

Date: March 28, 2023 Case: Health Benefit Exchange Advisory Committee Meeting

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WORLDWIDE COURT REPORTING & LITIGATION TECHNOLOGY

March 28, 2023

1 PROCEEDINGS 3 2 MS.CORLETTE: (Naw, Well, welcome everybody 3 to our first Advancy Committee Meeting of 2023. It's 4 great to see so many of you in person that I've been 5 fooking at in abox on a screen for a few years now. 6 For our addenda today, we have a lot to talk 7 about. We're going to hear from MAxiny. Increasing from DMAS on the 9 2.44 p.a. 10 for our addenda today, we have a lot to talk 11 10 othing. Increasing from MAX on the 12 about. We're going to hear about that progress. And then we have 13 about. Start stright. 14 Penseylwania, the folds from Pen		
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5 SCOTT WHITE, COMMISSIONER 5 and do the roll call. 6 IKEITA CANTU HINDJOSA, VICE CHAIR 6 MS. MORTLOCK: Sure. Okay. So Secretary John 7 JULIE GREEN BATAILLE 6 MS. MORTLOCK: Sure. Okay. So Secretary John 8 LEE BIEDRYCKI 8 Secretary James Williams here? 9 SCOTT N. CASTRO 9 MR. WILLIAMS: Present. 10 DUGLAS GRAY 10 MS. ROBERTS: Medicaid. 11 ELIZABETH CUNNINGHAM 11 from Virginia Medicaid. 12 LOUIS ROSSITER 12 MS. ROBERTS: Medicaid. 13 STARLA KISER 14 Commissioner Avula from the Department of Social 14 15 Services. 14 15 EX-OFFICIO MEMBERS: 16 MR. Avula: hello. 18 CHERVL ROBERTS, ACTING DIRECTOR OF DMAS 17 MS. MORTLOCK: Hello. And Commissioner White 19 SARAH HATTON, DMAS 18 With the Bureau of Insurance has sent a proxy. Mary 20 MS. BORN: Yes, I'm here. 21 22 20 MS. MORTLOCK: Good afternoon. I see Sabrina 23 HOLLY MORTLOCK, CHIEF GOVERNMENT RELATIONS	,	
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5 MS. MORTLOCK: And we have Ikeita.	7 1 year. Then we really went into our evaluation mode and
	2 it was the fall when we awarded our contract, and we
3 MS. MORTLOCK: Hinojosa.	3 moved from what felt like a pretty fast pace to a whole different universe of anead and workload. And it's been
4 MS. HINOJOSA: Ikeita Contu Hinojosa, yes.	4 different universe of speed and workload. And it's been
5 MS. MORTLOCK: Thank you. And Lou Rossiter.	5 really exciting for us to just see how the work has
6 MR. ROSSITER: Greetings.	6 evolved, how our progress has evolved, how we as a team
7 MS. MORTLOCK: And then also on the line I	7 have evolved. And so I wanted to just share a little
8 want to ask Scott Castro.	8 bit of of what we've done.
9 MR. CASTRO: Yep. I'm here.	9 And on this first slide of status updates, you
10 MS. MORTLOCK: Liz Cunningham.	10 can start to get a sense, because on the left-hand side,
11 MS. Cunningham: Yes, I'm here.	11 we have the almost a half year's worth of events and
12 MS. MORTLOCK: Good afternoon. Starla Kiser.	12 then the right-hand side is filled up with things from a
13 MS. KISER: I'm here.	13 month. Some of which are the culmination of past work.
14 MS. MORTLOCK: And is Doug Gray with us	14 And a lot of these things are really difficult to
15 virtually? Okay. I think Doug will probably be joining	15 express just what was involved, but one of the things
16 us at some point.	16 you'll see for instance, is product orientation
17 MS. CORLETTE: Okay.	17 sessions. We made a decision when we built our RFP this
18 MS. MORTLOCK: All right. So I think we are	18 time last year that the significance and complexity of
19 good to go.	19 this project warranted a robust set of functional and
20 MS. CORLETTE: Yeah. I think we have a	20 technical requirements. Our selective vendor Get
21 quorum. Do we need a motion to begin? I can't	21 Insured continues to give us a hard time about the fact
22 remember.	22 that we have over 800 requirements. But as part of
23 MS. MORTLOCK: I don't think so.	23 that, that meant we went through this product
24 MS. CORLETTE: Okay.	24 orientation phase that lasted about three months where
25 MS. MORTLOCK: We can be mostly informal.	25 we sat for three and sometimes four days in a week for
6	8
1 MS. CORLETTE: I think we can just dive right	1 most of the day walking through exactly what Get
2 in. All right. Let's go ahead and start. Is Kevin on	2 Insured's platform did and how it satisfied those
3 the line? Yes.	3 requirements which ultimately culminated in us doing a
4 MS. MORTLOCK: Kevin are you with us?	4 traceability of our requirements to the solution. And a
•	
7 MS. CORLETTE: We can hear you.	7 functionality. Where we needed to make decisions.
8 MS. MORTLOCK: We can hear you. We can't see	8 Where we needed to push for improvements and innovations
9 you.	9 early on and in a way that just did not come out of a
10 MR. PATCHETT: Okay. One second here.	10 procurement or evaluation process. And that, you know,
11 MS. MORTLOCK: I don't know if it will work	11 that really built a foundation for us moving into
12 the way that the computer is set up in the room Kevin.	12 design, development, making critical configuration
13 So you might just have to go ahead and	13 choices for how we want to take a technology platform
14 MR. PATCHETT: Okay. All right. Well, let me	14 that five or so other states have implemented and make
15 apologize to those who are in the room. I was really	15 it Virginia's platform.
16 looking for an opportunity to seeing you in person and	16 I will say that a couple of weeks ago I was
17 to meeting some of you in person for the first time, but	17 talking with one of our KPMG representatives. The
18 circumstances were not in favor of that this week.	18 Exchange has required KPMG to help us in the testing
19 So I want to start out and give you all an	19 process which has already kicked off. But he was
20 update of where the Exchange is. Which and really where	20 telling me how excited he was to open our requirement
21 we've been over the last quarter or two which is we set	21 spreadsheet and see a set of robust requirements so that
22 out on this endeavor. I realized how difficult it was	22 they could actually take all of their test cases which
23 because of just how much we've accomplished. This time	23 are close to 300, I believe, and have some actual
24 last year, we were pretty laser focused on getting an	24 requirements to map them back to, and he said I wish
25 RFP released which happened right about this time last	25 every state would do it this way. So that was some

15 13 and engaged as we are going through the development and 2 least recognize where - where we need more staff. And 2 3 our staff and planning our staffing model is in a place 3 eragagment in the community and the more we are looking 4 that, I mean, even four of the months ago I was kind of 5 more scapmsive than what we have to acked with what I will say 5 series of the we rest 6 more scapmsive than what we have now. But it is one of 6 we've really, we've't reid o, again, take advantage of 6 more scapmsive than what we have to acked with what I will say 7 least mint synip that Exchanges, how dorp ionitize, 10 about how to expand our resources, how to prioritize, 10 star - hat asynip that Exchange. 10 about how to expand our resources, how to prioritize, 11 and - and focusing right now on the things that are 12 ansochally passi to exothely to talk with 15 All right. Stakeholder engagement Another 13 Second and actally passi to exothely to talk with 16 our stakeholder engagement plan I think was one of 13 accomplan - this transition. 14 Sor more octataled than what y	March 28, 2023		
 2 less recognize where - where we need more strift. And - a place of that, I mean, even four or five months ago I was kind of 5 scratching my head about. And it's exciting, because 6 we've relay, we've reit on sagin, take advantage of 6 we've relay, we've reit on sagin, take advantage of 7 learning from what other Exchanges have done, but 7 is deliberate's specific. Sometimes it relates like we are 8 is that that saying that Exchanges are found of, if 9 you've scen one Exchange, we're going to have to be staffed and 12 structured in a way that was uniquely Virginia. And so 13 land s hat's where we're 14 going. 14 milet - what may scent like a minor victory, but has 17 been was really exciting for us when we're 14 going. 15 Mal - hight. Stakeholder engagement Jo Into CMS which 19 is far more detailed than what you're scening for. 10 Their reaction was something along the lines of ww. 21 And our stakeholder engagement Jo Into SM which 23 when they saked for it, but it was gratifying for us 24 that we were able to - to deliver something that 25 exceeded their expectrations. 14 And I know I've said this before, but 2 stakeholder engagement for me really is one of the work and planning that the Exchange has 24 been involved in, in regards to the continuity 2 of coverages Kevin had mentioned. And severk 14 takeholder engagement for me realustion of the more for 13 or more of wision is to build an Exchange that's point 12 of 10 freasons, and the first was to support the coutinuity 2 of coverages Kevin had mentioned. And see and that where a list do - of was site ally is an effort. Support the coutinuity 2 of coverages Kevin had mentioned. And the work that we're going to do as a 14 biose activities, 12 biory of and wision is to build an Exchange that's point 10 to 10 fires actinal functions. And so gisi			
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4 that, Irream, even four or five months ago I vas kind of secretaring my head about. And it's exciting, because 5 orreacting my head about. And it's exciting, because 6 more expansive than what we have now. But it is one of 9 yordve seen one Exchange, yordve seen one Exchange. 10 those things that we have to taskle with what I vill say 10 Everybody does it differently. And and we learned 11 that, yeak, we were going to have to be staffed and 12 structured in a way that was uniquely Virginia. And so 12 accomptish at we have are and that's where were 14 going. 13 accomptish - this transition. 14 going. 13 accomptish - this transition. 15 All right. Stakeholder engagement, Another 14 more detailed than what you're seeing here. 20 Their reaction was something along the lines of wow. 14 more actable olding engagement plan think was one of 21 And or stakeholder engagement for think was one of 12 mose things that we weren't expectations. 14 stakeholder engagement for think was one of 12 or transition and in our 15 forever future operations. 14 14 stakeholder engagement for think was one of or 12 or transition and in our 15 for word than we reagonent for the market 13 accomptish were were also to - to deliver something for use going to use and the first was to support the continuity 2 was thad y acle engagement for think was one of or	2 least recognize where where we need more staff. And	2 transition, but that's where you see about our	
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Water 20, 2025		
	p to change these outcomes.	19 1 small businesses, other other community partners to
2 First, we are going to	adopt the Federally Facilitated	2 help us target locations and populations of Medicaid
3 Marketplace unwindi	ng special enrollment period. So we	3 enrollees that are uninsured, underserved and and
4 will continue that thr	oughout our transition year	4 help them to incentivize them or help them to want to
5 without any interrupt	ion.	5 conduct that outreach and form them of the Exchange and
6 Our strategies	for how we are going to	6 the assister opportunities, and help them have them
7 specifically impact t	he unwinding will be substantially	7 help us identify people that we can support into getting
8 increased investment	s and marketing outreach in	8 into coverage.
9 education, direct cor	sumer assistance tailored to	9 As part of this, we are going to be conducting
10 Virginians and using	consumer-level data to inform	10 ongoing assister education in the summer and the fall of
11 specific outreach and	l policy decisions to improve the	11 this year. We will be providing technical assistance
12 Exchange's reach of	consumers.	12 for assisters and agents. We will have assister tool
13 So, first we'll s	tart with the first strategy	13 kits available, community partner tool kits, social
14 on marketing and out	reach. So we do have an unwinding	14 media tool kits. We are currently conducting and will
15 marketing and outrea	ch plan. We have it will begin	15 continue to conduct monthly town hall meetings, and
16 in April of this year a	and run through July of 2024. And	16 provide answers to frequently asked questions during
17 we are applying our n	esearch strategies as we have been	17 those meetings, and then list them on our Exchange
18 working with our ver	dor over the last year year and a	18 website.
-	est target individuals based on a	19 We also will have consumer information about
20 wide variety of demo	graphic and geographic information	20 the unwinding with links to assister programs and
21 including areas of hi	gh concentrations of Medicaid	21 appropriate redirects to Healthcare.gov on our existing
22 enrollees. And what	we learned from our collaborative	22 website. And making sure that people have the
23 partners as well. And	l we will have a messaging	23 appropriate information that they need and just amplify
24 framework that's tail	ored to our six key audience	24 and support our partner messages into getting them to
25 segments that we have	e also developed with our vendor and	25 the right assister and to the right place for coverage.
	18	20
1 their research.		1 And in the fall of 2023, we will have a
2 So examples o	f the types of outreach and	2 Virginia consumer assistance call center that will be
3 education that we are	able to do while we are in the	3 staffed by people that are trained specifically for and
4 process of transition	ing will be digital marketing and	4 entirely focused on the needs of Virginians. It will
-	de radio and streaming audio	5 provide some technical assistance for agents and brokers
	gle search ads, digital display ads,	6 to support, assist, you know, the assistance of
7 and through our soci	al media posts, Facebook, LinkedIn	7 consumers. And will ensure that consumers are getting
8 and Twitter.		8 connected to the appropriate place and obtaining
9 We also will have	ave components of direct	9 coverage.
10 consumer assistance	. So Virginia assisters. They work	10 And finally, as we are making our transition,
-	ng, not just during open enrollment.	11 and in the fall of 2023, and beginning November 1st,
12 We have 35 navigato	rs and 34 certified application	12 Virginia the Virginia Exchange will have account
_	l organizations, and 1,400 agents,	13 transfer data from all current Healthcare.gov enrollees,
	d to sell in the Virginia Exchange.	14 and these current enrollees will be auto-renewed unless
_	n enrollment, they will be able	15 they choose different coverage.
	about the unwinding, their	16 We will also begin to get Medicaid account
17 redetermination lette	ers, you know, to be expecting them.	17 transfers starting on November 1st. And so we will
	propriate site and assister place	18 begin accepting most account transfers for individuals
-	ocus on and they can focus their	19 who were just redetermined and found ineligible for
-	en enrollment on individuals who	20 Medicaid as well as new Medicaid applicants that were
	al enrollment periods, and support	21 found ineligible.
22 them to transition to		22 Our system will be able to provide automatic
	reach, we are working to	23 notices and prepopulated applications, beginning on
	partnerships to work with our local	24 November first. And so for account transfers, we'll
25 communities, with h	ospital systems, health clinics,	25 have the ability to automatically e-mail a person to

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

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25	27
1 closely with CMS, because they have some ideas about how	1 those things, Lee, yes. We are tracking and outlining
•	2 and planning for.
3 this brand rollout and and some of the different	3 MR. BIEDRYCKI: I just like to share that in
e	4 '19 with the expansion before the public health
5 I will say that Holly mentioned earlier the the sort	5 emergency, when we would go in to do a quote, and
	6 Healthcare.gov or the enrollment platform would indicate
7 coverage in the past. We we are determined to do	7 that the individual or individuals were Medicaid
8 better, and we're confident that we can do better.	8 eligible, one of two things happened. The individual's
9 We've heard a lot from other folks about, you know, the	9 income was then resubmitted at a higher number to avoid
10 challenges of us adding this extra complexity to our	10 all of that or the individual was told that they would
11 transition, but for us, it's it's an extra	11 be notified about their Medicaid eligibility. And this
12 opportunity, and we wouldn't miss the opportunity to	12 is where the consumer friction came about in that that
13 lean in on the unwinding.	13 consumer then had to wait for a letter from their
14I had an opportunity to speak with Alan Monset	14 state's Medicaid office as to whether or not they were
· ·	15 eligible or not. And then that letter of ineligibility
· · · ·	16 was the only thing that they could use to reenter into
	17 the marketplace and in that timeframe of waiting for
18 and communication. So it's the detail with which we	18 letters to be sent and received, you are still dealing
	19 with individuals who would have prescription drugs that
	20 they need to fill, and doctor visits that they need to
21 process, but it's for me, it's increasing my	21 see.
	22 So one of the things that was a very avoidable
23 said, to do better than what what we've seen in the	23 component to the chain of custody, if you will, is that
-	24 the individual who helps them initially in the Federally
25 MR. BIEDRYCKI: Is that workflow at this	25 Facilitated Marketplace or the enrollment platform was
26	28
1 point?	1 never notified whether or not the Medicaid eligibility
1	2 was effectuated. So there was no way to follow up with
	3 that consumer in order to make sure that their coverage
	4 was actually effectuated. Now, once we went through the
e	5 public health emergency, all of that changed; right.
	6 But we only had one year-ish of the Exchange and
7 know exactly what part of the flow process you're	7 Virginia Medicaid interacting and that first year was
	8 very problematic for some individuals. We saw
9 MR. PATCHETT: Yeah. So let me so the	9 individuals artificially inflate their income to avoid
	10 the Medicaid eligibility, because they did not want to
	11 deal with the disruption of receiving their medications
	12 and their care.
	13 MR. PATCHETT: I think that's one of the
	14 benefits we are looking to achieve as part of standing
	15 up a Virginia-based Exchange. We ought to be able and
	16 again, we are determined to do much better at
	17 coordinating with DMAS. We are just across the just
	18 across Capital Square. So that that disconnect that
	19 exists and you know, in some ways still exist between
	20 the FFM and Virginia Medicaid we're going to close that
· ·	21 gap if not eliminate it altogether.
1 8	22 So again, one of the benefits of transitioning
	23 to state-based Exchange and a state-based Exchange
	24 that's maintaining Virginia as a determination state.
25 might not have to select until January of 2024. All of	25 So we should have a lot more flexibility and

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29	31	
1 capabilities in that regard. Holly.	1 the unwinding process. They're going to be assisting	
2 MS. MORTLOCK: All right. Thank you. Were	2 with all of the data entry pieces for our Magi only	
3 there any other questions about that?	3 Medicaid only populations which is about a third of our	
4 MR. ROSSITER: For Medicaid managed care	4 populations after after ex parte runs and then our	
5 companies that are both in the Exchange and Medicaid	5 local agencies will be taking the remaining applicants	
6 managed care, are they going to work to keep that	6 that are ADD or those who have other benefit programs.	
7 enrollment continuous?	7 Let's see, so one of the areas where I know	
8 MS. MORTLOCK: Yes. So I believe that there	8 there was a question about that outreach and transition,	
9 are I think that sounds like a great segue to our	9 so one of the areas that we focus on a lot that I know	
10 next person who's going to speak with us this afternoon.	10 we've talked about a little bit here are our outreach	
11 So I'm going to see if Sarah Hatton is on the phone.	11 plans for our individuals once we entered into the	
12 MS. HATTON: I am. Can you hear me Holly?	12 unwinding period. We do have a plan in place that is	
13 MS. MORTLOCK: Yes, I can. Thank you, Sarah.	13 internal for our fee for service members which those	
14 Would you like to go ahead and then maybe address Lou's	14 numbers are pretty low, but then also, of course, our	
15 question as you're as you're speaking.	15 health plans have been great partners for us, so each	
16 MS. HATTON: Sure. I sure can. So we are	16 month the individuals who receive a paper renewal	
17 officially in month one of unwinding here in Virginia	17 packet, all of those individuals will be reached out to	
18 where we're all really excited to start down this road	18 by all modalities regardless of whether or not they're	
19 and feel like we've done a lot to prepare for what's to	19 fee for service or in managed care to let them know that	
20 come in the next 12 months. On March 18th we ran two	20 a packet has been mailed and to remind them to complete	
21 very large batches of our renewals for month one. Those	21 their information.	
22 were pretty successful, I would say, so it was about	For individuals who do not complete their	
23 121,000 cases. So that contained about 200,000 members,	23 packets, so they're going to be closing for a procedural	
24 went through our ex parte process. We did see that	24 reason, those individuals will receive a second round of	
25 about 68.9% of those overall renewed for another year.	25 outreach letting them know that they're going to lose	
30	32	
1 That's a really good success rate for us and shows that	1 their coverage if they don't call in. And of course, we	
2 a lot of the hard work that the DMAS teams and the DSS	2 strongly encourage those individuals to complete their	
3 teams did to approve our systems have paid off.	3 renewal packets so they do get that referral over to the	
4 Prior to the public health emergency, we saw	4 marketplace. So that that part is important.	
5 about 50% of the overall population renew through the ex	5 And then our Phase 3 outreach plan does	
6 parte process, so this is this is a big improvement	6 include our health plans actually working with the	
7 for us. So that means that about 36,000 individuals or	7 individuals who are losing coverage for a nonprocedural	
8 households, rather were mailed paper renewal packets on	8 reason, so those individuals, for example who are over	
9 Monday, March 20th, so a little over a week ago. And in	9 income, our health plans will be working with those	
10 Virginia, of course, like everywhere else, our first	10 individuals to help them transition into other coverage.	
11 closures won't occur until April which will be April	11 So to answer your question, I think that was Lou that	
12 30th for us.	12 asked that question. Yes, our plans will be performing	
13 We have not really seen any uptick right now	13 outreach to those folks and then helping them.	
14 at our call centers, and I don't believe at the local	14 And I think that's all I have. I'm happy to	
15 agencies that I'm hearing, so we know that folks are	15 answer any questions or if there's anything I didn't	
16 probably just getting these packets in the mail and	16 touch on that you're curious about, we should have	
17 aren't actually reacting to those quite yet. We do	17 some of course, we'll have a lot a lot more data	
18 expect that later this week and into early next week	18 and numbers to report out to everyone the next time we	
19 we're going to start seeing those call volumes increase.	19 get together.	
20 Another area that is a lot of hard work	20 MS. MORTLOCK: Okay. Well, Sarah, thank you	
21 went into for us Cover Virginia is expanding and opening	21 so much. We really appreciate that. And thank you for	
22 up a new redetermination call center and processing	22 all your hard work.	
23 unit. That's our statewide call center, so that's	23 MS. CORLETTE: Yes, thank you. Do we have the	
24 actually going to go live on April 3rd. This is a		
	24 folks from Pennie on the phone?	
25 temporary operation that we're standing up to help with	25 MS. MORTLOCK: Yes. David Thomson and Devon	

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33	35	
1 Trolley, are you with us?	1 that Pennie with the GI system was really able to	
2 MS. TROLLEY: Yep, we're on.	2 take even one more step further for a lot of people who	
3 MS. MORTLOCK: Wonderful. So we'll just take	3 are coming over from Medicaid and CHIP, and that is to	
4 a break from our slide show and pull up your slides.	4 actually take that application information and have the	
5 Just bear with us for just a moment.	5 application submitted into the system for the consumers.	
6 MS. CORLETTE: Yeah. I'll just take a minute	6 So when they come over they just have to use their	
7 and introduce our Pennsylvania friends. So thank you	7 unique account access code. They'll receive a letter	
8 Devon and David for joining us today. I had invited our	8 with that code and with their eligibility determination	
9 colleagues from Pennie to come and present, because I	9 that will have their financial health already in there.	
10 had the opportunity to hear about some innovative things	10 And then once they come in the system they go basically	
11 that they're Exchange is doing to try to ease that	11 straight into being able to select a plan. So that cuts	
12 friction as consumers transition from Medicaid into a	12 out a lot of the steps as some of you who may be	
13 marketplace plan and I thought you all were doing such	13 familiar with the application, since it is thorough, it	
14 cool stuff, we should hear about it here in Virginia.	14 also can take a while to get through. So for in	
15 So I don't know, Devon or David, did you guys	15 order and of living up to the spirit of single	
16 want to take it away? It looks like Holly has your	16 streamlined application and we already have all this	
17 slides up.	17 data from the Medicaid and CHIP agency in areas where	
18 MS. TROLLEY: Great, thank you. It's been	18 that the data is complete and allows us to really kind	
19 introduction. And yep, we'll just talk through our	19 of skip up ahead that step on the application, and drop	
20 approach. I thought it might help at the beginning to	20 people right into picking a plan.	
21 just so for those who don't know, I started with	21 And so this has been in place David can	
22 Pennie earlier this month, so about three and a half	22 correct me what the exact timing is but in place	
23 weeks in, but not new to the Exchanges. I was over Get	23 for I think it went in place last year. And what has	
24 Covered New Jersey before that, and our early days was	24 been seen so far is that about 75% of people coming from	
25 at Healthcare.gov. But I thought it might be helpful	25 Medicaid and CHIP are able to get to the step where the	
34	36	
1 to before we get into what we're doing, set some	1 information is complete enough to be able to skip them	
2 context for what we've seen other Exchanges do and	2 right to that step of selecting a plan. So we are	
3 because I think this is a place where state-based	3 seeing that it is, you know, the complete enough	
4 Exchanges really can demonstrate the value and through	4 information for a lot of consumers.	
5 the coordination with with Medicaid and CHIP. So you	5 Now, again, the influx from Medicaid and CHIP	
6 might be familiar that Healthcare.gov, you know, they've	6 has been a little bit lower given that it has been the	
7 struggled with the the quality of data that they get	7 continuous coverage requirements so these are	
8 from states, and so they're when people come over to	8 applications that are more going directly to Medicaid	
9 them, they will basically have to start a new account,	9 and CHIP and then coming over. So, you know, we'll see	
10 start a new application from scratch and kind of go	10 if that percentage stands as we get into this this	
11 through the whole process to determine that was sort of	11 broader redetermination population, but I think you	
12 the the most appropriate approach given the variation	12 know, our just about the ability to again, reduce as	
13 and data quality that they receive.	13 many steps as possible to get consumers into coverage.	
14 A lot of Exchanges including the one I just	14 Another item we're doing is that we did extend	
15 came from, New Jersey have, you know, I think a	15 the special enrollment period to 120 days. That is in	
16 little a little bit ahead of that where there are	16 my mind primarily for people who maybe don't know that	
17 sort of welcome letters and some information	17 they're losing coverage, so it kind of gives them the	
18 prepopulated or an account initially created for the	18 extra time to realize that still have a window to	
19 consumer sort of trying to take away some of those steps	19 enroll before open enrollment. We do have the system	
20 to again, every step you can take away increases the	20 automatically line up and offer a consumer a date to	
21 likelihood that someone's going to complete the	21 align with their Medicaid coverage, the end date of that	
22 enrollment process. So I think there's a really	22 Medicaid coverage that we receive on the account	
23 concerted effort around that, and you know, we're seeing	23 transfer, so that there is no gap in coverage. And	
24 efforts across state Exchanges to do that.	24 that's available if the they come over in the first	
25 And what we're going to talk about here is	25 60 days. So we've really been emphasizing to in our	

communications to consumers that that first 60-day ages mapped to the Pennic application. We submit the and III just mention in case there's – we ages mapped to the Pennic application. We submit the are an assessment state, so we assess – sesses special enrollment period specifically for those losing the unwinding, we'll also – we've also created a new special enrollment period specifically for those losing setuplication on the customer's behalf, and then during the unwinding, we'll also – we've also created a new setuplication on the customer in any for based. the unwinding, we'll also – we've also created a new setuplication on the customer in any for based. the unwinding, we'll also – we've also created new and III just ment director of policy at Pennic. the unwinding, we'll also – we'to use statemer. 1 account, When we'n baryp to law the director of policy at Pennic. the unwinding, the we'non the ustomer 1 and the liss since. No wink miss inter a transfer based. the unwinding, the we'non the ustomer 1 be cn under a continuous cover gare parternet or void stated the under of this, and then we're hange you know, we'we 1 be cn under a continuous cover pare equirement or void stated the under on the you conservation and the account, they law their information and also contain an taccount access code for them to claim their the we'ne manis a anot the specification the eligibility determination and the	March 28, 2023		
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4 special emrillment period specifically for those tosing 5 eligibility for Medicaid not determination, so 1 just 6 wanted to call out that difference in our processes. We 7 are sort of account transfer based. 8 And then David wasgoing to provide a little 9 in more detail and exactly what that looks like just so 10 people can kind of wrap their minid around the consumer 11 special emroft section 12 special exactly what that looks like just so 14 programmed for the end of the month in which - in the 12 special exactly what that looks like just so 13 MR, THOMSEN: Sure, thanks Devon, My name is 14 special exactly what that looks like just so 15 brob and their new Pennie ac outinuos coverage requirement Covid statis 16 how while, since we'w been in existence, you know, we'w been in existence, you know, we'w been planning for this for a 19 for the duration of our existence, sou this will - the 20 redetermination process will be totally new for us as 21 special exactly how this i sol as long or which we'ne duration of our existence, you know, we'w been planniting type which toinder <td>2 window is really key.</td> <td>2 application on the customer's behalf, and then during</td>	2 window is really key.	2 application on the customer's behalf, and then during	
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15 I've been at Pennie for a little over three years now.16 And while, you know, we've been planning for this for a17 while, since we've been in existence, you know, we've18 been under a continuous coverage requirement Covid state19 for the duration of our existence. So this will the20 redetermination process will be totally new for us as21 well.22 So if you could just click through all of the23 slides, I think yeah. It would probably make more24 sense, yeah, that's good. Thank you. So what I'm going25 to do is kind of walk through how this is all going to2819 look for the, you know, for the person who is currently2 on Medicaid or Medical Assistance in Pennsylvania, and3 how they come over to us. So the first thing is, okay,4 the He Medicaid coverage from our6 Department of Human Services which is our state Medicaid7 agency. They submit their information on time and in8 this instance they're to you know, in this situation9 theyre determined as not eligible for Medicaid or CHIP.10 in that instance, their Medicaid or werk will you14 theyre stown will gate account transferred over to Pennie.15 When they do come over because they have16 already submitted their information to uur Medicaid17 program and that and the Medicaid program has already18 werified their information, we can run their eligibility24 determination Aft the Medicaid program has already18 werified their information to uur Mediciaid19 owner and that and the Medicaid program has already19 whon the accounu			
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1 ifile. This will have kind of their household – their 1 speak for them, but based on my earlier years of 2 contact information andmail address, maybe a phone 2 experience there, you know, Ithink and from what 4 them, We will be, you know, providing information about 1 they tess ald about their unvinding plans, 11 imagine 4 them, We will be, you know, Towiding information about 5 MS. CORL FTTE: Yeah. 1- the reason 1 ask it 6 lose their Medicaid and then well be able to follow-up 7 make inthrough the LD, proofing step. So the fact 8 Thore of the month after losing coverage within the first 60 1 is a mapporting terminated, if they if 14 of the month after losing coverage within the first 60 1 is cally agod to hear. 15 ord of the more charally terminated, if they if 1 is call y agod to hear. 16 for the procecharally terminated, if they if 1 is call y agod to hear. 16 for the procecharally terminated, if they if 1 specific of Virging terminated or are you only 18 and DSS, our hope is shat we would as to that they amaging coordination and activities with DMAS 18 molt the mouth after losing had ever happole edito. <td< th=""><th></th><th>20, 2025</th></td<>		20, 2025
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45471different provider board, you know, like better1just a Pennie notice.2certified by the state if we can get in front of them to3increase the word or we're also doing a lot of joint3increase the word or we're also doing a lot of joint3MR. THOMSEN: It's a get insured system4sessions with the Department of Human Services so that's3MR. THOMSEN: It's a get insured system5it's sort of co presenting a united front about how6there's options for for Pennsylvanians. So they also7have a lot of sort of outreach channels that are also8Mclicaid, from us, from CHIP, basically saying, hey, if9coordinated a lot of the messaging across the board have8Medicaid, from us, from CHIP, basically saying, hey, if9you've lost Medicaid or CHIP, you have other options and10 kind of tell them to come to Pennie.11ang et the message out to their constituents, so I1112think we're really try to hit every front we possibly13 can. Dave, I don't know if anything else is coming to14mind for you besides that, but you know, really try to15 Medicaid saying we are transferring you to to Pennie,16MR. THOMSEN: Yeah, and we've we've been17 indicator of what to expect to look for a letter from17coordinating closely with our Department of Human18 Pennie, and then we follow up with a Pennie letter. So19preparations, we have a lot of cobranded materials, our20 communications offices are in constant contact with each20communications offic
 2 certified by the state if we can get in front of them to 3 increase the word or we're also doing a lot of joint 4 sessions with the Department of Human Services so that's 5 it's sort of co presenting a united front about how 6 there's options for for Pennsylvanians. So they also 7 have a lot of sort of outreach channels that are also 8 getting the same messages, and we sort of cobranded and 9 coordinated a lot of the messaging across the board have 10 been, you know, tried to do legislative outreach so they 11 can get the message out to their constituents, so I 12 think we're really try to hit every front we possibly 13 can. Dave, I don't know if anything else is coming to 14 mind for you besides that, but you know, really try to 15 take a comprehensive approach to it. 16 MR. THOMSEN: Yeah, and we've we've been 17 coordinating closely with our Department of Human 18 Services for about a year on the unwinding, and our 19 preparations, we have a lot of cobranded materials, our 20 communications offices are in constant contact with each 2 MS. CORLETTE: Okay. 3 MR. THOMSEN: It's a get insured system 4 motice, but we do so but the procedurally terminated 5 will be getting a cobranded letter 6 MS. CORLETTE: Okay. 7 MR. THOMSEN: - from all the from from 8 Medicaid, from us, from CHIP, basically saying, hey, if 9 you've lost Medicaid or CHIP, you have other options and 10 kind of tell them to come to Pennie. 11 MS. CORLETTE: Great. 12 MS. TROLLEY: And just to add to that. So 13 when someone is loses Medicaid or CHIP because 14 they're over income, they're receiving a letter from 15 Medicaid saying we are transferring you to to Pennie, 16 the Pennsylvania Exchange, so they sort of
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21 other so we are trying to articulate the same message 21 population that didn't respond to Medicaid and didn't
21 other, so we are if ying to arreduate the same message.
22 We have regular touch points with stakeholders where we 22 update their application, and may be have more confusion
23 review kind of our material our outreach materials in 23 maybe about the process of what's going on or sort of
24 our efforts to to spread the word. We're engaging 24 who's outreaching that one is cobranded and we
25 our our Congressional representatives. We're 25 thought and that's, I think really important to kind
46 48
1 engaging our state legislators and committees of, you 1 of establish a connection between the program so that if
2 know, jurisdiction in order to spread the word there, 2 they did lose coverage maybe without their knowledge or
3 and we're trying to do as much jointly as we can to 3 they weren't, you know, realizing that that had happened
4 present a united front. 4 when it did, they get this message from both entities
5 MS. CORLETTE: Great. Thank you so much. 5 and they can kind of figure out what option works the
6 MS. BATAILLE: I just have a question for the 6 best for them. Since it's more of a cold outreach.
7 Virginia folks here at Pennie. I think the connection 7 MS. CORLETTE: Yeah. Any other questions?
8 between the cobranded information for these consumers is 8 Well, David and Devon, thank you. I know you're
9 really critical and in Virginia even more so just to 9 incredibly busy and we're very grateful to you for
10 give them the education that needs to happen. Has that 10 sharing what you're doing with us and it makes me
11 been a part of your conversations? 11 certainly very excited about all the possibilities that
12 MS. MORTLOCK: Yes. We have had we have 12 come with owning our own platform and having the two
13 been thinking back through in terms of how we might 13 organizations just across the street from each other.
14 operationalize that and no, we did convene an unwinding 14 So thank you very much, really appreciate it.
15 group and included some of our friends from Medicaid and 15 MS. MORTLOCK: Yes, thank you very much.
16 Social Services and the carriers. I think those 16 MS. HINOJOSA: Thank you thank you.
17 conversations are continuing to happen and we will see 17 MR. THOMSEN: Thanks for having us.
18 how we can best coordinate those efforts. But yes, that 18 MS. CORLETTE: Holly or Kevin, anything more
19 is that has been on our minds. 19 from you all?
20MS. BATAILLE: Great.20MS. MORTLOCK: Yes.
20MS. MORTLOCK: Thank you, Julie.21MS. CORLETTE: Okay.
22 MS. CORLETTE: Yeah, because did I so the 22 MS. MORTLOCK: We were just going to do a
23 notice that David, you were talking about that that's 23 quick overview of just some federal state policy
24 cobranded both Pennie and your DHS? 24 updates.
25 MR. THOMSEN: So our system generated notices, 25 MR. THOMSEN: So our system generated notices, 25 MS. CORLETTE: Great. Okay.
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49	51		
1 MS. MORTLOCK: Yeah. Then we'll be then I	1 MS. CORLETTE: Makes a lot of sense.		
2 think we'll finish up.	2 MS. MORTLOCK: Okay. And I'll just mention a		
3 MS. CORLETTE: Yeah. Well, thank you for	3 few other things. So a few other issues that certainly		
4 being so flexible and letting the letting the	4 touch the Exchange. So this year, the Virginia General		
5 Pennsylvania folks slide in so we didn't have to have	5 Assembly decided to develop a process for which Virgi		
6 them hanging on the line. So yes, please.	6 would select its essential health benefits benchmark		
7 MS. MORTLOCK: Absolutely. So just first, we	7 plan. So I think there may be a number of states that		
8 just wanted to acknowledge, you know, that as you all	8 were also in this somewhat of a predicament in that we		
9 know, sort of the on December 12th, CMS released its	9 did not have Virginia did not have a specific process		
10 draft or proposed notice of benefit and payment	10 in terms of who was going to select the benchmark plan.		
11 parameters for plan year 2024. You know, we have	11 And so so as, you know, policy decisions were made by		
12 reviewed that and continued to review it and see it, you	12 the General Assembly in terms of, you know, what		
13 know, as it, you know, offering opportunities to further	13 they're what they would like to see covered in these		
14 increase our enrollment and our collaboration of	14 plans, either, you know, a few mandates passed, so they		
15 agencies in the service of Exchange consumers. We are	15 decided to kind of take the bull by the horns this year		
16 looking at it in its entirety and considering how those	16 and really lay out that process for what it was going to		
17 new requirements and options can support our enrollment	17 look like here in Virginia. And basically, what it		
18 efforts.	18 what it does is the bill sets out a five-year cycle and		
19 For this year, we do intend to follow the FFM	19 review process, and that's so that we can better reflect		
20 as closely as possible, so when that so when the NBPP	20 the policy decisions of the General Assembly, you know,		
21 is finalized, that is our intention. And we are	21 such as state mandates that they pass from time to time.		
22 continuing to review the additional options and as we	22 The two mandates that have that they have approved		
23 move forward and we'll certainly keep you updated. I	23 going forward have to do with covering nutrition and		
24 imagine we will have more information to share with you	24 prosthetic devices, and so this places the authority of		
25 about that particular piece of our update in June.	25 the General Assembly to actually select the benchmark		
50	52		
1 MS. CORLETTE: So, okay. So that's really	1 plan with the incidence of the Bureau of Insurance, you		
2 interesting. So if the FFM decides, for example, to	2 know, who are directed to convene a work group, conduct		
3 limit the number of plans, I think they're talking about	3 actuarial analysis and make recommendations to		
4 two two per meta level. That's something Virginia	4 ultimately have the General Assembly consider those		
5 will do that for 2024?	5 recommendations and make a and make a introduce		
6 MS. MORTLOCK: For 2024, we will we will	6 legislation that will again, direct the Bureau to make		
7 follow the NBPP.	7 the selection based on all of the input and the		
8 MS. CORLETTE: Okay.	8 actuarial analysis and recommendations that they have		
9 MS. MORTLOCK: As it's finalized.	9 given them.		
10 MS. CORLETTE: Okay.	10 So that's roughly what it will look like in		
11 MS. MORTLOCK: That's right.	11 Virginia. And they did direct the Bureau to select a		
12 MS. CORLETTE: Okay.	12 new benchmark plan for 2025 to include those two		
13 MR. PATCHETT: Yeah and just Sabrina, part	13 particular mandates that have that have been passed.		
14 of our thinking is during the transition, we want to	14 MS. CORLETTE: And so it's the Bureau that has		
15 reduce the amount of burden and change and you know,	15 to do the actuarial analysis to determine how much of a		
16 sort of uncertainty for everyone from consumers to plans	16 defrayal		
17 so we're we are going to stay consistent and then for	17 MS. MORTLOCK: Yes. That's right.		
18 this first year, and then afterwards, we'll be very	18 MS. CORLETTE: Okay.		
19 deliberate and these are the kinds of topics that we	19 MS. MORTLOCK: That's right. So they will		
20 will look forward to engaging with our advisory	20 they will do that. There will be work group input as		
21 committee friends, you know, as we as we make these	21 required by the statute. They will make recommendations		
22 decisions going forward, but for the sake of continuity	22 too. There's an interim commission called the Health		
23 and consistency, it makes sense to to simplify	23 Insurance Health Commission in Virginia, so they really		
24 everyone's lives and not, you know, throw a curveball	24 vets all of these mandates and the actuarial analysis,		
25 right in the middle of the of the change.	25 and they will ultimately make a recommendations to the		

March 28, 2023 53 55 1 General Assembly in the form of a bill, and then the keeping our -- I imagine we will be involved in some of 1 2 General Assembly will hear that bill and, you know, make 2 those discussions, and we'll keep our eyes on that. 3 they're judgments to it as they see fit, and then come 3 And then finally, I'll just touch briefly on 4 back. Their bill will ultimately direct the Bureau to 4 reinsurance. I know we've talked about that in 5 select a plan based on the criteria that they've put 5 committee before. So this year was our first year 6 forth in the bill. So it is a really robust -- really implementing our reinsurance. It is a program that is 6 7 is a robust plan. But -- but that is how -- that is how 7 administered by the Bureau of Insurance. They have 8 Virginia has decided to do it. It is a very -- it's developed the -- the plan and the program. But you may 8 9 a -- includes a lot of -- a lot of stakeholder and 9 know that our waiver was approved in 2022 for a period 10 players in the process and that is a -- so that's how we 10 of five years. Our -- under statute we can request a 11 will do it moving forward. So it -- I think we're 11 target premium reduction of up to 20%. I think this --12 fortunate that we have now a process -- a clear process 12 in this first year, we targeted a 15% decrease, but in 13 in place to be able to --13 the actual rate reductions I think it's somewhere around 14 MS. CORLETTE: But for plan year 2025, you'll 14 17, 17 and a half percent, and the -- so you're going --15 need to have it submitted by like May 7th of this year? 15 plan year '24 will be our second year and the Bureau is MS. MORTLOCK: That's right. Yes. And the 16 expected to announce the reinsurance parameters on May 16 17 Bureau -- so the Bureau is convening there. They are --17 1st. So they have their ACA teleconference today, and 18 they are working through that process now. 18 let carriers know that. So that is required by statute. 19 MS. HINOJOSA: Now how similar or different is 19 So they will be providing that shortly. And so we will 20 this Virginia process to other Exchange processes? 20 just be watching to see sort of how that -- how that 21 MS. MORTLOCK: You know actually, I don't -- I 21 turns out. 22 don't know for sure. I did here from -- I think in some 2.2 So that is basically kind of a light load on 23 states it's a little clearer, you know, that they -- you 23 the -- on the state side, but I think we have plenty to 24 know that the governor can select the plan. In some 24 do with our transition, so our -- moving forward with 25 states, it's you know a secretary level --25 that. 54 56 MS. CORLETTE: If you've seen one state, MS. CORLETTE: Grateful for a relatively quiet 1 legislative session. 2 you've seen one state. 2 3 3 MS. MORTLOCK: Yes. MS. MORTLOCK: That's right. That's right. 4 And I have just moved from -- I was just on a call and 4 MS. CORLETTE: I -- do we have somebody from 5 had heard that Minnesota, that they also do not have a 5 the Bureau on the phone? 6 particular -- or you know, process in place, and they MS. MORTLOCK: Mary Ashby. 6 7 were asking what Virginia was doing. So we, you know, 7 MS. CORLETTE: Oh, Mary. 8 shared, you know, the legislation that passed with them. 8 MS. MORTLOCK: Mary, are you still there? 9 So anyway, so yes, you've seen one state, you've seen 9 MS. ASHBY BROWN: Hi. 10 one state. But I guess we're fortunate that we're 10 MS. CORLETTE: Actually, maybe this is a 11 learning from one another, so. Yes. So that's the EHB, 11 question for Lee. 12 the benchmark plan and bill. 12 MS. ASHBY BROWN: Yes, I'm here. 13 This year the General Assembly also passed a 13 UNIDENTIFIED SPEAKER: You're right next to 14 bill that would eliminate the authority of carriers to 14 her. MS. CORLETTE: Yeah, but I'm also curious what 15 -- to provide a tobacco surcharge for tobacco users. So 15 16 under current law, a carrier can vary its premium rates 16 the Bureau thinks about this. So one concern that I've 17 based on tobacco use by up to one and a half times 17 had is that QHP carriers have often paid higher 18 higher than for nontobacco users. And consumers are not 18 commissions for open enrollments, and lower commissions 19 able to use their premium tax credits to pay or to put 19 outside or none for enrollments outside of the open 20 towards the tobacco surcharge. So this -- this bill 20 enrollment season. I'm curious of what carriers are 21 does eliminate the authority of carriers to do that in 21 telling you for the unwinding because I -- I've been 22 Virginia. And it does direct the SCC to provide a 22 hearing some -- some states' interest in making sure 23 report on how that is impacting enrollment and 23 that at least through the unwinding the commissions are 24 marketplace rates. And the bill does have a sunset 24 reasonable enough so that brokers are incentivized to 25 clause for January of 2026. So we will -- we are 25 help people.

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57	59		
1 MR. BIEDRYCKI: Well, the Commissions have	1 management, property and casualty.		
2 stabilized, but reasonable, I guess is a somewhat	2 MS. CORLETTE: So you're saying that even if		
3 ambiguous question.	3 you were to try to make, accept enrollment commissions		
4 MS. CORLETTE: Well, I just mean not nothing.	4 equitable to open enrollment commissions, they're		
5 MR. BIEDRYCKI: To ease the burden.	5 still not still not covering your costs.		
6 MS. CORLETTE: Or enough so that it's worth	6 MR. BIEDRYCKI: And then you have to remember		
7 your time to sit down with somebody and help them	7 that with two weeks notice, in '16, the entire industry		
8 through the process.	8 was told you will not be paid. And with the average age		
9 MR. BIEDRYCKI: So to quote the largest	9 of health and life insurance agents in Virginia, they're		
10 insurance agency in Virginia, you don't do Exchange	10 not quick to forgive or forget, and there are some		
11 enrollments for profit. You do it for community	11 pretty complex historical moments that bring us to this		
12 service. And the per employee per month commission is	12 points where the agents who do participant		
13 one thing, but the churn rate especially relative for	13 enthusiastically have found a way to do so through		
14 those who have premium for nonpayment, and for those who	14 efficiencies, in order to make sure that wasn't a total		
15 have a medical procedure in the early part of the year	15 case of loss revenue.		
16 ends up meaning that the number of hours that you're	16 MS. MORTLOCK: Okay. I'm sorry, can I just		
17 investing in the conversation, it's almost impossible to	17 jump in? I just wanted to say, I know there are some		
18 recoup that, because there's not a stability with that	18 people on the phone on the line that have their hands		
19 product. And that is the main reason that out of the	19 raised.		
20 1,400 agents that take the test every year, a fraction	20 MS. CORLETTE: Oh, okay.		
21 of those actually participate.	21 MS. MORTLOCK: So I just wanted to invite		
22 This is my tenth open enrollment. And it's	22 people to jump in the conversation when they're when		
23 kind of funny, because there's something different every	23 they're ready. So I just wanted to invite everyone to		
24 year. Whether it is a particular physician group,	24 do that. Do you want to go ahead? Yeah. Doug, I know		
25 whether it's a particular hospital group,	25 that Doug may have his hand raised.		
58	60		
1 geo-demographics, but the most common thing that we	1 MR. GRAY: I can wait.		
2 dealt with and heard this year was confusion on why	2 MS. ASHBY BROWN: Mary Ashby Brown. I		
3 there was a 17% premium reduction, yet many of our	3 Sabrina, I will take your question back to the Bureau.		
4 customers with the exact same income as they had the	4 I actually am here I work at the Office of General		
5 prior year ended up incurring 100- to \$150 or more	5 Counsel and so I am not the subject matter on that		
6 increase in their net	6 particular question, but I will take it back to the		
7 MS. CORLETTE: Yeah.	7 Bureau and and give you our perspective.		
8 MR. BIEDRYCKI: out of pocket premium. And	8 I also just wanted to quickly chime in and let		
9 one of the things that gets very concerning for our	9 everyone know related to what you were saying, Holly,		
10 organization and others is that when you have a product	10 about the the updated EHB benchmark plan that the		
11 that operates on micro networks where aligning the	11 that has been posted the new plan has been posted to		
12 individual with their physician and their hospital group	12 the SCC website on the Essential Health Benefit		
13 is the most important part of the conversation, but the	13 Benchmark Plan page which is the subset of the ACA page		
14 only thing they want to talk about is try and understand	14 And we are accepting public comments on that EHB		
15 why they're paying more when they thought they were	15 benchmark plan through April 12th and the application is		
16 going to be paying less. And the suspicion that comes	16 due to CMS on May 3rd. Thanks.		
17 from that quite frankly, a number of the calls got	17 MS. MORTLOCK: Thank you for that update Mary		
18 elevated to me, because they thought that some of our	18 Ashby.		
19 employees had to be wrong or we're making a mistake or	19 MR. BIEDRYCKI: Just to put a bow on that.		
20 keyed the data in inaccurately. But I submit to you not	20 One carrier I know of is offering a trip, which I have		
21 even considering the conversation about integrations,			
	21 not seen in this business for 14 years. It used to be		
22 the compensation on its face relative to the exposure.	-		
22 the compensation on its face relative to the exposure, 23 the time it takes and the turn rate means that many of	22 commonplace, now not so much. There are some other		
23 the time it takes and the turn rate means that many of	22 commonplace, now not so much. There are some other 23 carriers incentivizing enrollment, but thought to the		
	22 commonplace, now not so much. There are some other		

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61	63	
1 social products that are primary focused for those	1 MS. CORLETTE: Drums.	
2 MS. CORLETTE: When you look at the profit	2 MR. PATCHETT: So this is this is actually	
3 margins on Medicare Advantage and that might explain	3 a little nerve-racking, because we're, you know we're	
4 why, but anyway. I digress.	4 we're finally ready to show our brand name and our logo	
5 MR. BIEDRYCKI: Well, I digress there with	5 and one thing I said at the beginning as we were working	
6 you.	6 through this that, you know, brand names, and logos is	
7 MS. MORTLOCK: I think we can raised hands.	7 one of those things you ask ten people and you get 15	
8 MS. CORLETTE: Yeah. Are there other folks on	8 different opinions and wow, did that ever prove to be	
9 the line that would like to chime in?	9 the case. So we really tried to focus on what did our	
10 MR. GRAY: Yeah. This is Doug. Sorry I	10 research tell us? What did our consumer focus groups	
11 didn't make it there in person. I intended to, but got	11 say about was meaningful and what was memorable? And so	
12 caught up. The I I did check with the plans on	12 you know, here you go without further adieu.	
13 the question of paying commissions during the special	13 So we went we didn't go with a creative or	
14 enrollment period and they've all moved to restore them	14 fanciful name. We wanted it to be descriptive. We	
15 to some extent. I would remind you that the reason they	15 wanted it to give consumers an idea of what we're doing.	
16 stopped paying them was because there was rampant abuse	16 We chose the the dogwood flower for the logo to	
17 of the special enrollment period. And there was a	17 reinforce the connection that this is this is	
18 refusal by HHS to do anything about it. After a while,	18 Virginia's insurance marketplace. Again, by Virginia,	
19 they did come to a meeting of the minds and tighten up	19 for Virginia, and unique to Virginia.	
20 some of the requirements, but the practical reality is	20 We got input from lots and lots of different	
21 that a commission is paid for bringing something of	21 sources, and have a number of approval processes that we	
22 value.	22 had to follow. So this is where we are going and we're	
At the time, agents were bringing folks who	23 we're excited to be at this stage now that we we	
24 had refused to enroll, gotten sick, and then wanted to	24 actually have a name that we can start sharing that's	
25 enroll. And so that is fundamentally in contradiction	25 that's meaningful. And you know, we're we're happy	
62	64	
1 to the basic principle of the ACA. So that's why	1 to hear thoughts and feedback.	
2 commissions stop being paid. They are restored in this	2 MS. CORLETTE: But not too much feedback.	
3 case, because everybody is on the same page. We're	3 MR. PATCHETT: But there's nothing we can do	
4 trying to keep people enrolled, trying to keep their	4 about it, so	
5 their continuity in the right direction. And so that's	5 MS. HINOJOSA: I just have will you accept	
6 why we're at the situation that we're at now. Everyone	6 questions? Just in terms of your your process?	
7 is interested in trying to keep people enrolled.	7 MR. PATCHETT: Of course.	
8 MR. BIEDRYCKI: I'd just like to counter the	8 MS. HINOJOSA: At this point?	
9 good gentleman from across the street to say that agents	-	
	•	
 good gentleman from across the street to say that agents 10 were facilitating enrollments from consumers who 11 contacted them in accordance with the special enrollment 	9 MR. PATCHETT: Of course.	
10 were facilitating enrollments from consumers who	 9 MR. PATCHETT: Of course. 10 MS. HINOJOSA: Yeah. First of all, thank you 	
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65 67 1 taking away from the legibility or readability. We MR. PATCHETT: So the --1 2 wanted it to be -- we wanted a color scheme that was 2 MS. MORTLOCK: -- to add to that. So we also 3 more calming than loud. So this was -- this was our 3 have done a lot of thinking in looking into taglines and 4 work with our -- our marketing vendor, Ryan Gold who I sort of the different opportunities that we will have 4 5 have to give props and kudos to them, because the number 5 with those and have been looking into so how other of versions that we sent back to them was -- yeah. We states have creatively used them and absolutely see that 6 6 7 went round after round after round before we were 7 is a big opportunity to help really refine and name our 8 satisfied. 8 brand, so just -- let you know that's still part of the 9 MS. HINOJOSA: And then just also curious that 9 process, and want to come on that. 10 the word health isn't in there in terms of Virginia's 10 MR. PATCHETT: Yeah. So -- so we've got a 11 health insurance marketplace, and you know, usually, you 11 number of taglines and one of the conversations --12 know, there's a tie in to like D.C. Health Link or 12 Holly's point we're having is, we're not convinced that 13 Healthcare.gov. You know, we see health mentioned a lot 13 there has to be one tagline to rule them all, that there 14 and so this says insurance, but doesn't amplify that 14 may be circumstances where we want to use different 15 people come here for health insurance. And so just in 15 taglines with different consumer groups. It, you know, 16 terms of confusion, I just -- that I'm curious about 16 it was one of the interesting things for me that came 17 that -- that piece. 17 out of the Hix [ph] conference this last year was 18 MR. PATCHETT: Yeah. So another really 18 research -- I think at DePaul University, around 19 difficult decision, and you've seen, as you mentioned a 19 different ways to message to different consumer groups 20 lot the -- a lot of the state marketplaces followed 20 and how differently those consumer groups react to 21 Healthcare.gov in focusing on the word health. 21 different messages. So on our -- on our long list of to 22 Virginia's health insurance marketplace, we thought was 22 do's is the tagline, but we -- we should have more to 23 just too long as to the -- our marketing vendor, and in 23 come on that, hopefully, well, certainly, by our next 24 fact we -- even with Virginia's insurance marketplace, 24 meeting. 25 we're running into character limitations in certain 25 MR. ROSSITER: Yeah, this is Lou Rossiter, I 66 68 1 settings, so -- so we had to pick, and some of that wanted to ask what happened to the other half of the 1 2 comes from the research we did with our consumer focus dogwood flower? 2 3 3 UNIDENTIFIED SPEAKER: It's -- tagline. groups, and some of it on really just a decision about 4 where -- where we put our marketing emphasis. So for 4 MR. PATCHETT: I lost that. I lost that -- I 5 instance, Healthcare.gov, when you look at it on its 5 was -- I was a big advocate of the whole flower, but I 6 face, it doesn't say anything about insurance. So is 6 -- I lost that battle, so I think for --7 this a place where you go to find providers. So you --7 MR. ROSSITER: The nice thing is you'll be 8 you're always going to have a question to answer. Of 8 able to put the Medicaid cardinal on your --9 course, you look at Pennie, and it doesn't say anything 9 MS. CORLETTE: On the flower. 10 10 about -- which like which Starbucks doesn't say anything MR. PATCHETT: Now, I can't -- I can't promise 11 about coffee. And Food Lion doesn't say anything about 11 this, but I think you can expect to see the emergence of 12 groceries. So there is a -- there is an education 12 the other half of the flower when we create things like 13 component and we realized along the way that whatever 13 our icon that goes in the upper left side of the -- of 14 our brand is, it's going to be what we make of it. So 14 the web browser address bar. We're -- we're 15 we recognize that we've got a lot of work to do in terms 15 contemplating something like the whole dogwood flower 16 of consumer education, and for better or for worse, like 16 with -- so -- so you may see -- you may see the whole 17 I said, based on some of the things that our -- our 17 flower --18 consumer surveys pulled back, we decided insurance 18 MS. BATAILLE: I just want to say I did have 19 marketplace was more valuable in the name and then the 19 those questions, but I appreciate the amount of work 20 health component we will deal with in taglines and in 20 that went into this, and thank you for sharing this. I 21 our -- our marketing outreach efforts. 21 think there is a lot that will be really helpful about MS. HINOJOSA: That was going to be my next 22 22 this, the fact that you have Virginia in the name, the 23 question. Is there a tagline? I'm done with the 23 fact that you have something that represents the state, 24 questions. 24 the fact that you're using marketplace which has been MS. MORTLOCK: Well, and I'll just --25 25 research tested for years, I think is going to be really

69 69 1 71 2 official nature of this entity and give if the 5 1 1 5 1 5 5 0 6 1 5 5 0 6 1 5 5 0 6 1 1 5 5 0 6 1 <	69	71	
 2 official nature of this entity and give it the 3 credibility that's going to be necessary with so much 4 consumer confusion especially given the unwinding. I 5 fully appreciate the questions, and I think the other 6 thing just to consider in terms of taglines to your 7 point about not necessarily having one is that I think 8 there's an opportunity to consider those in the context 9 of different campaigns themselves, and would suggest 10 that that be something that is thought about. 11 MS, CORLETTE: Yeah. Absolutely. That is 12 something that we are thinking through and working on. 14 how to how to incorporate that into a tugine. We 13 health is a big topic with us in terms of tosing 14 how to how to incorporate that into a tugine. We 14 over been looking at had. We have, you know, 15 opportunity to comparison to share with 19 opportancial network to share with 10 opportanity to compare that will also, just again, 1 think as 18 Kevin mentioned, we will how like lab coverage. So there's another 10 factor in our in our decision. 11 factor in our in our decision. 12 factor in our in our decision. 13 factor in our in our decision. 14 marketplace has been research tested in terms of its 24 marketplace has been research tested in terms of its 25 most like coverage. In particular. So if you have to 14 morket places. And that's hus the sity or any what 14 worky egot, and Think, yoi's val, that's just part 14 morket what you do you're going to get 14 factor in our in our decision. 15 factor in our in our decision. 16 factor in our in our decision. 17 factor in our -		71 this really was a strong recommendation of theirs so	
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1 Committee back in June of 2022. And that deck was by	1 MS. MORTLOCK: Yes. Very		
2 the State Health Access Data Assistance Center or	2 MR. GRAY: This is Doug. I just wanted to		
3 SHADAC. And thanks to Professor Lou Rossiter, our	3 share that I thought that we had a really good		
4 subcommittee has secured the research assistance talents	4 conversation about how to measure, and I really think		
5 of Hannah Garfinkel. So Hannah attends William and	5 it's a great resource to have the assistance of a		
6 Mary. She's a second-year master and public policy	6 graduate student who's assumed to end up at JALARC. She		
7 student interested in health and after graduation,	7 did a good job of getting us started and looking at		
8 Hannah will work for the Joint Legislative Audit and	8 what's happening in other places, and thank you to Lou		
9 Review Commission or JALARC.	9 for helping out.		
10 So Hannah's initial project was to research	10 MS. HINOJOSA: Yes.		
11 the current landscape of strategic priorities utilized	11 MS. CORLETTE: Yeah. Well, thank you. Sounds		
12 by other state-based marketplaces as well as the	12 like you guys are off to a great start.		
13 Federally Facilitated Marketplace to help the	13 MS. HINOJOSA: Yeah.		
14 subcommittee glean best practices and lessons learned	14 MS. CORLETTE: I'm just curious, how how do		
15 for Virginia. So she presented her findings to our	15 we go about identifying the sources of the data that we		
16 subcommittee during our kickoff meeting on March 22nd.	16 might need? Once you identify the, like targets, I		
17 And during the meeting we had a vibrant discussion and	17 mean, I think there's often things that you want to be		
18 came to a consensus on several items regarding our next	18 able to measure, but you can't because the data is not		
19 steps. And among them was to focus on securing the	19 great or so it's not something that you guys are		
20 starting point of reference for the metrics of where we	20 thinking about we how like somebody sort of		
21 are now in Virginia. As represented by the Federally	21 done an environmental scan of of that. Or is that		
22 Facilitated Marketplace. And the deliverables were	22 something your student could do?		
23 required through our Get Insured vendor. Now, once	23 MS. HINOJOSA: Yeah, that's exactly what		
24 we've established a baseline for Virginia, we can	24 Hannah is		
25 measure what we accomplish in Virginia in the first	25 MS. CORLETTE: Going okay.		
74	76		
1 three to five years of our state-based marketplace	1 MS. HINOJOSA: working on, yeah.		
2 against the FFM baseline and the services Virginians	2 MS. CORLETTE: Okay.		
3 received as part of Healthcare.gov.	3 MS. HINOJOSA: Yeah. Absolutely.		
4 While it's interesting to learn about other	4 MS. CORLETTE: Oh, that's great.		
5 state-based marketplaces, at this early phase, it's not	5 MR. ROSSITER: Kevin, maybe you can comment on		
6 an apples to apples comparison to compare, yet to launch	6 this. What you understand CMS has 189 measures that		
7 Exchange to more mature Exchanges that have been in	7 they already collect.		
8 existence since marketplace launch. So right now, what	8 UNIDENTIFIED SPEAKER: That you're required to		
9 we want to do is make sure that we remain focused on the	9 report.		
10 needs of Virginia and Virginians with particular	10 MS. MORTLOCK: They are required to report.		
11 attention to service areas and the geographic diversity	11 MS. HINOJOSA: Right. Yeah.		
12 of our state and then once we have a strong sense of our	12 MR. PATCHETT: Yeah.		
13 needs, we can incorporate the best practices and lessons	13 MR. ROSSITER: The		
14 learned from other states.	14 MR. PATCHETT: Yeah. And this is, you know,		
15 So we're setting up our next subcommittee	15 this is one of the this is one of our opportunities		
16 meeting for April. And we look forward to engaging in a	15 this is one of the this is one of our opportunities 16 and our staffing plan, what we are we're going to		
17 thorough process of data collection and knowledge	17 be building an internal data analytics team because we		
18 sharing. And we'll provide additional updates as our	18 recognize the the need and the value for data, and		
19 subcommittee continues to meet, and we'll flush out	19 this is an area where and honestly I don't know what		
20 recommendations for strategic priorities as we move	20 I don't know, but I do think there are opportunities		
21 forward.	21 where we can contribute to improving the quality of data		
22 So that is our brief update for now. Our	22 that the some of the challenges with available data		
23 subcommittee members are all here, I believe. So if	23 out there has to do in large part with what's being		
24 anybody wants to add on to that, I'll open the floor to	24 directed, who's collecting it, how much attention		
25 the rest of our subcommittee members. Okay.	25 they're paying to it. So it's some where I hope we		

1 can as an Fixchange find some synergies and some 1 mentioned that there were members of the committee that 2 improvements and some of that is going to the back to 1 had built Exchanges and that might be able to help with 4 DSS and our other stakeholder. But 1 think - 1 don't 5 hear setting new for the first time to react the committee of all of regarder persts - 7 MS. HINOJOSA: Yes, be cartiest for yeens of the exchinge, I mean, there 9 to - could vel Jowske prime, you for the surprises you fidd that is of 11 9 to - 0 figure it out; right. So whenever you're doing 9 to - 0 figure it out; right. So whenever you're doing 10 MS. HINOJOSA: That's part of what we're going 1 mentioned that the surprises you fidd this of 11 finate; So kodos to the subcommittee for 1 and mitgate the impact of all of these things to the 12 appendia to the bainess. for stat right? 1 advisory committee methers? 23 advisory committee members? MS. CORLETTE: So that fight. 1 advisory committee methat the 13 uacty two and haf yeary, guess that's where wa	77	79	
2 Improvements and some of that is going to ite back to our relationship and collaboration with - with DMAS and DSS and our other stakeholder. But I think I don't 2 In Bab built Exchanges and that might be able to help with DSS and our other stakeholder. But I think I don't 4 DSS and our other stakeholder. But I think I don't 3 RFP in the procurrement process. Especially relative to what things could and should cost. As I looked through the earliest four years of the exchange, and then the surprises four way. 7 MS. HINOJOSA: That's part of what we're going 10 6 Singure it our diff. So whenever you're doing 9 9 10 MS. HINOJOSA: That's part of what we're going 11 1 1 1 1 1 1 12 MR. PATCHETE: Well, it's great that the 12 1<			
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4 94 DSS and our other stakeholder. But I think – I don't know if you all have seen the - the list from our carries four years of the exchange, I mean, there 6 5 know if you all have seen the - the list from our carries four years of the exchange, I mean, there 6 7 MS. HINOIOSA: Yes. 8 MR. PATCHET: That Get Insured has to be able 9 0 9 to - N. 10 MS. HINOJOSA: That's part of what we're going 1 0 11 through. 6 12 MR. PATCHET: Yeah. We're - we're well con 1 0 13 our way. 10 10 haudid's think of 1 14 MS. CORLETT: Well, if great that the 15 5 12 and mitigate the impact of all of those things to the 14 14 MS. CORLETT: Way questions for like to a 20 15 practices and experience are the only things that really 1 16 exits. And you have to combine the three, because the 17 ditit as we just discussed is not always, is forthright 1 18 as one would assume. 19 For two years, 1 spoke to this committee, and you assume. 20 MS. CORLETTE: So first of all, if there are 24 23 advisory committee members? All right. Think next on our 21 3 advisory committee, and pullet the innext of the 25 14 MR. BIEDRYCKI: Ye			
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6 couracted required reports 6 were just a lot of ugly potholes in the rout that. 7 MS, HINOJOSA: Yes. 7 could've 100% been avoided, but everybody was trying to 9 MR, PATCHETT: That Get Insured has to be able 7 could've 100% been avoided, but everybody was trying to 9 to 0 MS, HINOJOSA: That's part of what we're going 10 MS, UNCOEA: That's part of what we're we're well on 12 and mitigate the impact of all of those things to the 12 MR, PATCHETT: Weah, We're we're well on 13 and mitigate the impact of all of those things to the 14 MS, CORLETTE: Well, it's great that the 15 protects and experience are the only things that really 16 regiting this work going. 18 and mitigate the impact of all of those things to the 17 getting this work going. 18 and mitigate the impact of all of those things to the 18 MS, CORLETTE: Any questions for fluct or our 20 sector 20 21 MS, CORLETTE: So first of all, if there are 21 sour wy: 10 23 MS, CORLETTE: So firstof all, if there are 25			
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12 MR. PATCHETT: Yeah. We're we're well on 12 along the way. And as leaders, it is our role to try 13 our way. 12 along the way. And as leaders, it is our role to try 14 MS. CORLETTE: Well, it's great that the 13 and mitigate the impact of all of those things to the 15 thinking is happening now as opposed to trying to 16 exist. And you have to combine the three, because the 17 getting this work going. 18 a one would assume. 18 MS. CORLETTE: Any questions for lkeita or 10 exist. And you have to combine the three, because the 20 MS. CORLETTE: Any questions for lkeita or 21 subcommittee, members? 21 subcommittee members? All right. 1 think next on our 22 agenda is other business. Is that right? 20 served on subcommittee, and spoke in favor of 22 agenda is other business. Is that right? 21 integrations for the tools that agents use. And I've 23 mK. MORTLOCK: That's right. 23 advisory committee meetings to make sure that I wasn't 24 MS. CORLETTE: Yes. Okay. Lee. 78 1 reciprocated or engaged prior to the RFP being released. 24 MS. CORLETTE: Yes. Okay. Lee. 18 marketplace in general. And all too offen, individuals 3 if you will, and toort know if I have understood the 2 misrepresentations floating through the health 4 marketplace ing general. And al			
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14 MS. CORLETTE: Well, it's great that the 14 greatest extent possible. And for me, data, best 15 thinking is happening now as opposed to trying to 15 practices and experience are the only things that really 16 tretrofit it in later. So kudos to the subcommittee for 17 getting this work going. 15 practices and experience are the only things that really 18 MS. HINOIOSA: Thank you. We'll keep you 19 posted. 19 Gettom 20 MS. CORLETTE: Any questions for lkeita or 21 subcommittee, members? All right. 1 think next on our 22 agenda is other business. Is that right? 22 agenda is other business. Is that right? 22 agenda is other business. Is that right? 23 advisory committee meetings to make sure that I wasn't 24 MS. CORLETTE: So first of all, if there are 24 crazy. And I = 1 feel very fustrated that the 25 other topics that folks would like to raise 25 conversation relative to integrations was never 78 78 1 Teciprocated or engaged prior to the RFP being released. 3 MR. BIEDRYCKI: Yes, ma'am. 4 marketplace in general. And all too often, individuals 5 rary wo and a half years, I guess that's where we are 8 now. 9 In my organization we have a book called 10 broker para			
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81 1 last year was released in two segments, Healthcare.gov	83 1 don't know how we're able to expect rate stability,	
 2 released segment data. And then the states released 	 a stability with carrier participation when we have 	
 3 theirs later. Those that offer state-based Exchanges. 	3 dramatically restricted the number of enrollment source	
4 And in case any of you don't have that data, it shows	4 that exist and the capacity of those who remain to	
5 that the Federally Facilitated Marketplace last year	5 process enrollments.	
6 enjoyed a 13% growth in enrollment. And the state-based	6 MS. CORLETTE: Lee, thank you. I know you	
7 Exchanges incurred a net 3% loss in enrollment over the		
-	 7 have you've raised these issues at a number of our 8 our meetings, and I I appreciate the the work that 	
8 prior year.	 9 you've done to bring this data to the table and the 	
9 The thing that I think is important to 10 contamplets is that 71% of annullments have d on the data		
10 contemplate is that 71% of enrollments based on the data 11 from Useltheore gauge through egents 44% of ecents	10 conversations that you've had Exchange staff and with	
11 from Healthcare.gov came through agents. 44% of agents	11 all of us. I, you know, I don't want to speak for Holly	
12 use an enrollment platform. They use that platform	12 and Kevin, but I'm not sure I mean, I understand that	
13 because I had mentioned earlier, this is a very lean	13 the the outside enrollment platforms are maybe not in	
14 line of their business. Not only is a very lean line of	14 the cards for this launch, but it's it's my	
15 business, but there's a great deal of exposure relative	15 understanding you have not have slammed the door shut on	
16 to errs and omissions. It is a very uninformed	16 that for future years; is that correct?	
17 population, not always, but in general. And most	17 MS. MORTLOCK: Yes, that's right. So	
18 importantly, the open enrollment for the individual	18 MR. PATCHETT: Yeah.	
19 marketplace sits right on top of the group, the federal	19 MS. MORTLOCK: Go ahead, Kevin, if you want	
20 SEP and Medicare. Leaving not a lot of time for this	20 speak to that.	
21 market segment to be addressed and as we've somewhat	21 MR. PATCHETT: Oh, no. Yeah no, that	
22 discussed, it is the least in compensation to the	22 that's absolutely correct. And you know, and we've I	
23 individuals who afford the enrollment.	23 can't speak to the processes of the committee over the	
I don't know how to say any other way than I	24 entire four-year life with the Exchange, but I do feel	
25 do not understand how we believe that we can extract all	25 that we as an Exchange at least as long as I've been	
1 of the enrollments that were formerly provided by the	84 1 here really work to engage on this issue, and I just	
2 insurance carriers who are marketing in the Commonwealth3 on top of the enrollments by the large producing	 2 in in part one of the things we've to consider and 3 one of the things I think this this committee should 	
5 they have to have in order to participate in the space.	5 because there's a lot going on in the numbers that	
6 And expect that Virginia will be able to maintain or	6 that Lee has referenced, you know, you we shouldn't	
7 grow its enrollment, because that laughs in the very	7 expect to see growth in numbers of state-based Exchang	
8 face of a traditional supply and demand business	8 in states that have made it blow 3% of the total	
9 conversation.	9 unenrolled population, right. You're just not going to	
10 I don't say this out of spite or adversity,	10 see that. So where and this is one of the things	
11 I've actually enjoyed my conversations with Kevin and	11 that state-based Exchanges have done a better job of, is	
12 Holly. This is the first time I've ever disagreed with	12 closing that gap. And we also see a connection between	
13 people and not gotten mad, which is odd for me. But	13 Medicaid expansion and the growth of states. But even	
14 when I sit on the phone with individuals who can't	14 there, none of that data is consistent. So we are, as	
15 understand why their health insurance premium went up	15 an Exchange, we we continue to be open to the idea of	
16 when their rates were supposed to go down, that is a	16 of integrating with with other platforms and, you	
17 problematic conversation. And whether Virginia should	17 know, the more data, the more you know, and the more	
18 open or operate a closed marketplace or an open	18 this committee can do to help, we absolutely welcome	
19 marketplace, I think is a decision that should've been	19 that.	
20 made formerly, a little bit earlier down the path so	20 MS. CORLETTE: Well, we are at time. And I	
21 that employees of the SCC and the VHBE wouldn't be in a	21 I want to make sure if we do have public comments or	
22 position to be responsible for big fluctuations and	22 do we have anybody on the line who wants to make public	
23 enrollments and rates.	23 comments?	
24 I'm happy to participate. I'm happy to help,		
25 but as an individual who has done this for the second	24 MS. MORTLOCK: No. Actually, there was no one	
25 but as an individual who has done this for ten years, I	25 that signed up to make public comments.	

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85 1 MS. CORLETTE: Okay. All right. Great. 2 Anybody else want to ask Lee a question or raise any 3 other business? Okay. I think we did it in our 4 two-hour timeframe. 5 MS. MORTLOCK: We did. 6 MS. CORLETTE: I will make seek a motion to 7 adjourn. 8 MS. BATAILLE: So motioned. 9 MR. ROSSITER: So motioned, second. 10 MS. CORLETTE: Okay. We're we're 11 adjourned. Thank you all very much. 12 MS. MORTLOCK: And thank you for everyone who 13 joined us virtually, and hopefully we will continue to 14 improve our virtual capability processes. But thank you 15 for bearing with us and we're just glad you could join 16 us. 17 MS. CORLETTE: All right. Thank you. We did 18 it. 19 (Off the record at 4:02 p.m.) 20 21 22 23 24 25 86 1 1 CERTIFICATE OF COURT REPORTER - NOTARY PUBLIC 2 I, Dan	87 1 CERTIFICATE OF TRANSCRIBER 1 Janine Thomas, do hereby certify that the 3 foregoing transcript is a true and correct record of the 4 recorded proceedings; that said proceedings were 5 transcribed to the best of my ability from the audio 6 recording and supporting information; and that I am 7 neither counsel for, related to, nor employed by any of 8 the parties to this case and have no interest, financial 9 or otherwise, in its outcome. 10 11 12 Janine Thomas 13 Janine Thomas 14 Janine Thomas 15 April 2, 2023 16 17 18 19 20 21 23 24 25 25
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