

Agents & kynectors

Bi-Weekly Insight Newsletter



Please note:

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

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Open Enrollment Support

Open Enrollment Support is available for Agents and kynectors
October 2, 2023 – January 16, 2024.

Open Enrollment Incident Tracker
Micro Video

Open Enrollment Incident Tracker

Upcoming Office Hours:

- November 22 at 1PM ET (Register [here](#))
- December 6 at 1PM ET
- December 21 at 1PM ET

Helpdesk Contacts

Inbox for Requesting Retroactive Coverage of Medicaid

DFS.Medicaid@ky.gov

Inbox for Requesting Name or Date of Birth Change

KHBE.Program@ky.gov

Professional Services Line (PSL)

855-326-4650
Hours: Mon-Fri 8am-7pm / Sat 8am-5pm (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 Issues (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 / Sat 9am-2pm (EST)

KHBE Program Inbox

KHBE.Program@ky.gov

kynector and Agent Escalation Process

SNAP and CCAP Questions unable to be resolved by Organization Administrators, please email: famsupportkynectors@ky.gov

Deductible

Deductibles are the amount an Individual pays for covered healthcare services before insurance starts to pay. After the deductible is met, typically the only costs for covered services Individuals pay are copayments or coinsurance.

Example: If an Individual has a \$2,000 deductible they must pay \$2,000 for covered services before their insurance plan pays for covered care.

Coinsurance

Coinsurance is the percentage of costs of a covered healthcare service you pay after the deductible has been met.

Example: An Individual's health insurance plan's budgeted amount for an office visit is \$100 and their coinsurance is 20%.

- If the Individual has met their deductible, they will pay 20% of \$100, or \$20. The insurance company will pay the remaining balance, or \$80.
- If the Individual has not met their deductible, they will pay the full amount of \$100.

Copayment

Copayments are a fixed amount an Individual pays for a covered healthcare service after they have met their deductible.

Example: An Individual's health insurance plan's budgeted cost for a doctor's office visit is \$100. Their copayment amount for a doctor visit is \$20.

- If the Individual has met their deductible, then they will pay \$20 for a copayment.
- If the Individual has not yet met their deductible, they will pay \$100, the full amount for the visit.

Did You Know?

Active versus Passive Renewals

Renewal is a process by which an Individual's eligibility is reevaluated based on updated information either reported by the Individual (or other authorized user) or gathered from State and Federal data sources such as the Federal Data Services Hub (FDSH).

Active Renewal

- Active Renewals result in Individuals taking active action to complete the renewal.
- Individuals can either complete the renewal themselves on their kynect dashboard, mail in the completed Renewal Packet, contact the Call Center or DCBS, or visit in-person at a DCBS location to complete the renewal.

Passive Renewal

- Passive Renewal is completed without active intervention from the Individual and creates a seamless continuation of an Individual's coverage.
- Most cases in kynect are renewed passively.



Please be sure to check all clients are enrolled for January 2024, if applicable.

Agent and kynector Search Tool

Get Local Help Tool

Individuals can search for free help with benefit questions or enrollment assistance with the [Get Local Help Tool](#). Individuals can have both an Agent and kynector to assist with obtaining health benefits.

Find kynector or Agent

Type

First Name

Last Name


County

Organization

Adverse Plan Selection

Cost-Sharing Reductions

Cost-Sharing Reductions are generally only applicable to the Silver-level plans. Many Individuals enrolled in Bronze or Gold-level plans can enroll in Silver-level plans to reduce their out-of-pocket expenses. Cost-Sharing Reduction Silver Plans will be identified with an icon when shopping for plans.

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

For a coverage date of '01/01/2024', your household is qualified for maximum Advance Premium Tax Credit (APTC) in the amount of: **\$326**. This amount is applicable only if all eligible APTC members are enrolling in a Medical Plan.


The premium listed below automatically reflects the APTC applied in full towards your monthly premium. Please note that the APTC and CSR information above is kynect's estimate based on the information you provided in your application.


You may adjust the APTC amount by using the slider OR by specifying an exact amount in the text below.


\$0 \$326

Payments Assistance for Medical:

Icon Legend:

 CSR Silver Plans

 Tobacco Cessation Program

 Embedded Pediatric Dental Benefits

Cost-Sharing Reductions Plan Comparison

Find below a comparison of metal levels in relation to Cost-Sharing Reductions.

The following screenshot provides a comparison of Bronze to Silver-level plans with Cost-Sharing Reductions. When comparing/selecting plans for Individuals, review the out-of-pocket maximums and deductible amounts for each plan.

Export All Plans		Export Selected Plans		Compare Selected Plans		
Insurance Company Name	Total Monthly Premium	Your Monthly Payment	Individual Deductible	Individual Out-Of-Pocket Maximum	Actions	
Anthem ★★★★★ Anthem Bronze Pathway X Transition HMO 9450 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)	\$264.37	\$0.00	\$9,450	\$9,450	<input type="radio"/> Compare	
Bronze P						
Summary (In-Network) ⌵						
Premium Details ⌵						
Payment Assistance Details ⌵						
Anthem ★★★★★ Anthem Silver Pathway X Transition HMO 4500 \$05 Adult Dental & Vision (\$0 Virtual PCP + \$0 Select Rx)	\$334.80	\$9.80	\$400	\$3,150	<input type="radio"/> Compare	
Silver S P						

The following screenshot provides a comparison of Gold to Silver-level plans with Cost-Sharing Reductions. When comparing/selecting plans for Individuals, review the out-of-pocket maximums and deductible amounts for each plan.

Export All Plans		Export Selected Plans		Compare Selected Plans		
Insurance Company Name	Total Monthly Premium	Your Monthly Payment	Individual Deductible	Individual Out-Of-Pocket Maximum	Actions	
CareSource ★★★★★ CareSource Marketplace Low Premium Silver 2	\$392.32	\$67.32	\$1,000	\$2,700	<input type="radio"/> Compare	
Silver S P T						
Summary (In-Network) ⌵						
Premium Details ⌵						
Payment Assistance Details ⌵						
CareSource ★★★★★ CareSource Marketplace Core Gold	\$454.66	\$129.66	\$2,000	\$7,000	<input type="radio"/> Compare	
Gold P T						

New Releases

As of November 17, 2023, the following updates were deployed as part of Release 23.11:

- **Household Member Details in kynect** – During the application process, household details such as full name and total annual Advance Premium Tax Credit (APTC) income displays in kynect for each household member.
- **Head of Household Search Functionality** – An enhancement was added to search by the main applicant to easily find the Head of household.
- **Request for Information (RFI) Enhancements** – An improvement was deployed to reduce the time it takes for RFIs to generate after an application has been submitted. RFIs are also easier to access and open from the Agent and kynector Dashboard.
- **Message Center Documentation** – Enhancements were made to the message center in kynect allowing for an easier view of uploaded documents.



kynect