

HOME CARE FOR CERTAIN DISABLED CHILDREN (KATIE BECKETT) COST SHARING FREQUENTLY ASKED QUESTIONS

Questions	Answers
<p>1. What is the Home Care for Certain Disabled Children Program (Katie Beckett)</p>	<p>The Home Care for Certain Disabled Children also known as Katie Beckett is a Medicaid eligibility category that provides Idaho Medicaid coverage to children under age 19 who have long-term disabilities or complex medical needs and who live at home. Katie Beckett eligibility enables these children to be cared for at home instead of in an institution. With Katie Beckett, only the child's income and resources, not the parents', are taken into account for eligibility. Katie Beckett is not only an optional program for the state of Idaho but is also optional for participants.</p>
<p>2. What is cost-sharing?</p>	<p>Cost-sharing is out-of-pocket costs for health care coverage. The three common types of cost-sharing are deductibles, co-pays, and premiums. The cost-sharing being implemented is a monthly premium paid toward the cost of the child's Medicaid. The premiums are based on ability to pay using the Federal Poverty Guidelines. You can find more information about the Federal Poverty Guidelines on-line at www. Healthandwelfare.idaho.gov (click on the <i>Food/Cash/Assistance</i> link then on the <i>Federal Poverty Guidelines</i> link).</p>
<p>3. Why is a premium being charged?</p>	<p>The 2009 Idaho Legislature directed the Department to establish premiums for families whose children are eligible for Katie Beckett Program. These premiums are based on the family's size and income.</p> <p>Idaho Medicaid strives to make sure families with similar resources are treated the same. Families with children covered under CHIP, Workers with Disabilities, and the elderly and physically disabled currently contribute to the cost of their care through premiums and participant contributions.</p>

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<p>4. When will paying a premium begin?</p>	<p>We have moved the effective date to February 1, 2010.</p> <ul style="list-style-type: none"> • If your child is already enrolled in Medicaid, your monthly premium amount will be determined at your child's next annual eligibility renewal. You are not expected to begin paying premiums until the amount is determined. • New applications received, and yearly renewals done, after December 1, 2009, will begin cost-sharing on February 1, 2010. • Participants who have already had their re-determination prior to December 1, 2009 will not begin cost sharing until the next re-determination date in 2010.
<p>5. How does the process work?</p>	<p>The process for determining your monthly premium is:</p> <ul style="list-style-type: none"> • Approximately 45 days before your child's renewal date, you will receive a Katie Beckett renewal application requesting information about income and the size of your household. • When Medicaid receives the application, we will calculate the premium amount using the information about your family's income and size. • You will receive an invoice approximately 30 days before the first premium is due, which will include the premium amount, where to send the premium, and when the premium is due. • You will continue to receive a monthly invoice for the amount you will need to pay to share in the cost of your child's Medicaid coverage.
<p>6. How much will I have to pay?</p>	<p>The amount you must pay will depend on your family income and size (number of family members living in the household). Premiums are based on a sliding fee scale. A 25% discount off the Medicaid premium will be given to families that pay for private insurance for their children participating in the Katie Beckett Program.</p>
<p>7. Will my child lose his/her Medicaid if I do not pay?</p>	<p>No. Your child's Medicaid will not end due to delinquent premium payments. No changes to eligibility are being made.</p>
<p>8. Whose income is counted?</p>	<p>The income of any parent who is financially responsible for the child participating in the Katie Beckett Program is counted.</p>

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<p>9. What is the sliding fee schedule?</p>	<p>The premium schedule has changed and is based on an even sliding scale of income. Parents and guardians who pay for private insurance for their children on the Katie Beckett Program will be given a 25% discount per family off the Medicaid premium amount due.</p>																																												
<p>10. How does the sliding fee scale work?</p>	<p>The following example is based on a family of four with and without private coverage for the child with a disability.</p> <table border="1" data-bbox="774 505 1827 971"> <thead> <tr> <th>Monthly Gross Income for a Family of Four</th> <th>Premium Percentage of Gross Income</th> <th>Dollar Amount of Premium /No Private Insurance</th> <th>Dollar Amount of Premium/With Private Insurance</th> </tr> </thead> <tbody> <tr> <td>\$2,240 - \$2,756</td> <td>0.00%</td> <td>\$0 - \$0</td> <td>\$0 - \$0</td> </tr> <tr> <td>\$2,757 - \$3,399</td> <td>0.54%</td> <td>\$15 - \$30</td> <td>\$11 - \$23</td> </tr> <tr> <td>\$3,400 - \$4,594</td> <td>1.00%</td> <td>\$34 - \$46</td> <td>\$26 - \$34</td> </tr> <tr> <td>\$4,595 - \$5,513</td> <td>1.50%</td> <td>\$69 - \$83</td> <td>\$52 - \$62</td> </tr> <tr> <td>\$5,514 - \$7,350</td> <td>2.00%</td> <td>\$111 - \$147</td> <td>\$83 - \$110</td> </tr> <tr> <td>\$7,351 - \$9,188</td> <td>2.50%</td> <td>\$184 - \$230</td> <td>\$138 - \$172</td> </tr> <tr> <td>\$9,189 - \$11,025</td> <td>3.00%</td> <td>\$276 - \$331</td> <td>\$207 - \$248</td> </tr> <tr> <td>\$11,026 - \$12,863</td> <td>3.50%</td> <td>\$387 - \$450</td> <td>\$290 - \$338</td> </tr> <tr> <td>\$12,864 - \$14,700</td> <td>4.00%</td> <td>\$515 - \$588</td> <td>\$386 - \$441</td> </tr> <tr> <td>\$14,701 - \$16,538</td> <td>4.50%</td> <td>\$662 - \$744</td> <td>\$497 - \$558</td> </tr> </tbody> </table>	Monthly Gross Income for a Family of Four	Premium Percentage of Gross Income	Dollar Amount of Premium /No Private Insurance	Dollar Amount of Premium/With Private Insurance	\$2,240 - \$2,756	0.00%	\$0 - \$0	\$0 - \$0	\$2,757 - \$3,399	0.54%	\$15 - \$30	\$11 - \$23	\$3,400 - \$4,594	1.00%	\$34 - \$46	\$26 - \$34	\$4,595 - \$5,513	1.50%	\$69 - \$83	\$52 - \$62	\$5,514 - \$7,350	2.00%	\$111 - \$147	\$83 - \$110	\$7,351 - \$9,188	2.50%	\$184 - \$230	\$138 - \$172	\$9,189 - \$11,025	3.00%	\$276 - \$331	\$207 - \$248	\$11,026 - \$12,863	3.50%	\$387 - \$450	\$290 - \$338	\$12,864 - \$14,700	4.00%	\$515 - \$588	\$386 - \$441	\$14,701 - \$16,538	4.50%	\$662 - \$744	\$497 - \$558
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<p>11. If I have more than one child on Katie Beckett, will I pay a premium for each of them?</p>	<p>Those families with income between 150% and 185% of the Federal Poverty Level will pay \$15 per child per month not to exceed \$30 per month.</p> <p>Those families with income above 185% of the Federal Poverty Guidelines will pay a per family premium regardless of how many children they have participating in the Katie Beckett Program.</p>																																												
<p>12. How will I know how much I have to pay?</p>	<p>You will be sent a monthly statement for the amount of the premium.</p>																																												

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<p>13. Why can't Medicaid charge everyone a co-pay instead?</p>	<p>It is more administratively complex to develop a sliding fee scale for co-pays. Co-pays also shift the burden of collection to the providers, which can lead to increased administrative costs for them. Fortunately, Medicaid already requires premiums in other Medicaid programs. Therefore, the system is already in place to implement the premium requirement for the Katie Beckett program without increasing administrative costs.</p>
<p>14. Will I have to send in proof of my income, like a pay stub?</p>	<p>You may be asked to provide proof of your income as part of the renewal process. You can send a copy of a pay stub or provide your most recent tax return with your renewal paperwork.</p>
<p>15. What if I am self-employed?</p>	<p>If you are self-employed, your income will be calculated using the following process:</p> <ul style="list-style-type: none"> • We will ask you to send us information that verifies your income and reflects your current and ongoing financial situation. • We will calculate your gross income by adding all of your gross receipts, sales, and profits from the sale of assets (capital gains). • We will determine the cost of goods you sold by adding the wholesale cost of items sold during the period of time indicated, plus the cost to produce the items sold (including materials and labor that were used in the manufacture of the items sold). • We will subtract the cost of goods sold from the income. • The difference is your total gross income.
<p>16. It can take several months to make an eligibility determination for new applications. Will I have to pay premiums while I am waiting to find out if my child is eligible?</p>	<p>No, the first premium will not be due until after the determination is made. You do not have to pay premiums while the application is processed.</p>
Questions	Answers

17. Am I still required to pay the premium if my child does not use Medicaid that month?	Yes, you are responsible for paying the premium every month even if Medicaid is not used.
18. What if I do not provide proof of income? How will my premium be determined?	Medicaid will use the amount you report on the application or re-determination form, if there are no discrepancies with the income that is reported and the information we receive from agencies such as Social Security and the Department of Labor. If there is a discrepancy and proof of income is not provided, we will have to assess the premiums in line with the maximum amounts allowed.
19. What happens if I cannot pay?	You should contact us. If there has been a change in your circumstances - your income has gone down - we can see if you qualify for a lower premium or no premium at all.
20. Will my child lose his/her Medicaid if I do not pay?	No. Your child's Medicaid will not end due to delinquent premium payments. No changes to eligibility are being made. Children will continue to receive all of the services they received before, including school-based services.
21. What does happen if I do not pay?	The Department can pursue collection procedures to collect delinquent premiums, if necessary. Medicaid can waive the premium if it is determined that collecting the premium would cause an undue hardship on the family.
22. Can I drop my child's Medicaid and reapply when I really need it?	That decision is up to you. Your child's Medicaid coverage benefits your child and family by ensuring that your child receives medically necessary services and supplies that private insurance does not cover. It also reduces your out-of-pocket costs by covering your co-pays and the deductible for private health insurance.
23. What if I can't afford both my private insurance and the Medicaid premium for my child's coverage?	If you need help paying for private insurance, you may want to consider applying for the Health Insurance Premium Payment (HIPP) program to see if Medicaid can help with the cost of those premiums. You can call (866) 458-7657 (toll free) to have an application sent to you.
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<p>24. How can I find out how much Medicaid services cost for my child?</p>	<p>You can file a Public Records Request through the Department's Administrative Procedures Web site or email a request to PublicRecordsRequest@dhw.idaho.gov. Make sure to include the timeframe you would like to review, your child's name and Medicaid ID number (on his/her card), and your contact information. Idaho Medicaid is in the process of implementing a new Medicaid Management Information System. Once this system is available (July 2010) Medicaid participants will be able to get an explanation of benefits statement that shows what the providers billed to Medicaid and how much Medicaid paid for those services.</p>
<p>25. Has the Department already implemented the cost-sharing requirement?</p>	<p>Current proposed rules will be revised to reflect the changes brought about by the public comment process. The proposed rules will re-publish on November 4, 2010. The cost-sharing will begin on February 1, 2010, for all new applications received, and renewals done after December 1, 2009.</p>