

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



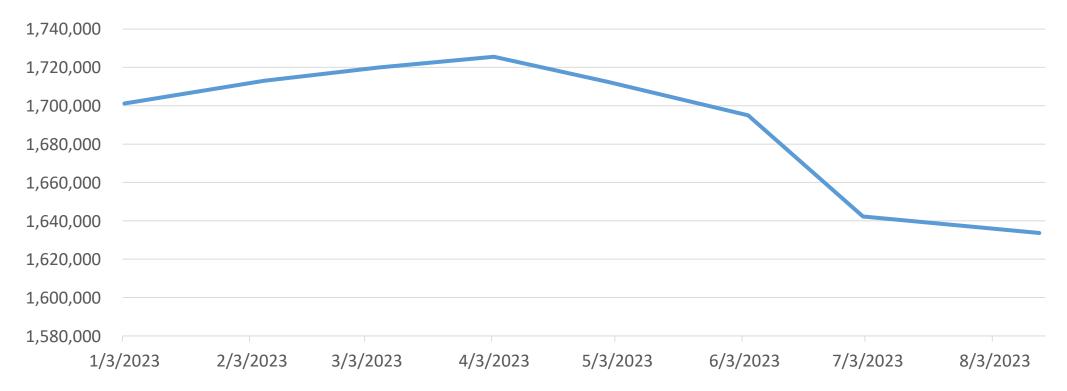
Upon PHE expiration

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



Medicaid Enrollment during PHE

Medicaid Enrollment: January 2023 through August 2023



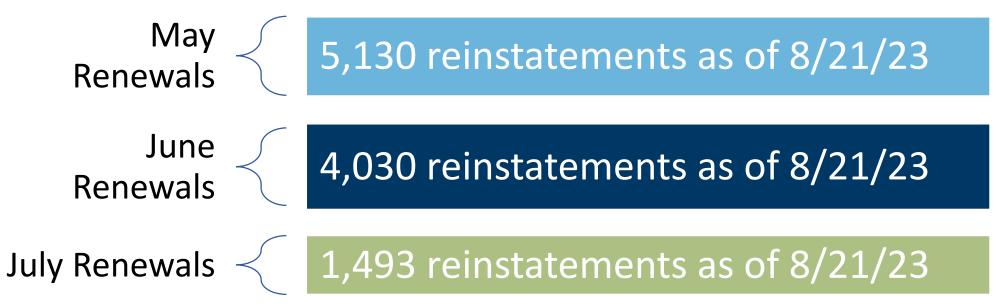


UNWINDING DATA: CMS Monthly Report New Guidance



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.





Current Outreach Priorities

Households with children should respond to notices as children will have continuous coverage

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



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 <i>Review Benefits</i> or <i>upload requested information in RFI</i>
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: <u>https://kynect.ky.gov/benefits/s/auth-reps-assisters?language=en_US</u> *Find a DCBS office here: <u>https://kynect.ky.gov/benefits/s/find-dcbs-office?language=en_US</u>



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!

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How can I help my patients?

- Ask them to update their information in kynect by logging into <u>kynect.ky.gov</u> 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*.

KLOCS	Home	Start Application	LOC Management	Message Center	Quick Search		
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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 <u>KLOCS</u>.
 - See <u>the KLOCS Provider Medicaid Renewal Report</u> <u>Quick Reference Guide</u> to learn how to access a report of Medicaid Eligible Individuals who are due for renewal.

PROVIDER INFORMATION AND RESOURCES Kentucky Level of Care System

What It ls

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

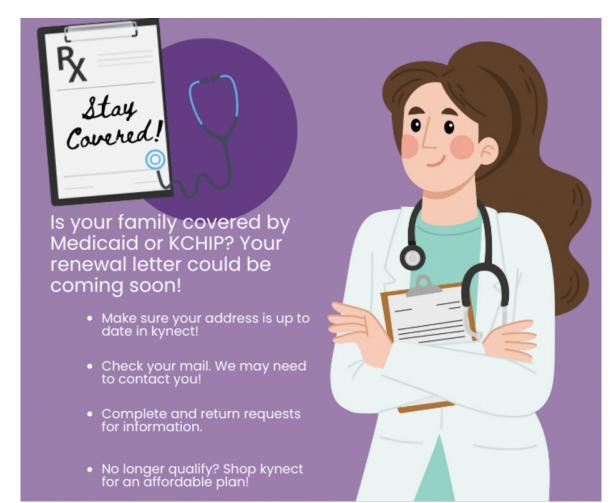
- KLOCS Telehealth Frequently Asked Questions ${\ensuremath{\Omega_{\rm M}}}$
- KLOCS Provider Telehealth Quick Reference Guide [];
- KLOCS Backdating and Correcting LOCs $\begin{smallmatrix} \label{eq:locs} \end{smallmatrix}$
- KLOCS Provider Webinar Part 1 presentation 😭
- KLOCS Provider Part 2 presentation 🕻
- 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 D
- KLOCS Medicaid Renewal Report QRG 🕼



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!





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



Individuals MUST take action!



a part of kynect

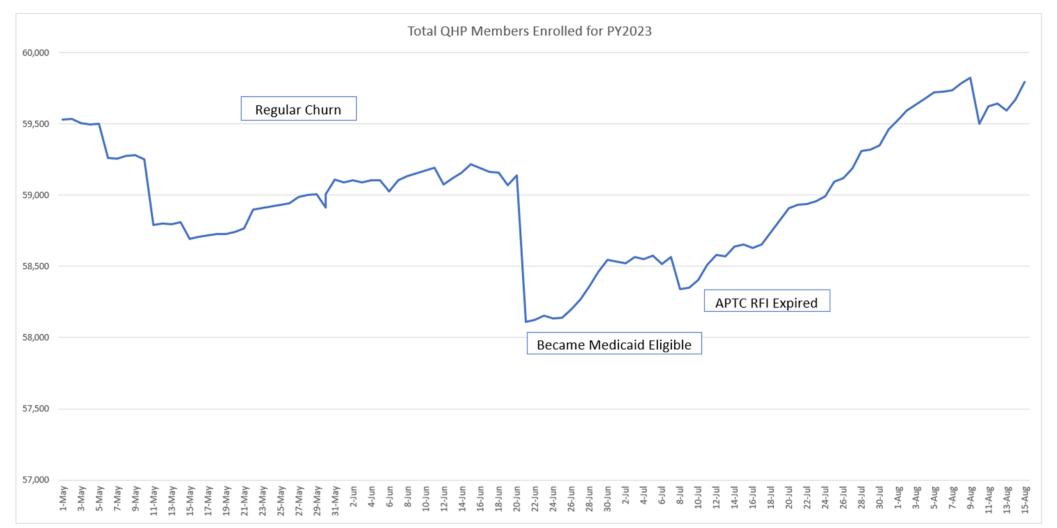
PHE Unwinding Special Enrollment Period (SEP) for individuals who have lost Medicaid coverage and submit a new application or update an existing application between **March 31, 2023 and July 31, 2024**.

- Individuals who are eligible for this Unwinding SEP will have 60 days <u>after</u> 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 7/17/23





PHE Flexibilities

This is not a full list of all flexibilities. Please reference the <u>KY PHE Flexibility Tracker</u> for full information.

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 <u>CMS guidance released on April 11, 2023</u>, 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).



Additional Flexibilities Implemented

Implemented During PHE Unwinding

- 60-Day extension window 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 the 90-day Reconsideration Period for MAGI and non-MAGI populations during the unwinding period



KY PHE Website Resources

https://medicaid.unwinding.ky.gov



Stakeholder Session Information

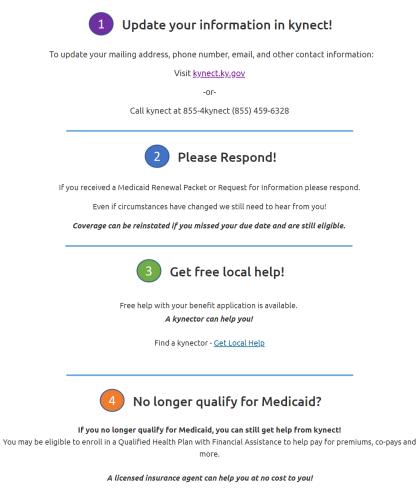
KY PHE Reports

FAQs

Medicaid Member Information

Medicaid Provider Information

Communication Materials

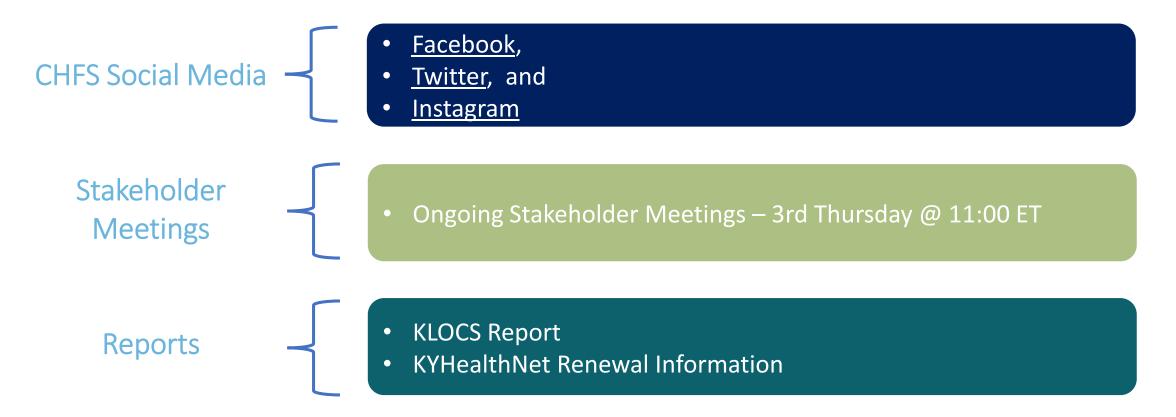


Find an Insurance Agent - Get Local Help



How to Stay Informed...

Kentucky's Medicaid Renewals and PHE Unwinding Website - <u>MedicaidUnwinding.ky.gov</u>







Questions

