

# MAKE SURE YOU KEEP YOUR HEALTH COVERAGE

Due to COVID19, Medicaid and KCHIP renewals were paused, but they're coming back! If you or a family member currently has health coverage through Medicaid or the Kentucky Children's Health Insurance Program, called KCHIP, here's what you need to know:

## RENEWAL TIMELINE:

Renewals will be spread out over a twelve (12) month period between April 2023 - April 2024.

The first renewal notices will be mailed to some households in April 2023. Not everyone will receive a notice at the same time.

There will be four ways to find your renewal month starting in April:

- Login to the [kynect](#) self-service portal
- Call the kynect hotline at **855-4kynect (855-459-6328)**
- [Find a kynector](#)
- Ask your provider to check the KYHealthNet portal

When the notice is received, you will have at least 60 days to provide the information needed to determine whether you or other members of your household are still eligible for Medicaid or KCHIP.

If you or a member of your household is determined to no longer be eligible for Medicaid or KCHIP, you will be notified of other options. This will include subsidized coverage through the kynect Marketplace or Medicare for anyone who turned 65 during the pandemic.

**NO ONE SHOULD LOSE THEIR  
MEDICAID OR KCHIP COVERAGE  
BEFORE MAY 31, 2023**



## DON'T MISS YOUR RENEWAL NOTICE

### WHAT DO YOU NEED TO DO?

Be sure Medicaid has your current mailing address and other contact information. You can update your information through the kynect self-service portal or by calling the kynect hotline at **855-4kynect (855-459-6328)**.

#### 1 UPDATE YOUR INFORMATION:

Make sure Medicaid has your correct:

- Mailing address
- Phone number
- Email address

This way, they can contact you without delay.

#### 2 CHECK YOUR MAIL:

You will get a letter about your Medicaid or KCHIP renewal when it is your time to renew. This could happen anytime between April 2023 and March 2024. The letter will let you know if you need to complete a form or send in information to keep your coverage.

#### 3 SEND IN INFORMATION:

If you get a form, fill it out and return it right away with the information requested. The information needed is for your renewal and may help you avoid losing Medicaid or KCHIP.

# WHAT IF YOU OR SOMEONE YOU KNOW LOSES COVERAGE?

## HERE ARE A FEW THINGS YOU CAN DO:

- Reapply for Medicaid or KCHIP if you think you are still eligible. Medicaid allows a person to contact the state within 90 days of their coverage ending and renew coverage without completing a new application.
- Enroll in a Qualified Health Plan through kynect. People with lower incomes are eligible for significant financial assistance. In many cases, people are eligible for zero-premium plans.
- Enroll in Employer-Sponsored Health Insurance, if it is available to you.
- Enroll in Medicare, if you turned 65 during the pandemic.



Losing health coverage, including Medicaid coverage, is a Qualifying Life Event (QLE), which allows you to enroll in a kynect plan or Employer Sponsored Health Insurance (ESI) plan outside of the Open Enrollment Period

## WHAT DO THE NOTICES LOOK LIKE?

EDR-087  
FACT1

**kynect**

DATE: 02/11/2023  
CASE NUMBER: 110919314

Cabinet for Health and Family Services  
Department for Community Based Services

**Medicaid Renewal: We Need Information from You**

**Why?**  
It's time to renew your Medicaid benefits. We cannot renew them unless you give us the information we ask for in this letter. We need it by March 31, 2023. If we don't get it, your Medicaid will stop.

**What we need and when we need it**

What to do	Due Date
Give us the information below	March 31, 2023

**Your current info**

Name	Monthly Income	Is the person incarcerated?	Resources
[REDACTED]	\$1,006.00	Not incarcerated	\$150.00

### RENEWAL NOTICE

A "renewal notice" is sent when it is your time to actively renew your coverage. This notice will let you know what information is required to determine your eligibility for Medicaid or KCHIP. If Medicaid has current information for you or your household, they may be able to renew coverage automatically. In that case, you may only receive the "notice of eligibility" shown below.

RFP-105.1  
1022

**kynect**

DATE: 01/10/2023  
Case Number: 112088911

Cabinet for Health and Family Services  
Department for Community Based Services

**Decision About Your Coverage**

Please see below for your household coverage. Coverage is based on the information you gave us.

Name	Program	Coverage Start Date	Coverage End Date
[REDACTED]	Medicare Savings Program	April 01, 2022	March 31, 2023
[REDACTED]	Qualified Health Plan	See QHP Benefits Summary Section Below	December 31, 2023

**Medicare Savings Program Summary**

**Additional Information**

We will pay your Medicare premiums, co-payments, and deductibles.

Now if you are age 21 through 64 and you enter a psychiatric facility, the Medicare Savings Plan does not cover Medicare co-payments, co-insurance or deductibles.

**QHP Benefits Summary**

Name	Coverage Year
[REDACTED]	2023

### NOTICE OF ELIGIBILITY

A "notice of eligibility" is sent after you apply for coverage or renew your coverage. This notice will tell you whether you or others in your household are eligible, when coverage starts, and when coverage ends. If you are not eligible, the notice will provide other options for coverage.

## HAVE QUESTIONS? NEED HELP?

Visit [kynect.ky.gov](https://kynect.ky.gov) or call 855-4kynect (855-459-6328)

There are people in your community who can help too! Find a local Department for Community Based Services (DCBS) office by visiting [Find a DCBS Office](#) or [Find a kynector](#).