kynector and Agent Escalation Process (page 1 of 3)



Last Updated: January 24, 2022

| Incident Description | Check These Materials First | I still have questions, who do I contact? | | | | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Incluent Description | | vice Portal (SSP) Incidents | | | | |
| kynect incidents and technical incidents | kynect training materials on the DMS website: kynect benefits - Cabinet for Health and Family Services Release Notes - KHBE will share Release Notes as applicable kynector and Agent resources at KHBE.ky.gov Agent Training Materials, kynector Training Materials | Call the Professional Services Line (PSL): 1-855-326-4650 For any Incident that remains unresolved or requires further escalation, notify KHBE by email KHBE.Program@ky.gov. KHBE will review and escalate further as | | | | |
| | Department for Medicaid Services (DMS) Incidents | | | | | |
| DMS incidents related to eligibility requirements for Residents | CHFS Policy Manuals on the DCBS <u>website</u>, training manuals on MyPurpose LMS | For any Incident that remains unresolved or requires further escalation, notify KHBE by email <u>KHBE.Program@ky.gov</u>. KHBE will review and escalate further as appropriate. | | | | |
| | Dire I | Need Incidents | | | | |
| Dire Need Incidents are those requiring attention within a 24-hour period | • KHBE <u>Insight Newsletter</u> from 11/18/2021 | Email <u>kynectdireneed@ky.gov</u> for Dire Need Incidents. kynectors should use the subject line "Dire Need" and indicate whether the Dire Need is for a Medicaid, Qualified Health Plan (QHP), or another case. KHBE determines appropriate response agency for escalation. | | | | |
| Kentucky Online Gateway (KOG) Incidents | | | | | | |
| Kentucky Online Gateway (KOG) account related Incidents | <u>Agent Welcome Packet</u> <u>New kynector Welcome Packet</u> <u>kynector KOG QRG</u> <u>Agent KOG QRG</u> | These unresolved Incidents should be emailed to <u>KOGHelpdesk@ky.gov</u> When emailing the KOG helpdesk, agents and kynectors should include a brief description and screenshot of the Incident. No Personally Identifiable Information (PII) can be included in the email. | | | | |

kynector and Agent Escalation Process (page 2 of 3)



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| Incident Description | Check These Materials First | I still have questions, who do I contact? | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Incorrect or unwanted Medicaid enrollment Incidents | | | | | |
| Individual is approved for MA but does not wish to be enrolled in MA | CHFS Policy Manuals on the DCBS website, training manuals on MyPurpose LMS <u>FPL chart</u> <u>Countable and Non-Countable MAGI MA</u> <u>QRG</u> | Confirm the correct income was reported and reference the <u>FPL chart</u> Contact <u>DFS.Medicaid@ky.gov</u> and explain the reason for the MA withdrawal request. Then, DCBS will review the case and withdraw the MA if approved. | | | |
| 834 Transactions | | | | | |
| 834 Transaction is an electronic communication amongst kynect and Insurers that relates to the provision of health coverage | CHFS Policy Manuals on the DCBS website, training manuals on MyPurpose LMS | • If an Individual has not received an ID Card or Invoice from their Insurer but they are showing a status of <i>Enrollment Sent to Insurer</i> in the kynect system, Agents and kynectors should email <u>KHBE.Program@ky.gov</u> using the Subject Line "834 Transaction" and provide brief details in order to request further action from KHBE. | | | |
| | SE | P Overrides | | | |
| Individual requires an override due to a Special Enrollment Period (SEP) | <u>APTC Changes Effective QRG</u> | Contact <u>KHBE.Program@ky.gov</u> | | | |
| Case Association | | | | | |
| Individual would like to add a kynector, Agent, or Rep to their case | <u>Agent Case Association Fact Sheet</u> <u>kynector Association Protocol</u> | Ways to Resolve- kynector/Agent contacts the PSL at 1-855-326-4650 with the Individual, kynector/Agent, and PSL rep on the line. Individual calls the Contact Center. Individual can add the Agent/kynector through the "Authorized Reps, kynectors, and Agents" tile on the kynect Resident Dashboard. | | | |
| Name Changes, DOB Changes, and Retroactive Coverage Requests | | | | | |
| Individual requires a name or DOB change in kynect or is requesting retroactive coverage for Medicaid | • CHFS Policy Manuals on the DCBS website, training manuals on MyPurpose LMS | • Contact <u>DFS.Medicaid@ky.gov</u> and explain the reason for the change in name, DOB, etc. or the reason for requesting retroactive coverage and be prepared to provide necessary verifications. | | | |

For any other incidents, please contact <u>KHBE.Program@ky.gov</u>

kynector and Agent Escalation Process (page 3 of 3)



Last Updated: January 24, 2022

| Issuer Incident Escalation | | | | | | |
|-------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------|--|--|--|
| Plan Type | Issuer | Phone | Website | | | |
| Anthem Blue Cross Blue Shield | | | | | | |
| DHP* | Anthem Blue Cross and Blue Shield | 855-769-1464 | Anthem.com | | | |
| QHP | Anthem Blue Cross and Blue Shield | 855-738-6671 | Anthem.com | | | |
| SHOP Med | Anthem Blue Cross and Blue Shield | 855-738-6673 | Anthem.com | | | |
| Best Life and Health Insurance Company | | | | | | |
| DHP* | BEST Life and Health Insurance Company | 877-205-8767 | bestlife.com/exchange | | | |
| CareSource | | | | | | |
| QHP | CareSource | 888-815-6446 | caresource.com/marketplace | | | |
| Passport Health Plan by Molina Healthcare | | | | | | |
| QHP | Passport Health Plan by Molina Healthcare | 833-644-1621 for Member Services or 888-466-4477 for billing and payment services | passporthealthplan.com/marketplace | | | |
| Ambetter from WellCare of Kentucky | | | | | | |
| QHP | Ambetter from WellCare of Kentucky | 1-833-705-2175 | Ambetter.WellCareKY.com | | | |

*DHP is used to refer to a Standalone Dental Plan, which is a type of QHP.