

Welcome to Plan Year 2025 (PY25) Open Enrollment Office Hour: Session Three

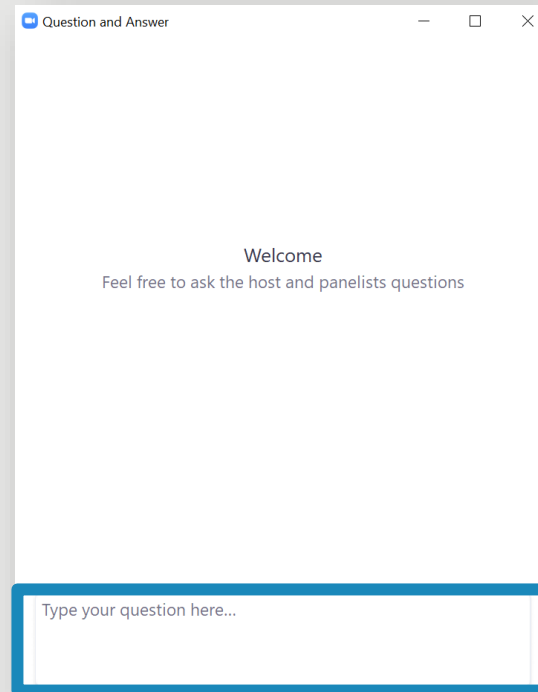
Please review the Zoom tips below while you wait for the session to begin.



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:

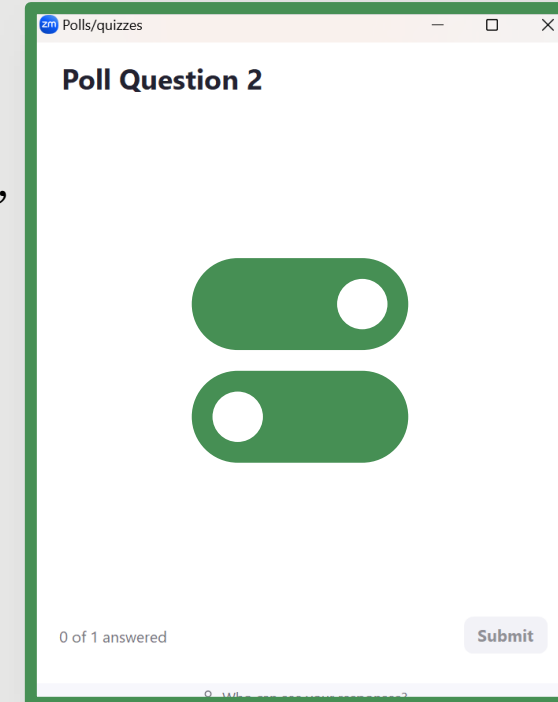
- Select the **Q&A Icon** (not the Chat Icon).
- Type your question and click **Enter** on your keyboard.



Poll Questions

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

Poll responses are anonymous.



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



Chat



React



Raise hand



Q&A



Show captions



Polls/quizzes

The background features a stylized illustration of school buildings. On the left, a portion of a light green building with several windows is visible. On the right, a larger, multi-story tan building with many windows stands prominently. In the foreground, there is a grey parking lot with white lines, and a road with a yellow curb runs along the bottom. The sky is a clear, light blue.

SESSION THREE

Plan Year 2025 Open Enrollment Office Hour

January 14, 2025

Agenda

Below outlines topics covered during Session Three.



1



**Disenroll/
Cancel
Plans**

2



**Tax
Documents**

3



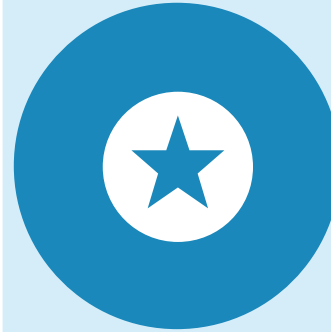
**Escalation
Process**

4



**Requesting
Medicaid
Cards**

5



**Special
Enrollments**

6



**Transition
from Qualified
Health Plan
(QHP) to
Medicaid and
Medicare**



TOPIC ONE
Disenroll/Cancel Plans



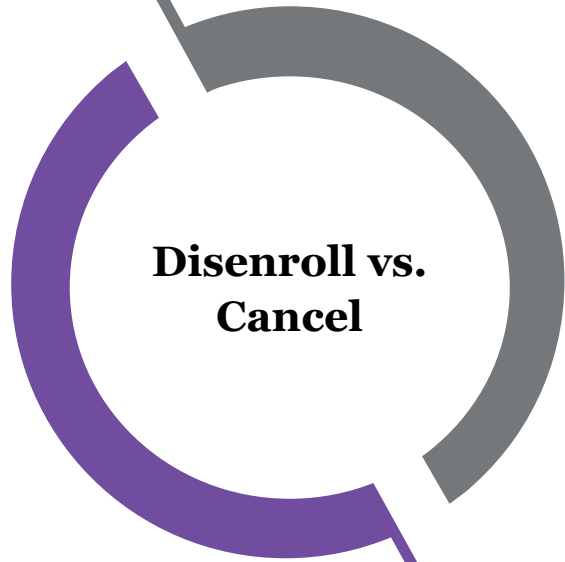
01

Disenroll/Cancel Plans

Agents and kynectors may disenroll or cancel a plan for an Individual through the Enrollment Manager Module (EMM).

Disenroll

Agents and kynectors may disenroll an Individual from their current plan at any time. However, disenrollment can only occur once the plan has been effectuated, and it will discontinue coverage from the specified end date.



Disenroll vs. Cancel

Cancel

Agents and kynectors may cancel a plan up to the day before the coverage effective date. Cancelling a plan removes the current selection and allows Individuals to choose a new plan.

PLEASE NOTE



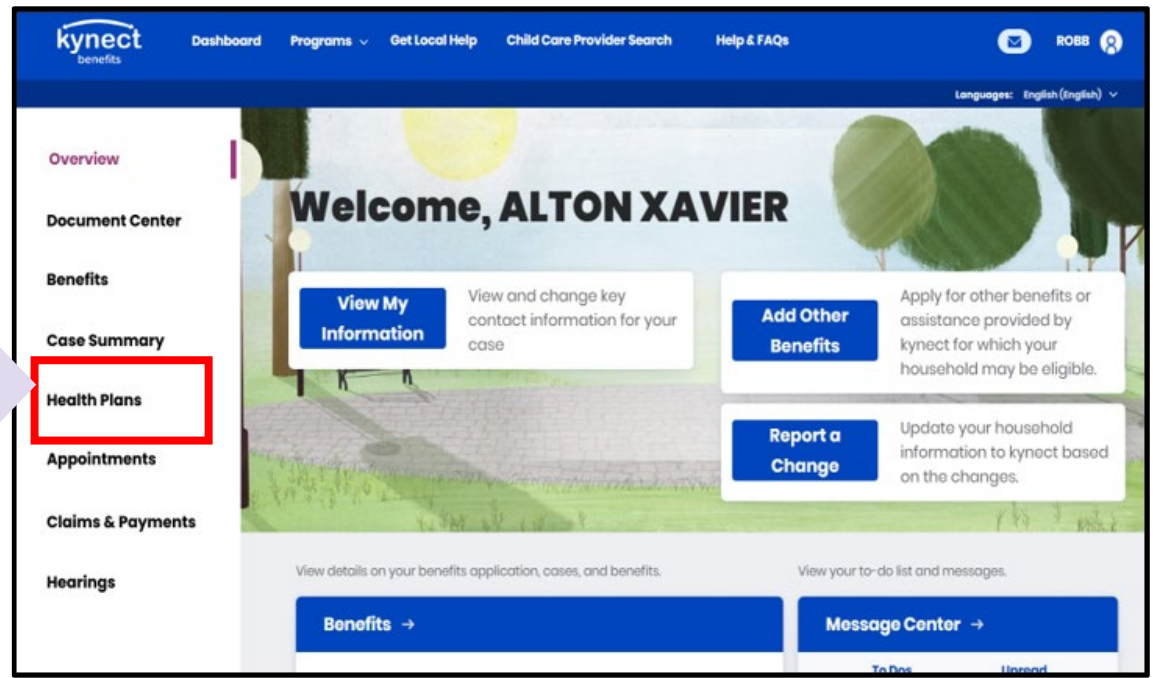
If an Individual would like to terminate their plan after it has been effectuated, please contact the Professional Services Line (PSL) at 1-855-326-4650. A plan's coverage effective date should never display a mid-month end date such as January 15.



01 Disenroll/Cancel Plans (1 of 3)

Please see below for steps to disenroll or cancel a plan from the Enrollment Manager.

1. Navigate to the **Resident Dashboard** and select **Health Plans**.





01 Disenroll/Cancel Plans (2 of 3)

Please see below for steps to disenroll or cancel a plan from the Enrollment Manager.

Enrollment Manager

Medicaid Plans
Qualified Health Plans

Qualified Health Plans (QHPs)

Below is the household's enrollment status of certified health plans.

View QHP History

Add Case Notes

View Maximum APTC Summary

Calculate Maximum APTC

Eligible to Enroll
Enrolled

Coverage Year 2025 ⊖

Everyday Bronze - Medical

Premium You Pay \$766.4 per month	Monthly Premium \$766.4 per month	Applied Payment Assistance \$0 per month
Enrollment ID# 1008974767	Policy ID# Not yet assigned	

ERROL ANGELINA 41M

- Enrollment File Generated

Date: 01/01/2025 - 12/31/2025 Member ID#: Not yet assigned

CATHLEEN TRACEY 43M

- Enrollment File Generated
- Policy Holder

Date: 01/01/2025 - 12/31/2025 Member ID#: Not yet assigned

[Update APTC](#)
[Add/Remove Member](#)
[Change Plan](#)

[Disenroll/Cancel](#)
[View Detailed History](#)

2. On the **Enrollment Manager** screen, select **Disenroll/Cancel**.



01 Disenroll/Cancel Plans (3 of 3)

Please see below for steps to disenroll or cancel a plan from the Enrollment Manager.

Disenroll / Cancel From Plan

Changing the default date on this page could create a gap in coverage

Please choose from the below available options:

Disenroll Cancel

Coverage End Date

12/31/2024

Submit

Cancel

3. On the **Disenroll/Cancel From Plan** pop-up screen, select either the **Disenroll** or **Cancel** radio button to disenroll or cancel the plan.



4. Enter the **Coverage End Date**, prior to when new coverage becomes effective.



5. Select **Submit**.





01

Poll Question

Please answer the poll question below.



True or False: Cancelling a plan can be done up to the day before the coverage effective date.

Answer anonymously using the Polls box!

TOPIC TWO

Tax Documents





02 Tax Information: Form 1095-A Overview

Form 1095-A contains information on premiums paid and any premium tax credits used, which is necessary for filing federal taxes.



What is Form 1095-A?

Form 1095-A details the amount of Advance Premium Tax Credit (APTC) used throughout the coverage year. This information is used in [IRS Form 8962](#) to reconcile premium tax credits when an Individual files taxes.



How is Form 1095-A used?

Form 1095-A is used to reconcile taxes for any household that received APTC to help pay premiums for Qualified Health Plans (QHPs) through kynect.



Why do Individuals need to submit Form 1095-A?

Individuals use information from Form 1095-A to fill out IRS Form 8962. IRS Form 8962 is sent with Individuals tax return to reconcile premium tax credits. This means comparing the amount of payment assistance used with the actual premium tax credit the Individual qualified for based on their final income amount.

PLEASE NOTE



If Individuals fail to reconcile premium tax credits for two consecutive years, their APTC will be discontinued. For additional information, reference the [Failure to Reconcile Fact Sheet](#).



02

How to Access Tax Information (1 of 5)

Below details how to access tax information and request Form 1095-A.

Get Coverage

Below are the resources for learning about and applying for health coverage:

<h4>Medicaid and KCHIP</h4> <p>Medicaid, Kentucky Children's Health Insurance Program (KCHIP) and Time limited Medicaid</p> <p>These programs help cover medical and preventive health care costs.</p> <p>Learn More</p>	<h4>Premium Assistance</h4> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)</p> <p>The Kentucky Integrated Health Insurance Premium Payment Program helps pay for employer sponsored insurance (ESI) health premiums.</p> <p>Learn More</p>	<h4>Qualified Health Plan</h4> <p>Qualified Health Plan with or without premium payment assistance (APTC) and Cost Sharing Reduction depending on eligibility</p> <p>This program allows residents to buy a qualified health plan through the State-Based Marketplace.</p> <p>Learn More</p>
<h4>Agents</h4> <p>Agents help individuals choose the best health insurance plan for their families.</p> <p>Learn More</p>	<h4>kynectors</h4> <p>kynectors assist consumers with eligibility and enrollment forms, and applying for Medicaid/KCHIP, KI-HIPP, and health insurance</p> <p>Learn More</p>	<h4>Tax Information</h4> <p>Information on tax tools and 1095s.</p> <p>Learn More</p>

1. On the kynect home screen under *Get Coverage*, select **Learn More** on the *Tax Information* tile.



02 How to Access Tax Information (2 of 5)

Below details how to access tax information and request Form 1095-A.

Get help from IRS

You can also get answers to your questions from your tax preparer, your accountant or the IRS. To reach the IRS help service, go online to irs.gov/aca or call the IRS toll free at [1-800-829-1040](tel:1-800-829-1040).

Kentuckians have access to free tax preparation sites across the state where trained and IRS-certified volunteers will help you with your taxes. Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) sites are generally located at community and neighborhood centers, libraries, schools, shopping malls, and other convenient locations across the Commonwealth. To locate the nearest VITA or TCE site near you, use the [VITA Locator Tool](#) or call [\(800\) 906-9887](tel:800-906-9887).

Tax Tools

Find the Benchmark and Exemption Tools to determine your Premium Tax Credits or Exemption Eligibility.

Learn More

1095 Portal

Request Form 1095-A or Form 1095-B in order to complete your Federal Tax Return.

Learn More

2. On the **Tax Information** screen under the *Get help from IRS* section, select **Learn More** on the *1095 Portal* tile.



02 How to Access Tax Information (3 of 5)

Below details how to access tax information and request Form 1095-A.

Form 1095 Portal

Know Your 1095

Form 1095 is a tax form used to report the type of health coverage you had and what months you had it.

Form 1095-A

Form 1095-A allows individuals to use the premium tax credit, reconcile the credit on their returns with advance payments of the premium tax credit to file an accurate tax return.

The IRS uses Form 1095-A to report certain information about individuals who enroll in a qualified health plan through Kentucky's state-based exchange.

[Request Form 1095-A](#)

Form 1095-B

Form 1095-B is used to report certain information to the IRS and to taxpayers about individuals who are covered by minimum essential coverage and therefore are not liable for the individual shared responsibility payment.

[Request Form 1095-B](#)

3. On the **Form 1095 Portal** screen, select **Request Form 1095-A** on the *Form 1095-A* tile.



02

How to Access Tax Information (4 of 5)

Below details how to access tax information and request Form 1095-A.

Request Form 1095-A

The 1095-A tax forms were sent to you based on your communication preference captured in kynect, either mailed to the address we currently have associated with your account or emailed electronically. You can also view this form electronically in your Message Center by signing into your Kentucky Online Gateway (KOG) Account. If you have not yet received a 1095-A and believe you should have, please make sure the address you have on file is correct by calling [1-844-373-2417](tel:1-844-373-2417).



Please use this page to request an additional form be mailed to the address associated with your account.

Please enter your information:

Form Type: Form 1095-A

Tax Year

4. On the **Request Form 1095-A** screen, select the **Tax Year** from the drop-down menu.

Back

Reset

Submit



02 How to Access Tax Information (5 of 5)

Below details how to access tax information and request Form 1095-A.

Please enter your information:

Form Type: Form 1095-A

Tax Year
2023

Last Name
[Redacted]

Date of Birth
mm/dd/yyyy

SSN
[Redacted]

I'm not a robot

Back Reset Submit

5. Enter the Individual's **Last Name**.

6. Enter the Individual's **Date of Birth**.

7. Enter the Individual's **Social Security Number (SSN)**.

8. Select **I'm not a robot**.

9. Select **Submit** to have Form 1095-A sent to the Individual's mailing address.



02 Form 1095-A Frequently Asked Questions

Below details how to access Form 1095-A and how to make changes, if applicable.



Can Form 1095-A Be Emailed?

No, form 1095-A cannot be emailed to Individuals even if they have email set as their preferred communication method. Once requested, it will be sent to the mailing address on file.



What If I Moved?

As a best practice, always confirm the Individual's address is correct. Address details can be updated through kynect via Report a Change.



Can I Access Form 1095-A Through kynect?

Yes, a copy of Form 1095-A will display in the Message Center found on the Resident Dashboard.



What If Corrections Are Needed?

If corrections for Form 1095-A are needed such as updates to name, Social Security Number, or coverage effective dates, please contact the PSL at 1-855-326-4650.



02

Poll Question

Please answer the poll question below.



True or False: Form 1095-A can be distributed via email, if requested.

Answer anonymously using the Polls box!

TOPIC THREE

Escalation Process





03 Agent and kynector Escalation Process (1 of 3)

Follow the standard escalation process, outlined in the Escalation Path, for help with incidents outside of Open Enrollment.

Incident Description	Check These Materials First	I Still Have Questions, Who Do I Contact
<p>Questions or trouble with Supplemental Nutrition Assistance Program (SNAP) or Child Care Assistance Program (CCAP) applications?</p>	<ul style="list-style-type: none"> • CHFS SNAP website page • CHFS CCAP website page 	<ul style="list-style-type: none"> • Contact Famsupportkynectors@ky.gov with case information and a description of the incident
<p>Individual needs APTC applied to missing months</p>	<ul style="list-style-type: none"> • The mid-month rule also applies to when changes in the amount of tax credit you receive each month take effect 	<ul style="list-style-type: none"> • Call the PSL: 1-855-326-4650 <ul style="list-style-type: none"> • Ask the Individual to submit an SR&I Ticket to have the start date changed to January 1. Please also include why the Individual missed the December 15 deadline (a reason is needed)
<p>Individual requesting a change in start date, term date, or plan outside of Open Enrollment</p>	<ul style="list-style-type: none"> • Reference the Special Enrollment Fact Sheet 	<ul style="list-style-type: none"> • Call the PSL: 1-855-326-4650 <ul style="list-style-type: none"> • Ask the Individual to submit an SR&I Ticket to have the start date changed and provide the applicable reasons or circumstances

 For additional information, reference the [Agent and kynector Escalation Path](#).



03 Agent and kynector Escalation Process (2 of 3)

Follow the standard escalation process, outlined in the Escalation Path, for help with incidents outside of Open Enrollment.

Incident Description	Check These Materials First	I Still Have Questions, Who Do I Contact
Individual requesting retroactive coverage for Medicaid	<ul style="list-style-type: none"> CHFS Policy Manuals on the DCBS website and training manuals on MyPurpose LMS 	<ul style="list-style-type: none"> Contact DFS.Medicaid@ky.gov and explain the reason for requesting retroactive coverage and be prepared to provide necessary verifications
Individual requesting to change a QHP outside of Open Enrollment	<ul style="list-style-type: none"> Reference the Exceptional Special Enrollment (ESE) Fact Sheet 	<ul style="list-style-type: none"> Submit an email to kynectESE@ky.gov and explain the reasons and circumstances of the case
Dire Need is where an Individual needs access to medical care and needs immediate, active health coverage	<ul style="list-style-type: none"> When submitting any request as Dire Need (APTC or Medicaid) it is imperative that the Individual indicate they are facing an Access to Care 	<ul style="list-style-type: none"> Email kynectdireneed@ky.gov for Dire Need Incidents kynectors should use the subject line “Dire Need” and indicate whether the Dire Need is for Medicaid, a QHP, or another case

Agent and kynector Escalation Process (3 of 3)

The Agent and kynector Escalation Path may be found on the KHBE website on the Agent and kynector resources page.



kynector and Agent Escalation Process (page 1 of 6)
Updated: Dec 17 2024

Incident Description	Check These Materials First	I still have questions, who do I contact?
kynect Self-Service Portal (SSP) Incidents		
kynect incidents and technical incidents	<ul style="list-style-type: none"> kynect training materials on the DMS website: kynect benefits - Cabinet for Health and Family Services Release Notes – KHBE will share Release Notes as applicable kynector and Agent Resources at KHBE.ky.gov 	<ul style="list-style-type: none"> Call the Professional Services Line (PSL): 1-855-326-4650 For any Incident that remains unresolved or requires further escalation, notify KHBE by email KHBE.Program@ky.gov. KHBE will review and escalate further as appropriate. When emailing KHBE, kynectors and Agents should include ticket number from PSL, case number, description of Incident, and screenshot of Incident. No PII can be included in the email.

kynector and Agent Escalation Process (page 2 of 6)
Updated: Dec 17 2024

Incident Description	Check These Materials First	I still have questions, who do I contact?
APTC Missing from Previous Months		
DMS incidents related to eligibility requirements for Residents Dire Needs where an individual needs access to medical care that cannot be missed and needs immediate active health coverage.	<ul style="list-style-type: none"> The mid-month rule also applies to when changes in the amount of tax credit you receive each month take effect. 	<ul style="list-style-type: none"> Call the Professional Services Line (PSL): 1-855-326-4650 Ask them to submit an SR&I Ticket to have APTC reapplied to missing months. NOTE: This is not a KOG Help desk ticket - please call the (PSL): 1-855-326-4650

kynector and Agent Escalation Process (page 3 of 6)
Updated: Dec 17 2024

Incident Description	Check These Materials First	I still have questions, who do I contact?
Retroactive Medicaid Requests		
Individual requesting retroactive coverage for Medicaid	<ul style="list-style-type: none"> CHFS Policy Manuals on the DCBS website, training manuals on MyPurpose LMS 	<ul style="list-style-type: none"> Contact DPS.Medicaid@ky.gov and explain the reason for requesting retroactive coverage and be prepared to provide necessary verifications
Retroactive QHP Start Date During Open Enrollment		
Individual requesting a January 1 start date after December 15	<ul style="list-style-type: none"> The mid-month rule also applies to when changes in the amount of tax credit you receive each month take effect. 	<ul style="list-style-type: none"> Call the Professional Services Line (PSL): 1-855-326-4650 Ask them to submit an SR&I Ticket to have start date changed to January 1st and why client missed December 15 deadline (reason is needed)
Retroactive QHP Start Date After Open Enrollment Ends		
Individual requesting a change in start date, term date, or plan outside of Open Enrollment	<ul style="list-style-type: none"> Special Enrollment Fact Sheet 	<ul style="list-style-type: none"> Call the Professional Services Line (PSL): 1-855-326-4650 Ask them to submit an SR&I Ticket to have start date changed and provide reasons or circumstances
Exceptional Special Enrollments		
Individual requesting to enroll in or change a QHP Outside Open Enrollment	<ul style="list-style-type: none"> ESE Factsheet 	<ul style="list-style-type: none"> Submit an email to kynectESE@ky.gov and explain the reasons and circumstances
Name/DOB Changes		
Individual requires a name or DOB change in kynect	<ul style="list-style-type: none"> CHFS Policy Manuals on the DCBS website, training manuals on MyPurpose LMS 	<ul style="list-style-type: none"> Contact KHBE.Program@ky.gov and explain the reason for the change in name, DOB, etc.

kynector and Agent Escalation Process (page 4 of 6)
Updated: Dec 17 2024

Incident Description	Check These Materials First	I still have questions, who do I contact?
Managed Care Organization (MCO) Changes		
Individual requesting to change their MCO outside of their initial enrollment period.	<ul style="list-style-type: none"> Utilize the "Request MCO Change" from Self Service Portal client dashboard "Health Plans" Sidebar 	<ul style="list-style-type: none"> Contact MS.Services@ky.gov if further issues remain

kynector and Agent Escalation Process (page 5 of 6)
Updated: Dec 17 2024

QHP Issuer Incident Escalation (APTC)			
Plan Type	Issuer	Phone	Website
Anthem Blue Cross Blue Shield			
Stand Alone Dental Plan	Anthem Blue Cross and Blue Shield	855-769-1464	Anthem.com
Qualified Health Plan	Anthem Blue Cross and Blue Shield	855-738-6671	Anthem.com
SHOP (Small Group) Health Plan	Anthem Blue Cross and Blue Shield	855-738-6673	Anthem.com

kynector and Agent Escalation Process (page 6 of 6)
Updated: Dec 17 2024

Managed Care Organization Incident Escalation (Medicaid)			
Plan Type	Issuer	Phone Number	Website
Managed Care Organization	Aetna Better Health of Kentucky	(855) 300-5528	https://www.aetnabetterhealth.com/kentucky/index.html
Managed Care Organization	Anthem Blue Cross Blue Shield	(855) 690-7784	https://mss.anthem.com/ky/home.html
Managed Care Organization	Humana Healthy Horizons in Kentucky	(800) 444-9137	https://www.humana.com/medicaid/kentucky-medicaid
Managed Care Organization	Passport Health Plan by Molina Healthcare	(844) 778-2700	https://www.passporthealthplan.com/members/ky/en-US/pages/home.aspx
Managed Care Organization	UnitedHealthcare Community Plan	(866) 293-1796	https://www.uhc.com/communityplan/kentucky/plans
Managed Care Organization	WellCare of Kentucky	(877) 389-9457	https://www.wellcare.com/Kentucky



03

Poll Question

Please answer the poll question below.



True or False: I should review applicable reference material before emailing or calling escalation resources.

Answer anonymously using the Polls box!



TOPIC FOUR
Requesting Medicaid Cards

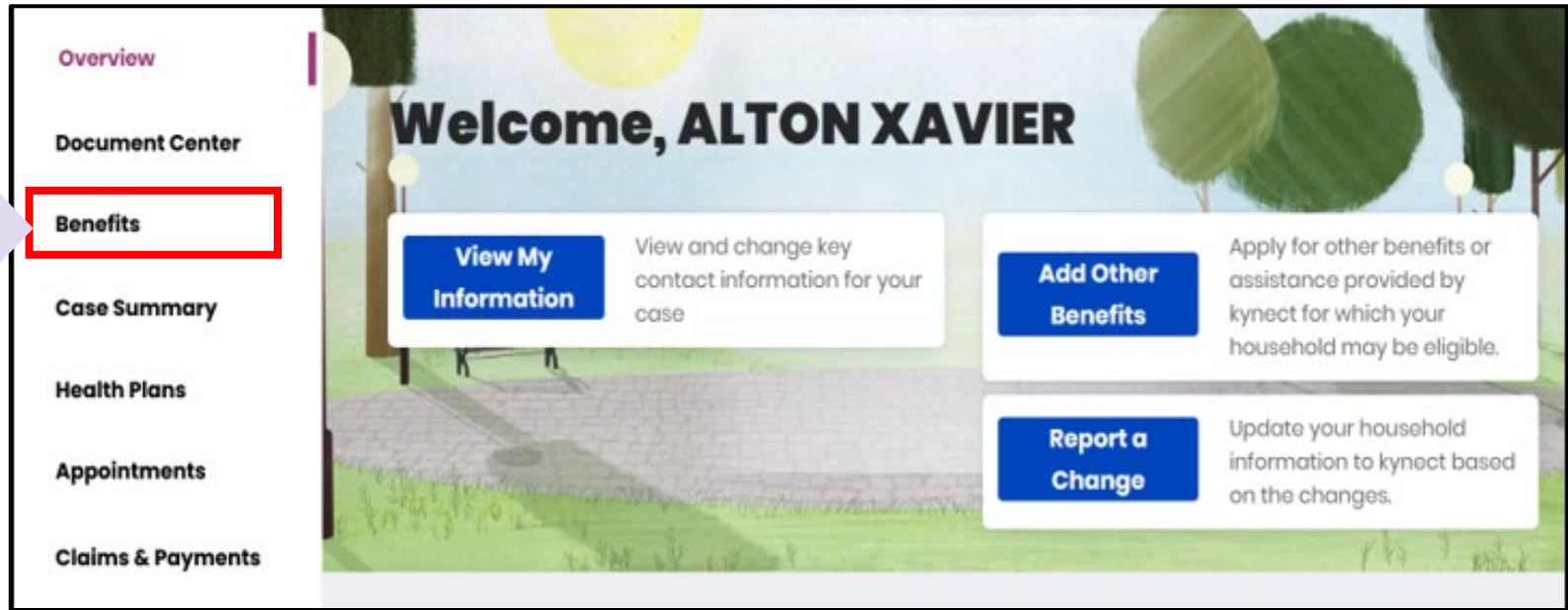


04

Requesting Medicaid Cards (1 of 3)

A new Medicaid card can be requested through the Benefits tab of kynect. See below for steps to view and/or request Medicaid cards.

1. Navigate to the **Resident Dashboard** and select **Benefits**.



04

Requesting Medicaid Cards (2 of 3)

A new Medicaid card can be requested through the Benefits tab of kynect. See below for steps to view and/or request Medicaid cards.



Medicaid/KCHIP

ISREAL TAWNA
● Approved

Type	Benefit Period	Renewal due date
Medicaid	12/01/2024 - 11/30/2025	11/30/2025

[Request Medicaid Card](#)

[View/Download Medicaid Card](#)

[Check Eligibility for Waiver Programs](#)

2. Select **Request Medicaid Card**.

PLEASE NOTE



It can take up to 14 calendar days to receive a new Medicaid card once requested. Confirm address details are correct prior to requesting a new Medicaid card.



04

Requesting Medicaid Cards (3 of 3)

A new Medicaid card can be requested through the Benefits tab of kynect. See below for steps to view and/or request Medicaid cards.

Request a Medicaid Card

Note: If you are enrolled in a MCO and need a replacement card, you must contact your MCO provider. [How do I contact my MCO provider?](#)

Who needs a new Medicaid card?

Why are you replacing your Medicaid card?

Add any additional information.

Where should we send your new card?
Note: You should only choose a DCBS office if you have no other place to receive mail.

My Mailing Address A DCBS Office

I understand that the Commonwealth of Kentucky will deactivate my current Medicaid card. It can take up to 14 calendar days to receive my new Medicaid card.

3. Select the applicable **Household Member** from the *Who needs a new Medicaid card?* drop-down menu.

4. Select the applicable **reason** from the *Why are you replacing your Medicaid card?* drop-down menu.

5. Add any additional information in the *Add any additional information* box.

7. Select the **Checkbox** to acknowledge that the current Medicaid card will be deactivated.

6. Under the *Where should we send your new card?* section, select either **My Mailing Address** or **A DCBS Office**.

8. Select **Submit Request** to request the new Medicaid card.

04

Viewing Medicaid Cards (1 of 2)

A new Medicaid card can be requested through the Benefits tab of kynect. See below for steps to view and/or request Medicaid cards.



Medicaid/KCHIP

ISREAL TAWNA
● Approved

Type	Benefit Period	Renewal due date
Medicaid	12/01/2024 - 11/30/2025	11/30/2025

[Request Medicaid Card](#)

[View/Download Medicaid Card](#)

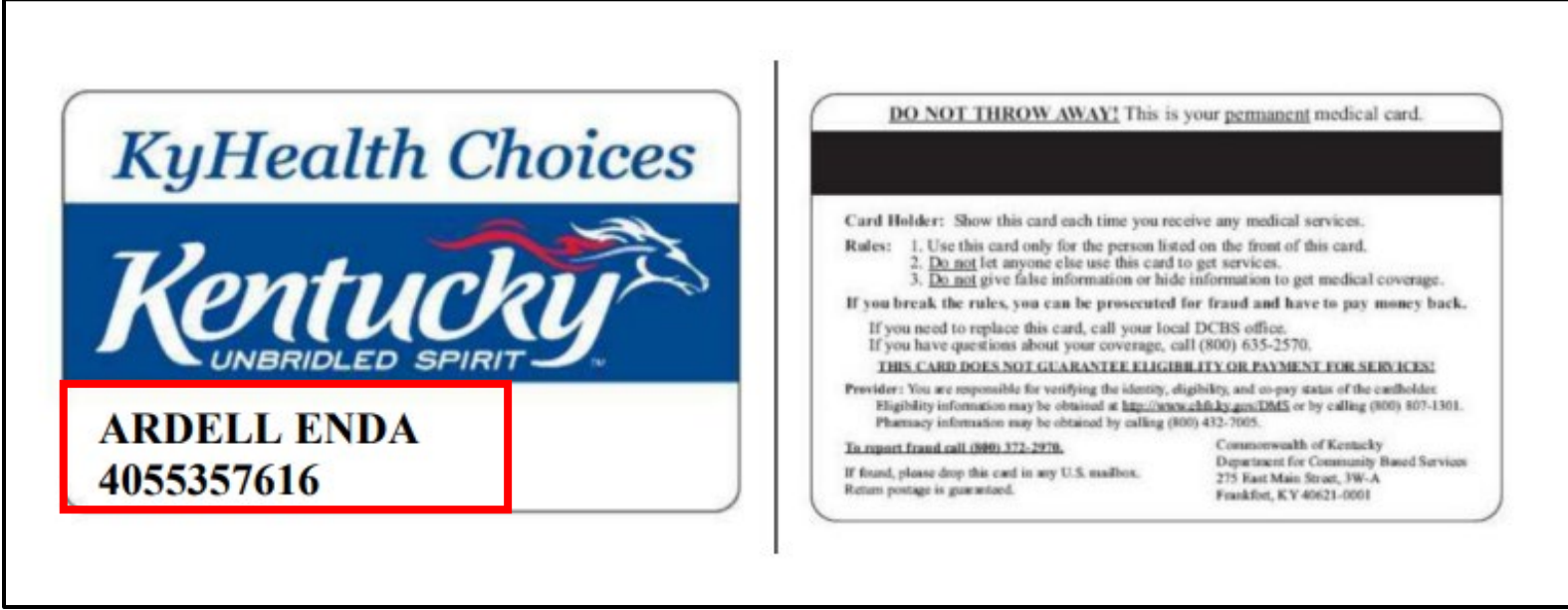
[Check Eligibility for Waiver Programs](#)

1. Select **View/Download Medicaid Card**.

04

Viewing Medicaid Cards (2 of 2)

A new Medicaid card can be requested through the Benefits tab of kynect. See below for steps to view and/or request Medicaid cards.



BEST PRACTICE



Medicaid cards may be downloaded to a local device and printed. Prior to downloading the Medicaid card, verify that the Individual's name is spelled correctly.



04


Poll Question

Please answer the poll question below.



True or False: It can take up to 14 calendar days to receive a new Medicaid card once requested.

Answer anonymously using the Polls box!



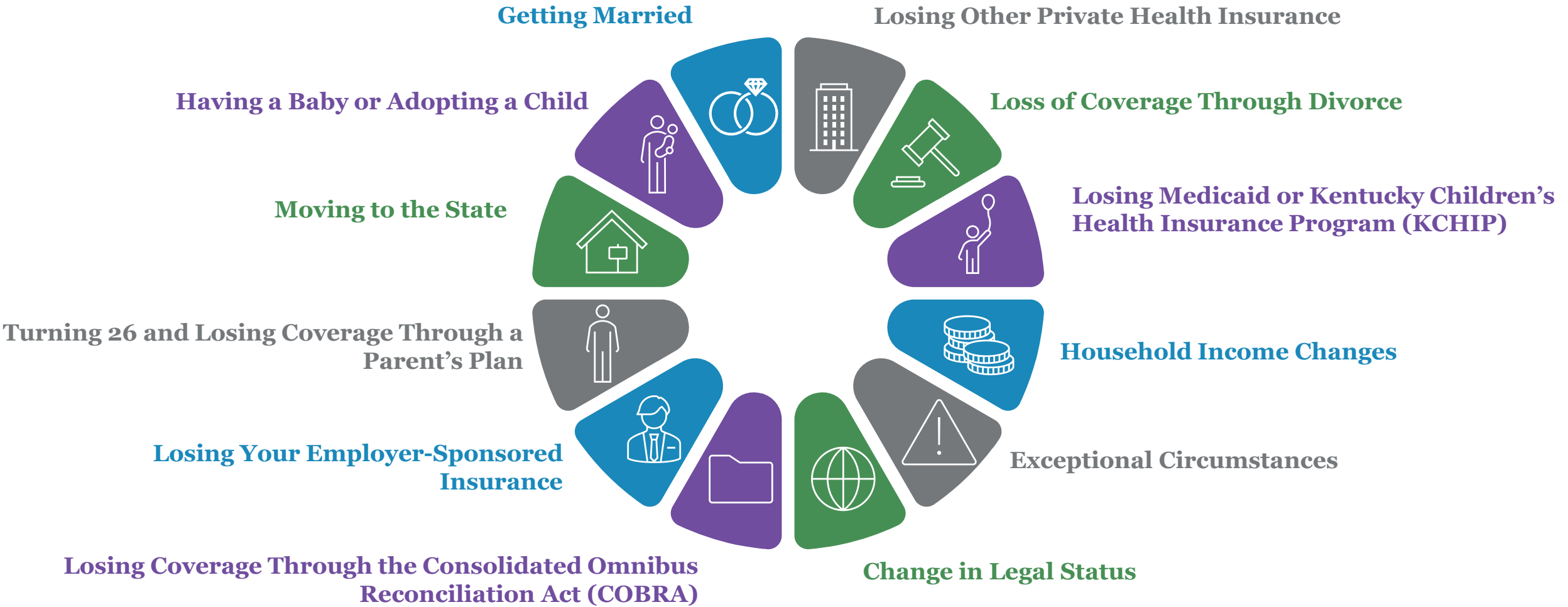
TOPIC FIVE
Special Enrollments



05

Special Enrollments

Below details qualifying life events that make an Individual eligible for a Special Enrollment Period (SEP).





05 Processing a Special Enrollment (1 of 6)

Follow these instructions to process a Special Enrollment in kynect.

Enrollment Manager

Medicaid Plans
Qualified Health Plans

Qualified Health Plans (QHPs)

Below is the household's enrollment status of certified health plans.

View QHP History
Add Case Notes

View Maximum APTC Summary
Calculate Maximum APTC

Eligible to Enroll
Enrolled

Coverage Year 2025

[Everyday Bronze - Medical](#)

Premium You Pay \$766.4 per month	Monthly Premium \$766.4 per month	Applied Payment Assistance \$0 per month
Enrollment ID# 1008974767	Policy ID# Not yet assigned	

ERROL ANGELINA 41M

● Enrollment File Generated

Date: 01/01/2025 - 12/31/2025

Member ID#: Not yet assigned

[Update APTC](#)

[Disenroll/Cancel](#)

CATHLEEN TRACEY 43M

● Enrollment File Generated

● Policy Holder

Date: 01/01/2025 - 12/31/2025

Member ID#: Not yet assigned

[Add/Remove Member](#)

[View Detailed History](#)

[Change Plan](#)

1. Navigate to the **Enrollment Manager** screen and select **Change Plan**.



05 Processing a Special Enrollment (2 of 6)

Follow these instructions to process a Special Enrollment in kynect.

Report a Qualifying Life Event ×

Individuals can report one or more qualifying life events for choosing a coverage effective date. For more information, [click here](#).

If you or any of your dependents have a qualifying life event within a 60-day period, report the event by clicking "Report".

Continue **Report**

2. On the **Report a Qualifying Life Event** pop-up screen, select **Report**.



05 Processing a Special Enrollment (3 of 6)

Follow these instructions to process a Special Enrollment in kynect.

Special Enrollment

If there has been a major change in your life, you may be eligible for special enrollment. Please select the reason that applies to you or a member of your household.

Please select a qualifying event that applies to you or someone in your household:

- A qualified individual or enrollee demonstrated to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide
- Lost qualified health insurance coverage in last 60 days
- Will lose qualified health insurance coverage in next 60 days
- Gain of dependent due to marriage in last 60 days
- Gain of dependent due to birth in last 60 days
- Gain of dependent due to adoption, or placement of adoption or foster care in last 60 days
- Someone in my household has had a change in citizenship or lawful presence status in last 60 days
- Someone in my household has moved to a new coverage area in last 60 days
- Released from prison in last 60 days
- Spouse/Dependent no longer covered in family plan
- Loss of dependent due to divorce or legal separation in last 60 days
- I or my dependent will move to a new coverage area in next 60 days
- Gain of dependent through a child support order or other court order in last 60 days
- I or my dependent gained access to individual coverage HRA in past 60 days or expects to in next 60 days

I am eligible for a Special Enrollment Period based on the reason and the event date that I have checked above. I confirm that the information that I have given is correct. I understand that misrepresentation could cause coverage to be terminated or rescinded.

[Back](#) [Next](#)

3. On the **Special Enrollment** screen, select the applicable **Qualifying Life Event**.

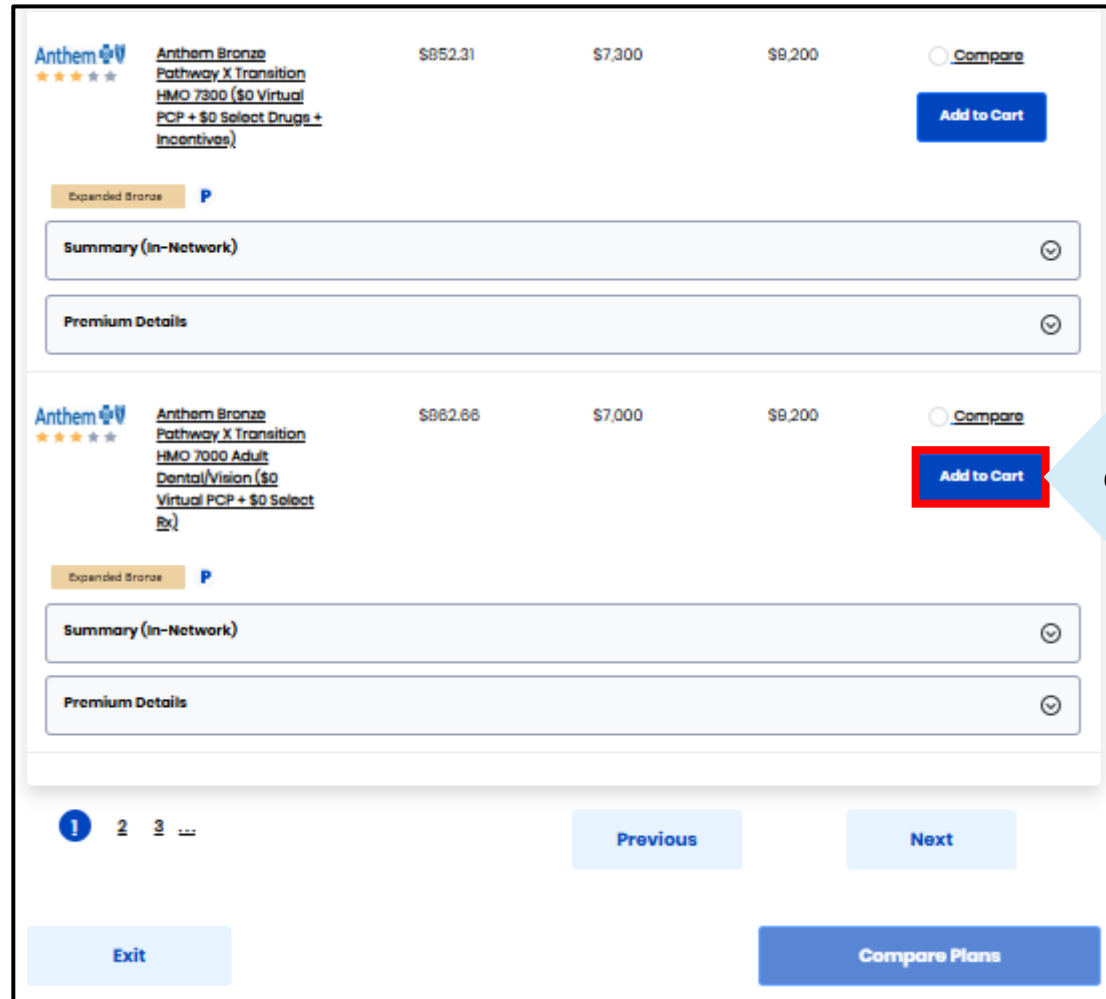
4. Select the **Checkbox** to acknowledge that the given information is correct.

5. Select **Next**.



05 Processing a Special Enrollment (4 of 6)

Follow these instructions to process a Special Enrollment in kynect.



The screenshot displays two insurance plan options from Anthem. The first plan is 'Anthem Bronze Pathway X Transition HMO 7300 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)' with a premium of \$852.31. The second plan is 'Anthem Bronze Pathway X Transition HMO 7000 Adult Dental/Vision (\$0 Virtual PCP + \$0 Select Rx)' with a premium of \$862.66. Both plans are categorized as 'Expanded Bronze' and include a 'P' icon. Each plan has a 'Compare' radio button and an 'Add to Cart' button. The 'Add to Cart' button for the second plan is highlighted with a red box. Below the plan listings are navigation buttons: 'Exit', 'Previous', 'Next', and 'Compare Plans'. A pagination indicator shows '1 2 3 ...' with '1' selected.

6. Select **Add to Cart** for the desired plan.



05 Processing a Special Enrollment (5 of 6)

Follow these instructions to process a Special Enrollment in kynect.

Plan Change Summary

Below are the current plans the household is enrolled in.

Medical

Everyday Bronze
Premium You Pay
\$766.4 per month
Monthly Premium \$766.4
Applied Payment Assistance \$0

Members

- CATHLEEN TRACEY 43M
Date: 01/01/2025 - 12/31/2025
- ERROL ANGELINA 41M
Date: 01/01/2025 - 12/31/2025

Updated Plan Details
Review the updated plan details and select Checkout to Continue

Medical

Anthem Bronze Pathway X Transition HMO 7300 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)
Premium You Pay
\$852.31 per month
Monthly Premium \$852.31
Applied Payment Assistance \$0

Members

CATHLEEN TRACEY 43M
Date: 01/01/2025 - 12/31/2025

ERROL ANGELINA 41M
Date: 01/01/2025 - 12/31/2025

[Select Another Plan](#)

[Cancel](#) [Checkout](#)

7. On the **Plan Change Summary** screen, review the details and select **Checkout**.



05 Processing a Special Enrollment (6 of 6)

Follow these instructions to process a Special Enrollment in kynect.

Sign & Submit

Please read this information carefully. Your signature makes this application valid. An electronic signature is the same as a written signature. Medicaid, KCHIP, and Kynect are part of the Cabinet for Health and Family Services (CHFS). By signing, you agree to the following:

I am signing this application under penalty of perjury which means I have given true answers to all the questions on this form to the best of my knowledge and belief. I know that I may be subject to penalties under federal and/or state law if I provide false and/or untrue information.

I know that I must tell Kynect if anything changes from what I entered on this application.

Electronically sign this request by entering your name below:

First name	MI
<input type="text"/>	<input type="text"/>
Last Name	Suffix
<input type="text"/>	--Select--
Date	
12/17/2024	

8. On the **Sign & Submit** screen, enter the Individual's **First name** and **Last Name**

9. Select **Sign & Submit**.

PLEASE NOTE



Input the Individual's **Middle Initial** (MI) and **Suffix**, if applicable.



05

Exceptional Special Enrollment Overview

Below details several qualifying life events that make an Individual eligible for an Exceptional Special Enrollment (ESE).

ESE is reserved for Individuals experiencing circumstances outside of a traditional qualifying life event that prevented them from enrolling in coverage during an enrollment period. These include circumstances such as:



Incapacitation



**Domestic Abuse/
Violence**



**Technical or
System Incidents**



Natural Disasters



**Spousal
Abandonment**



05

Exceptional Special Enrollment

Follow these instructions to process an ESE.

1 Apply for ESE

Individuals, or associated Agents and kynectors, may apply for an ESE by submitting a request statement via email or letter.

2 Request Statement Details

The statement should include the following items:

- First and last names of those who wish to enroll
- Case number (if known)
- Associated Agent or kynector name (if known)
- Reason(s) for requesting an ESE
- Details of desired plan and plan start date
- Contact information for follow up purposes

3 Submit

Requests for ESE may be sent to kynectESE@ky.gov or by standard mail to:

Division of the Kentucky Health Benefit Exchange
Attention: ESE
275 East Main Street 4WE
Frankfort, KY 40621



05

Poll Question

Please answer the poll question below.



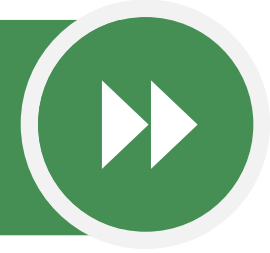
True or False: Qualifying life events which may open a Special Enrollment Period should be reported in a timely manner.

Answer anonymously using the Polls box!

TOPIC SIX

Transition from QHP to Medicaid and Medicare





06 Transition from QHP to Medicaid
When the Primary Subscriber of a QHP becomes eligible for Medicaid, they must disenroll all household members from the QHP.

Qualified Health Plans

A QHP is a health insurance plan that provides essential health benefits, follows established limits on cost-sharing (such as deductibles, copayments, and out of pocket maximum amounts), and meets other requirements under the Affordable Care Act (ACA), including Minimum Essential Coverage.

When applying for a QHP, Individuals may qualify for APTC or a Cost-Sharing Reduction (CSR). These help lower the cost of premiums and out-of-pocket costs.

Medicaid

Medicaid offers health coverage to Kentuckians who meet specific income and eligibility criteria. To qualify for Modified Adjusted Gross Income (MAGI) Medicaid, Individuals must satisfy both technical and financial eligibility requirements, although resources are not taken into account.

If an Individual currently enrolled in a QHP becomes eligible for Medicaid, their eligibility for APTC will be discontinued and they may be disenrolled from their QHP.



06 Transition from QHP to Medicaid

When the Primary Subscriber of a QHP becomes eligible for Medicaid, they must disenroll all household members from the QHP.

If anyone on your application is enrolled in kynect and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), kynect will automatically end their kynect medical plan and dental coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will have to pay full cost. ⓘ

I Agree

I Disagree

PLEASE NOTE



Individuals must select **I Agree** or **I Disagree** with the statement above on the **Review, Sign, & Submit** screen, which notifies them that their kynect medical and dental plans will be cancelled if they qualify for Medicaid. If Individuals select **I Disagree**, their QHP may continue at full price if they are found to be eligible for Medicaid.

06

Transition from QHP to Medicare

Keep in mind the following points if a household member becomes eligible for Medicare.




Important Information for Disenrolling/Canceling QHP Coverage

1. When an enrollee or a member of their household becomes eligible for Medicare, it is important that they do not disenroll or cancel their QHP until they know when their new Medicare coverage becomes effective.
2. It is advised to take action to disenroll before the 15th of the month to avoid overpayment.
3. Once an Agent, kynector, or Resident terminates a QHP, they cannot re-enroll until the next Open Enrollment Period (unless they qualify for a SEP).
4. Terminating a QHP before new coverage is set to begin may result in a gap in coverage.
5. When the Primary Subscriber of a QHP turns 65 and becomes eligible for Medicare, they must disenroll all household members from the QHP.
6. One month before an Individual's Medicare enrollment is set to begin, Individuals turning 65 (Primary Subscriber) must utilize kynect to enroll any dependents/spouse into a QHP to take affect the month Medicare coverage begins.




06 Transition from QHP to Medicare

When the Primary Subscriber of a QHP turns 65 and becomes eligible for Medicare, they must disenroll all household members from the QHP.



Primary Subscriber

- When a QHP Primary Subscriber turns 65 and becomes eligible for Medicare, there are a couple of factors that determine when their Initial Enrollment Period (IEP) begins.
- QHP Primary Subscribers must:
 - Disenroll members of the household (including themselves) from QHP.
 - Enroll the members of their household who are not eligible for Medicare into a new QHP.



Non-Primary Subscriber

- When a QHP Non-Primary Subscriber turns 65 and becomes eligible for Medicare, there are a few steps that the Primary Subscriber must take:
 - QHP Primary Subscribers need to disenroll the Medicare-eligible member (if the member enrolls in Medicare) prior to the start of the Medicare coverage.
 - The Medicare-eligible member needs to enroll in Medicare during the IEP.

PLEASE NOTE



Health coverage through kynect is for Individuals who do not have other health insurance. It is illegal to enroll in a QHP if you currently have Medicare. Individuals who gain Medicare coverage and are enrolled in a QHP may keep the QHP at full price if they choose.

06


Transition from QHP to Medicare (1 of 6)

To discontinue benefits and disenroll from coverage, please follow the steps outlined below.




Benefits

View and manage your approved programs. Ensure your information is up-to-date as changes to your information may affect your benefits. [Report a Change](#)



Interested in other state programs and resources? 

Active & Pending Cases	Inactive Cases												
<p>Case #113415913</p> <p>Medicaid/KCHIP</p> <p>VICTORIA MCCARLEY ● Approved</p> <table border="1"><thead><tr><th>Type</th><th>Benefit Period</th><th>Renewal due date</th></tr></thead><tbody><tr><td>Medicaid</td><td>12/01/2024 - 11/30/2025</td><td>11/30/2025</td></tr></tbody></table> <p>Request Medicaid Card View/Download Medicaid Card Check Eligibility for Waiver Programs</p>	Type	Benefit Period	Renewal due date	Medicaid	12/01/2024 - 11/30/2025	11/30/2025	<p>VINCE MCC ● Approved</p> <table border="1"><thead><tr><th>Type</th><th>Benefit Period</th><th>Renewal due date</th></tr></thead><tbody><tr><td>Medicaid</td><td>03/01/2025 - 11/30/2025</td><td>11/30/2025</td></tr></tbody></table> <p>Request Medicaid Card View/Download Medicaid Card Check Eligibility for Waiver Programs</p>	Type	Benefit Period	Renewal due date	Medicaid	03/01/2025 - 11/30/2025	11/30/2025
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Type	Benefit Period	Renewal due date											
Medicaid	03/01/2025 - 11/30/2025	11/30/2025											

2. Select Discontinue Benefits.

[Report a Change](#) 

- [Discontinue Benefits](#)
- [Past Applications](#)
- [Disqualifications, Penalties, & Suspensions](#)

1. Select the (...) icon.

PLEASE NOTE



Discontinuing Benefits removes the Individual from requesting coverage but keeps them in the tax household. Disenrolling from a health plan removes the Individual from a selected plan. As a best practice, the younger spouse should be the Primary Subscriber.

06

Transition from QHP to Medicare (2 of 6)

To discontinue benefits and disenroll from coverage, please follow the steps outlined below.



3. Select the **program** and **household member** to discontinue benefits.

Discontinue Benefits

Case # 113415913

On discontinuing this benefit, the Commonwealth of Kentucky will no longer provide you assistance.

Select the program and the household member to discontinue benefits.

<input checked="" type="checkbox"/>	Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)
<input checked="" type="checkbox"/>	VICTORIA MCCARLEY
<input type="checkbox"/>	VINCE MCCARLEY
<input type="checkbox"/>	QHP (Medical and Dental Insurance plans without payment assistance)

Reason for discontinuation of benefit(s)

Client Request

Discontinue Benefits

5. Select **Discontinue Benefits**.

4. Select the **Reason for discontinuance of benefit(s)** from the drop-down menu.



06

Transition from QHP to Medicare (3 of 6)

To discontinue benefits and disenroll from coverage, please follow the steps outlined below.

Discontinue Benefit(s) ×

On discontinuing benefit(s), the Commonwealth of Kentucky will no longer provide these benefit(s):

- QHP (Medical and Dental Insurance plans without payment assistance)

Are you sure you want to discontinue the benefits above?

Yes, Discontinue Benefits

No, Cancel

6. On the **Discontinue Benefit(s)** pop-up screen, select **Yes, Discontinue Benefits**.

06

Transition from QHP to Medicare (4 of 6)

To discontinue benefits and disenroll from coverage, please follow the steps outlined below.



7. Navigate to the **Resident Dashboard** and select **Health Plans**.

View your current health care plans and shop for MCO plans.

Health Plans →

Not Enrolled Enrolled

Qualified Health Plan

- **Everyday Bronze** (CATHLEEN TRACEY, ERROL ANGELINA)

[Enrollment Manager](#)



06 Transition from QHP to Medicare (5 of 6)
 To discontinue benefits and disenroll from coverage, please follow the steps outlined below.

Enrollment Manager

Medicaid Plans | **Qualified Health Plans**

Qualified Health Plans (QHPs)

Below is the household's enrollment status of certified health plans.

View QHP History | Add Case Notes
 View Maximum APTC Summary | Calculate Maximum APTC

Eligible to Enroll | **Enrolled**

Coverage Year 2025

Everyday Bronze - Medical

Premium You Pay \$766.4 per month	Monthly Premium \$766.4 per month	Applied Payment Assistance \$0 per month
Enrollment ID# 1008974767	Policy ID# Not yet assigned	

ERROL ANGELINA 41M ● Enrollment File Generated	CATHLEEN TRACEY 43M ● Enrollment File Generated ● Policy Holder		
Date 01/01/2025 - 12/31/2025	Member ID# Not yet assigned	Date 01/01/2025 - 12/31/2025	Member ID# Not yet assigned

[Update APTC](#) | [Add/Remove Member](#) | [Change Plan](#)
[Disenroll/Cancel](#) | [View Detailed History](#)

8. On the **Enrollment Manager** screen, select **Disenroll/Cancel**.

06

Transition from QHP to Medicare (6 of 6)

To discontinue benefits and disenroll from coverage, please follow the steps outlined below.



Disenroll / Cancel From Plan

Changing the default date on this page could create a gap in coverage

Please choose from the below available options:

Disenroll Cancel

Coverage End Date
12/31/2024

Submit

Cancel

9. On the **Disenroll/Cancel From Plan** pop-up screen, select the **Disenroll** radio button to disenroll from the plan.

10. Enter the **Coverage End Date**, prior to when Medicare coverage becomes effective.

11. Select **Submit**.



06

Poll Question

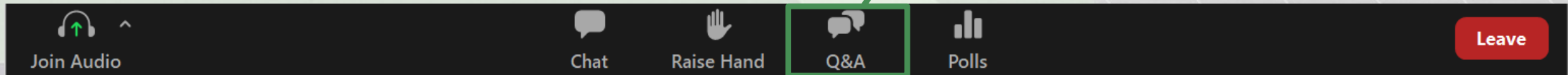
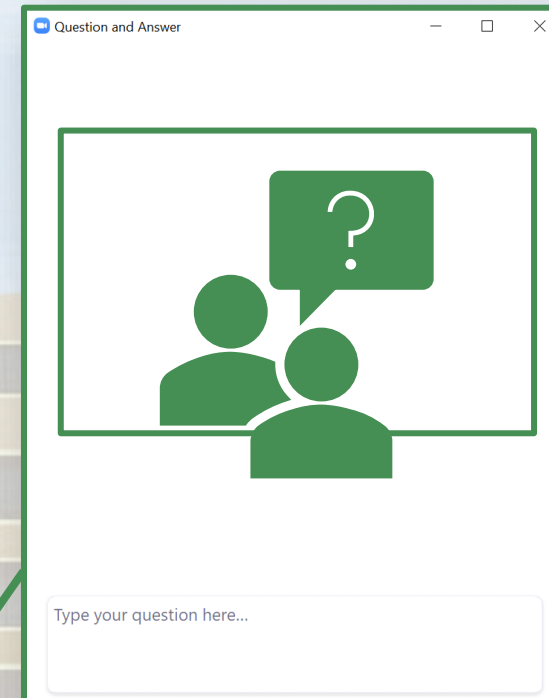
Please answer the poll question below.



True or False: Individuals must disenroll from their QHP coverage when they become eligible for Medicare.

Answer anonymously using the Polls box!

Please ask any questions related to the topics covered today using the **Q&A Icon** (not the Chat Icon) located at the bottom of your Zoom screen.



The background is a stylized illustration. On the left, a portion of a multi-story building with a tan facade and several windows is visible. To the right, another building with horizontal wooden slats is partially shown. The foreground features a green lawn, a grey parking lot with white lines, and a dark grey road with a yellow double line. The sky is a clear, light blue.

**THANK YOU FOR YOUR
PARTICIPATION!**