The Commonwealth of Kentucky

kynect State-Based Marketplace

kynect

health coverage

Together for a better Kentucky

Processing Applications in kynect Refresher Training Guide

July 18, 2025

Document Control Information

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Introduction

This Refresher Course highlights how to submit a benefits application in kynect on behalf of a Resident. Agents and kynectors need to familiarize themselves with this process to better assist Residents with completing a benefits application.

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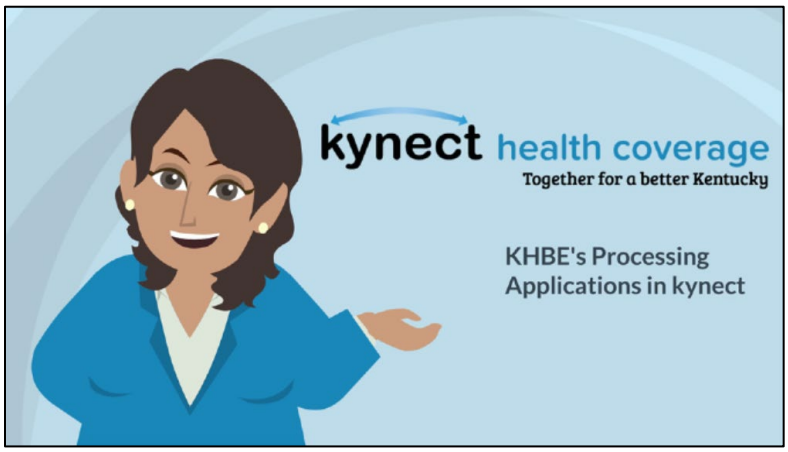
1. Welcome to the Processing Applications in kynect Refresher Course

1.1 Course Introduction

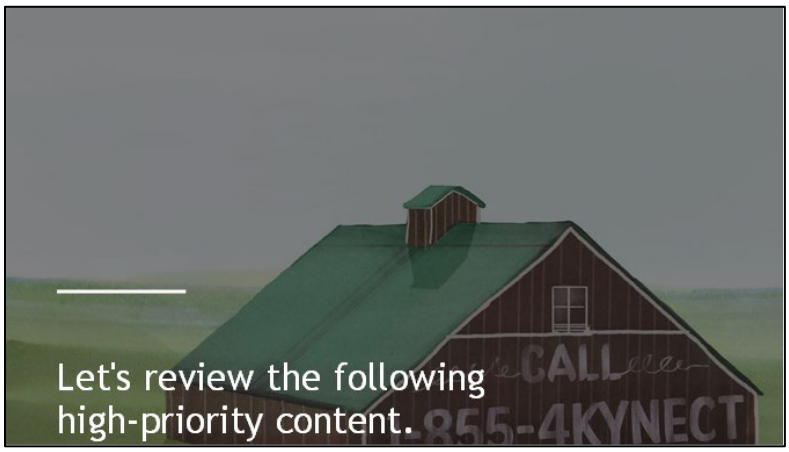
This course offers Agents and kynectors a system demonstration on submitting a kynect application on behalf of a Resident.



2. High Priority Content

2.1 High Priority Content

In this lesson, we will cover essential information and highlights about the benefits application process in kynect.



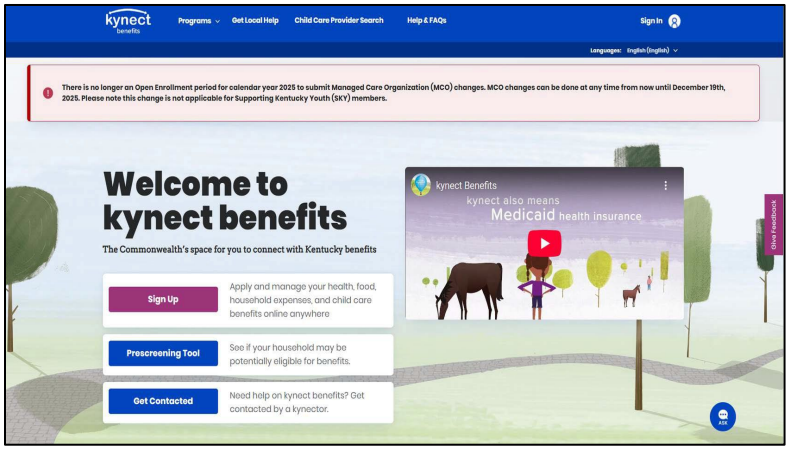
2.2 Updates and Enhancements

Here are some of the key changes to kynect's benefits application.

- **Simplified Renewal Process:**
  - Automated renewal reminders and pre-filled applications for returning Applicants.
  - Easier process for updating personal and financial information.
- **Expanded Coverage Options:**
  - Introduction of new health plans and coverage options to meet diverse needs.
  - Enhanced comparison tools to help Residents choose the best plan.
- **Improved Accessibility Features:**
  - More accessible design to enable all users to complete the application independently.
- **Community Outreach Programs:**
  - Increased efforts to educate and assist underserved communities in applying for benefits.
  - Partnerships with local organizations to provide in-person support and resources.
- **Enhanced Navigation:**
  - Improved navigation and user experience for Applicants.
  - More intuitive design to simplify the application process.
- **Summary:**
  - These changes aim to make the application process more user-friendly, secure, and accessible, ultimately improving the overall experience for Applicants.

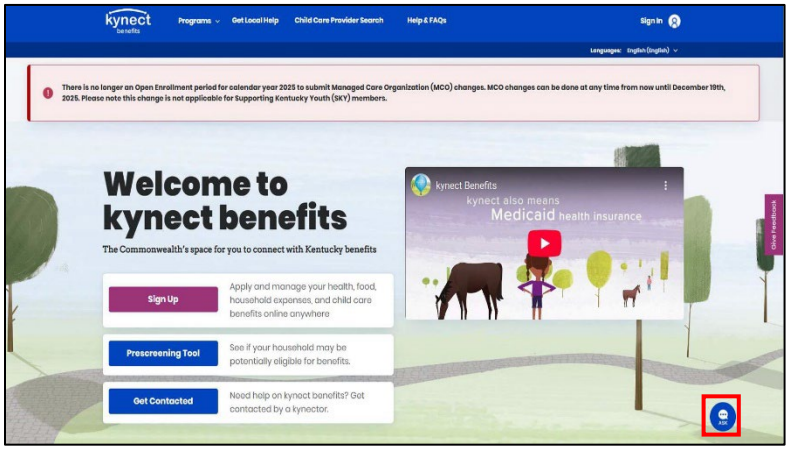
2.3 Benefits Application Overview

The kynect benefits application enables Residents to determine their eligibility for health coverage programs such as Medicaid (MA), Kentucky Children's Health Insurance Program (KCHIP), and Qualified Health Plans (QHP), as well as to enroll in these programs. Accessible via the online kynect system, the application process can be supported by Agents and kynectors.



2.4 Ask Feature

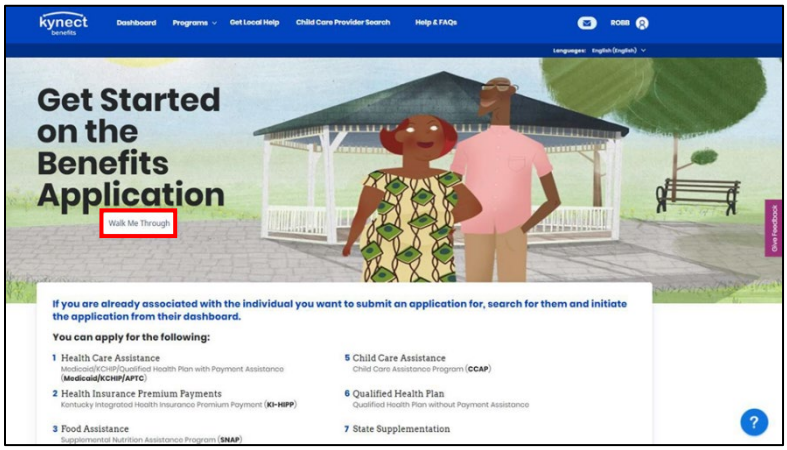
The Ask feature allows users to chat and inquire about benefits without providing any Personally Identifiable Information (PII).



Please note: Applicants are advised to protect their data from external access by avoiding the entry of PII such as Social Security Number, Date of Birth, Email, and/or Name during the chat.

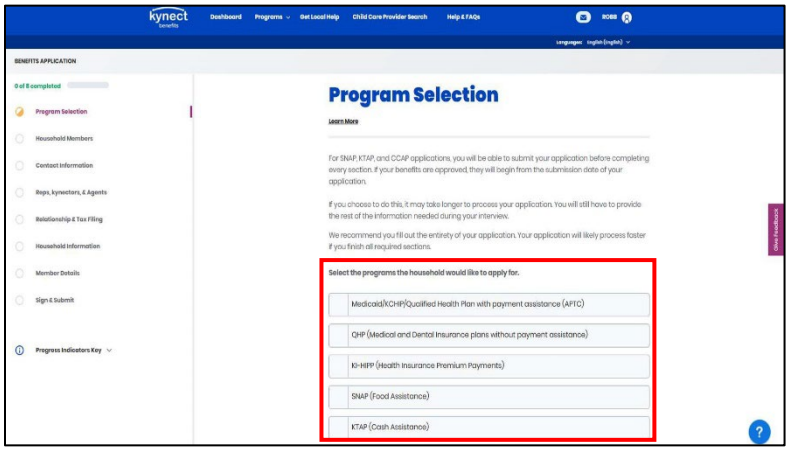
2.5 Walk Me Through

Click the **Walk Me Through** button for guidance and support for essential processes and identifying key areas to focus on when applying for benefits.



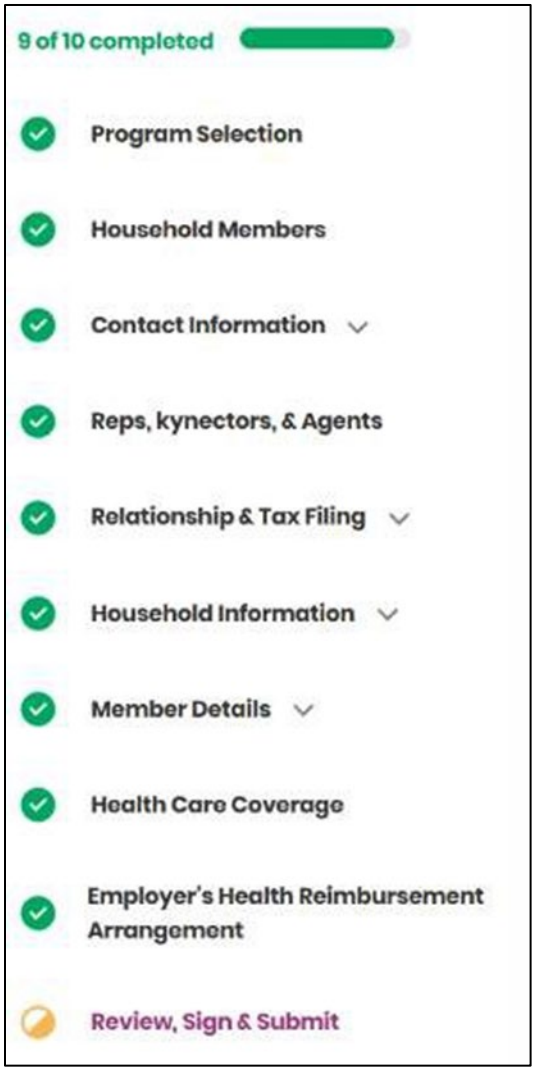
2.6 Selecting Benefits

Agents and kynectors use the benefits application to help Residents apply for a variety of programs, including: Medicaid/Kentucky Children's Health Insurance Program (KCHIP), Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP), Advance Premium Tax Credit (APTC), and Qualified Health Plan (QHP). They also support Residents with reporting changes and recertifying benefits. Additionally, some kynectors are able to assist with Supplemental Nutrition Assistance Program (SNAP) and Child Care Assistance Program (CCAP). The application gathers household information to determine eligibility and enroll Residents in health coverage.



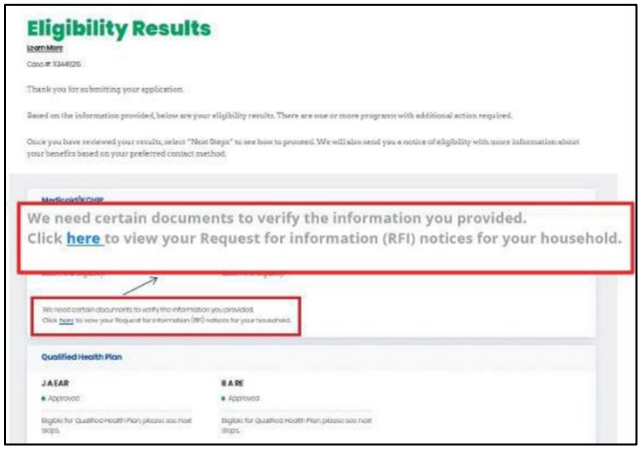
2.7 Track your Progress!

The progress bar is used to provide guidance, manage time, and track completion status. In the benefits application, a progress bar or section completion tracker is shown on the left side of the screen. This tracker updates automatically as each section is completed, allowing the user to monitor their progress through the application. At any time, the user can click on these sections to go back and update information.



2.8 Eligibility Results

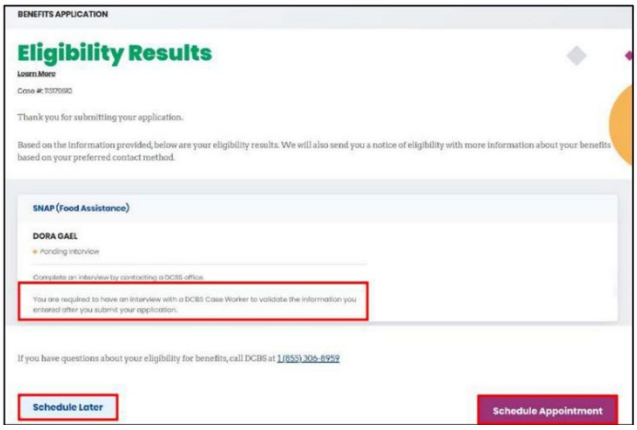
The **Eligibility Results** screen outlines the programs for which the Resident has been approved or denied for and the applicable coverage effective date. It includes instructions on next steps such as uploading documents, scheduling an appointment, etc.



Please note: Pay attention to the *Click Here* callout on the **Eligibility Results** screen which indicates that there is a Request for Information (RFI) required. Click on the link and follow the provided instructions to upload documents.

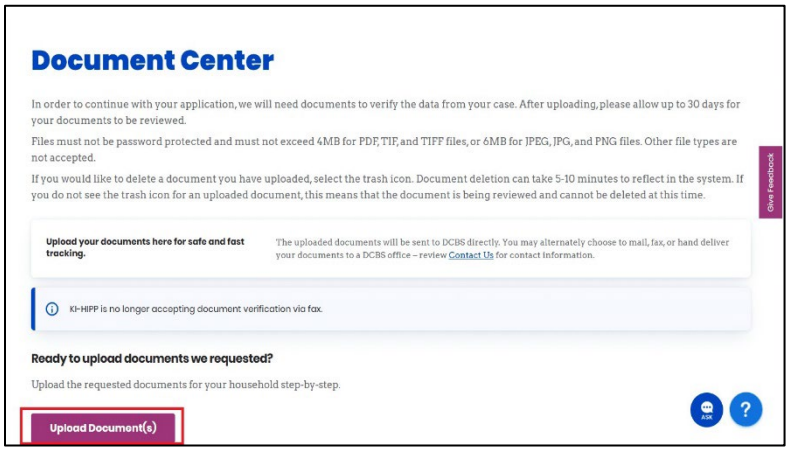
2.9 Appointments

The **Eligibility Results** screen may indicate a requirement to meet with a DCBS Caseworker. Schedule an appointment by clicking **Schedule Later** or **Schedule Appointment**. The **Eligibility Results** screen may indicate a requirement to meet with a specific DCBS Caseworker. Click the **Schedule Later** or **Schedule Appointment** button depending on the Resident's needs.



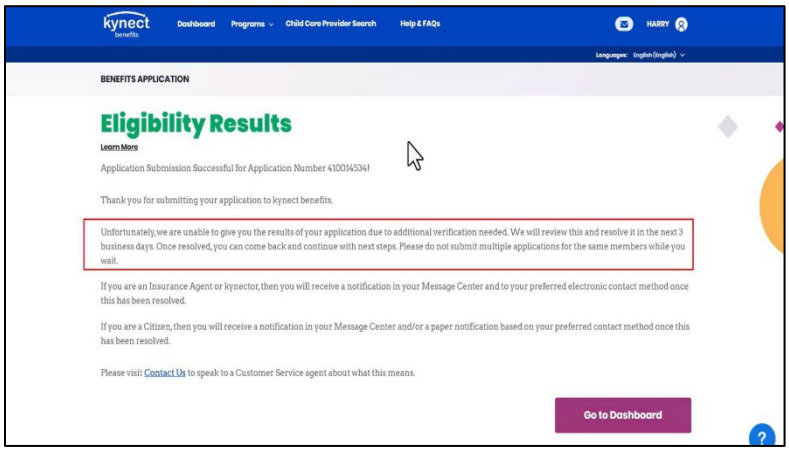
2.10 Upload Documents

Once the application is submitted, there may be a need to upload documents through the **Document Center**. Follow the on-screen prompts and attach the required documents.



2.11 Three-Day Review

At times, a three-business-day period is needed to review the application before displaying results. Please avoid re-submitting the application during this time.

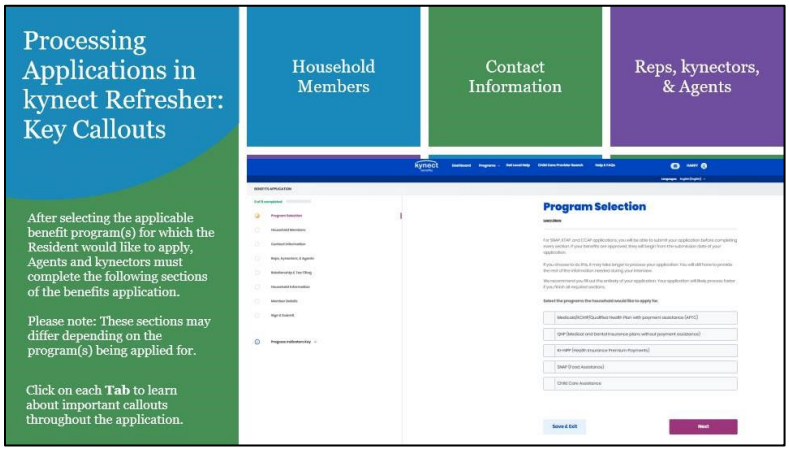


2.12 Benefits Applications Callouts

In this section, we will highlight key points for the various parts of the Benefits Application.

1. **Program Selection**
    a. The initial section is Program Selection, the first step in the application process. Here, the Applicant, Agent or kynector, acting on their behalf, indicates the specific benefit program(s) they intend to apply for. kynect automatically selects QHP to process QHP benefits alongside Medicaid, preventing coverage gaps, and ensuring continuous insurance for Individuals. This also checks eligibility for a QHP if the Resident is found to be ineligible for Medicaid and/or APTC.
2. **Household Members**
    a. The first person entered will be the Head of Household and primary subscriber.
    b. Providing the Social Security Number allows kynect to verify case details and potentially prevent RFIs.
    c. The applying for coverage checkbox indicates who is requesting coverage through kynect.
3. **Contact Information**
    a. Agents and kynectors should confirm accurate contact and address information so Residents may receive timely notifications from kynect regarding their benefits.
    b. The physical address of a Resident impacts the types of plans which may be available in their area. Address details should be updated when a Resident moves.
4. **Reps, kynectors, & Agents**
    a. Agents and kynectors should not be added as an Authorized Representative to a case.
    b. Agents and kynectors will be automatically associated. They can add additional support, if needed.
    c. For the kynector access request, Residents must respond electronically or verbally.
5. **Relationship & Tax Filing**
    a. Married couples who file taxes separately will be ineligible for Advance Premium Tax Credits.
    b. Reconciliation of APTC is required to retain eligibility.
    c. Household relationships impact filer vs non-filer rules. Only members of the same tax household may enroll in the same QHP.
6. **Household Information**
    a. Individuals enrolled in Medicare cannot enroll in a QHP.
    b. Deductible expenses are for MAGI Medicaid and APTC and do not include standard deductions such as business expenses and charity.
    c. Additional questions or screens may be displayed based on the Individual's responses.

7. **Member Details**
    a. Include all forms of income.
    b. The Estimated Yearly Income will be used to evaluate eligibility. If it is incorrect for any reason, it may be overridden and the manually entered income amount will be considered for eligibility.
    c. Medicaid evaluates monthly income and APTC evaluates annual income.
8. **Health Care Coverage**
    a. Outside coverage, such as through an employer-sponsored plan, will make an Individual ineligible for APTC and a child ineligible for KCHIP.
    b. If family coverage through an employer plan is deemed unaffordable, they may enroll in coverage through kynect.
9. **Employer's Health Reimbursement Arrangement**
    a. Individual Coverage Health Reimbursement Arrangements (ICHRA) and Qualified Small Employer Health Reimbursement Arrangements (QSEHRA) offer employees health benefits without traditional group plans.
10. **Review, Sign, & Submit**
    a. Allowing kynect to access income data will allow the case to be passively renewed, eliminating the need for active renewal each year.
    b. Allowing kynect to terminate QHPs will prevent Individuals from having to pay for a full price QHP if they are found eligible for a better benefit program.



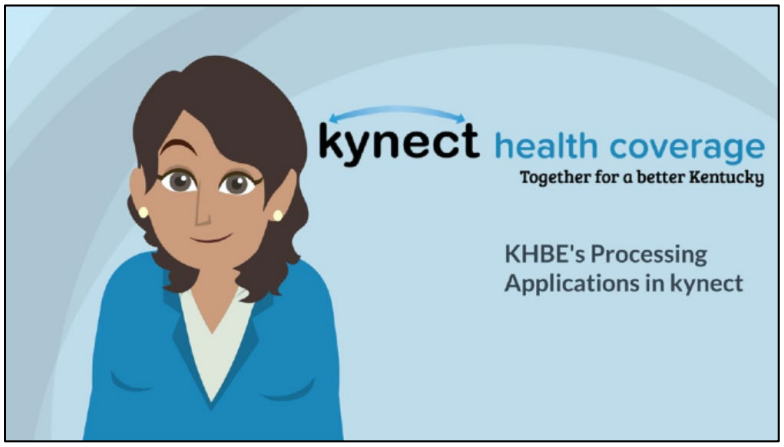
Please note: Sections of the application may differ depending on the program(s) being applied for.

3. Processing Applications in kynect Refresher Training

3.1 Overview of Processing Applications in kynect Refresher

In this module, we will highlight important points from the benefits application to give Agents and kynectors hands-on system training. For a detailed review of the training materials available to Residents and to learn more about the benefits application, please click here.

Agents and kynectors use the benefits application to help Residents apply for a variety of programs, including Medicaid/KCHIP, KI-HIPP, APTC, and QHP. They also support Residents with reporting changes and recertifying benefits. Additionally, some kynectors are able to assist with SNAP and CCAP. The application gathers household information to determine eligibility and enroll Residents in health coverage.



3.2 Acceptable forms of Identification

During the *Identity Verification Upload* section of the benefits application, a variety of identification documents are accepted. The most commonly used are Driver's Licenses, Social Security cards, and Birth Certificates. Employee IDs, however, are never considered valid forms of identification.

3.3 Preferred Contact Method

When choosing the Resident's preferred contact method, be sure to select their chosen option—whether it is mail, text, and/or email. Selecting their preferred contact method helps ensure they receive important information, such as notices, policy updates, and document requests in a timely manner.

3.4 Household Members

Remember, during the *Household Members* section of the benefits application, all members of the household must be included regardless of whether they are applying for coverage. Additionally, a separate application is not needed if a Resident is found to be ineligible for Medicaid.

3.5 Reconciling Premium Tax Credits

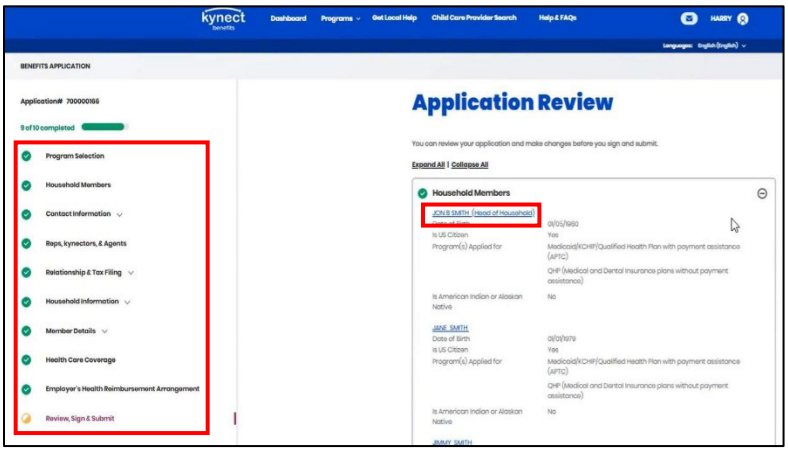
It is important to remember that if Individuals do not confirm they have reconciled tax credits from previous years, they risk losing eligibility for APTC.

Please note: Authorizing kynect to utilize income data in the benefits application, including details from tax returns, for the next five years enables cases to be renewed passively (automatically), reducing additional actions for Individuals to complete active renewal.

3.6 Review Sign & Submit

Agents, kynectors, and Residents will have the opportunity to make changes and updates to the benefits application before submission on the **Application Review** screen.

- **Status Menu:** Clicking on any of the completed sections in the status menu allows edits to be made.
- **Making Edits:** Users can update the benefits application at any time prior to submission by selecting the editable blue highlighted text on the **Application Review** screen.



3.7 Enrollment Management Module (EMM)

The Enrollment Management Module allows Applicants to shop for Medicaid, Qualified Health Plans, and compare plans that they are eligible for.

- **Cost-Sharing Reductions (CSR):** CSRs are applicable exclusively to Silver Metal Plans and can help lower costs for coinsurance, copays, and deductibles.
- **Enrollments in EMM:** Enrollments are prorated using calendar days instead of the standard 30-day month to calculate premiums. Applicable scenarios include newborns, death of the Primary Subscriber, death of a dependent, and others. This information is accessible on the **View QHP History** screen.

4. Processing Applications in kynect Refresher Training

This refresher course will highlight how to navigate a benefits application in kynect and how to shop for and compare plans. We will walk through processing an application in kynect and how to shop for and compare plans after completing an application.

To reacquaint yourself with the benefits application, please reference the Processing Applications in kynect Certification Training Guide here.

Please note: Agents initiate a benefits application from their Agent Portal Dashboard by clicking **Initiate an Application for Individual**. kynectors initiate a benefits application from their kynector Dashboard by clicking **Start Benefits Application**.