

# kynector and Agent Escalation Process (page 1 of 6)

Updated: April 24 2024



Incident Description	Check These Materials First	I still have questions, who do I contact?
<b>kynect Self-Service Portal (SSP) Incidents</b>		
kynect incidents and technical incidents	<ul style="list-style-type: none"> <li>• kynect training materials on the DMS <a href="#">website: kynect benefits - Cabinet for Health and Family Services</a></li> <li>• Release Notes – KHBE will share Release Notes as applicable</li> <li>• <a href="#">kynector and Agent Resources</a> at KHBE.ky.gov</li> <li>• <a href="#">Agent Training Materials, kynector Training Materials</a></li> </ul>	<ul style="list-style-type: none"> <li>• Call the Professional Services Line (PSL): 1-855-326-4650</li> <li>• For any Incident that remains unresolved or requires further escalation, notify KHBE by email <a href="mailto:KHBE.Program@ky.gov">KHBE.Program@ky.gov</a>. KHBE will review and escalate further as appropriate.</li> <li>• When emailing KHBE, kynectors and Agents should include ticket number from PSL, case number, description of Incident, and screenshot of Incident. No PII can be included in the email.</li> </ul>
<b>Department for Medicaid Services (DMS) Incidents</b>		
DMS incidents related to eligibility requirements for Residents	<ul style="list-style-type: none"> <li>• CHFS Policy Manuals on the DCBS <a href="#">website</a>, training manuals on MyPurpose LMS</li> </ul>	<ul style="list-style-type: none"> <li>• For any Incident that remains unresolved or requires further escalation, notify KHBE by email <a href="mailto:KHBE.Program@ky.gov">KHBE.Program@ky.gov</a>.</li> <li>• KHBE will review and escalate further as appropriate.</li> </ul>
<b>Dire Need (Medically Urgent)</b>		
Dire Needs where an individual needs access to medical care that cannot be missed and needs immediate active health coverage.	When submitting any request as Dire Need (APTC or Medicaid) it is imperative that you indicate that the individual is facing an Access to Care. Only include a simple/general statement about situation	<ul style="list-style-type: none"> <li>• Email <a href="mailto:kynectdireneed@ky.gov">kynectdireneed@ky.gov</a> for Dire Need Incidents.</li> <li>• kynectors should use the subject line “Dire Need” and indicate whether the Dire Need is for a Medicaid, Qualified Health Plan (QHP), or another case.</li> <li>• These cases are given highest priority by KHBE/DMS.</li> </ul>
<b>Kentucky Online Gateway (KOG) Incidents</b>		
Kentucky Online Gateway (KOG) account related Incidents	<ul style="list-style-type: none"> <li>• <a href="#">Agent Welcome Packet</a></li> <li>• <a href="#">New kynector Welcome Packet</a></li> <li>• <a href="#">kynector KOG QRG</a></li> <li>• <a href="#">Agent KOG QRG</a></li> </ul>	<ul style="list-style-type: none"> <li>• These unresolved Incidents should be emailed to <a href="mailto:KOGHelpdesk@ky.gov">KOGHelpdesk@ky.gov</a></li> <li>• When emailing the KOG helpdesk, agents and kynectors should include a brief description and screenshot of the Incident. No Personally Identifiable Information (PII) can be included in the email.</li> </ul>

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<b>APTC Missing from Previous Months</b>		
Individual needs APTC applied to missing months	<ul style="list-style-type: none"> <li>The mid-month rule also applies to when changes in the amount of tax credit you receive each month take effect.</li> </ul>	<ul style="list-style-type: none"> <li>Call the Professional Services Line (PSL): 1-855-326-4650</li> <li>Ask them to submit an SR&amp;I Ticket to have APTC reapplied to missing months.</li> <li>NOTE: This is not a KOG Help desk ticket- please call the (PSL): 1-855-326-4650</li> </ul>
<b>834 Transactions</b>		
834 Transaction is electronic communication amongst kynect and Insurers that relates to the provision of health coverage	<ul style="list-style-type: none"> <li>CHFS Policy Manuals on the DCBS <a href="#">website</a>, training manuals on MyPurpose LMS</li> </ul>	<ul style="list-style-type: none"> <li>If an Individual has not received an ID Card or Invoice from their Insurer but they are showing a status of <i>Enrollment Sent to Insurer</i> in the kynect system, Agents and kynectors should email <a href="mailto:KHBE.Program@ky.gov">KHBE.Program@ky.gov</a> using the Subject Line “834 Transaction” and provide brief details in order to request further action from KHBE.</li> </ul>
<b>SEP Overrides</b>		
Individual requires an override due to a Special Enrollment Period (SEP)	<ul style="list-style-type: none"> <li>The mid-month rule also applies to when changes in the amount of tax credit you receive each</li> </ul>	<ul style="list-style-type: none"> <li>Contact <a href="mailto:KHBE.Program@ky.gov">KHBE.Program@ky.gov</a></li> </ul>
<b>Case Association</b>		
Individual would like to add a kynector, Agent, or Rep to their case	<ul style="list-style-type: none"> <li><a href="#">kynector Association Protocol</a></li> <li><a href="#">Agent Association to Client Case by Paper or Phone</a></li> <li><a href="#">Agent Association to Client Case by Electronic or Verbal Consent</a></li> </ul>	<ol style="list-style-type: none"> <li>kynector/Agent contacts the PSL at 1-855-326-4650 with the Individual, kynector/Agent, and PSL rep on the line.</li> <li>Individual calls the Contact Center.</li> <li>Individual can add the Agent/kynector through the “Authorized Reps, kynectors, and Agents” tile on the kynect Resident Dashboard.</li> <li>Agent can use electronic association from Agent Portal</li> </ol>
<b>Waiver Questions</b>		
Individual interested in Medicaid Waiver	<ul style="list-style-type: none"> <li><a href="#">CHFS Waiver Page</a></li> <li><a href="#">How to Apply for Waiver Services</a></li> </ul>	<ul style="list-style-type: none"> <li>For questions about applying for waiver-supportive Medicaid, contact DCBS at (855) 306-8959 or <a href="mailto:DFS.Medicaid@ky.gov">DFS.Medicaid@ky.gov</a>. For questions about applying for waiver services, contact the 1915(c) Waiver Help Desk at (844) 784-5614 or <a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a>.</li> </ul>

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<b>Retroactive Medicaid Requests</b>		
Individual requesting retroactive coverage for Medicaid	<ul style="list-style-type: none"> <li>CHFS Policy Manuals on the DCBS <a href="#">website</a>, training manuals on MyPurpose LMS</li> </ul>	<ul style="list-style-type: none"> <li>Contact <a href="mailto:DFS.Medicaid@ky.gov">DFS.Medicaid@ky.gov</a> and explain the reason for requesting retroactive coverage and be prepared to provide necessary verifications</li> </ul>
<b>Retroactive QHP Start Date During Open Enrollment</b>		
Individual requesting a January 1 start date after December 15	<ul style="list-style-type: none"> <li>The mid-month rule also applies to when changes in the amount of tax credit you receive each month take effect.</li> </ul>	<ul style="list-style-type: none"> <li>Call the Professional Services Line (PSL): 1-855-326-4650</li> <li>Ask them to submit an SR&amp;I Ticket to have start date changed to January 1st and why client missed December 15 deadline (<b>reason is needed</b>)</li> </ul>
<b>Retroactive QHP Start Date After Open Enrollment Ends</b>		
Individual requesting a change in start date, term date, or plan outside of Open Enrollment	<ul style="list-style-type: none"> <li><a href="#">Special Enrollment Fact Sheet</a></li> </ul>	<ul style="list-style-type: none"> <li>Call the Professional Services Line (PSL): 1-855-326-4650</li> <li>Ask them to submit an SR&amp;I Ticket to have start date changed and provide reasons or circumstances</li> </ul>
<b>Exceptional Special Enrollments</b>		
Individual requesting to enroll in or change a QHP Outside Open Enrollment	<ul style="list-style-type: none"> <li><a href="#">ESE Factsheet</a></li> </ul>	<ul style="list-style-type: none"> <li>Submit an email to <a href="mailto:kynectESE@ky.gov">kynectESE@ky.gov</a> and explain the reasons and circumstances</li> </ul>
<b>Name/DOB Changes</b>		
Individual requires a name or DOB change in kynect	<ul style="list-style-type: none"> <li>CHFS Policy Manuals on the DCBS <a href="#">website</a>, training manuals on MyPurpose LMS</li> </ul>	<ul style="list-style-type: none"> <li>Contact <a href="mailto:KHBE.Program@ky.gov">KHBE.Program@ky.gov</a> and explain the reason for the change in name, DOB, etc.</li> </ul>

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<b>Managed Care Organization (MCO) Changes</b>		
Individual requesting to change their MCO outside of their initial enrollment period.	<ul style="list-style-type: none"><li>Utilize the “Request MCO Change” from Self Service Portal client dashboard “Health Plans” Sidebar</li></ul>	<ul style="list-style-type: none"><li>Contact <a href="mailto:MS.Services@ky.gov">MS.Services@ky.gov</a> if further issues remain</li></ul>
<b>Medicaid Incarceration Suspensions</b>		
Individual needs to have incarceration suspension lifted by Medicaid	<ul style="list-style-type: none"><li>DMS Member Services <a href="#">website</a>.</li></ul>	<ul style="list-style-type: none"><li>Contact <a href="mailto:DMS.Eligibility@ky.gov">DMS.Eligibility@ky.gov</a> and ask for suspension to be lifted.</li></ul>

**For any other concerns or questions after utilizing the above resources please contact [KHBE.Program@ky.gov](mailto:KHBE.Program@ky.gov)**

**We are here to help!**

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QHP Issuer Incident Escalation (APTC)			
Plan Type	Issuer	Phone	Website
<b>Anthem Blue Cross Blue Shield</b>			
Stand Alone Dental Plan	Anthem Blue Cross and Blue Shield	855-769-1464	Anthem.com
Qualified Health Plan	Anthem Blue Cross and Blue Shield	855-738-6671	Anthem.com
SHOP (Small Group) Health Plan	Anthem Blue Cross and Blue Shield	855-738-6673	Anthem.com
<b>Best Life and Health Insurance Company</b>			
Stand Alone Dental Plan	BEST Life and Health Insurance Company	877-205-8767	bestlife.com/exchange
<b>CareSource</b>			
Qualified Health Plan	CareSource	833-230-2099	caresource.com/marketplace
<b>Passport Health Plan by Molina Healthcare</b>			
Qualified Health Plan	Passport Health Plan by Molina Healthcare	833-644-1621 for Member Services or 888-466-4477 for billing and payment services	passporthealthplan.com/marketplace
<b>Ambetter from WellCare of Kentucky</b>			
Qualified Health Plan	Ambetter from WellCare of Kentucky	1-833-705-2175	Ambetter.WellCareKY.com

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Managed Care Organization Incident Escalation (Medicaid)			
Plan Type	Issuer	Phone Number	Website
Managed Care Organization	Aetna Better Health of Kentucky	(855) 300-5528	<a href="https://www.aetnabetterhealth.com/kentucky/index.html">https://www.aetnabetterhealth.com/kentucky/index.html</a>
Managed Care Organization	Anthem Blue Cross Blue Shield	(855) 690-7784	<a href="https://mss.anthem.com/ky/home.html">https://mss.anthem.com/ky/home.html</a>
Managed Care Organization	Humana Healthy Horizons in Kentucky	(800) 444-9137	<a href="https://www.humana.com/medicaid/kentucky-medicaid">https://www.humana.com/medicaid/kentucky-medicaid</a>
Managed Care Organization	Passport Health Plan by Molina Healthcare	(844) 778-2700	<a href="https://www.passporthealthplan.com/members/ky/en-US/pages/home.aspx">https://www.passporthealthplan.com/members/ky/en-US/pages/home.aspx</a>
Managed Care Organization	UnitedHealthcare Community Plan	(866) 293-1796	<a href="https://www.uhc.com/communityplan/kentucky/plans">https://www.uhc.com/communityplan/kentucky/plans</a>
Managed Care Organization	WellCare of Kentucky	(877) 389-9457	<a href="https://www.wellcare.com/Kentucky">https://www.wellcare.com/Kentucky</a>