

AGENT & KYNECTOR BI-WEEKLY NEWSLETTER

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

Plan Year 2025 (PY25) Open Enrollment Support

The Open Enrollment **Incident Tracker** is LIVE! The Incident Tracker is a quick survey for Agents and kynectors to report incidents for escalation and receive resolution. The link to the survey may be accessed [here](#).

Agents and kynectors are responsible for properly removing or redacting any Personally Identifiable Information (PII) from all submissions. Agents and kynectors must have watched the [Incident Tracker Micro Video](#) prior to accessing the Incident Tracker and may review the [Incident Tracker Quick Reference Guide](#).



Please note: The Open Enrollment Incident Tracker **does not** replace contacting the appropriate helpdesk and receiving a ticket number.

Virtual One-on-One sessions are AVAILABLE from **November 1, 2024 – January 15, 2025!** These virtual sessions will include team members from both KHBE and Deloitte. Time slots are assigned on a first-come, first-serve basis Monday through Friday and must be scheduled at least 24 hours in advance. For additional information and to register, click [here](#).

Reminder: Qualified Health Plan (QHP) Service Areas Have Changed

For PY25, CareSource has discontinued coverage in 27 counties, and Molina has expanded into five (5) new counties. For additional information on 2025 Health Insurance Companies, click [here](#).

Did you know?



Common Acronyms

| | |
|--|---|
| EMM: Enrollment Management Module | Screen in Self-Service Portal (SSP) where consumer's enrollment is displayed and can be managed. |
| RAC: Report a Change | The enrollee responsibility to update existing demographic and/or income information for Medicaid or QHP. |
| RFI: Request for Information | A written notice sent requesting additional information when there is a difference between information entered on a kynect application and information from trusted data sources or when information is not available from a trusted data source. |
| SHOP: Small Business Health Options Program | The Marketplace where small employers can have an eligibility determination made by kynect and may shop for and purchase QHPs from the Issuer or through an Agent. |

For more commonly used terminology and acronyms, reference the [Vocabulary Terms and Acronyms Fact Sheet](#).

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)

Saturdays during Open Enrollment 8am-5pm (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)

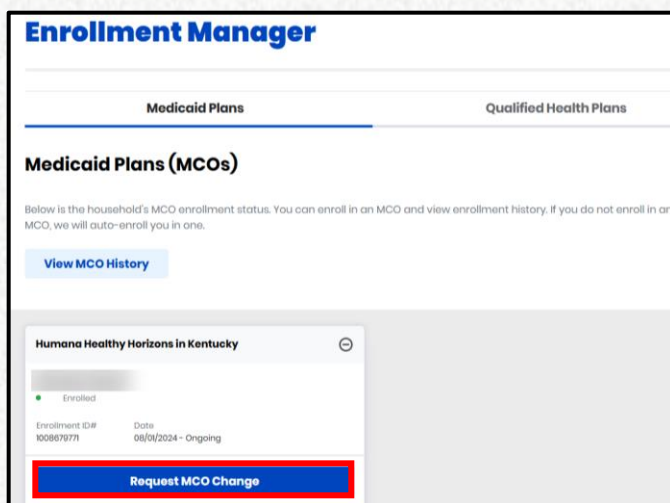
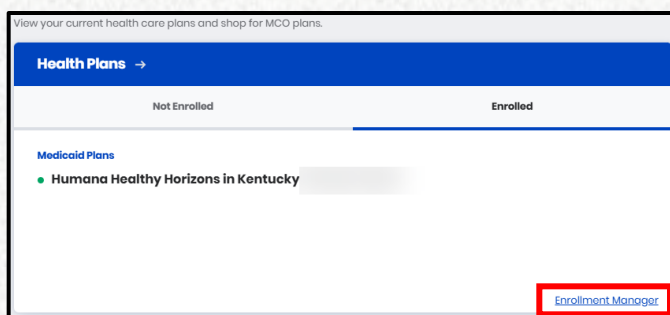
[kynector and Agent Escalation Process](#)



How to Change Managed Care Organizations (MCO)

At any time throughout the year, Kentucky Residents may apply for and enroll in Medicaid, update their information, or change their MCO. Review the steps below to change a Resident's MCO.

1. From the Resident's kynect Dashboard, under the *Health Plans* section, click **Enrollment Manager**.
2. On the **Enrollment Manager** screen, from the *Medicaid Plans* tab, click **Request MCO Change**.
3. On the **Request to Change Medicaid Plan** screen, select the applicable **reason for change**. Click **Continue**.
4. On the **[Year] Plan Search** screen, shop for the desired MCO and then select a new plan by clicking **Add to Cart**.
5. On the **Change Current MCO Plan** screen, review and confirm the newly selected plan and click **Checkout**.
6. On the **Reason for New MCO Selection** screen, select a **reason for changing MCO**. Click **Continue**.
7. On the **Sign & Submit** screen, enter the Individual's **First Name, Middle Initial, Last Name, and Suffix** (if applicable). Click **Sign and Submit** to complete the MCO Change Request.



Health Coverage: Immigrant Population

Immigrants in Kentucky may be eligible for a variety of health insurance programs in the Commonwealth. An Individual's immigration status is verified through an electronic immigration status verification system, also known as SAVE, when possible. If the data cannot be confirmed by electronic matches, then the Individual must submit appropriate verification documents.

Reminder

Information about immigration status will be used only to determine eligibility for coverage and not for immigration enforcement.

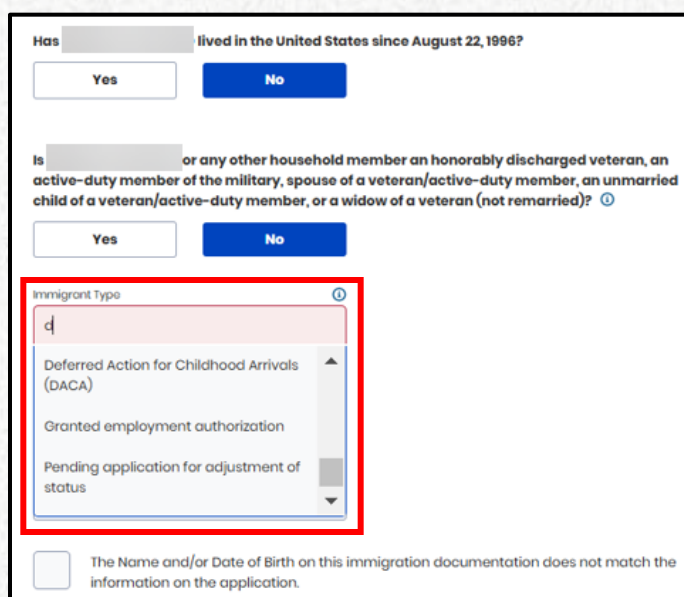
Since November 1, 2024, Deferred Action for Childhood Arrivals (DACA) recipients have been newly eligible to enroll in QHP with Advance Premium Tax Credit (APTC).

To reflect this change, the Shopping Portal displays five (5) new Immigrant types to the existing *Immigrant Type* drop-down on the **Not a U.S. Citizen** screen.



For additional information on Immigrant eligibility, below provides some reference materials:

- [Immigrant Health Coverage Eligibility](#)
- [Immigration Chart](#)
- [Understanding Immigration and Eligibility Quick Reference Guide \(QRG\)](#)



Has [redacted] lived in the United States since August 22, 1996?

Yes No

Is [redacted] or any other household member an honorably discharged veteran, an active-duty member of the military, spouse of a veteran/active-duty member, an unmarried child of a veteran/active-duty member, or a widow of a veteran (not remarried)?

Yes No

Immigrant Type

- d
- Deferred Action for Childhood Arrivals (DACA)
- Granted employment authorization
- Pending application for adjustment of status

The Name and/or Date of Birth on this immigration documentation does not match the information on the application.

Cost-Sharing Reduction (CSR) Levels: D and E

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. CSRs are based on income and household size. The lower a Residents' income, the more they will benefit from CSRs.

American Indian/Alaskan Native are eligible for two (2) levels of CSR subsidies.


CSR D Level


100%-300% of the Federal Poverty Level (FPL), zero cost-sharing

CSR E Level

Under 100% and above 300% FPL, limited cost-sharing variation where copayments, deductible or coinsurance are not required when receiving care from an American Indian/Alaskan Native healthcare provider or with a referral from an American Indian/Alaskan Native healthcare provider when getting benefits through a kynect plan.

Please note: If an Applicant qualifies for a CSR level D or E, the **Enrollment Manager** screen will automatically align them to a Silver Plan.

 **Did you know:** If Residents are eligible, CSR details can be found on Shopping Screens.

Your household has qualified for a category B Cost-Sharing Reduction (CSR)  , which can be applied to silver plans.

For a coverage date of '01/01/2025', your household is qualified for maximum Advance Premium Tax Credit (APTC) in the amount of: **\$431**. This amount is applicable only if all eligible APTC members are enrolling in a Medical Plan.

For additional information regarding Cost-Sharing, please reference the [Cost-Sharing ORG](#). For additional information regarding Federal Poverty Levels (FPLs), please reference the [FPL Fact Sheet](#).

Types of kynectors and Organization Administrator

In Kentucky, kynectors are broken into two groups, Contracted and Non-Contracted.

Contracted

Contracted kynectors partner with the Commonwealth to employ kynectors to execute the terms outlined in their Contract. The are three (3) Contracted Organizations:

1. Community Action Kentucky (CAK)
2. Kentuckiana Regional Planning and Development Agency (KIPDA)
3. Kentucky Primary Care Association (KPCA).

Non-Contracted

Non-Contracted kynectors are groups that have requested and been approved to have kynectors on staff such as healthcare providers, recovery centers, and hospitals.

What are the Responsibilities of an Organization Administrators (Org Admin)?

Org Admins, depending on if they are Contracted or Non-Contracted, are responsible for compiling and preparing reports, onboarding and training, requesting branded promotional items and clothing, and supervising kynectors in their organizations by overseeing kynector outreach efforts and events.

For additional information on different types of kynectors, click [here](#).

PY25 Open Enrollment Toolkit

Open Enrollment promotional materials for PY25 are available for Agents and kynectors!

The PY25 Toolkit includes a number of graphics that illustrate how to find local help for health coverage, Open Enrollment dates, and an Open Enrollment brochure.

To access the PY25 Toolkit, Agents and kynectors should visit the [Agent & kynector Resources Page](#) and review the Toolkit PY 2025 section on the KHBE Website.



The toolkit includes several promotional materials:

- Need Health Coverage?** A flyer with a QR code and a form to request help. The form fields are: Kynector Name, Kynector Phone, Kynector Email, Kynector Location, Kynector Address, and Kynector Hours.
- Open Enrollment** A large graphic with the text "Open Enrollment" and "Don't miss out on the opportunity to enroll!"
- Need Health Coverage? (Detailed)** A flyer with the following text:
 - Need Health Coverage?**
 - Open Enrollment for 2025 begins November 1st through January 15th!
 - Special Enrollment is available if you have certain life events, change of income, or loss of Medicaid or other health coverage available at no cost to you.
 - Age Options:**
 - EDICAID:** Public health coverage for individuals who meet eligibility requirements based on income and other factors, such as disability.
 - QUALIFIED HEALTH PLAN:** Verified private insurance plan that includes essential health benefits, it meets other requirements under the Affordable Care Act, Community Care as a QHP.
 - Special Enrollment:** Special Enrollment is available for individuals who are currently enrolled in Medicaid, Kentucky HealthCare, or Medicaid.
 - Cost Savings:** It can help you pay less for your insurance or for special discounts that are available to you for your prescriptions, and other out-of-pocket costs.
- For more information:**
 - kynect.ky.gov
 - 1-855-MyKynect (459-6328)
 - KHBE-Questions@ky.gov

SBM Enhancement Release Updates

Beginning November 18, the following updates are slated to deploy as part of Release 24.11:

1. **New Failure to Reconcile Functionality:** The Federal Government is requiring Failure to Reconcile (FTR) functionality for kynect. While accessing the **Tax Filing** screen, the existing reconcile attestation question is now mandatory and updated to be a Yes or No toggle question.

Did JOHN DOE reconcile premium tax credits on his tax return for the last two consecutive tax years? Select 'Yes' below if: ⓘ

- You received payment assistance to help for coverage.
- You filed federal income tax returns for the last two consecutive years, and you used payment assistance. For example, in the year 2023 and 2022 you got help paying coverage and you also filed tax returns for both years.
- You submitted IRS Form 8962 with these tax returns.

Yes

No

Back

Save & Exit

Next

2. **Extension of kynect On Demand (KOD) to kynectors:** The KOD functionality has been expanded for kynectors to use. This change allows Residents to easily request assistance from kynectors for programs such as the Supplemental Nutrition Assistance Program (SNAP), Child Care Assistance Program (CCAP), or Medicaid.
3. **Auto-Enroll Catastrophic to Bronze During Passive Renewal:** Residents who lose eligibility for catastrophic coverage are automatically enrolled into a new QHP for the upcoming plan year. Residents losing catastrophic coverage are enrolled into similar coverage with the lowest cost, either the Bronze Plan or the Expanded Bronze Plan.
4. **New Special Enrollment Effective Dates:** In the Shopping Portal, the **Special Enrollment** screen has enhanced the list of Special Enrollment reasons to update the coverage effective dates calculation and selection process.

Special Enrollment

If there has been a major change in your life, you may be eligible for special enrollment. Please select the reason that applies to you or a member of your household.

Please select a qualifying event that applies to you or someone in your household:

Lost qualified health insurance coverage in last 60 days

Will lose qualified health insurance coverage in next 60 days

Gain of dependent due to marriage in last 60 days

When did this change happen?

Did you or your spouse have qualifying health coverage at any time in the 60 days before the marriage?

Yes
 No

You may need to submit documents to confirm the recent marriage.

Please choose a coverage start date:

 06/01/2024
 07/01/2024

Important: Please carefully select your coverage start date. Incorrect selection may result in overlapping or gaps in coverage for you or members of your household.

5. **New Special Enrollment Period after Medicaid Loss:** In the Shopping Portal, the eligibility window has increased from 60 days to 90 days for Individuals who qualify for a Special Enrollment Period (SEP). This change aims to provide additional time for Individuals and their dependents to enroll in coverage.