

The Commonwealth of Kentucky **kynect State-Based Marketplace**



Report a Change and Maintaining Cases in kynect Refresher Training Guide

July 18, 2025

Document Control Information

Document Information

Document Name	Report a Change and Maintaining Cases in kynect Refresher Training Guide
Project Name	kynect State-Based Marketplace (SBM)
Client	Kentucky Cabinet for Health and Family Services
Document Version	1.0
Document Status	First Submission
Date Released	July 18, 2025

Document Edit History

Version	Date	Additions/Modifications
1.0	July 18, 2025	First Submission

Introduction

This Refresher Course highlights some of the report a change and case maintenance processes used in kynect. Agents and kynectors need to familiarize themselves with report a change and case maintenance processes to better assist Residents with their health coverage.

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1. Welcome to the Report a Change and Maintaining Cases in kynect Refresher Course

1.1 Course Introduction

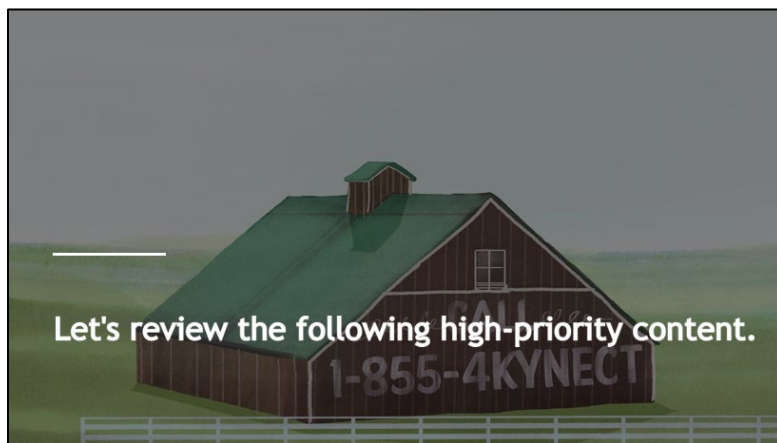
This course highlights some of the report a change and case maintenance processes used in kynect. Agents and kynectors need to familiarize themselves with report a change and case maintenance processes to better assist Residents with their health coverage cases.



2. High Priority Content

2.1 High Priority Content Introduction

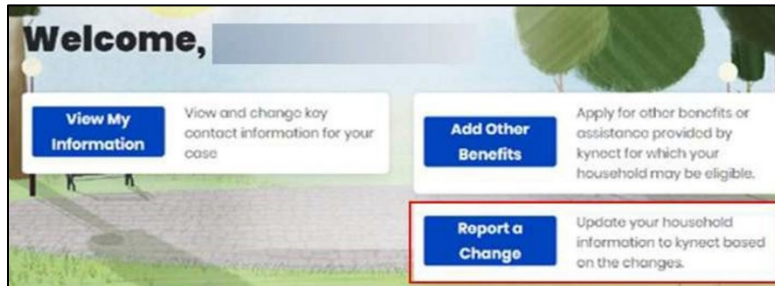
In this lesson, we will cover essential information and highlights about the report a change and case maintenance process in kynect.



2.2 Report a Change and Maintaining Cases in kynect Overview:

The report a change and case maintenance processes in kynect are designed to make updating a Resident's case straightforward for Agents, kynectors, and Residents. It is important for Residents to report any changes in their information promptly. Failing to report changes could result in the repayment of benefits or lapse of coverage. The report a change process may be used to report two types of changes:

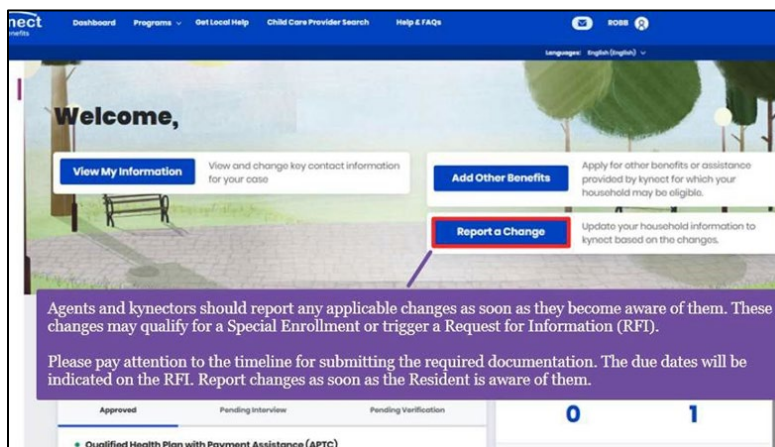
- Add or remove household members.
- Modify other information such as income, expenses, resources, or health.



2.3 Report a Change Expectations

It is best practice for Agents, kynectors, and Residents to report applicable changes as soon as they are made aware. Changes reported may qualify for a Special Enrollment or trigger a Request for Information (RFI).

Please be mindful of the timeline to return associated documentation. Due dates will be shown on the RFI. Documentation should be uploaded as soon as the Resident is aware of the requested documentation.

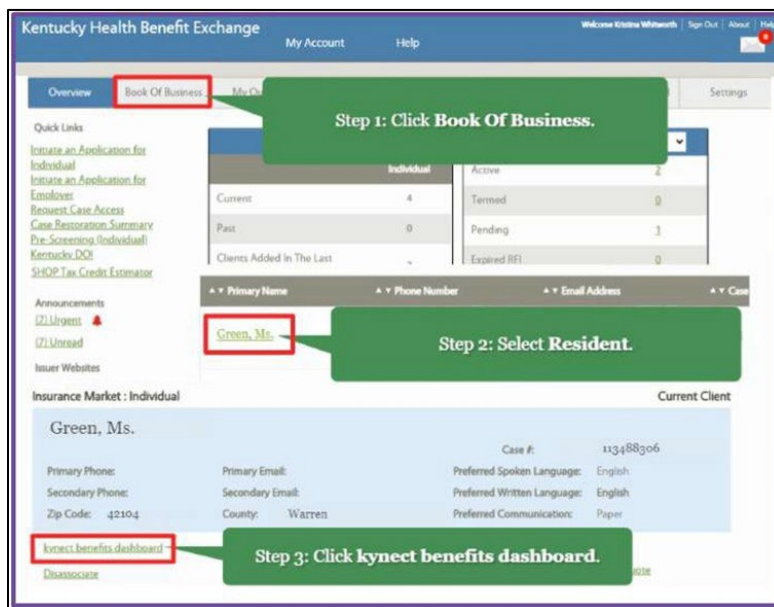


2.4 Agents: Navigating to Report a Change

Agents will access the report a change feature from the Agent Portal. Agents will need to follow the below three step process:

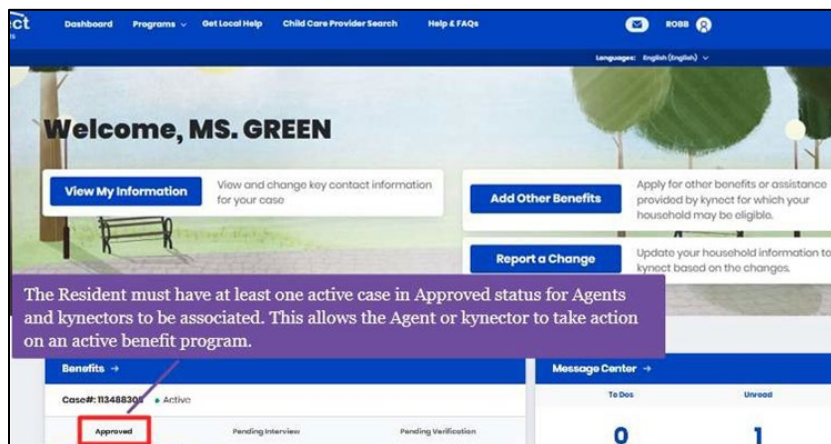
1. From the Agent Portal Dashboard, click **Book of Business**.
2. Agents are directed to the *Book of Business* tab. From here, Agents will locate and select the **Resident** for which they are reporting the change.
3. Once the Resident is selected, Agents will then be directed to the **Client Profile** screen. From the **Client Profile** screen, Agents will then click **kynect benefits Dashboard**.

By following the steps outlined above, Agents will then navigate to the Resident Dashboard where they will then be able to locate the report a change feature.



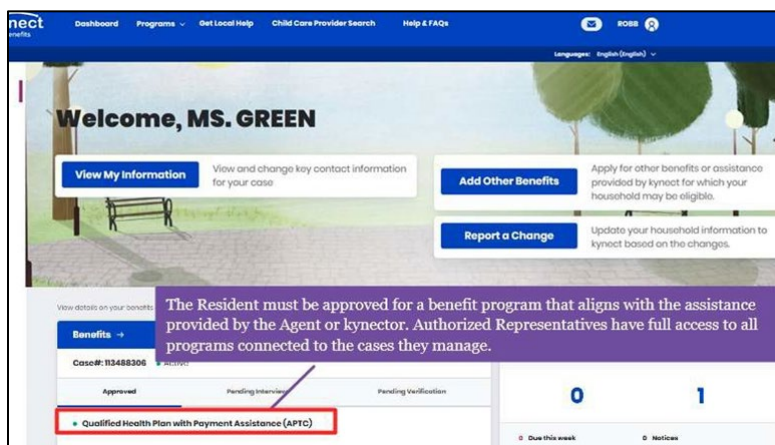
2.5 Important Case Status Information

In order for the report a change functionality to display, the Resident must have at least one active case in Approved status for Agents and kynectors to be associated. This way, Agents and kynectors may take action on an active benefit program.



2.6 Important Program Access Information

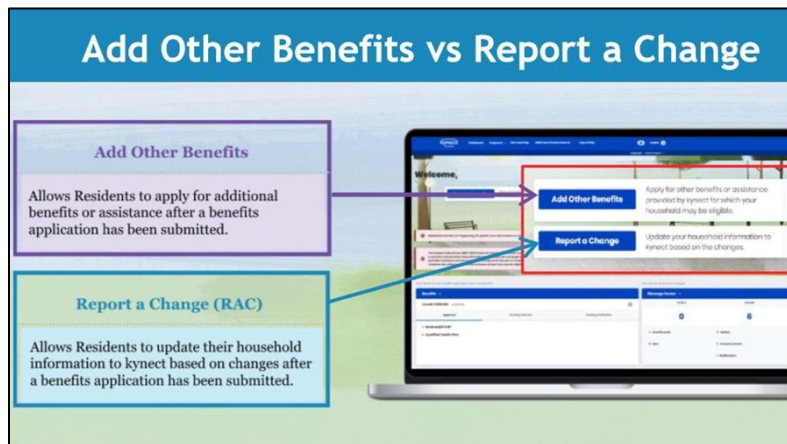
The Resident must also be approved for a benefit program that aligns with the assistance provided by the Agent or kynector. Authorized Representatives have full access to all programs connected to the cases they manage.



2.7 Report a Change vs Add Other Benefits

Agents and kynectors should understand the difference between Add Other Benefits and Report a Change in kynect.

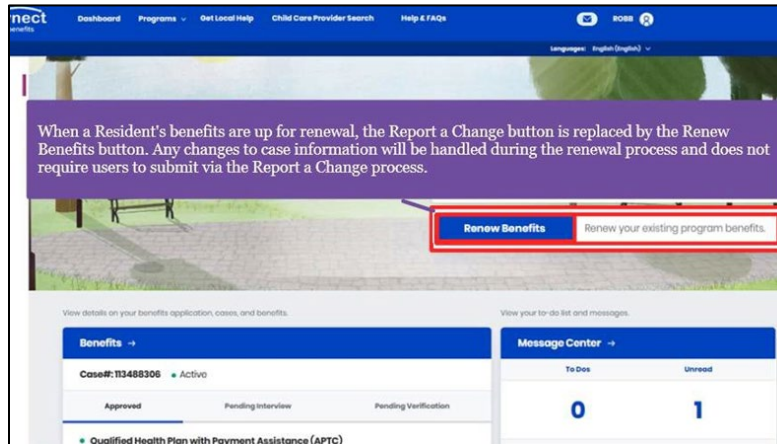
- **Add Other Benefits:** Allows Residents to apply for additional benefits or assistance after a benefits application has been submitted.
 - Tip: If a Qualified Health Plan (QHP) does not have Advance Premium Tax Credit (APTC), utilize Add Other Benefits to add APTC to the case.
- **Report a Change (RAC):** Allows Residents to update their household information in kynect based on changes after a benefits application has been submitted.



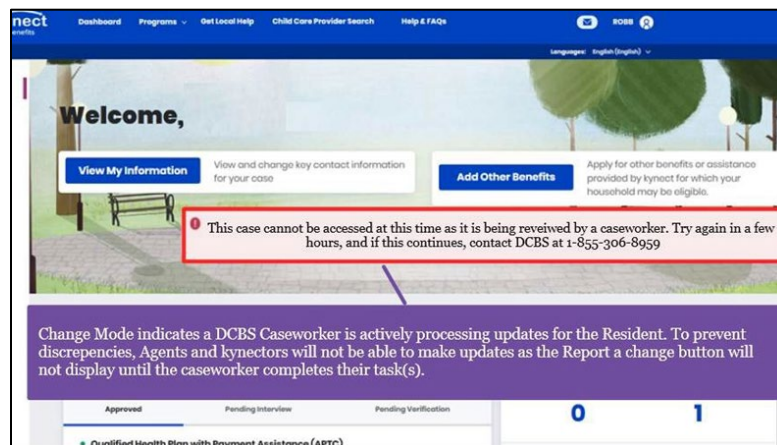
2.8 Resident Dashboard

When accessing the Resident Dashboard to report a change, Agents and kynectors should be familiar with the available change options and important related information. Here are a few points to consider:

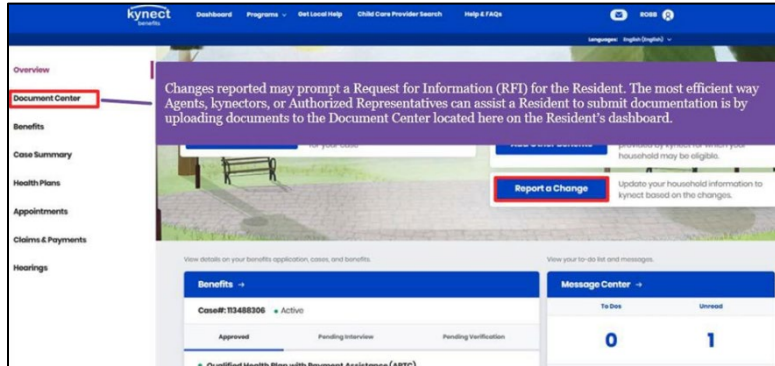
- **Renewal Mode:** When a Resident's benefits are up for renewal, the Report a Change button is replaced by the Renew Benefits button. Any changes to case information will be handled during the renewal process and does not require users to submit via the Report a Change process.



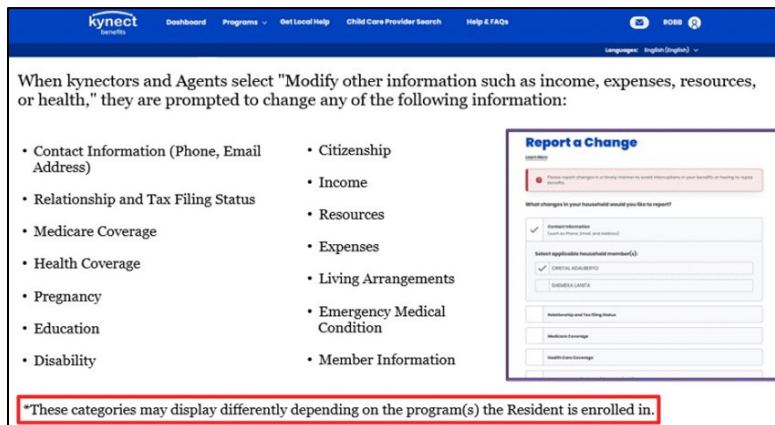
- **Change Mode:** Change Mode indicates a DCBS Caseworker is actively processing updates for the Resident. To prevent discrepancies, Agents and kynectors will not be able to make updates as the Report a Change button will not display until the DCBS Caseworker completes their task(s).



- **Document Center:** Changes reported may prompt a Request for Information (RFI) for the Resident. The most efficient way Agents, kynectors, or Authorized Representatives can assist a Resident with submitting documentation is by uploading documents to the Document Center located on the Resident Dashboard.



- **Change Types:** When kynectors and Agents select **Modify other information such as income, expenses, resources, or health**, they are prompted to change any of the following information: contact information (phone, email address), relationship and tax filing status, Medicare coverage, health coverage, pregnancy, education, disability, citizenship, income, resources, expenses, living arrangements, emergency medical condition (only prompted in kynect for non- citizens when modifying information), and member information.



Please note: These categories may display differently depending on the program(s) the Resident is enrolled in.

2.9 One Case Concept

The One Case Concept means that any change reported may impact all programs for which the Resident has applied. Here are key insights to keep in mind:

- **Existing Cases:** When updating a Resident's case, it may trigger requests for more information or affect other programs like SNAP, KTAP, or Child Care.
- **Eligibility Changes:** Individuals who do not qualify for Medicaid may be eligible for Qualified Health Plans (QHPs), Advance Payment Tax Credits (APTC), and/or Cost-Sharing Reductions (CSRs) coverage through QHPs. After applicable changes are reported, eligibility will be redetermined and Individuals who may not qualify for Medicaid could potentially be eligible for QHP, APTC, and CSRs.
- **Adding/Removing Members:** To avoid duplicative benefits, if an Individual is on an existing case, first remove the Individual from the existing case by contacting the Department for Community Based Services (DCBS) before adding them to a new case.
- **Request for Information (RFI) Impacts:** Example: When a Medicaid and SNAP recipient reports a change of address, the Resident receives a Request for Information (RFI) to verify shelter and utility expenses. This RFI may temporarily hold their SNAP benefits, but Medicaid benefits will remain approved. The case will show as pending due to the RFI. Additionally, SNAP requires re-verification of household composition, and failure to return this verification will lead to discontinuation of SNAP benefits. It is crucial for Agents and kynectors to stay aware of the deadline for submitting information to DCBS. Missing deadlines could result in a loss of coverage or benefits for the client. Keeping track of these dates helps ensure uninterrupted support.
- **Updating Income:** When updating income, do not delete the existing income reported. As a best practice, add an end date for the existing income records and then add any new income sources. This way, the Resident's income is correctly calculated and eligibility can be determined.
- **Submitting Documentation:** When reporting a change that requires documentation, it is critical to ensure documents are uploaded properly. Agents and kynectors should use the Document Center on the Resident Dashboard to upload documents.

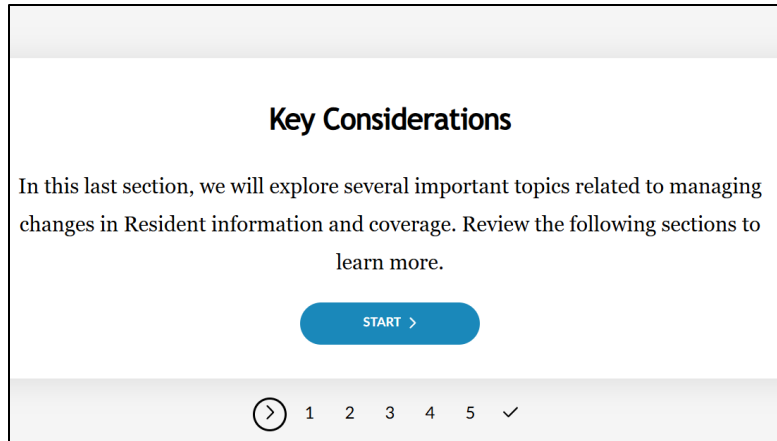


2.10 Key Considerations

In this last section, we will explore several important topics related to managing changes in Resident information and coverage. Review the following sections to learn more:

- **Demographic Changes:** Updating demographic details for a Resident will automatically trigger a DCBS Caseworker review. A DCBS Caseworker will be notified of the change and may reach out to the Resident within 10 business days. As a best practice, it is encouraged for the Resident to provide proof of the change by uploading relevant documents to the Document Center on the Resident Dashboard. Residents should contact DCBS at (855) 306-8959 if they would like to update their name, date of birth, or Social Security number.
- **Special Enrollments:** Certain changes that qualify for a Special Enrollment may put the case on hold, or pend, until the necessary documentation is submitted. While the case is pending, Residents cannot make the initial premium payment to effectuate coverage.
- **Income:** Medicaid evaluates monthly income to determine eligibility so long as they meet other financial and technical eligibility criteria. In contrast, Advance Premium Tax Credit (APTC) evaluates annual income for the current tax year to determine eligibility.
- **Tax Filing:** Married couples must file their taxes jointly to qualify for APTC benefits. Residents must reconcile taxes to remain eligible for APTC. To reconcile taxes, Residents should use IRS Form 8962. Failing to reconcile may result in losing eligibility for certain benefits.
- **Primary Subscriber (Policy Holder) vs Non-Primary Subscriber (Case Member):** The primary subscriber is the policyholder, or Head of Household, while non-primary subscribers are other members on the policy. If the primary subscriber needs to be disenrolled, the entire policy must be terminated. However, if a non-primary subscriber is disenrolled, the remaining members may continue their current enrollment.

In summary, we covered essential topics on managing Resident information and insurance coverage. We discussed updating demographic details, special enrollments and verifications, and the differences between Medicaid and APTC income evaluations. We also explained tax filing requirements for married couples and the importance of reconciliation, as well as the importance of knowing the difference between primary and non-primary subscribers. Understanding these topics helps ensure smooth management of Resident information and coverage.



Please note: After the policy is terminated, the remaining members would need to be enrolled into a new QHP. If the remaining members enroll in the same QHP, then plan accumulators such as deductibles, copays, and out-of-pocket maximums will roll over. Alternatively, if they select a different QHP, plan accumulators will be reset.

3. Report a Change and Maintaining Cases in kynect Refresher Training

This refresher course highlights some of the report a change and case maintenance processes used in kynect. Agents and kynectors need to familiarize themselves with report a change and case maintenance processes to better assist Residents with their health coverage needs.

To reacquaint yourself with the report a change function and maintaining a case in kynect, please reference the Report a Change and Maintaining Cases in kynect Certification Training Guide [here](#).



Please note: Agents initiate a benefits application from their Agent Portal Dashboard by clicking **Initiate an Application for Individual**. kynectors initiate a benefits application from their kynector Dashboard by clicking **Start Benefits Application**.