

Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program Frequently Asked Questions (FAQ)

<p>What is the KI-HIPP Program?</p>	<p>KI-HIPP is a Medicaid program that helps eligible members pay for the cost of employer-sponsored insurance (ESI) through current or past employment.</p>
<p>I already have Medicaid. Why should I sign up for KI-HIPP?</p>	<p>KI-HIPP provides payments to you for the cost of insurance premiums, which is the amount you pay to your health insurance company for coverage. KI-HIPP may also cover the cost of family coverage, even if some members in your household are not Medicaid-eligible.</p> <p>The benefits for your ESI plan may be very similar to Medicaid benefits, but KI-HIPP may widen your healthcare network by providing access to providers through Medicaid and your employer’s insurance.* In addition, the KI-HIPP program offers the following benefits to members who enroll:</p> <ul style="list-style-type: none"> • May help make your employer insurance affordable by reimbursing you for the monthly premium • May allow an entire family to be on the same insurance plan and access the same provider network <p><i>*It is highly encouraged to visit a provider that accepts Medicaid and is in your ESI network. If you visit an ESI doctor that does not accept Medicaid, you may have out-of-pocket costs that are not reimbursable.</i></p>
<p>Can I receive benefits from KI-HIPP and Medicaid at the same time?</p>	<p>Yes! To qualify for KI-HIPP, you must be eligible for Medicaid and have access to ESI through current or past employment. The fact that you have ESI does not affect your Medicaid eligibility.</p> <p>You will NOT lose eligible Medicaid benefits by enrolling in KI-HIPP.</p>
<p>How do I qualify for KI-HIPP?</p>	<p>To qualify for KI-HIPP, you or a member of your household need to be enrolled in Medicaid first. Next, you must have access to one of the following types of medical insurance:</p> <ul style="list-style-type: none"> • Insurance through an employer • Insurance through your parent’s employer • Coverage through United Mine Workers, Retiree Health Plan, or COBRA
<p>Is KI-HIPP Voluntary?</p>	<p>Yes! The KI-HIPP program is a voluntary Medicaid program. You are not currently required to enroll.</p> <p>Please note, however, when the Kentucky HEALTH program goes live that KI-HIPP is mandatory for 1) Medicaid members who have access to an eligible ESI plan and 2) have been employed at the same job for at least 12 months. This mandate would go into effect 12 months after the implementation date of Kentucky HEALTH.</p>
<p>Is KI-HIPP free?</p>	<p>Yes! KI-HIPP helps you pay for the cost of your share of the insurance premiums. Your employer usually takes the premium payment from your paycheck and the KI-HIPP program will send you payments for the cost of that premium.</p>

What is the KI-HIPP enrollment process?

Follow the process below to enroll in KI-HIPP:



1. Enroll in Medicaid

The individual or a household member must first be **enrolled in Medicaid** (if eligible and not already enrolled in Medicaid).



2. Submit Documents

Submit the following insurance documents gathered from your employer or insurer:

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



3. Enroll in Insurance Plan

After receiving an eligibility notice, the individual must:

- **Enroll in the eligible ESI plan** (if not already enrolled)
- **Send a copy of the insurance card**



4. Receive Payment

To complete enrollment to receive payments, a member must **submit copies of the following documents**:

- Insurance Card
- Paystub

What documents do I need to submit for the KI-HIPP Program?

To check if your available ESI plan(s) is eligible for KI-HIPP, you must submit these documents:

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

Please Note: You can ask for a copy of these documents from your employer at any time.

How do I submit documents to KI-HIPP?

You may submit documents the following ways:

- via (kynect.ky.gov)
- Email: kihipp.program@ky.gov
- Fax: 502-564-3232
- Mail: CHFS KI-HIPP, 275 E. Main St., 6C-A, Frankfort, KY 40621

What do I need to do once I have signed up for KI-HIPP?

To get your KI-HIPP payments, you need to send a copy of your paystub as proof of payment each time you pay for your premium.*

- You must send a paystub that shows the premium was taken out of your paycheck to pay for your insurance.
- You must **send a copy of your paystub each pay period** in one of the ways described above.

**If you have ESI, the premium payment may be automatically taken out of your paycheck to pay for your insurance.*

Will KI-HIPP pay for the costs of a family plan?

Your plan may qualify for KI-HIPP to pay for the cost of a family health insurance plan.

- Submit the required documents to the KI-HIPP team to check if your family plan is eligible for KI-HIPP.

	<ul style="list-style-type: none"> • This type of plan would give health insurance for the entire family, including family members who are not eligible for Medicaid. • For family members not eligible for Medicaid, the non-Medicaid member would receive ESI coverage for services but would not be eligible for Medicaid reimbursement for Medicaid covered out-of-pocket expenses.
I was approved for KI-HIPP. When will my KI-HIPP benefits start?	Your KI-HIPP benefits will start the first day of the month after you are approved. For example, if you are approved on May 25, then you would start receiving KI-HIPP benefits on June 1.
What do I need to do to stay in KI-HIPP?	To remain enrolled in KI-HIPP and continue receiving KI-HIPP payments, you must meet these requirements: <ul style="list-style-type: none"> • Pay your health insurance premium • Submit your paystub each time the insurance premium is taken out of your paycheck • Remain enrolled in your ESI plan • Remain enrolled in Medicaid
Can I set up direct deposit for KI-HIPP premium payments?	Starting on August 2, 2019, you will have the option to set up direct deposit to get your KI-HIPP payments. You will be able to download a direct deposit form available on benefind.ky.gov or on the KI-HIPP website. Submit the form through the methods described earlier (benefind, email, fax, or mail).
I received a notice saying I am disenrolled from my MCO. What does this mean?	<p>Once you are fully enrolled in the KI-HIPP program, you will be transitioned from your Managed Care Organization (MCO) to traditional Medicaid to allow for payments of your premium to occur. You are still enrolled in traditional Medicaid and will receive all of the benefits of Medicaid.</p> <p>If you have questions about a notice or document, you may call the KI-HIPP Call Center: 855-459-6328 or email questions to the KI-HIPP Team: kihipp.program@ky.gov</p>
How long does it take to receive reimbursements?	<p>Once you have submitted your paystub, it may take up to 7 – 10 business days to receive your KI-HIPP reimbursement.</p> <p><i>*You do not receive reimbursement for the initial paystub used to enroll. You begin receiving reimbursements from your submitted paystubs the month after you have been approved.</i></p>
Are there fees for the KI-HIPP Program?	<p>No - There is not a fee to be enrolled in KI-HIPP. Once a member joins KI-HIPP, the program will pay you for your share of your insurance premium payment if you follow the provide the required documents.</p> <p>Please note that if your plan covers elective abortion, one dollar (\$1) will be taken out of the first reimbursement you receive each month. If you send plan documents that verify elective abortion is not covered, you will receive the full premium reimbursement every time.</p>

<p>What are the out-of-pocket (OOP) costs for KI-HIPP? Do I receive payments for out-of-pocket costs?</p>	<p>If the KI-HIPP member sees a Medicaid doctor, you will have the same out-of-pocket costs as any Medicaid beneficiary, such as a Medicaid copay for certain non-preventative services.</p> <p>You may have out-of-pocket costs if you visit a non-Medicaid doctor or refill a prescription at clinic that does not accept Medicaid.</p> <ul style="list-style-type: none"> • The KI-HIPP program does not cover out-of-pocket costs (deductibles, co-pays, coinsurance) for those services and you will be responsible for paying those costs. • You will not receive KI-HIPP reimbursement payments for these additional costs when visiting a doctor or clinic that does not accept Medicaid. <p>Please Note: In Kentucky, more than 90% of doctors accept Medicaid. To avoid out-of-pocket costs, you are encouraged to visit one of the 90% of doctors that accept Medicaid. Always present your Medicaid card and insurance card to check.</p>
<p>What happens if I go to a non-Medicaid doctor or clinic?</p>	<p>If you go to a doctor or clinic that does not accept Medicaid, you may have out-of-pocket costs that are not paid by Medicaid. The KI-HIPP program does not cover out-of-pocket costs for these non-covered costs and this means you will be responsible for these costs.</p> <p>To make sure that your healthcare charges are billed correctly, you must provide your Medicaid card and insurance card when you visit a doctor or fill a prescription.</p>
<p>What should do I if I receive a bill from my provider?</p>	<p>If you went to a doctor or clinic that accepts Medicaid, contact the KI-HIPP team by phone or email to receive help with this billing issue.</p> <p>If you go to a doctor or clinic that does not accept Medicaid, the bill may be the result of out-of-pocket costs that are not paid by Medicaid.</p>
<p>Do paystubs that I submit for KI-HIPP count towards other Medicaid program requirements?</p>	<p>No – documents submitted to the KI-HIPP program only apply to the KI-HIPP program. There are no changes to the current document submission process for KI-HIPP members that are enrolled in other programs.</p>
<p>If the business I work for is out of state, but I am a Kentucky resident, do I qualify for KI-HIPP?</p>	<p>If you are a Kentucky resident and your employer is out of state (e.g., Indiana), you may be eligible for KI-HIPP if your employer offers a health insurance plan.</p>
<p>I received a notice that more than one plan offered to me qualifies for KI-HIPP. Which plan do I choose?</p>	<p>You may enroll in any the plans or level of coverages listed on the notice. You may enroll in any of the plans or level of coverages marked as “Yes” under “Eligible for KI-HIPP” listed on the notice in order to receive the full KI-HIPP payment for your share of the premium. You are not encouraged to enroll in a plan or level of coverage that is marked “No” for “Eligible for KI-HIPP” as you will not receive a KI-HIPP payment.</p>

	<p>Once you enroll in your ESI plan, you are responsible for submitting your health insurance card and a paystub. Once these documents are approved, you start receiving KI-HIPP benefits the start of the next month.</p> <p><i>*You do not receive reimbursement for the initial paystub used to enroll. You begin receiving reimbursements from your submitted paystubs the month after you have been approved.</i></p>
<p>What is the appeal process if I have a doctor deny my coverage or receive a surprise bill?</p>	<p>Since KI-HIPP is a Medicaid program, members should follow the established appeals process. This process may be found on page 27 of the Medicaid Member Handbook: https://chfs.ky.gov/agencies/dms/Documents/Howtorequestahearing.pdf</p> <p>Appeals related to your ESI program are handled through your ESI policy guidelines.</p>
<p>Where can I go for more information about KI-HIPP?</p>	<p>KI-HIPP has a website with informational materials. Go to https://bit.ly/kihipp to learn more about the program!</p> <p>If you have questions about a notice or document, you may call the KI-HIPP Call Center: 855-459-6328 or email questions to the KI-HIPP Team: kihipp.program@ky.gov</p>