



CABINET FOR HEALTH
AND FAMILY SERVICES

Medicaid Stakeholder Forum

August 15, 2024

Public Health Emergency (PHE) Unwinding Update

Medicaid Reentry Program

School-Based Services Outreach and Education Campaign

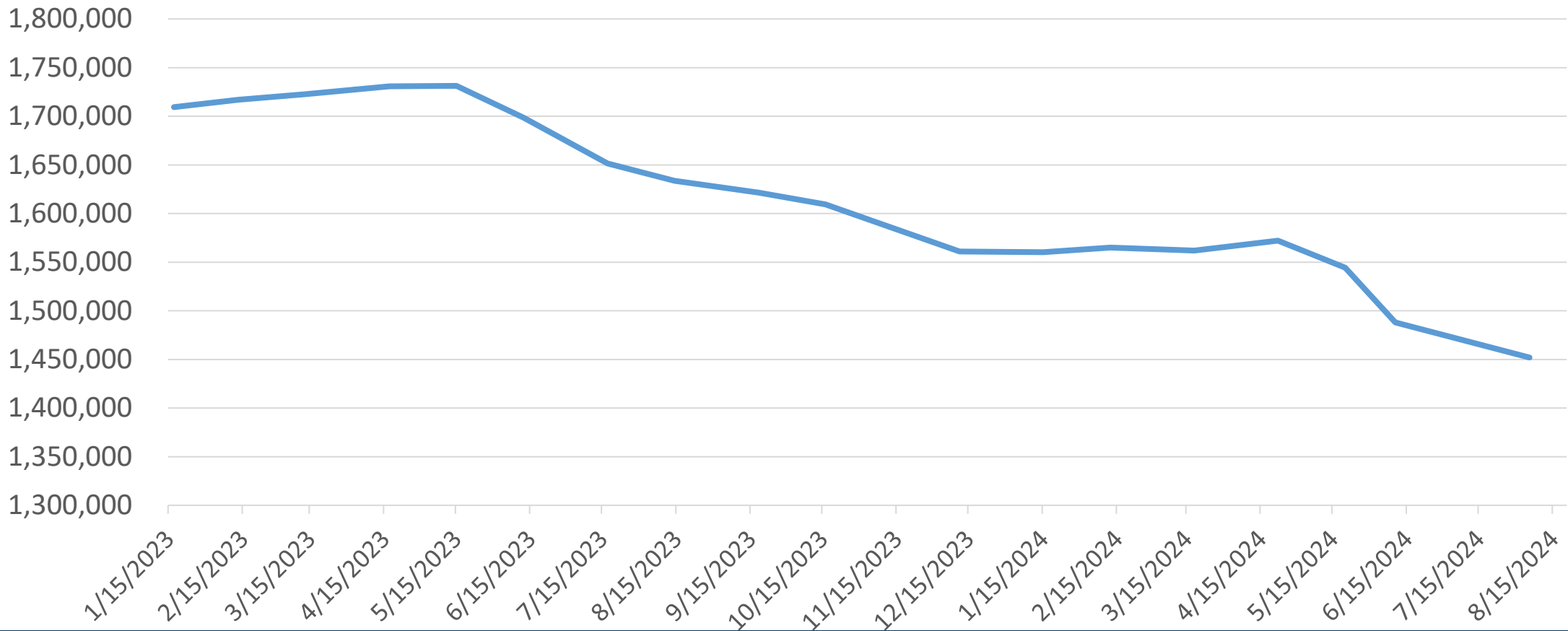
Division Spotlight: Health Plan Oversight

Upcoming Events

Medicaid PHE Unwinding Updates

Medicaid Enrollment Trend

Medicaid Enrollment: January 2023 through July 2024



PHE Unwinding Today

2023

2024

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

Jun

- Last **PHE renewals for adults** have been initiated – most with a due date of May 31 and 8 individuals with June 30.
- Ongoing annual renewals for **non-PHE** cases resumed in April with a due date of May 31.
- Ongoing flexibilities in place through June 2025.
- Certain Appendix K flexibilities made permanent in 1915(c) waivers effective May 1.
- May, June and July renewals in 90-day Reconsideration Period.
- CMS monthly and updated reporting ongoing.

Unwinding Report Updates Posted

Original CMS Monthly Reports

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending
May	80,673	37,182	34,124	2,698
Jun	82,606	37,364	35,971	1,883
Jul	54,975	27,044	20,344	1,325
Aug	54,344	28,296	18,662	1,069
Sept	150,985	81,144	16,617	16
Oct	155,003	92,524	12,780	15
Nov	31,863	22,888	1,508	38
Dec	30,705	28,889	1,244	2
Jan	79,053	67,748	10,899	22
Feb	93,004	64,789	10,128	1
Mar	97,962	70,358	7,932	72



2,659 processed
1868 processed
1,287 processed
1064 processed
14 processed
7 processed
33 processed
2 processed
22 processed
1 processed
72 processed

Updated CMS Monthly Reports*

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending
May	80,673	38,552	35,413	39
Jun	82,606	38,236	36,967	15
Jul	54,975	27,775	20,900	38
Aug	54,344	28,853	19,169	5
Sept	150,985	81,156	16,169	2
Oct	155,003	92,528	12,783	8
Nov	31,863	22,900	1,529	5
Dec	30,705	28,891	1,244	0
Jan	79,053	67,758	10,911	0
Feb	93,004	64,780	10,128	0
Mar	97,962	70,404	7,958	0

*Per CMS' Medicaid and Children's Health Insurance Program Eligibility and Enrollment Data Specifications for Reporting During Unwinding, Updated October 2023, Version 3.

KY Medicaid Renewals* and 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. Months that are still within the 90-day window and are still processing reinstatements are included below.

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending	Extended	Reinstatements as of 08/12/24
April	103,265	70,170	15,887	226	16,982	4,340
May	94,705	51,534	37,461	816	4,894	5,002
June	58,959	41,336	13,187	1	4,435	457
July	40,719	36,036	1,187	0	3,496	243

*Numbers are based on CMS Reports.

Medicaid Reentry Program

What is a Section 1115 Demonstration?

- An 1115 Demonstration is often described as a pilot or demonstration project that is likely assist in promoting the objectives of the Medicaid program. The purpose of the demonstration is to give states additional flexibility to design and improve their programs.
- An 1115 Project presents an opportunity for states to institute reforms that go beyond just routine medical care and focus on evidence-based interventions that drive better health outcomes and quality of life improvements.
- A Demonstration must also be "budget neutral", which means during the project, Federal Medicaid expenditures will not exceed more than Federal spending without the demonstration. The cost of services must be less than or equal to the cost of services provided today.

Section 1115 Requirements

Center for Medicare and Medicaid Service (CMS) Guidance



CMS issues State Medicaid Directors Letters (SMDLs):

- Guidance regarding Demonstration opportunities and what states and others need to do to comply.
- Includes Demonstration Goals and Milestones.

Submitting Requests

- Conduct Stakeholder Engagement and Research
- Draft Demonstration Application
- Conduct Public Forms
- Revise Application
- Submit to CMS

Stakeholder Engagement Activities

Core Focus & Participants

Core Focus Area	Stakeholder Participant Groups
Gather information on current health service supports for incarcerated individuals transitioning back to the community.	Department for Medicaid Services (DMS) Department of Corrections (DOC) Department of Juvenile Justice (DJJ) Department of Public Health (DPH) Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID) Office of Drug Control Policy (ODCP) Administrative Office of the Courts (AOC)
Gather information on behavioral health care and pharmacological services for the incarcerated population.	Pharmacy Technical Advisory Committee (TAC) Behavioral Health Technical Advisory Committee (TAC) Persons Returning to Society from Incarceration (Reentry TAC)
Gather information about the role of Manage Care Organizations (MCO) relative to Case Management.	Aetna Anthem Humana Molina United Healthcare WellCare

9

Small Group Interviews

2

Focus Groups

2

Public Comment Town Hall Events

Approach to Support CMS Approval



Aligned the application with guidance from the State Medicaid Director (SMD) Letter #23-003.

Narrowed the target population type, but not specific number of Medicaid members.

Chose a minimum benefit package of services aligned to likelihood of provider readiness and timely approval.

Submitted justification regarding request for more than 30 days of pre-release service coverage.

Post-Demo Submission Deliverables

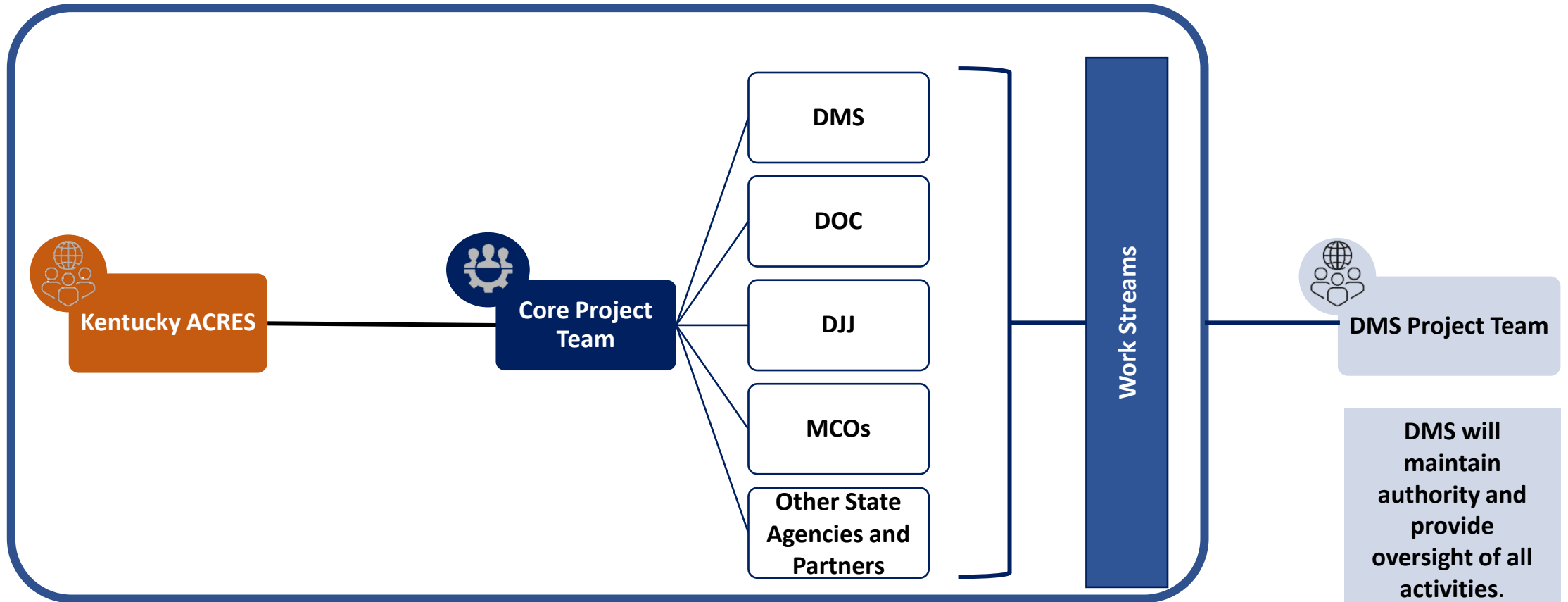
CMS expects states with approved Demonstration(s) to complete:

- Waiver Submission Completeness Check
- Federal Public Comment
- Waiver Negotiations
- Implementation Plan
- Reinvestment Plan (*Reentry Only*)
- Monitoring Protocol
- Quarterly/Annual Monitoring Reports
- Mid-Point Assessment Report
- Evaluation Design

Reentry Target Populations and Benefits Package

Reentry Program	Adults	Juveniles
Enrollment & Suspension	<ul style="list-style-type: none"> Initiate Medicaid application process for incarcerated individuals. Begin no later than 60 days before expected release date. Once enrolled, suspend, not terminate eligibility. 	<ul style="list-style-type: none"> Initiate Medicaid application process for confined youth. Begin no later than 60 days before expected release date. Once enrolled, suspend, not terminate eligibility.
Pre-Release Services Timeframe	60 Days	60 Days
Pre-Release Service Facilities/Locations	14 State Prisons	DJJ Youth Development Centers (Youth adjudicated and committed to DJJ custody)
Benefit & Service Package	<ul style="list-style-type: none"> Case Management. Medication Assisted Treatment (MAT) – Requires SUD diagnosis. 30-day supply of medication. 	<ul style="list-style-type: none"> Case Management. Medication Assisted Treatment (MAT) – Requires SUD diagnosis. 30-day supply of medication.
Service Delivery Methods	In-person and Telehealth	In-person and Telehealth

Reentry Program Governance & Project Oversight



Role of Kentucky ACRES

- Provides Executive-level oversight and strategic direction to the project team.
- Ensures alignment of the broader Reentry goals and objectives.

Role of the Core Project Team

- Focused on implementation tasks and project needs.
- Supports policy development and strategy execution.
- Executes strategies according to policy.
- Provides direct oversight of the project work streams.

DMS will maintain authority and provide oversight of all activities.

Final approval of demonstration policy will be guided by CMS Guidance.

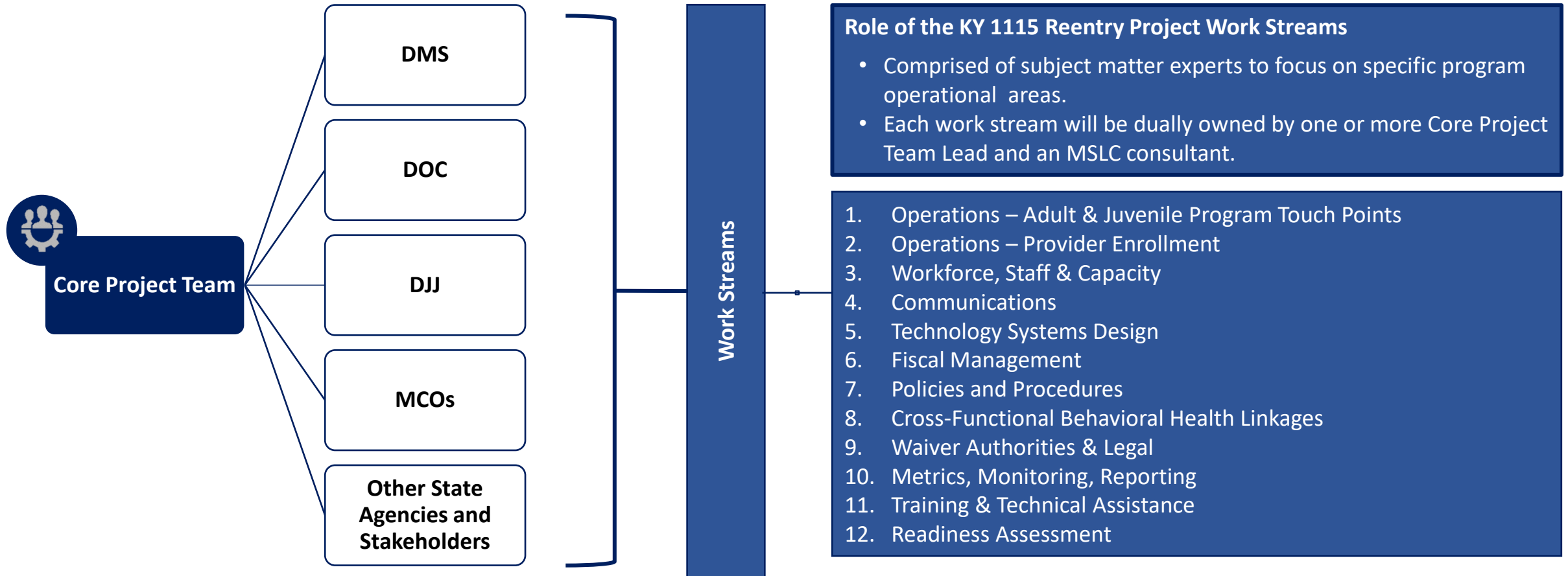
Reentry Advisory Workgroup Participation

**ACRES
Workgroup
Contains
Representation
From...**

- Department for Medicaid Services (DMS)
- Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID)
- Department for Community Based Services (DCBS)
- Office of Drug Control Policy (ODCP)
- Department for Public Health (DPH)
- Department of Corrections (DOC)
- Department of Juvenile Justice (DJJ)
- Administrative Office of the Courts (AOC)
- Managed Care Organizations (MCOs)
- Office of Adult Education
- Medicaid Technical Advisory Committees (TACs)
- Community Partners
- Advocacy Organizations
- Individuals with Lived Experience



Reentry Project Oversight and Work Streams



Questions?

DMS HOME



DMS BH ISSUES



dms.issues@ky.gov

School-Based Services Outreach and Education Campaign

HEALTH SERVICES IN KENTUCKY SCHOOLS



BOOSTING AWARENESS AND
UTILIZATION OF MEDICAID
SERVICES IN SCHOOL SETTINGS

Presented by:
ERICA JONES &
BETH FISHER

WHAT IS OUR GOAL?

Boost utilization of the program.



- Medicaid reimbursement for school-based services were expanded in 2019 to include all Medicaid-eligible children. Before, only applied to students with IEP.
- Services include primary care and behavioral health. Schools can also bill an administrative fee.
- We are working to raise awareness and increase both the number of school districts billing for services and students receiving treatment in school settings.

TARGETED AD CAMPAIGN FOCUSED ON PARENTS AND SCHOOL-AGE CHILDREN AND TEENS

Launching Fall 2024!

- Focus on Jefferson County Zip Codes
- Multi-media campaign
- Educational toolkit for schools
- Use partnerships to maximize campaign impact.
- Emphasis on the availability of behavioral health services

PROJECT TIMELINE



Spring 2024

Planning & research.

**Spring/Summer
2024**

Creative materials under
development.

Fall/Winter 2024

Campaign launch.

Winter 2024

Review & Analysis.

Where You Might See the Campaign

DIGITAL



BROADCAST



PRINT





THANK YOU TO
OUR
PARTNERS!

- ✓ Doe Anderson
- ✓ CHFS Leadership
- ✓ Kentucky Department of Education
- ✓ Lt. Governor Jaqueline Coleman

Division Spotlight: Health Plan Oversight



CABINET FOR HEALTH
AND FAMILY SERVICES

The Division of Health Plan Oversight

- Edith Slone, Director
- Jeremy Armstrong-DeRossitt, Assistant Director
- David Verry, Assistant Director

Appeals and Complaints Branch

Branch Staff	Position
Stephanie Hodges	Branch Manager
Amy Short	Program Coordinator
Annette Kendall	Medicaid/Medicare Service Specialist II
Brandy Gillis	Executive Administrative Secretary
Cynthia Robinson	Medicaid/Medicare Service Specialist III
Joe Scandrani	Administrative Specialist II
Lindsey Melton	Administrative Specialist III
Sarah Goodlett	Executive Administrative Secretary
Tina Coffman	Medicaid/Medicare Service Specialist I

What We Do

The Appeals and Complaints (A&C) Branch plays a vital role for the Division of Health Plan Oversight. The A&C Branch has the responsibility of overseeing the External Independent Third-Party Review (EITPR) and Administrative Hearing submissions within the Department for Medicaid Services. The staff in this branch: review the EITPR appeal requests from various inboxes. The A&C Branch Staff use the guidelines according to state regulation to determine whether to approve, deny, or withdraw the EIR appeal request and then forwarded to the Division of Administrative Hearings if appropriate.

In addition, the staff carry out MCO and subcontractor oversight, identify discrepancies, and ensure compliance with both Federal and State regulations. The A&C Branch staff are also responsible for reviewing EIR requests, facilitating subcontractor billing, and performing various Medicaid program-specific functions. These functions include assisting providers, professional associations, subcontractors, and sister agencies.

The A&C Branch responds to provider EITPR status requests, open record requests, research, reviews, and analyzes healthcare information and legislation. Branch staff maintain appeal case files within the Share Drive and the Service Now system for tracking production, trends, and reporting.

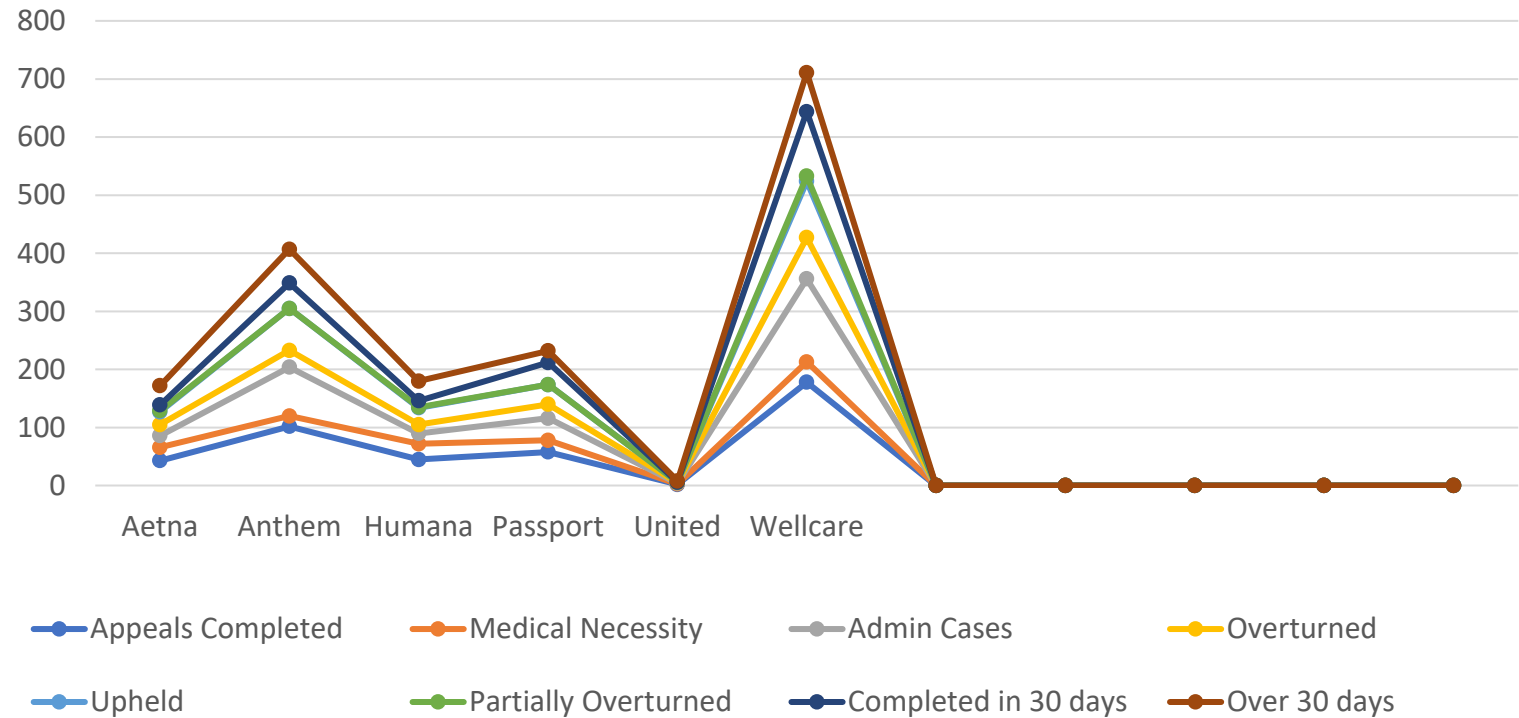
Current Initiative: Operations Revamp

- EITPR Information Sheet – Managed Care Organization (MCO) attestation has been added to the information sheet to ensure accuracy and completion of all documents.
- MCO document naming conventions – To have all MCO's naming convention uniform. To adhere to character limitation within share drive files.
- Quarterly MCO Meetings – Effective June 2024 to improve communication and relationships between the branch and the MCO's.
- Partner Portal Provider Directory on the Kentucky Medicaid Management Information System – For standard operating procedure, a document was created for MCO's to verify providers name, NPI and address prior to submitting the EITPR Request to the Senate Bill 20 (SB20) Inbox. SB20@KY.GOV
- SB20 Inbox EITPR Document Requirements – All MCO's are to include the MCO information sheet, providers EITPR request and the acknowledgement.
- SB20 Provider Inbox – A & C Branch collaborated with Baptist Health creating a spreadsheet for the provider appeal status inquiries. The branch shared the spreadsheet with the Kentucky Hospital Association (KHA) providers to begin submitting effective August 1st, 2024.
- MCO EITPR form and Network collaboration – Improvements to the providers EITPR submissions on the MCO's front end process.

Current Initiative: Operations Revamp

2024 First Quarter IPRO Submissions

- Total Appeals Completed 64**
- Admin Cases 329**
- Upheld Cases 271**
- Cases Completed in 30 Days 219**
- Medical Necessity 135**
- Overturned Cases 176**
- Partially Overturned 15**
- Cases Over 30 Day 245**



Current Initiative: Operations Revamp

2024 Second Quarter IPRO Submissions

Appeals Completed 649

Admin Cases 505

Upheld Cases 330

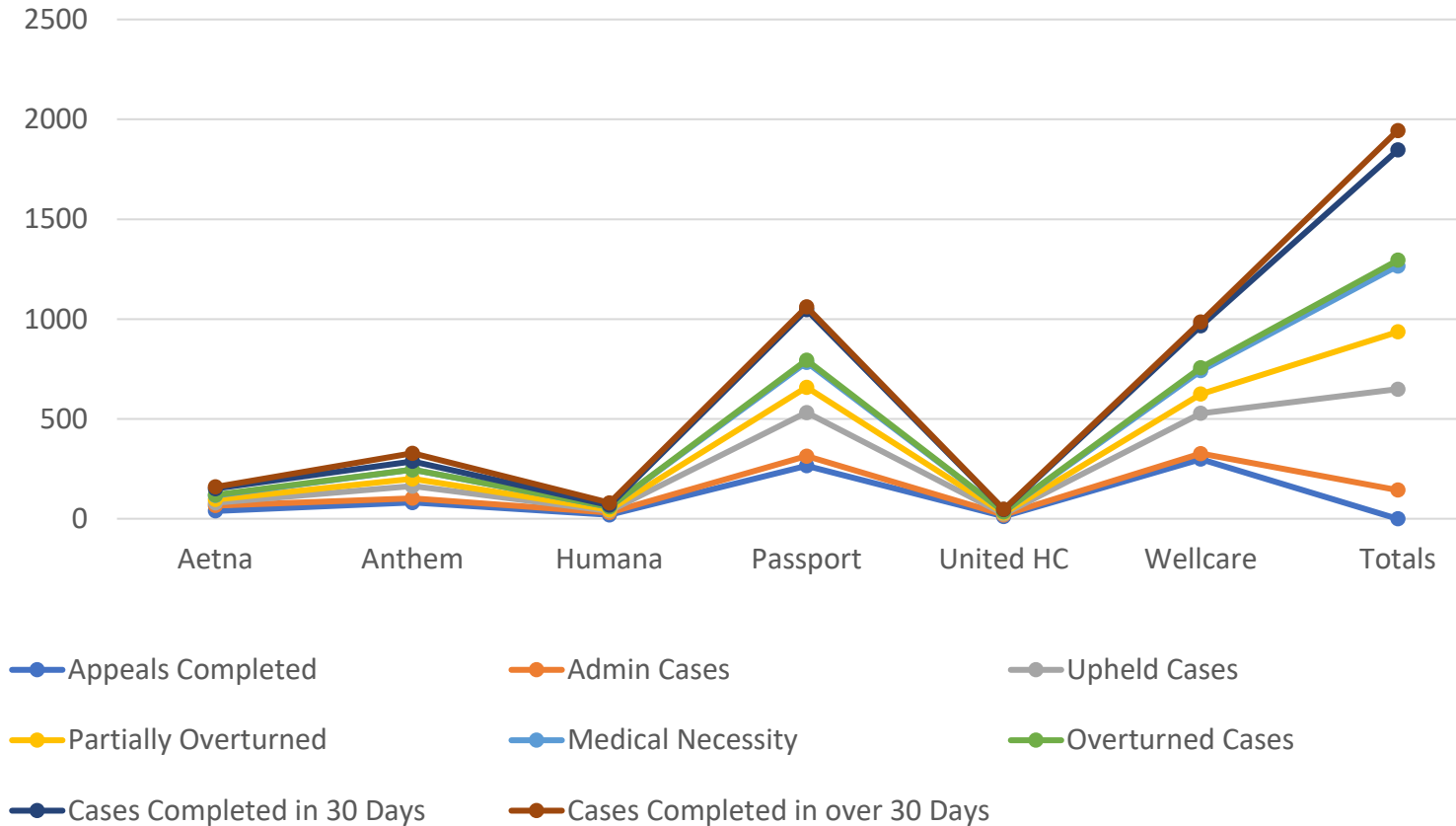
Partially Overturned 29

Medical Necessity 144

Overturned Cases 287

Cases Completed in 30 Days 552

Cases Over 30 Days 97



Contract Monitoring Branch

Branch Staff	Liaison	Position
Chelsea Agee		Program Branch Manager
Andrea Clay	Aetna Better Health of Kentucky	Medicaid/Medicare Services Specialist III
Crystal Vanover	United Healthcare of KY	Medicaid/Medicare Services Specialist III
Deborah Hart	Anthem Blue Cross & Blue Shield	Medicaid/Medicare Services Specialist III
Dejanease Demartra-Pressley	Humana Healthy Horizons	Medicaid/Medicare Services Specialist III
Erin Lovell	Passport by Molina	Medicaid/Medicare Services Specialist III
Vanessa Venettozzi	DMS Report Package	Medicaid/Medicare Services Specialist III
Whitley Walker	WellCare of KY	Medicaid/Medicare Services Specialist III

What We Do



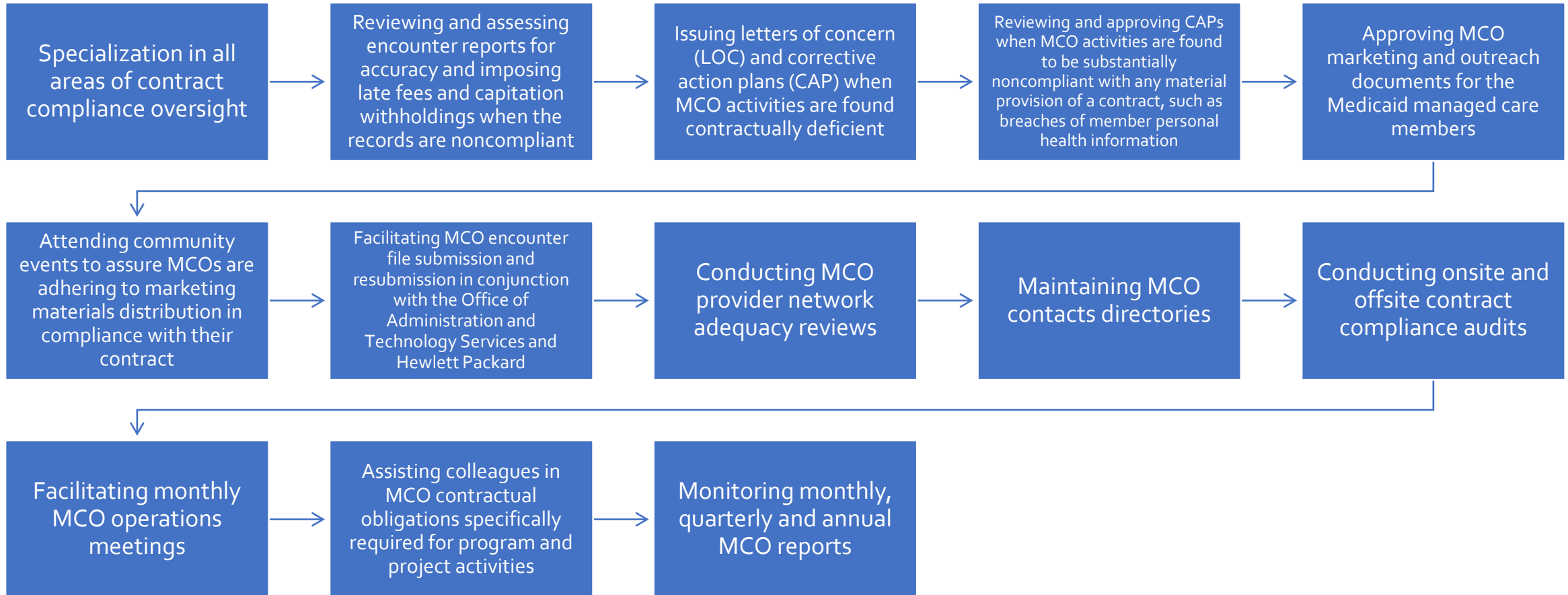
The Contract Compliance Branch provides contract oversight to assure that the Managed Care Organizations (MCOs) contracted with the Department for Medicaid Services (DMS) are compliant in all aspects to consistently provide reliable healthcare to Kentucky's Medicaid managed care members.



Contract Compliance Branch staff is a liaison between the MCOs and DMS and a point of contact coordinating communications and connecting subject matter experts. Staff also partners with sister agencies such as DBHDID, DCBS and DPH on related Medicaid managed care issues providing oversight consistency in contractual activities.



Responsibilities of Branch Staff



Current Initiative

The Contract Monitoring Branch is currently working on contract amendments for the 2025 Managed Care Organization (MCO) contracts. The vendor Meyer and Stauffer (M&S) has been procured to assist with contract review and development. Weekly meetings have begun with M&S and DMS subject matter experts.

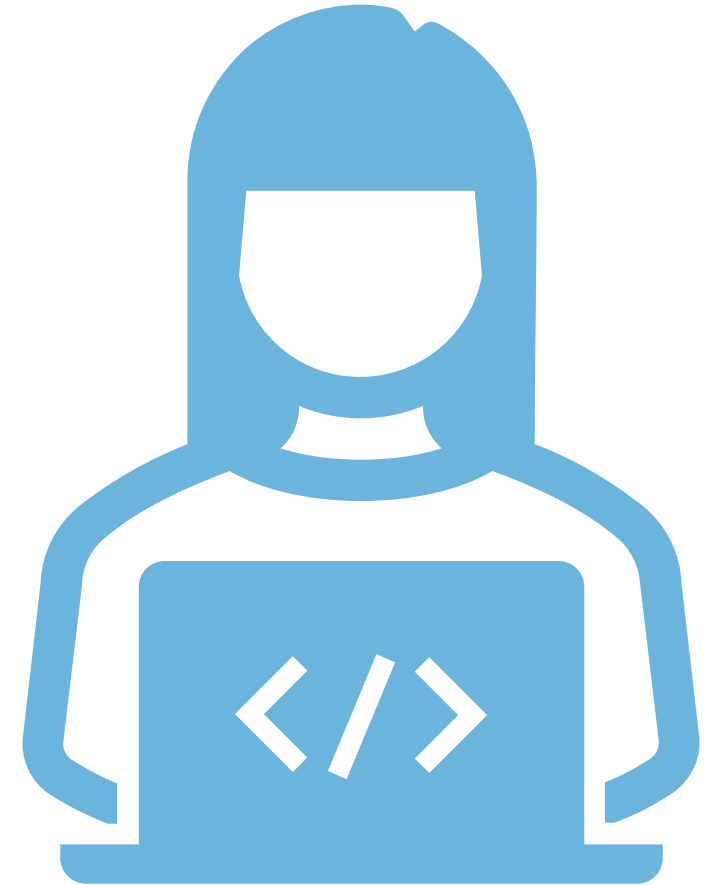


Eligibility and Enrollment Team

Branch Staff	Position
Jordan Griffin	Branch Manager
Shaunta Summerour	Medicaid/Medicare Services Specialist I
Laura Graham	Medicaid/Medicare Services Specialist II
William Shepherd	Medicaid/Medicare Services Specialist II
Paula Jennels	Medicaid/Medicare Services Specialist III
Amanda Elliott	Medicaid/Medicare Services Specialist III
Destiny Lang	Medicaid/Medicare Services Specialist III
Amanda Johnson-Branham	Executive Administrative Assistant
Amanda Mitchell-Wainscott	Executive Administrative Assistant

What We Do

The Eligibility and Enrollment Branch within the Division of Health Plan Oversight is vital in the management and oversight of Medicaid eligibility and enrollment policy and processes. The branch is responsible for updates to the Medicaid Management Information System (MMIS), assistance with issues of eligibility in the Integrated Eligibility and Enrollment System (IEES), and ensuring overall compliance with Kentucky Revised Statutes, Federal Regulations, and the Medicaid State Plan.



Current Initiative: Eligibility for the Justice Involved Population

The Medicaid inmate exclusion is a federal regulation that limits Medicaid coverage for individuals who are incarcerated.

1. **Incarceration Limitation:** Medicaid generally does not cover healthcare services for individuals who are incarcerated. This exclusion applies to people who are in jails, prisons, or other correctional facilities. Kentucky utilizes an eligibility suspension process whereby incarcerated members can maintain Medicaid eligibility while their benefits are in suspended status.
2. **Emergency Medical Services:** There is an exception for emergency medical services. If an inmate needs emergency medical care, Medicaid can cover these services if they are in an inpatient setting for 24 hours or more.
3. **Re-Entry Program:** The Reentry Program aims to bridge the gap between incarceration and re-entry into the community, which includes planning for continuity of care once an individual is released. KY is expanding this program with the approval of our new 1115 Reentry waiver.

The Eligibility and Enrollment Branch's main goal is to streamline the process for timely application and removal of incarceration suspensions. This ensures Medicaid members have immediate access to services upon release, and our KY Medicaid providers can bill services appropriately.

Current Initiative: Eligibility for the Justice Involved Population

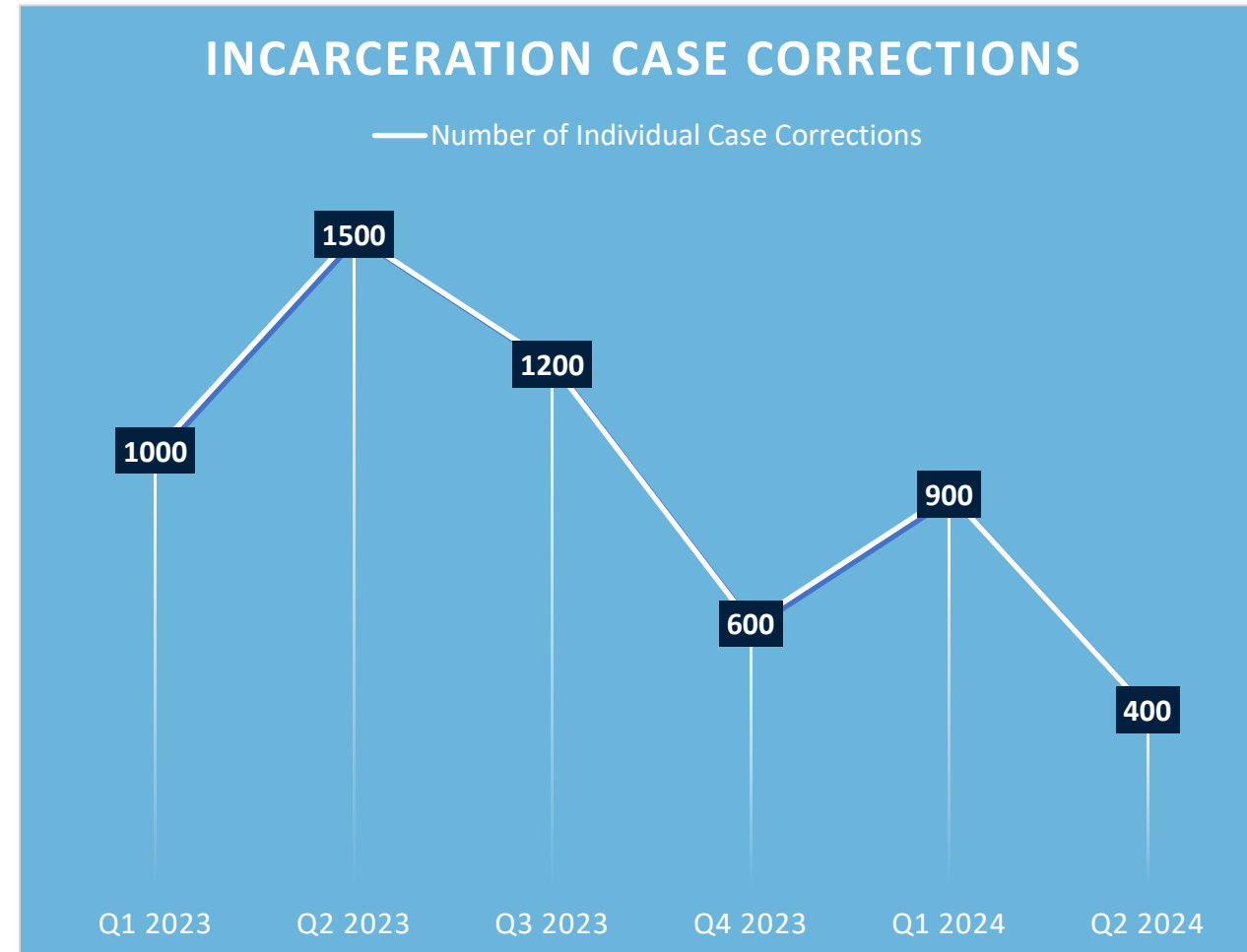
1. Requested feedback and cooperation from Managed Care Organizations (MCOs), Department of Corrections (DOC), and providers.
 - Ongoing meetings with providers, MCOs, and DOC staff to discuss pain points and where additional education or guidance is needed.
 - Currently rely on automated systems and member reporting for incarceration suspension updates – discussing other ways to obtain reliable and timely incarceration data.
2. Developed standard policy and procedure
 - E&E team has developed and shared a successful method for providers, MCOs, DOC, and members to report and obtain eligibility corrections for our incarcerated or recently-released members, utilizing the DMS.Eligibility@ky.gov inbox and the MAP-INC Incarceration Correction form.
 - New process for MCOs to confirm incarceration suspensions are correct prior to recoupment of claims to reduce burden on our Medicaid providers and members.
3. Creating training/education materials – in process
 - Working with sister agencies to create guides for providers and incarceration facilities to reference correct Medicaid policy and procedure.



Successes

Eligibility for the Justice Involved Population

- Providers can resolve billing/eligibility issues by directly contacting DMS Eligibility & Enrollment team
- Increased communication between DMS and MCOs, sister agencies, members, and providers
- Open dialogue for what is working, what is not, and what other steps DMS can take to make this process better for our members and stakeholders
- Observed a steady decline in number of eligibility corrections received by DMS Eligibility team based on quarterly counts
- We continually look for other ways to make this policy more efficient and less burdensome for our Medicaid members and providers.



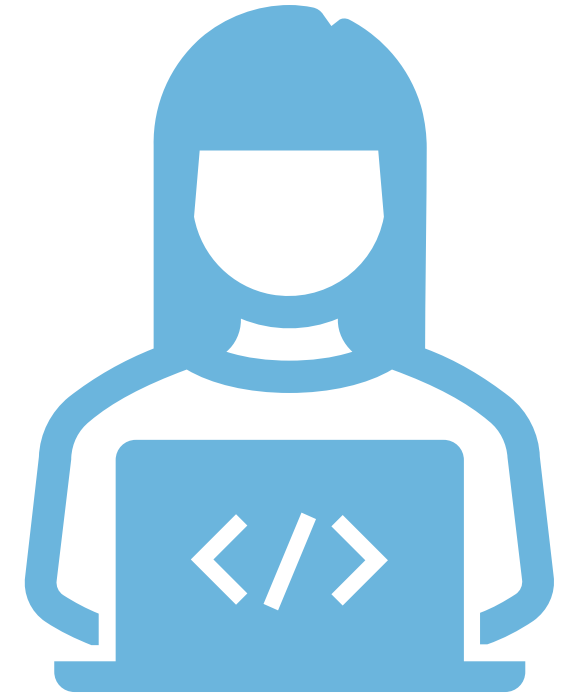
KHBE Team

Branch Staff	Position
Justin Armstrong-DeRossitt	Staff Assistant
Brandee Butler	Staff Assistant
Alex Chaparro	Staff Assistant
Michael Cox	Staff Assistant
Susan Dixon	Medicaid Services Specialist II
Shawna Hatton	Staff Assistant
Paula Jennels	Consumer Complaints Investigator II
Tyler Little	Consumer Complaints Investigator II
Justin Mullins	IT Contractor
John Pasztor	Staff Assistant
Brian Starke	Executive Admin Assistant
Joseph Yunker	Consumer Complaints Investigator II

What We Do

The Kentucky Health Benefit Exchange, within the Division of Health Plan Oversight, is the Commonwealth's State-Based Marketplace (SBM). Residents of Kentucky can utilize the integrated system's "no wrong door" approach to apply for and enroll in Medicaid/KCHIP or Qualified Health Plans with or without Financial Assistance.

The KHBE team provides support to residents seeking coverage; we also train and oversee kynectors, licensed insurance agents, and a Contact Center. We certify all Qualified Health Plans offered on the SBM as ACA compliant, ensure KHBE remains in compliance with federal and state regulations, and provide support to sister agencies and other stakeholders.

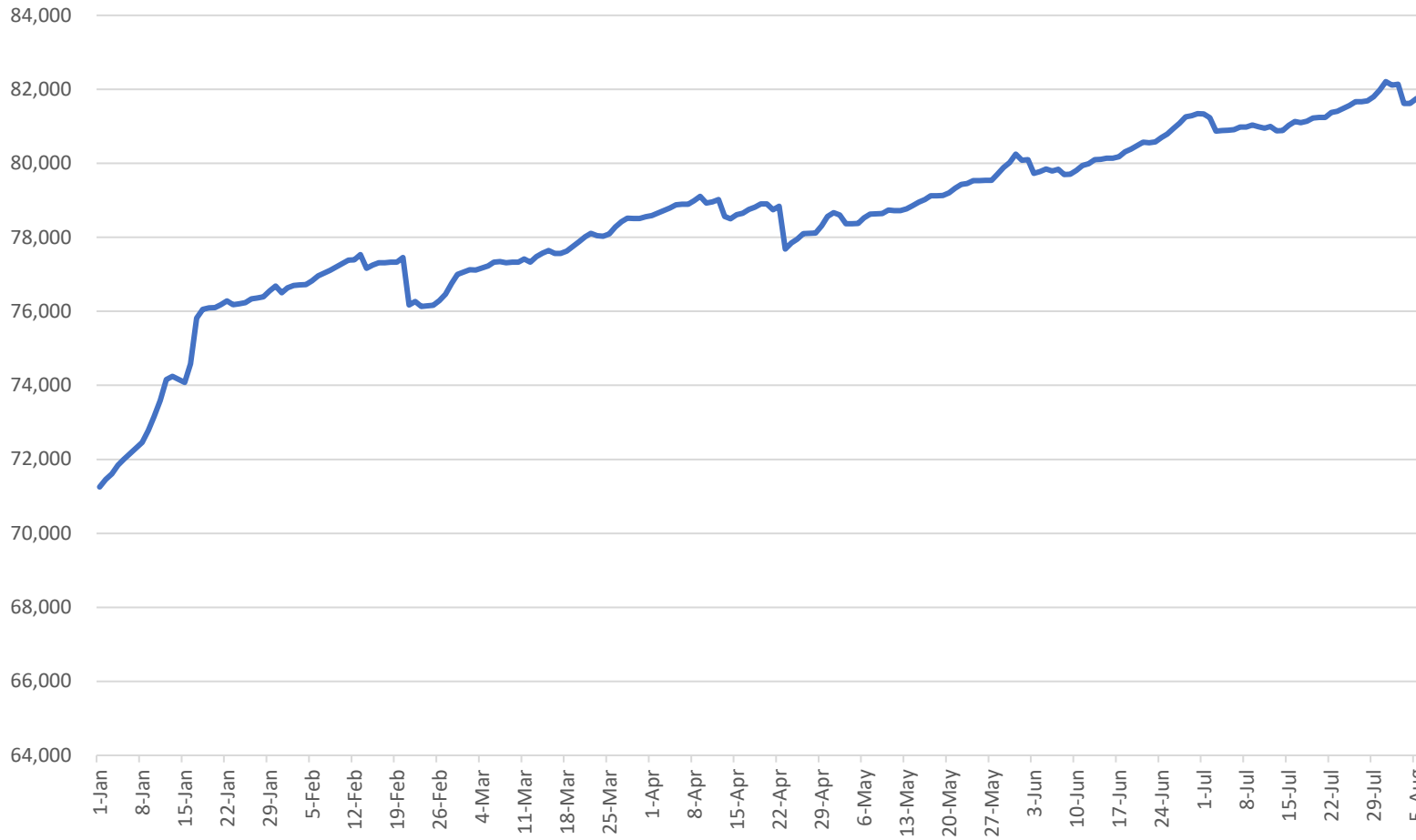


Current Activity: Increasing Enrollments After the PHE Unwind and Open Enrollment for Plan Year 2025

The uninsured rate for Kentucky is estimated at around five percent. This is lower than the national average but we can do better. As a fully integrated SBM, we strive to ensure that all Kentuckians not insured through work or elsewhere are covered— through Medicaid, Medicare or the Marketplace.

1. Open Enrollment Prep--Increasing Awareness: Refreshing outreach materials, webinars, office hours, one-on-ones to kynector/agents to make them more effective in their efforts to find and enroll the uninsured. Refreshing the KHBE Website with deeper dives into topics such as Immigration, Medicare/MSP, Waiver, and updates reflecting new policy/regulations.
2. System Changes/Enhancements: Application and shopping flow enhancements, correspondence enhancements, QHP Application Refresh, update and refresh of the content and nudges of the marketing campaigns.
3. New Policy Changes: Open Enrollment--DACA and a few other immigrant types eligible to enroll in QHP, bronze to silver crosswalk, catastrophic to bronze crosswalk, January 1, 2025—Pregnancy Special Enrollment

Active QHP Members Enrolled for PY2024



82,000
Currently Enrolled.

100,000
Enrolled
Any Time During 2024

Current Initiative: Enhanced kynector Metrics Reporting

1. User-Friendly Interface for kynectors:
 - Developed by teammates Brian Starke and Justin Mullins (shout out) with feedback from current and former kynectors.
 - Mobile-Friendly Design: Allows kynectors to track their daily activities in real-time from their mobile devices.
2. Efficient Data Collection:
 - Real-time data entry after each activity.
 - Standardized workflow ensures consistency for kynectors and organizations.
 - Captures data on race, ethnicity, and vulnerable or under-represented populations.
3. Comprehensive Data Compilation and Reporting:
 - Real-time data availability in roll-up reports.
 - Accessible to Organization Administrators, KHBE Team, and Leadership
4. Actionable Insights:
 - Real-time data enables managers to make informed decisions
 - Organization Administrators and KHBE Team can target outreach and education efforts to high-need areas, boosting enrollments.
 - Provides a clearer understanding of kynector program effectiveness.

Upcoming Events: Don't Miss out!

You're Invited: Recovery Celebration!



When: 10:30 a.m. to 2 p.m. Sept. 16

What: Recovery Month Celebration

Where: South lawn, Kentucky State Capitol, 700 Capital Ave., Frankfort

Who: DMS Commissioner Lisa Lee, DPH Commissioner Dr. Steven Stack, Office of Drug Control Policy Executive Director Van Ingram, other state leaders, and individuals from Kentucky's recovery community.



Questions

Open call for topics of interest!

What would you like to hear more about
from the Cabinet?

