Transcript of Advisory Committee Meeting

Date: June 20, 2024
Case: Health Benefit Exchange Advisory Committee Meeting

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MEETING

HEALTH BENEFIT EXCHANGE ADVISORY COMMITTEE

Conducted Virtually

Thursday, June 20, 2024

2:09 p.m.

Job No: 542159

Pages: 1 - 75

Transcribed by: Nicole Mastrosimone

Meeting of the Health Benefit Exchange Advisory Committee, conducted virtually.

Pursuant to agreement, before Danny Terry, Notary Public in and for the Commonwealth of Virginia.

A P P E A R A N C E S

EX-OFFICIO MEMBERS:
JOHN LITTEL, Virginia Secretary of HHS
CHERYL ROBERTS, Director DMAS
JEFF LUNARDI, Chief Deputy Director DMAS
JAMES WILLIAMS, DSS Acting Commissioner
REBEKAH ALLEN, Bureau of Insurance

VOTING MEMBERS:
SABRINA CORLETTE, Chair
IKEITA CANTU HINOJOSA, Vice Chair
STARLA KISER, Dickenson County Behavioral Health Services
CRAIG CONNORS, VA Hospital and Healthcare Association

STAFF:
KEVIN PATCHETT, VHBE Director
HOLLY MORTLOCK, VHBE Chief Government Relations Officer
RACHEL M. BECKER, VHBE Senior Policy Advisor
LYNSEY STROHMINGER, VSCC Administrative Coordinator

GUEST SPEAKERS:
MARK SICKLES, Delegate, Virginia House of Delegates
SHELBY GONZALES, Vice President Immigration Policy CBPP

C O N T E N T S

P R O C E E D I N G S

Whereupon,

(The court reporter was duly sworn.)

CHAIR CORLETTE: Welcome, everyone, to our first and only in-person meeting of the Advisory Committee to the Health Benefit Exchange in 2024. I'm Sabrina Corlette, and I serve as your Chair.

Before we start the roll call, we'll do just a few housekeeping matters. First of all, please help yourself to coffee, water, refreshments. And thank you to our Marketplace colleagues for providing the very, very nice refreshments. This meeting is scheduled to conclude at four p.m. I am also hoping that those of you who are interested after the meeting will join us for a very informal happy hour just across the street at the -- what's it called? Tobacco Company? Tobacco Company. Thank you. Very appropriate for Richmond. Let's see. The restrooms are to the right and around the corner, if you need them.

And also, importantly, please refrain from asking questions of our presenters until after they've completed their presentation. This just helps us keep track of time. So just if you have questions during the presentation, just note them down and save them until the presentation is over.

A transcript of this meeting will be made available, along with any presentation materials online at

the Marketplace website, and a link will be provided to those of you in person and it's right there on your screen.

With that said, unless there's any questions, we'll turn to the roll call. Secretary Littel?

SECRETARY LITTEL: I'm here. John Littel.

CHAIR CORLETTE: Director Roberts, I believe, is on her way, but standing in for her for now?

COMMISSIONER LUNARDI: Jeff Lunardi, DMAS.

CHAIR CORLETTE: Welcome. Acting Commissioner James Williams?

COMMISSIONER WILLIAMS: Here.

CHAIR CORLETTE: Great. I understand Commissioner White is not available, but standing in for him?

MS. ALLEN: Rebekah Allen, present.

CHAIR CORLETTE: Great. Welcome. And Doctor Shelton is not with us I don't think.

Okay. Turning now to voting members, Ikeita Cantu Hinojosa is here.

VICE CHAIR HINOJOSA: Here.

CHAIR CORLETTE: I know Julie Bataille could not be with us. Lee Biedrycki is not with us. Did he say he was coming?

MS. MORTLOCK: Yes. Everyone who has a name tag is --

THE REPORTER: I apologize. Who is speaking?

CHAIR CORLETTE: I'm Sabrina Corlette. I'm your Chair.

Let's see. We're waiting for Scott. We're waiting for Liz. Liz is not able to join. We're still waiting for Elizabeth Cunningham. We're still waiting for Doug Gray. Starla Kiser?

MS. KISER: Present.

CHAIR CORLETTE: Lou Rossiter, I don't see his name tag, so he's not coming?

MS. MORTLOCK: That's right.

CHAIR CORLETTE: Okay. And Craig Connors?

MR. CONNORS: Present.

CHAIR CORLETTE: Great. All right. Well, we will go ahead and get started. And we are very, very lucky today to have Delegate Sickles with us. I know, Delegate Sickles, you are having a very, very busy day today, so really, really appreciate that you're joining us for our meeting. We wish you could be here in person, but I'm honored you're here through Microsoft Teams and providing some welcoming remarks. So take it away.

DELEGATE SICKLES: Well, thank you for inviting me. I always love being in Richmond, which I'm there a lot as most of you know. So I mean, the whole team should be congratulated on this multi-year project getting this up to speed. This is the way government ought to operate, I

think. I mean, it was really done without too many people knowing about it, because it went so swimmingly well. And everybody remembers the first state exchanges that were stood up around the country got a lot of news. Some of them got some good press, but a lot of them didn't. And I think a lot of the problems that other states had you guys were able to recognize and prevent from happening in the first place.

So everybody associated with this, including my Senate co-patron Congresswoman Jennifer McClellan, we're very proud of what's happened. We're glad we've set up this new department. We're the newest department and the SCC, I think, and something new for the SCC to do and oversee this project, and happy that 400,000 people are already using it. I think our uninsured rate is as low as it's ever been in Virginia, and part of the way we're going to keep it that low is hopefully the federal government will continue with the subsidies that need to be reauthorized next year. But, you know, we need to tell everybody about this. And there's a whole lot of people out there cheering you on. And when folks are not eligible for Medicaid anymore, persuaded in many cases to buy very highly discounted insurance, and that's just good for everybody, good for the business economy, good for people to want to leave their jobs that are afraid of losing their insurance. They know they'll

have insurance here when they're not on Medicaid anymore. So we've got a -- you've got a big job in front of you for making sure Virginians have confidence in this program going forward. The website looks great. You know, you're providing an unbelievably good service to everybody, as I said. And we can do things in the future to improve our situation even more. And so, speaking on behalf of the 140 of us in the General Assembly, we're looking for good ideas to help everything get better. So far, you know, I think this is off to a great start, and we're always -- we have an open door for suggestions on how we can improve it.

We probably haven't bragged about it enough. I was, as some people know in this room, I was going to give a talk on this on the floor during session. I never got around to it for various reasons. And I think, you know, when things go as well, as they've gone with this new agency, it's kind of boring, you know. So I mean we want to say it. I've been known to give a few boring speeches. Last time I gave one they started waving the white flag at me, and I was talking about something that I thought was very important. But, anyway, they did not think it was that important. And so when you're not really in the press like this, that's a good thing. And, of course, we were able to get a permanent fix. I know the agency was nervous about the target reduction, you know, not having the General

Assembly approve the target reduction, I guess, each time. So we know what it is now until we say otherwise when we change it.

And that's another thing, you know, everyone would love to know your opinion on over time can we get more than a 15 percent reduction with the first year -- correct me if I'm wrong, but in the first year with our 15 percent target, we got more than that from many of the carriers. We got more than 15 percent. But it will be 15 percent until we change it in the code. So, you know, I think that's not meant to be permanent forever and ever. It's just meant for you to do your business until people think it's smart to maybe change that, go down or up, depending on the current situation and the economy and things like that.

So congratulations on all your good work, and congratulations on working with so many people on the outside so they know what you're doing and helping people get insurance. So that it. Thank you for agreeing to be on the advisory board.

CHAIR CORLETTE: Well, thank you so much Delegate Sickles. If it weren't for you, first of all, none of us would be in this room; and, second of all, Virginia would not have control over its own State-Based Marketplace. So it's really kudos to you and your vision for making sure that Virginia could take control of its destiny when it

comes to health insurance coverage and making sure we're doing a good job for Virginians. So thank you so much for being with us.

DELEGATE SICKLES: Thank you very much. Am I allowed to listen in to your meeting, or you're going to kick me off now? I really need --

CHAIR CORLETTE: I have no objection. All right.

DELEGATE SICKLES: I'll stay on for a couple minutes.

CHAIR CORLETTE: Okay. Great.

DELEGATE SICKLES: Yeah. I've got to hear what Secretary Littel says.

CHAIR CORLETTE: Well, we are going to deviate just slightly from the agenda. We have a special guest speaker today, Shelby Gonzalez, from the Center on Budget and Policy Priorities, and we invited her here to talk to us because just -- what's it now -- maybe a month ago the Biden Administration finalized a very important rule regarding the recipients of DACA, or Deferred Action for Childhood Arrivals. And it's going to have a pretty important impact not just for DACA recipients, but for the Marketplace in terms of how they need to get ready for the change that's coming for November 1. So Shelby is an immigration policy expert at the Center, and has, I think, probably read and parsed every word of the rule and its complexities and

nuances and is here to share a little bit with us about what this rule means for the affected population and for the Marketplace.

So, Shelby, thank you so much for joining us and taking time out of your very busy schedule to help us out today.

MS. GONZALEZ: Thank you, Sabrina, and thank you to the whole committee. I also would like to echo some things. I was born and raised in Virginia. I spent a lot of my early career in Virginia, including working a decade for Anova Health System. So I am very, very closely connected and care a whole lot about the health and the health coverage of Virginians. So kudos to all of you for excellent work, and I'm super excited about this opportunity to talk with you today about this new policy.

I figured that I would start by giving just a tiny bit of background to make sure that we're all on the same page. Under the Affordable Care Act, there is a more liberal standard of eligibility for coverage so that people can purchase health coverage in the Marketplaces compared to Medicaid and the CHIP program, the standard Medicaid and CHIP programs. So under the ACA Marketplaces, one has to be lawfully present in order to enroll in Marketplace coverage. And when I say enroll, I mean enroll. Like you can't even purchase a hundred percent out of pocket with your own money

without meeting that standard. So one, you know, kind of the first thing that you need to do is make sure that you are lawfully present, and the way that lawfully present was defined, it was -- one, I just want to make sure that -- can you see my slides?

MS. MORTLOCK: No.

MS. GONZALEZ: Sorry about that. Let me just go ahead and put that -- I forgot to share my slides, even though we practiced this. Okay. Now it's coming up. Sorry about that.

Okay. So the first kind of requirement is that --

Now can you see them?

CHAIR CORLETTE: Yes.

MS. GONZALEZ: Okay. Great. Thanks.

So the first requirement is that you have an immigration status that is considered lawfully present as defined in federal regulations that were issued by HHS. And that was intended in the ACA to be a very, very broad -- basically, it was intended to say, if the US government says that you are here lawfully, then you are here lawfully, and, therefore, you have an avenue to be able to purchase health coverage in the ACA Marketplaces. And what happened was that the way that it was defined very technically left a few people out of who the Department of Homeland Security says is eligible based on -- who is -- who was here lawfully, who

has recognized their status here in the US, but still did not meet the standard that was defined within the ACA. And the big group that everybody has been hearing about and when we think about what we call, oftentimes, the ACA DACA rule, we think about the individuals with Deferred Action for Childhood Arrivals, also known as people with DACA. What happened was when President Obama created the Deferred Action for Childhood Arrivals program, immediately afterwards they also created a emergency regulation, a change in the lawfully present rule so that, even though everybody else who has deferred action for -- just deferred action, any type of deferred action, because that is another status based off of immigration within our immigration system -- even though they are lawfully present for the purposes of enrollment in the ACA Marketplaces, strategic -- like very surgically they were saying people who have Deferred Action for Childhood Arrivals, so only that subset of people with deferred action were not going to be eligible to purchase health coverage in the Marketplace. So that meant that, even though people who, you know, have this status otherwise were qualified Childhood Arrivals status, no. And that was complicated, quite frankly, for the federal government and then later on State-Based Marketplaces to even implement, because, when you think about an individual who has Deferred Action for Childhood

Arrivals, they believe that they are here -- you know, if asked the question, are you here lawfully, are you lawfully present in the US, they've gone through a very rigorous process to be lawfully present in the US to be -- they have acknowledged a lot of -- they've gone through a lot of hurdles. They have a social security number. And it's complicated, right? So it created quite a barrier and confusion. But, nonetheless, so for a lot of us, we -- and also, quite frankly, this is a young group of people, for the most part, that are here working in the US trying to make their lives here. They know no other home. Oftentimes they've come, you know, so young in their lives they've never been any other place. So it always seemed very awkward and very kind of just not just to have this group to be left out.

So I have right here kind of the -- these two charts kind of show who today is eligible based off of the lawfully present eligibility requirement. And you'll note that, as I have this listed in both of these slides, these groups we talk about who meets the lawfully present and lawfully residing eligibility standards, and that's because Medicaid has up to now, up to up to the change of this rule, the lawfully residing program, which is very limited -- as a state optional program very limited only to children and people who are pregnant at the state's option, and Virginia

has taken up those options. And they basically can adopt the same kind of more expansive eligibility standard that is exactly as the lawfully present standard is today. So right now these are two standards that are the same with the exception of the way that Medicaid then also requires a state residency requirement, which is slightly different than the state residency requirements under the Exchange.

So what happens is that we have a new rule, and that new rule -- and I'm going to open it up a little bit larger on my screen because I realize I can -- it's this big, so I can barely see the slide itself on my screen. But so what the new rule does, it's only applicable in making changes as of November 1 for individuals who are getting coverage in the ACA Marketplaces. So this is not going to happen. These changes are not going to be applicable for Medicaid. These are changes that are only going to be applicable to the ACA Marketplaces. And the first group that's going to newly gain coverage is people with Deferred Action for Childhood Arrivals, as I talked about.

Another group that's interesting to think about is currently individuals that have special immigrant juvenile status. This is a small group of children who, when they're applying for this special status, they are eligible, they meet the lawfully present requirements, and lawfully residing under Medicaid. But then what happens is, is that

once they're awarded this status, they're no longer eligible. And that doesn't make any sense, right? And the reason why it doesn't make sense is because, once upon a time, these individuals would also get their green cards or lawful permanent resident status as they got this status. So when lawmakers and policymakers and, you know, rule makers were creating all of these standards, it was assumed that they didn't need to list out this particular group because they realize, Oh, they're going to be eligible anyway because they have lawful permanent resident status. So it's kind of an example of almost like a clarification, right, like nobody intended to leave this group out once they got the status. They were fixing a problem.

When you go down the rest of the slide, you'll see some other groups that are similar in that same way, that nobody was really intending to leave out these groups, but they were left out in one way or the other because of the way that rulemaking is done, sometimes in a vacuum from what's happening elsewhere in immigration policy, right, because we're adopting immigration policy within the framework of health coverage policy. And guess what, it doesn't work perfectly. All the puzzle pieces just don't fit together as nicely as we would like them to, which isn't that shocking if you think about it, because it is complicated stuff.

So when we take all these things into consideration, we now will have a new rule, a new set, a new standard on the ACA Marketplace. This is not applicable for the Medicaid program, but it -- and then when I show you the updated slides that are now only applicable to the ACA Marketplace coverage, the new technical changes are all reflected here in those new slides. So I provided them here.

I wanted to also just tell you, because a lot of people were very, very concerned -- and to be clear, I personally would love to see that the Medicaid regulations around who is lawfully residing to resemble, to be exactly the same as the lawfully present status standard. That is a good goal, you know, and I think that that's what we should hope for in the future. But that's not what's happening on November 1.

The good news is that the way that the ACA was constructed it knew that lawmakers that were writing the ACA fully understood that there were going to be some people who were lawfully present, a larger universe of people that are lawfully here in the United States that were not going to meet the very restrictive Medicaid immigration eligibility standards, right? So for individuals who are ineligible for Medicaid because of their immigration status, even though they're lawfully present, they can have income either in the

Medicaid range, and that includes income below the federal poverty line, so under 100 percent of the poverty line, and still qualify for premium tax credits and cautionary reductions as if their income was above the federal poverty line. So it allows a pathway for affordable coverage for individuals that are newly going to become eligible under this rule, despite the fact that some of them might have income below the poverty line, and despite the fact that Medicaid is not going to have these rules applicable to them. So that is important for folks to know. But I will share that it's going to be complicated to get the right eligibility determination for these folks, so it's something that you want to keep in mind.

And then, finally, I just wanted to talk a little bit about some considerations that you may want to make or think about as you're thinking about how this is all implemented to make sure you're really maximizing the opportunity for coverage. And some of the things that we oftentimes think about around outreach is that if you think -- if you put your head into the space of where a lot of these individuals might be, some of them may have applied for coverage in the past and have been turned away, right, because they were ineligible. It's a little bit more challenging to get them to come back, right, and to explain these technical changes. It is not necessarily super

intuitive to people. An important step to take is to really work with partners that are trusted by these groups so that they feel like, okay, there is a welcoming of me here, and these are individuals that I trust, and, therefore, I'm not going to be super afraid that they're trying to kind of trick me into purchasing something that later on might create problems for me. Language access is also a really big deal. And, you know, the use of high quality translations of all materials, and the use of skilled interpretation services in all of the different ways that people interact with the Marketplace, whether they're calling to apply online, whether they're talking to a navigator, whether they're talking to some other consumer assistance provider that they can get access to telephonic application assistance oftentimes is really important. And that through your attempts in raising awareness about the new coverage, partnering and doing what you can to utilize the media that's relevant to the new audience. So, for example, maybe Univision might be a better, you know, media outlet than Fox News or NBC 4 News, right? Like that might not be the best venue for folks, but maybe some of these channels that -- and I'm just using TV examples, but certainly thinking about in-language newspapers and in-language radio, in-language social media that is targeting groups that are newly going to be eligible, and

then utilizing reassuring messages that ensure that people who are newly eligible are not fearful that enrolling in the coverage will later on result in some kind of negative immigration-related consequence for the family. And one of those fears might be that they think that they might be subject to a public negative consequence. So that's later on when somebody in their family is changing their status that immigration officers might look badly upon people who, you know, got coverage. Indeed, people actually -- when they go to that kind of immigration assessment, having health coverage is actually a plus for them, and having access to Marketplace coverage is not a minus. So, ultimately, this is a good thing for people who are seeking to change their status.

And with that, I'm going to pause and see if there's any questions.

CHAIR CORLETTE: Shelby, thank you so much. That's a really complicated rule, and you helped us parse through it, so really appreciate that.

Does anybody have questions for Shelby?

MR. CONNORS: Craig Connors. I'm just curious. Is there any way to estimate the number of people in Virginia who will become newly eligible?

MS. GONZALEZ: That's a really good question. I don't have the answer to that, and I suspect that it might

be challenging to find it. But I will ask both my friends at -- I used to be the Chair of the Commonwealth Institute. I will ask them if they have an assessment, if they've done any kind of state assessment. I can also ask some of our other partners that do a lot of support for individuals. I don't recall if -- I don't think the rule would have put a state-by-state estimate. Overall, there's an estimate that about 500,000 people will be able to newly enroll in Marketplace coverage, adults, and potentially up to 50,000 -- I'm sorry. It's about -- I'm sorry. I'm getting the numbers mixed up with a different rule that happened, or different policy that happened this week. So I think that we're talking about 100,000 people for the ACA DACA rule, but it could actually be more. It depends on like how aggressive and effective the outreach is. But that's nationwide. So I don't know if we have the ability to get a very specific number for people with DACA. Even if we knew how many people with DACA live in the Commonwealth, it would be hard to then do the next piece of assessment to find out of that group how many are uninsured and how many would be eligible for Marketplace coverage, and then factor in like, well, what's the -- what's the likelihood that they would enroll, even if they are eligible and uninsured.

MR. CONNORS: Thank you.

CHAIR CORLETTE: Any other questions for Shelby?

Yes.

SECRETARY LITTEL: Hi. This is John Littel, and this is information -- I could be off, but since you're an expert it's a good time to ask it. If you are seeking asylum but you have not had your hearing, is that considered deferred action?

MS. MORTLOCK: No. It's a different kind -- some people are implicated in this rule that are within the asylum-seeking process. Those are children. So right now an individual who's seeking asylum must wait until they have work authorization to be able to then qualify, because the asylum process could take a very, very long time, as you can imagine. And for them, for adults and some children, you must have work authorization in order to meet the lawfully present status requirement. Okay? However, there's always been a recognition that children -- getting work authorization, it's difficult and expensive. So to get work authorization for children during the application process, it's not something that normally happens. So there was always an understanding that there needed to be a different kind of way to identify children and get them access without waiting until they had work authorization. So there was a 180-day waiting period for those children. And so that's a long time in the life of a child, as you can imagine, to wait to get coverage, and especially when they're asylum

seekers and they might have just gone through quite a traumatic, you know, experience and they're trying to, you know, get established within a community and enroll in school and all of the things, right? So this rule also just does away with the 180 days for the children, so the under 14, like I mentioned. Some children do still have to get work authorization if you're over 14.

SECRETARY LITTEL: Thank you.

MS. MORTLOCK: No problem.

CHAIR CORLETTE: Any other questions for Shelby?

COMMISSIONER WILLIAMS: This is James Williams. The DACA and then I think the Special Immigrant Juvenile status, you can age or time out of those. And so how would it work if you qualify under the status, you receive insurance through the Exchange, and then you become ineligible because you time or age out of the category?

MS. MORTLOCK: So two things. Those are great questions. Okay. So for SIJ, for people with SIJ, which is Special Immigrant Juvenile Visa status, the trajectory for those individuals is generally a pathway towards a lawful permanent resident status. That's generally what happens for individuals who have SIJ. So when you obtain that lawful permanent resident status, that will be what was qualifying you, and that's generally what you would see happen. So it's moving in that direction, not in the

direction of people losing it and being timed out.

For individuals with Deferred Action for Childhood Arrivals, it's an ongoing kind of application process. So every -- what is it -- two years, they have to re -- I'm not a hundred percent sure about how many years it is. They had --

COMMISSIONER WILLIAMS: It's two years.

MS. MORTLOCK: Yeah, two years. They have to reapply for their status. And generally what we have been seeing is that people are -- you know, it's extremely helpful for people to be able to keep their status. And a lot of the work has been done, you know. So, now, there might be delays sometimes in renewing status, and that could happen. But thinking about how consequential it is for individuals, including the fact that they can't keep their jobs, oftentimes, if they have a lapse in their status, it doesn't -- you know, people are pretty on top of it in keeping it. There's a lot of people who -- you know, we started, what, about 800,000 people who have had DACA over the years, and now we're at about 586,000, something like that. That's generally because people have gotten status through a different avenue, or left, or left the US, but not generally because they decided like I'm just not going to do this anymore.

The second thing I would say is that the ACA

requires individuals to reapply for coverage or renew their coverage on an annual basis. Now, I understand enough about the auto reenrollment rules to know that that could become a little bit complicated because individuals may not be, you know, reassessing their eligibility based off of all factors during auto reenrollment. But even that, like, people not touching the application for more than two years, it's generally not a good thing. Like, generally, you want people to come back into the application and provide new information and take action versus being auto reenrolled into different programs. So I think that there are ways. And also there is a requirement -- and I believe that it's part of the notification that's provided to individuals that, if there is a change in their circumstances that would make them ineligible, that they are required to -- or, you know, a change of your circumstances, they're required to report changes. So this would be something that people would have to know that they should report on if they were to lose their immigration status that qualifies them.

CHAIR CORLETTE: Thank you. And I'll just say that I think this -- this question and response speaks to me of how important it is going to be for the Marketplace and other people who are interfacing with these individuals to have really good, you know, FAQs and call center scripts and website content so that -- because these nuances are just

so -- they're difficult for folks like us to understand. It's really going to be something to have to translate it for individuals going through this experience.

Okay. Any other questions for Shelby?

MS. MORTLOCK: Can I add one more thing on that question in particular? This is not the only group that meets the lawfully present or who will meet the lawfully present requirement. Today there are people who meet the lawfully present requirement who also have time-limited immigration visa status. So there technically should be processes in place already, including both the requirements for reporting, as well as the -- you know, the ways to make sure that you are taking into consideration in your auto renewal processes at least not necessarily has to be every year, but like of some type for specific individuals. Because when you look at that list, there are other individuals who also meet this requirement.

COMMISSIONER WILLIAMS: That's a great point. It'd be nice to hear, Exchange, how that is done for the other categories today and in the future.

MS. MORTLOCK: Yeah. And, you know, healthcare.gov has -- I mean, I've had -- in addition to immigration policy, I'm an expert in health coverage as well and in Marketplace coverage. So I've had many, many years working with the folks that run healthcare.gov, and these

are conversations that we've had in the past as well. I'm not saying that everything is easy, but it's not something that hasn't been thought about. So your friends at (indiscernible) might have some good ideas as well, and they're another resource to tap into in addition to me. I'm available as well.

VICE CHAIR HINOJASA: Shelby, does your organization have -- Hi, my name is Ikeita Cantu Hinojosa. I'm our Vice Chair. Your presentation was so informative, so thank you for this. Does your organization have communication toolkits or resources for this November 1 rollout in terms of talking with members of the community and helping educate folks about what's coming?

MS. MORTLOCK: We are in the process of developing information. So we run a program called Beyond the Basics, and we do train navigators and other consumer assistance providers. And, quite frankly, a lot of State-Based Marketplaces come to our trainings as well. And we plan on having resources available for -- we will be training on different aspects of this.

VICE CHAIR HINOJASA: Thank you.

CHAIR CORLETTE: Thank you so much, Shelby. This has really been a fantastic presentation and very, very helpful.

I think we can turn now to our director's update.

Do we have Kevin on the line?

Thank you Shelby.

Yes, I see Kevin. Wonderful.

DIRECTOR PATCHETT: All right. Good afternoon. Can you all hear me okay?

CHAIR CORLETTE: Yes. We can hear you perfectly.

DIRECTOR PATCHETT: All right. Well, I'm really delighted to be here, although I regret tremendously that I couldn't make it in person today because of some circumstances beyond my control. I will also say, though, following up on some of the remarks that Delegate Sickles made, I've never been happier to be the cause of boredom for folks. It really was what we were aiming for as part of our transition, let's make this as boring and uneventful as we can. So a unique but useful measure of success.

And, James, I heard your question, and I will be more than happy to provide some additional details on that here towards the end of my remarks.

I wanted to start today, and take a little bit of a step back. I think for a lot of the time that this advisory committee has been meeting we've really been in transition mode, and we -- you know, we had our first sort of post-transition meeting last March. But I wanted to take a step back and look at who the Virginia Exchange is at an organizational and really kind of genetic level, and start

with what are our highest strategic priorities as we are continuing to move forward into this our first year of operations as we prepare for open enrollment in November. As we thought about these things, we took the very useful strategic priority recommendations that this advisory committee gave to us and, you know, kind of consolidated those and pulled back at a higher level.

And so we start from the importance to understand and eliminate barriers to health coverage. We don't just want to identify those barriers, and there's a lot of great work going on in Virginia as well as nationally to help identify what those barriers are, but we want to make sure that we understand them, that we're doing our work in terms of consumer outreach to learn, you know, what do these barriers really mean to consumers so that we can begin to figure out how do we do our part to eliminate those barriers. And as we work to figure out how we can eliminate barriers, we really have a wonderful array of tools at our disposal. But those barriers are so varied. So, you know, we think about really simple things like are the words that we're using when we talk about health insurance coverage helping, or are they, in fact, making it more difficult; do we get stuck too much in jargon and industry lingo; are we recognizing the different communication needs that different consumers have. From there, you know, all the way up

through things like the functionality of our platform, social determinants of health, the big cost and access to provider factors. All of that are things that we think about as we make big and small decisions around how we operate as an Exchange, who we are, and where are we putting the resources to the Commonwealth as we make some of these decisions.

From there, we focus very much on continually improving the consumer experience. There's a great deal of time and effort that we spend on consumer outreach and education to bring uninsured individuals into the Marketplace, make sure they have the right coverage, make sure those tools and assistance are available for them. But if they have -- if they don't have a great experience, it's going to reduce the number of them that we keep, and what we really want is folks staying covered here in Virginia so that, as Delegate Sickles mentioned, we can continue to have the lowest number of uninsured we've seen in Virginia, and to see that number continue to go down.

And then, lastly, we spend really a great deal of our time thinking about and working to engage with our stakeholders so that we can have their input on shaping what is it that is going to make Virginia's Exchange meet the needs of all Virginians. And we are so privileged to have so many of our stakeholders represented here at this

meeting. Our insurance plans, our hospitals and providers, our agents and brokers, our other state and federal governmental partners listening and learning to what you all have to say, your experiences, your perspectives we recognize are critical input as we make these decisions around what does Virginia's Insurance Marketplace look like. You've all heard me say it a few times, but we take very seriously the fact that we are building a Marketplace that is by Virginia for Virginians.

All right. So in order to get there, there are things that we really have to focus on internally as we are developing those external strategies. We start internally. And first is operational excellence. I wish I could convey adequately to you all the quality of individuals that we have working in Virginia's Exchange. In my 20 years of experience, which are split almost evenly between the private sector and the public sector, I have never met or worked with a team that is more committed to their mission. There is no hesitation to put in extra time, extra effort. It really is remarkable, and very much the reason that we had a boring transition. But we don't -- we don't stop, right? We're not satisfied with where we are. We have to continually get better. And it's not just about our team; it's about the tools that we're making available to consumers. It's about the way we manage the vendors that

help make our Marketplace possible, available and accessible to consumers. And as we do that, we make sure that our focus stays on being a customer service organization. It's really interesting for us to be part of the State Corporation Commission, which is the largest regulatory agency in the Commonwealth. And at the Exchange, we have some regulatory functions. We certify plans that they meet the criteria to be a qualified health plan. We certify insurance agents and brokers and provide training. And there are other regulatory functions. But at our core, we are a customer service organization. We are about delivering to individual Virginians the tools and the resources that they need to get and stay covered in health insurance. And in order to do that, we have to be nimble and deliberative decisionmakers. We as an organization are often faced with the challenges of having to make decisions in a timeframe that is much shorter than we'd like, and often with imperfect or incomplete information. I think also, you know, our DNA, especially my leadership team, we are deliberative decisionmakers. But, you know, that's not enough. We have to be nimble. We have to be flexible, and then do what we can to rely on the data and the information that's available, but also what we can -- what we can find ourselves.

So those are some of the things that really are

part of the DNA of Virginia's Health Benefit Exchange and are critical to what we are doing to make Virginia's Marketplace a success for Virginians. We had a very successful open enrollment this last year, and we're looking forward to what we can do this year.

All right. Let me share a few of the things that are on the horizon for our platform starting in this November. So first, we're switching to an in-house provider directory that is being built and driven by our vendor. We were using last year a third-party commercial directory of healthcare providers, and we heard feedback from many of our stakeholders that it was just not great, and in some specific localities it was worse than not great. So as we engaged in some dialogues about what we can do to make it better, we learned that our vendor for some other states have started setting something up in house. There's some tradeoffs to this. It's going to mean some more work for us at the Exchange because we're going to be doing a lot of the work to validate with our carriers the accuracy of the information that they're uploading, but it gives us a lot more flexibility to collaborate with our carriers in setting the frequency with which they can update their provider directories, working together to make sure that we have a uniform taxonomy so that one carrier isn't designating a facility that's really a mental health facility as a

hospital so that it's much easier for consumers, as they're making their decision about coverage, to figure out whether or not their providers are covered by the plans they're looking at.

We are also in the middle of rolling out a facilitated enrollment program. So this is a program that is created by legislation and is targeted for this coming tax year. On Virginia's state tax form, the Department of Tax will be adding some language that allows consumers to essentially check a box and say that they want more information about the Marketplace. There's a similar box right now for Medicaid, and so now we'll be adding the Marketplace. What we want to do once we get that information from those consumers who've requested that the Virginia Department of Taxation share that with us is use that information to pre-populate accounts for those consumers so that when they do come to the Marketplace an account's ready, as much information has already been pre-populated into their application, and they can really hit the ground running in terms of enrollment. We're also looking at how this is going to line up with special enrollment periods since we're going to get this information really outside of the open enrollment period. But what we have learned as we've talked with other states who have implemented similar programs is that, when done right, they

really can be one of the most effective ways to reach consumers who don't have insurance and aren't aware of what's available for them in the Marketplace.

Lastly, I'll talk a little bit about our broker mobile app. As you'll see in a minute, we have a very healthy and active agent and broker community in Virginia. It is well over a third of our consumers who are enrolled with the assistance of either an agent, broker or navigator. And so it was important to us to find and leverage the tools that are available to make their work more efficient. And a mobile app for our agents and brokers is one of the first things we're -- first enhancements that we're bringing to our Marketplace this year.

All right. So now I want to talk a little bit about metrics. Last month we shared a handful of metrics based on our open enrollment, and we've been working really hard, especially our data analytics team, on expanding the data metrics that we can validate and share. So it's a lot of information. I'm going to just kind of move through the slides. I'm not going to try to spend time talking about many, certainly not all of these metrics. To take a look, we've broken them down into a few categories. So we start with what were our initial open enrollment metrics. Many of these were related to things we were already reporting publicly or had to report to CMS, but we have certainly

augmented them and we've listened to the recommendations from this committee, as well as from other of our stakeholders about what -- you know, what is most useful. As we go through these -- and I'm not really sure the best way to move through these, or how quickly to move through. So we'll just kind of leave this here for a minute for you all to consume, and I'll share just a little bit about some of the challenges that we have. We have a wealth of data available to us. There's a significant amount of work to make sure that as we analyze that data that it is, in fact, valid. And when I say valid, it really comes down to is this data what we think it is or what it appears to be. So there's an initial step that we go through of working to validate the data that we have. Then we have to think about, well, how are we going to present this information, what are we going to label this. I talked at the beginning about avoiding the tendency to just slip into jargon or industry speech, but the intention, of course, is that many of our consumers of this data are, in fact, going to be industry folks, so how far do we want to deviate from industry standard terms. So we are working to strike that balance.

Let's go ahead and go to the next slide. And so here we've -- this is our first step into some geographic data analysis. We want to get even more deeply into

geography when we do our data analysis. So we're starting here by rating area.

CHAIR CORLETTE: Did we lose Kevin?

MS. MORTLOCK: His video is frozen.

CHAIR CORLETTE: If he can rejoin.

MS. MORTLOCK: I'm going to reload everyone. Okay. So Kevin's power and internet has gone down.

UNIDENTIFIED SPEAKER: Can you pick up where he left off?

MS. MORTLOCK: I can. Surprise. Poor Kevin.

So I'll just add that for these metrics that we are pulling together, I just wanted to share a little bit about the process. So when we received the strategic priorities from you all and the recommendations on the types of metrics that would help us get to those strategic priorities, we shared that information with -- the strategic priorities package that you prepared, we shared that with SHADAC, which is the State Health Access Data -- Sabrina?

CHAIR CORLETTE: I don't remember the full acronym, but they're data and analytics --

MS. MORTLOCK: Yes.

CHAIR CORLETTE: -- Minnesota.

MS. MORTLOCK: Yes. Great. Thank you. And they've been wonderful. And so they share -- so they took that compendium of information, and helped us identify sort

of strategically how to start collecting this data, and then reporting on it, knowing that, as we're getting used to this massive data tool, you know, as we're validating that information, that we are presenting it, one, to reflect sort of what you all have asked for, and that it is meaningful and useful to, you know, as Kevin had noted, sort of industry partners, you know, and, of course, consumers and our state agency partners and so forth. So this is where -- so one of the metrics, of course, was enrollees by region. They provided us with a really great layout of how to begin to report on these metrics and then build upon them in future iterations of them. So that's what you're seeing now what Kevin started with. So we are down on enrollees by region. And so, as of the end of open enrollment on January 16, these were the number of enrollees by each of these regions. And so I just wanted to give a sense of what that looked like.

Go to the next slide.

MS. BECKER: I was looking for wise for Starla.

MS. MORTLOCK: Okay. And one of the --

Oh, great. Hi, Kevin.

DIRECTOR PATCHETT: Hey, I apologize to everyone. My power went out along with my internet, so it took me a minute to get joined by my phone. But, Holly, why don't you go ahead and finish going through these data slides.

MS. MORTLOCK: Sure. So, of course, of key interest is going to be sort of enrollment by income level, because that tells us a lot of information about our population, not only, you know, their needs, and gives us a lot of insight into sort of the resources that they needed and how they're impacted by our policy programs. So this slide just goes by federal poverty level and some key slots of -- the word is escaping me, but just slots of the way that federal poverty level is measured and presented in terms of enrollment demographics.

COMMISSIONER WILLIAMS: A couple of questions on that.

MS. MORTLOCK: Sure.

COMMISSIONER WILLIAMS: The under a hundred percent FPL and then the unknown categories, so I guess for the unknown are those people just applying and they know they're not going to receive any subsidy or tax credit so they don't even bother putting in the information, and, therefore, they're just enrolling and paying a hundred percent?

MS. MORTLOCK: Yeah. That's probably a very key reason as to why that's not known, because if they're not applying for -- if it's not a financial application, then they're paying full price for a plan, then that's not contemplated. Of course, if they do report it, then we

would have that information.

COMMISSIONER WILLIAMS: And then the under a hundred percent, why would they not be referred to DMAS?

MS. MORTLOCK: There are some folks who are not -- who would not be eligible for Medicaid coverage that could purchase a Marketplace plan, and that's why they would be -- they would be eligible to purchase a QHP with financial assistance, but these would be people that would be not eligible for Medicaid coverage otherwise.

COMMISSIONER WILLIAMS: -- examples?

MS. MORTLOCK: So certainly certain immigration categories, and there could be -- I think that's the predominant one.

VICE CHAIR HINOJASA: It's primarily the people that have five-year bar.

MS. MORTLOCK: Yeah.

COMMISSIONER WILLIAMS: Okay.

VICE CHAIR HINOJASA: I'm not an eligibility expert, but immigration and the five-year bar is what I was thinking.

COMMISSIONER WILLIAMS: Yeah.

MS. MORTLOCK: And so this is our -- so what this represents is we have -- there's enrollment -- as the end of open enrollment concludes, you know, the Marketplace, you know, serves people for a variety of reasons. You know,

some people come on for certain months of the year and they rotate off. But this is our effectuated enrollment as of March 31.

DIRECTOR PATCHETT: And so one thing I will add here, as we are preparing to start reporting this, our plan right now is that we are going to be posting this data quarterly on HBE's website to make it widely available to folks and easy to find. We've spent a lot of time thinking about what frequency makes sense, but we've landed at quarterly. And so, hopefully, our first public posting of our data will happen here at the end of this month.

MS. MORTLOCK: And these are the same metrics that were on the original slides, just updated to reflect the effectuated enrollment as of March 31 of this year.

CHAIR CORLETTE: I know we're supposed to hold questions to the end, but if we have questions about particular data points, is it okay to ask them now, or would you like us to hold --

DIRECTOR PATCHETT: I think now's a good time. Yep.

CHAIR CORLETTE: Okay. I just have two questions, and then -- one is, it looks like a majority of your enrollment is in bronze, and I'm curious if you know how many of those folks would be CSR eligible if they were in silver.

MS. MORTLOCK: Yeah. So we could certainly tell by -- we should certainly be able to have some indication by the number of folks by the poverty level, right? So most of them I would think would be -- if they're under 250 percent would be eligible for CSRs.

CHAIR CORLETTE: Okay. I think that would be a good --

MS. MORTLOCK: Very good observation.

CHAIR CORLETTE: -- data point to make available for folks in an area for improvement.

The other thing I noticed was that the average -- is this your average call center wait time is 50 minutes? Was that just during open enrollment, or --

MS. MORTLOCK: Can we go back to that -- the first one. Sorry. Yes. That's 50 seconds.

CHAIR CORLETTE: Oh, 50 seconds. Okay.

(Crosstalk.)

CHAIR CORLETTE: You may want to clarify that.

MS. MORTLOCK: Yeah, we'll clarify that certainly. Certainly, you know, around the December 15 deadline there were additional -- it did take a little bit longer.

CHAIR CORLETTE: No. 50 seconds is fine. When I saw 50 minutes, I just wanted to know how --

MS. MORTLOCK: Yeah. No.

CHAIR CORLETTE: -- a little bit. But 50 seconds,

that's pretty good.

MS. MORTLOCK: That's right. And the call volume, to give that a little bit more context, so over the course of open enrollment, there were 196,000 -- approximately 196,000 calls to the call center.

CHAIR CORLETTE: Any other questions? Starla?

MS. KISER: So I just maybe have an observation for the future, but I'm also curious about the distribution of carriers per geographic region because some carriers -- I mean, some regions may only have health keepers as the only option. I think if we're looking at consumer experience, providing them a good product, the ideal Marketplace is an actual marketplace. You have more than one vendor; they're competing for your business and providing you good product. So I guess it ideally -- like some of these people that have health keepers number one, and all those people that have bronze, that might have been your only option in some cases because you're located in a rural area, for example.

MS. MORTLOCK: Yeah. That's an excellent observation. I think in terms of sort of public -- you know, for public consumption I think that would be definitely something that we can explore the feasibility of doing. I will just note that Virginia is pretty fortunate in that we have -- I think in the last two years we have had at least two carriers in every region available for

consumers. So that is a -- certainly we're glad for that, and not every state is quite that fortunate. But I do think that having for people to see visually what the carriers that are in their regions and available to them, and then how people enroll would be a good thing to explore.

DIRECTOR PATCHETT: Yeah. And one of the other things that I was starting to speak about when I was cut off by the power, you know, these are by rating areas, and one of the things that we've recognized is that every rating area is not homogenous. So there is real benefit to being able to get down to, you know, smaller geographic units than just the rating area. So we have the information to do it. It's high on our priority list. So keep an eye out for that in the hopefully not too distant future.

MS. KISER: One quick followup. The average premium was somewhere on there. It was like 350. Is that with CSRs? Is that what the patient's paying, or that is what the -- like what is that?

DIRECTOR PATCHETT: That's the gross. That's the gross. Yeah.

(Crosstalk.)

CHAIR CORLETTE: That's no gross. Without the APTC, Kevin?

DIRECTOR PATCHETT: Yes.

COMMISSIONER WILLIAMS: We should have the with

financial assistance number on there as well. 119 sticks in my mind for what the average premium with --

MS. MORTLOCK: Yeah. And that is -- that is per member. So that would be -- consumers with financial assistance is almost in the top of the middle there. That's the numbers of -- sorry. That's the enrollment. There is --

MS. KISER: 344.39?

MS. MORTLOCK: Yes, and that's per member per month.

(Crosstalk.)

UNIDENTIFIED SPEAKER: That was actually going to be my point is adding whatever the premium is, and then that CSR amount.

CHAIR CORLETTE: Yeah.

(Reporter interrupts for clarification of the record.)

MS. KISER: We want to know what consumers are paying.

MS. MORTLOCK: And this may not be the final format that we post on the website. This was a lot of information that we wanted to be able to share with you today to show our progress and getting these available. So we will certainly welcome your suggestions and happy to --

CHAIR CORLETTE: Yeah. This is great. And it bears repeating that this is not data that -- I mean, we

have some of it, but a lot of this is data we wouldn't have had without the State-Based Marketplace.

Did other people have questions on the data? Ikeita?

VICE CHAIR HINOJASA: This is Ikeita. I'm just wondering, as you were poring through all of these metrics and putting it all together, what were some of your most surprising findings or lessons learned?

MS. MORTLOCK: So I would say that the number of -- so we did see quite an increase in youth enrollment. And so for our first year as a State-Based Marketplace having captured, you know, more individuals under the age of I think it was 19 to 25 was really encouraging to us.

And then I think the other thing that really stuck out too, but certainly, you know, aligns with sort of the landscape of what's happening and what has happened in healthcare over the last -- you know, since the pandemic is really the increase in the number of older individuals, older adults, you know, who have purchased Marketplace coverage, so 55 to 64. Those are some of the key ones.

Kevin, did you have others that you've thought about and wanted to share?

DIRECTOR PATCHETT: So it's difficult to pick a metric that was most surprising, although it's -- it's interesting. I'm not sure we are showing here today our by

age metrics. What I think has been most surprising for us is as we've started to work with the data and recognize -- and, you know, we've seen some of it here today, but just the different ways we can look at the data, the different ways we can talk to you about the data, and small changes that we make in a criteria here or there, how much it changes -- how much it changes the outcome. So, you know, I think for me, when I looked at the data, one of the things that surprised me was the income distribution. It was really very different than what I had expected. And I think, James Williams, you pointed out the number that -- again, we reported it here is unknown. It really should have been not reported. But, you know, the number of individuals that are purchasing insurance above the four and 500 percent poverty level, the number of individuals who aren't reporting income, and then the way that income distribution plays out, especially between the 138 percent up to 250 percent of the federal poverty level. I think what really has been most important for me to take away is just how much we have to learn about who our consumers are and how we can help them, what issues might be confronting them. And that's the value of a lot of the demographic data, especially as we get to a point where we can start doing some meaningful cross-referencing of that data.

MS. MORTLOCK: Thank you.

DIRECTOR PATCHETT: Any other data-related questions?

Let me take a second here then and circle back to the question again that James Williams had raised regarding validating changes in the DACA status of individuals. It is a process that we are still working through, and we've learned that CMS is still working through it on their end. But, generally speaking, we're going to be using the existing processes that we have to not reinvent the wheel. Right now twice a year after open enrollment we do what's called a periodic data matching where we take our entire consumer population and run their eligibility, or their enrollment against federal and state databases, including Medicaid, Medicare and a number of others to make sure that our enrollment process, the integrity of it's being preserved. So one of the things we'll do for the DACA population is we will run those folks against the federal immigration status databases that we have access to to ensure the integrity of those enrollments.

All right. I'm going to pass it back over to Holly who's going to do a brief summary of some operational policy issues. I think, as many of you know, every year CMS publishes a notice of benefit and payment parameters, which are the annual CMS regulations. This year was a very fruitful year for federal regulation, and some of those

require -- some of those require us to do what our federal regulator tells us to do. Some of those are areas where we have to make decisions. And even where we are required to follow a CMS regulation, there are still decisions that we make on how we're going to operationalize these. And so Holly and her team have selected a few to talk about today.

So, Holly, back to you.

MS. MORTLOCK: Thank you. And so for the court reporter, this is Holly Mortlock speaking. So as Kevin was talking about our strategic priorities over this year and years to come, I sort of took my -- I had to take a big breath because I realized we're just over halfway to -- at the halfway point this year to the next open enrollment. So we are thick -- we are in the thick of our Special Enrollment Period campaign, so individuals who may be experiencing a qualifying life event and still coming to the Marketplace to access coverage. So we're learning a lot through that process of implementation and issues to be worked on. And then at the same time, we are now in charge of implementing new guidance and policy changes as we prepare for November 1. So as Kevin had noted, there are a number of policy changes. We got quite a few this year that start at the end of this year and into plan year '25. And so both of those -- I guess, both of the mandatory and the discretionary changes provide a -- they present a wide range

of what I would say opportunity and some challenges for the Marketplace and for our consumers. I just wanted to give you a brief overview of some of these issues, some of the key ones that we are operationalizing for your awareness.

So, of course, the first one is network adequacy. So CMS in their 2025 notice of benefit and payment parameters finalized that they are -- that starting January of 2026, State-Based Marketplaces will be required to establish quantitative network adequacy standards that are aligned with the FFM standards. And so the Exchange, in consultation with the Bureau of Insurance and the Department of Health who lead these efforts, we have to work together to create these standards and a process for conducting network adequacy compliance reviews by 2026. And so this is currently a partnership between VDH and the Bureau. And so we are in that conversation with them, and working out how to best implement this. But we are having those conversations, and we will be prepared when the time comes.

DIRECTOR ROBERTS: (Indiscernible) network adequacy too.

MS. MORTLOCK: Yes, it did.

DIRECTOR ROBERTS: Except yours was quicker.

MS. MORTLOCK: Yes. So we will be ready for that in January of 2026.

The next requirement has to do with the offering

of telehealth services and the requirement for carriers to provide information on their services that they offer through telehealth. So this is a requirement by plan year '26. And in order to operationalize that development, we are working with the Bureau in updating QHP certification requirements to ensure that we can collect that data and report it accordingly.

The next big one I'll say is a failure to reconcile. So some of you may be familiar with that issue, I suspect. So prior to the end of the public health emergency, or prior to beginning of the public health emergency, the ACA and federal law required that individuals receiving premium tax credits must file taxes and reconcile their premium tax credits with the federal government that they've used every year as a condition of eligibility for premium tax credits. And prior to now, they were required to do that on an annual basis. And if they did not reconcile their tax credits annually, then they would lose their eligibility for them. With the public health emergency, the federal government paused the enforcement of that requirement. And so the NBPP for 2025 requires Marketplaces to resume the enforcement for this upcoming open enrollment and stipulates a couple of things, but exchanges may only deny tax credit eligibility for individuals who have failed to file and reconcile for two

years, two consecutive years. And then it also requires that Exchanges provide annual notification to consumers with a failure to reconcile status for both one and two years. And so it does require that we remove eligibility for premium tax credits for consumers who have failed -- who we verified have failed to reconcile for two years. CMS does -- this is a requirement, but they do provide flexibility to State-Based Marketplaces in how to meet those requirements. This is a complicated process, and we are working very closely with CMS and other states, especially those who have experience implementing failure to reconcile processes to get all of the lessons learned and suggestions as to how we can best implement this for Virginia. There are two things that we are working really closely on. One is to ensure that our process, of course, is in compliance with the regulations; and, two, that it's an opportunity to support consumers to keep their coverage, to keep that continuity, as well as educating them about how to maintain their coverage year over year and use that opportunity to engage with them on a yearly basis making sure that they've provided their updated information and reconciled. And so really that is one of the -- one of our key goals is to really help improve that consumer literacy and how to manage their health insurance coverage. So that is the opportunity in that policy development.

The next item that we have is standardized plans, and, of course, so for plan year '24 and '25 the requirement generally maintains consistency with the approach that CMS adopted for this year and for plan year '23. And beginning plan year '25, the FFM is going to limit the offering of carriers to two nonstandard plans per product type, metal type and service area. To maintain consistency sort of over our transition, the Exchange decided to align with the FFM for plan year '24. As we recognize the importance of the discussion about standardized plans, and also a consumer choice and how to support them in decisionmaking, those are some key priorities that we have. We know that there is a lot -- we have a lot to learn about how to create a process and a policy to best help consumers, and so we are taking some time to learn as much as we can and to consult with our stakeholder groups to get their recommendations and thoughts about what is going to work best for Virginia. So for plan year '25, we have made the decision to continue to adhere to the plan year 2024 requirements and not move towards the more aggressive -- aggressive is a poor choice of words, but having the four nonstandard plans allowed versus two. And so we will be discussing with our stakeholders over this coming year, and we'll be providing information as soon as we have made the decision available for the upcoming -- for plan year '26.

The next one is the Special Enrollment Period opportunity for individuals with incomes 150 percent of the federal poverty level and below. So this SEP allows us to make available a monthly SEP for individuals who are APTC eligible. So we currently have implemented this SEP. We did this as part of our strategy to help promote coverage transitions during the unwinding. Individuals who are in this income category will be able to switch plans monthly, if necessary, although certainly some challenges with that. We do see this as an essential component of reducing churn between Medicaid and the Marketplace. And we will continue to offer this SEP on an ongoing basis.

The next one is premium payment deadline extensions. So one of the things we have learned is that there are all kinds of extenuating circumstances that individuals and even carriers can experience in making sure that those premium payment deadlines are met. The NBPP gives Marketplaces the discretion to extend those deadlines in certain circumstances, and so we appreciate that flexibility that allows for continuation of coverage. And we are -- our policy is to -- you know, if carriers are experiencing difficulty for a number of reasons, we will -- they make the request to us, and then we just evaluate that request on a case-by-case basis, but, of course, with a lens on helping consumers maintain their coverage.

And then the last two -- I know Shelby gave us a lot of information about the new DACA rule. And what I will just share with you all is that we will be ready for November 1 for that implementation, and that we are working closely with our vendor and also with other stakeholders. We are in the midst of developing our marketing and outreach strategies for open enrollment and preparing messaging to help us realize that rule's full potential. And we will place a special focus on addressing the effects related to the public charge to make sure that people know about the availability of that coverage for them.

And then I have one more, Kevin.

So CMS just recently issued guidance that gives Marketplaces and Medicaid flexibility for unwinding provisions. They did allow Marketplaces to extend the unwinding SEP through November 30 of this year. And so, as we are watching carefully to see what is in the best interest of our carriers and our consumers, we have extended our unwinding SEP to September 30 and will continue to evaluate the need for any further extensions as we get closer to the end of summer.

DEPUTY DIRECTOR LUNARDI: This is Jeff Lunardi. I just wanted to publicly say thank you. I know I've said thank you privately. But when we called Holly and Kevin when this flexibility got opened up, they were ready to hit

send on it already, so we appreciate it.

MS. MORTLOCK: Of course.

Okay. Back to you, Kevin.

DIRECTOR PATCHETT: Yes. Thank you, Holly. I wanted to take a minute and just add a little context to one of these, because I think it's really illustrative of what we do as an Exchange beyond providing a simple enrollment platform and customer service center. So the failure to reconcile is turning out to be a wonderfully complex and challenging rule to implement. And one of the things that has really surprised all of us is that this isn't something that was new. There were lots of states who were doing this prior to the pandemic. But, as we've talked to them, so many of them are really going back to square one in evaluating how they've worked their process, what's been good, what hasn't been good because it presents a competing set of challenges for consumers. So consumers who haven't reconciled their income taxes but continue to receive advanced premium tax credits run the risk of owing a potentially significant tax liability to the IRS when they do reconcile.

On the other side of that, it has been known for quite some time that the federal databases that report on consumers' tax reconciliation status are not great. They're outdated. They're not updated as frequently as they could

be. So very often Exchanges are being put in the position of making decisions to remove consumers' APTCs on less than perfect information, and as -- I'm not sure we actually have the numbers up there today. But as we talked about, there's a significant difference between the average premium with and without a APTCs. So a consumer who loses APTCs because of bad information reported from a federal database may determine whether or not that consumer keeps health insurance coverage or not.

So how we operationalize this requirement has a big impact on consumers, and so it requires us to really think through how do we do this, how do we meet the needs of consumers, how do we pair messaging with operations, how do we think about supporting consumers while maintaining compliance. And this is a lot about why it is that we are happy to be here as Virginia's Health Benefit Exchange so that we can create a solution that we and our stakeholders and our partners and consumers think is best for Virginia. And I can tell you it's -- we're not going to have a situation where all 18 or 19 Exchanges are doing this the same way. I think they're probably going to be at least four different -- four different flavors of it. So I wanted to share that as just one more detailed example of what it means for Virginia to have its own Exchange and how we consider all the many implications of these rules that we're

going to get updated every year.

And so, with that, I'll turn it back to you, Sabrina, and any other questions from the committee.

CHAIR CORLETTE: Well, thank you, Kevin. Thank you, Holly, for a great presentation. And I'm really thrilled to see the rich data that we can use to not only identify where things are going well, but also identify areas where we can build and improve.

So I have a question. It's less of a policy question and more of a like compliance operations question. Some of you may have seen in the news reports about fraudulent enrollments and fraudulent plan switching where it sounds like it's mostly unscrupulous brokers for commission, gain commission revenue are going in and enrolling people who are not -- aren't even aware that they are being signed up for coverage, or are signed up for coverage and are not aware that somebody's going into the system and switching them to a new plan. I'm told that this is primarily a problem for the states that use healthcare.gov and not for the SBM states. But I'd be really curious, Kevin, Holly or anybody, like to what extent are you seeing this kind of behavior in Virginia; and, if you are, sort of what -- and this may also be a question for the Bureau -- you know, to what extent are there, you know, preventive measures in place or investigations going on to

try to curtail what really is, you know, a problem for the consumers who are unknowingly put into this coverage when maybe they don't want to be or shouldn't be.

DIRECTOR PATCHETT: Yeah. It's an important issue and a good question, Sabrina. Fortunately, we are not seeing this problem in Virginia, really not even on a small scale. However, because we're seeing it at the federal level on a pretty large scale, we're doing a few things.

First, we've created a policy and a process to make sure that if this does happen in Virginia, whether it's once or more, we are able to take the necessary steps, including things like referring to agent regulation at the Bureau to make sure that appropriate licensing action is taken, that our own process for decertifying agents is included, as well as what we can do in terms of retroactive disenrollments to benefit consumers who are harmed.

The other piece of this for us and one of the things that makes this a little challenging is that we still don't have really good information from healthcare.gov on what really are the underlying causes of this. But, nonetheless, we've really gone back to square one in the way that we do agent-facilitated enrollment in plans, which is -- and really walk through the process to see, you know, what can we learn, are there ways that we can do better that we can, as you say, implement some of these preventative

steps. And, overall, I think we've got the right balance. Part of what we're balancing thing is -- you know, we could make this -- we can make this very, very difficult for a bad actor to do. We could never make it impossible because really to make it happen the agent or broker has to have a pretty significant amount of consumer information to validate their identity. But there are things that we can do to make it virtually impossible, but that would also make it really difficult for certain segments of our population to work with an agent and broker. And so, you know, we don't want to get the balance wrong there. And I think we have come to a place where we think we're still striking that balance properly, but we have identified a few things that we can supplement in terms of controls, notice and messaging to consumers that we think will help in the event that there is unauthorized enrollments or plan switches.

CHAIR CORLETTE: Thank you. And it's great to hear that it's not happening in Virginia the same way it seems to be happening with healthcare.gov.

Other questions?

VICE CHAIR HINOJASA: This is Ikeita. So, first of all, I just want to express enthusiasm and excitement for how your team is moving forward on our advisory committee's recommendations for strategic priorities. It's nice to see how everything is taking shape. And so I was just

wondering, in terms of your leadership team, do you now currently, or do you have plans in the future for developing or creating a mission and vision statement now that your organization is more fully formed?

DIRECTOR PATCHETT: Yes, absolutely. And thank you for that question. One of the things we finally had a chance to do for the first time in the late winter was to sit down as a leadership team and really start focusing on strategic planning and strategic priorities. You know, we then looped in another two layers of the leadership team to start developing the mission statement, a set of cultural values. I really thought we would have those ready for you for this meeting, but, as it turns out, there are a whole bunch of other operational things that we're doing for the first time as a Marketplace, you know, including operationalizing failure to reconcile. So we are very much in the middle of that effort.

One of the things that I will say that has been extremely satisfying to me is to see the way that our team is very quickly coming together and developing a culture that is already customer service-centric. I wish I had a way to show you all the reaction that really our entire team from customer service to IT operations to policy, the way they react when we learn that a consumer has had a wrong outcome or has had a challenge with the platform. The just

immediate motion into action and hours committed to get that right are really exciting to see and going to be at the center of what you see in terms of our mission statement and values.

VICE CHAIR HINOJASA: Great. Yeah. So whenever that comes together, we're excited to see that.

And then my second question was, when you kind of recapped the top-line strategic priorities you mentioned, you know, continually improving the consumer experience. And so I was just wondering what kind of consumer feedback you've received to date.

DIRECTOR PATCHETT: So a couple of things. Overall, the consumer feedback has been very positive. I will say far more positive than I expected. One area where we are receiving consumer feedback that has become the focus of improvement for our customer service work right now and over the last few months, we have found that there are consumers who are not getting escalated to my internal escalation customer service team that we've, unfortunately, had consumers who have been told by our call center that, you know, there's nothing that can be done for them, and they hit a wall. And, to me, that's an unacceptable outcome, and one of the areas that has been a priority for us in terms of improving customer service. And that's been a multi-pronged effort in terms of developing the right

processes and tools internally, the right training for our customer service representatives, getting the right kinds of metrics and levers in place with our vendor. So, you know, that's -- that's one example of where our customer service focus has been. Right now we've been able to be -- I think we need to knock on wood somewhere. But in terms of the escalations that have come to us throughout open enrollment and since, we've been able to resolve all of those within 24 hours, which is an important metric to us.

VICE CHAIR HINOJASA: Thank you.

CHAIR CORLETTE: Starla?

MS. KISER: Yeah. I have a comment, not a question, but I didn't mention earlier just thank you for the data piece. I was very appreciative of that. I didn't tell you it was beautiful, but, like I said, it was so, so nice to see. I mean, I don't know if other states are doing this, but I think the geographic piece is just so important. And I think it's just beautiful to see -- you know, and again we can dig into it more maybe, as Kevin mentioned, not just by rating, but by geographic region, like smaller regions. But I think I brought this up before. There's such an opportunity to take this map and just, you know, look at it and be like, which region is most impactible. So if you compare this map to a map of all the uninsured in Virginia being able to spark target, you know, we need to

look in central Virginia now, and like really call those people and just have more aggressive outreach. So there's such an opportunity, like I said, to pair that with other data that's out there to figure out, you know, where's my pool of eligibles that I need to go grab within the whole state to reduce the uninsured rate as a whole.

But I would also say we do need more young, healthy adults and individuals. So I think it's very interesting. Kevin, you mentioned about the surprise, which I think we heard that last meeting, and I was surprised as well that these young people, presumably could have been under their parents' insurance, that are actually signing up, or even today where you mentioned the unknown, so people that are paying without subsidies. It'd be great to have a lot more of those. Right? So it's like to just know who that group of people is, like who are these people so that we could, again, target more of those. It'd be great if these young adults, like why are you signing up, or like, you know, what's common about that group so that more of them can sign on to what we're doing.

And one other little follow up is just about consumer experience. I feel outside of just talking to agents and like trying to sign up, I would love to know, ultimately, do our consumers think that we're giving them a good product, do they like their insurance products. So

year to year when you have these people that do not reenroll, why? Like I used to be -- when I had -- I was self-employed -- I have my own business still, but when I had my own clinic I had to go on the Obamacare Exchange a few years ago, and, again, I only had health keepers as an option, and it was like, I don't know, 400 bucks a month. And I'm like I'm young and healthy. I'm not doing this, you know, for a very poor plan. But I mean, a lot of -- and I mean, I had, presumably, a better income than a lot of people in my region. Right? So consumers everywhere are very cost conscious. So that's also where the data of understanding like the number of carriers per region, what are their costs, because I would imagine it's going to be greatly different throughout the state, because the state is so heterogeneous. Anyway.

DIRECTOR PATCHETT: Yeah. I think you're exactly right, and I -- you know, we're just a few months away from the Bureau of Insurance publishing rates for next year. But every time we look at those, there -- I mean, there really is an amazing variance certainly from rating area to rating area and perhaps within rating areas. One of the other things that we're doing right now -- or so two things that we're doing right now in response to those questions, one, we are in the middle of developing both some better tools and what we hope is going to be a more effective consumer

survey to get better feedback from our consumers. Right now the surveys that we're doing are really focused around overall customer satisfaction, and we want to do better than that while figuring out how to strike the balance between -- you know, nobody's going to answer a 30-question survey, so how can we minimize the number of questions, but get the information we need.

The other thing that we're doing right now is enhancing our data analysis tools. We had some good tools at our disposal coming out of the gate. But one of the things that we realized, in order to maximize the utility of the data we have, we need to be able to incorporate outside data to do some of these analyses comparing, as you mentioned, uninsured data to, you know, some of our enrollment and demographic data. Unenrolled is not part of our system, but we have that data. There are lots of other examples of where we can begin to pull external data that's out there to really do some meaningful analysis. And so we are almost finished standing up the tools that are going to allow us to do that.

VICE CHAIR HINOJASA: Thank you.

CHAIR CORLETTE: Craig Connors?

MR. CONNORS: Craig Connors. Does the Marketplace have its own process for consumer complaints if a consumer has a complaint about either its plan or a issue they are

unable to resolve with the plan, or they go through the BOI's consumer complaint system? Do you know what I mean? BOI has a consumer complaint form. Do you go through that, or does the Marketplace have its own pathway?

MS. MORTLOCK: It depends on what their complaint is for.

MR. CONNORS: What about providers? The BOI has recently posted a provider complaint form on its website. Is there a pathway for providers with the Marketplace plan, or is the only pathway if the provider has a complaint about a Marketplace plan to go through the BOI's process?

MS. MORTLOCK: So I think that would just be part of our evaluation process of the complaint. So certainly I know providers are familiar with the Bureau process. If there was a complaint that a provider wanted to make, I think anyone could make a complaint with the Marketplace and that would be evaluated in whether or not it was something that should be addressed by the Bureau, you know, we would work cooperatively with them to share the complaint to have it addressed, I think, just depending on what the complaint was.

MR. CONNORS: I guess I need to find that, though. There is actually a specific place on the Virginia Marketplace website for --

MS. MORTLOCK: For complaints.

MR. CONNORS: -- to complain?

MS. MORTLOCK: Yes.

MR. CONNORS: Just complaints?

MS. MORTLOCK: Yes.

DIRECTOR PATCHETT: Yeah. And that's something that we would be very interested in additional feedback. As Holly mentioned, you know, there are some complaints that really do go through the Bureau, but we work hard to make sure that we're collaborating with the Bureau because many of these things don't fit neatly into the Bureau or the Exchange individually. There's a need to collaborate. But if you go -- and I'm sure Holly can send you the link to our consumer processes and our complaint processes. And if you look and think, yeah, there's a gap here, there's some benefit in, whether it's providers or whomever having access to a complaint process, we're more than happy to talk about that and see how we can make it better.

MR. CONNORS: Great. Thank you.

CHAIR CORLETTE: This is Sabrina. It sounds like the original provider directory that you all had maybe did not meet expectations, so that's the kind of thing, I would imagine, as that rolls out that would be an Exchange sort of -- the place to go for that would be the Exchange if there's any issue.

MS. MORTLOCK: Yes. Yeah.

CHAIR CORLETTE: All right. Any other questions for Kevin or Holly?

Great. Well, I think we're close to time. I just had one small question, just a clarifying question. Kevin, at the start of your presentation, you mentioned a few things that are on the horizon. One was the provider directory. I also think it's great that you're rolling out an agent mobile app to make things easier for your agents. I was curious, is that also going to be available for navigators and other assisters, or is it only for the broker or the assisters?

DIRECTOR PATCHETT: So right now it's just a broker mobile app. We are expanding this year other tools for navigators and assisters. One of the things we learned in the middle of our implementation last year was that our navigator and assister portal was not quite as robust as the agent and broker portal, so we have done a number of things to align those. But we are more than happy to look at ways that we can take what we learned from the rollout of a broker mobile app and apply that to navigators and assisters.

CHAIR CORLETTE: Great.

DIRECTOR PATCHETT: I will just share one other thing quickly. We're in the middle of doing some focus groups to get feedback from a number of our stakeholders.

The one that we're in the middle of right now is actually with our agents and brokers. And as my stakeholder engagement team was meeting with some other states to find out how they do -- what processes they use to get feedback from various stakeholders, including agents and brokers, we actually had a couple of states who said we don't because we really wouldn't want to hear their feedback. And, you know, that's -- that's not who Virginia's going to be as an Exchange. So we really are leaning in to our stakeholder engagement. We we want feedback. We want criticism. We want to make this Marketplace the best for everyone in Virginia.

MS. MORTLOCK: I will add to Kevin's point about that. So that's an absolutely true story, and we did do -- we have done agent focus groups this spring. I know -- early summer now. There is one more, I believe. And really the overwhelming message that we are getting from our agent community for folks who have substantial numbers of enrollments and participated in these groups is that they have very positive reactions to the Marketplace, and they came with also very good constructive feedback and suggestions to how to help them and their consumers. So we've really taken that under advisement and are looking forward to reviewing that more closely and seeing how we can strengthen that relationship in collaboration with them. So

we're just very, very excited to see that happen.

CHAIR CORLETTE: Any other questions?

SECRETARY LITTEL: This is John Littel. I would just maybe end by where we started, and just say from the administration's standpoint this has really been very, very positive. And, you know, we started in 2022 high up on our (indiscernible) were the unwinding and the implementation of State-Based Exchange, and they're obviously very connected. And we're still not done with the unwinding, but both have gone remarkably well. And I think the linkup between the two has been really very positive. So really good work. Now I have other things that have risen to the top of my list, which if you'd like to take them, you may, but it's a good thing.

CHAIR CORLETTE: Great. Well, with that, can we move to adjourn?

SECRETARY LITTEL: Don't we have to do public comment?

CHAIR CORLETTE: Oh, I don't think we have any, but I'll ask.

MS. MORTLOCK: We did not have anyone sign up for public comment today.

CHAIR CORLETTE: Okay.

(Indiscernible.)

CHAIR CORLETTE: Oh, yes. Here we go.

Exchangedivision@sec.virginia.gov if you'd like to submit any public comments. Okay.

MS. MORTLOCK: Next meeting is --

CHAIR CORLETTE: Thank you. Next meeting, September 24. That will be virtual. And then our last meeting of the year, December 12. Anything else, Holly, before we adjourn?

MS. MORTLOCK: That's all that we have.

CHAIR CORLETTE: Okay.

VICE CHAIR HINOJASA: I'd just like to say, you know, right now we don't have any active subcommittees, but to the extent that your team identifies a need or something, I mean, feel free to let us know, and we're happy to start up a subcommittee again, or, you know, something like that. And, you know, we can always consider that in our September or December meeting. So you all can talk internally, and we can get something going to the extent that your team needs additional assistance or consideration from our end.

MS. MORTLOCK: Yeah. Thank you so much. We will definitely, definitely do that.

CHAIR CORLETTE: All right. Well, thank you, everybody. I'll move to adjourn.

MR. CONNORS: Second.

CHAIR CORLETTE: All right. We are adjourned.

(The proceedings adjourned at 4:01 p.m.)

CERTIFICATE OF COURT REPORTER

I, Danny Terry, the officer before whom the foregoing proceedings were taken, do hereby certify that said proceedings were electronically recorded by me; and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

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Danny Terry, Court Reporter

CERTIFICATION OF TRANSCRIPT

I, Nicole Mastrosimone, do hereby certify that the foregoing transcript, to the best of my ability, knowledge, and belief, is a true and correct record of the proceedings; that said proceedings were reduced to typewriting under my supervision; and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

Nicole Mastrosimone

Nicole Mastrosimone

July 2, 2024

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