

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.

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](#)

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

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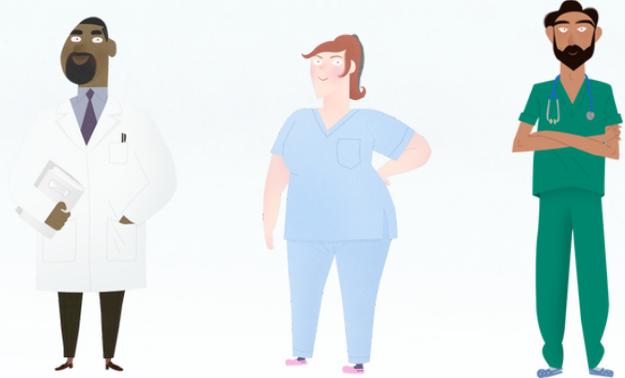


Changing Managed Care Organizations (MCOs)

There will be no Open Enrollment period for Medicaid in 2024. Instead, Medicaid members can change their Managed Care Organization (MCO) at any time between now and December 31, 2023. Any change prior to the adverse action date will be effective starting the next month. The ability to change MCOs through kynect will be live on December 16, 2023. Leading up to that point, if a MCO change is needed, this request can be resolved by emailing MS.Services@ky.gov and specifying the desired MCO, calling the Contact Center at 1-855-459-6328, or through an Agent or kynector.

Current MCO Options for Medicaid:

- Passport by Molina Healthcare
- Aetna
- Humana
- WellCare
- Anthem
- United Healthcare



How can Residents Change their MCO?

Residents who would like to change their MCO can do so online by using kynect at <http://kynect.ky.gov>, contacting their current MCO customer service line, finding a local kynector or Agent through [Get Local Help](#), calling the kynect Contact Center at 1-855-459-6328, or calling the Department for Community Based Services (DCBS) at 1-855-306-8959.

Did You Know?

Mid-Month Rule

No matter the time of year, if a plan is selected between the 1st and the 15th of the month, coverage starts on the first day of the following month. However, if a plan is selected between the 16th and the last calendar day of the month, the coverage effective date starts on the 1st day of the second following month.

Scenarios

- If a Resident selects a plan on December 15th, then coverage will begin on January 1st.
- If a Resident selects a plan on December 21st, then coverage will begin on February 1st.



Reminders

- If a member was not passively renewed for plan year 2024, they must select their desired plan by December 15th to begin coverage on January 1st or they will have a gap in coverage.
- Individuals who are enrolled in October, November, or December through a Special Enrollment for 2023, must be actively enrolled for 2024 as well. They will not be automatically or passively renewed in a QHP for January 1st coverage.

Second-Lowest Cost Silver Plan (SLCSP) Issuer

Expansion

Silver Plan Details

More plan Issuers and lower monthly premiums may mean that the Second-Lowest Cost Silver Plan (SLCSP) in the Resident's home county has lower monthly premiums than in prior years. Advance Premium Tax Credit (APTC) benefits are calculated based on the SLCSP, and benefits are adjusted proportionally based on changes to the SLCSP premium.

Due to an increase in the number of health plans offered and reduced premiums for the SLCSP, some Residents may see reduced APTC and higher individual contributions.

Open Enrollment is the time to shop around for new plans that may better fit an Individual's circumstance.

Changes in APTC

- **Second-Lowest Cost Silver Plan Changes:** Agents and kynectors should review Plan Year 2024 Qualified Health Plans via shopping screens for applicable changes.
- **Medicaid Benefits:** If a Resident becomes eligible for, or is receiving Medicaid benefits, they are not eligible for APTC, so their premium costs may increase.
- **Income Verification:** If a Resident does not authorize kynect to verify their income, they will have to manually renew their benefits each year. If the reported income amount differs by 25% or greater from the information received from state and federal data sources, a Request for Information (RFI) will be generated.

Cost-Sharing Reductions

Cost-Sharing Reductions are generally only applicable to the Silver-level plans. Keep this in mind when helping Residents choose the right plan to ensure they are aware of all options and the best coverage for their needs. Cost-Sharing Reductions help reduce Individual's deductible and max out-of-pocket costs.

