The Commonwealth of Kentucky kynect State-Based Marketplace



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

Document Control Information

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Introduction

This Training Guide highlights some of the policies and procedures established for the Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program. Agents and kynectors should familiarize themselves with KI-HIPP policies and procedures to better assist Individuals with their health coverage needs.

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Please note: Screenshots may not be representative of actual system behavior. All specific information found in this training guide is test data and not representative of any kynect client.

1 KI-HIPP Program Overview & Eligibility

1.1 KI-HIPP Overview

KI-HIPP 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 Medicaid members 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:



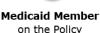
Eligibility for KI-HIPP 1.3



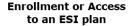
Kentuckians who are Medicaid members and have enrollment or access to an employer-sponsored insurance plan.

The KI-HIPP Team determines Plan Compatibility based on how cost- effective and comprehensive the employer-sponsored insurance plan is.













KI-HIPP will cover costs if:		
√ 🗒	Medicaid Provider: The Member visits a Med Provider.	

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mber visits a Medicaid



KI-HIPP will NOT cover costs if:

Non-Medicaid Provider: The member visits a Non-Medicaid Provider.

Please note: 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.

KI-HIPP Program Roles and Process

2.1 KI-HIPP Program Roles and Responsibilities

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





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

- 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.

- 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 <u>KI-HIPP</u> website for additional resources.

2.2 Document Enrollment Checklist



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 <u>Enrollment Document Checklist</u> posted on the KI-HIPP website to help!

2.3 KI-HIPP Eligible Member Enrollment Process



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





Apply for KI-HIPP

Individuals may complete a KI-HIPP application with the assistance of a kynector or via:

- kynect benefits
- · In-Person with DCBS
- Phone
- Email
- Mail

Step 2



Submit Accessible Plan Documents

Submit the following documents to check plan compatibility*:

- Summary of Benefits and Coverage (SBC)
- · Premium Rate Sheet

*Please note: These documents may be obtained from the applicant's employer.

Step 3



Enroll in Employer-Sponsored Insurance

After receiving a "Notice of Health Insurance Review," the Individual must:

- Enroll in the eligible ESI plan (if not already enrolled)
- Submit a copy of the ESI card

Step 4



Payments & Ongoing Verification

To stay enrolled, a member must:

- 1. Pay the health insurance premium
- Submit paystub or proof of payment to the KI-HIPP team when notified via a notice.

Please note: To apply via email, applicants are required to submit a completed <u>Health Coverage Form</u> to the KI-HIPP email: <u>KIHIPP.Program@ky.gov</u>. This form may be found on <u>kynect.ky.gov</u>. Additionally, the Training Guide can be found here <u>KI-HIPP Training Guide.</u>

3 Assessment

- 1. Which of the following is a benefit of the KI-HIPP Program?
 - a. Once a month, members get a free dental check-up
 - 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
- 2. Before a potentially eligible policyholder may enroll in KI-HIPP, the KI-HIPP Team must review the ESI plan for 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