

Agents & kynectors

Bi-Weekly Insight Newsletter

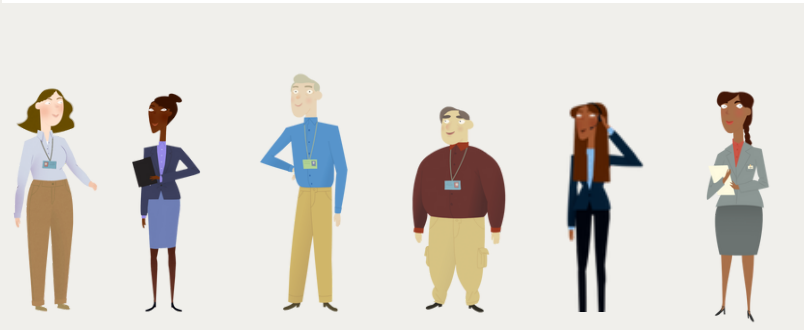


Please note:

This newsletter should **NOT** be distributed or printed. Hyperlinks can only be accessed in the PDF version of the newsletter attached to this email.

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Open Enrollment Support

Open Enrollment Support is available for Agents and kynectors
October 2, 2023 – January 16, 2024.

[Open Enrollment Incident Tracker](#)
[Micro Video](#)

[Open Enrollment Incident Tracker](#)

Upcoming Office Hours:

- January 11 at 1PM ET (Register [Here](#))

Helpdesk Contacts

Inbox for Requesting Retroactive Coverage of Medicaid

DFS.Medicaid@ky.gov

Inbox for Requesting Name or Date of Birth Change

KHBE.Program@ky.gov

Professional Services Line (PSL)

855-326-4650
Hours: Mon-Fri 8am-7pm / Sat 8am-5pm (EST)

Department for Medicaid Services (DMS)

855-4kynect (459-6328)
Hours: Mon-Fri 8am-7pm (EST)

kynect benefits/Contact Center (Public)

855-4kynect (459-6328)
Hours: Mon-Fri 8am-7pm (EST)

kynect technical Issues (Public)

844-407-8398
Hours: Mon-Fri 8am-5pm (EST)

Department for Community Based Services (DCBS)

855-306-8959
Hours: Mon-Fri 8am-4:30pm / Sat 9am-2pm (EST)

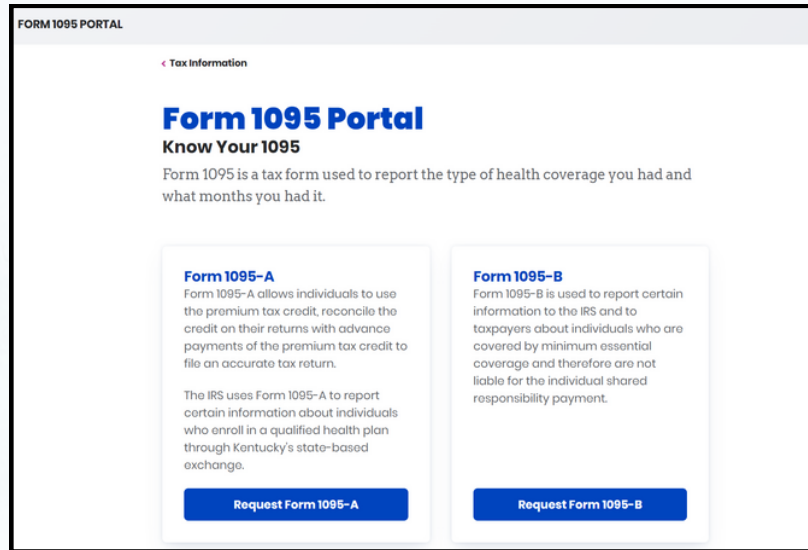
KHBE Program Inbox

KHBE.Program@ky.gov

[kynector and Agent Escalation Process](#)

SNAP and CCAP Questions unable to be resolved by Organization Administrators, please email: famsupportkynectors@ky.gov

How to Request Tax Documents



How to Request Tax Documents

With tax season approaching, Residents receiving Advance Premium Tax Credits (APTC) may need to reconcile their tax credits. Tax documents will be mailed to Residents' address on file. If Residents need additional tax forms, please use the following instructions to request tax documentation:

1. Navigate to kynect.ky.gov/healthcoverage.
2. Click **Learn More** on the *Tax Information* tab.
3. Scroll and click **Learn More** on the *1095 Portal* tab.
4. On the **Form 1095 Portal** screen, click **Request 1095-A** or **Request 1095-B**.
5. Enter the the **Tax Year**, **Last Name**, **Date of Birth**, and **Social Security Number** in the provided fields.
6. Click **Submit** to complete the request for tax documents. Documents will be sent to the address on file.

Did You Know?

Advance Premium Tax Credit and Essential Health Benefits

Essential Health Benefits (EHB) are a set of ten categories of services health insurance plans must cover under the Affordable Care Act. APTC benefits may only be applied to the EHB portion of the medical plan monthly premium and APTC cannot exceed the EHB portion of applicable plans. This portion of the premium is already determined in the Enrollment Manager Module (EMM), and APTC benefits will automatically be applied to only this portion of the premium when an Individual chooses to apply APTC to their enrollment.

Please note: APTC benefits may only be applied to dental plans with pediatric benefits once the full EHB portion of the medical plan premium has been covered. APTC benefits cannot be applied to adult-only dental plans.

Example: Warren's monthly premium is \$200, but his EHB portion is \$195. Warren will only be able to apply \$195 of APTC benefits to his premium amount. The EMM will not allow Warren to apply more APTC benefits than he is allotted.



Medicare Savings Program

Medicare Savings Program Overview

Medicare Savings Program (MSP) is partial financial assistance to cover costs associated with Medicare premiums, deductibles, or coinsurance. If Residents qualify, they may not have to pay Medicare premiums or out of pocket expenses. Below are the programs and qualifications included for MSP.

- **Qualified Medicare Beneficiary (QMB):** Medicaid pays Medicare Part A (if any) and Part B premiums.
 - Income can be up to 100% of the Federal Poverty Level (FPL); \$1,235 monthly income for an Individual or \$1,663 monthly income for a married couple.
 - Resources cannot be more than three times the Social Security Income (SSI) resource limit; \$9,090 for an Individual or \$13,630 for a married couple.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays Medicare Part B Premium.
 - Income can be up to 100-120% of the FPL; \$1,478 monthly income for an Individual or \$1,922 monthly income for a married couple.
 - Resources cannot be more than three times the SSI resource limit; \$9,090 for an Individual or \$13,630 for a married couple.
- **Qualifying Individual (QI):** Medicaid pays Medicare Part B Premium.
 - Income can be up to 120-135% of the FPL; \$1,660 monthly income for an Individual or \$2,239 monthly income for a married couple.
 - Resources cannot be more than three times the SSI resource limit; \$9,090 for an Individual or \$13,630 for a married couple.
- **Qualified Disabled Working Individuals (QDWI):** Medicaid pays Medicare Part A Premium for up to 48 months.
 - Income can be up to 200% of the FPL; \$4,945 monthly income for an Individual or \$6,659 monthly income for a married couple.
 - Resources cannot be more than two times the SSI resource limit; \$4,000 for an Individual or \$6,000 for a married couple.

Please note: Residents may not apply and enroll in Medicare through kynect. They must contact Social Security (1-800-772-1213) to apply and enroll in Medicare.

MSP Verification

Verification is required for MSP. Below are examples of acceptable forms of verification.

- Medicare card
- Proof of citizenship
- Proof of identity
- Proof of income (i.e., pension checks, social security payments)
- Current and prior three-month bank statements
- Insurance policies
- Financial statements from stocks or bonds
- Proof of any funeral or burial policies (if applicable)



Medical Plan Details Screen

[Back to Plan List](#)

Medical Plan Details

Please be sure to check the insurance company's provider directory for the most up-to-date information before making a final choice. Since provider networks can change often it is also a good idea to call your doctors, hospital or other providers before picking a plan. Ask if they will be participating in the health plan you are choosing before making your final decision.

[Download](#) [Print](#)

<p>Not Rated Total Monthly Premium \$425.55</p>	<p>Clear Silver</p> <p>Essential Health Benefit (EHB) portion \$425.55</p>	<p>Wellcare Health Plans of Kentucky, Inc</p> <p>Your Monthly Payment \$0.00</p>
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<p>Provider Directory ⓘ See Provider Directory</p> <p>Embedded Podiatric Dental No</p> <p>Medical Loss Ratio 80%</p>	<p>Summary Of Benefits Coverage (Resumen de beneficios y de cobertura) English / Español</p> <p>HSA/FSA N/A</p>	<p>Formulary Preferred Drug List</p> <p>Wellness Program No</p>
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Medical Plan Details Screen Overview

The Medical Plan Details screen can play an important role when choosing a Qualified Health Plan (QHP). Individuals may access additional plan details by selecting the applicable hyperlinks on the Medical Plan Details screen for the features listed below.

- **Provider Directory:** Residents may search for in-network healthcare providers by name, specialty, National Provider Identifier (NPI), or procedure using the Provider Directory.
- **Summary of Benefits Coverage (SBC):** Residents may refer to the SBC document to view a high-level overview of the share of costs for common covered healthcare services and other important information for each plan.
- **Formulary:** Residents may use the Formulary to view a list of preferred prescription drugs that are covered in each plan.
- **Evidence of Coverage (EOC):** Residents may view the EOC for a detailed listing of costs for covered healthcare services and other important information for each plan. Residents can access the EOC by navigating to the SBC and clicking the brochures hyperlink at the top of the document. Please refer to the screenshot below for where to access the brochures hyperlink.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services Coverage Period: 01/01/2024 – 12/31/2024
Ambetter from WellCare of Kentucky Coverage for: Individual/Family | Plan Type: HMO
Clear Silver: 87% AV Level Silver Plan

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. **This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://ambetter.wellcareky.com/2024-brochures.html>, or call 1-833-705-2175 (TTY 711). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-833-705-2175 (TTY 711) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$1,600 individual / \$3,200 family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.