

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](#).

Did you know?

PY25 Virtual Q&A Series Frequently Asked Question (FAQ) is AVAILABLE!

The Agent and kynector [Q&A Series FAQ](#) is now available. This FAQ was designed to capture and transcribe questions asked by Agents and kynectors during the PY25 Virtual Q&A Sessions.

Dire Need (Medically Urgent) Cases

A case qualifies as Dire Need in any instance where an Individual requires immediate access to medical care that cannot be delayed and necessitates active health coverage.

Dire Need cases require attention within **24 hours**. Examples include **prescription refills, upcoming doctor's appointments, or other essential services that cannot be missed.**

If Agents and kynectors are working with an Individual who has a medically urgent need, they should email the Dire Need inbox by following the steps below.

- 1 Enter kynectdireneed@ky.gov in the To field of the email.
- 2 Enter **Dire Need**, the **Case Number**, and indicate **which program(s) they are currently approved for** (i.e., Medicaid, Qualified Health Plan (QHP), etc.) in the **Subject** field of the email.
- 3 Provide a detailed description of the Individual's situation in the **Body** of the email. **Be sure not to include any PII.**

When submitting any email request as Dire Need, it is imperative to indicate that the Individual is facing difficulty receiving **Access to Care**.

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](#)



Important Notice: Special Enrollment Period (SEP) and Coverage Year Selection

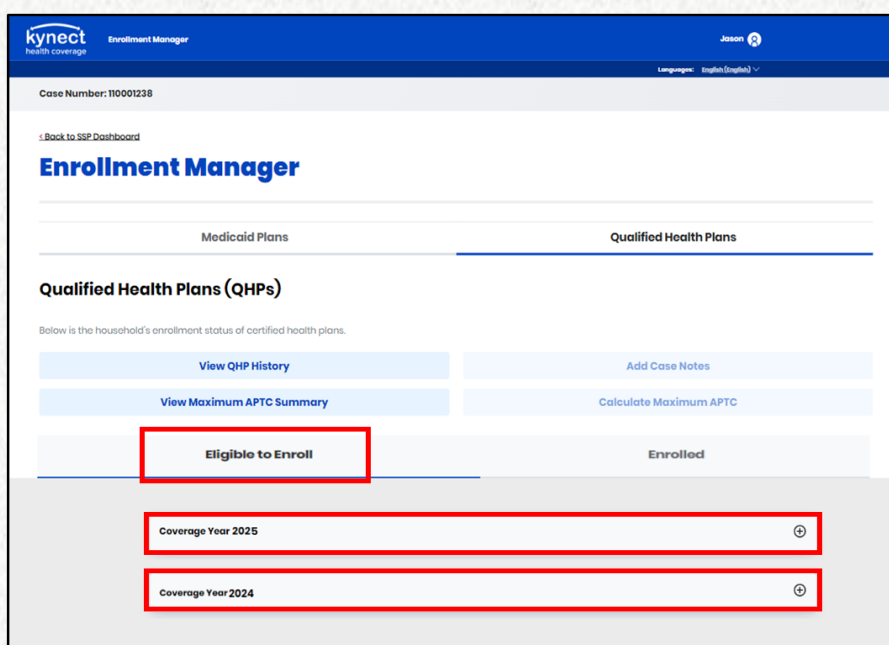
Individuals enrolling for coverage in November and December 2024 due to a SEP must select plans for both Coverage Year 2024 and Coverage Year 2025.

Individuals are not automatically enrolled (passively renewed) in a plan for Coverage Year 2025 if they selected a SEP for Coverage Year 2024. **Failure to enroll for Coverage Year 2025 will result in a gap in coverage.**



Reminder

For PY25, CareSource has discontinued coverage in 27 counties in Kentucky. Individuals enrolled in a CareSource plan who reside in an impacted county will need to re-enroll for Coverage Year 2025 in a plan of their choice.



The screenshot shows the 'Enrollment Manager' interface. Under the 'Qualified Health Plans (QHPs)' section, there are buttons for 'View QHP History', 'Add Case Notes', 'View Maximum APTC Summary', and 'Calculate Maximum APTC'. Below these is a table with two columns: 'Eligible to Enroll' and 'Enrolled'. The 'Eligible to Enroll' column has a dropdown menu for 'Coverage Year 2025', and the 'Enrolled' column has a dropdown menu for 'Coverage Year 2024'. Both dropdown menus are highlighted with red boxes.



For additional information on SEPs, reference the materials below:

- [Special Enrollment Page on KHBE](#)
- [Special Enrollment Fact Sheet](#)
- [Exceptional Special Enrollment Fact Sheet](#)

Anthem's Medicaid Managed Care Organization (MCO) Transition

Starting January 1, 2025, Anthem will no longer be a Medicaid MCO in Kentucky. This does not change an Individual's Medicaid eligibility and will not interrupt current Medicaid coverage.



Please note: Anthem's other lines of business, such as their QHPs and Small Business Health Options Program (SHOP), are not impacted by this change.

Individuals with Anthem as their MCO will automatically be assigned to another MCO, effective January 1, 2025. This switch will occur without any gaps in Medicaid coverage. On November 12, 2024, notices with information about the new MCO were mailed to Individuals impacted. Individuals that were re-assigned received a welcome packet and new ID card from their new MCO. **As a reminder, Individuals may change their MCO at any time.**

Need Help?

If an Individual who currently has Anthem as their MCO has questions, please direct them to call the Anthem MCO transition member services line.



Call the Anthem MCO transition member services line at **1-833-501-9930**.

For more information about the transition, visit [Kentucky Medicaid Anthem MCO Transition](#), where frequently asked questions can be accessed.

Income Verification

As a best practice, Agents and kynectors should always double-check the Individual's income details for accuracy. Medicaid requires a higher standard of income verification compared to Advance Premium Tax Credit (APTC). Below are examples of preferred income verification documents for Medicaid and APTC:

M E D I C A I D

Medicaid evaluates income on a month-to-month basis. Preferred verification for Medicaid includes the following:

1. Original documentation showing the last three (3) months of earned income.
2. Award letter for unearned income.
3. Tax return if it is representative of current monthly income.

Medicaid assesses eligibility based on monthly income from the last 3-12 months to determine what is reflective going forward.

A P T C

APTC evaluates income over the course of a year. Preferred verification for APTC includes the following:

1. Written statement outlining projected annual income.
2. Tax return if income from previous years is still representative.

APTC assesses eligibility based on annual income during the current tax year.

Agents and kynectors can use the **Document Center** on the Resident Dashboard to attest to APTC income verification RFIs by selecting a reasonable explanation. For additional guidance on reasonable explanation, reference the [APTC Reasonable Explanation Fact Sheet](#).



For additional information on Income Verification, reference the materials below:

- [Income Fact Sheet](#)
- [Countable vs Non-Countable Income Tip Sheet](#)



For APTC, the written statement template for APTC income verification may be found in the **Document Center** located on the Resident Dashboard.

kynect benefits Prescreening Tool

The kynect benefits Prescreening Tool allows Individuals to anonymously enter information to check potential eligibility for health assistance, food assistance, financial assistance for families with children, childcare assistance, and health insurance premium payment assistance.

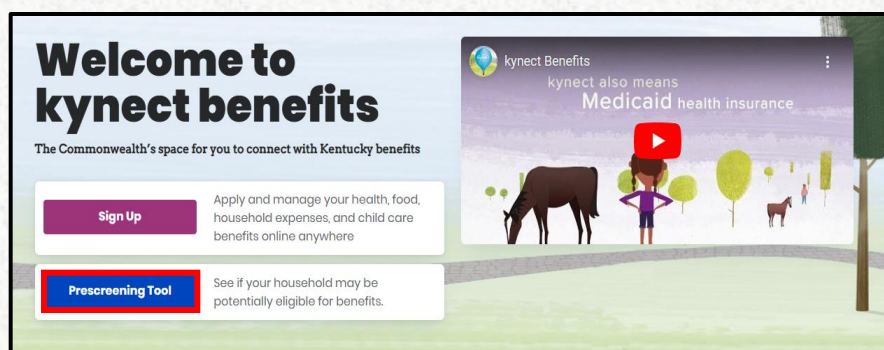


Please note: The Prescreening Tool is not an application and does not guarantee eligibility. To determine eligibility for any program a full benefits application must be completed.

The following are examples of programs Individuals may check potential eligibility for: Medicaid, Kentucky Children's Health Insurance Program (KCHIP), Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), Child Care Assistance Program (CCAP), and Kentucky Integrated Health Insurance Premium Payment (KI-HIPP).

How to Access the Prescreening Tool:

1. Navigate to [kynect benefits](#).
2. Click **Prescreening Tool** to view prescreening information.



To evaluate potential eligibility for QHP and APTC, please utilize the [kynect health coverage Prescreening Tool](#).

KHBE Website: Facts and Resources Page

The KHBE website encompasses a multitude of resources for Agents, kynectors, and Residents may utilize to find detailed information on specific topics. The Facts and Resources Page is a tool that offers information on health insurance, Medicaid, enrollment, eligibility, and much more. Below is an overview of resources available through the [Facts and Resources Page](#).

FACT SHEETS

- 1 **Health Insurance:** Topics include coverage options, resources for small businesses, and more.
- 2 **Medicaid & Medicare:** Topics include countable income sources, Medicare, and enrollment options.
- 3 **Enrollment & Eligibility:** Topics include income levels and special enrollments.
- 4 **Other Benefit Programs:** Programs offering assistance for childcare, low-income families, and more.
- 5 **Unaffordable Employer Insurance Materials:** Learning materials such as videos, flyers, and more.
- 6 **Miscellaneous:** Topics include enrolling in plans, uploading documents, charts, vocabulary, and more.

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- 1095 A Fact Sheet
- Advance Premium Tax Credit
- APTC Reasonable Explanation Guide
- Countable and Non-Countable Income for MAGI Medicaid
- Medicare and kynect health coverage
- Medicare and kynect health coverage (Espanol)
- Medicaid and the Kentucky Children's Health Insurance Program (KCHIP)
- Medicaid Waiver Programs

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- Approved APTC for Zero Dollars Fact Sheet
- Enrollment Checklist
- Exceptional Special Enrollment (ESE) Fact Sheet
- Federal Poverty Level Chart
- Medicaid Unwinding Special Enrollment (Espanol)

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- Child Care Assistance Program (CCAP)
- Kentucky Transitional Assistance Program (KTAP)
- Supplemental Nutrition Assistance Program (SNAP)

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- Unaffordable Employer Insurance Micro-Video
- Unaffordable Employer Insurance Informational Video
- Unaffordable Employer Insurance Editable Flyer (Agent) (B&W Version)
- Unaffordable Employer Insurance Editable Flyer (kynector) (B&W Version)


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- Adding kynectors and insurance agents to your account
- Adding individual Authorized Representatives to your account
- Adding organizational Authorized Representatives to your account
- Enrolling in a Qualified Health Plan with an Enrollment Manager
- How to upload documents

KYNECT REFERENCE GUIDES


- 7 Creating a Kentucky Online Gateway Account
- 8 Using the Prescreening Tool to Check Eligibility
- 9 Completing a Benefits Application
- 10 Using kynect benefits as a Resident

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Quick Reference Guide
Kentucky Online Gateway (KOG)
Account

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kynect benefits Prescreening Tool
Quick Reference Guide

9




Quick Reference Guide
Application Intake

10



Quick Reference Guide
Resident Basic Navigation

NEED HELP?

 Professional Services Line (PSL): 855-326-4650

 KHBE.Program@ky.gov

