Transcript of Advisory Committee Meeting

Date: December 12, 2024
Case: Health Benefit Exchange Advisory Committee Meeting

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COMMONWEALTH OF VIRGINIA

STATE CORPORATION COMMISSION

VIRGINIA HEALTH BENEFIT EXCHANGE

ADVISORY COMMITTEE MEETING

Conducted Remotely

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A P P E A R A N C E S

Voting Members:

Ikeita Cantu Hinojosa, Interim Chair

Keven Patchett, Director

Lee Biedrycki

Scott Castro

Sheenu Kachru

Doug Gray

Kip Piper

Louis Rossiter

Ex-officio Members:

Julie Blauvelt, Deputy Commissioner, Bureau of Insurance

Hope Richardson, DMAS

Also present:

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

Rachel Becker, Senior Policy Advisor for the Exchange

P R O C E E D I N G S

INTERIM CHAIR HINOJOSA: It is only 2:06. So we will call this meeting of the fourth quarter Virginia Health Benefit Exchange Advisory Committee meeting to order, taking place virtually on Thursday, December 12th, 2024. My name is Ikeita Cantu Hinojosa. I am vice chair serving in the position of interim chair of the Advisory Committee. Welcome. Thank you for joining today.

So open enrollment is under way for the 2025 health coverage, and we're all very excited to learn about the latest developments for Virginia's Insurance Marketplace. So let's go ahead and get started.

So in terms of meeting etiquette, only committee members should turn on their cameras. The chat is disabled. So please remain muted and use the raise hand function to speak. Please refrain from asking questions until speakers have finished their presentations. And the transcript of this meeting will be made available online at the

link you see on the slide.

Okay. So let's go ahead and get under way with roll call. So I'll first call the roll of our ex-officio members: Secretary Janet Kelly? Director Cheryl Roberts?

MS. RICHARDSON: Hi there. My name is Hope Richardson. I am at DMAS and substituting for Director Roberts and Deputy Director Lunardi today.

INTERIM CHAIR HINOJOSA: Great to have you.

Commissioner James Williams? Commissioner Scott White?

MS. BLAUVELT: Good afternoon. I'm Julie Blauvelt. I'm substituting for Scott White today.

INTERIM CHAIR HINOJOSA: Okay. Dr. Karen Shelton?

So now moving on to our appointed or voting members. I am here. All right. So Lee Biedrycki?

MR. BIEDRYCKI: Present.

INTERIM CHAIR HINOJOSA: Scott Castro?

MR. CASTRO: I'm here as well.

INTERIM CHAIR HINOJOSA: Craig Conners? I believe he has a conflict today. Elizabeth Cunningham? Doug Gray?

MR. GRAY: Present.

INTERIM CHAIR HINOJOSA: Sheenu Kachru?

MS. KACHRU: Present.

INTERIM CHAIR HINOJOSA: Kip Piper?

MR. PIPER: Present. Temporarily on the phone, as I turn my camera on or trying to get it to work.

INTERIM CHAIR HINOJOSA: And Lou Rossiter?

MR. ROSSITER: I'm here.

INTERIM CHAIR HINOJOSA: All right. Thank you all for being here. Okay. So now that roll call is complete, before we move on to the next item of our agenda, I will use chair's privilege to just make a few remarks before we move on to the next item of our agenda.

So when the vice -- when our Advisory Committee Chair's appointment expired in October of 2024, I went from vice

chair to become our interim chair. And so during the other business portion of this afternoon's agenda, we need to actually hold elections for our chair. So before we do that, I just wanted to take a few minutes to go over the duties of chair and just make sure that we all feel comfortable with what that's about so that we're prepared for the other business portion of the agenda. So I just wanted to take a couple of minutes there.

Also, we'll also hold elections for a new vice chair, since I technically only have two more meetings for the Advisory Committee after today, since my term expires in June of 2025. I've been very honored to serve and I'm appreciative of those of you who wanted me to stay on in the leadership capacity, but it is my time to pass the baton.

So I'm just going to describe the roles and responsibilities just very, very briefly according to the Exchange bylaws. And according to the Exchange bylaws, the committee chair shall serve on the Committee

as a voting member. So since ex-officio members are nonvoting members, they cannot serve as chair or vice chair.

The chair shall coordinate the meeting agenda in collaboration with Commission Staff; act as a liaison between the Committee, the Exchange director, and the Commission; submit recommendations of the Committee to the Exchange director and the Commission; and also coordinate the collection, review, and storage of public comments with the Commission Staff for the consideration of the Committee. So those are the committee chair responsibilities.

The committee vice chair shall act as chair during the temporary absence or upon resignation of the chair and shall work in collaboration with the chair in fulfillment of the chair's duties as needed. So that's what the vice chair does.

So speaking personally, I've served as both interim chair and as vice chair, and I will say that the estimated time is minimal in terms of the commitment; it's generally in connection with the quarterly meetings. And

so with that overview, I will just pause and see if folks have any questions for me or for SCC Staff just about the chair or vice chair duties, with that brief summary and overview.

MS. KACHRU: I have a question; it's Sheenu. I'm just curious: What's the term for both of these roles? And then -- yeah, what are the terms, in terms of span of time?

INTERIM CHAIR HINOJOSA: So that's a good question. There isn't an SCC -- and SCC Staff can jump in, interject, correct. There isn't a length of time in terms of the by-laws; it really has been, you know, with our appointments, people tend to cycle off or term out. So our previous chair was the chair and then she termed out; her term expired and so she was no longer chair.

And some people may decide that it no longer works with their schedule. The vice chair, for example, she termed out so then I became vice chair. So that's how it's happened up till now that we typically -- and this is all very new -- but we typically have very staggered appointment dates and times. And so that's how it's worked up until this

point.

So people may have schedules or lives that being chair or vice chair may just no longer work, so people may cycle off that way. Or they may term out in terms of their appointments. But there's nothing set in stone that says a person is chair or vice chair for a certain period of time.

And Staff, please feel free to jump in.

MS. MORTLOCK: Ikeita, this is Holly. And I'll just say that, yes, so the proceedings of the Committee have been upheld informally as the statute allows us to do. And so, yes, that is how it has worked. And we are looking forward to working with the new incoming chair to look at those processes and see, you know, if they still meet the needs of the Committee, just working with you-all on that.

So certainly it is not -- if someone wishes to be included in a nomination for the chair, they certainly could take that and would not be obligated to do so longer than they would like to. So resigning is always a

possibility and a new election could be held.

INTERIM CHAIR HINOJOSA: Yes. It's not a lifetime appointment. No Supreme Court issues here.

MS. KACHRU: Thank you. That's helpful.

INTERIM CHAIR HINOJOSA: Any other questions?

All right. So hearing none, I believe we are ready to turn to the Health Benefit Exchange updates. So I will turn it over to Staff. Thank you so much.

MR. PATCHETT: Thank you, Ikeita. And thank you all for having us here today. It's always a pleasure. My name is Keven Patchett. I'm the Director of the Virginia Health Benefit Exchange. And we've got a long list of things we want to share with you today. I know the typical procedure is to hold questions until the end, given the wide range of topics. I'm comfortable if anyone wants to interrupt me with questions along the way.

So since we are a little over halfway into open enrollment, I thought we

would start with an open enrollment update. So we have some basic metrics to share. Overall, open enrollment has gone very well; this is our second open enrollment. And while it has been still far busier than I expected, I will say it has not been as eventful and exciting as open enrollment after our transition year, which is a good thing, good thing for us.

So one of the things you can see here in these initial metrics is, as of this point in open enrollment, our enrollment numbers are a little bit lower overall than they were this time last year. However, what is higher is the number of new consumers.

So overall, this is a positive trend for us and, you know, we've got a little over a month left in open enrollment. And I am really interested and excited to see how these numbers continue to develop over the remainder of open enrollment.

Another thing that's different this year than open enrollment last year, last year we had December 15th as the last day that consumers could select a plan and have

it be effective January the 1st. This year we've pushed that all the way to December 31st. So that is likely to change consumer behavior in that the last-minute procrastinators may be coming on to the marketplace towards the end of the month instead of the middle of the month.

Now, before I move on to the next section, I want to just take a minute; I don't have any slides to talk about this, but as many of you may be aware, a couple of days ago a court in the Eighth Circuit issued an order that temporarily enjoined a CMS DACA ruling. When we say DACA rule, we're talking about the Deferred Action on Childhood Arrivals.

This was a rule that CMS promulgated that expanded the definition of lawful presence to include DACA recipients and a couple of other immigration statuses for those who are eligible to purchase qualified health plans through the marketplaces. This order is very new and we are in the middle of reviewing it and working with CMS and our legal counsel to understand the impacts from

a practical standpoint.

Currently, we have 49 individuals who are enrolled under the DACA rule and 12 additional individuals whose enrollments are in a pending status. So we will know more here in the coming days, but I wanted to give that brief update now.

All right. So the other thing that is really top of mind for us and for a lot of folks who are interested in state-based marketplaces are the enhanced premium tax credits, particularly the expiration of those. And so earlier this week we were asked to present to the Virginia Health Insurance Reform Commission on the impacts of the pending expiration, and we wanted to share with you a little bit of what we shared with that commission.

So to start out, let me just give a little bit of background about what advanced premium tax credits are; we don't want to take for granted that everybody knows this very specific area of healthcare policy. When the Affordable Care Act was passed in 2010, it included these premium tax credits.

Like all other tax credits, they are based on certain eligibility factors and also tied to income. In the case of these premium tax credits, the key factor for being eligible is having purchased a qualified health plan through a marketplace.

They are -- as I said, they are income based. And more specifically, it is the ratio between income and health insurance premium that determines the amount of those tax credits. So each individual consumer's income is compared to the premium and there's a sliding scale based on where that individual falls or where that household falls along the federal poverty level spectrum. So the higher your income is relative to the federal poverty level, the greater percentage of your income you will contribute toward your premium, which will reduce the number of tax credits that you're eligible for.

The most notable thing that makes these different from other traditional tax credits is they can be paid in advance of filing your tax return, and they're paid

directly to your insurance carrier to reduce your monthly premium. Initially, these tax credits were capped to -- the eligibility for these were capped for individuals whose incomes were below 400 percent of the federal poverty level. And that 400 percent, for a long time, has been known as the subsidy cliff.

So we're talking today about the enhanced premium tax credits. In 2021, Congress passed the American Rescue Act plan, which expanded or enhanced these tax credits in two ways: First, it removed that 400 percent federal poverty level cap so that individuals earning above 400 percent of the federal poverty level could now be eligible for advanced premium tax credits. The other thing it did is it reduced those percentage income contribution levels to make the amount of premium tax credits higher for most consumers. These enhancements are set to expire at the end of next year, December of 2025.

So then we talk about what are going to be the impacts of this expiration if

Congress doesn't act between now and December of next year, and some of these are difficult to really get a handle on. But the first thing we would take a look at is what is this going to do to premiums across Virginia? And on average, we will see about a 22 -- and I say a 22 percent increase. And I say premiums, but it's really the amount of premiums the consumers are paying; the premium itself won't change.

So we'll see a 22 percent increase in the amount that consumers across Virginia are paying for their premium. But when we break it down by ZIP Code or rating area, that ranges from 16 percent to 33 percent, depending on which part of the state consumers live in.

So the averages, as you'll see from some specific examples that I'm going to share, there will be individuals at certain income levels who won't see any change. And then there will be some who will see a much more dramatic change in what they're paying for their premiums.

So then we look at well, what is

this going to do to enrollment? And during the time period since these enhanced premium tax credits came into being, we've added about 122,000 consumers to the marketplace here in Virginia, which is roughly a 34 percent increase. The congressional budget office released a report last week that estimates nationwide we'll see about a 26 percent decrease in enrollments if these enhancements expire, which result in about 100,000 people in Virginia no longer having coverage through the marketplace.

On the flip side, the congressional budget office estimated that if the enhancements remain in effect, nationwide we would see about a 25 percent increase in enrollment, which would, again, represent about 100,000 individuals in Virginia. So those are the high level impacts. And now let's look at what this will look like for some specific scenarios.

So as we created these scenarios, we wanted to do a couple of things to try to keep them as consistent as we could. So all of these scenarios look at the same plan. We

looked at four different rating areas across the Commonwealth with that same plan. And then we looked at a range of age, household makeup, and then income.

So as you can see, where we started with a 60-year-old couple. And at 300 percent of the federal poverty level, you can see it's about a 25 percent increase in their monthly premium. But when we move to that 400 percent level, which is where the subsidy cliff will come back into being, this couple's -- what this couple pays for their insurance premium is going to double.

And what is really noteworthy here, for me, if you total this up over a year, a 60-year-old couple making $80,000 will be spending about $20,000 a year on their health insurance premium, which is one-fourth of their annual income, which is a little shocking.

Now, if we look at the next scenario, which is a 40-year-old couple with two children at around 300 percent of the federal poverty level, we see close to a 50 percent increase in their monthly premium.

And that is the same -- about the same at the 400 percent federal poverty level. So not quite as extreme as the previous example, but this is still an increase that a family in this particular situation is certainly going to feel.

And then our last scenario looks at a 45-year-old individual. And if we look at someone in the 200 percent federal poverty level, again, we can see over a 50 percent increase in that monthly premium. And when we move all the way to 400 percent, there's actually no change as a result of the enhanced subsidies expiring, because at 400 percent of the federal poverty level, that individual was already not receiving subsidies.

So let me pause here and just make sure we don't have any questions about these scenarios before I move on to our next topic. Okay.

MR. CASTRO: I've got a quick question.

MR. PATCHETT: Go ahead.

MR. CASTRO: This is Scott Castro, a

member of the -- I'm not sure if this is part of your overall presentation, but my understanding as well, in addition to the expiration of the enhanced subsidy funding -- and maybe we haven't asked this question yet -- but looking into the fact that Virginia is one of nine states with a trigger law that would essentially do away with our Medicaid expansion should the federal funding fall below the 90 percent match, is that incorporated into this at all or is that something that the Commonwealth is looking into?

MR. PATCHETT: So it's not incorporated into this. It is separate. But it is something that is certainly on the radar, given what we've seen in the news about proposals being considered at the federal level for adjusting Medicaid funding.

MR. CASTRO: Okay. Yeah, because I understand most of that is 100 percent to 138 percent. And I know we're looking at those income levels above that that are receiving those enhanced subsidies. But, yeah, just something I want to kind of keep on our radar

as well, as we're thinking about how and where people are purchasing their -- getting their insurance and what they are and are not eligible for.

MR. PATCHETT: Yeah, thank you. And it's critically important to us, because one of our statutory obligations as the Exchange is to support the continuity of coverage for consumers. So if the -- if that trigger law goes into effect and we see a fairly significant population losing Medicaid coverage or losing eligibility for Medicaid coverage, their next option is going to be a marketplace plan.

And so it will be key to the work that we're doing to make sure that we are helping consumers in that situation transition and get the coverage they need through the marketplace, similar to what we've been doing and are doing for Virginians who are losing their Medicaid coverage right now as part of the continuous coverage unwinding.

INTERIM CHAIR HINOJOSA: And thank you for providing these scenarios. It really

helps illustrate the real world impact.

MR. PATCHETT: Yeah, and we had seen some similar scenarios that were prepared as sort of nationwide estimates, and it really was educational for us to dig in and prepare these as Virginia-specific, based on the data that we have of Virginia consumers.

And I think one of the things I forgot to mention is the reason we picked the plan and the rating areas that we chose or at least one of the factors we were looking at, we wanted to choose a plan and some rating areas that had high enrollment levels so that it wasn't, well, you know, this will affect one or two consumers. These are really scenarios that are on the margin; these are, in fact, scenarios that had -- that will have high impact here in Virginia.

All right. So with that, I will move into talking a little bit about some of our overall updates in the marketplace. So there are a few things that have changed and are changing in the near future that I just wanted to spend a few minutes talking about. The first, we've talked a lot over the last

year about the continuous coverage unwinding.

And as DMAS continues to work through the tail end of that unwinding process, we are continuing to extend a special enrollment period to make sure that Virginians who lose Medicaid coverage as part of this have a special enrollment period that is tailored to their circumstances. So that previously was set to expire at the end of December; we've now extended that till the end of June of next year.

We will also be taking on responsibility as part of some regulatory changes at the CMS level. State-based marketplaces are now going to be responsible for doing the work of certifying that health plans comply with network adequacy time and distance standards, so we will be kicking that work off in the spring of next year and are building out our personnel and our tools and our resources that will be necessary to run that network adequacy work.

Right now, the CMS rules say that states have to impose network adequacy standards for time and distance that are at

least as strict as those at the federal level. But states have flexibility to do more. Here in Virginia, we are going to stick with those CMS standards, especially in the first year. As we begin to do these analyses ourselves, I think over the subsequent years, we will then be able to take a look at are there ways that we can begin to tailor these standards that make more sense for Virginia and can be a better fit for both Virginians and for our health plans and providers.

Also, CMS has issued some new standards for what are called standardized plans. These standards are optional. And so for us in Virginia right now, we are going to stick with the standards that existed for plan year '24. As we look next year into starting to do some research and some stakeholder engagement and focus groups around what might make sense for Virginia in terms of standardized plans, there's a wide range of approaches that are taken across the country, and it's important to us that we do this with intention and based on research and

stakeholder feedback, again, to try to produce what will be the best situation for Virginia consumers.

So the other thing that actually has changed, we have changed the default sorting in our plan display. So one of the things we talked about in a previous committee meeting was the relatively high number of bronze plans that had been purchased in Virginia. And so we are testing out this open enrollment period to see what the impacts will be if we switch from the previous default, which was plans were sorted based on monthly premium; we've switched that default sort now to total cost.

And so we're tracking our enrollment numbers to see what if any impact this has on consumer choice of plans and metal levels. Consumers are still free to change those; they have a number of different options that they can choose for plan sorting and filtering; this just changes that default plan.

All right. So the other thing that we've talked about a number of times at the

past few meetings has been our metrics. And so this time I'm going to focus on -- or we've been focusing on really what does the visualization of those metrics look like and how can we make those more consumable as we continue to work towards building out some dashboards on our websites and making this data more accessible and more transparent for individuals, for researchers, really, for whomever's interested.

So we'll start with the quarterly enrollment numbers. I think as of our last meeting, we had the second quarter and so now, of course, we have the third quarter enrollment numbers. And when we look at these enrollment numbers, it's important to keep in mind that we're talking about what we call effectuated enrollment as opposed to enrollment at any given time. So effectuated enrollment is someone who has come to the marketplace, they've selected a plan, and they've made at least one monthly payment.

So these numbers are going to be higher than what the current enrollment is because it doesn't take into account

terminations or cancellations. But we think this number is useful in tracking how many Virginians during the course of the year have come and purchased health insurance through the marketplace. And so you can see how it's been a steady activity ever since the end of open enrollment, which is a positive trend for sure.

Okay. After these enrollment metrics, we can take a look at our Medicaid numbers. Again, a pretty steady trend here with individuals who have been found either eligible for Medicaid or what we call assessed eligible for Medicaid, which means that it's likely that they are eligible for either Medicaid or FAMIS, but there's a little more work that needs to be done.

To remind everyone, when we at the marketplace make an eligibility determination for Medicaid, those individuals are transferred to DMAS and DMAS picks up with the enrollment process. When we assess someone as likely being eligible for Medicaid, it means that there's a little bit more work to be done, and the DMAS picks up

that eligibility determination, whether it's gathering information from the individuals; that's the point where DMAS picks up that process.

We have a good percentage of Virginians who are eligible for these premium tax credits we were talking about before. This shows here 86 percent. And if you look at some of our marketing materials, you often see that we say nine out of ten Virginians are eligible for APTCs, so this number is based on that same effectuated enrollment. And that is individuals and families who have actually purchased and enrolled in coverage.

The nine out of ten goes back to the application level, so it happens that people apply for coverage and then decide not to actually purchase it. So I just wanted to call out that distinction between the north of 90 percent and the 86 percent that's shown here.

We've also provided here the regional breakdown. And as requested at the last meeting, we've added in the percentage of the population for each of these regions

that these enrollment numbers represent. We also spent time trying to show these numbers as a percentage of the uninsured in Virginia. That turned out to be more difficult than we anticipated because of the way that the available data is presented on the uninsured.

So we had some numbers that just didn't make sense when we ran it based on the data, so we've got some work to continue to do to try to normalize the data that we have across these different categories from enrollment to region to uninsured. And hopefully we'll be ready to reflect that by our next quarterly update.

It is interesting to see how relatively consistent those numbers are across regions, generally ranging from four to six percent of the population.

MR. ROSSITER: Keven, is that nonelderly population?

MR. PATCHETT: That should be the -- so we use census data for that population. And that's a helpful distinction to point out.

So I don't think we've been able to

determine on a ZIP Code or region the population difference based on age; that is another element that we're working on. And that's a distinction that's made in the way the uninsured population is reported as well.

So here's a breakdown of our monthly premium, monthly premium paid after the application of premium tax credits. And this, again, shows really the impact that premium tax credits have on what Virginians are actually paying for their premiums.

We've also provided here a breakdown of enrollments, I think, by carrier. I think a number of you have asked to see that in the past.

And then lastly, we have the breakdown by metal level. And you can see, as I was mentioned before, there is a higher percentage of Virginians in bronze plans than we expected. And so we're continuing to dig into that data and looking at what we can do to help consumers recognize the difference.

So I think one of the things that's useful to say here is that the reason we are interested in the difference between bronze

and silver or bronze and gold or bronze and platinum, so bronze plans have the lowest premium but the highest deductible. So one of the things that we notice is that there are individuals who purchase a bronze plan, but with the application of premium tax credits, they could purchase a silver plan sometimes at the same price so have an overall lower out of pocket that they pay, which is one of the reasons we switched that default display from premium to total cost to try to provide Virginians with that information as they're doing their plan and comparison and their shopping.

All right. Go ahead.

MR. PIPER: This is Kip. Do we know how the -- great information on this -- how the distribution is, especially of the bronze versus silver, by the difference of basically the income cohorts? Are folks on the lower end of the income or smaller families or bigger families more likely to opt for the bronze even though -- I'll show my bias -- even up out of the filter, you know, it's the better deal overall, once you consider the

risk and out-of-pocket?

Whereas, if it were some folks that were higher income and so on, I could see how that kind of behavioral effect would be, just in terms of the economics. Any thoughts on that?

MR. PATCHETT: Yeah, so we've been looking at just that. And I will say generally that's true; it's not true across the board, but it is generally true that lower income brackets tend to have a higher percentage of bronze plans. And that makes sense when you're looking at the lowest out-of-pocket cost.

But like I said, the thing that really catches our attention is when that out-of-pocket cost is going to be the same for a silver plan or, in some situations, even a gold plan, and then we know that those individuals and families are missing out on the opportunity to have an overall lower cost of health insurance. And you know, I've got theories about what's driving that, but we are digging into that data right now.

MR. PIPER: Sure. And I suppose

age, too, because folks that are younger, in terms of their own appreciation of risk and their actual risk, is different than somebody who's older and maybe risk adverse or know that they're going to have out-of-pocket costs and they're going to want those things covered.

And I suppose there's also experience -- I'll stop there -- but there's also some experience level with this as well. You know, it takes awhile for people to understand when they're going into a -- this isn't a new market, but when they're going in and buying something new and under different, new circumstances, there's a learning curve involved. So...

MR. PATCHETT: Yeah. And we're very interested in understanding the educational needs for Virginians, because health insurance, I think for all of us, is not easy. Right. It's certainly not the simplest thing that we purchase in our lives, and especially for individuals who are making transitions; whether it's from Medicaid to the marketplace or it's from employer-sponsor

coverage into the marketplace, there is certainly that learning curve you're talking about and we view that as an important part of our responsibility to help bridge that gap and facilitate consumers moving along that learning curve.

And if you're interested, I think by our next meeting, we can show some of the cross reference data on these metal tiers, how it relates to income level, age, rating area, if you think that might be useful to look at from your perspective.

MR. ROSSITER: Keven, a related question: I have a healthcare.gov account and so I get a push e-mail that urges me to go to healthcare.gov and sign up for health insurance. And I went. It takes me to the healthcare.gov site. So how does that work for consumers in our state-based Exchange?

MR. PATCHETT: Yeah, so if you got that e-mail and you went to healthcare.gov, the first thing that should happen is they ask what state are you from. And when you select Virginia from the dropdown menu, it will push you to our marketplace. And we do

similar outreach to Virginians. We have a -- and it's -- it's sort of a staggered plan, but as we lead up to open enrollment, we're sending out notices both by e-mail and by paper.

And then as we move through open enrollment, we continue to target those e-mail outreach notifications, and this year we are even employing some text messages for Virginians who have given consent to use their cell phone to get that message out that it's time to enroll and time to re-enroll.

MR. ROSSITER: Great.

MR. PATCHETT: All right. Well, if there are no further questions, I'm going to -- and I will be available at the end as well for other questions, but I'm going to pass it over to Brionna, who is our marketing manager, to talk a little bit about the marketing efforts and campaign that's going on for open enrollment, which I think is what is driving the increase in new customers we have this year compared to last year.

So go ahead, Brionna.

MS. JONES: Thank you, Keven. Good

afternoon, everyone. I'm Brionna Jones. I am the marketing and outreach manager here at the Health Benefit Exchange. So I'm going to provide an overview of some of our marketing and outreach starting with our open enrollment campaign.

Our plan year 2025 open enrollment campaign does use an integrated approach to drive eligible Virginians to the marketplace website to enroll in health insurance plans. And our campaign has two objectives: The first being to build awareness about Virginia's insurance marketplace and open enrollment period; and the second, to drive eligible Virginians to enroll.

To achieve these objectives, our marketing efforts use a combination of owned, earned, and paid media strategies to reach our target audience and deliver our messaging and our creative materials. And these strategies were chosen based on the results from plan year 2024's open enrollment campaign.

So starting with owned media strategies, if we can -- thank you. Using

Virginia's insurance marketplace's social media accounts, our e-mail marketing platform, which, as Keven says, also include texts messages and our website, we highlight open enrollment, key deadlines, the different types of coverages, financial savings, our health center, etc.

We developed a new open enrollment tool kit for our partners that's sound loadable on our website. So social media content and graphics can be downloaded as well as our brochure and key flyers for different demographics. We also captured videos of real customer stories.

This summer we identified five marketplace consumers and we went out across the state into their communities and we did interview them and we asked them what was their experience using the marketplace. We were able to film very compelling videos that we currently use on our website, on our social media accounts, and our pay channels as well.

For earned media, we recently completed our satellite media tour. It was

on November 14th and Keven interviewed for quite a few hours with several media partners across the state. Our results were ten television projects, six radio broadcasts, two online placements, and we were able to reach 2.2 million listeners/viewers across all regions in Virginia.

Our paid media campaign used a combination of traditional and digital advertising to reach our target audience and drive them to the marketplace to enroll. We did design our media plan based on what we learned from last year's open enrollment campaign. We invested our budget in channels that were successful that had the strongest performance. And then we also allocated a percentage of our budget in testing out new channels.

So listed here on this slide are examples of some of the add channels that we are currently using in this open enrollment campaign. For digital adds, we are using programmatic display and video ads. And you typically see those when you're scrolling on different websites, maybe at the top, on the

left, those types of ads.

High-impact display ads are similar. They are typically more premium and more active though. Digital out-of-home ads are ones that you may see at a bus station or at the gas station, in grocery stores, so these could be a combination of print and digital ads.

We also are advertising on social media. Our social media platforms that we currently have advertising is Facebook, Instagram, and YouTube. And then we also are advertising on Google search, so when Virginians are searching for health related terms, our ads will pop up on Google. Site direct is an ad type that is paired with specific websites so we work directly with those websites to get those placements. Streaming audio are going to be sites like Pandora and Spotify, so you'll hear the advertisements for the marketplace on those platforms.

Connected TV is going to be your Hulu, your Prime Video, your Netflix and those commercials that show when you're in

between programming on those platforms.

Twitch is a new platform we are testing this year. I'll go into a little more detail about what Twitch is. Influencer marketing is also a new platform that we're testing out this year. And then our traditional advertising channels include broadcast television and radio, and our ads are also available in Spanish as well.

I'm going to get into some of these examples and highlight a few of our advertising channels starting with our broadcast television commercials. We filmed new commercials this year. I really love our commercials. The theme was when life happens, Virginia's insurance marketplace has you covered. We did go with a humorous tone, and we will play them for you right now.

(Video played.)

MS. JONES: Okay. Next one, please.

(Video played.)

MS. JONES: Thank you so much. So those are our newest commercials. We will -- they're airing on broadcast television right now. They'll be on connected television as well, social media, so we'll use them in a

variety of ways.

So Twitch is one of our newest platforms as well. It's a live streaming service in the global community for content like gaming, entertainment, music, sports, and more. Twitch users are primarily between the age of 18 and 34, so we're targeting a younger demographic with this ad channel. And we are targeting users whose online behavior suggests that they are in the market for health insurance. Our video ads are incorporated into the Twitch live broadcast. They're highly visible. They're nonskippable and they're clickable.

And influencer marketing. So we're excited to launch this ad channel probably in the next week or so. So we are working with social media influencers in Virginia on paid partnerships where they will promote open enrollment. They will create content that will be posted on their pages as well as in the form of stories, which are content that deletes after 24 hours.

We're also going to share this content on our organic channels and then

we're also going to promote some of the influencer marketing content that is paid ads on our social media channels as well. And we're working with a variety of different people, different ages, different hobbies, so we're really excited to get this ad channel started.

And then this just shows some examples of our advertisement. We won't play these videos, but these are our consumer testimonial videos that I mentioned earlier that we filmed this summer. We are using these ads in a variety of different ways as well on our different channels.

And these are more examples of our advertisements, just gives you an example of what our advertising looks like out in the community. An example of our high impact display ads, our programmatic display ads, what a Google search may look like, what our digital out-of-home ads look like, and then social media ads.

And so far, our results are great. As of December 5th, our paid media campaign has resulted in 37.2 million impressions,

meaning our ads were in front of that many people. We got 485,581 clicks to our website; 342,540 website sessions. Our cost per click, $1.14, which is a 46 percent decrease from last year. And our click-through rate at 1.30 percent, and that is a 293 percent increase from last year. So it is costing us less to get more engagement. So it just really shows the efficiency of our campaign and how great our messaging is.

I'm going to move into outreach. So these are some areas where we have seen success in our outreach efforts thus far. We've hosted several webinars for various organizations throughout the state. We conducted statewide college outreach. We held statewide agent engagement meetings to get agent feedback. We even gauged our Native American communities. We've also participated in their Powwow event.

We've participated in community planning with the Department of Health and we are supporting enrollment events currently. Right now, during the open enrollment period, we're working with our Navigator partners

throughout the state with those events.

We attend monthly meetings; usually these are various community partner meetings where we get together monthly to discuss resources, so that's been a great aspect of our outreach. And then we're also working to distribute our marketplace educational materials.

We have our main brochure, but we have a lot of different niche, if you will, flyers that may be for pregnant moms or young adults, you know, small business employers. So we have a lot of material and we may give it out directly. And we will also do mail-outs at requests of partners needing our materials.

And we also have gained quite a few healthcare partnerships in conferences. Pictured here is the external fair staff at the annual conferences for the Rural Health Clinic Association, the Virginia Free Charitable Clinic Association, and the Community Health Workers Association. It's been really great to connect with these statewide organizations and just -- like I

said, being able to really connect on a statewide level with these health-related entities.

So some of our collaborations that we've done thus far include podcast interviews, newsletter articles, social media posts being shared, event participation, Webinars and a conference sponsorship.

And these are just more examples of some of the outreach that we've done thus far. I mentioned those enrollment events that we're currently doing throughout the state. Those have been successful thus far. We have several more scheduled throughout the open enrollment.

And then we did participate in the State Fair of Virginia here recently -- what was that, September, October? -- and we did ten days of outreach to Virginians at that event.

Celebrate Healthcare is one of our sister partners who they have a really big emphasis on health-related events so we participate in a lot of their events. And then we recently also participated in Senator

Warner's Women's Conference.

And then I will end on just some website updates. We did recently work with our website vendor to get 30 new announcements for our website. The goal was to just improve the look and feel of our website. So we were able to implement quite a few of these enhancements prior to the open enrollment and we continue to enhance the website.

We received several new widgets. And a widget is just the way that our information is displayed on the website to the public, essentially, is the best way I can explain it, black image scrolls and three box callouts and text columns. We have some new design elements that have helped improve the website. We've updated our FAQs. We have additional brand colors.

We've increased document storage size so we can upload more things for partners to be able to have and download. And then we now have the automatic translation to our Spanish side of the website. We also were able to add our

testimonial videos and carry your logo on our website as well.

Yes, I think that is the end of my presentation. Thank you so much for listening. I'll hand it back over to Keven and happy to answer questions if there are any.

MR. PATCHETT: Thank you, Brionna. I think that's a fair amount of content across this update today. So if there are any other questions for me or for Brionna, we're happy to take those.

MR. ROSSITER: Keven, it's Lou Rossiter. This morning at 8:30, my brother-in-law called from North Carolina, which I believe is on the Federal Exchange, right?

MR. PATCHETT: Correct.

MR. ROSSITER: And he said he had just spent the last several days trying to get his now 18-year-old son enrolled and he was on hold for at least an hour each time he called until he could talk to someone.

So that led me to ask you -- ask what's our -- how are the call centers

working?

MR. PATCHETT: Our call centers are working really well this year. So I had a metrics slide I pulled at the last minute, but our wait times right now are, on average, less than ten seconds. So our call centers are functioning very efficiently.

I think our average talk time is around 14 minutes, which is a positive indication that consumers are really engaged with the representatives and got a very, very low, I think, less than 1 percent call abandon rate. And our first call resolution rate, as I recall, was over 70 percent. So really positive statistics this year on the call center front.

MR. ROSSITER: Yeah, that's amazing. Congratulations.

MR. PATCHETT: Thank you. If there are no other questions, then I will turn it back over to you, Ikeita.

INTERIM CHAIR HINOJOSA: I actually did have two questions.

MR. PATCHETT: Okay.

INTERIM CHAIR HINOJOSA: Yeah. So

one question is what is kind of the most popular question that you-all are receiving from consumers? I know there was a mention that FAQs had been developed and those kinds of things. So it would just be interesting to know, you know, what are some of the kind of the most popular inquiries that you-all are receiving from Virginians for the marketplace? That's one.

And then second is just I know that there was a mention of network adequacy, and I know that our Advisory Committee Board member Craig Connors, who was unable to participate in today's meeting due to a scheduling conflict, but he actually came across Pennsylvania's network adequacy study and he was curious about the direction that they're heading, and he sent a little blurb about it. And they're looking at marketplace plans regarding provider directory inaccuracies and consumer's ability to secure a timely appointment with both behavioral health and physical health providers and going deep, right.

And so his question was is

Virginia's marketplace kind of currently conducting or planning to conduct any kind of evaluation like that? And so I just wanted to be clear, based on your presentation, that it sounds like you're currently sticking with CMS's federal minimum standards of time and distance in the first year, but something like the Pennsylvania model could be a direction for future years; is that accurate?

MR. PATCHETT: That is accurate. The other thing I'll add is that -- so we've already started the provider directory work. We implemented this this year, a new provider directory that is new -- it was really built from the ground up, and we've been working very closely with our carriers to get their -- over the summer to get their content uploaded, updated to make sure we have the right lexicon in place so that when consumers are looking for a certain kind of physician or facility, that we're aligning our directory to those inquiries and then we're continuing forward to get those updated on a regular basis.

One of the challenges we saw last

year was that the commercial third-party vendor that we've been using for our provider directory, we just had no visibility into when, where, or how the information was being updated. And in some regions of Virginia, it was just very, very out of date. So I think it's moving in a really good direction and it's going to be an area of ongoing focus for us.

We will just be kicking off the spring, you know, incorporating the information that we receive from the carriers about their provider networks to do that time and distance standard analysis. And that will give us the opportunity to start moving in a direction of what works for -- what works best for Virginia and how do we account for the differences between urban and rural areas, for example. So it's a very fertile soil for us to work in next year.

And then as for the top question, I don't have that at my fingertips. I know the last time I looked at it, you know, of course, I think the top ones tend to be the very routine: How do I reset my password?

INTERIM CHAIR HINOJOSA: That makes sense, yeah.

MR. PATCHETT: But, yeah, we will look into what's below those and how that may be different this year from last year, and I'll be happy to share that information.

INTERIM CHAIR HINOJOSA: Okay. Yeah. Thank you for that.

Any other questions before we move on to the next portion of our agenda?

MR. PIPER: One question for you, Keven, if I may. This is going to be -- it's essentially a pros, cons, whatever, with changes inside the proverbial beltway, terms, changes, and anticipations. Is there anything that's on our radar? Since this is the first time for a change in administration at the federal level since the Commonwealth created its own Exchange, is there anything that's on our kind of wish list or things that perhaps we should be thinking about?

Flexibility is what I'm getting at. Things that, up to now, we wouldn't be able to do or we would like to be able to have, whether it's that dispensation or that

flexibility or whatever it is in terms of the guidance, anything like that that would be on our Christmas list, whatever you want to call it, in terms of what we would want instead of -- you know, because there's always going to be pros/cons; there's always going to be things on the policy side of things, but there's often technical or administrative process, guidance, things like that. Anything like that that would be beneficial that we haven't gotten traction on or just been too busy on the federal side to look at? Anything like that that's coming up?

MR. PATCHETT: So, of course, the biggest one for us really is the extension of these enhanced premium tax credits. We recognize that that's a policy decision that's going to be made at the federal level. But we also appreciate the impact that it's going to have to Virginians. And so extending those would certainly be at the top of our Christmas tree or wish list.

You know, generally speaking, one of the key reasons for Virginia making this transition to a state-based marketplace is to

take advantage of those flexibilities that are already built in. I think -- I can't think of one specific one that's at the top of our priority list other than, really, you know, maintaining the flexibility to make this truly a marketplace that's by Virginia, for Virginians, and tailored to what we need and what we learn works best here in Virginia.

MR. PIPER: Great. Thanks. Appreciate it. It was more of one of those open-ended, kind of curiosity questions. Like is there anything there that, you know, because it's always a -- yeah, it's always a best game or whatever moving parts, and sometimes there are things and sometimes it gets in the positive and sometimes it's like, oh, no, please don't change anything. You know, it works both ways.

MR. PATCHETT: Yes. Understood. And something that we really are paying very close attention to.

MR. PIPER: And I was also asking in the context of, without being misunderstood, because obviously what you've done so far is

quite impressive, and you've been taking advantage of those -- exactly as you put it, taking advantage of those flexibilities.

And that's not a down on CMS, but there are things that they can do and are much more nimble at doing, and you know, when one side does not cut off, just any of those things. So, cool.

MR. PATCHETT: Thank you. Appreciate that.

INTERIM CHAIR HINOJOSA: All right. Any other questions or comments?

I'd just like to thank you all for doing such an amazing job. This is so exciting. We love to hear the update and we look forward to our next conversation in the spring.

And we'll go ahead and proceed to our next agenda item, which is other business. So the first topic on our other business today is to accept nominations for chair and vice chair.

So first we will consider any nominations for chair and vice chair that were submitted prior to the meeting in

response to Staff's e-mail request for nominations. So prior to the meeting, we had two nominations for chair. So one person nominated me for chair, but as I mentioned earlier, my term is scheduled to end two meetings from now, in June, so I'm honored, but I will politely decline the nomination.

And one person nominated Lou Rossiter for chair. So congratulations, Lou, and we will figure out in a few moments if you accept the nomination.

And prior to the meeting, a person did nominate an ex-officio member for vice chair, but as we discussed earlier, only voting members can serve in these positions, so that nomination is ineligible. And we didn't have anyone else nominated for vice chair in advance of the meeting.

Okay. So heading into this nomination process, the only name currently in the mix is Lou Rossiter for chair. So now we will open it up for our realtime nominations for chair and vice chair. And as a reminder, only current appointed or voting Advisory Committee members are eligible. So

if you're nominating someone, just please say your name, say the nominee's name, and just share just a little bit about why you believe the individual is a good candidate for the role. And feel free to second a nomination or add your support to a candidate, just in terms of adding to the discussion.

So with that, I will open the floor.

MR. GRAY: Well, I nominated Lou. And I think he'd be great. Lots of good experience and knowledge about what we do. So I second my own nomination.

INTERIM CHAIR HINOJOSA: Well, you nominated, so...

MR. CASTRO: I can second Doug's nomination for him. You know, Doug and I don't usually agree on a lot, but when we do agree, you know, peace in the valley. So Scott Castro here, and happy to second the nomination.

INTERIM CHAIR HINOJOSA: Okay. So that was Doug for the nomination and was it Scott for a second?

MR. CASTRO: Scott, yeah.

INTERIM CHAIR HINOJOSA: So doesn't

seem like we're going to have any fist fights here, but would anybody else like to say anything or any other comments or discussion around it?

MR. CASTRO: Let's approve him before he backs out.

INTERIM CHAIR HINOJOSA: So Lou, first of all, do you accept the nomination?

MR. ROSSITER: Yes, I do.

INTERIM CHAIR HINOJOSA: Okay. That would be good. So do we have any other nominations for chair? Anybody else want to put anybody else's name in the hat for chair?

Okay. Hearing none, let's go ahead and move on to the vice chair nomination process. Do we have any nominees for vice chair? I'll go ahead and get it started.

Having served as vice chair, I will go ahead and nominate Doug Gray for the role of vice chair and just say that Doug has, you know, been around the block for quite some time. Not calling him old but calling him very seasoned. He's got over two decades of experience in working in Virginia with health plans and their many, many partners, you

know, long before the Virginia Insurance Marketplace ever opened its business.

He's known a lot of best practices and lessons learned, seen a lot of what works and what doesn't and has made a lot of friends along the way and has been a very active contributor on this body and has served, understands the role, and I'm confident that he's well suited to support the chair and support the Staff and fellow Advisory Committee colleagues. So I'm glad to support his candidacy.

MR. ROSSITER: I second.

INTERIM CHAIR HINOJOSA: Okay. Any other comments? So we have me for the nomination and Lou for the second. Do you accept, Doug?

MR. GRAY: Yes.

INTERIM CHAIR HINOJOSA: Okay.

MR. GRAY: I just want to reassure everyone. I'm very aware that I represent the plan, and so if anybody's ever uncomfortable, just let me know.

INTERIM CHAIR HINOJOSA: Yes. And I will just say, in terms of Lou, one of the

benefits of having Lou as chair, Lou is an academia; he's a retired professor and it kind of continues our informal tradition of having our chair being associated with academia rather than a particular sector so no one gets the impression that our Advisory Committee is privileging one sector of health insurance over another because all sectors are critically important. So that's one advantage of having a retired professor at the helm.

All right. So any other candidates for vice chair?

Okay. Hearing none, we will proceed to chair and vice chair elections. So thank you both, Lou and Doug, for being willing to serve.

I will now turn it over to SCC Staff to explain the voting process and administer the process and publicly announce the results of the chair and vice chair elections.

MS. BECKER: Hi, everyone. Good afternoon. My name is Rachel Becker. I am the senior policy advisor for the Exchange, and I'm hoping that this will be a quick and

painless process, especially since we've only got two nominations.

So in a few moments, a poll -- it's a Microsoft Teams poll -- is going to pop up on your screen. We are going to begin with the election for chair. Just so you know, your responses are anonymous, so your colleagues will not be able to see your votes. So if you are not a voting member, please select I'm not a voting member or just don't fill out the poll. And then once you've pressed your selection, click done and it's in the lower -- please click done or submit in the lower right-hand corner.

So we will now open up the poll for chair. And please make your selection.

MR. GRAY: Mine says something went wrong, please try again. So I voted for Lou.

MR. CASTRO: I also voted for Lou, and when I did, I didn't see the number of responses go up. So I just want to make sure that my vote was recorded as well. Scott Castro, voting for Lou.

MR. PIPER: And Kip Piper, voting for Lou. I'm getting the same error.

INTERIM CHAIR HINOJOSA: Yeah, it says, "Failed to send."

MS. BECKER: Oh, okay. I think maybe because you-all do not have SCC e-mails is what we're realizing. So I apologize for that. So I've recorded Doug Gray, Scott Castro, and Kip Piper for Lou. Do you think it's all right, Ikeita, to just do voice vote?

INTERIM CHAIR HINOJOSA: I think that's fine.

MS. BECKER: I'm sorry. We tried to make it anonymous.

MR. PIPER: Madam Chair, if it was appropriate, I would move that we elect Lou as our chair by activation or what have you, bypass the vote if necessary.

INTERIM CHAIR HINOJOSA: Does somebody second that?

MR. GRAY: I'll second that.

INTERIM CHAIR HINOJOSA: All right.

MS. BECKER: So the results of our election are unanimous for Lou. Congratulations.

INTERIM CHAIR HINOJOSA:

Congratulations, Lou.

MR. ROSSITER: Thank you. I'll try to do my best.

MR. PIPER: The one guy who gets the whole web thing set up earlier and correctly every single meeting, you know, obviously we can't get a vote done, but there we go.

INTERIM CHAIR HINOJOSA: And it's a benefit that our new chair is a health economics professor. We'll get it all figured out for us moving forward.

Okay. And then we'll -- and we have the same agreement moving forward for election of vice chair?

MR. GRAY: So moved by acclimation.

INTERIM CHAIR HINOJOSA: Do we have ayes?

MR. PIPER: I have ayes.

MR. CASTRO: Aye.

MR. ROSSITER: Aye.

MS. KACHRU: Aye.

INTERIM CHAIR HINOJOSA: Aye.

MR. GRAY: I voted aye.

INTERIM CHAIR HINOJOSA: Any nays?

Okay. It's unanimous. We have a

vice chair. Congratulations, Doug.

MR. GRAY: Thank you.

INTERIM CHAIR HINOJOSA: We have a new chair in Lou and a new vice chair in Doug. Congratulations. Thank you both for your willingness to serve the people of Virginia through these leadership roles. And as the outgoing vice chair and interim chair for a very brief period of time, please feel free to reach out to me if I may ever be of assistance to you. I will just finish presiding over this meeting for these last couple of minutes. But just know that I am a resource to you.

Okay. So there's just one more -- before we move on to the public comment, there is just one more item of -- we're in other business right now. There's just one other kind of other business item, I think, other business that I just wanted to mention before we go into other comment, which is 2025 meetings. And then to see if anybody else has other business items for the good of the group, since this is our last meeting of 2024.

So we have quarterly meetings for the Virginia Health Benefit Exchange Advisory Committee, because I know we have some new members here. So we typically hold our quarter one meeting in the spring, around March, and our quarter two meeting is in the summer, around June. Our quarter three meeting is in the fall, around September. And our quarter four meeting is in the winter, around December. So four meetings in the year.

And three of those meetings are virtual. We try to meet once a year in person. And so probably sometime after the holidays in early 2025, SCC Staff will send an e-mail to the Advisory Committee members and they'll include a poll to figure out which 2025 meeting dates work best for most members to schedule and send out meeting invitations accordingly so that we all have, you know, those four quarterly meeting dates on our calendars, with plenty of advanced notice.

So we need to, you know, make sure that we respond to their messages. They were

so good at reminding us and rereminding us, you know, really, really trying to get us to respond. So I wanted to make a pitch on behalf of the Staff: Please respond to their messages in these poles because they really, you know, are trying to give us as much advanced notice as possible on that.

And then just for a bit of historical context, in terms of that one face-to-face meeting that we try to do per year, you know, we try to go to Richmond once a year, to go to the Exchange office and meet face to face, just to have an opportunity to build relationships with each other as Advisory Committee members and also build relationships with the SCC Staff.

For a bit of historical context, our Richmond meeting was in March in 2023. So that was the spring, you know, quarter one meeting. It was in June in 2024. So that was the quarter two meeting. We usually stay away from the fall since SCC Staff is consumed with open enrollment. We usually stay away from the winter, since inclement weather can get in the way. But you know,

just be mindful when that message goes out. So I just wanted to give you that heads up, you know, that message will be coming and just to be aware of that.

So that's all we have for other business for now. Just the elections and to be mindful of the scheduling for the four quarterly meetings.

Does anybody else have any other items of other business they wanted to bring up or discuss?

MR. GRAY: Ikeita, I wanted to say what a pleasure it's been to work with you. We worked on the subcommittee together which you chaired. The rest of the Committee should know that we are losing a heck of a lot of talent with Ikeita going off. She not only -- not only was she at the DC Health Benefit Exchange; she's got a JD from the University of Michigan, and she's just a very, very nice person. So we are going to miss you a whole lot and thank you very much for serving on the committee.

INTERIM CHAIR HINOJOSA: Well, thank you. You've got me for at least two more

meetings. My term expires in June, so... But I very much appreciate it. It's been an honor and a pleasure. So thank you. And I'm definitely around and absolutely a resource to you and everyone else. So yeah, thank you.

Any other items for other business? Okay.

We'll move to our next agenda item, which is public comment. And we have no items for public comment that have come in. So we can move on.

So just as a reminder, public comments are accepted on an ongoing basis at ExchangeDivision@SCC.Virginia.gov so we do welcome public comments; everyone's thoughts and ideas are very important to us.

And with that, this meeting is adjourned. We wish everyone a safe and happy holiday and we look forward to connecting in the spring. Thank you so much. Bye bye.

MR. ROSSITER: Thank you. Thanks, Ikeita.

INTERIM CHAIR HINOJOSA: Thank you.

(Meeting adjourned at 3:40 p.m.)

CERTIFICATION OF TRANSCRIPT

I, Ruth A. Levy, do hereby certify that the foregoing transcript, to the best of my ability, knowledge, and belief, is a true and correct record of the State Corporation Commission meeting herein; 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.

Given under my hand, this 23rd day of December, 2024.

Ruth A. Levy
Planet Depos, LLC

CERTIFICATE OF COURT REPORTER-NOTARY PUBLIC

I, Joshua Tubbs, AAERT CER, the officer before whom the foregoing proceedings were taken, do hereby certify that any witness(es) in the foregoing proceedings were fully sworn; that the proceedings were recorded by me and thereafter reduced to typewriting by a qualified transcriptionist; that said digital audio recording of said proceedings are a true and accurate record to the best of my knowledge, skills, and ability; 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.

Notary Registration No.: 7929796

My Commission Expires: 7/31/25

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Joshua Tubbs, AAERT CER

NOTARY PUBLIC FOR THE COMMONWEALTH OF VIRGINIA

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