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Transcript of Advisory Committee Meeting

Date: March 28, 2023

Case: Health Benefit Exchange Advisory Committee Meeting

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| <p>1 COMMONWEALTH OF VIRGINIA 2 STATE CORPORATION COMMISSION 3 4 5 6 Conducted Virtually 7 March 28, 2023 8 2:04 p.m. 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 Job No.: 482819 24 Pages: 1 - 87 25 Transcribed by: Janine Thomas</p> | <p>1 PROCEEDINGS 2 MS. CORLETTE: Okay. Well, welcome everybody 3 to our first Advisory Committee Meeting of 2023. It is 4 great to see so many of you in person that I've been 5 looking at in a box on a screen for a few years now. 6 For our addenda today, we have a lot to talk 7 about. We're going to hear from Kevin, our executive 8 director with an update as well as from DMAS on the 9 Medicaid unwinding. Ikeita is going to share an update 10 from the Strategic Priorities Subcommittee that has 11 gotten revived and under Ikeita's leadership and so I'm 12 excited to hear about that progress. And then we have 13 some celebrity guests from our assister Exchange in 14 Pennsylvania, the folks from Penn. I think it's -- is 15 it Devon and David is that -- 16 A Yes. That's right. 17 MS. CORLETTE: Who is coming. They're going 18 to talk to us about some innovative things that they are 19 doing to try to reduce coverage loss during the 20 unwinding. And then we'll have other business and 21 public comment. 22 So let's start with our roll call. 23 MS. MORTLOCK: Sounds great. Would you like 24 me to go ahead and do that? 25 MS. CORLETTE: Yes, because I don't have a</p> |
| <p>1 APPEARANCES 2 VOTING MEMBERS: 3 SABRINA CORLETTE, CHAIR 4 KEVEN PATCHETT, ACTING DIRECTOR 5 SCOTT WHITE, COMMISSIONER 6 IKEITA CANTU HINOJOSA, VICE CHAIR 7 JULIE GREEN BATAILLE 8 LEE BIEDRYCKI 9 SCOTT N. CASTRO 10 DOUGLAS GRAY 11 ELIZABETH CUNNINGHAM 12 LOUIS ROSSITER 13 STARLA KISER 14 15 EX-OFFICIO MEMBERS: 16 JAMES WILLIAMS, DEPUTY SECRETARY OF HEALTH 17 AND HUMAN RESOURCES 18 CHERYL ROBERTS, ACTING DIRECTOR OF DMAS 19 SARAH HATTON, DMAS 20 GENA BOYLE, DEPARTMENT OF SOCIAL SERVICES 21 22 ALSO PRESENT: 23 HOLLY MORTLOCK, CHIEF GOVERNMENT RELATIONS 24 OFFICER/HBE LIAISON TO ADVISORY COMMITTEE 25 WHITNEY THOMAS</p> | <p>1 list of all of the members. Will that show up on the 2 screen? 3 MS. MORTLOCK: Yes. 4 MS. CORLETTE: Yeah. Why don't you go ahead 5 and do the roll call. 6 MS. MORTLOCK: Sure. Okay. So Secretary John 7 Latell [ph] I understand has sent a proxy. Is Deputy 8 Secretary James Williams here? 9 MR. WILLIAMS: Present. 10 MS. MORTLOCK: Thank you. Director Roberts 11 from Virginia Medicaid. 12 MS. ROBERTS: -- Medicaid. 13 MS. MORTLOCK: Thank you. Good afternoon. 14 Commissioner Avula from the Department of Social 15 Services. 16 MR. Avula: -- hello. 17 MS. MORTLOCK: Hello. And Commissioner White 18 with the Bureau of Insurance has sent a proxy. Mary 19 Ashby Brown, are you with us? 20 MS. BROWN: Yes, I'm here. 21 MS. MORTLOCK: Good afternoon. I see Sabrina 22 here. And in the room we also have Julie Bataille. 23 MS. BATAILLE: Hi, everyone. 24 MS. MORTLOCK: Lee Biedrycki. 25 MR. BIEDRYCKI: Hi.</p> |

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| <p>5</p> <p>1 MS. MORTLOCK: And we have Ikeita. 2 MS. HINOJOSA: Here. 3 MS. MORTLOCK: Hinojosa. 4 MS. HINOJOSA: Ikeita Contu Hinojosa, yes. 5 MS. MORTLOCK: Thank you. And Lou Rossiter. 6 MR. ROSSITER: Greetings. 7 MS. MORTLOCK: And then also on the line I 8 want to ask Scott Castro. 9 MR. CASTRO: Yep. I'm here. 10 MS. MORTLOCK: Liz Cunningham. 11 MS. Cunningham: Yes, I'm here. 12 MS. MORTLOCK: Good afternoon. Starla Kiser. 13 MS. KISER: I'm here. 14 MS. MORTLOCK: And is Doug Gray with us 15 virtually? Okay. I think Doug will probably be joining 16 us at some point. 17 MS. CORLETTE: Okay. 18 MS. MORTLOCK: All right. So I think we are 19 good to go. 20 MS. CORLETTE: Yeah. I think we have a 21 quorum. Do we need a motion to begin? I can't 22 remember. 23 MS. MORTLOCK: I don't think so. 24 MS. CORLETTE: Okay. 25 MS. MORTLOCK: We can be mostly informal.</p> | <p>7</p> <p>1 year. Then we really went into our evaluation mode and 2 it was the fall when we awarded our contract, and we 3 moved from what felt like a pretty fast pace to a whole 4 different universe of speed and workload. And it's been 5 really exciting for us to just see how the work has 6 evolved, how our progress has evolved, how we as a team 7 have evolved. And so I wanted to just share a little 8 bit of -- of what we've done. 9 And on this first slide of status updates, you 10 can start to get a sense, because on the left-hand side, 11 we have the -- almost a half year's worth of events and 12 then the right-hand side is filled up with things from a 13 month. Some of which are the culmination of past work. 14 And a lot of these things are really difficult to 15 express just what was involved, but one of the things 16 you'll see for instance, is product orientation 17 sessions. We made a decision when we built our RFP this 18 time last year that the significance and complexity of 19 this project warranted a robust set of functional and 20 technical requirements. Our selective vendor Get 21 Insured continues to give us a hard time about the fact 22 that we have over 800 requirements. But as part of 23 that, that meant we went through this product 24 orientation phase that lasted about three months where 25 we sat for three and sometimes four days in a week for</p> |
| <p>6</p> <p>1 MS. CORLETTE: I think we can just dive right 2 in. All right. Let's go ahead and start. Is Kevin on 3 the line? Yes. 4 MS. MORTLOCK: Kevin are you with us? 5 MR. PATCHETT: I am. Can you all hear and see 6 me? 7 MS. CORLETTE: We can hear you. 8 MS. MORTLOCK: We can hear you. We can't see 9 you. 10 MR. PATCHETT: Okay. One second here. 11 MS. MORTLOCK: I don't know if it will work 12 the way that the computer is set up in the room Kevin. 13 So you might just have to go ahead and -- 14 MR. PATCHETT: Okay. All right. Well, let me 15 apologize to those who are in the room. I was really 16 looking for an opportunity to seeing you in person and 17 to meeting some of you in person for the first time, but 18 circumstances were not in favor of that this week. 19 So I want to start out and give you all an 20 update of where the Exchange is. Which and really where 21 we've been over the last quarter or two which is we set 22 out on this endeavor. I realized how difficult it was 23 because of just how much we've accomplished. This time 24 last year, we were pretty laser focused on getting an 25 RFP released which happened right about this time last</p> | <p>8</p> <p>1 most of the day walking through exactly what Get 2 Insured's platform did and how it satisfied those 3 requirements which ultimately culminated in us doing a 4 traceability of our requirements to the solution. And a 5 lot of good things came out of that. 6 We got to know the platform, its 7 functionality. Where we needed to make decisions. 8 Where we needed to push for improvements and innovations 9 early on and in a way that just did not come out of a 10 procurement or evaluation process. And that, you know, 11 that really built a foundation for us moving into 12 design, development, making critical configuration 13 choices for how we want to take a technology platform 14 that five or so other states have implemented and make 15 it Virginia's platform. 16 I will say that a couple of weeks ago I was 17 talking with one of our KPMG representatives. The 18 Exchange has required KPMG to help us in the testing 19 process which has already kicked off. But he was 20 telling me how excited he was to open our requirement 21 spreadsheet and see a set of robust requirements so that 22 they could actually take all of their test cases which 23 are close to 300, I believe, and have some actual 24 requirements to map them back to, and he said I wish 25 every state would do it this way. So that was some</p> |

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| <p style="text-align: right;">9</p> <p>1 gratifying feedback for me and for our team. 2 And then, so the next slide you'll see how our 3 pace and the amount of work rooms [ph] that we're 4 tackling continues to grow as we look at February and 5 March. I think one of the areas for us that continues 6 to be a wild card is the interaction with CMS. Some of 7 you are getting to meet Susan today, and I frequently 8 hear from Susan that CMS is asking us for something 9 that's not on the schedule, that's not on the list, but 10 they have oversight of our transition, and so we just 11 get to roll with those requests and adapt. 12 One of the things you see there under March, 13 for example, is the safeguards and security report. 14 That was a 600-page document that we got to work closely 15 with our vendor to make sure -- it doesn't do it justice 16 to say that every T was crossed and I was dotted. And 17 our chief of security and IT operations Amy Mears 18 really, really dug in and did some extraordinary work to 19 get that -- that ready for us. 20 One of the other things I will say that has 21 come out of our interactions with CMS, we learned from 22 -- from somebody who's kind of outside the process that 23 CMS has begun asking other states who are beginning to 24 work towards their transition and ask their vendors 25 whether or not they're going to meet the Virginia</p> | <p style="text-align: right;">11</p> <p>1 to -- to as they say harden the security controls. 2 All right. So from status updates and 3 progress, let's move to our timeline. I'll pick just a 4 couple of things to point out. Actually, the first of 5 them is not even on here, but at the end of May we will 6 have one of our first operational readiness reviews with 7 CMS where we will begin the -- the process of 8 demonstrating our operational readiness for -- for going 9 live in the fall. 10 The -- the one that's on here in early July is 11 significant because that's one of the operational 12 readiness reviews where we'll actually demonstrate the 13 effectiveness of our collaboration and coordination with 14 DMAS and DSS as we demonstrate our ability to do account 15 transfers back and forth. The other thing that jumps 16 out here is our August 4th -- this is a -- what CMS 17 calls the go no go date. This is the point by which CMS 18 is going to make a decision that we've done everything 19 they think is necessary to be ready to go live with our 20 first open enrollment in November. 21 A couple of other quick observations on the 22 timeline front. You'll see that in some areas, the 23 timeline goes forward and then jumps back a little bit. 24 This is our attempt to show how some of these, a lot of 25 these tasks in fact, are overlapping and you can see</p> |
| <p style="text-align: right;">10</p> <p>1 standard. And also right, that was rewarding for us, 2 because we're not just doing a lot of work. We're not 3 just moving at -- at a really fast pace, but we are 4 continuing to push everybody that we work with for a 5 higher level of quality, a deeper level of engagement, 6 and it's getting recognized and noticed externally, and 7 that's a -- hugely rewarding for us. 8 I do want to take a second since I mentioned 9 the safeguard and security report and just talk a little 10 bit about security. I think you all have probably seen 11 in the news the report of the data breach in Washington, 12 D.C. A couple of things, we're not using the same 13 technology platforms that they're using. But we are 14 nonetheless viewing this as an opportunity to find 15 lessons learned. 16 One of the things I've mentioned over and 17 over, some of our most valuable resources are the other 18 states who have already done this, who have gone before 19 and we take every opportunity to -- to learn and adheres 20 on the -- on sort of the other side of that, another 21 opportunity for us to learn our vendor Get Insured has 22 put together a multistate team to really sit down and 23 dig into lessons learned and I will say re-reevaluate 24 [ph] the security measures that are in place to make 25 sure that -- that we are doing everything that we can</p> | <p style="text-align: right;">12</p> <p>1 just how exciting our lives are going to be in the fall 2 as we move into account migration and data testing and 3 opening up the books of business for our agents and 4 brokers with our soft launch of the platform and the 5 call center. And we start our reenrollments all -- all 6 coming pretty quickly together as we prepare for that 7 critical November 1st open enrollment date. 8 So one of the things that's making all of this 9 work possible for us is our staff. We have come a very 10 long way in who we are and a lot of you have been around 11 the Exchange since the beginning when it really was a -- 12 something like a skeleton crew. We're up to 18, and you 13 can see from the list here the -- the folks that we have 14 brought on since the fall and a list of those that are 15 currently in process. We've still got a ways to go as 16 we move into the summer and next fall, but I will say, I 17 could not have asked for a better set of professionals 18 to work with top to bottom. We are today in my opinion 19 as strong as the Exchange has ever been. One of the 20 things that's really, really exciting to me is that in 21 terms of staffing, we have finally moved from a place 22 where we're trying to figure out how to tackle this 23 challenge of growing a small organization quickly, how 24 to identify where we -- we need resources to the place 25 now where -- and -- and I can't say that, you know, we</p> |

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| <p style="text-align: right;">13</p> <p>1 feel fully staffed, because we're not, but we now at 2 least recognize where -- where we need more staff. And 3 our staff and planning our staffing model is in a place 4 that, I mean, even four or five months ago I was kind of 5 scratching my head about. And it's exciting, because 6 we've really, we've tried to, again, take advantage of 7 learning from what other Exchanges have done, but 8 that -- that saying that Exchanges are fond of, if 9 you've seen one Exchange, you've seen one Exchange. 10 Everybody does it differently. And -- and we learned 11 that, yeah, we were going to have to be staffed and 12 structured in a way that was uniquely Virginia. And so 13 that's -- that's where we are and that's where we're 14 going. 15 All right. Stakeholder engagement. Another 16 little -- what may seem like a minor victory, but has 17 been -- was really exciting for us when we recent ly 18 presented our stakeholder engagement plan to CMS which 19 is far more detailed than what you're seeing here. 20 Their reaction was something along the lines of wow. 21 And our stakeholding engagement plan I think was one of 22 those things that we weren't expecting CMS to ask for it 23 when they asked for it, but it was gratifying for us 24 that we were able to -- to deliver something that 25 exceeded their expectations.</p> | <p style="text-align: right;">15</p> <p>1 and engaged as we are going through the development and 2 transition, but that's where you see about our 3 engagement in the community and the more we are looking 4 forward to building that into something that is much 5 more expansive than what we have now. But it is one of 6 those things that we have to tackle with what I will say 7 is deliberate speeds. Sometimes it feels like we are 8 deliberately running at breakneck speed, but wherever 9 possible, we are being deliberate in making our choices 10 about how to expand our resources, how to prioritize, 11 and -- and focusing right now on the things that are 12 most critically necessary, and most useful to 13 accomplish -- this transition. 14 So I'm going -- I'm going to pause here for a 15 second and actually pass it over to Holly to talk with 16 you about a topic that gets a lot of attention, and 17 that's the continuous coverage unwinding and how we as 18 an Exchange are going to be working to support that 19 continuous coverage unwinding. Holly, you want to take 20 it away? 21 MS. MORTLOCK: Sure. Thanks, Kevin. As so, 22 good afternoon, everyone. So I am excited to share with 23 you some of the work and planning that the Exchange has 24 been involved in, in regards to the continuous coverage 25 unwinding. The Exchange was really created for a couple</p> |
| <p style="text-align: right;">14</p> <p>1 And I know I've said this before, but 2 stakeholder engagement for me really is one of the most 3 critical functions that we are going to do as an 4 Exchange both now during our transition and in our 5 forever future operational state. In order for 6 Virginia's Exchange to meet our statutory obligations to 7 accomplish things like support the reduction of the 8 number of unenrolled in Virginia. Support continuity of 9 coverage for folks moving from Medicaid to the market 10 from employer based coverage to the individual market 11 and in sort of all directions. All of these activities, 12 they take a community. The overall objective as I see 13 it of -- of our division is to build an Exchange that's 14 by Virginia and for Virginia which again, that's going 15 to require engagement with a broad range of 16 stakeholders. 17 You can see here that some of our stakeholders 18 get a couple of different blocks showing just the -- the 19 level of engagement that we have going on with folks 20 like our agents and our carriers. What we have listed 21 here in a lot of ways is really the tip of the iceberg, 22 because stakeholder engagement is going to be something 23 that is going to continue to grow. We've of necessity, 24 focused on those stakeholders that we -- we need their 25 participation and input now and they need to be involved</p> | <p style="text-align: right;">16</p> <p>1 of reasons, and the first was to support the continuity 2 of coverages Kevin had mentioned. And second, is to 3 reduce the number of uninsured Virginians. And the work 4 that we're doing to fulfill that mission is really just 5 going to be magnified during this period of unwinding. 6 And that's the core of the work that we're going to do 7 now and into the future, so we really see that 8 collaboration and continuity as really the core of what 9 it means, you know, to be the Virginia Exchange. 10 So when we talk about what we're going to be 11 doing, addressing people that are -- determined 12 ineligible for Medicaid and transitioning them into 13 marketplace coverage. It really is the same work. 14 It's -- it will be about accelerating the pace and the 15 volume and putting that focus on continuity. So prior 16 to 2020, when Virginians became ineligible for Medicaid, 17 they were sent to Healthcare.gov to find coverage. And 18 when they -- when they went there for assistance, they 19 were served by a call center that is also servicing 32 20 other states at the same time. And so just nationally 21 that data is showing a really dismally low uptick in 22 coverage when a person has to transition from Medicaid 23 to the FFM. 24 So as an Exchange transitioning to a 25 state-based Exchange, we will have a vast array of tools</p> |

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| <p style="text-align: right;">17</p> <p>1 available that will help to change these outcomes. 2 First, we are going to adopt the Federally Facilitated 3 Marketplace unwinding special enrollment period. So we 4 will continue that throughout our transition year 5 without any interruption. 6 Our strategies for how we are going to 7 specifically impact the unwinding will be substantially 8 increased investments and marketing outreach in 9 education, direct consumer assistance tailored to 10 Virginians and using consumer-level data to inform 11 specific outreach and policy decisions to improve the 12 Exchange's reach of consumers. 13 So, first we'll start with the first strategy 14 on marketing and outreach. So we do have an unwinding 15 marketing and outreach plan. We have -- it will begin 16 in April of this year and run through July of 2024. And 17 we are applying our research strategies as we have been 18 working with our vendor over the last year -- year and a 19 half to identify and best target individuals based on a 20 wide variety of demographic and geographic information 21 including areas of high concentrations of Medicaid 22 enrollees. And what we learned from our collaborative 23 partners as well. And we will have a messaging 24 framework that's tailored to our six key audience 25 segments that we have also developed with our vendor and</p> | <p style="text-align: right;">19</p> <p>1 small businesses, other -- other community partners to 2 help us target locations and populations of Medicaid 3 enrollees that are uninsured, underserved and -- and 4 help them to -- incentivize them or help them to want to 5 conduct that outreach and form them of the Exchange and 6 the assister opportunities, and help them -- have them 7 help us identify people that we can support into getting 8 into coverage. 9 As part of this, we are going to be conducting 10 ongoing assister education in the summer and the fall of 11 this year. We will be providing technical assistance 12 for assisters and agents. We will have assister tool 13 kits available, community partner tool kits, social 14 media tool kits. We are currently conducting and will 15 continue to conduct monthly town hall meetings, and 16 provide answers to frequently asked questions during 17 those meetings, and then list them on our Exchange 18 website. 19 We also will have consumer information about 20 the unwinding with links to assister programs and 21 appropriate redirects to Healthcare.gov on our existing 22 website. And making sure that people have the 23 appropriate information that they need and just amplify 24 and support our partner messages into getting them to 25 the right assister and to the right place for coverage.</p> |
| <p style="text-align: right;">18</p> <p>1 their research. 2 So examples of the types of outreach and 3 education that we are able to do while we are in the 4 process of transitioning will be digital marketing and 5 advertising. State-wide radio and streaming audio 6 advertisements, Google search ads, digital display ads, 7 and through our social media posts, Facebook, LinkedIn 8 and Twitter. 9 We also will have components of direct 10 consumer assistance. So Virginia assisters. They work 11 year round and ongoing, not just during open enrollment. 12 We have 35 navigators and 34 certified application 13 counselor designated organizations, and 1,400 agents, 14 licensed and certified to sell in the Virginia Exchange. 15 So outside open enrollment, they will be able 16 to inform consumers about the unwinding, their 17 redetermination letters, you know, to be expecting them. 18 Direct them to the appropriate site and assister place 19 for coverage. And focus on -- and they can focus their 20 efforts outside of open enrollment on individuals who 21 are eligible for special enrollment periods, and support 22 them to transition to marketplace coverage. 23 In terms of outreach, we are working to 24 develop community partnerships to work with our local 25 communities, with hospital systems, health clinics,</p> | <p style="text-align: right;">20</p> <p>1 And in the fall of 2023, we will have a 2 Virginia consumer assistance call center that will be 3 staffed by people that are trained specifically for and 4 entirely focused on the needs of Virginians. It will 5 provide some technical assistance for agents and brokers 6 to support, assist, you know, the assistance of 7 consumers. And will ensure that consumers are getting 8 connected to the appropriate place and obtaining 9 coverage. 10 And finally, as we are making our transition, 11 and in the fall of 2023, and beginning November 1st, 12 Virginia -- the Virginia Exchange will have account 13 transfer data from all current Healthcare.gov enrollees, 14 and these current enrollees will be auto-renewed unless 15 they choose different coverage. 16 We will also begin to get Medicaid account 17 transfers starting on November 1st. And so we will 18 begin accepting most account transfers for individuals 19 who were just redetermined and found ineligible for 20 Medicaid as well as new Medicaid applicants that were 21 found ineligible. 22 Our system will be able to provide automatic 23 notices and prepopulated applications, beginning on 24 November first. And so for account transfers, we'll 25 have the ability to automatically e-mail a person to</p> |

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| <p style="text-align: right;">21</p> <p>1 help them get conducted to coverage and provide a 2 partially prepopulated application for them. An 3 individual would then just log in and be able to choose 4 a plan. 5 Application and enrollment reports. So we 6 will know -- will be able to know when an application 7 has been started, but not completed or when an 8 individual has shopped, but not completed a plan 9 selection. And so we will be able to pull those reports 10 and conduct outreach to consumers at the appropriate 11 place in their application process. So I'm reflecting 12 sort of where they actually are. And then again, people 13 will just need to log in and submit their prepopulated 14 application for eligibility and marketplace coverage. 15 So that is how the Exchange is planning to 16 provide support and assistance through the unwinding and 17 we are also just very happy to be partnering with our 18 other agency partners and community partners as well. 19 And so now, I just wanted to -- go ahead Sabrina. 20 MS. CORLETTE: -- question. 21 MS. MORTLOCK: Yes, please. 22 MS. CORLETTE: Thank you. It was really 23 great. Exciting to see all the things that you can do 24 once you have a little -- you have the -- have the 25 reins. I just have a timing question just thinking</p> | <p style="text-align: right;">23</p> <p>1 one, using the opportunities as we have as an Exchange 2 to be able to support individuals and our community 3 partners amplifying their message to help get people to 4 the right place to get coverage for plan year 2023, if 5 that's what they need. And then also to help, you know, 6 continue them in coverage in plan year '24. 7 So we are working with -- with our Medicaid 8 friends and with our other partners to amplify existing 9 messages. So CMS has put out a lot of information and 10 tool kits and messaging so we are using those to the 11 best of our ability and you know, putting those forward, 12 you know, in terms of just amplifying those messages, 13 making sure that people are not confused about where 14 they need to be going, because our -- you know, we -- 15 again, you know, we see this as our -- our ongoing 16 mission, you know, to make sure that people are getting 17 to the right place and getting coverage. So we're being 18 very mindful of that in all of these -- in all of these 19 strategies that we're using. 20 The next thing that I will say is that -- is 21 that we will, you know, we are working with CMS very 22 closely on sort of how we are going to roll out that 23 specific brand awareness and start to build that with 24 consumers. So we are in ongoing discussions with them. 25 It will not be earlier this year that we're going to do</p> |
| <p style="text-align: right;">22</p> <p>1 about like the marketing and like consumer facing you 2 have to do. Like you're obviously doing digital and 3 other marketing for folks who may face a Medicaid 4 termination directing them to Healthcare.gov, but at 5 some point, you have to start building brand awareness. 6 MS. MORTLOCK: Yes. 7 MS. CORLETTE: For whatever -- 8 MS. MORTLOCK: Absolutely. 9 MS. CORLETTE: -- we're going to call 10 ourselves. So I'm just -- how are you thinking about 11 that timing issue, and like is there like a date at 12 which maybe it's something else and is -- are you, I 13 don't know. How have you thought that piece through? 14 MS. MORTLOCK: Yeah. So we have been doing a 15 lot of thinking about this, all the time, every -- 16 everyday. These are sort of where we live and breathe 17 these discussions, I know Susan, you know, has been, you 18 know, a huge part of that discussion as well. And 19 Brionna, Brionna Jones our outreach and marketing 20 manager who is here with us today too. 21 So yes. So this is one of the nuances of 22 transitioning this year. So -- 23 MS. CORLETTE: Lucky Virginia. 24 MS. MORTLOCK: So what we want to make sure 25 that we are doing, you know, first and foremost is, is</p> | <p style="text-align: right;">24</p> <p>1 that. And the reason is, because we have this, you 2 know, particular thing, you know, this particular 3 rollout with the -- with the unwinding. We are going 4 to, you know, like I said, we will have information on 5 our existing website, you know, that will not be 6 promoting our brand right away, but we will be 7 establishing those connections with people, you know, 8 and that awareness that the Exchange is here and making 9 sure that they get to the right place. 10 So again, we recognize that this is part of, 11 you know, what we need to be focusing a lot of our 12 attention on and being very deliberate about, but these 13 are conversations that we are having with CMS, and will 14 be very careful about that. I expect that over the next 15 couple months we will have more information to share 16 with you about what exactly what that will look like. 17 You know, we do have, you know, plans that we're working 18 on, but again, I think we want to be really careful 19 about how we're providing that information to consumers, 20 but just know that that is top of our minds everyday. 21 And we are working very closely with CMS. And so I 22 guess, Kevin, do you have anything that you wanted to 23 add to that? 24 MR. PATCHETT: Yeah, I'll say a couple of 25 things, and -- and while you mention that, we're working</p> |

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| 25 | <p>1 closely with CMS, because they have some ideas about how</p> <p>2 we should and should and can and can't be doing some of</p> <p>3 this brand rollout and -- and some of the different</p> <p>4 communication strategies that we've had or that we have.</p> <p>5 I will say that Holly mentioned earlier the -- the sort</p> <p>6 of abysmal take-up rates from Medicaid to Exchange</p> <p>7 coverage in the past. We -- we are determined to do</p> <p>8 better, and we're confident that we can do better.</p> <p>9 We've heard a lot from other folks about, you know, the</p> <p>10 challenges of us adding this extra complexity to our</p> <p>11 transition, but for us, it's -- it's an extra</p> <p>12 opportunity, and we wouldn't miss the opportunity to</p> <p>13 lean in on the unwinding.</p> <p>14 I had an opportunity to speak with Alan Monset</p> <p>15 at CMS recently about the importance of coordination</p> <p>16 between the federal platform, and our Exchange. The</p> <p>17 importance of properly timed and coordinated messaging</p> <p>18 and communication. So it's -- the detail with which we</p> <p>19 are looking at these states and these strategies is</p> <p>20 getting heightened scrutiny which makes an interesting</p> <p>21 process, but it's -- for me, it's increasing my</p> <p>22 confidence in our readiness and our ability, like I</p> <p>23 said, to do better than what -- what we've seen in the</p> <p>24 past.</p> <p>25 MR. BIEDRYCKI: Is that workflow -- at this</p> | 27 | <p>1 those things, Lee, yes. We are tracking and outlining</p> <p>2 and planning for.</p> <p>3 MR. BIEDRYCKI: I just like to share that in</p> <p>4 '19 with the expansion before the public health</p> <p>5 emergency, when we would go in to do a quote, and</p> <p>6 Healthcare.gov or the enrollment platform would indicate</p> <p>7 that the individual or individuals were Medicaid</p> <p>8 eligible, one of two things happened. The individual's</p> <p>9 income was then resubmitted at a higher number to avoid</p> <p>10 all of that or the individual was told that they would</p> <p>11 be notified about their Medicaid eligibility. And this</p> <p>12 is where the consumer friction came about in that that</p> <p>13 consumer then had to wait for a letter from their</p> <p>14 state's Medicaid office as to whether or not they were</p> <p>15 eligible or not. And then that letter of ineligibility</p> <p>16 was the only thing that they could use to reenter into</p> <p>17 the marketplace and in that timeframe of waiting for</p> <p>18 letters to be sent and received, you are still dealing</p> <p>19 with individuals who would have prescription drugs that</p> <p>20 they need to fill, and doctor visits that they need to</p> <p>21 see.</p> <p>22 So one of the things that was a very avoidable</p> <p>23 component to the chain of custody, if you will, is that</p> <p>24 the individual who helps them initially in the Federally</p> <p>25 Facilitated Marketplace or the enrollment platform was</p> |
| 26 | <p>1 point?</p> <p>2 MS. MORTLOCK: What specific workflow?</p> <p>3 MR. BIEDRYCKI: When an individual in the</p> <p>4 quote process is tagged as being potentially Medicaid</p> <p>5 eligible?</p> <p>6 MS. MORTLOCK: I'm not sure that I -- that I</p> <p>7 know exactly what part of the flow process you're</p> <p>8 referring to.</p> <p>9 MR. PATCHETT: Yeah. So let me -- so the</p> <p>10 interesting thing is the -- the flow really is</p> <p>11 multidirectional. And one example of that is the, you</p> <p>12 know, the expanded special enrollment period that CMS</p> <p>13 has given during the unwinding where it's really almost</p> <p>14 a continuous year and a half long special enrollment</p> <p>15 period except that once consumers go to the marketplace</p> <p>16 and begin shopping for a plan and have submitted that</p> <p>17 application, they then get a 60-day period to -- to make</p> <p>18 their -- their final plan selection. So you know, those</p> <p>19 -- those kind of trigger dates, they -- they are</p> <p>20 outlined, and the -- the flows for instance, where we</p> <p>21 have, you know, reenrollment starting in October. We</p> <p>22 have open enrollment starting in November. We have</p> <p>23 folks who will be coming off of Medicaid in say,</p> <p>24 November and looking for retroactive coverage, but they</p> <p>25 might not have to select until January of 2024. All of</p> | 28 | <p>1 never notified whether or not the Medicaid eligibility</p> <p>2 was effectuated. So there was no way to follow up with</p> <p>3 that consumer in order to make sure that their coverage</p> <p>4 was actually effectuated. Now, once we went through the</p> <p>5 public health emergency, all of that changed; right.</p> <p>6 But we only had one year-ish of the Exchange and</p> <p>7 Virginia Medicaid interacting and that first year was</p> <p>8 very problematic for some individuals. We saw</p> <p>9 individuals artificially inflate their income to avoid</p> <p>10 the Medicaid eligibility, because they did not want to</p> <p>11 deal with the disruption of receiving their medications</p> <p>12 and their care.</p> <p>13 MR. PATCHETT: I think that's one of the</p> <p>14 benefits we are looking to achieve as part of standing</p> <p>15 up a Virginia-based Exchange. We ought to be able and</p> <p>16 again, we are determined to do much better at</p> <p>17 coordinating with DMAS. We are just across the -- just</p> <p>18 across Capital Square. So that -- that disconnect that</p> <p>19 exists and you know, in some ways still exist between</p> <p>20 the FFM and Virginia Medicaid we're going to close that</p> <p>21 gap if not eliminate it altogether.</p> <p>22 So again, one of the benefits of transitioning</p> <p>23 to state-based Exchange and a state-based Exchange</p> <p>24 that's maintaining Virginia as a determination state.</p> <p>25 So we should have a lot more flexibility and</p> |

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1 capabilities in that regard. Holly.
2 MS. MORTLOCK: All right. Thank you. Were
3 there any other questions about that?
4 MR. ROSSITER: For Medicaid managed care
5 companies that are both in the Exchange and Medicaid
6 managed care, are they going to work to keep that
7 enrollment continuous?
8 MS. MORTLOCK: Yes. So I believe that there
9 are -- I think that sounds like a great segue to our
10 next person who's going to speak with us this afternoon.
11 So I'm going to see if Sarah Hatton is on the phone.
12 MS. HATTON: I am. Can you hear me Holly?
13 MS. MORTLOCK: Yes, I can. Thank you, Sarah.
14 Would you like to go ahead and then maybe address Lou's
15 question as you're -- as you're speaking.
16 MS. HATTON: Sure. I sure can. So we are
17 officially in month one of unwinding here in Virginia
18 where we're all really excited to start down this road
19 and feel like we've done a lot to prepare for what's to
20 come in the next 12 months. On March 18th we ran two
21 very large batches of our renewals for month one. Those
22 were pretty successful, I would say, so it was about
23 121,000 cases. So that contained about 200,000 members,
24 went through our ex parte process. We did see that
25 about 68.9% of those overall renewed for another year.

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1 That's a really good success rate for us and shows that
2 a lot of the hard work that the DMAS teams and the DSS
3 teams did to approve our systems have paid off.
4 Prior to the public health emergency, we saw
5 about 50% of the overall population renew through the ex
6 parte process, so this is -- this is a big improvement
7 for us. So that means that about 36,000 individuals or
8 households, rather were mailed paper renewal packets on
9 Monday, March 20th, so a little over a week ago. And in
10 Virginia, of course, like everywhere else, our first
11 closures won't occur until April which will be April
12 30th for us.
13 We have not really seen any uptick right now
14 at our call centers, and I don't believe at the local
15 agencies that I'm hearing, so we know that folks are
16 probably just getting these packets in the mail and
17 aren't actually reacting to those quite yet. We do
18 expect that later this week and into early next week
19 we're going to start seeing those call volumes increase.
20 Another area that is -- a lot of hard work
21 went into for us Cover Virginia is expanding and opening
22 up a new redetermination call center and processing
23 unit. That's our statewide call center, so that's
24 actually going to go live on April 3rd. This is a
25 temporary operation that we're standing up to help with

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1 the unwinding process. They're going to be assisting
2 with all of the data entry pieces for our Magi only
3 Medicaid only populations which is about a third of our
4 populations after -- after ex parte runs and then our
5 local agencies will be taking the remaining applicants
6 that are ADD or those who have other benefit programs.
7 Let's see, so one of the areas where I know
8 there was a question about that outreach and transition,
9 so one of the areas that we focus on a lot that I know
10 we've talked about a little bit here are our outreach
11 plans for our individuals once we entered into the
12 unwinding period. We do have a plan in place that is
13 internal for our fee for service members which those
14 numbers are pretty low, but then also, of course, our
15 health plans have been great partners for us, so each
16 month the individuals who receive a paper renewal
17 packet, all of those individuals will be reached out to
18 by all modalities regardless of whether or not they're
19 fee for service or in managed care to let them know that
20 a packet has been mailed and to remind them to complete
21 their information.
22 For individuals who do not complete their
23 packets, so they're going to be closing for a procedural
24 reason, those individuals will receive a second round of
25 outreach letting them know that they're going to lose

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1 their coverage if they don't call in. And of course, we
2 strongly encourage those individuals to complete their
3 renewal packets so they do get that referral over to the
4 marketplace. So that -- that part is important.
5 And then our Phase 3 outreach plan does
6 include our health plans actually working with the
7 individuals who are losing coverage for a nonprocedural
8 reason, so those individuals, for example who are over
9 income, our health plans will be working with those
10 individuals to help them transition into other coverage.
11 So to answer your question, I think that was Lou that
12 asked that question. Yes, our plans will be performing
13 outreach to those folks and then helping them.
14 And I think that's all I have. I'm happy to
15 answer any questions or if there's anything I didn't
16 touch on that you're curious about, we should have
17 some -- of course, we'll have a lot -- a lot more data
18 and numbers to report out to everyone the next time we
19 get together.
20 MS. MORTLOCK: Okay. Well, Sarah, thank you
21 so much. We really appreciate that. And thank you for
22 all your hard work.
23 MS. CORLETTE: Yes, thank you. Do we have the
24 folks from Pennie on the phone?
25 MS. MORTLOCK: Yes. David Thomson and Devon

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1 Trolley, are you with us?
2 MS. TROLLEY: Yep, we're on.
3 MS. MORTLOCK: Wonderful. So we'll just take
4 a break from our slide show and pull up your slides.
5 Just bear with us for just a moment.
6 MS. CORLETTE: Yeah. I'll just take a minute
7 and introduce our Pennsylvania friends. So thank you
8 Devon and David for joining us today. I had invited our
9 colleagues from Pennie to come and present, because I
10 had the opportunity to hear about some innovative things
11 that they're Exchange is doing to try to ease that
12 friction as consumers transition from Medicaid into a
13 marketplace plan and I thought you all were doing such
14 cool stuff, we should hear about it here in Virginia.
15 So I don't know, Devon or David, did you guys
16 want to take it away? It looks like Holly has your
17 slides up.
18 MS. TROLLEY: Great, thank you. It's been --
19 introduction. And yep, we'll just talk through our
20 approach. I thought it might help at the beginning to
21 just -- so for those who don't know, I started with
22 Pennie earlier this month, so about three and a half
23 weeks in, but not new to the Exchanges. I was over Get
24 Covered New Jersey before that, and our early days was
25 at Healthcare.gov. But I thought it might be helpful

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1 to -- before we get into what we're doing, set some
2 context for what we've seen other Exchanges do and
3 because I think this is a place where state-based
4 Exchanges really can demonstrate the value and through
5 the coordination with -- with Medicaid and CHIP. So you
6 might be familiar that Healthcare.gov, you know, they've
7 struggled with the -- the quality of data that they get
8 from states, and so they're -- when people come over to
9 them, they will basically have to start a new account,
10 start a new application from scratch and kind of go
11 through the whole process to determine that was sort of
12 the -- the most appropriate approach given the variation
13 and data quality that they receive.
14 A lot of Exchanges including the one I just
15 came from, New Jersey have, you know, I think a
16 little -- a little bit ahead of that where there are
17 sort of welcome letters and some information
18 prepopulated or an account initially created for the
19 consumer sort of trying to take away some of those steps
20 to again, every step you can take away increases the
21 likelihood that someone's going to complete the
22 enrollment process. So I think there's a really
23 concerted effort around that, and you know, we're seeing
24 efforts across state Exchanges to do that.
25 And what we're going to talk about here is

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1 that Pennie with the GI -- system was really able to
2 take even one more step further for a lot of people who
3 are coming over from Medicaid and CHIP, and that is to
4 actually take that application information and have the
5 application submitted into the system for the consumers.
6 So when they come over they just have to use their
7 unique account access code. They'll receive a letter
8 with that code and with their eligibility determination
9 that will have their financial health already in there.
10 And then once they come in the system they go basically
11 straight into being able to select a plan. So that cuts
12 out a lot of the steps as some of you who may be
13 familiar with the application, since it is thorough, it
14 also can take a while to get through. So for -- in
15 order -- and of living up to the spirit of single
16 streamlined application and -- we already have all this
17 data from the Medicaid and CHIP agency in areas where
18 that the data is complete and allows us to really kind
19 of skip up ahead that step on the application, and drop
20 people right into picking a plan.
21 And so this has been in place -- David can
22 correct me what the exact timing is -- but in place
23 for -- I think it went in place last year. And what has
24 been seen so far is that about 75% of people coming from
25 Medicaid and CHIP are able to get to the step where the

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1 information is complete enough to be able to skip them
2 right to that step of selecting a plan. So we are
3 seeing that it is, you know, the complete enough
4 information for a lot of consumers.
5 Now, again, the influx from Medicaid and CHIP
6 has been a little bit lower given that it has been the
7 continuous coverage requirements so these are
8 applications that are more going directly to Medicaid
9 and CHIP and then coming over. So, you know, we'll see
10 if that percentage stands as we get into this -- this
11 broader redetermination population, but I think you
12 know, our -- just about the ability to again, reduce as
13 many steps as possible to get consumers into coverage.
14 Another item we're doing is that we did extend
15 the special enrollment period to 120 days. That is in
16 my mind primarily for people who maybe don't know that
17 they're losing coverage, so it kind of gives them the
18 extra time to realize that -- still have a window to
19 enroll before open enrollment. We do have the system
20 automatically line up and offer a consumer a date to
21 align with their Medicaid coverage, the end date of that
22 Medicaid coverage that we receive on the account
23 transfer, so that there is no gap in coverage. And
24 that's available if the -- they come over in the first
25 60 days. So we've really been emphasizing to -- in our

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1 communications to consumers that that first 60-day
2 window is really key.
3 And I'll just mention in case there's -- we
4 are an assessment state, so we assess -- assess
5 eligibility for Medicaid not determination, so I just
6 wanted to call out that difference in our processes. We
7 are sort of account transfer based.
8 And then David was going to provide a little
9 bit more detail and exactly what that looks like just so
10 people can kind of wrap their mind around the consumer
11 experience of this, and then we're happy to take
12 questions.
13 MR. THOMSEN: Sure, thanks Devon. My name is
14 David Thomsen, I'm the director of policy at Pennie.
15 I've been at Pennie for a little over three years now.
16 And while, you know, we've been planning for this for a
17 while, since we've been in existence, you know, we've
18 been under a continuous coverage requirement Covid state
19 for the duration of our existence. So this will -- the
20 redetermination process will be totally new for us as
21 well.
22 So if you could just click through all of the
23 slides, I think -- yeah. It would probably make more
24 sense, yeah, that's good. Thank you. So what I'm going
25 to do is kind of walk through how this is all going to

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1 look for the, you know, for the person who is currently
2 on Medicaid or Medical Assistance in Pennsylvania, and
3 how they come over to us. So the first thing is, okay,
4 the -- the Medicaid enrollee responds to the request
5 for -- to renew the Medicaid coverage from our
6 Department of Human Services which is our state Medicaid
7 agency. They submit their information on time and in
8 this instance they're to -- you know, in this situation
9 they're determined as not eligible for Medicaid or CHIP.
10 In that instance, their Medicaid coverage will be
11 terminated and, you know, a Medicaid worker will, you
12 know, will assess that they are likely eligible for QHP
13 with financial assistance. At that point, they get --
14 this person will get account transferred over to Pennie.
15 When they do come over because they have
16 already submitted their information to our Medicaid
17 program and that -- and the Medicaid program has already
18 verified their information, that negates anything we
19 have to do on our side to verify their information. So
20 when the account transfer comes over, we get their
21 eligibility application, we can run their eligibility
22 determination from the account transfer file. And
23 then -- and so -- which includes eligibility for QHP and
24 also APTC and cost sharing reductions.
25 So essentially, the information comes over, it

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1 gets mapped to the Pennie application. We submit the
2 application on the customer's behalf, and then during
3 the unwinding, we'll also -- we've also created a new
4 special enrollment period specifically for those losing
5 Medicaid or CHIP. So when we get the account transfer
6 file with someone losing Medicaid or CHIP, Medicaid or
7 CHIP that end -- that coverage end date will be
8 programmed for the end of the month in which -- in the
9 month that the individual comes over to us. And that
10 qualifying life event will be selected for the customer
11 already.
12 When we do that, we then generate a customer
13 notice with all of this information and also contain an
14 account access code for them to claim their new Pennie
15 account. When they claim their new Pennie account, they
16 get right to plan shopping. They can skip the
17 application, the eligibility determination and the
18 qualifying life event and get -- and skip right to plan
19 shopping. They shop for a plan, they pay their binder
20 payment and if they have one, and they're off. So as
21 Devon mentioned, we've had the ability to do an
22 auto-eligibility determination for several months now.
23 It has improved our conversion rate, but you know,
24 important to remember, the Medicaid denial itself is not
25 a qualifying life event, so you know, you still need

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1 a -- another QLE in order to be eligible for a special
2 enrollment period. With the unwinding, that will no
3 longer be the case, people will be able to have that
4 special enrollment period automatically generated for
5 them and we expect that to improve our conversion rate
6 significantly. So this is kind of how that process
7 works, and some samples of kind of the customer language
8 that they will see.
9 Next slide. So of course, we kind of have --
10 we have as an assessment state, we kind of have two
11 populations of focus during the unwinding. The first
12 one is what we just went through which is those who --
13 who do submit the renewal packet, they are determined as
14 ineligible for Medicaid, they come over to us. That's
15 kind of the happy path scenario. There are, of course,
16 those who do not respond to the renewal request. They
17 don't submit information, and they -- and they're
18 Medicaid coverage -- and they lose their Medicaid
19 coverage.
20 So in that instance, because we're an
21 assessment state, we're unable to do the eligibility
22 determination. An application is not -- will not be
23 sent to us, but we will be able to -- we are getting
24 information about the household that's lost coverage
25 from our state Medicaid agency in the form of a secure

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| <p style="text-align: right;">41</p> <p>1 file. This will have kind of their household -- their 2 contact information and e-mail address, maybe a phone 3 number hopefully, so that we can conduct outreach to 4 them. We will be, you know, providing information about 5 how to enroll in Pennie, you know, 30 days after they 6 lose their Medicaid and then we'll be able to follow-up 7 with them, but through outreach communications and not 8 financial notices.</p> <p>9 So what is the common feature for both 10 populations is that they're both eligible for the 11 loss -- the new loss of Medicaid or CHIP SEP which 12 provides 120 days special enrollment period as well as 13 an opportunity to enroll with an effective date, first 14 of the month after losing coverage within the first 60 15 days of their special enrollment period. So but that -- 16 but for the procedural determined population, the 17 customer will need to report that SEP.</p> <p>18 For the procedurally terminated, if they -- if 19 we assess that they're still Medicaid eligible we will 20 account transfer them back to Medicaid, and then if 21 they're -- and then they can actually pick up their 22 existing Medicaid account, and so that they maintain 23 coverage and don't have that gap. So if someone comes 24 in to us and they're still Medicaid eligible, we want to 25 get them back so that they can get back into their</p> | <p style="text-align: right;">43</p> <p>1 speak for them, but based on my earlier years of 2 experience there, you know, I think -- and from what 3 they've said about their unwinding plans, I -- I imagine 4 that would continue to be a challenge today.</p> <p>5 MS. CORLETTE: Yeah. I -- the reason I ask it 6 is I was surprised to see how many people don't even 7 make it through the I.D. proofing step. So the fact 8 that you guys -- that people don't have to do that is -- 9 is really good to hear.</p> <p>10 And then my question for the Exchange folks 11 is, the Virginia folks, will you all be getting any 12 files on the procedurally terminated or are you only 13 receiving account transfers for folks who are 14 potentially QHP eligible because of income or household 15 changes?</p> <p>16 MR. PATCHETT: So our hope, and you know, 17 these are ongoing coordination and activities with DMAS 18 and DSS, our hope is that we would -- we would get the 19 procedurally terminated folks as well. One of the 20 benefits of Virginia being a determination state is that 21 if -- if those people have kind of fallen off Medicaid's 22 radar, we can pick them up and we can do that Medicaid 23 eligibility determination and if they are in fact 24 eligible, then we can transfer them back to -- to DMAS 25 for enrollment and a Medicaid plan. And if not, if</p> |
| <p style="text-align: right;">42</p> <p>1 Medicaid account as if nothing had ever happened.</p> <p>2 MS. CORLETTE: Thank you, David and Devon. So 3 I have two questions. This is Sabrina, one for you all 4 and then one for our Virginia friends, but so you guys, 5 are you able to skip I.D. proofing, because you're 6 getting it -- the person through an account transfer 7 that enables them to skip over the I.D. proofing step?</p> <p>8 MR. THOMSEN: Yeah, so -- yeah. Because 9 Medicaid agencies already verified their information, we 10 can skip that.</p> <p>11 MS. CORLETTE: Okay. But -- okay. That's not 12 the case with Healthcare.gov though; right? I thought 13 they -- you were basically starting a whole new 14 application including the I.D. proofing. Or maybe I'm 15 wrong on that. Do you know?</p> <p>16 MS. TROLLEY: Yeah, that's -- my understanding 17 of Healthcare.gov is that they're starting people all 18 over at the beginning, but they also -- and I mean, I 19 haven't worked there in -- years, but I know there are 20 always challenges, but the type of information received 21 from Medicaid agencies since they're receiving it from 22 so many different states, all that have different 23 processes, so it's very difficult for them to assume 24 something has been done or not done and to vary their 25 system accordingly based on that. So I don't -- I --</p> | <p style="text-align: right;">44</p> <p>1 they're procedural determination was coincidental with 2 some other, you know, income eligibility issue then we 3 can move straight into helping them shop for plans. So 4 we're -- we're helping to be able to -- to figure out a 5 way to make that work smoothly for -- for the all three 6 parties involved.</p> <p>7 MS. CORLETTE: Great. Thank you.</p> <p>8 MS. MORTLOCK: Any other questions for Devon 9 or David?</p> <p>10 MS. HINOJOSA: I have a question for Pennie. 11 Hi, this is Ikeita Cantu Hinojosa. Could you speak a 12 little bit to your efforts to educate the organizations 13 like community-based organizations and providers, the 14 people who work with individuals on Medicaid just about 15 your overall activities and how that outreach and 16 education is going and what you've done to date, please?</p> <p>17 MS. TROLLEY: Sure. So we're -- just sort 18 of -- all darts on the dart board type of -- so all of 19 the sort of existing channels that we have with the 20 Exchange so the agents and brokers and the assisters, 21 the insurers, a lot of the other organizations that we 22 connected with over the past couple of years, you know, 23 leveraging those relationships, but also continuing to 24 look everywhere we can for other channels to communicate 25 the message. So you know, potentially exploring whether</p> |

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| 45 | <p>1 different provider board, you know, like better 2 certified by the state if we can get in front of them to 3 increase the word or we're also doing a lot of joint 4 sessions with the Department of Human Services so that's 5 it's sort of co -- presenting a united front about how 6 there's options for -- for Pennsylvanians. So they also 7 have a lot of sort of outreach channels that are also 8 getting the same messages, and we sort of cobranded and 9 coordinated a lot of the messaging across the board have 10 been, you know, tried to do legislative outreach so they 11 can get the message out to their constituents, so I 12 think we're really try to hit every front we possibly 13 can. Dave, I don't know if anything else is coming to 14 mind for you besides that, but you know, really try to 15 take a comprehensive approach to it. 16 MR. THOMSEN: Yeah, and we've -- we've been 17 coordinating closely with our Department of Human 18 Services for about a year on the unwinding, and our 19 preparations, we have a lot of cobranded materials, our 20 communications offices are in constant contact with each 21 other, so we are trying to articulate the same message. 22 We have regular touch points with stakeholders where we 23 review kind of our material -- our outreach materials in 24 our efforts to -- to spread the word. We're engaging 25 our -- our Congressional representatives. We're</p> | 47 | <p>1 just a Pennie notice. 2 MS. CORLETTE: Okay. 3 MR. THOMSEN: It's a get insured system 4 notice, but we do -- so but the procedurally terminated 5 will be getting a cobranded letter -- 6 MS. CORLETTE: Okay. 7 MR. THOMSEN: -- from all the -- from -- from 8 Medicaid, from us, from CHIP, basically saying, hey, if 9 you've lost Medicaid or CHIP, you have other options and 10 kind of tell them to come to Pennie. 11 MS. CORLETTE: Great. 12 MS. TROLLEY: And just to add to that. So 13 when someone is -- loses Medicaid or CHIP because 14 they're over income, they're receiving a letter from 15 Medicaid saying we are transferring you to -- to Pennie, 16 the Pennsylvania Exchange, so they sort of have that 17 indicator of what to expect to look for a letter from 18 Pennie, and then we follow up with a Pennie letter. So 19 those are not cobranded because they're both sort of 20 coming directly out of the systems, but I think to the 21 population that didn't respond to Medicaid and didn't 22 update their application, and may be have more confusion 23 maybe about the process of what's going on or sort of 24 who's outreaching that one is cobranded and we 25 thought -- and that's, I think really important to kind</p> |
| 46 | <p>1 engaging our state legislators and committees of, you 2 know, jurisdiction in order to spread the word there, 3 and we're trying to do as much jointly as we can to 4 present a united front. 5 MS. CORLETTE: Great. Thank you so much. 6 MS. BATAILLE: I just have a question for the 7 Virginia folks here at Pennie. I think the connection 8 between the cobranded information for these consumers is 9 really critical and in Virginia even more so just to 10 give them the education that needs to happen. Has that 11 been a part of your conversations? 12 MS. MORTLOCK: Yes. We have had -- we have 13 been thinking back through in terms of how we might 14 operationalize that and no, we did convene an unwinding 15 group and included some of our friends from Medicaid and 16 Social Services and the carriers. I think those 17 conversations are continuing to happen and we will see 18 how we can best coordinate those efforts. But yes, that 19 is -- that has been on our minds. 20 MS. BATAILLE: Great. 21 MS. MORTLOCK: Thank you, Julie. 22 MS. CORLETTE: Yeah, because did I -- so the 23 notice that David, you were talking about that -- that's 24 cobranded both Pennie and your DHS? 25 MR. THOMSEN: So our system generated notices,</p> | 48 | <p>1 of establish a connection between the program so that if 2 they did lose coverage maybe without their knowledge or 3 they weren't, you know, realizing that that had happened 4 when it did, they get this message from both entities 5 and they can kind of figure out what option works the 6 best for them. Since it's more of a cold outreach. 7 MS. CORLETTE: Yeah. Any other questions? 8 Well, David and Devon, thank you. I know you're 9 incredibly busy and we're very grateful to you for 10 sharing what you're doing with us and it makes me 11 certainly very excited about all the possibilities that 12 come with owning our own platform and having the two 13 organizations just across the street from each other. 14 So thank you very much, really appreciate it. 15 MS. MORTLOCK: Yes, thank you very much. 16 MS. HINOJOSA: Thank you thank you. 17 MR. THOMSEN: Thanks for having us. 18 MS. CORLETTE: Holly or Kevin, anything more 19 from you all? 20 MS. MORTLOCK: Yes. 21 MS. CORLETTE: Okay. 22 MS. MORTLOCK: We were just going to do a 23 quick overview of just some federal state policy 24 updates. 25 MS. CORLETTE: Great. Okay.</p> |

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| 49 | <p>1 MS. MORTLOCK: Yeah. Then we'll be -- then I</p> <p>2 think we'll finish up.</p> <p>3 MS. CORLETTE: Yeah. Well, thank you for</p> <p>4 being so flexible and letting the -- letting the</p> <p>5 Pennsylvania folks slide in so we didn't have to have</p> <p>6 them hanging on the line. So yes, please.</p> <p>7 MS. MORTLOCK: Absolutely. So just first, we</p> <p>8 just wanted to acknowledge, you know, that as you all</p> <p>9 know, sort of the -- on December 12th, CMS released its</p> <p>10 draft or proposed notice of benefit and payment</p> <p>11 parameters for plan year 2024. You know, we have</p> <p>12 reviewed that and continued to review it and see it, you</p> <p>13 know, as it, you know, offering opportunities to further</p> <p>14 increase our enrollment and our collaboration of</p> <p>15 agencies in the service of Exchange consumers. We are</p> <p>16 looking at it in its entirety and considering how those</p> <p>17 new requirements and options can support our enrollment</p> <p>18 efforts.</p> <p>19 For this year, we do intend to follow the FFM</p> <p>20 as closely as possible, so when that -- so when the NBPP</p> <p>21 is finalized, that is our intention. And we are</p> <p>22 continuing to review the additional options and as we</p> <p>23 move forward and we'll certainly keep you updated. I</p> <p>24 imagine we will have more information to share with you</p> <p>25 about that particular piece of our update in June.</p> | 51 | <p>1 MS. CORLETTE: Makes a lot of sense.</p> <p>2 MS. MORTLOCK: Okay. And I'll just mention a</p> <p>3 few other things. So a few other issues that certainly</p> <p>4 touch the Exchange. So this year, the Virginia General</p> <p>5 Assembly decided to develop a process for which Virginia</p> <p>6 would select its essential health benefits benchmark</p> <p>7 plan. So I think there may be a number of states that</p> <p>8 were also in this somewhat of a predicament in that we</p> <p>9 did not have -- Virginia did not have a specific process</p> <p>10 in terms of who was going to select the benchmark plan.</p> <p>11 And so -- so as, you know, policy decisions were made by</p> <p>12 the General Assembly in terms of, you know, what</p> <p>13 they're -- what they would like to see covered in these</p> <p>14 plans, either, you know, a few mandates passed, so they</p> <p>15 decided to kind of take the bull by the horns this year</p> <p>16 and really lay out that process for what it was going to</p> <p>17 look like here in Virginia. And basically, what it --</p> <p>18 what it does is the bill sets out a five-year cycle and</p> <p>19 review process, and that's so that we can better reflect</p> <p>20 the policy decisions of the General Assembly, you know,</p> <p>21 such as state mandates that they pass from time to time.</p> <p>22 The two mandates that have -- that they have approved</p> <p>23 going forward have to do with covering -- nutrition and</p> <p>24 prosthetic devices, and so this places the authority of</p> <p>25 the General Assembly to actually select the benchmark</p> |
| 50 | <p>1 MS. CORLETTE: So, okay. So that's really</p> <p>2 interesting. So if the FFM decides, for example, to</p> <p>3 limit the number of plans, I think they're talking about</p> <p>4 two -- two per meta level. That's something Virginia</p> <p>5 will do that for 2024?</p> <p>6 MS. MORTLOCK: For 2024, we will -- we will</p> <p>7 follow the NBPP.</p> <p>8 MS. CORLETTE: Okay.</p> <p>9 MS. MORTLOCK: As it's finalized.</p> <p>10 MS. CORLETTE: Okay.</p> <p>11 MS. MORTLOCK: That's right.</p> <p>12 MS. CORLETTE: Okay.</p> <p>13 MR. PATCHETT: Yeah and just -- Sabrina, part</p> <p>14 of our thinking is during the transition, we want to</p> <p>15 reduce the amount of burden and change and you know,</p> <p>16 sort of uncertainty for everyone from consumers to plans</p> <p>17 so we're -- we are going to stay consistent and then for</p> <p>18 this first year, and then afterwards, we'll be very</p> <p>19 deliberate and these are the kinds of topics that we</p> <p>20 will look forward to engaging with our advisory</p> <p>21 committee friends, you know, as we -- as we make these</p> <p>22 decisions going forward, but for the sake of continuity</p> <p>23 and consistency, it makes sense to -- to simplify</p> <p>24 everyone's lives and not, you know, throw a curveball</p> <p>25 right in the middle of the -- of the change.</p> | 52 | <p>1 plan with the incidence of the Bureau of Insurance, you</p> <p>2 know, who are directed to convene a work group, conduct</p> <p>3 actuarial analysis and make recommendations to</p> <p>4 ultimately have the General Assembly consider those</p> <p>5 recommendations and make a -- and make a -- introduce</p> <p>6 legislation that will again, direct the Bureau to make</p> <p>7 the selection based on all of the input and the</p> <p>8 actuarial analysis and recommendations that they have</p> <p>9 given them.</p> <p>10 So that's roughly what it will look like in</p> <p>11 Virginia. And they did direct the Bureau to select a</p> <p>12 new benchmark plan for 2025 to include those two</p> <p>13 particular mandates that have -- that have been passed.</p> <p>14 MS. CORLETTE: And so it's the Bureau that has</p> <p>15 to do the actuarial analysis to determine how much of a</p> <p>16 defrayal --</p> <p>17 MS. MORTLOCK: Yes. That's right.</p> <p>18 MS. CORLETTE: Okay.</p> <p>19 MS. MORTLOCK: That's right. So they will --</p> <p>20 they will do that. There will be work group input as</p> <p>21 required by the statute. They will make recommendations</p> <p>22 too. There's an interim commission called the Health</p> <p>23 Insurance Health Commission in Virginia, so they really</p> <p>24 vets all of these mandates and the actuarial analysis,</p> <p>25 and they will ultimately make a recommendations to the</p> |

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1 General Assembly in the form of a bill, and then the
2 General Assembly will hear that bill and, you know, make
3 they're judgments to it as they see fit, and then come
4 back. Their bill will ultimately direct the Bureau to
5 select a plan based on the criteria that they've put
6 forth in the bill. So it is a really robust -- really
7 is a robust plan. But -- but that is how -- that is how
8 Virginia has decided to do it. It is a very -- it's
9 a -- includes a lot of -- a lot of stakeholder and
10 players in the process and that is a -- so that's how we
11 will do it moving forward. So it -- I think we're
12 fortunate that we have now a process -- a clear process
13 in place to be able to --
14 MS. CORLETTE: But for plan year 2025, you'll
15 need to have it submitted by like May 7th of this year?
16 MS. MORTLOCK: That's right. Yes. And the
17 Bureau -- so the Bureau is convening there. They are --
18 they are working through that process now.
19 MS. HINOJOSA: Now how similar or different is
20 this Virginia process to other Exchange processes?
21 MS. MORTLOCK: You know actually, I don't -- I
22 don't know for sure. I did here from -- I think in some
23 states it's a little clearer, you know, that they -- you
24 know that the governor can select the plan. In some
25 states, it's you know a secretary level --

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1 MS. CORLETTE: If you've seen one state,
2 you've seen one state.
3 MS. MORTLOCK: That's right. That's right.
4 And I have just moved from -- I was just on a call and
5 had heard that Minnesota, that they also do not have a
6 particular -- or you know, process in place, and they
7 were asking what Virginia was doing. So we, you know,
8 shared, you know, the legislation that passed with them.
9 So anyway, so yes, you've seen one state, you've seen
10 one state. But I guess we're fortunate that we're
11 learning from one another, so. Yes. So that's the EHB,
12 the benchmark plan and bill.
13 This year the General Assembly also passed a
14 bill that would eliminate the authority of carriers to
15 -- to provide a tobacco surcharge for tobacco users. So
16 under current law, a carrier can vary its premium rates
17 based on tobacco use by up to one and a half times
18 higher than for nontobacco users. And consumers are not
19 able to use their premium tax credits to pay or to put
20 towards the tobacco surcharge. So this -- this bill
21 does eliminate the authority of carriers to do that in
22 Virginia. And it does direct the SCC to provide a
23 report on how that is impacting enrollment and
24 marketplace rates. And the bill does have a sunset
25 clause for January of 2026. So we will -- we are

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1 keeping our -- I imagine we will be involved in some of
2 those discussions, and we'll keep our eyes on that.
3 And then finally, I'll just touch briefly on
4 reinsurance. I know we've talked about that in
5 committee before. So this year was our first year
6 implementing our reinsurance. It is a program that is
7 administered by the Bureau of Insurance. They have
8 developed the -- the plan and the program. But you may
9 know that our waiver was approved in 2022 for a period
10 of five years. Our -- under statute we can request a
11 target premium reduction of up to 20%. I think this --
12 in this first year, we targeted a 15% decrease, but in
13 the actual rate reductions I think it's somewhere around
14 17, 17 and a half percent, and the -- so you're going --
15 plan year '24 will be our second year and the Bureau is
16 expected to announce the reinsurance parameters on May
17 1st. So they have their ACA teleconference today, and
18 let carriers know that. So that is required by statute.
19 So they will be providing that shortly. And so we will
20 just be watching to see sort of how that -- how that
21 turns out.
22 So that is basically kind of a light load on
23 the -- on the state side, but I think we have plenty to
24 do with our transition, so our -- moving forward with
25 that.

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1 MS. CORLETTE: Grateful for a relatively quiet
2 legislative session.
3 MS. MORTLOCK: Yes.
4 MS. CORLETTE: I -- do we have somebody from
5 the Bureau on the phone?
6 MS. MORTLOCK: Mary Ashby.
7 MS. CORLETTE: Oh, Mary.
8 MS. MORTLOCK: Mary, are you still there?
9 MS. ASHBY BROWN: Hi.
10 MS. CORLETTE: Actually, maybe this is a
11 question for Lee.
12 MS. ASHBY BROWN: Yes, I'm here.
13 UNIDENTIFIED SPEAKER: You're right next to
14 her.
15 MS. CORLETTE: Yeah, but I'm also curious what
16 the Bureau thinks about this. So one concern that I've
17 had is that QHP carriers have often paid higher
18 commissions for open enrollments, and lower commissions
19 outside or none for enrollments outside of the open
20 enrollment season. I'm curious of what carriers are
21 telling you for the unwinding because I -- I've been
22 hearing some -- some states' interest in making sure
23 that at least through the unwinding the commissions are
24 reasonable enough so that brokers are incentivized to
25 help people.

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1 MR. BIEDRYCKI: Well, the Commissions have
2 stabilized, but reasonable, I guess is a somewhat
3 ambiguous question.
4 MS. CORLETTE: Well, I just mean not nothing.
5 MR. BIEDRYCKI: To ease the burden.
6 MS. CORLETTE: Or enough so that it's worth
7 your time to sit down with somebody and help them
8 through the process.
9 MR. BIEDRYCKI: So to quote the largest
10 insurance agency in Virginia, you don't do Exchange
11 enrollments for profit. You do it for community
12 service. And the per employee per month commission is
13 one thing, but the churn rate especially relative for
14 those who have premium for nonpayment, and for those who
15 have a medical procedure in the early part of the year
16 ends up meaning that the number of hours that you're
17 investing in the conversation, it's almost impossible to
18 recoup that, because there's not a stability with that
19 product. And that is the main reason that out of the
20 1,400 agents that take the test every year, a fraction
21 of those actually participate.
22 This is my tenth open enrollment. And it's
23 kind of funny, because there's something different every
24 year. Whether it is a particular physician group,
25 whether it's a particular hospital group,

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1 geo-demographics, but the most common thing that we
2 dealt with and heard this year was confusion on why
3 there was a 17% premium reduction, yet many of our
4 customers with the exact same income as they had the
5 prior year ended up incurring 100- to \$150 or more
6 increase in their net --
7 MS. CORLETTE: Yeah.
8 MR. BIEDRYCKI: -- out of pocket premium. And
9 one of the things that gets very concerning for our
10 organization and others is that when you have a product
11 that operates on micro networks where aligning the
12 individual with their physician and their hospital group
13 is the most important part of the conversation, but the
14 only thing they want to talk about is try and understand
15 why they're paying more when they thought they were
16 going to be paying less. And the suspicion that comes
17 from that quite frankly, a number of the calls got
18 elevated to me, because they thought that some of our
19 employees had to be wrong or we're making a mistake or
20 keyed the data in inaccurately. But I submit to you not
21 even considering the conversation about integrations,
22 the compensation on its face relative to the exposure,
23 the time it takes and the turn rate means that many of
24 the agents and agencies who do participate in the space
25 do so to support a primary market, i.e. group, wealth

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1 management, property and casualty.
2 MS. CORLETTE: So you're saying that even if
3 you were to try to make, accept enrollment commissions
4 equitable to -- open enrollment commissions, they're
5 still not -- still not covering your costs.
6 MR. BIEDRYCKI: And then you have to remember
7 that with two weeks notice, in '16, the entire industry
8 was told you will not be paid. And with the average age
9 of health and life insurance agents in Virginia, they're
10 not quick to forgive or forget, and there are some
11 pretty complex historical moments that bring us to this
12 points where the agents who do participant
13 enthusiastically have found a way to do so through
14 efficiencies, in order to make sure that wasn't a total
15 case of loss revenue.
16 MS. MORTLOCK: Okay. I'm sorry, can I just
17 jump in? I just wanted to say, I know there are some
18 people on the phone -- on the line that have their hands
19 raised.
20 MS. CORLETTE: Oh, okay.
21 MS. MORTLOCK: So I just wanted to invite
22 people to jump in the conversation when they're -- when
23 they're ready. So I just wanted to invite everyone to
24 do that. Do you want to go ahead? Yeah. Doug, I know
25 that Doug may have his hand raised.

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1 MR. GRAY: I can wait.
2 MS. ASHBY BROWN: Mary Ashby Brown. I --
3 Sabrina, I will take your question back to the Bureau.
4 I actually am here -- I work at the Office of General
5 Counsel and so I am not -- the subject matter on that
6 particular question, but I will take it back to the
7 Bureau and -- and give you our perspective.
8 I also just wanted to quickly chime in and let
9 everyone know related to what you were saying, Holly,
10 about the -- the updated EHB benchmark plan that the --
11 that has been posted -- the new plan has been posted to
12 the SCC website on the Essential Health Benefit
13 Benchmark Plan page which is the subset of the ACA page.
14 And we are accepting public comments on that EHB
15 benchmark plan through April 12th and the application is
16 due to CMS on May 3rd. Thanks.
17 MS. MORTLOCK: Thank you for that update Mary
18 Ashby.
19 MR. BIEDRYCKI: Just to put a bow on that.
20 One carrier I know of is offering a trip, which I have
21 not seen in this business for 14 years. It used to be
22 commonplace, now not so much. There are some other
23 carriers incentivizing enrollment, but thought to the
24 level that you see on let's say a Medicare supplement or
25 a Medicare Advantage product which is also one of the

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| <p style="text-align: right;">61</p> <p>1 social products that are primary focused for those -- 2 MS. CORLETTE: When you look at the profit 3 margins on Medicare Advantage and that might explain 4 why, but anyway. I digress. 5 MR. BIEDRYCKI: Well, I digress there with 6 you. 7 MS. MORTLOCK: I think we can -- raised hands. 8 MS. CORLETTE: Yeah. Are there other folks on 9 the line that would like to chime in? 10 MR. GRAY: Yeah. This is Doug. Sorry I 11 didn't make it there in person. I intended to, but got 12 caught up. The -- I -- I did check with the plans on 13 the question of paying commissions during the special 14 enrollment period and they've all moved to restore them 15 to some extent. I would remind you that the reason they 16 stopped paying them was because there was rampant abuse 17 of the special enrollment period. And there was a 18 refusal by HHS to do anything about it. After a while, 19 they did come to a meeting of the minds and tighten up 20 some of the requirements, but the practical reality is 21 that a commission is paid for bringing something of 22 value. 23 At the time, agents were bringing folks who 24 had refused to enroll, gotten sick, and then wanted to 25 enroll. And so that is fundamentally in contradiction</p> | <p style="text-align: right;">63</p> <p>1 MS. CORLETTE: Drums. 2 MR. PATCHETT: So this is -- this is actually 3 a little nerve-racking, because we're, you know we're -- 4 we're finally ready to show our brand name and our logo 5 and one thing I said at the beginning as we were working 6 through this that, you know, brand names, and logos is 7 one of those things you ask ten people and you get 15 8 different opinions and wow, did that ever prove to be 9 the case. So we really tried to focus on what did our 10 research tell us? What did our consumer focus groups 11 say about was meaningful and what was memorable? And so 12 you know, here you go without further adieu. 13 So we went -- we didn't go with a creative or 14 fanciful name. We wanted it to be descriptive. We 15 wanted it to give consumers an idea of what we're doing. 16 We chose the -- the dogwood flower for the logo to 17 reinforce the connection that this is -- this is 18 Virginia's insurance marketplace. Again, by Virginia, 19 for Virginia, and unique to Virginia. 20 We got input from lots and lots of different 21 sources, and have a number of approval processes that we 22 had to follow. So this is where we are going and we're 23 -- we're excited to be at this stage now that we -- we 24 actually have a name that we can start sharing that's -- 25 that's meaningful. And you know, we're -- we're happy</p> |
| <p style="text-align: right;">62</p> <p>1 to the basic principle of the ACA. So that's why 2 commissions stop being paid. They are restored in this 3 case, because everybody is on the same page. We're 4 trying to keep people enrolled, trying to keep their -- 5 their continuity in the right direction. And so that's 6 why we're at the situation that we're at now. Everyone 7 is interested in trying to keep people enrolled. 8 MR. BIEDRYCKI: I'd just like to counter the 9 good gentleman from across the street to say that agents 10 were facilitating enrollments from consumers who 11 contacted them in accordance with the special enrollment 12 period guidelines then controlled by Healthcare.gov. 13 And that we may have been unintentional fire in that 14 situation, but -- 15 MR. GRAY: I agree with you. 16 MR. BIEDRYCKI: Okay. 17 MR. GRAY: I wasn't intending to say that you 18 were abusing it. The -- this was a policy disagreement 19 that HHS was slow to move on. 20 MS. CORLETTE: Anybody else with their hands 21 up? Okay. 22 MS. MORTLOCK: Okay. So I am now going to 23 pass the baton back to Kevin. Kevin, are you ready? 24 MR. PATCHETT: I am. 25 MS. MORTLOCK: Okay.</p> | <p style="text-align: right;">64</p> <p>1 to hear thoughts and feedback. 2 MS. CORLETTE: But not too much feedback. 3 MR. PATCHETT: But there's nothing we can do 4 about it, so -- 5 MS. HINOJOSA: I just have -- will you accept 6 questions? Just in terms of your -- your process? 7 MR. PATCHETT: Of course. 8 MS. HINOJOSA: At this point? 9 MR. PATCHETT: Of course. 10 MS. HINOJOSA: Yeah. First of all, thank you 11 for sharing, because we're all with bated breath. So 12 you're -- the colors, blue is obviously associated with 13 -- with health and health care. So it's -- it's 14 interesting that you chose blue. But I was just curious 15 about the choice of blue and if there were other reasons 16 besides health care blue that you chose the -- the kind 17 of dark blue and then, you know, transitioning to kind 18 of a lighting blue as you go around that. 19 MR. PATCHETT: Yeah. So one of the things 20 that we did want to do is make sure that there was some 21 connection between Virginia's insurance marketplace and 22 the SCC where it lives. So some of what you see in the 23 color scheme is an effort to -- to bring all of those 24 pieces together, healthcare blue, the color scheme that 25 the SCC uses, a gradient that is both attractive without</p> |

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| <p style="text-align: right;">65</p> <p>1 taking away from the legibility or readability. We 2 wanted it to be -- we wanted a color scheme that was 3 more calming than loud. So this was -- this was our 4 work with our -- our marketing vendor, Ryan Gold who I 5 have to give props and kudos to them, because the number 6 of versions that we sent back to them was -- yeah. We 7 went round after round after round before we were 8 satisfied.</p> <p>9 MS. HINOJOSA: And then just also curious that 10 the word health isn't in there in terms of Virginia's 11 health insurance marketplace, and you know, usually, you 12 know, there's a tie in to like D.C. Health Link or 13 Healthcare.gov. You know, we see health mentioned a lot 14 and so this says insurance, but doesn't amplify that 15 people come here for health insurance. And so just in 16 terms of confusion, I just -- that I'm curious about 17 that -- that piece.</p> <p>18 MR. PATCHETT: Yeah. So another really 19 difficult decision, and you've seen, as you mentioned a 20 lot the -- a lot of the state marketplaces followed 21 Healthcare.gov in focusing on the word health. 22 Virginia's health insurance marketplace, we thought was 23 just too long as to the -- our marketing vendor, and in 24 fact we -- even with Virginia's insurance marketplace, 25 we're running into character limitations in certain</p> | <p style="text-align: right;">67</p> <p>1 MR. PATCHETT: So the --</p> <p>2 MS. MORTLOCK: -- to add to that. So we also 3 have done a lot of thinking in looking into taglines and 4 sort of the different opportunities that we will have 5 with those and have been looking into so how other 6 states have creatively used them and absolutely see that 7 is a big opportunity to help really refine and name our 8 brand, so just -- let you know that's still part of the 9 process, and want to come on that.</p> <p>10 MR. PATCHETT: Yeah. So -- so we've got a 11 number of taglines and one of the conversations -- 12 Holly's point we're having is, we're not convinced that 13 there has to be one tagline to rule them all, that there 14 may be circumstances where we want to use different 15 taglines with different consumer groups. It, you know, 16 it was one of the interesting things for me that came 17 out of the Hix [ph] conference this last year was 18 research -- I think at DePaul University, around 19 different ways to message to different consumer groups 20 and how differently those consumer groups react to 21 different messages. So on our -- on our long list of to 22 do's is the tagline, but we -- we should have more to 23 come on that, hopefully, well, certainly, by our next 24 meeting.</p> <p>25 MR. ROSSITER: Yeah, this is Lou Rossiter, I</p> |
| <p style="text-align: right;">66</p> <p>1 settings, so -- so we had to pick, and some of that 2 comes from the research we did with our consumer focus 3 groups, and some of it on really just a decision about 4 where -- where we put our marketing emphasis. So for 5 instance, Healthcare.gov, when you look at it on its 6 face, it doesn't say anything about insurance. So is 7 this a place where you go to find providers. So you -- 8 you're always going to have a question to answer. Of 9 course, you look at Pennie, and it doesn't say anything 10 about -- which like which Starbucks doesn't say anything 11 about coffee. And Food Lion doesn't say anything about 12 groceries. So there is a -- there is an education 13 component and we realized along the way that whatever 14 our brand is, it's going to be what we make of it. So 15 we recognize that we've got a lot of work to do in terms 16 of consumer education, and for better or for worse, like 17 I said, based on some of the things that our -- our 18 consumer surveys pulled back, we decided insurance 19 marketplace was more valuable in the name and then the 20 health component we will deal with in taglines and in 21 our -- our marketing outreach efforts.</p> <p>22 MS. HINOJOSA: That was going to be my next 23 question. Is there a tagline? I'm done with the 24 questions.</p> <p>25 MS. MORTLOCK: Well, and I'll just --</p> | <p style="text-align: right;">68</p> <p>1 wanted to ask what happened to the other half of the 2 dogwood flower?</p> <p>3 UNIDENTIFIED SPEAKER: It's -- tagline.</p> <p>4 MR. PATCHETT: I lost that. I lost that -- I 5 was -- I was a big advocate of the whole flower, but I 6 -- I lost that battle, so I think for --</p> <p>7 MR. ROSSITER: The nice thing is you'll be 8 able to put the Medicaid cardinal on your --</p> <p>9 MS. CORLETTE: On the flower.</p> <p>10 MR. PATCHETT: Now, I can't -- I can't promise 11 this, but I think you can expect to see the emergence of 12 the other half of the flower when we create things like 13 our icon that goes in the upper left side of the -- of 14 the web browser address bar. We're -- we're 15 contemplating something like the whole dogwood flower 16 with -- so -- so you may see -- you may see the whole 17 flower --</p> <p>18 MS. BATAILLE: I just want to say I did have 19 those questions, but I appreciate the amount of work 20 that went into this, and thank you for sharing this. I 21 think there is a lot that will be really helpful about 22 this, the fact that you have Virginia in the name, the 23 fact that you have something that represents the state, 24 the fact that you're using marketplace which has been 25 research tested for years, I think is going to be really</p> |

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| <p style="text-align: right;">69</p> <p>1 important as you're launching this just to establish the 2 official nature of this entity and give it the 3 credibility that's going to be necessary with so much 4 consumer confusion especially given the unwinding. I 5 fully appreciate the questions, and I think the other 6 thing just to consider in terms of taglines to your 7 point about not necessarily having one is that I think 8 there's an opportunity to consider those in the context 9 of different campaigns themselves, and would suggest 10 that that be something that is thought about. 11 MS. CORLETTE: Yeah. Absolutely. That is 12 something that we are thinking through and working on. 13 -- health is a big topic with us in terms of using -- 14 how to -- how to incorporate that into a tagline. We 15 are -- we have been looking at that. We have, you know, 16 options. I think we're still deciding yet on what 17 exactly those will look like, but again, I think as 18 Kevin mentioned, we will have much more to share with 19 you in the coming months and we'll certainly do so and 20 -- and hope that that will just, you know, further 21 underscore so the -- the mission of the marketplace and 22 what it does. 23 Also, you know, we did hear a lot that the 24 marketplace has been research tested in terms of its 25 association with health coverage. So there's another</p> | <p style="text-align: right;">71</p> <p>1 this really was a strong recommendation of theirs, so -- 2 so definitely -- 3 MR. PATCHETT: And -- 4 MS. MORTLOCK: Go ahead. 5 MR. PATCHETT: No. I was going to say and 6 part of that is -- part of that is our use of 7 Marketplace.Virginia.gov as our domain. Making sure, so 8 you know, some other Exchanges have gone the route of 9 using .coms. In Virginia, our initial consumer research 10 indicated a favorable response to the -- the connection 11 to government, so we are leveraging that. We're 12 leveraging the search engine optimization that already 13 exists for Virginia.gov and so we're -- we're confident 14 that the pairing is -- is going to work well for us. 15 MS. MORTLOCK: Any other questions about the 16 logo. Congratulations, guys. 17 MS. HINOJOSA: Yeah, congratulations. 18 MS. CORLETTE: Yeah. Very, very exciting. It 19 feels real. Anybody's hands up or -- 20 MS. MORTLOCK: I'll just invite anyone else 21 that's on the -- that's with us virtually, if you'd like 22 to say anything else or ask any questions before we move 23 onto our subcommittee report. 24 MS. CORLETTE: Okay. I guess everybody loves 25 the logo. All right. Ikeita. You want to take it</p> |
| <p style="text-align: right;">70</p> <p>1 factor in our -- in our decision. 2 MS. BATAILLE: Yeah. I will also just say 3 insurance is a word more and more that is much more 4 universally understood across multiple languages than 5 words like coverage in particular. So if you have to 6 pick and choose, that's useful to know. 7 UNIDENTIFIED SPEAKER: Those three words are 8 very clear. Yeah. 9 MR. ROSSITER: I'll commend Kevin on his 10 preparation. He was ready for all those questions. 11 Because no matter what you do you're going to get 12 criticized, and you know it. I mean, that's just part 13 of the process. You do the best you can with what 14 you've got, and I think you've, you know, focused on 15 what matters. And that's the most important thing. 16 MR. BIEDRYCKI: I just would wonder how it 17 will impact search engine optimization, because there 18 are 15 agencies with Virginian insurance in the first 19 two words. Is that something that you'll have -- 20 MS. MORTLOCK: Yeah, that's all part of our -- 21 our marketing vendor's process, you know, when they look 22 through -- think they look at -- they look at SEO 23 scores. This did come out with a favorable SEO score, 24 you know, it was absolutely something that we took a 25 look at when they finalized that decision. And this --</p> | <p style="text-align: right;">72</p> <p>1 away. 2 MS. HINOJOSA: Okay. I'm up. Yes. All 3 right. So as mentioned in our last meeting, we've 4 reprised the Strategic Priority Subcommittee. We're 5 very excited about that. And just by way of reminder, 6 the mission of the Strategic Priority Subcommittee is 7 members of the subcommittee will identify a set of 8 critical outcomes that would help demonstrate to 9 Virginians the value of our transition to a state-run 10 Exchange. The subcommittee will further recommend the 11 metrics and data needed to monitor and assess the 12 Exchange's performance on those critical outcomes. 13 So the members of the Strategic Priority 14 Subcommittee, it's comprised of six members. And those 15 six members are Julie Bataille, Doug Gray, Starla Kiser, 16 Lou Rossiter, Scott White, and me. And I serve as chair 17 of the subcommittee. 18 So I just want to take a moment to extend my 19 sincere gratitude for the subcommittee's members' 20 willingness to serve. We are very, very fortunate to 21 have their expertise and their experience. It's a 22 really, really great group. And as a starting point for 23 our work, our subcommittee revisited the slide deck 24 titled, Thinking Ahead, the Importance of Exchange 25 Monitoring. And that was presented to the Advisory</p> |

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| <p style="text-align: right;">73</p> <p>1 Committee back in June of 2022. And that deck was by 2 the State Health Access Data Assistance Center or 3 SHADAC. And thanks to Professor Lou Rossiter, our 4 subcommittee has secured the research assistance talents 5 of Hannah Garfinkel. So Hannah attends William and 6 Mary. She's a second-year master and public policy 7 student interested in health and after graduation, 8 Hannah will work for the Joint Legislative Audit and 9 Review Commission or JALARC. 10 So Hannah's initial project was to research 11 the current landscape of strategic priorities utilized 12 by other state-based marketplaces as well as the 13 Federally Facilitated Marketplace to help the 14 subcommittee glean best practices and lessons learned 15 for Virginia. So she presented her findings to our 16 subcommittee during our kickoff meeting on March 22nd. 17 And during the meeting we had a vibrant discussion and 18 came to a consensus on several items regarding our next 19 steps. And among them was to focus on securing the 20 starting point of reference for the metrics of where we 21 are now in Virginia. As represented by the Federally 22 Facilitated Marketplace. And the deliverables were 23 required through our Get Insured vendor. Now, once 24 we've established a baseline for Virginia, we can 25 measure what we accomplish in Virginia in the first</p> | <p style="text-align: right;">75</p> <p>1 MS. MORTLOCK: Yes. Very -- 2 MR. GRAY: This is Doug. I just wanted to 3 share that I thought that we had a really good 4 conversation about how to measure, and I really think 5 it's a great resource to have the assistance of a 6 graduate student who's assumed to end up at JALARC. She 7 did a good job of getting us started and looking at 8 what's happening in other places, and thank you to Lou 9 for helping out. 10 MS. HINOJOSA: Yes. 11 MS. CORLETTE: Yeah. Well, thank you. Sounds 12 like you guys are off to a great start. 13 MS. HINOJOSA: Yeah. 14 MS. CORLETTE: I'm just curious, how -- how do 15 we go about identifying the sources of the data that we 16 might need? Once you identify the, like targets, I 17 mean, I think there's often things that you want to be 18 able to measure, but you can't because the data is not 19 great or -- so it's not something that you guys are 20 thinking about -- we -- how like somebody -- sort of 21 done an environmental scan of -- of that. Or is that 22 something your student could do? 23 MS. HINOJOSA: Yeah, that's exactly what 24 Hannah is -- 25 MS. CORLETTE: Going -- okay.</p> |
| <p style="text-align: right;">74</p> <p>1 three to five years of our state-based marketplace 2 against the FFM baseline and the services Virginians 3 received as part of Healthcare.gov. 4 While it's interesting to learn about other 5 state-based marketplaces, at this early phase, it's not 6 an apples to apples comparison to compare, yet to launch 7 Exchange to more mature Exchanges that have been in 8 existence since marketplace launch. So right now, what 9 we want to do is make sure that we remain focused on the 10 needs of Virginia and Virginians with particular 11 attention to service areas and the geographic diversity 12 of our state and then once we have a strong sense of our 13 needs, we can incorporate the best practices and lessons 14 learned from other states. 15 So we're setting up our next subcommittee 16 meeting for April. And we look forward to engaging in a 17 thorough process of data collection and knowledge 18 sharing. And we'll provide additional updates as our 19 subcommittee continues to meet, and we'll flush out 20 recommendations for strategic priorities as we move 21 forward. 22 So that is our brief update for now. Our 23 subcommittee members are all here, I believe. So if 24 anybody wants to add on to that, I'll open the floor to 25 the rest of our subcommittee members. Okay.</p> | <p style="text-align: right;">76</p> <p>1 MS. HINOJOSA: -- working on, yeah. 2 MS. CORLETTE: Okay. 3 MS. HINOJOSA: Yeah. Absolutely. 4 MS. CORLETTE: Oh, that's great. 5 MR. ROSSITER: Kevin, maybe you can comment on 6 this. What -- you understand CMS has 189 measures that 7 they already collect. 8 UNIDENTIFIED SPEAKER: That you're required to 9 report. 10 MS. MORTLOCK: They are required to report. 11 MS. HINOJOSA: Right. Yeah. 12 MR. PATCHETT: Yeah. 13 MR. ROSSITER: The -- 14 MR. PATCHETT: Yeah. And this is, you know, 15 this is one of the -- this is one of our opportunities 16 and -- our staffing plan, what we are -- we're going to 17 be building an internal data analytics team because we 18 recognize the -- the need and the value for data, and 19 this is an area where -- and honestly I don't know what 20 I don't know, but I do think there are opportunities 21 where we can contribute to improving the quality of data 22 that the -- some of the challenges with available data 23 out there has to do in large part with what's being 24 directed, who's collecting it, how much attention 25 they're paying to it. So it's some -- where I hope we</p> |

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1 can as an Exchange find some synergies and some
 2 improvements and some of that is going to tie back to
 3 our relationship and collaboration with -- with DMAS and
 4 DSS and our other stakeholder. But I think -- I don't
 5 know if you all have seen the -- the list from our
 6 contracted required reports --
 7 MS. HINOJOSA: Yes.
 8 MR. PATCHETT: That Get Insured has to be able
 9 to --
 10 MS. HINOJOSA: That's part of what we're going
 11 through.
 12 MR. PATCHETT: Yeah. We're -- we're well on
 13 our way.
 14 MS. CORLETTE: Well, it's great that the
 15 thinking is happening now as opposed to trying to
 16 retrofit it in later. So kudos to the subcommittee for
 17 getting this work going.
 18 MS. HINOJOSA: Thank you. We'll keep you
 19 posted.
 20 MS. CORLETTE: Any questions for Ikeita or
 21 subcommittee members? All right. I think next on our
 22 agenda is other business. Is that right?
 23 MS. MORTLOCK: That's right.
 24 MS. CORLETTE: So first of all, if there are
 25 other topics that folks would like to raise --

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1 MR. BIEDRYCKI: Yes, ma'am.
 2 MS. CORLETTE: Yes. Okay. Lee.
 3 MR. BIEDRYCKI: So this -- forgive me, all of
 4 you -- was my first advisory committee posting, I guess
 5 if you will, and I don't know if I have understood the
 6 function and role that it was supposed to be throughout
 7 nearly two and a half years, I guess that's where we are
 8 now.
 9 In my organization we have a book called
 10 Radical Candor which my employees hate every time I pull
 11 it up.
 12 MS. HINOJOSA: I like that book.
 13 MR. BIEDRYCKI: It's got a big orange cover,
 14 but it is important for organizations and teams and
 15 relationships to be able to communicate. And if you
 16 can't communicate clearly, no matter what it is, then
 17 you're not going to get anywhere.
 18 From the very beginning on this committee, I
 19 had enjoyed a great deal of excitement. As I mentioned,
 20 this was my tenth open enrollment this past year. The
 21 first open enrollment, we were on an enrollment before
 22 Healthcare.gov even opened up. And that Exchange cost a
 23 mere 1.25 million dollars.
 24 One of the things that I struggle with is that
 25 one of our first meetings a now retired committee member

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1 mentioned that there were members of the committee that
 2 had built Exchanges and that might be able to help with
 3 RFP in the procurement process. Especially relative to
 4 what things could and should cost. As I looked through
 5 the earliest four years of the exchange, I mean, there
 6 were just a lot of ugly potholes in the road that
 7 could've 100% been avoided, but everybody was trying to
 8 figure it out; right. So whenever you're doing
 9 something new for the first time, there's things you
 10 thought of that you caught, things you didn't think of
 11 that you didn't catch, and then the surprises that come
 12 along the way. And as leaders, it is our role to try
 13 and mitigate the impact of all of those things to the
 14 greatest extent possible. And for me, data, best
 15 practices and experience are the only things that really
 16 exist. And you have to combine the three, because the
 17 data as we just discussed is not always, is forthright
 18 as one would assume.
 19 For two years, I spoke to this committee,
 20 served on subcommittees, and spoke in favor of
 21 integrations for the tools that agents use. And I've
 22 gone back and pulled the minutes from each of the
 23 advisory committee meetings to make sure that I wasn't
 24 crazy. And I -- I feel very frustrated that the
 25 conversation relative to integrations was never

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1 reciprocated or engaged prior to the RFP being released.
 2 Because getting back to the data, there are all kinds of
 3 misrepresentations floating through the health
 4 marketplace in general. And all too often, individuals
 5 can find themselves unknowingly repeating bad data that
 6 they thought was good.
 7 So one example of that is we've heard
 8 frequently that state-based Exchanges that have stood up
 9 in a closed marketplace model have enjoyed greater
 10 broker participation and greater enrollments that know
 11 the FFM. And that is true when you consider that that
 12 data originated during the Trump administration when the
 13 advertising for Healthcare.gov was completely gutted.
 14 So one of the things that I think is a positive, and I
 15 don't want this to all be negative, is that by Virginia
 16 standing up its own Exchange, the citizens of the
 17 Commonwealth will no longer have to ebb and flow with
 18 awareness about health insurance depending on which
 19 party sits in the White House; right. The FCC largely
 20 recognizes an independent organization of great
 21 integrity should be able to make sure that the messaging
 22 to the consumer each and every year is the same and
 23 instead of some years it's all over Facebook, Instagram
 24 and the news, and some years, you don't hear anything.
 25 With that said, the enrollment data for this

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| <p style="text-align: right;">81</p> <p>1 last year was released in two segments, Healthcare.gov 2 released -- segment data. And then the states released 3 theirs later. Those that offer state-based Exchanges. 4 And in case any of you don't have that data, it shows 5 that the Federally Facilitated Marketplace last year 6 enjoyed a 13% growth in enrollment. And the state-based 7 Exchanges incurred a net 3% loss in enrollment over the 8 prior year. 9 The thing that I think is important to 10 contemplate is that 71% of enrollments based on the data 11 from Healthcare.gov came through agents. 44% of agents 12 use an enrollment platform. They use that platform 13 because I had mentioned earlier, this is a very lean 14 line of their business. Not only is a very lean line of 15 business, but there's a great deal of exposure relative 16 to errs and omissions. It is a very uninformed 17 population, not always, but in general. And most 18 importantly, the open enrollment for the individual 19 marketplace sits right on top of the group, the federal 20 SEP and Medicare. Leaving not a lot of time for this 21 market segment to be addressed and as we've somewhat 22 discussed, it is the least in compensation to the 23 individuals who afford the enrollment. 24 I don't know how to say any other way than I 25 do not understand how we believe that we can extract all</p> | <p style="text-align: right;">83</p> <p>1 don't know how we're able to expect rate stability, 2 stability with carrier participation when we have 3 dramatically restricted the number of enrollment sources 4 that exist and the capacity of those who remain to 5 process enrollments. 6 MS. CORLETTE: Lee, thank you. I know you 7 have -- you've raised these issues at a number of our -- 8 our meetings, and I -- I appreciate the -- the work that 9 you've done to bring this data to the table and the 10 conversations that you've had -- Exchange staff and with 11 all of us. I, you know, I don't want to speak for Holly 12 and Kevin, but I'm not sure -- I mean, I understand that 13 the -- the outside enrollment platforms are maybe not in 14 the cards for this launch, but it's -- it's my 15 understanding you have not have slammed the door shut on 16 that for future years; is that correct? 17 MS. MORTLOCK: Yes, that's right. So -- 18 MR. PATCHETT: Yeah. 19 MS. MORTLOCK: Go ahead, Kevin, if you want to 20 speak to that. 21 MR. PATCHETT: Oh, no. Yeah no, that -- 22 that's absolutely correct. And you know, and we've -- I 23 can't speak to the processes of the committee over the 24 entire four-year life with the Exchange, but I do feel 25 that we as an Exchange at least as long as I've been</p> |
| <p style="text-align: right;">82</p> <p>1 of the enrollments that were formerly provided by the 2 insurance carriers who are marketing in the Commonwealth 3 on top of the enrollments by the large producing 4 agencies that use tools of efficiency that direct quote 5 they have to have in order to participate in the space. 6 And expect that Virginia will be able to maintain or 7 grow its enrollment, because that laughs in the very 8 face of a traditional supply and demand business 9 conversation. 10 I don't say this out of spite or adversity, 11 I've actually enjoyed my conversations with Kevin and 12 Holly. This is the first time I've ever disagreed with 13 people and not gotten mad, which is odd for me. But 14 when I sit on the phone with individuals who can't 15 understand why their health insurance premium went up 16 when their rates were supposed to go down, that is a 17 problematic conversation. And whether Virginia should 18 open or operate a closed marketplace or an open 19 marketplace, I think is a decision that should've been 20 made formerly, a little bit earlier down the path so 21 that employees of the SCC and the VHBE wouldn't be in a 22 position to be responsible for big fluctuations and 23 enrollments and rates. 24 I'm happy to participate. I'm happy to help, 25 but as an individual who has done this for ten years, I</p> | <p style="text-align: right;">84</p> <p>1 here really work to engage on this issue, and I just 2 in -- in part one of the things we've to consider and 3 one of the things I think this -- this committee should 4 consider is how do we reconcile some of this data, 5 because there's a lot going on in the numbers that -- 6 that Lee has referenced, you know, you -- we shouldn't 7 expect to see growth in numbers of state-based Exchanges 8 in states that have made it blow 3% of the total 9 unenrolled population, right. You're just not going to 10 see that. So where -- and this is one of the things 11 that state-based Exchanges have done a better job of, is 12 closing that gap. And we also see a connection between 13 Medicaid expansion and the growth of states. But even 14 there, none of that data is consistent. So we are, as 15 an Exchange, we -- we continue to be open to the idea of 16 -- of integrating with -- with other platforms and, you 17 know, the more data, the more -- you know, and the more 18 this committee can do to help, we absolutely welcome 19 that. 20 MS. CORLETTE: Well, we are at time. And I -- 21 I want to make sure if we do have public comments -- or 22 do we have anybody on the line who wants to make public 23 comments? 24 MS. MORTLOCK: No. Actually, there was no one 25 that signed up to make public comments.</p> |

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1 MS. CORLETTE: Okay. All right. Great.
2 Anybody else want to ask Lee a question or raise any
3 other business? Okay. I think we did it in our
4 two-hour timeframe.
5 MS. MORTLOCK: We did.
6 MS. CORLETTE: I will make -- seek a motion to
7 adjourn.
8 MS. BATAILLE: So motioned.
9 MR. ROSSITER: So motioned, second.
10 MS. CORLETTE: Okay. We're -- we're
11 adjourned. Thank you all very much.
12 MS. MORTLOCK: And thank you for everyone who
13 joined us virtually, and hopefully we will continue to
14 improve our virtual capability processes. But thank you
15 for bearing with us and we're just glad you could join
16 us.
17 MS. CORLETTE: All right. Thank you. We did
18 it.
19 (Off the record at 4:02 p.m.)
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1 CERTIFICATE OF COURT REPORTER - NOTARY PUBLIC
2 I, Daniel A. Terry, the officer before
3 whom the foregoing deposition was taken, do hereby
4 certify that said proceedings were electronically
5 recorded by me; and that I am neither counsel for,
6 related to, nor employed by any of the parties to this
7 case and have no interest, financial or otherwise, in
8 its outcome.
9 IN WITNESS WHEREOF, I have hereunto set
10 My hand and affixed my notarial seal this 28th day of
11 March, 2023.
12
13 Notary Registration No.: 7748549
14 My Commission Expires: 2/28/2025
15
16 
17 Daniel A. Terry, Notary Public
18 for the Commonwealth of Virginia
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2 I, Janine Thomas, do hereby certify that the
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8 the parties to this case and have no interest, financial
9 or otherwise, in its outcome.
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12 
13 Janine Thomas
14 April 2, 2023
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