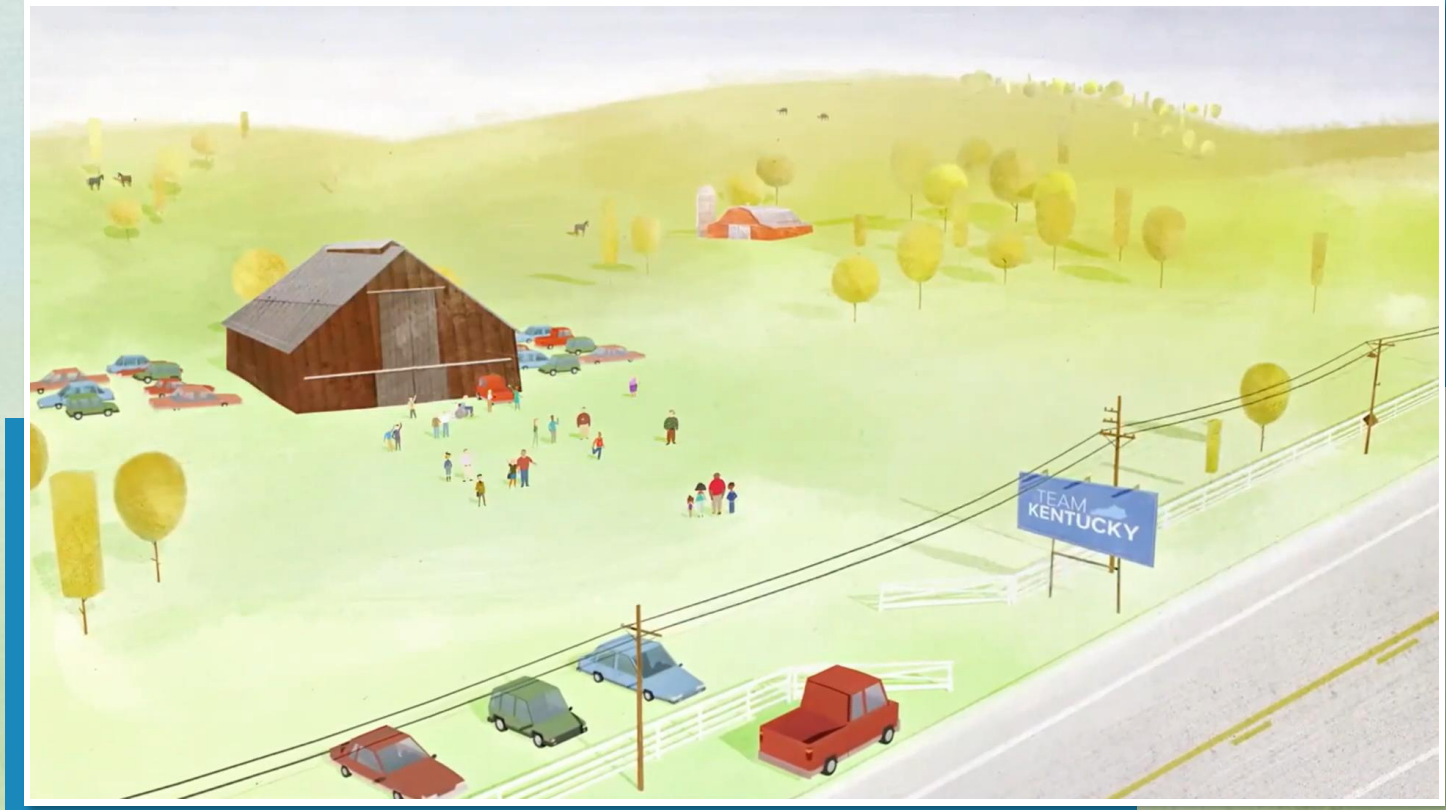
Agent and kynector In-Person Training

Open Enrollment Plan Year 2027

October 2026



Agenda

Below are the topics and schedule for today's Plan Year 2027 Agent and kynector training.

PART 1

Open Enrollment

Open Enrollment Topics	Time	Duration
Introduction		
Housekeeping	8:00-8:05	5 mins
Open Enrollment Objectives	8:05-8:10	5 mins
Training Topics		
Plan Year 2027 Landscape	8:10-8:25	15 mins
System Enhancements	8:25-8:30	5 mins
Application Spotlights	8:30-8:45	15 mins
Medicaid Overview	8:45-9:05	20 mins
Qualified Health Plan (QHP) Overview	9:05-9:20	15 mins
Open Enrollment Best Practices	9:20-9:45	25 mins
Open Enrollment Wrap-Up		
Open Questions	9:45-10:00	15 mins
Break	10:00-10:10	10 mins

PART 2

Medicaid Work or Community Engagement (MACE)

MACE Topics	Time	Duration
Orient & Equip		
Welcome and Purpose	10:10-10:25	15 mins
Determine Eligibility		
Eligibility Overview	10:25-11:55	90 mins
Lunch	11:55-12:55	60 mins
Lookback Rules & TOA Transition	12:55-1:45	50 mins
RFI Rules	1:45-1:55	10 mins
Renewals	1:55-2:25	30 mins
Break	2:25-2:30	5 mins
Additional Eligibility Items	2:30-2:55	25 mins
Operate In-System		
Self-Service Portal System Impacts	2:55-3:30	25 mins
Closeout Activity	3:30-3:35	5 mins



Introduction

OPEN ENROLLMENT
PLAN YEAR 2027

Housekeeping

Outlined below are key housekeeping details and facilitator information.

SESSION DETAILS

Purpose

Today's training will equip you with key information, updates, and resources to support a **successful Open Enrollment Plan Year 2027**.

Training Path

The session is divided into **two (2) parts**:

- **Part 1:** Open Enrollment Plan Year 2027
- **Part 2:** Medicaid Work or Community Engagement (MACE)

Breaks

Today's session includes **two (2) scheduled breaks** and a **60-minute lunch break**.

MEET YOUR FACILITATORS



Aaliyah Boller



Ben Martin



Brad Combs



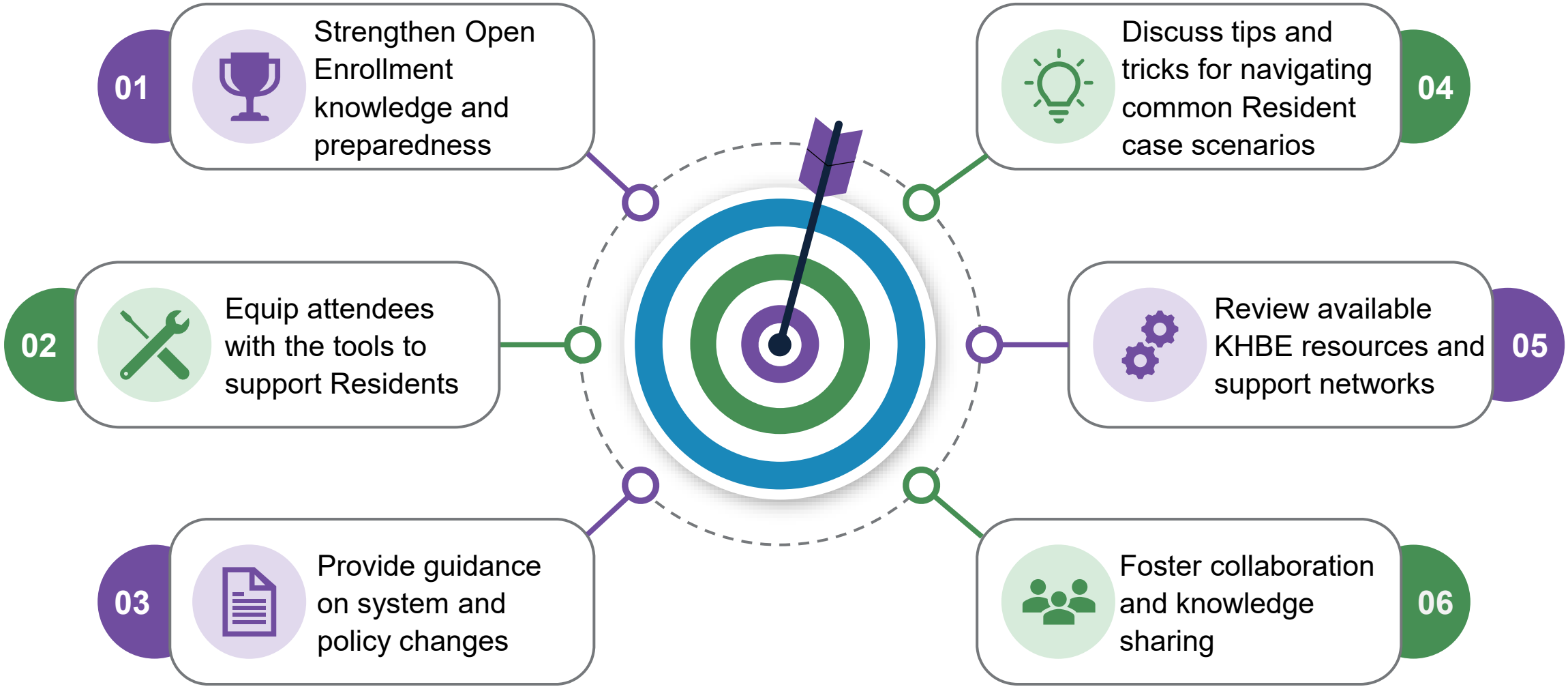
Jenny Holmgrain



Venusha Moodley

Open Enrollment Objectives

Outlined below are the objectives for today's Open Enrollment section.



Making the Most of Today's Session

Outlined below are engagement practices to help us stay focused and productive throughout today's session.

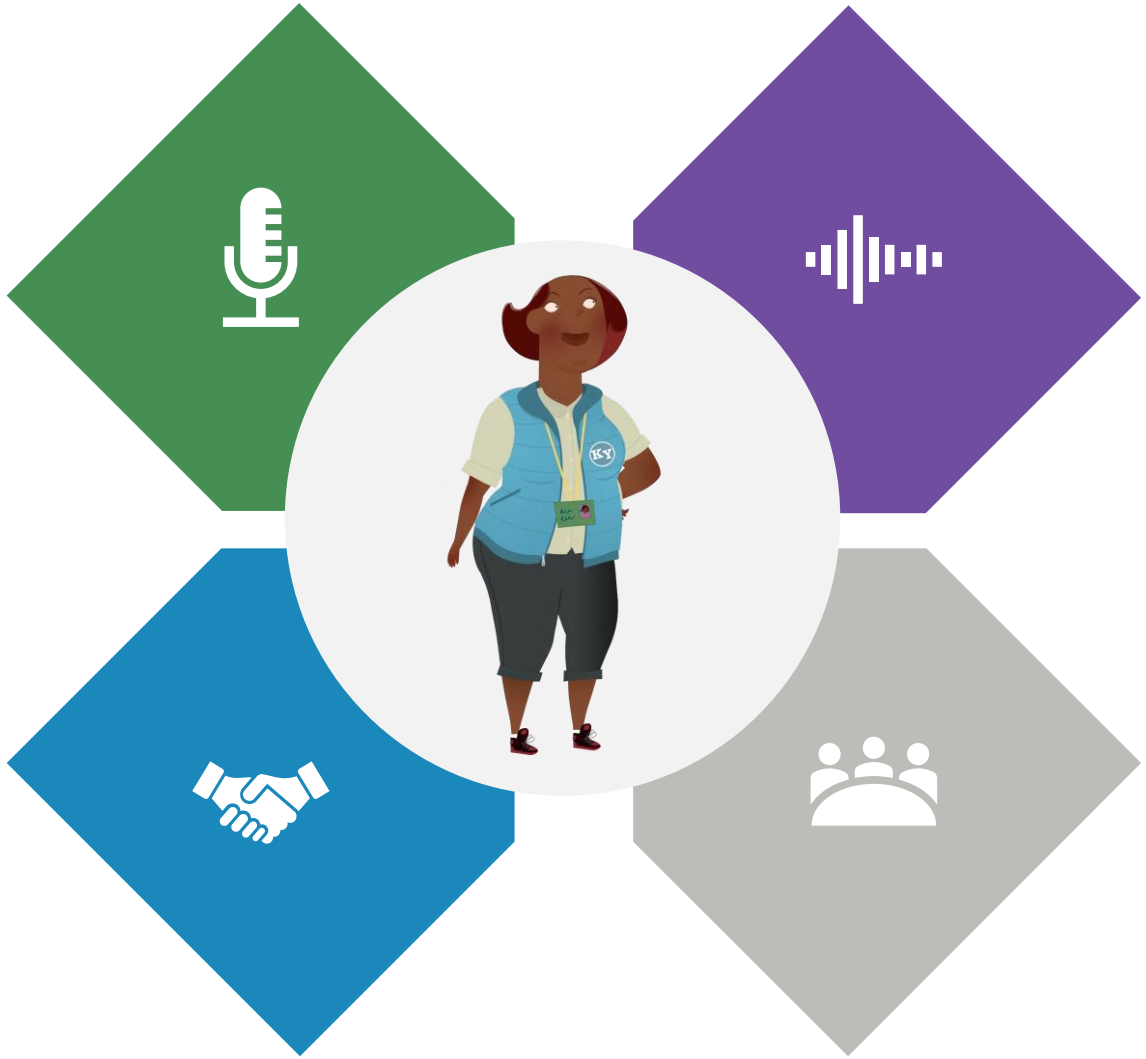
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ENGAGE WITH US

Your input is vital to the success of this session. Please ask questions and engage in group discussions.

BE PRESENT

Our time together is limited, so please limit email, phone use, and other distractions during the session.



BE RESPECTFUL

This is an open-minded learning environment. Please respect the facilitators and those around you.

LEARN TOGETHER

Take advantage of the expertise in the room to gain new perspectives and discover proven practices.

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Plan Year 2027 Landscape

OPEN ENROLLMENT
PLAN YEAR 2027



Federal Changes Overview

The details below provide an overview of the two (2) primary drivers of federal changes impacting kynect, Kentucky's State-Based Marketplace (SBM).

Federal Changes Overview	H.R.1: One Big Beautiful Bill Act	CMS Marketplace Integrity and Affordability Final Rule
WHAT IS IT?	Signed into law on **July 4, 2025**, H.R. 1 revised eligibility criteria, added verification requirements, and additional provisions to be implemented over the next three (3) years.	Published **June 25, 2025**, Centers for Medicare & Medicaid Services (CMS) issued the Integrity and Affordability Final Rule, affecting State-Based Marketplace Exchanges, like kynect.
RELEVANCE FOR PLAN YEAR 2027	Plan Year 2027 marks the implementation of several H.R. 1 changes, including new immigration requirements, changes to Advance Premium Tax Credits (APTC), and updated enrollment and renewal processes. These changes may require Individuals to provide additional documentation and take more action to enroll in and maintain coverage.	In August 2025, several provisions of CMS's Final Rule were challenged in federal court case, **City of Columbus v. Kennedy**, arguing that the changes could create barriers to obtaining and maintaining health coverage. The court temporarily blocked multiple provisions from taking effect, and those changes remain on hold while the litigation continues.

H.R.1: One Big Beautiful Bill Act

Below provides an overview of important details surrounding H.R. 1, the One Big Beautiful Bill Act.

OVERVIEW

H.R. 1, impacts state and local human services agencies and their programs, including **Marketplace coverage, Medicaid, Supplemental Nutrition Assistance Program (SNAP), and other programs that Agents and kynectors help Residents enroll in**.

IMPACT: As H.R. 1 changes program requirements, Agents and kynectors must quickly adapt and clearly explain these changes to Residents, so they can maintain existing coverage or direct them to suitable alternatives.

July 4 2025 — **H.R. 1 signed into law**

January 1 2026 — Elimination of premium tax credit eligibility for Lawfully Present Immigrants below 100% of the Federal Poverty Level (FPL)

October 1 2026 — Restricts definition of Qualified Immigrant for Medicaid & Children's Health Insurance Program (CHIP) coverage

January 1 2027 — States required to redetermine Medicaid eligibility every six (6) months, for Medicaid Expansion enrollees

January 1 2027 — Limits the types of Lawfully Present Immigrants or noncitizens who may qualify for APTC.

January 1 2027 — States required to enact Medicaid Work or Community Engagement program and limits to retroactive coverage

January 15 2027 — **End of Open Enrollment 2027**

Upcoming Changes

PLEASE NOTE Since October 1, 2026, ineligible immigrant populations were excluded from passive renewals and may lose coverage on January 1, 2027, if eligibility information is not provided.

CMS Integrity and Affordability Final Rule

Below outlines the impact of key ACA changes from the CMS 2025 Integrity and Affordability Final Rule.

City of Columbus v. Kennedy

What is it?

City of Columbus v. Kennedy challenged provisions of CMS's 2025 Final Rule, blocking multiple provisions while the case proceeds through litigation.

What now?

On June 22, 2026, the Department of Health and Human Services (HHS), filed their opposition in City of Columbus et al. v. Kennedy et al., also known as, Columbus II.

Income Requests for Information – Blocked

Client attestations are still accepted and income requests for information to resolve income inconsistencies are returned to 150 days.

Standardizing the Annual Open Enrollment Period– Blocked

The Open Enrollment Period for kynect remains November 1 through January 15.

Failure to Reconcile – Blocked

Individuals who fail to file federal income tax and reconcile APTC for two (2) years are deemed ineligible for Advance Premium Tax Credit (APTC).

Agent Broker Terminations

Terminates Agents and brokers if they are found to be in noncompliance with applicable HHS rules.

Lawfully Present Definition (PY26)

Changed the definition of lawfully present to exclude Deferred Action for Childhood Arrivals (DACA) recipients.

Past Due Premium Payments

Authorized Issuers to either require payment before effectuating new coverage or permits them to not renew coverage for Individuals with past-due premiums.

150% FPL (PY26)

Eliminated the monthly Special Enrollment Period (SEP) for Individuals with projected household incomes at or below 150% of the Federal Poverty Level (FPL).

PLEASE NOTE The City of Columbus v. Kennedy case is still ongoing. As a result, some implementation timelines and requirements may change as the litigation progresses.

Provisions Implementation Timeline

Below outlines the implementation timeline for key Affordable Care Act (ACA) Marketplace and Medicaid provisions.

ACA MARKETPLACE

01 Subsidized Coverage
January 1, 2026
Eliminates PTC eligibility for Lawfully Present Immigrants ineligible for Medicaid with incomes under 100% of the FPL.

03 Immigrant Eligibility
January 1, 2027
Limits subsidized coverage to lawful permanent Residents, Cuban and Haitian entrants, and COFA Residents.

05 Pre-Enrollment Verification
January 1, 2028
Individuals must verify eligibility information before receiving PTC.

MEDICAID

02 Noncitizen Medicaid
October 1, 2026
Narrowed definition of Qualified Immigrants for the purposes of eligibility for Medicaid and CHIP takes effect.

04 Medicaid Restrictions
January 1, 2027
Medicaid Work or Community Engagement requirements, six (6)-month renewals, and retroactive coverage limits.

06 Cost Sharing
October 1, 2028
Adults ages19-64 with incomes > 100% of the FPL pay copayments for some covered services.



System Enhancements

OPEN ENROLLMENT
PLAN YEAR 2027

System Enhancements (1 of 2)

Below are key enhancements Agents and kynectors may see within kynect.



Open Enrollment Period Updates

Open Enrollment will remain open through January 15, 2027; thus, all messaging in the Self-Service Portal remains unchanged.

There are no changes to APTC calculations, and premium prices for most subsidized enrollees have not increased significantly for Plan Year 2027.



Eligibility Year Calculations

SBM eligibility calculations are updated to **utilize coverage year-specific eligibility data** during plan shopping.

The Shopping Portal will display eligibility, APTC amounts, and enrollment options based on the selected coverage year, helping Individuals view accurate plan and financial assistance information for the applicable year.



Hardship Exemption Verifications

A new hardship exemption verification process has been added for members age 30 or older enrolling in a Catastrophic plan.

The Self-Service Portal, Shopping Portal, and Agent Portal have been updated to support hardship verification, messaging, required documentation upload, and related enrollment rules.

System Enhancements (2 of 2)

Below are key enhancements Agents and kynectors may see within kynect.

Kentucky Health Benefit Exhange (KHBE) Refinements

KHBE plan **enhancements were added to the Shopping Portal and Agent Portal** to improve visibility into APTC benefits, deductibles, out-of-pocket costs, prescription coverage, and enrollment status.

This includes more detailed enrollment information, plan comparison tools, clear status indicators, and required disenrollment reasons.

Hardship Verification Additions

In Self-Service Portal, a new D-SNAP application process was added **to support disaster-related SNAP applications and meet Food and Nutrition (FNS) requirements**.

Updates include a dedicated D-SNAP application flow, simplified application requirements, status tracking, and improved application access and submission.

Presumptive Eligibility (PE) Application Changes

Pregnancy information collection has been updated in the Self-Service Portal to improve pregnancy record management and align PE application dates with CMS requirements.

The updates include separate current and previous pregnancy tracking, improved validation, and the automatic use of the submission date as the start date.

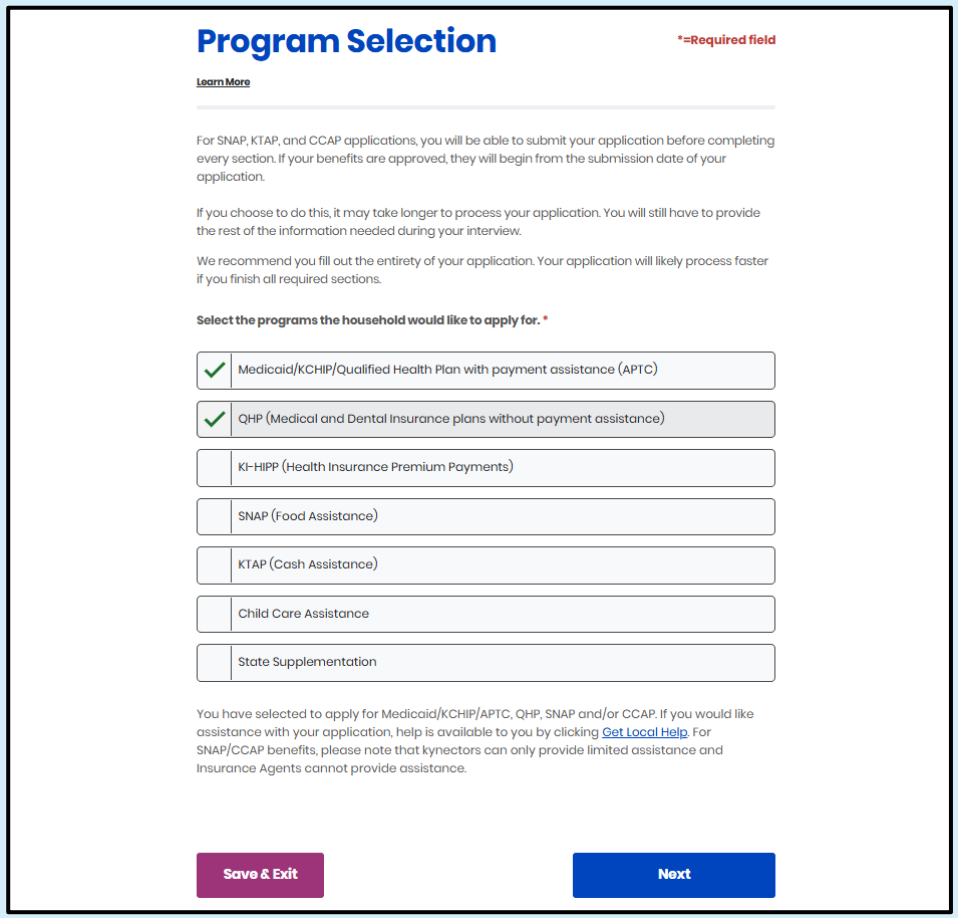
Application Spotlights

OPEN ENROLLMENT
PLAN YEAR 2027



Program Selection

Below outlines section spotlights for the Program Selection portion of the benefits application.



Summary

During Program Selection, Agents and kynectors determine which program(s) the Applicant wants to apply for, how the application is being completed, and the method used to verify the Applicant's identity.

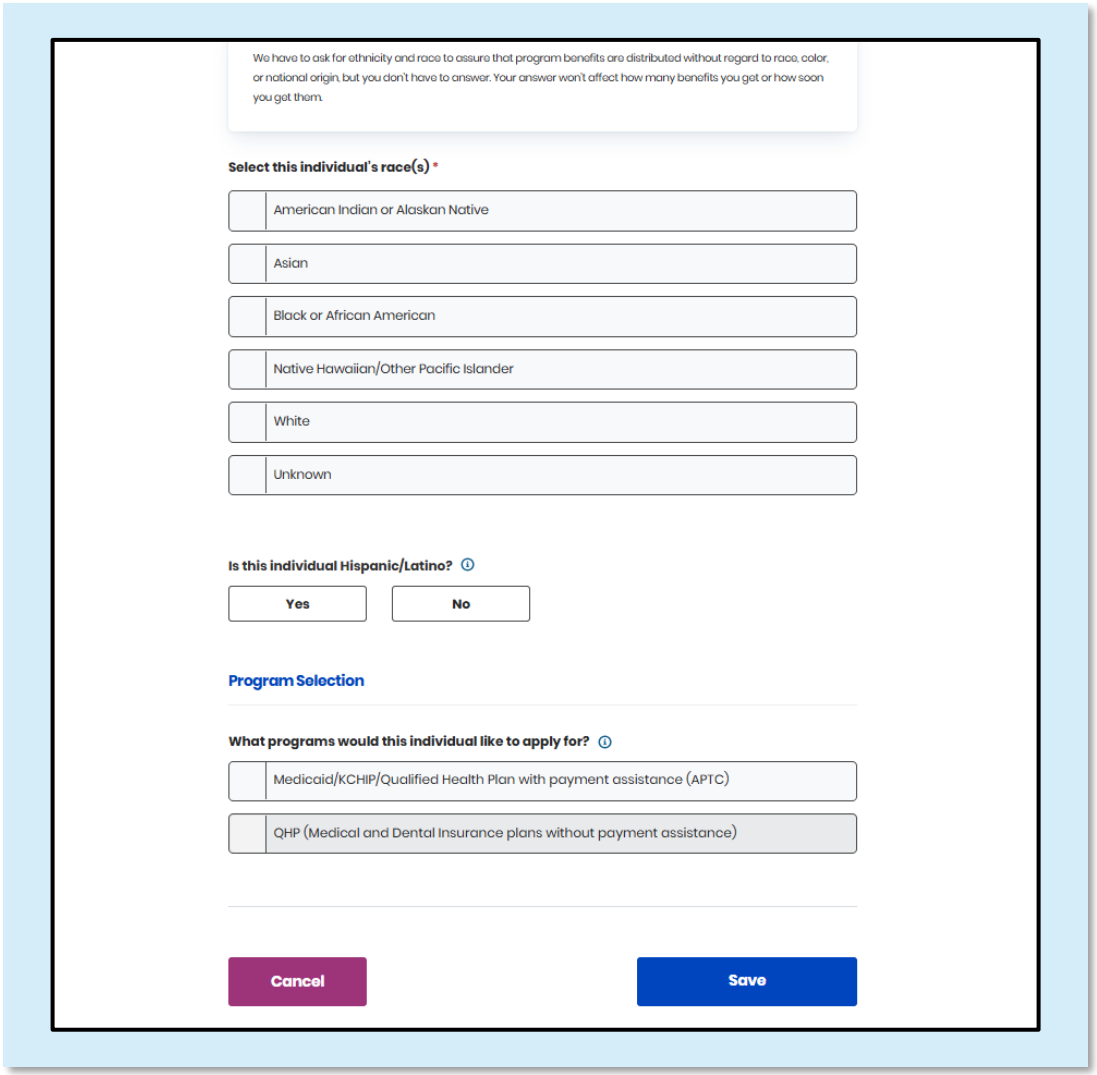
Section Spotlights

- All applications are reviewed through an integrated eligibility system, which may evaluate Applicants for additional benefit programs based on their unique eligibility circumstances.
- To verify an Applicant's identity, Agents and kynectors may use Remote Identity Proofing (RIDP) or choose to upload documents.
- If a member aged 65 or older requests coverage, Medicare Savings-related questions may be prompted.
- Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) is a voluntary Medicaid program that assists eligible Individuals with Employer-Sponsored Insurance costs, not QHPs.



Household Members

Below outlines section spotlights for the Household Members portion of the benefits application.



Summary

Household Members is where Agents and kynectors complete the Applicant's demographic information such as their name, date of birth, sex, race, and more.

Section Spotlights

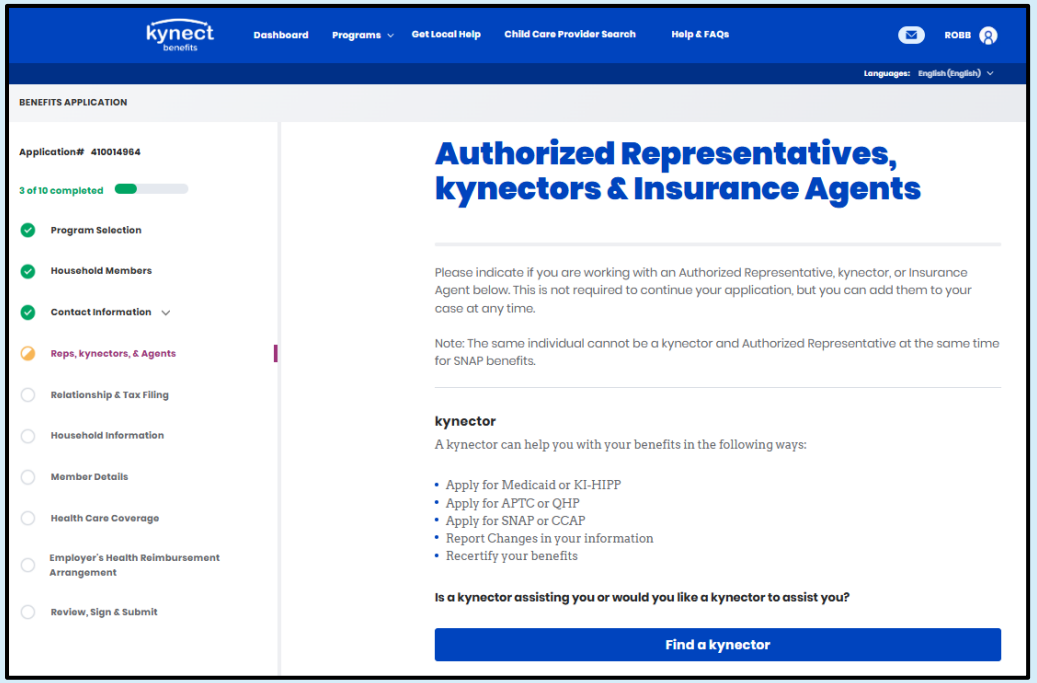
- The first person entered will be the Head of Household and primary subscriber. As a best practice, list the younger spouse first to make the transition to Medicare easier.
- Providing the Social Security Number allows kynect to verify case details and potentially prevent Requests for Information (RFIs).
- The applying for coverage checkbox indicates who is requesting coverage through kynect.



PLEASE NOTE Always verify that the Applicant has selected the correct program they wish to apply for based on their needs and intended coverage.

Reps, kynectors, and Agents

Below outlines section spotlights for the Reps, kynectors, and Agents portion of the benefits application.



Summary

Reps, kynectors, and Agents is where Agents and kynectors become associated with the Applicant's case based on the Applicant's preferred communication method, whether electronic or verbal.

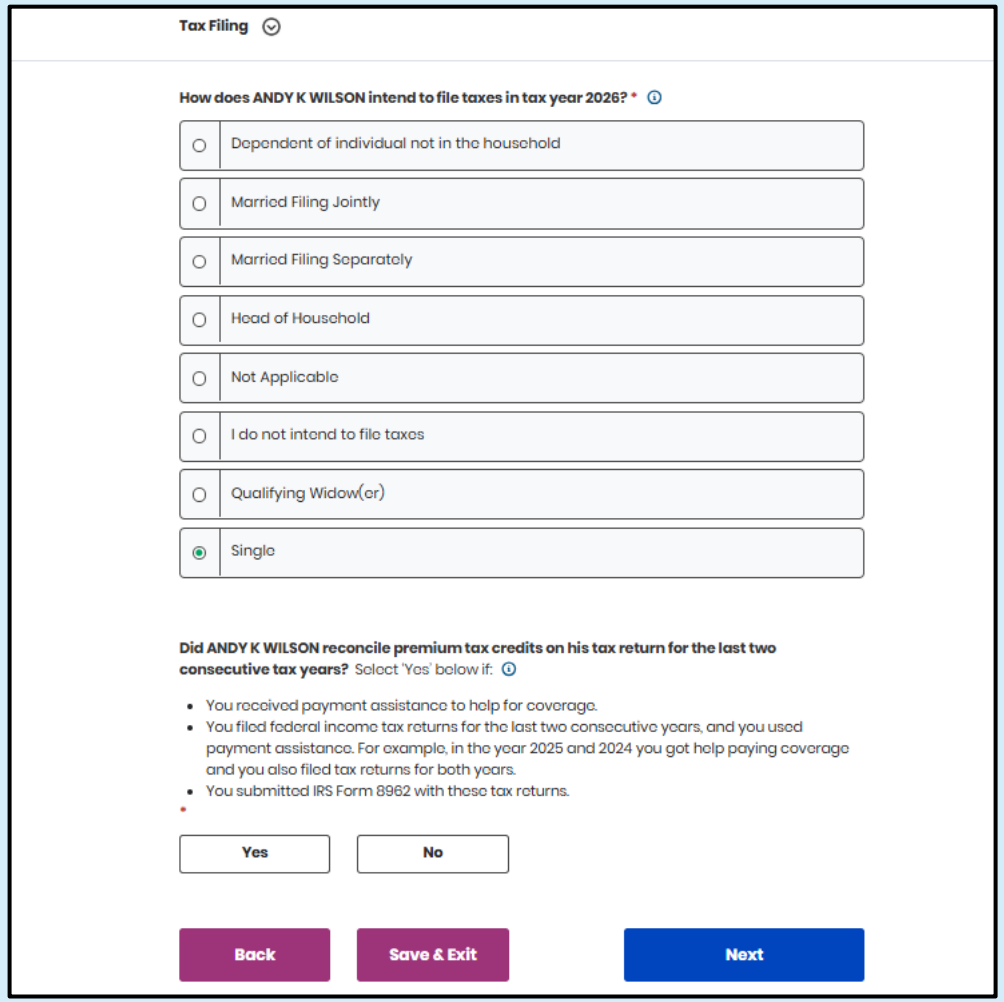
Section Spotlights

- Agents and kynectors should not be added as an Authorized Representative to a case.
- Agents and kynectors are automatically associated to the Applicant's case, however, additional support may be added, if necessary.
- To grant Agent and kynector access, the Applicant must respond and provide consent either electronically or verbally.



Relationship and Tax Filing

Below outlines section spotlights for the Relationship and Tax Filing portion of the benefits application.



Summary

Relationship and Tax Filing is where Agents and kynectors indicate the household's relationship to one another and the Applicant's intended tax filing status.

Section Spotlights

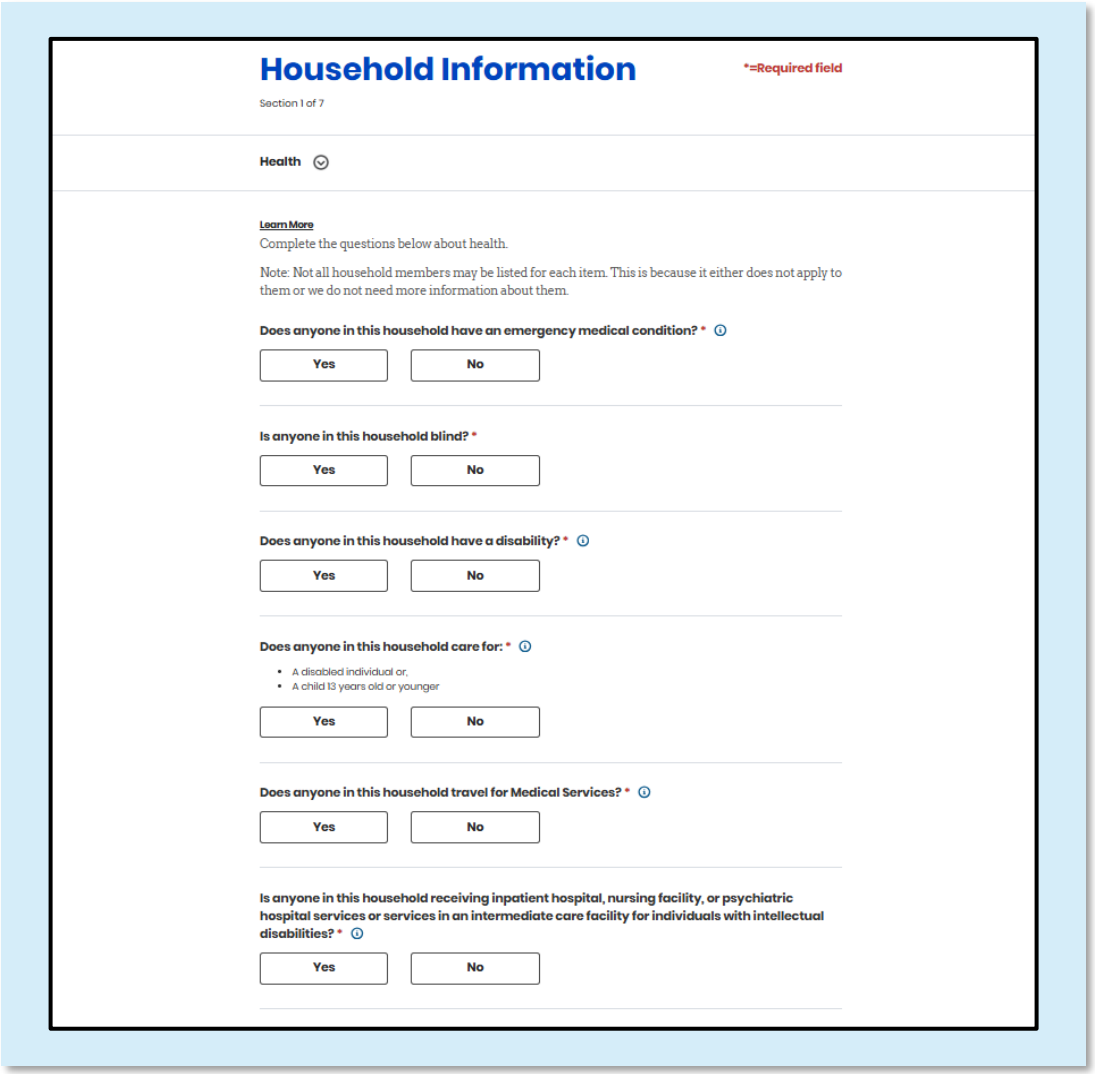
- Married couples who file taxes separately will not be eligible for APTC.
- Household relationships affect filer and non-filer relationships. Generally, only members of the same tax household may enroll in the same QHP, while certain dependents may need to enroll in a separate QHP.
- Individuals over age 26 generally cannot be enrolled as a dependent on a parent's QHP, even if they are claimed as a tax dependent.



PLEASE NOTE All household members must be included in the benefits application.

Household Information

Below outlines section spotlights for the Household Information portion of the benefits application.



Summary

During Household Information, Agents and kynectors answer a series of eligibility questions based on the Applicant's household situation, including health coverage, income, resources, and other personal circumstances.

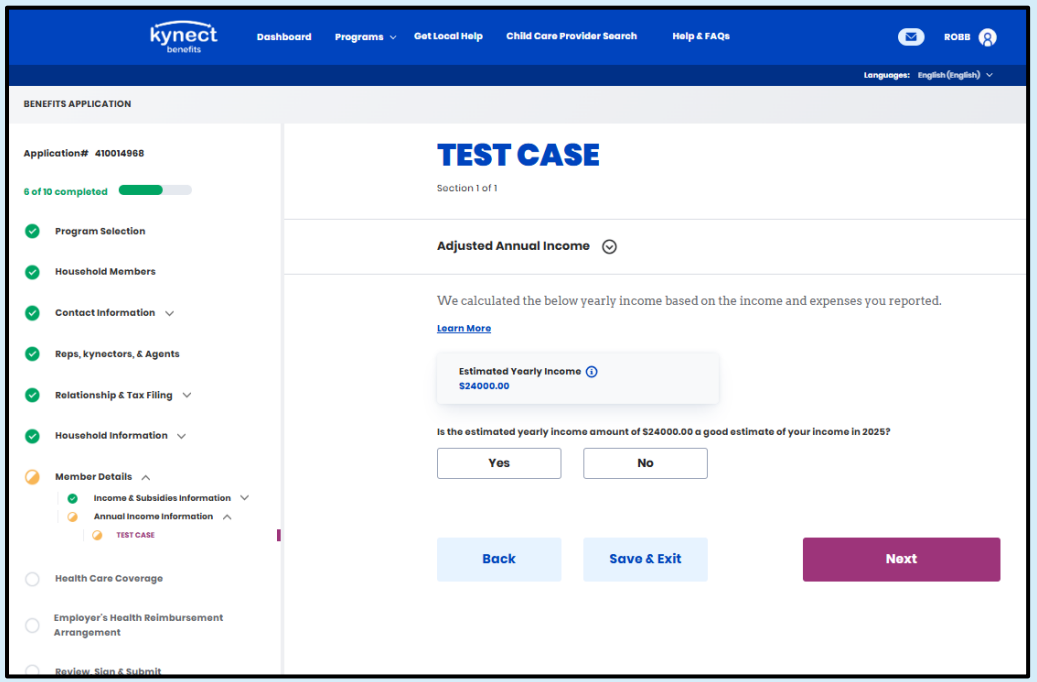
Section Spotlights

- Deductible expenses are for Modified Adjusted Gross Income (MAGI) Medicaid and APTC and do not include standard deductions such as business expenses and charity.
- Applicants enrolled in Medicare cannot enroll in a QHP; however, they can enroll in dental coverage.
- Additional questions or screens may be displayed based on the Applicant's responses.



Member Details

Below outlines section spotlights for the Member Details portion of the benefits application.



Summary

Member Details is where Agents and kynectors enter the Applicant's income sources, amount, and payment frequency. This information is used to calculate the Applicant's projected annual income for eligibility determination.

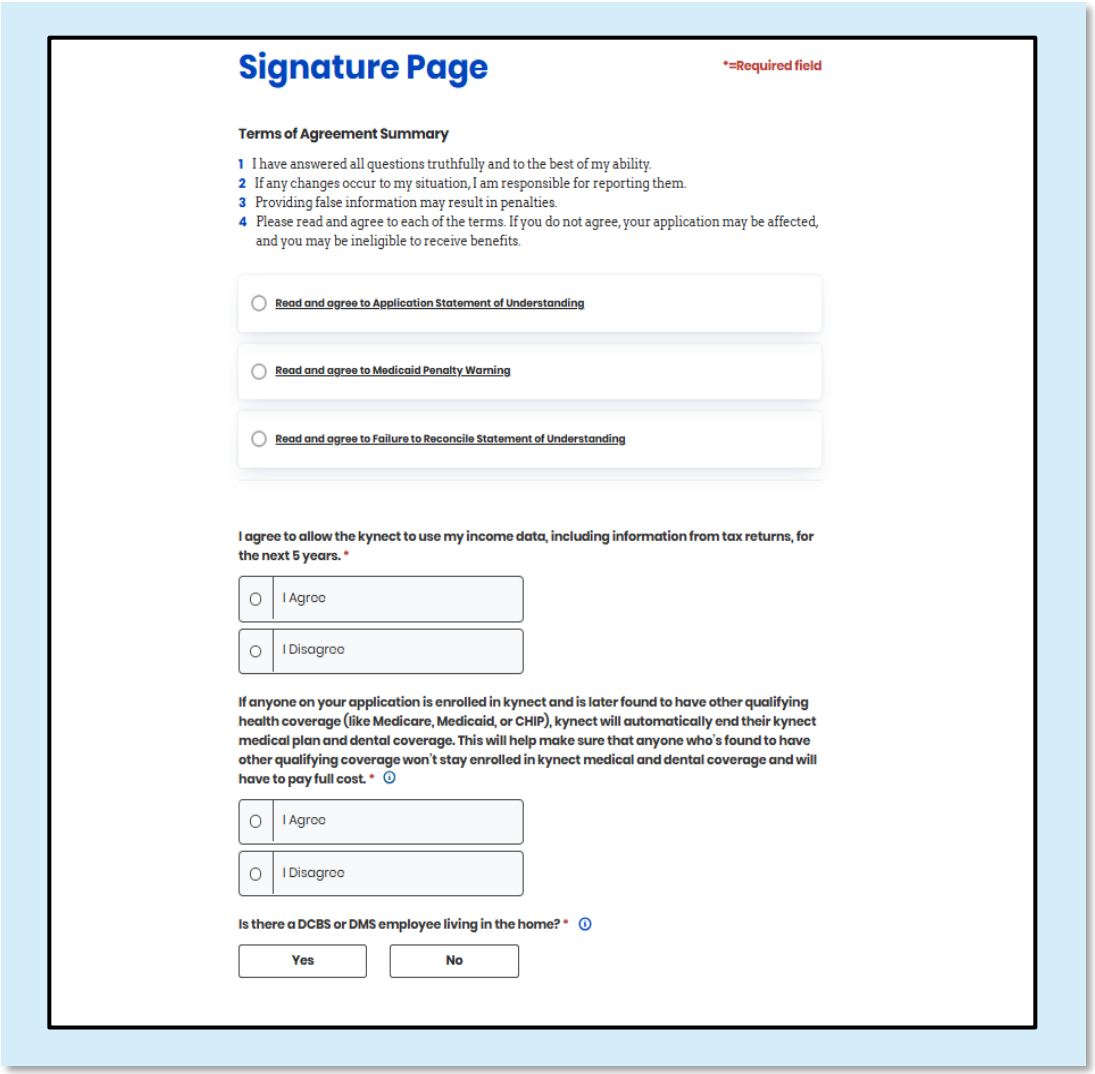
Section Spotlights

- The Estimated Yearly Income is used to evaluate the Applicant's eligibility. If the calculated amount does not accurately reflect the Applicant's income, it may be overridden, and the manually entered amount will be considered for eligibility.
- Be sure to include all forms of income, including any income from past jobs, current employment, and anticipated earnings, to accurately project income for the full year.
- Medicaid eligibility is evaluated using monthly income, while APTC eligibility is evaluated using annual income.



Review, Sign, and Submit

Below outlines section spotlights for the Review, Sign, and Submit portion of the benefits application.



Summary

Review, Sign, and Submit is the final section of the application process, where Agents and kynectors review the application, acknowledge the Terms of Agreement, and electronically sign and submit the benefits application on behalf of the Applicant.

Section Spotlights

- Allowing kynect to access income data will allow the case to be passively renewed, eliminating the need for active renewal each year.
- Allowing kynect to terminate QHPs will prevent Applicants from having to pay for a full price QHP if they are found eligible for a better benefit program.





Medicaid Overview

OPEN ENROLLMENT
PLAN YEAR 2027

Medicaid Eligibility Overview

Below provides an overview of important details regarding Medicaid and its eligibility requirements.

Eligibility

Eligibility is determined by a number of factors, including **family size, income, and the FPL.**

Most **children, pregnant women, parents, and adults** are evaluated for Medicaid using the MAGI approach, which considers monthly taxable income and tax filing relationships.

In Kentucky, Residents must meet both technical and financial requirements to qualify for MAGI Medicaid.

Income eligibility for Individuals who are **blind, disabled, or age 65 and older** is not determined using MAGI-based rules.

Instead, eligibility for Non-MAGI Medicaid is evaluated using a separate set of technical and financial eligibility criteria.

PLEASE NOTE For more information regarding MAGI, reference the MAGI Medicaid Fact Sheet.

Medicaid vs. APTC Income Verification

Below provides additional details regarding the Medicaid and APTC income verification process.

Medicaid Verification

Agents and kynectors should always double-check the Individual's income details for accuracy.

Examples of preferred income verification documents for Medicaid are listed below.

1. Original documentation showing the last **three (3) months of earned income**.
2. An **award letter** for unearned income.
3. A **tax return** if it is representative of the anticipated income.

Medicaid determines eligibility using monthly income and may review income from the past 3-12 months to identify the amount that best reflects the Individual's current income.

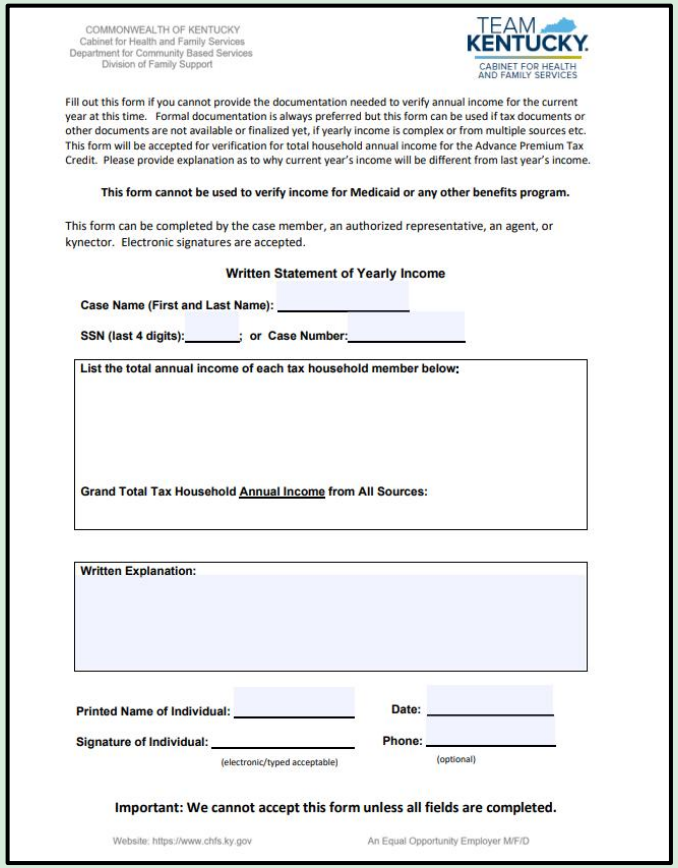
APTC Verification

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.

1. Written statement outlining projected annual income.
2. **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 additional forms of proof, 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.

Medicaid vs. APTC Eligibility

Below provides additional details regarding the Medicaid and APTC eligibility.

Updated each year by HHS, FPLs serve as a standard measure for determining whether an Individual may qualify for certain federal and state benefits.

Medicaid Eligibility Chart

2026 Medicaid Table (April 2026 ongoing)										
Household Size	Baseline FPL		Eligible for MAGI Medicaid		Children (Under 19 Years Old) and Pregnant Women Eligible for Medicaid (Five Year Bar Does Not Apply for Lawfully Present Children or Pregnant Immigrants)					
	100%		138%*		147%*		200%*		218%**	
	Monthly	Yearly	Monthly	Yearly	Monthly	147%	Monthly	200%	Monthly	218%
1	1,330	15,960	1,836	22,032	1,956	23,472	2,660	31,920	2,900	34,800
2	1,804	21,648	2,489	29,868	2,651	31,812	3,607	43,284	3,932	47,184
3	2,277	27,324	3,142	37,704	3,347	40,164	4,554	54,648	4,964	59,568
4	2,750	33,000	3,795	45,540	4,043	48,516	5,500	66,000	5,995	71,940
5	3,224	38,688	4,449	53,388	4,739	56,868	6,447	77,364	7,027	84,324
6	3,697	44,364	5,102	61,224	5,435	65,220	7,394	88,728	8,059	96,708
7	4,170	50,040	5,755	69,060	6,130	73,560	8,340	100,080	9,091	109,092
8	4,644	55,728	6,408	76,896	6,826	81,912	9,287	111,444	10,123	121,476
Each Additional	474	5,688	654	7,848	696	8,352	947	11,364	1,032	12,384

APTC Eligibility Chart

QHP/APTC Table (January through December 2026)												
			SILVER									
Household Size	Baseline FPL		Eligible for QHP with APTC and Cost Sharing Level "94" > 138% - 150%		Eligible for QHP with APTC and Cost Sharing Level "87" >150% - 200%		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	1,305	15,660	1,957	23,490	2,610	31,320	3,262	39,150	3,915	46,980	5,220	62,640
2	1,763	21,156	2,644	31,734	3,526	42,312	4,408	52,890	5,289	63,468	7,052	84,624
3	2,221	26,652	3,331	39,978	4,442	53,304	5,553	66,630	6,663	79,956	8,884	106,608
4	2,680	32,160	4,020	48,240	5,360	64,320	6,700	80,400	8,040	96,480	10,720	128,640
5	3,138	37,656	4,707	56,484	6,276	75,130	7,845	94,140	9,414	112,968	12,552	150,624
6	3,596	43,152	5,394	64,728	7,192	86,304	8,990	107,880	10,788	129,456	14,384	172,608
7	4,055	48,660	6,082	72,990	8,110	97,320	10,138	121,650	12,165	145,980	16,220	194,640
8	4,513	54,156	6,769	81,234	9,026	108,312	11,283	135,390	13,539	162,468	18,052	216,624
9	4,972	59,664	7,458	89,496	9,944	119,328	12,430	149,160	14,916	178,992	19,888	238,656
10	5,431	65,172	8,146	97,758	10,862	130,344	13,578	162,930	16,293	195,516	21,724	260,688

PLEASE NOTE For the most current income guidelines, reference the 2026 FPL Chart.

MAGI vs. AGI

Below provides important details surrounding the key differences between MAGI and AGI.

Modified Adjusted Gross Income (MAGI) and Adjusted Gross Income (AGI) share a number of similarities. Both reflect an Individuals annual income; both are used to determine whether or not Individuals may receive certain tax credits and deductions; both can influence eligibility in various state and federal programs.

The key differences between MAGI and AGI are in how they are calculated, and which tax credits, deductions, and government programs they are relevant to.

How to Calculate MAGI

Start with AGI

This is the total income minus certain things that are not taxable, such as, retirement or HSA contributions.

Add certain adjustments back in

The reason why an Individual may need MAGI is what determines which adjustments may need to be added back into the calculation.

The result is MAGI

MAGI will determine whether an Individual may be eligible for certain tax benefits.

PLEASE NOTE Medicaid does not have an Open Enrollment Period. Individuals may apply and enroll at any time throughout the year as long as they qualify.

Medicare Savings Program Overview

Below provides an overview of important details surrounding the Medicare Savings Program.

Definition

Medicare Savings Program (MSP) provides partial financial assistance with **Medicare premiums, deductibles, or coinsurance** to certain low-income Medicare beneficiaries who are not entitled to the full Medicaid benefit package.

Examples of programs include:

- Qualified Medicare Beneficiaries (QMB)
- Specified Low-Income Medicare Beneficiaries (SLMB)
- Qualifying Individuals (QI)
- Qualified Disabled & Working Individual (QDWI)

Eligibility

1. Resident must have **Medicare Part A**.
2. Resident's financial resources or owned assets are **below $9,950 for an Individual** and **$14,910 for a couple**.
3. Resident's income is lower than limits presented on the table to the right.

Income Limits

Program Name	MSP Will Pay	Monthly Income Limits in 2026
QMB	Medicare Part A and B premiums, deductibles, and coinsurance	$1,350 Individual $1,824 Couple
SLMB	Medicare Part B Premium only (no deductibles or coinsurance)	$1,616 Individual $2,184 Couple
QI	Medicare Part B Premium only (no deductibles or coinsurance)	$1,816 Individual $2,455 Couple
QDWI	Medicare Part A premium (for certain working disabled Individuals-for up to 48 months).	$5,405 Individual $7,299 Couple

PLEASE NOTE Residents may **not** apply for or enroll in Medicare through kynect. To apply for Medicare coverage, Residents must **contact the Social Security office at 1-800-772-1213.**

Medicare Savings Program: Qualified Medicare Beneficiaries

Below provides a comparison between Qualified Medicare Beneficiaries and Qualified Medicare Beneficiary Plus.

Qualified Medicare Beneficiaries (QMB)

Benefits

- Medicaid covers Part A (if any) and Part B premiums
- Medicaid covers Medicare deductibles, coinsurance, and copayments for Medicare-covered items and services

Qualifications

- Income up to 100% of the FPL
- Resources up to three (3) times the SSI resource limit, increased annually by the consumer price index
- Enrolled in Medicare Part A
  - If not enrolled in Part A, Medicare Part B only or Medicare Part B with Conditional Part A

VS

Qualified Medicare Beneficiary Plus (QMB+)

Benefits

- Medicaid covers Part A (if any) and Part B premiums
- Medicaid covers Medicare deductibles, coinsurance, and copayments for Medicare-covered items and services
- Receive full-benefit Medicaid coverage **plus Medicare premiums and cost-sharing coverage**

Qualifications

- Income varies according to specific Medicaid eligibility
- Resources up to three (3) times the SSI resource limit, increased annually by the consumer price index
- Enrolled in Medicare Part A
  - If not enrolled in Part A, Medicare Part B only or Medicare Part B with Conditional Part A
- Enrolled in **full Medicaid coverage** (beyond Medicare premiums and cost-sharing coverage)

PLEASE NOTE Examples of QMB+ Individuals may include those eligible for Supplemental Security Income (SSI)-related Medicaid or those who may be age 65 or older, blind, or disabled.

Immigrant Status Definitions

Below are key definitions and classifications related to immigrant and citizen eligibility.

Qualified Immigrants **who meet income eligibility requirements** may be eligible for QHPs, APTC, Medicaid, and KCHIP coverage. Federal law requires most Qualified Immigrants meet a five (5)-year waiting period, also referred to as the **five (5)-year bar** before becoming eligible for Medicaid, unless exempt, but this requirement does not apply to APTC or QHP.

Citizen Types

Naturalized Citizens

An Individual who was not born in the U.S. and did not automatically acquire U.S. citizenship through a parent or relative who is a U.S. citizen.

Derived Citizens

An Individual who derives U.S. citizenship through their relationship to a U.S. citizen by operation of law.

Immigrant Types

Lawful Permanent Residents (Green Card Holder)

Individuals legally residing in the U.S. as permanent Residents, either through an immigrant visa from the Department of Homeland Security (DHS) or permanent Resident status adjustment from the U.S. Citizenship and Immigration Services (USCIS).

Lawfully Present Individuals

Individuals with a qualified non-citizen status, humanitarian or special circumstances, valid non-immigrant visas, or other legally recognized immigration statuses, without a waiting period.

Qualified Immigrants

Individuals lawfully admitted for permanent residence who have been granted legal immigration status through the USCIS.

Immigrant Status Definitions: Full Medicaid Eligibility

Below are examples of Qualifying Immigrant types.

THEN

Before October 1, 2026

Immigrants Eligible for Full Medicaid

Qualifying Immigrant types included…

- Lawful Permanent Residents (Green Card Holders) **without** a five (5)-year bar
- Cuban/Haitian Entrants
- Compact of Free Association (COFA) Migrants

Nearly all other Lawfully Present Individuals, including…

- Asylees
- Refugees
- Paroled in the U.S. for at least one (1) year
- Granted withholding of deportation
- Conditional entrant before 1980
- Victims of trafficking and their families
- Member of a federally recognized Indian tribe
- Individuals with Non-immigrant Status including workers visas (such as H1, H-2A, H-2B), student visas, U-visa, T-visa, and others

NOW

Since October 1, 2026

Immigrants Eligible for Full Medicaid

Qualifying Immigrant types only include:

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

Time-Limited Emergency Medicaid remains available for life-threatening conditions to Kentucky Residents who meet income requirements, regardless of immigration status.

Immigrant Status Definitions: APTC Eligibility

Below are examples of Qualifying Immigrant types.

THEN

Before January 1, 2027

Immigrants Eligible for APTC

Qualifying Immigrant types included…

- Lawful Permanent Residents (Green Card Holders) **without** a five (5)-year bar
- Cuban/Haitian Entrants
- Compact of Free Association (COFA) Migrants

Nearly all other Lawfully Present Individuals, including…

- Asylees
- Refugees
- Paroled in the U.S. for at least one (1) year
- Granted withholding of deportation
- Conditional entrant before 1980
- Victims of trafficking and their families
- Member of a federally recognized Indian tribe
- Individuals with Non-immigrant Status including workers visas (such as H1, H-2A, H-2B), student visas, U-visa, T-visa, and others

NOW

Beginning January 1, 2027

Immigrant Types

Qualifying Immigrant types only include:

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

Important Reminders:

- Immigrants with income below 100% of the FPL remain ineligible for APTC.
- DACA immigrants are ineligible for QHP or APTC.
- For Plan Year 2027, immigrants ineligible for APTC may still purchase full-price plans if they choose.
- For Plan Year 2027, APTC ineligible immigrant enrollees are excluded from passive renewals for QHP so that they are not automatically enrolled in a full-price plan.

Immigrant Eligibility Reminders

Below are a few important reminders surrounding immigrant eligibility.

Qualified Immigrants

Some Qualified Immigrants may need to wait five (5) years before they can receive Medicaid or KCHIP benefits.

APTC Changes

Starting January 1, 2027, many Lawfully Present Immigrants or noncitizens may no longer qualify for APTC.

Eligibility Restrictions

Both undocumented immigrants and DACA recipients are not eligible for Medicaid, APTC, QHPs, or any other plans through kynect.

Required Documents

Individuals may be required to provide additional documentation when applying for various programs. A few examples are listed below.

Examples of Required Documentation

For Immigration Status

1. Permanent Resident Card, "Green Card" (I-551)
2. Reentry Permit (I-327)
3. Refugee Travel Document (I-571)

For Citizenship Status

1. U.S. Passport
2. Certificate of Naturalization (DHS Forms N-550 or N-570)
3. Certificate of U.S. Citizenship (DHS Forms N-560 or N-561)

PLEASE NOTE For the full list of acceptable documentation, reference to the Understanding Immigration and Eligibility QRG or the USCIS webpage.

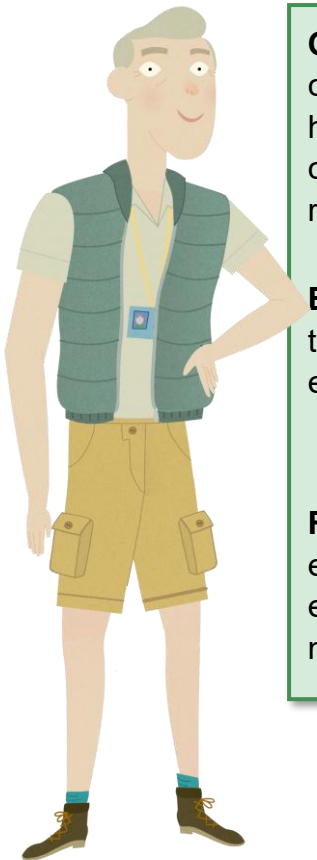


QHP Overview

OPEN ENROLLMENT
PLAN YEAR 2027

QHP Overview

Below displays information about QHPs, APTC, and Cost-Sharing Reductions (CSRs).



QHP

Overview: QHPs are insurance plans certified by kynect that cover essential health benefits, follow established limits on costs, and meet other federal and state requirements.

Eligibility: Individuals eligible to enroll through kynect, or those who are not eligible for Medicaid.

Reminders: Provide a defined set of essential health benefits including emergency services, prescription drugs, maternity care, and preventive services.

APTC

Overview: APTC is assistance for premium payments offered through kynect. The assistance is in the form of a tax credit that can be applied to monthly premiums for QHPs.

Eligibility: Individuals or families whose annual income is between 100% and 400% of the FPL.

Reminders: Reconciliation of Premium Tax Credits via IRS Form 8962 is required to retain eligibility.

CSR

Overview: CSRs offered through kynect reduce out-of-pocket expenses such as copays, coinsurance, and deductibles.

Eligibility: Individuals or families with income up to 250% of the FPL, eligible for APTC, and purchase a QHP through kynect.

Reminders: Generally, CSRs may only be applied to Silver-metal plans.

PLEASE NOTE If you cannot provide the documentation needed to verify annual income for the current year, reference the Written Statement of Yearly Income template.

QHP and APTC Eligibility

Below provides an overview of important details regarding QHP and APTC eligibility requirements.

kynect
Together for a better Kentucky

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.

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

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

For additional forms of proof, reference the Countable and Non-Countable Income Tip Sheet.

Eligibility Chart

Updated each year by HHS, FPLs serve as a standard measure for determining whether an Individual may qualify for certain federal and state benefits.

QHP/APTC Table (January through December 2026)

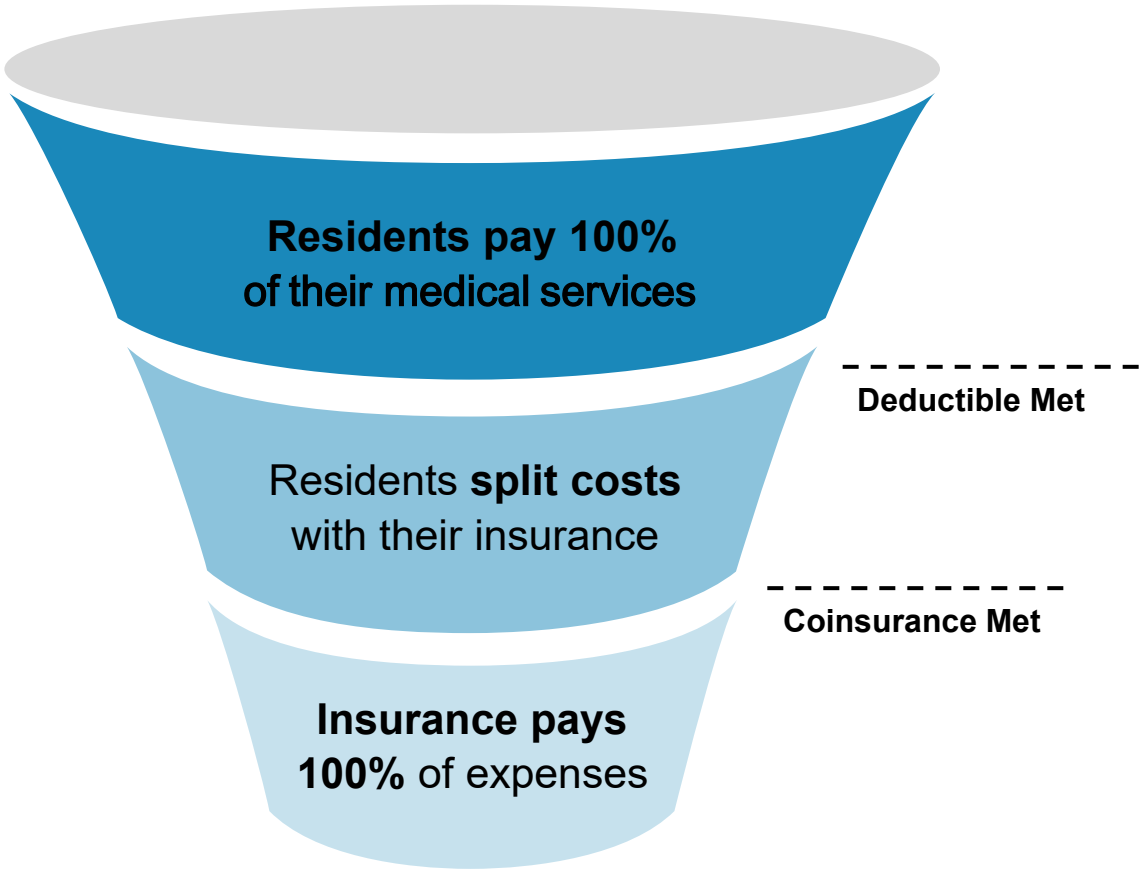
Household Size	Baseline FPL		SILVER: Eligible for QHP with APTC and Cost Sharing Level "94" > 138% - 150%		SILVER: Eligible for QHP with APTC and Cost Sharing Level "87" >150% - 200%		SILVER: Eligible for QHP with APTC and Cost Sharing Level "73" >200% - 250%		SILVER: Eligible for QHP with APTC No Cost 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	1,305	15,660	1,957	23,490	2,610	31,320	3,262	39,150	3,915	46,980	5,220	62,640
2	1,763	21,156	2,644	31,734	3,526	42,312	4,408	52,890	5,289	63,468	7,052	84,624
3	2,221	26,652	3,331	39,978	4,442	53,304	5,553	66,630	6,663	79,956	8,884	106,608
4	2,680	32,160	4,020	48,240	5,360	64,320	6,700	80,400	8,040	96,480	10,720	128,640
5	3,138	37,656	4,707	56,484	6,276	75,130	7,845	94,140	9,414	112,968	12,552	150,624
6	3,596	43,152	5,394	64,728	7,192	86,304	8,990	107,880	10,788	129,456	14,384	172,608
7	4,055	48,660	6,082	72,990	8,110	97,320	10,138	121,650	12,165	145,980	16,220	194,640
8	4,513	54,156	6,769	81,234	9,026	108,312	11,283	135,390	13,539	162,468	18,052	216,624
9	4,972	59,664	7,458	89,496	9,944	119,328	12,430	149,160	14,916	178,992	19,888	238,656
10	5,431	65,172	8,146	97,758	10,862	130,344	13,578	162,930	16,293	195,516	21,724	260,688

For the most current income guidelines, reference the 2026 FPL Chart.

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 Accumulators

Below provides an illustration of how deductibles, coinsurance, and out-of-pocket maximums are calculated throughout the year.



DEDUCTIBLE

The amount Residents must pay out-of-pocket **before their health plan pays** for their benefits.

COINSURANCE

After meeting the deductible, **Residents pay a portion** of the costs out-of-pocket, and **insurance pays the rest**.

OUT OF POCKET MAXIMUM

Once a Resident reaches their out-of-pocket maximum, which is **the most they must pay for covered services in a calendar year**, covered services are paid by insurance at 100%.

PLEASE NOTE Many QHPs include copayments, which are fixed fees paid when receiving certain covered services. In some cases, copayments apply before the deductible has been met.

Health Savings Account Overview

Below provides an overview of important details surrounding the Health Savings Account.

Health Savings Account (HSA)

What is it?

A personal savings account that Residents can set up to pay for eligible healthcare expenses. Residents may be eligible to contribute to an HSA if they are enrolled in a qualifying High-Deductible Health Plan (HDHPs).

HSAs permit Residents to save and withdraw money tax-free for qualified medical expenses, such as deductibles, copayments, coinsurance, and other eligible expenses.

Common HSA Providers

- Banks, insurance companies, and other financial institutions offer HSAs.
- On kynect, plans that are compatible with HSAs are clearly labeled.
- Once Residents enroll in an HSA-compatible plan, they must set up their HSA separately through a financial institution of their choice.

Key Considerations

- Residents **may not contribute** to an HSA if they have Medicare coverage or a plan that pays for covered services before deductibles or copayments are met, also known as first dollar coverage.
- HSA funds may still be utilized to pay for qualified medical expenses, including those not covered by Medicare or Medicare Supplement Insurance.
- Residents should keep receipts and maintain records to verify that HSA withdrawals were used for qualified medical expenses, in case of an IRS audit.

Contributions to an HSA are **pre-tax and may also be deducted from MAGI**. Since MAGI is used to calculate household income for Medicaid and APTC eligibility, contributing to an HSA can help **lower your reported income** for these benefits.

PLEASE NOTE All Bronze, Expanded Bronze, and Catastrophic plans through kynect are HSA-compatible. For more information, reference the HSA Fact Sheet.

400% Federal Poverty Level (FPL) Cliff

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 generally 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

Mike (57M) and spouse Mary (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

Mike and Mary 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.

400% FPL Cliff: Where to Find a Resident's FPL

Agents and kynectors can follow the steps below to generate a report to identify a Resident's FPL.

AGENT PORTAL

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

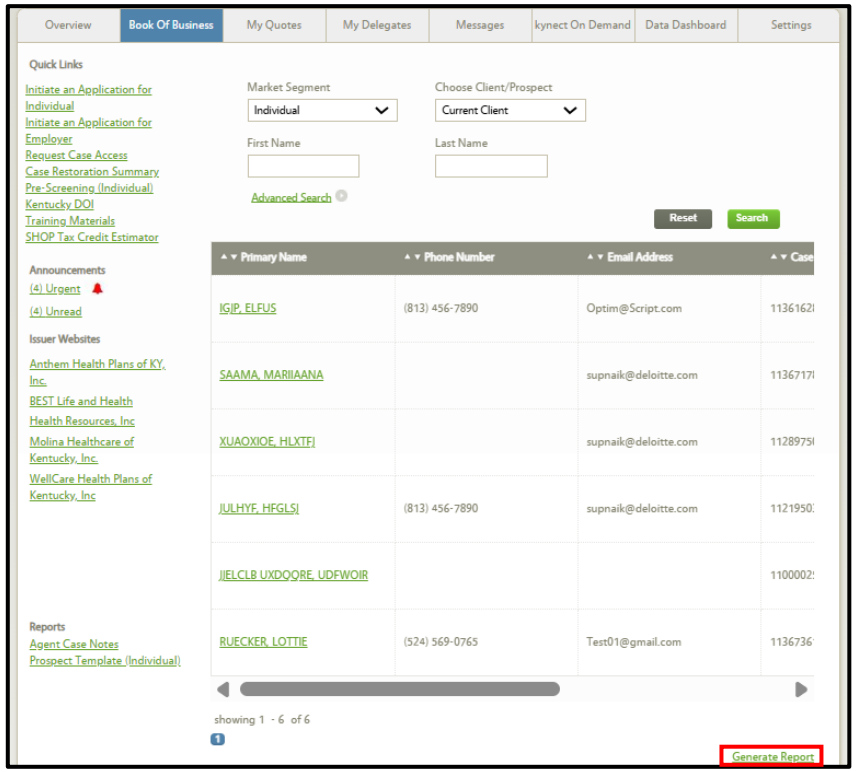
1. Open Agent Portal
2. Select the **Book of Business** tab
3. Select **Current Client**
4. Select **Generate Report**

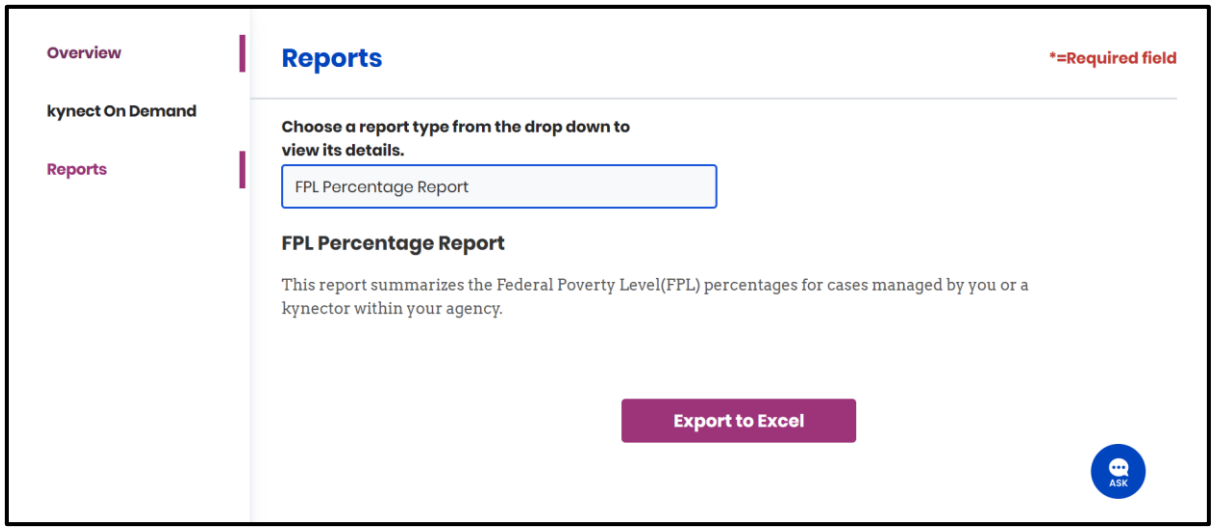
KYNECTOR DASHBOARD

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.





Comparing Metal Levels

Below displays information comparing Catastrophic, Expanded Bronze, Gold, and Silver plans.

Comparing Metal Levels	Catastrophic Plans	Expanded Bronze Plans
Overview	Only available to Individuals under 30 or those with a hardship/affordability exception	Ideal for Individuals seeking a low monthly premium with more plan options
Monthly Premiums	Lowest	Slightly higher than Catastrophic
Deductibles	Highest (equal to MOOP)	Slightly lower than Catastrophic
MOOP	Highest	High
HSA-Compatible?	Yes	Yes
Additional Notes	Not available to all Marketplace enrollees. Generally ineligible for PTCs.	Expanded Bronze plans generally cover some costs before the deductible is met.

Gold Plans

Gold health plans typically have higher monthly premiums but lower out-of-pocket costs when care is needed.

Silver Plans

For Individuals eligible for CSRs, Silver plans may offer the greatest value because the additional savings apply only to Silver plan coverage.

PLEASE NOTE All Catastrophic and Expanded Bronze plans through kynect are HSA-compatible.

QHP Reminders

Below are a few important reminders surrounding QHP coverage.

Stay Current

Always remind Residents to keep their coverage current, act quickly, and report SEPs.

Read Notices

Always remind Residents to open and respond to notices and RFIs before the deadline.

Report Changes

Always remind Residents to update their Address, household income, and other details.

Review at Renewal

Always remind Residents to review all plan selections, contact details, and assistance needed during renewal periods.

PLEASE NOTE Application submission alone does not start coverage. The Applicant must make the initial premium payment before coverage becomes effective.

Open Enrollment Best Practices

OPEN ENROLLMENT
PLAN YEAR 2027



Open Enrollment Goals

The primary goal of Open Enrollment Plan Year 2027 is to promote the value of maintaining coverage.

Educate

- On **how to shop** for and **enroll** in health coverage for Plan Year 2027.
- On the **differences** between various health coverage plans.
- About **fair and unbiased** information concerning health coverage.
- About **new federal provisions** applicable to the Resident's benefit program(s).

Assist

- With **enrollment in Medicaid and QHPs**, including CSRs and APTC, as needed.
- With creating and maintaining their **KYID accounts**.
- With referrals to the appropriate **community partner(s)**, including kynect resources.

Connect

- To community partners, utilizing kynect resources to **find local organizations**, such as food banks, transportation, and career centers.
- To **state agencies**, including DCBS, Department for Aging and Independent Living (DAIL), Department for Behavioral Health, Development and Intellectual Disabilities (DBHDID), and the Family Resources and Youth Services Centers (FRYSC).

PLEASE NOTE As a best practice, kynectors should refer Residents to licensed insurance Agents to make sure that they are enrolled in the best coverage for their specific circumstance.

Key Resources

Below are key resources provided by KHBE for successful Open Enrollment outreach and education.

CHANNELS FOR RESIDENT SUPPORT

1 Resident Contact Center

- Answers questions, solves problems, and provides health coverage education
- Accessible year-round at 1-855-4kynect (459-6328)

2 Notices and Letters

- Messages sent through a Residents' preferred method
  - DMS letter listing available MCOs
  - Open Enrollment reminders
  - Changes You'll See to Your Plan letter

3 KHBE Website

- KHBE.ky.gov provides reference materials, including fact sheets, one-pagers, and informational guides
- Regularly updated to provide the latest materials

4 Community Outreach

- Events to promote kynect awareness at local community centers, business, and colleges or universities

GUIDANCE FOR KYNECTORS



Live Support

For live support, Agents and kynectors should utilize the Professional Services Line (PSL) at **1-855-326-4650.**



KHBE Website

Use the **Agents and kynector drop-down menu on the KHBE website** for style guides, logos, and promotional materials, as well as KHBE Agent and kynector trainings, including SBM and kynector materials.



Outreach Resources

For event ideas and to find kynector activities in each county, visit KHBE.ky.gov and explore the Monthly Events Calendar.



Custom Materials

Custom materials must be submitted to KHBE for review and approval prior to use. Approval is not required when adding event information, but kynectors **MAY NOT** alter documents, except for the editable fields.

Case Association

Below provides an overview of the four (4) ways to be associated to a case.

1 Appendix B Authorization and Consent Form

Submitting the Appendix B Authorization and Consent Form allows Agents and kynectors to be associated to a case.

2 Request Electronic Case Access

Agents and kynectors may request case association through their respective Dashboards. Access to an existing case may be requested electronically or verbally.

3 Resident Dashboard

Residents can add Agents and kynectors to their respective case by accessing the *Authorized Reps, kynectors, & Agents* tab on the Resident Dashboard.

4 Professional Services Line (PSL)

Contacting the Professional Services Line at **1-(855)-326-4650** with the Resident on the call and following the steps allows Agents and kynectors to be associated to a case.

PLEASE NOTE For additional instructions on case association, reference the Case Association Micro Video.

Health Coverage Options: Buyers Beware

Below are important reminders about ACA-compliant and non-ACA compliant health coverage options.

ACA COMPLIANT		NON-ACA COMPLIANT
Comprehensive; QHPs must cover 10 Essential Health Benefits (EHBs), including preventative care, mental health, and maternity.		**Limited;** Plans may not cover all EHBs and could have annual or lifetime limits.
Must Cover; QHPs cannot deny coverage or increase premiums for pre-existing health conditions.		**Generally Not Covered;** Insurers may utilize underwriting to deny coverage or adjust premiums based on health history.
Value; Although premiums may be higher, eligible Individuals may receive tax credits and CSRs to lower costs.		**Lower Premiums;** Although premiums are often lower, federal subsidies are not available.
Eligible for **enrollment during the annual Open Enrollment Period (OEP)** or SEP for qualifying life events.		Health **plans may be purchased at anytime** directly from an Insurer or broker, with varying coverage terms.
Strong consumer protections, including **no lifetime annual caps** on EHBs.		Fewer protections, meaning plans could have **coverage gaps and leave Individuals vulnerable to high medical bills**.

Wrap-Up

OPEN ENROLLMENT
PLAN YEAR 2027



Resources Available

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



Fact Sheets

Adult Vision Coverage

Agent Delegation

Dental Insurance

kynect resources Incentive Initiative

Non-Contracted and Contracted kynector

Benefit Programs

Child Care Assistance Program (CCAP)

Kentucky Transitional Assistance Program

Supplemental Nutrition Assistance Program (SNAP)

Special Enrollment

Exceptional Special Enrollment Fact Sheet

KHBE Website: Special Enrollment

KHBE Website: Pregnancy Special Enrollment Page

Special Enrollment Fact Sheet

kynect On Demand (KOD)

kynect on Demand QRG

kynect on Demand Fact Sheet

kynect On Demand Micro Video

How to “Pause” KOD

Quick Reference Guides (QRGs)

Application Intake QRG

Cost-Sharing Quick Reference Guide

KYID Account Creation QRG

Report a Change QRG

Other Resources

KHBE Vocabulary Terms and Acronyms

KHBE Website: College & University Students Page

KHBE Website: Essential Health Benefits Page

kynect benefits FAQ

kynect resources Overview for Community Partners

kynector and Agent Escalation Process

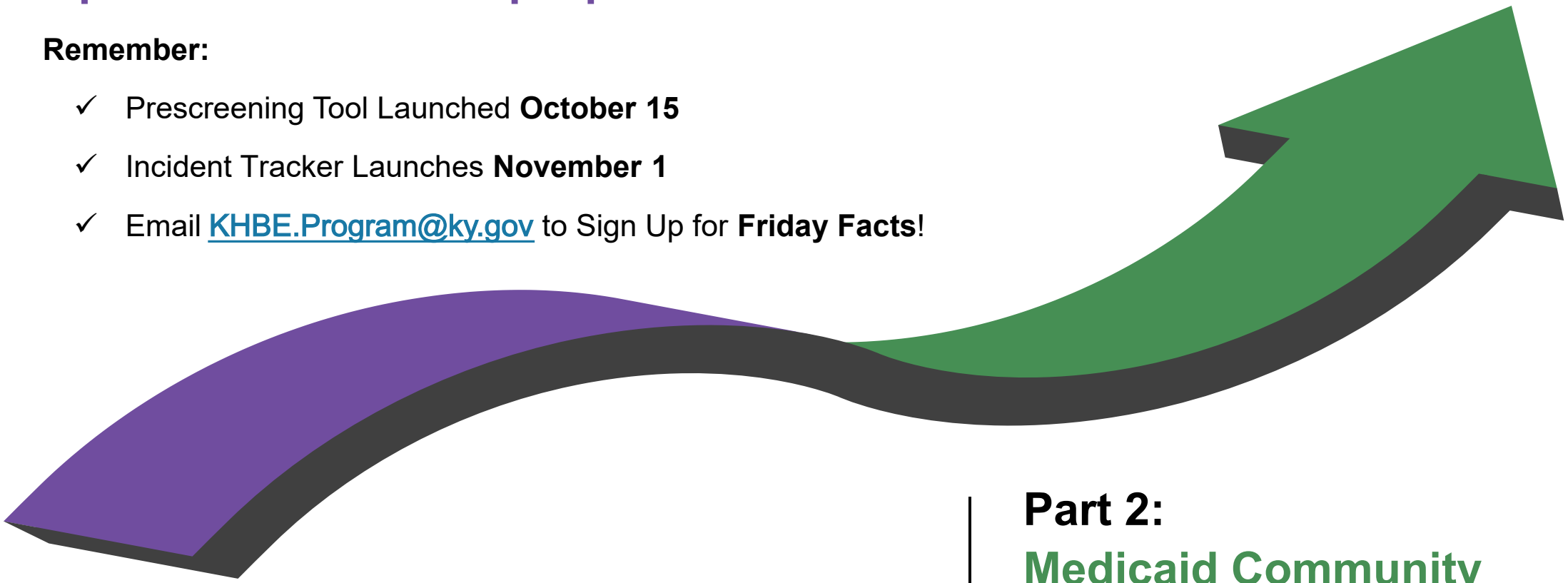
Monthly Events Calendar

If We Don’t Know About It, We Can’t Fix It!

Open Enrollment Wrap-Up

Remember:

- ✓ Prescreening Tool Launched **October 15**
- ✓ Incident Tracker Launches **November 1**
- ✓ Email KHBE.Program@ky.gov to Sign Up for **Friday Facts**!



Part 2:
Medicaid Community Engagement



Appendix

OPEN ENROLLMENT
PLAN YEAR 2027

Open Enrollment Key Acronyms (1 of 2)

Below are all acronyms and their definition that were mentioned in the presentation.

Acronym	Definition / full name
ACA	Affordable Care Act
AGI	Adjusted Gross Income
APTC	Advance Premium Tax Credit, financial assistance applied toward monthly health insurance premiums
CCAP	Child Care Assistance Program
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
COFA	Compact of Free Association
CSR / CSRs	Cost-Sharing Reduction(s), assistance that reduces deductibles, copayments, and coinsurance
DACA	Deferred Action for Childhood Arrivals
DAIL	Department for Aging and Independent Living
DBHDID	Department for Behavioral Health, Developmental and Intellectual Disabilities
DHS	Department of Homeland Security
DMS	Department for Medicaid Services
D-SNAP	Disaster Supplemental Nutrition Assistance Program
EHB / EHBs	Essential Health Benefit(s)
ESE	Exceptional Special Enrollment
ESI	Employer-Sponsored Insurance

Acronym	Definition / full name
FNS	Food and Nutrition Service
FPL	Federal Poverty Level, an income benchmark used to assess eligibility for benefits and financial assistance
FRYSC	Family Resource and Youth Services Centers
HDHP / HDHPs	High-Deductible Health Plan(s)
HHS	Department of Health and Human Services
H.R. / H.R. 1	House of Representatives bill designation/H.R. 1 is the One Big Beautiful Bill Act
HSA / HSAs	Health Savings Account(s), accounts used to pay eligible healthcare expenses
IRS	Internal Revenue Service
KCHIP	Kentucky Children's Health Insurance Program
KHBE	Kentucky Health Benefit Exchange
KI-HIPP	Kentucky Integrated Health Insurance Premium Payment, a Medicaid program that helps eligible Individuals with Employer-Sponsored Insurance costs
KOD	kynect On Demand
KTAP	Kentucky Transitional Assistance Program
KYID	Kentucky's identity and access-management platform used to access state applications

Open Enrollment Key Acronyms (2 of 2)

Below are all acronyms and their definition that were mentioned in the presentation.

Acronym	Definition / full name
MACE	Medicaid Work or Community Engagement
MAGI	Modified Adjusted Gross Income
MCO / MCOs	Managed Care Organization(s)
MOOP	Maximum Out-of-Pocket, the limit on what a member pays for covered services
MSP	Medicare Savings Program
OE/OEP	Open Enrollment / Open Enrollment Period
PE	Presumptive Eligibility
PSL	Professional Services Line
PTC / PTCs	Premium Tax Credit(s)
PY26 / PY27	Plan Year 2026 / Plan Year 2027
QDWI	Qualified Disabled & Working Individual
QHP / QHPs	Qualified Health Plan(s), certified plans that meet applicable coverage and consumer-protection requirements
QI	Qualifying Individual(s)
QMB	Qualified Medicare Beneficiary / Beneficiaries
QMB+	Qualified Medicare Beneficiary Plus, combining QMB assistance with full Medicaid coverage
QRG / QRGs	Quick Reference Guide(s)
RFI / RFIs	Request(s) for Information

Acronym	Definition / full name
RIDP	Remote Identity Proofing
SBM	State-Based Marketplace
SEP / SEPs	Special Enrollment Period(s)
SLMB	Specified Low-Income Medicare Beneficiary / Beneficiaries
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income
SSP	Self-Service Portal
TOA	Type of Assistance
USCIS	U.S. Citizenship and Immigration Services.
YOY	Year-over-Year