![kynect - Together for a better Kentucky]

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

Plan Year 2024 Open Enrollment closed on January 16, 2024. Open Enrollment support activities including the Incident Tracker and one-on-one session have concluded. Please utilize the contacts below if you need assistance.

Please note: The Insight Newsletter will be distributed on a quarterly basis ongoing.

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 (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

Plan Year 2024 Open Enrollment has Closed

Who to Contact for Support

Open Enrollment for Plan Year 2024 closed on January 16, 2024. Agents and kynectors in need of assistance should refer to the Agent and kynector Escalation Path for who to contact for support as the Open Enrollment Incident Tracker has closed and Open Enrollment One-on-One Sessions have concluded. Additionally, below are examples of where to go to for assistance after Open Enrollment.

Example: Bill, a kynector, receives a bad request error/URL too long message. He should contact the KOG Helpdesk at KOGhelpdesk@ky.gov.

Example: Marion, an Agent, is encountering a Resident eligibility question and has reviewed the Cabinet for Health and Family Services (CHFS) Policy Manuals on the Department for Community Based Services (DCBS) website and still requires assistance. She should contact KHBE directly at KHBE.Program@ky.gov.

Example: Francesca, a kynector, needs to be associated to a Resident's case and requires verification. She should call the Professional Services Line (PSL) at (855)-326-4650 Monday-Friday 8am-7pm EST.

Did You Know?

2024 Federal Poverty Level Chart

The Federal Poverty Level (FPL) Chart for 2024 is now available. Below is the 2023-2024 FPL Chart for Medicaid.

Household Size	Baseline FPL		Eligible for MAGI Medicaid		Children (18 and Under) Eligible for Medicaid					
	100%		138%*		147%*		200%* Pregnant		218%*	
	Monthly	Yearly	Monthly	Yearly	Monthly	147%	Monthly	200%	Monthly	218%
1	1,215	14,580	1,677	20,120	1,786	21,433	2,430	29,160	2,649	31,784
2	1,643	19,720	2,268	27,214	2,416	28,988	3,287	39,440	3,582	42,990
3	2,072	24,860	2,859	34,307	3,045	36,544	4,143	49,720	4,516	54,195
4	2,500	30,000	3,450	41,400	3,675	44,100	5,000	60,000	5,450	65,400
5	2,928	35,140	4,041	48,493	4,305	51,656	5,857	70,280	6,384	76,605
6	3,357	40,280	4,632	55,586	4,934	59,212	6,713	80,560	7,318	87,810
7	3,785	45,420	5,223	62,680	5,564	66,767	7,570	90,840	8,251	99,016
8	4,213	50,560	5,814	69,773	6,194	74,323	8,427	101,120	9,185	110,221
Each Additional Add	428	5,136	591	7,092	629	7,548	856	10,272	933	11,196

2023-2024 Medicaid Table (April 2023 ongoing)

Please note: Annual income is used to determine Advance Premium Tax Credit (APTC) eligibility while monthly income is used for Medicaid eligibility. Please refer to the 2024 Federal Poverty Level Chart for more information about health insurance income limits.

How to Request a Medicaid Card

Medicaid Card Overview

Medicaid cards are issued to Residents with Medicaid benefits and contains the Resident's name and a Medicaid identification number on the front. Residents approved for Medicaid are able to view and download their Medicaid card through kynect benefits. Below are steps for how to electronically request a Medicaid card.

Medicaid Card Request Instructions

1. Navigate to the Resident's kynect benefits Dashboard.
2. On the left side of the screen, click on the **Benefits** tab.
3. On the *Active & Pending Cases* tab click **Request Medicaid Card**.
4. Select the **household member** from the *"Who needs a new Medicaid card?"* drop-down list.
5. Select an **answer** from the *"Why are you replacing your Medicaid card?"* drop-down list.
6. Enter **any necessary additional information** related to requesting a new Medicaid card in the *"Add any additional information"* field.
7. Select either **My Mailing Address** or **A DCBS Office** for *"Where should we send your new card?"*.
8. Check the **agreement box** indicating that the Commonwealth of Kentucky will deactivate your current Medicaid card. The Medicaid identification number is not affected and stays the same.
9. Click **Submit Request** to submit the request for a new Medicaid card.

Please note: Only choose a DCBS office if the Resident has no other place to receive mail. The Medicaid card must be picked up from a DCBS office if "A DCBS Office" was selected during the request. A Medicaid card can only be requested once every 14 calendar days. The "Request a Medicaid Card" link disappears for 14 calendars days after a Medicaid card is requested.

Report a Change

Residents, Agents, and kynectors should use Report a Change if a Resident's information changes after a benefits application has been submitted in kynect. Information changes that should be reported include adding or removing household member(s), or modifying other information such as income, expenses, resources, and health. Changes should be reported in a timely manner to avoid interruptions to benefits.
Please note: The Report a Change button is replaced with the Renew Benefits button if the case is currently in the renewal period and not passively renewed.
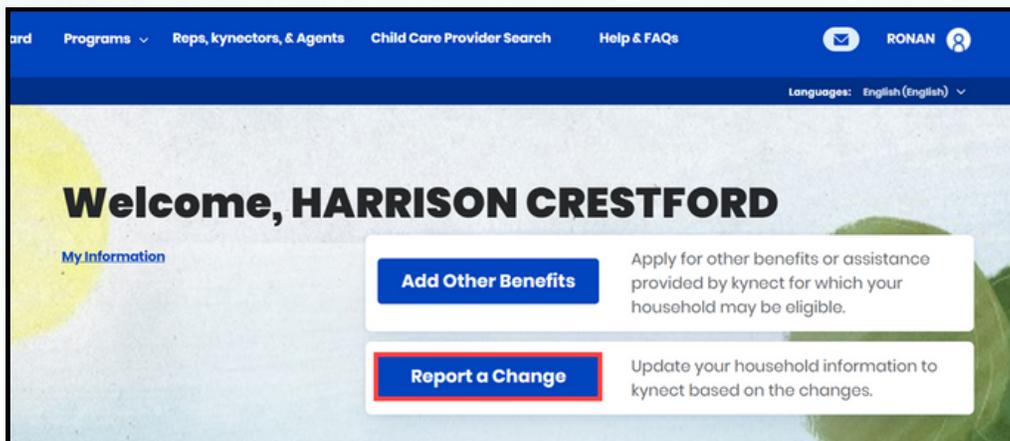
Add Other Benefits

Residents may apply for additional benefits or assistance for which their household may be eligible by clicking **Add Other Benefits** on the kynect benefits Dashboard.

For example, if a Resident is approved for a QHP but does not have APTC, they can use Add Other Benefits to add APTC to the case. If programs are grayed out, this means the program is already approved or under review as part of the Resident's application.

Prescreening Tool Overview

There are two Prescreening Tools available to Residents, Agents, and kynectors to check preliminary eligibility results and get an idea of plans and pricing. Residents must complete a full benefits application to determine eligibility for any program, but the Prescreening Tools offer a way to estimate the program(s) Residents may be eligible for before they decide to apply.

kynect benefits Prescreening Tool versus kynect health coverage Prescreening Tool

The kynect benefits Prescreening Tool checks potential eligibility for multiple benefit programs such as:

- Medicaid
- Kentucky Children's Health Insurance Program (KCHIP)
- Supplemental Nutritional Assistance Program (SNAP)
- Kentucky Transitional Assistance Program (KTAP)
- Child Care Assistance Program (CCAP)
- Kentucky Integrated Health Insurance Premium Payment (KI-HIPP)

The kynect health coverage Prescreening Tool checks potential QHP and APTC eligibility. Residents, Agents, and kynectors may email available plans to others for review, if applicable. Below are instructions for how to view available plans by email.

1. In the kynect health coverage Prescreening Tool, on the **Prescreening Result**s screen click **Browse QHP Plans.**
2. On the **Medical Plan Search** screen, click **Email** on the top right of the screen.
3. Select either **Myself** or **Someone Else** for *"Who would you like to send this to?".*
4. Enter the **email address** to which the available plans will be sent.
5. Click **Submit**.