



**Interview Guide  
for Agents and kynectors  
December 2015**



## Interview Guide

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**This guide is designed to provide Insurance Agents and kynectors with important information during each step of the kynect Self-Service Portal (SSP) application process. Insurance Agents and kynectors can use this guide when they are helping an individual with an application to make sure all the critical components are captured correctly.**

### Using the Interview Guide

The links in the table of contents can be used to navigate throughout the document.

### Table of Contents:

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1. Before Starting an Application.....	3
Overview .....	3
Information to Collect before Starting an Application .....	3
Personal Exemptions.....	4
2. Pre-Screening.....	5
Overview .....	5
Entering Information .....	5
Interpreting Results .....	7
3. Individual Account Setup.....	8
Step-by-Step Instructions .....	8
Identity Proofing – why is Identity Proofing important?.....	10
4. Application Intake.....	11
Tips for Entering Information .....	11
Household Information.....	11
Tax Details .....	12
Income .....	12
Countable and Non-Countable Income.....	13
Associating an Insurance Agent or kynector to an Account .....	14
5. Uploading Verifications .....	15
Overview .....	15
Identity Verification Forms .....	15
Uploading Identity Verification Forms .....	17
6. Choosing Coverage Using the Plan Comparison Tool.....	21
7. Enrollment.....	22
8. Ending or Changing Coverage.....	22
Ending Coverage.....	22
Changing Coverage.....	23
9. Additional Quick Reference Guides.....	24

## Interview Guide

### 1. Before Starting an Application

#### Overview

Insurance Agents and kynectors facilitate the health insurance application process for individuals, employers, and employees. In most instances, Insurance Agents and kynectors are the initial point of contact when individuals, employers, or employees begin identifying and purchasing health insurance plans.

With the release of benefind in January 2015, individuals will have different options when it comes to enrolling in healthcare coverage and additional benefits. On kynect, individuals will be able to apply for Health Insurance Plans (HIPs), MAGI Medicaid, and employer-sponsored insurance (ESI) through the Small Business Health Options Program (SHOP) as they have done previously. However, after January, kynect will also be able to refer individuals to Medicaid Waiver applications and screen the individual's household for public assistance programs like SNAP and KTAP.

benefind will then be a separate portal which will allow individuals to apply for other types of assistance programs, HIPs, and payment assistance (Advanced Premium Tax Credits or APTC) with the exception of SHOP.

From the beginning of the application process, Insurance Agents and kynectors should continue to use kynect and help clients with MAGI Medicaid, QHP, and SHOP applications in kynect as they have done previously. However, they should also work with individuals to determine the programs that they are both eligible for and interested in. It is optional for Insurance Agents and kynectors to help with Non-MAGI Medicaid, Waiver, and other public assistance programs, and determining an individual's interests can not only help to streamline the application process, but can also provide the individual with the coverage and benefits that best fit their needs.

#### Information to Collect before Starting an Application

The table below contains the information that can be collected before starting the individual application process.

Information	Examples of Documentation
Contact Information	<ul style="list-style-type: none"> <li>• Email ID/Password</li> <li>• Mailing/Permanent Address</li> <li>• Proof of Residence (utility bill)</li> <li>• Phone Number</li> <li>• Date of Birth</li> </ul>
Individual Identification	<ul style="list-style-type: none"> <li>• Social Security Card</li> <li>• Immigration Documents (I-9 if available)</li> <li>• Government Issued ID such as Driver's License</li> <li>• Birth Certificate</li> </ul>
Household Information	<ul style="list-style-type: none"> <li>• Names</li> <li>• Date of Birth</li> <li>• Social Security Numbers of all persons in household</li> <li>• • Proof of Marriage (if married)</li> </ul>

## Interview Guide

Proof of Income	<ul style="list-style-type: none"> <li>• W-2 forms,</li> <li>• Last year's tax return,</li> <li>• Pay stubs from previous 2 months</li> <li>• Proof of unearned income (SSI or Disability check stub)</li> <li>• Other Proof of Income</li> </ul>
Expense Information	<ul style="list-style-type: none"> <li>• Alimony (if alimony is paid)</li> <li>• Student Loan Interest Payment</li> <li>• Teacher Expenses (if a school teacher)</li> <li>• School Tuition and Fees</li> </ul>
Current Insurance Cost	<ul style="list-style-type: none"> <li>• Health Insurance Card</li> <li>• Premium Bill</li> </ul>
Work Information	<ul style="list-style-type: none"> <li>• Employer Identification Number (EIN) located on the W-2 form</li> <li>• Business Name</li> <li>• Work Address</li> <li>• Work Phone Number</li> <li>• Work's Health Plan (if employer offers coverage)</li> </ul>

### Personal Exemptions

Under the Affordable Care Act (ACA), individuals must have Minimum Essential Coverage (MEC). This includes health coverage through kynect, job-based coverage, Medicare, Medicaid, Kentucky Children's Health Insurance Program (KCHIP), Veterans' coverage, and certain other coverage.

Though there may be tax penalties for individuals who do not enroll in coverage, other individuals may be exempt from the individual federal requirement to purchase health insurance. Insurance Agents and kynectors should consider whether the individual they are helping may qualify for an exemption. Individuals who qualify for an exemption may fall into one of the below categories:

Exemption	Definition
Religious Conscience	Members of a religious sect that is recognized as conscientiously opposed to accepting any insurance benefits.
Healthcare Sharing Ministry	Healthcare sharing ministries help share the cost of health insurance but do not provide it.
Native American Tribe	Member of a federally recognized Native American tribe.
No Filing Requirement	An individual's household income is below the minimum threshold for filing a tax return.
Short Coverage Gap	An individual went without coverage for less than three consecutive months during the year.
Hardship	An individual has suffered hardship that makes him or her unable to obtain coverage.
Unaffordable Coverage Options	An individual can't afford coverage because the minimum amount for the premiums is more than 9.56% percent of household income

## Interview Guide

Incarceration	An individual is in jail, prison, or similar penal institution or correctional facility after the disposition of charges.
Not Lawfully Present	An individual is neither a U.S. citizen, a U.S. national, nor an alien lawfully present in the U.S.

For more information about penalties and exemptions, you can visit [www.IRS.gov/aca](http://www.IRS.gov/aca) or use the [www.healthcare.gov/exemptions-tool](http://www.healthcare.gov/exemptions-tool).

## 2. Pre-Screening

### Overview

Pre-Screening is a tool that Insurance Agents, kynectors, and individuals can access before beginning an application. Pre-Screening can be accessed through the **Individuals and Families** tab on the [kynect.ky.gov](http://kynect.ky.gov) homepage. It is completely anonymous and the information that is entered is not saved or carried over to an official application. Pre-Screening allows individuals to shop for and compare insurance plans based on various factors such as cost, quality, and deductible rates. Pre-Screening also displays whether or not an individual is eligible for payment assistance (Advanced Premium Tax Credits or APTC) or special discounts (Cost-Sharing Reductions or CSR).

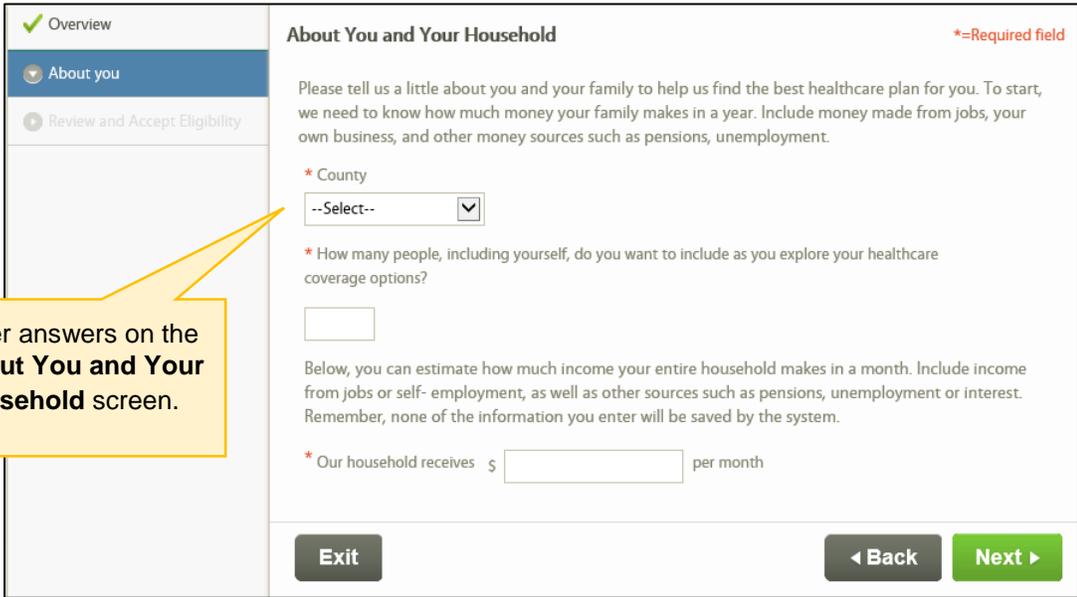
During the Pre-Screening process, individuals can also elect to use the annual medical cost estimate tool. The annual medical cost estimate tool is also referred to as the Consumer Decision Tool. To access this tool, an individual must enter their basic information in Pre-Screening as they would normally. Once they view their potential eligibility determination and click the **Look for Plans** button, a new screen appears. From this screen, they can choose to view plans directly or enter additional information to estimate their annual medical costs.

### Entering Information

The following steps provide a high-level description of the Pre-Screening process. To understand this process in greater detail, please refer to the **Agent and kynector Student Guide Part 1**.

## Interview Guide

1. The first screen to complete during the Pre-Screening process is the **About You and Your Household** screen. On this screen, individuals must select the county that they live in, how many people are applying for coverage, and the monthly household gross income (before taxes).



**About You and Your Household** \*Required field

Please tell us a little about you and your family to help us find the best healthcare plan for you. To start, we need to know how much money your family makes in a year. Include money made from jobs, your own business, and other money sources such as pensions, unemployment.

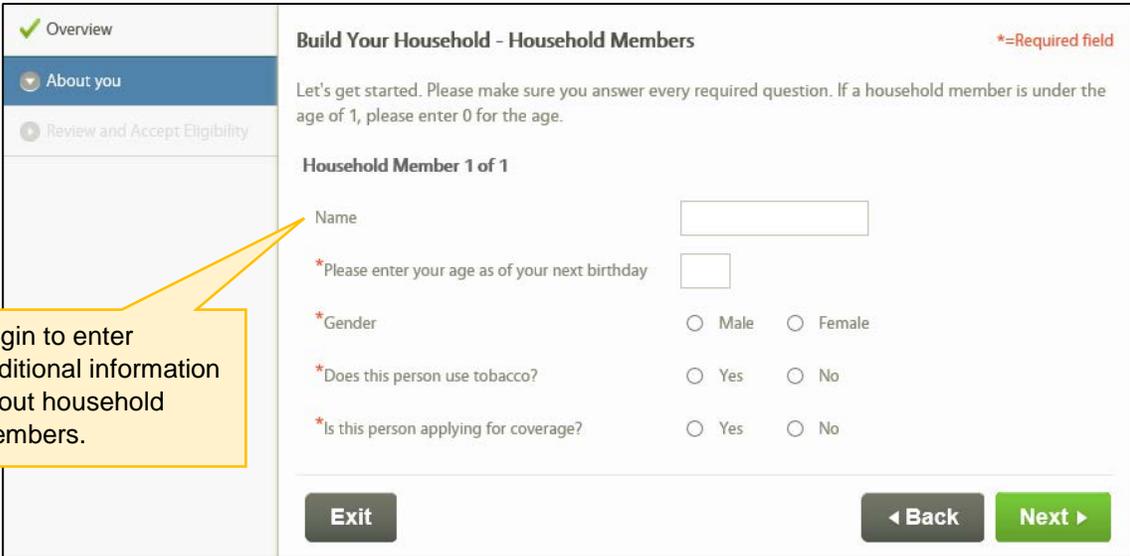
\* County

\* How many people, including yourself, do you want to include as you explore your healthcare coverage options?

Below, you can estimate how much income your entire household makes in a month. Include income from jobs or self-employment, as well as other sources such as pensions, unemployment or interest. Remember, none of the information you enter will be saved by the system.

\* Our household receives \$  per month

2. The next screen is the **Build Your Household – Household Members** screen. The fields that appear on this screen depend on the number of household members that were entered on the previous screen. These fields include name, age as of the next birthday (to predict coverage costs for the following year), gender, and tobacco usage.



**Build Your Household - Household Members** \*Required field

Let's get started. Please make sure you answer every required question. If a household member is under the age of 1, please enter 0 for the age.

**Household Member 1 of 1**

Name

\*Please enter your age as of your next birthday

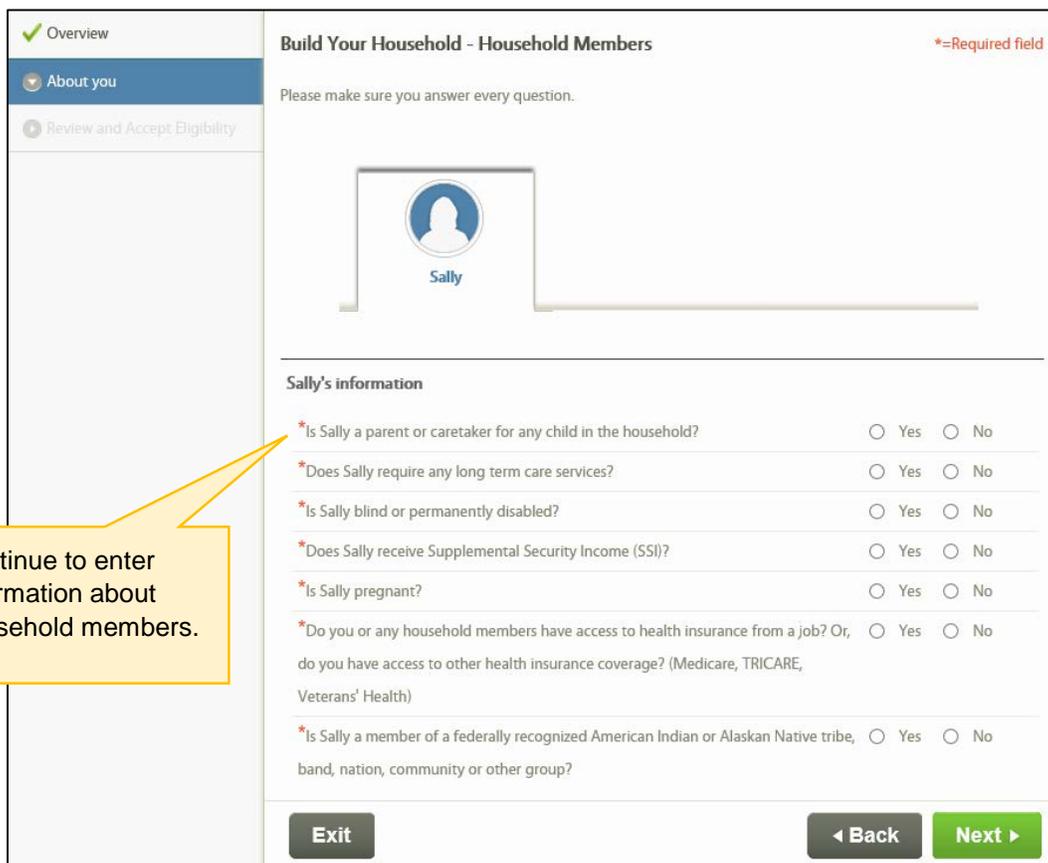
\*Gender  Male  Female

\*Does this person use tobacco?  Yes  No

\*Is this person applying for coverage?  Yes  No

## Interview Guide

3. The third screen requests additional information about each individual in the household. This screen asks questions about caretakers for children in the household, long-term care services, Supplemental Security Income (SSI), pregnancy, and health insurance from jobs.



**Build Your Household - Household Members** \*=-Required field

Please make sure you answer every question.

**Sally's information**

- \* Is Sally a parent or caretaker for any child in the household?  Yes  No
- \* Does Sally require any long term care services?  Yes  No
- \* Is Sally blind or permanently disabled?  Yes  No
- \* Does Sally receive Supplemental Security Income (SSI)?  Yes  No
- \* Is Sally pregnant?  Yes  No
- \* Do you or any household members have access to health insurance from a job? Or, do you have access to other health insurance coverage? (Medicare, TRICARE, Veterans' Health)  Yes  No
- \* Is Sally a member of a federally recognized American Indian or Alaskan Native tribe, band, nation, community or other group?  Yes  No

**Exit** **◀ Back** **Next ▶**

Continue to enter information about household members.

## Interpreting Results

The **Your Results** screen displays the potential eligibility determination for each individual in the household. This screen displays Not Eligible or Potentially Eligible for the following coverage types:

- Medicaid
- Kentucky Children's Health Insurance Program (KCHIP)
- Payment Assistance and Special Discounts
- Health Insurance Plans

It is important to keep in mind that the eligibility determinations that appear are not final. Eligibility determinations may change when individuals provide more detailed information during the formal application process.

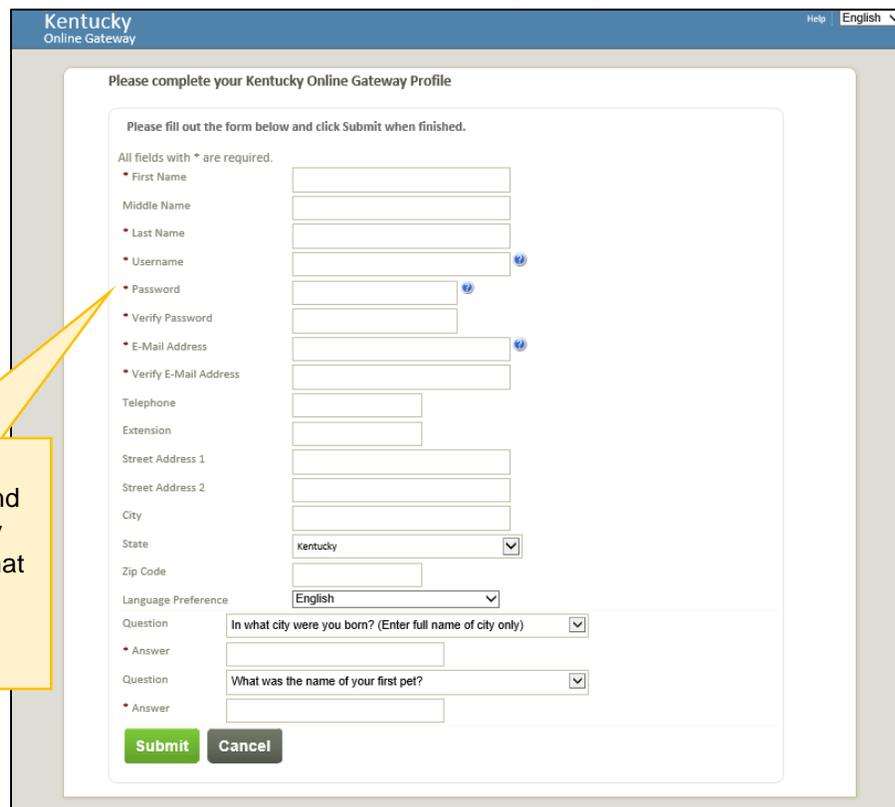
## Interview Guide

### 3. Individual Account Setup

#### Step-by-Step Instructions

The kynect application process has been developed so that the screens that appear are easy to use and navigate through. However, individuals may require additional assistance from Insurance Agents and kynectors when setting up their accounts. If an individual has questions about setting up their account, the following instructions can be used to assist them:

1. Go to [www.kynect.ky.gov](http://www.kynect.ky.gov).
2. Click on the **Individuals and Families** tab.
3. Click **Let's Get Started**.
4. Click **Create an Account**.
5. Complete all mandatory fields and answer the security questions. Be sure to write down or memorize these answers. This process creates a Kentucky Online Gateway (KOG) account for individuals, which is the first step in gaining access to kynect.

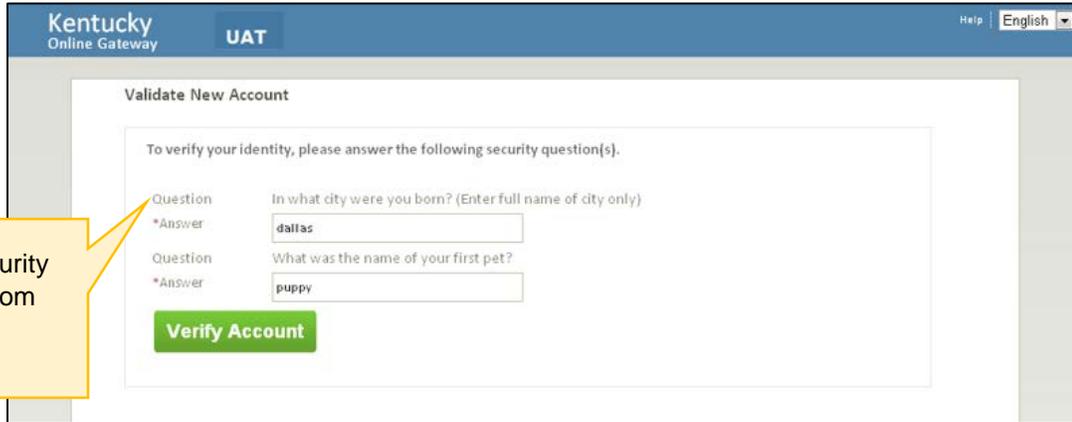


Complete all mandatory fields and answer the security questions. Fields that are mandatory are denoted with a red asterisk.

6. Instruct individuals to check their email for the verification link.

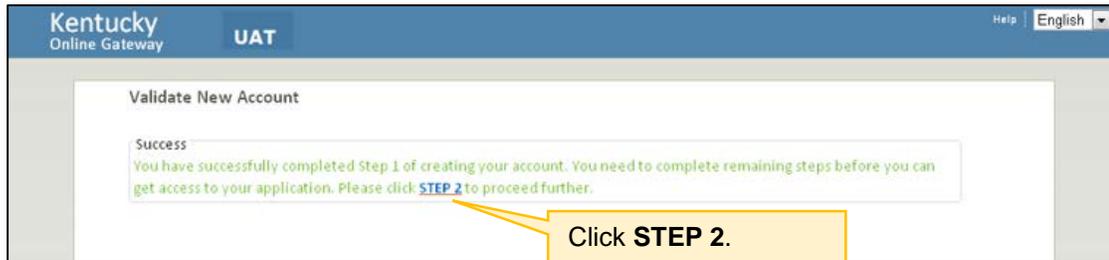
## Interview Guide

- Instruct individuals to answer the security questions from step 5 and click **Verify Account**.



Answer security questions from step 5.

- Instruct individual's to click on the **STEP 2** link to proceed.

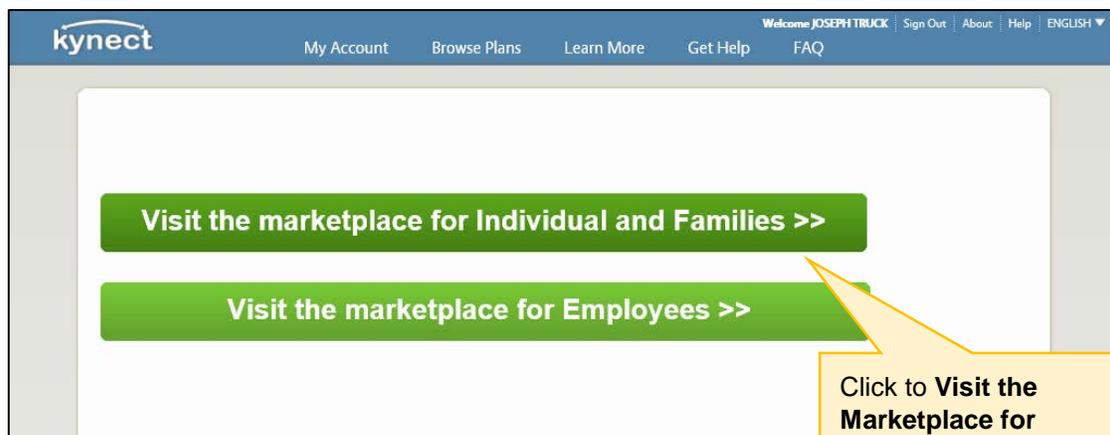


Click **STEP 2**.

- Instruct individuals to enter their username and password to proceed. Note that there are additional verification requirements for first-time users.

After creating an account and accepting the kynect terms and conditions, individuals are redirected to the screen below. On this screen, they can choose to enter the **Marketplace for Individuals and Families** or they can visit the **Marketplace for Employees**.

- Click the button to **Visit the Marketplace for Individuals and Families**.

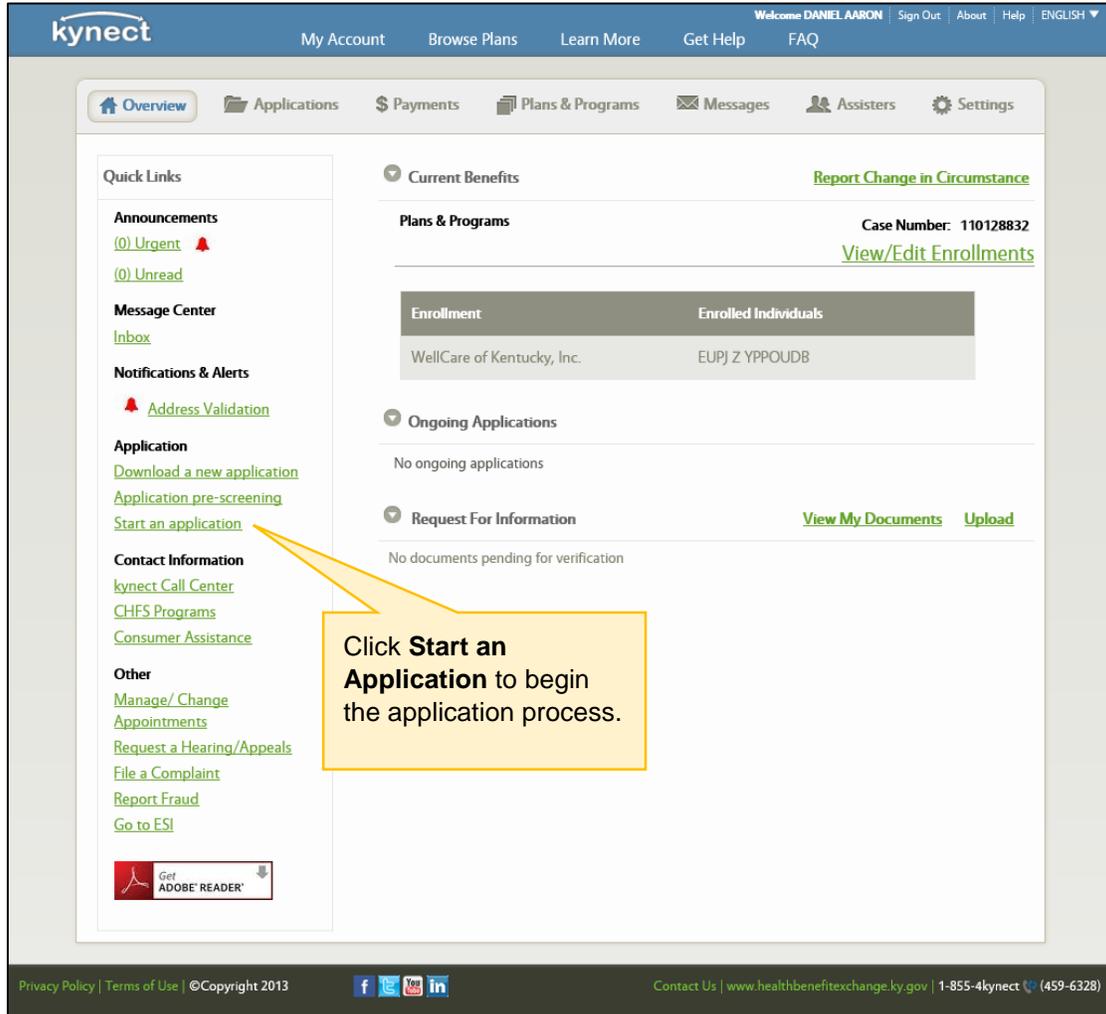


Click to **Visit the Marketplace for Individuals and Families**.

## Interview Guide

Individuals are taken to their Individual Dashboard.

11. Inform individuals to click **Start an Application** to begin the application process.



The screenshot displays the kynect Individual Dashboard. The top navigation bar includes 'My Account', 'Browse Plans', 'Learn More', 'Get Help', and 'FAQ'. The main content area is divided into several sections:

- Quick Links:** Overview, Applications, Payments, Plans & Programs, Messages, Assisters, Settings.
- Announcements:** (0) Urgent, (0) Unread.
- Message Center:** Inbox.
- Notifications & Alerts:** Address Validation.
- Application:** Download a new application, Application pre-screening, **Start an application** (highlighted by a yellow callout box), Request For Information.
- Contact Information:** kynect Call Center, CHFS Programs, Consumer Assistance.
- Other:** Manage/ Change Appointments, Request a Hearing/Appeals, File a Complaint, Report Fraud, Go to ESI.

The 'Start an application' link is highlighted with a yellow callout box containing the text: "Click **Start an Application** to begin the application process."

## Identity Proofing – why is Identity Proofing important?

As an Agent or kynector, it is important that you verify an individual's identification during the application process. Identity proofing is a federal requirement and a necessary step included in facilitating enrollment. The information provided to kynect is sensitive Personally Identifiable Information, requiring a rigorous online verification process. Determining eligibility involves sensitive federal and state data, and kynect must verify individuals' identities before granting them full access to the system.

There are different processes for verifying an individual's identity if the individual is completing their application with an Agent or kynector over the phone or in person. It is important that Agents or kynectors perform the correct steps when they are assisting individuals with their applications. For instructions on how to complete those processes, please refer to the **Kentucky Online Gateway (KOG) Quick Reference Guide**.

## 4. Application Intake

### Tips for Entering Information

- Do not use the same email for an individual account and an employer account.
- The first person entered on the application becomes the Primary Applicant. Always enter the individual who you want to become the Primary Applicant first (preferably an adult).
- On the **Basic Information** screen, be sure to enter all required fields such as **First Name, Last Name, Date of Birth, and Gender**. There is also a field to enter the individual's Social Security Number (SSN). Although this information is not required at this stage of the process, you should request that the individual provides their SSN to avoid additional verification steps later.

### Household Information

After determining what type of coverage an individual would like to apply for, you are directed to a screen with questions about the individual's household.

It is important to note that "household" does not mean "family" or those who live together in a single home. The household composition is based solely on the applicant's tax filer status. Individuals that are in the same tax household can apply as separate individuals or together as a single group. However, it is important to note that tax filing status may affect the total benefits received. During the application process, you should provide information for all household members, even if those members are not going to be applying for coverage through kynect.

For all members of the household, kynect requires that an individual provides:

- Name
- Date of Birth
- Race
- Nationality
- Ethnicity
- SSN
- Citizenship

Additional information needs to be provided for household members who fall into one or more of the following categories:

- American Indian or Alaskan Native
- Incarcerated
- Disabled
- Pregnant
- Non-Custodial Parents
- Involved in other kynect cases

The Household Information portion of the application process also contains a question for determining the relationships between members of the household. You will need to input this information and also indicate whether individuals are parents or caretakers for any members of the household.

## Interview Guide

### Tax Details

An individual's expected tax household for the upcoming plan year is used to determine who is included in their household.

- If an individual plans to file their own taxes in the upcoming plan year, they are viewed as one household. If individuals plan to file taxes jointly, they are in the same household.
- If an individual plans to claim dependents on their taxes, those dependents are counted in the same household as the individual.
- Similarly, if an individual is claimed as a dependent on someone else's taxes, they would be included in the other person's household and not have their own household.
- Individuals can file as a Head of Household, single, married filing jointly, married filing separately, or qualified widow(er) with dependent child. An individual may only be considered a tax dependent on one tax return.
- Same-sex married couples who plan to file taxes jointly must select married filing jointly in kynect.

### Income

After providing information about the members of an individual's household, you are directed to screens for determining household income. Current income from all taxable sources is used to project the household's income for the upcoming plan year. Individuals must complete the household income section in order to be considered for payment assistance, special discounts, or any other subsidies such as Medicaid or KCHIP.

kynect's categories for household income include:

Income Type	Definition	Information to Provide
Job	Income of members who are not self-employed.	<ul style="list-style-type: none"> <li>• Employer Name</li> <li>• Employer Contact Information</li> <li>• Employer Healthcare Options</li> </ul>
Self-Employment	Individual owns their own business or is self-employed in some capacity.	<ul style="list-style-type: none"> <li>• Type of Work</li> <li>• Net Income</li> </ul>
Other Income	Includes the following: <ul style="list-style-type: none"> <li>• Social Security</li> <li>• Pensions</li> <li>• Military Service</li> <li>• Disability Payments</li> </ul>	<ul style="list-style-type: none"> <li>• Proof of Other Income</li> </ul>
Expenses	Household expenses that can be deducted from a tax return.	<ul style="list-style-type: none"> <li>• Tax Information</li> </ul>

## Interview Guide

If individuals are eligible for Non-MAGI Medicaid, they will need to enter additional information about resources. These resource questions are found on new screens that have not appeared previously in kynect. The following types of resources are asked about:

- Liquid resource
- Vehicles
- Life insurance
- Pre-arranged funeral contract
- Real estate property
- Annuity
- Trust
- Burial insurance
- Burial funds
- Promissory note or land contract
- Life estate
- Lifetime care agreements
- Partnership qualified long-term care (LTC) policy

For more information on these resources, please refer to the **kynect/benefind Navigational Guide**.

### Countable and Non-Countable Income

The following table lists the types of countable and non-countable income used to determine eligibility. The income of dependents should only be counted if the dependent is required to file taxes.

Countable Income	Non-Countable Income
Wages, salaries, tips, bonuses, awards	Veteran's disability benefits
Interest income (taxable and non-taxable)	Veteran's pension benefits
Ordinary dividends	Veteran's education benefits
Alimony Received/Spousal Support	Child support received
Business Income	Worker's compensation
Capital gains	SSI benefits
IRA distributions	TANF benefits
Pensions and annuities	Foster care and Adoption Assistance payments
Rental Income	Military allowances
Royalties	Education scholarships, awards, fellowship grants
Partnerships/S-Corporations	Social Security benefits of dependents
Trust Income (as reported on 1040, line 17)	Wages of minors
Farm Income	Employer contributions to certain pretax benefits funded by an employee's elective salary reduction, such as amounts for a flexible spending account or contributions to a retirement account
Unemployment compensation	Black Lung benefits

## Interview Guide

Countable Income	Non-Countable Income
Social Security benefits (taxable and non-taxable)	Cash rebates from a dealer or manufacturer
Railroad Retirement	Work study income
Gambling Winnings	Refugee cash assistance
Jury Duty payments	Native American benefits and payments
Foreign earned income	Income from a sponsor for a sponsored immigrant
Lump sum income (retro Social Security/Railroad Retirement)	Fringe benefits provided on a pretax basis by an employer
Oil leases/mineral rights	Loans
Waiver payments issued to individual care providers received for a non-household member (related or non-related)	Waiver payments issued to individual care providers received for a household member (related or non-related)
Income derived from gifts/inheritances	Gifts and inheritances
Any remaining portion of a lump sum payment awarded for wrongful death, personal injury, damages, or loss of property not excluded for tax purposes	Any portion of a lump sum payment that is awarded for wrongful death, personal injury, damage, or loss of property
State agency payments received for child care	Earned income tax credits
Other income include on 1040, line 21	Employer reimbursement for mileage, meals, etc.

### Associating an Insurance Agent or kynector to an Account

After beginning an application on kynect and answering basic eligibility questions, you will be directed to a series of screens with the option to elect an Authorized Representative, an Insurance Agent, or a kynector to your case.

The **About Your Insurance Agent or kynector** screen allows you to search for Agents and provides their contact information.

1. To add an Insurance Agent or kynector, select **Yes** to “Would you like to assign an Insurance Agent to help you?” or “Would you like to assign a kynector to help you?”
2. Available Insurance Agents or kynectors are randomly generated unless you enter a specific individual or organization in the search fields.
3. Select the circle beside the Insurance Agent or kynector name and click **Add** (a notification will be sent to the Insurance Agent or kynector to inform them that they have a new client).

It is important to note that individuals may wish to appoint legal representatives or proxies that can act on their behalf. The **Authorized Representative** section provides individuals with this option. Insurance Agents and kynectors should not appoint themselves as an individual's Authorized Representative as it may create a conflict of interest.

## Interview Guide

### 5. Uploading Verifications

#### Overview

When assisting an individual for the first time, you must verify their identity. During the online application process, individuals are asked to provide various forms of identification to kynect. You are strongly encouraged to upload identity verification documentation before you submit their application.

#### Identity Verification Forms

Some individuals may be required to provide additional forms of verification to confirm their identity. Below is a table of some of the forms that individuals can use to verify the information they provide during the application process. For a complete list of documents that can be provided, please refer to the response to the **Frequently Asked Questions** section of the kynect.ky.gov site.

**Note:** Not all individuals need to provide the below verification forms. Many of these categories apply only to certain individuals.

Information	Form of Verification
Age	<ul style="list-style-type: none"> <li>• Birth Record</li> <li>• Driver's License</li> <li>• Hospital Birth Record</li> <li>• Newspaper Clippings</li> <li>• Religious Record</li> <li>• School Record</li> <li>• Government Issued ID</li> </ul>
Payment Assistance Income Verification	<ul style="list-style-type: none"> <li>• Award Letter</li> <li>• Court Documents</li> <li>• Written Statement for Income or No Income</li> <li>• Employer Statement</li> <li>• Income Tax Return</li> <li>• Letter from Tribe about Income</li> <li>• Loan Contract</li> <li>• Written Income Statement</li> <li>• Trust</li> <li>• Wage Stubs</li> </ul>
Earned Income	<ul style="list-style-type: none"> <li>• Award Letter</li> <li>• Court Documents</li> <li>• Written Statement for Income or No Income</li> <li>• Employer Statement</li> <li>• Income Tax Return</li> <li>• Letter from Tribe about Income</li> <li>• Loan Contract</li> <li>• Written Income Statement</li> <li>• Trust</li> <li>• Wage Stubs</li> </ul>

## Interview Guide

Information	Form of Verification
Lawful Presence	<ul style="list-style-type: none"> <li>• Certificate of Citizenship in non-US country</li> <li>• DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)</li> <li>• I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)</li> <li>• I-327 (Reentry Permit)</li> <li>• I-551 (Permanent Resident Card)</li> <li>• I-571 (Refugee Travel Document)</li> <li>• I-766 (Employment Authorization Card)</li> <li>• I-94 (Arrival/Departure Record)</li> <li>• I-94 (Arrival/Departure Record) in Unexpired Foreign Passport</li> <li>• Machine Readable Immigrant Visa (with Temporary I-551 Language)</li> <li>• Naturalization Certificate</li> <li>• Other Immigration Document</li> <li>• Temporary I-551 Stamp (on passport or I-94)</li> <li>• Unexpired Foreign Passport</li> </ul>
Loss of Employment	<ul style="list-style-type: none"> <li>• Employer Statement</li> <li>• Written Statement</li> </ul>
NCP Good Cause	<ul style="list-style-type: none"> <li>• Birth Record</li> <li>• Court Documents</li> <li>• Law Enforcement Records</li> <li>• Medical Record</li> <li>• Notarized Statement</li> <li>• Records showing reason for not cooperating with Medical Support Enforcement</li> <li>• Written statement from a public or licensed private social agency</li> </ul>
Relationship	<ul style="list-style-type: none"> <li>• Adoption Record</li> <li>• Birth Record</li> <li>• Paternity Records</li> <li>• Court Documents</li> <li>• Divorce Decree</li> <li>• Hospital Birth Record</li> <li>• Immigration Document (Government Issued)</li> <li>• Marriage License</li> <li>• Medical Record</li> <li>• Military Record</li> <li>• Naturalization Certificate</li> <li>• Notarized Statement</li> <li>• Passport</li> <li>• Public Health Record</li> <li>• Religious Record</li> <li>• School Record</li> </ul>

## Interview Guide

Information	Form of Verification
	<ul style="list-style-type: none"><li>• Statement of Attending, Physician, or Midwife</li></ul>

### Uploading Identity Verification Forms

Before completing the application process, individuals are asked to upload copies of verification forms. This occurs on the **Verification Results** screen after individuals have answered the initial eligibility questions and have entered the verification step of the application process. This screen is displayed on the following page.

## Interview Guide

Overview
Applications
Payments
Plans & Programs
Messages
Assisters
Settings

Case Number 1971

- ✓ Enter and Confirm Application
- 2 Review and Accept Eligibility
- 3 Select and Manage Plans
- ✓ Post-eligibility questions
- Verification screens
- Eligibility Results
- Select and Manage Plans

1 ✓ Enter and Confirm Application
2 Review and Accept Eligibility
3 Select and Manage Plans

### Thank You

Thank you for completing your application.  
Your case number is 1971. Please keep this number handy. We suggest you print a copy of your application, by clicking Print Application.

Print Application

### Verification Results

The chart below will tell you if we were able to confirm your answers on the application.

You and Your Dependents	Results of Verification	Requires More Proof	Examples of documents that can be used as proof (You only need to send 1 document for each area requiring proof)	Date Due
LOUIS	✗	US Citizenship	Adoption Record Affidavit from US citizen American Indian Card I-872 Birth Record <a href="#">Click Here to view full list</a>	02/29/2016
LOUIS	✗	Social Security Number	Social Security Card OTHER	02/29/2016
LOUIS	✗	Incarceration status verification	Incarceration Discharge Record OTHER	02/29/2016
LOUIS	✗	APTC income verification	Award Letter Court Documents Written Statement for Income or No Income Employer Statement <a href="#">Click Here to view full list</a>	02/29/2016

### We will need Documents From You to Complete Verification

You have until the date listed to send us the documents. Please select how you would like to give us those documents (online, fax, mail or in person) below. We will review the documents, and let you know about your new verification status. If you do not know what document to provide or want to know more about the verification process, please click [Get Help](#) for Customer Service.

- I will upload documents online right now.
- I will fax in the documents to 502-573-2007, by date shown in the above table.
- I will mail in the documents to 12 Mill Creek Park, Frankfort, KY 40601-9230 by the date shown in the above table.
- I will deliver the documents in person to a local DCBS office by dates shown in the above table.
- I will upload documents later. The upload process can be accessed by logging back into your account.

Remember your documents must be received by the due date shown in the above table.

Please note that kynect has 30 days to review your documents once they are submitted.

← Back
Next →

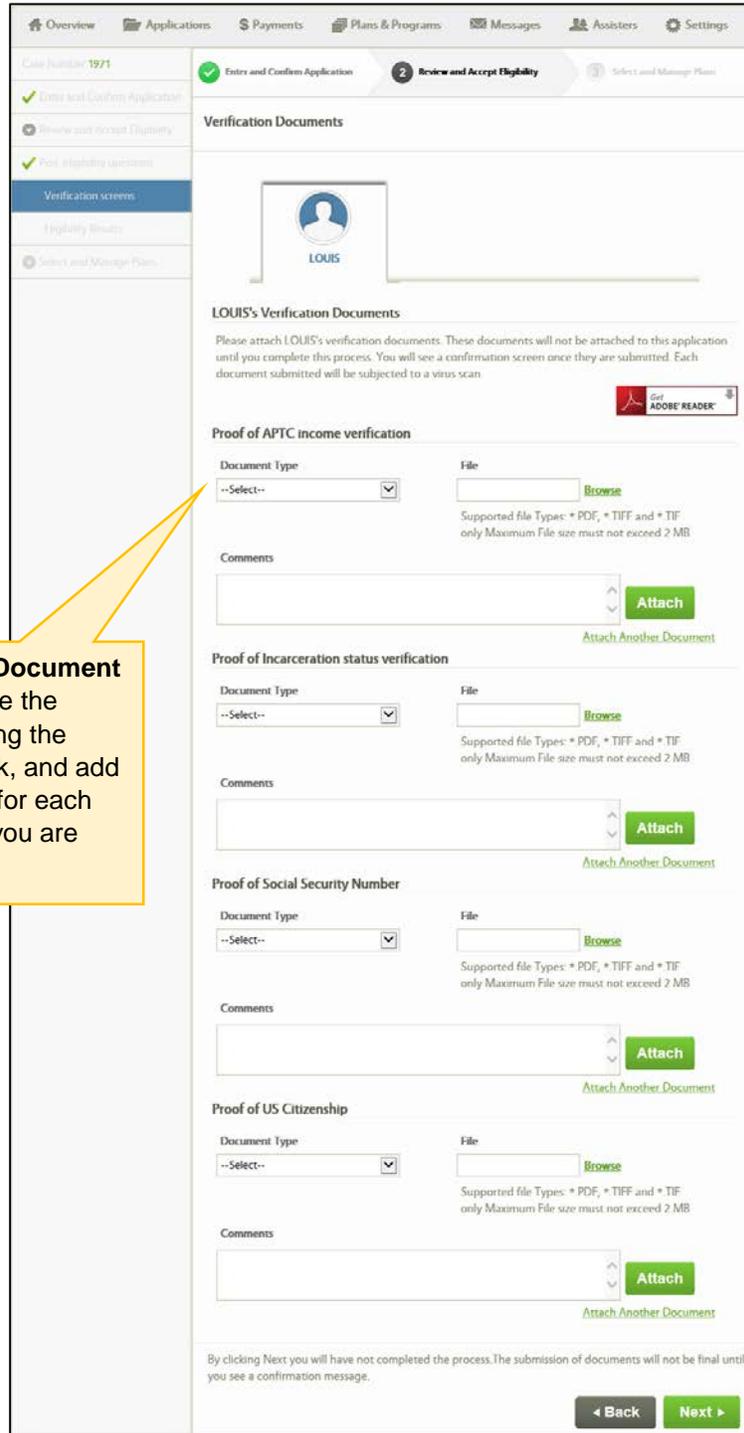
Required verification documents for household members appear here.

Select when you would like to upload the required verification documents.

Page 18 of 24

## Interview Guide

Below is the screen that individuals see if they choose to upload documents at the same time that they submit their application. Verification forms must be submitted in PDF or TIFF format. They may not exceed 2 megabytes (MB). Individuals may also provide supporting comments to explain any documents that they choose to upload.



Overview Applications Payments Plans & Programs Messages Assistants Settings

Case Number 1971

1 Enter and Confirm Application 2 Review and Accept Eligibility 3 Select and Manage Plans

Verification Documents

LOUIS

LOUIS'S Verification Documents

Please attach LOUIS's verification documents. These documents will not be attached to this application until you complete this process. You will see a confirmation screen once they are submitted. Each document submitted will be subjected to a virus scan

Get ADOBE READER

Proof of APTC income verification

Document Type: --Select--

File:  Browse

Supported file Types: \* PDF, \* TIFF and \* TIF only Maximum File size must not exceed 2 MB

Comments:

Attach

Attach Another Document

Proof of Incarceration status verification

Document Type: --Select--

File:  Browse

Supported file Types: \* PDF, \* TIFF and \* TIF only Maximum File size must not exceed 2 MB

Comments:

Attach

Attach Another Document

Proof of Social Security Number

Document Type: --Select--

File:  Browse

Supported file Types: \* PDF, \* TIFF and \* TIF only Maximum File size must not exceed 2 MB

Comments:

Attach

Attach Another Document

Proof of US Citizenship

Document Type: --Select--

File:  Browse

Supported file Types: \* PDF, \* TIFF and \* TIF only Maximum File size must not exceed 2 MB

Comments:

Attach

Attach Another Document

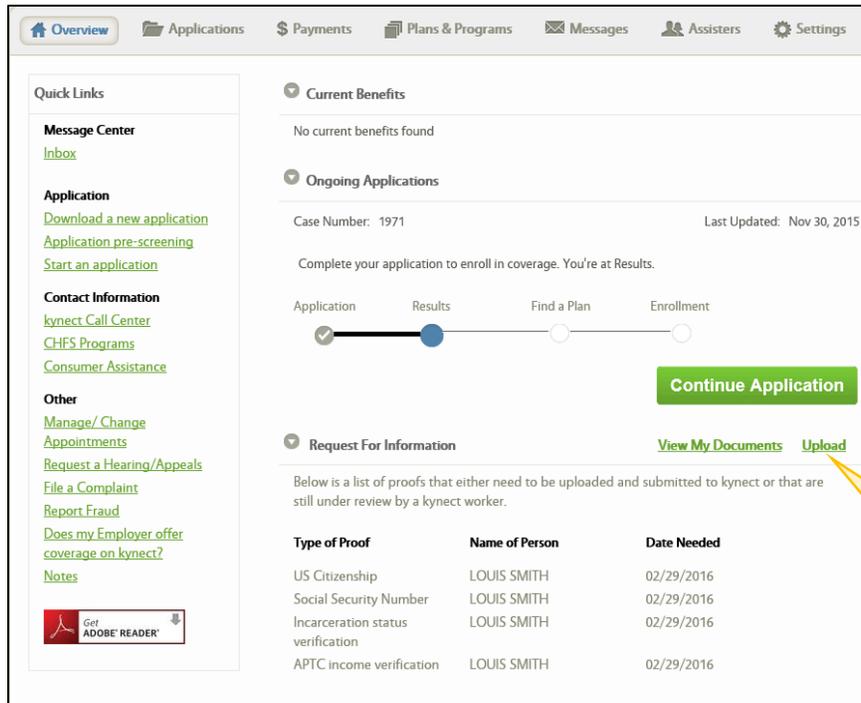
By clicking Next you will have not completed the process. The submission of documents will not be final until you see a confirmation message.

< Back Next >

Select the **Document Type**, locate the filepath using the **Browse** link, and add comments for each document you are uploading.

## Interview Guide

To upload identification forms outside of the application process, individuals must sign into their account to access the Individual Dashboard. They can then upload documents directly from the Individual Dashboard.



**Quick Links**

**Message Center**  
[Inbox](#)

**Application**  
[Download a new application](#)  
[Application pre-screening](#)  
[Start an application](#)

**Contact Information**  
[kynect Call Center](#)  
[CHFS Programs](#)  
[Consumer Assistance](#)

**Other**  
[Manage/Change Appointments](#)  
[Request a Hearing/Appeals](#)  
[File a Complaint](#)  
[Report Fraud](#)  
[Does my Employer offer coverage on kynect?](#)  
[Notes](#)

**Current Benefits**  
 No current benefits found

**Ongoing Applications**  
 Case Number: 1971 Last Updated: Nov 30, 2015

Complete your application to enroll in coverage. You're at Results.

Application Results Find a Plan Enrollment

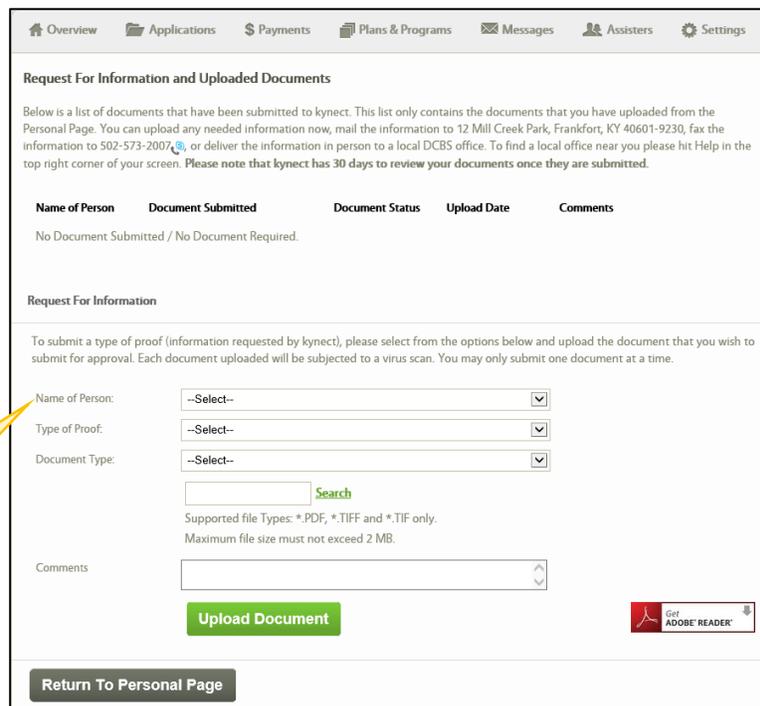
**Continue Application**

**Request For Information** [View My Documents](#) [Upload](#)

Below is a list of proofs that either need to be uploaded and submitted to kynect or that are still under review by a kynect worker.

Type of Proof	Name of Person	Date Needed
US Citizenship	LOUIS SMITH	02/29/2016
Social Security Number	LOUIS SMITH	02/29/2016
Incarceration status verification	LOUIS SMITH	02/29/2016
APTC income verification	LOUIS SMITH	02/29/2016

Click **Upload** on the Individual Dashboard.



**Request For Information and Uploaded Documents**

Below is a list of documents that have been submitted to kynect. This list only contains the documents that you have uploaded from the Personal Page. You can upload any needed information now, mail the information to 12 Mill Creek Park, Frankfort, KY 40601-9230, fax the information to 502-573-2007, or deliver the information in person to a local DCBS office. To find a local office near you please hit Help in the top right corner of your screen. Please note that kynect has 30 days to review your documents once they are submitted.

Name of Person	Document Submitted	Document Status	Upload Date	Comments
No Document Submitted / No Document Required.				

**Request For Information**

To submit a type of proof (information requested by kynect), please select from the options below and upload the document that you wish to submit for approval. Each document uploaded will be subjected to a virus scan. You may only submit one document at a time.

Name of Person:

Type of Proof:

Document Type:

[Search](#)

Supported file Types: \*.PDF, \*.TIFF and \*.TIF only.  
 Maximum file size must not exceed 2 MB.

Comments:

**Upload Document**

[Return To Personal Page](#)

Complete fields and upload documents here.

## Interview Guide

### 6. Choosing Coverage Using the Plan Comparison Tool

Once you have answered all of the basic information about an individual and their household, you can select the individuals who would like to shop for coverage and then view plans on the **List of Plans: Medical** screen. As with Pre-Screening, you can also opt to enter additional information and use the Consumer Decision Tool to view annual medical costs for each plan that is available to those individuals.

From the **List of Plans: Medical** screen, you can access the Plan Comparison Tool. This enables individuals to compare between 2 and 5 plan options side-by-side. Using this tool, you can then evaluate plans based on various factors such as cost, quality, and deductible rates.

Overview
Applications
Payments
Plans & Programs
Messages
Assisters
Settings

#### Compare Medical Plans

Back To Plan List

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.

Note: Documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

	Plan 1	Plan 2	Plan 3	Plan 4
<b>Plans</b>	UnitedHealthcare Silver Compass 2000 1	Anthem BlueCross BlueShield Anthem Silver Pathway X PPO 10 for HSA	UnitedHealthcare Silver Compass 2000	Anthem BlueCross BlueShield Anthem Silver Pathway X PPO 4000 10
<b>Quality Rating</b>	★★★★★	★★★★★	★★★★★	★★★★★
<b>Total Monthly Premium</b>	\$ 278.42	\$ 258.04	\$ 281.64	\$ 267.53
<b>EHB Portion</b>	\$ 278.28	\$ 258.04	\$ 281.50	\$ 267.53
<b>Payment Assistance Applied</b>	\$ 134.3	\$ 134.3	\$ 134.3	\$ 134.3
<b>Your Monthly Payment</b>	\$ 144.12	\$ 123.74	\$ 147.34	\$ 133.23

<b>Provider Directory</b>	Provider Directory	Provider Directory	Provider Directory	Provider Directory
<b>Summary Of Benefits Coverage</b>	English	English	English	English
<b>(Resumen de beneficios y de cobertura)</b>	español	español	español	español
<b>Formulary</b>	Preferred Drug List	Preferred Drug List	Preferred Drug List	Preferred Drug List
<b>Out of Pocket Cost</b>	Out of Pocket Cost			
<b>Embedded Pediatric Dental</b>	Yes	Yes	Yes	Yes
<b>HSA/FSA</b>	N/A	HSA/FSA Document	N/A	N/A
<b>Wellness Program</b>	No	No	No	No
<b>Medical Loss Ratio</b>	85%	85%	85%	85%

Benefits displayed for selected plans may have been adjusted based on the special discounts for which you qualify.

**Plan Documents**

Document Name	<a href="#">Silver-Compass-2000-1-E-CSR73-CI.pdf</a>	<a href="#">Anthem Silver Pathway X PPO 10 for HSA 504_KY_CD HP_Individual_1X1C.pdf</a>	<a href="#">Silver-Compass-2000-E-IC SR73-CI.pdf</a>	<a href="#">Anthem Silver Pathway X PPO 4000_10 504_KY_PPO_Individual_1X26.pdf</a>
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- Summary
- Prescription Drug Benefit
- Embedded Pediatric Dental
- Hospital Services
- Maternity
- Additional Coverage
- Additional Details

Selected plans appear in a side-by-side comparison.

### 7. Enrollment

Once individuals have completed their application and selected a plan, they must read through the information on the **Sign & Submit** screen and provide an electronic signature to finalize the enrollment. The **First** and **Last Name** that are entered must be identical to the **First** and **Last Name** that were initially entered on the **Application Information** screen.

After the **Sign & Submit** screen, individuals come to the final **Thank You** screen where they are provided with their **Case Number** and the information needed to complete their initial payment for the plan. Insurance Agents, kynectors, and individuals can take note of the **Case Number** if they need to look up the application or contact kynect Call Center at a later date.

The **Total Monthly Payment** section displays the information needed to complete their initial payment. In this section, individuals can view the total enrollment costs for all household members, the payment assistance that has been granted, and the monthly premium amount. Individuals can then opt to **Pay Now** and proceed to payment (directed to insurance company's page for payment), or they can select **Pay Later**. It is important to note that until an individual has paid the initial premium payment, the health insurance coverage will not be effective.

### 8. Ending or Changing Coverage

#### Ending Coverage

You can submit a request to end your health coverage or stop assistance via kynect. Individuals can submit a request to end coverage for HIPs, Medicaid, and KCHIP directly through kynect.

To end coverage for an HIP, individuals must follow the below steps:

1. Log into kynect account to access the Individual Dashboard.
2. From there, click on **View/Edit Enrollments** to access the Enrollment Manager.
3. Scroll down to the current enrollment. Click **Disenroll** to disenroll from your current plan.
4. You will be taken to the **Disenrollment Date Selection** screen. On this screen, you can choose the date that you want your coverage to end. Note that you can only select a date that is 14 days or more from the current date. If you want a date that is less than 14 days from the current date, you must contact your issuer directly.
5. Click **Request to Disenroll**.
6. You will be taken to the **Request for Disenrollment Confirmation** screen. This screen provides you with a confirmation that the request has gone through as well as your effective date of disenrollment. You can then click to return to your Individual Dashboard.

To end coverage for an MCO, individuals must follow the below steps:

1. Log into kynect account to access the Individual Dashboard
2. From there, click on View/Edit Enrollments to access the Enrollment Manager
3. Scroll down to the current enrollment. Click **Terminate MCO** to disenroll from your current plan.
4. You are taken to a warning screen that asks if you would like to confirm your MCO termination. Read the message and click **Confirm Stop Medicaid/KCHIP** to continue.
5. You will be taken to the **Disenrollment Date Selection** screen. On this screen, you can choose the date that you want your coverage to end. Note that you can only select a

## Interview Guide

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date that is 14 days or more from the current date. If you want a date that is less than 14 days from the current date, you must contact your issuer directly.

6. Click **Request to Disenroll**.
7. You will be taken to the **Request for Disenrollment Confirmation** screen. This screen provides you with a confirmation that the request has gone through as well as your effective date of disenrollment. You can then click to return to your Individual Dashboard.

### Changing Coverage

Individuals that are enrolled in HIPs can only change their current coverage if it is Open Enrollment or if they have a qualifying event that allows them to change their plan during a Special Enrollment period. For additional information on Special Enrollments, please reference the **Special Enrollment Quick Reference Guide**.

Individuals that are enrolled in MCOs can change their coverage in kynect for the first 90 days that they are enrolled in a plan. After the first 90 days, however, they must contact the Department of Medicaid Services (DMS) in order to initiate what is known as the “disenrollment for cause” process. For more information on this process or for additional assistance from DMS, please visit <http://chfs.ky.gov/dms/>.

## Interview Guide

### 9. Additional Quick Reference Guides

Other Quick Reference Guides	Topics Covered
<b>1095-A</b>	Definition of the Tax Form 1095-A How to Work with the Tax Form 1095-A Reconciliation of Payment Assistance
<b>Eligibility</b>	Eligibility Information and What Individuals Might Need to Bring
<b>Glossary</b>	Definitions for Common Healthcare Terms and Concepts
<b>Health Insurance</b>	HIPs Metal Level Plans Out-of-Pocket Costs Payment Assistance Special Discounts Plan Comparison Tool in kynect Summary of Benefit and Coverage
<b>Helpful Resources</b>	Contact Information Call Center Policy
<b>Immigration Documentation</b>	How to Read and Interpret I-94 Forms, Employment Authorization Cards (I-766), and Permanent Resident Cards (I-551) Sources and Other Helpful Resources
<b>Income</b>	MAGI Countable Income Household Composition Tax Filing Status Tax Form Reference
<b>Kentucky Online Gateway</b>	How to set up a KOG account as an Agent, kynector, Individual, or Employer
<b>Privacy and Security</b>	Provides an overview of privacy and security for health information
<b>Small Business Health Options Program</b>	Employee and Employer Set Up Enrollment and Disenrollment Special Enrollment COBRA
<b>Special Enrollment</b>	Special Enrollment Qualifying Events Special Enrollment Effective Dates Exceptional Special Enrollment
<b>Understanding Immigration</b>	General Immigration Information Examples of Documentation Insurance Plans Available for Immigrants Submitting Documentation