

KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD

Meeting Minutes

January 5, 2023

Board Member Attendees: Shaun Orme on behalf of Sharon Clark, Ryan Sadler, Harry Hayes. Joe Ellis, John Mark Fones , David Roode, Supraja Parthasarathy, Whitney Allen

Secretary Friedlander and Deputy Secretary Banahan were both away and unable to attend, so David Verry called the meeting to order. Roll call was conducted for Board members in attendance. Four board members were not in attendance.

David Verry began with an Open Enrollment update. There were 61,560 total members enrolled, with 52,341 effectuated. David emphasized that it is a fantastic number to have that high of individuals who have already made their binder payments. There were 44,760 renewed members in a QHP with APTC, 9,810 enrolled in QHP only, and 6,145 new members enrolled in QHP with APTC.

Kayla Skaggs with Deloitte provided further updates on open office hours with kynectors and Agents. The kynector office hours took place on December 13th with approximately 100 kynectors participating. The Agent session was hosted on December 16th with five agents. Topics for both were similar, though there was a greater focus with the kynectors about plan option scenarios when transitioning to a QHP with the public health emergency roles from Medicaid. This helped explain how to switch over to a QHP, reporting a change versus creating a new application, and the different application statuses. The Agent topics included entering income, adding a new individual to agent portal, reporting a change, specifically with income and household changes, partial member matches, and the different application statuses. Each session had a question-and-answer time on the agenda and a lot of great questions were discussed.

Kayla also provided an update on the incident tracker that went live for Open Enrollment. The tracker has been live since November 1st and will close January 13th. This is a process for Agents and kynectors to submit any incidents or issues or provide input on enhancement suggestions. As of January 3rd, 253 incidents had been reported by agents and kynectors via the incident tracker. Close to 240 of those have been resolved.

David next spoke to the biggest news, other than Open Enrollment ending, being the Medicaid unwinding. Congress passed a spending bill that decoupled Medicaid continuous enrollment from the public health emergency and set the end date for the Medicaid continuous coverage to April 1, 2023. David stated that CMS described this as the single largest coverage transition event since the ACA Open Enrollment launch. David stressed that this is a massive scale nationwide and here in Kentucky. David added that it will be like Open Enrollment all over again, but it would take place over a twelve-month period. Communications and trainings at all levels will help in this transition. David Roode asked to clarify that with April 1st beginning the twelve-month period, that unwinding will be completed by

March 31st, 2024. David confirmed that was correct. David Roode then asked about the Cabinet's plans or how this would work. David Verry explained that the transition would happen when a resident's re-enrollment renewal approached. He said, generally speaking, residents will either qualify for APTC or may have employer sponsored group coverage they may move to. Unwinding would be considered loss of coverage, which would open a special enrollment period and some may have the option to enroll through work place coverage.

David Roode asked about the basic health plan that had been previously discussed. He wanted to know if that was going to be a part of this transition. David Verry clarified that the basic health plan was put on hold by DMS and would not have an impact on unwinding.

David Verry moved to the next agenda item to provide an update on system improvements and enhancements. David said there were items from the incident tracker and other sources that brought awareness of some system issues and functionality problems. David included that there is a Self-Service Portal (SSP) improvement project planned that will launch beginning in February. This is an effort where kynectors, agents, consumers, other advocates and stakeholders, and DCBS will be invited to identify problems with the SSP and discuss what can be improved, and how the system can better help residents.

David further shared that a recent release was deployed that included improvements to the SSP displays, increased file capacity when uploading documents, improved notifications to agents and kynectors when a change occurred in a case, as well as better reporting and search functions.

David stated to the group that being in the final weeks of open enrollment, he wanted to extend a congratulations to everyone in attendance. He said the numbers are looking great and the exceptional special enrollment committee and contact center are staying prepared to ensure everyone gets the enrollment appropriate for their situation through the end of open enrollment and beyond.

Edith Slone provided the kynector update with images of recent events. There had been a booth set up at the Fayette Mall in Lexington, KY. The booth was in a great location near the children's play area and there was a lot of traffic and interactions. Over 1600 kynect bags were handed out during that event. Photos of the Southern Lights event at the Kentucky Horse Park were shown as Edith said this a great event. Edith said perhaps this would be an event to attend additional nights of the week because the traffic was from all over the state. She shared that there had been an estimated 19,000 visitors altogether in the five nights that we were there which is very good outreach opportunity.

David next opened the floor for subcommittee updates. Martha Mather was not in attendance, so the first update was from Whitney Allen for the Education and Outreach Subcommittee. Whitney said the Education and Outreach committee did not meet in December, but the next meeting is scheduled for January 23rd.

Ryan Sadler shared that the Qualified Health Plan subcommittee did not have a meeting in December. They have a meeting planned later in January and will provide an update from that in the next Advisory Board meeting.

David Verry updated the group in Mark Kleiner's absence saying the Agents and kynectors subcommittee meets twice a month and the focus has been on the enhancements mentioned earlier. There was also discussion about the unwinding and ways to better connect residents to Agents and kynectors. There is a feature on the FFM called Help on Demand and is a feature that the group has explored. Per David, this is a very tentative possibility, but CHFS is trying to determine if this would be ready by spring which would help with the unwind.

Shaun Orme with DOI asked to share information. He stated that in a previous meeting, a question had been asked about the family glitch and the issue of when someone is on an employer sponsored plan and has family coverage mid-year. The question was if there was a way the employee could stay in that coverage and the family purchase marketplace coverage. Shaun had reported during the meeting that at the state level, it is determined by employer plan rules. DOI met with CMS to see if there was a fix for that on the federal level. CMS confirmed the approach of Kentucky and DOI and stated that there is nothing on the Federal level that is expected to change at this time.

David Verry asked for any items for question and open discussion. Miranda Brown asked if there would be any special fliers, PSAs, or other outreach tools to help residents with unwinding other than the notices. Veronica Cecil answered that Medicaid will be releasing a website January 15th that will have various outreach, communications, templates, flyers, and social media around making sure people understand. Veronica shared that there is also some media planned. Flyers will be very population specific, and would be available for providers, such as posters that can be displayed. Veronica said the renewals are starting in April and will occur over a 12-month period. She said Medicaid plans extensive outreach and they have been putting together a large number of contacts for advocacy organizations, community-based organizations, and provider associations, so the information can be shared with them.

John Mark Fones asked how a provider would know whether a person's coverage had lapsed during the unwinding. Veronica Cecil answered that Kentucky Health Net will show a member's eligibility. She also said that they estimate that there will be about 20% each month that won't be able to passively renew so there will be additional outreach to that population. Managed Care Organizations will also conduct outreach to their members. Advocacy groups and kynectors will also conduct outreach. David Verry advised that the Special Enrollment Period for loss of Medicaid is open 60 days before the end of that event, and then it's the first day of the month following plan selection. This means that there shouldn't be a lapse of coverage as long as people are responding appropriately.

David asked again if anyone had any other questions, comments, or issues. With none stated, he asked for a motion to adjourn. David Roode made the motion and Whitney Allen gave second to the motion. Meeting was adjourned.