The Commonwealth of Kentucky
kynect State-Based Marketplace

Benefits Application within kynect benefits Quick Reference Guide

Last Revised: April 25th, 2024

Introduction

This Quick Reference Guide is intended to instruct users on how to navigate the Benefits Application within kynect benefits.

Table of Contents

1   Benefits Application Overview

kynect benefits makes it easy for Residents, kynectors, Agents and other users to apply for benefit programs. Residents may apply for the following benefit programs within kynect benefits:

- Medicaid/KCHIP/Qualified Health Plan (QHP) with Payment Assistance (APTC)
- Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
- QHP (Medical and Dental Insurance plans without Payment Assistance)
- Supplemental Nutrition Assistance Program (SNAP)
- Kentucky Transitional Assistance Program (KTAP)
- Child Care Assistance Program (CCAP)

Agents and kynectors may help Residents with the following within kynect benefits:

- Medicaid/KCHIP/Qualified Health Plan (QHP) with Payment Assistance (APTC)
- Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
- QHP (Medical and Dental Insurance plans without Payment Assistance)
- Report changes in information
- Recertify benefits

2   Benefits Application within kynect benefits

Residents access kynect benefits through the Kentucky Online Gateway (KOG) by creating a new account or through logging into an established account. Residents initiate a benefits application by clicking **Apply for Benefits** on the **Resident Dashboard**.

The kynect health coverage or kynect benefits Prescreening Tools may be used before a benefits application is submitted to determine a household's potential eligibility for benefits. Reference the **kynect benefits Prescreening Tool** and **kynect health coverage Prescreening Tool** Quick Reference Guides for more details.

Agents and kynectors must also sign into KOG to access kynect benefits. Agents and kynectors initiate a benefits application from different points:

- Agents initiate a benefits application after signing into KOG and clicking **Launch** on the Self-Service Portal (SSP) tile. Agents are navigated to the **Agent Portal** screen within SSP, where they may click **Initiate an Application for Individual**.

- kynectors initiate a benefits application after signing into KOG through the **kynector Dashboard** by clicking **Start Benefits Application**.

Below are the steps to apply for benefits in kynect benefits.

1. Navigate to the kynect benefits website at kynect.ky.gov/benefits.

> **Please note**: Agents initiate a benefits application after signing into KOG and clicking **Launch** on the *Self-Service Portal* tile. Agents are navigated to the **Agent Portal** screen within SSP, where they may click **Initiate an Application for Individual**. kynectors initiate a benefits application after signing into KOG through the **kynector Dashboard** by clicking **Start Benefits Application**.

2. Click **Sign In** to navigate to KOG.
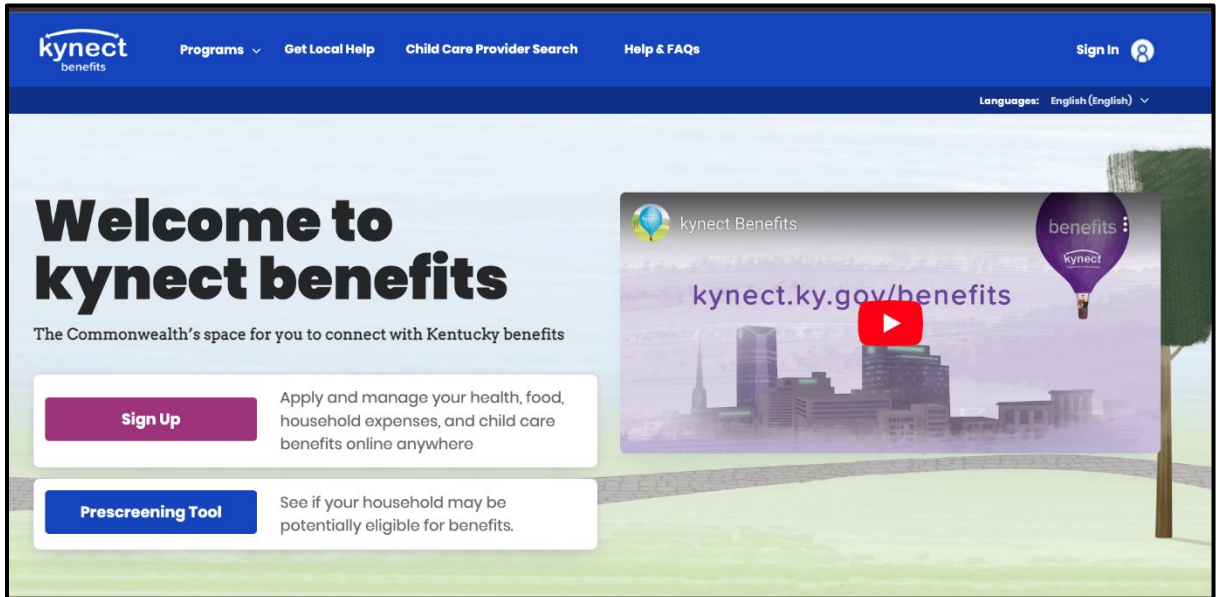
3. Enter the KOG **Email** under *Citizen or Business Partner Sign In.*
4. Enter the KOG **Password** under *Citizen or Business Partner Sign In.*
5. Click **Sign In** to navigate to kynect benefits.

> **Please note**: If the Resident is new to kynect benefits, click the **Sign Up** link or **Apply for Benefits** on the home page to be taken through the steps to create a KOG account.

Please note: If a KOG account does not exist, click **Create an Account** to access kynect benefits. Reference the **Kentucky Online Gateway Account (KOG) One Pager** for steps to create an account.

6. Read the *Use of This Website* and click **Yes, I Accept**.

7. Click **Apply for Benefits**.
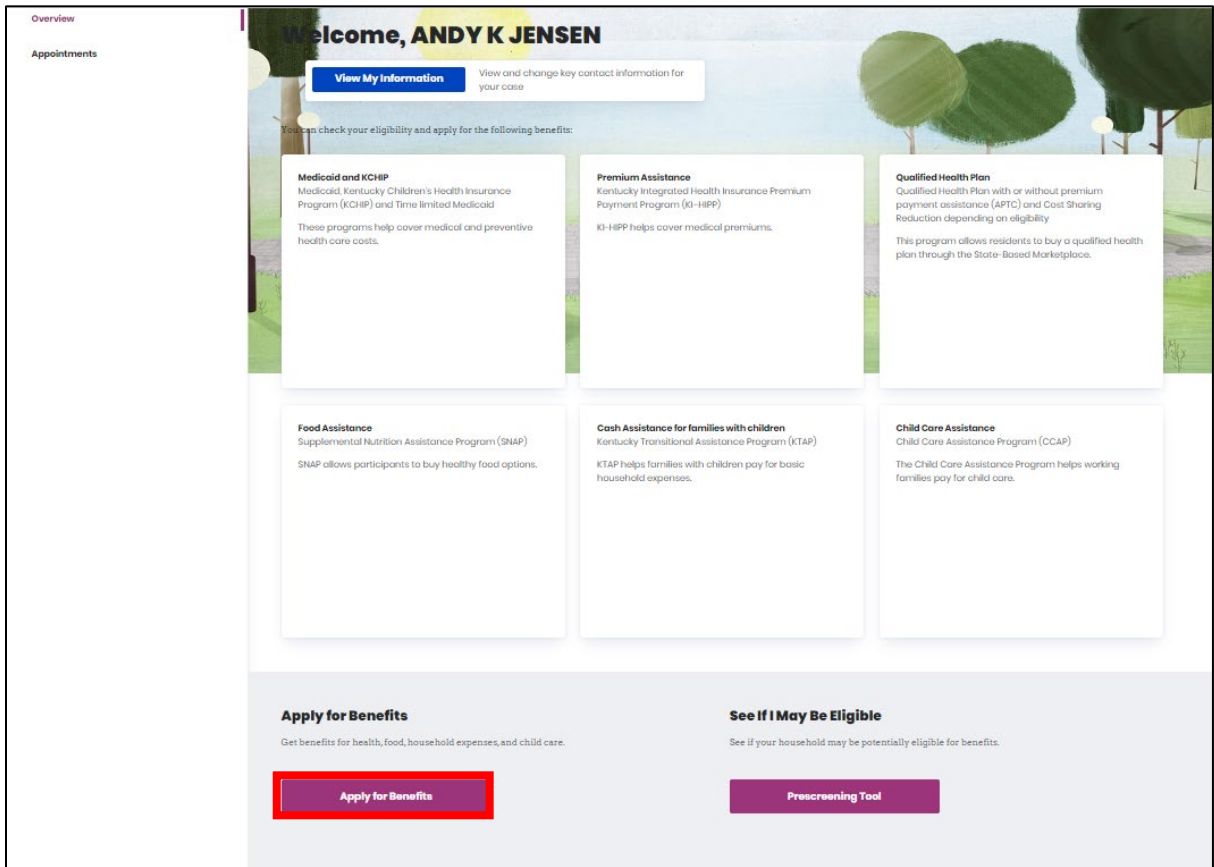
> **Please note**: **Add Other Benefits** appears near the top of the **Resident Dashboard** if the Resident has already submitted an application. Click **Add Other Benefits** to apply for other programs.

8. Read the **Get Started** screen and click **Start Benefits Application**.

This application may take some time depending on the size of your household and your household details.

You will be able to save your progress and come back to your application at any point. We will also let you know if your application may be better supported by a case worker in-person.

Please note that you may be required to have an interview with a DCBS Case Worker to validate the information you entered after you submit your application.

Gather Important Documents

1. Social Security Number
2. Income Information (pay stubs, award letters)
3. Expense information (rent, utilities, medical bills)
4. Tax Returns

Fill Out the Application

1. Provide household information (number of members, age, citizenship, education)
2. Provide individual member information (income, expense, assets)

Get Results & Next Steps

1. Set up interviews
2. Send additional documentation

Need help?

We understand this can be a difficult application to do by yourself. You can get free help with your application. These options will remain open to you throughout your application.

Contact kynector

A kynector can help you with your benefits in the following ways:
- Apply for Medicaid or KI-HIPP
- Report changes in your information
- Recertify your Medicaid benefits

Contact kynector

Call Department for Community Based Services (DCBS)

Ask a DCBS worker any questions you have about the application process.

1-855-306-8959

Exit

Start Benefits Application

Please note: After submitting the application, Individuals may be required to have an interview with a DCBS Case Worker to validate the information provided.

9. Read the *Information for All Who Apply* pop-up and click **I Agree**.

2.1 Program Selection

The *Program Selection* section is where Applicants select the program(s) they would like to apply for.

1. Select the **program(s)** the Applicant would like to apply for.

2. Select **Phone** or **In Person** for *How are you meeting this applicant?*.

   a. If **In Person** is selected for the previous question, select **RIDP** or **Upload Documents** for *How would you like to verify this applicant's identity?*.

3. Click **Next** to navigate to the **Application Summary** screen.

Please note: kynect benefits allows Applicants to select more than one program at a time. Applicants are encouraged to contact a kynector if they need help with the Medicaid/KCHIP or KI-HIPP application. Refer to **section 4.2 Add kynector** for details on how to add a kynector.

Please note: Benefits may be greyed out if the program(s) are not applicable to the Individual. Hovering over the program will display informational text explaining the reason.

2.2 Application Summary Screen

The benefits application is divided into sections. Applicants should enter information in each section of the benefits application as applicable. If an Applicant does not fill out a field that is mandatory, the system does not let the Applicant move forward to the next page of the application.

kynect benefits returns the Applicant back to the **Application Summary** screen after each section of the benefits application is completed. The **Application Summary** screen includes the Progress Bar that updates automatically after each section is completed.

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

Please note: The sections that appear in the **Application Summary** screen depend on the programs that were selected. Click **Edit** on a section to edit the information before the application is submitted. Residents must complete the Report a Change process to submit changes after the application is submitted.

2.3 Household Members

The *Household Members* section is where Applicants enter information on household members.

1. Enter the Applicant's **First Name.**
2. Enter the Applicant's **Middle Initial**, or check the **box** saying they do not have a middle initial.
3. Enter the Applicant's **Last Name**.
4. Select the Applicant's **Sex** from the drop-down.
5. Select the Applicant's **Date of Birth** from the calendar.

> **Please note**: For CCAP only applications, a "No Response" option is available to select in the *Sex* and *Select this individual's race(s)* fields.

> **Please note:** If the Household Member's full name, date of birth, SSN (if provided) and gender match an existing Household Member or Head of Household's information from an Active, Pending, or Unsubmitted application or case, including the current application, then a full member match occurs. Unless the user removes the repeated Household Member from the current application, they are restricted from continuing.
>
> The following "Existing Case Found" pop-up message is displayed: "We found MEMBER NAME's records in our system on another case/application with similar identifying information. To make sure information on this application does not affect other benefits, you cannot continue with this application.
>
> If you believe this to be an error, please contact the DCBS line at 1-855-306-8959 to review your information and any potential existing cases."

6. Click **Yes** or **No** for *Does this individual have a Social Security Number?*.
   a. 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?*.
7. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky?*.
8. Check the appropriate **box(es)** for *Select this individual's race(s)*.

Please note: More than one race may be selected if the Applicant is biracial.

9. Click **Yes** or **No** for *Is this individual Hispanic/Latino?*.
   a. If **Yes**, select the Applicant's **Ethnicity**.
10. Check the appropriate **box** for *What programs would this individual like to apply for?*.
11. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S National?*.
12. Click **Yes** or **No** for *Is this individual a naturalized or derived citizen?*.
   a. If **Yes**, enter **Immigrant Information**.
13. Click **Save**.

Please note: 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.

14. Click **Yes** or **No** for *Is [Applicant Name] an American Indian or Alaskan Native?.*
    a. If **Yes**, click **Yes** or **No** for *Is [Applicant Name] a member of a federally recognized tribe?.*
        i. If **Yes**, Enter the **Tribe Name** and the **State** the tribe is primarily located in.
    b. If **Yes**, click **Yes** or **No** for *Has [Applicant Name] ever received services from any of the following: Indian Health Service, A tribal health program, or an urban Indian health program.*
        i. If **No**, click **Yes** or **No** for *Is [Applicant Name] eligible to receive services or a referral from any of the following: Indian Health Service, A tribal health program, or an urban Indian health program.*
15. Click **Next**.

Please note: American Indian or Alaskan Native (AI/AN) Applicants have special exceptions 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.

16. Check the **box** for *I attest I have verified the individual's identity*.
17. Select the Applicant's **Form of Proof** from the drop-down.
18. Click the **Document Logo** to launch the File Folder and select the **PDF** to upload.
19. Click **Next**.

Identity Verification Upload

I attest I have verified this individual's identity.

Form of proof

Select

Exit   Next

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.

20. Click **Add Member** to add other household members to the application. Follow steps 13-25 to add the additional household member(s) information.

21. Click **Next** to proceed to the *Contact Information* section.

2.4 Contact Information

The *Contact Information* section is where Applicants enter contact and address information.

1. Enter the Applicant's **Email.**
2. Enter the Applicant's **Primary Phone Number**.
3. Select the Applicant's **Primary Phone Type**.
4. Select the Applicant's **Text Message Alert Preferences.**
5. Select the Applicant's **Preferred Contact Method**.
6. Select the Applicant's **Preferred Spoken Language**.
7. Select the Applicant's **Preferred Written Language**.
8. Click **Next.**

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. Allowing text message alerts keeps Applicants up to date on their benefits and information.

9. Select **Yes** or **No** for *Does [Applicant Name] have a physical Address?*.
10. Enter the Applicant's **Address**.
    a. Select the Applicant's **Address** from the drop-down. The drop-down will automatically populate valid addresses that match the criteria entered.
11. Click **Yes** or **No** for *Does [Applicant Name] have a different mailing address?*.
    a. If **Yes**, enter the **Mailing Address**.
12. Click **Yes** or **No** for *Does everyone in [Applicant's Name] household have the same address information?*.
13. Click **Next**.

- - -
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.
- - -

14. Check the **box** if the other household member(s) have the same contact information as the Head of Household. If the other household members have different contact information from the Head of Household, follow steps 32-35 above to enter their contact information.

15. Click **Next** to proceed to the *Reps, kynectors, & Agents* section.

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

2.5 Reps, kynectors, & Agents

The *Reps, kynectors, & Agents* section is where Applicants may assign an Authorized Representative, kynector, or Agent to the application.

1. Click **Add Authorized Representative** to add an Authorized Representative to the application.
2. Click **Add kynector** to add a kynector to the application.
3. Click **Add Agent** to add an Insurance Agent to the application.
4. Click **Next** to proceed to the *Relationship & Tax Filing* section.

> **Please note**: Refer to sections **4.1 Add Authorized Representative, 4.2 Add kynector,** and **4.3 Add Agent** for details on how to add an Authorized Representative, kynector, or Agent.

> **Please note**: The remaining tiles and screens in the *Application Summary* are program specific. For example, the *Healthcare Coverage* section only appears if the Applicant is applying for Medicaid/KCHIP. Additionally, some application questions may vary based on the answers provided.

2.6 Relationship & Tax Filing

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

1. Select the Applicant's **Current Living Situation** from the drop-down.
    a. Depending on the Applicant's living situation, select the most appropriate response to the conditional questions.
2. Select the **Type of In-Home Assistance** the Applicant receives from the drop-down if applicable.
3. Click **Next**.

> **Please note**: Selecting **In a residence owned/rented by you/household members** from the current living situation and **Waiver** or **Non- institutionalized Hospice** from the type of in-home assistance drop-down triggers the **Estate Recovery** screen in the *Household Information* section.

4. Select the Applicant's **Relationship(s)** to the other household member(s) from the drop-down.
   a. If unrelated/other, select the **unrelated/other relationship status**.
      i. If other/unrelated relative is selected, select the **legal relationship status**.
5. Click **Next**.

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

7. Check the **box** for *Yes, I reconciled premium tax credits in past years* if applicable.
8. Click **Yes** or **No** for *Will [Applicant's Name] tax filing status be the same next year?*.
   a. If **No**, select the Applicant's **Tax Filing** status for next year.
9. Click **Next** to proceed to the *Household Information* section.

2.7 Household Information

The *Household Information* section is where information on circumstances that apply to the household's members is gathered.

1. Click **Yes** or **No** for *Is anyone in the household blind?*.
    a. If **Yes**, select the **household member(s)**.
2. Click **Yes** or **No** for *Does anyone in this household have a disability?*.
    a. If **Yes**, select the **household member(s)**.
    b. If **Yes**, click **Yes** or **No** for *Is anyone in this household expecting a settlement from accident or injury?*.
3. 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?*.
    a. If **Yes**, select the **household member(s)**.
4. Click **Yes** or **No** for *Is anyone in this household pregnant or was pregnant in the last three months?*.
    a. If **Yes**, select the **household member(s)**.
5. Click **Yes** or **No** for *Has anyone in this household used tobacco at least 4 times in a week in the past 6 months?*.
    a. If **Yes**, select the **household member(s)**.
6. Click **Next**.

7. 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?.*
    a. If **Yes**, select the **household member(s)**.
8. Click **Next**.

9. Click **Yes** or **No** for *Does anyone in the household have job income from employer?*.
   a. If **Yes**, select the **household member(s)**.
10. Click **Yes** or **No** for *Does anyone in this household have self-employment income?*.
   a. If **Yes**, select the **household member(s)**.
11. Click **Yes** or **No** for *Does anyone in this household receive income from Social Security, retirement, or a pension?*.
   a. If **Yes**, select the **household member(s)**.
12. Click **Yes** or **No** for *Does anyone in this household receive income from dividends, interest, or royalties?*.
   a. If **Yes**, select the **household member(s)**.
13. 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?*.
   a. If **Yes**, select the **household member(s)**.

14. Click **Yes** or **No** for *Does anyone in this household receive income from an insurance settlement or unemployment benefit?*.
    a. If **Yes**, select the **household member(s)**.
15. Click **Yes** or **No** for *Does anyone in this household receive any other type of goods, services, or payments?*.
    a. If **Yes**, select the **household member(s)**.
16. 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?*.
    a. If **Yes**, select the **household member(s)**.
17. 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]?*.
    a. If **Yes**, select the **household member(s)**.
18. Click **Next**.

19. Click **Yes** or **No** for *Does anyone in your household need help paying for medical bills from the last three months?*.
    a. If **Yes**, select the **household member(s)**.
20. Click **Yes** or **No** for *Does anyone in the household have deductible expenses?*.
    a. If **Yes**, select the **household member(s)**.
21. Click **Next** to proceed to the *Member Details* sectio

2.8 Member Details
The *Member Details* section is where additional details about the household are gathered
1. Select the Applicant's Preferred **MCO Plan.**
2. Click **Next**.

3. Enter the Applicant's **Employer**.
4. Select the Applicant's **Income Frequency** from the drop-down.

5. Enter the Applicant's **Biweekly Gross Income**.
6. Enter the Applicant's **Biweekly Gross Income from Tips** if applicable.
7. Click **Yes** or **No** for *Does [Applicant's Name] still have this source of income?*.
   a. If **No**, select the **End Date** from the calendar.
8. Click **Save**.

Please note: The *Income & Subsidies Information* and *Expenses Information* subsections only appear under the *Member Details* section if the Applicant indicated they have income and expenses. The Financial Wizard guides Applicants through entering their income and expenses information.

9. Click **Yes** or **No** for *Is the estimated yearly income amount of [Yearly Income] a good estimate for your household income in [Year]?*.

    a. If **No**, enter the correct **Annual Income** and the **Reason** for adjustment.

10. Click **Yes** or **No** for *We will use this amount to examine your eligibility for the upcoming coverage year, [Year]. Is this estimated yearly income amount of [Yearly Income] a good estimate of your income in [Year]?*.

    a. If **No**, enter the correct **Annual Income** and the **Reason** for adjustment.

11. Click **Next** to proceed to the *Healthcare Coverage* section.

- -

Please note: If the annual income projection needs to be adjusted, click **No** and enter the adjusted income **Amount** and **Reasoning**.

2.9 Healthcare Coverage

The *Healthcare Coverage* section is where information on the household's healthcare coverage is gathered. This section only displays for Medicaid/KCHIP/KI-HIPP applications.

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

2. 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*?.

3. Click **Next** to proceed to the *Employer's Health Reimbursement Arrangement* section.

Please note: Refer to section **4.4 Health Coverage Selection** for details on how to report health coverage information.

2.10 Employer's Health Reimbursement Arrangement

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

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

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

3. Click **Next** to proceed to the *Sign & Submit* section.

> **Please note**: Refer to section **4.5 Employer's Health Reimbursement Arrangement** for details on how to report Employer's HRA information.

4. Review the information entered into the application and click **Next**.

BENEFITS APPLICATION

< Application Summary

Application Review

You can review your application and can make changes before you sign and submit.

Expand All | Collapse All

✓ **Household Members** ⊕

✓ **Head of Household Contact Information** ⊕

✓ **Reps, kynectors, & Agents** ⊕

✓ **Relationship & Tax Filing** ⊕

✓ **Member Details - Individual Information** ⊕

✓ **Member Details - Resource Summary** ⊕

✓ **Member Details - Income Summary** ⊕

✓ **Member Details - Expense Summary** ⊕

✓ **Health Care Coverage** ⊕

✓ **Employer's Health Reimbursement Arrangement** ⊕

Back   Save & Exit   Next

2.11 Review, Sign & Submit

The *Review, Sign & Submit* section is where the Applicant signs and submits the benefits application.

1. Click **Read and agree to Application Statement of Understanding** and click **I Agree.**
2. Click **Read and agree to Medicaid Penalty Warning** and click **I Agree**.
3. Click **Read and agree to Failure to Reconcile Statement of Understanding** and click **I Agree**.
4. Click **I Agree** to allow the kynect system to use income data, including information from tax returns, for the next 5 years.

    a. If **I Disagree**, select the **Number** for *How long would you like your eligibility for help paying for coverage to be renewed*?.

> **Please note**: Agreeing to the statement *I agree to allow kynect to use my income date, including information from tax returns, for the next 5 years* 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.

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

> **Please note**: Applicants may be eligible for both Medicaid and QHP. If an Individual is enrolled in a QHP, provides appropriate consent to disenroll from their QHP by clicking **I Agree**, and is later found eligible for Medicaid, they will be disenrolled from their QHP only. The Applicant will not be disenrolled from any other benefits they are enrolled in. A Resident may be enrolled in both Medicaid and QHP at the same time, but it is typically not beneficial for the Resident as they will be paying full price for the QHP premium while they have Medicaid.

6. Click **Yes** or **No** for *Is there a DCBS or DMS employee living in the home?*

7. Click **Yes** or **No** for *Would you like assistance from an Insurance Agent if it is determined that you are not eligible for Medicaid benefits but are eligible for APTC/QHP benefits?*

    a. This will only appear on screen if the Individual is applying for MA/KCHIP or APTC.

> **Please note**: An Insurance Agent can help you apply for Advance Premium Tax Credit (APTC) or Qualified Health Plan (QHP) benefits. Please note that Insurance Agents cannot provide assistance for SNAP, CCAP, or other benefits."

BENEFITS APPLICATION

‹ Application Summary

Walk Me Through

Signature Page

Terms of Agreement Summary

1 I have answered all questions truthfully and to the best of my ability.
2 If any changes occur to my situation, I am responsible for reporting them.
3 Providing false information may result in penalties.
4 Please read and agree to each of the terms. If you do not agree, your application may be affected, and you may be ineligible to receive benefits.

○ Read and agree to Application Statement of Understanding

○ Read and agree to Medicaid Penalty Warning

○ Read and agree to Failure to Reconcile Statement of Understanding

I agree to allow the kynect to use my income data, including information from tax returns, for the next 5 years.

○ 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

Is there a DCBS or DMS employee living in the home? ⓘ

| Yes | No |

Would you like assistance from an Insurance Agent if it is determined you are not eligible for Medicaid benefits but are eligible for APTC/QHP benefits? ⓘ

| Yes | No |

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

9. Enter the Applicant's **Middle Initial** or check the **box** saying they do not have a middle initial.

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

> **Please note**: The signature must match the Applicant's name in kynect benefits, or they will not be able to submit the benefits application.

11. Click **Yes** or **No** for *Would you like to register to vote?*.
    a. If **Yes**, Voter Registration Forms will be sent to the Applicant's mailing address.

12. Click **Submit Benefits Application**.

2.12 Eligibility Results

The **Eligibility Results** screen details the program(s) the Applicant is approved for and their coverage from past months.

1. Eligibility results display.
2. Click **Next Steps** to navigate to the **Next Steps** screen.
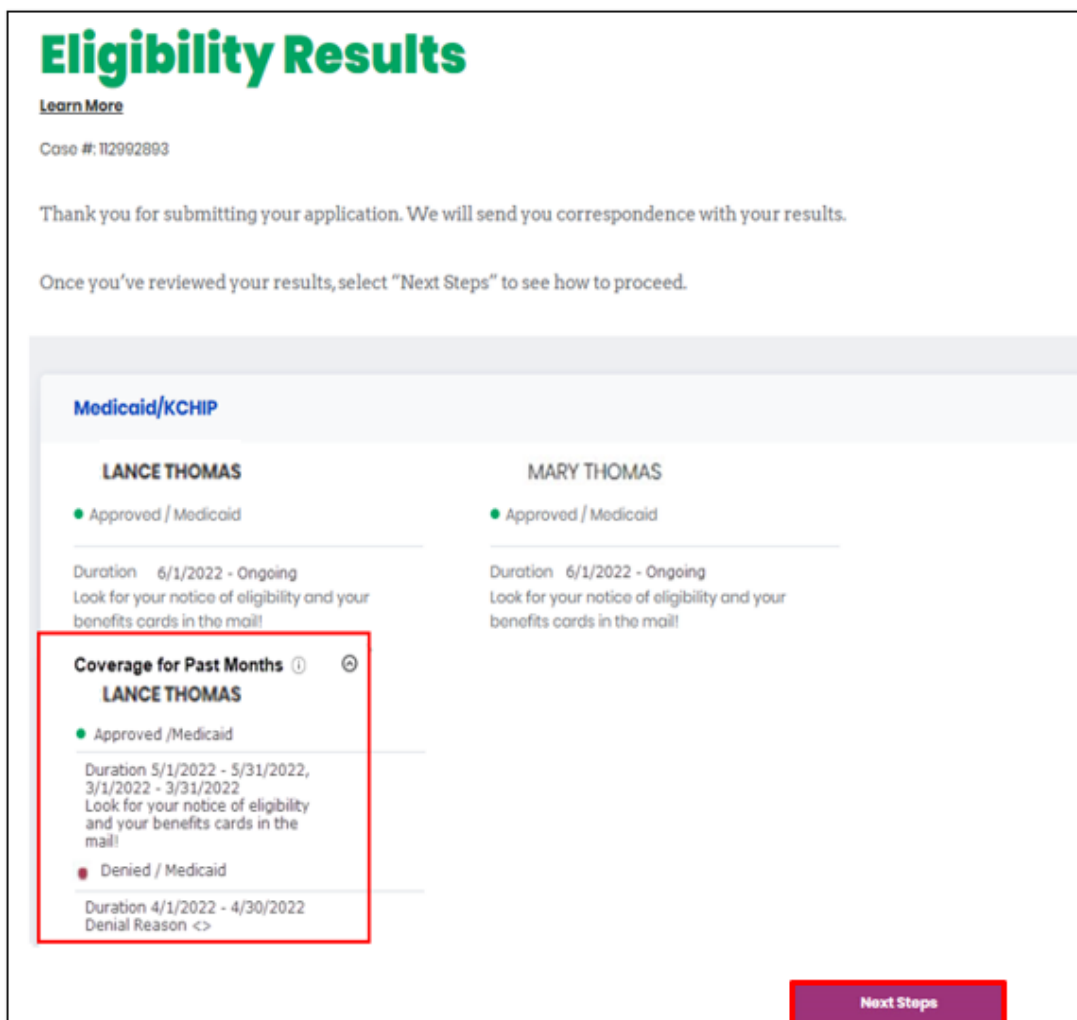
Please note: If the Individual's information included in their application somewhat matches with existing information for another Individual already added in kynect, a notification is displayed on the **Eligibility Results** screen with the following message: "Unfortunately, we are unable to give you the results of your application due to additional verification needed. We will review this and resolve it in the next 3 business days. Once resolved, you can come back and continue with next steps. Please do not submit multiple applications for the same members while you wait.

If you are an Insurance Agent or kynector, then you will receive a notification in your Message Center and to your preferred electronic contact method once this has been resolved.

If you are a Citizen, then you will receive a notification in your Message Center and/or a paper notification based on your preferred contact method once this has been resolved."

2.13 Next Steps

The **Next Steps** screen provides links for the Applicant to take further action after submitting the benefits application.

1. Optional: Click **Go to Document Center** to verify information that was provided and to upload other relevant documentation.
2. Optional: Click **Download Application Copy** to download a PDF of the application.
3. Optional: Click **Get Contacted** to use kynect On Demand to provide your contact information to get contacted by an Insurance Agent.

   Please note: The **Get Contacted** button will only display if the applicant was approved for APTC/QHP.

4. Optional: Click **Apply for Benefits** to apply for additional benefit programs.
5. Optional: Click **Go to Enrollment Manager** to shop for health and/or dental plans.
6. Optional: Click **Go to Dashboard** to return to the **Dashboard**.

Next Steps

Learn More

Case #: 113209447

Upload Verification Documentation

We need certain documents to verify the information you provided. Visit the document center to view what is required and to upload relevant documents.

Learn More

[Go to Document Center]

Expand All | Collapse All

Medicaid (MCO) Plan ⊖

• **CICELY DANIKA 23F**   To shop for a plan or change your existing plan, please visit Enrollment Manager Module. If you are not yet enrolled and do not choose a plan, kynect will automatically enroll you or your household member in the best available MCO plan.

Qualified Health Plan ⊖

• **CICELY DANIKA 23F**   To shop for a plan or change your existing plan, please visit Enrollment Manager Module.

Generally, your coverage will start the 1st of next month, but it may differ based on the special enrollment reason you may choose while enrolling in a plan. Refer to **Special Enrollment rules** for more information on the coverage dates.

Individuals can shop for a vision plan at any time. For more information visit **here**.

Apply for a Medicaid Waiver

If any of your household members are approved for Medicaid, they may be eligible for the Medicaid Waiver Program. Apply for Waiver under your Benefits section.

Download a Copy of Your Application

You can download a copy of your application by clicking the button below.

[Download Application Copy]

Get Contacted by an Insurance Agent

Use kynect On Demand to get contacted by an Insurance Agent by entering your contact information.

[Get Contacted]

You May Be Eligible For Other Programs

KTAP

The Kentucky Transitional Assistance Program helps families with children pay for basic household expenses

KI-HIPP

The Kentucky Integrated Health Insurance Premium Payment Program helps pay for employer sponsored insurance (ESI) health premiums.

CCAP

The Child Care Assistance Program helps working families pay for child care.

SNAP

The Supplemental Nutrition Assistance Program allows participants to buy healthy Kentucky food options

[Apply for Benefits]

[Go to Dashboard]   [Go to Enrollment Manager]

Please note: Based on the eligibility results and statuses of the programs applied for, members approved for APTC benefits within a Tax Household group will see a pop-up that states, "Your maximum amount of Payment Assistance will be applicable only if all the members in the Tax household choose to enroll in a Medical Plan."

3   Enrollment Manager

The **Enrollment Manager** is where Applicants may shop for, compare, and enroll in Medicaid and Qualified Health Plans depending on their eligibility. After deciding upon a plan, Applicants may enroll themselves and other household members as applicable in selected plans pending an initial premium payment.

1.   Click **Health Plans** or **Enrollment Manager** to navigate to the **Enrollment Manager**.
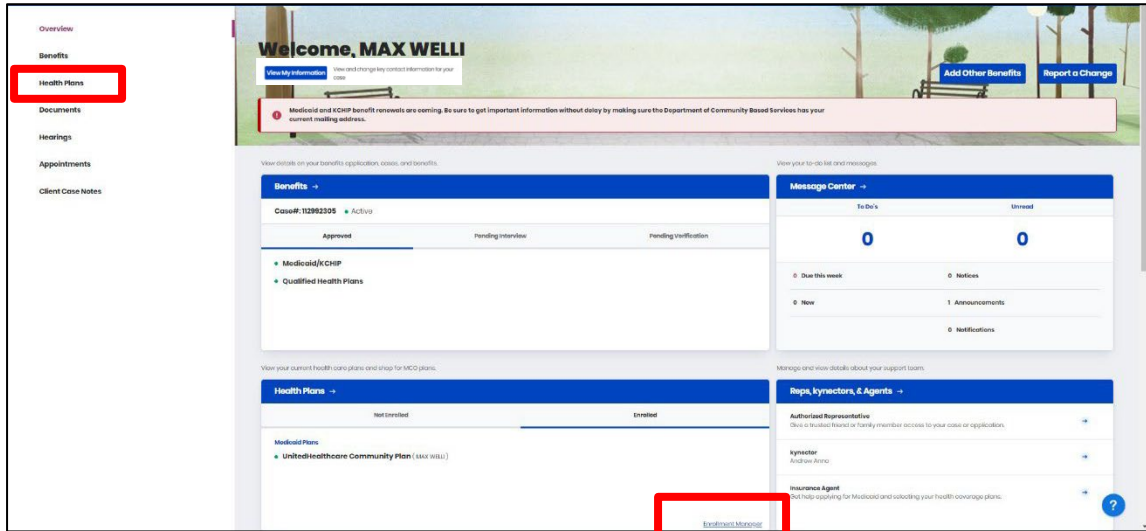
3.1 Qualified Health Plans

2.   Click **Qualified Health Plans**.
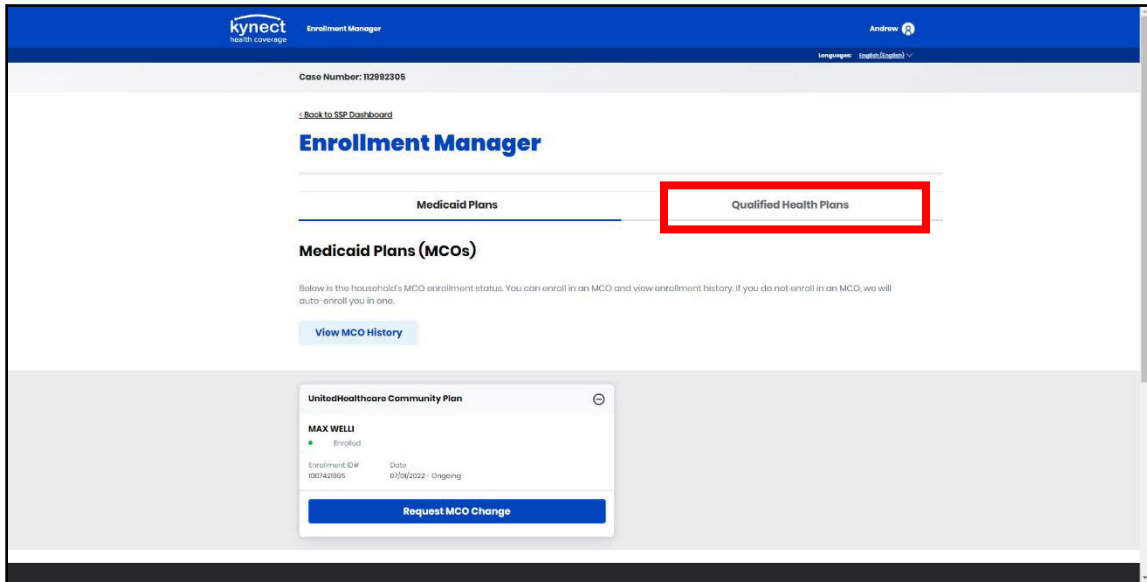
3. Click **Add Plan**.
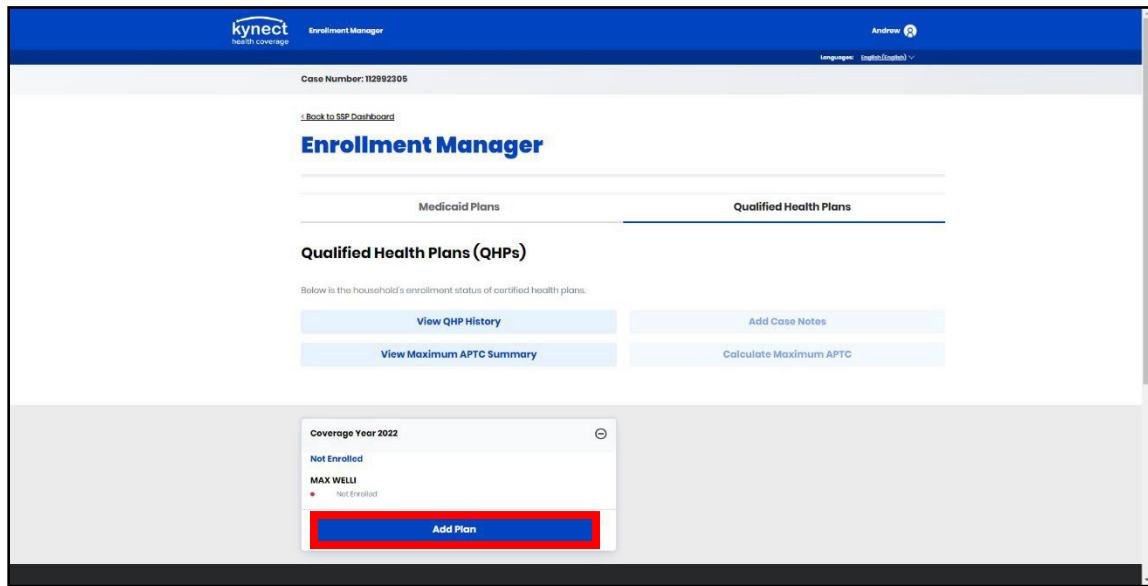
Please note: If the APTC amount for the enrollment is more than the eligible portion of the enrolled members then the following verbiage will be displayed on the Enrollment Manager Screen: "APTC used amount is greater than the eligible APTC Amount."

Please note: Enrollments are prorated using calendar days instead of the standard 30-day month to calculate premiums. Applicable scenarios include newborns, death of the Primary Subscriber, death of a dependent, and others. This information is accessible on the **View QHP History** screen.

4. Check the **box(es)** to select the household member(s) to enroll in a QHP.
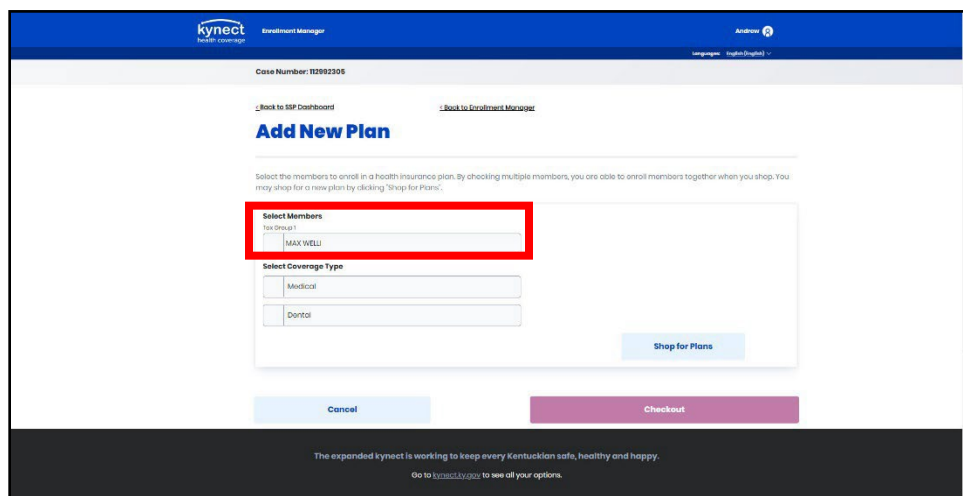
5. Check the **box** for Medical as applicable.
6. Optional: Click **Waive Dental Plan**.
7. Click **Shop for Plans**.

Please note: On click of **Shop For Plans**, a new pop-up displays if there are APTC eligible members that are not enrolled. If you continue, the available APTC amount for the shopping session will be reduced to $xx.xx. If you want to apply the full APTC Amount, make sure to select all APTC eligible members.

Please note: Anyone between the ages of 3 and 21 is recommended to have dental coverage, unless that Individual is eligible for Medicaid or KCHIP. Please note that some plans already include dental benefits. If the Individual has dental coverage that is not through Kentucky Health Benefit Exchange or has Medicaid or KCHIP, users may select **Waive Dental Plan** to proceed.

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

Please note: Applicants click on a **Plan Name** to navigate to the **Medical Plan Details** screen to view additional details. Applicants may print the details of the Medical Plan by clicking the **Print** icon.

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

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

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

12. If applicable, click the **Print** icon to display a printable view of the plan details.

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

14. Click **Add to Cart** to add the desired medical plan to the cart.
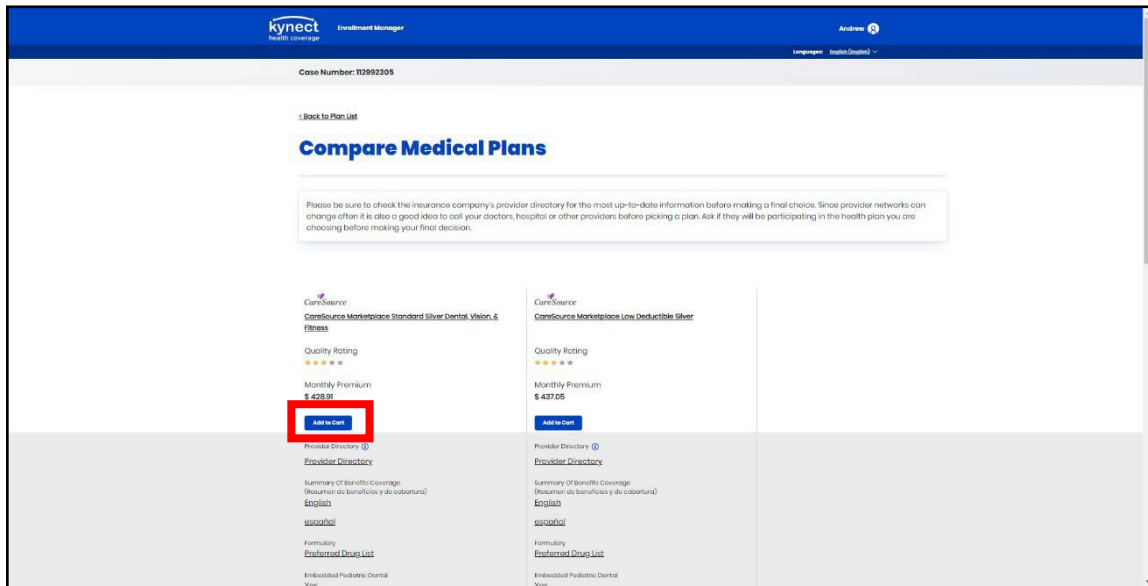
15. Once a plan has been added to the cart, a **Return to Shopping Cart** prompt will display on screen. To view all items in the Shopping Cart, select **Return to Cart**. To clear your cart and start a new session, select **Clear Cart**. To close this prompt and resume shopping, click the "X" icon on the top right corner of the prompt.
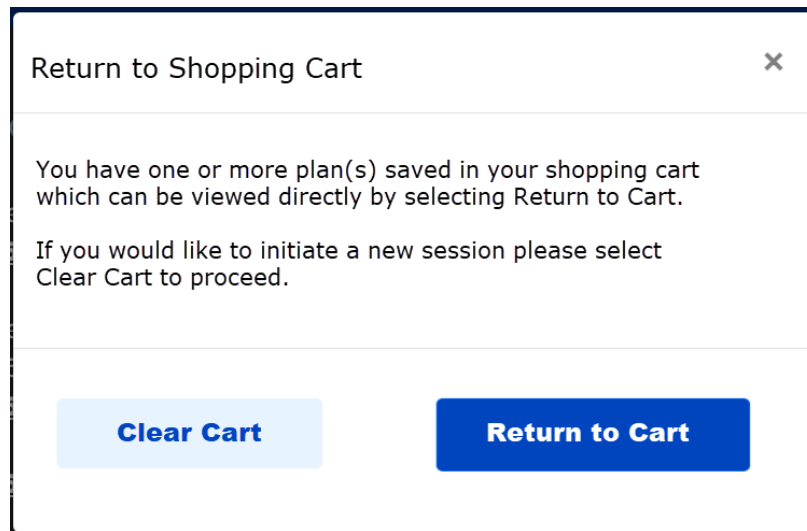
Please note: When using the shopping cart to Add New Plans or Change Plans, the shopping portal will automatically save plans if the user clicks 'Add to Cart' for at least one plan before exiting from the shopping flow and will also save the plans added if the user is logged out due to inactivity. On returning to the existing cart, the system will automatically reprice the plans in the cart based on the latest case details. On returning to the Shopping portal when initiating a new shopping session, the user will see a pop-up to return to the previously saved shopping cart, or to clear the cart to initiate a new session. The pop-up is displayed only when the user shops for the same coverage year as the plans stored in the shopping cart. Plans saved to the cart longer than 60 days are removed from the cart.

16. Optional: Shop for and compare dental plans on the **Dental Plans Search** screen.
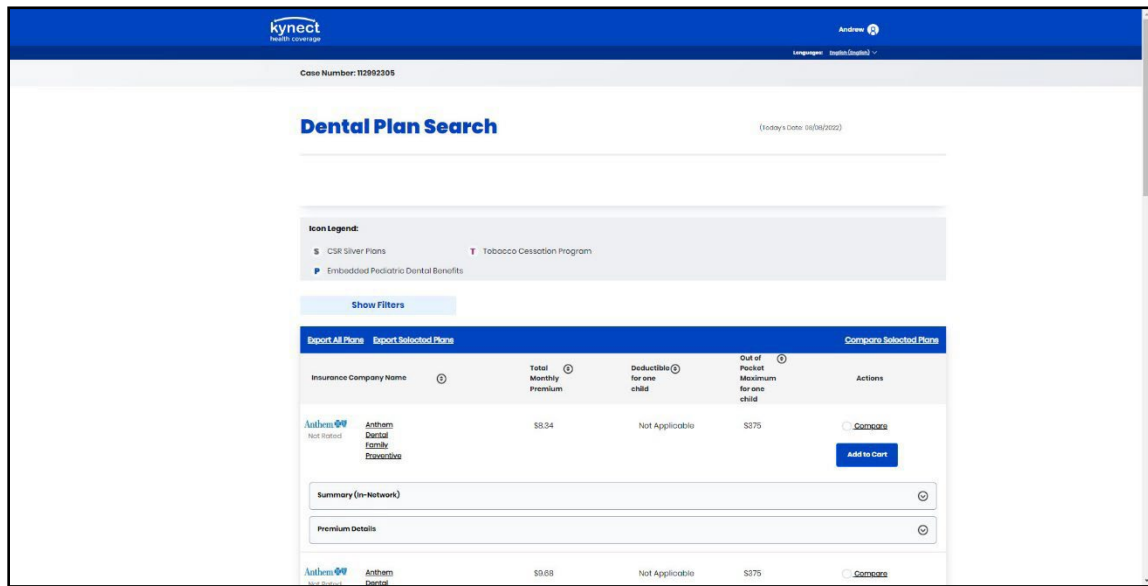
Please note: Some Medical plans include dental coverage which can be determined by reviewing the plan's details. If the medical plan does not include dental coverage, Applicants may enroll in a stand-alone dental plan.

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

18. Click **Compare Plans** to compare the selected dental plans.
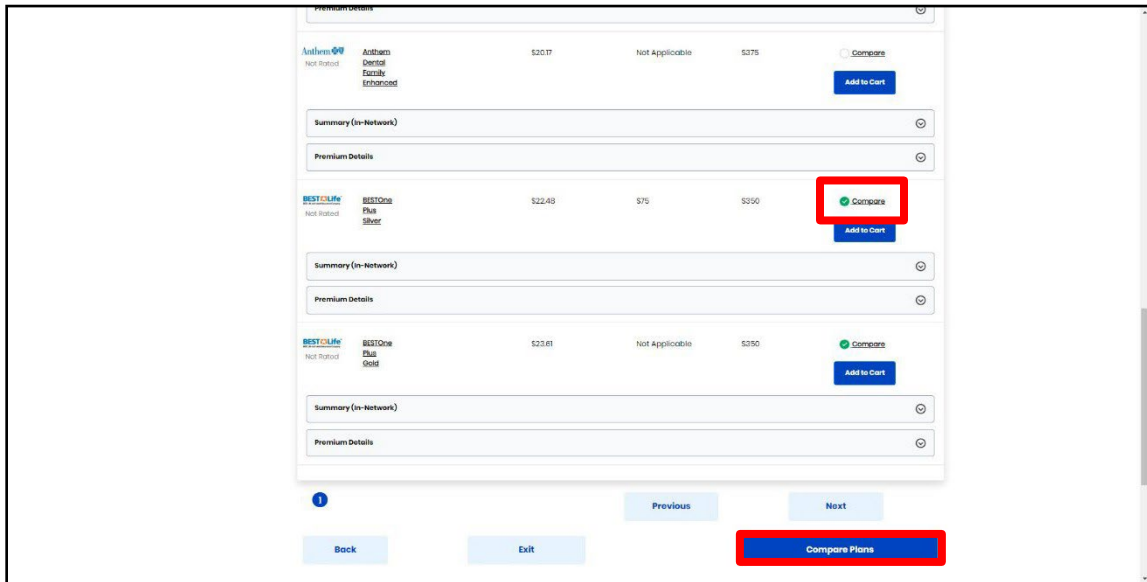
19. Compare the selected dental plans on the **Compare Dental Plans** screen.

20. If applicable, click the **Print** icon to display a printable view of the plan details.
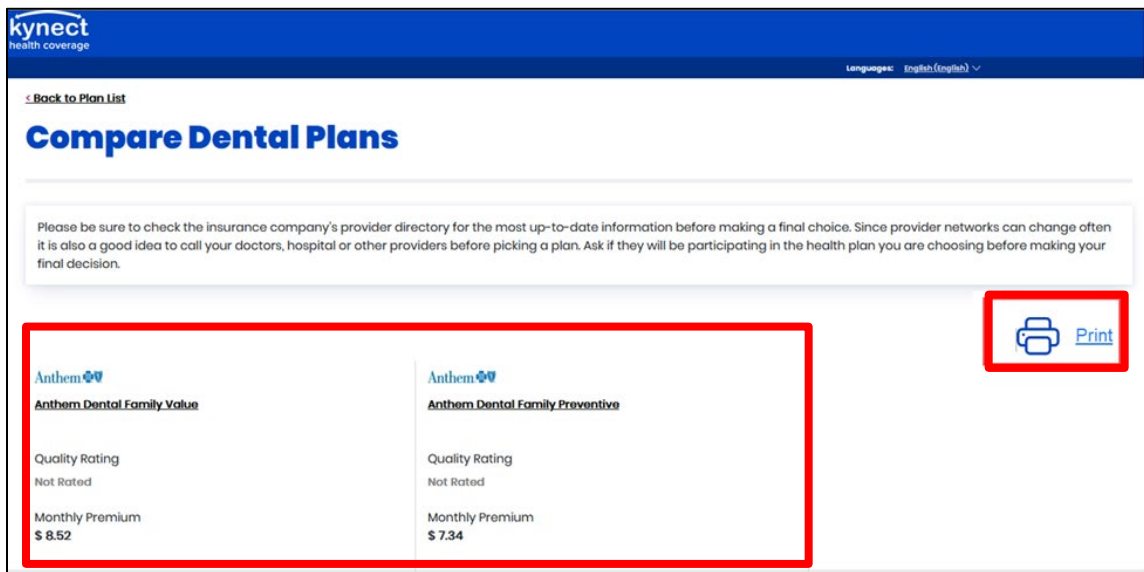
21. Click any **tab** to view additional plan details.
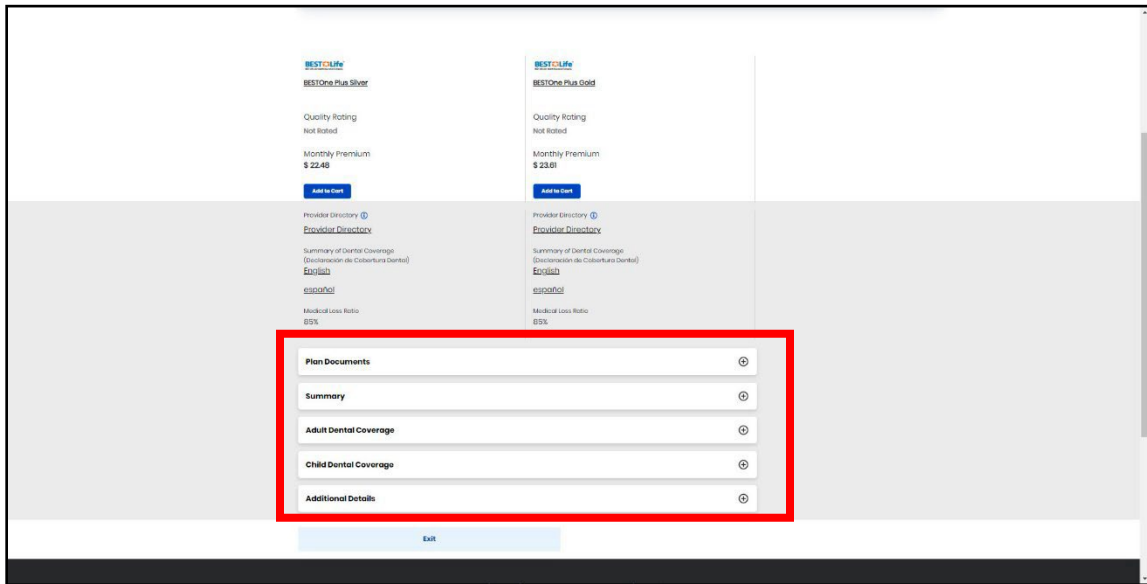
22. Click **Add to Cart** to add the desired dental plan to the cart.
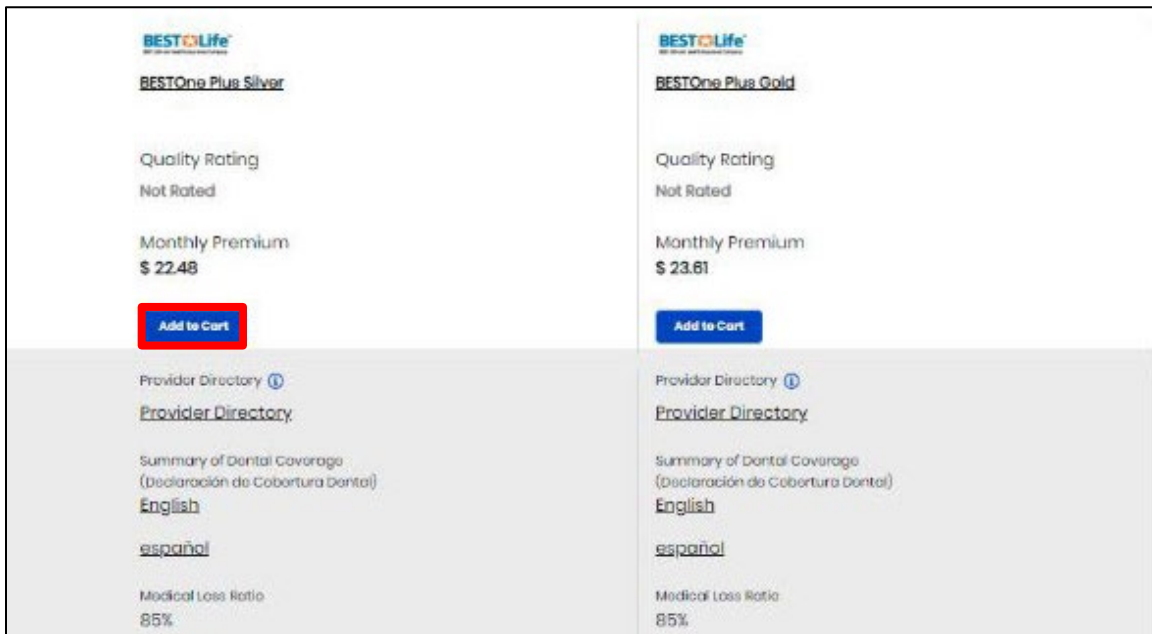
23. The selected medical and dental plans display. Click **Checkout**.

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

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

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

27. Click **Pay Now** to submit an initial premium payment for the selected medical plan, or click **I understand the payment due date is [Date], but I will pay later**.

28. Click **Pay Now** to submit an initial premium payment for the selected dental plan, or click **I understand the payment due date is [Date], but I will pay later**.

29. Click **Next** to begin shopping for Medicaid plans if there are Medicaid eligible members in the household.
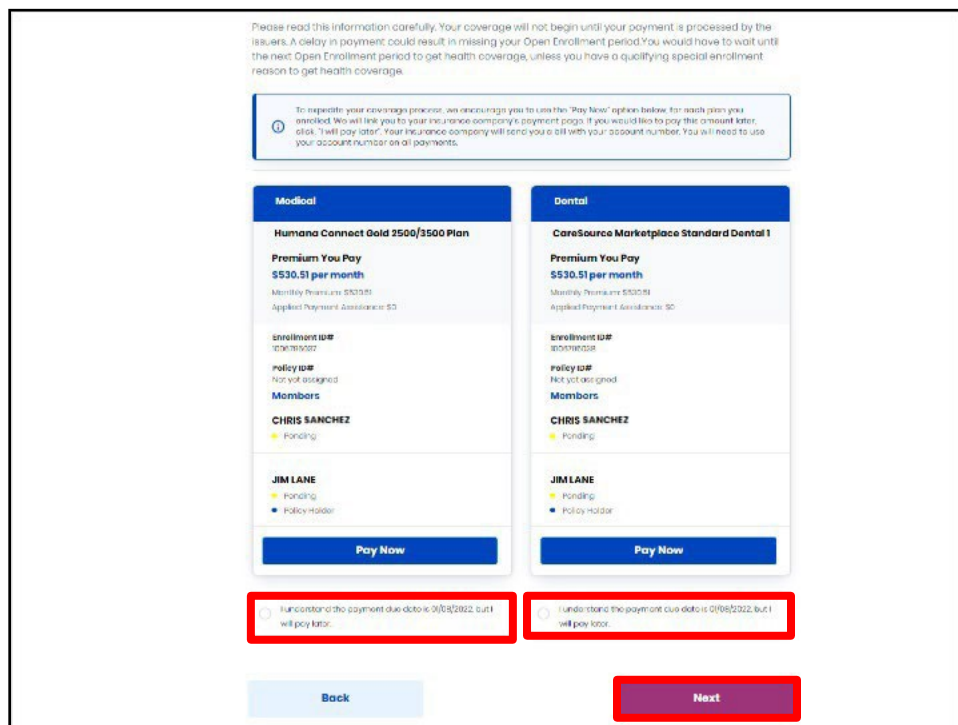
Please note: Once enrolled, the APTC can be adjusted by clicking the **Update APTC** button on the **Enrollment Manager** screen. This enables users to view the *Applied APTC*, any remaining *Available APTC*, and *Effective Dates*, if applicable. An information (i) icon is displayed to help users understand how to apply APTC towards the Essential Health Benefit Premium. As a best practice, always double check that the correct amounts are displayed on the **Override** screen or the **QHP History** screen to make sure that the APTC and CSR have been applied to each month.

Additionally, EMM Override user's on the **Update APTC** screen are able to use a date picker to select the applicable month for the APTC change.

3.2 Medicaid Plans

1. Click **Select MCO Plan**.
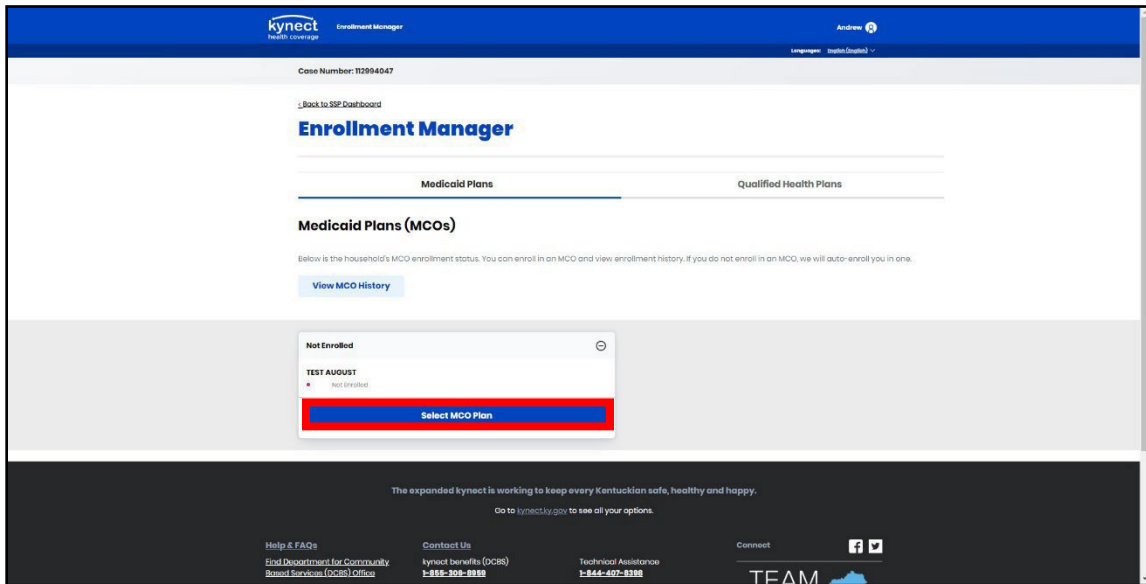
2. Click **Add Plan**.
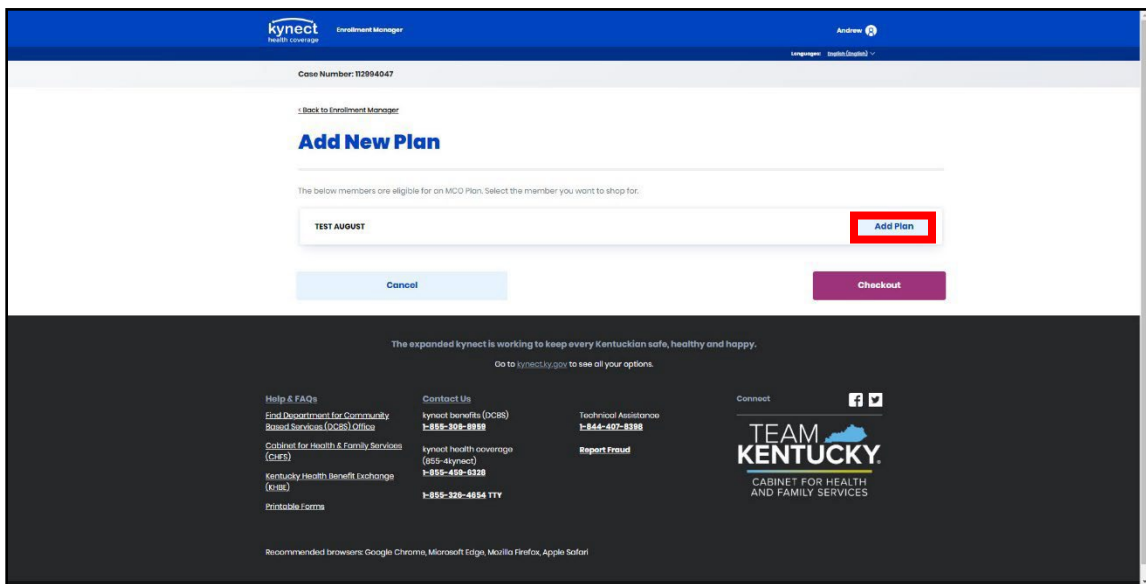
3. Click **Compare** to select a Medicaid plan.
4. Click **Compare** to compare the selected Medicaid plans.
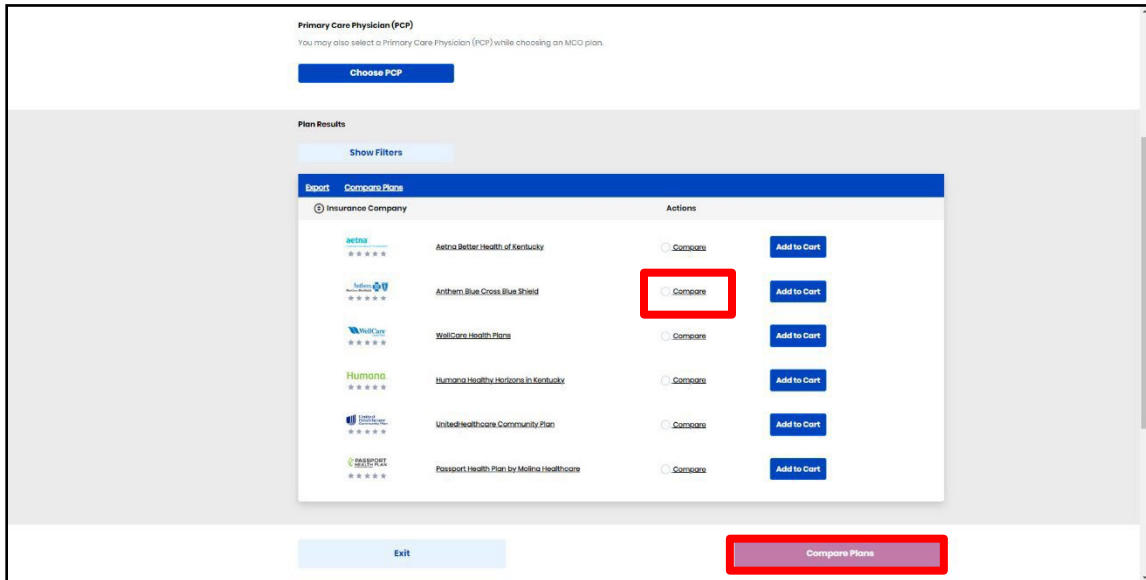
5. Compare the selected Medicaid plans on the **Plan Comparison** screen.
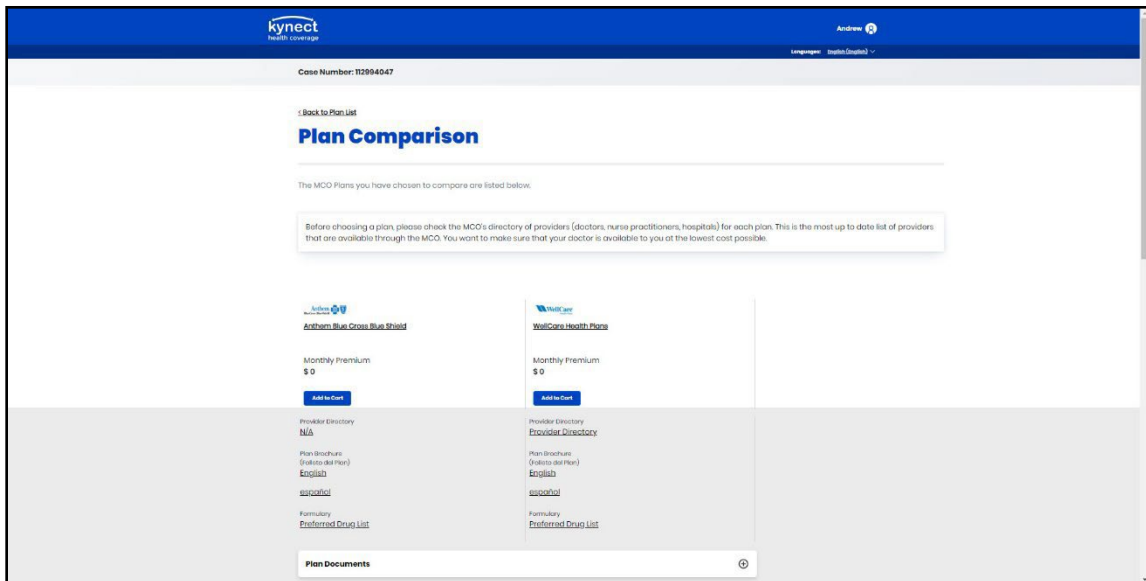
6. Click any **tab** to view additional plan details.
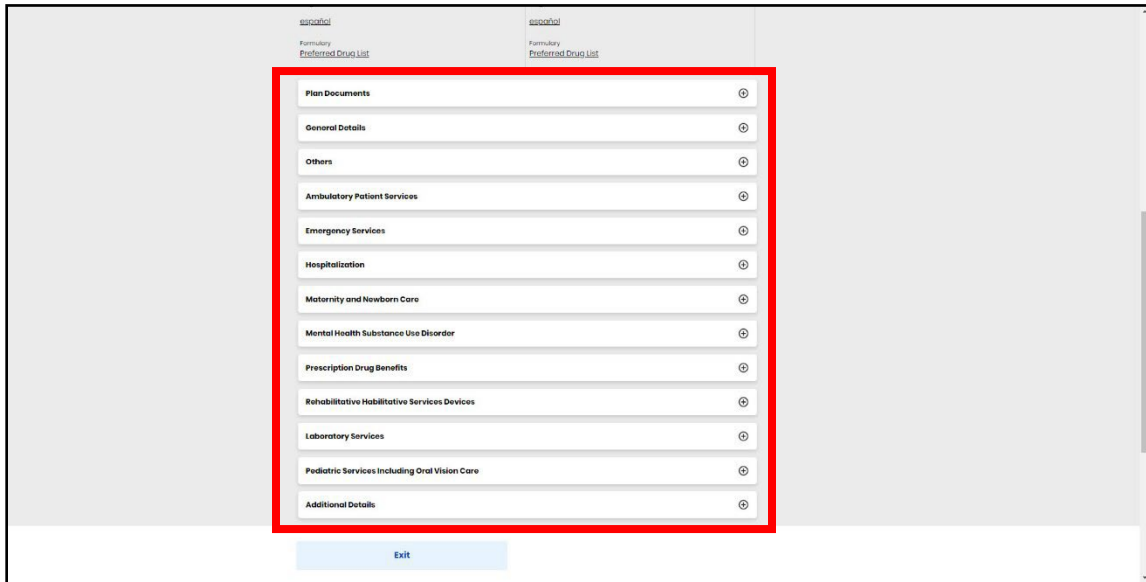
7. Click **Add to Cart** to add the desired Medicaid plan to the cart.
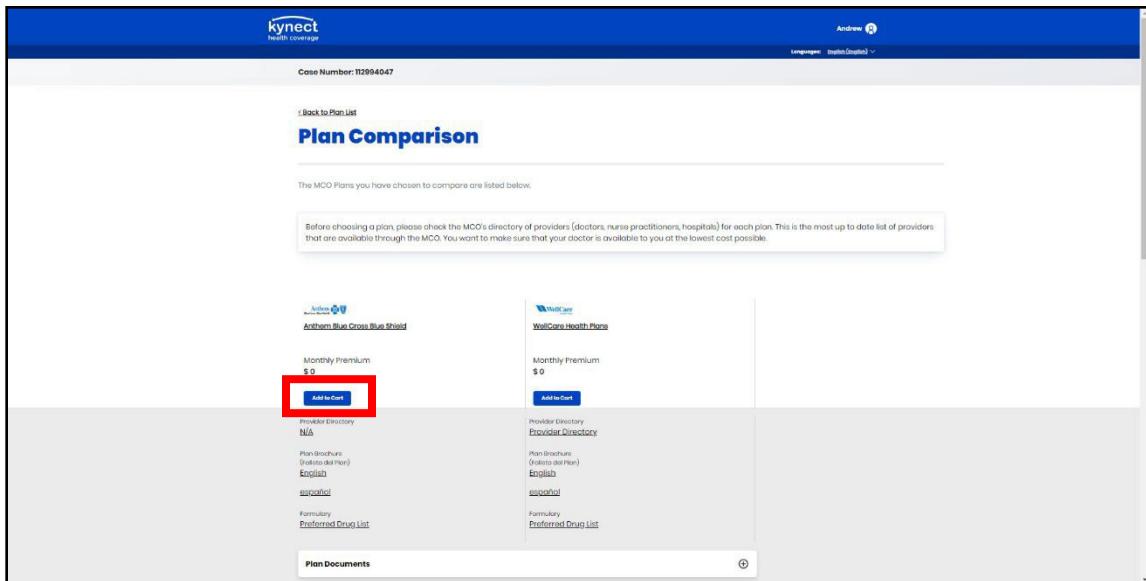
8. Click **Checkout**.
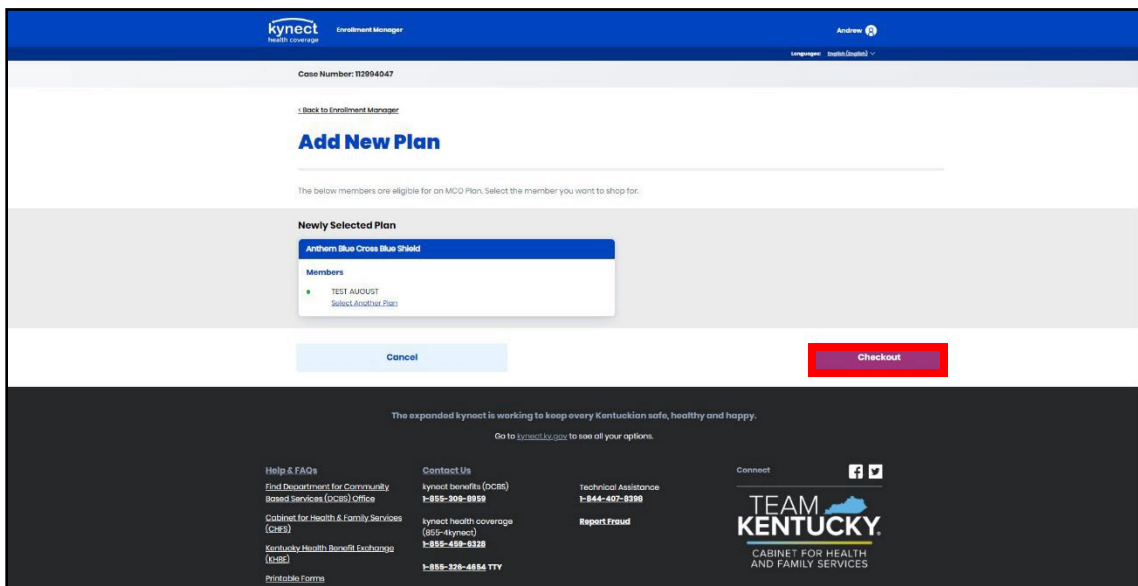
9. Enter the Applicant's **First Name**.
10. Enter the Applicant's **Last Name**.
11. Click **Sign & Submit** to enroll in the selected plan.
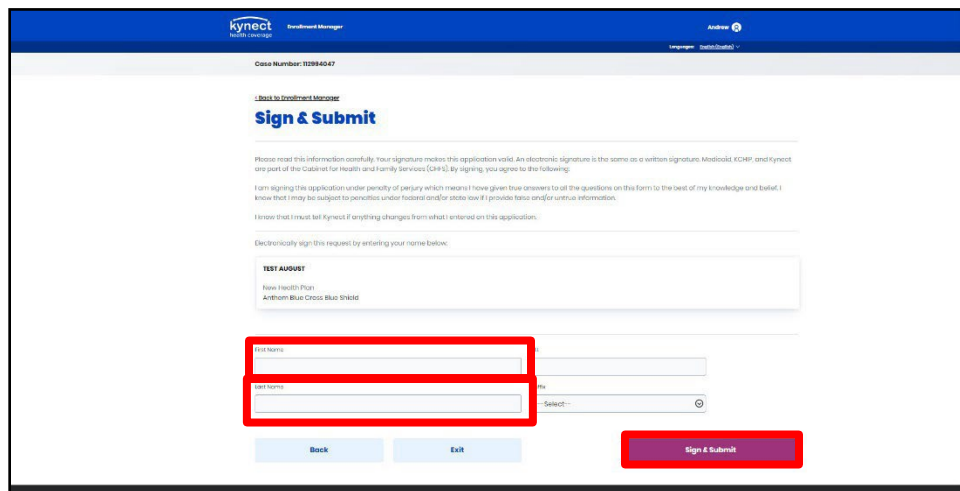
Please note: Applicants with questions regarding Qualified Health Plans (QHPs) and related eligibility for payment assistance may call kynect health coverage at 1-855-4kynect. Applicants with questions regarding food assistance (SNAP), Medicaid, child care assistance (CCAP), and financial aid for children and caregivers (KTAP) may call kynect benefits at 855-306-8959.

3.3 Search and Select a Physician – Medicaid Plans

The Choose PCP feature allows users to search for and select a primary care provider (PCP) that accepts the selected Managed Care Organization (MCO) plans.

1. Click **Choose PCP** to navigate to the **Plan Search** screen.
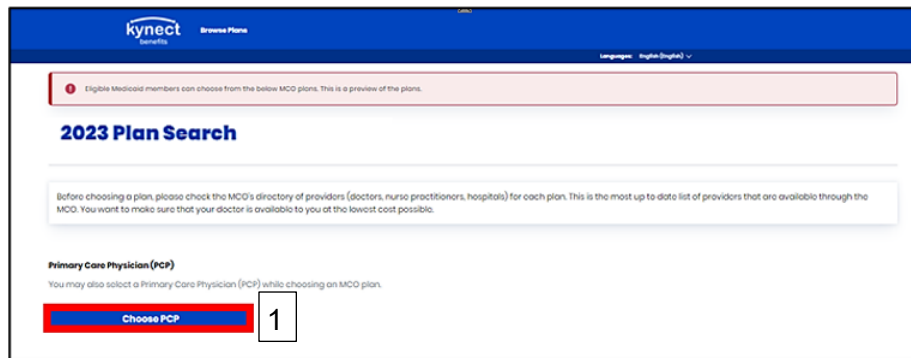
2. On the **Plan Search** screen, below *Help Me Choose*, enter the **Physician Name** and the **Zip Code**.
3. Click **Search**.
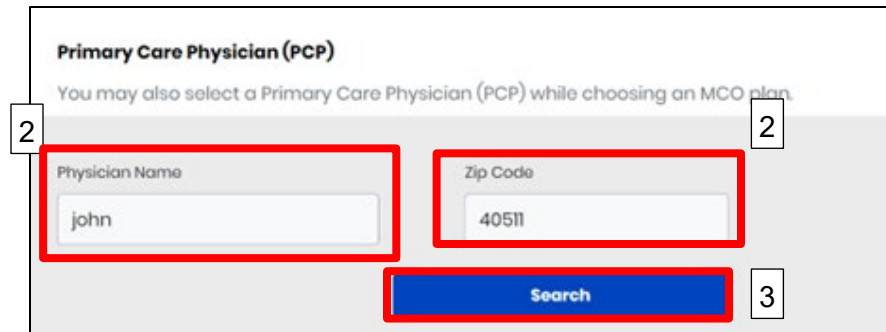
4. In the *Search Results* section, all physicians meeting the search criteria provided displays. Each record displays the following information:
   a. **Physician's Name**
   b. **Address**
   c. **Distance**
   d. **Actions**
5. If applicable, click the **Show Map View** button to displays the physician's results with each physician's **Phone** and **Provider ID** information.
6. To select a PCP, click **Choose Physician**.

3.4 Search and Select Providers – Qualified Health Plans

The Add Plan feature allows users to both add a new Plan and to search for and select a provider that accepts their Qualified Health Plan.

1. If known, in the *Help Me Choose* section, enter the **Provider Zip Code**, **Provider Name**, and/or **Prescription Drugs** the Individual wants covered under their plan.
2. Click **Apply** to display results matching the criteria entered into the *Provider Zip Code*, *Provider Name*, and *Prescription Name* fields.
3. If a **Provider Zip Code** is entered, click **Show Map View** to show all provider results on a map view in that zip code's area.

4. To add a specific provider to the plan, click **Select Provider** and click **Close**.
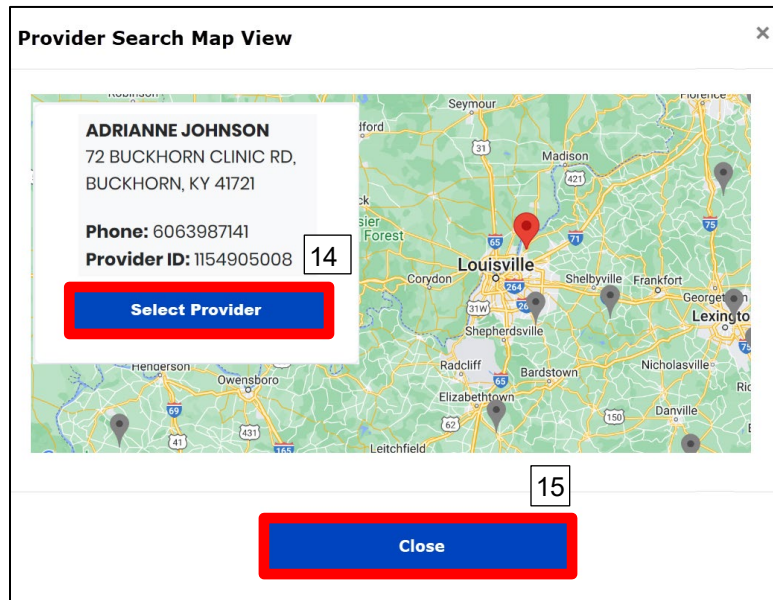
4   Appendix

The Appendix includes steps on how to add an Authorized Representative, kynector, and Agent. It also includes steps on how to report information related to health coverage and an employer's

HRA.

4.1 Add Authorized Representative

Authorized Representatives may be added to an application to take action on behalf of the Primary Applicant whenever needed depending on the level of access they are granted such as reporting changes or applying for benefits.

1. Enter the Authorized Representative's **First Name**.
2. Enter the Authorized Representatives **Last Name**.
3. Enter the Authorized Representative's **Email Address**.
4. Click **Search Auth Rep**.

5. If the Authorized Representative is not found in the system, select their **Sex** from the drop-down.

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

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

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

9. Click **Yes** or **No** for *Does this authorized representative work for an organization that provides you assistance*?.

    a.   If **Yes**, enter the **Organization Name.**

10. Click **Next**.

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

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

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

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

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

15. Click **Next**.

16. Enter the Applicant's **First Name**.
17. Enter the Applicant's **Last Name**.
18. Click **Submit Authorized Representative**.

4.2 Add kynector

If a kynector is assisting an Applicant with a benefits application, they need to receive electronic or verbal consent from the Applicant as detailed below. kynectors may be added to an application to assist with enrolling the Applicant in health coverage by submitting a benefits application.

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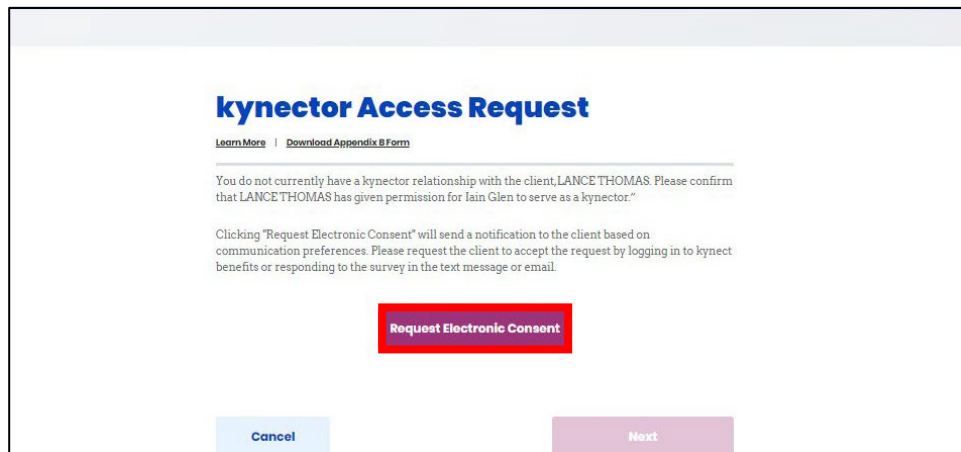
Please note: After clicking **Request Electronic Consent** in kynect benefits, the Applicant is sent a consent notification via their preferred contact method and is given 90 seconds to respond. It is highly encouraged that kynectors receive consent via email and/or phone if possible to keep the Applicant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

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

3. Click **Acknowledgement of Roles and Responsibilities of kynectors** and click **Agree**.

4. Click **Authorizations** and click **Agree**.

5. Click **Additional Important Information** and click **Agree**.

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

4.3 Add Agent

Agents may be added to an application to assist with enrolling the Applicant in health coverage by submitting a benefits application. If an Agent is submitting a benefits application on behalf of an Applicant, their name will automatically appear under the *Insurance Agent* section.

1. Enter the Agent's **First Name**.
2. Enter the Agent's **Last Name**.
3. Enter the Agent's **Zip Code**.
4. Enter the Agent's **Organization**.
5. Click **Search**.

Please note: Not all Agent information must be entered to perform a search. Enter the information known and click **Search** to display matching criteria. If an Agent has any Delegate(s), their name and contact information will display upon search.

6. Click **View Agent Details**.

Please note: If a user, other than an agent, clicks the **View Agent Details** hyperlink when trying to add an agent to a case with approved Medicaid or Qualified Health Plan programs, a question displays that states "Is this case linked to a kynect On Demand Referral?" This question only appears if no kynect On Demand response has been previously captured for the case. The question defaults to **No**. Select **Yes** if you have requested help from an insurance agent through kynect On Demand previously. When **Select Agent** is clicked, the response to the question is saved.

7. Click **Select Agent** to add the Agent to the application.
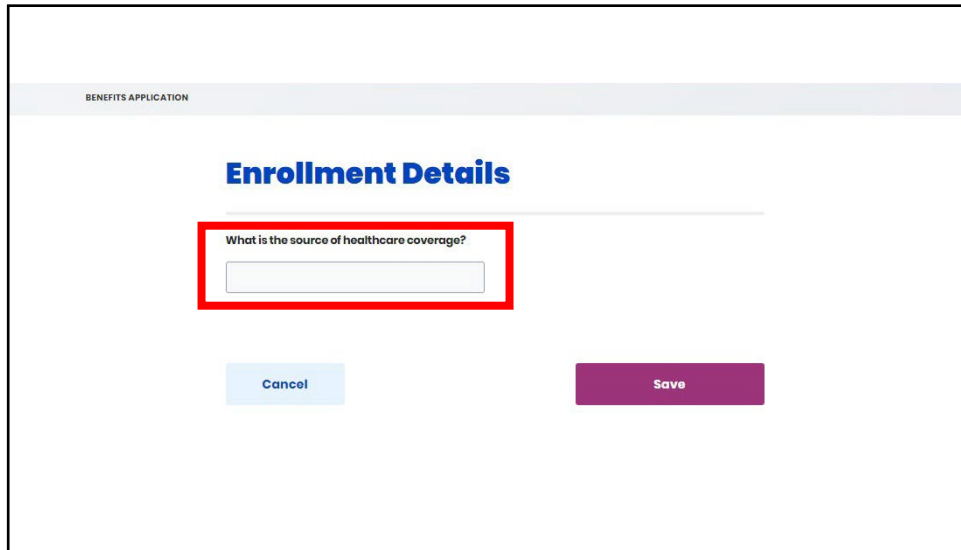
4.4 Health Coverage Selection

4.4.1 Enrolled in Health Coverage

If the Applicant clicks **Yes** for *Is anyone applying for benefits in your household enrolled in healthcare coverage?* they will need to report their source of health coverage.

1. Select the **Source** of health coverage the Applicant is enrolled in.

2. Enter the **Healthcare Coverage Company Name**.
3. Enter the **Address**.
4. Enter the **Insurance Plan Name**.
5. Enter the **Policy ID**.
6. Enter the **Group ID**.
7. Select the **Household Member** for *Who is the policy holder?*.
8. Select the **Household Member(s)** for *Who is enrolled in this plan?*.
9. Click **Save**.

10. Select the **Employer Name**.
11. Click **Yes** or **No** for *Does [Applicant Name] use tobacco?*.
12. Select the **Type of healthcare coverage**.
    a. Select the **Coverage Start Date** from the calendar.
13. Click **Save**.
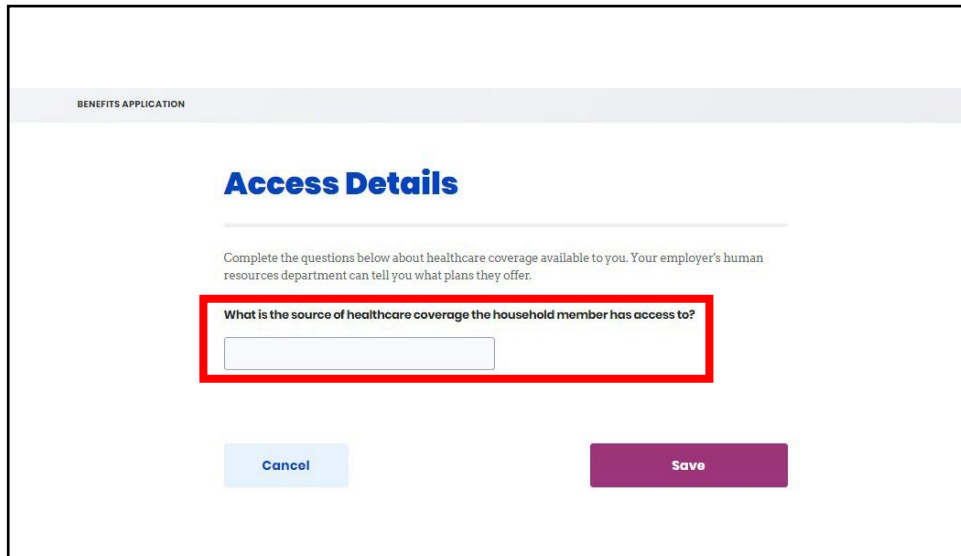
4.4.2 Offer of Health Coverage

If the Applicant clicks **Yes** for *Does anyone in your household applying for benefits have an employer that offered healthcare coverage, but has not yet enrolled*? they will need to report the source of the health coverage offer.

1. Select the **Source** of health coverage the Applicant has been offered.

2. Enter the **Healthcare Coverage Company Name**.

3. Enter the **Address**.

4. Enter the **Insurance Plan Name**.

5. Select the **Household Member** for *Who is the policy holder?*.

6. Select the **Household Member(s)** for *Who has access to this plan?*.

7. Click **Save**.

8. Select the **Employer Name**.

9. Click **Yes** or **No** for *Does [Applicant Name] use tobacco?*.

10. Select the **Type of healthcare coverage**.

11. Click **Save**.

4.5 Employer's Health Reimbursement Arrangement (HRA)

4.5.1 Enrolled in Employer's HRA

If the Applicant clicks **Yes** for *Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)?* they will need to report the HRA details.

1. Select the **Type** of HRA for *Which type of HRA is available?.*
2. Select the **Household Member** for *Whose employer offers HRA?.*
   a. Select the **Employer** for *Which employer offers this HRA?.*
3. Select the **Household Member** for *Select the household members who are covered by this HRA.*
4. Select the **HRA Start Date** from the calendar.
   a. The **HRA End Date** defaults to 12 months after the HRA Start Date.
5. Click **Save**.

4.5.2 Offer of Employer's HRA

If the Applicant click **Yes** for *Does anyone in this household have an offer in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled?* they will need to report the HRA offer details.

1. Select the **Type** of HRA for *Which type of HRA is available?*.
    a. If **ICHRA**, click **Yes** or **No** for *Do you plan to opt-out of this HRA if found eligible for payment assistance?*.
2. Select the **Household Member** for *Whose employer offers HRA?*.
    a. Select the **Employer** for *Which employer offers this HRA?*.
3. Select the **Household Member** for *Select the household members who are covered by this HRA*.
4. Click **Yes** or **No** for *On [Date] will you be able to use the HRA?*.
5. Select the **HRA Start Date** from the calendar.
    a. The **HRA End Date** defaults to 12 months after the HRA Start Date.
6. Enter the **Number** for *What's the maximum self-only amount of reimbursement offered by this employer?*.
7. Select the **Frequency** for *How often will this amount be made available?*.

8. Enter the employer's **Primary Phone Number**.

9. Enter the employer's **Email Address**.

10. Enter the **Employer Identification Number (EIN)**.

11. Enter the employer contact **First Name**.

12. Enter the employer contact **Last Name**.

13. Enter the employer's **Address**.

14. Click **Save**.