

Welcome and Call to Order



Agenda

- 1. Call to Order
- 2. Roll Call
- 3. DMAS Presentation
- 4. Health Benefit Exchange Update
- 5. Public Comment
- 6. Adjournment

Committee Members

Lou Rossiter, Chair
The College of William & Mary

Doug Gray, Vice Chair
Virginia Association of Health Plans

• Lee Biedrycki BeneFinder

Scott N. Castro Medical Society of Virginia

Craig Connors
Virginia Hospital & Healthcare Association

Liz Cunningham
Virginia Legal Aid Society

• Ikeita Cantu Hinojosa ICH Services LLC

• Sheenu J. Kachru Optum Life Sciences

Secretary Janet Kelly
State of Virginia Health and Human Resources

Kip Piper Health Result Group LLC

Director Cheryl Roberts
Department of Medical Assistance Services

• Dr. Karen Shelton Virginia Department of Health

Commissioner Scott White
State Corporation Commission Bureau of Insurance

Commissioner James Williams Virginia Department of Social Services

DMAS Presentation





Top 10 Q1 Activities

Open Enrollment 2025

General Assembly Session

IRS Forms 1095-A

Audits (Security, Finance, Programmatic)

CMS Biannual Metrics

Q1 Platform Release

CMS Payment Integrity IPPTA)

Biannual Program Integrity (PDM)

Facilitated Enrollment

Eligibility Notice Redesign



marketplace.virginia.gov

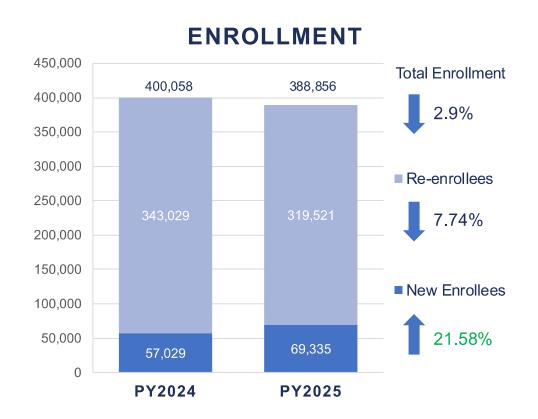
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Open Enrollment Recap

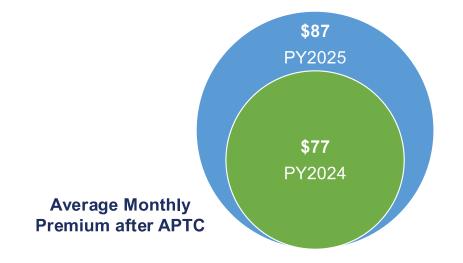


Virginia's Insurance Marketplace

OE PY24 and PY25



Applicants Determined Eligible for Medicaid/CHIP				
PY2024	PY2025			
29,497	29,894			



Consumer Assistance Center



Call Volume

PY2024: 196,171PY2025: 175,846





Wait Time

• PY2024 50 seconds

• PY2025 5 seconds





Calls Abandoned

• PY2024: 1,709

• PY2025: 190



'25 OE Enrollment Changes

Post-transition

Program Integrity

Virginia Economy

Enrollment Data Comparisons

	Population Under 65	Uninsured Under 65	Unemployment Rate	Plan Selections	Enrollment as Population %
Maryland	5,179,682	7.40%	3.1%	247,243	4.77%
New Jersey	7,819,200	8.50%	4.6%	484,540	6.20%
Pennsylvania	10,463,000	6.60%	3.7%	469,661	4.49%
Virginia	7,295,669	7.60%	2.9%	388,856	5.33%

Sources:

U.S. Census Bureau. (2024). Population estimates, July 1, 2024.

U.S. Census Bureau. (2023). Uninsured rate: Health insurance coverage status by state and age (Data for individuals under 65 years old). 2023 American Community Survey (ACS). U.S. Bureau of Labor Statistics. (2024). Economy at a Glance (Unemployment Rate for December 2024).

Centers for Medicare & Medicaid Services. (2025). Marketplace 2025 Open Enrollment Period Report (Cumulative 2025 Open Enrollment Period Plan Selections).





Pregnancy Special Enrollment Period

- HBE has requested stakeholder comments on implementation and parameters.
- Proposed SEP parameters:
 - Available to new consumers
 - By attestation
 - 60 days post application to enroll in coverage.
 - Coverage will be effective 1st of the month following enrollment
- Additional information and a timeline for the implementation are forthcoming.

Network Adequacy Reviews for PY 2026

- SBMs are required to establish quantitative time and distance standards at least as stringent as those required by the federal marketplace.
- HBE adopted federal standards for PY26
 - 156.230: FFM standards are developed for consistency with industry standards and published in guidance.
- HBE has engaged Quest Analytics to assist with network adequacy reviews.
- Reviews will be completed and plans certified by mid-August 2025.

2025 CMS Marketplace Integrity and Affordability Proposed Rule

Eligibility o Rescinds eligibility for DACA recipients.

Prohibits passive re-enrollment for individuals with \$0 net premiums.

o Eliminates the SEP for households with income under 150% FPL.

o Reinstates 1-year APTC reconciliation requirement.

Open Enrollment Open Enrollment Period to Nov. 1 - Dec. 15.

Verification o Adds verification requirements for 75% of special enrollment periods.

Prohibits income attestation when the IRS cannot verify household income or family size.

o Reduces the period for consumers to resolve data matching issues to 90 days.

Consumers can no longer rely on attestation to prove Medicaid ineligibility.

Coverage o Increases carrier authority to deny coverage for failure to pay past premiums.

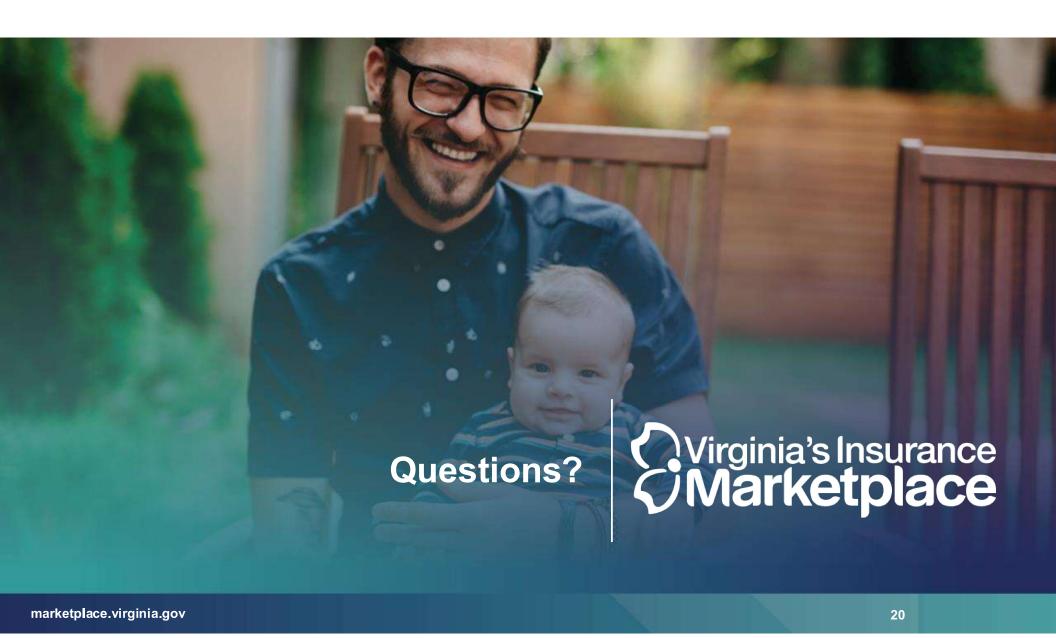
o Prohibits coverage of sex-trait modifications.

o Increases required contribution percentage; increases maximum out-of-pocket limit.

 Reduces the de minimis threshold to +2/-4 for individual and small group market plans subject to AV requirements.

Agent/Broker Oversight o Establishes "preponderance of the evidence" standard as threshold to revoke certification (FFM only).

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The materials for this meeting will be made available online at https://www.marketplace.virginia.gov/about-us.

Q2 Meeting Date

June 26th, 2025 2-4 pm ET (Virtual)



Public Comment



