










## Who is covered in Kentucky's Medicaid Program?

### ELIGIBILITY GROUPS

	MCO <sup>1-3</sup>	FFS	
Children (0-18 years)			Undocumented Immigrants
Current & Former Foster Care Children			
Parents and other Caretaker Relatives			
Pregnant Women			
Aged, Blind, and Disabled Adults			
Disabled Children			
Newly Eligible Adults			
Qualified Non-Citizens*			
Intellectual and Developmental Disabilities**			

\*Qualified Non-Citizens are subject to a 5-year waiting requirement, except for children up to age 19.

\*\*Coverage provided through a targeted case management program.

## Important News

**May 2016** - Louisville Metro Corrections director hires a full-time enrollment staffer to sign-up the incarcerated for Kynect before their release.<sup>4</sup>

**January 2018** - Three nonprofit organizations file a lawsuit on behalf of 15 Kentucky Medicaid beneficiaries against the federal government; requesting that a judge block the newly imposed Kentucky Medicaid work requirements. Under these work requirements, added by the Kentucky HEALTH waiver, most adult Medicaid enrollees will have to work or volunteer for a certain number of hours to maintain their coverage eligibility.<sup>5</sup>



### Medicaid Medical Director's Network

Kentucky created "Benefind" to transition eligibility assessment and enrollment into a new centralized system.

The state of Kentucky implemented KASPER (Kentucky All Schedule Prescription Electronic Reporting) to track controlled substance prescriptions dispensed within the state, including information on the prescriber and dispenser.<sup>6</sup>

### Do Medicaid health plans provide coverage?<sup>7</sup>

YES  NO

- Aetna Better Health
- Anthem Kentucky
- Humana CareSource
- Passport Health Plan
- WellCare of Kentucky

## How has Kentucky's Medicaid program engaged in Managed Care?

### SECTION 1115 WAIVERS

The **Kentucky HEALTH** waiver was created to lower costs by encouraging members to improve their health by incentivizing preventive care, participation in disease management programs, and healthy lifestyles. It applies private market policies and principles to prepare members for the commercial market, focuses on addressing the growing drug abuse epidemic and on engaging members in the community through employment or preparing for employment.<sup>8</sup> An amendment to this proposal was submitted in July 2017, including provisions such as: implementing premiums on a sliding scale based on income; dis-enrolling beneficiaries with incomes above 100% FPL after failure to pay premiums within a 60 day grace period; barring beneficiaries from re-enrolling for 6 months after failing to pay premiums or failing to re-enroll on time unless certain requirements are completed; imposing work requirements on most adults as a condition of eligibility; and significantly altering the benefit package for adult enrollees in the expansion population.<sup>8</sup> The Kentucky HEALTH waiver, including its amendment, was approved on January 12, 2018.<sup>9</sup>



APPROVAL:  
1/12/2018

EFFECTIVE:  
1/12/2018

EXPIRATION:  
9/30/2023

## How is Kentucky meeting the needs of Medicaid enrollees?

### Value-Based Healthcare Initiatives

Formed in 2012, KentuckyOne Health Partners is the only accountable care organization (ACO) in the state of Kentucky. The organization is a provider-based, physician-led clinically integrated network developed by KentuckyOne Health.<sup>10</sup>

Although Kentucky has not implemented a statewide Patient Centered Medical Home (PCMH) program, they have the Kentucky REC, a PCMH partner at the University of Kentucky. As a partner, they offer a variety of services to support both small and large health care practices, including:<sup>9</sup>

- Education on PCMH standards and best practices.
- Documentation review and feedback advice for overcoming transformation barriers.
- Access to a web-based project management tool for tracking your transformation progress.
- Guidance with the PCMH application and submission process.



### Mental Health & Substance Use Disorder<sup>17</sup>

Kentuckians have access to:

- Community Mental Health Centers (CMHC) that offer direct or indirect mental health services, inpatient/outpatient, therapeutic rehabilitation, and emergency services.
- Psychiatric Inpatient Hospitals for patients who require round-the-clock supervision, must be cooperating with individualized "active treatment".
- Psychiatric Treatment Facilities
- Psychiatric Residential Treatment Facilities (PRTF) for residents ages 6-21 who require long-term treatment for a severe mental disability or psychiatric illness; PRTFs are a transition between a hospital and home life.



### Family Planning<sup>12</sup>

Services include:

- Medical history
- Physical examination
- Laboratory and clinical test supplies
- Educational material
- Counseling and prescribed birth control methods.
- Additional services may be available through referrals.



### Women's Health

Female residents under the age of 65 who do not otherwise have health coverage and who have been screened and diagnosed with cancer are eligible for the Breast and Cervical Cancer Treatment Program (BCCTP). BCCTP members qualify for full Medicaid services.<sup>13</sup>

Pregnant women can receive temporary medical coverage for prenatal care through presumptive eligibility while they are waiting for approval to receive full Medicaid benefits.<sup>14</sup>

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Medicaid-eligible women with children 5 years of age or younger with nutrition education, breastfeeding promotion, a monthly food prescription for nutritious foods, and access to health care services.<sup>15</sup>

The Public Health Prenatal Program provides prenatal services to pregnant women with an income at or below 185% of the FPL and who have no other source of coverage.<sup>16</sup>



### Oral Health<sup>18</sup>

Services for children and adults include:

- Oral exams
- Extractions
- Emergency visits
- Fillings
- X-rays

In addition, children under age 21 qualify for:

- Root canal therapy, crowns, and sealants
- Braces, in severe circumstances
- Denture repair





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# Timeline

## Federal

## Kentucky

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



1966

Kentucky adopts the Medicaid program.<sup>19</sup>



Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

1986

Kentucky introduces its first managed care program, the Kentucky Patient Access and Care (KenPAC) Program, a primary care case management program (PCCM). KenPAC enrolls low-income adults and children on a mandatory basis across the state and covers acute, primary, and specialty care coordination by providers.<sup>20</sup>

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

1997

Kentucky implements another managed care program, Kentucky Health Partnership (KHP), a partnership with a local organization called Passport Health Plan. The health plan covers acute, primary, and some specialty care (excluding behavioral health) to most Medicaid enrollees.<sup>20</sup>

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999



Kentucky adds the Human Service Transportation Delivery Program to extend transportation services on a mandatory basis to most Medicaid enrollees in the state.<sup>20</sup>

Kentucky terminates the KenPAC (PCCM) program and receives approval to expand managed care statewide to cover enrollees in regions not served by Kentucky Health Partnership.<sup>20</sup>

Kentucky implements Medicaid managed care, using regional networks to deliver care. The Medicaid managed care program covers acute care, primary care, and specialty services, including behavioral health and dental services.<sup>20</sup>

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

2010

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

2011

ACA implementation begins.

2014

2013

Kentucky begins awarding contracts to additional managed care organizations (MCOs) to manage care for enrollees in the region served by KHP and Passport Health Plan.<sup>20</sup>

Kentucky expands traditional Medicaid.<sup>8</sup>

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2017

2016

Kentucky's Governor decides to seek a Section 1115 Waiver to change the state's traditional Medicaid expansion and creates Kentucky HEALTH.<sup>8</sup>

