Virginia's Insurance Marketplace

Marketplace.Virginia.gov

VIRGINIA STATE CORPORATION COMMISSION

HEALTH BENEFIT EXCHANGE ADVISORY COMMITTEE
2026 QUARTER Q2 MEETING
Microsoft Teams
Meeting ID: 227 690 852 586 8
Passcode: cn7iM9AC

June 18, 2026, 2:00pm

Members Present

- **Commissioner Duke Storen**
- **Lee Biedrycki**
- **Doug Gray**
- **Lou Rossiter**
- **Craig Connors**
- **Julie Bataille**
- **David Cummins**
- **Scott Castro**
- **Kip Piper**

HBE Staff Present

- Keven Patchett
- Holly Mortlock
- Christie Peters
- Carly Rhyne
- Alicia Pullen
- Janna Hatcher

Members Absent

- Elizabeth Cunningham
- Sheenu Kachru
- Secretary Marvin Figueroa
- Director Steven Ford
- Commissioner Scott White
- Dr. Cameron Webb

Others Present

- **Mary Ashby Brown**
- **Greg Weatherford**
- **Yolana Noble**
- **Lucy Schwartz**
- **Sarah Hatton**

I. Call to Order

Chair Lou Rossiter called the meeting to order and conducted roll call. A quorum was established.

II. Roll Call

III. Director's Update- Keven Patchett

Director Keven Patchett provided an overview of current Exchange operations and noted that the Virginia Health Benefit Exchange continues to face significant enrollment, operational, and regulatory challenges. He thanked Exchange staff for their efforts in supporting Virginians' access to affordable health coverage and emphasized the Exchange's mission of reducing the uninsured rate in Virginia.

Enrollment Trends and Marketplace Performance

- Enrollment has declined significantly since the close of Open Enrollment, approaching a 20% decrease compared to approximately 5% at the end of Open Enrollment.
- Approximately 70,000 Virginians have left the Marketplace since Open Enrollment.
- Director Patchett highlighted significant price sensitivity among lower-income enrollees and increased movement into Bronze plans.
- Most consumers leaving the Marketplace are believed to be becoming uninsured.
- These consumers make too much money for Medicaid, are not old enough for Medicare, and are not eligible for employer sponsored coverage.
- More than 60,000 new consumers enrolled during the year despite overall enrollment declines.
- Approximately 70% of marketplace terminations were attributed to non-payment of premiums.
- Committee members requested additional enrollment data by carrier and historical comparisons to pre-enhanced premium tax credit enrollment levels.

IV. Policy and Regulatory Update- Holly Mortlock, Deputy Director for External Affairs and Policy

- Premium Tax Credit Eligibility Changes
- CMS narrowed eligibility for premium tax credits to U.S. citizens, U.S. nationals, lawful permanent residents, Cuban/Haitian entrants, and COFA migrants.
- HBE anticipates enrollment impacts from these changes in the next year.

Medicaid Eligibility Changes

- New community engagement requirements for certain Medicaid populations.
- Six-month renewal and verification requirements.
- Additional eligibility restrictions for certain non-citizen populations.
- Exchange staff are preparing system updates, notices, and outreach efforts.

Standardized Plans Initiative

- Virginia is evaluating opportunities to improve standardized plan offerings.

- HBE will conduct stakeholder outreach and return with recommendations regarding future plan design options, plan display and marketing options, and requirements and limits for carriers.

V. Pre-Enrollment Verification Requirements / Future Federal Requirements and Operational Planning

- HBE is preparing for new federal requirements that will require consumers to actively verify eligibility information before auto re-enrollment. This change will occur in August 2027.
- Current automatic re-enrollment rates approach 90% of consumers.
- The Committee discussed the importance of consumer communications and notices, including the potential use of Enhanced Direct Enrollment to help consumers respond to future verification and re-enrollment requirements.
- Concerning enrollment-related capacity challenges, the Committee discussed the potential use of AI and other communication tools to improve operational efficiency.
- NBPP Plan Options (Federal Marketplace changes, state flexibility remains)
    - Bronze Maximum Out-of-Pocket Increase
    - Standardized Plans
    - Multi-Year Catastrophic Plans
    - Non-Network Plans
- Staff continues to evaluate operational impacts pending additional CMS guidance.

VI. Strategic Priorities

Director Patchett discussed ongoing efforts to improve consumer engagement, outreach effectiveness, affordability, and marketplace stability amid changing federal policy requirements.

- Highlighted improvement in the Exchange data analytics and reporting capabilities
- Data is being used to support targeted outreach and consumer engagement efforts.
- Enrollment and affordability data continue to inform policy and subsidy discussions.
- The Committee discussed opportunities to improve plan shopping and consumer decision-making.

VII. Other Business

No business

VIII. Public Comment

No public comment.

IX. Adjournment

- Motion to adjourn: **Approved**
- Meeting adjourned at approximately 3:14 PM

Advisory Committee Recommendation Discussion -- *Transcript Excerpt*

Craig Connors 18:01
Keven answered two questions. Kevin answered the 1st, which is how did we do on new enrollments? So, I guess that's a silver lining. The other and this goes along with Lou's line of thinking is can you remind us of this 297,600, how does that compare to the number of marketplace enrollees in Virginia even if I recall was through?
The federal exchange prior to the enhanced premium tax subsidies.
Are we doing better than we were pre-enhanced subsidy?

Keven Patchett 18:36
I'm not entirely sure, so we looked at that at the end of open enrollment and we were tracking it. And it's one thing that has just fallen off my radar, but we will go pull that data and get that to you, Craig.

Craig Connors 18:50
OK, for the committee. Yeah, it just might be another angle to look at it and to tout both the success of the state exchange, you know, while also realizing that these numbers look very bad.

Lee Biedrycki 22:59
I'm wondering if we'll see the enrollment numbers by carrier. Because my understanding is that there has been a significant shift over the last three years. Relative to the dominant carrier by enrollment in the Commonwealth.

Keven Patchett 23:28
So, we've got carrier geography, a number of different ways that we've begun to. Look at the data and make that publicly available. So, and that work can continues to evolve.

Lee Biedrycki 38:51
This comment is in support of the Exchange. And if Elizabeth was here, she would most likely agree with me. There is no way that the navigator and agent population can touch all of these people during a normal open enrollment period with concurrent Medicare Open enrollment.

Happening at the same time. And a significant portion of all group business happening at the same time. Maybe with a third-party tool to communicate and gather whatever attestations we

would need, such as an EDE [Enhanced Direct Enrollment] platform. And that's not disparaging the exchange. I'm just. Voicing concern that hopefully you will be able to recycle that.
The communication problems that we discussed previously. Make it already. Difficult period to

operate, much less if every single. Insured had to actively participate in RE enrollment. There's just there's not enough bandwidth for something that's significant.

Keven Patchett 40:15
Yeah. Thank you for that. Great.

Duke Storen (VDSS) 40:22
Yeah, I know. I'm new to the party here, so thanks everybody, but I answer to that point around capacity and bandwidth and tools. Yeah, I am interested in understanding. You know what the plans are for using. Natural language processing intelligent agents to address some of these inbound and outbound communication and enrollment sort of challenges that we have given the limits to human capacity, particularly in the you know, tight timeframes. Around open enrollment so. Yeah, that and reduce costs on the overtime on the call center, it can do both outbound and inbound calling. It can have an Omni channel. Communication through text and chat. So just would love to not be the topic for today but love to better understand what the plans are moving forward. Thank you.

Keven Patchett 41:30
Yeah, I appreciate that. And I think you know that those are both good points and things that we are thinking about. You know, one of the other challenges is that our open enrollment period has been shortened so that this is going to get even more difficult as.

Lou Rossiter 41:30
Thank you very much.

Keven Patchett 41:45
As we move forward and we absolutely are going to have to rely both on technology as well as relationships with our partners and stakeholders. We have some ideas, but we're really waiting to see what this EMS guidance. In the next month or so it is going to look like. And perhaps some of this will be able to talk about in a little more detail by the next Advisory Committee meeting.

Duke Storen (VDSS) 42:12
Yeah, I mean the CMS, the CMS guidance, while it will be important from an operational standpoint, the fundamental choice to employ these technologies is not contingent upon the specific CMS guidance.

Lou Rossiter 42:14
Kevin I.

Duke Storen (VDSS) 42:27
So, I mean, I yeah, I would like to push, you know, the Exchange toward adopting, you know, planning and adopting these technologies to address it, you know? It's not while it's informed, it's not. Contingent upon the CMS guidance.