

# **KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD**

## **Meeting Minutes**

**September 1, 2022**

**Board members in Attendance:** Sharon Clark, Ryan Sadler, Mark Kleiner, Dr Joe E Ellis, John Mark Fones, David Roode, Martha S Mather, Harry Hayes

Deputy Secretary Banahan began with a welcome to attendees. Roll call was conducted, and Deputy Secretary Banahan asked Melea Rivera to provide the Kentucky Health Benefit Exchange update.

### **Update on Kentucky Health Benefit Exchange**

Melea began the update with a countdown to Open Enrollment. At the time of the update there was 60 days, 20 hours, 56 minutes, and eight seconds until the start of the Kentucky Health Benefit Exchange open enrollment. Medicaid open enrollment, during which members may switch their Managed Care Organization (MCO) if they choose is 10/17/2022 to 12/02/2022. Qualified Health Plan Open Enrollment dates are 11/01/2022 to 01/15/2023.

As previously announced, Melea provided a reminder about the OKTA Verify multi-factor authentication option available for KOG beginning 09/30/2022.

In follow-up to previous committee meeting discussion concerning the American Rescue Act subsidies being discontinued, Melea shared that the Advance Premium Tax Credits (APTC) amounts have been extended till 12/21/2025 through the Inflation Reduction Act.

Unless another bill is passed prior to 12/21/2025, the state-based exchange will be required to adjust for the discontinuance at that time. This will result in greatly reduced APTC amounts and end APTC eligibility for individuals with an income over 400% FPL.

Melea's next update was on plan certification activities. Kentucky Health Benefit Exchange must certify all plans that are offered on the state-based exchange. All the participating companies made their filings with the Department of Insurance (DOI) earlier this year and Sharon Clark's team has done a wonderful job of reviewing those rates and formed filings. DOI transfers filings into the Issuer Portal Plan Management database on kynect health coverage. This allows insurance company partners to make any necessary changes. Companies also review their plan listings for accuracy. Melea said we were getting URLs that are needed for provider directories and formularies, and are reviewing statements of benefit and coverage.

Melea shared that Kentucky Health Benefit Exchange had received comments from insurance companies that they would like kynect to get passive renewal activities done early so they can

get the information early. This would help them provide notice to their consumers. Kentucky Health Benefit team is working toward that. It is a goal to open Plan Preview, where users can anonymously preview plans, by mid-October. The team was also working to get the requested information insurance companies so they can do their passive renewal activities mid-October. Sharon Clark added that in reviewing all the state's rates that were submitted, Kentucky was on the lower side of the middle. This is good news.

Next, Melea provided the update on Agent and kynector training. Every year annual training is provided for open enrollment including any system or policy changes. The target was to make that available by 09/01/2022, though it was available a few days early. A couple of Agents had already completed the training, with one getting through it within 20 minutes of it being available. For this coming year, Agents are encouraged to get their training completed prior to September 30th to ensure there are no issues during the passive renewal activities. This will help maintain their book of business information. The training is available after September 30<sup>th</sup> but sooner is better for Agents to avoid unexpected issues.

Melea gave an update on the public health emergency, reminding the Board that it was originally slated to end mid-October. CMS will make public notice available 60 days prior to the end of the public health emergency. Having not received the 60-day warning or notice, we knew it would not end in October. This could happen in January 2023, which will be during Open Enrollment. The Kentucky Health Benefit Exchange will send out communications if or when we do receive such a notice.

Melea then explained that the team continues to provide information to stakeholders about the Special Enrollment Period allowing individuals were impacted by Benefytt Technologies. This is a company that sold plans that were not always ACA compliant. It was also determined that their practices were misleading. The Federal Trade Commission acted against Benefytt Technologies and ordered they notify impacted individuals of an opportunity for special enrollment. Kentucky Health Benefit Exchange is sending similar messages to our stakeholders. This will help them support Kentuckians who purchased one of these plans and wish to enroll on kynect. Deputy Secretary Banahan asked how many people in Kentucky have been impacted. Melea responded that there were 1070 individuals impacted in Kentucky. Mark Kleiner asked for clarification that this company targeted areas and sold non-ACA products, and if Melea meant they had that opportunity due to the public health emergency. Melea provided a link in the meeting chat to the FTC publication with order.

On the topic of the "family glitch", Melea invited the group to consider a better name as we prepare resident focused outreach. She further reminded the board that this is the circumstance where an individual has employer coverage and their single premium is considered affordable per the affordability test for APTC, yet the family premium is nowhere near affordable. Currently, because the individual single premium is considered affordable, those individuals cannot qualify for APTC. This leaves them the choice to pay for family coverage through the employer or to buy a plan on the exchange without any APTC. Neither of these

options may be affordable so the proposed rule will allow a secondary affordability test. This will allow eligibility for APTC. The final rule is not yet out, though it is anticipated in the next month or two.

Dr Joe E Ellis asked Melea to clarify on the public health emergency extension if the change may happen in middle of Open Enrollment and if that would affect our Medicaid eligible members. Melea provided clarification that the soonest it could likely happen is the 13th of January 2023. Melea stated that the good news is once we receive the 60-day notice from the Federal Health and Human services, we can begin activities on the exchange. This will not mean an immediate end of eligibility as there is a lengthy time to unwind.

Edith Slone provided the next update topic on kynector outreach. Edith began with highlighting Kentucky Primary Care Association and how those kynectors arranged to cover enrollment needs in the flooded Eastern Kentucky counties. The office received the request on Thursday, August 4th for kynector assistance at the Disaster Recovery, One Stop Center. Primary Care had their kynectors at the Recovery Center site the very next day. These kynectors have been working at the county's one stop locations seven days a week for the last four weeks. Edith thanked Primary Care Association for their hard work and dedication. Using pictures of events in the update, Edith shared that there are 5,000 kynect totes that were sent to the counties to use in giving out personal items and food. In those that picture there of the connectors giving out the bags during the State Fair. Privacy booths were used by kynectors to enroll and assist individuals on site. The Kentucky Health Benefit fair booth remained busy throughout the duration of the State Fair and over 70 individuals were assisted during the 11-day event. As usual, the kynect bags were a most requested item, with over 50,000 bags given away.

### **Subcommittee Updates**

Carrie Banahan segued to the next agenda item of Subcommittee updates.

#### **Behavioral Health Subcommittee Update**

Martha Mather from the Behavior Health Subcommittee shared that the Subcommittee hadn't met since the last Advisory Board update, so she had nothing new to share.

#### **Education and Outreach Subcommittee Update**

Next, Miranda Brown provided an update in place of Whitney Allen, for the Education and Outreach Subcommittee. Miranda shared that the Subcommittee had met on Tuesday August 30<sup>th</sup> to review the kynect to Care booklet that has been under development by the Subcommittee. At that time, the booklet was expected to be approximately twenty pages long and is similar to the CMS Coverage to Care booklets that many kynectors have used for several years. A kynect to Care poster and PowerPoint presentation is also under development. Miranda reminded the board that the booklet is geared toward helping people use their coverage after they're enrolled. This information will assist residents in navigating and keeping their kynect coverage. Information on eligibility and eligibility changes, and appropriate use of Emergency Department and Urgent Care versus primary care physicians is included. The

subcommittee members are participating in workshops the week of September 13<sup>th</sup> to finalize content. During the last Education and Outreach Subcommittee meeting, Deputy Secretary Banahan provided an update on the standardized plan, sharing that Kentucky is considering offering standardized plans for on the exchange for 2024.

#### Agent/kynector Subcommittee Update

Deputy Secretary Banahan thanked Miranda and introduced Mark Kleiner to provide the Agent kynector Subcommittee update. Mark shared that the subcommittee had met just the day before, and the group had discussed the standard plans in depth. The plan is to bring together a group of agents kynectors, and other consultants for ongoing discussion.

Mark then discussed trying to simplify the plan offerings, understanding when a new product is rolled out, it can take a toll on the system. The Subcommittee is working to develop a strategy to get a couple of the top options with the carriers and see if that makes sense.

The Subcommittee also talked about a potential direct professional services line to DCBS.

A report is being run to determine what percentage of calls are from Agents. The belief is that the top 20 to 25 agents from the agent side produce well over 50% of the applications that are agent assisted. The Subcommittee also reviewed approximately 35 system updates and improvements to better the experience for Open Enrollment

Mark stressed that one big concern is having written material or a letter for Medicare eligible individuals turning 65 who are on the COVID Medicaid extension. This will notify them of eligibility for a Special Enrollment Period.

Mark also shared that the Subcommittee is working on implementing rules for people being able to apply for Medicare Savings program three months prior to Medicare enrollment. This is similar to how when they apply for Medicare, they can get it by contact Social Security three months ahead of time. Currently, individuals must wait till they're off Medicaid. They already have Medicare and it's a one-month process which makes it difficult. It may become unaffordable when an individual must pay for the Medicare Part B premiums and other out of pocket cost. Mark stated that Deputy Secretary Banahan is working on getting that implemented, then the Deputy Secretary interjected that she had good news. Deputy Secretary Banahan shared that the Cabinet had reached out to the Office of Application and Technology and the change request would be implemented October 21<sup>st</sup>.

In conclusion, Mark r shared that he had met with Beth as a kynector lead to discuss way the agents and kynectors can work together to utilize the expertise of both Agents and kynectors.

#### Qualified Health Plan Subcommittee Update

Deputy Secretary Banahan next introduced Ryan Sadler for the Qualified Health Plan Subcommittee update. Ryan confirmed the Subcommittee had met August 17<sup>th</sup> and discussed the pros and cons of the standard plans. The Qualified Health Plan Subcommittee would participate with the Agent and kynector Subcommittee in the work group Mark had mentioned. The first planned meeting will take place in September.

The Subcommittee reviewed the reporting packages that are available in some other markets. Washington state and California packages were reviewed to see what other data, outside the

public use files, may be available for use. This will help determine the sources of data that we may consider using.

The group also discussed accessing 834 and renewal files in September and October to prepare for consumer engagement. They also highlighted the PHE extension through January and how that unwinding process will impact plans and what can be done to ensure members and are protected. The Subcommittee also discussed prescreening being available on kynect as early as October 15<sup>th</sup>. The next Qualified Health Plan Subcommittee meeting is scheduled for October 19<sup>th</sup>, when the group will include on the agenda, comparing differences, pros and the cons, of new product offerings that will be available for open enrollment this year.

### **Open Discussion/Questions**

Deputy Secretary Banahan announced that meeting minutes were not approved at the beginning of the Advisory Board meeting. The Deputy Secretary asked if there was a motion to accept the submitted meeting minutes. Ryan Sandler made the motion, and Doctor Joe Ellis second the motion.

Deputy Secretary Banahan opened the floor for questions and open discussion. With no questions or comments offered by the group, the Deputy Secretary reminded that the next meeting for the Kentucky Health Benefit Exchange Advisory Board will be held on October 6<sup>th</sup>.

### **Adjourn**

A motion to adjourn was made and approved.