Virginia Health Benefit Exchange
April 9, 2025

Virginia's Insurance Marketplace

Agenda

- Welcome
- Changes to the Platform
- Best Practices for Submitting Tickets
- 2025 CMS Proposed Rule
- Pregnancy SEP

Platform Updates Released March 12, 2025

Virginia's Insurance Marketplace

Phone number and email address validation

- Phone numbers or email addresses that are updated will now go through a verification process.
  - Currently the system verifies phone numbers and email addresses when a user activates and/or updates their account
  - With the platform upgrade the system will now require verification through an OTP (One-time-password) when a phone number or email address is updated.
  - This update increases security for consumers and ensures successful communication.

- When creating a new account on behalf of a consumer, provide the email on the primary contact screen.
  - Doing this will eliminate the need for an OTP.
  - If you leave the email blank when completing the primary contact information screen and enter it on the next page where is says "change email" the system will require the OTP.

Updated Security Question Flow

- If the security question is answered incorrectly, the system will now temporarily lock the account instead of inactivating it.

  - Previous Function: if the security question was answered wrong 3 times, the account was inactivated.

  - With the update accounts will be temporarily locked, allowing users to log into the system after a 30-minute window has passed.

  - Agents and Navigators should contact the Consumer Assistance Center if faster assistance is needed during business hours: 888-687-1502.

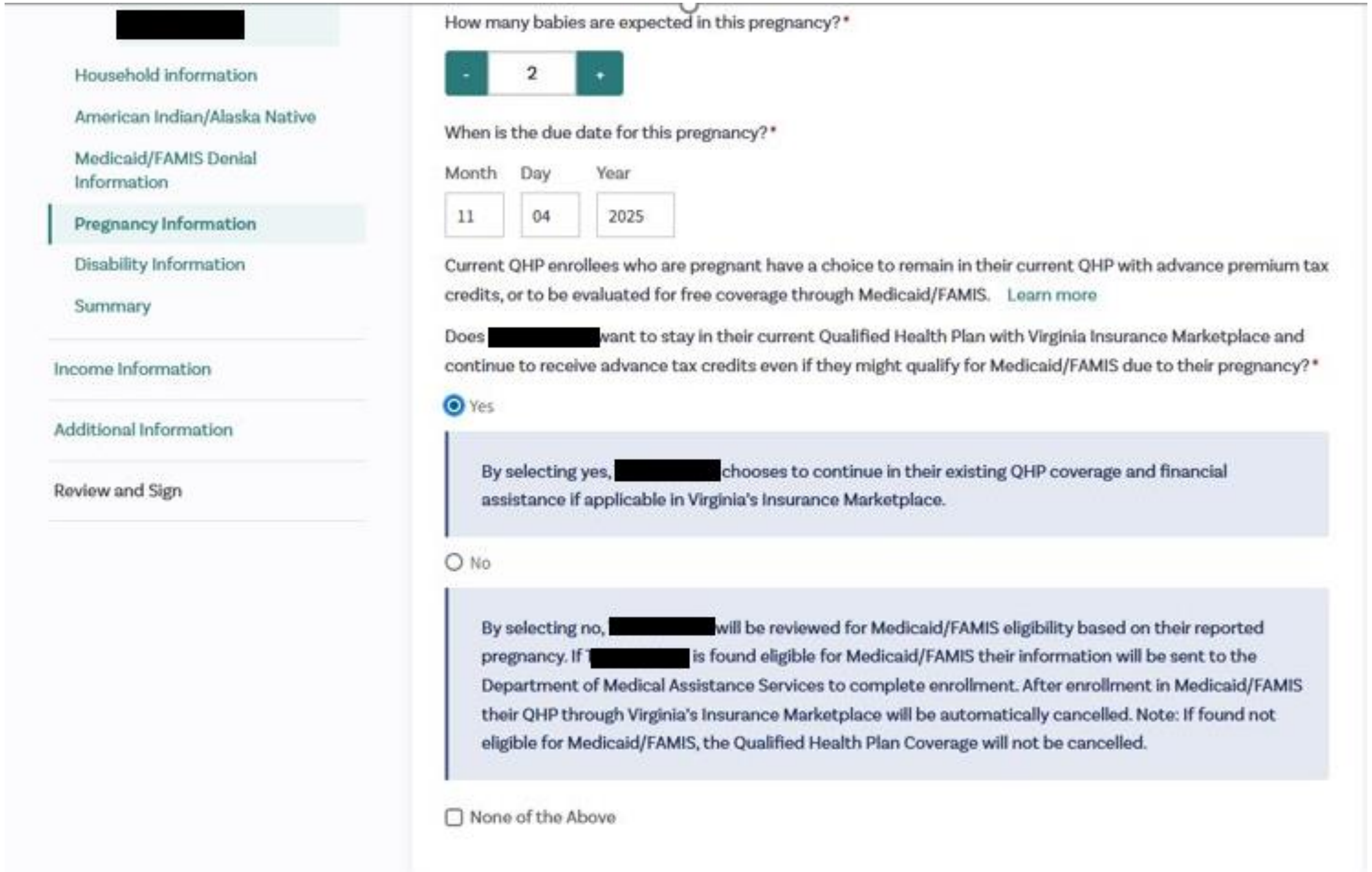
Allow Pregnant Women to Select to Stay in QHP with Subsidies, or Switch to Medicaid

- Pregnant women who are already enrolled in a QHP will be able to select to stay in a QHP with APTCs even if eligible for Medicaid. They will also have the option to switch to Medicaid if eligible.

  - This serves to increase continuity of care

  - Pregnant women who are not already enrolled and are eligible for Medicaid must take Medicaid or enroll in a QHP ***without subsidies***.

Option for Pregnant Women to Select to Stay in QHP with Subsidies or Switch to Medicaid



[redacted]

Household information

American Indian/Alaska Native

Medicaid/FAMIS Denial Information

Pregnancy Information

Disability Information

Summary

Income Information

Additional Information

Review and Sign

How many babies are expected in this pregnancy?*

- 2 +

When is the due date for this pregnancy?*

Month	Day	Year
11	04	2025

Current QHP enrollees who are pregnant have a choice to remain in their current QHP with advance premium tax credits, or to be evaluated for free coverage through Medicaid/FAMIS. Learn more

Does [redacted] want to stay in their current Qualified Health Plan with Virginia Insurance Marketplace and continue to receive advance tax credits even if they might qualify for Medicaid/FAMIS due to their pregnancy?*

- (selected) Yes

By selecting yes, [redacted] chooses to continue in their existing QHP coverage and financial assistance if applicable in Virginia's Insurance Marketplace.

- No

By selecting no, [redacted] will be reviewed for Medicaid/FAMIS eligibility based on their reported pregnancy. If [redacted] is found eligible for Medicaid/FAMIS their information will be sent to the Department of Medical Assistance Services to complete enrollment. After enrollment in Medicaid/FAMIS their QHP through Virginia's Insurance Marketplace will be automatically cancelled. Note: If found not eligible for Medicaid/FAMIS, the Qualified Health Plan Coverage will not be cancelled.

- [ ] None of the Above

Agency Managers and Agents Book of Business Improvement

- Previous: If a household has applications for 2 different years for both health and dental, the household will have 4 lines in the broker BOB.
    - Change: Households will be displayed in a single row rather than a different row for each year and each type of coverage.

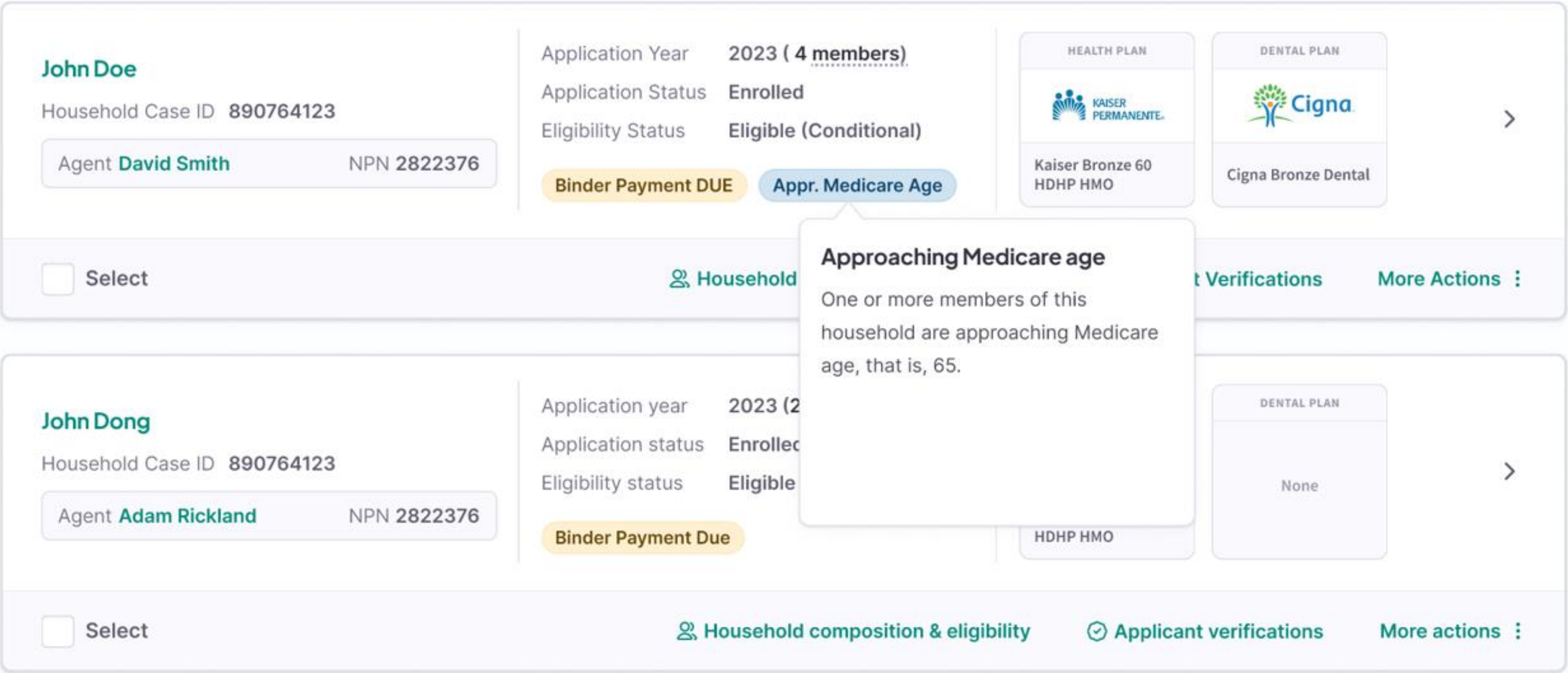
- Can now filter by QLE verifications and approaching Medicare age.
- System will display designated agent and NPN in the agency BOB.
- Agents can now filter, and download/export based on filtered data rather than needing to export the entire BOB.

Agency Managers and Agents Book of Business Improvement

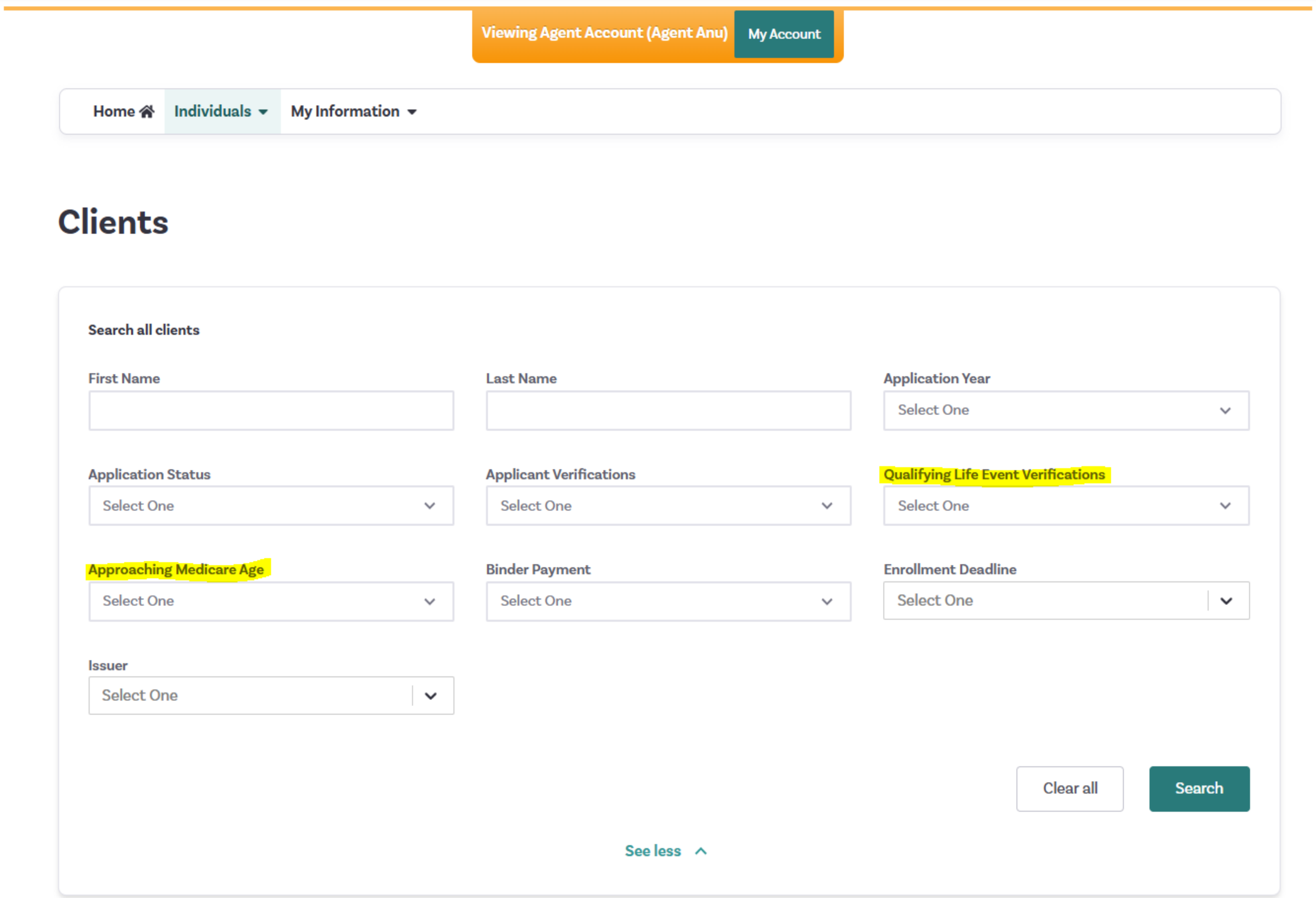
- Additional Upgrades:
  - New filters show additional data in the exported book of business, such as Application Status, Approaching Medicare Age, and Binder Payment Due.
  - Enrollers can view details of the household for the current coverage year and the previous coverage year without the enroller having to impersonate the household.
  - Agents and managers can add notes for the household on a secondary screen and the most recent designation will display first.

Previous view displayed household applications for different years on multiple rows

Platform update now displays data captured in a single row

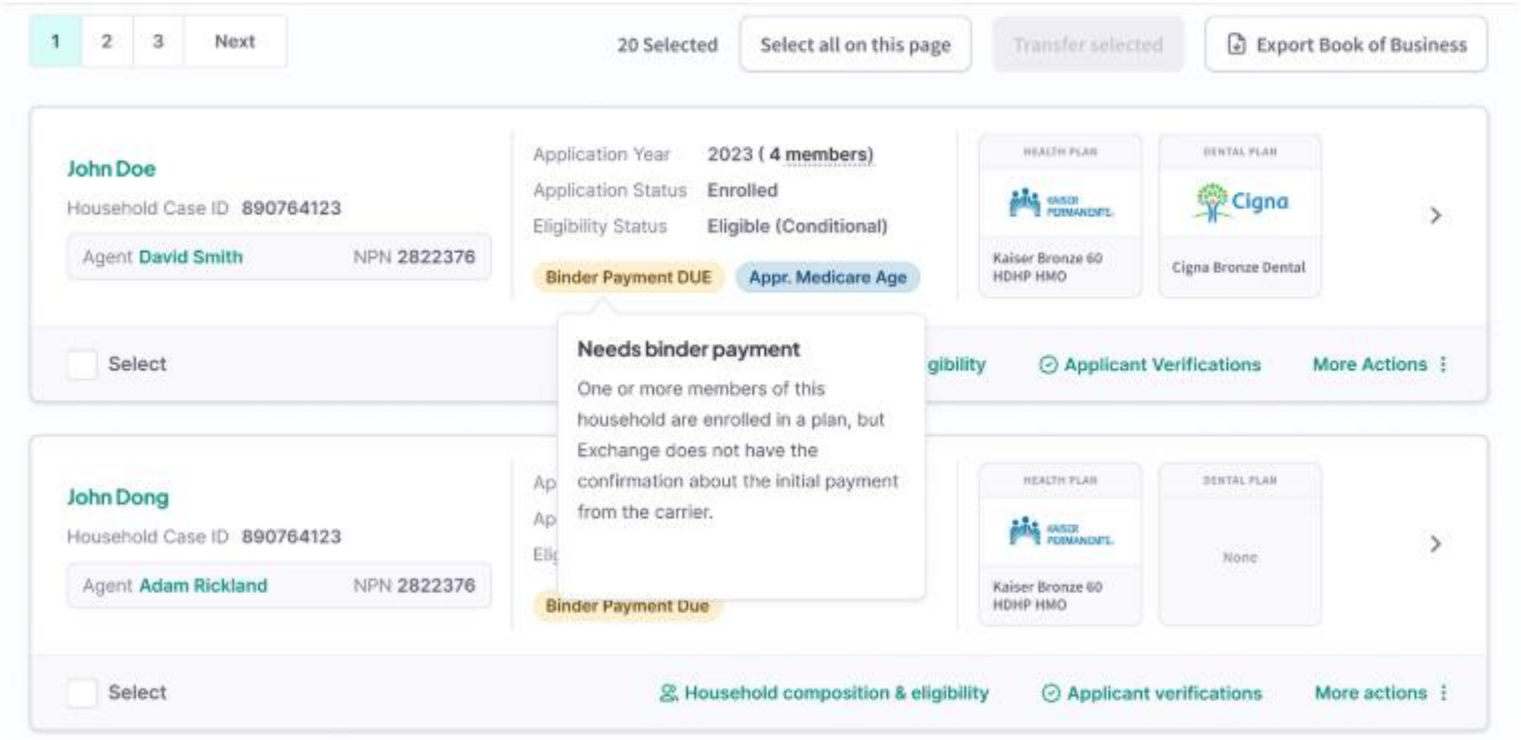


Filter options include QLE verifications and Approaching Medicare age

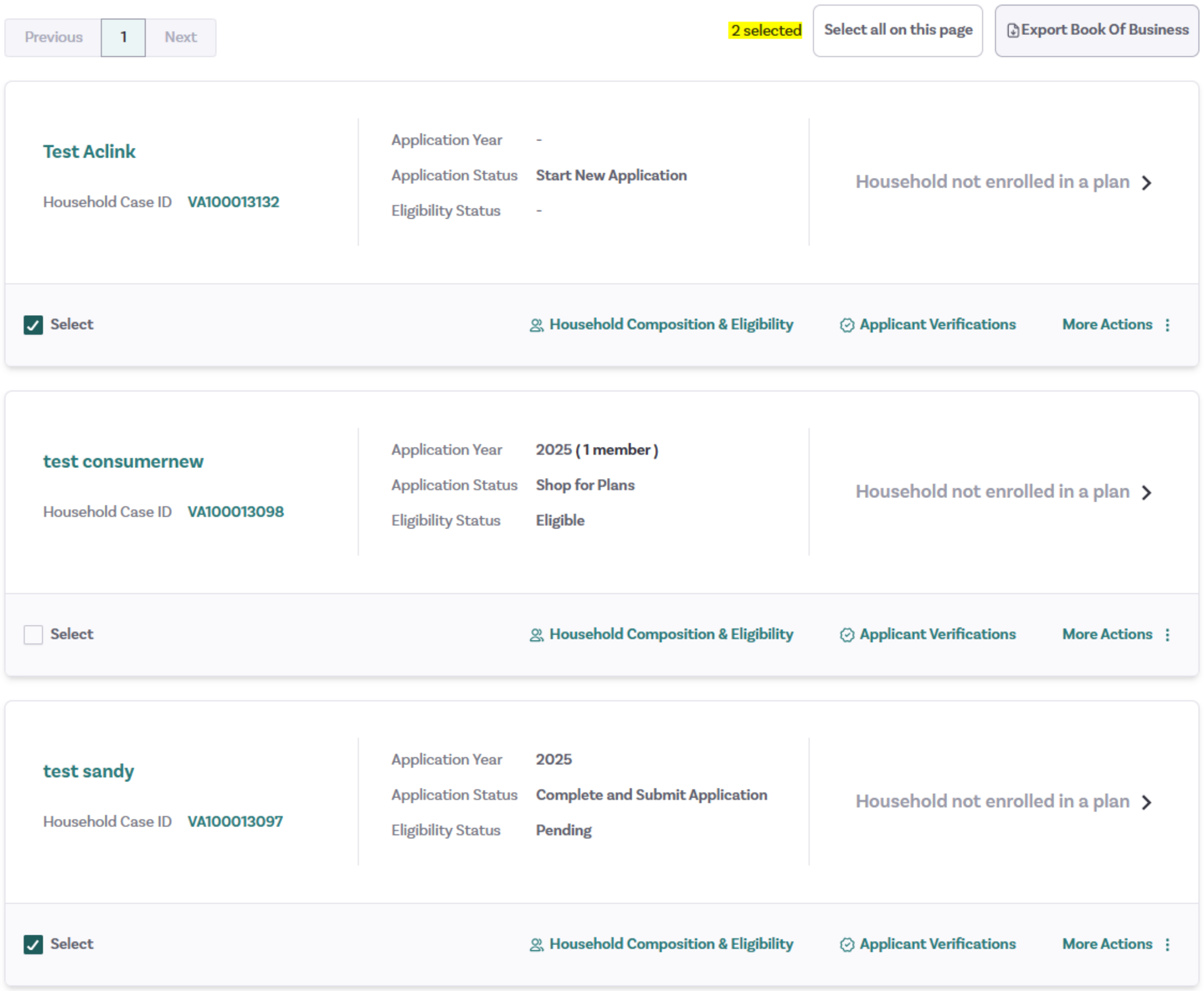


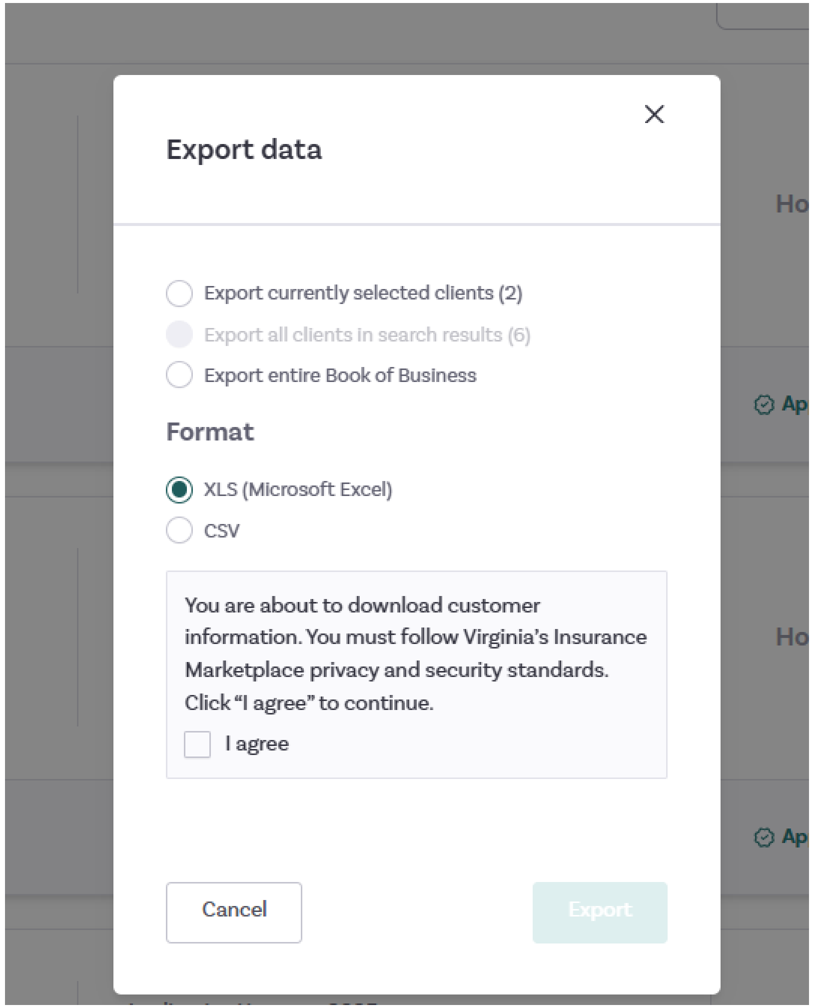
Binder payment due

Figure 9- Household Designation tile (Binder Payment Due tooltip)



Filter to download/export data instead of entire BOB

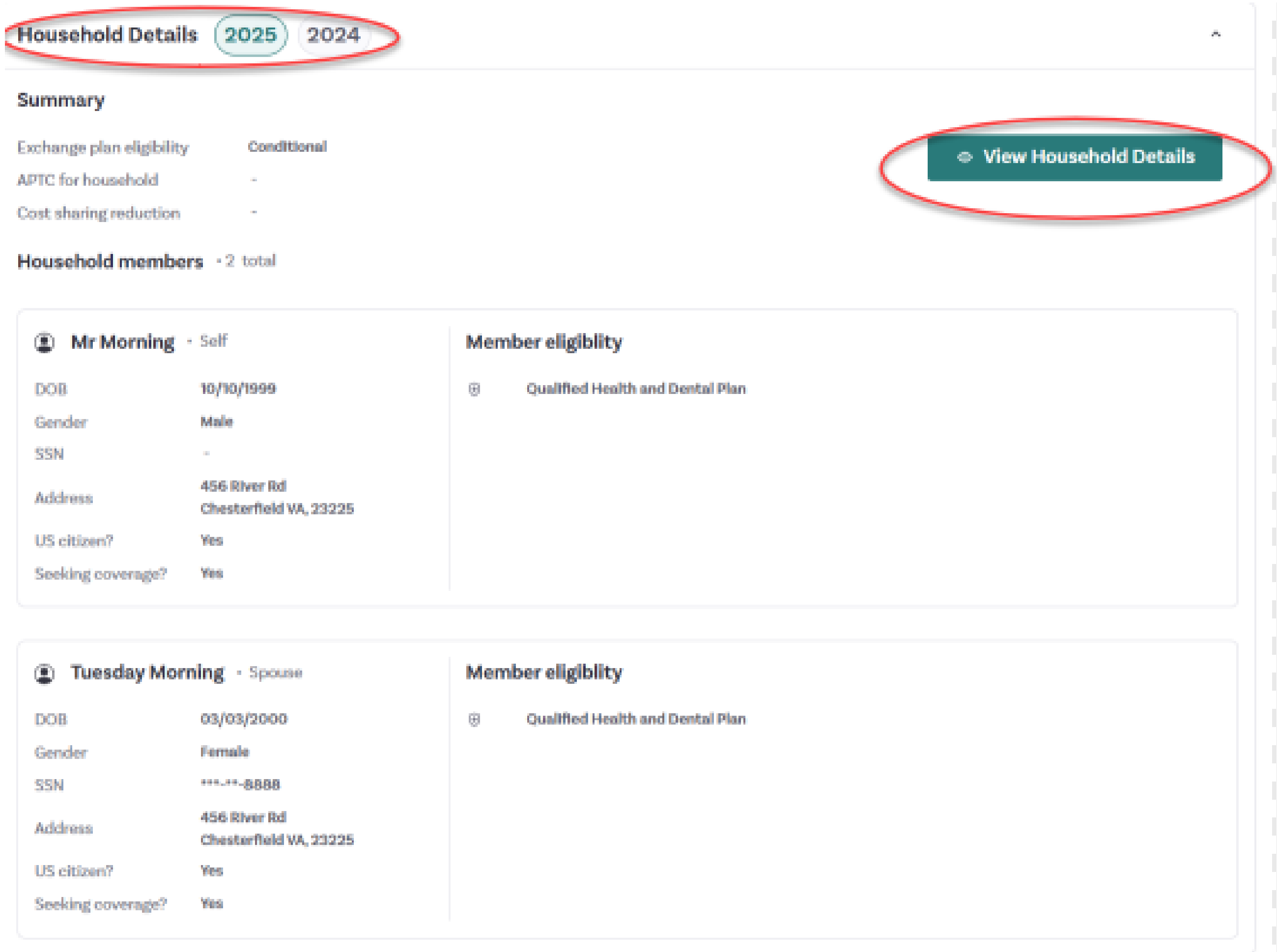




Exported data can also filtered

R	S	T	U
Application Year	Application Status	Approaching Medicare Age	Binder Payment Due
2025	Complete and Submit Application	FALSE	FALSE
NA	Start New Application	FALSE	FALSE
2025	Complete and Submit Application	FALSE	FALSE
NA	Start New Application	FALSE	FALSE
2025	Shop for Plans	FALSE	FALSE
2025	Report a Change	FALSE	FALSE
2025	Shop for Plans	FALSE	FALSE
2025	Report a Change	FALSE	TRUE
2025	Report a Change	FALSE	TRUE

Enrollment details of the household for the current and previous coverage year



Failure to Reconcile

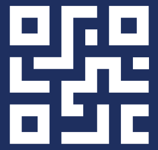
- Starting in Plan Year 2025, CMS resumed failure to reconcile requirements for individuals that did not file and reconcile their premium tax credits for two consecutive years.
- The CMS 2025 Marketplace Integrity and Affordability Proposed Rule proposes a return to the requirement of removing premium tax credits for individuals who have failed to file and reconcile for 1 year.
- HBE will provide an update on the policy and process for failure to reconcile once the proposed rule is finalized.

Improvements to verification page

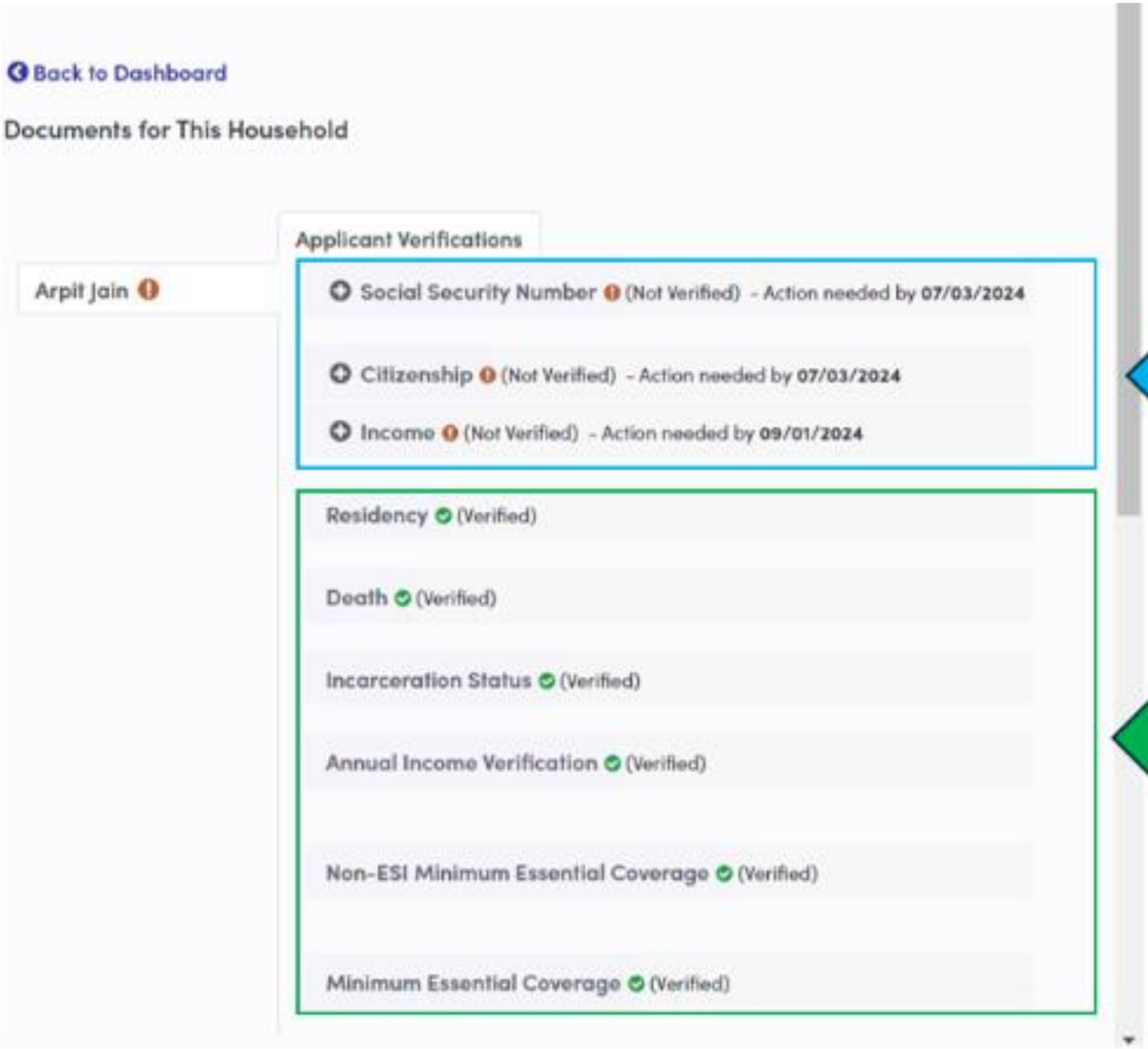
- Consumers will be able to successfully upload required documents to resolve DMIs from devices other than computers.
- DMIs that are not verified will be at the top, followed by verified DMIs to make it easier to access for mobile users.
- Adds messaging to encourage including as many immigration document details as possible to aid in verification

Upload file from this device

Upload using QR code



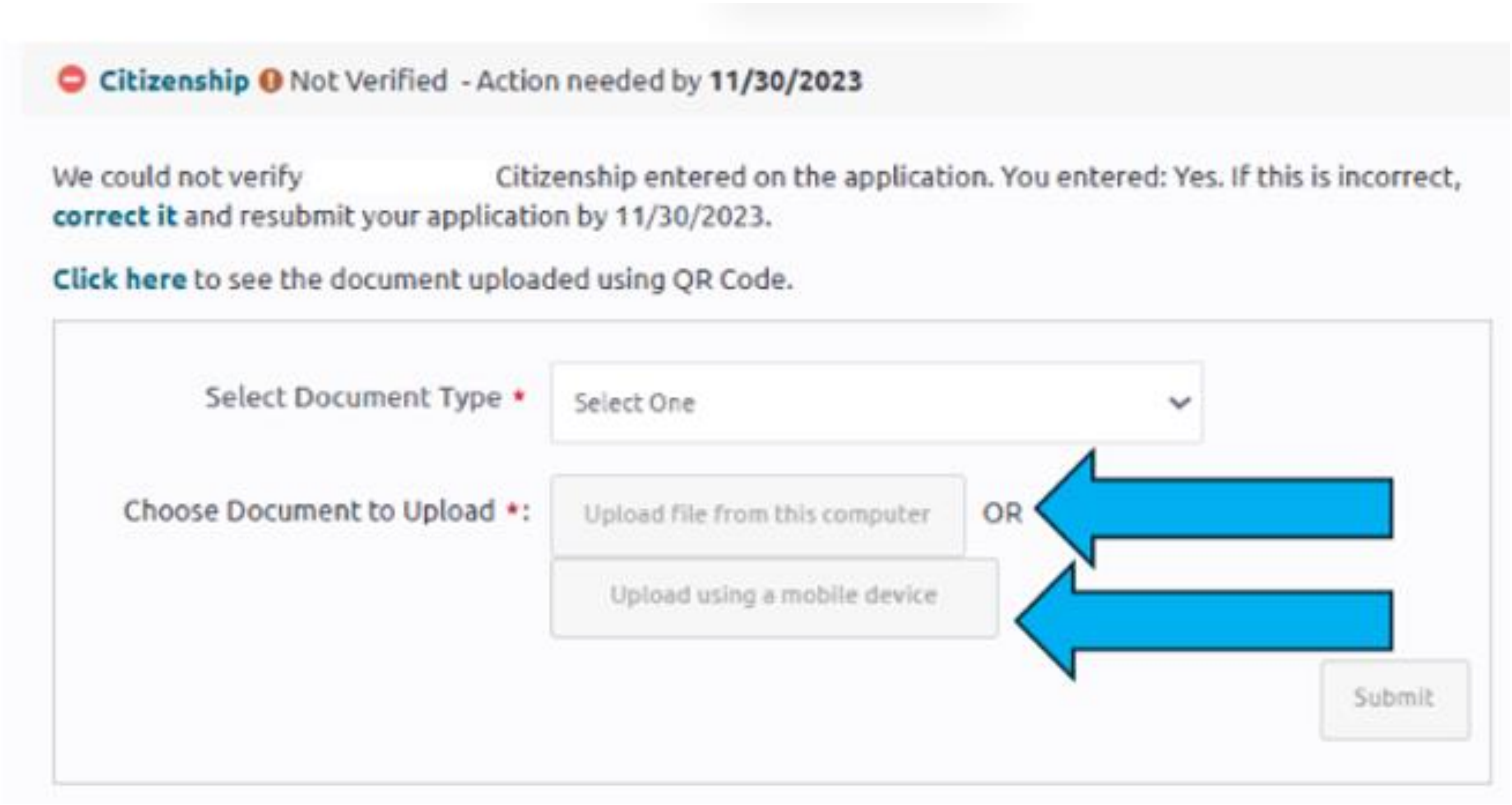
Improvements to verification page



List of Not Verified documents at the top arranged in the provided sequence

List of Verified items below Not Verified in the provided sequence

Improvements to verification page



Entity and Assister BOB: Ability for Enrollers to add notes for the household (secondary screen)

- **Location**: Below the Coverage Section on the secondary screen of the household.

- **Collapsible/Expandable**: Users can expand or collapse the Notes section.

- **Replacement**: The Notes Section replaces the Comments Section from the Old BoB (old comments/account notes will carry over to the new Notes Section).

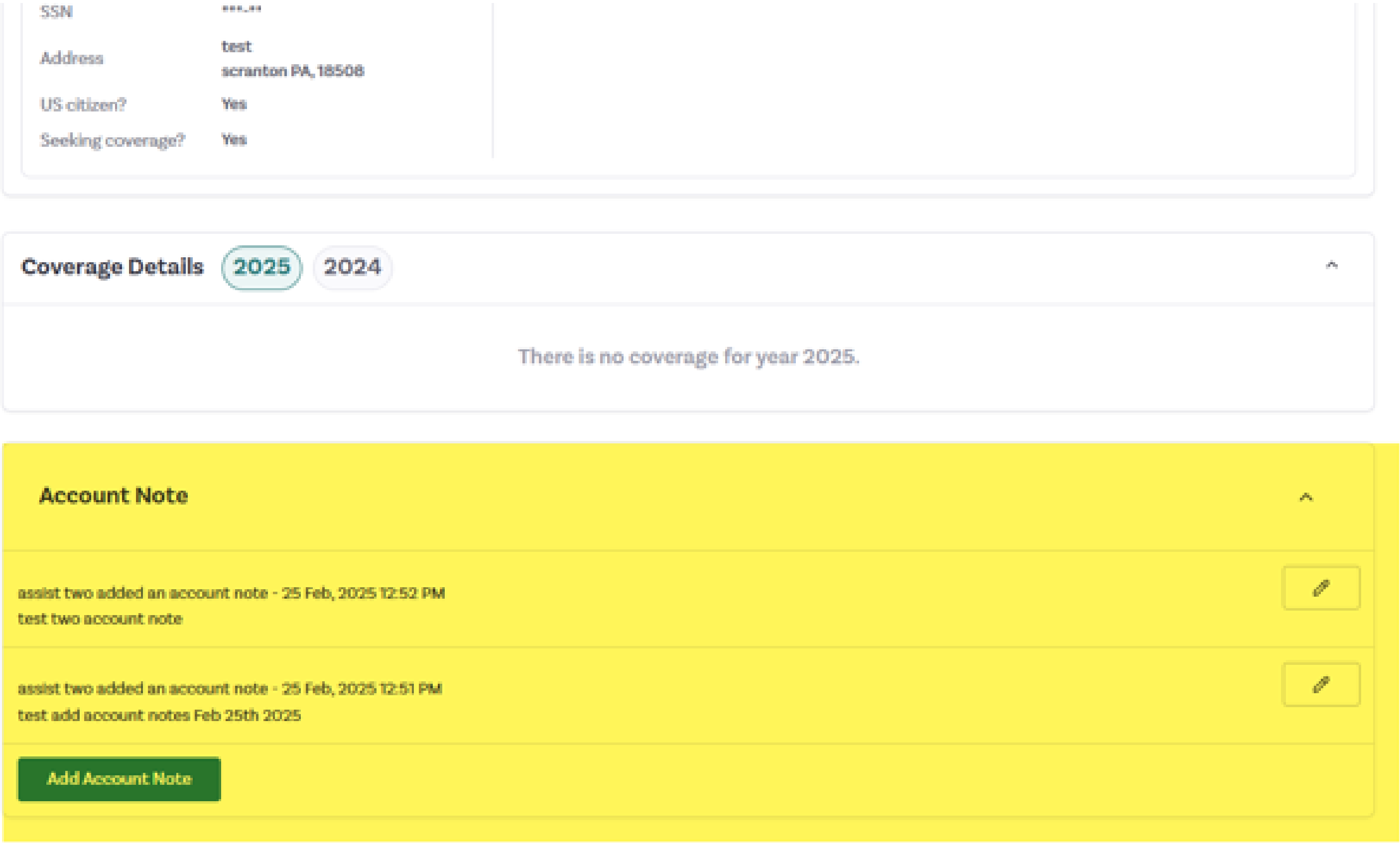
Entity and Assister BOB: Ability for Enrollers to add notes for the household (secondary screen)

- **Role-Specific Access**:
  - **Assisters** can add notes in their own BoB.
  - **Entity Managers** can add notes for individual in the Entity BoB.
  - These notes are separate. Assisters and Entity Managers cannot view each other's notes.

- **Impersonation**: Roles such as Entity Admin, CSR L2/L3, Exchange Admin can View and add notes for Assister/Navigator via impersonation.

- **Note Visibility**: Comments made via impersonation will show the impersonator's name when viewed by the Assister.

Entity and Assister BOB: Ability for Enrollers to add notes for the household (secondary screen)



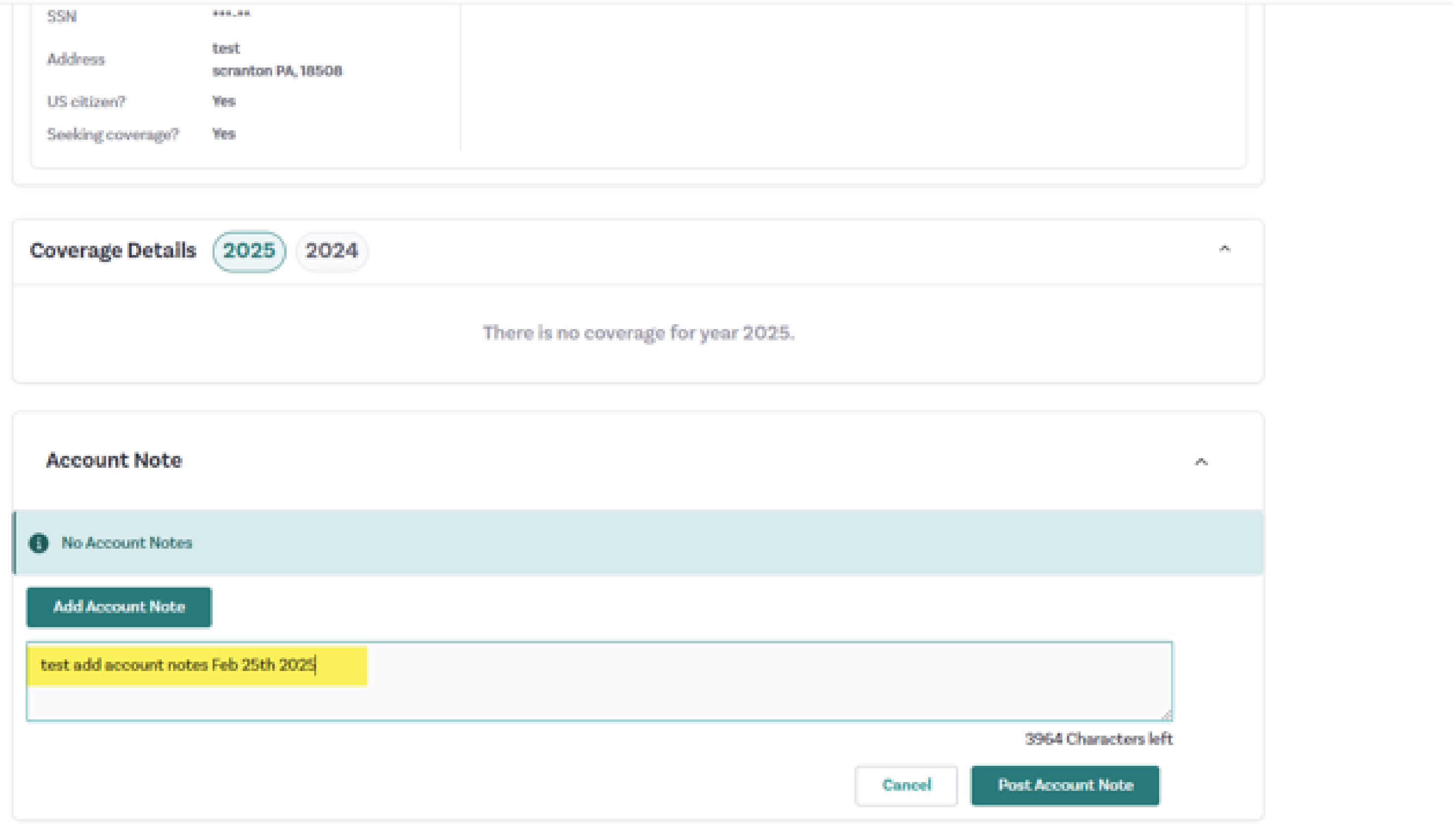
Entity and Assister BOB: Ability for Enrollers to add notes for the household (secondary screen)

Account Note

No Account Notes

Add Account Note

Entity and Assister BOB: Ability for Enrollers to add notes for the household (secondary screen)

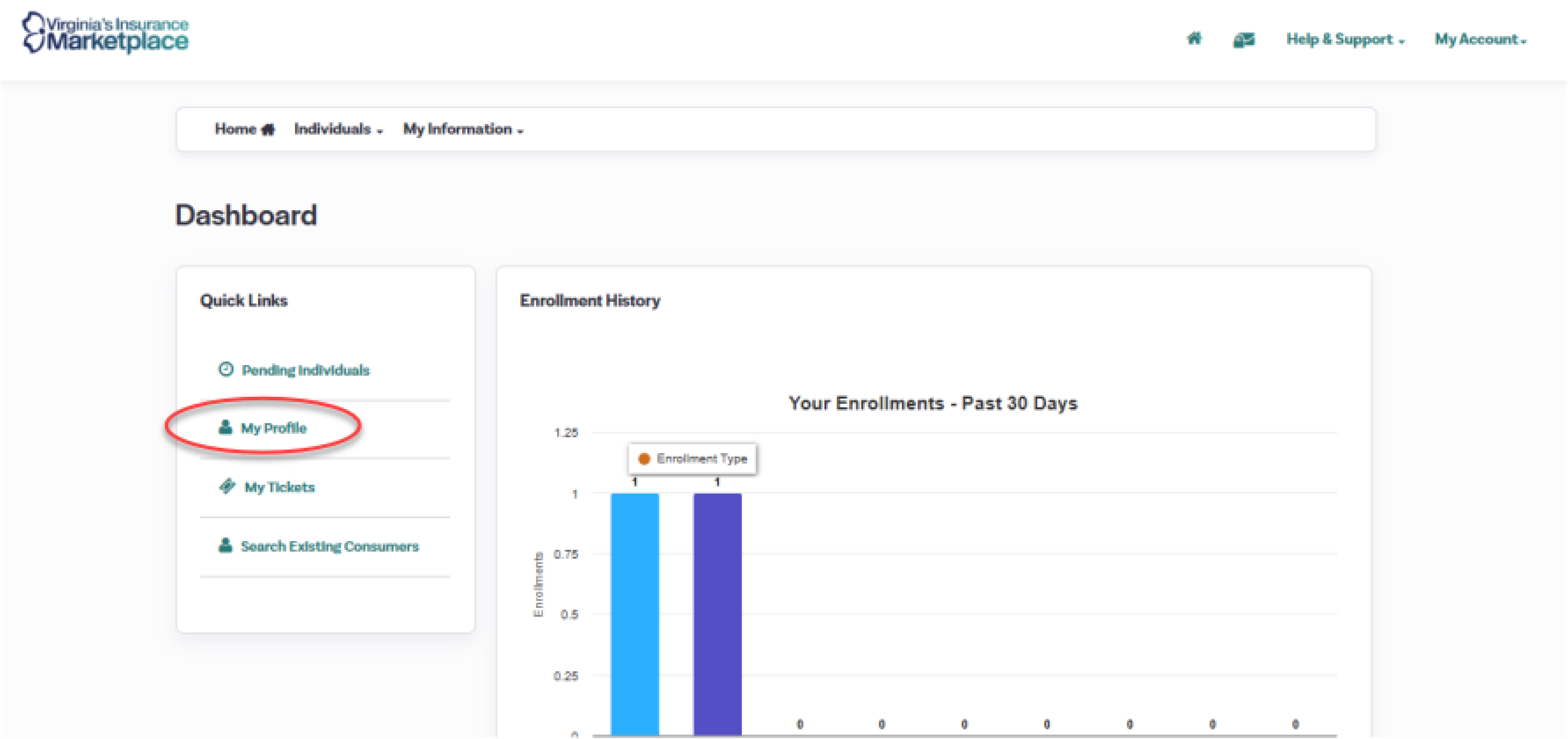


Display Business Phone Number for Agents and Navigators in Consumer Facing Directory (Opt Out available)

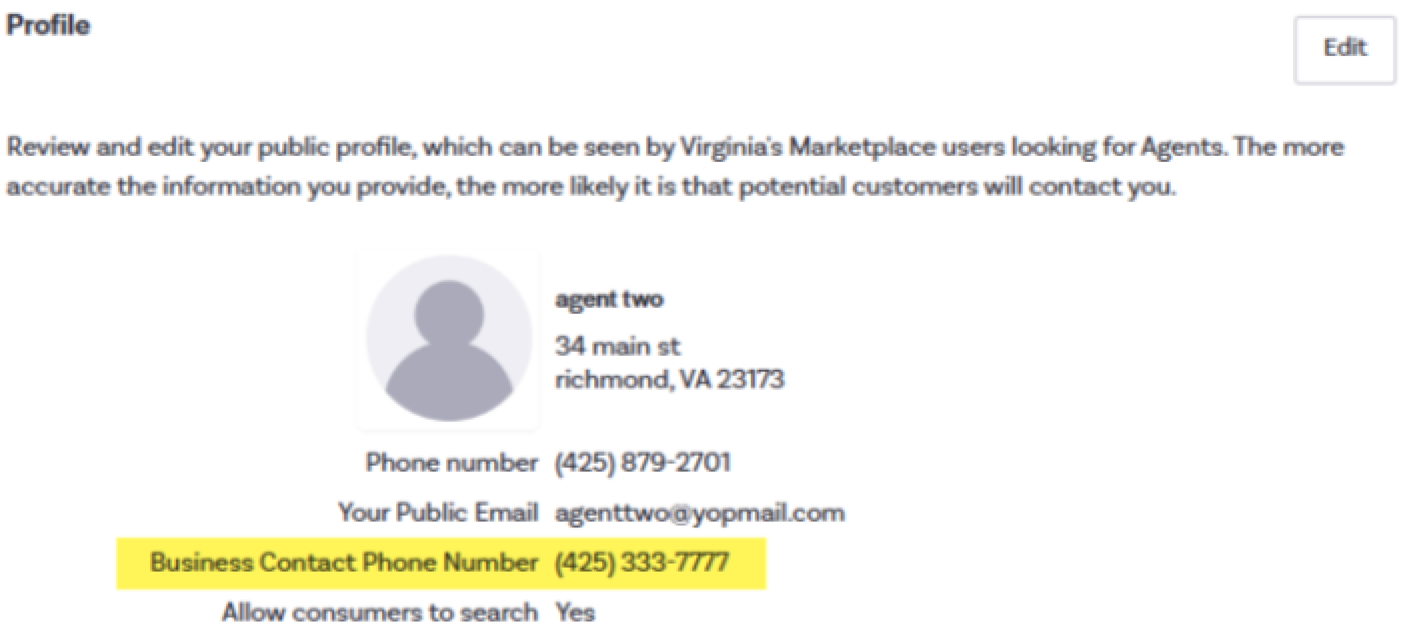
- On Profile page, "Secondary Phone Number" has been changed to "Business Contact Phone Number"
  - This will be moved from the "Agent Information Page" to the Profile Page for agents and will be a mandatory field for both agents and navigators
- This number will be displayed in the Consumer-Facing Directory
- The Business Contact Number will be prepopulated with the Primary Phone Number in cases that do not have a Secondary Phone Number

- **Agents and Navigators will have the ability to opt out of having their phone number displayed in the Consumer-Facing Directory**
  - Found on the profile page for both agents and navigators
  - "Allow Consumers to Search" with a yes/no radio button
  - Will default to yes; agents and navigators can switch to no

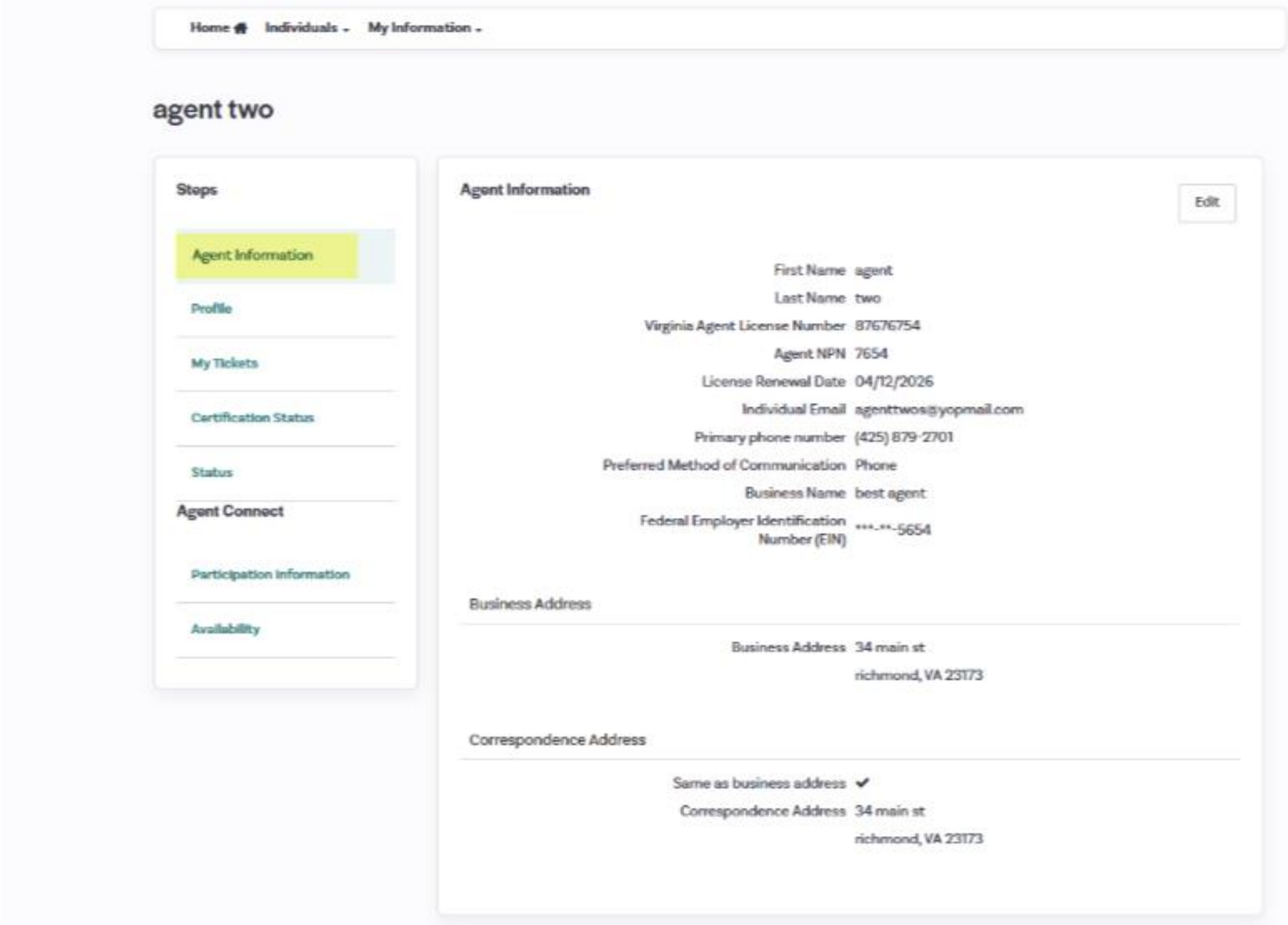
Profile Page



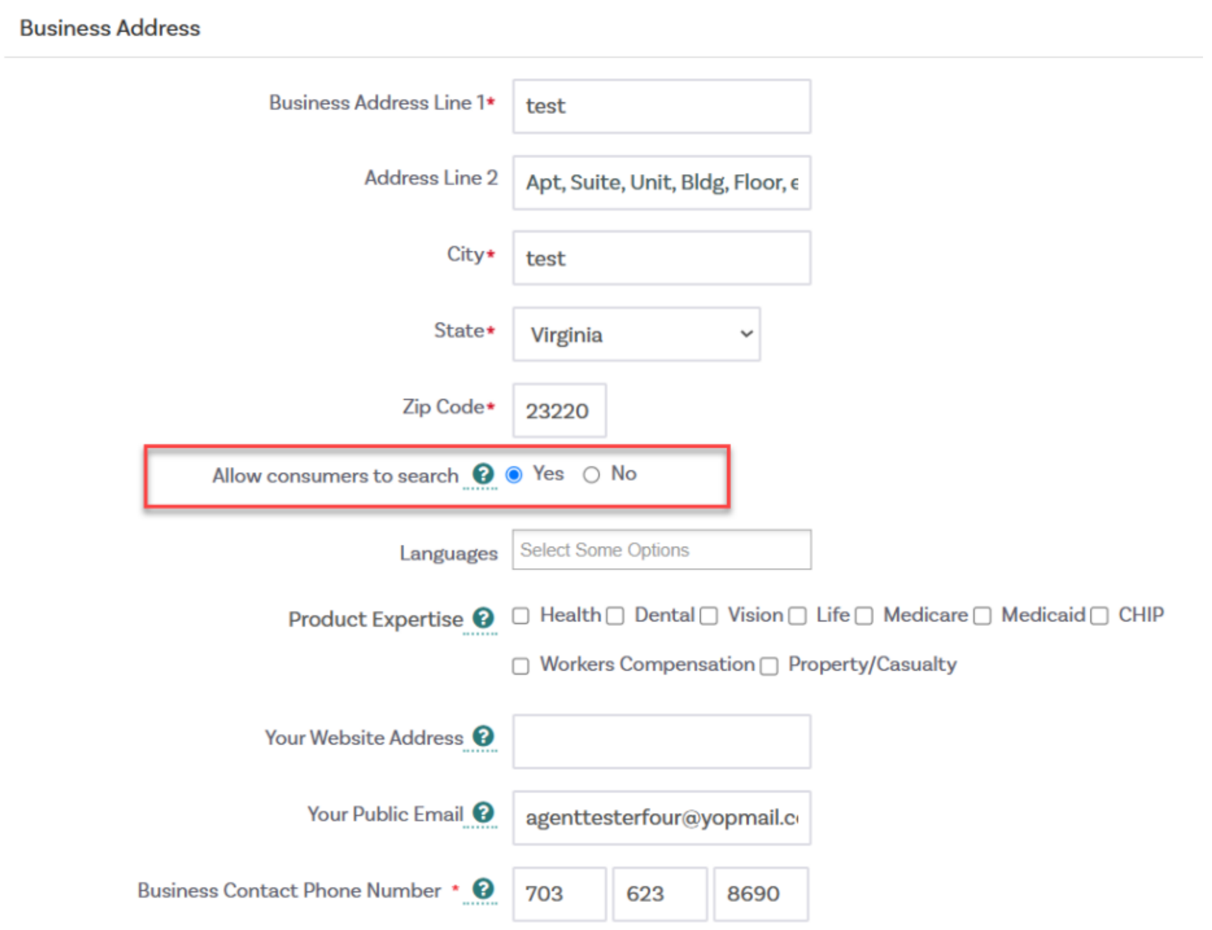
Business Phone Number



Agent Information



Ability to opt out of being included in directory


Business Address

Business Address Line 1* test

Address Line 2 Apt, Suite, Unit, Bldg, Floor, e

City* test

State* Virginia

Zip Code* 23220

Allow consumers to search Yes No

Languages Select Some Options

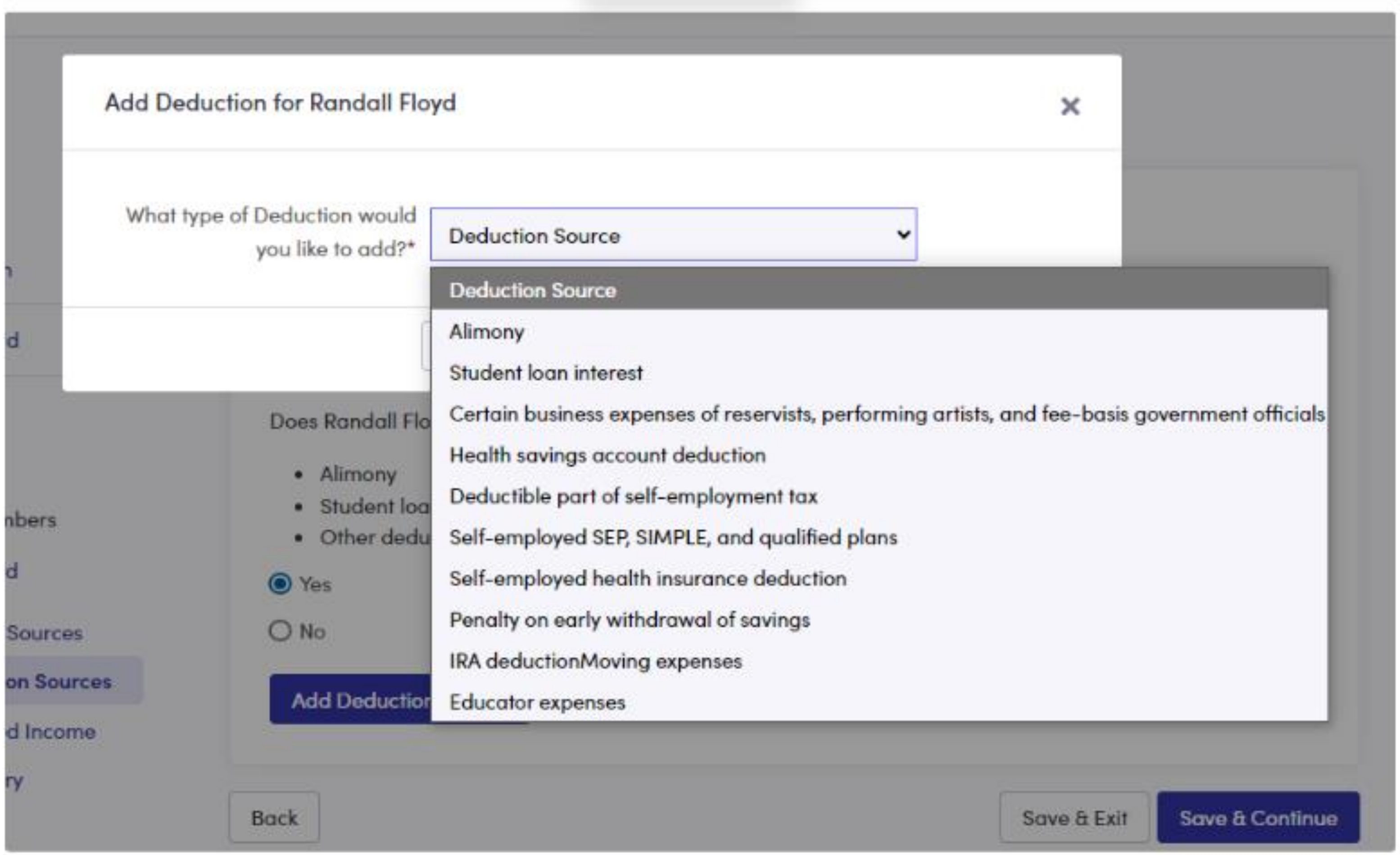
Product Expertise Health Dental Vision Life Medicare Medicaid CHIP Workers Compensation Property/Casualty

Your Website Address

Your Public Email agenttesterfour@yopmail.c

Business Contact Phone Number * 703 623 8690

Updates to Deductions source list has been expanded to include more options



Ticket submission process

Assister Ticket submission process

Submit Ticket (via Assister Account)

Log into assister account

Click on My Tickets (left side)

Submit New ticket (right top corner)

Select Request Type

Enter Subject and Description

Submit Ticket

Assister Ticket submission process

Submit Ticket (through Consumer Portal)

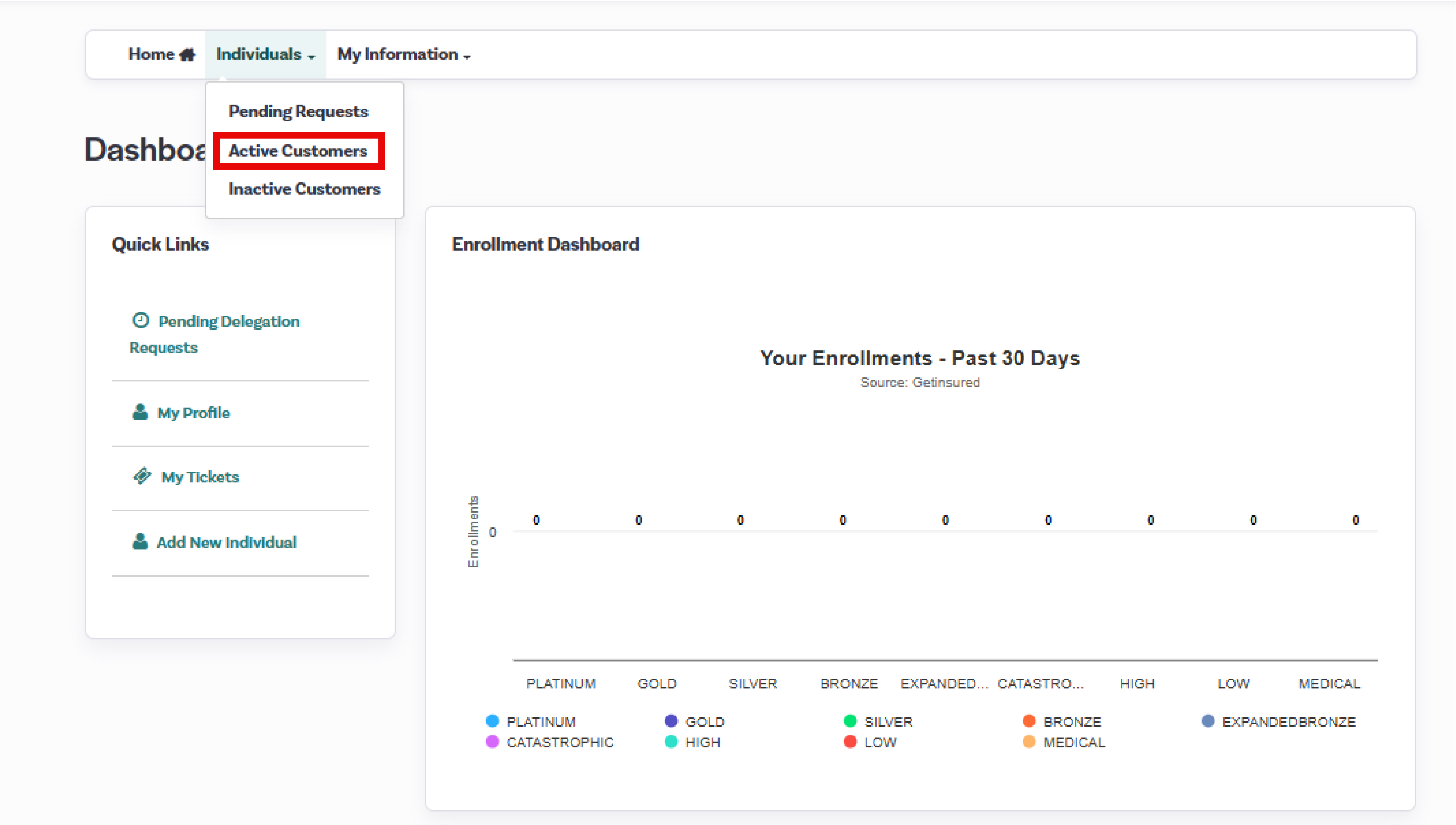
Consumer must select/designate the assister. Assister must accept the designation, then the assister can create a ticket on the consumer portal on behalf of the consumer:

Go to Individuals, then Active Customers

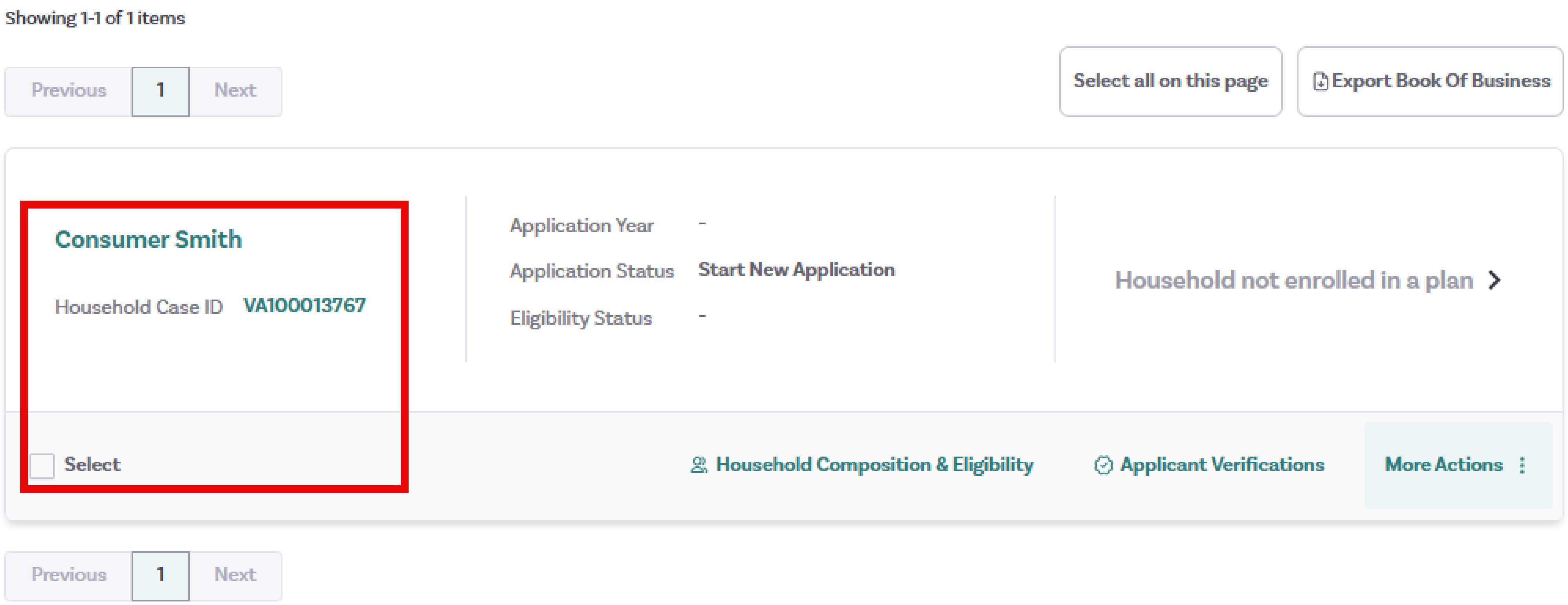
Find client

Add new ticket through client account

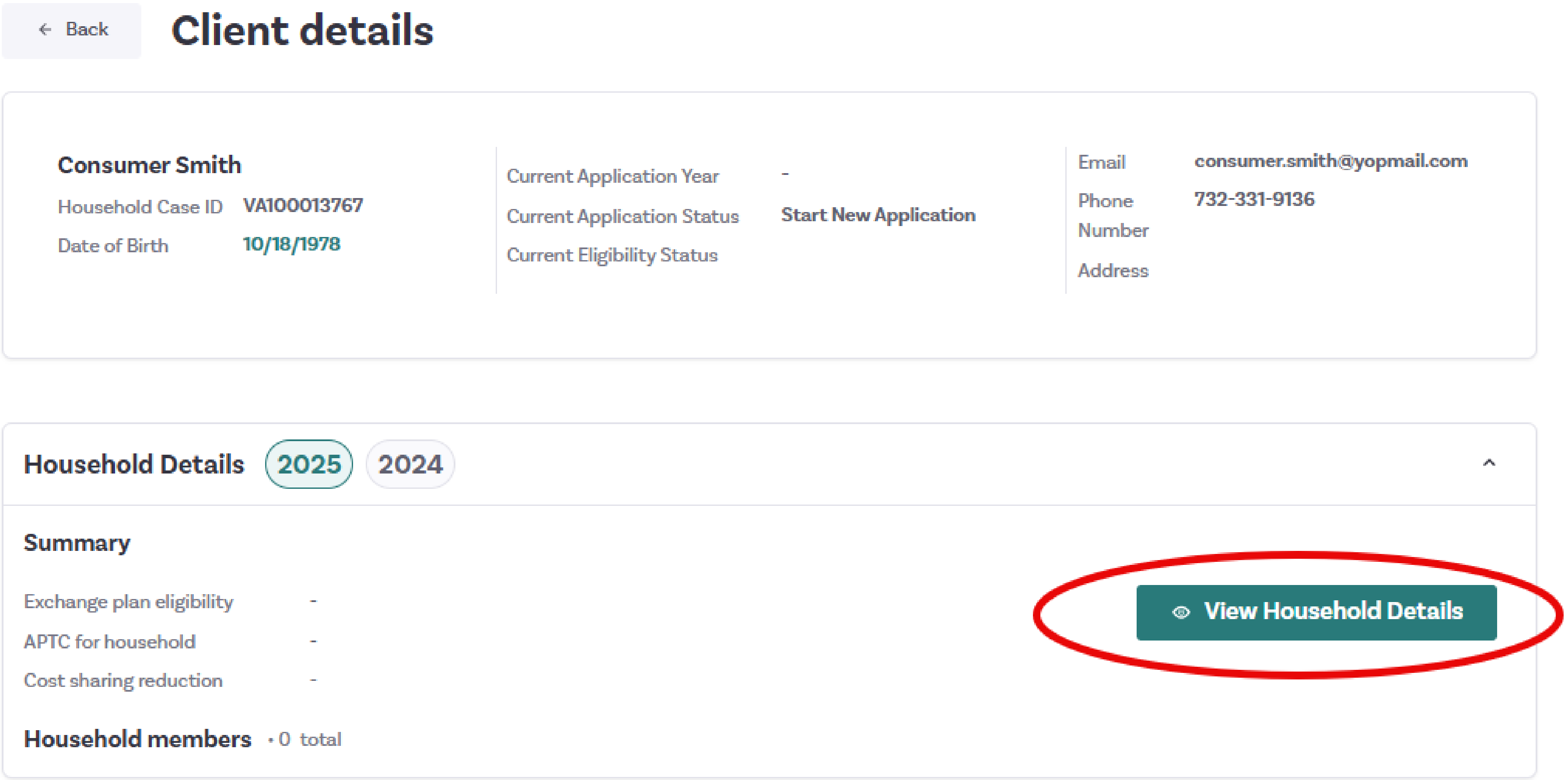
Creating ticket through consumer portal



Creating ticket through consumer portal



Creating ticket through consumer portal



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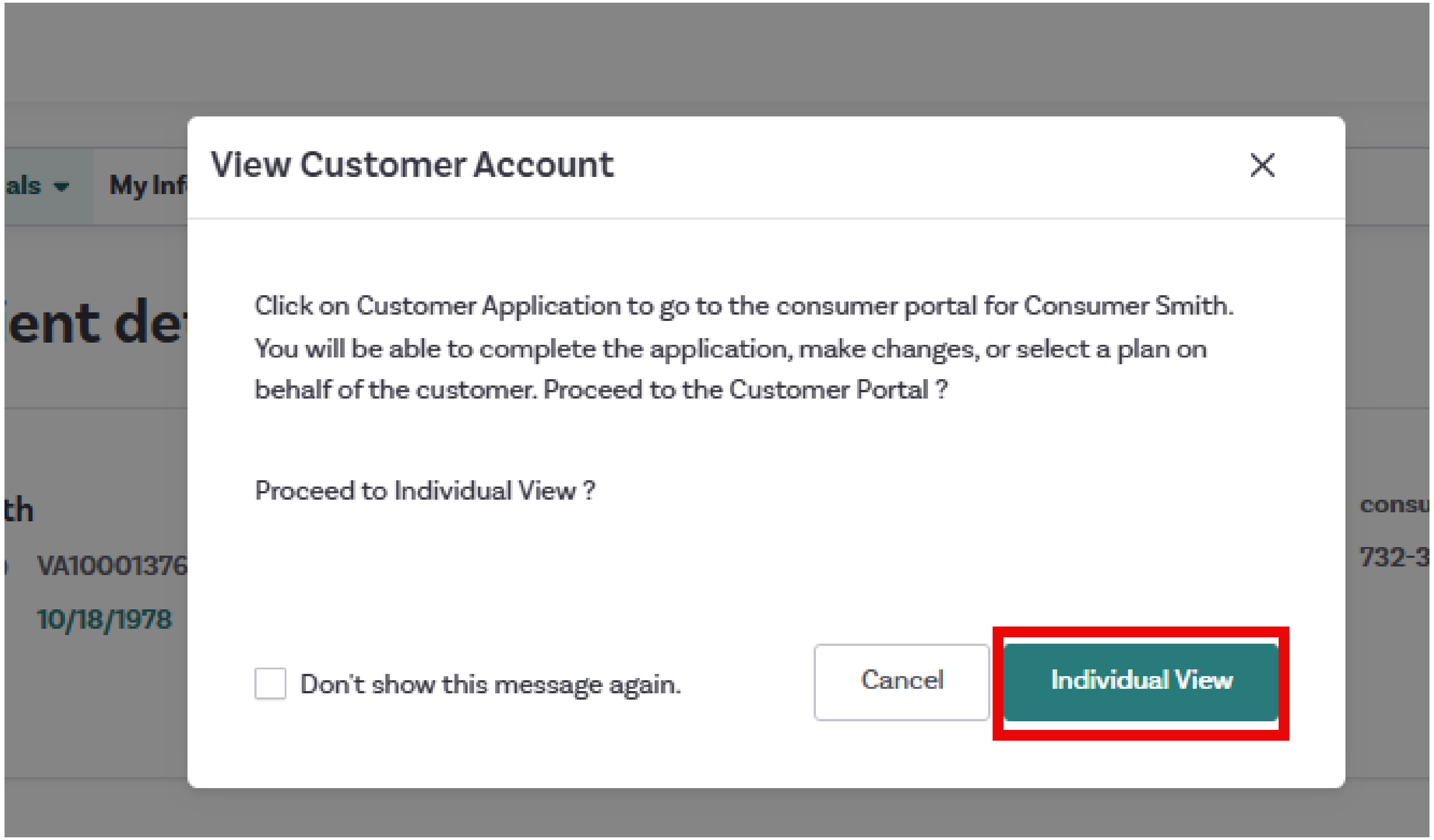
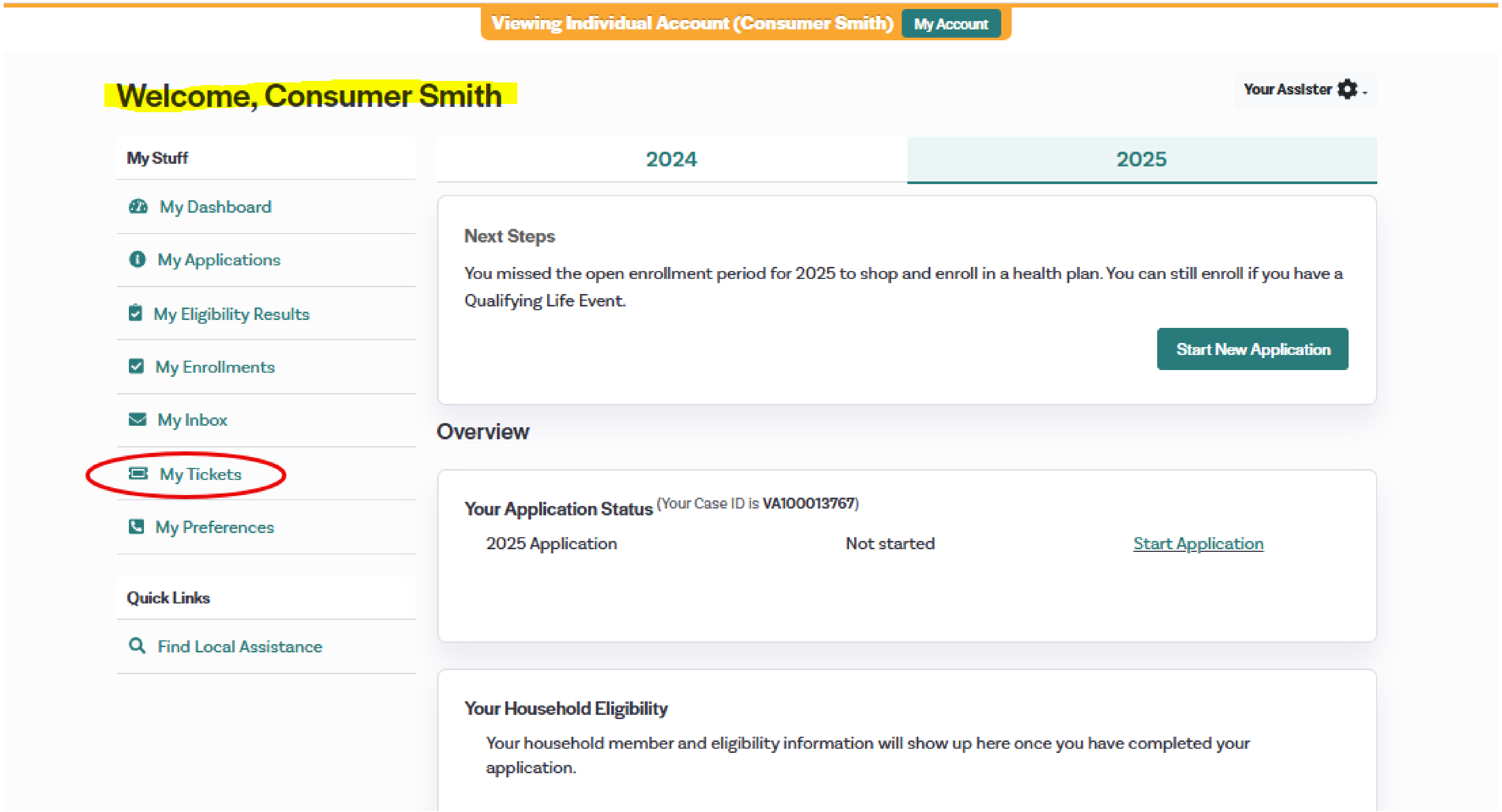
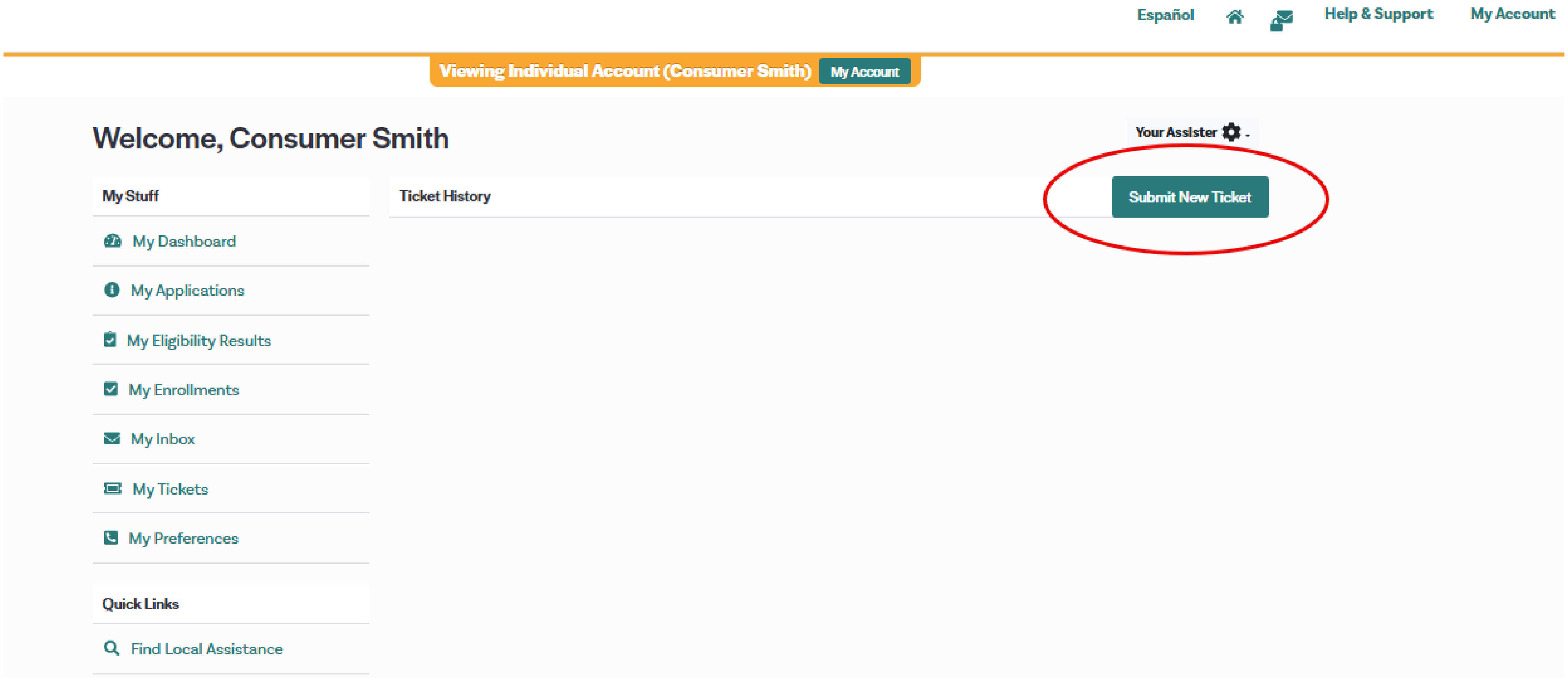


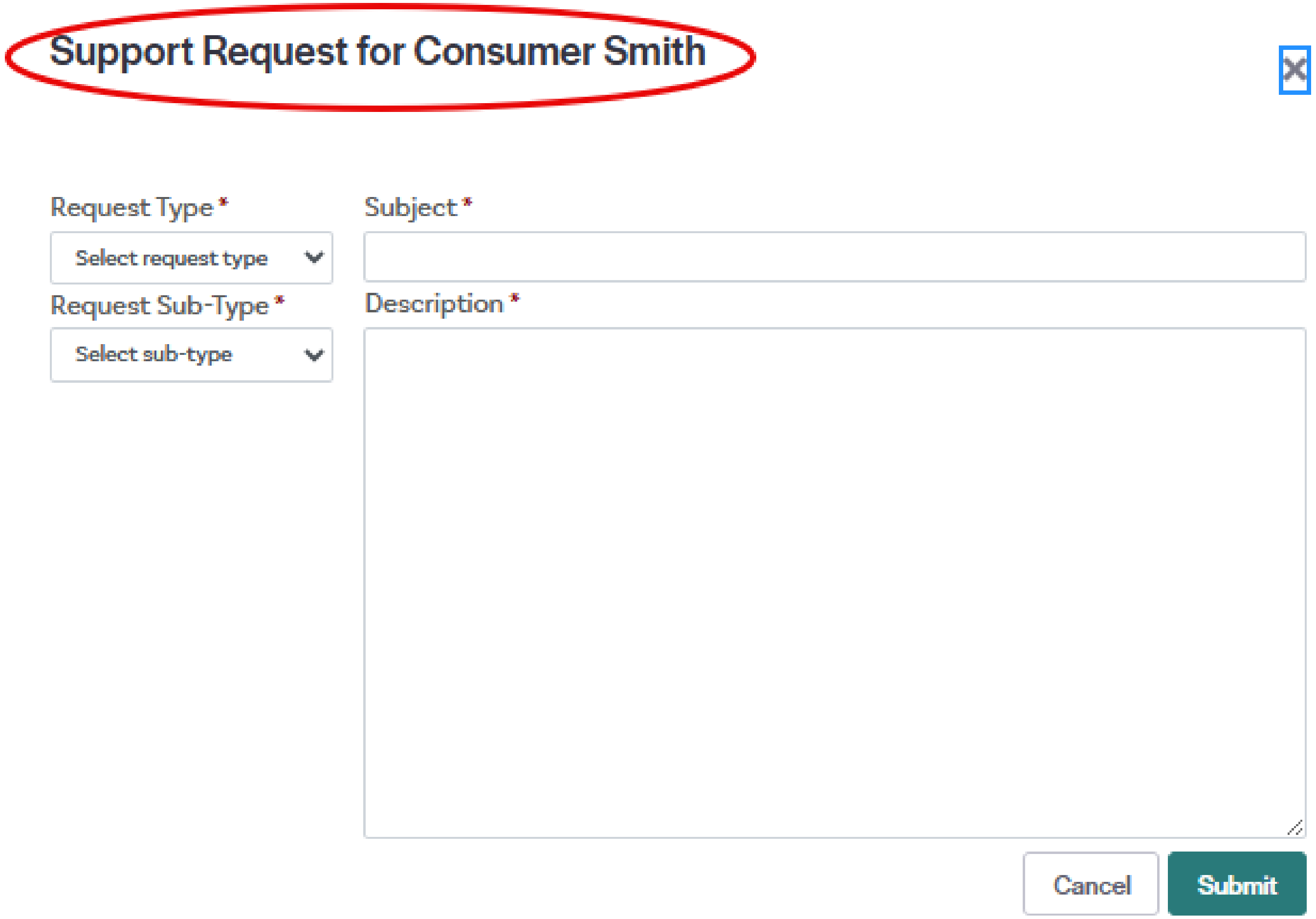
Creating ticket through consumer portal



Creating ticket through consumer portal



Creating ticket through consumer portal


Support Request for Consumer Smith

Request Type *

Select request type

Request Sub-Type *

Select sub-type

Subject *

Description *

Cancel

Submit

Agent Ticket submission process

Submit Ticket (via Agent Account)

Log into agent account

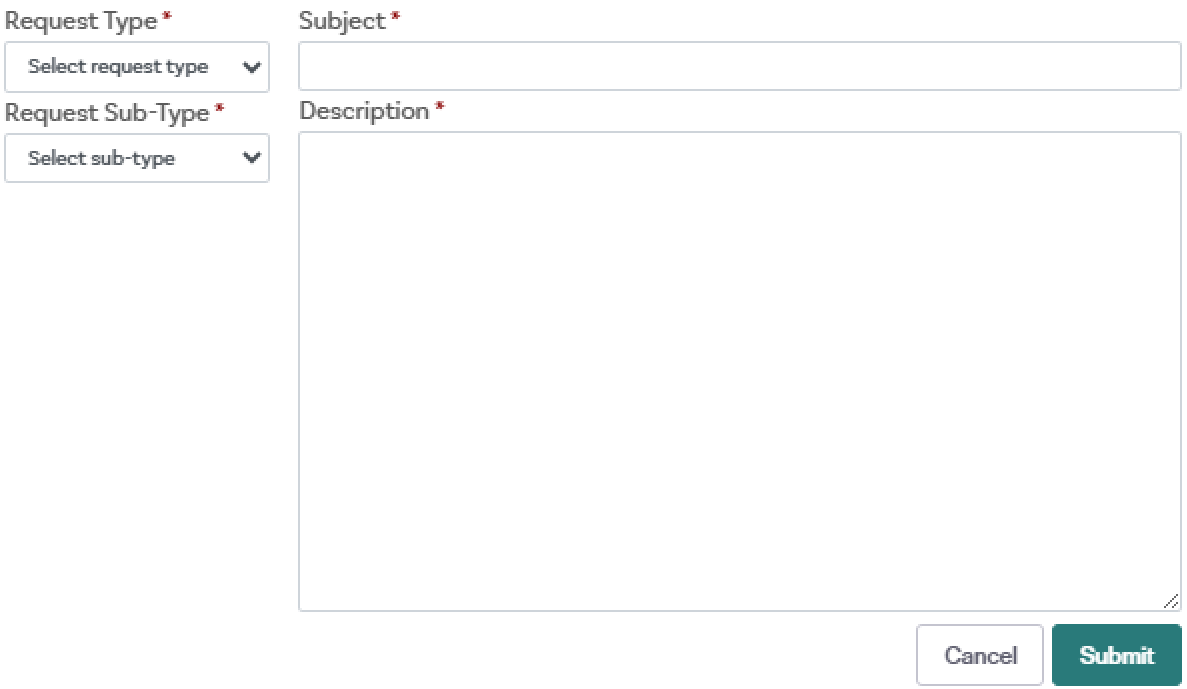
Click on My Tickets tab (left side)

Submit New Ticket (right top corner)

Select Request Type

Enter Subject and Description

Submit Ticket



Agent Ticket submission process

Submit Ticket (through Consumer Portal)

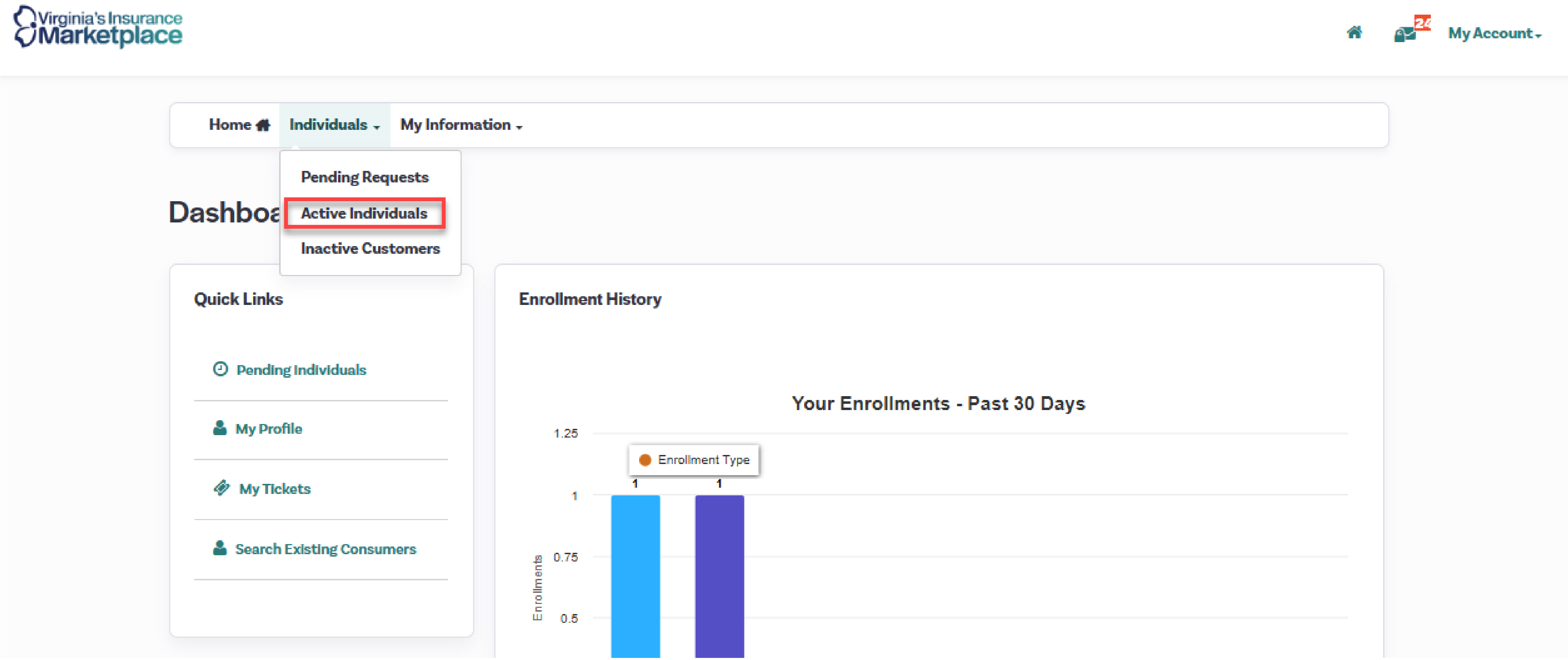
Go to Active Individuals

Select client

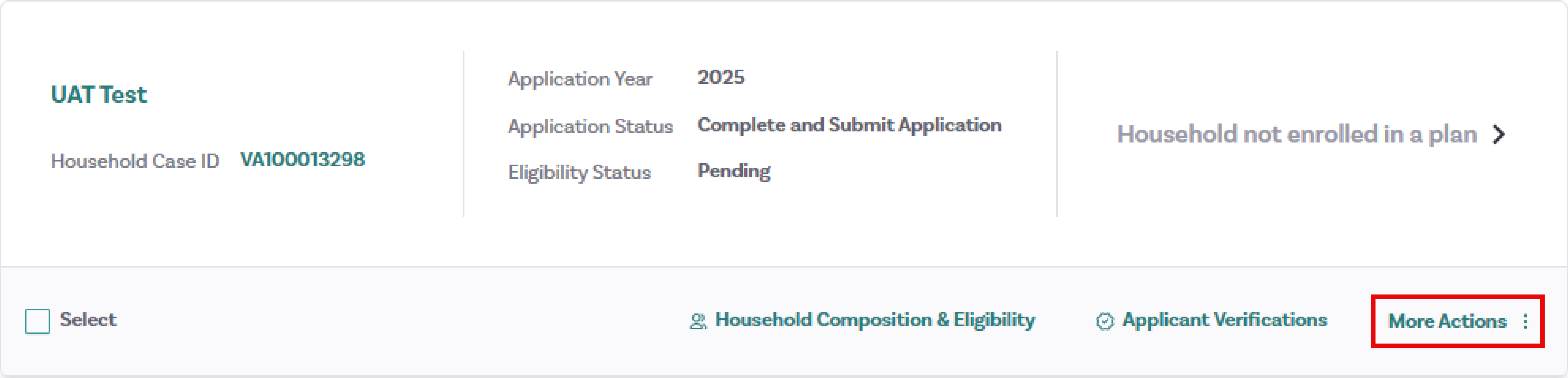
Click on More Actions

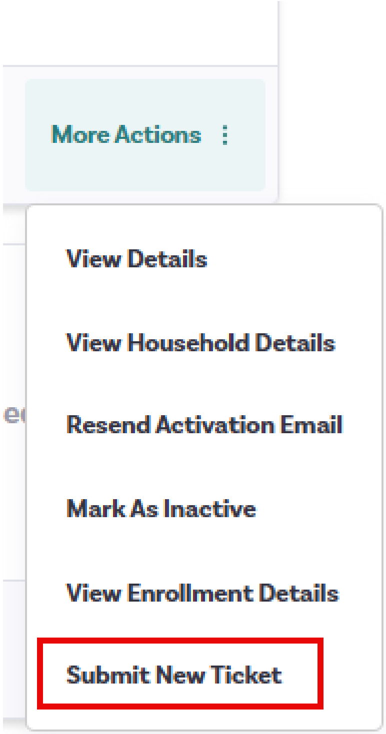
Submit New Ticket

Agents creating ticket through consumer portal

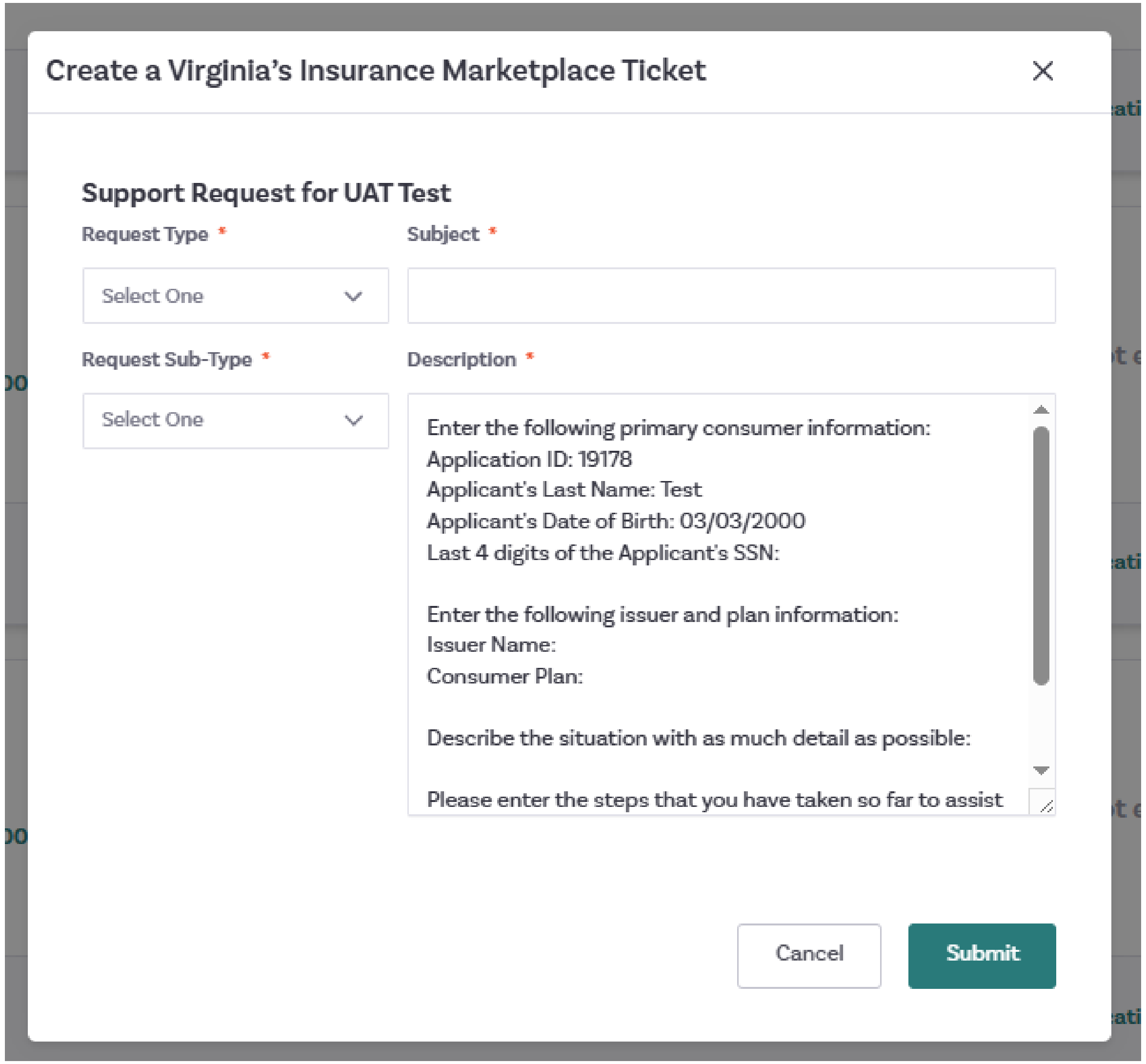


Agents creating ticket through consumer portal





Creating ticket through consumer portal



Need Help?

Virginia’s Marketplace
Consumer Assistance Center

Call: 888-687-1502

Submit a Ticket: www.marketplace.virginia.gov

Proposed 2025 CMS Marketplace Integrity and Affordability Rule

Eligibility	○ Rescinds eligibility for DACA recipients. ○ Prohibits passive re-enrollment for individuals with $0 net premiums. ○ Eliminates the SEP for households with income under 150% FPL. ○ Reinstates 1-year APTC reconciliation requirement.
Open Enrollment	○ Shortens the Open Enrollment Period to Nov. 1 - Dec. 15.
Verification	○ Adds verification requirements for 75% of special enrollment periods. ○ Prohibits income attestation when the IRS cannot verify household income or family size. ○ Reduces the period for consumers to resolve data matching issues to 90 days. ○ Consumers can no longer rely on attestation to prove Medicaid ineligibility.
Coverage	○ Increases carrier authority to deny coverage for failure to pay past premiums. ○ Prohibits coverage of sex-trait modifications. ○ Increases required contribution percentage; increases maximum out-of-pocket limit. ○ Reduces the de minimis threshold to +2/-4 for individual and small group market plans subject to AV requirements.
Agent/Broker Oversight	○ Establishes "preponderance of the evidence" standard as threshold to revoke certification (FFM only).

HBE will provide an update on the policy and process when the rule is finalized by CMS

Pregnancy Special Enrollment Period

- HBE has requested stakeholder comments on implementation and parameters.

- Proposed SEP parameters:
  - Available to new consumers
  - By attestation
  - 60 days post application to enroll in coverage.
  - Coverage will be effective 1st of the month following enrollment

- Additional information and a timeline for the implementation are forthcoming.

Stay Engaged!

- **Social Media:**
  - Follow us on social media
    - Facebook
    - Instagram
    - YouTube
  - Share social media messages

- **Tool kits are available at** Home Page | VIM (virginia.gov)

- **For questions, email us at:**

  ExchangeAgents@scc.virginia.gov,
  Assisterprograms@scc.virginia.gov, or
  ExchangeCarriers@scc.virginia.gov