Many Medicaid Recipients Must Now Work to Receive Coverage

ARTICLE 01.28.18 DEAN DORTON

As of January 12, 2018, Kentucky became the first state to require many of its Medicaid recipients to work in order to receive coverage. This new provision is effective beginning in July 2018.

The new rule states that one must complete 80 hours per month of “community engagement” and applies to able-bodied individuals between the ages of 19 and 64 (not applicable if you are pregnant, medically frail, a full-time student, or a primary caregiver of dependents).

Community engagement includes the individual:

Obtaining a job,Attending school,Participating in a job training course, and/orPerforming community service.

If one does not submit proper proof of participation after one month, the individual will receive a notice. That person is then given one more month to reverse their violation. After the second month, benefits will terminate until they can prove they have begun following the guidelines.

Kentuckians will be required to pay a small monthly premium ($1 to $15 per month, dependent on income) for Medicaid insurance. Incentives will be offered to purchase additional benefits (such as dental and vision) through a rewards program. Activities to obtain rewards include getting an annual physical, completing a diabetes or weight management class, partaking in an anti-smoking program, et cetera. Those who are above the federal poverty line, who fail to pay the required premiums or do not reapply in time to determine if they remain eligible, can be locked out of the program for six months. Individuals can also be penalized for not promptly reporting a change in their income.

According to Governor Matt Bevin, this new plan should save taxpayers more than $300 million over the next five years. It is estimated that nearly 95,000 people will lose their Medicaid coverage by not fulfilling the requirements or by finding jobs which push them out of the low-income tax bracket.