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# Transcript of Advisory Committee Meeting

**Date:** March 21, 2024

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

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MEETING  
HEALTH BENEFIT EXCHANGE ADVISORY COMMITTEE  
Conducted Virtually  
Thursday, March 21, 2024  
2:03 p.m. EST

Job No.: 530467  
Pages: 1 - 62  
Recorded By: Joshua Tubbs

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Meeting, conducted virtually

Pursuant to agreement, before Joshua Tubbs,  
Notary Public in and for the Commonwealth of  
Virginia.

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A P P E A R A N C E S

- SABRINA CORLETTE - Chair
- IKEITA CANTU-HINOJOSA - Vice Chair
- LEE BIEDRYCKI - Voting Member
- JULIE BATAILLE - Voting Member
- DOUG GRAY - Voting Member
- STARLA KISER - Voting Member
- LOUIS ROSSITER - Voting Member
- CRAIG CONNORS - Voting Member
- LIZ CUNNINGHAM - Voting Member
- HOPE RICHARDSON - DMAS
- JESSICA ANNECCHINI - DMAS
- SCOTT WHITE - Bureau of Insurance
- KEVIN PATCHETT - Director of the VAHBE
- HOLLY MORTLOCK - Chief Government Relations  
Officer
- RACHEL BECKER - Senior Policy Advisor

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C O N T E N T S

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Proceedings

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E X H I B I T S

(None marked)

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P R O C E E D I N G S

(Whereupon, the court reporter was duly sworn.)

MS. CORLETTE: Good afternoon, everybody. Welcome to our first Virginia Health Benefit Exchange Advisory Committee Meeting of 2024. Great to -- to have all of you together. To start, we have -- we'll do a roll call, and then go through the agenda. So if we could advance the slides. Great. Thank you. So yeah. So we'll start with the roll call. Do we have Secretary Littel or anyone from Health and Human Resources with us? Okay. Do we have director Cheryl Roberts or anybody from DMAS?

MS. RICHARDSON: Hi, there. Hope Richardson. I'm senior advisor to the chief deputy at DMAS.

MS. CORLETTE: Hi, Hope. Welcome.

MS. ANNECCHINI: And good afternoon. Jessica Anneccchini. I'm the senior advisor to Sarah Hatton as well here from DMAS.

MS. CORLETTE: Oh, thank you. Thank you for joining us. Do we have Commissioner Danny Avula or anybody from DSS? Okay. Commissioner White or anyone from the -- from the BOI?

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1 MR. WHITE: I'm here. Good afternoon.

2 MS. CORLETTE: Good afternoon. Thanks  
3 so much for joining us. And Dr. Shelton or anybody  
4 representing Dr. Shelton? Okay. Moving on to the  
5 voting members. Ikeita, I think I saw you, but are  
6 you here?

7 MS. CANTU-HINOJOSA: I am. Good  
8 afternoon, everybody.

9 MS. CORLETTE: Hello. And Julie?

10 MS. BATAILLE: Hi, everyone. Good  
11 afternoon.

12 MS. CORLETTE: Good afternoon. Lee  
13 Biedrycki?

14 MR. BIEDRYCKI: Good afternoon, everyone.

15 MS. CORLETTE: Hi, Lee.

16 MR. BIEDRYCKI: Hi.

17 MS. CORLETTE: Scott Castro? Liz  
18 Cunningham? I thought I saw her -- maybe not.  
19 Liz, are you with us?

20 MS. CUNNINGHAM: Yes. I'm so sorry. I  
21 was trying to get myself off of mute. Yes, I'm  
22 here.

23 MS. CORLETTE: Great. Good to hear your  
24 voice.

25 MS. CUNNINGHAM: Yes.

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1 MS. CORLETTE: Doug Gray?

2 MR. GRAY: I am here.

3 MS. CORLETTE: Okay.

4 MR. GRAY: I'm driving, so you won't get  
5 the picture.

6 MS. CORLETTE: Okay. Thanks for  
7 joining. And Starla Kiser?

8 MS. KISER: Hi, everyone.

9 MS. CORLETTE: Hi, Starla. Louis  
10 Rossiter?

11 MR. ROSSITER: I'm here.

12 MS. CORLETTE: Hi, Lou. And Craig  
13 Connors?

14 MR. CONNORS: Good afternoon. I'm here.

15 MS. CORLETTE: Fantastic. Well, yeah.  
16 I think we do have a quorum. So welcome,  
17 everybody, and we'll get started. So just a few  
18 housekeeping etiquette reminders. Committee  
19 members should have their cameras turned on, if you  
20 can, unless you're Doug and you're driving.  
21 Committee members can raise your hand to ask a  
22 question of the presenter, but we do ask that you  
23 stay muted until you're called on to speak. There  
24 will be a transcript of this meeting that will be  
25 made available online at the Virginia Marketplace

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1 website, and the link is provided here on this  
2 slide. Next slide, please.

3 So just to tick through our agenda,  
4 we've already done the call to order. We'll hear  
5 from Kevin and his team with a director's update.  
6 I don't think we have a subcommittee report today,  
7 so we can skip that, but we'll have other business,  
8 and then -- and then welcome any public comment  
9 before we adjourn. But I think we have a lot of  
10 really exciting and positive news to hear from --  
11 from Kevin and the Marketplace team. So without  
12 any objection, I will turn it over to Kevin.

13 MR. PATCHETT: All right. Thank you,  
14 Sabrina. It really is a pleasure to be here with  
15 you all for our first Advisory Committee Meeting  
16 following the end of our first open enrollment. As  
17 many of you may have seen, CMS released some  
18 updated open enrollment numbers this week, and,  
19 based on that report, it looks like Virginia is now  
20 the fourth largest Marketplace in the country. And  
21 we're -- we are very excited to be live to be in  
22 this place where we are no longer getting ready, no  
23 longer implementing, but, in fact, now operating  
24 Virginia's Insurance Marketplace.

25 We've taken some time over the --

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1 over the last couple of months to take a step back,  
2 do some lessons learned, and -- and do some  
3 strategic planning for the upcoming year. And it  
4 really has been an extraordinary process to -- to  
5 do that, to step back and look at how far Virginia  
6 has come in, really, a relatively short time and --  
7 and how many great success stories we've been able  
8 to participate -- participate in so far. I want to  
9 go ahead and share with you some of our final open  
10 enrollment numbers, so if we could go to the next  
11 slide.

12 So as you can see, and -- and as  
13 many of you may have heard before, we ended this  
14 open enrollment with over 400,000 plan selections.  
15 That's about a 14 percent increase from the  
16 previous plan year, an increase that really  
17 exceeded our expectations. And you know, 400,000  
18 was the number that none of us wanted to say. It  
19 was the -- sort of the wild hope that maybe we  
20 could get there, and, really, we are thrilled that  
21 this is the place that the Virginia individual  
22 market is in right now, and that success really is  
23 a testament to the Exchange community here in  
24 Virginia. All of you, all of our stakeholders, our  
25 plans, our insurance agents, our navigators, the

1 other state agencies who supported and continue to  
2 support this work, a really robust marketing plan.  
3 Again, really, kudos far and wide for -- for  
4 Virginia reaching this place at this time.

5           You can see, really, also very  
6 robust engagement by our call center. We are  
7 overall pleased where our call center landed after  
8 the first year. There was a lot that we learned  
9 throughout this process and -- and definitely an  
10 area where we have some really targeted ways that I  
11 think that we can provide some improvements as we  
12 move forward. One of the things that's been really  
13 rewarding is we have step backed -- stepped back to  
14 talk about this, our first open enrollment and  
15 where we are as an Exchange in Virginia. For me,  
16 has been to listen to my team members talk in ways  
17 how great it is to finally be in the game, to no  
18 longer be on the sidelines. And of course, open  
19 enrollment was really that first big milestone that  
20 we were looking at, but to actually now be in  
21 post-open enrollment operations and realize just  
22 how much good we can do for Virginia, it's been,  
23 like I said, very rewarding to see that reflected  
24 in the Exchange team.

25           So I mentioned that we've -- you

1 know, we've also done some strategic planning, and  
2 I'd hope to have a little more information for you  
3 all -- but I think it's probably going to have to  
4 wait until June -- around what some of the  
5 technological improvements that we are planning for  
6 our platform as we get ready for our next -- our  
7 next open enrollment for Plan Year '25. There are  
8 going to be some exciting things that I think are  
9 going to benefit not only our consumers, but also  
10 our stakeholders, and so I'm looking forward to  
11 being able to share more about that with you next  
12 time.

13 As far as goals, one of the things  
14 that -- that we've really looked at -- so there is  
15 truly a mountain of work that stands in front of  
16 us, and -- and a lot of it is positive work, right;  
17 so many different areas that we can focus on that  
18 we can commit resources to, and so making decisions  
19 about, you know, what's going to be the best for  
20 Virginia. As we took a look at that and did some  
21 planning, I will share what -- what I think of as  
22 our three priorities for this coming year.

23 So number one is enrollment, and I  
24 say that not in terms of, right, continuing to try  
25 to maximize the -- the highest number of

1 enrollment, but, really, enrollment at a consumer  
2 level. Really focusing on our obligations to  
3 reduce the number of uninsured in Virginia and  
4 provide that continuity of coverage for folks who  
5 are making coverage transitions in their lives. We  
6 are developing what I've been calling our program  
7 integrity for enrollment generally, and -- and that  
8 initiative is focused on making sure that we are  
9 pulling together all the different pieces of the  
10 work that we do and identifying how those are  
11 supporting our consumers maintaining coverage and  
12 staying enrolled. So everything from the work of  
13 our call center to our marketing team to platform  
14 updates and innovations, our engagement with our  
15 community and other state partners, making sure  
16 that we are -- we are tying all of that together  
17 and being able to identify where we can commit  
18 resources to be of the -- the most benefit to  
19 consumers.

20           So the second priority goes along  
21 with that, and that is the consumer experience.  
22 One of the things we have really been able to learn  
23 a great deal about in these first few months is  
24 what worked well for consumers and where were some  
25 pain points for our consumers. That process, of

1 course, will be ongoing, but all of the decisions  
2 that we make, whether it's a technological  
3 improvement, whether it's an adjustment to our  
4 consumer outreach and education program, all of  
5 that should be focused on how does that come  
6 together to improve the overall consumer  
7 experience. Shopping for health insurance is -- is  
8 not easy under the best of circumstances, and so we  
9 take very seriously that role of trying to simplify  
10 it for consumers and improve the decision tools,  
11 for instance, that are available to them. So  
12 again, some of those, we will have, hopefully, more  
13 information for you in June.

14           And then, lastly, it's -- it's  
15 stakeholder engagement. As I said before, the  
16 successes that Virginia has seen this year would  
17 not have been possible without all of our wonderful  
18 Exchange partners and stakeholders. When we think  
19 about how are we going to improve moving forward,  
20 we are focusing on things like creating focus  
21 groups in our different stakeholders where we can  
22 sit down and have very candid conversations. We  
23 are finding ways that we can engage more of our  
24 stakeholders and partners in things like user  
25 testing of our platform, and, as we prepare to roll

1 out new features, giving our stakeholders an  
2 opportunity to preview them to give us feedback and  
3 input, all -- all to, again, right, improving that  
4 consumer experience and continuing to foster a  
5 communal relationship to live up to our promise of  
6 an Exchange that's by Virginia and for Virginia.

7 One of the other things that's been  
8 interesting for me, we continue to work with and  
9 learn from other states who have gone before, who  
10 are going at the same time, also taking  
11 opportunities to share what we've learned with  
12 other states who are interested in making the  
13 transitions. One of the things that I've observed  
14 as we've gone through that process is there --  
15 there are so many ways in which Virginia truly is  
16 unique among Exchanges in the country right now,  
17 and, for me, that is a wonderful sign of success  
18 because we never wanted to be a mirror image of --  
19 of any other Exchange, regardless of how successful  
20 one state or another state is.

21 We knew that in order to really  
22 have an impact in Virginia, we had to be uniquely  
23 Virginia's Insurance Marketplace. So it's been  
24 really rewarding to go to learn more about what  
25 other states are doing and to see how, you know,

1 we're -- we're tackling similar challenges in  
2 slightly different ways, how we are building a  
3 unique work and community culture. There are areas  
4 where I will proudly say Virginia is ahead of the  
5 curve. We are functioning at a much higher level  
6 than -- than I think any of us had a right to  
7 expect at this point in our -- in our new lives;  
8 and then, of course there are other areas where,  
9 yeah, we are barely scratching the surface of  
10 capabilities and potential, which, you know, is  
11 also okay.

12 As I said, there are -- there are  
13 so many things in front of us that we can do that  
14 we can learn, and -- and we're making decisions  
15 about what those are. But, overall, I am thrilled  
16 to be able to be a part of this -- this great work,  
17 this great community, and to be able to say that we  
18 are uniquely Virginia's Insurance Marketplace.

19 Okay. Let's talk a little about  
20 data. I would say that data is one of our most  
21 exciting opportunities. It is also one of our most  
22 significant challenges. One of the benefits that  
23 we often look forward to -- to transitioning to a  
24 state-based marketplace is better access to data.  
25 And we knew we were going to have a lot of data,

1 and we do. I'm not sure I would say we had a -- a  
2 realistic sense of how much work it is to validate  
3 that data to get to a place where we can process  
4 and analyze that data.

5 So, you know, here is the place  
6 where I would say, no, we are -- we are not ahead  
7 of the curve; we are sort of showing our newness.  
8 But on the next slide, we can see we have put on  
9 our website our first iteration of a public  
10 dashboard. So pretty limited here in the  
11 information that we're sharing, but something that  
12 -- that we intend to grow.

13 I think I've said before transparency is  
14 an important part, for me, of -- of what we do.  
15 And I think it was last year that as I was  
16 attending an Exchange conference, there was --  
17 there were a number of academics and researchers  
18 who were talking about the challenges and  
19 frustrations that they have in doing the kind of  
20 research that they want to do because of how  
21 difficult it is to get access to data, how -- how  
22 often data is outdated by the time it's released.  
23 Ultimately, I hope Virginia can contribute to  
24 solving some of that problem by getting to a place  
25 where we can be much more nimble in validating data

1 and -- and appropriately sharing anonymized data  
2 that -- that I think is going to be useful for  
3 other Virginia stakeholders and -- and partners  
4 without -- without folks having to come to us and  
5 -- and ask for this data and that data.

6           So we are, as I said, just  
7 scratching the surface, but I expect that by the  
8 time we next speak in June, you're going to see a  
9 much more robust version of what we're doing in  
10 terms of our data sharing, our data analytics, and  
11 how we are leveraging that, again, to facilitate  
12 our enrollments, to improve our consumer  
13 experience, and to enhance our stakeholder  
14 relationships.

15           Before I pass it over to Holly to  
16 talk a little bit about the results of our -- some  
17 of our marketing efforts from this past open  
18 enrollment, I want to go ahead and pause here for  
19 questions because I know -- I think I often have  
20 the time to -- or the tendency to just sort of run  
21 on to the next thing, and then folks are saying,  
22 but wait, we had questions. So let me -- let me  
23 take a breath and -- and give you all a chance to  
24 ask any questions.

25           MS. CORLETTE: I -- I -- I don't have a

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1 question. I just think it -- it -- it bears, you  
2 know, reminding everybody that, you know, I -- I  
3 get that this is a limited set of data, but, you  
4 know, when we were using healthcare.gov, so much  
5 was hidden to us. And I just really appreciate,  
6 Kevin, the -- your emphasis both on the enrollment  
7 and the user experience and the fact that with our  
8 own Marketplace and our own platform, we can really  
9 dig in on where those friction points or pain  
10 points are and try to improve. These are  
11 experienced in a way that a year ago, we just -- it  
12 was just a complete impossibility. So I just think  
13 it bears remembering that we have capabilities now,  
14 maybe some of them untapped, that were just not  
15 even in the realm of possibility before we switched  
16 over. So it's very exciting.

17 MR. PATCHETT: Yeah, absolutely.

18 MS. CORLETTE: And then, I see there are  
19 some hands up. Let's see. I -- I'm not a Teams  
20 expert, so I'm not sure how to see who has raised  
21 their hands first, but I see Ikeita (crosstalk) --

22 MS. BECKER: It -- it says in order,  
23 Sabrina.

24 MS. CORLETTE: I'm sorry?

25 MS. BECKER: Sorry. It says in order,

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1 so the first one is Craig and then Lou --

2 MS. CORLETTE: Okay.

3 MS. BECKER: -- and then Ikeita.

4 MS. CORLETTE: Oh, okay.

5 MS. BECKER: Like, one, two, three.

6 MS. CORLETTE: Okay. Well, Craig, I  
7 think you are first then.

8 MR. CONNORS: Okay. Yeah. Kevin, thanks  
9 for all the information. I guess my question is  
10 will we be provided more granular enrollment data,  
11 like, by county, by plan, and will you be analyzing  
12 that, presenting that to us to see if we can see  
13 successes and opportunities related to that -- that  
14 next level down the enrollment data?

15 MR. PATCHETT: Yeah, absolutely. So one  
16 of the lessons we learned early on is that it's  
17 important that we -- we have to validate the data.  
18 So, you know, our -- we have tools, but the tools  
19 are really only as -- as good as the configuration,  
20 and a lot of our reporting capabilities don't --  
21 don't sort of work out of the box as we expected.  
22 So, you know, we're committed to making sure that  
23 as -- as we do share data, that it is validated and  
24 that we won't wind up in a situation where we've  
25 shown you data and then have to come back and say,

1 actually, that wasn't quite right.

2 We are building out those data analytics,  
3 Craig. Everything from -- by county, by income  
4 level, by age, and -- and we -- we are looking  
5 forward to being able to -- to share a lot of that.  
6 I will say that the data we've looked at so far,  
7 one of the areas -- or the two areas that we have  
8 seen the most growth this open enrollment period  
9 was in the 18 to 25 and 55 to 64-year-old  
10 populations. And so, that's been -- you know,  
11 that's been an interesting thing for us, and --  
12 and, again, in -- in line with information that we  
13 -- we hope to be able to -- to share much more  
14 broadly in the coming months.

15 MR. CONNORS: Thank you. Will you be  
16 able to share the data by health plan?

17 MR. PATCHETT: Yes.

18 MR. CONNORS: Thank you.

19 MS. CORLETTE: I think Lou was next.

20 MR. ROSSITER: Yeah. Kevin, do I have  
21 it right? At the beginning of January 2023,  
22 enrollment in the federal plan was 346,000, and we  
23 --

24 MR. PATCHETT: Correct.

25 MR. ROSSITER: -- are at 400,000?

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1 MR. PATCHETT: Correct.

2 MR. ROSSITER: Congratulations. That's  
3 really good.

4 MR. PATCHETT: Thank you.

5 MR. ROSSITER: And I wondered if you  
6 could comment on -- on the extent to which the  
7 health plans helped to -- to reach this enrollment,  
8 and then I had one other quick comment.

9 MR. PATCHETT: Yeah. So our -- our  
10 health plans really have -- have been great  
11 partners. You know, they had -- they had their own  
12 heavy lift to do as part of this transition to  
13 integrate their systems with ours, to integrate  
14 their -- their payment systems with ours so that  
15 consumers could, you know, in real time, make that  
16 -- make their premium payments through the system.  
17 So -- so I'd say absolutely they've -- they've  
18 contributed. I think we've all had our -- our  
19 share of challenges throughout this process, but  
20 our plans have been -- have been great partners.

21 MR. ROSSITER: Great. So we just did  
22 St. Patrick's Day, right? And I'm 25 percent  
23 Irish, but I'm afraid I'm three-fourths German. So  
24 I noticed on the public-facing dashboard, we've got  
25 new consumers, dental enrollments, and then there's

1 just different terminology referring to the -- to  
2 the people, just a minor -- a minor comment.

3 MR. PATCHETT: Yeah. No. And -- and  
4 that's actually a -- a great comment because, you  
5 know, one of the things that we are learning,  
6 everybody seems to use slightly different  
7 terminology when -- when reporting for -- when  
8 reporting and asking for data. And in fact, the --  
9 the CMS metrics, in many cases, they are completely  
10 counterintuitive. You look at the -- the name of  
11 the metric and read the description and think, I --  
12 I'm not really sure how that description relates to  
13 what they've named the metric. So that's part of  
14 what we're -- we're digging into and trying to make  
15 sure that we can really be clear because there's so  
16 much -- so much jargon in this space, and some of  
17 it has proven to be counterintuitive.

18 MR. ROSSITER: As a -- as a -- as a  
19 former CMSer, that's -- you know, that's what we do.

20 MS. CORLETTE: I think the next one is  
21 Ikeita.

22 MS. CANTU-HINOJOSA: Yeah. So, first, I  
23 just want to say, thank you. This is very helpful  
24 and interesting, as always, so congratulations on  
25 your great first open enrollment period. So I just

1 have two things. So, first, just to Craig's point  
2 about more granular data information, I just want  
3 to remind us all about the Strategic Priorities  
4 Subcommittee work, that we did provide  
5 recommendations with the help of the Exchanges  
6 consultant of examples that other Exchanges have  
7 done in terms of reporting out their data, so we do  
8 hope that that's helpful for the staff as you all  
9 move forward. So we know that, you know, we're all  
10 in the early stages now, but, you know, we -- we  
11 hope that that is -- is helpful as you all engage  
12 in that work. So we have those recommendations,  
13 and we have those examples. So just want to  
14 underscore that.

15 MR. PATCHETT: Yeah. That -- yeah. No.  
16 Absolutely, Ikeita. And in -- and in fact, we have  
17 already begun the process. And so, really, those  
18 -- those are where some of our priorities are as  
19 well, and we've begun the process of -- of  
20 populating a report for this Advisory Committee  
21 based on those recommendations, and -- and I expect  
22 that you all will have that well in advance of the  
23 next meeting and -- and hopefully in advance of,  
24 you know -- well, along the process of evolving our  
25 own -- our own dashboard and reporting. But -- but

1 that is in the works, and certainly before the next  
2 meeting, you'll have -- we'll have a -- a pretty  
3 robust set of -- of data analysis in line with  
4 those metrics.

5 MS. CANTU-HINOJOSA: Right. And then,  
6 my second thing is just a question. We know that,  
7 unfortunately, anytime there is something as  
8 exciting as a -- a new open enrollment that comes  
9 online, unfortunately, there are bad actors and  
10 opportunities for fraud and attempts to take  
11 advantage of consumers. You know, folks who pose  
12 as enrollment agents and try to access personally  
13 identifiable information or banking information or  
14 things like that. And, you know, obviously, you  
15 know, there are always attempts on our side to do  
16 education and things like that, but I was just  
17 wondering if you could let us know how those things  
18 have gone in Virginia. Do you know what the  
19 incidents or cases of fraud have been and what the  
20 education efforts are?

21 MR. PATCHETT: That's a great question.  
22 And so, I learned recently that -- that CMS is  
23 seeing an increase in the number of reports of  
24 unauthorized enrollments on healthcare.gov.  
25 Fortunately, we -- we have not seen that so far in

1 Virginia, and I think that is, in -- in part,  
2 supported by the -- the engagement that we've had  
3 with our agent community, the training, the  
4 certification process, and the -- you know, and --  
5 and the -- the various ways that we've implemented  
6 security and privacy policies into the platform.

7 So -- so -- so far, we -- we are  
8 not seeing that. I have a -- a security team who  
9 -- who really is focused on -- on, really, all  
10 things security and privacy, and they keep up not  
11 only with things that, you know, directly relate  
12 our -- to our systems, but in tracking those  
13 ancillary breaches and issues that we hear about in  
14 the news and making sure that, you know, that we're  
15 prepared, that we understand how and -- and how not  
16 those things impact us and our consumers. And --  
17 and again, so far, we've been very fortunate here  
18 in Virginia that those have not impacted our  
19 consumers.

20 MS. CANTU-HINOJOSA: Thank you.

21 MS. CORLETTE: Yeah. Thanks, Ikeita.  
22 Those were really good questions and observations.  
23 Does anybody else have a question for Kevin before  
24 we move on to Holly? Oh -- oh, yes, Craig?

25 MR. CONNORS: Just one quick follow-up

1 question. I guess it's to Louis. I'm looking at  
2 this dashboard. I just wanted to clarify the  
3 financial assistance. I'm assuming that means the  
4 copay assistance, plus the premium subsidies, you  
5 know, it's all included there. So am I reading  
6 that right?

7 MR. PATCHETT: Correct.

8 MR. CONNORS: Actually 98.3 percent of  
9 all of the enrollees this year qualify for one or  
10 -- or both of those financial assistances?

11 MR. PATCHETT: That's correct.

12 MR. CONNORS: Okay. Do you know what  
13 that was prior to the extension? Or, you know,  
14 pre-COVID? You know, the extension of the CSRs?

15 MR. PATCHETT: I think it was just under  
16 90 percent, but I'm -- I can go back. We can go  
17 back and see if we can pull that data. But the --  
18 something in the 85 to 90 percent seems to be  
19 sticking in the back of my mind.

20 MR. CONNORS: Yeah. Okay. It's just  
21 curiosity. Just, you know, to Ikeita's point as  
22 far as analyzing, you know, how much are those  
23 subsidies driving the enrollment versus some of the  
24 other activities that are going on. I think that's  
25 probably a question nationwide, you know, that's

1 being asked and what happens if those check  
2 subsidies are changed or go away, even though I  
3 know it's proposed right now that they're going to  
4 be made permanent. But anyway, just food for  
5 thought as we continue analyzing. Thank you.

6 MS. CORLETTE: Yeah. Craig, I'm glad  
7 you raised that point since I think it will be  
8 quite a debate in Washington about extending those  
9 enhanced APTCs. Any other questions for Kevin?  
10 Okay. Kevin, I'll turn it back to you or turn it  
11 to Holly.

12 MR. PATCHETT: All right. Well -- well,  
13 thank you all very much. And yeah, I will pass it  
14 to Holly to talk about the results of our marketing  
15 efforts.

16 MS. BECKER: Oh, Holly, you're muted.

17 MS. MORTLOCK: Thank you. Thank you,  
18 Kevin and Sabrina. Can everyone hear me, okay?  
19 Okay. Great.

20 MS. CORLETTE: Yes.

21 MS. MORTLOCK: So we thought that in  
22 celebration of our first open enrollment season we  
23 would share a little bit of the fun information  
24 about what's -- what's been going on behind the  
25 scenes in terms of our marketing and our outreach

1 efforts so you can see what -- what partially went  
2 on and how we got -- how we got here. So I wanted  
3 to talk a little bit about the results of our  
4 marketing and outreach efforts.

5 So the open enrollment paid media  
6 campaign for 2024 launched on November 1st of 2023,  
7 and we used broadcast TV, connected TV, digital  
8 out-of-home, high impact CTV, high impact display.  
9 And so, the high impacts are -- they're the type of  
10 advertising where there may be a QR code, or you  
11 can click straight through with a link. We used  
12 Meta, paid Google Search, programmatic display and  
13 video, radio, site direct, and streaming audio. We  
14 did YouTube Masthead and YouTube Shorts. So we had  
15 quite a robust marketing effort, so I wanted to  
16 share a little bit about what that looked like in  
17 terms of the results that we got.

18 So our marketing and outreach efforts  
19 overall garnered 190.7 million impressions, which  
20 means that it was seen -- our advertising was seen  
21 over 190 million times by individuals, and it  
22 resulted in 635,000 clicks through to our website.  
23 Okay. And the top three channels -- I just  
24 mentioned all the different channels that we used,  
25 and the top three are Meta, including Facebook and

1 Instagram; paid Google Search; and programmatic  
2 display ads. So for Facebook and Instagram, we  
3 wanted to show you what were the -- what were the  
4 ads that were the most popular and got the most  
5 interaction.

6 The first ad was Getting Feverish.  
7 So that ad concept was the top performer in getting  
8 people to click through to the website and explore  
9 on the platform. The next one was Google Search.  
10 So you can see here what it looked like when  
11 individuals put in a Google -- a term in Google  
12 Search, and this is what came up for them. It was  
13 the top performing. The English Google Search ad  
14 is pictured here. The strongest English search  
15 terms were healthcare Marketplace, which got 16,442  
16 clicks, and health insurance plans, 1,456 clicks.  
17 The top performing Spanish search terms were Plan  
18 Medico and Recado De Seguros.

19 And for programmatic display, you  
20 may recall that we showed you the three television  
21 commercials or videos that we had created. The  
22 Delgado Family video drove the highest clicks to  
23 the Marketplace across all English video  
24 advertisements. You also will recall that we had  
25 some mobile billboards. And so, those trucks, you

1 can see pictures of them right here. They actually  
2 did come straight to the Tyler Building at the SEC  
3 one day. They did drive for a total of 1,482  
4 hours, covered 21,000 miles in December of 2023.  
5 And the re-targeted ads -- the re-targeted ads  
6 garnered approximately 7,800,000 impressions and  
7 over 1300 clicks.

8 So you saw all of our -- our digital  
9 ads from advertising for our sort of -- I will  
10 say, our soft skills, our soft advertising, we  
11 did several outreach events this year. You can see  
12 the first example. We did the 10th Annual Health  
13 Expo at the Hampton Convention Center. You can see  
14 a picture of our display table and our swag. We  
15 had brochures, mugs, one-pagers, all of those  
16 things available. Our signs have QR codes for  
17 people to click through on, and we had staff  
18 available to talk with participants. We also -- we  
19 also met agents and brokers and navigators at these  
20 events, so we're able to chat more with them about  
21 the Marketplace and build relationships with them.  
22 So these were very successful.

23 And we also attended the Family  
24 Wellness Expo with the Mary Jackson Neighborhood  
25 Center, so you see a little bit more of our staff

1 here. You can see Kendra Weindling is our  
2 stakeholder engagement manager, and Sam Litchford  
3 is our marketing and outreach specialist, so they  
4 were also at that event. And these are the types  
5 of things that we are really looking forward to  
6 doing much more of as we go into full operations.  
7 So we have some robust plans and have done a lot of  
8 outreach to reach more community partners and  
9 really spread the word about Virginia's Insurance  
10 Marketplace, and this is one of the areas that  
11 we're very excited about ramping up our efforts in  
12 this space this year. So hopefully we will have  
13 much more to share with you in the -- over the next  
14 few meetings as we get ready for the next open  
15 enrollment.

16 So now I'll shift and talk a little  
17 bit about some policy implementation updates just  
18 to touch briefly on a few things. So, first, I --

19 MS. CORLETTE: Oh, Holly, can I -- can  
20 we just pause on the marketing? Or do -- do you  
21 want us to --

22 MS. MORTLOCK: Sure.

23 MS. CORLETTE: -- wait with questions  
24 until you're done?

25 MS. MORTLOCK: No. You can go back to

1 questions, certainly.

2 MS. CORLETTE: Thank you. For the  
3 marketing and outreach update, it sounds like it  
4 was a really robust effort. I'm just curious, now  
5 that we're out of open enrollment, but, obviously,  
6 there's still people who might be looking for  
7 coverage for various reasons, including losing  
8 Medicaid -- I'm just -- could you just say a little  
9 bit about your, like, marketing around -- or  
10 consumer outreach around special enrollment  
11 opportunities, or --

12 MS. MORTLOCK: Yeah, absolutely. So --  
13 so when we first designed the -- the ads for -- for  
14 this open enrollment, we did that with the  
15 knowledge that -- that there would -- would -- the  
16 unwinding would still be occurring, and that we  
17 wanted to really focus some of these ads on the  
18 unwinding population so that we would continue to  
19 have them through -- through this year, through the  
20 end of the unwind SEP. But also, because we are a  
21 Medicaid determination state, you know, we do work  
22 really hard at having advertisements that are  
23 specifically focused on that population and folks  
24 who -- you know, who may be losing Medicaid and  
25 encouraging them to come to the Marketplace.

1                   So we do have that emphasis throughout  
2                   our entire strategic planning effort as we -- so  
3                   you will -- you may continue to see those  
4                   advertisements happening between now and the end of  
5                   July, as we have implemented the unwind SEP. We  
6                   also are really working closely with our navigator  
7                   partners and with community organizations that work  
8                   with these populations to help get the word out to  
9                   them and really encourage them to come to the  
10                  Marketplace if they have lost Medicaid or expect  
11                  that they may.

12                  MS. CORLETTE: Great. Thank you.  
13                  Ikeita?

14                  MS. CANTU-HINOJOSA: Thank you for this.  
15                  I may have missed it, but did the marketing and  
16                  outreach campaign include radio or podcasts?

17                  MS. MORTLOCK: Yes, it did include radio.

18                  MS. CANTU-HINOJOSA: Okay. Got it.  
19                  Thank you.

20                  MS. MORTLOCK: Podcast may be an area  
21                  that we continue to explore a little bit further.

22                  MS. CORLETTE: And then, Lou?

23                  MR. ROSSITER: Holly -- Holly, I realize  
24                  CHIP is not this, but when -- back in the day, when  
25                  we rolled out CHIP, we, of course, worked closely

1 with the public school systems, and I just wondered  
2 if that's an avenue that -- that is possible. Now  
3 the schools feel that they're overwhelmed, and they  
4 don't want to do anything extra, but -- but, still,  
5 we -- we got very good cooperation from the  
6 Department of Education back in the day.

7 MS. MORTLOCK: Yeah. Thank you, Lou.  
8 That's a great point. And we have a -- we have a  
9 really talented outreach team that is -- that has  
10 -- has the -- has schools and community  
11 organizations on their radar to be reaching -- to  
12 be reaching out to to share this information with  
13 them. And as we -- you know, as Kevin mentioned,  
14 as we get our arms around the -- the data and --  
15 and do a little bit additional validation, we will  
16 be using that data to inform, you know, where we --  
17 where we conduct that additional outreach and --  
18 and leverage those partnerships. So we're very  
19 excited about that. We -- we do know that, you  
20 know, schools are overwhelmed, but they are -- they  
21 have been really good partners, and -- and we know  
22 they would be excited to -- to receive this  
23 information and --

24 MR. ROSSITER: Yeah. If you -- if -- if  
25 they would just get a flyer in the kids' backpack,

1 it might be found at the bottom of the backpack,  
2 but it would be -- seems like it'd be low-cost and  
3 -- and outreach to communities that may not be  
4 reached by other community organizations.

5 MS. CANTU-HINOJOSA: Yeah. Lou's right.  
6 In DCR -- for the DCR Health Benefit Exchange  
7 Authority, we did a backpack attach campaign for DC  
8 Health Team.

9 MS. MORTLOCK: That's a fantastic idea.  
10 I'll also say I know some states and some  
11 state-based marketplaces have also looked at  
12 partnering with the unemployment agencies, you  
13 know, for when folks come in to apply for  
14 unemployment, sort of get them when they're most  
15 likely looking for a new coverage option. Lots of  
16 opportunities.

17 MS. CORLETTE: Any other questions for  
18 Holly on the marketing stuff?

19 MS. BATAILLE: Hey, Sabrina. It's  
20 Julie. I had a question.

21 MS. CORLETTE: Yeah.

22 MS. BATAILLE: Holly, this is great, and  
23 it's so exciting to see how all of this came to  
24 life. I am just curious if you're having the team  
25 do a deep dive on, like, what worked and what

1 didn't work so that you can become even more smart  
2 as you think about the year ahead.

3 MS. MORTLOCK: Yeah, absolutely. And  
4 so, that's one of the things that we are -- well, I  
5 will say first -- first of all, one of the things  
6 that we know from some of the research that we've  
7 gotten is that -- so search engine optimization is  
8 something that we really want to do -- to do better  
9 with, and we are having our marketing vendor look  
10 into that for us and present some -- some options.  
11 So that is one area that we are concentrating on.  
12 And as we get, you know, further into data, you  
13 know, I think we are really looking at, you know,  
14 how to better target all of these -- you know, all  
15 of our resources to better reach all the various  
16 areas of the Commonwealth. I know one area that we  
17 know that we want to do better in is in -- is in  
18 rural areas. You know, we would like to do more --  
19 like, regular mail outreach is something that we  
20 are looking into, in addition to a number of other  
21 sort of in-person events and other strategies as  
22 well.

23 So absolutely, that's one of the  
24 really exciting parts about this for us is being  
25 able to take the information that we have, not only

1 just the data, but anecdotal information and things  
2 that we hear, you know, from our community partners  
3 where they need a greater assistance in getting our  
4 messaging out, and hearing from them in their  
5 localities, you know, what works -- what works for  
6 -- for their community. So we're very excited  
7 about all of that and definitely looking forward to  
8 expanding our range of -- of things that we do to  
9 reach folks across Virginia and to really build  
10 critical relationships.

11           You know, our -- our -- our desire,  
12 and as Kevin says, is to be by Virginia for  
13 Virginians, but also to really be a household name,  
14 and we really want people to know who we are and  
15 that we're here to support them, not only in  
16 getting health insurance, but providing critical  
17 information to them on how to use their health  
18 insurance. So all -- all things on the horizon.

19           MS. BATAILLE: Well, that's great.  
20 Congratulations on a successful year one.

21           MS. CORLETTE: Yeah.

22           MS. MORTLOCK: Thank you.

23           MS. CORLETTE: Any other questions on  
24 the marketing stuff? Okay. Holly on to policy.

25           MS. MORTLOCK: Okay. So we'll share

1 just a few brief updates. So Sabrina, I know you  
2 and Julie and -- and many others are -- are  
3 anxiously awaiting, so the final MPPP for this  
4 year, so just wanted to share that we have, you  
5 know, of course, dug into the draft and are looking  
6 forward to the -- to the final coming out. I think  
7 we're expecting it by the end of this month, and at  
8 that time, we will be communicating some -- some  
9 policy guidance, you know, to our carriers and to  
10 our agents and sister communities how the Exchange  
11 will respond, you know, to -- you know, to the  
12 final MPPP.

13           There is one area of key interest  
14 that has been coming up that we did address earlier  
15 on, and that is the question about plan  
16 standardization. So as you know, the -- the MPPP  
17 is proposing a little bit further requirements in  
18 plan standardization for Plan Year '25. In talking  
19 with our carriers and some initial -- getting some  
20 initial feedback, we did decide for Plan Year '25,  
21 we are going to stay with the Plan Year '24,  
22 require the -- that the FFM has implemented for  
23 Plan Year '24, Virginia will continue that for Plan  
24 Year '25 to maintain some consistency. But during  
25 that time, we are going to be talking with our

1 carriers, our agents, and our -- our stakeholder  
2 communities, our navigators and assisters to get  
3 some additional feedback on what will be the best  
4 approach for Virginia in that space for Plan Year  
5 '26. So we did share that with -- with our carrier  
6 and our agents in sister communities, and so look  
7 forward to those conversations later this year.

8           Also, I just wanted to share with  
9 you that -- so many of you may remember that  
10 Virginia passed a Facilitated Enrollment Bill  
11 legislation in 2021. I think Delegate Sickles is  
12 maybe streaming the -- the meeting this afternoon.  
13 But -- so that directed -- directed Virginia and  
14 the Department of Tax to include a check box on --  
15 on the tax returns so people can request  
16 information about health insurance coverage, if  
17 they wish. So Virginia's Facilitated Enrollment  
18 program started with Medicaid, so they have been  
19 working on that program for a few years now, and we  
20 are now initiating our conversations with the  
21 Department of Tax and other stakeholders to have  
22 that implemented for -- for next year. So we're  
23 very excited about that, and we'll share more  
24 updates with you on that program in the coming  
25 meetings this year.

1                   And then, the last thing I wanted  
2                   to just let you all know is that we do have Jessica  
3                   Anecchini from Virginia Medicaid with us this  
4                   afternoon, and she has graciously agreed to give us  
5                   another update on the Medicaid online. So Jessica,  
6                   are you -- are you here and available?

7                   MS. ANNECCHINI: I sure am. So I'll  
8                   just give a couple updates here. Of course, we  
9                   have our Medicaid Redetermination dashboard that's  
10                  on our public website, which tracks on a weekly  
11                  basis. We refreshed that data, so that data was  
12                  refreshed earlier this morning. Happy to report we  
13                  are 85.39 percent completed in our  
14                  redeterminations, which is a very large feat,  
15                  considering we had over 2.1 million people that we  
16                  needed to redetermine during the unwinding time  
17                  frame. So out of those numbers, we've renewed and  
18                  continued coverage for approximately 1.55 million  
19                  of those individuals, and the closures right now  
20                  are just below 300,000.

21                  Of course closures, if they go to  
22                  the Marketplace, depends on the reason for their  
23                  closure, you know, if we're able to give the  
24                  information. So, basically, those individuals that  
25                  we're able to refer over that aren't on Medicare,

1 we send over to the state-based Exchange to see if  
2 they are able to find coverage there.

3 We also do monitor churn to see  
4 which members are coming back to us. Churn can be  
5 measured in a couple different ways. On our  
6 dashboard, you see a churn analysis for procedural  
7 closures, which are those that did not return their  
8 information. They do have a three-month  
9 reconsideration period to return their information,  
10 so we do track those members to see who's coming  
11 back. You also can see on our closure reasons, you  
12 know, why is it that our members are closing.  
13 They're kind of the more generic reasons.

14 So data I can give you on that,  
15 procedural closures are about 37 percent of the  
16 overall closures. That's important to note  
17 because, of course, for our federal partners to --  
18 to know what's going on with the Medicaid  
19 population, the more individuals that are closed  
20 for a non-procedural reason means you were able to  
21 determine they were ineligible. Of course,  
22 procedural means we didn't know. So it's really,  
23 you know, a testament to all the outreach that's  
24 been going on with our health plans and our other  
25 partners to make sure that people are returning

1 their information. We do also include, of course,  
2 in the outreach that even if someone thinks they're  
3 not eligible, we still want to get their  
4 information because if we can determine they're not  
5 eligible with us, then we can get their information  
6 over to the Exchange to see if they can qualify for  
7 a health plan there or some of those cost-sharing  
8 benefits.

9 And so, we also track, you know,  
10 the different closure reasons because closure does  
11 not necessarily mean it was because of the  
12 redetermination. As we know, there's things that  
13 could have occurred, such as someone requesting  
14 their closure, someone becoming deceased or moving  
15 from the state permanently. Those closures then  
16 can occur outside of a renewal, and we're tracking  
17 that at just under 24 percent of all of our  
18 closures are for those types of reasons. So, you  
19 know, not only are we determining people, you know,  
20 based on changes that have occurred within the  
21 state, but also some changes that are not  
22 necessarily related to renewals.

23 I think the last thing I'll go over  
24 -- because I have not presented here, so I don't  
25 know if I'm giving you repeat information updates,

1 but I want to make sure I get your questions. We  
2 also do, you know, capture -- we kind of have six  
3 main kind of grouping of our eligibility types,  
4 and, you know, where those closures are falling.  
5 We still have our largest group at the non ABB  
6 adults. A lot of that is that expansion  
7 population, which, of course, we expected to see,  
8 you know, individuals that may have lost their  
9 employment at the beginning of the PHE, and now  
10 that it's been several years, they may have gained  
11 employment, and while we projected that coverage,  
12 now their income may be at or over limits.

13 That is followed by our children's  
14 groups. There is a sizable gap between the two.  
15 There was a lot of federal scrutiny on the closure  
16 of children and making sure everybody is going  
17 through and making sure that their systems are  
18 working appropriately. So it is good to see that  
19 gap because we want to make sure just because an  
20 adult may not be eligible, it doesn't mean the  
21 children are eligible or not, because, of course,  
22 those income limits are different as well. That's  
23 my main overview, but, of course, I'm here to  
24 answer any questions and, of course, will stay on  
25 for the entirety of the call so -- if any questions

1 come up after this point.

2 MS. CORLETTE: Thank you. Thank you,  
3 Jessica. Holly, did you have any more, or should  
4 we open it up for questions?

5 MS. MORTLOCK: You could -- yes, please  
6 go ahead and open up -- open it up for questions,  
7 and then when you're ready, Sabrina, we'll turn it  
8 all back to you.

9 MS. CORLETTE: Okay. Great. Well, I'll  
10 kick it off. I just had a couple of questions, one  
11 on the unwinding. I'm curious -- and -- and I  
12 understand that you all are still sort of working  
13 through your data, but I'm just curious of folks  
14 who are determined ineligible and potentially  
15 eligible for a Marketplace plan, do you have any  
16 sense of your conversion rate?

17 MS. MORTLOCK: Yeah. So that's -- so  
18 thank you, Sabrina, and I know that's a question  
19 that we all want to -- we all want to hear. So,  
20 first, I will say, you know, we are still working,  
21 you know, on some of that data. I think there is  
22 -- there are some complexities involved in that,  
23 one being that the unwinding was occurring prior to  
24 the transition, prior to us starting to get account  
25 transfers. So that in itself -- so those accounts

1 would've come to us, you know, as auto  
2 re-enrollments, so just wanted to share that as  
3 some context for us. I think Kevin has some things  
4 to add to that too, so I will turn that over to him.

5 MR. PATCHETT: Yeah. Thank you, Holly.  
6 So the -- this is -- as Holly said, this is an area  
7 where there really is a lot of data complexity.  
8 Overall, I -- I will say the uptake has not been as  
9 good as -- as we had hoped. Right now, we're  
10 somewhere between two and three percent, which is  
11 in line with sort of what it has been in the past  
12 pre-unwinding. Where there is some really good  
13 news though is that we have closer to 33 percent of  
14 these folks who have actually come onto the  
15 platform, claimed their account, and started the  
16 process. So we really are focusing on what we can  
17 do in outreach to help these individuals and  
18 families, and our -- we're optimistic that we're  
19 really going to see that uptake improve here in the  
20 -- in the coming months.

21 MS. CORLETTE: Thanks, Kevin. And --  
22 and maybe my next question could be related to  
23 that. But, Holly, you mentioned with respect to  
24 your decisions on standardizing plans or limiting  
25 the number of plan options in alignment or not in

1 alignment with the federal policy. I'll just say,  
2 you know, I'm all for stakeholder engagement. I --  
3 obviously, you -- you know, important to consult  
4 with the carriers and the brokers; I just would  
5 encourage you to make sure that your decision is  
6 grounded in research. That -- you know, there's  
7 just a lot of it that shows that there is a  
8 tremendous amount of choice overload with respect  
9 to plans in the marketplace. I know what it is in  
10 Virginia, but I think, nationally, there are, like  
11 -- people have, like, average of, like, 100 and  
12 some plans to choose from, which is just an  
13 overwhelming number for any person to try to, you  
14 know, make a good decision and -- you know, and to  
15 choose an optimal health plan. So while I'm all  
16 for stakeholder engagement and talking to everybody  
17 you need to talk to, I would just encourage you to  
18 make sure, at the end of the day, your decision is  
19 grounded in what's best for the consumer.

20 MR. PATCHETT: Yeah. Thank you for  
21 that, Sabrina. This is something that we're really  
22 attacking on sort of a multi-front basis. As Holly  
23 said, we are engaging our stakeholders. One of my  
24 concerns has just been making sure that, you know,  
25 what we see in other states, what has worked and

1 hasn't worked for other states, how -- how do we  
2 make sure we are applying those lessons in Virginia  
3 and recognizing where there are and where there are  
4 not differences.

5           At the same time, we really are  
6 working to improve the decision tools, the plan  
7 display tools, and some of the other plan-shopping  
8 tools to try to make it easier for consumers. This  
9 really is sort of top of our consumer experience  
10 efforts in this coming year. But again, since we  
11 had just completed our transition, we decided this  
12 was a time to take a step back, engage with our  
13 stakeholders before implementing the -- the latest  
14 changes in the -- in this year's notice and  
15 benefit. So -- so that's where -- that's where we  
16 are, again, an area where I -- I expect some good  
17 things to really be coming for us here in Virginia  
18 on this front.

19           MS. CORLETTE: Great. Thanks, Kevin.  
20 Lou?

21           MR. ROSSITER: Kevin, can you -- can you  
22 reflect on the recent General Assembly reinsurance  
23 experience and whether -- whether that's something  
24 that's going to have to be addressed every year or  
25 every two years?

1 MR. PATCHETT: Yeah, absolutely. So --  
2 so from our perspective, what -- what we see in the  
3 legislation looks -- looks to create some  
4 stability. And -- and, you know, Commissioner  
5 White, if -- if you want to jump in, feel free.  
6 But -- but, you know, the -- the summary of what  
7 we're seeing in the legislation is that this is  
8 going to provide some -- some stability and some  
9 predictability and -- and avoid what -- what  
10 happened last year with -- with indecision  
11 resulting in -- in no reinsurance going forward.  
12 If -- if there is indecision in the legislature,  
13 it'll stay at 15 percent.

14 MR. ROSSITER: Oh, I see. And it is  
15 legislation, not budget language?

16 MR. PATCHETT: There -- there is  
17 actually both, but -- but yeah, there's a --  
18 there's legislation and budget language.

19 MR. ROSSITER: Okay. So important.

20 MR. GRAY: This is Doug. I think the  
21 practical reality is we're going to see how much it  
22 costs in the first year, around August, July, maybe  
23 a little bit before that, and that's going to set  
24 the tone for what happens next.

25 MS. CORLETTE: Any other questions for

1 Kevin or Holly or Jessica? Starla?

2 MS. KISER: Yeah. I'm -- I'm switching  
3 gears. I just have a curiosity about the  
4 enrollment numbers. I think, Kevin, you mentioned  
5 a jump in 18 to 25-year-olds, and I was just  
6 wondering, is there an explanation for that? Was  
7 that just a year-on -- a year-on-year jump in that  
8 population? Did they make up part of those new  
9 enrollees? I think it's interesting just because a  
10 healthy Marketplace, in more ways than one, needs  
11 young, healthy people, so that's a good  
12 opportunity. So I'm wondering what's happening  
13 here. I think that's like a -- a room for more  
14 growth, and it's -- it's a positive thing. So I'm  
15 wondering if -- if -- like, why those individuals  
16 were not on their parents' insurance or what's --  
17 what could explain that jump. I would assume it's  
18 not just marketing on Meta.

19 MR. PATCHETT: Right. We -- we are  
20 wondering the same thing, Starla. So our  
21 preliminary analysis looks like about a 20 percent  
22 increase in that age population, you know, which  
23 outpaces the overall growth of the Exchange by  
24 almost 50 percent. So it's exciting because it's  
25 -- we think it's a good thing for the -- the

1 individual market in Virginia, but we haven't  
2 gotten our arms around why and -- and how we can  
3 continue to facilitate that, but certainly  
4 something we're focused on.

5 MS. KISER: Great. Thank you.

6 MS. CORLETTE: Lou?

7 MR. ROSSITER: Jessica, did DMAS make a  
8 report to the General Assembly on the  
9 redeterminations, and do you -- is that available?

10 MS. ANNECCHINI: We are not responsible  
11 for any of the reporting. I know HHR would've had  
12 some things that they report out on. We do meet  
13 with HHR. This is -- actually was a General  
14 Assembly item from the Department of Budget and  
15 Planning to meet with, you know, Senate and House  
16 staff as well as, you know, some of our other  
17 departments. We do meet with them on a monthly  
18 basis. We also do give, actually, weekly updates  
19 to the Secretary's Office for the Governor as well.  
20 So there is a comprehensive unwinding plan on our  
21 website that kind of goes over our plan, and then,  
22 of course, the outcome of our plan is that  
23 dashboard.

24 MS. CORLETTE: Any other questions for  
25 Marketplace or DMAS friends? Craig.

1 MR. CONNORS: Not a question -- not a  
2 question; just to comment -- follow up to Lou. It  
3 is interesting, when you look at the national  
4 numbers, Virginia is strikingly low on the scale of  
5 the number of people who were dis-enrolled in the  
6 unwinding compared to some other states, so I think  
7 DMAS is still trying to figure out why that is.  
8 And -- and like was presented, they've recently  
9 implemented some automated tools that will probably  
10 help, you know, going forward. But when you're  
11 talking about conversion rates and, you know, maybe  
12 why there was fewer Medicaid disenrollees who ended  
13 up on the Marketplace, the fact that so relatively  
14 few people were just disenrolled for the unwinding  
15 period, might be part of the reason there.

16 MS. CORLETTE: Thanks, Craig. Any other  
17 questions, comments? Starla.

18 MS. KISER: Yeah. So just a quick  
19 marketing question. This may have been mentioned.  
20 The marketing that was done, was it targeted, like,  
21 by particular population? Or, like, how -- I'm  
22 just curious. I -- I mean, obviously, that could  
23 be or would be the future, right? If you know the  
24 granular numbers, which we discussed on the call  
25 today, like, within all of Virginia, you know that

1 the southwest corner has the most potential  
2 enrollees, but they're not enrolled, then you could  
3 send out those mailers, as someone mentioned, about  
4 the rural areas. But curious about these marketing  
5 numbers. It sounds like it was successful, but,  
6 you know, we don't -- we don't have maybe granular  
7 data. Just wondering about was it targeted to  
8 people who would be potential enrollees by age or  
9 how was that done.

10 MS. MORTLOCK: Yeah, absolutely. So we  
11 have -- so we -- we -- in working on the -- on the  
12 marketing plan, we did establish six different --  
13 they -- they call them, like, marketing segments,  
14 right? And so, it's -- it's -- you know, it's  
15 divided among urban and rural and also by other --  
16 you know, age and demographics. And so, we really  
17 did use those -- those segments to target our  
18 marketing and outreach efforts. And -- and  
19 actually, so -- and it was -- it was done very  
20 strategically and -- and in a targeted way. I  
21 think we are really looking forward to seeing, you  
22 know, the data and how that bore out more and  
23 really using the -- that information that we have  
24 to, you know, to supplement them too.

25 MR. PATCHETT: And -- and I'll share

1 that, periodically, I would stick my head into  
2 Holly's office or someone on Holly's team and say,  
3 hey, how come I'm seeing healthcare.gov commercials  
4 and not Virginia Insurance Marketplace commercials?  
5 And the answer was, because we're not targeting  
6 you, Kevin; so hopefully an indication of -- of  
7 successful efforts in that -- that targeted program.

8 MS. MORTLOCK: Yeah. And I'll also  
9 share that too not only for -- that's a -- that's a  
10 good point, Kevin. So I -- I also -- in our  
11 conversations with our -- with our marketing  
12 vendor, I had the same experience. I was very  
13 excited when -- when we came to the Sunday that  
14 they were going to be begin our brand launch, and I  
15 thought to myself, great, this is the best excuse  
16 to Netflix and chill, right, because then I would  
17 get to see all of our -- all of our commercials,  
18 and that was -- that was going to be my plan for  
19 the weekend. Well -- and I didn't see anything.

20 And so, when I asked them about it,  
21 they said, well, you know, you probably -- you  
22 know, that probably was not, you know, an area  
23 where -- where we would've been targeting, so --  
24 but I did hear from others that they did see -- you  
25 know, in different areas and from friends and --

1 and family around the state that they have seen our  
2 messaging, and, obviously, the numbers show that it  
3 -- that it was good. But definitely looking  
4 forward to seeing how we can do more, especially in  
5 the higher-need areas.

6 MS. KISER: And I'll just add, related  
7 to my last question, it's interesting, yeah, with  
8 marketing, but even, like I said, for a healthy  
9 marketplace, your -- your marketing tools for that  
10 young -- like, for the individuals, the young,  
11 healthy individuals, the people with their own  
12 businesses, like, that's an important segment as  
13 well. That would be totally different than the  
14 lower-income population in my neck of the woods in  
15 Southwest Virginia as well.

16 MS. MORTLOCK: Yeah. Thank you so much  
17 for that. And that is a -- that is a -- a  
18 demographic and a -- and a group of individuals  
19 that we are very much looking forward to building  
20 those relationships, especially at the community  
21 level where we know that they are, you know,  
22 trusted partners and have just a -- a much greater  
23 bandwidth and -- and outreach than -- than we can  
24 possibly do on our own. So we are really looking  
25 forward to making those in-person and direct

1 connections.

2 MS. CORLETTE: All right. Any -- any  
3 other questions or comments on some of these policy  
4 issues? All right. Hearing none, I think we can  
5 skip the subcommittee report unless -- Ikeita, I  
6 don't know if there's anything else you want to --  
7 or Lou -- or say anything about the strategic  
8 priorities subcommittee. I don't think there's  
9 been any updates since we last met.

10 MS. CANTU-HINOJOSA: Yeah. I think  
11 we're just looking forward to continued data and --  
12 and what we have moving forward in June. I -- I  
13 think Kevin and Holly already got us excited about  
14 the June meeting, so thank you for that.

15 MS. CORLETTE: Yeah. And I -- I  
16 certainly can appreciate how challenging the -- the  
17 data validation and analysis is and, you know, just  
18 really appreciate hearing how much you all are  
19 working on that and trying to get it in good shape.  
20 And it's such a good story to tell. It's -- it's  
21 -- it's going to be great to see all the -- you  
22 know, when you're able to sort of give the full  
23 picture and -- and tell the story, because I think  
24 people will be really happy to see all the good  
25 work that's gone on and -- and the impact that you

1 all are having.

2           Okay. So I think we can move on to  
3 other business, which is our upcoming meeting  
4 dates. Hopefully everybody has these in their  
5 calendars. We've had some discussion, and Rachel  
6 or Holly, you should tell me if I'm jumping the gun  
7 here, but there are -- we might try to do the June  
8 meeting in person, or is that still something we're  
9 contemplating? I can't remember where we landed on  
10 that one.

11           MS. MORTLOCK: Sure. So thanks,  
12 Sabrina, and I'm -- I'm glad you brought that up.  
13 So we are looking forward to being able to meet  
14 with you in person, if that is the desire of the  
15 Committee. During our last meeting, we had talked  
16 about doing it -- aiming to do it about once a  
17 year, and so really wanted to first get the dates  
18 on the calendar. So thank you all for providing  
19 your availability for the dates here for each  
20 quarter this year. As you know, Kevin had  
21 mentioned coming just off of open enrollments and  
22 moving into operations. The -- the meeting came up  
23 much more quickly than we -- than we thought it  
24 would, but certainly would welcome you to come to  
25 Richmond and have an in-person meeting in June this

1 year or another meeting this year, but thought it  
2 might be worth your discussion to find out, you  
3 know, what would be the best time for you all to --  
4 to be in person, if that's something that's still  
5 of interest to you.

6 MS. CORLETTE: Yeah. Thanks, Holly.  
7 And maybe what we can do is a Doodle poll or  
8 something and just try to get a sense of the -- the  
9 -- the -- the feeling among Committee members and  
10 -- and who would be -- some of you are already  
11 Richmond based, but for the -- those who would have  
12 to travel, if a -- an in-person meeting in June is  
13 feasible. So I -- I -- I'll -- I'll work with  
14 Rachel to maybe set up a Doodle poll for that if  
15 that sounds okay to folks. Holly, you're on mute.

16 MS. MORTLOCK: Thanks. So -- and also,  
17 just to mention, you know, we are -- you know, we  
18 would be very excited to meet with you in Richmond.  
19 Just -- as you may know, you know, sometimes hybrid  
20 meetings, you know, can be -- present a little bit  
21 more challenge in terms of just visibility and  
22 accessibility to the meeting. We can certainly do  
23 both, but just wanted to share that that can be a  
24 little bit of a challenge. So we would really love  
25 it, you know, if -- you know, if everyone is able

1 to come in person for that day. Obviously we --  
2 the more the merrier.

3 MS. CORLETTE: Okay. Yeah. That's an  
4 important point. So we -- we should talk about  
5 whether we -- you know, it's sort of an all or  
6 nothing situation. So if we can't -- don't think  
7 we can get a quorum through the -- through an  
8 in-person meeting, we may just stick to -- to  
9 Teams. So then, that's fine.

10 MS. CANTU-HINOJOSA: And is it also true  
11 that you're debuting new office space?

12 MR. PATCHETT: Yes, it is.

13 MS. CORLETTE: Oh, you're on mute.  
14 You're on mute.

15 MR. PATCHETT: Yes. So we -- we just  
16 moved into new office space, and, in fact, one of  
17 the features of our new space really is a pretty  
18 robust meeting space. So we will -- we have room.

19 MS. CORLETTE: Well, as long as somebody  
20 brings those cookies from last time. Those --  
21 those -- those are delicious cookies. All right.  
22 I think the next item on the agenda is public  
23 comment. I don't think we had anybody submit prior  
24 to the meeting, but I guess this is sort of the  
25 going-going-gone portion of the meeting. If

1 anybody from the public wants to speak, now is your  
2 window.

3 MS. MORTLOCK: Yeah. Sabrina, we do  
4 actually have to have folks sign up in advance in  
5 order to do the -- the call access for them. But  
6 we do want to share that if no one has signed up in  
7 advance, we do always accept public comments on an  
8 ongoing basis at the email box listed below. So we  
9 are happy to -- to take that any time.

10 MS. CORLETTE: Great.

11 MS. MORTLOCK: And that can be shared  
12 with the Committee of course.

13 MS. CORLETTE: Thank you. For the  
14 Committee members, before we adjourn, any closing  
15 questions, comments, words of wisdom or  
16 inspiration? Okay. Well, I want to thank Kevin,  
17 Holly, Jessica, the entire Marketplace team.  
18 Really, you know, pats on the back all around; just  
19 impressive work. You all are off to a fantastic  
20 start, and I think we're all just, like, bursting  
21 with pride here for -- for everything that you all  
22 have accomplished. I guess I'll do a -- a -- a  
23 motion to adjourn and ask for a second.

24 MR. CONNORS: I move.

25 MS. CORLETTE: All right. Shall we

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1 adjourn? Everybody in favor?

2 ALL MEMBERS: Aye.

3 MS. CORLETTE: All right. Well, thanks,  
4 guys. And look out in your inboxes. We'll send  
5 around a Doodle poll about potentially an in-person  
6 convening in June. All right. Enjoy your  
7 afternoon.

8 ALL MEMBERS: Thank you all so much.  
9 See you soon. Thanks.

10 MS. CORLETTE: Bye.

11 (Off the record at 3:18 p.m.)

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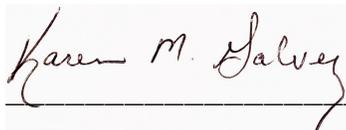
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KAREN M. GALVEZ  
PLANET DEPOS, LLC  
April 2, 2024

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