

KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD

Meeting Minutes

December 7, 2023

Attendees: Deputy Secretary Banahan, Sharon Clark, Ryan Sadler, Harry Hayes, Dr. Joe Ellis, Martha Mather, David Roode, Whitney Allen

Deputy Secretary Banahan began the meeting with a welcome and confirming members had received a copy of the previous month's meeting minutes. Harry Hayes made a motion to accept the minutes and David Roode offered a second to the motion.

The first agenda item was an update on the state-based marketplace by David Verry. David reported that open enrollment was running halfway through December and things were looking fantastic and the numbers were more robust than the same timeframe in the previous year. David explained that any issues brought forward were being resolved more quickly as well. The focus had been on specific outreach toward the end of open enrollment. He provided an example of outreaching to those enrolled in a bronze plan but have a CSR and providing information about silver plan options. David also recognized the agents who have helped guide residents in finding the right plan.

David mentioned Special Enrollments in the last weeks of the year, though they are rare, and reminded the attendees that special enrollments do continue throughout the year. David said that KHBE expected to have increased growth via special enrollments throughout the year as well. Residents who will no longer be eligible for Medicaid could possibly enroll in a QHP.

David also explained a few new tools and enhancements that had been released since the last meeting. Improvements in the self-service portal now allow the ability to search for household members which will prove especially helpful to the contact center to help find cases quicker. Language changes were also applied, including the kynector types. Previously, there was a selection of a public or private kynector. The understanding of "private" lead to confusion and unnecessary calls. Enhancements to the issuer portal were also presented, as changes helped bring better understanding of status, renewals, and other areas. On the communication update, David stated that newsletters, emails, and information are being sent regularly, and website updates were being made weekly. The KHBE Fact Sheets are undergoing a review to remove material that may expire, such as FPL chart, or contain plan year dates. The Value-Add side by side for Medicaid was updated to be available in both English and Spanish.

David also explained that Medicaid will not have an open enrollment period, rather, residents may change their MCO any month during 2024.

Next, the incident tracker was discussed as an invaluable tool to help kynectors and agents as well as identify training needs.

David further updated the board that they had received the results from the standardized plan survey and after discussion will not be exploring standardized plans for 2025. These may be reconsidered in 2026.

The next slides David presented showed very good numbers for 2023. 81,000 people enrolled during the year with over 65,000 thousand currently active. The current 2024 total of 65,000 enrolled before the end of open enrollment, plus the anticipated enrollment during 2024 from Medicaid unwinding, creates a good outlook for the total number of enrolled individuals who will be enrolled for 2024. David offered a comparison that last year's open enrollment closed with 62,000 enrollments.

Ben Martin provided the next update with a recap of the incident tracker activity and stated they had received qualitative reports of improvements. The incident tracker had been launched on October 2nd and to the meeting date, 238 issues or items had been entered. Ben shared a slide showing the breakdown of tracker entries with 126 from kynectors and 112 from agents. 212 issues or items had been resolved and the pending tickets had been reduced by approximately half. The topics of reported issues were shown to be onboarding, followed by document upload, Medicaid eligibility, error messages and enrollment manager.

Ben also reminded the board of the one-on-one sessions available to agents and kynectors where they can receive personalized assistance with the team of experts to talk through or troubleshoot cases, receive resolution to issues, or receive training. A total of 21 one on one sessions have been conducted.

Kayla Miles next provided a comparison of the 2022 incident tracker with the 2023 tracker showing the total issues for last year were 170. The next comparison showed reports of a spinning or blank screen during open enrollment last year was 38 with 2023 only receiving eight total. Kayla reported receiving good reports that screens have been moving faster and the applications are being completed a lot quicker. Kayla further touched on previous feedback from agents and kynectors about training prior to open enrollment and requests for more communication and frequent updates. That feedback was implemented for 2023 with in person training, and communication prior to open enrollment throughout the state, the insights newsletter, and other venues for communication. The response to the improvements has been great. David Verry recognized that Deloitte and OATS and other technical teams have worked very hard the past year. David reminded agents and kynectors to enter items on the incident tracker for consideration and he thanked all the teams that made the improvements a reality.

The next update was provided by Veronica Judy-Cecil on the Medicaid unwinding, sharing that they continue through the unwinding period and are pulling data for the November renewal. The monthly CMS report was to be posted December 8th to provide insight into November renewals. In tracking reinstatements, residents who had been procedurally terminated had returned. The priority has been and continues to be getting residents to respond to notices. This is being achieved through additional outreach and extending the population for an additional month. Outreach has included providing information and flyers to anyone who interacts with Medicaid members, specifically kynectors, agents and providers. Veronica reported an effort to improve workflow and reduce barriers which had resulted in a reduction of backlog and quicker connection times with the contact center. New flyers were created around the identity proofing process as this was an area that residents reported having issues.

Karla Burton provided the next update on kynector activity. Karla reported there had been about 437 public outreach and or enrollment events which is a huge number. October was the most recent reporting month for appointments, with the kynectors reporting 2,336 appointments. These appointments are for residents to report changes, update their existing case or complete their application and enrollment. kynectors made 1,184 referrals to other agencies and organizations. Karla reminded the board there is a calendar of events that is continually updated in real time. Karla next highlighted successful November events, including Doe Anderson coordinated mall events that were held at the Fayette Mall in Lexington, Jefferson Mall in Louisville, the outlets of the Bluegrass in Simpsonville and Greenwood Mall, and Bowling Green, where hundreds of people were reached. These events are scheduled through the shopping season. David Verry pointed out that the mall is also a location to reach part time employees who may need information on enrollment and one shop owner was reached to apply for SHOP. The Kentucky State Football Championship outreach event was also highlighted, showing tables had been set up in the concourse at Kroger Field in Lexington during all three games on Friday and Saturday. This resulted in thousands of residents being reached. There was also a mom of the game recognition that was sponsored to further exposure.

Deputy Secretary Banahan directed the next agenda item of subcommittee updates. Martha Mather shared that they did not have a full quorum at the last Behavioral Health Subcommittee meeting and the next meeting is scheduled for January 17th.

Whitney Allen, chair of the Education and Outreach subcommittee shared the subcommittee did not meet in November and will not meet in December due to the holidays. The next meeting is scheduled for January and a SHIP counselor will be providing an overview.

Mark Kleiner was not in attendance, so David Verry reported that they had met, and the next meeting is scheduled for December.

Ryan Sadler provided the Qualified Health Plan subcommittee update, sharing the subcommittee had reviewed details on enrollment and stated that every Medicaid member

experiencing disenrollment is receiving multiple outreach connections to ensure awareness of QHP opportunities. The subcommittee had also spent a good deal of time discussing standardized plans to tackle that issue specifically. With the decision to table that effort, more time will be spent on that in 2024. The next meeting is scheduled for December.

Deputy Secretary Banahan next opened the meeting for any questions or discussion items from attendees. David Roode brought up an issue he had experienced when he came off Medicaid and enrolled in a QHP. David reported that he chose a QHP specifically with dental benefits to continue some ongoing dental treatments. David stated it took him about three months to find a provider. He shared he had selected that specific plan because his wife is on the same plan, and they have a dentist they have been seeing all year. David found out in September the dentist was not in network. He was finally able to have the same provider he had been told in September was out of network. When he was finally seen, he received a bill of approximately \$600 for dental work. David had conducted some research on this issue and is seeing that about \$500 is not covered by insurance. John Mark Fones weighed in with a similar situation. He shared that in helping his daughter with coverage, the online directory displayed all kinds of dentists but when they started calling office, they found out they were not. This has led to his daughter going about a year without a dentist because she could not find anyone who took her coverage.

Sharon Clark, Commissioner of the Department of Insurance, introduced herself and stated she would like to provide assistance. She provided the number for the consumer protection division and directed David Roode to speak with an investigator. Sharon said they may ask him to file a formal complaint. She explained that insurance companies are supposed to provide their provider networks to the Department of Insurance to be deemed adequate.

David Verry reminded the attendees that if there is documentation that that the consumer thought the provider was in network and it turns out they are not, they may qualify for an exceptional special enrollment and would be able to switch plans.

Deputy Secretary Banahan announced the next advisory board meeting is to be held January 4th, 2024.

Meeting was adjourned.