



CABINET FOR HEALTH
AND FAMILY SERVICES

**Medicaid Monthly Virtual
Meeting
Nov. 20, 2024**

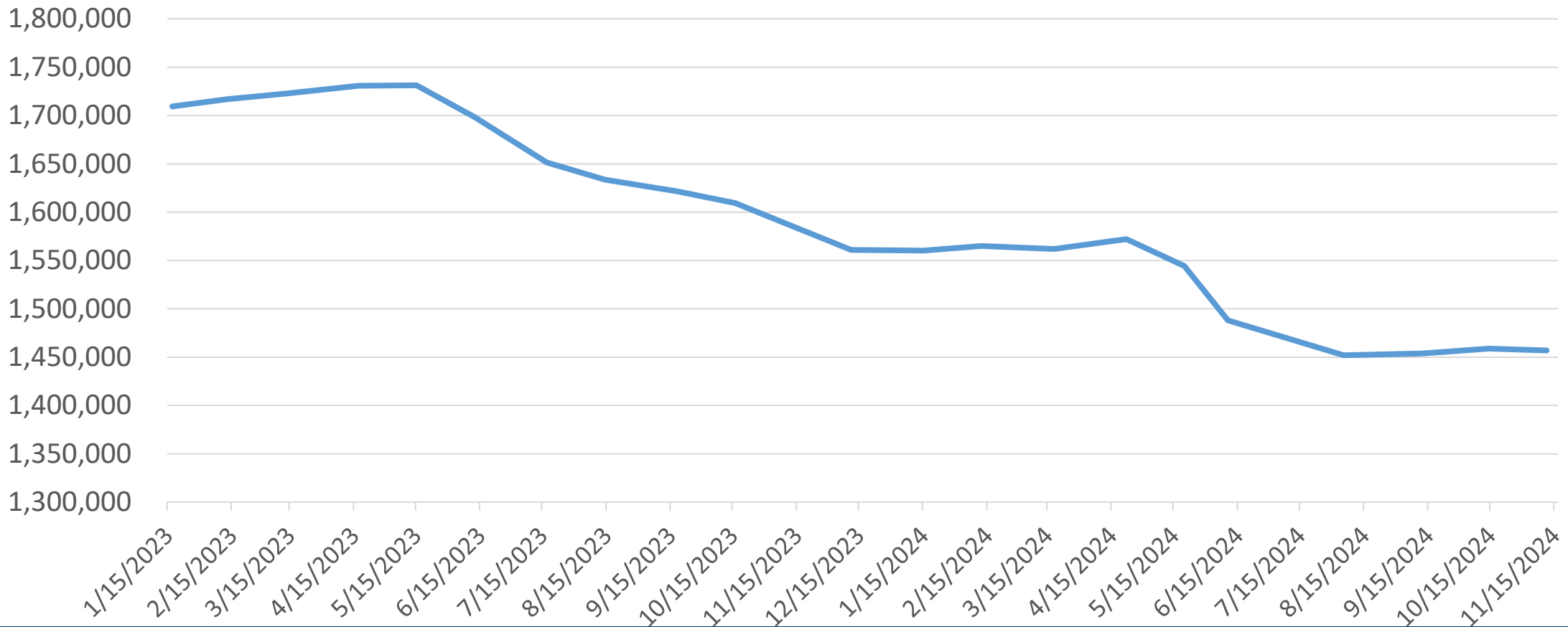
Agenda

- Welcome/Introduction
- Department Updates
 - Renewals and Eligibility
 - Anthem Transition
 - Open Enrollment 2025
 - Reentry
 - HCBS Waivers
- Guest Spotlight: KY Public Health
- Hot Topic: Diabetes Management
- Program Spotlight: Pharmacy

Medicaid PHE Unwinding Updates

Medicaid Enrollment Trend

Medicaid Enrollment: Jan 2023 through Nov 2024 Renewals



Medicaid Renewals

2023

2024

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

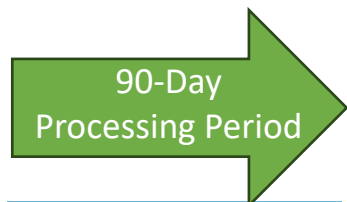
Jun

- All **PHE-related renewals for adults** have been conducted and processed.
- Ongoing annual renewals for **non-PHE** cases resumed in April 2024.
- Flexibilities in place through June 2025.
- Certain Appendix K flexibilities made permanent in 1915(c) waivers effective May 1, 2024.
- CMS monthly and updated reporting ongoing.

Unwinding Report Updates Posted – Cont'd

Original 2024 CMS Monthly Reports

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending
Jan	79,053	67,748	10,899	22
Feb	93,004	64,789	10,128	1
Mar	97,962	70,358	7,932	72
Apr	103,265	70,170	15,887	226
May	94,705	51,534	37,461	816
Jun	58,959	41,336	13,187	1
Jul	40,719	36,036	1,187	0



Updated 2024 CMS Monthly Reports*

	Individual Renewals	Medicaid Approvals	Medicaid Terminations	Pending
Jan	79,053	67,758	10,911	0
Feb	93,004	64,780	10,128	0
Mar	97,962	70,404	7,958	0
Apr	103,265	70,266	16,017	0
May	94,705	51,938	37,873	0
Jun	58,959	41,337	13,187	0
Jul	40,719	36,036	1,187	0

22 processed
1 processed
72 processed
226 processed
816 processed
1 processed
0 processed

*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 11/15/24
August	36,136	31,823	979	2	3,332	518
September	52,369	45,833	1,234	1	5,301	449
October	61,174	52,815	1,557	4	6,798	275

*Numbers are based on CMS Reports.

Renewals: Need help?

There are
people in
every
community
who can
help!

[kynector](#) or [licensed insurance agent](#) available online and by calling **1-855-4kynect** (1-855-459-6368)

If you're 65+ call the SHIP Hotline at (877) 293-7447 (**option #2**) or call DAIL at (502) 564-6930 and ask for a SHIP counselor to learn about Medicare options!

Resources on Kentucky's website for all things Medicaid Renewals and PHE Unwinding!

[MedicaidUnwinding.ky.gov](https://www.MedicaidUnwinding.ky.gov)

Providers Supporting Patients Through Renewals

Here is how to find your patient's renewal date in KYHealthNet.

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

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

Member

Current ID: [input] Last Name: L... First Name: [input] Date of Birth: 09/27/1964

Previous IDs: [input] Check Digit: 0 Gender: F Date of Death: [input]

SSN: [input] Phone Number: () [input] County: 058 - Johnson

Physical Address: 1833 [input] View Member's Mailing Address: [here](#)

City: [input] State: KY Zip Code: [input]

Hospice Election Date: [input]

Medicare A: [input] Medicare B: [input]

Medicare C: [input]

Case Number: [input] Case Name: [input] 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 [input]	D - Disabled indiv who rec [input]	00 - Regular [input]	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.

Help us get the message out! Informational fliers available on PHE website in English and Spanish!

Reinstatement Information

Materials for Offices

Editable Fliers for kynectors

ID Proofing Tips

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!

Are you or your family covered by Medicaid or KCHIP? Your renewal letter could be coming soon!

- Make sure your address is up to date in kynect!
- Check your mail. We may need to contact you!
- Complete and return requests for information.
- No longer qualify? Shop kynect for an affordable plan!



(855)-4kynect

FREE HELP!

www.kynect.ky.gov/healthcoverage

kynect
Together We Succeed Kentucky

TEAM KENTUCKY Public Health Emergency Unwinding
CABINET FOR HEALTH AND FAMILY SERVICES

Kentucky Medicaid Renewals

Here is what you need to know to stay covered!

If you or a family member currently has health coverage through Medicaid or the Kentucky Children's Health Insurance Program, called KCHIP, there are changes coming.

What's changing?

Because of COVID-19, the federal government declared a public health emergency (PHE). During this time, changes were made so that Medicaid and KCHIP renewals were not required, so people did not lose their coverage.

However, Kentucky restarted Medicaid annual renewals in April. Renewals will continue over a 12-month period.

Make sure you take the necessary steps to keep your coverage!

★ You will receive a letter when it is your time to renew.

What do you need to do?

- 1 Update your information:** Make sure kynect.ky.gov has your correct:
 - ✓ mailing address
 - ✓ phone number
 - ✓ email
 This way, we can contact you without delay.
- 2 Check your mail:** You will get a letter about your Medicaid or KCHIP renewal **when it is your time**. The letter will let you know if you need to complete a form or send in information to keep your coverage.
- 3 Send in information:** If you get a form, fill it out, return it right away. Make sure to give us any information we request. The information will help determine if you still qualify for coverage.

Have questions? Need help?

To make sure your information is updated, visit kynect.ky.gov or call 855-4kynect (855-459-6328)

Kentucky Medicaid will reach out to you when it is your time to renew.

You can also get free help from local kynectors.

Local kynector: Contact Info:

ASSISTANCE FOR KYNECTORS

MANUAL IDENTIFICATION PROOFING MADE EASY!

WHY IS ID PROOFING NEEDED?

Sometimes, a Medicaid member's identification cannot be verified electronically with Experian. When this happens, members will need to take additional steps to assure the verification of their identity.

ADDITIONAL INFO...

It is important to flag emails for DCBS staff to assure awareness of an identification proofing request and proper identification of the Medicaid member.

Email documents to:

TIP 1

If ID proofing is needed, Medicaid members must submit a form and photo ID to the Department for Community Based Services (DCBS).

TIP 2

kynectors can assist with the completion of form and can email the document, photo ID, and member's contact info on behalf of the member to DCBS.

TIP 3

Members or kynectors can hand deliver the form to a local DCBS office.

DMS.IDProofing@ky.gov

Enter "ID Proof" in subject line

Identify member in body of email.

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

KY PHE Website Resources

<https://medicaidunwinding.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 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!

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](#)

Stakeholder Session Information

KY PHE Reports

FAQs

Medicaid Member Information

Medicaid Provider Information

Communication Materials

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 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!

Anthem Medicaid Transition

Anthem Transition Timeline



Anthem Reassignment Plan

- Approximately 157,000 Anthem members automatically assigned to either Humana or United **resulting in an equal split** in the following order of priority:
 - a. If a household member has the same MCO;
 - b. If a preferred provider is in the network; or
 - c. If not assigned in a or b above, then randomly auto-assigned in a round-robin fashion.
- System auto reassignment on **November 10, 2024** with an effective date of **January 1, 2025**
- Member reassignment notice mailed **November 12, 2024**

Anthem Reassignment Plan

- New and current members may no longer select or be assigned Anthem starting **November 9, 2024**
- Anthem reinstatements through **December 31, 2024** - member may select or be auto-assigned effective January 1, 2025
- An Anthem member choosing any MCO between **November 10 and December 31** overrides the automatic reassignment
- Another reassignment will occur at the end of December for any remaining Anthem members who were not reassigned on November
- DMS, Anthem, Humana and United will meet regularly to ensure smooth transition especially for members in care management, pregnant, inpatient, out of state, residential or ongoing treatment.

Anthem Transition Communications

- Member Written Reassignment Notice
- Provider Written Notice and Medicaid Partner Portal Email
- kynect and KYHealthNet Platform Announcement
- Anthem Member Self Service Portal and Worker Portal Posting
- Announcement distributed to Medicaid Advisory Council, Technical Advisory Committees, GovDelivery Emails, kynectors, insurance agents, provider associations and advocacy organizations
- Dedicated phone number for Anthem members - 1-833-501-9930
- Designated website, [Kentucky Medicaid Anthem MCO Transition](#)
- Frequently Asked Questions Document

Open Enrollment 2025

Open Enrollment 2025



Enrollment Period

For the 2025 kynect open enrollment, the period to enroll in a health plan is from Nov. 1, 2024 to Jan. 15, 2025. To ensure coverage starts on Jan. 1, 2025, enroll by Dec. 15.



More Choices, Improved Shopping Tools

The application flow is more streamlined, and it is easier for Kentuckians to see their potential eligibility for levels of financial assistance. More issuers are offering plans with specific benefits such as heart health or diabetes, and more plans compatible with Health Savings Plans are available for 2025. A new dental carrier has been added.



By the Numbers

To date, 80,000 people have enrolled. Numbers are increasing daily.



1-855-459-6328

Reentry Update

Kentucky's Reentry 1115 Project



Incarcerated individuals and juvenile offenders are at higher risk for poor health outcomes, injury, and death than the general public.



Kentucky's Reentry Project was approved on July 2, 2024.



Medicaid will cover certain transitional services in state prisons and youth development centers, ensuring continuity of health care coverage pre- and post-release, and facilitating linkages to medical, behavioral health and health related social needs upon release.

Reentry Overview

Eligible Populations	<ul style="list-style-type: none"> ❖ All adults in one of Kentucky's state prisons (excluding state inmates housed in county jails) overseen by the Kentucky Department of Corrections (DOC). ❖ All adjudicated youth placed in one of Kentucky's Youth Development Centers (YDCs) overseen by the Kentucky Department of Juvenile Justice (DJJ).
Covered Services	<ul style="list-style-type: none"> ❖ Case management to address physical health, behavioral health, and health-related social needs (HRSN) up to 60 days prior to release, and up to 12 months post-release. ❖ Medication-assisted treatment (MAT) with accompanying counseling for individuals diagnosed with a substance use disorder (SUD) up to 60 days prior to release. ❖ 30 Day supply of all medication (inclusive of over-the-counter [OTC] medications) as clinically appropriate, and if applicable, a prescription/written order for durable medical equipment (DME) immediately upon release.
Approved Settings	<ul style="list-style-type: none"> ❖ Adult Institutions – State Prisons, DJJ - Youth Development Centers

Provisions of Medicaid Services for Placed Youth

The 2023 Consolidated Appropriations Act (CAA) includes Sections 5121 (**mandatory**) and 5122 (**optional**) that amend existing laws limiting Medicaid and CHIP coverage for incarcerated individuals.



Eligible Population

Section 5121

- Adjudicated juveniles under 21 years of age; **or**
- Between the ages of 18 and 26 if formerly in foster care.

Section 5122

- Pre-adjudicated juveniles under 21 years of age; **or**
- Between the ages of 18 and 26 if formerly in foster care.
- **Eligibility is not suspended**; individuals are entitled to benefits included under the approved service package.



Covered Services

Section 5121

- Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) screening and diagnostic services; includes medical, dental, and behavioral health; and
- Targeted Case Management 30 days pre-release and 30 days post-release.

Section 5122

- Allows states to request the full range of Medicaid/CHIP services the individual would otherwise be eligible for.



Approved Settings

- Youth Development Centers
- Youth Detention Centers
- State Prisons
- Local Jails

Reentry Project Timeline

Oct. 30, 2024

Submitted
Implementation
Plan to CMS



Dec. 29, 2024

Reinvestment
Plan Due to
CMS



Jan. 1, 2025

New youth
Medicaid
provisions
effective



Nov. 29,
2024

Monitoring
Protocol
Due to CMS



Dec. 29, 2024

Evaluation
Design Due
to CMS



Oct. 1, 2025
Implementation
upon CMS
approval

Waiver Update

1915(c) Home and Community Based Services (HCBS) Waivers

The Cabinet has submitted a proposed rate methodology to CMS and is negotiating pending rate updates to the 1915(c) HCBS waiver programs. There are several upcoming policy updates related to the HCBS waiver programs.

Rate Methodology Updates

- The Cabinet submitted six waiver amendments to CMS for review on October 1.
- The waiver amendments include a revised rate methodology for most HCBS services and associated service definition changes where applicable.
- The Cabinet received 217 public comments on the proposed amendments and posted the response to the DMS website on October 2.
- Waiver amendments have a proposed effective date of January 1, 2025.

Upcoming Policy Initiatives

- The Cabinet is currently in the process of drafting updated Kentucky Administrative Regulation that align with recent waiver renewals and amendments.
- The Cabinet anticipates American Rescue Plan Act (ARPA) Section 9817 funding will be spent in Winter 2024.
- The Home and Community Based Waiver and Model II Waiver are due for Federal renewal with CMS in 2025. The Cabinet has begun planning for renewal submission.
- The Cabinet has begun to develop new wait list management policies aligned with the assessment submitted to the General Assembly in October 2024.

1915(c) HCBS Waivers: State Fiscal Year (SFY) 2025 / 2026 Slot Allocation

The Cabinet is in the process of allocating the slots funded by the General Assembly and made available during SFY 2025 and 2026.

Waiver Program	Waiver Slots SFY 2024	New Slots in SFY 2025	New Slots in SFY 2026	Waiver Slots SFY 2026
1. Acquired Brain Injury (ABI)	383	0	0	383
2. Acquired Brain Injury Long Term Care (ABI-LTC)	438	+25 slots	+25 slots	488
3. Home and Community Based Waiver (HCB)	17,050	+250 slots	+500 slots	17,800
4. Michelle P. Waiver (MPW)	10,600	+250 slots	+500 slots	11,350
5. Model II Waiver (MIIW)	100	0	0	100
6. Supports for Community Living (SCL)	5,041	+125	+250 slots	5,416
Total	33,412	+650 slots	+1,275 slots	35,537

HCBS Waiver Wait List Management Assessment: Key Facts and Figures ¹

House Bill 6 requested DMS prepare and deliver an assessment of HCBS waiver program wait lists to the General Assembly by October 2024. The assessment found that many individuals on a HCBS waiver wait list can currently receive services through another Medicaid program.

Data Point	Data
Number of Individuals on a Waiver Wait List	12,847
Number of Individuals on More Than One Wait List	1,758
Percent of Individuals on a Wait List Who Have Access to Medicaid Services (e.g., Medicaid Managed Care, Fee-for-Service State Plan Services)	88%
Average Number of Weeks an Individual is on a Wait List (Across all HCBS Waivers)	171
Average Age of Individuals on a Wait List (Across all HCBS Waivers)	25.5 Years Old

Note: Data is as of June 30, 2024 to align with the data reflected in the 1915(c) Home and Community-Based Services Waiver Wait List Management Assessment delivered to the Legislative Research Commission on October 7, 2024.

HCBS Waiver Wait List Management Assessment: Recommendations

The Cabinet is implementing three recommendations to improve wait list management across the HCBS waiver programs. These recommendations will help the Cabinet comply with the Ensuring Access to Medicaid Services Final Rule by July 2027 (as Federally required).

Recommendation	Implementation Timeline
1. Align Wait List Administrative Regulations and Policies Across Waivers: The Cabinet will implement policy changes to confirm wait list management processes and requirements are aligned across all HCBS waiver programs and streamlined for waivers that share target populations.	Oct. 2024 – Mar. 2027 (29 months)
2. Standardize Waiver Application and Eligibility Review Process: The Cabinet will enhance wait list information gathering processes to confirm waiver eligibility prior to placing individuals on the wait lists and allow for urgency of need review to prioritize slot allocation to individuals with the highest level of need.	Oct. 2024 – Aug. 2026 (23 months)
3. Modernize Wait List Management Data Collection Systems: The Cabinet will integrate data collection and analysis into available tools to develop a publicly available wait list data dashboard. The dashboard will help the Cabinet deliver data driven updates to CMS, the Kentucky General Assembly, individuals on the wait lists, and other public stakeholders (e.g., advocacy groups). A dashboard will also help the State meet Federal Requirements per the Ensuring Access to Medicaid Services Final Rule.	Oct. 2024 – Aug. 2026 (23 months)

Guest Spotlight: Kentucky Department for Public Health

Our **HEALTHY** 
KENTUCKY Home

#OurHealthyKYHome

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Nationwide Context

In its 2023 America's Health Rankings, the UnitedHealth Foundation reported that among the fifty states, the Commonwealth of Kentucky ranked:

- Overall: 41st (43rd in 2022, N/A in 2021)
- Health Behaviors: 41st (46th in 2022, 48th in 2021)
- Health Outcomes: 44th (45th in 2022, 47th in 2021)

Kentucky Up Close

- 38% of citizens are obese
- 26% do not engage in any non-work physical activity (i.e., exercise)
- 45% eat fruit less than once per day
- 20% eat vegetables less than once per day
- 17% of adults smoke cigarettes (4th highest)



Our **HEALTHY** **KENTUCKY** Home

- Eat 2 servings of fruits or vegetables daily.
- Exercise at least 30 minutes, 3 times per week.
- Engage with others, stay connected!

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#OurHealthyKYHome


Kentucky Public Health
Prevent. Promote. Protect.

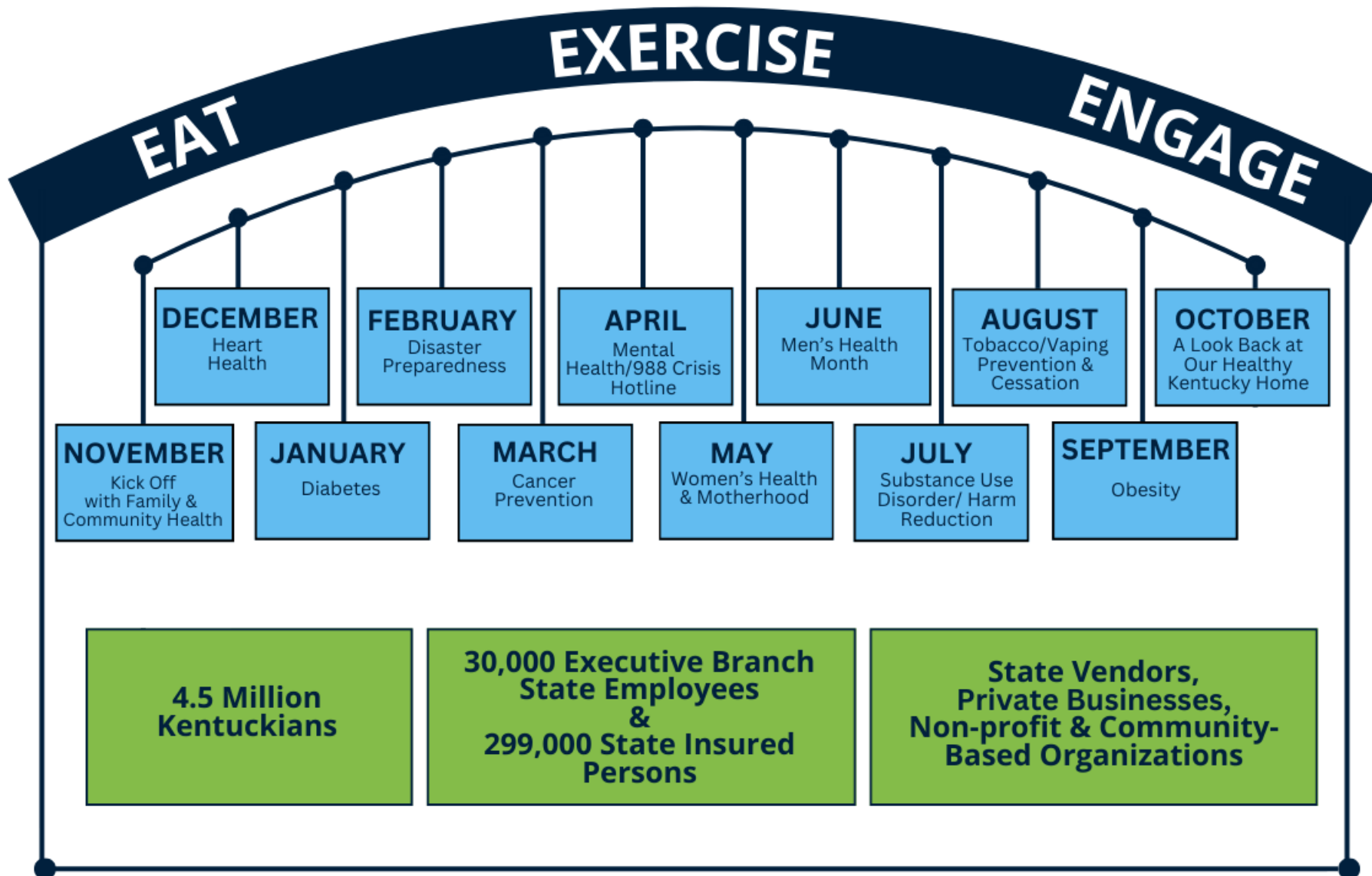
Our Healthy KY Home

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Our **HEALTHY** **KENTUCKY** Home

Eat 2 servings of fruits
or vegetables daily.

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Our **HEALTHY** **KENTUCKY** Home

Exercising for at least 30 minutes, 3 times per week is good for you both physically and mentally.

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Our **HEALTHY** **KENTUCKY** Home

Engage with others and
stay connected for
better health.

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Our **HEALTHY** **KENTUCKY** Home

- Eat 2 servings of fruits or vegetables daily.
- Exercise at least 30 minutes, 3 times per week.
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CAMPAIGN PACKET

Healthy
KENTUCKY

#HealthyKentucky

Governor Andy Beshear and Kentucky Public Health Commissioner Dr. Steven Stack invite you to participate in a Team Kentucky initiative to engage and inspire Kentuckians on a personal journey of achievable health and wellness improvements. Together, we can lift up a Healthy Kentucky!

**TEAM
KENTUCKY**



Our Healthy Kentucky Home Campaign Packet



Our HEALTHY KENTUCKY Home

A yearlong journey of simple and positive steps to shift behaviors and engage Kentuckians on a path to health and wellness.

41ST

Kentucky ranked 41st in the nation for overall health according to the 2023 America's Health Rankings, the UnitedHealth Foundation

According to the 2022 Kentucky Behavioral Risk Factor Surveillance Survey

- 38% Of citizens are obese
- 17% Of adults smoke cigarettes
- 26% Do not engage in exercise
- 45% Eat fruit less than once per day
- 20% Eat vegetables less than once per day

START YOUR JOURNEY TODAY



Eat 2 servings of fruits or vegetables daily.



Exercise at least 30 minutes, 3 times per week.



Engage with others, stay connected!



LEARN MORE
OurHealthyKYHome.ky.gov

Share your Journey

Tell us how you are personalizing the Our Healthy Kentucky Home campaign to meet your unique circumstances.

OurHealthyKYHome@ky.gov



Our HEALTHY KENTUCKY Home

A yearlong journey of simple and positive steps to shift behaviors and engage Kentuckians on a path to health and wellness.

START YOUR JOURNEY TODAY



Eat 2 servings of fruits or vegetables daily.



Exercise at least 30 minutes, 3 times per week.



Engage with others, stay connected!

Our HEALTHY KENTUCKY Home

#OurHealthyKYHome

According to the 2022 Kentucky Behavioral Risk Factor Surveillance Survey:

- 38% of Kentuckians are obese
- 26% do not engage in exercise
- 45% eat fruit less than once per day
- 20% eat vegetables less than once per day
- 17% of adults smoke cigarettes

These factors contribute to many health conditions which can diminish quality of life.

Through clear, simple and achievable lifestyle changes we can work together to ensure that every Kentuckian achieves better health and their full potential.



LEARN MORE
OurHealthyKYHome.ky.gov



PLACE STAMP HERE



Our **HEALTHY KENTUCKY** Home

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TO LEARN MORE VISIT:
OurHealthyKYHome.ky.gov
#OurHealthyKYHome

This graphic features a dark blue background on the right side with a white checklist and text. The left side shows a stylized landscape with green hills and a white cloud against a light blue sky. A thin green horizontal line is positioned above the checklist items.



Our **HEALTHY KENTUCKY** Home

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TO LEARN MORE VISIT:
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Our **HEALTHY KENTUCKY** Home

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KDPHPublicHealthContent@ky.gov



Join Team Kentucky in the
Our **HEALTHY**  **KENTUCKY** Home **Journey!**

Start today by visiting:

OurHealthyKYHome.ky.gov

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Kentucky Public Health
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Hot Topic: Diabetes Awareness Month

Diabetes Spotlight

- November is Diabetes Awareness Month.
- Over 30% of Kentuckians live with Diabetes & 12% have Pre-Diabetes. KY has the 13th highest mortality rate from Diabetes. Preventing and managing diabetes improves health outcomes and quality of life.
- Department of Public Health- Living with Diabetes Program and Diabetes Prevention Programs- offer virtual and in-person options throughout the state-
 - To find resources near you visit [Diabetes Prevention and Control Program - Cabinet for Health and Family Services](#) and [Kentucky Community Resources | kynect](#)
- Providers can provide Diabetes Support Management & Education Services (DSMES).
- Medicaid Managed Care Organizations offer Diabetes support programs and Value-Added Services.
- KY's Annual Quality Strategy's Goal #2 is to Promote evidence-based treatment for individuals with Type II Diabetes. Two focus measures are HBD-Good Control (HbA1c<8) and Assessment for Patients with Diabetes.

Continuous Glucose Monitor Grant

- In 2023, KY was one of seven states awarded an 18 month grant from the Center for Health Care Strategies to accelerate the utilization of Continuous Glucose Monitors (CGMs) for Medicaid Members.
- CGMs remove the need for Diabetics to perform finger sticks to monitor their blood sugar levels. Sensors provide electronic data to assist with managing the highs and lows of person's blood sugar levels.

- CGM Eligibility Criteria:

The patient has one of the following diagnoses:

- Insulin-dependent Diabetes Mellitus Type 1 (ICD-10 group E10); **OR**
- Insulin-dependent Diabetes Mellitus Type 2 (ICD-10 group E11); **OR**
- Gestational Diabetes Mellitus (ICD-10 group O24); **OR**
- Has a history of problematic hypoglycemia defined as:
 - Recurrent level 2 hypoglycemic events (glucose < 54 mg/dL) that persist despite multiple (2 or more) attempts to adjust medication(s) and/or modify the diabetes treatment plan; **OR**
 - A history of one level 3 hypoglycemic event (glucose < 54 mg/dL) characterized by altered mental and/or physical status requiring third-party assistance with for treatment of hypoglycemia.

NOTE: Managed Care Organizations may cover CGMs through their Durable Medical Equipment Policy.

- DMS is developing and will be providing educational materials and resources for members and providers to assist in the successful management of Diabetes

Program Spotlight: DMS Pharmacy

Pharmacy Overview

- Kentucky Medicaid moved to a single MCO pharmacy benefit manager (PBM), MedImpact, on July 1, 2021
 - Responsibilities
 - Pharmacy prior authorization review
 - Member/provider call center
 - Claims adjudication
 - Drug utilization review
 - Pharmacy provider payments
- MedImpact also awarded FFS PBM contract effective January 1, 2024
 - Additional Responsibilities
 - Rebate processing
 - Preferred Drug List Management



Prior Authorization Process

- Prescribers should direct all pharmacy prior authorization (PA) requests to MedImpact
 - Electronic PA requests can be submitted via CoverMyMeds, SureScripts Prior Authorization Portal and CenterX
 - Telephonic PA requests or inquiries should flow through MedImpact's Clinical Call Center
 - (844) 336-2676
 - 8:00am EST to 7:00pm EST/7 days a week
 - Fax PA requests can be sent to the following number:
 - (858) 357-2612
 - More information can be found at: <https://kyportal.medimpact.com/provider-forms/provider-forms>

Pharmacy RetroDUR Program

- Historically, RetroDUR (retrospective drug utilization review) letters were sent via paper mail to providers
- Beginning August 1, 2024, DMS/MedImpact moved all RetroDUR activities to an online portal
 - Providers can access the portal by establishing a Kentucky Online Gateway (KOG) account
 - Each organization will need an individual designated as the RetroDUR Org Admin
 - For questions on this process, email DMSPharmacy@ky.gov

RetroDUR Online Portal Topics

- Current Topics
 - Children with Antipsychotics
 - ADHD Stimulants for Children under 6
- Upcoming Topics
 - HPV Vaccines
 - Identify members aged 9-14 years old who have less than two HPV vaccines in history
 - Consistent benzodiazepine use in generalized anxiety disorder (GAD) and panic disorder (PD)
 - Identify members who have a diagnosis of GAD or PD, and had at least 60 days of anxiolytic benzodiazepine prescriptions within the past quarter but without a first-line agent for GAD/PD

GLP-1 Prescribing

- Requests must be for members with a valid diabetes diagnosis
 - Confirmed by documented ICD-10 or Hgb A1c
- Pharmacy claims and provider documentation are subject to audit by the Commonwealth
- GLP-1's only FDA-approved for diabetes should not be prescribed for weight loss
 - Kentucky Medicaid currently does not cover drugs for the treatment of obesity
- Non-preferred drugs require a trial of at least 2 preferred agents for a 3-month period

Addressing Polypharmacy in Long-Term Care

- Polypharmacy is often defined as the use of 5 or more medications concurrently for one patient and the negative effects outweigh the benefits.
 - Adverse drug events
 - Drug-drug interactions
 - Medication errors
 - Geriatric syndromes (i.e., falls, confusion, incontinence)

GOAL: Improve the lives of Kentucky long-term care residents by promoting awareness of deprescribing and medication optimization.

STRATEGY: Educational initiative targeted toward long-term care prescribers, administrators, and consultant pharmacists

- Discuss best practices for deprescribing and medication optimization

THANK
YOU!

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Questions

Open call for topics of interest!

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

