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# Transcript of Advisory Committee Meeting

**Date:** December 1, 2022

**Case:** Health Benefit Exchange Advisory Committee Meeting

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| <p>1 COMMONWEALTH OF VIRGINIA<br/>2 STATE CORPORATION COMMISSION<br/>3<br/>4<br/>5<br/>6 VIRGINIA HEALTH BENEFIT EXCHANGE<br/>7 ADVISORY COMMITTEE MEETING<br/>8<br/>9<br/>10<br/>11<br/>12 Conducted Virtually<br/>13 Thursday, December 1, 2022<br/>14 2:03 p.m. EST<br/>15<br/>16<br/>17<br/>18<br/>19<br/>20<br/>21<br/>22<br/>23 Job No.: 471129<br/>24 Pages: 1 - 72<br/>25 Recorded By: Joshua Tubbs</p>   | <p>1 PROCEEDINGS<br/>2 MS. CORLETTE: Fantastic. Well, thank<br/>3 you, Holly. And thank you to our very<br/>4 hard-working and industrious Exchange team for<br/>5 your support in pulling together this Advisory<br/>6 Committee Meeting for the fourth quarter of 2022.<br/>7 I think this is a very timely and also important<br/>8 meeting for -- for the Advisory Committee. This<br/>9 is crunch time, as they say, with our launch as<br/>10 our own state-owned platform less than a year away<br/>11 now.<br/>12 And so it's, I think, just important for<br/>13 all of us to obviously hear about what the<br/>14 Exchange is doing and also think about ways that<br/>15 we, as an Advisory Committee, can make this launch<br/>16 really an absolute success for the state and for<br/>17 the consumers that the Exchange is -- is serving.<br/>18 So before we dive into what looks like a pretty --<br/>19 pretty busy agenda here, we should do our roll<br/>20 call.<br/>21 So is -- is it Holly or Whitney that's<br/>22 managing the slides? Is it Holly?<br/>23 MS. MORTLOCK: Yes, I'm managing them,<br/>24 Sabrina.<br/>25 MS. CORLETTE: Okay. Great. Well,</p> |
| <p>1 APPEARANCES<br/>2<br/>3 VOTING MEMBERS:<br/>4 SABRINA CORLETTE, CHAIR<br/>5 KEVEN PATCHETT, ACTING DIRECTOR<br/>6 SCOTT WHITE, COMMISSIONER<br/>7 IKEITA CANTU HINOJOSA, VICE CHAIR<br/>8 JULIE GREEN BATAILLE<br/>9 LEE BIEDRYCKI<br/>10 SCOTT N. CASTRO<br/>11 DOUGLAS GRAY<br/>12 ELIZABETH CUNNINGHAM<br/>13 LOUIS ROSSITER<br/>14 STARLA KISER<br/>15<br/>16 EX-OFFICIO MEMBERS:<br/>17 JAMES WILLIAMS, DEPUTY SECRETARY OF HEALTH<br/>18 AND HUMAN RESOURCES<br/>19 CHERYL ROBERTS, ACTING DIRECTOR OF DMS<br/>20 SARAH HATTON, DMS<br/>21 GENA BOYLE, DEPARTMENT OF SOCIAL SERVICES<br/>22<br/>23 ALSO PRESENT:<br/>24 HOLLY MORTLOCK, CHIEF GOVERNMENT RELATIONS<br/>25 OFFICER/HBE LIAISON TO ADVISORY COMMITTEE<br/>WHITNEY THOMAS</p> | <p>1 thank you. It looks like we have the roll call<br/>2 slide up. So I will just call your name. And if<br/>3 you could just take yourself off mute and say if<br/>4 you're here, that would be great. We'll start --<br/>5 MS. MORTLOCK: Actually, Sabrina, I just<br/>6 wanted to say really quickly just to remind the<br/>7 members that the meeting is being recorded.<br/>8 MS. CORLETTE: Great. Thank you, Holly.<br/>9 So we'll start with Secretary Littell. Are you<br/>10 with us? Okay. How about Director Roberts?<br/>11 Commissioner Greene? Commissioner Avula?<br/>12 MS. BOYLE: Good afternoon. This is<br/>13 Gena Boyle. I'm the deputy commissioner for<br/>14 Policy and Administration at DSS. I'm here on<br/>15 behalf of the commissioner, who's out of the<br/>16 country.<br/>17 MS. CORLETTE: Wonderful. Welcome,<br/>18 Gena. We're happy to have you. And Commissioner<br/>19 White?<br/>20 MR. WHITE: I'm here.<br/>21 MS. CORLETTE: Great. Welcome,<br/>22 Commissioner White. Julie Bataille?<br/>23 MS. BATAILLE: Hi, everyone. I'm here.<br/>24 MS. CORLETTE: Lee Biedrycki?<br/>25 MR. BIEDRYCKI: Good afternoon. I'm</p>                     |

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| <p>5</p> <p>1 here.<br/>2 MS. CORLETTE: Hi, Lee. Scott Castro?<br/>3 MR. CASTRO: Here.<br/>4 MS. CORLETTE: Elizabeth Cunningham --<br/>5 Liz (phonetic). Liz Cunningham?<br/>6 MS. CUNNINGHAM: Hi, everyone. I'm<br/>7 here.<br/>8 MS. CORLETTE: Hi, Liz. Doug Gray?<br/>9 MR. GRAY: Sorry. I'm here.<br/>10 MS. CORLETTE: Hi, Doug. Ikeita<br/>11 Hinojosa?<br/>12 MS. HINOJOSA: Hi, good afternoon. I'm<br/>13 here.<br/>14 MS. CORLETTE: Starla Kiser?<br/>15 MS. KISER: I'm here.<br/>16 MS. CORLETTE: And I am very pleased to<br/>17 welcome our newest Advisory Committee member, Dr.<br/>18 Louis Rossiter. Dr. Rossiter, are you with us?<br/>19 MR. ROSSITER: I am here, and I'm very<br/>20 glad to be -- to be here at my first meeting.<br/>21 MS. CORLETTE: Well, we're delighted to<br/>22 have you. Do you want to just take a moment to --<br/>23 to introduce yourself? I -- I expect that many of<br/>24 the Advisory Committee members already know you by<br/>25 reputation. But would you mind saying just a</p>  | <p>7</p> <p>1 nominee, Ikeita Cantu Hinojosa, who I believe is<br/>2 our -- our sole nominee, but I honestly cannot<br/>3 think of a better person to serve in this role.<br/>4 She has been an active member of our<br/>5 Committee, contributed to multiple subcommittees,<br/>6 has a lot of experience in healthcare policy, and,<br/>7 of course, brings the -- a wealth of experience<br/>8 from the launch and -- and management of the DC<br/>9 Health Link, the DC Exchange. So I -- we will --<br/>10 we will take that vote.<br/>11 We will then hear from Keven and the<br/>12 Exchange team with the Exchange director's update.<br/>13 We -- we do not have any subcommittee reports, but<br/>14 we have some unfinished business with respect to<br/>15 one of our subcommittees that we'll tee up. And<br/>16 then there's some -- some housekeeping and other<br/>17 business, and then we'll open it up for public<br/>18 comment.<br/>19 So that is our agenda. So I think we<br/>20 can turn now to our election of our vice chair. I<br/>21 would seek if there's a motion for a vote on<br/>22 Ikeita's nomination. So --<br/>23 MR. BIEDRYCKI: So moved.<br/>24 MS. CORLETTE: -- so moved? Can I have<br/>25 a second?</p> |
| <p>6</p> <p>1 couple of words about your background and -- and<br/>2 what brings you to the Exchange.<br/>3 MR. ROSSITER: I'll be glad to. I'm<br/>4 retired professor from William &amp; Mary, and I'm<br/>5 speaking to you from Williamsburg. But I have<br/>6 studied managed care, competition managed care.<br/>7 I'm -- I'm one of the principal investigators for<br/>8 Medicare Advantage, back in the day. And pleased<br/>9 -- pleased to say that we're -- we'll -- we'll<br/>10 soon be at the point where Medicare Advantage<br/>11 overcomes traditional Medicare as more people<br/>12 continue to enroll.<br/>13 So I've had a long-standing interest in<br/>14 these issues, and -- and I'm glad to be a part of<br/>15 it. And thank you for having me.<br/>16 MS. CORLETTE: Well, I think your<br/>17 expertise will be in high demand as -- as the<br/>18 Exchange manages this transition and -- and the<br/>19 challenges ahead. So thank you for your service,<br/>20 and I look forward to working with you.<br/>21 I think that does it for the roll call.<br/>22 It looks like we have a quorum. So I will next<br/>23 just quickly tick off what we have on our agenda<br/>24 today. Very importantly, we have a vote to -- to<br/>25 take. We are electing our vice chair. We have a</p> | <p>8</p> <p>1 MR. GRAY: Second.<br/>2 MS. CORLETTE: Right.<br/>3 MR. GRAY: Second.<br/>4 MS. CORLETTE: Okay. I think we can do<br/>5 this via voice vote. Is that right, Holly?<br/>6 MS. MORTLOCK: Yes, Ikeita is the only<br/>7 nominee that I'm aware of, so I think we can do<br/>8 that by voice vote.<br/>9 MS. CORLETTE: Great. All right. Will<br/>10 all -- all committee members in favor of Ikeita's<br/>11 appointments as vice chair say I.<br/>12 MR. BIEDRYCKI: I.<br/>13 MR. GRAY: I.<br/>14 MS. BATAILLE: I.<br/>15 MR. CASTRO: I.<br/>16 MS. CUNNINGHAM: I.<br/>17 MS. CORLETTE: Does anyone oppose? All<br/>18 right. I think the I's have it. So welcome,<br/>19 Ikeita, to a leadership role on the Exchange. I'm<br/>20 really excited to partner with you for what is<br/>21 undoubtedly going to be very, very exciting months<br/>22 ahead. So thank you. Thank you for being willing<br/>23 to serve in this capacity.<br/>24 MS. HINOJOSA: Thank you, everyone. It<br/>25 was -- it was a fierce competition there. But I</p>  |

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| <p style="text-align: center;">9</p> <p>1 -- I thank you, everyone, for the vote of<br/>2 confidence, and I'm -- I'm truly honored and<br/>3 humbled to be nominated to serve as vice chair.<br/>4 And of course, we're -- we're all focused on -- on<br/>5 building a commonwealth that works better for all<br/>6 people, no matter who they are, no matter where<br/>7 they live.<br/>8 And it's just very, very exciting to<br/>9 assist the governor in -- in solving real problems<br/>10 that real people face and -- and to help launch<br/>11 our very own state-based Exchange in Virginia. So<br/>12 this is just a very, very exciting time to serve<br/>13 with all of you. So I'm -- I'm excited to work<br/>14 alongside you, Sabrina, and with all of you as<br/>15 colleagues on this call. So thank you.<br/>16 MS. CORLETTE: All right. With that, I<br/>17 think I will turn it over to Keven and Holly for<br/>18 our -- the update from the Exchange director and<br/>19 team.<br/>20 MR. PATCHETT: All right. Well, thank<br/>21 you, Sabrina. And congratulations, Ikeita. It is<br/>22 a pleasure, as always, to be with you. I wanted<br/>23 to start and just acknowledge that we -- at -- at<br/>24 the request of -- of a lot of you-all, we had made<br/>25 an effort to have this meeting in-person, but it</p>   | <p style="text-align: center;">11</p> <p>1 statutory obligations that we have to reduce the<br/>2 number of uninsured in Virginia, to provide<br/>3 continuity of coverage, to make sure that we have<br/>4 a marketplace that promotes transparency and<br/>5 competition.<br/>6 And it's -- it really is an exciting<br/>7 time for all of us in the Exchange. And we're<br/>8 very grateful for the support of the Advisory<br/>9 Committee, which takes me to our -- our first<br/>10 topic today. And that is the recommendations that<br/>11 the Committee made at the end of October. So we<br/>12 will be sending our written responses to those<br/>13 recommendations at the end of this meeting. At a<br/>14 high level, we wholeheartedly agree with all of<br/>15 those recommendations.<br/>16 And one of the things that was really --<br/>17 really a pleasure for us as we worked through<br/>18 those recommendations, was that many of them<br/>19 validated for us areas that we had already begun<br/>20 to focus on, or areas where we had been looking to<br/>21 focus on.<br/>22 And I'm -- I'm delighted to be able to<br/>23 -- to say without equivocation that -- that we are<br/>24 on the same page with our partners in the Advisory<br/>25 Committee on the -- the issues of outreach and</p> |
| <p style="text-align: center;">10</p> <p>1 just seemed like the odds were stacked against us<br/>2 between folks' travel schedule and illness and<br/>3 available space and resources.<br/>4 We -- we couldn't make it work for this<br/>5 December, but we are more than happy to -- to try<br/>6 again as -- as this committee is interested in --<br/>7 in meeting in-person as opposed to always virtual.<br/>8 So stay tuned and -- and maybe March will be our<br/>9 month for that. I was thinking about just how far<br/>10 the Exchange has come since our last full<br/>11 committee meeting. And it's -- and I was trying<br/>12 to figure out if I could quantify it.<br/>13 And for me, it's really -- I feel like<br/>14 I've lived a couple of professional lifetimes in<br/>15 the last few months as we went from running at<br/>16 what I thought was a pretty quick -- pretty quick<br/>17 pace to -- to really being shot out of a cannon.<br/>18 And, you know, especially when we think about just<br/>19 how much -- how much time and preparation has gone<br/>20 to -- to getting us to this point.<br/>21 It really feels like we are now beyond<br/>22 the preparation stages and are fully engaged in<br/>23 building and providing a health insurance<br/>24 marketplace that's by Virginia and for Virginia<br/>25 where we can really start to -- to focus on those</p> | <p style="text-align: center;">12</p> <p>1 engagement and -- and marketing and advertising.<br/>2 The services that the Exchange is going to have to<br/>3 offer.<br/>4 So again, thank you for that and -- and<br/>5 really looking forward to continuing to working<br/>6 with you in those issues. And again, the -- the<br/>7 formal written responses will be -- will be sent<br/>8 at the end of this meeting. Well, perhaps the<br/>9 biggest news on the Exchange front since we last<br/>10 met was the award of our Platform and Consumer<br/>11 Assistance Center contract.<br/>12 As you all know, it had been a long time<br/>13 coming. There was a lot of development where we<br/>14 -- we really took this process very seriously from<br/>15 the beginning, engaging with the vendor community,<br/>16 learning from other states before we even launched<br/>17 the RFP.<br/>18 And then engaged in a really robust<br/>19 six-month evaluation and negotiation process that<br/>20 included an evaluation -- or that was led by an<br/>21 evaluation committee that included folks from not<br/>22 only the HBE, but also from the Department of<br/>23 Medical Assistance Services and the Department of<br/>24 Social Services.<br/>25 We brought in -- I believe the number</p>                        |

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| <p style="text-align: right;">13</p> <p>1 was 32 different subject matter experts from four<br/>2 different agencies, as well as two or three<br/>3 different private consultants as we went through<br/>4 that process to make sure we were evaluating the<br/>5 proposals thoroughly and -- and really identifying<br/>6 where the critical issues were.<br/>7       As you-all saw on the press release,<br/>8 that award went to a company called GetInsured,<br/>9 who has been a long-time health insurance<br/>10 marketplace provider. Their -- their experience<br/>11 even predates the ACA, where they were working<br/>12 with some private marketplaces. And -- and<br/>13 perhaps most notably in the last three years, they<br/>14 have helped three other states successfully<br/>15 transition from healthcare.gov to their own<br/>16 state-based marketplaces.<br/>17       And we -- we are in the thick of it, as<br/>18 it were, and -- and so far GetInsured has proved<br/>19 to be wonderful partners, and we've appreciated<br/>20 their perspective and their expertise and are --<br/>21 are looking forward to continuing down this path.<br/>22 So a couple of details about the -- the platform<br/>23 and the Consumer Assistance Center.<br/>24       One of the things that we heard very<br/>25 clearly and -- and was an important part of the</p> | <p style="text-align: right;">15</p> <p>1 representatives, another one of the reasons why we<br/>2 wanted a single solution for this. And -- and<br/>3 we're looking forward to -- to the implementation<br/>4 of that.<br/>5       So, you know, I mentioned that we really<br/>6 -- we really have been shot out of a cannon. And<br/>7 for a long time, it's felt a little bit like we<br/>8 were the -- the little division that could -- here<br/>9 at the State Corporation Commission. Within the<br/>10 last year, our division has roughly tripled in<br/>11 size, which, you know, from four to 12 may not<br/>12 seem like much, but for us, it is -- it is an<br/>13 indication of the progress that we're making.<br/>14       You can see here some of the key<br/>15 positions that we've brought on just in the last<br/>16 few months. And -- and -- and really where our --<br/>17 our focus is around things like organizational<br/>18 change and program management to make sure that<br/>19 this implementation goes smoothly and -- and is<br/>20 successful and incorporates with all the other<br/>21 activities that -- that we continue to do as a<br/>22 state-based explain -- as a state-based exchange<br/>23 on the federal platform right now.<br/>24       Our -- our focus also in consumer<br/>25 service from both the call center standpoint as</p> |
| <p style="text-align: right;">14</p> <p>1 Committee's decision, was making sure that we were<br/>2 leveraging proven technology from an experienced<br/>3 vendor. There were a lot of folks who were<br/>4 telling us, please -- please don't break new<br/>5 ground here.<br/>6       And again, we, you know -- we are<br/>7 focused on making this transition streamlined and<br/>8 successful so that we can -- we can take advantage<br/>9 of all the opportunities that a state-based<br/>10 marketplace will provide for Virginia.<br/>11       MR. PATCHETT: Our call center is going<br/>12 to be staffed with consumer assistance<br/>13 representatives who are dedicated to Virginia.<br/>14 They won't be splitting their time with -- with<br/>15 other states. So they will be -- be trained and<br/>16 dedicated to Virginia. This is going to allow for<br/>17 the first step in what -- what is one of our<br/>18 biggest priorities, and that is providing a -- a<br/>19 really positive consumer experience.<br/>20       Our platform and call center use an --<br/>21 an integrated technology platform so that we will<br/>22 not have to deal with handoffs of information or<br/>23 transfer of information between multiple systems<br/>24 as our consumers move from their online shopping<br/>25 experience to working with consumer service</p>           | <p style="text-align: right;">16</p> <p>1 well as from the marketing and outreach<br/>2 standpoint. And then you can also see here really<br/>3 where some of our focus is going to be in the next<br/>4 quarter or two as we continue to -- to ramp up<br/>5 staff and -- and prepare for what I have an<br/>6 increasing level of confidence is going to be a<br/>7 very soft landing as we can complete this<br/>8 transition.<br/>9       All right, next slide, Holly.<br/>10 Stakeholder engagement has been a focus for us for<br/>11 a long time. It's been a little -- it's been a<br/>12 little bit of a challenge over the last couple of<br/>13 months to really engage on as broad a spectrum and<br/>14 -- and as much depth as we wanted to given our<br/>15 resources, but as we built out staff and made it<br/>16 over the hurdle of --<br/>17       MS. CORLETTE: Keven, we've lost you. I<br/>18 think you're on mute.<br/>19       MR. PATCHETT: All right. Well, that<br/>20 was exciting. Where did I leave off as far as the<br/>21 spontaneous muting?<br/>22       MS. CORLETTE: Yeah, no, I think, yeah,<br/>23 you were just saying -- talking about the<br/>24 engagement with stakeholders and your -- your work<br/>25 to staff up to support that, I think.</p>   |

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| <p>17</p> <p>1 MR. PATCHETT: Okay. So those efforts<br/>2 are -- are well underway. We've spent a<br/>3 significant amount of time over the last couple of<br/>4 months beginning our outreach with our carriers,<br/>5 with our agent and broker community, with our<br/>6 navigators, with our -- our other state agencies.<br/>7 And we're looking forward as we go into the new<br/>8 year with kicking off some of our formal<br/>9 townhouse-style meetings. Our objective with<br/>10 stakeholder engagement is to truly follow the<br/>11 formula of early and often.<br/>12 We want to make sure that as we move<br/>13 through this implementation and transition, that<br/>14 our stakeholders and our -- our partners aren't<br/>15 going to be seeing things for the first time as we<br/>16 approach open enrollment next fall. And I've been<br/>17 very grateful for the -- the level of engagement<br/>18 and interest that we've heard, especially from our<br/>19 carriers and our agents and brokers over the past<br/>20 couple of months. We've -- we've identified a<br/>21 very long list of other stakeholders that we will<br/>22 be folding into that process as we kick off next<br/>23 year.<br/>24 So this, again, this is going to be one<br/>25 of our focuses and not just during our</p> | <p>19</p> <p>1 of what's coming down the road for us. I<br/>2 mentioned that it -- it feels a lot like we've<br/>3 been shot out of a cannon since we awarded the<br/>4 contract. There were so many activities that we<br/>5 had begun all the way back to January and February<br/>6 of this year around planning and engagement.<br/>7 But until we had a vendor onboarded for<br/>8 our platform, there was only so much we can do.<br/>9 And so now we -- we have all the pieces to the<br/>10 puzzle. And we've been engaged in really up to<br/>11 probably here in our design and development<br/>12 process and starting to tee up the system<br/>13 integrations with our partner agencies at -- at<br/>14 DMAS and DSS or Medicaid account transfer.<br/>15 And we will hit the ground running very<br/>16 quickly. Really in -- in February, we will start<br/>17 early testing. I think one of the things I<br/>18 mentioned to you all before is one of our -- our<br/>19 key mantras to a successful implementation is<br/>20 testing, testing, testing. And we want to start<br/>21 that -- that process early and -- and -- and are<br/>22 working very closely with our vendor to make sure<br/>23 that we're not saving those key activities until<br/>24 the end and leaving ourselves lots of runway.<br/>25 Circling back to our stakeholder</p> |
| <p>18</p> <p>1 implementation and transition but ongoing. As I<br/>2 -- I said this -- we want this to be a marketplace<br/>3 that's -- that's by Virginia and for Virginia.<br/>4 And we know that there are a lot of different<br/>5 stakeholders who are going to be impacted by this.<br/>6 And we wanted to be positive for everyone. And<br/>7 that's especially important.<br/>8 I think one of the things I've mentioned<br/>9 before, as we've gone through our -- lining up our<br/>10 implementation, we've -- we've heard loud and<br/>11 clear the message from other states and<br/>12 stakeholders that in the first year, keep your<br/>13 transition as simple as possible. And we've taken<br/>14 that to heart. But we really also want to find<br/>15 areas where we can start to do some tailoring to<br/>16 Virginia.<br/>17 Start to build some customer relations<br/>18 and configurations that -- that leverage having<br/>19 our own state marketplace. And so we need that,<br/>20 we need input from our stakeholders to make that<br/>21 successful, both in this first year and as we --<br/>22 we tee up what's going to be coming down the road<br/>23 in years two and three.<br/>24 All right, next slide, Holly. So you<br/>25 can see here just a -- a -- a very simple timeline</p>  | <p>20</p> <p>1 engagement, I -- I've been told a couple of times<br/>2 that this is a little ambitious, but I think it's<br/>3 important. And so we're still looking at<br/>4 opportunities to include stakeholders where<br/>5 possible in the testing process. Again, to build<br/>6 that familiarity and comfort with a solution<br/>7 before it goes -- before it goes live for our<br/>8 first open enrollment, which we'll start in -- in<br/>9 now 11 months.<br/>10 So that's very exciting for us. It<br/>11 seems like a long time. But when we look at all<br/>12 of the activities that we have in front of us,<br/>13 it's going to be a busy -- busy eleven months for<br/>14 the Exchange.<br/>15 Next slide, Holly. All right, So right<br/>16 now, as I said, we are -- while we're going<br/>17 through this transition, we are nonetheless a<br/>18 state-based exchange on the federal platform. And<br/>19 so we've also been very focused on our outreach<br/>20 activities that are tied to open enrollment. And<br/>21 you can see here a little bit of what our<br/>22 strategies and approach have been to educating<br/>23 consumers and motivating them to take the action,<br/>24 to shop for and enroll in coverage.<br/>25 We've worked closely with -- with our</p>  |

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| <p style="text-align: right;">21</p> <p>1 partners at CMS, with our fellow agencies, with<br/>2 contractors and vendors to really maximize the<br/>3 outreach. And -- and to make sure that we're<br/>4 leveraging all the tools that are out there,<br/>5 including digital marketing, social media,<br/>6 community partners, and events.<br/>7       And that will -- will continue to build<br/>8 as we go through this open enrollment, our last<br/>9 open enrollment on the federal platform. All<br/>10 indications are things are going well. So far,<br/>11 our consumers seem to be engaged and -- and taking<br/>12 some early action as we've -- we've just closed<br/>13 the first month of -- of 2023's open enrollment.<br/>14       All right. Next slide, Holly. So here<br/>15 I'm going to pass it over to Holly to talk for a<br/>16 couple of minutes about some of the updates on the<br/>17 federal and state policy side.<br/>18       MS. CORLETTE: I'm wondering, Keven, is<br/>19 it okay if we pause for a moment and see if there<br/>20 are questions before we -- before you -- before we<br/>21 -- before Holly starts?<br/>22       MR. PATCHETT: Yes, absolutely.<br/>23       MS. CORLETTE: Okay. Well, I might take<br/>24 the Chair's prerogative and just ask. You had<br/>25 mentioned that one of the -- the elements with the</p>         | <p style="text-align: right;">23</p> <p>1 the -- the single streamline application to<br/>2 determine their -- first whether or not they're<br/>3 eligible for Medicaid. And -- and if not, what<br/>4 level of -- of other financial assistance they<br/>5 might be available for, or they might be eligible<br/>6 for.<br/>7       If they're eligible for Medicaid, one of<br/>8 our objectives again was -- was keeping this<br/>9 implementation simple. And we wanted to minimize,<br/>10 especially in -- in this first year, the impact<br/>11 that the transition would have on our partner<br/>12 agencies at DMAS and DSS. So we really focused on<br/>13 a -- a lift and shift so that once we -- so that<br/>14 we're really just changing the connection point<br/>15 for -- for DMAS and DSS from the -- from<br/>16 healthcare.gov to the Exchange.<br/>17       And everything downstream, including the<br/>18 account transfer process, stays the same. So the<br/>19 process should be very familiar for consumers.<br/>20 Nonetheless, we do hope to improve it. We -- the,<br/>21 you know, one of the advantages of having our own<br/>22 Consumer Assistance Center that's dedicated to<br/>23 Virginia, gives us the opportunity to find ways to<br/>24 -- to better manage that account transfer and<br/>25 consumer transfer process.</p>                                    |
| <p style="text-align: right;">22</p> <p>1 new platform is going to be an integrated<br/>2 eligibilities system. You just sort of expand a<br/>3 little bit on that. So, for example, for somebody<br/>4 who comes in through the new platform and is found<br/>5 eligible for Medicaid or CHIP, will their -- their<br/>6 experience as a consumer change at all from what<br/>7 it is today?<br/>8       It sounds like you're going to be doing<br/>9 an account transfer as opposed to like a purely<br/>10 integrated system with Medicaid. But can you just<br/>11 expand a little bit about the -- how that<br/>12 integration works for somebody who might not be<br/>13 eligible for Medicaid or CHIP.<br/>14       MR. PATCHETT: Absolutely. So yes, we<br/>15 will -- we will be maintaining Virginia status as<br/>16 a determination state, which means that the<br/>17 exchange will be running Medicaid eligibility<br/>18 determinations as part of the shopping experience.<br/>19 Consumers will have the opportunity to shop<br/>20 anonymously if they just want to look at plans.<br/>21 And if consumers then want to create an account<br/>22 and -- and buy a plan, they can do that.<br/>23       But if consumers are interested in<br/>24 financial assistance such as advanced premium tax<br/>25 credits or cost-sharing, then they will go through</p> | <p style="text-align: right;">24</p> <p>1       So we've been -- again going back to<br/>2 probably February of this year, been working with<br/>3 -- with DMAS and DSS to figure out how can we --<br/>4 how can we make that process better? As well as<br/>5 if there are areas in the account transfer process<br/>6 that we can make some improvements as well, again,<br/>7 without creating unnecessary burden in this first<br/>8 year on our -- on our partner agencies.<br/>9       So consumers who are determined eligible<br/>10 for Medicaid, they'll be -- their accounts will be<br/>11 transferred to Medicaid. And like I said, we're<br/>12 working on ways to facilitate not only the<br/>13 transfer of their account but the -- the transfer<br/>14 of their -- their contact and their experience as<br/>15 they move to enrollment in Medicaid through our<br/>16 partner agencies.<br/>17       Of course, a -- a key piece of that is<br/>18 transfers that will happen in the other direction.<br/>19 And being able to be more engaged and provide a<br/>20 more soft landing for consumers who come in,<br/>21 whether it's through local DSS offices or through<br/>22 cover Virginia at -- at DMAS and are determined<br/>23 not to be eligible for Medicaid, how can we<br/>24 facilitate their participation in shopping for<br/>25 coverage through the Exchange?</p> |

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| <p style="text-align: right;">25</p> <p>1 MS. CORLETTE: Thank you. That was<br/>2 really helpful. Do any Advisory Committee members<br/>3 have questions for Keven before we -- ah, Ikeita?<br/>4 MS. HINOJOSA: Yep. Hi, can you hear<br/>5 me?<br/>6 MS. CORLETTE: Yes.<br/>7 MR. PATCHETT: Yes.<br/>8 MS. HINOJOSA: Okay, Great. Yeah, thank<br/>9 you. That was a really great presentation.<br/>10 Regarding consumer stakeholder engagement, that<br/>11 slide, I'm just curious in terms of the ways that<br/>12 that process is going to take place, whether it's<br/>13 going to be virtual, whether it's going to be<br/>14 in-person. And hopefully, especially as the<br/>15 stakeholder engagement happens with<br/>16 community-based organizations, potential<br/>17 consumers, et cetera, it'll be, you know, a<br/>18 multi-modality approach.<br/>19 I know that we do a -- a lot of virtual<br/>20 meetings which is, you know, really great, but<br/>21 it's also really important to meet people where<br/>22 they are. And really explore the beauty and<br/>23 diversity of all parts of this wonderful state.<br/>24 So I -- I really hope that as we do the<br/>25 stakeholder engagement there's going to be a real</p>   | <p style="text-align: right;">27</p> <p>1 paternity project for the Department of Health.<br/>2 But she has experience not only in Virginia but<br/>3 also in other states really with these very<br/>4 focused community events.<br/>5 And so we absolutely plan to be out<br/>6 there in the community and leveraging existing<br/>7 community organizations so we can do what you<br/>8 said, Ikeita, and -- and reach people where they<br/>9 live, where they worship, where they study, and<br/>10 participate in -- whether it's Chamber of Commerce<br/>11 organizations, whether it's churches, whether it's<br/>12 schools.<br/>13 But -- but take part in those<br/>14 organizations' events where they happen in -- in<br/>15 all parts of the states -- in all parts of the<br/>16 state. So that's something that's very important<br/>17 to us and -- and we're really working hard to<br/>18 develop that network and -- and take advantage of<br/>19 it. And -- and we expect that the -- Brianna's<br/>20 going to be very busy and -- and doing a fair<br/>21 amount of traveling to start building that network<br/>22 for us.<br/>23 MS. CORLETTE: Great. I think I see<br/>24 Lee. Lee, is that you? I can't see necessarily<br/>25 whose hand's up, but I think that was Lee.</p>  |
| <p style="text-align: right;">26</p> <p>1 opportunity to, you know, really diversify the --<br/>2 the way that we have these meetings, or do hybrid<br/>3 meetings, or -- or something like that, you know,<br/>4 as we make our way across.<br/>5 Because people really do appreciate it<br/>6 when we, you know, go to people where they are and<br/>7 actually, you know, go to their communities and --<br/>8 and hear from them, you know, on their own turf<br/>9 and from their perspective as we do these kinds of<br/>10 town halls. So I know as you staff up, it'll be<br/>11 easier to, you know, kind of do that approach.<br/>12 But that's just, you know, something to -- to kind<br/>13 of keep in mind as we move forward.<br/>14 MR. PATCHETT: Yeah, you -- you are<br/>15 definitely singing our song, Ikeita. So yeah, we<br/>16 -- we are really looking to take advantage of<br/>17 every channel and avenue that we possibly can.<br/>18 And -- and we have already started -- we've<br/>19 already started that process and -- and are<br/>20 looking at ways to do both in-person and virtual<br/>21 and hybrid.<br/>22 One of the -- one of the great pieces of<br/>23 experience that our new marketing and outreach<br/>24 manner -- manager -- name is Brianna Jones. She<br/>25 actually comes to us where she was working on the</p> | <p style="text-align: right;">28</p> <p>1 MR. BIEDRYCKI: Yes, ma'am, it is. Good<br/>2 afternoon, everybody.<br/>3 Don't worry, Keven, this is a easy one.<br/>4 Relative to the placement of DE and EDE into the<br/>5 optional services component of the RFP, can you<br/>6 share who made that decision and when?<br/>7 MR. PATCHETT: So we're -- we're talking<br/>8 about direct enrollment and enhanced direct<br/>9 enrollment functionality. This is functionality<br/>10 that exists in the Federal Exchange right now that<br/>11 allows third-party platforms to -- to do direct<br/>12 enrollment without the consumers engaging in the<br/>13 -- in the marketplace directly through the<br/>14 marketplace platform and technology.<br/>15 So the decision was made during the<br/>16 evaluation and contract negotiation process. And<br/>17 that was a decision that we made at the HBE and at<br/>18 the SCC that -- as -- as I think we've talked<br/>19 about a number of times, given the complexity, the<br/>20 cost, and the risk to implementing those in year<br/>21 one where -- where no other state has implemented<br/>22 a direct enrollment or enhanced direct enrollment<br/>23 technology into their platforms, that it made<br/>24 sense to save that as an option for out years<br/>25 rather than trying to do that in year one.</p> |

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| <p style="text-align: right;">29</p> <p>1 MR. BIEDRYCKI: So I guess it'd be say<br/>2 to -- fair to say that happened in August or early<br/>3 September?<br/>4 MR. PATCHETT: That sounds about right.<br/>5 But again, one of the reasons that we included it<br/>6 as -- as an optional set of services in the<br/>7 contract was so that it could be executed without<br/>8 any need for further procurement activity, further<br/>9 negotiations activity. And, you know, whether<br/>10 that -- whether that ultimately was in year one,<br/>11 two, or three, you know, we would be prepared.<br/>12 But we did not initially put it in our<br/>13 implementation timeline, again, given the -- the<br/>14 complexity and risk associated with it.<br/>15 MR. BIEDRYCKI: Yeah, I'd -- I would<br/>16 like to think, Keven and Holly, I have just about<br/>17 worn them out over this, and they have been<br/>18 exceedingly polite and patient and, above all,<br/>19 accessible. I would like to share that I am<br/>20 pretty certain that our State Corporation<br/>21 Commission Health Benefit Exchange, requested the<br/>22 first-ever demo of GetInsured to be performed for<br/>23 agents.<br/>24 As a guy that's been in sales for 20<br/>25 years, you can pretty frequently smell a</p>  | <p style="text-align: right;">31</p> <p>1 last month or two to have as broad and outreaching<br/>2 engagement with the agent and broker community to<br/>3 make sure that we are hearing all sides of -- of<br/>4 this issue.<br/>5 And it's interesting that, you know, Lee<br/>6 mentioned the -- what -- what felt like a<br/>7 first-time demo of the agent and broker<br/>8 functionality and -- and portals that's in the --<br/>9 the platform. I think this is something where,<br/>10 apparently, we are a little different and it was<br/>11 -- was actually very rewarding for me when we had<br/>12 our kickoff meeting with our vendor after the<br/>13 contract award.<br/>14 One of the things they said was that<br/>15 Virginia had held them to a higher standard in the<br/>16 procurement process than any other state had, and<br/>17 they appreciated everything they learned. And,<br/>18 you know, we -- we are -- we are different, and I<br/>19 hope that we are going to continue to -- to push,<br/>20 not only our vendors, but also ourselves to be<br/>21 better and to do more for this process and -- and<br/>22 for Virginia.<br/>23 MS. CORLETTE: Yeah, I think you, Keven<br/>24 and -- and Lee, I think I would love to talk with<br/>25 you a bit further about, you know, consumer</p>  |
| <p style="text-align: right;">30</p> <p>1 first-time presentation, and I'm not disparaging<br/>2 them over that. I'm actually trying to commend<br/>3 our Exchange for initiating that action. I submit<br/>4 to you that Virginia, relative to other states, is<br/>5 only less complicated than California and New<br/>6 York.<br/>7 And while I appreciate all of the<br/>8 Exchange's transparency and openness, many of the<br/>9 large insurance agencies that are communicating<br/>10 with me -- and some carriers, have a fundamental<br/>11 disagreement with the exclusion of these<br/>12 functionalities. I don't know that this is the<br/>13 appropriate venue to flesh that out further.<br/>14 But I do want to put that placeholder<br/>15 there, and maybe, Sabrina, you and I could connect<br/>16 later on how to further the conversation. But I<br/>17 -- again, Keven and Holly, I do very, very much<br/>18 appreciate the number of robust conversations<br/>19 we've been able to have, and I think it is a good,<br/>20 healthy dialogue to continue.<br/>21 MR. PATCHETT: Thank you. And we're --<br/>22 we are absolutely committed to continuing this and<br/>23 -- and these kinds of dialogues. And we, you<br/>24 know, as we've talked about stakeholder<br/>25 engagement, we've really been working over the</p> | <p style="text-align: right;">32</p> <p>1 assistance broadly. I think, like I said at the<br/>2 top of this call, we're heading into crunch time,<br/>3 both with respect to the transition and the help<br/>4 that consumers will need, you know, to know where<br/>5 to go and, you know, there might be a different<br/>6 interface and all that kind of stuff.<br/>7 And then also, of course, it's a little<br/>8 bit of a perfect storm because just as the<br/>9 Virginia Exchange is going to be launching, we're<br/>10 going to have, potentially, a lot of people going<br/>11 through a Medicaid redetermination. Many of them<br/>12 will be eligible for marketplace subsidies. So<br/>13 consumer -- like, one-on-one consumer assistance<br/>14 is just going to be absolutely critical.<br/>15 And I think the agent broker community,<br/>16 that navigator community, it's just going to have<br/>17 to be all hands on deck. And so we should think<br/>18 about how as an advisory committee, you know, we<br/>19 can, again, flesh out thoughts and recommendations<br/>20 and best practices for making sure the consumer<br/>21 experience is the best possible. So I'm glad to<br/>22 engage with you on that, Lee, and -- and other<br/>23 advisory committee members.<br/>24 MR. BIEDRYCKI: Thank you.<br/>25 MS. CORLETTE: Are there other questions</p> |

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| <p style="text-align: right;">33</p> <p>1 for Keven before we turn it over to Holly for the<br/>2 -- the policy updates?<br/>3 Yes, James Williams? Is it Jim or<br/>4 James?<br/>5 MR. WILLIAMS: Hi, yes, James -- James<br/>6 Williams. And -- yeah, I'm the Deputy Secretary<br/>7 of Health and Human Resources. I just wanted to<br/>8 ask, you know, if you had any other reservations<br/>9 about making the transition during what we expect<br/>10 to be the end of the public health emergency and<br/>11 -- and the consequent unwinding of public Medicaid<br/>12 redetermination of the Medicaid program?<br/>13 MR. PATCHETT: Yeah, that's a really<br/>14 interesting question. And I know there are a lot<br/>15 of different perspectives right now on -- on what<br/>16 -- what the PHE unwinding looks like and the<br/>17 timing of it. One of the things that -- that<br/>18 personally, and I think all of us at the Exchange<br/>19 feel the same way. When -- when this was first on<br/>20 the horizon, it was looking like it was going to<br/>21 be done and over before we completed our<br/>22 transition.<br/>23 And it was actually a little frustrating<br/>24 because we, you know, we were looking, how can we<br/>25 help? Where it stands now, at least where we're</p>   | <p style="text-align: right;">35</p> <p>1 James. We really want this to be -- because we<br/>2 think that the public health emergency unwinding<br/>3 -- to Sabrina's point, is an all hands-on-deck<br/>4 issue and we're -- we're ready and willing to<br/>5 engage.<br/>6 MS. CORLETTE: Any other questions for<br/>7 Keven?<br/>8 All right. Holly, I think you're up.<br/>9 MS. MORTLOCK: I thank you. I don't<br/>10 know if you can see me while I have my screen up<br/>11 as well, but I just will take a few seconds to<br/>12 mention just a few things that are, you know, top<br/>13 of the list in terms of, you know, federal and<br/>14 state landscape.<br/>15 So, as many of you know, HHS has<br/>16 released a Section 1557 proposed rule which would<br/>17 strengthen some of the non-discrimination<br/>18 provisions in Section 1557 of the ACA. They did<br/>19 have an public comment period that closed, I<br/>20 believe, October 3rd, and we're just waiting to<br/>21 see the results of that, and when and if a final<br/>22 rule might be issued. So just -- just keeping our<br/>23 eyes open for that.<br/>24 And then, of course, some of the big<br/>25 news was that the family glitch rule was finalized</p>  |
| <p style="text-align: right;">34</p> <p>1 -- where the general consensus seems to be, the<br/>2 timing of the unwinding, it's looking like we may<br/>3 -- we may get in on the last two-thirds of the<br/>4 process. And for us, that's actually exciting.<br/>5 It does mean more work. It -- it does mean, you<br/>6 know, some potential increase in complexity.<br/>7 But it also means that we get to engage<br/>8 and we get to bring to bear the -- the resources<br/>9 and the direct engagement capabilities that the<br/>10 Exchange will have, and really linking arms with<br/>11 -- with Medicaid to make sure that we do a better<br/>12 job than -- than what traditionally the statistics<br/>13 show of these folks who -- who are redetermined<br/>14 for Medicaid, you know, in terms of how frequently<br/>15 and how often they -- they successfully enroll in<br/>16 -- in other coverage.<br/>17 So, you know, it's -- like I said, it's<br/>18 more work, but it's very exciting and we're really<br/>19 looking forward to being able to engage and -- and<br/>20 provide some -- some direct engagement with those<br/>21 folks and make sure that -- that we do everything<br/>22 we can to provide that -- that avenue for<br/>23 continuity of coverage.<br/>24 And -- and we will absolutely welcome<br/>25 any engagement with -- with you and your office,</p> | <p style="text-align: right;">36</p> <p>1 and put in effect for a plan year 2023. So we<br/>2 were very excited to see the ability for people<br/>3 who may have not been able to access premium tax<br/>4 credits for coverage are now able to have that<br/>5 access moving forward.<br/>6 And of course, I mean, dovetailing on<br/>7 some of the previous conversation just a few<br/>8 minutes ago, with the end of the public health<br/>9 emergency, you know, as Keven mentioned, you know,<br/>10 that is something that is very important to the<br/>11 Exchange. And we are in the process of getting<br/>12 ready to kick off some meetings and conversations<br/>13 with our state agency partners, with our carriers,<br/>14 and our navigator and sisters programs to be able<br/>15 to identify opportunities for coordination,<br/>16 messaging, and outreach, you know, as we -- as we<br/>17 work through the unwinding.<br/>18 And of course, that was -- now it's<br/>19 extended into -- to at least April of 2023. We<br/>20 don't know exactly when that will end, but we do<br/>21 expect to be able to bring all of our stakeholders<br/>22 together to -- to make those plans too and find<br/>23 those key opportunities to leverage all of the<br/>24 tools that will have to be able to reach consumers<br/>25 and as Keven said, to improve the, you know -- the</p> |

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| <p style="text-align: right;">37</p> <p>1 previous statistics and people that are successful<br/>2 and willing in coverage.<br/>3 So I just wanted to put that out there<br/>4 for the committee's awareness. And I know that --<br/>5 that Virginia Medicaid has done -- and Social<br/>6 Services have done a lot of work in this area. So<br/>7 I wanted to invite Director Roberts to also share<br/>8 an update from Virginia Medicaid.<br/>9 MS. ROBERTS: In this case, I have<br/>10 learned to be wise and delegate this confidence to<br/>11 Sarah. So Sarah.<br/>12 MS. HATTON: Hi everyone. Can you hear<br/>13 me?<br/>14 MS. ROBERTS: Yes, we can hear you,<br/>15 Sarah.<br/>16 MS. HATTON: Great. Thanks, Cheryl.<br/>17 Well, as Holly said, we are expecting that there<br/>18 will be an extension of the public health<br/>19 emergency in order for it to end on January 11th.<br/>20 We would have had to have received our 60-days<br/>21 notice from HHS a few weeks back and we did not.<br/>22 So the expectation is that we will receive another<br/>23 extension which will take us through April the<br/>24 11th.<br/>25 That does mean that we would -- in</p>  | <p style="text-align: right;">39</p> <p>1 somewhere between, like, five and ten percent that<br/>2 we think we're likely going to churn in and out.<br/>3 You know, that -- that one to six-month period of<br/>4 individuals that don't complete determinations or<br/>5 return their verifications to us.<br/>6 MS. MORTLOCK: Okay.<br/>7 MS. ROBERTS: That -- that gets -- what<br/>8 we're saying to people mostly is that we're at the<br/>9 300,000 mark. But the issue is what you're asking<br/>10 is a subset of that, of how many of those people<br/>11 would have wind up on the Exchange and that we<br/>12 don't know yet.<br/>13 MS. HATTON: And you know and I'm sure<br/>14 you know and for everyone else on the call, unless<br/>15 the individual completes their re-determination<br/>16 and their paperwork required to re-determine their<br/>17 Medicaid eligibility, they don't actually get a<br/>18 referral to the Exchange because we're unable to<br/>19 determine that they're not eligible for Medicaid.<br/>20 So that's one of the really important<br/>21 messages that we're pushing right now, that even<br/>22 if you think you aren't eligible any longer, it's<br/>23 still important to complete that paperwork so we<br/>24 can assist with that transition.<br/>25 MS. CORLETTE: Okay. Oh, wow. Yeah,</p> |
| <p style="text-align: right;">38</p> <p>1 Virginia, closures would begin in May and our<br/>2 enhanced FMAP for the state would end in June. So<br/>3 that's what we're currently looking toward. As<br/>4 Holly mentioned, we've been working very closely<br/>5 with DSS, pretty much after the public health<br/>6 emergency began in March of 2020.<br/>7 So we have a lot of system changes and<br/>8 improvements in place, a lot of planning that<br/>9 we've done, a lot of partnering with our Medicaid<br/>10 health plans, stakeholders and other community<br/>11 partners. So we -- we feel like we're in a very<br/>12 good place and ready for the work ahead. Thanks,<br/>13 Holly.<br/>14 MS. CORLETTE: Sarah or -- or Cheryl, do<br/>15 you have estimates of the number of folks likely<br/>16 to be disenrolled due to income ineligibility, who<br/>17 might be eligible for marketplace subsidies?<br/>18 MS. ROBERTS: We don't have it at that<br/>19 level. Do you have it, Sarah? I don't think we<br/>20 have it at that level.<br/>21 MS. HATTON: I think at that level --<br/>22 and we can get you closer numbers. But we're at<br/>23 about 10 to 14 percent that we expect will -- will<br/>24 likely lose. And it'll probably be closer to the<br/>25 10 percent for income. And then we've -- we have</p> | <p style="text-align: right;">40</p> <p>1 that's important. Good to know. I think, Lee,<br/>2 did you have a question?<br/>3 MR. BIEDRYCKI: Yes, ma'am. It's really<br/>4 more of a comment and an advisory for the<br/>5 committee, especially the SCC and the Benefit<br/>6 Exchange. On October 12th, my biggest concern was<br/>7 how the volume of individuals with the PHE would<br/>8 migrate through the existing enrollment channels.<br/>9 Many of those will presumably be very high<br/>10 subsidies in cashier reductions. So they'll also<br/>11 be leaving a like network to a similar network<br/>12 plan. So the issue with the public health<br/>13 emergency really is just being able to capture the<br/>14 volume.<br/>15 On October 13th, my life changed. And I<br/>16 -- I really want this committee to hear that the<br/>17 commercial plans available and the ACA plans on<br/>18 Exchange are very, very, very different. The<br/>19 networks are dramatically smaller. The co-pays,<br/>20 the out-of-pockets are different. And with this<br/>21 family glitch rule, in general, blue-collar<br/>22 employers contribute only towards the employee<br/>23 only. All right.<br/>24 And because the affordability definition<br/>25 was based on the employee only for the family, I</p>                                 |

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| <p style="text-align: right;">41</p> <p>1 can't tell you how many families we told that you<br/>2 weren't eligible for a subsidy, that their income<br/>3 otherwise would have qualified them for. The<br/>4 change in this rule means that an unestimatable<br/>5 [sic] number of Virginian spouses and dependents<br/>6 will newly be eligible for subsidy for marketplace<br/>7 coverage.<br/>8 My concern is that in my tenth year of<br/>9 doing these enrollments, we could very easily be<br/>10 talking about a 500 to \$700-a-month subsidy or pay<br/>11 raise for these families. I'm very fearful that<br/>12 these families will see a pay raise and think that<br/>13 carrier Acme through their employer is going to<br/>14 have the exact same network formulary and<br/>15 coverages as Acme on Exchange.<br/>16 They will elect to move and create<br/>17 potentially some very significant impacts because<br/>18 they didn't clearly understand the differences in<br/>19 coverage and what they were getting and what they<br/>20 were giving away. This is another component that<br/>21 we can discuss later when you and I meet, Sabrina.<br/>22 But I -- again, the -- the public health<br/>23 emergency is a huge volume. But the family glitch<br/>24 is also a huge volume but of a significantly more<br/>25 complex conversation. With that, I will get back</p> | <p style="text-align: right;">43</p> <p>1 coverage through the public health emergency.<br/>2 Some of them will have employer-based coverage<br/>3 already and some of them will be eligible for<br/>4 marketplace plans as well. So I think, you know,<br/>5 having all of those really smart minds, you know,<br/>6 together to be able to find strategies and ways to<br/>7 do that outreach and really get creative about how<br/>8 to enroll folks and coverage is going to be very<br/>9 important. So just appreciate everyone's comments<br/>10 about that.<br/>11 MR. PATCHETT: And -- and I'll just --<br/>12 I'll echo some of what Lee said because, you know,<br/>13 we don't want to underestimate the impact of the<br/>14 change in the family glitch rule and we're<br/>15 spending a lot of time listening and engaging with<br/>16 -- with other states who are also, you know,<br/>17 thinking about how do we -- how do we tackle this<br/>18 and what are the -- the best mechanisms for<br/>19 outreach and engagement for these folks?<br/>20 Because it really is a big opportunity<br/>21 for families who previously didn't have access to<br/>22 financial assistance who now will. And so that's<br/>23 -- that's definitely something that's on our radar<br/>24 and that we're actively involved in engagement on.<br/>25 MS. CORLETTE: Yeah, I would also say</p> |
| <p style="text-align: right;">42</p> <p>1 to mute.<br/>2 MS. CORLETTE: Yeah, no, Lee, I've been<br/>3 thinking about that because it is really -- it is<br/>4 such a multidimensional issue for families to<br/>5 figure out whether they're better off with their<br/>6 employer plan or a marketplace plan. I mean, it<br/>7 is -- it is mind-numbing when you think about it<br/>8 and -- and it's different for every single family,<br/>9 is also the issue.<br/>10 So there's no like one-size-fits-all so<br/>11 it's -- going back to the -- the conversation we<br/>12 just had about the critical importance of consumer<br/>13 assistance. It just -- it's so, so, so important.<br/>14 Anyway, I'm sorry, I don't want to cut you off,<br/>15 Holly or -- or Sarah or Cheryl. Please -- please<br/>16 go ahead.<br/>17 MS. MORTLOCK: I think that concluded my<br/>18 comments about the public health emergency. And<br/>19 just to say that we, you know -- that we look<br/>20 forward to working with all of our partners, you<br/>21 know, the carriers, the -- the sisters, the<br/>22 navigators, and our state agencies to be able to<br/>23 find opportunities for all of that coordination<br/>24 and messaging that will go on.<br/>25 And we also recognize the people losing</p>   | <p style="text-align: right;">44</p> <p>1 though -- and Lee you've sparked something. You<br/>2 know, the -- the QHPs may have narrow networks,<br/>3 but they don't -- I mean, that's a state decision.<br/>4 The state decides what the network adequacy<br/>5 standard should be and needs to hold the plans<br/>6 accountable.<br/>7 I, you know -- I don't know if anybody<br/>8 from the Bureau is -- is on this call, but, you<br/>9 know, at the federal level, they have tried to<br/>10 ratchet up the network adequacy standards for<br/>11 QHPs. You know, I think that might be a<br/>12 conversation for BOI.<br/>13 But to the extent that we're hearing<br/>14 from folks like Lee that the networks are really<br/>15 not adequate to meet consumers' needs, then I<br/>16 think that is -- that should be within the -- that<br/>17 should be of grave concern to the Exchange<br/>18 certainly, but also to -- to all of us and maybe a<br/>19 conversation we could take up with the BOI.<br/>20 Ikeita.<br/>21 MS. HINOJOSA: All of these issues just<br/>22 really underscore the importance of education<br/>23 that's really accessible for people because this<br/>24 is just mind-numbing for us. And if you don't<br/>25 have health insurance literacy background and</p>   |

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| <p style="text-align: right;">45</p> <p>1 you're just an everyday person just trying to live<br/>2 your life and feed your family and make a living<br/>3 and you're not steeped in this -- so, you know,<br/>4 when we're talking to stakeholders, carriers, et<br/>5 cetera, and -- and folks are asking, you know,<br/>6 what can we do? How can we help?<br/>7       You know, one thing that has been<br/>8 effective for past campaigns, as we worked to<br/>9 educate the public, really has been just very<br/>10 accessible videos, you know, short little clips<br/>11 that we can, you know, put on our website and post<br/>12 online, share around, e-mail out to folks that<br/>13 make things very simple and easy to understand.<br/>14       And, you know, we're in a social media<br/>15 kind of world but, you know, things that are very<br/>16 shareable and quick and simple. But, you know, a<br/>17 lot of times, especially if things, you know -- if<br/>18 people, you know, aren't going to be able to<br/>19 necessarily read through a lot of complicated<br/>20 concepts, if there are things that are very visual<br/>21 for people to digest, that can be fun, that can be<br/>22 simple, that can sometimes be a way to really<br/>23 distill a lot of these very weighty concepts. So<br/>24 that's been something that has really worked well<br/>25 in the past.</p> | <p style="text-align: right;">47</p> <p>1 goal of the Exchange should be coverage and cost<br/>2 and competition and quality; right? So whoever<br/>3 could address that.<br/>4       MR. BIEDRYCKI: I may should let Doug,<br/>5 but in general health insurance carriers have<br/>6 impacted cost through leveraging smaller regional<br/>7 micro-networks. And one of the reasons that our<br/>8 integrated platforms are so critical is because it<br/>9 rapidly allows us to compare the coverages for<br/>10 individuals who live in between Roanoke and<br/>11 Charlottesville, where the plan you choose<br/>12 dictates the hospital you were allowed to go to.<br/>13       In general, a commercial or group plans,<br/>14 if we cite, let's say, the HMO, will have 90<br/>15 percent plus of the physicians and facilities and<br/>16 network. However, when we look at the<br/>17 marketplace, these networks are not statewide.<br/>18 They are, in most cases, regional and in a far<br/>19 less robust participation of facilities and<br/>20 physicians than their commercial counterparts.<br/>21 And this is done by design in order to help manage<br/>22 the cost. Your turn, Doug.<br/>23       MS. CORLETTE: Yeah, I see Doug has his<br/>24 hand up.<br/>25       MR. GRAY: So, you know, this is not a</p>    |
| <p style="text-align: right;">46</p> <p>1       MS. CORLETTE: We need a family glitch<br/>2 infographic. I believe Starla was -- was thinking<br/>3 of those.<br/>4       MS. HINOJOSA: Public health emergency<br/>5 video clip, yeah.<br/>6       MS. KISER: Thank you, Sabrina. Before<br/>7 moving on, I wanted to just address Lee's comment.<br/>8 And for my understanding, the comment about the<br/>9 quality of health plans, does that -- is that<br/>10 specific to the family glitch? Is -- is this an<br/>11 assumption that all the plans on the individual<br/>12 market have narrowed coverage?<br/>13       I know based -- you know, the last<br/>14 meeting, there was a comment because of the<br/>15 reinsurance program; right? That premiums were<br/>16 decreasing by almost 20 percent, which was very<br/>17 exciting. And so the -- the -- the, I guess,<br/>18 intent to me was that the -- the decrease in<br/>19 premiums had to do with the reinsurance program<br/>20 and not a limitation in the product or a<br/>21 significant change in the product.<br/>22       So is there a comment from Lee or<br/>23 whoever is on the call? Is there a significant<br/>24 change in quality of the plans overall? Or again,<br/>25 is that something specific? Because I guess the</p>   | <p style="text-align: right;">48</p> <p>1 -- a unilateral conversation. I mean, if you want<br/>2 to have providers in your network, you have to pay<br/>3 them. Providers don't have to take Medicaid.<br/>4 They don't have to take Exchange plans. They<br/>5 don't have to take HMOs at all. They can choose<br/>6 whether they take a PPO, an HMO, Medicaid,<br/>7 Exchange.<br/>8       They have the right to do that under our<br/>9 state statute, and they did. So I -- I can't make<br/>10 them take the product. What I can do is try to<br/>11 leverage the networks that we have to get more<br/>12 access. So if we've got somebody who already<br/>13 takes Medicaid and the HMO, we hope that they'll<br/>14 take the Exchange plan too because they're kind of<br/>15 taking all comers.<br/>16       So the people who take all comers are<br/>17 more likely to serve in that environment. But<br/>18 yes, it is true that HMOs are the preferred<br/>19 platform for Exchange plans. And that is because<br/>20 you can have a narrow or limited network. And it<br/>21 is true because the cost and payment is lower than<br/>22 a fully insured large group plan or a self-insured<br/>23 plan.<br/>24       Because the state doesn't -- the state<br/>25 being the federal government, really doesn't play</p> |

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| <p style="text-align: right;">49</p> <p>1 that much, and 80 percent of them are getting<br/>2 subsidized. Now just be practical about this.<br/>3 Even though it may be less and less providers<br/>4 agree to serve the Exchange population, it's<br/>5 certainly far better than Medicaid in multiples,<br/>6 probably two-and-a-half times, three times what's<br/>7 paid in Medicaid.<br/>8       So is it the least accessible network?<br/>9 No, it is not. Is it the best one ever? No, it<br/>10 is not. And it is a combined effort. Hospitals<br/>11 have CON in Virginia. They own their market. And<br/>12 in a rural area, there is one choice and no other.<br/>13 And that's a fact. They own more than half of the<br/>14 physicians in most markets.<br/>15       So if you want to contract with them,<br/>16 you have to get a hospital contract and a<br/>17 physician contract. If they ask an unreasonable<br/>18 amount -- so what I mean is a rural area where<br/>19 there's one hospital and one group of doctors and<br/>20 they ask an amount that's greater than we would<br/>21 pay in, let's say, Richmond, you can see that's a<br/>22 pretty good disincentive to offer a plan in that<br/>23 region.<br/>24       And that explains why you have less<br/>25 competition in rural areas, than you might have in</p> | <p style="text-align: right;">51</p> <p>1 healthcare could be so complicated?<br/>2       MR. GRAY: Yeah, just -- who knew?<br/>3       MR. BIEDRYCKI: Just to add on to that,<br/>4 that is the very reason that these integration<br/>5 tools are so absolutely critical for the agents<br/>6 who use them. We've spent 10 years refining<br/>7 procedures and policies to make sure that<br/>8 consumers don't get misaligned with a plan that<br/>9 doesn't include their physicians or facilities or<br/>10 drugs. And I -- I don't know how we can<br/>11 accommodate addressing the family glitch with<br/>12 where we are currently in the process.<br/>13       MR. PATCHETT: All right. And one --<br/>14 one piece I'll add here because I think, you know,<br/>15 as far as the Exchange goes, this is again, one<br/>16 of, from our perspectives, the -- the benefit of<br/>17 Virginia having made this decision to have a<br/>18 Virginia-based Exchange, to having a marketplace<br/>19 that lives here in Virginia, rather than relying<br/>20 on healthcare.gov at the federal level.<br/>21       Because it allows us to engage with the<br/>22 Bureau of Insurance, for example, who, you know,<br/>23 is on the same floor, as I said, the SCC. And --<br/>24 and to start to work through complexities that --<br/>25 that exist, you know, to Doug's point for what is</p>         |
| <p style="text-align: right;">50</p> <p>1 urban-suburban areas because there's less<br/>2 competition in the provider network as well. So<br/>3 you can create a more robust set of network<br/>4 requirements, but you also might create a much<br/>5 smaller group of health plans offered.<br/>6       So it's a balance. And every state,<br/>7 every Exchange, federal or state, has to work<br/>8 within these balancing items. And so it's not<br/>9 easy. And I'm not suggesting that -- that plans<br/>10 can't do more. They can. We're trying to get<br/>11 providers to, for example, have hours in the<br/>12 evenings, hours on weekends.<br/>13       We're paying a lot more for people to go<br/>14 to urgent care. We're using telemedicine so that<br/>15 people can get access when they're waiting for<br/>16 their four or five months it takes to get a<br/>17 primary care visit. That's true with all levels<br/>18 of insurance.<br/>19       So -- so that's what's happening in the<br/>20 real world. So how does that affect and work with<br/>21 policy suggestions? Happy to work with you on it,<br/>22 but it -- it's not easy and it's not a uniform or<br/>23 unilateral decision by health plans.<br/>24       MR. BIEDRYCKI: And that's just to --<br/>25       MS. CORLETTE: Now, who knew -- who knew</p>     | <p style="text-align: right;">52</p> <p>1 really a -- a multi-faceted, multi-party, multi --<br/>2 multi-issue challenge for us.<br/>3       And -- and to Lee's point, right, one of<br/>4 the things that we made sure was included in -- in<br/>5 our marketplace platform is the ability for<br/>6 consumers to search plans based on provider, based<br/>7 on formulary availability, and -- and to compare<br/>8 and to see that information so that they can --<br/>9 they can have some confidence that as they move<br/>10 from, you know, a -- a commercial plan, or maybe<br/>11 they've lost -- lost their job, or insurance<br/>12 through their employer is no longer affordable,<br/>13 they can look and see which of the available<br/>14 Exchange plans includes their current provider,<br/>15 includes their current formulary, their<br/>16 prescription -- prescription drug coverage.<br/>17       And -- and again, an issue that -- that<br/>18 we get to work directly with our -- our friends at<br/>19 the Bureau of Insurance in -- in working to help<br/>20 -- help carriers and providers keep that<br/>21 information as updated as possible.<br/>22       MS. CORLETTE: This has been a good<br/>23 discussion. And I think it's -- that it feels<br/>24 very much like three-dimensional chess because you<br/>25 have not only the traditional insurance market and</p> |

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| <p style="text-align: right;">53</p> <p>1 provider dynamics, you have the overlay of the<br/>2 premium tax credits and, you know, how to -- you<br/>3 know, what happens when the price of the second<br/>4 lowest costs of a plan changes, if you have a<br/>5 really low-cost carrier coming in, like, what that<br/>6 can do two people's premium tax credits in that<br/>7 area.<br/>8       So it's -- it's -- it -- it is a very<br/>9 challenging set of issues, but important because,<br/>10 you know, I think people need to see the Exchange<br/>11 is offering a very high-value product. And so<br/>12 having robust standards and minimum standards<br/>13 there is going to be important.<br/>14       I don't -- Holly, were there any other<br/>15 federal or other state policy updates that you<br/>16 wanted to get to?<br/>17       MS. MORTLOCK: No, I think that<br/>18 concludes my comments for today.<br/>19       MS. CORLETTE: Okay. I think since we<br/>20 are talking about providers, I guess I'll mention<br/>21 that we are expecting the feds to soon release a<br/>22 proposed rule -- their annual payment notice rule<br/>23 that may include some updates to their network<br/>24 adequacy standards, particularly with respect to a<br/>25 minimum standard for rate times for office visits.</p> | <p style="text-align: right;">55</p> <p>1       So the general idea was sort of, you<br/>2 know, laying out what are the -- the broad<br/>3 strategic goals for the Exchange? How do we<br/>4 identify what the metrics are, to know whether<br/>5 we're making progress towards those goals? And<br/>6 then coming up with sort of a data dashboard that<br/>7 -- that the -- both the Exchange can use for<br/>8 internal stakeholders, but also potentially for<br/>9 reporting to external stakeholders about, you<br/>10 know, how were progressing towards those goals.<br/>11       I don't know if I'm doing justice to --<br/>12 to -- that division for that subcommittee, but as<br/>13 Jane unfortunately left us this summer, that --<br/>14 that subcommittee was sort of put on the back<br/>15 burner. So I want to just gauge interest appetite<br/>16 among the -- the committee for revising that<br/>17 subcommittee.<br/>18       I -- I do think that it -- to me it<br/>19 sounds like there's a lot of -- it seems like<br/>20 there's a lot of merit in -- in really having a<br/>21 clear sense of what we want the Exchange to<br/>22 accomplish as a -- as a -- as we move to a<br/>23 state-based platform and -- and having a mechanism<br/>24 for reporting on progress towards that goal --<br/>25 those goals, both internally and externally.</p> |
| <p style="text-align: right;">54</p> <p>1 So that is something we're looking for but may not<br/>2 affect Virginia as a state-based marketplace.<br/>3       Any other comments or questions from the<br/>4 committee for -- for Holly or Keven or the<br/>5 Exchange team?<br/>6       Okay. Hearing none, we -- I think the<br/>7 next item on the agenda are -- are the advisory<br/>8 committee subcommittees. We had, I think, a -- a<br/>9 -- a very hardworking and -- and successful<br/>10 subcommittee that convened over the summer and<br/>11 fall relating to outreach and consumer education.<br/>12 And I want to thank Julie Bataille again for<br/>13 leading that effort and I know will be hearing<br/>14 soon from the Exchange with responses to those<br/>15 recommendations.<br/>16       We do have some unfinished subcommittee<br/>17 business. Folks might recall that our former vice<br/>18 chair, Jane Kusiak, had agreed to lead a<br/>19 subcommittee called the Strategic -- I think it<br/>20 was the Strategic Priority Subcommittee. And the<br/>21 general idea, just to refresh everybody's memory<br/>22 of that, we had a great presentation from folks at<br/>23 the University of Minnesota, the -- the SHADAC<br/>24 folks on just data issues with respect to the<br/>25 Exchange.</p>        | <p style="text-align: right;">56</p> <p>1       So I'll just -- just open it up and see<br/>2 if -- if there's interest in -- in reconstituting<br/>3 that subcommittee, perhaps under a new -- a new<br/>4 subcommittee chair.<br/>5       MR. CASTRO: Hey, this is Scott Castro<br/>6 from MSV. If it be the will of the Committee, I'd<br/>7 be happy to serve on that should it continue.<br/>8       MS. CORLETTE: Great. Thank you, Scott.<br/>9       All right. Well, we'll -- you know<br/>10 what, I -- I can also just plan to send an -- Oh<br/>11 Ikeita, yeah.<br/>12       MS. HINOJOSA: Yeah, I just also agree<br/>13 that it makes sense if everyone else is<br/>14 interested, you know, that -- we've all heard the<br/>15 saying, what gets measured gets done. Yeah, and I<br/>16 -- I do think, you know, regular measurement and<br/>17 reporting just keeps us all focused on the goal<br/>18 that we all are interested in achieving.<br/>19       And, you know, we all want to use the<br/>20 same set of information to -- to make decisions<br/>21 and improve our results. So it makes sense to be<br/>22 on the same page, especially at the outset at this<br/>23 very important year.<br/>24       MS. CORLETTE: Yeah, agree.<br/>25       I think there's Lou.</p>   |

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| <p>57</p> <p>1 MR. ROSSITER: Sabrina, I'm -- since I<br/>2 was honored to take my good friend Jane's seat,<br/>3 I'd -- I'd be glad to serve on that committee.<br/>4 And data's my thing so if you need a chair I'm<br/>5 glad to chair it.</p> <p>6 MS. CORLETTE: Oh. That's great. Thank<br/>7 you, Lou.</p> <p>8 Julie.</p> <p>9 MS. BATAILLE: Yeah, thanks, Sabrina. I<br/>10 would just echo the other comments. And I think<br/>11 when both of the subcommittees, this one and the<br/>12 one on outreach were originally conceived, there<br/>13 was a recognition that we would certainly want to<br/>14 use data to be evaluating outreach efforts, and be<br/>15 able to use them for resource prioritization, and<br/>16 how do you continue to measure success?</p> <p>17 So I would just echo the other comments.<br/>18 I think it would be really important to understand<br/>19 metrics, how you're going to measure them, and<br/>20 then also how they need to evolve. Because I<br/>21 think the reality is, there will be things that<br/>22 are constantly changing. So I would be happy to<br/>23 serve on a subcommittee to the extent that that is<br/>24 useful to the larger committee.</p> <p>25 MS. CORLETTE: Thank you, Julie.</p>                        | <p>59</p> <p>1 enrollment from anywhere it could get it because<br/>2 at the end of the day, the more people who were<br/>3 enrolled, the better the balance between premium<br/>4 to claims relationship.</p> <p>5 In the new posture of the Virginia<br/>6 Health Benefit Exchange national web brokers such<br/>7 as ehealthinsurance.com will no longer be able to<br/>8 participate. Doug's members who built up their<br/>9 own Exchange integrations, all of the carriers in<br/>10 the state will no longer be able to integrate.<br/>11 And the tools that many of the volume-producing<br/>12 agents have used for a decade will not be able to<br/>13 integrate.</p> <p>14 Now, we could be in 2024 in a perfectly<br/>15 fine and peachy place, but I think it is prudent<br/>16 to acknowledge that we're going to lose<br/>17 enrollments that were financed through private<br/>18 entities' advertising and investment<br/>19 infrastructure.</p> <p>20 And that production is going to have to<br/>21 be replaced by only individuals in the<br/>22 Commonwealth. Now, if I were a individual who was<br/>23 looking out for my own vested interest, I would do<br/>24 a -- a giant backflip; right? Because that means,<br/>25 as a Virginia agent, I'm not competing with</p>                              |
| <p>58</p> <p>1 Unmute Doug.</p> <p>2 MR. GRAY: Glad to help as well.</p> <p>3 MS. CORLETTE: Wonderful. Okay. Well,<br/>4 it sounds like we have general agreement to -- to<br/>5 revive that committee which -- which has been a<br/>6 bit dormant. But I think that we have a fantastic<br/>7 group of folks willing to roll up their sleeves on<br/>8 it. So I will plan to send an e-mail around and<br/>9 we'll -- we'll start the ball rolling on getting<br/>10 that committee -- subcommittee going.</p> <p>11 Any -- I see -- I think the next is just<br/>12 other business. And are there topics or things<br/>13 that folks would like to bring up, discuss now, or<br/>14 put a pin in for our next meeting for the next<br/>15 quarter? Sort of just a general open discussion<br/>16 opportunity for -- for committee members.</p> <p>17 Yes, Lee.</p> <p>18 MR. BIEDRYCKI: Thank you. The<br/>19 Commonwealth is welcome, clearly, to move forward<br/>20 however it chooses. For the committee, I think<br/>21 it's important to highlight a contrast in our<br/>22 migration from the federally facilitated<br/>23 marketplace. In our current decade-long<br/>24 relationship with healthcare.gov, healthcare.gov<br/>25 assumed a position where it would take an</p> | <p>60</p> <p>1 carriers anymore, and I'm not competing with<br/>2 outside agents.</p> <p>3 But I believe that as a fiduciary, my<br/>4 role is to evaluate what that supply chain impact<br/>5 could potentially do from an actuarial lens to the<br/>6 rates. Long story short, if -- if we don't<br/>7 maintain the same volumes of enrollments, that<br/>8 could create an issue where we lose some of the<br/>9 carriers that have recently come into Virginia.<br/>10 If we look at the nineteen states that have or are<br/>11 setting up a state-based exchange, Virginia's at<br/>12 technically twelve, but Aetna's in there three<br/>13 times. So I'm not going to count that.</p> <p>14 We have California and New York at<br/>15 twelve carriers per state. Virginia, on paper 12,<br/>16 I'm going to call it 10. Everybody else is eight<br/>17 and below, with half of the states having six or<br/>18 fewer carriers. The thing that further<br/>19 complicates our market is that four of the plans<br/>20 that sell in Virginia are affiliated with and/or<br/>21 owned by hospital systems, which gets back into<br/>22 this network discussion we were having with Doug<br/>23 and Starla.</p> <p>24 I'm not saying that this will be solved<br/>25 in this call, but I do think it's important that</p> |

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| <p style="text-align: right;">61</p> <p>1 everyone that is on this committee recognizes that<br/>2 we are cutting off a large number of enrollments<br/>3 that historically came from outside sources. And<br/>4 the -- I guess gamble in that would be making sure<br/>5 we think that we can get as many net new<br/>6 enrollments. I'm not talking about retention of<br/>7 what we already have. I'm talking about getting<br/>8 as many net new enrollments in 2024 as we did when<br/>9 outside parties participated.<br/>10 MR. PATCHETT: And it's -- it's<br/>11 interesting. I -- I -- so these are -- these are<br/>12 issues that -- that Lee and I have had a lot of<br/>13 conversations about over the -- over the last<br/>14 couple of months, and -- and not everybody sees it<br/>15 that way. Not even every large agent and broker<br/>16 organization in Virginia sees it that way. And --<br/>17 and the data from other states don't -- don't bear<br/>18 it out. It's -- it's challenging because, you<br/>19 know, to this point, Virginia's different.<br/>20 And one of the very common mantras among<br/>21 State Exchanges is is if you've seen one State<br/>22 Exchange, you've seen one State Exchange.<br/>23 However, there is some consistency that we have<br/>24 seen across states. States that transition to a<br/>25 state-based marketplace consistently do better</p> | <p style="text-align: right;">63</p> <p>1 for, I'm going to say, years even though I haven't<br/>2 been with the Exchange for years. But -- but<br/>3 they've been -- been worked through for years.<br/>4 And we are -- we are very confident that<br/>5 we are -- we're not going to lose enrollment.<br/>6 We're going to see an increase both in retention<br/>7 and in new enrollment, and we're working very hard<br/>8 to -- to make that happen.<br/>9 MR. BIEDRYCKI: Just regarding that<br/>10 stat. If the health carriers and national web<br/>11 brokers are excluded, the agent numbers can't help<br/>12 but go up. That's all.<br/>13 MS. CORLETTE: Yeah, I -- I mean, I<br/>14 think that -- and I also be interested in Julie's<br/>15 thoughts on this too as a communications expert,<br/>16 but I think one -- at Georgetown, we've done a few<br/>17 secret shopper surveys for -- for, you know,<br/>18 consumers trying to buy health insurance. And one<br/>19 of the concerns that -- that we've had with people<br/>20 trying to seek insurance through online mechanisms<br/>21 is just the huge volume of -- of frankly, junk<br/>22 insurance that's being marketed through online<br/>23 brokers.<br/>24 And it's almost impossible for the<br/>25 average consumer to, just through a Google search,</p>   |
| <p style="text-align: right;">62</p> <p>1 both in retaining enrollment and in capturing new<br/>2 enrollments and significantly better. And again,<br/>3 none of those states have implemented the -- the<br/>4 technology that Lee is talking about.<br/>5 The other thing that's been very<br/>6 interesting is we've worked with GetInsured, our<br/>7 platform vendor, around this technology and -- and<br/>8 what it means or might mean. One of the things<br/>9 that they've identified for us is every state that<br/>10 has transitioned using their technology they've<br/>11 seen an increased participation in the number of<br/>12 agents and brokers who are participating in<br/>13 selling and facilitating enrollments on the<br/>14 Exchange. And those Exchanges have seen an<br/>15 increased number in broker and agent-facilitated<br/>16 enrollments.<br/>17 We can look at a state like Idaho, where<br/>18 70 percent of their enrollments come through<br/>19 agents and brokers. And -- and the tools that are<br/>20 available to them through the platform that we are<br/>21 using are -- are very robust. It's not the same<br/>22 as -- as the tools that some of the large agent<br/>23 brokerages are using. But, you know, there are<br/>24 trade-offs, and these are -- these are the tough<br/>25 decisions that -- that we've been working through</p>                   | <p style="text-align: right;">64</p> <p>1 to discern what's a legitimate purveyor of -- of<br/>2 health insurance versus somebody that's selling<br/>3 essentially a sham product or a short-term plan or<br/>4 an indemnity product.<br/>5 And so I, you know -- I don't know,<br/>6 Julie, if you have thoughts, but it seems like as<br/>7 we're making this transition to a state-based<br/>8 platform, being able to communicate that there's<br/>9 one trusted place for people to go just seems to<br/>10 be from a -- from a communications perspective,<br/>11 the best -- a better way to go rather than saying,<br/>12 well, you can go here, go here, or go here and all<br/>13 these different portals because unfortunately,<br/>14 it's so hard for consumers to -- to separate out<br/>15 the -- the good from the bad.<br/>16 MS. BATAILLE: Yeah, Sabrina, I'm happy<br/>17 to chime in quickly. I think that the importance<br/>18 of one destination, especially because we're<br/>19 talking about next year being a transition point,<br/>20 and we're already going to have to get consumers<br/>21 to know what the new destination is, is important.<br/>22 And I think making sure that there continues to be<br/>23 a variety of in-person options, understanding what<br/>24 you're describing, Lee, in terms of, you know, new<br/>25 steps that -- that folks may need to take to get</p> |

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| <p style="text-align: right;">65</p> <p>1 it.</p> <p>2 But I think making sure consumers know</p> <p>3 if they do go to the Exchange, they're going to be</p> <p>4 able to get in-person assistance. And they can</p> <p>5 have the option of being able, you know, to go the</p> <p>6 navigator route or to go to someone that is</p> <p>7 certified to -- to help them will really help the</p> <p>8 Exchange, but also help the consumer who is going</p> <p>9 to have a lot of questions.</p> <p>10 MS. CORLETTE: Starla?</p> <p>11 MS. KISER: Yeah, so related to what</p> <p>12 you-all are discussing, on my wishlist, and I</p> <p>13 don't know if this would apply to GetInsured or</p> <p>14 our marketing team, but instead of -- I mean, what</p> <p>15 would make sense would be if we had, again, the</p> <p>16 one website that -- that we operate. And in a</p> <p>17 very super duper, user-friendly, very visual way,</p> <p>18 insurance concepts were explained, whereby</p> <p>19 consumers would not have to talk to someone on the</p> <p>20 phone just to understand basic Insurance</p> <p>21 principles.</p> <p>22 And I say this as a physician that also</p> <p>23 doesn't know how to choose insurance; right? So I</p> <p>24 -- I worked for a -- an innovative like a -- it</p> <p>25 was -- it was under UnitedHealthcare. An exchange</p>  | <p style="text-align: right;">67</p> <p>1 is going to be included; right? Where you can</p> <p>2 compare formularies, where you can compare</p> <p>3 doctors' networks, that's also essential. But as</p> <p>4 I said, that would be on my wishlist. I don't</p> <p>5 know who -- who could do that or would do that.</p> <p>6 MS. CORLETTE: Yeah, that -- those</p> <p>7 things would be on my wishlist too.</p> <p>8 MR. PATCHETT: And -- and they are on</p> <p>9 our road map. So consumer education is a big</p> <p>10 piece of our outreach. And so we are -- we are</p> <p>11 preparing in connection with our transition to</p> <p>12 launch a new website that leverages consumer</p> <p>13 education in multiple languages. And -- and it's</p> <p>14 something that I think is going to be part of the</p> <p>15 continual improvement process where we learn, and</p> <p>16 we get better.</p> <p>17 And so these -- these issues as -- as</p> <p>18 we're talking about, you know, various channels,</p> <p>19 one site, from my perspective as the Exchange</p> <p>20 director, these remain open questions. And, you</p> <p>21 know, we've talked to -- to some of the carriers</p> <p>22 and some of the other large agents and brokers who</p> <p>23 are very, very happy that -- that we're taking a</p> <p>24 -- an approach where we're willing to continue to</p> <p>25 talk. And what we do this year doesn't have to be</p>                                   |
| <p style="text-align: right;">66</p> <p>1 product in 2017, one of the first years it was</p> <p>2 opened, and it was called Harken Health. And it</p> <p>3 was -- everything we did was design-centric;</p> <p>4 right?</p> <p>5 Design thinking, patient-centered,</p> <p>6 consumer-centered, including on the website where</p> <p>7 we just -- we described explanation of benefits</p> <p>8 and out-of-pocket costs and all these things that</p> <p>9 are probably, and again, I don't know, seem</p> <p>10 intentionally obtuse, were actually explained in a</p> <p>11 very extremely user-friendly way with visuals;</p> <p>12 right?</p> <p>13 And patients and consumers probably were</p> <p>14 involved in actually creating some of that</p> <p>15 material. Unfortunately, the website is no longer</p> <p>16 active, but I think the principle behind it, I</p> <p>17 mean, you know, that would also make Virginia's</p> <p>18 experience different; right? If you could go to</p> <p>19 one place and you could see and these concepts</p> <p>20 were so easy for consumers to actually compare one</p> <p>21 to another. And you guys have mentioned, which I</p> <p>22 think will be very beneficial, to easily compare</p> <p>23 networks.</p> <p>24 I think that's hard to do, but, you</p> <p>25 know, technologically, logistically. But if that</p> | <p style="text-align: right;">68</p> <p>1 the same as what we do next year. We're committed</p> <p>2 to -- to learning and improving as we go forward.</p> <p>3 MS. CORLETTE: All right. I think we'll</p> <p>4 move on to other business unless there are other</p> <p>5 topics people would like to bring up. All right.</p> <p>6 Well, just a couple of housekeeping things.</p> <p>7 Sorry. Okay. So it was just, Starla, you had</p> <p>8 your hand up, and it looks like you've taken it</p> <p>9 down. So first is that we want you or -- or Holly</p> <p>10 and team would -- hope you'll look out for an</p> <p>11 e-mail from the Exchange with a -- a Doodle or a</p> <p>12 similar poll. We're going to try to get our</p> <p>13 quarterly meetings for 2023 on the calendar at</p> <p>14 some point in January so that they'll be scheduled</p> <p>15 out for the year so you-all can plan ahead.</p> <p>16 So be on the lookout for some sort of</p> <p>17 survey or poll to try to get those calendared. I</p> <p>18 think our goal is to try to do an in-person</p> <p>19 meeting for that first quarterly meeting that is</p> <p>20 likely to take place in March. I think that's</p> <p>21 right, Holly. So just keep that in mind as you're</p> <p>22 filling out that -- that Doodle poll.</p> <p>23 And then the other housekeeping matter</p> <p>24 is that folks may have noticed that we were</p> <p>25 missing Kenn Penn today from the chamber. He has</p> |

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| <p style="text-align: right;">69</p> <p>1 retired, and I certainly want to thank him for his<br/>2 service to the Advisory Committee, and we will<br/>3 miss him. But we do need to find a replacement<br/>4 for Kenn. That slot is a -- an appointment to be<br/>5 made by the SCC.<br/>6 So if anyone on the Advisory Committee<br/>7 has suggestions or ideas of somebody that would be<br/>8 a good nominee, please send those directly to<br/>9 Holly Mortlock with the Exchange because she will<br/>10 be pooling together a list of potential folks and<br/>11 -- and putting those forward to the commission.<br/>12 Am I missing anything, Holly?<br/>13 MS. MORTLOCK: Thank you so much,<br/>14 Sabrina. That -- I think that's everything on our<br/>15 list.<br/>16 MS. CORLETTE: Okey-doke. I think the<br/>17 last section of the agenda is public comments. It<br/>18 sounds like there were none submitted in advance.<br/>19 Are there any public comments? You're on mute,<br/>20 Holly.<br/>21 MS. MORTLOCK: Sorry. They do have to<br/>22 be submitted any -- in advance, but people are<br/>23 welcome to -- to submit public comments any time<br/>24 of year through e-mail to the Exchange, and they<br/>25 can -- I believe they can access that on our</p> | <p style="text-align: right;">71</p> <p>1 CERTIFICATE OF COURT REPORTER<br/>2 I, Joshua Tubbs, the officer<br/>3 before whom the foregoing proceedings were taken,<br/>4 do hereby certify that said proceedings were<br/>5 electronically recorded by me; and that I am<br/>6 neither counsel for, related to, nor employed by<br/>7 any of the parties to this case and have no<br/>8 interest, financial or otherwise, in its outcome.<br/>9<br/>10<br/>11 Notary Registration No.: 7905736<br/>12 My Commission Expires: 4/30/2025<br/>13<br/>14 <br/>15 _____<br/>16 Joshua Tubbs, Court Reporter<br/>17<br/>18<br/>19<br/>20<br/>21<br/>22<br/>23<br/>24<br/>25</p>                                |
| <p style="text-align: right;">70</p> <p>1 website. So we do take written -- written public<br/>2 comment at any time.<br/>3 MS. CORLETTE: Terrific. Well, that<br/>4 does it for our agenda. I think we did it in good<br/>5 expeditious fashion. I want to thank everybody<br/>6 for a really great discussion. I think I'm<br/>7 certainly extremely excited about the year to<br/>8 come. I think there's great -- lots of<br/>9 challenges, but also some really great<br/>10 opportunities to serve the -- the people of the<br/>11 Commonwealth and -- and support the Exchange in<br/>12 what I'm increasingly confident will be a<br/>13 successful launch. With that, I will take a<br/>14 motion to adjourn if anybody wants to offer one.<br/>15 MR. GRAY: So moved.<br/>16 MS. CORLETTE: All right. Second?<br/>17 MS. BATAILLE: Second.<br/>18 MS. CORLETTE: Well, with that, we are<br/>19 adjourned. Thank you, everybody. I also want to<br/>20 wish everybody a very happy holidays and New Year.<br/>21 And thank you for all of your hard work.<br/>22 (Off the record at 3:36 p.m.)<br/>23<br/>24<br/>25</p>  | <p style="text-align: right;">72</p> <p>1 CERTIFICATION OF TRANSCRIPT<br/>2 I, Brandi McLean, do hereby certify that the<br/>3 foregoing transcript, to the best of my ability,<br/>4 knowledge, and belief, is a true and correct<br/>5 record of the proceedings; that said proceedings<br/>6 were reduced to typewriting under my supervision;<br/>7 and that I am neither counsel for, related to, nor<br/>8 employed by any of the parties to this case and<br/>9 have no interest, financial or otherwise, in its<br/>10 outcome.<br/>11<br/>12 <br/>13 _____<br/>14 Brandi McLean<br/>15 Planet Depos, LLC<br/>16 12/13/2022<br/>17<br/>18<br/>19<br/>20<br/>21<br/>22<br/>23<br/>24<br/>25</p> |

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Transcript of Advisory Committee Meeting

December 1, 2022

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