



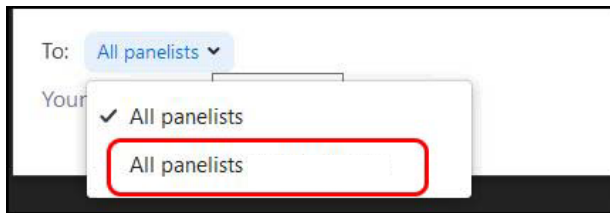
# Open Enrollment Office Hour

January 11, 2024

## 1 Chat

### Can Participants Talk?

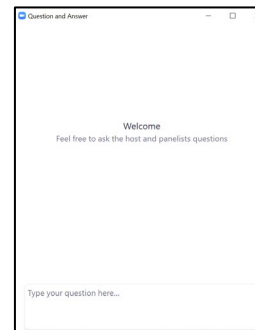
- All attendees will be muted for this webinar.
- The Chat should be used for help with technical issues. Send messages to All panelists.



## 2 Q&A

### How to Ask Questions?

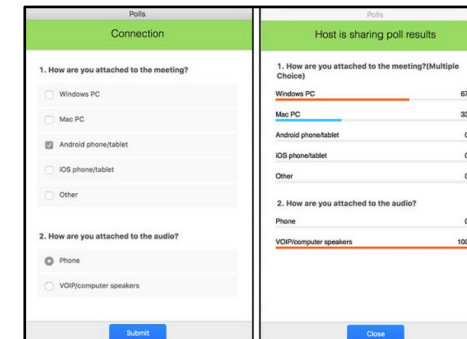
- The Q&A should be used for asking all questions.
- Click Q&A in the Zoom toolbar and type your question.



## 3 Polls

### What is the Poll Feature?

- The Poll feature will allow us to interact during the webinar. When it is time for a Poll question, it will appear on your screen.
- Poll responses are anonymous.



# Agenda

Today's Office Hour will consist of the following topics.

**01** Enrollment Status Overview

**02** Medical Plan Details Screen Overview

**03** Exceptional Special Enrollment

**04** Small Business Health Options Program Overview

**05** Updating Income: Add, Remove, and Update

**06** How to Add Other Benefits

**07** How to Renew Benefits

**08** How to Export Client Lists

**09** Questions and Answers (Q&A)





# Enrollment Status Overview

## Enrollment Status Overview

Qualified Health Plans (QHPs) will have different enrollment statuses in kynect to let Agents and kynectors know what next steps may be. Below is a guide to the different enrollment statuses for QHPs.

Enrollment Status	Description
Pending Verification	The Resident has shopped for a plan and special enrollment verification is pending to resolve.
Pending	The Resident has shopped for a plan, but the Issuer has not yet been notified.
Pending with Issuer	The Issuer has received the Resident's benefits details but have not yet processed the files.
Enrolled	The Issuer has effectuated the enrollment and confirmed the Resident's enrollment in kynect.
Pending Cancellation	The Resident has requested cancellation from the plan.
Cancelled	The Issuer has cancelled the enrollment and confirmed cancellation to kynect.
Pending Termination	The Resident has requested termination from the plan.
Terminated	kynect has received confirmation from the Issuer that the plan has been terminated.

**Please note:** If a Resident has a Special Enrollment Period (SEP) verification associated with their case, the enrollment files will not be sent to the Issuer prior to returning the requested documentation.

An illustration of seven diverse people standing in a row against a dark grey background. From left to right: a man with a striped shirt and sunglasses on his head; a woman with a green blazer holding a phone; a man in a white lab coat; a man in blue overalls and a cap; a woman in a pink shirt and blue skirt holding scissors; a large man in a brown jacket; and a small girl in a red dress holding the large man's hand. The text 'Medical Plan Details Screen Overview' is overlaid in the center in white, with a blue horizontal line underlining the word 'Medical'.

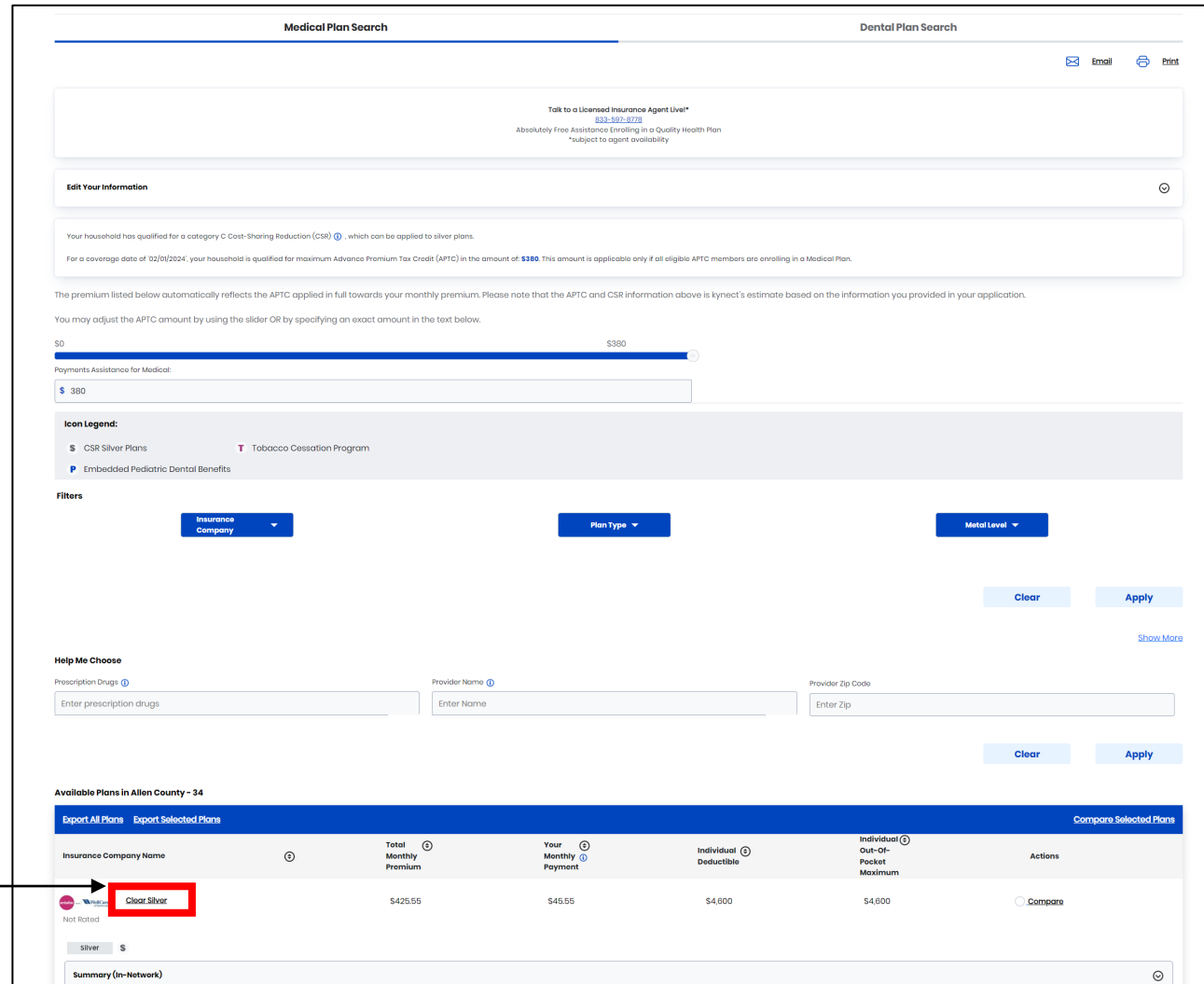
# Medical Plan Details Screen Overview

# Navigation to the Medical Plan Details Screen

Residents may access additional QHP details on the **Medical Plan Details** screen. Below is an overview of how to navigate to the **Medical Plan Details** screen.

1. In the Enrollment Manager Module (EMM), navigate to the *Medical Plan Search* tab.

2. Click the **Name** of the desired plan to navigate to the **Medical Plan Details** screen.



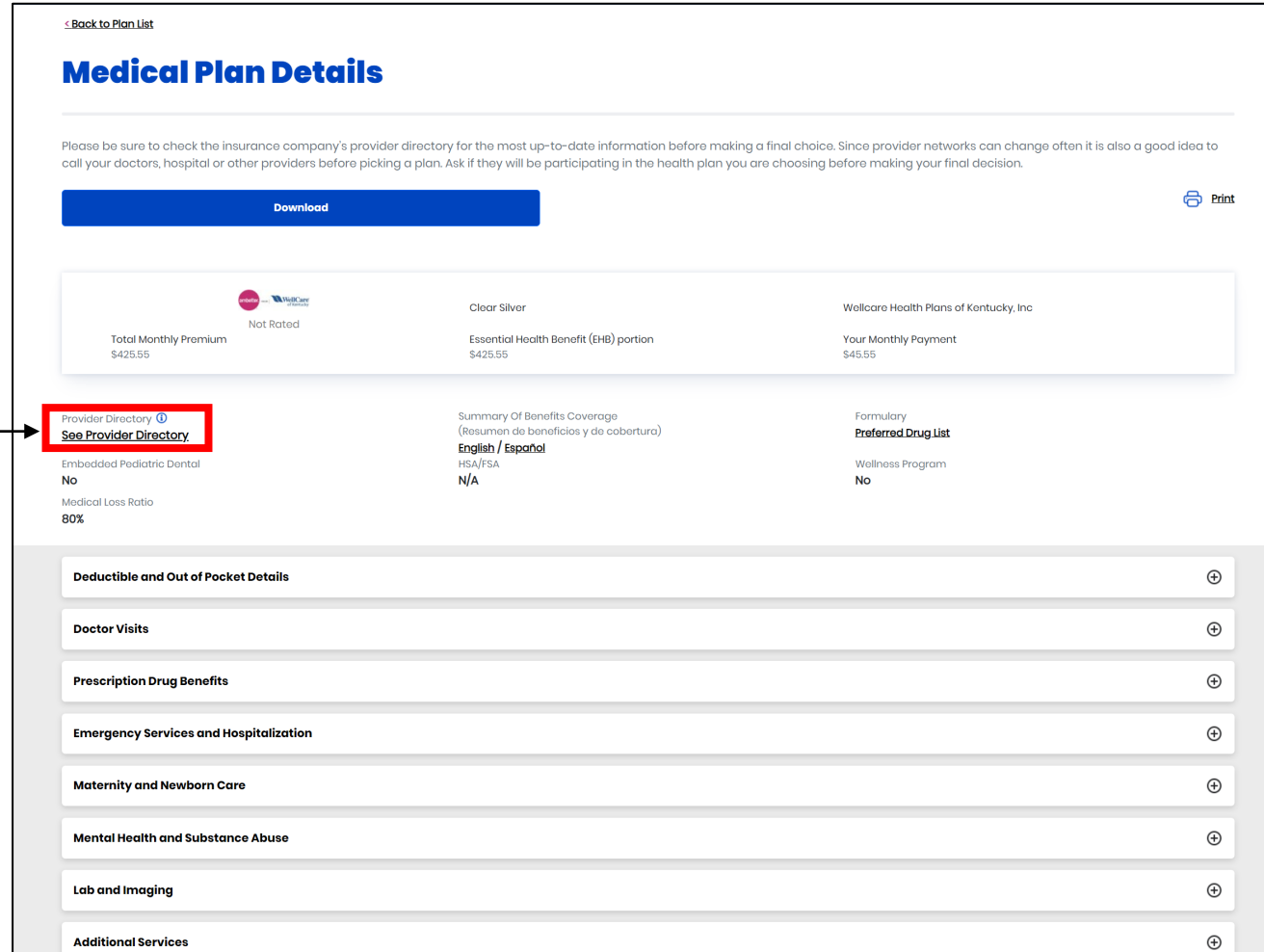
The screenshot displays the 'Medical Plan Search' interface. At the top, there are tabs for 'Medical Plan Search' and 'Dental Plan Search'. Below the tabs, there is a section for 'Talk to a Licensed Insurance Agent Live!' with a link to '800-940-9772'. A section titled 'Edit Your Information' is visible. Below that, there is a message: 'Your household has qualified for a category C Cost-Sharing Reduction (CSR) which can be applied to silver plans. For a coverage date of 02/01/2024, your household is qualified for maximum Advance Premium Tax Credit (APTC) in the amount of \$380. This amount is applicable only if all eligible APTC members are enrolling in a Medical Plan.' A slider for 'Payments Assistance for Medical' is set to \$380. Below the slider is an 'Icon Legend' with symbols for 'CSR Silver Plans', 'Tobacco Cessation Program', and 'Embedded Pediatric Dental Benefits'. There are three filter buttons: 'Insurance Company', 'Plan Type', and 'Metal Level'. Below the filters are 'Clear' and 'Apply' buttons. A 'Help Me Choose' section has input fields for 'Prescription Drugs', 'Provider Name', and 'Provider Zip Code'. Below that is a table titled 'Available Plans in Allen County - 34'. The table has columns for 'Insurance Company Name', 'Total Monthly Premium', 'Your Monthly Payment', 'Individual Deductible', 'Individual Out-Of-Pocket Maximum', and 'Actions'. The first row is highlighted and has a red box around the 'Clear Silver' plan name. Below the table is a 'Summary (In-Network)' section.

Insurance Company Name	Total Monthly Premium	Your Monthly Payment	Individual Deductible	Individual Out-Of-Pocket Maximum	Actions
Clear Silver	\$425.55	\$45.55	\$4,600	\$4,600	Compare

# Provider Directory

The Provider Directory allows Residents to search for local, in-network healthcare services. Below are instructions for accessing the Provider Directory.

1. Click **See Provider Directory** to access the Issuer's in-network search tool.





< Back to Plan List

## Medical Plan Details

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.

[Download](#) [Print](#)

 Total Monthly Premium \$425.55	Not Rated	Clear Silver Essential Health Benefit (EHB) portion \$425.55	Wellcare Health Plans of Kentucky, Inc Your Monthly Payment \$45.55
Provider Directory  <b>See Provider Directory</b>	Summary Of Benefits Coverage (Resumen de beneficios y de cobertura) English / Español HSA/PSA N/A	Formulary <b>Preferred Drug List</b>	Wellness Program No

Embedded Pediatric Dental  
No  
Medical Loss Ratio  
80%

- Deductible and Out of Pocket Details
- Doctor Visits
- Prescription Drug Benefits
- Emergency Services and Hospitalization
- Maternity and Newborn Care
- Mental Health and Substance Abuse
- Lab and Imaging
- Additional Services





# Provider Directory

The Provider Directory allows Residents to search for local, in-network healthcare services. Below are instructions for accessing the Provider Directory.



The screenshot shows the Ambetter Guide website's search interface. At the top, there are navigation links for 'Find Care', 'Advanced Search', and 'Saved Providers', along with 'Sign up' and 'Log in' buttons. Below this, filters for 'State: Kentucky', 'Network Year: 2024', and 'Provider Network: Bronze | Silver | Gold' are visible, along with an 'EDIT' button and a language dropdown set to 'ENGLISH'. The main heading is 'Find nearby in-network care'. Below this, there are two search input fields: 'Search by name, specialty, NPI, procedure (required)' and 'Address, city, county, or zipcode (required)'. The first field contains the placeholder text 'Start searching here...' and the second contains 'Location'. A red box highlights both input fields and the 'Search' button. To the right of the 'Search' button is an 'Advanced Search' link. Below the search section, there is a section titled 'Talk to a medical professional now' with two options: 'Virtual 24/7 Care' and 'Talk to a nurse', each with a 'Connect Now' button.

2. Enter **search criteria** (name, healthcare specialty, procedure, etc.) in the provided search box.

3. Enter the **address, city, county, or zipcode**.

4. Click **search**.

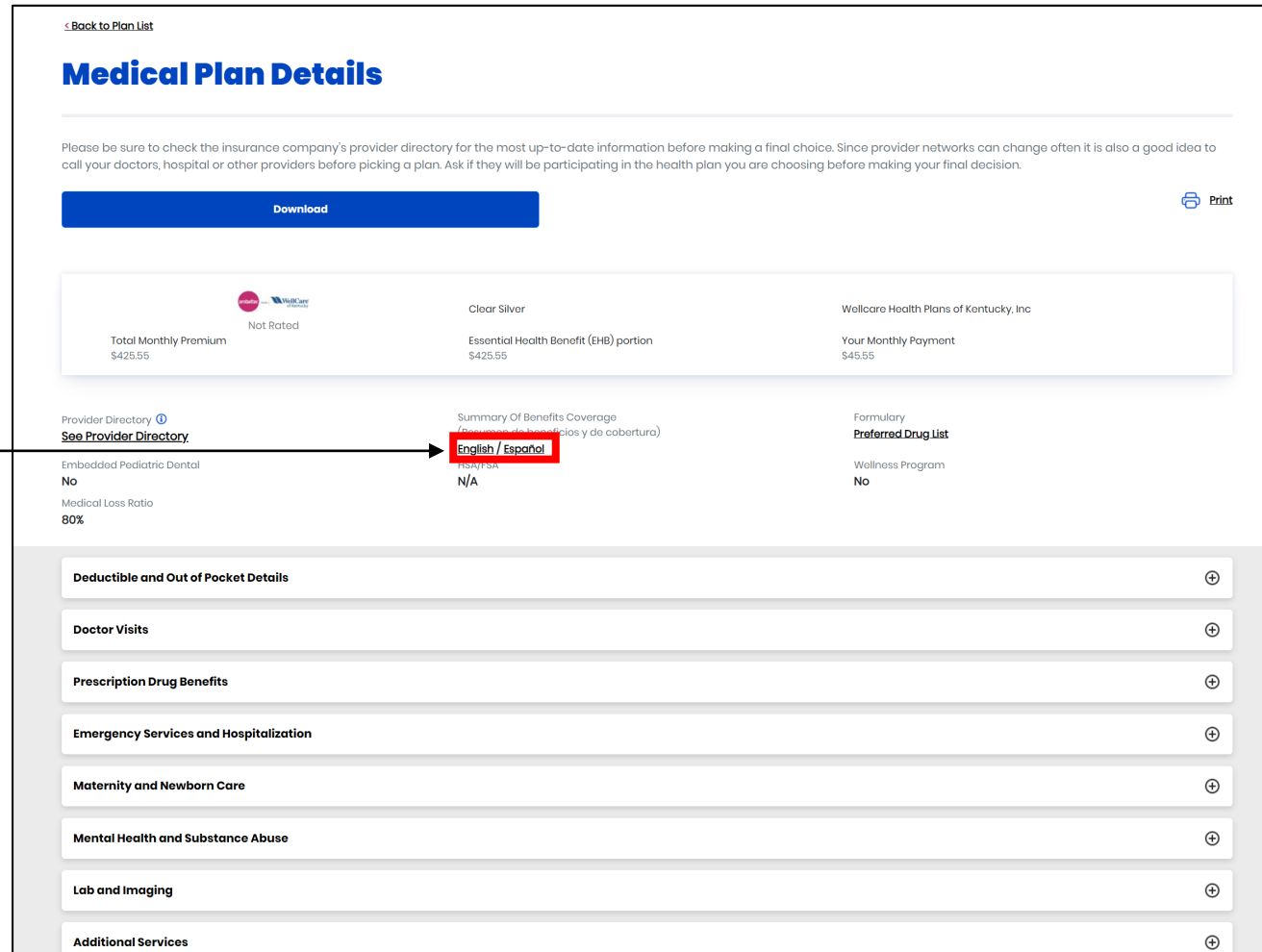
**Please note:** Each Issuer's Provider Directory may have different search criteria but will have similar functionality. Residents, Agents, and kynectors are also encouraged to call their Issuer and/or provider to check whether certain providers and/or doctors are covered.

# Medical Plan Details Screen: Summary of Benefits and Coverage

Residents may refer to the Summary of Benefits and Coverage (SBC) to view a high-level overview of the share of costs for common covered healthcare services and other important information for each plan. Below are instructions for accessing a plan's SBC.

1. Download the Summary of Benefits and Coverage by clicking **English** or **Español**.

2. Once the document is downloaded, open the **Summary of Benefits and Coverage PDF**.



The screenshot shows the 'Medical Plan Details' page. At the top, there is a 'Download' button and a 'Print' icon. Below this, a summary card displays plan details: 'Clear Silver' plan by 'Wellcare Health Plans of Kentucky, Inc.' with a 'Total Monthly Premium' of \$425.55 and a 'Your Monthly Payment' of \$45.55. A 'Download' button is also present on this card. Below the summary card, there are three links: 'Provider Directory', 'Summary Of Benefits Coverage (Resumen de los beneficios y de cobertura)', and 'Formulary Preferred Drug List'. The 'Summary Of Benefits Coverage' link has a red box around the text 'English / Español'. Below these links, there are several expandable sections: 'Deductible and Out of Pocket Details', 'Doctor Visits', 'Prescription Drug Benefits', 'Emergency Services and Hospitalization', 'Maternity and Newborn Care', 'Mental Health and Substance Abuse', 'Lab and Imaging', and 'Additional Services'. Each section has a plus sign icon to its right.

# Summary of Benefits and Coverage

Residents may refer to the SBC to view a high-level overview of the share of costs for common covered healthcare services and other important information for each plan. Below are instructions for accessing a plan's SBC.

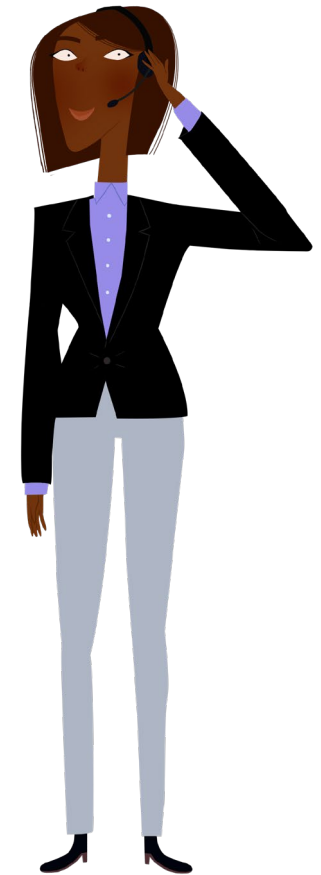
Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services  
**Ambetter from WellCare of Kentucky**  
**Clear Silver: 73% AV Level Silver Plan**

Coverage Period: 01/01/2024 – 12/31/2024  
 Coverage for: Individual/Family | Plan Type: HMO

**!** The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.** This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://ambetter.wellcareky.com/2024-brochures.html>, or call 1-833-705-2175 (TTY 711). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-833-705-2175 (TTY 711) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$4,600 individual / \$9,200 family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For network providers: \$4,600 individual / \$9,200 family. Not applicable for out-of-network providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, penalties for failure to obtain preauthorization for services, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See <a href="https://ambetter.wellcareky.com/findadoc">https://ambetter.wellcareky.com/findadoc</a> or call 1-833-705-2175 (TTY 711) for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

3. Review high-level plan information including deductible, out-of-pocket expenses, services covered, etc.




# Evidence of Coverage

Residents may view the Evidence of Coverage (EOC) for a detailed listing of costs for covered healthcare services and other important information for each plan. Below are instructions to access a plan's EOC.

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay for Covered Services  
**Ambetter from WellCare of Kentucky**  
**Clear Silver: 73% AV Level Silver [Plan](#)**

**Coverage Period:** 01/01/2024 – 12/31/2024  
**Coverage for:** Individual/Family | **Plan Type:** HMO

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. **This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://ambetter.wellcareky.com/2024-brochures.html> or call 1-833-705-2175 (TTY 711). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-833-705-2175 (TTY 711) to request a copy.

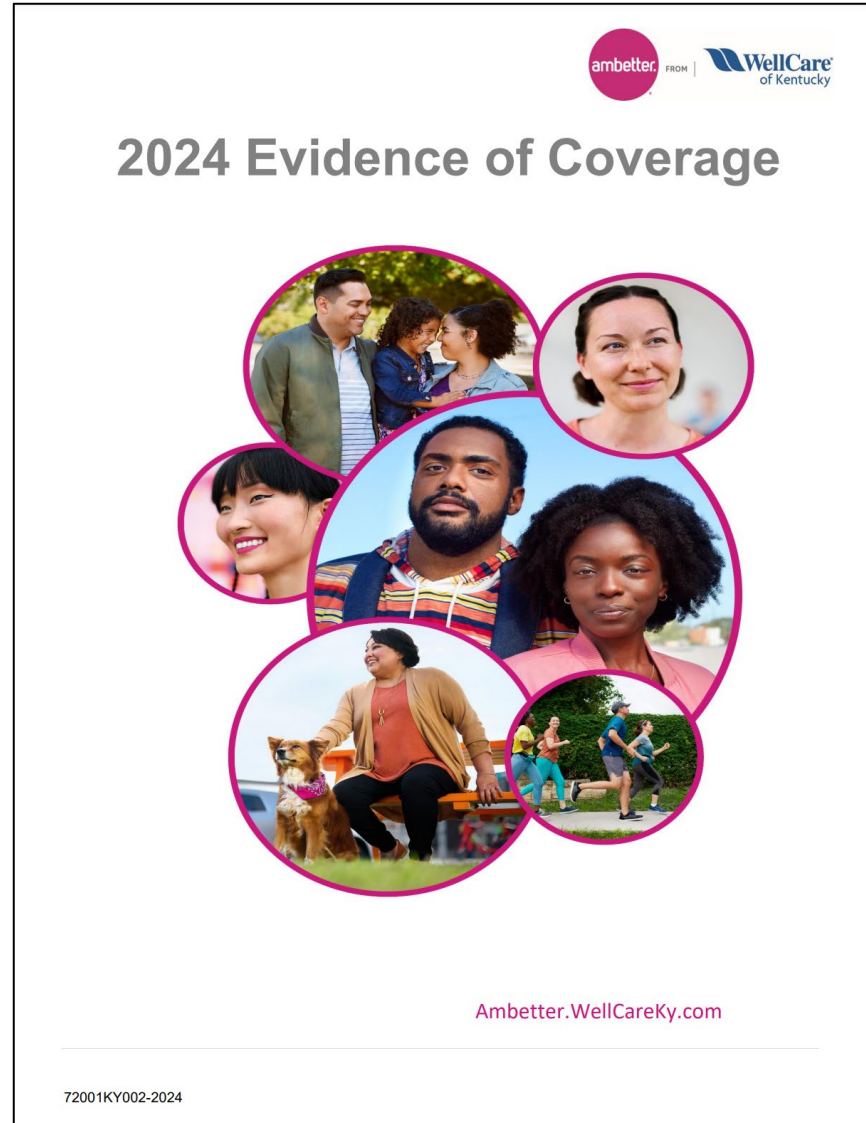
1. Click the **hyperlink** at the top of the SBC to navigate to the Issuer's EOC.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$4,600 individual / \$9,200 family.	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive care</a> services are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	For <a href="#">network providers</a> : \$4,600 individual / \$9,200 family. Not applicable for <a href="#">out-of-network providers</a> .	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.

# Evidence of Coverage

Residents may view the Evidence of Coverage (EOC) for a detailed listing of costs for covered healthcare services and other important information for each plan. Below are instructions to access a plan's EOC.

2. Review the Issuer's EOC for the selected plan for specific plan information.



ambetter FROM | WellCare of Kentucky

## 2024 Evidence of Coverage

Ambetter.WellCareKy.com

72001KY002-2024

# Medical Plan Details Screen: Formulary


Residents may use the formulary to view a list of preferred prescription drugs that are covered in each plan. Below are instructions to access a plan's formulary.

[Back to Plan List](#)

## Medical Plan Details

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.

[Download](#) [Print](#)

 Total Monthly Premium \$425.55	Not Rated	Clear Silver Essential Health Benefit (EHB) portion \$425.55	Wellcare Health Plans of Kentucky, Inc Your Monthly Payment \$45.55
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Provider Directory [See Provider Directory](#)

Embedded Pediatric Dental  
No

Medical Loss Ratio  
80%

Summary Of Benefits Coverage  
(Resumen de beneficios y de cobertura)  
[English / Español](#)  
HSA/PSA  
N/A

Formulary  
**Preferred Drug List**

Wellness Program  
No

- Deductible and Out of Pocket Details
- Doctor Visits
- Prescription Drug Benefits
- Emergency Services and Hospitalization
- Maternity and Newborn Care
- Mental Health and Substance Abuse
- Lab and Imaging
- Additional Services

1. Click **Preferred Drug list** to view the plan's formulary.

# Medical Plan Details Screen: Formulary

Residents may use the formulary to view a list of preferred prescription drugs that are covered in each plan. Below are instructions to access a plan's formulary.



2024 Kentucky Select Drug List

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5

2. Review the formulary for a list of covered drugs in the selected plan.



Where can Residents find information about the specifics about their particular plan in the greatest detail?

**Answer using the Polls box!**



An illustration of seven diverse people standing in a row against a dark grey background. From left to right: a young man with a striped shirt and a messenger bag; a woman with a green blazer holding a smartphone; a man in a white lab coat; a man in blue overalls holding a paintbrush and a red bucket; a woman in a pink shirt and blue skirt holding scissors; a large man in a brown jacket; and a small girl in a red dress holding the large man's hand. The text 'Exceptional Special Enrollment' is overlaid in the center in white, with a blue horizontal line above the word 'Exceptional'.

# Exceptional Special Enrollment

## Exceptional Special Enrollment Circumstances

Exceptional Special Enrollment (ESE) is reserved for Residents who experience circumstances other than a traditional qualifying event that prevented them from enrolling in coverage during an enrollment period. Below is a list of circumstances that qualify a Resident for ESE.

### Qualifying ESE Circumstances

- Being incapacitated
- Being affected by a natural disaster
- Experiencing domestic abuse/violence
- Experiencing spousal abandonment
- Having experienced technical or system issues that prevented enrollment

# Requesting Exceptional Special Enrollment

ESE is reserved for Residents who experiences circumstances other than a traditional qualifying event that prevented them from enrolling in coverage during an enrollment period. Below provides pathways to request ESE.

## Write a Statement Request for ESE



Residents, or Agents and kynectors on a Resident's behalf can apply for ESE by writing a statement that includes the following information:

- First and last names of those who wish to enroll
- Case number (if known)
- Agent or kynector name (if known)
- Reason(s) for requesting ESE
- Details of desired plan and start date
- Contact information for follow-up purposes

---

## Submit Statement Request



Statements for ESE can be submitted through two different avenues.

1. Residents, or Agents and kynectors on their behalf can apply for ESE by submitting a statement to [kynectESE@ky.gov](mailto:kynectESE@ky.gov).
2. Residents may submit an ESE request by standard mail to:



Attn: ESE  
Division of Kentucky Health Benefit Exchange  
275 East Main Street 4WE  
Frankfort, KY 40621



Which of the following is not required information to include in the written statement when requesting ESE?

**Answer using the Polls box!**

An illustration of seven diverse people standing in a line against a dark grey background. From left to right: a man with a striped shirt and a messenger bag; a woman with a green blazer; a man in a white lab coat; a man in a blue cap and overalls; a woman in a pink shirt and blue skirt holding scissors; a large man in a brown jacket; and a small girl in a red dress holding the large man's hand. The text 'Small Business Health Options Program Overview (SHOP)' is overlaid in white, with a blue horizontal line under the word 'Small'.

# Small Business Health Options Program Overview (SHOP)

# Small Business Health Options Program Overview (SHOP)

kynect SHOP is an easy way for employers to work with kynect SHOP-registered Agents to provide their employees insurance plans.

SHOP makes it easy for small business owners employing 50 or less Individuals to provide employee health insurance. Employers have the flexibility to decide plans, dates, and more. Eligibility can be verified through a quick four (4) question application through kynect. Then, they can enroll directly with an Issuer of their choice. A kynect SHOP-registered Agent can also help.



## SHOP Eligibility

To be eligible for a kynect SHOP plan, an employer must:

- Have 50 or less employees.
- Offer coverage to all full-time (30+ hours weekly) employees.
- Have a business or primary worksite in Kentucky.
- Have a minimum of 50% of employees sign up for coverage at close of Open Enrollment.



## SHOP Enrollment

There are two (2) option for enrolling in kynect SHOP coverage.

- Contact the Issuer to enroll directly.
- Contact a kynect SHOP-registered Agent of your choice.



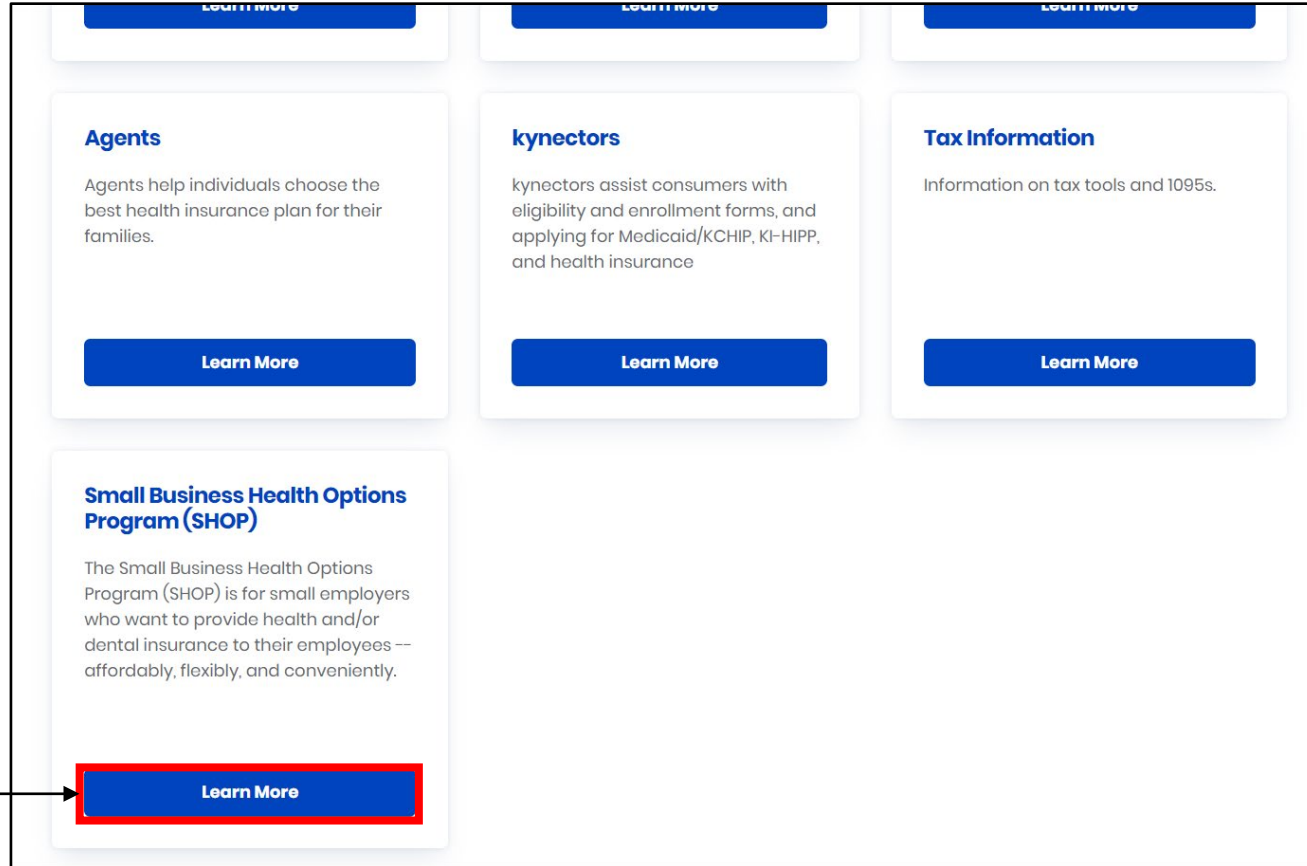
## SHOP Decision

If an employer receives a decision from kynect SHOP that they disagree with, they can request an appeal.

- An appeal can be made by sending an email to [kynect.SHOP@ky.gov](mailto:kynect.SHOP@ky.gov).
- Employers have 90 days from the date of the decision to request an appeal.

# Small Business Health Options Program Overview (SHOP)

Eligibility for SHOP can be determined through the SHOP tab on the kynect health coverage page. Below are instructions for determining SHOP eligibility.



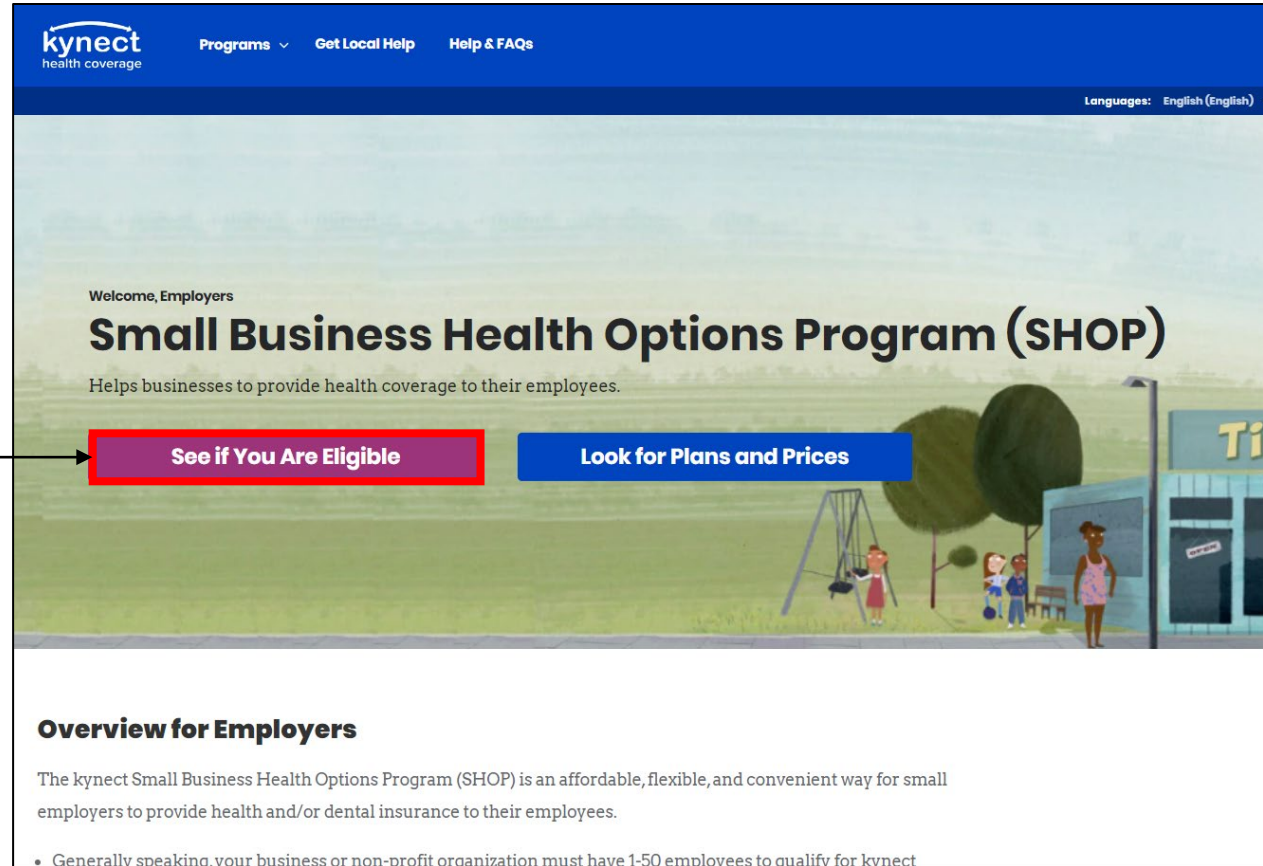
The screenshot displays a grid of service cards on the kynect website. The cards include 'Agents', 'kynectors', and 'Tax Information'. The 'Small Business Health Options Program (SHOP)' card is highlighted with a red border, and its 'Learn More' button is also highlighted with a red border. An arrow from the instruction box on the left points to this button.

1. Navigate to the **kynect health coverage** webpage and scroll down to the *SHOP* section and click **Learn More**.

# Small Business Health Options Program Overview (SHOP)

Eligibility for SHOP can be determined through the SHOP tab on the kynect health coverage page. Below are instructions for determining SHOP eligibility.

2. Click **See if You Are Eligible**.



kynect health coverage Programs Get Local Help Help & FAQs Languages: English (English)

Welcome, Employers

## Small Business Health Options Program (SHOP)

Helps businesses to provide health coverage to their employees.

**See if You Are Eligible** **Look for Plans and Prices**

### Overview for Employers


The kynect Small Business Health Options Program (SHOP) is an affordable, flexible, and convenient way for small employers to provide health and/or dental insurance to their employees.

- Generally speaking, your business or non-profit organization must have 1-50 employees to qualify for kynect



# Small Business Health Options Program Overview (SHOP)

Eligibility for SHOP can be determined through the SHOP tab on the kynect health coverage page. Below are instructions for determining SHOP eligibility.

Section 1 of 2 

Welcome to kynect health coverage! This website allows small businesses and non-profit organizations to check eligibility to enroll in SHOP Coverage.

Business Name

Employer Identification Number (EIN)

Business Address

Business Address line 2 (Optional)

Business Phone Number

Date current SHOP plan year began, or will begin (optional)

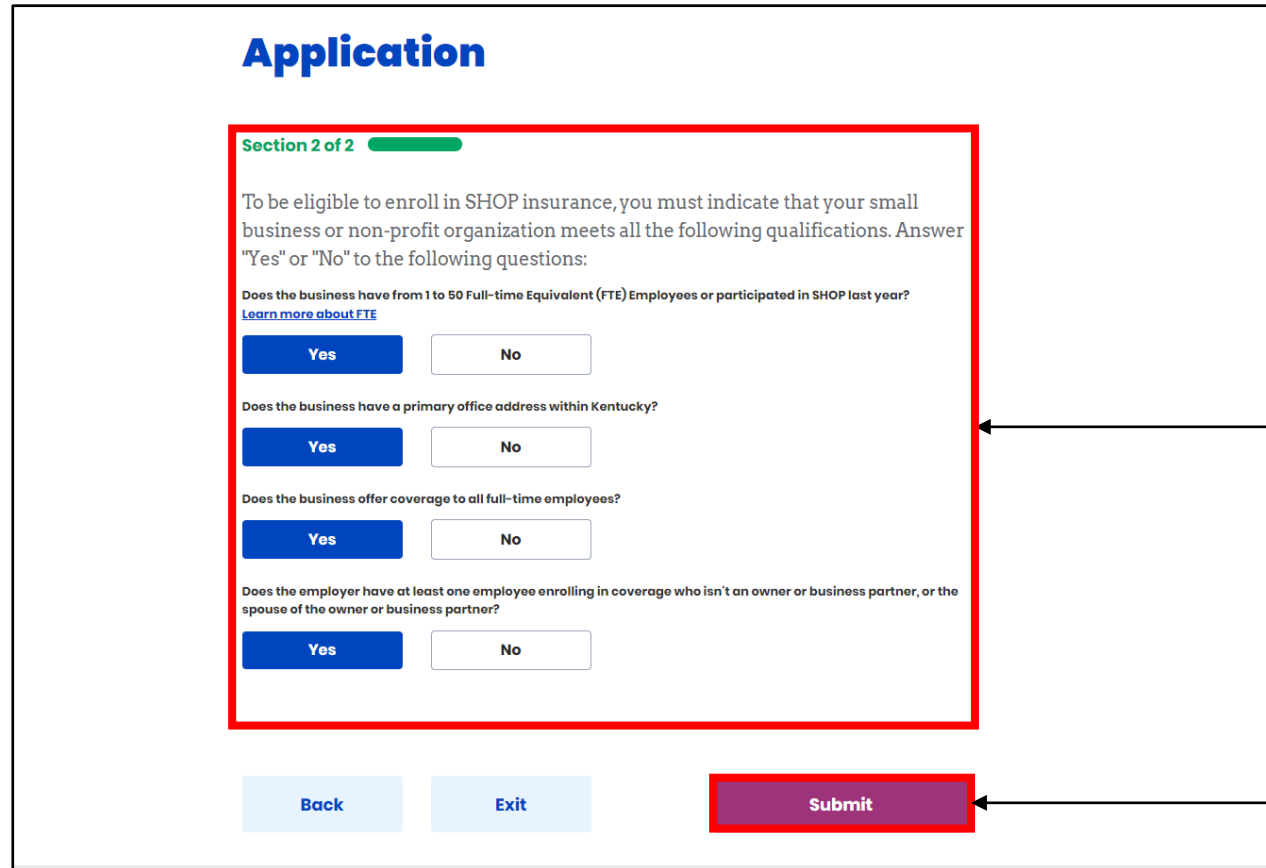
[Back](#) [Exit](#) [Next](#)

**3. Complete the required fields.**

**4. Click Next.**

# Small Business Health Options Program Overview (SHOP)

Eligibility for SHOP can be determined through the SHOP tab on the kynect health coverage page. Below are instructions for determining SHOP eligibility.



**Application**

**Section 2 of 2**

To be eligible to enroll in SHOP insurance, you must indicate that your small business or non-profit organization meets all the following qualifications. Answer "Yes" or "No" to the following questions:

Does the business have from 1 to 50 Full-time Equivalent (FTE) Employees or participated in SHOP last year?  
[Learn more about FTE](#)

Does the business have a primary office address within Kentucky?

Does the business offer coverage to all full-time employees?

Does the employer have at least one employee enrolling in coverage who isn't an owner or business partner, or the spouse of the owner or business partner?

5. Select **Yes** or **No** for each question.

6. Click **Submit**.

**Please note:** Businesses must answer **Yes** to each question to be eligible for SHOP coverage.

# Small Business Health Options Program Overview (SHOP)

Eligibility for SHOP can be determined through the SHOP tab on the kynect health coverage page. Below are instructions for determining SHOP eligibility.

7. Select **I confirm the information provided about this business is correct to the best of my knowledge.**

Please review the below application summary and confirm:

Review Summary

Business Name	Employer Identification Number (EIN)
-	123456789
Business Address	Phone Number
123 main st	502-555-5555
Date current SHOP plan year begins, or will begin	-

Does the business have from 1 to 50 Full-time Equivalent (FTE) Employees or participated in SHOP last year?  
**Yes**

Does the business have a primary office address within Kentucky?  
**Yes**

Does the business offer coverage to all full-time employees, generally workers averaging 30 or more hours per week?  
**Yes**

Does the employer have at least one employee enrolling in coverage who isn't an owner or business partner, or the spouse of the owner or business partner?  
**Yes**

I confirm the information provided about this business is correct to the best of my knowledge.

Retain your eligibility results for your records. Your results will be sent to email address if you choose, if you do not provide the email address, please be sure to print or save your responses.

Would you like kynect health coverage to send an email notification of this application?

[Back](#) [Exit](#) [Submit](#)

8. Click **Submit.**

# Small Business Health Options Program Overview (SHOP)

Eligibility for SHOP can be determined through the SHOP tab on the kynect health coverage page. Below are instructions for determining SHOP eligibility.

**Next Steps**

Thank you! You have completed your SHOP eligibility application.

**Eligible Business**

- If you're already working with an agent or broker or an insurance company, present them with your eligibility confirmation email or printed page.
- To browse SHOP plans and prices visit [See plans and prices](#)
- To find a SHOP agent or broker visit [Find an Insurance agent](#)

**Not Eligible Business**

- If you don't agree with your eligibility results reach out to kynect health coverage via email [kynect.shop@ky.gov](mailto:kynect.shop@ky.gov).

[Exit](#) [Find an Insurance Agent](#) [See Plans and Prices](#)

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

9. Click **See Plans and Prices**.

# Small Business Health Options Program Overview (SHOP)

Eligibility for SHOP can be determined through the SHOP tab on the kynect health coverage page. Below are instructions for determining SHOP eligibility.

**10. Complete the required fields.**

**Find out how much the insurance will cost**

Where is this business located?

County

Zip Code

How many individuals are you offering coverage? This includes employees and their spouses and/or dependents.

Individual 1 Age

Individual 2 Age

Individual 3 Age

Date current SHOP plan year begins, or will begin

[Exit](#) [Browse Plans](#)

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

**11. Click Browse Plans.**

# Small Business Health Options Program Overview (SHOP)

Eligibility for SHOP can be determined through the SHOP tab on the kynect health coverage page. Below are instructions for determining SHOP eligibility.

## Medical Plan Search

(Today's Date: 12/20/2023)

The Premiums listed below are estimates based on the information you provided. The final cost of the plan will be determined when your group information is provided to the insurance company.

Employee Premium

% 0

0% 100%

### Icon Legend:

**T** Tobacco Cessation Program

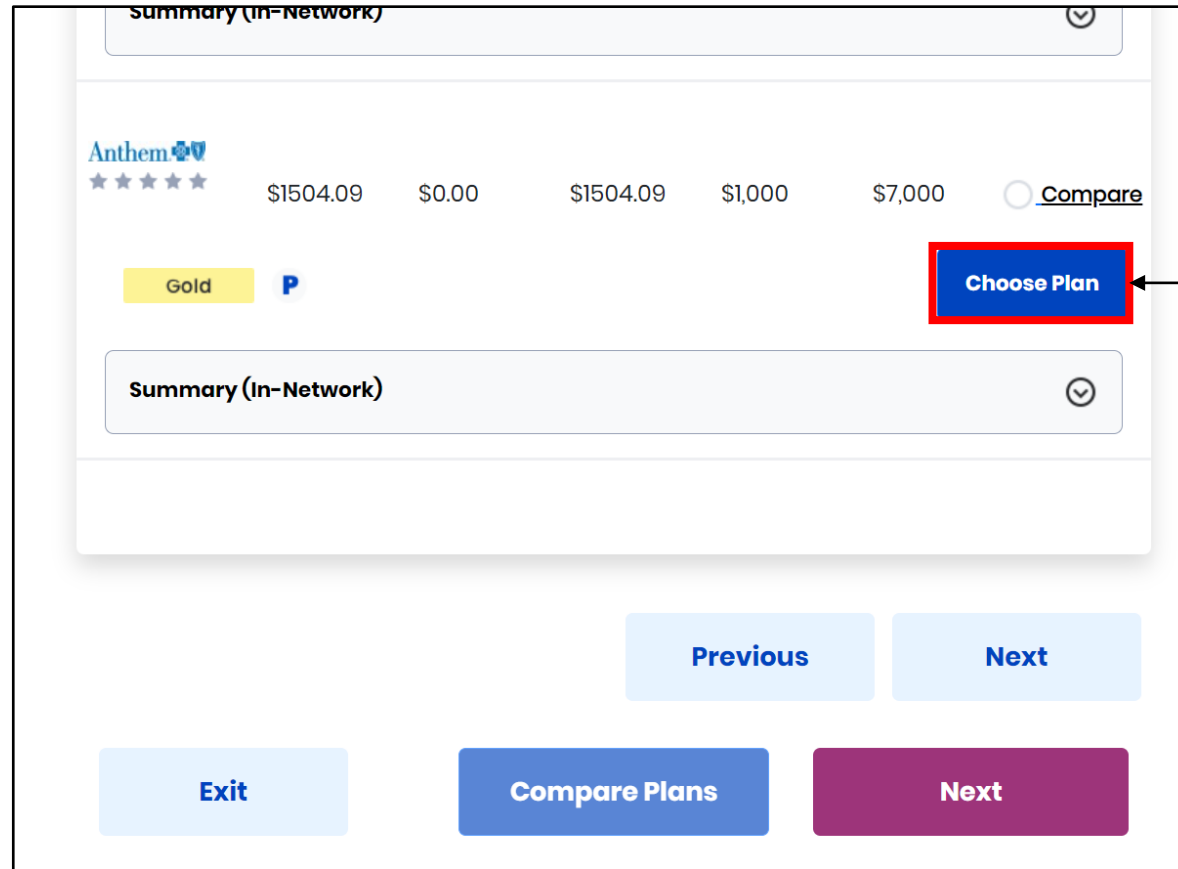
**P** Embedded Pediatric Dental Benefits

Show Filters

12. Adjust the **slider** to the desired employee premium percentage.

# Small Business Health Options Program Overview (SHOP)

Eligibility for SHOP can be determined through the SHOP tab on the kynect health coverage page. Below are instructions for determining SHOP eligibility.



13. Click **Choose Plan** to view next steps.

**Please note:** Use the Compare Plans Tool to see a side-by-side comparison of the plans the user wishes to view.

# Small Business Health Options Program Overview (SHOP)

Eligibility for SHOP can be determined through the SHOP tab on the kynect health coverage page. Below are instructions for determining SHOP eligibility.

## Next Steps

Great! Your next step is to contact the insurance company to buy a plan.

You selected...

**Anthem Health Plans of  
KY(Anthem BCBS)**

Anthem 

★★★★★

- To browse SHOP plans and prices [Visit Issuer](#)
- To work with an insurance agent in your area [Find an insurance agent](#)

Exit

**15.** Click **Find an insurance agent** to work with an insurance agent in the area.

**14.** Click **Visit Issuer** to navigate to the Issuer's website.

**Please note:** To enroll in a SHOP plan, Employers must contact the Issuer or an Insurance Agent.





True/False: Residents can enroll in SHOP with the help of a kynector.

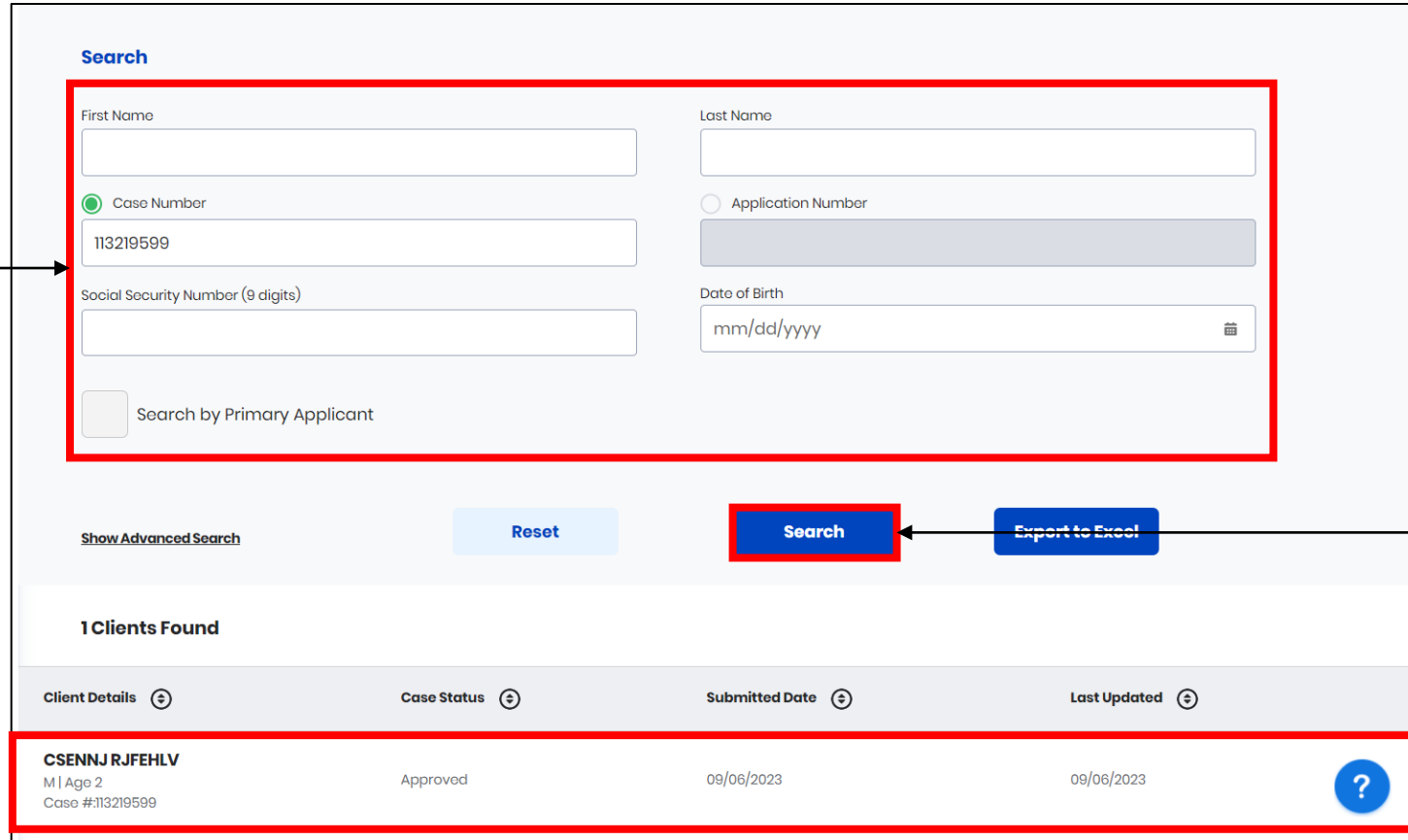
**Answer using the Polls box!**

An illustration of seven diverse people standing in a row against a dark grey background. From left to right: a young man with a striped shirt and a messenger bag; a woman with long red hair in a green blazer; a man with a beard in a white lab coat; a man in a blue cap and overalls holding a red bucket; a woman with glasses in a pink shirt holding scissors; a large man with a beard in a brown jacket; and a young girl in a red dress holding the large man's hand. The text 'Updating Income: Add, Remove, and Update' is overlaid in the center in white, with a blue horizontal line under the word 'Updating'.

# Updating Income: Add, Remove, and Update

Agents and kynectors can add, remove and change a Resident's income on kynect using Report a Change. Below are instructions for updating income.

1. Navigate to the kynect Dashboard and complete the **required fields** to search for the Resident's case.



The screenshot shows the 'Search' section of the kynect dashboard. A red box highlights the search input fields: First Name, Last Name, Case Number (with a radio button selected), Application Number (with a radio button unselected), Social Security Number (9 digits), and Date of Birth (mm/dd/yyyy). Below these fields is a checkbox for 'Search by Primary Applicant'. At the bottom of the search section, there are buttons for 'Show Advanced Search', 'Reset', 'Search' (highlighted with a blue box), and 'Export to Excel'.

Below the search section, a table displays the search results. A red box highlights the first result, which is a client entry. The table has columns for Client Details, Case Status, Submitted Date, and Last Updated. The client entry includes a question mark icon in a blue circle.

Client Details	Case Status	Submitted Date	Last Updated
<b>CSENNJRJFEHLV</b> M   Age 2 Case #113219599	Approved	09/06/2023	09/06/2023

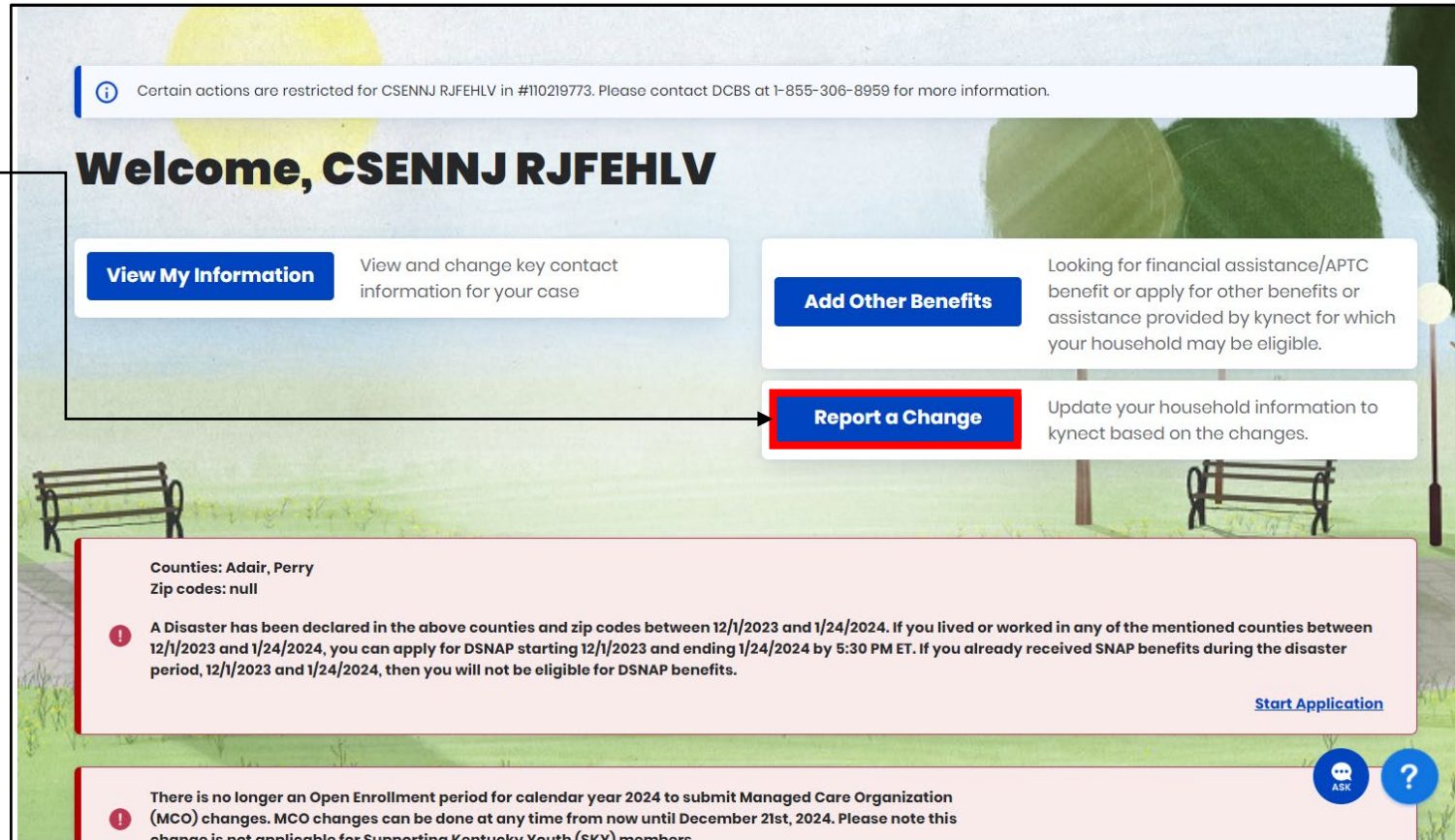
2. Click **Search**.

3. Select the **Resident**.

# Updating Income: Add, Remove, and Update

Agents and kynectors can add, remove and change a Resident's income on kynect using Report a Change. Below are instructions for updating income.

4. Click **Report a Change**.



Certain actions are restricted for CSENNJ RJFEHLV in #110219773. Please contact DCBS at 1-855-306-8959 for more information.

## Welcome, CSENNJ RJFEHLV

**View My Information** View and change key contact information for your case

**Add Other Benefits** Looking for financial assistance/APTC benefit or apply for other benefits or assistance provided by kynect for which your household may be eligible.

**Report a Change** Update your household information to kynect based on the changes.

Counties: Adair, Perry  
Zip codes: null

**!** A Disaster has been declared in the above counties and zip codes between 12/1/2023 and 1/24/2024. If you lived or worked in any of the mentioned counties between 12/1/2023 and 1/24/2024, you can apply for DSNAP starting 12/1/2023 and ending 1/24/2024 by 5:30 PM ET. If you already received SNAP benefits during the disaster period, 12/1/2023 and 1/24/2024, then you will not be eligible for DSNAP benefits. [Start Application](#)

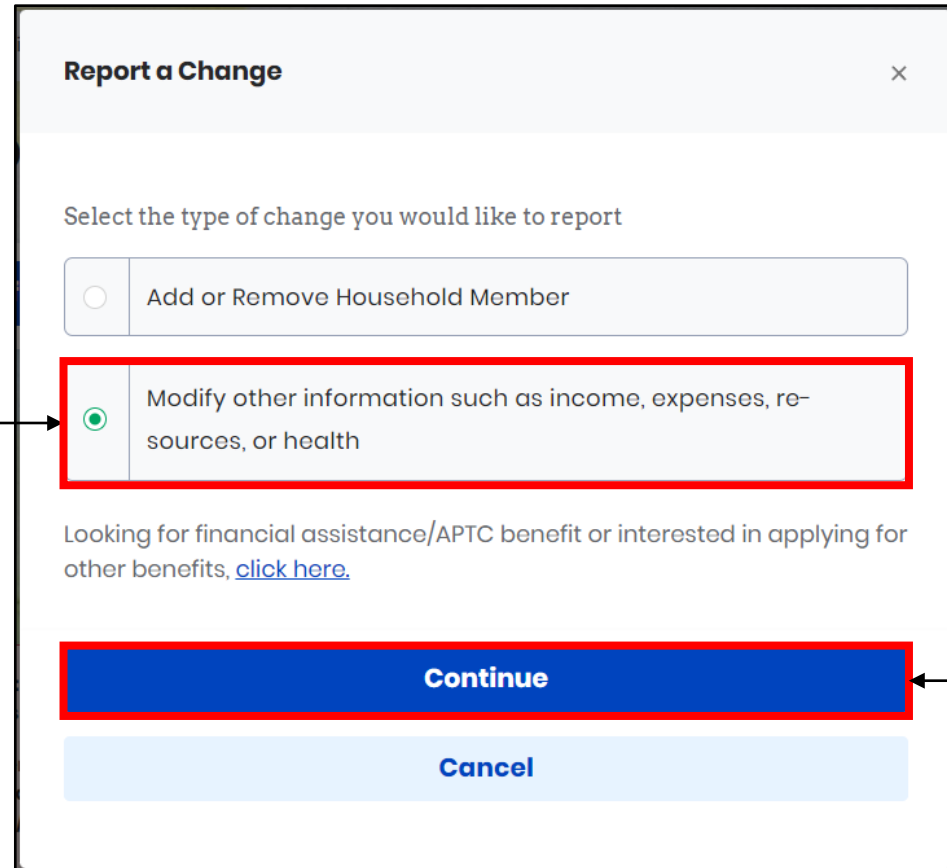
**!** There is no longer an Open Enrollment period for calendar year 2024 to submit Managed Care Organization (MCO) changes. MCO changes can be done at any time from now until December 21st, 2024. Please note this change is not applicable for Supporting Kentucky Youth (SKY) members.

ASK ?

## Updating Income: Add, Remove, and Update

Agents and kynectors can add, remove and change a Resident's income on kynect using Report a Change. Below are instructions for updating income.

5. Select **Modify other information such as income, expenses, resources, or health.**



**Report a Change** [X]

Select the type of change you would like to report

Add or Remove Household Member

**Modify other information such as income, expenses, resources, or health**

Looking for financial assistance/APTC benefit or interested in applying for other benefits, [click here](#).

**Continue**

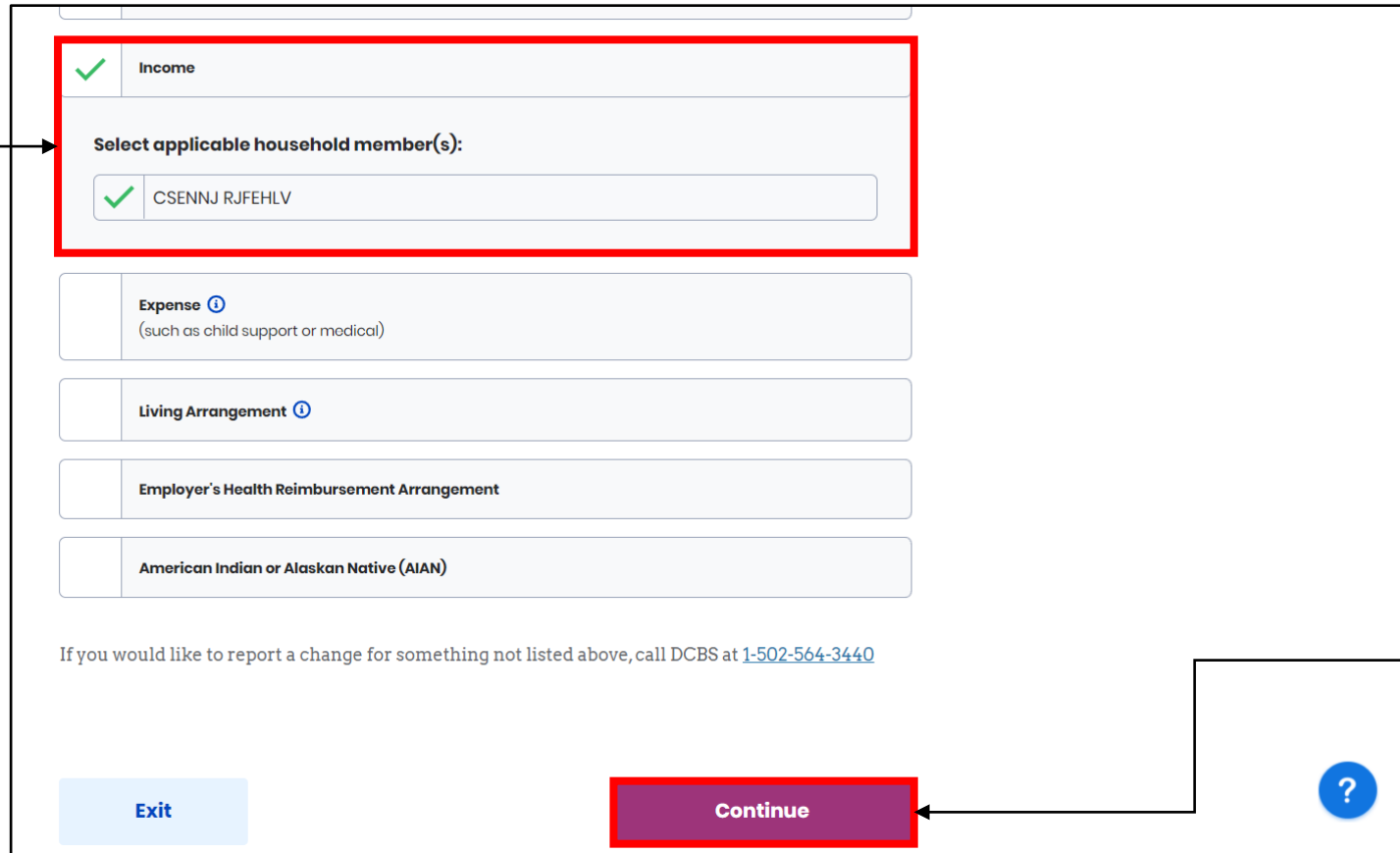
Cancel

6. Click **Continue**.

# Updating Income: Add, Remove, and Update

Agents and kynectors can add, remove and change a Resident's income on kynect using Report a Change. Below are instructions for updating income.

7. Select **Income** and the **applicable household member(s)**.



Income

Select applicable household member(s):

CSENNJ RJFEHLV

Expense ⓘ  
(such as child support or medical)

Living Arrangement ⓘ

Employer's Health Reimbursement Arrangement

American Indian or Alaskan Native (AIAN)

If you would like to report a change for something not listed above, call DCBS at [1-502-564-3440](tel:1-502-564-3440)

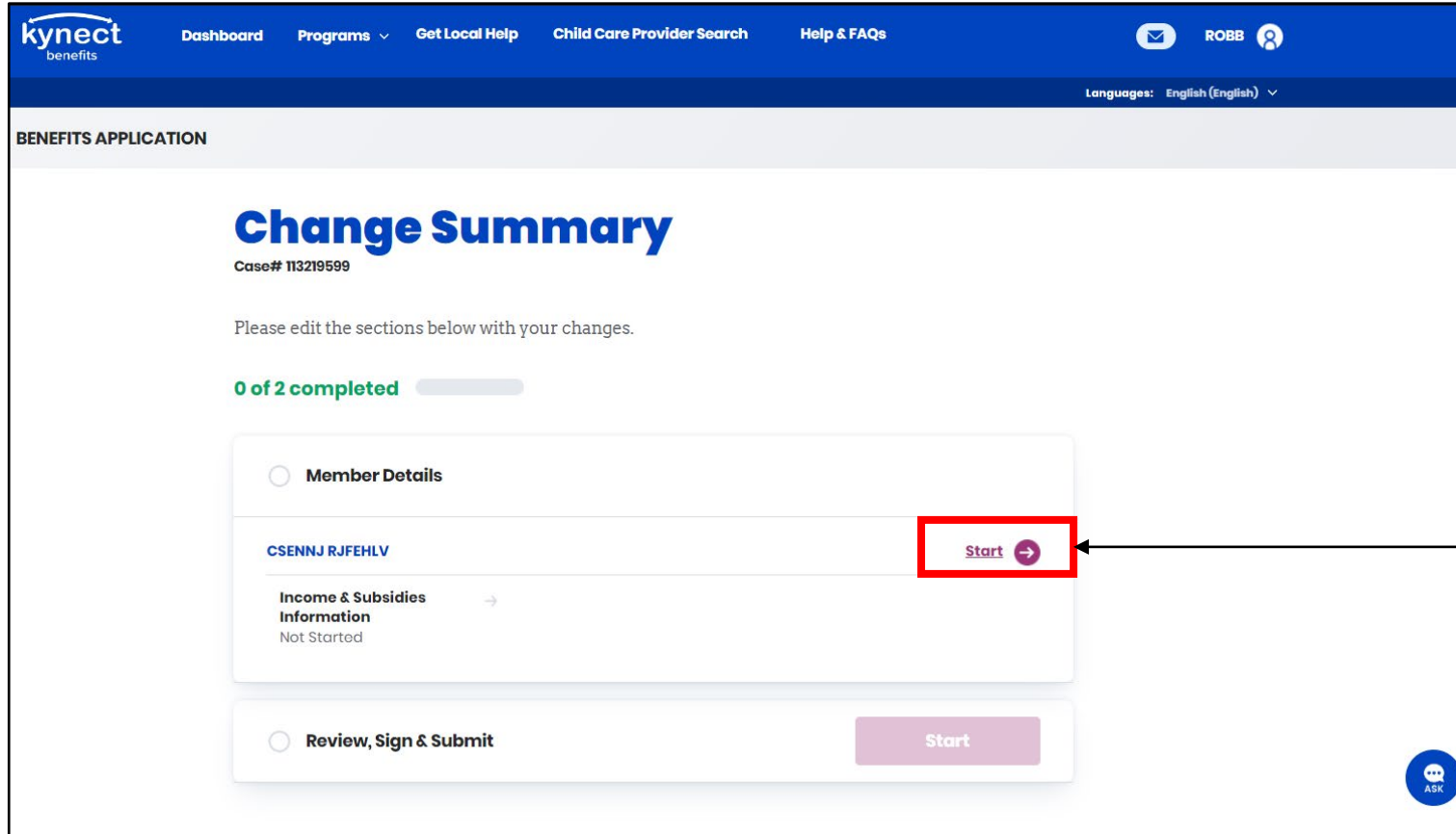
Exit Continue

8. Click **Continue**.

**Please note:** If the case is QHP-only, income will not display as an option as Advance Premium Tax Credit (APTC) eligibility has not been evaluated. To add APTC, please use the **Add Other Benefits** process flow.

# Updating Income: Add, Remove, and Update

Agents and kynectors can add, remove and change a Resident's income on kynect using Report a Change. Below are instructions for updating income.



**Member Details**

CSENNJ RJFEHLV **Start** →

**Income & Subsidies Information**  
Not Started

**Review, Sign & Submit** **Start**

9. Click Start.

## Add New Income to a Case

Agents and kynectors can add income to a Resident's case in kynect using Report a Change. Below are instructions for adding income.

Section 1 of 3

**Income Summary** ☺

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

[Learn More](#)

The income source(s) below have already been reported for CSENNJ R|FEHLV . You will have opportunity to modify them later.

SSI Income  
\$914.00/month

**Add Income**

Back      Exit      Next

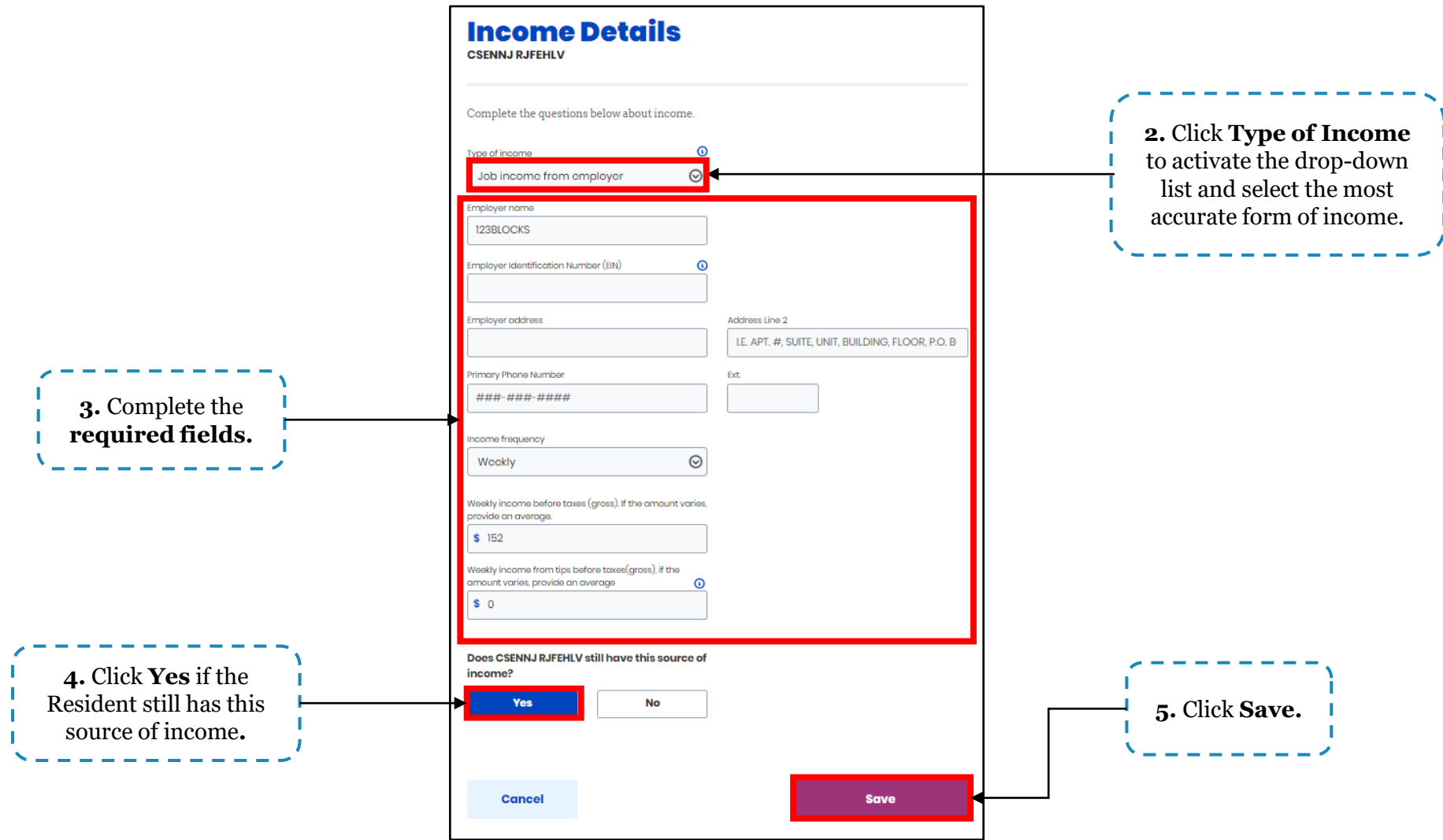
?

1. Click **Add Income** to add additional income sources, if applicable.



# Add New Income to a Case

Agents and kynectors can add income to a Resident's case in kynect using Report a Change. Below are instructions for adding income.



**1. Click the plus icon** to add a new source of income.

**2. Click Type of Income** to activate the drop-down list and select the most accurate form of income.

**3. Complete the required fields.**

**4. Click Yes** if the Resident still has this source of income.

**5. Click Save.**

The screenshot shows the 'Income Details' form for case CSENNJ RJFEHLV. The form includes a 'Type of income' dropdown menu with 'Job income from employer' selected. Below this are fields for 'Employer name' (123BLOCKS), 'Employer Identification Number (EIN)', 'Employer address', 'Address Line 2' (I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B), 'Primary Phone Number' (###-###-####), 'Ext.', 'Income frequency' (Weekly), 'Weekly income before taxes (gross)' (\$ 152), and 'Weekly income from tips before taxes (gross)' (\$ 0). At the bottom, there are 'Yes' and 'No' buttons for the question 'Does CSENNJ RJFEHLV still have this source of income?', and 'Cancel' and 'Save' buttons.

## Remove Income from a Case

Agents and kynectors can remove a Resident's income on kynect using Report a Change. Below are instructions for removing income.

1. If the Resident needs to remove income already entered in kynect, they may click **Next** on the **Income Summary** screen to navigate to the **Remove Existing Income** screen.

Section 1 of 3

### Income Summary


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

[Learn More](#)

The income source(s) below have already been reported for CSENNJ R|FEHLV . You will have opportunity to modify them later.

SSI Income  
\$914.00/month

**Add Income**

Back    Exit    **Next**    

# Remove Income from a Case

Agents and kynectors can remove a Resident's income on kynect using Report a Change. Below are instructions for removing income.

< Change Summary

## CSENNJ RJFEHLV

Section 2 of 3

Remove Existing Income ☺

**!** You have made a change which affects information entered on this screen or requires additional information on this screen. Please review and make any adjustments needed.  
[List of affected sections](#)

Has CSENNJ RJFEHLV stopped receiving any of the below income sources?

	SSI Income \$914.00/month
	CSENNJ RJFEHLV still receives the above source(s) of income.

Back Exit Next

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

2. Select the **income** that needs to be removed.

## Remove Income from a Case

Agents and kynectors can remove a Resident's income on kynect using Report a Change. Below are instructions for removing income.

**Remove Income?** ×

You should only remove an income if is no longer receiving this source of income or working for this employer.

If the salary or position changed, please edit an existing income rather than removing it.

Once you submit the application, we will reach out to verify any change in income. Please verify this information with us, or your benefits may discontinue.

**Remove Income**

Cancel

3. Click **Remove Income**.

# Remove Income from a Case

Agents and kynectors can remove a Resident's income on kynect using Report a Change. Below are instructions for removing income.

Remove Existing Income ☺

**!** You have made a change which affects information entered on this screen or requires additional information on this screen. Please review and make any adjustments needed.  
[List of affected sections](#)

Has CSENNJ RJFEHLV stopped receiving any of the below income sources?

✓	<b>SSI Income</b> \$914.00/month
---	-------------------------------------

End Date	End reason
01/01/2024	Other

CSENNJ RJFEHLV still receives the above source(s) of income.

Back   Exit   Next

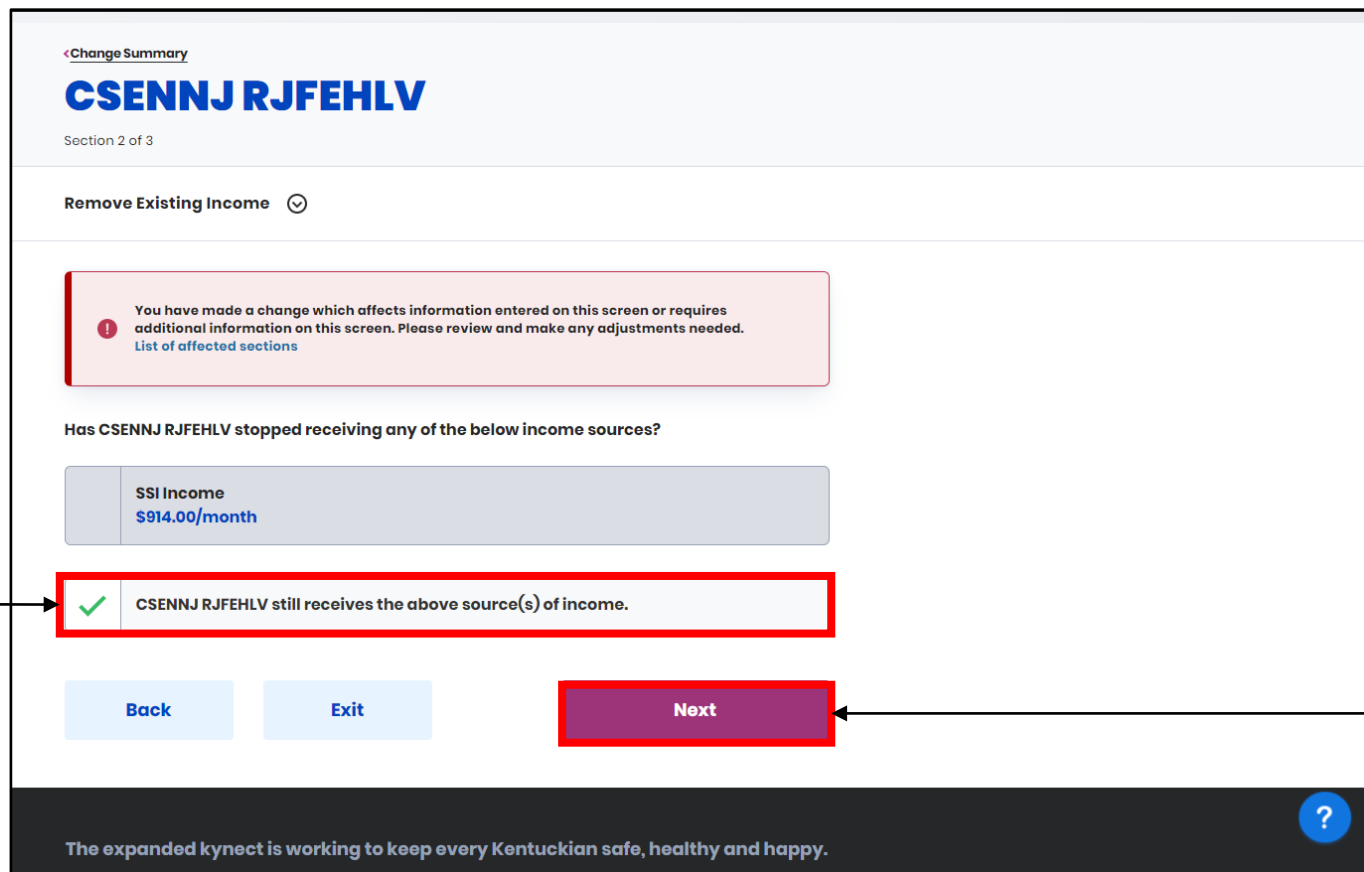
The expanded kynect is working to keep every Kentuckian safe, healthy and happy. ?

4. Complete the required fields.

5. Click Next.

# Update Existing Income on a Case

Agents and kynectors can change a Resident's income on kynect using Report a Change. Below are instructions for changing income.



<Change Summary

## CSENNJ RJFEHLV

Section 2 of 3

Remove Existing Income ⌵

**!** You have made a change which affects information entered on this screen or requires additional information on this screen. Please review and make any adjustments needed.  
[List of affected sections](#)

Has CSENNJ RJFEHLV stopped receiving any of the below income sources?

SSI Income \$914.00/month
------------------------------

CSENNJ RJFEHLV still receives the above source(s) of income.

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

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

1. If the Resident needs to update income already entered in kynect, they may select **[Resident] still receives the above source(s) of income** on the **Remove Existing Income** screen.

2. Click **Next** to navigate to the **Change in Existing Income** screen.

# Update Existing Income on a Case

Agents and kynectors can change a Resident's income on kynect using Report a Change. Below are instructions for changing income.

3. Select the **Income** that needs to be edited.

4. Complete the **required fields**.

5. Click **Next** to complete the income update process.

**Please note:** If income updates differ 25% or greater from what has been verified through state or federal data sources, a Request for Information (RFI) will be generated.



What function available on the Resident's dashboard is used for updating income records?

**Answer using the Polls box!**

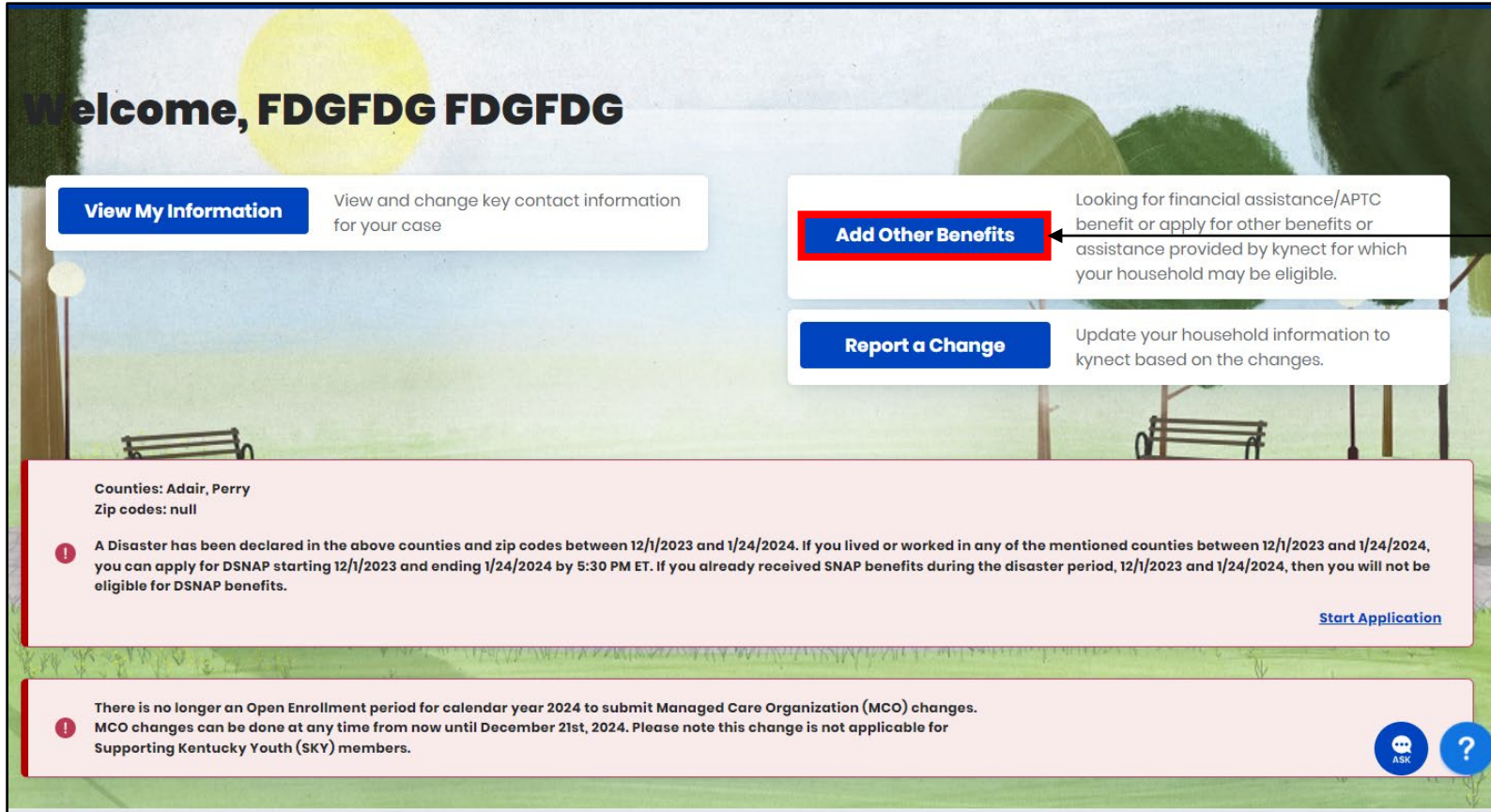


An illustration of seven diverse people standing in a line against a dark grey background. From left to right: a young man with a striped t-shirt and a messenger bag; a woman in a green blazer holding a smartphone; a man in a white lab coat and tie; a man in a blue cap and overalls holding a red bucket; a woman in a pink shirt and blue skirt holding scissors; a large man in a brown jacket; and a young girl in a red dress holding the large man's hand. The text 'How to Add Other Benefits' is overlaid in white, with a blue horizontal line under the word 'How'.

# How to Add Other Benefits

# Add Other Benefits

Residents can apply to add other benefit programs available through kynect such as having APTC added to a QHP-only case by utilizing Add Other Benefits.



1. On the Resident's kynect benefits Dashboard, click **Add Other Benefits** to apply for APTC.

## Add Other Benefits

Residents can apply to add other benefit programs available through kynect such as having APTC added to a QHP-only case by utilizing Add Other Benefits.



**2. Select  
Medicaid/KCHIP/  
Qualified Health  
Plan with payment  
assistance (APTC).**

Select the programs the household would like to apply for.

<input checked="" type="checkbox"/>	Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)
<input type="checkbox"/>	QHP (Medical and Dental Insurance plans without payment assistance)
<input type="checkbox"/>	KI-HIPP (Health Insurance Premium Payments)
<input type="checkbox"/>	SNAP (Food Assistance)
<input type="checkbox"/>	KTAP (Cash Assistance)
<input type="checkbox"/>	Child Care Assistance
<input type="checkbox"/>	State Supplementation

You have selected to apply for Medicaid/KCHIP/APTC, QHP, SNAP and/or CCAP. If you would like assistance with your application, help is available to you by clicking [Get Local Help](#). For SNAP/CCAP benefits, please note that kynectors can only provide limited assistance and Insurance Agents cannot provide assistance.

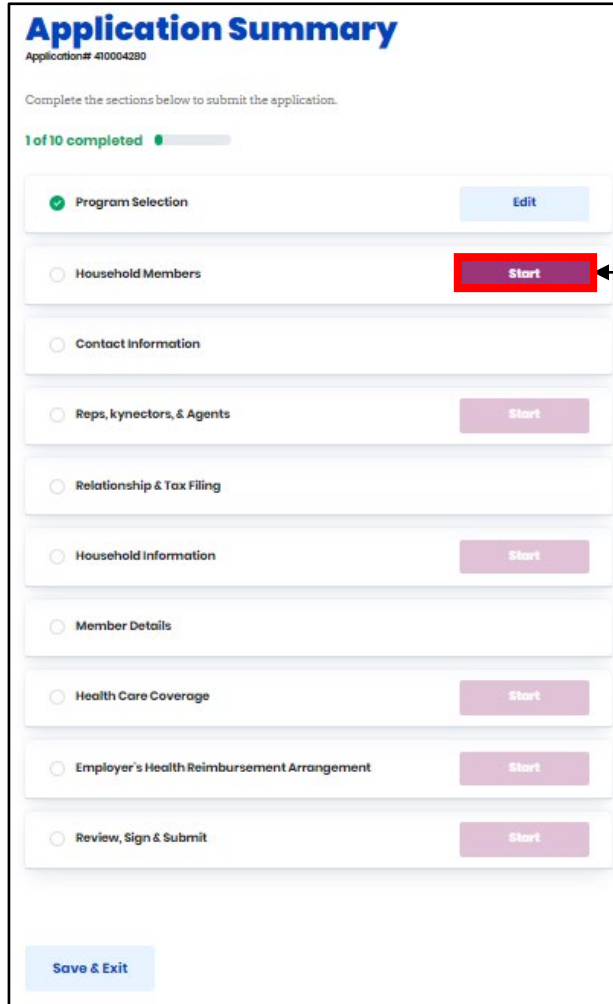
[Back](#) [Save & Exit](#) [Next](#)

**3. Click Next.**

## Add Other Benefits

Residents can apply to add other benefit programs available through kynect such as having APTC added to a QHP-only case by utilizing Add Other Benefits.



**Application Summary**  
Application# 410004280

Complete the sections below to submit the application.

1 of 10 completed

- Program Selection Edit
- Household Members Start
- Contact Information
- Reps, kynectors, & Agents Start
- Relationship & Tax Filing
- Household Information Start
- Member Details
- Health Care Coverage Start
- Employer's Health Reimbursement Arrangement Start
- Review, Sign & Submit Start

Save & Exit

4. Click **Start** to confirm and/or update case details. Proceed through the application flow and complete each section.

**Please note:** The *Member Details* section is where income information is captured to determine eligibility for APTC.

## Add Other Benefits

Residents can apply to add other benefit programs available through kynect such as having APTC added to a QHP-only case by utilizing Add Other Benefits.

**FDGFDG FDGFDG - E-Signature**  
By entering your name below, you are electronically signing this application.

First Name  ML

Household member does not have a middle initial.

Last Name  Suffix

Date

**Voter Registration**

Would you like to register to vote?

Voter Registration Forms will be sent to your mailing address.

5. Provide the required signatures on the **Sign and Submit** screen and click **Submit Benefits Application**.

## Add Other Benefits

Residents can apply to add other benefit programs available through kynect such as having APTC added to a QHP-only case by utilizing Add Other Benefits.

**BENEFITS APPLICATION**

### Eligibility Results

[Learn More](#)

Case #: 113252008

Thank you for submitting your application.

Based on the information provided, below are your eligibility results. Once you have reviewed your results, select "Next Steps" to see how to proceed. We will also send you a notice of eligibility with more information about your benefits based on your preferred contact method.

#### Qualified Health Plan with Payment Assistance (APTC)

**GFDG DFG**

● Approved

Type  
Qualified Health Plan with Payment Assistance (APTC)

Renewal due date  
12/31/2024

Cost Sharing Reduction Category  
B

*Please visit the Health Plans tab to view your plan coverage dates.*

[Check Eligibility for Waiver Programs](#)

If you have questions about your eligibility for benefits, call DCBS at [1\(855\)306-8959](tel:18553068959)

**Next Steps**

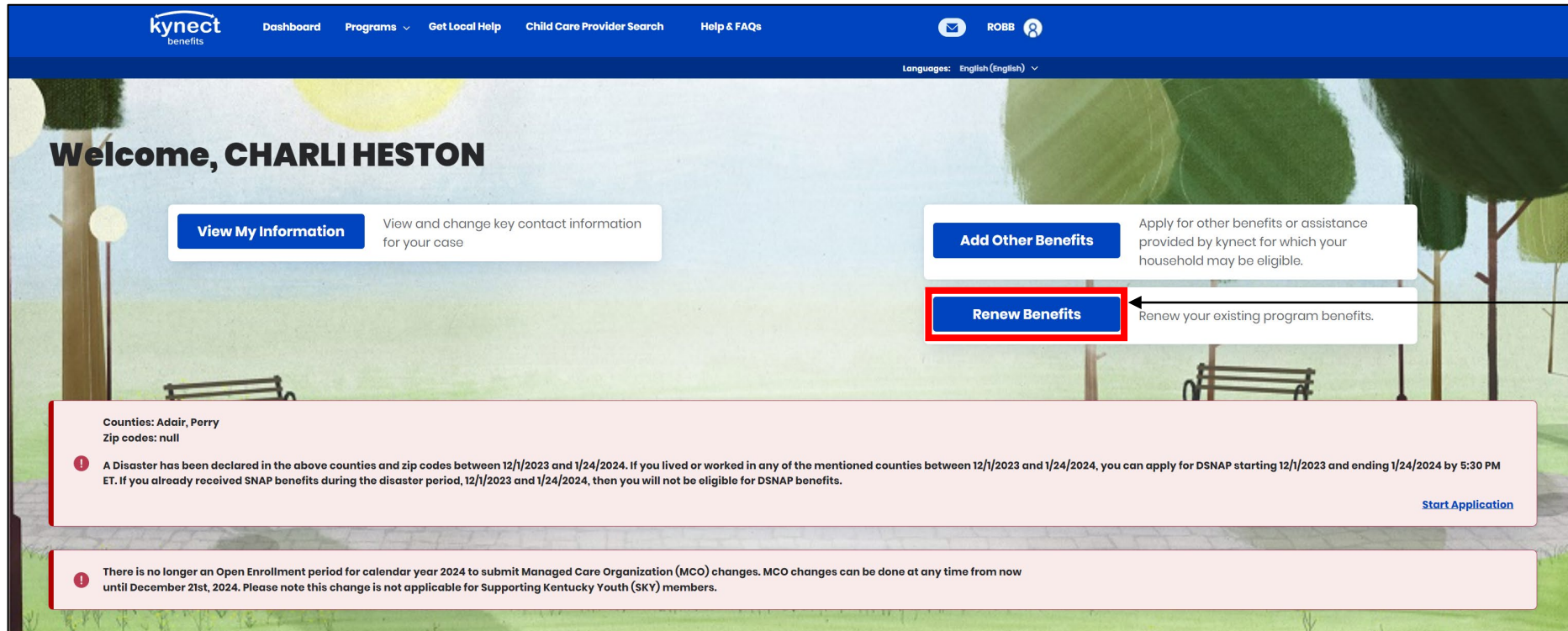
**6. Click Next Steps** to navigate to the Enrollment Manager or Dashboard

An illustration of seven diverse people standing in a row against a grey background. From left to right: a man with a striped shirt and sunglasses on his head; a woman in a green suit holding a phone; a man in a white lab coat; a man in blue overalls and a cap holding a bucket; a woman in a pink shirt and blue skirt holding scissors; a large man in a brown jacket; and a small girl in a red dress holding the large man's hand. The text 'How to Renew Benefits' is overlaid in the center in white, with a blue horizontal line above the word 'How'.

# How to Renew Benefits

# How to Renew Benefits in kynect

The Renew Benefits button will replace the Report a Change button on the Resident's kynect benefits Dashboard if the Resident was previously approved for Medicaid or a QHP and is currently in a renewal period. Below are instructions for how to submit a benefits renewal application in kynect.



**Please note:** Cases that are passively renewed will automatically have eligibility redetermined and will not need to have their eligibility manually renewed.



# How to Renew Benefits in kynect

The Renew Benefits button will replace the Report a Change button on the Resident's kynect benefits Dashboard if the Resident was previously approved for Medicaid or a QHP and is currently in a renewal period. Below are instructions for how to submit a benefits renewal application in kynect.

**Get Started on Renewal**

Case # 113251987

**Today's Renewal**  
Medicaid/KCHIP

**Renewal Window** ⓘ  
12/1/2023 - 1/31/2024

When considering renewing your benefits, please note:

1. Review your information and update any changes.
2. Submitting your application for renewal does not mean your benefits will renew. The Commonwealth of Kentucky still has to approve your application.
3. You must renew your benefits in order to keep them.
4. You must complete and submit the renewal in one sitting. Your progress will not be saved.

**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
3. Authorized Representative
4. kynector

**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**

**Back** **Exit** **Continue**

**2. Review the on-screen instructions and click **Continue**.**

## How to Renew Benefits in kynect

The Renew Benefits button will replace the Report a Change button on the Resident's kynect benefits Dashboard if the Resident was previously approved for Medicaid or a QHP and is currently in a renewal period. Below are instructions for how to submit a benefits renewal application in kynect.

**Renewal Summary**  
Case# 113251987

Review the below before submitting for renewal of benefit(s).

1 of 10 completed

- Program Selection Edit
- Household Members Start
- Contact Information
- Reps, kynectors, & Agents Start
- Relationship & Tax Filing
- Household Information Start
- Member Details
- Health Care Coverage Start
- Employer's Health Reimbursement Arrangement Start
- Review, Sign & Submit Start

Exit

**3.** Click **Start** to confirm and/or update case details. Proceed through the application flow and complete each section.

# How to Renew Benefits in kynect

The Renew Benefits button will replace the Report a Change button on the Resident's kynect benefits Dashboard if the Resident was previously approved for Medicaid or a QHP and is currently in a renewal period. Below are instructions for how to submit a benefits renewal application in kynect.

BENEFITS APPLICATION

< Renewal Summary

Walk Me Through **Application Review**

You can review your application and 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 Exit **Next**

4. Confirm that the information entered is correct and click **Next**.

# How to Renew Benefits in kynect

The Renew Benefits button will replace the Report a Change button on the Resident’s kynect benefits Dashboard if the Resident was previously approved for Medicaid or a QHP and is currently in a renewal period. Below are instructions for how to submit a benefits renewal application in kynect.

5. Provide the required signatures on the **Sign & Submit** screen and click **Submit Benefits Application**.

**BENEFITS APPLICATION**

## Eligibility Results

[Learn More](#)

Case #: 113251987

Thank you for submitting your application.

Based on the information provided, below are your eligibility results. Once you have reviewed your results, select "Next Steps" to see how to proceed. We will also send you a notice of eligibility with more information about your benefits based on your preferred contact method.

**Medicaid/KCHIP**

<p><b>CHARLI HESTON</b></p> <p>● Approved / Medicaid</p> <hr/> <p>Duration 12/01/2023 to 12/31/2024 Look for your notice of eligibility and your benefits cards in the mail!</p> <p>We need certain documents to verify the information you provided. Click <a href="#">here</a> to view your Request for Information (RFI) notices for your household.</p>	<p><b>HANK HESTON</b></p> <p>● Approved / Medicaid</p> <hr/> <p>Duration 12/01/2023 to 12/31/2024 Look for your notice of eligibility and your benefits cards in the mail!</p>
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If you have questions about your eligibility for benefits, call DCBS at [1\(855\)306-8959](tel:18553068959)

**Next Steps**

6. Review the Eligibility Results and click **Next Steps** to navigate to the Enrollment Manager or Dashboard.

An illustration of seven diverse people standing in a line against a dark grey background. From left to right: a man with a striped shirt and sunglasses, a woman in a green suit holding a phone, a man in a white lab coat, a man in blue overalls with a bucket and brush, a woman in a pink shirt holding scissors, a large man in a brown jacket, and a small girl in a red dress. The text 'How to Export Client Lists' is overlaid in white, with a blue horizontal line under the word 'How'.

# How to Export Client Lists

# Export Cases Requiring Action: kynectors

kynectors may export their Cases Requiring Action to an Excel file to view only those applicable cases. Below are instructions for how kynectors may export their RFI Expiring, Renewals, and Pending Cases lists.



Welcome, ANDREW

Profile: kynector

Start Benefits Application

Your ID 5651	Organization FIVETWENTYTWO	Coverage Area Bath, Bell, Boone	Public	Program Access Medicaid/APTC/QHP, SNAP, CCAP
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[View More](#)

### Cases Requiring Action

Select the type of case action to view the most recent 100 cases which require that action in the near future.

Cases Requiring Action				
RFIs Expiring (4)		Renewals (1)	Pending Cases (10)	
#	Case Number	HOH Name	Status	
1	113210228	DOUG POWELL	Pending Plan Selection	<a href="#">View Benefits Page</a>
2	113210233	DOUG SMITH	Pending Plan Selection	<a href="#">View Benefits Page</a>
3	113210743	EVERT VERT	Pending Plan Selection	<a href="#">View Benefits Page</a>
4	113211388	ASDGAS ASHDAS	Pending Plan Selection	<a href="#">View Benefits Page</a>
5	113208793	TpwjicJDSYNI tWkbeHGDYVnVG	Pending Interview	<a href="#">View Benefits Page</a>

1 2 Previous Next **Export to Excel**

1. Click **Export to Excel** to export each tab to an Excel file.

## Export Full Client Lists: kynectors

kynectors may export their full client list to an Excel file to view case details such as case status, enrollment status, etc. Below are instructions for how kynectors may export their client cases to an Excel file.

### Cases Requiring Action

Select the type of case action to view the most recent 100 cases which require that action in the near future.

Cases Requiring Action	Renewals (0)	Pending Cases (0)
RFIs Expiring (0)	No results found.	

#### Search

Programs Applicable

Medicaid  SNAP/CCAP

First Name

Case Number

Social Security Number (0 digits)

Search by Primary Applicant

Last Name

Application Number

Date of Birth

Address Line 1

[Show Advanced Search](#)

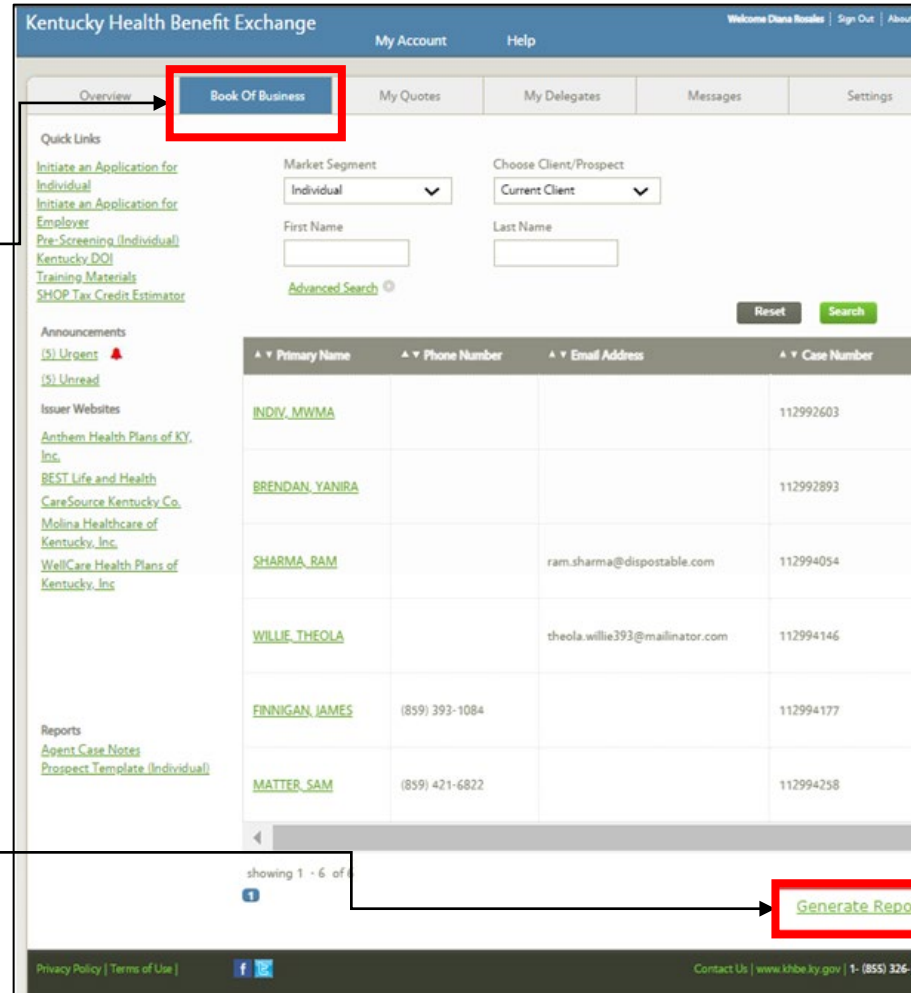
**1. Click **Export to Excel** to export a full client list to an Excel file.**

# Generate Client Report: Agents

Agents may export a full client report to an Excel file to view case details such as plan type, enrollment status, plan ID, etc. Below are instructions for how Agents may export their client list to an Excel file.

1. Click **Book of Business** to navigate to the Agent's client list.

2. Click **Generate Report** to export a client list to an Excel file.



Kentucky Health Benefit Exchange

My Account Help

Welcome Diana Rossiter | Sign Out | About

Overview **Book Of Business** My Quotes My Delegates Messages Settings

Quick Links

- [Initiate an Application for Individual](#)
- [Initiate an Application for Employer](#)
- [Pre-Screening \(Individual\)](#)
- [Kentucky DOI](#)
- [Training Materials](#)
- [SHOP Tax Credit Estimator](#)

Announcements

- [\(5\) Urgent](#)
- [\(5\) Unread](#)

Issuer Websites

- [Anthem Health Plans of KY, Inc.](#)
- [BEST Life and Health](#)
- [CareSource Kentucky Co.](#)
- [Molina Healthcare of Kentucky, Inc.](#)
- [WellCare Health Plans of Kentucky, Inc.](#)

Reports

- [Agent Case Notes](#)
- [Prospect Template \(Individual\)](#)

Market Segment: Individual

Choose Client/Prospect: Current Client

First Name: [ ] Last Name: [ ]

Advanced Search [ ]

Reset Search

Primary Name	Phone Number	Email Address	Case Number
<a href="#">INDIV_MWMA</a>			112992603
<a href="#">BRENDAN_YANIRA</a>			112992893
<a href="#">SHARMA_RAM</a>		ram.sharma@dispostable.com	112994054
<a href="#">WILLIE_THEOLA</a>		theola.willie393@mailinator.com	112994146
<a href="#">FINNIGAN_JAMES</a>	(859) 393-1084		112994177
<a href="#">MATTER_SAM</a>	(859) 421-6822		112994258

showing 1 - 6 of 6

**Generate Report**

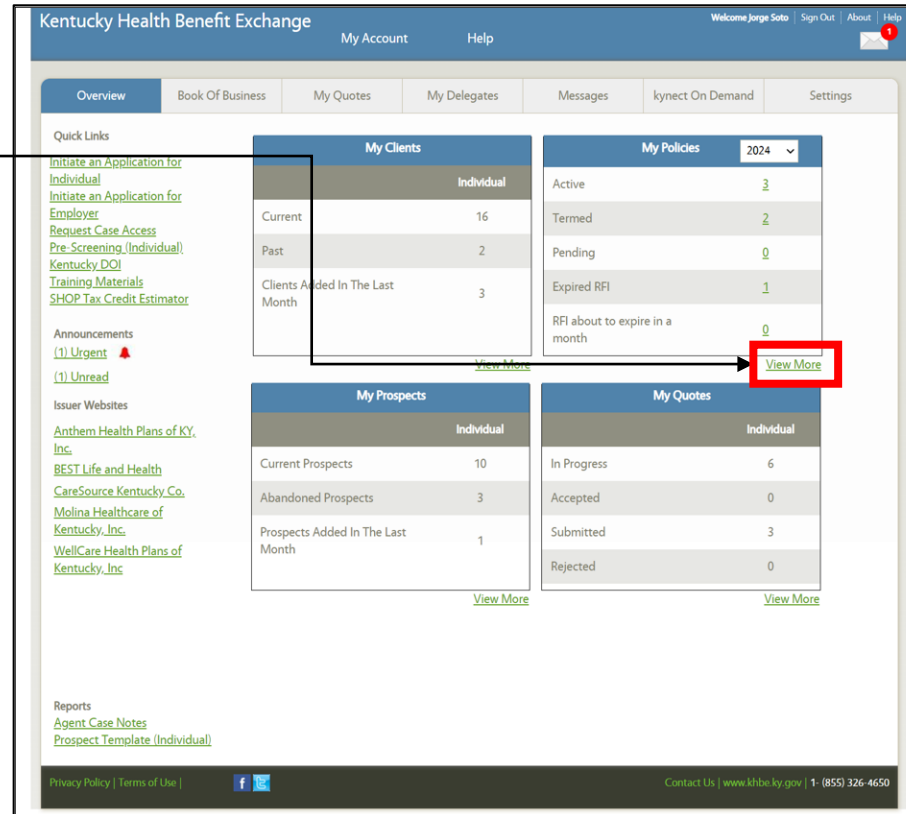
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# Export My Policies: Agents

Agents may export their enrollments to an Excel file to view case details such as Issuer, plan type, enrollment status, etc. Below are instructions for how Agents may export their policies to an Excel file.

1. Click **View More** under the *My Policies* box to view Agent enrollments.



The screenshot displays the 'My Account' page for a user named Jorge Soto. The page is divided into several sections:

- Navigation:** Overview (selected), Book Of Business, My Quotes, My Delegates, Messages, kynect On Demand, Settings.
- Quick Links:** Initiate an Application for Individual, Initiate an Application for Employer, Request Case Access, Pre-Screening (Individual), Kentucky DOI, Training Materials, SHOP Tax Credit Estimator.
- Announcements:** (1) Urgent, (1) Unread.
- Issuer Websites:** Anthem Health Plans of KY, Inc., BEST Life and Health, CareSource Kentucky Co., Molina Healthcare of Kentucky, Inc., WellCare Health Plans of Kentucky, Inc.
- Reports:** Agent Case Notes, Prospect Template (Individual).

The main content area features four data boxes:

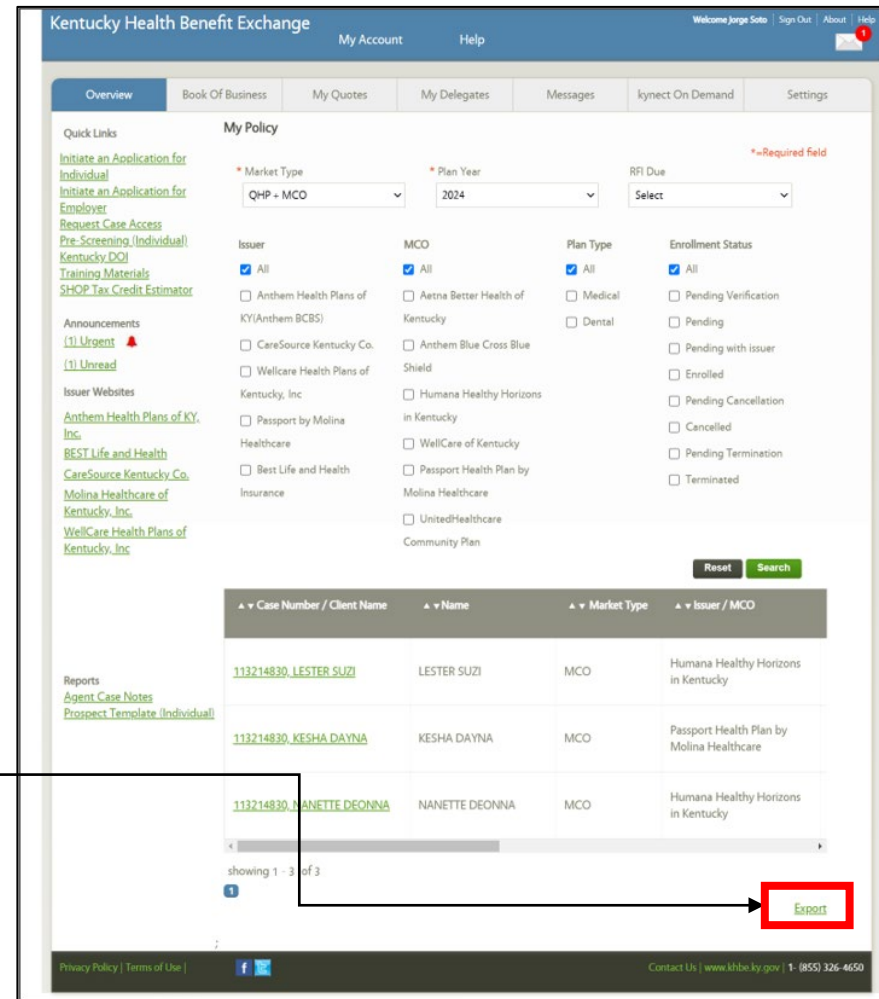
- My Clients:** Individual. Current: 16, Past: 2, Clients Added In The Last Month: 3. [View More](#)
- My Policies:** 2024. Active: 3, Termed: 2, Pending: 0, Expired RFI: 1, RFI about to expire in a month: 0. [View More](#) (highlighted in red)
- My Prospects:** Individual. Current Prospects: 10, Abandoned Prospects: 3, Prospects Added In The Last Month: 1. [View More](#)
- My Quotes:** Individual. In Progress: 6, Accepted: 0, Submitted: 3, Rejected: 0. [View More](#)

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## Export My Policies: Agents

Agents may export their enrollments to an Excel file to view case details such as Issuer, plan type, enrollment status, etc. Below are instructions for how Agents may export their policies to an Excel file.

2. Click **Export** to export a client list to an Excel file.



My Policy

Market Type: QHP - MCO, Plan Year: 2024, RFI Due: Select

Issuer	MCO	Plan Type	Enrollment Status
<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
<input type="checkbox"/> Anthem Health Plans of KY (Anthem BCBS)	<input type="checkbox"/> Aetna Better Health of Kentucky	<input type="checkbox"/> Medical	<input type="checkbox"/> Pending Verification
<input type="checkbox"/> CareSource Kentucky Co.	<input type="checkbox"/> Anthem Blue Cross Blue Shield	<input type="checkbox"/> Dental	<input type="checkbox"/> Pending
<input type="checkbox"/> WellCare Health Plans of Kentucky, Inc.	<input type="checkbox"/> Humana Healthy Horizons in Kentucky		<input type="checkbox"/> Pending with issuer
<input type="checkbox"/> Passport by Molina Healthcare	<input type="checkbox"/> WellCare of Kentucky		<input type="checkbox"/> Enrolled
<input type="checkbox"/> Best Life and Health Insurance	<input type="checkbox"/> Passport Health Plan by Molina Healthcare		<input type="checkbox"/> Pending Cancellation
<input type="checkbox"/> UnitedHealthcare Community Plan			<input type="checkbox"/> Cancelled
			<input type="checkbox"/> Pending Termination
			<input type="checkbox"/> Terminated

Case Number / Client Name	Name	Market Type	Issuer / MCO
113214830, LESTER SUZI	LESTER SUZI	MCO	Humana Healthy Horizons in Kentucky
113214830, KESHA DAYNA	KESHA DAYNA	MCO	Passport Health Plan by Molina Healthcare
113214830, NANETTE DEONNA	NANETTE DEONNA	MCO	Humana Healthy Horizons in Kentucky

Export

An illustration of seven diverse people standing in a row against a dark grey background. From left to right: a man with a striped shirt and sunglasses on his head; a woman with a green blazer and red hair; a man in a white lab coat and purple tie; a man in a blue cap and overalls with a red bucket; a woman in a pink shirt and blue skirt holding scissors; a large man in a brown jacket and blue pants; and a small girl in a red dress holding the large man's hand. The text "Questions and Answers (Q&A)" is overlaid in the center in white, with a blue horizontal line above the word "Questions".

# Questions and Answers (Q&A)

# Questions and Answers (Q&A)

Please ask any Open Enrollment questions using the **Q&A Icon** located at the bottom of your Zoom screen.

