

The Commonwealth of Kentucky  
**kynect State-Based Marketplace**



**Kentucky Integrated Health  
Insurance Premium Payment  
(KI-HIPP) Program Training Guide**

August 20, 2021

## Document Control Information

### Document Information

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## Introduction

This Training Guide is intended to aid Agents and kynectors in understanding and navigating the Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program module in the State-Based Marketplace Certification/Registration Training.

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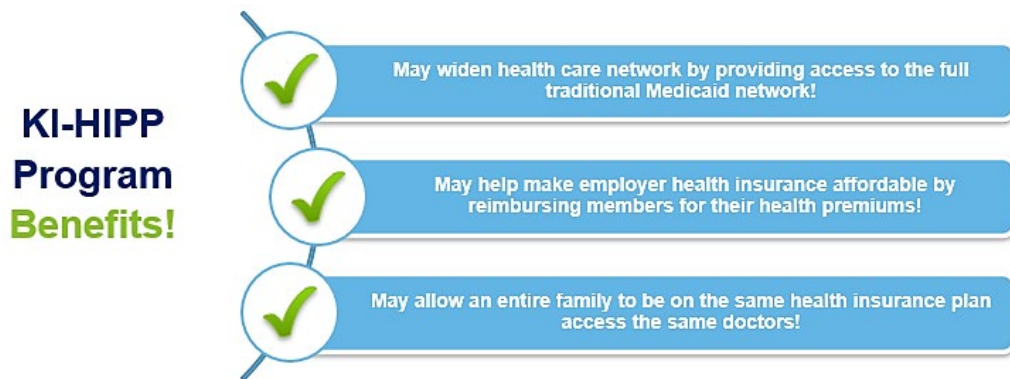
## 1 KI-HIPP Overview

Kentucky Integrated Health Insurance Premium (KI-HIPP) Program is a voluntary Medicaid program offered to health plan policyholders who are covering at least one Medicaid member on their policy. The program helps pay for the employee's share of the health premiums for an Employer-Sponsored Insurance (ESI) health plan.

- KI-HIPP helps policyholders with Medicaid Members(s) on their policy take more control of their health coverage choices/decisions.
- KI-HIPP is designed to give the resources to afford quality, comprehensive coverage in the commercial marketplace while also allowing the commonwealth to remain fiscally responsible.
- KI-HIPP enrollment does not result in a loss of Medicaid benefits!

### 1.2 KI-HIPP Program Benefits

The graphic below displays some of the benefits of the KI-HIPP Program:





### 1.3 KI-HIPP Enrollment Factors

KI-HIPP members have listed several reasons for signing up for KI-HIPP.

- Extend Employer-Sponsored Insurance (ESI) to children, allowing for everyone to be on the same plan
- Receive specialized health care services that are not available to Individuals with only Medicaid coverage
- Access more health coverage at a more affordable rate
- Maximize household savings and access to health care when possible
- Receive reimbursements via direct deposit or mailed check for ESI premiums that KI-HIPP members may have previously been paying

## 1.4 Medical Costs Covered by KI-HIPP

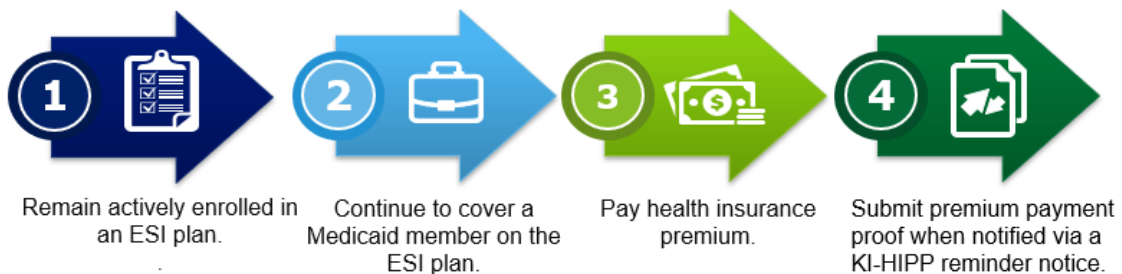
If the Medicaid member goes to a non-Medicaid provider, they may have out-of-pocket costs that are not paid by Medicaid. KI-HIPP members should select providers who accept their ESI plan and are a Medicaid provider.

Costs Covered by KI-HIPP	Costs Not Covered by KI-HIPP
 <b>Medicaid Provider:</b> The Member visits a Medicaid Provider.	 <b>Non-Medicaid Provider:</b> The KI-HIPP Program does NOT cover or reimburse Medicaid out-of-pocket costs for the Medicaid member if they go to a non-Medicaid provider.

## 1.5 Ongoing KI-HIPP Member Responsibilities

Once enrolled in KI-HIPP, KI-HIPP members must take **ALL** of the actions below in order to remain enrolled and receive a reimbursement to help cover the cost of the premiums. If the KI-HIPP member fails to comply, they may be disenrolled from KI-HIPP.

**Please note:** KI-HIPP members may re-enroll in KI-HIPP if they are disenrolled. They are not reimbursed for any premiums from the time they disenrolled to the time they are re-enrolled.



## 2 KI-HIPP Eligibility

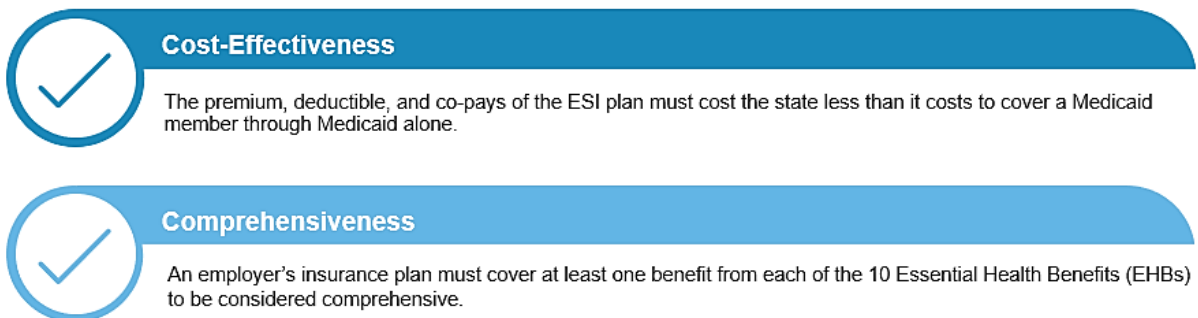
Health plan policyholders may be eligible for the KI-HIPP Program based on the following criteria:



**Please note:** Additional eligible plans include United Mine Workers, Retiree Health Plans, and Consolidated Omnibus Budget Reconciliation Act (COBRA).

### 2.2 KI-HIPP Plan Compatibility

Before a potentially eligible policyholder may enroll in KI-HIPP, the KI-HIPP Team must review the ESI plan for plan compatibility based on the following criteria:



The 10 Essential Health Benefits (EHB) categories are:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Pregnancy, maternity, and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventative and wellness services and chronic disease management

- Pediatric services, including oral and vision care

## 2.3 KI-HIPP Scenarios

The following KI-HIPP scenarios walk through situations that Agents and kynectors may encounter when working with Individuals trying to access KI-HIPP.

### **Scenario #1**

KI-HIPP eligibility includes Medicaid members **listed in the same case as the health plan policyholder**.

#### **Resident Information**

Rebecca is currently enrolled in an ESI plan and wants to have Jake on her plan as well. Jake is the only member of the household that is a Medicaid member. Rebecca is not receiving Medicaid.

- Rebecca is the Head of Household and is enrolled in insurance.
- Jake is Rebecca's spouse and is a Medicaid member.



#### **Is Rebecca potentially eligible for KI-HIPP?**

Yes, Rebecca is eligible for KI-HIPP! In order for Rebecca to receive KI-HIPP benefits, the KI-HIPP Team needs to determine if Rebecca's ESI is cost-effective and comprehensive based on the documents she submits.

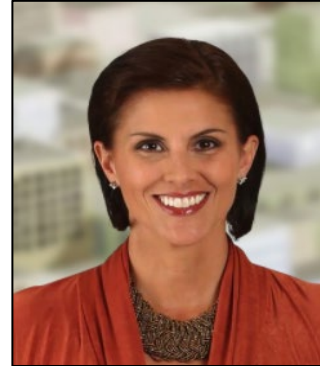
## Scenario #2

The KI-HIPP Program also includes families where the health plan policyholders may not be on the same Medicaid case as the Medicaid member. An example includes a non-custodial parent who is the health plan policyholder covering a Medicaid member.

### Resident Information

Brett is the custodial parent of their daughter, Charlotte. Erin is enrolled in her ESI. Charlotte is enrolled in her plan as well. Charlotte is the only Medicaid member covered by Erin's health plan.

- Brett is the Head of Household and Custodial Parent.
- Erin is the parent.
- Charlotte is the daughter.



### Is Erin potentially eligible for KI-HIPP?

Yes, Erin is potentially eligible for KI-HIPP!

## 3 KI-HIPP Program Roles and Processes

Below outlines the key roles and responsibilities for the KI-HIPP Team and kynectors.



### KI-HIPP Team (DMS)

- Discuss the KI-HIPP Program with interested policyholders.
- Process the KI-HIPP application and determine applicant's KI-HIPP eligibility.
- Verify KI-HIPP member's direct deposit information in Worker Portal.
- Complete manual issuance for discrepancies in KI-HIPP payments.



### kynectors

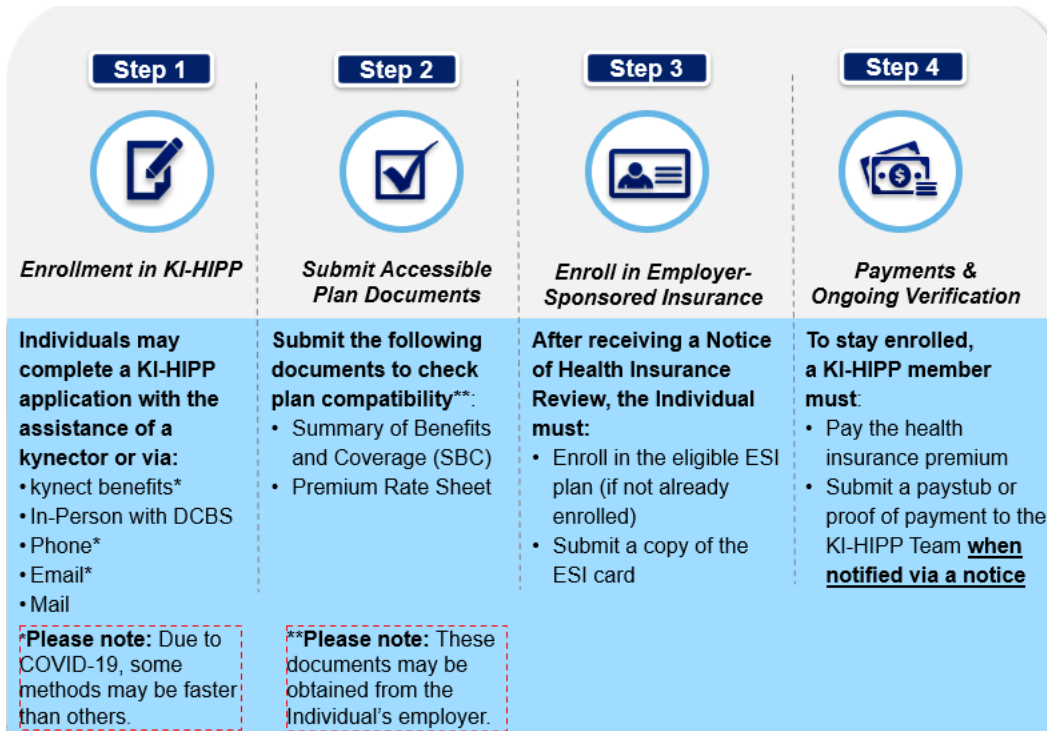
- Describe KI-HIPP benefits to potentially eligible policyholders to promote enrollment.
- Submit the policyholders' applications to the KI-HIPP Team.
- Assist applicants and members with their KI-HIPP document submission through kynect benefits.
- Direct the public to the [KI-HIPP website](#) for additional resources.

**Please note:** Only the KI-HIPP Team may process KI-HIPP applications and determine eligibility for the KI-HIPP Program.



### 3.2 KI-HIPP Eligible Member Enrollment Process

To enroll in KI-HIPP, the Individual needs to follow these steps.



**Please note:** To apply via email, applicants are required to submit a completed Health Coverage Form to the KI-HIPP email: [KIHIPP.Program@ky.gov](mailto:KIHIPP.Program@ky.gov). This form may be found on [kynect.ky.gov](http://kynect.ky.gov).


### 3.3 KI-HIPP Application Documents

Individuals who are interested in applying for the KI-HIPP Program must provide copies of the following documents to be reviewed for plan compatibility. A Request for Information (RFI) is not sent to the applicant after completing a KI-HIPP application.

**Please note:** KI-HIPP applicants may submit these documents prior to enrolling in an eligible health plan. The KI-HIPP Team can use these documents to determine which plans are eligible for the KI-HIPP Program. There is an Enrollment Document Checklist posted on the KI-HIPP website to help!

### 3.3.1 The Summary of Benefits and Coverage

The Summary of Benefits and Coverage (SBC) form shows comparisons of costs and coverage for health plans. The KI-HIPP Team uses SBCs to evaluate **comprehensiveness**.

Insurance Company 1: Plan Option 1		Coverage Period: 01/01/2013 – 12/31/2013
Summary of Benefits and Coverage: What this Plan Covers & What it Costs		Coverage for: Individual + Spouse   Plan Type: PPO
 <b>This is only a summary.</b> If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <a href="#">www.[insert]</a> or by calling 1-800-[insert].		
Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. See <a href="#">www.[insert].com</a> or call 1-800-[insert] for a list of participating providers.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.
<b>Questions:</b> Call 1-800-[insert] or visit us at <a href="#">www.[insert].com</a> . If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at <a href="#">www.[insert]</a> or call 1-800-[insert] to request a copy.		OMB Control Numbers: 1545-2229, 1210-0147, and 0938-1146 <b>1 of 8</b>

### 3.3.2 Premium Rate Sheet

The Premium Rate Sheet details the premium rates of insurance plans. The KI-HIPP Team uses the Premium Rate Sheet to evaluate **cost-effectiveness**.

Health Insurance Rates Effective January 1, 2017						
Insurance	Coverage	Bi-Weekly		Monthly		Total Premium
Your Cost   SETA Cost   Your Cost   SETA Cost						
Kaiser HMO	Single - Employee Only	112.85	247.50	225.70	495.00	720.70
	Family - Employee w/dependent	531.52	390.00	1,063.04	780.00	1,843.04
Western Health Advantage HMO	Single - Employee Only	107.30	247.50	214.60	495.00	709.60
	Family - Employee w/dependent	518.30	390.00	1,036.60	780.00	1,816.60
Sutter Health Plus HMO	Single - Employee Only	99.06	247.50	198.12	495.00	693.12
	Family - Employee w/dependent	496.39	390.00	992.78	780.00	1,772.78
Kaiser High Deductible	Single - Employee Only	34.08	247.50	68.16	495.00	563.16
	Family - Employee w/dependent	330.10	390.00	660.20	780.00	1,440.20
Western Health High Deductible	Single - Employee Only	22.40	247.50	44.80	495.00	539.80
	Family - Employee w/dependent	300.90	390.00	601.80	780.00	1,381.80

### 3.3.3 Plan Compatibility Review Notice

Once the KI-HIPP Team receives correct documentation and completes the Plan Compatibility Review, the Individual receives a notice with the Plan Compatibility Review results.

The KI-HIPP Plan Compatibility Result Notice shows if any of the plans are **comprehensive** and **cost-effective** and therefore, **eligible for KI-HIPP**.

**Summary of Benefits and Coverage (SBC)**

**Premium Rate Sheet**

HIP-XXXXXXXXXX  
07/2019

COMMONWEALTH OF KENTUCKY  
Cabinet for Health and Family Services  
«Department for Community Based Services»

Date: 07/16/2019  
Case Number: XXXXXXXX

John M Smith  
123 Capital Rd  
Lexington, KY 40515

**Kentucky Integrated Health Insurance Premium Payment (KI-HIPP)**

**Notice of Health Insurance Plan Review**

Congratulations! You are now eligible to enroll in the KI-HIPP Program. Please see below for next steps to enroll in the KI-HIPP program.  
Based on the information you have submitted, the Commonwealth has completed the review of your health insurance plan(s). Please see the details below:

Source of Coverage: ESI	Health Plan Name: Insurance Plan
Health Plan Policy #: XXXXXXXX	Coverage Year: 2019

Level of Coverage	Eligible for KI-HIPP?
Employee Only	Yes
Employee plus dependent	Yes
Employee plus spouse	Yes

Please submit the document(s) below to complete your KI-HIPP enrollment:  
• A Copy of your health insurance card or proof from your insurance company.

We will review your documentation. Once the verification process is complete, you will get another notice with your KI-HIPP coverage details.

You may submit the information on [benefind.ky.gov](http://benefind.ky.gov), or send the information to:

KI-HIPP Address 275 East Main St., 6C-A Frankfort, KY 40621  
Fax: 502-564-3232  
Email: [KIHIPPProgram@ky.gov](mailto:KIHIPPProgram@ky.gov)

If you have any questions, call us at 855-459-6328


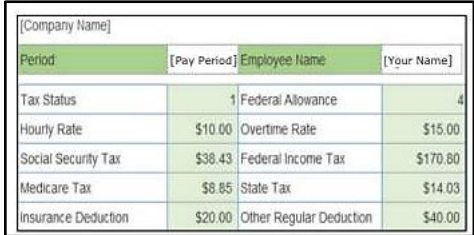
**Please note:** By federal regulation, determination of eligibility for a Medicaid Health Insurance Premium Plan (HIPP) Program is a qualifying life event. The determination of eligibility triggers a Special Enrollment Period through which the KI-HIPP applicant has 60 days to enroll in a qualifying ESI plan.<sup>1</sup>

<sup>1</sup> Section 701(f)(3) of the Employee Retirement Income Security Act (29 U.S. Code § 1181)

### 3.4 KI-HIPP Enrollment Documents

Policyholders must submit their ESI health insurance card and current paystub or proof of premium payment to enroll in the KI-HIPP Program.


**Please note:** When determining eligibility, KI-HIPP workers send a manual correspondence to the policyholder to inform them of additional documentation requirements.

Proof of Coverage	Proof of Health Insurance Premium Payment
<p><b>Document Type:</b> A copy of the policyholder's health insurance card shows that they are currently enrolled in a health insurance plan.</p> 	<p><b>Document Type:</b> The policyholder may submit a paystub or letter from their health insurance company as proof of premium payment.</p> 

### 3.5 KI-HIPP Direct Deposit Authorization

KI-HIPP members may receive their KI-HIPP payments via direct deposit. If the policyholder does not submit a direct deposit form, they automatically receive their KI-HIPP payments via a mailed check.

KI-HIPP members may opt-in or -out of direct deposit at their discretion by submitting a completed KI-HIPP Direct Deposit Authorization Form to the KI-HIPP Team.



**KI HIPP**  
Kentucky Integrated Health Insurance Premium Payment

**Kentucky Integrated Health Insurance  
Premium Payment Program  
Direct Deposit Authorization Form**  
Form KI-HIPP 63

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Please complete this form and return to confirm your bank account details you want KI-HIPP to deposit your payment into. **You do not need item H (below) completed if you can supply a voided personalized check or deposit ticket that verifies your bank routing and checking account numbers.**

Policy Holder Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**DIRECT DEPOSITS ARE ISSUED TO CHECKING ACCOUNTS ONLY.**

Check One:

☐ Begin Direct Deposit (Complete items A-G and sign item I)

☐ Stop Direct Deposit (Complete items A-B and sign item I)

☐ Change Direct Deposit (Complete items A-G and sign item I)

A. Name \_\_\_\_\_

B. Social Security Number \_\_\_\_\_

C. Name on Checking Account \_\_\_\_\_

D. Name of Bank \_\_\_\_\_

E. Address of Bank \_\_\_\_\_

\_\_\_\_\_

F. Bank Routing Number \_\_\_\_\_

G. Checking Account Number \_\_\_\_\_

If you do not have a check or deposit ticket available, have your bank complete items D, E, F, G and sign item H below.

H. \_\_\_\_\_

Authorized Bank Official

Title

I. I authorize and request the above indicated action be taken with regard to my CHECKING account at the bank, credit union, or savings and loan, stated above.

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

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You may upload the documents on [benefind.ky.gov](http://benefind.ky.gov), or send it to:  
 KI-HIPP Address: CHFS KI-HIPP Unit  
 275 E. Main St., 6C-A  
 Frankfort, KY 40621  
 Fax: 502-564-3232  
 Email: [KIHIPPPROGRAM@KY.GOV](mailto:KIHIPPPROGRAM@KY.GOV)

**Please note:** The KI-HIPP Direct Deposit Authorization Form may be found on the [KI-HIPP website](#). kynectors may assist the KI-HIPP member in uploading the documents and completing the corresponding fields in kynect benefits. If KI-HIPP members have questions about their KI-HIPP payments, they may direct those to the KI-HIPP Program email at [KIHIPPP.Program@ky.gov](mailto:KIHIPPP.Program@ky.gov).

### 3.6 Managed Care Organization (MCO) Disenrollment

KI-HIPP members who are enrolled in a Managed Care Organization (MCO) receive an MCO Disenrollment Letter. Their KI-HIPP benefits begin the following month after the approval of their KI-HIPP application.

#### Transitioning from an MCO to KI-HIPP

The following steps show how to transition from an MCO to KI-HIPP:



##### Step One: Enrollment in KI-HIPP

If the Medicaid member is an MCO member, they transition from the MCO to traditional, fee-for-service Medicaid once fully enrolled in KI-HIPP. This allows for premium payments to occur. **The Medicaid member continues to receive Medicaid benefits and should not discard the existing KyHealth Choices Medicaid Card.**



##### Step Two: MCO Disenrollment

Once fully enrolled in KI-HIPP, the Medicaid member also receives an MCO Disenrollment Letter because they are no longer covered by an MCO. However, now they have two sources of coverage: primary coverage from the ESI plan AND secondary coverage from Medicaid.

**Please note:** The MCO Disenrollment Letter informs Medicaid members that they have transitioned to the Medicaid fee for service network. They do not lose their Medicaid benefits by receiving this letter. If questions arise, members may review the [Medicaid Member Handbook](#) or call (855) 446-1245.



## 4 Assessment

1. What is KI-HIPP?
  - a. A KHBE-run counseling program for Medicaid members that seeks to teach members about Employer-Sponsored Insurance (ESI) plans.
  - b. A Medicare cost-share requirement specific to low income adults.
  - c. A voluntary Medicaid program offered to health plan policyholders who are covering Medicaid members. The program helps pay for the employee's share of the health premiums for an Employer-Sponsored Insurance (ESI) health plan.
  - d. An insurance program for temporary and part-time state employees.
2. Which of the following is a benefit of the KI-HIPP Program?
  - a. Once a month members get a free dental checkup
  - b. Helps make ESI affordable by reimbursing KI-HIPP members for their health premiums
  - c. KI-HIPP works with all chiropractors across the country
  - d. Reduced co-pays and deductibles
3. Which of the following is an ongoing responsibility for KI-HIPP members to maintain their KI-HIPP benefits?
  - a. Work over 40 hours a week
  - b. Take annual trainings on Medicaid eligibility requirements
  - c. Submit their weekly timesheets to the KI-HIPP Team
  - d. Continue to cover a Medicaid member on their ESI plan
4. KI-HIPP members can receive their KI-HIPP payments through which of the following ways?
  - a. Direct deposit or mailed check
  - b. Cash
  - c. Visa pre-paid debit card
  - d. PayPal



5. What are the KI-HIPP eligibility criteria?

- a. There is a Kentucky Medicaid member on the health insurance plan; The Individual is enrolled in an appropriate health insurance or has access to appropriate health insurance; Their health insurance is determined cost-effective and comprehensive by the KI-HIPP Team.
- b. The Individual can be a Kentucky or Indiana Resident; The Individual must be able to drive to Frankfort; The Individual must be 13 years or older.
- c. The Individual who wants to enroll in KI-HIPP must be born in Kentucky; The Individual must have car insurance; The Individual must be eligible for Medicare.
- d. They must call KI-HIPP on Saturdays to enroll; The Individual must pay their premium in cash; The Individual must get off work by 10pm.

6. Before a potentially eligible policyholder may enroll in KI-HIPP, the KI-HIPP Team must review the ESI plan compatibility based on which of the following criteria?

- a. Simple and Easy
- b. Smart and Complex
- c. Cost-effective and Comprehensive
- d. Elaborate and Economical

7. Which of the following is an action that kynectors take regarding the KI-HIPP Program?

- a. Enrolling Individuals in dental coverage
- b. Disposing Medicaid eligibility
- c. Uploading KI-HIPP documents via kynect benefits
- d. Assist with determining plan compatibility

8. Which of the following provides an overview of the KI-HIPP Program and how policyholders or interested Individuals may apply?

- a. KI-HIPP 101
- b. Medicaid Member Handbook
- c. kynect resources Onboarding Quick Reference Guide
- d. Kentucky Online Gateway FAQ

9. Who is responsible for processing KI-HIPP applications and determining eligibility for the KI-HIPP Program?

- a. Organization Administrators
- b. KI-HIPP Team
- c. KI-HIPP applicant's HR manager
- d. Certified Application Counselors (CACs)

10. What must policyholders submit to show that they are currently enrolled in an eligible health insurance plan?

- a. Driver's license
- b. Birth certificate
- c. Schedule of Benefits document
- d. ESI health insurance card