



MEDICAID OVERSIGHT AND ADVISORY BOARD

Legislative Research Commission
Office of Health Data & Analytics



HOUSE BILL 695

Medicaid Oversight and Advisory Board

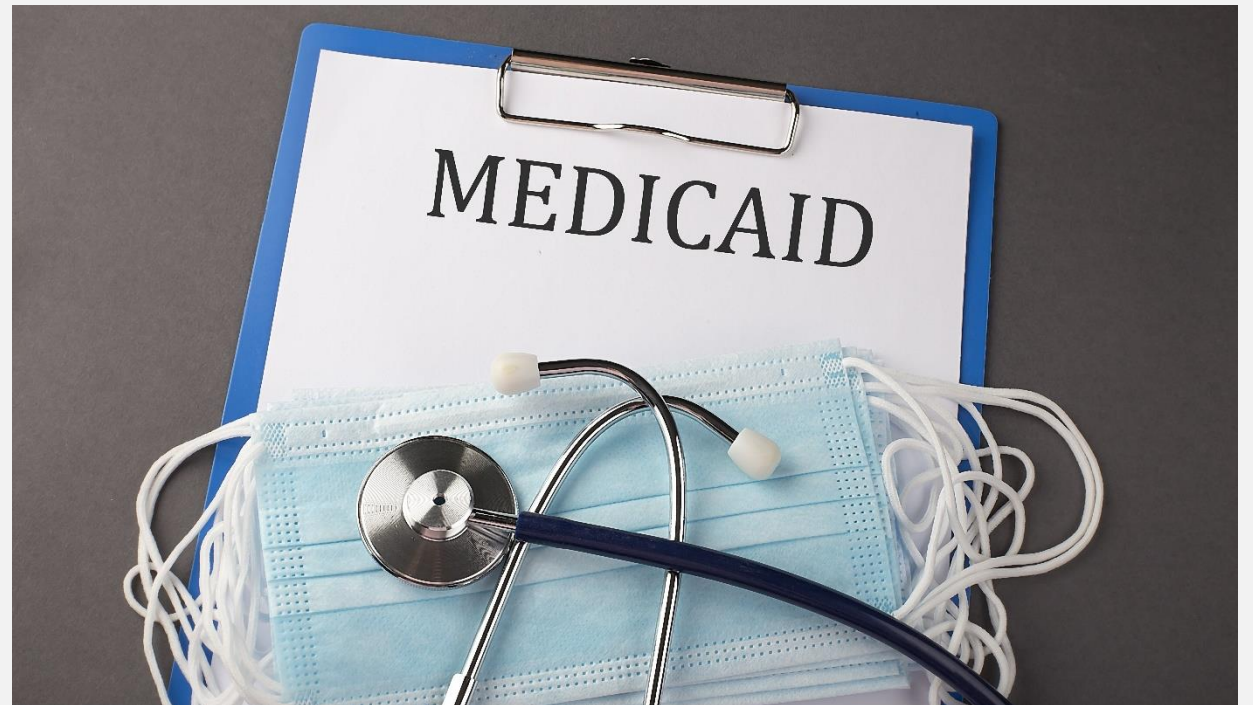
- Section 12: Defines relevant terms
- Section 13: Establishes the Board, its purpose, and duties
- Section 14: Establishes the Board's membership
- Section 15: Establishes meeting procedures
- Section 16: Establishes Board authority
- Section 17: Establishes the research and review duties of the Board
- Sections 18 & 19: Addresses employment, personnel, and membership items

MEDICAID OVERVIEW



WHAT ARE WE COVERING TODAY?

- Medicaid Eligibility and Enrollment
- Medicaid Covered Benefits
- Medicaid Waivers
- Medicaid Managed Care
- Medicaid Budget
- Proposed Federal Reconciliation Bill



ELIGIBILITY

- Low-income families
- Qualified pregnant women and children
- SSI
- KCHIP
- Medicaid waivers
- Foster children and former foster youth up to age 26
- Adoption subsidy
- Some justice involved children
- Some adult guardianship members
- Expansion

2025 Medicaid Table (April 2025 ongoing)										
Household Size	Baseline FPL		Eligible for MAGI Medicaid		Children (Under 19 Years Old) and Pregnant Women Eligible for Medicaid (Five Year Bar Does Not Apply for Lawfully Present Children or Pregnant Immigrants)					
	100%		138%*		147%*		200%*		218%**	
	Monthly	Yearly	Monthly	Yearly	Monthly	147%	Monthly	200%	Monthly	218%
1	1,305	15,660	1,800	21,600	1,918	23,016	2,609	31,308	2,844	34,128
2	1,763	21,156	2,433	29,196	2,591	31,092	3,525	42,300	3,843	46,116
3	2,221	26,652	3,065	36,780	3,265	39,180	4,442	53,304	4,842	58,104
4	2,680	32,160	3,698	44,376	3,939	47,268	5,359	64,308	5,841	70,092
5	3,138	37,656	4,330	51,960	4,613	55,356	6,275	75,300	6,840	82,080
6	3,596	43,152	4,963	59,556	5,286	63,432	7,192	86,304	7,839	94,068
7	4,055	48,660	5,595	67,140	5,960	71,520	8,109	97,308	8,839	106,068
8	4,513	54,156	6,228	74,736	6,634	79,608	9,025	108,300	9,838	118,056
Each Additional	459	5,508	633	7,596	674	8,088	917	11,004	1,000	12,000

NOTES:

*Medicaid table updated March 2025 and is effective April 1, 2025 ongoing

**200 -218% FPL Medicaid for children and pregnant women who are uninsured

<https://khbe.ky.gov/About/FactsandResources/FPL%20Chart%202025.pdf>

ENROLLMENT: JUNE 2025

Coverage Month	
6/1/2025	6/30/2025

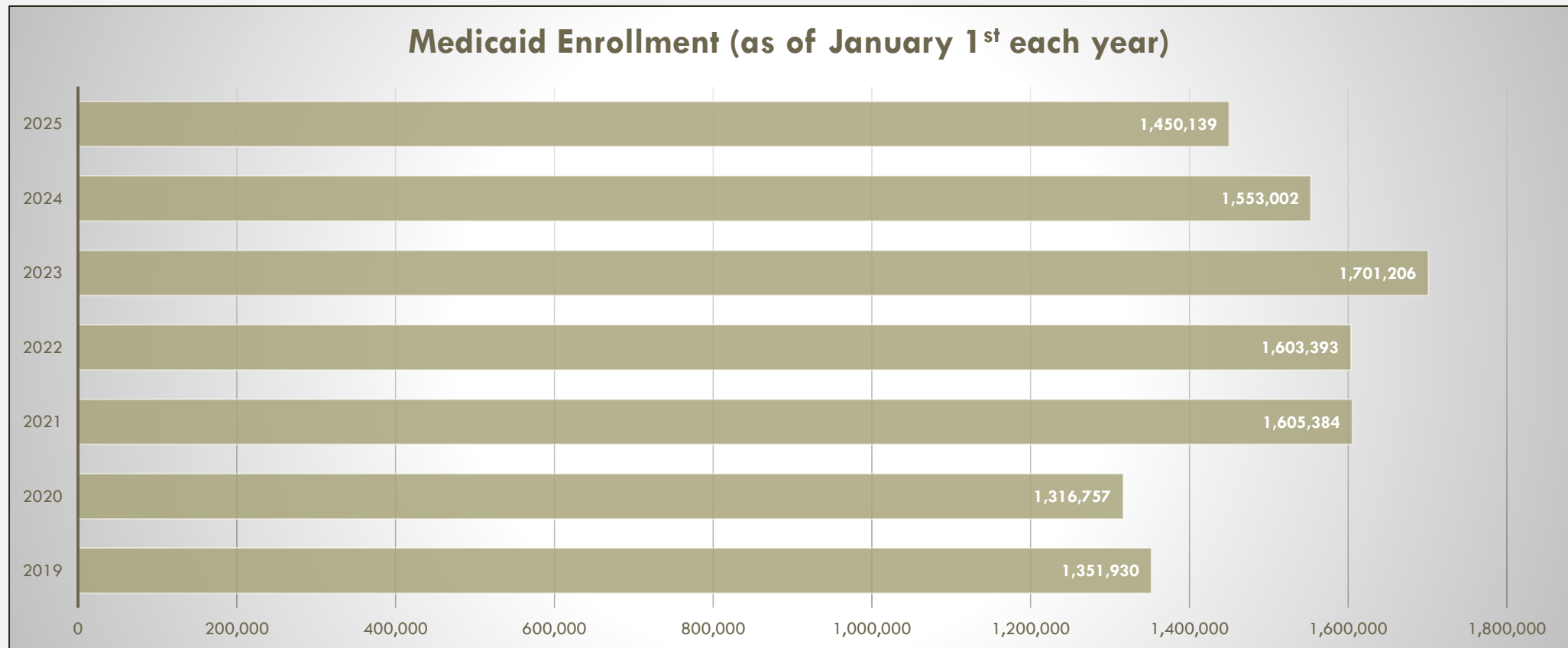
Run Date: 6/12/2025

Unduplicated Member Count (as of Run Date)
1,440,968

Plan Type	Unduplicated Member Count
Aetna	226,543
FFS	150,687
Humana	216,799
Passport By Molina	278,094
United	157,808
WellCare	411,036
Sum:	1,440,967

Market Share	
Aetna	16%
FFS	10%
Humana	15%
Passport by Molina	19%
United	11%
WellCare	29%

MEDICAID ENROLLMENT



MEDICAID MANAGED CARE REGIONS



Run Date: 6/9/2025

Cabinet for Health and Family Services

Run Time: 9:50:15 AM

Department for Medicaid Services

Monthly Managed Care Member Counts

06/2025



MCO**	Region	Undup Member Count
Aetna	1	11,809
	2	24,281
	3	31,893
	4	36,705
	5	49,495
	6	23,568
	7	15,250
	8	31,481
Aetna	Sum:	224,482

MCO**	Region	Undup Member Count
Humana	1	10,925
	2	17,317
	3	51,629
	4	32,423
	5	48,950
	6	15,505
	7	12,653
	8	24,692
Humana	Sum:	214,094

MCO**	Region	Undup Member Count
Passport By Molina	1	4,536
	2	8,550
	3	187,468
	4	19,359
	5	29,255
	6	7,585
	7	5,807
	8	12,586
Passport By Molina	Sum:	275,146

MCO**	Region	Undup Member Count
WellCare	1	24,777
	2	41,467
	3	32,883
	4	64,257
	5	72,323
	6	27,841
	7	38,727
	8	104,916
WellCare	Sum:	407,191

Fee For Service ***	Region	Undup Member Count
FFS	1	7,374
	2	12,598
	3	42,255
	4	22,420
	5	24,308
	6	8,359
	7	10,144
	8	23,228
FFS	Sum:	150,686

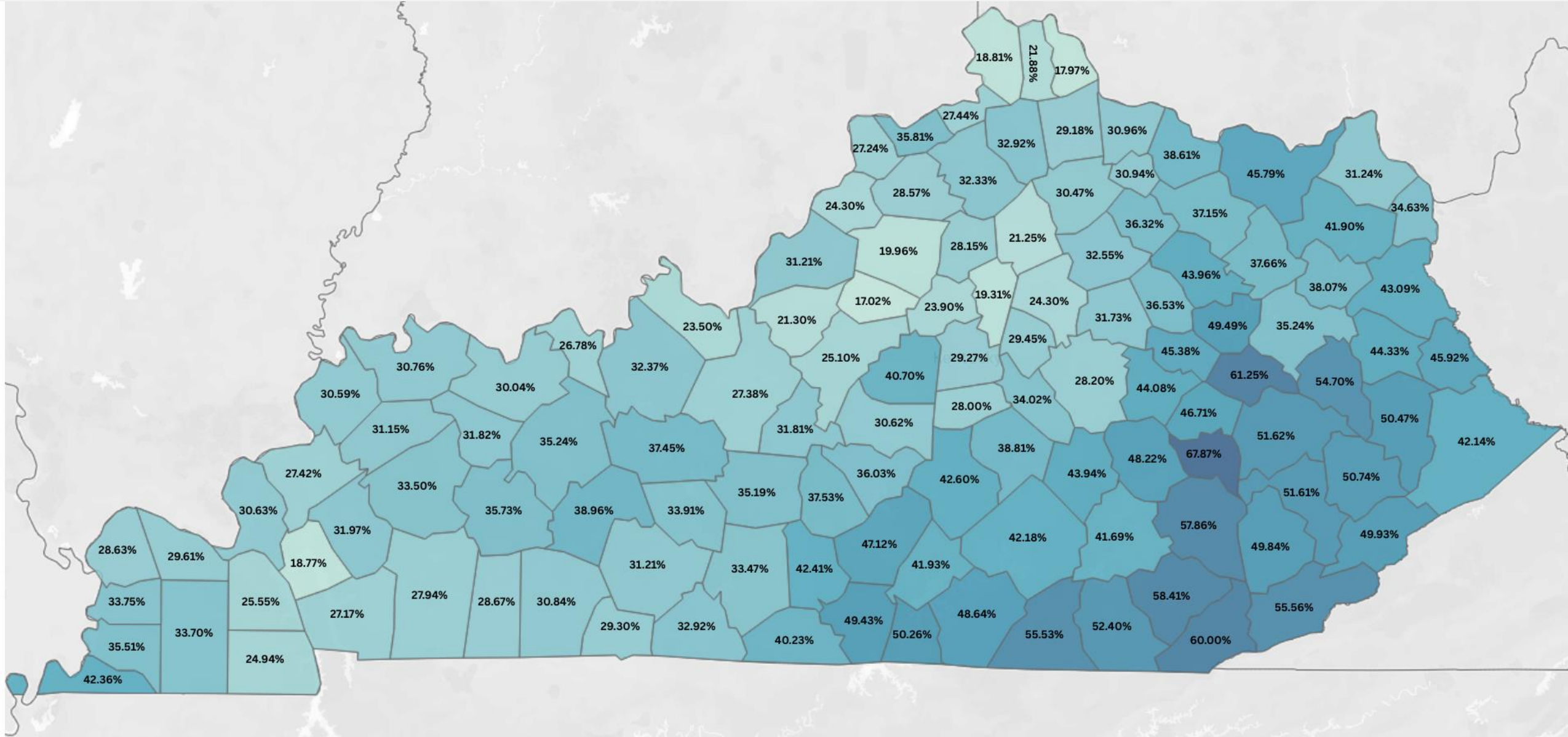
MCO**	Region	Undup Member Count
United	1	8,613
	2	14,128
	3	37,660
	4	22,719
	5	34,012
	6	13,008
	7	8,767
	8	16,116
United	Sum:	155,023

Aetna SKY Member Count (as of Run Date)
24,115

****Note:** MCO Member counts are based on capitation payments made to the MCO for the reported month.

*****Note:** Fee For Service Member counts reflect eligibility counts for the reporting period.

MEDICAID ENROLLEES BY COUNTY RELATIVE TO THE COUNTY'S TOTAL POPULATION



Unwinding Monthly Report

Report Refresh Date : 2/2/2025 3:16 PM

FROM DATE : 01/01/2025

TO DATE : 01/31/2025

Report Refresh Date : 2/2/2025 3:16 PM

APPLICATION PROCESSING	NUMBER	CMS Submission Comments
1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)	2,438	End of the month prior to the state's unwinding period is March 31, 2023
1a. Pending MAGI and other non-disability applications (2a+3a)	1,995	
1b. Pending disability-related applications (2b+3b)	443	
2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period (2a+2b)	2,438	
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	1,995	
2b. Completed disability-related applications as of the last day of the reporting period	443	
3. Of those applications included in Monthly Metric 1, the total number of applications that remain pending as of the last day of the reporting period (3a+3b)	0	
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	0	
3b. Pending disability-related applications as of the last day of the reporting period	0	
RENEWALS INITIATED	NUMBER	
4. Total beneficiaries for whom a renewal was initiated in the reporting period	67,936	
RENEWALS AND OUTCOMES	DESCRIPTION OF STATE'S RENEWAL TIMELINE POLICY	
5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	70,736	70,737 - Original members 2 - members added 3 - members removed
5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) [5a(1) + 5a(2)]	61,288	
5a(1) Number of beneficiaries renewed on an ex parte basis	55,609	
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	5,679	This count also includes individuals who only received a request for information form



Unwinding Monthly Report

Report Refresh Date : 2/2/2025 3:16 PM

FROM DATE : 01/01/2025

TO DATE : 01/31/2025

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5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	1,927	This count includes terminations due to non-procedural reasons and terminations transferred to the marketplace
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	18	
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	7,503	1: Jan-25 renewals pending for processing 7,502 : Jan-25 renewals extended to Feb-25
6. Month in which renewals due in the reporting month were initiated	Dec-24	
7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed	7,818	1: Jan-25 renewals pending for processing 7,502 : Jan-25 renewals extended to Feb-25 184 - Dec-24 due renewals extended to Feb-25 and pending for processing 122 - Dec-24 due renewals pending for processing as part of Jan-25 due renewals 2 - Dec-24 renewals pending 4 - Nov-24 renewals pending 3 - Oct-24 renewals pending
MEDICAID FAIR HEARINGS	NUMBER	
8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period	186	

COVERED BENEFITS

- Federal Medicaid rules require states to cover certain mandatory services and give states the flexibility to cover certain optional services.
- State Medicaid agencies must include all coverage in their Medicaid State Plan which is submitted to CMS for approval.
- State plan amendments (SPAs) are submitted to CMS for approval and make changes to the State Plan.
- Medicaid waivers can be submitted to CMS for approval to waive some Medicaid eligibility and/or coverage rules.
- All Medicaid covered services must be medically necessary and can only be provided Medicaid enrolled providers.

COVERED BENEFITS: MANDATORY

Non-emergency medical transportation

Inpatient hospital services

Outpatient hospital services

Rural health clinic services

Federally qualified health center (FQHC) services

Laboratory and X-ray services

Nursing facility services

Family planning services

Tobacco cessation counseling for pregnant women

Physician services

Home health services

Nurse midwife services

Certified pediatric and family nurse practitioner services

Freestanding birth center services

Medication assisted treatment (MAT)

EPSDT services*

EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) BENEFIT

- Federal benefit for enrollees under 21 that covers all medically necessary services provided by a Medicaid provider.
- Benefit includes both preventive services and special services.
- Special services are any service needed regardless of State Plan coverage.
 - Examples include specialized behavioral, medical, or dental services.



COVERED BENEFITS: OPTIONAL

Dental services and dentures

Vision services including glasses

Hearing including hearing aids

Prescription drugs

CCBHC services

Case management

Respiratory care for ventilator-dependent individuals

Hospice services

Physical, occupational, and speech therapy

Private duty nursing

Personal care services

Medical assistance for eligible individuals in eligible IMDs

TB related services

FEDERAL MEDICAID WAIVERS

Section 1115

This waiver, referred to as a demonstration, allows states to propose Medicaid changes that assist and enhance current objectives found within federal Medicaid guidelines

Allows for flexibility within Medicaid for states and often addresses state specific needs

Section 1915

(a) and (b) Managed care delivery and implementation

(c), (i), and (k) Allows states to implement home and community-based services as an alternative to institutional care

KENTUCKY MEDICAID WAIVERS: SECTION 1115

Known as TEAMKY currently includes:

- Substance Use Disorder (SUD)
- Reentry
- Serious Mental Illness (SMI)
- Health Related Social Needs (HRSN) including a Recuperative Care Pilot, Recovery Residence Support Service (RRSS) for those with a SUD participating in Behavioral Health Conditional Dismissal Program
- Medicaid eligibility coverage for former foster care youth between the ages of 18 and 26 who were in foster care in another state
- Approved through 12-31-29

Proposed Community Engagement 1115 Waiver required by HB 695

- Current Kentucky submission differs significantly from the proposed Federal reconciliation bill

KENTUCKY MEDICAID WAIVERS: 1915B AND 1915C

1915b

- Kentucky Managed Care Organization Program Implemented the use of Managed Care Organizations (MCOs) as an alternative to traditional fee-for-service (FFS) model
- Non-emergency Medical Transportation (NEMT)

1915c

Home and Community-Based Services (HCBS) Waiver

Kentucky currently has six HCBS waivers

- Acquired Brain Injury (ABI) Acute and Long-Term Care Waivers
- Home and Community Based (HCB)
- Model II Waiver (MIIW)
- Michelle P. Waiver
- Supports for Community Living

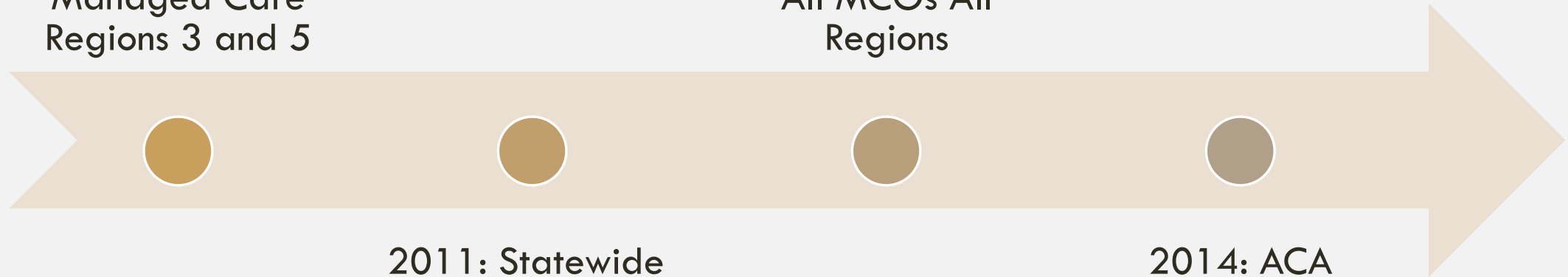
MEDICAID MANAGED CARE IN KENTUCKY

1997: Risk-based
Managed Care
Regions 3 and 5

2013: Statewide
Managed Care
All MCOs All
Regions

2011: Statewide
Managed Care
Passport Region
3 Only

2014: ACA
Expansion



MEDICAID MANAGED CARE

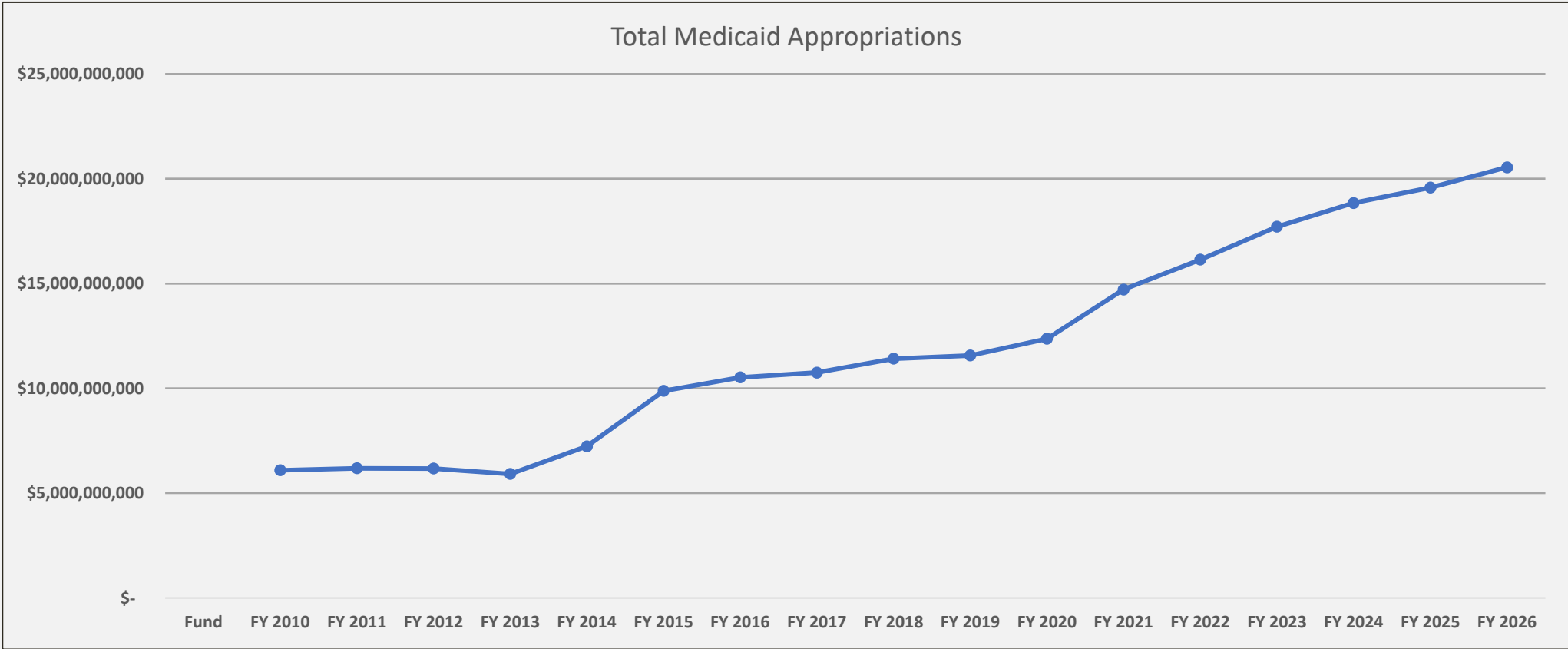
- Five managed care organizations (MCOs) contract with Department of Medicaid Services (DMS) in Kentucky
 - Aetna Better Health
 - Humana Healthy Horizons
 - Passport Health Plan by Molina Healthcare
 - UnitedHealthcare Community Plan
 - WellCare
- DMS pays MCOs a per member per month (PMPM) through capitation rates to cover Medicaid members.
- Capitation rates must be actuarially sound.
- Supporting Kentucky Youth (SKY) is a program where foster children, former foster youth, adoption subsidy, and justice involved youth are covered by a single MCO to receive enhanced case management and supportive services.



MEDICAID BUDGET

TOTAL MEDICAID APPROPRIATIONS

SFY 2010 - 2026

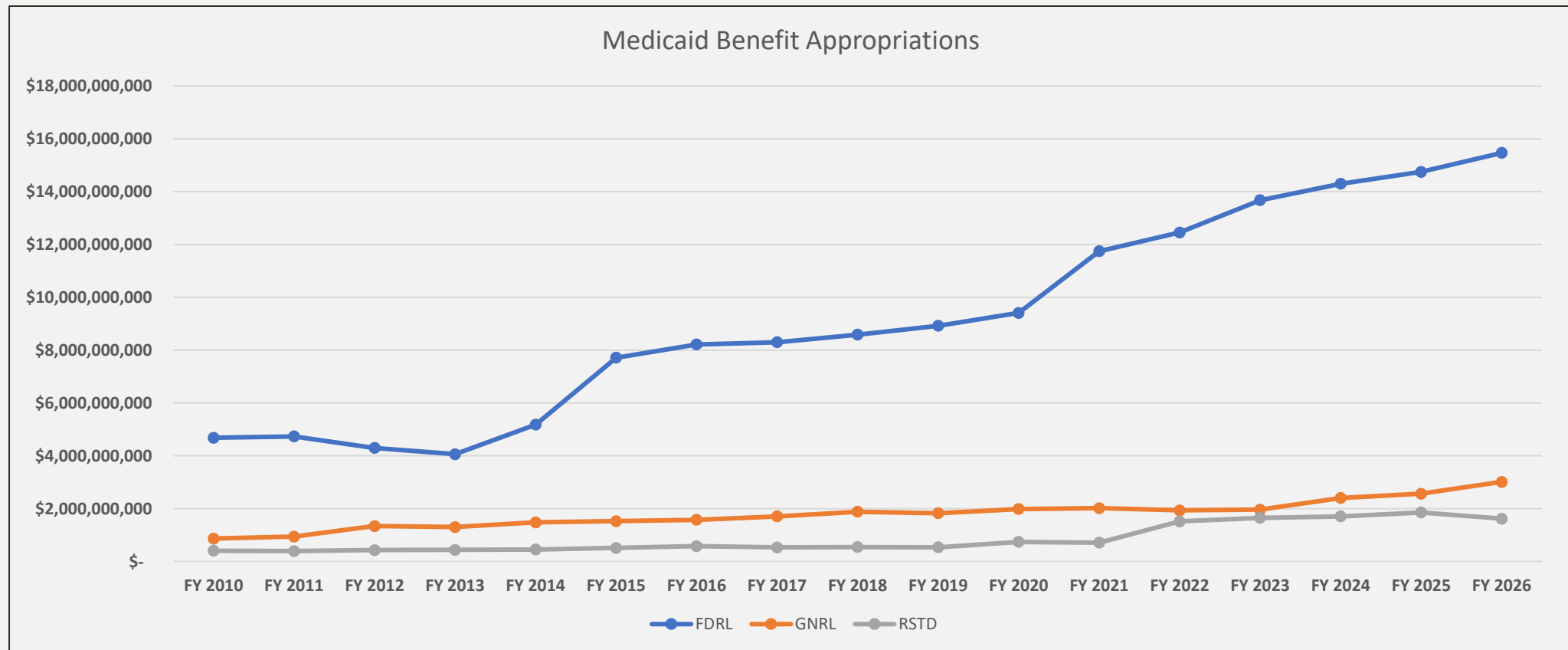


↑
EXPANSION

↑
COVID

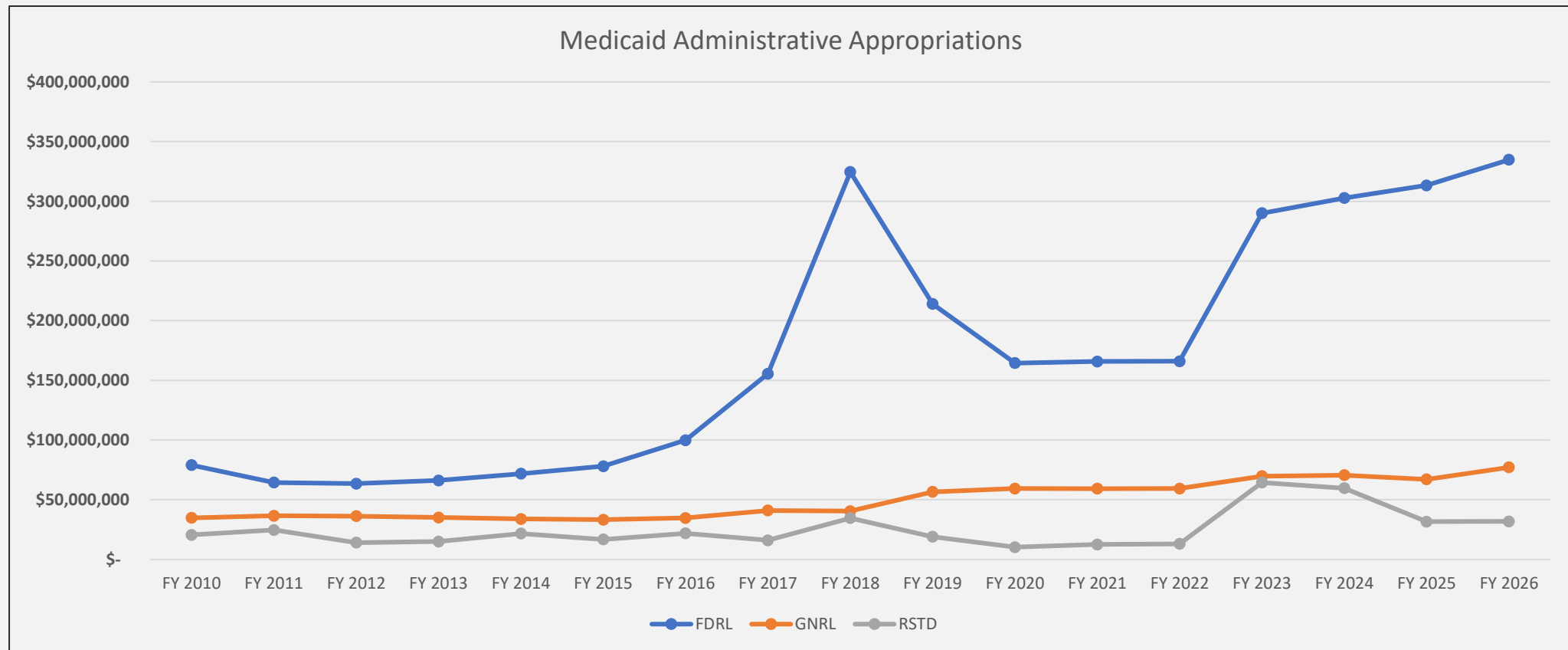
BENEFIT APPROPRIATION BY SOURCE

SFY 2010 - 2026



ADMINISTRATIVE APPROPRIATION BY SOURCE

SFY 2010 - 2026



MEDICAID FUNDING

FMAP (Federal Medical Assistance Percentage): State Medicaid programs that follow all federal guidelines are entitled to federal reimbursement for a portion of the total program cost.

Braiding and blending funding is utilized to fund many aspects of the Medicaid program, as well as agencies/entities that serve or work with state Medicaid agencies.

State university partnerships allow universities to use Medicaid funding to conduct research by paying the state match to draw down federal funds.

Directed Payment programs have expanded in recent years to increase provider payments by utilizing federal funding.

FEDERAL RECONCILIATION BILL H.R.1

FEDERAL RECONCILIATION BILL

Community Engagement:

Adults (19-64) who are not parents or have other specific work exemptions must engage in other qualifying activities for at least 80 hours per month to maintain Medicaid eligibility.

Immigrant Coverage:

Requires states to reduce their Medicaid expansion programs for non-citizens, potentially leading to millions losing coverage.

Restrictions on Provider Taxes:

Includes a moratorium on new or increased provider taxes, which could limit states' ability to finance Medicaid programs.

State Directed Payment Programs:

Cap payments and phase payments down to Medicare rate for grandfathered arrangements approved prior to May 1, 2025.

Redetermination Frequency:

Increases frequency of Medicaid eligibility redeterminations for the ACA expansion group, potentially leading to more individuals losing coverage.

Reduced Retroactive Coverage:

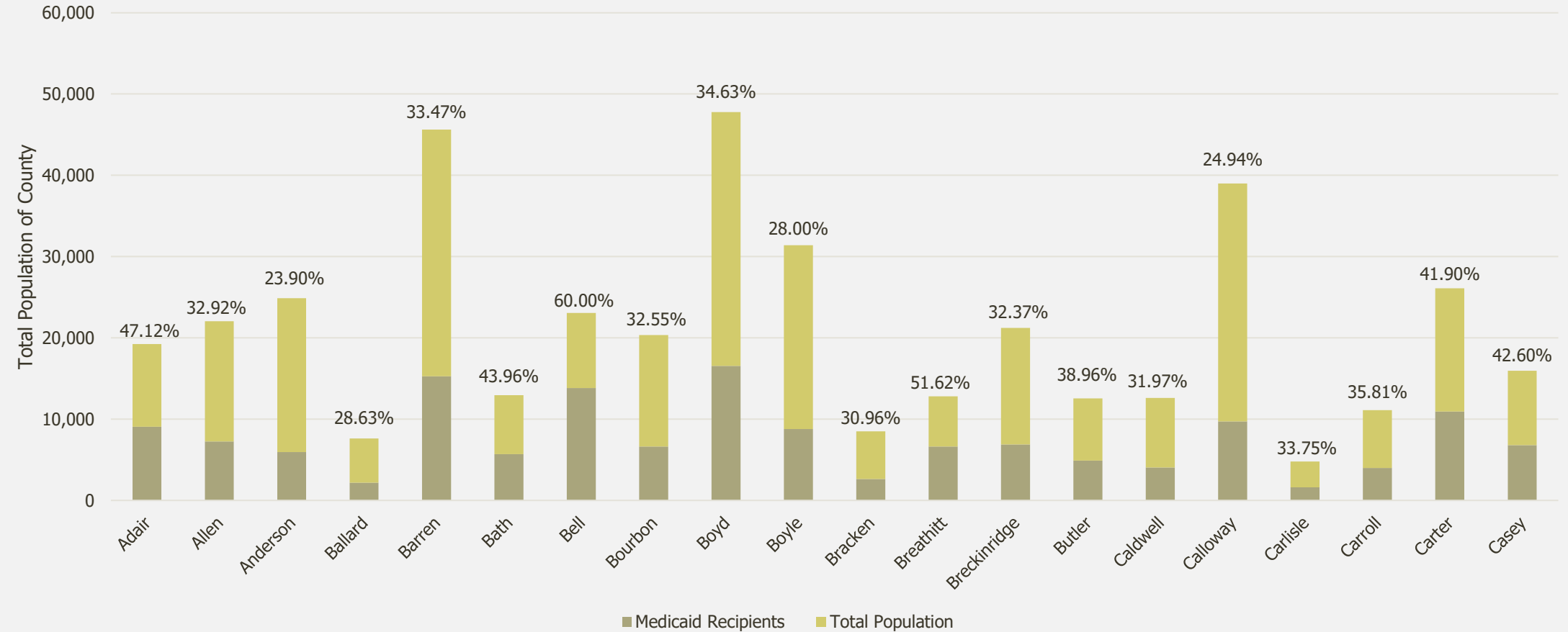
Reduces retroactive coverage from three to one month.

THANK YOU

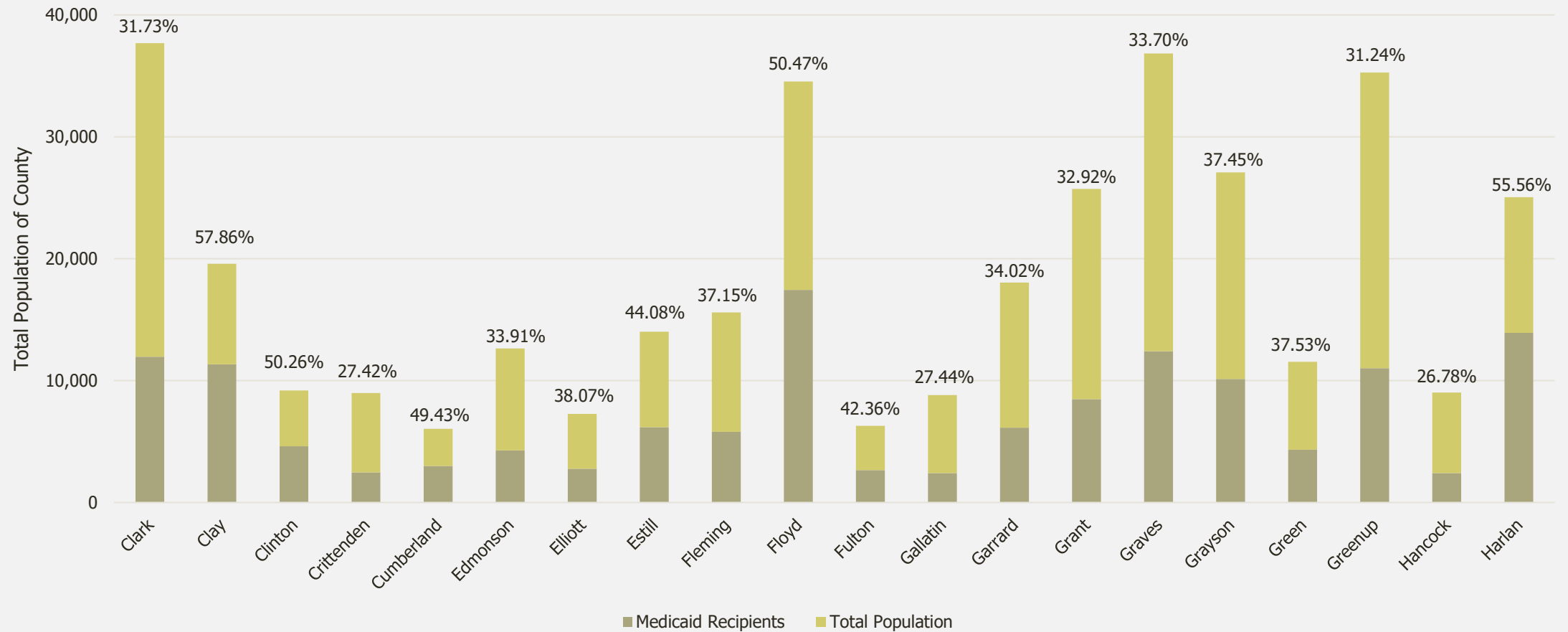
APPENDIX

KENTUCKY MEDICAID DISTRIBUTION BY COUNTY

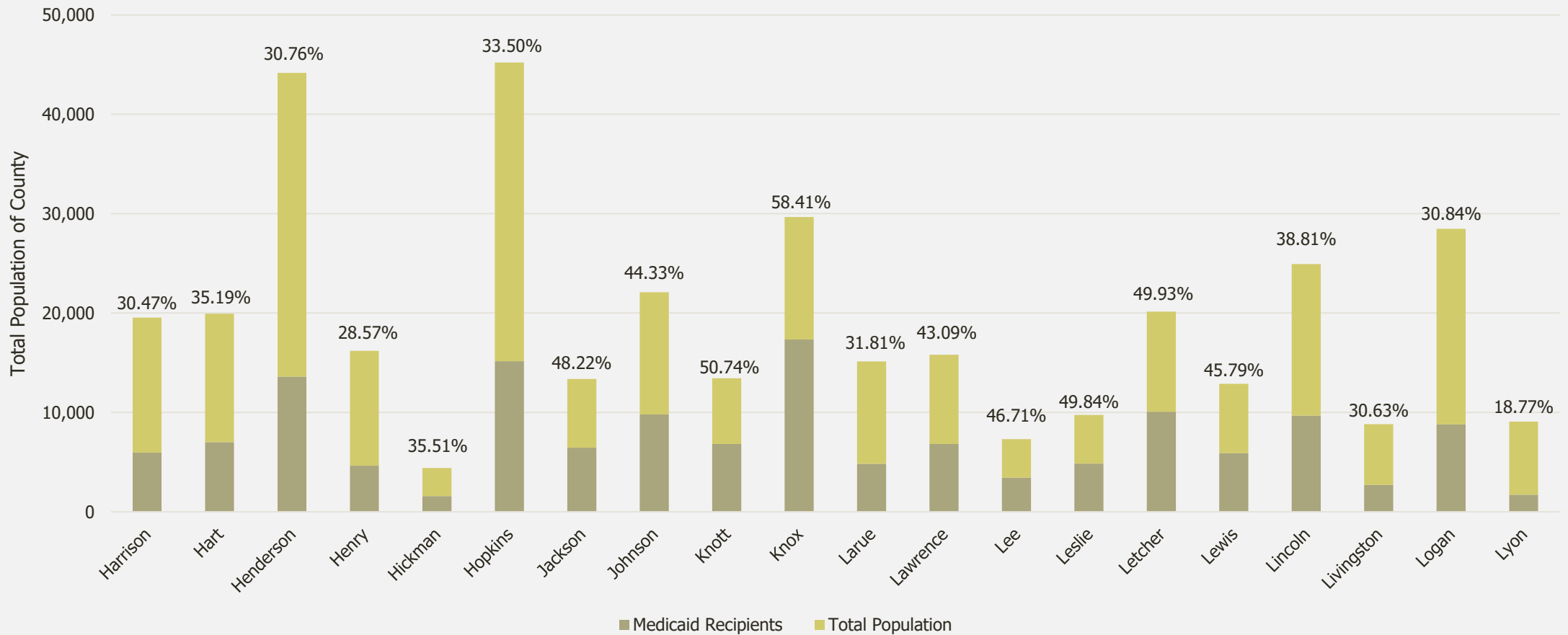
PERCENTAGE OF MEDICAID RECIPIENTS BY COUNTY



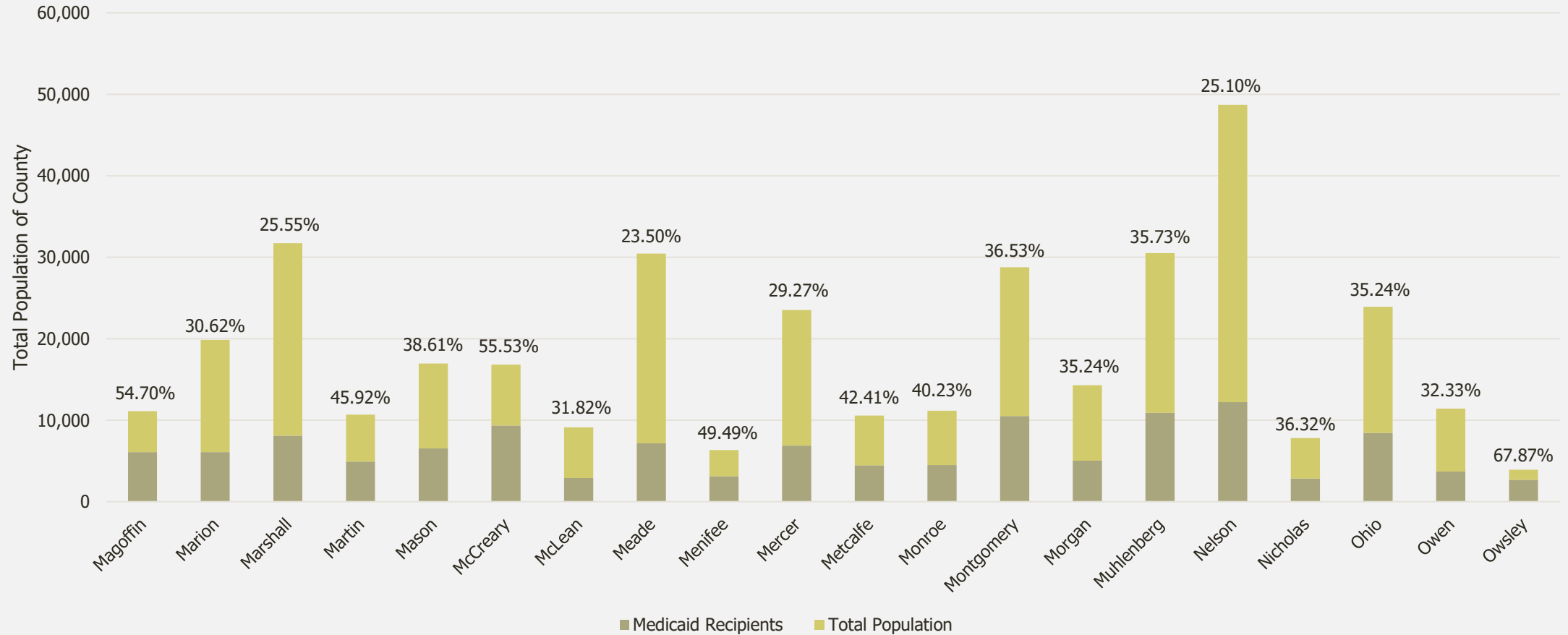
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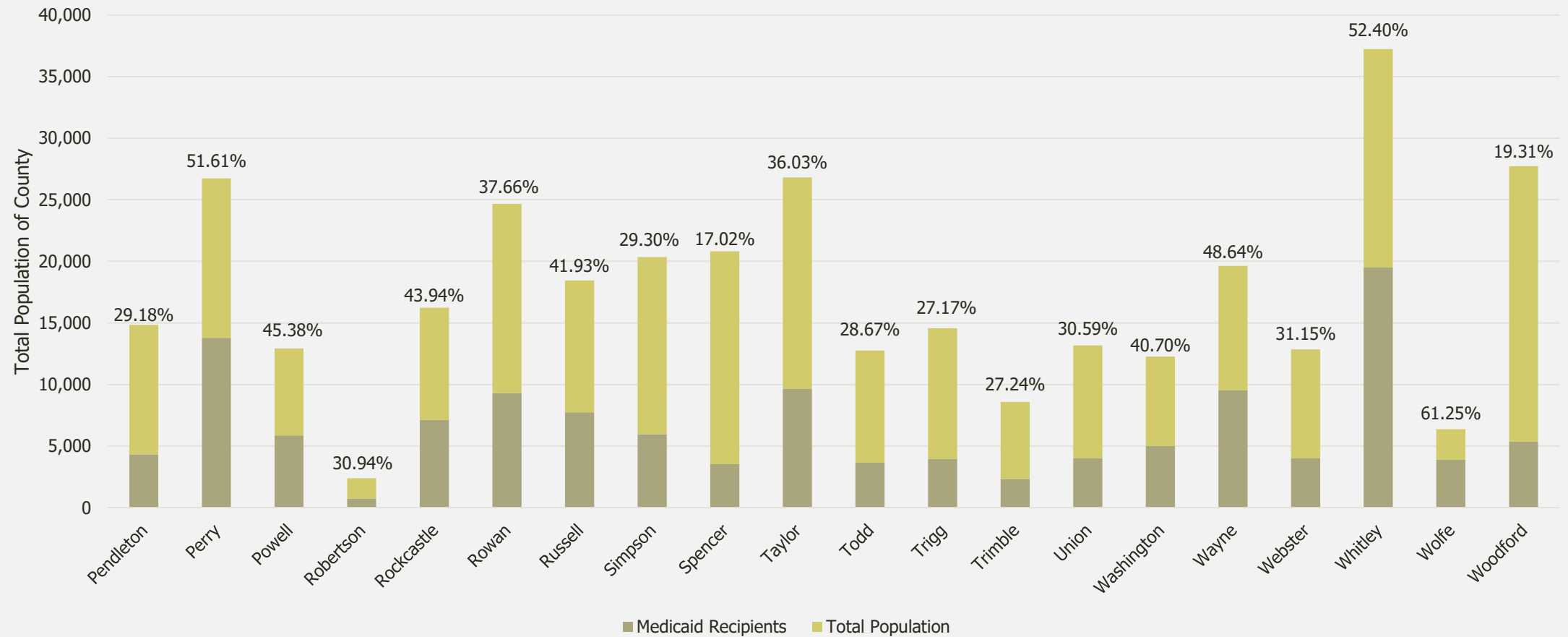
PERCENTAGE OF MEDICAID RECIPIENTS BY COUNTY



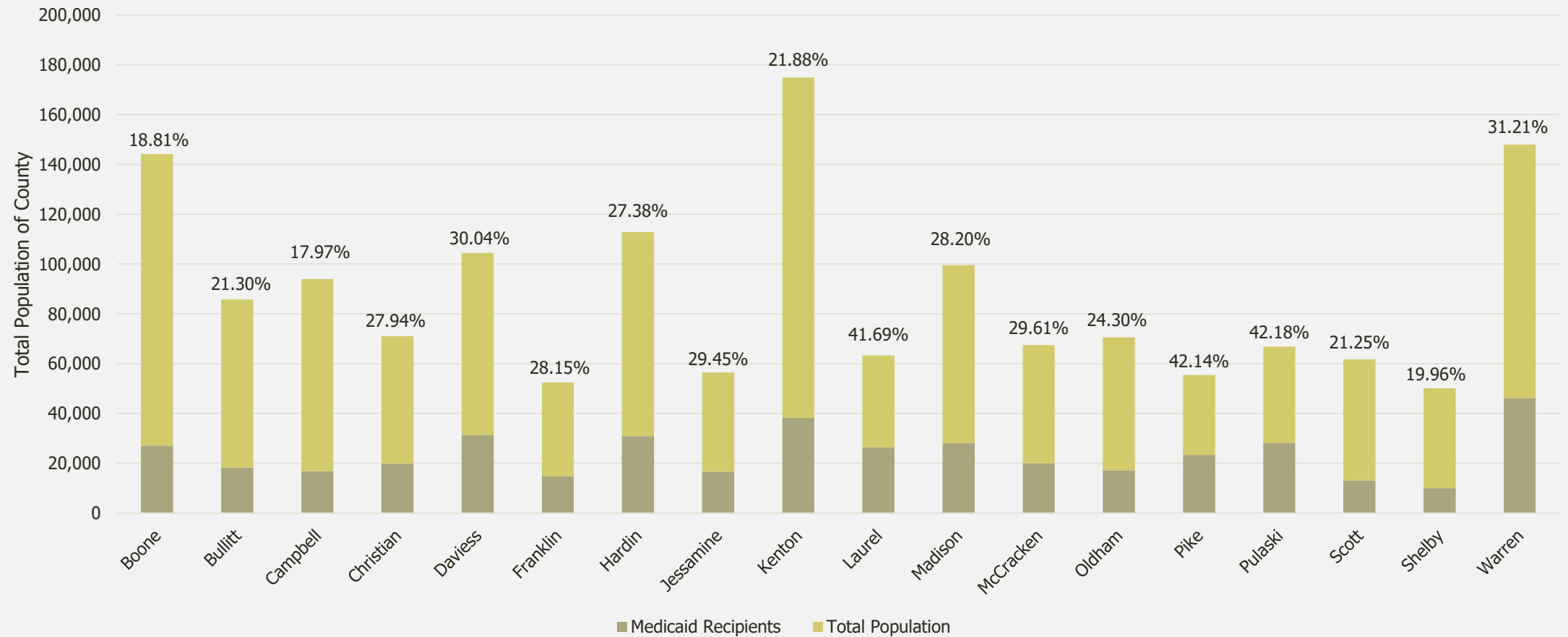
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