

# Exchange Advisory Committee

July 22<sup>nd</sup>, 2021

# Agenda

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- A. Welcome, Call to Order
- B. Roll Call
- C. Reports from Exchange Director Victoria Savoy
  - 1. Update on 1332 Waiver Application – Reinsurance Program
    - Julie Blauvelt, Deputy Commissioner, BOI
  - 2. Federal updates: SEP, ARP, Proposed Notice of Benefit and Payment Parameters for 2022
  - 3. Navigator Grant Update
  - 4. RFP Updates – Platform, Consumer Assistance Center, Consultation, Advertising/Branding
  - 5. Medicaid Coordination with DMAS and DSS
  - 6. Governor’s Appointments
  - 7. HBE Staffing update
  - 8. HBE One Year Update – Then and Now
- D. Reports from Subcommittees and Members
  - 1. Movement of membership from Medicaid to Exchange as public health emergency ends
    - Guest Speaker: Jessica Anecchini, DMAS Senior Advisor
  - 2. Navigator/Assister Subcommittee discussion and vote
- E. Consideration of questions, recommendations, reports or comments
- F. Response to Committee Recommendations
- G. Other Business
- H. Public Comments
- I. Adjournment

# Welcome, Call to Order

## Call in number:

(804) 229-5840, 505452276#

## Reminder:

- Only committee members should have cameras turned on.
- Please stay muted until you are called on to speak.
- The transcript of this meeting will be made available online at <https://www.scc.virginia.gov/pages/Exchange-Administration>

# Roll Call

## **Ex-officio Members:**

Secretary Daniel Carey – Health and Human Resources

Director Karen Kimsey – Department of Medical Assistance Services

Dr. Norman Oliver – State Health Commissioner

Commissioner Duke Storen – Department of Social Services

Commissioner Scott White – Bureau of Insurance

## **Voting Members:**

Sabrina Corlette, Chair

Jane Norwood Kusiak, Vice Chair

Lee Biedrycki

Scott N. Castro

Elizabeth Cunningham

Doug Gray

Ikeita Cantu Hinojosa

Starla Kiser

Kenn Penn

*(Vacant)*

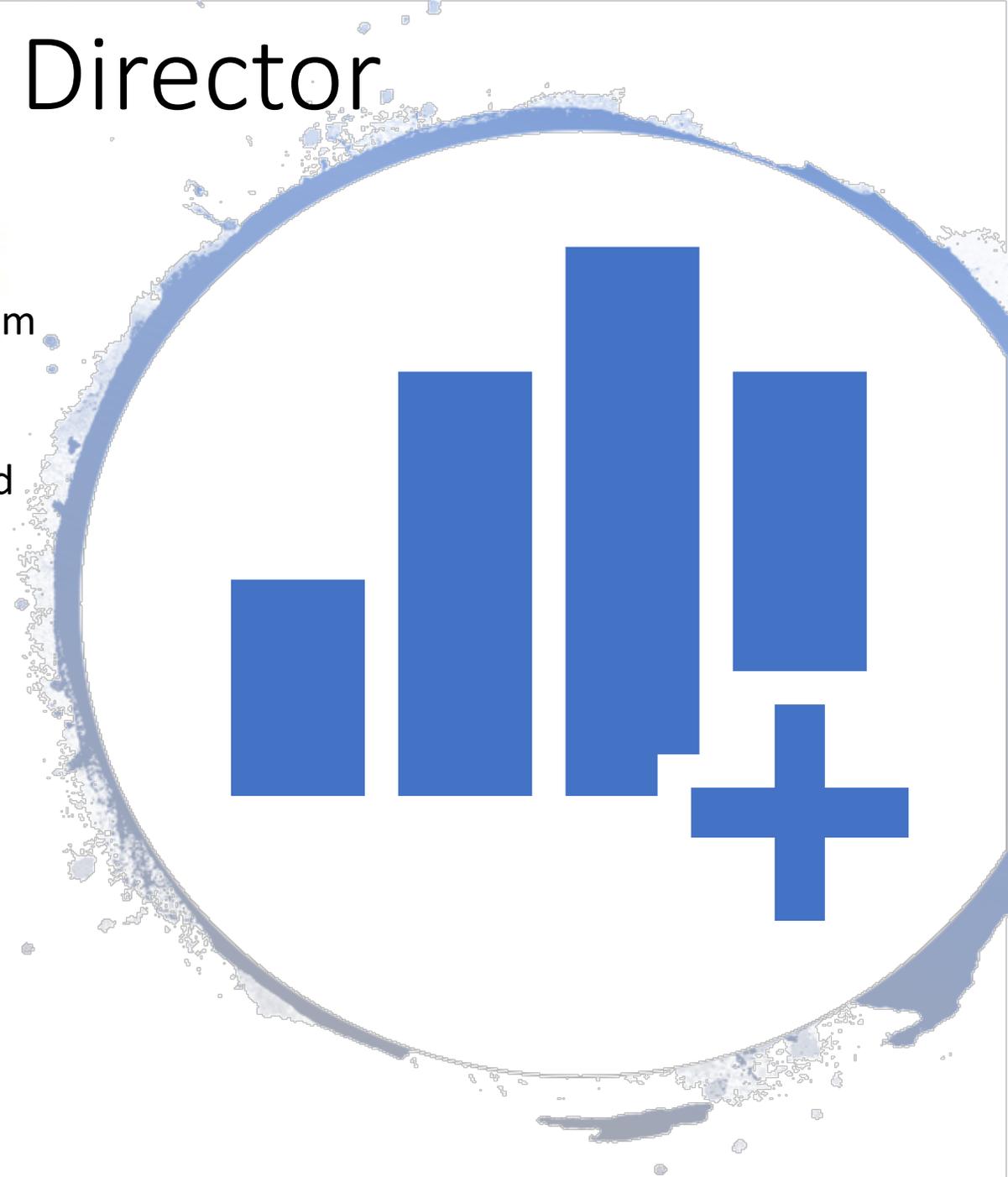
## **SCC Liaison:**

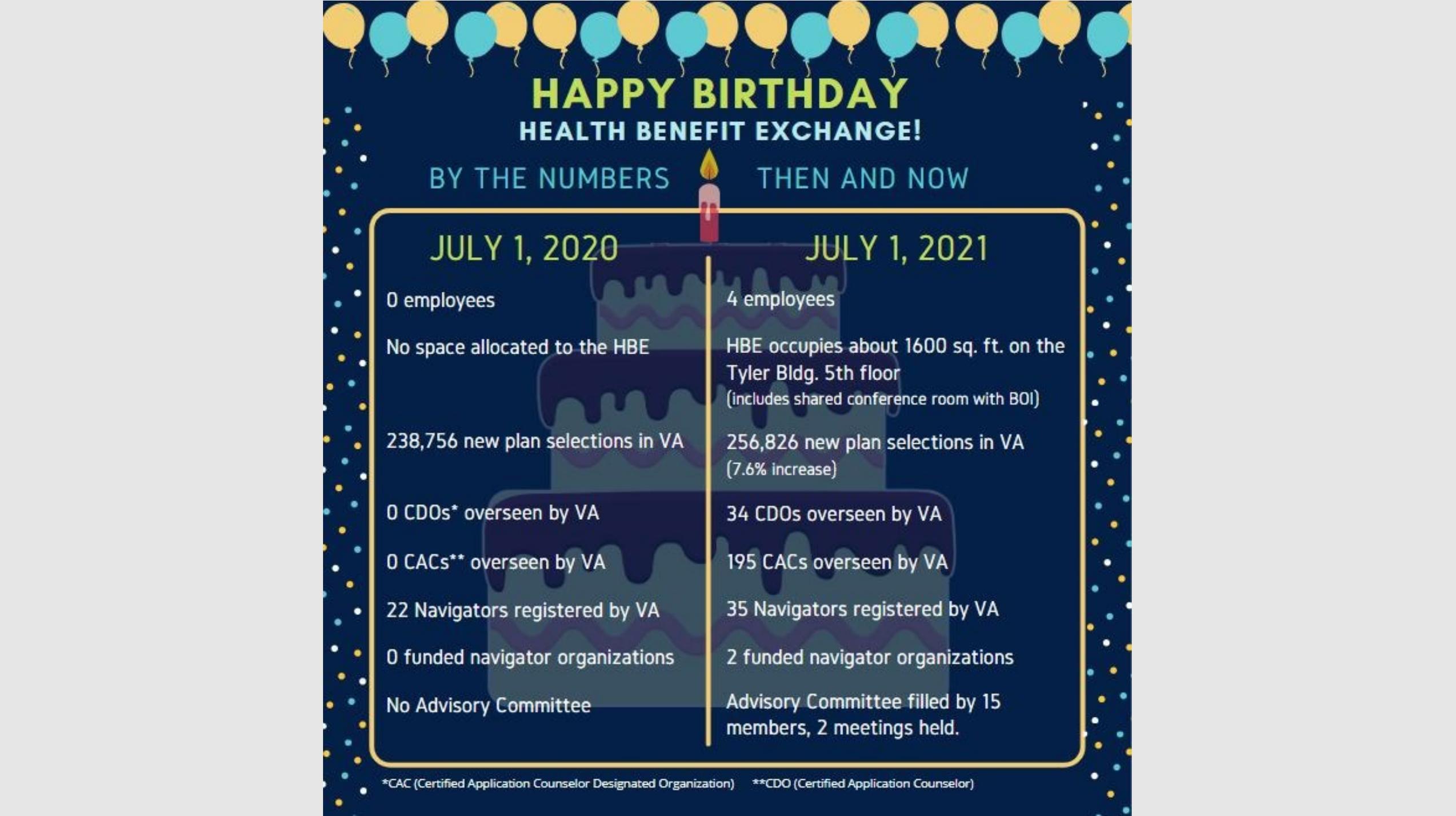
Victoria I. Savoy – Virginia Health Benefit Exchange Director

# Reports from Exchange Director Victoria Savoy

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1. Update on 1332 Waiver Application – Reinsurance Program
  - Julie Blauvelt, Deputy Commissioner, BOI
2. Federal updates: SEP, ARP, Proposed Notice of Benefit and Payment Parameters for 2022
3. Navigator Grant Update
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8. HBE One Year Update – Then and Now





# HAPPY BIRTHDAY

## HEALTH BENEFIT EXCHANGE!

BY THE NUMBERS

THEN AND NOW

JULY 1, 2020

JULY 1, 2021

0 employees

4 employees

No space allocated to the HBE

HBE occupies about 1600 sq. ft. on the Tyler Bldg. 5th floor  
(includes shared conference room with BOI)

238,756 new plan selections in VA

256,826 new plan selections in VA  
(7.6% increase)

0 CDOs\* overseen by VA

34 CDOs overseen by VA

0 CACs\*\* overseen by VA

195 CACs overseen by VA

22 Navigators registered by VA

35 Navigators registered by VA

0 funded navigator organizations

2 funded navigator organizations

No Advisory Committee

Advisory Committee filled by 15 members, 2 meetings held.

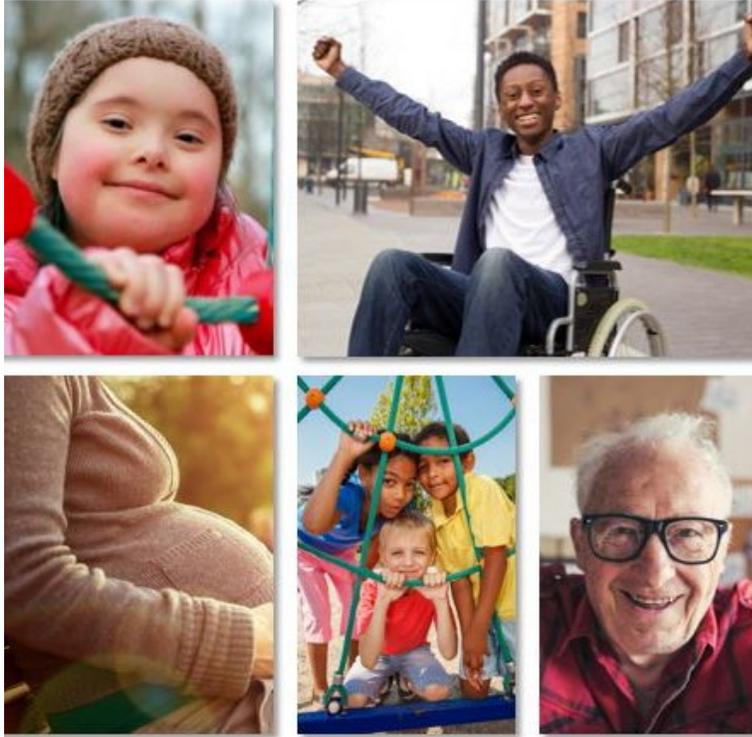
\*CAC (Certified Application Counselor Designated Organization)

\*\*CDO (Certified Application Counselor)



# Reports from Subcommittees and Members

- 1. Movement of membership from Medicaid to Exchange as public health emergency ends  
(Guest Speaker: Jessica Anecchini, DMAS Senior Advisor)**
2. Navigator/Assister Subcommittee discussion and vote



# COVID-19 AND PHE UNWINDING

**HBE ADVISORY COMMITTEE**

**JESSICA ANNECCHINI,  
SENIOR POLICY ADVISOR, ADMINISTRATION  
JULY 22, 2021**



# An Implementation Snapshot

## Eligibility/Enrollment

- Suspended almost all closures/reductions
- Verbal authorization from incapacitated individuals to assister groups
- Extended Reasonable Opportunity periods and temporary out of state absences
- Paused manual renewal processing

## Appeals

- Automatic retention of benefits during an appeal
- No financial recovery for continued coverage during an appeal
- Extension of the timeframe to request a fair hearing
- Verbal authorization for representation during the appeal

## Services/Benefits

- Eliminated all member co-pays
- Increased access to telehealth and electronic signatures
- Increased prescription allotments and delivery methods
- Decreased barriers to Long Term Services and Supports

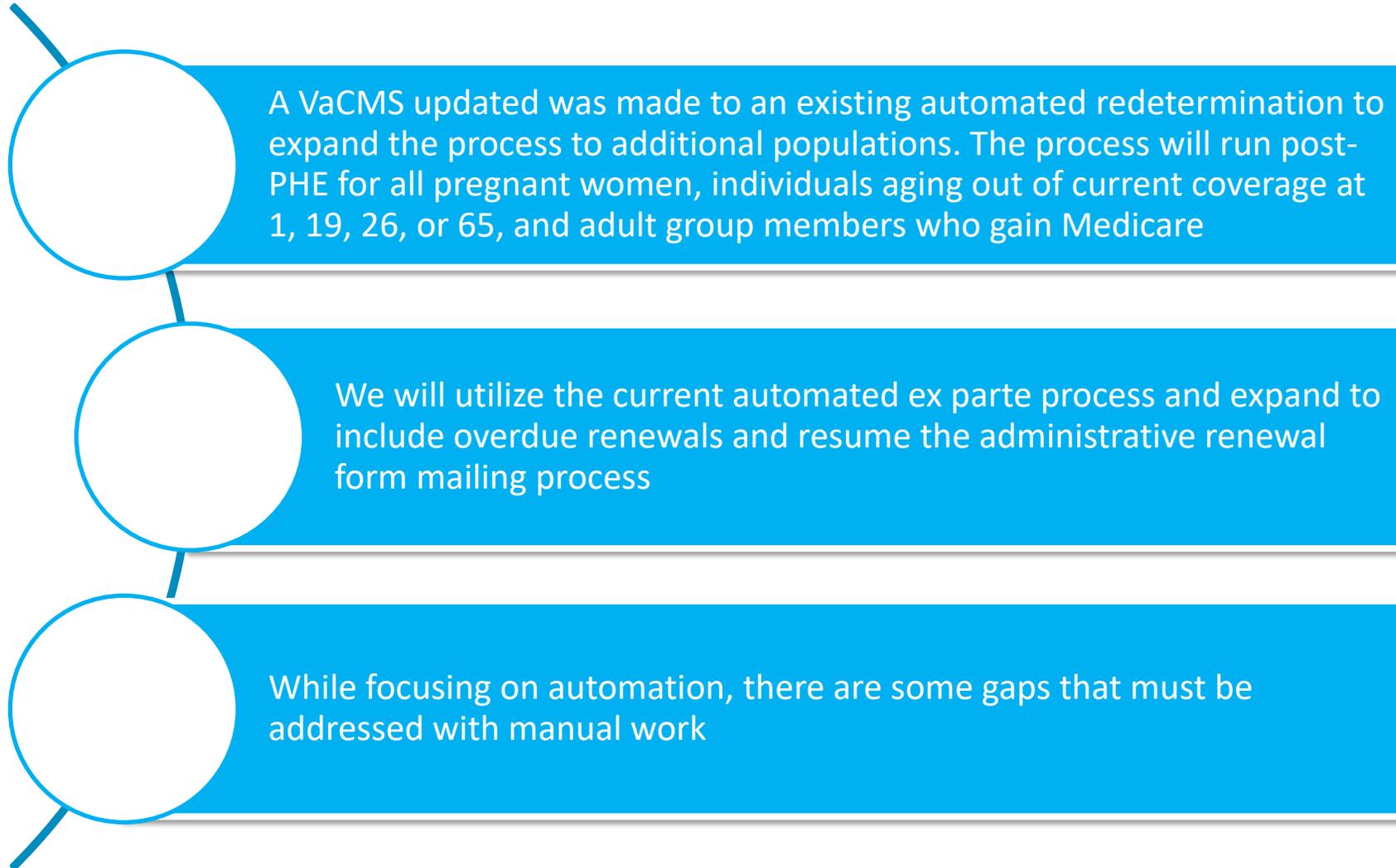
# Virginia's Medicaid Enrollment under the PHE

- Virginia's Medicaid program now covers more than 1.8 million members
- As of 07/14/2021, we have enrolled 325,000 members in coverage since the beginning of the federal PHE, currently gaining ~4,000 members weekly
- Although we do not disenroll any members, Virginia has continued to run ex parte renewals during the PHE
  - Of those cases eligible for ex parte renewal, approximately 80% are successful during the monthly automated process
- Virginia has been tracking the following groups of members in preparation for unwinding:
  - Members with an overdue renewal
  - Members that no longer meet non-financial requirements but cannot be re-evaluated due to the Maintenance of Effort (MOE)
  - Time limited benefits that have been extended to meet the MOE

# Is Virginia Ready for Unwinding?

- Current guidance indicates the federal PHE may be extended through 2021; based on this Virginia is working with DSS to plan action steps in January 2022
- We have begun bucketing our affected populations to rank and determine a course of action
- Overdue renewal date will be the primary mode to re-evaluate individuals, followed by changes in circumstances (scheduled changes vs. reported changes), and aligning systems
- As the MOE would continue through the end of the month in which the PHE expires, actions would begin in February 2022 to re-evaluate and reduce/terminate coverage if PHE ends in January
- While current CMS guidance gives states six months to fully unwind, new guidance is forthcoming; DMAS would prefer to implement in a phased approach when possible but must balance budget considerations

# Preparation to Date

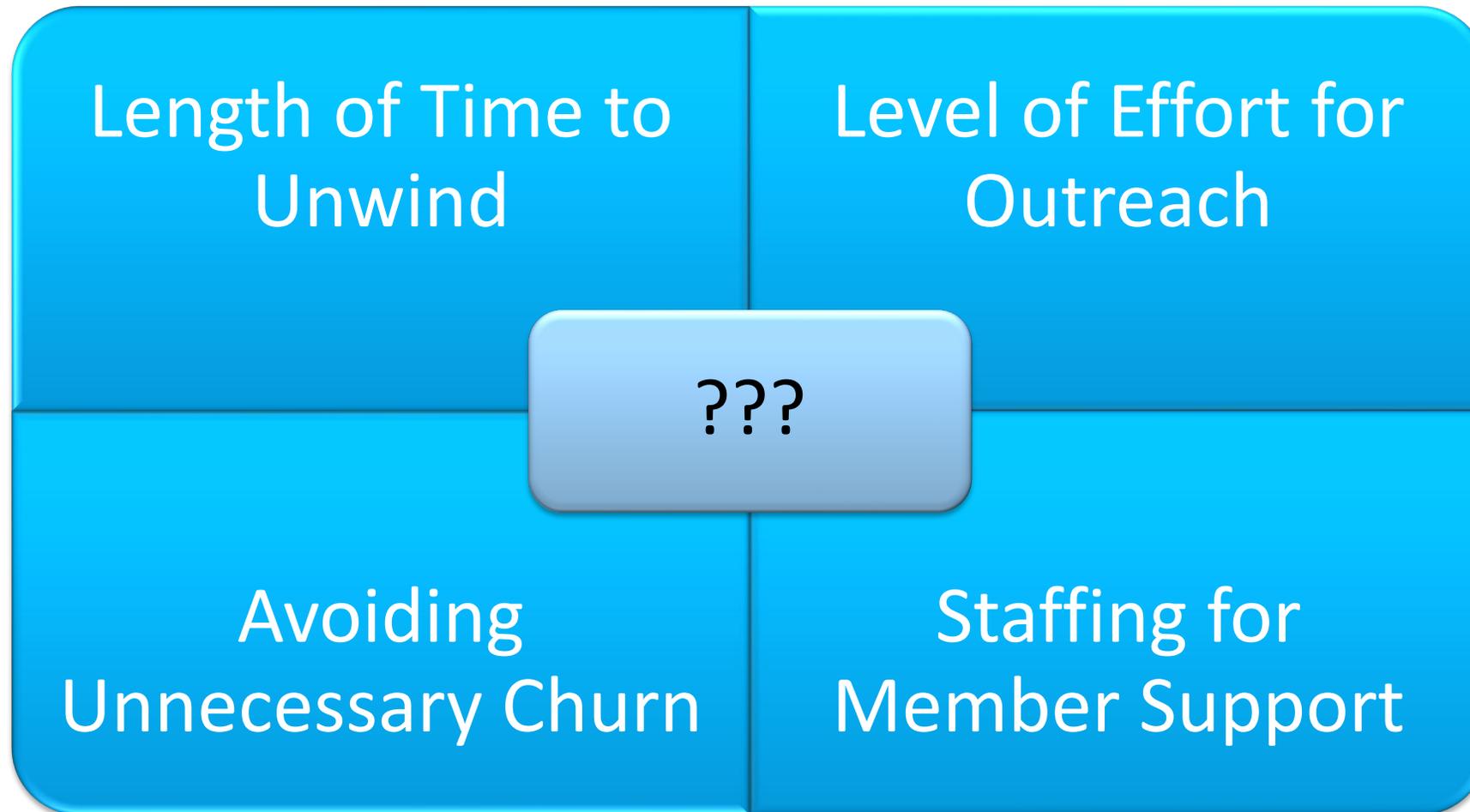


- There are a number of processes that will need planning to implement, including but not limited to:
  - Customer reported changes: while Virginia has a self direct process for applications and renewals, changes must be reviewed manually.
  - Manual renewal processing: cases not eligible for ex parte renewal are sent administrative renewal forms and those cases not successful through ex parte require verifications

# The Marketplace Role

- Most individuals are referred to the Marketplace when they are not eligible for full coverage through Medicaid/FAMIS
- Currently, Virginia sends a file to the Federal Marketplace with details regarding the applicant's eligibility
- The individual also receives a fact sheet with the Notice of Action advising of next steps, as the applicant must take action to see if they qualify
  - The individual has 60 days post denial (or closure) to complete a Marketplace application
  - The individual can wait for a letter from the Marketplace telling them how to complete their application or start a new application
- Numbers of referrals will likely increase temporarily after unwinding begins

# Unwinding Considerations



# Questions?



# Reports from Subcommittees and Members

1. Movement of membership from Medicaid to Exchange as public health emergency ends  
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- 2. Navigator/Assister Subcommittee discussion and vote**





Consideration of  
Questions,  
Recommendations,  
Reports or  
Comments

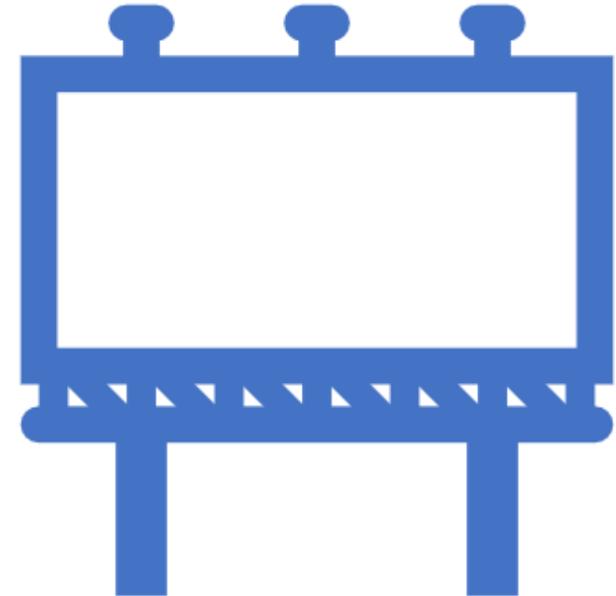
# Response to Committee Recommendations



# Other Business

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Next Exchange Advisory Committee Meeting:  
October 28<sup>th</sup>, 2021, 1:00 – 4:00 PM EST





# Public Comments

Adjournment