that were planned for some Medicaid members in Kentucky HEALTH.**

- These changes were planned to happen on July 1st.
- Based on the legal decision, changes to Medicaid under Kentucky HEALTH will not begin on July 1 as planned.

**What does this mean for you?**

- At this time, your medical benefits will continue as they are today with no change.
- If you got a notice saying you could access vision and dental services through a My Rewards Account, as of July 1st, you will not have access to dental and vision benefits.
- The legal decision has stopped the ability to use the My Rewards dollars in order to purchase dental and vision services.

**What do you need to do?**

- You do not need to do anything at this time.
- You and your eligible family members can continue to access medically necessary and preventive healthcare services.

**What if you already paid your premium to your MCO?**

- If you have already paid your premium, you will get more information from your Managed Care Organization soon.
- The Department for Medicaid Services will work with MCOs beginning Monday to determine how quickly refunds can be made.

**Where can you get updated information?**

FAQs and resources are continuously being updated information at [www.KentuckyHEALTH.ky.gov](http://www.KentuckyHEALTH.ky.gov).



# Who is affected by the Kentucky HEALTH legal decision?



Based on a recent legal decision, changes to Medicaid under Kentucky HEALTH did not begin on July 1, 2018 as planned. It is an unfortunate consequence that the judge's ruling has stopped the Commonwealth from paying for the optional dental and vision benefits for some beneficiaries.

## How do I find out what benefits are covered?

Look up your Benefit Type

OR

Use the Eligibility Finder

Find out what your benefit plan covers using your **benefit type**. Go to [benefind.ky.gov](http://benefind.ky.gov) to look up your benefit type. See next page for step-by-step guide to look up your benefit type.

Use the Eligibility Finder at [KentuckyHEALTH.ky.gov](http://KentuckyHEALTH.ky.gov) to find your likely eligibility group.

Then use this table to see what changes affect your benefit type or eligibility group:

If your benefit type says:	If your eligibility group is:	Coverage changes as of July 1, 2018	Cost Sharing: Premiums	PATH Community Engagement
State Benefit Plan	<ul style="list-style-type: none"> <li>Children</li> <li>Pregnant women</li> <li>Former foster youth (up to age 26)</li> <li>Medically Frail Adult</li> </ul>	No changes	N/A	N/A
	<ul style="list-style-type: none"> <li>Income-Eligible Parents/Guardians</li> </ul>	No changes	Not required at this time. If you already paid, there will be an update regarding refunds soon.	Not required at this time.
Alternative Benefit Plan	<ul style="list-style-type: none"> <li>Income-Eligible Adults</li> </ul>	Routine vision and dental services that would have been paid for by My Rewards program will no longer be covered.	Not required at this time. If you already paid, there will be an update regarding refunds soon.	Not required at this time, but this ruling does not threaten the opportunities Kentucky HEALTH has already created. For resources, visit: <a href="http://CitizenConnect.ky.gov">CitizenConnect.ky.gov</a> and <a href="http://KCC.ky.gov">KCC.ky.gov</a> .

# How to view your Benefit Plan Type in benefind

Individuals may use benefind to view a summary of benefits, details on Managed Care Organization (MCO) Enrollment, and view the **Benefit Type** on the Notice of Eligibility.

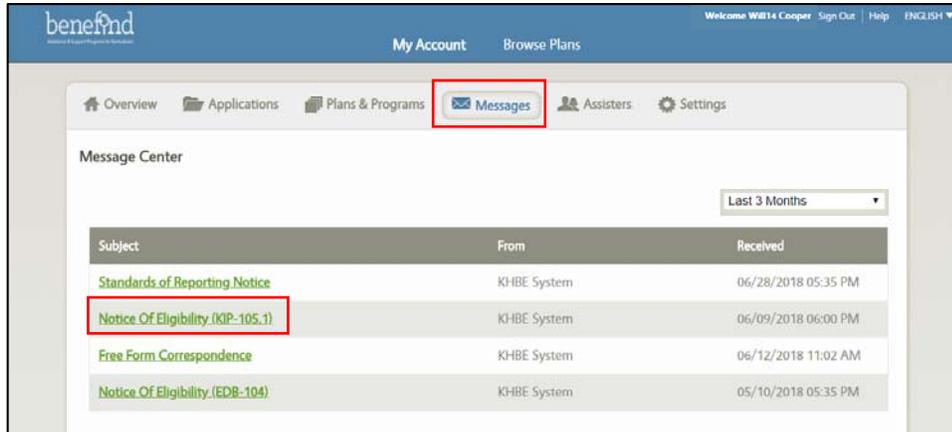
1. Navigate to [MyKentucky.gov](http://MyKentucky.gov).
2. If the individual has a Kentucky Online Gateway (KOG) account created, click **Login** on the MyKentucky.gov landing page. The **Kentucky Online Gateway** page displays.

Note: If the individual does not have KOG account created, click **Sign Up** and complete the KOG registration process.

3. Enter the **username** and **password**.
4. Click **Log In**.
5. From the **My Apps** tab, Click **Launch** on the benefind App. The **Overview** tab on the benefind dashboard displays.
6. From the top navigation bar, click **Messages**.

The **Messages** tab contains important correspondences, such as the Notice of Eligibility (KIP-105.1). Individuals may view their Medicaid Plan Type in the Notice of Eligibility.

7. Click the **Notice of Eligibility**.



8. On the **Notice of Eligibility**, locate the **Benefit Type**.

<b>NEW SECTION: Kentucky HEALTH Summary</b>		
<b>Name</b>	<b>Benefit Type</b>	<b>Plan Type Effective Date</b>

The Kentucky HEALTH Summary section in the **Benefit Type** box shows the type of medical benefits individuals receive:

- **Alternative Benefit Plan:** Non-medical dental and vision services are not covered.
- **State Plan:** Medicaid benefits **DO NOT** change. Dental and vision services will still be covered by the health plan, and transportation costs will be paid by the Commonwealth.

# Check out these additional resources for more information



Do you have more questions about how these changes affect you? The organizations and resources below are available to help answer your questions.

- For resources related to Kentucky HEALTH and updates based on the legal ruling, visit [KentuckyHEALTH.ky.gov](https://KentuckyHEALTH.ky.gov)
- Follow Kentucky HEALTH on [Facebook](#) and [Twitter](#) @KentuckyHEALTH1 for additional updates
- For more information about your eligibility and benefits, contact your Managed Care Organization (MCO)

## *MCO Contact Information:*

The Aetna logo, consisting of the word "aetna" in a blue, lowercase, sans-serif font with a small "SM" trademark symbol to the right.	1-855-300-5528
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The Anthem BlueCross logo, featuring the word "Anthem" in blue, a blue cross icon with a white circle inside, and the word "BlueCross" in a smaller blue font below.	1-855-690-7784
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The Humana logo, with the word "Humana" in a green, lowercase, sans-serif font.	1-855-852-7005
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The Passport Foundation logo, with the words "PASSPORT FOUNDATION" in a blue, uppercase, sans-serif font and a green circular icon to the right.	1-800-578-0603
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The WellCare logo, with the word "WellCare" in a blue, lowercase, sans-serif font and a blue wave-like icon to the left.	1-877-389-9457
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**Codes for Dental Services that are NOT covered due to the  
Court Decision of June 29<sup>th</sup>, 2018 for Adults on the  
Alternative Benefit Plan**

<b>CODE</b>	<b>Description</b>	<b>Fee Schedule</b>
<b>D0140</b>	Limit oral eval problm focus	\$ 41.25
<b>D0150</b>	Comprehensive Oral Evaluation	\$ 32.50
<b>D0210</b>	Intraoral Complete Series	\$ 61.25
<b>D0220</b>	Intraoral - Peripical - First Film	\$ 10.00
<b>D0230</b>	Intraoral - Peripical - Each Additional	\$ 7.50
<b>D0270</b>	Bitewing - Single film	\$ 8.75
<b>D0272</b>	Bitewing - Two Films	\$ 17.50
<b>D0274</b>	Bitewing - Four Films	\$ 28.75
<b>D0330</b>	Panoramic Film	\$ 48.75
<b>D0340</b>	Cephalometric Film	\$ 58.75
<b>D1110</b>	Dental Prophylaxis Adult	\$ 46.25
<b>D1354</b>	Interim Caries Med App - Silver Diamine Floride	\$ 25.00
<b>D2140</b>	Amalgam-one surface, primary or permanent	\$ 38.00
<b>D2150</b>	Amalgam-two surfaces, primary or permanent	\$ 50.00
<b>D2160</b>	Amalgam-three surfaces, primary or permanent	\$ 59.00
<b>D2161</b>	Amalgam-four/more surfaces, primary or permanent	\$ 72.00
<b>D2330</b>	Resin-one surface, anterior	\$ 44.00
<b>D2331</b>	Resin-two surfaces, anterior	\$ 55.00
<b>D2332</b>	Resin-three surfaces, anterior	\$ 66.00
<b>D2335</b>	Resin-four/more surfaces, anterior	\$ 78.00
<b>D2391</b>	Resin-one surface, posterior	\$ 44.00
<b>D2392</b>	Resin-two surfaces, posterior	\$ 55.00
<b>D2393</b>	Resin-three surfaces, posterior	\$ 66.00
<b>D2394</b>	Resin four or more surfaces, posterior	\$ 78.00
<b>D2951</b>	Pin retention-per tooth, in add. To restor13	\$ 13.00
<b>D3410</b>	Apicoectomy-anterior	\$ 155.00
<b>D3421</b>	Apicoectomy-biscuspid first root	\$ 155.00
<b>D3425</b>	Apicoectomy-molar first root	\$ 155.00
<b>D3426</b>	Apicoectomy-per tooth each addit root	\$ 197.00
<b>D4210</b>	Gingivectomy/gingivoplasty-four or more teeth per quadrant	\$ 259.00
<b>D4211</b>	Gingivectomy/gingivoplasty-one to three teeth per quadrant	\$ 104.00
<b>D4341</b>	Periodontal scaling and root planing-per quadrant	\$ 78.00
<b>D7111</b>	Coronal remnants deciduous tooth	\$ 38.00
<b>D7140</b>	Extraction erupted tooth/exr	\$ 38.00
<b>D7210</b>	Rem imp tooth w mucoper flp	\$ 72.00
<b>D7220</b>	Impact tooth remov soft tiss	\$ 98.00
<b>D7230</b>	Impact tooth remov part bony	\$ 138.00
<b>D7240</b>	Impact tooth remov comp bony	\$ 166.00
<b>D7241</b>	Impact tooth rem bony w/comp	\$ 171.00
<b>D7250</b>	Tooth root removal	\$ 83.00
<b>D7510</b>	I&d absc intraoral soft tiss	\$ 52.00

<b>D9110</b>	Tx dental pain minor proc	\$ 21.00
<b>D9222*</b>	General anesthesia first 15m	\$ 75.00
<b>D9223*</b>	General anesthesia each 15m	\$ 75.00
<b>D9243*</b>	Iv sedation each 15m	\$ 79.30

\*These codes will be included as payable on the MCO side as well in case they are used in conjunction with a medical dental procedure.

**Codes for Vision Services that are NOT covered due to Court Decision of June 29<sup>th</sup>, 2018 for Adults on the Alternative Benefit Plan when Paired with Routine ICD-10 Codes Below**

<b>CODE</b>	<b>Description</b>	<b>Fee Schedule</b>
<b>92002</b>	Eye Exam New Patient	\$ 51.67
<b>92004</b>	Eye Exam New Patient	\$ 94.51
<b>92012</b>	Eye Exam Established Patient	\$ 46.92
<b>92014</b>	Eye Exam & TX Established Patient	\$ 69.80
<b>92015</b>	Refraction	\$ 20.22

<b>ICD-10 CODE</b>	<b>Description</b>
<b>Z97.3</b>	Presence of spectacles and contact Lenses
<b>Z01.00</b>	Encounter for examination of eyes and vision without abnormal findings
<b>Z01.01</b>	Encounter for examination of eyes and vision with abnormal findings
<b>H52.01</b>	Hypermetropia, Right eye
<b>H52.02</b>	Hypermetropia, left eye
<b>H52.03</b>	Hypermetropia, bilateral
<b>H52.11</b>	Myopia, right eye
<b>H52.12</b>	Myopia, left eye
<b>H52.13</b>	Myopia, bilateral
<b>H52.201</b>	Unspecified Astigmatism, right eye
<b>H52.202</b>	Unspecified Astigmatism, left eye
<b>H52.203</b>	Unspecified Astigmatism, bilateral
<b>H52.211</b>	Irregular astigmatism, right eye
<b>H52.212</b>	Irregular astigmatism, left eye
<b>H52.213</b>	Irregular astigmatism, bilateral eye
<b>H52.221</b>	Regular astigmatism, right eye
<b>H52.222</b>	Regular astigmatism, left eye
<b>H52.223</b>	Regular astigmatism, bilateral
<b>H52.31</b>	Anisometropia
<b>H52.32</b>	Aniseikonia
<b>H52.4</b>	Presbyopia
<b>H52.6</b>	Other disorders of refraction
<b>H52.7</b>	Unspecified disorder of refraction