Transcript of Advisory Committee Meeting

Date: September 22, 2023
Case: Health Benefit Exchange Advisory Committee Meeting

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COMMONWEALTH OF VIRGINIA

STATE CORPORATION COMMISSION

VIRGINIA HEALTH BENEFIT EXCHANGE

3rd QUARTER MEETING

Conducted Remotely

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A P P E A R A N C E S

Voting Members:

Sabrina Corlette, Chair
Ikeita Cantu Hinojosa, Vice Chair
Kevin Patchett, Acting Director
Julie Green Bataille
Lee Biedrycki
Scott Castro
Doug Gray
Starla Kiser
Louis Rossiter
Elizabeth Cunningham

Ex-officio Members:

James Williams, Deputy Secretary of Health and Human Resources
Cheryl Roberts, Acting Director of DMAS
Sarah Hatton, DMAS
Danny Avula, Commissioner of DSS
Mary Ashby Brown, Bureau of Insurance
Bradley Marsh - Virginia Bureau of Insurance Health Insurance Policy Advisor
Jeff Lunardi - Chief Deputy Director of DMAS
Jessica Annecchini - DMAS Senior Policy Advisor

A P P E A R A N C E S

(Continued)

Ex-officio Members:

Kathryn O'Connell-Raymond - Virginia Department of Social Services

Julie Blauvelt - Deputy Director of the Virginia Bureau of Insurance, Life & Health Division

Also present:

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

P R O C E E D I N G S.

CHAIR CORLETTE: Thank you. And it's fun to see our logo on the slide deck. Is this like the first public viewing of this? I -- or has this been out? It looks great.

MS. MORTLOCK: This is the first very public viewing of it.

CHAIR CORLETTE: All right.

MS. MORTLOCK: It seeped its way into a few -- into a few spots like our learning management system, but this is the first, I guess, official.

CHAIR CORLETTE: Yeah. Well --

MS. MORTLOCK: We wanted you to be the -- the ones.

CHAIR CORLETTE: Yes. Well, it's very exciting. And welcome everybody. This is our Third Quarter Advisory Committee for Virginia's health -- I'm sorry, Virginia's Insurance Marketplace. And we are delighted to have y'all here. We have a busy agenda with a lot of updates and so I think we should just dive right in with our roll call. Oh, yes, thank you.

So let's see, Secretary Littel. Do we have Secretary Littel or a representative? Okay. And Director Roberts.

MR. LUNARDI: You can mark her present.

She -- I literally just heard her door close next to mine. So --

CHAIR CORLETTE: All right. Great. And in the meantime, Jeff, we have you. Thank you. Commissioner Avula.

MS. O'CONNELL-RAYMOND: This is Katie O'Connell-Raymond. I'm attending in his absence.

CHAIR CORLETTE: Hi Katie, thank you and welcome. Commissioner White.

MS. BLAUVELT: This is Julie Blauvelt. I can be attending in his absence.

CHAIR CORLETTE: Great. Hi Julie. Thank you so much.

MS. BLAUVELT: Hi.

CHAIR CORLETTE: Dr. Shelton. Okay. Ikeita Hinojosa, are you with us?

MS. HINOJOSA: Hello. Yes, I am. Good to be here.

CHAIR CORLETTE: Hi. Good to see you. Julie Bataille.

MS. BATAILLE: Good afternoon --

CHAIR CORLETTE: Lee Biedrycki.

MR. BIEDRYCKI: Present.

CHAIR CORLETTE: Scott Castro.

MR. CASTRO: I am here.

CHAIR CORLETTE: Hi Scott. Liz Cunningham. Do we have Liz? Not seeing her. Starla Kiser.

MS. KISER: Hi everyone. I'm here.

CHAIR CORLETTE: High Starla. And Lou Rossiter.

MR. ROSSITER: Hello. I'm here.

MR. GRAY: And Doug is here.

CHAIR CORLETTE: Oh, hey, Doug. Sorry. I skipped over you, and I apologize. Thank you, Doug. I think we have a quorum. Affirmative. Okay. And we'll go ahead and get started.

All right. So like I said, we have got a lot of updates. I think -- and Holly; correct me if I'm wrong, but just a little over five weeks away from launch; is that right?

MS. MORTLOCK: That's about exactly right.

CHAIR CORLETTE: Yeah. So we are definitely seatbelts on and going at top speed. So we're going to start with an update from the exchange and then DMAS -- we'll hear from DMAS about the Medicaid unwind from the Bureau about some updates on the -- in the broader insurance market. And then some great progress from our strategic priority subcommittee and hopefully, if folks had time to review the work of that subcommittee, we'll vote on advancing their recommendations and then other

business. So let's go ahead and get started.

So we have Kevin or Holly, who --

MR. PATCHETT: Yes.

CHAIR CORLETTE: Okay. Great. Hi Kevin.

MR. PATCHETT: Hey, Sabrina, thank you. And welcome to our advisory committee members. It is exciting to be here for our third meeting of the year. And as Sabrina said, we are on the cusp of our launch. And interestingly, we're also just about a week or two from our annual anniversary of having first signed the contract for our technology platform and consumer assistance center.

Sabrina, when you said seatbelts on, moving at top speed, you couldn't have been more right. One of the things I think that has characterized this last year for us at the Exchange is feeling like we were moving at top speed and then recognizing that we needed to go even faster which has been an often repeated experience for us especially over the last eight months. I think by the time we get across the finish line we'll maybe have figured out how to do that a little more smoothly.

But being so close to our go-live date, I was going to kind of run through where we've been over the last year, but there's so much to talk about, and my team said I would likely bore everyone who hadn't lived

through it, so we're just going to focus on really where we've been the last quarter. Before I do that though, I want to take a few minutes and say some thank yous, because we have had some enormous milestones over the last couple of months and we could not have gotten here without our partners. Our insurance carriers, the ones who are selling the coverage that the Exchange is built for, have been really wonderful partners. They have had to really engage in the last few months in order to integrate their system with our platform so that we could transfer consumer enrollment data back and forth. And they've really leaned into that process of integration, testing, getting all of their system tested and reviewed. We couldn't do this without them.

As for our agent and broker community, this has really been an exciting year working with really some truly wonderful partners, and I will say so many of who have really just become invaluable assets in sharing their experience and their expertise and to have seen some of them make the journey to skeptic to championing the transition has been a wonderful ride to take part and our navigators at Enroll Virginia and BPSOS, so many times they've stepped up and helped us fill a knowledge gap as we've worked through how are we going to support the continuity of coverage from folks coming from

Medicaid to a commercial plan in the Marketplace and, you know, we want to thank them for all the work that they do for our communities.

Our partners at DMAS and DSS, one of the benefits of transitioning to a state-based exchange is to allow the Marketplace and the Medicaid agencies to coordinate in a way that's not possible when the Marketplace is in the federal government, simply because CMS has 38 states to worry about and they don't, you know, have the bandwidth or the proximity to have the kind of relationship that a state-based Marketplace can with the state Medicaid agencies and we have already begun to see some of the fruits of that -- of that transition. It's been really interesting to see how members of both DMAS and DSS have really rolled up their sleeves and engaged and taken an interest in learning what we do and how this process works and how we can collaborate, and we really do want to thank them for all of their work and their effort and we are looking forward to what the future holds in these relationships, and what we can do together for the citizens of Virginia.

Our vendor, GetInsured, really have been good sports. One of the things that we lack at the Exchange particularly in our leadership team is anybody with a

good enough mentality. So for better or worse, we all seem to be hardwired to get it right and make it better, and GetInsured has been truly wonderfully willing to come along with us in that journey especially as we insist on understanding not only why, but how before we move forward on the implementation of this Marketplace platform and consumer assistance center. Virginia Association of Health Plans, Doug, you guys have really been great champions of what we're doing and we couldn't have made it so far without your support.

Our sister division at the SCC, the Bureau of Insurance, we're lucky enough to share a floor with these folks, and much like with our Medicaid agencies, we are building this connection to better serve Virginia across the continuum of coverage.

And lastly, you know, all of you on the advisory committee, this has been a lot of fun to share this journey with you, to be able to hear your insights and your varied perspective and expertise, we are excited to continue doing this with you. And I do have to take a minute and thank my team. I think for us, I would categorize this year as challenges, obstacles and outright crises, and every member of the HBE division has just leaned in, gone above and beyond, worked so hard, and again, there's no way we would be as far as

along without so many folks who are so willing to sacrifice their time and their talents to do more than punch a timecard.

All right. Well, let's talk a little bit about, and -- excuse me -- forgive my voice, I've been a little under the weather, and I'm hoping it will hold out for the duration, but I've got some good team members who can step in, if at all falls apart here in the few minutes.

So looking at where we've been over the last quarter, I think we talked the last time about some of these operational readiness review processes that we started with CMS in June and it took us well into July, providing a total of 11 different platform demonstrations for them to review and give feedback on, and they had feedback and we are continuing to work to meet that feedback. But the process alone was significant.

One of the most important things that happened over the last quarter was we obtained our authority to connect to the Federal Data Services Hub. This is what allows us to do the work of the Exchange to get information from the IRS to verify income to get information from Social Security to verify identities. And just a wide range of federal agencies whose data is

necessary to validate consumers and to check their eligibility for Exchange programs, all acquired a very thorough and comprehensive security audit interview process. I think the documentation that we submitted to CMS over the course of this process totaled over a thousand pages and Amy Mears, our chief of IT Security really put this on her shoulders and carried it across the finish line for us. Truly one of the unsung heroes of HBE. That of course was followed up in August by our go decision from CMS. What's interesting about that go no-go deadline from CMS, once they say go there really is no turning back. We begin processes that there's no -- there's really no backup plan for.

And so there's so much work and so much review and attention to detail to get CMS comfortable that they are ready to turn the reigns for Virginia's Marketplace over to us and so to have crossed that threshold in August, you know, really was exciting for us and it also was a little like -- I shouldn't say a little -- it was like opening the floodgates. So many work streams that we had been planning and preparing for couldn't start until we crossed that threshold. And all of these other activities are going on at the same time.

We are testing, we've now tested three different releases of our Marketplace platform.

Hundreds, probably thousands of test cases as part of that. We lost our learning management system and having less than six weeks, we already have 2,000 agents, assisters, and navigators who've completed their certifications and we have as of right now, I think a little over 1,600 who are in process with that training. So we're excited about that level of engagement from that community and having such a broad coverage of partners in Virginia to work with consumers.

Let's take and -- yeah, let me keep us moving. Let's go ahead and look at what are we doing right now. We have a lot of simultaneous work streams going on. Some of these have been going on for a long time, like the carrier onboarding. Some are just starting like the agent data migration, the consumer data migration, and so many of these work streams that are starting, we spent a lot of time preparing for the storm that we knew was coming, but in every case it kind of takes our breath away at just how much there is to do and how short a window we have to do it in, and again, we are meeting these challenges, these obstacles, we are resolving these crises because of the quality of our team and because of the support we get from our stakeholders. And you can see also here the number of things that are really coming to sort of fruition in the

first and second week of October. Of course, November 1st is our go-live date, but our goal is that the only thing that changes on November 1st is, well, all of our services will be up and running prior to November 1st. All of those services will have time to have done some real life production testing. So this is all designed to make sure that November 1 is seamless and that we're not turning the lights on for the first time we also get a high volume of consumers who hit the platform and the call center.

CHAIR CORLETTE: Kevin, can I ask a quick question?

MR. PATCHETT: Sure.

CHAIR CORLETTE: People can -- see in terms of somebody looking for coverage, if they're looking at plan year 2023 coverage, like say they just need two months, November, December, do they still go to Healthcare.gov?

MR. PATCHETT: They do.

CHAIR CORLETTE: Okay.

MR. PATCHETT: They do. Yeah. So we spent a lot of time coordinating with CMS over the last few months to prepare for that overlap. It's really exciting. So every state that transitions, deals with that overlap. We have the added benefit of doing it in

the middle of the unwinding which is really exciting for us. So, you know, there will be a different level of again, volume and some complexity associated with that which is why they said we spent months coordinating with CMS and also with DMAS on everything from processes to communication strategies.

MR. ROSSITER: Kevin, a related question is, I was -- I saw an ad Healthcare.gov, and wondered if I'm looking for 2024 coverage and I'd go to Healthcare.gov, what -- and I'm a Virginian, what happens then?

MR. PATCHETT: Yeah. So -- and we can see a little more of these timelines here in a minute, but beginning, I think it's 10-4, October 4th, if the consumer goes to Healthcare.gov looking for 2024 coverage, they'll be redirected to our website and platform.

We actually had expected, more than hoped, we'd expected that that date would actually be a little earlier, but CMS set it at October 4th this year, so another one of our floodgates that's going to open on October 4th is the consumer outreach. There's a lot of things that we thought we could start in August, but CMS has required us to wait until October.

And so if we look at the next slide which is really focused on sort of how this process -- we're just

talking about communications is going to work. You can see it all kicks off with CMS being the first one to reach directly out to consumers who are already on the Marketplace, that happens on 10-4, and then from that point, the rest of these activities, we pick up ourselves. And as you can see, in that three-week period we are cramming an awful lot of activities, communication, outreach and marketing to get prepared for November 1st, all at the same time we're processing auto renewals in the background, opening the platform for window shopping, and then doing our cleanup consumer data migration or catch up I should say. We'll do our first consumer production, consumer data migration next week. We expect about a little over -- right around 250,000 applications that we will migrate next week and we will do the work to confirm, validate that data and then update it at the end of October as things will have changed in the intervening month.

Let me just pause here, and any other questions about communication strategy and planning? Holly is going to talk in a few minutes a little more specifically about our marketing and outreach, and what that's going to look like and how the different phases are going to take place here over the coming months.

CHAIR CORLETTE: Kevin, one issue, and maybe

this is just over time gotten addressed or fixed, but I remember hearing from a state that transitioned to an SBM in the last few years that they were surprised to discover that a lot of current Marketplace enrollees that had been on Healthcare.gov were -- when they actually looked at them were actually Medicaid eligible. And so I'm wondering like, is that an issue that you guys have heard about and, if so like what's -- is there like a plan for how those folks are informed or what they're supposed to be doing.

MR. PATCHETT: Yeah. So we have already received our first or maybe even second, we call sort of data extract so that we can begin testing and validating the data itself, the migration process and one of the things that we started looking at, at that same time is as we've been sort of test running eligibility to validate, you know, the like in the functionality of our system in a production environment and with some real data, we've also been taking a look at how many of those consumers are getting flagged for Medicaid eligibility.

One of the benefits that we have is that Virginia's transitioning as a determination state. So unlike most other -- most of the other Exchanges in the country, if we just do assessments, and then send consumers back to their Medicaid agency for the

determination of whether or not they're eligible, who will actually run a Medicaid eligibility determination for any consumer who comes seeking any of the financial assistance programs through the Marketplace. So we will run that and if we determine that consumers are eligible, we'll simply transfer them to DMAS for enrollment in an MCO and sort of away they go. So hopefully, that will minimize any, you know, ping-ponging of customers trying to figure out where they should be, and support our efforts to have a sort of no wrong door for Virginia consumers.

CHAIR CORLETTE: Thank you.

MR. PATCHETT: And then, so lastly, I will just touch on sort of what our -- so one of the things that happened over the last two months is that we've uploaded all the carrier's plans, both health and dental. The carriers have validated those. We actually got to do it twice since reinsurance was a little delayed this year.

And so here's a picture of what our -- what the individual market looks like in Virginia. We continue to have the benefit of having at least two carriers in every locality in Virginia which, you know, I wish the Marketplace could take correct for, but that's really -- that's been a multiyear process and

lots of different folks and stakeholders have been involved to stabilize Virginia's market, and we're -- we are, you know, reaping the benefits of that right now for the consumer market we have a robust set of carriers in Virginia, 12 health carriers, and 7 dental this year or 7 standalone dental in really covering all of Virginia. And there's the picture of our standalone dental carriers.

So let me pause again here for questions before I pass it over to Holly to talk more specifically about our marketing and outreach efforts. Okay. Then Holly, and what Holly is going to share, this really is Holly and her team standing at the sort of flood relief gates waiting for the green light to release the pent up pressure of energy and excitement around the marketing and outreach work that we've been developing for the better part of a year, so take it away, Holly.

MS. MORTLOCK: Well, thank you so much, Kevin. And we are so excited to share our marketing and advertising and media plans with you today. To say that we have been waiting is really a massive understatement. We have really been wanting to get these in play as soon as possible, but now we are -- the days have come, and we are in the place now to begin launching this tremendous effort.

So we've worked many months with our marketing vendor to develop a very research based and a very diverse and robust marketing and advertising program for our brand launch and our open enrollment campaigns. And we have put our highest and best resources into developing these plans.

And so what you see just as the overall contours is a four-phased approach, and I'll just note that it really actually began early on with the unwinding campaign and this just focused on -- this was not as Virginia's Insurance Marketplace, but this was just to focus on amplifying the efforts of our stakeholder apartment -- stakeholder partners to raise awareness of Medicaid renewals and to drive consumers to the Marketplace for their coverage.

And so our messaging around that will shift a little bit, but it will continue through the end of July of next year, to support all the individuals into getting Medicaid impacted individuals into getting Marketplace coverage.

So the second phase is our social media campaign. And that actually began on September 12th. So I don't know how many social media mavens we have out there, but you may have seen some initial posts on Facebook and Instagram and YouTube. And so these are

just very organic social media posts. They are not paid advertisements just yet, but we will encourage you to go out and check out our pages which I will show you in just a moment. We're also in the process of getting a LinkedIn page, so please be on the lookout for that and connect with us there as well. I'm expecting that in the coming weeks.

So for Phase Three, so next week at this time, we will be launching very out loud, our brand of Virginia's Insurance Marketplace to all of the Commonwealth. This launch will inform Virginians about the transition and very quickly develop brand awareness across Virginia. So you will very soon see on your streaming TV, radio, and your Internet searches, you will see us out there, and we are very excited for you to see that and connect with us.

And so that will run through October 31st. So as Kevin had mentioned, you know, CMS had really wanted us to wait until October before we were really launching these messages and that brand awareness. So the brand launch will be abbreviated so October 1st through the 31st with some overlap into the open enrollment campaign where we will have our most robust resources in this phase of our campaign efforts.

So open enrollment is going to really focus on

educating Virginians about their insurance options and the importance of health coverage, motivating them to purchase insurance on the Exchange, and help Virginians who have insurance to maintain it.

And so this slide is where we wanted to give you a sense of how robust this marketing and advertising campaign is, and the types of things that you might see as a Virginian as you're watching your advertising. So the first is programmatic display and video. So I know there are some members of the committee that may be very familiar with advertising terminology, but these are static or animated banners and video ads on websites across the Internet with news and entertainment sites which we all are bombarded with. Connected TV which will have video ads placed on streaming platforms like YouTube, TV, Amazon, Prime Video, Sling, Hulu, and Discovery+. These will run about 30 to 60 seconds.

We also have digital out-of-home ads which will be on digital displays like gas pumps and bus stations. We have site direct ads, so our marketing vendor will be partnering with specific sites to run our ads in specific niche or distinct audiences. We also will have streaming audio for everyone who listens to iHeartRadio, and Pandora and other music streaming platforms, we will have those audio ads there in between

content.

We also have Google search ads which will be just text ads promoted on Google search on the results page. And then we will have high impact displays which are premium display ads that are interactive, so clicking with banners encouraging brand engagement through multiple touch points, inviting individuals to make a choice. I'm sure you have seen these types of ads with click throughs, but we will have those. And of course social media we just discussed. And one of my favorites is really something that was a very new concept to me. I was kind of mesmerized, but we are going to have something called moving billboards with mobile retargeting. So those are digital wrapped truck ads that serve as a billboard and they have beacon technology collecting mobile IDs of anyone in the area and they will use that to retarget their mobile phones. Which was confirmation for me of that people are -- they are actually listening, and watching my phone. So we will look for those. Those will really help us, especially in particular areas where there may be harder to reach individuals. We will use our data and research to inform the use of these in the highest need areas.

And then we have -- we're really ramping up our TV and radio space. We will have public service

announcements, 30 seconds of video and radio PSAs that will be distributed broadly across Virginia. We will also have a satellite media tour. I think there will be 10 or 12 interviews of TV and radio by a Virginia -- Virginia's Insurance Marketplace spokesperson. And then we will also have additional channels like broadcast TV and radio. We will do a YouTube mass -- takeover custom asset and connected TV. So those are the main highlights of our brand launch and open enrollment media campaigns.

CHAIR CORLETTE: I think Scott has a question.

MS. MORTLOCK: Sure.

MR. CASTRO: Hey, thanks Holly. Also thanks for the confirmation that people are listening to my phone. We get those targeted ads all the time, and like how did they know that. Curious if there's any consideration, I just know, obviously, you guys have a multipronged approach here, just thinking about, you know, millennial population and younger folks too. I know you have stuff on -- it says like streaming like Pandora and things like that. Any consideration given to podcast platforms?

MS. MORTLOCK: You know that is actually a great question. And what I will say is that we are, you know, our marketing vendor has done just a thorough

amount of research, and they have a ton of experience in this space, I think if they are considering that, it really will be, you know, based on the research in terms of what is the most impactful. They have paid a lot of attention to our younger population in terms of strategies and reaching them, but that is a great point and I'd be happy to ask them that question.

MR. CASTRO: Thanks, Holly.

CHAIR CORLETTE: Okay. And now I think Julie has her hand up.

MS. BATAILLE: Yeah, hey everybody, I was going to add to that question, Scott, thank you. Holly, this looks like a terrific plan, and I love to see all of the channels that are being leveraged, especially just knowing the diversity of Virginia and being able to reach across the different populations that you have to touch.

One thing that I would say just in response to the podcast question in particular, that is something that you could always think about doing outside of your paid media efforts as part of your ongoing, you know, interviews and media relations too, so there's always time to add that in if your team finds that it's a valuable, you know, resource given your time constraints.

MS. MORTLOCK: Thank you, Julie, that's a great suggestion.

CHAIR CORLETTE: This is maybe not so much about advertising, but, I had a question. I think one issue that's come up is when people are searching for health insurance on Google or other search platforms, like some of the more common search terms don't always generate like the Marketplace as one of first search results. So for example, if you're, you know, your search term is something like need health insurance, it's like the first page of results sometimes is just, you know, a bunch of junk plans. So I'm just curious if -- and I don't know what the right terminology is, but if there's a way to make sure that the -- that Virginia's Marketplace rises to the top of those search results.

MS. MORTLOCK: Yeah, absolutely. And we've done a little bit of work on this space ahead of time sort of anticipating that this is an issue that consumers come across -- really across the nation. And so the first thing that we did in terms of looking at our naming is we really looked at sort of search engine optimization, and finding names that would rise to the top and be the least confusing to consumers. That is something that we worked very closely with our marketing

vendor on, but I think probably the most important feature for us and our marketing vendor is watching for these things in terms of, you know, Google analytics and so forth, so we are watching to see behavior around these links and our link.

The other thing that I think is the most important piece of this is that we worked really hard to make our name a .gov name. So our platform is really .gov. When we did our focus groups and talked with consumers, one of the most important things that came out of those conversations was that they really valued having a .gov in the name to convey that credibility to them. And so I think that is one of the things that we believe will be a big asset to us in that regard.

Are there any other questions on the channels? We have some more exciting things to share with you. Okay. So I think we mentioned our social media ads and so this is a sample post, but if you're at your computer and you would like to see for yourself, live, you can go to our Facebook page, you can look for Virginia's Insurance Marketplace on Facebook, Instagram or YouTube and find our sites there. So feel free to do that. And you can see here, it's just a sample photo of one of the ads that will be posted that conveys our brand with the

ombre colors and just the overall messaging and tone that we envision for Virginia.

Okay. And so if I can indulge you for just a moment, I would like to try -- I hope this will work -- to play a video, just a sample ad that we have created with -- so here you go. And let me know if you can't hear it.

(Video playback.)

MS. MORTLOCK: Okay. Was that audible? Did that come through well?

CHAIR CORLETTE: I just got the first couple of sentences, unfortunately.

MS. MORTLOCK: Oh, no. Okay. I -- well, I will see if we can get you a link to that or if you can see something like that very shortly. So I was hoping that --

CHAIR CORLETTE: Yeah. No, the visuals were great. Yeah. I don't know, were others able to get the audio?

MS. MORTLOCK: No, okay.

MS. BATAILLE: No, I just had the beginning too. But I will say the -- I mean, it was great, in terms of the snapshots of Virginia, making sure you recognized a lot of the different kinds of community you serve, so I will look forward to hearing the audio in

its full totality as soon as it's ready.

MR. ROSSITER: I really liked the only place you can get savings on your health insurance, that was really good.

MS. MORTLOCK: Okay. Any other questions or comments about the video? Okay. I know we have a lot more on our agenda today. So I will turn it back to you Sabrina. I think we have -- and then we have Virginia Medicaid up.

CHAIR CORLETTE: Yeah. Let's go right into it. I think -- is it Jeff? Are you doing the presentation or --

MR. LUNARDI: Yes. Thank you, Sabrina, thank you Holly. For those of you that don't know me, I'm Jeff Lunardi. I'm the chief deputy here at DMAS. I'm standing in for Sarah Hatton [ph] our deputy for administration who's been spearheading the unwinding effort.

As everyone on this call knows, really this big unwinding effort is kind of the return to normal following the federal public health emergency which, you know, sort of for lack of a better term froze enrollment for anyone eligible for Medicaid during that period, and so there are too many people to thank and I don't have a slide for it, but the team here at DMAS at DSS at the

state and local level, you know, the association and the Medicaid MCO health plans have been instrumental and certainly Kevin and Holly and their team given the timing with the rollout of the state-based exchange and the need for individuals who have regained employment as the public health emergency came to a close and the economy picked back up to make sure they're aware of the other affordable health insurance options are out there.

So many, many people, none of whom were me, did a ton of planning for this and have been working tirelessly to make sure this is going very, very well. And so I am going to give some broad strokes. And then one of my colleagues is here, Jessica Annecchini, who is here, one of our linchpins here at DMAS to make sure this is working well, will also sort of round out the update.

So just to level set where we are right now. We are just about halfway through what's essentially a year-long process. So September marks the seventh month of initiating eligibility redeterminations in the fifth month where redeterminations are actually due. So the reason for that is, there's sort of a two-month lag when we go in monthly cohorts of when we redeterminations are due, but we had to initiate those renewals two months prior starting with a -- what we call an ex parte

process, and Jessica will have some more details on that, but then if that isn't able to do it automatically, then we mail out paper packets, the member has to fill out, return that and there's a two month sort of timeframe in which they have to do that prior to them being due. So where we are again, in that time -- in that space is we have initiated renewals for more than half of the 2.1 million Virginians who are going to go through this full unwinding process.

One big update since our last meeting is our public facing dashboard. We've done a major overhaul of our unwinding dashboard to really improve the public transparency over the process, and we're really excited about that. There's additional tabs and information on our website that breaks down the unwinding data and status by region and county. There's also a more granular breakdowns of closure reasons, so Medicaid members who have been closed during the process, why, and then there's also demographic data by age, gender, race and ethnicity to really give a whole lot more context to the individuals that are going through the process and who they are.

And one note as you look at that and as, you know, stakeholders consume that, it's updated weekly, so the data is as of each Wednesday, so what's up there

right now is sort of live up to date through September 20th which was just a couple of days ago.

So as of that date on the dashboard, as of 9-20, just under 900,000 members have received a determination and that equates to a little over 41% of the Medicaid population at the outset which is really right where we should be, because we're five months in and five of twelve is just a little over 41% as well, so we are right on target in terms of trying to work through this in our 12-month timeframe as required by CMS.

Of those, little more than 750,000 have been renewed, determined eligible and have continued coverage for another 12 months with Medicaid. And then another 142,000 in change have been -- have been closed. Just a quick reminder, a closure could have occurred due to this -- their annual renewal or -- but it also could've occurred outside that process for reasons such as death or permanently moving out of state. So I will pause there with the -- sort of the broad strokes of where we are in this big unwinding process and then Jessica, if I could tag you in to walk them through some of the additional details.

MS. ANNECCHINI: Sure thank you for having me. So first we'll go into a little bit more detail on this

closure. So what we're tracking with closures is who is closed for a nonprocedural reason, meaning did we determine that they were ineligible as opposed to those closed for procedural reasons which is we did not receive their paperwork that's needed to determine eligibility. So when looking at the closures, 66% of the members that were closed were disenrolled for those nonprocedural reasons, again, meaning we were able to determine that they were ineligible for any Medicaid coverage ongoing. And then 34% were closed for that procedural reason.

Prior to the continuous coverage requirement, we were at about a 30% procedural closure rate of -- staying somewhat in line where we were before, and that's really good news considering we saw a 41% growth in enrollment during coverage continuation, so really good to see that we're keeping with those numbers, but of course we looked ahead of that, we said, you know, what can we do to make sure those procedural closures get back to us, because of course we don't get them -- get them to go to the Marketplace, because if we can't determine them ineligible, there can't be another determination at the Federal Marketplace.

So thinking about this ahead of time before we started the unwinding, we partnered with our health

plans and they've been a great help to us. They actually performed outreach to all of those members that were closed for those procedural reasons just reminding them that you have this three-month reconsideration process where they can come in, provide their renewal information, and they don't have to reapply. So we will see some information coming up and that our dashboard will start to include a -- dashboard next month and that's going to say, well, who was closed for those procedural reasons and then came back to us, so we can see the work that's being done to make sure that those that are eligible maintain coverage.

So that's a little bit on the closures. I do want to shift to the other renewal tasks as Jeff mentioned a little bit earlier. Our ex parte process is what basically initiates the renewal. It's an automated process that runs two months typically before a renewal is due and this is a very important process because, of course if we can automate the renewal that removes that manual workload from any work needing to touch the case.

So unfortunately, September's ex parte run doesn't happen until tomorrow, so I did come with August numbers so you could see. So in August we initiated renewals for over 110,000 families which is over 181,000 members. And so we were actually doing this at about a

64,000 case rate per month prior to continuous coverage, as you can tell, we're almost doubled what we're doing right now. So we can't initiate more than a 9th in any month which is 240,000 members, so like I said, we did 181,000 last month. It varies slightly from month to month just depending on when the numbers are due.

So out of that we actually saw a 55% success rate among our cases and 51% for members. That's pretty -- that's a pretty awesome rate because we're looking at not only currently due members, but also overdue which means their information is a little old since we've looked at them, but to know that we have had data sources out there to continue their eligibility, it's always great to see those numbers going up. I think that last time Sarah would have presented on numbers that were more in the 20% range. So you can see we've definitely gone up in that success percentage. So, of course, that means they renew for another year. And of course, we do look at like I said, we're looking at current renewals and overdue that we weren't able to renew during continuous coverage. We're seeing actually a 69% success rate for current due and a 17% success rate for overdue. That was expected, so like I said, the older the information is you have a less likely chance of data sources still matching that old

information. So we, you know, we foresaw that and we're good to see that the current numbers are exceeding our expectations, and of course, that's where it comes in to make sure we get those packets in which is about 47,000 households were mailed packets last month, and then of course, all those cases need to be processed by the October cutoff and October cutoff is the 16th, 16th every month for Medicaid cutoff.

So just some information on the ex parte and closures in a little bit more detail. And I think we're going to pause here for any questions.

CHAIR CORLETTE: Thank you. Sounds like you all are doing just incredible work and it's great to hear that, you know, these rates are where they are. I just had a question. I saw that -- was it yesterday or Wednesday, this week has been a blur, but the CMS --

UNIDENTIFIED SPEAKER: We had two articles.

CHAIR CORLETTE: -- released a report about this issue with -- for ex parte eligibility being determined on the household versus individual level. And I was just wondering, it looked like Virginia had, I think it was between 10 and 49,000 people who might be affected by that. I was wondering if you could just say a little bit about how you're -- it's -- yeah, sort of how you're managing that issue and working through it.

MS. ROBERTS: I'm going to let -- we're going to let Jessica say something, but first I do want to say to the committee -- and Kevin, I do owe you a letter, so let me set that to you, too. Jessica, we need to send him the letter I sent to CMS so he can have it for the committee. So we'll send you the letter that we have about the plan that we had about this issue, and that way you can all have it. It's open. It's not a problem. We have given it out. So you can all read it. And I'll let Jessica explain it, but I will tell you two things, one, very extremely proud of the team. They were ahead of the game. Most dates are -- were shock and awe, and we were shock and awe, but we acted very quickly.

Second, I will ask the committee that if you read anything that sounds an issue, I would ask that you contact us first. So I'm glad you're asking right now, so that we can do that. Some of this is political as you can tell, in terms of the wording. What I can tell you is that we're very, very committed to our members. We are not throwing members off when people are telling you. I do not wake up in the morning and say, how many children can I delete off the rolls. So if someone tells you those things, please, please, try to make you smile about it, because it sounds so egregious, but

that's how it's being played, and it's not. What the issue is, is that ex parte is an automatic process and there's two ways you can look at it, either the household which we have done for many years or as an individual basis. And so Jessica who is actually the person who designed our change, Jessica, could you explain how we're resolving it?

MS. ANNECCHINI: Sure. And just so everybody knows, our policy has always been to renew on the individual level. States had to go through mitigation once already to go through this with CMS and we already had mitigated and approved with them that we are renewing on an individual level. However, our automated process could see some enhancements just to make sure we're catching everybody possible. And so basically this is actually a change that's going in tonight. We've already reinstated everyone that's potentially affected so that CMS template is again a preliminary amount, because, you know, we want to make sure we're giving the due diligence to everyone that potentially could have been disenrolled or had an inaccurate decision. So once we put the system fix in to truly look at the individual level and making sure one person's outcome does not affect another person then we'll be able to reevaluate everybody and determine

who's eligible ongoing.

Now, of course, this math is not proven with anything, because of course, we have to run them through, but we are guesstimating about only 10 to 30% of what we've reinstated, will continue their coverage another thing I want to point out is that the number in the article is of course children and other household members, so there could be other possible members in addition to children that were potentially disenrolled. And also that is the covered group that they were in when they were disenrolled. While it is a very small percentage, of course, we did not reevaluate during continuous coverage, so there are individuals in the children's covered group who are now 19 or older which means they no longer find coverage there, but potentially they could find coverage in another group. So just kind of pointing that out that once we do that reevaluation that's what's going to help us to really be able to define those populations a little bit better.

CHAIR CORLETTE: Thanks so much, and Director Roberts, I like your shock and awe. Definitely I think was -- a lot of folks were feeling that. So thanks for all the amazing work that you guys are doing. I know you're working overtime on this.

MS. ROBERTS: You're welcome, and again, we'll

get you the -- we'll send it to Kevin and to Holly and so you can all read it, and that will help you, because you'll actually see what was actually written to CMS in terms of the plan. So you can be part of it; okay.

CHAIR CORLETTE: Okay. Any other questions for our DMAS friends? All the. Well, thank you all. I think next we have the Bureau. And Julie, is that going to be you?

MS. BLAUVELT: Yes. I believe that's going to be me for the first part of it to talk about the Essential Health Benefit Benchmark Plan update. So just to level set everything a little bit before I get into the rest of it, I guess with some federal rules that came out a couple years ago, thinks kind of became clear of what CMS has I guess been saying all along that the real way to mandate benefits for the individual in small group health insurance coverage that's covered by ACA is by changing the essential health benefits benchmark plan and updating that benchmark plan which became a possibility in 2020. I guess before then the benchmark plan had been CMS told states when and how to set a benchmark plan. We did that in 2014, by a default plan, and then CMS said again, states needed to update their benchmark plan for 2017 which we did again then.

Now since then, there's a process for states

to as they see fit and when they see fit, apply to update that benchmark plan. So at the last couple General Assembly sessions the Bureau of Insurance has been talking with legislatures -- legislators about -- to help them understand that a state mandate -- a state benefit mandate will cause the state to make -- have to make defrayal payments if the state mandates benefit in the individual small group markets that way, on qualified health plans that are sold through the Exchange.

Of course, you know, that may be the desired way like we saw with the hearing aids benefit that did go that route and that was because of some requirements that go along with an essential health benefit, and having to offer that benefit in an nondiscriminatory manner meaning, all ages would have to have that benefit. And the hearing aids was just -- was wanting -- they were wanting to target minors, and give that benefit to minors, so the decision was made by the legislature not to have hearing aids, you know, be -- and essential health benefit, but to go the state mandate route with that.

So there was budget language back in the 2022 special session that instructed the Bureau of Insurance to study and analyze Virginia's options for a 2025

essential health benefit plan benchmark plan update. And in the past session, the 2023 session, we did have bills go through that required the Bureau of Insurance to select a new essential health benefits benchmark plan and another set of bills that went through to set out a regular review process for updating the essential health benefit plan benchmark plan regularly.

And the benchmark plan is the document that sets out what the minimum requirements are, so all ACA plans, you know, have to have the ten essential health benefits and the individual small group markets. And the actual benchmark plan documents specifies how those ten broad categories are covered and gets down to very specific things like a minimum of 30 covered chiropractic visits or 16 hours of private duty nursing, that kind of thing.

And so as we see things evolve and technology or anything like that then states can request to update their benchmark plan, and they have to apply to CMS to be able to do that, because of course, the federal government pays for increases in benefits through increased premium through increased tax credits. So -- and those applications, it's got a long lag time of about 20 months prior to the actual effective date of the new essential health benefits.

So the Bureau of Insurance had a contracted actuarial firm that had done this type of thing before with some states and we had a federal grant we were able to use to be able to do some studies and get information to the Health Insurance Reform Commission so that they could actually direct the Bureau of Insurance as to what changes should be made to the benchmark plan since the Bureau of Insurance is not a policymaking body. We didn't feel like we could make that decision on what -- how to change the benchmark plan. We needed direction how to do that, so the report that was done, it looked at Virginia's current essential health benefits, the 2017 plan looked at what other states what they were changing and other states benchmark plans. And there are a number of ways as they could change their benchmark plan. They can pick another, you know, take a totally another plan out of their options that they have to choose from. They can pick another state's benchmark plan and make some categorical changes to that or they can kind of start from scratch and do a whole new one. Most states are going with the third option which is the starting from scratch, but they're actually pretty much all using the current benchmark plan which is what Virginia did. We used the current benchmark plan and made some tweaks to that, and part of the application

process is that there are parameters that the federal government sets. There's a floor and a ceiling for the benchmark plan. And the -- it has to be at least as generous as a typical employer plan, so we could use our current benchmark plan as that -- as the floor and it can't be anymore generous than the most generous benchmark plan option that the state had to choose from which in our case was the federal employee health benefit plan. So we found that in between where we are now and the top that we could go, there's a $2.56 per member, per month window, I guess you'd call it so that we could, if we wanted to, Virginia could add $2.56 per member, per month worth of new benefits if they wanted to do that. Of course, you know, that does raise the premium that much as they want to raise those benefits or increase those benefits.

So the Bureau of Insurance did a study and we chose four benefits to look at for consideration and the way we chose those four benefits to study what the cost of adding those benefits would be is those were benefits that had recently been reviewed by the Health Insurance Reform Commission and looked at and considered through legislation, and they were hearing aids, enhanced prosthetics, donor breast milk and oral enteral formula.

And so what happened was the General Assembly

did direct the Bureau of Insurance to choose a now benchmark plan to include the oral enteral formula, so -- oral formulation of the nutrition, and enhanced prosthetics which was already mandated in a large group market. And it's projected that those two benefits that were -- we applied to add to the benchmark plan will increase the per member, per month by 29 cents, so that was within the range that we could work with.

We also made some updates in our application for a new benchmark plan. We updated wording that was in the current benchmark plan. That, again, back from 2017. So there have been some changes in federal law nondiscrimination, mental health parity laws, new preventative care services. So we added, you know, that information into the actual benchmark plan.

CMS did approve that application back of the end of last month, and we have a website that -- where you can see the updated -- actually all of the benchmark plans that we've had in Virginia. So that's what we've got for 2025. And then there was also like I said at the beginning some set of bills that went through that will require the Bureau of Insurance to establish a workgroup and that will also require the Health Insurance Reform Commission to review whether updates are needed to the benchmark plan starting in 2025 for

a HERC review, and a report that the Bureau of Insurance needs to provide to the Health Insurance Reform Commission. So we're actually going to start our work in 2024 with a workgroup in order to provide that report to the Health Insurance Reform Commission by the end of March, and then every five years after that, we are -- we're going continue that as the legislation is right now or as the law is right now.

So that's pretty much what I had to talk about on the benchmark plan. And if there are any questions I'll be glad to answer them.

CHAIR CORLETTE: Thanks Julie, that's very helpful. I'm curious, do you know if there are any QHP issuers that are covering benefits in addition to the benchmark at this time?

MS. BLAUVELT: Yes, I think there are quite a few. Adult dental is something that can never be part of the essential health benefits. So some cover that. Abortion coverage is also something that can never be part of the essential health benefits and there are a few carriers that cover that. I think those are kind of the main ones we see.

CHAIR CORLETTE: Okay. Thank you.

MS. BLAUVELT: Eyeglasses for adults.

CHAIR CORLETTE: Okay. Great. Thank you.

Any questions for Julie on the EHB? Okay.

MS. BLAUVELT: And then I see reinsurance on your slide --

CHAIR CORLETTE: Yeah.

MS. BLAUVELT: -- and Brad Marsh is here from the Bureau of Insurance to talk about that.

CHAIR CORLETTE: Great. Well, thank you so much Julie, really appreciate it. And Brad, tell us all about reinsurance.

MR. MARSH: I just want to thank you all for giving me the opportunity to inform you guys on some -- give you a little update on the Commonwealth Reinsurance Program and things that have gone on recently with that. Just as a quick reminder, I think most folks do know what the Commonwealth Health Reinsurance Program or CHRP is in Virginia, but it's a program designed to lower the cost of health insurance in the individual market by reimbursing carriers for a portion of their high-cost claims.

The program is operated under a federal waiver and payments are funded largely about 70 to 90% by federal pass-through funding and that funding is provided based on savings from reduced premium tax credits due to those lower health insurance premiums from the reinsurance program.

We presented back in April to the HERC range of premium reduction targets and the associated funding levels for the 2024 CHRP. While funding for the 2024 CHRP won't occur until 2026, the recently passed budget does contain language that directs the Bureau to continue the CHRP for plan year 2024 with a targeted premium reduction of 15%. So that'd be the same reduction level that we had for 2023 on that.

We've worked with -- so I'm sorry, the total estimated cost of that premium reduction level is about 420 million dollars, an estimated 66 million of that will come from the Virginia General Fund revenue, but that -- as I said, that won't be until FY 2026 when that program -- when that state funding -- we would come to pay for those claims.

When we spoke to -- I'm sorry, you all probably want to -- so the final outcome for the rate changes before the reinsurance had been applied or before we'd gotten the guidance on that, rates were looking to increase by about 28.4% without the reinsurance. We now have a 3.5% average rate change instead of that 28.4 change there. So -- and those rates have gone public as of yesterday, and we are working to get that information to the CMS group and the other federal reviewers so that they can start to do

their analysis to give our estimate for fund -- for the funding from them for FY 2024. We'll expect to get that probably in April of 2024. We'll know what that amount is for the program.

We have received two quarter's worth of carrier reports on claims for the 2023 program, but we spoke to our actuaries about the possibility of trying to get a better idea of what the total cost would be for 2023 by extrapolating those numbers and they advised against that just because the way these programs work, because they work on high -- individual's cumulative claims over the course of the year, you're going to have a lot more -- a lot of people that end up with claims in the program coming in the third and fourth quarter of the year. And so the amount of those claims that occur in the first two quarters of the year really don't have a lot of predictive value for the rest of the year. So all that to say, we're still sort of working on estimates for knowing what the full cost of the program will be in 2023.

Another thing that we spoke to the HERC about is -- to the -- yes, to the HERC about was the need for a more defined process on how to set these rates or some -- or potentially some statutory guidance to the Bureau to seek a particular -- to seek a particular

level of premium reduction in 2025 and/or 2026. Because we have to set these rates prior to the year they're in effect, yet the payments to the carriers are not made until after that year is concluded, we have about a -- we have basically a three fiscal year lag between when we have to know what we're going to do and when the actual funding will need to come from a budget which means that the budget itself really isn't there -- the budget that has that funding is really not the place where we can get that directive to know either what the amount of funding is or what reduction level to seek for that.

So we've asked them if they -- you know, just to advise them that you know, we -- that if they would like to see more guidance to us in this area that we would -- that it would be helpful to see some sort of statutory -- some sort of additional statutory language like this that directs us so that we can go ahead and get our rates -- get the rates set and the parameters set for the program in May and move through the normal process instead of sort of this more hurried process that we've done -- we, you know, in the past month or so or a couple weeks or so to crank this out after the budget.

So as much as this was tied to the you know

the budget process, it has some aspects of this -- our built into the program and need a little bit of legislative guidance in order to work correctly. So we did ask them, you know, if they wanted to put statutory or budgetary language that directed that CHRP to continue at a particular level or create some sort of defined process for setting those levels in the future and advising us prior to May when we have to set those rates.

One last thing is that we do have a legislative report on the program that'll be coming out on November 1st. There's pretty limited data in that because we still haven't made payments out of the program, but it will have some information on our administrative costs for the program, and a few other aspects of what's going on there, so that'll be out on November 1st from the Bureau. And then I think that's the end of what we have to share about the reinsurance program right now. I can take any questions if anybody has any.

CHAIR CORLETTE: Awesome, thank you Brad, and thanks and congratulations to everybody who worked so hard to get this over the finish line in the last few weeks. It's quite a difference to go from 28.4% to 3 something, so just curious on this time lag or process

issue that you mentioned that you're working on. Are there any like lessons from other states? I mean that Virginia could benefit from? For another -- that have similar --

MR. MARSH: I think that --

CHAIR CORLETTE: -- reinsurance programs?

MR. MARSH: There are. And one of the things with the funding mechanism that a large portion of the states use for this in using assessments is that you -- is that if you do have the issues that we had that sort of change the cost of the program because of enrollment changes, those are sort of taken care of through the fact that the assessments will -- if you get 50,000 extra people that you didn't expect to be there then you have 50,000 extra people's worth of assessments to pay for the program.

The difficulty with this is that we're paying for it directly out of state general funds, and as a result those changes, you know, have to be affected and we have to pay that all at one point from one spot and it's kind of -- it's already done at that point, you know, the state has already reduced the rates for that year, and needs to make those payments out to carriers. So other states have not faced this issue as much. I know there are some other states that do use some

general fund revenue. I think the other difference that happens in this -- in most other states is we're unique in that our Bureau of Insurance or our Department of Insurance is within the State Corporation Commission, so it's a little bit different than when maybe the Bureau of Insurance is controlled by the governor and is more of as Julie talked about a policymaking body that can -- that feels more comfortable making those decisions on its on and directing the way that funding will go. So we have some unique things about our program here that sort of create these challenges a little bit.

CHAIR CORLETTE: Okay. Thanks. Doug.

MR. GRAY: I was just going to say that there are some practical things that we can talk about, I mean, one thing that strikes me is that if they had legislation that said that, you know, they keep it at 15% until -- unless the budget says otherwise, then you would have some more stability and a little less frustration, because I mean, what that says is true that you can't know the number until you're well beyond, and you know, having it, an issue to be decided in budget language every year is really not in a really viable approach to stop the uncertainty. And on top of that, it basically contradicts the statute. Which is not unusual, I mean the General Assembly does it all the

time, but anyway, so I think that type of idea might work. I'd had a legislator suggest it to me unsolicited which I thought was kind of interesting. So we might, you know, be able to get some place with that.

I mean, the other friction point that, you know, I don't think everybody recognizes, in other states they have a premium tax to try to pay for it, but we're using a premium tax to pay for our Exchange. So you know, there -- at some point, you know, it doesn't make sense, because what'll end up happening is we'll just pass it along, and then it will be less of a reduction. So that's just an editorial comment. And then, you know, I just think the practical reality with the -- one of the frustrations is a policy one that I think we could help with. We, being the advisory board and the association. And that is that there are -- we have been successful. We have 60,000 new people. And of that group, a number of them were eligible for a premium subsidy and didn't take it. And that has increased the cost for the state. And so the state has a real interest in making sure that if you're eligible for one that you take it. And so to make that happen is an interesting conversation. You know, one thing we could do is, for example, have a bill that changes the individual insurance application form to require the

collection of income information so that eligibility for the subsidy would be determined and then taken. We could even require people to take it which is a whole different question, and then, you know, part of the dilemma here is people are buying off Exchange and on Exchange. If you're an agent and the commissions are different, that's not going to work very well for you. So that's something we have to think our way through.

Part of the challenge is, I think you can take your subsidy without going through the Exchange, but you have to do it through your taxes and it's a lot, you know, more cumbersome. And so, you know, to the extent that we could make it easier for people to take the subsidy, I think that would fit the policy need of the Commonwealth to not have to unnecessarily subsidize folks who frankly are at the higher income end.

MR. MARSH: I appreciate you raising that, Doug. That was a note I had. I had a note here to mention that, because I do think that's an important part of this pass-through founding funding and the calculations that our actuaries do a huge part of the cost of the program or the things that drive the cost of the program are those folks that don't get premium tax credits out there. And so to the degree that we can encourage folks to avail them of themselves especially

in this new environment where there are many folks who in under prior regimes would not have had -- would not have been eligible for those tax credits who are now at least for the next two years, I think that ensuring as many of them avail themselves of these tax credits as possible will certainly do a lot to control the cost of this program and sort of keep them within reason.

MR. GRAY: Yeah. One of the things I'm hopeful about is that we could ask GetInsured for their help based on their experience in other states, because they may have had run into this issue before or they may be able to help technologically with helping us figure out how to ease the access to the subsidy whether they buy on or off, because in the end, the Commonwealth is paying for them. So I think it's an important conversation that we should all be part of and we can all work together on. I don't think there's -- as far as I know, anybody who would, you know, be opposed other than, you know, trying to make sure we don't undermine an agent's ability to provide service to their client, because that obviously is -- would be adverse to a partner in running the exchange.

CHAIR CORLETTE: Yeah, Doug, thanks for raising this issue. I hadn't really realized that so many people are leaving money on the table. You

mentioned commission. Are commissions higher for off-Exchange enrollments than they are for on Exchange?

MR. GRAY: I don't know the answer to that. I'm going to try to find out. I think there may -- they may have had a differential at some point, but that may have been remedied when we moved toward the state Exchange.

CHAIR CORLETTE: Okay.

MR. GRAY: I don't know for sure, but I -- you know, obviously, I can't share that information with other carriers, because that would be inappropriate, but I can ascertain the answer without, you know, creating a problem. So anyway, there are multiple aspects of this and I look forward to working with you on them, because I think we can improve here. I don't want to, you know, shoot ourselves in the foot by not helping people get their subsidy nor help the Commonwealth avoid unnecessary expenses. I mean, the whole reason we did the State Exchange was we thought we could better use the resources locally, right. So not fixing this is adverse to our mission as a group, I think.

CHAIR CORLETTE: Yeah. I see Kevin has his hand up.

MR. PATCHETT: If I can get the mute button to unclick here. I just wanted to add a couple of things

in from the Exchange perspective. So these are issues that have been on our radar and that we've been working not only with our vendor, but with other states to understand what we can do and it's an interesting set of complexities, because one of the challenges we have is we just don't have good data about off-Exchange plans. So we make a lot of assumptions, I think about, you know, what that looks like from year to year, but the data is just -- it's not great.

The other issue that's an important one for us is really the consumer education and awareness, because part of what happens is it's not just that consumers are not using their APTCs, often what happens is consumers choose a lower tier plan because that are, you know, caught by, oh, I can buy this bronze-level plan for zero dollars when, you know, they could have a silver plan or in some case even a gold-tier plan and still have it be a zero-dollar cost to them, but educating consumers about that, and helping them navigate those complexities is difficult especially when we've got, you know, some counties with a really high number of plans. So we've been working on things like plan display, how we optimize our plan search tool to let consumers really see their options, and then I think, you know, in the coming year, years where I think we're going have to

revisit and Doug and I have had this conversation preliminarily, but we visit the topic of plan standardization and really looking at, you know, our consumer is confused or missing out on options for better coverage because there just simply are too many, too many options and too many variables for them to choose from. So those are some of the issues that we've been looking at that relates to this conversation.

CHAIR CORLETTE: Great. Thank you. Any questions for Brad or while we have her, Julie, on either EHB or reinsurance? Oh, Kevin.

MR. PATCHETT: No. That was an accident, sorry.

CHAIR CORLETTE: Okay. All right. Well, thank you so much for all your great work and for sharing this information with us. It's really, really helpful. Next up we have the Strategy Priorities Subcommittee, and I want to turn it over to the subcommittee chair and full committee cochair. Ikeita. Take it away.

MS. HINOJOSA: Hi, everybody. Good afternoon. Can you hear me? Is this volume okay? Okay. Great. So before I get started, I just want to make sure that the slides are ready. I sent a message prior to the meeting about -- the slides for the Strategic Priorities

Subcommittee. So I just want to make sure that we're able to change the deck and put those slides up.

MS. MORTLOCK: I'm sorry, Ikeita, I'm having just a little bit of a glitch here. I will be right back with that.

MS. HINOJOSA: No worries. Okay. So yes, and that one slide that was posted just now, I saw that my name needs to be corrected, just the spelling, but I sent an e-mail regarding that, so you should have that just for the final version of the PowerPoint.

Okay. So let's go ahead and get started while the slide deck is being put up. So as Sabrina mentioned, I've been honored to serve as chair of this Strategic Priorities Committee. Our subcommittee is comprised of six members. So in addition to me there's Julie Bataille, Doug Gray, Starla Kiser, Lou Rossiter, and Scott White. So I just want to start by taking a moment to extend my sincere gratitude for all of the subcommittee members' willingness to serve. We're so fortunate to have everybody's experience and expertise, and it's -- we were engaged in a very thorough process of data collection and knowledge sharing and every 1 was so engaged and involved in our recommendation process, so thank you. To the subcommittee colleagues for being such a dedicated group.

So for the advisory committee, just as a reminder, one week ago, on Friday, September 15th, Sabrina districted the Subcommittee Strategic Priorities materials to give advisory committee members an opportunity to review our regulations and so folks would be prepared to share their feedback during today's discussion prior to our advisory committee vote on whether to adopt the expelled.

So just as a reminder, when you look in your inbox you'll find the resolution that I'm about to walk us through for the committee to approve the recommendations. And that describes our process and important considerations, things like that. The slide deck which we'll also walk through today and that contains visual examples of each of the five recommended strategic priorities metrics, and then you also just received a strategic priorities one-pager that simply lists the five recommended strategic priorities just for your convenience. So for this afternoon's meeting, I'll briefly review our recommendations and then we can have a group discussion and vote.

Okay. So the resolution you all received at the outset, it states to adopt recommendations from the Strategic Priorities Subcommittee, whereas, the Virginia health benefit Exchange is transitioning from the

federally facilitated Marketplace to a state-based Marketplace and in an environment of market volatility, competing policy priorities and uncertain implications of recent efforts. And it's critical that the Virginia Health Benefit Exchange use data analytics to measure progress and outcomes in order to allocate its finite resources strategically.

On the -- you can just leave it on Slide 1 for now. Yeah, you can go back, thanks. So that statement, that initial paragraph statement just recognizes broadly that there were many external factors, you know, many of which are beyond the Exchange's control that can affect benchmarks, thinks that we've been discussing, reinsurance programs and Medicaid determinations during the Medicaid continuous enrollment unwinding, all kinds of things come up. So we just wanted to recognize that. And then we also recognize that we need to use data analytics to help us be smart, focused and strategic with limited resources. So that's what that outset paragraph is about.

And then it goes on to say whereas, the advisory committee unanimously voted to create the subcommittee chaired by then Vice Chair Jane Kusiak object March 29, 2022, focused on generating no more than five strategic priorities with attention to data

analytics. So this one has been interesting, because based on our research, Exchanges typically prioritize between 12 and 15 metrics for their reporting, but as a group, back in March of 2022, we all discussed the importance of just providing a foundation in the initial years of the Marketplace with no more than five recommended metrics and then staff can always add more along the way and scale up at a later point.

Okay. So the next paragraphs of -- are very procedural and they're just to document our decision-making process, you know, it says, yeah, whereas, we agree to reconstitute the subcommittee, you know, I became chair December 1, 2022, that meeting, whereas, the Strategic Priority Subcommittee has the following mission. Members of the subcommittee will identify a set of critical outcomes that will help demonstrate to Virginians the value of our transition to a state-run Exchange. The subcommittee will further recommend the metrics and data needed to monitor and assess the Exchange's performance on those critical outcomes. Whereas, the reconstituted subcommittee met five times between March 22nd and September 14, 2023. Whereas, the subcommittee considered data analytics research from a range of sources including SBMs, the FFM, government agencies, policy institutes,

universities, the Virginia HBE staff, and Virginia HBE vendor that supports reporting requirements.

So on that last one and just talking about the range of research, resources that we went to, you know, we received several high quality briefings and presentations, so I just, you know, want to take a moment here just to pause, and generally thank everyone who helped the subcommittee with our research and with our understanding, so we don't name specific organizations in the resolution. We just kept this high level for the purpose of that. But we do want to give a special thanks to the Exchange's vendor GetInsured, particularly, Matt Harrison, the director of business intelligence. GetInsured did address many of our questions, and was a wonderful resource.

An additional thanks also goes out to subcommittee member Lou Rossiter, who secured research assistance for us, so you may recall Hannah Garfinkel [ph], was MPP [ph] student. She graduated now for the past month or so we've had Ruth Bekele, you know, these are students who attend William and Mary, master and public policy folks and so, you know, it's really exciting that they have been involved in this process, and so thank you to Lou and Hannah and Ruth.

The resolution goes on to say, whereas the

subcommittee reached consensus on the below strategic priorities recommendations on September 14th, now therefore, be it resolved that the committee hereby approves the following recommendations. Okay. So now we're at the recommendations. Now that you've understood kind of the process.

So please advance to Slide Number 2, if you can. Okay. So here you see all of the five recommendations. So we'll just take a moment to review each one in turn; all right. Next slide, please. Okay. So this slide and the next several slides just contain visual examples for each of the five recommended strategic priorities metrics. And each slide includes a link at the very bottom to the source information. So just so you know, these are merely examples from research entities from other state-based Exchanges. They're not meant to be prescriptive. They're just meant to share examples of some of the data analytics graphics that may flow from each strategic priority.

So here you see Strategic Priority 1 to expand health insurance coverage and access to increase the total population of insured Virginians. And so this is why we're here; right. We need to understand who's insured and how so we can better assist Virginians in getting covered and maintaining coverage. And

recognizing that, you know, some individuals may have needs that extend beyond health insurance, making sure we connect them, you know, to things that can help their overall health and wellbeing, you know, so those referrals and connections are also important. So like Commonhealth.Virginia.gov, those kinds of resources.

So here you see in this chart an example of just tracking the total percent and we'd also like the total number of the Virginia population that's uninsured along with the percent and again, the number of the population enrolled in various types of health insurance. So you know, we could do a breakout by employer or small business, large group government, Medicaid, Medicare, et cetera. So, you know, when we understand such data, that helps connect Virginians who interact with the best health insurance and assistance for which they're eligible, okay.

Next slide now, please. Okay. So Strategic Priority Number 2 is to capture total and new enrollees. So again, we need to know, you know, where we've been, and where we are to know where we're headed. So here you see an example of tracking the inaugural open enrollment data, you know, such as in a chart that captures the total number of customers during the first open enrollment period, a total number of new

enrollments, the customers that came --

CHAIR CORLETTE: Ikeita may have just frozen. Ikeita, are you still with us? I don't know. Lou, are you able to jump in here or should we hope that Ikeita is able to unfreeze here? Oh, wait a minute. She might be --

MS. HINOJOSA: Hello.

CHAIR CORLETTE: Oh, yay, you're back.

MS. HINOJOSA: Okay. I don't know what happened. Can you hear me? Can you see me?

CHAIR CORLETTE: Yes. You froze for just a minute.

MS. HINOJOSA: Okay. Sorry about whatever happened. But so this chart just goes through, I don't know when I --

CHAIR CORLETTE: Ikeita seems to be having some technical difficulties. Maybe we can just give it another minute, hope she comes back. Okay. Shoot.

MR. ROSSITER: So this one is -- it's a big picture, this is --

CHAIR CORLETTE: Yeah, Lou, might have to take over for a bit here.

MR. ROSSITER: This is a big picture viewpoint of the enrollments and we also thought that they could be tracked through --

MS. HINOJOSA: Hello.

MR. ROSSITER: Hello.

MS. HINOJOSA: Okay. I am so sorry. I don't know if you can see me or hear me. Can I get --

CHAIR CORLETTE: We can hear you, but not see you.

MS. HINOJOSA: Okay. All right. Well at least you can -- you can see the slides though; right?

MR. ROSSITER: Yes.

CHAIR CORLETTE: Yes.

MS. HINOJOSA: Okay. So we'll just keep going. So you see here, I'm not sure at what part I cut off, but this shows, you know, the enrollments, you know, how customers came to the Exchange from Healthcare.gov, and you know, the applications eligible for Medicaid. So the idea is that the Exchange will measure its first five years of progress against and relative to the federally facilitated Marketplace baseline until it has enough standalone Exchange data to present such information. Initial measurement against an FFM starting point of reference will also help the Exchange make a good value equation for the transition from the FFM to a state-based Marketplace. Okay.

Next slide, please. Okay. So this is Strategic Priority 3, to capture differences and key

health insurance metrics across geography to better target the eligible population. So we know Virginia is a very diverse state. And issues differ widely depending on the area of the state. So we don't just want metrics, we want to understand how a particular metric plays out across the geography of the state. So what you see here is an example of tracking qualified health enrollment by rating area and carrier, such as in a table that summarizes the percentage of, you know, what would appear to be Virginia's population, any treating area, and we could use the address given in the application, the percentage of enrollees who enrolled in a private plan, the average monthly household tax credit amount. And the Exchange could use this data to gauge the average premium prices in each rating area of the state. So that's an example of geography.

Next slide, please. Strategic Priority Number 4 is to increase the affordability of healthcare and make it easier to receive financial aid for health insurance. Obviously, in order to increase affordability and access to financial aid, we need to understand and track our financial assistance. So this example here is tracking plan selections with financial assistance to capture the total amount of -- selections that include financial assistance, so things like the

advance premium tax credit, cost sharing reduction, qualified health plan, et cetera. And the idea is to gauge the amount of money needed to satisfy all Virginia enrollee tax credits and determine which tax credits are most common.

Next slide, please. Okay. This is our final Strategic Priority to make it easier to compare plans and capture differences and plan selections. So again, going back to our mission for the subcommittee, you know, we want Virginians to know their options and be educated consumers when they shop for and select health insurance. So this example that you see here is tracking rate increases. The idea would be to let Virginia residents evaluate the premium change in their health plan over the past year by capturing the average plan premiums, prices by plan medal for the current benefit year, then comparing those plans with the average premium prices for the previous benefit year to find the percent differences. It also includes total premium and paid claim amounts. Okay.

Thanks. So you can either stop the slide show or if you want to leave it up you can go back to slide 2 that lists all five strategic priorities recommendations. Thank you. So there were just some additional considerations that we wanted to make sure

were highlighted. So one involves presentation. So we said considerations of accessibility and audience are important for the presentation of the Exchange's publicly reported metrics to help ensure both user friendliness and ease of understanding for the general public. When possible, incorporate interactive features such as clickable maps, et cetera, that allow Virginians to personalize Exchange data to make metrics more relevant to their lives. So this underscores the mission of the subcommittee to help demonstrate to Virginians the value of our transition to a state-run Exchange. And Virginia's Insurance Marketplace is meant to be by Virginia, for Virginians, so we want metrics presented in a user friendly way.

We also spoke to Timeline. We say these strategic priorities recommendations are intended to guide the initial five years of the Exchange. Once the Exchange is fully operational, it's anticipated that these recommendations will be revisit ed and modified to reflect future needs. Again, this is pretty self-explanatory. These recommendations are foundational priorities to help get the Marketplace up and running.

And then there's a note about sustainability for the Exchange to support data analytics and reporting

initiatives and create a compelling narrative with data, it will be useful to assess data analyst staffing, training for data users, survey capacity and processes for data reporting services. So here we want to make sure that data analytics are built into the culture of the Exchange.

CHAIR CORLETTE: Ikeita. Sorry everyone for the technical difficulties. Hopefully, she'll come back soon. I know we only have a few minutes left.

MR. ROSSITER: -- the subcommittee report, we don't need a motion; right? We just need a second?

CHAIR CORLETTE: That's a great question. I have no idea. Holly, do you know? Do we need to just vote to report or --

MR. PATCHETT: I think we can do that.

MS. MORTLOCK: Yeah. I think you could do both a motion and a second.

CHAIR CORLETTE: Okay. Well let's maybe try -- hope that Ikeita joins us, so -- I don't know, Louis, while we're waiting is there anything you'd like to add or expand on that Ikeita didn't get to?

MR. ROSSITER: No. She covered it so well. I might add, I can think of one thing, is that the staff sent us the GetInsured contract and all the provisions for data measurements. And our heads exploded, because

they are getting so many process measures from GetInsured. So if someone in the public or someone in the General Assembly wants to know a process measure that we don't -- we're not capturing here to release to the public, this -- the staff can do that from data there. The data stream they're getting from GetInsured is amazing.

CHAIR CORLETTE: That's great. I guess I did have one question and I don't know if you can answer it or maybe we can wait for Ikeita, but one thing I know a number of state-based Marketplaces are trying to do a lot better as capture and report data on key demographic issues like language preference, race, ethnicity, you know, income level. So I know you have -- in Number 3 you have differences in -- across geography, I'm wondering if you could speak at all to, you know, whether and how some of these other key population measures could be reported or shared?

MR. ROSSITER: The subcommittee talked about that and looked at it in length and we kind of like the geographic presentation, because some of the -- some of those geographies will serve as proxies for those demographics. But GetInsured is providing that to the staff. So if anyone wants a deeper dive into demographic data, they can get it from the SCC [ph],

from the Bureau of Insurance.

CHAIR CORLETTE: Okay. So maybe it's a question of the extent to which the GetInsured data is made public and sort of how it's packaged.

MR. ROSSITER: Right.

CHAIR CORLETTE: Okay. Well, I hate to move for -- make a motion to vote without Ikeita with us. Do -- did -- is she gone or -- let's see, I'm just looking here -- oh, maybe she's coming back.

MS. MORTLOCK: She's come back in.

MR. ROSSITER: Yeah.

CHAIR CORLETTE: Hi, Ikeita.

MS. HINOJOSA: Oh my goodness. What is going on? Okay. So did somebody pick up where I left off? I don't know.

CHAIR CORLETTE: Yeah. No, I think Lou help kind of round out --

MS. HINOJOSA: Okay.

CHAIR CORLETTE: -- the discussion, so --

MS. HINOJOSA: Yeah. Okay. So I hope we're in a good place. And that everybody understands our process and what we, you know, went through as a consideration for all of the various things. I think -- I'm not sure where I left off on just talking about, you know, the importance of sustainability that it's built

into the culture of the Exchange. You know, for the eligible uninsured population, you know, making sure that we have means of tracking that. And then for consumer assistance, just specifically highlighting the importance of consumer assistance in demographics. You know, we thought that those were very important considerations to talk through. And, you know, in terms of consistency, that was our final point that we raised. We just want to make sure that there's an opportunity to better understand, and if necessary, course correct any concerning trends. So you know, having that as a standing agenda item on these quarterly meetings.

So with that, I apologize for the technical difficulties, but I thank you all for your time and attention. And you know, I know that we're very close to time, but we can move to discussion if anybody has questions and a vote. And for this discussion period, I just want to invite my fellow subcommittee members to add any additional insights, answer any questions that arise from our fellow advisory committee colleagues. So thank you.

CHAIR CORLETTE: All right. One minute for discussion and one minute for vote.

MR. GRAY: I just wanted to recognize Ikeita for all of her hard work. She kept us on track, made

sure everybody had good conversations. There were no disagreements, everybody was, you know, in consensus on this report, and are, you know, fully behind, so we're ready to go.

CHAIR CORLETTE: All right. Any other comments or questions for the subcommittee? Well, hearing none, I would like to move for -- make a motion that we vote to adopt these recommendations and advance them to the Marketplace. Do I hear a second?

MR. GRAY: Second.

UNIDENTIFIED SPEAKER: Second.

CHAIR CORLETTE: Okay. I think we can just do a voice vote. All those in -- first of all, let's maybe take a moment for folks to get themselves off mute. So if you are a voting member, please take yourself off mute. All right. All those in favor of adopting the recommendations and reporting them to the Marketplace say, aye.

MULTIPLE SPEAKERS: Aye.

CHAIR CORLETTE: All those opposed, say nay. Hearing none, I think the motion is adopted.

MS. HINOJOSA: Yay.

CHAIR CORLETTE: Thank you. And huge kudos to the subcommittee, really, really incredible work. And I'm excited to see the fruits of it.

Holly, is there any other business? I know we've got like 30 seconds left.

MS. MORTLOCK: No. That concludes the agenda for today, Sabrina. Unless you have anything else you'd like to add, of course.

CHAIR CORLETTE: I don't, just Godspeed to you, and let us know if we can be of any help as you launch this plane.

MS. MORTLOCK: Well, thank you so much and thank you to all of the advisory committee members, and to Ikeita and the subcommittee, just for all of your ongoing support and advice, and counsel. We just really enjoy working with you all and are looking forward to talking with you about our first open enrollment in December.

CHAIR CORLETTE: Thank you all. Bye-bye.

MS. MORTLOCK: Thanks everyone.

(Off the record at 4:01 p.m.)

CERTIFICATE OF TRANSCRIBER

I, Janine Thomas, do hereby certify that this transcript was prepared from the digital audio recording of the foregoing proceeding; that said transcript is a true and accurate record of the proceedings to the best of my knowledge, skills, and ability; and that I am neither counsel for, related to, nor employed by any of the parties to the case and have no interest, financial or otherwise, in its outcome.

Janine Thomas

September 28, 2023

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