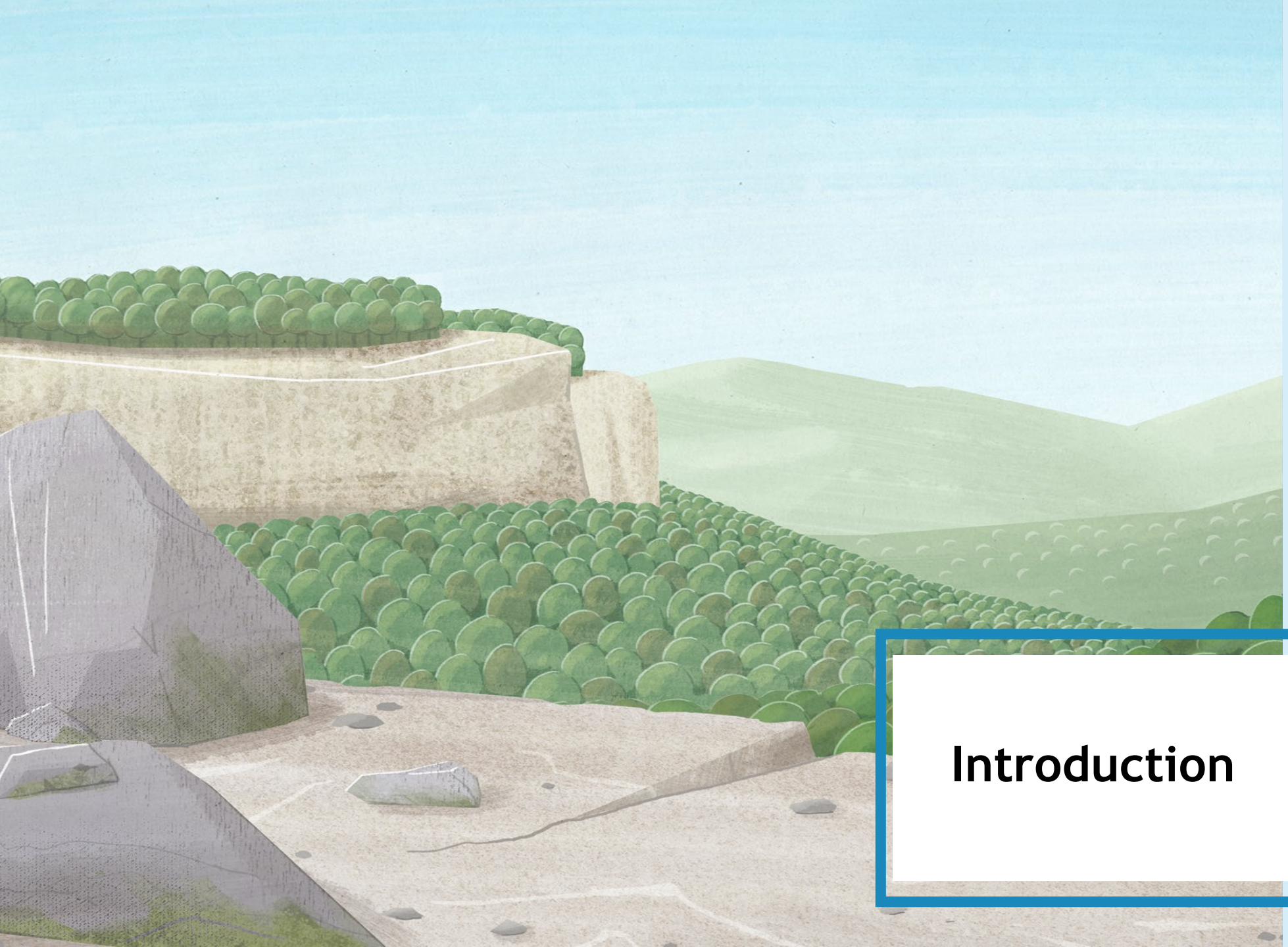
Agent and kynector In-Person Training

September 2025

Agenda

Below are the topics and schedule for today's session.

Topic	Time	Duration	Facilitator
Introduction			
Housekeeping and Icebreaker	8:10-8:30	20 min	Ben Martin
Training Topics			
Plan Year 2026 Landscape	8:30-9:00	30 min	Aaliyah Boller
System Enhancements	9:00-9:10	10 min	Caleb Aridano
Application Key Callouts	9:10-9:40	30 min	Ben Martin
Break	9:40-9:55	15 min	
Medicaid Overview	9:55-10:15	20 min	Aaliyah Boller
Qualified Health Plan Overview	10:15-10:35	20 min	Caleb Aridano
Enrollment Manager Module Overview	10:35-10:55	20 min	Caleb Aridano
Open Enrollment Best Practices	10:55-11:35	40 min	Aaliyah Boller
Wrap-Up			
Closing Group Activity	11:35-11:45	10 min	Ben Martin
Open Questions	11:45-12:00	15 min	Ben Martin



Introduction

Housekeeping

Outlined below are the session objectives, housekeeping details, and facilitator information.

Objective

The goal of today's session is to **offer guidance and support for Open Enrollment Plan Year 2026** so Agents and kynectors can assist families across the Commonwealth find the coverage they need.

Breaks

One break is planned during the session today. Please use designated smoking areas if you plan to smoke during the break.

Restrooms

Restrooms are located in the facility. **If a restroom break is needed, please exit and return quietly** to help keep the audience focused on the presentation.

Meet Your Facilitators

Ben Martin
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Rules of the Road

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

REMEMBER THE WHY

This session is designed not only to offer guidance, but to foster collective growth and learning.

ENGAGE WITH US

Your input is vital to the success of this session. We want this session to be open and honest, so please ask questions.

BE PRESENT

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

BE RESPECTFUL

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

Rose, Bud, Thorn Group Activity

Below provides instructions for the Rose, Bud, Thorn group activity.

Please complete a sticky note located at your table.

1. Take a moment to respond thoughtfully to the prompts on the screen.
2. Once your sticky note is complete, walk up and add it to its respective category.

Feel free to network and discuss your responses with a neighbor.

Later this session, we will come together to share and discuss a few responses.

ROSE

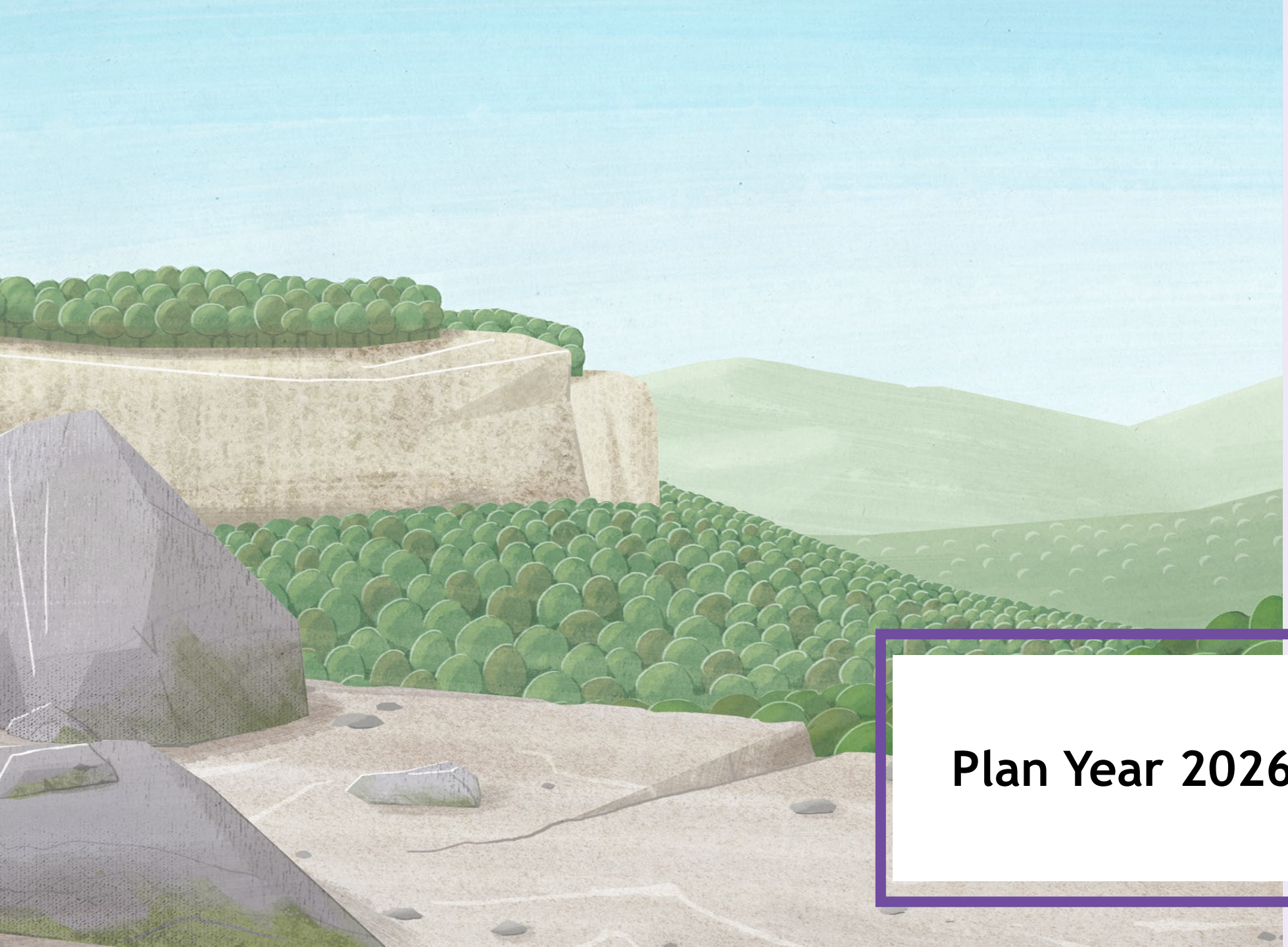
What is one (1) **positive outcome you experienced** during Plan Year 2025?

BUD

What is one (1) **opportunity you took advantage of** during Plan Year 2025 that should remain for Plan Year 2026?

THORN

What is one (1) **complex situation you faced** during Plan Year 2025?



Plan Year 2026 Landscape

Federal Changes Overview

The details below provide an overview of the three (3) primary drivers of federal changes impacting kynect, Kentucky's State-Based Marketplace (SBM).

H.R.1: One Big Beautiful Bill Act

Signed into law on July 4, 2025, the OBBBA introduces heightened Special Enrollment Period (SEP) standards, revised eligibility criteria, additional verification requirements, and other provisions to be implemented over the next three (3) years.

Centers for Medicare & Medicaid Services Integrity and Affordability Final Rule

Published on June 20, 2025, Centers for Medicare & Medicaid Services (CMS) issued the 2025 Integrity and Affordability Final Rule which includes provisions affecting Health Insurance Marketplaces, like kynect.

Enhanced Premium Tax Credit Expiration

The OBBBA does not extend the Enhanced Premium Tax Credits, set to expire on December 31, 2025.

Without Congressional extension, Individuals could see their annual premiums increase over $100 per month, depending on their income level.

H.R. 1: One Big Beautiful Bill Act

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

OVERVIEW

H.R. 1 is a budget reconciliation law which is an **optional, special legislative process** in the United States Congress that provides an expedited route for considering certain tax, spending, and debt limit legislation.

Budget Reconciliation **limits the amount of time for debate**, makes the legislation immune to filibuster, and lowers the voting threshold.

IMPACT

H.R. 1, or the OBBBA, impacts state and local human services agencies and their programs, including **Marketplace coverage, Medicaid, Supplemental Nutrition Assistance Program (SNAP), and other programs that Agents and kynectors help Residents enroll in**. As H.R. 1 changes program requirements, Agents and kynectors must quickly adapt and clearly explain these changes to Residents, so they can maintain or enroll in coverage.

LEGISLATIVE TIMELINE

The timeline below details the progression of H.R. 1 through the United States Congress.

April 5, 2025
The House and Senate adopted the same budget resolution with reconciliation instructions.

May 22, 2025
Once assembled, the final bill passed on the House floor as the One Big Beautiful Bill Act (OBBBA).

July 1, 2025
After making changes, the Senate passed its version, and it was sent to the White House.

July 4, 2025
President Trump signed H.R. 1 into law.

CMS Integrity and Affordability Final Rule

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

Agent Broker Terminations	Permits Agents or brokers to be terminated if they are found to be in noncompliance with applicable Health and Human Services (HHS) rules and the terms of their Marketplace agreements.
Lawfully Present Definition	Changes the definition of lawfully present to exclude Deferred Action for Childhood Arrivals (DACA) recipients making them ineligible for QHPs through the Marketplace.
Past Due Premium Payments*	Permits Issuers to either not renew coverage for Individuals with past-due premiums or require payment before effectuating new coverage.
150% FPL	Eliminates the monthly SEP for Individuals with projected household incomes at or below 150% of the Federal Poverty Level (FPL).
Income Requests for Information	Eliminates both the option to accept client attestations and the 60-day extension to the 90-day period for resolving income inconsistencies.
Failure to Reconcile*	Makes Individuals ineligible for Advance Premium Tax Credit (APTC) if they fail to file federal income tax and reconcile APTC for one (1) year.

PLEASE NOTE Due to a federal court ruling on August 22, 2025, certain sections of the CMS Integrity and Affordability Final Rule have been temporarily halted.

Expiration of Enhanced Premium Tax Credits

Below provides an overview of important details surrounding the expiration of Enhanced Premium Tax Credits.

OVERVIEW

Enhanced Premium Tax Credits, which help **reduce the costs of Marketplace premiums**, were expanded with the passage of the American Rescue Plan Act (ARPA) and subsequently extended by the Inflation Reduction Act (IRA).

Without Congressional action, Enhanced Premium Tax Credits will **expire December 31, 2025**. However, Premium Tax Credits will remain.

IMPACT

Currently, approximately **85,000 Residents** receive Premium Tax Credits. For more information, reference the Changes Coming in 2026 page.

Most Residents will experience an average **premium increase** to approximately $100 per month. Depending on household size, some Residents may **no longer qualify for financial assistance**. However, Residents will still have the option to purchase and enroll in full-priced plans.

LEGISLATIVE TIMELINE

The timeline below details the progression of Enhanced Premium Tax Credits through the United States Congress.

March 11, 2021
ARPA was passed to increase assistance for Residents with Marketplace health coverage.

August 16, 2022
The IRA was passed, extending the Enhanced Premium Tax Credits that were included in ARPA.

December 31, 2025
Enhanced Premium Tax Credits are scheduled to expire, if Congress does not renew them.

SBM Provisions Implementation Timeline

Below outlines the implementation timeline for each SBM provision.

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Plan Year 2025

Telehealth & HSAs
Permanently allows HDHP telehealth services pre-deductible without losing HSA compatibility.

Unpaid Past Premiums
Permits issuers to deny coverage for unpaid past premiums, subject to state law.

DACA Ineligibility
Makes DACA recipients ineligible for QHPs.

Agents & Brokers
Sets "preponderance of the evidence" standard to terminate FFM/SBE-FP agent agreements.

DMI Resolution Extension
Removes automatic 60-day extension for resolving income inconsistencies.

Income Verification
Adds DMI if data sources indicate <100% FPL or if IRS tax data is unavailable through PY26.

Premium Payment Thresholds
Pauses certain issuer premium threshold options for PY26.

150% FPL SEP
Pauses monthly <150% FPL SEP through PY26.

Plan Year 2026

Alien Medicaid & Income Status
Prevents Individuals from receiving PTC if ineligible for Medicaid due to alien status and income <100% FPL.

Special Enrollment Periods
Prevents Individuals who enroll via a non-QLE SEP from receiving premium tax credits and CSRs.

PTC Reconciliation
Requires all premium tax credit recipients repay the full amount of any excess.

Bronze and Catastrophic & HSA
Permits states to treat Bronze and Catastrophic plans as HDHPs that can be paired with HSAs.

Direct Primary Care & HSA
Allows consumers to combine a marketplace HDHP with a separate arrangement for primary care.

Temporary FTR Standard
Reinstates a 1-year Failure to File and Reconcile policy for PY26, replacing the 2-year FTR policy.

Bronze to Silver Re-enrollment
Removes automatic re-enrollment from an available Bronze plan to a different silver plan.

EHB Sex-Trait Modification
Prohibits covering specified sex-trait modification procedures as an EHB starting in PY26.

PAPI Methodology
Updates the premium adjustment percentage methodology to include more private plans.

Levels of Coverage
Widens de minimis range for plan actuarial values.

Auto-Renewal Premium
Adds $5 premium for certain PY26 FFM/SBE-FP auto-renewals.

SEP Pre-Enrollment Verification
Restores FFM/SBE-FP pre-enrollment checks for most SEPs for PY26.

Plan Year 2027

Coverage for Lawfully Present Immigrants
Limits subsidized coverage to lawful permanent Residents, Cuban and Haitian entrants, and COFA Residents.

APTC/CSR and Medicaid Community Engagement
Blocks APTC/CSR eligibility for Individuals not enrolled in Medicaid due to failure to demonstrate meeting community engagement requirements.

Open Enrollment
For PY27 and beyond, OEP must begin no later than Nov 1 and end no later than Dec 31, with a max duration of 9 weeks.

Plan Year 2028

PTC Verification
Requires pre-verification of income, family size, citizenship, health coverage status, residence, and other information to receive Premium Tax Credits, and allows use of reliable third-party data.

Permanent FTR Policy
Reinstates and makes permanent a 1-year Failure to File and Reconcile policy, which applied in PY26 but lapses in PY27.

KEY

- Only applies to HealthCare.gov
- No longer applies due to federal stay
- H.R 1
- CMS Final Rule

*Final Rule provisions listed in PY25 are effective Aug 25, 2025. All other provisions are effective at the beginning of the applicable PY.

Medicaid Provisions Implementation Timeline (1 of 2)

Below outlines the implementation timeline for each Medicaid provision.

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Upon Enactment

Prohibited Entities
Federal Medicaid payments for items and services provided by "prohibited entities" prohibited for a period of 1 year beginning on the date of enactment.

State Directed Payments
To begin by the first rating period after enactment -- Payment limit for state directed payments reduced from the average commercial rate to 100% of the Medicare payment rate for expansion states and reduced to 110% of the Medicare payment rate for non-expansion states.

Uniform Tax Requirement
Definition of generally redistributive to qualify for a waiver of the uniform tax requirement for Medicaid provider tax limited upon enactment. (Secretary may grant a transition period of 3 fiscal years.)

January 1, 2026

FMAP Incentive
States expanding after 1/1/26, will no longer be eligible for the five percentage-point increase to the traditional FMAP rate for states implementing ACA Medicaid expansion.

Premium Tax Credit
Disallows lawfully present Individuals who are ineligible for Medicaid with incomes below 100 percent of FPL from receiving the premium tax credit.

Rural Health Transformation Program
States must submit applications for this funding by no later than December 31, 2025. $10B per year appropriated for FY26-30. Half of annual appropriation to be split evenly amongst states approved. Half to be distributed as to be determined by Administrator.

October 1, 2026

Qualified Alien
New definition of qualified alien goes into effect.

Emergency Medicaid
Emergency medical services provided to non-citizens will no longer be eligible for the higher "expansion" or enhanced FMAP rates (90%) and instead, the federal share will be limited to each state's standard match rate.

Provider Tax
States are prohibited from enacting new provider taxes. The "hold harmless" threshold gradually phases down by 0.5% per fiscal year, to be no higher than 3.5% by FY32 for expansion states. Non-expansion states cannot implement any new taxes beyond the 6% threshold.

Duplicate Enrollment
States must develop process to regularly obtain address information for enrollees. Each contract under a state plan with a managed care entity, prepaid inpatient health plan, or prepaid ambulatory health plan must provide any address information for an enrolled Individual, provided or verified directly with the Individual, to the state.

Deceased Enrollees
States must review the Social Security Administration's (SSA) Death Master File (or other electronic data sources) at least quarterly to determine if any enrollees are deceased.

Redeterminations
States must redetermine eligibility for all Individuals enrolled through ACA Medicaid expansion every six months, regardless of whether they are new applicants or existing recipients.

January 1, 2027

Retroactive Coverage
Retroactive coverage for Medicaid expansion beneficiaries limited to the month preceding enrollment and for traditional Medicaid beneficiaries limited to two months preceding enrollment.

Community Engagement
States must have requirement in place where certain specified nonpregnant, nondisabled, childless adults, aged 19-64, complete a minimum of 80 hours of qualifying community engagement activities or meet income tests prior to initial application as a condition of Medicaid eligibility

KEY

- What's New
- What's Ending
- What's Changing

Medicaid Provisions Implementation Timeline (2 of 2)

Below outlines the implementation timeline for each Medicaid provision.

January 1, 2028

Provider Enrollment
States must check the SSA's Death Master File during a provider or supplier's enrollment and reenrollment as well as quarterly.

Home Equity Limit
Home equity limit capped at $1M for determining eligibility for long-term care services under the Medicaid program.

July 1, 2028

HCBS Waiver
New "stand alone" 1915(c) waiver option available to cover HCBS through Medicaid targeted to people with significant but sub-institutional needs.

October 1, 2028

Cost Sharing
Medicaid expansion enrollees earning more than 100 percent of FPL will pay no premiums but will face state-mandated copays (up to $35 per service and capped at 5% of income). Key primary care and safety-net service remain exempt.

October 1, 2029

Duplicate Enrollment
States must submit enrollee data monthly to the new system to prevent multiple state enrollments and to disenroll Individuals residing in another state.
HHS to establish a system to prevent Individuals from being simultaneously enrolled in multiple state Medicaid programs.

Erroneous Payments
Secretary may begin waiving a reduced amount of erroneous excess payments (The definition of erroneous excess payments to include items & services furnished to Individuals not eligible for federal reimbursement in Medicaid).

KEY

- What's New
- What's Ending
- What's Changing

SNAP Provisions Implementation Timeline

Below outlines the implementation timeline for each SNAP provision.

Upon Enactment

Modification of SNAP Work Requirements for ABAWDs
Expanding to 18 to 65 years of age; dependent child under 14; Indian or Urban Indian + other.

Availability of Standard Utility Allowance
SUA applies to households with disabled or elderly members.

Restrictions on Internet Expenses
Cost of home internet cannot be used in excess shelter calculation.

Qualified Alien
New definition of qualified alien goes into effect.

October 1, 2025

National Education and Obesity Prevention Grant Program
State SNAP agencies operate without SNAP-Ed Program.

October 1, 2026

State Administrative Cost Share Increase Comes Into Effect
FY 2027 and beyond state share of administrative expenses changes from 50% to 75%.

October 1, 2027

Re-Evaluation of SNAP allotment
Reevaluation of the Thrifty Food Plan Market Baskets cannot occur earlier than October 1, 2027.

State Cost-Sharing for Error Payments Comes Into Effect

Starting in FY 2028: The federal government will adjust its share of SNAP benefit costs for each state based on that state's most recent payment error rate.

Error rate under 6%: Federal government pays 100% (state pays nothing)

Error rate 6%–7.99%: Federal pays 95%, state pays 5%

Error rate 8%–9.99%: Federal pays 90%, state pays 10% Error rate 10% or more: Federal pays 85%, state pays 15%

If a state has a payment error rate at 6% or higher, state share comes into effect.

FY 2028: States can choose to use their payment error rate from 2025 or 2026 when calculating state error payments.

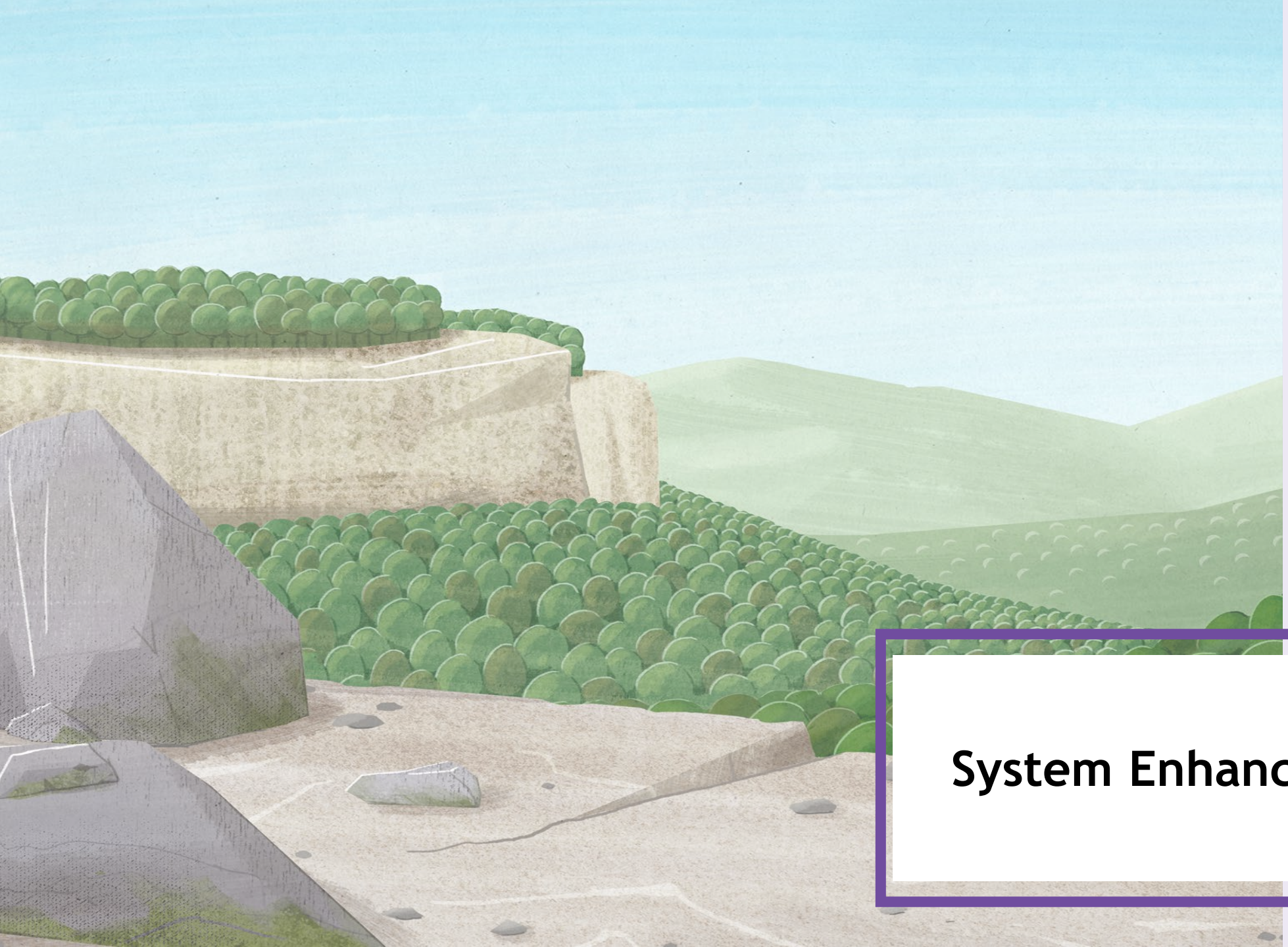
FY 2029 and beyond: The Secretary will use the error rate from 3 years prior to calculate state error payments.

December 31, 2028

Work Requirement Waivers for Non-Contiguous States
Alaska and Hawaii may request waivers from the Secretary for their work requirements.
Approved Waivers shall expire no later than December 31, 2028.

KEY

- New Policy
- Policy Change
- Policy Ends



System Enhancements

Description of Systems

Below are key portals different groups utilize within kynect.

WORKER PORTAL

Worker Portal is the application the Department for Community Based Services (DCBS) staff use to process eligibility and enrollment for various programs such as Medicaid, SNAP, Kentucky Transitional Assistance Program (KTAP), and Childcare.

AGENT PORTAL

Agent Portal provides Agents with a client management tool to help manage and create new business in Kentucky. Agent Portal provides the functionality to quickly manage existing clients as well as initiate common tasks.

ISSUER PORTAL

The Issuer Portal is a self-service, one-stop shop that provides Issuers with the ability to directly access consumer kynect data related to account management, enrollment, and informational resources.

SELF-SERVICE PORTAL

Self-Service Portal (SSP) is used to apply to receive benefits from any of the available programs. The user will enter basic contact information for all household members, select the programs for which they will apply, and select situations which apply to their household.

KYID

KYID, formerly known as Kentucky Online Gateway (KOG), is the Commonwealth of Kentucky's single sign-on platform that allows users to access supported applications with a single username and password. KYID serves as a central data hub that allows user profile information to sync across multiple applications connected to KYID.

SBM Enhancements (1 of 2)

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

Benefits Screen Updates

Individuals approved for the APTC program with open income verification will see the existing document upload message on the **Benefits** screen if their case was created before October 2025, but this message will not appear for cases created after that date.

Document Center Updates

For APTC Income Verification RFIs, the Reasonable Explanation option and related messaging will be removed for Plan Year 2026. Plan Year 2025 RFIs will be available until October 1, 2026, after which all Reasonable Explanation history will also be removed.

Tax Filing Screen Updates

The Failure to Reconcile question will be updated to ask about reconciliation for the last tax filing year, with the displayed year updating annually. New verbiage clarifies that users should answer "Yes" if they received premium tax credits, filed a federal tax return for the last year, and submitted IRS Form 8962.

PLEASE NOTE For Plan Year 2026, no action will be taken for Failure to Reconcile.

SBM Enhancements (2 of 2)

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

Enrollment Manager Module (EMM) Updates

Due to the 2025 Marketplace Integrity and Affordability Rule and OBBBA Section 71304, the Special Enrollment Period (SEP) reason for Individuals with projected household incomes at or below 150% of the Federal Poverty Level (FPL) will be removed.

Special Enrollment Updates

On the Special Enrollment screen, the Special Enrollment Reason "Eligible for Income based Special Enrollment, where household can enroll in a QHP or change from one QHP to another one time per month" is not displayed.

Prescreening Tool Updates

The QHP Prescreening Results screen in the kynect health coverage Prescreening Tool will be updated to inform users about new qualification changes for QHP based on FPL income.

Application Key Callouts

Program Selection

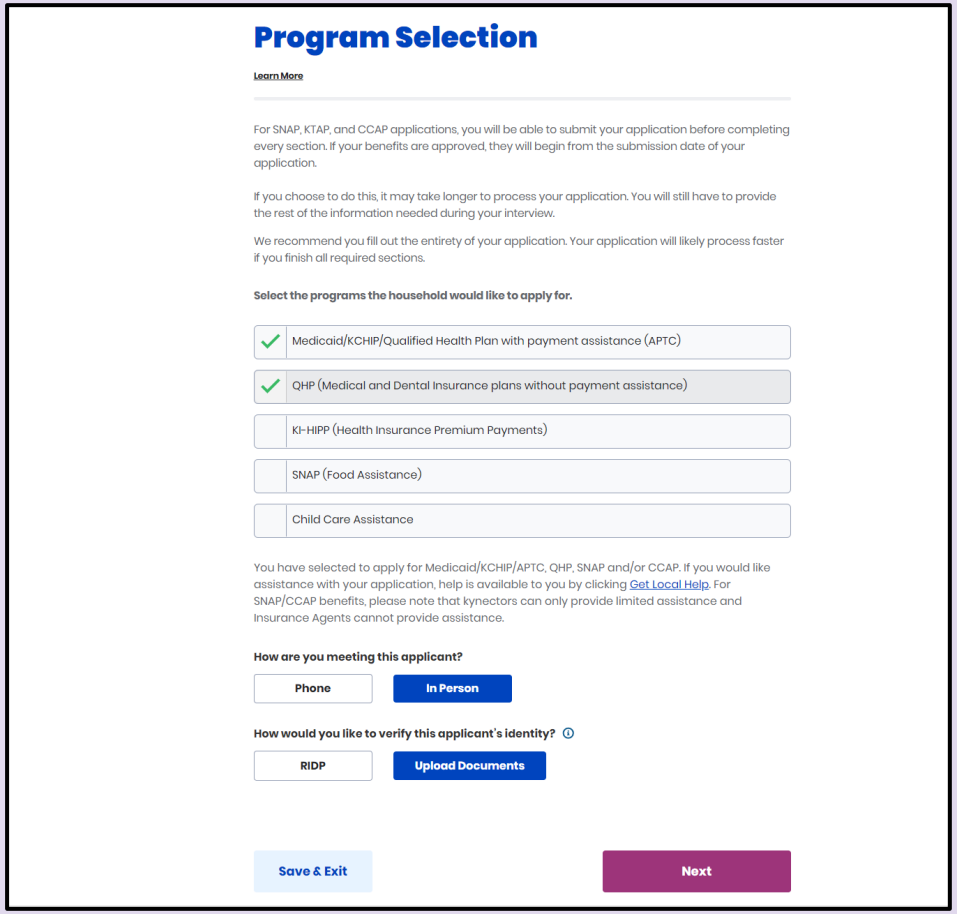
Below outlines key callouts for the Program Selection portion of the Benefits Application.

Overview

Program Selection is where Agents and kynectors may identify the program(s) for which the Applicant would like to apply for, how they are meeting with the Applicant, and how they would like to verify the Applicant's identity.

Key Callouts

1. If *Medicaid/Kentucky Children's Health Insurance Program (KCHIP)/QHP with payment assistance (APTC)* is selected, *QHP (Medical and Dental insurance plans without payment assistance)* is auto-selected to check eligibility for a full-priced QHP if they are found to be ineligible for Medicaid and/or APTC.
2. To verify an Applicant's identity, Agents and kynectors may use Remote Identity Proofing (RIDP) via challenge questions or choose to upload documents.
3. If a member aged 65 or older requests coverage, Medicare Savings-related questions may be prompted.



Household Members

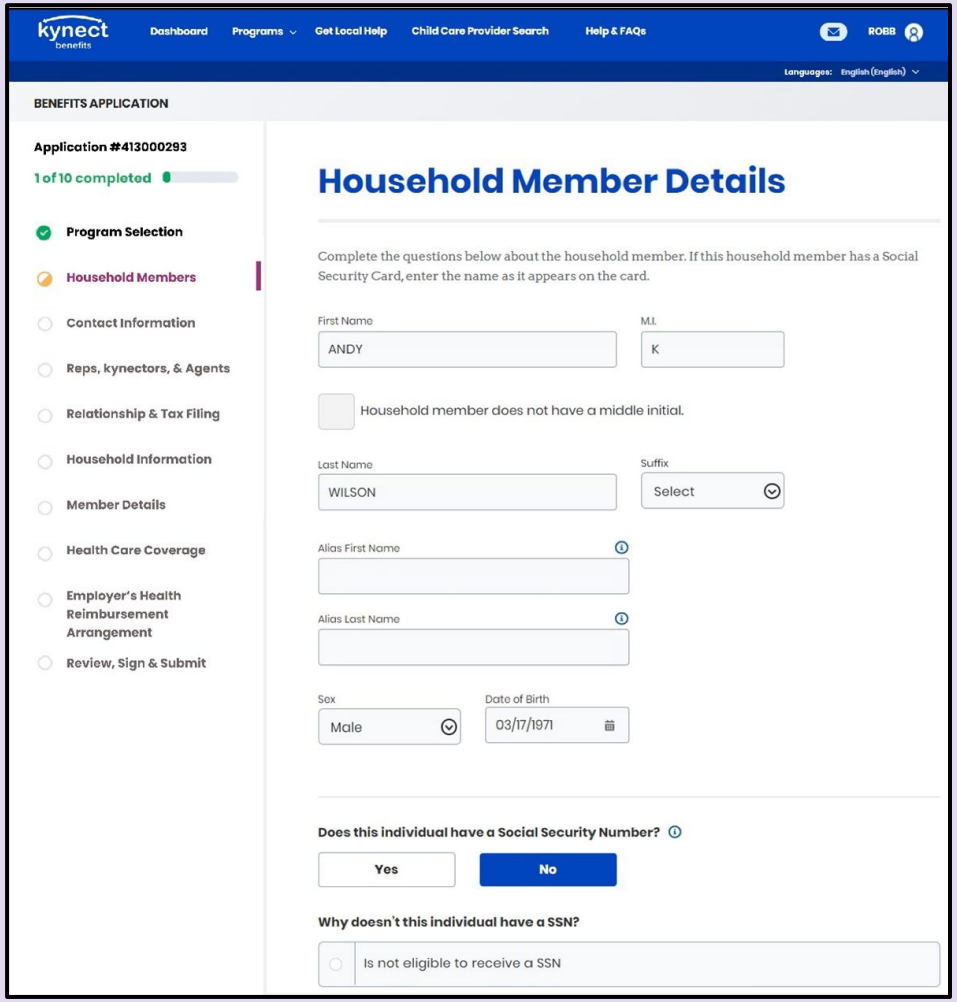
Below outlines key callouts for the Household Members portion of the Benefits Application.

Overview

Household Members is where Agents and kynectors will fill out the Applicant's demographic information such as name, date of birth, sex, race, etc.

Key Callouts

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



Contact Information

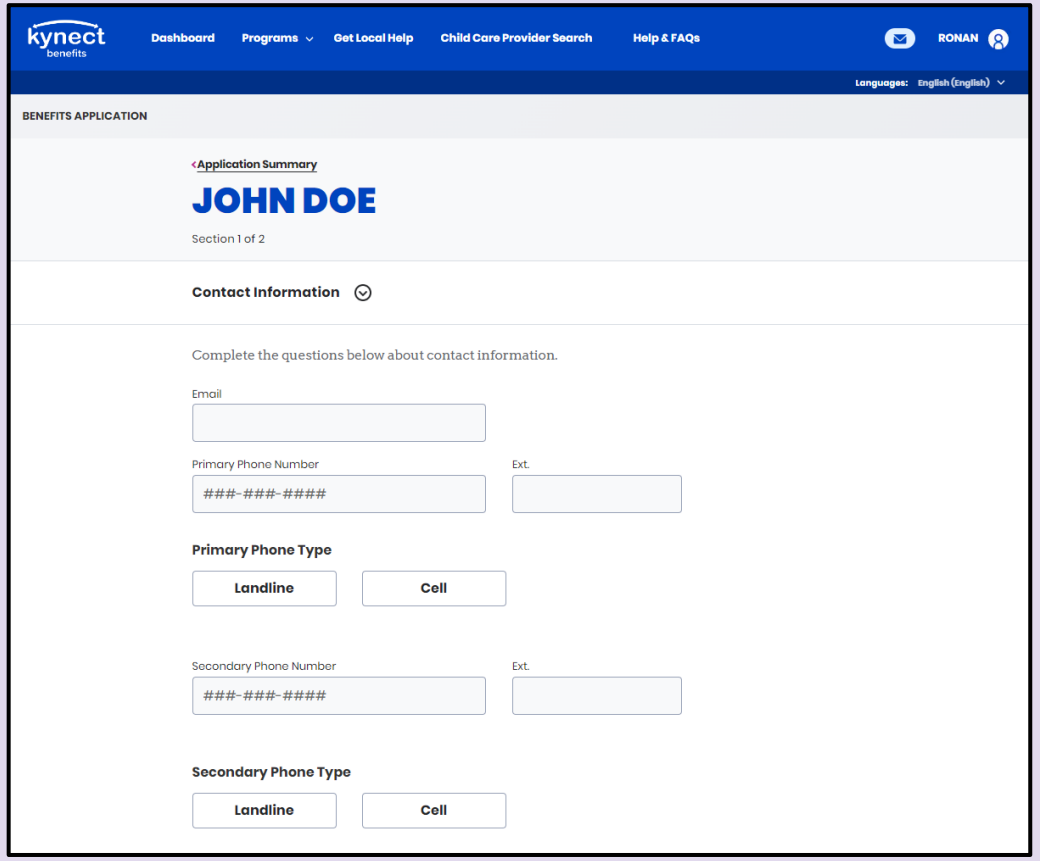
Below outlines key callouts for the Contact Information portion of the Benefits Application.

Overview

Contact Information is where Agents and kynectors will fill out the Applicant's contact and address information such as phone number, email, and mailing address.

Key Callouts

1. Agents and kynectors should confirm accurate contact and address information so Applicants may receive timely notifications from kynect regarding their benefits.
2. The physical address of an Applicant impacts the types of plans which may be available in their area. Address details should be updated when an Applicant moves.



Reps, kynectors, and Agents

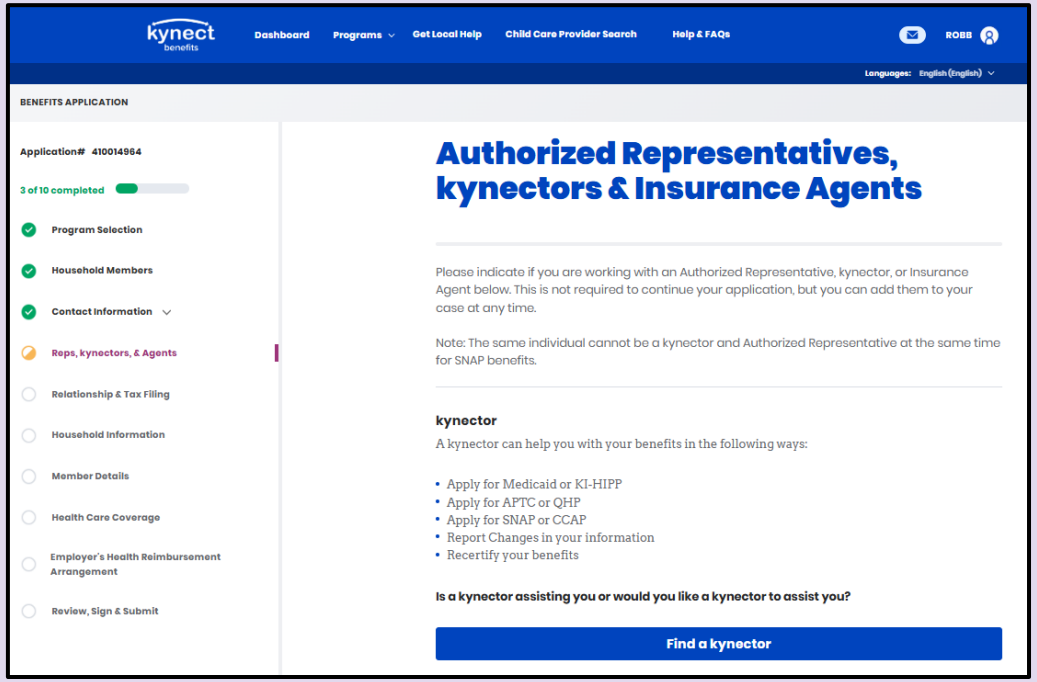
Below outlines key callouts for the Reps, kynectors, and Agents portion of the Benefits Application.

Overview

Reps, kynectors, and Agents is where Agents and kynectors will become associated to a case based on the Applicant's preferred communication method, either electronically or verbally.

Key Callouts

1. Agents and kynectors should not be added as an Authorized Representative to a case.
2. Agents and kynectors will be automatically associated. They can add additional support, if needed.
3. For the kynector access request, Applicants must respond electronically or verbally.



Relationship and Tax Filing

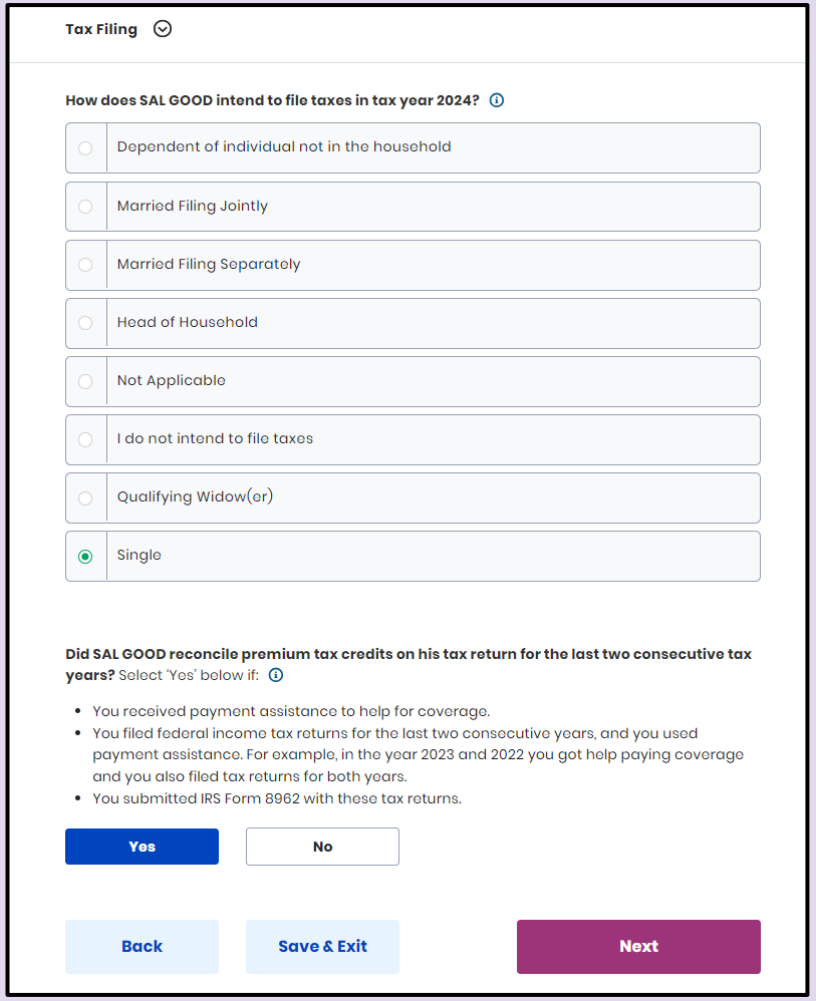
Below outlines key callouts for the Relationship and Tax Filing portion of the Benefits Application.

Overview

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

Key Callouts

1. Married couples who file taxes separately will be ineligible for APTC.
2. Reconciliation of APTC is required to retain eligibility.
3. Household relationships impact filer vs non-filer rules. Only members of the same tax household may enroll in the same QHP.
4. Families can decide whether to claim dependent children over the age of 18. This decision affects whether the adult child is potentially Medicaid eligible or eligible to remain enrolled on their parent's insurance.



PLEASE NOTE All household members must be included in the Benefits Application.

Household Information

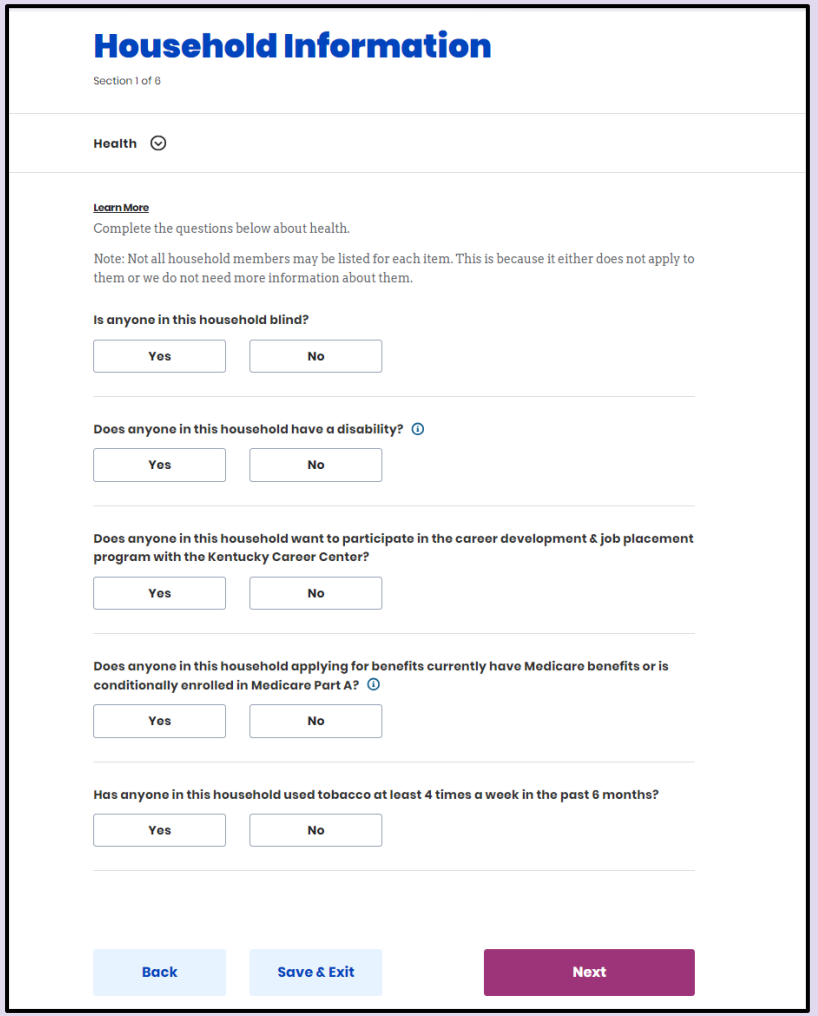
Below outlines key callouts for the Household Information portion of the Benefits Application.

Overview

Household Information is where Agents and kynectors will answer a series of Yes or No questions based on the Applicant's circumstances such as health, income, resources, etc.

Key Callouts

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



Member Details

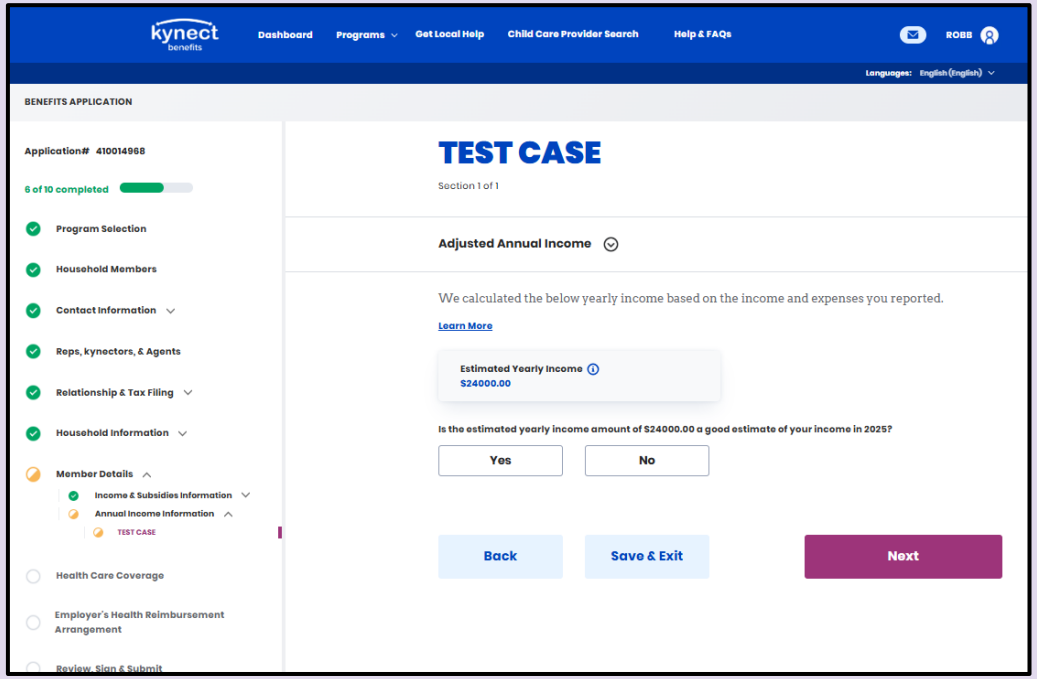
Below outlines key callouts for the Member Details portion of the Benefits Application.

Overview

Member Details is where Agents and kynectors will enter the Applicant's income sources, amount, and frequency. That information is then projected over the course of a full year to create an adjusted annual income.

Key Callouts

1. Include all forms of income.
2. The Estimated Yearly Income will be used to evaluate eligibility. If it is incorrect for any reason, it may be overridden, and the manually entered income amount will be considered for eligibility.
3. Medicaid evaluates monthly income and APTC evaluates annual income.
4. Be sure to include any income from previous jobs or anticipated income to accurately project income for the full year.



Health Care Coverage

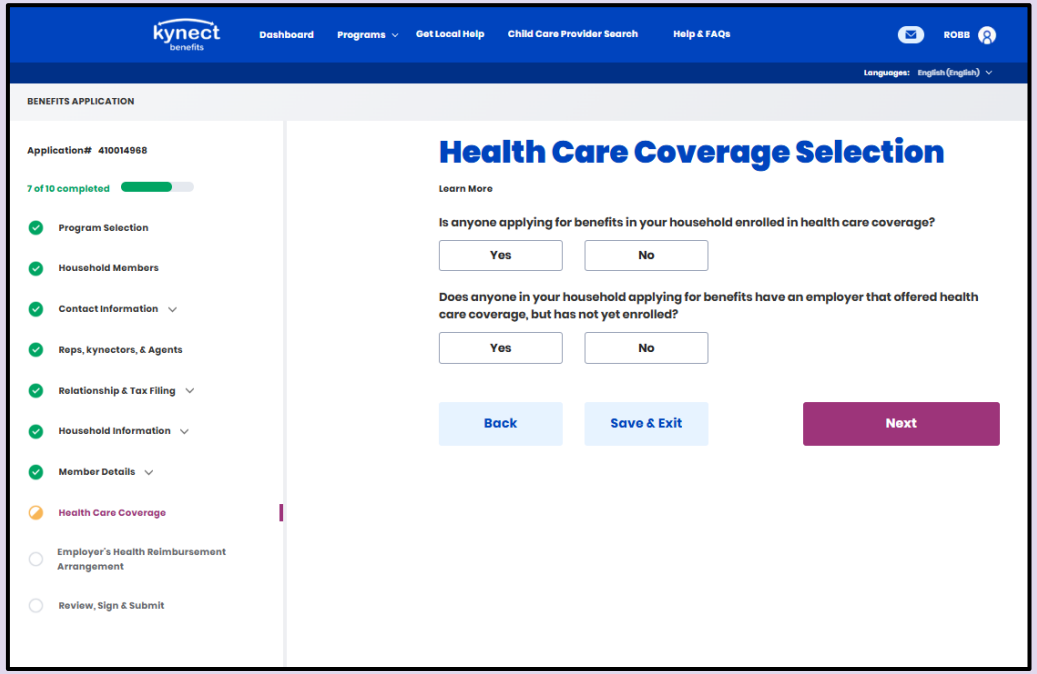
Below outlines key callouts for the Health Care Coverage portion of the Benefits Application.

Overview

Health Care Coverage is where Agents and kynectors will indicate if the Applicant has outside coverage through an employer or Medicare, or if they have an offer of such coverage.

Key Callouts

1. Outside coverage, such as through an employer-sponsored plan, will make an Applicant ineligible for APTC and a child ineligible for KCHIP.
2. If family coverage through an employer plan is deemed unaffordable, they may enroll in coverage through kynect.



Employer’s Health Reimbursement Arrangement

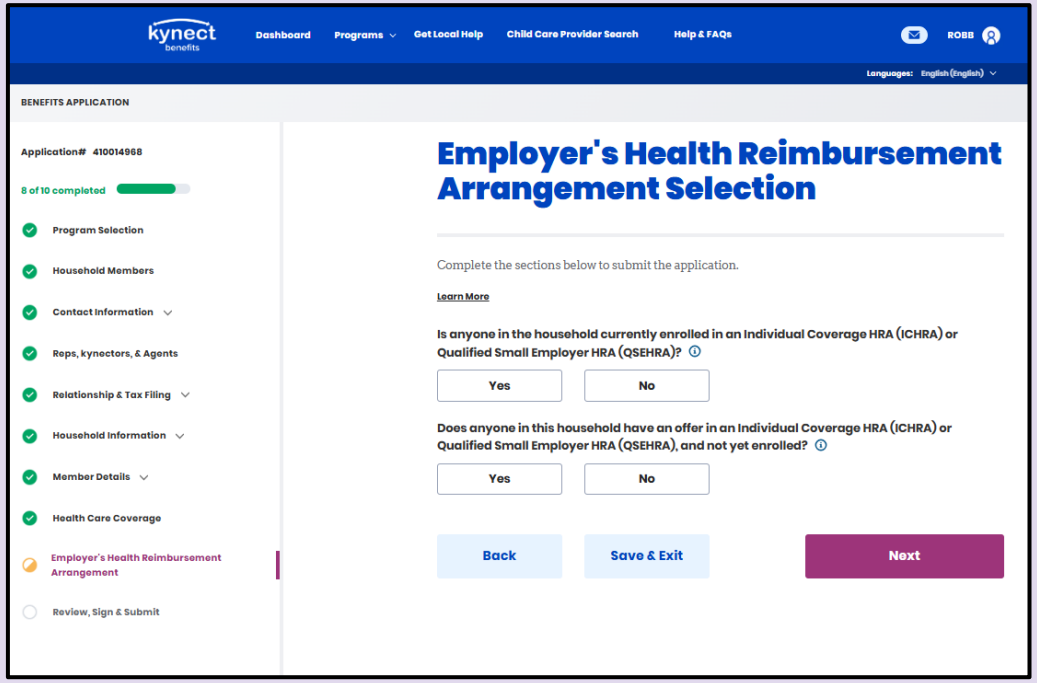
Below outlines key callouts for the Employer’s Health Reimbursement Arrangement portion of the Benefits Application.

Overview

Employer’s Health Reimbursement Arrangement is where Agents and kynectors will indicate if the Applicant is enrolled or has been offered Individual Coverage Health Reimbursement Arrangements (ICHRA) or Qualified Small Employer Health Reimbursement Arrangements (QSEHRA) .

Key Callouts

1. ICHRA and QSEHRA offer employees health benefits without traditional group plans.



Review, Sign, and Submit

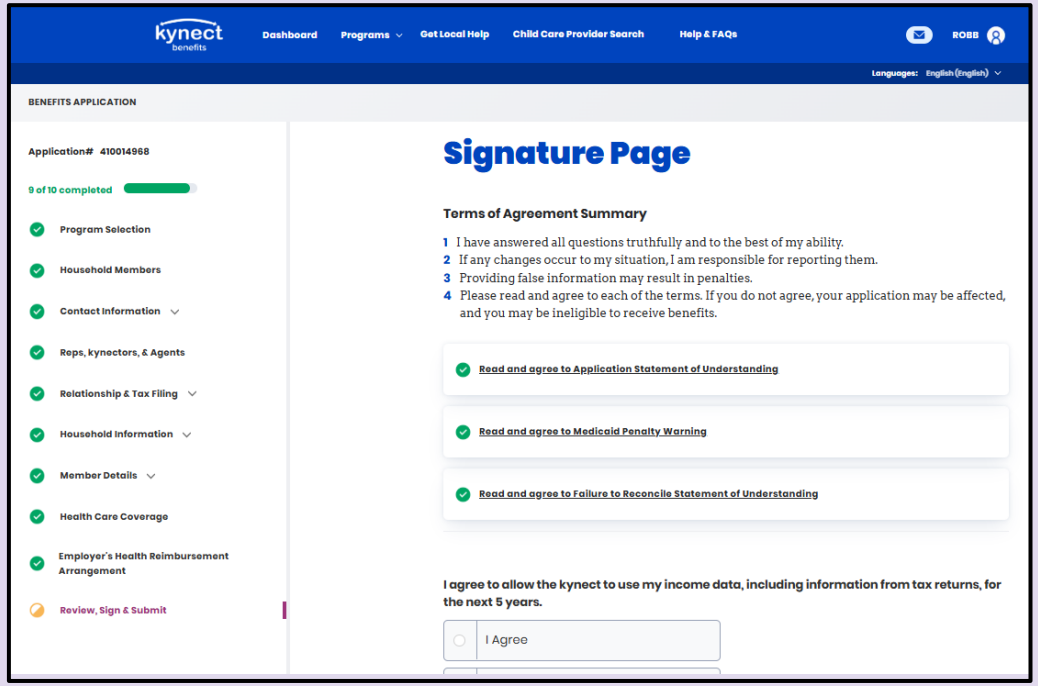
Below outlines key callouts for the Review, Sign, and Submit portion of the Benefits Application.

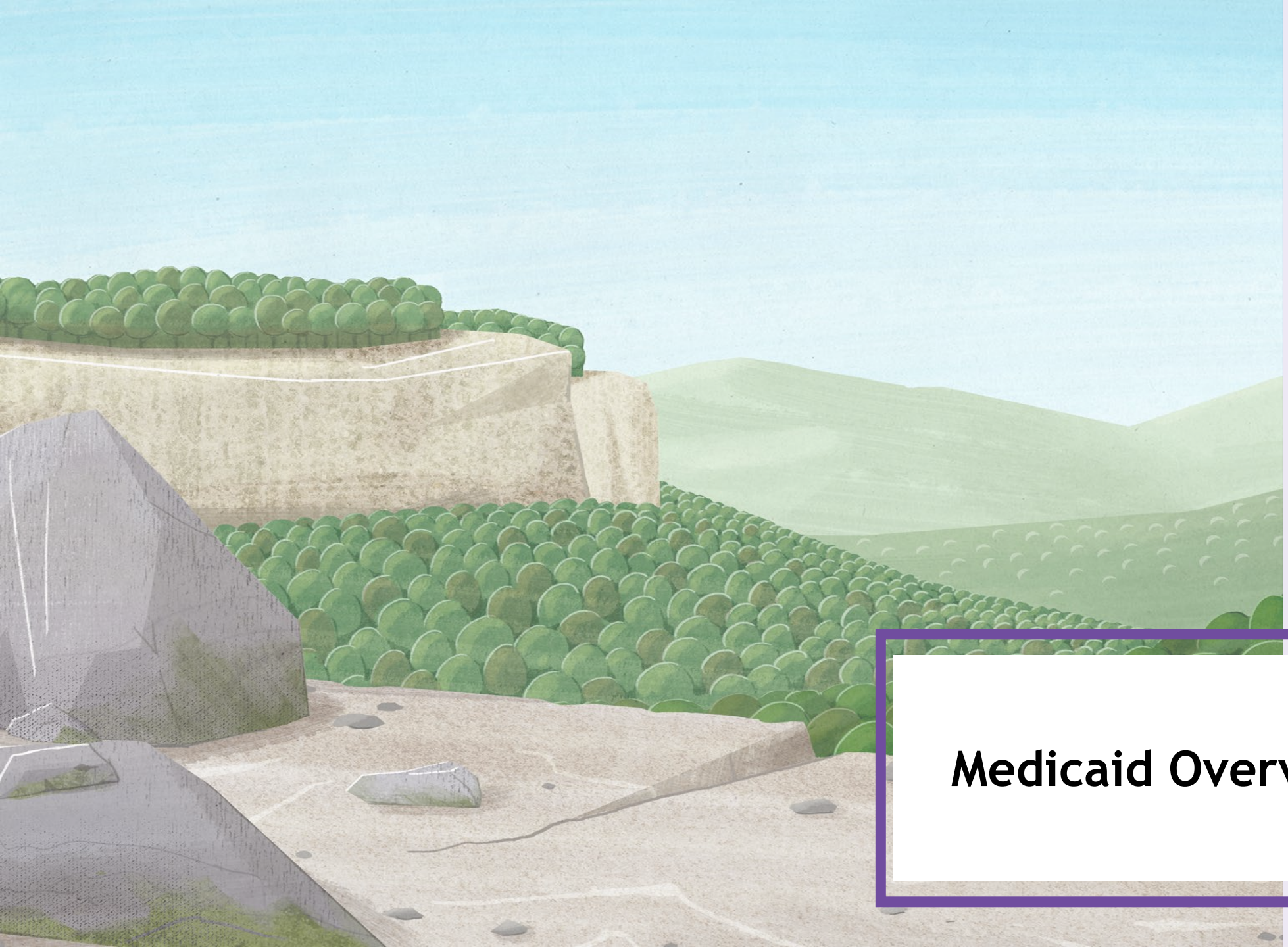
Overview

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

Key Callouts

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





Medicaid Overview

Medicaid Eligibility Overview

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

Definition

Kentucky Medicaid is a **state program** authorized and jointly funded by the federal government to **provide health care for eligible low-income Residents,** including:

- Children
- Low-Income Adults
- Families
- Parent and Caretaker Relatives
- Pregnant and Postpartum Women
- Older Adults (Age 65 and above)
- Disabled Residents

Services

With Kentucky Medicaid, eligible Residents can receive coverage for medical expenses, including the following types of services:

- Lab Tests and Screenings
- Behavioral Health Services
- Non-Emergency Medical Transportation
- Doctor Visits
- Dental Care
- Vision Care
- Hospital Stays
- Prescription Medications

Eligibility

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

Income eligibility for most **children, pregnant women, parents, and adults** is assessed using the **MAGI** approach, which considers taxable income and tax filing relationships. In Kentucky, Residents must meet both technical and financial requirements to qualify for MAGI Medicaid.

Income eligibility for **Individuals who are blind, disabled, or ages 65 and above** do not utilize MAGI-based income rules. Their eligibility, known as **Non-MAGI Medicaid**, is generally determined by a different set of rules.

PLEASE NOTE For more information regarding income, reference the Income Fact Sheet.

Medicaid Eligibility

Below provides additional details regarding the Medicaid income verification process.

Verification

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

Below are examples of preferred income verification documents for Medicaid:

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

Medicaid evaluates income on a month-to-month basis and assesses eligibility based on monthly income from the last 3-12 months to determine what is reflective going forward.

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

Eligibility Chart

FPLs are income guidelines issued annually by the Department of Health and Human Services to determine financial eligibility for various federal and state assistance programs.

2025 Medicaid Table (April 2025 ongoing)

Household Size	Baseline FPL		Eligible for MAGI Medicaid		Children (Under 19 Years Old) and Pregnant Women Eligible for Medicaid (Five Year Bar Does Not Apply for Lawfully Present Children or Pregnant Immigrants)					
	100%		138%*		147%*		200%*		218%**	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	1,305	15,660	1,800	21,600	1,918	23,016	2,609	31,308	2,844	34,128
2	1,763	21,156	2,433	29,196	2,591	31,092	3,525	42,300	3,843	46,116
3	2,221	26,652	3,065	36,780	3,265	39,180	4,442	53,304	4,842	58,104
4	2,680	32,160	3,698	44,376	3,939	47,268	5,359	64,308	5,841	70,092
5	3,138	37,656	4,330	51,960	4,613	55,356	6,275	75,300	6,840	82,080
6	3,596	43,152	4,963	59,556	5,286	63,432	7,192	86,304	7,839	94,068
7	4,055	48,660	5,595	67,140	5,960	71,520	8,109	97,308	8,839	106,068
8	4,513	54,156	6,228	74,736	6,634	79,608	9,025	108,300	9,838	118,056
Each Additional	459	5,508	633	7,596	674	8,088	917	11,004	1,000	12,000

PLEASE NOTE If income information differs by 25% or more from income records gathered through data sources, an RFI is generated which requires additional documentation to verify a Resident's income.

Medicaid Eligibility Requirements

Below provides important details regarding MAGI and Non-MAGI Medicaid eligibility requirements.

MAGI Medicaid

The graphic below details the eligibility populations for MAGI Medicaid.

Children

- Children under the age of one (1) with countable income up to 218% of the FPL.
- Children between the ages of 1-18 with countable income up to 218% of the FPL.

Pregnant Women

- Pregnant women with income up to 218% of the FPL.
- Presumptive Eligibility (PE) allows pregnant women who have not yet applied for Medicaid to receive temporary prenatal care for up to 60 days while their eligibility is determined.
- Pregnant women who qualify are also eligible for 12 months postpartum coverage.

Adults

- Adults between the ages of 19-64 with countable income up to 138% of the FPL.

Parents and Caretaker Relatives

- Parent/Caretaker Relatives over the income limit automatically have eligibility explored in the low-income Adult.
- Income for Parent/Caretaker Relative is compared to the MAGI Medicaid scale below:

EDG SIZE	Standard	With Disregard
1	235	285
2	291	358
3	338	422
4	419	521
5	492	611
6	556	692
7	621	775
8	687	858

Non-MAGI Medicaid

The graphic below details the eligibility populations for Non-MAGI Medicaid.

Blind and Disabled Individuals

- Individuals eligible for Supplemental Security Income (SSI) assistance.
- Individuals aged 65 and above that are at or below 100% of the FPL.
- Institutionalized Individuals.
- Individuals eligible for Medicare Savings Program, including Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, and Qualifying Individuals.
- Children eligible under the Family Opportunity Act for children with disabilities.

Other Eligible Populations

- Medically needy Individuals.
- Children receiving foster care, adoption assistance, or kinship guardianship assistance under Title IV.
- Former foster care children under the age of 26.
- Individuals eligible for home and community-based waiver services.
- Women needing treatment for breast and cervical cancer.

Medicare Savings Program Overview

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

Definition

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

Examples of programs include:

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

Eligibility

1. Resident must have **Medicare Part A**.
2. Resident's financial resources or owned assets are **below $9,660 for an Individual** and **$14,470 for a couple**.
3. Resident's income is lower than limits presented on the table to the right.

Income Limits

Program Name	MSP Will Pay	Monthly Income Limits in 2025
QMB	Medicare Part A and B premiums, deductibles, and coinsurance	$1,325 Individual $1,783 Couple
SLMB	Medicare Part B Premium only (no deductibles or coinsurance)	$1,585 Individual $2,135 Couple
QI	Medicare Part B Premium only (no deductibles or coinsurance)	$1,781 Individual $2,400 Couple
QDWI	Medicare Part A premium (for certain working disabled Individuals-for up to 48 months).	$5,302 Individual $7,135 Couple

PLEASE NOTE Residents may **not** apply and enroll in Medicare through kynect. They **must contact the Social Security office at 1-800-772-1213** to apply and enroll in Medicare.

Immigrant Eligibility: Immigrant Status Definitions

Below is an outline of key definitions related to immigrant eligibility including, immigrant and citizen classifications.

Immigrant Types

Lawful Permanent Residents (Green Card Holder)

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

Lawfully Present Individuals

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

Qualified Immigrants

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

Citizen Types

Naturalized Citizens

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

Derived Citizens

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

Examples of Qualified Immigrants

- Asylees
- Refugees
- Cuban/Haitian Entrants
- Lawful Permanent Residents
- Paroled in the U.S. for at least one year
- Member of a federally recognized Indian tribe
- Conditional entrant granted before 1980
- Battered non-citizens, spouses, children, or parents
- Victims of trafficking and their certain family members
- Granted withholding of deportation

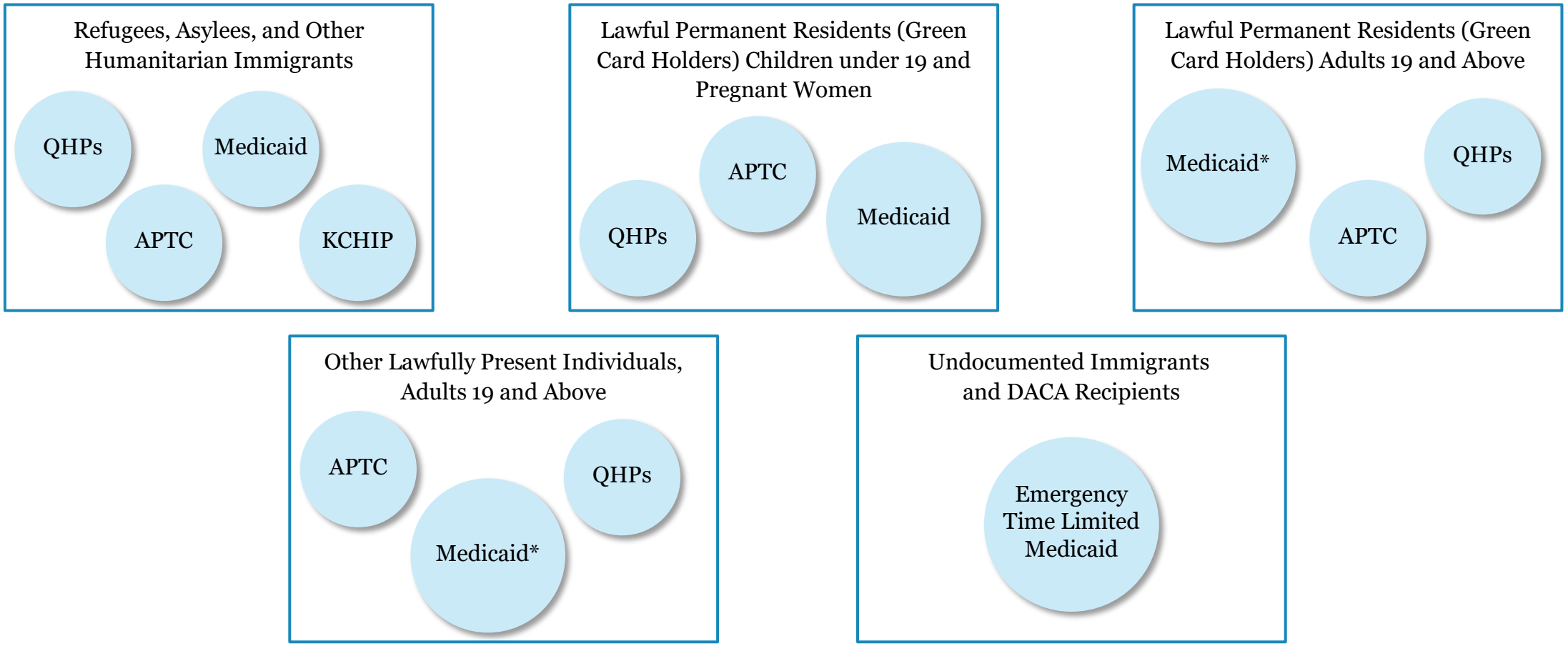
and more...

Immigrant Eligibility

Below provides an overview of important details surrounding immigrant eligibility.

Qualified Immigrants **who meet income eligibility requirements** are generally eligible for QHPs, APTC, Medicaid, and KCHIP coverage. Federal law requires most Qualified Immigrants meet a five (5)-year waiting period, also referred to as the **five (5)-year bar*** before becoming eligible for Medicaid, unless exempt, but this requirement does not apply to APTC or QHP. For more information, reference the Understanding Immigration and Eligibility Quick Reference Guide.

The graphic below summarizes eligibility for these programs based on immigration status.



Immigrant Eligibility Reminders

Below are a few important reminders surrounding immigrant eligibility.

Qualified Immigrants

Some qualified immigrants may need to wait five years before they can receive Medicaid or KCHIP benefits.

Eligibility Restrictions

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

DACA Recipients

DACA recipients are no longer considered an eligible immigration status for applying for health insurance.

Changes Implemented from H.R. 1

Lawfully Present Definition

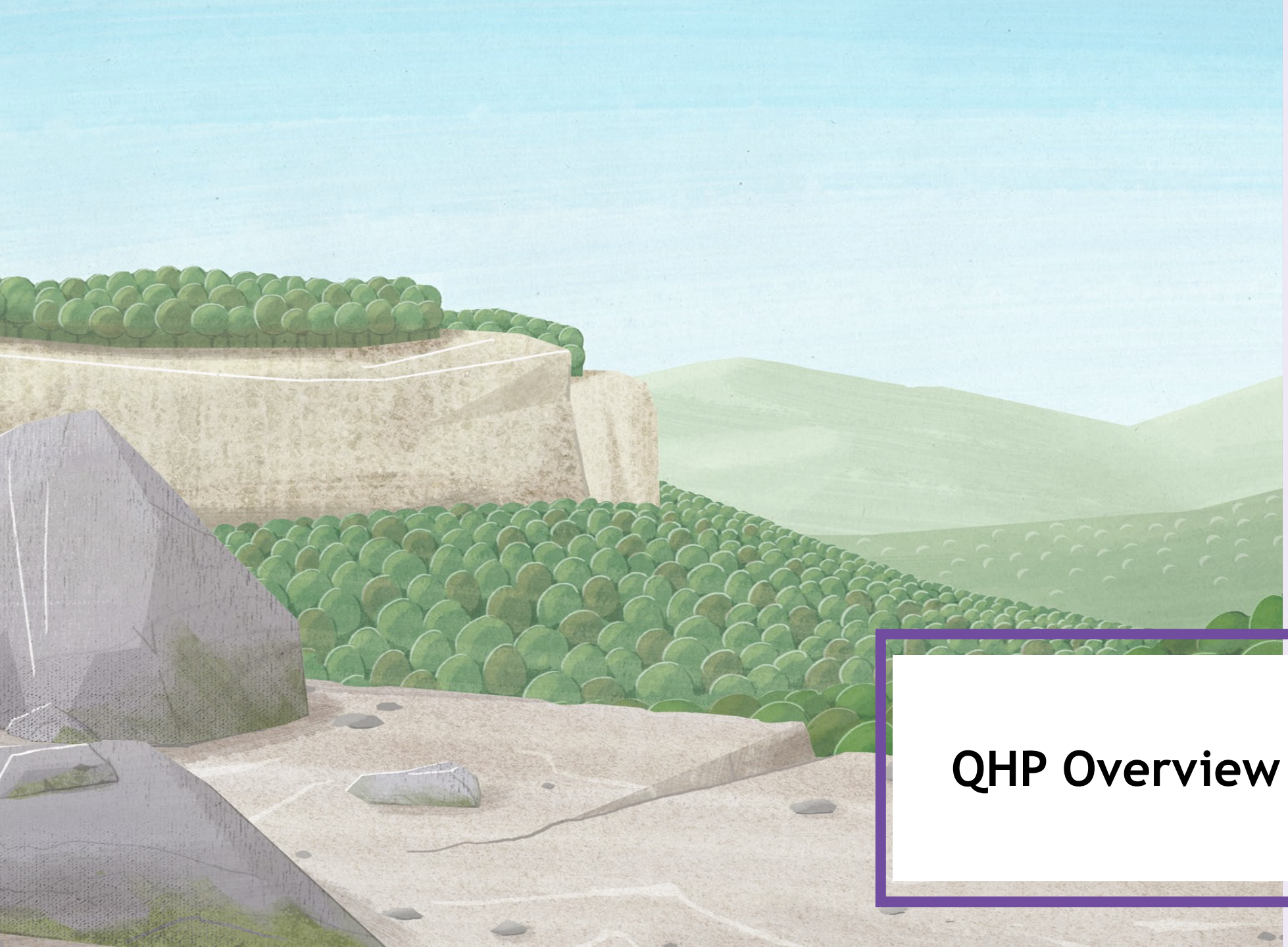
Modifies the definition of lawfully present to exclude DACA recipients for QHPs through the Marketplace *(08/25/25)*.

DACA recipients are not currently eligible for QHPs, APTC, or Cost-Sharing Reductions (CSRs) through kynect.

Immigration Status Eligibility Changes

Eliminates eligibility for Premium Tax Credits for lawfully present Individuals under 100% of the FPL who are not eligible for Medicaid *(01/01/26)*.

PLEASE NOTE Information about immigration status is **only used to determine eligibility for coverage** and will not be shared for immigration enforcement purposes.



QHP Overview

QHP Overview

Below displays information about QHPs, APTC, and CSR.

	QHP	APTC	CSR
OVERVIEW	QHPs are insurance plans certified by kynect. They must cover essential health benefits, follow established limits on costs, and meet other federal and state requirements.	APTC is assistance for premium payments offered through kynect. The assistance is in the form of a tax credit that can be applied to monthly premiums for QHPs.	CSRs offered through kynect reduce out-of-pocket expenses such as copays, coinsurance, and deductibles.
ELIGIBILITY	Individuals eligible to enroll through kynect, or those who are not eligible for Medicaid, can choose a QHP during Open Enrollment or Special Enrollment Periods.	Individuals or families whose annual income is between 100% and 400% of the FPL.	Individuals or families with income up to 250% of the FPL, eligible for APTC, and purchase a QHP through kynect.
ADDITIONAL NOTES	QHPs provide a defined set of essential health benefits including emergency services, prescription drugs, maternity care, and preventive services.	Reconciliation of Premium Tax Credits via IRS Form 8962 is required to retain eligibility.	Generally, CSRs may only be applied to Silver-metal plans.

QHP Eligibility

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

Verification

QHP/APTC evaluates income over the course of a year. Preferred verification for QHP/APTC includes the following:

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

QHP/APTC evaluates income on an annual basis and checks against state and federal data sources. In some cases, additional verification may be required.

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

Eligibility Chart

FPLs are income guidelines issued annually by the Department of Health and Human Services to determine financial eligibility for various federal and state assistance programs.

QHP/APTC Table (January through December 2025)

Household Size	Baseline FPL		SILVER: Eligible for QHP with APTC and Cost Sharing Level "94" > 138% - 150%		SILVER: Eligible for QHP with APTC and Cost Sharing Level "87" >150% - 200%		SILVER: Eligible for QHP with APTC and Cost Sharing Level "73" >200% - 250%		SILVER: Eligible for QHP with APTC No Cost Sharing >250% - (no upper income limit)			
	100%		150%***		200%***		250%***		300%***		400%***	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	1,255	15,060	1,883	22,596	2,510	30,120	3,138	37,656	3,765	45,180	5,020	60,240
2	1,704	20,448	2,555	30,660	3,407	40,884	4,259	51,108	5,110	61,320	6,814	81,768
3	2,152	25,824	3,228	38,736	4,304	51,648	5,380	64,560	6,455	77,460	8,607	103,284
4	2,600	31,200	3,900	46,800	5,200	62,400	6,500	78,000	7,800	93,600	10,400	124,800
5	3,049	36,588	4,573	54,876	6,097	73,164	7,621	91,452	9,145	109,740	12,194	146,328
6	3,497	41,964	5,245	62,940	6,994	83,928	8,742	104,904	10,490	125,880	13,987	167,844
7	3,945	47,340	5,918	71,016	7,890	94,680	9,863	118,356	11,835	142,020	15,780	189,360
8	4,394	52,728	6,590	79,080	8,787	105,444	10,984	131,808	13,180	158,160	17,574	210,888
9	4,842	58,104	7,263	87,156	9,684	116,208	12,105	145,260	14,525	174,300	19,367	232,404
10	5,290	63,480	7,935	95,220	10,580	126,960	13,225	158,700	15,870	190,440	21,160	253,920

PLEASE NOTE If income information differs by 25% or more from income records gathered through data sources, an RFI is generated which requires additional documentation to verify a Resident's income.

Understanding Cost-Sharing

Below outlines key distinctions between copays, coinsurance, and deductibles.

A thorough understanding of the differences between copays, coinsurance, and deductibles is integral to assisting Residents shop for and compare coverage plans. Educating Residents on how **copays, coinsurance, deductibles, and maximum out-of-pocket (MOOP)** costs affect their out-of-pocket costs is crucial for helping them make informed decisions about their health coverage.

Copay

Copay (or copayments) is an amount Residents pay for a covered healthcare service **typically before paying the deductible**, such as when visiting the doctor, hospital, or getting a prescription.

Usually, the copay is a fixed amount, such as $30 for a visit to the doctor.

Coinsurance

Coinsurance is an amount Residents pay that is their share of the cost of healthcare **after meeting the deductible**.

Coinsurance is usually a percentage of the cost of the covered service(s), such as 30% of the visit.

Deductible

A deductible is the amount an insured **Resident must pay out-of-pocket before their insurance coverage begins**.

For instance, with a $5,000 deductible, the Residents pays the first $5,000 of covered expenses.

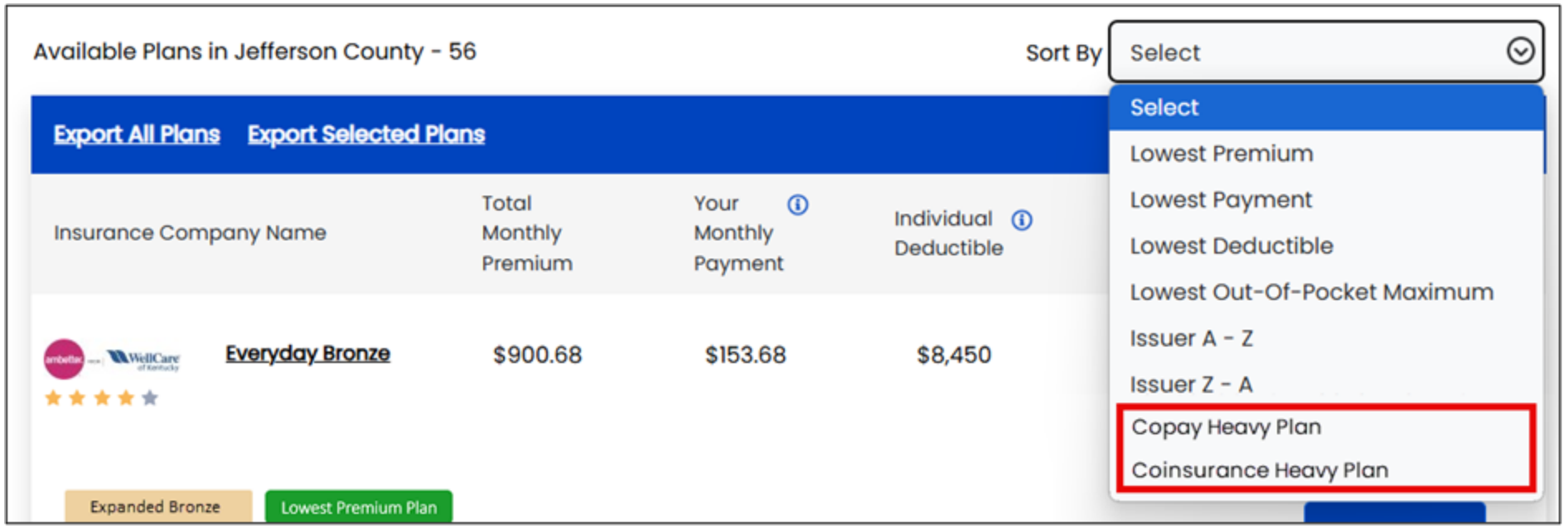
MOOP

The MOOP is the most a Resident will typically pay during a plan year **before their health coverage plan starts to pay 100% of the cost of services.**

There is usually a separate out-of-pocket maximum for each member of the family, as well as the entire family.

Understanding Cost-Sharing

Beginning October 24, plans can be filtered based on copay and coinsurance costs.

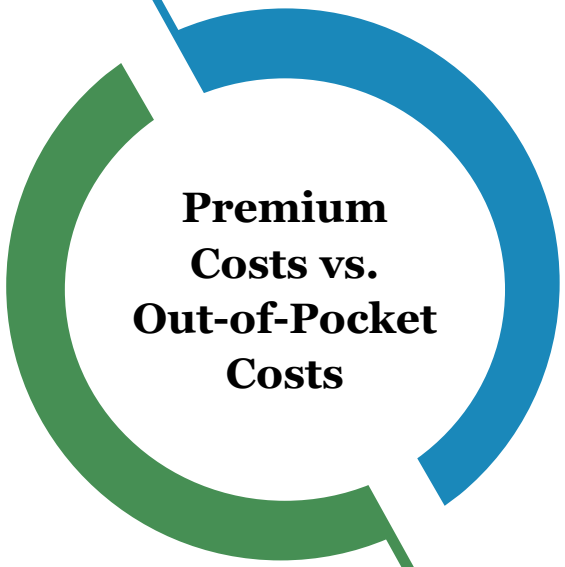


Understanding Cost-Sharing

Below outlines the relationship between premiums and out-of-pocket costs.

Premium Costs

Premium costs are charged monthly and vary based on location, age, and tobacco status. Generally, as plans upgrade (from Bronze to Platinum) premium costs will increase.



Out-of-Pocket Costs

Out-of-Pockets costs are expenses for medical care that are not reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered. Once the MOOP is met, the insurance company will cover costs for remaining services throughout the year.

PLEASE NOTE The lower the premium, the higher the out-of-pocket costs when care is needed, and the higher the premium, the lower the out-of-pocket costs when care is needed.

Health Savings Account Overview

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

Definition

A health savings account (HSA) is a personal savings account that Residents can set up to pay for eligible healthcare expenses. Residents may be eligible to contribute to an HSA if they are enrolled in a qualifying high-deductible health plan (HDHPs).

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

Considerations

- Residents must stop making HSA contributions once they enroll in any part of Medicare.
- HSA funds may still be utilized to pay for qualified medical expenses, including those not covered by Medicare or Medicare Supplement Insurance.
- Residents should keep receipts and maintain records to verify that HSA withdrawals were used for qualified medical expenses, in case of an IRS audit.

Who Offers HSAs?

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

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

Residents **may not contribute** to an HSA if they have Medicare coverage or a plan that pays for covered services before deductibles or copayments are met, also known as first dollar coverage.

PLEASE NOTE For Plan Year 2026, all Bronze, Expanded Bronze, and Catastrophic plans offered through kynect will be HSA-compatible.

Bronze vs. Expanded Bronze Plans

Below displays information comparing Bronze and Expanded Bronze plans.

	Bronze	Expanded Bronze
Overview	• Ideal for those seeking a low monthly premium who may not need much medical care	• Ideal for those seeking a low monthly premium with more plan options
Monthly Premiums	• Lowest	• Slightly higher than Bronze plans
Deductibles	• Highest	• Similar or slightly lower than Bronze plans
MOOP	• Highest	• High
HSA-Compatible?	• Yes*	• Yes*
Additional Notes	• Traditional Bronze plans will generally cover costs after the deductible is met.	• Expanded Bronze plans will generally cover some costs before the deductible is met.

PLEASE NOTE *Beginning January 1, 2026, **all** Catastrophic, Bronze, and Expanded Bronze QHPs sold on a Marketplace such as kynect will be compatible with HSAs.

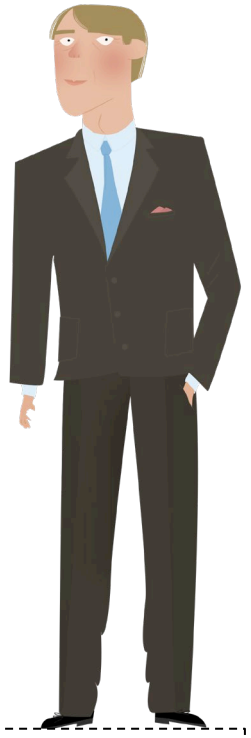
Employer Sponsored Insurance (ESI) Overview

Below displays information about ESI and APTC eligibility.

WHAT IS ESI?

Employer-Sponsored Insurance (ESI) refers to health insurance coverage offered by employers to employees and their families.

Generally, Individuals with ESI do not qualify for tax credits through kynect health coverage unless the ESI is considered unaffordable or fails to meet IRS set standards.



PLEASE NOTE For more information on ESI, reference the Unaffordable Employer Insurance Micro Video.

Employer Sponsored Insurance (ESI) Overview

Below displays information about ESI and APTC eligibility.

INDIVIDUALS

Employee Only:

- Bob (45M) does not have a spouse or dependents.
- $40,000 total household income

For Bob (employee)

- $250/month lowest cost employee only premium (amount employee pays)
- $250 X 12 months = $3,000
- $40,000 X 9% = $3,600
- $3,000 less than $3,600 = job-based insurance is affordable

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

Employer Sponsored Insurance (ESI) Overview

Below displays information about ESI and APTC eligibility.

FAMILIES

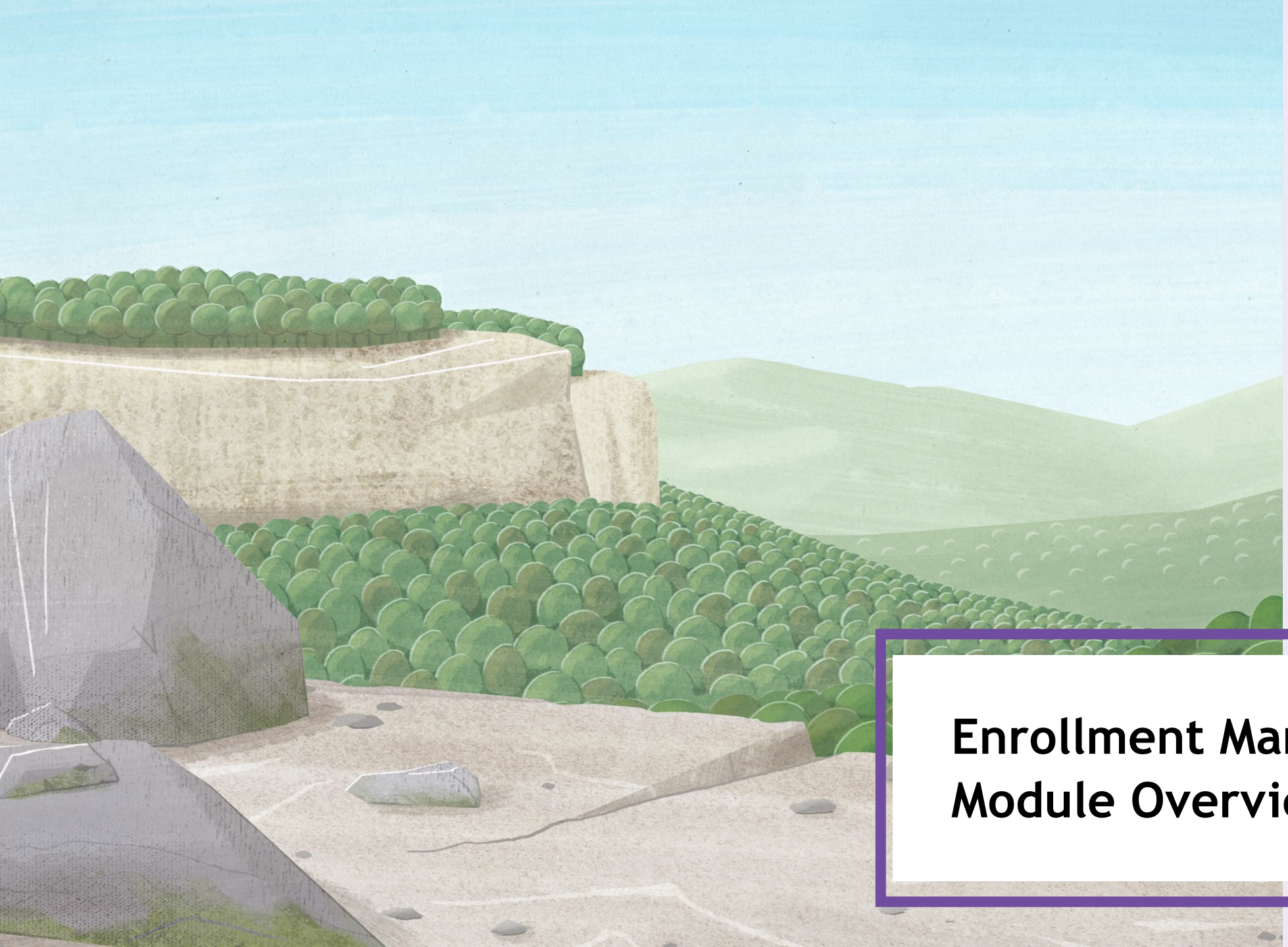
Employee and Spouse:

- Mike (45M) and spouse Mary (43F)
- $40,000 total household income
- $250/month lowest cost employee only premium (amount employee pays)
- $400.00/month lowest cost family (amount employee pays)

For Bob (employee)

- $250 X 12 months = $3,000
- $40,000 X 9% = $3,600
- $3000.00 less than $3,600 = job-based insurance is considered affordable

Bob is not eligible for APTC with kynect health coverage because he has affordable coverage (ESI). His family members may still be eligible for APTC.



Enrollment Manager Module Overview

Enrollment Manager Module (EMM) Overview

The EMM allows Agents and kynectors to shop for Medicaid plans and QHPs in kynect.

The EMM allows users to enroll in or update their Managed Care Organizations (MCOs) and/or QHP. Users are also able to compare plans, update APTC, view Maximum APTC Summary, view MCO/QHP history, and more.

The following actions may be taken on the plan tile for specific MCOs/QHPs:

Add/Remove Member

Currently enrolled members can be removed from the plan and eligible members can be added to the plan.

Cancel

Members can cancel the enrollment up to the effective date.

Disenroll

All members active on the plan will be disenrolled once confirmed by electronically signing on the Sign and Submit screen.

Add Plan

Members can shop for other available plans.

Change Plan

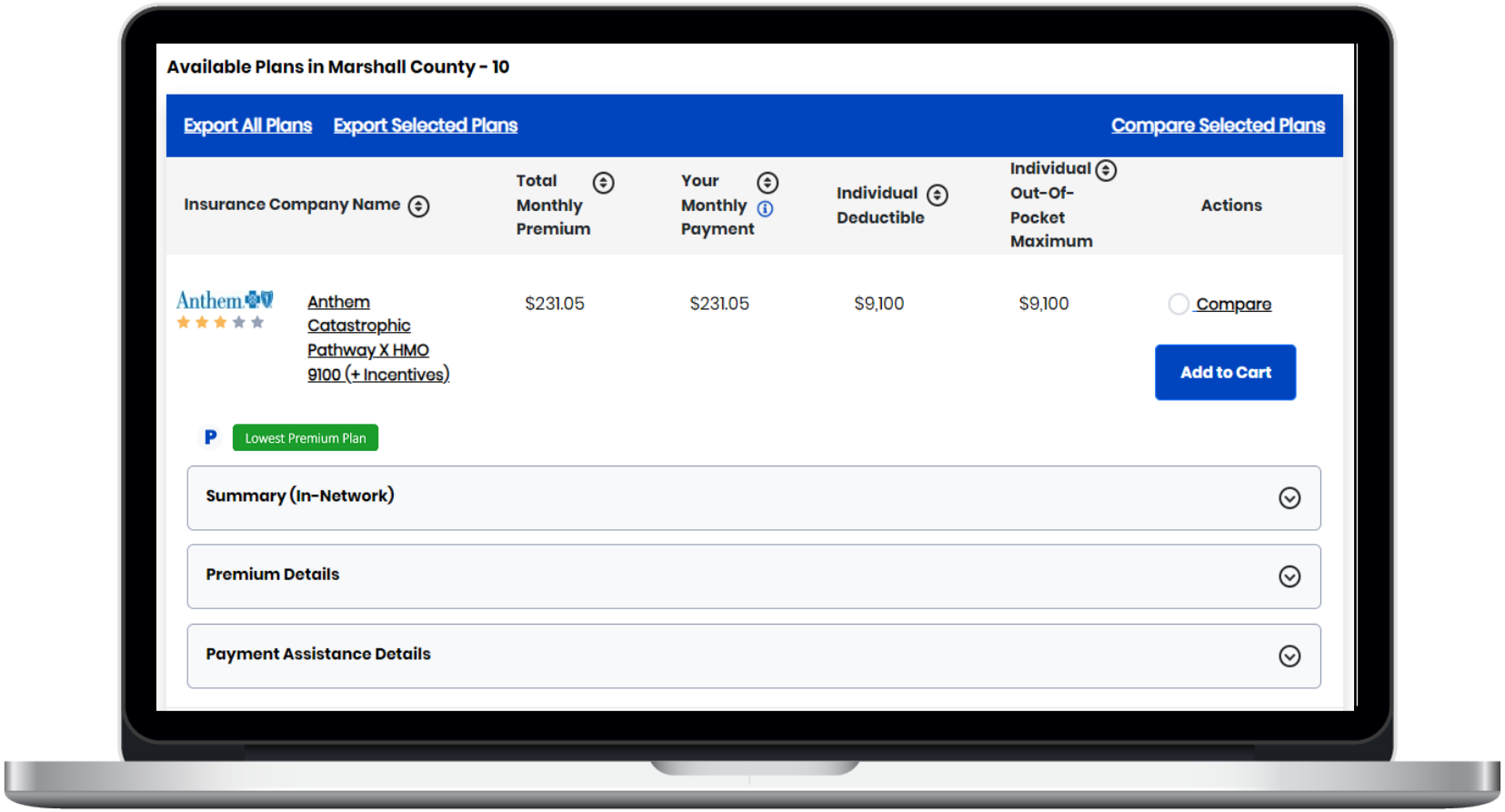
Members can change their selected plan if desired. They may change plans at any time during Open Enrollment. If outside Open Enrollment, the member will be prompted for a Special Enrollment reason which will require validation.

Update APTC

Members can update the amount of APTC being applied to their enrollment.

Enrollment Manager Module (EMM) System Demonstration

This system demonstration details the EMM screen, filter criteria, comparing plans, enrolling in plans, plan tiles, and expandable tabs on the Medical Plan Details screen.



Pending Verification Status

If an enrollment is in Pending Verification status, documentation must be uploaded to the Document Center before coverage can be effectuated.

Pending Verification Status

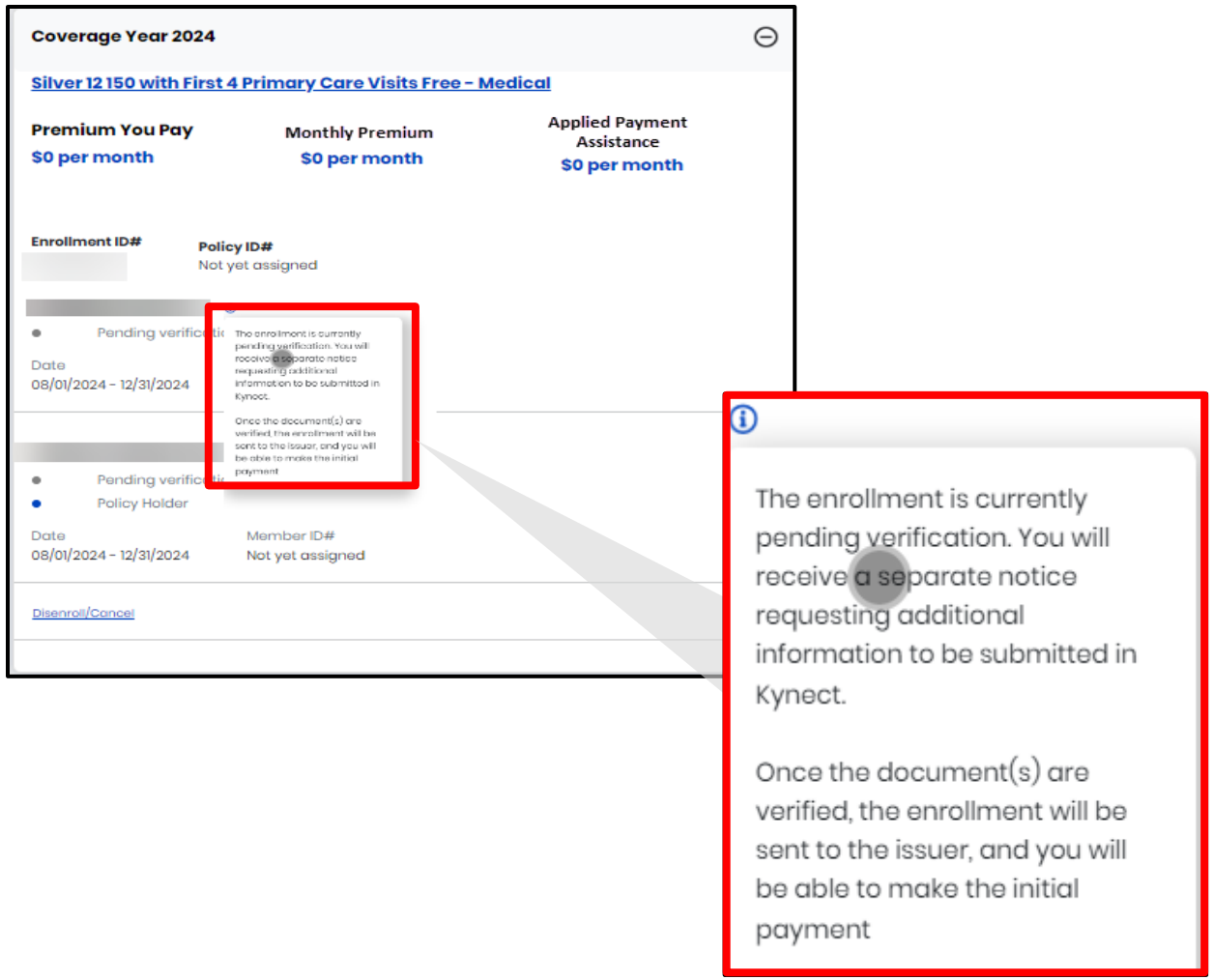
Enrollments with *Pending Verification* status must return verification before the initial premium payment can be made. If verification is not retuned and the premium is not paid, the plan will not be effectuated.

This status is only for Special Enrollment verification.

Mid-Month Rule Change

Most Special Enrollments processed after the 15th of the month will be active starting the first day of the following month.

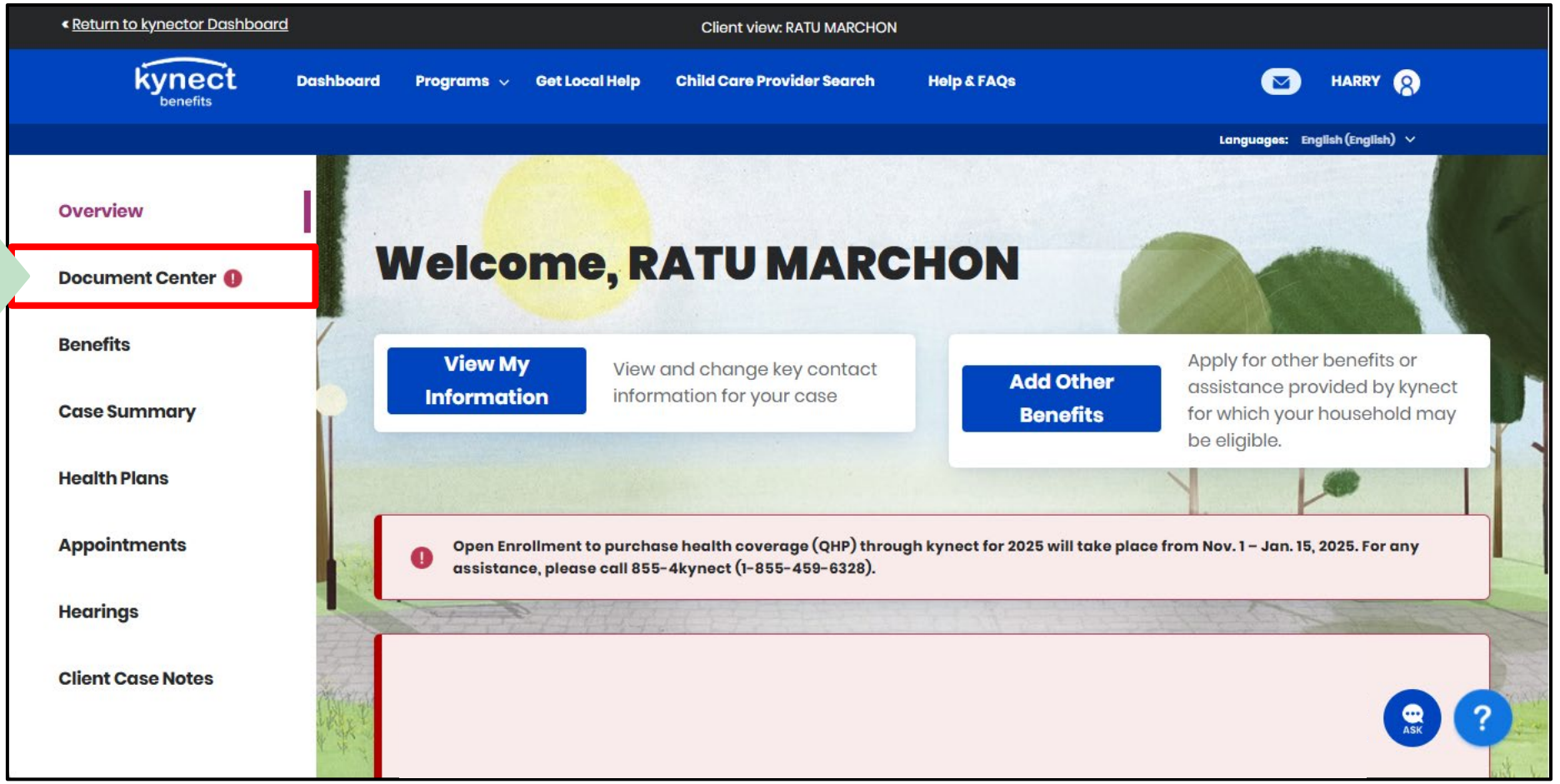
Example: Susie just got married and processes a special enrollment on June 18. Her coverage will be active beginning July 1.



Document Upload (1 of 7)

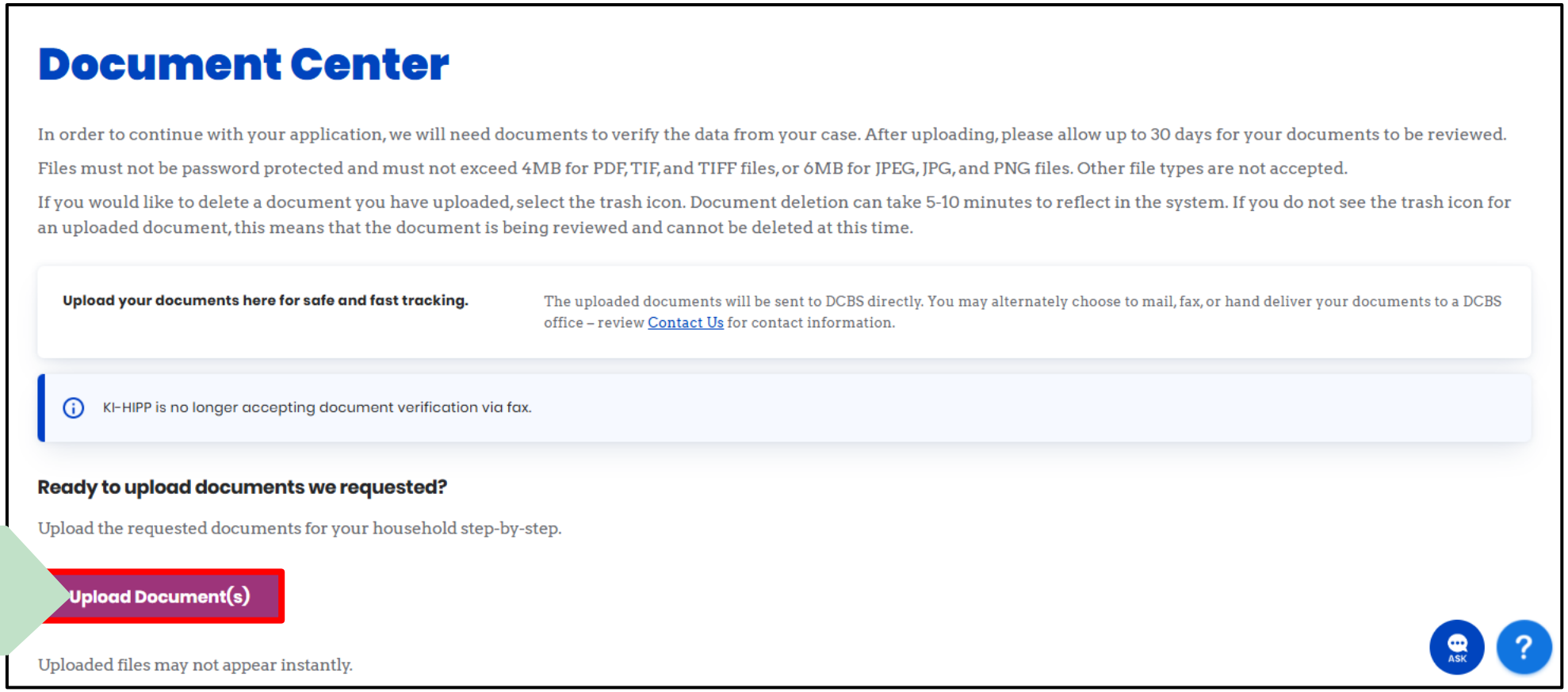
Below outlines the process for uploading requested documents to the Document Center.

1. Select **Document Center**.



Document Upload (2 of 7)

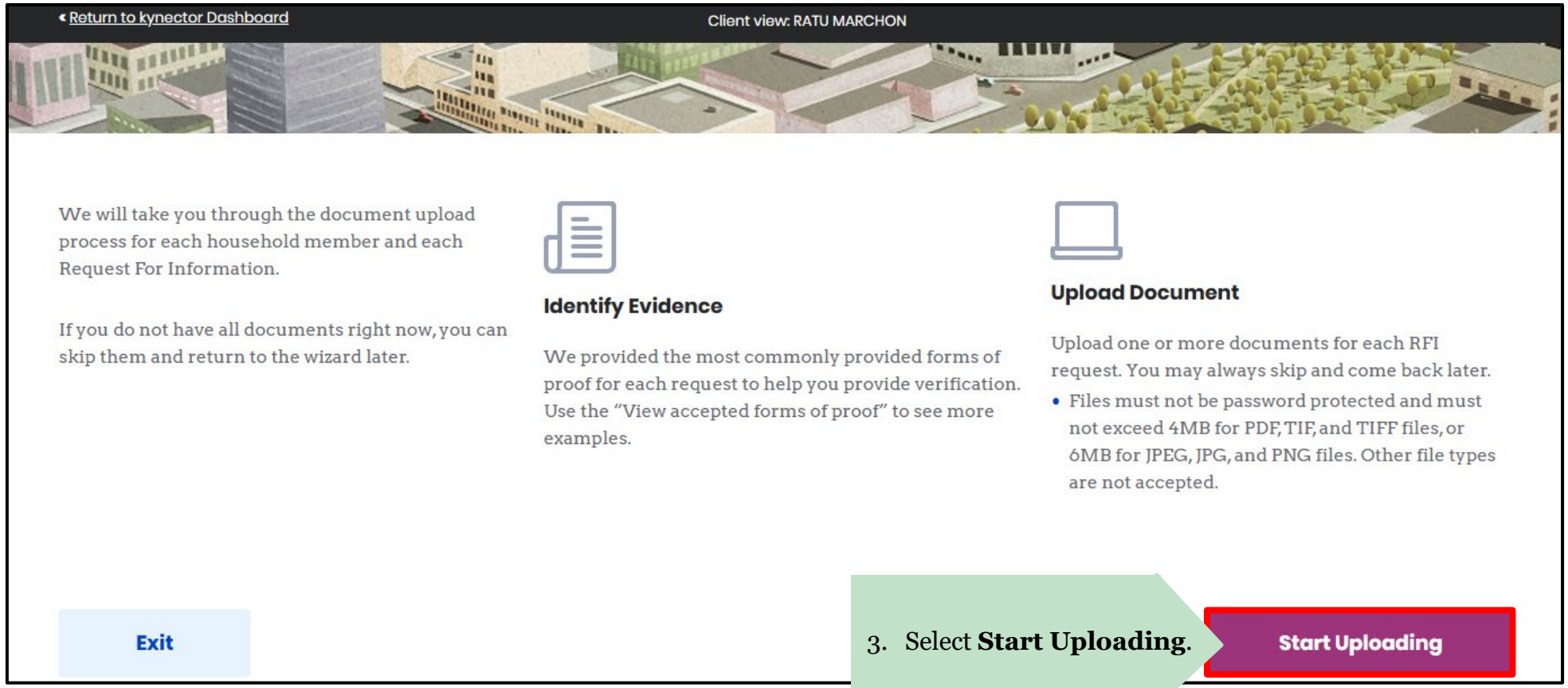
Below outlines the process for uploading requested documents to the Document Center.



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

Document Upload (3 of 7)

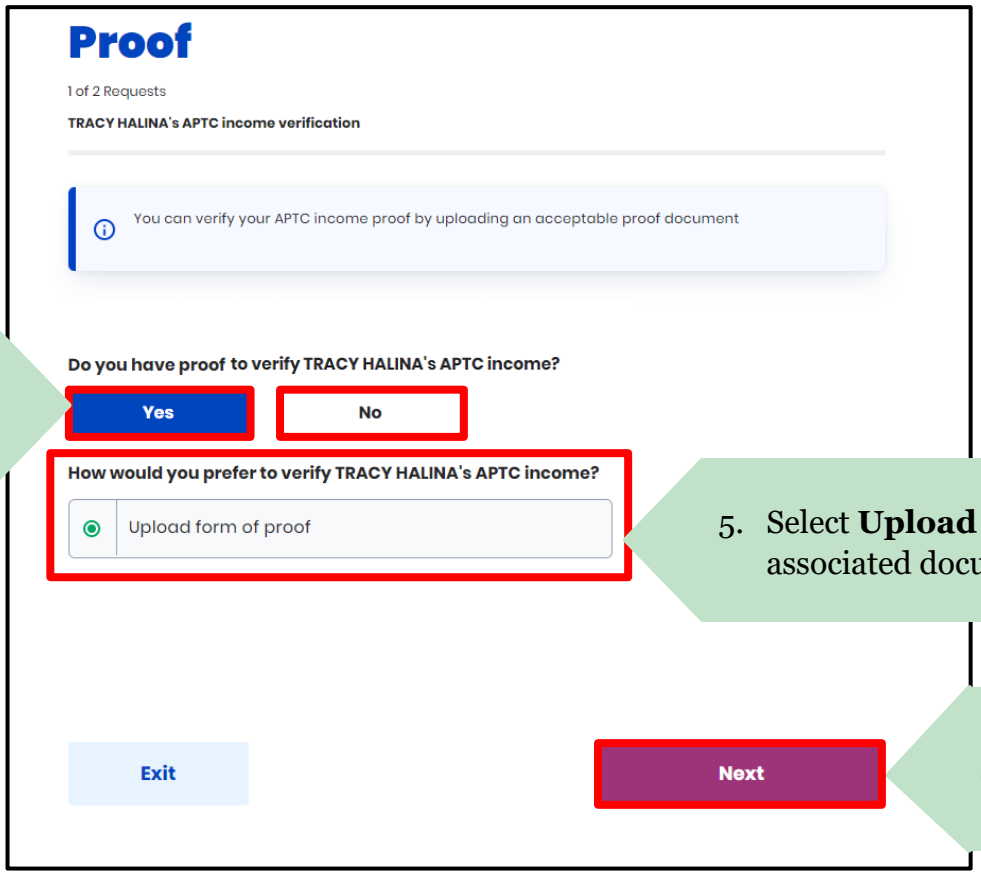
Below outlines the process for uploading requested documents to the Document Center.



Document Upload (4 of 7)

Below outlines the process for uploading requested documents to the Document Center.

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 to satisfy the RFI.

6. Select **Next**.

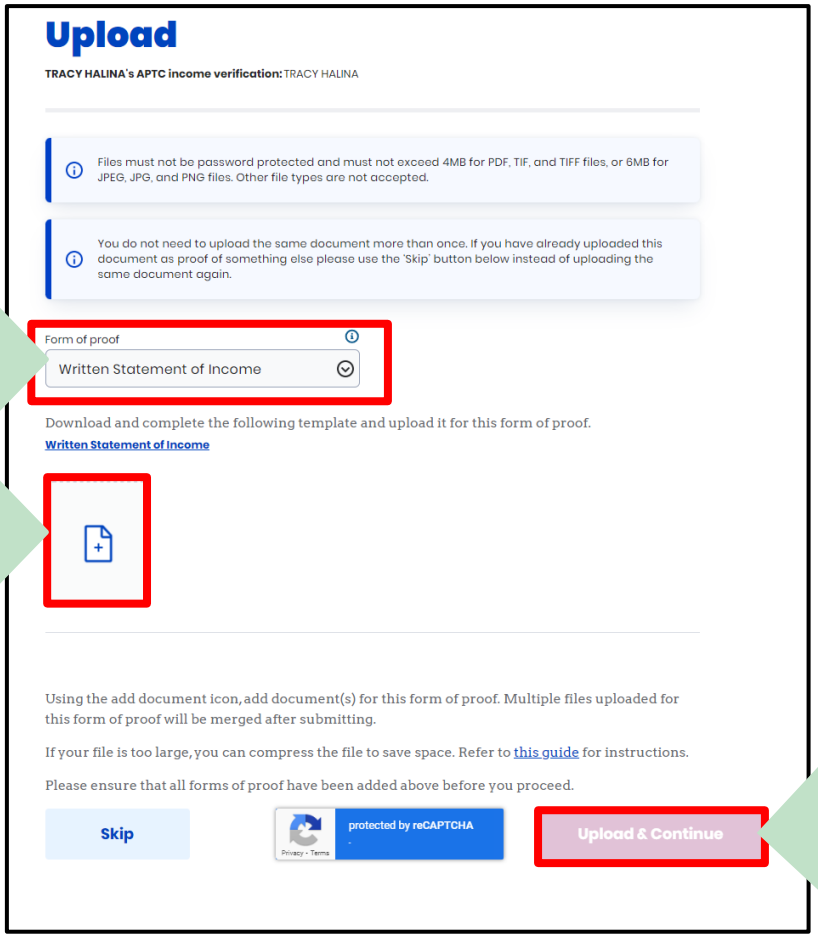
PLEASE NOTE If **Yes** was selected for the first question, then the document's **Upload** screen displays. If **No** was selected, then the **Proof** screen for the next RFI displays, if applicable.

Document Upload (5 of 7)

Below outlines the process for uploading requested documents to the Document Center.

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

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



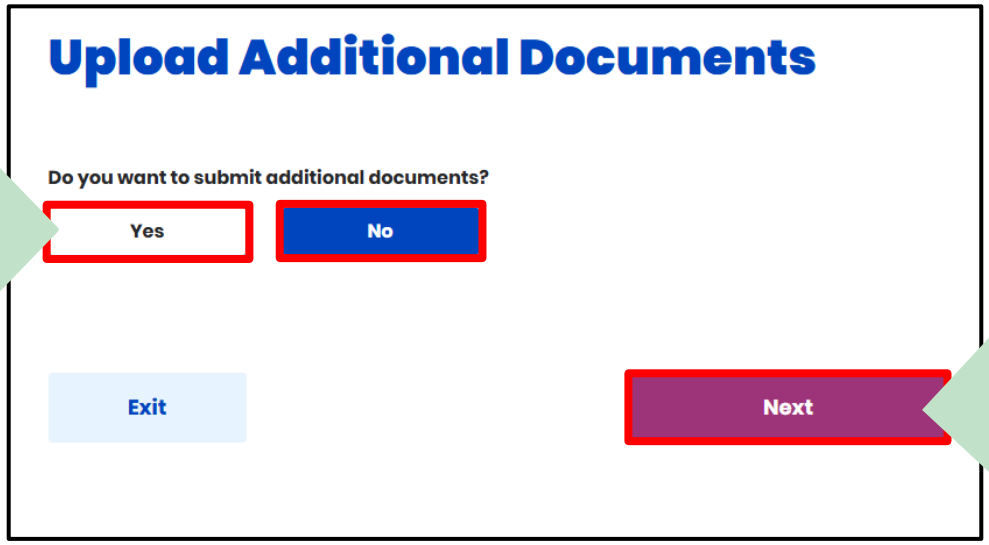
9. After uploading the document, select **Upload & Continue**.

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.

Document Upload (6 of 7)

Below outlines the process for uploading requested documents to the Document Center.

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



11. Select **Next**.

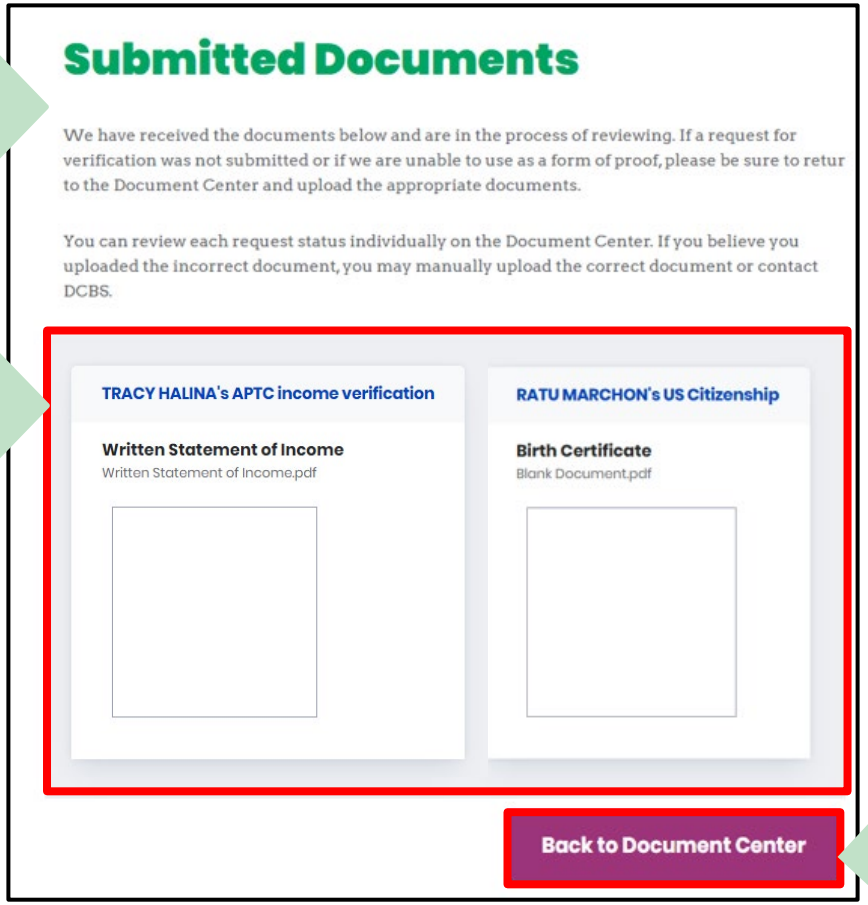
PLEASE NOTE If **Yes** is selected for *Do you want to submit additional documents* question, then the **Upload** screen will display. If **No** is selected, Select **Next** to proceed to the **Submitted Documents** screen.

Document Upload (7 of 7)

Below outlines the process for uploading requested documents to the Document Center.

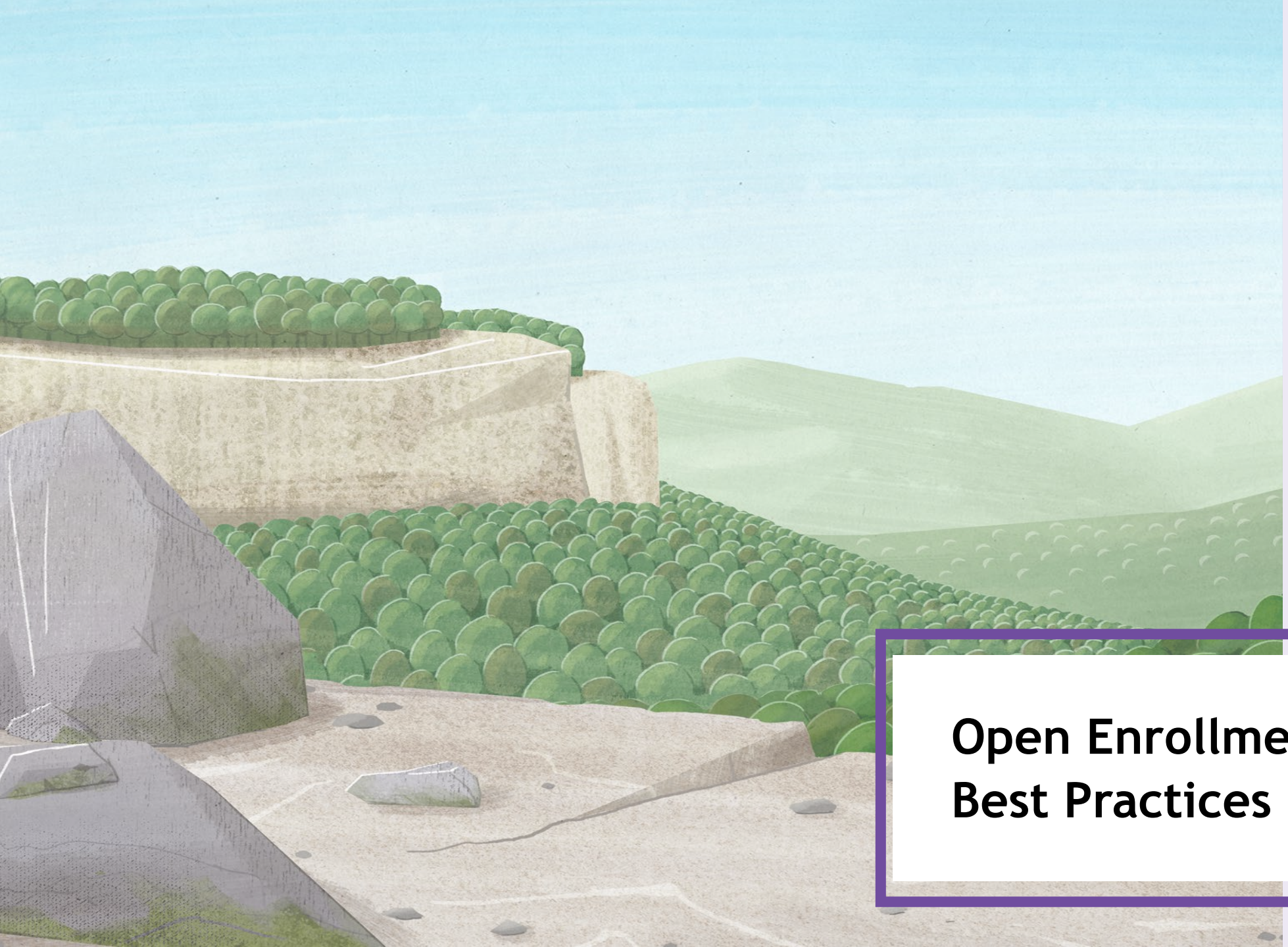
12. Upon successful submission of the required documents, confirmation displays on the **Submitted Documents** screen.

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



14. Select **Back to Document Center**.

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



Open Enrollment Best Practices

Open Enrollment Goals

The primary goal of Open Enrollment Plan Year 2026 will be to promote the value of maintaining coverage or enrolling for the first time.

Educate

- On **how to shop** for and **enroll** in health coverage for Plan Year 2026.
- On the **differences** between various health coverage plans.
- About **fair and unbiased** information concerning health coverage.
- About **new federal provisions** applicable to the Resident's benefit program(s).

Assist

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

Connect

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

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

Rose, Bud, Thorn Group Activity (Session 1: Morehead, KY)

Below provides key insights found from the Rose, Bud, Thorn group activity.

ROSE

What is one (1) **positive outcome you experienced** during Plan Year 2025?

Quick Responses

Ability to Help People

Ease of System

Multiple Plan Options

Minimal Changes from PY25

Reporting Tool

BUD

What is one (1) **opportunity you took advantage of** during Plan Year 2025 that should remain for Plan Year 2026?

Escalation Paths

kynect on Demand

Networking

Community Partners

Changing MCOs

kynect Resources

THORN

What is one (1) **complex situation you faced** during Plan Year 2025?

Resident Outreach

Special Enrollments

Forms of Proof

Case Association

Rose, Bud, Thorn Group Activity (Session 2: Bowling Green, KY)

Below provides key insights found from the Rose, Bud, Thorn group activity.

ROSE

What is one (1) **positive outcome you experienced** during Plan Year 2025?

Quick Responses

Enrollments Increased

Restoring Coverage

Multiple Plan Options

Escalation Paths

Updated Outreach Material

BUD

What is one (1) **opportunity you took advantage of** during Plan Year 2025 that should remain for Plan Year 2026?

KHBE Program Inbox

Incident Tracker

Networking

Multiple Languages

Monthly Meetings

Trainings Available

THORN

What is one (1) **complex situation you faced** during Plan Year 2025?

Plan Pricing

Federal Changes

Language Barriers

DCBS Communications

Case-Specific Restrictions

Internal Team Dynamics

Rose, Bud, Thorn Group Activity (Session 3: Frankfort, KY)

Below provides key insights found from the Rose, Bud, Thorn group activity.

ROSE

What is one (1) **positive outcome you experienced** during Plan Year 2025?

Quick Responses

Enrollments Increased

Networking

Ease of Access

Escalation Paths

New Team Members

BUD

What is one (1) **opportunity you took advantage of** during Plan Year 2025 that should remain for Plan Year 2026?

KHBE Program Inbox

KAART

Friday Facts

Multiple Languages

Monthly Meetings

Trainings Available

THORN

What is one (1) **complex situation you faced** during Plan Year 2025?

Systems Updates

Federal Changes

Language Barriers

DCBS Communications

Understanding Coverage

Case Association

Resources Available

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

Tax Resources

- ❑ APTC Fact Sheet
- ❑ Small Business Health Care Tax Credit Fact Sheet
- ❑ Tax Form 1095-A Fact Sheet

kynect On Demand (KOD)

- ❑ kynect on Demand QRG
- ❑ kynect on Demand Fact Sheet
- ❑ kynect On Demand Registration & Overview for kynectors Micro Video
- ❑ How to "Pause" kynect on Demand for Breaks for kynectors Fact Sheet

Special Enrollment

- ❑ Exceptional Special Enrollment Fact Sheet
- ❑ KHBE Website: Special Enrollment Page
- ❑ KHBE Website: Pregnancy Special Enrollment Page
- ❑ Special Enrollment Fact Sheet

Benefit Programs

- ❑ Child Care Assistance Program (CCAP)
- ❑ Kentucky Transitional Assistance Program (KTAP)
- ❑ Supplemental Nutrition Assistance Program (SNAP)

Frequently Asked Questions (FAQs)

- ❑ Anthem Medicaid MCO Transition FAQ
- ❑ Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) FAQ
- ❑ kynect benefits FAQ
- ❑ PY25 Q&A Series FAQ

Quick Reference Guides (QRG)

- ❑ Application Intake QRG
- ❑ Cost-Sharing Quick Reference Guide
- ❑ Document Upload Quick Reference Guide
- ❑ KOG Account QRG

Fact Sheets

- ❑ Adult Vision Coverage Fact Sheet
- ❑ Agent Delegation Fact Sheet
- ❑ Dental Insurance Fact Sheet
- ❑ Failure to Reconcile (FTR) Fact Sheet
- ❑ Non-Contracted and Contracted kynector Fact Sheet
- ❑ Small Business Health Options Program (SHOP) Fact Sheet
- ❑ Updating Agent Contact Information Fact Sheet

Other Resources

- ❑ PY25 Bi-Weekly Newsletters
- ❑ KHBE Website: College & University Students Page
- ❑ KHBE Website: Essential Health Benefits Page
- ❑ kynector and Agent Escalation Process
- ❑ kynecting You to the Truth, Busting QHP Myths
- ❑ Monthly Events Calendar

Resident Outreach and Education

Below outlines which Residents Agents and kynectors should target for enrollment and education outreach.

TARGET AUDIENCE GROUPS

1 COMMUNITIES OF COLOR

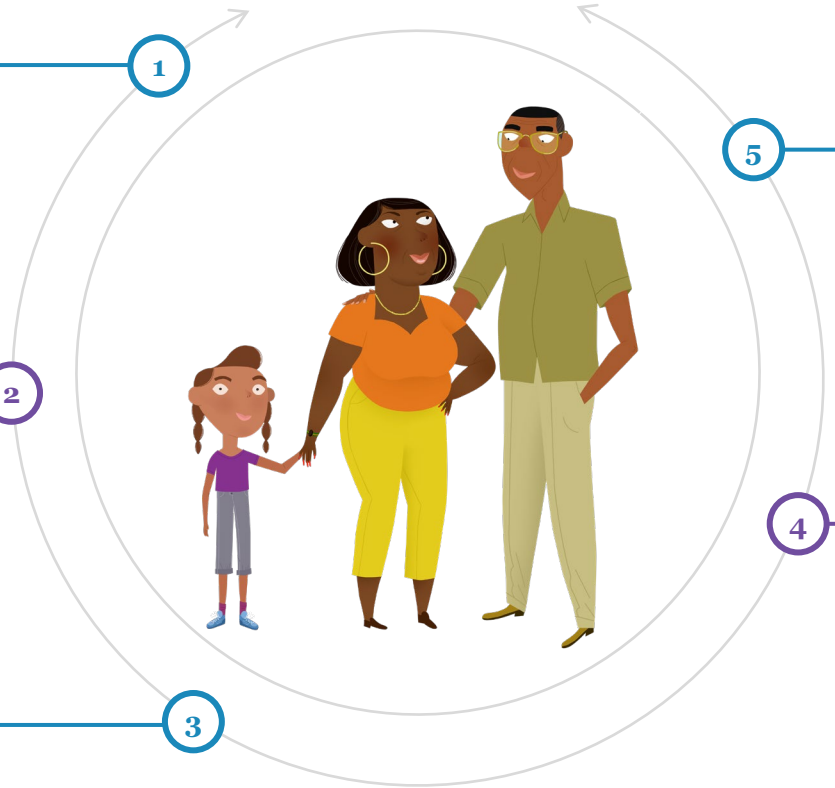
In 2020, Governor Beshear initiated a goal to cover 100% of uninsured Kentuckians. Utilize census data provided by KHBE to aid in determining regions of uninsured communities of color.

2 KCHIP ELIGIBLE POPULATIONS

This includes children less than 19 years old in families with incomes less than 218% of the FPL. Work with local schools and the FRYSC staff to reach this audience.

3 MAGI MEDICAID ELIGIBLE INDIVIDUALS

This goal includes low-income adults, pregnant women, and children. These Individuals can be reached at Health Departments, YMCA locations, and MCO events.



4 COLLEGE & UNIVERSITY STUDENTS

Students and other young adults who are not tax dependents of their parents may apply and enroll independently for health coverage, including Medicaid, QHPs, APTC, CSRs, or KCHIP. Be sure to post outreach materials at student centers, admissions offices, dining halls, and libraries. Visit KHBE.ky.gov for additional outreach resources.

5 QHP, APTC, CSR ELIGIBLE POPULATIONS

This includes Individuals not income eligible for Medicaid and employees without ESI. Special attention may be needed if Individuals need to shop for new plans and navigate the new federal changes.

Resident Outreach and Education

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

CONTACT CENTER FOR RESIDENTS

Residents can call the Contact Center at 1-855-4kynect (459-6328) during Open Enrollment for help. The Contact Center can answer questions, solve problems, and provide education about health coverage. However, Agents and kynectors should always utilize the Professional Services Line (PSL) at 1-855-326-4650.

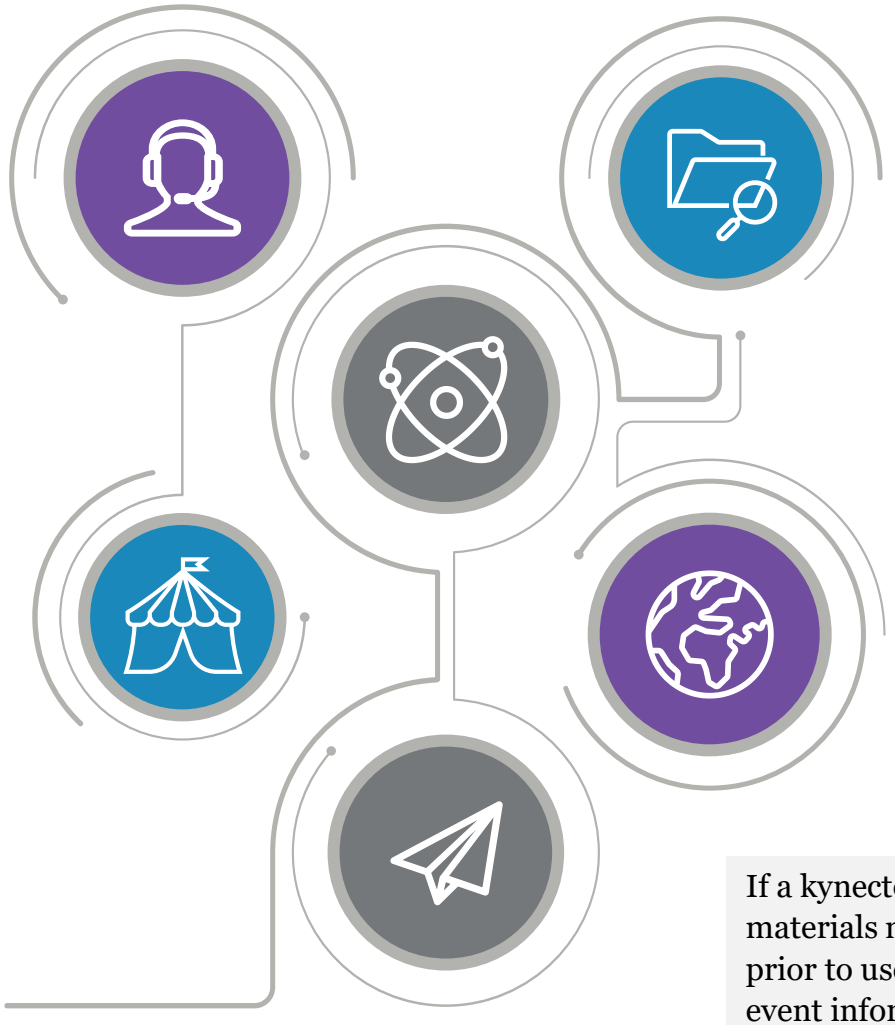
COMMUNITY OUTREACH

Promote kynect awareness by visiting local community centers, businesses, and colleges or universities. For event ideas and to find kynector activities in each county, visit KHBE.ky.gov and explore the Monthly Events Calendar.

NOTICES AND LETTERS

Residents receive kynect health coverage notices to their preferred contact method (mail, email, etc.). DMS sends an Open Enrollment letter listing available MCOs. MCOs send an Open Enrollment reminder and, if applicable, a Changes You'll See to Your Plan Letter.

Click here to view the MCO side-by-side brochure.



KHBE WEBSITE

Utilize KHBE.ky.gov throughout Open Enrollment to a wide range of helpful resources, including fact sheets, one-pagers, and informational guides. The website is regularly updated to provide the latest materials, so you have accurate and timely information to support your outreach efforts.

AGENT & KYNECTOR RESOURCES

The Agents and kynector drop-down menu on the KHBE website provides style guides, logos, and other promotional materials, as well as Open Enrollment training resources. It also contains the latest reference guides for KHBE Agent and kynector trainings, including SBM and new kynector training materials.

If a kynector chooses to develop custom materials, those materials must be submitted to KHBE for review and approval prior to use at KHBE events. If a kynector adds contact or event information to pre-made, KHBE-approved materials, approval is not required. **kynectors MAY NOT alter the documents, except for the editable fields**.

Resident Outreach and Education

Increase public awareness and expand social media reach by sharing Open Enrollment announcements from kynect and Community Partners.

Social Media

Advertise Open Enrollment events on the kynector organization's social media accounts. kynectors should not use personal social media accounts. kynectors may contact the Program Inbox to request cross-promotion for events on kynect's social media.

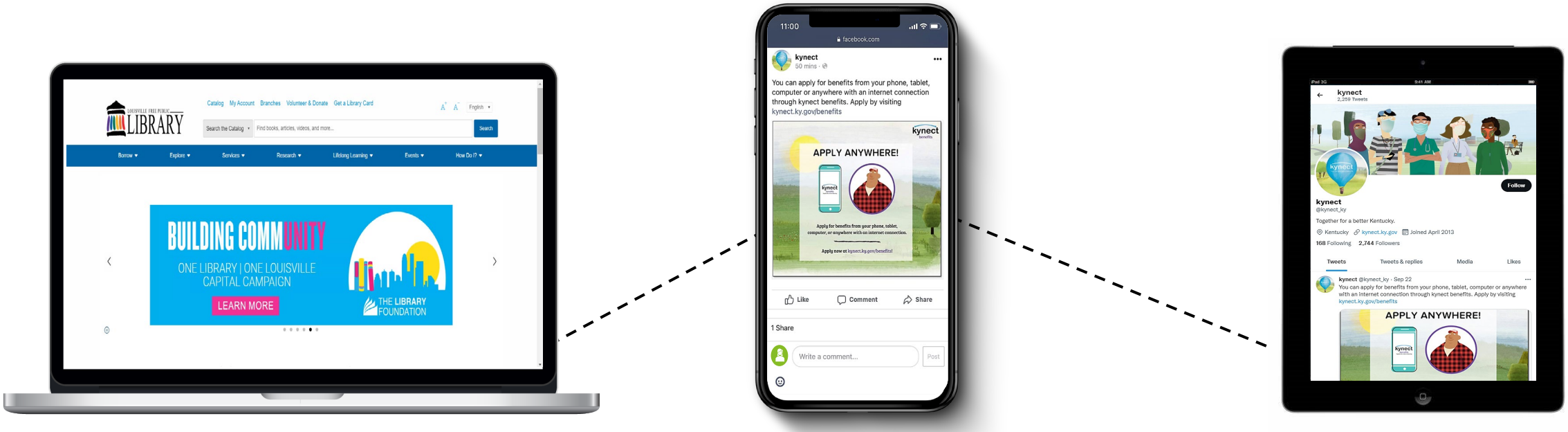
Local Advertising

Advertise Open Enrollment locally with low- and no-cost options making sure to receive pre-approval in advance from KHBE for any associated fees.

- Newspapers
- Community Magazines
- Organizations
- Television Channel Ads

Community Partners

Advertise Open Enrollment events on Community Partners' websites, scrolling marquees, and event calendars.



Event Hosting Best Practices

Below are instructions for submitting event requests.

All public and private events must first be submitted to the kynector's Organization Administrator for review and then submitted to KHBE for approval.

kynectors **do not** submit event requests directly to KHBE.

The Organization Administrator should review the event request, verify the accuracy of the information, and then send it to KHBE.

REMINDERS

KHBE distributes the Event Request Template to Organization Administrators, who should compile events on a regular basis.

When submitting an event, kynectors should provide as much detail as possible about the event.

Any event that has been changed, cancelled, etc. should be updated in the Event Request Template and emailed to KHBE.Program@ky.gov as soon as possible.

Region	Title	Description	Location	Start Date/Time	End Date/Time
Dropdown 1-8	Name of the event	A sentence or two about the event	Building or area event is located	Format MM/DD/YY HH:MM AM/PM	Format MM/DD/YY HH:MM AM/PM
1	Murray - MSU Health Clinic	A kynector will be onsite assisting with health insurance.	MSU Wells Hall	09/03/24 08:00 AM	09/03/24 10:00 AM
2	Cadiz - Preventive Health Awareness Event	Local kynectors will be onsite to answer questions, distribute informational material and assist in signing up uninsured Kentuckians	Clinic Lobby	09/03/24 09:00 AM	09/03/24 01:00 PM
4	Liberty - kynect at Cash Express	A kynector will be outside at the Liberty Cash Express with information on health coverage, SNAP, and CCAP programs.	Side walk in front of Cash Express	09/03/24 09:00 AM	09/03/24 11:00 AM

Event Hosting Best Practices

Below are examples of possible outreach event types and venues.

Higher Education

- KCTCS Events
- Community Colleges
- University Events
- Back-to-School Bash
- College Spirit Day
- Pizza Social
- Spirit & Resource Day
- Campus Resources Event
- Fall Kick-Off
- Lunch with Students
- All Staff Meetings
- Bookstore Event

Community Centers

- Local Library
- Save-A-Lot
- Food Banks
- Goodwill
- Rural King
- Pharmacy
- ACE Hardware Store
- Senior Services
- Immunization Clinics
- Salvation Army
- Community Action
- YMCA

Special Dates

- Health and Wellness Day
- Back-to-School Bash
- Street Fair
- International Day
- Job Fairs
- Art Fair
- Harvest Event
- Labor Day Weekend
- Thanksgiving Parade
- Christmas Parade
- County Day

Event Hosting Best Practices

kynectors must provide KHBE with the details below when participating in events.

Event Photos

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

Marketing Methods

Details on how the presence of kynectors helps Residents get health coverage will be made known to the public in advance of each event.

Each kynector should promote outreach within their county to increase community awareness.

Event Cancellations

Make reasonable efforts to avoid cancellation of advertised events. kynectors must notify their assigned Organization Administrator of a needed cancellation no later than **three (3) days** prior to the event date.

If three days notice cannot be provided, email KHBE.Program@ky.gov as soon as possible.

Planned Outreach Materials

Distribute up-to-date materials including, but not limited to:

- Print and media
- Approved CHFS communications for potential QHPs, Medicaid/KCHIP, and Kentucky Integrated Health Insurance Premium Payment (KI-HIPP)
- Other materials as directed by KHBE

Event Hosting Best Practices

Below are the recommended best practices for hosting events.

EVENT BEST PRACTICES

Display KHBE or kynect Branding Prominently:

- Position a KHBE or kynect tablecloth to face the general public view.
- Use roll-up banners with KHBE or kynect branding.
- Use a-frame signs with KHBE or kynect branding.

Use Updated Reference Material:

- Reference materials such as flyers, tabletop signs, and fact sheets should be current and not outdated.
- Reference material should be organized and easily accessible.

Use Approved Hand-Outs:

- Promotional items (such as first aid kits, canvas bags, nail kits, etc.) should include KHBE or kynect branding.
- Promotional items should be organized and easily accessible.

Actively Engage Residents:

- Greet Residents upon entrance to the event/space.
- Recap kynect offerings.
- Ask probing questions.

Event Hosting Best Practices

Below are the common actions to avoid when hosting events.

EVENT RESTRICTIONS

Do not hide branding from public view:

- The tablecloth branding is obstructed.

Do not hide reference material:

- Flyers, tabletop signs, and fact sheets are not visible in the image or on the table.

Do not have a disorganized table:

- The example picture is disorganized or lack hand out material.

Do not be absent from event pictures:

- The kynector is not present in the picture.

Do not distribute old handouts:

- Only use current kynect materials.

Do not ignore Residents:

- Be sure to actively engage Residents.

Do not use personal organization branding:

- Do not display organization over KHBE/kynect branding.

Enrollment Checklist

Below are important items Residents should prepare before starting their benefits application.

Contact Information

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

Identification

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

Household Information

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

Expenses Information

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

Work Information

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

Proof of Income

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

Health Insurance/Card

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

PLEASE NOTE You may not need all of these items but having them handy may speed up enrollment. For the full list, reference the Enrollment Checklist. You may select **Save and Exit** to return to your application at any time.

kynector Reports

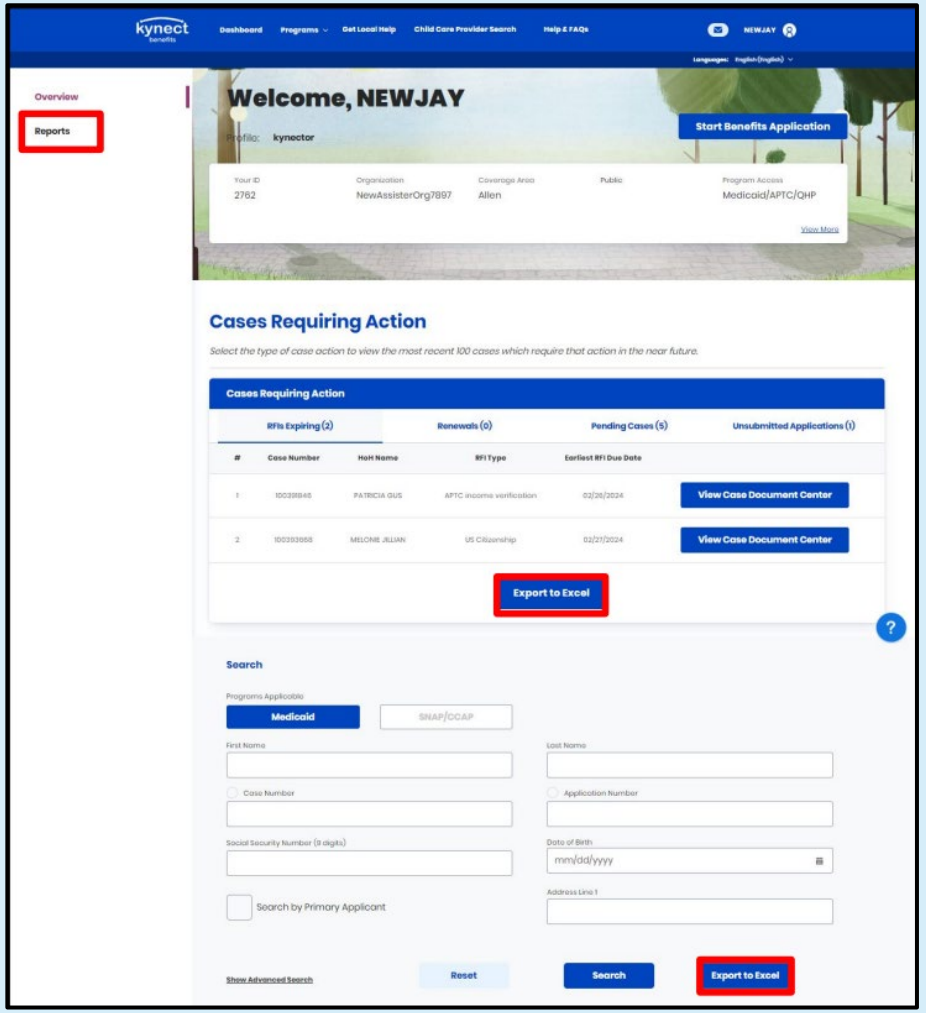
Below are instructions for exporting reports through kynector Dashboard.

Overview

The Export Report functionality in kynect benefits allows kynectors and Agency Admin users the ability to export cases into Excel.

From their Dashboard, kynectors and Agency Admin users see *Cases Requiring Action* and the Case Search option below *Cases Requiring Action*.

From the Dashboard, kynectors and Agency Admin users can also access *Reports*.



How to Export to Excel

1. Cases Requiring Action from their Dashboard
2. General Case Search Results
3. Case Activity Tracking Report from the Reports tab on the Dashboard

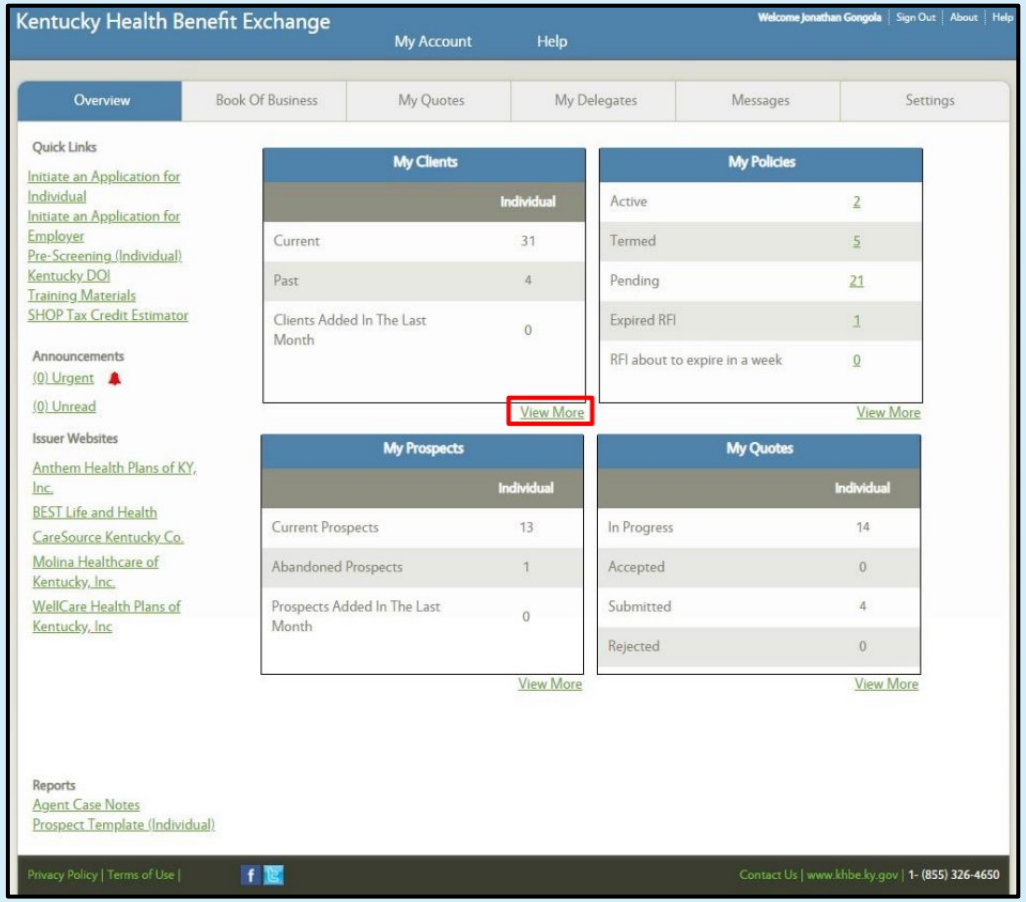
PLEASE NOTE For the full list of instructions, reference the How to Export Reports QRG.

Agent Reports

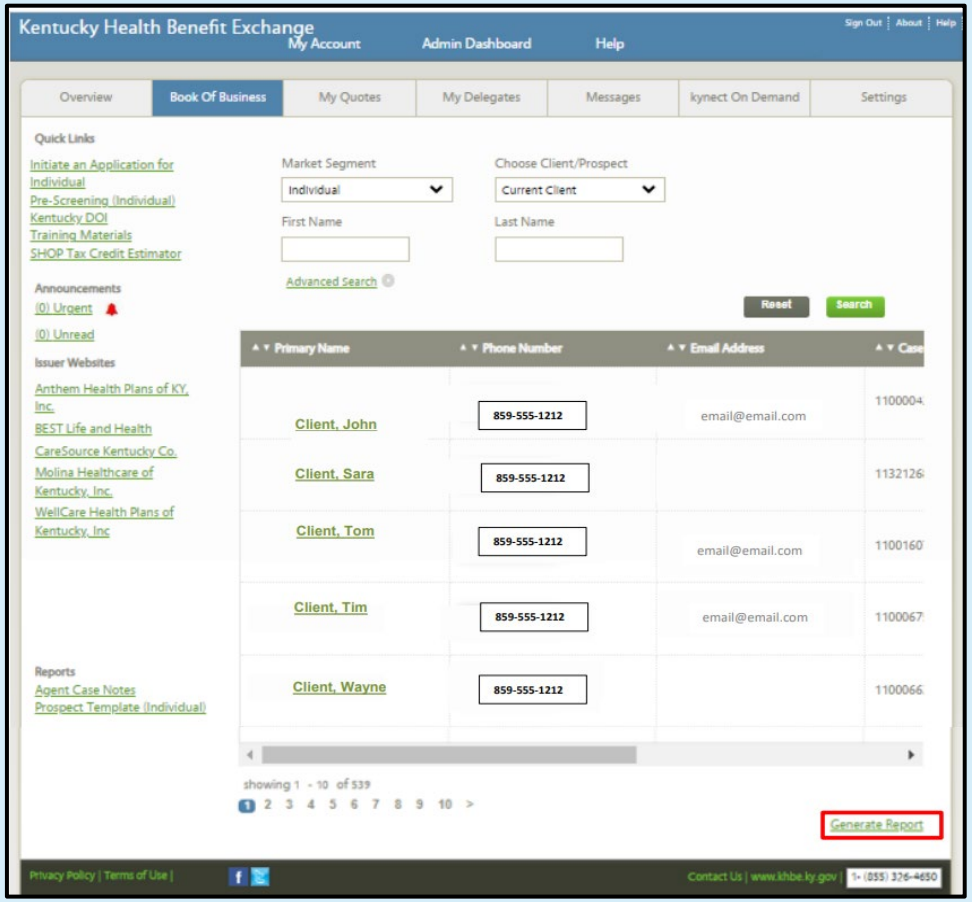
Below are instructions for exporting reports through Agent Portal.

Agent Portal allows Agents to view the enrollment status of clients for the current plan year and upcoming plan year.

1. Log into Agent Portal and select **View More** under *My Clients*.



2. Select **Individual** and **Current Client** then **Generate Report**.



PLEASE NOTE For the full list of instructions, reference the Filtering and Sorting Reports in Agent Portal QRG.

Case Association

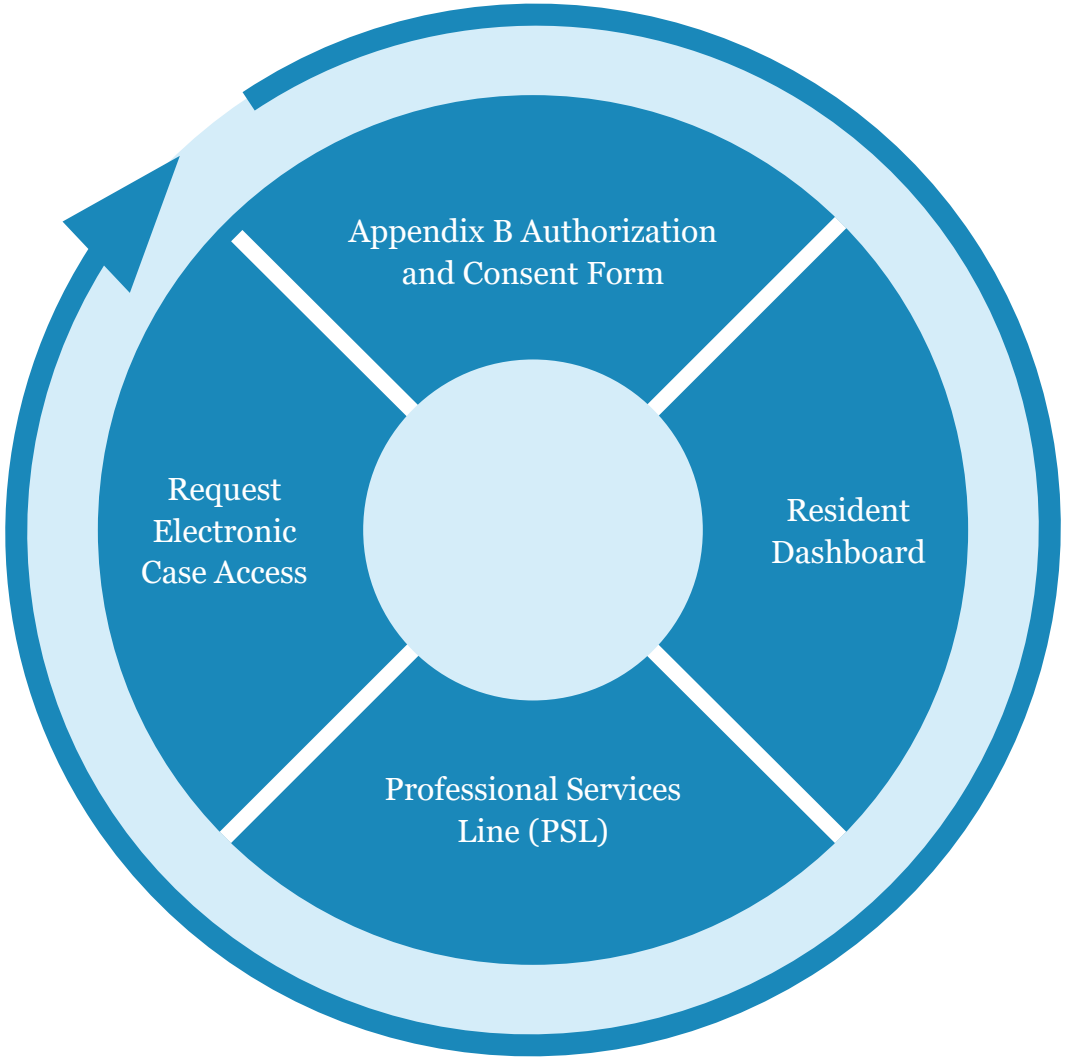
Below provides an overview of the four (4) ways to be associated to a case.

Appendix B Authorization and Consent Form

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

Request Electronic Case Access: Agent and kynector Dashboard

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



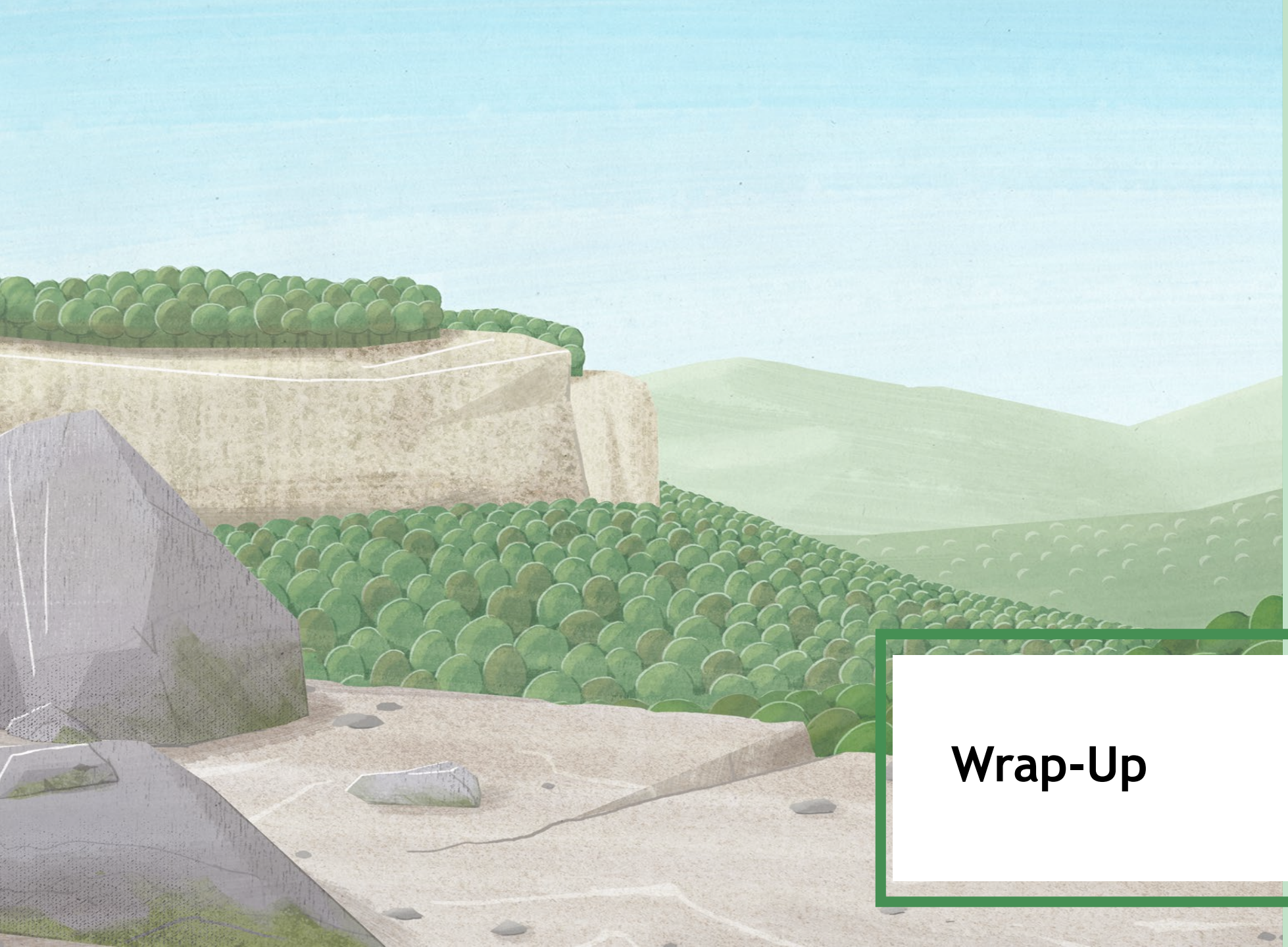
Resident Dashboard

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

Professional Services Line (PSL)

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

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

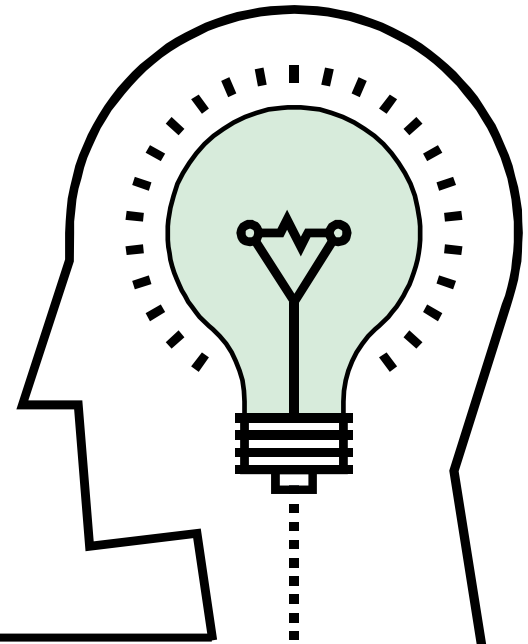


Wrap-Up

If You Have Any Questions, Please Raise Your Hand At This Time.

Remember:

- ✓ See Something, Say Something
- ✓ Incident Tracker Launches **November 1**
- ✓ Email KHBE.Program@ky.gov to Sign Up for **Friday Facts**!



THANK YOU FOR YOUR PARTICIPATION!

Stay connected! Email KHBE.Program@ky.gov for any additional questions or support.