



CABINET FOR HEALTH  
AND FAMILY SERVICES

Monthly Stakeholder Meeting Updates

## Public Health Emergency

Veronica Judy-Cecil, 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

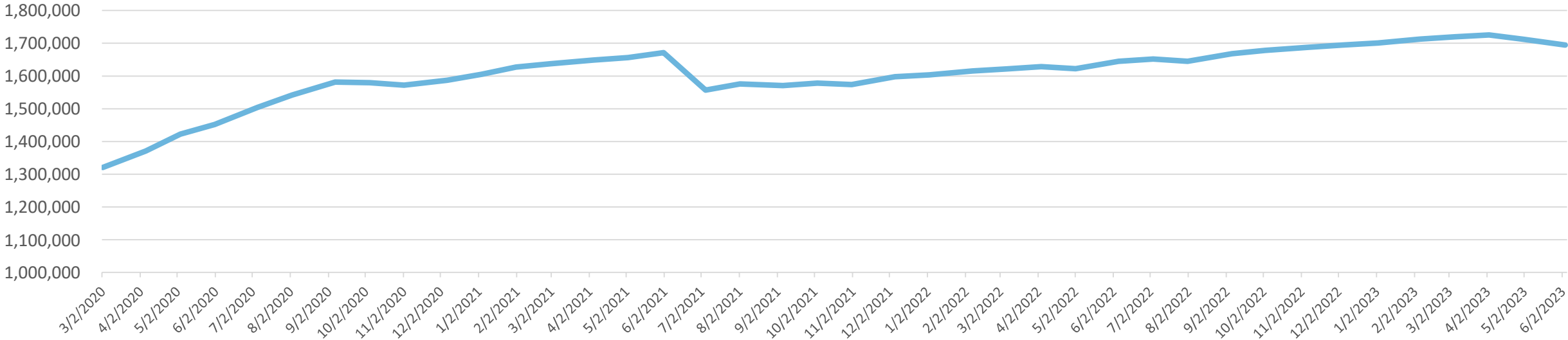


## Upon PHE expiration

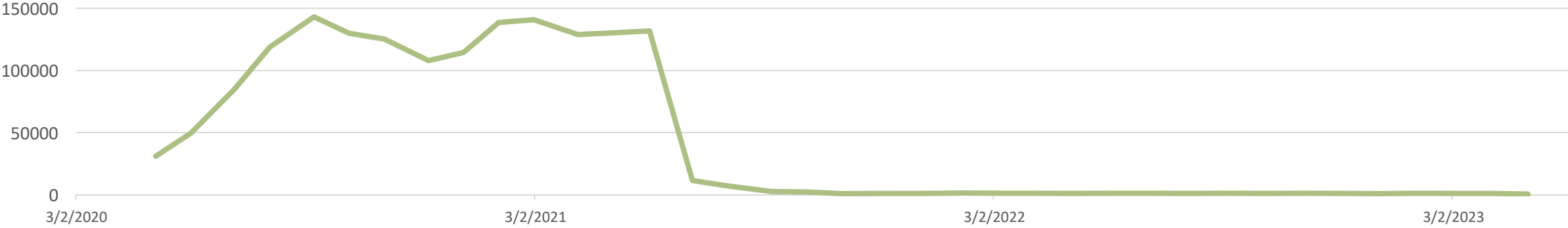
- ✓ End PHE flexibilities
- ✓ Resume temporarily waived requirements and conditions
- ✓ Permanently integrate specific flexibilities into state plan or waivers

# Medicaid Enrollment during PHE

Medicaid Enrollment: March 2020 through June 2023



Presumptive Eligibility Enrollment: March 2020 through June 2023



# Renewal Caseload Distribution

Renewal Due Date	Caseload Distribution Count	Percent of Renewals
5/31/2023	72,430	8%
6/30/2023	79,533	8%
7/31/2023	48,490	6%
8/31/2023	48,461	6%
9/30/2023	80,369	9%
10/31/2023	78,498	9%
11/30/2023	58,604	7%
12/31/2023	58,065	7%
1/31/2024	83,087	10%
2/28/2024	89,097	10%
3/31/2024	88,492	10%
4/30/2024	87,477	10%
<b>Total</b>	<b>874,602</b>	<b>100.00%</b>

Updated  
6/1/23



# May Renewal Data as of June 12, 2023

Initial individual count of renewals – 80,673

Final individual count of renewals – 74,004

## Medicaid Approvals – 37,779

- Passively renewed – 27,079
- Actively renewed – 6,289

• Pending – 2,431

• Extended one month – 6,669

## Medicaid Terminations – 33,794

- Determined ineligible – 9,400
  - QHP/APTC eligible – 5,808
    - QHP enrolled – 465
- Procedural reasons – 24,720

• Reinstated w/in 90 days - 0

# State Actions – Extended Coverage

**Team KY took specific action for individuals living in Nursing Facilities and receiving Waiver services to avoid gaps in services!**

<b>Total Individuals moved to June</b>	<b>6,669</b>
<b>NF/Waiver individuals moved</b>	<b>2,686</b>
<b>MSP individuals moved</b>	<b>3,983</b>
<b>Individuals having MSP present on case</b>	<b>2,158</b>
<b>Other individuals moved</b>	<b>1825</b>

# June and July Renewals as of 6/12/23

**79,555 Medicaid Renewals  
due 6/30/2023**

**57,196  
Passive Cases**

**22,359 Active  
Cases**

**4,461 Active Renewals Completed for June**

<b>Determined Eligible</b>	<b>3,198</b>
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<b>Determined Eligible for QHP/APTC</b>	<b>272</b>
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<b>Eligibility Terminations</b>	<b>991</b>
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**52% of passive cases automatically renewed**

**48,473 Medicaid Renewals  
due 7/31/2023**

**35,877  
Passive Cases**

**12,596 Active  
Cases**

**209 Active Renewals Completed for July**

<b>Determined Eligible</b>	<b>162</b>
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<b>Determined Eligible for QHP/APTC</b>	<b>28</b>
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<b>Eligibility Terminations</b>	<b>19</b>
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**560% of passive cases automatically renewed**

# June & July Renewal Outreach as of 6/12/23

## Active Renewal Notices Mailed

June: 17,020 July: 9,107

## Passive Renewal Requests for Information (RFI) Mailed

June: 27,607 July: 12,057

## Email Messages Sent On Renewals

June: 50,535 July: 33,635



### • Notices Undeliverable by Mail

*June (1,042); July (220)*



### • 94,483 Outreach Calls Conducted to date

### • 38,250 Calls Received Related to Renewals to date

- 8,756 Callers were provided Renewal information



- 1,151 Callers completed Renewal

# Current Priorities – Efforts to Ensure Continued Coverage

Nursing facility residents continued coverage

Follow up on non-response cases

Ongoing messaging and communications

# 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, Frankfurt, 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 4:30 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](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](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 (KYMMS)

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: [282N00000X]

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

Member ID: [ ]

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

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

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	View Member's Mailing Address: here
Physical Address: 1833	City:	State: KY	Zip Code: 4...
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](https://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 web application interface, illustrating the steps to generate a Medicaid Renewal Report.

**Dashboard Screenshot:** The top navigation bar includes "Home", "Start Application", "LOC Management", "Message Center", "Quick Search", "Welcome Hari Allen", "Sign Out", and "Help". The "Time Travel Date" is set to "06/13/2023". On the left, the "Quick Links" section has "View Reports" highlighted with a red box. The main content area shows a "Tasks" table with columns for "Task Type", "My Tasks", and "Group Tasks". Below the table, there are "View History", "Mark As New", and "Mark As Closed" buttons.

**Reports Screenshot:** The "Reports" section is visible, with "Medicaid Renewal Report" highlighted by a red box.

**Medicaid Renewal Report Screenshot:** This screen shows the form for generating the report. It includes two date input fields: "\* From Month/Year" and "\* To Month/Year", both highlighted with red boxes. At the bottom, there are three buttons: "Back", "Reset", and "View Report", with "View Report" highlighted by a red box.



# 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 [🔗](#)

# Transition from Medicaid to Qualified Health Plan PHE Unwinding Special Enrollment Period



a part of kynect

**Individuals MUST take action!**

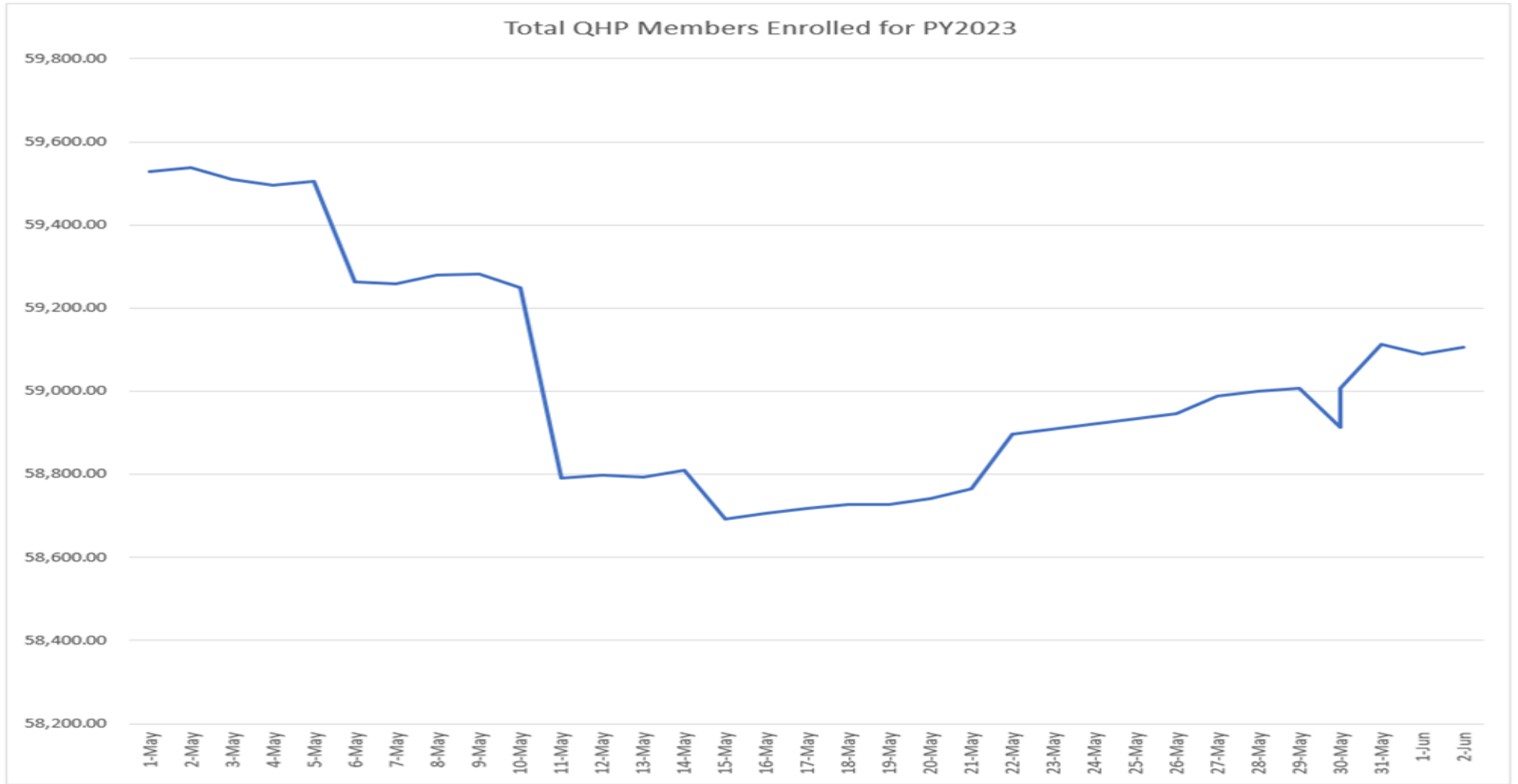
PHE Unwinding Special Enrollment Period (SEP) for individuals who have lost Medicaid coverage and submit a new application or update an existing application between **March 31, 2023 and July 31, 2024**.

- 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 6/2/23

Date	Total Members Enrolled for PY2023
1-May	59,529.00
2-May	59,538.00
3-May	59,509.00
4-May	59,495.00
5-May	59,504.00
6-May	59,263.00
7-May	59,259.00
8-May	59,279.00
9-May	59,282.00
10-May	59,250.00
11-May	58,792.00
12-May	58,799.00
13-May	58,794.00
14-May	58,809.00
15-May	58,693.00
16-May	58,706.00
17-May	58,719.00
18-May	58,727.00
19-May	58,727.00
20-May	58,742.00
21-May	58,765.00
22-May	58,897.00
26-May	58,945.00
27-May	58,988.00
28-May	59,001.00
29-May	59,008.00
30-May	58,914.00
30-May	59,006.00
31-May	59,112.00
1-Jun	59,088.00
2-Jun	59,105.00



# PHE Flexibilities

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

## Ended May 11, 2023

- Suspension of provider revalidations
- Use of unlicensed facilities as alternative locations
- Hospital 20% add-on to DRG for COVID-19 diagnosis
- Nursing Facility \$270 per diem add-on
- Second Presumptive Eligibility (PE) period in CY

## Extended through PHE Unwinding

- LTC Resource disregard
- 90-day period to file an appeal and for the state to make a decision
- Telehealth audio-only
- Non-HIPAA platforms extended through 8/9/23\*
- Re-enrollment of member MCO if within 120 days

## Permanently Implemented

- Nurse Aide applicants' use of I-9 instead of Social Security Card (907 KAR 1:250)
- Expanded telehealth (907 KAR 3:170)

*\*Following [CMS guidance released on April 11, 2023](#), the Office of Civil Rights is providing a 90-calendar day transition period for covered health care providers to come into compliance with the HIPAA rules with respect to their provision of telehealth (ends August 9, 2023).*

# Enhanced Federal Match Phase Down

Continued receipt of enhanced FMAP from April 1, 2023 to December 31, 2023 contingent upon the following conditions:

- Comply with federal requirements and any other strategies approved (or required at a later date) by the Department of Health and Human Services
- “Attempt to ensure” up-to-date enrollee contact information (including mailing addresses, phone numbers, and email addresses)
- Do not disenroll anyone who is determined ineligible for Medicaid based on returned mail, without first making a good faith effort to contact the individual using more than one modality
- Eligibility standards, methodologies, or procedures cannot be more restrictive than those in place as of January 1, 2020

Transition Period	FMAP Enhancement
Beginning of the PHE through March 31, 2023	6.2 percentage points (as under Family First Coronavirus Response Act (FFCRA))
April 1, 2023 through June 30, 2023	5.0 percentage points
July 1, 2023 through September 30, 2023	2.5 percentage points
October 1, 2023 through December 31, 2023	1.5 percentage points
January 1, 2024	FFCRA FMAP bump expires

# KY PHE Website Resources

<https://medicaid.unwinding.ky.gov>



During the COVID-19 Public Health Emergency (PHE), the Kentucky Department for Medicaid Services (DMS) made sure that all Medicaid beneficiaries kept their coverage. DMS stopped all annual renewals. But soon, DMS will begin annual renewals for Medicaid members. You may be at risk of losing Medicaid coverage if we cannot reach you. You should update your contact information as soon as possible and keep it updated so Kentucky Medicaid is able to reach you when it is your time to renew!

#### Please update your information as soon as possible!

Visit [kynect.ky.gov](https://kynect.ky.gov) or call kynect at 855-4kynect (855-459-6328) to update your mailing address, phone number, email and other contact information.

Kentucky Medicaid will then be able to reach you when it is your time to renew!

<https://dhsba.ky.gov>

## Kentucky PHE Plans and Reports

Through the PHE Unwinding, Kentucky will be prioritizing transparency across all operations and progress through the unwinding. The following materials will provide insight to all operational plans and up-to-date information on our progress through the 12-month unwinding period. Additional reports will be added to this section as they are available.

- [Kentucky Unwinding Approach March 2023](#)
- [Kentucky PHE Flexibilities Tracker](#)
- [Renewal Redistribution Report](#)
- [System Artifact Report](#)

## Communications Materials

If you should need any materials to share with your customers or partners, please feel free to leverage the following resources, developed and approved by Kentucky Medicaid.

- [Member Information Brief](#) [español](#)
- [Member Renewals Information](#) [español](#)
- [Provider Information Brief](#)
- [Alternative Coverage Options](#) [español](#)
- [Qualified Health Plan \(QHP\)](#) [español](#)
- [Medicare Enrollment \(Members\)](#) [español](#)
- [Medicare Enrollment \(Provider\)](#)
- [How to Access Your Renewal Date](#)
- [How to Access Your Patient's Renewal Date](#)
- [KY PHE Renewal Pathway Brief](#)
- [Provider Renewals Guidance Document](#)

## Stakeholder Session Information

## KY PHE Reports

## FAQs

## Medicaid Member Information

## Medicaid Provider Information

## Communication Materials

## Stakeholder Sessions

In March, DMS hosted Stakeholder Engagement meetings to provide information about the PHE Unwinding and Medicaid renewals. You can find the materials from those sessions here:

- [Presentation Recording - KY PHE Stakeholder Engagement Meeting Recording March - YouTube](#)
- [Presentation Slides](#)
- [Kentucky Unwinding Stakeholder Frequently Asked Questions Document](#)

To help support Medicaid partners, DMS is holding virtual stakeholder forums.



Please join us for the [Monthly Stakeholder Meeting](#) every third Thursday at 11:00 am ET.

If you have any questions for DMS that you would like for us to speak to during the upcoming monthly meeting, please submit those questions through this [survey](#). Thank you!

In addition, Thursday, April 20th we will be hosting a Provider Informational session on Medicaid Renewals and the PHE unwinding. Please [register for the event](#) to learn about updates specific to providers and hear answers to some of your questions!

# How to Stay Informed...

Kentucky's Medicaid Renewals and PHE Unwinding Website -  
[MedicaidUnwinding.ky.gov](https://www.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