

Virginia Health Benefit Exchange Advisory Committee Meeting

Lou Rossiter, Chair
March 19, 2026





Welcome

Virginia's Insurance
Marketplace

Agenda

1. Call to Order
2. Health Benefit Exchange Updates
3. Other Business
4. Public Comments
5. Adjournment



Ex-officio Members

- Commissioner Duke Storen, Department of Social Services
- Secretary Marvin Figueroa, Health and Human Resources
- Director Steven Ford, Department of Medical Assistance Services
- Commissioner Scott White, Bureau of Insurance
- Dr. Cameron Webb, State Health Commissioner

Appointed / Voting Members:

- Louis Rossiter, William & Mary, **Chair**
- Doug Gray, Virginia Association of Health Plans, **Vice Chair**
- Julie Bataille
- Lee Biedrycki, Benefinder
- Scott N. Castro, Medical Society of Virginia
- Craig Connors, Virginia Hospital & Healthcare Association
- Elizabeth Cunningham, Virginia Legal Aid Society
- David Cummins, Serco Inc.
- Sheenu J. Kachru
- Kip Piper, Health Result Group LLC

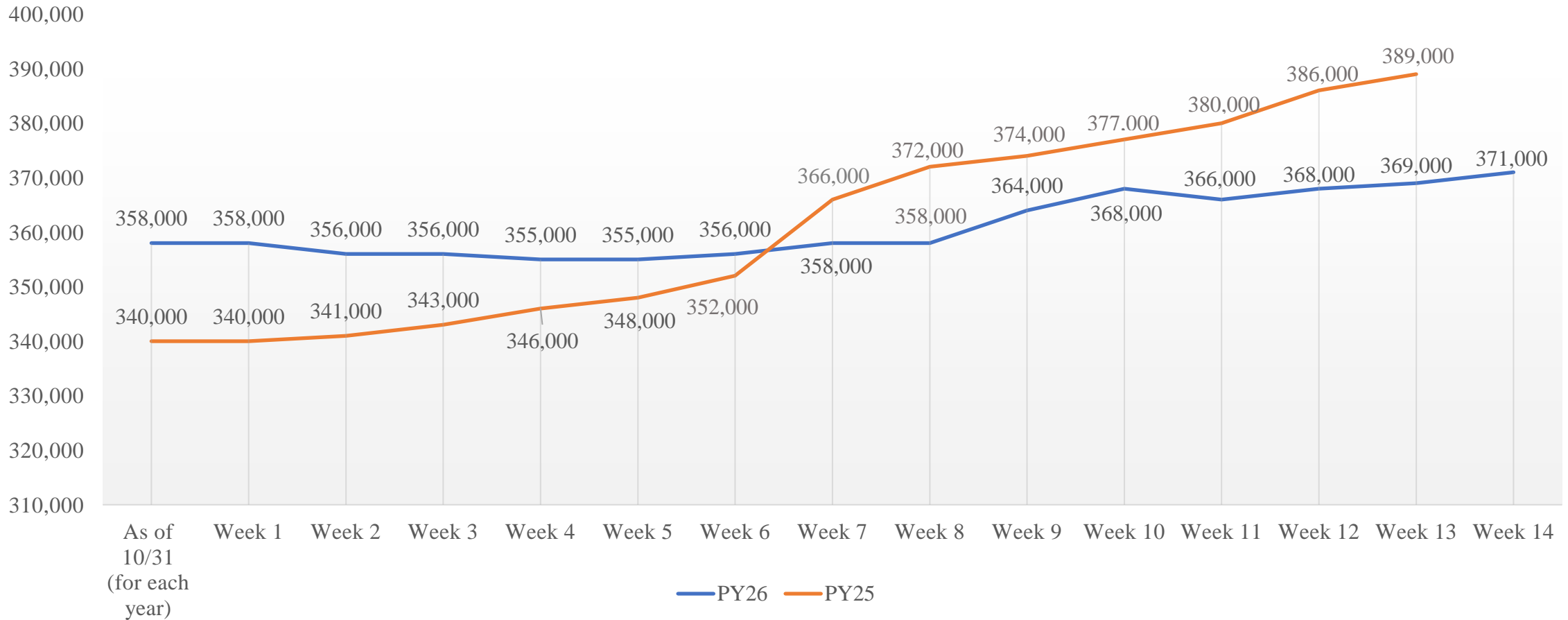


Roll Call

HBE Update



Weekly OE Total Enrollment Data, PY25 & PY26



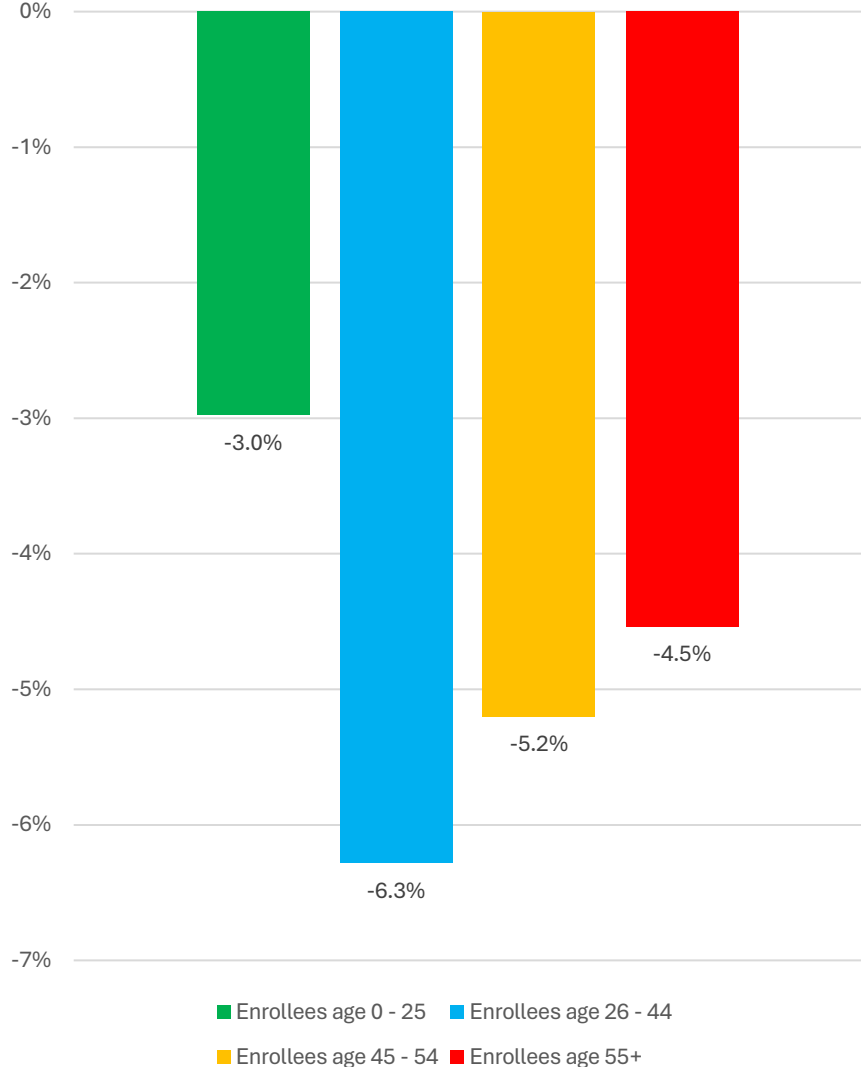
Note: Weekly enrollment data through 1/22/2025 (PY25) and 1/30/26 (PY26); rounded up to the nearest thousand.

Disenrollments

- 370,000 enrolled in this year's OE compared to 389,000 last year
 - 5% decrease year-to-year.
- Cancellations and terminations are roughly three times higher when compared with the same period last year.
 - Voluntary withdrawals + terminations for nonpayment.
- Full impacts of expiring ePTCs not known until the end of 90-day grace period at end of March

Marketplace Enrollment by Age: Changes from PY25 – PY26

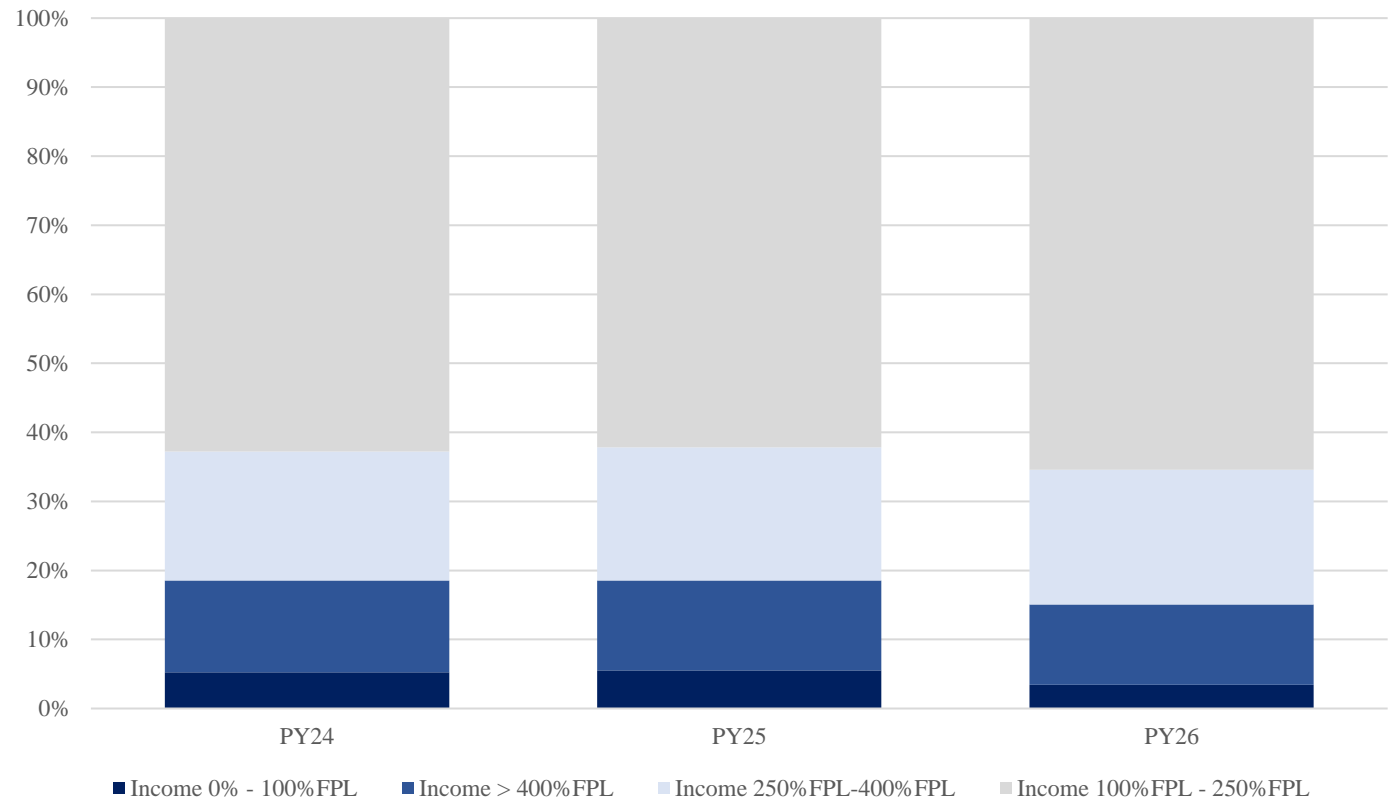
Enrollment across all age groups declined with enrollment among 26-44-year-olds declining the most



Marketplace Enrollment by Consumer Income PY24-PY26

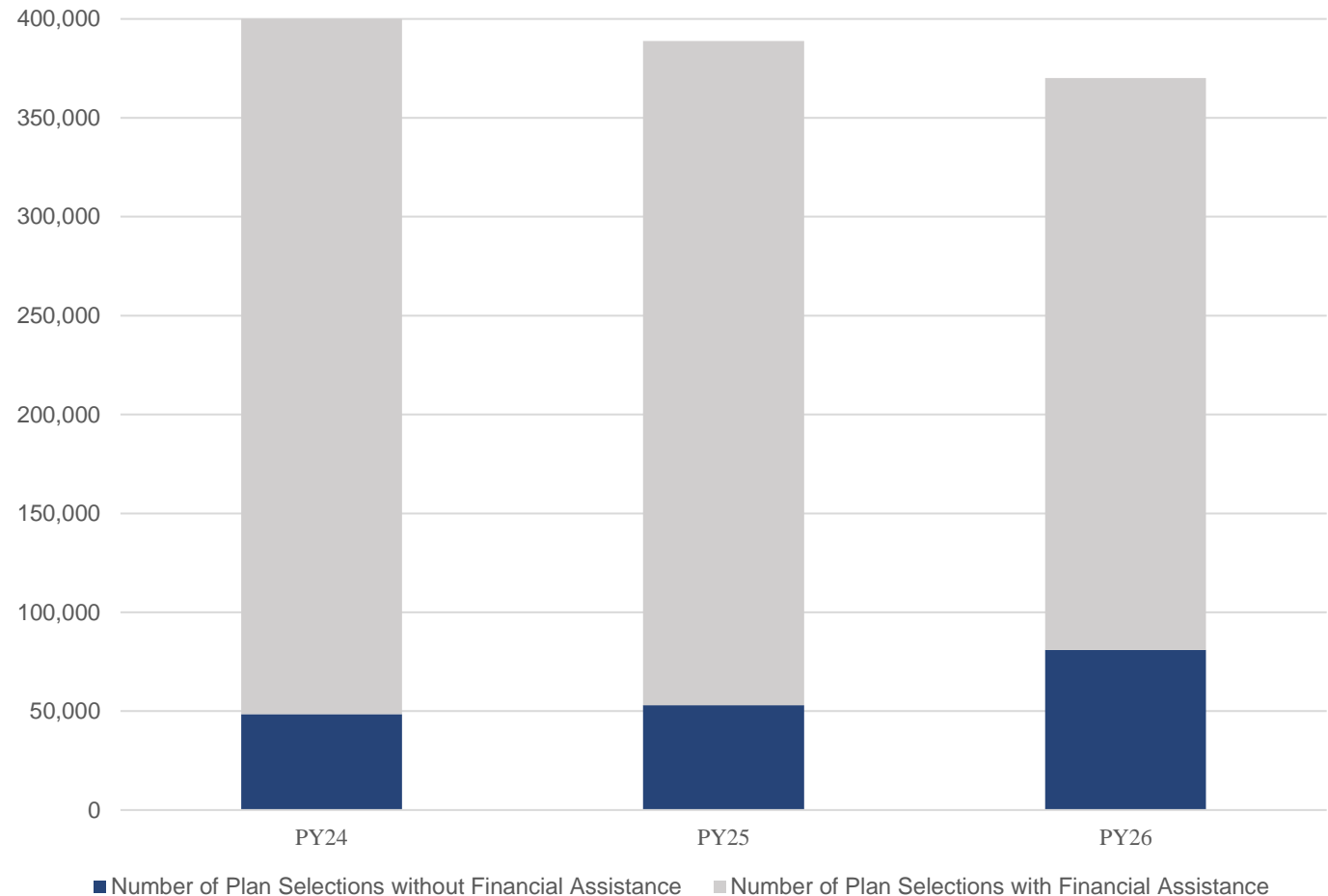
Enrollees under 100%FPL and over 400%FPL lost PTC eligibility for PY2026.

These groups comprise a smaller share of overall Marketplace enrollment when compared with previous years.



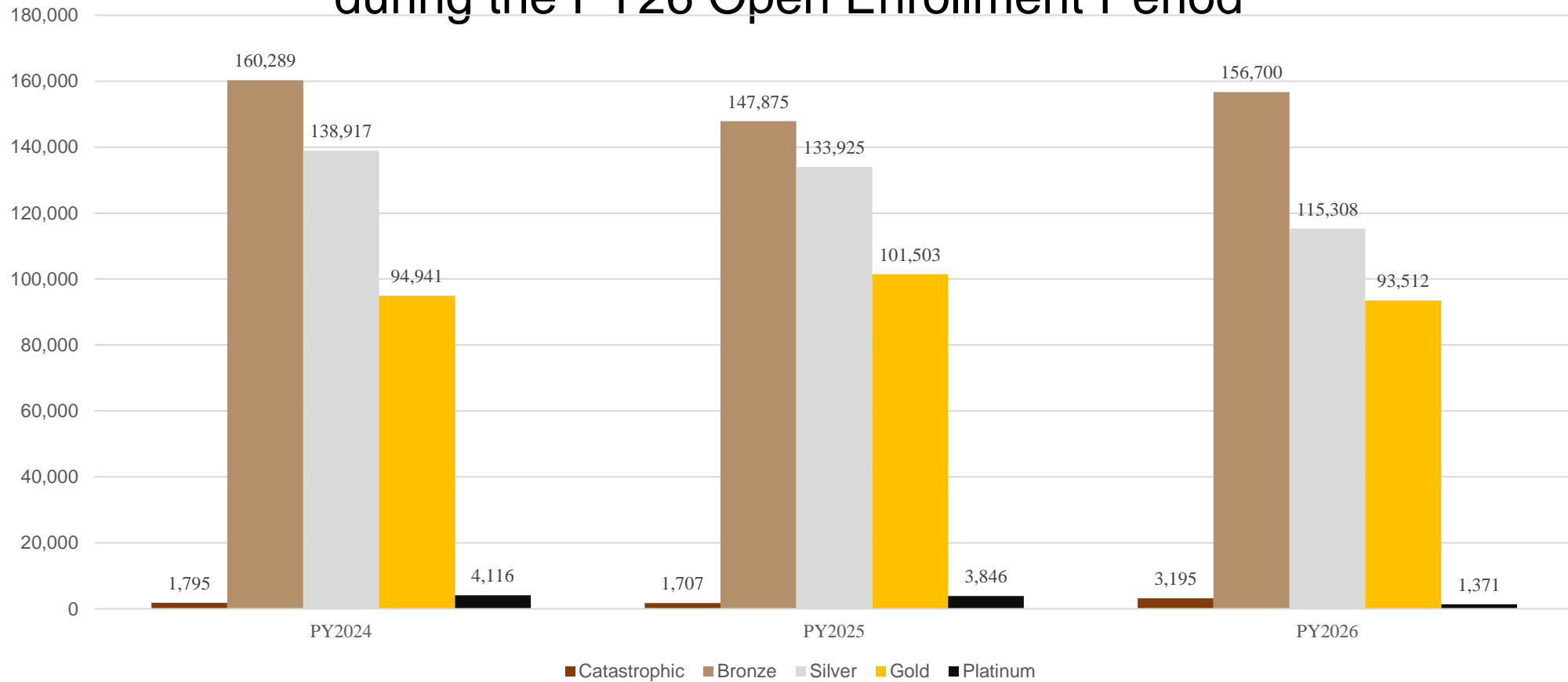
Plan Selections With and Without Financial Assistance PY24-PY26

The number of consumers paying full cost for plans (selecting plans without Financial Assistance) increased by **more than 50%** in PY26



Plan Selections by Metal Level PY24-PY26

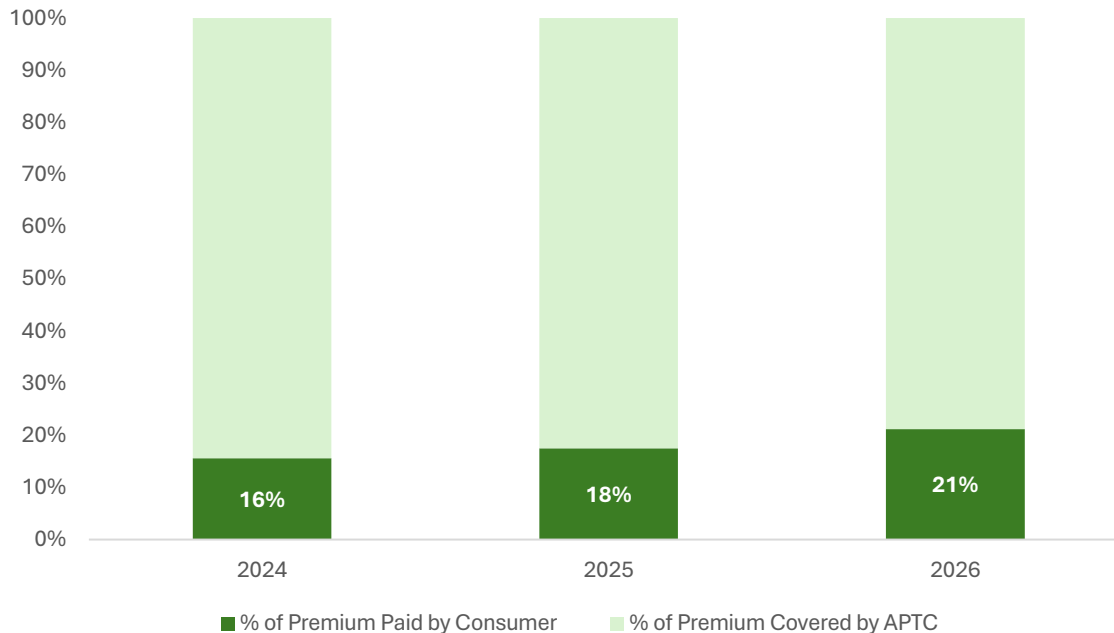
Consumers shifted towards Bronze and Catastrophic plans during the PY26 Open Enrollment Period



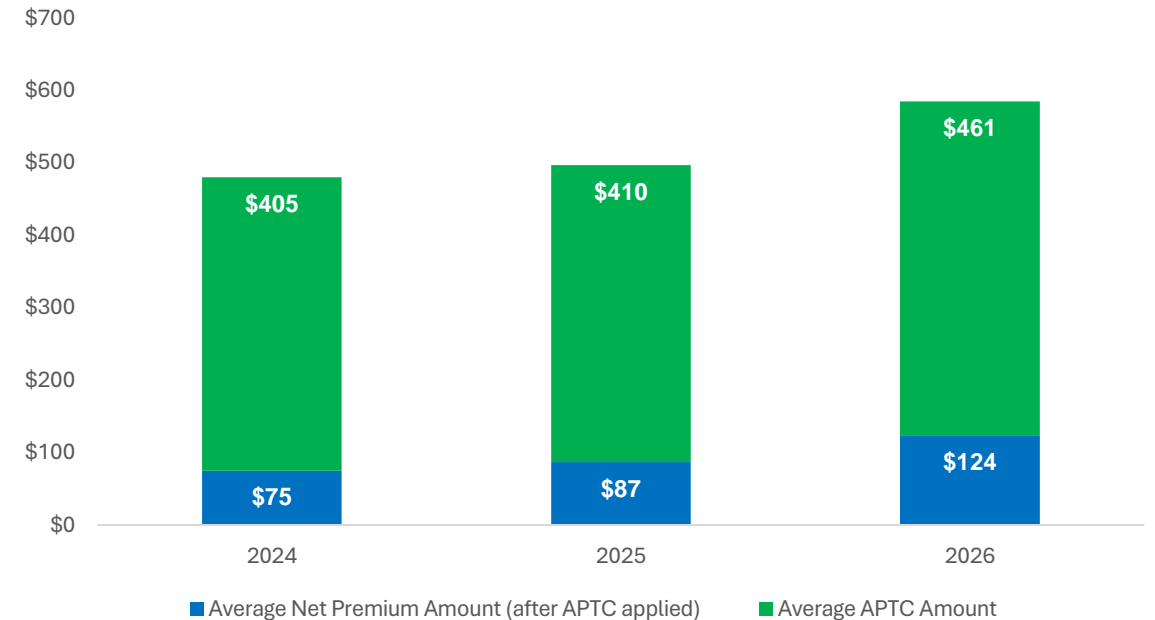
Average APTC Amount and Net Premium for Consumers Receiving APTC

Consumers with APTC will spend more out of pocket on premiums and cover a larger share of the total cost of their plan in PY26 compared to PY25 and PY24.

Consumer Share as Percentage of Overall Premium



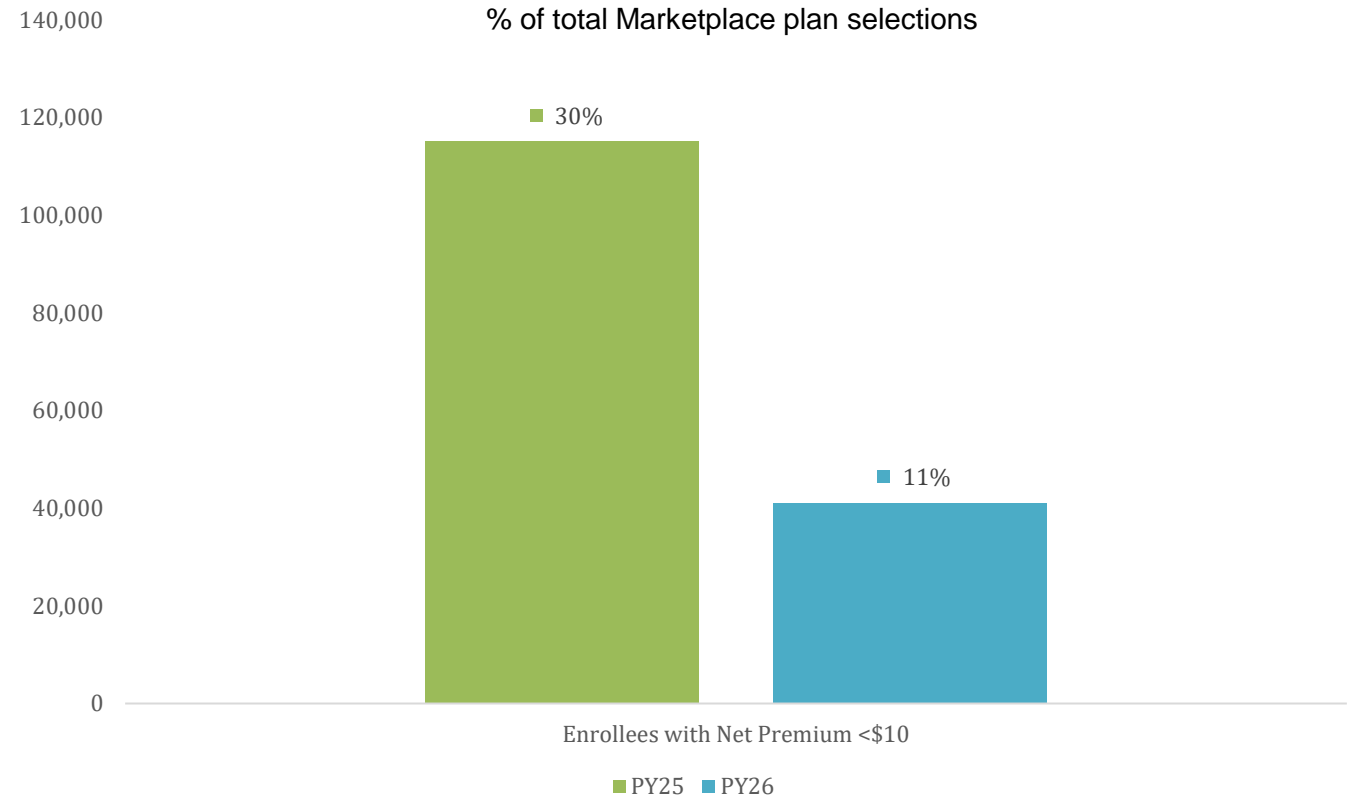
Average APTC Amount and Net Premium



Plan Selections with Net Premiums <\$10 PY25-PY26

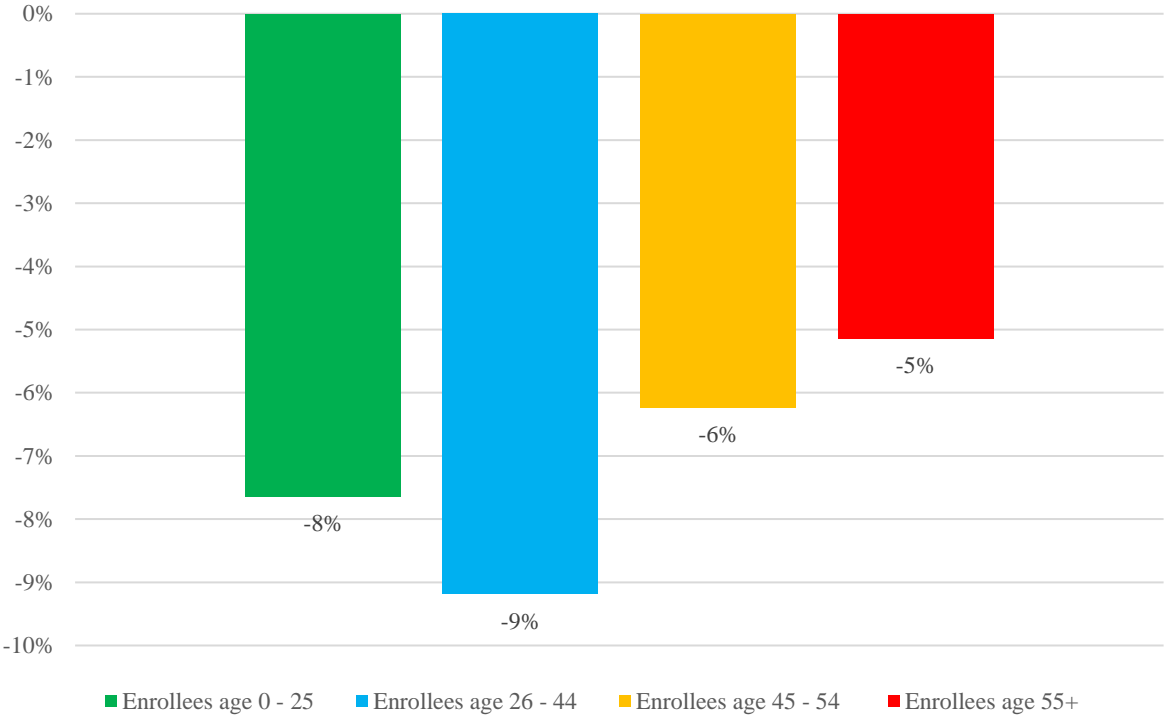
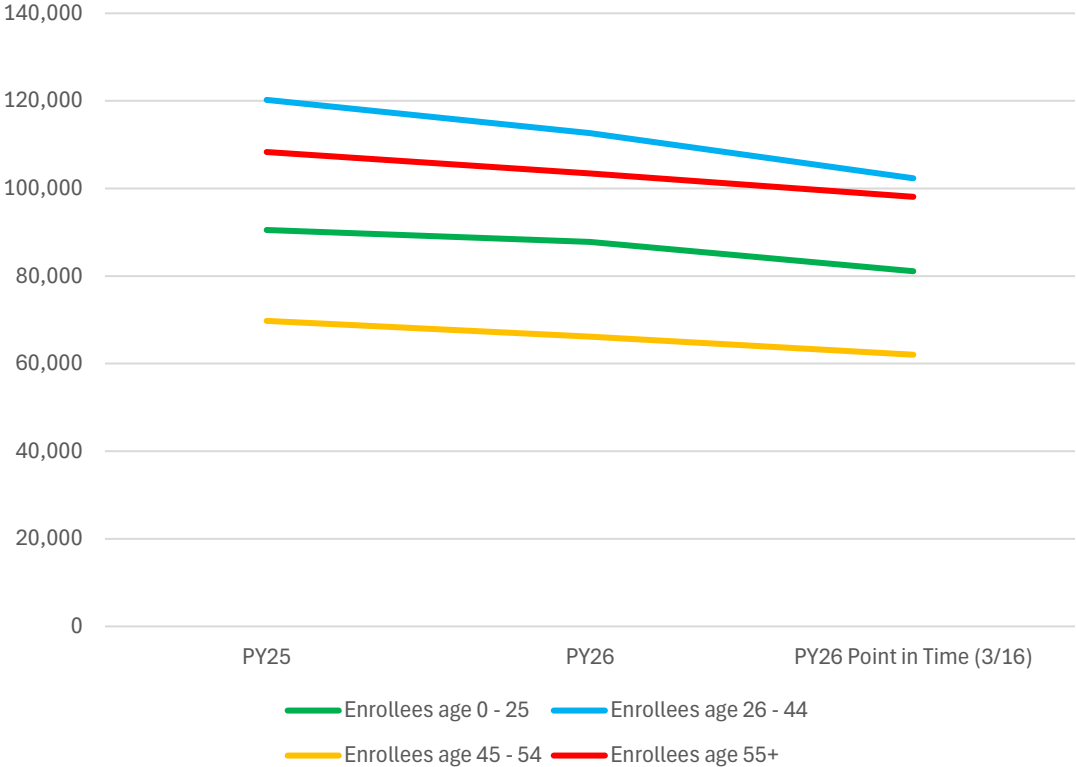
Affordable options were harder to find in PY26.

Only 11% of Marketplace enrollees found a PY26 plan during Open Enrollment with a net premium of \$10 or less, compared to **30%** in PY25.



PY26 Disenrollments by Age: % change PY26 OE – March 2026

Since the end of OE, enrollments among younger adult consumers (ages 0-44) have declined more sharply than older consumers.



General Assembly: Range of Topics

1. Comprehensive children's health care coverage program;
2. Commonwealth Health Reinsurance Program;
3. Health Insurance Premium Stabilization Tax Credit Act;
4. State taxation in the Commonwealth; creating new refundable tax credits
5. Facilitated Enrollment
6. Health insurance; limit on cost-sharing payments for prescription drugs under certain plans

Budget Amendment Topics

1. Language access at the SCC
2. Eliminating tobacco surcharge
3. Health insurance subsidies for low-income households
4. 1332 Waiver Reinsurance Waiver- Amend reinsurance to allow for state-based subsidies for low-income Virginians
5. Enhanced tax credits
6. Raise Premium Reduction Target for the Commonwealth Reinsurance Program
7. State Premium Assistance Program

Budget Amendments (Committee Approved)

- 1. Item 478 #2h (House) - State Premium Assistance Program**
 - 138-200% FPL
 - Premium reduction up to 70%
 - Estimated impact: 117,000 consumers
- 2. Item 478 #1s (Senate) - Stabilize Individual Health Market**
 - <400% FPL
 - Fully replaces ePTCs
 - Estimated impact: 240,000 consumers
- 3. Item 478 #2s- Federal Defrayal Costs**
 - Provides funds to cover federal costs of state-mandated benefits exceeding the benchmark plan
- 4. Item 478 #1h- Commonwealth Health Reinsurance Program**
 - 5-year extension of the current 1332 waiver
 - Maintains current premium reduction target at 15%

Advisory Committee Recommendation on Marketplace Premium Costs

- 2-Pronged Approach
 - State Funded Premium Subsidy
 - Increase the Reinsurance Program target from 15% to 20%
- State Subsidy
 - Eligibility: Household income of 138-250% FPL
 - Net worth with an asset test rather than just household income
 - Guardrails to ensure that individuals receiving subsidy were truly eligible
- HBE provided technical assistance to General Assembly staff re: state subsidy bills and budget amendments

Notice of Benefit and Payment Parameters (NBPP) for 2027 - Proposed Rule

- Overview
 - Also known as the “Payment Notice”, the Marketplace NBPP is an annual rulemaking by CMS that establishes exchange rules, payment policies, and other important operational policies for the upcoming benefit year.
- Timeline
 - The 2027 NBPP proposed rule was released on February 11th (relatively late)
 - Public comments may be submitted through March 13, 2026;
 - CMS will release a final rule after the close of public comment (likely by mid-April).

2027 NBPP Proposed Rule- Major Provisions

- **Implementing H.R. 1 and Extending Program Integrity Rule policies**
 - Non-citizen eligibility updates
 - FTR
 - Income DMI and verification requirements
- **Expanding Catastrophic Plans and Proposing New Plan Designs**
 - Hardship exemptions for individuals under 100%FPL or over 250%FPL
 - Permitting multi-year catastrophic plans, non-network plans; higher MOOPs in bronze and catastrophic
- **Other SBE provisions**
 - New SEIPM audit process to measure SBE improper payments
 - State defrayal for state mandated benefits (impacts to State benchmark plan)
 - New “decentralized” SBE-EDE option
 - Deference to states/relaxed standards for network adequacy and ECP rules
- **Other FFE provisions**
 - Standardized consent form and stronger marketing rules for Agents and Brokers
 - Removal of standardized plan options in FFE
 - Reproposing verification of 75% of all special enrollment periods in the FFE

2026 Advisory Committee Meetings: Priorities

June Meeting:

- Director's Update: PY27 Notice of Benefit and Payment Parameters Final Rule

Other topics of interest to Committee Members for 2026?

- Navigators/Funding?
- Carrier issues?
- ICHRAs?
- HSAs?
- Standardized Plans?



QUESTIONS?

Virginia's Insurance
Marketplace

Public Comments are accepted on an ongoing basis
at: HBEAdvisoryCommittee@scc.virginia.gov

