

# KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD

## Meeting Minutes

May 12, 2022

**Board Members Present:** Harry Hayes, Sharon Clark, Doctor Joe Ellis, John Mark Fones, Mark Kleiner, Supra Parthasarathy, David Roode and Ryan Sadler.

### Approval of Minutes

A motion was made to accept the minutes of the previous meeting with the revision of adding Whitney Allen as an attendee to the meeting, seconded and approved by voice vote.

### Kentucky Health Benefit Exchange Update

Melea Rivera shared a presentation slide and update from the Kentucky Health Benefit Exchange. Melea began with a reminder that the proposed amendment to 900 KAR 10:120 had previously been shared with Board Members. She explained this was promulgated last year and due to some recent changes in federal regulations, the regulation was being modified and would be filed next month.

Melea also shared that there had been recent changes to federal regulations. The 2023 HHS Notice of Benefit and Payment Parameters Final rule was released last month and included several changes.

- Requires standard plans on the Federally Facilitated Marketplace (FFM) and as an option for State Based Exchanges (SBEs)
- Changes in network adequacy
- Changes to narrow the actuarial value percentage ranges

Other changes shared were that the FFM is reducing special enrollment verification rules. State-based exchanges can also elect to reduce verifications rules.

One other interesting change was with Premium Tax Credit (PTC) proration. Currently, if a person qualifies for a PTC, they receive the full amount for the month even if their plan ends the 5<sup>th</sup> of the month. The premium amount is not prorated. CMS is asking SBEs to look at prorating the PTC amount for future years.

Melea provided an update on the “family glitch”. This is the situation where employer sponsored coverage is offered to a family, and the single premium for the employee is affordable because it is less than the standard 9.6% (based on consumer price index) of income. Often, the family

premium is well over that amount, making the family ineligible for PTC since the single premium of that employer employee is considered affordable. The proposed regulations will reexamine that interpretation and apply the whole family premium to the same standard amount. We understand the FFM is looking to implement this next year.

Next, Melea discussed preparing for the 2023 open enrollment period. Carriers have filed their forms with the Department of Insurance and rates must be filed by June 1. For 2023, KHBE is working on a refresher course for existing Agents and kynectors. New Agents and kynectors will continue to receive the full training. Some training will be modified to align with system changes and will be available through the learning management system when ready to launch. KHBE is currently targeting early August for deploying updated training.

Lastly, Melea shared information about a notice for all active members receiving PTC. This notice provided information on the PTC amount, the plan enrollment, amount of PTC used to date, and the income kynect had on record for the member. KHBE intends to provide these notices at least twice, possibly three times a year, to help keep individuals informed on how their premium tax credit may impact their refund or amount owed when reconciling with the IRS. A copy or example of the notice was shared with Agents and kynectors.

### **Agent and kynector Update**

David Verry shared an agent and kynector update. He announced that after substantial feedback from kynectors, agents, issuers, and other stakeholders, KHBE will be implementing system enhancements and improvements related to the prescreening tool, agent quoting tool, plan search, plan summary screens, date of birth field, plan display in shopping, plan default sorted by cost, side-by-side view of the member enrolled plan compared to other available plans, agent and kynector dashboards, agent association to an existing case and reports.

Some of the proposed changes also include the application sign and submit process, and the addition of an application summary so changes can be made before the application is submitted. KHBE is reviewing possible changes to immigration questions, report a change process, and eliminating some unnecessary fields for authorized representatives. All these changes will generally improve the system navigation.

David further explained how the team is also looking extensively at the document upload process and the document Wizard with the intent to improve messaging to clarify the status of submitted documents and what documents need to be submitted.

### **Subcommittee update**

Martha Mather was not present to share a Behavioral Health Update.

Carrie Banahan shared that the Education and Outreach Subcommittee did not meet last month so there is no update from Whitney Allen.

## **Agent and kynector Subcommittee**

Mark Kleiner shared an update for the Agent and kynector Subcommittee stating they had reviewed the materials and compiled a list of approximately thirty recommended system changes. Mark thanked Deputy Secretary Banahan and David Verry for their time as they had met often. Mark stated they discussed some great changes that the group is hoping to see implemented by the next open enrollment.

Mark discussed the need for clarification when someone is on Medicaid and approaching age 65 and is eligible for Medicare, that due to the Medicaid COVID expansion, they are not signing up for Medicare. Mark shared that CMS is creating a Special Enrollment Period to allow individuals to enroll in Medicare without imposing late enrollment penalties.

Mark also explained that when a person is enrolled in Medicaid prior to Medicare, they are required to be enrolled in Medicare before they can apply for Medicare Savings Programs. Now with the recommendation from the subcommittee, a person will be able to apply for Medicare (up to 3 months prior to their birthday month) and be able to apply for Medicare Savings Programs. A change request had been submitted to make this system change.

## **QHP Subcommittee:**

Ryan Sadler provided an update on the QHP Subcommittee stating they had last met on April 20th and discussed a number of topics. Ryan reported that the subcommittee reviewed the public use files and data requests. He states the group reviewed both links to that information as well as talking through whether additional information was needed. The group also highlighted an overview of current membership among the carriers. There were a number of discussion points around the Basic Health Program and its impact. QHP renewal testing was also discussed. Items from previous meeting were also reviewed during the subcommittee meeting, with a significant brainstorming session around the broker and enrollment conversation.

## **Questions and Discussion**

Deputy Secretary Banahan asked if there were any questions from board members or from anyone in the audience. Questions were received regarding progress and implementation of the Basic Health Program, Medicaid unwinding and plans for people terminated from Medicaid, Public Health Emergency extension and premium payments.

After a last call for any questions or comments from the group, Carrie Banahan asked if the group would like to schedule the next meeting for 3:00, July 7<sup>th</sup>. The group agreed to the July 7<sup>th</sup> meeting date.

A motion to adjourn was made by Mark Kleiner with Ryan Sadler making a second on the motion. None opposed.