

30 percent of Todd on Medicaid

Federal officials approve Bevin's plan for work requirements, premiums and penalties in Medicaid; changes start July 1

BY AL CROSS

KENTUCKY HEALTH NEWS
WITH RYAN CRAIG
TODD COUNTY STANDARD

Nearly a third of Todd Countians could see a change in their health benefits — especially the 11 percent who were added to the Medicaid rolls four years ago.

According to information compiled by the Kentucky Health News, in 2017 Todd County has 3,811 people on Medicaid. Of those, 1,298 were added to the rolls when former Gov. Steve Beshear expanded it under the Affordable Care Act in 2014. Todd County has a population of 12,500 people. That would mean that 30 percent are on Medicaid. Some Kentuckians and Todd Countians on Medicaid will have to work, perform community service or take job training to keep their health care benefits, under a plan proposed by Gov. Matt Bevin and approved by federal officials. It would also require some to pay small, income-based premiums and co-payments.

Nationally, most beneficiaries of Medicaid work, mostly in low-wage jobs that don't offer health insurance, according to the Kaiser Family Foundation. Kentucky figures indicate likewise for the state and for Todd County. Bevin announced the approval last Friday, saying **SEE MEDICAID, PAGE 4**

Medicaid

Continued from Page 1

arnes to spend a total of 80 hours a month working, looking for work, doing volunteer work, taking job training, and former foster children with disabilities, pregnant women, children, caregivers and former foster children under age 26 won't have to pay.

Failure to pay premiums would result in suspension of Medicaid expansion. They could qualify for coverage by getting preventive physical, dental or vision exams. State health status. Four years ago, Gov. Bevin has signed an executive order directing the commission of Medicaid to take necessary actions to terminate Republican nomination for Kentucky's Medicaid expansion. When he was seeking the nomination, Bevin said he would do away with the expansion, but after being nominated said he would seek approval for a Section 1115 waiver from the Indiana plan like Indiana's. The Indiana plan was drafted by Seema Verma, now director of the Centers for Medicare and Medicaid Services, which is approved Bevin's plan as a waiver from federal rules under Section 1115 of the 1965 law that created Medicare and Medicaid.

Bevin has said the state can't afford to pay its share of the expansion, which is its health-literacy course, unless they complete a financial or qualification. Disenrolled members could re-enroll earlier if they have defrauded Medicaid.

Critics and politics

One of the most-criticized aspects of the plan is its removal of dental and vision benefits from the basic benefit package for people in the 1115 application that these are the terms under which Kentucky is able to maintain expanded Medicaid," the release said. "Accordingly, Gov. Bevin has signed an executive order directing the commission of Medicaid to take necessary actions to terminate Republican nomination for Kentucky's Medicaid expansion. When he was seeking the nomination, Bevin said he would do away with the expansion, but after being nominated said he would seek approval for a Section 1115 waiver from the Indiana plan like Indiana's. The Indiana plan was drafted by Seema Verma, now director of the Centers for Medicare and Medicaid Services, which is approved Bevin's plan as a waiver from federal rules under Section 1115 of the 1965 law that created Medicare and Medicaid.

"There is dignity associated with earning the value of program, 55 percent of those affected missed at least one premium payment in the first 21 months. The financial part of the plan would go into effect July 1, but the work requirements are to be phased in, starting in areas where more jobs are available. Medicaid members are to get 90 days advance notice that the new requirement applies to them.

The Bevin administration estimated in its proposal that fewer people than without it. It gives two reasons: "program non-compliance" and "participants are expected to transition to commercial coverage," but doesn't explain how they will be able to afford that.

change is that most Kentuckians on Medicaid will be required to pay small monthly premiums, initially \$1 per person to \$15 per family, depending on income. People with disabilities, pregnant women, children, caregivers and former foster children under age 26 won't have to pay.

Engage and Achieve Long Term Health." It mainly affects the 480,000 or so Kentuckians who are on Medicaid covers about 1.4 million Kentuckians. That is not to be confused with Medicare, which is a federal program for the elderly after the age of 65. Bevin's report changes in their income, employment or community-service status within 10 days, and failure to do so would result in a six-month dis-

A bigger and broader **Premiums and co-payments**

report changes in their income, employment or community-service status within 10 days, and failure to do so would result in a six-month dis-

change is that most Kentuckians on Medicaid will be required to pay small monthly premiums, initially \$1 per person to \$15 per family, depending on income. People with disabilities, pregnant women, children, caregivers and former foster children under age 26 won't have to pay.

change is that most Kentuckians on Medicaid will be required to pay small monthly premiums, initially \$1 per person to \$15 per family, depending on income. People with disabilities, pregnant women, children, caregivers and former foster children under age 26 won't have to pay.