

**kynector Guide:  
Federally Facilitated  
Marketplace (FFM) Transition**

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## Introduction

This document provides kynectors with information and guidance for the upcoming transition on November 1, 2016. The transition is from the current State Based Marketplace (SBM) model to one on the Federally Facilitated Marketplace (FFM). The transition to the FFM impacts where individuals' applications are processed and also has implications for how best to guide individuals through the application process.

## Transition Overview

Beginning on November 1, 2016, determinations for MAGI Medicaid, Non-MAGI Medicaid and other State programs are to be processed in benefind. Determinations for Qualified Health Plans (QHPs) and Advanced Premium Tax Credits (APTC) are to be processed in HealthCare.gov.

Individuals are able to apply on any of the three available platforms. Based on the information the individual enters, the system assesses potential program eligibility (FFM for APTC and QHP, and benefind for Medicaid) and then automatically transfers the application to the appropriate platform to complete the application process. This process is called an Account Transfer.

Coverage Year	Type of Coverage	Where to Apply
2016 Coverage	<ul style="list-style-type: none"> <li>• QHP</li> <li>• APTC</li> <li>• MAGI Medicaid</li> <li>• Non-MAGI Medicaid</li> </ul>	
2017 Coverage	<ul style="list-style-type: none"> <li>• QHP</li> <li>• APTC</li> </ul>	
	<ul style="list-style-type: none"> <li>• MAGI Medicaid</li> <li>• Non-MAGI Medicaid</li> <li>• State programs</li> </ul>	

It is important to be aware of the Account Transfer process so you can help your clients understand where they are in the application process and help clarify why they may have ended up in benefind after starting application on HealthCare.gov, or vice versa.

## Key Activities and Dates of FFM Transition

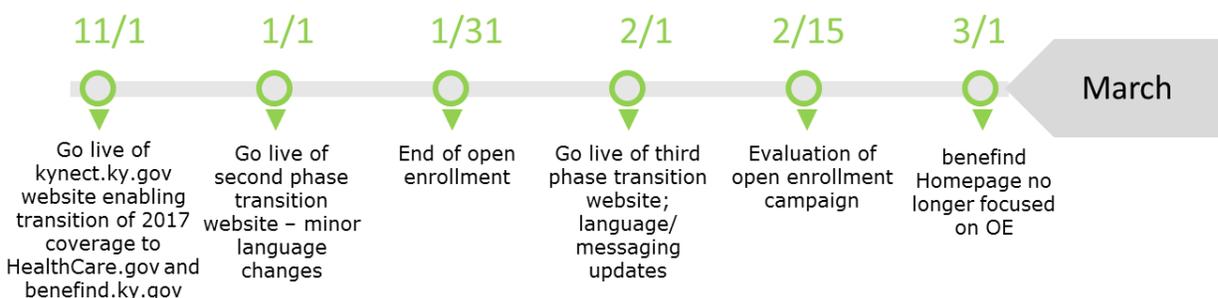
The table below indicates key activities and dates to be aware of for the FFM transition during October 2016.

In addition to the activities below, three different notice types have been sent to households/individuals who are: (1) eligible and enrolled (2) mixed eligible household and enrolled and (3) eligible but not enrolled. Each notice contained specific information to that type of individual/household with next step information on where to go to apply for coverage.

### October

- Continue Regional Forums for agents, assisters and issuers
- Updated marketing materials distributed
- Transition messaging begins on social media and notices
- Call center workers begin transition scripting and prescreening while special message starts on IVR
- Open enrollment:
  - Launch of creative materials
  - In field outreach efforts
  - Begin integrating HealthCare.gov media and messaging
  - Media efforts begin
  - Data collection for metrics

The timeline below indicates key activities and dates to be aware of for the FFM transition between November 1<sup>st</sup> 2016 and March 1<sup>st</sup> 2017.

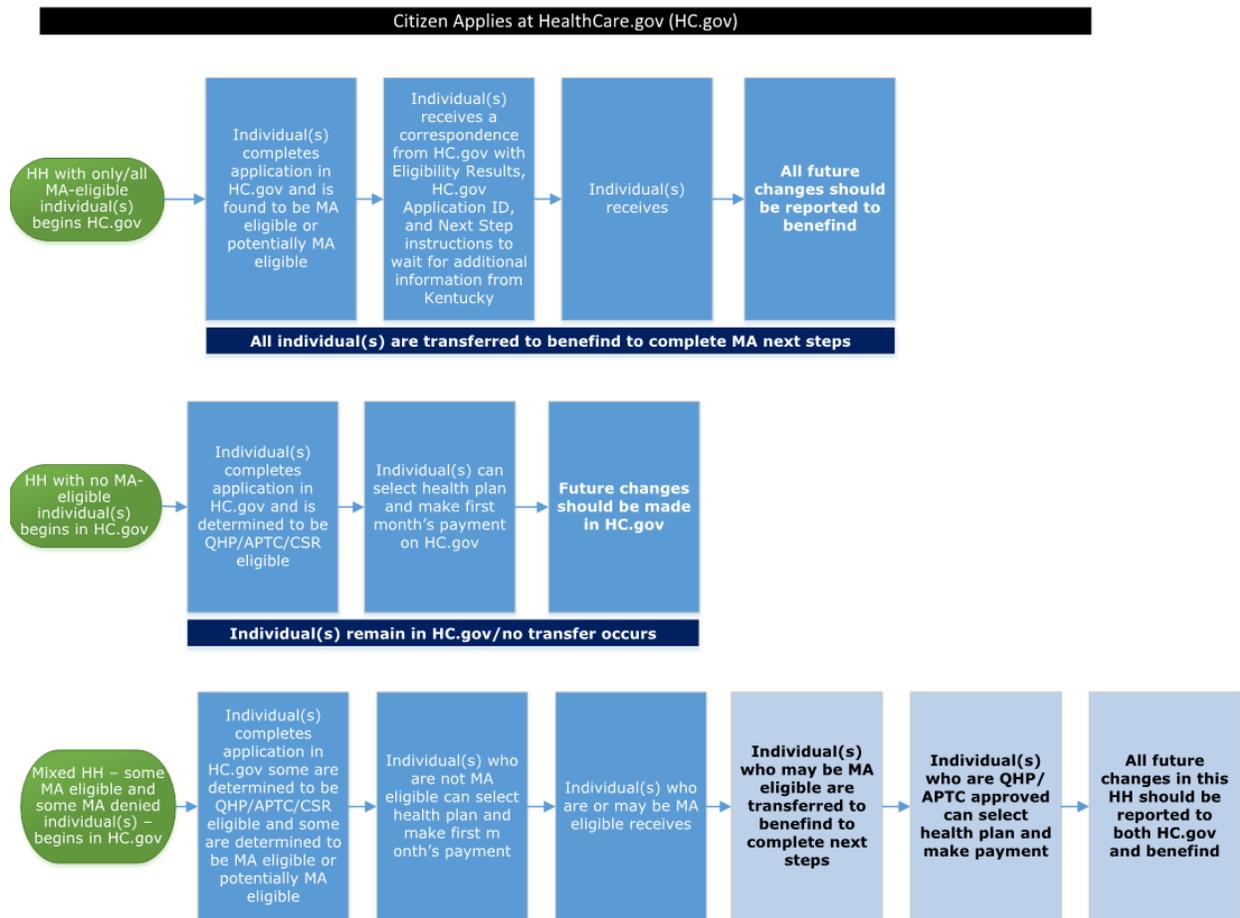


## Account Transfer Process

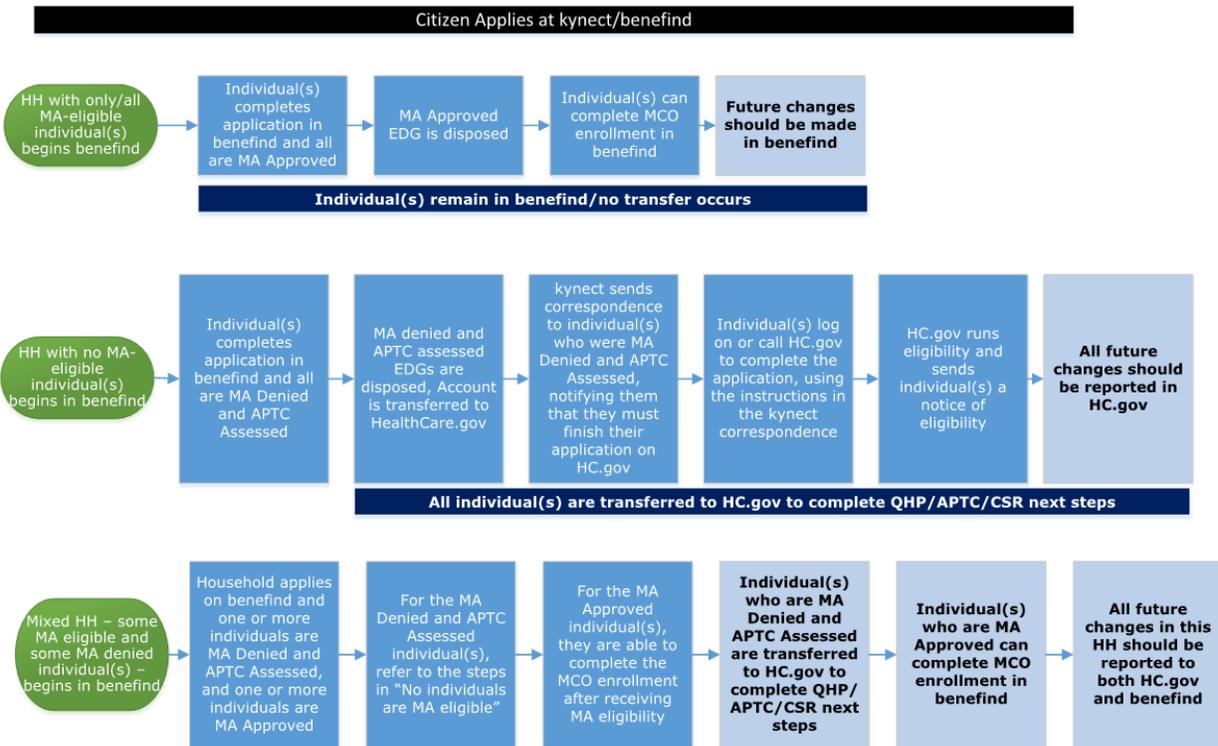
Account Transfers occur in two ways, which are listed in the table below and are displayed visually. For a detailed explanation of each transfer type, please refer to Appendix A: Account Transfer Detailed Overviews.

Account Transfer Type	Summary
1. FFM to State	Individual submits application on FFM (HealthCare.gov) and is determined to be potentially Medicaid eligible. Federal Hub sends information to State to determine Medicaid eligibility. DCBS will receive the Account Transfer and process the application. FFM and the state both will send notices to the individuals.
2. State to FFM	Individual submits an application in benefind and is denied Medicaid coverage for a non-procedural reason (e.g. their income is too high). State sends information to Federal Hub to determine QHP and/or APTC eligibility. In this case, individuals do not necessarily have to wait for an FFM notice. They are able to go on to HealthCare.gov and complete an application.

### 1. FFM (HealthCare.gov) to State Account Transfer Flow



## 2. State to FFM (HealthCare.gov) Account Transfer Flow



As a kynector/Application Assister, you are encouraged to maintain close contact with your clients to see what steps they have taken and what steps they need to take. Next steps can be determined by the notices and other correspondences the client receives from FFM and/or benefitfind.

To see a common list of scenarios in which an individual is transferred to HealthCare.gov, please see Appendix B: Detailed Transition Scenarios.

## Account Transfer Language Updates

kynect/benefind screens are not changing from what you are used to seeing. You will still have a dashboard in benefind to manage Medicaid cases, and you will log into benefind the same way you do kynect using the same username and password. However, there are slight wording changes in the **Programs You Qualify For** and **Enrollment Management Module (EMM)** screens to help you understand when an individual's account is transferred to HealthCare.gov.

On the **Programs You Qualify For** screen, there is a new status of **Assessed**. When an individual is **Medicaid Not Eligible** (denied) and **Payment Assistance (APTC) Assessed**, this means that the individual's Account will be transferred to FFM. The individual will receive a notice from FFM with next steps on how to complete enrollment.

However, please note that if an individual is deemed **Medicaid Not Eligible** for not returning their verifications (also known in KY as an RFI), they will not be transferred to FFM. An individual would have to return to benefind to complete a new application for Medicaid, just as they would today if they had been denied for not returning their verifications.

Case Number 100116885

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

1 Enter and Confirm Application  
 2 **Review and Accept Eligibility**  
 Post-Eligibility Questions  
 Verification Screens  
**Eligibility Results**  
 3 Select and Manage Plans

### Programs You Qualify For ?

Below you will see a summary of your eligibility results. These eligibility results are based on the information you have told us. On the following pages, we will walk you through these results for each individual in your household. We will also tell you about your different coverage options. Be sure to **Click Next** to accept these results. If you want to discuss the results before you accept them, please contact Customer Service at 1-855-459-6328/TTY 1-855-326-4654.

If you are trying to enroll for new coverage starting 01/01/2017, visit [healthcare.gov](http://healthcare.gov) or call 1-800-318-2596.

Household Member	Results	
 GEORGE	Medicaid	Not Eligible
	KCHIP	Not Eligible
	Payment Assistance and Special Discounts Category C	Assessed *
	Health Insurance Plans	Assessed *

Special discounts are determined based on income. [Please click here to view details.](#)

\* We have reviewed your eligibility  
 For 2016 - You may be eligible for assistance and health insurance through kynect, click 'Next' to see if you qualify and can buy a plan  
 For 2017 - You may be eligible for assistance and health insurance through [healthcare.gov](http://healthcare.gov). Please contact 1-800-318-2596 or visit [www.healthcare.gov](http://www.healthcare.gov) at your earliest to avoid any gap in coverage.

**Get Help**  
 Click here if you or anyone in your household would like to get help from people in Kentucky trained to help you enroll.

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On the **Enrollment Management Module (EMM)** screen, the updated language notifies you that 2017 QHP eligibility and enrollments should be completed on HealthCare.gov.

Any 2016 QHP enrollments will require a Special Enrollment reason. You can follow standard and current procedures to complete 2016 Special Enrollments.

## Enrollment Manager

Welcome to the Enrollment Manager! You can see your current eligibility results and enrollment information. Based on your eligibility, you will be able to do certain actions, such as add a new plan or edit an existing plan.

If you are shopping for a 2017 Qualified Health Insurance Plan, Please visit [healthcare.gov](http://healthcare.gov) for eligibility determination and health insurance plan enrollment

### Current Eligibility

Below is the summary of your current eligibility.

Member	Current Eligibility	Enrolled
GEORGE	Payment Assistance : 12/01/2016 - Health Insurance Plans : 12/01/2016 -	✘

### Medicaid Plans (MCOs)

### Health Insurance Plans (with and without payment assistance)

#### When can I enroll?

Open Enrollment for Health Coverage 2017 : Tuesday, 01 November 2016-Tuesday, 31 January 2017

Note : if you have had a recent qualifying life event, you may be eligible for special enrollment. For most life events, you have 60 days to report the event

[View History](#)

Coverage Year 2016:

2016 Maximum Payment Assistance per Month : \$300.00

[Change APTC](#)

[Add Plan](#)

If you are shopping for a 2017 Qualified Health Insurance Plan, Please visit [healthcare.gov](http://healthcare.gov) for eligibility determination and health insurance plan enrollment

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## Additional Updates

Process	Update/Workaround
<b>VLP for Cuban and Haitian Immigrants</b>	DCBS is informed of and utilizing the manual Verification of Lawful Presence (VLP) workaround until November 18, 2016.
<b>In-Betweeners or “Tweeners”</b>	DCBS is to check if an individual is in the “tweener” category by reviewing their monthly and annual income and provide them with Medicaid, based on income adjustment or additional expenses.
<b>APTC Buttons</b>	As of November 15 the APTC button will be disabled. This is because any changes made affecting APTC on 11/15 and forward would impact 2017 APTC, which should now be handled in FFM. This means that kynectors and individuals must call DCBS per today’s processes to have a DCBS user override to enter changes for retro coverage.

## Additional Resources and Help

Contacting HealthCare.gov	<p>Visit <a href="https://marketplace.cms.gov/">https://marketplace.cms.gov/</a> for Technical Assistance Resources and additional Training.</p> <p>Here are additional best practices to keep in mind when contacting HealthCare.gov (800-318-2596):</p> <ul style="list-style-type: none"> <li>• Take note of the individual's FFM application ID which can be found on the correspondence from HealthCare.gov</li> <li>• Utilize the quick search function to locate an individual <ul style="list-style-type: none"> <li>○ If you are unable to find the individual, confirm that they completed their application in HealthCare.gov, or were transferred to the Kentucky system</li> </ul> </li> <li>• If the individual is found but the case is denied, contact DCBS to reinstate the application</li> </ul>
Contacting DCBS	<p>During the transition, citizens and kynectors should use the same contact number they currently use:</p> <ul style="list-style-type: none"> <li>• Citizens: Tier I kynect line (1-855-459-6328)</li> <li>• Agents and kynectors: Support professional (855-326-4650)</li> </ul> <p>Following open enrollment, a hotline and support professional line will be available to provide additional support. See below for additional guidance on the best line to used, based on circumstances.</p> <ul style="list-style-type: none"> <li>• Support professional (855-326-4650) is designed to best serve the needs of insurance agents and kynectors – as kynectors the support professional line should be used for assistance</li> <li>• Tier I kynect line (1-855-459-6328) is designed to assist Kentuckians with their healthcare coverage questions and can be used to answer basic questions, troubleshoot, and report life changes.</li> </ul>
Troubleshooting Tips	<ul style="list-style-type: none"> <li>• If an individual applied on HealthCare.gov and was transferred, make sure the they log in to associate you, the kynector, to the case</li> <li>• If you are having difficulty finding your client in the system, always verify with them to see if they were in HealthCare.gov but then got transferred</li> <li>• Contact DCBS to confirm if there is an incoming task in status of processing (FFM AT task)- means they were not a member match and couldn't create case</li> </ul>

## Appendix

### A) Account Transfer Detailed Overviews

Account Transfers occur in two ways. The first is with a FFM (HealthCare.gov) to State Account Transfer:

- This occurs when an individual submits an application on HealthCare.gov and at least one individual on the case is determined to be potentially Medicaid eligible.
- The individual's account is then transferred from HealthCare.gov to Worker Portal.
- If the case does not require caseworker intervention, Worker Portal runs eligibility on the individual and makes an eligibility determination.
- Upon disposition, Worker Portal sends a response to FFM with the Medicaid eligibility results and the individual is informed of their results through a notice of eligibility (NOE).
- If caseworker intervention is required through one of below situations, a task is created for a DCBS caseworker to review the information:
  - Partial or Full Match to an individual
  - Report a Change
  - Data Transformation Fails

The second is a State to FFM (HealthCare.gov) Account Transfer:

- This occurs when an individual applies for healthcare coverage through Worker Portal and is denied Medicaid for a non-procedural reasons (i.e., their income is too high).
- The individual's account is then transferred from Worker Portal to HealthCare.gov.
- Worker Portal compiles all case information and sends a copy of the data to HealthCare.gov as a part of the Account Transfer.
- A new FFM case is created within HealthCare.gov in order to determine APTC/QHP eligibility.
- If an individual is transferred from Worker Portal to HealthCare.gov, they receive a notice informing them.

**B) Detailed Transition Scenarios**

New Enrollees	Event Outcomes	Leading to a Referral to FFM
New Enrollee on 11/01 - No RFI Applied for Financial Assistance	Can either be <b>Denied</b> Medicaid Non-Procedurally (regardless of APTC approved or denied)	Yes, referred to FFM
	Can either be <b>Approved</b> Medicaid (APTC not evaluated)	No
New Enrollee on 02/01 - Prior Medicaid, No RFI Applied for financial assistance Requires Prior Medicaid	Applied in Feb, requests Dec, Jan and Feb on-going, is <b>Approved</b> MA Feb On-going	No
	Applied in Feb, requests Dec, Jan and Feb on-going, is <b>Denied</b> MA Feb On-going	Yes, referred to FFM
New Enrollee on 11/01 - RFI Applied for financial Assistance	<b>Denied MA</b> - Soft Pend (case disposed)	Yes, referred to FFM
	<b>Denied MA</b> - Hard Pend (case not disposed)	No

Existing Enrollees	Event Outcomes	Referred to FFM?
Who report a change (RAC) that does not end up affecting eligibility	Eligible for MA, reported a change with no affect to MA eligibility	No
	Eligible for APTC, reported a change with no affect to APTC eligibility	Yes, referred to FFM
	Eligible for QHP, reported a change with no affect to QHP eligibility	Yes, referred to FFM
	A mixed household with individuals eligible for QHP and individuals eligible for MA, reported a change with no affected to their respective QHP and MA eligibility	No
Who report a change (RAC) that does affect their eligibility	Eligible for MA, reported a change that makes them MA ineligible	Yes, referred to FFM
	Eligible for APTC, reported a change now making them MA eligible	No
	Eligible for APTC, reported a change making them MA ineligible	Yes, referred to FFM
	Eligible for MA, reported a change which now made them eligible or approved for APTC	Yes, referred to FFM

### C) Definitions

Term	Definition
Procedural Reason	Any reason in which the client does not fulfill his obligations: e.g. does not turn in RFI, failure to renew
Non Procedural Reasons	Any reason in which the client has fulfilled his obligations but is not eligible: e.g. their income is above limit, not a resident
Hard Pend	A hard pend does not allow a citizen to receive benefits until formal verification is provided. Income for Medicaid is considered a hard pend  Note: there are no hard pends for APTC / QHP
Soft Pend	A soft pend allows an individual to receive benefits for 90 days without providing formal verification. Citizenship is considered a soft pend

### D) User Experience

For additional guidance on the user experience as a kynector, see below scenarios to identify the actions kynectors can take on kynect and benefind.

