

KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD

Meeting Minutes

June 1, 2023

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

Deputy Secretary Banahan welcomed attendees and roll call was conducted.

Deputy Secretary Banahan informed the group that the meeting minutes had not been approved during last month's meeting due to not having a quorum. With the minutes having been sent to all board members from the April meeting, Deputy Secretary Banahan asked for minutes from April and May to be approved. Dr. Joe Ellis made the motion to approve the meeting minutes and David Roode 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 the state is within the first month of the unwind and more unwind details would be shared later in the meeting. The state-based marketplace is working to get the word out to kynectors agents, and the general public on what steps need to be taken for coverage. They have also provided new guidance on what was sent to the MCOs with information on how they can achieve greater communication and cooperation between MCOs and their respective QHP's. David stated that although the unwind has started slowly, the amount of processing of people's cases that is needed will be unprecedented.

David further shared that the first of two APTC reminders were sent out in early May. This notice reminds residents of their monthly tax credit amount and the income on which it is based. This allows the opportunity to make adjustments if necessary, to save tax liabilities at the end of the year.

In preparing for plan year 2024, David shared that all the carriers currently on the exchange this year are coming back next year. More details will be shared in June once things are finalized. Updated 2024 training for kynectors and agents will be available sometime in August. David also confirmed that more materials and updates to older materials will be made available earlier this year and they had already taken requests for custom items from the kynector community.

David Roode asked if David had more information on carriers expanding coverage to additional counties and if there was a timeline of when that information may be available. David Verry said they would report firm numbers during the next meeting.

Mark Kleiner brought up that in a previous meeting last year there was a conversation about subsidies that were reduced in some counties based on the silver plan and there were some small benefit changes between dental and vision that reduced the subsidies. Mark asked if this was being addressed so it didn't occur again. David Verry responded that this was asked, and the answer received was that those

were considered two different plans. Mark explained to the group that some people had their QHP subsidies reduced by hundreds of dollars for families because the carrier had a vision and dental only plan. Since that was measured as the second lowest plan, the subsidy amount was based on that plan. David Verry said they are definitely discussing this looking ahead to 2025.

Veronica Judy-Cecil, Senior Deputy Commissioner for Medicaid, provided the Medicaid renewal and unwinding update. In displaying the slide for May, she reminded that passive renewal means those cases where the system can identify and make that determination without any action on the part of the member. This is an almost automatic process. The active cases require a more intense review of assets or resources to make a determination. There has been a slow response to those notices. Senior Deputy Commissioner Judy Cecil stated that she is participating on national calls and all states are experiencing a bit of a lag in people responding to notices. It is believed that the lag may be due to the likelihood that many are not eligible, and the state has been carrying this large capacity of eligible people.

John Mark Fones asked if the dashboard type data was being shared with the Kentucky Hospital Association. Senior Deputy Commissioner Judy-Cecil answered that it is and that she had presented at the Kentucky Hospital Association conference and the presented information will be on the DMS website as well.

David Roode asked, as shown on the previous slide there were 17,000 active cases from May 31st that are still ongoing, if that meant they've now been disenrolled and they have a 90-day open enrollment period. or is that have I understood that correctly?

Senior Deputy Commissioner Judy-Cecil responded that anyone who did not complete or respond to a notice by May 31st is likely disenrolled though they can be reinstated back to their end date and then of course, if they're no longer eligible for Medicaid but eligible for QHP, then we will work to try to get them to choose that plan as soon as possible. Also, someone can enroll in Medicaid anytime if they do become eligible again.

David Roode asked how someone who was disenrolled would know they've been disenrolled? Veronica clarified that there is a notice sent for that situation.

Senior Deputy Commissioner Judy-Cecil next showed the case distribution which captured some changes. This is to inform the group DMS is now doing 12 months continuous coverage for children. This is mandated by CMS starting January 1, 2024, but DMS implemented it as part of our unwinding. They have seen lower case numbers so they can have time to catch up in July and August.

Senior Deputy Commissioner Judy-Cecil reminded everyone of the dedicated webpage with robust information, including presentations, FAQs, provider directed information, and member directed information. She also asked the group to check out the social media efforts as a quick and easy way to provide current information. DMS continues to hold monthly stakeholder meetings, with the next meeting scheduled for the third week of June. June 15th and 11:00 o'clock Eastern Time.

Lastly, Senior Deputy Commissioner Judy-Cecil noted that insurance agents may be getting calls that are for programs like SNAP and suggested a communication to all insurance agents to ensure they have the information needed to refer those calls to the right place. David Verry added that he believes they are sending those people to the DCBS hotline, but he will make sure a clear communication of best practices would be sent to agents.

David Roode asked how far in advance people start getting contacted if they're going to be passively renewed or have an active renew? He asked specifically if someone has a July 31 renewal, what point is a notice sent. Senior Deputy Commissioner Judy-Cecil responded that taking July 1st, 31st as an example, the system starting today will go out and ping the hub and the resident will get something within about seven days. She further clarified if they are passively renewed, the system completes this automatically to update their enrollment for the next 12-month period.

David Verry provided the kynector update next. David shared that the kynectors have been out the past month hosting 400 outreach or enrollment events in the month of May, which is extraordinary. The calendar of events is hosted on the KHBE website. Photographs of events were shared that show kynectors set up and help people enroll. He also shared they are looking at internal data for May and June to identify target events where data indicates renewals or enrollments are lagging.

Martha Mather provided the Behavioral Health subcommittee update, saying the highlights from the last meeting was that Department of Medicaid Services was still working on a side by side of the behavioral health benefits for the five MCOs and once finalized, it will go to the Behavioral Health Technical Advisory Committee. She stated it looks really great so far, with add-ons and enhanced services each MCO will provide to beneficiaries. Department of Insurance is rescheduling a webinar for mid-August on how to contact DOI and presented in the context of provider network adequacy and parity issues.

Whitney Allen provided the Education and Outreach subcommittee update, sharing the last meeting was held Monday, May 22nd. They had guests invited to attend including Bobby Fry, Megan Snow, and Brittany Pina from the SNAP office and the DCS Commissioner's Office. The objective was to view a demo from DCBS on SNAP application assistance for providers and how kynectors can aid in the SNAP application. Discussion was also held on troubleshooting when the procedure doesn't work as intended or additional support is needed. Recommendations were taken from the subcommittee members on enhancing educational materials and flyers. The next meeting is scheduled for June 26th and will cover a SHOP training demo. The plan for the July and August meeting is for the subcommittee to review materials on the kynect website and Open Enrollment materials.

Mark Kleiner provided the Agent Navigator update, saying that David Verry had covered the meeting in his absence. Mark observed the meeting and shared that while much of their information was provided in David's previous update, he shared they have been told about half the agent on demand calls are QHP eligible roughly versus Medicaid or SNAP. He acknowledged that the additional information David will send to agents will help in directing those Medicaid and SNAP callers. Mark further shared that some of the system challenges seem to have eased. Mark did say he had not heard back on how many agent on demands have come through. David Verry responded that there had been 1300 in the month of May. Mark also mentioned meeting to investigate creating an agent and kynector back office. In his conversations with kynectors, they would love to have some type of a system where they can do follow up similar to agents.

Ryan Sadler provided the next update for the Qualified Health Plan subcommittee, sharing they had met May 16th with an agenda that focused on the unwinding. This included discussion on changes relative to the MCOs being able to share list of members and identifying opportunities to help more members find access to care through the QHP. Since there are active steps needed by the member, much of the

discussion focused on the new guidance that came out for the managed care companies and how we were able to interact and engage with the members going through redetermination.

The group also requested carrier by county and membership reports by carrier, by county that was sent out. They talked about getting reports of the number of Medicaid disenrollment by county.

Broker fee and commissions for Medicaid applications were discussed with David Verry to look into that for an upcoming discussion. The next meeting is scheduled for June 21st.

Mark Kleiner asked for clarification on the broker fees and commissions discussion. David Verry stated that the discussion is about the \$50.00 for Medicaid applications, clarifying that it is still \$50.00 per Medicaid application that is in the works. While it is not ready to go live, it will be coming and there is a commitment to have it in place Midsummer.

Deputy Secretary Banahan opened the meeting to questions and discussions. With no items brought forward, Deputy Secretary Banahan announced the next meeting date of July 6th. She also shared there were four board members whose term was going to expire June 3rd and a request and recommendation has been made to the Governor's office to extend those terms until 2025. The individuals with expiring terms are April Hester, David Roode, Supraja Parthasarathy and John Marks Fones.

Deputy Secretary Banahan asked for a motion to adjourn, with David Roode making the motion, and Mark Kleiner making the second.

Meeting was adjourned.