



KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

Kentucky Department for Medicaid Services

Kentucky Medicaid 2020 Annual Report

For the 2019/2020 State Fiscal Year
July 1, 2019 – June 30, 2020

Andy Beshear, Governor
Eric Friedlander, Secretary, Cabinet for Health and Family Services
Lisa Lee, Commissioner, Department for Medicaid Services



Lisa Lee | Commissioner

Dear reader:

I am proud to present the first Kentucky Department for Medicaid Services (DMS) Annual Report. The information in this report represents data reported in State Fiscal Year (SFY) 2020, which includes the months of July 2019 through June 2020.

This report has been a vision of mine for many years. I worked for the Department for Medicaid Services from 1999 until I retired from state government in January of 2016. I always felt the work I did for the Medicaid program was meaningful and necessary, and I was excited to return to the Department in January of 2020 to serve in the role of Commissioner. From day one, an annual report was on my "to do" list. Then, March 2020 changed the way we worked and lived. COVID-19 brought much uncertainty to our world and changed our priorities. The Department's focus shifted - we wanted all citizens in the state to feel confident their health care needs would be met during the pandemic. We developed an expedited enrollment form to determine individuals presumptively eligible (PE) for Medicaid benefits to make it easier for them to access care during the height of the COVID-19 pandemic.

Medicaid's PE form allowed over 150,000 individuals to enroll in the program and receive vital services during the public health emergency that resulted due to COVID-19. Our mission continues to be to find and enroll all individuals who are eligible for Medicaid and to ensure they have access to health care so they can live the healthiest life possible.

As you will see in the following pages, Kentucky Medicaid covered over 1.5 million individuals and paid out over \$9 billion to providers in SFY 2020. You will find details associated with enrollment and expenditures related to the delivery of health care services to the members we serve and the providers who serve them. The Department will continue to deliver this report on an annual basis with relevant updates and information that will allow you to get a better understanding of Kentucky's Medicaid program.

I am very proud and thankful for all the Medicaid employees who work very hard every day to keep the program running and ensure our members and providers remain a priority. I am thankful to Governor Beshear, Secretary Friedlander, Kentucky legislators, community organizations, advocacy groups, providers, and others who work with us daily to improve the Department's policies and procedures so we can meet the health care needs of those we serve.

In this report, you will find details about Medicaid services and expenditures, explanations of the costs associated with health care delivery, and information about the people we serve. This report was developed to give you a better understanding of Medicaid in Kentucky and I hope you find the information valuable and informative.

Acknowledgements

The information in this report was compiled by many individuals. Several Cabinet employees contributed to the content through research, input, guidance, or draft review, including members within the Office of Application Technology Services. A special thank you to Barbara Epperson for her many contributions to this project. In addition, a very special thank you to Jim Anderson and his team at Gainwell Technologies for making this report a priority.

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Technical Notes

State Fiscal Year

Kentucky's State Fiscal Year (SFY) runs from July 1 through June 30. The information presented in this report reflects this timeframe unless otherwise noted.

Expenditures versus Payments

The data in this report comes from Medicaid claims and enrollment data in Kentucky's Medicaid Management Information System (MMIS). All fee-for-service and managed care claims are processed in the MMIS. The MMIS receives Medicaid enrollment information from the state's Integrated Eligibility and Enrollment Solution (IEES) and Medicaid provider information from the Medicaid Partner Portal Application (MPPA). Data from each source is stored in the MMIS data warehouse reporting solution and has been extracted for this annual report.

Financial payment information presented does not include transactions related to cost settlements including supplemental payments, Uncompensated Care Costs (UCC), pharmacy rebates received from pharmaceutical manufacturers, or the amounts paid to Centers for Medicare and Medicaid Services (CMS) for Medicare Buy-ins and Part D.

Due to the differences noted above as it relates to the various systems that house Medicaid data, dollar amounts reported will not exactly match standard reports generated on a routine basis. However, the information presented in this report is a true representation of claims payments and eligibility as reflected in the systems used to generate the data in this report.

Member, Recipient and Payment Counts

Member and recipient counts are referenced throughout this report. Member refers to an individual who was enrolled in Medicaid during the SFY. Recipient refers to an individual for whom Medicaid made a payment during the SFY. Due to a lag in claims processing, retroactive enrollment, and other considerations, payments can be made for recipients who were not members during the SFY.

Date of Payment versus Date of Service

Medicaid data can be presented either by "Date of Payment" or "Date of Service". Results may differ depending on the methodology employed. The difference between the two types of methodologies is provided below.

Date of Payment (DOP): Reported data, such as payments, services, recipients, etc., reflects claims that are paid during SFY 2020 (July 2019 to June 2020), irrespective of the time the services were rendered. Some payments made during SFY 2020 could be for services provided in a previous SFY. DOP is typically used for budget and financial analysis and is also known as "cash basis accounting."

Date of Service (DOS): Reported data reflects the services provided during the period, irrespective of the date that payments were made. Payments can be made in a subsequent SFY for services rendered during SFY 2020. DOS is typically used for clinical/policy interventions and is also known as "accrual accounting."

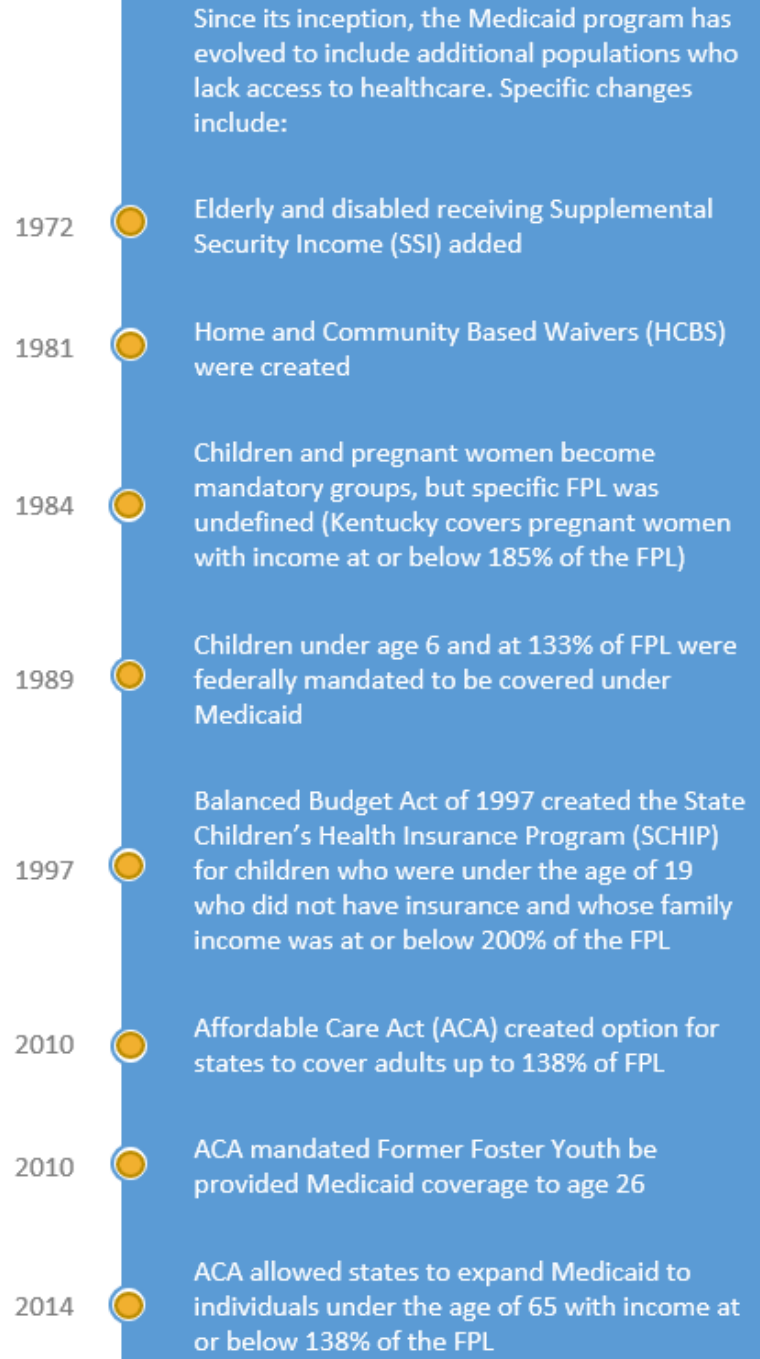
Both approaches are valid, but each has a specific function in terms of analyzing results. Because they are set in different time frames, the analytical results may be different, and the disparity may simply be that the data sets were obtained using different underlying methodologies.

In general, most of the data in this report is presented based on DOS methodology unless otherwise stated.

Background

Medicaid is a state and federal partnership authorized by Title XIX of the Social Security Act (SSA). Medicaid was signed into law on July 30, 1965, by President Lyndon B. Johnson.

In 2014, 138% of the Federal Poverty Level (FPL) was \$11,760 per year for one person. The limit was \$23,850 per year for a family of four. Kentucky's decision to expand Medicaid to all individuals with family income at or below the FPL resulted in 530,105 individuals across the Commonwealth gaining access to health care from 2014 to 2020.



Agency Overview

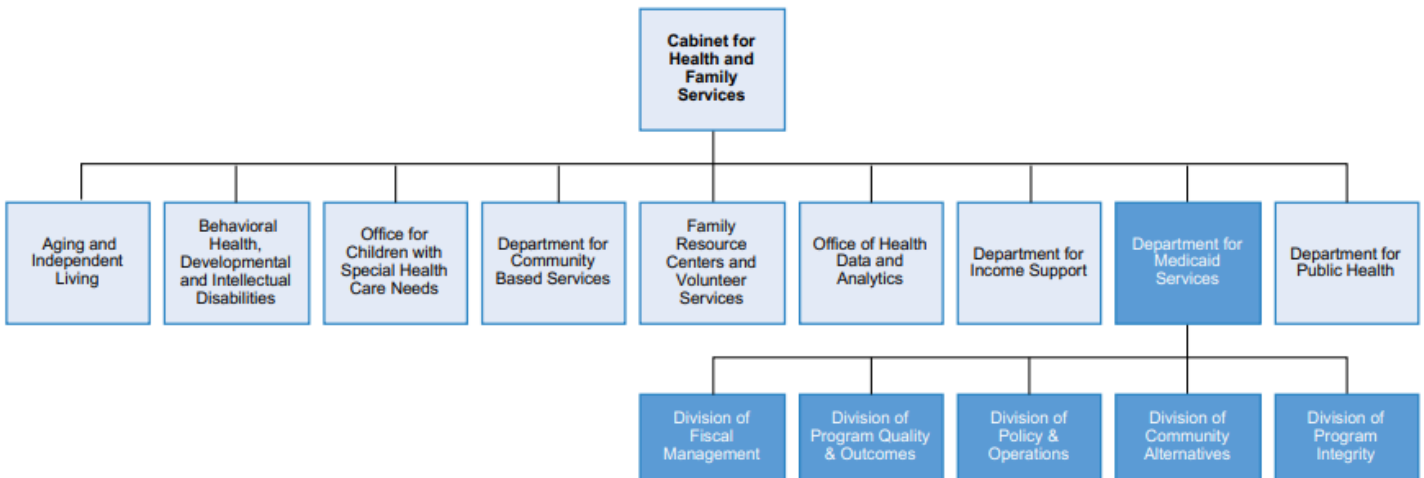
The Secretary of the Kentucky Cabinet for Health and Family Services (CHFS), who is appointed by the Governor, provides leadership and overall support services while maximizing resources to fulfill the mission of the Department.

The Medicaid Commissioner is an unclassified civil service position who reports to the Secretary and is responsible for administering the Kentucky Medicaid program including eligibility, program operations, financial management, and policy implementation and support.

The Kentucky Department for Medicaid Services (DMS) is housed within CHFS. The organizational chart presented in **Figure 01** shows the various Departments and Offices within the Cabinet. Many individuals enrolled in the Medicaid program also access other services delivered by agencies within the Cabinet. Because of this, the Department collaborates with all agencies in the Cabinet. The collaborative efforts allow us to work towards a common goal of improving the lives of those we serve.

DMS is the single state agency authorized by the Center for Medicare and Medicaid Services (CMS) to administer the Medicaid program. **Figure 01** also contains the various Divisions within the Department. Each Division has specific responsibilities related to the administration of the Medicaid program. The Divisions also collaborate on major policy decisions and form a cohesive team working together to carry out the Department's mission of providing access to health care for Medicaid members.

Figure 01 – CHFS Organizational Chart



Advisory Groups

The Advisory Council for Medical Assistance (MAC) advises the Department for Medicaid Services regarding Medicaid health and medical care.

The MAC consists of 19 members appointed by the governor representing the Kentucky (KY) Medical Association; KY Dental Association; KY Hospital Association; KY Medical Equipment Suppliers Association; KY Pharmacist Association; KY Association of Health Care Facilities; KY Nurses’ Association; State Board of Podiatry; KY Home Health Association; KY Optometric Association; KY Association of Nonprofit Homes and Services for the Aging, Inc.; health care advocates and Medicaid recipients; the elderly; and consumers including low-income persons, children and youth, women, minorities, and disabled persons. Each member serves a four-year term.

In addition to the MAC, Kentucky Revised Statutes mandate several Technical Advisory Councils as outlined in [Table 01](#) below.

Table 01 – DMS Advisory Groups

Advisory Group	Members	Description
Advisory Council for Medical Assistance	KY Medical Association; KY Dental Association; KY Hospital Association; KY Medical Equipment Suppliers Association; KY Pharmacist Association; KY Association of Health Care Facilities; KY Nurses’ Association; State Board of Podiatry; KY Home Health Association; KY Optometric Association; KY Association of Nonprofit Homes and Services for the Aging, Inc.; health care advocates; Medicaid recipients; the elderly; and consumers including low-income persons, children and youth, women, minorities, and disabled persons.	The Advisory Council for Medical Assistance is to advise the DMS about health and medical care services and provide advice regarding how to further the participation of recipient members in the policy development and program administration of the Medicaid program.
Technical Advisory Committees (TAC) <ul style="list-style-type: none"> • Behavioral Health TAC • Children’s Health TAC • Consumer Rights and Client Needs TAC • Dental TAC • Home Health TAC • Hospital Care TAC • Nursing Home Care TAC • Nursing Services TAC • Optometric TAC • Pharmacy TAC • Physician’s TAC • Podiatry TAC • Primary Care TAC • Therapy TAC 	Each TAC represents a specific provider type or individuals representing Medicaid beneficiaries. The representatives are appointed to serve by the organizations represented by each TAC.	The TAC is established to act in an advisory capacity to the Advisory Council for Medical Assistance concerning the administration of Medicaid and in performing the function of peer review.
Pharmacy and Therapeutics Advisory Committee (P&T)	The membership is established in state statute and consists of both physicians and pharmacists.	The P&T advises the Governor, CHFS Cabinet Secretary, and DMS on the development and administration of an outpatient drug formulary.

The COVID-19 Public Health Emergency

Outlined below are several actions taken by Kentucky Medicaid during SFY 2020 in response to the COVID-19 public health emergency to support providers, members, and applicants.

Presumptive Eligibility (PE)

Kentucky received approval from the Centers for Medicaid and Medicare Services (CMS) to allow the Department for Medicaid Services (DMS) to expand the PE enrollment process. This allowed for reduced uncompensated care for providers and Kentuckians and enabled individuals to access Medicaid services without having to wait for their applications to be fully processed.

Prior Authorization Requirements

DMS eliminated prior authorizations for COVID-19-related services, including hospitalizations and outpatient procedures/services.

Diagnostic Related Group (DRG) Reimbursement (Hospitals)

DMS paid hospitals more for claims that contained a COVID-19 diagnosis.

Pharmacy Refills

DMS allowed early refills of 30-, 60-, and 90-day supplies of prescriptions.

Telehealth

To reduce in-person trips to medical facilities, DMS encouraged and expanded the use of telehealth services.

Cost Reporting Process

Consistent with CMS, DMS extended due dates for cost reports by six months.

Cost Sharing

DMS eliminated all co-payments during the duration of the public health emergency.

Recoupments

DMS allowed all providers to request stays on recoupments.

Payment Intercepts

DMS worked with the Department of Revenue to temporarily stop the payment intercepts for some providers who were not receiving their Medicaid payments for various reasons.

Nursing Facilities

DMS implemented the following items:

- Created a \$270 per diem add-on for any COVID-19-positive patient in a long-term care facility
- Extended the amount of time a nursing facility could hold a bed for a Medicaid patient who is in a hospital from 14 to 30 days
- Increased the bed reserve (beds that are empty but reserved for Medicaid patients) reimbursement rate from 50% to 75%
- Implemented a \$29-per-day add-on to be used specifically to address personal protective equipment, COVID-19 testing, and staffing
- Streamlined the resident application process by accepting client statements for verification of assets

SFY 2020 Year in Review

New Pricing Methodology for Physician-Administered Drugs (PAD)

The Physician-Administered Drug (PAD) List is a list of physician-administered drugs that can be billed to the medical benefit using an appropriate Healthcare Common Procedure Coding System (HCPCS) code and National Drug Code (NDC). Physician-administered drugs are drugs, other than vaccines, that are typically administered by a medical professional in a physician's office or outpatient clinical setting. DMS implemented a new pricing methodology that allowed amounts for drugs on the PAD list to be calculated in a manner that would result in the Department paying the lowest cost for the medications.

Expanded Care in School-Based Settings

Kentucky submitted a State Plan Amendment (SPA) to expand school-based services in April of 2019 and this request was approved by CMS in November of 2019. CHFS and local school districts will be able to expand school-based health services to any student that is enrolled in Medicaid, rather than just to students with an individualized education program (IEP).

Expanded Coverage for Substance Use Disorder (SUD)

DMS implemented changes to the SUD program, including requiring SUD residential facilities to attest to the use of nationally recognized standards for provider qualification, providing enhanced reimbursement for certain SUD services, and allowing for SUD treatment services in residential and chemical treatment centers.

Kentucky Level of Care System (KLOCS)

With the implementation of the Kentucky Level of Care System (KLOCS) in August 2020, the Department for Medicaid Services (DMS) transformed Level of Care (LOC) processes across the entire spectrum of Long-Term Services and Supports (LTSS). The purpose of this transformation was to streamline LOC processes by improving communication and coordination between all stakeholders. KLOCS brought a new technology system for Nursing Facilities (NF), Hospice Providers, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) to electronically submit and manage their LOC applications, eliminating the former paper and fax-based LOC application processes. KLOCS is the singular system of record-keeping for the provider (NFs, ICFs, and Hospice Staff) LOCs. KLOCS provides a platform for all stakeholders including the Community Mental Health Centers (CMHC), Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), Kentucky Medicaid Management Information System (MMIS), the Office of Administrative and Technology Services (OATS), Partner Portal, and the Peer Review Organization (PRO) involved in the LOC applications, review, and approval processes to interact electronically via Tasks and Notifications. All requests, reviews, assessments, re-assessments, and PASRR reviews are now completed using the KLOCS platform.

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Kentucky Medicaid Eligibility

Medicaid provides funding for health care to individuals and families who meet the eligibility criteria established by the state and approved by CMS. This section provides an overview of Kentucky Medicaid eligibility.

Eligibility Requirements and the Enrollment Process

Medicaid is an entitlement program that pays for health care on behalf of those who meet the established criteria and are enrolled in the program. Kentucky is a Section 1634 state, which means that all individuals who receive Supplemental Security Income (SSI) are automatically enrolled in Medicaid. In addition, families who receive financial assistance through Kentucky’s Temporary Aid to Needy Families (TANF) program are automatically enrolled in Medicaid. For an individual or family who does not receive SSI or TANF, the eligibility process begins with the completion of a Medicaid application. Either the prospective beneficiary or an authorized representative may apply online at <https://kynect.ky.gov/>, by mail, at a local Department for Community Based Services (DCBS) office, or over the phone. Contact information for local offices can be found at https://prd.webapps.chfs.ky.gov/Office_Phone/. Individuals who are not automatically eligible and apply for Medicaid must meet all the eligibility requirements of one or more programs. An overview of the Medicaid programs offered in Kentucky is presented in Table 02.

Table 02 – Kentucky Medicaid Programs

Program	Description	FPL & Requirements
MAGI Medicaid Children		
Deemed Eligible Newborn	Children aged 0 through first birthday	N/A; infants born to Medicaid eligible mother; no resource limit
Low-Income Children	Children under age 1, not considered deemed eligible newborn	200% FPL; no resource limit
	Children ages 1-5	147% FPL; no resource limit
	Children ages 6-18; individuals aged 18 must be attending school	109% FPL; no resource limit
KCHIP	KCHIP children ages 6-19; no school attendance requirement	147% FPL; no other health insurance
	KCHIP children ages 0-19; no school attendance requirement	159% FPL; no other health insurance
	KCHIP children under age 19; no school attendance requirement	218% FPL; no other health insurance
Foster Children	Children placed in the protective custody of the state and placed in foster care	N/A; eligibility determined and maintained through Protection and Permanency and the Children’s Benefit Worker (CBW)
Adoption Subsidy	Subsidized adoptions of special needs children that qualify the child for Medicaid	N/A; receive Medicaid through 18 th birthday regardless of parental income; case maintained by Protection and Permanency and the Children’s Benefit Worker (CBW)
Department of Juvenile Justice Medicaid	Children under Department of Juvenile Justice (DJJ) custody who are in residential homes or the community, but not residing in a DJJ facility	N/A; cases maintained by the DJJ and the Medicaid Support and Benefits Branch

Program	Description	FPL & Requirements
MAGI Medicaid Adults		
Low-Income Adult	Individuals aged 19 through 64 who are not eligible to receive Medicare and not eligible in any other category of assistance	138% FPL; individual is not Medicare eligible; no asset check
Parents and Caretaker Relatives Pregnant Women	Individuals who are either the parents of, or a relative providing care for, a child under the age of 19	< 138% FPL and child in the home for which individual is a parent or caretaker; no asset check
	Women who are pregnant, or in the 60-day postpartum period	200% FPL; pregnancy verified by client statement; no asset check
	Women who are pregnant, or in the 60-day postpartum period	138% FPL; pregnancy verified by client statement; no asset check
Low-Income Adult Parents and Caretaker Relatives Pregnant Women	Individuals aged 19 through 64 who are not eligible to receive Medicare and not eligible in any other category of assistance	138% FPL; individual is not Medicare eligible; no asset check
	Individuals who are either the parents of, or a relative providing care for, a child under the age of 19	< 138% FPL and child in the home for which individual is a parent or caretaker; no asset check
	Women who are pregnant, or in the 60-day postpartum period	200% FPL; pregnancy verified by client statement; no asset check

Program	Description	FPL & Requirements
MAGI Medicaid Other		
MAGI Spend Down	Time-limited Medicaid for an individual or family who incurred medical expenses but has income more than the FPL for the Eligibility Determination Group (EDG) size	Meets Medicaid technical and resource eligibility requirements; must have medical expenses incurred in the prior 3 months from the date of application
Former Foster Care	Individuals who were in foster care and received Medicaid when they turned 18	Individuals who are ages 19 through 26 that aged out of foster care are eligible
Transitional Medicaid Assistance	Individuals who aged out of foster care in another state	138% FPL or below 138% FPL if receiving LTC or Medicare; aged out of foster care out of state
	Individuals with new or increased earned income which causes household income to exceed the Medicaid income scale	Must have received Medicaid in the ACA type of assistance in 3 of the prior 6 months; In the first 6 months individuals are required to report their income in the 4th month to determine income eligibility for the second 6 months of Transitional Medicaid Assistance (TMA); In the second 6 months the countable household income must not exceed 185% of the FPL
Emergency Time-Limited Medicaid	Individuals with new or increased spousal support which causes household income to exceed the Medicaid income scale	Must have received Medicaid in the ACA type of assistance in 3 of the prior 6 months; No income or reporting requirements for TMA with spousal support
	Initial 2-month MA approval for children under age 19 with an emergency medical condition who do not meet qualified immigrant requirements	Individual must meet technical and financial eligibility requirements for MAGI Medicaid except for enumeration; the physician must verify emergency medical condition
	Initial 2-month MA approval for pregnant women with an emergency medical condition who do not meet qualified immigrant requirements	Individual must meet technical and financial eligibility requirements for MAGI Medicaid except for enumeration; the birth of child or verification of pregnancy required
Kentucky Integrated Health Insurance Premium Payment	Optional program that provides reimbursement for employer-sponsored health insurance (ESI) premiums for qualified Medicaid members and their families	Individuals must have access to or are enrolled in a health insurance plan; policyholder does not have to be Medicaid eligible; however, at least one individual on the plan must be eligible for Medicaid

Program	Description	FPL & Requirements
Non-MAGI Medicaid		
Non-SSI Regular Medicaid	Aged, blind, or disabled individuals with income at or below the Medicaid income scale who are not receiving SSI or State Supplementation	Income at or below the Medicaid income scale; resource limit of \$2,000 for a single person, \$4,000 for a couple; the individual must be aged (65 or older), deemed disabled, or blind by SSA or through the Medical Review Team (MRT)
Time-Limited Medicaid for Aged, Blind, or Disabled Immigrants	Time-Limited Medicaid for an aged, blind, or disabled immigrant with an emergency medical condition who does not meet qualified immigrant requirements	Income at or below the Medicaid income scale; the individual must be aged (65 or older), deemed disabled, or blind by SSA or through the Medical Review Team (MRT); the physician must verify emergency medical condition
Regular SSI Medicaid	Individuals who receive Supplemental Security Income (SSI)	SSI Medicaid eligibility is determined through the Social Security Administration and maintained through the State Data Exchange (SDX)
Exparte Medicaid	2-month approval of Medicaid for individuals who lost SSI due to excess income or resources, living arrangement, or refusal to obtain drug or alcohol treatment	SSI Medicaid eligibility is determined through the Social Security Administration and maintained through the State Data Exchange (SDX)
Medicaid Works	Disabled individuals ages 16 through 64 who have earned income (i.e., working individuals) and are unable to engage in Substantial Gainful Activity (SGA)	100% to 250% FPL; individuals must be working and financially eligible for regular Medicaid; has a resource limit of \$5,000 for singles, \$10,000 for couples; spousal income limit of \$3,750 per month
Pass-Through Medicaid	Pass-Through Correct and Concurrent: Individuals who previously received SSI/State Supplementation and Retirement, Survivors and Disability Insurance (RSDI) correctly and concurrently in the same month	Must have received SSI or State Supplementation and RSDI correctly and concurrently in the same month and then subsequently lost SSI or State Supplementation due to an increase in income
	Pass-Through Disabled Adult Children (DAC): Blind or disabled individuals, ages 18 and older, who lose SSI because of an entitlement to or increase in RSDI Disabled Adult Child (DAC) benefits	Must be an individual deemed a Disabled Adult Child (DAC) aged 18 or older that has lost SSI due to an increase or new entitlement to RSDI DAC benefits
	Pass-Through – Disabled Early Widow(er)s or Disabled Surviving Divorced Spouses: Disabled or early widows/widowers or disabled surviving divorced spouses who are not yet eligible for Medicare Part A	Not yet entitled to Medicare Part A; Individuals, ages 60 through 64, who lost SSI/State Supplementation due to entitlement to RSDI early widow(er)'s benefits; individuals ages 50 through 59 who lost SSI/State Supplementation due to entitlement to RSDI disabled widow(er)'s or disabled surviving divorced spouse's benefits
State Supplementation Medicaid	Pass-Through Correct and Concurrent: Individuals who previously received SSI/State Supplementation and RSDI correctly and concurrently in the same month	Must have received SSI or State Supplementation and RSDI correctly and concurrently in the same month and then subsequently lost SSI or State Supplementation due to an increase in income
Long Term Care Medicaid	Pass-Through Disabled Adult Children (DAC): Blind or disabled individuals, ages 18 and older, who lose SSI because of an entitlement to or increase in RSDI Disabled Adult Child (DAC) benefits	Must be an individual deemed a Disabled Adult Child (DAC) aged 18 or older that has lost SSI due to an increase or new entitlement to RSDI DAC benefits

Program	Description	FPL & Requirements
Medicare Savings Program		
Qualified Medicare Beneficiaries (QMB)	Pays Medicare Part A and B premiums (Buy-In), deductibles, and co-insurance; individuals may receive QMB benefits in addition to regular Medicaid benefits in another category (dual eligibility); no retroactive eligibility	100% FPL; must meet technical eligibility requirements for Medicaid; must be entitled to Medicare Parts A and B; resource limit of \$7,970 for singles, \$11,960 for couples
Specified Low-Income Medicare Beneficiaries (SLMB)	Pays Medicare Part B premium only (Buy-In); Individuals may receive SLMB benefits in addition to regular Medicaid benefits in another category (dual eligibility); retroactive eligibility for prior 3 months from application date	120% FPL; must meet technical eligibility requirements for Medicaid; must be entitled to Medicare Parts A and B; resource limit of \$7,970 for singles, \$11,960 for couples
Medicare Qualified Individuals Group 1	Pays Medicare Part B premium only (Buy-In); no dual eligibility; retroactive eligibility for prior 3 months from application date	135% FPL; must meet technical eligibility requirements for Medicaid; must be entitled to Medicare Parts A and B; resource limit of \$7,970 for singles, \$11,960 for couples
Qualified Disabled Working Individuals (QDWI)	For individuals who lose RSDI benefits due to earnings but who continue to be eligible for or eligible to enroll in Medicare. QDWI recipients are eligible ONLY for Medicare Part A premium payment (Buy-In); no dual eligibility	200% FPL; must be a working disabled person under age 65; resource limit of \$4,000 for singles, \$6,000 for couples

To participate in Medicaid, federal law requires states to cover certain groups of individuals at certain income levels. Through state plan amendments (SPA) or waivers, which are contingent on CMS approval, states have options to cover other groups, expand income guidelines, or allow additional disregards. Part of the financial qualification for Medicaid is based on the family size and relation of monthly income to the Federal Poverty Level (FPL). Federal Poverty Levels are established by the federal government. [Table 03](#) shows the 2020 Federal Poverty Guidelines, with annual and monthly incomes according to family size. For example, a four-person family with an annual income of \$26,200 is considered to be living at 100% of FPL.

Table 03 - 2020 Federal Poverty Guidelines for All States (Except Alaska and Hawaii)

Family Size	Monthly Income in Dollars ¹									
	75%	100%	120%	133%	135%	150%	185%	200%	250%	300%
1	\$798	\$1,063	\$1,276	\$1,414	\$1,436	\$1,595	\$1,967	\$2,127	\$2,658	\$3,190
2	\$1,078	\$1,437	\$1,724	\$1,911	\$1,940	\$2,155	\$2,658	\$2,873	\$3,592	\$4,310
3	\$1,358	\$1,810	\$2,172	\$2,407	\$2,444	\$2,715	\$3,349	\$3,620	\$4,525	\$5,430
4	\$1,638	\$2,183	\$2,620	\$2,904	\$2,948	\$3,275	\$4,039	\$4,367	\$5,458	\$6,550
5	\$1,918	\$2,557	\$3,068	\$3,400	\$3,452	\$3,835	\$4,730	\$5,113	\$6,392	\$7,670
6	\$2,198	\$2,930	\$3,516	\$3,897	\$3,956	\$4,395	\$5,421	\$5,860	\$7,325	\$8,790
7	\$2,478	\$3,303	\$3,964	\$4,393	\$4,460	\$4,955	\$6,111	\$6,607	\$8,258	\$9,910
8 ²	\$2,758	\$3,677	\$4,412	\$4,890	\$4,964	\$5,515	\$6,802	\$7,353	\$9,192	\$11,030

Family Size	Annual Income in Dollars ¹									
	75%	100%	120%	133%	135%	150%	185%	200%	250%	300%
1	\$9,570	\$12,760	\$15,312	\$16,971	\$17,226	\$19,140	\$23,606	\$25,520	\$31,900	\$38,280
2	\$12,930	\$17,240	\$20,688	\$22,929	\$23,274	\$25,860	\$31,894	\$34,480	\$43,100	\$51,720
3	\$16,290	\$21,720	\$26,064	\$28,888	\$29,322	\$32,580	\$40,182	\$43,440	\$54,300	\$65,160
4	\$19,650	\$26,200	\$31,440	\$34,846	\$35,370	\$39,300	\$48,470	\$52,400	\$65,500	\$78,600
5	\$23,010	\$30,680	\$36,816	\$40,804	\$41,418	\$46,020	\$56,758	\$61,360	\$76,700	\$92,040
6	\$26,370	\$35,160	\$42,192	\$46,763	\$47,466	\$52,740	\$65,046	\$70,320	\$87,900	\$105,480
7	\$29,730	\$39,640	\$47,568	\$52,721	\$53,514	\$59,460	\$73,334	\$79,280	\$99,100	\$118,920
8 ²	\$33,090	\$44,120	\$52,944	\$58,680	\$59,562	\$66,180	\$81,622	\$88,240	\$110,300	\$132,360

¹ U.S. Department of Health and Human Services (2020). 2020 Poverty Guidelines. Retrieved from <https://aspe.hhs.gov/2019-poverty-guidelines>.

² For family units with more than eight members, add \$4,420 annually and \$368 monthly for each additional member.

Eligibility determination is a federally approved process which is operated in the same manner throughout the state. In Kentucky, caseworkers in each DCBS office determine an individual's eligibility for Medicaid by standardized written policy. Processing times for applications vary depending on the coverage group and program under consideration, the amount of information the person can provide, and how quickly all needed information is made available to Medicaid staff. Eligibility can be retroactive up to three months before the date of application. Eligibility is reviewed annually for most cases but more frequently in some programs. Decisions must be made within 45 days (90 days if a disability determination by the agency is required) from the date of application in most cases.

Kentucky Children's Health Insurance Program (KCHIP)

The Kentucky Children's Health Insurance Program, or KCHIP, provides Medicaid benefits to children under age 19 who are uninsured and meet income and non-financial eligibility criteria. KCHIP enrollees have the same enrollment process and benefits packages as Medicaid enrollees.

Expansion Group

In 2014, Kentucky expanded Medicaid coverage through the Affordable Care Act to include adults with a household income up to 138% of the Federal Poverty Level (FPL). This group now accounts for approximately 35% of Kentucky Medicaid enrollment. Expansion Group enrollees receive care through Medicaid's managed care program. This includes full Medicaid benefits as well as access to the value-added benefits provided by the managed care organizations that deliver care.

Medicare Buy-In and Medicare Savings Program

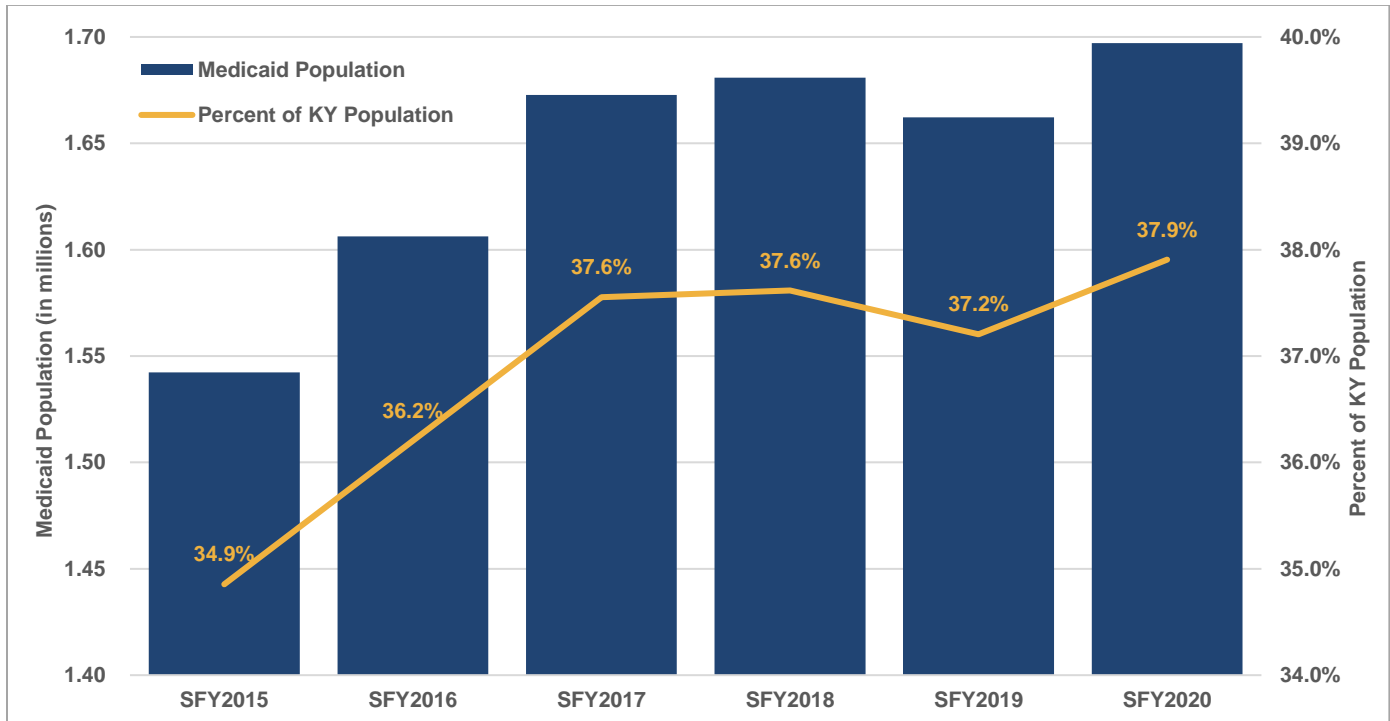
Medicare Buy-in results in major cost avoidance for Kentucky Medicaid by making Medicare the primary payer for people who are eligible for both Medicare and Medicaid ("full" dual eligibles). The State pays Medicare Part A premiums for those Medicaid enrollees receiving Supplemental Security Income (SSI) payments who become entitled to Medicare at age 65. The State also pays Medicare Part B premiums for certain low-income "full" dual eligibles and Medicare Part D (Clawback) payments for individuals receiving Part D who are dual-eligible.

The Medicare Savings Program also provides Medicare Buy-in benefits to people with Medicare who are not eligible for full Medicaid services but have limited income and assets. Depending on income, an individual may be classified as a Qualified Medicare Beneficiary (QMB), which covers both the Medicare Part A and B premiums and some co-payments and deductibles; Specified Low-Income Medicare Beneficiary (SLMB), which covers the Medicare Part B premium only; or Qualified Individual (QI-1), which covers the Medicare Part B premium through 100% federal dollars.

Kentucky Medicaid Enrollment

The Kentucky Medicaid program continues to be vital in meeting the state’s health care needs. [Figure 02](#) shows the steady increase in the number of individuals enrolled in the program. The program showed a net increase in enrollment of 10% over the period from 2015 to 2020, while the overall population in Kentucky experienced a 1.2% growth during the same time. The public health emergency resulting from COVID-19 had an impact on Medicaid enrollment during SFY 2020 and is largely responsible for the growth in the program during this timeframe. Today, nearly 38% of the state’s population is enrolled in Kentucky’s Medicaid Program.

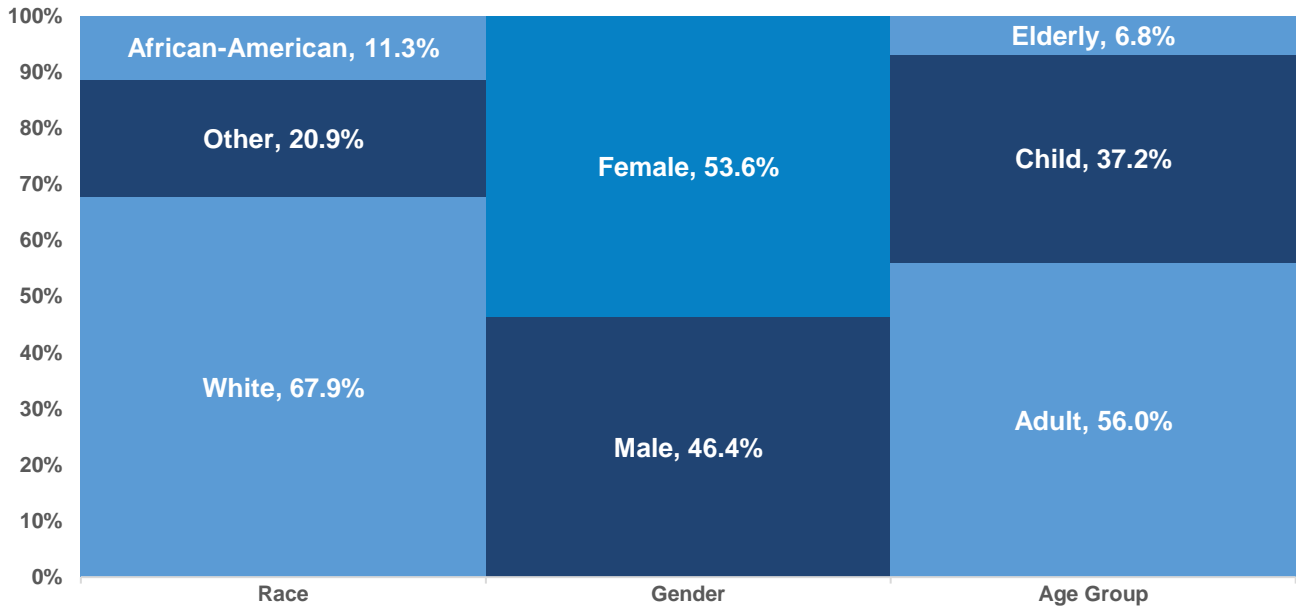
Figure 02 – KY Medicaid Enrollment vs. Total Population



Enrollment Demographic Information

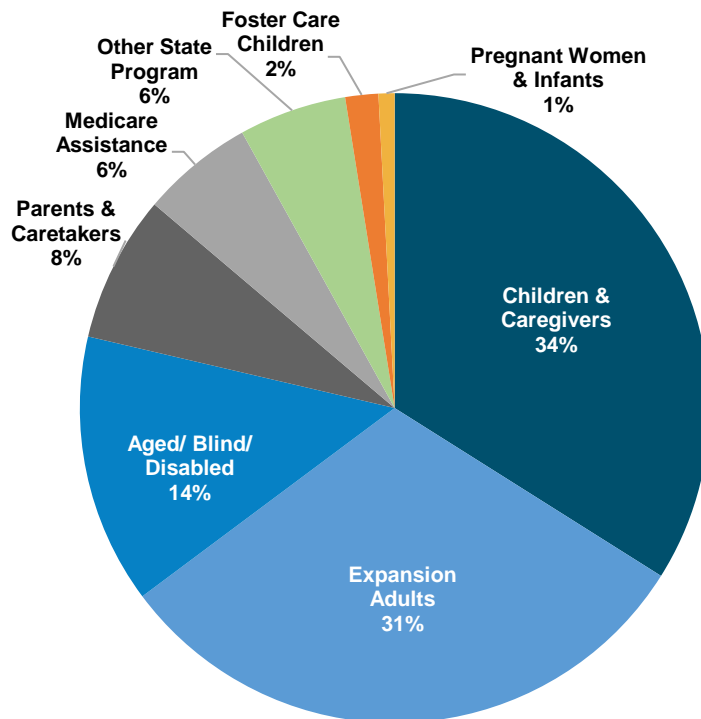
Figure 03 provides a Kentucky Medicaid enrollee breakdown by the basic demographics categories of race, gender, and age group.

Figure 03 – Basic Enrollment Demographics – SFY 2020



The figure below depicts the percentage of the Kentucky Medicaid population allocated to various eligibility groups. Expansion Adults and Children & Caregivers account for roughly two-thirds of the Medicaid population.

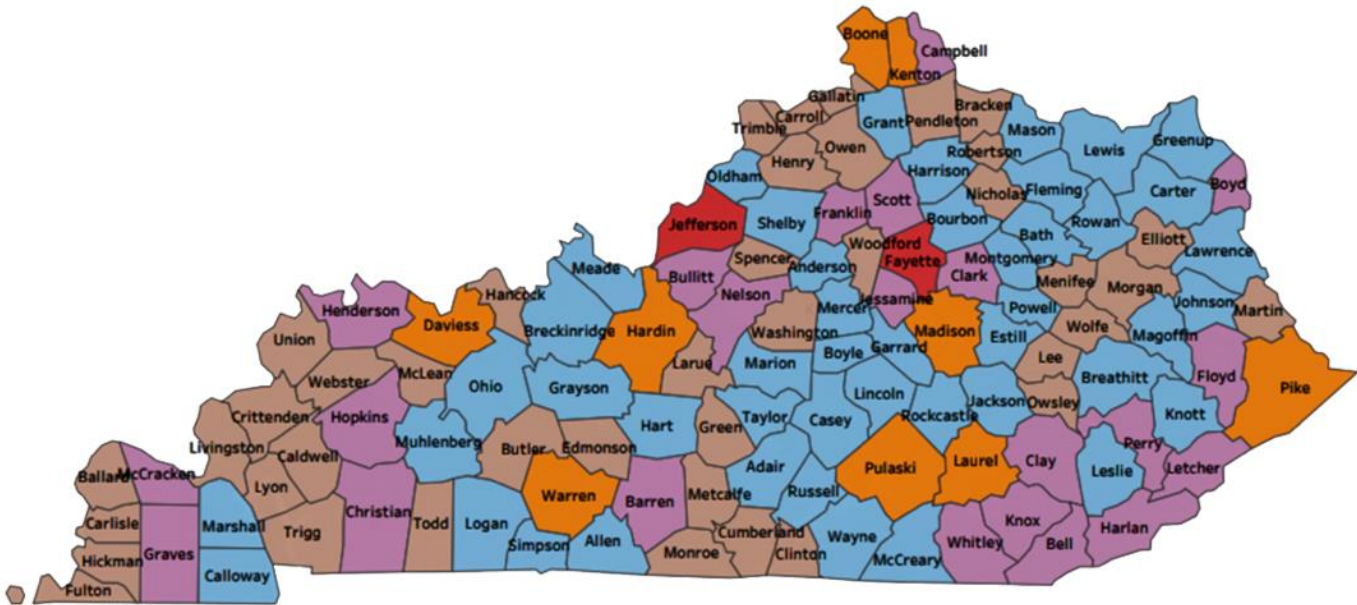
Figure 04 – KY Medicaid Eligibility Groups



County-Level Enrollment Data

The map below shows the distribution of Kentucky Medicaid enrollment across Kentucky counties during the fiscal year.

Figure 05 – Kentucky Medicaid Enrollment by County –SFY 2020



© 2020 Mapbox © OpenStreetMap

Population Range
■ 0-6,500 ■ 6,501-13,500 ■ 13,501-26,000 ■ 26,001-50,000 ■ 50,000+

The table below provides a county-level look at Medicaid enrollment along with paid claims dollars and members served through those paid claims. This provides a view of the number of members enrolled in each county vs. the number of those enrollees receiving a paid Medicaid service during the reporting year.

Table 04 – SFY 2020 Enrollment and Claims Data by Kentucky County

County	Members Enrolled	% Of Total Enrollment	Members Who Received Services	Paid Amount	% Of Total Paid
Adair	9,294	0.56%	7,904	\$54,288,898.23	0.58%
Allen	8,017	0.48%	6,731	\$40,866,417.57	0.44%
Anderson	6,617	0.40%	5,535	\$33,695,357.33	0.36%
Ballard	2,690	0.16%	2,249	\$12,981,969.70	0.14%
Barren	17,735	1.06%	15,166	\$103,494,126.26	1.11%
Bath	6,332	0.38%	5,359	\$33,755,897.63	0.36%
Bell	17,318	1.04%	14,117	\$85,116,805.20	0.91%
Boone	29,533	1.77%	24,054	\$154,741,533.45	1.66%
Bourbon	7,739	0.46%	6,607	\$40,733,018.63	0.44%
Boyd	19,592	1.17%	16,465	\$117,704,013.22	1.26%
Boyle	10,242	0.61%	8,638	\$58,091,256.95	0.62%
Bracken	3,091	0.18%	2,629	\$14,517,260.20	0.16%
Breathitt	9,565	0.57%	7,634	\$55,703,879.22	0.60%
Breckinridge	7,895	0.47%	6,716	\$38,598,865.15	0.41%

County	Members Enrolled	% Of Total Enrollment	Members Who Received Services	Paid Amount	% Of Total Paid
Bullitt	20,119	1.20%	16,692	\$98,365,849.56	1.06%
Butler	5,433	0.33%	4,631	\$27,607,279.84	0.30%
Caldwell	4,689	0.28%	3,968	\$23,434,545.59	0.25%
Calloway	10,931	0.65%	8,917	\$50,859,021.55	0.55%
Campbell	20,964	1.25%	17,320	\$114,895,406.05	1.23%
Carlisle	1,847	0.11%	1,555	\$9,721,533.83	0.10%
Carroll	4,775	0.29%	4,006	\$26,402,649.79	0.28%
Carter	12,444	0.74%	10,593	\$63,588,357.39	0.68%
Casey	7,723	0.46%	6,618	\$44,294,642.01	0.48%
Christian	24,803	1.48%	19,763	\$122,354,057.00	1.31%
Clark	13,569	0.81%	11,453	\$84,366,370.48	0.91%
Clay	15,777	0.94%	12,836	\$91,910,602.12	0.99%
Clinton	5,589	0.33%	4,783	\$26,305,832.57	0.28%
Crittenden	2,770	0.17%	2,408	\$13,572,571.83	0.15%
Cumberland	3,558	0.21%	3,027	\$21,557,017.59	0.23%
Daviess	36,184	2.17%	30,347	\$214,789,383.74	2.31%
Edmonson	4,973	0.30%	4,010	\$25,607,900.10	0.28%
Elliott	3,352	0.20%	2,795	\$16,081,468.82	0.17%
Estill	7,251	0.43%	6,195	\$42,963,762.56	0.46%
Fayette	90,237	5.40%	72,778	\$503,429,056.45	5.41%
Fleming	6,307	0.38%	5,345	\$35,988,996.41	0.39%
Floyd	23,346	1.40%	19,310	\$135,314,918.11	1.45%
Franklin	17,517	1.05%	14,699	\$109,101,496.72	1.17%
Fulton	3,135	0.19%	2,563	\$12,960,046.39	0.14%
Gallatin	2,941	0.18%	2,435	\$17,565,056.92	0.19%
Garrard	6,702	0.40%	5,564	\$34,929,425.66	0.38%
Grant	9,869	0.59%	8,249	\$55,989,999.44	0.60%
Graves	14,355	0.86%	12,199	\$71,658,851.43	0.77%
Grayson	11,344	0.68%	9,615	\$56,400,489.72	0.61%
Green	4,538	0.27%	3,949	\$43,365,900.70	0.47%
Greenup	13,109	0.78%	11,065	\$68,730,223.61	0.74%
Hancock	2,762	0.17%	2,298	\$14,229,717.37	0.15%
Hardin	35,478	2.12%	29,205	\$197,300,852.41	2.12%
Harlan	19,234	1.15%	15,471	\$107,656,301.17	1.16%
Harrison	6,975	0.42%	5,927	\$38,789,608.42	0.42%
Hart	8,236	0.49%	6,980	\$38,477,482.24	0.41%

County	Members Enrolled	% Of Total Enrollment	Members Who Received Services	Paid Amount	% Of Total Paid
Henderson	16,280	0.97%	13,371	\$80,469,700.79	0.86%
Henry	5,616	0.34%	4,622	\$31,657,840.37	0.34%
Hickman	1,755	0.11%	1,471	\$11,427,768.64	0.12%
Hopkins	17,529	1.05%	14,958	\$100,992,357.18	1.08%
Jackson	8,052	0.48%	6,695	\$42,950,553.34	0.46%
Jefferson	263,885	15.79%	211,588	\$1,544,691,192.55	16.59%
Jessamine	18,264	1.09%	15,311	\$106,338,493.39	1.14%
Johnson	12,097	0.72%	10,278	\$73,041,484.20	0.78%
Kenton	46,999	2.81%	38,518	\$240,133,422.81	2.58%
Knott	9,601	0.57%	7,877	\$61,260,855.69	0.66%
Knox	22,331	1.34%	18,404	\$115,318,050.67	1.24%
Larue	5,290	0.32%	4,444	\$28,690,245.71	0.31%
Laurel	32,916	1.97%	26,845	\$168,632,229.99	1.81%
Lawrence	8,553	0.51%	7,301	\$48,967,701.68	0.53%
Lee	4,304	0.26%	3,604	\$29,613,268.33	0.32%
Leslie	7,525	0.45%	5,976	\$40,992,770.31	0.44%
Letcher	14,189	0.85%	11,576	\$81,757,546.42	0.88%
Lewis	6,836	0.41%	5,881	\$33,905,296.86	0.36%
Lincoln	11,159	0.67%	9,410	\$57,264,747.36	0.61%
Livingston	3,117	0.19%	2,610	\$16,401,232.00	0.18%
Logan	9,788	0.59%	8,213	\$46,790,148.28	0.50%
Lyon	2,049	0.12%	1,693	\$11,520,537.53	0.12%
Madison	31,015	1.86%	25,731	\$172,114,299.05	1.85%
Magoffin	7,728	0.46%	6,671	\$49,086,940.36	0.53%
Marion	7,154	0.43%	6,131	\$39,192,949.77	0.42%
Marshall	9,495	0.57%	7,952	\$48,915,599.05	0.53%
Martin	6,280	0.38%	5,336	\$34,443,382.84	0.37%
Mason	7,347	0.44%	6,153	\$34,459,045.65	0.37%
McCracken	24,269	1.45%	20,141	\$123,018,111.99	1.32%
McCreary	10,254	0.61%	8,830	\$55,770,806.77	0.60%
McLean	3,184	0.19%	2,701	\$17,237,452.18	0.19%
Meade	8,523	0.51%	6,993	\$34,843,010.76	0.37%
Menifee	3,464	0.21%	2,928	\$17,522,484.79	0.19%
Mercer	7,443	0.45%	6,300	\$37,048,005.01	0.40%

County	Members Enrolled	% Of Total Enrollment	Members Who Received Services	Paid Amount	% Of Total Paid
Metcalfe	4,973	0.30%	4,226	\$26,839,782.71	0.29%
Monroe	5,133	0.31%	4,417	\$28,260,048.79	0.30%
Montgomery	11,941	0.71%	10,168	\$67,092,098.67	0.72%
Morgan	5,851	0.35%	5,010	\$27,368,877.64	0.29%
Muhlenberg	12,723	0.76%	10,750	\$65,042,658.30	0.70%
Nelson	14,468	0.87%	12,251	\$73,412,862.83	0.79%
Nicholas	3,142	0.19%	2,682	\$19,552,689.93	0.21%
Ohio	10,092	0.60%	8,579	\$53,932,458.00	0.58%
Oldham	13,364	0.80%	7,487	\$83,319,054.81	0.89%
Owen	4,341	0.26%	3,618	\$20,885,970.80	0.22%
Owsley	3,357	0.20%	2,864	\$22,547,087.07	0.24%
Pendleton	5,210	0.31%	4,409	\$27,010,527.18	0.29%
Perry	19,567	1.17%	16,108	\$146,660,900.12	1.57%
Pike	30,408	1.82%	24,844	\$170,043,345.67	1.83%
Powell	6,982	0.42%	5,983	\$39,682,698.45	0.43%
Pulaski	30,965	1.85%	26,273	\$249,519,869.67	2.68%
Robertson	894	0.05%	730	\$7,265,102.74	0.08%
Rockcastle	8,405	0.50%	7,008	\$68,306,935.55	0.73%
Rowan	10,120	0.61%	8,519	\$62,284,755.66	0.67%
Russell	8,686	0.52%	7,515	\$47,054,542.51	0.51%
Scott	14,613	0.87%	12,309	\$75,305,731.76	0.81%
Shelby	12,185	0.73%	10,118	\$56,303,304.27	0.60%
Simpson	6,863	0.41%	5,692	\$32,516,174.95	0.35%
Spencer	4,187	0.25%	3,475	\$23,578,496.71	0.25%
Taylor	10,697	0.64%	9,108	\$58,804,870.26	0.63%
Todd	4,281	0.26%	3,657	\$20,230,524.87	0.22%
Trigg	4,488	0.27%	3,692	\$20,154,052.43	0.22%
Trimble	2,780	0.17%	2,240	\$13,291,652.49	0.14%
Union	5,445	0.33%	3,893	\$23,393,528.65	0.25%
Warren	47,283	2.83%	38,866	\$225,285,445.57	2.42%
Washington	4,509	0.27%	3,880	\$29,457,313.64	0.32%
Wayne	10,733	0.64%	9,353	\$57,174,936.40	0.61%
Webster	4,765	0.29%	3,984	\$23,078,276.96	0.25%
Whitley	23,337	1.40%	19,571	\$147,467,555.08	1.58%
Wolfe	4,876	0.29%	4,117	\$30,182,649.20	0.32%
Woodford	6,622	0.40%	5,509	\$28,283,239.25	0.30%

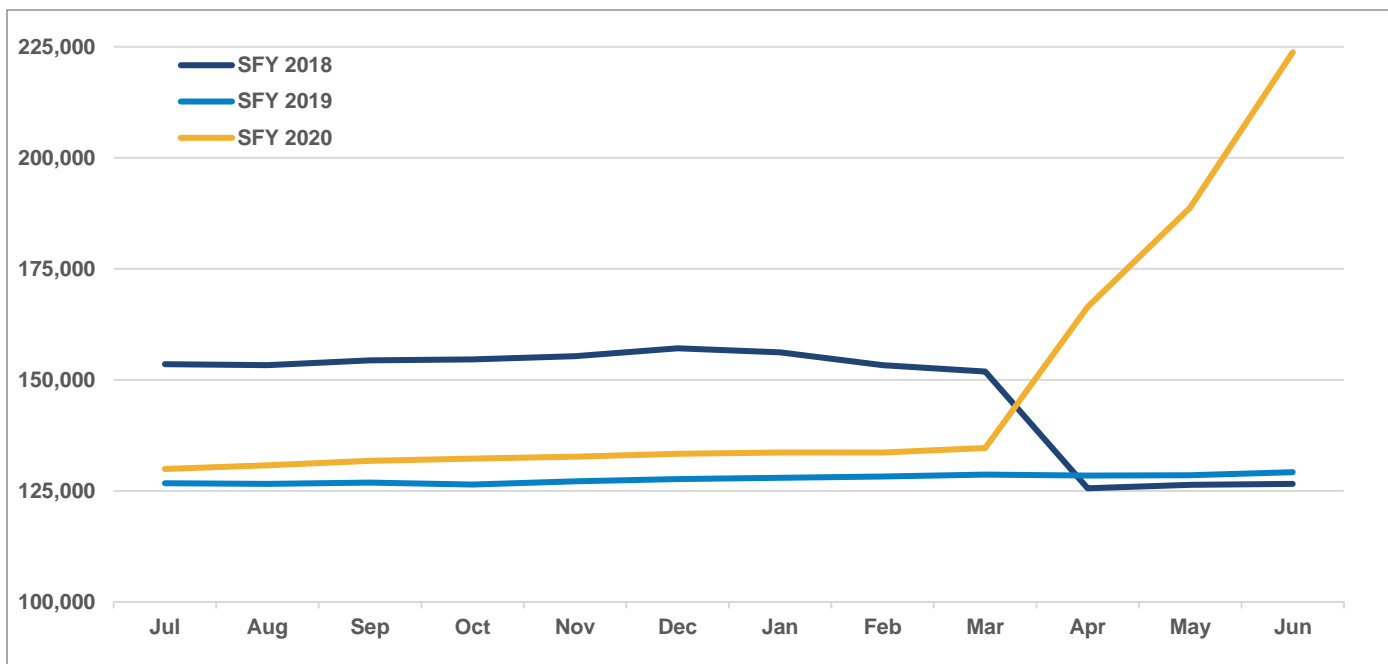
Fee-for-Service (FFS) Enrollment

Total FFS Enrollment **223,752**

In Kentucky, Managed Care Organizations (MCOs) covered approximately 85% of the population enrolled in the Medicaid program during SFY 2020. The other 15% were served under fee-for-service (FFS). Under FFS, the Department pays providers directly. Individuals covered under FFS include residents in long-term care facilities and individuals enrolled in Home and Community Based Service (HCBS) Waivers.

Figure 06 shows the monthly Medicaid FFS enrollment trend for SFY 2018, 2019, and 2020. Fee-for-service enrollment increased by more than 60% between March 2020 and June 2020. The public health emergency resulting from COVID-19 is largely responsible for this increase in FFS enrollment.

Figure 06 – FFS Enrollment 3-Year Monthly Medicaid Comparison by SFY



Managed Care Organization (MCO) Enrollment

Total Managed Care Enrollment 1,292,059

The figure below illustrates the changes in monthly enrollment in a Kentucky Medicaid MCO plan during SFY 2018, 2019, and 2020.

Figure 07 – MCO Enrollment 3-Year Monthly Medicaid Comparison by SFY

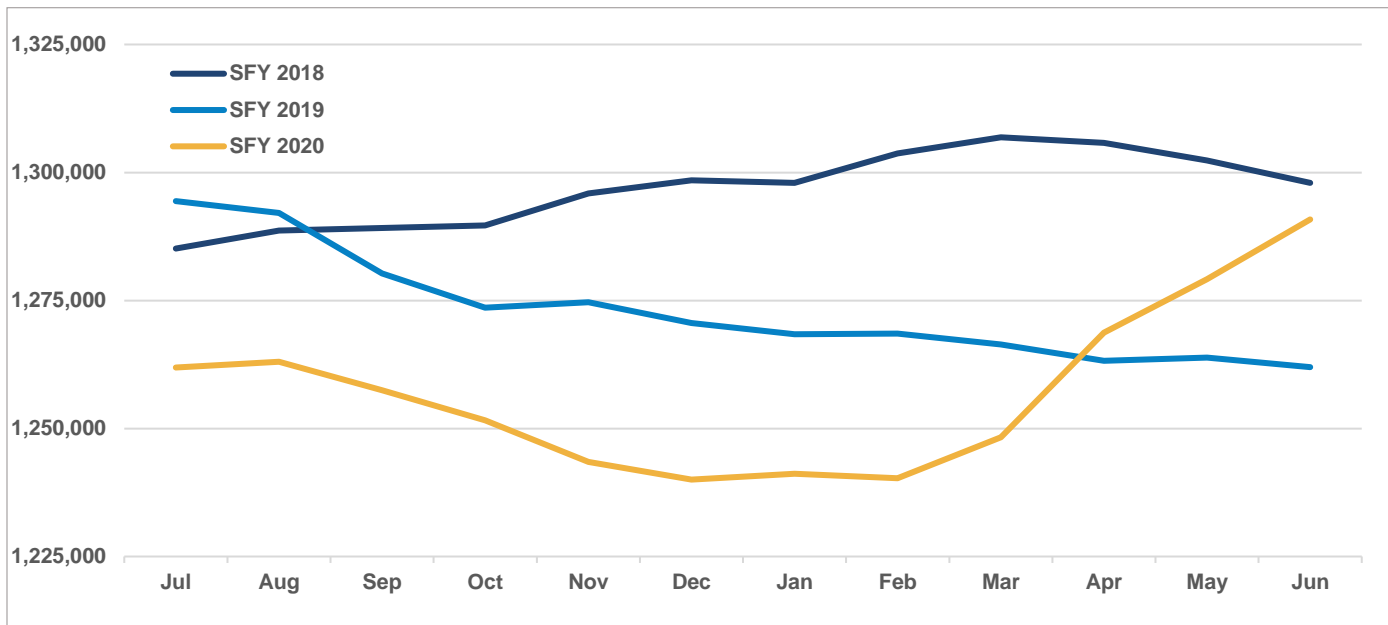
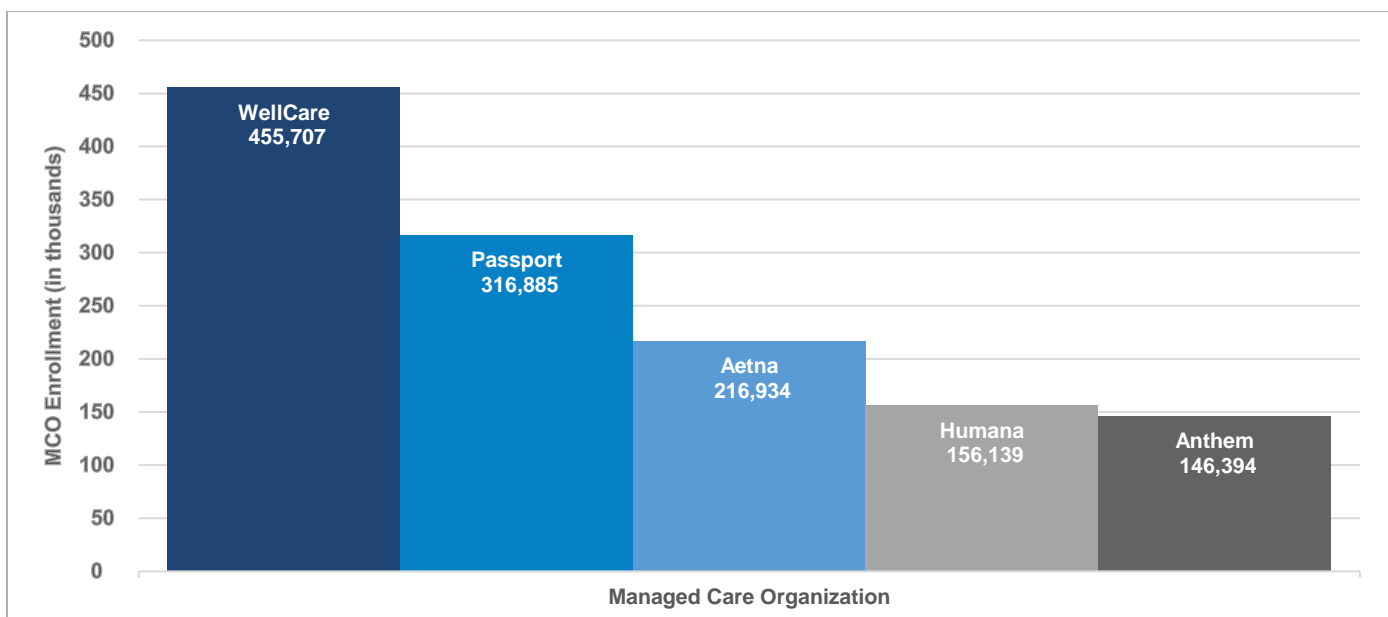


Figure 08 shows the breakdown of Medicaid managed care member enrollment across the five Managed Care Organizations during SFY 2020.

Figure 08 – Medicaid Enrollment by MCO as of SFY End (June 2020)



Kentucky Medicaid Providers

Providers Enrolled FY 2020

More than 60,000 individual providers were enrolled with Kentucky Medicaid during SFY 2020. [Table 05](#) contains a breakdown of Kentucky Medicaid provider enrollment by type of provider during SFY 2020.

Table 05 – Kentucky Medicaid Provider Enrollment by Provider Type for SFY 2020

Provider Type	Provider Count
01 – General Hospital	886
02 – Mental Hospital	13
03 – Behavioral Health Service Organization (BHSO)	166
04 – Psychiatric Residential Treatment Facility	24
05 – Psychiatric Residential Treatment Facility (PRTF) Level II	1
06 – Chemical Dependency Treatment Center (CDTC)	1
10 – ICF/MR Clinic	3
11 – ICF/MR	16
12 – Nursing Facility	339
13 – Specialized Children Service Clinics	13
14 – MFP Pre Transition Services	3
15 – Health Access Nurturing Development Services	118
17 – Acquired Brain Injury	66
18 – Private Duty Nursing	24
20 – Preventive & Remedial Public Health	645
21 – School-Based Health Services	163
22 – Commission for Handicapped Children	13
23 – Title V/DSS	3
24 – First Steps/Early Intervention	1
26 – Residential Crisis Treatment Stabilization Unit (RCSU)	3
30 – Community Mental Health	14
31 – Primary Care	111
32 – Family Planning Service	1
33 – Support for Community Living (SCL)	276
34 – Home Health	101
35 – Rural Health Clinic	289
36 – Ambulatory Surgical Centers	58
37 – Independent Laboratory	374
39 – Dialysis Clinic	147
41 – Model Waiver	15
42 – Home and Community Based Waiver	56

Provider Type	Provider Count
43 – Adult Day Care	128
44 – Hospice	23
45 – EPSDT Special Services	237
48 – Home Delivered Meals	1
50 – Hearing Aid Dealer	20
52 – Optician	28
54 – Pharmacy	1,570
55 – Emergency Transportation	354
56 – Non-Emergency Transportation	761
57 – Net (Capitation)	20
58 – Net Clinic (Capitation)	1
60 – Dentist Individual	1,686
61 – Dental Group	264
62 – Licensed Professional Art Therapists	29
63 – Licensed Behavioral Analysts	232
64 – Physician Individual	25,596
65 – Physician Group	2,487
66 – Behavioral Health Multi-Specialty Group	397
67 – Licensed Clinical Alcohol and Drug Counselor (LCADC)	149
70 – Audiologist	191
74 – Nurse Anesthetist	2,837
76 – Multi-Therapy Group	74
77 – Optometrist	860
78 – Advanced Practice Registered Nurse (APRN)	11,535
79 – Speech-Language Pathologist	536
80 – Podiatrist	322
81 – Licensed Professional Clinical Counselor	1,388
82 – Licensed Clinical Social Worker	1,543
83 – Licensed Marriage and Family Therapist	229
84 – Licensed Psychological Practitioner	79
85 – Chiropractor	729
86 – X-Ray/Misc. Supplier	54
87 – Physical Therapist	1,229
88 – Occupational Therapist	573
89 – Psychologist	529
90 – DME Supplier	1,194

Provider Type	Provider Count
91 – CORF (Comprehensive Outpatient Rehab Facility)	4
92 – Psychiatric Distinct Part Unit	21
93 – Rehabilitation Distinct Part Unit	12
94 – Medicare Special Needs Plan	6
95 – Physician Assistant	2,727
96 – HMO/PHP	1

Kentucky Medicaid Services

Claims and Enrollment Information

Individuals eligible for Medicaid in Kentucky receive care through one of two delivery methods:

- Fee-for-Service (FFS): the Department pays providers directly for services delivered to Medicaid members. Currently, Kentucky Medicaid members enrolled in a Home and Community Based Services (HCBS) waiver or living in a long-term care facility receive services through a fee-for-service arrangement.
- Medicaid Managed Care: In November 2011, Medicaid began contracting with Managed Care Organizations (MCOs) to assist in the delivery of health care to Medicaid enrollees across the state. In an MCO arrangement, Medicaid pays the MCOs to coordinate the delivery of health care services to their members, and the MCOs pay providers through contractual arrangements. All MCOs must cover the same benefits as Medicaid and can offer additional benefits.

The five MCOs under contract with Kentucky Medicaid during SFY 2020 were:

- Aetna Better Health of Kentucky
- Anthem Blue Cross and Blue Shield
- Humana Healthy Horizons in Kentucky
- Passport Health Plan
- WellCare of Kentucky

During SFY 2020 (July 1, 2019, through June 30, 2020), approximately 85% of total enrollment was served by one of the five MCOs contracted with Kentucky.

Kentucky requires its Medicaid managed care plans to maintain National Committee for Quality Assurance (NCQA) accreditation and report performance measures outlined in the Healthcare Effectiveness Data and Information Set (HEDIS), as well as Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, and other performance measures, such as behavioral health indicators and measures specific to individuals with special health care needs. The state also collaborates with plans to develop unique Kentucky Medicaid Managed Care Performance Measures, which are aligned with national and state prevention initiatives. The Department requires plans to engage in performance improvement projects throughout the plan year.

It is important to note the difference between claims and encounter data.

Encounter data are the records of services delivered to Medicaid beneficiaries enrolled in managed care plans. These records allow the Medicaid agency to track the services received by members enrolled in managed care.

Providers who treat Medicaid patients not enrolled in a managed care plan must file an electronic or paper fee-for-service claim to receive payment for their services. Claims provide information about the patient and the provider and provide a listing of the medical treatments and services provided to a patient.

When discussing or referencing paid claims or encounters, a Medicaid-enrolled member may be referred to as a recipient, as in the charts below, because they are the recipient of paid services. While it is unlikely, a member could be enrolled in Medicaid yet not have any paid claims/encounters because they have not utilized any Medicaid services.

Figure 09 illustrates a 5-year history of total Medicaid payments, split between payments made on FFS claims and MCO encounters. Figure 10 shows the trend in cost per recipient over the same 5-year period. In SFY 2020, approximately \$9.3 billion was paid to providers for services delivered to Kentucky Medicaid members. Total SFY 2020 payments increased by less than 1% from SFY 2019.

Figure 09 – Claim/Encounter/Pharmacy 5-year Paid History

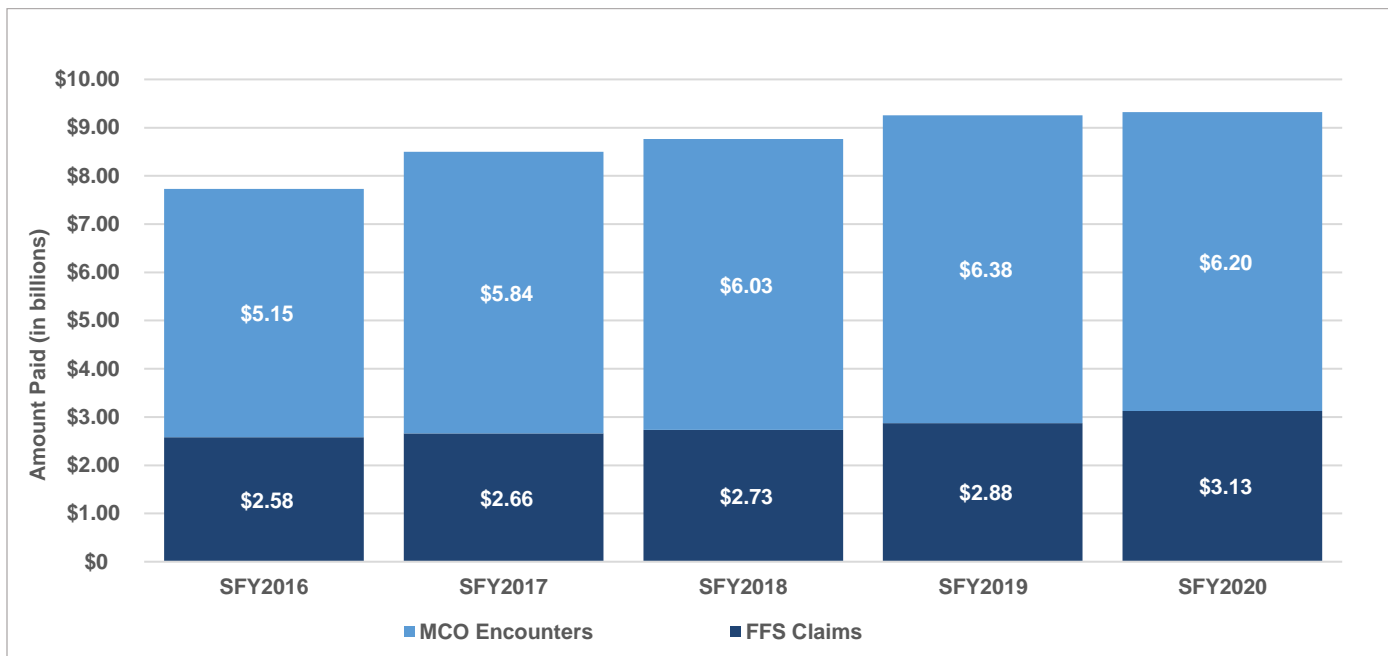


Figure 10 – Claim/Encounter/Pharmacy 5-year Cost per Recipient Trend

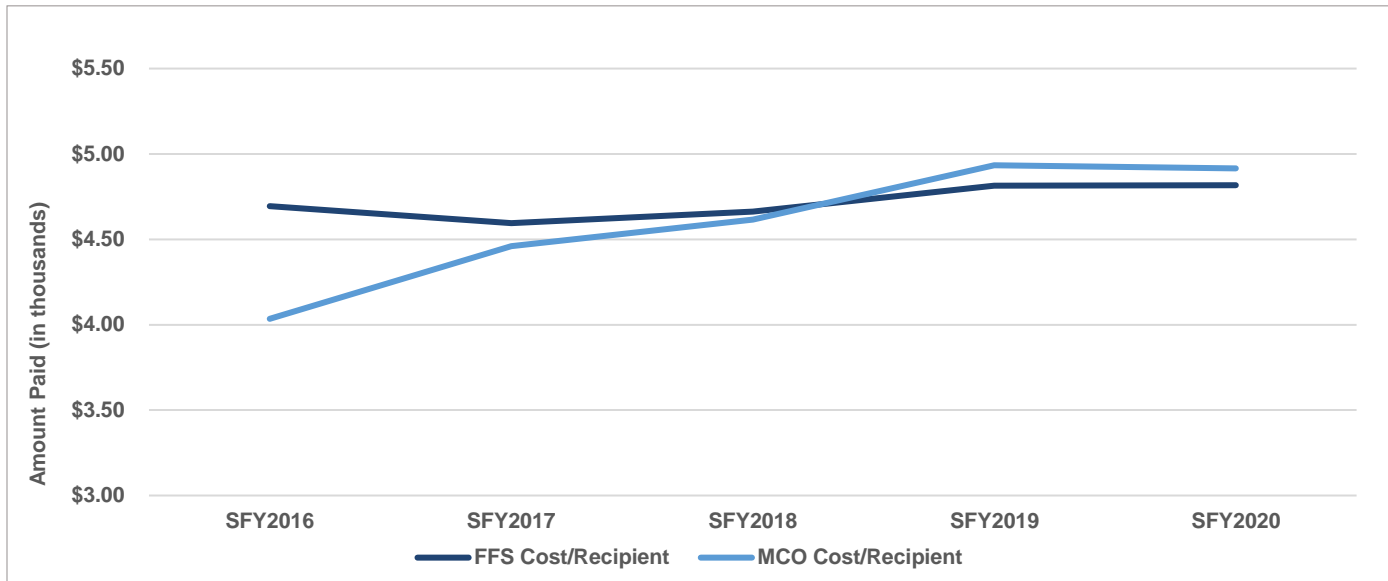


Table 06 highlights key trends related to FFS claims and MCO encounters during the 5 years between SFY 2016 and SFY 2020.

Table 06 – 5-Year Kentucky Medicaid Claims/Encounters Trends

FFS Claims	SFY 2016 – SFY 2020	MCO Encounters
15%	Increase in Members Served	0%
12%	Increase in Claims/Encounters Submitted	4%
3%	Increase in Cost per Recipient	18%
18%	Increase in Total Payments	17%

Figure 11 illustrates the percentage of Kentucky Medicaid payments allotted for services provided to recipients across various age groups during the fiscal year. For example, approximately 6% of the recipients of Medicaid services during the fiscal year were elderly (aged 65 years or older at the time of service), while approximately 15% of total payments during the same timeframe were made to providers on behalf of elderly recipients.

Figure 11 – Percentage of Payments and Enrollment by Age Group

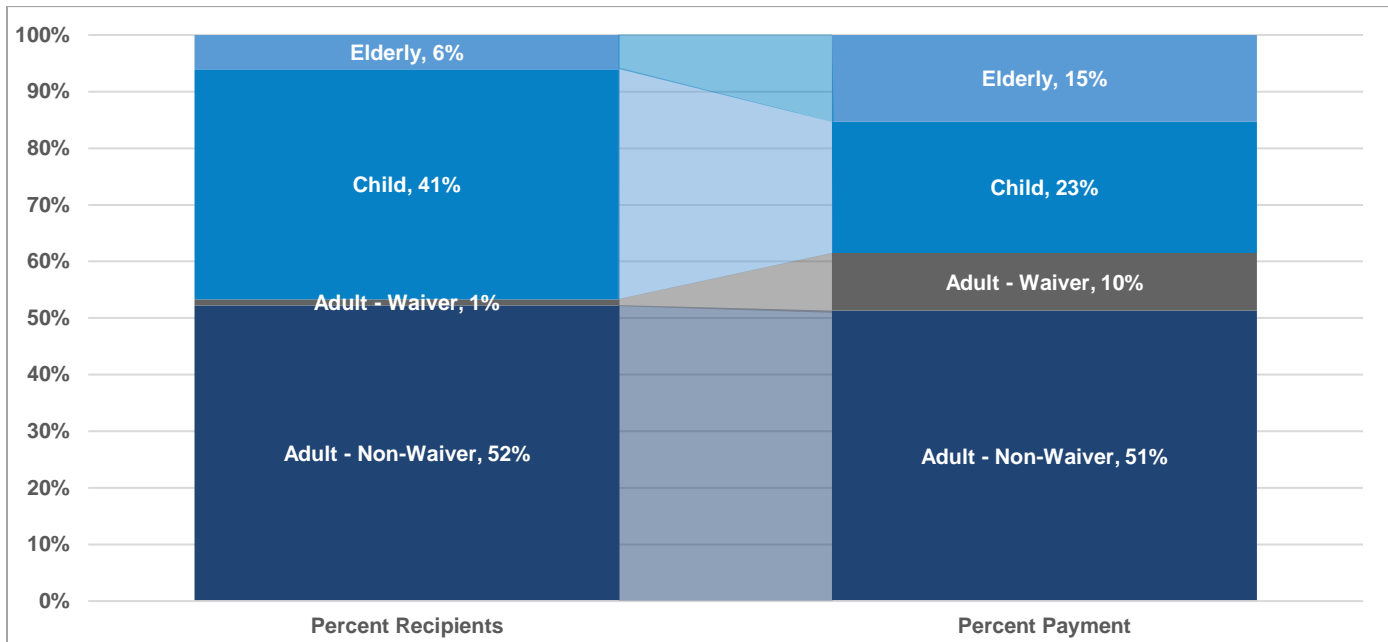


Figure 12 shows the percentage of recipients and payments ranked by the total amount paid. More than 42% of the total amount paid by Kentucky Medicaid during SFY 2020 was for services rendered to 3% of Medicaid recipients. Conversely, 50% of total recipients accounted for less than 4% of total payments.

Figure 12 – Percentage of Recipients and Payments Ranked by Payments

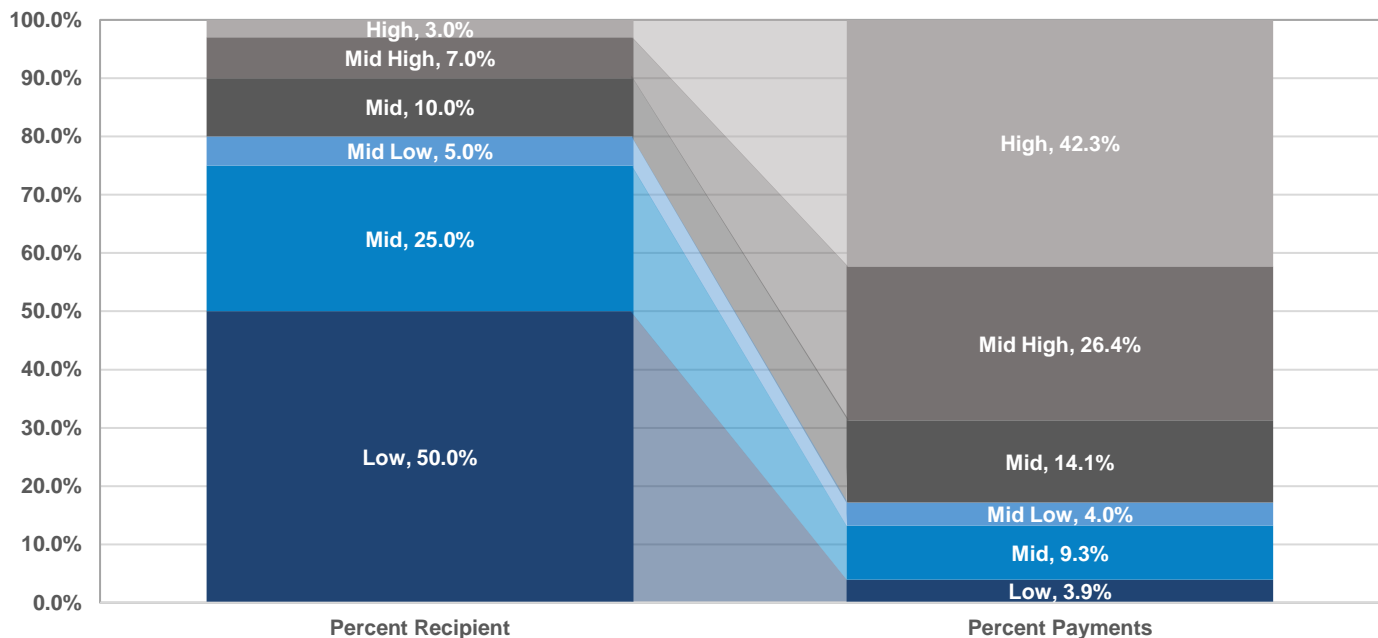


Table 07 presents the number of recipients and payments based on a range of total payments. The top payment group consists of 23 recipients, each of whom had more than \$1 million in payments made on their behalf. The bottom payment group consists of 638,411 recipients, who each had less than \$1,000 in payments made on their behalf. SFY 2020 payments totaled \$34.7 million for the top payment group and \$259 million for the bottom payment group.

Table 07 – Number of Recipients Ranked by Medical Payments

Payment Group	Recipients	Payments	Average Payment per Recipient	Cumulative Recipients	Cumulative Payments
>= \$1M	23	\$34,733,805.56	\$1,510,165.46	23	\$34,733,805.56
\$500K - \$1M	138	\$87,684,586.41	\$635,395.55	161	\$122,418,391.97
\$250K - \$500K	751	\$253,033,655.86	\$336,928.97	912	\$375,452,047.83
\$100K - \$250K	5,752	\$784,812,426.18	\$136,441.66	6,664	\$1,160,264,474.01
\$50K - \$100K	24,212	\$1,625,348,058.91	\$67,129.86	30,876	\$2,785,612,532.92
\$10K - \$50K	127,360	\$2,708,526,628.61	\$21,266.70	158,236	\$5,494,139,161.53
\$1K - \$10K	556,955	\$1,879,798,916.01	\$3,375.14	715,191	\$7,373,938,077.54
< \$1k	638,411	\$259,011,329.33	\$405.71	1,353,602	\$7,632,949,406.87

Chart only reflects medical claims/encounters. Pharmacy is treated separately.

Top Diagnoses

Figure 13 lists the top 10 diagnosis codes submitted on FFS claims and Figure 14 lists the top 10 diagnosis codes submitted on MCO encounters during SFY 2020, by paid amount. Each diagnosis is shown with adult and child contributions where relevant, along with the total number of distinct recipients.

Figure 13 – Top 10 FFS Diagnoses by Paid Amount

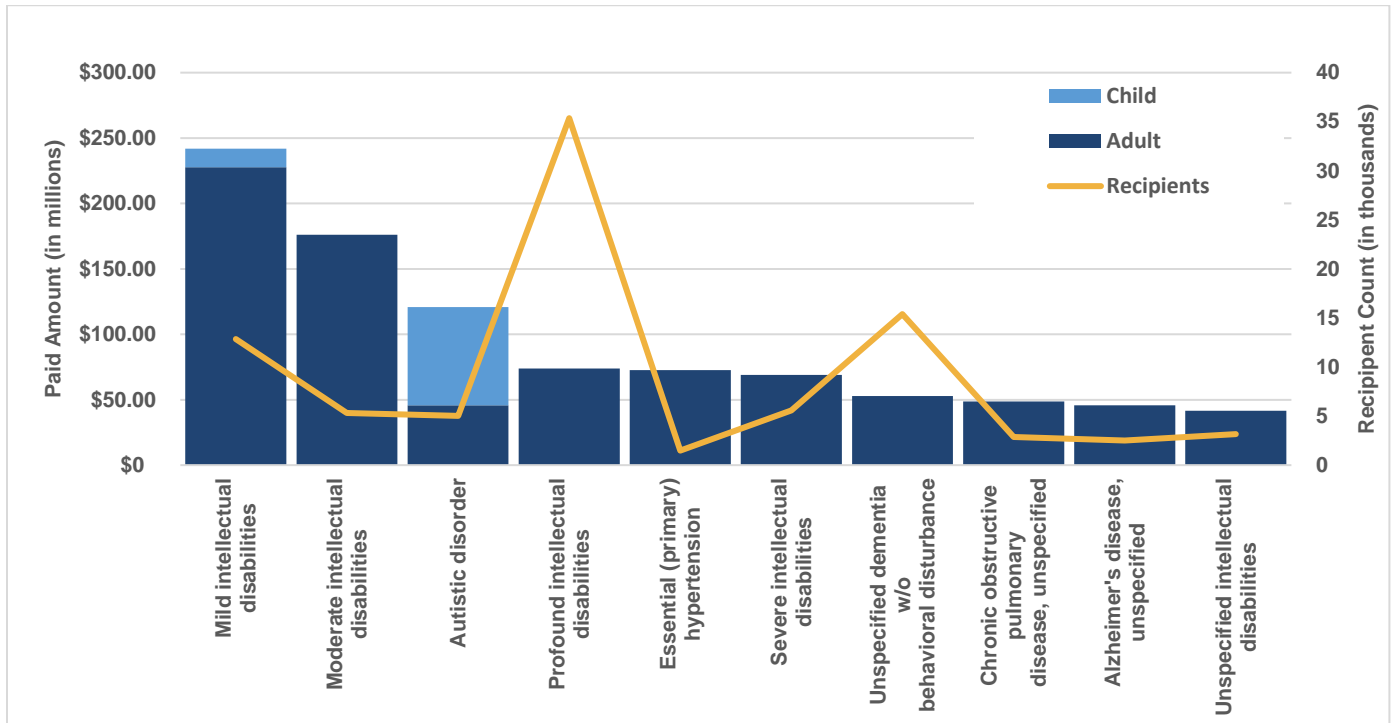


Figure 14 – MCO Top 10 Diagnoses Based on MCO Reported Paid Amount

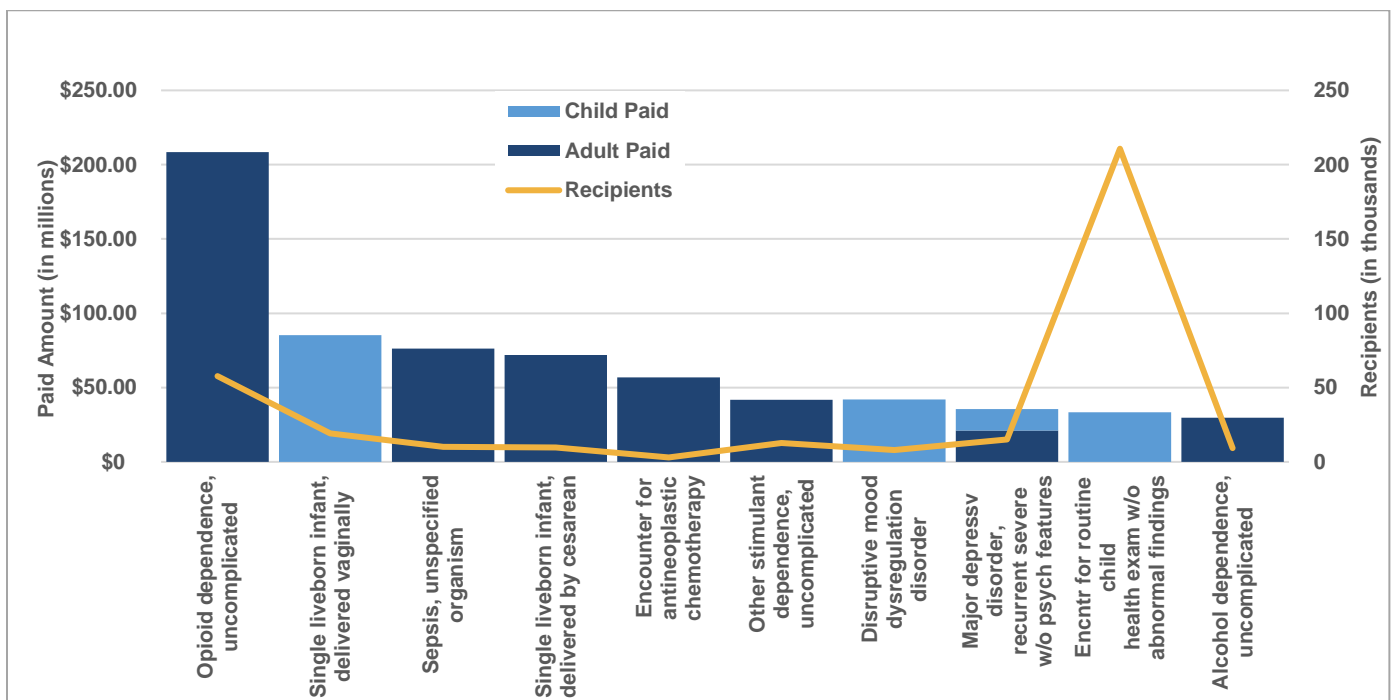


Figure 15 shows the top 10 diagnosis codes submitted on FFS claims for services provided to adult Kentucky Medicaid recipients (age 19 and older). Figure 16 lists the top 10 diagnosis codes submitted on MCO encounters for adult recipients.

Figure 15 – Top 10 FFS Diagnoses for Adults by Paid Amount

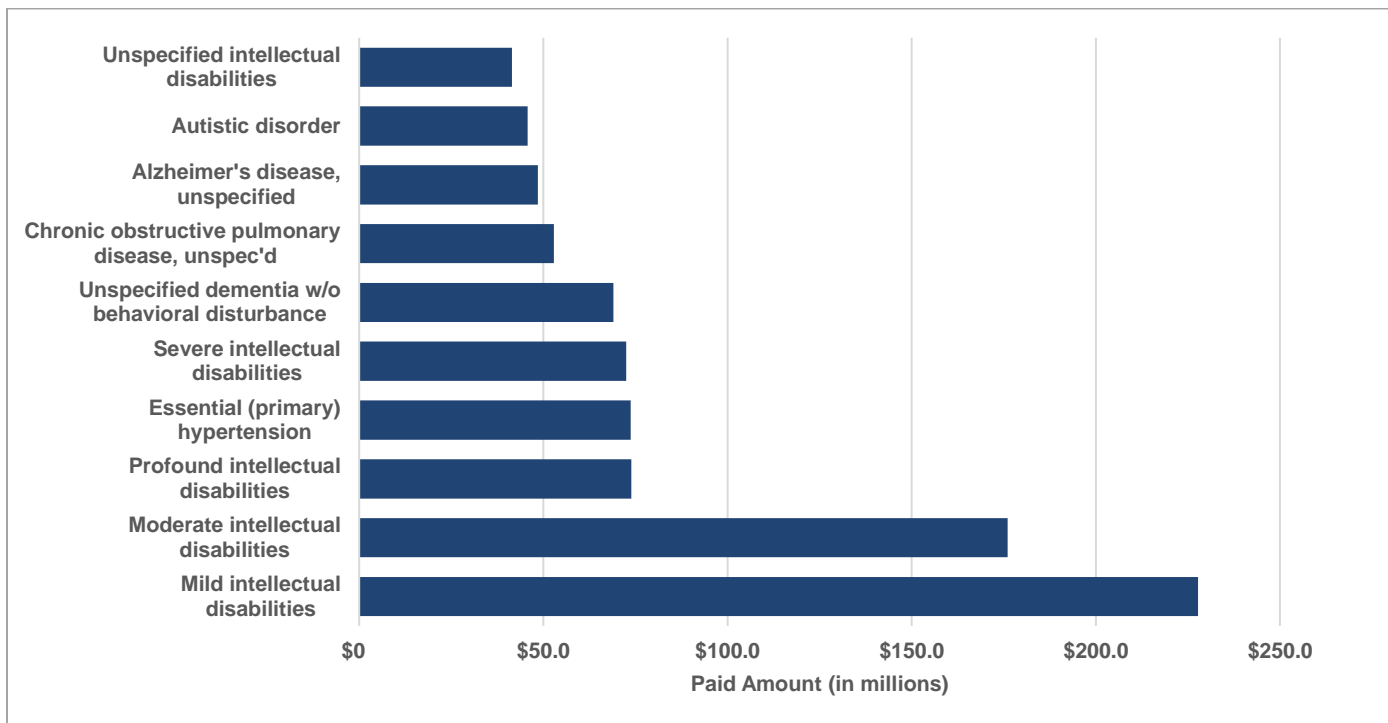
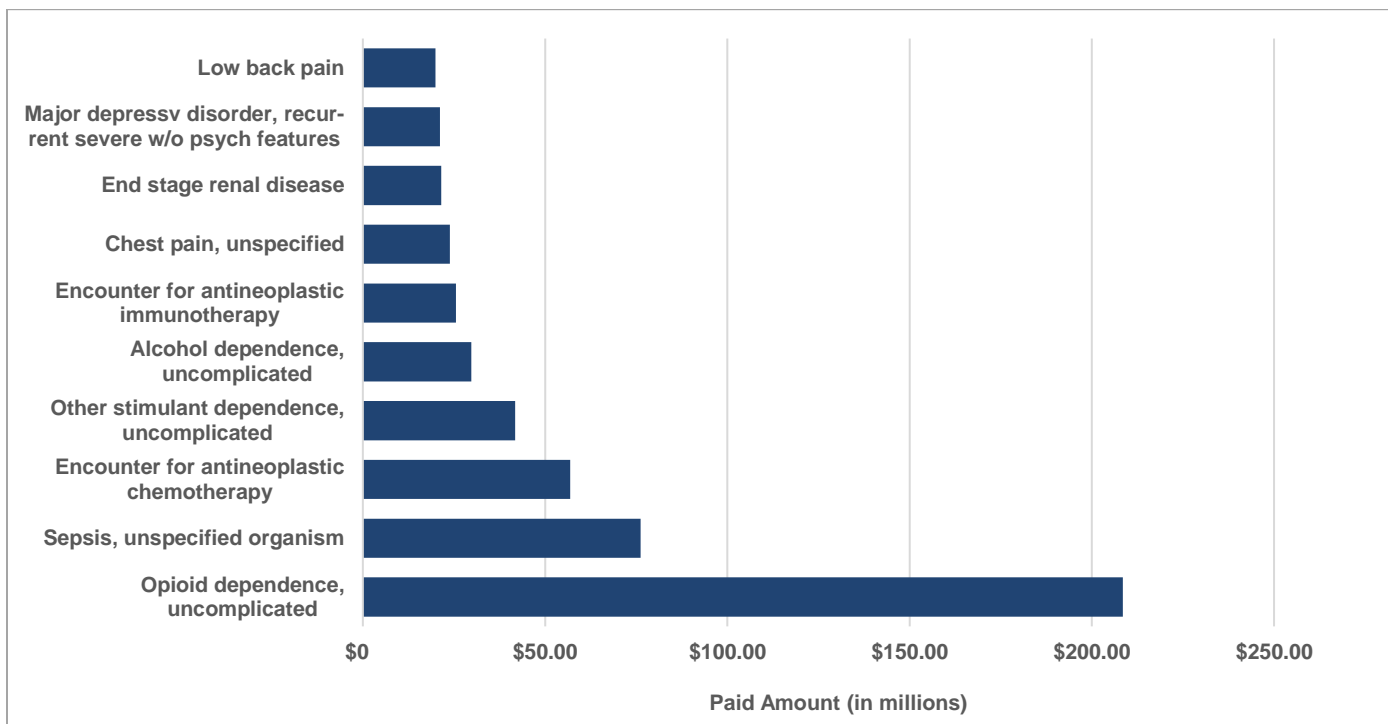


Figure 16 – MCO Top 10 Diagnoses Based on MCO Reported Paid Amount for Adult Population



Figures 17 and 18 show the top 10 diagnosis codes by paid amount for the child population (age 18 or younger) during SFY 2020 for FFS claims and MCO encounters.

Figure 17 – Top 10 FFS Diagnoses for Children by Paid Amount

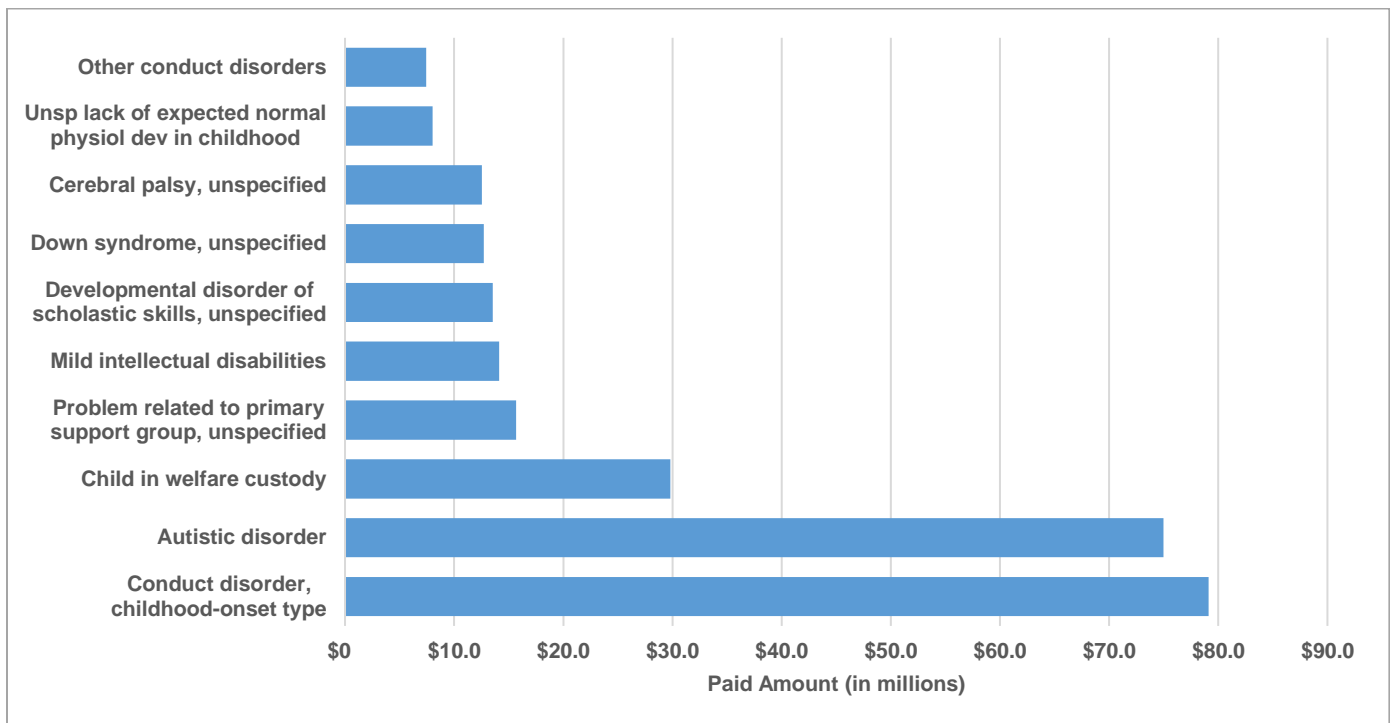
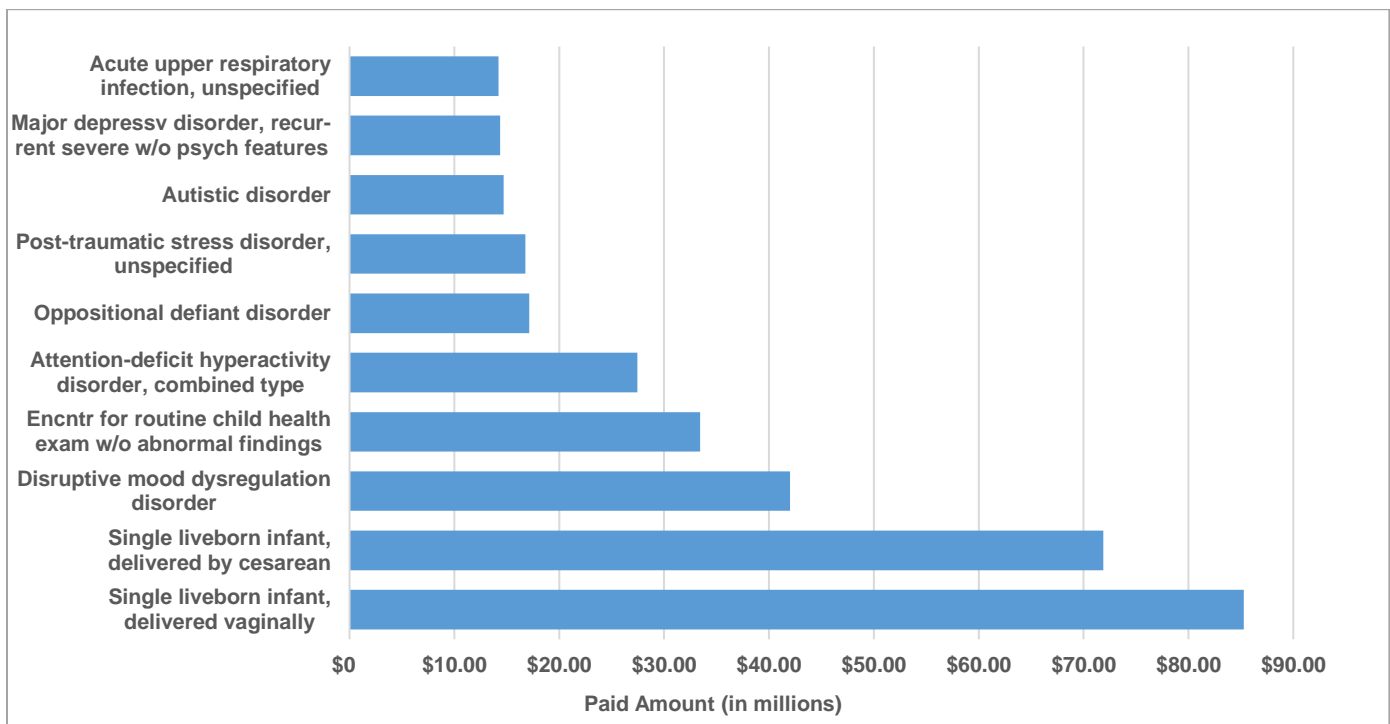


Figure 18 – MCO Top 10 Diagnoses Based on MCO Reported Paid Amount for Children Population



Top Services

This subsection provides information on the top services for FFS claims and MCO encounters. [Figure 19](#) lists the top 10 FFS services based on the amount paid during the reporting period, and [Figure 20](#) contains the same information derived from MCO encounters. These figures display contributions from adult and child recipients along with the total number of recipients of each service.

Figure 19 – FFS Top 10 Services Based on Paid Amount

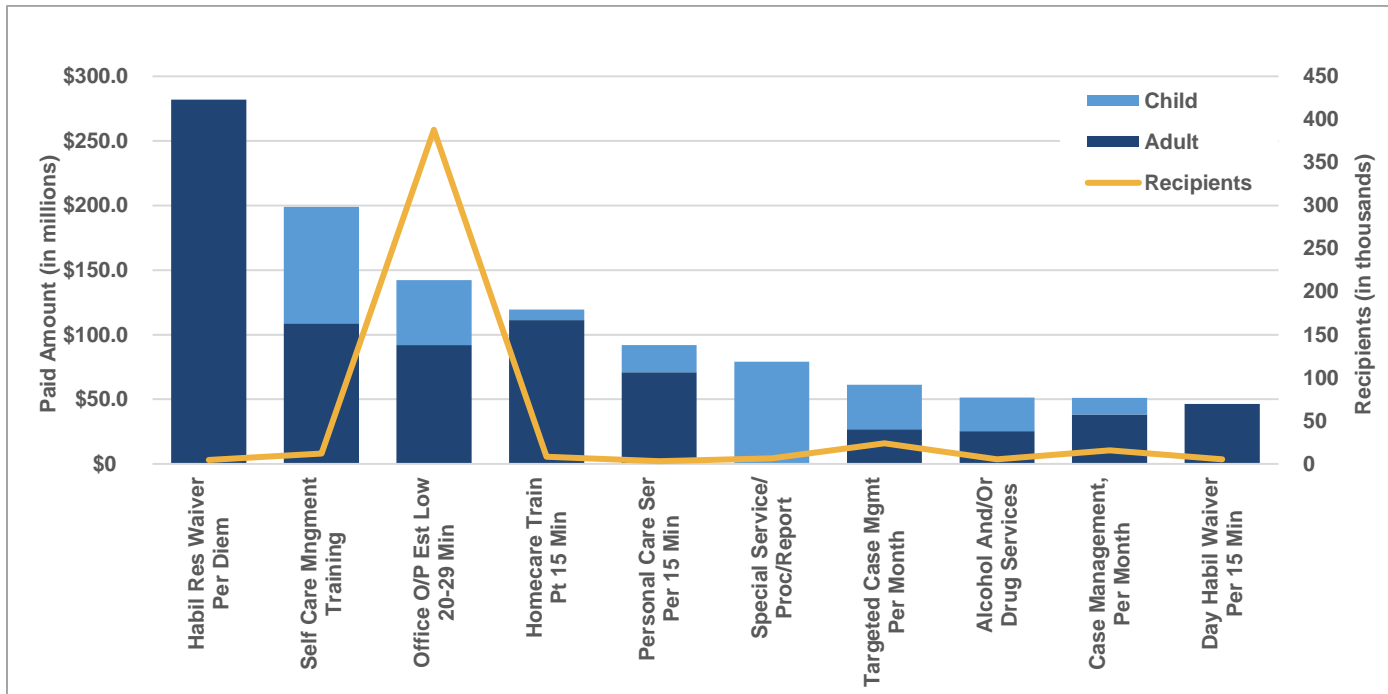
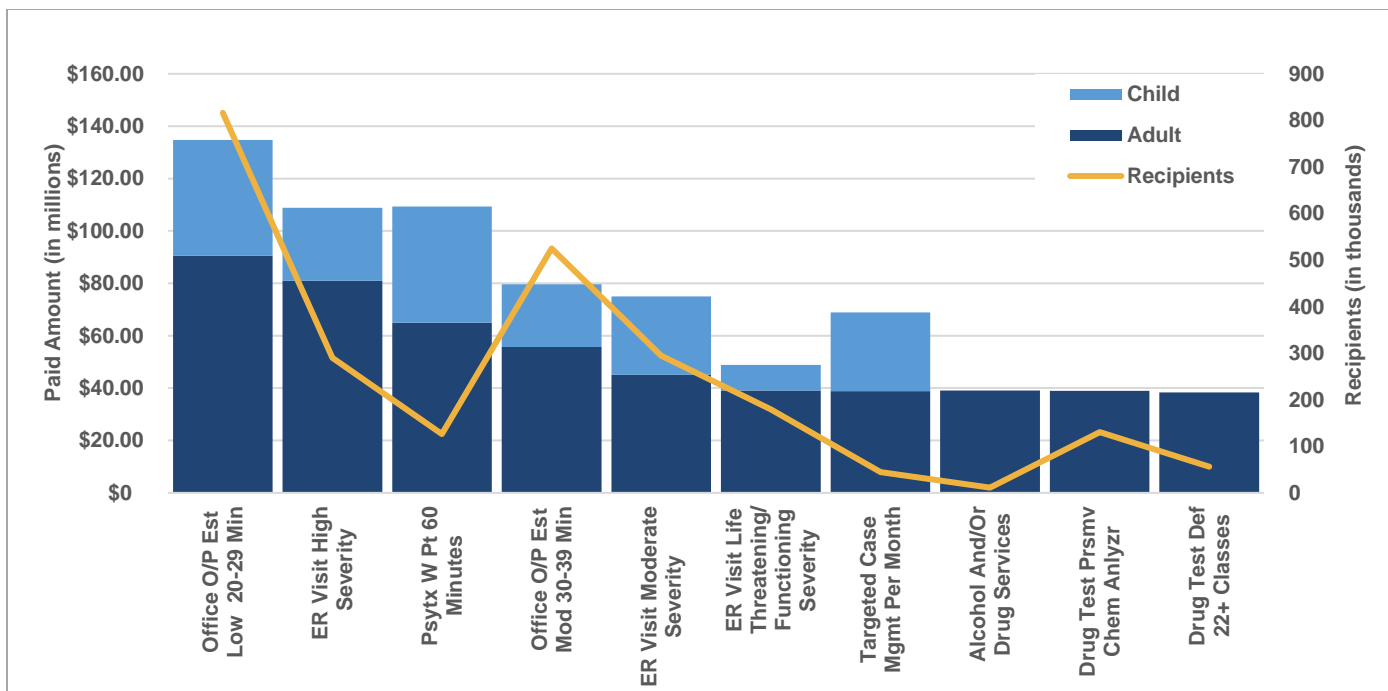


Figure 20 – MCO Top 10 Services Based on MCO Reported Paid Amount



The top 10 paid services on FFS claims and MCO encounters for the adult population during SFY 2020 are shown in [Figures 21 and 22](#) below.

Figure 21 – FFS Top-10 Services Based on Paid Amount for Adult Population

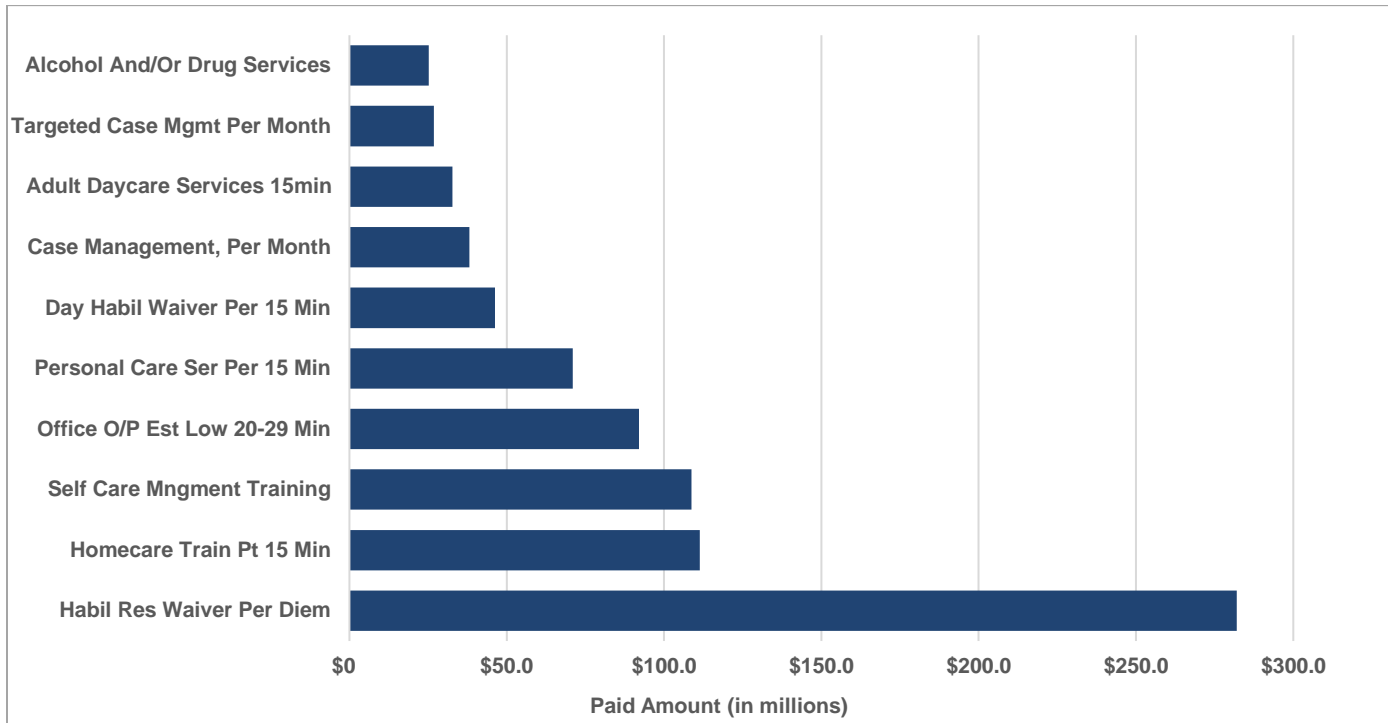


Figure 22 – MCO Top-10 Services Based on MCO Reported Paid Amount for Adult Population

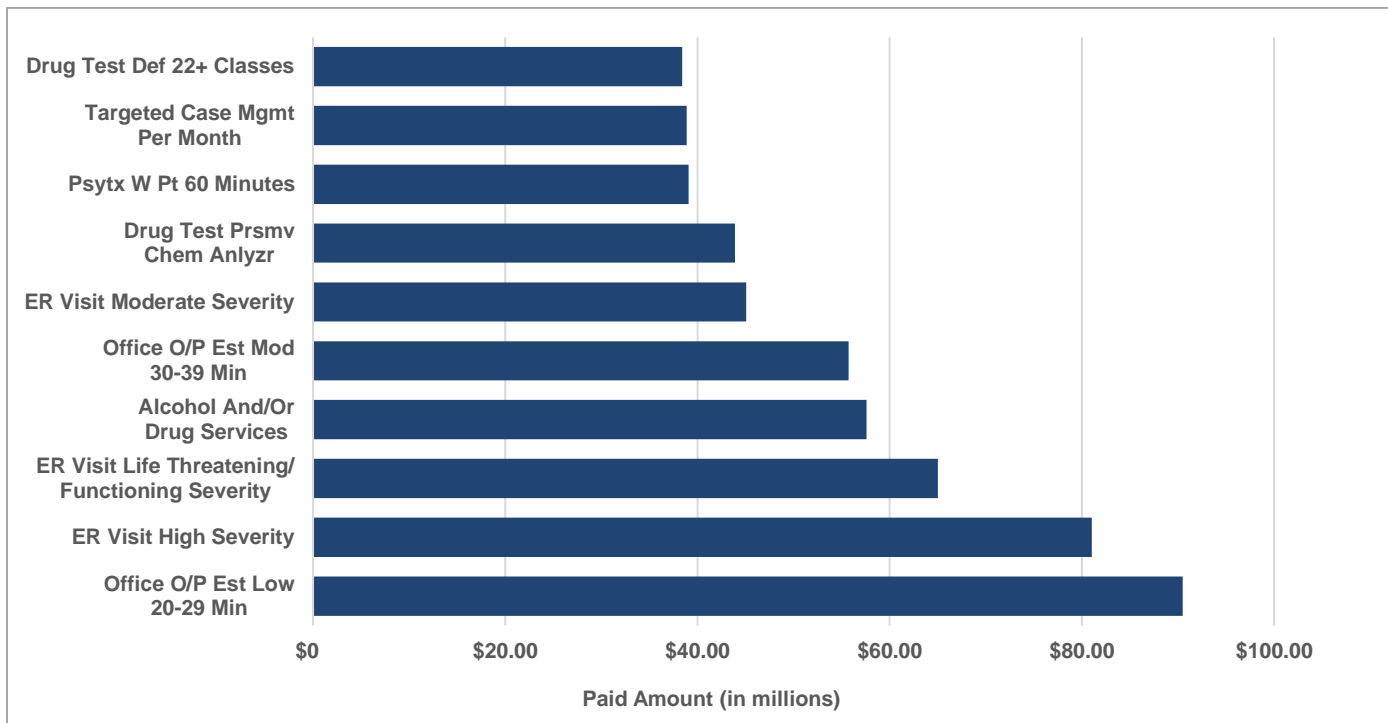


Figure 23 lists the top 10 services on FFS claims and Figure 24 lists the top 10 services on MCO encounters for the child population during SFY 2020.

Figure 23 - FFS Top-10 Services Based on Paid Amount for Children Population

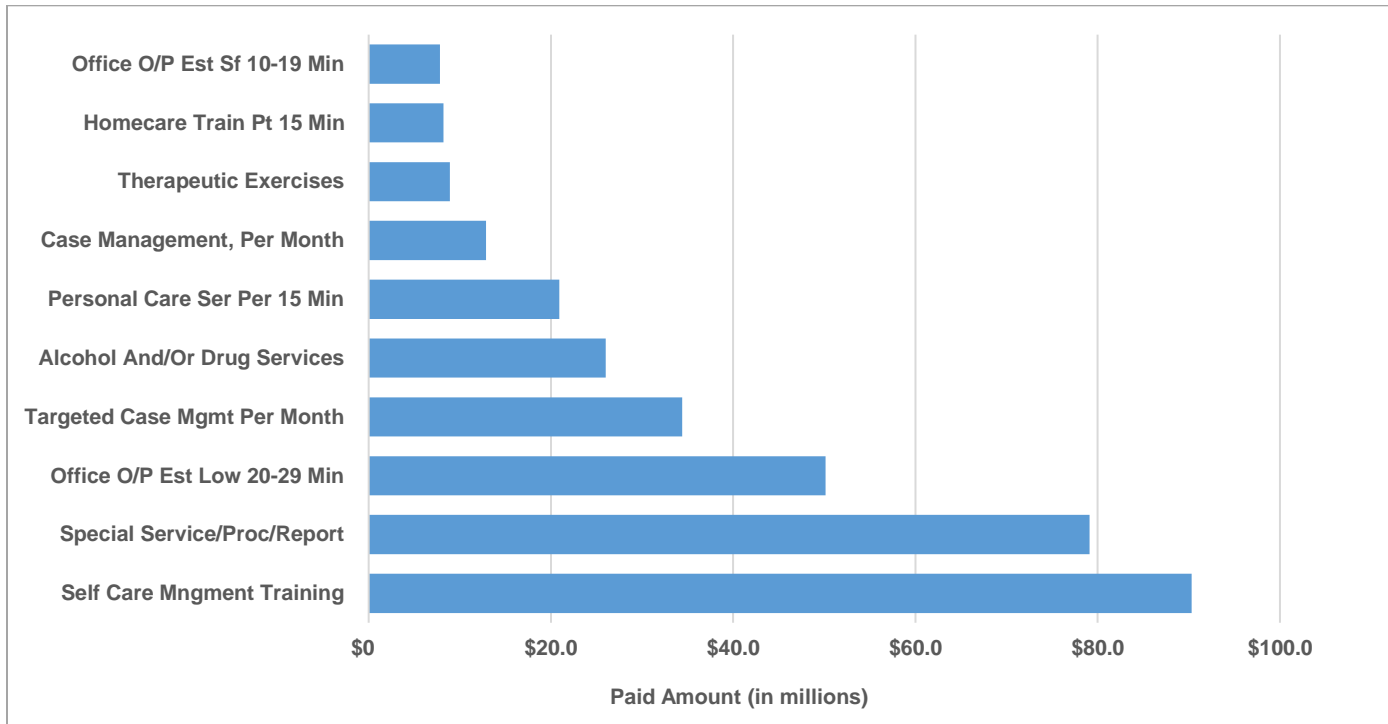
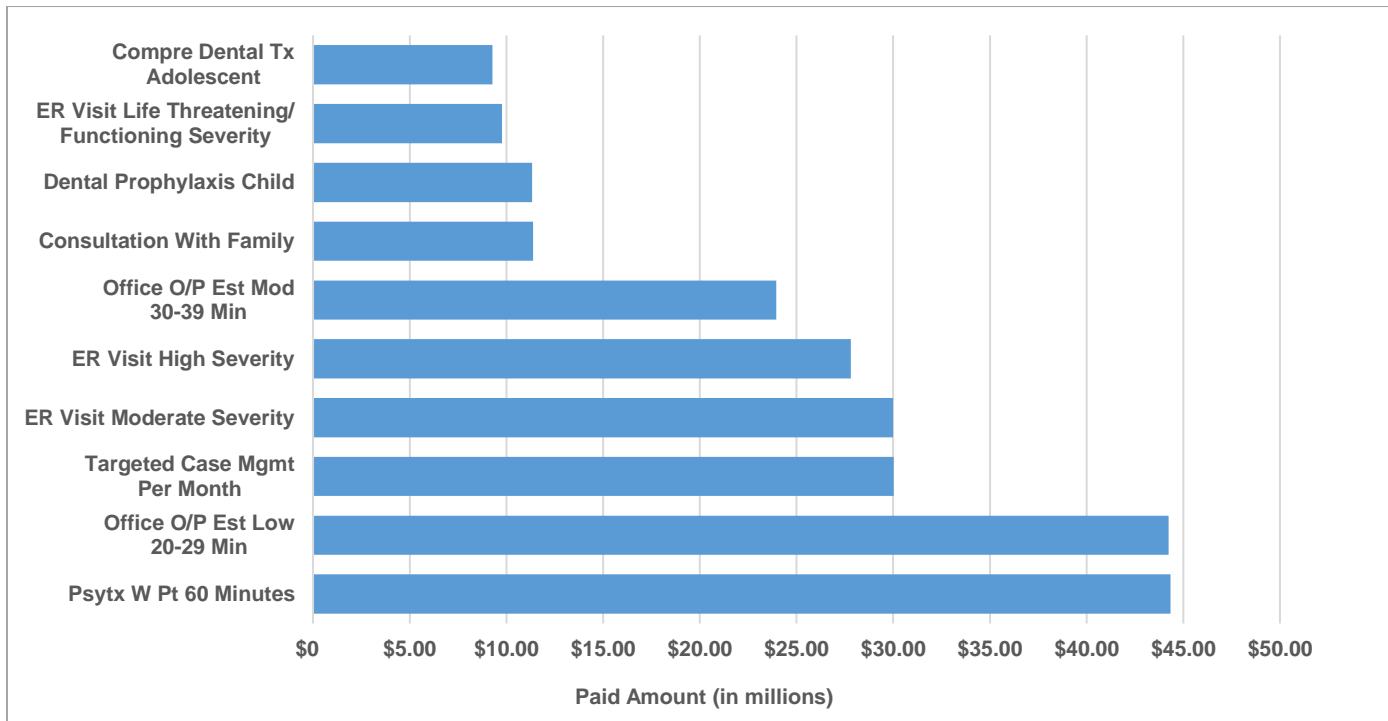


Figure 24 – MCO Top 10 Services Based on MCO Reported Paid Amount for Children Population



Figures 25 and 26 below depict the top 10 service categories by the total amount paid for FFS claims and MCO encounters, along with a cumulative percentage of total Medicaid payments during SFY 2020. Payments made towards the top 10 FFS service categories represented approximately 30% of total Medicaid payments during the SFY. Payments made towards the top 10 MCO service categories represented nearly 60% of total Medicaid payments.

Figure 25 - FFS Top 10 Service Categories by Paid Amount with Percent of Total Paid

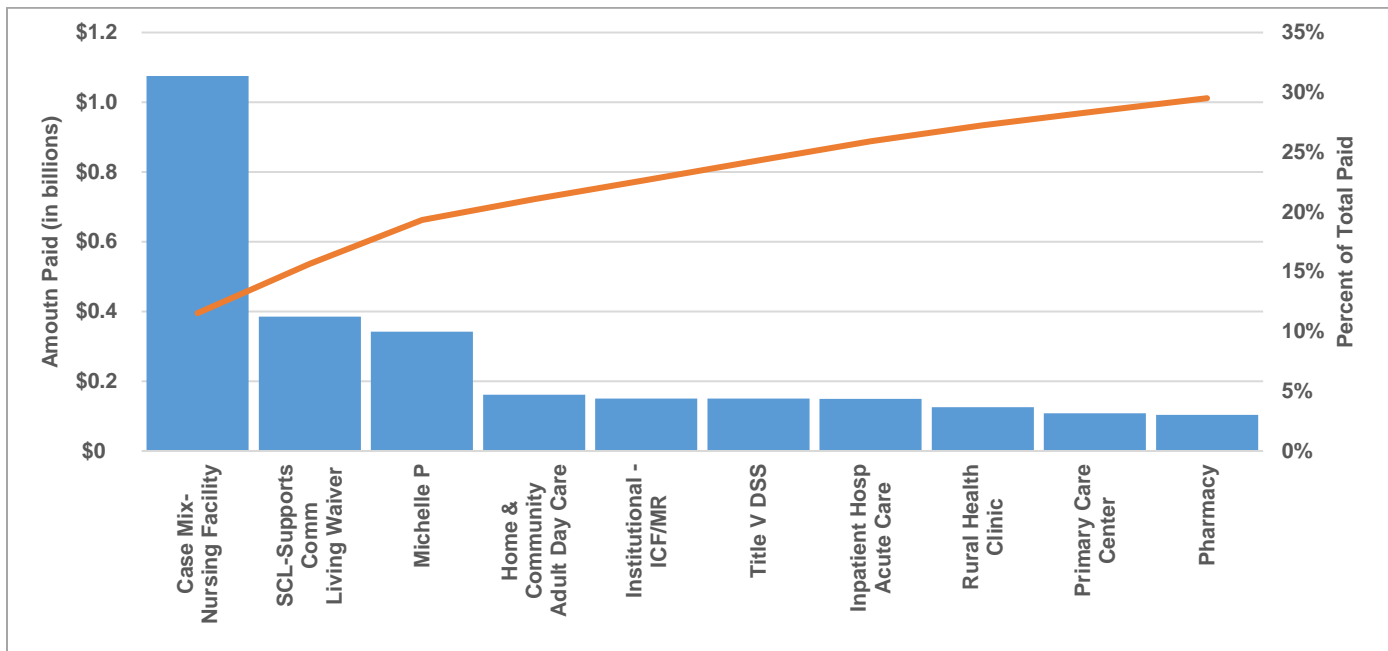
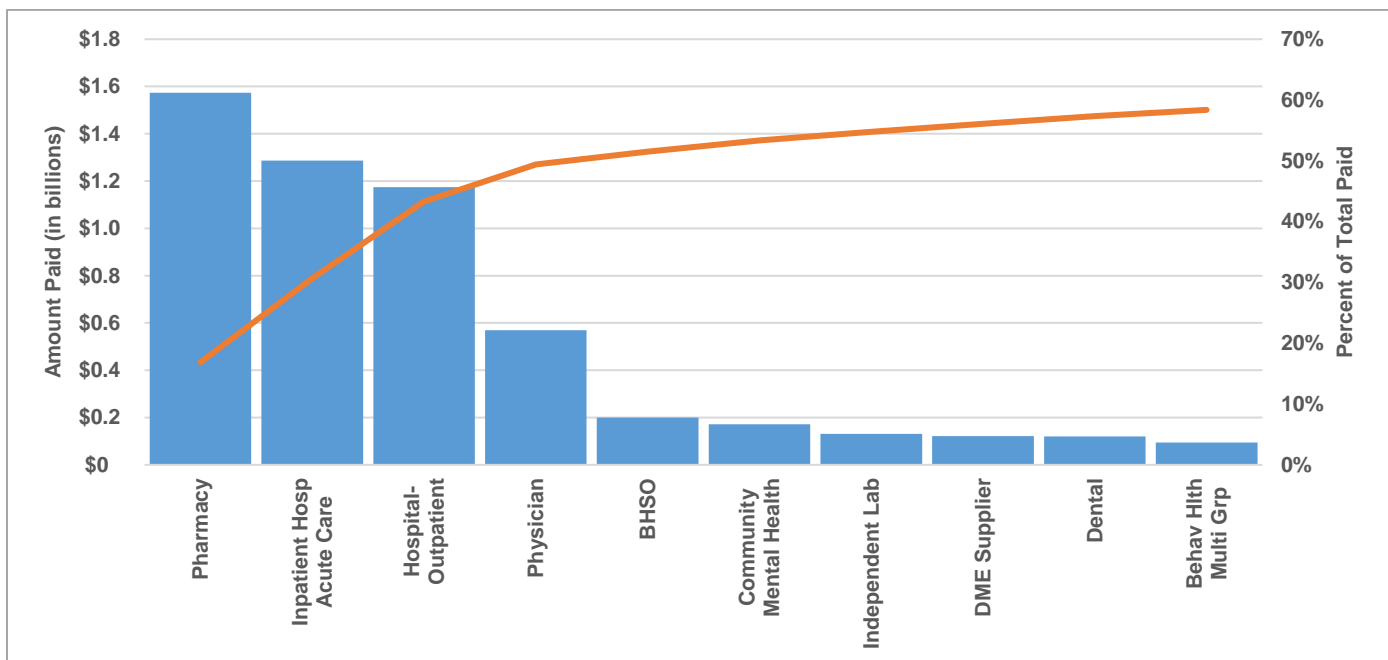


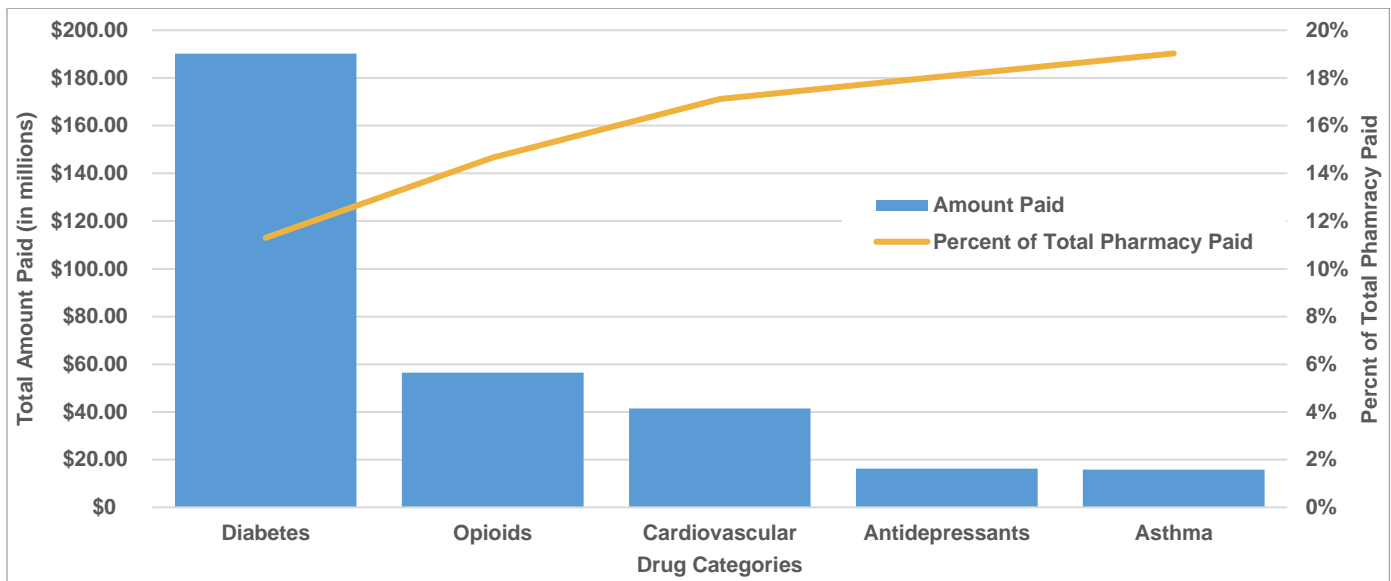
Figure 26 - MCO Top-10 Service Categories by Paid Amount with Percent of Total Paid



Key Prescription Statistics

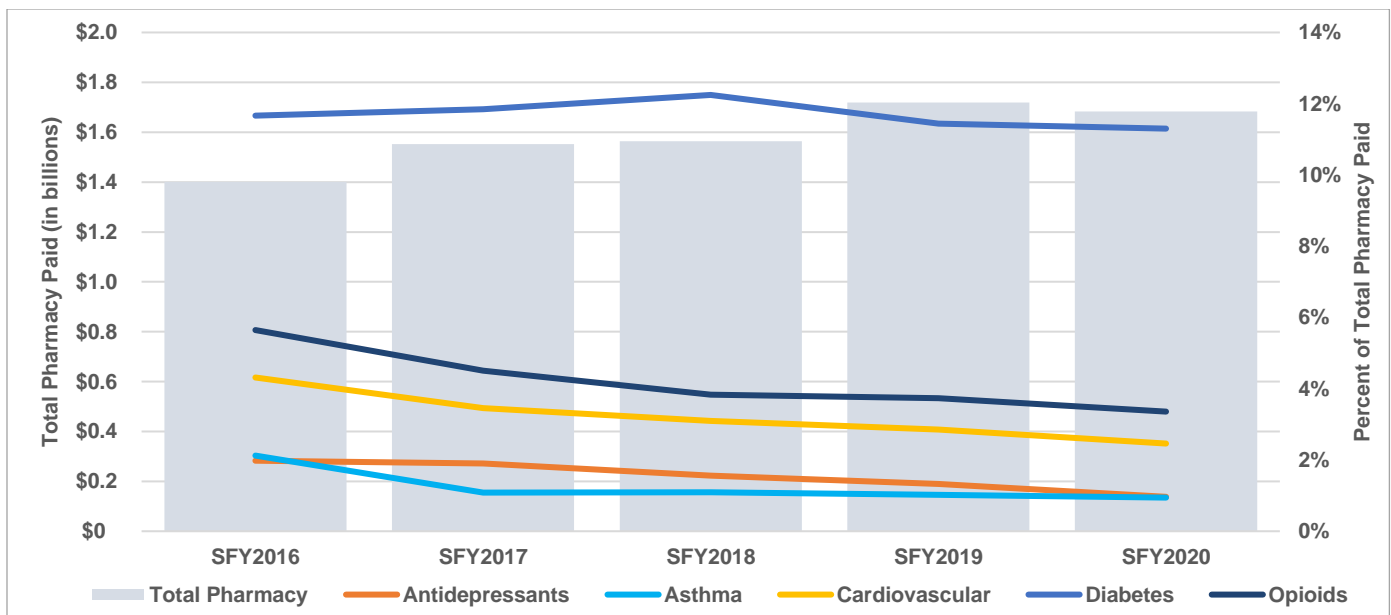
This section contains important statistics related to Kentucky Medicaid payments remitted towards pharmacy claims. The focus of this section is on payments made for medications in one of the following key categories: diabetes, cardiovascular, opioids, antidepressants, and asthma. These categories were primarily determined using HIC3, a therapeutic drug classification provided by First Databank. Figure 27 depicts the total amount paid on pharmacy claims/encounters during SFY 2020 towards medications in each of the 5 categories, which accounted for approximately 19% of the total paid on all KY Medicaid pharmacy claims.

Figure 27 - Drug Focus Category Amount Paid Breakdown – SFY 2020



The figure below shows a 5-year trend of pharmacy claims and encounter payments for each category as a percentage of total pharmacy payments.

Figure 28 - 5-year Pharmacy Paid History with Focus Category Percentage Trends

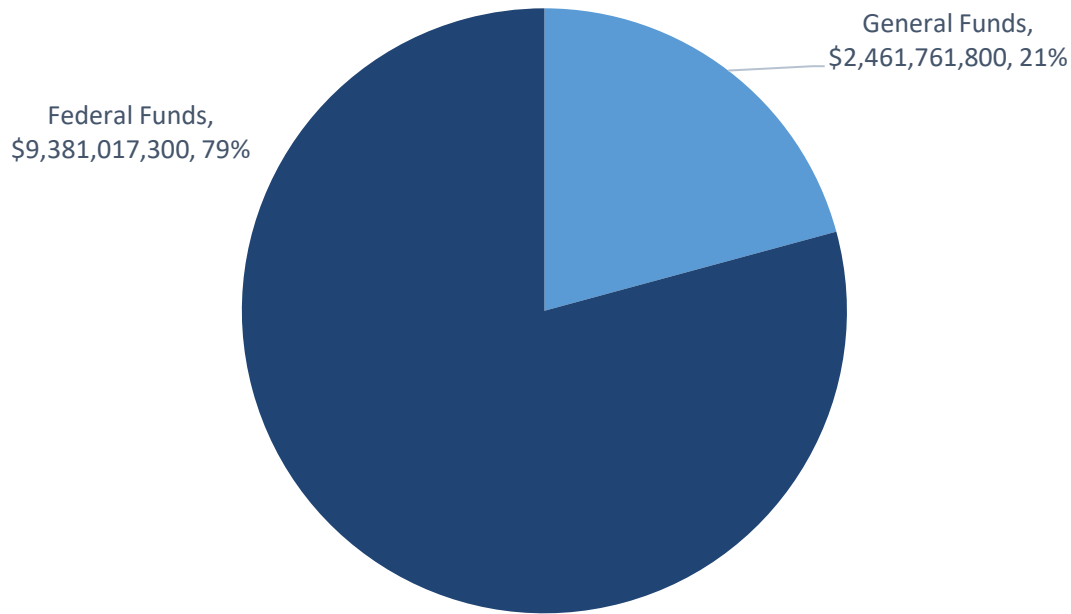


Finance

The numbers presented in this section reflect total Medicaid expenditures for the fiscal year, regardless of the date that services were rendered. Totals were therefore derived using the Date of Payment (DOP) methodology and will not match payment totals presented previously in this report.

A significant portion of the Kentucky Medicaid annual budget is derived from federal matching funds. This is calculated by the Federal Medical Assistance Percentage (FMAP). The figure below illustrates the percentage of total expenditures sourced from state general funds and federal funds for SFY 2020.

Figure 29 – SFY 2020 Expenditures by Funding Source



The table below represents the total actual expenditures for SFY 2017 through SFY 2020, broken down by funding source. Total Medicaid expenditures in SFY 2020 were more than \$11.8 billion, an increase of 13.9% from SFY 2019. This coincides with a 16.3% increase in federal matching funds between SFY 2019 and SFY 2020.

Table 08 – Four-Year Medicaid Expenditures by Funding Source

Budget Category	SFY 2017	SFY 2018	SFY 2019	SFY 2020
General Fund	\$2,199,251,700	\$2,381,433,100	\$2,332,050,409	\$2,461,761,800
Federal Funds	\$7,928,095,500	\$8,149,996,200	\$8,068,252,573	\$9,381,017,300
Total	\$10,127,347,200	\$10,531,429,300	\$10,400,302,982	\$11,842,779,100

Appendix A - Acronym List

Acronym	Definition
ACA	Affordable Care Act
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CHFS	Cabinet for Health and Family Services
CMHC	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services
DAC	Disabled Adult Child
DBHDID	Department for Behavioral Health, Developmental and Intellectual Disabilities
DCBS	Department for Community Based Services
DJJ	Department of Juvenile Justice
DMS	Department for Medicaid Services
DOP	Date of Payment
DOS	Date of Service
DRG	Diagnostic Related Group
DSS	Department for Social Services
ESI	Employer-Sponsored Health Insurance
FFS	Fee-For-Service
FPL	Federal Poverty Level
FYE	Fiscal Year-End
HCBS	Home and Community Based Services
HCPCS	Healthcare Common Procedure Coding System
HEDIS	Healthcare Effectiveness Data and Information Set
HIC	Hierarchical Ingredient Code
ICF	Intermediate Care Facility
ICF-IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
IEES	Integrated Eligibility and Enrollment Solution
KCHIP	Kentucky Children's Health Insurance Program
KLOCS	Kentucky Level of Care System
LOC	Level of Care
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
MAC	Advisory Council for Medical Assistance
MAGI	Modified Adjusted Gross Income
MCO	Managed Care Organization
MFP	Money Follows the Person

Acronym:	Definition:
MMIS	Medicaid Management Information System
MPPA	Medicaid Partner Portal Application
NCQA	National Committee for Quality Assurance
NDC	National Drug Code
NF	Nursing Facility
P&T	Pharmacy and Therapeutics Advisory Committee
PAD	Physician Administered Drug
PE	Presumptive Eligible
PRO	Peer Review Organization
QDWI	Qualified Disabled Working Individuals
QHP	Qualified Health Plan
QMB	Qualified Medicare Beneficiary
SCHIP	State Children's Health Insurance Program
SCL	Support for Community Living
SFY	State Fiscal Year
SGA	Substantial Gainful Activity
SLMB	Specified Low-Income Medicare Beneficiary
SPA	State Plan Amendment
SSA	Social Security Act
SSI	Supplemental Security Income
SUD	Substance Use Disorder
TAC	Technical Advisory Committees
TANF	Temporary Aid to Needy Families
UCC	Uncompensated Care Costs

Appendix B - 5-Year Enrollment by County

The following table provides a 5-year breakdown of Kentucky Medicaid enrollment within each county, including a net change in enrollment from SFY 2016 to SFY 2020.

County	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	Net Change From 2016
Adair	8,331	8,428	8,467	8,334	9,294	12%
Allen	7,689	8,024	8,006	7,866	8,017	4%
Anderson	6,021	6,322	6,366	6,298	6,617	10%
Ballard	2,536	2,737	2,804	2,695	2,690	6%
Barren	16,613	17,149	17,317	17,219	17,735	7%
Bath	6,148	6,352	6,346	6,261	6,332	3%
Bell	17,081	17,475	17,277	16,656	17,318	1%
Boone	25,910	27,484	27,861	28,048	29,533	14%
Bourbon	7,292	7,606	7,592	7,525	7,739	6%
Boyd	19,132	20,123	20,376	19,619	19,592	2%
Boyle	9,609	9,865	9,891	9,864	10,242	7%
Bracken	3,151	3,160	3,058	3,054	3,091	-2%
Breathitt	8,799	8,912	8,782	8,537	9,565	9%
Breckinridge	7,842	8,134	8,238	7,958	7,895	1%
Bullitt	19,287	20,220	20,112	19,832	20,119	4%
Butler	5,291	5,505	5,542	5,495	5,433	3%
Caldwell	4,518	4,737	4,730	4,731	4,689	4%
Calloway	10,219	10,835	10,961	10,750	10,931	7%
Campbell	21,677	22,485	22,112	21,112	20,964	-3%
Carlisle	1,801	1,927	1,960	1,883	1,847	3%
Carroll	4,819	5,023	4,911	4,757	4,775	-1%
Carter	12,554	12,937	12,910	12,534	12,444	-1%
Casey	7,529	7,728	7,813	7,773	7,723	3%
Christian	23,150	24,606	25,145	24,925	24,803	7%
Clark	12,853	13,313	13,399	13,261	13,569	6%
Clay	13,658	13,907	13,703	13,375	15,777	16%
Clinton	5,301	5,445	5,431	5,489	5,589	5%
Crittenden	2,998	3,031	2,973	2,885	2,770	-8%
Cumberland	3,508	3,558	3,422	3,331	3,558	1%
Daviess	33,316	34,866	35,070	35,098	36,184	9%
Edmonson	4,892	5,057	5,115	5,129	4,973	2%
Elliott	3,273	3,410	3,434	3,370	3,352	2%

County	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	Net Change From 2016
Estill	7,323	7,462	7,379	7,199	7,251	-1%
Fayette	82,208	85,540	86,252	85,645	90,237	10%
Fleming	6,228	6,386	6,417	6,345	6,307	1%
Floyd	22,234	22,585	22,176	21,629	23,346	5%
Franklin	16,230	17,107	17,422	17,283	17,517	8%
Fulton	3,249	3,397	3,464	3,314	3,135	-4%
Gallatin	3,039	3,093	2,995	2,903	2,941	-3%
Garrard	6,156	6,449	6,553	6,517	6,702	9%
Grant	9,552	10,015	9,899	9,640	9,869	3%
Graves	14,201	14,937	15,102	14,920	14,355	1%
Grayson	11,208	11,536	11,578	11,489	11,344	1%
Green	4,519	4,577	4,571	4,514	4,538	0%
Greenup	12,916	13,528	13,423	13,112	13,109	1%
Hancock	2,725	2,692	2,779	2,791	2,762	1%
Hardin	32,616	34,324	35,099	34,875	35,478	9%
Harlan	17,679	17,877	17,639	17,142	19,234	9%
Harrison	6,480	6,771	6,780	6,817	6,975	8%
Hart	7,879	8,142	8,045	8,068	8,236	5%
Henderson	16,320	17,210	17,089	16,548	16,280	0%
Henry	5,477	5,597	5,594	5,475	5,616	3%
Hickman	1,733	1,791	1,771	1,746	1,755	1%
Hopkins	17,478	18,037	18,002	17,508	17,529	0%
Jackson	7,336	7,444	7,409	7,228	8,052	10%
Jefferson	247,670	259,751	260,181	255,878	263,885	7%
Jessamine	16,842	17,464	17,548	17,521	18,264	8%
Johnson	12,052	12,220	12,063	11,549	12,097	0%
Kenton	45,458	47,751	47,546	46,482	46,999	3%
Knott	8,767	9,030	8,919	8,680	9,601	10%
Knox	19,630	19,860	19,929	19,850	22,331	14%
Larue	5,253	5,405	5,379	5,218	5,290	1%
Laurel	27,941	29,194	29,164	29,036	32,916	18%
Lawrence	8,471	8,830	8,742	8,513	8,553	1%
Lee	4,301	4,285	4,206	4,142	4,304	0%
Leslie	6,666	6,710	6,444	6,167	7,525	13%
Letcher	13,437	13,606	13,252	12,651	14,189	6%
Lewis	6,825	6,980	6,957	6,835	6,836	0%
Lincoln	11,005	11,233	11,194	10,848	11,159	1%
Livingston	3,081	3,216	3,283	3,169	3,117	1%

County	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	Net Change From 2016
Logan	9,295	9,830	9,870	9,742	9,788	5%
Lyon	2,100	2,139	2,087	2,069	2,049	-2%
Madison	28,620	29,789	30,121	29,739	31,015	8%
Magoffin	8,065	8,068	7,930	7,544	7,728	-4%
Marion	7,045	7,194	7,273	7,066	7,154	2%
Marshall	9,131	9,684	9,756	9,616	9,495	4%
Martin	6,702	6,790	6,557	6,188	6,280	-6%
Mason	7,234	7,403	7,417	7,311	7,347	2%
McCracken	22,438	23,521	24,159	24,037	24,269	8%
McCreary	10,434	10,688	10,551	10,240	10,254	-2%
McLean	3,190	3,300	3,262	3,204	3,184	0%
Meade	8,201	8,452	8,471	8,279	8,523	4%
Menifee	3,338	3,421	3,405	3,369	3,464	4%
Mercer	7,199	7,412	7,480	7,333	7,443	3%
Metcalfe	4,889	4,974	4,940	4,831	4,973	2%
Monroe	5,102	5,271	5,275	5,117	5,133	1%
Montgomery	11,337	11,804	11,798	11,668	11,941	5%
Morgan	5,735	5,819	5,702	5,665	5,851	2%
Muhlenberg	11,993	12,555	12,686	12,574	12,723	6%
Nelson	13,633	13,976	13,936	13,813	14,468	6%
Nicholas	3,157	3,258	3,186	3,075	3,142	0%
Ohio	9,686	10,035	10,181	10,002	10,092	4%
Oldham	8,601	9,212	9,145	9,118	13,364	55%
Owen	4,114	4,268	4,296	4,354	4,341	6%
Owsley	3,269	3,253	3,255	3,233	3,357	3%
Pendleton	4,920	5,129	5,179	5,226	5,210	6%
Perry	17,809	18,091	17,733	17,187	19,567	10%
Pike	29,596	30,257	29,698	28,863	30,408	3%
Powell	7,231	7,419	7,385	7,184	6,982	-3%
Pulaski	28,701	29,551	29,639	29,640	30,965	8%
Robertson	890	927	915	915	894	0%
Rockcastle	8,020	8,188	8,157	8,146	8,405	5%
Rowan	9,411	9,782	9,914	9,772	10,120	8%
Russell	8,740	8,800	8,801	8,692	8,686	-1%
Scott	13,184	13,753	13,697	13,744	14,613	11%
Shelby	11,419	11,911	12,036	11,694	12,185	7%
Simpson	6,189	6,576	6,741	6,643	6,863	11%
Spencer	3,890	3,972	4,002	4,042	4,187	8%

County	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	Net Change From 2016
Taylor	10,061	10,453	10,492	10,531	10,697	6%
Todd	4,298	4,459	4,421	4,210	4,281	0%
Trigg	4,198	4,307	4,430	4,377	4,488	7%
Trimble	2,864	2,899	2,897	2,735	2,780	-3%
Union	5,682	6,391	6,121	6,122	5,445	-4%
Warren	40,293	42,948	44,289	44,897	47,283	17%
Washington	4,304	4,556	4,533	4,446	4,509	5%
Wayne	10,394	10,533	10,466	10,529	10,733	3%
Webster	4,443	4,688	4,795	4,767	4,765	7%
Whitley	21,599	22,178	22,233	21,896	23,337	8%
Wolfe	4,806	4,898	4,894	4,784	4,876	1%
Woodford	6,331	6,531	6,598	6,397	6,622	5%

Appendix C - Top 250 Paid Providers

The following table contains the list of the top 250 providers paid during the calendar year 2020. The Billing Provider Names listed below are presented in the same way they were entered and stored in the Medicaid Management Information System (MMIS). Any spelling, capitalization, or punctuation anomalies can be ignored.

Total Amount Paid	Billing Provider Name	Billing Provider Type
\$333,017,020.31	UK HEALTHCARE HOSPITALS	01 - Hospital
\$319,848,923.60	NORTON HOSPITALS INC.	01 - Hospital
\$155,817,642.34	UofL Health Louisville	01 - Hospital
\$144,070,870.68	DEPT FOR PUBLIC HLTH	23 - Title V/DSS
\$132,856,152.95	UNIVERSITY OF LOUISVILLE HOSPITAL	01 - Hospital
\$126,343,133.81	UKHC	54 - Pharmacy
\$96,987,630.04	ST ELIZABETH HEALTHCARE EDGEWOOD	01 - Hospital
\$93,173,792.28	EXACTUS PHARMACY SOLUTIONS INC	54 - Pharmacy
\$87,764,870.11	CHILDRENS HOSPITAL MEDICAL CENTER	01 - Hospital
\$83,704,193.08	OWENSBORO HEALTH REGIONAL HOSPITAL	01 - Hospital
\$83,288,489.36	BAPTIST HEALTH LEXINGTON	01 - Hospital
\$81,120,082.39	PIKEVILLE MEDICAL CENTER	01 - Hospital
\$64,351,945.42	THE MEDICAL CENTER	01 - Hospital
\$61,099,758.33	CVS CAREMARK	54 - Pharmacy
\$58,736,409.77	Seven Counties Services, Inc	33 - Support for Community Living (SCL)
\$58,123,027.03	KINGS DAUGHTERS MED CTR	01 - Hospital
\$57,450,835.26	CVS CAREMARK	54 - Pharmacy
\$55,866,456.27	Baptist Health Corbin	01 - Hospital
\$51,326,120.37	Hazard ARH Regional Medical Center	01 - Hospital
\$48,474,148.08	CUMBERLAND RIVER BEHAVIORAL HEALTH INC	33 - Support for Community Living (SCL)
\$48,200,036.13	CVS Specialty	54 - Pharmacy
\$43,753,850.85	BAPTIST HEALTH LOUISVILLE	01 - Hospital
\$41,148,172.16	CHI SAINT JOSEPH HOSPITAL	01 - Hospital
\$40,764,897.34	HOME OF THE INNOCENTS	12 - Nursing Facility
\$40,532,025.93	LAKE CUMBERLAND REGIONAL HOSPITAL	01 - Hospital
\$39,188,316.12	HARDIN MEM HOSPITAL	01 - Hospital
\$38,636,121.58	CHI SAINT JOSEPH EAST	01 - Hospital
\$38,439,405.01	BAPTIST HEALTH MADISONVILLE	01 - Hospital
\$38,017,059.49	KY MEDICAL SERV FOUNDATION	65 - Physician - Group
\$37,611,265.41	BAPTIST HEALTH PADUCAH	01 - Hospital
\$37,195,917.73	COMMUNITY MEDICAL ASSOCIATES	65 - Physician - Group
\$36,899,541.30	CUMBERLAND FAMILY MEDICAL CENTER	31 - Primary Care Center/Federally Qualified Health Ctr
\$36,202,417.27	CHI SAINT JOSEPH LONDON	01 - Hospital
\$34,499,364.65	Seven Counties Services, Inc.	30 - Community Mental Health Center
\$33,132,080.77	T J SAMSON COMM HOSP	01 - Hospital

Total Amount Paid	Billing Provider Name	Billing Provider Type
\$32,990,075.08	MOUNTAIN COMPREHENSIVE CARE CTR	30 - Community Mental Health Center
\$32,828,150.25	COMMUNICARE INC	33 - Support for Community Living (SCL)
\$30,943,695.30	VANDERBILT UNIVERSITY MEDICAL CENTER	01 - Hospital
\$30,918,868.89	ROCKCASTLE REGIONAL HOSP & RESPIRATORY	12 - Nursing Facility
\$30,777,648.12	Ephraim McDowell Regional Medical Center Inc.	01 - Hospital
\$28,857,084.09	New Vista of the Bluegrass, Inc.	33 - Support for Community Living (SCL)
\$28,607,132.61	MERCY HEALTH LOURDES HOSPITAL	01 - Hospital
\$28,048,003.35	HAZELWOOD ICF MR DD	11 - ICF/IID
\$26,774,898.25	ST CLAIRE REGIONAL MEDICAL CTR	01 - Hospital
\$26,531,089.83	LIFESKILLS INC -	33 - Support for Community Living (SCL)
\$26,206,675.64	ST. ELIZABETH FLORENCE	01 - Hospital
\$25,545,930.80	Baptist Health Richmond	01 - Hospital
\$25,471,074.10	OAKWOOD ICF/IID UNIT 1	11 - ICF/IID
\$25,041,737.63	ADDICTION RECOVERY CARE LLC	03 - Behavioral Health Service Organization (BHSO)
\$23,534,046.27	University of Cincinnati Medical Center	01 - Hospital
\$23,442,743.04	SPERO HEALTH OF KENTUCKY, LLC	03 - Behavioral Health Service Organization (BHSO)
\$21,689,450.01	CLARK REGIONAL MEDICAL CENTER	01 - Hospital
\$21,489,082.89	JENNIE STUART MEDICAL CENTER	01 - Hospital
\$21,121,261.65	Freedom Adult Day Healthcare	43 - Adult Day Care
\$20,461,757.13	Norton Specialty Pharmacy	54 - Pharmacy
\$20,281,606.32	THE ADANTA GROUP	33 - Support for Community Living (SCL)
\$19,780,658.48	Harlan ARH Hospital	01 - Hospital
\$19,699,780.10	Deaconess Henderson Hospital	01 - Hospital
\$19,387,905.60	FAMILY HEALTH CENTER INC	31 - Primary Care Center/Federally Qualified Health Ctr
\$18,861,773.35	MOUNTAIN COMP HEALTH CORP	31 - Primary Care Center/Federally Qualified Health Ctr
\$18,427,548.49	FRANKFORT REGIONAL MEDICAL CENTER	01 - Hospital
\$18,288,066.21	ST ELIZABETH FT THOMAS	01 - Hospital
\$18,275,470.27	THE RIDGE BEHAVIORAL HEALTH SYSTEM	02 - Psychiatric Hospital
\$18,081,116.21	CEDAR LAKE LODGE, INC	11 - ICF/IID
\$17,792,910.36	Kindred Hospital- Louisville	01 - Hospital
\$17,776,808.37	St Matthews Specialty Pharmacy	54 - Pharmacy
\$17,717,548.92	GREENVIEW REGIONAL HOSPITAL	01 - Hospital
\$17,585,924.16	ST ELIZABETH PHYSICIANS	65 - Physician - Group
\$17,509,300.13	Sun Behavioral Health	02 - Psychiatric Hospital
\$17,061,408.10	JACKSON PURCHASE MEDICAL CENTER	01 - Hospital

Total Amount Paid	Billing Provider Name	Billing Provider Type
\$16,734,928.27	Norton Children's Medical Group, LLC	65 - Physician - Group
\$16,624,251.28	ARH Daniel Boone Clinic-Harlan	35 - Rural Health Clinic
\$16,623,064.47	HOSPARUS INC	44 - Hospice
\$16,557,880.64	KENTUCKY RIVER COMM CARE	33 - Support for Community Living (SCL)
\$16,360,743.28	GRAVES GILBERT CLINIC	65 - Physician - Group
\$16,296,172.25	LAB CORP AMERICA HOLDINGS	37 - Independent Laboratory
\$16,132,593.91	GEORGETOWN COMMUNTIY HOSPITAL	01 - Hospital
\$15,987,857.09	Green River Regional Mental Health Mental Retardation Board, Inc.	33 - Support for Community Living (SCL)
\$15,860,971.36	HORIZON ADULT HEALTH CARE	43 - Adult Day Care
\$15,547,539.03	Wendell Foster	11 - ICF/IID
\$15,155,510.86	PATHWAYS INC	33 - Support for Community Living (SCL)
\$15,038,098.64	ACCREDITO HEALTH GROUP, INC.	54 - Pharmacy
\$14,922,061.22	KENTUCKY RIVER COMM CARE	30 - Community Mental Health Center
\$14,615,116.47	Encore ADHC, LLC	43 - Adult Day Care
\$14,504,224.01	LABONE OF OHIO, INC.	37 - Independent Laboratory
\$14,432,306.92	PERSONAL TOUCH HOME CARE OF KY INC	34 - Home Health
\$14,218,942.08	SOUTHEASTERN EMERGENCY PHYS LLC	65 - Physician - Group
\$13,987,286.71	Whitesburg ARH Hospital	01 - Hospital
\$13,946,353.98	New Vista of the Bluegrass, Inc.	30 - Community Mental Health Center
\$13,648,341.77	THE KIDZ CLUB	45 - EPSDT Special Services
\$13,612,388.54	U OF L HOSPITAL AMBULATORY CARE PHARMACY	54 - Pharmacy
\$13,525,517.68	OAKWOOD ICF/IID UNIT 2	11 - ICF/IID
\$13,514,698.02	HEALTH HELP WHITE HOUSE CLINIC	31 - Primary Care Center/Federally Qualified Health Ctr
\$13,287,554.23	London Women's Care LLC	35 - Rural Health Clinic
\$12,851,602.29	OPTION CARE	45 - EPSDT Special Services
\$12,751,701.76	BAPTIST HEALTH MEDICAL GROUP	65 - Physician - Group
\$12,704,348.36	PATHWAYS INC	30 - Community Mental Health Center
\$12,694,110.94	HEALTHFIRST BLUEGRASS INC	31 - Primary Care Center/Federally Qualified Health Ctr
\$12,506,422.63	DUNCAN SPECIALTY PHARMACY	54 - Pharmacy
\$12,494,285.83	TAYLOR REGIONAL HOSPITAL	01 - Hospital
\$12,207,313.11	FEDERATED TRANSPORTATION SERVICES	57 - Net (Capitation)
\$12,152,553.18	MURRAY CALLOWAY CO HOSPITAL	01 - Hospital
\$12,099,688.71	SENDERRA RX PHARMACY LLC	54 - Pharmacy
\$12,036,505.04	MIDDLESBORO A R H HOSPITAL	01 - Hospital
\$11,940,264.01	Barbourville ARH Hospital	01 - Hospital

Total Amount Paid	Billing Provider Name	Billing Provider Type
\$11,702,411.39	HEALTH POINT FAMILY CARE, INC.	31 - Primary Care Center/Federally Qualified Health Ctr
\$11,684,018.79	CHI SAINT JOSEPH MOUNT STERLING	01 - Hospital
\$11,629,790.62	CARDINAL HILL REHABILITATION HOSPITAL	01 - Hospital
\$11,608,082.18	CPA LAB	65 - Physician - Group
\$11,474,098.55	Landmark of Louisville Rehabilitation and Nursing Center	12 - Nursing Facility
\$11,330,897.11	GRACE COMMUNITY HEALTH CENTER INC	31 - Primary Care Center/Federally Qualified Health Ctr
\$11,166,677.45	BLUEGRASS AREA AGENCY ON AGING/ INDEPENDENT LIVING	33 - Support for Community Living (SCL)
\$11,092,298.47	NORTHKEY COMMUNITY CARE	30 - Community Mental Health Center
\$10,992,388.10	MOUNTAIN COMPREHENSIVE CARE CNTR	33 - Support for Community Living (SCL)
\$10,899,381.76	MEMORIAL HOSPITAL	01 - Hospital
\$10,895,212.08	CUMBERLAND RIVER BEHAVIORAL HEALTH, INC	30 - Community Mental Health Center
\$10,893,538.00	CABELL HUNTINGTON HOSPITAL	01 - Hospital
\$10,841,601.33	NORTHKEY COMMUNITY CARE	33 - Support for Community Living (SCL)
\$10,824,543.67	KINDRED HOSPITAL LOUISVILLE	12 - Nursing Facility
\$10,738,864.87	OUTWOOD ICF/MR	11 - ICF/IID
\$10,702,013.96	JANE TODD CRAWFORD HOSPITAL SWING	12 - Nursing Facility
\$10,568,998.45	Hazard Health & Rehabilitation Center	12 - Nursing Facility
\$10,564,707.79	MEADOWVIEW REGIONAL MEDICAL CENTER	01 - Hospital
\$10,561,141.08	HUMANA PHARMACY, INC.	54 - Pharmacy
\$10,511,019.79	BAPTIST HEALTH LAGRANGE	01 - Hospital
\$10,442,929.76	HARRISON MEM HOSP INC	01 - Hospital
\$10,338,987.61	CHI SAINT JOSEPH HEALTH-FLAGET MEMORIAL HOSPITAL	01 - Hospital
\$10,187,860.47	Highlands ARH Regional Medical Center	01 - Hospital
\$10,065,584.26	Pennyroyal Center	33 - Support for Community Living (SCL)
\$9,969,258.02	TWIN LAKES REG MED CTR	01 - Hospital
\$9,961,722.95	WHITE, GREER & MAGGARD ORTHODONTICS	61 - Dental - Group
\$9,909,271.70	AdventHealth Medical Group Manchester	35 - Rural Health Clinic
\$9,811,764.61	CHI Saint Joseph Medical Group	65 - Physician - Group
\$9,762,632.48	BINGHAM GARDENS	11 - ICF/IID
\$9,666,713.95	DEACONESS HOSPITAL	01 - Hospital
\$9,550,022.36	STEPWORKS RECOVERY CENTERS LLC	03 - Behavioral Health Service Organization (BHSO)
\$9,500,522.33	BOURBON COMMUNITY HOSPITAL	01 - Hospital
\$9,493,162.36	LIFESKILLS INC	30 - Community Mental Health Center

Total Amount Paid	Billing Provider Name	Billing Provider Type
\$9,451,384.39	LEWIS CO FAMILY HEALTH CENTER	31 - Primary Care Center/Federally Qualified Health Ctr
\$9,402,971.98	PAUL B HALL REGIONAL MEDICAL CENTER	01 - Hospital
\$9,322,618.70	REGIS WOODS	12 - Nursing Facility
\$9,310,729.79	Dungarvin Kentucky LLC	33 - Support for Community Living (SCL)
\$9,280,505.60	RIVENDELL BEHAVIORAL HEALTH SERVICES of KENTUCKY	02 - Psychiatric Hospital
\$9,196,537.97	Kentucky River Medical Center	01 - Hospital
\$9,193,037.47	Edwards Health Care Services	90 - DME Supplier
\$9,027,132.88	Orsini Pharmaceutical Services, LLC.	54 - Pharmacy
\$8,980,110.55	ACCESS CARE	43 - Adult Day Care
\$8,950,837.84	THE BROOK HOSPITAL-DUPONT	02 - Psychiatric Hospital
\$8,945,152.00	CHI SAINT JOSEPH BEREА	01 - Hospital
\$8,909,543.77	INTRUST HEALTHCARE	66 - Behavioral Health Multi-Specialty Group
\$8,869,377.67	Bluegrass Care Navigators and dba Bluegrass Hospice Care	44 - Hospice
\$8,840,956.45	THE BROOK HOSPITAL- KMI	02 - Psychiatric Hospital
\$8,814,289.14	CHILDRENS HOSP MED CTR	65 - Physician - Group
\$8,796,183.75	UNIVERSITY OF KY HOSP PSYCH UNIT	92 - Psychiatric Distinct Part Unit
\$8,794,534.51	OAKWOOD ICF/IID UNIT 4	11 - ICF/IID
\$8,739,574.96	Walgreens #16372	54 - Pharmacy
\$8,731,918.88	KENTUCKIANA NURSING SERVICE	33 - Support for Community Living (SCL)
\$8,729,626.94	Neurorestorative Kentucky (Louisville)	17 - Acquired Brain Injury
\$8,699,781.25	THE RECOVERY CENTER LLC	03 - Behavioral Health Service Organization (BHSO)
\$8,640,037.68	Vanderbilt Integrated Pharmacy	54 - Pharmacy
\$8,604,861.00	TRANSITIONS, INC.	03 - Behavioral Health Service Organization (BHSO)
\$8,353,907.19	COMMUNICARE INC	30 - Community Mental Health Center
\$8,339,708.65	DEPT. OF PUBLIC HEALTH- FIRST STEPS	24 - First Steps
\$8,246,230.39	HELP AT HOME INC	33 - Support for Community Living (SCL)
\$8,185,364.88	BRIDGE POINT CARE & REHABILITATION CENTER	12 - Nursing Facility
\$8,146,692.89	MILLENNIUM HEALTH, LLC	37 - Independent Laboratory
\$8,134,825.07	THOMSON-HOOD VETERANS CENTER	12 - Nursing Facility
\$8,107,782.74	OHIO COUNTY HOSPITAL	01 - Hospital
\$7,883,560.33	RURAL TRANSIT ENTERPRISES	57 - Net (Capitation)
\$7,855,837.38	Active Day of Hikes Point	43 - Adult Day Care
\$7,763,765.47	LAB CORP AMERICA HOLDINGS	37 - Independent Laboratory
\$7,746,200.92	REDBANKS SKILLED NURSING FACILITY -	12 - Nursing Facility

Total Amount Paid	Billing Provider Name	Billing Provider Type
\$7,733,572.09	INDEPENDENT OPPORTUNITIES	33 - Support for Community Living (SCL)
\$7,724,425.05	Pikeville Medical Center, Inc.	65 - Physician - Group
\$7,702,803.82	Hazard ARH Regional Medical Center	92 - Psychiatric Distinct Part Unit
\$7,635,392.56	BLUEGRASS AREA AGENCY ON AGING	43 - Adult Day Care
\$7,529,841.75	OAKWOOD ICF IID UNIT 3	11 - ICF/IID
\$7,505,135.28	Salyersville Nursing and Rehabilitation Center	12 - Nursing Facility
\$7,501,492.48	EVERSANA	54 - Pharmacy
\$7,475,251.72	Employment Solutions Inc	33 - Support for Community Living (SCL)
\$7,395,941.12	NEURORESTORATIVE KENTUCKY	17 - Acquired Brain Injury
\$7,391,569.89	FIRST CARE CLINIC	78 - Certified Nurse practitioner
\$7,372,522.83	ARH RX., LLC	54 - Pharmacy
\$7,366,519.02	St. Elizabeth Healthcare Specialty Pharmacy	54 - Pharmacy
\$7,305,755.91	GLASGOW STATE NURSING FACILITY	12 - Nursing Facility
\$7,242,204.85	Pennyroyal Center	30 - Community Mental Health Center
\$7,232,825.33	Highlands Nursing and Rehabilitation	12 - Nursing Facility
\$7,216,455.47	THREE RIVERS MEDICAL CENTER	01 - Hospital
\$7,191,075.96	Kroger Specialty Pharmacy FL 2	54 - Pharmacy
\$7,115,937.62	FOUR RIVERS BEHAVIORAL HEALTH	33 - Support for Community Living (SCL)
\$7,079,288.35	ST. ELIZABETH GRANT	01 - Hospital
\$7,014,953.74	Signature HealthCARE of Bowling Green	12 - Nursing Facility
\$6,989,854.62	LINCOLN TRAIL BEHAVIORAL HEALTH SYSTEM	02 - Psychiatric Hospital
\$6,978,307.08	Fort Logan Hospital	01 - Hospital
\$6,976,409.05	PROVIDENCE LOUISVILLE EAST POST ACUTE	12 - Nursing Facility
\$6,926,954.48	PAUL E PATTON EASTERN KENTUCKY VETERANS CENTER	12 - Nursing Facility
\$6,923,401.84	LAUREL HEIGHTS HOME FOR ELDERLY	12 - Nursing Facility
\$6,917,496.02	BAPTIST HEALTH MEDICAL GROUP, INC.	65 - Physician - Group
\$6,890,144.89	SUNRISE MANOR NURSING HOME	12 - Nursing Facility
\$6,863,143.60	Harlan Health & Rehabilitation Center	12 - Nursing Facility
\$6,858,277.26	NHC HEALTHCARE GLASGOW	12 - Nursing Facility
\$6,829,861.27	TRINITY SUPPORT SERVICES, INC.	33 - Support for Community Living (SCL)
\$6,817,718.47	LKLP CAC INC REGION 5	57 - Net (Capitation)
\$6,791,030.82	Optum Infusion Services 550, LLC	54 - Pharmacy
\$6,786,584.95	BAPTIST HEALTH MEDICAL GROUP	65 - Physician - Group
\$6,756,638.57	ISAIAH HOUSE, INC	03 - Behavioral Health Service Organization (BHSO)
\$6,730,824.92	HIGHLAND REGIONAL MEDICAL CENT	01 - Hospital
\$6,707,966.34	FOUNTAIN CIRCLE CARE & REHABILITATION CENTER	12 - Nursing Facility

Total Amount Paid	Billing Provider Name	Billing Provider Type
\$6,674,958.01	Barbourville Health & Rehabilitation Center	12 - Nursing Facility
\$6,654,859.82	Owensboro Center	12 - Nursing Facility
\$6,527,167.14	ACCREDITO HEALTH GROUP, INC.	54 - Pharmacy
\$6,517,004.72	RECOVERY WORKS ELIZABETHTOWN	03 - Behavioral Health Service Organization (BHSO)
\$6,478,977.37	RECOVERY WORKS	03 - Behavioral Health Service Organization (BHSO)
\$6,472,567.94	OUR LADY OF BELLEFONTE HOSPITAL	01 - Hospital
\$6,419,579.59	THE SEASONS @ ALEXANDRIA	12 - Nursing Facility
\$6,407,559.75	Northpoint Lexington Healthcare Center	12 - Nursing Facility
\$6,372,021.79	BLUEWATER TOXICOLOGY LLC	37 - Independent Laboratory
\$6,343,615.29	Sterling Health Solutions, Inc.	31 - Primary Care Center/Federally Qualified Health Ctr
\$6,332,802.34	FRIENDSHIP HEALTH & REHAB, LLC	12 - Nursing Facility
\$6,310,343.46	THE ADANTA GROUP	30 - Community Mental Health Center
\$6,257,719.39	PARKVIEW NURSING & REHABILITATION CENTER	12 - Nursing Facility
\$6,208,409.60	Agemo Holdings, LLC	12 - Nursing Facility
\$6,079,156.43	ODYSSEY, INC	03 - Behavioral Health Service Organization (BHSO)
\$6,070,958.42	HOMESTEAD POST ACUTE	12 - Nursing Facility
\$6,034,594.22	FAMILY ALLERGY & ASTHMA	65 - Physician - Group
\$6,031,619.96	BioScrip Infusion Services	90 - DME Supplier
\$5,964,081.39	KIPDA AREA AGENCY ON AGING	43 - Adult Day Care
\$5,935,445.38	OPTION CARE	54 - Pharmacy
\$5,935,073.96	EASTERN STATE HOSPITAL	02 - Psychiatric Hospital
\$5,899,945.09	Rivendell Behavioral Health Services of Kentucky	45 - EPSDT Special Services
\$5,896,927.49	SIGNATURE HEALTHCARE AT SUMMERFIELD REHAB & WELLNESS CENTER	12 - Nursing Facility
\$5,895,905.06	Premier Kids Care, Inc.	54 - Pharmacy
\$5,889,056.19	Woodcrest Nursing and Rehabilitation Center	12 - Nursing Facility
\$5,883,304.65	PARK DUVALLE COMMUNITY HEALTH CENTER	31 - Primary Care Center/Federally Qualified Health Ctr
\$5,882,093.78	Carter Nursing and Rehabilitation	12 - Nursing Facility
\$5,880,205.72	TRI-GENERATIONS CENTRAL LLC	33 - Support for Community Living (SCL)
\$5,875,932.20	SOMERWOODS NURSING AND REHABILITATION CENTER	12 - Nursing Facility
\$5,852,537.70	Signature Healthcare at North Hardin Rehab & Wellness Center	12 - Nursing Facility
\$5,835,280.55	LETCHER MANOR	12 - Nursing Facility
\$5,833,056.13	VeraLab JA, LLC DBA BIOTAP Medical	37 - Independent Laboratory
\$5,830,604.61	ULRF Medicine	65 - Physician - Group
\$5,803,939.85	ACCREDITO HEALTH GROUP, INC.	54 - Pharmacy

Total Amount Paid	Billing Provider Name	Billing Provider Type
\$5,784,802.70	Community, A Walgreens Pharmacy #21170	54 - Pharmacy
\$5,771,324.93	SIGNATURE HEALTHCARE AT HILLCREST	12 - Nursing Facility
\$5,750,323.68	NuLease Medical Solutions, LLC	66 - Behavioral Health Multi-Specialty Group
\$5,736,053.76	Twin Rivers Nursing and Rehabilitation Center	12 - Nursing Facility
\$5,730,791.75	SPRING VIEW HOSP	01 - Hospital
\$5,707,936.94	GREEN RIVER AREA DEVELOPMENT DISTRICT	33 - Support for Community Living (SCL)
\$5,695,282.42	D&S Community Services	33 - Support for Community Living (SCL)
\$5,677,884.99	SELECT SPECIALTY HOSPITAL-NORTHERN KENTUCKY, LLC	01 - Hospital



Thank You

In the continuously evolving world of Medicaid, we continually strive to deliver the best possible services and guidance for our diverse user groups and individuals who need access to care while implementing legislative and oversight requirements.

We trust you will find this inaugural Kentucky Department for Medicaid Services 2020 Annual Report to be informative and useful as we move forward in the post-Covid world.