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Transcript of Advisory Committee Meeting

Date: September 22, 2023

Case: Health Benefit Exchange Advisory Committee Meeting

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COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

VIRGINIA HEALTH BENEFIT EXCHANGE
3rd QUARTER MEETING

Conducted Remotely
Friday, September 22, 2023
2:00 p.m.

Job No.: 482042

Pages: 1 - 78

Transcribed by: Janine Thomas

1 A P P E A R A N C E S

2 Voting Members:

3 Sabrina Corlette, Chair

4 Ikeita Cantu Hinojosa, Vice Chair

5 Kevin Patchett, Acting Director

6 Julie Green Bataille

7 Lee Biedrycki

8 Scott Castro

9 Doug Gray

10 Starla Kiser

11 Louis Rossiter

12 Elizabeth Cunningham

13

14 Ex-officio Members:

15 James Williams, Deputy Secretary of Health
16 and Human Resources

17 Cheryl Roberts, Acting Director of DMAS

18 Sarah Hatton, DMAS

19 Danny Avula, Commissioner of DSS

20 Mary Ashby Brown, Bureau of Insurance

21 Bradley Marsh - Virginia Bureau of Insurance

22 Health Insurance Policy Advisor

23 Jeff Lunardi - Chief Deputy Director of DMAS

24 Jessica Anecchini - DMAS Senior Policy

25 Advisor

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A P P E A R A N C E S

(Continued)

Ex-officio Members:

Kathryn O'Connell-Raymond - Virginia
Department of Social Services
Julie Blauvelt - Deputy Director of the
Virginia Bureau of Insurance, Life & Health
Division

Also present:

Holly Mortlock, Chief Government Relations
Officer/HBE Liaison to Advisory Committee

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1 P R O C E E D I N G S .

2 CHAIR CORLETTE: Thank you. And it's fun to
3 see our logo on the slide deck. Is this like the first
4 public viewing of this? I -- or has this been out? It
5 looks great.

6 MS. MORTLOCK: This is the first very public
7 viewing of it.

8 CHAIR CORLETTE: All right.

9 MS. MORTLOCK: It seeped its way into a few --
10 into a few spots like our learning management system,
11 but this is the first, I guess, official.

12 CHAIR CORLETTE: Yeah. Well --

13 MS. MORTLOCK: We wanted you to be the -- the
14 ones.

15 CHAIR CORLETTE: Yes. Well, it's very
16 exciting. And welcome everybody. This is our Third
17 Quarter Advisory Committee for Virginia's health -- I'm
18 sorry, Virginia's Insurance Marketplace. And we are
19 delighted to have y'all here. We have a busy agenda
20 with a lot of updates and so I think we should just dive
21 right in with our roll call. Oh, yes, thank you.

22 So let's see, Secretary Littell. Do we have
23 Secretary Littell or a representative? Okay. And
24 Director Roberts.

25 MR. LUNARDI: You can mark her present.

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1 She -- I literally just heard her door close next to
2 mine. So --

3 CHAIR CORLETTE: All right. Great. And in
4 the meantime, Jeff, we have you. Thank you.
5 Commissioner Avula.

6 MS. O'CONNELL-RAYMOND: This is Katie
7 O'Connell-Raymond. I'm attending in his absence.

8 CHAIR CORLETTE: Hi Katie, thank you and
9 welcome. Commissioner White.

10 MS. BLAUVELT: This is Julie Blauvelt. I can
11 be attending in his absence.

12 CHAIR CORLETTE: Great. Hi Julie. Thank you
13 so much.

14 MS. BLAUVELT: Hi.

15 CHAIR CORLETTE: Dr. Shelton. Okay. Ikeita
16 Hinojosa, are you with us?

17 MS. HINOJOSA: Hello. Yes, I am. Good to be
18 here.

19 CHAIR CORLETTE: Hi. Good to see you. Julie
20 Bataille.

21 MS. BATAILLE: Good afternoon --

22 CHAIR CORLETTE: Lee Biedrycki.

23 MR. BIEDRYCKI: Present.

24 CHAIR CORLETTE: Scott Castro.

25 MR. CASTRO: I am here.

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1 CHAIR CORLETTE: Hi Scott. Liz Cunningham.
2 Do we have Liz? Not seeing her. Starla Kiser.

3 MS. KISER: Hi everyone. I'm here.

4 CHAIR CORLETTE: High Starla. And Lou
5 Rossiter.

6 MR. ROSSITER: Hello. I'm here.

7 MR. GRAY: And Doug is here.

8 CHAIR CORLETTE: Oh, hey, Doug. Sorry. I
9 skipped over you, and I apologize. Thank you, Doug. I
10 think we have a quorum. Affirmative. Okay. And we'll
11 go ahead and get started.

12 All right. So like I said, we have got a lot
13 of updates. I think -- and Holly; correct me if I'm
14 wrong, but just a little over five weeks away from
15 launch; is that right?

16 MS. MORTLOCK: That's about exactly right.

17 CHAIR CORLETTE: Yeah. So we are definitely
18 seatbelts on and going at top speed. So we're going to
19 start with an update from the exchange and then DMAS --
20 we'll hear from DMAS about the Medicaid unwind from the
21 Bureau about some updates on the -- in the broader
22 insurance market. And then some great progress from our
23 strategic priority subcommittee and hopefully, if folks
24 had time to review the work of that subcommittee, we'll
25 vote on advancing their recommendations and then other

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1 business. So let's go ahead and get started.

2 So we have Kevin or Holly, who --

3 MR. PATCHETT: Yes.

4 CHAIR CORLETTE: Okay. Great. Hi Kevin.

5 MR. PATCHETT: Hey, Sabrina, thank you. And
6 welcome to our advisory committee members. It is
7 exciting to be here for our third meeting of the year.
8 And as Sabrina said, we are on the cusp of our launch.
9 And interestingly, we're also just about a week or two
10 from our annual anniversary of having first signed the
11 contract for our technology platform and consumer
12 assistance center.

13 Sabrina, when you said seatbelts on, moving at
14 top speed, you couldn't have been more right. One of
15 the things I think that has characterized this last year
16 for us at the Exchange is feeling like we were moving at
17 top speed and then recognizing that we needed to go even
18 faster which has been an often repeated experience for
19 us especially over the last eight months. I think by
20 the time we get across the finish line we'll maybe have
21 figured out how to do that a little more smoothly.

22 But being so close to our go-live date, I was
23 going to kind of run through where we've been over the
24 last year, but there's so much to talk about, and my
25 team said I would likely bore everyone who hadn't lived

1 through it, so we're just going to focus on really where
2 we've been the last quarter. Before I do that though, I
3 want to take a few minutes and say some thank yous,
4 because we have had some enormous milestones over the
5 last couple of months and we could not have gotten here
6 without our partners. Our insurance carriers, the ones
7 who are selling the coverage that the Exchange is built
8 for, have been really wonderful partners. They have had
9 to really engage in the last few months in order to
10 integrate their system with our platform so that we
11 could transfer consumer enrollment data back and forth.
12 And they've really leaned into that process of
13 integration, testing, getting all of their system tested
14 and reviewed. We couldn't do this without them.

15 As for our agent and broker community, this
16 has really been an exciting year working with really
17 some truly wonderful partners, and I will say so many of
18 who have really just become invaluable assets in sharing
19 their experience and their expertise and to have seen
20 some of them make the journey to skeptic to championing
21 the transition has been a wonderful ride to take part
22 and our navigators at Enroll Virginia and BPSOS, so many
23 times they've stepped up and helped us fill a knowledge
24 gap as we've worked through how are we going to support
25 the continuity of coverage from folks coming from

1 Medicaid to a commercial plan in the Marketplace and,
2 you know, we want to thank them for all the work that
3 they do for our communities.

4 Our partners at DMAS and DSS, one of the
5 benefits of transitioning to a state-based exchange is
6 to allow the Marketplace and the Medicaid agencies to
7 coordinate in a way that's not possible when the
8 Marketplace is in the federal government, simply because
9 CMS has 38 states to worry about and they don't, you
10 know, have the bandwidth or the proximity to have the
11 kind of relationship that a state-based Marketplace can
12 with the state Medicaid agencies and we have already
13 begun to see some of the fruits of that -- of that
14 transition. It's been really interesting to see how
15 members of both DMAS and DSS have really rolled up their
16 sleeves and engaged and taken an interest in learning
17 what we do and how this process works and how we can
18 collaborate, and we really do want to thank them for all
19 of their work and their effort and we are looking
20 forward to what the future holds in these relationships,
21 and what we can do together for the citizens of
22 Virginia.

23 Our vendor, GetInsured, really have been good
24 sports. One of the things that we lack at the Exchange
25 particularly in our leadership team is anybody with a

1 good enough mentality. So for better or worse, we all
2 seem to be hardwired to get it right and make it better,
3 and GetInsured has been truly wonderfully willing to
4 come along with us in that journey especially as we
5 insist on understanding not only why, but how before we
6 move forward on the implementation of this Marketplace
7 platform and consumer assistance center. Virginia
8 Association of Health Plans, Doug, you guys have really
9 been great champions of what we're doing and we couldn't
10 have made it so far without your support.

11 Our sister division at the SCC, the Bureau of
12 Insurance, we're lucky enough to share a floor with
13 these folks, and much like with our Medicaid agencies,
14 we are building this connection to better serve Virginia
15 across the continuum of coverage.

16 And lastly, you know, all of you on the
17 advisory committee, this has been a lot of fun to share
18 this journey with you, to be able to hear your insights
19 and your varied perspective and expertise, we are
20 excited to continue doing this with you. And I do have
21 to take a minute and thank my team. I think for us, I
22 would categorize this year as challenges, obstacles and
23 outright crises, and every member of the HBE division
24 has just leaned in, gone above and beyond, worked so
25 hard, and again, there's no way we would be as far as

1 along without so many folks who are so willing to
2 sacrifice their time and their talents to do more than
3 punch a timecard.

4 All right. Well, let's talk a little bit
5 about, and -- excuse me -- forgive my voice, I've been a
6 little under the weather, and I'm hoping it will hold
7 out for the duration, but I've got some good team
8 members who can step in, if at all falls apart here in
9 the few minutes.

10 So looking at where we've been over the last
11 quarter, I think we talked the last time about some of
12 these operational readiness review processes that we
13 started with CMS in June and it took us well into July,
14 providing a total of 11 different platform
15 demonstrations for them to review and give feedback on,
16 and they had feedback and we are continuing to work to
17 meet that feedback. But the process alone was
18 significant.

19 One of the most important things that happened
20 over the last quarter was we obtained our authority to
21 connect to the Federal Data Services Hub. This is what
22 allows us to do the work of the Exchange to get
23 information from the IRS to verify income to get
24 information from Social Security to verify identities.
25 And just a wide range of federal agencies whose data is

1 necessary to validate consumers and to check their
2 eligibility for Exchange programs, all acquired a very
3 thorough and comprehensive security audit interview
4 process. I think the documentation that we submitted to
5 CMS over the course of this process totaled over a
6 thousand pages and Amy Mears, our chief of IT Security
7 really put this on her shoulders and carried it across
8 the finish line for us. Truly one of the unsung heroes
9 of HBE. That of course was followed up in August by our
10 go decision from CMS. What's interesting about that go
11 no-go deadline from CMS, once they say go there really
12 is no turning back. We begin processes that there's
13 no -- there's really no backup plan for.

14 And so there's so much work and so much review
15 and attention to detail to get CMS comfortable that they
16 are ready to turn the reigns for Virginia's Marketplace
17 over to us and so to have crossed that threshold in
18 August, you know, really was exciting for us and it also
19 was a little like -- I shouldn't say a little -- it was
20 like opening the floodgates. So many work streams that
21 we had been planning and preparing for couldn't start
22 until we crossed that threshold. And all of these other
23 activities are going on at the same time.

24 We are testing, we've now tested three
25 different releases of our Marketplace platform.

1 Hundreds, probably thousands of test cases as part of
2 that. We lost our learning management system and having
3 less than six weeks, we already have 2,000 agents,
4 assisters, and navigators who've completed their
5 certifications and we have as of right now, I think a
6 little over 1,600 who are in process with that training.
7 So we're excited about that level of engagement from
8 that community and having such a broad coverage of
9 partners in Virginia to work with consumers.

10 Let's take and -- yeah, let me keep us moving.
11 Let's go ahead and look at what are we doing right now.
12 We have a lot of simultaneous work streams going on.
13 Some of these have been going on for a long time, like
14 the carrier onboarding. Some are just starting like the
15 agent data migration, the consumer data migration, and
16 so many of these work streams that are starting, we
17 spent a lot of time preparing for the storm that we knew
18 was coming, but in every case it kind of takes our
19 breath away at just how much there is to do and how
20 short a window we have to do it in, and again, we are
21 meeting these challenges, these obstacles, we are
22 resolving these crises because of the quality of our
23 team and because of the support we get from our
24 stakeholders. And you can see also here the number of
25 things that are really coming to sort of fruition in the

1 first and second week of October. Of course, November
2 1st is our go-live date, but our goal is that the only
3 thing that changes on November 1st is, well, all of our
4 services will be up and running prior to November 1st.
5 All of those services will have time to have done some
6 real life production testing. So this is all designed
7 to make sure that November 1 is seamless and that we're
8 not turning the lights on for the first time we also get
9 a high volume of consumers who hit the platform and the
10 call center.

11 CHAIR CORLETTE: Kevin, can I ask a quick
12 question?

13 MR. PATCHETT: Sure.

14 CHAIR CORLETTE: People can -- see in terms of
15 somebody looking for coverage, if they're looking at
16 plan year 2023 coverage, like say they just need two
17 months, November, December, do they still go to
18 Healthcare.gov?

19 MR. PATCHETT: They do.

20 CHAIR CORLETTE: Okay.

21 MR. PATCHETT: They do. Yeah. So we spent a
22 lot of time coordinating with CMS over the last few
23 months to prepare for that overlap. It's really
24 exciting. So every state that transitions, deals with
25 that overlap. We have the added benefit of doing it in

1 the middle of the unwinding which is really exciting for
2 us. So, you know, there will be a different level of
3 again, volume and some complexity associated with that
4 which is why they said we spent months coordinating with
5 CMS and also with DMAS on everything from processes to
6 communication strategies.

7 MR. ROSSITER: Kevin, a related question is, I
8 was -- I saw an ad Healthcare.gov, and wondered if I'm
9 looking for 2024 coverage and I'd go to Healthcare.gov,
10 what -- and I'm a Virginian, what happens then?

11 MR. PATCHETT: Yeah. So -- and we can see a
12 little more of these timelines here in a minute, but
13 beginning, I think it's 10-4, October 4th, if the
14 consumer goes to Healthcare.gov looking for 2024
15 coverage, they'll be redirected to our website and
16 platform.

17 We actually had expected, more than hoped,
18 we'd expected that that date would actually be a little
19 earlier, but CMS set it at October 4th this year, so
20 another one of our floodgates that's going to open on
21 October 4th is the consumer outreach. There's a lot of
22 things that we thought we could start in August, but CMS
23 has required us to wait until October.

24 And so if we look at the next slide which is
25 really focused on sort of how this process -- we're just

1 talking about communications is going to work. You can
2 see it all kicks off with CMS being the first one to
3 reach directly out to consumers who are already on the
4 Marketplace, that happens on 10-4, and then from that
5 point, the rest of these activities, we pick up
6 ourselves. And as you can see, in that three-week
7 period we are cramming an awful lot of activities,
8 communication, outreach and marketing to get prepared
9 for November 1st, all at the same time we're processing
10 auto renewals in the background, opening the platform
11 for window shopping, and then doing our cleanup consumer
12 data migration or catch up I should say. We'll do our
13 first consumer production, consumer data migration next
14 week. We expect about a little over -- right around
15 250,000 applications that we will migrate next week and
16 we will do the work to confirm, validate that data and
17 then update it at the end of October as things will have
18 changed in the intervening month.

19 Let me just pause here, and any other
20 questions about communication strategy and planning?
21 Holly is going to talk in a few minutes a little more
22 specifically about our marketing and outreach, and what
23 that's going to look like and how the different phases
24 are going to take place here over the coming months.

25 CHAIR CORLETTE: Kevin, one issue, and maybe

1 this is just over time gotten addressed or fixed, but I
2 remember hearing from a state that transitioned to an
3 SBM in the last few years that they were surprised to
4 discover that a lot of current Marketplace enrollees
5 that had been on Healthcare.gov were -- when they
6 actually looked at them were actually Medicaid eligible.
7 And so I'm wondering like, is that an issue that you
8 guys have heard about and, if so like what's -- is there
9 like a plan for how those folks are informed or what
10 they're supposed to be doing.

11 MR. PATCHETT: Yeah. So we have already
12 received our first or maybe even second, we call sort of
13 data extract so that we can begin testing and validating
14 the data itself, the migration process and one of the
15 things that we started looking at, at that same time is
16 as we've been sort of test running eligibility to
17 validate, you know, the like in the functionality of our
18 system in a production environment and with some real
19 data, we've also been taking a look at how many of those
20 consumers are getting flagged for Medicaid eligibility.

21 One of the benefits that we have is that
22 Virginia's transitioning as a determination state. So
23 unlike most other -- most of the other Exchanges in the
24 country, if we just do assessments, and then send
25 consumers back to their Medicaid agency for the

1 determination of whether or not they're eligible, who
2 will actually run a Medicaid eligibility determination
3 for any consumer who comes seeking any of the financial
4 assistance programs through the Marketplace. So we will
5 run that and if we determine that consumers are
6 eligible, we'll simply transfer them to DMAS for
7 enrollment in an MCO and sort of away they go. So
8 hopefully, that will minimize any, you know,
9 ping-ponging of customers trying to figure out where
10 they should be, and support our efforts to have a sort
11 of no wrong door for Virginia consumers.

12 CHAIR CORLETTE: Thank you.

13 MR. PATCHETT: And then, so lastly, I will
14 just touch on sort of what our -- so one of the things
15 that happened over the last two months is that we've
16 uploaded all the carrier's plans, both health and
17 dental. The carriers have validated those. We actually
18 got to do it twice since reinsurance was a little
19 delayed this year.

20 And so here's a picture of what our -- what
21 the individual market looks like in Virginia. We
22 continue to have the benefit of having at least two
23 carriers in every locality in Virginia which, you know,
24 I wish the Marketplace could take correct for, but
25 that's really -- that's been a multiyear process and

1 lots of different folks and stakeholders have been
2 involved to stabilize Virginia's market, and we're -- we
3 are, you know, reaping the benefits of that right now
4 for the consumer market we have a robust set of carriers
5 in Virginia, 12 health carriers, and 7 dental this year
6 or 7 standalone dental in really covering all of
7 Virginia. And there's the picture of our standalone
8 dental carriers.

9 So let me pause again here for questions
10 before I pass it over to Holly to talk more specifically
11 about our marketing and outreach efforts. Okay. Then
12 Holly, and what Holly is going to share, this really is
13 Holly and her team standing at the sort of flood relief
14 gates waiting for the green light to release the pent up
15 pressure of energy and excitement around the marketing
16 and outreach work that we've been developing for the
17 better part of a year, so take it away, Holly.

18 MS. MORTLOCK: Well, thank you so much, Kevin.
19 And we are so excited to share our marketing and
20 advertising and media plans with you today. To say that
21 we have been waiting is really a massive understatement.
22 We have really been wanting to get these in play as soon
23 as possible, but now we are -- the days have come, and
24 we are in the place now to begin launching this
25 tremendous effort.

1 So we've worked many months with our marketing
2 vendor to develop a very research based and a very
3 diverse and robust marketing and advertising program for
4 our brand launch and our open enrollment campaigns. And
5 we have put our highest and best resources into
6 developing these plans.

7 And so what you see just as the overall
8 contours is a four-phased approach, and I'll just note
9 that it really actually began early on with the
10 unwinding campaign and this just focused on -- this was
11 not as Virginia's Insurance Marketplace, but this was
12 just to focus on amplifying the efforts of our
13 stakeholder apartment -- stakeholder partners to raise
14 awareness of Medicaid renewals and to drive consumers to
15 the Marketplace for their coverage.

16 And so our messaging around that will shift a
17 little bit, but it will continue through the end of July
18 of next year, to support all the individuals into
19 getting Medicaid impacted individuals into getting
20 Marketplace coverage.

21 So the second phase is our social media
22 campaign. And that actually began on September 12th.
23 So I don't know how many social media mavens we have out
24 there, but you may have seen some initial posts on
25 Facebook and Instagram and YouTube. And so these are

1 just very organic social media posts. They are not paid
2 advertisements just yet, but we will encourage you to go
3 out and check out our pages which I will show you in
4 just a moment. We're also in the process of getting a
5 LinkedIn page, so please be on the lookout for that and
6 connect with us there as well. I'm expecting that in
7 the coming weeks.

8 So for Phase Three, so next week at this time,
9 we will be launching very out loud, our brand of
10 Virginia's Insurance Marketplace to all of the
11 Commonwealth. This launch will inform Virginians about
12 the transition and very quickly develop brand awareness
13 across Virginia. So you will very soon see on your
14 streaming TV, radio, and your Internet searches, you
15 will see us out there, and we are very excited for you
16 to see that and connect with us.

17 And so that will run through October 31st. So
18 as Kevin had mentioned, you know, CMS had really wanted
19 us to wait until October before we were really launching
20 these messages and that brand awareness. So the brand
21 launch will be abbreviated so October 1st through the
22 31st with some overlap into the open enrollment campaign
23 where we will have our most robust resources in this
24 phase of our campaign efforts.

25 So open enrollment is going to really focus on

1 educating Virginians about their insurance options and
2 the importance of health coverage, motivating them to
3 purchase insurance on the Exchange, and help Virginians
4 who have insurance to maintain it.

5 And so this slide is where we wanted to give
6 you a sense of how robust this marketing and advertising
7 campaign is, and the types of things that you might see
8 as a Virginian as you're watching your advertising. So
9 the first is programmatic display and video. So I know
10 there are some members of the committee that may be very
11 familiar with advertising terminology, but these are
12 static or animated banners and video ads on websites
13 across the Internet with news and entertainment sites
14 which we all are bombarded with. Connected TV which
15 will have video ads placed on streaming platforms like
16 YouTube, TV, Amazon, Prime Video, Sling, Hulu, and
17 Discovery+. These will run about 30 to 60 seconds.

18 We also have digital out-of-home ads which
19 will be on digital displays like gas pumps and bus
20 stations. We have site direct ads, so our marketing
21 vendor will be partnering with specific sites to run our
22 ads in specific niche or distinct audiences. We also
23 will have streaming audio for everyone who listens to
24 iHeartRadio, and Pandora and other music streaming
25 platforms, we will have those audio ads there in between

1 content.

2 We also have Google search ads which will be
3 just text ads promoted on Google search on the results
4 page. And then we will have high impact displays which
5 are premium display ads that are interactive, so
6 clicking with banners encouraging brand engagement
7 through multiple touch points, inviting individuals to
8 make a choice. I'm sure you have seen these types of
9 ads with click throughs, but we will have those. And of
10 course social media we just discussed. And one of my
11 favorites is really something that was a very new
12 concept to me. I was kind of mesmerized, but we are
13 going to have something called moving billboards with
14 mobile retargeting. So those are digital wrapped truck
15 ads that serve as a billboard and they have beacon
16 technology collecting mobile IDs of anyone in the area
17 and they will use that to retarget their mobile phones.
18 Which was confirmation for me of that people are -- they
19 are actually listening, and watching my phone. So we
20 will look for those. Those will really help us,
21 especially in particular areas where there may be harder
22 to reach individuals. We will use our data and research
23 to inform the use of these in the highest need areas.

24 And then we have -- we're really ramping up
25 our TV and radio space. We will have public service

1 announcements, 30 seconds of video and radio PSAs that
2 will be distributed broadly across Virginia. We will
3 also have a satellite media tour. I think there will be
4 10 or 12 interviews of TV and radio by a Virginia --
5 Virginia's Insurance Marketplace spokesperson. And then
6 we will also have additional channels like broadcast TV
7 and radio. We will do a YouTube mass -- takeover custom
8 asset and connected TV. So those are the main
9 highlights of our brand launch and open enrollment media
10 campaigns.

11 CHAIR CORLETTE: I think Scott has a question.

12 MS. MORTLOCK: Sure.

13 MR. CASTRO: Hey, thanks Holly. Also thanks
14 for the confirmation that people are listening to my
15 phone. We get those targeted ads all the time, and like
16 how did they know that. Curious if there's any
17 consideration, I just know, obviously, you guys have a
18 multipronged approach here, just thinking about, you
19 know, millennial population and younger folks too. I
20 know you have stuff on -- it says like streaming like
21 Pandora and things like that. Any consideration given
22 to podcast platforms?

23 MS. MORTLOCK: You know that is actually a
24 great question. And what I will say is that we are, you
25 know, our marketing vendor has done just a thorough

1 amount of research, and they have a ton of experience in
2 this space, I think if they are considering that, it
3 really will be, you know, based on the research in terms
4 of what is the most impactful. They have paid a lot of
5 attention to our younger population in terms of
6 strategies and reaching them, but that is a great point
7 and I'd be happy to ask them that question.

8 MR. CASTRO: Thanks, Holly.

9 CHAIR CORLETTE: Okay. And now I think Julie
10 has her hand up.

11 MS. BATAILLE: Yeah, hey everybody, I was
12 going to add to that question, Scott, thank you. Holly,
13 this looks like a terrific plan, and I love to see all
14 of the channels that are being leveraged, especially
15 just knowing the diversity of Virginia and being able to
16 reach across the different populations that you have to
17 touch.

18 One thing that I would say just in response to
19 the podcast question in particular, that is something
20 that you could always think about doing outside of your
21 paid media efforts as part of your ongoing, you know,
22 interviews and media relations too, so there's always
23 time to add that in if your team finds that it's a
24 valuable, you know, resource given your time
25 constraints.

1 MS. MORTLOCK: Thank you, Julie, that's a
2 great suggestion.

3 CHAIR CORLETTE: This is maybe not so much
4 about advertising, but, I had a question. I think one
5 issue that's come up is when people are searching for
6 health insurance on Google or other search platforms,
7 like some of the more common search terms don't always
8 generate like the Marketplace as one of first search
9 results. So for example, if you're, you know, your
10 search term is something like need health insurance,
11 it's like the first page of results sometimes is just,
12 you know, a bunch of junk plans. So I'm just curious
13 if -- and I don't know what the right terminology is,
14 but if there's a way to make sure that the -- that
15 Virginia's Marketplace rises to the top of those search
16 results.

17 MS. MORTLOCK: Yeah, absolutely. And we've
18 done a little bit of work on this space ahead of time
19 sort of anticipating that this is an issue that
20 consumers come across -- really across the nation. And
21 so the first thing that we did in terms of looking at
22 our naming is we really looked at sort of search engine
23 optimization, and finding names that would rise to the
24 top and be the least confusing to consumers. That is
25 something that we worked very closely with our marketing

1 vendor on, but I think probably the most important
2 feature for us and our marketing vendor is watching for
3 these things in terms of, you know, Google analytics and
4 so forth, so we are watching to see behavior around
5 these links and our link.

6 The other thing that I think is the most
7 important piece of this is that we worked really hard to
8 make our name a .gov name. So our platform is
9 really .gov. When we did our focus groups and talked
10 with consumers, one of the most important things that
11 came out of those conversations was that they really
12 valued having a .gov in the name to convey that
13 credibility to them. And so I think that is one of the
14 things that we believe will be a big asset to us in that
15 regard.

16 Are there any other questions on the channels?
17 We have some more exciting things to share with you.
18 Okay. So I think we mentioned our social media ads and
19 so this is a sample post, but if you're at your computer
20 and you would like to see for yourself, live, you can go
21 to our Facebook page, you can look for Virginia's
22 Insurance Marketplace on Facebook, Instagram or YouTube
23 and find our sites there. So feel free to do that. And
24 you can see here, it's just a sample photo of one of the
25 ads that will be posted that conveys our brand with the

1 ombre colors and just the overall messaging and tone
2 that we envision for Virginia.

3 Okay. And so if I can indulge you for just a
4 moment, I would like to try -- I hope this will work --
5 to play a video, just a sample ad that we have created
6 with -- so here you go. And let me know if you can't
7 hear it.

8 (Video playback.)

9 MS. MORTLOCK: Okay. Was that audible? Did
10 that come through well?

11 CHAIR CORLETTE: I just got the first couple
12 of sentences, unfortunately.

13 MS. MORTLOCK: Oh, no. Okay. I -- well, I
14 will see if we can get you a link to that or if you can
15 see something like that very shortly. So I was hoping
16 that --

17 CHAIR CORLETTE: Yeah. No, the visuals were
18 great. Yeah. I don't know, were others able to get the
19 audio?

20 MS. MORTLOCK: No, okay.

21 MS. BATAILLE: No, I just had the beginning
22 too. But I will say the -- I mean, it was great, in
23 terms of the snapshots of Virginia, making sure you
24 recognized a lot of the different kinds of community you
25 serve, so I will look forward to hearing the audio in

1 its full totality as soon as it's ready.

2 MR. ROSSITER: I really liked the only place
3 you can get savings on your health insurance, that was
4 really good.

5 MS. MORTLOCK: Okay. Any other questions or
6 comments about the video? Okay. I know we have a lot
7 more on our agenda today. So I will turn it back to you
8 Sabrina. I think we have -- and then we have Virginia
9 Medicaid up.

10 CHAIR CORLETTE: Yeah. Let's go right into
11 it. I think -- is it Jeff? Are you doing the
12 presentation or --

13 MR. LUNARDI: Yes. Thank you, Sabrina, thank
14 you Holly. For those of you that don't know me, I'm
15 Jeff Lunardi. I'm the chief deputy here at DMAS. I'm
16 standing in for Sarah Hatton [ph] our deputy for
17 administration who's been spearheading the unwinding
18 effort.

19 As everyone on this call knows, really this
20 big unwinding effort is kind of the return to normal
21 following the federal public health emergency which, you
22 know, sort of for lack of a better term froze enrollment
23 for anyone eligible for Medicaid during that period, and
24 so there are too many people to thank and I don't have a
25 slide for it, but the team here at DMAS at DSS at the

1 state and local level, you know, the association and the
2 Medicaid MCO health plans have been instrumental and
3 certainly Kevin and Holly and their team given the
4 timing with the rollout of the state-based exchange and
5 the need for individuals who have regained employment as
6 the public health emergency came to a close and the
7 economy picked back up to make sure they're aware of the
8 other affordable health insurance options are out there.

9 So many, many people, none of whom were me,
10 did a ton of planning for this and have been working
11 tirelessly to make sure this is going very, very well.
12 And so I am going to give some broad strokes. And then
13 one of my colleagues is here, Jessica Anecchini, who is
14 here, one of our linchpins here at DMAS to make sure
15 this is working well, will also sort of round out the
16 update.

17 So just to level set where we are right now.
18 We are just about halfway through what's essentially a
19 year-long process. So September marks the seventh month
20 of initiating eligibility redeterminations in the fifth
21 month where redeterminations are actually due. So the
22 reason for that is, there's sort of a two-month lag when
23 we go in monthly cohorts of when we redeterminations are
24 due, but we had to initiate those renewals two months
25 prior starting with a -- what we call an ex parte

1 process, and Jessica will have some more details on
2 that, but then if that isn't able to do it
3 automatically, then we mail out paper packets, the
4 member has to fill out, return that and there's a two
5 month sort of timeframe in which they have to do that
6 prior to them being due. So where we are again, in that
7 time -- in that space is we have initiated renewals for
8 more than half of the 2.1 million Virginians who are
9 going to go through this full unwinding process.

10 One big update since our last meeting is our
11 public facing dashboard. We've done a major overhaul of
12 our unwinding dashboard to really improve the public
13 transparency over the process, and we're really excited
14 about that. There's additional tabs and information on
15 our website that breaks down the unwinding data and
16 status by region and county. There's also a more
17 granular breakdowns of closure reasons, so Medicaid
18 members who have been closed during the process, why,
19 and then there's also demographic data by age, gender,
20 race and ethnicity to really give a whole lot more
21 context to the individuals that are going through the
22 process and who they are.

23 And one note as you look at that and as, you
24 know, stakeholders consume that, it's updated weekly, so
25 the data is as of each Wednesday, so what's up there

1 right now is sort of live up to date through September
2 20th which was just a couple of days ago.

3 So as of that date on the dashboard, as of
4 9-20, just under 900,000 members have received a
5 determination and that equates to a little over 41% of
6 the Medicaid population at the outset which is really
7 right where we should be, because we're five months in
8 and five of twelve is just a little over 41% as well, so
9 we are right on target in terms of trying to work
10 through this in our 12-month timeframe as required by
11 CMS.

12 Of those, little more than 750,000 have been
13 renewed, determined eligible and have continued coverage
14 for another 12 months with Medicaid. And then another
15 142,000 in change have been -- have been closed. Just a
16 quick reminder, a closure could have occurred due to
17 this -- their annual renewal or -- but it also could've
18 occurred outside that process for reasons such as death
19 or permanently moving out of state. So I will pause
20 there with the -- sort of the broad strokes of where we
21 are in this big unwinding process and then Jessica, if I
22 could tag you in to walk them through some of the
23 additional details.

24 MS. ANNECCHINI: Sure thank you for having me.
25 So first we'll go into a little bit more detail on this

1 closure. So what we're tracking with closures is who is
2 closed for a nonprocedural reason, meaning did we
3 determine that they were ineligible as opposed to those
4 closed for procedural reasons which is we did not
5 receive their paperwork that's needed to determine
6 eligibility. So when looking at the closures, 66% of
7 the members that were closed were disenrolled for those
8 nonprocedural reasons, again, meaning we were able to
9 determine that they were ineligible for any Medicaid
10 coverage ongoing. And then 34% were closed for that
11 procedural reason.

12 Prior to the continuous coverage requirement,
13 we were at about a 30% procedural closure rate of --
14 staying somewhat in line where we were before, and
15 that's really good news considering we saw a 41% growth
16 in enrollment during coverage continuation, so really
17 good to see that we're keeping with those numbers, but
18 of course we looked ahead of that, we said, you know,
19 what can we do to make sure those procedural
20 closures get back to us, because of course we don't get
21 them -- get them to go to the Marketplace, because if we
22 can't determine them ineligible, there can't be another
23 determination at the Federal Marketplace.

24 So thinking about this ahead of time before we
25 started the unwinding, we partnered with our health

1 plans and they've been a great help to us. They
2 actually performed outreach to all of those members that
3 were closed for those procedural reasons just reminding
4 them that you have this three-month reconsideration
5 process where they can come in, provide their renewal
6 information, and they don't have to reapply. So we will
7 see some information coming up and that our dashboard
8 will start to include a -- dashboard next month and
9 that's going to say, well, who was closed for those
10 procedural reasons and then came back to us, so we can
11 see the work that's being done to make sure that those
12 that are eligible maintain coverage.

13 So that's a little bit on the closures. I do
14 want to shift to the other renewal tasks as Jeff
15 mentioned a little bit earlier. Our ex parte process is
16 what basically initiates the renewal. It's an automated
17 process that runs two months typically before a renewal
18 is due and this is a very important process because, of
19 course if we can automate the renewal that removes that
20 manual workload from any work needing to touch the case.

21 So unfortunately, September's ex parte run
22 doesn't happen until tomorrow, so I did come with August
23 numbers so you could see. So in August we initiated
24 renewals for over 110,000 families which is over 181,000
25 members. And so we were actually doing this at about a

1 64,000 case rate per month prior to continuous coverage,
2 as you can tell, we're almost doubled what we're doing
3 right now. So we can't initiate more than a 9th in any
4 month which is 240,000 members, so like I said, we did
5 181,000 last month. It varies slightly from month to
6 month just depending on when the numbers are due.

7 So out of that we actually saw a 55% success
8 rate among our cases and 51% for members. That's
9 pretty -- that's a pretty awesome rate because we're
10 looking at not only currently due members, but also
11 overdue which means their information is a little old
12 since we've looked at them, but to know that we have had
13 data sources out there to continue their eligibility,
14 it's always great to see those numbers going up. I
15 think that last time Sarah would have presented on
16 numbers that were more in the 20% range. So you can see
17 we've definitely gone up in that success percentage.
18 So, of course, that means they renew for another year.
19 And of course, we do look at like I said, we're looking
20 at current renewals and overdue that we weren't able to
21 renew during continuous coverage. We're seeing actually
22 a 69% success rate for current due and a 17% success
23 rate for overdue. That was expected, so like I said,
24 the older the information is you have a less likely
25 chance of data sources still matching that old

1 information. So we, you know, we foresaw that and we're
2 good to see that the current numbers are exceeding our
3 expectations, and of course, that's where it comes in to
4 make sure we get those packets in which is about 47,000
5 households were mailed packets last month, and then of
6 course, all those cases need to be processed by the
7 October cutoff and October cutoff is the 16th, 16th
8 every month for Medicaid cutoff.

9 So just some information on the ex parte and
10 closures in a little bit more detail. And I think we're
11 going to pause here for any questions.

12 CHAIR CORLETTE: Thank you. Sounds like you
13 all are doing just incredible work and it's great to
14 hear that, you know, these rates are where they are. I
15 just had a question. I saw that -- was it yesterday or
16 Wednesday, this week has been a blur, but the CMS --

17 UNIDENTIFIED SPEAKER: We had two articles.

18 CHAIR CORLETTE: -- released a report about
19 this issue with -- for ex parte eligibility being
20 determined on the household versus individual level.
21 And I was just wondering, it looked like Virginia had, I
22 think it was between 10 and 49,000 people who might be
23 affected by that. I was wondering if you could just say
24 a little bit about how you're -- it's -- yeah, sort of
25 how you're managing that issue and working through it.

1 MS. ROBERTS: I'm going to let -- we're going
2 to let Jessica say something, but first I do want to say
3 to the committee -- and Kevin, I do owe you a letter, so
4 let me set that to you, too. Jessica, we need to send
5 him the letter I sent to CMS so he can have it for the
6 committee. So we'll send you the letter that we have
7 about the plan that we had about this issue, and that
8 way you can all have it. It's open. It's not a
9 problem. We have given it out. So you can all read it.
10 And I'll let Jessica explain it, but I will tell you two
11 things, one, very extremely proud of the team. They
12 were ahead of the game. Most dates are -- were shock
13 and awe, and we were shock and awe, but we acted very
14 quickly.

15 Second, I will ask the committee that if you
16 read anything that sounds an issue, I would ask that you
17 contact us first. So I'm glad you're asking right now,
18 so that we can do that. Some of this is political as
19 you can tell, in terms of the wording. What I can tell
20 you is that we're very, very committed to our members.
21 We are not throwing members off when people are telling
22 you. I do not wake up in the morning and say, how many
23 children can I delete off the rolls. So if someone
24 tells you those things, please, please, try to make you
25 smile about it, because it sounds so egregious, but

1 that's how it's being played, and it's not. What the
2 issue is, is that ex parte is an automatic process and
3 there's two ways you can look at it, either the
4 household which we have done for many years or as an
5 individual basis. And so Jessica who is actually the
6 person who designed our change, Jessica, could you
7 explain how we're resolving it?

8 MS. ANNECCHINI: Sure. And just so everybody
9 knows, our policy has always been to renew on the
10 individual level. States had to go through mitigation
11 once already to go through this with CMS and we already
12 had mitigated and approved with them that we are
13 renewing on an individual level. However, our automated
14 process could see some enhancements just to make sure
15 we're catching everybody possible. And so basically
16 this is actually a change that's going in tonight.
17 We've already reinstated everyone that's potentially
18 affected so that CMS template is again a preliminary
19 amount, because, you know, we want to make sure we're
20 giving the due diligence to everyone that potentially
21 could have been disenrolled or had an inaccurate
22 decision. So once we put the system fix in to truly
23 look at the individual level and making sure one
24 person's outcome does not affect another person then
25 we'll be able to reevaluate everybody and determine

1 who's eligible ongoing.

2 Now, of course, this math is not proven with
3 anything, because of course, we have to run them
4 through, but we are guesstimating about only 10 to 30%
5 of what we've reinstated, will continue their coverage
6 another thing I want to point out is that the number in
7 the article is of course children and other household
8 members, so there could be other possible members in
9 addition to children that were potentially disenrolled.
10 And also that is the covered group that they were in
11 when they were disenrolled. While it is a very small
12 percentage, of course, we did not reevaluate during
13 continuous coverage, so there are individuals in the
14 children's covered group who are now 19 or older which
15 means they no longer find coverage there, but
16 potentially they could find coverage in another group.
17 So just kind of pointing that out that once we do that
18 reevaluation that's what's going to help us to really be
19 able to define those populations a little bit better.

20 CHAIR CORLETTE: Thanks so much, and Director
21 Roberts, I like your shock and awe. Definitely I think
22 was -- a lot of folks were feeling that. So thanks for
23 all the amazing work that you guys are doing. I know
24 you're working overtime on this.

25 MS. ROBERTS: You're welcome, and again, we'll

1 get you the -- we'll send it to Kevin and to Holly and
2 so you can all read it, and that will help you, because
3 you'll actually see what was actually written to CMS in
4 terms of the plan. So you can be part of it; okay.

5 CHAIR CORLETTE: Okay. Any other questions
6 for our DMAS friends? All the. Well, thank you all. I
7 think next we have the Bureau. And Julie, is that going
8 to be you?

9 MS. BLAUVELT: Yes. I believe that's going to
10 be me for the first part of it to talk about the
11 Essential Health Benefit Benchmark Plan update. So just
12 to level set everything a little bit before I get into
13 the rest of it, I guess with some federal rules that
14 came out a couple years ago, thinks kind of became clear
15 of what CMS has I guess been saying all along that the
16 real way to mandate benefits for the individual in small
17 group health insurance coverage that's covered by ACA is
18 by changing the essential health benefits benchmark plan
19 and updating that benchmark plan which became a
20 possibility in 2020. I guess before then the benchmark
21 plan had been CMS told states when and how to set a
22 benchmark plan. We did that in 2014, by a default plan,
23 and then CMS said again, states needed to update their
24 benchmark plan for 2017 which we did again then.

25 Now since then, there's a process for states

1 to as they see fit and when they see fit, apply to
2 update that benchmark plan. So at the last couple
3 General Assembly sessions the Bureau of Insurance has
4 been talking with legislatures -- legislators about --
5 to help them understand that a state mandate -- a state
6 benefit mandate will cause the state to make -- have to
7 make defrayal payments if the state mandates benefit in
8 the individual small group markets that way, on
9 qualified health plans that are sold through the
10 Exchange.

11 Of course, you know, that may be the desired
12 way like we saw with the hearing aids benefit that did
13 go that route and that was because of some requirements
14 that go along with an essential health benefit, and
15 having to offer that benefit in an nondiscriminatory
16 manner meaning, all ages would have to have that
17 benefit. And the hearing aids was just -- was
18 wanting -- they were wanting to target minors, and give
19 that benefit to minors, so the decision was made by the
20 legislature not to have hearing aids, you know, be --
21 and essential health benefit, but to go the state
22 mandate route with that.

23 So there was budget language back in the 2022
24 special session that instructed the Bureau of Insurance
25 to study and analyze Virginia's options for a 2025

1 essential health benefit plan benchmark plan update.

2 And in the past session, the 2023 session, we did have
3 bills go through that required the Bureau of Insurance
4 to select a new essential health benefits benchmark plan
5 and another set of bills that went through to set out a
6 regular review process for updating the essential health
7 benefit plan benchmark plan regularly.

8 And the benchmark plan is the document that
9 sets out what the minimum requirements are, so all ACA
10 plans, you know, have to have the ten essential health
11 benefits and the individual small group markets. And
12 the actual benchmark plan documents specifies how those
13 ten broad categories are covered and gets down to very
14 specific things like a minimum of 30 covered
15 chiropractic visits or 16 hours of private duty nursing,
16 that kind of thing.

17 And so as we see things evolve and technology
18 or anything like that then states can request to update
19 their benchmark plan, and they have to apply to CMS to
20 be able to do that, because of course, the federal
21 government pays for increases in benefits through
22 increased premium through increased tax credits. So --
23 and those applications, it's got a long lag time of
24 about 20 months prior to the actual effective date of
25 the new essential health benefits.

1 So the Bureau of Insurance had a contracted
2 actuarial firm that had done this type of thing before
3 with some states and we had a federal grant we were able
4 to use to be able to do some studies and get information
5 to the Health Insurance Reform Commission so that they
6 could actually direct the Bureau of Insurance as to what
7 changes should be made to the benchmark plan since the
8 Bureau of Insurance is not a policymaking body. We
9 didn't feel like we could make that decision on what --
10 how to change the benchmark plan. We needed direction
11 how to do that, so the report that was done, it looked
12 at Virginia's current essential health benefits, the
13 2017 plan looked at what other states what they were
14 changing and other states benchmark plans. And there
15 are a number of ways as they could change their
16 benchmark plan. They can pick another, you know, take a
17 totally another plan out of their options that they have
18 to choose from. They can pick another state's benchmark
19 plan and make some categorical changes to that or they
20 can kind of start from scratch and do a whole new one.
21 Most states are going with the third option which is the
22 starting from scratch, but they're actually pretty much
23 all using the current benchmark plan which is what
24 Virginia did. We used the current benchmark plan and
25 made some tweaks to that, and part of the application

1 process is that there are parameters that the federal
2 government sets. There's a floor and a ceiling for the
3 benchmark plan. And the -- it has to be at least as
4 generous as a typical employer plan, so we could use our
5 current benchmark plan as that -- as the floor and it
6 can't be anymore generous than the most generous
7 benchmark plan option that the state had to choose from
8 which in our case was the federal employee health
9 benefit plan. So we found that in between where we are
10 now and the top that we could go, there's a \$2.56 per
11 member, per month window, I guess you'd call it so that
12 we could, if we wanted to, Virginia could add \$2.56 per
13 member, per month worth of new benefits if they wanted
14 to do that. Of course, you know, that does raise the
15 premium that much as they want to raise those benefits
16 or increase those benefits.

17 So the Bureau of Insurance did a study and we
18 chose four benefits to look at for consideration and the
19 way we chose those four benefits to study what the cost
20 of adding those benefits would be is those were benefits
21 that had recently been reviewed by the Health Insurance
22 Reform Commission and looked at and considered through
23 legislation, and they were hearing aids, enhanced
24 prosthetics, donor breast milk and oral enteral formula.

25 And so what happened was the General Assembly

1 did direct the Bureau of Insurance to choose a new
2 benchmark plan to include the oral enteral formula,
3 so -- oral formulation of the nutrition, and enhanced
4 prosthetics which was already mandated in a large group
5 market. And it's projected that those two benefits that
6 were -- we applied to add to the benchmark plan will
7 increase the per member, per month by 29 cents, so that
8 was within the range that we could work with.

9 We also made some updates in our application
10 for a new benchmark plan. We updated wording that was
11 in the current benchmark plan. That, again, back from
12 2017. So there have been some changes in federal law
13 nondiscrimination, mental health parity laws, new
14 preventative care services. So we added, you know, that
15 information into the actual benchmark plan.

16 CMS did approve that application back of the
17 end of last month, and we have a website that -- where
18 you can see the updated -- actually all of the benchmark
19 plans that we've had in Virginia. So that's what we've
20 got for 2025. And then there was also like I said at
21 the beginning some set of bills that went through that
22 will require the Bureau of Insurance to establish a
23 workgroup and that will also require the Health
24 Insurance Reform Commission to review whether updates
25 are needed to the benchmark plan starting in 2025 for

1 a HERC review, and a report that the Bureau of Insurance
2 needs to provide to the Health Insurance Reform
3 Commission. So we're actually going to start our work
4 in 2024 with a workgroup in order to provide that report
5 to the Health Insurance Reform Commission by the end of
6 March, and then every five years after that, we are --
7 we're going continue that as the legislation is right
8 now or as the law is right now.

9 So that's pretty much what I had to talk about
10 on the benchmark plan. And if there are any questions
11 I'll be glad to answer them.

12 CHAIR CORLETTE: Thanks Julie, that's very
13 helpful. I'm curious, do you know if there are any QHP
14 issuers that are covering benefits in addition to the
15 benchmark at this time?

16 MS. BLAUVELT: Yes, I think there are quite a
17 few. Adult dental is something that can never be part
18 of the essential health benefits. So some cover that.
19 Abortion coverage is also something that can never be
20 part of the essential health benefits and there are a
21 few carriers that cover that. I think those are kind of
22 the main ones we see.

23 CHAIR CORLETTE: Okay. Thank you.

24 MS. BLAUVELT: Eyeglasses for adults.

25 CHAIR CORLETTE: Okay. Great. Thank you.

1 Any questions for Julie on the EHB? Okay.

2 MS. BLAUVELT: And then I see reinsurance on
3 your slide --

4 CHAIR CORLETTE: Yeah.

5 MS. BLAUVELT: -- and Brad Marsh is here from
6 the Bureau of Insurance to talk about that.

7 CHAIR CORLETTE: Great. Well, thank you so
8 much Julie, really appreciate it. And Brad, tell us all
9 about reinsurance.

10 MR. MARSH: I just want to thank you all for
11 giving me the opportunity to inform you guys on some --
12 give you a little update on the Commonwealth Reinsurance
13 Program and things that have gone on recently with that.
14 Just as a quick reminder, I think most folks do know
15 what the Commonwealth Health Reinsurance Program or CHRP
16 is in Virginia, but it's a program designed to lower the
17 cost of health insurance in the individual market by
18 reimbursing carriers for a portion of their high-cost
19 claims.

20 The program is operated under a federal waiver
21 and payments are funded largely about 70 to 90% by
22 federal pass-through funding and that funding is
23 provided based on savings from reduced premium tax
24 credits due to those lower health insurance premiums
25 from the reinsurance program.

1 We presented back in April to the HERC range
2 of premium reduction targets and the associated funding
3 levels for the 2024 CHRP. While funding for the 2024
4 CHRP won't occur until 2026, the recently passed budget
5 does contain language that directs the Bureau to
6 continue the CHRP for plan year 2024 with a targeted
7 premium reduction of 15%. So that'd be the same
8 reduction level that we had for 2023 on that.

9 We've worked with -- so I'm sorry, the total
10 estimated cost of that premium reduction level is about
11 420 million dollars, an estimated 66 million of that
12 will come from the Virginia General Fund revenue, but
13 that -- as I said, that won't be until FY 2026 when that
14 program -- when that state funding -- we would come to
15 pay for those claims.

16 When we spoke to -- I'm sorry, you all
17 probably want to -- so the final outcome for the rate
18 changes before the reinsurance had been applied or
19 before we'd gotten the guidance on that, rates were
20 looking to increase by about 28.4% without the
21 reinsurance. We now have a 3.5% average rate change
22 instead of that 28.4 change there. So -- and those
23 rates have gone public as of yesterday, and we are
24 working to get that information to the CMS group and the
25 other federal reviewers so that they can start to do

1 their analysis to give our estimate for fund -- for the
2 funding from them for FY 2024. We'll expect to get that
3 probably in April of 2024. We'll know what that amount
4 is for the program.

5 We have received two quarter's worth of
6 carrier reports on claims for the 2023 program, but we
7 spoke to our actuaries about the possibility of trying
8 to get a better idea of what the total cost would be for
9 2023 by extrapolating those numbers and they advised
10 against that just because the way these programs work,
11 because they work on high -- individual's cumulative
12 claims over the course of the year, you're going to have
13 a lot more -- a lot of people that end up with claims in
14 the program coming in the third and fourth quarter of
15 the year. And so the amount of those claims that occur
16 in the first two quarters of the year really don't have
17 a lot of predictive value for the rest of the year. So
18 all that to say, we're still sort of working on
19 estimates for knowing what the full cost of the program
20 will be in 2023.

21 Another thing that we spoke to the HERC about
22 is -- to the -- yes, to the HERC about was the need for
23 a more defined process on how to set these rates or
24 some -- or potentially some statutory guidance to the
25 Bureau to seek a particular -- to seek a particular

1 level of premium reduction in 2025 and/or 2026. Because
2 we have to set these rates prior to the year they're in
3 effect, yet the payments to the carriers are not made
4 until after that year is concluded, we have about a --
5 we have basically a three fiscal year lag between when
6 we have to know what we're going to do and when the
7 actual funding will need to come from a budget which
8 means that the budget itself really isn't there -- the
9 budget that has that funding is really not the place
10 where we can get that directive to know either what the
11 amount of funding is or what reduction level to seek for
12 that.

13 So we've asked them if they -- you know, just
14 to advise them that you know, we -- that if they would
15 like to see more guidance to us in this area that we
16 would -- that it would be helpful to see some sort of
17 statutory -- some sort of additional statutory language
18 like this that directs us so that we can go ahead and
19 get our rates -- get the rates set and the parameters
20 set for the program in May and move through the normal
21 process instead of sort of this more hurried process
22 that we've done -- we, you know, in the past month or so
23 or a couple weeks or so to crank this out after the
24 budget.

25 So as much as this was tied to the you know

1 the budget process, it has some aspects of this -- our
2 built into the program and need a little bit of
3 legislative guidance in order to work correctly. So we
4 did ask them, you know, if they wanted to put statutory
5 or budgetary language that directed that CHRP to
6 continue at a particular level or create some sort of
7 defined process for setting those levels in the future
8 and advising us prior to May when we have to set those
9 rates.

10 One last thing is that we do have a
11 legislative report on the program that'll be coming out
12 on November 1st. There's pretty limited data in that
13 because we still haven't made payments out of the
14 program, but it will have some information on our
15 administrative costs for the program, and a few other
16 aspects of what's going on there, so that'll be out on
17 November 1st from the Bureau. And then I think that's
18 the end of what we have to share about the reinsurance
19 program right now. I can take any questions if anybody
20 has any.

21 CHAIR CORLETTE: Awesome, thank you Brad, and
22 thanks and congratulations to everybody who worked so
23 hard to get this over the finish line in the last few
24 weeks. It's quite a difference to go from 28.4% to 3
25 something, so just curious on this time lag or process

1 issue that you mentioned that you're working on. Are
2 there any like lessons from other states? I mean that
3 Virginia could benefit from? For another -- that have
4 similar --

5 MR. MARSH: I think that --

6 CHAIR CORLETTE: -- reinsurance programs?

7 MR. MARSH: There are. And one of the things
8 with the funding mechanism that a large portion of the
9 states use for this in using assessments is that you --
10 is that if you do have the issues that we had that sort
11 of change the cost of the program because of enrollment
12 changes, those are sort of taken care of through the
13 fact that the assessments will -- if you get 50,000
14 extra people that you didn't expect to be there then you
15 have 50,000 extra people's worth of assessments to pay
16 for the program.

17 The difficulty with this is that we're paying
18 for it directly out of state general funds, and as a
19 result those changes, you know, have to be affected and
20 we have to pay that all at one point from one spot and
21 it's kind of -- it's already done at that point, you
22 know, the state has already reduced the rates for that
23 year, and needs to make those payments out to carriers.
24 So other states have not faced this issue as much. I
25 know there are some other states that do use some

1 general fund revenue. I think the other difference that
2 happens in this -- in most other states is we're unique
3 in that our Bureau of Insurance or our Department of
4 Insurance is within the State Corporation Commission, so
5 it's a little bit different than when maybe the Bureau
6 of Insurance is controlled by the governor and is more
7 of as Julie talked about a policymaking body that can --
8 that feels more comfortable making those decisions on
9 its on and directing the way that funding will go. So
10 we have some unique things about our program here that
11 sort of create these challenges a little bit.

12 CHAIR CORLETTE: Okay. Thanks. Doug.

13 MR. GRAY: I was just going to say that there
14 are some practical things that we can talk about, I
15 mean, one thing that strikes me is that if they had
16 legislation that said that, you know, they keep it at
17 15% until -- unless the budget says otherwise, then you
18 would have some more stability and a little less
19 frustration, because I mean, what that says is true that
20 you can't know the number until you're well beyond, and
21 you know, having it, an issue to be decided in budget
22 language every year is really not in a really viable
23 approach to stop the uncertainty. And on top of that,
24 it basically contradicts the statute. Which is not
25 unusual, I mean the General Assembly does it all the

1 time, but anyway, so I think that type of idea might
2 work. I'd had a legislator suggest it to me unsolicited
3 which I thought was kind of interesting. So we might,
4 you know, be able to get some place with that.

5 I mean, the other friction point that, you
6 know, I don't think everybody recognizes, in other
7 states they have a premium tax to try to pay for it, but
8 we're using a premium tax to pay for our Exchange. So
9 you know, there -- at some point, you know, it doesn't
10 make sense, because what'll end up happening is we'll
11 just pass it along, and then it will be less of a
12 reduction. So that's just an editorial comment. And
13 then, you know, I just think the practical reality with
14 the -- one of the frustrations is a policy one that I
15 think we could help with. We, being the advisory board
16 and the association. And that is that there are -- we
17 have been successful. We have 60,000 new people. And
18 of that group, a number of them were eligible for a
19 premium subsidy and didn't take it. And that has
20 increased the cost for the state. And so the state has
21 a real interest in making sure that if you're eligible
22 for one that you take it. And so to make that happen is
23 an interesting conversation. You know, one thing we
24 could do is, for example, have a bill that changes the
25 individual insurance application form to require the

1 collection of income information so that eligibility for
2 the subsidy would be determined and then taken. We
3 could even require people to take it which is a whole
4 different question, and then, you know, part of the
5 dilemma here is people are buying off Exchange and on
6 Exchange. If you're an agent and the commissions are
7 different, that's not going to work very well for you.
8 So that's something we have to think our way through.

9 Part of the challenge is, I think you can take
10 your subsidy without going through the Exchange, but you
11 have to do it through your taxes and it's a lot, you
12 know, more cumbersome. And so, you know, to the extent
13 that we could make it easier for people to take the
14 subsidy, I think that would fit the policy need of the
15 Commonwealth to not have to unnecessarily subsidize
16 folks who frankly are at the higher income end.

17 MR. MARSH: I appreciate you raising that,
18 Doug. That was a note I had. I had a note here to
19 mention that, because I do think that's an important
20 part of this pass-through founding funding and the
21 calculations that our actuaries do a huge part of the
22 cost of the program or the things that drive the cost of
23 the program are those folks that don't get premium tax
24 credits out there. And so to the degree that we can
25 encourage folks to avail them of themselves especially

1 in this new environment where there are many folks who
2 in under prior regimes would not have had -- would not
3 have been eligible for those tax credits who are now at
4 least for the next two years, I think that ensuring as
5 many of them avail themselves of these tax credits as
6 possible will certainly do a lot to control the cost of
7 this program and sort of keep them within reason.

8 MR. GRAY: Yeah. One of the things I'm
9 hopeful about is that we could ask GetInsured for their
10 help based on their experience in other states, because
11 they may have had run into this issue before or they may
12 be able to help technologically with helping us figure
13 out how to ease the access to the subsidy whether they
14 buy on or off, because in the end, the Commonwealth is
15 paying for them. So I think it's an important
16 conversation that we should all be part of and we can
17 all work together on. I don't think there's -- as far
18 as I know, anybody who would, you know, be opposed other
19 than, you know, trying to make sure we don't undermine
20 an agent's ability to provide service to their client,
21 because that obviously is -- would be adverse to a
22 partner in running the exchange.

23 CHAIR CORLETTE: Yeah, Doug, thanks for
24 raising this issue. I hadn't really realized that so
25 many people are leaving money on the table. You

1 mentioned commission. Are commissions higher for
2 off-Exchange enrollments than they are for on Exchange?

3 MR. GRAY: I don't know the answer to that.
4 I'm going to try to find out. I think there may -- they
5 may have had a differential at some point, but that may
6 have been remedied when we moved toward the state
7 Exchange.

8 CHAIR CORLETTE: Okay.

9 MR. GRAY: I don't know for sure, but I -- you
10 know, obviously, I can't share that information with
11 other carriers, because that would be inappropriate, but
12 I can ascertain the answer without, you know, creating a
13 problem. So anyway, there are multiple aspects of this
14 and I look forward to working with you on them, because
15 I think we can improve here. I don't want to, you know,
16 shoot ourselves in the foot by not helping people get
17 their subsidy nor help the Commonwealth avoid
18 unnecessary expenses. I mean, the whole reason we did
19 the State Exchange was we thought we could better use
20 the resources locally, right. So not fixing this is
21 adverse to our mission as a group, I think.

22 CHAIR CORLETTE: Yeah. I see Kevin has his
23 hand up.

24 MR. PATCHETT: If I can get the mute button to
25 unclick here. I just wanted to add a couple of things

1 in from the Exchange perspective. So these are issues
2 that have been on our radar and that we've been working
3 not only with our vendor, but with other states to
4 understand what we can do and it's an interesting set of
5 complexities, because one of the challenges we have is
6 we just don't have good data about off-Exchange plans.
7 So we make a lot of assumptions, I think about, you
8 know, what that looks like from year to year, but the
9 data is just -- it's not great.

10 The other issue that's an important one for us
11 is really the consumer education and awareness, because
12 part of what happens is it's not just that consumers are
13 not using their APTCs, often what happens is consumers
14 choose a lower tier plan because that are, you know,
15 caught by, oh, I can buy this bronze-level plan for zero
16 dollars when, you know, they could have a silver plan or
17 in some case even a gold-tier plan and still have it be
18 a zero-dollar cost to them, but educating consumers
19 about that, and helping them navigate those complexities
20 is difficult especially when we've got, you know, some
21 counties with a really high number of plans. So we've
22 been working on things like plan display, how we
23 optimize our plan search tool to let consumers really
24 see their options, and then I think, you know, in the
25 coming year, years where I think we're going have to

1 revisit and Doug and I have had this conversation
2 preliminarily, but we visit the topic of plan
3 standardization and really looking at, you know, our
4 consumer is confused or missing out on options for
5 better coverage because there just simply are too many,
6 too many options and too many variables for them to
7 choose from. So those are some of the issues that we've
8 been looking at that relates to this conversation.

9 CHAIR CORLETTE: Great. Thank you. Any
10 questions for Brad or while we have her, Julie, on
11 either EHB or reinsurance? Oh, Kevin.

12 MR. PATCHETT: No. That was an accident,
13 sorry.

14 CHAIR CORLETTE: Okay. All right. Well,
15 thank you so much for all your great work and for
16 sharing this information with us. It's really, really
17 helpful. Next up we have the Strategy Priorities
18 Subcommittee, and I want to turn it over to the
19 subcommittee chair and full committee cochair. Ikeita.
20 Take it away.

21 MS. HINOJOSA: Hi, everybody. Good afternoon.
22 Can you hear me? Is this volume okay? Okay. Great.
23 So before I get started, I just want to make sure that
24 the slides are ready. I sent a message prior to the
25 meeting about -- the slides for the Strategic Priorities

1 Subcommittee. So I just want to make sure that we're
2 able to change the deck and put those slides up.

3 MS. MORTLOCK: I'm sorry, Ikeita, I'm having
4 just a little bit of a glitch here. I will be right
5 back with that.

6 MS. HINOJOSA: No worries. Okay. So yes, and
7 that one slide that was posted just now, I saw that my
8 name needs to be corrected, just the spelling, but I
9 sent an e-mail regarding that, so you should have that
10 just for the final version of the PowerPoint.

11 Okay. So let's go ahead and get started while
12 the slide deck is being put up. So as Sabrina
13 mentioned, I've been honored to serve as chair of this
14 Strategic Priorities Committee. Our subcommittee is
15 comprised of six members. So in addition to me there's
16 Julie Bataille, Doug Gray, Starla Kiser, Lou Rossiter,
17 and Scott White. So I just want to start by taking a
18 moment to extend my sincere gratitude for all of the
19 subcommittee members' willingness to serve. We're so
20 fortunate to have everybody's experience and expertise,
21 and it's -- we were engaged in a very thorough process
22 of data collection and knowledge sharing and every 1 was
23 so engaged and involved in our recommendation process,
24 so thank you. To the subcommittee colleagues for being
25 such a dedicated group.

1 So for the advisory committee, just as a
2 reminder, one week ago, on Friday, September 15th,
3 Sabrina districted the Subcommittee Strategic Priorities
4 materials to give advisory committee members an
5 opportunity to review our regulations and so folks would
6 be prepared to share their feedback during today's
7 discussion prior to our advisory committee vote on
8 whether to adopt the expelled.

9 So just as a reminder, when you look in your
10 inbox you'll find the resolution that I'm about to walk
11 us through for the committee to approve the
12 recommendations. And that describes our process and
13 important considerations, things like that. The slide
14 deck which we'll also walk through today and that
15 contains visual examples of each of the five recommended
16 strategic priorities metrics, and then you also just
17 received a strategic priorities one-pager that simply
18 lists the five recommended strategic priorities just for
19 your convenience. So for this afternoon's meeting, I'll
20 briefly review our recommendations and then we can have
21 a group discussion and vote.

22 Okay. So the resolution you all received at
23 the outset, it states to adopt recommendations from the
24 Strategic Priorities Subcommittee, whereas, the Virginia
25 health benefit Exchange is transitioning from the

1 federally facilitated Marketplace to a state-based
2 Marketplace and in an environment of market volatility,
3 competing policy priorities and uncertain implications
4 of recent efforts. And it's critical that the Virginia
5 Health Benefit Exchange use data analytics to measure
6 progress and outcomes in order to allocate its finite
7 resources strategically.

8 On the -- you can just leave it on Slide 1 for
9 now. Yeah, you can go back, thanks. So that statement,
10 that initial paragraph statement just recognizes broadly
11 that there were many external factors, you know, many of
12 which are beyond the Exchange's control that can affect
13 benchmarks, thinks that we've been discussing,
14 reinsurance programs and Medicaid determinations during
15 the Medicaid continuous enrollment unwinding, all kinds
16 of things come up. So we just wanted to recognize that.
17 And then we also recognize that we need to use data
18 analytics to help us be smart, focused and strategic
19 with limited resources. So that's what that outset
20 paragraph is about.

21 And then it goes on to say whereas, the
22 advisory committee unanimously voted to create the
23 subcommittee chaired by then Vice Chair Jane Kusiak
24 object March 29, 2022, focused on generating no more
25 than five strategic priorities with attention to data

1 analytics. So this one has been interesting, because
2 based on our research, Exchanges typically prioritize
3 between 12 and 15 metrics for their reporting, but as a
4 group, back in March of 2022, we all discussed the
5 importance of just providing a foundation in the initial
6 years of the Marketplace with no more than five
7 recommended metrics and then staff can always add more
8 along the way and scale up at a later point.

9 Okay. So the next paragraphs of -- are very
10 procedural and they're just to document our
11 decision-making process, you know, it says, yeah,
12 whereas, we agree to reconstitute the subcommittee, you
13 know, I became chair December 1, 2022, that meeting,
14 whereas, the Strategic Priority Subcommittee has the
15 following mission. Members of the subcommittee will
16 identify a set of critical outcomes that will help
17 demonstrate to Virginians the value of our transition to
18 a state-run Exchange. The subcommittee will further
19 recommend the metrics and data needed to monitor and
20 assess the Exchange's performance on those critical
21 outcomes. Whereas, the reconstituted subcommittee met
22 five times between March 22nd and September 14, 2023.
23 Whereas, the subcommittee considered data analytics
24 research from a range of sources including SBMs, the
25 FFM, government agencies, policy institutes,

1 universities, the Virginia HBE staff, and Virginia HBE
2 vendor that supports reporting requirements.

3 So on that last one and just talking about the
4 range of research, resources that we went to, you know,
5 we received several high quality briefings and
6 presentations, so I just, you know, want to take a
7 moment here just to pause, and generally thank everyone
8 who helped the subcommittee with our research and with
9 our understanding, so we don't name specific
10 organizations in the resolution. We just kept this high
11 level for the purpose of that. But we do want to give a
12 special thanks to the Exchange's vendor GetInsured,
13 particularly, Matt Harrison, the director of business
14 intelligence. GetInsured did address many of our
15 questions, and was a wonderful resource.

16 An additional thanks also goes out to
17 subcommittee member Lou Rossiter, who secured research
18 assistance for us, so you may recall Hannah Garfinkel
19 [ph], was MPP [ph] student. She graduated now for the
20 past month or so we've had Ruth Bekele, you know, these
21 are students who attend William and Mary, master and
22 public policy folks and so, you know, it's really
23 exciting that they have been involved in this process,
24 and so thank you to Lou and Hannah and Ruth.

25 The resolution goes on to say, whereas the

1 subcommittee reached consensus on the below strategic
2 priorities recommendations on September 14th, now
3 therefore, be it resolved that the committee hereby
4 approves the following recommendations. Okay. So now
5 we're at the recommendations. Now that you've
6 understood kind of the process.

7 So please advance to Slide Number 2, if you
8 can. Okay. So here you see all of the five
9 recommendations. So we'll just take a moment to review
10 each one in turn; all right. Next slide, please. Okay.
11 So this slide and the next several slides just contain
12 visual examples for each of the five recommended
13 strategic priorities metrics. And each slide includes a
14 link at the very bottom to the source information. So
15 just so you know, these are merely examples from
16 research entities from other state-based Exchanges.
17 They're not meant to be prescriptive. They're just
18 meant to share examples of some of the data analytics
19 graphics that may flow from each strategic priority.

20 So here you see Strategic Priority 1 to expand
21 health insurance coverage and access to increase the
22 total population of insured Virginians. And so this is
23 why we're here; right. We need to understand who's
24 insured and how so we can better assist Virginians in
25 getting covered and maintaining coverage. And

1 recognizing that, you know, some individuals may have
2 needs that extend beyond health insurance, making sure
3 we connect them, you know, to things that can help their
4 overall health and wellbeing, you know, so those
5 referrals and connections are also important. So like
6 Commonhealth.Virginia.gov, those kinds of resources.

7 So here you see in this chart an example of
8 just tracking the total percent and we'd also like the
9 total number of the Virginia population that's uninsured
10 along with the percent and again, the number of the
11 population enrolled in various types of health
12 insurance. So you know, we could do a breakout by
13 employer or small business, large group government,
14 Medicaid, Medicare, et cetera. So, you know, when we
15 understand such data, that helps connect Virginians who
16 interact with the best health insurance and assistance
17 for which they're eligible, okay.

18 Next slide now, please. Okay. So Strategic
19 Priority Number 2 is to capture total and new enrollees.
20 So again, we need to know, you know, where we've been,
21 and where we are to know where we're headed. So here
22 you see an example of tracking the inaugural open
23 enrollment data, you know, such as in a chart that
24 captures the total number of customers during the first
25 open enrollment period, a total number of new

1 enrollments, the customers that came --

2 CHAIR CORLETTE: Ikeita may have just frozen.
3 Ikeita, are you still with us? I don't know. Lou, are
4 you able to jump in here or should we hope that Ikeita
5 is able to unfreeze here? Oh, wait a minute. She might
6 be --

7 MS. HINOJOSA: Hello.

8 CHAIR CORLETTE: Oh, yay, you're back.

9 MS. HINOJOSA: Okay. I don't know what
10 happened. Can you hear me? Can you see me?

11 CHAIR CORLETTE: Yes. You froze for just a
12 minute.

13 MS. HINOJOSA: Okay. Sorry about whatever
14 happened. But so this chart just goes through, I don't
15 know when I --

16 CHAIR CORLETTE: Ikeita seems to be having
17 some technical difficulties. Maybe we can just give it
18 another minute, hope she comes back. Okay. Shoot.

19 MR. ROSSITER: So this one is -- it's a big
20 picture, this is --

21 CHAIR CORLETTE: Yeah, Lou, might have to take
22 over for a bit here.

23 MR. ROSSITER: This is a big picture viewpoint
24 of the enrollments and we also thought that they could
25 be tracked through --

Transcript of Advisory Committee Meeting
Conducted on September 22, 2023

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1 MS. HINOJOSA: Hello.

2 MR. ROSSITER: Hello.

3 MS. HINOJOSA: Okay. I am so sorry. I don't
4 know if you can see me or hear me. Can I get --

5 CHAIR CORLETTE: We can hear you, but not see
6 you.

7 MS. HINOJOSA: Okay. All right. Well at
8 least you can -- you can see the slides though; right?

9 MR. ROSSITER: Yes.

10 CHAIR CORLETTE: Yes.

11 MS. HINOJOSA: Okay. So we'll just keep
12 going. So you see here, I'm not sure at what part I cut
13 off, but this shows, you know, the enrollments, you
14 know, how customers came to the Exchange from
15 Healthcare.gov, and you know, the applications eligible
16 for Medicaid. So the idea is that the Exchange will
17 measure its first five years of progress against and
18 relative to the federally facilitated Marketplace
19 baseline until it has enough standalone Exchange data to
20 present such information. Initial measurement against
21 an FFM starting point of reference will also help the
22 Exchange make a good value equation for the transition
23 from the FFM to a state-based Marketplace. Okay.

24 Next slide, please. Okay. So this is
25 Strategic Priority 3, to capture differences and key

1 health insurance metrics across geography to better
2 target the eligible population. So we know Virginia is
3 a very diverse state. And issues differ widely
4 depending on the area of the state. So we don't just
5 want metrics, we want to understand how a particular
6 metric plays out across the geography of the state. So
7 what you see here is an example of tracking qualified
8 health enrollment by rating area and carrier, such as in
9 a table that summarizes the percentage of, you know,
10 what would appear to be Virginia's population, any
11 treating area, and we could use the address given in the
12 application, the percentage of enrollees who enrolled in
13 a private plan, the average monthly household tax credit
14 amount. And the Exchange could use this data to gauge
15 the average premium prices in each rating area of the
16 state. So that's an example of geography.

17 Next slide, please. Strategic Priority Number
18 4 is to increase the affordability of healthcare and
19 make it easier to receive financial aid for health
20 insurance. Obviously, in order to increase
21 affordability and access to financial aid, we need to
22 understand and track our financial assistance. So this
23 example here is tracking plan selections with financial
24 assistance to capture the total amount of -- selections
25 that include financial assistance, so things like the

1 advance premium tax credit, cost sharing reduction,
2 qualified health plan, et cetera. And the idea is to
3 gauge the amount of money needed to satisfy all Virginia
4 enrollee tax credits and determine which tax credits are
5 most common.

6 Next slide, please. Okay. This is our final
7 Strategic Priority to make it easier to compare plans
8 and capture differences and plan selections. So again,
9 going back to our mission for the subcommittee, you
10 know, we want Virginians to know their options and be
11 educated consumers when they shop for and select health
12 insurance. So this example that you see here is
13 tracking rate increases. The idea would be to let
14 Virginia residents evaluate the premium change in their
15 health plan over the past year by capturing the average
16 plan premiums, prices by plan medal for the current
17 benefit year, then comparing those plans with the
18 average premium prices for the previous benefit year to
19 find the percent differences. It also includes total
20 premium and paid claim amounts. Okay.

21 Thanks. So you can either stop the slide show
22 or if you want to leave it up you can go back to slide 2
23 that lists all five strategic priorities
24 recommendations. Thank you. So there were just some
25 additional considerations that we wanted to make sure

1 were highlighted. So one involves presentation. So we
2 said considerations of accessibility and audience are
3 important for the presentation of the Exchange's
4 publicly reported metrics to help ensure both user
5 friendliness and ease of understanding for the general
6 public. When possible, incorporate interactive features
7 such as clickable maps, et cetera, that allow Virginians
8 to personalize Exchange data to make metrics more
9 relevant to their lives. So this underscores the
10 mission of the subcommittee to help demonstrate to
11 Virginians the value of our transition to a state-run
12 Exchange. And Virginia's Insurance Marketplace is meant
13 to be by Virginia, for Virginians, so we want metrics
14 presented in a user friendly way.

15 We also spoke to Timeline. We say these
16 strategic priorities recommendations are intended to
17 guide the initial five years of the Exchange. Once the
18 Exchange is fully operational, it's anticipated that
19 these recommendations will be revisited and modified to
20 reflect future needs. Again, this is pretty
21 self-explanatory. These recommendations are
22 foundational priorities to help get the Marketplace up
23 and running.

24 And then there's a note about sustainability
25 for the Exchange to support data analytics and reporting

1 initiatives and create a compelling narrative with data,
2 it will be useful to assess data analyst staffing,
3 training for data users, survey capacity and processes
4 for data reporting services. So here we want to make
5 sure that data analytics are built into the culture of
6 the Exchange.

7 CHAIR CORLETTE: Ikeita. Sorry everyone for
8 the technical difficulties. Hopefully, she'll come back
9 soon. I know we only have a few minutes left.

10 MR. ROSSITER: -- the subcommittee report, we
11 don't need a motion; right? We just need a second?

12 CHAIR CORLETTE: That's a great question. I
13 have no idea. Holly, do you know? Do we need to just
14 vote to report or --

15 MR. PATCHETT: I think we can do that.

16 MS. MORTLOCK: Yeah. I think you could do
17 both a motion and a second.

18 CHAIR CORLETTE: Okay. Well let's maybe
19 try -- hope that Ikeita joins us, so -- I don't know,
20 Louis, while we're waiting is there anything you'd like
21 to add or expand on that Ikeita didn't get to?

22 MR. ROSSITER: No. She covered it so well. I
23 might add, I can think of one thing, is that the staff
24 sent us the GetInsured contract and all the provisions
25 for data measurements. And our heads exploded, because

1 they are getting so many process measures from
2 GetInsured. So if someone in the public or someone in
3 the General Assembly wants to know a process measure
4 that we don't -- we're not capturing here to release to
5 the public, this -- the staff can do that from data
6 there. The data stream they're getting from GetInsured
7 is amazing.

8 CHAIR CORLETTE: That's great. I guess I did
9 have one question and I don't know if you can answer it
10 or maybe we can wait for Ikeita, but one thing I know a
11 number of state-based Marketplaces are trying to do a
12 lot better as capture and report data on key demographic
13 issues like language preference, race, ethnicity, you
14 know, income level. So I know you have -- in Number 3
15 you have differences in -- across geography, I'm
16 wondering if you could speak at all to, you know,
17 whether and how some of these other key population
18 measures could be reported or shared?

19 MR. ROSSITER: The subcommittee talked about
20 that and looked at it in length and we kind of like the
21 geographic presentation, because some of the -- some of
22 those geographies will serve as proxies for those
23 demographics. But GetInsured is providing that to the
24 staff. So if anyone wants a deeper dive into
25 demographic data, they can get it from the SCC [ph],

1 from the Bureau of Insurance.

2 CHAIR CORLETTE: Okay. So maybe it's a
3 question of the extent to which the GetInsured data is
4 made public and sort of how it's packaged.

5 MR. ROSSITER: Right.

6 CHAIR CORLETTE: Okay. Well, I hate to move
7 for -- make a motion to vote without Ikeita with us.
8 Do -- did -- is she gone or -- let's see, I'm just
9 looking here -- oh, maybe she's coming back.

10 MS. MORTLOCK: She's come back in.

11 MR. ROSSITER: Yeah.

12 CHAIR CORLETTE: Hi, Ikeita.

13 MS. HINOJOSA: Oh my goodness. What is going
14 on? Okay. So did somebody pick up where I left off? I
15 don't know.

16 CHAIR CORLETTE: Yeah. No, I think Lou help
17 kind of round out --

18 MS. HINOJOSA: Okay.

19 CHAIR CORLETTE: -- the discussion, so --

20 MS. HINOJOSA: Yeah. Okay. So I hope we're
21 in a good place. And that everybody understands our
22 process and what we, you know, went through as a
23 consideration for all of the various things. I think --
24 I'm not sure where I left off on just talking about, you
25 know, the importance of sustainability that it's built

1 into the culture of the Exchange. You know, for the
2 eligible uninsured population, you know, making sure
3 that we have means of tracking that. And then for
4 consumer assistance, just specifically highlighting the
5 importance of consumer assistance in demographics. You
6 know, we thought that those were very important
7 considerations to talk through. And, you know, in terms
8 of consistency, that was our final point that we raised.
9 We just want to make sure that there's an opportunity to
10 better understand, and if necessary, course correct any
11 concerning trends. So you know, having that as a
12 standing agenda item on these quarterly meetings.

13 So with that, I apologize for the technical
14 difficulties, but I thank you all for your time and
15 attention. And you know, I know that we're very close
16 to time, but we can move to discussion if anybody has
17 questions and a vote. And for this discussion period, I
18 just want to invite my fellow subcommittee members to
19 add any additional insights, answer any questions that
20 arise from our fellow advisory committee colleagues. So
21 thank you.

22 CHAIR CORLETTE: All right. One minute for
23 discussion and one minute for vote.

24 MR. GRAY: I just wanted to recognize Ikeita
25 for all of her hard work. She kept us on track, made

1 sure everybody had good conversations. There were no
2 disagreements, everybody was, you know, in consensus on
3 this report, and are, you know, fully behind, so we're
4 ready to go.

5 CHAIR CORLETTE: All right. Any other
6 comments or questions for the subcommittee? Well,
7 hearing none, I would like to move for -- make a motion
8 that we vote to adopt these recommendations and advance
9 them to the Marketplace. Do I hear a second?

10 MR. GRAY: Second.

11 UNIDENTIFIED SPEAKER: Second.

12 CHAIR CORLETTE: Okay. I think we can just do
13 a voice vote. All those in -- first of all, let's maybe
14 take a moment for folks to get themselves off mute. So
15 if you are a voting member, please take yourself off
16 mute. All right. All those in favor of adopting the
17 recommendations and reporting them to the Marketplace
18 say, aye.

19 MULTIPLE SPEAKERS: Aye.

20 CHAIR CORLETTE: All those opposed, say nay.
21 Hearing none, I think the motion is adopted.

22 MS. HINOJOSA: Yay.

23 CHAIR CORLETTE: Thank you. And huge kudos to
24 the subcommittee, really, really incredible work. And
25 I'm excited to see the fruits of it.

1 Holly, is there any other business? I know
2 we've got like 30 seconds left.

3 MS. MORTLOCK: No. That concludes the agenda
4 for today, Sabrina. Unless you have anything else you'd
5 like to add, of course.

6 CHAIR CORLETTE: I don't, just Godspeed to
7 you, and let us know if we can be of any help as you
8 launch this plane.

9 MS. MORTLOCK: Well, thank you so much and
10 thank you to all of the advisory committee members, and
11 to Ikeita and the subcommittee, just for all of your
12 ongoing support and advice, and counsel. We just really
13 enjoy working with you all and are looking forward to
14 talking with you about our first open enrollment in
15 December.

16 CHAIR CORLETTE: Thank you all. Bye-bye.

17 MS. MORTLOCK: Thanks everyone.

18 (Off the record at 4:01 p.m.)
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