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# Transcript of Meeting

**Date:** March 29, 2022

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

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Conducted on March 29, 2022

<p>1 VIRGINIA HEALTH BENEFIT EXCHANGE 2 ADVISORY COMMITTEE 3 Quarterly Meeting 4 5 6 7 8 9 10 Conducted Virtually 11 Tuesday, March 29, 2022 12 1:00 p.m. ET 13 14 15 16 17 Job No.: 434449 18 Pages: 1 - 123 19 Reported By: Victoria Lynn Wilson, RMR, CRR 20 21 22 23 24 25</p>	<p>1 A P P E A R A N C E S 2 Ex-officio Members: 3 Secretary John Littel 4 Director Karen Kimsey 5 Acting Commissioner Colin Greene 6 Commissioner Danny Avula 7 Commissioner Scott White 8 9 Appointed/Voting Members: 10 Sabrina Corlette, Chair 11 Jane Norwood Kusiak, Vice Chair 12 Julie Green Bataille 13 Lee Biedrycki 14 Scott N. Castro 15 Elizabeth Cunningham 16 Doug Gray 17 Ikeita Cantu Hinojoso 18 Starla Kiser 19 Kenn Penn 20 21 SCC LIAISON: 22 Victoria Savoy 23 24 25</p>
<p>1 VIRGINIA HEALTH BENEFIT EXCHANGE ADVISORY 2 COMMITTEE, conducted virtually. 3 4 5 6 7 8 9 Pursuant to scheduling, before Victoria Lynn 10 Wilson, Registered Merit Reporter, Certified 11 Realtime Reporter, E-Notary Public in and for the 12 State of Maryland. 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p>1 A P P E A R A N C E S C O N T I N U E D 2 Toni Janoski 3 Jennifer Krupp 4 Holly Mortlock 5 Amy Mears 6 Whitney Thomas 7 8 Bruce Nichols 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>

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<p style="text-align: center;">5</p> <p style="text-align: center;">C O N T E N T S</p> <p style="text-align: right;">PAGE</p> <p>1. WELCOME, CALL TO ORDER, ROLL CALL 5</p> <p>2. HBE UPDATE TO ADVISORY COMMITTEE 9</p> <p style="padding-left: 20px;">- Exchange Overview</p> <p style="padding-left: 20px;">- Advisory Committee</p> <p style="padding-left: 20px;">- Open Enrollment/HBE Snapshot</p> <p style="padding-left: 20px;">- Transition Activities</p> <p style="padding-left: 20px;">- Public Health Emergency</p> <p style="padding-left: 20px;">- Policy and Legislative Update</p> <p style="padding-left: 20px;">- Response to Advisory Subcommittee</p> <p style="padding-left: 20px;">- Recommendations</p> <p>3. BUREAU OF INSURANCE UPDATE 56</p> <p>4. CONSIDERATION OF QUESTIONS, RECOMMENDATIONS, REPORTS, OR COMMENTS 70</p> <p>5. OTHER BUSINESS 103</p> <p style="padding-left: 20px;">- 2022 Chair and Vice Chair Election</p> <p style="padding-left: 20px;">- Committee Discussion Topics</p> <p style="padding-left: 20px;">- 2022 Meeting Dates</p> <p>6. PUBLIC COMMENTS 106</p> <p>7. ADJOURNMENT 121</p>	<p style="text-align: center;">7</p> <p>the website that you see listed on this slide here.</p> <p>Thank you, Whitney.</p> <p>So, just to quickly remind everybody of the agenda, after we do our roll call, Victoria will provide us with an update on all of the exciting activities that our exchange team is undertaking to manage or to just transition to a full SBM.</p> <p>We will hear an update from our Bureau of Insurance.</p> <p>We will have some time to discuss questions, recommendations, reports, comments. I think that will include some feedback from the exchange folks on our recent recommendations on consumer assistance.</p> <p>We will then turn to the chair and vice chair election, open up to the advisory committee some discussion topics, talk about our meeting dates for 2022, and then we will have an opportunity for public comments.</p> <p>This meeting looks like it could be just a little bit longer than the meetings we've had in the past. So, in discussion with Holly, we thought we might try to provide a, like, five- to</p>
<p style="text-align: center;">6</p> <p style="text-align: center;">P R O C E E D I N G S</p> <p>CHAIR CORLETTE: Well, hi, everybody. For those of you who don't know me, my name is Sabrina Corlette, and I am serving as the chair of the Health Benefit Exchange Advisory Committee. And welcome to our first meeting of 2022. It's great to have you all.</p> <p>Holly, is it you running the slides or is it Whitney?</p> <p>MS. MORTLOCK: Whitney is running the slides.</p> <p>CHAIR CORLETTE: Great. Well, Whitney, would you mind advancing to the next slide, please.</p> <p>Well, let's kick it off. Just a few housekeeping items. We will ask that only the committee members keep their cameras turned on for the meeting. We'd ask that you stay muted until you are called on to speak. And if you'd like to speak, we just ask that you use the raise-your-hand button, which you can see in the little bar on the bottom of your screen, to ask a question, and you'll be called on.</p> <p>We will be providing a transcript of this meeting after it occurs, and it will be posted on</p>	<p style="text-align: center;">8</p> <p>ten-minute little break after Victoria's update and before we hear from the Bureau of Insurance. We'll see how the timing goes, but that is probably going to be roughly around 2:00.</p> <p>With that, I will turn it over -- Jane, I think you'll do our roll call. Oh, no, I think we've got -- the next slide is to welcome our new members. Sorry. Apologies.</p> <p>I am delighted to welcome new members to our advisory committee. We have with us today Secretary John Littel from the Health and Human Resources Department; Acting Commissioner Colin Greene, our State Health Commissioner, Acting State Health Commissioner; and Commissioner Danny Avula from the Department of Social Services.</p> <p>We are happy to have you join our conversation and be part of this exciting transition for the Virginia Exchange.</p> <p>And with that, I will turn it over to Jane for our roll call.</p> <p>VICE CHAIR KUSIAK: Thank you. I have done my best to work on the pronunciation of some of your names, but feel free to correct me. And just say, "aye," when you -- Secretary John Littel.</p>

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<p>9</p> <p>1 SECRETARY LITTEL: Aye. 2 VICE CHAIR KUSIAK: Director Karen Kimsey. 3 DIRECTOR KIMSEY: Aye. 4 VICE CHAIR KUSIAK: Acting Commissioner 5 Colin Greene. 6 ACTING COMMISSIONER GREENE: Aye. 7 VICE CHAIR KUSIAK: Commissioner Danny 8 Avula. 9 COMMISSIONER AVULA: Aye. 10 VICE CHAIR KUSIAK: Commissioner Scott 11 White. 12 COMMISSIONER WHITE: Aye, Julie Blauvelt 13 with the Bureau of Insurance here sitting in for 14 Scott White. 15 VICE CHAIR KUSIAK: Sabrina Corlette. 16 CHAIR CORLETTE: Aye. 17 VICE CHAIR KUSIAK: Aye for me. 18 Julie Bataille. 19 MS. BATAILLE: Aye. 20 VICE CHAIR KUSIAK: Lee Biedrycki. 21 MR. BIEDRYCKI: Aye. Good job. 22 VICE CHAIR KUSIAK: Scott Castro. 23 MR. CASTRO: Aye. 24 VICE CHAIR KUSIAK: Liz Cunningham. 25 MS. CUNNINGHAM: Aye.</p>	<p>11</p> <p>1 welcome to our new ex officio advisory committee 2 members. We're fortunate to have substantial 3 expertise across the health policy arena across 4 the committee and the representation from across 5 the commonwealth. We really appreciate your 6 engagement and your participation today. 7 We look forward to working with you as 8 part of the advisory committee as we build 9 Virginia's exchange. Please feel free to reach 10 out any time to myself or Holly Mortlock, who is 11 the liaison for the advisory committee and also 12 the chief government relations officer for the 13 exchange, and we will help you any way that we 14 can. 15 After discussion, we decided that, in 16 addition to the fact that we have several new 17 members, it has been a while since our last 18 overview, and, so, we thought it would be helpful 19 to provide a brief refresher on the exchange, as 20 well as going into our updates. 21 Next slide, please, Whitney. 22 So, we went ahead and included photos of 23 the exchange staff. This is all of us. I know we 24 started out last -- our first meeting, there was 25 only two of us, myself and Toni, and now we're up</p>
<p>10</p> <p>1 VICE CHAIR KUSIAK: Doug Gray. 2 MR. GRAY: Aye. 3 VICE CHAIR KUSIAK: Ikeita Cantu Hinojosa. 4 MS. HINOJOSA: Aye. 5 VICE CHAIR KUSIAK: Starla Kiser. 6 MS. KISER: Aye. 7 VICE CHAIR KUSIAK: Kenn Penn. 8 MR. PENN: Aye. 9 VICE CHAIR KUSIAK: And the SCC Liaison 10 Victoria Savoy. 11 MS. SAVOY: Aye. 12 VICE CHAIR KUSIAK: Okay. We're great. 13 CHAIR CORLETTE: Yeah, sounds like we have 14 a full house, a quorum, so we can get started. 15 Well, I am delighted to welcome Victoria 16 Savoy, our exchange director. This is -- we 17 haven't met for a little bit, so I think there's a 18 lot to report on, and so I will turn it over to 19 Victoria to tell us what the exchange has been up 20 to and some of the recent developments on the 21 policy front. So, thank you, Victoria. 22 MS. SAVOY: Well, thank you, Sabrina and 23 Jane. 24 On behalf of the SCC and the Health 25 Benefit Exchange, I'd like to extend a warm</p>	<p>12</p> <p>1 to six, and we hope to have a seventh person 2 starting soon and continue the hiring process as 3 we move towards transition. 4 So, to introduce my staff, we have Toni 5 Janoski, the deputy director of operations and 6 finance; Jennifer Krupp, deputy director of 7 outreach, education, and policy; Holly Mortlock, 8 the chief government relations officer; Amy Mears, 9 the chief IT program manager; and Whitney Thomas, 10 our administrative coordinator and the one who 11 keeps us all straight on all of these things. 12 And going back in time just a little bit 13 for the refresher, just wanted for those -- 14 especially for those new people, the Virginia 15 Health Benefit Exchange, often referred to as 16 "VAHBE" or simply "HBE," was created in 2020 by 17 the Virginia General Assembly as a new division 18 within the State Corporation Commission with the 19 responsibility for transitioning Virginia off of 20 the federal marketplace Healthcare.gov and onto a 21 Virginia based individual health insurance 22 marketplace, the Exchange. 23 Currently, we call ourselves the Health 24 Benefit Exchange and HBE, but just to let you 25 know, we are working on branding, and hopefully we</p>

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<p style="text-align: right;">13</p> <p>1 will have a new official name or brand name prior 2 to our launch. And we will certainly keep you 3 informed of that process. 4 Next slide, please. 5 The Code of Virginia, Chapter 65 of Title 6 38.2, was a new chapter created as part of the 7 creation of the Exchange, and it directs the 8 Exchange to, among other things, promote a 9 transparent and competitive marketplace, promote 10 consumer choice and education, assist individuals 11 with access to programs, premium assistance tax 12 credits, cost-sharing reductions, as well as 13 support the continuity of coverage and reduce the 14 number of uninsured. 15 Next slide, please, Whitney. 16 As you will know or as you may know, the 17 Exchange is independently funded by user 18 assessment fees. These fees are currently 19 collected by the federal government in connection 20 with Healthcare.gov. 21 When we transition, those fees will be 22 collected, instead, by the Virginia Exchange and 23 used to fund the Health Benefit Exchange. 24 Currently, as we are right now, a 25 state-based exchange on the federal platform, a</p>	<p style="text-align: right;">15</p> <p>1 2024, which means, backing up, that it would be 2 ready for open enrollment in the fall of 2023. 3 So, we are going to tell you what we've done so 4 far and what our plans are on some of the 5 remaining slides. 6 And the last bullet on this particular 7 slide, just very quickly, wanted to let you know 8 or remind you that each year in November, we 9 prepare a report for the Virginia General Assembly 10 that provides updates to our operations and 11 finances, as well as the effectiveness of our 12 outreach and education. 13 The underlined link, as the last bullet on 14 this slide, includes an actual active link that 15 will take you to the most recent report. 16 All right. Whitney, thank you. Go ahead. 17 So, you may be asking yourself, "Okay. 18 What exactly is going to change when the Exchange 19 moves from federal to state control?" Well, the 20 big difference is that Virginians will now shop 21 for and enroll in health plans on a state 22 marketplace in Virginia instead of on the federal 23 platform. Well, that sounds good, but what 24 exactly does that entail? 25 So, next slide, please.</p>
<p style="text-align: right;">14</p> <p>1 small portion of the user fees are currently 2 collected by Virginia to maintain our operations 3 in this transition state. But with the transition 4 to the full state basic change in 2024, we will be 5 again collecting 100 percent of the user fees. 6 So, as I mentioned, the Exchange 7 successfully completed the first step of the 8 transition in 2021 where we moved to a hybrid 9 state where the Virginia Health Benefit Exchange 10 resides on the federal platform, hence, the 11 state-based exchange on the federal platform name. 12 What that means is, in addition to 13 certifying its qualified health plans, we oversee 14 our own assister programs, including the 15 navigators, the agents and brokers, certified 16 application counselors, designated -- I'm sorry -- 17 certified application counselor designator 18 organizations, as well as the certified 19 application counselors. 20 Because we are on the federal platform, 21 eligibility and enrollment decisions and the 22 actual consumer shopping for plans is still 23 maintained on the federal platform. 24 We are on track right now to fully 25 transition to our own marketplace for plan year</p>	<p style="text-align: right;">16</p> <p>1 So, as I mentioned, we have to be ready by 2 the fall of 2023 for open enrollment. So, what 3 this means is that between now and 2023, we will 4 continue to be the entity that oversees the 5 Virginia navigator programs and certifying the 6 qualified health plans. 7 The certification of the qualified health 8 plans is done in concert with the Bureau of 9 Insurance. 10 We will become the entity that provides 11 eligibility and enrollment services, as well as 12 customer services closer to Virginia citizens. 13 We plan to more closely coordinate with 14 other state agencies and programs to help Virginia 15 consumers access and maintain health coverage. 16 This aspect will allow for much more effective 17 customer service, including warm transfers between 18 the Health Benefit Exchange and Medicaid. 19 We will also own, house, and analyze our 20 enrollment data to design tailored customer 21 assistance, marketing and advertising strategies 22 for the Exchange that focus specifically on 23 Virginia consumers. This will be a major 24 improvement to our customer service capabilities 25 currently.</p>

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<p style="text-align: right;">17</p> <p>1 We will also be able to directly handle 2 consumer inquiries and be better equipped to 3 address consumer issues to optimize the consumer 4 shopping experience, which, basically, will allow 5 us to provide better and more tailored customer 6 service to meet the needs of Virginians. 7 Next, please. 8 So, I know it looked a little odd that we 9 had an advisory committee agenda and one of the 10 topics was "Advisory Committee," so we just really 11 wanted to provide a little background on the 12 advisory committee itself. 13 The purpose of the advisory committee is 14 really to advise and provide recommendations to 15 the State Corporation Commission and myself, as 16 Exchange director, to carry out the purposes and 17 duties of the Exchange. The exact code cite is on 18 the slide but that, in essence, is the purpose of 19 the advisory committee. 20 Next slide, please. 21 It is a committee that consists of 15 22 members with up to 10 voting members and 5 23 ex officio nonvoting members. Of the voting 24 members, 5 are nonlegislative citizen members 25 appointed by the governor, and 5 are</p>	<p style="text-align: right;">19</p> <p>1 All of our outreach materials are provided 2 in -- well, I should say, "key outreach 3 materials," are provided in English, Korean, 4 Spanish, and Vietnamese, and they're provided to 5 the assisters for their use in education and 6 enrollment assistance. 7 We have developed an Exchange website and 8 a hotline to provide consumers information and 9 direction to the navigators and assisters, as well 10 as to Healthcare.gov, for shopping purposes. And 11 the actual hotline phone number and the Exchange 12 email address is listed on your screen for you. 13 Okay. Additional little facts and 14 figures, just because, as an accountant, I need to 15 always include some numbers in anything that -- 16 type of speech that I give. 17 We right now have 1,400 agents and brokers 18 and have signed Exchange agreements. We have the 19 two navigator grantee organizations, and between 20 those two, they have 35 navigators. 21 We have 34 certified application counselor 22 designated organizations and innumerable certified 23 application counselors. 24 As of January of 2022, there were over 25 21,000-almost-500 people assisted by the</p>
<p style="text-align: right;">18</p> <p>1 nonlegislative citizen members appointed by the 2 commission. 3 In addition, there are the 5 ex officio 4 members, which represent the Commissioner of 5 Insurance, the Director of Medical Assistance 6 Services, the State Health Commissioner, the 7 Commissioner of Social Services, and the Secretary 8 of Health &amp; Human Services. 9 Next, please. 10 And what we'd like to do now is kind of 11 shift off from sort of the governance and 12 organization of the Exchange to really what I 13 would call a "snapshot" and, also -- a snapshot of 14 the Exchange and open enrollment. 15 So, for the first snapshot, just like to 16 summarize that we have two Virginia navigator 17 organizations, the Virginia Poverty Law Center and 18 the Boat People SOS, who we've worked with quite a 19 bit and provide invaluable services along with the 20 other assisters to consumers in Virginia. 21 The navigators provide outreach efforts to 22 reach target populations and ensure Virginia 23 consumers know where to shop and enroll. They 24 educate consumers about the options, maximized use 25 of assisters, and meet accessibility needs.</p>	<p style="text-align: right;">20</p> <p>1 navigators who held approximately 703 educational 2 and outreach events conducted through January. 3 For plan year 2022, there are 12 insurance 4 carriers that offer plans on the Exchange, and 5 this, we are pleased to say, includes three new 6 carriers for plan year 2022. 7 As a result, there are 156 health plans 8 offered on the individual market on the Exchange. 9 With regard to the dental carriers, we 10 have 8 standalone dental carriers offering plans 11 on the Exchange and 38 standalone dental plans in 12 the individual market. And we are very pleased to 13 say that all of the Virginia counties are covered 14 by plan offerings on the Exchange. 15 All right. Next, please. 16 As a result of all of this great activity 17 by the assisters, I'd like to let you all know 18 that at the end -- as of the end of open 19 enrollment, so that would have been around 20 January 15th, the cumulative plan selections for 21 Virginia were almost 308,000 individuals. 22 This includes -- this represents an 23 18 percent increase from open enrollment plan year 24 2021, which was the previous year, and represents 25 approximately 46,000 additional plan sections.</p>

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<p style="text-align: right;">21</p> <p>1 So, we were very, very pleased to see that number, 2 and if you look at us compared to some of the 3 other states, even while we're still on the 4 federal platform, we are a very active and large 5 marketplace. 6 Okay. Next slide, please. 7 So, these next two slides, you will see a 8 sample of Virginia data that is available on the 9 CMS website regarding open enrollment 2022. I do 10 not plan on reading these slides to you, and I do 11 not plan to include this information in a quiz at 12 the end of this update, but I just wanted to show 13 you this information. 14 Please note that it comes from CMS. It's 15 considered their public use files. We've 16 specifically included a date because information 17 in the public use files gets refined by CMS over 18 time. So, if you see a figure today, you may see 19 a different figure in the future as CMS refines 20 its data. 21 But we have included a hyperlink at the 22 bottom of the web page slide so that you can look 23 around and see the information that you are 24 interested in. 25 MS. MORTLOCK: Victoria, I think there's a</p>	<p style="text-align: right;">23</p> <p>1 level selections in Virginia. 2 And then, also, the third column from the 3 left, the premium column, as you can see, that 4 shows the average premiums per-member/per-month 5 before and after the application of the advanced 6 premium tax credits. So, that is quite a new 7 difference and, so, one of the just highlights. 8 Okay. Whitney, next slide, please. 9 All right. So, enough facts and figures. 10 What I'd like to do for the next few minutes is 11 spend a few minutes talking about -- and what 12 we're doing as far as the transition, a little bit 13 going back and then moving forward. 14 So, regarding recent and near-term 15 activities, well, under research and 16 consultation -- 17 MS. MORTLOCK: Victoria -- 18 MS. SAVOY: Yes. 19 MS. MORTLOCK: -- we have a question from 20 Sabrina. 21 CHAIR CORLETTE: No, I don't have any 22 questions. 23 MS. SAVOY: All right. I think you need 24 to un-raise your hand, Sabrina. There. It 25 doesn't go away on your own. I've learned that</p>
<p style="text-align: right;">22</p> <p>1 question. 2 MS. SAVOY: Oh, yes. 3 CHAIR CORLETTE: Victoria -- no, it's my 4 fault. I should have asked, Victoria. Should 5 people jump in while you're speaking if they have 6 questions or would you prefer that we hold 7 questions until after you're finished? 8 MS. SAVOY: They're welcome to jump in, 9 Sabrina. I'm fine with that. 10 CHAIR CORLETTE: Okay. 11 MS. SAVOY: So, if anyone has a question 12 on anything I've already spoken about, please 13 don't hesitate. 14 CHAIR CORLETTE: Thank you. 15 MS. SAVOY: Sure. 16 Now, this same information that is 17 available for Virginia is also available for other 18 states on the CMS website. 19 So, next page, please. Next slide, 20 rather. 21 So, on this slide, this is again 22 information from the public use files. I would 23 just like to bring your attention to the second 24 column from the left, the plan selections, because 25 that just shows the breakdown of the specific plan</p>	<p style="text-align: right;">24</p> <p>1 from experience. 2 I'm not sure if someone needs to mute 3 their microphone. 4 Regarding research and consultation, just 5 especially for the new members, to let everyone 6 know that through 2021, we spent time speaking 7 with many states to gather their best practices 8 from their successful transitions and also spent a 9 lot of time on doing research with Medicaid 10 coordination, incorporating lessons learned into 11 our transition plan. 12 Not only did we ask the other states about 13 their Medicaid coordination, but we also worked -- 14 we began discussing with DMAS, DSS, and also 15 national experts from state health and value 16 strategies, as well as MNAT, to learn how other 17 states approach their Medicaid and exchange 18 coordination. 19 We spent time with DMAS and DSS learning 20 about their current eligibility and enrollment 21 practices in Virginia so we could thoughtfully 22 approach our coordination to minimize the impact 23 of the state agencies and develop strategies to 24 improve the efficiency of our program and the 25 consumer experience over time. So, this has</p>

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<p>25</p> <p>1 served as one of the key bases for our RFP 2 procurement development. 3 Goodness, I'm getting myself confused 4 here. 5 Some of the examples of lessons learned 6 that we did learn from other states is using a 7 single vendor and then make sure we started simple 8 and built on the functionality in future years, 9 try not to bite off too much at once in the 10 beginning and, also, to make sure that we met 11 early and often with key stakeholders just to keep 12 everyone in the loop and understand what the 13 transition process was all about. 14 So, hopefully, we have started this 15 meetings and we definitely intend to have more of 16 those meetings in the future. 17 With regard to consulting services, we 18 have contracted with Health Management Associates 19 for consulting services based on experience and 20 best practices to support our transition from the 21 federal health platform to the full state-based 22 exchange and then establishing the ongoing 23 functions of the HBE. 24 With regard to marketing -- next slide, 25 Whitney, please -- we have signed a three-year</p>	<p>27</p> <p>1 MS. SAVOY: A gentleman by the name of 2 John Krom, K-r-o-m. 3 MR. LITTEL: Okay. And then, secondly, on 4 the Reingold, and I'm sure everybody else knows 5 this but I don't, what does it mean exactly when 6 you say, "marketing for the unwinding"? 7 MS. SAVOY: Well, what our intention is 8 is, and we do have some slides a little bit later 9 that go into more detail, we're hopeful that as we 10 obtain information from DSS and DMAS regarding who 11 is coming off of Medicaid, that we will be able to 12 get that information and create some targeted 13 marketing to those either individuals or groups 14 who may be eligible for exchange coverage when 15 they're no longer eligible for Medicaid. 16 And I say, "we're hopeful," because not 17 that DMAS and DSS is in any way not willing to 18 give us the information, but it's my understanding 19 that there are some CMS rules and regulations on 20 what can be shared between the Medicaid agencies 21 and the state exchange. 22 So, we're trying to figure out how we can 23 get some information without getting in trouble 24 with CMS. And I see Karen shaking her head in 25 agreement, yes. So -- but that is our plan is</p>
<p>26</p> <p>1 contract with Reingold for marketing services. 2 That was done in December. 3 Some of the initial activities that 4 Reingold will be helping us with include branding, 5 finding that name and logo; marketing for the 6 unwinding of the public health emergency; the 7 current special enrollment period; as well as open 8 enrollment 2023. 9 As far as our branding efforts so far, we 10 are planning a comprehensive statewide approach 11 with focus groups and testing of branding 12 concepts. We do anticipate developing a branding 13 launch and will certainly keep you all apprised of 14 our branding activities as they occur and will 15 definitely update you separately for whatever 16 happens prior to the next advisory committee 17 meeting in June. 18 So, we're excited about the branding. 19 Referring to everything as "Health Benefit 20 Exchange" gets a little lengthy. 21 And I think there's another question. 22 John Littel? 23 MR. LITTEL: Victoria, two things: One, 24 do you know what the contact is at HMA, who the 25 lead is for us?</p>	<p>28</p> <p>1 somehow get information that will help us target 2 those individuals who are no longer eligible for 3 Medicaid but who could be eligible for Exchange 4 coverage. 5 MR. LITTEL: Okay. 6 MS. SAVOY: Does that help? 7 MR. LITTEL: Yep. Yep. Thank you. 8 MS. SAVOY: Sure. 9 Okay. And then, again, going further into 10 the Medicaid exchange coordination, this is an 11 especially important aspect of the Exchange, and 12 we are working closely to make sure that there are 13 no disruptions in the eligibility determination 14 process as Virginia takes over the work that CMS 15 was currently or is currently doing as a 16 determination state. 17 In mid March, the Exchange held a two-day 18 workshop with DMAS and DSS to identify and discuss 19 high level concepts that included the 20 responsibility for identifying shared business 21 processes, delineating the lines of 22 responsibilities between who is doing what as far 23 as Medicaid eligibility going forward, ensuring 24 that we will have smooth handoffs for consumers, 25 where necessary, and also making sure that the</p>

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<p style="text-align: right;">29</p> <p>1 technological integration for account and 2 application transfers works and is identified 3 properly. 4 So, I thought it was an extremely 5 successful two days. I really enjoyed it. 6 Getting able to meet people in person that I've 7 only been able to see through Zoom really, I felt, 8 that was a great plus. 9 And, so, we came away, I think, all 10 feeling energized and agreeing on those high level 11 goals and agreeing that these areas and others, 12 that we are going to work together in the future. 13 This was not the one-and-done type of meeting. 14 This is just the beginning, and that we are going 15 to continue to work to collaborate and make sure 16 that we're not adding to the work of the Medicaid 17 agencies and that the Virginia consumers end up 18 being the real winners at the end. 19 So, let's see. Next slide, please. 20 So, those were, I call, the "midterm 21 activities." So, more forward-looking transition 22 activities include something I know that I get 23 asked about in every single advisory committee 24 meeting and every single place that I go to is, 25 "What about the RFP?"</p>	<p style="text-align: right;">31</p> <p>1 the extra time to make sure that it was a very 2 positive valuable document. 3 So -- but, along with that, I would like 4 to say that when the RFP is released, we will 5 provide an email to the advisory committee so that 6 you all can see it and know that it's real. We 7 will include links to the RFP. I think it should 8 be out there on EVA, but we'll include links, and 9 there will also be a summary document that is 10 posted on the Exchange website. 11 And, of course, once you see all that 12 information, if any of you would like a more 13 in-depth briefing on the RFP, we're happy to 14 provide it, if possible. It's very complicated, 15 involved; there's a lot of documents; but we'll be 16 happy to explain, if needed. 17 Okay. So, what happens after we issue the 18 RFP? 19 MS. HINOJOSA: Victoria? 20 MS. SAVOY: Yes. Yes. Ikeita. 21 MS. HINOJOSA: I don't want to put you on 22 the spot but when you say, "soon," is there a time 23 frame around what you think "soon" is? 24 MS. SAVOY: Well, I have been told that it 25 should be before April. That's probably the best</p>
<p style="text-align: right;">30</p> <p>1 The RFP, it's a request for proposals, 2 and, as you know, for the software platform, and a 3 call center. That is going to be released in the 4 very near future, and I know I've been saying 5 that, but I mean it this time. Procurement has 6 told us that it's pretty close to being ready to 7 go. It will be out soon. 8 Our goal is to leverage proven technology 9 to provide a consistent customer experience with 10 opportunities for future improvements for the 11 citizens of Virginia. 12 And I did want to say, like I said, I feel 13 bad, like I'm a broken record, that I've been 14 saying for a long time that the RFP will be out 15 soon. We held it up. We wanted to get it -- make 16 sure that when it went out, it was complete, 17 accurate, and with hopefully minimal questions 18 that would come back. 19 So, we took longer and the procurement 20 team spent a lot of their time and effort to make 21 sure that it was a very good document. That was 22 one of the things that we did learn from other 23 states is they would say, "Well, we didn't put 24 enough effort into really defining what we wanted 25 in the RFP." So, we listened to that and we took</p>	<p style="text-align: right;">32</p> <p>1 thing I can say. 2 MS. HINOJOSA: Okay. Thanks. 3 MS. SAVOY: Sure. 4 And then following the release of the RFP, 5 we are going to have an evaluation committee and 6 an award. And the evaluation committee, we've got 7 an experienced committee and group of advisors 8 that consists of technology, legal, procurement, 9 as well as subject matter experts across different 10 agencies, so to make sure that we get a well 11 rounded group, valuation group. 12 And then following that evaluation 13 process, we anticipate that we'll be awarding the 14 contract in late summer of this year. 15 Okay. Next slide, please. 16 So, on a parallel track, we are also in 17 the process of completing the CMS blueprint 18 application. This is sort of a big question-and- 19 answer document that we had to complete the first 20 time when we wanted to transition from a full 21 federal marketplace to the state-based exchange on 22 the federal platform. And now that we're going to 23 that next step, we have to complete a new 24 blueprint so that we can transition to becoming a 25 full state-based exchange.</p>

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<p style="text-align: right;">33</p> <p>1 So, it's a document that is filed with 2 CMS. It will be filed in June. And we have on 3 here that we'll be working with CMS to finalize 4 because it is our understanding that, invariably, 5 they have questions and maybe need additional 6 information and, so, it takes a while once the 7 initial document is filed to actually finalize it 8 and receive approval from CMS. 9 All right. Next, Whitney, please. 10 And, of course, last, but certainly not 11 least, we plan to consult stakeholders ranging 12 from DMAS/DSS, other state agencies, consumers, 13 navigators, brokers and agents, insurance 14 carriers, and a host of others over the course of 15 the transition to keep them in the loop and, in 16 the process, providing transparency into the 17 creation of our full state-based exchange. 18 We aim to provide -- proactively provide 19 awareness. We would like to solicit feedback, as 20 well as optimize the transition process to ensure 21 a successful rollout of the system prior to 22 launch. 23 So, this was another key area that we 24 learned from other states is communicate often and 25 really get feedback from your stakeholders. So,</p>	<p style="text-align: right;">35</p> <p>1 finalized. 2 CHAIR CORLETTE: Thank you. 3 MS. SAVOY: Sure. 4 Okay. And next slide, please. 5 And I know a lot of people -- you know, 6 I've talked a lot about what's coming up, but 7 there are people that I know just like to see a 8 timeline and, so, we tried to put together here a 9 timeline of some of our key activities. 10 Basically, a lot of it is the same activities that 11 I've just sort of talked about but in a timeline 12 format. 13 So, I'm not necessarily going to go 14 through all of them because a lot of them are 15 repeat but did want to just point out that this 16 shows you really -- this is the 2022 activities 17 that -- the key activities that the Exchange will 18 be working on. And then this next slide provides 19 the activities for 2023. 20 So -- and as you can see, we gear up to a 21 lot of different activities between now and 22 November 1st of 2023 when we anticipate open 23 enrollment will begin. 24 And, so, the -- Sabrina, you had mentioned 25 the plan date or what we couldn't do. So, if you</p>
<p style="text-align: right;">34</p> <p>1 we really plan to do that. 2 CHAIR CORLETTE: Victoria -- 3 MS. SAVOY: Yes. 4 CHAIR CORLETTE: -- yeah, this is Sabrina. 5 Just going back for a moment to the CMS approval 6 of the blueprint, do you have any -- well, sorry, 7 two-part question: One is do you have any sense 8 of how long it typically takes CMS to approve 9 those blueprints, and then are there certain 10 activities that you sort of can't engage in until 11 you get that approval? 12 MS. SAVOY: Well, definitely the -- I 13 don't know how long the approval process takes. I 14 think it does differ from state to state. I don't 15 think it's automatic. I don't think, like, we'll 16 file this document and we receive automatic 17 approval. I believe there is a period of time of 18 going back and forth. I don't know how long that 19 is. 20 But one key element that I know we cannot 21 do until the blueprint is approved is we can't 22 start working on the data transfers. So, plan 23 data, consumer data, making sure that our links to 24 the federal data hub, things like that, that 25 cannot happen until we have the blueprint</p>	<p style="text-align: right;">36</p> <p>1 see migrating the consumer and plan data from 2 Healthcare.gov, we anticipate beginning in the 3 spring of 2023. And you have -- do you have 4 another question? 5 CHAIR CORLETTE: Sorry. I keep forgetting 6 to put my hand down, but I actually -- I don't 7 mean to monopolize things, but I'm just curious, 8 in your conversations with other states that have 9 gone through this transition, what was their 10 experience with this data transfer from the feds? 11 That just feels like an area where there could be 12 glitches. I'm just curious. 13 MS. SAVOY: I think you're right, yes. We 14 were told to make sure that we start early enough 15 because it probably will have to be tested several 16 times, the connections, and make sure that we have 17 a -- or we have time and the ability to do very 18 detailed reconciliations between what we expect to 19 see and what we actually get. But that could 20 actually take quite a long time. 21 And I think the timing is sometimes -- 22 maybe we don't get the information as timely as we 23 hope from CMS. 24 Okay. All right. Next slide, Whitney, 25 please.</p>

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<p>37</p> <p>1 So, we've talked about it a little bit 2 today, and that's sort of what I call a "current 3 event," that we are working on or keeping an eye 4 out on, I guess is the best way to say it, is the 5 public health emergency. 6 You know that -- many of you have heard 7 about this, and that is the pending unwinding of 8 the public health emergency as it relates to 9 Medicaid enrollment and eligibility 10 determinations. 11 Basically, for a brief recap, when the 12 federal government ends the public health 13 emergency, states will be tasked with performing 14 Medicaid redeterminations after a two-year hiatus. 15 So, individuals who are no longer Medicaid 16 eligible will need to seek coverage options, and 17 it's entirely possible that state exchanges will 18 be able to play a key role for many individuals 19 who will no longer be able to have Medicaid 20 coverage. 21 If you all recall that in our July meeting 22 last year, Virginia Medicaid did provide an 23 overview of the unwinding of their process and how 24 it is expected to impact individuals who will be 25 determined to be no longer eligible for Medicaid.</p>	<p>39</p> <p>1 because it's a qualifying life event. They've 2 lost their Medicaid coverage. 3 So, just to remind you, at this point in 4 time, if the public health emergency begins the 5 unwinding process in July of 2022, Virginia will 6 still be a state-based exchange on the federal 7 platform and, so, the eligibility enrollment for 8 any individual who does switch over and becomes an 9 Exchange consumer will occur on Healthcare.gov. 10 So, that will happen until we become a full 11 state-based exchange in 2024. 12 But, as I mentioned, we are working 13 closely with Medicaid and DMAS and trying to see 14 if there's some data that we can obtain that will 15 facilitate our development of targeted outreach to 16 those individuals who could be losing insurance as 17 a result of the unwinding and be eligible for the 18 marketplace. 19 Okay. Now, to switch gears entirely, I'd 20 like to give you some policy and legislative 21 updates. I'm going to start with state updates. 22 So, for those of you who do not have the Virginia 23 General Assembly timelines memorized, we've 24 included the dates associated with the 2022 25 session on this slide. I am not going to read</p>
<p>38</p> <p>1 That's a mouthful. 2 And we are working very closely with DMAS 3 and DSS to make sure that we know what their 4 processes are, their timing is, so that we will be 5 ready and can coordinate as best we can. 6 We have heard from CMS that they indicate 7 that the public health emergency will be extended 8 again until approximately mid-July. So, once that 9 mid-July date, or if it's extended further, but 10 once the end of the public health emergency is 11 declared, states will have 14 months to conduct 12 the unwinding and the redetermination. 13 So, we expect, based on estimates that we 14 have received or conversations we've had with DMAS 15 and DSS, we expect that there will be 16 approximately 65,000 to 75,000 Virginia consumers 17 who will lose Medicaid coverage but may be 18 eligible for subsidized plans on the marketplace. 19 Next slide, please. 20 And because this redeterminations are 21 occurring over a 12-month period, what this means 22 is that the Exchange can expect to see about 5,000 23 to 6,000 consumers each month who would be 24 eligible for a special enrollment period. And 25 they have that as a special enrollment period</p>	<p>40</p> <p>1 them. 2 However, the fourth bullet on this page is 3 what I'd like to bring to your attention, and that 4 is legislation that impacted the Exchange. We 5 really only had one bill, it was a House bill/ 6 Senate bill sort of combination, that which 7 requires the Exchange to prepare an annual 8 marketing plan to include navigators and agents 9 and brokers. 10 So, really this codifies existing practice 11 and is something that we will be doing anyway, and 12 it just puts it into the statute. 13 There is also a Virginia benchmark plan 14 study which the Bureau of Insurance will be 15 leading, but the Exchange will be participating in 16 this study. I believe that the bureau may be 17 touching on this in their presentation later 18 today. 19 And I also wanted to just mention that we 20 continue to monitor the budget developments for 21 the inclusion of funding to support the 22 reinsurance, the 1332 reinsurance waiver with CMS, 23 because of the potential impact on premiums as 24 they affect the exchange. 25 Okay. Next slide, please, Whitney.</p>

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<p style="text-align: right;">41</p> <p>1 In regard to federal updates, again, I 2 mentioned there is a special enroll -- another 3 special enrollment period, in addition to the one 4 for the public health unwinding. This is for 5 individuals who are under the 150 percent of 6 federal poverty level. The last day for signing 7 up for this is November 30th for December 8 coverage. And eligibility consumers, if they 9 want, they can use this special enrollment period 10 to change plans in addition to obtaining 11 insurance. 12 You've probably heard a lot about the ARPA 13 subsidies, and we are continuing to monitor those 14 and whether they will continue or if they will end 15 at the end of 2022. Current law, federal law, has 16 them ending as of the end of 2022, so -- and we're 17 watching that very closely along with the other 18 states with exchanges. 19 And, also, there is a proposed rule in the 20 review process regarding the family glitch that 21 will modify the standard of affordability to 22 include whole families in the APTC eligibility, 23 where it is not currently. 24 Okay. Next slide, please. 25 And just really quick, and I apologize</p>	<p style="text-align: right;">43</p> <p>1 or, "Here's another." 2 So, what we thought we would do is we've 3 provided a written response so that there's the 4 recommendation and then our response right 5 underneath it. And I believe you either have 6 received that or you will receive it very shortly 7 after this meeting, and we will also post it on 8 the website. 9 If anyone has questions regarding the 10 responses that we have provided, we are happy to, 11 you know, have further discussions on them, but I 12 did want to thank you all for that. It was very 13 helpful and it was -- if nothing else, to 14 recognize that a lot of what you had -- was 15 suggested in the recommendations were things that 16 we were considering. I was like, "Okay. Then 17 that's a good idea if the advisory committee also 18 agrees." So, appreciate that. 19 And we look forward to any future 20 subcommittees and working with any future 21 subcommittees that the advisory committee 22 determines are appropriate, and we are happy to 23 facilitate any of those as we can. 24 And like I said, I've spoken for a long 25 time. I'm not even sure how long I've spoken now,</p>
<p style="text-align: right;">42</p> <p>1 that this is the last item on the list and, 2 probably looking back, I probably should have 3 included it earlier, but I would like to turn 4 attention to the advisory subcommittee 5 recommendations. 6 For those of you who are new, at the 7 last -- so, our October advisory committee 8 meeting, the consumer assistance subcommittee 9 provided a report with recommendations pertaining 10 to consumer assistance and navigator programs. 11 And I will say it was very encouraging 12 that the advisory committee recommendations around 13 information sharing and the outreach education 14 accessibility and measuring impact, they do align 15 with our existing practices or our plans for 16 future activities and also the details that were 17 provided on examples of how to operationalize the 18 strategy. So, we really appreciate the fact 19 that the advisory committee was so involved. And 20 it's good to see that our two focuses do align. 21 There were a number -- if you recall, 22 there were a number of recommendations, and I've 23 spoken for a long time today, so, for the sake of 24 time, and I don't want to pick and choose any of 25 the recommendations and just say, "Here's one,"</p>	<p style="text-align: right;">44</p> <p>1 I just know it's a long time, so I apologize. And 2 I think the next agenda item is the Bureau of 3 Insurance updates. So, what I'm going to do is 4 turn it over to Sabrina now and let you go from 5 here. 6 CHAIR CORLETTE: Thank you, Victoria, and 7 you should definitely not apologize. That was an 8 incredible amount of material, very ably 9 presented, and we really, really appreciate all 10 the incredible hard work that you guys are doing. 11 Before we leave Victoria, though, I just 12 want to ask my fellow advisory committee members, 13 is there anybody who has questions that they 14 didn't get to ask during the presentation or that 15 they'd like to ask? 16 Okay. Oh, Ikeita, please, go ahead. 17 You're on mute. Ikeita, you're on mute. 18 MS. HINOJOSA: Oh. First of all, I just 19 want to say, "Thank you." That was really, really 20 great information. 21 Going back to the slide that had the 22 timeline laid out, I just want to encourage you to 23 think about building in some time for what, when I 24 was back at the D.C. Health Benefit Exchange 25 Authority, we called "sandbox testing," but I'm</p>

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<p style="text-align: right;">45</p> <p>1 sure, in the field, it's called all kinds of 2 different things, but just a partnership between 3 the IT folks and the experienced system users to 4 really test out the glitches. 5 So, for example, I know that on the slide, 6 there was the build-in of, you know, 7 the assisters, navigators, brokers, you know, all 8 of that, to get trained up and certified and all 9 of that. But once they know how to use the 10 system, right, they're going to go use the system. 11 Nothing is perfect, so they're going to use the 12 system; they're going to experience some problems, 13 some issues with the system, all of that. 14 And, so, just building in time to have the 15 partnership with IT, so, as IT is experiencing the 16 glitches on the back end, the experienced system 17 users will be out in the field working with our 18 consumers and experiencing the system glitches on 19 the front end. 20 And what's helpful is to do the, you know, 21 sandbox user testing to bring those experienced 22 folks on the ground back in, partner them with the 23 IT folks, and say, "Hey, you really use the system 24 day in/day out, so let's bring you back in. What 25 are you seeing? What are you experiencing?"</p>	<p style="text-align: right;">47</p> <p>1 probably work with other systems and can help say, 2 "Oh, this works well here," or, "This really -- 3 you know, this is bad." 4 So, I like that idea, and I know we 5 have -- any time we've asked for input from our 6 assister groups, they've been more than happy to 7 provide it. And, so, this would be a good way to 8 keep them in the loop and train them and, like you 9 said, work through the glitches. So, thank you 10 for suggesting that. That's a great idea. 11 CHAIR CORLETTE: Great. Thank you, 12 Ikeita. 13 And we have a question from Lee and then 14 another question from Starla. So, let's start 15 with Lee. 16 MR. BIEDRYCKI: Thank you. I would like 17 to piggyback on what Ikeita said, in that it is 18 very important to remember that the rate filing 19 and plan design deadlines are going to extend past 20 the August time frame. Usually we don't see the 21 very last changes to the carrier rates and plans, 22 I think, until the very end of summer. And many 23 times in prior years, the application and 24 calculation of subsidy relative to the filed plans 25 ends up being a sometimes problematic algorithm.</p>
<p style="text-align: right;">46</p> <p>1 What's this like? Let's try this out on you. You 2 know, tell us what's really going on with the 3 website." 4 And then we found that that was really, 5 really helpful to, you know, work out those 6 glitches, you know, in a quicker, more efficient 7 way than having, like, the IT people just 8 troubleshoot in a vacuum. 9 And it really helped the assisters really 10 feel very seen and heard in a way that they knew 11 that their real world experience was being acted 12 upon, you know, realtime. 13 So, just building that kind of into the 14 timeline because we know there will be glitches is 15 something that is helpful. 16 MS. SAVOY: Thank you. Thank you for 17 that. I know our chief IT program manager has 18 been very serious about having a lot of time 19 for testing, and I'm sure she would like your 20 idea. And I'm going to pass that on to her to 21 make sure that she, you know, gets that idea from 22 you. 23 I think that's an excellent idea because 24 the navigators and other assisters, you're right, 25 they work with the consumers, and they also</p>	<p style="text-align: right;">48</p> <p>1 So, it is one thing to test in the summer, 2 but it is also important to remember that the 3 final rates will not be available until very close 4 proximity to open enrollment beginning. 5 MS. SAVOY: Thank you for that. And I 6 know we are working closely with the Bureau of 7 Insurance Life and Health, and they have -- 8 they're not shy about letting us know, to keep us 9 on track, and make sure that we don't -- we don't 10 set unreasonable deadlines. But I'll make sure 11 that this is an area that we specifically include 12 in our transition calendar and that we know we 13 have -- that there could be final rates, maybe, 14 that come in late. So, thank you for that. 15 CHAIR CORLETTE: Yeah, that's a really 16 good point, Lee. 17 I think we have Starla next, and then I 18 just saw that Doug raised his hand. 19 So, Starla, would you go ahead. 20 MS. KISER: Yeah. Thank you, Victoria. 21 That was a very meaty presentation. I just have a 22 quick clarifying question. 23 On the comment where you talked about the 24 public health emergency ending and, you know, 60 25 to 70,000 patients that would be losing Medicaid</p>

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<p style="text-align: right;">49</p> <p>1 coverage, and then Virginia, I guess, the state 2 would have a year to unwinding folks. What does 3 that mean practically? How is that going to 4 happen, I guess, practically? Is it a gradual 5 thing or what is that going to look like? 6 MS. SAVOY: Well, to be honest, we're sort 7 of at the back end of the process. I know DMAS 8 and DSS are working very diligently to come up 9 with the sort of front end process of how those 10 individuals will be -- are all of the individuals 11 that are redetermined, which I believe in Virginia 12 Medicaid is almost up to 2 million individuals -- 13 so, of those 2 million individuals who are 14 currently on Medicaid, within 12 to 14 months, 15 every single person will be redetermined whether 16 or not they're eligible for Medicaid. 17 Some may be determined that they're no 18 longer eligible for Medicaid but they're eligible 19 for Medicare or they have -- they now have 20 employer insurance, but we anticipate from that 21 process that there will be 65,000 to about 70,000 22 that -- individuals that are no longer eligible 23 for Medicaid that could be eligible for the 24 Exchange. 25 And because that unwinding process in the</p>	<p style="text-align: right;">51</p> <p>1 they are eligible for the marketplace? Is 2 that how it works? 3 MS. SAVOY: To be honest, Sabrina, I'd 4 have to go back and double-check that. I thought 5 I had heard in a recent CMS webinar that CMS and 6 Healthcare.gov was going to request new 7 applications. So, they were not going to accept 8 information just transferred from a state Medicaid 9 agency; that the consumer would get a notification 10 with either a link or a telephone number to start 11 a new application process themselves. 12 But I could be wrong, but I think that's 13 what I heard, but I don't think it's an automatic 14 transfer of individuals from Medicaid to 15 Healthcare.gov at this point in time. 16 CHAIR CORLETTE: Okay. Thank you. 17 And then I think Doug had a question. 18 MR. GRAY: I do. I was wondering where 19 the estimate came from. If we have 2 million 20 people and you're estimating 65-70,000, that's 6 21 to 7 percent, which is a pretty low percentage of 22 the 2 million losing eligibility. 23 MS. SAVOY: To be -- I don't recall how we 24 came up with that number, but it is based on a 25 percentage that the other -- all of the state</p>
<p style="text-align: right;">50</p> <p>1 redetermination process is taking 12 to 14 months, 2 we anticipate, just basic math, 65,000 to 75,000 3 spread over 12 months, we're looking at 5,000 to 4 6,000 individuals per month once that public 5 health emergency, basically, is considered ending. 6 So, it's considered ending and then the 7 redetermination process is, I think, considering 8 kind of like the unwinding. I may not have all 9 the terminology exactly correct. 10 But we are working closely with DMAS and 11 DSS and, so, as they get better estimates for the 12 numbers, we -- our estimates may also change 13 because we're working so closely together. 14 Does that answer your question? 15 MS. KISER: Yes, it does. Yes. Thank 16 you. 17 CHAIR CORLETTE: And just a quick 18 follow-up on just the logistics of that, Victoria, 19 but am I correct that if somebody is determined 20 ineligible for Medicaid, Medicaid essentially 21 sends to -- in our case, it would be 22 Healthcare.gov, kind of that their account, and 23 Healthcare.gov would look at that person's 24 information and invite them to submit an 25 application to the marketplace if they look like</p>	<p style="text-align: right;">52</p> <p>1 exchanges have sort of gotten together and said, 2 "This looks like a reasonable percentage." So, 3 it's not just something we came up with on our own 4 but, to be honest, right now I can't tell you 5 exactly where that percent -- how we came to that 6 number, but it was math based on what information 7 that we've gotten for marketplaces as a whole 8 across the United States. 9 MR. GRAY: Just curious because I've heard 10 folks say 10 to 20 percent is the possible range, 11 with 20 being on the up side, which is more 12 like -- it's a lot bigger number. So, I mean 13 that -- I mean it's pretty scary when you think 14 about our limited resources and being able to help 15 somebody file a new application. 16 I mean we really don't have the resources, 17 nor does Cover Virginia have the resources, and, 18 you know, it's really -- Medicaid is going to have 19 to redetermine these folks each month based on the 20 ones that are the furthest back, and they're going 21 to be limited to one-ninth of their total -- of 22 the total workload, including the regular 23 redeterminations, not just the ones that have not 24 been done because of the emergency. 25 So, that's why the guidance has been</p>

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<p style="text-align: right;">53</p> <p>1 changing. It started at 10 months, and then it 2 was 12, and then it was 14. And, so, that's the 3 challenge. I mean we could have a really large 4 volume going through, and if they're going to 5 stick to their one-ninth rule, the other way out 6 of it is for it to take more months. Right? And, 7 so, this very well could run into the beginning of 8 the Exchange. And, so, that's just something to 9 be aware of.</p> <p>10 There is some guidance out there that may 11 permit when to have a QHP to reach out to people 12 who are no longer eligible for their Medicaid plan 13 and educate them about the QHP and help them 14 enroll. And that's in a new guidance document 15 that came out a few weeks ago from CMS.</p> <p>16 So, there's a potential opportunity there 17 to help deal with this large group and try to have 18 continuity of care going forward.</p> <p>19 So, anyway, just something I wanted to 20 share. And thank you for all the information. I 21 mean it would be great if it was 7 percent.</p> <p>22 CHAIR CORLETTE: Victoria?</p> <p>23 MS. KIMSEY: Hi. This is Karen Kimsey. 24 We do agree, and the board will be working with 25 you all new members, and we know where you all</p>	<p style="text-align: right;">55</p> <p>1 this point. So, we'll have more finite numbers 2 for all of us to work on very soon.</p> <p>3 CHAIR CORLETTE: All right. Thank you. 4 And I just saw that Jennifer Krupp has her hand 5 up.</p> <p>6 Jennifer?</p> <p>7 MS. KRUPP: Hi there. Now I'm distracted 8 about trying to turn off my hand. But I just 9 wanted to provide a little bit of clarification 10 for the 65 to 70,000 members.</p> <p>11 One thing that we do want to stress is 12 that those are estimates of consumers that would 13 be redetermined ineligible for Medicaid; however, 14 they may qualify for subsidized coverage on the 15 Exchange. So, it is not the total redetermination 16 number, just to clarify any differences in the 17 numbers. But we do recognize that those numbers 18 may have grown a bit based off of our initial 19 estimates.</p> <p>20 But that 20 percent of consumers are based 21 off of national projections and averages that we 22 have obtained through our relationship with the 23 National Association of State Health and Policy, 24 so that's where the 20 percent estimation of 25 consumers who have lost Medicaid coverage that may</p>
<p style="text-align: right;">54</p> <p>1 came up with, and it could be as high as 2 20 percent of people could be ineligible. And 3 we'll work with you on the numbers and work 4 through it.</p> <p>5 And, Doug, we hear your points. Well 6 addressed. We're working very closely with the 7 secretary and Commissioner Avula and others to 8 make sure that we do have resources in place to 9 complete the necessary determinations during the 10 window allotted by CMS.</p> <p>11 And, so, it's not just those who may be 12 rendered ineligible, it's a forward determination 13 process for everybody.</p> <p>14 So, we will work on that and make sure 15 that the team here has the numbers that they need, 16 and we'll be in concert with that.</p> <p>17 Sabrina?</p> <p>18 MS. SAVOY: Right, it's my understanding 19 that we have exchange staff that are meeting on a 20 routine basis with DMAS and DSS, so that as they, 21 DMAS and DSS, get their plans more fine tuned, 22 that then we have that same information, as well. 23 So --</p> <p>24 MS. KIMSEY: Yes, thank you for sharing 25 the numbers, and we're just relating it through at</p>	<p style="text-align: right;">56</p> <p>1 potentially be eligible for Medicaid -- or 2 coverage on the Exchange has come from.</p> <p>3 CHAIR CORLETTE: Great. Thank you, 4 Jennifer. And just to clarify one more thing, is 5 that with the enhanced American Rescue Plan 6 premium tax credits or without?</p> <p>7 MS. KRUPP: At this time, there hasn't 8 been any differentiation related to the tax 9 credits that were increased through the American 10 Rescue Plan. So, depending on when the 11 redeterminations actually start, so if they do 12 start in July, as they are expected right now, 13 then any consumers that came onto the marketplace 14 and applied for coverage and obtained coverage 15 subsidies through the end of 2022 would receive 16 those enhanced subsidies. But depending on where 17 things go later this hearing, if those subsidies 18 will be extended, it shall be soon.</p> <p>19 CHAIR CORLETTE: Right, the known 20 unknowns.</p> <p>21 I think I heard somebody trying to speak, 22 so I didn't mean to interrupt. Did somebody else 23 want to say something?</p> <p>24 Okay. Any other questions for Victoria?</p> <p>25 Okay. Great. Well, hearing none, I want</p>

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<p style="text-align: right;">57</p> <p>1 to just give a huge thanks to Victoria for a great 2 comprehensive presentation. 3 We thought -- we've now been at this for 4 almost an hour and 15 minutes, and we thought we 5 would just take a very quick five-minute break so 6 that if somebody wants to go grab a glass of water 7 or hit the loo, they can do that. We would just 8 ask that you come back, let's say, by 2:20 East 9 Coast time and we will hear a very important 10 presentation from the Bureau of Insurance and then 11 address some other important topics for the 12 committee. 13 So, if folks could rejoin us at 2:20, 14 we're going to take a short break. Thank you. 15 (A recess was taken.) 16 CHAIR CORLETTE: Well, being a big 17 insurance nerd, I am super-excited to hear from 18 our next speakers, David and Van, from the Bureau 19 of Insurance. Why don't you guys take it away. 20 MR. SHEA: Well, thanks, Sabrina. And we 21 don't think insurance is nerdy at all. We think 22 it's pretty cool. But thanks for having me here. 23 I won't take a huge amount of time. We 24 got a question about the impact of the ARPA 25 subsidies on premiums, and in order to answer that</p>	<p style="text-align: right;">59</p> <p>1 upper left-hand corner of this slide -- let's 2 focus on numbers that include -- that say, 3 "20 percent scenario," because, like I said, we're 4 pretty hopeful that a reinsurance program will -- 5 1332 waiver will get approved in time for carriers 6 to adjust their rates for reinsurance for 2023. 7 So, if you look at the second bar from the 8 left, you see the light blue, that's subsidized 9 enrollees of 206,000. Going all the way to the 10 right, that number increases to 253,000. That's 11 almost a 30 percent increase in the number of 12 folks who are eligible and receive advanced 13 premium tax credits. 14 When it gets down to the premiums on a 15 per-member/per-month, those numbers are down 16 below, and there's really not much change on a 17 per-member/per-month with respect to the average 18 premium or with respect to the advanced premium 19 tax credits on a per-member/per-month basis. 20 In fact, the subsidized premium actually 21 goes down -- up a little bit because you're 22 bringing in folks who never received the subsidy. 23 Those are the 400 percent above FPL. Well, now, 24 they, under ARPA, they get a little bit of a 25 subsidy, so they actually drop the</p>
<p style="text-align: right;">58</p> <p>1 question, I borrowed a couple of slides from a 2 presentation that Oliver Wyman has done to model 3 the impact of, fingers crossed, our 2023 4 reinsurance program. 5 And within that fairly lengthy and 6 technical slide deck, there were a couple where 7 they looked at the difference between the 8 existence of ARPA and no ARPA. And, so, like I 9 said, I've looked at a couple of those to help 10 facilitate answering the question and certainly 11 will answer any other questions that folks may 12 have. 13 Next slide, please. 14 So, I guess, bottom line, the biggest 15 impact that ARPA has had on the individual market 16 is the increased enrollment by the increased 17 number of people who qualify for subsidies. 18 As you heard Victoria mention during her 19 presentation that there was an 18 percent increase 20 in Exchange enrollment from last year, and while 21 we don't know precisely, we're pretty sure that a 22 good amount of that was driven but the increased 23 subsidies provided by ARPA. 24 So, the enrollment is where you get the 25 biggest impact and, in fact, you can see at the</p>	<p style="text-align: right;">60</p> <p>1 per-member/per-month number down a bit. 2 So, again, the takeaway here is ARPA has 3 contributed quite a bit to increased enrollment 4 with respect to what carriers will be filing. 5 Coincidentally, we had our annual 6 teleconference with carriers this morning that we 7 do to -- as a preparation for the upcoming ACA 8 rate filing season. And one of the things we 9 directed the carriers to do in their rate filings 10 is, based on the way the law currently stands, 11 ARPA subsidies will go away at the end of 2022, so 12 we directed them to assume that there will be no 13 ARPA subsidies in 2023. 14 We are hopeful that there will be 15 something definitive on that, but we know how 16 last-minute some of those things happen. 17 And someone mentioned the timing of rate 18 filings, and since we are still connected to 19 Healthcare.gov, our rate -- what I call the 20 "pencils down" date for us is driven by CMS, and 21 that's been historically mid to near the end of 22 August, which is when we have to make sure 23 everything is done and sent away. 24 Now, you know, on the -- there's a bright 25 side that, once we transition to a state</p>

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<p>61</p> <p>1 marketplace, it could be that the rate filing 2 deadline could be extended a bit. You know, we 3 won't be dealing with 38 different states sending 4 us Excel files to load Healthcare.gov; we'll be 5 dealing with one exchange and a limited number of 6 carriers.</p> <p>7 So, anyway, I just wanted to put that 8 little plug out there, that once we get to a state 9 exchange, we might have a little bit more leeway 10 in how long we can keep a deadline out there.</p> <p>11 So, this is the one slide that really kind 12 of answers the question about an ARPA impact.</p> <p>13 If you can flip to the next slide, just 14 wanted to put this number in front of you. And 15 this is the cost to the commonwealth of our 16 reinsurance program.</p> <p>17 And, basically, what they did was they 18 modeled it with ARPA subsidies and without ARPA 19 subsidies because it has a dramatic impact on how 20 much the reinsurance program will cost the 21 commonwealth.</p> <p>22 The two big numbers to focus on are at the 23 very bottom. All the way to the right, the cost 24 with ARPA subsidies for the reinsurance program in 25 2023 will be about 20 million. Realistically,</p>	<p>63</p> <p>1 CHAIR CORLETTE: -- the reinsurance 2 program? Sorry. So, in other words, it looks 3 like Virginia's reinsurance program provides sort 4 of an insulating effect with respect to a 5 potential enrollment decline. Is that --</p> <p>6 MR. SHEA: Yeah, well, as you can see 7 in -- without ARPA, the numbers down below on the 8 left, you've got total ACA enrollees. They 9 increase about, you know, 12,000 with reinsurance 10 because what you're doing there is that 20 percent 11 really gets felt more for people who don't get 12 subsidies. And that's a direct 20 percent savings 13 for those folks. And, so, you bring in a few more 14 of those.</p> <p>15 However, when you get into an ARPA world, 16 you've -- the numbers you're bringing in that are 17 subsidized overwhelms the extra numbers you bring 18 in with reinsurance.</p> <p>19 And you can see in either case, the ARPA 20 enrollment numbers are much greater than the 21 non-ARPA numbers.</p> <p>22 CHAIR CORLETTE: Okay.</p> <p>23 MR. SHEA: But the good news is we're 24 hoping that we get about a maybe 5 percent bump or 25 so in total enrollment if we get -- with our</p>
<p>62</p> <p>1 without ARPA subsidies, that number will go up to 2 85 million.</p> <p>3 These are numbers that folks have seen 4 before, but it just goes to show the dramatic 5 impact. And the reason is you get a lot more 6 savings because you're bringing in more people and 7 you get a lot more dollar savings on the advanced 8 premium tax credit and, so, that drops down the 9 cost to the commonwealth of the insurance program.</p> <p>10 Anyway, again, not directly associated 11 with the question, but, again, shows you another 12 way that ARPA impacts. On the marketplace, it's 13 enrollment. For the commonwealth, its presence 14 could save a lot of money but, realistically, 15 we're probably looking at a no-ARPA world.</p> <p>16 And that kind of answered -- I mean 17 that's as much as I wanted to say for now, but I 18 will certainly entertain questions.</p> <p>19 CHAIR CORLETTE: Yeah, I have a question. 20 For the previous slide, if I read it correctly, it 21 sounds like you said the biggest impact is on that 22 subsidized enrollment, but it looks like the 23 overall enrollment, it's modestly less in the 24 non-ARPA scenario. Is that because of --</p> <p>25 MR. SHEA: Yeah.</p>	<p>64</p> <p>1 reinsurance program.</p> <p>2 CHAIR CORLETTE: Got it. Okay. Thank 3 you.</p> <p>4 MR. SHEA: Uh-huh. Okay. If there are no 5 more questions, I will pass it along to Van 6 Tompkins.</p> <p>7 MS. TOMPKINS: Thank you, David. 8 I'm glad to be with you today, and I was 9 asked to discuss the potential study that the 10 Bureau of Insurance anticipates having to look at 11 its -- Virginia's benchmark plan and possible 12 options -- analyzing possible options for the 13 benchmark plan going forward.</p> <p>14 Excuse me. This is Alfie who's helping me 15 with my presentation.</p> <p>16 We don't have the final budget language 17 yet, but we are assuming that we're going to be 18 called on to do this project. And, generally, 19 what we have discussed is putting together a work 20 group, and we will -- an SCC work group. We will 21 include a member from the Exchange staff for 22 certain because any, you know, change to the 23 Virginia's benchmark plan is going to have impact 24 potentially on Exchange premiums and certainly on 25 the plans who have to, you know, follow the EHB</p>

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<p>65</p> <p>1 requirements.</p> <p>2 But, basically, what we would plan to do</p> <p>3 is have one of our consulting actuaries review the</p> <p>4 current benchmark plan, get familiar with what the</p> <p>5 benefits are, and then look at the changes that</p> <p>6 other states have made in recent years that have</p> <p>7 been accepted by CMS.</p> <p>8 And then out of that analysis, they're</p> <p>9 going to report -- provide a report that would</p> <p>10 walk through the various options. And we're going</p> <p>11 to definitely ask that -- oh, good grief. Come</p> <p>12 here, baby. Sorry.</p> <p>13 We're going to also ask to consider</p> <p>14 proposed mandates that the General Assembly's</p> <p>15 looked at in the last few years, including hearing</p> <p>16 aids and infertility treatments. These are</p> <p>17 mandate -- proposed mandates that come up year</p> <p>18 after year. So, we want to see what other states</p> <p>19 have out there, as well.</p> <p>20 If the budget does not, for some reason,</p> <p>21 end up calling for a review of the benchmark plan,</p> <p>22 we actually think that we might possibly go ahead</p> <p>23 and do a study like this to kind of look at what</p> <p>24 other states have done with their plans in recent</p> <p>25 years because we have our federal grant funding</p>	<p>67</p> <p>1 so that if we were to do the study, if we were to</p> <p>2 seek this approval for May of 2023, that would be</p> <p>3 for the plan year of 2025, assuming it was</p> <p>4 approved.</p> <p>5 CHAIR CORLETTE: Okay. Thank you, Van.</p> <p>6 Any other advisory committee members have</p> <p>7 questions for Van?</p> <p>8 Doug?</p> <p>9 MR. GRAY: I shared a link to the CMS</p> <p>10 regs, and they're really rather rigid and</p> <p>11 structured about the timeline and how it goes.</p> <p>12 So, they're definitely worth looking at if you're</p> <p>13 trying to get your hands around the process and</p> <p>14 why it takes so long.</p> <p>15 CHAIR CORLETTE: Thank you, Doug. That's</p> <p>16 great.</p> <p>17 All right. Last chance for questions for</p> <p>18 our bureau friends.</p> <p>19 Looks like we have Lee.</p> <p>20 MR. BIEDRYCKI: Yes, ma'am. Thank you.</p> <p>21 So, as we're looking at this essential</p> <p>22 health benefit, my understanding, my understanding</p> <p>23 is that if the commonwealth changes or adds to any</p> <p>24 of the existing 10 minimal essential benefits,</p> <p>25 then the state's budget is going to be responsible</p>
<p>66</p> <p>1 for our market stabilization grant, and a project</p> <p>2 like this where you would look at Virginia's</p> <p>3 existing benchmark plan is certainly the kind of</p> <p>4 project that would be acceptable for use from</p> <p>5 these funds.</p> <p>6 So, that's about all I can tell you right</p> <p>7 now. We know April 4th, they will start looking</p> <p>8 at the budget again. So, obviously, this is</p> <p>9 subject to change based on anything that the</p> <p>10 language of the budget study would specify that we</p> <p>11 need to do.</p> <p>12 But that is our general plan and about as</p> <p>13 much as I can tell you right now, but I am happy</p> <p>14 to answer any questions that committee members may</p> <p>15 have.</p> <p>16 CHAIR CORLETTE: Thank you, Van. I do</p> <p>17 have a question.</p> <p>18 So, I just hope that you can remind me of</p> <p>19 the timeline. I think the state submissions for</p> <p>20 changes to their benchmark plans are due in May,</p> <p>21 and then it's like -- is it like a two-year --</p> <p>22 MS. TOMPKINS: That's exactly correct,</p> <p>23 Sabrina. It's a two-year process that would begin</p> <p>24 with the state determining what it's proposing to</p> <p>25 do, and that has to be done by May of a given year</p>	<p>68</p> <p>1 for the offset on that. Is that correct?</p> <p>2 MS. TOMPKINS: Yes. Yes.</p> <p>3 MR. BIEDRYCKI: So, this study --</p> <p>4 MS. TOMPKINS: Unless we -- unless we</p> <p>5 adopt -- and Julie Bataille, help me with this if</p> <p>6 I get this wrong.</p> <p>7 If we adopt a new Virginia benchmark plan</p> <p>8 that were to include, for example, hearing aids,</p> <p>9 then if the state were to pass legislation</p> <p>10 requiring hearing aids at the level of the</p> <p>11 benchmark plan, there would be no state defrayal</p> <p>12 of cost.</p> <p>13 Did I get that right, Julie?</p> <p>14 MS. BATAILLE: Basically, it is, you know,</p> <p>15 any state mandated benefit that's passed after</p> <p>16 2011, even if we're changing the benchmark plan,</p> <p>17 if that was a state mandate passed after 2011,</p> <p>18 that's going to be considered a non-EHB or in</p> <p>19 addition to EHB.</p> <p>20 So, what we would have to do if we</p> <p>21 included something -- if we wanted to include, you</p> <p>22 know, a mandate that may have been passed later,</p> <p>23 if we want to clear the benchmark plan, what we</p> <p>24 would have to do is repeal that state mandate if</p> <p>25 we didn't want those costs to have to be defrayed</p>

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<p style="text-align: right;">69</p> <p>1 by the state.</p> <p>2 CHAIR CORLETTE: There are some states</p> <p>3 that have added benefits to the benchmark plan.</p> <p>4 We won't need to go into it here. And I'm sure,</p> <p>5 Julie and Van, you're already well familiar with</p> <p>6 the framework. As long as you can show that, in</p> <p>7 total, the actuarial value of the plan is no</p> <p>8 greater than one of the existing benchmark options</p> <p>9 for the state. So, we don't need to go into -- I</p> <p>10 think probably all of this will be addressed in</p> <p>11 the work group that you convene.</p> <p>12 I see a question from Ikeita.</p> <p>13 MS. HINOJOSA: Yeah. So, Lee kind of</p> <p>14 addressed it. I was just asking about -- I was</p> <p>15 going to ask about the budget and if we needed to</p> <p>16 show how we're paying for it if we're adding to.</p> <p>17 So, my other question was just in terms of</p> <p>18 the work group, how the membership of the work</p> <p>19 group is comprised. I know that it was mentioned</p> <p>20 that one member was going to be from the Exchange</p> <p>21 staff, but who are the other members of the work</p> <p>22 group, please?</p> <p>23 MS. TOMPKINS: We would be controlled by</p> <p>24 whatever the budget language is. If it's</p> <p>25 specified -- you know, if it specifies who's to be</p>	<p style="text-align: right;">71</p> <p>1 bureau friends?</p> <p>2 Okay. Well, big thanks to David, Van,</p> <p>3 Julie. Really appreciate all your work, and we</p> <p>4 look forward to hearing more about the BHP work,</p> <p>5 as well as other market stabilization tasks that</p> <p>6 you are working on.</p> <p>7 I think we can move forward then on the</p> <p>8 piece of the agenda. This is really now our</p> <p>9 chance as advisory committee members, sort of an</p> <p>10 open forum, to talk about timely and relevant</p> <p>11 issues for the Exchange.</p> <p>12 Prior to our meeting, I had asked folks if</p> <p>13 there was anything in particular they wanted to</p> <p>14 discuss.</p> <p>15 I know, Jane Kusiak, you had some thoughts</p> <p>16 about performance metrics for the Exchange as we</p> <p>17 make the transition.</p> <p>18 Julie Bataille, I don't know if you wanted</p> <p>19 to talk a little bit about marketing and outreach.</p> <p>20 I think that was one topic.</p> <p>21 I would like to talk about some data</p> <p>22 analytic issues.</p> <p>23 And then I think, Doug, you also had</p> <p>24 submitted something in advance related to the</p> <p>25 vendor RFP.</p>
<p style="text-align: right;">70</p> <p>1 added or representatives of what, you know, walks</p> <p>2 of life; otherwise -- I'm sure Julie can help me</p> <p>3 with this one, if need be -- I'm sure that we are</p> <p>4 going to look to bring very centrised parties</p> <p>5 into our process.</p> <p>6 Wouldn't you think, Julie?</p> <p>7 MS. BATAILLE: Yes, I would think so. I</p> <p>8 think right now, you know, the budget language</p> <p>9 doesn't really talk about any other groups other</p> <p>10 than the Bureau of Insurance, but definitely we</p> <p>11 would want to receive feedback. And there are</p> <p>12 required comment periods, you know, if we -- if we</p> <p>13 were to put information out there.</p> <p>14 I think -- you know, I think it mentions,</p> <p>15 you know, presenting our study to the Health</p> <p>16 Insurance Reform Commission and the chairs of</p> <p>17 legislative committees, you know, for feedback.</p> <p>18 But, right, we're going to have to rely on what's</p> <p>19 in the final budget language, and there will be</p> <p>20 absolutely comment times, but we have not</p> <p>21 formulated who would be on the work group at this</p> <p>22 point.</p> <p>23 CHAIR CORLETTE: All right. Thank you,</p> <p>24 Ikeita.</p> <p>25 All right. Any other questions for our</p>	<p style="text-align: right;">72</p> <p>1 So, those were the four topics that I</p> <p>2 received in advance from different advisory</p> <p>3 committee members. But before we dive in, I just</p> <p>4 wanted to ask if any other advisory committee</p> <p>5 members want to use this opportunity to raise</p> <p>6 issues or potential areas where the committee</p> <p>7 could make recommendations or questions.</p> <p>8 Okay. Well, I'm not going -- in no</p> <p>9 particular order, I will -- how about we start</p> <p>10 with Jane Kusiak.</p> <p>11 Jane, do you want to talk a little bit</p> <p>12 about the performance metrics that you mentioned?</p> <p>13 MS. KUSIAK: My thought is that we should</p> <p>14 get -- create a little group to determine our core</p> <p>15 strategic priorities as we transition from the</p> <p>16 federal marketplace to the state marketplace.</p> <p>17 This is going to be very difficult because</p> <p>18 we have so many moving parts, but at the end of</p> <p>19 the day, in two years, when someone says, "Well,</p> <p>20 did we make progress or not by switching to the</p> <p>21 state-based exchange," I think we should have a</p> <p>22 sense of that.</p> <p>23 So, from my perspective, and I think it</p> <p>24 could merge with data analytics, but I really</p> <p>25 believe that a lot of what we're talking about</p>

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<p style="text-align: right;">73</p> <p>1 right now are process inputs. And we need to look 2 at outcomes and what outcomes are really 3 interested in. 4 It's my bias that it be five or less; that 5 we not, you know, litter ourselves with too much, 6 and that we talk about it every meeting so that we 7 can keep ourselves with an understanding of what 8 we're trying to accomplish. 9 CHAIR CORLETTE: All right. Sorry. I was 10 taking fast and furious notes. No, I think 11 that that sounds right on, and I love the -- I 12 mean, for obvious reasons, you know, we are 13 focused on process inputs at the moment, but I 14 think that the legislature, in making the decision 15 to move to a state-based exchange, you know, at 16 the end of the day, it is all about outcomes in 17 terms of coverage and consumer satisfaction and 18 population health. 19 So, I love that idea. And since I do 20 think it relates to the data analytics question, I 21 might, if folks don't mind, take the chair's 22 privilege and talk about that next. 23 But, you know, I have been thinking a lot. 24 You know, we -- the policy environment around the 25 Affordable Care Act and marketplaces has always</p>	<p style="text-align: right;">75</p> <p>1 So, you know, thinking about what 2 performance measures are we using, what are we 3 reporting publicly, what are we sharing with our 4 marketing team and our assister workforce, how 5 often, all of these -- you know, concerning with 6 the end of the PAG, these can be really critical 7 early warning mechanisms, so that if things are 8 going off the rails and a lot of people are 9 getting, you know, stuck at the call center or 10 falling off of the coverage, you know, we know and 11 can respond as quickly as possible. 12 And as we think about the transition to 13 the marketplace, just, I think, knowing the 14 population that you serve and that you want to be 15 serving is just absolutely critical both at the 16 front end to building your eligibility enrollment 17 system and then, you know, at the back end as 18 you're, you know, actually deploying it. 19 So, just, I think, building that data 20 infrastructure, as Jane said, knowing the key 21 things that you want to be tracking, to me, I just 22 feel like that all needs to be built and thought 23 about very -- you know, earlier rather than later 24 because it's very, very difficult to build that in 25 after you've built your system.</p>
<p style="text-align: right;">74</p> <p>1 been volatile, but it feels like we are entering a 2 time when it's going to be particularly volatile, 3 and we're doing this transition at a time of 4 particular volatility. And the end of the public 5 health emergency and the unwinding is just one of 6 those things. 7 There's also uncertainty in Washington 8 about premium tax credits, and now they're talking 9 about ending the family glitch. There's just a 10 lot going on. 11 And we also have finite resources. We 12 don't have unlimited resources. So, to me, that 13 calls for really thinking critically about our 14 data analytics effort so that we can target our 15 resources, you know, just as Jane said, to our 16 strategic priorities and, also, in my opinion, 17 also to the populations who are most at risk of 18 losing coverage during the PAG unwinding, as well 19 as those who are eligible for marketplace coverage 20 but who remain uninsured over the long term. 21 And we just need to be, you know, as a 22 group with the Exchange and the advisory 23 committee, we need to not only be able to monitor 24 our performance but hold ourselves accountable to 25 that.</p>	<p style="text-align: right;">76</p> <p>1 So, it may be that Jane and my -- you 2 know, we independently are thinking along the same 3 lines -- Jane, you know, sort of thinking about 4 those high level strategic priorities, but I'm 5 thinking also about how we hold ourselves 6 accountable to those and particularly make sure 7 we're really meeting the needs of the population 8 that is both at risk of losing coverage in the 9 short term or over the long term, that would be 10 eligible but not yet enrolled. 11 So, I think what I'd like to propose is 12 perhaps Jane's idea and my idea could be melded 13 into a subcommittee that works on some of these 14 issues and makes recommendations. 15 Do folks have any thoughts on that? 16 Lee, yes. 17 MR. BIEDRYCKI: I could not agree more. 18 Quite frankly, I think one of the biggest 19 obstacles the commonwealth has is trying to 20 allocate its resources based on the data that 21 we're provided and, you know, in any business 22 operation which the Exchange is going to be, you 23 try and allocate your resources towards what 24 you're trying to solve for. 25 And when we're only able to get partial</p>

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<p style="text-align: right;">77</p> <p>1 data on enrollment sources by type, I submit to 2 you that -- and along with Doug's comment, I think 3 that this Medicaid unwinding is going to be 4 significantly greater than anticipated, especially 5 when you consider that it was a presumptive 6 enrollment and, to my knowledge, because of COVID, 7 there's never been an asset test. 8 My firm personally dealt with a number of 9 college-age kids with trust funds, for example, 10 that, because of the way that the presumptive 11 eligibility was set, they had no choice but to go 12 to Medicaid knowing that at some point later on, 13 they would likely be removed because of the asset 14 test. 15 Along those lines, I would just like to 16 point out that my agency and a number of agencies 17 keep track of their own data inside of their EDE 18 and direct enrollment platforms. 19 And the RFP, it's good to know that it's 20 going to be released soon, but there was at one 21 point a question as to whether or not the RFP was 22 going to include a component for integration with 23 the direct enrollment platforms used by most of 24 the agents and producers that play in the 25 individual space.</p>	<p style="text-align: right;">79</p> <p>1 just thrown around, but not only is there a need 2 for it but then for real specificity and honing 3 down and being really specific when we talk about 4 those. 5 So, I just really want to underscore the 6 need to really think about addressing health 7 insurance disparities to really ensure that we're 8 reaching all Virginians equitably, and that can 9 really be the value with really making sure that 10 we have good data, to really make sure that as we 11 go about this state-based health insurance 12 marketplace, that we're really reaching everyone 13 in the commonwealth. 14 So, I really do believe that this is 15 really, really important. 16 CHAIR CORLETTE: Yeah, absolutely. And I 17 think that -- that making sure that we are 18 targeting and directing resources to the 19 populations that -- where the data show that there 20 are populations particularly at risk, we can make 21 sure that we're targeting resources appropriately. 22 Totally agree. 23 So, next we have Julie, and then Liz 24 Cunningham. 25 Julie Bataille.</p>
<p style="text-align: right;">78</p> <p>1 Not only is that data really important in 2 order to maintain continuity of coverage, but is 3 there an update on whether or not the RFP includes 4 an EDE integration so that agencies are able to 5 use their existing policies and procedures and 6 infrastructure in order to maintain the continuity 7 of enrollment for 2023? 8 CHAIR CORLETTE: Those are great points. 9 And, Lee, I don't know the answer to your specific 10 question, but I do feel that the transition to a 11 state run marketplace, we will be able to chart 12 our future in terms of the data that we have and 13 the data integration that we have in a way that we 14 haven't yet been able to on the Healthcare.gov 15 platform. 16 So, I don't know about the RFP. Maybe 17 Victoria or somebody from the Exchange could speak 18 to that, but I think those are excellent points. 19 I think we have Ikeita and then Julie 20 Bataille. 21 MS. HINOJOSA: Yeah, I just want to really 22 support this proposal, especially the need for 23 specificity that both Jane and Sabrina were 24 talking about when we talk about data collection 25 and data analytics. Sometimes those terms are</p>	<p style="text-align: right;">80</p> <p>1 MS. BATAILLE: I just wanted to echo the 2 importance of the conversation around data. 3 And coming on the heels of your comments, 4 Ikeita, I think it would be great if we could look 5 at a range of data sources that we think might be 6 applicable for Virginia, both external and then 7 what data are we going to have ourselves, 8 understanding that that's going to transition. 9 I think there are ways that we might be 10 able to pull increasing amounts of data that we 11 will own ourselves in Virginia, especially when it 12 comes to questions and information that we'll get 13 through applications, that I think there's some 14 work to be done, and that might be something to be 15 considered as we think about how we can improve 16 the data collection we'll be able to do once the 17 transition fully takes place. 18 But I love the idea of having that now as 19 a baseline so that we know what we're looking at 20 and then can measure progress against moving 21 forward. So, I think this is the right time to 22 have that conversation. 23 CHAIR CORLETTE: Thank you, Julie. 24 Liz Cunningham. 25 MS. CUNNINGHAM: Yes. Hi, everyone.</p>

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<p style="text-align: right;">81</p> <p>1 So, being a former navigator, okay, the 2 biggest thing that comes to mind is updating our 3 contact information and outreach engagement and 4 communication plan. That's going to be very -- 5 that's going to be the key, making sure everybody 6 is getting reached and making sure everybody 7 understands the unwinding and making sure they are 8 educated in what's going on within the 9 community -- and meaning radio, social media, 10 websites, videos; it's going to be a lot of mail, 11 member letters; we're going to have paper tool kit 12 materials; language is going to be provided to 13 ensure messaging is consistent; and also tool 14 kits. 15 So, stakeholders meetings and 16 presentations are going to be so important for us 17 to have out there so people are aware of this, so 18 we can have proper data and proper communication, 19 because communication is going to be key within 20 our community so everybody is understanding what's 21 going on. 22 CHAIR CORLETTE: And, sorry, just to 23 follow up, and maybe we can take this conversation 24 to the work group when the time comes, but I am 25 curious, as you operated as a navigator in the</p>	<p style="text-align: right;">83</p> <p>1 I wasn't sure if that's something that we 2 have in Virginia, but it seems like it could be a 3 very powerful tool. 4 MS. CUNNINGHAM: Yes. We do have a group 5 thing that we do have. I'm trying to -- if I can 6 recall, it is called -- let's see. We have a 7 client track where we keep all that database. So, 8 we do have a client track that we keep everything 9 in so we can, you know, keep track of everything 10 with our clients and where they live, the zip 11 code, all that, yes, we do have that within -- 12 CHAIR CORLETTE: That's just your clients. 13 It doesn't necessarily tell you about everybody 14 that lives in that zip code. 15 MS. CUNNINGHAM: No, no, no, not per se, 16 no. 17 CHAIR CORLETTE: Okay. Let's see. We 18 have Starla and then Scott next. 19 Starla, want to go ahead? 20 MS. KISER: Yeah, I want to agree with 21 what everyone has said, so, of course, I'm just 22 repeating everyone else, but, Jane, definitely, 23 you know, what you said the priority should be, 24 and Sabrina, as well. 25 I just want to say that as we think about</p>
<p style="text-align: right;">82</p> <p>1 Healthcare.gov world, like, do you have sort of 2 hopes for, like, the kinds of data that you would 3 get to inform your outreach and assistance from a 4 state-based exchange that maybe you haven't been 5 getting from Healthcare.gov? 6 MS. CUNNINGHAM: Well, from past navigator 7 work -- here's the thing: We have members; we 8 have our groups; we have our group meetings; and 9 we keep data within the group how we keep 10 communication with our clients and making sure 11 that they're getting materials and resources that 12 are needed out there. 13 But to go back, you know what, I need to 14 look into that, Sabrina, and see for sure, but 15 from my past experience, we haven't had issues. 16 CHAIR CORLETTE: Okay. Yeah, I just -- 17 one of the reasons I ask, you know, for example, 18 I've heard that some of the state-based 19 marketplaces in other states, there's like a 20 database where you can enter in your zip code and 21 it will tell you, you know, who in that zip code, 22 all demographics about them, their employment 23 status, you know, income, ethnicity, race, 24 language preference for anybody who is uninsured 25 in that zip code.</p>	<p style="text-align: right;">84</p> <p>1 the goals and performance indicators, I like to 2 think about it also with that geographic overlay, 3 which I think all of you are saying, as well. 4 But, for example, even if we talk about 5 the Exchange as a whole and we say, you know, 6 premiums decrease by 3 percent, in fact, premiums 7 could increase in the Southwest but then they 8 decreased in the Northeast, but on average. 9 So, really, I think our goal should be -- 10 and this was in Victoria's presentation -- an 11 accessible, competitive, and transparent 12 marketplace for all Virginians. So, that should 13 be, like, every county almost. We can decide how 14 granular, but it should be every region, every 15 county. 16 So, to me, that should be, you know, 17 you're looking at all of the uninsured; you're 18 looking at what are the premiums in that county; 19 how competitive is the marketplace; is there only 20 one carrier; are there five carriers. Because I 21 do believe if you map that out, there would be a 22 disparity, which probably mirrors some of the 23 health disparities across the state, to be honest. 24 And I think you all mentioned this 25 already, and, Victoria, again, you said the goals</p>

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<p style="text-align: right;">85</p> <p>1 of the Exchange is also to, you know, target 2 things in a tailored way, and I think that's what 3 we're all saying, as well, but when you know those 4 indicators, you can, you know, do those smart 5 interventions. 6 So, maybe the areas that are lower income, 7 maybe they need more higher-touch marketing. 8 Maybe they need in-person navigators or, again, a 9 more higher-touch approach, whereas maybe the 10 urbanites could do a lower-touch text feature. 11 I mean we still need young people to sign 12 up; right? And, so, if we know that, because we 13 need the risk pool to be a good one, we can and 14 should be targeting young folks, but we might do 15 it in a different way than we would a certain 16 other part of the state, for example. 17 So, anyway, I would love to be part of 18 that subcommittee, and I just agree with 19 everything that you all have said. 20 CHAIR CORLETTE: Great. Thank you, 21 Starla. 22 Scott Castro. 23 MR. CASTRO: Yeah. Thank you. 24 I just wanted to add regarding some of the 25 data that we're all talking about. I know,</p>	<p style="text-align: right;">87</p> <p>1 little bit? 2 MS. BATAILLE: Yeah, that's where my head 3 was going, too, as I heard some of these comments. 4 What I have been thinking about as we plan 5 for the Virginia Exchange is the reality given 6 special enrollment periods, given now the public 7 health emergency unwinding, is that so much of the 8 marketing and outreach now has to be more year- 9 round than just one traditional open enrollment 10 season, that I think it could be useful to have a 11 subgroup think through marketing strategies. 12 And just building on this conversation, I 13 think it's a combination of how and where to reach 14 people and who do we want to prioritize as we 15 think about the phases of enrollment that the 16 marketplace is going to have to do. 17 And I think there might be some utility in 18 that, hearing the questions around geography, 19 around populations, around navigator needs, and 20 making sure that they are aware of communications 21 and have the resources they knew at moments in 22 time. 23 And the other thing that I think is also 24 happening, making me think about this, is that 25 there have been so many changes in how consumers</p>
<p style="text-align: right;">86</p> <p>1 regarding some of the previous comments, you know, 2 looking into what data might be available in 3 specific zip codes around populations that might 4 be uninsured and, you know, best strategies in 5 reaching them and what the demographics look like 6 and even, you know, some of their underlying 7 environmental health problems, I'm curious if it 8 would be possible, because I know that BDH 9 collects and continues to collect and is even 10 expanding on some of the demographic data that 11 they're collecting around social determinants of 12 health, if there might be an opportunity to link 13 some of the data that they're collecting there to 14 kind of help inform an approach. 15 CHAIR CORLETTE: Yeah, I love the idea of 16 building in social determinants data, as well. 17 That's a really, really great suggestion, Scott. 18 So, Ikeita, Julie, Starla, so, many of you 19 still have your hands up. I just want to check 20 and make sure, did you have -- are there comments 21 or questions? Okay. I'm seeing hands go down. 22 Well, this is -- I think a lot of this is 23 complementary to some of the outreach and 24 marketing issues. 25 Julie, do you want to speak to that a</p>	<p style="text-align: right;">88</p> <p>1 consume information in the last two years, in 2 particular, that it would be great to make sure we 3 are leveraging all of that right now as the 4 Exchange is getting ready to embark on these big 5 marketing campaigns. 6 So, you know, I'm happy if we think a work 7 group is the right solution to that, but I do 8 think there are synergies, and it's a nice 9 dovetail to having the data to be able to think 10 about marketing and communications to help execute 11 on some of that. 12 CHAIR CORLETTE: Oh, yeah, Julie, you're 13 making me realize, like, this is just -- there's a 14 lot -- 15 MS. BATAILLE: There's a lot to do. 16 CHAIR CORLETTE: -- a lot to do. But, 17 yeah, I think having a more focused conversation 18 about that, as well, and I do think there's some 19 natural dovetailing with the data conversation 20 and -- but it does sound like it might be 21 potentially two streams of work, you know, one 22 focused on the communications and education piece 23 and the other focused on the data but informing 24 each other. 25 Liz, you have your hand up. Oh, I think</p>

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<p style="text-align: right;">89</p> <p>1 you might still be on mute. 2 MS. CUNNINGHAM: Sorry, Sabrina. You did 3 ask me if we had a place where we can 4 geographically look at things and not so much 5 collect the data, but we have our website that -- 6 I'm a little rusty now, and I haven't been a 7 navigator for a while, so I apologize. I couldn't 8 think right away. But we do have a website. It's 9 called "Enroll Virginia." 10 So, within the Enroll Virginia, if you 11 look that up, www.enrollVA.org, in that tool, you 12 can find, you know, the home base; you can find 13 different things, as far as your -- 14 geographically, like, where can I find a 15 navigator; you know, need health insurance, who 16 can help you in your service area; upcoming 17 events; news and press release. So, there's 18 different ways -- find an event in your area. 19 So, we do have, like, a website that we 20 can -- that clients and folks can go in to see 21 and have an idea. 22 CHAIR CORLETTE: That's great, Liz. And 23 it sounds like we should probably have further 24 conversations about whether there's, you know, 25 more data that might be helpful or whether there's</p>	<p style="text-align: right;">91</p> <p>1 CHAIR CORLETTE: Great. Yes, I totally 2 agree with that. 3 So, Doug had submitted a query about the 4 RFP, and then Lee has a question in the chat that 5 may be relevant to that, which is about the 6 integration with direct enrollment platform. So, 7 I may -- I turn this over to Doug to talk about 8 that. 9 And then, Lee, if you want to piggyback on 10 that conversation to ask about the direct 11 enrollment integration. 12 MR. GRAY: So, I was hopeful that we would 13 have an RFP by now, which now it's been -- we've 14 been waiting a while. We've had some briefings, 15 but the briefings were only for bidders. So, we 16 don't really have anybody who has the ability to 17 tell us what's in the RFP and what's the structure 18 of it and what they're hoping to get out of it. 19 All of your hopes and dreams are attached 20 to which vendor gets picked. I mean that's the 21 bottom line. And we know who the vendors are, and 22 we know how they performed in other places. 23 So, if you want bell and whistle A or B on 24 data, we can find out whether they've been able to 25 do that in another place, but we won't be able to</p>
<p style="text-align: right;">90</p> <p>1 ways to optimize that, but that sounds really 2 great. 3 I think we have Ikeita with her hand up. 4 MS. HINOJOSA: Yeah. Julie's comments 5 just made me think that we just cannot overstate 6 the overall importance of our marketplace 7 identity. And, you know, we know from Victoria's 8 amazing presentation that, of course, there's a 9 firm coming in and working on all of the branding 10 and all of that, but I sincerely hope that our 11 next, you know, presentation opportunity is not 12 just kind of a report out of what has been done 13 but that there's a real opportunity for us to 14 still have the chance to provide input. 15 Because, you know, there are real experts 16 like Julie and others to really hopefully still 17 provide some formative feedback on, you know, the 18 formation because that is really such a critical 19 part of the marketplace identity and who we are 20 moving forward. 21 So, hopefully it won't just all be baked 22 in the cake by the time that we, as an advisory 23 committee, hear about the results. But hopefully 24 we'll, you know, still be able to weigh in on the 25 process.</p>	<p style="text-align: right;">92</p> <p>1 know those things until we understand what's in 2 the RFP and they pick a vendor. 3 So, when you're starting up something like 4 this, you know, your measures are really simple at 5 the beginning. Does the call center perform? I 6 mean how long does it take to deal with the case? 7 Are the cases being successfully enrolled? How 8 many are being dropped? And then all of the stats 9 that go behind that about population, where they 10 are, all those sorts of things. 11 So, you know, at a score, I feel like we 12 can't be that effective as an advisory committee 13 until we understand what's in the RFP. And, so, I 14 don't think it's an unreasonable request to have 15 them do a briefing for the advisory committee of 16 what's in the RFP. I mean, at the point, it's 17 out. 18 And I'm not asking them to give away any 19 secrets or anything like that, just give us basic 20 structural understanding of what's there. 21 And then, you know, afterwards, I think 22 when we know who's been picked, I think we can 23 probably learn quite a bit from the pick. I think 24 that might be helpful to us as we try to, you 25 know, work our way through the basic measurements</p>

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<p style="text-align: right;">93</p> <p>1 and then the more complicated ones that go behind 2 it. 3 So, just a thought. I mean and they might 4 just say, "I'm saying we're not doing it. It's 5 applied, period. We've already give -- you know, 6 released the RFP. You know, we don't want to talk 7 about it." But I think it's not an unreasonable 8 request. 9 CHAIR CORLETTE: No, I'd be happy to 10 support that request, and I do think that knowing 11 what's in the RFP would definitely inform how 12 we're thinking about performance metrics, how 13 we're thinking about data collection and 14 analytics, as well as how we're thinking about 15 long-term outcomes and accountability. 16 So, I -- oop, wait a minute. Sorry. We 17 have -- looks like we have Julie Bataille. 18 MS. BATAILLE: Sorry. Thanks, Sabrina. 19 Doug, your comments were just making me 20 think. This whole conversation in not knowing 21 what's in the RFP is making me very curious about 22 how we, as a board, want to think about shaping 23 the consumer experience that Virginians are going 24 to have, and I think it's hard for us to do that 25 without knowing exactly what's being asked for.</p>	<p style="text-align: right;">95</p> <p>1 Thank you. 2 Then I see Lee. 3 MR. BIEDRYCKI: Yeah. I would like to 4 just echo Doug's comments. You know, I would have 5 thought that we would have been privy to the RFP 6 prior to release because there's some real 7 struggles that the agent and producer community 8 had to overcome in the earliest days of 9 Healthcare.gov. And knowing what didn't work in 10 the past and addressing that for the future is 11 probably one of best opportunities for a 12 successful outcome. 13 Along those lines, this has kind of been 14 an integrated comment with a data component. You 15 know, we know that CMS releases total enrollments 16 and then they release enrollments assisted by 17 navigators, but the agent producer enrollment 18 information has been not clear, historically 19 speaking, and I just want to reiterate the 20 importance of confirming the inclusion of the 21 direct enrollment platform, because my 22 understanding from representatives at CMS is that 23 states that move from a federally facilitated to a 24 state-based exchange tend to see a drop in 25 enrollment as a result of that transition.</p>
<p style="text-align: right;">94</p> <p>1 So, I love the idea of knowing a little 2 more, and then maybe we collectively want to think 3 about whether or not there are principles or 4 something that we would like to see as we think 5 about the consumer experience, in particular. 6 I think there are a lot of lessons learned 7 from other states that have gone through 8 transitions that we may not want to repeat in 9 Virginia if we can help it, and there could be 10 some utility in thinking that through. 11 CHAIR CORLETTE: Great. 12 I see Holly and then Lee. 13 MS. MORTLOCK: Sure. So, I just wanted to 14 jump in and just to thank everyone for their 15 comments and their questions. And one of the 16 things that I thought might be helpful for the 17 group to know is that we will be posting on our 18 website a summary of the RFP document, but we also 19 have offered, you know, to provide some more 20 in-depth briefings at another time. 21 And, so, if folks are interested in having 22 that, that is something that we can have arranged. 23 And, so, feel free to email me afterwards, and we 24 can make sure that that happens. 25 CHAIR CORLETTE: That's great, Holly.</p>	<p style="text-align: right;">96</p> <p>1 And if we are able to ensure that all 2 stockholders and community assisters have the 3 right tools in order to be able to fulfill the 4 commonwealth's enrollment goals, I think that is 5 the best way to avoid not having a big party to 6 celebrate our results. 7 CHAIR CORLETTE: Thank you, Lee, yeah, 8 really good points. 9 Okay. So, I heard one request, which was 10 for a briefing on the RFP, and it sounds like 11 that's something that the Exchange could 12 potentially accommodate. 13 Oh, Holly, I see you have your hand up. 14 Do you have a comment? 15 MS. MORTLOCK: Yes. Thank you. I just 16 wanted to, you know, just, first of all, just 17 assure the committee that a lot of these issues 18 are very important points that you all have raised 19 and we appreciate your attention to them, but just 20 also wanted to offer some assurance, you know, 21 that we have very carefully considered these kinds 22 of comments and issues and discussed them with 23 states and experts and consultants and many others 24 throughout this process. 25 And, again, you know, we are happy to</p>

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<p style="text-align: right;">97</p> <p>1 provide that briefing for you. So, you know, I'm 2 happy to receive emails, and let us know, you 3 know, who would like to be a part of that, and we 4 will make sure that that's arranged. Just thank 5 you for your attention to those things. Those are 6 really important. 7 CHAIR CORLETTE: Yeah, that's great, 8 Holly, and I think I can help you coordinate that. 9 I think there would be a lot of interest from the 10 advisory committee in such a briefing. So, happy 11 to help you make those arrangements. 12 And then I also heard, I think, two 13 proposals for subcommittee work. One would be for 14 Jane and I to work with folks on, sort of, what 15 are the, sort of, strategic priorities; what data 16 do we need and data analytic capability do we need 17 to make sure that not only are we monitoring how 18 we're performing but holding ourselves accountable 19 to that over the long term. I don't know if I'm 20 totally describing it right, but that's the 21 general idea. 22 Just so folks know, as an advisory 23 committee, we do need to approve the formation of 24 those subcommittees, so I would have to make a 25 motion or somebody would have to make a motion for</p>	<p style="text-align: right;">99</p> <p>1 So, for example, if some of our priorities 2 are diversity, marketing, affordability, then, you 3 know, we need to develop subcommittees underneath 4 them with a champion for each of these priorities. 5 And, so, while I totally support the idea 6 of doing marketing now, just because I think it is 7 timely that we focus on that and not let it wait, 8 I see another process for these other priorities 9 that would be similar. 10 CHAIR CORLETTE: Okay. So, Jane, are you 11 thinking that we have a subcommittee focused on 12 identifying the strategic priorities and that 13 would be sort of the place to start, and then 14 other subcommittees would potentially flow from 15 that? I don't want to put words in your mouth. 16 MS. KUSIAK: That is the process; however, 17 I totally support the idea of doing a concurrent 18 marketing subcommittee because I think there are 19 some real timely issues right now that I don't 20 think we want to bench for a few months while we 21 get this other piece straight. 22 CHAIR CORLETTE: Okay. Yeah, I think that 23 makes a lot of sense. 24 MS. KUSIAK: I would just like a champion 25 for that so that they would definitely be part of</p>
<p style="text-align: right;">98</p> <p>1 that subcommittee to to be created. 2 And then we have the potential of a second 3 subcommittee that would focus on the 4 communications and consumer education needs 5 between now and when we transition, and 6 potentially beyond. So, that would be a potential 7 subcommittee, but I think there would also need to 8 be some cross-fertilization across the two groups. 9 So, that's sort of what I heard as 10 potential proposed subcommittees. Do we have any 11 amendments to that or discussion of those two 12 proposals? 13 MS. KUSIAK: I'd like some comment because 14 I do think there's an inextricable link between 15 these two groups. My vision is that we help keep 16 priorities and then we figure out how we're going 17 to measure ourselves in each of those areas, which 18 means the data analytics. 19 And I particularly like the idea of 20 bringing in other data sources that we have 21 available to us from other state agencies, maybe 22 private sector. You know, we don't -- we are not 23 going to have the resources to get all the 24 analytics that we are interested in, but we may 25 have it in repositories other than the bureau.</p>	<p style="text-align: right;">100</p> <p>1 our other group so we can make sure that we are 2 linked. 3 CHAIR CORLETTE: Yes, I hear you. 4 Okay. Any other comments or suggestions? 5 Ikeita, if you wanted to comment, you may 6 be on mute. 7 MS. HINOJOSA: Sorry. I just want to make 8 sure that the point doesn't get lost that before 9 we meet again, that, you know, whatever marketing 10 is happening to do the branding for the overall 11 marketplace, that that work doesn't get finalized 12 before we have a chance to weigh in as an advisory 13 committee. 14 CHAIR CORLETTE: Great point. We need to 15 get working stat. 16 And then Julie. 17 MS. BATAILLE: I echo Ikeita's flag on the 18 branding process and am happy to be involved as 19 ever is appropriate. 20 And then was just going to say, Jane, if 21 you're looking for a champion on the marketing 22 piece, I'm happy to volunteer to do that and then 23 work in concert with the data folks in strategic 24 priorities along with other folks who may be 25 interested on the committee.</p>

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<p>101</p> <p>1 CHAIR CORLETTE: We would be incredibly 2 lucky, Julie, to have somebody with your 3 expertise. That would be awesome. 4 Okay. Any other comments, suggestions, 5 ideas for subcommittees? 6 Okay. So, what I think I'm hearing is we 7 have a proposal for a subcommittee focused on the 8 marketing and then a subcommittee that would focus 9 on strategic priorities generating no more than 10 five strategic priorities. And I think maybe, you 11 know, as we've been discussing this, I've been 12 thinking more and more, like, maybe the data 13 analytics piece is almost a theme that sort of 14 goes across any down slope that we might have. 15 So, rather than creating a separate 16 subgroup just focused on data analytics, I think, 17 Jane, you're absolutely right, it's just that 18 needs to be just embedded in -- whether its 19 marketing or, you know, any other subgroup that we 20 might form. 21 So, Jane, would you like to make a motion 22 to create a subcommittee focused on strategic 23 priorities? 24 MS. KUSIAK: I'd be happy to. I so move. 25 CHAIR CORLETTE: Any seconds?</p>	<p>103</p> <p>1 strategic priorities for the Exchange has been 2 approved. 3 Next, we had a proposal to create a 4 subcommittee focused on -- I don't know what we 5 want to call it, Julie -- marketing education -- 6 MS. BATAILLE: We'll call it "consumer 7 education and marketing," "outreach and 8 education." 9 CHAIR CORLETTE: Sure, those both sound 10 great. Do I -- 11 MS. BATAILLE: I can refine it in writing 12 and make sure everyone agrees, yes. 13 CHAIR CORLETTE: Do I hear a motion to 14 create such a subcommittee? 15 MS. KUSIAK: I so move. 16 CHAIR CORLETTE: All right. Second? 17 MR. BIEDRYCKI: Second. 18 CHAIR CORLETTE: Oh, great. 19 All right. All in favor of creation of a 20 subcommittee on outreach and education. 21 (Several ayes heard from the audience.) 22 CHAIR CORLETTE: And any nays? 23 Okay. Hearing none, I think we have 24 created two subcommittees. So, I'm happy to 25 follow up. I will solicit or seek volunteers for</p>
<p>102</p> <p>1 I'll second it. 2 And we will take a vote on the creation of 3 a subcommittee to focus on strategic priorities 4 for the Exchange. And I think often it's helpful 5 to see this in writing but -- so we can massage 6 this a little bit over email to sort of understand 7 the scope a little bit better. But I guess I 8 would just ask people to vote on the concept of a 9 subcommittee that will help generate some 10 recommendations for strategic priorities. 11 Can I get anybody to -- any ayes? And I 12 can't remember how we vote, Holly. Do you 13 remember, do we just do a roll call or do we do, 14 like, a voice vote? 15 MS. MORTLOCK: I think a voice vote for 16 this would be appropriate, and I think that a 17 majority of the committee needs to agree that the 18 subcommittee is a good idea. 19 CHAIR CORLETTE: Okay. So, let me just 20 have anybody who supports the concept to say, 21 "Aye." And I'll say, "aye." 22 (Ayes heard from the audience.) 23 CHAIR CORLETTE: Any nays? 24 Okay. Hearing none, I would say the 25 motion to create a subcommittee focused on</p>	<p>104</p> <p>1 both of those subcommittees. You are all welcome 2 to serve on one or the other or both, but I think 3 both sound really important and timely. 4 All right. Any other questions, 5 recommendations, comments? 6 Okay. Well, this was just, I thought, a 7 really rich and helpful discussion. 8 I think we can move to the next portion of 9 the agenda, Holly -- or Whitney. Sorry. 10 All right. Great. Other business, and 11 this is where I turn it over to Holly to talk 12 about the election. 13 MS. MORTLOCK: Great. Thank you so much, 14 Sabrina. 15 So, as you all know, it is time for the 16 advisory committee to elect a chair and a vice 17 chair to lead the committee. And following the 18 previous election process, this election is going 19 to be conducted over email by secret ballot, but I 20 wanted to -- and then we had sent out an email 21 last week requesting nominees by the close of 22 business yesterday, and we had a nomination for 23 Sabrina to continue as chair and for Jane to 24 continue in her role as vice chair. I did not 25 receive any additional nominees expressed.</p>

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<p style="text-align: right;">105</p> <p>1 So, following this meeting, the HBE is 2 going to -- similar to the process we used the 3 last time, we will send out an email secret ballot 4 for your consideration, and we will give a 5 deadline for voting. It will be about a week long 6 that people will have. And then we will announce 7 the winners of the contest over email to the 8 committee members. So, just wanted to make you 9 all aware of that process. 10 And now I will turn the conversation back 11 to Sabrina and Jane. 12 CHAIR CORLETTE: Great. Thank you, Holly. 13 All right. So, I think this is sort of 14 our last chance for any other discussion topics 15 for committee members before we turn it over to 16 discussing our next committee meeting dates and 17 public comments. So, any other discussion topics 18 for the committee? 19 Okay. Hearing none, let's turn it to the 20 next slide. I just want a slide for folks that we 21 did agree that we would try to meet quarterly as 22 much as possible. Obviously, this current meeting 23 is a little later in the year than usual, but that 24 was really to align with the end of the session, 25 knowing that many of us would be very preoccupied</p>	<p style="text-align: right;">107</p> <p>1 valuable. But, obviously, we need to take the 2 COVID issues into account. 3 So, Holly, I don't know if there's more 4 you want to say about that. 5 MS. MORTLOCK: No, Sabrina, I think you've 6 captured that pretty well. I think, you know, we 7 would like to have that as a possibility, but I 8 think we need to continue taking, you know, some 9 of the COVID measures into account, but we will be 10 exploring that as a future option. I just wanted 11 to let you know that. 12 CHAIR CORLETTE: Any other questions, 13 comments? 14 Okay. So, I think we can turn it now, 15 Holly, to the public comments. We have some this 16 time. 17 MS. MORTLOCK: Yes, that's right. Thank 18 you, Sabrina. 19 So, we will now move into the public 20 comments section of our meeting. We do have six 21 people signed up to provide comments today. 22 And just to share with the individuals who 23 are planning to speak, you are going to receive a 24 call from the phone number that you provided on 25 your reg -- to the phone that you provided on your</p>
<p style="text-align: right;">106</p> <p>1 with that, but we are hoping to keep the rest of 2 the 2022 meetings as close to quarterly as 3 possible. 4 And you'll get -- I think, Holly, am I 5 right, that people will get calendar appointments 6 from Whitney at some point, but just so you guys 7 have for your own records, our next meetings will 8 be June 21st, September 15th, and December 1. 9 MS. MORTLOCK: Yes, and we'll get those 10 out to you on calender from us so you have them 11 early, and we will expect them to be held from 12 1:00 to 4:00, again, just so that everyone can 13 plan their vacations and their years around the 14 advisory committee meetings. 15 CHAIR CORLETTE: That's right. 16 Any questions about that? Oh, Ikeita. 17 MS. HINOJOSA: Are we still expecting for 18 them to be virtual? 19 CHAIR CORLETTE: That is a great question. 20 I think we have talked about trying to meet in 21 person. I think, obviously, with COVID-19 and 22 some of the considerations around that, we're 23 still looking at that as a possibility. I would 24 love to see all of you in person. I think that 25 those in-person interactions can be really</p>	<p style="text-align: right;">108</p> <p>1 registration form, and you will receive a call 2 from a phone number that is (804) 299-5840. And 3 then if you can please pick up, and we will be 4 very happy to receive your comments. 5 So, Bruce, are you there? 6 MR. NICHOLS: Yes, I am. 7 MS. MORTLOCK: Great. Thank you. Could 8 you please call Brett Denton. He is with the 9 Virginia Farm Bureau Service Corporation. 10 MR. NICHOLS: Calling now. 11 MS. MORTLOCK: Hello, Brett. Can you hear 12 us? 13 MR. DENTON: Yes, I hear you fine. 14 MS. MORTLOCK: Welcome. Thank you so much 15 for making time to share your comments with us. 16 You will have two minutes to share your comments, 17 so please feel free to go ahead. 18 MR. DENTON: Okay. First, just thanks for 19 the opportunity to share my thoughts regarding the 20 upcoming health insurance state exchange. 21 Our agents have personal relationships 22 with their clients. They help the people that 23 live and work in the community. Our agents have a 24 connection and trust with their agent. We at 25 Virginia Farm Bureau have 150 agents throughout</p>

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<p>109</p> <p>1 the State of Virginia with at least one agent in 2 each of our 88 county Farm Bureau offices for our 3 potential and current clients that we meet in 4 person. 5 Agents help guide their clients through a 6 myriad of plans available and help them find the 7 best plan for their client. 8 Agents also have an in-depth knowledge of 9 health plans and a good understanding of the 10 medical facilities and participate with these 11 plans. 12 Once the policy's in force, our agents are 13 available to help with service issues, and they're 14 their advocates. They're the person that works on 15 their behalf with the client, the Exchange, and 16 they speak the insurance language and are able to 17 assist in a timely manner. 18 We at Virginia Farm Bureau, we have 19 approximately 7,000 active policies in the under 20 age 65 market. These clients depend upon us for 21 guidance and service. 22 We manage about 40 to 60 service calls a 23 week, and these individuals depend upon us, and 24 they're not told to call an 800 number or go to 25 the carrier. They work with the same person in</p>	<p>111</p> <p>1 representing eHealth. 2 MR. NICHOLS: Calling now. 3 MR. ANDAZOLA: Hi. This is Haider. 4 MS. MORTLOCK: Hi, Haider. Thank you so 5 much for calling in. Welcome to the meeting. You 6 have about two minutes. 7 MR. ANDAZOLA: Thank you. Can everyone 8 hear me okay? 9 MS. MORTLOCK: Yes, we can hear you great. 10 MR. ANDAZOLA: So, thank you, everyone. 11 My name is Haider Andazola. I am legal counsel to 12 eHealth working with the law firm of Foley Hoag. 13 And I really want to thank you for the opportunity 14 to provide public comments today. 15 EHealth is a publicly-traded company 16 operating its consumer online marketplace 17 eHealthInsurance.com, and I'm a web broker that 18 has enrolled millions of individuals in health 19 insurance over the past 22 years through its 20 consumer centric website as an online web broker 21 and has also enrolled millions of Virginians. 22 eHealth strongly supports Virginia's 23 transition to a state-based exchange, and today we 24 really want to focus our comments on emphasizing 25 the value of competition in the online enrollment</p>
<p>110</p> <p>1 their county office when they renew their policy. 2 Our -- one of the great things, too, is 3 with our footprint, we know in western part of 4 Virginia, there's places that the internet is not 5 very strong, so, you know, us having that 6 footprint and it helps Virginians sign up for an 7 individual policy. 8 Our concern with the rollout -- 9 MS. MORTLOCK: About 10 seconds left. 10 MR. DENTON: Okay. Our concern is about 11 the federal exchange and losing many of our 12 clients and losing insurance. 13 One other thing, I just wanted to make 14 sure that we did have the enhanced direct 15 enrollment -- 16 MS. MORTLOCK: I'm sorry. Your time is 17 up, but you're more than welcome to provide that 18 in writing. 19 MR. DENTON: Okay. 20 MS. MORTLOCK: Thank you. Sorry. We have 21 to get to the next calls. 22 CHAIR CORLETTE: Yes, thank you for your 23 comments. 24 MS. MORTLOCK: Okay. Bruce, could you 25 please call Haider Andazola on behalf -- he is</p>	<p>112</p> <p>1 context and its demonstrated impact on generating 2 enhanced consumer access to health coverage as 3 documented by a recent report from the federal 4 government itself. 5 Our goal is to emphasize for the advisory 6 committee the importance of considering as part of 7 the vendor selection process, and I understand 8 there were some comments made about not having 9 current access to the RFP, but about the 10 importance during the vendor selection process of 11 creating a standalone eligibility determination 12 process similar to the one that exists on the 13 federal platform to be used in connection with the 14 state-based Exchange in order for leveraged 15 private sector competition to expand access to 16 health coverage. 17 And as you are all familiar on the call, 18 currently under the federal platform, eHealth 19 enrolls individuals through two channels, the 20 direct enrollment channel and the enhanced direct 21 enrollment channel, which is a more recent 22 addition by CMS for purposes of enrolling 23 individuals to the marketplaces. And the main 24 difference between these two channels is that the 25 EDE process, the enhanced direct enrollment</p>

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<p style="text-align: right;">113</p> <p>1 process, leverages access to the information 2 exchange standards of -- 3 MS. MORTLOCK: Ten seconds. 4 MR. ANDAZOLA: -- the EFM system that 5 allows them to make eligibility determinations 6 very rapidly. 7 And I did -- we did submit written 8 comments. It was not clear how many -- how much 9 time we would have for all comments, but I think 10 what we want to emphasize is that the advisory 11 committee should consider -- okay. I think that's 12 my time. My time is up, but we encourage the 13 advisory committee to -- 14 MR. MORTLOCK: Yes, your time is up. 15 Thank you. But we will -- we will review your 16 written comments. So, just appreciate you taking 17 the time to talk with us. 18 MR. ANDAZOLA: Okay. Thank you. 19 Appreciate the time. 20 MS. MORTLOCK: Thank you. 21 CHAIR CORLETTE: Yes, thank you very much. 22 MS. MORTLOCK: Bruce, could you please 23 call Hetal Vora. 24 MR. NICHOLS: Calling now. 25 MS. VORA: This is Hetal.</p>	<p style="text-align: right;">115</p> <p>1 assistance. 2 From enrollment to post-enrollment, data 3 validation, claims assistance, billing questions, 4 agents and brokers are a valuable resource to the 5 communities that we serve. 6 I just wanted to thank the committee for 7 all of their hard work in creating better pathways 8 for the rural underserved communities and 9 reenforce that direct collaboration with agents 10 and brokers will benefit all Virginians. 11 Thank you. 12 MS. MORTLOCK: Thank you for joining us. 13 CHAIR CORLETTE: Yes, thank you, Hetal. 14 MS. VORA: Thank you. 15 MS. MORTLOCK: Bruce, could you please 16 call Joel White with the Council for Affordable 17 Health Coverage. 18 MR. NICHOLS: Calling now. 19 MS. MORTLOCK: Good afternoon, Joel. Can 20 you hear us? 21 TELEPHONE ANSWERING: The mailbox is full 22 and cannot accept any messages at this time. 23 Good-bye. 24 MS. MORTLOCK: Okay. Bruce, why don't we 25 try Jonathan Katz.</p>
<p style="text-align: right;">114</p> <p>1 MS. MORTLOCK: Good afternoon, Hetal. Can 2 you hear us? 3 MS. VORA: Yes, I can. 4 MS. MORTLOCK: Great. Thank you so much 5 for joining us today. We're glad that you can 6 provide some comments. You'll have two minutes to 7 speak, and when you get to about 10 seconds, I 8 will let you know, and then we have to cut 9 comments off at that time, at the two-minute mark. 10 But please go ahead. 11 MS. VORA: Sounds good. Thank you. 12 Hi. My name is Hetal Vora, and I work 13 with a small privately owned agency in Southwest 14 Virginia, and I'm a member of the National 15 Association of Health Underwriters. 16 I just wanted to share with the committee 17 that I am a certified agent on the health 18 insurance marketplace, and I've been awarded the 19 Elite Plus designation every year since the launch 20 of the program. 21 Just in the past 12 months, I personally 22 assisted 1,499 members get access to healthcare on 23 the federally facilitated insurance marketplace. 24 708 of those, which is 47 percent, received and 25 selected a plan with cautionary production</p>	<p style="text-align: right;">116</p> <p>1 MR. NICHOLS: Calling now. 2 MR. KATZ: This is Jon Katz. 3 MS. MORTLOCK: Hi, Jon. Can you hear us 4 okay? 5 MR. KATZ: Hi. This is Jon Katz. I can 6 hear you. 7 MS. MORTLOCK: Hi. Great. Thank you. 8 So, thank you for joining the meeting. We are -- 9 you'll have two minutes to offer your comment. 10 And about 10 seconds before, I will jump in and 11 just let you know that you have 10 seconds left, 12 and we are cutting off right at two minutes. So, 13 please feel free to go ahead. 14 MR. KATZ: Thank you very much. I 15 appreciate the committee's time. My name is Jon 16 Katz. I'm a broker of 30 years here in Virginia, 17 and I -- we -- my agency of seven people here in 18 Northern Virginia work with over a thousand 19 clients on the Exchange. So, we've been on the 20 Exchange helping people since the start. And I 21 just I want to express how -- just how critical we 22 feel our role is in the true kind of range of 23 individual that participates with the Exchange, in 24 that we -- a lot of discussion about people 25 transitioning between Medicaid and individual</p>

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<p>117</p> <p>1 family health insurance, well, we help our clients 2 transition between family health insurance, as 3 well as these micro-small groups and then onto 4 Medicare. 5 And knowing that whole -- that capability 6 and the complexity for those -- those individuals 7 is, I think, quite critical. And I think we serve 8 a really, really important role. And that's not 9 necessarily addressed, you know, of the -- by 10 these other entities, which are also important for 11 other shareholders. 12 So, micro-size groups are not a priority 13 for most brokers. They are our priority, and we 14 do -- I think we do them quite well, especially 15 with the American Rescue Act potentially -- with 16 potentially being shut down in terms of the 17 enhanced subsidies. There's going to be a mass 18 transition, a stampede, in the middle income and 19 upper income areas will want to transition back to 20 the small group market. And having us have the 21 ability and still being an active role, not on the 22 first iteration of the Exchange but right from the 23 start, I think that we need to be a part. 24 So, I appreciate everyone's consideration 25 and time. The enhanced enrollment, as one of the</p>	<p>119</p> <p>1 MR. NAKAHATA: Great. Thank you. My name 2 is Peter Nakahata, and I am an advisor to the 3 Association of Lead-Based Health Insurance 4 Brokers. Thank you for providing me with the 5 opportunity to address the committee today. 6 The association member companies currently 7 work directly with CMS using their enrollment 8 websites and platforms to enroll thousands of 9 consumers into qualified health plans offered on 10 the federally located Exchange and on state-based 11 Exchanges on the federal platform through CMS's 12 enhanced direct enrollment process. 13 As such, the association members currently 14 enroll thousands of Virginians into coverage 15 through the Exchange, Medicaid, and CHIP. 16 Since CMS supports the ED standard, the 17 association members are able to serve as a 18 valuable -- as valuable channel partners to the 19 federal Exchange and have been able to extend the 20 Exchange's reach and have more consumers enroll in 21 Exchange, Medicaid, and CHIP coverage. 22 So, as Virginia contemplates implementing 23 its own Exchange, the association recommends that 24 Virginia maintain the federal Exchange's current 25 support for EDE so that private sector partners</p>
<p>118</p> <p>1 other callers had mentioned, is so critical to 2 allow us -- 3 MS. MORTLOCK: Ten seconds. 4 MR. KATZ: -- in a -- thank you -- in a 5 high volume -- it's a very high volume/low in -- 6 low revenue business, to be able to help as many 7 people as possible. 8 So, thank you very much. I appreciate the 9 committee's time. 10 CHAIR CORLETTE: Thank you, Jonathan. 11 MR. KATZ: Thank you. Bye-bye. 12 MS. MORTLOCK: Bruce, could you please 13 call Peter Nakahata -- Peter Nakahata. 14 MR. NICHOLS: Calling now. 15 MR. NAKAHATA: Hello. 16 MS. MORTLOCK: Hello, Peter. Can you hear 17 us? 18 MR. NAKAHATA: I can hear you. Can you 19 hear me? 20 MS. MORTLOCK: Yes, we can. Thank you. 21 You're going to have about two minutes to provide 22 your comments, and when you get to 10 seconds 23 left, I will jump in and let you know. But thank 24 you for being here, and please feel free to go 25 ahead.</p>	<p>120</p> <p>1 can continue to assist Virginians in enrolling in 2 coverage. 3 The association also recommends that as it 4 evaluates the vendor RFP, Virginia consider the 5 capability for the vendor to support enhanced 6 direct enrollment so that it be can be an option 7 for Virginia to decide to implement it. 8 Thank you very much, and thanks for taking 9 my comments. 10 MS. MORTLOCK: Thank you, Peter. Thanks 11 for those comments. 12 Bruce, could you please call Richard 13 Herzberg. 14 MR. NICHOLS: Calling now. 15 TELEPHONE ANSWERING: Hi. This is 16 Richard. Sorry I can't take your call. 17 At the tone, please record your message. 18 When you've finished recording, you may hang up or 19 press one for -- 20 MS. MORTLOCK: Okay. That was the last -- 21 that was the last person who had signed up to 22 speak. 23 CHAIR CORLETTE: Okay. I think that's all 24 for agenda items; right, Holly? I'm not seeing -- 25 MS. MORTLOCK: Yes, that was it.</p>

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121	1 CHAIR CORLETTE: So, I think we can 2 entertain a motion to adjourn. 3 MS. KUSIAK: So move. 4 CHAIR CORLETTE: And I second that. 5 All in favor of adjourning. 6 I thought this was a great meeting. I 7 want to thank the Exchange staff, our bureau 8 colleagues, and everybody who participated today 9 and as well as our public commenters. Really, 10 really good discussion, and a number of follow-up 11 items, so keep an eye on your email inboxes. 12 Holly, any other agenda items that -- or 13 parting housekeeping items that we need to leave 14 people with? 15 MS. MORTLOCK: Sure. I see -- is it 16 Ikeita's name who -- I think -- 17 CHAIR CORLETTE: Yes. 18 MS. MORTLOCK: Go ahead. 19 MS. HINOJOSA: Yeah, I just want to say I 20 just really appreciated everybody who took the 21 time out of their busy schedules to offer public 22 comments, and this was the most public comments 23 we've ever had as the exchange. So, I just really 24 thought everybody, you know, really provided some 25 valuable insight. So, this was really great. As	123	1 before at a briefing on the RFP. Thanks, 2 everyone. 3 (Off the record at 3:48 p.m. ET.) 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
122	1 everybody said, this was a really meaty meeting. 2 So, I just want to thank all the public 3 commenters. So, thank you. 4 CHAIR CORLETTE: Yeah, agreed. Yeah, 5 we're at a point now where the rubber is meeting 6 the road, so it was a good, a very good, 7 discussion. 8 MS. SAVOY: Sabrina, if I could just add a 9 point really quick. This is Victoria. 10 I just want to let everyone know that 11 we've been taking copious notes, all the comments 12 of the advisory committee and the public 13 commenters, and we will definitely be discussing 14 this in the next day or two, you know, how best to 15 proceed. 16 So, I just want to let you know we really 17 appreciate all the advice and input from everyone, 18 public and the committee members. 19 CHAIR CORLETTE: Thank you, Victoria. 20 All right. Well, we have a motion on the 21 table to adjourn. Can I hear a vote to adjourn. 22 All those in favor -- 23 (Numerous "ayes" from the audience.) 24 MS. CORLETTE: Okay. Well, great meeting, 25 everybody, and thank you, and see you in June or	124	1 CERTIFICATE OF SHORTHAND REPORTER-NOTARY PUBLIC 2 I, Victoria Lynn Wilson, the officer 3 before whom the foregoing proceedings were taken, 4 do hereby certify that the foregoing transcript is 5 a true and correct record of the proceedings; that 6 said proceedings were taken by me stenographically 7 and thereafter reduced to typewriting under my 8 direction; and that I am neither counsel for, 9 related to, nor employed by any of the parties to 10 this case and have no interest, financial or 11 otherwise, in its outcome. 12 IN WITNESS WHEREOF, I have hereunto set my 13 hand and affixed my notarial seal this 4th day of 14 April, 2022. 15 My commission expires February 3, 2024. 16  17 _____ 18 VICTORIA LYNN WILSON 19 NOTARY PUBLIC IN AND FOR 20 THE STATE OF MARYLAND 21 22 23 24 25

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