



CABINET FOR HEALTH
AND FAMILY SERVICES

Monthly Stakeholder Meeting Updates

Public Health Emergency

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Public Health Emergency (PHE)

The Secretary for the Department of Health and Human Services declared a PHE on January 31, 2020, due to COVID-19, that ended on May 11, 2023



The PHE allowed states several flexibilities by:

- Triggering a variety of federal emergency powers
- Temporarily waiving certain Medicaid and Children's Health Insurance Program (CHIP) requirements
- Permitting continuous coverage with 6.2% enhanced Federal Medical Assistance Percentage (FMAP)



PHE flexibilities ended on May 11, 2023



The **Consolidated Appropriations Act 2023** separated continuous coverage from the PHE effective **March 31, 2023** and phases out the enhanced FMAP through December 31, 2023

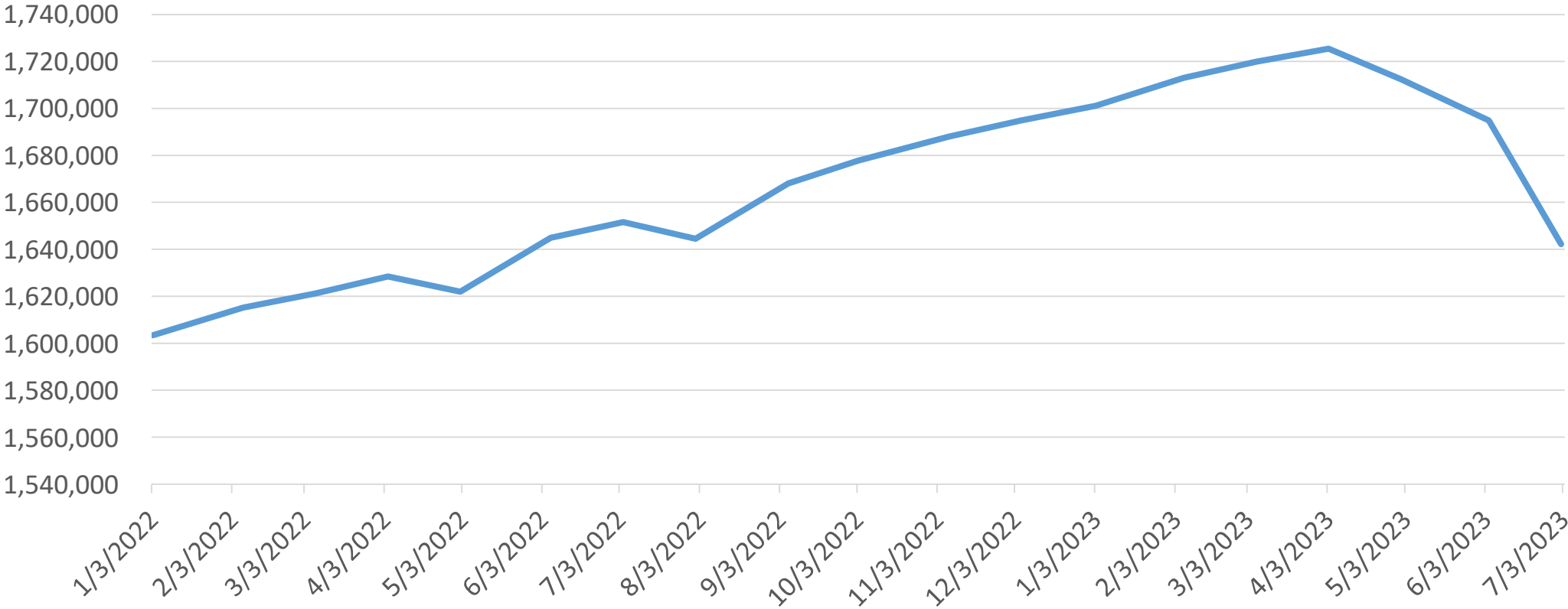


Upon PHE expiration

- ✓ End PHE flexibilities
- ✓ Resume temporarily waived requirements and conditions
- ✓ Permanently integrate specific flexibilities into state plan or waivers

Medicaid Enrollment during PHE

Medicaid Enrollment: January 2022 through July 2023



Renewal Caseload Distribution

Renewal Due Date	Caseload Distribution Count	Percent of Renewals
5/31/2023	72,430	8%
6/30/2023	79,533	8%
7/31/2023	48,490	6%
8/31/2023	48,461	6%
9/30/2023	79,949	9%
10/31/2023	78,268	9%
11/30/2023	58,632	7%
12/31/2023	57,897	7%
1/31/2024	82,699	10%
2/28/2024	88,704	10%
3/31/2024	87,784	10%
4/30/2024	87,454	10%
Total	874,602	100.00%

Updated
6/1/23

May Renewal Data as of July 15, 2023

Individual count of renewals – 73,999

Medicaid Approvals – 40,835

- Passively renewed – 32,792
- Actively renewed – 8,043

- Extended – 6,669
 - 4,164 processed in June
 - 2,505 extended another month

- Pending – 85

Medicaid Terminations – 33,079

- Determined ineligible – 9,585
 - *QHP/APTC eligible* – 5,986
 - *QHP enrolled* – 824
- Procedural reasons – 21,834

- Reinstated w/in 90 days – 3,557

June Renewal Data as of July 15, 2023

Initial individual count of renewals – 79,382

Medicaid Approvals – 41,105

- Passively renewed – 34,379
- Actively renewed – 6,726

- Pending – 1,396

- Extended – 9,789
 - 2,505 extended from May Renewals

Medicaid Terminations – 36,881

- Determined ineligible – 8,563
 - *QHP/APTC eligible* – 5,072
 - *QHP enrolled* – 994
- Procedural reasons – 27,392

- Reinstated w/in 90 days – 1,459

State Actions – Extended Coverage

Team KY took specific action for individuals living in Nursing Facilities and receiving Waiver services to avoid gaps in services!

May Renewals

Total Renewals moved to June	6,669*
NF/Waiver individuals moved	2,686
MSP individuals moved	3,983
Individuals having MSP present on case	2,158
Other individuals moved	1825

June Renewals

Total Renewals moved to July	9,789*
NF/Waiver individuals moved	2,047
Open document processing	7,742

***2,505 May Renewals were further extended one month to July
1,096 NF/Waiver individuals and 1,409 open document processing**

July and August Renewals as of 7/17/23

**57,378 Medicaid Renewals
due 7/31/2023**

38,427
Passive Cases

18,951 Active
Cases

3,512 Active Renewals Completed for July

Determined Eligible	2,616
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Determined Ineligible	646
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<i>Eligible for QHP/APTC</i>	<i>250</i>
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60% of passive cases automatically continued

**48,122 Medicaid Renewals
due 8/31/2023**

34,861
Passive Cases

13,261 Active
Cases

367 Active Renewals Completed for August

Determined Eligible	241
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Determined Ineligible	89
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<i>Eligible for QHP/APTC</i>	<i>37</i>
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69% of passive cases automatically continued

July and August Renewals as of 7/17/23

Active Renewal Notices Mailed

July: 12,389 August: 13,078

Passive Renewal Requests for Information (RFI) mailed

July: 15,344 August: 11,144

Email Messages Sent Relative to Renewals

July: 53,276 August: 16,007



- Notices Undeliverable by Mail
July (666); August (365)



- 94,483 Outreach Calls Conducted to date
- 73,813 Calls Received Related to Renewals to date



- 18,569 Callers were provided Renewal information
- 2,329 Callers completed Renewal

Current Priorities – Efforts to Ensure Continued Coverage

Nursing facility residents and waiver recipients continued coverage

Follow up on non-response cases

Ongoing messaging and communications

Renewals: How patients respond to a notice

Completing and Returning Forms

- Fill in all requested information
- Return by fax to 502-573-2005 or 502-573-2007
- Return by mail to P.O. Box 2104, Frankfurt, KY 40602

Self-Service Portal

- Log in to kynect at <https://kynect.ky.gov/benefits>
- Click on **Review Benefits** or **upload requested information in RFI**

Call kynect or DCBS

- Call kynect (1-855-459-6328) Mon-Fri 8:00 am to 7:00 pm ET
- Call DCBS (1-855-306-8959) Mon-Fri 8:00 am to 4:30 pm ET and Saturdays from 9:00 am to 12:00 pm ET

Visit a kynector, insurance agent or DCBS office

- Find a kynector or agent office* and visit Mon-Fri 8:00 am to 4:30 pm local time
- Find a DCBS office* and visit Mon-Fri 8:00 am to 4:30 pm local time

*Find a kynector or agent office here: https://kynect.ky.gov/benefits/s/auth-reps-assisters?language=en_US

*Find a DCBS office here: https://kynect.ky.gov/benefits/s/find-dcbs-office?language=en_US

Providers Supporting Patients Through Renewals

- ✓ Here is how to find your patient's renewal date in KYHealthNet.
 - Old dates or "N/A" means the member is in a category not normally subject to an annual renewal.
- ✓ If they've updated their contact information with you, ask them to update it with kynect too!

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:	Last Name: L...	First Name:	Date of Birth: 09/27/1964
Previous IDs	Check Digit: 0	Gender: F	Date of Death:
SSN: 1...	Phone Number: ()	County: 058 - Johnson	View Member's Mailing Address: here
Physical Address: 1833	City:	State: KY	Zip Code: 4...
Hospice Election Date:	Medicare A:	Medicare B:	Medicare C:
Case Number:	Case Name:	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 Co-Dev	D - Disabled indiv who rec	00 - Regular	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.

KLOCS Medicaid Renewal Reports

- On the Dashboard screen, under *Quick Links* section on the left, click *View Reports*.
- On the Reports screen, click *Medicaid Renewal Report*.
- Enter the appropriate start date and end date, then click *View Report* to generate *Medicaid Renewal Report*.

The image displays three sequential screenshots of the KLOCS web application interface, illustrating the steps to generate a Medicaid Renewal Report.

Dashboard Screenshot: The top navigation bar includes "Home", "Start Application", "LOC Management", "Message Center", "Quick Search", "Welcome Hari Allen", "Sign Out", and "Help". The "Time Travel Date" is set to "06/13/2023". On the left, the "Quick Links" section has "View Reports" highlighted with a red box. The main content area shows a "Tasks" table with columns for "Task Type", "My Tasks", and "Group Tasks". The "Tasks" table is currently empty, displaying "No tasks available for this queue". Below the table are buttons for "View History", "Mark As New", and "Mark As Closed".

Reports Screenshot: The "Reports" section is visible, with "Medicaid Renewal Report" highlighted by a red box.

Medicaid Renewal Report Screenshot: The form for generating the report is shown. It includes two required date fields: "* From Month/Year" and "* To Month/Year", both highlighted with red boxes. At the bottom, there are three buttons: "Back", "Reset", and "View Report", with "View Report" highlighted by a red box.

Providers Supporting Patients Through Renewals

Waiver Participant & Provider Information

- [1915\(c\) HCBS COVID-19 and Appendix K FAQ](#)
- Kentucky Level of Care System (KLOCS) Report
 - Nursing facilities and intermediate care facility providers can access the Medicaid Renewal Report in [KLOCS](#).
 - See [the KLOCS Provider Medicaid Renewal Report Quick Reference Guide](#) to learn how to access a report of Medicaid Eligible Individuals who are due for renewal.

<https://www.chfs.ky.gov/agencies/dms/dca/Documents/COVIDAppendixKCombinedFAQ.pdf>

PROVIDER INFORMATION AND RESOURCES

Kentucky Level of Care System

What It Is

The Kentucky Level of Care System (KLOCS) electronic system streamlines and automates the current level-of-care paper process. KLOCS generates user tasks and notifications to enable all stakeholders to interact electronically in level-of-care application, review and approval processes.

Starting Aug. 3, 2020, all nursing facility providers, institutionalized hospice service providers and ICF/IID providers are required to use KLOCS. **Please Note:** KLOCS does not impact ancillary services. Those processes remain the same.

The following changes take effect Aug. 3, 2020:

- Applications will be submitted and tracked using an online self-service portal.
- Level-of-care requests and discharges will be initiated electronically. This process automatically routes requests to the appropriate KLOCS personnel for review and completion of determinations.
- Providers will receive automatic task notifications and reminders to submit requested information

Documentation

Providers/Facilities

- KLOCS Telehealth Frequently Asked Questions [🔗](#)
- KLOCS Provider Telehealth Quick Reference Guide [🔗](#)
- KLOCS Backdating and Correcting LOCs [🔗](#)
- KLOCS Provider Webinar Part 1 presentation [🔗](#)
- KLOCS Provider Part 2 presentation [🔗](#)
- NF Hospice ICF Guide [🔗](#)
- KLOCS Part 1 Provider Webinar recording [🔗](#)
- KLOCS Part 2 Provider Webinar recording [🔗](#)
- Part One Provider Webinar FAQs [🔗](#)
- KLOCS Common Scenarios and Quick Reference Guide [🔗](#)
- KLOCS Medicaid Renewal Report QRG [🔗](#)

Transition from Medicaid to Qualified Health Plan PHE Unwinding Special Enrollment Period



a part of kynect

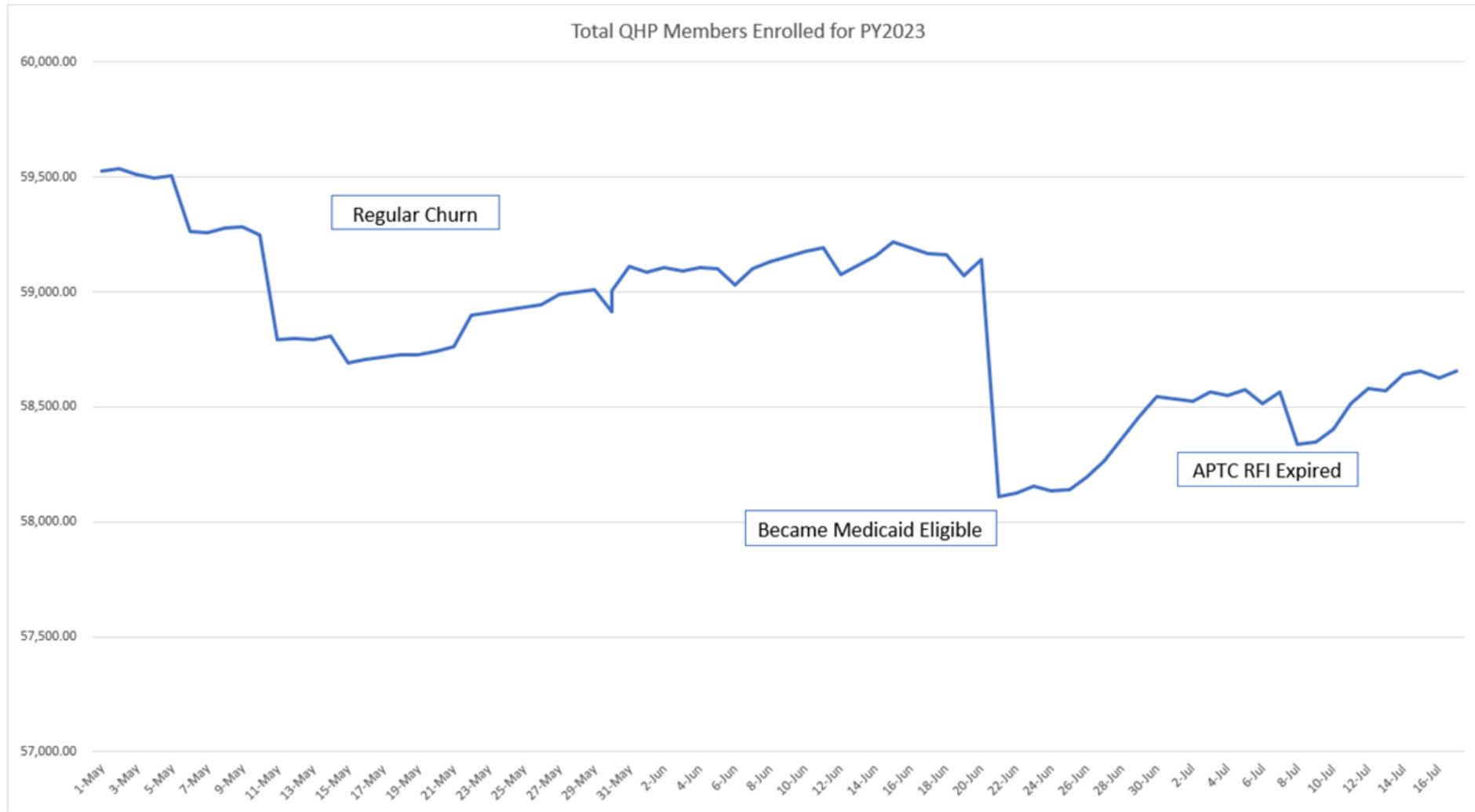
Individuals MUST take action!

PHE Unwinding Special Enrollment Period (SEP) for individuals who have lost Medicaid coverage 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 will start the first day of the month *following plan selection* but the *first payment must be paid* before the coverage is effective.

NOTE: If an individual is uninsured months from now...may still qualify for a Special Enrollment

Qualified Health Plan Enrollment as of 7/17/23



PHE Flexibilities

This is not a full list of all flexibilities. Please reference the [KY PHE Flexibility Tracker](#) for full information.

Ended May 11, 2023

- Suspension of provider revalidations
- Use of unlicensed facilities as alternative locations
- Hospital 20% add-on to DRG for COVID-19 diagnosis
- Nursing Facility \$270 per diem add-on
- Second Presumptive Eligibility (PE) period in CY

Extended through PHE Unwinding

- LTC Resource disregard
- 90-day period to file an appeal and for the state to make a decision
- Telehealth audio-only
- Non-HIPAA platforms extended through 8/9/23*
- Re-enrollment of member MCO if within 120 days

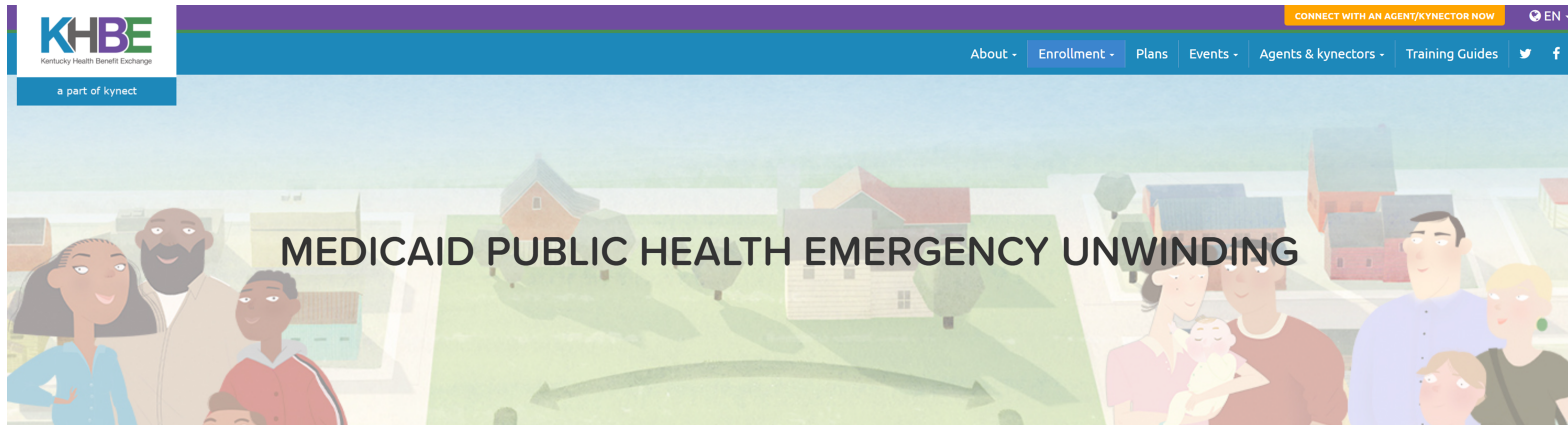
Permanently Implemented

- Nurse Aide applicants' use of I-9 instead of Social Security Card (907 KAR 1:250)
- Expanded telehealth (907 KAR 3:170)

**Following CMS guidance released on April 11, 2023, the 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 (ends August 9, 2023).*

KY PHE Website Resources

<https://medicaid.unwinding.ky.gov>



Stakeholder Session Information

KY PHE Reports

FAQs

Medicaid Member Information

Medicaid Provider Information

Communication Materials

1 Update your information in kynect!

To update your mailing address, phone number, email, and other contact information:

Visit kynect.ky.gov

-OR-

Call kynect at 855-4kynect (855) 459-6328

2 Please Respond!

If you received a Medicaid Renewal Packet or Request for Information please respond.

Even if circumstances have changed we still need to hear from you!

Coverage can be reinstated if you missed your due date and are still eligible.

3 Get free local help!

Free help with your benefit application is available.

A kynector can help you!

Find a kynector - [Get Local Help](#)

4 No longer qualify for Medicaid?

If you no longer qualify for Medicaid, you can still get help from kynect!

You may be eligible to enroll in a Qualified Health Plan with Financial Assistance to help pay for premiums, co-pays and more.

A licensed insurance agent can help you at no cost to you!

Find an Insurance Agent - [Get Local Help](#)

How to Stay Informed...

Kentucky's Medicaid Renewals and PHE Unwinding Website -
[MedicaidUnwinding.ky.gov](https://www.MedicaidUnwinding.ky.gov)

CHFS Social Media

- [Facebook](#),
- [Twitter](#), and
- [Instagram](#)

Stakeholder Meetings

- Ongoing Stakeholder Meetings – 3rd Thursday @ 11:00 ET

Reports

- KLOCS Report
- KYHealthNet Renewal Information



Questions