Welcome to the Open Enrollment Plan Year 2027 Office Hour: Session One

Please review the Zoom tips below while you wait for the session to begin.

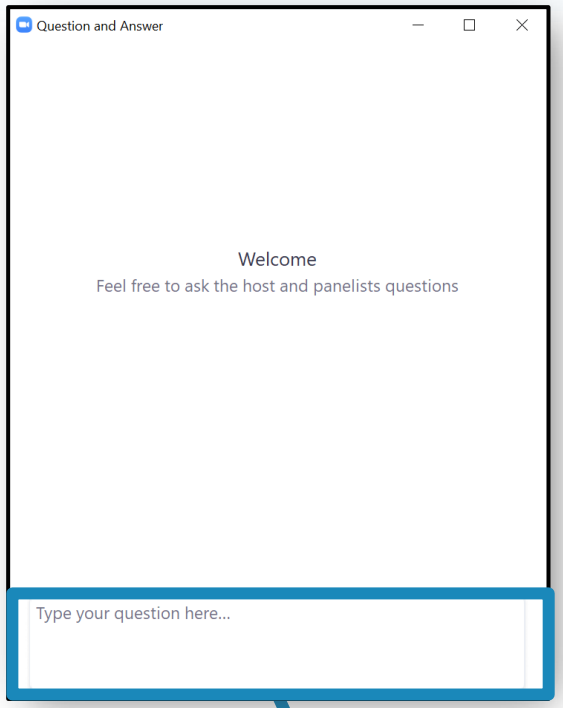
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How to Ask Questions

During Office Hours, all Agents and kynectors are muted.

If you would like to ask a question related to the covered topics:

- Select the **Q&A Icon** (not the Chat Icon).
- Type your question and select **Enter** on your keyboard.

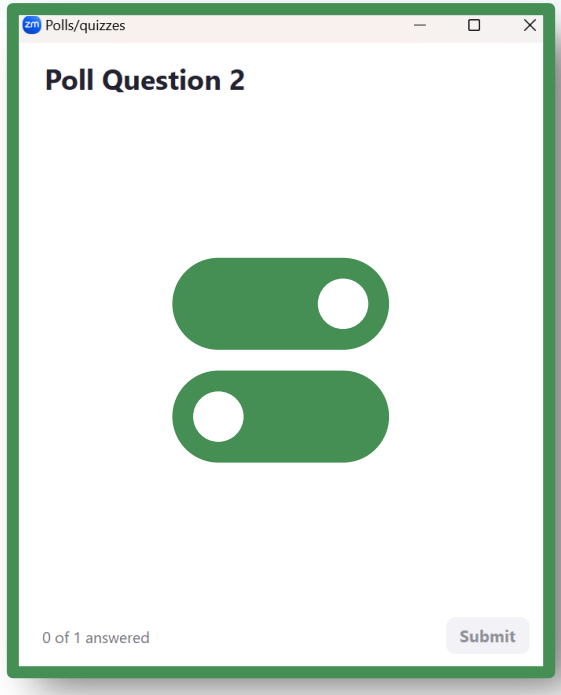


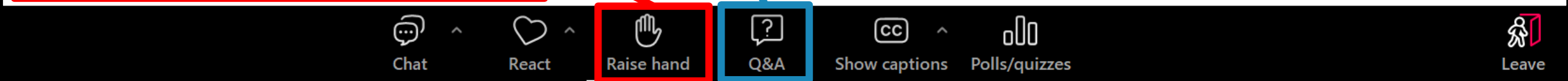
Refrain from selecting the Raise hand Icon. Agents and kynectors are muted and should ask questions using the Q&A Icon.

Poll Questions

When it is time to answer a Poll Question, it will **automatically appear on your screen**.

All responses are anonymous.





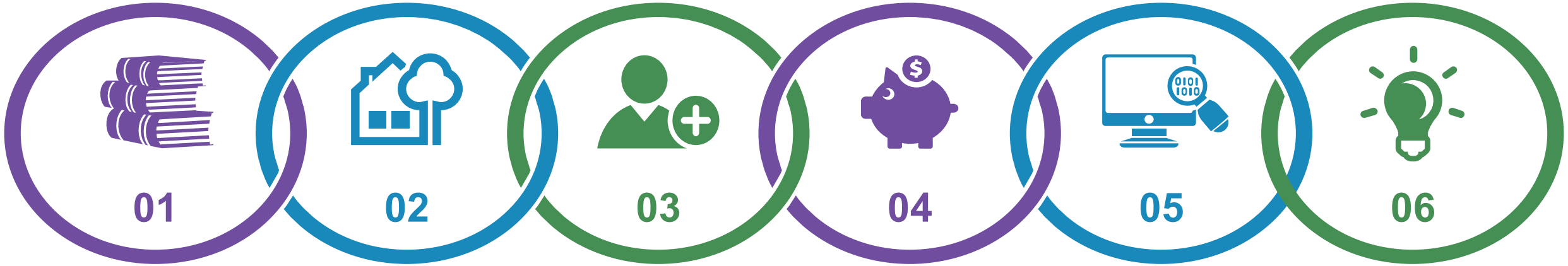
Office Hour: Session One

Open Enrollment Plan Year 2027 | November 2026



Agenda

The topics below will be covered during today's Office Hour session.



01	02	03	04	05	06
Open Enrollment Best Practices	**Medicaid Work or Community Engagement**	**Immigration Eligibility Overview**	**Advance Premium Tax Credit Details**	**Enrollment Manager Module Updates**	**Closing & Open Questions**
10 minutes	*20 minutes*	*5 minutes*	*10 minutes*	*5 minutes*	*10 minutes*

Open Enrollment Best Practices

Office Hour: Session One

Open Enrollment Plan Year 2027 | November 2026



Open Enrollment Success Strategies

Below are best practices for supporting Residents throughout Plan Year 2027.

Agents and kynectors should always remember to…

- ✓ PREPARE
- ✓ COMPARE
- ✓ ENROLL
- ✓ FOLLOW-UP



Prepare by Reviewing the Resident's Information

- Confirm household members and current coverage.
- Verify contact information, including email and mailing address.
- Gather documents that may be needed to verify application information.

Compare Coverage Plans to Identify the Appropriate Coverage Path

- Use the Prescreening Tool to review potential eligibility.
- Discuss possible Medicaid, Qualified Health Plan (QHP), or other program pathways.
- Review any notices or outstanding verification requests.

Enroll After Completing the kynect benefits Application

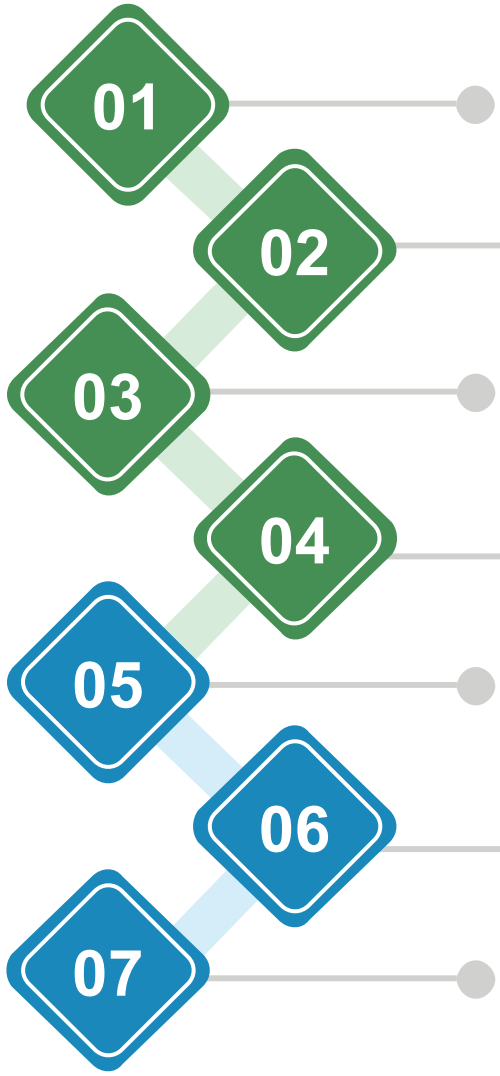
- Complete, review, and submit the Resident's application.
- Review eligibility results and any required next steps.
- Explain any initial premium payment required to activate coverage.

Follow Up and Explain Financial Assistance

- Review Advance Premium Tax Credit (APTC) eligibility.
- Explain Cost-Sharing Reductions and applicable plan documents.
- Reinforce the importance of reporting income or household changes.

Enrollment Checklist

Below are examples of important items Residents should prepare to assist with their benefits application.



01 Expenses Information

- ❑ Alimony
- ❑ Student Loan Interest Payment
- ❑ Teacher Expenses (only if you are a K-12 teacher)
- ❑ School Tuition and Fees

02 Contact Information

- ❑ Email
- ❑ Mailing Address
- ❑ Proof of Residence (Utility Bill, Lease, etc.)
- ❑ Phone Number

03 Work Information

- ❑ Employer Identification Number (EIN)
- ❑ Business Name
- ❑ Work Address
- ❑ Work Phone Number or Human Resources Office

04 Household Information

- ❑ Proof of Marriage
- ❑ Names, Dates of Birth, and Social Security Numbers (SSN) of Individuals in Your Household (including all in your tax household, even if not living with you)

05 Health Insurance Information

- ❑ Cost of Insurance (premium bill or letter from Human Resources showing cost)
- ❑ Work Health Plan Information (including HSA, FSA, or HRA plans)
- ❑ What kinds of insurance your doctor or medical provider accepts or prefers (either Medicaid or kynect insurance)

06 Proof of Income

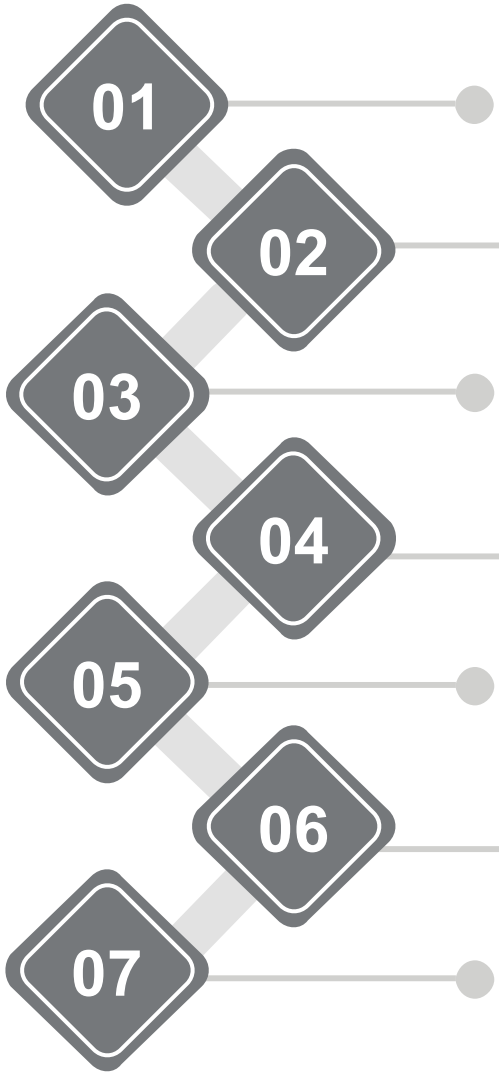
- ❑ W-2 Form(s)
- ❑ Last year's Tax Return(s)
- ❑ Pay Stubs From the Last two (2) Months
- ❑ Proof of Unearned Income (Ex: SSI, award letter)
- ❑ Personal Records of Self-Employment from the Previous 12 Months

07 Identification

- ❑ Social Security Card or Immigration Documents
- ❑ Government Issued ID (Ex: Driver's License)
- ❑ Military ID
- ❑ Birth Certificate

Enrollment Checklist: What to Avoid

Below are important items Residents should avoid when completing enrollment.



- **Out-of-date Resident details (address, contact information, income details, etc.)**
- **Leaving household members off the Resident's benefits application**
- **Sending an email to the KHBE Program Inbox with Personally Identifiable Information (PII)**
- **Failing to provide supporting documentation**
- **Not disclosing health coverage, including Employer-Sponsored Insurance, Medicare, etc.**
- **Failing to pay initial premium payment**
- **Ignoring letters and notices sent by kynect or Issuers**

Buyer Beware: Comparing Coverage Plans

Below are important details about Affordable Care Act (ACA)-compliant and non-ACA compliant coverage plans.

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NON-ACA COMPLIANT HEALTH PLANS	ACA COMPLIANT HEALTH PLANS
How does the coverage scope differ?	
They are limited; Plans may not cover all EHBs, have lifetime limits, and may utilize underwriting to adjust premiums based on health history.	**They are comprehensive;** QHPs must cover all 10 Essential Health Benefits (EHBs) and pre-existing conditions.
How does the enrollment process differ?	
Health **plans may be purchased at any time** directly from an Insurer or broker, with varying coverage terms.	Compliant plans are eligible for **enrollment during the annual Open Enrollment Period** or Special Enrollment Period (SEP) for qualifying life events.
How do the consumer protections differ?	
Junk plans offer minimal protections, meaning plans could have **coverage gaps and leave Individuals vulnerable to high medical bills**.	Compliant plans offer strong consumer protections, including **no lifetime or annual caps** on EHBs, which includes preventive services, screenings, etc.



PLEASE NOTE When in doubt, call kynect at **1-855-459-6328.** For more information, reference the Buyer Beware Fact Sheet.

Event Hosting Best Practices

Below are examples of event types and information to contribute to successful Open Enrollment outreach.

Event Ideas

Utilize different **formats, themes, and venues** to reach target audiences throughout Open Enrollment.

- Back-to-School Bash
- Job Fairs
- Parades
- County Fairs
- Food Banks
- Convenience Stores
- Pharmacies
- Clinics
- Community Centers
- Campus Events
- Staff Meetings
- Student Lunches
- Senior Services
- Salvation Army
- Street Fair
- Rural King
- YMCA
- Save-A-Lot
- Local Library
- University Events
- Holiday Events
- Resource Fairs

Event Information to Provide KHBE

Event Photos

Photos should be captured at every event and submitted with the end of month reporting.

Marketing Methods

Details on how the presence of kynectors helps Residents get health coverage will be made known to the public in advance of each event. **Do not use personal social media.**

Event Cancellations

kynectors must notify their assigned Organization Administrator of cancellation no later than three (3) days prior to the event date. If three (3) days notice cannot be provided, email KHBE.Program@ky.gov as soon as possible.

Outreach Materials

Distribute approved materials, including print and media, for potential QHPs, Medicaid/Kentucky Children's Health Insurance Program (KCHIP), and Kentucky Integrated Health Insurance Premium Payment (KI-HIPP), and other materials as directed by KHBE.

Escalation Process (1 of 2)

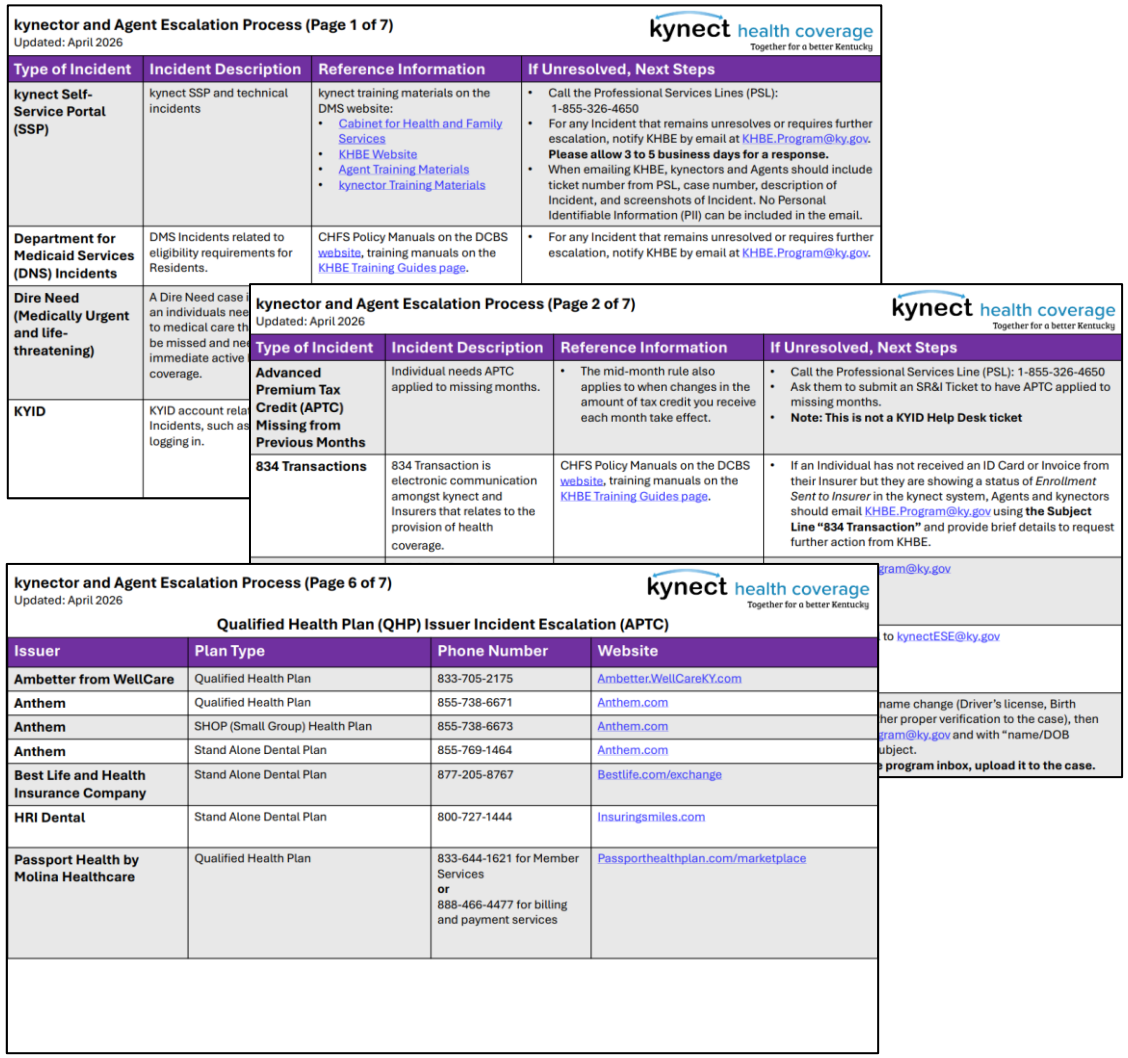
Below provides an overview of the [Agent and kynector Escalation Process](#).

PURPOSE

The Agent and kynector Escalation Process is intended to provide the **appropriate points of contact necessary** for resolving incidents.

UNDERSTANDING THE ESCALATION PROCESS

The Escalation Process features four (4) columns for each incident category, detailing the **incident type, incident description, which materials should be referenced first, and additional points of contact and next steps**.



kynector and Agent Escalation Process (Page 1 of 7)
Updated: April 2026

Type of Incident	Incident Description	Reference Information	If Unresolved, Next Steps
kynect Self-Service Portal (SSP)	kynect SSP and technical incidents	kynect training materials on the DMS website: • Cabinet for Health and Family Services • KHBE Website • Agent Training Materials • kynector Training Materials	• Call the Professional Services Lines (PSL): 1-855-326-4650 • For any Incident that remains unresolves or requires further escalation, notify KHBE by email at KHBE.Program@ky.gov. **Please allow 3 to 5 business days for a response.** • When emailing KHBE, kynectors and Agents should include ticket number from PSL, case number, description of Incident, and screenshots of Incident. No Personal Identifiable Information (PII) can be included in the email.
Department for Medicaid Services (DNS) Incidents	DMS Incidents related to eligibility requirements for Residents.	CHFS Policy Manuals on the DCBS website, training manuals on the KHBE Training Guides page.	• For any Incident that remains unresolved or requires further escalation, notify KHBE by email at KHBE.Program@ky.gov.
Dire Need (Medically Urgent and life-threatening)	A Dire Need case i... an individuals nee... to medical care th... be missed and ne... immediate active ... coverage.		
KYID	KYID account relat... Incidents, such as ... logging in.		

kynector and Agent Escalation Process (Page 2 of 7)
Updated: April 2026

Type of Incident	Incident Description	Reference Information	If Unresolved, Next Steps
Advanced Premium Tax Credit (APTC) Missing from Previous Months	Individual needs APTC applied to missing months.	• The mid-month rule also applies to when changes in the amount of tax credit you receive each month take effect.	• Call the Professional Services Line (PSL): 1-855-326-4650 • Ask them to submit an SR&I Ticket to have APTC applied to missing months. • **Note: This is not a KYID Help Desk ticket**
834 Transactions	834 Transaction is electronic communication amongst kynect and Insurers that relates to the provision of health coverage.	CHFS Policy Manuals on the DCBS website, training manuals on the KHBE Training Guides page.	• If an Individual has not received an ID Card or Invoice from their Insurer but they are showing a status of *Enrollment Sent to Insurer* in the kynect system, Agents and kynectors should email KHBE.Program@ky.gov using **the Subject Line "834 Transaction"** and provide brief details to request further action from KHBE.
			...gram@ky.gov
			...to kynectESE@ky.gov
			...name change (Driver's license, Birth ...her proper verification to the case), then ...gram@ky.gov and with "name/DOB ...ubject. ...program inbox, upload it to the case.

kynector and Agent Escalation Process (Page 6 of 7)
Updated: April 2026

Qualified Health Plan (QHP) Issuer Incident Escalation (APTC)

Issuer	Plan Type	Phone Number	Website
Ambetter from WellCare	Qualified Health Plan	833-705-2175	Ambetter.WellCareKY.com
Anthem	Qualified Health Plan	855-738-6671	Anthem.com
Anthem	SHOP (Small Group) Health Plan	855-738-6673	Anthem.com
Anthem	Stand Alone Dental Plan	855-769-1464	Anthem.com
Best Life and Health Insurance Company	Stand Alone Dental Plan	877-205-8767	Bestlife.com/exchange
HRI Dental	Stand Alone Dental Plan	800-727-1444	Insuringsmiles.com
Passport Health by Molina Healthcare	Qualified Health Plan	833-644-1621 for Member Services **or** 888-466-4477 for billing and payment services	Passporthealthplan.com/marketplace

PLEASE NOTE For any outstanding incidents or case-specific questions, email [KHBE.Program@ky.gov](#).

Escalation Process (2 of 2)

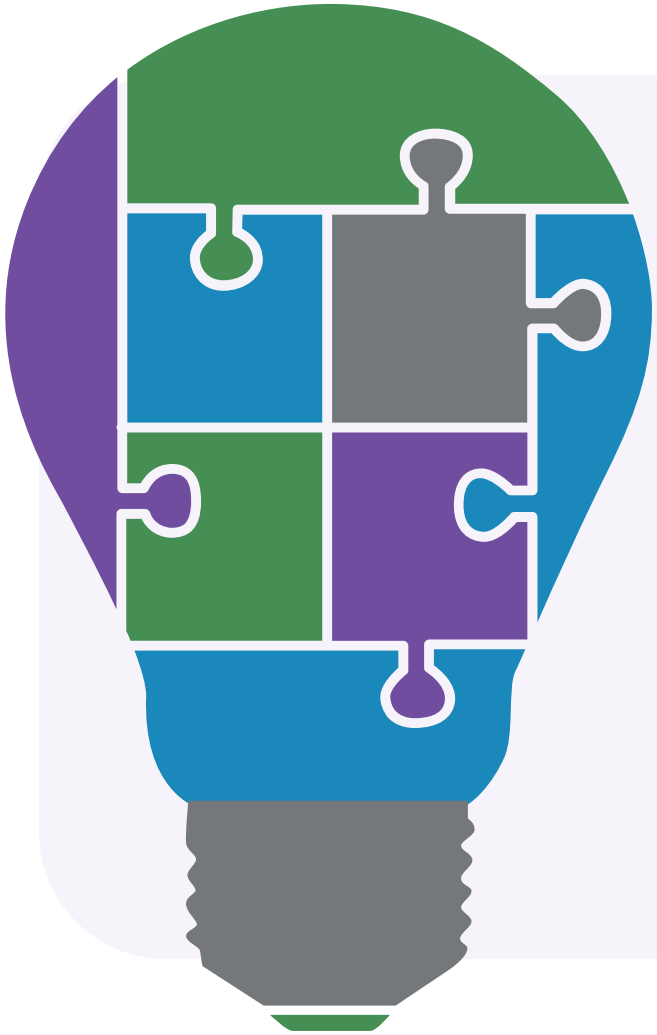
Below provides an overview of the Agent and kynector Escalation Process.

SCENARIOS	START HERE	NEXT STEPS *(IF NOT RESOLVED)*
I am unable to become associated to a Resident's case.	▪ kynector Association Protocol ▪ Agent Association Protocol ▪ Agent Case Association Fact Sheet ▪ Case Association Micro Video	Contact the Professional Services Line (PSL) at 1-855-326-4650 with the Individual, Agent or kynector, and PSL rep on the line.
When assisting a Resident, I am unable to confirm if their prescriptions are covered or if their provider is in-network.	To confirm any providers, prescriptions, or plan information, call the Issuer, visit their website, or ask the medical provider directly. For a list of all providers, visit the Provider Directories webpage on KHBE.	If the Agent or kynector is unable to reach the Issuer, contact KHBE.Program@ky.gov.
A Resident needs access to medical care that cannot be missed and needs immediate active health coverage.	Email kynectdireneed@ky.gov for Dire Need incidents. Be sure to include "Dire Need" in the subject line and indicate whether the Dire Need is for Medicaid, APTC, or QHP.	If the Agent or kynector does not receive a response in 24 – 48 hours, contact KHBE.Program@ky.gov.

PLEASE NOTE For any outstanding incidents or case-specific questions, email KHBE.Program@ky.gov.

Zoom Poll Question 1

When the Zoom poll appears on your screen, please take a moment to answer the question below.



POLL QUESTION 1

TRUE OR FALSE?

An Applicant's health coverage begins as soon as the benefits application has been completed.

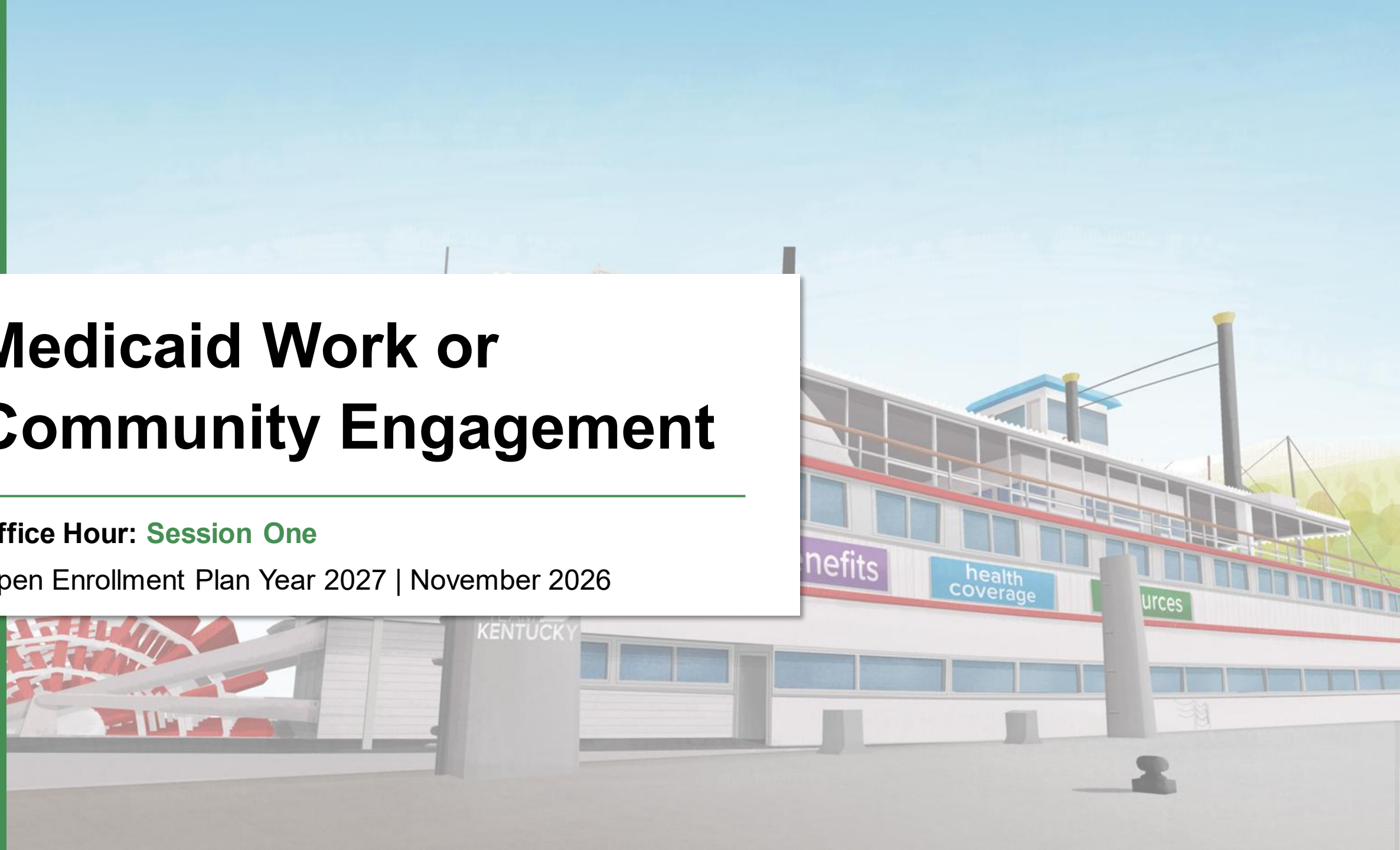
FALSE – An initial premium payment is required to effectuate coverage.

Answer anonymously using the Polls box!

Medicaid Work or Community Engagement

Office Hour: **Session One**

Open Enrollment Plan Year 2027 | November 2026



Medicaid Work or Community Engagement (MACE) Overview

The information below provides an overview of Kentucky Medicaid Work or Community Engagement (MACE).

What is MACE?

Kentucky Medicaid Work or Community Engagement (MACE) is a program that requires **certain Medicaid Expansion members** to demonstrate participation in **approved work or community activities**, or qualify for an **exemption**, as part of maintaining Medicaid coverage.

Approved activities may include **employment, education, job training, community service,** or a combination of qualifying activities.

When Will the System Go Live?

September 1, 2026

System updates to the Self-Service Portal (SSP) and Integrated Eligibility and Enrollment System (IEES)/Worker Portal to support upcoming MACE eligibility enhancements.



Phase 1



Phase 2

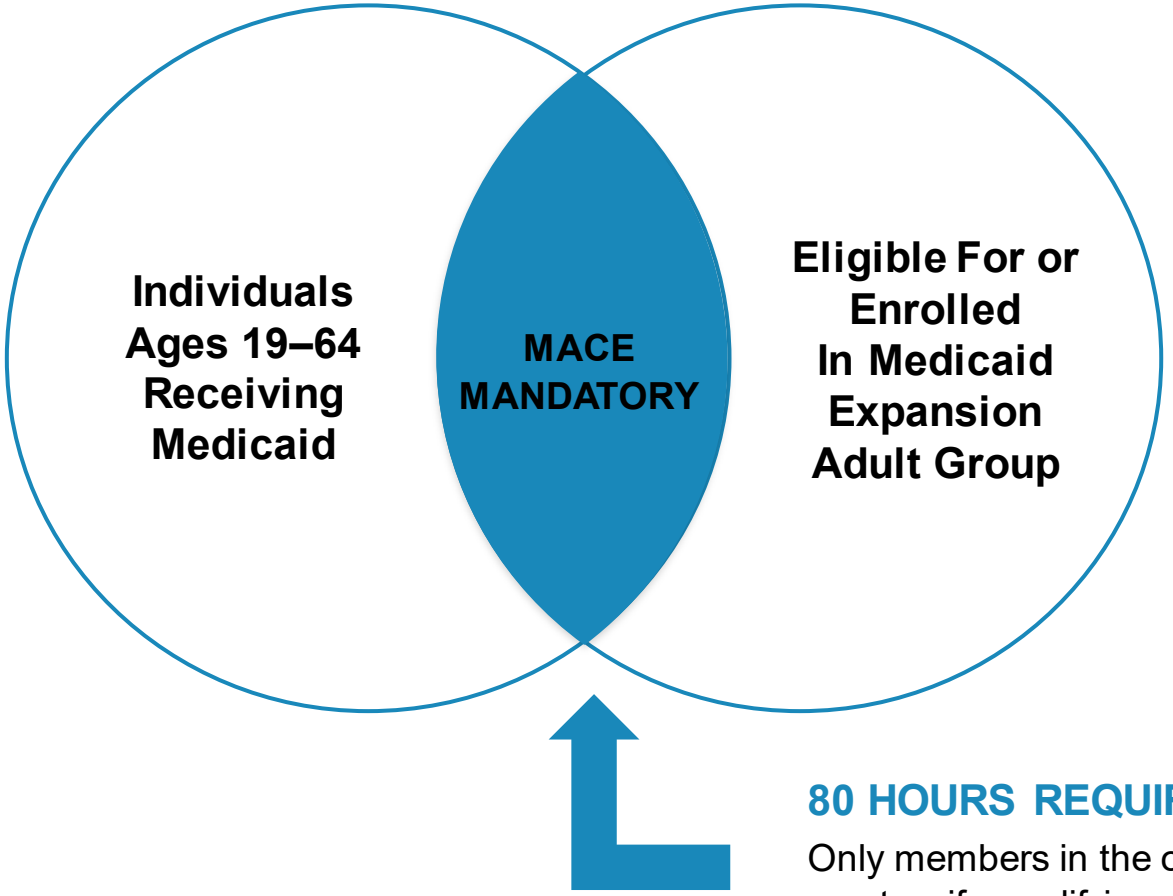
January 1, 2027

Implementation of all MACE eligibility updates and system enhancements remaining.

MACE Affected Populations

The information below specifies Individuals impacted by MACE.

MACE Mandatory Individuals



What if the 80-hour requirement does not apply?

Members who do not meet both qualifications or meet exemption criteria are not required to verify 80 hours of qualifying activities to maintain Medicaid coverage.

How does the IEES identify the population?

IEES uses the applicable **Type(s) of Assistance (TOAs)** to identify Residents in the Medicaid expansion adult group.

80 HOURS REQUIRED

Only members in the overlap **without an exemption** must verify qualifying activities. Medicaid enrollment alone does not determine MACE Mandatory status.

MACE Definitions (1 of 2)

The key terms below provide definitions to help clarify MACE concepts discussed throughout today's training.

	MACE	MACE Mandatory	Non-MACE Mandatory
DEFINITION	A Medicaid requirement for certain applicable Adults to complete and verify at least **80 hours of qualifying activities each month**.	An applicable Individual who **must meet** Medicaid Work or Community Engagement requirements.	An Individual who does not meet the criteria for MACE Mandatory status and is **not required to meet** Medicaid Work or Community Engagement requirements.
EXAMPLE	A **30-year-old Resident** who is eligible for Medicaid through the Adult expansion group.	A Resident between the ages of 19 and 64 who is **eligible for Medicaid through the Adult expansion group.**	A Resident who **is under the age of 19 or is aged 65 years or above**.

MACE Definitions (2 of 2)

The key terms below provide definitions to help clarify MACE concepts discussed throughout today's training.

	MACE Exempted	MACE Compliant	MACE Non-Compliant
DEFINITION	An Individual who may be MACE Mandatory but is **exempted from demonstrating MACE requirements** for a given month.	An Individual who has **verified that they meet MACE requirements** through a qualifying activity.	An Individual who is **subject to MACE requirements but has not verified** that they meet an exemption or qualifying activity.
EXAMPLE	A Resident who is **under the age of 19 for part of the month** or **incarcerated at least one (1) day within the last three (3) months**.	A Resident who **earns at least $580 of earned income** for three (3) of the six (6) months of their certification period.	A Resident who **does not meet either an exemption or qualifying activity for** three (3) of the six (6) months prior to renewal.

PLEASE NOTE MACE Mandatory Individuals must report qualifying activities for three (3) of six (6) months to remain compliant for renewal. The months are not required to be consecutive.

MACE Exemptions

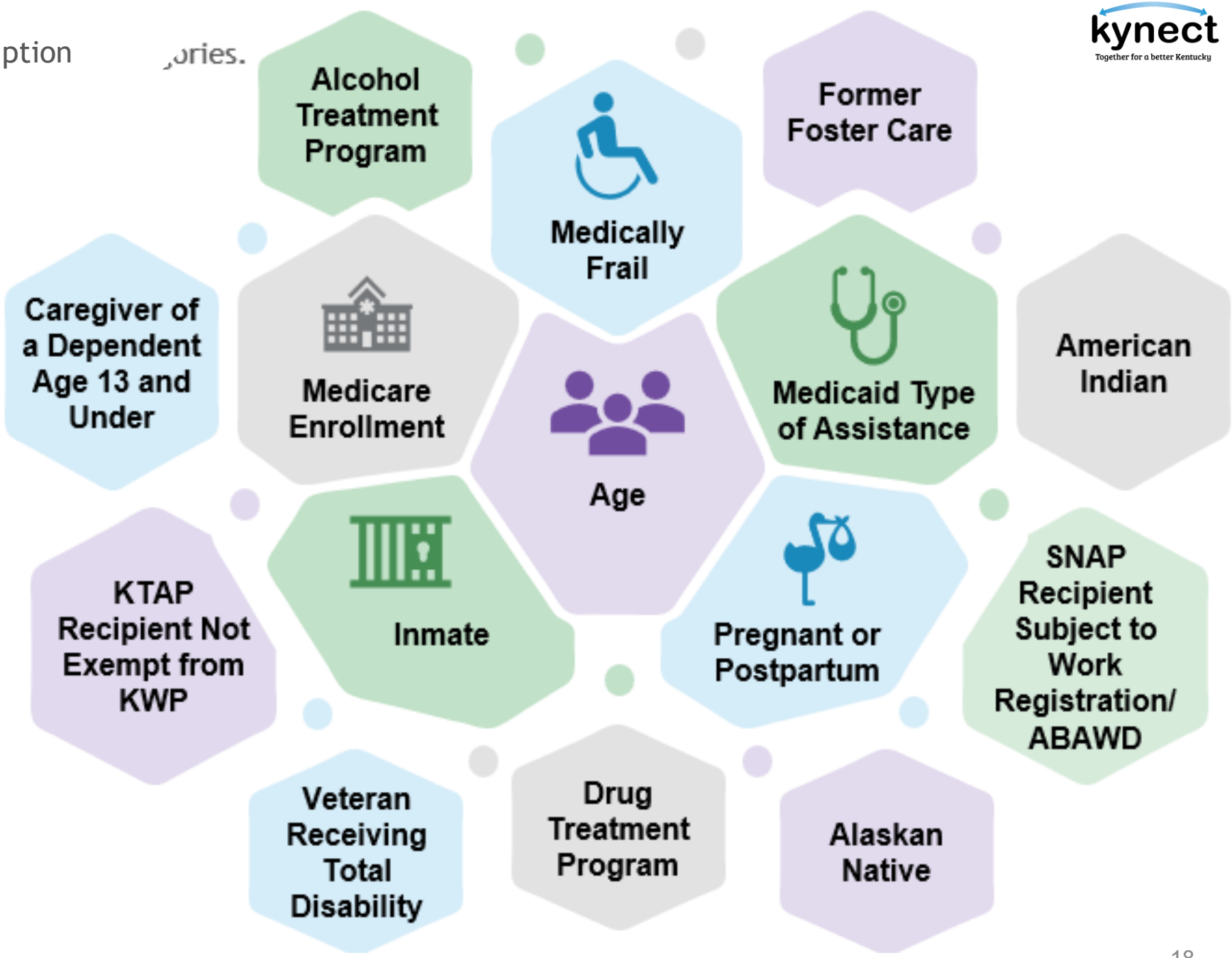
Below lists each of the MACE exemption ories.

What is a MACE exemption?

A MACE Exemption applies when an Individual who would otherwise be MACE Mandatory meets an exemption criterion during the required month.

When an exemption applies, IEES considers the Individual to have met the MACE requirement for that month.

See the list of MACE Exemptions to the right. →



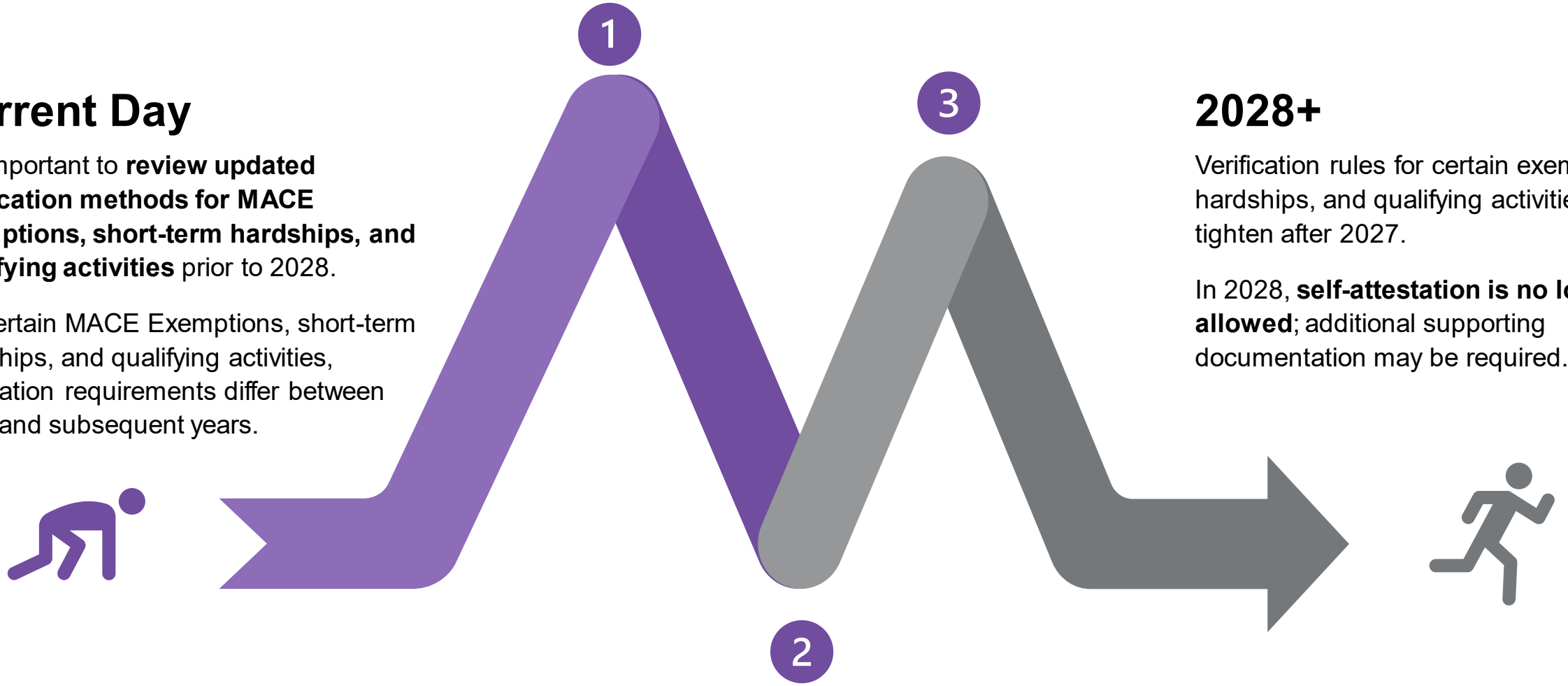
MACE Verifications

The following graphic illustrates the key differences between 2027 and 2028 verification requirements.

Current Day

It is important to **review updated verification methods for MACE exemptions, short-term hardships, and qualifying activities** prior to 2028.

For certain MACE Exemptions, short-term hardships, and qualifying activities, verification requirements differ between 2027 and subsequent years.



2028+

Verification rules for certain exemptions, hardships, and qualifying activities tighten after 2027.

In 2028, **self-attestation is no longer allowed**; additional supporting documentation may be required.

2027

For 2027, **written statement or self-attestation** can be utilized as an acceptable verification source. Residents may submit additional documentation, but it is not required.

MACE Qualifying Activities (1 of 2)

Detailed below are the details surrounding MACE qualifying activities.

What is a MACE Qualifying Activity?

An activity that provides Residents subject to MACE requirements a way to meet the monthly work or community engagement requirement **when an exemption or short-term hardship does not apply**.

Residents can meet the requirement through one (1) of seven (7) qualifying activities.

Why Qualifying Activities Matter

MACE Mandatory Residents must meet work or community engagement requirements for Medicaid expansion eligibility.

Months in which the requirement is not met are considered non-compliant by IEES and may affect the Resident's continued coverage.

Working 80 Hours Scenario

1. **The Resident meets the requirement by completing one of the approved qualifying activities.**
   - IEES only considers the activity for months the Resident attests they worked at least 80 hours.
   - Only the Resident's own hours count, thus, hours worked by other household members do not apply.
2. **IEES tracks the hours utilizing actual hours for application lookback months, never projected hours.**
   - For ongoing months, IEES utilizes the Resident's pay frequency to calculate projected work hours for the month.
3. **The qualifying activity hours are verified.**
   - In 2027, written statement is allowed to verify hours.
   - At application, Residents must meet the qualifying activity for one (1) lookback month; at renewal, they must meet it for at least three (3) months, which do not need to be consecutive.

Working 80 Hours | Work Program | Community Service | School Enrollment | Combined Activities | Monthly Income | Seasonal Employment

MACE Qualifying Activities: Evaluation Hierarchy

The graphic below illustrates the fixed evaluation hierarchy IEES uses to evaluate qualifying activities.

1. Monthly Income ≥ Federal Minimum Wage × 80
2. Working 80 Hours
3. Seasonal Workers — Income ≥ Federal Minimum Wage × 80 Over Last 6 Months
4. 80 Hours of Community Service
5. Participating in a Work Program for 80 Hours
6. Enrolled in School at Least Half Time
7. 80 Combined Hours of Qualifying Activities

Once a qualifying activity is verified, the Resident exits the hierarchy and is considered MACE Compliant.

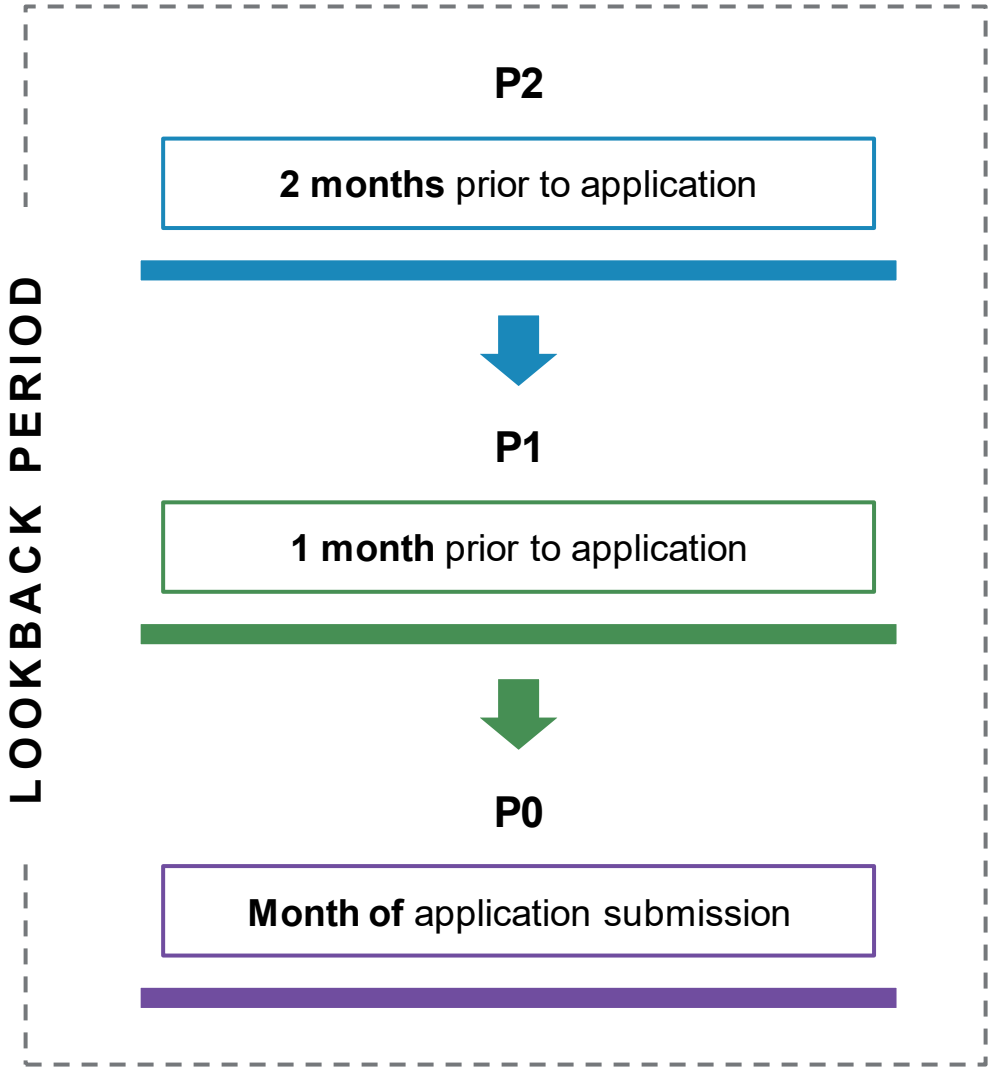
MACE Application Lookback

The information below outlines the application lookback and retroactive coverage for MACE.

What is a MACE Lookback?

To meet MACE requirements, a Resident must be exempt or compliant for the required number of months within the applicable lookback period.

See the MACE Lookback Period to the right.



Retroactive Coverage

Residents may request Medicaid coverage for months before the application month. **Beginning January 1, 2027, retroactive coverage periods will change:**

- **Modified Adjusted Gross Income (MAGI) Expansion TOAs (ADLT, ADFF, ADPR):** Up to one (1) retroactive month.
- **Non-MAGI and other MAGI TOAs:** Up to two (2) retroactive months. Residents may request two (2) months, but both may not be approved if the Resident is determined to be part of the MAGI Expansion population.
- **Spend Down (SPMA and SPNM):** Retroactive eligibility will decrease from three (3) to two (2) months. If a Resident qualifies for only one (1) retroactive month, the second requested month will be denied.

MACE Renewal Lookback

The information below outlines the renewal lookback timing and logic for MACE.

How Does MACE Renewal Lookback Work?

1 MACE STARTS

- MACE applies to renewals that begin in February 2027.
- January 2027 renewals are excluded because they start before MACE begins.

2 IEES EVALUATES AT RENEWAL

- During renewal, IEES looks back at the applicable period to determine whether the Resident met MACE requirements.
- The lookback period begins with the Resident's last application or renewal and ends on the current renewal date.

Renewal Timeline

Some Residents may have a 12-month lookback period if their renewal was set before January 1st, 2027. After their first renewal post January 1, 2027, MACE Mandatory Residents will have six (6)-month renewals.

EXAMPLE: SIX (6)-MONTH RENEWALS

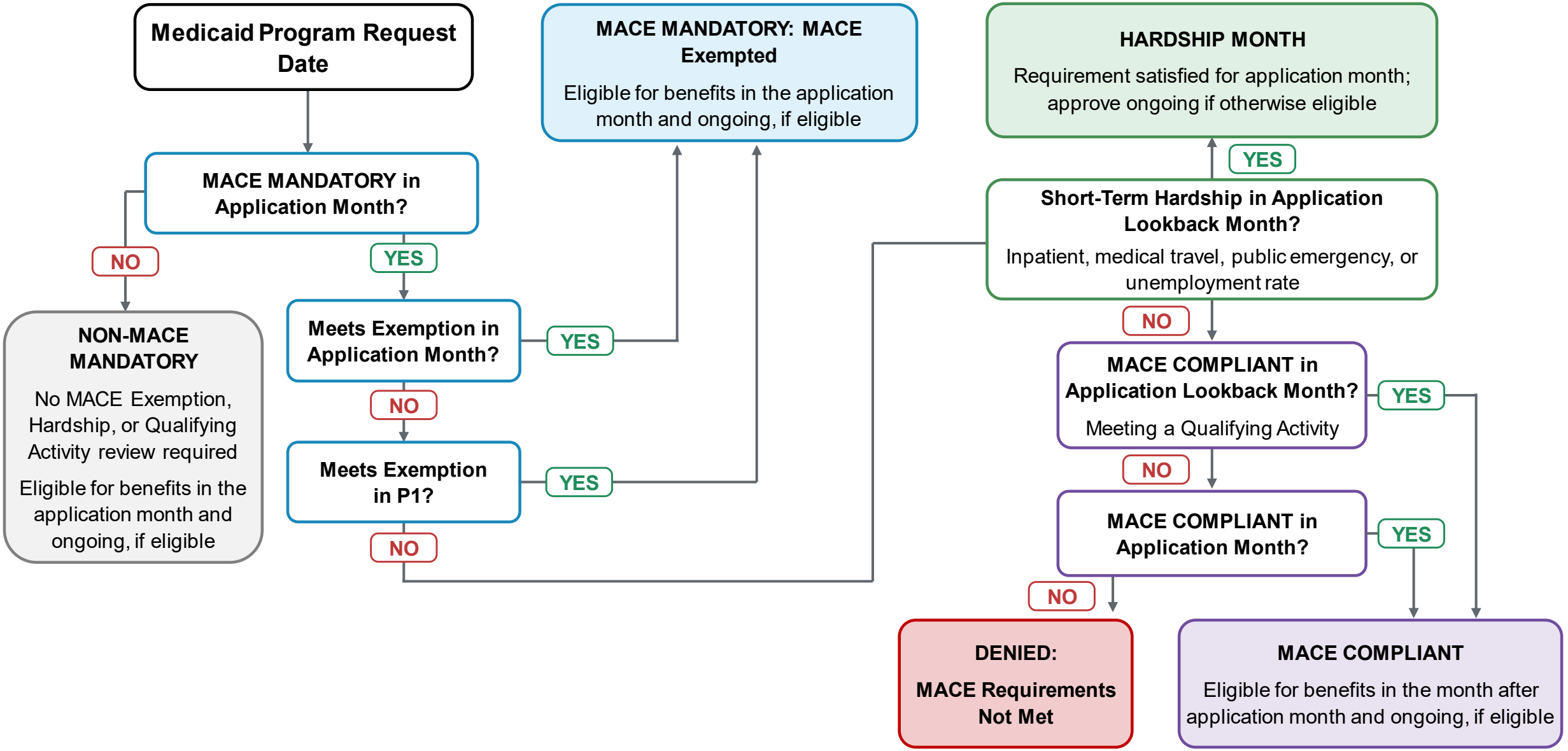
If a Resident is approved with a certification period starting January 1, 2027, and the renewal due date is set to June 30, 2027 (six (6) months from the approval date), then the renewal lookback period is January 1 to June 30.

FOUR (4) – STEP IEES EVALUATION PROCESS

1. Check the Renewal Initiation Month
2. Identify the Lookback Period
3. Assess Lookback Eligibility
4. Verify MACE Compliance Requirements

MACE Application Lookback: Decision Tree

The decision tree below condenses the 11-step application lookback process into a visual summary.



MACE Tracker Screen

The Self-Service Portal (SSP) system includes the new MACE tracker screen shown below.

IMPACT

The new **Medicaid Community Engagement Tracker** screen allows Individuals to view and manage MACE participation information related to their Medicaid benefits and confirm that reported activity information is accurate.

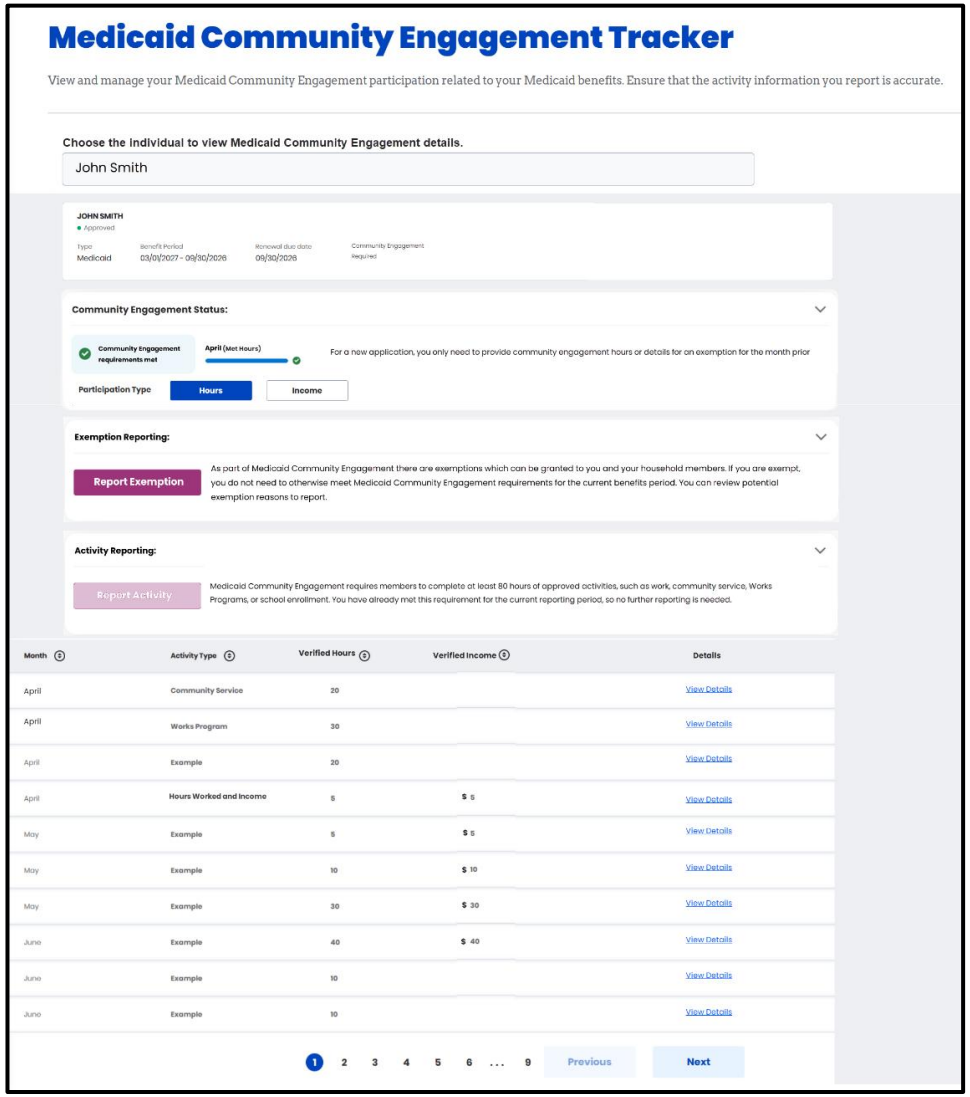
SCREEN OPTIONS

The *Choose the Individual to view Medicaid Community Engagement details* field displays all MACE-required Residents in the selected case, regardless of exemption or participation status.

- The Resident list reflects the case selected in the **Benefits** widget on the **Citizen Dashboard**.

The *Resident's Name* section displays the selected Resident's status, **Program Type, Benefit Period, Renewal Due Date,** and **Community Engagement** status.

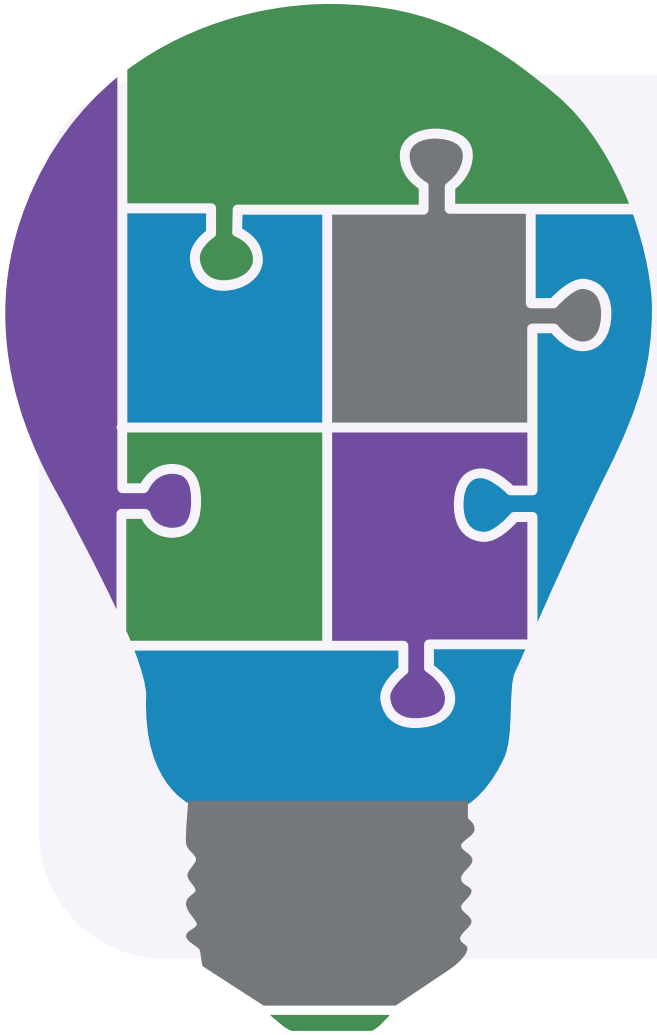
- If MACE is required, the *Community Engagement* field displays, **Required**.
- If the Resident is exempt, the *Community Engagement* field displays, **Community Engagement Exempt – <Highest Verified Exemption Reason>**.



PLEASE NOTE As a best practice, contact DCBS if the displayed information does not seem accurate. **Do not update case information on your own.**

Zoom Poll Question 2

When the Zoom poll appears on your screen, please take a moment to answer the question below.



POLL QUESTION 2

TRUE OR FALSE?

For 2027, written statement or self-attestation can be utilized as an acceptable verification source.

TRUE – Written statements are accepted in 2027 but will not be accepted beginning in 2028.

Answer anonymously using the Polls box!

Immigration Eligibility Overview

Office Hour: **Session One**

Open Enrollment Plan Year 2027 | November 2026



Medicaid and Marketplace H.R.1 Immigration Changes

H.R. 1 introduced two (2) key dates affecting Medicaid and Marketplace eligibility for certain immigrants.

Medicaid

SINCE OCTOBER 1, 2026

Eligible Immigrants

1. Lawful Permanent Residents (Green Card Holders) **without** the five (5)-year bar
2. Cuban/Haitian Entrants
3. Compact of Free Association (COFA) Migrants
4. Lawfully Present Pregnant Women and Children (regardless of immigration status)

Immigrants No Longer Eligible

- A refugee / asylee
- Paroled for one (1) year
- A conditional Entrant
- Granted withholding of deportation
- Granted conditional entry prior to April 1, 1980
- Amerasian
- A survivor of domestic violence or human trafficking, and have a pending status

APTC

STARTING JANUARY 1, 2027

Eligible Immigrants

1. Lawful Permanent Residents (Green Card Holders)
2. Cuban/Haitian Entrants
3. Compact of Free Association (COFA) Migrants
4. There are no exceptions for Pregnant Women and Children for APTC eligibility

Immigrants No Longer Eligible

Full-Priced Qualified Health Plans will be available, and Catastrophic and other plans may be an option for some

All affected enrollees will be contacted.

KEY REMINDERS

EMERGENCY MEDICAID

Remains available to cover life-threatening medical conditions, regardless of immigration status, for eligible Kentucky Residents.

PROVIDER ACCESS

Hospitals, Federally Qualified Health Centers (FQHCs), and Rural Health Centers serve regardless of immigration status.

ACTION NEEDED

Review official notices and the KHBE FAQ for more information and required actions.

Time-Limited Emergency Medicaid

The information below highlights qualifying and non-qualifying conditions for Time-Limited Emergency Medicaid.

Remember: Time-Limited Emergency Medicaid is reserved for Individuals who have an emergency medical condition that without treatment could result in **placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ.**

Non-Qualifying Conditions

Sofia (45F), a refugee, goes to the **urgent care center to receive treatment for a mild fever**.

- The clinician diagnoses a routine infection, prescribes medication, and recommends follow-up with a primary care provider.

Since her **symptoms do not indicate an acute condition**, the visit generally **would not qualify for Emergency Medicaid coverage**.



Sofia's services do not meet Emergency Medicaid criteria. Since they are not covered, she may be responsible for the full cost.

Qualifying Conditions

Daniel (43M), an asylee, goes to the **emergency room after losing part of his arm in a workplace accident.**

- His injury requires immediate treatment and stabilization.
- If Daniel meets other eligibility requirements, the emergency services needed to stabilize the condition **may qualify for Emergency Medicaid**.

Coverage is generally limited to the qualifying emergency episode; ongoing or follow-up care after stabilization may not be covered.

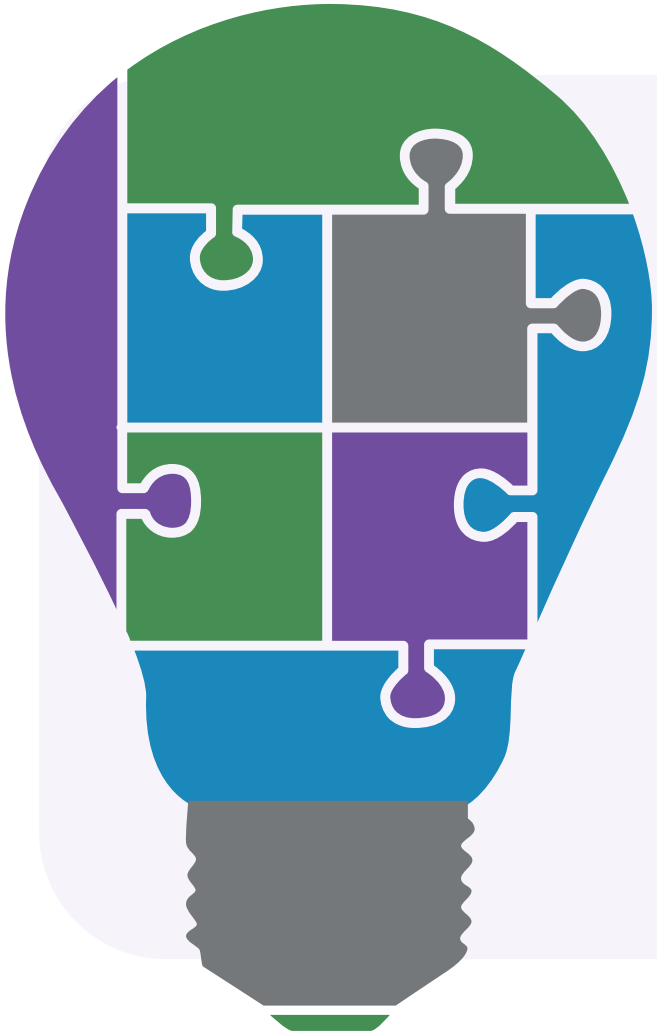


Daniel's services meet Emergency Medicaid criteria. Since they are covered, his hospitalization may be covered by Emergency Medicaid.

PLEASE NOTE Coverage includes the first day of the month in which the emergency medical condition begins and continues through the following month. Individuals may apply for an extension.

Zoom Poll Question 3

When the Zoom poll appears on your screen, please take a moment to answer the question below.



POLL QUESTION 3

MULTIPLE CHOICE

Which of the following conditions may qualify for Time-Limited Emergency Medicaid?

A. Placing the patient's health in serious jeopardy.
B. Serious impairment to bodily functions.
C. Serious dysfunction of any bodily organ.
D. All of the above.

Answer anonymously using the Polls box!

Advance Premium Tax Credit (APTC) Details

Office Hour: **Session One**

Open Enrollment Plan Year 2027 | November 2026



Advance Premium Tax Credits (APTC) Introduction

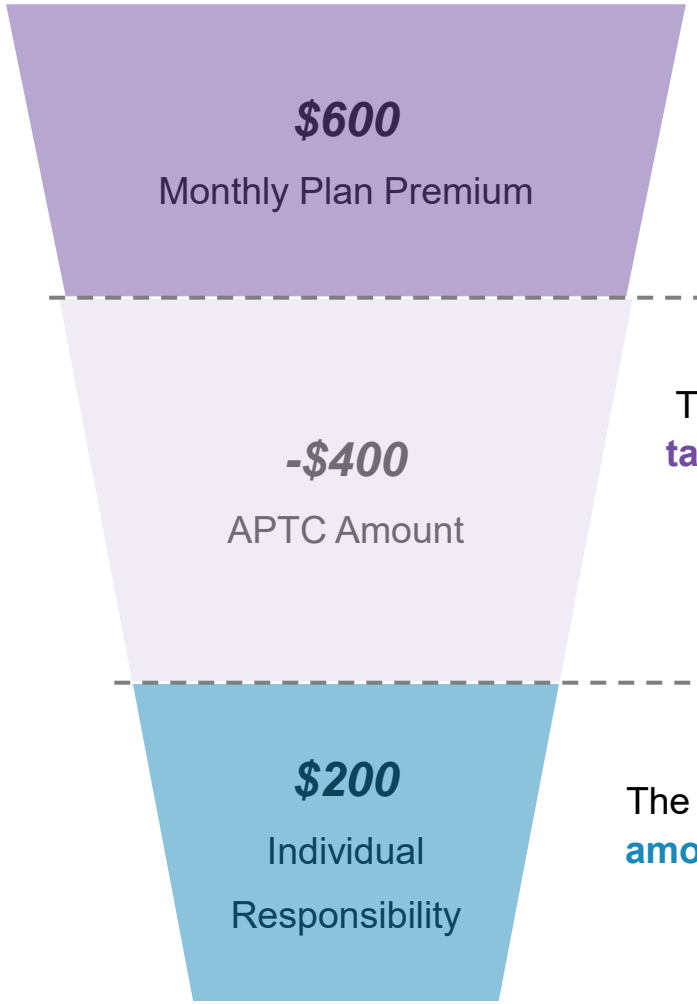
The video below provides a quick introduction to Advance Premium Tax Credits (APTC).



APTC Overview

Below provides an example of how APTC may be applied and key reminders.

APTC Illustrative Example



The Monthly Plan Premium is the **total cost of the plan without any financial assistance applied**

The APTC amount is a **federal tax credit based on projected income** to help eligible households pay Marketplace health plan premiums

The Individual responsibility is the **amount the Resident pays each month to retain coverage**

Key Reminders

- APTC is based on anticipated yearly income. If a Resident's final income amount differs from the original projection, they may receive a tax credit or be liable to repay excess payments.
- Reconciliation is required via IRS Form 8962 to compare the Resident's initial income projection with their final income.
- There are no caps to the amount of APTC which must be repaid if a Resident receives excess payments.
- APTC cannot be applied toward copays or coinsurance.

APTC Resources

- 1095-A Portal
- 1095-A Fact Sheet
- APTC Fact Sheet
- Tax Information Webpage
- Tax Form 1095-A Fact Sheet
- Tax Information Micro Video

APTC Eligibility Criteria

APTC eligibility is determined by several factors, including household size and anticipated annual income.

APTC Eligibility

The following outlines the eligibility criteria for qualifying for APTC:

- ✓ U.S Citizen or Qualified Immigrant
- ✓ Kentucky Resident
- ✓ Reconcile Premium Tax Credits
- ✓ 100%-400% of the Federal Poverty Level (FPL)
- ✓ If married, not filing separately
- ✓ Not eligible for or enrolled in outside coverage, such as affordable employer-sponsored insurance or Medicare

APTC FPL Chart

QHP/APTC Table (January through December 2027)

Household Size	Baseline FPL		SILVER: Eligible for QHP with APTC and Cost Sharing Level "94" > 138% - 150%		SILVER: Eligible for QHP with APTC and Cost Sharing Level "87" >150% - 200%		SILVER: Eligible for QHP with APTC and Cost Sharing Level "73" >200% - 250%		Eligible for QHP with APTC No Cost Sharing >250% - (no upper income limit)			
	100%		150%***		200%***		250%***		300%***		400%***	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	1,330	15,960	1,995	23,940	2,660	31,920	3,325	39,900	3,990	47,880	5,320	63,840
2	1,804	21,648	2,705	32,460	3,607	43,284	4,509	54,108	5,410	64,920	7,214	86,568
3	2,277	**27,324**	3,415	40,980	4,554	54,648	5,692	68,304	6,830	81,960	9,107	109,284
4	2,750	33,000	4,125	49,500	5,500	66,000	6,875	82,500	8,250	99,000	11,000	132,000
5	3,224	38,688	4,835	58,020	6,447	77,364	8,059	96,708	9,670	116,040	12,894	154,728
6	3,697	44,364	5,545	66,540	7,394	88,728	9,242	110,904	11,090	133,080	14,787	177,444
7	4,170	50,040	6,255	75,060	8,340	100,080	10,425	125,100	12,510	150,120	16,680	200,160
8	4,644	55,728	6,965	83,580	9,287	111,444	11,609	139,308	13,930	167,160	18,574	222,888
9	5,117	61,404	7,675	92,100	10,234	122,808	12,792	153,504	15,350	184,200	20,467	245,604
10	5,590	67,080	8,385	100,620	11,180	134,160	13,975	167,700	16,770	201,240	22,360	268,320

PLEASE NOTE Beginning January 1, 2027, subsidized coverage will be restricted to lawful permanent Residents, Cuban and Haitian entrants, and COFA Residents.

APTC Verification

A written statement may be uploaded to satisfy an outstanding income Request for Information (RFI).

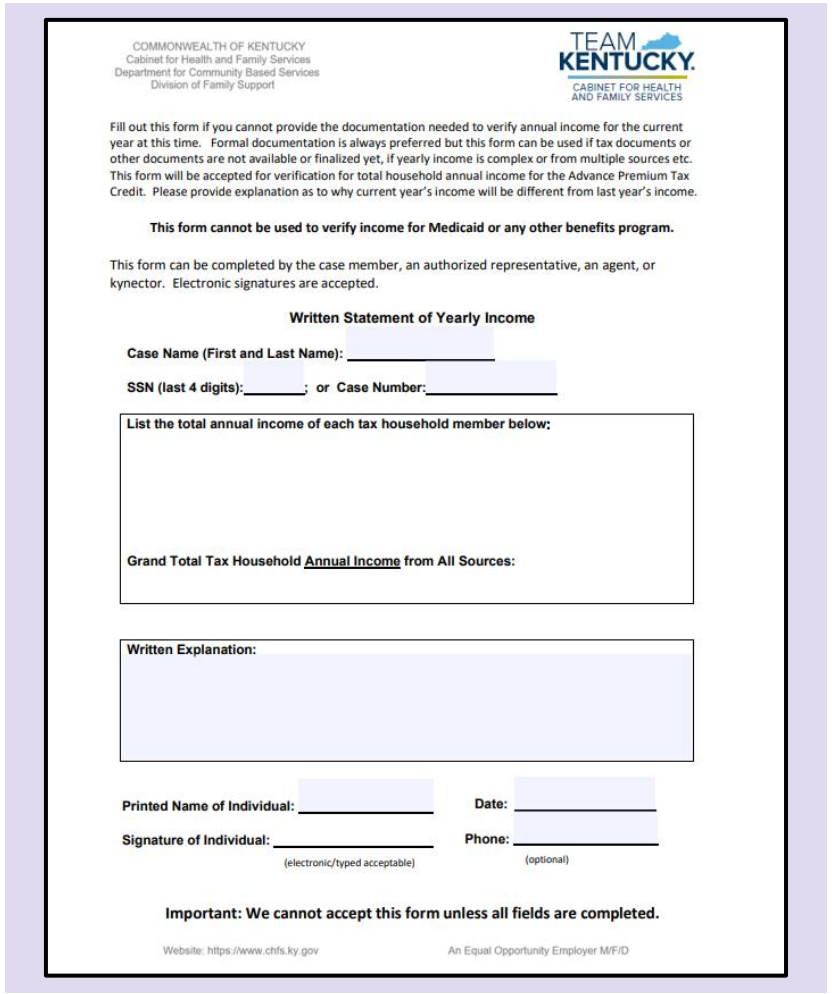
APTC Verification

QHPs with APTC evaluate income over the course of one (1) year.

Examples of preferred income verification documents for QHP with APTC are listed below.

- ✓ **Written statement** outlining projected annual income.
- ✓ Tax return if income from previous years is still representative moving forward.

QHPs with APTC evaluate income on an annual basis and checks may utilize state and federal data sources. In some cases, additional verification may be required.



COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Family Support

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Fill out this form if you cannot provide the documentation needed to verify annual income for the current year at this time. Formal documentation is always preferred but this form can be used if tax documents or other documents are not available or finalized yet, if yearly income is complex or from multiple sources etc. This form will be accepted for verification for total household annual income for the Advance Premium Tax Credit. Please provide explanation as to why current year's income will be different from last year's income.

This form cannot be used to verify income for Medicaid or any other benefits program.

This form can be completed by the case member, an authorized representative, an agent, or kynector. Electronic signatures are accepted.

Written Statement of Yearly Income

Case Name (First and Last Name): _____

SSN (last 4 digits):_____; **or Case Number:**_____

List the total annual income of each tax household member below:

Grand Total Tax Household Annual Income from All Sources:

Written Explanation:

Printed Name of Individual: _____ **Date:** _____

Signature of Individual: _____ **Phone:** _____
(electronic/typed acceptable) (optional)

Important: We cannot accept this form unless all fields are completed.

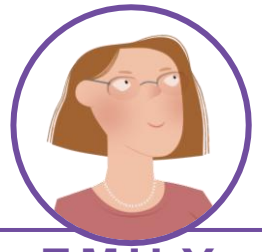
Website: https://www.chfs.ky.gov An Equal Opportunity Employer M/F/D

For countable income sources, reference the **Countable and Non-Countable Income Tip Sheet**.

PLEASE NOTE An RFI is generated when a Resident's reported income differs by 25% or more from available data sources, requiring additional income verification.

Understanding APTC Options

Residents may apply all or part of their APTC toward their monthly premium and receive any remaining credit as a tax refund.

	EMILY	JAMES
		
PLAN	**Everyday Bronze**	**Everyday Bronze**
FINANCIALS	**Monthly Plan Premium:** $531.10 **APTC Applied:** $303.00 **Individual Responsibility:** $228.10 **Coverage Effective Date:** 1/1/2027	**Monthly Plan Premium:** $531.10 **APTC Applied:** $203.00 **Individual Responsibility:** $328.10 **Coverage Effective Date:** 1/1/2027
IMPACT	At the end of the year, Emily receives Form 1095-A and reconciles her Premium Tax Credits via IRS Form 8962. **Since Emily used her full eligible PTC, she does not receive any excess credits in the form of a tax refund.**	At the end of the year, James receives Form 1095-A and reconciles his Premium Tax Credits via IRS Form 8962. **Since James did not use his full eligible PTC, he receives a tax refund of $1,200.**

PLEASE NOTE Always consult a tax professional when needed. Household changes that occur throughout the year may impact eligibility and premium amounts.

400% FPL Threshold

Due to the severity of the 400% FPL cliff for Premium Tax Credits, even minor income changes affect affordability.

What is it?

The 400% FPL cliff is a sharp income cutoff that may affect eligibility for Premium Tax Credits.

Following the expiration of the enhanced subsidies on December 31, 2025, households must have income between 100% and 400% of the FPL to qualify, subject to other eligibility requirements.

A household whose annual MAGI exceeds 400% of the applicable FPL—even by a small amount—**may lose its entire Premium Tax Credit, requiring full repayment of any credits received throughout the year**.

Impact

Exceeding 400% of the FPL can create a **substantial increase in monthly premiums**, particularly for older adults and households with higher-cost coverage.

Since APTC is based on projected annual income, an unexpected increase may **result in repayment obligations when the Individual files a federal tax return**.

Households near the threshold should **carefully monitor projected income** and update their case as circumstances change.

Illustrative Example

John (57M) and spouse Susan (55F) earn **$84,000 in total household income**.

Income Adjustments:

- Mike earns a **$2,500 bonus** at the end of the year

  Total Household Income: $86,500

- **Year-End FPL:** 403%
- **Total APTC Used:** $1,000 per month

John and Susan could **owe $12,000 back on their taxes** as a result of surpassing the 400% FPL threshold. Both Mike and Mary could consult a tax professional to find ways to reduce MAGI before the year ends.



PLEASE NOTE Individuals with household incomes near 400% of the FPL should consult a tax professional to identify deductions that may help preserve Premium Tax Credit eligibility.

How to Check Residents' FPL

Consult with Residents if they encounter a life change throughout the year as this may impact APTC.

AGENT PORTAL

To find an Individual's FPL percentage, follow the steps below.

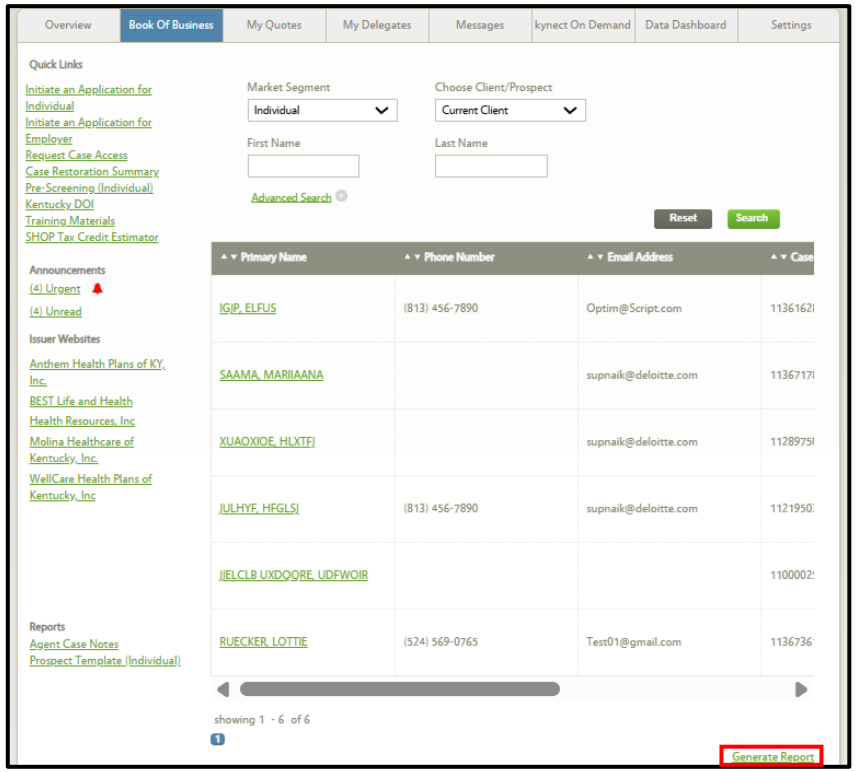
1. Open Agent Portal
2. Select the **Book of Business** tab
3. Select **Current Client**
4. Select **Generate Report**

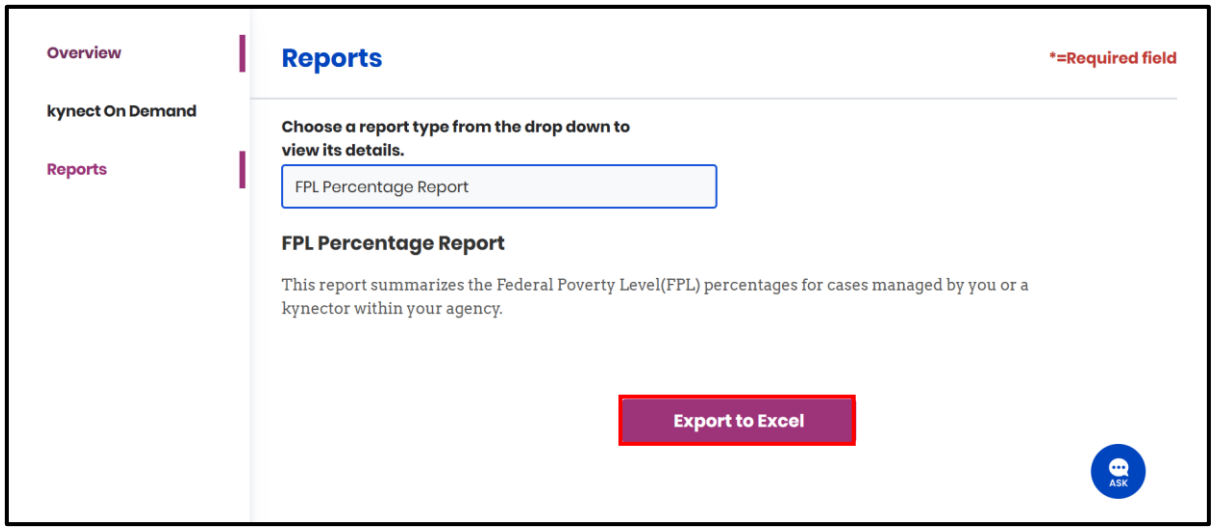
KYNECTOR DASHBOARD

To find an Individual's FPL percentage, follow the steps below.

1. Open kynector Dashboard
2. On the left-hand side, select the **Reports** tab
3. From the drop-down, select **FPL Percentage Report**
4. Select **Export to Excel**

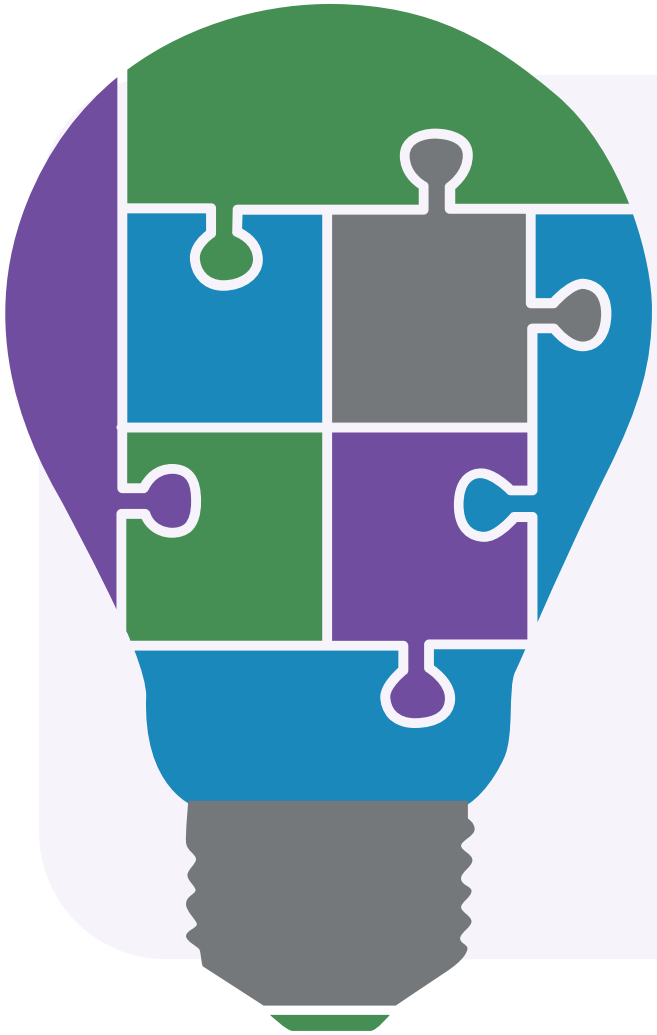
The FPL percentage will display on the generated Excel report.





Zoom Poll Question 4

When the Zoom poll appears on your screen, please take a moment to answer the question below.



POLL QUESTION 4

MULTIPLE CHOICE

When a Resident is nearing the 400% FPL cliff, what should Agents and kynectors consider?

A. Take no action; the Resident will be notified.

B. Notify the Resident immediately and encourage them to consult a tax professional.

C. Wait until January, closer to tax filing season.

Answer anonymously using the Polls box!

Enrollment Manager Module (EMM) Updates

Office Hour: **Session One**

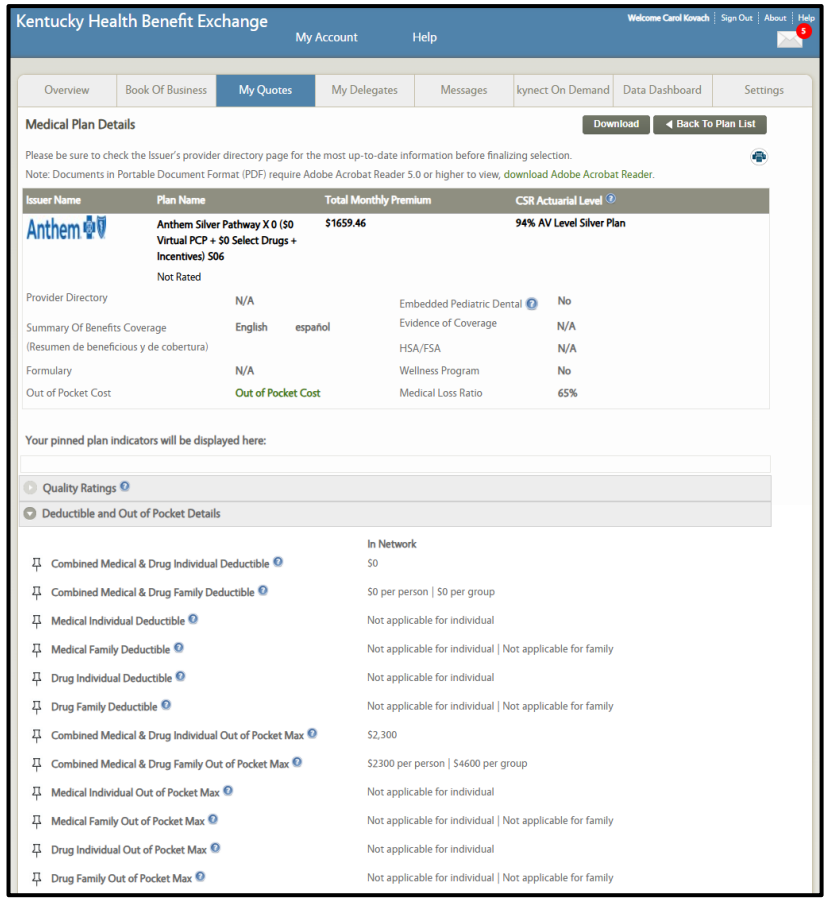
Open Enrollment Plan Year 2027 | November 2026



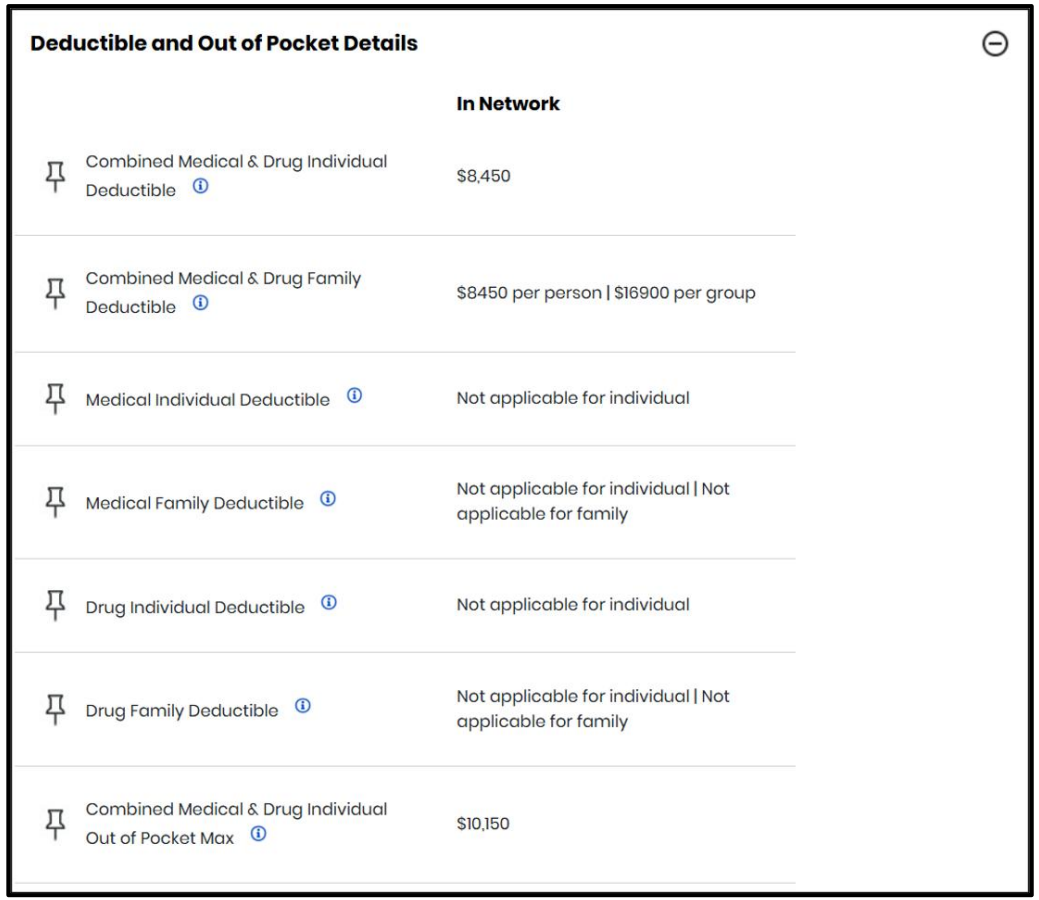
EMM Updates (1 of 4)

The Deductible and Out-of-Pocket Details tab includes information on Medical and Drug costs.

Agent Portal



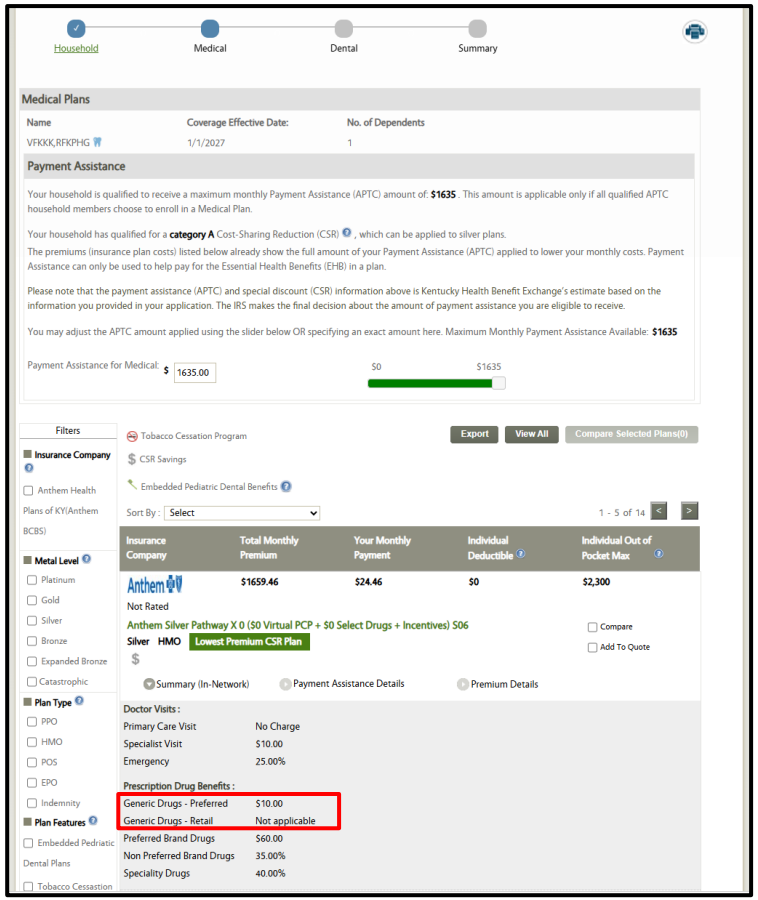
Enrollment Manager



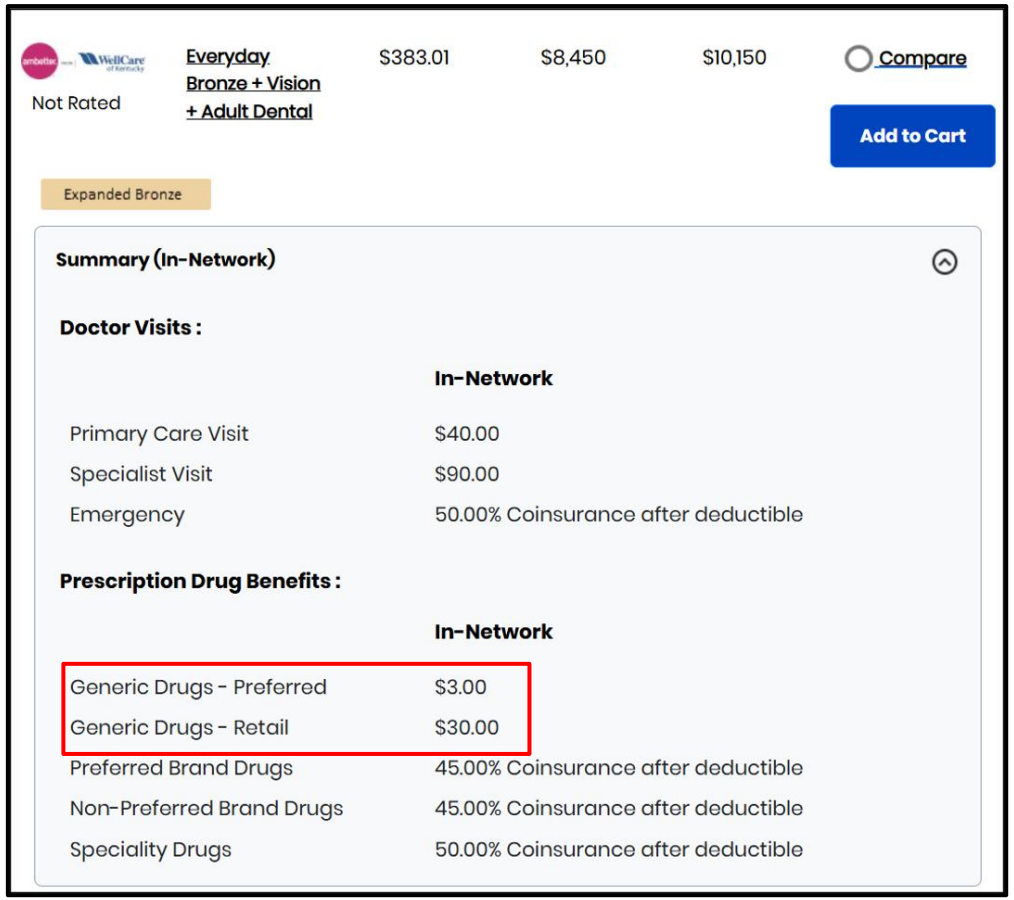
EMM Updates (2 of 4)

The Summary tab includes Preferred and Retail in-network prescription drug prices.

Agent Portal



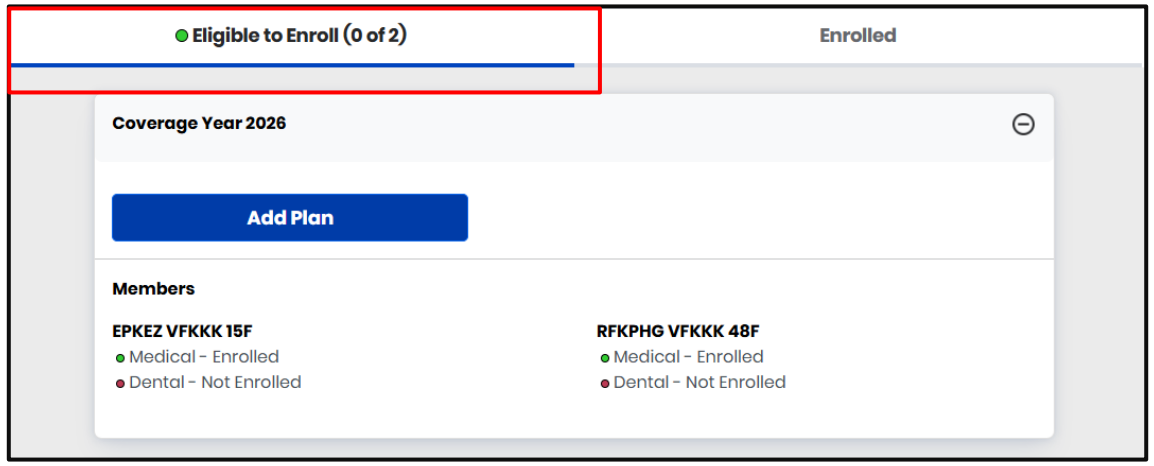
Enrollment Manager



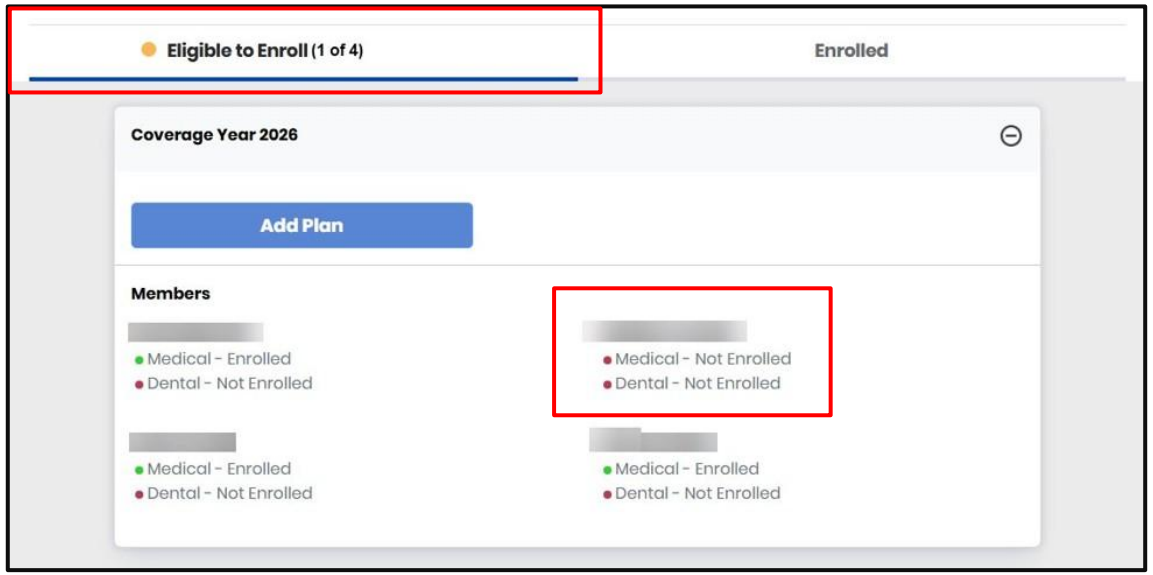
EMM Updates (3 of 4)

The EMM Home Page highlights household members who are not enrolled in a medical plan.

Enrolled



Not Enrolled



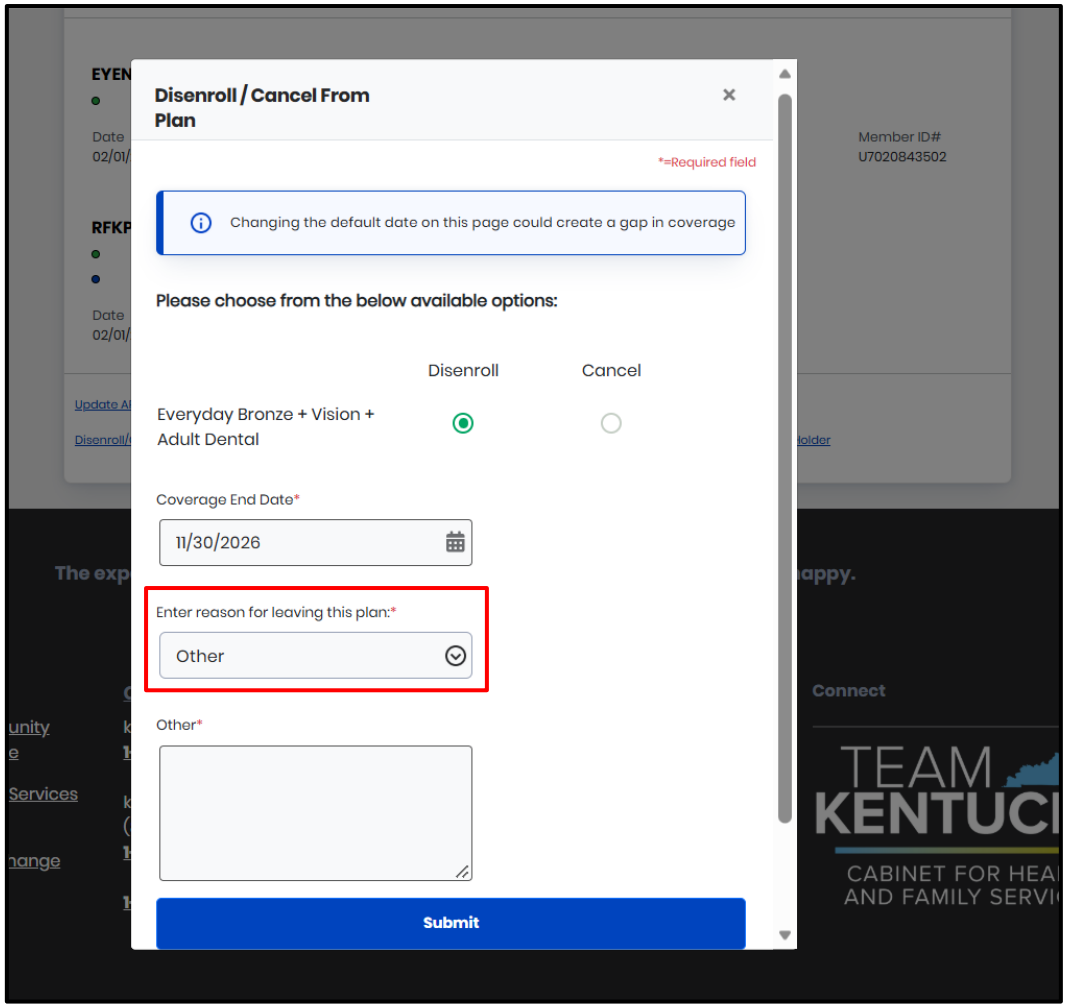
EMM Updates (4 of 4)

The Disenroll/Cancel pop-up now captures mandatory reasons for leaving a plan.

OVERVIEW

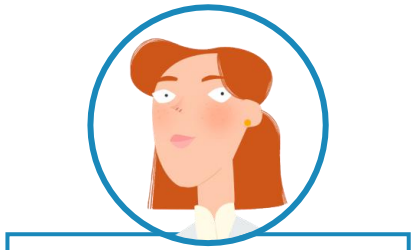
Shopping portals require that a mandatory reason is selected when Residents Disenroll/Cancel an enrollment. A few options include:

1. I/we have other health coverage
2. A household member no longer needs coverage
3. A household member is no longer in my household
4. A household member passed away
5. I/we are switching plans
6. I/we no longer want this coverage
7. I made a mistake or need to correct coverage
8. Other– please specify



Understanding Prescription Drug Benefits

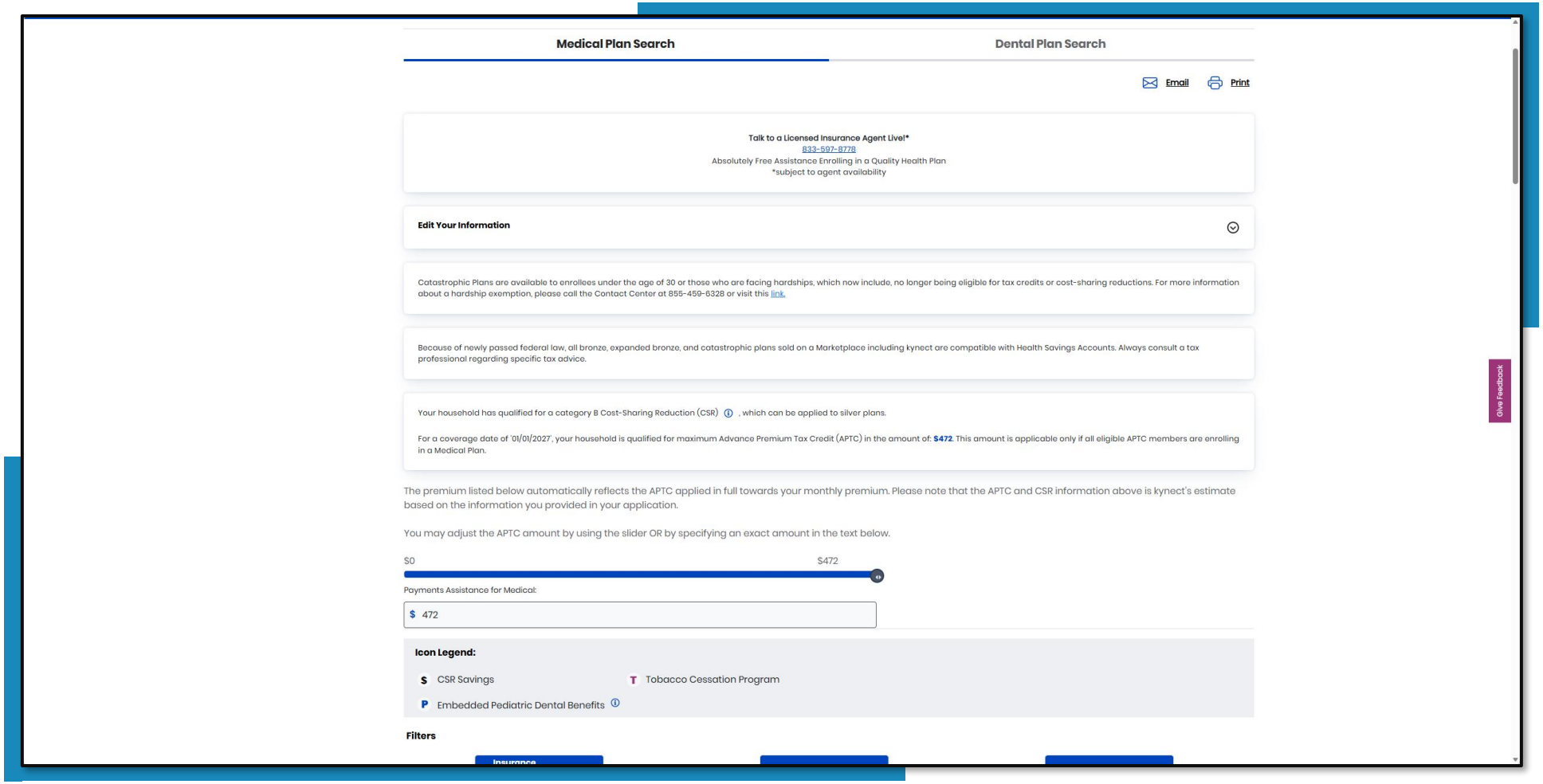
Prescription drug prices may differ depending on the type of plan selected.

	 SUE	 CARL
PRESCRIPTION	**Ozempic**	**Ozempic**
PLAN	**Copay Heavy Plan**	**Coinsurance Heavy Plan**
FINANCIALS	$150 specialty-drug copay	25% coinsurance after deductible
IMPACT	The plan charges Sue a $150 specialty-drug copay. Her out-of-pocket cost is predictable at **$150 per month, subject to the plan's coverage rules**.	The plan charges Carl 25% coinsurance after any applicable deductible. Before manufacturer assistance, Carl could owe up to **$2,500 per month until reaching the plan's out-of-pocket limit.**

PLEASE NOTE Prior authorization may be required for certain medications to be covered.

EMM Live Demonstration

A live demonstration of the EMM changes will be conducted at this time.





Closing & Open Questions

Office Hour: **Session One**

Open Enrollment Plan Year 2027 | November 2026

Resources Available

Below are key resources available for Agents and kynectors to utilize.



Editable FPL Charts

Agent FPL Chart

kynector FPL Chart

2027 Toolkit

Don't Let Time Run Out (Agent)

Don't Let Time Run Out (kynector)

Enroll In Health Coverage 2027 QR Code

Health Plans Cover Prescriptions (Agent)

Health Plans Cover Prescriptions (kynectors)

Health Savings Accounts (Agent)

Health Savings Accounts (kynector)

Hiking Tear-Off Flyer OE 2027 (kynector)

Need Health Coverage (Agent)

Need Health Coverage (kynector)

New Year with Health Coverage (Agent)

New Year with Health Coverage (kynector)

Benefit Programs

Child Care Assistance Program (CCAP)

Kentucky Transitional Assistance Program (KTAP)

Supplemental Nutrition Assistance Program (SNAP)

Special Enrollment

Exceptional Special Enrollment Fact Sheet

Special Enrollment Webpage

Pregnancy Special Enrollment Webpage

Special Enrollment Fact Sheet

Medicaid Work or Community Engagement

Medicaid Work or Community Engagement (MACE) Page

MACE Sample Outreach Notice

MACE Exemption Fact Sheet

MACE How to Meet the Requirements Fact Sheet

MACE What To Do Now Fact Sheet

MACE Frequently Asked Questions

MACE Frequently Asked Questions (Español)

Other Resources

KI-HIPP Page

KHBE Vocabulary Terms and Acronyms

KHBE Website: Essential Health Benefits Page

kynect benefits FAQ

Monthly Events Calendar

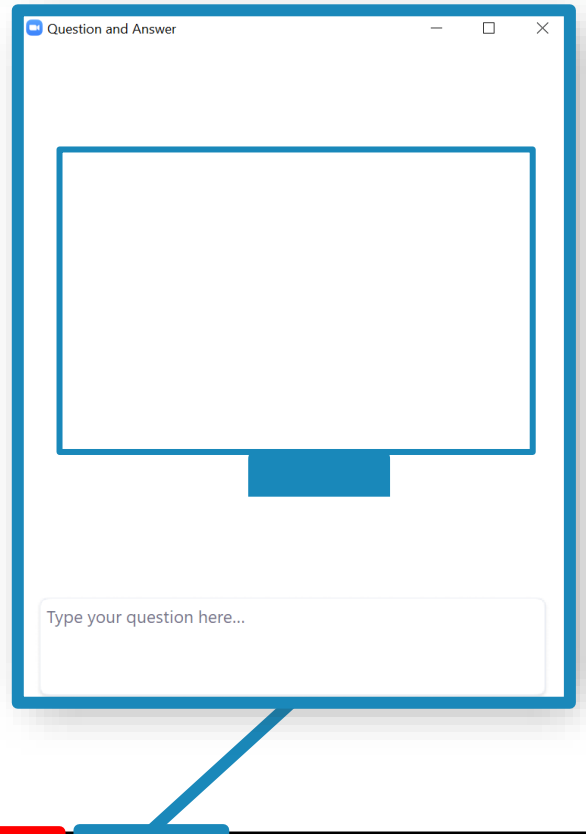
Open Questions

Please ask any questions related to the topics covered today.

How to Ask Questions

If you would like to ask a question related to the covered topics:

- Select the **Q&A Icon** (not the Chat Icon).
- Type your question and select **Enter** on your keyboard.



Refrain from selecting the Raise hand Icon. Agents and kynectors are muted and should ask questions using the Q&A Icon.