

Certified Application Counselor Program Designated Organization Agreement

This Agreement by and between the Designated Organization and the Kentucky Health Benefit Exchange (KHBE), together referred as Parties, is intended to conform with the provisions of 45 CFR § Section 155.225 to allow Designated Organizations to participate as Certified Application Counselors (Also referred to as kynectors) on the Commonwealth of Kentucky's State-Based Marketplace utilizing kynect healthcare. This agreement shall be renewed annually in accordance with 900 KAR 10:125.

Subject to the terms in this agreement, KHBE hereby designates and authorizes the Organization to assist individuals with insurance affordability programs and health insurance plans offered on or through the Marketplace. The scope of this Agreement is limited to the Designated Organization by KHBE, and does not create an agency or any other legal relationship between the Parties.

1. Designated Organization Responsibilities:
 - A. Compliance with KHBE Policies and Applicable Laws. Organization shall comply with all KHBE policies and procedures now in effect, or hereafter adopted, all instructions as may from time to time be given to the Organization by KHBE and all applicable federal and state laws and regulations including, but not limited to, as applicable, the Affordable Care Act (ACA), the Health Insurance Portability and Accountability Act (HIPAA), the Kentucky Department of Insurance Code, and the regulations promulgated there under.
 - B. No Prior or Ongoing Disciplinary Action. Neither the Organization, officers, directors, employees, or any other person substantially involved in the contracting or fundraising activities of the Organization is currently on the "List of Excluded Individuals/Entities" (LEIE) maintained by the Office of the Inspector General of the United States Department of Health and Human Services. Organization further attests that it is not currently the subject of any disciplinary proceedings or other action by any federal or state government authority. Organization agrees that it has a continuing obligation to notify KHBE in writing within seven (7) business days if they become subject to such disciplinary action.
 - C. Service at No Charge. Organization shall provide application assistance without charging individuals or making assistance conditional on any other relationship, purchase or direct or indirect consideration in accordance with existing laws.
2. Liability, Insurance, and Indemnification: Organization will be liable for the conduct of the kynector under their supervision, whether contracted, employed, or volunteer, including (but not limited to) compliance with the roles and responsibilities in accordance with 900 KAR 10:125. Organization shall agree to not hold KHBE accountable for any legal claims or damages resulting from the actions of their kynector
3. Advertising and Marketing Materials: Organization agrees to comply with KHBE advertising, marketing, and branding requirements. Organization may advertise or refer to itself as "Certified Application Counselor (CAC) Designated Organization" but shall not represent itself as an agent or other representative of KHBE.
4. Failure to perform a corrective action. If KHBE becomes aware that the Designated Organization has failed or is failing to meet its responsibilities or requirements under this Agreement, KHBE will provide notice of the identified failure to the Organization and any applicable CACs. KHBE may provide the Organization or an individual CAC with the opportunity to respond and to establish a corrective action plan approved by KHBE executive staff and a set period to amend identified practices. Failure to perform duties established in this Agreement may result in suspension or termination of the designation for an individual CAC or the Organization in accordance with 900 KAR 10:125. Once certification or designation is removed, the individual or Organization may re-apply after the passage of twelve months from the revocation/withdrawal date.

5. Designated an Organization Administrator: Organization agrees to designate an individual to serve as the primary contact of the Organization, an Organization Manager, who is responsible for managing the Kentucky Online Gateway Organization Management tool used to invite new users and remove users no longer associated with the Organization, and an Agency Administrator with the ability to view and transfer all cases associated to the Organization. This individual will be required to respond promptly to KHBE staff requests and inquiries. Upon request and approval by KHBE, this assignment may be divided among more than one individual allowing an employee without Self Service Portal (SSP) system access to handle some contact and onboarding activities.
6. System user recertification: Organization agrees to cooperate with review processes as determined by KHBE, to confirm that the correct individuals have an appropriate level of access to the KHBE system in accordance with privacy and security standards of 45 CFR § 155.260. This includes verification that the individual kynectors are current with all KHBE required training.
7. Duty to Individuals. Organization agrees to act in the best interest of the individual and provide full and impartial information to individuals seeking application assistance for insurance affordability programs and qualified health and dental plans offered through the Marketplace and Managed Care Organizations offered through kynect.
 - a. To disclose to the Organization and to KHBE and potential applicants any relationships with Health Insurance Companies including Managed Care Organizations (MCOs), insurance affordability programs, or any other potential conflicts of interest
 - b. To ensure that individual applicants are informed of the functions and responsibilities of kynectors
 - c. To comply with privacy and security standards established in accordance with 45 CFR §155.260, KRS 61.931-934 and any other applicable Kentucky state laws
 - d. To refer to the appropriate consumer assistance personnel or call center when applicable
 - e. To provide information in a manner that is accessible to individuals with disabilities, as defined in the American with Disabilities Act
 - f. To comply with the requirements of 45 CFR § 155.225
 - g. To comply with all Kentucky and federal laws
8. Program Administration: The Organization will directly administer the kynector program, oversee all participating employees and maintain a registration process and method to track the performance of participating kynectors. Designation: Organization must complete the Request to Participate form on the KHBE.ky.gov website and be designated by an Executive staff member.
 - a. Conduct, Roles and Responsibilities: Organization agrees to adhere to requirements set forth in 45 CFR § 155.225 and 900 KAR 10:125.
 - b. Certification: Organization agrees to ensure that all staff identified to certify as kynectors meet the initial training requirements, complete supplemental training modules, and annual recertification training. Participating kynectors must complete all trainings as designated by KHBE with a passing assessment score. kynectors may re-attempt an assessment to achieve a passing score, however reattempts are limited. No assessment may be taken more than 3 times during a certification period. Individual kynectors who do not successfully complete any training will lose their certification status and will not be eligible to re-apply until 12 months from the date of their certification withdrawal.
 - c. Organization agrees to remove access and notify KHBE within a reasonable timeframe (no greater than 5 business days) regarding kynectors who are no longer participating in the program;
 - d. Any kynector must accept all requests for assistance and can be determined to be out of compliance for failure to meet this requirement

- e. Notifying KHBE if an individual kynector will be on leave for more than 8 weeks so that KHBE may place that user's status in a suspended status. Individuals who do not log into their account for more than 90 days may automatically lose access and may be required to recertify to restore account access.
- f. Organizations must submit quarterly reports in a manner and form as set by KHBE, including:
 - i. Number of individuals who have been certified by the Organization;
 - ii. Number of consumers who received application and enrollment assistance from the Organization;
 - iii. Number of consumers who received assistance in applying for and selecting a Qualified Health Plan (QHP) on kynect.ky.gov, enrolling in a QHP, applying for Medicaid/KCHIP, or any other variant of Medicaid as deemed necessary by the Department for Medicaid Services (DMS); and
 - iv. Other items requested by KHBE with reasonable notice.
- 9. Acceptance of Terms and Conditions: This document shall be signed by an individual legally authorized to execute contracts on behalf of the Organization, signifying agreement to comply with all of the terms and conditions specified above. Additionally, all individuals designated as kynectors by the Organization will sign that they understand and will abide by the terms and conditions of their access to kynect healthcare as kynectors at least once each year during the recertification process.

The above terms and conditions of the Agreement are hereby accepted and agreed to as of the date specified:

For: Kentucky Health Benefit Exchange

By: _____

Date: _____

For: (Organization) _____

By: _____

Date: _____