

# **KHBE Assister Training Resource Guide**



**KENTUCKY HEALTH BENEFIT EXCHANGE  
HEALTH INSURANCE  
IS FOR EVERYONE. GET YOURS.**



*The KHBE Assister Training Resource Guide is provided to supplement the Assister training and direct users to useful resources. Within the guide you will find useful charts, phone numbers and website links to help facilitate application and enrollment activity as an Application Assister.*

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## KHBE Support Professionals line: 1-855-326-4650

The Support Professionals line is a dedicated phone line for Agents and Assistors to reach specially trained KHBE Customer Service Representatives.

## KHBE Training Material

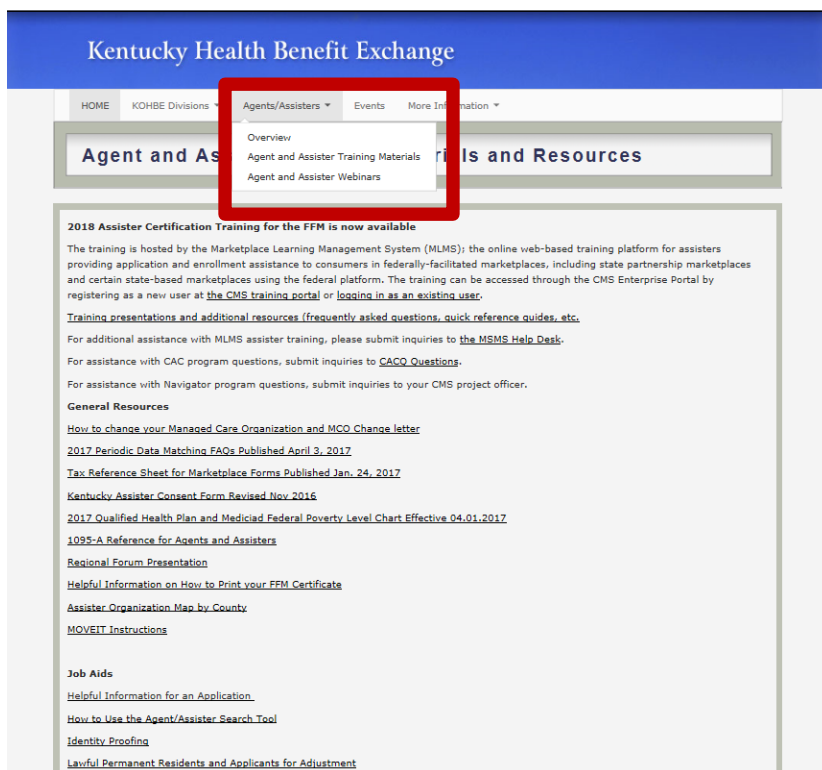
Training Material and Resource Material are available on the KHBE website under the Agents/Assistors tab.

Navigate to: <http://healthbenefitexchange.ky.gov>

Click the Agents/Assistors tab

From there you may navigate to the Overview page, Training Materials, and Webinars.

Content on this page is updated regularly with additional training, Job Aids, and Guides.



# Medicaid and QHP Eligibility Chart

2017 Medicaid Chart

Household Size	Whole Family Eligible for Medicaid Up To 138% FPL				Children (18 and Under) Eligible for Medicaid							
	100%*		138%*		150%*		200%*		213%*		218%*	
	Monthly	Yearly	Monthly	Yearly	Monthly	150%	Monthly	200%	Monthly	213%	Monthly	218%
1	990.00	11,880.00	1,366.20	16,394.40	1,485.00	17,820.00	1,980.00	23,760.00	2,108.70	25,304.40	2,158.20	25,898.40
2	1,335.00	16,020.00	1,842.30	22,107.60	2,002.50	24,030.00	2,670.00	32,040.00	2,843.55	34,122.60	2,910.30	34,923.60
3	1,680.00	20,160.00	2,318.40	27,820.80	2,520.00	30,240.00	3,360.00	40,320.00	3,578.40	42,940.80	3,662.40	43,948.80
4	2,025.00	24,300.00	2,794.50	33,534.00	3,037.50	36,450.00	4,050.00	48,600.00	4,313.25	51,759.00	4,414.50	52,974.00
5	2,370.00	28,440.00	3,270.60	39,247.20	3,555.00	42,660.00	4,740.00	56,880.00	5,048.10	60,577.20	5,166.60	61,999.20
6	2,715.00	32,580.00	3,746.70	44,960.40	4,072.50	48,870.00	5,430.00	65,160.00	5,782.95	69,395.40	5,918.70	71,024.40
7	3,060.83	36,730.00	4,223.95	50,687.40	4,591.25	55,095.00	6,121.67	73,460.00	6,519.58	78,234.90	6,672.62	80,071.40
8	3,407.50	40,890.00	4,702.35	56,428.20	5,111.25	61,335.00	6,815.00	81,780.00	7,257.98	87,095.70	7,428.35	89,140.20
9	3,754.17	45,050.00	5,180.75	62,169.00	5,631.25	67,575.00	7,508.33	90,100.00	7,996.38	95,956.50	8,184.08	98,209.00
10	4,100.83	49,210.00	5,659.15	67,909.80	6,151.25	73,815.00	8,201.67	98,420.00	8,734.78	104,817.30	8,939.82	107,277.80

2017 QHP Chart

Household Size	Federal Poverty Level		Eligible for Medicaid				Eligible for QHP with APTC and Cost Sharing Level A > 138% - 150%		Eligible for QHP with APTC and Cost Sharing Level B > 150% - 200%		Eligible for QHP with APTC and Cost Sharing Level C > 200% - 250%		Eligible for QHP with APTC > 250% - 400%				Higher than 400% Eligible for QHP with No Assistance
	100%*		133%*		138%*		150%**		200%**		250%**		300%**		400%**		
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	
1	990.00	11,880.00	1,317.00	15,800.40	1,367.00	16,394.40	1,485.00	17,820.00	1,980.00	23,760.00	2,475.00	29,700.00	2,970.00	35,640.00	3,960.00	47,520.00	
2	1,335.00	16,020.00	1,776.00	21,306.60	1,843.00	22,107.60	2,002.50	24,030.00	2,670.00	32,040.00	3,337.50	40,050.00	4,005.00	48,060.00	5,340.00	64,080.00	
3	1,680.00	20,160.00	2,235.00	26,812.80	2,319.00	27,820.80	2,520.00	30,240.00	3,360.00	40,320.00	4,200.00	50,400.00	5,040.00	60,480.00	6,720.00	80,640.00	
4	2,025.00	24,300.00	2,694.00	32,319.00	2,795.00	33,534.00	3,037.50	36,450.00	4,050.00	48,600.00	5,062.50	60,750.00	6,075.00	72,900.00	8,100.00	97,200.00	
5	2,370.00	28,440.00	3,153.00	37,825.20	3,271.00	39,247.20	3,555.00	42,660.00	4,740.00	56,880.00	5,925.00	71,100.00	7,110.00	85,320.00	9,480.00	113,760.00	
6	2,715.00	32,580.00	3,611.00	43,331.40	3,747.00	44,960.40	4,072.50	48,870.00	5,430.00	65,160.00	6,787.50	81,450.00	8,145.00	97,740.00	10,860.00	130,320.00	
7	3,061.00	36,730.00	4,071.00	48,850.90	4,224.00	50,687.40	4,591.25	55,095.00	6,121.67	73,460.00	7,652.08	91,825.00	9,182.50	110,190.00	12,243.33	146,920.00	
8	3,408.00	40,890.00	4,532.00	54,383.70	4,703.00	56,428.20	5,111.25	61,335.00	6,815.00	81,780.00	8,518.75	102,225.00	10,222.50	122,670.00	13,630.00	163,560.00	
9	3,679.00	45,050.00	4,994.00	59,916.50	5,181.00	62,169.00	5,631.25	67,575.00	7,508.33	90,100.00	9,385.42	112,625.00	11,262.50	135,150.00	15,016.67	180,200.00	
10	4,017.00	49,210.00	5,455.00	65,449.30	5,660.00	67,909.80	6,151.25	73,815.00	8,201.67	98,420.00	10,252.08	123,025.00	12,302.50	147,630.00	16,403.33	196,840.00	

**Notes**

Updated 10/26/2016

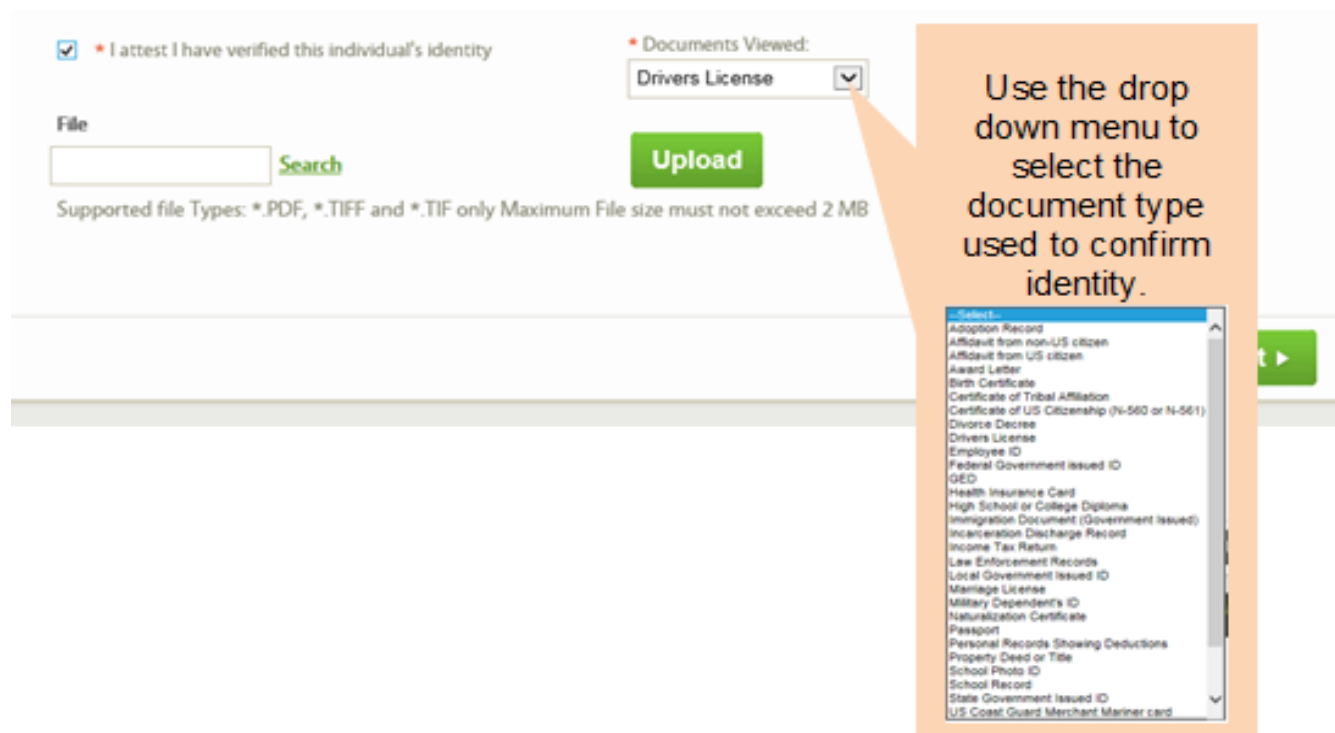
\*Medicaid chart was updated with new 2016 FPL numbers

\*\*QHP updated with new 2016 FPL number, since those note Medicaid eligibility.

## Verifying Identity

IMPORTANT NOTE: THE FFM DOES NOT ALLOW INDIVIDUALS TO BE ID PROOFED EXCEPT THROUGH EXPERIAN. THIS INFORMATION IS FOR MEDICAID AND KCHIP CLIENTS ONLY.

Because Individually Identifiable Health Information (IIHI) and PII (Personally Identifiable Information) are extremely sensitive and important, it is critical for you to verify the identity of whom you are assisting. When you initiate an application, you are required to verify the applicant's identity.



Upload various forms of identification throughout the application process. These forms of identification can include:

- Adoption Record
- Affidavit from non-US citizen
- Affidavit from US citizen
- Award Letter
- Birth Record
- Certificate of Tribal Affiliation
- Certificate of US Citizenship (N-560 or N-561)
- Incarceration Discharge Record
- Divorce Decree
- Driver's License
- Employee ID
- Federal Government issued ID
- GED
- Health Insurance Card
- High School or College Diploma
- Immigration Document (Government Issued)
- Income Tax Return
- Law Enforcement Records
- Local Government Issued ID
- Marriage License
- Military Dependent's ID
- Naturalization Certificate
- Passport
- Personal Records Showing Deductions
- Property Deed or Title
- School Photo ID
- School Record
- State Government Issued ID
- US Coast Guard Merchant Mariner card
- US Military ID Card or Draft Record
- Wage Stubs

## Whom to Include On The Application

Determining household composition is essential to determining the eligibility of each household member. KHBE uses the number of family members and their ages to determine if an individual is eligible for a specific program.

The formula for determining household composition, based on MAGI, was instituted with the ACA and is based on how an individual files their taxes.

If an individual plans to file his or her own taxes in the upcoming plan year, the individual is considered to be in his or her own household. If individuals plan to file taxes jointly, they are in the same household.

If the individual plans to claim dependents on his or her 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, he or she would be included in the other person's household and not have their own household.

**Note:** "Household" does not mean "family" or those who live in a single home. ***The household composition is based solely on the applicant's tax filer status.*** Typically **Tax filer + spouse + tax dependents = household.**

Households may apply as separate individuals or as one household. However, filing status may affect the total benefits received. Include all members in a tax household even if they do not all need medical coverage.

A non-filer is someone who does not file taxes or does not expect to file a tax return in the coming year. This includes individuals receiving Supplemental Security Income (SSI) or individuals who do not meet the income requirements to file taxes.

## Income and Expenses

The system should automatically determine what income is counted when determining eligibility. For a better understanding of Modified Adjusted Gross Income (MAGI) and entering expenses in the application, see the Income [Quick Reference Guide](#) posted on the KHBE Website.

[http://healthbenefitexchange.ky.gov/Documents/Updated\\_Income%20Quick%20Reference%20Guide\\_122315.pdf](http://healthbenefitexchange.ky.gov/Documents/Updated_Income%20Quick%20Reference%20Guide_122315.pdf)

## Resources Terminology

There are times the benefit application will ask about resources. The Resources Terminology Chart provides a definition of each resource listed in the application.

Resource	Definition
Liquid Resource	A liquid resource is considered cash, checking accounts, savings accounts, certificates of deposit, stocks, bonds, money market accounts, and other accessible funds.
Vehicles	Vehicles can include cars, trucks, SUVs, boats, motorcycles, RVs, tractors, planes, ATVs, etc.
Life Insurance	Life insurance is an insurance policy that will provide money to be used at the time of the individual's death.
Pre-Arranged Funeral Contract	A pre-arranged funeral contract is a contract with a funeral home to specify funeral details.
Real Estate Property	Real estate property includes any land, building, or house that you own.
Annuity	An annuity is an investment account from which you may or may not receive regular payments.
Trust	A written legal arrangement created to hold resources for the benefit of a certain person(s).
Burial Insurance	Burial insurance is an insurance policy specifically used for burial expenses.
Burial Funds	Money set aside specifically used for burial expenses.
Promissory Note or Land Contract	A promissory note or land contract is a written promise or contract for which payments are received over a period of time.
Life Estate	A life estate is when an individual keeps life estate interest in a property, but the ownership was transferred to another individual.
Lifetime Care Agreements	A lifetime care agreement is a contract where lifetime care of an individual is given in exchange for resources.
Partnership Qualified LTC Policy	A partnership qualified LTC policy is an insurance plan that pays for long term care costs.

## Contact/Referral Information

Department or Entity Name	Phone Number	Website	Reason(s) to Call
Department for Community Based Services (DCBS) Each county has its own DCBS office. Please refer to the website for more information.	855-306-8959	<a href="http://chfs.ky.gov/dcbs/">http://chfs.ky.gov/dcbs/</a>	If you have questions regarding the following programs and/or need to refer an individual to complete their application: <ol style="list-style-type: none"> <li>1. SNAP</li> <li>2. KTAP</li> <li>3. Medicaid eligibility</li> <li>4. Child Care</li> </ol>
Department for Medicaid Services (DMS)	800-635-2570	<a href="http://chfs.ky.gov/dms/">http://chfs.ky.gov/dms/</a>	If you have questions regarding the following programs and/or need to refer an individual to complete their application: <ol style="list-style-type: none"> <li>1. Kentucky Medicaid Program</li> <li>2. Kentucky Children's Health Insurance Program</li> <li>3. Member services information</li> <li>4. Medicaid Waiver program</li> </ol>

## State Program Information

Below are basic eligibility criteria for other state programs available through the benefind application process.

Assisters only have the access to help with MAGI Medicaid applications in benefind.

Additional information about these and other programs can be found at <http://chfs.ky.gov/>

**SNAP** (Supplemental Nutrition Assistance Program) provides eligible households with benefits that they can use to purchase eligible food items in stores that are authorized by the USDA, Food and Nutrition Service (FNS) to accept those benefits

In order to be eligible for SNAP, an individual must meet the following basic eligibility criteria

- Be a resident of Kentucky
- Have U.S. citizenship or meet the immigration status program
- Agree to work register
- Meet the resource limits established for the program; no one in the household can have more than \$2,000 in cash and bank account assets
- Meet the income limits established for the program Kentucky Transitional Assistance Program (K-TAP)



**K-TAP** (Kentucky Transitional Assistance Program) provides eligible households with financial and health coverage to needy dependent children and the parents or relatives with whom the children are living. K-TAP also helps families find jobs or get training that leads to a job.

In order to be eligible for K-TAP, an individual must meet the following basic eligibility criteria

- Be a resident of Kentucky
- Have U.S. citizenship or meet the immigration status for the program
- Be unemployed, or under employed
- Be a parent/relative caregiver who is caring for a child (under 19, if meeting school attendance requirements)
- Meet the income limits established by the program MAGI Medicaid

### **Medicaid**

Medicaid is a program for families and individuals who have income and resources within the established guidelines.

To be eligible for MAGI Medicaid, an individual must belong to one of the following groups:

- Children under age 19 with certain school attendance requirements
- Pregnant women, or in postpartum, whose income is under or equal to 195% FPL (may be increased to 200% only if needed to gain eligibility)
- Parents and caretaker relatives of a dependent child in the home whose income is under or equal to 133% (may be increased to 138% only if needed to gain eligibility) L
- Low income adults ages 19-64 who are not: pregnant, enrolled in Medicare A or B, or eligible for another Medicaid eligibility group, and who have income less than or equal to 133% of FPL (may be increased to 138% if needed to gain eligibility)

### **Non-MAGI Medicaid**

Non-MAGI Medicaid is a program for expanded groups that have income and resources within established guidelines

In order to be Non-MAGI eligible, an individual must fall into one of the following groups:

- Aged; 65 and over with certain income and resource requirements
- Blind or disabled with certain income and resource requirements

### **Medicaid Waivers**

Waiver services provide coverage for specific services that enable elderly or disabled individuals to remain in their home. Waiver services include:

- Acquired Brain Injury Waiver Services
- Acquired Brain Injury Long Term Care Waiver
- Home and Community Based Wavier Services
- Michelle P. Waiver Services
- Model II Waiver Services
- Supports for Community Living Waiver Services
- For additional information on the different types of waiver programs, you can access:
- The Medicaid Waiver Services website at <http://chfs.ky.gov/dms/mws.htm>

## **Child Care Assistance**

The Child Care program provides access to quality child care, allowing parents to work, attend education and training programs, and/or participate in K-TAP.

In order to be eligible for Child Care Assistance, the following basic eligibility criteria must be met:

- 1 parent households must abide by the 20 hours/week work requirement, while  
2 parent households must meet 40 hours/week
- If school-aged, the child must be enrolled in school
- Household must reside and intend to remain in Kentucky
- Child must be a US citizen

## **Training Requirements**

### **Requirements**

To be a certified Application Assistant in the state of Kentucky, you must complete both the FFM training and the KHBE training for the role. The requirements are outlined in the Application Assister Welcome letter.

Agents are required to complete the FFM training for Agents.

Agents may complete the KHBE training as an option to assist mix eligibility households.

You can contact us anytime with questions or comments at [Khbe.kynect@ky.gov](mailto:Khbe.kynect@ky.gov)