

# Kentucky's Public Health Emergency Unwinding: Stakeholder FAQs

April 2023

## Overview

This document provides responses to questions asked during the March 2023 public stakeholder meetings. A recording of the presentation from Department for Medicaid Services (DMS) is available on the KY PHE Unwinding website and available through this [link](#). As additional questions are received, the Department for Medicaid Services (DMS) will update this FAQ accordingly.

## Contents

Overview .....	2
Kentucky PHE Unwinding Stakeholder Meeting Questions.....	3
Medicaid Renewal Timeline.....	3
Medicaid REnewals .....	3
<b>Helpful Tips</b> .....	3
<b>Specific Populations of Interest</b> .....	4
<b>Medicaid Redetermination Caseload</b> .....	5
<b>Medicaid Renewal Timeline</b> .....	5
<b>Member Outreach Logistics</b> .....	5
<b>Non-Responsive Members – Outcomes</b> .....	7
<b>Provider Guidance</b> .....	8
<b>Kynector Guidance</b> .....	8
Resources to Support Individuals .....	8
Medicaid Terminations and Various Next Steps.....	9
<b>Members</b> .....	9
Verifying Medicaid Eligibility – Required Process and Materials.....	10
Tracking the PHE Unwinding Status.....	10
PHE Unwinding Policy Flexibilities .....	11
<b>General</b> .....	11
<b>Medicaid Reimbursement Rates</b> .....	11
<b>COVID Testing and Vaccinations</b> .....	11
<b>Appendix K Flexibilities</b> .....	11
<b>Behavioral Health Flexibilities</b> .....	12
<b>Telehealth</b> .....	12
<b>Prescriptions/Medications</b> .....	12

## Kentucky PHE Unwinding Stakeholder Meeting Questions

### MEDICAID RENEWAL TIMELINE

1. What is the full unwinding renewal period for the state of Kentucky?
  - *Medicaid renewals will be conducted from May 2023 through April 2024. The first renewals will be conducted for members with a renewal end date of 5/31/2023.*
  
2. What is the timeline for members going through a Medicaid renewal? How far in advance of their due date will members be notified?
  - **90 days prior** to member's end date, they will receive an email and SMS communication from the state that their renewal is upcoming.
  - **50-60 days prior** to member's end date, the state will attempt to automatically renew a member's benefits.
    - i. **In cases where we cannot automatically renew Medicaid benefits, 50-60 days prior** to member's end date notices will be sent out. This means that members will receive notices within the first 2 weeks of a month before the month of their end date.
    - ii. Depending on a member's preference, notices will be sent in mail or by email or SMS. *If a member is opted in for paper communications, this will come via mail. If a member is opted in for digital communications, the notice will be shown in their message center and an email and/or SMS will be sent to the member.*
  - *If there has been no response from a member by the **15<sup>th</sup> of the month of their end date**, members will receive follow up outreach to request response and information.*
  - For those members opted in for digital communications and who have received their renewal notices but have not started their renewal processing, additional **weekly reminders** are sent by email and/or SMS.
  - *Coverage will end for members who are determined to be no longer eligible on their posted renewal date. Members who do not respond to requests for information or submit their renewal packet information may also be determined ineligible based on lack of information. It is important for members to provide all requested information before their renewal date.*
  - **Please note:** *All communications will come from the state Cabinet for Family and Health Services (CHFS) and the Department for Medicaid Services. Your providers or representatives from your health plan may reach out about your upcoming renewal, but any request for information (RFI) or Medicaid renewal packet will only come from the state.*

### MEDICAID RENEWALS

#### Helpful Tips

1. What are helpful tips for members that may be new to this process?

- *The most important tip is to make sure that Medicaid members **update their contact information in kynect** (<https://kynect.ky.gov/>). Members are encouraged to submit multiple ways to be contacted by Medicaid within their kynect profile (e.g., home address, email address, phone number).*
- *Opt in to receive email and SMS messages on your kynect account as well as with your health plan to ensure you receive all information in the most efficient manner. Please note that the state is exempt from the Telephone Consumer Protection Act when communicating with members about their benefits.*
- *If there are specific questions about the Medicaid renewal process, Medicaid members can access information sheets and guides on the **Kentucky PHE website** (<https://medicaidunwinding.ky.gov/>).*
- *All interested stakeholders are encouraged to follow **CHFS' social media accounts** for the most up to date information.*  
[Facebook](#)                      [Twitter](#)                      [Instagram](#)
- *Lastly, as needed members can reach out to the **kynect hotline (855-4kynect)**.*

### Specific Populations of Interest

1. What is the Kentucky's approach for reviewing member resources and allowing for spend down?
  - *For long-term care, Kentucky has extended the PHE flexibility to disregard resources that may have been accumulated during the time in which an individual's patient liability was not able to be increased. This disregard will continue through the 12-months of unwinding and allow individuals to spend down those resources without impacting their eligibility. If you have questions about your resources, you can reach out to the **kynect hotline (855-4kynect)** or **DCBS (855-306-8959)**.*
2. How will the Medicaid renewal process impact members who currently have Medicaid and are on SSDI? Will insurance coverage be lost?
  - *Medicaid will attempt to determine individuals on SSDI Medicaid eligible in another category. If Medicaid is unable to make this determination, the member will be determined ineligible and will receive a termination notice (will no longer receive Medicaid benefits).*
3. How will the end of the PHE impact waiver participants? How can case managers/social workers/guardians support waiver participants?
  - *There is an outreach plan to support waiver members through the PHE unwinding period. Kentucky is actively preparing for the future of our waiver programs to ensure we continue to support waiver participants as well as possible.*
  - *Case managers, social workers, and guardians should confirm that the member's contact information in kynect is up-to-date, be aware of the member's renewal date, and ensure that member is responding to notices received. The member will need to take action in accordance with these notices.*
4. Will renewal messaging be sent to individuals as they are released from incarceration?

- *Kentucky will continue its efforts to support all eligible members. Eligibility of a member is not terminated due to incarceration. Upon release, Medicaid coverage will be automatically reactivated. Ensuring the correct contact information is available within kynect will help streamline this communication process.*

### Medicaid Redetermination Caseload

1. How will cases be allocated for renewal across the unwinding period of May 2023 through April 2024? Will the renewal month from previous year be carried forward or will there be a specific distribution of renewal cases each month?
  - *DMS has divided the full Medicaid member caseload across the 12 renewal months. The division has taken into consideration special populations, as well as thoughtful of the potential burden on DCBS staff over high peak vacation and holiday seasons. The caseload alignment made the following considerations:*
    - i. Households with multiple Medicaid members are aligned, meaning all members in a household will be redetermined in the same month.*
    - ii. Medicare eligible members (adults 65 years and older) will be redetermined in the first six months and will be connected to a SHIP counselor or DAIL to assist with Medicare enroll. Members will have a Special Enrollment Period of 6 months following Medicaid termination to enroll without a penalty.*
    - iii. Members identified with FPL over eligibility (138%) will be redetermined in the months of July, 2023 – April, 2024.*
    - iv. A special circumstance population of members who were set to lose their Medicaid benefits in March, 2020 – the month the PHE began but have been receiving extended coverage through the PHE - will be redetermined in June.*
    - v. Medicaid cases that also have SNAP cases will align with their SNAP renewal dates.*

### Medicaid Renewal Timeline

1. Will the renewal date a member receives in the next 12-months carry over into consecutive years? (ex. If a member's renewal date is 7/31/2023, will this mean they will be renewed again in July 2024?)
  - *Yes, the renewal date for a member during the PHE Unwinding period will carry forward into consecutive years unless there is a reported change in circumstances for that member. Renewal due dates will align with the reported change timeline since an eligibility determination would be conducted at that time.*

### Member Outreach Logistics

1. How will member outreach be conducted? How will Kentucky reach members that may not have access to internet or mail?
  - *The state is taking a multipronged approach to member outreach. All members will receive communication through multiple modalities based on the contact information available to the state in kynect (<https://kynect.gov>). Communications are available in English and Spanish.*

- *Members are encouraged to update their contact information to include street address, email address, and phone number to ensure that communications from Medicaid are not delayed.*
  - *Kentucky has a Limited English Proficiency plan in place that is followed and has a focused communication campaign for vulnerable and hard-to-reach populations.*
  - *The state will also be working closely with community advocacy organizations to ensure messaging and information are communicated to all key audiences in additional languages and regions of the state.*
  - *The Kentucky Housing Authority is working with DMS to ensure we are taking all necessary actions to reach individuals experiencing homelessness.*
  - *The state has worked with numerous partners to support member outreach and action.*
    - i. ***MCO partners** will conduct outreach to members who have received a redetermination package or a request for information from the state. MCOs will help members understand what actions they must take and connect them to navigators or kynectors to provide additional support or guidance, as appropriate. MCOs will outreach to individuals administratively terminated for up to 90 days after their end date to encourage they submit information. A member submitting required information and determined eligible within the 90 days will have coverage retroactively reinstated to their end date. MCOs will also outreach to members who have been determined to no longer be eligible for Medicaid to support them in identifying alternative health care coverage options such as a Qualified Health Plan on kynect.*
    - ii. ***Providers** have been asked to take the extra step when Medicaid members are in their office to remind them of their upcoming renewal and need to respond to any requests for information from the state. Providers are able to identify the month the member will be up for renewal and are asked to remind them of the Medicaid renewal process and their actions and timelines. Guidance for providers is forthcoming, including an upcoming Provider Stakeholder Call.*
    - i. ***Advocacy Organizations** have access to our Medicaid redetermination resources and contribute to and distribute them as appropriate. Through consistent coordination, the state and community organizations are working together to make sure individuals understand what is coming and how they can ensure they remain covered under Medicaid or an alternative health insurance option available to them.*
2. What notices will a Medicaid member receive if their Medicaid eligibility will need to be redetermined?
- *There are three notices that a member may receive depending on if they are able to be passively renewed or actively renewed.*
    - i. *Members that have up-to-date and verifiable information in the system can be **passively renewed**. This means that Medicaid has all information necessary to make an automatic renewal determination within their records to ensure they remain eligible. These individuals will receive a **Notice of Eligibility** and will not*

*need to act. The Notice of Eligibility notifies a member that their coverage has been continued.*

- ii. *Members that are missing specific pieces of information to be passively renewed by the system will receive a prepopulated **Request for Information (RFI)**. A RFI requests additional information to support Medicaid in accurately determining a member’s eligibility. Members who receive a RFI must respond to the RFI prior to their renewal due date to ensure their renewal can be accurately and timely processed.*
- iii. *Members in which Kentucky Medicaid requires more complete information from the member because they cannot be passively renewed by the system will receive a prepopulated **Renewal Packet**. A Renewal Packet requests additional information from the member to be updated within kynect. This information must be submitted prior to their renewal due date to ensure their renewal can be accurately and timely processed and coverage can continue.*

*If a member is determined to no longer be eligible for Medicaid, they will receive a discontinuance notice that fully explains the reason for no longer being eligible. The **discontinuance notice** will also indicate the options to appeal the decision. All members have a right to appeal if they do not agree with the decision.*

3. What communication and information sharing will be done through kynect for members?
  - *All notices will be uploaded in a member’s kynect account. A member should log into their kynect account and access communications through the “Message Center.” This can be accessed from the kynect Dashboard.*
  - *Communications from Medicaid will appear in the Message Center for all users with a kynect account. If users have selected Electronic Correspondence (must opt-in) they will also get an email and/or SMS message alerting them when new correspondences are available in the Message Center.*

### Non-Responsive Members – Outcomes

1. If a member does not respond to a renewal request or request for information by the due date, will they still be able to submit information and have their coverage extended?
  - *Members who have been determined ineligible have 90 days from their Medicaid renewal due date to submit all requested information and be determined eligible for Medicaid coverage. Their coverage will be reinstated back to their end date automatically.*
2. If a member’s coverage terminates because they did not get their application returned or processed before the due date, and they are eligible, will they be retroactively covered once their new application is approved?
  - *If a member submits the requested information and application within 90 days from their Medicaid renewal date and is determined to be eligible, they will have their Medicaid reinstated back to their end date automatically. If a renewal is pending for*

*state action at the time of the member’s renewal date, the member’s coverage will be extended until a determination is made. If no longer eligible, the member’s coverage will end on the first day of the following month.*

### Provider Guidance

*The most up-to-date information will be available through CHFS social media accounts, the Medicaid provider portal messages and KYHealthNet messages. Information will also be regularly shared during Monthly Stakeholder Meetings that will be ongoing through the unwinding [every third Thursday of the month at 11:00 am ET](#). The meeting link can be found on the PHE website, as well as a platform to submit questions.*

1. What communication and information sharing will be done through kynect for providers?
  - *The state encourages providers to leverage the Kentucky PHE website to obtain materials to support them and their Medicaid patients in understanding immediate actions and important timelines.*
  - *Materials posted on the KY PHE website, as well as available in the provider information document, outline the process providers are encouraged to use as well as the resources to support next steps. Providers can post materials in their offices and distribute them to their patients, if they so desire.*
  - *A provider guidance document is forthcoming and will be available shortly to support providers in understanding their role in the Medicaid renewal process.*
  - *In addition, there will also be KYHealthNet banner notices and member information in KYHealthNet to help providers understand when a patient will be up for redetermination.*
  
2. Where can providers find the Medicaid renewal due date for a client in KYHealthNet? Can clinics or providers access lists of patients that are coming up for renewal to assist with outreach and assistance to patients that may lost coverage?
  - *In KYHealthNet, providers will be able to see a member’s renewal due date, also known as a redetermination date, within the Member panel section. This will become available on KYHealthNet on April 7<sup>th</sup>. For information on how to access that information, please see the [How to Access Your Patient’s Renewal Date resource](#).*
  - *In addition, MCOs have been encouraged to work closely with providers to conduct outreach to members on their primary care panels, leveraging reports from the state that highlight all MCO members coming up for renewal.*

### Kynector Guidance

1. Where can kynectors access a list of Medicaid members due for renewals before their renewal date which would allow them to conduct outreach to their clients?
  - *Kynectors will have access to member information after March 25<sup>th</sup> in kynect and are encouraged to conduct outreach.*

### RESOURCES TO SUPPORT INDIVIDUALS

1. How is Kentucky planning to handle the strain on workforce capacity and staffing as call volume increases during the renewal period?



- *The state has worked with our contractors to ensure there is adequate workforce for the contact center to support the anticipated increase in call volumes beginning in April 2023. We've also hired additional contract support to increase capacity for DCBS – the team that determines Medicaid eligibility.*

## **MEDICAID TERMINATIONS AND VARIOUS NEXT STEPS**

### **Members**

1. For individuals that are no longer eligible for Medicaid, what are Kentucky's plans to ensure they can transition to other healthcare insurance (e.g., QHP, QHP with APTC, Medicare, employer sponsored health insurance) without a gap in coverage?
  - *Due to Kentucky's Integrated Eligibility and Enrollment System (IEES) and its configuration, Kentucky has the ability to transfer members no longer Medicaid eligible to the exchange to support an accelerated enrollment process for alternative health care options.*
  - *Additionally, Kentucky has planned specific system configuration to make it easier for individuals to connect to someone that can assist them in choosing another plan and transitioning health coverage.*
  - *Managed Care Organizations – or our Medicaid plans - are prepared to assist members in understanding what actions they need to take if an individual thinks they were erroneously terminated. They can also support individuals in understanding the different health care insurance options available to them through shopping for plans on kynect.*
2. Is there a cutoff date to apply to QHP with APTC to ensure it is effective by the end of Medicaid coverage?
  - *The goal is to have coverage effective for the first of the month following the end of Medicaid coverage.*
  - *Generally speaking, individuals have 60 days before or after the loss of Medicaid to enroll in a QHP, but this is not automatic – individuals must take action to avoid a gap in coverage. Therefore, it is important to ensure individuals who are terminated from Medicaid are actively engaged and responding to actions necessary to transition to alternative health care coverage to prevent a coverage gap.*
  - *Additionally, individuals must pay their first premium to the issuer to make their coverage active, ideally within the first 60 days. QHP/APTC coverage will not be active until the first premium is paid/processed.*
3. Will the special enrollment period be expanded for members to ensure they are able to transition to appropriate coverage?
  - *Yes, there will be an Unwinding Special Enrollment Period (SEP) for individuals who have lost Medicaid 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 begin date will be the first day of the month following plan selection.*

4. As members transition to other healthcare coverage options after their Medicaid eligibility is terminated, will they remain covered by Medicaid until their next coverage is active?
  - *Medicaid does not get extended beyond the member's end date to cover any gaps in health care insurance. It is really important for individuals to apply to other coverage before their end date.*

## **VERIFYING MEDICAID ELIGIBILITY – REQUIRED PROCESS AND MATERIALS**

1. If Kentuckians address, income or any other information has changed since they originally applied for Medicaid, do they have to contact DCBS to make the updates?  
Are kynectors able to update information in kynect for their clients directly?
  - *There are improvements to the system in the next few months that will help all Medicaid members get even more access to the support and assistance they will need.*
  - *Members can update their personal information, including contact information and any additional information in their kynect account directly. Members do not need to contact the state or DCBS to make these updates for them.*
  - *Kynectors can support members in uploading information directly, as requested by the member.*
  
2. What documents should a member have ready to upload in kynect when requested to take action to confirm their eligibility? How can information be updated?
  - *For the renewal process, information can be updated by uploading directly to kynect. Members will receive a notice that only requests the information necessary, based on their specific situation, to make a determination. The types of documents needed will be clearly communicated to the member.*
  
3. What documents are required for proof of income?
  - *If verification of income is requested, a member will need to upload any of the following:*
    - i. *Wage stubs*
    - ii. *Written statement from or a collateral contact to the employee*
    - iii. *Previous year tax return*
    - iv. *Award letters for things such as Retirement, Survivors, and Disability Insurance (RSDI) or Unemployment Insurance Benefits (UIB)*
    - v. *The state's various data sources such as eligibility advisor or state wage data for the previous quarter*
    - vi. *Personal records for those who are self-employed*
  - *"No income" status can be verified through client attestation, through collateral contact to a non-household member, a signed written statement from a non-household member, or Form PAFS-702, Proof of No Income.*

## **TRACKING THE PHE UNWINDING STATUS**

1. Will the CMS Reports submitted in February 2023 be disseminated publicly?
  - *Yes. Reports have been submitted to CMS and upon CMS review will be made publicly available on the Kentucky PHE Unwinding website (<https://medicaidunwinding.ky.gov>). Throughout the unwinding, the state will also make key metrics available on the website as well.*
  
2. Will there be an incident tracker to monitor system issues?
  - *The incident tracker for system issues will be active during this period. We encourage any issues experienced by members, kynectors, advocates, providers, or others to be logged to ensure the state understands and can take action to mitigate future difficulties. Earlier incident reporting helps resolve issues quickly.*
  - *DCBS will be reporting incidents to the Help Desk.*
  - *Kynectors and agents will have a dedicated tracker, this will be similar to the process used during Open Enrollment.*
  - *Members using SSP who experience difficulties can call Conduent to report issues and an incident will be logged: Kentucky Healthcare Customer Service line toll-free at 855-4kynect (855) 459-6328*
  - *Kentucky also has gathered a Rapid Response Team that engages all key staff and leaders across the state to identify and mitigate identified issues. Key staff and leaders meet daily to ensure the unwinding and Medicaid renewals are progressing smoothly.*

## **PHE UNWINDING POLICY FLEXIBILITIES**

### **General**

1. What specific flexibilities will be unwound when the PHE officially ends? What is the timing for when the flexibilities will end?
  - *Kentucky plans to post a document that reflects all PHE flexibilities and their status post PHE ending (e.g., May 11). The document will include the timing and any other impacts to key stakeholders.*

### **Medicaid Reimbursement Rates**

1. How will the end of the PHE effect reimbursement rates and co-pays? Will they return to pre-COVID standards?
  - *Medicaid permanently removed co-payments in KRS 205.6312 and 907 KAR 1:604. This this will not change following the end of the PHE. Reimbursement rates will be specific to the program they are under and will be communicated to all stakeholders.*

### **COVID Testing and Vaccinations**

1. How will the end of the PHE impact COVID testing, vaccination, and public safety measures in the state?
  - *Kentucky Medicaid will continue to cover COVID testing, vaccination, and treatment with no cost sharing following the PHE. [The Department of Public Health](#) can provide further information on additional public safety measures.*

### **Appendix K Flexibilities**

1. How will the PHE unwinding impact the Medicaid PDS program?

- *Waiver flexibilities will extend 6-months beyond the end of the PHE, but waiver participants will go through a redetermination during the 12 months. There will be more communication coming regarding the unwinding of flexibilities from Appendix K impacting the 1915c waivers in the future.*

### Behavioral Health Flexibilities

1. What services will require prior authorization once the PHE ends?
  - *Kentucky has already reinstated prior authorizations for all services outside of behavioral health. The state will give 60-day notice to providers but there is no consideration to reinstate at this time.*

### Telehealth

1. What is the future for telehealth flexibilities?
  - *Kentucky has implemented up-to-date Telehealth Regulations (907 KAR 3170) that are available to all.*
  - *As the PHE occurs, Kentucky will allow for non-HIPAA compliant platforms and audio-only telehealth to remain available due to a federal extension of the flexibility until August 9, 2024<sup>1</sup>.*
  - *For HCBS services, Appendix K allows telephonic and virtual case management visits and assessments/reassessments. However, it does not prohibit in-person case management and assessment activities. Case managers and assessors should return to in-person visits whenever possible as in-person visits allow the case manager/support broker/service advisor and assessors to make observations about the participant's home environment and well-being that cannot otherwise be noted using virtual or telephonic options. Appendix K will remain in effect until November 11, 2023. DMS is considering options for incorporating Appendix K flexibilities into the HCBS waiver programs and will notify stakeholders as decisions are made.*

### Prescriptions/Medications

1. How will the end of the PHE impact prescription of relevant medications and drugs to patients?
  - *Kentucky Medicaid coverage of prescription medications and drugs will not change due to the unwinding of the PHE.*

---

<sup>1</sup> Following [CMS guidance released on April 11, 2023](#), 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 (begins May 12, 2023 and will end on August 9, 2023).