KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD

Meeting Minutes

August 1, 2024

Board Members in attendance: Sharon Clark, Ryan Sadler, David Roode, Harry Hayes, Joe Ellis, Mark Kleiner

David Verry began updates reporting that the exchange had exceeded 82,000 enrollments. He congratulated and thanked the issuers who have helped with enrollments and special enrollment periods. David said the one-on-one office hours and trackers would be utilized again for the upcoming open enrollment period. Training for agents and kynectors will run through mid to late November. David also highlighted system enhancements that have been deployed. This included a more intuitive sorting function where users can sort by maximum out of pocket cost, copay amounts, deductibles, along with other things. Also, this function allows users to insert a pin on certain items so the system will save the items during the shopping experience.

David announced that beginning January 1st, pregnancy will be a special enrollment period for Qualified Health Plans (QHPs) and will be retroactive to the any point in the pregnant persons medically verified pregnancy. He said the websites continue to be updated almost weekly, mentioning a new immigration fact sheet provided by DCBS to help with the more complicated aspects of helping that that population. David shared that in the fall, there are improved open enrollment notices that will include everyone in the tax household. This will help provide an understanding of what action is needed for each person.

The exchange had been sending a notice halfway through the plan year to advise individuals of the amount of Advance Premium Tax Credit being received, these notices are being sent quarterly. There will also be a notice sent to those who are eligible for a QHP but have not yet enrolled. David also explained that when people have a Request for Information (RFI) that is not being responded to, APTC is being terminated which can lead to overdrafts from their checking account or potential loss of coverage. The future plan is to provide notice in that situation at 30 days, 60 days, and 90 days. David said the exchange will not pursue standardized plans for 2026 but will continue the conversation for 2027. In reviewing enrollment numbers and metrics, David stated that the exchange was on track to provide coverage to over 100,000 people this year.

Helen Dawson provided an update on unwinding activities. She shared that they were very close to all PHE related renewals being fully closed. There are still a couple months that are still within the 90-day reconsideration window, but that will end on August 31st. She also reminded the board that there are flexibilities that will continue through June 2025 based on CMS allowances. DMS is still awaiting guidance from CMS on the flexibility for child renewals, but until that guidance is published, they are continuing as has been the approach thus far, awarding 12 months of continuous coverage to children. Helen said the main takeaways is that they were almost all the way through the unwinding but that doesn't mean the work is over. This effort was to return to the normal activity of monthly renewals. The

plan is to also continue monthly meetings, provide updates, utilize data from PHE related renewals to share the impacts of what Kentucky was able to do, and improve service going forward.

John Pasztor provided the next updates stating it was a successful month for kynectors conducting outreach and enrollment events in their communities. He highlighted several events, including the Covington Pride Festival, the community fest at Christ Cathedral, and the Beer Cheese Festival in Winchester, KY. John mentioned the back-to-school bash is being planned for August as well as the Kentucky state fair.

Deputy Secretary Banahan confirmed that the Cabinet will have a large presence at the State Fair. Edith Slone added that kynectors are scheduled daily to assist people and take applications as needed.

The Education and Outreach Subcommittee met, and the group reviewed new outreach materials for open enrollment. They were able to review those items and provide feedback. Discussions were also held concerning hosting an open enrollment kickoff for kynectors, promoting new materials, and creating a campaign. The subcommittee also began the conversations for September moving forward about ways to reduce the no response rate for RFIs. Additionally, after a full year of unwinding, seeing the incredible outreach efforts, the subcommittee plans to step back and look at what has worked and how member response can be adjusted or improved.

The Agent Navigator Subcommittee update was given by Mark Kleiner. He said the committee continues to meet. He acknowledged Deputy Secretary Banahan, Secretary Friedlander, and the governor, because it was their decision to allow the agent community to be involved in the unwinding and the decision to allow agents to be compensated for the first time of $50.00 on a Medicaid application.

The QHP Subcommittee update was given by Ryan Sadler. First, Jennifer asked about kynect on Demand referrals, saying at the end of the application it asks if they would like to connect to an agent. Jennifer asked if clicking on that prevents compensation. She explained they have walk-ins, and they respond no. Her experience has been to complete about 25 per month but she has only been compensated for five of those. David Verry responded that would have no effect on compensation. He asked Jennifer to email the program inbox with specific details and they would investigate and report back. Ryan continued the update and advised that the QHP subcommittee met on July 17th. The committee discussed plan year 2024 updates, plan year 2025 updates, and even updates on our 2026 plans, specifically the standardized plans being paused. They also discussed enhancements and enrollment KPIs. The next meeting is scheduled for August 21st.

Deputy Secretary Banahan opened the meeting for any discussion items or questions. David Roode had a topic he wanted to bring up for conversation. He shared his wife had a situation a few weeks ago when her doctor ordered an MRI that was purely preventative. When scheduling they specifically asked if they needed to do anything with the insurance in terms of preauthorization and were told no. They were told the providers authorization, preauthorization, Department handles that and if they are not contacted, the insurance is covering it because it's considered preventative. When David's wife arrived for the appointment, she was told there was a $1200 cost. After making several calls, David received no confirmation on the actual cost. They left without having the MRI completed. This prompted David to bring this to the group to ask how consumers can make an informed decision about proceeding with a procedure. David was seeking guidance to understand how consumers know what a provider is going to bill to the insurance and how do they know what coverage will actually pay. The experience left him

with the sense that the provider did not know this information either. Deputy Secretary Banahan said that typically there is a certificate of coverage that will identify all the services and benefits that an insurer will cover. There is also a section on services and benefits that need to be prior authorized in advance. Sharon Clark added that the best way to fully understand the situation is to investigate that specific case. She asked she be emailed with the specifics, and they will follow the complaint to provide more information. The QHP subcommittee agreed to take up this topic in an upcoming meeting.

Deputy Secretary Banahan announced the next Advisory Board Meeting will be help September 5th.

Meeting was adjourned.