KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD

Meeting Minutes

May 2, 2024

Attendees: Deputy Secretary Banahan, Sharon Clark, Ryan Sadler, John Mark Fones, Priscilla Easterling proxy for David Roode, Whitney Allen

Deputy Secretary Banahan welcomed the board members and roll was called. Deputy Secretary Banahan confirmed the board members had received an emailed packet and minutes from the April meeting. A motion to accept the minutes was made by Ryan Sadler and Sharon Clark made a second to the motion, and minutes were adopted.

David Verry provided the first update from the Kentucky Health Benefit Exchange. This began with the update that 1,300 members had been transitioned from a QHP to an MCL as they became Medicaid eligible. David recognized this as an advantage of being a state-based marketplace with an integrated system. David stated feedback sessions had continued with intentional group settings that included kynectors, agents, and residents at DCBS offices to capture feedback on the SSP application flow and navigation. David gave the example of making it easier and quicker to get through the application flow and make updates without the need to go through the whole application every single time. Feedback received will become future enhancements moving into the fall. David shared work has continued on improving the association process of both agents and kynectors to reduce abrasion. He reiterated that being a state-based marketplace allows integrity in association compared to activities that had been reported on the federal marketplace. David reported that work had begun on standardized plans for 2026, stating this would be one standard plan, per metal, level per issuer, for the metal levels in which that issuer participates. This will follow the same model that's on the FFM except for not limiting plan choice. David also conveyed there have been weekly updates to the website fact sheets and event calendars to ensure accurate information is available. This included PE fact sheets that help explain that process a little bit better. Work has been going on with spring flyers and a fact sheet focused on people who are losing job-based coverage. David next explained several things will come online before this year's OE. One is the extended unwinding SCP to the end of the year. This means anyone this year who lost Medicaid from May of last year on can enroll in a QHP in the future 1st of the month following plan selection. David announced the Failure to Reconcile process will be returning. With the tax credit being an advance on a tax refund, taxes must be filed and reconciled through the 8962.

The IRS will be sending the marketplace a flag for persons who failed to reconcile. First year a warning will receive a warning and the second year, APTC will be taken away. Information materials are planned to ensure awareness on the topic. David also said after just after open enrollment there will be new special enrollment effective dates to eliminate gaps in coverage. The plan is for all special enrollments to

have a first of the month following plan selection enrollment rule versus the 15th of the month rule. Further, the special enrollment period will extend to align with the Medicaid 90 days. Priscilla Easterling asked David to confirm that special enrollment would change from a 60-day period to 90-day period and David confirmed. Next metrics were shared displaying 78,000+ enrollments which David explained included the 1300 that had moved from QHP to Medicaid. The enrollments were reported as rising due to unwinding and other reasons. David pointed out there had been close to 88,000 persons so far assisted which shows an increase from the total of 82,000 for the year from last year. David reported a 60% growth in people identifying themselves as black or African American, and a nearly 80% growth in Hispanics and 40 to 50% growth for rural counties. Jackson County lead the way with a reported 65% growth in QHP enrollments in that one county alone.

Helen Dawson provided the unwinding updates with slides showing metrics for each month. Reports are being submitted to CMS that show the number of pending cases that were processed within that 90-day reconsideration period. Metrics show the number of pending cases dropped for December. The numbers shared indicate a good number of approvals with increased numbers year to year. March was showing it would be in the 71% range for already approved enrollments. Helen shared that metrics are shared regularly during all speaking engagements as well as on the monthly stakeholder meetings.

Helen next covered recent items that have happened. Helen shared the Appendix K waivers submitted to CMS were approved and implemented. There were some enhancements to SI member renewals and to APTC member eligibility processing. Helen directed those interested in more details can find recordings on the PHP website. For the Appendix K, approval was received from CMS for all six updated waiver applications, which included several components of the flexibilities under Appendix K that were leveraged during the PHE permanent. Helen ran through SIR terminations which had been paused mid-February. Members continued to receive their SSI or Medicaid while those were on pause. This has shifted and when Members lose eligibility based on Sr termination, phase one is sending prepopulated Medicaid renewal forms requesting a response. These members are given two months of ex parte eligibility, meaning that they will continue to be covered for those two months. If a response is not received by the 15th of the second month of ex parte, they will be terminated.

The second phase will be based on verified information and returned renewal packet information and then follow the normal procedures of adverse action rules which may potentially terminate them before the end of the ex parte period.

Helen further reported on some members who did not receive renewal forms and were automatically transitioned to a PTC eligibility. CMS has confirmed those Members will have Medicaid reinstated back to their termination date with a completed renewal form. Members who did not enroll in a qualified health plan, nor did they return Medicaid, since that termination will be reinstated to traditional

Medicaid back to the termination date. If there is no response, they will be terminated. This will be happening in May and June. Lastly, Helen informed the board that the Kentucky Medicaid member survey is underway and is intended to gather feedback on renewal process and DMS's communications from members themselves.

John Pasztor highlighted some kynector events that had occurred in recent months. Images were shared of the Kentucky Derby Festival that leads up to the Derby. This Balloon Glow event is held on the Louisville waterfront each year and kynect hot air balloon was able to be there along with kynectors and CHFS staff. On April 8th, for the Great North American Eclipse, kynectors had kynect eclipse glasses and coordinated events across the state. Information and images of kynector sponsorship and set up at state championship games were shared. This included women's and men's state championship and Sweet 16 held at Rupp Arena every year. One sponsorship was mom of the game where a special prize is given to one of the moms in the crowd.

Whitney Allen gave an update for the Education and Outreach subcommittee which met on April 22nd. Savannah Sublet provided an overview of proposed changes to the kynector role in kynect resources. Savannah collected feedback and discussion topics from participants as enhancements are being developed. David Verry addressed the subcommittee to review presumptive eligibility fact sheets and gain feedback. The group made a recommendation for a webinar to be developed specifically for immigration or non-citizen eligibility, plus additional scenarios, and case studies. The next subcommittee meeting date will be determined as the current calendar event was scheduled for a holiday.

Tyler Little provided an Agent and Navigator update, saying they had met April 30th, and reviewed progress of the work being done with the QHP subcommittee toward offering standardized plans. MCO conversions were discussed. A large focus was on updates to fact sheets, seasonal flyers and review of the unaffordable employer insurance flyer that is being worked on.

Ryan Sadler gave the Qualified Health Plan subcommittee update. Members met on April 17th and focused conversations on standardized plans and reviewing the interest for rolling that out 1/26. They circulated some of the elements to related programs/plan to provide feedback, advice, counsel, concerns, comments, support or otherwise. This will facilitate the plan design being worked on next year.

Deputy Secretary Banahan opened the floor to any questions or discussion items. None were brought forward.

The next meeting date was announced as June 6th at 3:00 .

Meeting was adjourned.