

KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD

Meeting Minutes

July 6, 2023

Board Members in Attendance: Shaun Orme (Proxy for Sharon Clark), Whitney Allen, John Fones, David Roode, Supraja Parthasarathy, Ryan Sadler, Dr. Joe Ellis, and Mark Kleiner.

Deputy Secretary Banahan welcomed attendees, and a roll call was conducted by David Verry.

Deputy Secretary Banahan informed the group that the June meeting minutes need to be approved via quorum. With the minutes having been sent via email to all board members, Deputy Secretary Banahan asked for the minutes from June to be approved. Dr. Joe Ellis made the motion to approve the meeting minutes, and Ryan Sadler made a second to approve. All were in favor with no nays, and the meeting minutes were adopted.

David Verry provided the state-based marketplace update, stating that QHP enrollments are staying steady. Some lost their coverage throughout the year for various reasons, and others have become Medicaid eligible, but we still have more enrollments due to the unwinding. This trend is anticipated to continue throughout the summer. Regarding systems performance, there have been around 70 incidents reported to the Incident Tracker to date, and most of them have been resolved. Deloitte has sent teams to visit kynectors in the field to observe their processes for taking applications and provide on-site support. The system seems to be working properly.

There were some people who lost APTC due to not returning required documents, and an internal team was formed and dedicated three days reviewing those APTC issues. David stated that RFI mismatches are being investigated to cut down on errors and make the process smoother. The time to turn in RFI's is also being discussed to change it from 60 days to 90 days. Molina and WellCare are expanding to 20 counties each to have more choices for the consumer.

David stated that the 58,000 in enrollments seen thus far is encouraging, and hopefully, we can get past 65,000 by the time of Open Enrollment. Regarding the PHE Unwinding, there were over 79,000 renewals and 29,000 no responses, which is concerning. David also said that efforts and strategies to increase outreach activity and decrease the no response numbers are currently a major focus.

David asked Commissioner Lisa Lee if she had any comments. Commissioner Lee stated that our team is working very hard to ensure that those individuals who remain eligible for Medicaid stay enrolled in the program. Those who are assisting individuals with Medicaid and Qualified Health Plans are working hard to ensure we are following all state and federal guidelines. Commissioner

Lee gave a big shout-out to the team for all the hard work that they have been putting towards this effort.

David Verry wrapped up his presentation, stating that it is good to see the excitement from the updates and that the team will continue to forge ahead. He wants everyone to look out for the kynect booth that will be at the KY State Fair next month.

David Roode asked if there is a specific metric showing if an individual is actively or passively renewed and the difference between the two? Commissioner Lee stated that an individual is passively renewed when the department checks all data sources and can confirm everything on the consumer's application is the same. If we look at all our data and need more information, then an RFI is sent for additional information.

She stated the members are actively renewed, if we cannot verify information that was submitted to us or that is on the system, so they will have to take further action in order to renew their Medicaid eligibility.

Karla Burton gave a summary of kynector outreach activities. Karla stated that during the current month of July, there are about 465 public events outreach and/or enrollment events across the Commonwealth of Kentucky. That is an increase from June, and it is an expected increase because we are now in the middle of Fair and Festival season. The kynectors are really trying to get out there in the communities and have a huge presence. The kynector becomes the primary person to go to in those smaller towns and in the bigger cities for help with their health benefit needs.

There is a lot of self-marketing going on in addition to the formalized marketing for kynect and the kynectors. They have also been very engaged in helping the consumers who may or may not have lost their coverage due to the Medicaid Unwinding to obtain coverage and guidance. The kynectors are achieving this by taking phone calls, setting appointments with individuals, as well doing their daily work. That is the primary daily outreach focus currently for the kynectors. Karla stated that in addition to hosting public events, kynectors continue to have a few private events which are not advertised to the public, because they cater specifically to individuals residing inpatient at drug treatment centers, for example.

Deputy Secretary Banahan moved onto subcommittee updates. Karen Cantrell reported that Martha Mather had no updates to report for the Behavioral Health Subcommittee.

Whitney Allen was next on the agenda with the Education and Outreach subcommittee update. Whitney reported the subcommittee met on Monday, June 26th, 2023. During this meeting David Verry conducted a demonstration of the Small Business Health Options Program (SHOP). This was a topic that the subcommittee had identified as an opportunity for kynectors and community partners to have more information on. David shared the slides and a one-pager with the team to distribute to their groups. The subcommittee recommended turning the presentation into an LMS training and requested more marketing materials surrounding SHOP, such as, a success story from a business utilizing SHOP. The July meeting will be cancelled, and the August meeting will be moved up to August 7th to review Open Enrollment materials.

Mark Kleiner presented the Agent Navigator Subcommittee update. The feedback has been positive with the kynect on Demand. Agents feel it is worth their time to take the phone calls. We want to let everybody know and drive home the message on the outreach going on both the Medicaid side, awareness about QHP, and the insurers outreaching with multiple phone calls, multiple emails and snail mail. We want to focus on making sure the unwinding process is going smoothly so Members know they have options, whether it be in Medicaid or QHP.

Ryan Sandler provided the Qualified Health Plan Subcommittee update. The subcommittee met on June 21st and are meeting again on July 19th, 2023. The meeting on June 21st focused on a presentation from the National Committee on Quality Assurance (NCQA) related to health equity, which interested many insurers. The presentation focused on HealthEquity accreditation and HealthEquity accreditation plus which goes into detail on what insurers are doing to align and focus on improving HealthEquity for all members. Ryan also informed the group that insurers have been conducting outreach focusing on the unwinding process and updating residents on Medicaid and QHPs.

Deputy Secretary Banahan announced five board members have been reappointed as their terms expired in June, and notification was received from the Governor's office on the extension of the board term. The following have been reappointed: Supraja Parthasarathy, John Fones, David Rude, Whitney Allen, and April Hester. The remaining board members' terms will expire in 2024. They will also be given the opportunity to extend their terms for one more period.

The next Advisory Board meeting will be August 3rd, 2023.