



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

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Governor

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**Mark D. Birdwhistell**  
Secretary

June 1, 2006

Re: *KyHealth Choices* – Kentucky Medicaid Program Update

Dear Kentucky Medicaid Provider:

You recently received a letter telling you about *KyHealth Choices*, the new Kentucky Medicaid program. This letter said that *KyHealth Choices* was going to start on June 1, 2006. We are extending the window for provider and member education on the new benefit packages for 30 days. The new effective date of *KyHealth Choices* will be on or about **July 1, 2006**.

The current copayment amounts that members are required to pay (if they are required to pay any copayments) will remain in effect until the new *KyHealth Choices* cost-sharing structure is implemented on or about July 1. Many of our members and providers have had questions about the new benefits plans. As a reminder, all *KyHealth Choices* members will fall into one of four plans:

- **Global Choices** will cover the general Medicaid population
- **Family Choices** will cover most children, including the Kentucky Children's Health Insurance Program (KCHIP) population
- **Optimum Choices** will cover Intermediate Care Facility for the Mentally Retarded (ICF/MR) level of care individuals with mental retardation and developmental disabilities; and
- **Comprehensive Choices** will cover nursing facility level of care individuals who are disabled.

All four of the plans include basic medical services, including mental health services in inpatient and outpatient settings. *KyHealth Choices* members who are eligible for any existing waivers, such as the Home & Community Based Services (HCB) waiver, Supports for Community Living (SCL) waiver, Model II (Ventilator-Dependent) waiver, and/or the Acquired Brain Injury (ABI) waiver, will continue to receive waiver services through those specific programs.

Under *KyHealth Choices*, most members will need to pay a co-payment for some services and prescriptions; however, **members are not required to pay the new copayment amounts until *KyHealth Choices* is implemented on or about July 1, 2006**. The maximum out of pocket expense that members will be required to pay is \$225 for healthcare services and \$225 for prescriptions per year. Members will not receive a new Medicaid card and may continue to use their current cards. Members are NOT required to pay any deductible amounts.

We will be promulgating regulations later this month outlining the benefit package information and cost-sharing amounts. **If you have any questions, please call the Kentucky Medicaid Automated Voice Response System at 1-800-807-1301 or visit our website at [www.chfs.ky.gov/dms/kyhealthchoices.htm](http://www.chfs.ky.gov/dms/kyhealthchoices.htm) to find out which plan a member has or to learn more about *KyHealth Choices*.**