

KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD

Meeting Minutes

September 7, 2023

Board Members in Attendance: Shaun Orme as Sharon Clark proxy, Harry Hayes, Joe Ellis, John Mark Fones, Martha Mather, David Roode, Supraja Parthasarathy

Deputy Secretary Banahan called the meeting to order and roll call was conducted. John Mark Fones made a motion to accept the meeting minutes from last month's meeting and Harry Hayes made a second to the motion. All members approved and the minutes were adopted.

Deputy Secretary Banahan asked David Verry to provide the update for the state-based marketplace.

David began with the update that QHP enrollments have increased, and they have seen a steady increase daily. There have been days with 100-200 enrollments which has indicated a healthy growth during the unwinding. David shared that there are new shopping tools that are online or coming online soon to help people connect with a licensed insurance agent when they are ready to enroll. David also said that the Open Enrollment end date will be January 16th instead of January 15th since that falls on the Martin Luther King federal holiday. Residents who enroll on January 16th will have a February 1st coverage start date. He also added that the unwinding Special Enrollment Period (SEP) continues. At the end of the month, residents will have the option to self-attest they lost Medicaid. This will be helpful for those new to Kentucky or those who lost Medicaid months ago but did not take advantage of that SEP.

Harry Hayes asked if window shopping, for people to view plans, would be open October 1st. David confirmed it would be October 15th and under the pre-screening tool.

David also said there is a new toolkit for open enrollment that is on the KHBE website for kynectors to use in public outreach, though anyone can access. There is an English and Spanish version available.

Refresher training is now live for both kynectors and agents and needs to be completed by September 30th.

David informed the Board that the marketplace had held their first Q and A session with agents and kynectors with a lively and informative discussion. These sessions and in person training will be conducted throughout the fall to further bolster the program.

David shared that they have over 2,500 agents registered and over 500 kynectors. The kynector count included contracted kynectors and Certified Application Counselors (CACs).

David next shared an update on system enhancements stating the non-magi questions were removed from the application flow to resolve the defect for those applying for benefits, but they are non-magi over the age of 65 or older. The system will no longer ask those questions. This defect was incorrectly

asking questions about checking account or resources that didn't need to be answered by those specific users.

Other enhancements included items such as how plans are loaded on the back end as well as making the Permanent Tax Credit (PTC) calculation dynamic. Specifically, the system will withhold a PTC from household members who are not enrolling. Lastly, David mentioned QHP certification, stating they were almost through getting the qualified health plans certified for next year. They should be able to provide a sneak peek by the next Board meeting, including maps and data on the plan landscape for next year. The next topic covered was outreach, with David stating he had the honor and pleasure of working with kynectors at the State Fair, saying it was an amazing event.

Slides were then shared showing QHP enrollment is approaching 61,000 actively enrolled residents with nearly 75,000 who have been enrolled at sometime during the year. David added that many people see a QHP's as being a transitory stopgap until they have employer sponsored coverage or go on their spouse's plan, etc.

David next introduced a planned change to the algorithm so when a resident is enrolled in a QHP with an issuer who also has an MCO, the system will pass the information to the appropriate issuer. This will result in families being covered by the same issuer, even though some may be in Medicaid and others in a QHP.

Helen Dawson provided the next update beginning with sharing that they had recent opportunities to answer questions and share more information about the unwinding. Helen reiterated some of the current priorities, stating that they are very focused on households with children and ensuring that those members respond to notices. System changes have been made to ensure that the requirements for children's or continuous coverage for children through the renewal process are in place. A high number of households with children going through renewal process is anticipated during fall months.

On procedural terminations, a change has been put in place for a reconsideration period of 90 days. This means if a response is provided within that 90-day window of being terminated, individuals have a 90-day reconsideration period to resubmit the documents and coverage will be reinstated to their end date.

Helen Dawson reiterated the positive QHP enrollment trends, and she voiced her appreciation and support in getting messaging to the public. Helen affirmed they were continuing the open-door policy for questions or requests for information. Helen said they are working very diligently to get data out and utilizing as many flexibilities and waivers as possible to ensure that they are reducing procedural terminations and avoiding any gaps in coverage for members.

John Mark Fones asked for clarification on the displayed chart that reflected QHP enrollments. David Verry answered that yes, that did reflect QHP enrolments. Mark, curious in where the growth was coming from, asked if the Cabinet had any data on if those individuals had been previously in a group health plan or employer. David is not aware if there is specific data on that and it tends to be a mixed bag of people moving, people losing Medicaid, people losing ESI, sole proprietors, etc. David further stated that there are about 12,000 people on the exchange who do not get tax credits. David indicated he would see if that information were tracked or available.

John Mark Fones added he was asking because he works for a health system, so when people fall off Medicaid or if they fall off a commercial plan where they had a \$3000 deductible, they may be going to an exchange product with a \$5,000-\$7000 deductible. It would be helpful for residents to be aware and anticipate this additional cost.

David added that some enrollees in high deductible plans may not have as high costs because of the cost sharing reductions applicable to silver plan. John Mark Fones explained that his daughter is paying about \$5000 a year for the premium and has a \$7,000 deductible. David acknowledged that the high deductible plans, especially in the Bronze and Expanded Bronze plans can be problematic. David again indicated he would find out if there was any information or data to share.

Next, Karla Burton provided the kynector update. kynectors were shown to have public outreach and or enrollment events scheduled across Kentucky. kynectors scheduled 1,808 appointments during the month of July, in addition to taking walk-ins, networking at events, and the success at the State Fair. Karla shared there had been quite a few enrollments conducted in the enrollment booths on site at the fair during each shift. It was stated that at some points people were lined up and willing to wait to be seen. kynectors made 984 referrals to community partners during the month of July, primarily to assist in safe and healthy living, connecting people to food banks, housing referrals, all kinds of other resources available on Kentucky resources. It was shared that during the state fair, over 38,000 kynect bags were handed out to attendees. Over 150 Kentuckians were assisted on site, and hundreds more questions answered. kynectors from all the contracted agencies; Community Action Kentucky, KIPDA, and Kentucky Primary Care Association participated, with kynectors driving in from all over the state, volunteering to take extra shifts if needed, or if there were last minute filings that were needed. It was described as a team effort. Karla shared the Kentucky LED light wall had been a big hit, especially with kids. The experience was reported to be like going to a museum with interactive displays.

Waterfront Wednesdays in Louisville was highlighted as a successful event for kynectors with monthly themes. The images showed a kid's theme and Karla reported there had been over 20,000 in attendance. Newport Night Out in Northern Kentucky was also highlighted as a larger event that is back to school focused which also celebrates the relationship between the community and 1st responders such as, police, fire, and EMS.

Martha Mather provided the next update, informing the Board that the Behavioral Health Subcommittee did not have a new report as the last meeting was in July, with the next meeting scheduled for September 20th. Martha will provide an update at the next Advisory Board meeting.

Mia Anderson provided the Education and Outreach Subcommittee update. The subcommittee had met last on August 7th. Shakira Hightower and Kayla Skaggs with Deloitte were guests for the meeting. They had shared Open Enrollment Plan Year 2024 toolkits for kynectors, with attendees providing feedback on the toolkit, flyers, trifold, brochures, tabletop signs and samples of social media. Additional content was sent after the meeting for subcommittee members to review. The subcommittee will meet next on September 25th.

David Verry provided the Agent Navigator subcommittee report. David then shared that the Agent Navigator Subcommittee had met and discussed two new tools. One will be an online referral line for Agents. This is an idea that originated in Maryland and other states are also adopting this type of tool. It will allow the contact center staff to refer a resident to an Agent for plan selection when warranted.

Other enhancements for next year's shopping tool were discussed. An example was given in a situation where if someone qualifies for Cost Sharing Reductions (CSRs), those CSRs will automatically stack the silver plans first in the choice selection to steer people towards picking a silver plan. David added that they are in a pilot stage of compensating insurance agents \$50.00 for Medicaid applications. Another topic in the subcommittee was a discussion on considering standard plans for 2025. The federal government is moving towards standard plans meaning all issuers offer a plan with the same basic features. Things like network adequacy, additional benefits would still be specific to the issuer.

The Qualified Health Plan subcommittee did not meet the previous month, so no update was provided.

Deputy Secretary Banahan opened the meeting to any questions or discussion. No responses or questions were posed. Deputy Secretary Banahan announced the next Advisory Board meeting will be October 5th at 3:00 O'clock.

Meeting was adjourned.