

The Commonwealth of Kentucky **kynect State-Based Marketplace**



State-Based Marketplace Policy and Procedures Certification Training Guide

July 18, 2025

Document Control Information

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Introduction

This Certification Course highlights some of the policies and procedures for the operation of the State-Based Marketplace. Agents and kynectors need to familiarize themselves with the policies and procedure to better serve Residents applying for health coverage through kynect.

Table of Contents

Document Control Information	2
Document Edit History	2
Introduction	3
Table of Contents.....	3
1. kynect health coverage Overview	5
1.1 kynect health coverage Overview	5
1.2 kynect health coverage	5
1.3 Health Coverage Portals	6
1.4 Eligibility.....	7
2. Qualified Health Plans (QHPs)	8
2.1 Qualified Health Plan (QHP) Overview.....	8
2.2 QHP Metal Levels	8
2.3 QHP Eligibility Requirements	9
2.4 QHP Enrollment and Discontinue Process.....	10
2.5 Disenrolling or Cancelling	12
2.6 Vision Coverage	13
2.7 QHP Eligibility Requirements	13
2.8 Employer-Sponsored Insurance (ESI).....	14
3. Modified Adjusted Gross Income (MAGI) Methodology	14
3.1 Modified Adjusted Gross Income (MAGI)	14
3.2 Tax Filer & Non-Tax Filer	15
4. Immigration	16
4.1 Immigration	16
4.2 Immigrant Types	17
4.3 Eligibility Requirements.....	18
4.4 Qualified Health Plan (QHP) & Advance Premium Tax Credit (APTC)	19
5. Advance Premium Tax Credit (APTC) and Cost-Sharing Reductions (CSRs).....	20
5.1 Advance Premium Tax Credit (APTC).....	20

5.2	Medicaid vs. Advance Premium Tax Credit (APTC) Income Eligibility	20
5.3	Advance Premium Tax Credit (APTC) Information	21
5.4	Cost-Sharing Reductions (CSRs).....	22
6.	Medicaid	23
6.1	Medicaid	23
6.2	Modified Adjusted Gross Income (MAGI) Medicaid Eligibility	23
6.3	Income Consideration for Modified Adjusted Gross Income (MAGI) Medicaid.....	24
6.4	Retirement, Survivors, and Disability Insurance (RSDI) vs Supplemental Security Income (SSI)	25
6.5	Presumptive Eligibility (PE)	26
6.6	Household Composition	26
6.7	Household Composition Callout	27
7.	Enrollment Periods	27
7.1	Open Enrollment Overview	27
7.2	Active vs. Passive Enrollments	28
7.3	Special Enrollment Period (SEP)	29
7.4	Verification Process for Special Enrollment Periods (SEPs).....	31
7.5	Exceptional Special Enrollment Period.....	32
8.	Health Reimbursement Arrangements (HRAs)	33
8.1	Health Reimbursement Arrangements (HRAs) Overview	33
8.2	Individual Coverage Health Reimbursement Arrangements (ICHRAs) and Qualified Small Employer Health Reimbursement Arrangements (QSEHRAs)	34
8.3	ICHRA/QSEHRA Special Enrollment Period	35
8.4	Health Reimbursement Arrangements (HRAs) Special Enrollment Periods and Impacts 36	
9.	Fraud, Waste, or Abuse.....	37
9.1	Fraud, Waste, and Abuse	37

1. kynect health coverage Overview

1.1 kynect health coverage Overview

Slide Voice-over: kynect health coverage is Kentucky's State-Based Marketplace. kynect health coverage is a one-stop-shop enabling Kentuckians to enroll in a range of health coverage options, including: Medicaid, Advance Premium Tax Credit (APTC), Qualified Health Plans (QHPs), Cost-Sharing Reductions (CSRs), Kentucky Children's Health Insurance Program (KCHIP), and Kentucky Integrated Health Insurance Premium Payment (KI-HIPP). 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 State-Based Marketplace (SBM) and the range of coverage options it provides.

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 Kentuckians to enroll in a range of health coverage options, including:

- Medicaid
- Advance Premium Tax Credit (**APTC**)
- Qualified Health Plans (**QHPs**)
- Cost-Sharing Reductions (**CSRs**)
- Kentucky Children's Health Insurance Program (**KCHIP**)
- 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

Slide Voice-over: kynect offers Residents and small employers an integrated eligibility and enrollment process into Qualified Health Plans and other health insurance affordability programs. Agents and kynectors assist Residents with the eligibility and enrollment process by using kynect's portals. With a single application, Individuals and families can determine eligibility for the displayed programs. Residents can use the kynect health coverage online portal to determine eligibility for the listed programs.

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.

Single Application

- Medicaid (MA)
- Advance Premium Tax Credit (APTC)
- Kentucky Children's Health Insurance Program (KCHIP)
- Qualified Health Plans (QHPs)
- Cost-Sharing Reductions (CSRs)
- Supplemental Nutrition Assistance Program (SNAP)
- Kentucky Transitional Assistance Program (KTAP)
- Child Care Assistance Program (CCAP)
- Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program
- Small Business Health Options Program (SHOP) plans

Health Coverage
Programs covering Qualified Health Plans (QHP) and Advance Premium Tax Credit (APTC) also known as Premium Assistance and Cost-Sharing Reductions to help your household get Health Coverage.
[Apply for Health Coverage →](#)

Benefits
Programs covering food assistance (SNAP), Medicaid, child care assistance, financial aid for children and caregivers (CCAP) and many more state assistance programs.
[Apply for all programs →](#)

Resources
Local help with food, transportation, housing, employment, business, digital and mental health are closer than you think.
[Get Help →](#)

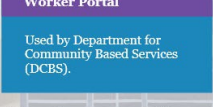
1.3 Health Coverage Portals

Slide Voice-over: Agents and kynectors should be familiar with the following health coverage portals: Issuer Portal is used by insurance companies and servicers, Agent Portal is used by Agents, Self-service portal is used by kynectors, Agents, and contact center staff, and Worker Portal is used by Department for Community Based Services staff.

- **Issuer Portal:** Issuer is an insurance company, insurance servicer, carrier, or insurance organization including a health maintenance organization. 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 data, and access informational resources.
- **Agent Portal:** The Agent Portal provides 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. Below are actions available to Agents through Agent Portal:
 - Create new Resident accounts
 - Browse plans
 - Generate reports and view all incoming kynect health coverage notifications and announcements
 - Create quotes
- **Self-Service Portal:** The kynectors, Agents, and Contact Center staff use the kynect Self-Service Portal (SSP) to help Residents with benefits applications. Residents enter basic demographic information for all household members, provide details on citizenship, marital or relationship status, tax filing status, household income, and select the programs they are applying for. With the assistance of Agents and kynectors through SSP, Residents can:
 - Use the Pre-Screening tool to estimate eligibility for benefits.
 - File an application for benefits, including Medicaid, Qualified Health Plans, and much more.
 - Review and compare Qualified Health Plans.
 - Select a Qualified Health Plan using a consumer-friendly decision tool.
- **Worker Portal:** This Portal is used by Department for Community Based Services staff to process eligibility and enrollment for various programs such as Medicaid, Qualified Health Plans, Advance Premium Tax Credit, Cost-Sharing Reductions, Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), and Childcare Assistance Program (CCAP).

Health Coverage Portals

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

Issuer Portal Insurance companies and servicers use this portal.	Agent Portal Agents use this portal.	Self-Service Portal kynectors, Agents, and Contact Center Staff utilize this portal.
 PHARMACY  Worker Portal Used by Department for Community Based Services (DCBS).  AUTO PARTS Please click each step to reveal further information.		

1.4 Eligibility

Slide Voice-over: **Who is Eligible for Coverage through the State-Based Marketplace?**

Individuals applying for health coverage must: Be Residents of Kentucky, be U.S. citizens, U.S. nationals, or lawfully present immigrants for the entire time they plan to have coverage, and not be incarcerated (unless pending disposition of charges).

When to Enroll: Eligible Residents may enroll in or change Qualified Health Plans offered by kynect health coverage during an Open Enrollment Period or during a Special Enrollment Period (SEP) or Exceptional Special Enrollment Period. For Residents and families, the Open Enrollment Period typically starts November 1. Specific dates for Open Enrollment are determined by the Cabinet for Health and Family Services each year.

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

<u>Individuals applying for health coverage must:</u> 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 (MA) are slightly different than requirements for other health care affordability programs.	<u>When to Enroll</u> Eligible Residents may enroll in, or change Qualified Health Plans offered by kynect health coverage during Open Enrollment Period (OEP) and during Special Enrollment Period (SEP) or Exceptional Special Enrollment Period. For Residents and families, the OEP typically starts November 1st. Specific dates for Open Enrollment are determined by the Cabinet for Health and Family Services (CHFS) each year.
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Please note: Requirements for Medicaid are slightly different than requirements for other health care affordability programs.

2. Qualified Health Plans (QHPs)

2.1 Qualified Health Plan (QHP) Overview

Slide Voice-over: A Qualified Health Plan is a health coverage plan certified by the Kentucky Health Benefit Exchange that meets Affordable Care Act requirements for essential health benefits. Qualified Health Plans are categorized by Metal Level to help Residents compare plans. The four Metal Levels are: Bronze, Silver, Gold, and Platinum.

Qualified Health Plans (QHPs)

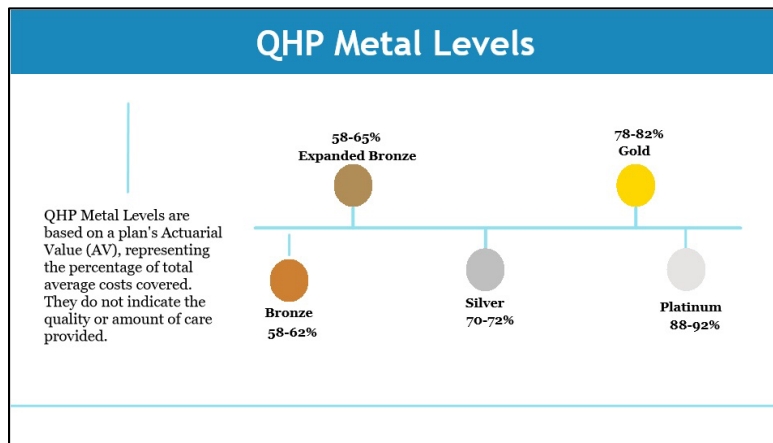
Qualified Health Plan (QHP) Overview

- 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 four QHP Metal Levels are: **Bronze, Silver, Gold, and Platinum.**



2.2 QHP Metal Levels

Slide Voice-over: QHP Metal Levels are based on a plan's Actuarial Value, representing the percentage of total average costs covered. They do not indicate the quality or amount of care provided.



2.3 QHP Eligibility Requirements

Slide Voice-over: Qualified Health Plan Requirements:

1. Be a U.S. citizen.
 - U.S. nationals or lawfully present non-citizens who are 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.
 - Residents may apply for Qualified Health Plans at any time during the year, but the Resident can only enroll in a plan during Open Enrollment and Special Enrollment Periods.
 - Residents receiving Medicare may not be eligible to purchase a Qualified Health Plan or receive Advance Premium Tax Credit.
 - Residents are NOT eligible to purchase a new QHP and receive APTC if they are currently enrolled in Medicaid, over 65 years old and receiving Medicare, and if they qualify for Employer Sponsored Insurance that meet minimum coverage requirements.

QHP Eligibility Requirements

- 1. Be a U.S. citizen.**
 - U.S. nationals or lawfully present non-citizens who are 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.**
 - Residents may apply for QHPs at any time during the year, but the Resident can only enroll in a QHP during Open Enrollment (OE) and Special Enrollment Periods (SEPs).
 - Residents receiving Medicare are **NOT** eligible to purchase a QHP or receive Advance Premium Tax Credit (APTC).
 - Residents are **NOT** eligible to purchase a new QHP and receive APTC if they are currently enrolled in Medicaid, over 65 years old and receiving Medicare, and if they qualify for Employer Sponsored Insurance (ESI) that meet minimum coverage requirements.



2.4 QHP Enrollment and Discontinue Process

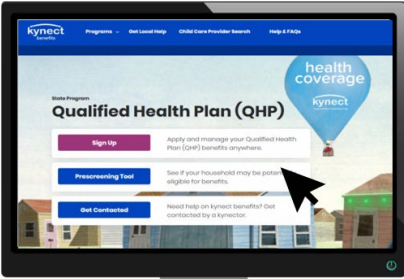
Slide Voice-over: Individuals who are looking for affordable health coverage may enroll in a Qualified Health Plan (QHP) via kynect health coverage. Individuals may apply for Qualified Health Plans at any time during the year, but Individuals can only enroll in a QHP during Open Enrollment and Special Enrollment Periods.

1. Navigate to the **Benefits** Page.

Qualified Health Plan (QHP) Enrollments and Discontinue Process

- 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).**

*Please click the Computer Screen to walk through a **discontinue** process for a QHP plan.*

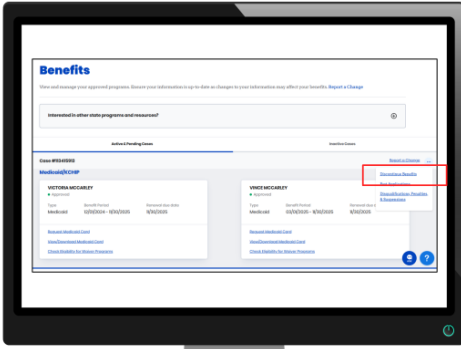


2. On the right, click the **Discontinue Benefits** Option.

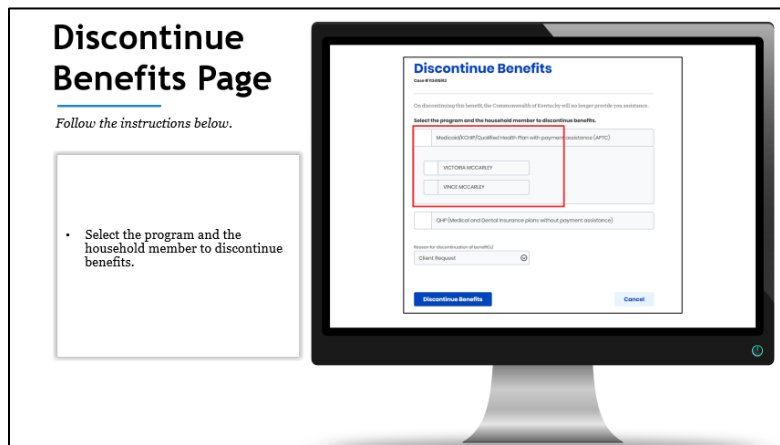
Benefits Page

Follow the instructions below.

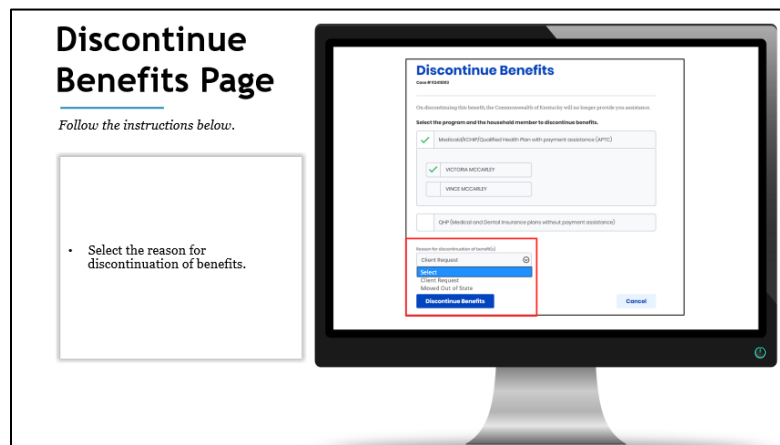
- In the upper right corner, click the **Discontinue Benefits** Option.



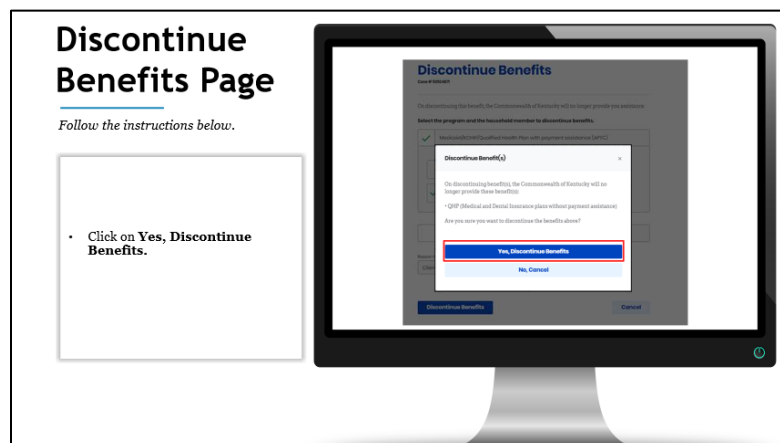
- From the **Discontinue Benefits** page, select the **program** and the **household member** to discontinue benefits.



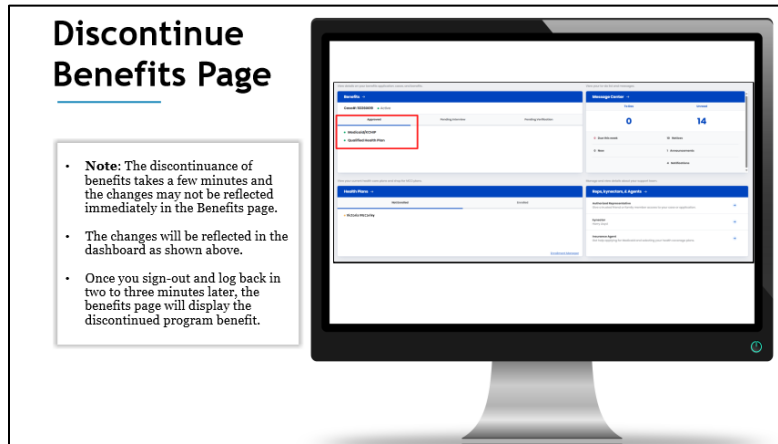
- Click the **Reason for discontinuation of benefits** in the drop-down.



- Click **Yes, Discontinue Benefits**.



Slide Voice-over: The discontinuance of benefits takes a few minutes, and the changes may not be reflected immediately in the **Benefits** page. The changes will be reflected in the dashboard as shown below. After signing-out and logging back in two to three minutes later, the **Benefits** page will display the discontinued program benefit.



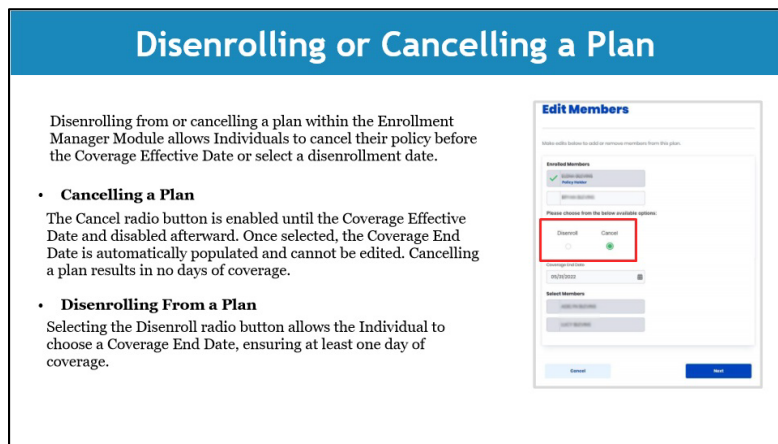
Please note: Discontinuing QHP eligibility does not disenroll an Individual from their QHP, this must be done from the **Enrollment Manager Module**.

2.5 Disenrolling or Cancelling

Slide Voice-over: Disenrolling or cancelling a plan within the Enrollment Manager Module allows Individuals to cancel their policy before the coverage effective date or select a disenrollment date.

Cancelling a Plan: The **Cancel** radio button is enabled until the coverage effective date and disabled afterward. Once selected, the coverage end date is automatically populated and cannot be edited. Cancelling a plan results in no days of coverage.

Disenrolling from a Plan: Selecting the **Disenroll** radio button allows the Individual to choose a coverage end date, ensuring at least one day of coverage.

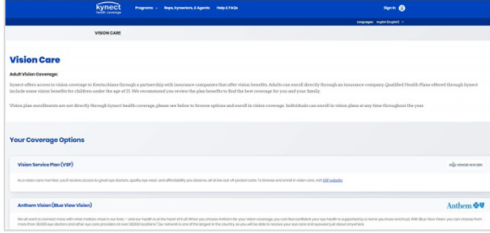


2.6 Vision Coverage

Slide Voice-over: kynect provides Kentuckians with access to vision coverage through partnerships with insurance companies. Individuals can enroll directly with these companies. Qualified Health Plans through kynect include vision benefits for children under 21. Vision plan enrollments are not through kynect health coverage and can be done any time throughout the year.

Vision Coverage

- kynect provides Kentuckians with access to vision coverage through partnerships with insurance companies. Individuals can enroll directly with these companies.
- Qualified Health Plans through kynect include vision benefits for children under 21. Vision plan enrollments are not through kynect health coverage and can be done any time throughout the year.



2.7 QHP Eligibility Requirements

Slide Voice-over: A catastrophic plan covers three primary care visits and preventive services, without cost-sharing but, offers no other benefits until the annual cost-sharing limit is met. These plans have lower premiums, but enrollees pay all out-of-pocket costs until reaching the annual deductible. Enrollees are ineligible for Payment Assistance and must pay the quoted premium. Only Individuals under 30 or with a hardship exemption can enroll in catastrophic coverage.

Catastrophic Health Plan Coverage

- A Catastrophic plan covers three primary care visits and preventive services, without cost-sharing but, offers no other benefits until the annual cost-sharing limit is met.
- These plans have lower premiums, but enrollees pay all out-of-pocket costs until reaching the annual deductible.
- Enrollees are ineligible for Payment Assistance and must pay the quoted premium.
- Only Individuals under 30 or with a hardship exemption can enroll in catastrophic coverage.



2.8 Employer-Sponsored Insurance (ESI)

Slide Voice-over: In Kentucky, Employer-Sponsored Insurance (ESI), is deemed affordable if the employee's contribution for employee-only coverage is less than approximately 9% of their household income, and the coverage meets a minimum value of 60%. If ESI is considered unaffordable, Individuals might qualify for tax subsidies to assist with paying for coverage through kynect.

Employer-Sponsored Insurance (ESI)

- In Kentucky, Employer-Sponsored Insurance (ESI), is deemed affordable if the employee's contribution for employee-only coverage is **less than approximately 9%** of their household income, and the coverage meets a **minimum value of 60%**
- If ESI is considered unaffordable, Individuals might qualify for tax subsidies to assist with paying for coverage through the Kentucky Health Benefit Exchange (KHBE).



3. Modified Adjusted Gross Income (MAGI) Methodology

3.1 Modified Adjusted Gross Income (MAGI)

Slide Voice-over: Modified Adjusted Gross Income Methodology is a simplified method for determining income eligibility for Medicaid, Cost Sharing Reductions, Kentucky Children's Health Insurance Program, and Payment Assistance programs available through kynect health coverage. It determines how income is counted and considers household composition and family size for eligibility for APTC and Medicaid.

Modified Adjusted Gross Income (MAGI) Methodology

- MAGI is a simplified method for determining income eligibility for Medicaid, Cost-Sharing Reductions, Kentucky Children's Health Insurance Program, and Payment Assistance programs available through kynect health coverage.
- It determines how income is counted and considers household composition and family size for eligibility for APTC and Medicaid.



3.2 Tax Filer & Non-Tax Filer

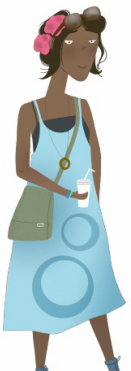
Slide Voice-over: Agents and kynectors assist Residents by determining their tax filing status, which is crucial for eligibility. Accurate information about their status is essential. Based on whether they are designated as a Filer or Non-Filer, the household size for each eligible Individual applying for assistance can be determined. Everyone included on the kynect health coverage application does not need to be seeking coverage or assistance.

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.

Non-Tax Filer: A Resident who does not intend to file taxes for the current benefit year.

Anyone who lives in the household as well as anyone who is claimed on a tax return should be included on the kynect health coverage application.

Tax Filer and Non-Tax Filer



- Agents and kynectors assist Residents by determining their tax filing status. Accurate information about their status is essential.
- Based on whether they are designated as a Filer or Non-Filer, the household size for eligibility can be determined.
- Everyone included on the kynect health coverage application **does not** need to be seeking coverage or assistance.
- **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.
- **Non-Tax Filer:** A Resident who does not intend to file taxes for the current benefit year.
- **Anyone who lives in the household as well as anyone who is claimed on a tax return should be included on the kynect health coverage application.**



4. Immigration

4.1 Immigration

Slide Voice-over: For this section, we will be discussing immigrant eligibility for health coverage. Immigrants in Kentucky may be eligible for a variety of health insurance programs offered in the state. Qualified immigrants in Kentucky may be eligible for Qualified Health Plans, Advance Premium Tax Credits, Medicaid, and Kentucky Children's Health Insurance Program if they meet income eligibility rules.

Immigration

Immigrant Eligibility for Health Coverage

- Immigrants in Kentucky may be eligible for a variety of health insurance programs offered in the state.
- Qualified immigrants in Kentucky may be eligible for Qualified Health Plans (QHP), Advance Premium Tax Credits (APTC), Medicaid, and Kentucky Children's Health Insurance Program (KCHIP) if they meet income eligibility rules.
- **Please note:** Some qualified immigrants may be subject to a **5-year waiting period** to receive Medicaid and KCHIP.

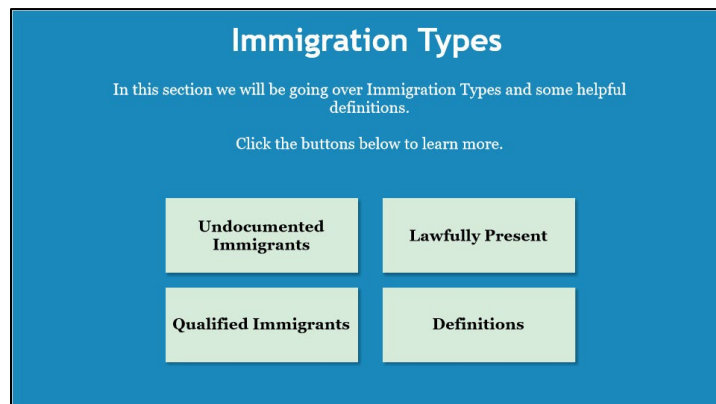


Please note: Some qualified immigrants may be subject to a 5-year waiting period to receive Medicaid and KCHIP.

4.2 Immigrant Types

Slide Voice-over: In this section we will be going over immigration types and some helpful definitions.

- **Undocumented Immigrants:** These are Individuals in the country without documented immigration status. They do not have work or student authorization and there is no way for them to gain citizenship. Some Individuals will have removal proceeding documents. These alone do not give them legal immigration status.
- **Lawfully Present:** These are Individuals in the country with a documented immigration status. They may have work or student authorization and there is some way for them to gain citizenship. Some Individuals will have removal proceeding documents, but a review of the documents may show lawful presence.
- **Qualified Immigrants:** These are generally lawful permanent Residents, refugees, asylees, those withholding of deportation or removal, and conditional entrants. Some Individuals may have to maintain their status with the Department of Homeland Security for one year before becoming a qualified immigrant. Some Individuals will have removal proceeding documents, but a review of the documents may show qualified immigrant status.
- **Key Immigration Definitions:**
 - **Lawful Permanent Resident:** Someone who has been granted the right to reside parentally in the United States.
 - **Refugee:** Someone outside their country of origin for reasons of feared persecution, conflict, generalized violence, or other circumstances that have seriously disturbed public order and require international protection.
 - **Student Visa:** The document given to immigrants allowing them to reside and attend school in the United States.
 - **Asylee:** Someone who meets the definition of refugee and is already present in the United States or is seeking admission at a port of entry.
 - **Conditional Entrant:** Someone granted conditional entry into the United States because of fear of persecution in the home country due to race, religion, political opinion, or because of a natural catastrophe.
 - **Work Authorization Card:** The document provided to immigrants allowing them to reside and work in the United States.



4.3 Eligibility Requirements

Slide Voice-over: We will be going over health coverage available to Kentucky's immigrant population.

- **Basic Eligibility:** Immigrants who are lawfully present and meet other basic income eligibility requirements may be eligible for Qualified Health Plans and Advance Premium Tax Credits.
- **Non-Citizens:** Immigrants who are non-citizens and have a qualified immigrant status are eligible to enroll in Medicaid or KCHIP if they meet income and state residency criteria.
- **Undocumented Immigrants:** Undocumented immigrants are not eligible for QHPs, APTC, or Medicaid and KCHIP. However, Medicaid does provide payment for emergency services for treatment of emergency medical conditions if the Individual meets all other Medicaid eligibility rules.
- **Qualified Immigrant:**
 - **Medicaid Eligible (5-year bar applies):** Lawful Permanent Resident (LPR/Green Card holder), conditional entrant, paroled into the United States for 1 year or more, Victims of human trafficking, and eligible relatives that do not have a final, non-appealable, legally enforceable order of deportation or exclusion entered against them, battered spouse, child, or parent with a pending or approved petition with the Department of Homeland Security.
 - **Medicaid Eligible (5-year bar does NOT apply):** Individuals who entered the U.S. before August 22, 1996, and remained continuously, Trafficking survivors and their spouses, children, siblings, or parents, Lawful Permanent Residents who adjusted from a status exempt from the five-year bar, veterans or active-duty military and their spouses or unmarried dependents who also have a qualified noncitizen status, refugees and asylees, Cuban/Haitian entrants, granted withholding of deportation or of removal, member of a federally-recognized Indian tribe or American Indian born in Canada, pregnant women and children who are lawfully present, and Afghans or Iraqis with special immigrant status.

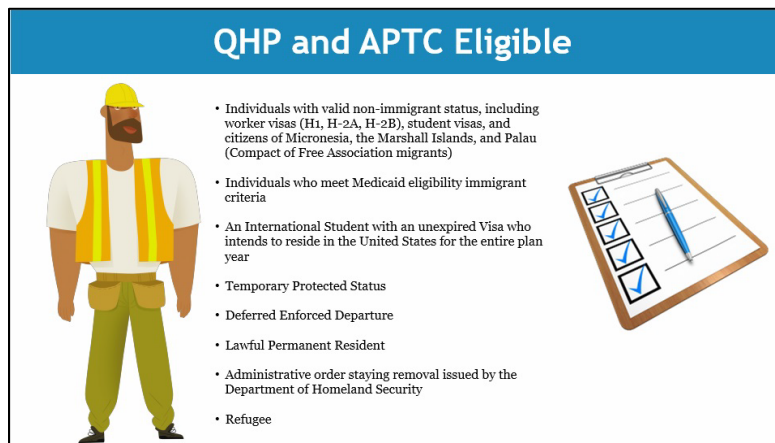


Please note: Federal law requires most “qualified immigrants” meet a 5-year waiting period (called the 5-year bar) before becoming eligible for Medicaid. Some immigrant statuses may be exempt from the five-year waiting period.

4.4 Qualified Health Plan (QHP) & Advance Premium Tax Credit (APTC)

Slide Voice-over: Below are QHP and APTC eligibility details for Individuals with lawfully present immigration statuses:

- Individuals with valid non-immigrant status, including worker visas (H1, H-2A, H-2B), student visas, and citizens of Micronesia, the Marshall Islands, and Palau (Compact of Free Association migrants).
- Individuals who meet Medicaid eligibility immigrant criteria.
- An International Student with an unexpired Visa who intends to reside in the United States for the entire plan year.
- Temporary Protected Status.
- Deferred Enforced Departure.
- Lawful Permanent Resident.
- Administrative order staying removal issued by the Department of Homeland Security Refugee.



5. Advance Premium Tax Credit (APTC) and Cost-Sharing Reductions (CSRs)

5.1 Advance Premium Tax Credit (APTC)

Slide Voice-over: Advance Premium Tax Credit, known as Payment Assistance, lowers monthly health insurance costs for eligible Individuals enrolling through kynect. Eligibility is determined using MAGI methodology. A key note to remember is to Report a Change (RAC) in income within 30 days of the change so that additional monies aren't owed on federal income taxes at the end of the year.

Advance Premium Tax Credit (APTC)

APTC Overview

- Advance Premium Tax Credit (APTC), known as Payment Assistance, lowers monthly health insurance costs for eligible individuals enrolling through kynect. Eligibility is determined using MAGI methodology.
- A key note to remember is to report a change in income within 30 days of the change so that additional monies are not owed on federal income taxes at the end of the year.



5.2 Medicaid vs. Advance Premium Tax Credit (APTC) Income Eligibility

Slide Voice-over: **Medicaid Eligibility:** Monthly Household Income: Medicaid eligibility is based on monthly household income, allowing for immediate adjustments to eligibility, which benefits Individuals with fluctuating earnings.

APTC Eligibility: Annual Tax Household Income: APTC eligibility is based on annual household income as reported on tax returns. This subsidy helps Individuals and families afford health insurance by considering total yearly income, aligning with annual tax filings to estimate subsidy amounts for the upcoming year.

Medicaid vs. APTC Income Eligibility

Medicaid Eligibility

Monthly Household Income: **Medicaid** eligibility is based on **monthly** household income, allowing for immediate adjustments to eligibility, which benefits Individuals with fluctuating earnings.

APTC Eligibility

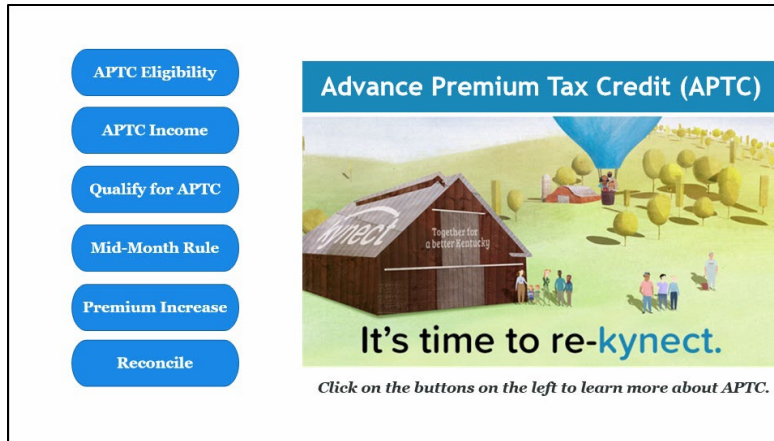
Annual Tax Household Income: **APTC** eligibility is based on **annual** household income as reported on tax returns. This subsidy helps Individuals and families afford health insurance by considering total yearly income, aligning with annual tax filings to estimate subsidy amounts for the upcoming year.



5.3 Advance Premium Tax Credit (APTC) Information

Slide Voice-over: Let's go over some specific APTC information!

- **APTC Eligibility:** Eligibility for APTC depends on income and family size relative to the Federal Poverty Level (FPL). Individuals can apply anytime but may only apply APTC during Open Enrollment or with a Special Enrollment reason.
 - To be eligible for APTC an Individual must: Gross household income of at least 100% of the FPL, NOT eligible for affordable Minimal Essential Coverage (MEC), not be an incarcerated, be a Resident of Kentucky, be a U.S. citizen or lawfully present in the U.S.
 - For more information on employer affordability, please click [here](#).
- **APTC Income Limits:** Department of Health and Human Services issues FPL annually to determine eligibility for certain programs and benefits. The FPL will be used to calculate eligibility for Medicaid and the Kentucky Children's programs.
- **Qualify for APTC:** When a Resident applies for kynect health coverage, the system estimates their APTC based on family size, projected household income, and eligibility for other financial assistance. The Resident can choose to apply all, some, or none of the estimated APTC to lower monthly premiums. Excess APTC received may need to be repaid during tax filing.
- **Mid-Month Rule:** When applying for kynect health coverage, the system estimates the Resident's potential APTC based on family size, projected household income, and eligibility for other financial assistance. The Resident can choose to apply all, some, or none of the estimated APTC to lower monthly premiums. Excess APTC received may need to be repaid during tax filing.
- **Premium Increase:** Factors affecting a Resident's individual contribution include changes in issuer rates, federal law, and the Second-Lowest Cost Silver Plan premium. Changes in income or household size also impact contributions. For more details, visit the **KHBE Facts & Resources** page and view the *Why My Individual Contribution May Be Lower or Higher* fact sheet or click [here](#), to visit the website now.
- **Requirements to Reconcile:** When filing their tax return, a taxpayer's APTC is reconciled with their actual household income, and family size. If they used more APTC than qualified, they must repay the difference. If they used less, they receive the difference as a refundable credit.



Please note: Employer-provided coverage is affordable if the employee's contribution is no more than 9.12% of household income (as of 2025).

5.4 Cost-Sharing Reductions (CSRs)

Slide Voice-over: Individuals may be eligible for CSRs which are extra savings that reduce out-of-pocket costs for expenses like copays and deductibles. CSRs are only applicable to Silver Level Plans, a category of QHPs.

Eligibility for CSRs includes Individuals and families with incomes up to 250% of the Federal Poverty Level. Members of federally recognized tribes, who can receive CSRs for any Metal Level plan (Bronze, Expanded Bronze, Silver, Gold, and Platinum) using different income guidelines.

Cost-Sharing Reductions (CSRs)

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6. Medicaid

6.1 Medicaid

Slide Voice-over: Medicaid is a state and federally funded program providing health coverage for low-income Individuals, families, children, pregnant women, the elderly, and people with disabilities. It is administered by states under federal guidelines.

MAGI Medicaid: Uses Modified Adjusted Gross Income (MAGI) to determine eligibility for adults and children based on specific technical and financial criteria.

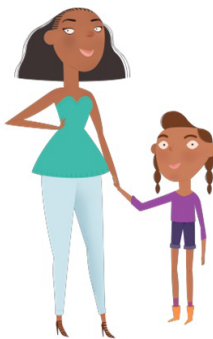
Non-MAGI: Uses traditional methods to determine eligibility for Individuals who are aged, blind, or disabled.

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MAGI and Non-MAGI Medicaid

- **MAGI Medicaid:** Uses Modified Adjusted Gross Income (MAGI) to determine eligibility for adults and children based on specific technical and financial criteria.
- **Non-MAGI Medicaid:** Uses traditional methods to determine eligibility for Individuals who are aged, blind, or disabled.



6.2 Modified Adjusted Gross Income (MAGI) Medicaid Eligibility

Slide Voice-over: Income eligibility for Medicaid 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 or caretaker relatives, and low-income adults between the ages 19 to 64.

MAGI Medicaid Eligibility

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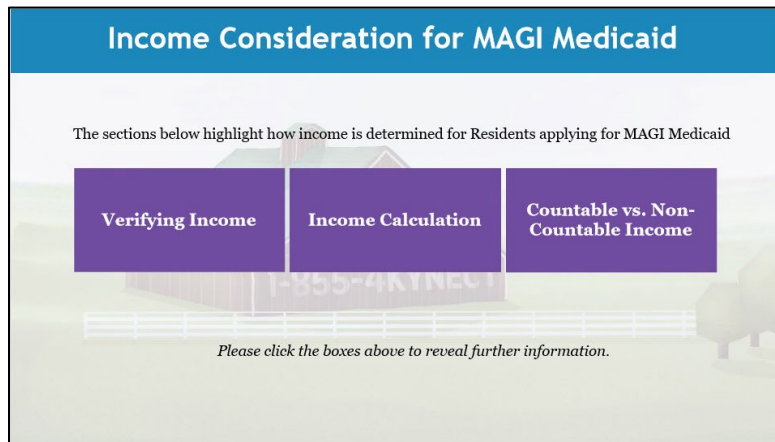
- **Children**
- **Pregnant women**
- **Parent/caretaker relatives**
- **Low-income adults between the ages 19-64**



6.3 Income Consideration for Modified Adjusted Gross Income (MAGI) Medicaid

Slide Voice-over: We will be going over income considerations for MAGI Medicaid. The sections below highlight how income is determined for Residents applying for MAGI Medicaid.

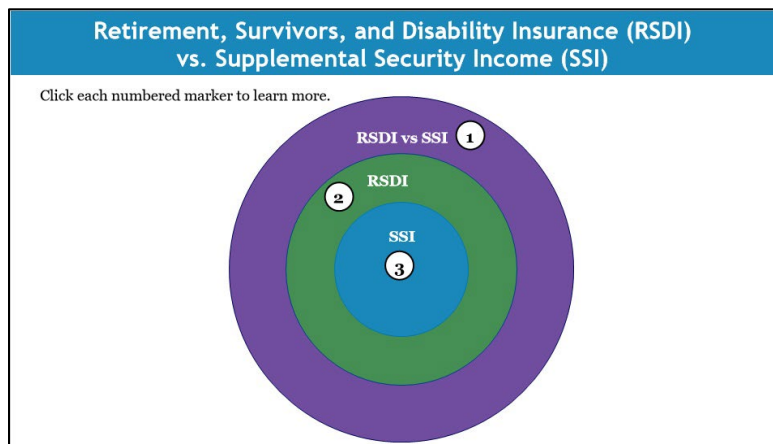
- **Verifying Income:** Income is verified for MAGI Medicaid when the Resident-stated income is reasonably compatible with state and federal data sources, defined as a difference of no more than 25 percent. Agents and kynectors should check to ensure that a Resident has agreed to allow kynect to access state and federal data sources.
- **Income Calculation:** Adjusted Gross Income (AGI) is an Individual's total income minus certain adjustments. Modified Adjusted Gross Income is the AGI plus specific deductions. These deductions can vary, and sometimes AGI and MAGI are identical. According to the IRS, MAGI includes AGI plus deductions.
- **Countable and Non-Countable Income:** The table lists countable and non-countable income types for determining eligibility for MAGI Medicaid. Dependents' income is counted only if they are required to file taxes. Some examples of countable income are wages, salaries, interest income, and pensions. For non-countable income, think of loans, veteran benefits, and worker's compensation.



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

Slide Voice-over: Let's go over Retirement, Survivors, and Disability Insurance (RSDI) and Supplemental Security Income (SSI).

- **RSDI vs. SSI:** SSI provides assistance to people with disabilities, while RSDI is a federally funded program managed by the Social Security Administration.
- **RSDI:** also known as Social Security, provides retirement, survivors, and disability benefits based on a deceased person's earnings. It is countable income for MAGI. For children, RSDI is excluded if they live with their parents but countable if they live with a grandparent, aunt, etc., under non-tax filing rules.
- **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.



6.5 Presumptive Eligibility (PE)

Slide Voice-over: Presumptive Eligibility in Kentucky allows for quick, temporary Medicaid services through a simplified application process, enabling immediate, time-limited access to medical services and serving as a gateway to full Medicaid coverage. Eligibility is determined based on a simplified application provided by Qualified Entities such as hospitals or ambulatory pregnancy care provider.

Verification Requirement: Most applications require verification of residency, pregnancy, immigration status, and household composition. Self-attestation is acceptable unless conflicting documentation is received.

Presumptive Eligibility (PE)

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Verification Requirement

Most applications require verification of residency, pregnancy, immigration status, and household composition. Self-attestation is acceptable unless conflicting documentation is received.



6.6 Household Composition

Slide Voice-over: Household Composition is determined using Filer and Non-Filer rules based on tax filing status. This designation helps construct household size for each Applicant. An Individual does NOT need to apply for assistance to be included in a household.

Household Composition

Household Composition

Household Composition is determined using **Filer and Non-Filer rules** based on tax filing status. This designation helps construct household size for each applicant. An Individual does **NOT** need to apply for assistance to be included in a household.

The following scenario illustrates a household situation that Agents and kynectors may encounter.



6.7 Household Composition Callout

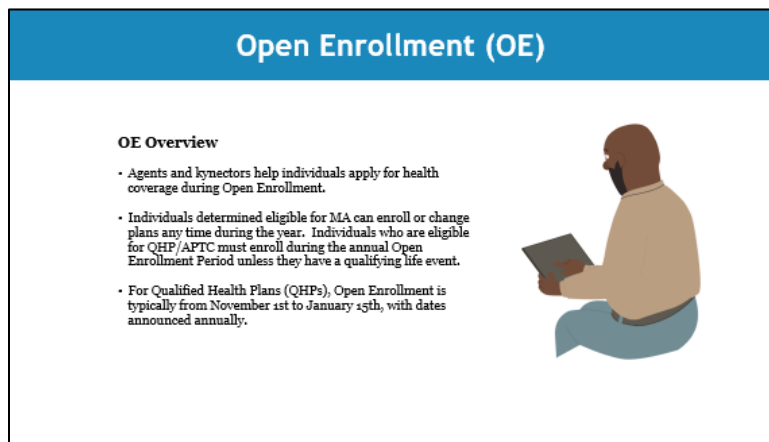
Slide Voice-over: Individuals transitioning to Medicare are identified by a system batch running on the second day of each month, capturing those turning 65 that month. Their eligibility will be re-determined upon transition. Timely enrollment in Medicare is crucial. Furthermore, additional steps are required to disenroll from a QHP. For more information, please click on the [link](#).



7. Enrollment Periods

7.1 Open Enrollment Overview

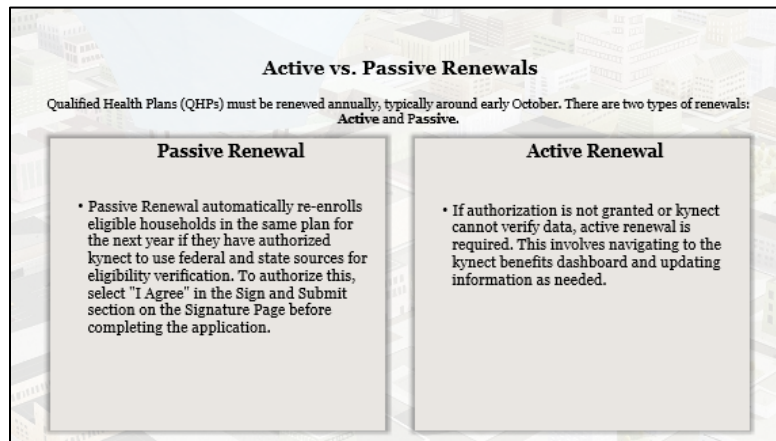
Slide Voice-over: Agents and kynectors help Individuals apply for health coverage during Open Enrollment. Individuals determined eligible for Medicaid can enroll or change plans any time during the year. Individuals who are eligible for QHP and APTC must enroll during the annual Open Enrollment Period unless they have a qualifying life event. For QHP's, Open Enrollment is typically from November 1 to January 15, with dates announced annually. Native Americans and Alaska Natives can enroll or change plans monthly throughout the year. If an Individual is disenrolled from a QHP and eligible for Medicaid MCO, they will be assigned the MCO provider associated with their QHP issuer, if available, unless they choose otherwise. This applies if there is overlapping Medicaid eligibility with their QHP coverage.



7.2 Active vs. Passive Enrollments

Slide Voice-over: QHPs must be renewed annually, typically around early October. There are two types of renewals: active and passive.

- **Passive Renewal:** automatically re-enrolls eligible households in the same plan for the next year if they have authorized kynect to use federal and state sources for eligibility verification. To authorize this, select **I Agree** in the *Sign and Submit* section on the **Signature Page** before completing the application.
- **Active Renewals:** If authorization is not granted or kynect cannot verify data, active renewal is required. This involves navigating to the kynect benefits Dashboard and updating information as needed.



7.3 Special Enrollment Period (SEP)

Slide Voice-over: Individuals experiencing a qualifying event (e.g., job loss, moving, or marriage) may be eligible for a Special Enrollment Period. During an SEP, they can enroll in or change medical and dental plans through kynect health coverage. SEPs typically last for 60 days following the qualifying event.

- **Loss of Qualifying Health Coverage:** Individuals may qualify for an SEP if they or anyone in their household loses Minimum Essential Coverage.
- **Change in Household Size:** An Individual may qualify for an SEP if they (or anyone in their household): Get 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 their household) gain access to new kynect health coverage plans due to a change in their place of living. This SEP is ONLY valid if they had qualifying coverage, except in the following situations: They lived in a foreign country or U.S. territory for at least one of the 60 days preceding the move, they lived in an area with no QHP available through kynect health coverage for one, or more days before the qualifying event or most recent enrollment period. Below are examples of Qualifying Changes in Primary Place of Living:
 - Moving to a new home in a new zip code or county where new QHP's are available.
 - Moving to the U.S. from a foreign country or U.S. territory.
 - A student moving to or from the place they attend school.
 - A seasonal worker moving to or from the place they live and work.
 - Moving to or from a shelter or other transitional housing.
- **Newly Eligible or Ineligible for Payment Assistance:** An Individual may qualify for a SEP if they (or anyone in their household): Are enrolled in kynect health coverage and report a change that makes them:
 - Newly eligible or ineligible for help paying for coverage.
 - Experience a change in Cost-Sharing Reduction category.
 - Become newly eligible for kynect health coverage after being released from incarceration.
- **More Qualifying Changes:** Exceptional Special Enrollment (ESE) is for circumstances beyond traditional qualifying life events that prevented enrollment during an enrollment period. Individuals must select a new plan within 60 days of knowing the triggering event. Requests for Exceptional Special Enrollment can be sent by email to kynectESE@ky.gov. Click on the link for more information on [Exceptional Special Enrollments](#).

Special Enrollment Period (SEP) Overview

Click on each post-it note below to uncover the types of Special Enrollments.

Loss of Qualifying Health Coverage

Change in Household Size

Change in Primary Place of Living

Newly Eligible or Ineligible for Payment Assistance

More Qualifying Changes

Please note: Individuals experiencing a qualifying event (e.g., job loss, moving, marriage) may be eligible for a Special Enrollment Period (SEP). During an SEP, they can enroll in or change medical and dental plans through kynect health coverage. SEPs typically last for 60 days following the qualifying event.

Please note: Moving solely for medical treatment or staying somewhere for vacation does not qualify Individuals for an SEP.

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.

7.4 Verification Process for Special Enrollment Periods (SEPs)

Slide Voice-over: Verification Process for Special Enrollment Periods.

- SEPs must be verified before the first payment can be made. This verification does not affect the Exchange-generated effective date, which is based on the SEP event and the date the Individual selects a QHP. If an Individual pays a premium for only one month, only prospective coverage is effectuated. Enrollment is "pending" until kynect health coverage verifies SEP eligibility, based on submitted documentation. If a SEP requires verification, the Resident can make their initial payment and have active coverage only after the documents are uploaded and verified. Residents must have their documents uploaded and verified prior to coverage becoming active.
- If kynect health coverage cannot automatically verify SEP eligibility, the Individual must submit documentation within 30 days of plan selection. Once verified, kynect releases enrollment information to the Issuer. SEP verification applies to the following types:
 - Loss of job-based coverage
 - Permanent move to a different state
 - Marriage
 - Gaining or becoming a dependent through adoption, foster care placement, or court order



7.5 Exceptional Special Enrollment Period

Slide Voice-over: Residents will need to submit extra documents when enrolling during an Exceptional Special Enrollment Period.

- **Exceptional Special Enrollments:** kynect grants most SEPs through application questions or internal logic. However, for certain Exceptional Special Enrollments, eligible Residents must request in writing. These include error by kynect health coverage or misrepresentation in enrollment, plan or contract violation, material error related to plan benefits, service area, or premium, or victim of domestic abuse or spousal abandonment.
- **Residents seeking an ESE:** Must submit a written request or call the Contact Center for guidance. Contact Center representatives cannot determine ESE eligibility and will forward cases to KHBE staff. A special ESE committee reviews these requests and submits recommendations to the KHBE Director, who makes the final decision. If the ESE is granted and a new enrollment is processed, the record is sent to the Issuer with the coverage effective date. The Resident will then be notified in writing of the decision.

Exceptional Special Enrollment Period

Residents will need to submit extra documents when enrolling during a Exceptional Special Enrollment Period.

For details on Exceptional Special Enrollment, coverage dates, and required documentation, click on the "Special Enrollment" file located under resources at the top-right of your screen.

Select the photos on the left to learn more.

8. Health Reimbursement Arrangements (HRAs)

8.1 Health Reimbursement Arrangements (HRAs) Overview

Slide Voice-over: Agents and kynectors assist with Health Reimbursement Arrangements, employer-funded plans that reimburse employees' medical expenses tax-exempt, up to a set limit per coverage period. Unused HRA funds may carry over to future years and can cover expenses for the employee's spouse, dependents, and children under 27. HRAs are an employer-funded health plan that reimburses eligible medical costs in compliance with IRS rules.

Health Reimbursement Arrangements (HRAs)

HRAs Overview

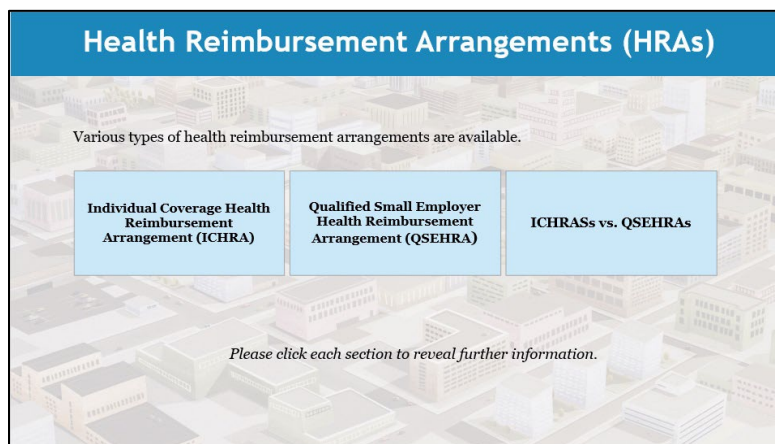
- Agents and kynectors assist with Health Reimbursement Arrangements (HRAs), employer-funded plans that reimburse employees' medical expenses tax-exempt up to a set limit per coverage period.
- Unused HRA funds may carry over to future years and can cover expenses for the employee's spouse, dependents, and children under 27.
- HRAs are an employer-funded health plan that reimburses eligible medical costs in compliance with IRS rules.



8.2 Individual Coverage Health Reimbursement Arrangements (ICHRA) and Qualified Small Employer Health Reimbursement Arrangements (QSEHRAs)

Slide Voice-over: Various types of health reimbursement arrangements are available.

- **ICHRA:** An Individual Coverage Health Reimbursement Arrangement (ICHRA), reimburses medical expenses, including monthly premiums. Eligible employees and dependents must have individual health insurance, or Medicare Parts A, B, or C for each month they are covered by the arrangement.
- **QSEHRAs:** Small employers without group health coverage, can help employees pay medical expenses through a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA). Employees can use this arrangement to reimburse their own and covered dependents' medical expenses, if permitted. To use QSEHRA, employees and dependents must be enrolled in Minimum Essential Coverage.
- **ICHRA vs. QSEHRAs:** There are some notable differences when dealing with ICHRA and QSEHRAs.
 - **ICHRA** - To use APTC for health coverage premiums, Individuals must:
 - Be enrolled in a kynect health plan.
 - They cannot use both APTC and an HRA.
 - If they accept the HRA and use APTC, they may owe taxes.
 - Eligible Individuals must opt out of the HRA and inform their employer.
 - If the ICHRA is unaffordable by IRS standards, APTC is allowed if the employee opts out and meets other requirements.
 - **QSEHRA** - Individuals can combine the APTC and HRA amounts if the QSEHRA is deemed unaffordable. They should reduce the APTC applied to their monthly premiums by the monthly QSEHRA amount. When kynect health coverage asks for the desired APTC amount in advance, subtract the monthly QSEHRA amount from the eligible monthly APTC.



8.3 ICHRA/QSEHRA Special Enrollment Period

Slide Voice-over: Enrolling through an ICHRA or QSEHRA Special Enrollment Period.

- **ICHRA/QSEHRA Special Enrollment Period:** Generally, qualified Individuals need to apply for and enroll in individual health coverage in time for it to take effect by the date that their ICHRA or QSEHRA starts.
- **ICHRA/QSEHRA Special Enrollment Period:** Individuals with questions about their ICHRA or QSEHRA start date should check their employer notice or contact their employer.



8.4 Health Reimbursement Arrangements (HRAs) Special Enrollment Periods and Impacts

Slide Voice-over: HRA's Affect Special Enrollments: Individuals and their dependents who newly gain access to an ICHRA or a QSEHRA, may qualify for a Special Enrollment Period to enroll in individual health coverage through, or outside kynect health coverage.

Key Callouts: The triggering event is the first day on which coverage under the ICHRA or QSEHRA takes effect. APTC is not available for individuals who choose to be covered by an ICHRA, regardless of affordability.

HRA Impacts to APTC: APTC is not available for Individuals offered an ICHRA, including employees, spouses, and dependents. When ICHRA is deemed unaffordable by IRS standards, APTC is permitted if the employee opts out of the HRA and meets other APTC requirements.

HRAs Special Enrollment Periods and Impacts

HRAs Affect Special Enrollments

Individuals and their dependents who newly gain access to an ICHRA or a QSEHRA may qualify for a Special Enrollment Period to enroll in individual health coverage through or outside kynect health coverage.



HRA Impacts to APTC

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Key Call-Outs

The triggering event is the first day on which coverage under the ICHRA or QSEHRA takes effect.

APTC is not available for Individuals who choose to be covered by an ICHRA, regardless of affordability.



9. Fraud, Waste, or Abuse

9.1 Fraud, Waste, and Abuse

Slide Voice-over: In this section we will be going over Fraud, Waste, and Abuse. Public assistance fraud is a crime, and substantiated cases are referred for prosecution or administrative sanctions. Agents and kynectors in Kentucky should report any suspected fraud, waste, or abuse.

- **Fraud:** 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:** 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:** 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) 377-2970. Users may also report suspected public assistance fraud by email to CHFS.fraud@ky.gov, or by sending a complaint by mail to the address listed below:

Office of Inspector General

Division of Audits and Investigations

275 E. Main St, 5E-D

Frankfort, KY 40621

Please click on the blue link for more information on [fraud, waste, or abuse](#).

Report Fraud, Waste, and Abuse

Click the buttons below to learn more about Fraud, Waste, and Abuse

Public assistance fraud is a crime, and substantiated cases are referred for prosecution or administrative sanctions. Agents and kynectors in Kentucky should report any suspected fraud, waste, or abuse.



[Fraud](#)[Waste](#)[Abuse](#)