



CABINET FOR HEALTH
AND FAMILY SERVICES

Public Health Emergency Unwinding Monthly Stakeholder Meeting

October 19, 2023

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Senior Deputy Commissioner
Department for Medicaid Services

Public Health Emergency (PHE)

The Secretary for the Department of Health and Human Services declared a PHE on January 31, 2020, due to COVID-19, that ended on May 11, 2023



The PHE allowed states several flexibilities by:

- Triggering a variety of federal emergency powers
- Temporarily waiving certain Medicaid and Children's Health Insurance Program (CHIP) requirements
- Permitting continuous coverage with 6.2% enhanced Federal Medical Assistance Percentage (FMAP)



PHE flexibilities ended on May 11, 2023



The Consolidated Appropriations Act 2023 separated continuous coverage from the PHE effective **March 31, 2023** and phases out the enhanced FMAP through December 31, 2023

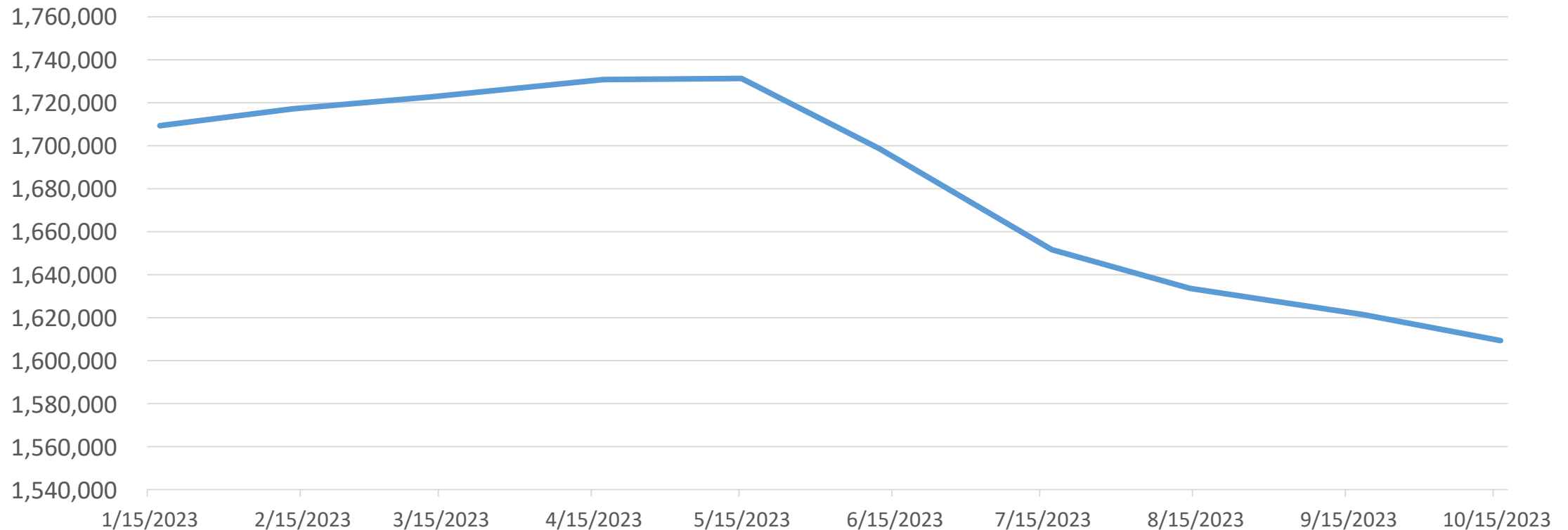


Upon PHE expiration

- ✓ End PHE flexibilities
- ✓ Resume temporarily waived requirements and conditions
- ✓ Permanently integrate specific flexibilities into state plan or waivers

Medicaid Enrollment during PHE

Medicaid Enrollment: January 2023 through October 2023



August 1st – 31st Renewal Data

Initial Count of Beneficiaries due for Renewal: 54,344

CMS Unwinding Monthly Report:

<div>28,296</div> <div>Medicaid</div> <div>Approvals</div>	<div>18,662</div> <div>Medicaid</div> <div>Terminations</div>	<div>7,386</div> <div>Individuals</div> <div>Pending</div>
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September 1st – September 30th Renewal Data

Initial Count of Beneficiaries due for Renewal: 150,985

CMS Unwinding Monthly Report:

80,417 Medicaid Approvals	16,468 Medicaid Terminations	54,100 Individuals Pending
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September Demographic Data

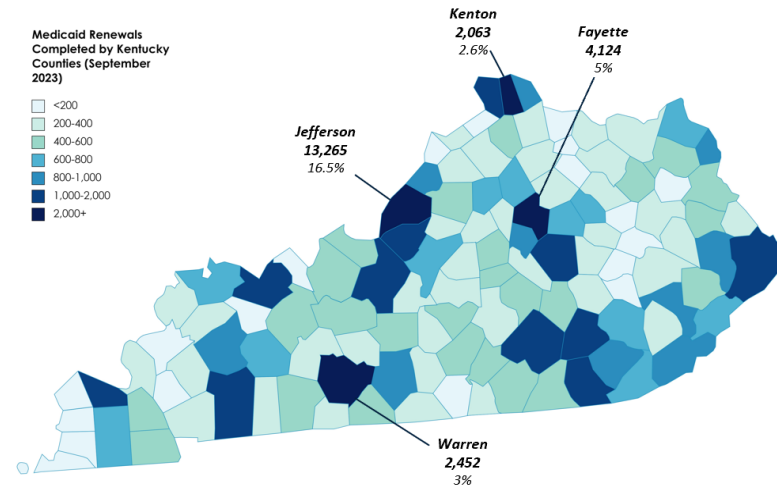
September 2023 Kentucky Renewals		
Race	Approved	Terminated
White	61,298	12,469
Black or African American	9,466	2,005
Unknown	5,882	1,052
Mixed	2,488	448
Asian	1,123	459
American Indian or Alaskan Native	79	17
Native Hawaiian or Other Pacific Islander	81	18
Total	80,417	16,468

September 2023 Kentucky Renewals		
Ethnicity	Approved	Terminated
Hispanic/Latino	4,813	829
Not Hispanic/Latino	71,452	14,795
Not Available	4,152	844
Total	80,417	16,468

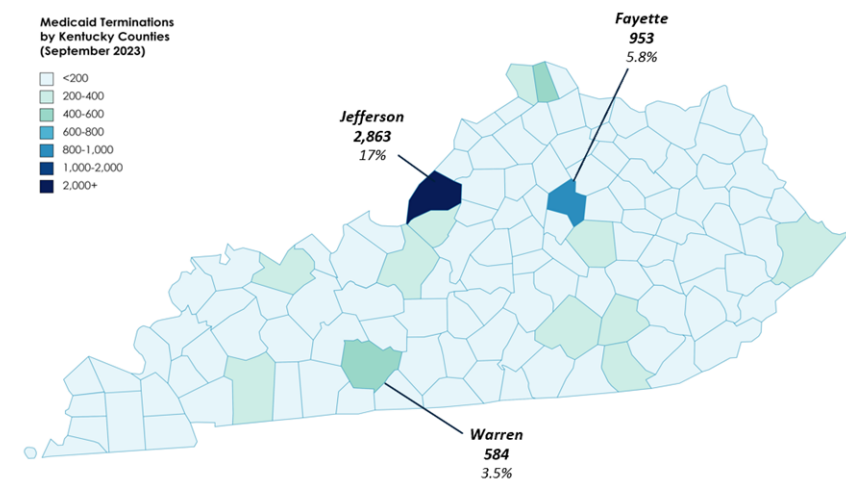
September 2023 Kentucky Renewals		
Age Group	Approved	Terminated
0-6	12,727	1,405
7-18	23,649	2,885
19-25	7,604	2,867
26-50	22,806	6,995
51-64	7,437	1,659
65+*	6,194	657
Total	80,417	16,468

September 2023 Kentucky Renewals		
Gender	Approved	Terminated
Female	43,469	9,643
Male	36,948	6,825
Total	80,417	16,468

September 2023 Kentucky Approvals



September 2023 Kentucky Terminations



Medicaid Reinstatements

Individuals procedurally terminated on their renewal due date are given 90 days to respond and provide requested information. If they are determined eligible, coverage is **reinstated** back to their termination date.

May Renewals	5,618 reinstatements as of 9/01/23
Jun Renewals	5,875 reinstatements as of 9/29/23
Jul Renewals	3,995 reinstatements as of 10/12/23
Aug Renewals	2,839 reinstatements as of 10/15/23
Sep Renewals	1,767 reinstatements as of 10/13/23

Current Outreach Priorities

Encourage members to respond to notices, even if they believe they are no longer eligible

When members are procedurally terminated, if they provide information within 90 days they can be reinstated

Implementing State Strategies to improve renewal processing and avoid procedural terminations

Unwinding Flexibilities Implemented

This is not a full list of all flexibilities. Please reference the [KY PHE Flexibility Tracker](#) for full information.

Implemented For PHE Unwinding

- 2 Month extension for individuals receiving long-term care and waiver services
- Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an ex parte basis
- Renew Medicaid eligibility for individuals with stable sources of income or assets, waiving asset verification processes
- Renew Medicaid eligibility without regard to the asset test for non-MAGI beneficiaries
- Suspend the requirement to apply for other benefits under 42 CFR 435.608
- Suspend the requirement to cooperate with the agency in establishing the identity of a child's parents and in obtaining medical support
- Permit managed care plans to aid enrollees in completing and submitting Medicaid renewal forms
- Establish 90-Day Reconsideration Period for individuals who were disenrolled based on a procedural reason and are subsequently redetermined eligible
- Extend all populations for one month to allow for additional outreach to those who have not responded to notices

NOTE: HCBS Appendix K flexibilities are covered in a separate stakeholder meetings and recordings of those meetings are available on the KY PHE website

Reinstatement Information for Members

Help us get the message out to members!

If you lose Medicaid, you have 90 days after your termination to get coverage reinstated. This flier shows the easy steps how!

It will soon be available on the website in English and in Spanish!

How to Reinstate Your Medicaid

Beginning in April 2023, Kentucky Medicaid went back to doing annual renewals for Medicaid eligibility.

Did your Medicaid coverage get terminated?
You may be able to get it back with a few easy steps!

But... You need to act within 90 days of your termination to get coverage reinstated!

Your kynect dashboard will have information about any notices you may have received explaining the steps you need to take to get your coverage back!

Here is what you need to do!

1. Log into kynect.ky.gov – if you don't have a kynect account, you can set one up by following the steps in this [video](#)!
2. Navigate to your Message Center to view your notices.
3. Read the notices you received to know what you need to do.
4. You may need to complete a pre-populated renewal application, upload documents, or report a change to your application.
5. Once everything is updated and completed, you can proceed to sign and submit.
6. If you are having trouble or can't set up a kynect account, you can call (844)-4kynect or go into a DCBS office for help. [Find a DCBS Office](#) or [find a kynector](#).

If your situation has changed and you are no longer eligible for Medicaid, there are other options available to you. Agents and kynectors can help you select and enroll in a Qualified Health Plans (QHPs) with payment assistance.

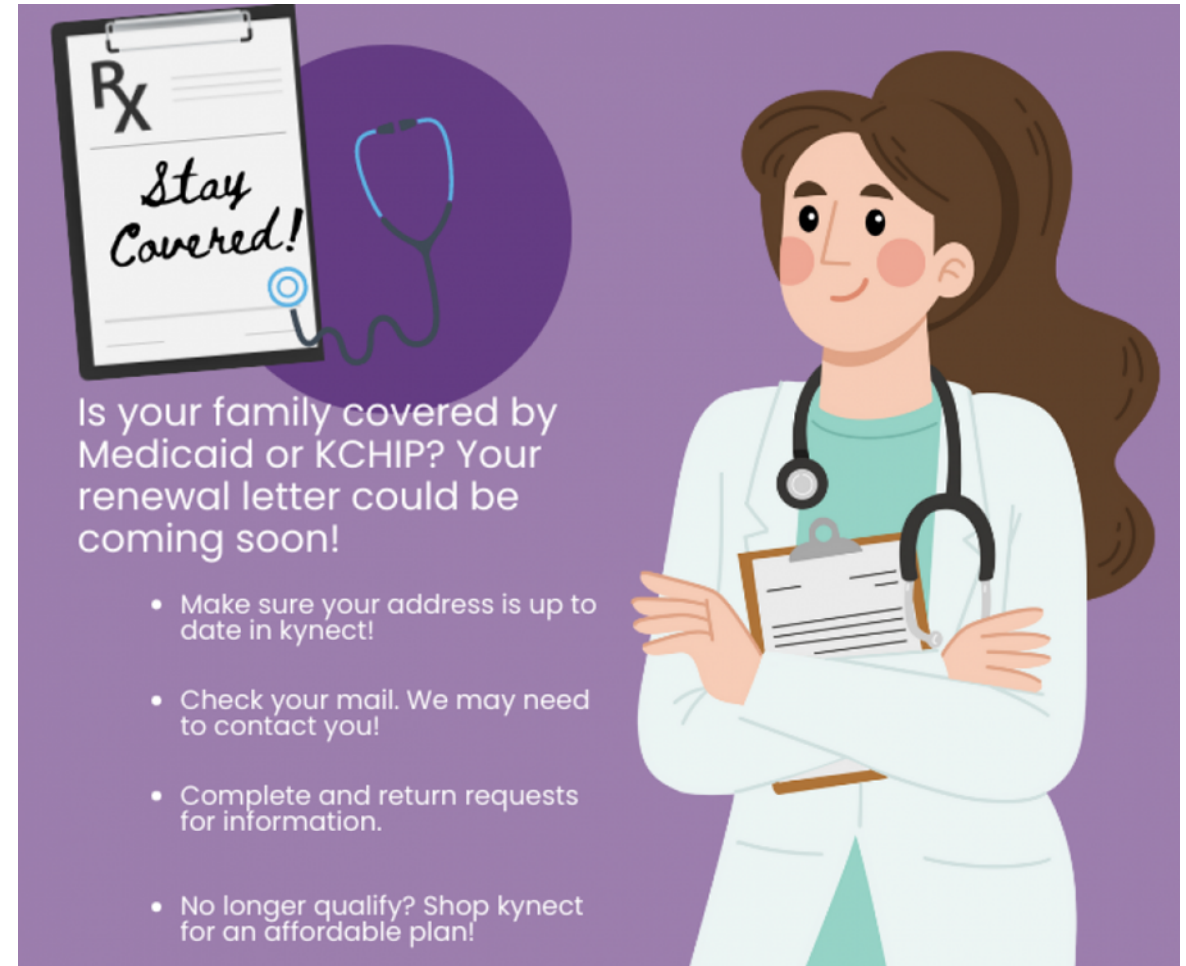
Visit <https://medicaidunwinding.ky.gov> to learn more!

Fliers and Materials for Offices

Help us get the message out to patients and clients!

Informational [fliers](#) available on PHE website to be printed and shared in provider offices, at community businesses, and handed out to clients!

It is also available in [Spanish](#)!



Providers Supporting Patients Through Renewals

Waiver Participant & Provider Information

- [1915\(c\) HCBS COVID-19 and Appendix K FAQ](#)
- Kentucky Level of Care System (KLOCS) Report
 - Nursing facilities and intermediate care facility providers can access the Medicaid Renewal Report in [KLOCS](#).
 - See [the KLOCS Provider Medicaid Renewal Report Quick Reference Guide](#) to learn how to access a report of Medicaid Eligible Individuals who are due for renewal.

<https://www.chfs.ky.gov/agencies/dms/dca/Documents/COVIDAppendixKCombinedFAQ.pdf>

PROVIDER INFORMATION AND RESOURCES

Kentucky Level of Care System

What It Is

The Kentucky Level of Care System (KLOCS) electronic system streamlines and automates the current level-of-care paper process. KLOCS generates user tasks and notifications to enable all stakeholders to interact electronically in level-of-care application, review and approval processes.

Starting Aug. 3, 2020, all nursing facility providers, institutionalized hospice service providers and ICF/IID providers are required to use KLOCS. **Please Note:** KLOCS does not impact ancillary services. Those processes remain the same.

The following changes take effect Aug. 3, 2020:

- Applications will be submitted and tracked using an online self-service portal.
- Level-of-care requests and discharges will be initiated electronically. This process automatically routes requests to the appropriate KLOCS personnel for review and completion of determinations.
- Providers will receive automatic task notifications and reminders to submit requested information

Documentation

Providers/Facilities

- KLOCS Telehealth Frequently Asked Questions [📄](#)
- KLOCS Provider Telehealth Quick Reference Guide [📄](#)
- KLOCS Backdating and Correcting LOCs [📄](#)
- KLOCS Provider Webinar Part 1 presentation [📄](#)
- KLOCS Provider Part 2 presentation [📄](#)
- NF Hospice ICF Guide [📄](#)
- KLOCS Part 1 Provider Webinar recording [📄](#)
- KLOCS Part 2 Provider Webinar recording [📄](#)
- Part One Provider Webinar FAQs [📄](#)
- KLOCS Common Scenarios and Quick Reference Guide [📄](#)
- KLOCS Medicaid Renewal Report QRG [📄](#)

Renewals: How patients respond to a notice

Completing and Returning Forms

- Fill in all requested information
- Return by fax to 502-573-2005 or 502-573-2007
- Return by mail to P.O. Box 2104, Frankfort, KY 40602

Self-Service Portal

- Log in to kynect at <https://kynect.ky.gov/benefits>
- Click on **Review Benefits** or **upload requested information in RFI**

Call kynect or DCBS

- Call kynect (1-855-459-6328) Mon-Fri 8:00 am to 7:00 pm ET
- Call DCBS (1-855-306-8959) Mon-Fri 8:00 am to 4:30 pm ET and Saturdays from 9:00 am to 12:00 pm ET

Visit a kynector, insurance agent or DCBS office

- Find a kynector or agent office* and visit Mon-Fri 8:00 am to 4:30 pm local time
- Find a DCBS office* and visit Mon-Fri 8:00 am to 4:30 pm local time

*Find a kynector or agent office here: https://kynect.ky.gov/benefits/s/auth-reps-assisters?language=en_US

*Find a DCBS office here: https://kynect.ky.gov/benefits/s/find-dcbs-office?language=en_US

Providers Supporting Patients Through Renewals

- ✓ Here is how to find your patient's renewal date in KYHealthNet.
 - Old dates or "N/A" means the member is in a category not normally subject to an annual renewal.
- ✓ If they've updated their contact information with you, ask them to update it with kynect too!

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Missed Appointments | Provider References | Trade Files | RA Viewer | Logout

Member Eligibility Verification

Friday 24 March 2023 07:55 am

Provider: [dropdown] - 282N00000X

Select Lookup Type: Member ID Lookup Service Type: Emergency Services, Family Planning, Health Plan Coverage

Member ID: [input]

From Date: 03/24/2023 To Date: 03/31/2023

Verification No. 230830000C - 3/24/2023 Status: Active

Print

Member			
Current ID:	Last Name: L...	First Name:	Date of Birth: 09/27/1964
Previous IDs	Check Digit: 0	Gender: F	Date of Death:
SSN: 1	Phone Number: ()	County: 058 - Johnson	
Physical Address: 1833		View Member's Mailing Address: here	
City:	State: KY	Zip Code: 40301	
Hospice Election Date:			
Medicare A:		Medicare B:	
Medicare C:			
Case Number:	Case Name:	Above FPL: N	
		Redetermination Date: 06/01/2023	

Member's Authorized Representative

No Authorized Representative on file for current member.

Eligibility

[Eligibility 5 Year History](#)

Eligibility Group	Program Code	Program Status	From Date	To Date
KY Managed Care Organization with	D - Disabled indiv who rec	00 - Regular	03/24/2023	03/31/2023

How can I help my patients?

- ✓ Ask them to update their information in kynect by logging into kynect.ky.gov or calling 855-4kynect (855-459-6328)
- ✓ Remind them to watch for notices. Medicaid will contact them when it is their time to renew.
- ✓ If their renewal date is coming up, make sure they are aware.

KLOCS Medicaid Renewal Reports

- On the Dashboard screen, under *Quick Links* section on the left, click *View Reports*.
- On the Reports screen, click *Medicaid Renewal Report*.
- Enter the appropriate start date and end date, then click *View Report* to generate *Medicaid Renewal Report*.

The image displays three sequential screenshots of the KLOCS (Kentucky Level of Care System) web application interface, illustrating the steps to generate a Medicaid Renewal Report.

Top Screenshot (Dashboard): The interface shows the "Dashboard" section with a "Time Travel Date" of 06/13/2023. On the left, the "Quick Links" section is visible, and the "View Reports" link is highlighted with a red box. The main area displays a table for "My Tasks" and "Group Tasks" with columns for "Task Type", "My Tasks", and "Group Tasks". Below this, there is a "Tasks" section with a "Search Tasks" button and a table with columns: "Task Name", "App #", "Action", "Provider #", "Individual Name", and "Program". The table currently shows "No tasks available for this queue". Below the tasks section, there is an "Applications" section with a table with columns: "Date Initiated", "App #", "Individual Name", "Application Status", and "Action". The table currently shows "No Applications Available".

Middle Screenshot (Reports): The interface shows the "Reports" section. The "Medicaid Renewal Report" link is highlighted with a red box.

Bottom Screenshot (Medicaid Renewal Report Form): The interface shows the "Medicaid Renewal Report" form. It includes two required date fields: "* From Month/Year" and "* To Month/Year", both highlighted with red boxes. Below these fields are three buttons: "Back", "Reset", and "View Report". The "View Report" button is highlighted with a red box. A legend indicates that "*" denotes a required field.

Transition from Medicaid to Qualified Health Plan

PHE Unwinding Special Enrollment Period



a part of kynect

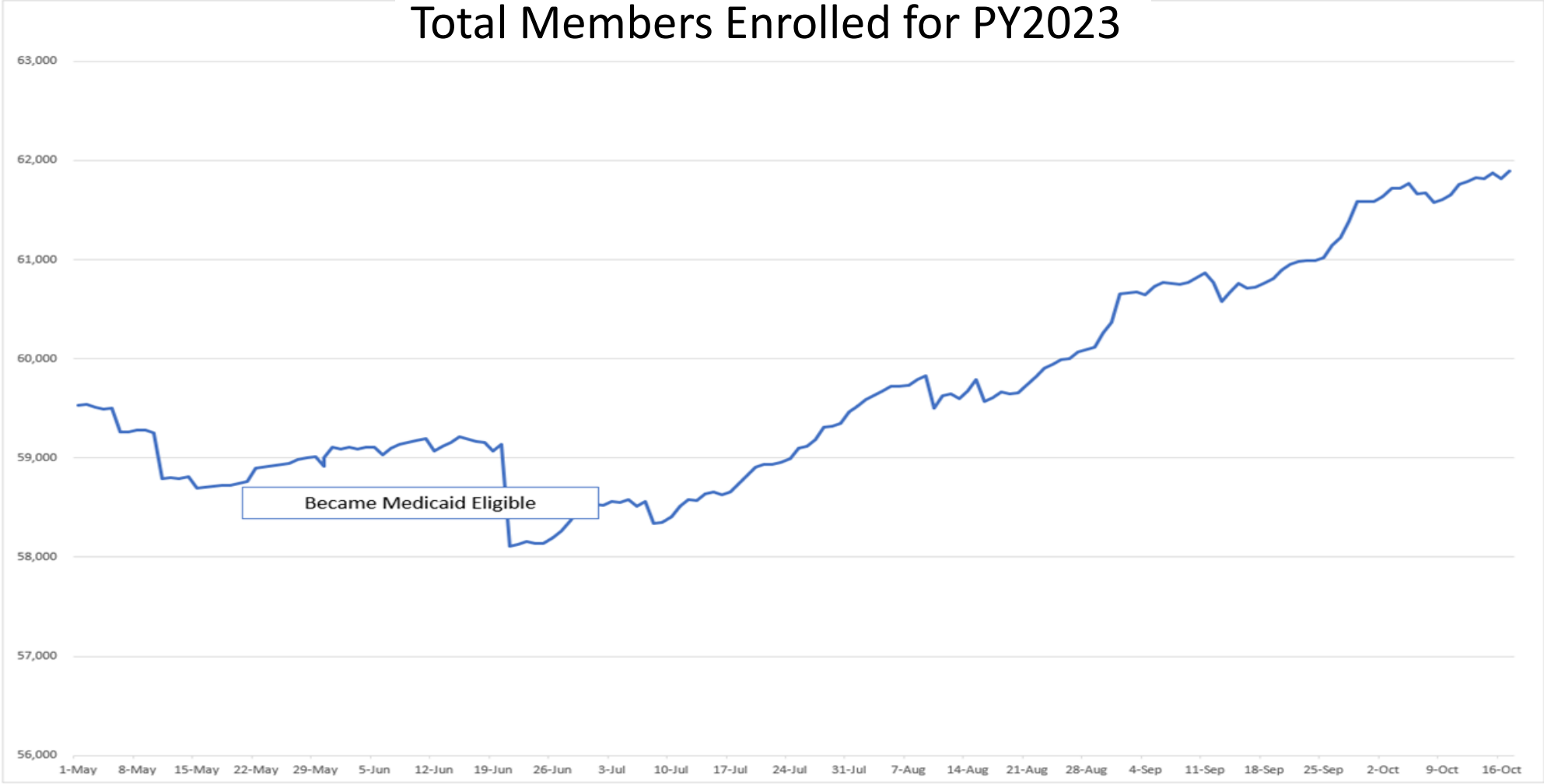
Individuals MUST take action!

PHE Unwinding Special Enrollment Period (SEP) for individuals who have lost Medicaid coverage and submit a new application or update an existing application between **March 31, 2023 and July 31, 2024**.

- Individuals who are eligible for this Unwinding SEP will have 60 days after they submit their application to enroll in a QHP even if it has been longer than 60 days since they lost Medicaid.
- Coverage will start the first day of the month *following plan selection* but the *first payment must be paid* before the coverage is effective.

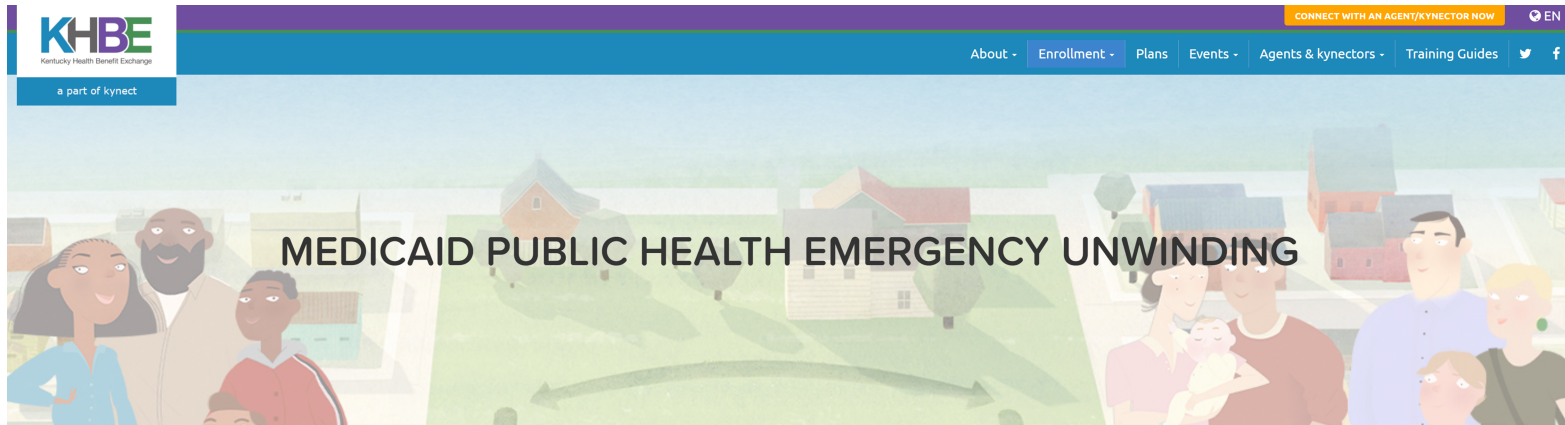
NOTE: If an individual is uninsured months from now...may still qualify for a Special Enrollment

Qualified Health Plan Enrollment as of 10/15/23



KY PHE Website Resources

<https://medicaidunwinding.ky.gov>



Stakeholder Session Information

KY PHE Reports

FAQs

Medicaid Member Information

Medicaid Provider Information

Communication Materials

1 Update your information in kynect!

To update your mailing address, phone number, email, and other contact information:

Visit kynect.ky.gov

-OR-

Call kynect at 855-4kynect (855) 459-6328

2 Please Respond!

If you received a Medicaid Renewal Packet or Request for Information please respond.

Even if circumstances have changed we still need to hear from you!

Coverage can be reinstated if you missed your due date and are still eligible.

3 Get free local help!

Free help with your benefit application is available.

A kynector can help you!

Find a kynector - [Get Local Help](#)

4 No longer qualify for Medicaid?

If you no longer qualify for Medicaid, you can still get help from kynect!

You may be eligible to enroll in a Qualified Health Plan with Financial Assistance to help pay for premiums, co-pays and more.

A licensed insurance agent can help you at no cost to you!

Find an Insurance Agent - [Get Local Help](#)

How to Stay Informed...

Kentucky's Medicaid Renewals and PHE Unwinding Website -
MedicaidUnwinding.ky.gov

CHFS Social Media

- [Facebook](#),
- [Twitter](#), and
- [Instagram](#)

Stakeholder Meetings

- Ongoing Stakeholder Meetings – 3rd Thursday @ 11:00 ET

Reports

- KLOCS Report
- KYHealthNet Renewal Information



Questions