



CABINET FOR HEALTH
AND FAMILY SERVICES

Interim Joint Commission on Appropriations and Revenue

Lisa Lee, DMS Commissioner

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December 3, 2024

Medicaid

- Largest program that provides medical and health-related services to low-income individuals
- Governed by Title XIX of the Social Security Act
- Partnership between federal government and states
- Federal government sets broad guidelines:
 - Populations
 - Benefits, mandatory and optional
 - Guarantees minimum of 50% match for qualified services
- State responsible for administering program and have flexibility regarding:
 - Eligibility for enrollment
 - Which services are covered
 - How payments to providers are established
 - How to deliver care
 - How much to reimburse providers

Federal Medical Assistance Percentage (FMAP)

- Traditional Medicaid
 - Benefits: 71.48%
 - Administration – 50%
 - Personnel – 50%
 - Nurses – 75%
 - Information Technology
 - 90% for Design and development
 - 75% for Maintenance and Operations
- Benefits for Expansion Population – 90%
- KCHIP – 80.04%

Kentucky Children's Health Insurance Program (KCHIP)

- Established in 1997
- Children under the age of 19
- Income up to 218% of Federal Poverty Level (FPL)
 - Medicaid under age 1 = 200% of FPL
 - Medicaid aged 1 – 18 = 147% of FPL
- Cannot have other insurance
- Governed by Title XXI of the Social Security Act
- 108,000 Kentucky Children currently enrolled

2024 Federal Poverty Level – Monthly Income Pre-Tax

# in Family	100 FPL	138 FPL	147 FPL	200 FPL	218 FPL	400 FPL
1	\$ 1,255	\$ 1,732	\$ 1,845	\$ 2,510	\$ 2,736	\$ 5,020
2	\$ 1,704	\$ 2,351	\$ 2,504	\$ 3,407	\$ 3,714	\$ 6,814
3	\$ 2,152	\$ 2,970	\$ 3,163	\$ 4,304	\$ 4,691	\$ 8,607
4	\$ 2,600	\$ 3,588	\$ 3,822	\$ 5,200	\$ 5,668	\$ 10,400
5	\$ 3,049	\$ 4,207	\$ 4,482	\$ 6,097	\$ 6,646	\$ 12,194
6	\$ 3,497	\$ 4,826	\$ 5,141	\$ 6,994	\$ 7,623	\$ 13,987
7	\$ 3,945	\$ 5,445	\$ 5,800	\$ 7,890	\$ 8,601	\$ 15,780
8	\$ 4,394	\$ 6,063	\$ 6,459	\$ 8,787	\$ 9,578	\$ 17,574
9	\$ 4,842	\$ 6,682	\$ 7,118	\$ 9,684	\$ 10,555	\$ 19,367
10	\$ 5,290	\$ 7,301	\$ 7,777	\$ 10,580	\$ 11,533	\$ 21,160
11	\$ 5,739	\$ 7,919	\$ 8,436	\$ 11,477	\$ 12,510	\$ 22,954
12	\$ 6,187	\$ 8,538	\$ 9,095	\$ 12,374	\$ 13,487	\$ 24,747
13	\$ 6,635	\$ 9,157	\$ 9,754	\$ 13,270	\$ 14,465	\$ 26,540
14	\$ 7,084	\$ 9,775	\$ 10,413	\$ 14,167	\$ 15,442	\$ 28,334
15	\$ 7,532	\$ 10,394	\$ 11,072	\$ 15,064	\$ 16,420	\$ 30,127
16	\$ 7,980	\$ 11,013	\$ 11,731	\$ 15,960	\$ 17,397	\$ 31,920
17	\$ 8,429	\$ 11,632	\$ 12,390	\$ 16,857	\$ 18,374	\$ 33,714
18	\$ 8,877	\$ 12,250	\$ 13,049	\$ 17,754	\$ 19,352	\$ 35,507
19	\$ 9,325	\$ 12,869	\$ 13,708	\$ 18,650	\$ 20,329	\$ 37,300
20	\$ 9,774	\$ 13,488	\$ 14,367	\$ 19,547	\$ 21,306	\$ 39,094
Additional Member	\$ 449	\$ 619	\$ 660	\$ 897	\$ 978	\$ 1,794

Kentucky Medicaid at a Glance

Approximately 1.4 million members

Over 600,000 children – more than half of the children in Kentucky (includes KCHIP)

485,000 expansion members

Over 69,000 enrolled providers

\$18.5 billion in total SFY 2024 expenditures (Administrative and Benefits combined)

ORGANIZATIONAL STRUCTURE

OFFICE OF THE COMMISSIONER

Division of Quality & Population Health

Division of Program Integrity

Division of Long-Term Services & Supports

Division of Fiscal Management

Division of Health Care Policy

Division of Health Plan Oversight

Division of Information Systems

Covered Populations

- Deemed Eligible Newborns
- Low-income Children
- Kentucky Children's Health Insurance Program
- Foster Children
- Adoption Subsidy
- Department of Juvenile Justice
- Low-income Adult
- Parents and Caretaker Relatives
- Pregnant Women
- MAGI Spend Down
- Former Foster Care
- Transitional Medicaid Assistance
- Emergency Time-Limited
- KY Integrated Health Insurance Premium Payment
- Non-SSI Regular Medicaid
- Time-Limited for Aged, Blind or Disabled Immigrants
- Regular SSI
- Ex Parte SSI
- Pass Through Disabled Adult Children
- State Supplementation
- Long Term Care
- Qualified Medicare
- Specified Low-Income Medicare
- Medicare Qualified Individuals
- Qualified Disabled Working Individuals

Covered Services

Mandatory

- Inpatient hospital services
- Outpatient hospital services
- EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Services
- Nursing Facility Services
- Home health services
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Family planning services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

* Optional services must be provided to children under age 21 when medically necessary

Optional*

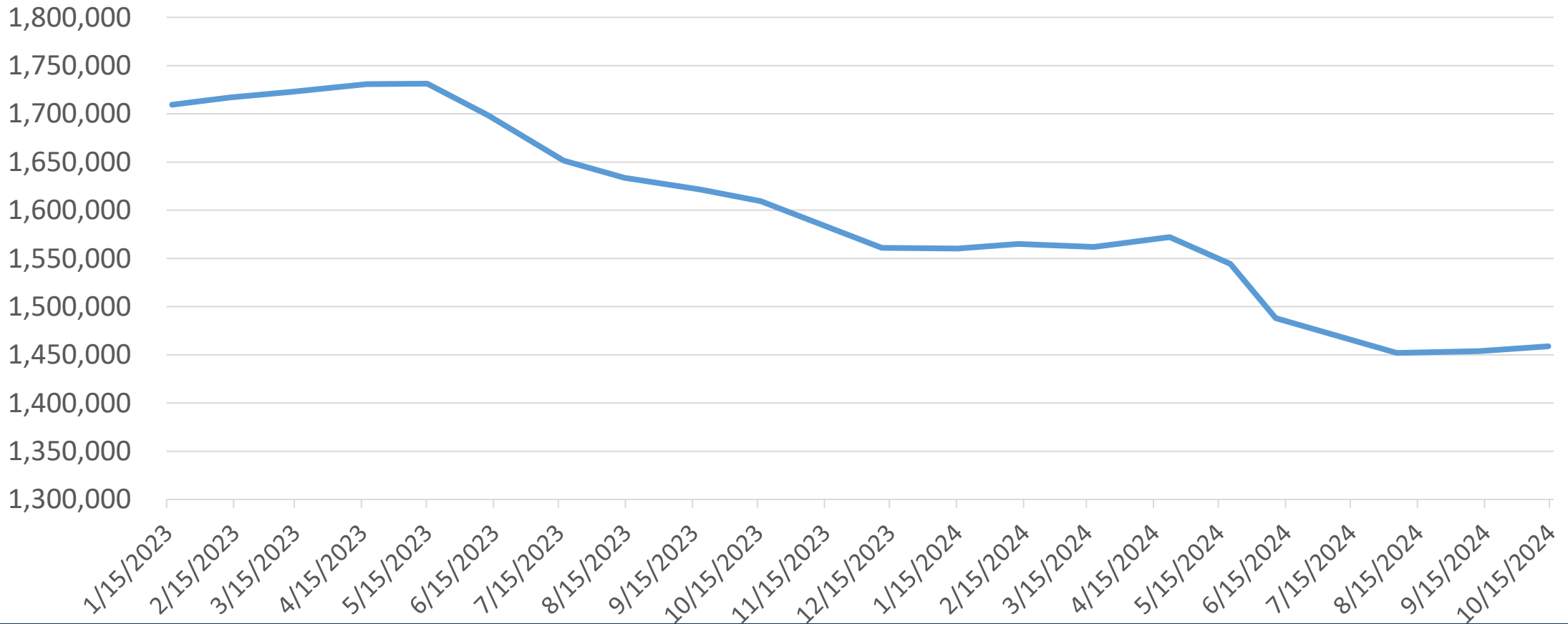
- Prescription Drugs
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing and language disorder services
- Respiratory care services
- Other diagnostic, screening, preventive and rehabilitative services
- Podiatry services
- Optometry services
- Dental Services
- Dentures
- Prosthetics
- Eyeglasses
- Chiropractic services
- Other practitioner services
- Private duty nursing services
- Personal Care
- Hospice
- Case management
- Services for Individuals Age 65 or Older in an Institution for Mental Disease (IMD)
- Services in an intermediate care facility for Individuals with Intellectual Disability

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

- EPSDT is the pediatric benefit in Medicaid and establishes a higher standard for children than adults
- All children enrolled in Kentucky Medicaid and KCHIP receive the EPSDT benefit
- More than half of the children in Kentucky are enrolled in Medicaid or KCHIP
- EPSDT is essential for ensuring that Kentucky's children grow and thrive
- Managed Care Organizations (MCOs) are responsible for ensuring EPSDT benefit is available to all children

Medicaid Enrollment Trend

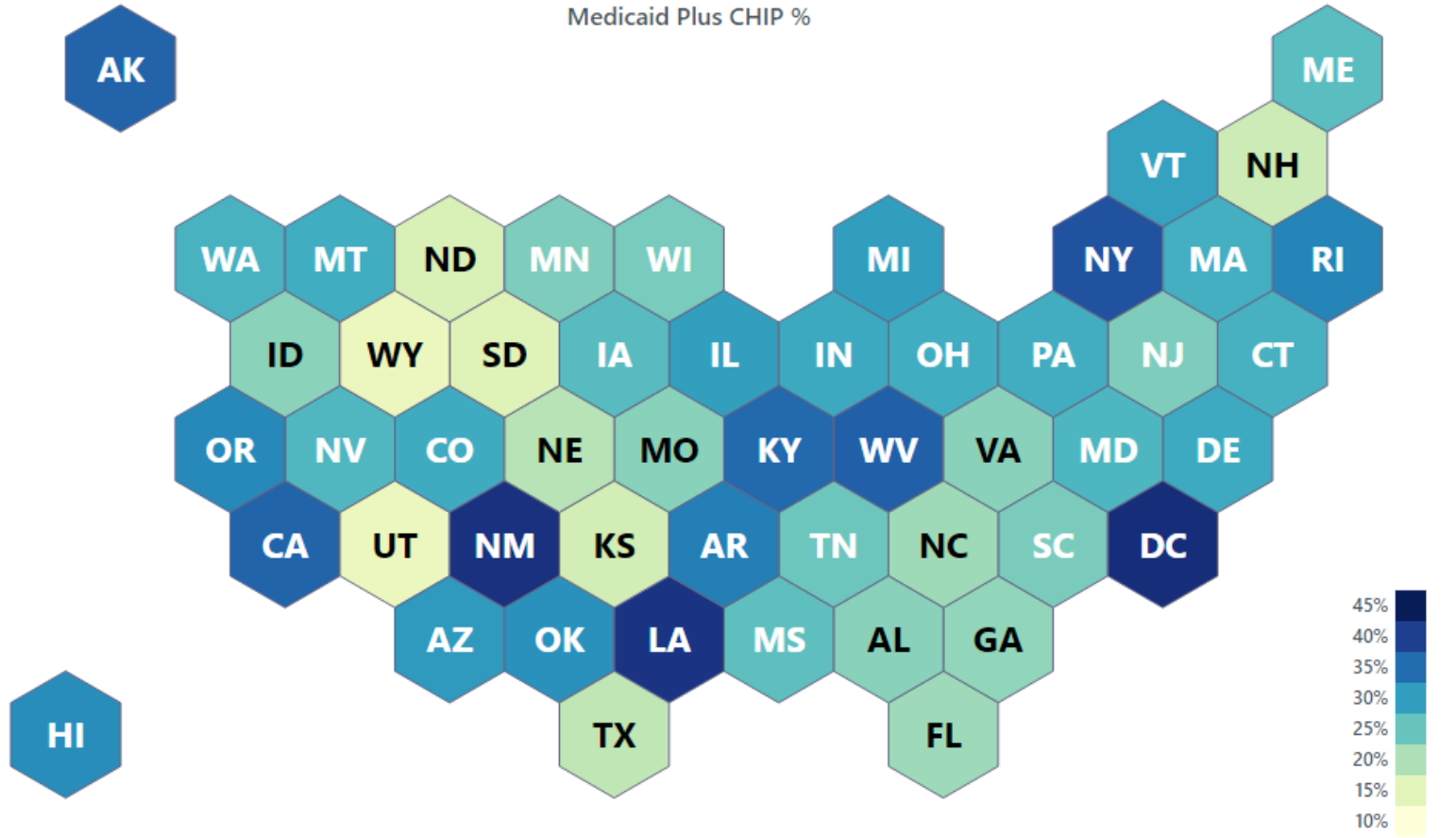
Medicaid Enrollment: Jan 2023 through Sept 2024 Renewals



Medicaid Enrollment by State 2024



Medicaid Plus CHIP %



[Medicaid Enrollment by State 2024](#)

Medicaid Benefits Budget

Benefits w/KCHIP (Dept 748)

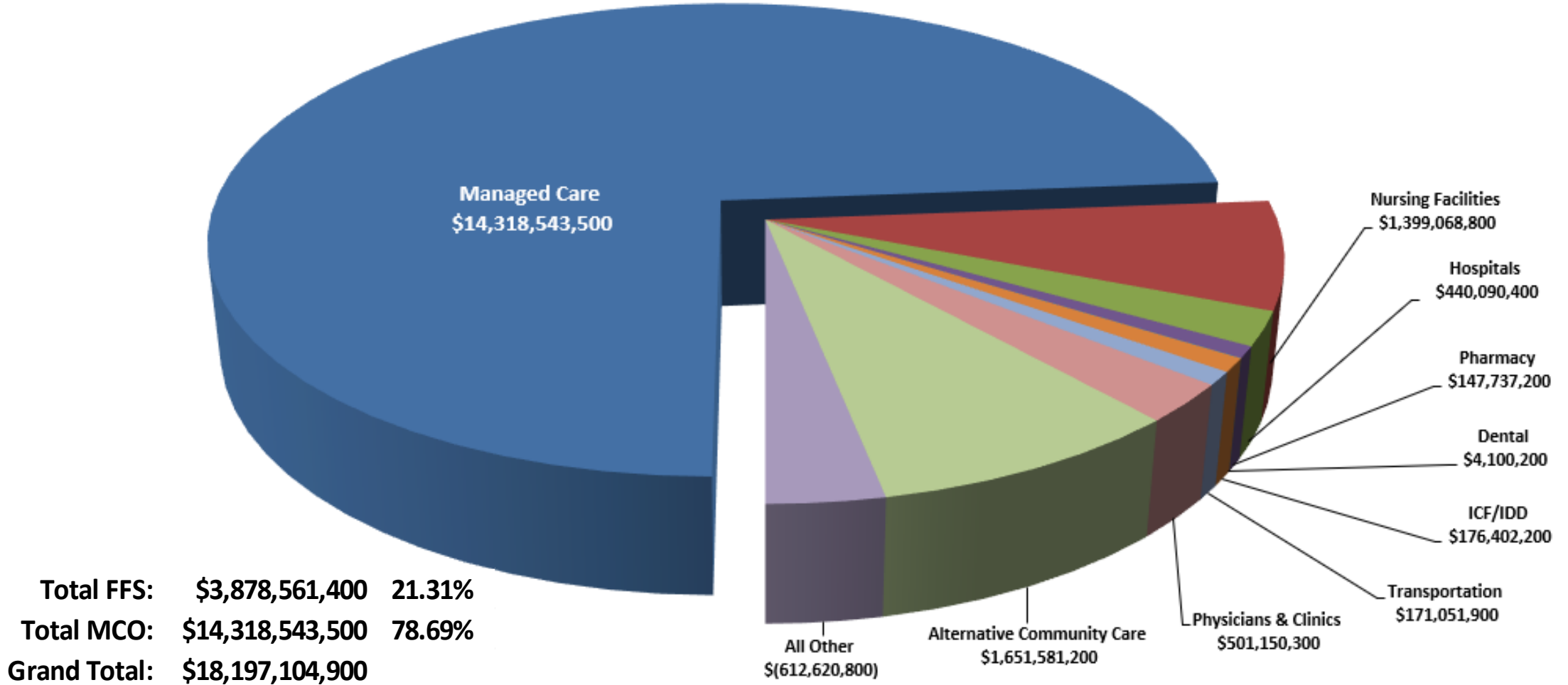
	SFY 2024 ACTUAL	SFY 2025 Budgeted
General Fund	\$2,402,688,700	\$2,563,029,800
Restricted Agency Funds	\$1,537,488,100	\$1,855,294,500
Federal Funds	\$14,256,928,100	\$14,747,533,400
TOTAL	\$18,197,104,900	\$19,165,857,700

Forecasting models were very successful for SFY 2024:

- Eligibility forecasts, including redeterminations, were within 0.45% of actuals.
- Actual expenditures were 0.41% lower than the projected expenditures.
- Agency funds on target for SFY 2025 expectations.

Medicaid Benefits

(Actual SFY 2024)



Medicaid Benefits Budget

	SFY 2023	SFY 2024	Increase/Decrease	% change from 2023
Managed Care (MCO)	\$ 13,001,486,400	\$ 14,318,543,500	\$ 1,317,057,100	10.13%
Non-Emergency Medical Transportation (NEMT)	\$ 155,004,800	\$ 162,737,100	\$ 7,732,300	4.99%
Drug Rebate	\$ (1,500,857,500)	\$ (1,559,412,800)	\$ (58,555,300)	3.90%
Fee-For-Service (FFS)	\$ 4,920,472,900	\$ 5,275,237,100	\$ 354,764,200	7.21%
	\$ 16,576,106,600	\$ 18,197,104,900	\$ 1,620,998,300	9.78%

- SFY 2024 expenditures increased by \$1.62B (9.8%) over SFY 2023 expenditures.
- Approximately \$233.7M (65.9%) of the FFS spending increase was due to an increase in waiver and nursing facility expenditures.
- The 10.13% increase in managed care payments is related to a \$1.4B increase in State Directed Payments

Medicaid Benefits Budget

- Approximately 30.5% of the managed care payments are related to directed payments. The following are the SFY 2024 Directed Payments that totaled \$4,366,289,200 paid in SFY 2024:

	SFY 2023	SFY 2024	Increase	% Change in SFY 2023
Hospital Rate Improvement Program (HRIP)	\$1,362,928,400	\$2,469,462,300	\$1,106,533,900	81.2%
Abulance Provider Assessment Program (APAP)	\$50,787,300	\$56,548,800	\$5,761,500	11.3%
University Directed Payment	\$1,548,118,300	\$1,840,378,100	\$292,259,800	18.9%
	<u>\$2,961,834,000</u>	<u>\$4,366,389,200</u>	<u>\$1,404,555,200</u>	<u>47.4%</u>

- This is expected to continue to grow in SFY 2025 due to SB280 and increase in average commercial rates

Medicaid Benefits Budget

	SFY 2023	SFY 2024	Increase/Decrease	% change from 2023
Supports for Community Living Waiver	\$ 482,832,100	\$ 505,683,200	\$ 22,851,100	4.73%
Michelle P Waiver	\$ 378,348,000	\$ 415,669,300	\$ 37,321,300	9.86%
HCB Waiver	\$ 521,109,700	\$ 605,514,400	\$ 84,404,700	16.20%
Model Waiver	\$ 1,737,700	\$ 1,410,000	\$ (327,700)	-18.86%
Brain Injury Waiver	\$ 30,477,500	\$ 34,403,200	\$ 3,925,700	12.88%
ABI LTC Waiver	\$ 40,428,500	\$ 42,974,300	\$ 2,545,800	6.30%
	\$ 1,454,933,500	\$ 1,605,654,400	\$ 150,720,900	10.36%

- In aggregate, the six Medicaid Waiver programs experienced a \$150.7M (10.4%) increase in total expenditures in SFY 2024 when compared to SFY 2023.

Purpose of Waivers

Allows states to test and develop ways it delivers services

Allows states to “waive” certain rules that apply to the Medicaid program

Must be budget neutral

Must promote Medicaid objectives:

- Improve access to high-quality, person-centered services that produce positive health outcomes for individuals;
- Promote efficiencies that ensure Medicaid’s sustainability for beneficiaries over the long term;
- Support coordinated strategies to address certain health determinants that promote upward mobility, greater independence, and improved quality of life among individuals;
- Strengthen beneficiary engagement in their personal healthcare plan, including incentive structures that promote responsible decision-making;
- Enhance alignment between Medicaid policies and commercial health insurance products to facilitate smoother beneficiary transition; and
- Advance innovative delivery system and payment models to strengthen provider network capacity and drive greater value for Medicaid.

Types of Waivers

- **Section 1115 waivers** – Often referred to as research and demonstration waivers, these allow states to temporarily test out new approaches to delivering Medicaid care and financing.
- **Section 1915(c) waivers** – Home and Community-Based Services (HCBS) waivers are designed to allow states to provide home and community-based services to people in need of long-term care. This means they can stay in their own home or a community setting (such as a relative’s home or a supported living community) instead of going into a nursing facility.
- **Section 1915(i) waivers** – State Plan Home and Community-Based Services (HCBS) benefit Individuals must meet state-defined criteria based on need and typically get a combination of acute-care medical services and long-term services in home and community settings.
- **Section 1915(b) waivers** – “Freedom of choice waivers” allow states to provide care via managed care delivery systems. These organizations contract with state Medicaid agencies, and are paid from the state Medicaid fund for providing health care services to the beneficiaries, thus limiting the individual’s ability to choose their own providers.

Kentucky Medicaid 1915(b) Waivers

- **Managed Care**

- Allows KY to use MCOs to deliver care to enrollees
- Risk based capitated payment model

- **Non-Emergency Transportation (NEMT)**

- Operated through a contract with the Kentucky Department of Transportation (DOT)
- DOT contracts with Brokers
- Brokers contract with transportation providers
- Risk based capitated payment model

Kentucky's 1915(c) HCBS Waivers

ABI & ABI LTC: For individuals age 18 or older with an acquired brain injury



HCB: For individuals age 65 and older or individuals of any age with a physical disability



MIIW: For individuals dependent on a ventilator 12 or more hours a day or on an active, physician monitored weaning program



MPW & SCL: For individuals with intellectual or developmental disabilities

Waiver Services Offered in Kentucky

Services vary by waiver and may include, but are not limited to:

- Goods and Services
- Environmental and Minor Home Modifications
- Respite
- Personal Care and Homemaking
- Adult Day Health or Adult Day Training
- Counseling and Behavior Services
- Residential Services
- Supported Employment
- Skilled Services (MIIW only)
- A full listing of services is available at <https://bit.ly/kyHCBSbywaiver>.

Waiver participants also have access to services offered by Kentucky's Medicaid state plan.

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

Participant Directed Services (PDS)

- Participant Directed Services (PDS) allows individuals receiving 1915(c) HCBS Medicaid waiver services to hire their own providers for non-medical, non-residential waiver services. These providers can be friends, neighbors, or certain family members. This option gives waiver participants more choice, flexibility and control over their supports and services. PDS used to be known as the Consumer-Directed Option (CDO).
- **Eligibility**
 - Individuals receiving services through the [Acquired Brain Injury and Acquired Brain Injury Long-Term Care](#), [Home and Community Based](#), [Michelle P.](#) or [Supports for Community Living](#) waivers may participate in the PDS program.

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

SMI 1115 Demonstration Components

1. Reimburse medically necessary short-term, defined as a state-wide average length of stay no longer than 30 days, inpatient treatment services within settings that qualify as institutions for mental diseases (IMDs) for Medicaid-eligible adults with serious mental illness (SMI); DMS is referring to this component as **IMD Expansion**.
2. Implement a pilot program to provide Health-Related Social Needs (HRSN) services, specifically recuperative care services, also known as medical respite care, to adult beneficiaries who are homeless or at risk of homelessness and need additional medical support and care coordination. DMS is referring to this component as the **Recuperative Care Pilot Program**

What services will be included in the 1915(i) SPA?

Case Management

Services eligible to individuals with a primary diagnosis of SMI and/or SUD

Services eligible to individuals with a primary diagnosis of SMI only

Assistive
Technology

Tenancy
Supports

Supported
Education

Supported
Employment

Transportation

In-Home
Independent
Living

Supervised
Residential
Care

Medication
Management

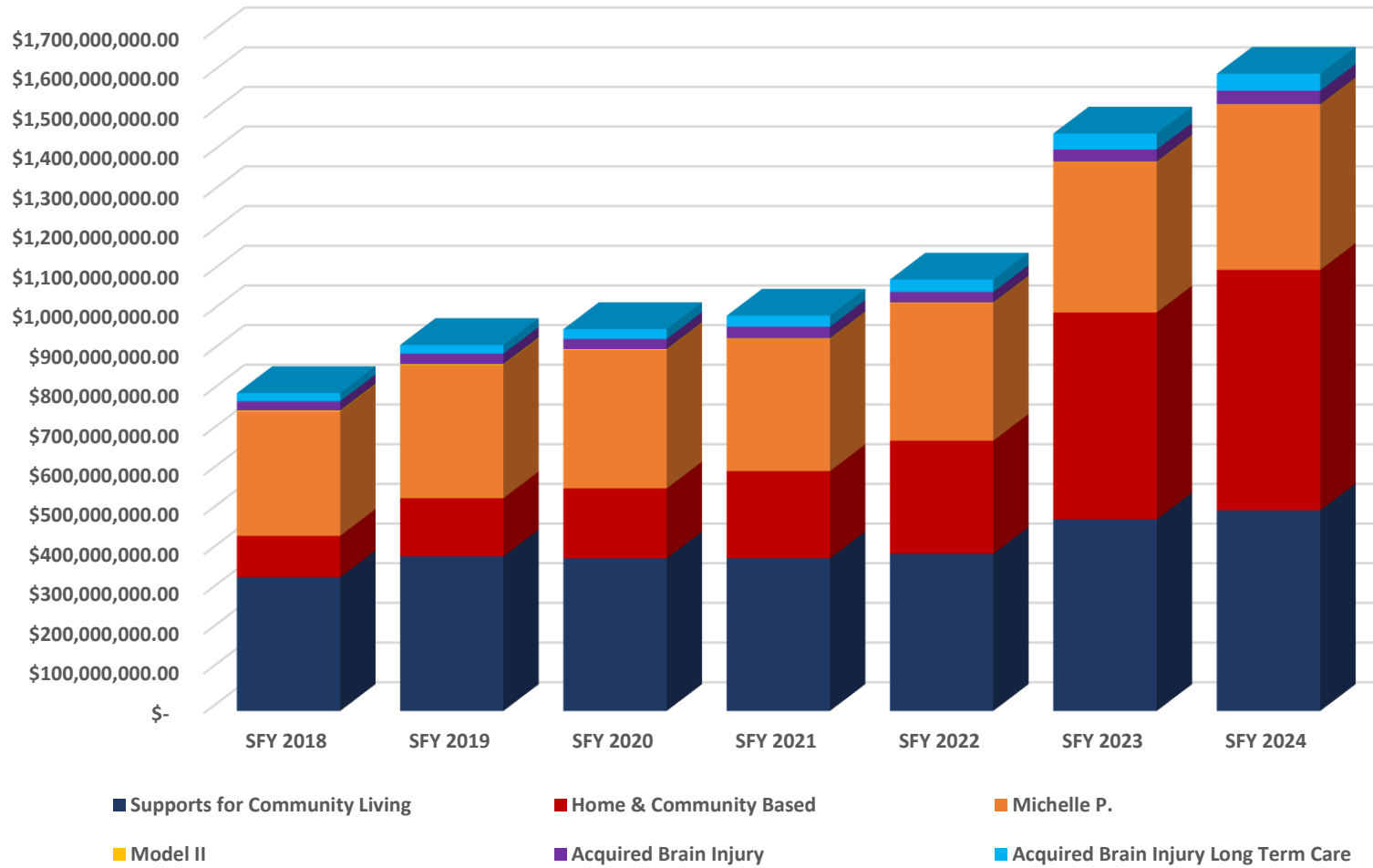
Planned
Respite for
Caregivers

Children Specific Waiver – Beginning SFY 2026

- Conduct Comprehensive System Assessment
- Conduct Service Mapping
- Gather documents and collect data
- Identify Stakeholders & Build Registry
- Develop Communication Plan
- Upcoming Advisory Workgroup – January 2025

Kentucky Waiver Programs

Cost of Waiver Programs Over Time



Medicaid State Plan

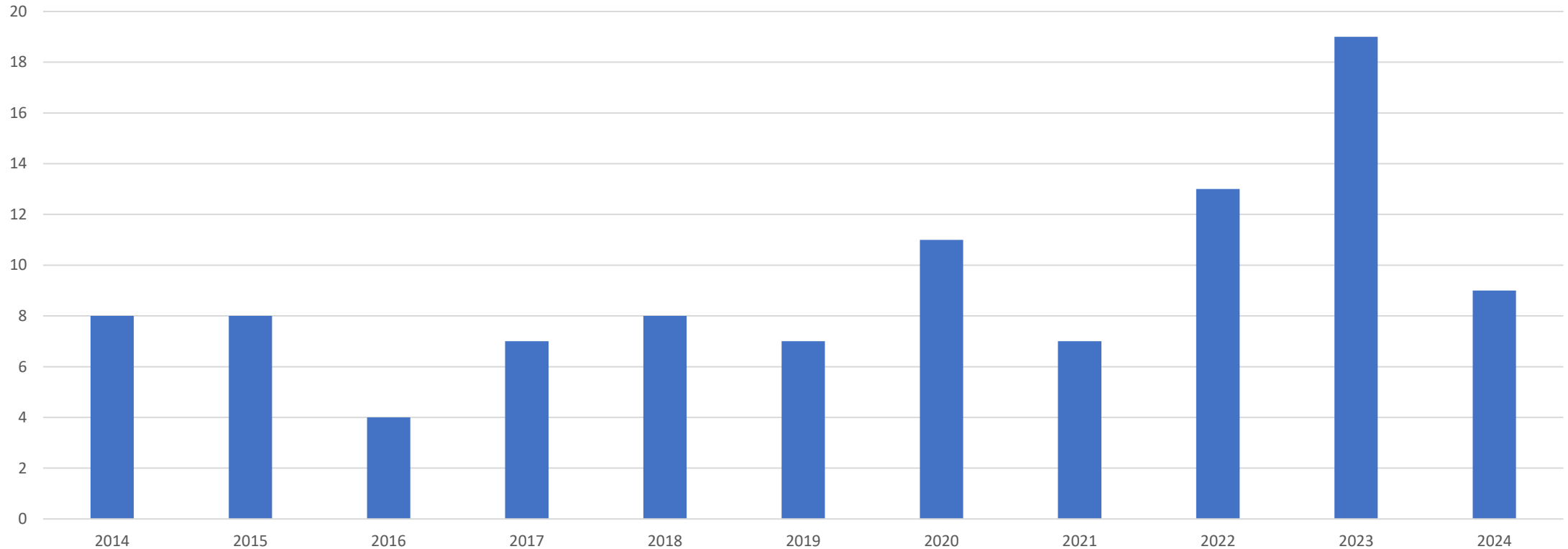
- Medicaid and CHIP state plan describes how the state administers the programs
- Gives assurance that states will abide by Federal rules and allows states to claim Federal matching funds for program
- Identifies:
 - Groups of individuals to be covered
 - Services to be provided
 - Reimbursement methodologies
 - Administrative activities

Medicaid State Plan Amendments (SPA)

- Changes to program must be submitted to the Centers for Medicare and Medicaid Services (CMS) for review and approval
- CMS has 90 days to make a decision or issue a request for information (RAI)
- Public notice required:
 - Changes in payment methodology
 - Modifications to eligibility
 - Changes to cost-sharing

Kentucky Medicaid State Plan Amendments

Number of SPAs Submitted



Kentucky Medicaid SPAs

- 101 total SPAs from 2014 – 2024
- 45 Federal requirements
- 27 State requirements
- Remainder were based on recommendations from Medicaid Advisory Council, Technical Advisory Councils, Legislative Committees, or other interested parties
 - Updating pharmacy vaccine rates
 - Extending age limits for residents in dually licensed pediatric nursing facilities
 - Implementing Program of All Inclusive Care for Elderly (PACE)

Overview of Affordable Care Act (ACA) Expansion

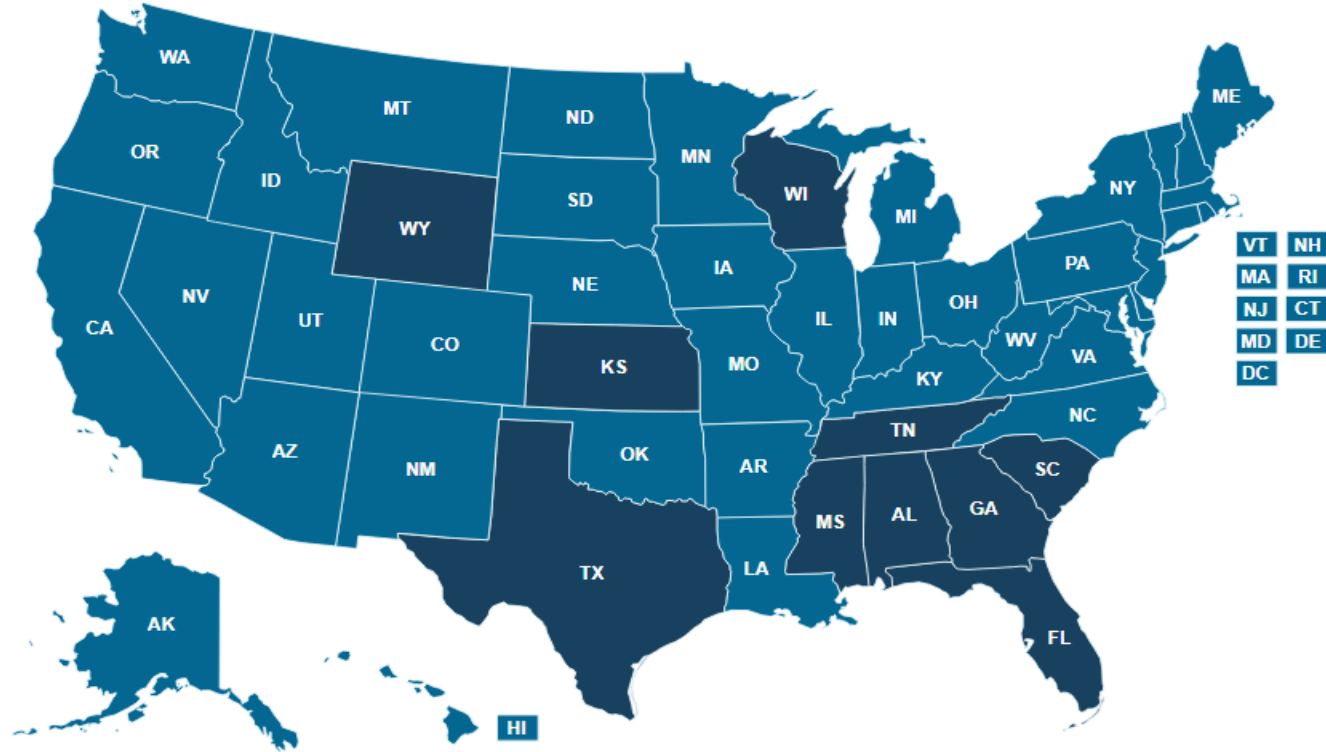
- ACA allowed states to expand Medicaid to adults with income up to 138% of FPL – about \$20,000 for one person in 2024
- Provided states with enhanced federal matching
 - 100% up to 2019
 - 93% in 2019
 - 90% in 2020 and beyond
- Created state and federally-facilitated Exchanges that allow individuals to purchase health insurance by providing Advanced Payment Tax Credits (APTC)

Show Medicaid Expansion Status



41 expansion states

10 non-expansion states



Map represents data from July 2024, last updated October 31, 2024

[July 2024 Medicaid & CHIP Enrollment Data Highlights | Medicaid](#)

Kentucky Medicaid Expansion

- Kentucky expanded Medicaid in 2014
- Created a state-based exchange, kynect
- Developed an Integrated Eligibility and Enrollment System (IEES)
- During first year, uninsured rate dropped from 40.2 % to 23.6%
- Current uninsured rate in Kentucky 5.6%
- National average of uninsured rate approximately 8%

[Explore Uninsured in Kentucky | AHR](#)

Impact of Medicaid expansion: Increased coverage

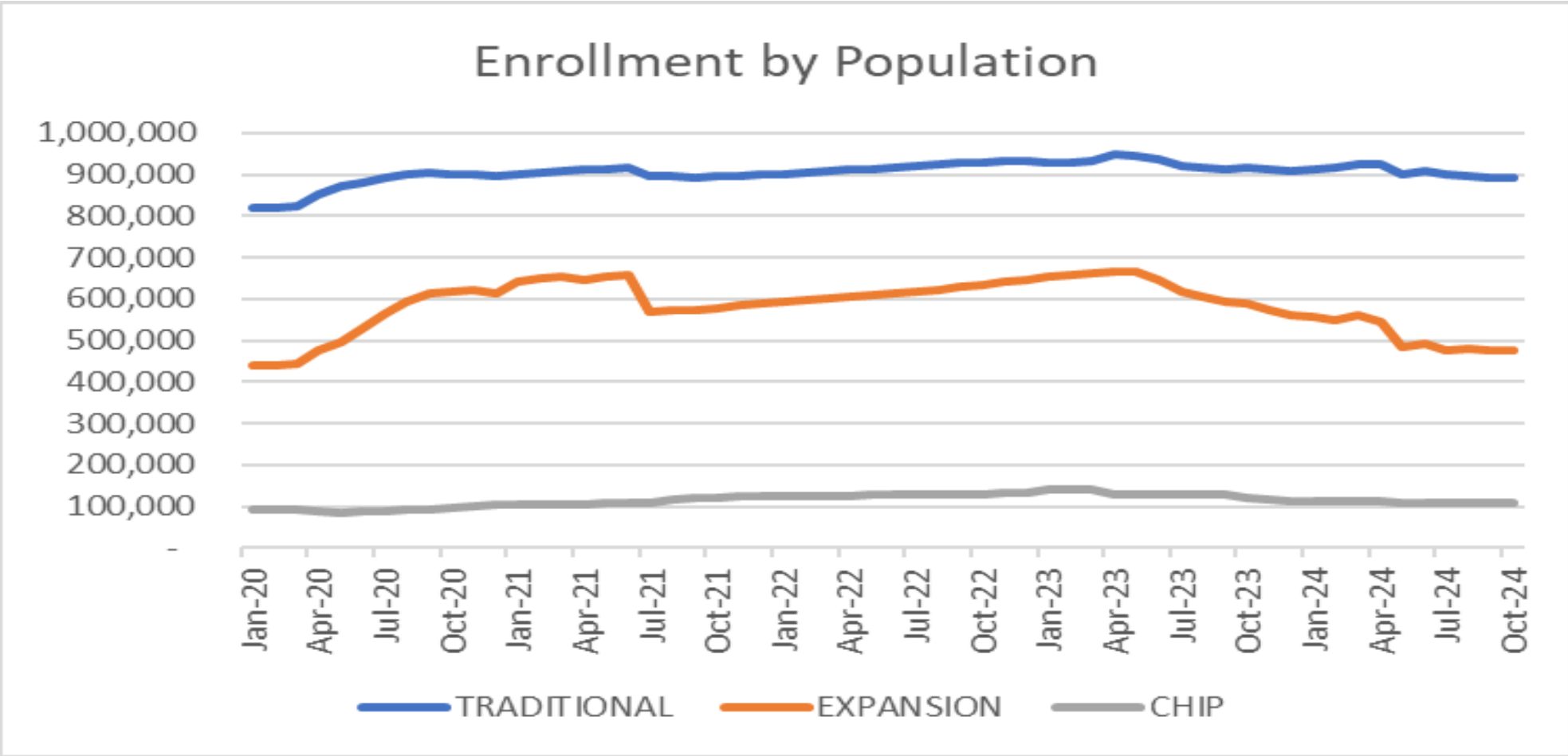


2.5x increase in number of individuals in Kentucky that were enrolled in Medicaid (both rural and metro) post-expansion:

Pre-ACA monthly average: 606,805 enrollees
Total enrollees November 2024: 1,456,884

NOTE: Increase in number of individuals also includes individuals who qualified for Medicaid but were not enrolled, including children

Kentucky Medicaid Enrollment by Population



Impact of Medicaid expansion: Access to Care

3x increase in Medicaid paneled providers operating in rural areas:

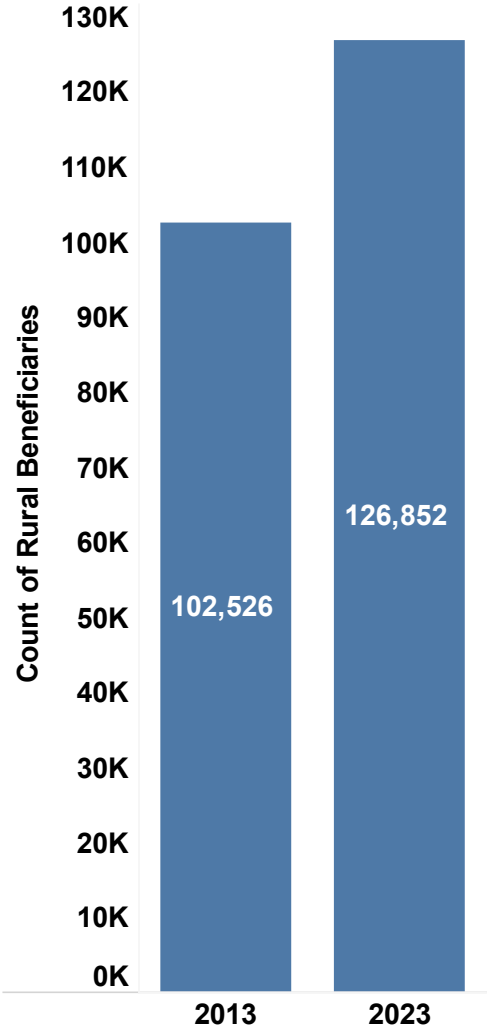
2013: 6,209 total Medicaid providers

2023: 19,317 total Medicaid providers



Number of Rural Medicaid Paneled Providers				
	Physicians	Nurses	Dentists	Others
2013	2518	1213	338	2140
2023	5532	4522	586	8677
Percent Increase from 2013 to 2023	120%	273%	74%	305%

Impact of Medicaid expansion: Well-child visits



24% increase in number of children receiving well-child visits from 2013 to 2023 for **rural beneficiaries**



Impact of Medicaid expansion: Diabetes

151,386 total rural beneficiaries screened for diabetes in 2023

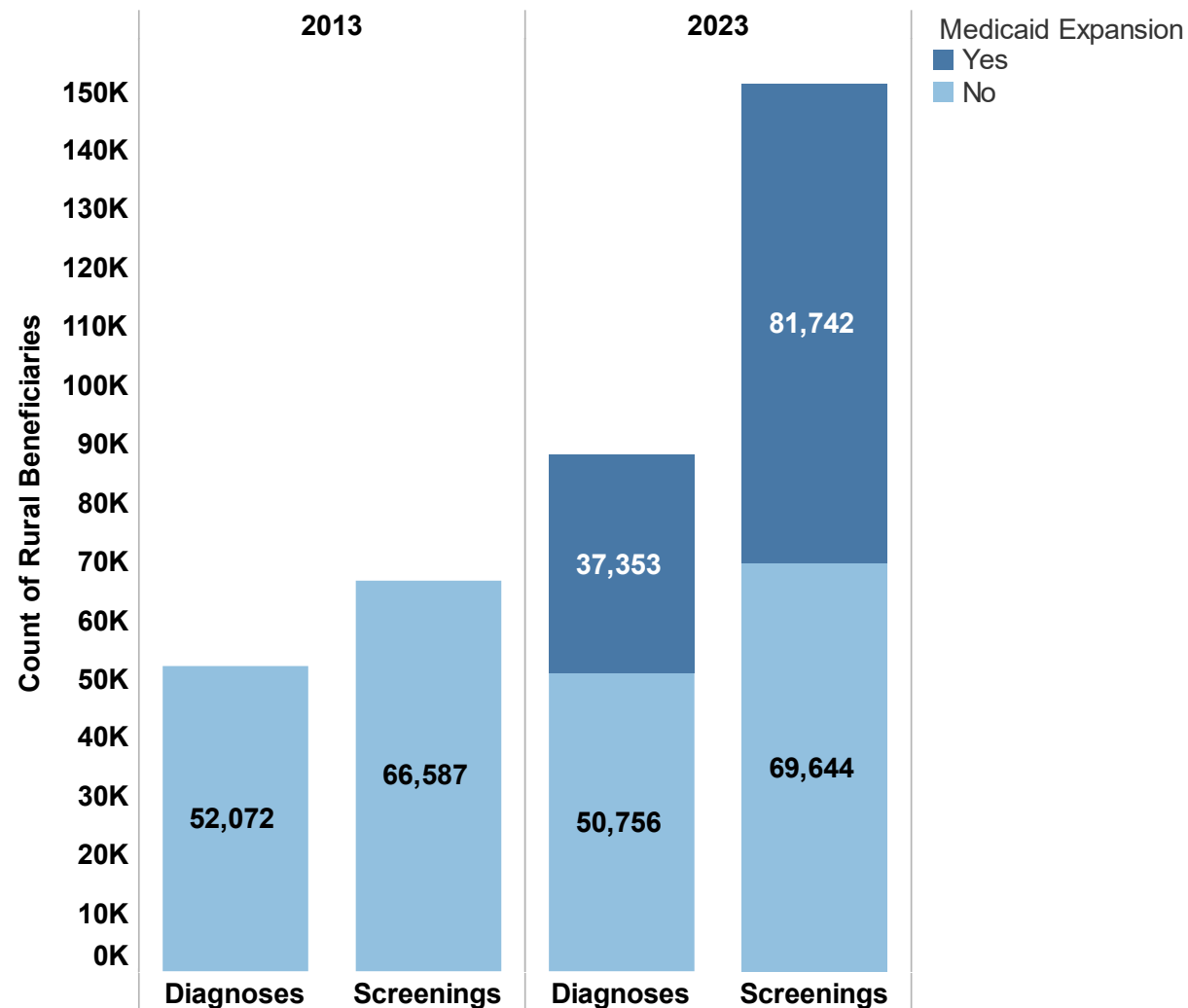
2.3x increase in rural beneficiaries receiving diabetes screenings from 2013 to 2023

53% of all screenings in 2023 are in the Medicaid expansion population

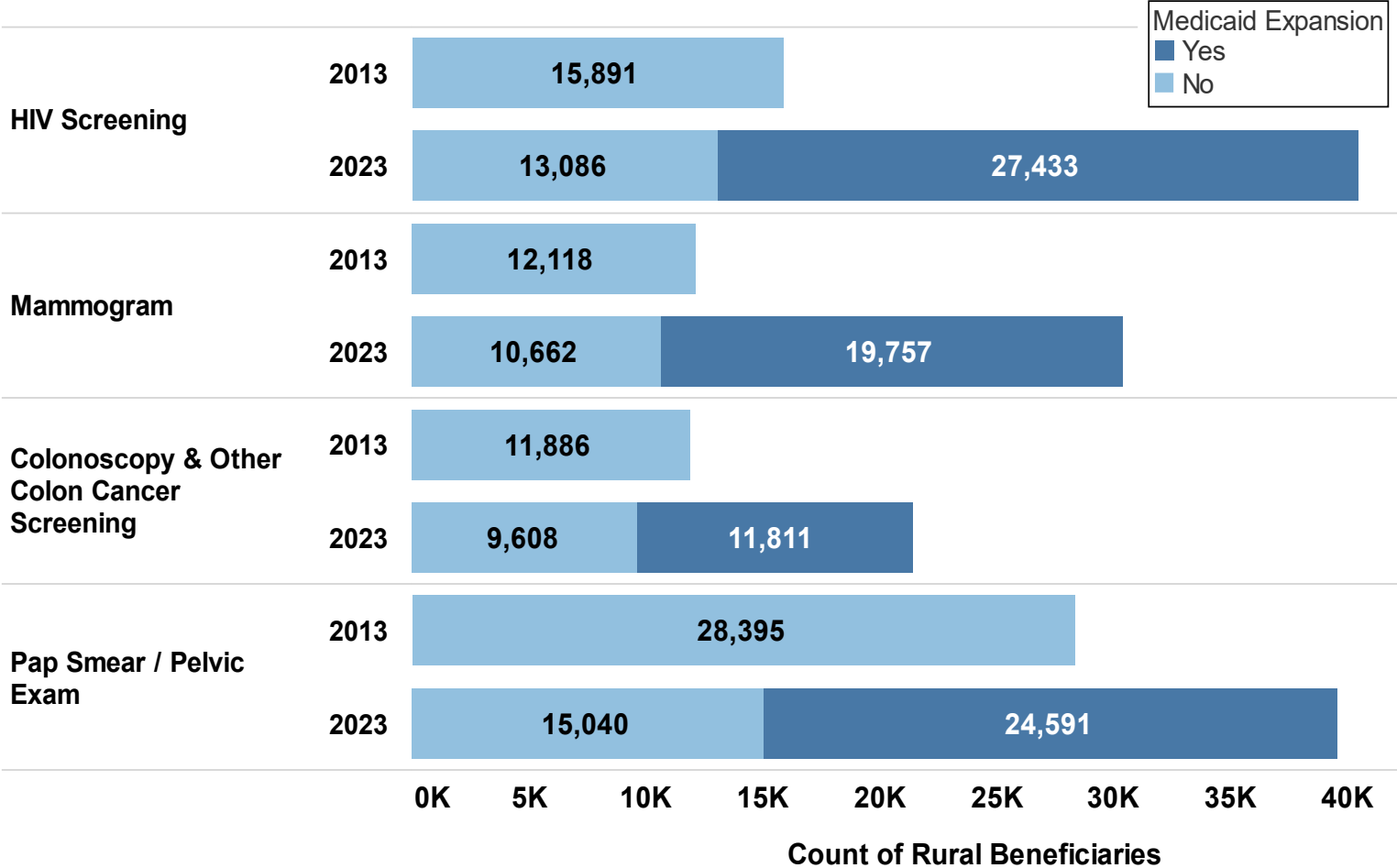
88,109 total rural beneficiaries with diabetes in 2023

1.7x increase in beneficiaries with a diabetes diagnosis from 2013 to 2023

*Diabetes diagnoses increased partly because screenings increased



Impact of Medicaid expansion: Preventative services - Medical



Utilization of all preventative medical services **increased** from 2013 to 2023

2x increase in rural beneficiaries screened for breast cancer, colon cancer, and HIV from 2013 to 2023

Summary of Impact of Medicaid Expansion on Rural Health

Medicaid expansion increased healthcare access for rural Kentucky beneficiaries

For rural Kentucky, Medicaid expansion has increased the number of beneficiaries receiving:

- well-child visits
- diabetes screenings and diagnoses
- all preventative services, but especially screenings for:
 - breast cancer
 - colon cancer
 - HIV



Impact of Medicaid Expansion

In 2014 Kentucky Ranked **47th**
in nation in health status
according to America's Health
Rankings

Today, Kentucky
ranks **41st**

Managed Care Overview

- Implemented November 1, 2011
- Must provide medically necessary services as outlined in Medicaid regulations
- Flexibility regarding prior authorizations and payments
- Flexibility to create value-added services
- Does not serve Medicaid members in long-term care facilities or 1915(c) waivers

Fee-for-Service (FFS) vs. Managed Care

FFS

- Long-term care
- Program of All-Inclusive Care for the Elderly (PACE)
- Home and Community Based (HCB) 1915(c) waivers
- Intellectual or developmental disabilities
- Receive supports to remain in their home or community
 - Personal care supports
 - Activities of daily living

MCO

- Predominantly children and adults other than elderly or individuals with disabilities
- Must cover all services outlined in Medicaid regulations and state plan
- Can negotiate rates with providers
- Flexibilities to deliver value-added services
- Some provide transportation to job interviews, educational classes or other services not covered under Medicaid NEMT

Covered Services

- Not included in MCO contract:
 - Non-Emergency Medical Transportation
 - School Based Services
 - Health Access Nurturing and Development Services (HANDS)
 - Kentucky Early Intervention Services
 - Long-Term Care
 - 1915(c) Home and Community Based Waivers

Current Managed Care Contracts

Aetna - also has contract to serve foster children

Anthem

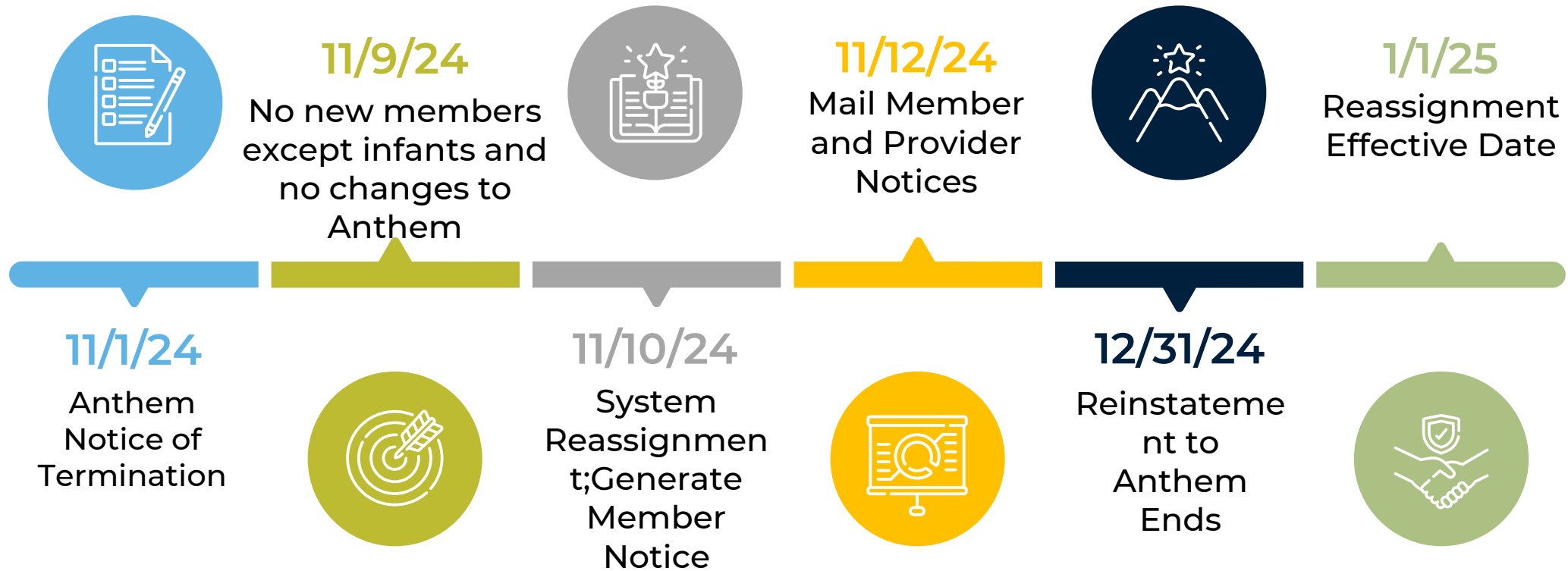
Humana

Passport by Molina

United

WellCare

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 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

Managed Care Organization Contract

- Base contract period January 1, 2021 to December 31, 2024
- There are six 2-year extensions
- Electing first 2-year option to extend until December 31, 2026 with Aetna (including Supporting Kentucky Youth), Humana, Passport by Molina, Wellcare and United
- Calendar year 2025 contract changes focused on clarifying current requirements and adding language for 1115 reentry and Consolidated Appropriations Act 2023 incarcerated youth requirements
- Calendar year 2025 contract has value-based payment criteria

**QUESTIONS
and/or
Comments?**