



Plan Year 2023 Open Enrollment Webinar for Agents

October 31, 2022

Agenda

Today's Webinar will cover the following topics.

01 State-Based Marketplace (SBM)/kynect

02 Open Enrollment (OE) Overview and Timeline

03 Employer Insurance Affordability (Family Glitch)

04 kynect Enhancements

05 Online Resources

06 Escalation Processes

07 Questions and Answers (Q&A)



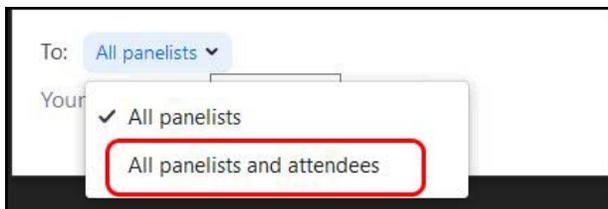
Webinar Features

This Webinar will be interactive and uses the following Zoom features.

1 Chat

Can Participants Talk?

- All attendees will be muted for this Webinar.
- The Chat should be used for help with technical issues. Send messages to All panelists or All panelists and attendees.



2 Q&A

How to Ask Questions?

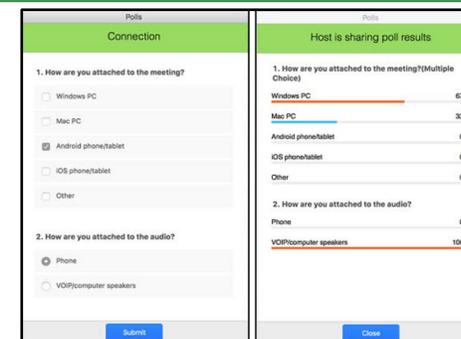
- The Q&A should be used for asking all questions.
- Click Q&A in the Zoom toolbar and type your question.



3 Polls

What is the Poll Feature?

- The Poll feature will allow us to interact during the Office Hour. When it is time for a Poll question, it will appear on your screen.
- Poll responses are anonymous.



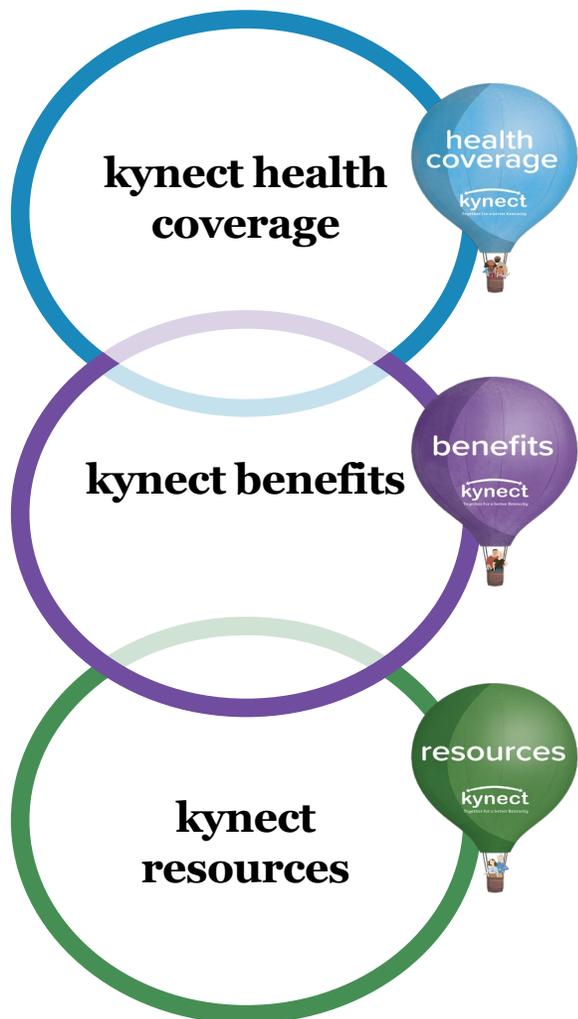
Please note: This Webinar is being recorded and will be posted on My Purpose for Agents to review. All questions asked today will be shared at a later date in a Frequently Asked Questions (FAQs) document.



State-Based Marketplace (SBM)/kynect

kynect: Kentucky’s State-Based Marketplace (SBM)

kynect is an “umbrella” brand that encompasses kynect health coverage, kynect benefits, and kynect resources. Agents assist Applicants with the eligibility and enrollment process by using kynect.



- kynect health coverage is Kentucky’s state-based health insurance marketplace. It serves Individuals, families, and small employers and provides access to a range of coverage options.
 - kynect health coverage is a one-stop-shop enabling Applicants to enroll in a range of health coverage options, including Medicaid, Kentucky Children’s Health Insurance Program (KCHIP), Qualified Health Plan (QHPs), Advance Premium Tax Credit (APTC), and Cost Sharing Reduction (CSRs).
-
- kynect benefits is Kentucky’s integrated eligibility and enrollment system for state programs such as Medicaid, Kentucky Children’s Health Insurance Program (KCHIP), Supplemental Nutrition Assistance Plan (SNAP), Kentucky Transitional Assistance Program (KTAP), Child Care Assistance Program (CCAP), and Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) program.
-
- kynect resources is an interactive portal designed to connect Kentucky Residents with a wealth of resources across the Commonwealth, including local community partner organizations, based on their interests and needs.
 - It features a streamlined process that improves the existing referral process for community partners and helps move Residents towards self-sufficiency.

Please note: During the application process Applicants may be automatically routed to different portals based on eligibility or application responses.

Have you Seen These in Your Email?

KHBE distributes Release Announcements to Agents as applicable. Release Announcements contain a summary of the recently released system enhancements in kynect.



**ANNOUNCEMENT
SBM ENHANCEMENTS**
RELEASE 22.07

Below is a list of kynect enhancements effective September 4:

1. **kynector Access Request** - The kynector timer is being reduced from 3 minutes to 1 minute.
 - o No action required from Agents and kynectors.
2. **Proration Algorithm Update** - On the QHP (clicking View QHP History), enrollments are calculated on a calendar days instead of the standard 30-day calendar to calculate premiums.
 - o Applicable scenarios include newborn Primary Subscriber, death of a dependent.
 - o No action required from Agents and kynectors.
3. **Program Selection Screen Update** - Benefits will display out if the program(s) are not applicable to the client.
 - o Agents and kynectors may hover over the program(s) to display informational text explaining why the program(s) are not applicable.
 - o No action required from Agents and kynectors.





**ANNOUNCEMENT
SBM ENHANCEMENTS**
RELEASE 22.08

Below is a list of kynect enhancements effective September 4:

able hyperlinks are added to the Enrollment Summary screen to easily navigate back to Agent Portal, Self-Service Portal (WP).

Agents and kynectors. Self-Service Portal (SSP) and Worker Portal (WP) now allow Agents and kynectors to assign Delegate Email(s), Delegate Phone Number, and Delegate Email Address. SSP and WP will display "Not Applicable" for Agents and kynectors.

Wizard which is a step-by-step upload assistant will allow Agents and kynectors to upload Request for Information (RFI) documents. RFI documents may need to be uploaded into kynect.

Agents and kynectors. In Agent Portal, on the Client Details screen, the RFI will display: Request for Information (RFI), Approved Credit (APTC) Amount, Enrollment Details, etc. Agents.





**ANNOUNCEMENT
SBM ENHANCEMENTS**
RELEASE 22.09

Below is a list of kynect enhancements effective October 2:

1. **Plan Search/Shopping Screen Changes**- The lowest-price premium, simplify health plan cost descriptions, and retain search criteria displays on the Shopping screen.
 - o No action required from Agents and kynectors.
2. **Email Functionality for Quotes and Prescreening**- Agents and kynectors will have the ability to email prescreening results to clients. Agents will have the ability to email quotes to clients.
 - o For additional details, please view the [Prescreening QRG](#) or [Quotes QRG](#).
3. **Agent Access Request**- Agents may request access to an existing case on Agent Portal through electronic or verbal consent from the Client.
 - o For additional details, please click [here](#).
4. **Application Summary Screen**- A new Application Summary screen allows Agents and kynectors to review and edit benefits application information entered prior to submission.
 - o No action required from Agents and kynectors.
5. **Case Summary Screen**- A new view-only tab will be added to the Resident Dashboard allowing Agents and kynectors to easily view case details.
 - o No action required from Agents and kynectors.
6. **Enhanced Eligibility Results and Next Steps Screens**- The Eligibility Results screen will clearly detail the program(s) an Applicant is approved for. Additionally, the Next Steps screen will provide links for Applicants to take further action.
 - o No action required from Agents and kynectors.
7. **Enhanced Benefits Application Flow**- The benefits application flow will queue only relevant questions required for the program(s) being applied for.
 - o No action required from Agents and kynectors.





Open Enrollment Overview & Timeline

Open Enrollment

Qualified Health Plans (QHPs), Medicaid, and Medicare each have their own Open Enrollment Periods.

Qualified Health Plans

Residents may enroll in or switch their QHP during QHP Open Enrollment for Plan Year 2023. Residents may also report changes to household size, income, etc. if needed.

Medicaid

Residents can apply for Medicaid year-round but can generally only change their Managed Care Organization (MCO) coverage during Medicaid's OE period.

Medicare

Residents can change from Original Medicare to a Medicare Advantage plan, or vice versa, enroll in a Medicare Part D drug plan, or switch from one Part D plan to another during Medicare's Open Enrollment.

Residents cannot apply for Medicare through kynect.

Please note: Open Enrollment is the only time during the year Residents can **change** their health coverage **without reporting a qualifying life event**.

Open Enrollment Timeline: Plan Year 2023

Applicants must apply for kynect health coverage by December 15, 2022, to have coverage start on January 1, 2023. For Applicants that apply between December 16, 2022, and January 15, 2023, their kynect health coverage will start on February 1, 2023.



During this time, if Residents are already enrolled in one of the MCOs, they do not have to do anything. However, if they wish to choose a new MCO, they must do so during the OE period.

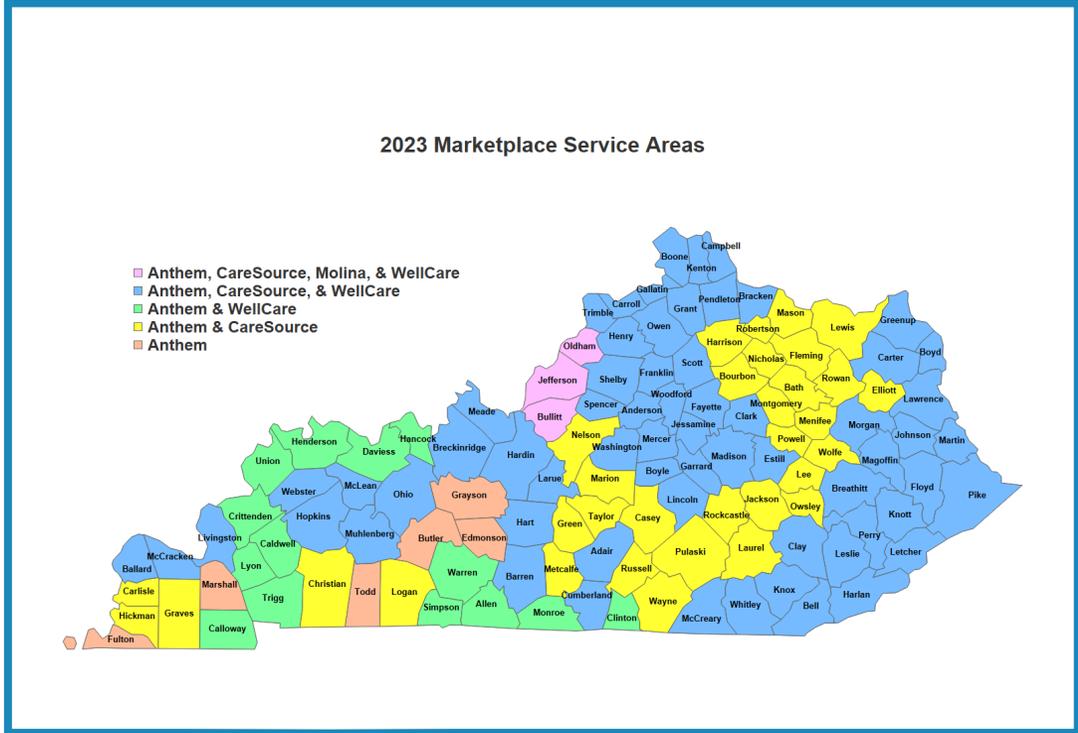


Medicare plan enrollees can reevaluate their plan (Original Medicare with supplemental drug coverage or Medicare Advantage) and make changes or purchase new policies if desired.

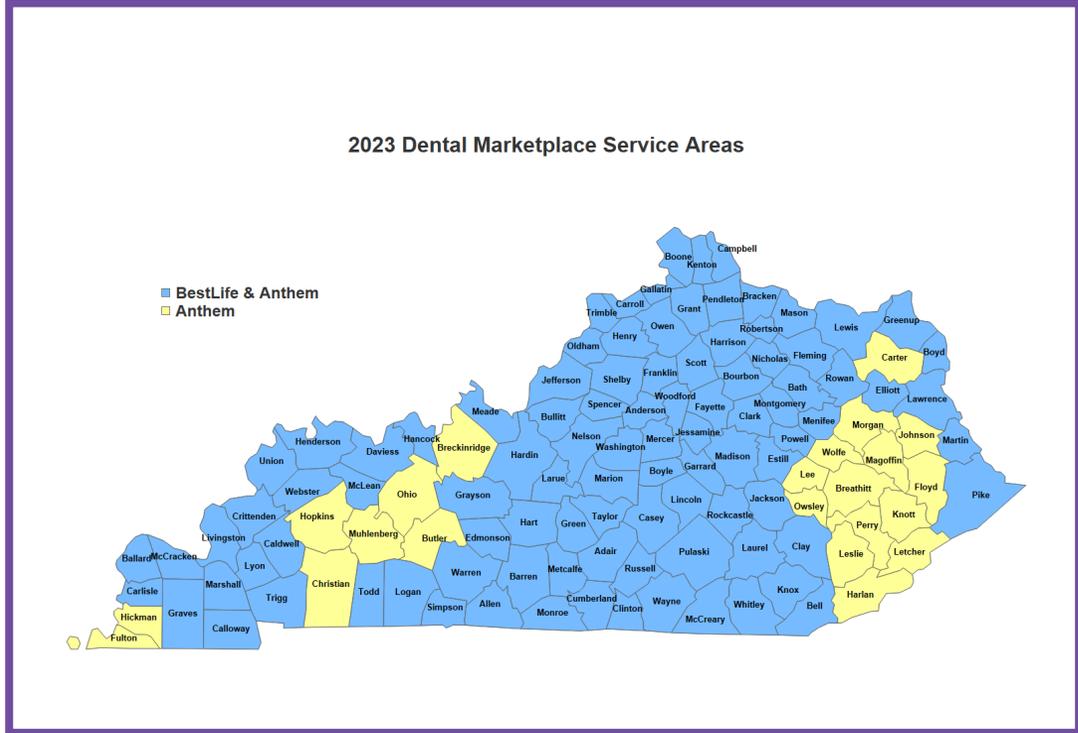
QHP Service Coverage

Issuer options differ across the counties of Kentucky.

2023 kynect Marketplace Issuer Service Areas



2023 Dental Marketplace Issuer Service Areas



For Plan Year 2023, Anthem and VSP Vision Care will offer Vision Plans for all counties in Kentucky.

Employer Insurance Affordability (Family Glitch)

PRESCREENING TOOL

Tell Us About You

Section 2 of 3

Complete the questions below about the household's members.

Age

Sex

Below listed questions are optional, if you do not select an option this tool will consider the response as 'No' to evaluate potential benefits.

Employer Insurance Affordability (Family Glitch)

Employer Insurance Affordability (Family Glitch) refers to the Affordable Care Act (ACA) rule that bases an individual's eligibility for premium subsidies on the affordability of an employer-sponsored health insurance plan's cost for employee only coverage.

Overview

Generally, Individuals with Employer-Sponsored Insurance (ESI) coverage do not qualify for tax credits (Advance Premium Tax Credit) with kynect health coverage. There is an exception if the ESI coverage does not meet minimum standards or fails the affordability test. Most ESI plans meet the minimum standards. Previously, the affordability rule didn't consider the cost of ESI family coverage and was called the "Family Glitch."

There are two affordability tests:

1. The first test will check whether employee-only coverage passes the affordability rules. The employee will not be eligible for APTC with kynect health coverage if ESI for the employee is affordable.
2. The second test will check if the ESI coverage is affordable for the family, using the same rules. The IRS sets the affordability rate each year. **The rate is 9.12% of household income for 2023.**

Problem

The cost to add family members is not taken into consideration; if a family's employer-sponsored insurance (ESI) offer is considered affordable based on the cost to cover just the employee, and provides minimum value, the entire family is ineligible for subsidies.

Resolution

In 2022 the Treasury Department and the Internal Revenue Service announced changes for plan year 2023 to base the affordability of ESI coverage for an employee's spouse and/or tax dependents on the cost to cover the employee and those family members.



How Can Individuals Take Advantage of This New Policy?

The new affordability rules take effect on January 1, 2023. The calculator within the kynect eligibility system will be live on December 16, 2022, and will automatically make the calculations for Plan Year 2023.

To enroll family members offered unaffordable ESI in a Qualified Health Plan with APTC through kynect, use the following methods:

1 **Enroll After December 16, 2022 (Preferred Method) and Enrollment is Automatic**

The calculations and eligibility will be correct in kynect after December 16, 2022. Contact the Professional Services Line to change the coverage effective date:

1. Call the Professional Services Line and state you attempted to enroll for January 1 coverage but could not because of the incorrect ESI affordability determination
2. The Professional Services Line representative will submit an SR&I ticket to change the effective date to January 1, 2023
 - Note: If Individuals have lost coverage (ESI, Medicaid, etc.), you may use the Special Enrollment Period reason for January 1, 2023 coverage

2 **Enroll Before December 16, 2022 and Contact KHBE for Enrollment**

If a spouse or family member is denied APTC for an offer of ESI, double-check using the anonymous estimator tool:

1. If the plan is determined unaffordable, send an email to kynectESE@ky.gov
2. Write "Unaffordable ESI" in the Subject Line and include the case number, yearly income, and the amount of the ESI premium for the employee and the employee's family member(s)
3. KHBE staff will review and apply APTC to January enrollment as appropriate

Family Glitch: Employee-Only Scenario

Situation



Analysis

- 1 Bob is a 45-year-old male and does not have a spouse or dependents
- 2 Bob earns \$40,000 in total household income from his job
- 3 \$250.00/month is the lowest cost employee-only premium (amount employee pays) available

Employee-Only Premium

$$\begin{array}{r} \$250.00 \\ \times \\ 12 \text{ months} \\ = \mathbf{\$3000} \end{array}$$

Income x Rate

$$\begin{array}{r} \$40,000 \\ \times \\ 9.12\% \\ = \mathbf{\$3648} \end{array}$$

Affordability

\$3000 less than \$3648 means the job-based insurance is affordable.

Conclusion:

Bob is **not eligible** for APTC with kynect health coverage because he has affordable coverage with his employer.



Please note: The system runs the affordability test automatically and does not require manual calculation.

Family Glitch: Employee-Only Scenario

Situation

- 1 Bob is a 45-year-old married to his 43-year-old spouse Mary
- 2 They earn \$40,000 in total household income
- 3 \$250.00/month is the lowest cost employee-only premium (amount employee pays) available
- 4 \$400.00/month is the lowest cost family (amount employee pays) premium available



Analysis

Bob

- $\$250.00 \times 12 \text{ months} = \3000.00
- $\$40,000 \times 9.12\% = \3648.00
- $\$3000.00$ less than $\$3648.00$ = job-based insurance is considered affordable

Mary

- $\$400.00 \times 12 \text{ months} = \4800.00
- $\$40,000 \times 9.12\% = \3648.00
- $\$4800.00$ is greater than $\$3648.00$ = job-based insurance is considered unaffordable

Additional Notes

- An employer may offer ESI to employees only, or the employer can include their family members. ESI Family Coverage may be available to:
- An employee and spouse,
 - An employee and any dependents, or
 - An employee, the spouse, and any dependents.
 - **Note:** Spouses and dependents must be part of the employee's tax household to be considered in the affordability test to apply for APTC

Conclusion:

Bob is not eligible for APTC with kynect health coverage because he has affordable coverage with his employer. However, Mary is eligible for APTC with kynect health coverage because she does not have access to affordable coverage.

Please note: The system runs the affordability test automatically and does not require manual calculation.

Enrollment Details

On the Health Care Coverage - Enrollment Details screen, a question is added “Does the employer offer a health plan that meets the minimum value standards?”.

Enrollment Details

What is the source of health care coverage?

Insurance Details

Health Care coverage company name

Address Address Line 2

Plan Details

Insurance Plan Name Policy ID

Group ID

How is the household member enrolled in this plan?

What is the pay frequency?

Policy Member Details

Who is the policy holder?

BEN MARCUS GHF, JONATHAN GHF

BRITTANY GHF, MARCUS GHF

Someone outside my household

Who is enrolled in this plan?

BEN MARCUS GHF, JONATHAN GHF

BRITTANY GHF, MARCUS GHF

Someone outside my household

Employer's Health Coverage Details

Does the employer offer a health plan that meets the minimum value standard? ⓘ

Yes

No

Employer's Health Coverage Details

Does the employer offer a health plan that meets the minimum value standard? ⓘ

Yes

No

Access Details

On the Health Care Coverage - Access Details screen, a question is added “Does the employer offer a health plan that meets the minimum value standards?”.

Access Details

Complete the questions below about health care coverage available to you. Your employer's human resources department can tell you what plans they offer.

What is the source of health care coverage the household member has access to?

Insurance through an employer, including :

Insurance Details

Health Care coverage company name

Address Address Line 2
I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B.

Plan Details

Insurance Plan Name

Policy Member Details

Who is the policy holder?

BEN MARCUS GHF JONATHAN GHF

BRITTANY GHF MARCUS GHF

Someone outside my household

Who has access to this plan?

BEN MARCUS GHF JONATHAN GHF

BRITTANY GHF MARCUS GHF

Someone outside my household

Employer's Health Coverage Details

Does the employer offer a health plan that meets the minimum value standard? ⓘ

Yes

No

Cancel **Save**

Employer's Health Coverage Details

Does the employer offer a health plan that meets the minimum value standard? ⓘ

Yes

No

Cancel **Save**

Enrollment Details

On the Enrollment Details - Employer's Health Coverage Details screen, questions are added about the self-only premium amount and frequency and the family premium amount and frequency.



Enrollment Details

What is the source of health care coverage?
Insurance through an employer, including:

Insurance Details

Health Care coverage company name
UHC

Address
500, MERO STREET, FRANKFORT, FRANKLIN CO, KY
Address line 2
I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B.

Plan Details

Insurance Plan Name
UHC SILVER PLAN
Policy ID

Group ID
252637738
How is the household member enrolled in this plan?
Employee plus Spouse
What is the pay frequency?
Quarterly
How much premium does employee pay Quarterly?
\$ 1,000

Policy Member Details

Who is the policy holder?
 BEN MARCUS GHF, JONATHAN GHF
 BRITTANY GHF, MARCUS GHF
 Someone outside my household

Who is enrolled in this plan?
 BEN MARCUS GHF, JONATHAN GHF
 BRITTANY GHF, MARCUS GHF
 Someone outside my household

Employer's Health Coverage Details

Does the employer offer a health plan that meets the minimum value standard?
 Yes
 No

Enter the regular amount you would pay for coverage through your employer for self-only coverage
\$ 1,000
Self-only Premium Frequency
Yearly

Yes
 No
Placeholder message

Enter the regular amount you would pay for coverage through your employer for family coverage
\$ 1,000
Family Premium Frequency
Yearly

Cancel Save

Enter the regular amount you would pay for coverage through your employer for self-only coverage
\$ 1,000
Self-only Premium Frequency
Yearly

Yes
 No
Placeholder message

Enter the regular amount you would pay for coverage through your employer for family coverage
\$ 1,000
Family Premium Frequency
Yearly

Cancel Save

Access Details

On the Access Details - Employer's Health Coverage Details screen, questions are added about the self-only premium amount and frequency and the family premium amount and frequency.

Access Details

Complete the questions below about health care coverage available to you. Your employer's human resources department can tell you what plans they offer.

What is the source of health care coverage the household member has access to?

Insurance through an employer, including:

Insurance Details

Health Care coverage company name
UHC

Address
500 MERO STREET, FRANKFORT, FRANKLIN CO, KY
Address Line 2
1E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. BOX

Plan Details

Insurance Plan Name
UHC SILVER PLAN

Policy Member Details

Who is the policy holder?

BEN MARCUS GHF, JONATHAN GHF
 BRITTANY GHF, MARCUS GHF
 Someone outside my household

Who has access to this plan?

BEN MARCUS GHF, JONATHAN GHF
 BRITTANY GHF, MARCUS GHF
 Someone outside my household

Employer's Health Coverage Details

Does the employer offer a health plan that meets the minimum value standard? ⓘ

Yes
 No

Enter the regular amount you would pay for coverage through your employer for self-only coverage
\$ 1,000 Self-only Premium Frequency: Yearly

Question Placeholder
 Yes
 No
Placeholder message

Enter the regular amount you would pay for coverage through your employer for family coverage
\$ 1,000 Family Premium Frequency: Yearly

Cancel **Save**

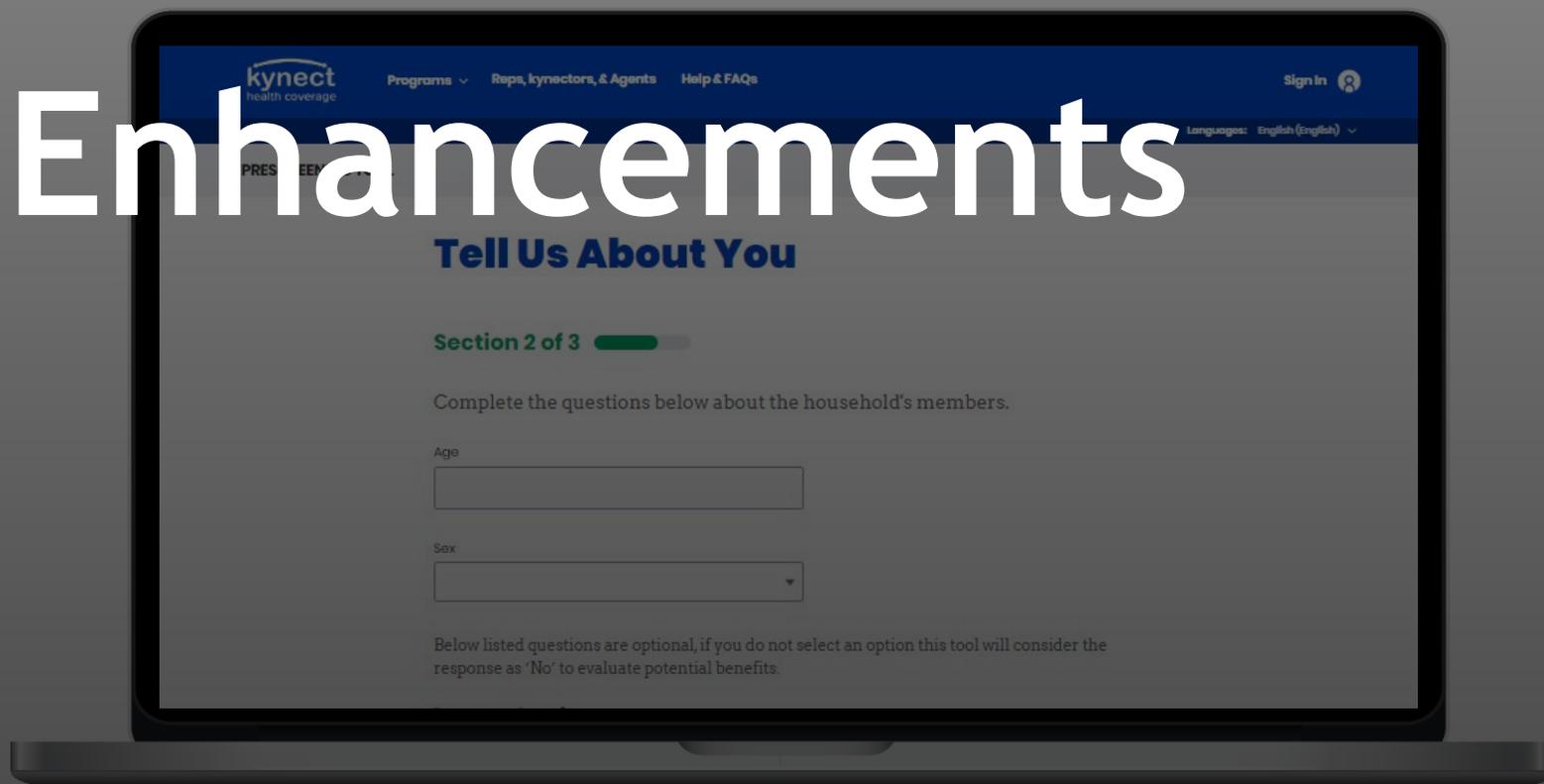
Enter the regular amount you would pay for coverage through your employer for self-only coverage
\$ 1,000 Self-only Premium Frequency: Yearly

Question Placeholder
 Yes
 No
Placeholder message

Enter the regular amount you would pay for coverage through your employer for family coverage
\$ 1,000 Family Premium Frequency: Yearly

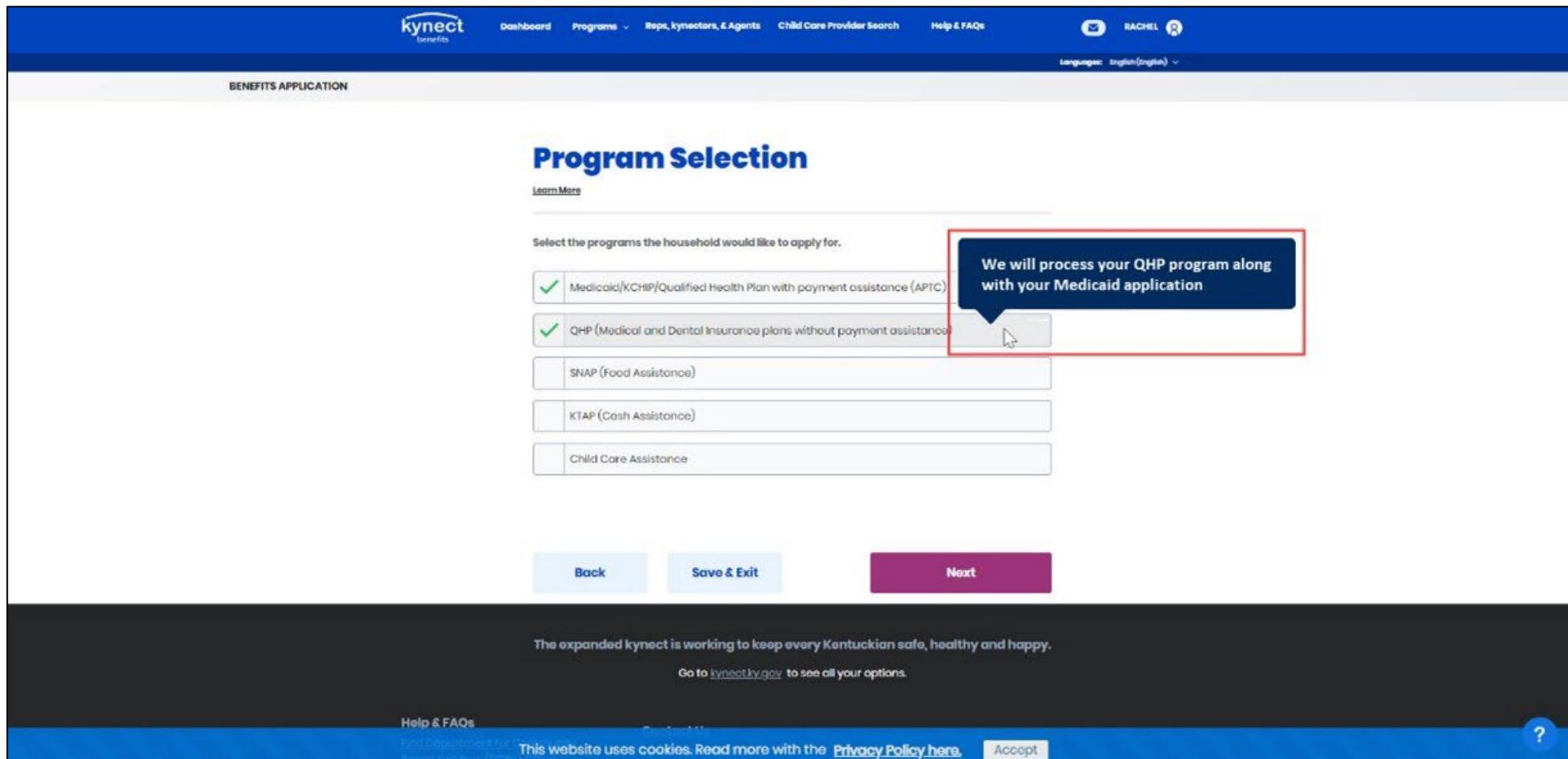
Cancel **Save**

kynect Enhancements



Program Selection Screen Updates

System will display why Program Selection boxes may be grayed out.



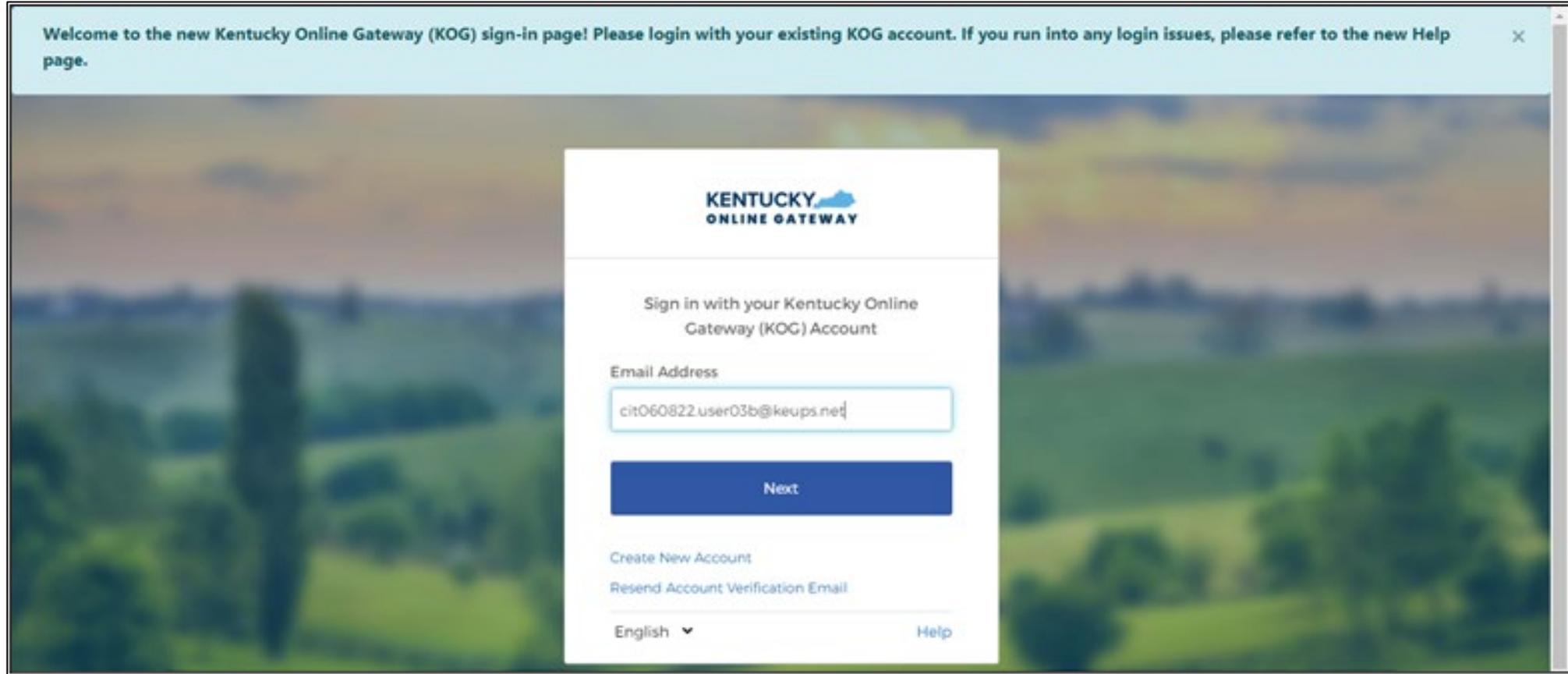
The screenshot shows the 'Program Selection' screen within a 'BENEFITS APPLICATION' flow. The page title is 'Program Selection' with a 'Learn More' link. Below the title, it says 'Select the programs the household would like to apply for.' There are five program selection options, each with a checkbox:

- Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)
- QHP (Medical and Dental Insurance plans without payment assistance) - This option is grayed out, and a callout box points to it with the text: 'We will process your QHP program along with your Medicaid application'
- SNAP (Food Assistance)
- KTAP (Cash Assistance)
- Child Care Assistance

At the bottom of the selection area, there are three buttons: 'Back', 'Save & Exit', and 'Next'. The footer contains the text: 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to kynect.ky.gov to see all your options.' A cookie consent banner is visible at the very bottom with the text: 'This website uses cookies. Read more with the [Privacy Policy here.](#) Accept' and a help icon.

KOG/OKTA Updates

KOG screens are updated with new RIDP process.



For additional information regarding Okta, please reference the [Agent Welcome Packet](#).

Display Key Case Attributes on Agent Portal

Agent Portal updated with new Household, Enrollments, and RFI tabs.

Kentucky Health Benefit Exchange Welcome Enaogelmuxz Rwfrcrv | Sign Out | About

My Account Help

Overview **Book Of Business** My Quotes My Delegates Messages Settings

Insurance Market : Individual **Current Client**

MEYERS, RICK

Case #: 112996696

Primary Phone:	Primary Email: test@email.com	Preferred Spoken Language: English	
Secondary Phone:	Secondary Email:	Preferred Written Language: English	
Zip Code: 40202	County: JEFFERSON	Preferred Communication: Electronic - Email only	

[kynect benefits dashboard](#) [Add Note](#)

[Disassociate](#) [Start New Quote](#)

[Pre-Screening](#) [Manage Document](#)

Quotes Notes Documents Household Enrollments **RFI**

First Name	Last Name	Age	Gender	Relationship	Program	Status	Is Requesting Coverage?	Is AIAN?	Is Disabled?	Is Tobacco User?
Tax Group eligible APTC Amount \$300										
RICK	MEYERS	36	M	Self	Qualified Health Plan with payment assistance (APTC)	Approved	Y	N		N
JANE	MEYERS	32	F	Spouse	Qualified Health Plan with payment assistance (APTC)	Approved	Y	N		N

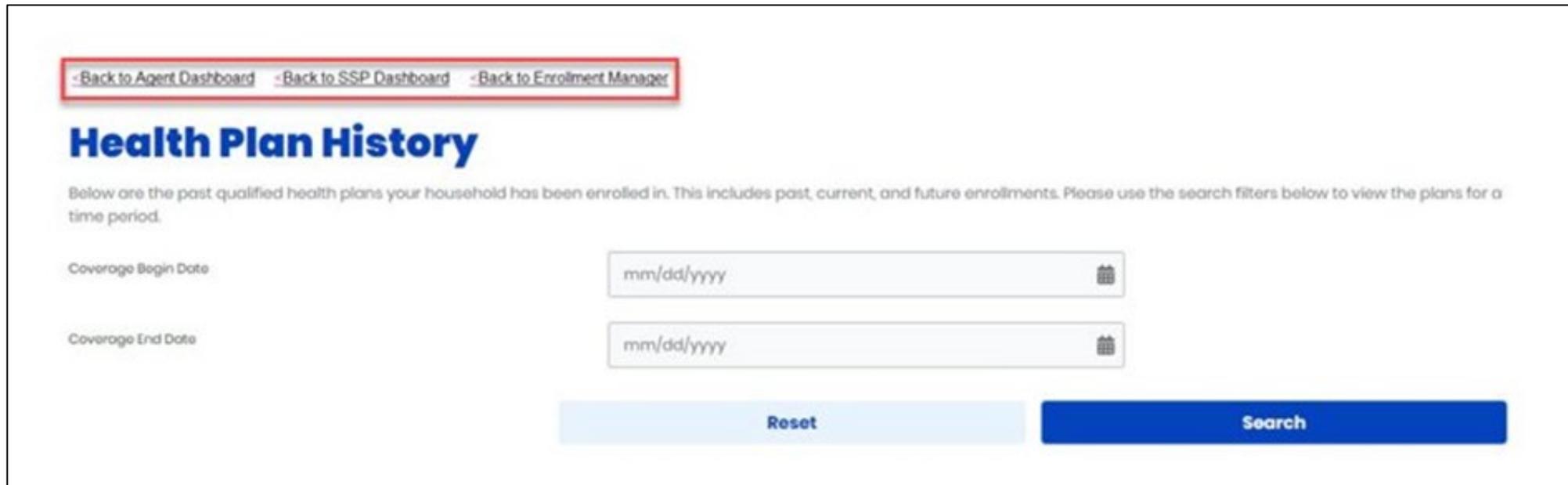
showing 1 - 1 of 1

← Back

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Add Easy Navigation Links to Enrollment Manager

Quick navigation links are added to make navigating to/from EMM easier.



The screenshot displays the 'Health Plan History' section of a web application. At the top, a red-bordered box highlights three navigation links: '-Back to Agent Dashboard', '-Back to SSP Dashboard', and '-Back to Enrollment Manager'. Below this, the heading 'Health Plan History' is followed by a descriptive paragraph. Two date input fields are provided for 'Coverage Begin Date' and 'Coverage End Date', each with a calendar icon. At the bottom, there are 'Reset' and 'Search' buttons.

[-Back to Agent Dashboard](#) [-Back to SSP Dashboard](#) [-Back to Enrollment Manager](#)

Health Plan History

Below are the past qualified health plans your household has been enrolled in. This includes past, current, and future enrollments. Please use the search filters below to view the plans for a time period.

Coverage Begin Date

Coverage End Date

[Reset](#) [Search](#)

Display Delegate Agent Names

Delegate Agent name, phone number, and email will be displayed where applicable.

Enaogeimusx Rwkrcrv
Application #: 600900344 ⊖

Organization
 JCI AQZSZBZFZ VXX

Insurance Company

Language(s)
 English;Spanish

Contact Information

Phone
[604-777-1555](tel:604-777-1555)

Email
uat_pr_uat_168@dispostable.com

Address
[UNITED RIGHT](#) A Delegate Agent will be able to continue to work on the prospects and clients assigned under the primary agent's book of business. [TER, NH, 03833](#)

Availability

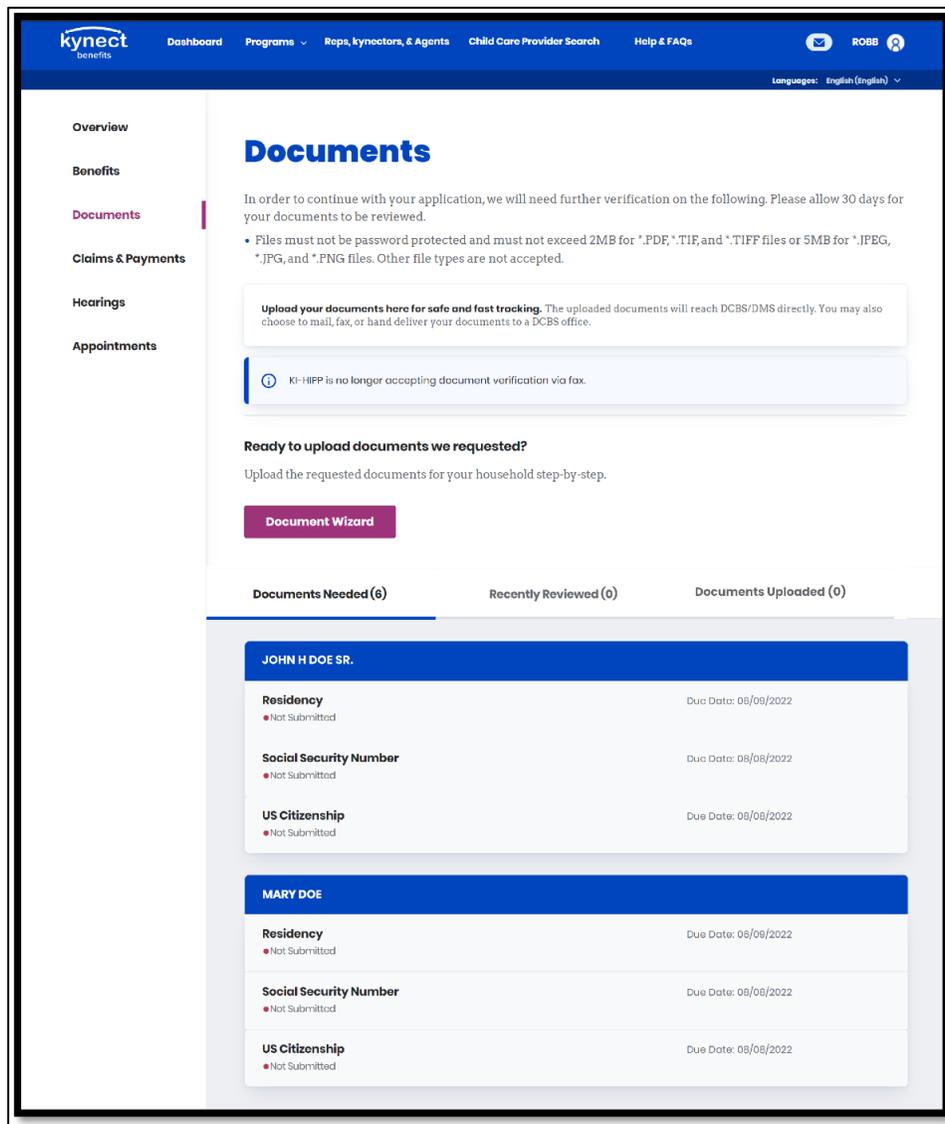
Weekday - D

Delegate Agent(s) ⓘ

Name	Phone Number	Email Address
John Doe	343-343-2425	Optim2@script.com
Chris Jones	234-234-3242	Optim3@script.com

Document Upload Changes

Document Upload is enhanced to accept all documentation through Document Wizard.



Documents

In order to continue with your application, we will need further verification on the following. Please allow 30 days for your documents to be reviewed.

- Files must not be password protected and must not exceed 2MB for *.PDF, *.TIF, and *.TIFF files or 5MB for *.JPEG, *.JPG, and *.PNG files. Other file types are not accepted.

Upload your documents here for safe and fast tracking. The uploaded documents will reach DCBS/DMS directly. You may also choose to mail, fax, or hand deliver your documents to a DCBS office.

ⓘ KFHIPP is no longer accepting document verification via fax.

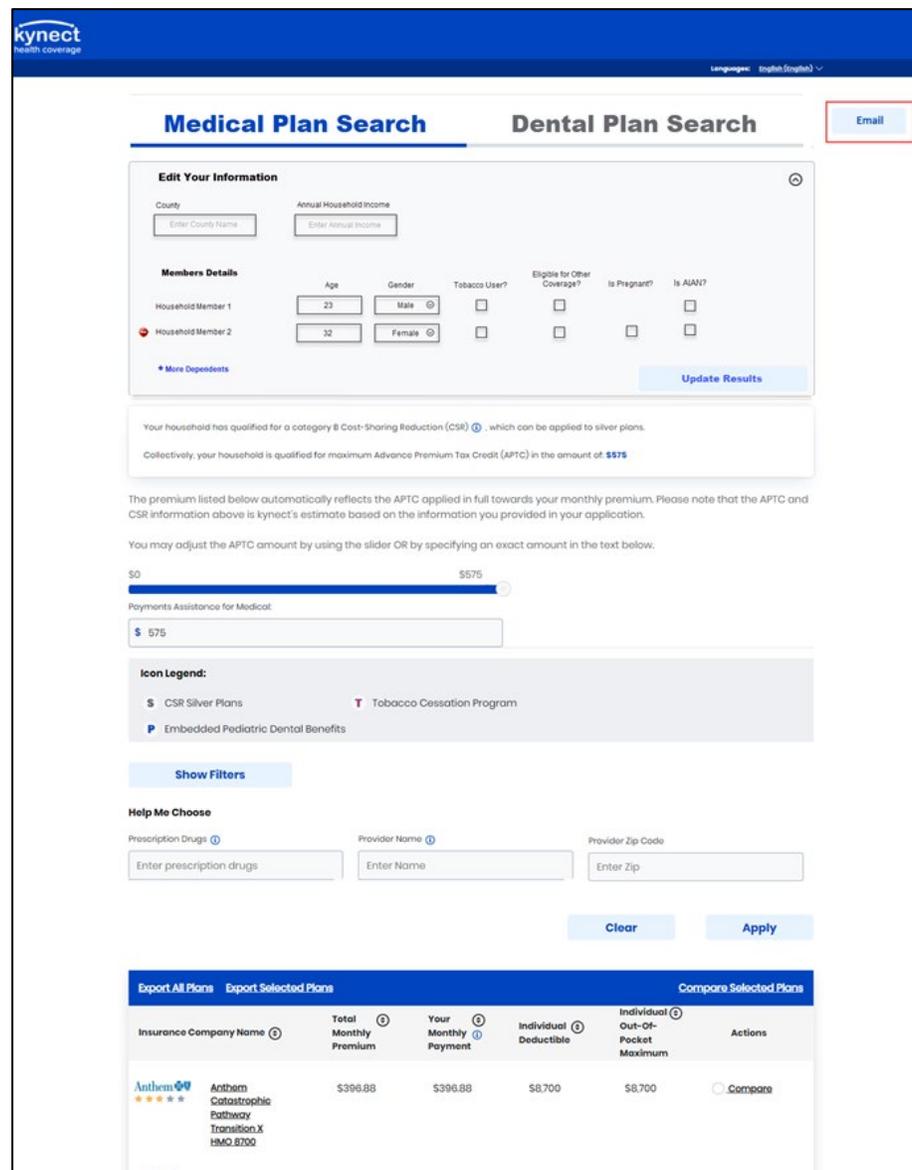
Ready to upload documents we requested?
Upload the requested documents for your household step-by-step.

[Document Wizard](#)

Documents Needed (6)	Recently Reviewed (0)	Documents Uploaded (0)
JOHN H DOE SR.		
Residency ● Not Submitted		Due Date: 08/08/2022
Social Security Number ● Not Submitted		Due Date: 08/08/2022
US Citizenship ● Not Submitted		Due Date: 08/08/2022
MARY DOE		
Residency ● Not Submitted		Due Date: 08/08/2022
Social Security Number ● Not Submitted		Due Date: 08/08/2022
US Citizenship ● Not Submitted		Due Date: 08/08/2022

Plan Search/Shopping Screen Changes

Shopping screens enhanced to display the lowest price plan, email functionality, and make plan comparison easier.



The screenshot displays the 'Medical Plan Search' interface. At the top, there are tabs for 'Medical Plan Search' and 'Dental Plan Search', and an 'Email' button. The main section is titled 'Edit Your Information' and includes fields for 'County' and 'Annual Household Income'. Below this is the 'Members Details' section with a table for household members:

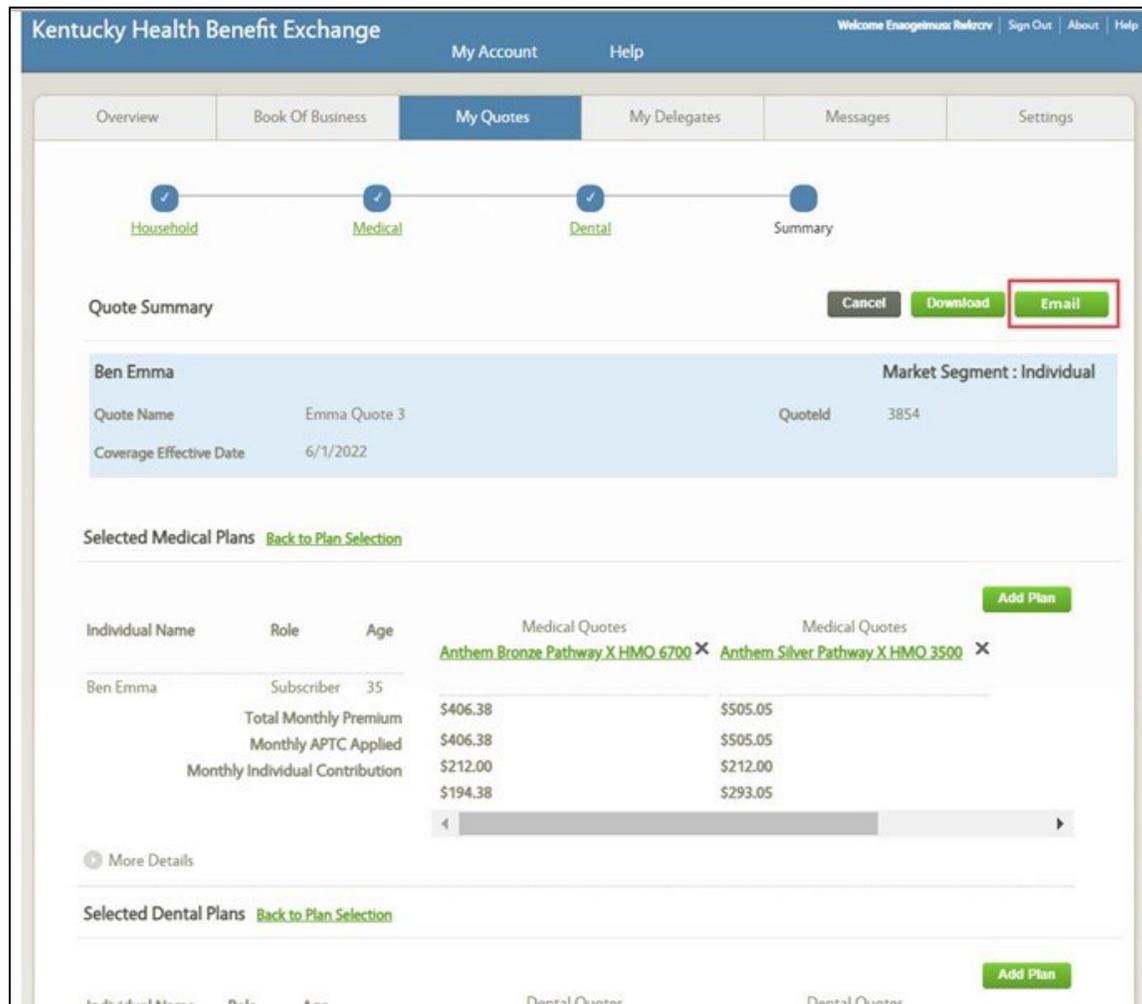
Members Details	Age	Gender	Tobacco User?	Eligible for Other Coverage?	Is Pregnant?	Is AUA1?
Household Member 1	23	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Member 2	32	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below the members details, there is an 'Update Results' button. A message states: 'Your household has qualified for a category B Cost-Sharing Reduction (CSR), which can be applied to silver plans. Collectively, your household is qualified for maximum Advance Premium Tax Credit (APTC) in the amount of: \$575'. A slider and text input field allow for adjusting the APTC amount, currently set at \$575. An 'Icon Legend' section defines symbols for CSR Silver Plans, Embedded Pediatric Dental Benefits, and Tobacco Cessation Program. There are 'Show Filters' and 'Help Me Choose' sections with input fields for 'Prescription Drugs', 'Provider Name', and 'Provider Zip Code'. At the bottom, there are buttons for 'Export All Plans', 'Export Selected Plans', and 'Compare Selected Plans'. A table displays the results:

Insurance Company Name	Total Monthly Premium	Your Monthly Payment	Individual Deductible	Individual Out-Of-Pocket Maximum	Actions
Anthem Catastrophic Pathway Transition X HMO 8700	\$396.88	\$396.88	\$8,700	\$8,700	<input type="radio"/> Compare

Email Functionality to Submit Quotes

Agents will be able to email quotes to Residents through Agent Portal.

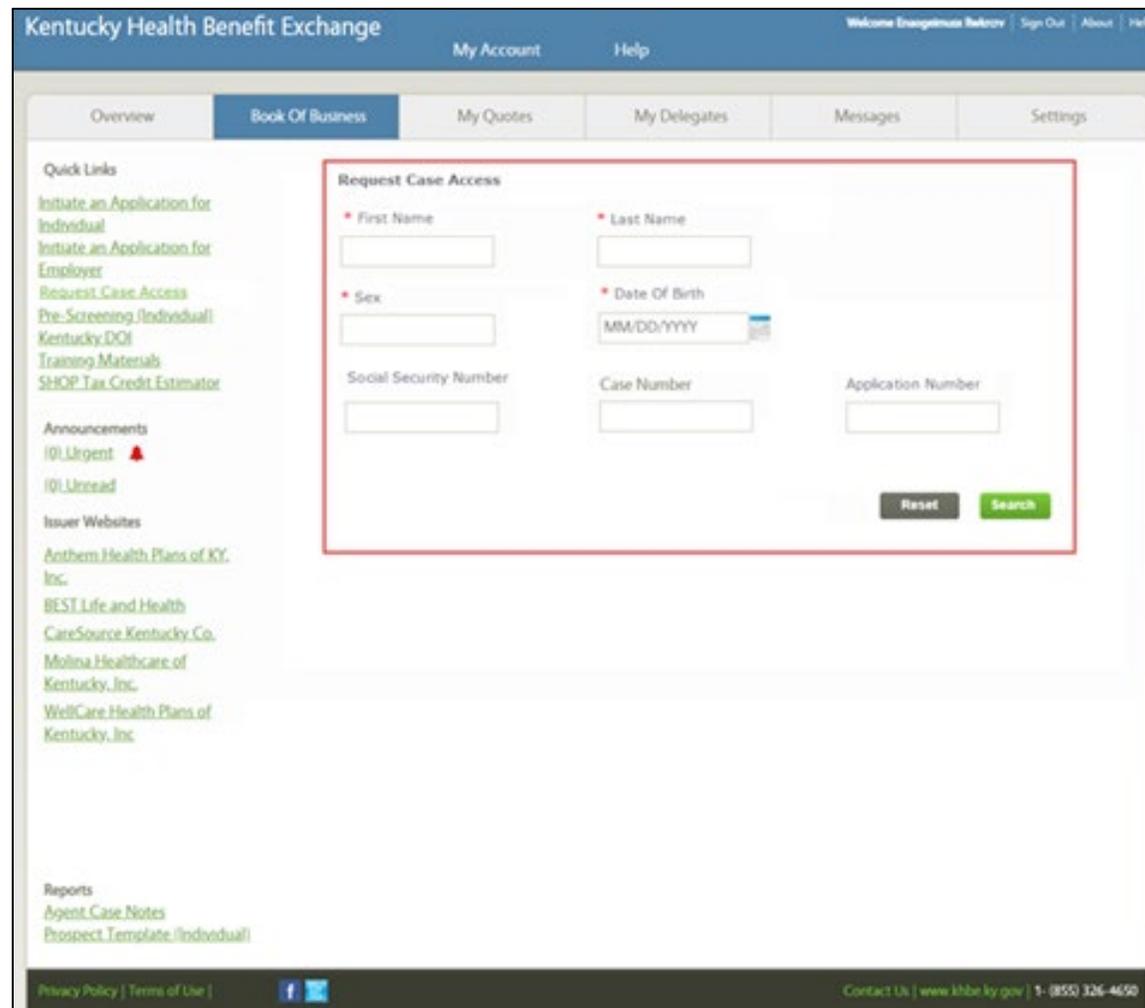


The screenshot shows the 'My Quotes' page in the Kentucky Health Benefit Exchange Agent Portal. At the top, there are navigation tabs for Overview, Book Of Business, My Quotes (selected), My Delegates, Messages, and Settings. A progress bar indicates the steps: Household (checked), Medical (checked), Dental (checked), and Summary (not checked). Below the progress bar, there are buttons for Cancel, Download, and Email (highlighted with a red box). The main content area displays quote details for 'Ben Emma', including the quote name 'Emma Quote 3', coverage effective date '6/1/2022', and market segment 'Individual'. Below this, there is a section for 'Selected Medical Plans' with a table of quotes and their associated costs. The table includes columns for Individual Name, Role, Age, and Medical Quotes. Two quotes are listed: 'Anthem Bronze Pathway X HMO 6700' and 'Anthem Silver Pathway X HMO 3500'. The costs for each quote are shown in a table format.

Individual Name	Role	Age	Medical Quotes	Medical Quotes
Ben Emma	Subscriber	35	Anthem Bronze Pathway X HMO 6700	Anthem Silver Pathway X HMO 3500
			Total Monthly Premium	\$505.05
			Monthly APTC Applied	\$505.05
			Monthly Individual Contribution	\$212.00
				\$293.05

Agent Access Request

Agents will be able to request access to a case through Agent Portal.



The screenshot displays the 'Request Case Access' form within the Kentucky Health Benefit Exchange Agent Portal. The form is highlighted with a red border and includes the following fields:

- First Name**: Text input field
- Last Name**: Text input field
- Sex**: Text input field
- Date Of Birth**: Date input field (MM/DD/YYYY)
- Social Security Number**: Text input field
- Case Number**: Text input field
- Application Number**: Text input field

At the bottom of the form are **Reset** and **Search** buttons. The portal header includes 'Kentucky Health Benefit Exchange', 'My Account', and 'Help'. The navigation menu includes 'Overview', 'Book Of Business', 'My Quotes', 'My Delegates', 'Messages', and 'Settings'. The left sidebar contains sections for 'Quick Links', 'Announcements', 'Issuer Websites', and 'Reports'.

Case Summary Screen

Case Summary will display current details on the Resident Dashboard.

Overview

Case Summary

Benefits

Health Plans

Documents

Hearings

Appointments

Case Summary

You can view your case information in each section below. If you would like to make any changes, click [Report a Change](#).

You must renew your benefits in order to keep them however submitting your application for renewal does not guarantee that your benefits will renew.

Case #112322113 is up for renewal. [Renew your Benefits](#)

Interested in other state programs and resources?

Apply for Benefits Add Other Benefits

Get benefits for health, food, household expenses, and child care.

[Expand All](#) | [Collapse All](#)

Household Members

ALLAN JONES (Head of Household)

Date Of Birth: 05/07/1979

Is US Citizen: Yes

Program(s) applied for: QHP (Medical and Dental Insurance plans without payment assistance)

Head of Household Contact Information

ALLAN JONES

Primary Phone Number: 123-456-7890

Preferred method of getting notices: Mail

Preferred written language: English

Physical Address: 111 MILL CREEK RD, FRANKFORT, FRANKLIN, KENTUCKY, 0123-40601.

Mailing Address: Same as Physical Address

Reps, kynectors, & Agents

Authorized Representative: Not selected

Kynector: Not selected

Insurance Agent: Not Selected

Relationships

ALLAN JONES

Living Arrangement type: In Home

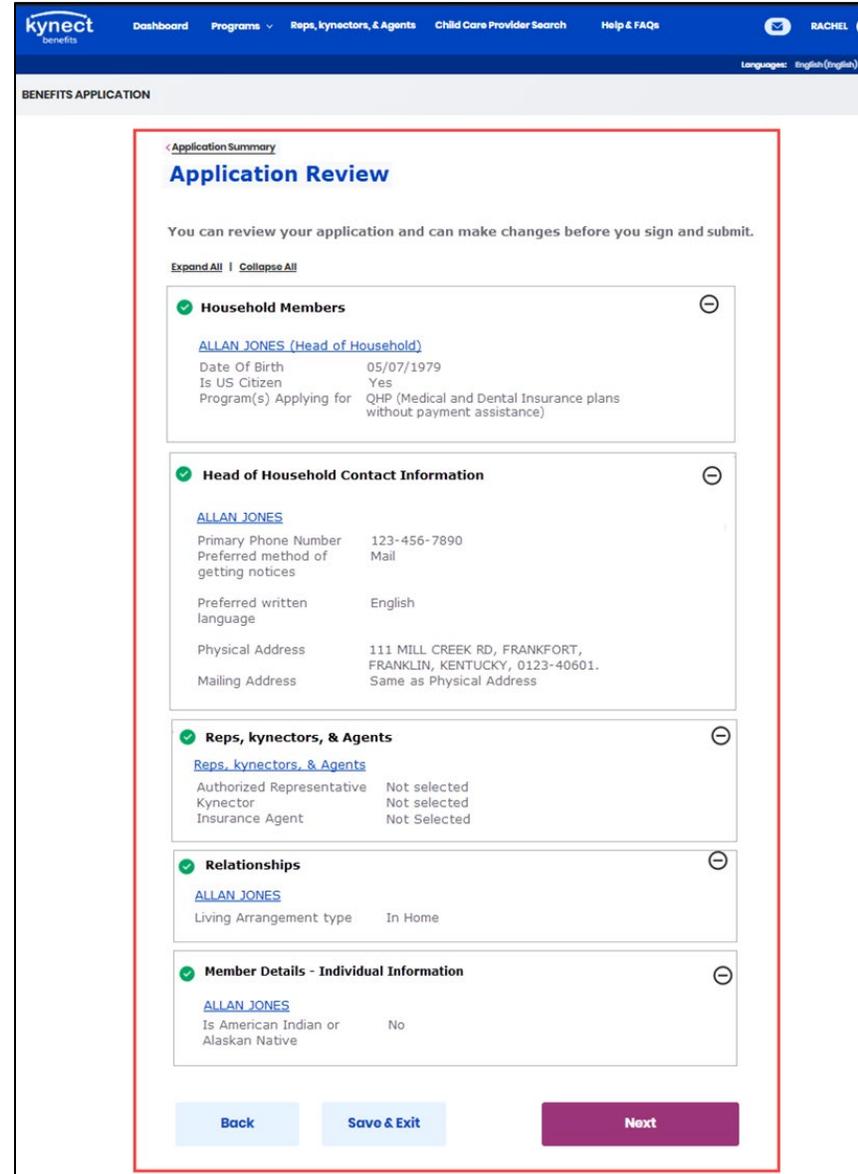
Member Details - Individual Information

ALLAN JONES

Is American Indian or Alaskan Native: No

Application Summary Screen

Application Summary will display prior to Sign & Submit to confirm case details are correct.



The screenshot shows the 'Application Review' section of the Kynect Benefits application. The page title is 'BENEFITS APPLICATION' and the user is 'RACHEL'. The application summary is for 'ALLAN JONES (Head of Household)'. The review includes details for Household Members, Head of Household Contact Information, Reps, kynectors, & Agents, Relationships, and Member Details - Individual Information. At the bottom, there are buttons for 'Back', 'Save & Exit', and 'Next'.

Application Review

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

Expand All | Collapse All

- Household Members**
 - [ALLAN JONES \(Head of Household\)](#)
 - Date Of Birth: 05/07/1979
 - Is US Citizen: Yes
 - Program(s) Applying for: QHP (Medical and Dental Insurance plans without payment assistance)
- Head of Household Contact Information**
 - [ALLAN JONES](#)
 - Primary Phone Number: 123-456-7890
 - Preferred method of getting notices: Mail
 - Preferred written language: English
 - Physical Address: 111 MILL CREEK RD, FRANKFORT, FRANKLIN, KENTUCKY, 0123-40601.
 - Mailing Address: Same as Physical Address
- Reps, kynectors, & Agents**
 - [Reps, kynectors, & Agents](#)
 - Authorized Representative: Not selected
 - Kynector: Not selected
 - Insurance Agent: Not Selected
- Relationships**
 - [ALLAN JONES](#)
 - Living Arrangement type: In Home
- Member Details - Individual Information**
 - [ALLAN JONES](#)
 - Is American Indian or Alaskan Native: No

[Back](#) [Save & Exit](#) [Next](#)

Eligibility Results and Next Steps

The Eligibility Results and Next Steps screens are enhanced to display clear messaging.

BENEFITS APPLICATION

Next Steps

[Learn More](#)

Case #: 112080939

[Expand All](#) | [Collapse All](#)

Medicaid (MCO) Plan ⊖

- **JASPER ROBERT 55M**
- **KALE ROBERT 54F**

Please visit the Enrollment Manager Module to pick a plan or change a plan of your choice. If you do not choose a plan, kynect will automatically enroll you in the best available MCO plan.

Apply for a Medicaid Waiver

If any of your household members are approved for Medicaid, they may be eligible for the Medicaid Waiver Program. Apply for Waiver under your Benefits section.

Download a Copy of Your Application

You can download a copy of your application by clicking the button below.

[Download Application Copy](#)

You May Be Eligible For Other Programs

<p>KTAP The Kentucky Transitional Assistance Program helps families with children pay for basic household expenses</p>	<p>KI-HIPP The Kentucky Integrated Health Insurance Premium Payment Program helps pay for employer sponsored insurance (ESI) health premiums.</p>
<p>CCAP The Child Care Assistance Program helps working families pay for child care.</p>	<p>SNAP The Supplemental Nutrition Assistance Program allows participants to buy healthy Kentucky food options</p>

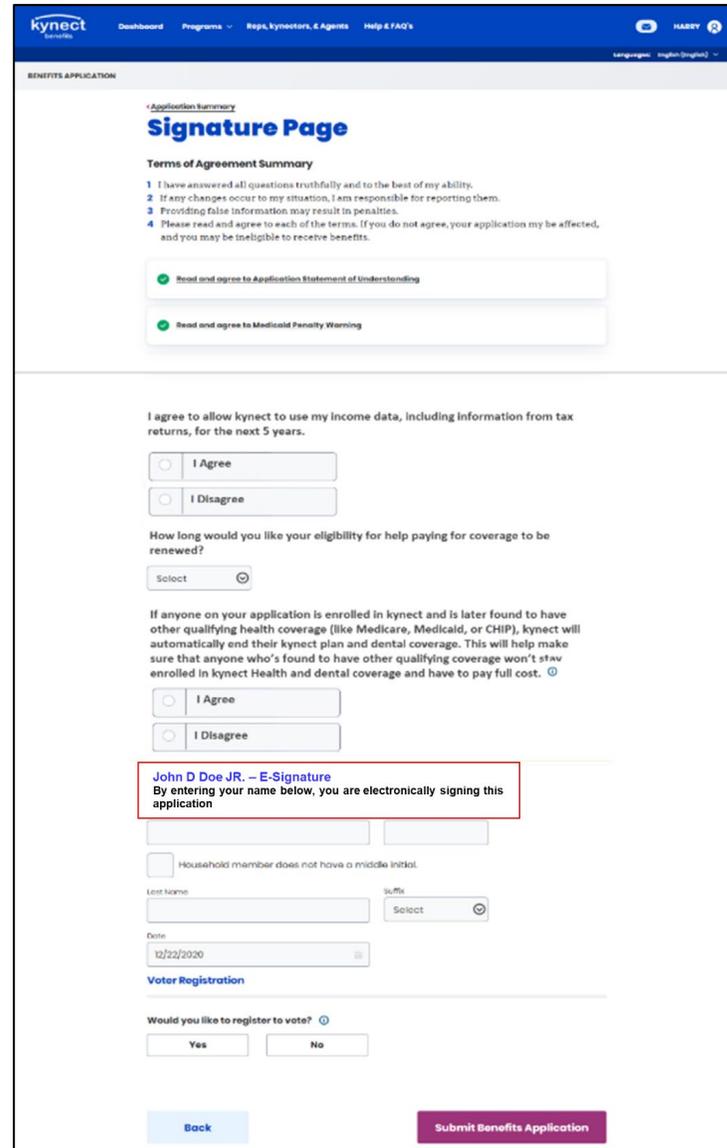
[Apply for Benefits](#)

[Go to Dashboard](#)

[Go to Enrollment Manager](#)

Sign & Submit Screen

Sign & Submit screen enhanced to display Applicant's name.



Application Summary

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.

Read and agree to Application Statement of Understanding

Read and agree to Medicaid Penalty Warning

I agree to allow kynect to use my income data, including information from tax returns, for the next 5 years.

I Agree

I Disagree

How long would you like your eligibility for help paying for coverage to be renewed?

Select

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 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 Health and dental coverage and have to pay full cost.

I Agree

I Disagree

John D Doe JR. - E-Signature
By entering your name below, you are electronically signing this application

Household member does not have a middle initial

Last name: Suffix:

Date:

Voter Registration

Would you like to register to vote?



Online Resources

KHBE Website

Utilize KHBE.ky.gov this OE.



Fact Sheets are found on the **Facts & Resources** page under the *About* tab.



Training materials that can be helpful for Agents during Open Enrollment are found on the **Agent Training Materials** page under the *Agents & kynectors* tab.



Numerous resources, including the Open Enrollment Toolkit, Style Guides, and logos, are found on the **Agent & kynector Resources** page under the *Agents & kynectors* tab.

Websites

Utilize these resources to maximize OE efforts.



<u>Department for Community Based Services (DCBS)</u>	Provides policy manuals, updated regulations, programs/services information, contact information for DCBS offices, and additional resources.
<u>kynect</u>	Helps Applicants complete the OE application process, determines eligibility for a variety of insurance affordability programs, including Medicaid, QHPs, and KCHIP.
<u>Department for Medicaid Services (DMS)</u>	Provides training documents, policy documents, DMS contact information, news, resources, and general updates about Kentucky Medicaid for Agents and Residents.
<u>Kentucky Health Benefit Exchange (KHBE)</u>	Offers Agents general resources, Job Aids, Quick Reference Guides, as well as webinars, Fact Sheets, flyers, posters, and other useful information.
<u>Centers for Medicare and Medicaid Services (CMS)</u>	Agents can find training and supplemental materials about Medicaid, KCHIP, and Medicare.
<u>Health and Human Services (HHS)</u>	Resources for Agents to learn the most up-to-date information on COVID-19, public health, and human services. Additional resources for Agents to learn about health equity, frequently asked questions about healthcare, and enhancing the health and well-being of Residents.
<u>Health Reform: Beyond the Basics</u>	A project by the Center on Budget and Policy Priorities designed to provide training and resources that explain health coverage available through Medicaid, KCHIP, and the Insurance Marketplace.
<u>Healthy at Work</u>	This site shares the most up-to-date information on Kentucky's COVID-19 precautions and guidelines, including the current incidence rate, COVID-19 hotline information, and daily reports.
<u>Regtap.info</u>	This portal serves as an information hub for CMS technical assistance related to Marketplace and Premium Stabilization programs. Registered users can access the library, FAQs, training resources, and the inquiry tracking and management system.

kynect health coverage Issuers: Qualified Health and Dental Plans

Agents should direct Residents to contact their Issuer to resolve issues related to coverage and payments.



Anthem

1-855-738-6671



CareSource

1-888-815-6446



BEST Life and Health Insurance Company

1-877-205-8767



Molina Healthcare

1-833-644-1621



Wellcare Health Plans

1-833-705-2175

 Each kynect Marketplace Issuer provides an online Provider search tool. [Click here for Issuers Contact Information for Plan Year 2023.](#)

kynect health coverage Issuers: Vision Plans

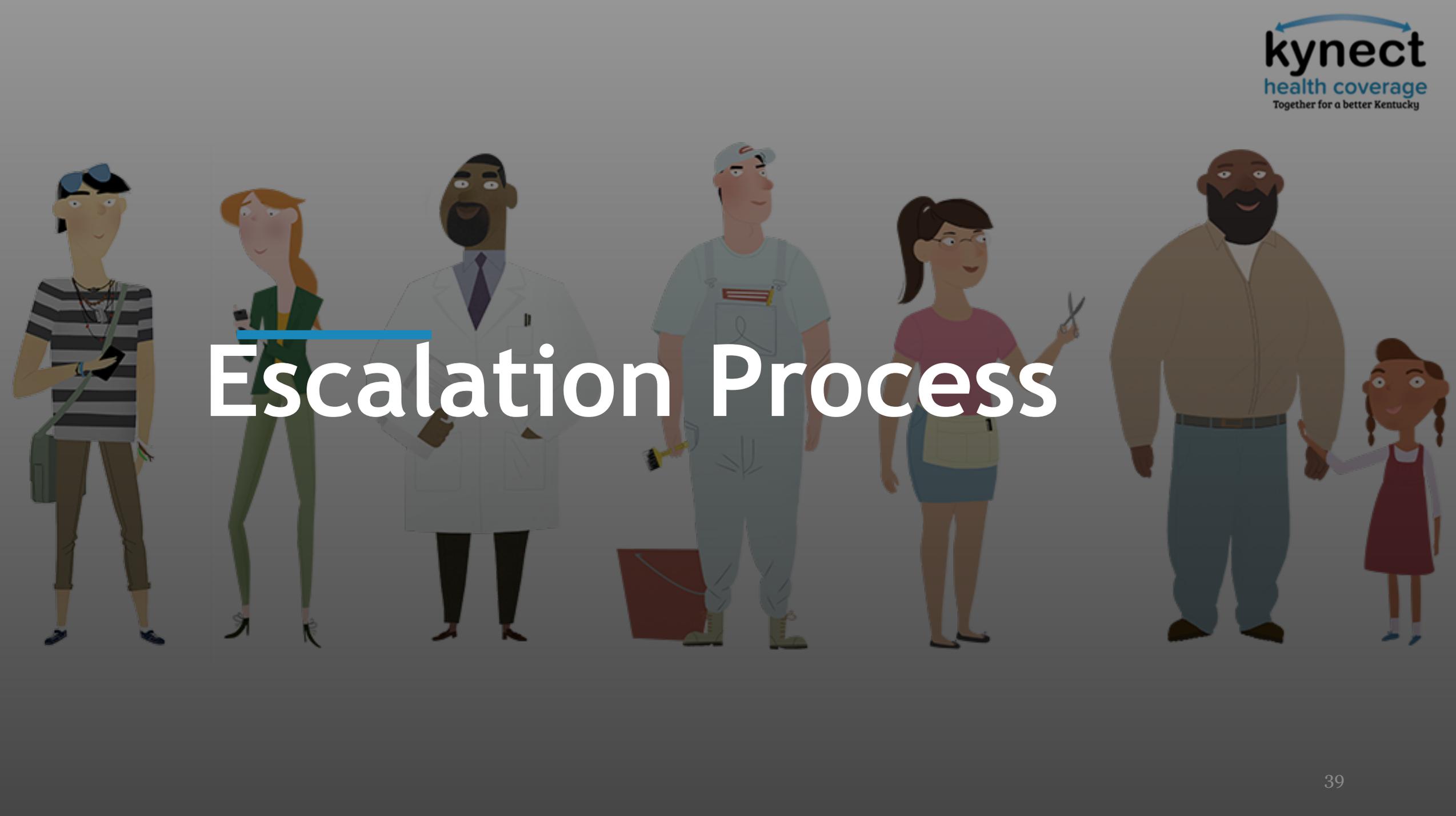
Agents should direct Residents to contact their Issuer to resolve issues related to coverage and payments.



 Anthem	 VSP Vision Care
1-833-901-1364	1-844-641-6718



Each kynect Marketplace Issuer provides an online Provider search tool. [Click here for Issuers Contact Information for Plan Year 2023.](#)



Escalation Process

Escalating kynect health coverage Issues

Agents should follow the outlined escalation process when resolving kynect health coverage issues.





Black kynect - with Tagline. (español)

* The logos above can be used by Agents and kynectors for approved flyers, brochures, and these logos in accordance with the [kynect Style Guide](#). Additional variations of the official available at request. If you have a specific branding need that is not included above please email KHBE.Program@ky.gov.

Event Signs, Flyers, and Posters *

- [kynector Flyers](#)
- [Agent Flyers](#)
- [kynector Business Card](#)

Brochures and Information Sheets *

- [KOG/Okta Login Information](#)
- [KI-HIPP Beneficiary FAQ](#)
- [KI-HIPP Member Job Aid](#)
- [kynect health coverage Brochure](#)
- [kynect health coverage Brochure \(Spanish\)](#)
- [kynect Pre-Enrollment Worksheet](#)
- [Medicaid Additional Information \(English\)](#)
- [Medicaid Additional Information \(Spanish\)](#)
- [Agent & kynector Escalation Paths](#)
- [Open Enrollment PY2022 Webinar FAQ](#)
- [Open Enrollment Issue Tracker and editing Screenshots QRG](#)
- [Plan Year 2022 Federal Poverty Levels](#)
- [Plan Year 2023 Federal Poverty Levels \(Effective January 1, 2023\)](#)
- [COVID-19 Information and Resources](#)

kynector and Agent Escalation Process (page 1 of 3)		
Last Updated: January 24, 2022		
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 Agent Training Materials, kynector Training Materials 	<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.
Department for Medicaid Services (DMS) Incidents		
DMS incidents related to eligibility requirements for Residents	<ul style="list-style-type: none"> CHFS Policy Manuals on the DCBS website, training manuals on MyPurpose LMS 	<ul style="list-style-type: none"> 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.
Dire Need Incidents		
Dire Need Incidents are those requiring attention within a 24-hour period	<ul style="list-style-type: none"> KHBE Insight Newsletter from 11/18/2021 	<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 a Medicaid, Qualified Health Plan (QHP), or another case. KHBE determines appropriate response agency for escalation.
Kentucky Online Gateway (KOG) Incidents		
Kentucky Online Gateway (KOG) account related Incidents	<ul style="list-style-type: none"> Agent Welcome Packet New kynector Welcome Packet kynector KOG QRG Agent KOG QRG 	<ul style="list-style-type: none"> These unresolved Incidents should be emailed to KOGHelpdesk@ky.gov When emailing the KOG helpdesk, agents and kynectors should include a brief description and screenshot of the Incident. No Personally Identifiable Information (PII) can be included in the email.

Open Enrollment Incident Tracker Demonstration

A live demonstration on how to use the Incident Tracker and include screenshots.

Open Enrollment Incident Tracker



Report issue to the appropriate helpdesk first.



Enter all required information in the fields indicated with red asterisks.



Confirm you have completed the Privacy and Security Training and have not included Personally Identifiable Information (PII) in the screenshots.

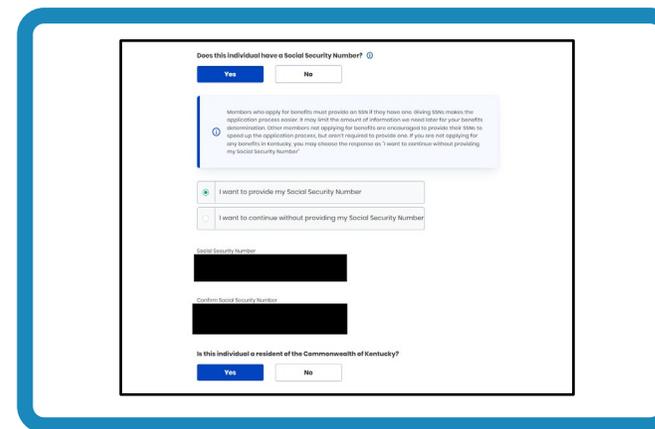
How to Take a Screenshot



Use Snipping Tool to take a screenshot of the reported issue.



Remove or cover any Personally Identifiable Information (PII) before saving and sharing the image. The image should be saved as a .png or .jpg file.



The screenshot shows a web form titled "Does this individual have a Social Security Number?". It has two radio buttons: "Yes" (selected) and "No". Below this is a text box with a blue information icon and the text: "Members who apply for benefits must provide an SSN if they have one. Having this makes the application process easier. It may limit the amount of information we need later for your benefits administration. Other members not applying for benefits are encouraged to provide their SSN to speed up the application process, but aren't required to provide one. If you are not applying for any benefits in Kentucky, you may choose the response 'No' to continue without providing my Social Security Number." Below the text box are two radio buttons: "I want to provide my Social Security Number" (selected) and "I want to continue without providing my Social Security Number". Below these are two text input fields for "Social Security Number" and "Confirm Social Security Number", both of which are redacted with black boxes. At the bottom, there is another question: "Is this individual a resident of the Commonwealth of Kentucky?" with "Yes" and "No" radio buttons.



Incident Tracker
QRG

Click here to view the Open Enrollment Incident Tracker and Editing Screenshots Quick Reference Guide (QRG) for step-by-step guidance.

Personally Identifiable Information (PII)

Agents should never include Personally Identifiable Information (PII) on Incident Tracker submissions.

Personally Identifiable Information (PII) is information which can be used to distinguish or trace a Resident's identity when it's accessed alone, or when combined with other personal or identifying information which can be linked to a specific Resident.



First, Middle, or Last Name



Email Address



Date or Place of Birth



Driver's License Number



Telephone Number



Mother's Maiden Name



Address



Medical, Educational, Financial,
and/or Employment Information



Social Security Number



Biometric Records or Identifiers



For additional information regarding PII, review the Privacy and Security Training Guide.



Poll Question

Which of the following incidents should NOT be reported on the Incident Tracker?

Answer using the Polls box!

Open Enrollment Incident Tracker

The Incident Tracker tracks concerns specific to OE for KHBE.



Do Submit on Incident Tracker

- kynect systems issues
- MCO or Issuer website issues
- KOG issues
- Potential defects that were submitted to the helpdesk
- Enhancement suggestions



Do Not Submit on Incident Tracker

- Policy questions and issues
- KHBE specific questions, such training requirements
- Action items from meetings with supervisors/administrators



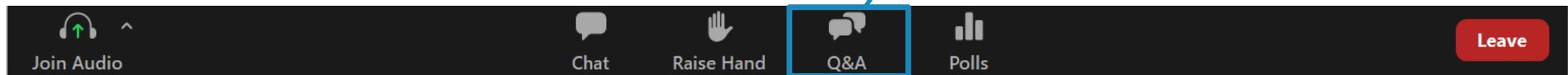
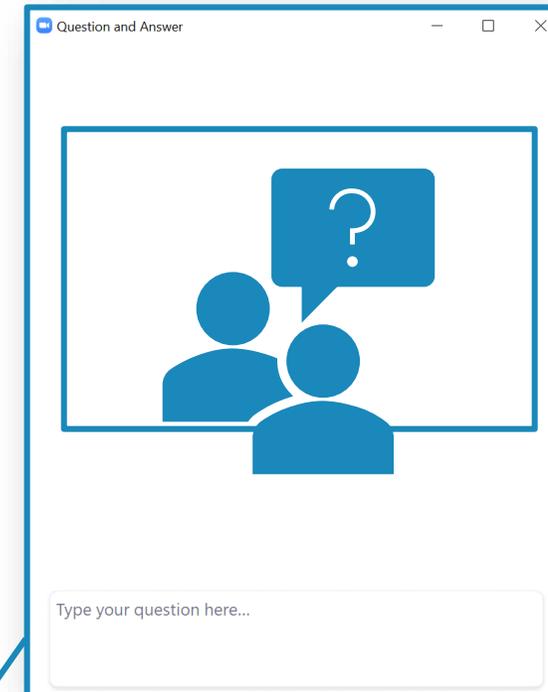
Please note: Do NOT include any PII in screenshots.



Questions & Answers

Questions and Answers

Please ask any Open Enrollment questions using the **Q&A Icon** located at the bottom of your Zoom screen. All questions asked today will be shared at a later date in a Frequently Asked Questions (FAQs) document.



Thank You!



Click [here](#) to take the Plan Year 2023 Open Enrollment Webinar for Agents Survey.



Appendix

QHP Service Coverage

The graph below shows Molina's coverage across Kentucky.

2023 Molina Marketplace Service Area

