The Commonwealth of Kentucky kynect State-Based Marketplace



kynect benefits Prescreening Tool Quick Reference Guide

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Introduction

This Quick Reference Guide is intended to instruct users how to navigate the kynect benefits Prescreening Tool and the Browse Plans feature.

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1 kynect benefits Prescreening Tool Overview

The kynect benefits Prescreening Tool allows Residents to anonymously enter information to check potential eligibility across Health Assistance (Medicaid and Kentucky Children's Health Insurance Program), Food Assistance (Supplemental Nutrition Assistance Program), Financial Assistance for Families with Children (Kentucky Transitional Assistance Program), Child Care Assistance (Child Care Assistance Program), and Health Insurance Premium Payment Assistance (Kentucky Integrated Health Premium Payment Program). The Prescreening Tool is not an application and does not guarantee eligibility. To determine eligibility for any program a full benefits application must be completed.

2 kynect benefits Prescreening Tool

- 1. Navigate to the kynect benefits website at <u>kynect.ky.gov/benefits</u>.
- 2. Click **Prescreening Tool** to view prescreening information.



- 3. Click the **circle** next to the benefits the household would like to screen for.
- 4. After reviewing the prescreening information, check the **box** to confirm the Resident is not a robot.
- 5. Click Start Prescreening Tool.

	Ū	Accuracy Disclaimer: The Prescreening Tool is not an application. This tool is a way for users to get an estimation of programs and benefits they may be eligible for before they decide to apply. The results do not guarantee you will or will not be eligible for benefits. The results given are basic estimations, and do not capture all elements needed to determine eligibility. You must complete a full benefits application in order to determine eligibility for any program. The SNAP Benefit amount calculated is an estimation based on limited factors. To determine your actual SNAP Benefit Amount eligibility, you must apply using the SNAP application.
Sel	ect th	e benefits the household would like to screen for:
5	р V 2 3 4 5	Check my potential eligibility across multiple benefit programs as well as my botential SNAP benefit amount. We will check potential eligibility across the following: I. Health Assistance 2. Food Assistance 3. Financial Assistance for Families with Children 4. Child Care Assistance 5. Health Insurance Premium Payment Learn More
C) (Only calculate my potential SNAP benefit amount. I do not want to check for potential sligibility across other programs
• 1	You m	igibility requirements for all programs: uust live in Kentucky uust be a US citizen or qualified immigrant
		Exit 4 Im not a robot MARPTCHA MARPTCHA 5 Start Prescreening tool

2.1 Section 1: Household Details Screen

The **Household details** screen asks about the number of people in the household and situations that apply to the household.

- 6. Enter the Number for How many people are in the household?.
- 7. Click **Yes** or **No** for *Are there any children age 18 years old or younger in the household?*.
- 8. Click **Yes** or **No** for Is anyone in the household pregnant?.

PRESCREENING TOO	
	Household details
	Section 1 of 3 💭
	Complete the questions below about the household's members.
6	How many people are in the household?
7	Are there any children age 18 years old or younger in the household? Yes No
8	Is anyone in the household pregnant?
	Yes No

- 9. Click **Yes** or **No** for *Are you currently homeless*?.
- 10. Click **Yes** or **No** for *Is anyone in the household a migrant or seasonal farm worker?*.
- 11. Click **Yes** or **No** for *Is* anyone in the household age 60 or older, blind, or disabled?.
 - a. If **Yes**, click **Yes** or **No** for *Is anyone in the household receiving Supplemental Security Income (SSI)?*.
 - b. If **Yes**, click **Yes** or **No** for *Is anyone in the household receiving Long Term Care (LTC) services, such as through waiver or a nursing facility?*.
 - c. If **Yes**, click **Yes** or **No** for *Is anyone in the household receiving Medicare?*.
- 12. Click **Yes** or **No** for *Does anyone in this household have an employer that offers healthcare coverage?*.
 - a. If **Yes**, enter the **Number** for *How much is the monthly premium that is paid towards the healthcare coverage?*.
 - b. If **Yes**, enter the **Number** for *How many members are enrolled in the policy?*.
- 13. Click **Next** to proceed to **Section 2** of the kynect benefits Prescreening Tool.

9	Are you currently homeless?	No]	
10	Is anyone in the household a n	nigrant or seasonal farm wa	rker?	
11	Is anyone in the household ag	e 60 or older, blind or disable	od?	
12	Does anyone in this household	d have an employer that offe	ers health care coverage?	
	Back	Exit	13	Next

2.2 Section 2: Income and Resource Details Screen

The **Income and Resource Details** screen asks about the household's monthly gross income and current financial situation.

- 14. Enter the **Number** for *What is the household's combined gross income (income before taxes) from wages and self-employment?.*
- 15. Enter the **Number** for *What is the household's combined monthly gross income from other sources (such as social security, child support, unemployment, and money given by friends or family)?*.
- 16. Enter the **Number** for *How much does the household have in checking/saving accounts and cash on hand?*.
- 17. Click Next to proceed to Section 3 of the kynect benefits Prescreening Tool.

14	What is the household's com	bined monthly gross income (i	ncome before taxes) fr	om wages and self-employmen ?		
15	What is the household's com unemployment, and money \$		om other sources (suc	h as social security, child support,		
16	How much does the household have in checking/saving accounts and cash on hand?					
	Back	Exit	17	Next		

2.3 Section 3: Expense Details Screen

The Expense Details screen asks about the household's current expenses.

- 18. Enter the **Number** for *How much is the household's combined monthly shelter expense, such as rent or mortgage?.*
- 19. Click **Yes** or **No** for Does the household pay for heating or cooling separate from rent or mortgage OR did you receive a LIHEAP payment greater than \$20 in the last 12 months?
 - a. If **No**, click **Yes** or **No** for *Is* the household billed for 2 or more utilities that are NOT heating or cooling?.
 - b. If **No**, click **Yes** or **No** for *Is the household only billed for telephone?*.
- 20. Enter the **Number** for *How much is the household's combined monthly child support expense for children who are not part of the household?*.
- 21. Enter the **Number** for *How much is the household's combined monthly child care and/or dependent care expense?*.
- 22. Click Submit to submit the kynect benefits Prescreening Tool.

18	How much is the household's c	ombined monthly shelter e	expense, such as ren	it or mortgage?
19	Does the household pay for he greater than \$20 in the last 12 n	· · ·	rom rent or mortgaç	ge OR did you receive a LIHEAP payment
20	How much is the household's c	ombined monthly child sup	pport expense for ch	ildren who are not part of household?
21	How much is the household's c	ombined monthly child ca	re and/or dependen	it care expense?
	Back	Exit	22	Submit

2.4 Prescreening Results Screen

Potential eligibility results display after submitting the kynect benefits Prescreening Tool. From here, Residents may anonymously browse plans or submit a formal benefits application.

23. Click Browse Plans to view plans and prices on the Plan Search screen.

PRESCREENING TOOL	
	Prescreening Results
	See potential eligibility for the below programs. Take note of your results and apply for benefits by clicking the button below.
	The Prescreening Tool is not an application. The results below do not guarantee you will or will not be eligible for benefits. We encourage you to apply for any program, as your results may change once all information is collected.
	Medicaid/KCHIP
	Potentially Eligible You may be eligible for time-limited Medicaid If you have medical expenses which exceed your monthly income. For Medicaid, an individual is considered to be elderly if they are age 85 years or older.
23	Browse Plans
	SNAP
	 Potentially Eligible To be eligible for SNAP, all adults age 18-58 must register for, look for, and accept work. You may be required to participate in the SNAP Employment and Training program If you are an able- bodied adult (logs 18-40) without dependents.

2.5 Browse and Compare Plans

The Browse Plans feature allows users to search for and compare Managed Care Organization (MCO) plans.

- 24. Click **Compare** to select a plan to compare.
- 25. Click **Compare Plans** to compare the selected plans.

kynect	Browse Plans			
		Long	guages: English (English) 🗸	
Eligible Medicaid members can a	hoose from the below MCO plans. This is a preview of the plan	ā.		
2021 Plan Sea	rch			
	ek the MCO's directory of providers (doctors, nurse p our doctor is available to you at the lowest cost pos		most up to date list of providers that are available through the	
Primary Care Physician (PCP) You may also select a Primary Care I Choose PCP Plan Results	Yhysician (PCP) while choosing an MCO plan.			
Show Filters	24			
(i) Insurance Company		Actions		
 ★★★★	Anthem Blue Cross Blue Shield	Compare	25	
₩ Kanada Pan A ★ ★ ★	UnitedHealthcare Community Plan	Compare		
WellCare * * * * *	WellCare of Kentucky	Compare		

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26. Compare the selected plans. Click **Exit** to return to the **Plan Search** screen.

Back to Ponlist	on			
The MCO Plans you have chosen to compo	are are listed below.			
Before choosing a plan, please check the the most up to date list of providers that at the lowest cost possible.	e MCC's directory of providers (doctors, n are available through the MCO. You wan	urse practitioners, hospi I to make sure that your	tals) for each plan. This is doctor is available to you	
Humana. Humana Haaithy Hortsons in Kentucky	Anthem Blue Cross Blue Shield			
Monthly Premium \$ 0	Monthly Premium \$ 0			
Provider Directory	Fronkder Directory <u>N/A</u>			
Plan Brochuro (Folleto del Plan)	Plan Brochuro (Folleto del Plan)			
English español	English español			
Permutery Preferred Drug List	Formulary Preferred Drug List			
Plan Documents		۲		
General Details		۲		
Others		۲		
Ambulatory Patient Services		۲		
Emergency Services		\oplus		
Hospitalization		\oplus		
Maternity and Newborn Care		\odot		
Mental Health Substance Use Disorder		۲		
Prescription Drug Benefits		•		
Rehabilitative Habilitative Services Dev	rices	•		
Laboratory Services		•		
Pediatric Services Including Oral Vision	Care	•		
Additional Details		\oplus		

Please note: To receive benefits, users must complete a full benefits application by clicking **Apply for Benefits** at the bottom of the **Prescreening Results** screen.