

The Commonwealth of Kentucky
kynect State-Based Marketplace



**kynect Application Walkthrough
Training Guide**

August 4, 2023

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Introduction

This Training Guide presents Agents and kynectors with instructional navigation and system demonstration of how to submit a benefits application on behalf of a Resident.

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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 Benefits Application Walkthrough

During this module, Agents and kynectors will learn how to complete a benefits application and shop for plans.

Application Walkthrough Scenario

Meet The Family!

Jim Lane: Head of Household

Kim Sanchez

Chris Sanchez

Scenario Details

Program Application: Jim is applying for Medicaid, Kentucky Children's Health Insurance Program (KCHIP), Qualified Health Plans (QHPs), and Advance Premium Tax Credit (APTC).

Relationship Status: Jim and Kim have a child together (Chris) and are unmarried. Jim, Kim, and Chris live in the same household.

Income Status: Jim works at the YMCA making \$24,674 per year; Kim is currently unemployed and receiving unemployment benefits.

Tax Filing Status: Jim and Kim are not married and will file taxes separately; Kim will claim Chris as a tax dependent.

Demographics: Jim identifies as White. Kim and Chris identify as White, Hispanic/Latino.

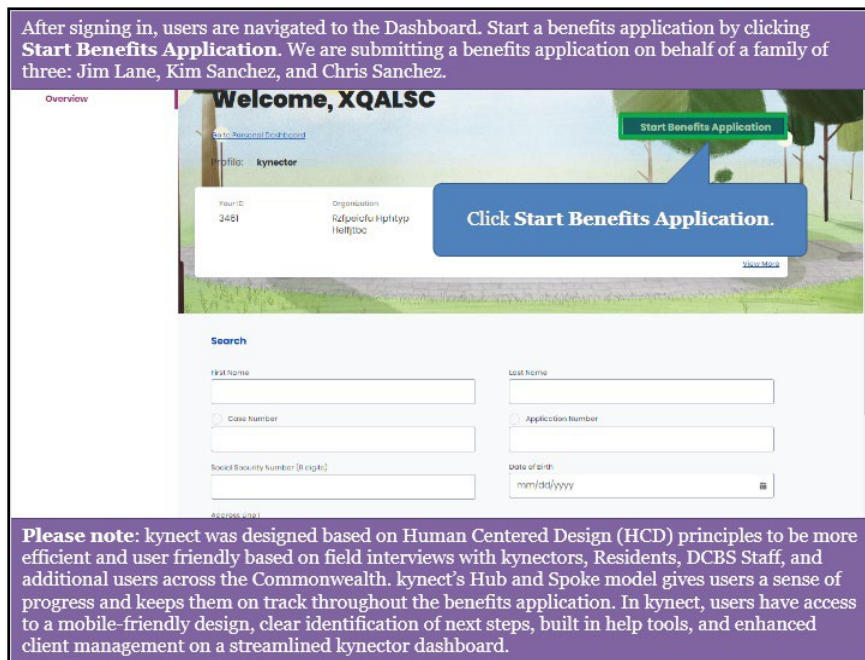
The benefits application is used by Agents and kynectors to apply for benefits on behalf of a Resident. Agents and kynectors may help Residents apply for Medicaid/KCHIP, KI-HIPP, APTC, QHP, report changes in information, and recertify benefits. The benefits application gathers information about the Resident's household so that kynect may determine eligibility for benefit programs and help enroll Residents in health coverage.

1.1 Start Benefits Application

Agents and kynectors initiate a benefits application from different points. Agents initiate a benefits application through Agent Portal by clicking **Initiate an Application for Individual**. kynectors initiate a benefits application through the **kynector Dashboard** by clicking **Start Benefits Application**.

1. Click **Start Benefits Application** to initiate a benefits application.

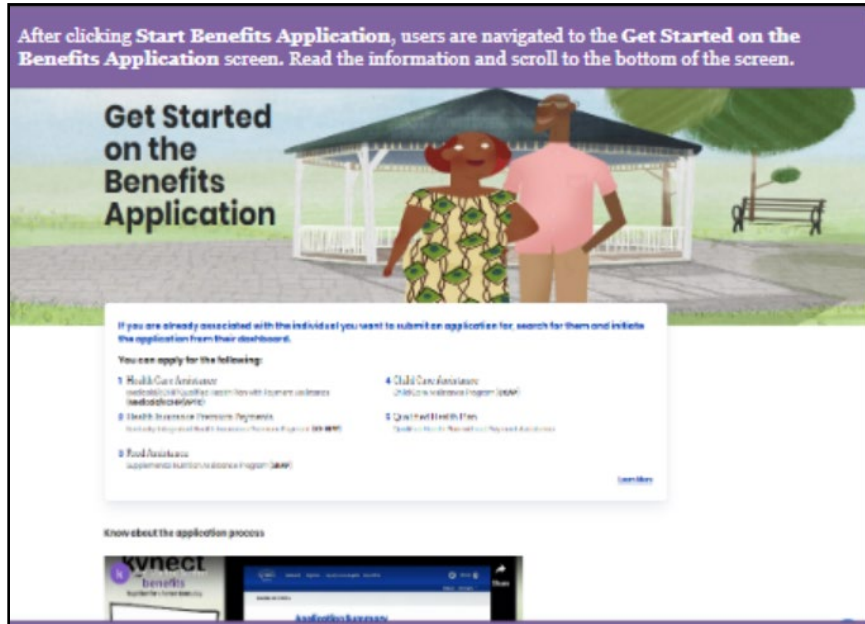
After signing in, users are navigated to the Dashboard. Start a benefits application by clicking **Start Benefits Application**. We are submitting a benefits application on behalf of a family of three: Jim Lane, Kim Sanchez, and Chris Sanchez.



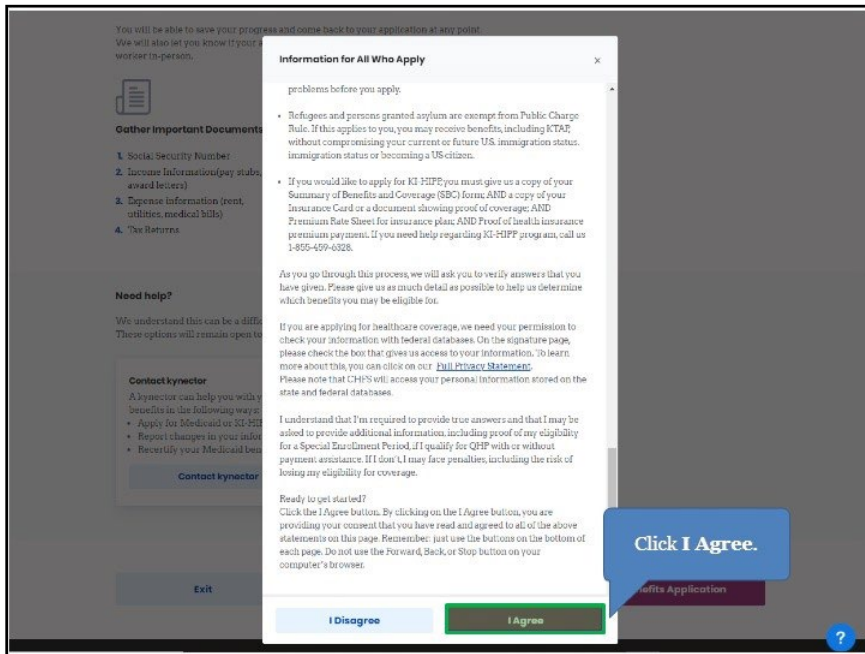
The screenshot displays the kynector dashboard interface. At the top, a purple banner contains the text: "After signing in, users are navigated to the Dashboard. Start a benefits application by clicking **Start Benefits Application**. We are submitting a benefits application on behalf of a family of three: Jim Lane, Kim Sanchez, and Chris Sanchez." Below this banner, the dashboard header includes "Welcome, XQALSC" and a "Start Benefits Application" button. A user profile card shows "Profile: kynector" and "Role ID: 2461". A large blue callout box with a white arrow points to the "Start Benefits Application" button, containing the text "Click Start Benefits Application." Below the header, there is a "Search" section with several input fields: "First Name", "Last Name", "Case Number", "Application Number", "Social Security Number (9 digits)", and "Date of Birth" (with a date picker set to "mm/dd/yyyy").

Please note: kynect was designed based on Human Centered Design (HCD) principles to be more efficient and user friendly based on field interviews with kynectors, Residents, DCBS Staff, and additional users across the Commonwealth. kynect's Hub and Spoke model gives users a sense of progress and keeps them on track throughout the benefits application. In kynect, users have access to a mobile-friendly design, clear identification of next steps, built in help tools, and enhanced client management on a streamlined kynector dashboard.

2. Read the benefits application information and click **Start Benefits Application**.



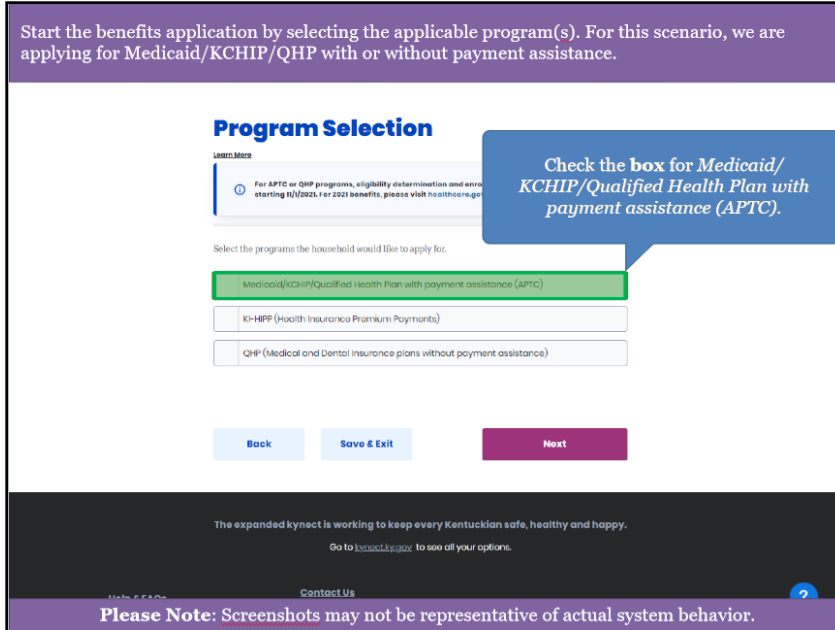
3. Read the *Information for All Who Apply* and click **I Agree**.



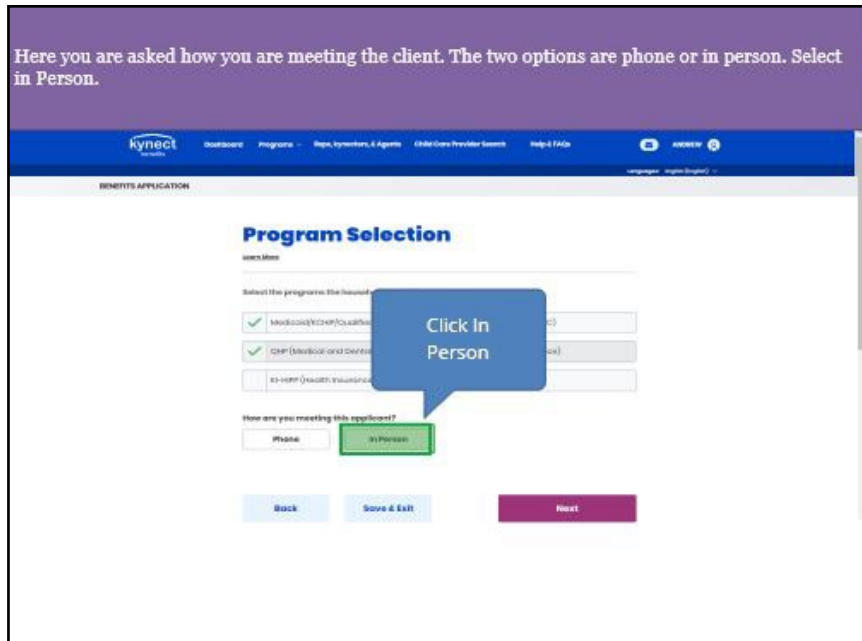
1.2 Program Selection

The *Program Selection* section is where Agents and kynectors select the program(s) the Applicant would like to apply for.

4. Check the **box** for the applicable benefit program(s)

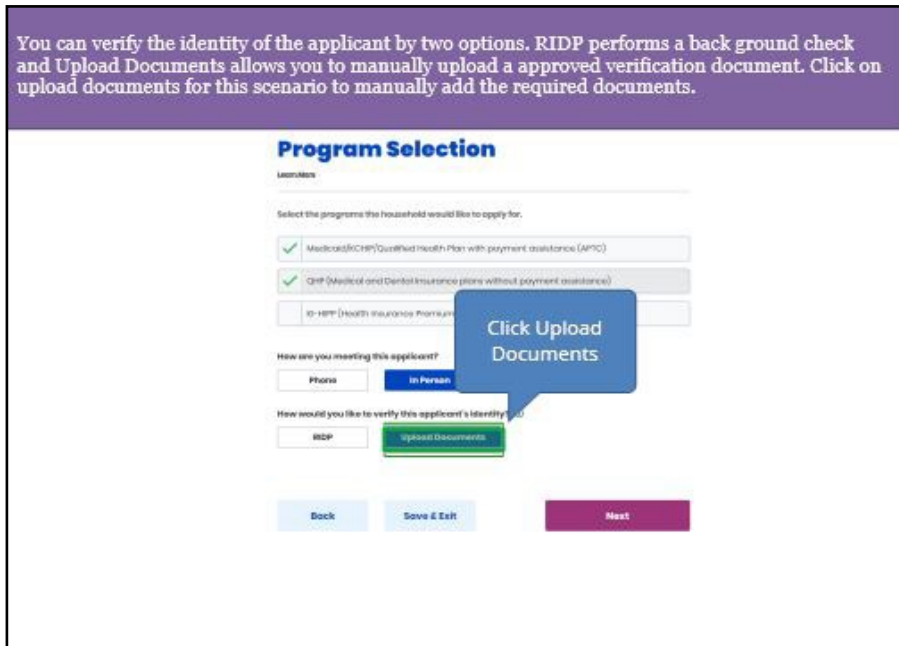


5. Click on the **in Person** box



6. Click on **Upload Documents**

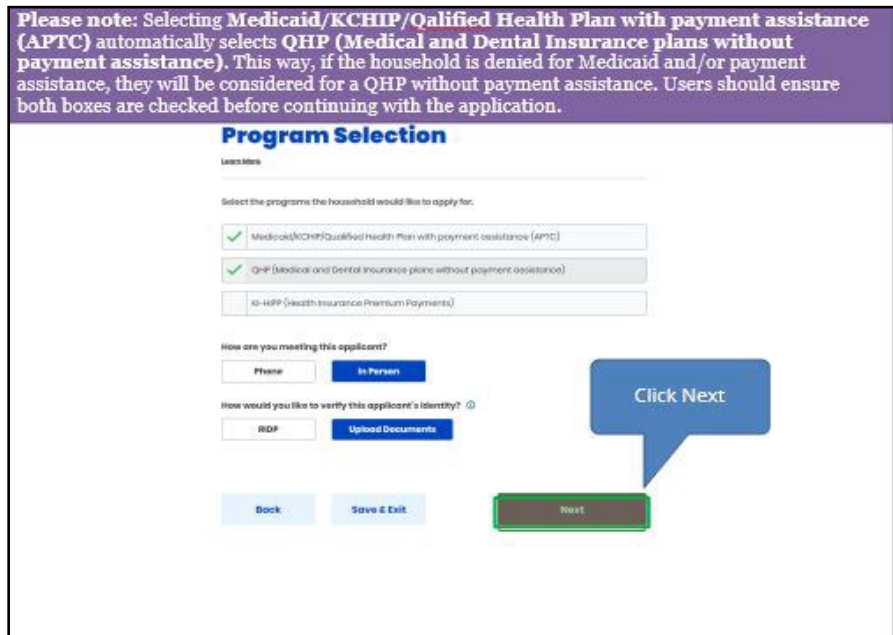
You can verify the identity of the applicant by two options. RIDP performs a back ground check and Upload Documents allows you to manually upload a approved verification document. Click on upload documents for this scenario to manually add the required documents.



The screenshot shows the 'Program Selection' form. At the top, there is a purple header with the title 'Program Selection'. Below the header, there is a 'Learn More' link. The main content area is white and contains several sections. The first section is 'Select the programs the household would like to apply for.' It has three radio button options: 'Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)' (checked), 'QHP (Medical and Dental Insurance plans without payment assistance)' (checked), and 'ID-HPP (Health Insurance Premium Payments)'. The second section is 'How are you meeting this applicant?' with two radio button options: 'Phone' and 'In Person' (selected). The third section is 'How would you like to verify this applicant's identity?' with two radio button options: 'RIDP' and 'Upload Documents' (highlighted with a green box). A blue callout bubble with the text 'Click Upload Documents' points to the 'Upload Documents' button. At the bottom of the form, there are three buttons: 'Back', 'Save & Exit', and 'Next'.

7. Click **Next**.

Please note: Selecting Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC) automatically selects QHP (Medical and Dental Insurance plans without payment assistance). This way, if the household is denied for Medicaid and/or payment assistance, they will be considered for a QHP without payment assistance. Users should ensure both boxes are checked before continuing with the application.

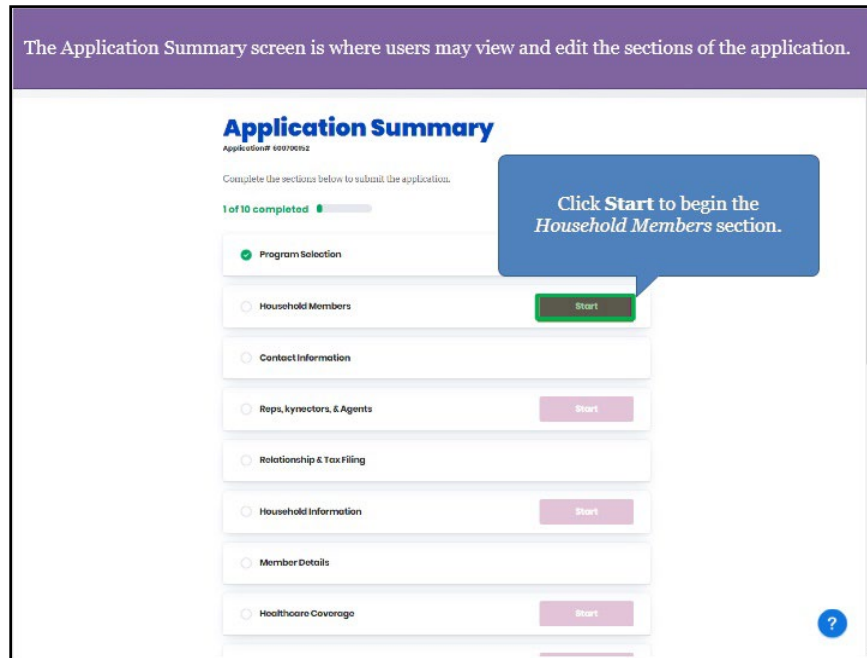


The screenshot shows the 'Program Selection' form. At the top, there is a purple header with the title 'Program Selection'. Below the header, there is a 'Learn More' link. The main content area is white and contains several sections. The first section is 'Select the programs the household would like to apply for.' It has three radio button options: 'Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)' (checked), 'QHP (Medical and Dental Insurance plans without payment assistance)' (checked), and 'ID-HPP (Health Insurance Premium Payments)'. The second section is 'How are you meeting this applicant?' with two radio button options: 'Phone' and 'In Person' (selected). The third section is 'How would you like to verify this applicant's identity?' with two radio button options: 'RIDP' and 'Upload Documents'. A blue callout bubble with the text 'Click Next' points to the 'Next' button. At the bottom of the form, there are three buttons: 'Back', 'Save & Exit', and 'Next' (highlighted with a green box).

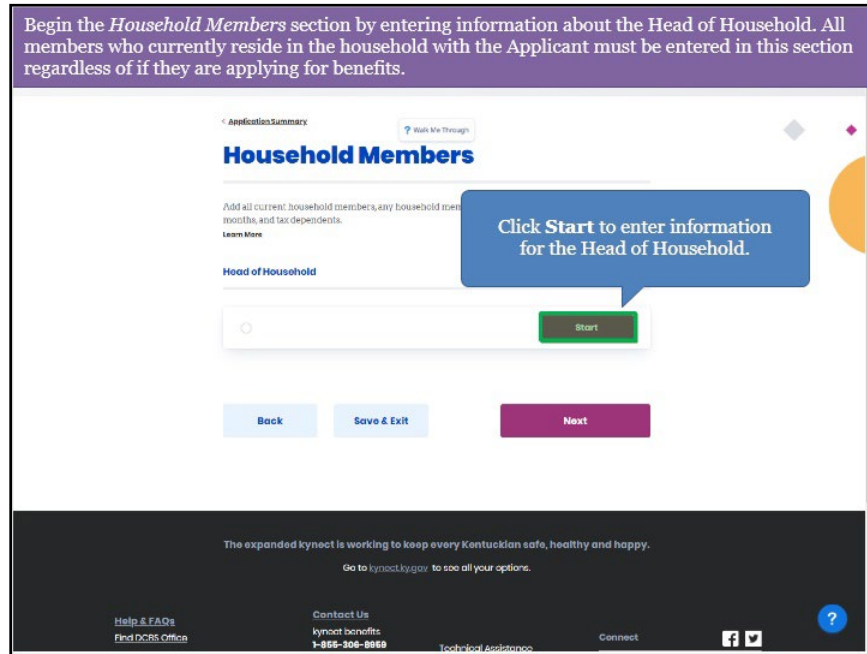
1.3 Household Members

The *Household Members* section is where Agents and kynectors enter information on the Applicant's household members.

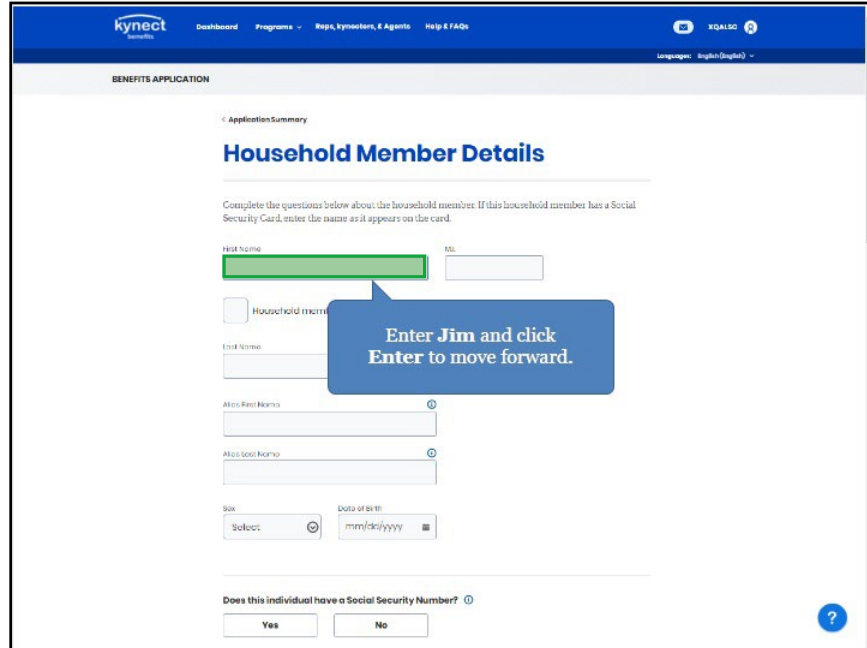
8. Click **Start** to begin the *Household Members* section.



9. Click **Start** to enter information for the Head of Household. All members who currently reside in the household with the Applicant must be entered in this section regardless of if they are applying for benefits.



10. Enter the Applicant's **First Name**.



Please note: The family that we are completing the application for is Jim Lane, Kim Sanchez, and Chris Sanchez. Jim is the only family member present that you are assisting. Start by entering Jim's **First Name**, **Last Name**, **Sex**, and **Date of Birth**. Since Jim does not have an Alias First or Last Name, do not enter information for these fields.

11. Check the **box** for *Household member does not have a middle initial.*

12. Enter the Applicant's **Last Name**.

13. Select the Applicant's **Sex** from the drop-down.

The screenshot shows the 'Household Member Details' section of the 'BENEFITS APPLICATION' form. The form includes fields for First Name (JIM), MI, Last Name (LANE), and Suffix. A callout box with the text 'Select Male.' points to the 'Sex' dropdown menu, which is currently open and shows 'Male' selected. Below the name fields, there is a checkbox for 'Household member does not have a middle initial' which is checked. At the bottom, there is a question 'Does this individual have a Social Security Number?' with 'Yes' and 'No' buttons.

14. Select the appropriate **Year, Month, and Day** from the calendar for the Applicant's Date of Birth.

The screenshot shows the 'Household Member Details' section of the 'BENEFITS APPLICATION' form. A calendar is open over the 'Date of Birth' field, showing the month of September. A callout box with the text 'Select the appropriate Year, Month, and Day. For Jim, select 09/01/1985.' points to the date 09/01/1985 in the calendar. The 'Sex' dropdown is now set to 'Male'. The 'Date of Birth' field is currently empty, and the calendar is showing the month of September.

15. Click **Yes** or **No** for *Does this individual have a Social Security Number?*

Does this individual have a Social Security Number? ⓘ

Yes No

Is this individual a resident of the Commonwealth of Kentucky? ⓘ

Yes No

Select this individual's race(s)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

Unknown

Is this individual Hispanic/Latino? ⓘ

Yes No

We have to ask for ethnicity and race to ensure that program benefits are distributed without regard to race, color or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

Include the Applicant's Social Security Number if available. For this scenario, Jim does not have a Social Security Number.

16. Enter the **Social Security Number** if applicable. If the Applicant does not have a Social Security Number, select a **reason** for *Why doesn't this individual have a SSN?*

For this scenario, Jim has a well-established religious objective for obtaining a Social Security Number.

Why doesn't this individual have a SSN?

is not eligible to receive a SSN

Applied for SSN

Newborn without SSN

Does not have an SSN and may only be issued an SSN for a valid non-work reason

Refuses to provide an SSN

Refuses to obtain an SSN because of a well-established religious objective

I do not have an SSN or unable to locate SSN Card

Is this individual a resident of the Commonwealth of Kentucky? ⓘ

Yes No

Select this individual's race(s)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

Click Refuses to obtain an SSN because of a well-established religious objective.

17. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky?*

For this scenario, Jim is a Resident of Kentucky.

Why doesn't this individual have a SSN?

- is not eligible to receive a SSN
- Applied for SSN
- Newborn without SSN
- Does not have an SSN and may only be issued an SSN for a valid non-work reason
- Refuses to provide an SSN
- Refuses to obtain an SSN because of a well-established religious objective
- I do not have an SSN or unable to locate SSN Card

Is this individual a resident of the Commonwealth of Kentucky?

Yes No

Select this individual's race(s)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Unchecked

Click Yes for *Is this individual a resident of the Commonwealth of Kentucky?*

18. Check the appropriate **box** for *Select this individual's race(s)*.

Select this individual's race(s)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Unchecked

Check the **White** box.

We have to act for ethnicity and race to assure that program benefits are distributed without regard to race, color or national origin, but your choices to answer your answer won't affect how many benefits you get or how soon you get them.

Program Selection

What programs would this individual like to apply for?

- Medicaid/KCHIP/Qualified Health Plan with payment assistance (APIO)
- QHP (Medical and Dental insurance plans without payment assistance)

Please note: More than one race may be selected if the Applicant is biracial. For this scenario, click **White**.

19. Click **Yes** or **No** for *Is this individual Hispanic/Latino?*

For this scenario, click **No** for *Is this individual Hispanic/Latino?*


Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

Unknown


Is this individual Hispanic/Latino? 

Yes No

Click **No for *Is this individual Hispanic/Latino?***


We have to ask for ethnicity and race to assure that program benefits are distributed without regard to race, color or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

Program Selection

What programs would this individual like to apply for? 

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

QHP (Medical and Dental Insurance plans without payment assistance)



20. Check the appropriate **box** for *What programs would this individual like to apply for?*

For this scenario, Jim is applying for **Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)**. Make no selection if the Individual is not applying for coverage.


Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White


Unknown

Is this individual Hispanic/Latino? 

Yes No

We have to ask for ethnicity and race to assure that program benefits are distributed without regard to race, color or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

Program Selection

What programs would this individual like to apply for? 

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

QHP (Medical and Dental Insurance plans without payment assistance)

Check the **box for *Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)*.**

21. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S. National?*

For this scenario, Jim is a U.S. Citizen. However, if the Applicant is not a U.S. Citizen, they may be subject to a 5-year ban before they may be eligible for Medicaid benefits. Selecting **No** prompts additional questions regarding immigrant information.

is this individual a U.S. Citizen or a U.S. National? Yes No

We have to ask for ethnicity and race to ensure that program benefits are distributed without regard to race, color, or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

Program Selection

What programs would this individual like to apply for?

- Medicaid/KCHIP/Qualified Health Plan with payment assistance (AFC)
- QHP (Medical and Dental insurance plans without payment assistance)

is this individual a U.S. Citizen or a U.S. National? Yes No

Click **Yes** for *Is this individual a U.S. Citizen or a U.S. National?*

Save

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to [kynect.ky.gov](#) to see all your options.

22. Click **Yes** or **No** for *Is this individual a naturalized or derived citizen?*

Jim is not a naturalized or derived citizen. If the Applicant is a naturalized or derived citizen, select **Yes** and enter immigrant information.

is this individual a U.S. Citizen or a U.S. National? Yes No

We have to ask for ethnicity and race to ensure that program benefits are distributed without regard to race, color, or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

Program Selection

What programs would this individual like to apply for?

- Medicaid/KCHIP/Qualified Health Plan with payment assistance (AFC)
- QHP (Medical and Dental insurance plans without payment assistance)

is this individual a U.S. Citizen or a U.S. National? Yes No

is the individual a naturalized or derived citizen? Yes No

Click **No** for *Is this individual a naturalized or derived citizen?*

Cancel Save

23. Click **Save**.

Program Selection

What programs would this individual like to apply for? ⓘ

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

QHP (Medical and Dental Insurance plans without payment assistance)

Is this individual a U.S. Citizen or a U.S. National? ⓘ

Is the individual a naturalized or derived citizen?

Click Save.

24. Check the **box** for *I attest I have verified the individual's identity*.

kynect

Dashboard Programs Reps, kynecters, & Agents Help & FAQs

KQALSC

language: English (English)

Identity Verification Upload

I attest I have verified the individual's identity.

Form of proof ⓘ

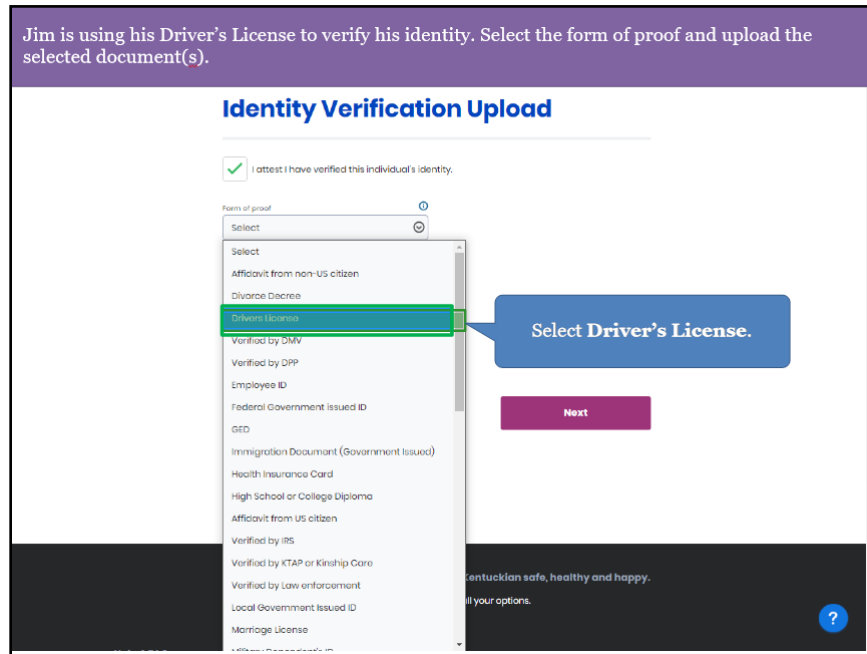
Select ⓘ

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to [kynect.ky.gov](#) to see all your options.

Contact Us

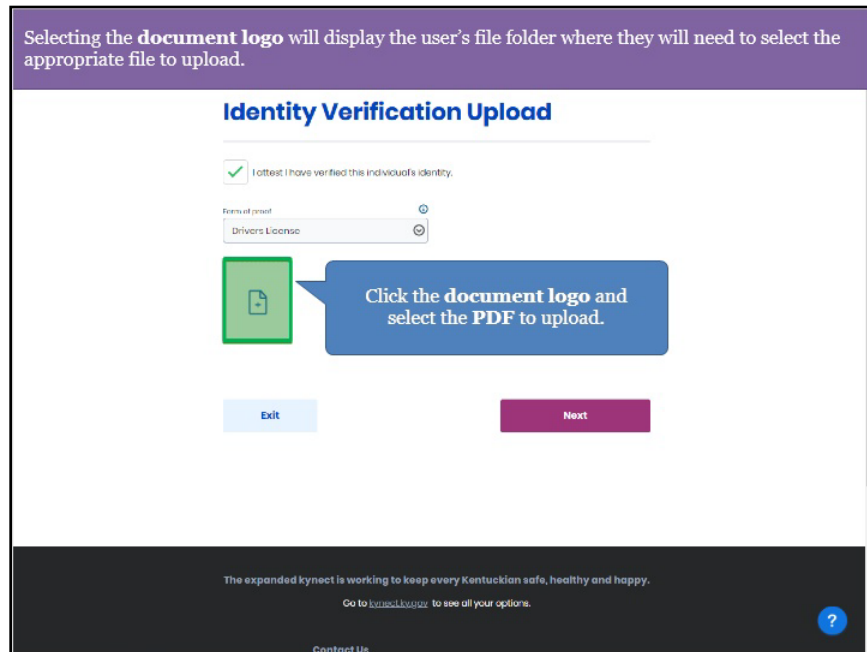
Check the box for I attest I have verified the individual's identity.

25. Select the Applicant's **Form of Proof** from the drop-down.

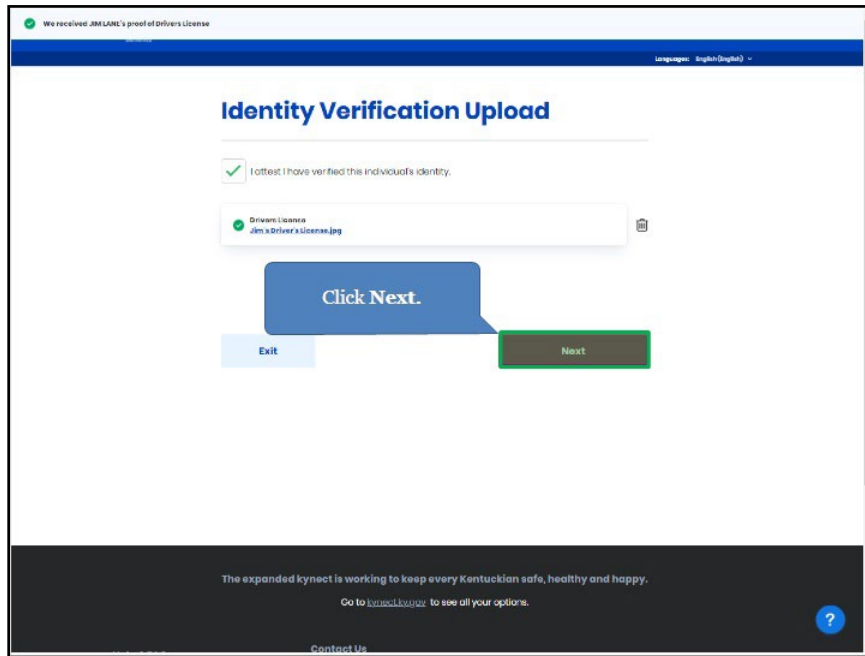


Please note: If the Applicant does not have proof of ID, a signed affidavit may be used as verification. Alternative forms of ID may be accepted on a case-by-case basis.

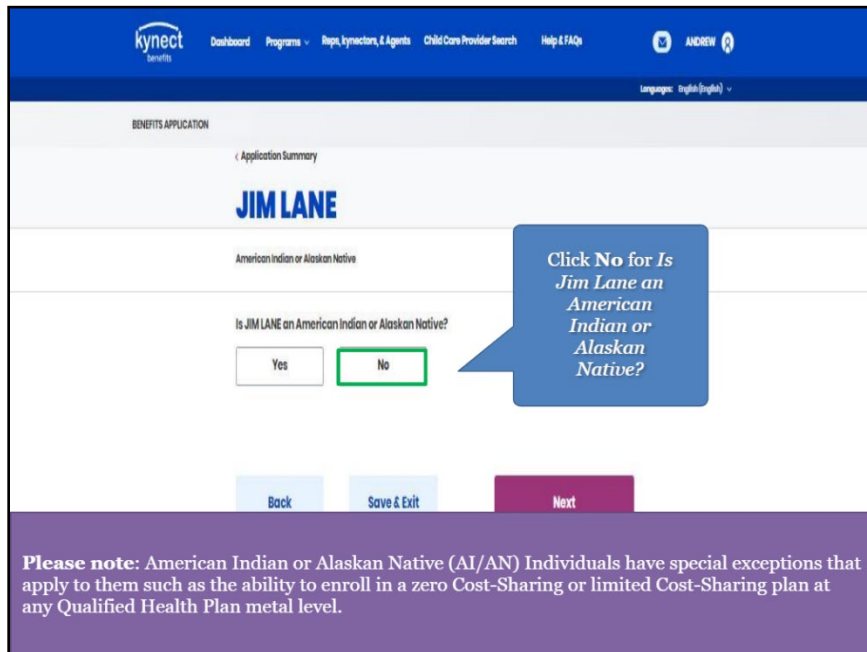
26. Click the **Document Logo** to launch the File Folder and select the **PDF** to upload.



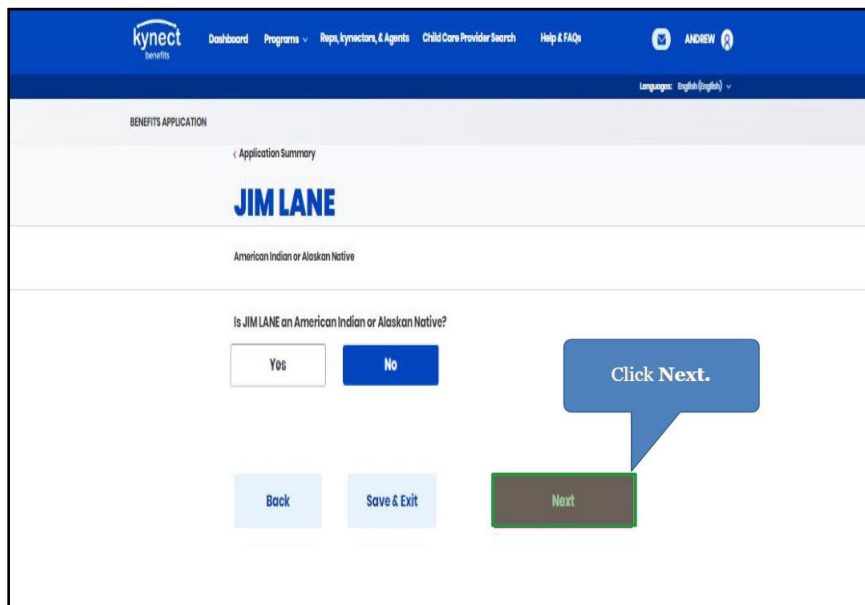
27. Click **Next**.



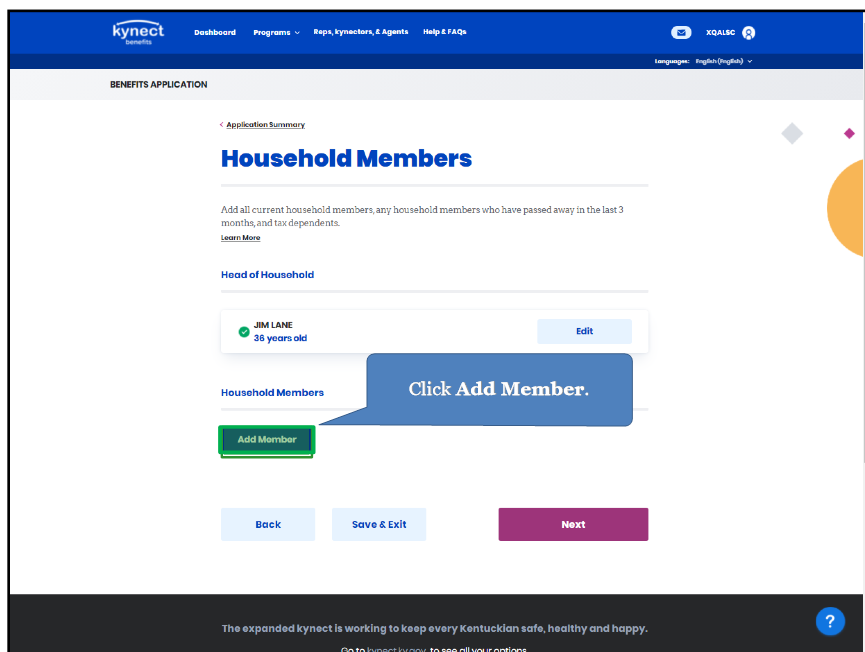
28. Click **No** for *Is Jim Lane an American Indian or Alaskan Native?*



29. Click **Next**.



30. Click **Add Member** to add additional household members as applicable.



Please note: The Benefits Application WBT scenario contains three (3) household members. For the purpose of this training guide, information is entered for three household members. During the application intake for Residents, please follow the steps for each household member in the application. If there are no other members in the household, skip to the **Contact Information Section**.

31. Enter the Second Household Member's **First Name**.

The screenshot shows the 'Household Member Details' form in the kynect application. The form is titled 'Household Member Details' and includes instructions: 'Complete the questions below about the household member. If this household member has a Social Security Card, enter the name as it appears on the card.' The form fields include: 'First Name' (highlighted in green), 'MI' (Middle Initial), 'Last Name', 'Alias First Name', 'Alias Last Name', 'Sex' (dropdown menu), and 'Date of Birth' (calendar icon). A checkbox indicates 'Household member does not have a Social Security Card' is checked. A blue callout box points to the 'First Name' field with the text: 'Enter Kim and click Enter to move forward.' At the bottom, there is a question 'Does this individual have a Social Security Number?' with 'Yes' and 'No' buttons.

32. Enter the Second Household Member's **Last Name**.

The screenshot shows the 'Household Member Details' form in the kynect application. The form is titled 'Household Member Details' and includes instructions: 'Complete the questions below about the household member. If this household member has a Social Security Card, enter the name as it appears on the card.' The form fields include: 'First Name' (containing 'KIM'), 'MI' (Middle Initial), 'Last Name' (highlighted in green), 'Suffix' (dropdown menu), 'Alias First Name', 'Alias Last Name', 'Sex' (dropdown menu), and 'Date of Birth' (calendar icon). A checkbox indicates 'Household member does not have a middle initial' is checked. A blue callout box points to the 'Last Name' field with the text: 'Enter Sanchez and click Enter to move forward.' At the bottom, there is a question 'Does this individual have a Social Security Number?' with 'Yes' and 'No' buttons.

33. Select the Second Household Member's **Sex** from the drop-down.

The screenshot shows the 'Household Member Details' form. The 'Sex' dropdown menu is open, showing options: 'Select', 'Male', and 'Female'. A blue callout box with the text 'Select Female.' points to the 'Female' option. Other fields include 'First Name' (KIM), 'Last Name' (SANCHEZ), and a 'Date of Birth' field with a calendar icon.

34. Select the appropriate **Year, Month, and Day** from the calendar for the Second Household Member's Date of Birth.

The screenshot shows the 'Household Member Details' form with a calendar open for October 1984. The date 10/01/1984 is highlighted in green. A blue callout box with the text 'Select the appropriate Year, Month, and Day. For Kim, select 10/01/1984.' points to the date. The 'Sex' dropdown is now set to 'Female'.

35. Click **Yes** or **No** for *Does this individual have a Social Security Number?*

Does this individual have a Social Security Number? ⓘ

Is this individual...

Select this individual's race(s)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

Unknown

Is this individual Hispanic/Latino? ⓘ

We have to ask for ethnicity and race to assure that program benefits are distributed without regard to race, color or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

?

36. Enter the **Social Security Number** if applicable. If the Second Household Member does not have a Social Security Number, select a **reason** for *Why doesn't this individual have a SSN?*

For this scenario, Kim has a well-established religious objective for obtaining a Social Security Number.

Why doesn't this individual have a SSN?

Is not eligible to receive a SSN

Applied for SSN

Newborn without SSN

Does not have an SSN and may only be issued an SSN for a valid non-work reason

Refuses to provide an SSN

Refuses to obtain an SSN because of a well-established religious objective

I do not have an SSN or unable to locate SSN Card

Is this individual a resident of the Commonwealth of Kentucky?

Select this individual's race(s)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

Click Refuses to obtain an SSN because of a well-established religious objective.

?

37. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky?*

The screenshot shows a section of the KYNECT application form. At the top, it asks "Does this individual have a Social Security Number?" with "Yes" and "No" buttons. Below this, a section titled "Why doesn't this individual have a SSN?" lists several reasons with radio button options. The option "Refuses to obtain an SSN because of a well-established religious objective" is selected. Below that, it asks "Is this individual a resident of the Commonwealth of Kentucky?" with "Yes" and "No" buttons. The "Yes" button is highlighted in green. A blue callout box points to the "Yes" button with the text: "Click Yes for Is this individual a resident of the Commonwealth of Kentucky?". Below the residency question, there is a section for "Select this individual's race(s)" with several radio button options: American Indian or Alaskan Native, Asian, Black or African American, and Native Hawaiian/Other Pacific Islander. A question mark icon is visible in the bottom right corner of the form area.

38. Check the appropriate **box** for *Select this individual's race(s)*.

The screenshot shows the "Select this individual's race(s)" section of the KYNECT application form. It lists several race categories with radio button options: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, White, and Unchecked. The "White" option is highlighted with a green box. A blue callout box points to the "White" box with the text: "Check the White box.". Below the race selection, there is a section for "Is this individual..." with a "Yes" button. A text box explains that the program asks for ethnicity and race to ensure benefits are distributed fairly. Below that, there is a checkbox for "This household member passed away in the last three months." and a "Program Selection" section. The "Program Selection" section asks "What programs would this individual like to apply for?" with two radio button options: "Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)" and "QHP (Medical and Dental Insurance plans without payment assistance)". A question mark icon is visible in the bottom right corner of the form area.

39. Click **Yes** or **No** for *Is this individual Hispanic/Latino?*

Both Kim and Chris are Mexican American, so click **Yes** for Hispanic/Latino and select their ethnicity.

Select this individual's race(s)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

Unknown

Is this individual Hispanic/Latino? 

Yes No

We have to ask for ethnicity and race to ensure that program benefits are distributed without regard to race, color or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

Click Yes for Is this individual Hispanic/Latino?

This household member passed away in the last three months.

What programs would this individual like to apply for? 

40. Select the Second Household Member's **Ethnicity** from the drop-down.

Is this individual a resident of the Commonwealth of Kentucky?

Yes No

Select this individual's race(s)

American Indian or Alaskan Native


Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

Unknown

Select this individual's ethnicity 

Chicano/a


Cuban

Mexican American

Mexican

Other

Puerto Rican

Select 

We have to ask for ethnicity and race to ensure that program benefits are distributed without regard to race, color or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

This household member passed away in the last three months.

Select Mexican American.

41. Check the appropriate **box** for *What programs would this individual like to apply for?*

Yes No

We have to ask for ethnicity and race to ensure that program benefits are distributed without regard to race, color or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

Select this individual ethnicity

Mexican American

This household member passed away in the last three months.

Program Selection

What programs would this individual like to apply for?

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

QHP (Medical and Dental Insurance plans without payment assistance)

Check the **box** for Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC).

Save

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to kynect.gov to see all your options.

Help & FAQs
Find DCBS Office

Contact Us

42. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S. National?*

We have to ask for ethnicity and race to ensure that program benefits are distributed without regard to race, color or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

Select this individual ethnicity

Mexican American

This household member passed away in the last three months.

Program Selection

What programs would this individual like to apply for?

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

QHP (Medical and Dental Insurance plans without payment assistance)

Is this individual a U.S. Citizen or a U.S. National?

Yes No

Cancel Save

Click **Yes** for *Is this individual a U.S. Citizen or U.S. National?*

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to kynect.gov to see all your options.

43. Click **Yes** or **No** for *Is this individual a naturalized or derived citizen?*

We have to act for ethnicity and race to assure that program benefits are distributed without regard to race, color or national origin, but you can't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

Select this individual's ethnicity

Mexican American

This household member passed away in the last three months.

Program Selection

What programs would this individual like to apply for?

Medicaid/CHIP/Qualified Health Plan with payment assistance (APTC)

QHP (Medical and Dental Insurance plans without payment assistance)

Is this individual a U.S. Citizen or a U.S. National?

Yes No

Is the individual a naturalized or derived citizen?

Yes No

Click No for Is this individual a naturalized or derived citizen?

Cancel Save ?

44. Click **Save**.

We have to act for ethnicity and race to assure that program benefits are distributed without regard to race, color or national origin, but you can't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

Select this individual's ethnicity

Mexican American

This household member passed away in the last three months.

Program Selection

What programs would this individual like to apply for?

Medicaid/CHIP/Qualified Health Plan with payment assistance (APTC)

QHP (Medical and Dental Insurance plans without payment assistance)

Is this individual a U.S. Citizen or a U.S. National?

Yes No

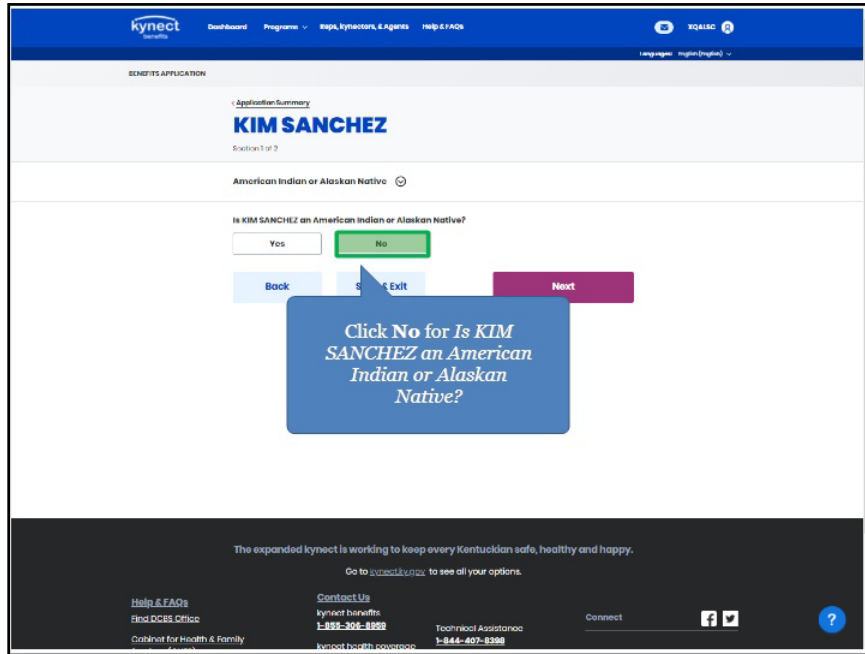
Is the individual a naturalized or derived citizen?

Yes No

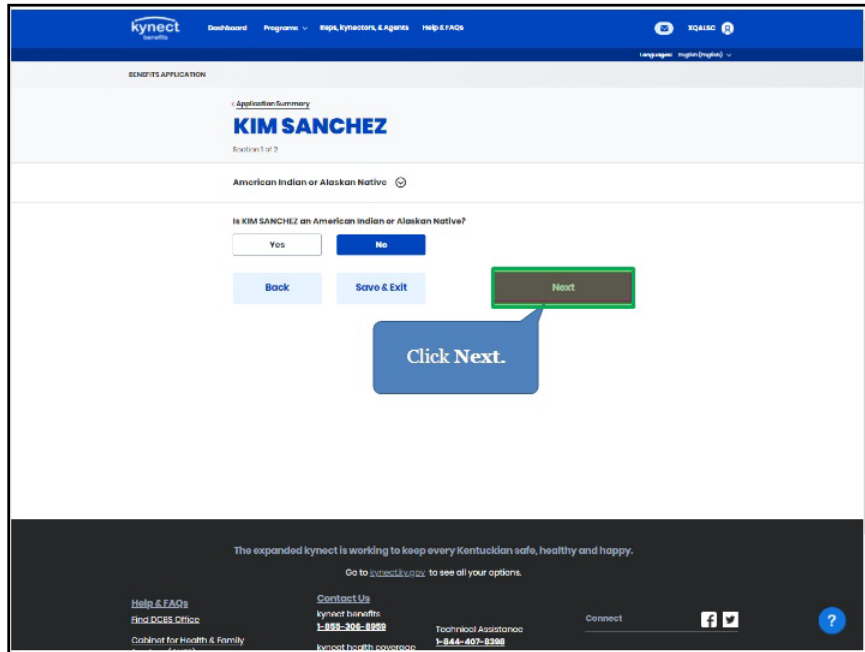
Click Save.

Cancel Save ?

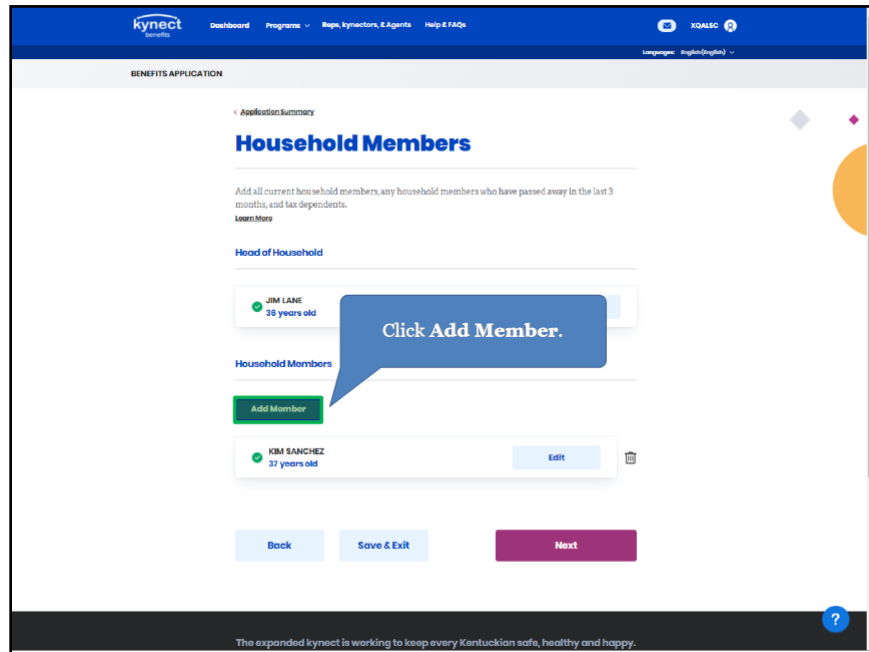
45. Click **Yes** or **No** for *Is Kim Sanchez and American Indian or Alaskan Native?*



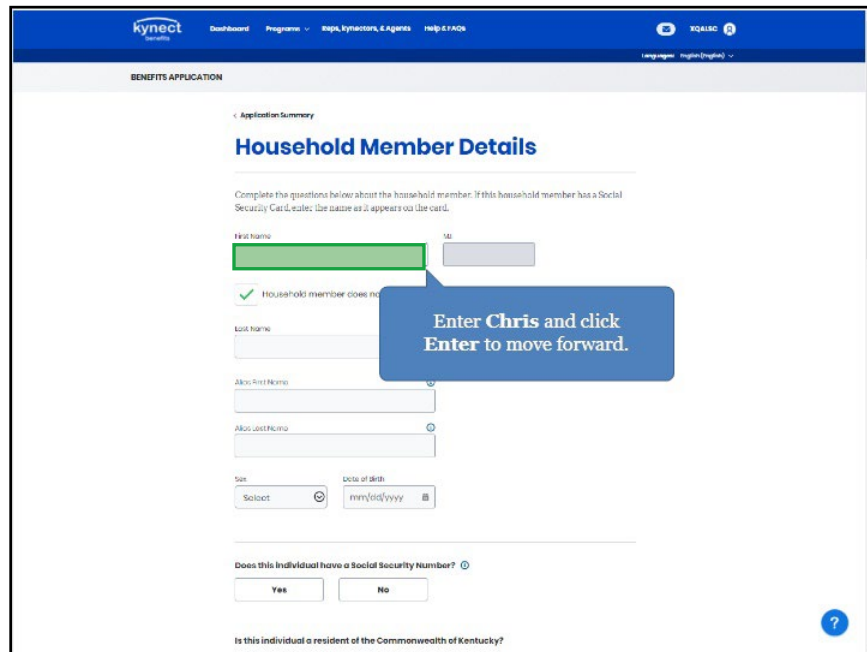
46. Click **Next**.



47. Click **Add Member** to add a third household member as applicable.



48. Enter the Third Household Member's **First Name**.



49. Enter the Third Household Member's **Last Name**.

The screenshot shows the 'Household Member Details' form. The 'First Name' field contains 'CHRIS'. Below it, a green checkmark indicates 'Household member does not have a middle initial'. The 'Last Name' field is highlighted in green and is currently empty. A blue callout box with a white border and a pointer to the 'Last Name' field contains the text: 'Enter Sanchez and click Enter to move forward.' Other fields include 'MI', 'Suffix', 'Alias First Name', 'Alias Last Name', 'Sex', and 'DOB'. At the bottom, there are buttons for 'Yes' and 'No' for the question 'Does this individual have a Social Security Number?' and a question 'Is this individual a resident of the Commonwealth of Kentucky?' with a help icon.

50. Select the Third Household Member's **Sex** from the drop-down.

The screenshot shows the 'Household Member Details' form. The 'Last Name' field now contains 'SANCHEZ'. The 'Sex' drop-down menu is open, showing options: 'Select', 'Female', and 'Male'. The 'Male' option is highlighted in green. A blue callout box with a white border and a pointer to the 'Male' option contains the text: 'Select Male.' Other fields and the bottom section of the form are the same as in the previous screenshot.

51. Select the appropriate **Year, Month, and Day** from the calendar for the Third Household Member's Date of Birth.

Application Summary

Household Member Details

Complete the questions below about the household member. If this household member has a Social Security Card, enter the name as it appears on the card.

First Name: CHRIS MI: []

Household member does not have a middle initial.

Last Name: SANCHEZ

Alias First Name: []

Alias Last Name: []

Sex: Male

Does this individual have a Social Security Number? Yes No

Is this individual a resident of the Commonwealth of Kentucky? [?]

52. Click **Yes** or **No** for *Does this individual have a Social Security Number?*

Does this individual have a Social Security Number? Yes No

Is this individual []

Select this individual's race(s)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

Unknown

Is this individual Hispanic/Latino? Yes No

This household member passed away in the last three months.

[Program Selection](#)

53. Enter the **Social Security Number** if applicable. If the Third Household Member does not have a Social Security Number, select a **reason** for *Why doesn't this individual have a SSN?*

For this scenario, Chris has a well-established religious objective for obtaining a Social Security Number.

Why doesn't this individual have a SSN?

- is not eligible to receive a SSN
- Applied for SSN
- Newborn without SSN
- Does not have an SSN and may only be issued an SSN for a valid non-work reason
- Refuses to provide an SSN
- Refuses to obtain an SSN because of a well-established religious objective
- I do not have an SSN or unable to locate SSN Card

Is this individual a resident of the Commonwealth of Kentucky?

Yes No

Select this individual's race(s)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander

Click Refuses to obtain an SSN because of a well-established religious objective.

54. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky?*

Does this individual have a Social Security Number? Yes No

Why doesn't this individual have a SSN?

- is not eligible to receive a SSN
- Applied for SSN
- Newborn without SSN
- Does not have an SSN and may only be issued an SSN for a valid non-work reason
- Refuses to provide an SSN
- Refuses to obtain an SSN because of a well-established religious objective
- I do not have an SSN or unable to locate SSN Card

Is this individual a resident of the Commonwealth of Kentucky?

Yes No

Select this individual's race(s)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander

Click Yes for Is this individual a resident of the Commonwealth of Kentucky?

55. Check the appropriate **box** for *Select this individual's race(s)*.

The screenshot shows a form titled "Select this individual's race(s)". It contains a list of radio button options: "American Indian or Alaskan Native", "Asian", "Black or African American", "Native Hawaiian/Other Pacific Islander", "White", and "Unknown". The "White" option is highlighted with a green border. A blue callout box with white text says "Check the White box." Below the list is a question "Is this individual Hispanic/Latino?" with "Yes" and "No" radio buttons. A note below explains that the program benefits are distributed without regard to race, color, or national origin, but the answer will affect some benefits. There is also a checkbox for "This household member passed away in the last three months." and a "Program Selection" section with two options: "Medicaid/KCHIP/Qualified Health Plan with payment assistance (APIC)" and "QHIP (Medical and Dental insurance plans without payment assistance)". A blue question mark icon is in the bottom right corner.

56. Click **Yes** or **No** for *Is this individual Hispanic/Latino?*

The screenshot shows the same form as above, but with the "Yes" radio button under "Is this individual Hispanic/Latino?" selected. A blue callout box with white text says "Click Yes for Is this individual Hispanic/Latino?". The "White" option in the race list is also checked with a green checkmark. The rest of the form, including the note, the "This household member passed away..." checkbox, and the "Program Selection" section, is identical to the previous screenshot. A blue question mark icon is in the bottom right corner.

57. Select the Third Household Member's **Ethnicity** from the drop-down.

Select this individual's race(s)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

Unknown

Is this individual Hispanic/Latino? ⓘ

We have to ask the ethnicity question to assure that program benefits are distributed without regard to race, color or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

Select this individual's ethnicity

Select

Select

Chicano/a

Cuban

Mexican American

Mexican

Other

Puerto Rican

Apply for? ⓘ

Health payment assistance (APTC)

QHP (Medical and Dental insurance plans without payment assistance)

Select Mexican American.

58. Check the appropriate **box** for *What programs would this individual like to apply for?*

Select this individual's ethnicity

Mexican American

This household member passed away in the last three months.

Program Selection

What programs would this individual like to apply for? ⓘ

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

QHP (Medical and Dental insurance plans without payment assistance)

Check the box for Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC).

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Go to kynect.ky.gov to see all your options.

Help & FAQs

Find DCBS Office

Cabinet for Health & Family Services (CHFS)

Kentucky Health Benefit Exchange (KHE)

Printable Forms

Contact Us

kynect benefits
1-855-306-8859

kynect health coverage
1-855-489-8328

1-855-328-4684 TTY

Technical Assistance

1-844-407-8398

Report Fraud

Connect

59. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S. National?*

Yes No

We have to ask for ethnicity evidence to assure that program benefits are distributed without regard to race, color or national origin, but you don't have to answer; your answer won't affect any benefits you get or how soon you get them.

Select the individual's ethnicity

Mexican American

This household member passed away in the last three months.

Program Selection

What programs would this individual like to apply for?

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APIC)

QHP (Medical and Dental insurance plans without payment assistance)

Is this individual a U.S. Citizen or a U.S. National?

Yes No

Click Yes for Is this individual a U.S. Citizen or U.S. National?

Save

The ... Kentuckian safe, healthy and happy.

Go to kynect.ky.gov to see all your options.

60. Click **Yes** or **No** for *Is this individual a naturalized or derived citizen?*

Yes No

We have to ask for ethnicity evidence to assure that program benefits are distributed without regard to race, color or national origin, but you don't have to answer; your answer won't affect any benefits you get or how soon you get them.

Select the individual's ethnicity

Mexican American

This household member passed away in the last three months.

Program Selection

What programs would this individual like to apply for?

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APIC)

QHP (Medical and Dental insurance plans without payment assistance)

Is this individual a U.S. Citizen or a U.S. National?

Yes No

Is the individual a naturalized or derived citizen?

Yes No

Click No for Is this individual a naturalized or derived citizen?

Cancel Save

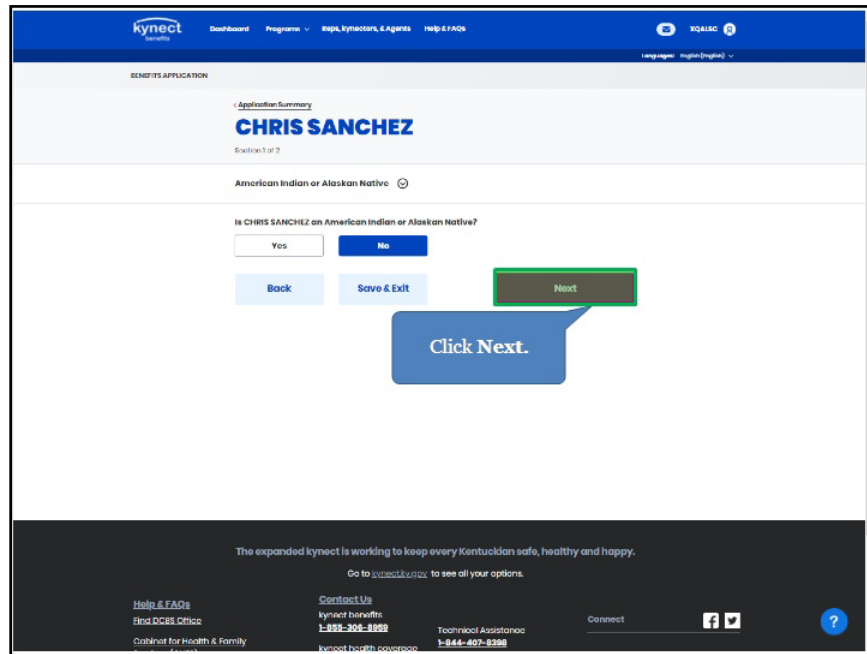
61. Click **Save**.

This screenshot shows a portion of a web form. At the top, there are 'Yes' and 'No' buttons. Below them is a text box with instructions: "Do have to ask for already enrolled to assure that program benefits are distributed without regard to race, color or national origin, but you don't have to answer. Your answer won't affect any primary benefits you get or how soon you get them." Underneath is a dropdown menu for "Select the individual's ethnicity" with "Mexican American" selected. A checkbox is labeled "This household member passed away in the last three months." The "Program Selection" section asks "What programs would this individual like to apply for?" with two checked options: "Medicaid/CHIP/Qualified Health Plan with payment assistance (APIC)" and "CHIP (Medical and Dental insurance plans without payment assistance)". Below are two more questions: "Is this individual a U.S. Citizen or a U.S. National?" (Yes/No buttons) and "Is the individual a naturalized or derived citizen?" (Yes/No buttons). At the bottom left is a "Cancel" button and at the bottom right is a "Save" button. A blue callout bubble with the text "Click Save." points to the "Save" button.

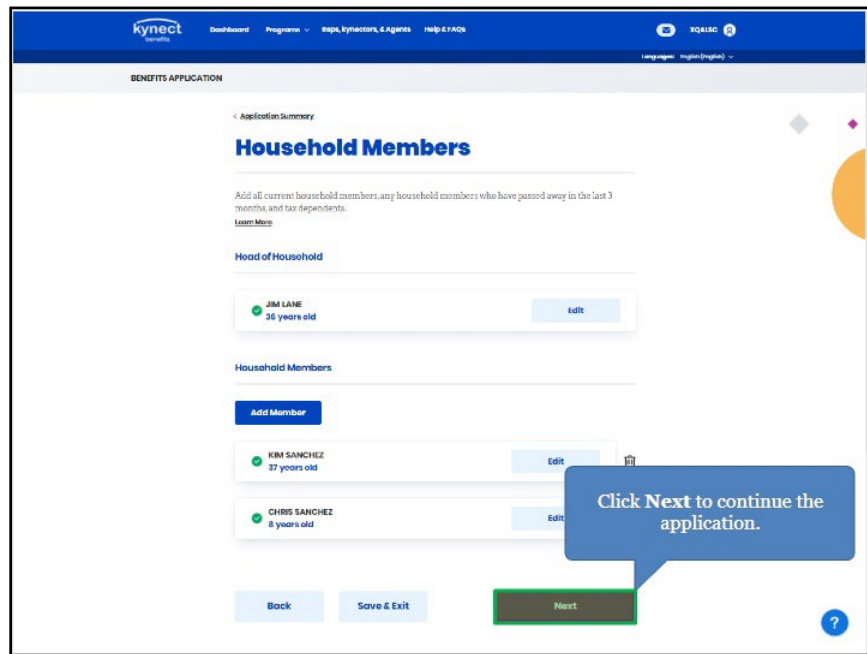
62. Click **Yes** or **No** for *Is Chris Sanchez an American Indian or Alaskan Native?*

This screenshot shows the "Benefits Application" page for "CHRIS SANCHEZ" in the "Application Summary" section. The page is titled "American Indian or Alaskan Native" and asks "Is CHRIS SANCHEZ an American Indian or Alaskan Native?". There are "Yes" and "No" buttons, with the "No" button highlighted in green. Below the buttons are "Back", "Save", and "Next" buttons. A blue callout bubble with the text "Click No for Is CHRIS SANCHEZ an American Indian or Alaskan Native?" points to the "No" button. The footer contains contact information for kynect benefits and technical assistance, along with social media icons and a help icon.

63. Click **Next**.



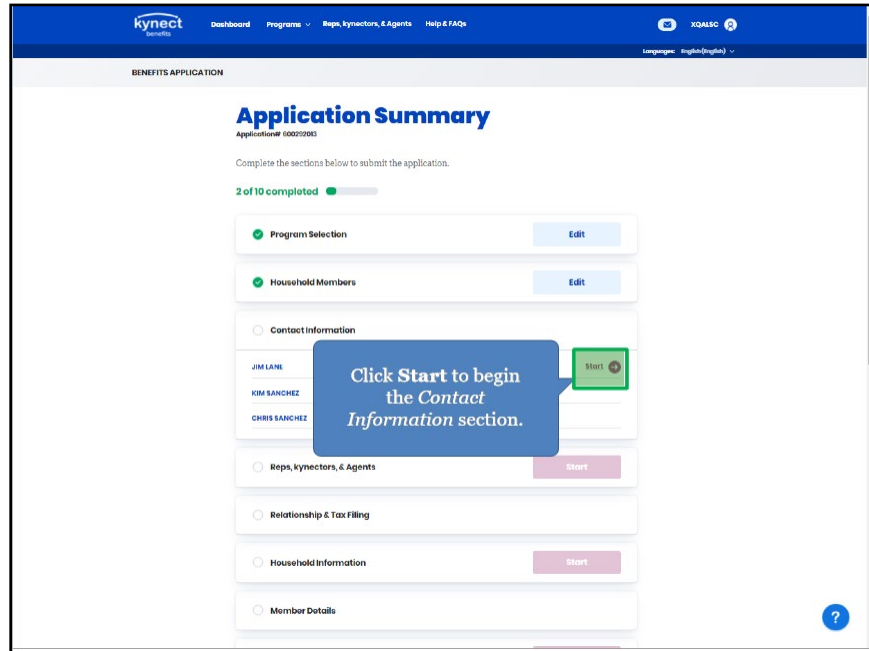
64. Click **Next** to continue the application.



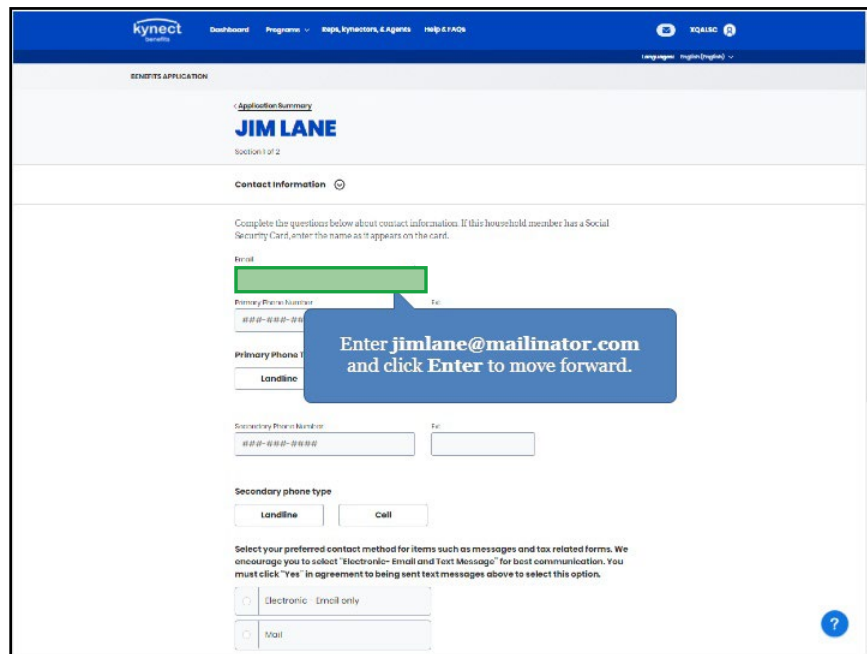
1.4 Contact Information

The *Contact Information* section is where Agents and kynectors enter the Applicant's contact information.

65. Click **Start** to begin the *Contact Information* section.



66. Enter the Applicant's **Email Address**.



67. Enter the Applicant's **Primary Phone Number**.

The screenshot shows the 'Contact Information' section of the 'JIM LANE' application. The 'Primary Phone Number' field is highlighted in green. A blue callout box with white text says 'Enter 505-555-5555 and click Enter to move forward.' Below this, the 'Primary Phone Type' section has 'Landline' and 'Cell' buttons. The 'Secondary Phone Number' and 'Secondary phone type' sections are also visible, along with radio buttons for 'Electronic - Email only' and 'Mail'.

68. Click **Landline** or **Cell** for *Primary Phone Type*.

The screenshot shows the 'Contact Information' section of the 'JIM LANE' application. The 'Primary Phone Number' field now contains '505-555-5555'. The 'Cell' button in the 'Primary Phone Type' section is highlighted in green. A blue callout box with white text says 'Click Cell.' The 'Secondary Phone Number' and 'Secondary phone type' sections are also visible, along with radio buttons for 'Electronic - Email only' and 'Mail'.

69. Click **Yes** or **No** to allow kynect and the health insurance carrier or Medicaid Managed Care Organization (MCO) to send message alerts.

Application Summary
JIM LANE
 Section 1 of 2

Contact Information

Complete the questions below about contact information. If this household member has a Social Security Card, enter the name as it appears on the card.

Email

Primary Phone Number EC

Primary Phone Type
 Landline Cell

Click here to allow kynect and your health insurance carrier, or Medicaid Managed Care Organization, to send text message alerts to your phone number (standard data rates may apply).

Yes No

Secondary Phone Number EC

Secondary phone type
 Landline Cell

Select your preferred contact method for items such as messages and tax related forms. We encourage you to select "Electronic- Email and Text Message" for best communication. You must click "Yes" in agreement to being sent text messages above to select this option.

Electronic- Email only
 Electronic- Email and Text Message
 Mail

Preferred spoken language

Preferred written language

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70. Select the Applicant's **Preferred Spoken Language** from the drop-down.

Primary Phone Type
 Landline Cell

Click here to allow kynect and your health insurance carrier, or Medicaid Managed Care Organization, to send text message alerts to your phone number (standard data rates may apply).

Yes No

Secondary Phone Number EC

Secondary phone type
 Landline Cell

Select your preferred contact method for items such as messages and tax related forms. We encourage you to select "Electronic- Email and Text Message" for best communication. You must click "Yes" in agreement to being sent text messages above to select this option.

Electronic- Email only
 Electronic- Email and Text Message
 Mail

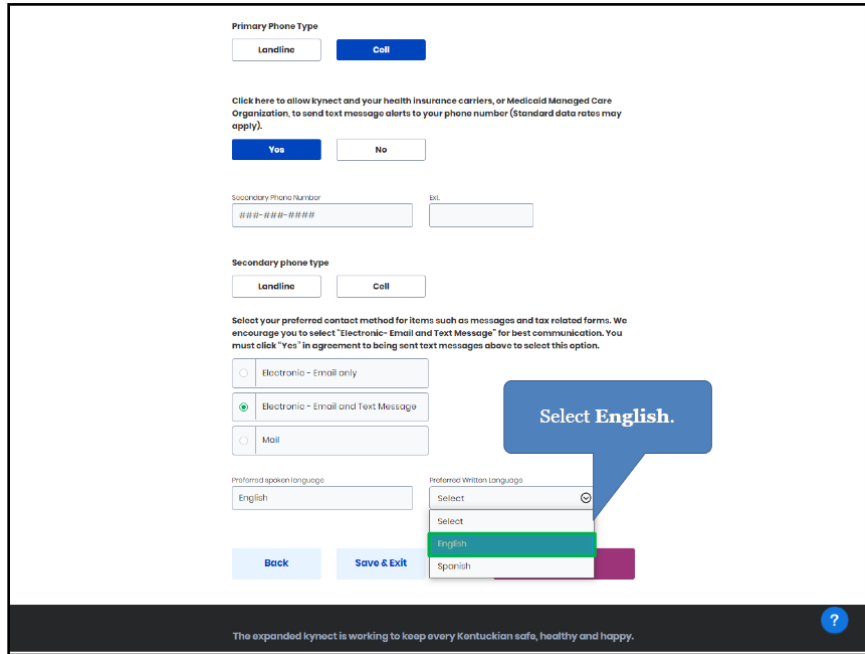
Preferred spoken language

Preferred written language

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Please note: Preferred contact method and preferred language are the only required fields since some Applicants may not have access to a phone and/or computer. Email and text message is the default preferred contact method. Allowing text message alerts keeps Applicants up to date on their benefits and information.

71. Select the Applicant's **Preferred Written Language** from the drop-down.

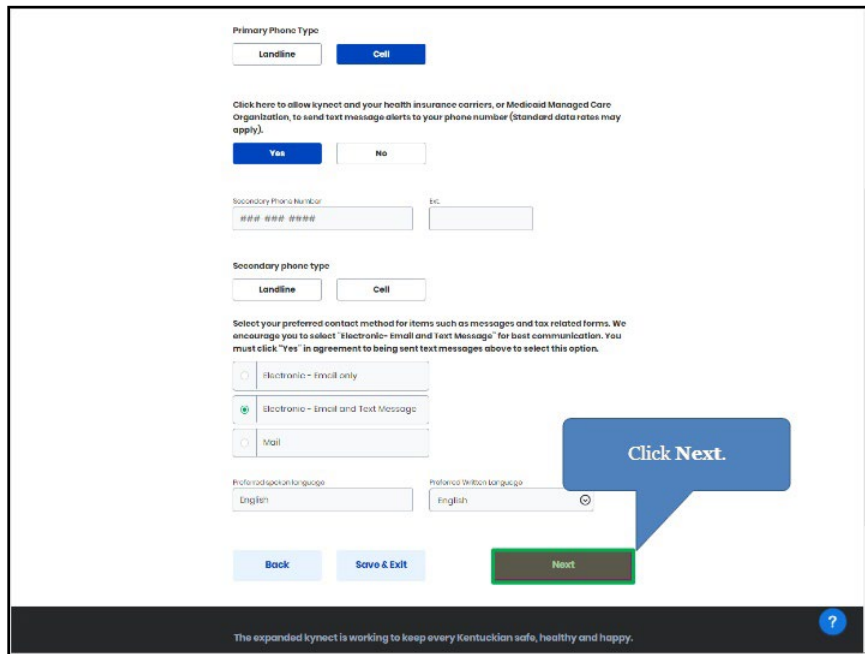


The screenshot shows a web form with the following elements:

- Primary Phone Type:** Radio buttons for 'Landline' and 'Cell'.
- Text Message Alerts:** A link to allow kynect and health insurance carriers to send text message alerts, with 'Yes' and 'No' radio buttons.
- Secondary Phone Number:** Fields for 'Secondary Phone Number' and 'Ext.'.
- Secondary phone type:** Radio buttons for 'Landline' and 'Cell'.
- Contact Method:** Radio buttons for 'Electronic - Email only', 'Electronic - Email and Text Message' (selected), and 'Mail'.
- Preferred spoken language:** A dropdown menu with 'English' selected.
- Preferred Written Language:** A dropdown menu with 'Select', 'English' (highlighted), and 'Spanish' options.
- Buttons:** 'Back', 'Save & Exit', and 'Next'.
- Footer:** 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy.' and a help icon.

A blue callout bubble with the text 'Select English.' points to the 'Preferred Written Language' dropdown menu.

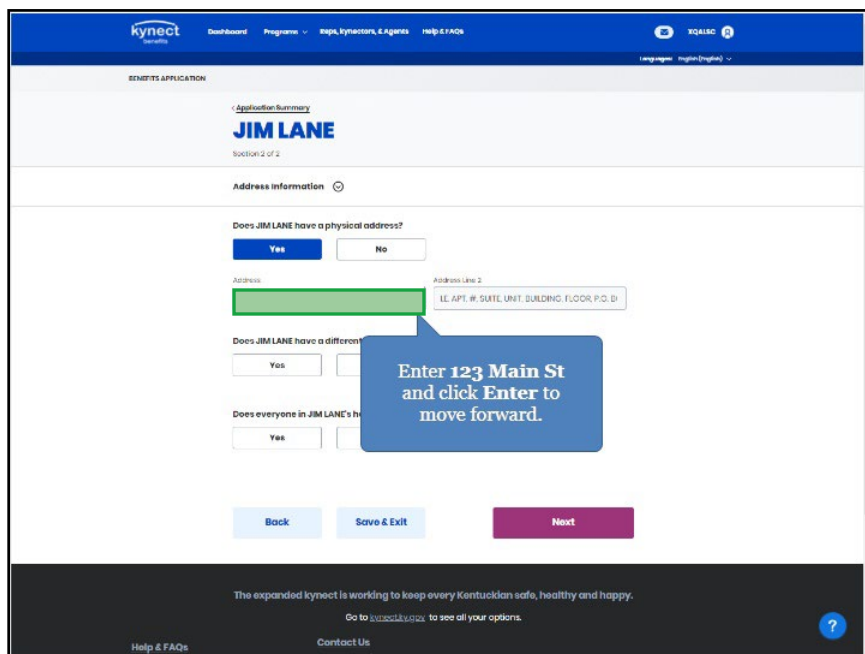
72. Click **Next**.



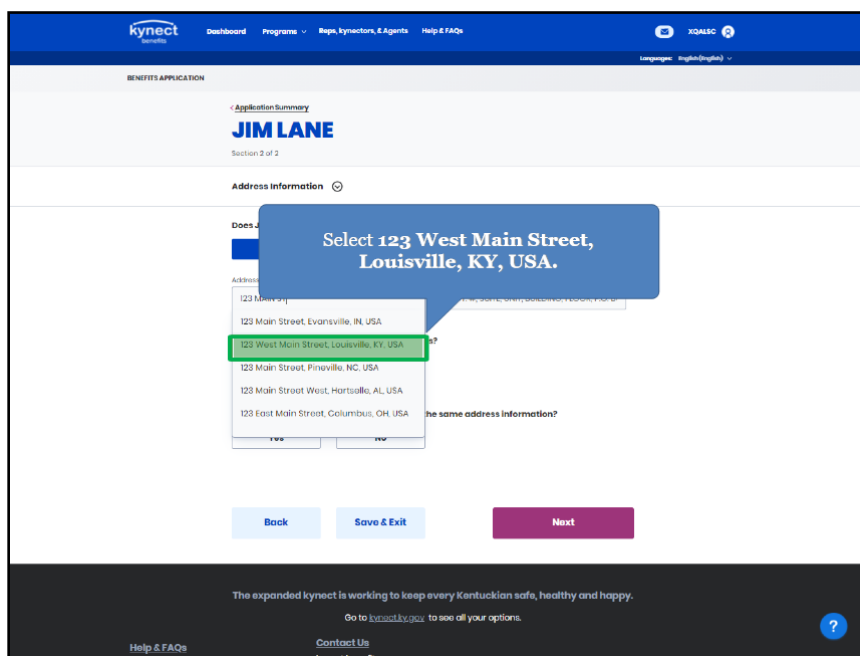
The screenshot shows the same web form as in step 71, but with the following changes:

- The 'Preferred Written Language' dropdown menu is now closed, and 'English' is displayed in the field.
- The 'Next' button is highlighted with a green border.
- A blue callout bubble with the text 'Click Next.' points to the 'Next' button.

73. Enter the Applicant's **Address**.



74. Select the Applicant's **Address** from the drop-down. The drop-down will automatically populate valid addresses that match the criteria entered.



Please note: If the physical or mailing address entered is not a Kentucky address but the Applicant intends to return to Kentucky, additional questions display to enter a temporary address within Kentucky. Applicants are then able to shop for plans if all other eligibility requirements are met.

75. Click **Yes** or **No** for *Does Jim have a different mailing address?*

The screenshot shows the 'ADDRESS INFORMATION' section of the 'BENEFITS APPLICATION' for 'JIM LANE'. The page is on 'Step 2 of 2'. The 'Address Information' section includes the following questions and options:

- Does JIM LANE have a physical address?
 Yes No
- Address:
123 WEST MAIN STREET
- Does JIM LANE have a different mailing address?
 Yes No
- Does everyone in JIM LANE's household have the same address information?
 Yes No

Buttons at the bottom include 'Back', 'Save & Exit', and 'Next'. A callout box with a blue background and white text says: 'Click No since Jim does not have a different mailing address.' The footer contains the text: 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to [kynect.ky.gov](#) to see all your options.' and links for 'Help & FAQs' and 'Contact Us'.

76. Click **Yes** or **No** for *Does everyone in Jim Lane's household have the same address information?*

The screenshot shows the 'ADDRESS INFORMATION' section of the 'BENEFITS APPLICATION' for 'JIM LANE'. The page is on 'Step 2 of 2'. The 'Address Information' section includes the following questions and options:

- Does JIM LANE have a physical address?
 Yes No
- Address:
123 WEST MAIN STREET, DOWNTOWN, LOUISIANA 70001
- Address Line 2:
1E APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. #
- Does JIM LANE have a different mailing address?
 Yes No
- Does everyone in JIM LANE's household have the same address information?
 Yes No

Buttons at the bottom include 'Back', 'Save & Exit', and 'Next'. A callout box with a blue background and white text says: 'Click Yes since other household members have the same address as Jim.' The footer contains the text: 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to [kynect.ky.gov](#) to see all your options.' and links for 'Help & FAQs' and 'Contact Us'.

77. Click **Next**.

The screenshot shows the 'Address Information' section of the 'BENEFITS APPLICATION' for 'JIM LANE'. It includes the following elements:

- Navigation bar: kynect logo, Dashboard, Programs, Reps, Kynectors, & Agents, Help & FAQs, XQALSC, and language settings.
- Section: BENEFITS APPLICATION, Application Summary, JIM LANE, Section 2 of 2.
- Form questions:
 - 'Does JIM LANE have a physical address?' with 'Yes' selected.
 - 'Does JIM LANE have a different mailing address?' with 'No' selected.
 - 'Does everyone in JIM LANE's household have the same address information?' with 'Yes' selected.
- Address fields: 'Address' (125 WEST MAIN STREET, DOWNTOWN, LO, KY) and 'Address Line 2' (1E APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. #).
- Buttons: Back, Save & Exit, and Next (highlighted with a green box).
- Callout bubble: 'Click Next.'
- Footer: 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to [kynect.ky.gov](#) to see all your options. Help & FAQs, Contact Us, and a question mark icon.

78. Click **Start** to enter contact information for the Second Household Member. If there are no other members in the household, skip to the **Reps, kynectors, & Agents Section**.

The screenshot shows the 'Application Summary' section of the 'BENEFITS APPLICATION'. It includes the following elements:

- Navigation bar: kynect logo, Dashboard, Programs, Reps, Kynectors, & Agents, Help & FAQs, XQALSC, and language settings.
- Section: BENEFITS APPLICATION, Application Summary, Application# 00021003.
- Progress: 'Complete the sections below to submit the application. 2 of 10 completed' with a green progress bar.
- List of sections:
 - Program Selection (Completed, Edit button)
 - Household Members (Completed)
 - Contact Information (In Progress, Start button highlighted with a green box)
 - Reps, kynectors, & Agents (Not Started, Start button)
 - Relationship & Tax Filing (Not Started)
 - Household Information (Not Started, Start button)
 - Member Details (Not Started)
 - Healthcare Coverage (Not Started, Start button)
- Callout bubble: 'Click Start to enter contact information for Kim.'
- Footer: A question mark icon.

79. Check the **box** if the Second Household Member has the same contact information as the primary Applicant. If the other household members have different contact information from the Applicant, follow steps 58-64 above to enter their contact information.

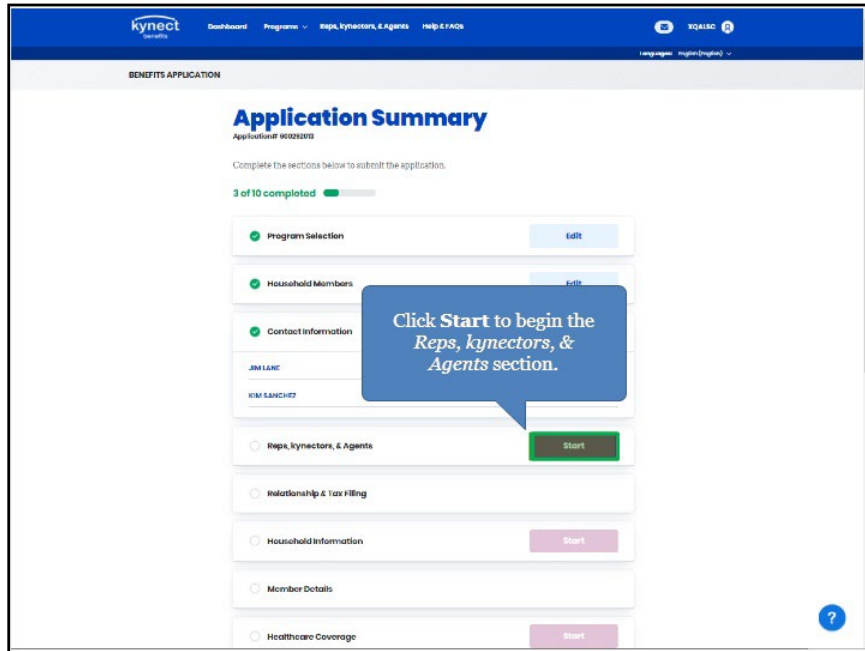
Please note: Some situations where Applicants may have a different mailing address include drug treatment facility and/or homelessness.

80. Click **Next**.

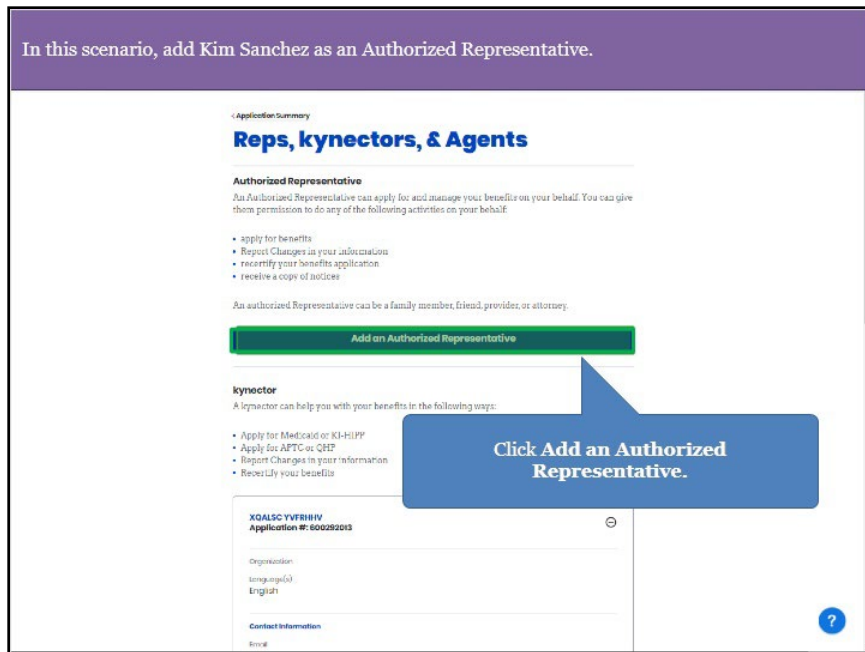
1.5 Reps, kynectors, & Agents

The *Reps, kynectors, & Agents* section is where Agents and kynectors may assign an Authorized Representative to the application and confirm association with the Applicant.

81. Click **Start** to begin the *Reps, kynectors, & Agents* section.



82. Click **Add an Authorized Representative**.



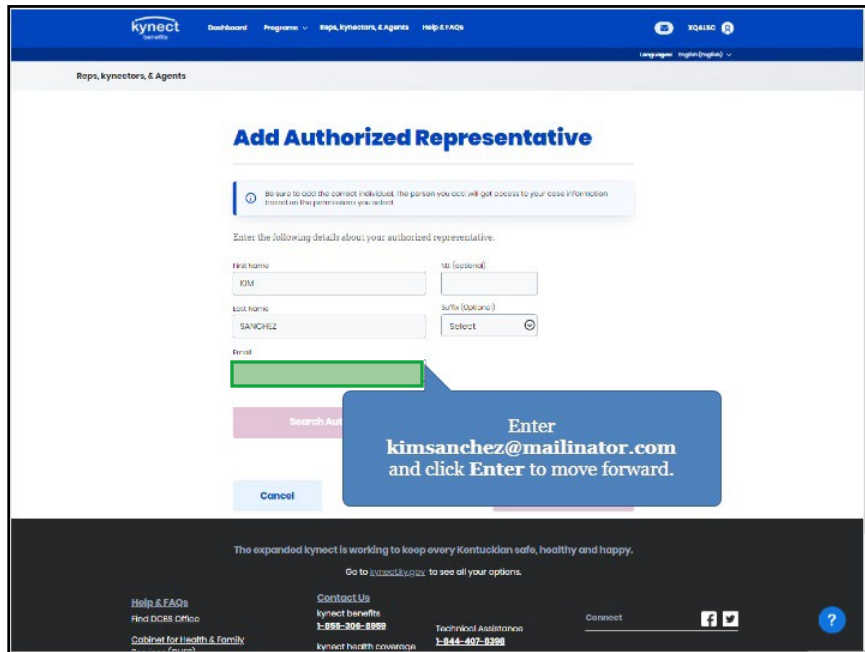
83. Enter the Authorized Representative's **First Name**.

The screenshot shows the 'Add Authorized Representative' form in the kynect application. The form includes a header with the kynect logo and navigation links. Below the header, there is a title 'Add Authorized Representative' and a warning message: 'Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.' The form prompts the user to 'Enter the following details about your authorized representative.' The fields are: First name (highlighted in green), MI (optional), Last name, Suffix (optional), and Email. A blue callout box points to the 'First name' field with the text 'Enter Kim and click Enter to move forward.' Below the form are 'Cancel' and 'Next' buttons. At the bottom, there is a footer with contact information and social media links.

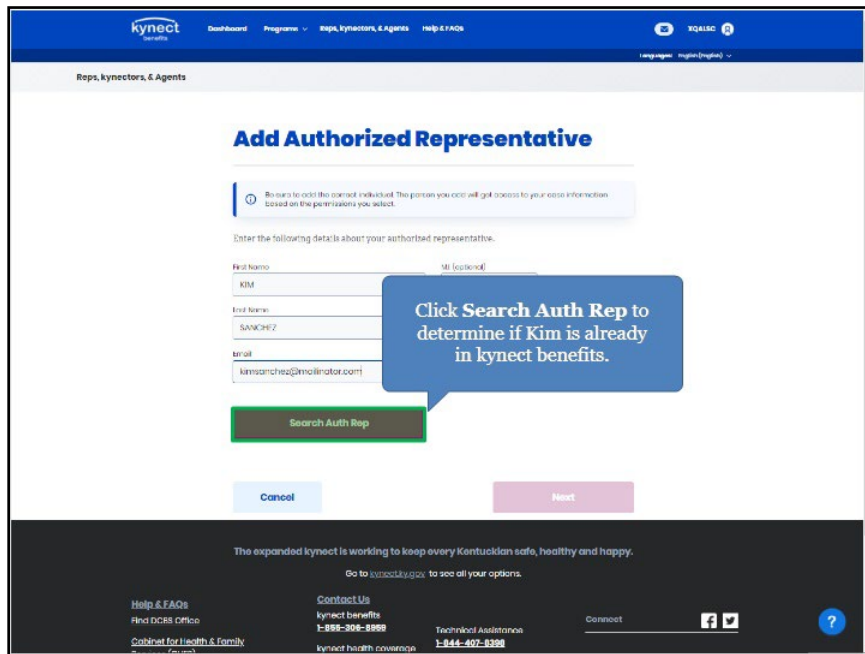
84. Enter the Authorized Representative's **Last Name**.

The screenshot shows the 'Add Authorized Representative' form in the kynect application. The form includes a header with the kynect logo and navigation links. Below the header, there is a title 'Add Authorized Representative' and a warning message: 'Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.' The form prompts the user to 'Enter the following details about your authorized representative.' The fields are: First name (containing 'KIM'), MI (optional), Last name (highlighted in green), Suffix (optional) (containing 'Select'), and Email. A blue callout box points to the 'Last name' field with the text 'Enter Sanchez and click Enter to move forward.' Below the form are 'Cancel' and 'Next' buttons. At the bottom, there is a footer with contact information and social media links.

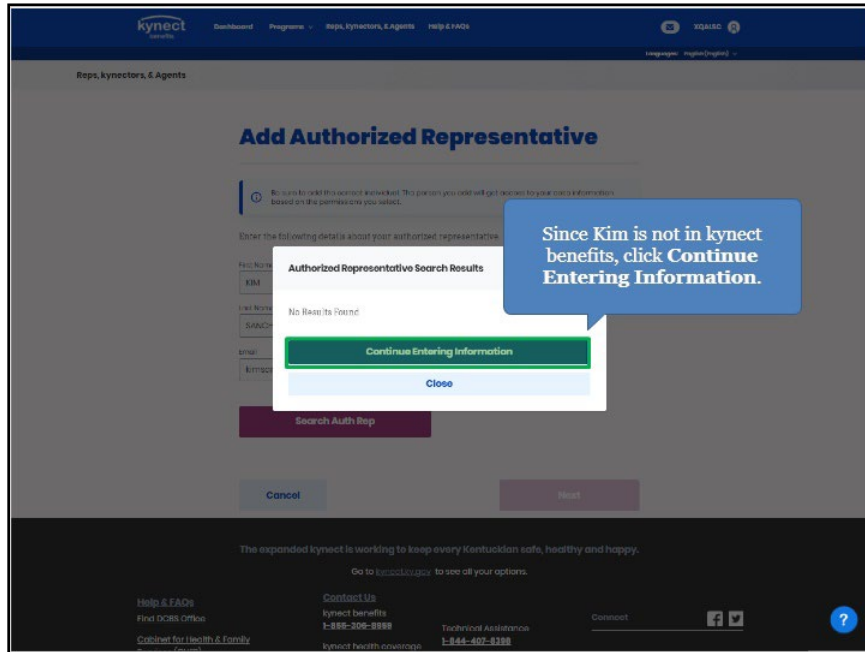
85. Enter the Authorized Representative's **Email Address**.



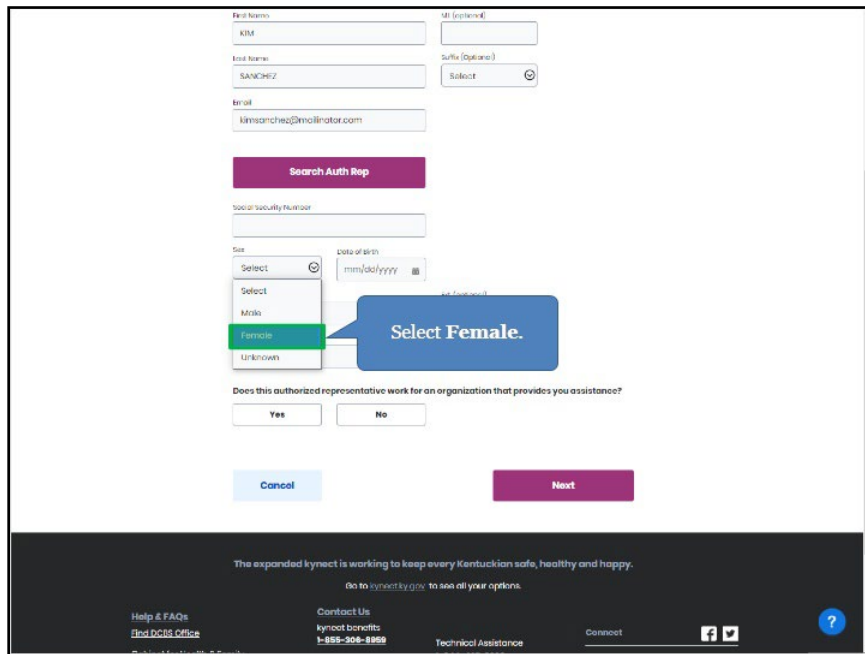
86. Click **Search Auth Rep** to search for the Authorized Representative in the system.



87. If the Authorized Representative is not found in the system, click **Continue Entering Information**.



88. Select the Authorized Representative's **Sex** from the drop-down.



89. Select the appropriate **Year, Month, and Day** from the calendar for the Authorized Representative's Date of Birth.

The screenshot shows a web form for an Authorized Representative. Fields include First Name (KIM), Last Name (SANCHEZ), Email (kimsanchez@mcollinotor.com), and Social Security Number. A date picker is open for the Date of Birth field, showing the month of October and the day 1. A blue callout box points to the date picker with the text: "Select the appropriate Year, Month, and Day. For Kim, select 10/1/1984." Below the date picker is a question: "Does this authorized rep work for an organization that provides you assistance?" with a "Yes" button selected. At the bottom of the form are "Cancel" and "Next" buttons. A footer contains the text: "The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to kynect.ky.gov to see all your options." and contact information for KYNECT benefits (1-855-504-8869).

90. Enter the Authorized Representative's **Phone Number**.

The screenshot shows the same web form as above, but the date picker is closed. The Phone Number field is highlighted with a green box and contains the number "505-555-5555". A blue callout box points to the phone number field with the text: "Enter 505-555-5555 and click Enter to move forward." The "Does this authorized representative work for an organization that provides you assistance?" question now has both "Yes" and "No" buttons. The "Next" button is visible at the bottom. The footer text and contact information are the same as in the previous screenshot.

91. Select the Authorized Representative's **Preferred Language** from the drop-down.

The screenshot shows a form for an Authorized Representative. Fields include: First Name (KIM), Last Name (SANCHEZ), Email (kimsanchez@molinator.com), Social Security Number, Sex (Female), Date of Birth (10/1984), Phone Number (502-535-9555), and Preferred Language (English). A dropdown menu for Preferred Language is open, showing options: English, Vietnamese, French, and Spanish. A blue callout bubble with the text "Select English." points to the 'English' option. Below the dropdown is a question: "Does this authorized representative work for an organization that provides you assistance?" with "Yes" and "No" radio buttons. The "Next" button is visible at the bottom right.

92. Click **Yes** or **No** for *Does this authorized representative work for an organization that provides you assistance?* If **Yes**, enter the **Organization Information**.

The screenshot shows the same form as above, but with the "Does this authorized representative work for an organization that provides you assistance?" question highlighted. The "No" radio button is selected. A blue callout bubble with the text "Click No for Does this authorized representative work for an organization that provides you assistance?" points to the "No" button. The "Cancel" button is visible at the bottom left.

93. Click **Next**.

The screenshot shows a web form for adding an authorized representative. The form includes fields for first name (KIM), last name (SANCHEZ), email (kimsanchez@molinator.com), social security number, sex (Female), date of birth (10/1984), phone number (502-535-9559), and preferred language (English). There are 'Yes' and 'No' radio buttons for the question 'Does this authorized representative work for an organization that provides you assistance?'. A blue callout bubble with the text 'Click Next.' points to a green-bordered 'Next' button. A 'Cancel' button is also visible. The footer contains contact information for kynect benefits and technical assistance, along with social media icons and a help icon.

94. Select the Authorized Representative's **Relationship** to the primary Applicant from the drop-down.

The screenshot shows the same form as above, but with a dropdown menu open for 'How is this person related to you?'. The dropdown list includes options like 'Executor', 'Family member (not spouse)', 'Friend', 'Legal Guardian', 'Nursing Facility Representative', 'Other', 'Outside entity', 'Parent of a minor child', 'Power of Attorney', 'Spouse', 'Statutory Beneficiary', and 'Trustee/Casee Employee'. The 'Other' option is highlighted with a green bar. A blue callout bubble with the text 'Select Other since Jim and Kim are not married.' points to the 'Other' option. The 'Next' button is now purple. The footer is identical to the previous screenshot.

95. Enter the Authorized Representative's **Address**.

The screenshot shows the 'Add Authorized Representative' form. The 'Address' field is highlighted in green. A blue callout box with white text says 'Enter 123 Main St. and click Enter to move forward.' The form includes a dropdown for 'How is this person related to you?' (set to 'Other'), a text input for 'Address', and a text input for 'Address line 2 (E.g. APT. #, SUITE, UNIT, BUILDING FLOOR, P.O. #)'. Below these are checkboxes for 'Medical/CHIP/Quota' and 'CHIP (Medical and Dental)'. At the bottom are 'Back', 'Cancel', and 'Next' buttons. The footer contains contact information for kynect benefits, technical assistance, and report fraud, along with the CHFS logo and social media icons.

96. Select the Authorized Representative's **Address** from the drop-down. The drop-down will automatically populate valid addresses that match the criteria entered.

The screenshot shows the 'Add Authorized Representative' form with the address dropdown menu open. The dropdown list includes several addresses, with '123 West Main Street, Louisville, KY, USA' highlighted in green. A blue callout box with white text says 'Select 123 West Main Street, Louisville, KY, USA.' The form includes a dropdown for 'How is this person related to you?' (set to 'Other'), a text input for 'Address', and a text input for 'Address line 2 (E.g. APT. #, SUITE, UNIT, BUILDING FLOOR, P.O. #)'. Below these are checkboxes for 'Medical/CHIP/Quota' and 'CHIP (Medical and Dental)'. At the bottom are 'Back', 'Cancel', and 'Next' buttons. The footer contains contact information for kynect benefits, technical assistance, and report fraud, along with the CHFS logo and social media icons.

97. Check the **box** for *Which program(s) do you want this authorized representative to have access to?*

Select the program(s) Jim wants the Authorized Representative to have access to and the level of access.

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

How is this person related to you?
Other

Address line 2
TOWN, LOUISV
IE, APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B

What level of access you would like to grant your Authorized

Which program(s) do you want this authorized representative to have access to?

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

QIP (Medical and Dental insurance plans without payment assistance)

Back Cancel Next

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to [kynect.ky.gov](#) to see all your options.

Help & FAQs
Find DCBS Office
Contact for Health & Family Services (CHFS)
Printable Forms

Contact Us
kynect benefits
1-888-308-8888
kynect health coverage
1-888-458-8328

Technical Assistance
1-844-497-8398
Report Fraud

Connect
f y

CHFS
KENTUCKY
Cabinet for Health and Family Services

98. Select the **Level of Access** the Authorized Representative should have access to.

Select the level of access for Kim. Selecting **Apply, Report Changes, Recertify and receive copy of Notices** allows Kim to apply for benefits, report changes in information, recertify benefits, and receive copies of notices.

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

How is this person related to you?
Other

Address line 2
TOWN, LOUISV
IE, APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B

What level of access you would like to grant your Authorized

Which program(s) do you want this authorized representative to have access to?

Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)

Apply, Report Changes, Recertify

Apply, Report Changes, Recertify and receive copy of Notices

QIP (Medical and Dental insurance plans without payment assistance)

Back Cancel Next

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to [kynect.ky.gov](#) to see all your options.

99. Click **Next**.

Reps, Kynectors, & Agents

Add Authorized Representative

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

How is this person related to you?

Address
 122 WEST MAIN STREET, DOWNTOWN, LOUISVI | IL, APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B

Please indicate the programs and level of access you would like to grant your Authorized Representative.

Which program(s) do you want this authorized representative to have access to?

- Medicaid/CHIP(Qualified Health Plan with payment assistance (APIC))
- Apply, Report Changes, Recertify
- Apply, Report Changes, Recertify and resolve copy of Notices
- CHIP (Medical and Dental Insurance plans without payment assistance)

Back **Cancel** **Next**

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
 Go to [kynect.ky.gov](#) to see all your options.

100. Enter the Applicant's **First Name**.

Authorized Representative Consent

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

Terms of Agreement

- I give permission to this authorized representative to perform the chosen actions. I will give them information that is true to the best of my knowledge.
- I will not give false information and will report changes in a timely manner. I understand if I fail to do so, I may face consequences, including loss of benefits, and paying back benefits.

By entering your name below, you are electing to be the authorized representative.

First name: Suffix:

Last name: State: 2022

Cancel **Back** **Submit Authorized Representative**

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
 Go to [kynect.ky.gov](#) to see all your options.

[Help & FAQs](#) | [Contact Us](#) | [Kynect benefits](#) | [Technical Assistance](#) | [Connect](#)
 Find DCBS Office | **1-855-305-8888** | **1-844-407-8398**
 Cabinet for Health & Family Services (CHFS) | [Kynect health coverage](#) | [Report Fraud](#)
 Printable Forms | **KENTUCKY** Cabinet for Health and

101. Enter the Applicant's Last Name.

Authorized Representative Consent

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

Terms of Agreement

1. I give permission to this authorized representative to perform the chosen actions. I will give them information that is true to the best of my knowledge.
2. I will not give false information and will report changes in a timely manner. I understand if I fail to do so, I may face consequences. I understand this includes prosecution for fraud, losing benefits, and paying back benefits.

By entering your name below, you are electronically signing this form.

First Name: JIM
Last Name: [Redacted]
Suffix: Select
Date: 1/10/2022

Enter Last Name and click Enter to move forward.

Buttons: Cancel, Back, Submit Authorized Representative

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to [kynect.ky.gov](#) to see all your options.

Help & FAQs | Find DCBS Office | Cabinet for Health & Family Services (CHFS) | Printable Forms

Contact Us | kynect benefits 1-855-305-8868 | kynect health coverage 1-855-458-5398 | Report Fraud

Technical Assistance 1-844-407-8398

Connect | Facebook | Twitter

KENTUCKY Cabinet for Health and Family Services

102. Click Submit Authorized Representative.

Authorized Representative Consent

Be sure to add the correct individual. The person you add will get access to your case information based on the permissions you select.

Terms of Agreement

1. I give permission to this authorized representative to perform the chosen actions. I will give them information that is true to the best of my knowledge.
2. I will not give false information and will report changes in a timely manner. I understand if I fail to do so, I may face consequences. I understand this includes prosecution for fraud, losing benefits, and paying back benefits.

By entering your name below, you are electronically signing this form.

First Name: JIM
Last Name: LANE
Suffix: Select
Date: 1/10/2022

Click Submit Authorized Representative.

Buttons: Cancel, Back, Submit Authorized Representative

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to [kynect.ky.gov](#) to see all your options.

Help & FAQs | Find DCBS Office | Cabinet for Health & Family Services (CHFS) | Printable Forms

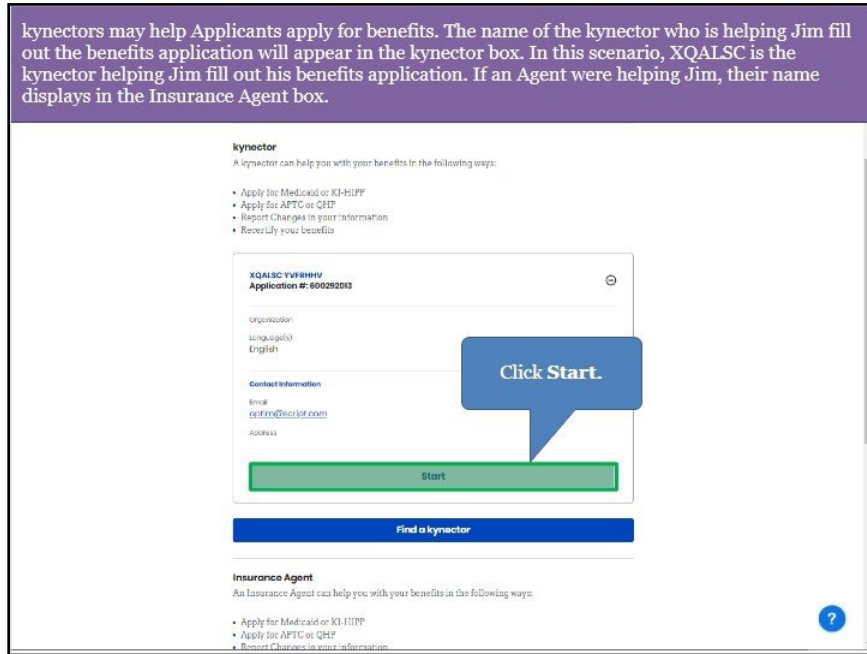
Contact Us | kynect benefits 1-855-305-8868 | kynect health coverage 1-855-458-5398 | Report Fraud

Technical Assistance 1-844-407-8398

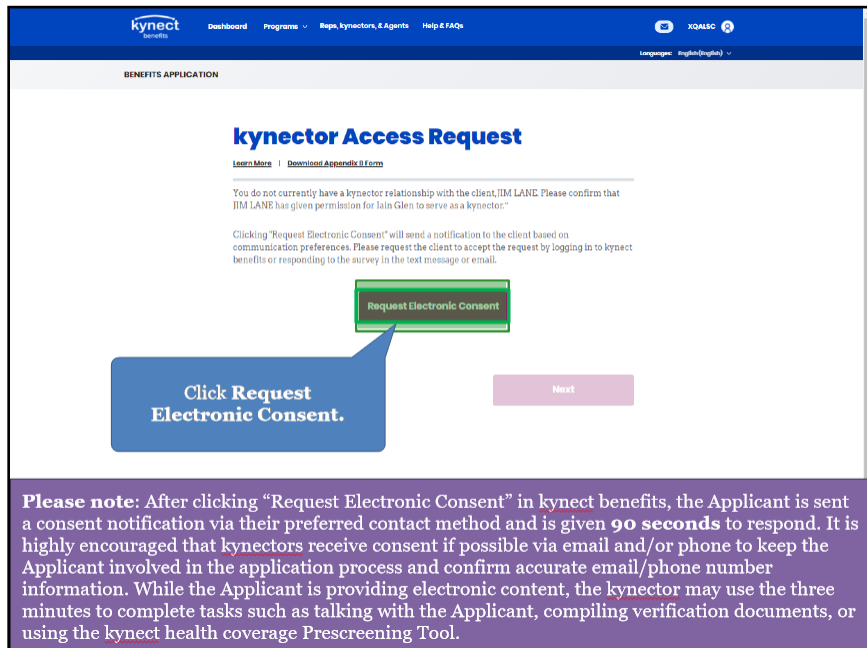
Connect | Facebook | Twitter

KENTUCKY Cabinet for Health and Family Services

103. Click **Start** to add a kynector to the application.

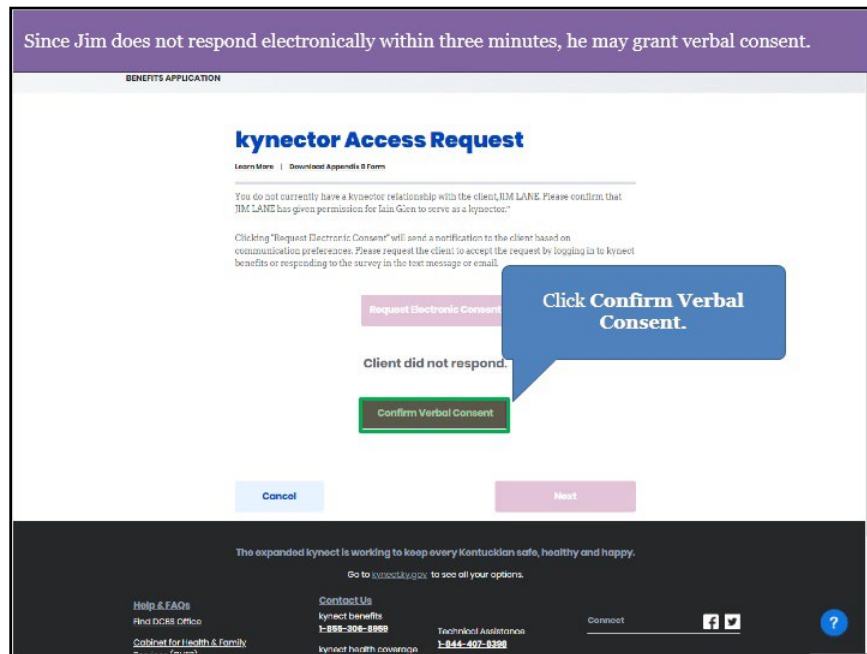


104. Click **Request Electronic Consent**.

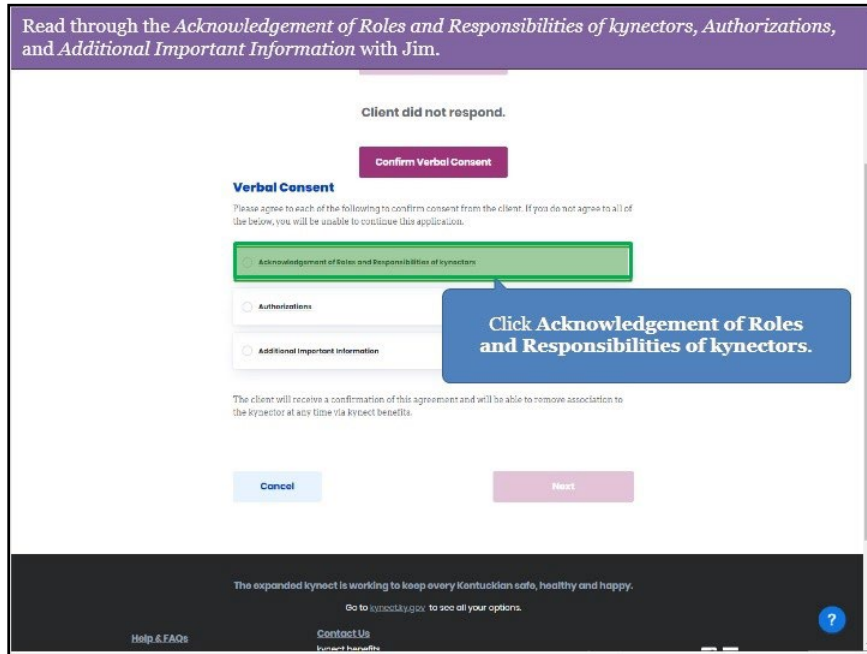


Please note: After clicking “Request Electronic Consent” in kynect benefits, the Applicant is sent a consent notification via their preferred contact method and is given **90 seconds** to respond. It is highly encouraged that kynectors receive consent via email and/or phone if possible, to keep the Applicant involved in the application process and confirm accurate email/phone number information. While the Applicant is providing electronic consent, the kynector may use the three minutes to complete tasks such as talking with the Applicant, compiling verification documents, or using the kynect health coverage Prescreening Tool.

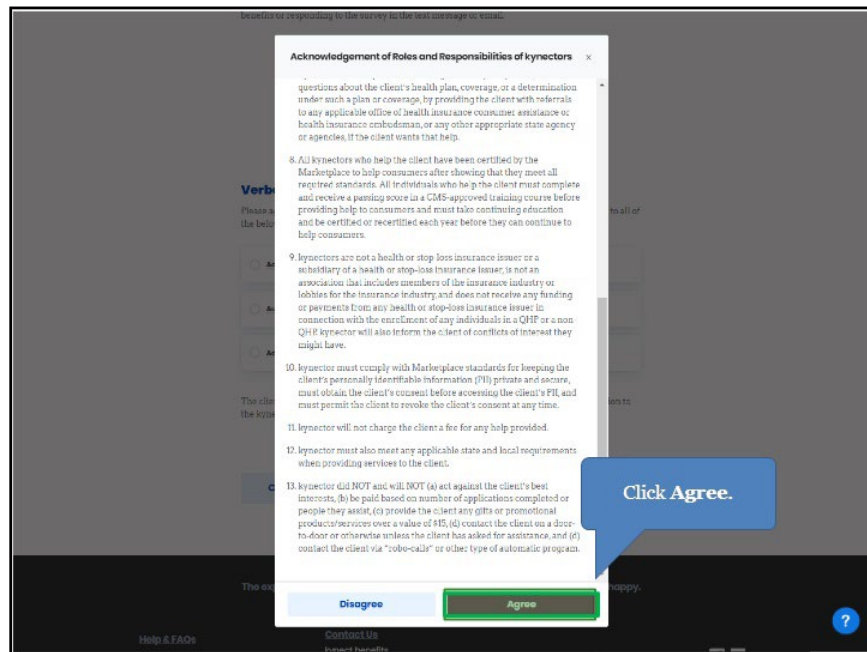
105. If the Applicant does not respond electronically within three minutes, click **Confirm Verbal Consent**.



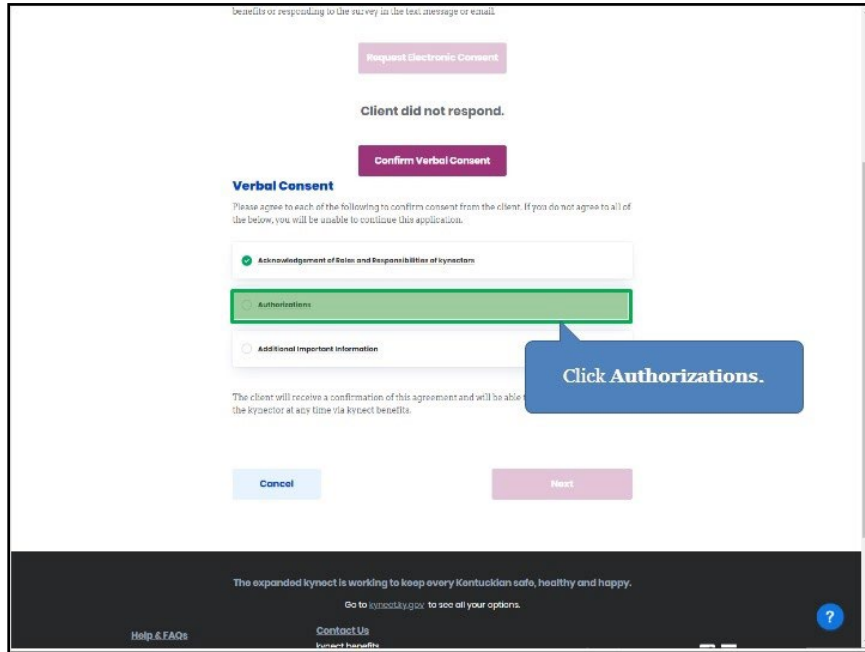
106. Click **Acknowledgement of Roles and Responsibilities of kynectors**.



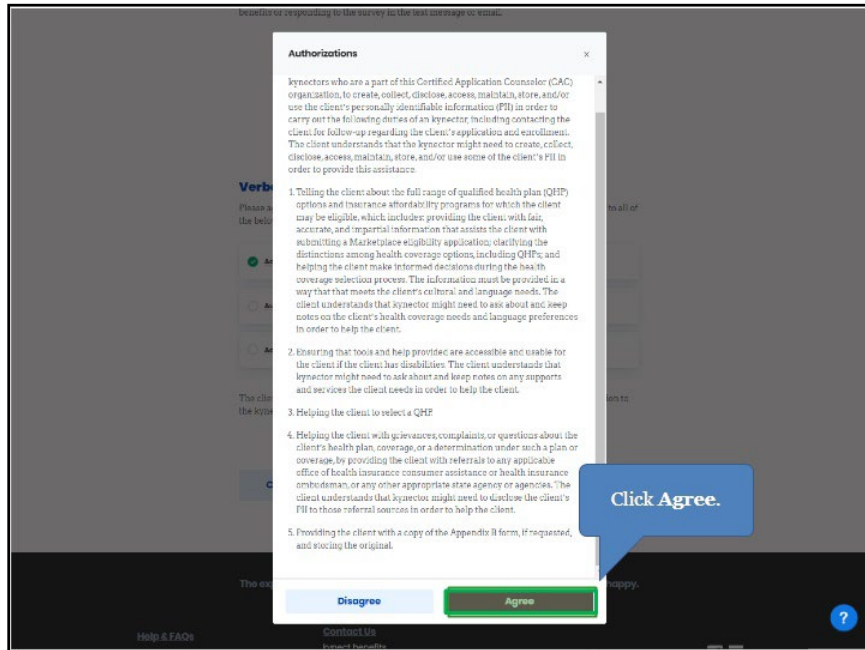
107. Read the information and click **Agree**.



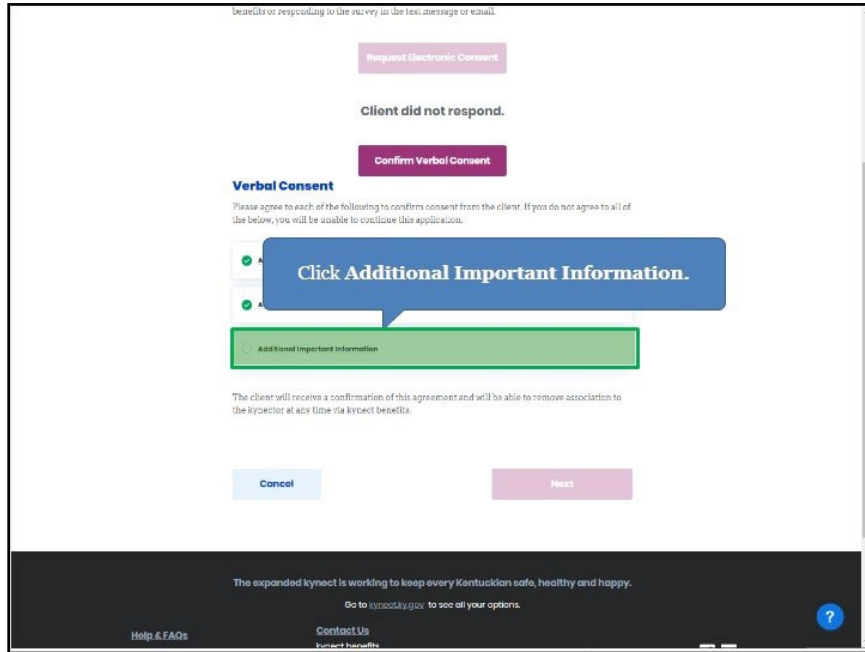
108. Click **Authorizations**.



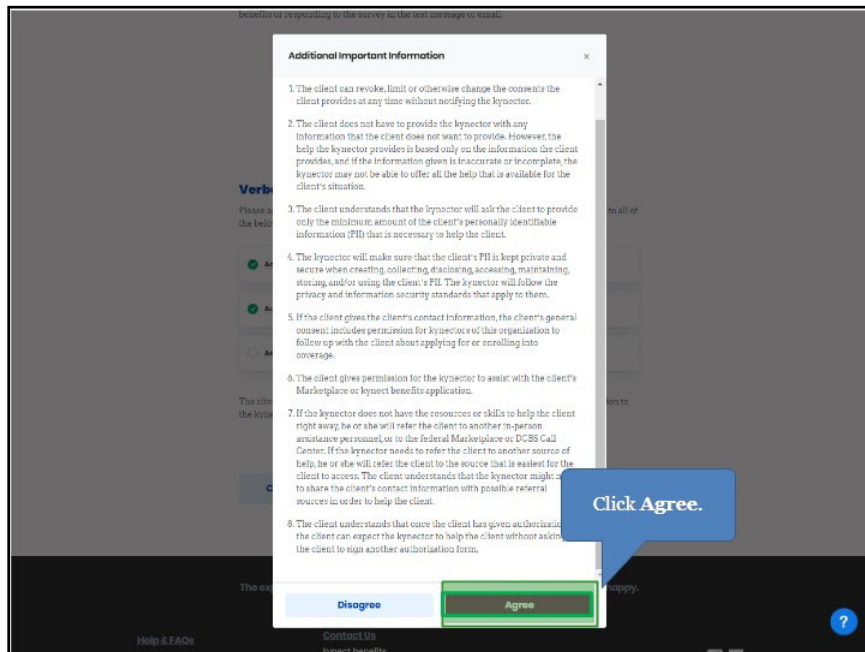
109. Read the information and click **Agree**.



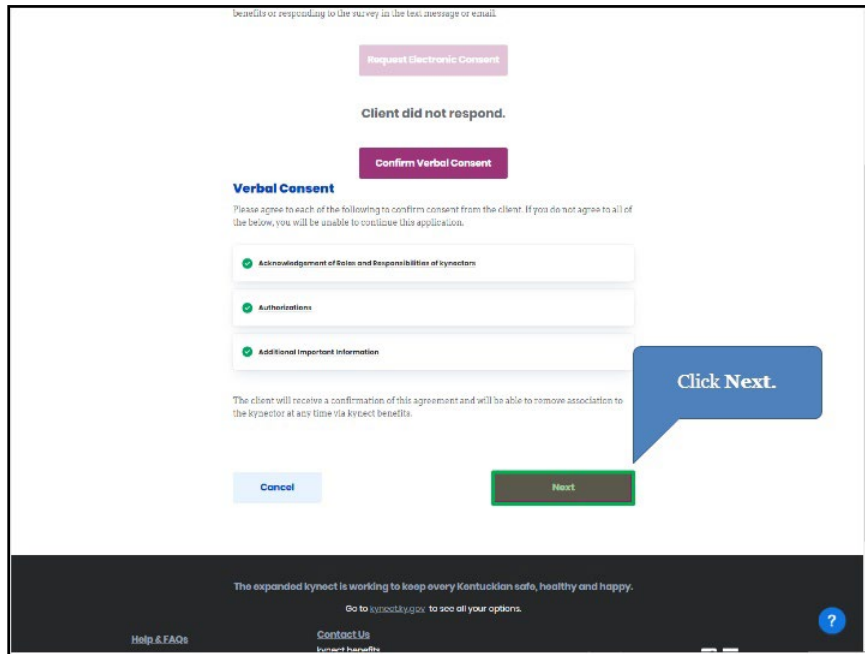
110. Click **Additional Important Information**.



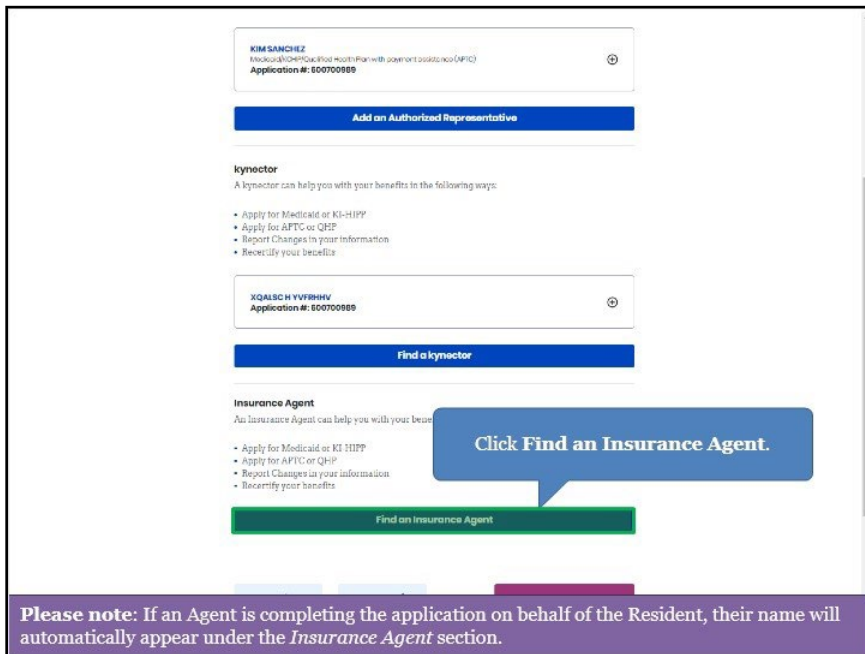
111. Read the information and click **Agree**.



112. Click **Next** to add the kynector to the application.



113. Click **Find an Insurance Agent** to add an Agent to the application.



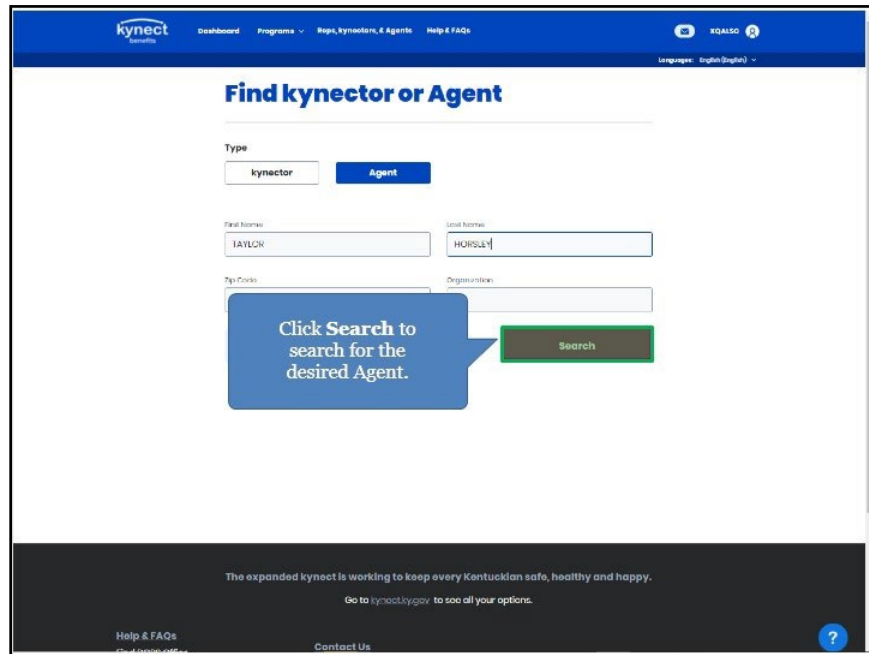
114. Enter the Agent's **First Name**.

The screenshot shows the 'Find kynector or Agent' search interface. At the top, there is a navigation bar with 'kynect' logo, 'Dashboard', 'Programs', 'Reps, kynectors, & Agents', and 'Help & FAQs'. A language dropdown is set to 'English (English)'. The main heading is 'Find kynector or Agent'. Below this, there is a 'Type' section with two buttons: 'kynector' and 'Agent'. The 'Agent' button is highlighted in blue. The form contains several input fields: 'First Name' (highlighted in green), 'Last Name', 'Zip Code', and 'Organization'. A blue callout box with a white border points to the 'First Name' field, containing the text: 'Enter Taylor and click Enter to move forward.' To the right of the form is a purple 'Search' button. At the bottom of the page, there is a dark footer with the text: 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to [kynect.ky.gov](#) to see all your options.' and links for 'Help & FAQs' and 'Contact Us'.

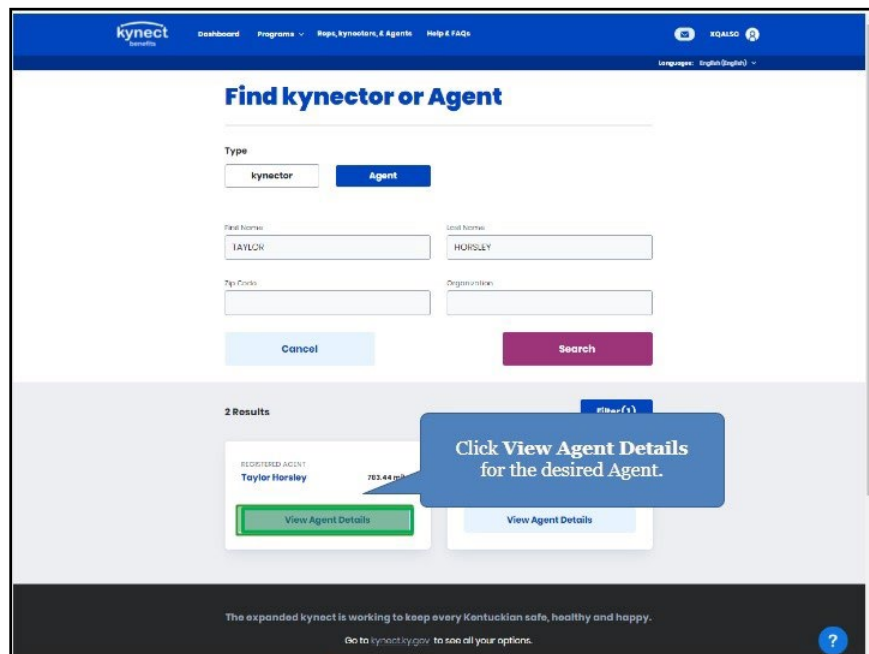
115. Enter the Agent's **Last Name**.

The screenshot shows the 'Find kynector or Agent' search interface. The 'Type' section now has the 'Agent' button selected. The 'First Name' field contains the text 'TAYLOR'. The 'Last Name' field is highlighted in green. A blue callout box with a white border points to the 'Last Name' field, containing the text: 'Enter Horsley and click Enter to move forward.' A light blue 'Cancel' button is now visible below the 'First Name' field. The 'Search' button is still present. The footer text and navigation links remain the same as in the previous screenshot.

116. Click **Search** to search for the Agent.



117. Click **View Agent Details**.



118. Click **Select Agent** to add the Agent to the case.

The screenshot shows the 'Find kynector or Agent' search results page. A modal window is open, displaying the details for an agent named Taylor Horsley. The modal includes the following information:

- Agent:** Taylor Horsley
- Office Address:** UNITED RIGHTWRITERS, INC, EXETER, NH 03833
- Contact Method:** Call: 604-777-5555, Email: godwin@Becc
- Availability:** (partially obscured)
- Languages:** English

A blue callout bubble with the text "Click Select Agent to select the desired Agent." points to the "Select Agent" button at the bottom of the modal. Below the modal, a purple banner contains the following text:

Please Note: If an Agent has any Delegate(s), their name and contact information will also display upon search.

119. Click **Next**.

The screenshot shows the 'Add an Authorized Representative' page. It contains two main sections:

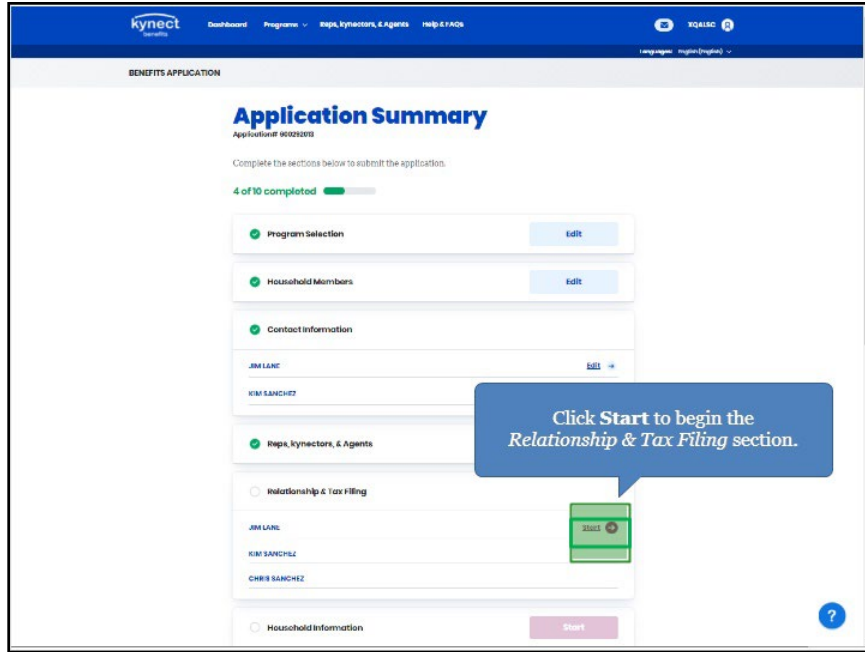
- kynector:** A section with a list of actions: "Apply for Medicaid or KI-HIPP", "Apply for APTC or QHP", "Report Changes in your information", and "Recertify your benefits". Below this is a search field containing "XQALSCH YVFBHHV" and "Application #: 600700889", followed by a "Find a kynector" button.
- Insurance Agent:** A section with a list of actions: "Apply for Medicaid or KI HIPP", "Apply for APTC or QHP", "Report Changes in your information", and "Recertify your benefits". Below this is a search field containing "Taylor Horsley" and "Application #: 600700889", followed by a "Find an Insurance Agent" button.

At the bottom of the page, there are three buttons: "Back", "Save & Exit", and "Next". A blue callout bubble with the text "Click Next." points to the "Next" button. A small question mark icon is visible in the bottom right corner of the page.

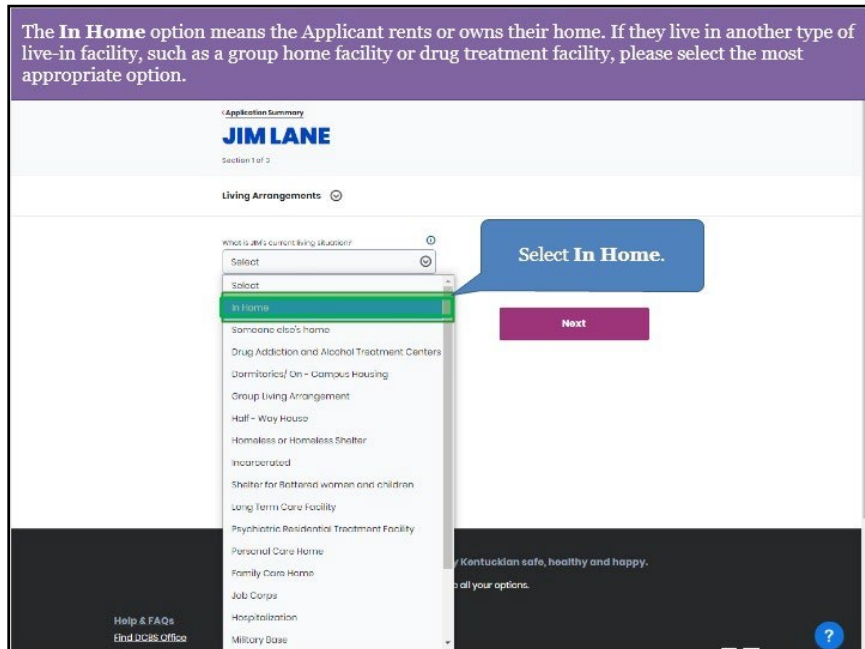
1.6 Relationship & Tax Filing

The *Relationship & Tax Filing* section is where Agents and kynectors enter information on the household's relationships and tax filing status. The *Relationship* section will not queue if there are no other household members.

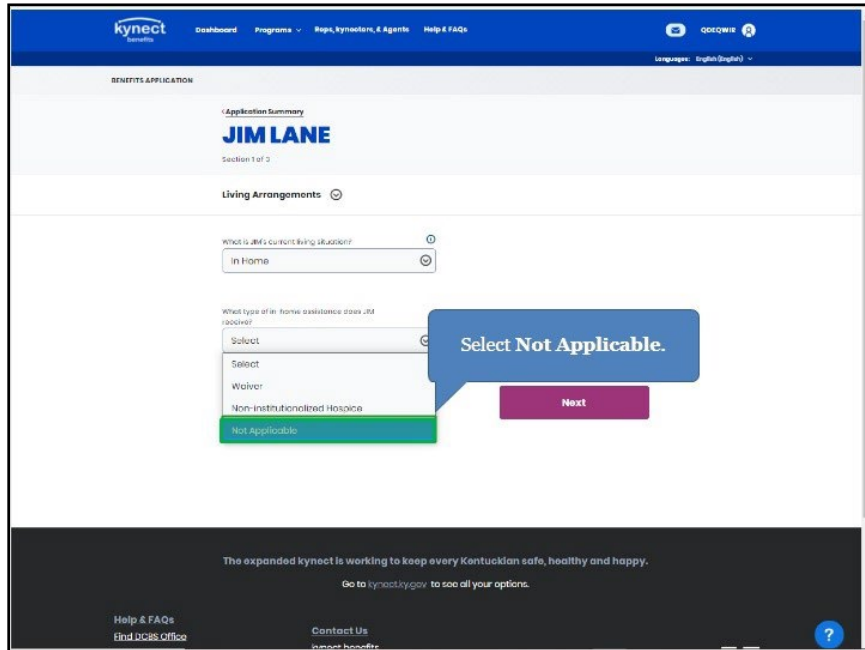
120. Click **Start** to begin the *Relationship & Tax Filing* section.



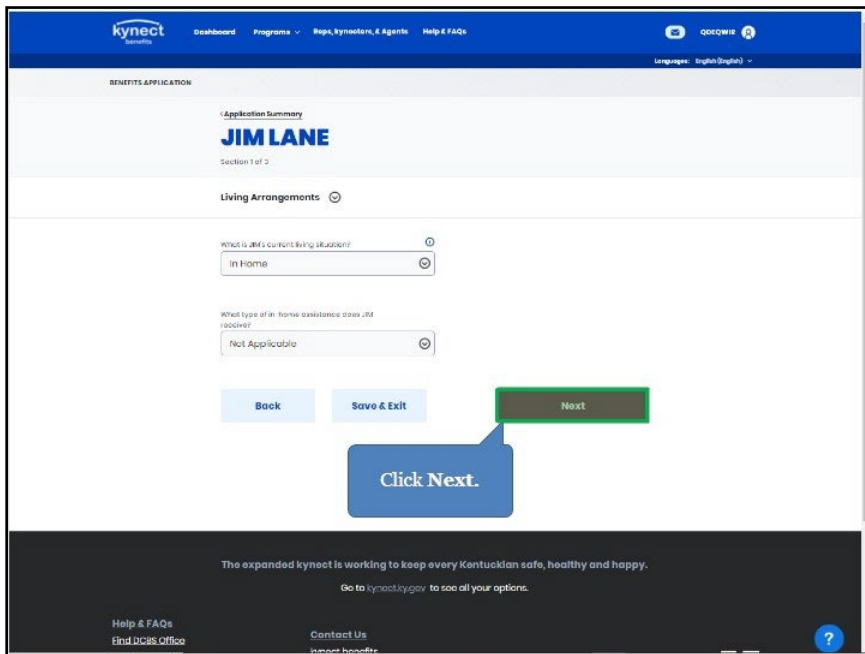
121. Select the Applicant's **Current Living Situation** from the drop-down.



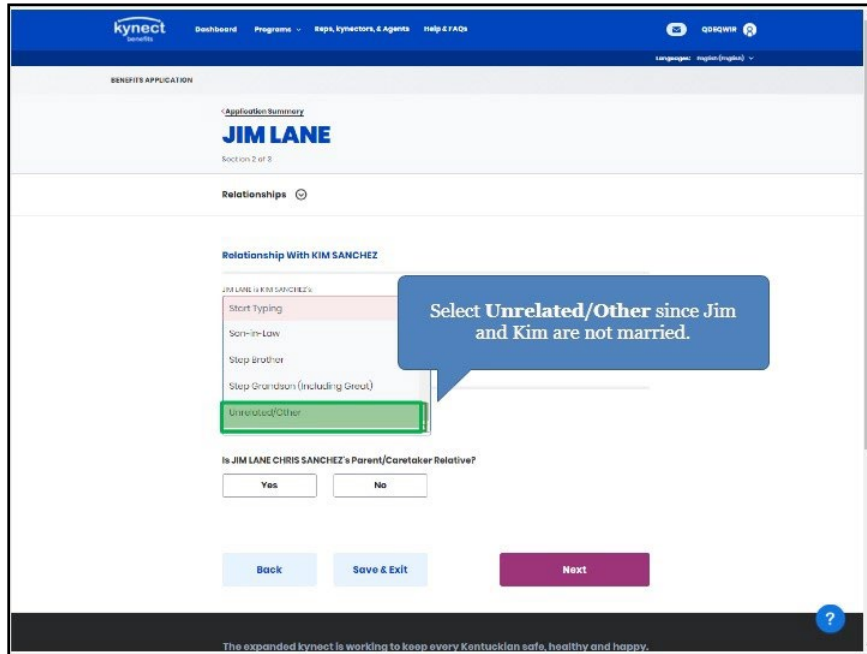
122. Select the **Type of In-Home Assistance** the Applicant receives from the drop-down if applicable.



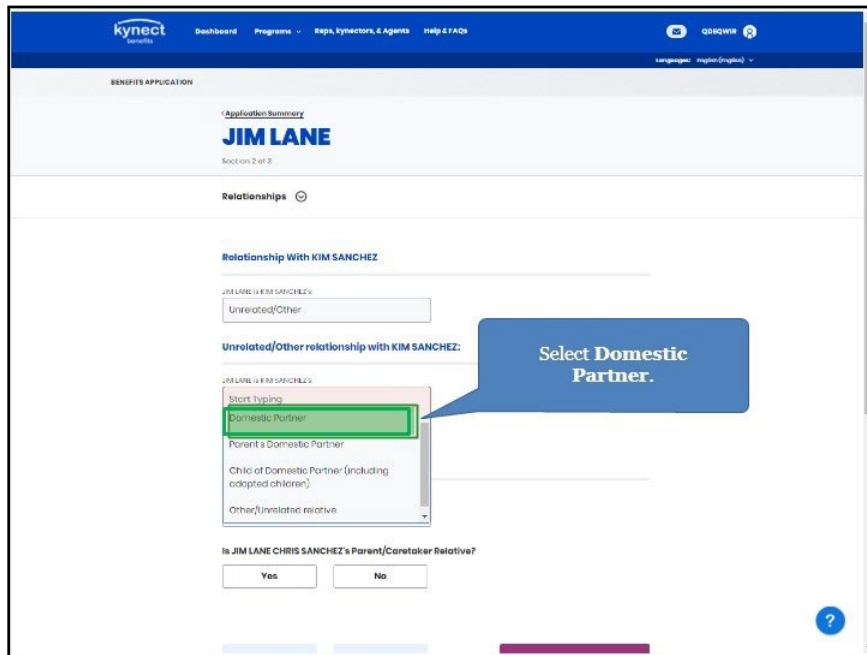
123. Click **Next**.



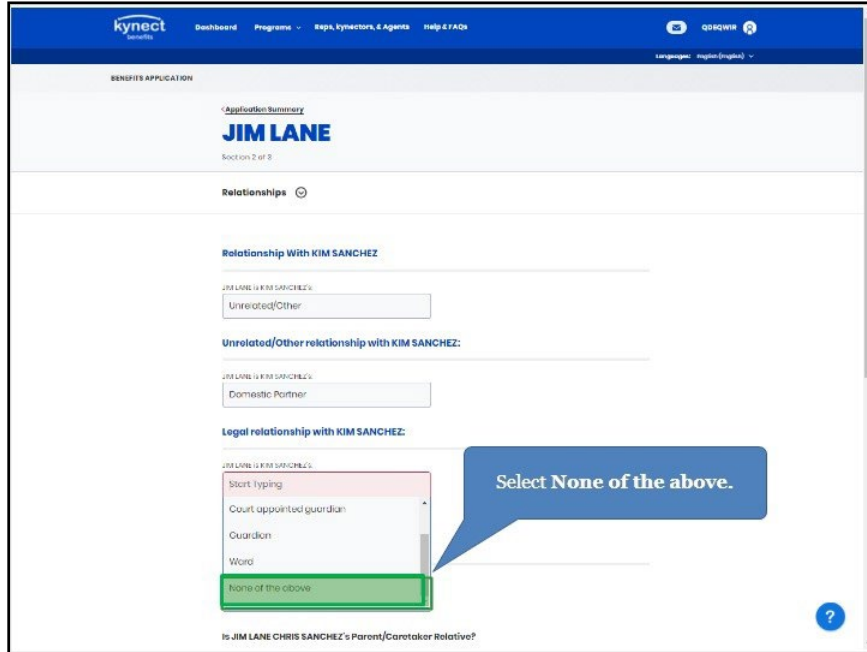
124. Select the Applicant's **Relationship** to the other household member(s) from the drop-down.



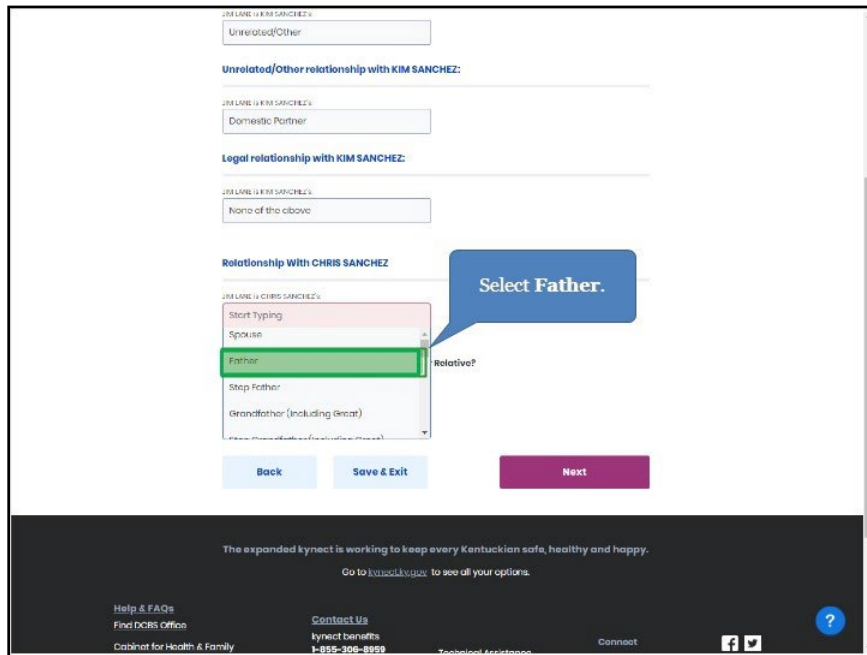
125. Select the Applicant's **Relationship** to the other household member(s) from the drop-down.



126. Select the Applicant's **Relationship** to the other household member(s) from the drop-down.



127. Select the Applicant's **Relationship** to the other household member(s) from the drop-down.



128. Click **Yes** or **No** if the Applicant is claiming any household members as dependents.

JIM LANE | KIM SANCHEZ |
Unrelated/Other

Unrelated/Other relationship with KIM SANCHEZ:

JIM LANE | KIM SANCHEZ |
Domestic Partner

Legal relationship with KIM SANCHEZ:

JIM LANE | KIM SANCHEZ |
None of the above

Relationship With CHRIS SANCHEZ

JIM LANE | CHRIS SANCHEZ |

Is JIM LANE CHRIS SANCHEZ's Parent/Caretaker Relative?

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to kynect.ky.gov to see all your options.

Help & FAQs
Find DCBS Office
Cabinet for Health & Family Services (CHFS)

Contact Us
kynect benefits
1-855-306-8888
kynect health coverage

Technical Assistance
1-855-306-8888

Connect

Facebook icon, Twitter icon, Question mark icon

129. Click **Next**.

JIM LANE | KIM SANCHEZ |
Unrelated/Other

Unrelated/Other relationship with KIM SANCHEZ:

JIM LANE | KIM SANCHEZ |
Domestic Partner

Legal relationship with KIM SANCHEZ:

JIM LANE | KIM SANCHEZ |
None of the above

Relationship With CHRIS SANCHEZ

JIM LANE | CHRIS SANCHEZ |
Father

Is JIM LANE CHRIS SANCHEZ's Parent/Caretaker Relative?

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to kynect.ky.gov to see all your options.

Help & FAQs
Find DCBS Office
Cabinet for Health & Family Services (CHFS)

Contact Us
kynect benefits
1-855-306-8888
kynect health coverage

Technical Assistance
1-855-306-8888

Connect

Facebook icon, Twitter icon, Question mark icon

130. Click the **box** identifying how the Applicant intends to file taxes this year.

Enter Jim's tax filing status. For this scenario, Jim plans to file taxes as single and does not plan to claim Chris as a dependent.

Application Summary
JIM LANE
Section 3 of 3

Tax Filing

How does JIM LANE intend to file taxes for tax year 2022?

- Dependent of individual in the household
- Dependent of individual not in the household
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Not Applicable
- I do not intend to file taxes
- Qualifying Widow(er)
- Single

Click Single.

Did JIM LANE reconcile premium tax credits on his tax return for any past years? Check the box below if:

Max. estimated maximum contribution to health tax accounts

131. Click **Return to Tax Filing Details Page**.

kynect
Dashboard Programs RPA, Kynectors, & Agents Help & FAQs
ODBCWIP
Language English (United States)

Benefits Application

Application Summary
JIM LANE
Section 3 of 3

Tax Filing

How does JIM LANE intend to file taxes this year?

Use This Tax Filing Status?

Please read carefully. If you will be claimed as a tax dependent by someone else, please select your tax filing status as dependent.

Return to Tax Filing Details Page

Click Return to Tax Filing Details Page.

Is JIM LANE claiming any household members as dependents?
 Yes No

132. Click **Yes** or **No** if the Applicant is claiming any household members as dependents.

I do not intend to file taxes

Qualifying Widow(er)

Single

Is JIM LANE claiming any household members as dependents?

Yes No

Did JIM LANE reconcile premium tax credits on his tax return for any past year below if:

- You received payment assistance to help for coverage.
- You filed a federal income tax return for the same year you used payment assistance. For example, in 2020 you got help paying coverage and you also filed tax return for the same year.
- You submitted IRS Form 8962 with the tax return.

Yes, I reconciled premium tax credits in past years.

Will JIM LANE'S tax filing status be the same for tax year 2022?

Yes No

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

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133. Check the **box** for *Yes, I reconciled premium tax credits in past years* if applicable.

I do not intend to file taxes

Qualifying Widow(er)

Single

Is JIM LANE claiming any household members as dependents?

Yes No

Did JIM LANE reconcile premium tax credits on his tax return for any past year below if:

- You received payment assistance to help for coverage.
- You filed a federal income tax return for the same year you used payment assistance. For example, in 2020 you got help paying coverage and you also filed tax return for the same year.
- You submitted IRS Form 8962 with the tax return.

Yes, I reconciled premium tax credits in past years.

Will JIM LANE'S tax filing status be the same for tax year 2022?

Yes No

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

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134. Click **Yes** or **No** for *Will Jim Lane's tax filing status be the same next year?*

I do not intend to file taxes

Qualifying Widow(er)

Single

Is JIM LANE claiming any household members as dependents?

Did JIM LANE reconcile premium tax credits on his tax return for any past years? Check the box below if: [?](#)

- You received payment assistance to help for coverage.
- You filed a federal income tax return for the same year you used payment assistance. For example, in 2020 you got help paying coverage and you also filed tax return for the same year.
- You submitted IRS Form 6962 with the tax return.

Yes, I reconciled premium tax credits in past years.

Will JIM LANE'S tax filing status be the same for tax year 2022?

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Go to kynect.ky.gov to see all your options.

135. Click **Next**.

I do not intend to file taxes

Qualifying Widow(er)

Single

Is JIM LANE claiming any household members as dependents?

Did JIM LANE reconcile premium tax credits on his tax return for any past years? Check the box below if: [?](#)

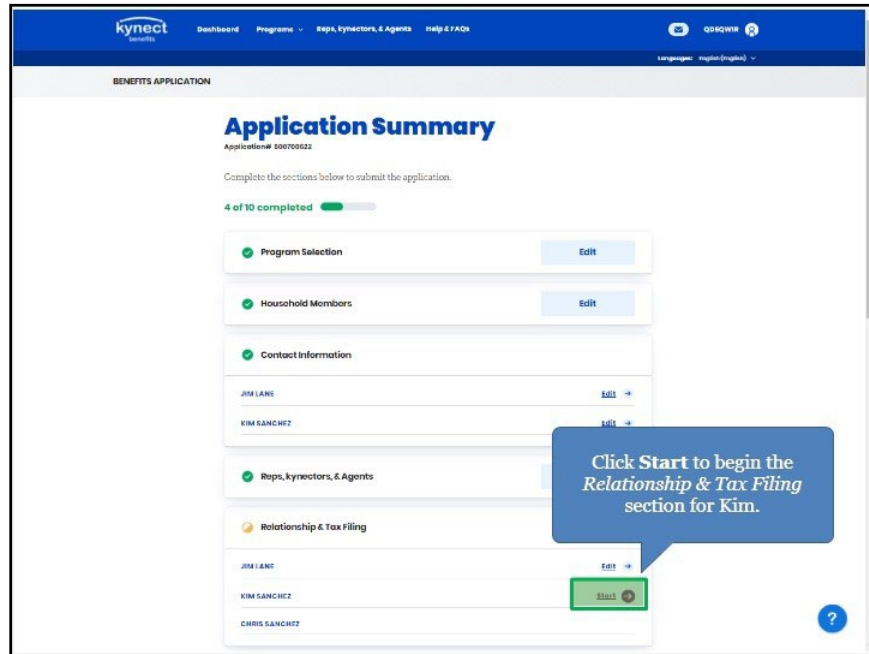
- You received payment assistance to help for coverage.
- You filed a federal income tax return for the same year you used payment assistance. For example, in 2020 you got help paying coverage and you also filed tax return for the same year.
- You submitted IRS Form 6962 with the tax return.

Yes, I reconciled premium tax credits in past years.

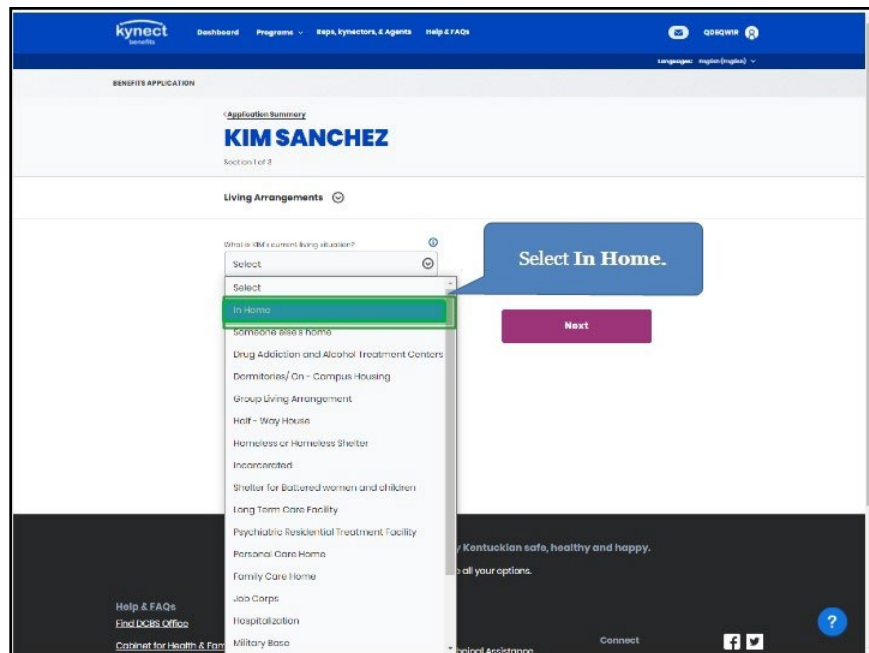
Will JIM LANE'S tax filing status be the same for tax year 2022?

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to kynect.ky.gov to see all your options.

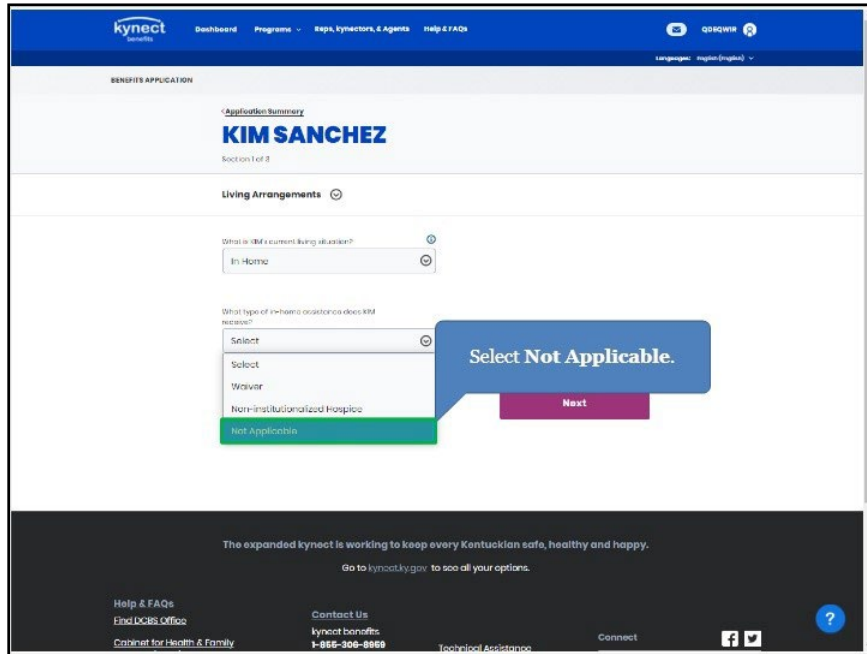
136. Click **Start** to begin the *Relationship & Tax Filing* section for the Second Household Member. If there are no other members in the household, skip to the **Household Information Section**.



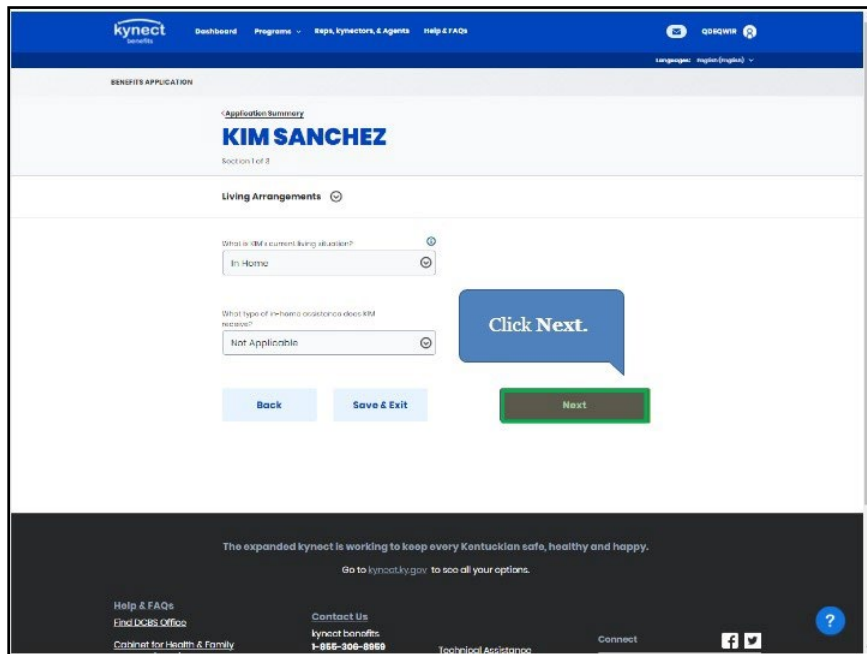
137. Select the Second Household Member's **Current Living Situation** from the drop-down.



138. Select the **Type of In-Home Assistance** the Second Household Member receives from the drop-down if applicable.



139. Click **Next**.



140. Select the Second Household Member's **Relationship** to the other household member(s) from the drop-down.

The screenshot shows a form titled "Relationship With JIM LANE" and "Relationship With CHRIS SANCHEZ". Under "Relationship With JIM LANE", there are three sections: "Unrelated/Other relationship with JIM LANE:" with a dropdown menu showing "Unrelated/Other"; "Unrelated/Other relationship with JIM LANE:" with a dropdown menu showing "Domestic Partner"; and "Legal relationship with JIM LANE:" with a dropdown menu showing "None of the above". Under "Relationship With CHRIS SANCHEZ", there is a dropdown menu showing "Start Typing", "Spouse", "Mother", "Step Mother", and "Grandmother (including Groot)". A blue callout bubble points to the "Mother" option with the text "Select Mother.". Below the dropdowns are buttons for "Back", "Save & Exit", and "Next". At the bottom, there is a footer with the text "The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to kynect.ky.gov to see all your options." and a "Help & FAQs" link.

141. Click **Yes** or **No** to identify *Parent/Caretaker Relative status*.

The screenshot shows the same form as in the previous image, but with the "Relationship With CHRIS SANCHEZ" dropdown menu set to "Mother". Below the dropdown menu, there is a question: "Is KIM SANCHEZ CHRIS SANCHEZ's Parent/Caretaker Relative?". There are two radio buttons: "Yes" (which is selected) and "No". Below the radio buttons are buttons for "Back", "Save & Exit", and "Next". A blue callout bubble points to the "Yes" button with the text "Click Yes since Kim is Chris's Parent/Caretaker Relative.". At the bottom, there is a footer with the text "The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to kynect.ky.gov to see all your options." and a "Help & FAQs" link.

142. Click **Next**.

The screenshot shows a web form with two main sections: "Relationship With JIM LANE" and "Relationship With CHRIS SANCHEZ".

- Relationship With JIM LANE:** A dropdown menu is set to "Unrelated/Other". Below it, another dropdown is also set to "Unrelated/Other relationship with JIM LANE:". A third dropdown is set to "None of the above".
- Relationship With CHRIS SANCHEZ:** A dropdown menu is set to "Mother". Below it, a question asks "Is KIM SANCHEZ CHRIS SANCHEZ's Parent/Caretaker Relative?" with "Yes" and "No" radio buttons.

At the bottom of the form, there are three buttons: "Back", "Save & Exit", and "Next". A blue callout bubble with the text "Click Next." points to the "Next" button, which is highlighted with a green rectangular box.

143. Click the **box** identifying how the Second Household Member intends to file taxes this year.

The screenshot shows the "Tax Filing" section of the application. The header includes "KIM SANCHEZ" and "Section 2 of 3".

The question is: "How does KIM SANCHEZ intend to file taxes for tax year 2022?"

- Dependent of individual in the household
- Dependent of individual not in the household
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Not Applicable
- I do not intend to file taxes
- Qualifying Widow(er)
- Single

A blue callout bubble with the text "Click Single." points to the "Single" radio button, which is highlighted with a green rectangular box.

144. Click **Return to Tax Filing Details Page**.

The screenshot shows the 'Tax Filing' section of the Kynect application for user KIM SANCHEZ. The page title is 'Application Summary' and 'Section 3 of 3'. The main heading is 'Tax Filing'. Below this, there is a question: 'How does KIM SANCHEZ intend to file taxes this year?'. A callout box with a blue background and white text says 'Click Return to Tax Filing Details Page.' and points to a green button labeled 'Return to Tax Filing Details Page'. The button is located below a section titled 'Use This Tax Filing Status?' which contains several radio button options: 'I do not intend to file taxes', 'Qualifying Widow(er)', 'Single' (which is selected), and 'Not Applicable'. Below the radio buttons is a question: 'Is KIM SANCHEZ claiming any household members as dependents?' with 'Yes' and 'No' buttons.

145. Click **Yes** or **No** if the Second Household Member is claiming any household members as dependents.

The screenshot shows the 'Is KIM SANCHEZ claiming any household members as dependents?' question. The 'Yes' button is highlighted with a green border. A callout box with a blue background and white text says 'Click Yes since Kim is claiming Chris as a tax dependent.' Below the question, there are two buttons: 'Yes' and 'No'. Below the buttons, there is a question: 'Did KIM SANCHEZ reconcile premium tax credits on her tax return for any past years? Check the box below if:'. Below this question, there are three radio button options: 'You received payment assistance to help for coverage.', 'You filed a federal income tax return for the same year you used payment assistance. For example, in 2020 you got help paying coverage and you also filed tax return for the same year.', and 'You submitted IRS Form 8862 with the tax return.'. Below the radio buttons, there is a question: 'Will KIM SANCHEZ'S tax filing status be the same for tax year 2022?' with 'Yes' and 'No' buttons. At the bottom of the page, there are three buttons: 'Back', 'Save & Exit', and 'Next'. At the very bottom, there is a footer with the text: 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to kynect.ky.gov to see all your options.' and a question mark icon.

146. Check the **box(es)** for the household member(s) who will be claimed as a dependent.

I do not intend to file taxes

Qualifying Widow(er)

Single

Is KIM SANCHEZ claiming any household members as dependents?

Yes No

Which household member(s) is KIM SANCHEZ claiming as a dependent?

JIM LANE

CHRIS SANCHEZ

Did KIM SANCHEZ reconcile premium tax credits on her tax return for any past years? Check the box below if:

- You received payment assistance to help for coverage.
- You filed a federal income tax return for the same year you used payment assistance. For example, in 2020 you got help paying coverage and you also filed tax return for the same year.
- You submitted IRS Form 8962 with the tax return.

Yes, I reconciled premium tax credits in past years.

Will KIM SANCHEZ'S tax filing status be the same for tax year 2022?

Yes No

147. Check the **box** for *Yes, I reconciled premium tax credits in past years.*

I do not intend to file taxes

Qualifying Widow(er)

Single

Is KIM SANCHEZ claiming any household members as dependents?

Yes No

Which household member(s) is KIM SANCHEZ claiming as a dependent?

JIM LANE

CHRIS SANCHEZ

Did KIM SANCHEZ reconcile premium tax credits on her tax return for any past years? Check the box below if:

- You received payment assistance to help for coverage.
- You filed a federal income tax return for the same year you used payment assistance. For example, in 2020 you got help paying coverage and you also filed tax return for the same year.
- You submitted IRS Form 8962 with the tax return.

Yes, I reconciled premium tax credits in past years.

Will KIM SANCHEZ'S tax filing status be the same for tax year 2022?

Yes No

148. Click **Yes** or **No** for *Will [Second Household Member's Name] tax filing status be the same next year?*

I do not intend to file taxes
 Qualifying Widow(er)
 Single

Is KIM SANCHEZ claiming any household members as dependents?

Which household member(s) is KIM SANCHEZ claiming as a dependent?

 CHRIS SANCHEZ

Did KIM SANCHEZ reconcile premium tax credits on her tax return for any past years? Check the box below if:

Yes, I reconciled premium tax credits in past years.

Will KIM SANCHEZ'S tax filing status be the same for tax year 2022?

149. Click **Next**.

I do not intend to file taxes
 Qualifying Widow(er)
 Single

Is KIM SANCHEZ claiming any household members as dependents?

Which household member(s) is KIM SANCHEZ claiming as a dependent?

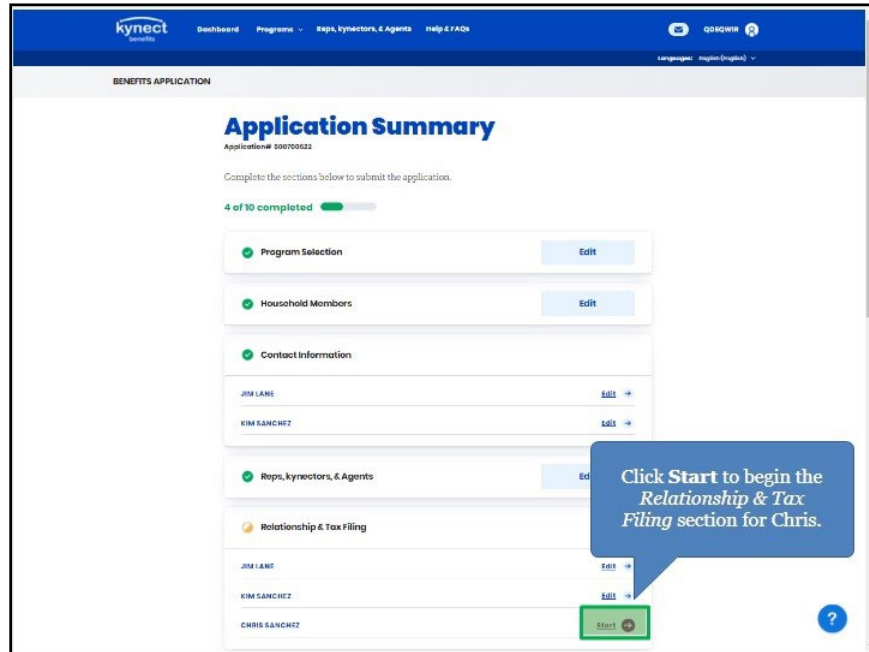
 CHRIS SANCHEZ

Did KIM SANCHEZ reconcile premium tax credits on her tax return for any past years? Check the box below if:

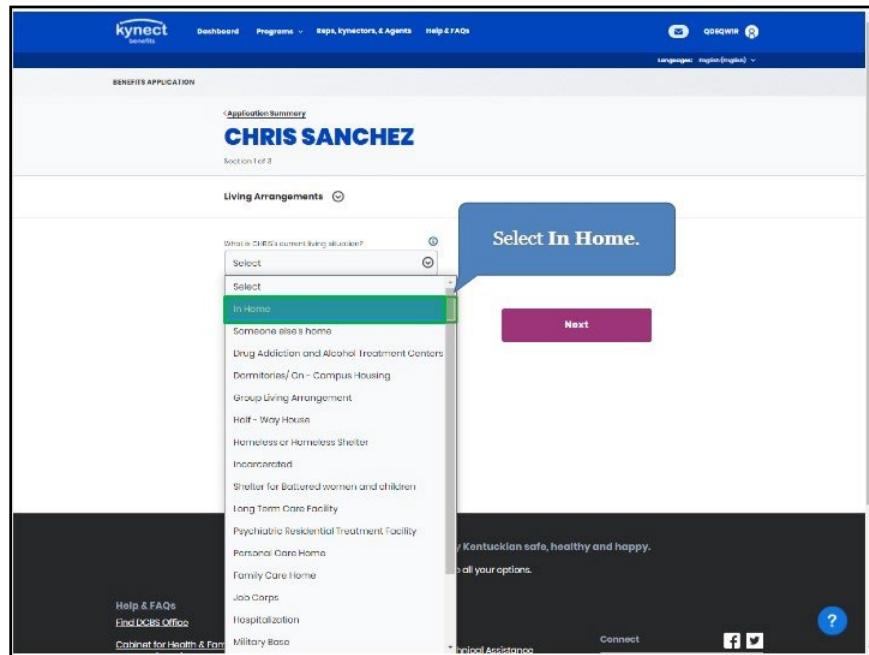
Yes, I reconciled premium tax credits in past years.

Will KIM SANCHEZ'S tax filing status be the same for tax year 2022?

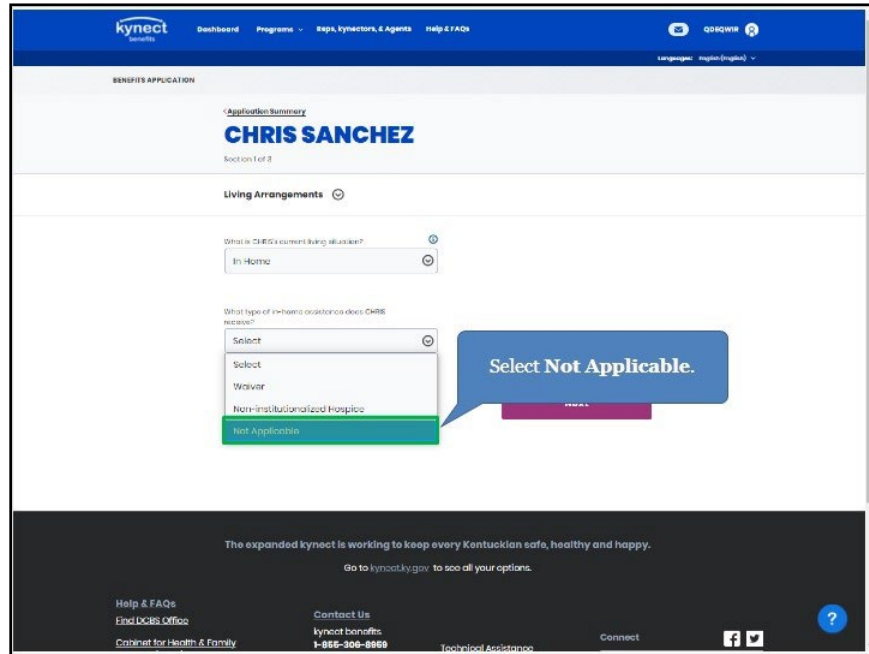
150. Click **Start** to begin the *Relationship & Tax Filing* section for the Third Household Member.



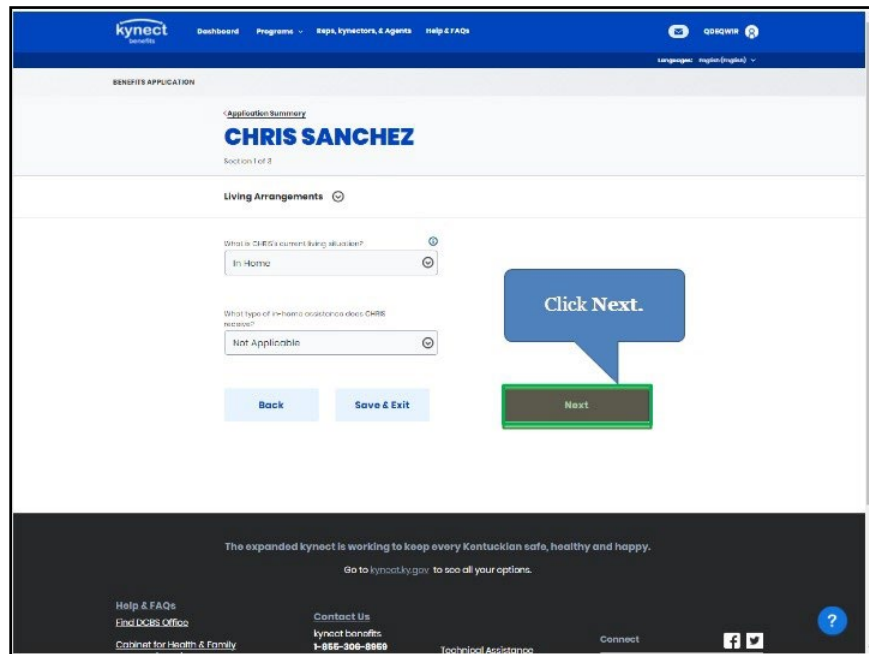
151. Select the Third Household Member's **Current Living Situation** from the drop-down.



152. Select the **Type of In-Home Assistance** the Third Household Member receives from the drop-down if applicable.



153. Click **Next**.



154. The Third Household Member's relationships automatically populates based on information previously entered. Click **Next**.

The screenshot shows the 'BENEFIT APPLICATION' page for 'CHRIS SANCHEZ'. Under the 'Relationships' section, there are two entries:

- Relationship With JIM LANE:** Chris Sanchez is Jim Lane's Son. Jim Lane is Chris Sanchez's Parent/Consular Relative.
- Relationship With KIM SANCHEZ:** Chris Sanchez is Kim Sanchez's Son. Kim Sanchez is Chris Sanchez's Parent/Consular Relative.

Buttons at the bottom include 'Back', 'Save & Exit', and 'Next'. A callout box states: 'Information entered for Jim and Kim's relationship with Chris automatically populates. Click Next.'

155. The Third Household Member's tax information automatically populates based on information previously entered. Click **Next**.

The screenshot shows tax information for 'CHRIS SANCHEZ':

- Tax Status:** Radio buttons for 'Not Applicable', 'I do not intend to file taxes', 'Qualifying Widow(or)', and 'Single'.
- Who is CHRIS SANCHEZ a dependent of?** Radio buttons for 'JIM LANE' and 'KIM SANCHEZ' (selected).
- Did CHRIS SANCHEZ reconcile premium tax credits on his tax return for any past years?** Check the box below if:
 - You received payment assistance to help for coverage.
 - You filed a federal income tax return for the same year you used payment assistance. For example, in 2020 you got help paying coverage and you also filed tax return for the same year.
 - You submitted IRS Form 8962 with the tax return.
 A checked box indicates 'Yes, I reconciled premium tax credits in past years.'
- Will CHRIS SANCHEZ'S tax filing status be the same for tax year 2020?** Radio buttons for 'Yes' and 'No'.

Buttons at the bottom include 'Back', 'Save & Exit', and 'Next'. A callout box says: 'Click Next.'

1.7 Household Information

The *Household Information* section is where Agents and kynectors enter information on circumstances that apply to the household's members.

156. Click **Start** to begin the *Household Information* section.

The screenshot shows a sidebar menu with several sections. The 'Household Information' section is highlighted with a green box and a 'Start' button. A blue callout bubble points to this button with the text: 'Click Start to begin the Household Information section.' Other sections include 'Contact Information', 'Reps, kynectors, & Agents', 'Relationship & Tax Filing', 'Member Details', 'Healthcare Coverage', 'Employer's Health Reimbursement', and 'Sign & Submit'. A 'Save & Exit' button is at the bottom left, and a help icon is at the bottom right.

157. Click **Yes** or **No** for *Is anyone in the household blind?*

The screenshot shows a question: 'Is anyone in this household blind?'. The 'No' button is highlighted with a green box and a blue callout bubble that says: 'Click No for Is anyone in the household blind?'. Below the question are several other questions with 'Yes' and 'No' buttons: 'Does anyone in this household have a disability?', 'Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A?', 'Is anyone in this household pregnant or was pregnant in the last three months?', and 'Has anyone in this household used tobacco at least 4 times a week in the past 6 months?'. A purple header at the top says 'For this scenario, select answers based on the household's health.' and 'Application Summary Household Information Section 1 of 4'. A help icon is at the bottom right.

158. Click **Yes** or **No** for *Does anyone in the household have a disability?*

The screenshot shows the 'Household Information' section of the kynect application. The page title is 'Household Information' and it is part of a 'Benefits Application'. The 'Health' section contains several questions with 'Yes' and 'No' radio button options. The question 'Does anyone in this household have a disability?' is highlighted with a green box, and a blue callout bubble points to it with the text 'Click No for Does anyone in the household have a disability?'. Other questions include 'Is anyone in this household blind?', 'Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A?', 'Is anyone in this household pregnant or was pregnant in the last three months?', and 'Has anyone in this household used tobacco at least 4 times a week in the past 6 months?'.

159. Click **Yes** or **No** for *Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A?*

The screenshot shows the 'Household Information' section of the kynect application. The question 'Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A?' is highlighted with a green box, and a blue callout bubble points to it with the text 'Click No for Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A?'. Other questions include 'Is anyone in this household blind?', 'Does anyone in this household have a disability?', 'Is anyone in this household pregnant or was pregnant in the last three months?', and 'Has anyone in this household used tobacco at least 4 times a week in the past 6 months?'.

160. Click **Yes** or **No** for *Is anyone in this household pregnant or was pregnant in the last three months?*

The screenshot shows the 'Household Information' section of the kynect application. The page title is 'Household Information' and it is 'Section 1 of 4'. Under the 'Health' section, there are several questions with 'Yes' and 'No' buttons. The question 'Is anyone in this household pregnant or was pregnant in the last three months?' has its 'No' button highlighted with a green border. A blue callout box points to this button with the text: 'Click No for Is anyone in the household pregnant or was pregnant in the last three months?'.

161. Click **Yes** or **No** for *Has anyone in this household used tobacco at least 4 times in a week in the past 6 months?*

The screenshot shows the 'Household Information' section of the kynect application. The page title is 'Household Information' and it is 'Section 1 of 4'. Under the 'Health' section, there are several questions with 'Yes' and 'No' buttons. The question 'Has anyone in this household used tobacco at least 4 times a week in the past 6 months?' has its 'No' button highlighted with a green border. A blue callout box points to this button with the text: 'Click No for Has anyone in this household used tobacco at least 4 times a week in the past 6 months?'.

162. Click **Next**.

Complete the questions below about health.
Note: Not all household members may be listed for each item. This is because it either does not apply to them or we do not need more information about them.

Is anyone in this household blind?

Yes No

Does anyone in this household have a disability? ⓘ

Yes No

Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A? ⓘ

Yes No

Is anyone in this household pregnant or was pregnant in the last three months?

Yes No

Has anyone in this household used tobacco at least 4 times a week in the past 6 months?

Yes No

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1-855-305-8599

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163. Click **Yes** or **No** for *Is anyone in this household eligible for entitled income, such as Social Security Income, unemployment income, Black Lung, or VA pension?*

[kynect](#) Dashboard Programs [RPL, KynectCare, & Agents](#) [Help & FAQs](#) [XQALSC](#) [Language: English \(English\)](#)

BENEFITS APPLICATION

Application Summary

Household Information

Section 2 of 4

Household Circumstances ⓘ

[Learn More](#)

Complete the questions below about other scenarios which may affect your benefits.
Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.

Is anyone in this household eligible for entitled income, such as Social Security income, unemployment income, Black Lung, or VA pension?

Yes No

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Go to [kynect.ky.gov](#) to see all your options.

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[Contact Us](#)
kynect benefits
1-855-305-8599

Technical Assistance
1-844-407-8398
kynect health corporation

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164. If **Yes** is selected for step 163, check the **box** for the household member.

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ENRITS APPLICATION

Application Summary
Household Information
Section 2 of 4

Household Circumstances

Learn More
Complete the questions below about other scenarios which may affect your benefits.
Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.

Is anyone in this household eligible for entitled income, such as Social Security income, unemployment income, Block Lung, or VA pension?

Yes No

Select applicable household member(s)

JIM LANE
 CHRIS SANCHEZ
 KIM SANCHEZ

Check the box for Kim Sanchez.

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to [kynect.ky.gov](#) to see all your options.

165. Click **Next**.

kynect
Dashboard Programs RPA, KYnectors, & Agents Help & FAQs

ENRITS APPLICATION

Application Summary
Household Information
Section 2 of 4

Household Circumstances

Learn More
Complete the questions below about other scenarios which may affect your benefits.
Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.

Is anyone in this household eligible for entitled income, such as Social Security income, unemployment income, Block Lung, or VA pension?

Yes No

Select applicable household member(s)

JIM LANE
 CHRIS SANCHEZ
 KIM SANCHEZ

Click Next.

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to [kynect.ky.gov](#) to see all your options.

166. Click **Yes** or **No** for *Does anyone in the household have job income from employer?*

167. If **Yes** is selected for step 158, check the **box** for the household member.

168. Click **Yes** or **No** for *Does anyone in this household have self-employment income?*

The screenshot shows the 'Household Information' section of the kynect application. The page title is 'Household Information' and it is step 3 of 4. The section is titled 'Income & Subsidies Selection'. Below this, there is a 'Learn More' link and a note: 'Complete the questions below about the income and subsidies. Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.' The first question is 'Does anyone in this household have job income from employer?' with 'Yes' and 'No' buttons. Below this is a list of household members: JIM LAM (checked), CHRIS SANCHEZ, and KIM SANCHEZ. The second question is 'Does anyone in this household have self-employment income?' with 'Yes' and 'No' buttons. A blue callout box points to the 'No' button with the text: 'Click No for Does anyone in this household have self-employment income?'. The third question is 'Does anyone in this household receive income from Social Security?' with 'Yes' and 'No' buttons.

169. Click **Yes** or **No** for *Does anyone in this household receive income from Social Security, retirement, or a pension?*

The screenshot shows a series of 'Yes/No' questions. The first question is 'Does anyone in this household receive income from Social Security, retirement, or a pension?' with 'Yes' and 'No' buttons. A blue callout box points to the 'No' button with the text: 'Click No for Does anyone in this household receive income from Social Security, retirement, or a pension?'. The second question is 'Does anyone in this household receive income from...' with 'Yes' and 'No' buttons. The third question is 'Does anyone in this household receive support or maintenance for child support, adoption subsidy payments, or foster care?' with 'Yes' and 'No' buttons. The fourth question is 'Does anyone in the household receive income from an insurance settlement or unemployment benefit?' with 'Yes' and 'No' buttons. The fifth question is 'Does anyone in this household receive any other type of goods, services, or payments?' with 'Yes' and 'No' buttons. The sixth question is 'Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings or has anyone received income from winnings in the last 3 months?' with 'Yes' and 'No' buttons. The seventh question is 'Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of October or expect to receive benefits in the month of November?' with 'Yes' and 'No' buttons.

170. Click **Yes** or **No** for *Does anyone in this household receive income from dividends, interest, or royalties?*

The screenshot shows a series of questions with 'Yes' and 'No' buttons. The second question, 'Does anyone in this household receive income from dividends, interest, or royalties?', has its 'No' button highlighted in green. A blue callout box with white text points to this button, containing the instruction: 'Click No for Does anyone in this household receive income from dividends, interest, or royalties?'. Other questions include: 'Does anyone in this household receive income from Social Security, retirement, or a pension?', 'Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income?', 'Does anyone in the household receive income from an insurance settlement or unemployment benefit?', 'Does anyone in this household receive any other type of goods, services, or payments?', 'Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings or has anyone received income from winnings in the last 3 months?', and 'Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of October or expect to receive benefits in the month of November?'. A question mark icon is visible in the bottom right corner of the form area.

171. Click **Yes** or **No** for *Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income?*

The screenshot shows the same series of questions as the previous image. The third question, 'Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income?', has its 'No' button highlighted in green. A blue callout box with white text points to this button, containing the instruction: 'Click No for Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income?'. The other questions and their buttons are the same as in the previous image. A question mark icon is visible in the bottom right corner of the form area.

172. Click **Yes** or **No** for *Does anyone in this household receive income from an insurance settlement or unemployment benefit?*

Does anyone in this household receive income from Social Security, retirement, or a pension? Yes No

Does anyone in this household receive income from dividends, interest, or royalties? Yes No

Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income? Yes No

Does anyone in this household receive income from an insurance settlement or unemployment benefit? Yes No

Does anyone in this household receive any other type of goods... Yes No

Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings in the last 3 months? Yes No

Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of October or expect to receive benefits in the month of November? Yes No

Click **Yes** for *Does anyone in this household receive income from an insurance settlement or unemployment benefit?*

173. If **Yes** is selected for step 164, check the **box** for the household member.

Does anyone in this household receive income from Social Security, retirement, or a pension? Yes No

Does anyone in this household receive income from dividends, interest, or royalties? Yes No

Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income? Yes No

Does anyone in this household receive income from an insurance settlement or unemployment benefit? Yes No

Select applicable household member(s)

JIM LANE

KIM SANCHEZ

CHRIS SANCHEZ

Does anyone in this household receive any other type of goods... Yes No

Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings in the last 3 months? Yes No

Check the **box** for *Kim Sanchez.*

174. Click **Yes** or **No** for *Does anyone in this household receive any other type of goods, services, or payments?*

Does anyone in this household receive income from Social Security, retirement, or a pension?

Yes No

Does anyone in this household receive income from dividends, interest, or royalties?

Yes No

Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income?

Yes No

Does anyone in the household receive income from an insurance settlement or unemployment benefit?

Yes No

Select applicable household member(s)

JIM LANE

KIM SANCHEZ

CHRIS SANCHEZ

Does anyone in this household receive any other type of goods, services, or payments?

Yes No

Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings in the last 3 months?

Yes No

Click No for Does anyone in this household receive any other type of goods, services, or payments?

175. Click **Yes** or **No** for *Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings or has anyone received income from winnings in the last 3 months?*

Does anyone in the household receive income from an insurance settlement or unemployment benefit?

Yes No

Select applicable household member(s)

JIM LANE

KIM SANCHEZ

CHRIS SANCHEZ

Does anyone in this household receive any other type of goods, services, or payments?

Yes No

Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings or has anyone received income from winnings in the last 3 months?

Yes No

Does anyone in this household receive Medicaid, SNAP, or other benefits in the month of October or expect to receive benefits in the month of October?

Yes No

Click No for Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings or has anyone received income from winnings in the last 3 months?

Back Save & Exit

176. Click **Yes** or **No** for *Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of [Month] or expect to receive benefits in the month of [Month]?*

The screenshot shows a web form with the following sections:

- Question: "Does anyone in the household receive income from an insurance settlement or unemployment benefit?" with "Yes" and "No" buttons.
- Section: "Select applicable household member(s)" with three input fields: "JIM LANC", "KIM SANCHEZ" (with a green checkmark), and "CRIS SANCHEZ".
- Question: "Does anyone in this household receive any other type of goods, services, or payments?" with "Yes" and "No" buttons.
- Question: "Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings or has anyone received income from winnings in the last 3 months?" with "Yes" and "No" buttons.
- Question: "Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of October or expect to receive benefits in the month of November?" with "Yes" and "No" buttons. The "No" button is highlighted in green.
- Buttons: "Back" and "Save & Exit".

A blue callout box on the right side of the form contains the text: "Click **No** for *Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of October or expect to receive benefits in the month of November?*"

177. Click **Next**.

This screenshot shows the same web form as above, but with the "Next" button highlighted in green. A blue callout box points to the "Next" button with the text "Click Next.".

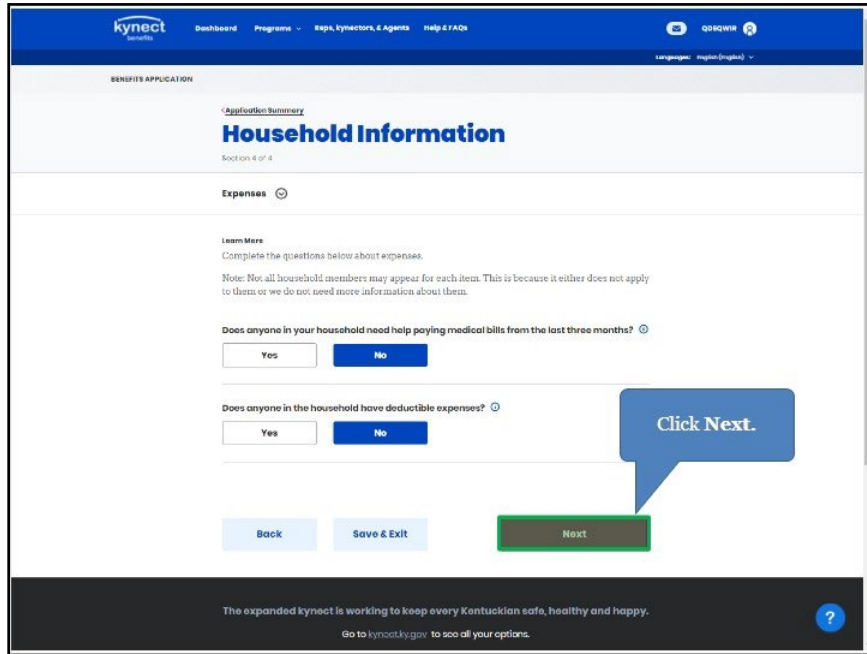
178. Click **Yes** or **No** for *Does anyone in your household need help paying for medical bills from the last three months?*

The screenshot shows the 'Household Information' section of the kynect application. The page title is 'Household Information' and it is 'Section 4 of 4'. Under the 'Expenses' heading, there is a 'Learn More' link and a note: 'Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.' The question 'Does anyone in your household need help paying medical bills from the last three months?' is displayed with two radio buttons: 'Yes' and 'No'. The 'No' button is highlighted in green. A blue callout box with white text points to the 'No' button, stating: 'Click No for Does anyone in your household need help paying medical bills from the last three months?'. Below the question are 'Back', 'Save & Exit', and 'Next' buttons. At the bottom of the page, there is a footer with the text: 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to kynect.ky.gov to see all your options.' and a help icon.

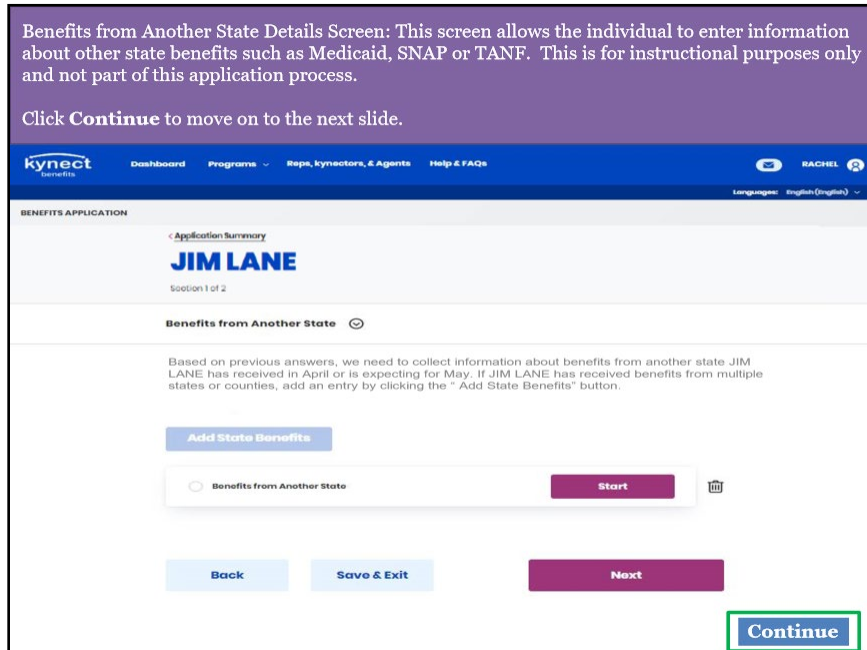
179. Click **Yes** or **No** for *Does anyone in the household have deductible expenses?*

The screenshot shows the 'Household Information' section of the kynect application. The page title is 'Household Information' and it is 'Section 4 of 4'. Under the 'Expenses' heading, there is a 'Learn More' link and a note: 'Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.' The question 'Does anyone in the household have deductible expenses?' is displayed with two radio buttons: 'Yes' and 'No'. The 'No' button is highlighted in green. A blue callout box with white text points to the 'No' button, stating: 'Click No for Does anyone in the household have deductible expenses?'. Below the question are 'Back', 'Save & Exit', and 'Next' buttons. At the bottom of the page, there is a footer with the text: 'The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to kynect.ky.gov to see all your options.' and a help icon.

180. Click **Next**.



181. This screen allows the Individual to enter information about other state benefits such as Medicaid, SNAP or TANF.



182. If the household is a Medicaid-only case, the option below will be available.

Note: If the household is a Medicaid-only case, the option below will be available. For the example below, Jim is bringing in other state benefits from Ohio under the TANF benefit program.

Click **Continue** to move on to the next slide.

Benefits from Another State Details

JIM LANE

Complete the questions below about benefits from another state.

State
OHIO

County
ADAMS

Type of benefit program(s)

Medicaid

SNAP

TANF

Benefit start date: 1/1/2020

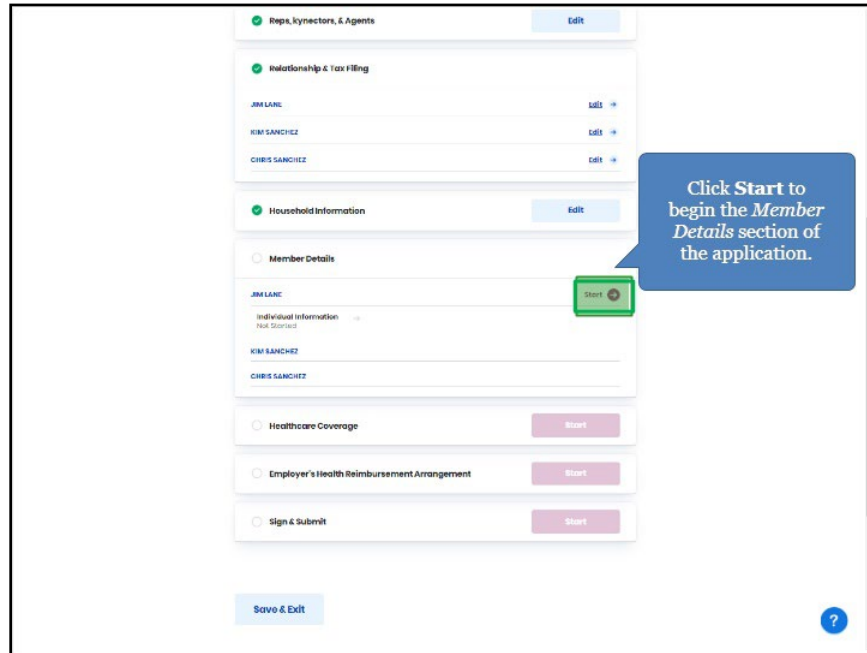
Benefit end date: 12/31/2024

[Cancel](#) [Save](#) [Continue](#)

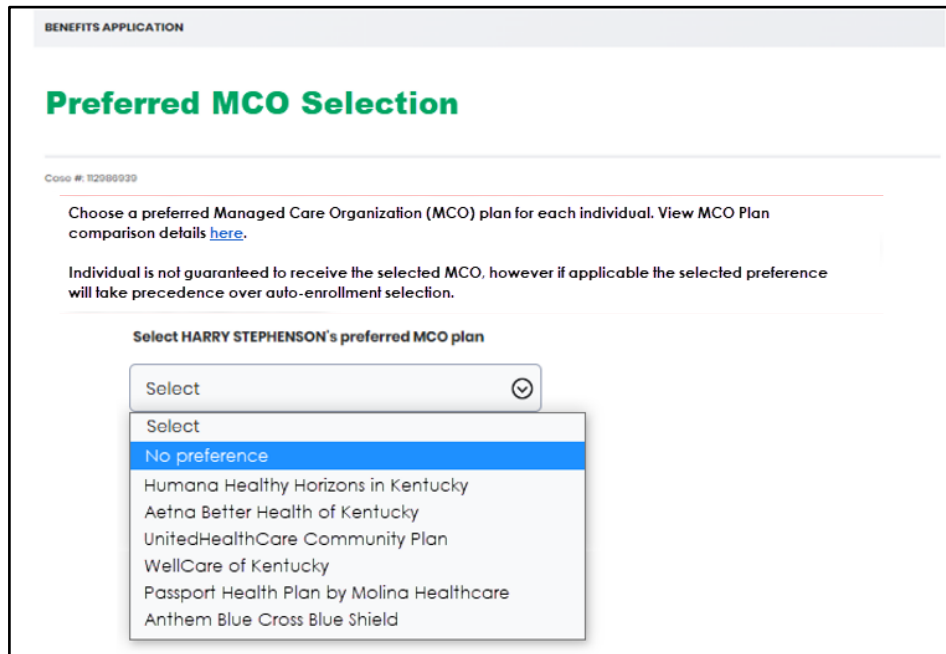
1.8 Member Details

The *Member Details* section is where Agents and kynector enter additional details about the household.

183. Click **Start** to begin the *Member Details* section.



184. Select the Applicant's **Preferred MCO Plan**.



185. Click **Next Steps**.

Does everyone in HARRY STEPHENSON's household have the same preferred MCO?

I confirm to skip the Preferred MCO Selection screen for the household. I will shop for a plan myself or will be fine with the auto assigned plan.

186. Click **Next** to add income.

Adding Income

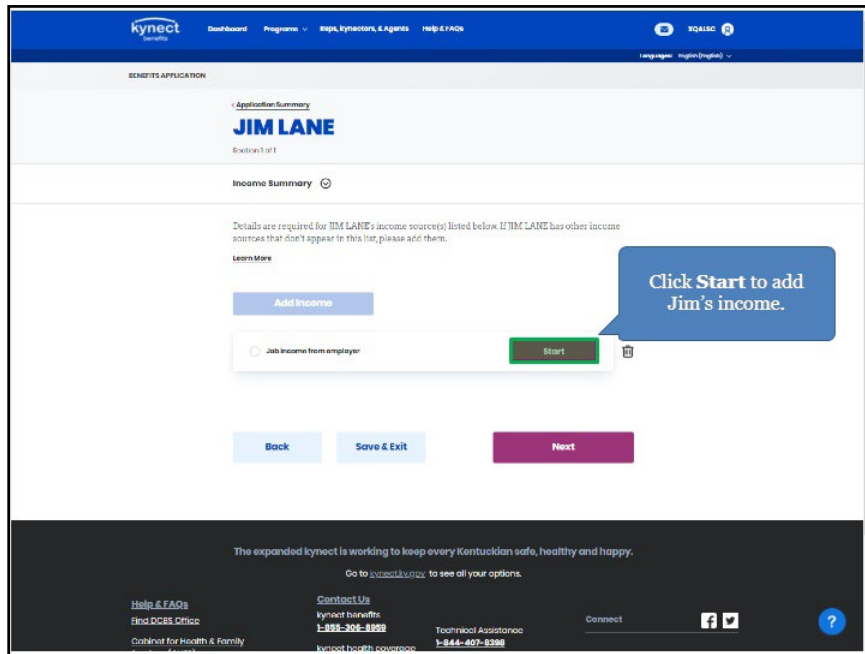
If you have multiple sources of income of the same type, please be sure to include each one on this screen.

For example, if you have two jobs from employers, enter information for the first, then select "Add Income" to add the second.

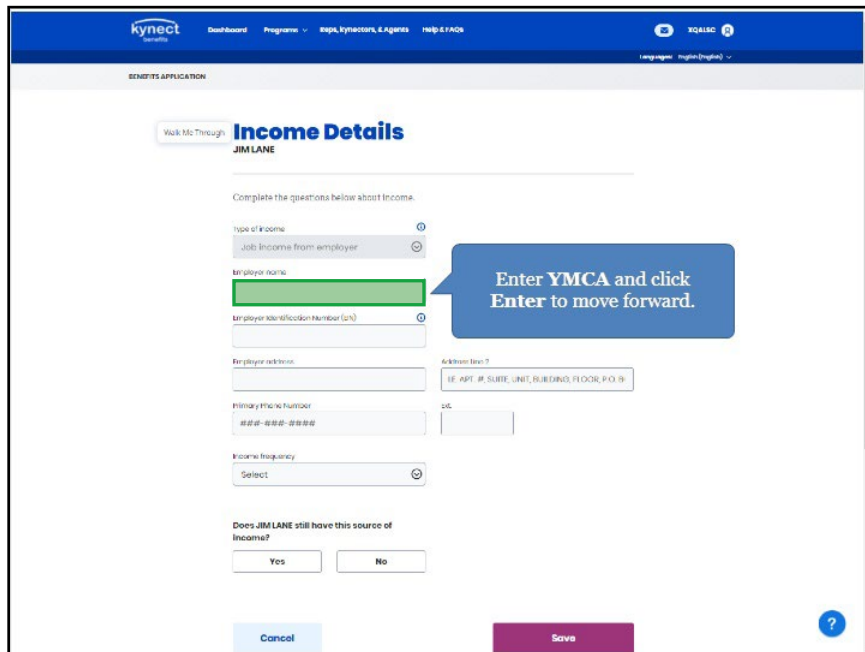
This guidance applies to all income types.

Click Next to add income.

187. Click **Start** to add the Applicant's income.



188. Enter the Applicant's **Employer**.



189. Select the Applicant's **Income Frequency** from the drop-down.

The screenshot shows the 'Income Details' section of the Kynect application for user JIM LANE. A dropdown menu for 'Type of income' is open, displaying several options. The 'Every 2 weeks' option is highlighted in green. A blue callout box with the text 'Select Every 2 weeks.' points to this option. Other options in the dropdown include Monthly, Quarterly, Twice a month, Weekly, Yearly, Hourly, and Contractual/Single Payment Covering More than One Month. Below the dropdown, there are 'Yes' and 'No' buttons for the question 'Does JIM LANE still have this source of income?'. At the bottom, there are 'Cancel' and 'Save' buttons.

190. Enter the Applicant's **Biweekly Gross Income**.

The screenshot shows the 'Income Details' section of the Kynect application for user JIM LANE. The 'Income frequency' dropdown is set to 'Every 2 weeks'. A blue callout box with the text 'Enter 949 and click Enter to move forward.' points to the 'Biweekly income before taxes (gross)' field. The form includes fields for 'Job Income from employer', 'Employer name' (YMCA), 'Employer identification number (ein)', 'Employer address', 'Address line 2', 'Primary phone number', and 'City'. At the bottom, there are 'Yes' and 'No' buttons for the question 'Does JIM LANE still have this source of income?'. A 'Save' button is also visible.

191. Enter the Applicant's **Biweekly Gross Income from Tips** if applicable.

192. Click **Yes** or **No** for *Does Jim Lane still have this source of income?*

193. Click **Save**.

Complete the questions below about income.

Type of income: Job Income from employer

Employer name: YMCA

Employer identification number (ein):

Employer address: Address line 2: (E-APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. #)

Primary phone number: Ext.:

Income frequency: Every 2 weeks

Monthly income before taxes (gross), if the amount varies, provide an average: \$ 040

Monthly income from tips before taxes (gross), if the amount varies, provide an average: \$ 0

Does JIM LANE still have this source of income? Yes No

Cancel Save

Click Save.

194. Click **Next**.

If Jim has additional income sources, click **Add Income**. In this scenario, Jim does not have additional income.

Application Summary

JIM LANE

Section of 1

Income Summary

Details are required for JIM LANE's income source(s) listed below. If JIM LANE has other income sources that don't appear in this list, please add them.

Learn More

Add Income

YMCA \$848.00/mo-weekly Edit

Click Next.

Back Save & Exit Next

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195. Click **Yes** or **No** for *Is the estimated yearly income amount of \$24674.00 a good estimate for your household income in 2021?*

If the annual income projection needs to be adjusted, click **Yes**. Enter the adjusted amount and reasoning. For this scenario, the annual income projection does not need to be adjusted.

Application Summary
JIM LANE
Section 1 of 1

Adjusted Annual Income

We calculated the below yearly income based on the income and expenses you reported.
[Learn More](#)

Estimated Yearly Income
\$24674.00

Is the estimated yearly income amount of \$24674.00 a good estimate of your income in 2021?

Yes **No**

Click Yes since the estimated yearly income is correct.

Next

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[Help & FAQs](#) [Contact Us](#)

196. Click **Yes** or **No** for *We will use this amount to examine your eligibility for the upcoming coverage year, 2022. Is this estimated yearly income amount of \$24674.00 a good estimate of your income in 2022?*

kynect Dashboard Programs Help, Sponsors, & Agents Help & FAQs

Application Summary
JIM LANE
Section 1 of 1

Adjusted Annual Income

We calculated the below yearly income based on the income and expenses you reported.
[Learn More](#)

Estimated Yearly Income
\$24674.00

Is the estimated yearly income amount of \$24674.00 a good estimate of your income in 2021?

Yes **No**

We will also use this amount to examine your eligibility for the upcoming coverage year, 2022. Is this estimated yearly income amount of \$24674.00 a good estimate of your income in 2022?

Yes **No**

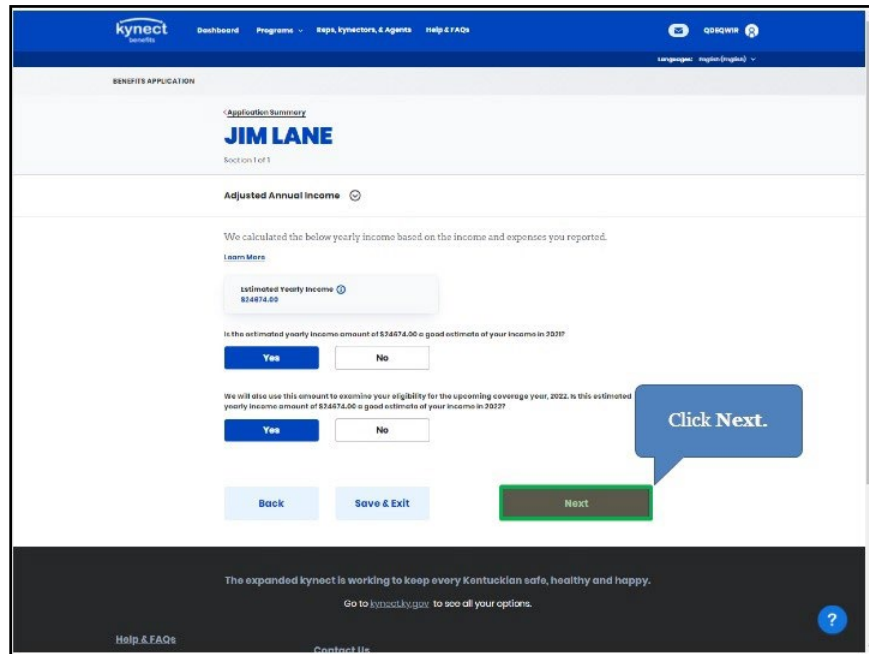
Click Yes since the estimated yearly income may be used for the next year.

Next

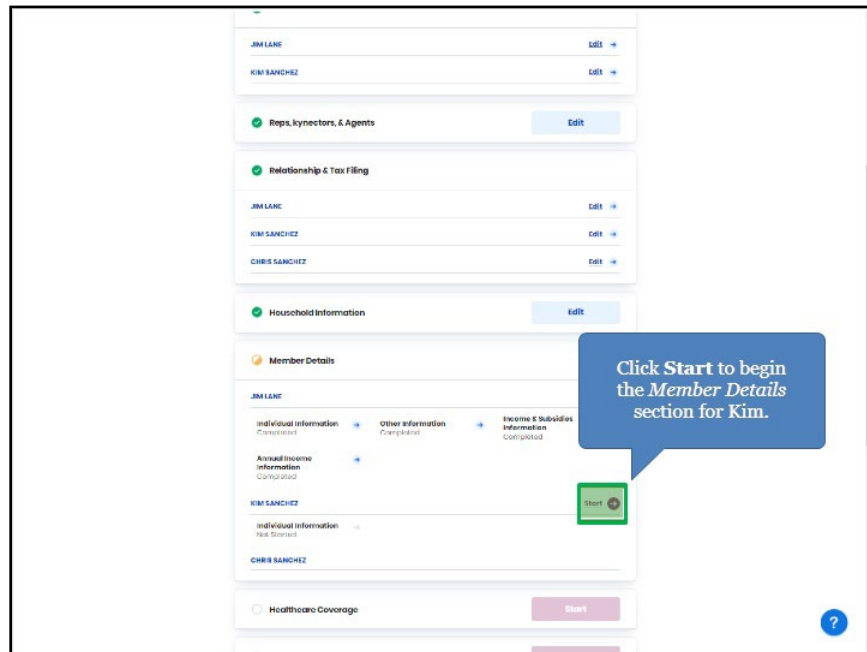
Kentuckian safe, healthy and happy.
Go to kynect.ky.gov to see all your options.

[Help & FAQs](#) [Contact Us](#)

197. Click **Next**.



198. Click **Start** to begin the *Member Details* section for the Second Household Member. If there are no other members in the household, skip to the **Healthcare Coverage Section**.



199. Select the Second Household Member's **Preferred MCO Plan**.

BENEFITS APPLICATION

Preferred MCO Selection

Case #: 12080030

Choose a preferred Managed Care Organization (MCO) plan for each individual. View MCO Plan comparison details [here](#).

Individual is not guaranteed to receive the selected MCO, however if applicable the selected preference will take precedence over auto-enrollment selection.

Select KIM SANCHEZ's preferred MCO plan

Select

- No preference
- Humana Healthy Horizons in Kentucky
- Aetna Better Health of Kentucky
- UnitedHealthCare Community Plan
- WellCare of Kentucky
- Passport Health Plan by Molina Healthcare
- Anthem Blue Cross Blue Shield

200. Click **Next Steps**.

Does everyone in **KIM SANCHEZ's** household have the same preferred MCO?

Yes No

I confirm to skip the Preferred MCO Selection screen for the household. I will shop for a plan myself or will be fine with the auto assigned plan.

[Back](#) [Next Steps](#)

201. Check the **box(es)** for *Which of the following benefits has Kim Sanchez applied for or plans to apply for?*

Since we selected Kim is receiving unemployment earlier in the application, enter the unemployment details.

Application Summary
KIM SANCHEZ
Section 2 of 2

Entitled Benefits

Learn More

Which of the following benefits has KIM SANCHEZ applied for or plans to apply for?

- Black Lung
- IRA at 59 and 1/2 Years
- Railroad Retirement
- Social Security Retirement, Survivor, and Disability Insurance (SSDI)
- United Mine Workers of America (UMWA)
- Unemployment Insurance
- VA Compensation
- VA Pension
- Worker's Compensation

Back Save & Exit Next ?

Check the **box** for *Unemployment Insurance* since Kim receives unemployment income.

202. Select the **Application Status** from the drop-down.

kynect Dashboard Programs **IRPL, KYNNECT, & AGENTS** Help & FAQs

Language: English (English)

Benefits Application

Application Summary
KIM SANCHEZ
Section 2 of 2

Entitled Benefits

Learn More

Which of the following benefits has KIM SANCHEZ applied for or plans to apply for?

- Black Lung
- IRA at 59 and 1/2 Years
- Railroad Retirement
- Social Security Retirement, Survivor, and Disability Insurance (SSDI)
- United Mine Workers of America (UMWA)
- Unemployment Insurance
- VA Compensation
- VA Pension
- Worker's Compensation

Select Applied.

Select Applied Not Applied

Back Save & Exit Next ?

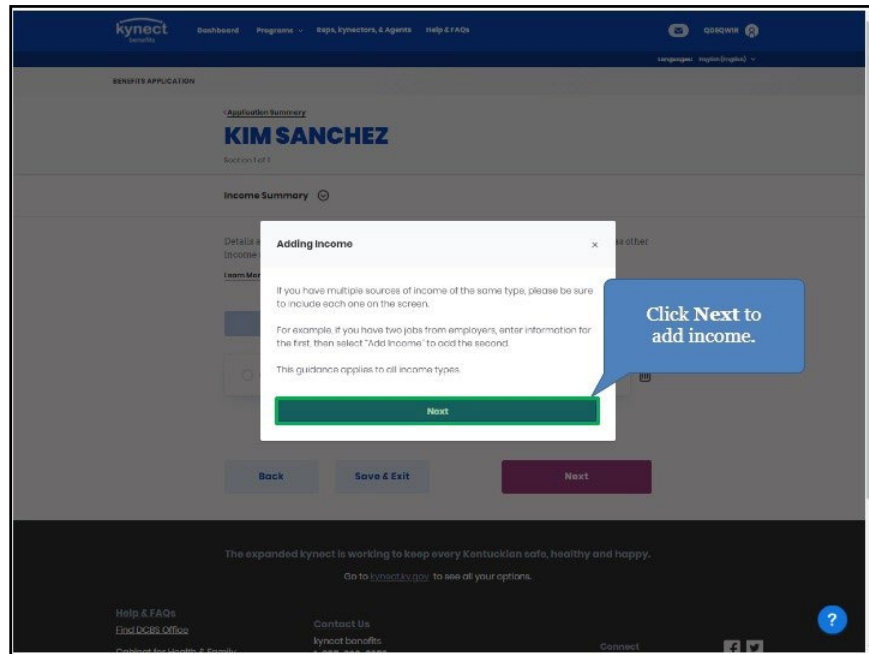
203. Select the appropriate **Year, Month, and Day** from the calendar for the Application Date.

The screenshot shows the 'BENEFITS APPLICATION' page for KIM SANCHEZ. The 'Entitled Benefits' section is expanded to show a list of benefits. 'Unemployment Insurance' is selected with a green checkmark. Below the list, there are fields for 'Application status' (set to 'Applied') and 'Application date'. A calendar for August 2021 is open, with the date 8/2/2021 highlighted in green. A blue callout bubble with the text 'Select 8/2/2021.' points to the highlighted date. The page also includes a 'Learn More' link and a help icon.

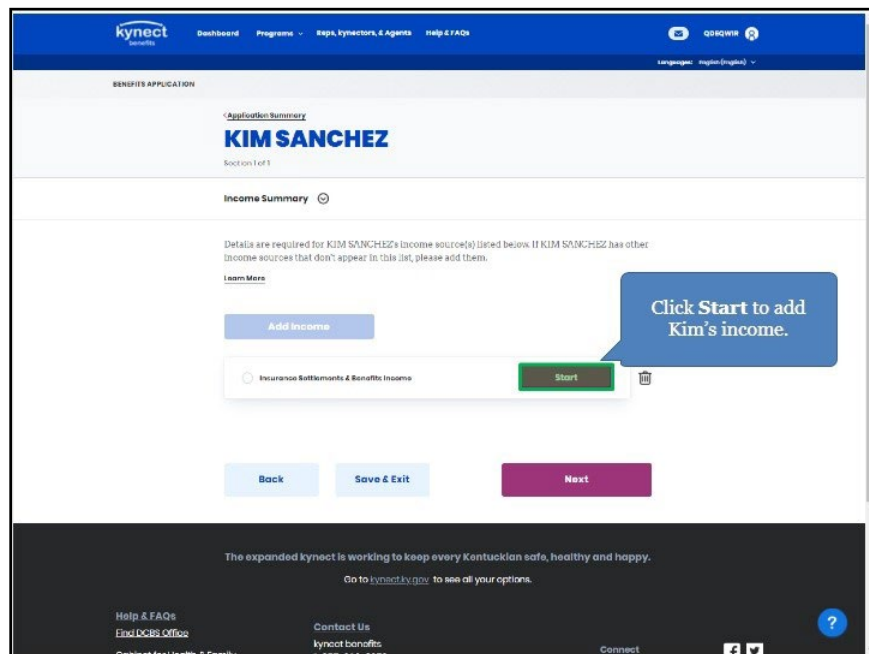
204. Click **Next**.

This screenshot shows the same application form as in step 203, but with the 'Application date' field now populated with '8/2/2021'. At the bottom of the form, there are three buttons: 'Back', 'Save & Exit', and 'Next'. The 'Next' button is highlighted in green. A blue callout bubble with the text 'Click Next.' points to the 'Next' button. The 'Learn More' link and help icon are also visible.

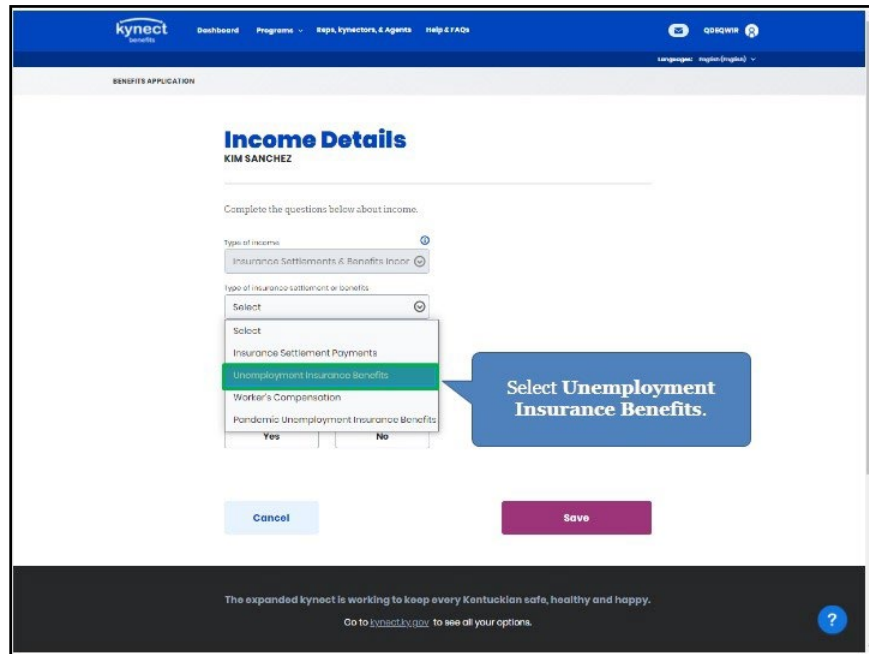
205. Click **Next** to add income.



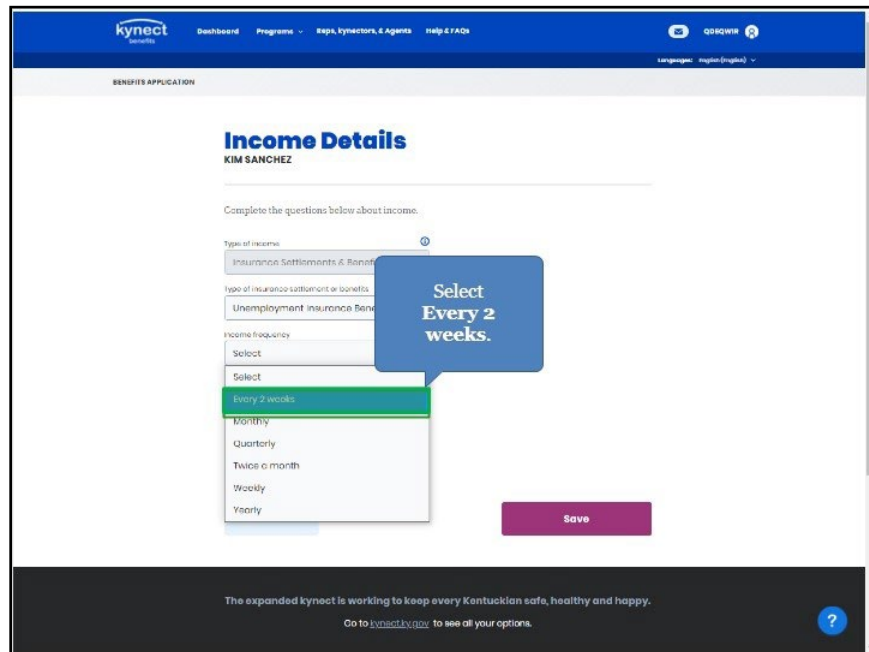
206. Click **Start** to add the Second Household Member's income.



207. Select the Second Household Member's **Source of Income** from the drop-down.



208. Select the Second Household Member's **Income Frequency** from the drop-down.



209. Enter the Second Household Member's **Biweekly Gross Income**.

The screenshot shows the 'Income Details' section for KIM SANCHEZ. The form includes the following fields and options:

- Type of income: Insurance Settlements & Benefits Income
- Type of insurance settlement or benefits: Unemployment Insurance Benefits
- Income frequency: Every 2 weeks
- Biweekly Income before taxes (gross): [Empty field]
- Does KIM SANCHEZ still have this source of income?: Yes (selected), No

A callout bubble points to the income field with the text: "Enter 350 and click Enter to move forward." Buttons for "Cancel" and "Save" are visible at the bottom.

210. Click **Yes** or **No** for *Does [Second Household Member] still have this source of income?*

The screenshot shows the 'Income Details' section for KIM SANCHEZ with the following updates:

- Biweekly Income before taxes (gross): \$ 350
- Does KIM SANCHEZ still have this source of income?: Yes (highlighted), No

A callout bubble points to the 'Yes' button with the text: "Click Yes since Kim is currently receiving unemployment income." Buttons for "Cancel" and "Save" are visible at the bottom.

211. Click **Save**.

Income Details
KIM SANCHEZ

Complete the questions below about income.

Type of income: Insurance Settlements & Benefits Incor

Type of insurance settlement or benefits: Unemployment Insurance Benefits

Income frequency: Every 2 weeks

Benefit amount before taxes (gross) if the amount varies, provide an average: \$ 350

Does KIM SANCHEZ still have this source of income?
 Yes No

Buttons: Cancel, Save

Callout: Click Save.

212. Click **Next**.

Application Summary
KIM SANCHEZ
Section 1 of 1

Income Summary

Details are required for KIM SANCHEZ's income source(s) listed below. If KIM SANCHEZ has other income sources that don't appear in this list, please add them.

[Learn More](#)

Buttons: Add Income, Back, Save & Exit, Next

Callout: Click Next.

Footer: The expanded kynect is working to keep every Kentuckian safe, healthy and happy. Go to kynect.ky.gov to see all your options.

213. Click **Yes** or **No** for *Is the estimated yearly income amount of \$9100.00 a good estimate for your household income in 2021?*

The screenshot shows the 'Adjusted Annual Income' section of the kynect application for user KIM SANCHEZ. The estimated yearly income is \$9100.00. A callout box with a blue background and white text says "Click Yes since the estimated yearly income is correct." Below the callout, there are two buttons: "Yes" (highlighted in green) and "No". A "Next" button is located at the bottom right of the section.

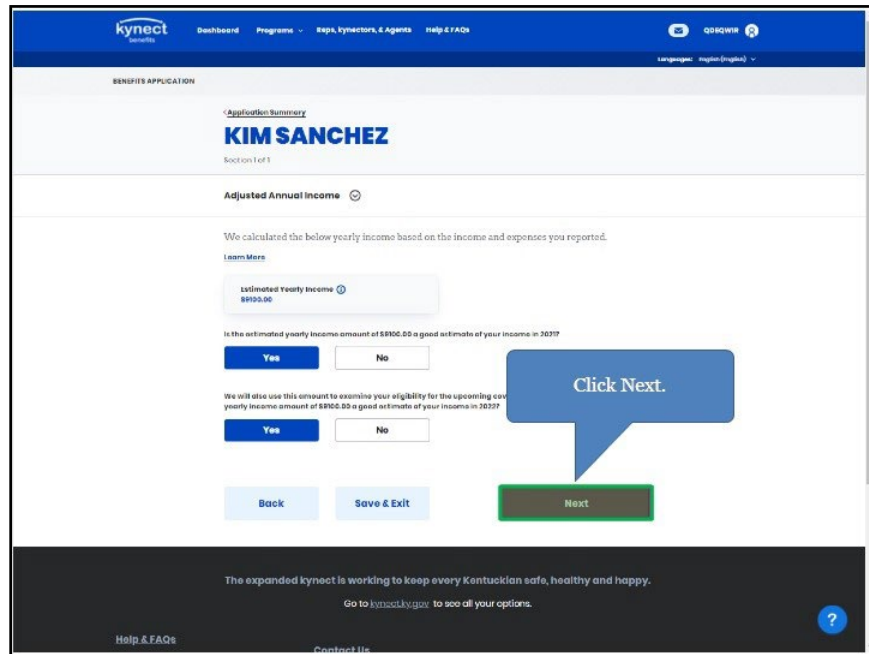
Please note: For the purpose of this scenario, click **Yes** for *Is the estimated yearly income amount of \$9100.00 a good estimate of your income in 2021?* to proceed.

214. Click **Yes** or **No** for *We will use this amount to examine your eligibility for the upcoming coverage year, 2022. Is this estimated yearly income amount of \$9100.00 a good estimate of your income in 2022?*

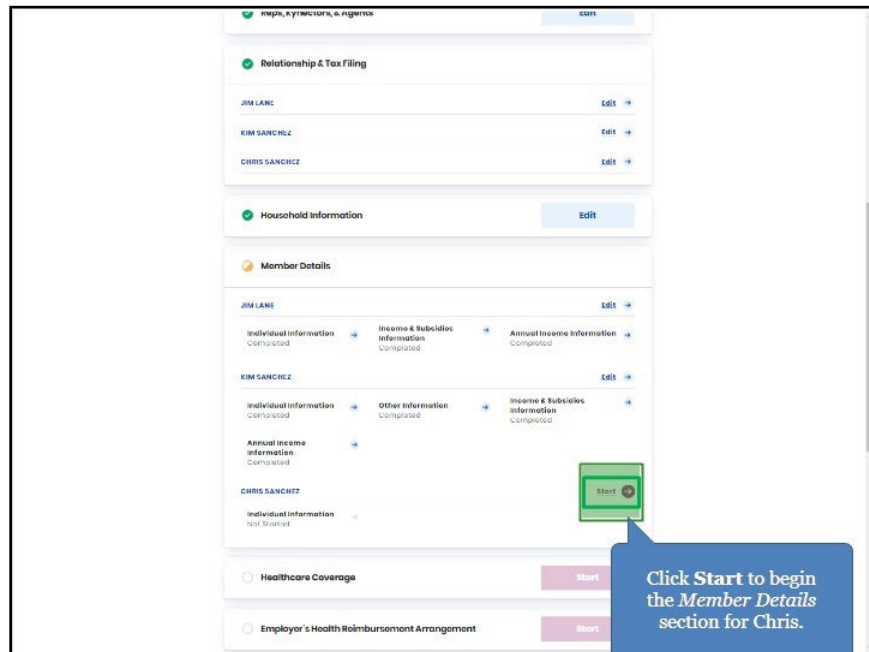
The screenshot shows the 'Adjusted Annual Income' section of the kynect application for user KIM SANCHEZ. The estimated yearly income is \$9100.00. A callout box with a blue background and white text says "Click Yes since the estimated yearly income may be used for the next year." Below the callout, there are two buttons: "Yes" (highlighted in green) and "No". At the bottom of the section, there are "Back" and "Save & Exit" buttons.

Please note: For the purpose of this scenario, click **Yes** for *We will use this amount to examine your eligibility for the upcoming coverage year, 2022. Is this estimated yearly income amount of \$9100.00 a good estimate of your income in 2022?* to proceed. If **No** is selected, the user will be prompted to enter the correct annual income for 2022 and the reason for adjustment.

215. Click **Next**.



216. Click **Start** to begin the *Member Details* section for the Third Household Member.



217. Select the Third Household Member's **Preferred MCO Plan**.

BENEFITS APPLICATION

Preferred MCO Selection

Case #: 12080030

Choose a preferred Managed Care Organization (MCO) plan for each individual. View MCO Plan comparison details [here](#).

Individual is not guaranteed to receive the selected MCO, however if applicable the selected preference will take precedence over auto-enrollment selection.

Select CHRIS SANCHEZ's preferred MCO plan

Select

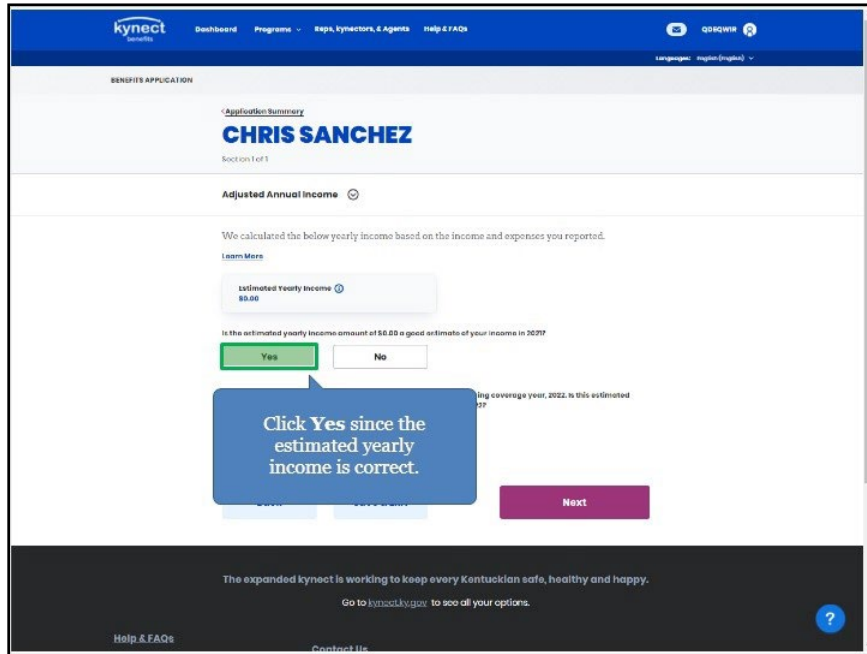
- No preference
- Humana Healthy Horizons in Kentucky
- Aetna Better Health of Kentucky
- UnitedHealthCare Community Plan
- WellCare of Kentucky
- Passport Health Plan by Molina Healthcare
- Anthem Blue Cross Blue Shield

218. Click **Next Steps**.

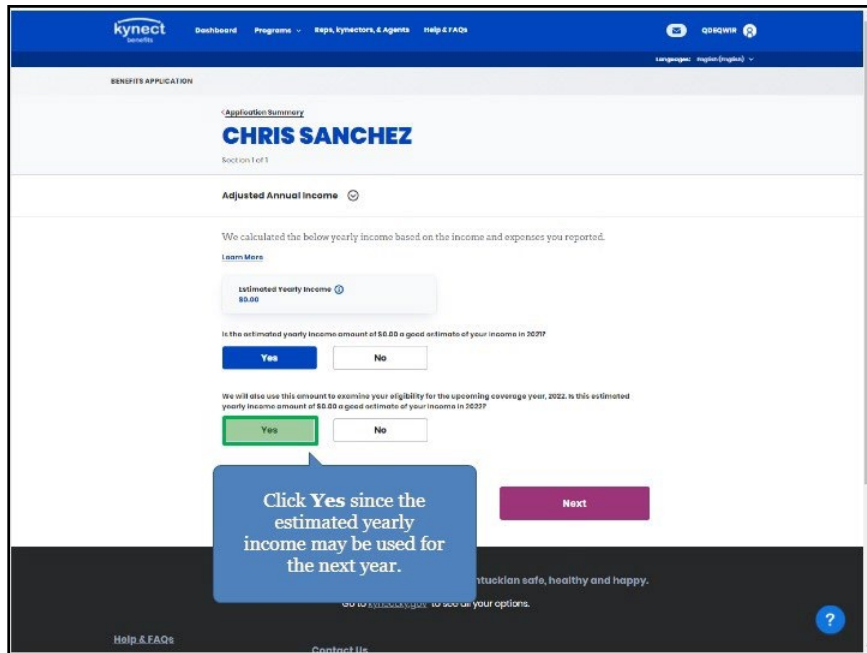
Does everyone in CHRIS SANCHEZ's household have the same preferred MCO?

I confirm to skip the Preferred MCO Selection screen for the household. I will shop for a plan myself or will be fine with the auto assigned plan.

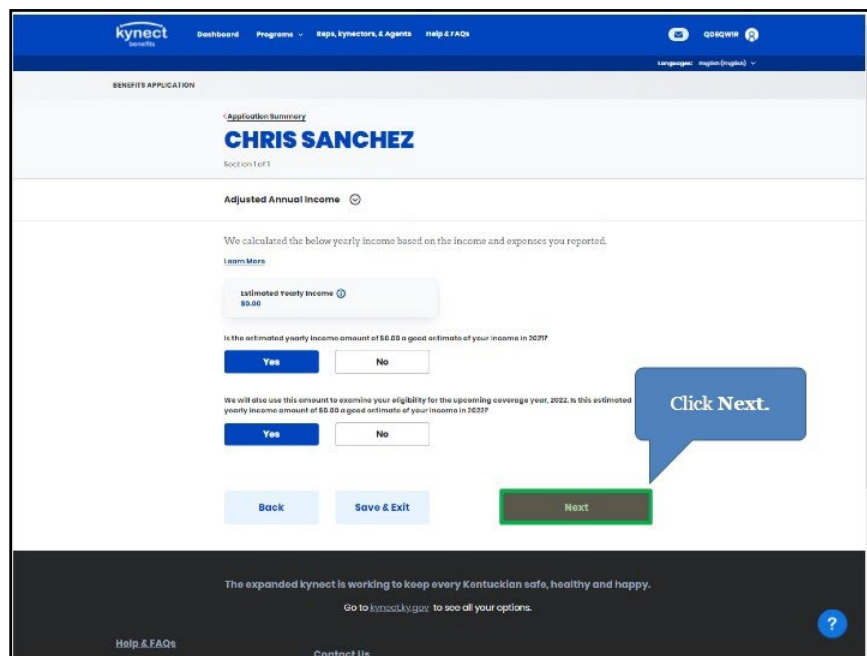
219. Click **Yes** or **No** for *Is the estimated yearly income amount of \$0.00 a good estimate for your household income in 2021?*



220. Click **Yes** or **No** for *We will use this amount to examine your eligibility for the upcoming coverage year, 2022. Is this estimated yearly income amount of \$0.00 a good estimate of your income in 2022?*



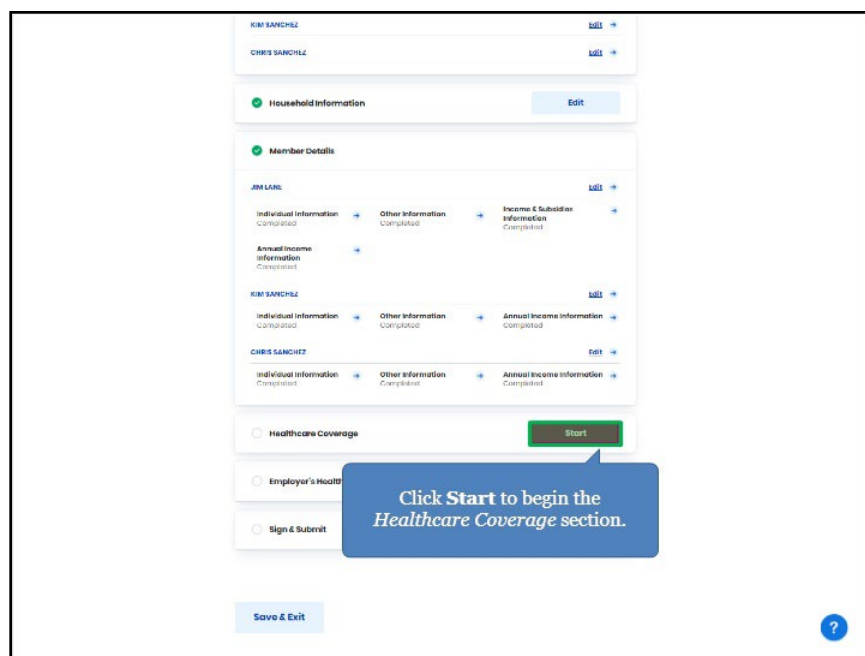
221. Click **Next**.



1.9 Healthcare Coverage

The *Healthcare Coverage* section is where Agents and kynectors enter information on the household's healthcare coverage.

222. Click **Start** to begin the *Healthcare Coverage* section.



223. Click **Yes** or **No** for *Is anyone applying for benefits in your household enrolled in healthcare coverage?*

For this scenario, Jim and Kim are not enrolled in and do not have an offer of health coverage.

Application Summary

Healthcare Coverage Selection

Is anyone applying for benefits in your household enrolled in healthcare coverage?

Yes No

Does anyone in your household applying for benefits healthcare coverage, but has not yet enrolled?

Yes No

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

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224. Click **Yes** or **No** for *Does anyone in your household applying for benefits have an employer that offered healthcare coverage, but has not yet enrolled?*

Application Summary

Healthcare Coverage Selection

Is anyone applying for benefits in your household enrolled in healthcare coverage?

Yes No

Does anyone in your household applying for benefits have an employer that offered healthcare coverage, but has not yet enrolled?

Yes No

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

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Go to [kynect.ky.gov](#) to see all your options.

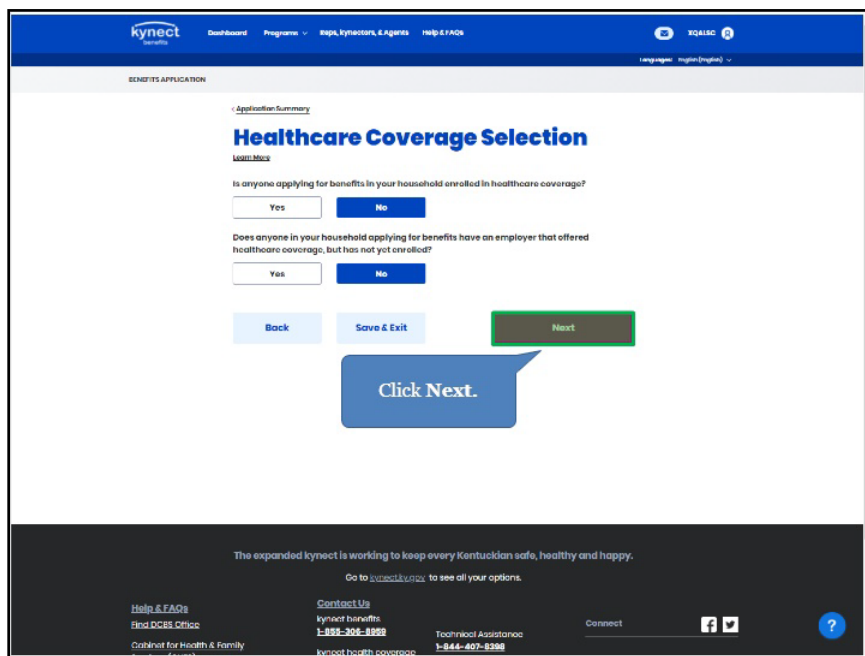
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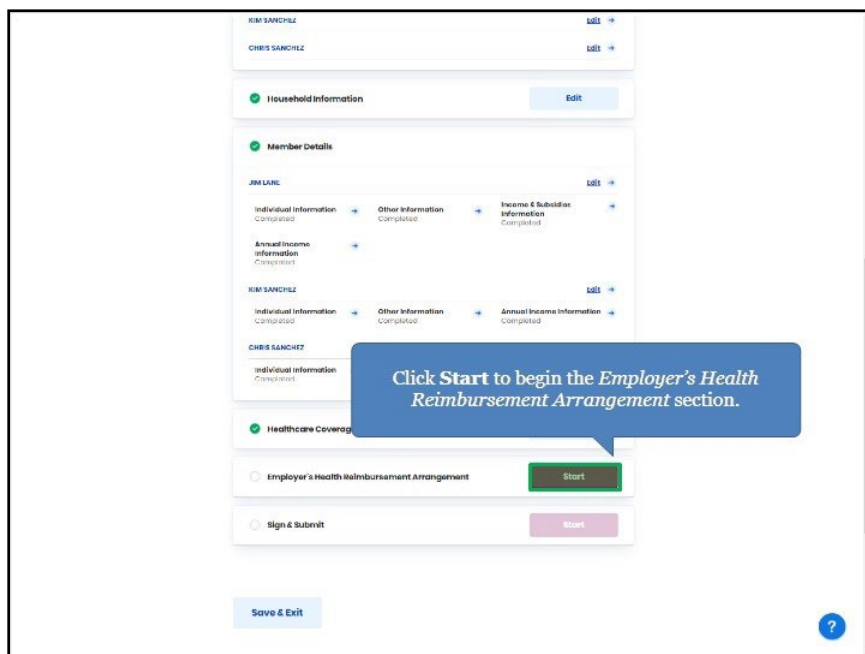
225. Click **Next**.



1.10 Employer's Health Reimbursement Arrangement

The *Employer's Health Reimbursement Arrangement* section is where Agents and kynectors enter information on the household's Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), if applicable.

226. Click **Start** to begin the *Employer's Health Reimbursement Arrangement* section.



227. Click **Yes** or **No** for *Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHR) or Qualified Small Employer HRA (QSEHRA)?*

For this scenario, Jim and Kim are not enrolled in an Individual Coverage HRA (ICHR) or Qualified Small Employer HRA (QSEHRA).

Application Summary

Employer's Health Reimbursement Arrangement Selection

Complete the sections below to submit the application.

Learn More

Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHR) or Qualified Small Employer HRA (QSEHRA)? Yes No

Does anyone in this household have an offer in an Individual Coverage HRA (ICHR) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled? Yes No




Click **No** for *Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHR) or Qualified Small Employer HRA (QSEHRA)?*

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to [kynect.ky.gov](#) to see all your options.

[Help & FAQs](#)
Find DCBS Office
Cabinet for Health & Family Services

[Contact Us](#)
kynect benefits
1-855-305-8398
kynect health coverage

Technical Assistance
1-844-407-8398

Connect   

228. Click **Yes** or **No** for *Does anyone in this household have an offer in an Individual Coverage HRA (ICHR) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled?*

kynect Dashboard Programs [EPL, Employees, & Agents](#) [Help & FAQs](#) [KQALSC](#)

ENRITS APPLICATION

Application Summary

Employer's Health Reimbursement Arrangement Selection

Complete the sections below to submit the application.

Learn More

Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHR) or Qualified Small Employer HRA (QSEHRA)? Yes No

Does anyone in this household have an offer in an Individual Coverage HRA (ICHR) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled? Yes No




Click **No** for *Does anyone in this household have an offer in an Individual Coverage HRA (ICHR) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled?*

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.
Go to [kynect.ky.gov](#) to see all your options.

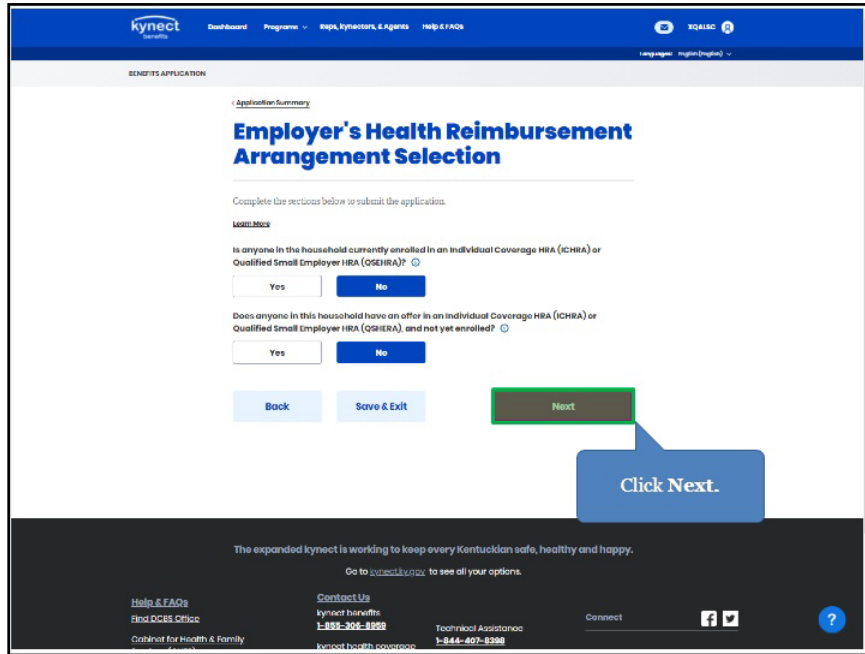
[Help & FAQs](#)
Find DCBS Office
Cabinet for Health & Family Services

[Contact Us](#)
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1-855-305-8398
kynect health coverage

Technical Assistance
1-844-407-8398

Connect   

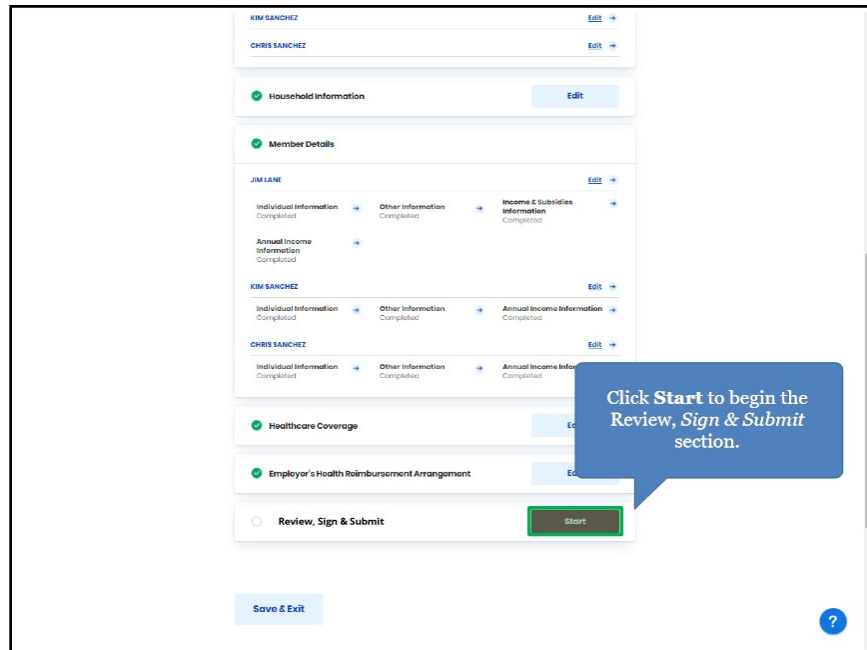
229. Click **Next**.



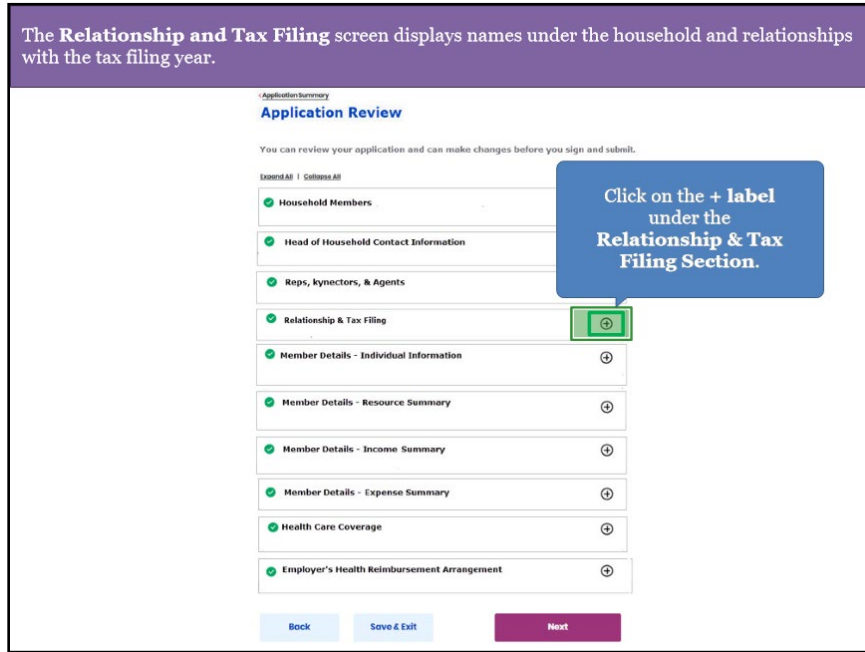
1.11 Review, Sign & Submit

The *Sign & Submit* section is where Agents and kynectors sign the Applicant's name and submit the benefits application.

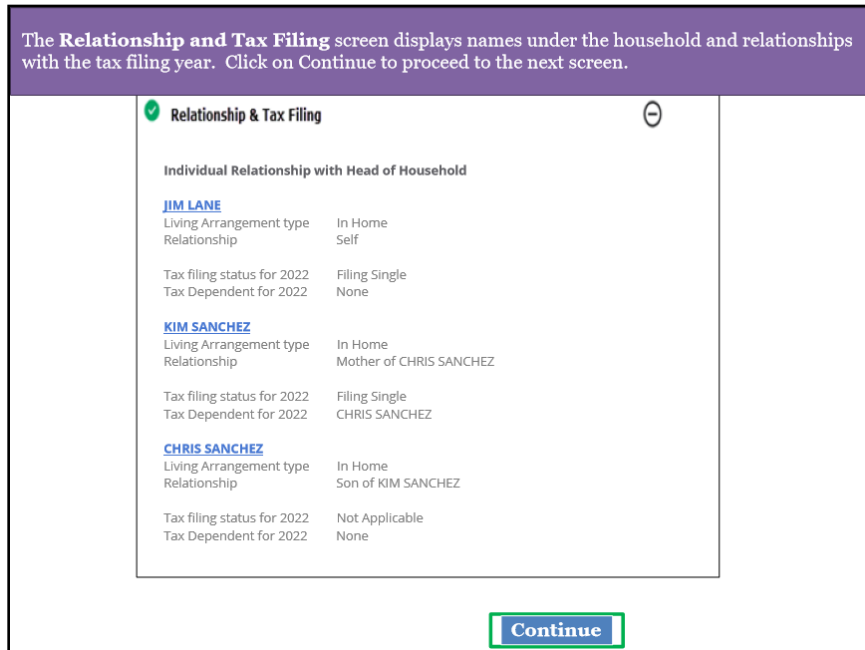
230. Click **Start** to begin the *Review, Sign & Submit* section.



231. Click on the + label under the Relationship & Tax Filing Section.

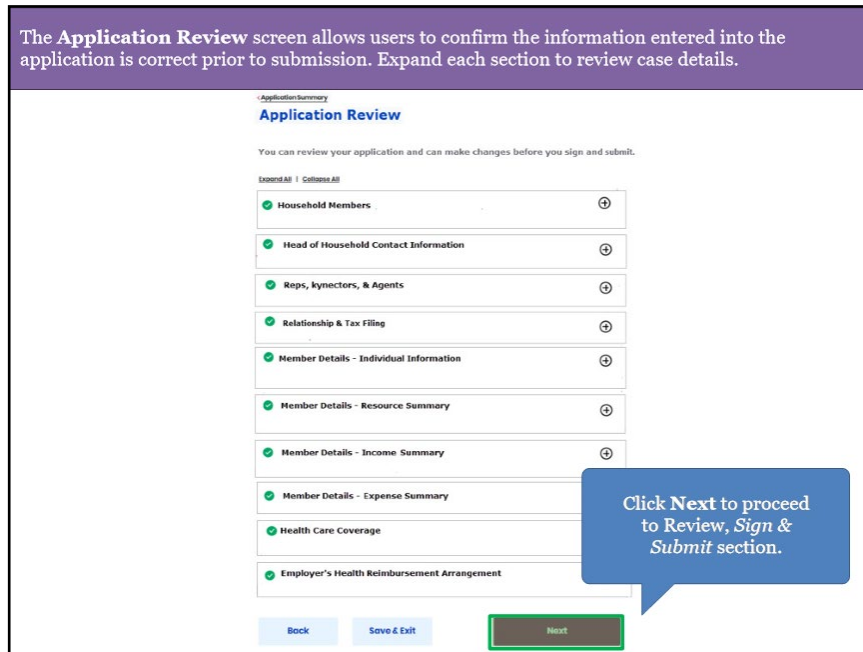


232. Click on **Continue** to proceed to the next screen.



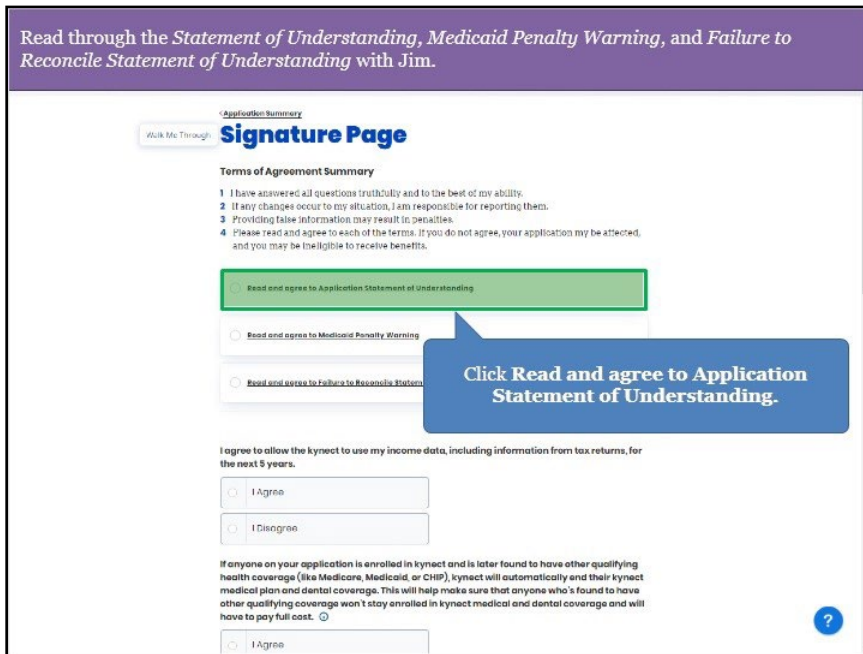
233. Click **Next** to proceed to *Review, Sign & Submit* section.

The **Application Review** screen allows users to confirm the information entered into the application is correct prior to submission. Expand each section to review case details.

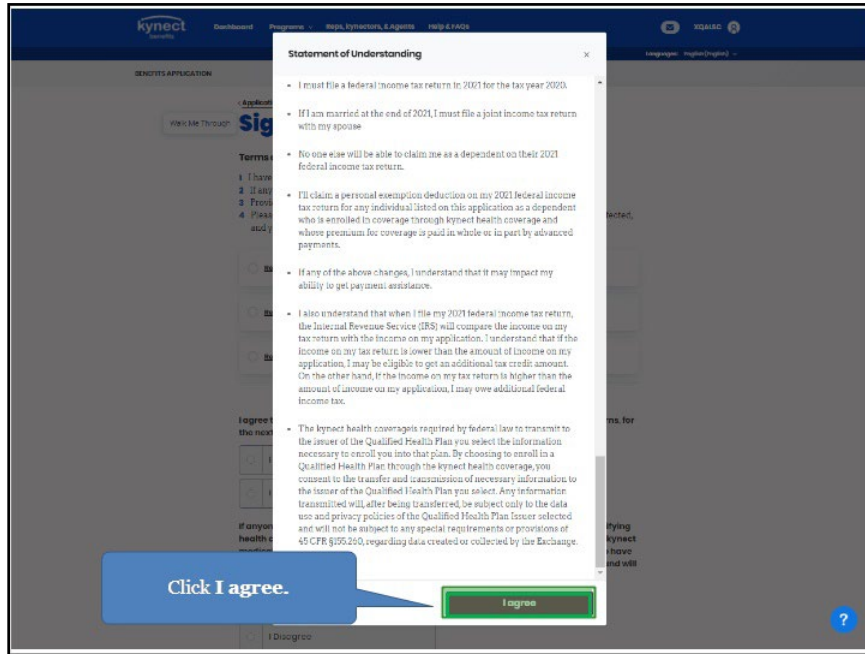


234. Click **Read and agree to Application Statement of Understanding**.

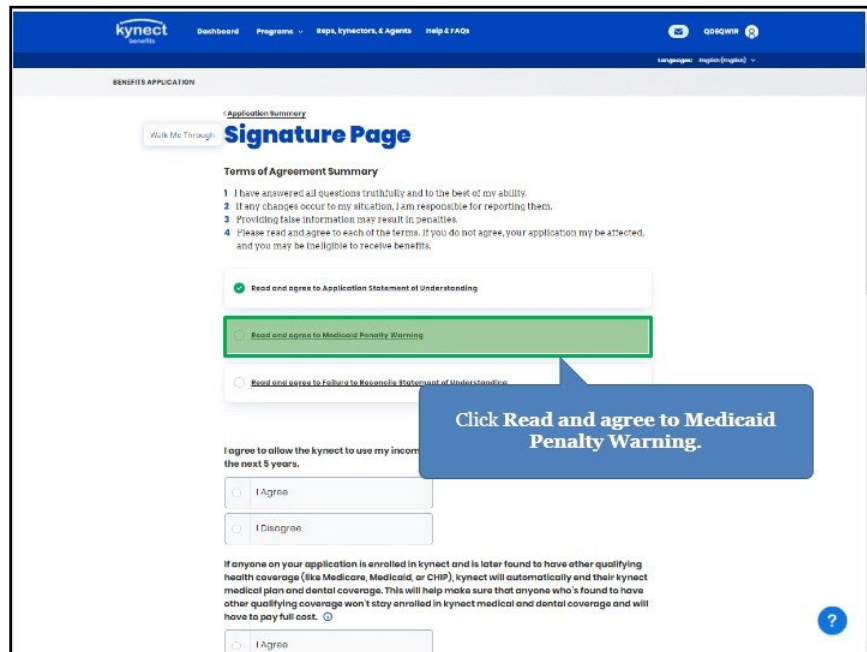
Read through the *Statement of Understanding, Medicaid Penalty Warning, and Failure to Reconcile Statement of Understanding* with Jim.



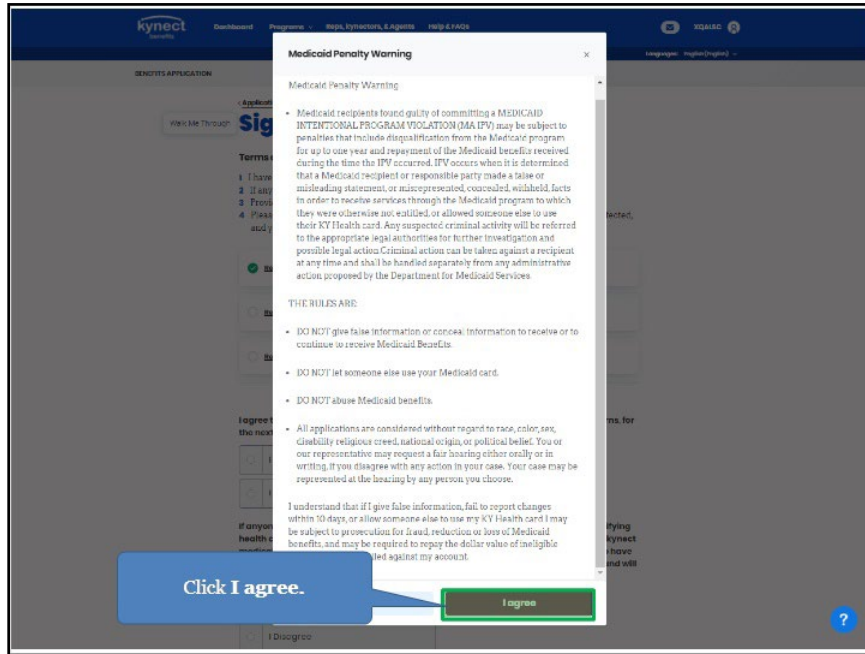
235. Read the information and click **I agree.**



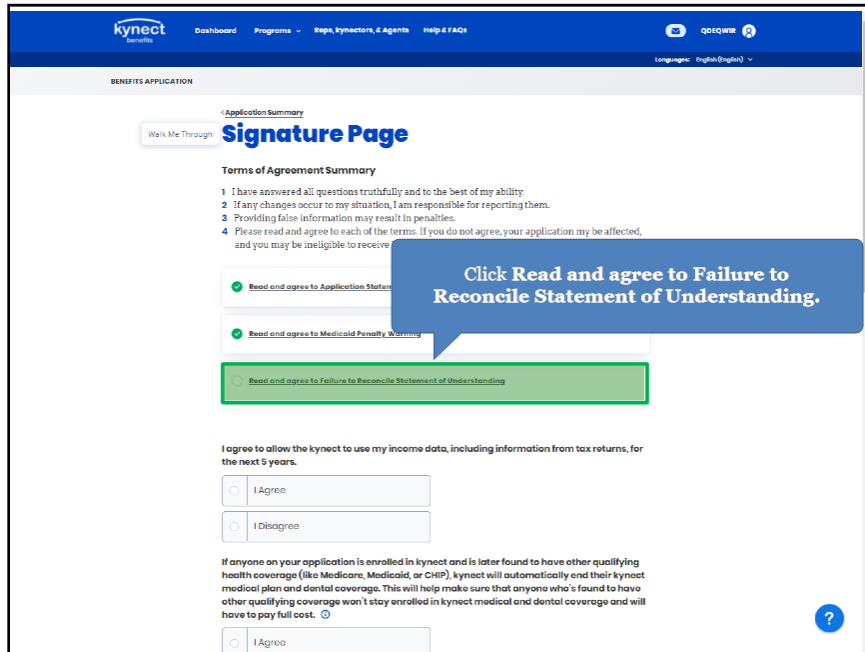
236. Click **Read and agree to Medicaid Penalty Warning.**



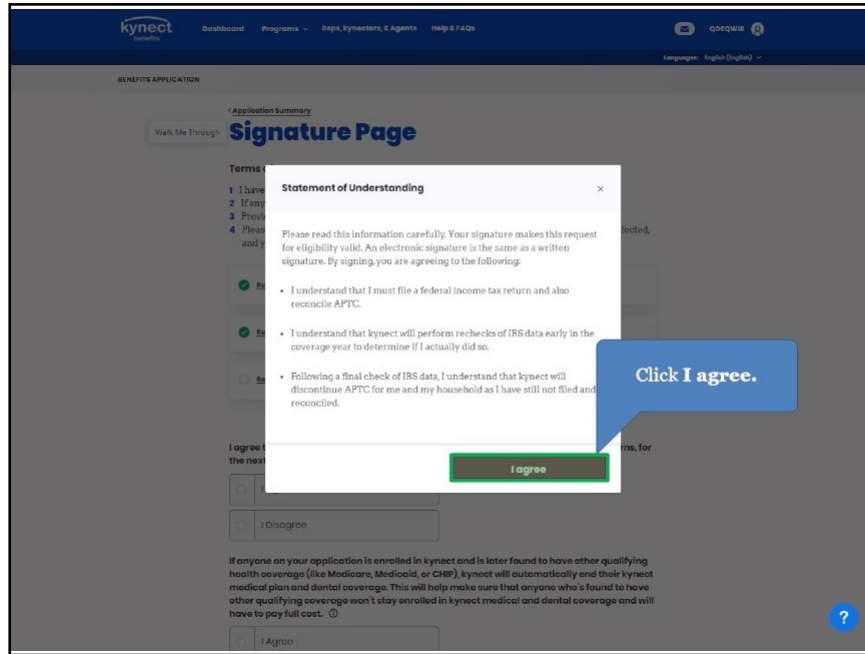
237. Read the information and click **I agree**.



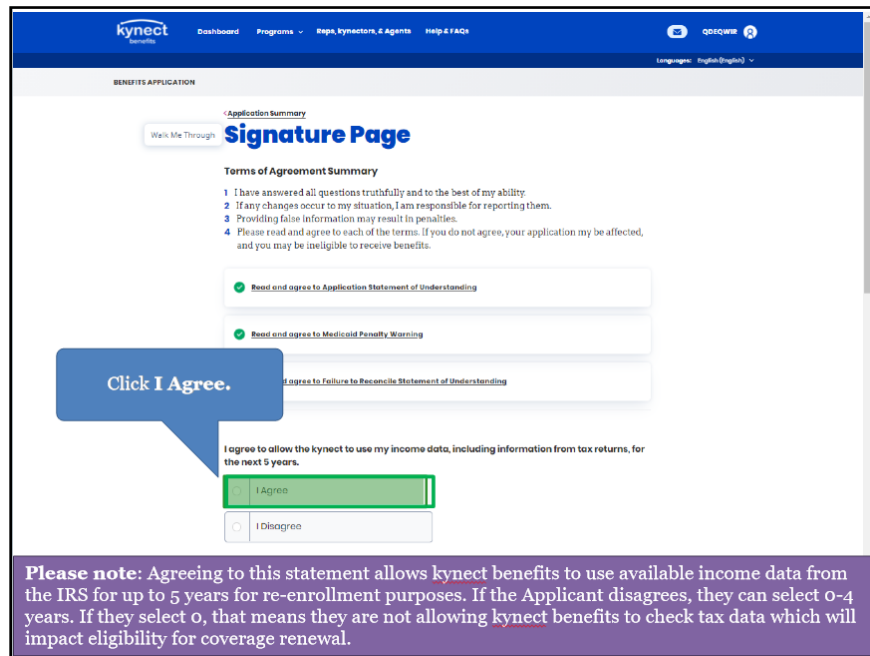
238. Click **Read and agree to Failure to Reconcile Statement of Understanding**.



239. Read the information and click **I agree**.



240. Click **I Agree** to allow the kynect system to use income data, including information from tax returns, for the next 5 years.



Please note: Agreeing to this statement allows kynect benefits to use available income data from the IRS for up to 5 years for re-enrollment purposes. If the Applicant disagrees, they may select 0-4 years. If they select 0, that means they do not allow kynect benefits to check tax data which will impact eligibility for coverage renewal.

241. Click **I Agree** to allow the kynect system to disenroll household members if they are found to have other qualifying health coverage.

medical plan and dental coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will have to pay full cost. ⓘ

I Agree

I Disagree

Jim Lane -- E-Signature
By entering your name below, you are electronically signing this application

First Name: MI:

Household member does not have a middle initial.

Last Name: Suffix:

Date: 10/1/2021

Voter Registration

Would you like to register to vote? ⓘ

242. Enter the Applicant's **First Name**.

If anyone on your application is enrolled in kynect and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), kynect will automatically end their kynect medical plan and dental coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will have to pay full cost. ⓘ

I Agree

I Disagree

Jim Lane -- E-Signature
By entering your name below, you are electronically signing this application

First Name: MI:

Household member does not have a middle initial.

Last Name: Suffix:

Date: 10/1/2021

Voter Registration

Would you like to register to vote? ⓘ

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.

243. Check the **box** for *Household member does not have a middle initial.*

If anyone on your application is enrolled in kynect and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), kynect will automatically end their kynect medical plan and dental coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will have to pay full cost. ⓘ

I Agree
 I Disagree

Jim Lane -- E-Signature
By entering your name below, you are electronically signing this application

First Name: JIM MI:

Household member does not have a middle initial

Last Name:

Date: 10/1/2021

Voter Registration

Would you like to register to vote? ⓘ

The expanded kynect is working to keep every Kentuckian safe, healthy and happy. ⓘ

244. Enter the Applicant's **Last Name**.

If anyone on your application is enrolled in kynect and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), kynect will automatically end their kynect medical plan and dental coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will have to pay full cost. ⓘ

I Agree
 I Disagree

Jim Lane -- E-Signature
By entering your name below, you are electronically signing this application

First Name: JIM MI:

Household member does not have a middle initial

Last Name: Suffix:

Date: 10/1/2021

Voter Registration

Would you like to register to vote? ⓘ

The expanded kynect is working to keep every Kentuckian safe, healthy and happy. ⓘ

245. Click **Yes** or **No** for *Would you like to register to vote?*

If anyone on your application is enrolled in kynect and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), kynect will automatically end their kynect medical plan and dental coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will have to pay full cost. ⓘ

I Agree
 I Disagree

Jim Lane -- E-Signature
By entering your name below, you are electronically signing this application

First Name: JIM MI: []
 Household member does not have a middle initial.

Last Name: LANE Suffix: [Select] ⓘ

Date: 10/1/2021

Voter Registration

Would you like to register to vote? ⓘ

The expanded kynect is working to keep every Kentuckian safe, healthy and happy. ⓘ

246. Click **Submit Benefits Application**.

I Agree
 I Disagree

If anyone on your application is enrolled in kynect and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), kynect will automatically end their kynect medical plan and dental coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in kynect medical and dental coverage and will have to pay full cost. ⓘ

I Agree
 I Disagree

By entering your name below, you are electronically signing this application.

First Name: JIM MI: []
 Household member does not have a middle initial.

Last Name: LANE Suffix: [Select] ⓘ

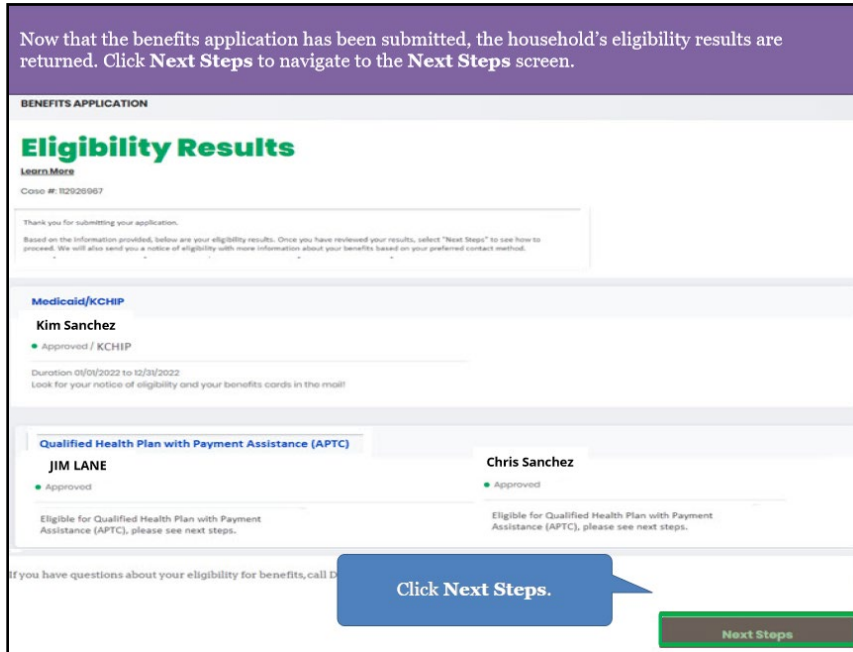
Date: 1/10/2022

Voter Registration

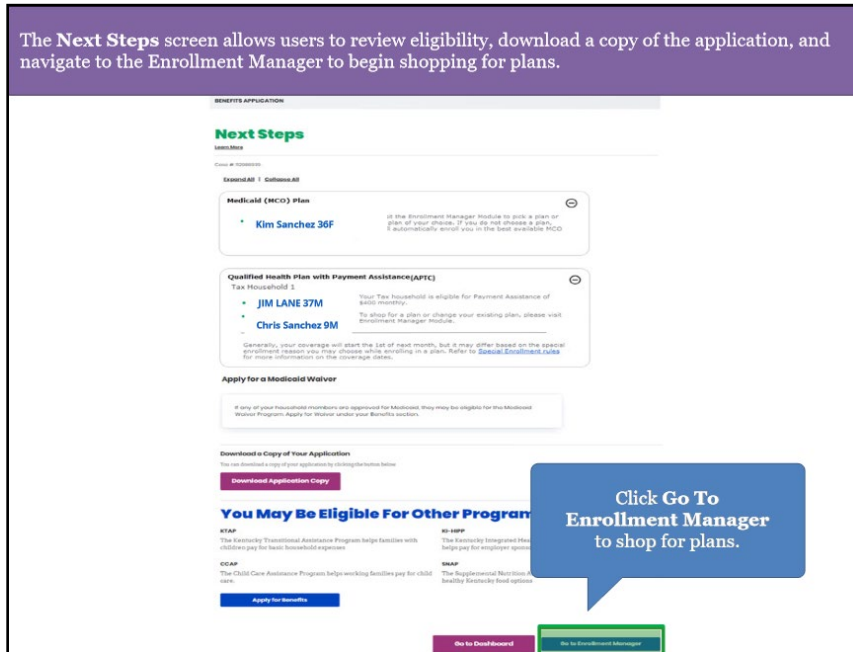
Would you like to register to vote? ⓘ

ⓘ

247. Click **Next Steps**.



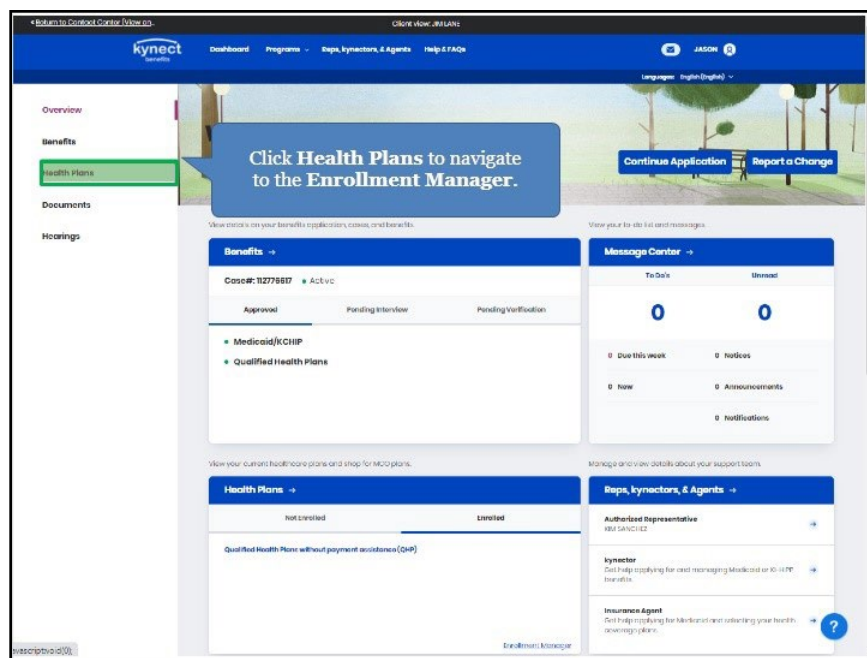
248. Click **Go To Enrollment Manager** to shop for plans.



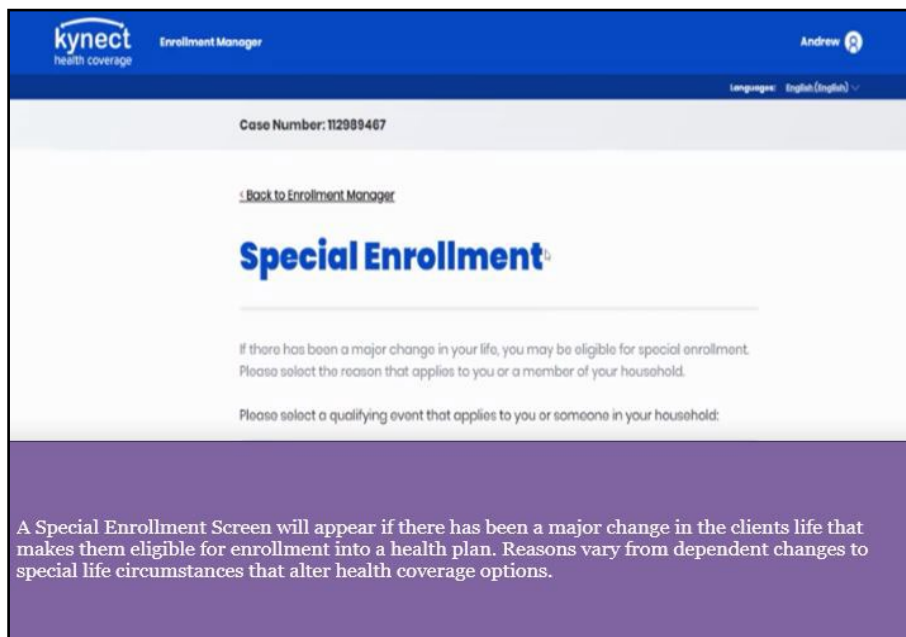
1.12 Plan Shopping

The *Plan Shopping* section in the **Enrollment Management Module** is where Agents and kynectors may search for, compare, and enroll Individuals and families in health coverage.

1. Click **Health Plans** to navigate to the **Enrollment Manager**.



2. Special Enrollment Screen Appears



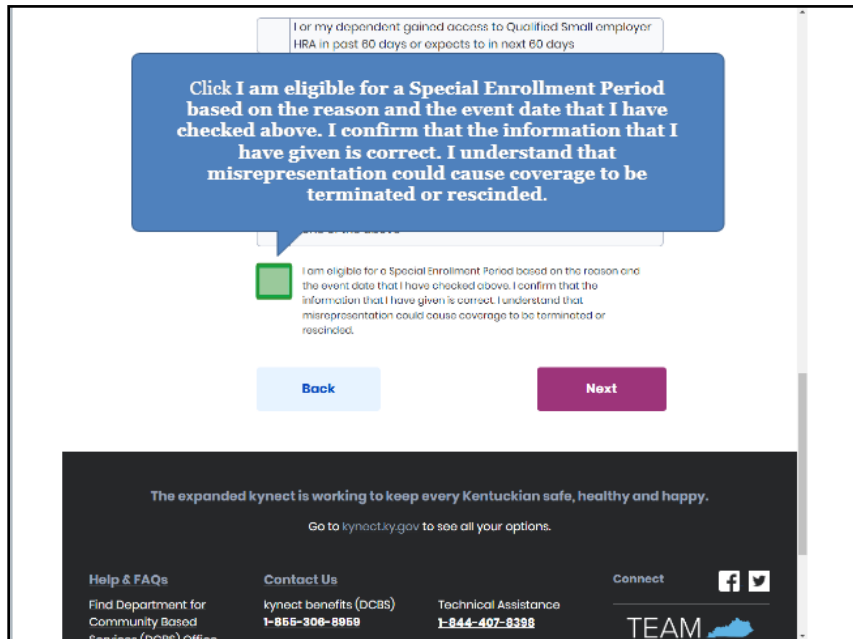
3. Select **Loss of qualified health insurance coverage in the last 60 days.**

The **Special Enrollment Screen** displays if there has been a major change in the clients life that makes them eligible for enrollment into a health plan. Reasons vary from dependent changes to special life circumstances that alter health coverage options.

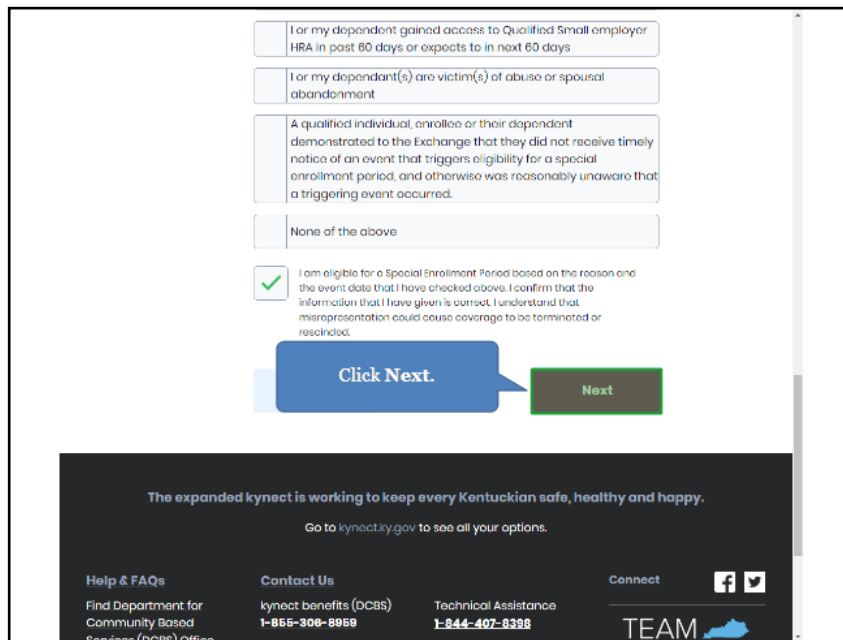
For this demonstration, by clicking **Loss of qualified health insurance coverage in the last 60 days**, we are able to continue the health plan shopping process.

Please note: From November 2023 through April 2024, **PHE Unwinding** has been added as a qualifying event for a Special Enrollment Period (SEP). Prior to November 2023, once kynect identifies that a Resident has lost Medicaid, **Loss of Medicaid** automatically displays as a qualifying event. 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 a SEP. If Residents encounter any issues, they can apply for an Exceptional Special Enrollment.

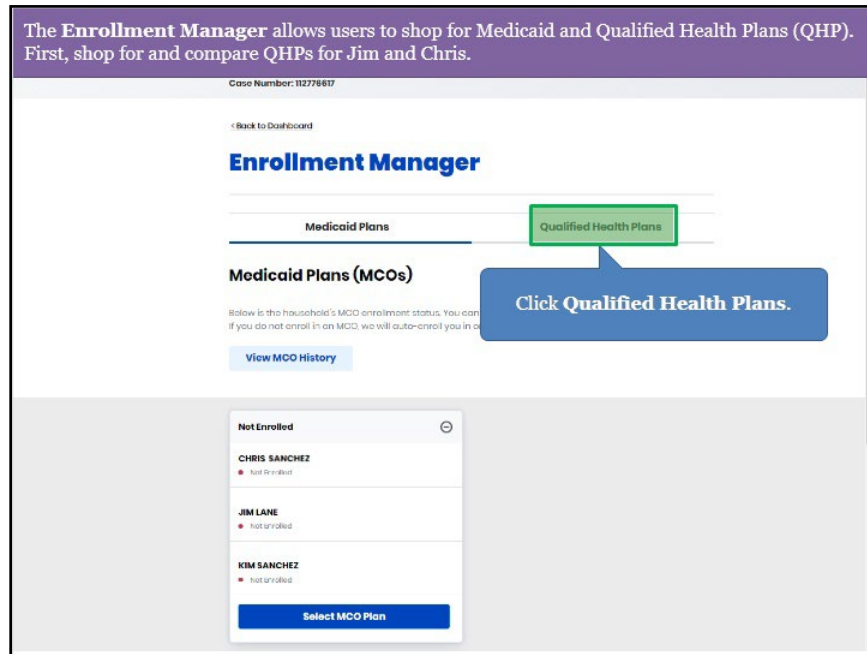
4. Click **I am eligible for a Special Enrollment**



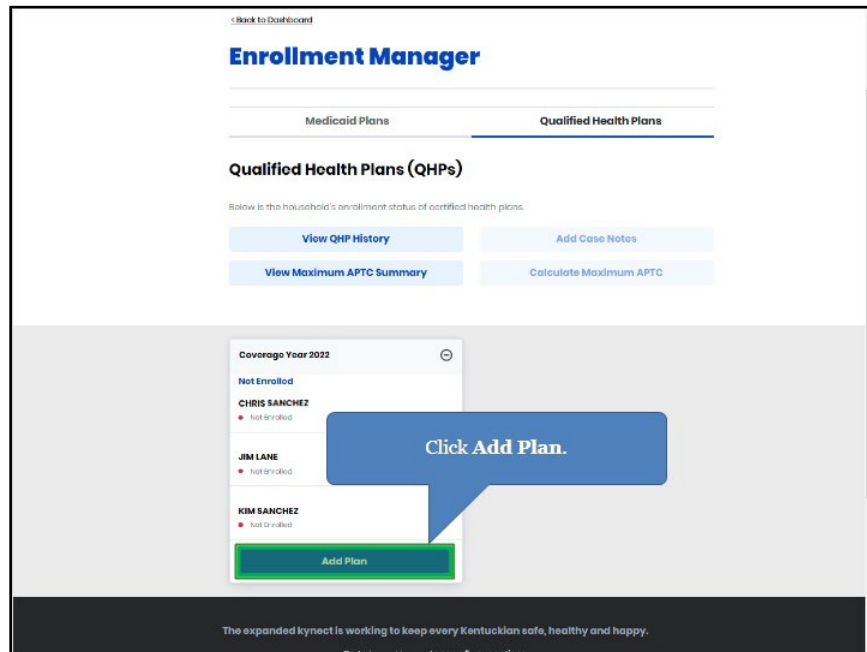
5. Click **Next**.



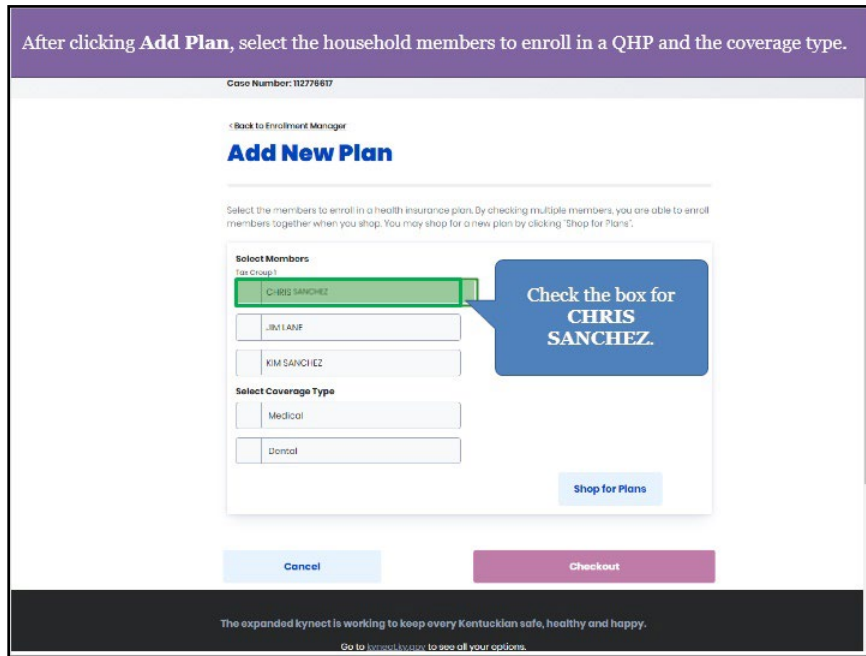
6. Click **Qualified Health Plans**.



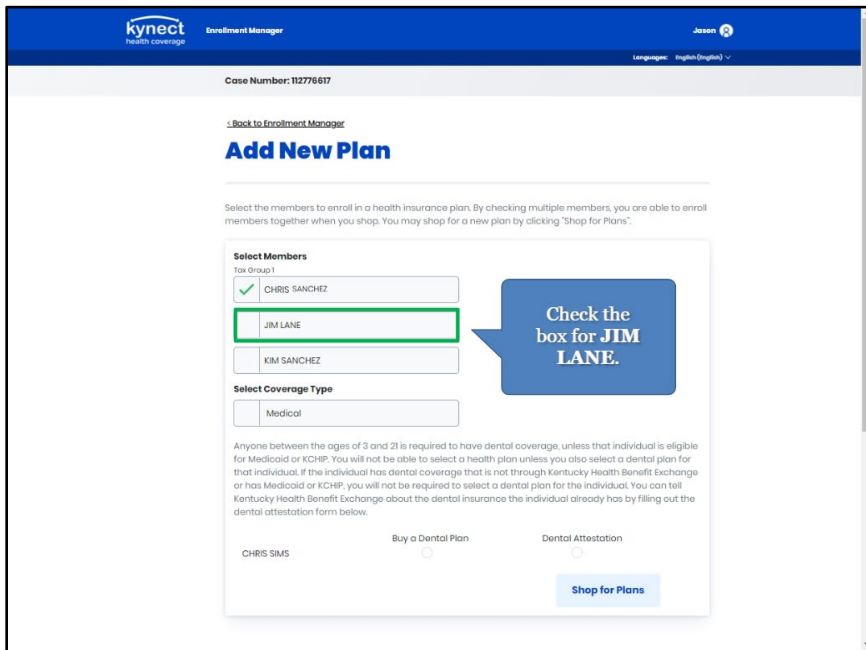
7. Click **Add Plan**.



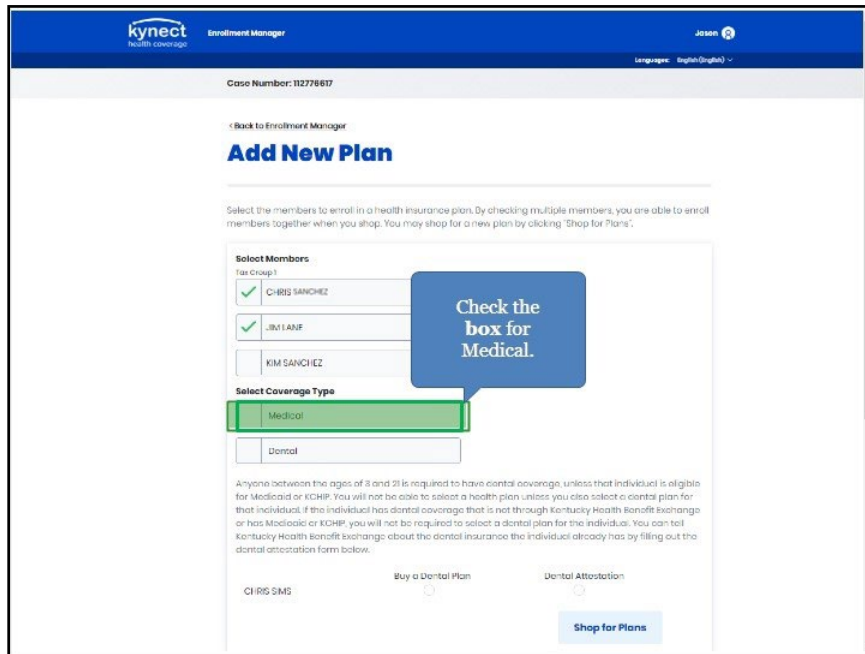
8. Check the **box** for Chris Sanchez.



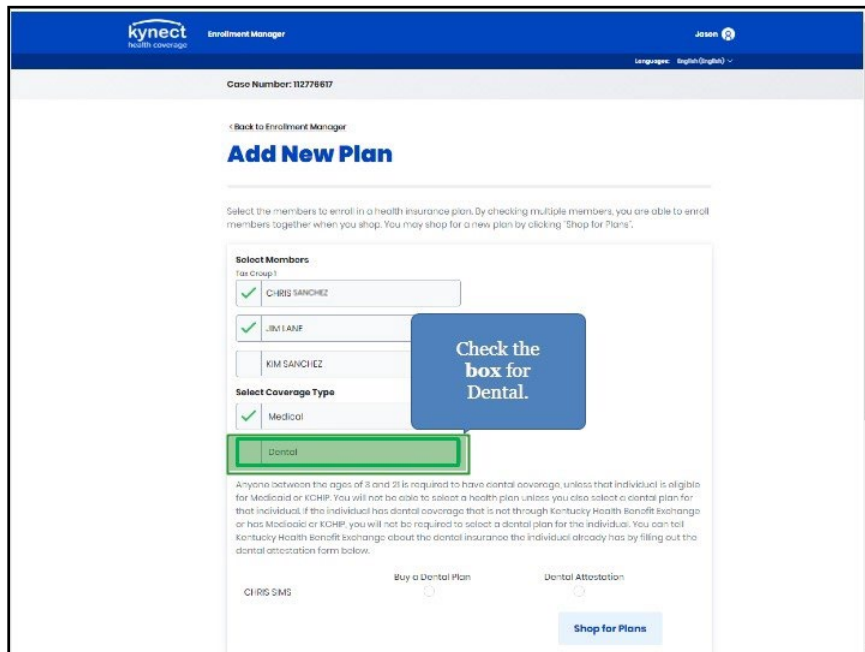
9. Check the **box** for Jim Lane.



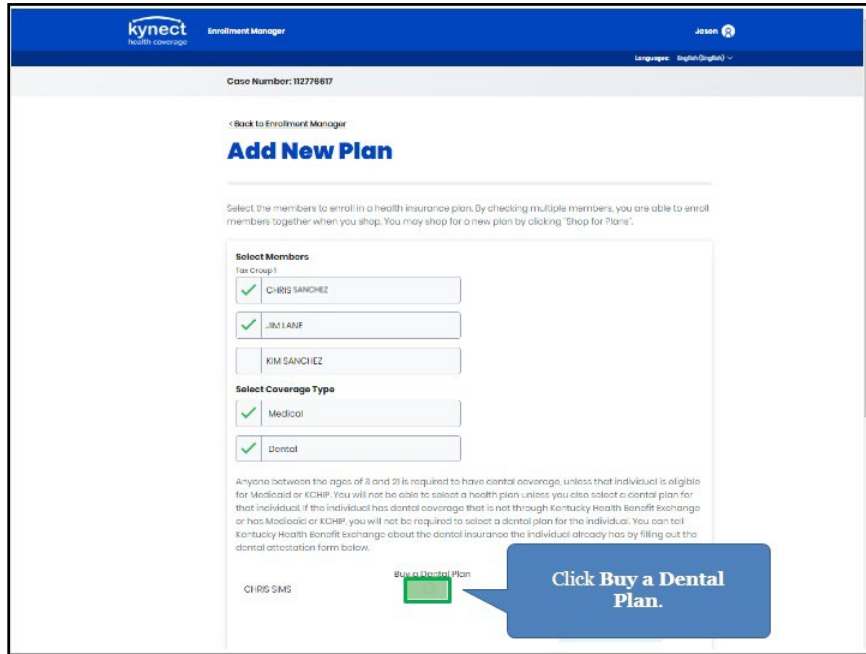
10. Check the **box** for Medical as applicable.



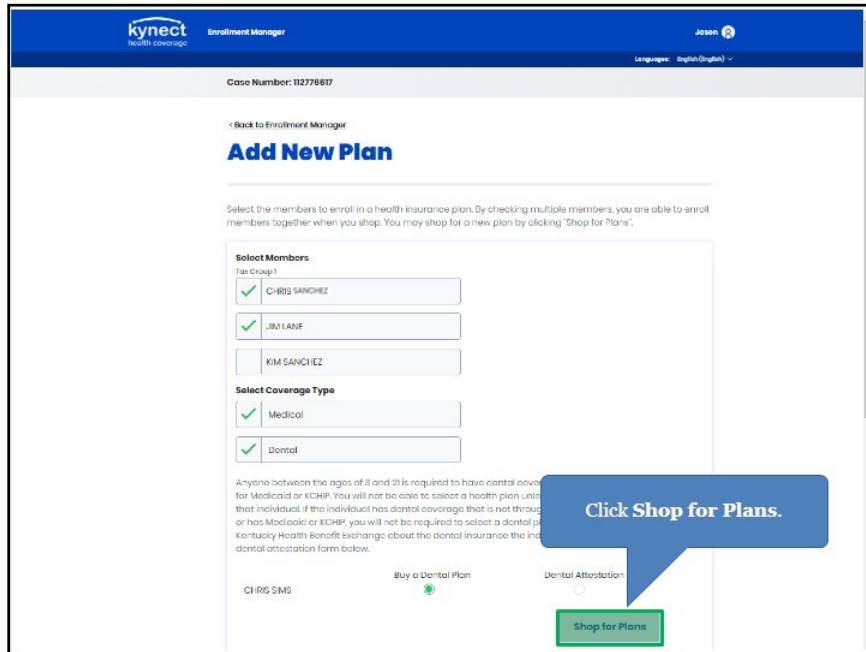
11. Check the **box** for Dental as applicable.



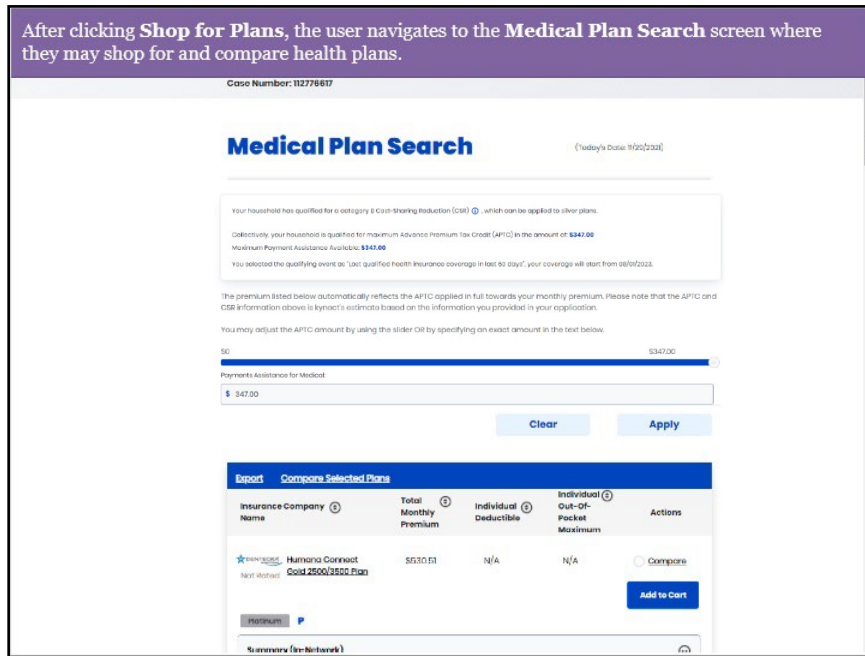
12. Click **Buy a Dental Plan**.



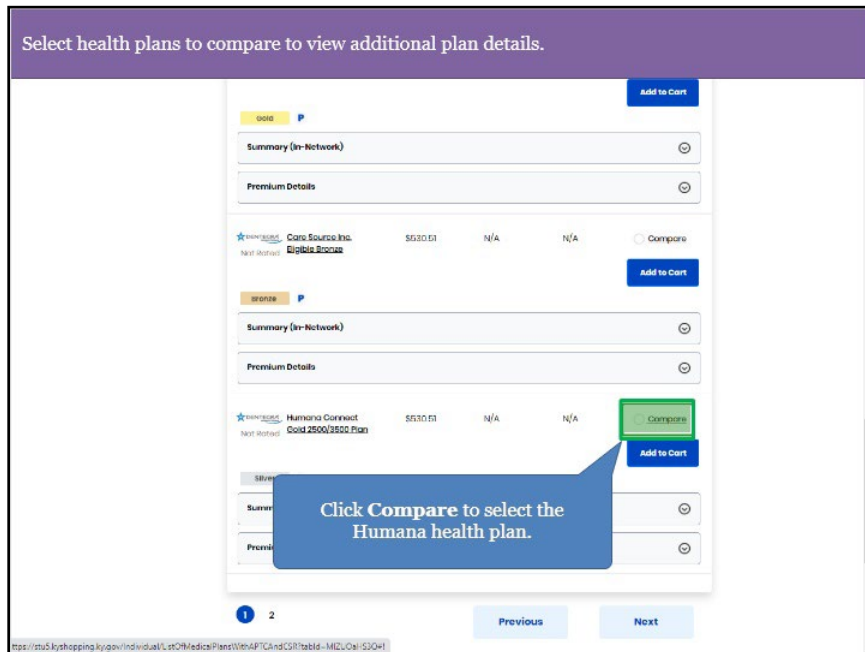
13. Click **Shop for Plans**.



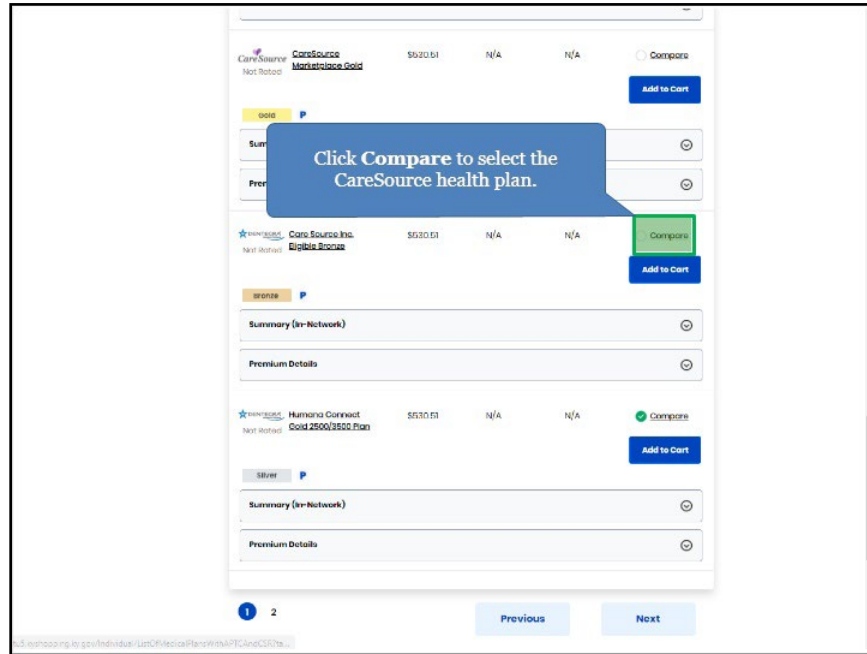
14. Shop for and compare health plans on the **Medical Plan Search** screen.



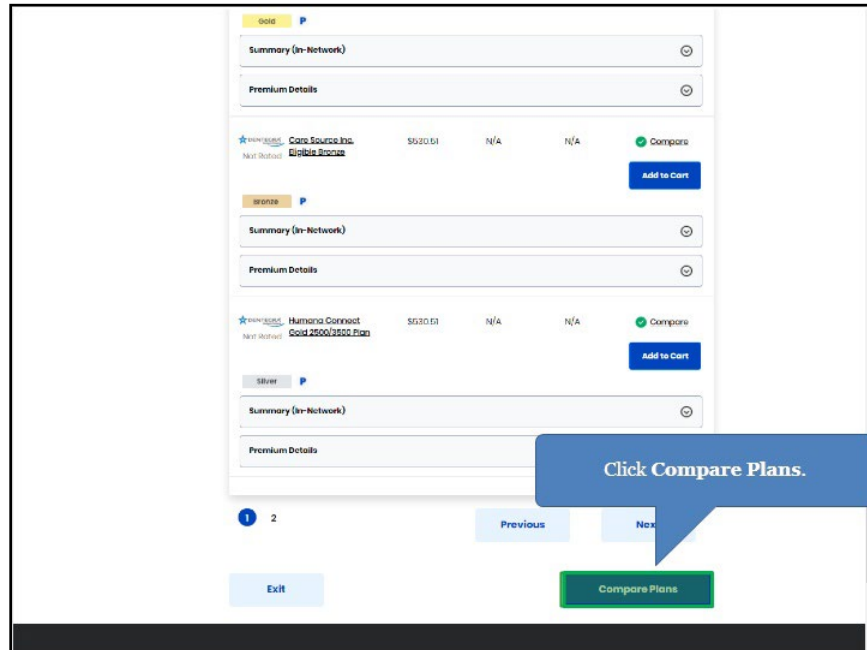
15. Click **Compare** to select a medical plan.



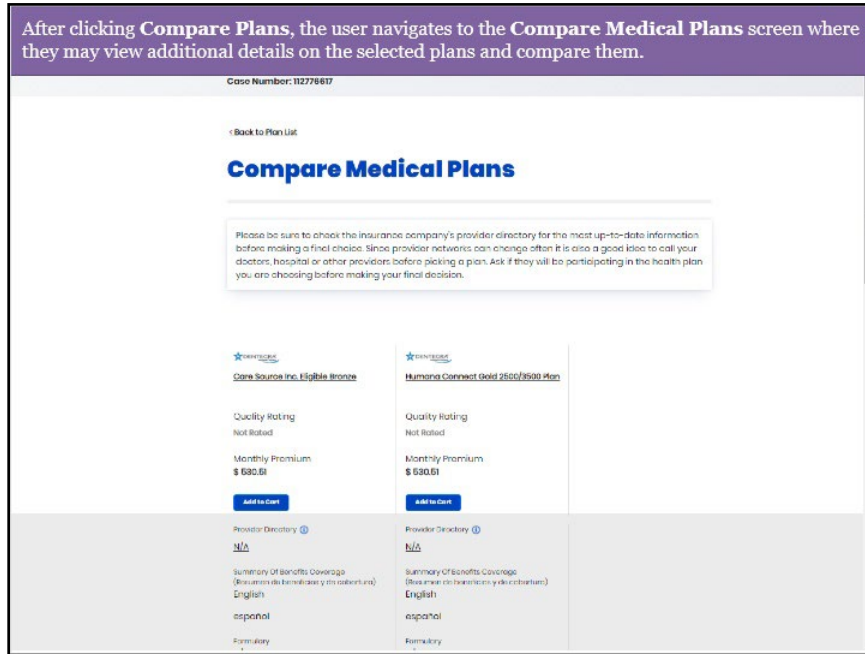
16. Click **Compare** to select a medical plan.



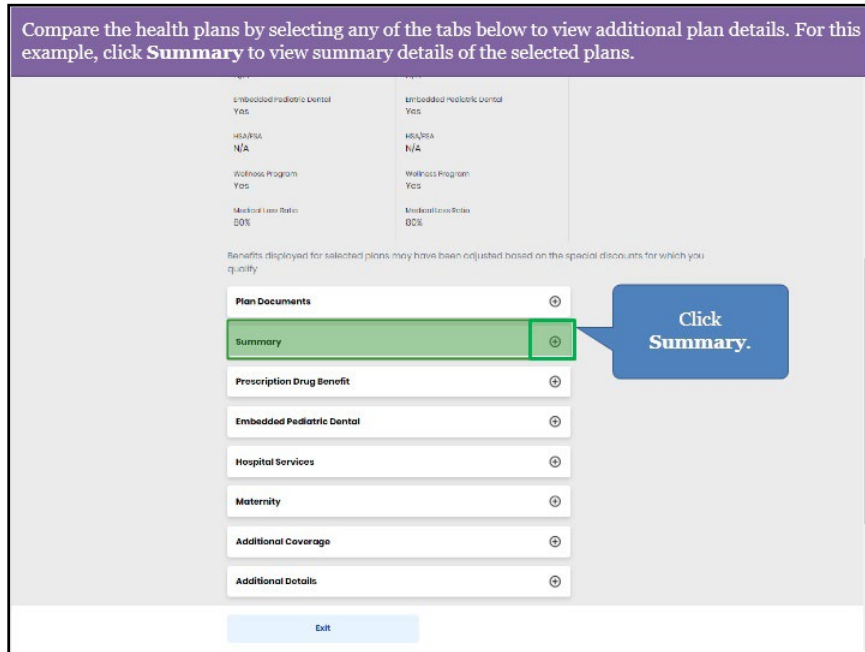
17. Click **Compare Plans** to compare the selected medical plans.



18. Compare the selected plans on the **Compare Medical Plans** screen.



19. Click **Summary** to view additional plan details.



20. Click **Add to Cart** to add the desired medical plan to the cart.

After reviewing details of the selected health plans, add the desired health plan to the cart. For this example, select the Humana Connect Gold 2500/3500 plan. Then, begin shopping for dental plans.

Compare Medical Plans

Please be sure to check the insurance company's provider directory for the most up-to-date information before making a final choice. Since provider networks can change often it is also a good idea to call your doctors, hospital or other providers before picking a plan. Ask if they will be participating in the health plan you are choosing before making your final decision.

<p>Care Source Inc. Eligible Bronze</p> <p>Quality Rating Not Rated</p> <p>Monthly Premium \$ 530.51</p> <p style="text-align: center; background-color: #4a4a8a; color: white; padding: 2px 5px;">Add to Cart</p> <p>Provider Directory ⓘ N/A</p> <p>Summary Of Benefits Coverages (Resumen de Beneficios y de Cobertura) English</p> <p>español</p> <p>Formulary N/A</p> <p>Embedded Pediatric Dental Yes</p>	<p>Humana Connect Gold 2500/3500 Plan</p> <p>Quality Rating Not Rated</p> <p>Monthly Premium \$ 530.51</p> <p style="text-align: center; border: 2px solid green; padding: 2px 5px;">Add to Cart</p> <p>Provider Directory ⓘ N/A</p> <p>Summary Of Benefits Coverages (Resumen de Beneficios y de Cobertura) English</p> <p>español</p> <p>Formulary N/A</p> <p>Embedded Pediatric Dental Yes</p>
---	---

Click Add to Cart to add the Humana health plan to the cart.

21. Next, shop for and compare dental plans on the **Dental Plans Search** screen.

After adding the desired health plan to the cart, users may shop for and compare dental plans.

Case Number: 112776617

Dental Plan Search

(Today's Date: 11/20/2021)

Icon Legend:

S CSR Silver Plans T Tobacco Cessation Program

P Embedded Pediatric Dental Benefits

Show Filters

Export	Compare Selected Plans				Actions
Insurance Company Name ⓘ	Total Monthly Premium ⓘ	Deductible ⓘ for one child	Out of Pocket Maximum ⓘ for one child	Compare	Add to Cart
Anthem NOT RATED Pediatric Pathways - Dental	\$202.42	N/A	N/A	<input type="radio"/> Compare	Add to Cart
<div style="background-color: #f0f0f0; padding: 2px 5px; border-radius: 5px; display: flex; justify-content: space-between; align-items: center;"> Summary (In-Network) ⓘ ⊖ </div> <div style="background-color: #f0f0f0; padding: 2px 5px; border-radius: 5px; display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> Premium Details ⊖ </div>					
BEST of Life NOT RATED BISTOne Advantage Gold	\$530.51	N/A	N/A	<input type="radio"/> Compare	Add to Cart

22. Click **Compare** to select a dental plan.

Select dental plans to compare to see additional plan details. Some health plans include dental coverage which can be determined when comparing plans. If the health plan does not include dental coverage, users may enroll in a stand-alone dental plan.

The screenshot shows a list of dental plans with the following details:

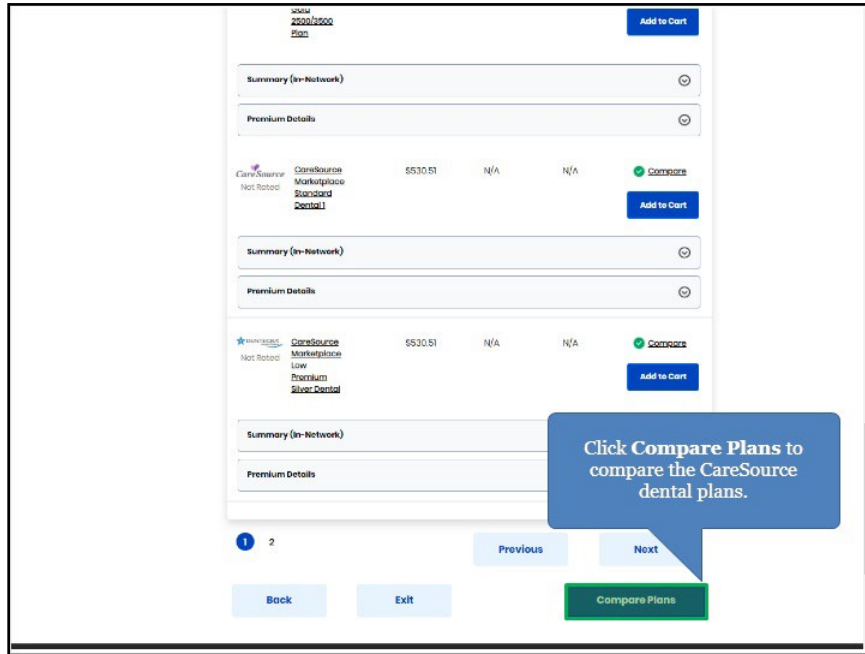
Plan Name	Premium	Network	Dental	Action
CareSource Marketplace Standard Dental	\$530.51	N/A	N/A	Compare, Add to Cart
CareSource Marketplace Low Premium Silver-Dental	\$530.51	N/A	N/A	Compare, Add to Cart

Navigation buttons at the bottom include: Back, Exit, Previous, Next, and Compare Plans.

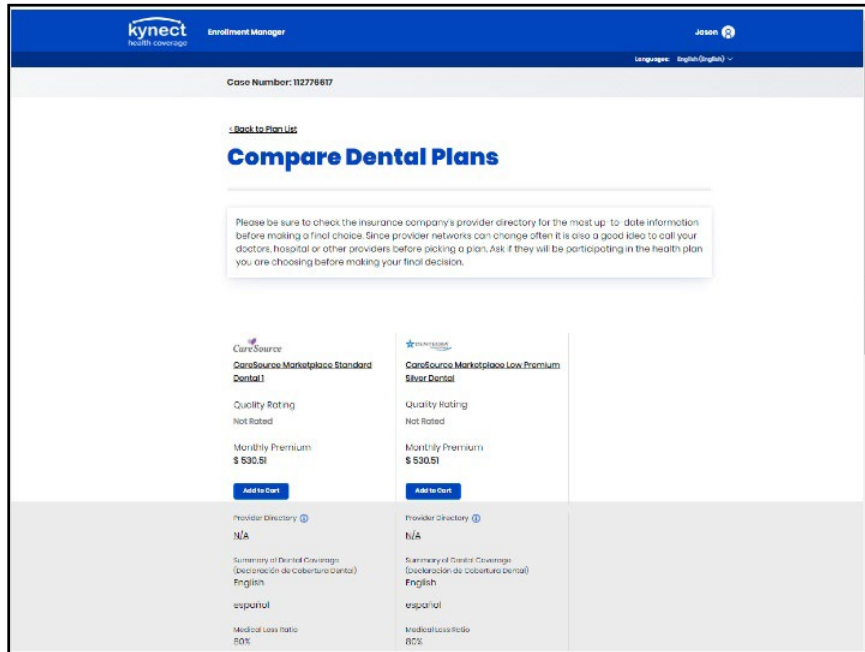
23. Click **Compare** to select a dental plan.

This screenshot is identical to the one in step 22, showing the same list of dental plans and navigation options. The 'Compare' button for the 'CareSource Marketplace Low Premium Silver-Dental' plan is highlighted with a green box.

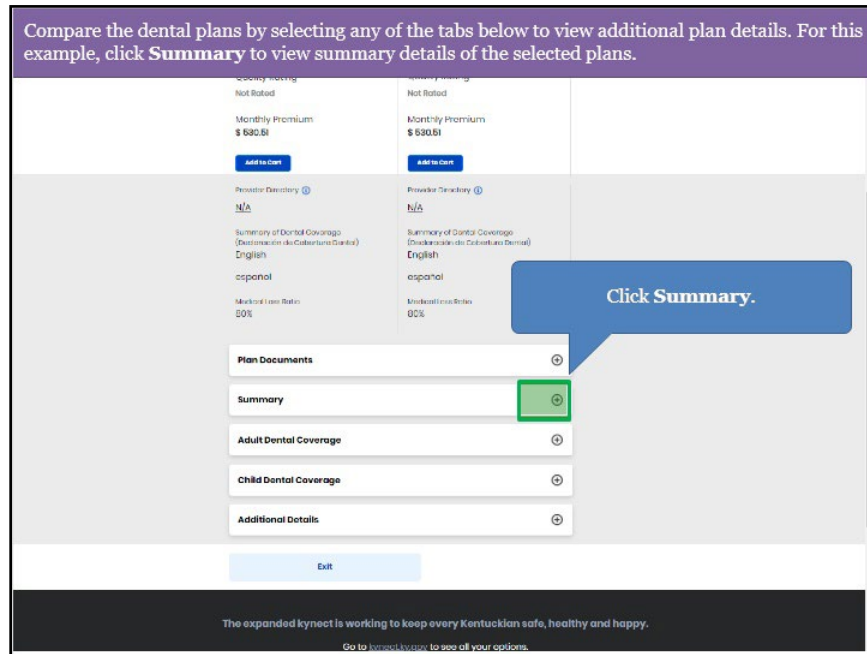
24. Click **Compare Plans** to compare the selected dental plans.



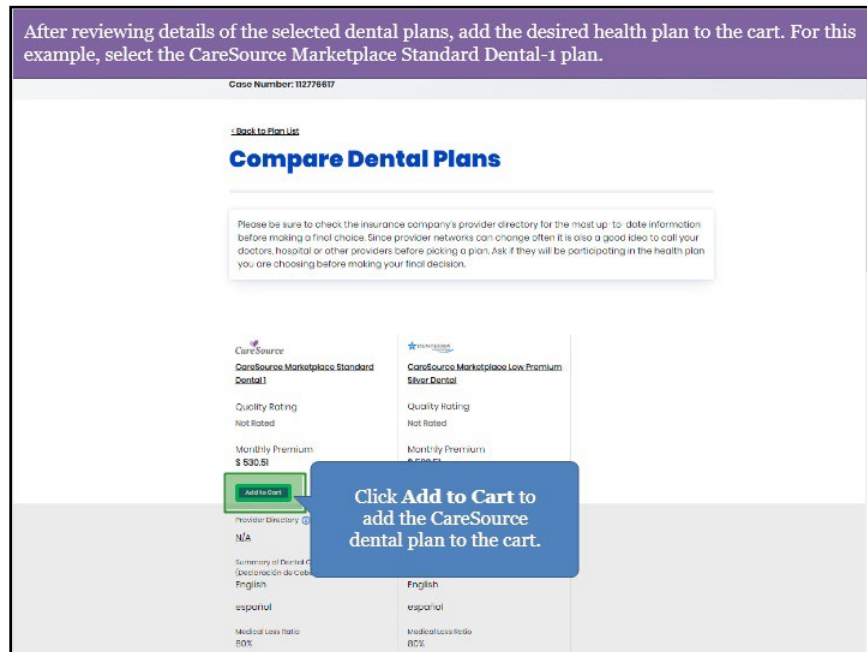
25. Compare the selected dental plans on the **Compare Dental Plans** screen.



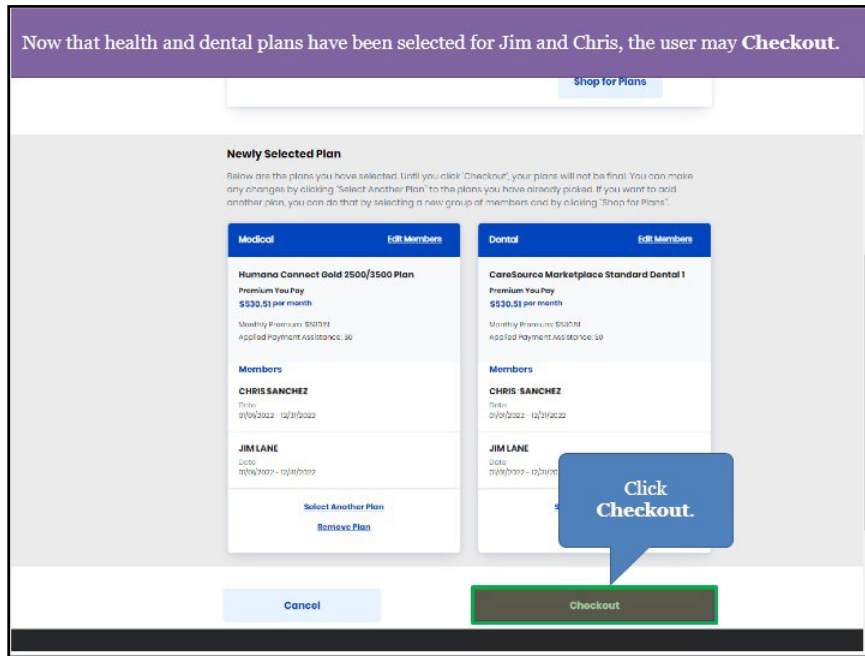
26. Click **Summary** to view additional plan details.



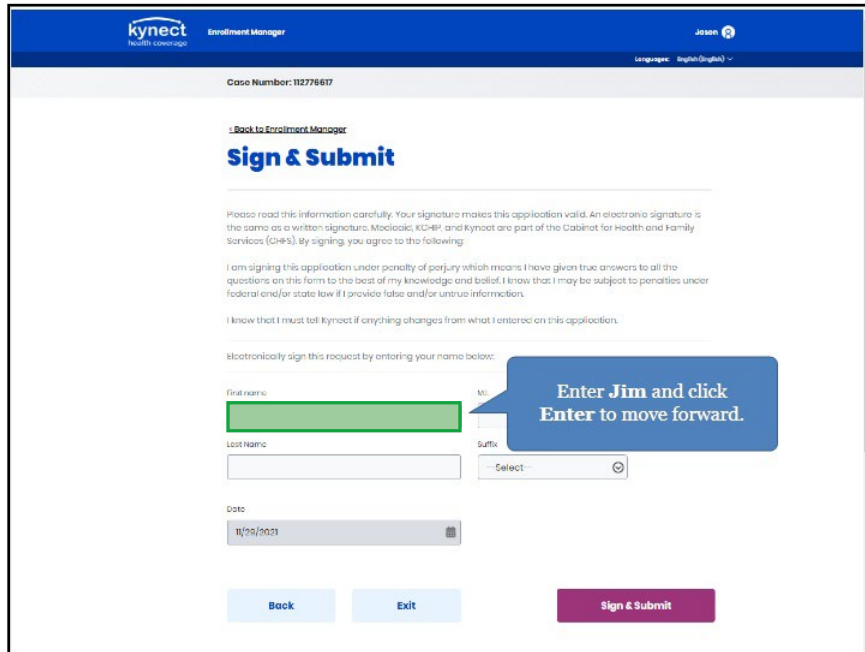
27. Click **Add to Cart** to add the desired dental plan to the cart.



28. Click **Checkout**.



29. Enter the Applicant's **First Name**.



30. Enter the Applicant's **Last Name**.

The screenshot shows the 'Sign & Submit' page in the Kynect Enrollment Manager. The page header includes the Kynect logo and 'Enrollment Manager'. The case number is 112776617. The page contains several paragraphs of text explaining the signing process and a form with the following fields:

- First Name: JIM
- Last Name: (highlighted in green)
- Date: 11/29/2021

A blue callout box with the text "Enter Last Name and click Enter to move forward." points to the Last Name field. At the bottom, there are three buttons: "Back", "Exit", and "Sign & Submit".

31. Click **Sign & Submit** to enroll the household member(s) in the selected health and/or dental plans.

The screenshot shows the 'Sign & Submit' page in the Kynect Enrollment Manager. The page header includes the Kynect logo and 'Enrollment Manager'. The case number is 112776617. The page contains several paragraphs of text explaining the signing process and a form with the following fields:

- First Name: JIM
- Last Name: LANE
- Date: 11/29/2021

A blue callout box with the text "Click Sign & Submit." points to the "Sign & Submit" button. At the bottom, there are three buttons: "Back", "Exit", and "Sign & Submit".

32. Click **Pay Now** to submit an initial premium payment for the selected health plan, or click **I understand the payment due date is 1/08/2022, but I will pay later.**

The selected plans display and the household members are enrolled, pending the initial premium payment. Users may **Pay Now**, or elect to pay at a later date.

To expedite your coverage process, we encourage you to use the "Pay Now" option below for each plan you selected. We will link you to your insurance company's payment page. If you would like to pay this amount later, click "I'll pay later". Your insurance company will send you a bill with your account number. You will need to use your account number on all payments.

Medical	Dental
Humana Connect Gold 2500/3500 Plan Premium You Pay \$530.51 per month Monthly Premium: \$530.51 Applied Payment Assistance: \$0	CareSource Marketplace Standard Dental 1 Premium You Pay \$530.51 per month Monthly Premium: \$530.51 Applied Payment Assistance: \$0
Enrollment ID# 1008769037 Policy ID# Not yet assigned Members CHRIS SANCHEZ Pending JIM LANE Pending Policy holder	Enrollment ID# 1008769038 Policy ID# Not yet assigned Members CHRIS SANCHEZ Pending JIM LANE
<input type="button" value="Pay Now"/>	

I understand the payment due date is 01/08/2022, but I will pay later.

Please note: Once enrollment is complete, the *Update APTC* hyperlink enables users to view Applied APTC, any remaining Available APTC, and Effective Dates, if applicable. Generally speaking, APTC is applied using the mid-month logic.

33. Click **Pay Now** to submit an initial premium payment for the selected dental plan, or click **I understand the payment due date is 1/08/2022, but I will pay later.**

Please read this information carefully. Your coverage will not begin until your payment is processed by the issuers. A delay in payment could result in missing your Open Enrollment period. You would have to wait until the next Open Enrollment period to get health coverage, unless you have a qualifying special enrollment reason to get health coverage.

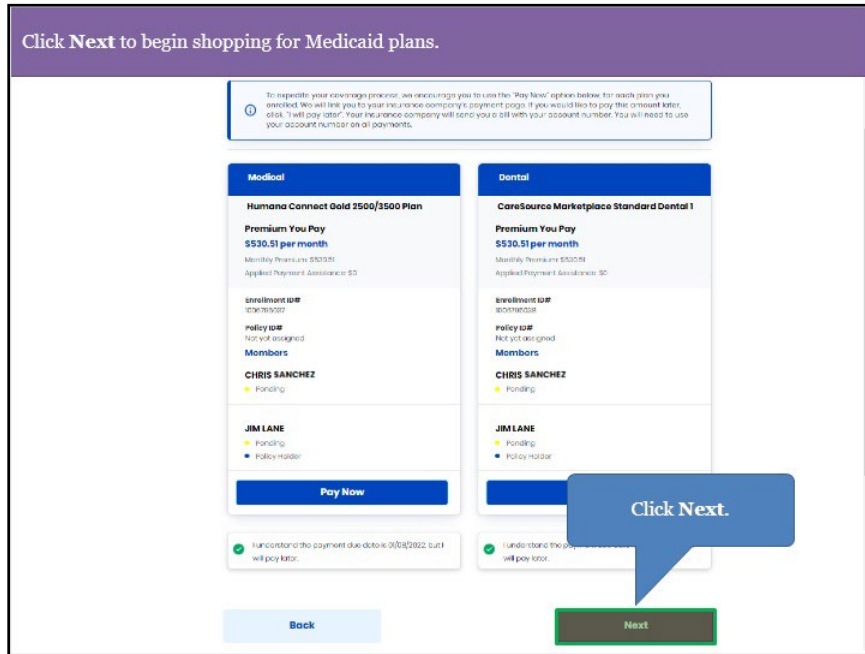
To expedite your coverage process, we encourage you to use the "Pay Now" option below for each plan you selected. We will link you to your insurance company's payment page. If you would like to pay this amount later, click "I'll pay later". Your insurance company will send you a bill with your account number. You will need to use your account number on all payments.

Medical	Dental
Humana Connect Gold 2500/3500 Plan Premium You Pay \$530.51 per month Monthly Premium: \$530.51 Applied Payment Assistance: \$0	CareSource Marketplace Standard Dental 1 Premium You Pay \$530.51 per month Monthly Premium: \$530.51 Applied Payment Assistance: \$0
Enrollment ID# 1008769037 Policy ID# Not yet assigned Members CHRIS SANCHEZ Pending JIM LANE	Enrollment ID# 1008769038 Policy ID# Not yet assigned Members CHRIS SANCHEZ Pending JIM LANE Pending Policy holder
	<input type="button" value="Pay Now"/>

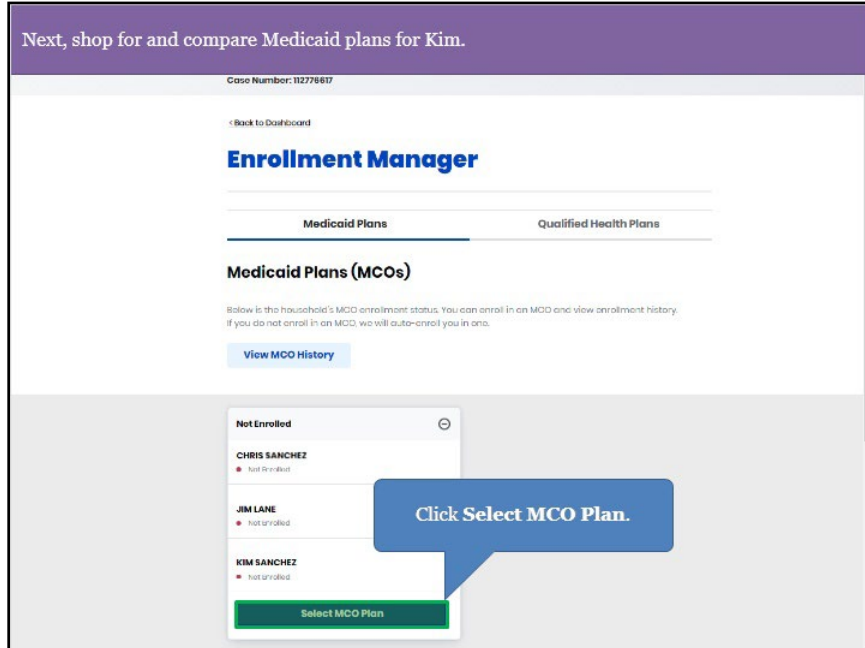
For this example, click I understand the payment due date is 1/08/2022, but I will pay later.

I understand the payment due date is 01/08/2022, but I will pay later.

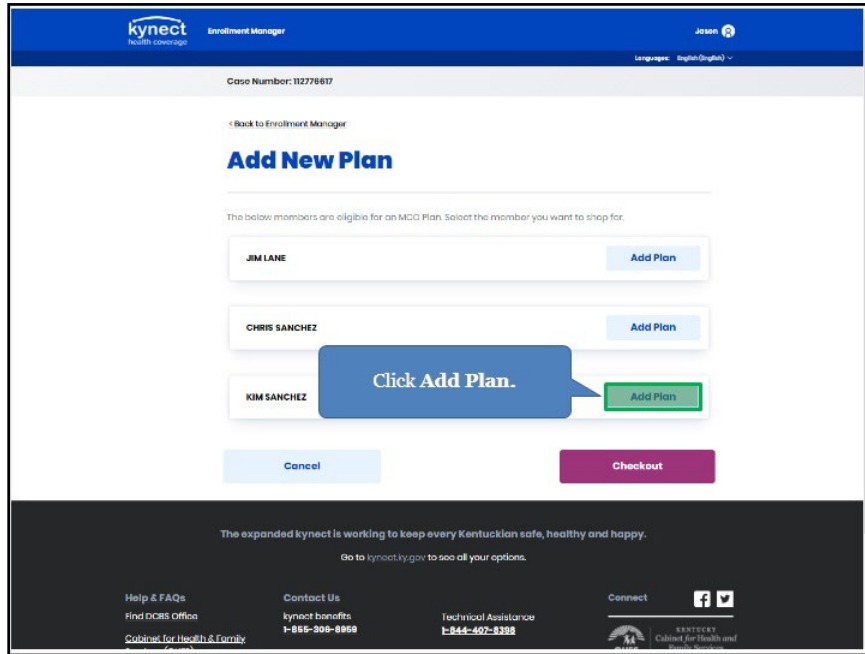
34. Click **Next** to begin shopping for Medicaid plans if there are Medicaid eligible members in the household. If there are no Medicaid eligible members in the household, skip to the **Assessment Section** of this document.



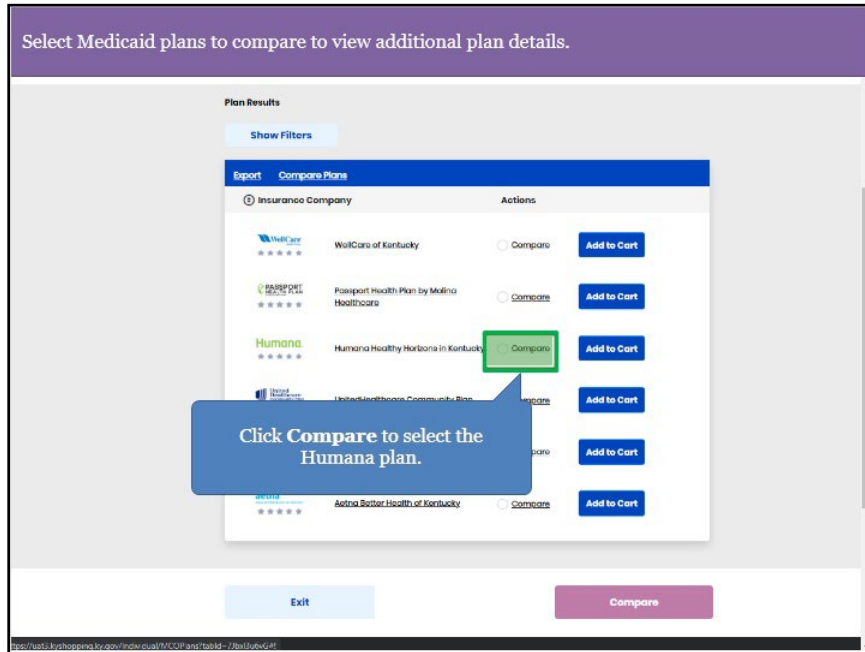
35. Click **Select MCO Plan**.



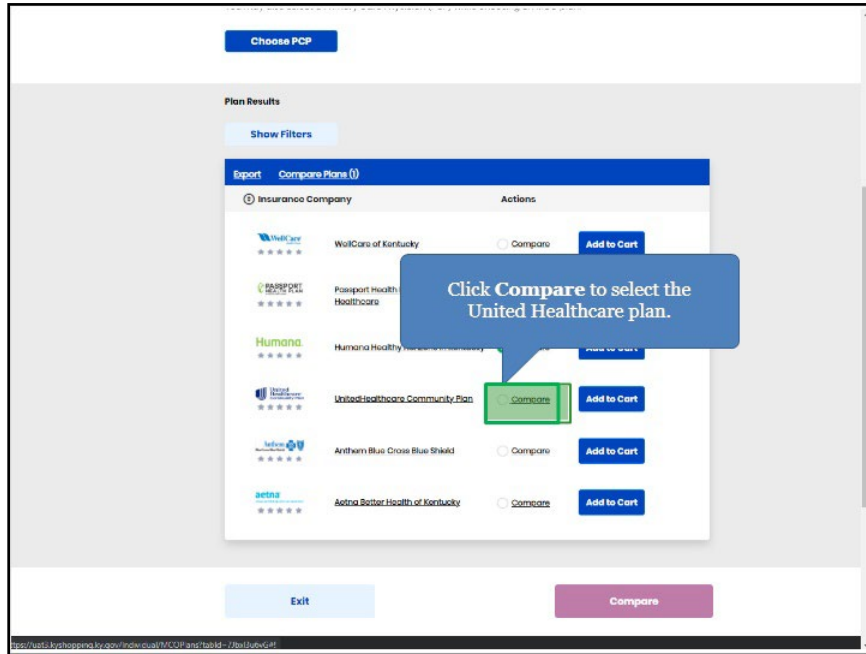
36. Click **Add Plan**.



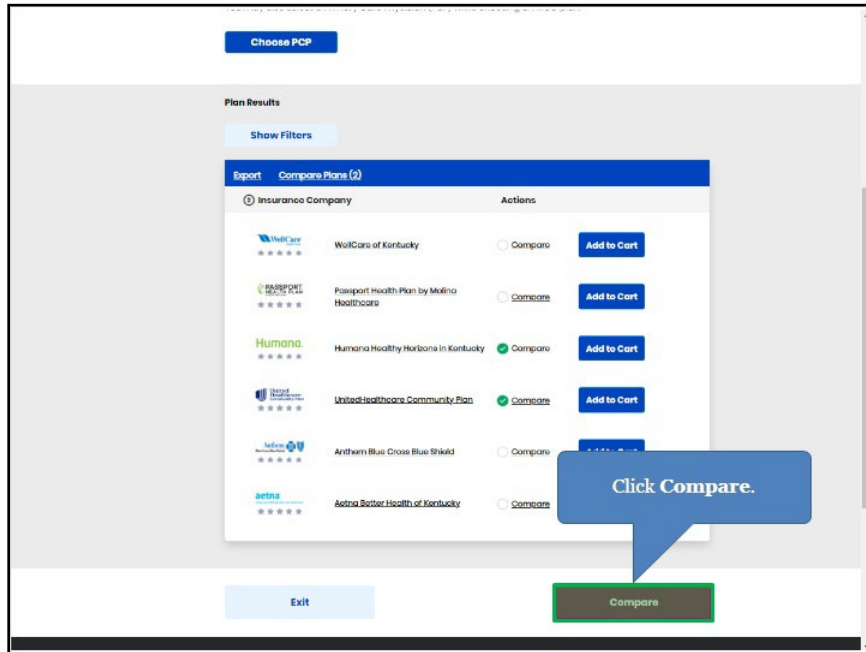
37. Click **Compare** to select a Medicaid plan.



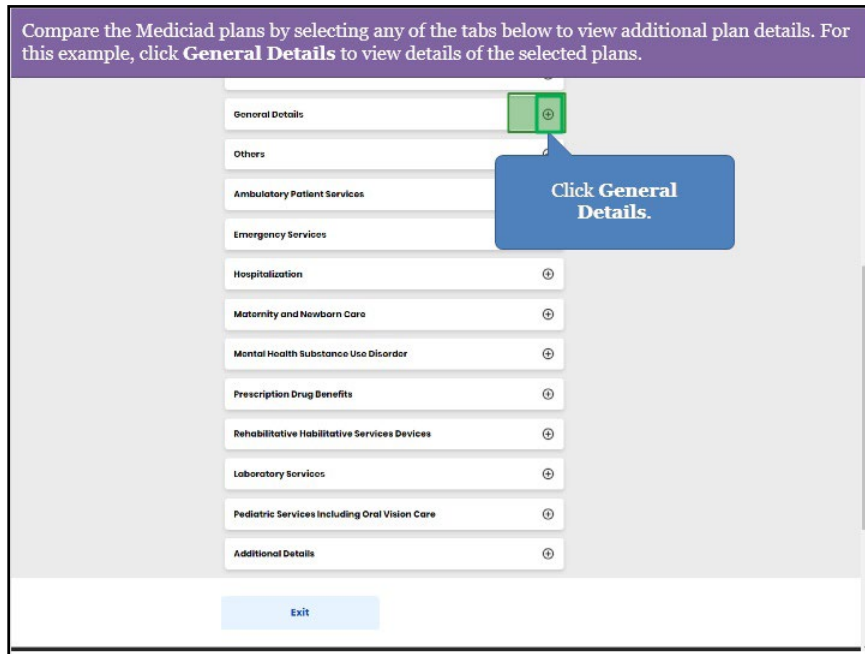
38. Click **Compare** to select a Medicaid plan.



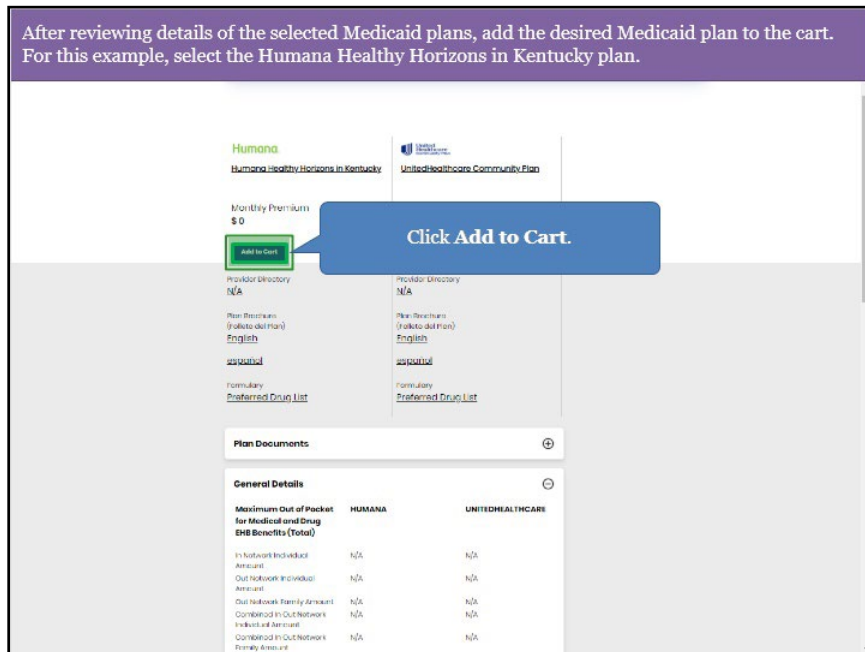
39. Click **Compare** to compare the selected Medicaid plans.



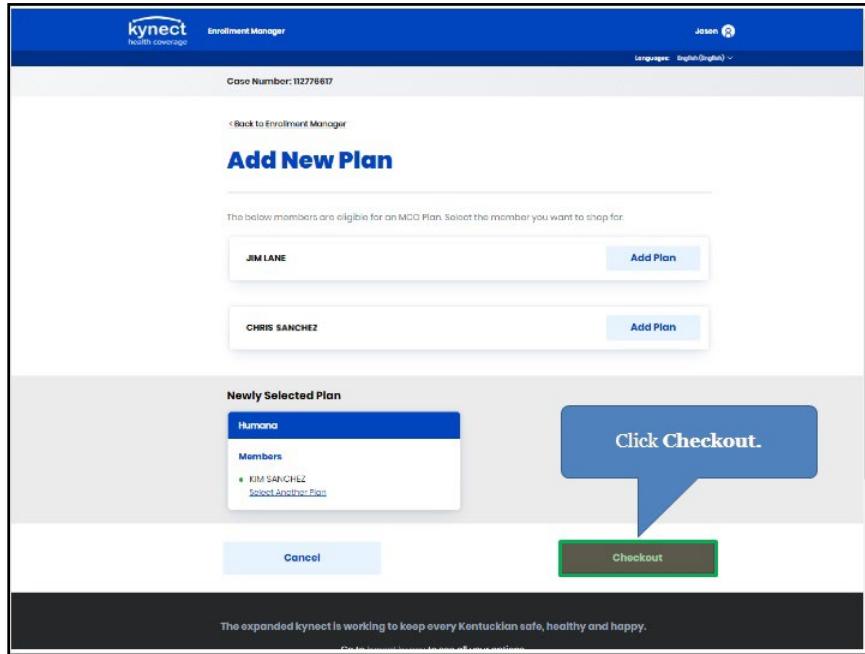
40. Click any **tab** to view additional plan details.



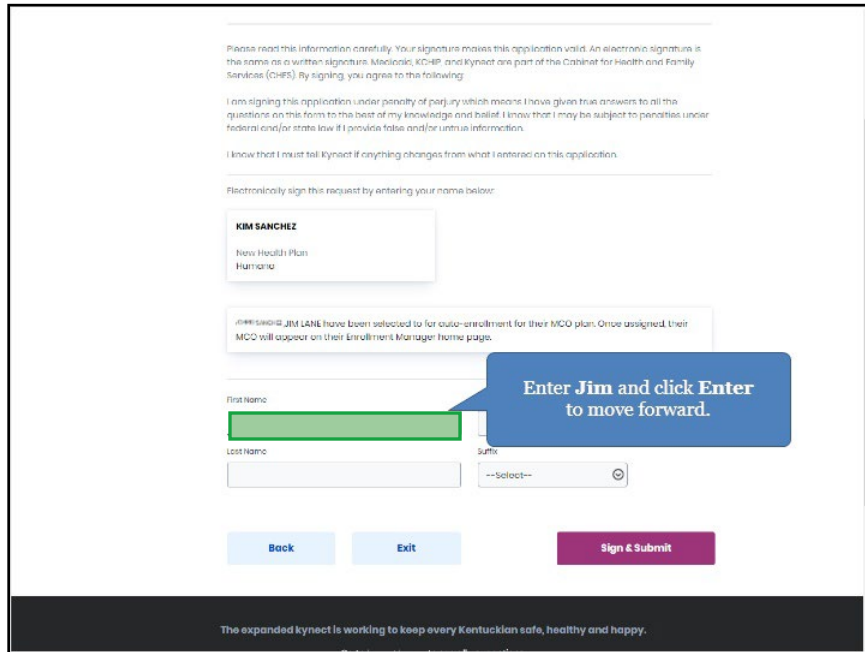
41. Click **Add to Cart** to add the desired plan to the cart.



42. Click **Checkout**.



43. Enter the Applicant's **First Name**.



44. Enter the Applicant's **Last Name**.

Please read this information carefully. Your signature makes this application valid. An electronic signature is the same as a written signature. Medicaid, KCHIP, and Kynect are part of the Cabinet for Health and Family Services (CHFS). By signing, you agree to the following:

I am signing this application under penalty of perjury which means I have given true answers to all the questions on this form to the best of my knowledge and belief. I know that I may be subject to penalties under federal and/or state law if I provide false and/or untrue information.

I know that I must tell Kynect if anything changes from what I entered on this application.

Electronically sign this request by entering your name below:

KIM SANCHEZ
New Health Plan
Humana

*** JIM LANE have been selected to for auto-enrollment for their MCO plan. Once assigned, their MCO will appear on their Enrollment Manager home page.

First Name: JIM
Last Name: [Green Highlighted Field]

Enter Lane and click Enter to move forward.

Back Exit Sign & Submit

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.

45. Click **Sign & Submit** to enroll in the selected plan.

Click **Sign & Submit** to enroll Kim in the Humana Medicaid plan.

I am signing this application under penalty of perjury which means I have given true answers to all the questions on this form to the best of my knowledge and belief. I know that I may be subject to penalties under federal and/or state law if I provide false and/or untrue information.

I know that I must tell Kynect if anything changes from what I entered on this application.

Electronically sign this request by entering your name below:

KIM SANCHEZ
New Health Plan
Humana

*** JIM LANE have been selected to for auto-enrollment for their MCO plan. Once assigned, their MCO will appear on their Enrollment Manager home page.

First Name: JIM
Last Name: LANE
Suffix: --Select--

Click Sign & Submit.

Back Exit Sign & Submit

The expanded kynect is working to keep every Kentuckian safe, healthy and happy.

46. There is an *Edit Your Information* section available at the top of the Plan Search Screen which enables users to change the input parameters.

Plan Search Screen Changes: There is a *Edit Your Information* section available at the top of the Plan Search Screen which enables users to change the input parameters.

Click **Continue** to move on to the next slide.

Medical Plan Search
Dental Plan Search

Edit Your Information

County: Annual Household Income:

Members Details

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

[+ More Dependents](#) **Update Results**

Your household has qualified for a category B Cost-Sharing Reduction (CSR) , which can be applied to silver plans.

Collectively, your household is qualified for maximum Advance Premium Tax Credit (APTC) in the amount of: **\$575**

The premium listed below automatically reflects the APTC applied in full towards your monthly premium. Please note that the APTC and CSR information above is kynect's estimate based on the information you provided in your application.

You may adjust the APTC amount by using the slider OR by specifying an exact amount in the text below.

Continue

47. *Available Plans* is added to display the total plans available based on the filter criteria searched. Additionally, a *Lowest Premium Plan* label will be added to show the lowest premium available.

Available Plans displays the total plans available based on the filter criteria searched. Additionally, a **Lowest Premium Plan** label will show the lowest premium available. If there are multiple plans that have the same lowest premium amount, they will both display the same **Lowest Premium Plan** label.

Click **Continue** to move on to the next slide.

Available Plans - 38

Export All Plans
Export Selected Plans
Compare Selected Plans

Insurance Company Name	Total Monthly Premium	Individual Deductible	Individual Out-Of-Pocket Maximum	Actions
CareSource Marketplace Bronze	\$770.70	\$9,000	\$9,000	<input type="radio"/> Compare <input type="button" value="Add to Cart"/>
<p>BRONZE Lowest Premium Plan</p> <p>Summary (In-Network)</p> <p>Premium Details</p>				
CareSource Marketplace Bronze First	\$765.44	\$9,000	\$9,000	<input type="radio"/> Compare <input type="button" value="Add to Cart"/>
<p>Expanded Bronze</p> <p>Summary (In-Network)</p> <p>Premium Details</p>				
CareSource	\$766.31	\$9,000	\$9,000	<input type="radio"/> Compare <input type="button" value="Add to Cart"/>

Continue

48. The *Summary Section* now displays in-network copays for primary care, specialist, and emergency visits. Additionally, prescription drug benefit information is available.

Summary Section: This section now displays in-network copays for primary care, specialist, and emergency visits. Additionally, prescription drug benefit information is available.

Click **Continue** to move on to the next slide.

Summary (In-Network)

Doctor Visits :

	In-Network
Primary Care Visit	No Charge after deductible
Specialist Visit	No Charge after deductible
Emergency	No Charge after deductible

Prescription Drug Benefits :

	In-Network
Generic Drugs	0.00% Coinsurance after deductible
Preferred Brand Drugs	0.00% Coinsurance after deductible
Non-Preferred Brand Drugs	0.00% Coinsurance after deductible
Speciality Drugs	0.00% Coinsurance after deductible

49. Click **Exit**.

Module Recap: The benefits application allows users to apply for and receive benefits from any of the available programs. Users input basic contact information for all household members, select programs they would like to apply for, and select situations which apply to their household. Then, users may utilize the **Enrollment Manager** to shop for, compare, and enroll in Medicaid and Qualified Health Plans. Click **Exit** to complete this demo.

Enrollment Manager

Medicaid Plans | **Qualified Health Plans**

Qualified Health Plans (QHPs)

Below is the household's enrollment status of certified health plans.

View QHP History | Add Case Notes

View Maximum APTC Summary | Calculate Maximum APTC

Coverage Year 2022

Not Enrolled

KIM SANCHEZ

Not enrolled

Add Plan

Coverage Year 2022

Humana Connect Gold 2500/3500 Plan - Medical

Premium You Pay

\$530.51 per month

Monthly Premium: \$530.51
Applied Payment Assistance: \$0

Enrollment ID# 1005708027 | Policy ID# Not yet assigned

CHRIS SANCHEZ

Enrollment file generated

Date: 06/16/2022 09:58:02 | Member ID# Not yet assigned

Exit

2 Assessment

1. The benefits application may be edited at any time by clicking which button on the Application Summary screen?
 - a) Messages
 - b) Help & FAQs
 - c) Edit
 - d) Dashboard
2. In the Relationship & Tax Filing section of the benefits application, users must identify whether they reconciled _____ in past years.
 - a) Medical Plans
 - b) Unemployment Income
 - c) Premium Tax Credits
 - d) Dental Plans
3. After the benefits application is signed and submitted, if an Applicant is found to be ineligible for Medicaid, kynect health coverage will automatically check eligibility for _____ (with or without payment assistance/APTC).
 - a) Qualified Data Plans
 - b) Rebates
 - c) Discounts
 - d) Qualified Health Plans
4. During the Identity Verification Upload portion of the benefits application, acceptable forms of ID include all of the following EXCEPT:
 - a) Driver's License
 - b) Birth Certificate
 - c) Social Security Card
 - d) Store Credit Card
5. The Enrollment Manager screen allows users to do all of the following EXCEPT:
 - a) Shop for Qualified Health Plans
 - b) Shop for Medicaid plans
 - c) Compare plans
 - d) Shop for SNAP benefits
6. After selecting plans through the Enrollment Manager screen, users may elect to pay now or pay_____.
 - a) Later
 - b) Never
 - c) Yesterday
 - d) Bills

7. The Member Details section of the benefits application asks whether the Applicant is American Indian or an Alaskan Native. This is because these Individuals have special _____ that apply to them, such as the ability to enroll in a zero Cost-Sharing or limited Cost-Sharing plan at any Qualified Health Plan metal level.
 - a) Exceptions
 - b) Situations
 - c) Powers
 - d) Allowances
8. The Sign and Submit section of the benefits application asks Applicants to agree to allow kynect to access IRS income data for up to how many years for reenrollment purposes?
 - a) 25
 - b) 18
 - c) 5
 - d) 11
9. Applicants may stay up to date on their benefits and information by selecting their _____ contact method.
 - a) Social
 - b) New
 - c) Preferred
 - d) Favorite
10. The Enrollment Manager screen allows Applicants to _____ plans to see additional plan details.
 - a) Compare
 - b) Delete
 - c) Schedule
 - d) Buy