Welcome to Plan Year 2025 (PY25) Open Enrollment
Office Hour: Session Two
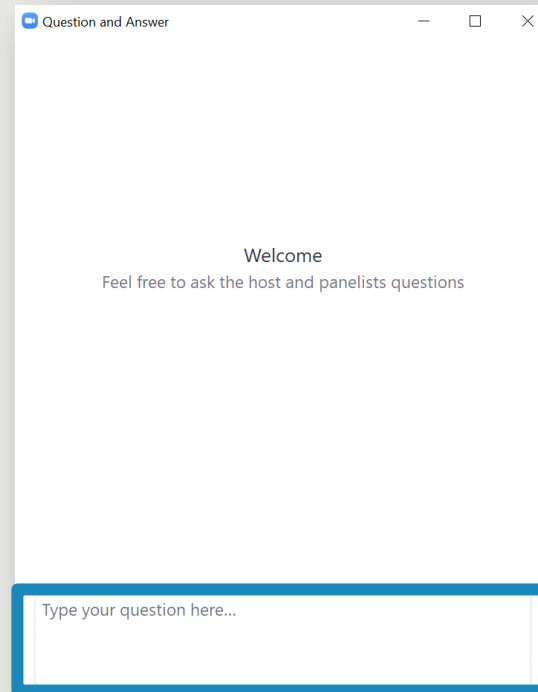Please review the Zoom tips below while you wait for the session to begin.

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How to Ask Questions

During Office Hours, all Agents and kynectors are muted. If you would like to ask a question related to the covered topics:
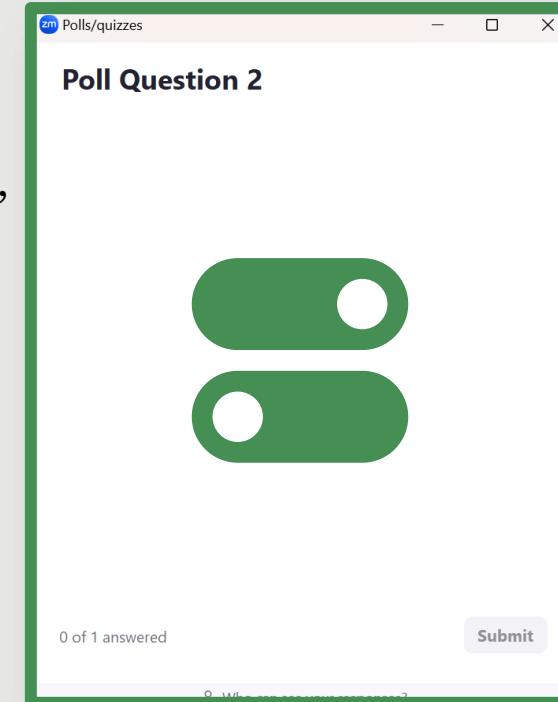
- Select the **Q&A Icon** (not the Chat Icon).
- Type your question and click **Enter** on your keyboard.

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

Question and Answer

Welcome
Feel free to ask the host and panelists questions

Type your question here...

Poll Questions

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

Poll responses are anonymous.

Polls/quizzes

Poll Question 2

0 of 1 answered

Submit

Chat | React | Raise hand | Q&A | Show captions | Polls/quizzes

SESSION TWO

Plan Year 2025 Open Enrollment Office Hour

December 19, 2024

1

Updating Income Details

2

Document Upload

3

Report a Change (RAC): Update Information Screen
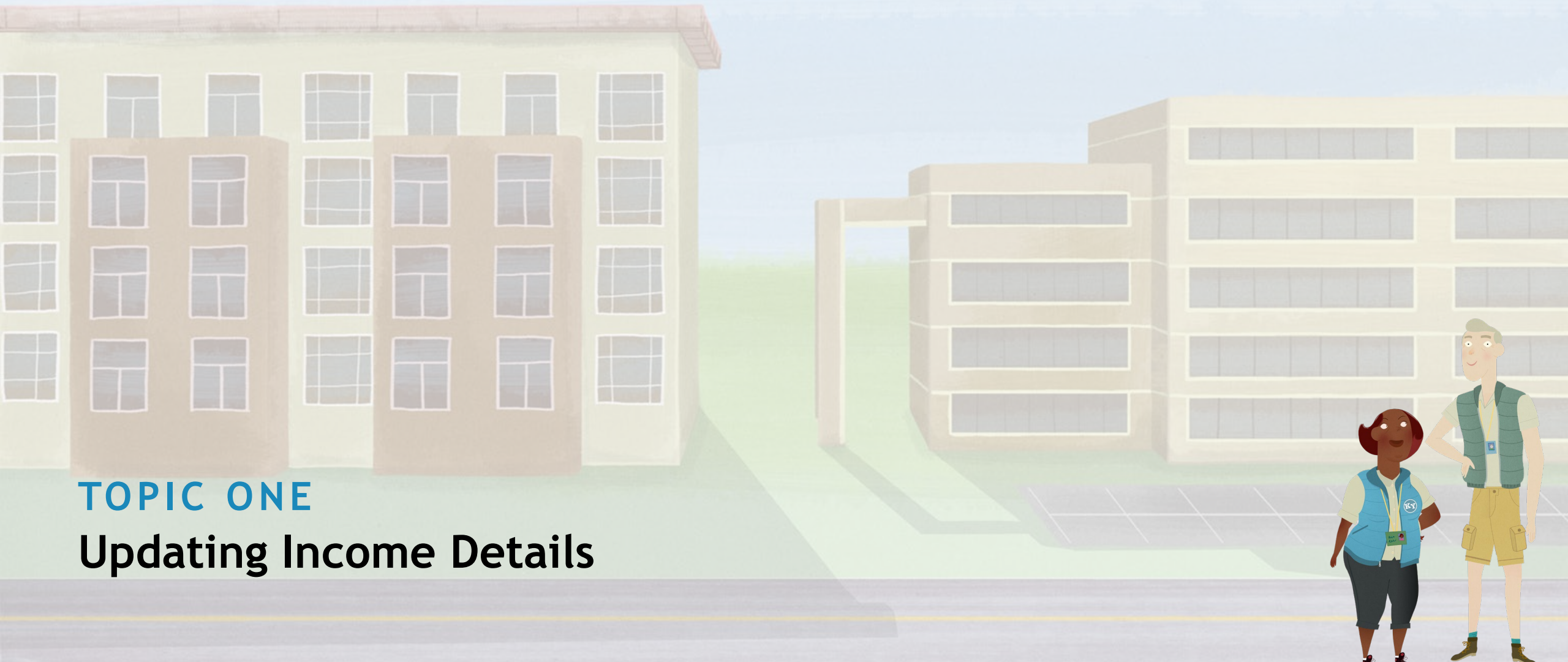
4

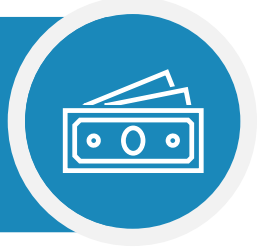**Comparing Coverage Plans**

5

Agent Delegation

6

Extension of kynect On Demand (KOD) to kynectors

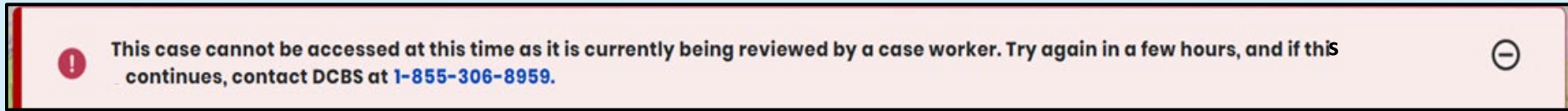**TOPIC ONE**
Updating Income Details

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Change Mode

Change Mode indicates that a DCBS Caseworker is actively processing updates for the case. During this time, Agents and kynectors are unable to make additional updates to prevent discrepancies. Please wait for the DCBS Caseworker to complete their task(s) before attempting further updates.

This case cannot be accessed at this time as it is currently being reviewed by a case worker. Try again in a few hours, and if this continues, contact DCBS at **1-855-306-8959.**

Renewal Mode indicates that the case is due for its annual renewal. Since updates will be captured through the renewal process, the Report a Change feature is disabled. In this situation, navigate to the **Resident Dashboard** and select **Renew Benefits** to update case details.

Renewal Mode

Renew Benefits Renew your existing program benefits.

5
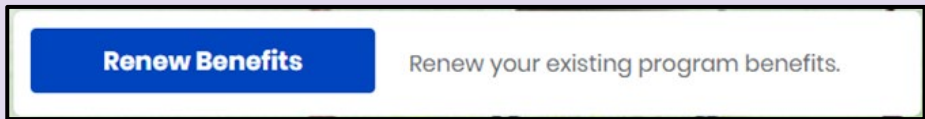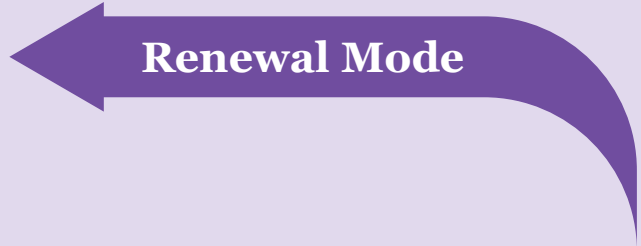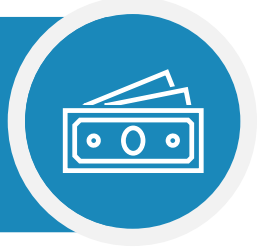
01 Updating Income Details (2 of 2)

Qualified Health Plan (QHP)-only cases and Advance Premium Tax Credit (APTC) being discontinued can also prevent updates to income details.
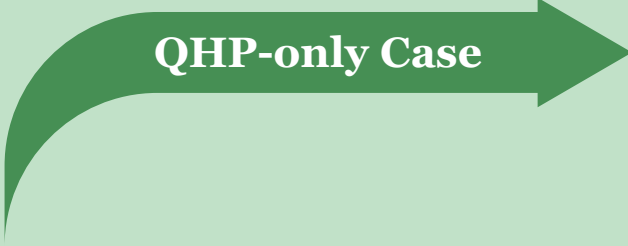
QHP-only Case

Income details are not required for QHP-only cases and are not captured during the QHP-only application process. If Agents and kynectors wish to add APTC to the case, they should select **Add Other Benefits** and select **Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)** from the **Resident Dashboard** to evaluate eligibility for that program.

Add Other Benefits — Apply for other benefits or assistance provided by kynect for which your household may be eligible.

In some cases, APTC may have been discontinued, most commonly due to failure to return a Request for Information (RFI) for APTC income verification. If APTC has been discontinued, select **Add Other Benefits** and select **Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)** to reevaluate APTC eligibility.

APTC Discontinued
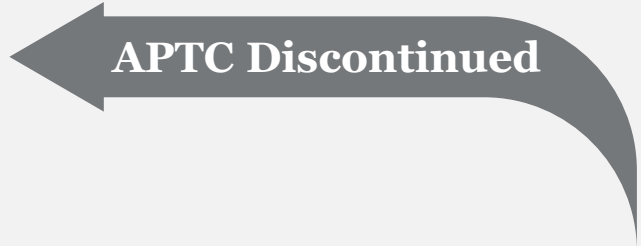
Select the programs the household would like to apply for.

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

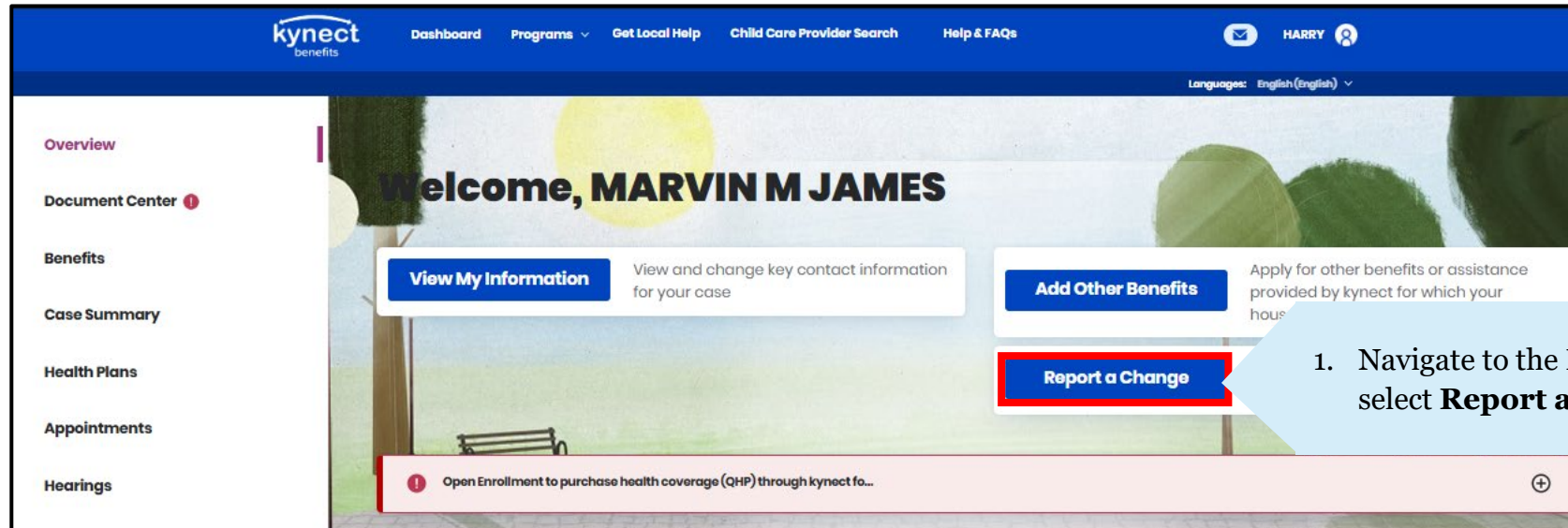QHP (Medical and Dental Insurance plans without payment assistance)

1. Navigate to the Resident Dashboard and select **Report a Change.**

Report a Change ✕

Select the type of change you would like to report

○ Add or Remove Household Member

○ Modify other information such as income, expenses, resources, or health

Looking for financial assistance/APTC benefit or interested in applying for other benefits, click here.

Continue

Cancel

2. Select **Modify other information such as income, expenses, resources, or health**.

3. Select **Continue**.

8

Agents and kynectors can update income details from the Resident Dashboard by selecting Report a Change.

4. Select **Income**.

✓ **Income**

Select applicable household member(s):

✓ ANNA PONDER

KAYLEE LEWIS

5. Select the **applicable household member(s)**.

Income Summary ⊙

Details are required for ANNA PONDER's income source(s) listed below. If ANNA PONDER has other income sources that don't appear in this list, please add them.

Learn More

6. Select **Add Income** to add additional income source(s).

Add Income

Exit

Next

7. Select **Next**.

P L E A S E   N O T E

If there are no income details to add, select **Next** to proceed with updating existing income records.

10

Agents and kynectors can update income details from the Resident Dashboard by selecting Report a Change.

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Remove Existing Income ⌄

Has MARVIN M JAMES stopped receiving any of the below income sources?

8. Select the **Income Source** box if the Resident has stopped receiving that source of income.

ABC COMPANY
$35000.00/year

MARVIN M JAMES still receives the above source(s) of income.

9. Select this **box** if the Resident still receives the above source(s) of income.

Back   Exit   Next

10. Select **Next**.

11

01 Updating Income Details: Report a Change (6 of 9)

Agents and kynectors can update income details from the Resident Dashboard by selecting Report a Change.
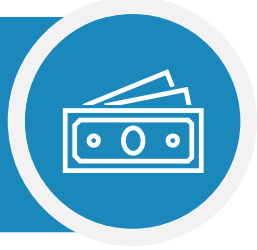
Change in Existing Income ⌄

Has MARVIN M JAMES's income details changed for any of the below income sources?

11. Select the **Income Source** that needs to be modified.

ABC COMPANY
$35000.00/year

Income frequency

Monthly ⌄ $ 3,000

$ 3,000

12. Select the *Income Frequency* and enter the **Income Amount**, as applicable.

MARVIN M JAMES's income details have not changed for the above income sources.

Back   Exit   Next

13. Select **Next**.

PLEASE NOTE

Medicaid evaluates income details on a month-to-month basis while APTC evaluates income details on an annual basis to determine eligibility.
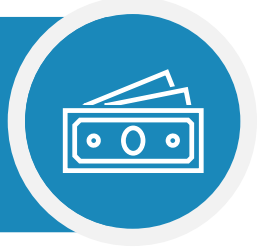
01 Updating Income Details: Report a Change (7 of 9)

Agents and kynectors can update income details from the Resident Dashboard by selecting Report a Change.

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MARVIN M JAMES

Section 1 of 1

Adjusted Annual Income ⌄

We calculated the below yearly income based on the income and expenses you reported.

Learn More

Estimated Yearly Income ⓘ
$42000.00

Is the estimated yearly income amount of $42000.00 a good estimate of your income in 2024?

| Yes | **No** |

Enter your correct annual income for 2024

$ 35,000

Enter the reason for the adjustment for 2024

testing

We will also use this amount to examine your eligibility for the upcoming coverage year, 2025. Is this estimated yearly income amount of $72000.00 a good estimate of your income in 2025?

| **Yes** | No |

| Back | Exit | **Next** |

14. Confirm that the *Estimated Yearly Income* is correct by selecting **Yes** or **No**. If **No** is selected, enter the **correct annual income** the current coverage year.

15. Confirm whether the *Estimated Yearly Income* is a good estimate for the next coverage year by selecting **Yes** or **No**.

16. Select **Next**.

PLEASE NOTE

If **No** is selected for the *Estimated Yearly Income*, the manually entered income amount will be used to determine eligibility.

13

Agents and kynectors can update income details from the Resident Dashboard by selecting Report a Change.

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Application Review

You can review your application and make changes before you sign and submit.

Expand All | Collapse All

✓ **Member Details – Income Summary** ⊖

MARVIN M JAMES
Job income from employer $3,000.00/month
Estimated Annual income in 2024 $42,000.00
Estimated Annual income in 2025 $72,000.00

Back   Exit   Next

17. On the **Application Review** screen, confirm the updated income details are correct.

18. Select **Next**.

14

14

01 Updating Income Details: Report a Change (9 of 9)

Agents and kynectors can update income details from the Resident Dashboard by selecting Report a Change.

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Signature Page

Terms of Agreement Summary

1 I have answered all questions truthfully and to the best of my ability.
2 If any changes occur to my situation, I am responsible for reporting them.
3 Providing false information may result in penalties.
4 Please read and agree to each of the terms. If you do not agree, your application may be affected, and you may be ineligible to receive benefits.

19. On the **Signature Page** screen, complete the required fields.

○ Read and agree to Application Statement of Understanding

○ Read and agree to Medicaid Penalty Warning

○ Read and agree to Failure to Reconcile Statement of Understanding

Back

Submit Benefits Application

20. Select **Submit Benefits Application** to process the income update and reevaluate the Individual's eligibility.

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True or False: Income details should only be updated once a year.

Answer anonymously using the Polls box!

TOPIC TWO
Document Upload

Agents, kynectors, and Residents can upload outstanding Requests for Information (RFIs) using kynect's Document Center.

DOCUMENTS NEEDED TAB

The *Documents Needed* tab lists any outstanding RFIs, the due date to return verification, and the corresponding status.

REQUEST FOR INFORMATION

Agents and kynectors may only view RFIs for active cases where the Resident is the Head of Household (HOH) on the case.

Documents Needed (1)	Documents Uploaded (2)

US Citizenship
🟡 Received, under review – no action required.

Due Date: 12/17/2024

Test Document.pdf

Submitted Date: 2024-09-18,17:03:47.000Z 1:03 PM

Please allow up to 10 business days for processing.

Test Document.pdf

Submitted Date: 2024-09-18,17:04:23.000Z 1:04 PM

Please allow up to 10 business days for processing.

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Agents, kynectors, and Residents can upload outstanding Requests for Information (RFIs) using kynect's Document Center.

DOCUMENTS UPLOADED TAB

Due to heightened security measures, the *Document Name* hyperlink was removed and documents uploaded in the Self-Service Portal (SSP) are no longer available for viewing.

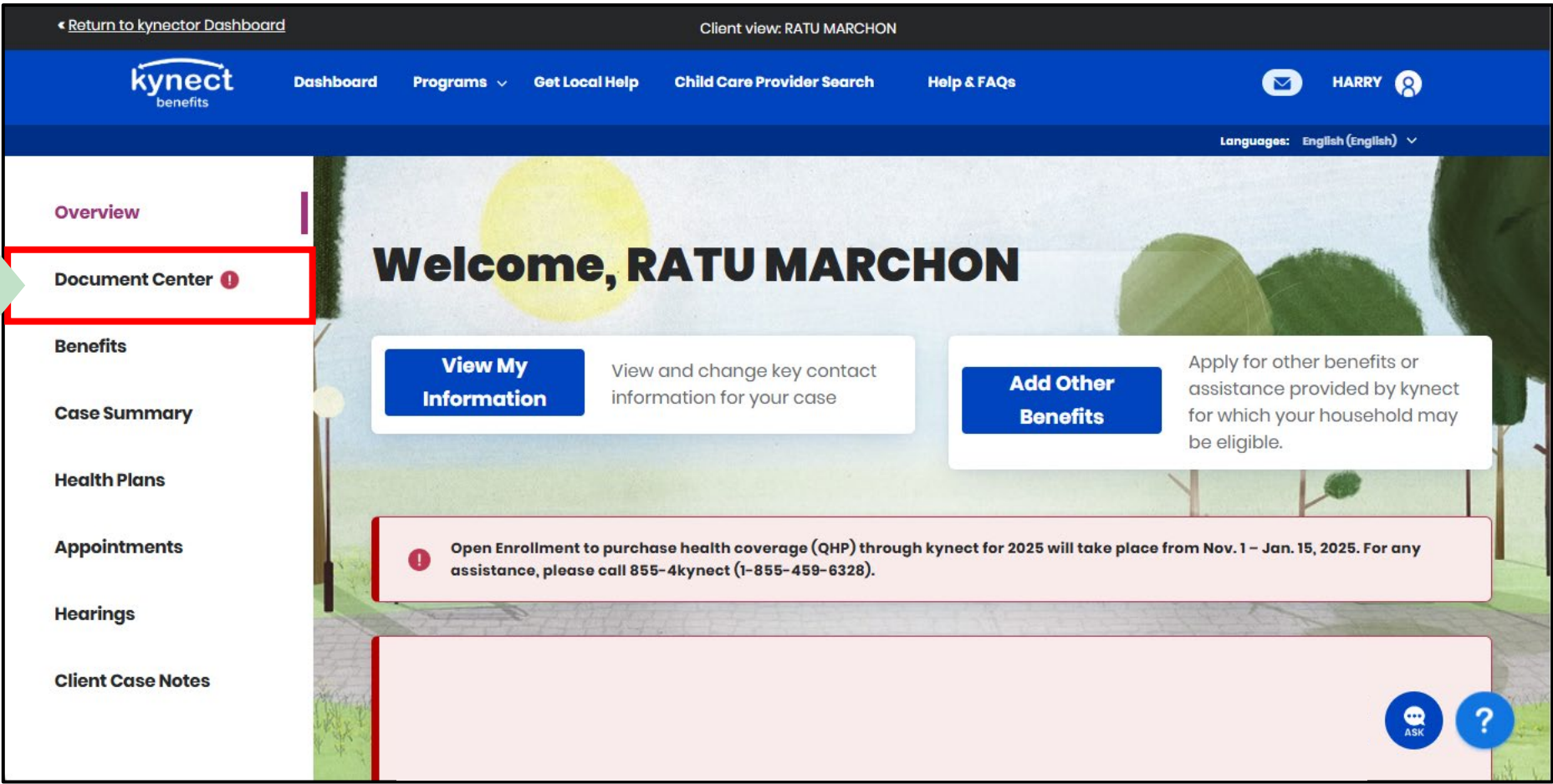|	Documents Needed (1)			Documents Uploaded (2)	
Status	**Name**	**Form of proof**	**Document Name**	**Submitted Date & Time**	**Document source**
Documents Uploaded.	MICHAELE SHELLEY	Passport	Test Document.pdf	2024-09-18,13:04:23 1:04 PM	kynect
Documents Uploaded.	MICHAELE SHELLEY	Naturalization Certificate	Test Document.pdf	2024-09-18,13:03:47 1:03 PM	kynect

PLEASE NOTE

If all cases for the HOH are inactive/discontinued, no document names will be listed under the *Documents Uploaded* tab.

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1. Select **Document Center**.

Document Center

In order to continue with your application, we will need documents to verify the data from your case. After uploading, please allow up to 30 days for your documents to be reviewed.

Files must not be password protected and must not exceed 4MB for PDF, TIF, and TIFF files, or 6MB for JPEG, JPG, and PNG files. Other file types are not accepted.

If you would like to delete a document you have uploaded, select the trash icon. Document deletion can take 5-10 minutes to reflect in the system. If you do not see the trash icon for an uploaded document, this means that the document is being reviewed and cannot be deleted at this time.

Upload your documents here for safe and fast tracking.   The uploaded documents will be sent to DCBS directly. You may alternately choose to mail, fax, or hand deliver your documents to a DCBS office – review Contact Us for contact information.

ⓘ   KI-HIPP is no longer accepting document verification via fax.

Ready to upload documents we requested?

Upload the requested documents for your household step-by-step.

2. Select **Upload Document(s)**.

Upload Document(s)

Uploaded files may not appear instantly.

Follow these instructions to upload documents to satisfy an RFI in the Document Center.

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◄ Return to kynector Dashboard

Client view: RATU MARCHON

We will take you through the document upload process for each household member and each Request For Information.

If you do not have all documents right now, you can skip them and return to the wizard later.

Identify Evidence

We provided the most commonly provided forms of proof for each request to help you provide verification. Use the "View accepted forms of proof" to see more examples.

Upload Document

Upload one or more documents for each RFI request. You may always skip and come back later.

• Files must not be password protected and must not exceed 4MB for PDF, TIF, and TIFF files, or 6MB for JPEG, JPG, and PNG files. Other file types are not accepted.

Exit

3. Select **Start Uploading**.

Start Uploading

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Proof

1 of 2 Requests

TRACY HALINA's APTC income verification

ⓘ You can verify your APTC income proof by uploading an acceptable proof document or selecting the appropriate reasonable explanation.

<u>View accepted forms of proof and the reasonable explanation</u>

Do you have proof or the reasonable explanation to verify TRACY HALINA's APTC income?

| Yes | No |

How would you prefer to verify TRACY HALINA's APTC income?

⦿ Upload form of proof

○ Reasonable Explanation

Exit   Next

4. On the **Proof** screen, confirm whether applicable documentation is available by selecting **Yes** or **No**.

5. Select **Upload form of proof** to upload associated documents or **Reasonable Explanation** to satisfy the RFI.
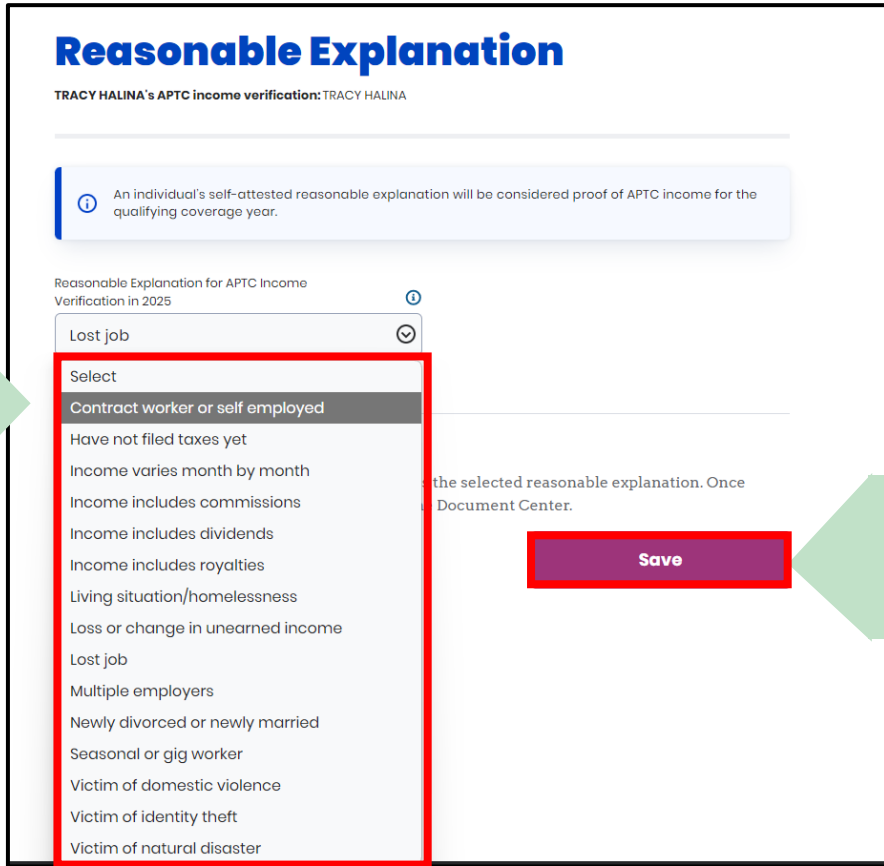
6. Select **Next**.

PLEASE NOTE

💡 If **Yes** was selected for the *Do you have proof* question, then the document's **Upload** screen displays. If **No** was selected for the *Do you have proof* question, then the **Proof** screen for the next RFI displays, if applicable.

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Reasonable Explanation

TRACY HALINA's APTC income verification: TRACY HALINA

ⓘ An individual's self-attested reasonable explanation will be considered proof of APTC income for the qualifying coverage year.

Reasonable Explanation for APTC Income Verification in 2025 ⓘ

Lost job ⊙

Select
Contract worker or self employed
Have not filed taxes yet
Income varies month by month
Income includes commissions
Income includes dividends
Income includes royalties
Living situation/homelessness
Loss or change in unearned income
Lost job
Multiple employers
Newly divorced or newly married
Seasonal or gig worker
Victim of domestic violence
Victim of identity theft
Victim of natural disaster

the selected reasonable explanation. Once
Document Center.

Save

7. On the **Reasonable Explanation** screen, select the applicable reason to satisfy the RFI.

8. Select **Save**.

PLEASE NOTE

Reasonable Explanation may be used immediately after completing an application and will satisfy an RFI for APTC Income Verification.
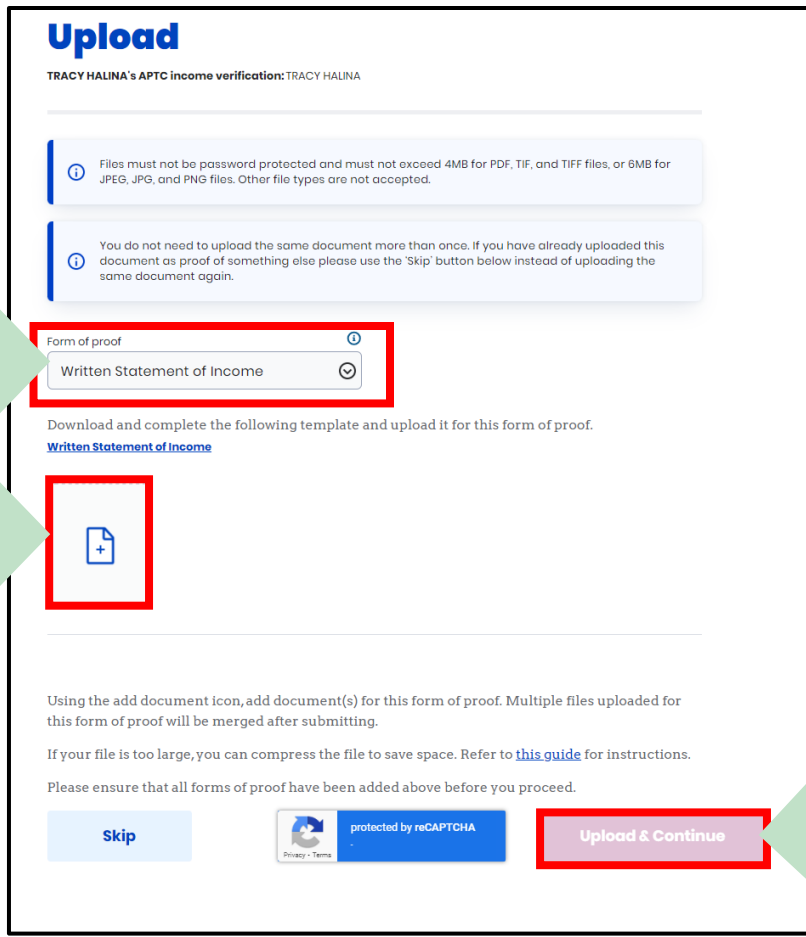
Upload

TRACY HALINA's APTC income verification: TRACY HALINA

> ⓘ Files must not be password protected and must not exceed 4MB for PDF, TIF, and TIFF files, or 6MB for JPEG, JPG, and PNG files. Other file types are not accepted.

> ⓘ You do not need to upload the same document more than once. If you have already uploaded this document as proof of something else please use the 'Skip' button below instead of uploading the same document again.

Form of proof ⓘ

Written Statement of Income ⌄

Download and complete the following template and upload it for this form of proof.

Written Statement of Income

📄+

Using the add document icon, add document(s) for this form of proof. Multiple files uploaded for this form of proof will be merged after submitting.

If your file is too large, you can compress the file to save space. Refer to this guide for instructions.

Please ensure that all forms of proof have been added above before you proceed.

Skip | protected by reCAPTCHA Privacy - Terms | Upload & Continue

9. On the **Upload** screen, select the **Form of proof** that will be uploaded.

10. After selecting the **Form of proof**, Select the **Upload (📄+)** icon and select the document(s) from your local device.

11. After uploading the document, select **Upload & Continue**.

PLEASE NOTE

Agents and kynectors may download and complete the Written Statement of Income template. The completed template may be uploaded as form of proof to satisfy an RFI for APTC Income Verification.

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Upload Additional Documents

Do you want to submit additional documents?

| Yes | No |

12. On the **Upload Additional Documents** screen, confirm whether additional documents need to be uploaded by selecting **Yes** or **No**.

Exit

Next

13. Select **Next**.

PLEASE NOTE

If **Yes** is selected for *Do you want to submit additional documents* question, then the **Upload** screen will display. If **No** is selected, Select **Next** to proceed to the **Submitted Documents** screen.
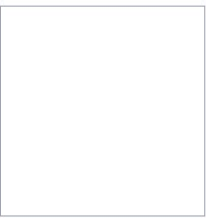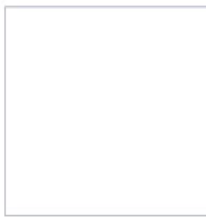
Follow these instructions to upload documents to satisfy an RFI in the Document Center.

14. Upon successful submission of the required documents, confirmation displays on the **Submitted Documents** screen.

15. Review the document images to verify the correct documents have been uploaded.

Submitted Documents

We have received the documents below and are in the process of reviewing. If a request for verification was not submitted or if we are unable to use as a form of proof, please be sure to return to the Document Center and upload the appropriate documents.

You can review each request status individually on the Document Center. If you believe you uploaded the incorrect document, you may manually upload the correct document or contact DCBS.

TRACY HALINA's APTC income verification

Written Statement of Income
Written Statement of Income.pdf

RATU MARCHON's US Citizenship

Birth Certificate
Blank Document.pdf

Back to Document Center

16. Select **Back to Document Center**.

PLEASE NOTE

If the incorrect document was uploaded, return to the Document Center to submit additional documentation.

True or False: A written statement or reasonable explanation can be used to satisfy APTC Income Verification.
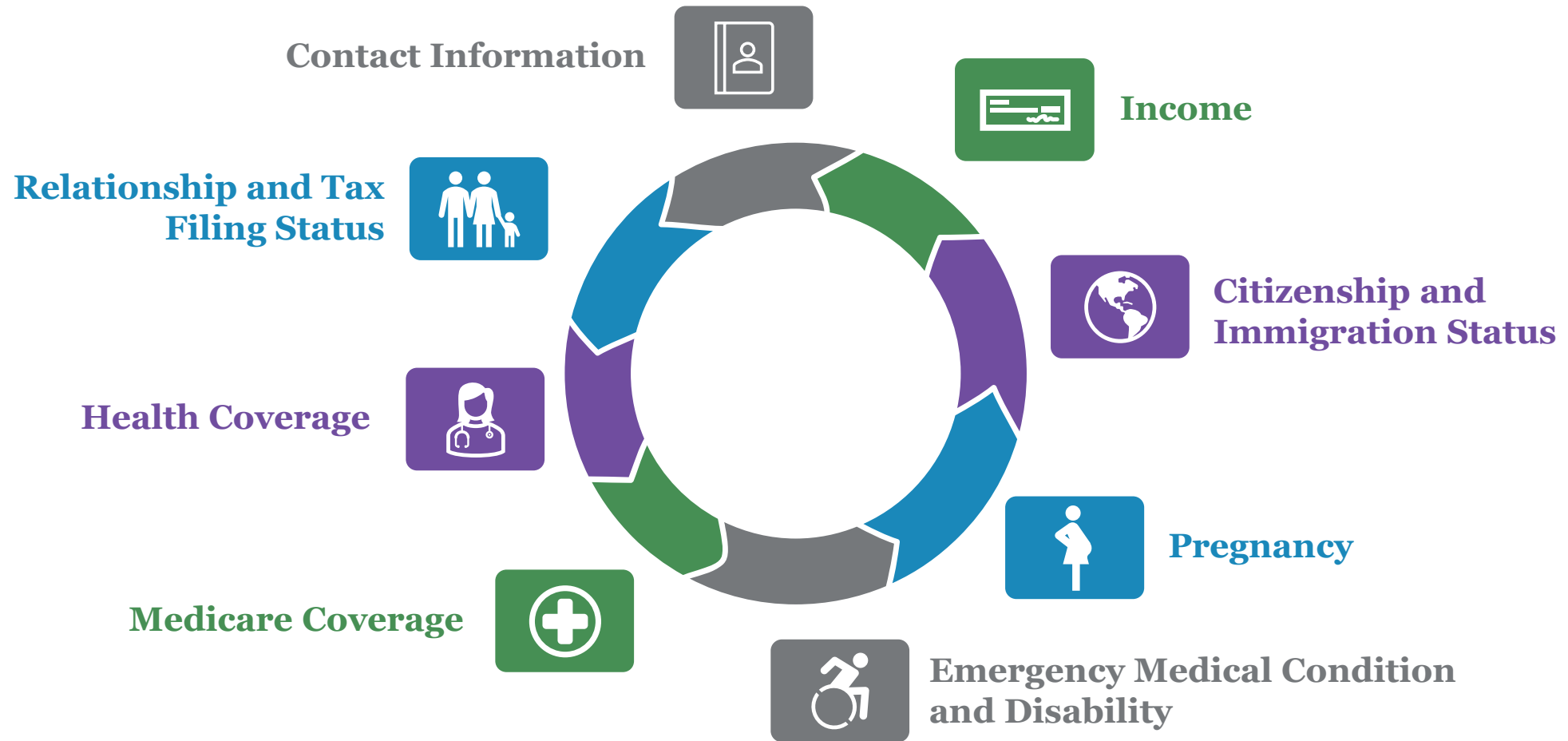
Answer anonymously using the Polls box!

TOPIC THREE
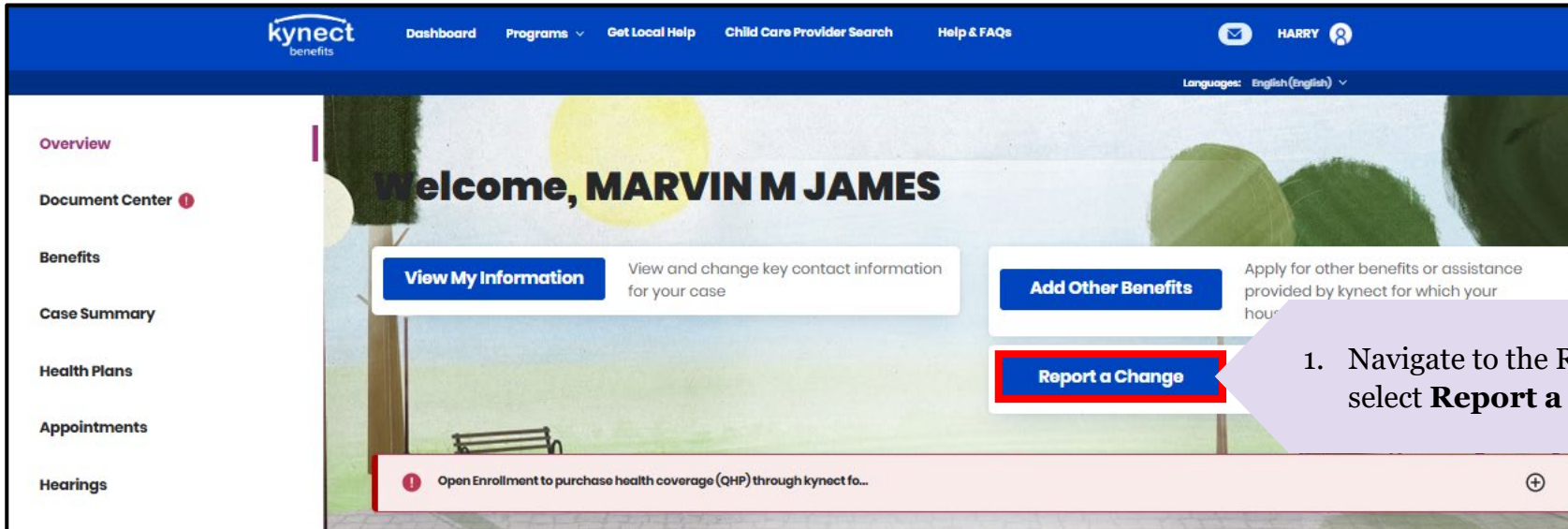
Report a Change (RAC): Update Information Screen

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Contact Information

Income

Relationship and Tax Filing Status

Citizenship and Immigration Status

Health Coverage

Pregnancy

Medicare Coverage

Emergency Medical Condition and Disability

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1. Navigate to the Resident Dashboard and select **Report a Change.**

03 Report a Change (2 of 3)
Follow these instructions to Report a Change.

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Report a Change ✕

Select the type of change you would like to report

◯ Add or Remove Household Member

◯ Modify other information such as income, expenses, re-sources, or health

Looking for financial assistance/APTC benefit or interested in applying for other benefits, click here.

Continue

Cancel

2. Select **Add or Remove Household Member** or **Modify other information such as income, expenses, resources, or health**.

3. Select **Continue**.

4. Select the applicable **categories** that require updates.

Report a Change

Learn More

⊘ Please report changes in a timely manner to avoid interruptions in your benefits or having to repay benefits.

What changes in your household would you like to report?

Contact Information
(such as Phone, Email, and Address)

Relationship and Tax filing Status

Medicare Coverage

Health Care Coverage

Emergency Medical Condition and Disability

Member Information

Income

Exit   Continue

5. Select **Continue** to proceed with the Report a Change and update applicable case details.

True or False: Report a Change may be used to add or remove household members.

Answer anonymously using the Polls box!

TOPIC FOUR
Comparing Coverage Plans
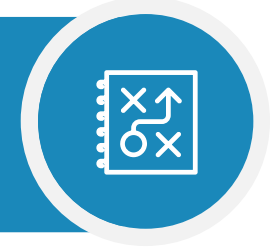
Prescreening Tool Overview

The Prescreening Tool is a feature available through kynect that allows Residents to quickly and anonymously view available plans based on their household information and income.

kynect benefits Prescreening Tool

The kynect benefits Prescreening Tool checks potential eligibility for various benefits programs including food assistance, childcare assistance, etc.
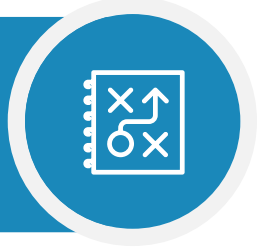
kynect health coverage Prescreening Tool

The kynect health coverage Prescreening Tool check potential eligibility for QHPs and APTC.

PLEASE NOTE

The Prescreening Tool is not an application. The results do not guarantee eligibility for benefits. A full benefits application must be completed in order to determine eligibility for any program.

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04
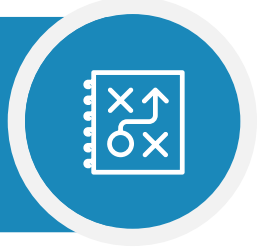
How to use the Prescreening Tool (1 of 9)
Follow these instructions to compare coverage plans using kynect's Prescreening Tool.
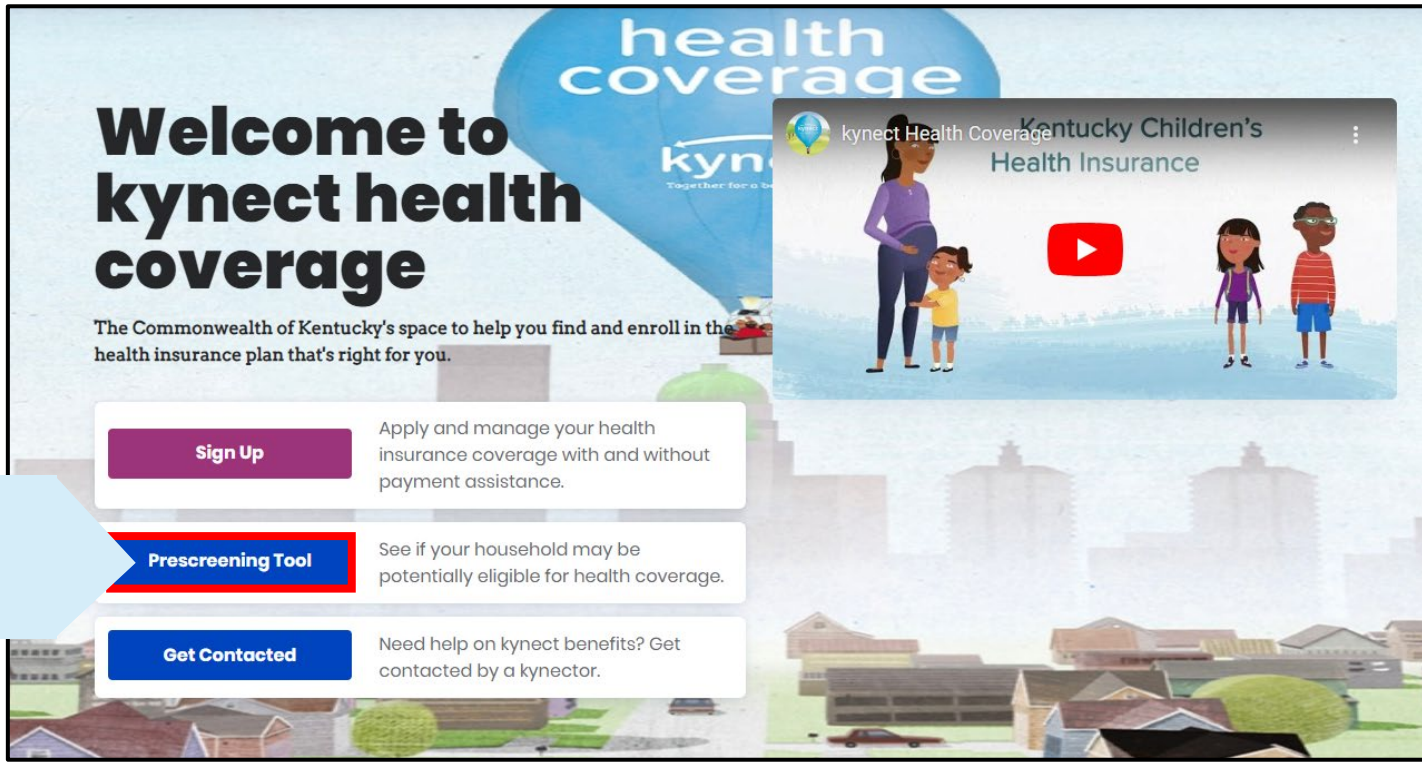
1. Navigate to the kynect health coverage home page and select **Prescreening Tool**.

Follow these instructions to compare coverage plans using kynect's Prescreening Tool.

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The Prescreening Tool is not an application. The results do not guarantee you will or will not be eligible for benefits. You need to complete a full benefits application in order to determine eligibility for any program.

We will check potential eligibility across the following:

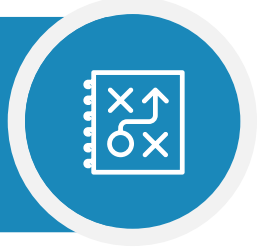1. Tax Credits to Help Pay Your Premium
2. Qualified Health Plans (QHP)

Learn More

Basic Eligibility requirements for all programs:

- You must be a resident of Kentucky
- You must be a US citizen or qualified immigrant

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

✓ I'm not a robot   reCAPTCHA
Privacy - Terms

Start Prescreening tool
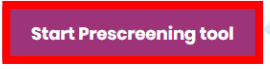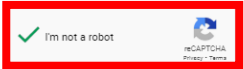
3. Select **Start Prescreening Tool**.

How to use the Prescreening Tool (3 of 9)

Follow these instructions to compare coverage plans using kynect's Prescreening Tool.

Household details

Section 1 of 3

Complete the questions below about the household's members.
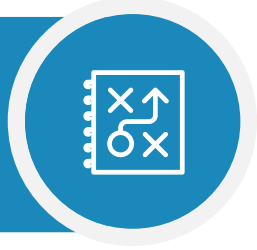
Which county do you reside in?

4. Enter the **County**.

Looking for coverage in 2024 or 2025?

5. Select the **Plan Year** in which coverage is needed.

When do you want coverage to start in 2024? (Optional) ⓘ

mm/dd/yyyy

How many people, including yourself, will you claim on your federal dependents)

6. Enter the **number** of people in the household.

Back   Exit   Next

7. Select **Next**.

04 How to use the Prescreening Tool (4 of 9)

Follow these instructions to compare coverage plans using kynect's Prescreening Tool.

Tell Us About You

Section 2 of 3

Complete the questions below about the household's members.
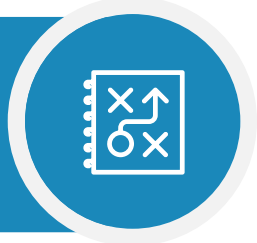
○ Date of Birth   ○ Age

mm/dd/yyyy

Sex

Below listed questions are optional, if you do not select an response as 'No' to evaluate potential benefits.

Do you use tobacco?

Yes   No

Are you a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community, or other group?

Yes   No

Are you eligible for health coverage through Job, Medicare, Medicaid, or CHIP? ⓘ

Yes   No

ⓘ Want to skip these questions?
By answering this question, you'll see prices based on your household. These prices, also based on your age and income, may be much lower than prices without this information. If you skip to see plans now, we'll show you prices based on a person who's 35.
Browse plans now.

Back   Exit   Next

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

9. Enter the Individual's **Sex**.

10. Select **Yes** or **No** for the following three (3) questions.

11. Select **Next**.

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Tell Us About Your Household Income

Section 3 of 3

Complete the questions below about the household's members.

What do you think your annual household income will be in 2025 before taxes? ⓘ

$

12. Enter the household's **annual household income**.

ⓘ Want to skip these questions?
By answering this question, you'll see prices based on your household. These prices, also based on your age and income, may be much lower than prices without this information. If you skip to see plans now, we'll show you prices based on a person who's 35.
Browse plans now.

Back   Exit   Submit

13. Select **Submit**.

41
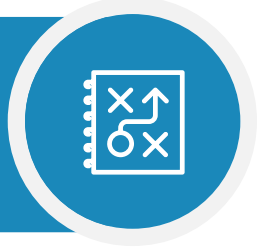
04 How to use the Prescreening Tool (6 of 9)

Follow these instructions to compare coverage plans using kynect's Prescreening Tool.

Prescreening Results

See potential eligibility for the below programs. Take note of your results and apply for benefits by clicking the button below.

ⓘ The Prescreening Tool is not an application. The results below do not guarantee you will or will not be eligible for benefits. We encourage you to apply for any program, as your results may change once all information is collected.

If you are a **licensed insurance agent in kynect** and you are prescreening for one of your clients, please click here to search and link yourself to the prescreening quote. ⊕

Qualified Health Plans (with payment assistance)

You are potentially eligible for **$431** of monthly payment assistance (or premium tax credits).

• Payment Assistance (or premium tax credit) is the amount you can use to lower your monthly premium each month.
• If you are eligible for Cost Sharing Reductions (CSR), you may see the details on the browse plans screens.

You will get your exact payment assistance amount when you complete an application.

Browse QHP Plans

ⓘ Learn about other programs offered on kynect. Please go to kynect.ky.gov/benefits for more information and to prescreen for those other programs.

Back   **Exit**   **Apply for Benefits**

14. Select **Browse QHP Plans** to view Qualified Health Plans that the Resident may be eligible for.

Please note: Selecting **Apply for Benefits** is optional and directs Residents to complete a benefits application to confirm eligibility results.

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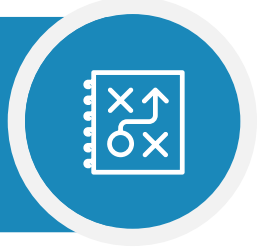
How to use the Prescreening Tool (7 of 9)
Follow these instructions to compare coverage plans using kynect's Prescreening Tool.

Your household has qualified for a category B Cost-Sharing Reduction (CSR) ⓘ , which can be applied to silver plans.

For a coverage date of '01/01/2025', your household is qualified for maximum Advance Premium Tax Credit (APTC) in the amount of: **$431**. This amount is applicable only if all eligible APTC members are enrolling in a Medical Plan.
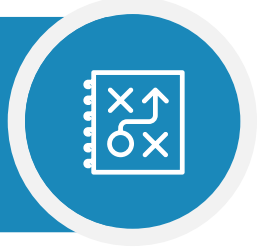
The premium listed below automatically reflects the APTC applied in full towards your monthly premium. Please note that the APTC and CSR information above is kynect's estimate based on the information you provided in your application.

You may adjust the APTC amount by using the slider OR by specifying an exact amount in the text below.

$0 $431

Payments Assistance for Medical:

$ 431

Icon Legend:

$ CSR Savings   T Tobacco Cessation Program

P Embedded Pediatric Dental Benefits

Filters

[Insurance Company ▾]   [Plan Type ▾]   [Metal Level ▾]

Clear   Apply

Show More

Help Me Choose

Prescription Drugs ⓘ   Provider Name ⓘ   Provider Zip Code

[Enter prescription drugs]   [Enter Name]   [Enter Zip]

Show Map View   Clear   Apply

15. Add **Filters** such as *Insurance Company, Plan Type*, and *Metal Level*.

16. Add *Prescription Drugs, Provider Name,* or *Zip Code.*

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Available Plans in Fayette County - 60

Sort By [Select ⌄]

Export All Plans   Export Selected Plans   Compare Selected Plans

	Total Monthly Premium	Your Monthly Payment ⓘ	Individual Deductible ⓘ	Individual Out-Of-Pocket Maximum ⓘ	Actions
	$476.01	$45.01	$1,950	$1,950	○ Compare

17. Compare available QHPs based on *Total Monthly Premium, Your Monthly Payment, Individual Deductible,* and *Max Out of Pocket.*

★★★★★

Silver $ [Lowest Premium CSR Plan]

Summary (In-Network)

Premium Details ⌄

Payment Assistance Details ⌄

18. Review plan information such as the *Summary, Premium Details,* and *Payment Assistance Details.*

| CareSource ★★★★★ | Preventive Silver 1750 $0 Select Drugs | $723.91 | $292.91 | $1,750 | $1,750 | ○ Compare |

Silver $ T [Highest CSR Savings]

Summary (In-Network) ⌄

Premium Details ⌄

Payment Assistance Details ⌄

19. Select **Compare** to compare available QHPs.

20. The **Compare Medical Plans** screen will display a side-by-side comparison of the selected QHPs.

Change Plan in the Enrollment Manager

The instructions below detail how to use the Change Plan button to compare plans in the Enrollment Manager.

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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	Monthly Premium	Applied Payment Assistance
$766.4 per month	**$766.4 per month**	**$0 per month**

Enrollment ID#	Policy ID#
1008974767	Not yet assigned

CATHLEEN TRACEY 43M
- Pending
- Policy Holder

ERROL ANGELINA 41M
- Pending

Date	Member ID#	Date	Member ID#
01/01/2025 – 12/31/2025	Not yet assigned	01/01/2025 – 12/31/2025	Not yet ass...

Update APTC	Add/Remove Member	Change Plan
Disenroll/Cancel	View Detailed History	

1. Select **Change Plan** on the **Enrollment Manager** screen to compare different plans on the **Medical Plan Search** screen.

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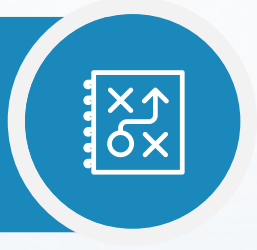
True or False: The kynect health coverage Prescreening Tool can be used to evaluate potential eligibility for QHPs before applying for a plan.

Answer anonymously using the Polls box!

TOPIC FIVE

Agent Delegation

WHAT IS AGENT DELEGATION?

Agent delegation is a valuable tool that allows primary Agents to add secondary Agents to help manage large or complex caseloads.

WHAT CAN AGENT DELEGATES DO?

Agent delegates can act as secondary Agents to assist with current cases or cover caseloads when the primary Agent is unavailable. Secondary Agents can access and assist with current cases.

WHEN SHOULD I USE AGENT DELEGATION?

Agent delegation can be useful if an Agent will be unavailable for an extended period or needs assistance with their current cases.

PLEASE NOTE

For more information on Agent delegation, reference the Agent Delegate Fact Sheet.

1. Navigate to Agent Portal and select **My Delegates**.
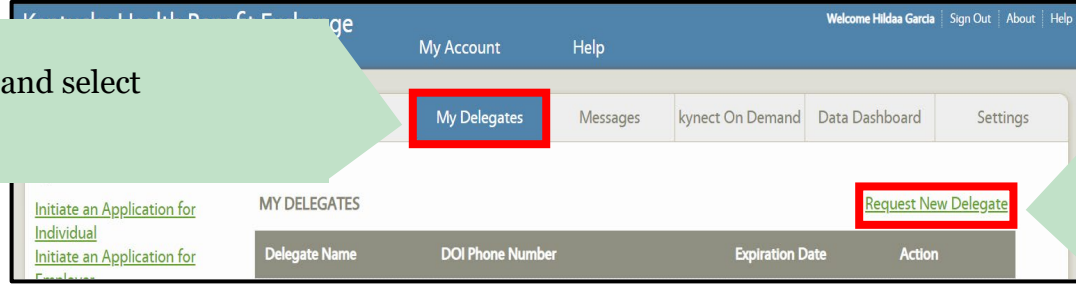
2. Select **Request New Delegate**.
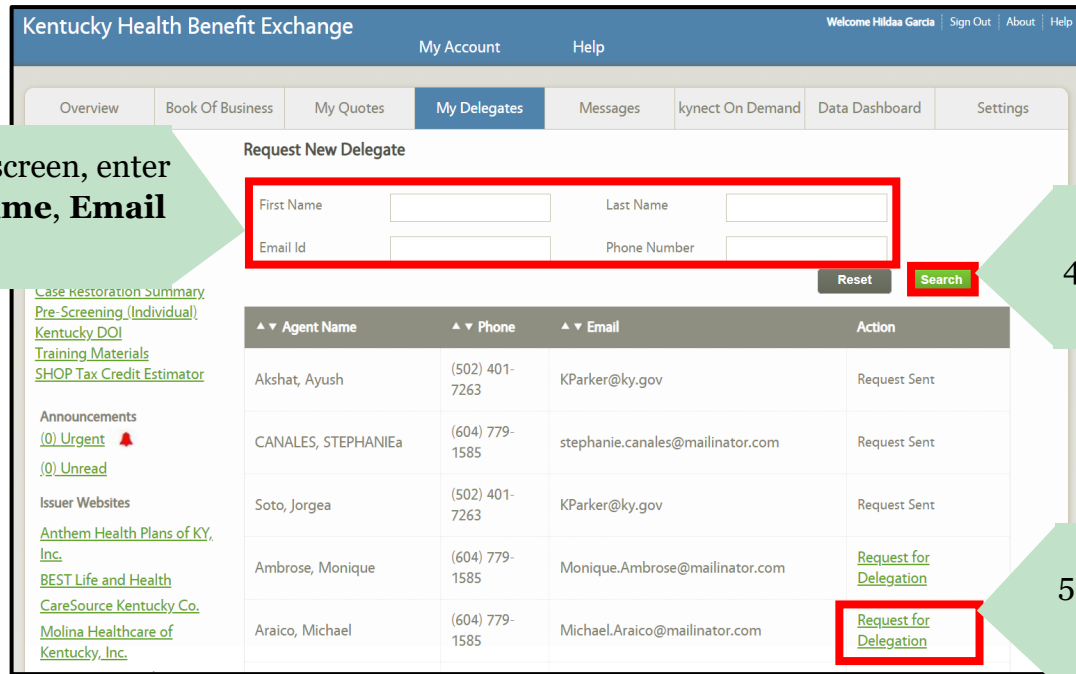
3. On the **Request New Delegate** screen, enter the Agent's **First Name**, **Last Name**, **Email Id**, or **Phone Number**.

4. Select **Search**.

5. Select **Request for Delegation** next to the desired delegate.

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Request New Delegate   ✕

Are you sure you want to request the selected agent as your delegate?

Cancel   OK
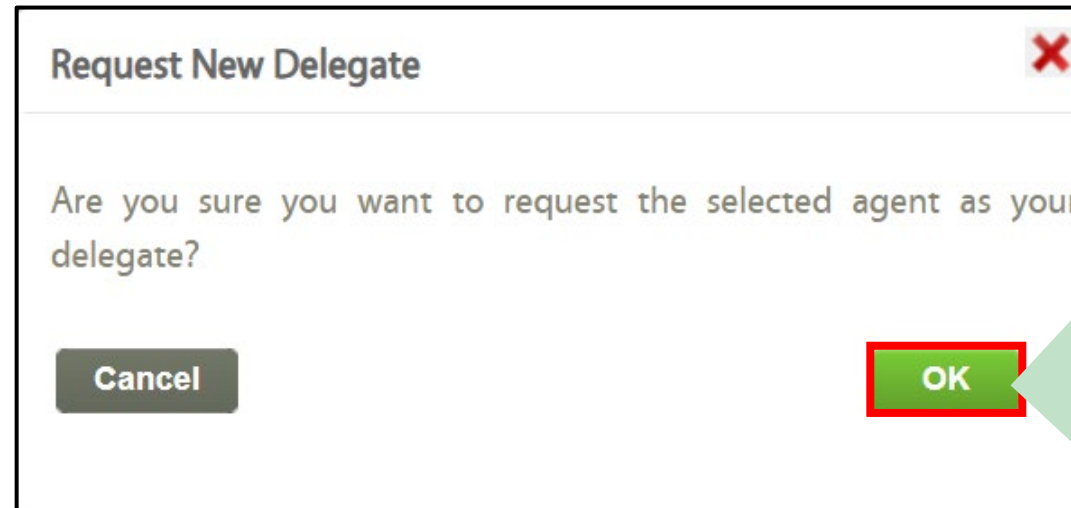
6. Select **OK** on the **Request New Delegate** pop-up screen to send the request.

PLEASE NOTE

To add more delegates, repeat steps 2 through 6. **Each Agent can assign up to six (6) delegates.**

1. Navigate to Agent Portal and select **My Delegates**.

2. Under the *Delegate Requests* section, select **Accept (✓)** to accept the delegate request.

3. Select **OK** on the **Approve Delegate Request** pop-up screen.

4. Review the *My Primary Agents* section to view a list of Agents you are a delegate to.

5. Select the **Primary Agent Name (green hyperlink)** to navigate to their **Agent Dashboard** and access client details.

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Kentucky Health Benefit Exchange

Welcome Hildaa Garcia | Sign Out | About | Help

My Account   Help

1. Navigate to Agent Portal and select **My Delegates**.

My Delegates   Messages   kynect On Demand   Data Dashboard   Settings

Araico, Michael accepted your delegate request

Initiate an Application for Individual
Initiate an Application for Employer
Request Case Access
Case Restoration Summary
Pre-Screening (Individual)
Kentucky DOI
Training Materials
SHOP Tax Credit Estimator

MY DELEGATES   Request New Delegate

Delegate Name	DOI Phone Number	Expiration Date	Action
Araico, Michael	(604) 779-1585	3/15/2025	⬇

MY PRIMARY AGENTS

2. Select **Download Activity (⬇)** to view actions a delegate has taken on case(s) or select **Remove (✖)** to remove a delegate.

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1. Navigate to Agent Portal and select **My Delegates**.

2. Select the **Primary Agent Name (green hyperlink)** to navigate to their Agent Portal.

3. Verify that the **Viewing as: [Primary Agent Name]** field is in the top right corner of the screen and displays the correct primary Agent's name.

4. Select **Book Of Business** to view the Primary Agent's Book Of Business and take any required action.

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True or False: Each Agent can assign up to six (6) delegates.

Answer anonymously using the Polls box!

TOPIC SIX

Extension of kynect On Demand (KOD) to kynectors

06 kynect on Demand Overview
Review the KOD overview below.

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WHAT IS KOD?

KOD enables Residents to request assistance with applications submitted through kynect, plan enrollments, or both, and receive a call back from a kynector within 30 minutes.

kynectors must first register for the program to be able to receive KOD referrals and assist Residents.

HOW CAN KOD HELP KYNECTORS?

By accepting referrals and assisting Residents with their benefits applications, kynectors will be able to increase the number of Residents that they are able to assist in their community.

HOW CAN KYNECTORS ACCESS KOD?

kynectors can access KOD by navigating the kynect On Demand tab on the left-hand side of their kynector Dashboard.
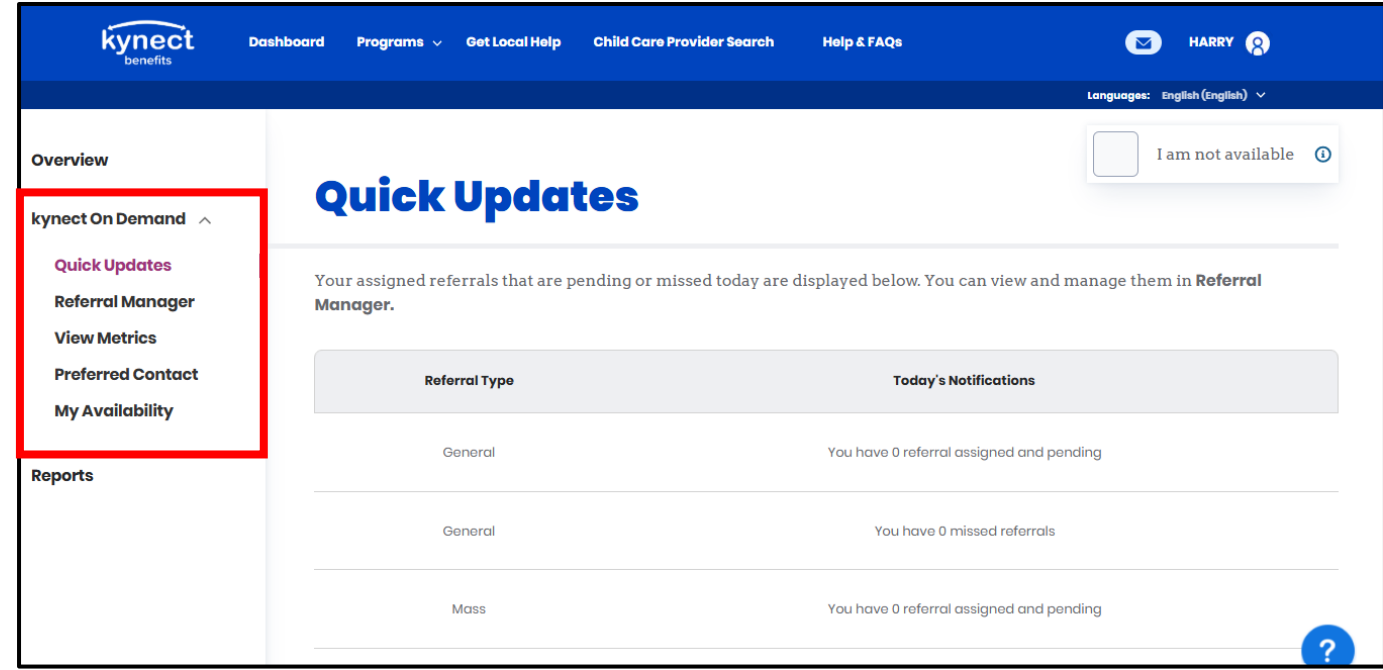
KOD allows Residents to request assistance from kynectors in real-time. kynectors can easily set their availability and preferences from the kynect Dashboard. KOD has the following functionality available to kynectors:

- **Quick Updates**: View today's notifications.

- **Referral Manager**: Take action on open requests.

- **View Metrics**: View applicable metrics.

- **Preferred Contact**: Edit contact details.

- **My Availability**: Edit weekly availability.

Please note: KOD is a real-time functionality that allows Residents to request assistance from kynectors based on the kynectors' availability.

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🔔 **Quick Updates**

The *Quick Updates* section of KOD serves as a kynector's notification hub. All referrals and their respective status can be accessed on this page.

Overview

kynect On Demand ⌃

Quick Updates

Referral Manager

View Metrics

Preferred Contact

My Availability

Reports

☐ I am not available ⓘ

Quick Updates

Your assigned referrals that are pending or missed today are displayed below. You can view and manage them in **Referral Manager.**

Referral Type	Today's Notifications
General	You have 0 referral assigned and pending
General	You have 0 missed referrals
Mass	You have 0 referral assigned and pending

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Referral Manager

The *Referral Manager* section allows kynectors to take action on open requests. It also allows kynectors to search referrals by name and filter by time.

Overview

kynect On Demand ∧

Quick Updates

Referral Manager

View Metrics

Preferred Contact

My Availability

Reports

☐ I am not available ⓘ

Referral Manager

Name

Referral Status

All

Referral Received Date

All Time

Reset   Search

Referral Type	Name	Customer Zip Code	Contact Details	Referral Assigned	Action	Referral Status

No records found
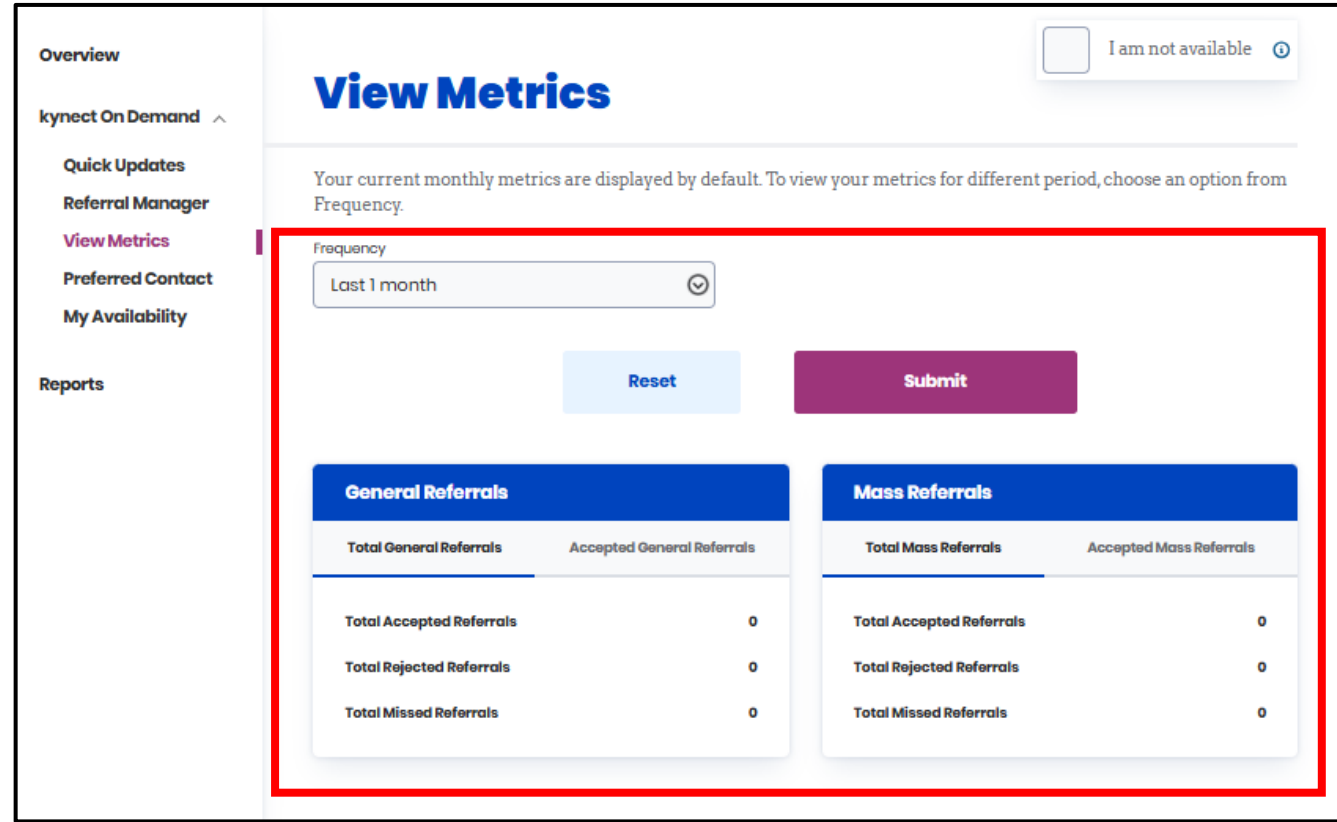
Note:
1. If you are assigned a 'General' referral then you are expected to take action within **15 minutes.** If no action is taken, then your referral will expire, and it will be sent to the next available agent in kynect On Demand.
2. If you are assigned a 'Mass' referral and accept it, then on a 'First Come First Serve' basis, the system will share the customer contact information with you only if you are the first agent to accept.

View Metrics

The *View Metrics* section allows kynectors to view their current monthly metrics and filter by General Referrals and Mass Referrals.

PLEASE NOTE

General referrals are directed to a single kynector, while mass referrals are sent to multiple kynectors and assigned on a first-come, first-serve basis.

Preferred Contact

The *Preferred Contact* section allows kynectors to update their preferred contact method including their KOD Phone Number and Email as well as their preferred language.
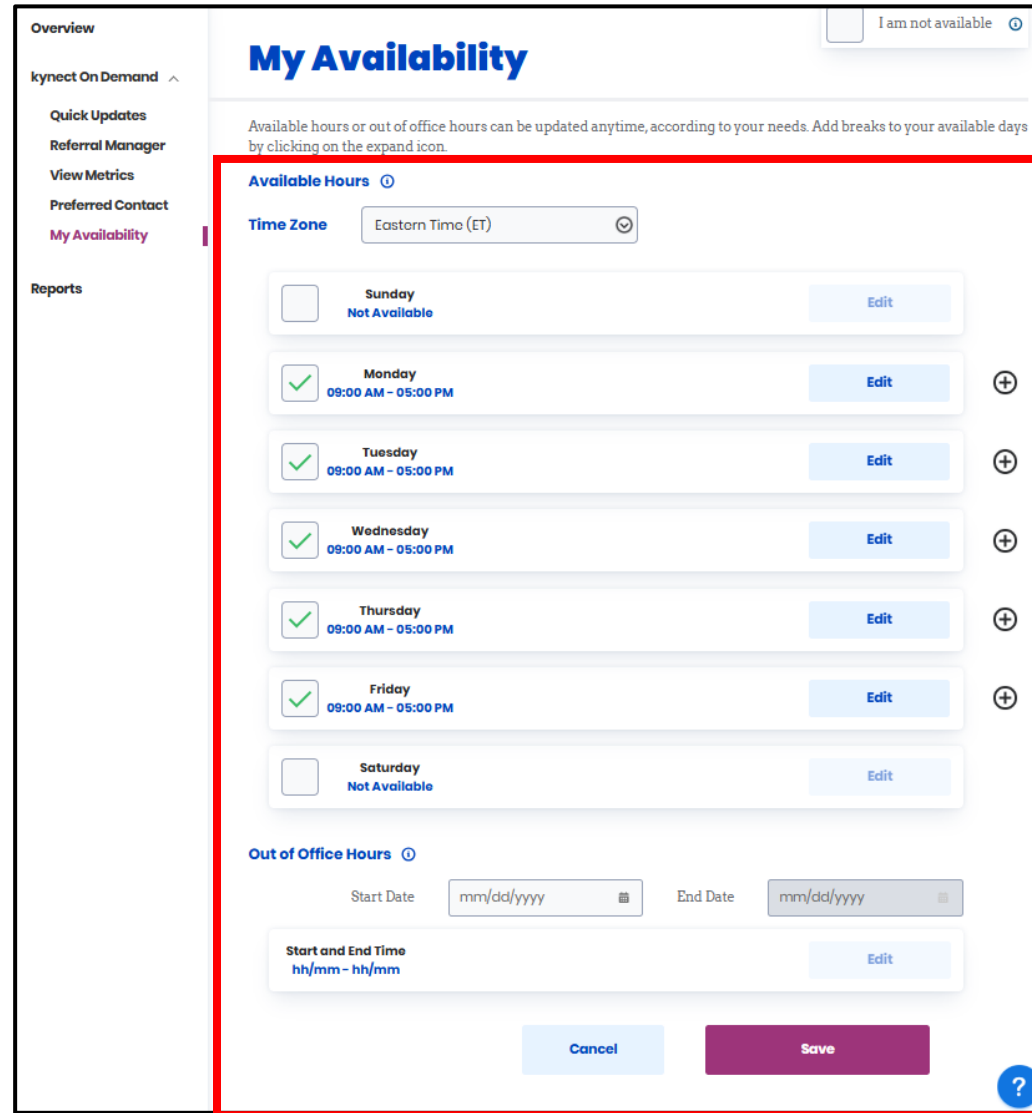
06 kynect on Demand Features (5 of 5)

The information below highlights the My Availability section of KOD.

My Availability

The *My Availability* section allows kynectors to update their available hours throughout the week. It also allows kynectors to set flexible Out of Office Hours to accommodate their schedules.

1. Select **kynect On Demand**.

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Registration

Welcome to kynect On Demand. The purpose of this program is to assist customers who need help to apply for benefits and enroll in a plan. The customer will get contacted by a kynector within the expected timeline of 30 minutes.

If you want to participate in this kynect referral program, you must complete the registration by selecting "I am interested to participate in kynect On Demand" and agreeing to the Terms of Use and Privacy Policy. If you want to withdraw after registering, you may do so after **30 business days**.

Your registration will be cancelled if you do not respond to 3 consecutive referrals. Until you register, you will not receive any referral requests.

Review the Privacy Policy & Terms of Use and make your selection.

✓ I am interested to participate in kynect On Demand

2. To register for KOD, select **I am interested to participate in kynect On Demand**.

3. Select **Save**.

Save

65

65

Preferred Contact

Your current contact details and preferred language(s) are displayed below. KOG phone number and email will be used as default contact information. If needed, you can update your details through the KOG Portal.

Preferred Contact Method   Email

KOG Phone Number

KOG Email   uat_ssp_assist_03@mailinator.com

To use KOD contact information, please check this box

4. To use KOD contact information, check the box and enter the **KOD Phone Number** and **KOD Email**.

Preferred Language(s) can be updated using My Info.

Preferred Language(s)   English

5. Select **Save**.

Save

PLEASE NOTE

To update Kentucky Online Gateway (KOG) details, select the **KOG Portal** hyperlink at the top of the **Preferred Contact** screen.
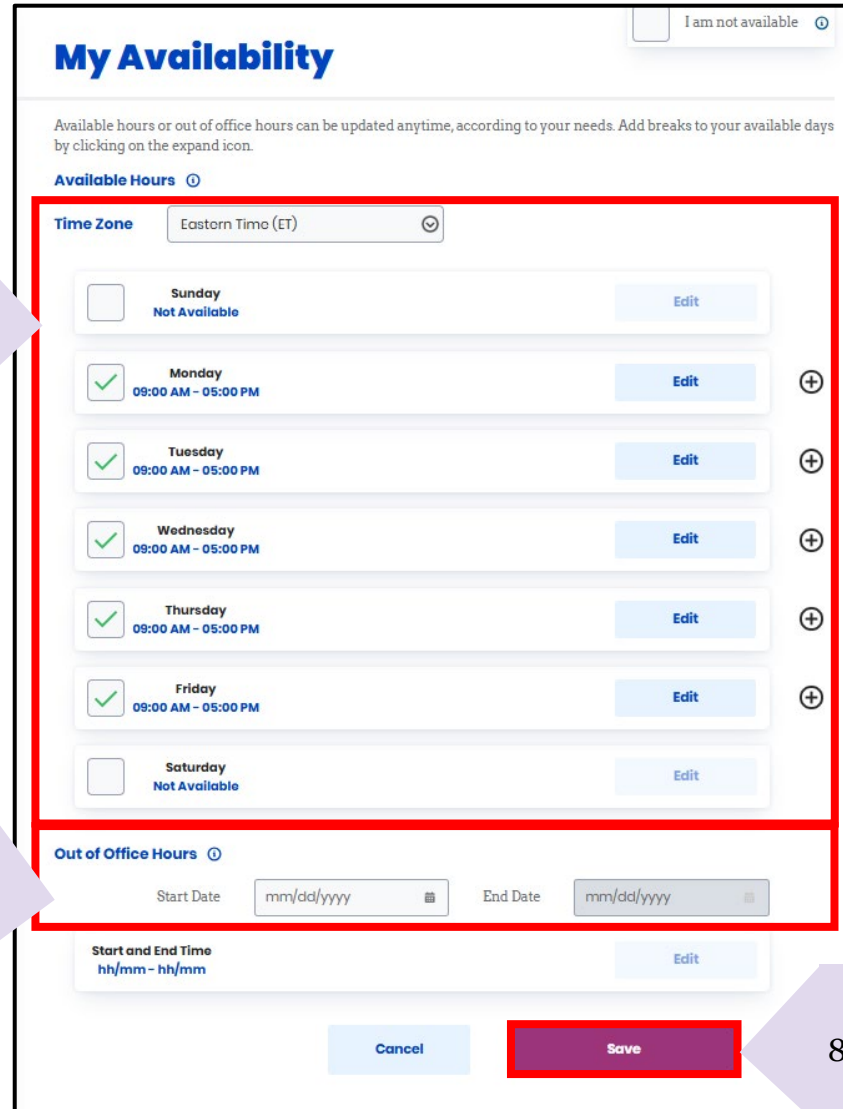
66

06

kynect on Demand Registration (4 of 4)
Follow these instructions to complete registration for KOD.

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My Availability

I am not available ⓘ

Available hours or out of office hours can be updated anytime, according to your needs. Add breaks to your available days by clicking on the expand icon.

Available Hours ⓘ

Time Zone	Eastern Time (ET) ⊘

☐	**Sunday** Not Available	Edit
☑	**Monday** 09:00 AM – 05:00 PM	Edit ⊕
☑	**Tuesday** 09:00 AM – 05:00 PM	Edit ⊕
☑	**Wednesday** 09:00 AM – 05:00 PM	Edit ⊕
☑	**Thursday** 09:00 AM – 05:00 PM	Edit ⊕
☑	**Friday** 09:00 AM – 05:00 PM	Edit ⊕
☐	**Saturday** Not Available	Edit

Out of Office Hours ⓘ

Start Date	mm/dd/yyyy 📅	End Date	mm/dd/yyyy 📅

Start and End Time
hh/mm – hh/mm   Edit

Cancel   **Save**

6. On the **My Availability** screen, select the **Time Zone** and update the **Available Hours**.

7. Update **Out of Office Hours**, if applicable.

8. Select **Save**.

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?

True or False: kynectors can set their daily schedule to receive referrals by using the My Availability section of KOD.

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.
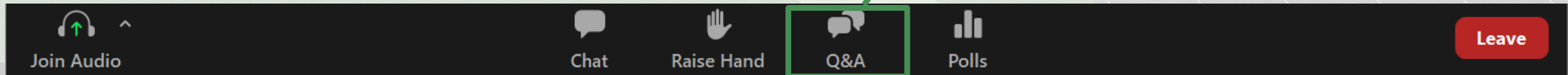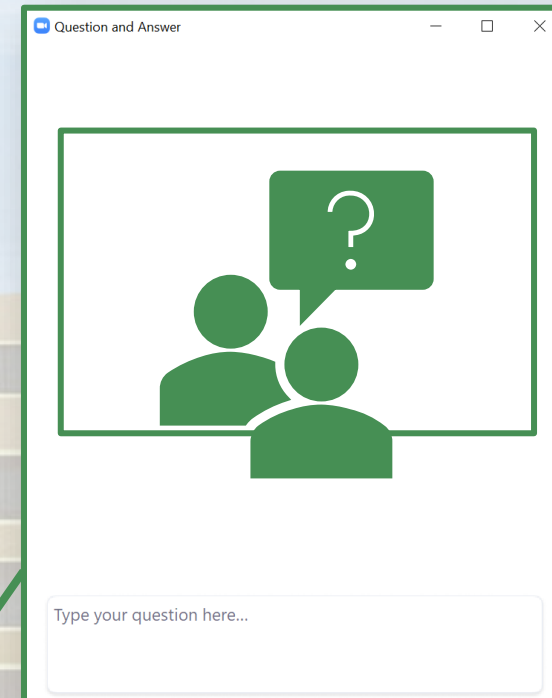
07 What is Next?

Mark your calendar for the Plan Year 2025 (PY25) Open Enrollment Office Hour: Session Three.

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PY25 OFFICE HOUR: SESSION THREE

PREPARED TOPICS

Review the table for prepared topics and descriptions.

DATE AND TIME

Session Three of the PY25 Open Enrollment Office Hour is scheduled for **Tuesday, January 14** from 1:00 pm - 2:00 pm EST.

INVITE COMING SOON

The PY25 Open Enrollment Office Hour: Session Three invite will be distributed two weeks prior.

PREPARED TOPICS	DESCRIPTION
Disenroll/Cancel Plans	• Highlight the difference between disenroll vs. cancel from a plan.
Tax Documents	• How to request the 1095-A/B Form.
Escalation Process	• Highlight available points of contact for support after Open Enrollment.
Requesting Medicaid Cards	• How to view and request Medicaid cards from the Resident Dashboard. • Reminder: Anthem's Medicaid MCO Transition
Special Enrollments	• Qualifying life events and how to process Special Enrollments after Open Enrollment. • Exceptional Special Enrollment • Special Enrollment coverage effective dates and updated RFI submission timeline.
Transitions from QHP to Medicaid or Medicare	• Overview of how to process transitions from QHP to Medicaid or Medicare.

THANK YOU FOR YOUR PARTICIPATION!