

AGENT & KYNECTOR BI-WEEKLY NEWSLETTER

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Plan Year 2025: Open Enrollment Periods and Upcoming Support

kynect health coverage: Qualified Health Plan (QHP) | November 1, 2024 - January 15, 2025

Applicants must enroll in kynect health coverage by December 15, 2024, to have coverage start on January 1, 2025. For Applicants that apply between December 16, 2024, and January 15, 2025, their coverage will start on February 1, 2025.

Medicaid: Managed Care Organization (MCO)

At any time throughout the year, Kentucky Residents may apply for and enroll in Medicaid, update their information, or change their MCO.

Medicare | October 15, 2024 – December 7, 2024

Residents cannot apply and enroll in Medicare through kynect. They must contact Social Security to apply and enroll in Medicare.

The Open Enrollment **Incident Tracker** will be live soon for Plan Year 2025. The Incident Tracker is intended to provide quick resolution to incidents that Agents and kynectors may experience during Open Enrollment. **Virtual One-on-One sessions** which offer personalized support will also be offered during Open Enrollment.

Did you know?

Preview Plan Year 2025 Qualified Health Plans on October 15

Beginning October 15, Agents and kynectors may view Plan Year 2025 Qualified Health Plans (QHPs) using the [Prescreening Tool](#) within kynect.



Active vs. Passive Enrollment

During Open Enrollment, if Individuals are enrolled in a Qualified Health Plan (QHP), in most cases kynect will automatically re-enroll them in a plan for 2025. This will prevent a gap in coverage.

Passive Enrollment

Passive Enrollment is completed without active intervention from the Individual and creates a seamless continuation of coverage.

Even if plans are passively renewed, Open Enrollment is the time to reevaluate coverage options.

Active Enrollment

Active Enrollment requires Individuals to take action to enroll in coverage for 2025. This selection must be done by December 15, 2024, for a coverage effective date of January 1, 2025.

- Individuals may have to shop for the best plan by looking at provider networks, pharmacy, copays, etc.
- Individuals will have to make a new binder payment to the Issuer to make the plan effective.

If no action is taken during Open Enrollment, Individuals will be left without coverage.

Helpful Contacts

Inbox for Requesting Retroactive Coverage of Medicaid

DFS.Medicaid@ky.gov

Inbox for Requesting Name Change, Date of Birth Change, or Case Specific Questions

KHBE.Program@ky.gov

Dire Need (Medically Urgent)

kynectdireneed@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 Assistance (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 (EST)/ Sat 9am-2pm (EST)

[kynector and Agent Escalation Process](#)



Issuer Updates

CareSource will be discontinued in the following 27 counties: Bourbon, Boyd, Boyle, Clark, Clay, Fleming, Floyd, Franklin, Greenup, Jackson, Johnson, Knox, LaRue, Lawrence, Lee, Leslie, Lewis, Martin, Mason, Mercer, Morgan, Owen, Perry, Pike, Robertson, Scott, Washington.

Agents and kynectors may need to select a new plan for their clients due to these changes. CareSource members in the affected counties will receive notices. KHBE will provide Agents and kynectors with custom listings as appropriate.

Molina is expanding into the following five (5) new counties: Boyd, Greenup, Henderson, Lincoln, Rockcastle.

Anthem and BestLife service areas remain unchanged.

Paramount, the new dental issuer, will be available in all 120 counties.

Silver Cost-Sharing Reduction (CSR)

CSRs are a discount that lowers the amount you have to pay for deductibles, copayments, and coinsurance. Plans on kynect health coverage are designated as Platinum, Gold, Silver, Expanded Bronze, Bronze, or catastrophic, depending on their actuarial value (AV) which is a measure of the percentage of costs that the plan covers.

CSR subsidies are a means of keeping healthcare costs affordable for Residents with modest incomes.

CSRs lower coinsurance, copays, deductibles, and maximum out-of-pocket costs. The higher the CSR category, the lower the AV. CSRs are based on income and household size. The lower a Residents' income, the more they will benefit from CSRs.

In most cases, Individuals must enroll in a Silver-level plan to use CSRs.

	Standard Silver – No CSR	CSR Plan C 201 – 250% FPL	CSR Plan B 151-200% FPL	CSR Plan A 100 to 150% FPL
Actuarial Value	70% AV	73% AV	87% AV	94% AV
Deductible (Individual)	\$4100	\$1,750	\$250	\$0
Maximum OOP Limit (Individual)	\$8,700	\$6,000	\$2,000	\$1,000
Inpatient hospital (After deductible)	\$1,200/ admission	\$1,000/ admission	\$500/ admission	\$250/ admission
Physician visit	\$50	\$30	\$15	\$10

Copay vs. Coinsurance (Expanded Bronze)

Copay (or copayments) is an amount Residents pay for a covered healthcare service typically before paying the deductible, such as when visiting the doctor, hospital, or getting a prescription. Usually, the copay is a fixed amount, such as \$30 for a doctor visit.

Coinsurance is an amount Residents pay that is their share of the cost of healthcare after meeting the deductible. Coinsurance is usually a percentage of the cost of the covered service(s), such as 30% of the visit.

A Bronze plan usually has a lower premium and a higher out-of-pocket cost.

Expanded Bronze plans are great for Residents who don't expect to incur major healthcare expenses, but who still intend to make significant use of their plan from the first day that insurance begins. These plans are designed to help Residents meet basic health needs, while keeping the low monthly cost of a typical Bronze plan.

Summary (In-Network)	
Doctor Visits :	
	In-Network
Primary Care Visit	\$35.00
Specialist Visit	\$80.00
Emergency	\$600.00 Copay after deductible
Prescription Drug Benefits :	
	In-Network
Generic Drugs	\$3.00
Preferred Brand Drugs	\$100.00
Non-Preferred Brand Drugs	40.00% Coinsurance after deductible
Specialty Drugs	50.00% Coinsurance after deductible

SBM Enhancement Release Updates

Beginning October 21, the following updates are slated to deploy as part of Release 24.10:

- Document Center Updates:** The *Documents Needed* tab and *Documents Uploaded* tab will only display Request for Information (RFIs) for active cases where the individual is the Head of Household (HOH). The document download hyperlink will also be removed. After upload, documents will no longer be viewable.

Documents Needed (2)			Documents Uploaded (13)		
Status	Name	Form of proof	Document Name	Submitted Date & Time	Document source
Documents Uploaded.		Income Tax Return	MOCK TAX RETURN.jpg	2024-09-12,09:46:35 9:46 AM	kynect
Documents Uploaded.		Paternity Records	BIRTH CERTIFICATE.jpg	2024-09-12,09:47:28 9:47 AM	kynect
Documents Uploaded.		Birth Certificate	Birth_Certificate_original.jpg	2024-09-16,10:02:59 7:02 PM	kynect
Documents Uploaded.		Tax Record	MOCK TAX RETURN.jpg	2024-09-12,09:47:45 9:47 AM	kynect
Documents Uploaded.		Birth Certificate	BIRTH CERTIFICATE.jpg	2024-09-12,09:47:59 9:47 AM	kynect

- Deferred Action for Childhood Arrivals (DACA) Update:** In the Shopping Portal, five new Immigrant types will be added to the **Not a U.S. Citizen** screen. A new Special Enrollment Period (SEP) reason will be added for DACA recipients eligible for QHPs, APTC, and CSRs.
- Intentional Program Violation (IPV) Update:** Individuals who have an IPV associated with the Head of Household will not be able to apply for SNAP benefits through Self-Service Portal (SSP). They will only be able to complete the Application Registration portion of the SNAP application.

! Our system has indicated that you have an IPV (Intentional Program Violation). You cannot complete a SNAP renewal through kynect benefits. Your SNAP Benefits will end if your SNAP Renewal is not completed by 07/31/2024 at 5:30PM ET. To find out how to complete your SNAP renewal, call DCBS at 1 (855) 306-8959.

- EMM Home Screen Redesign:** The Shopping home screen will be redesigned to introduce separate tabs for *Enrolled & Eligible to Enroll*; limiting the *Add Plan* option to the *Eligible to Enroll* tab; Horizontal orientation to minimize scrolling; Allow only Disenroll/Cancel options for Pending Verification enrollments among other changes.

Enrollment Manager

Medicaid Plans
Qualified Health Plans

Qualified Health Plans (QHPs)

Below is the household's enrollment status of certified health plans.

View QHP History

View Maximum APTC Summary

Add Case Notes

Calculate Maximum APTC

Eligible to Enroll
Enrolled

- QHP Eligibility Disenrollment:** Users will be disenrolled from QHPs once non-eligibility is triggered by failing to provide proof of U.S. citizenship, lawful presence, or immigration status.
- kynect On-Demand (KOD) Notifications:** A new mobile-friendly screen will allow Agents to easily accept or reject KOD referrals. In addition to this, a new One-Time Passcode (OTP) feature will allow Agents to view the Client details once the KOD request is accepted by the Agent. This enables Agents to quickly Accept/Reject the KOD referral without any delays.