The Commonwealth of Kentucky

kynect State-Based Marketplace

State-Based Marketplace Policy and Procedures for Agents and kynectors Refresher Training Guide

August 4, 2023

Document Control Information

Document Information

Document Name	SBM Policy and Procedures Refresher for Agents and kynectors Refresher Training Guide
Project Name	kynect State-Based Marketplace (SBM)
Client	Kentucky Cabinet for Health and Family Services
Document Author	Deloitte Consulting
Document Version	3.0
Document Status	Third Submission
Date Released	August 4, 2023

Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
1.0	August 16, 2022	First Submission	Deloitte Consulting
2.0	August 24, 2022	Second Submission	Deloitte Consulting
3.0	August 4, 2023	Third Submission	Deloitte Consulting

1 Introduction

This refresher course highlights some of the policies and procedures established by the Kentucky Health Benefit Exchange (KHBE) for the operation of the kynect health coverage system. Knowledge of KHBE policy and procedures helps Agents and kynectors better serve Residents applying for health coverage through kynect.

2 Table of Contents

Please note: Screenshots may not be representative of actual system behavior. All specific information found in this training guide is test data and not representative of any kynect client.

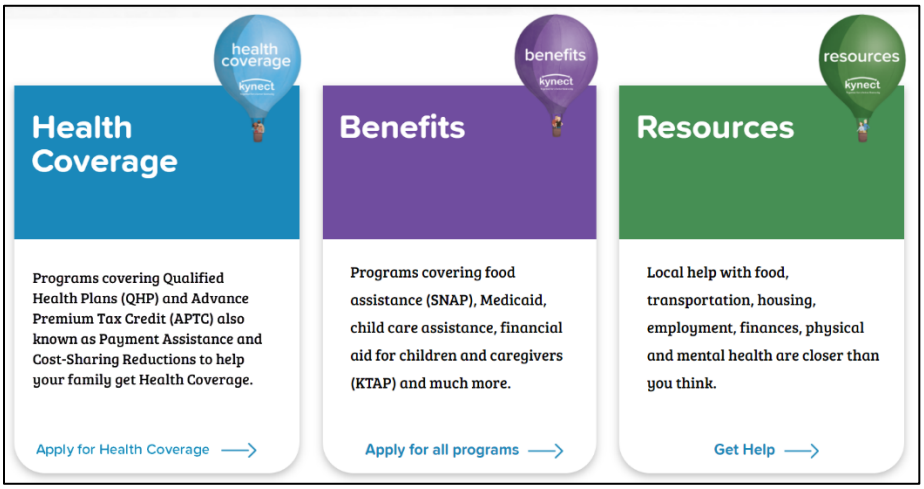
1 kynect health coverage Overview

1.1. kynect health coverage Overview

kynect health coverage is Kentucky's State-Based Health Insurance Marketplace (SBM). kynect health coverage is a one-stop-shop enabling Kentucky Residents to enroll in a range of health coverage options, including Medicaid (MA), Qualified Health Plans (QHPs), Advance Premium Tax Credit (APTC), Cost-Sharing Reductions (CSRs), Kentucky Children's Health Insurance Program (KCHIP), and Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program. Additionally, small employers are able to determine their eligibility to enroll in Small Business Health Options Program (SHOP) plans. Agents and kynectors assist Residents, families, and small employers in navigating the SBM and the range of coverage options it provides.

1.2. kynect health coverage

kynect offers Residents and small employers an integrated eligibility and enrollment process into Qualified Health Plans (QHPs) and other health insurance affordability programs. Agents and kynectors assist Residents with the eligibility and enrollment process by using kynect's portals.



1.3. Single Application

With a single application, Individuals and families can determine eligibility for Medicaid (MA), Qualified Health Plans (QHPs), Advance Premium Tax Credit (APTC), Cost-Sharing Reductions (CSRs), Kentucky Children's Health Insurance Program (KCHIP), Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program, Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), and Child Care Assistance Program (CCAP). Employers will also be able to apply for the Small Business Health Options Program (SHOP) and browse plans.

1.4. Health Coverage Portals

Agents and kynectors should be familiar with the following health coverage portals:

- Issuer Portal
- Agent Portal
- Self-Service Portal
- Worker Portal

Issuer Portal	An Issuer is an insurance company, insurance servicer, carrier, or insurance organization [including a health maintenance organization (HMO)]. Issuer Portal is a self-service, one-stop shop that provides Issuer organizations with the ability to directly access consumer kynect health coverage data, manage Qualified Health Plan (QHP) data and access informational resources.
Agent Portal	The Agent Portal provides Health Insurance Agents with a customer management tool to help manage and create new business in Kentucky. The Agent Portal provides the ability to quickly manage existing accounts. Agents can create new Residents' accounts, browse plans, generate reports, view all incoming kynect health coverage notifications/announcements, and create quotes.
Self-Service Portal	kynectors, Agents, and Contact Center staff use the kynect Self-Service Portal (SSP) to assist Residents with applications for benefits for any of the available programs. The Resident enters basic demographic information for all household members, provides information on: citizenship, marital/relationship status, tax filing status, household income, and selects the programs for which they are applying. With the assistance of Agents and kynectors, through SSP Residents can get prescreened, file an application for benefits (including Medicaid, Qualified Health Plans, and much more), review and compare QHPs, and select a QHP using a Consumer-Friendly Decision Tool.
Worker Portal	Worker Portal is the portal used by the Department for Community Based Services (DCBS) staff to process eligibility and enrollment for various programs such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), and Child Care Assistance Program (CCAP).

1.5. Who is Eligible for Coverage through the State-Based Marketplace?

Individuals applying for health coverage must:

1. Be Residents of Kentucky.
2. Be U.S. citizens, U.S. nationals, or lawfully present immigrants for the entire time they plan to have coverage. *
3. Not be incarcerated (unless pending disposition of charges).

***Please note**: Requirements for Medicaid are slightly different than requirements for other health care affordability programs.

1.6. When to Enroll

Eligible Residents can enroll in, or change kynect health coverage plans during the annual Open Enrollment Period (OEP) or during a Special Enrollment Period (SEP). For Residents and families, the OEP typically starts around November 1st. Specific OEP dates for each year will be determined by the Cabinet for Health and Family Services (CHFS) each year.

2 Qualified Health Plans (QHPs)

2.1. Qualified Health Plan (QHP) Overview

A QHP is a health coverage plan certified by the Kentucky Health Benefit Exchange (KHBE) that meets Affordable Care Act (ACA) requirements for essential health benefits. QHPs are categorized by metal level to help Residents compare plans. The five standard QHP metal levels are: **Bronze, Silver, Gold,** and **Platinum**.

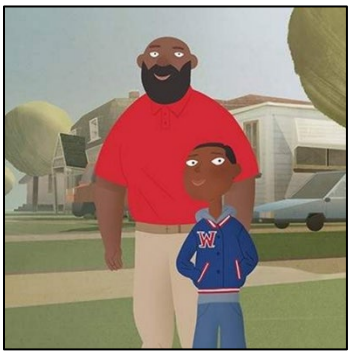
2.2. QHP Eligibility Requirements

Below are the eligibility requirements for the Qualified Health Plans:

1. Be U.S. citizen, U.S. nationals, or lawfully present non-citizens and be reasonably expected to be so for the entire time they plan to have health coverage.
2. Not be incarcerated (unless pending the disposition of charges).
3. Live and plan to stay in Kentucky.
   - **1.1** Residents may apply for QHPs at any time during the year, but the Residents can only enroll in a QHP during Open Enrollment (OE) and Special Enrollment Periods (SEPs).
   - **1.2** Residents receiving Medicare may not be eligible to purchase a QHP or receive Advance Premium Tax Credit (APTC).

2.3. QHP Metal Levels

QHP metal levels are based on each plan's Actuarial Value (AV) – that is, the percentage of total average costs for covered benefits that a plan will cover. QHP metal levels do not reflect the quality or amount of care the plans provide. The percentage an enrollee pays for benefits under plans in each metal level is an "average" for a typical population. These percentages do not necessarily reflect the exact amount an enrollee will pay for a particular service when using a specific plan.



58%-62% Bronze

Plans cover approximately **58%-62%** of the costs.

58%-65% Expanded Bronze

Plans cover approximately **58%-65%** of the costs.

70%-72% Silver

Plans cover approximately **70%-72%** of the costs.

78%-82% Gold

Plans cover approximately **78%-82%** of the costs.

88%-92% Platinum

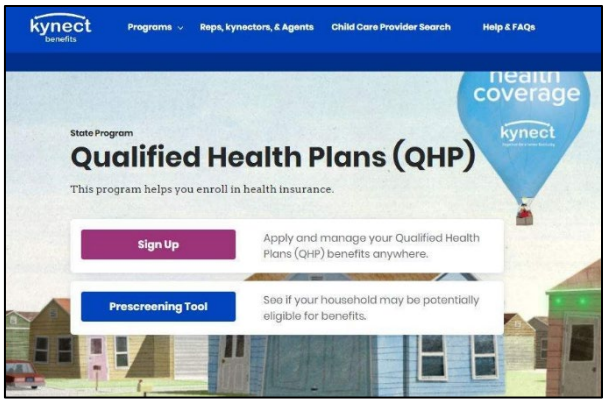
Plans cover approximately **88%-92%** of the costs.

2.4. Qualified Health Plan (QHP) Enrollment

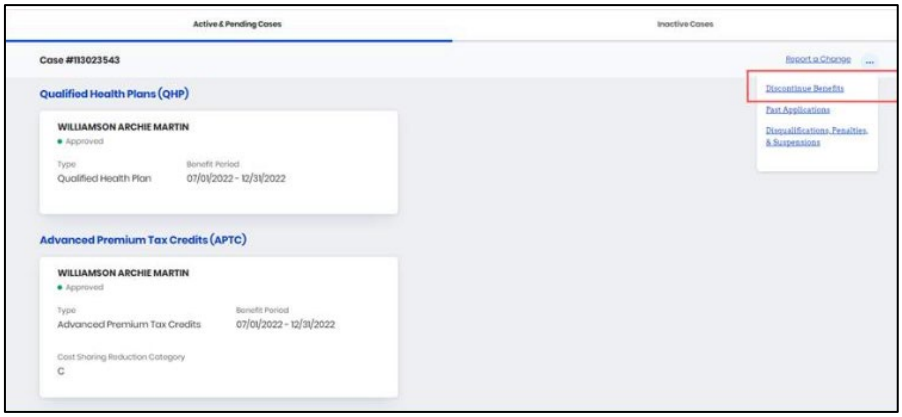
Individuals who are looking for affordable health coverage may enroll in a Qualified Health Plan (QHP) via kynect health coverage. Individuals may apply for QHPs at any time during the year, **but Individuals can only enroll in a QHP during Open Enrollment (OE) and Special Enrollment Periods (SEPs).**

2.5. Discontinue QHP Plan Eligibility

The steps below walkthrough the discontinue process for QHP plan eligibility.

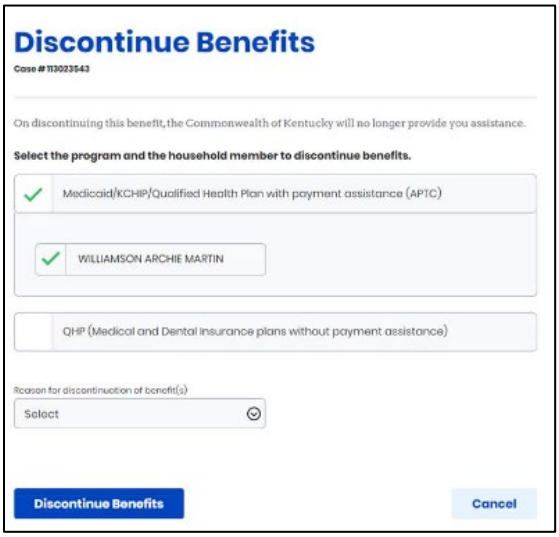


Step 1 **Navigate to the Benefits Page**



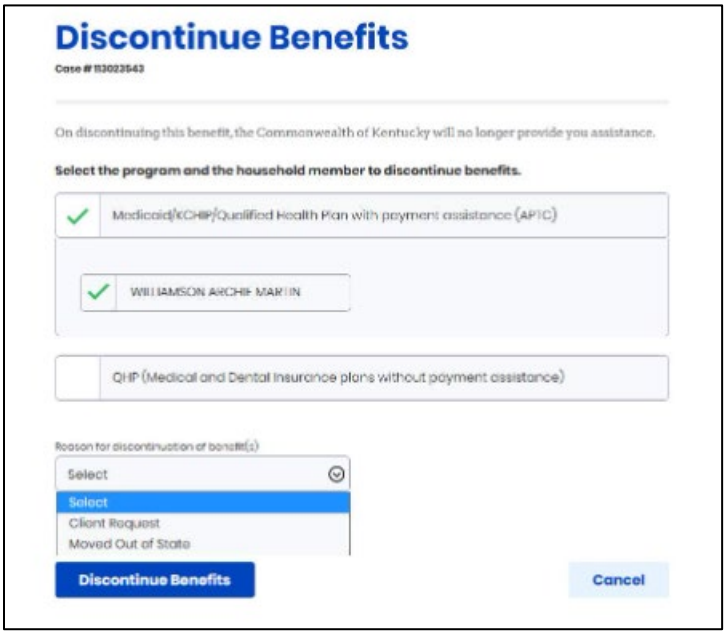
In the upper right corner you will see the **Discontinue Benefits Option.**

Step 2 **Discontinue Benefits Page**



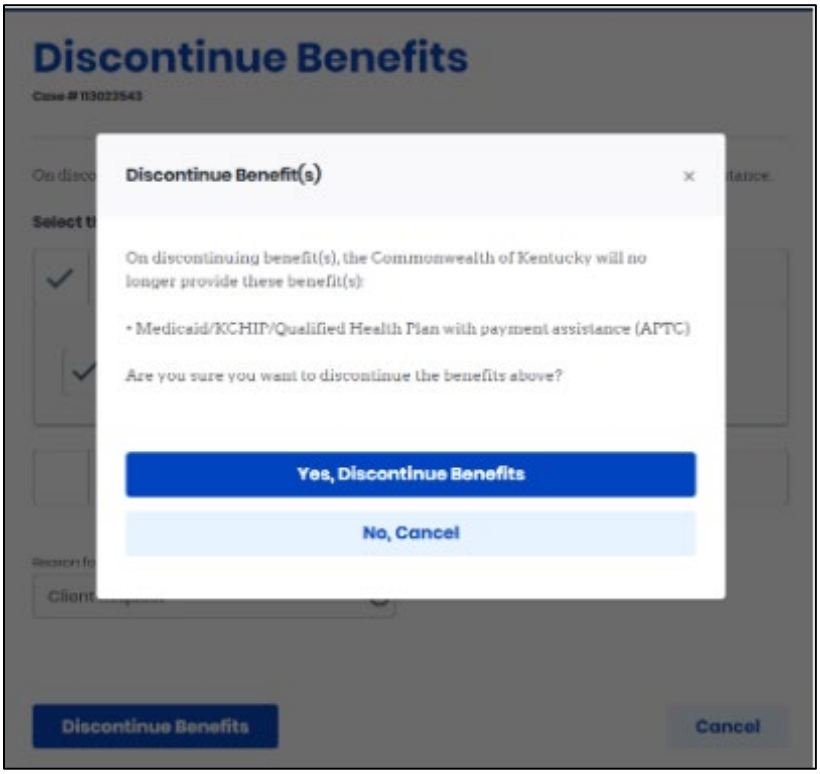
Select the program and the household member to discontinue benefits.

Step 3 **Discontinue Benefits Page**



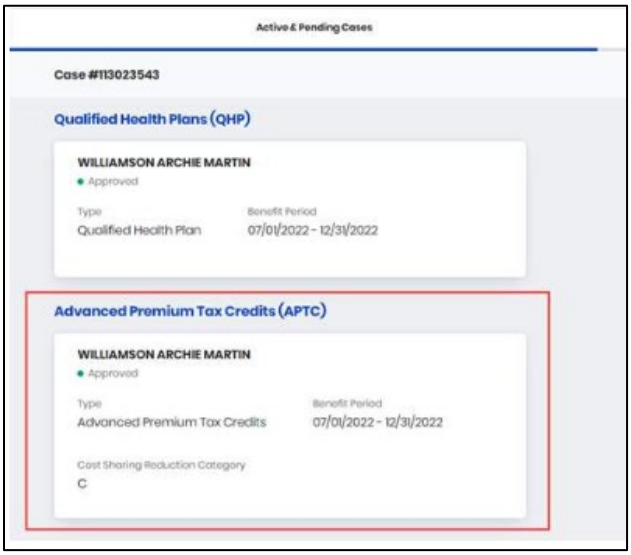
Select the reason for discontinuation of benefits.

Step 4 **Discontinue Benefits Page**



Click on **Yes, Discontinue Benefits.**

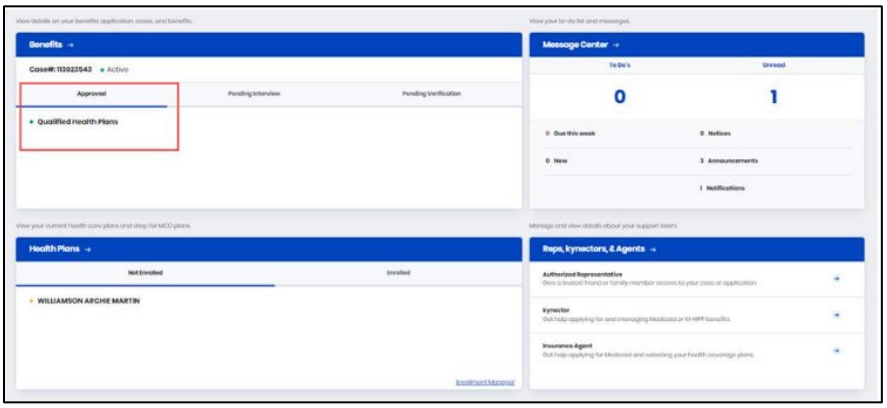
Step 5 **Discontinue Benefits Page**



The discontinuance of benefits takes few minutes and the changes will not be reflected immediately in the Benefits Page.

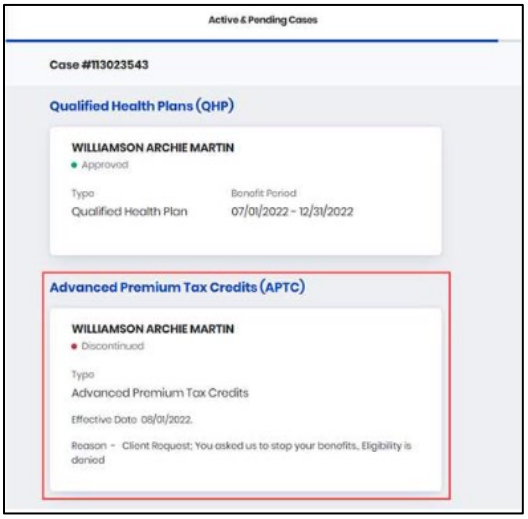
Step 6

Discontinue Benefits Page



The changes will be reflected in the dashboard as shown above.

Summary



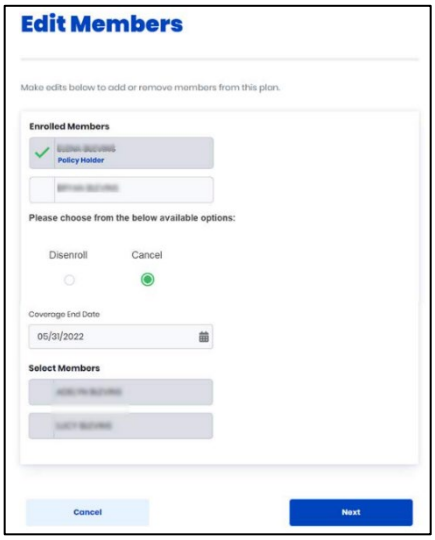
Once you sign-out and log back in two to three minutes later, the benefits page will display the discontinued program benefit.

Please note: Discontinuing QHP eligibility does not disenroll an individual from their QHP, this must be done from the Enrollment Manager Module (EMM).

2.6. Disenrolling or Cancelling a Plan

Disenrolling or Cancelling a plan is the process completed within the Enrollment Manager Module for Individuals to cancel their policy before the Coverage Effective Date or select a date to be disenrolled.

Cancelling a Plan	Disenrolling from a Plan
The "Cancel" radio button will be enabled for selection up until the Coverage Effective Date and will be disabled after the Coverage Effective Date. Once the "Cancel" button is selected, the Coverage End Date will be automatically populated and disabled for any edits. When a plan is cancelled, it is cancelled entirely with no days of coverage.	Selecting the "Disenroll" radio button will allow the Individual to select a Coverage End Date for their health plan. When an Individual is disenrolled, they have at least one day of coverage.



3 Modified Adjusted Gross Income (MAGI) Methodology

3.1. What is a Modified Adjusted Gross Income (MAGI)?

MAGI is a simplified method for determining income eligibility for Medicaid, Cost Sharing Reductions (CSRs), Kentucky Children's Health Insurance Program (KCHIP), and Payment Assistance programs (APTC) available through kynect health coverage. MAGI is used to determine how income is counted and how household composition and family size are considered when determining eligibility for:

- **Advance Premium Tax Credits**
- **Most people in Medicaid**

MAGI methodology is used for MAGI Medicaid (MA) and Advance Premium Tax Credit (APTC). This section will highlight the impacts to Medicaid. This section will highlight the impacts to Medicaid (MA).

3.2. Tax Filer and Non-Tax Filer

Agents and kynectors assist Residents with different tax filing statuses. Tax filing status is used in determining eligibility; therefore, it is essential that the Resident gives accurate information regarding their status. Once designated as either **Filer** or **Non-Filer**, a household size can be

constructed for each eligible Individual. An Individual does **NOT** have to be applying for assistance to be included in a household.

Tax Filer	Non-Tax Filer
A Resident who intends to file an income tax return for the current benefit year and cannot be claimed as a dependent by another Resident.	A Resident who does **not** intend to file taxes for the current benefit year.

3.3. Tax Filing Scenarios

The scenarios below describe household situations that Agents and kynectors may see when assisting Residents with applications.

Resident Information

Carter and Kelsey are married without children. Both Carter and Kelsey work and intend to file taxes. However, Carter and Kelsey will be **filing taxes separately**.

a. **Who is a tax filer in this household?**
    a. Carter and Kelsey are both tax filers since they intend to file taxes and are not claimed as tax dependents by someone else.
b. **Who should be listed in the household together?**
    a. Carter and Kelsey should be listed in the same household regardless if they file taxes jointly or separately since they are married and living together.
c. **Do Carter and Kelsey qualify for APTC?**
    a. No, since they are married and filing separately, they do not qualify for APTC.

4 Advance Premium Tax Credit (APTC)

4.1. Advance Premium Tax Credit Overview

The Advance Premium Tax Credit (APTC), also called Payment Assistance, **helps lower the monthly cost of health insurance for eligible Individuals.** Eligible Individuals receive APTC when enrolling in a plan through kynect health coverage**. APTC eligibility is determined using MAGI methodology**.

4.2. APTC Eligibility

Individuals and families may be eligible for APTC depending on their income and family size in relation to the Federal Poverty Line (FPL). Individuals may apply for APTC at any time and be

determined to be eligible. However, the individual may not be able to apply the APTC if it is outside the Open Enrollment (OE) period, and they do not have a Special Enrollment reason.

To be eligible for APTC an Individual must:

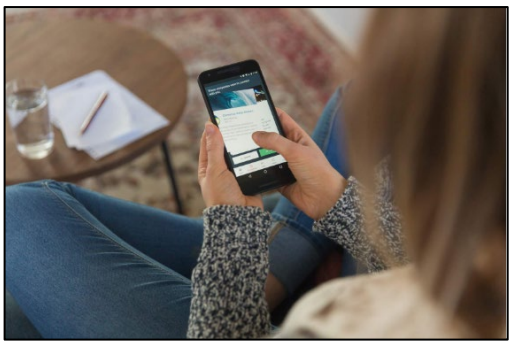
- Have a gross household income that falls between **100% and 400%** of the Federal Poverty Level (FPL)
- NOT be eligible for Minimal Essential Coverage (MEC)
    - **Please note:** Employer-provided coverage is considered affordable for an employee if the employee required contribution is no more than 9.12 percent (as of 2023) of that employee's household income. For more information on employer affordability please click here.
- Not be incarcerated
- Be a Resident of Kentucky
- Be a U.S. citizen or lawfully present in the United States
    - **Please note:** If a Resident is a lawfully present immigrant and is determined ineligible for Medicaid due to immigration status, they may be eligible for kynect health coverage with Payment Assistance, even though their household income may be below **100%** of the FPL.

4.3. APTC Income Limits

For Residents of Kentucky, the following chart illustrates when household income would be at least **100 percent** or above the Federal Poverty Limit (FPL). The FPL is updated annually. You can find an updated copy on the KHBE Website on the Facts & Resources Page.

Household Size	2022 Annual Household Income
One Resident	$13,596 (100%) up to above the FPL
Family of Two	$18,312 (100%) up to above the FPL
Family of Four	$27,756 (100%) up to above the FPL

4.4. How does the Resident Qualify for APTC?



When a Resident applies for kynect health coverage, the system estimates the amount of Advance Premium Tax Credit (APTC) that the Resident may be able to claim for the tax year. kynect health coverage uses information the Resident provides about their family size and projected household income, and the Resident's/family members' eligibility for other financial assistance programs.

Based upon that estimate, the Resident can decide if they want to have all, some, or none of their estimated APTC paid in advance directly to their insurance company to lower their monthly premiums. If a Resident receives too much APTC during the year they may be required to pay it back on their taxes.

4.5. Mid-Month Rule

If you take the Advance Premium Tax Credit, changes to your family size or income - or even a new job that offers health insurance - could mean you are getting the wrong amount of APTC. If you report a change before the 15th of the month, that change will go into effect on the first of the next month. If you report after the 15th of the month, then it will not go into effect until the following month. For example, if you report the change on July 22nd the change will go into effect on September 1st. This is called the Mid-Month Rule.

4.6. Why Would My Premium Be Increasing This Year?

There are several factors that may impact a Residents Individual contribution. Two of these factors are Issuers rates may change year over year and changes in federal law. Additionally, APTC benefits are calculated based on the Second-Lowest Cost Silver Plan (SLCSP), and benefits are adjusted proportionally based on changes to the SLCSP premium.

Please note: At the beginning of the COVID-19 pandemic, the federal government declared a Public Health Emergency (PHE). During the PHE, Medicaid agencies were required to continue health care coverage for members even if their eligibility changed, they failed to update their account information or did not submit the required paperwork. The PHE ended on May 11, 2023 and Residents must complete Medicaid renewals to redetermine eligibility for Medicaid or a Qualified Health Plan (QHP). If Residents are no longer eligible for Medicaid, it is considered a qualifying event to initiate a Special Enrollment Period (SEP) to enroll in a QHP if found eligible.

To initiate a SEP, there are specific selection(s) for this scenario. From November 2023 through April 2024, **PHE Unwinding** has been added as a qualifying event for a SEP. Prior to November 2023, once kynect identifies that a Resident has lost Medicaid**, Loss of Medicaid** automatically displays to select as a qualifying event for a SEP. If **Loss of Medicaid** does not automatically display, Residents may select, **Will lose qualified health insurance coverage in the next 60 days** as a qualifying event for SEP. If Residents encounter any issues, they can apply for an Exceptional Special Enrollment.

For more information, please review the Public Health Emergency Unwinding Page and the Special Enrollment Fact Sheet.

If a Residents income or household size change this may also affect their Individual Contribution. For more examples of why individuals premium may be increasing navigate to the KHBE Facts & Resources page and click on the Why My Individual Contribution May Be Lower or Higher fact sheet.

4.7. Requirements to Reconcile

When a taxpayer files their tax return, the taxpayer's APTC will be reconciled with what the taxpayer should have received, using actual household income and family size for the tax year.

If Residents use **more** APTC than they qualify for based on final yearly income, they may be required to repay the difference when they file their federal income tax return.	If Residents use **less** APTC than they qualify for, they will get the difference as a refundable credit when they file their taxes.

Tax Household: Unborn Child Tax Filing Scenario

Resident Information

William and Olivia are enrolled in a QHP with APTC and are expecting a baby this year.

- **Does the expected Child count towards their household size for APTC?**
  - No, unborn children are not yet tax dependents and therefore are not considered when calculating the households tax credit.
- **If William and Olivia were enrolled in Medicaid would the unborn Child be included in their household size?**
  - Yes, for purposes of Medicaid the Eligibility Determination Group (EDG) will include the expected birth as part of the household size for the mother applying for Medicaid.

5 Medicaid (MA)

5.1. What is Medicaid?

Medicaid is a program funded jointly by states and the federal government that provides health coverage for some low-income Individuals, families and children, pregnant women, the elderly, and people with disabilities. Medicaid is administered by states, according to federal requirements.

5.2. MAGI and Non-MAGI Medicaid

MAGI Medicaid	Non-MAGI Medicaid
Modified Adjusted Gross Income (MAGI) Medicaid (MA) is extended to adults and children who meet certain **technical** and **financial eligibility factors** for Medicaid (MA).	Medicaid (MA) eligibility is determined using traditional methodology. This includes Individuals receiving Medicaid (MA) who are aged, blind, or disabled.

5.3. MAGI Medicaid Eligibility

MAGI methodology is used to determine eligibility for: Income eligibility for Medicaid (MA) is determined using the MAGI methodology. The MAGI methodology uses taxable income minus specific deductions, such as, but not limited to, student loan interest, educator expenses, and alimony. MAGI methodology is used to determine eligibility for:

- **Children**
- **Pregnant women**
- **Parent/caretaker relatives**
- **Low-income adults between the ages 19-64**

5.4. Income Considerations for MAGI Medicaid

The following steps highlight information on how income is determined for Residents who are applying for MAGI Medicaid.

MAGI INCOME 1 **Verifying Income**

Income is considered verified for MAGI Medicaid when the Resident-stated income amount is reasonably compatible with the amount received from state and federal data sources. Reasonable compatibility is defined as no more than **25 percent** difference between the self-attested amount and the information returned by the state and federal data sources.

MAGI INCOME 2 **Income Calculation**

Adjusted Gross Income (AGI) is all of the income an Individual earns, minus certain adjustments.

To calculate Modified Adjusted Gross Income (MAGI), take an Individual's AGI and add-back certain deductions. Many of these deductions are rare, so it is possible an Individual's AGI and MAGI can be identical. Different credit and deductions can have differing add-backs for your MAGI calculation. According to the IRS, an Individual's MAGI is their AGI with the addition of the appropriate deductions, which may include:

- Student loan interest
- One-half of self-employment tax
- Qualified tuition expenses
- Tuition and fees deduction
- Passive loss or passive income

- IRA contributions
- Non-taxable social security payments
- The exclusion for income from U.S. savings bonds
- Foreign earned income exclusion
- Foreign housing exclusion or deduction
- The exclusion under 137 for adoption expenses
- Rental losses
- Any overall loss from a publicly traded partnership

MAGI INCOME 3 — Countable vs. Non-Countable

The table lists the types of countable and non-countable income used to determine eligibility for Modified Adjusted Gross Income (MAGI) Medicaid (MA). Dependents' income should only be counted if the dependent is required to file taxes.

Countable Income	Non-Countable Income
• Wages, salaries, tips, bonuses, awards • Income derived from gifts/inheritances • Interest income (taxable and non-taxable) • Farm income • Ordinary dividends • Alimony/Spousal support • Business income • Capital gains • IRA distributions • Pensions and annuities • Unemployment compensation • Social Security benefits (taxable and non-taxable) • Railroad retirement • Gambling winnings • Jury duty payments • Foreign earned income • Rental income • Lump sum income (Retro Social Security/Railroad Retirement)	• SSI benefits • Social security benefits of dependents • TANF (KTAP) benefits • Veteran's disability benefits • Veteran's pension benefits • Veteran's education benefits • Military allowances • Employer reimbursement for mileage, meals, etc. • Earned income tax credits • Worker's compensation • Employer contributions to certain pretax benefits funded by an employee's elective salary reduction, such as amounts for a flexible spending account or contributions to a retirement account • Fringe benefits provided on a pretax basis by an employer • Child support received • Foster care and adoption assistance payments

• State agency payments received for childcare • Waiver payments issued to individual care providers received for a non-household member (related or unrelated) • Oil leases/mineral rights • Partnerships/S-Corporations • Any remaining portion of lump sum payment awarded for wrongful death, personal injury, damages, or loss of property not excluded for tax purposes • Trust income	• Education scholarships, awards, fellowship grants • Loans • Federal Work Study income • Wages of minors • Gifts and inheritances • Waiver payments issued to individual care providers received for a household member (related or unrelated) • Black lung benefits • Cash rebates from a dealer or manufacturer • Refugee cash assistance • Native American benefits and payments • Income from a sponsor for a sponsored immigrant

5.5. Retirement, Survivors, and Disability Insurance (RSDI) vs. Supplemental Security Income (SSI)

SSI is a program that provides assistance to people with disabilities and RSDI is a federally funded program managed by the Social Security Administration (SSA). See below for an overview of each benefit program and how it relates to countable and non-countable income.

RSDI	SSI
Retirement, Survivors, and Disability Insurance, **also known as Social Security**, pays benefits to a disabled child or widow or widower of someone who has worked and qualified based on the deceased person's earnings. These benefits may come from one of three programs: retirement benefits, survivors benefits, and disability benefits. RSDI is **countable income** for MAGI. For children, RSDI is **excluded *only*** if the child is living with their parents. If the child is living with a grandparent, aunt, etc. and non- tax filing rules apply, then RSDI is countable for children.	Supplemental Security Income is for disabled adults and children who have limited income and resources. SSI is **not countable income** for MAGI. Individuals who receive SSI are automatically eligible for Medicaid.

5.6. Presumptive Eligibility (PE)

Presumptive Eligibility (PE) is a Kentucky Medicaid program which expedites an Individual's ability to receive temporary coverage for Medicaid (MA) services. **Presumptive Eligibility (PE) helps Individuals quickly receive temporary Medicaid (MA) services.**

- Eligibility is determined based on a simplified application. This reduces the time for emergency eligibility determinations.
- Prospective Medicaid (MA) beneficiaries may receive immediate, time-limited access to medical services.
- Provides a gateway to full Medicaid (MA) coverage.

5.7. Verification Requirement

For most applications a verification of residency, pregnancy, immigration status, and household composition are required. Self-attestation or client statement as verification are acceptable for residency, pregnancy, household composition, and relationship unless conflicting documentation is received.

5.8. Household Composition

Household Composition is determined using **Filer and Non-Filer rules**. Each Individual is designated a Filer or a **Non-Filer based on tax filing status**. Once designated either a Filer or Non-Filer, a household size can be constructed for each Individual applying for coverage. An Individual does **NOT** have to apply for assistance to be included in a household.

5.9. Household Composition Scenarios

Household composition is important when assisting Individuals and families to ensure they are receiving correct coverage. The scenario below describes a household that Agents and kynectors may see when assisting Kentuckians with applying for health coverage.

Resident Information

James and Elizabeth are a married couple enrolled in Medicaid. James will be turning 65 on June 17th and aging out of Medicaid and into Medicare this upcoming year.

- **How many days before his birthday should James report a change to kynect about enrolling into Medicare?**
  - Individuals should report a change 30 days in advance of their 65th birthday in preparation for their transition to Medicare.
- **With James' 65th birthday falling on June 17th, when will his Medicare benefits be effective?**
  - The members Medicaid will discontinue effective June 1st and transition to Medicare. If the Individual is found eligible for other benefits, they may obtain dual eligibility.

Please note: Individuals who do not report a change to transition to Medicare are picked up by the system batch which runs on the second day of each month and picks up any Individual turning 65 that month. When Individuals transition to Medicare their eligibility will be re-determined. It is important to enroll in Medicare in a timely manner. For more information on Medicare please click here.

Resident Information

John, Abigail, and their son Mason all live in a household together. John currently receives employer-sponsored insurance. Abigail and Mason are not offered this insurance and are seeking coverage.

1. **Who from the Brady Household should be included on the application?**
    a. The entire family since they are all in the same tax household. John will identify that he is not seeking coverage on the household member details screen
2. **Who will be listed as the primary subscriber?**
    a. Abigail will be listed as the head of household since her husband, John, is already receiving Employer-Sponsored Insurance.

6 Enrollment Periods

6.1. Open Enrollment (OE) Overview

Agents and kynectors assist Individuals with applying for health coverage during Open Enrollment.

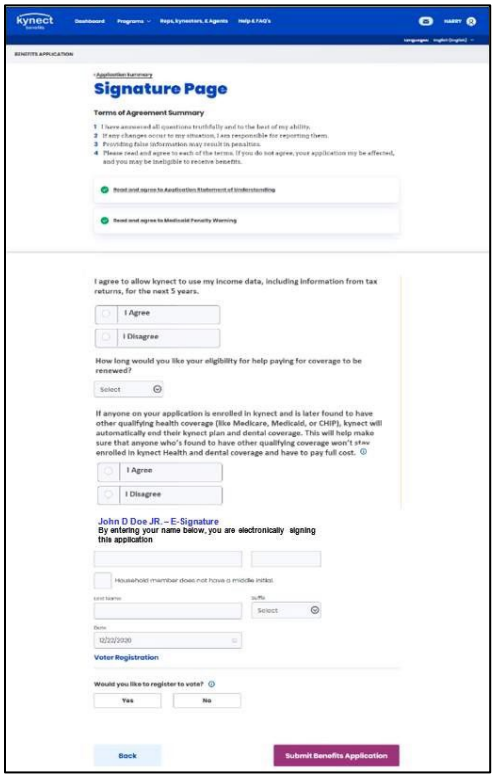
Individuals eligible for Medicaid (MA) can apply and enroll at any time throughout the year. Medicaid enrollees can choose the plan they want or they will be automatically enrolled in a plan. There is an initial 90-day period where the Medicaid Member can try the plan and switch to a new plan if desired. After that 90-day period ends, they cannot change their Managed Care Organization (MCO) until the next Medicaid MCO Open Enrollment period, unless they have an event that allows a change.

For Individuals interested in Qualified Health Plans (QHPs), Open Enrollment (OE) is generally November 1st to January 15th of each year. These dates will be announced every year.

Please note: Individuals who are Native American (referred to in federal documents as American Indian) or Alaska Native may enroll in health coverage at any time during the year. They are also permitted to change plans once per month.

6.2. Active vs. Passive Renewals

QHPs are required to be renewed on an annual basis. This process typically takes place around early October. See below for the difference between active or passive renewals.

Passive Renewal	Active Renewal
Passive Renewal is a system process that automatically re-enrolls an eligible household in the same plan for the upcoming coverage year. kynect will attempt to passively renew as many cases as possible as long as the Individual has authorized kynect to use federal and state sources to re-determine eligibility each year. To authorize kynect to automatically verify you select "I Agree" in the Sign and Submit section on the Signature Page before completing the application. 	If an Individual does not grant authorization or kynect is unable to verify data they must be actively renewed. This requires navigation to their kynect benefits dashboard to renew their case by entering updated information if applicable.

6.3. Special Enrollment Period (SEP) Overview

When an Individual experiences a qualifying event, such as losing a job, moving to another state, or getting married, they may be eligible for a Special Enrollment Period (SEP). During a Special Enrollment Period, they can enroll in or change both medical and dental plans offered by kynect health coverage. Special Enrollment Periods are generally **60 days following a qualifying event**.

6.4. Types of Special Enrollment Periods

There are five types of special enrollment periods listed and explained below.

Loss of Qualifying Health Coverage

Individuals may qualify for an SEP if they (or anyone in their household who is seeking coverage) lose qualifying health coverage, also known as Minimum Essential Coverage (MEC). Some examples of qualifying health coverage include:

- Coverage through a job, or through another person's job
- Medicaid (MA) or Kentucky Children's Health Insurance Program (KCHIP) coverage (*except Emergency Time-Limited Medicaid)
- Some student health plans (check with the school to see if the plan counts as qualifying health coverage)
- Individual or group health plan coverage that ends during the year
- Dependent coverage through a parent's plan
- Expiration of Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage
- Loss of employer contribution to COBRA coverage
- Loss of government contribution (via subsidies) to COBRA coverage

Change in Household Size

An Individual may qualify for an SEP if they (or anyone in their household):

- Gets married
- Have a baby, adopts a child, or receives a foster child for placement
- Gains or becomes a dependent due to a child support or other court order
- Gets Divorced, legally separated, or has a death in the family that resulted in the loss of health coverage

Change in Primary Place of Living

An Individual may qualify for an SEP if they (or anyone in the household) gained access to new kynect health coverage plans because of a change in their place of living. The SEP is only valid if they had qualifying coverage, unless they:

- Live in a foreign country or in a U.S. territory for at least one of the 60 days preceding the date of the move, or
- Live for one or more days preceding the qualifying event or most recent enrollment period in a service area where no Qualified Health Plan (QHP) was available through kynect health coverage.

Examples of qualifying changes in primary place of living:

- Move to a new home in a new zip code or county where new QHPs are available
- Move to the U.S. from a foreign country or United States territory
- A student moves to or from the place they attended school
- A seasonal worker moves to or from the place they live and work
- Move to or from a shelter or other transitional housing

REMINDER: Moving only for medical treatment or staying somewhere for vacation does not qualify Individuals for a SEP.

Newly Eligible or Ineligible for Payment Assistance

An Individual may qualify for a SEP if they (or anyone in his or her household):

- Is enrolled in kynect health coverage and reports a change that makes the Individual:
  - Newly eligible for help paying for coverage
  - Newly ineligible for help paying for coverage
  - Experience a change in Cost-Sharing Reduction category
- Becomes newly eligible for kynect health coverage after release from incarceration

More Qualifying Changes

Exceptional Special Enrollment is reserved for circumstances where Individuals experienced circumstances other than a traditional qualifying life event that prevented them from enrolling in coverage during an enrollment period. Individuals must select a new plan within 60 days of the date they knew or should have reasonably known of the triggering event. These include circumstances such as:

- Individuals who applied for Medicaid/Kentucky Children's Health Insurance Program (KCHIP) during an Open Enrollment Period (OEP), or due to a qualifying event, and the state agency later determined, outside of the OEP or more than 60 days after the SEP qualifying event, that the Individual was not eligible.
- Individuals who are a victim of domestic abuse or spousal abandonment and want to enroll in a health plan separate from their abuser or abandoner; dependents on the same application may enroll in coverage at the same time as the victim.
- Individuals who are an AmeriCorps service member starting or ending AmeriCorps service.
- Individuals who submitted documents and cleared their Request for Information (RFI) after kynect took action and their health coverage was ended.
- Individuals who can show they experienced an exceptional circumstance that kept them from enrolling in health coverage during an enrollment period, such as being incapacitated, or a victim of a natural disaster or experienced domestic abuse/violence or spousal abandonment.
- Individuals who did not receive timely notice and were reasonably unaware of a triggering event (They must select a new plan within 60 days of the date they knew or should have reasonably known of the triggering event).
- Individuals with Household Income up to 150% of the Federal Poverty Level are eligible for an SEP on a monthly basis.
- Individuals who were not enrolled in a plan or were enrolled in the wrong plan because of:
- Misinformation, misrepresentation, misconduct, or inaction of someone working in an official capacity to help the Individual enroll
- A technical error or another kynect related enrollment delay
- Wrong plan data, such as benefit or cost-sharing information, was displayed in the plan compare feature of kynect.ky.gov at the time of plan selection
- Individuals who can demonstrate that their kynect plan has violated a material provision of its contract.
- Other SEP reasons may be added to comply with new Federal guidance.

Requests for Exceptional Special Enrollment can be sent by email to kynectESE@ky.gov.

Please note: Individuals who are eligible for a Special Enrollment and want to request a change from their current plan may be restricted to certain metal levels.

Verification Process for Special Enrollment Periods

KHBE conducts pre-enrollment verification of newly enrolling Individuals' SEP eligibility. SEP verification does not impact the Individual's Exchange-generated effective date, which is typically determined by the SEP qualifying event and the date the Individual selects a QHP. However, as with other retroactive effective dates, if an Individual only pays a premium for one month of coverage, only prospective coverage should be effectuated, in accordance with regular effective dates. Individuals subject to SEP verification have their enrollment "pended" until kynect health coverage completes verification of SEP eligibility either through automated electronic means or based on documentation that the Individual submits.

If kynect health coverage cannot automatically verify an Individual's SEP eligibility, then the Individual must submit documentation within **30 calendar days** of plan selection in order to verify eligibility. Once an Individual's SEP eligibility has been verified, kynect health coverage then releases its enrollment information to the relevant Issuer. SEP verification currently applies to the following SEP types: loss of qualifying coverage, permanent move, marriage, gaining or becoming a dependent through an adoption, foster care placement, or other court order.

Residents may be required to submit additional documents when enrolling in plans during a Special Enrollment Period (SEP). For more information on Special Enrollment, coverage effective dates and required documentation, please view the document below titled - **Special Enrollment.**

Special Enrollment.pdf

7 Member Match

7.1. Member Match

During an application, a central database performs member match for all members added in the application once their basic demographic information is saved. This information consists of First Name, Last Name, Date of Birth, Gender and SSN. Based on the match status of the Head of Household and added members of the application, the Agent or kynector may complete the application or is blocked until the member match is resolved. The sections below describe the behaviors for the three different match scenarios: Full, Partial, and No Match.

Full Member Match

All identifying information perfectly matches an Individual on an existing case and the application is automatically absorbed into that existing case. If a full match is experienced, Agents and kynectors may continue with the application.

Partial Member Match

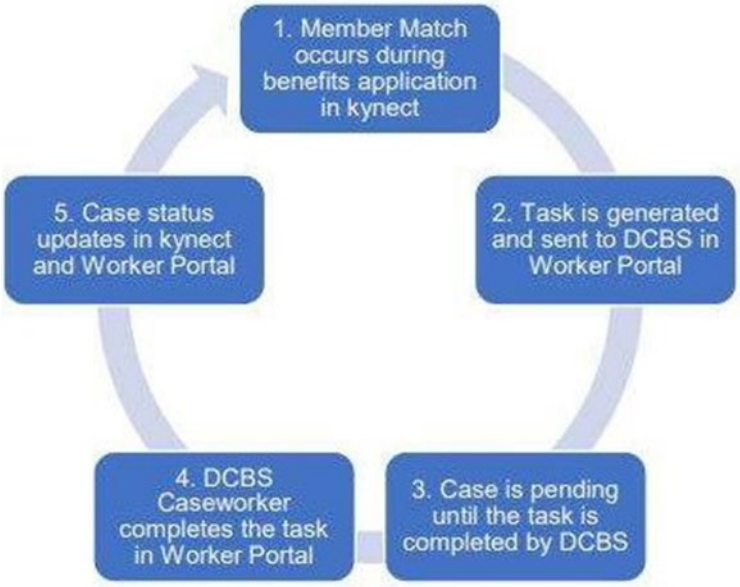
A partial match is made when not all the identifying information exactly matches to an individual in an existing case, but kynect recognizes the Individual may already exist. DCBS Caseworkers must determine if the Individual exists in kynect or not. Submitting the application creates a task for a DCBS Caseworker to verify the members on the application and resolve the partial match. The Individual is notified that their eligibility results will be available once the DCBS Caseworker has reviewed the application in the Eligibility Results page. The application is removed from the Agent or kynector's dashboard.

No Member Match

There is no potential that the Individual already exists in kynect and the Agent or kynector is able to complete the application from start to finish.

7.2. Member Match Process and Lifecycle

The member match process and lifecycle begin with member match during the benefits application and continues through the cycle illustrated below



If you are unable to find the application/case number after three days, call the Professional Services Line (PSL) at 1-855-326-4650, to verify association to the case. The Agent may have to be associated with the new case using current agent association procedures.

Agents or kynectors who need additional assistance or have questions about member matches can also call the Professional Services Line (PSL). For applications requiring attention within a 24-hour period (also referred to as “Dire need” cases), Agents and kynectors may email kynectdireneed@ky.gov mailbox.

8 Report Fraud, Waste, or Abuse

8.1. Public Assistance Fraud is a Crime

Because public assistance fraud is a crime, substantiated investigations are referred for criminal prosecution or administrative sanctions. Every kynector and Agent for the Commonwealth of Kentucky should feel comfortable to report any activity that meets the criteria of fraud, waste, and abuse.

Fraud is defined as the wrongful or criminal deception intended to result in financial or personal gain. Fraud includes false representation of fact, making false statements, or by concealment of information.	
Waste is defined as the thoughtless or careless expenditure, mismanagement, or abuse of resources. Waste also includes incurring unnecessary costs resulting from inefficient or ineffective practices, systems, or controls.	
Abuse is defined as excessive or improper use of a thing, or to use something in a manner contrary to the natural or legal rules for its use. Abuse can occur in financial or non-financial settings.	

Please report any suspected fraud, waste, or abuse to the Office of Inspector General Fraud Hotline (800) 372-2970. You may also report suspected public assistance fraud by email (chfs.fraud@ky.gov) or by sending your complaint by mail to the following address:

Office of Inspector General

Division of Audits and Investigators

275 E. Main St, 5E-D

Frankfort, KY 40621

9 Assessment

1. Residents may Disenroll/Cancel a plan through which Module on kynect health coverage?
    a. Enrollment Manager Module
    b. Book of Business
    c. Sign & Submit
    d. Plan Management Module

2. A Resident who intends to file an income tax return for the current benefit year and cannot be claimed as a dependent by another Resident is known as what?
    a. Tax Filer
    b. Tax Dependent
    c. Family Member
    d. Liability

3. Residents who report a change in income on or before the 15th of the month will see premium changes reflected on the first day of the following month. If the change is reported after the 15th, the change will be reflected the first day of the second following month. This is due to which rule?
    a. Enrollment Rule
    b. Mid-Month Rule
    c. Qualified Health Plan Rule
    d. Late Report Rule

4. A Resident's premium could increase for a number of reasons, one of those being lower monthly premiums for the "Benchmark Plan" in the Resident's home county otherwise known as:
    a. County Plan 2500
    b. WellCare Gold Fitness Plan
    c. Second-Lowest Cost Silver Plan (SLCSP)
    d. APTC Increase

5. All of the following are countable forms of income for Modified Adjusted Gross Income (MAGI) when determining income eligibility for Medicaid EXCEPT:
    a. Wages from employer
    b. Farm Income
    c. Pensions and annuities
    d. Supplemental Security Income (SSI)

6. Reasonable compatibility is defined as no more than what percentage difference between the self-attested amount and the information returned by the state and federal data sources.
    a. 5%
    b. 25%

c. 33%
d. 18%

7. Passive renewal requires Residents to grant kynect authorization to check federal and state data sources on which section of the benefits application?

    a. Sign & Submit
    b. Household Information
    c. Relationship & Tax Filing
    d. Health Coverage selection

8. Residents who are eligible for Special Enrollment and request a change from their current plan may be restricted to only select a new plan from their current _____ level.

    a. Payment
    b. Quality Rating
    c. Cost-Sharing Reduction
    d. Metal

9. As a best practice, a Resident's full name should be entered when completing an application as it appears on what personal identification document?

    a. Marriage License
    b. Pay Stub
    c. Social Security Card
    d. Credit Card

10. Suspected actions of fraud, waste, or abuse should be reported to which state agency?

    a. Better Business Bureau
    b. Social Security Office
    c. Environmental Protection Agency
    d. Office of Inspector General