

Virginia Health Benefit Exchange (HBE) Carrier FAQs

February 12, 2024

- 1. Is the assumption correct that Dental providers will need to be included in the SAME json files with medical Providers?** The json files are divided by HIOS IDs, so the json files for each HIOS ID should include all plans for that entity (health and dental). If issuers offer health and dental plans in different HIOS IDs, the json files would be separated into different json files by default.
- 2. Do the issuers need to also work on "pulling" feedback file if any from Provider-out folder from VA SFTP?** No, not for the initial implementation. The "Provider_Directory/out" folder is set up as a placeholder for any potential reporting to be shared with issuers. There are no reports scheduled to be sent to the folder on a recurring basis at this time.
- 3. During the Feb/March timeframe, should we continue submitting the weekly json in addition to the Box submission?** Health issuers should continue to submit weekly json files to Ideon following the current process until the new solution is implemented in production. The BOX submission in February is a one-time submission for initial pre-validation prior to the UAT phase. Issuers do not need to submit any other json file outside of the Ideon submission until the 5/7 deadline to submit the json file to the production SFTP for Issuer UAT.
- 4. Health Issuers to submit JSON by 2/27 on GetInsured SFTP is the PROD SFTP connection?** Health issuers should submit their JSON file in their existing format to the BOX site by 2/27, not the Production SFTP. For issuers who are not currently sending their provider directory data in a json format, there is not an expectation that any changes or development are completed before this date.
- 5. Will directory displays be separate for each carrier? Curious if the provider search will continue to be across carriers or will be on the carrier-level come June.** The provider directory search will function similar to the existing flow where consumers select a provider/facility from the provider search, and then the provider appears on each plan tile as in or out of network. The provider search is not filtered by the issuer first.
- 6. Has the Virginia Exchange decided if they are utilizing Standard Plans for 2025 outlined in the Notice of Benefit and Payment Parameters or developing their own?** Virginia's Insurance Marketplace has sent a communication to the primary contact for each carrier regarding feedback on plan standards. To maintain consistency and stability,

the Exchange intends to maintain the same criteria from PY24 as we move into PY25. This year however, we will use this time to consult with carriers and other stakeholders to make recommendations for PY26.

November 30, 2023

Q1. What will the general meeting cadence/operational process be for VA post-OE?

The existing 1:1 issuer meetings will remain in-place through the end of January. Beginning in February, SCC will lead the 1:1 issuer meetings and will be reaching out to issuers in the upcoming weeks to schedule these series. There will be Town Hall Meetings (schedule to follow) with all issuers, and a monthly 1:1 call with each issuer and SCC/GetInsured. Ad-hoc 1:1 calls for issuer-specific items can continue to be scheduled as needed. Issuers should continue to reach out to VAcarriers@getinsured.com and ExchangeCarriers@scc.virginia.gov with questions and submit tickets via the Ticketing System following the processes shared. The primary POC for issuers for any escalations or questions outside of the ticketing system will be Toni Janoski.

November 16, 2023

Q1. Is the RCNI file due on the assigned day or should it be extracted on the assigned day?

The RCNI file is due by the assigned day. The RCNI file includes an “Issuer Extract Date” column, and this is the date used for comparison purposes, regardless of the actual day submitted to the SFTP.

Q2. Can the RCNI file be submitted in advance of the assigned day?

Issuers should submit the RCNI file by the assigned day and have the option of submitting it up to 3 business days early.

Q3. When is the discrepancy report returned?

The discrepancy report is returned to the issuer’s /out SFTP folder within 48 hours of receipt of the RCNI file.

Q4. How are discrepancy disputes raised?

Issuers should update their data based on the discrepancy report. If there are discrepancies that the issuer disputes, issuers will submit these in the ticketing system. The next iteration of the Ticketing System Walkthrough Guide will provide a detailed overview of how to submit these disputes.

November 3, 2023

Q1. What should the issuer do if they do not receive a 2024 renewal 834 for a member who does not have PY 2023 coverage?

Issuers should **not** renew individuals if they do not receive a 2024 PY renewal enrollment. These individuals should be terminated with a 12/31/23 end date.

Q2. What is the expectation if carriers terminate a 2023 policy for non-payment after the 2024 renewal is sent?

If carriers terminate a 2023 policy for non-payment after a 2024 auto-renewal is sent, carriers are permitted to cancel the passive renewal generated from this now terminated policy and transmit a 834 cancel file.

If carriers do not cancel the 2024 renewal from this termination, carriers have the option to re-run the the binder invoice for the 2024 plan year policy ID

Q3. What is the expectation if carriers receive a voluntary term for a 2023 policy but do not receive a cancellation for the 2024 plan year policy?

If carriers receive a voluntary termination for the 2023 PY policy, they should **not** cancel the 2024 PY policy. The consumer must cancel the 2024 plan year policy separately. If the consumer does not make this payment, the issuers will send a non-pay termination file.

Q4. What is the expectation if carriers receive a dependent add/drop for a 2023 PY policy but do not receive this same transaction for the 2024 PY policy?

Carriers should not add or remove a dependent to the 2024 plan year policy without receiving an 834 file. If a consumer calls the carrier because they believe a dependent is missing or incorrectly present on a 2024 plan year enrollment, the issuer should direct the consumer to the Virginia Contact Center.

Q5. Should issuers require binder payment on the 2024 plan year passive renewal?

No, similar to non-transition years, issuers should not require binder payment on a passive auto-renewal file.

August 31, 2023

Q1. When will the Virginia's Insurance Marketplace announce/publicize their hour of operations for the Contact Center?

The Contact Center Hours during the Plan Year 2024 Open Enrollment period will be as follows:

Monday - Friday: 8:00 AM - 7:00 PM ET

Saturday: 9:00 AM - 12:00 PM ET

Sunday: CLOSED

Extended Dates and Times:

(1) Thursday, December 14, 2023: 8:00AM - 10:00PM ET

(2) Friday, December 15, 2023: 8:00AM - 10:00PM ET

(3) Tuesday, January 9, 2024 – Monday, January 15, 2024: 8:00 AM to 10:00 PM ET except Sunday, January 14, 2024 (closed in observance of the holiday)

Q2. Notice/Communication Dates: What dates are the notices/communications triggered from the Exchange?

Approx. Oct 4: CMS/Marketplace mails paper notice to enrolled consumers regarding state transition
Approx. Oct. 10: Soft launch of website and call center
Approx. Oct. 10: Virginia welcome letter mailed to consumers
Approx. Oct. 16: Virginia welcome email sent to consumers
Oct. 12 - Nov. 1: Additional staged email communications to consumers
Nov. 1: Marketplace opens for PY24 coverage

Q3. What is the scheduled transmission date for the renewal 834 files?

The PY 2024 renewal 834s are scheduled to be transmitted between 10/23 - 10/25. Dates are subject to change, and VAHBE will notify partners of the confirmed dates closer to the date of transmission. The state will provide the schedule for the catch-up batches after this has been confirmed.

Q4. Will last day of OE be 1/15/2024 or 1/16/2023 since 1/15/24 falls on holiday?

Open Enrollment ends on the end of the day on Monday 1/15/24. The Contact Center will be open on this day.

August 24, 2023

Q1. What is the timeline when brokers will be able to create an account and view their book of business?

For the creation of an agent account in the new Virginia's Insurance Marketplace platform, it is critical that each agent complete and submit the Required Agent Information Form ([Microsoft Forms](#)) no later than 9/7/2023. Updated contact information is a prerequisite to creating their account and for the automated process that will build their book of business in the platform.



Microsoft Forms

Each agent must have a unique email address (which will serve as your user name on the platform) and a unique text-enabled mobile phone number (for authentication purposes) in order to create an account. The HBE will compile the updated data for agents that have responded by the deadline, verify your NPN against Data.Healthcare.gov, and provide contact information to our platform vendor, GetInsured, for an automated data load that will create accounts and generate notices. This updated data will also be used to link agents to consumers once the consumer data migration is complete in late September (thus creating your books of business).

If agents do not complete the form by 5 p.m. on 9/7/2023, they will have to manually build their own

book of business once we have manually created their account. We will provide agents instructions on how to do this manual build in the coming weeks.

August 4, 2023

Q1. The Final NBPP provided an Annual Eligibility Redetermination- Auto Enrollment or Re-enrollment Hierarchy option for SBEs to automatically renew CSR eligible consumers into silver plans with CSRs where they were previously enrolled in a bronze plan, if certain conditions are met, even if their current bronze plan is still available. Will Virginia be implementing this mapping in Plan Year 2024?

No, Virginia will not implement this auto-renewal option for Plan Year 2024. Consumers enrolled in bronze plans will be auto renewed into the corresponding bronze plan, regardless of new CSR eligibility.

Q2. Are dental carriers required to include facilities information in their provider directory files?

No, dental carriers are not required to include facilities information in their provider directory submissions for Plan Year 2024.

Q3. What is the Agent Certification File?

The Agent Certification file provides carriers with a list of certified and terminated agents for reference. Issuers have the option to reference this file to view certification statuses of agents in Virginia. Issuers are not required to verify the certification statuses of agents as this process is completed by the state.

Q4. What is the format for the agent certification file?

The agent certification file will be sent in a csv format with the fields below:

Description of Fields

Field	Description
NPN	Agent’s National Producer Number
Last Name	Agent’s Last Name
First Name	Agent’s First Name
Certification_Start_Date	Date when the agent became certified.
Certification_End	Date when the agent’s certification ends.
Status	See table below.

Description of Statuses

Field	Description
Certified	Agent is certified and has completed training for Virginia’s Insurance Marketplace.
Suspended	Status for agent before being Terminated. Agents in this status are still associated with consumers but are not included in the search for new customers to be select.

Terminated-For-Cause	Agent terminated for a cause.
Terminated-Vested	Agent terminated because they did not recertify, complete their training, or are no longer certified.
Deceased	Agent is deceased.

Q5. What frequency will the agent certification file be available to issuers?

The agent certification file will be available to issuers weekly on Wednesdays. If Wednesday falls on a holiday, the file will be available the day before so that the updated version remains available on Wednesday.

Q6. Where will the agent certification files be posted?

The agent certification files will be available to issuers using the BOX sharing solution. SCC will collect credentials from issuers to access this site in the upcoming weeks.

Q7. Will the lists include a full list of agents or only a change from the prior list?

The agent certification file will include all agents in the statuses provided; the file will not be a delta from the previous week's list.

Q8. Will an NPN show up twice in the certification file?

No, agents will only have one entry on the agent certification file.

Q9. What does an entry for a Certified agent look like?

If a new agent is certified effective 10/1/23, the agent will have a new row on the file that is populated as follows:

NPN	Last Name	First Name	Certification_Start_Date	Certification_End	Status
12345	Smith	Miles	10/1/2023	10/31/2024	Certified

Q10. What does an entry for a terminated agent look like?

If an agent is certified on 10/1/2023 but terminated on 11/30/2023, the row on the certification file will be updated as follows:

NPN	Last Name	First Name	Certification_Start_Date	Certification_End	Status
12345	Smith	Miles	10/1/2023	11/30/2023	Terminated-Vested

Q11. What does an entry look like if an agent is reinstated after being terminated?

If an agent is terminated and reinstated, the certification status will return to “Certified” and the “Certification Start Date” will reflect their original certification date.

NPN	Last Name	First Name	Certification_Start_Date	Certification_End	Status
12345	Smith	Miles	10/1/2023	10/31/2024	Certified

Q12. What do the lists look like if the agent is terminated and reinstated multiple times?

The agent certification file will only include one row per agent, so the row would reflect their latest certification end date and original certification start date.

NPN	Last Name	First Name	Certification_Start_Date	Certification_End	Status
12345	Smith	Miles	10/1/2023	10/31/2024	Certified

Q13. What is the process for Virginia Agent Certification for Plan Year 2024 and beyond?

- I. **Apply for (or maintain) a license through the Virginia Bureau of Insurance. Agents must maintain an active license in Virginia with a health qualification (line of authority) and be in good standing.**
 - Visit <https://www.scc.virginia.gov/pages/Applying-for-a-Individual-VA-Insurance-License> for instruction around agent licensure in Virginia or to check the status of a license.
 - Visit <https://www.scc.virginia.gov/pages/License-Renewals> for license renewal instructions
- II. **Complete agent training through the VIM Learning Management System. Training is expected to open on August 11th.**
 - FFE-certified agents (at the time of account migration) will be eligible to complete a shorter training program for plan year 2024 along with Virginia-specific modules.
 - Agents new to the Exchange or who are not currently FFE-certified at the time of account migration will be required to take the full VIM training program for plan year 2024.
 - Create or claim your LMS account in the VIM LMS after July 28th.
 - To receive certification of training completion, agents must receive a passing score of 80 on the VIM Exam.
 - Complete training and pass the exam by October 10th for November 1st Exchange Certification.

- Agents will complete a Virginia Health Benefit Exchange – Agent Agreement upon training completion and attach the signed agreement on the agent’s VIM LMS Account. Certification is effective only for the existing plan year and will remain active through October 31, 2024.
- III. **Create or claim your agent portal account on the VIM Platform once available (expected approximately October 10th).**

July 21, 2023

Q1. Plan Validation: Is this to be a process that is completed annually or just this one time during the transition year?

The Plan Validation process will take place each year after plan and rate information is loaded from SERFF to the Virginia Exchange system. The validation window for Plan Year 2024 will take place from 8/21 - 9/1. We will be providing instructions for this process in early August.

Q2. Ticketing System: When will the Issuer Ticketing system overview be held?

The Ticketing System overview will be held during the August Carrier Town Hall. The state will also be providing training videos to issuers on the ticketing flow.

Q3. If a broker is listed as a delegate, can someone else in that brokers office also assist? (non-licensed CSR for an example).

Agents will be affiliated with an agency and have the ability to add Admin Staff/Support Staff. These staff members have the ability to access the agency's book of business and can assist with clients in their book of business, and that would not change the designation status of the consumer. If a non-licensed CSR were assigned to this role, they would have this capability.

Q4. Tobacco Surcharge Question: Will tobacco button be displayed in the shopping flow on Virginia in light of the regulation to not rate by tobaccos status?

No, the question on member tobacco status will not be displayed on shopping flow for Virginia.

July 14, 2023

Q1. What is the process for the provider directory testing window?

The initial provider directory testing window will run from 8/7/2023 – 8/18/23 with Ideon. The primary purpose of this testing window is to ensure the files are formatted correctly before the review period with 2024 Plan Year plans. GetInsured and Ideon will be reaching out to issuers in the coming days to provide Ideon’s SFTP details. For the testing window, issuers have the option to provide the providers.json via email to VAcarriers@getinsured.com if there are concerns on connecting to the SFTP by the end of July.

- **Naming Convention:** <TEST>_<State>_<Carrier ID>_<Service Year>_<File Date>_<File Time>_<Distinguishing String>.JSON

<TEST>: The providers.json file for the test window should have the word “TEST” as a prefix.

<State>: Standard two-character State abbreviation

<Carrier ID>: Five-digit issuer ID

<Service Year>: Calendar Year (format: YYYY)

<File Date>: Date file or file set was generated (format YYYYMMDD)

<File Time>: Time (military) file or file set was generated (format HHMMSS)

<Distinguishing String>: Optional string for carriers that submit all providers in a single file. Carriers that submit multiple files in a set must use it to distinguish/label multiple files within a set (e.g., INDIVIDUAL, FACILITY), etc.) or simply a sequence number to distinguish multiple files in a set.). No intelligence is derived from the string. Carriers have complete discretion on how they want to generate this.

Example: TEST_VA_12345_2023_20220331_032740_1.JSON

- **Testing Process Details**
- Ideon will validate that the json file is formatted correctly and will communicate any errors directly to the issuers.
- Issuers will review the provider directory information in the Carrier QA environment.
- This review period will use Plan Year 2023 plans.

- **Timeline:**

Provider Directory: Initial Test and Validation Window		
Activity	Start Date	End Date
Ideon and GetInsured provide SFTP details to Issuers	7/17/2023	7/21/2023
Issuers submit providers.json file to Ideon and send email notification to courtney.williams@ideonapi.com and VAcarriers@getinsured.com when this is dropped	7/20/2023	8/4/2023
GetInsured to coordinate with issuers and submit 2023 PY templates to Ideon.	7/20/2023	8/4/2023
Testing Window	8/7/2023	8/18/2023

Q2. What is the process for the provider directory data submissions in production?

The production provider directory submission location has been modified. For Plan Year 2024, issuers will only use the Virginia HBE SFTP for a one-time submission prior to OE. Issuers will submit their providers.json file to Ideon on a recurring weekly basis during the year. The submission details are outlined below:

A) One Time Submission to Virginia HBE SFTP

- **Summary:** Issuers will submit the providers.json file to the Virginia HBE SFTP by 9/18/2023
- **Frequency Submission:** One Time
- **Location:** This is the production SFTP where issuers send and receive EDI files. The folder structure is as follows:
 - i. /Provider_Directory/In -- Location where issuers will submit providers.json file
 - ii. /Provider_Directory/Out -- Placeholder folder for any reports/items
- **Naming Convention:** <State>_<Carrier ID>_<Service Year>_<File Date>_<File Time>_<Distinguishing String>.JSON

<State>: Standard two-character State abbreviation

<Carrier ID>: Five-digit issuer ID

<Service Year>: Calendar Year (format: YYYY)

<File Date>: Date file or file set was generated (format YYYYMMDD)

<File Time>: Time (military) file or file set was generated (format HHMMSS)

<Distinguishing String>: Optional string for carriers that submit all providers in a single file. Carriers that submit multiple files in a set must use it to distinguish/label multiple files within a set (e.g., INDIVIDUAL, FACILITY) , etc.) or simply a sequence number to distinguish multiple files in a set.). No intelligence is derived from the string. Carriers have complete discretion on how they want to generate this.

Example: VA_12345_2024_20220331_032740_1.JSON

B) Recurring Submission

- **Summary:** Issuers will submit provider directory data to Ideon on a recurring basis.
- **Frequency:** Weekly
- **Location:** GetInsured and Ideon will provide carriers with their individual SFTP credentials by 7/21/23 with details on this connection.
- **Naming Convention:** <State>_<Carrier ID>_<Service Year>_<File Date>_<File Time>_<Distinguishing String>.JSON
- See detailed naming convention example in Item 1.

Q3. What is the process for the provider directory production validation?

The production provider directory data review window will run from 9/5/23 – 9/18/23. This testing period has been moved back by one week to align with the finalized Plan Management deadlines. Issuers will provide their Plan Year 2024 providers.json file to Ideon by Friday 9/1. Issuers will review the provider directory in their production Issuer Portal during this time.

July 7, 2023

Q1. Will auto-enrollment into the Marketplace exist for individuals found no longer eligible for Medicaid during redeterminations?

When Virginia begins to receive account transfers from Medicaid, consumers who are found not eligible for Medicaid are not auto enrolled into Virginia Exchange plans. The Exchange will be conducting outreach to consumers when we receive an account transfer for someone that has been found ineligible for Medicaid.

Q2. What happens to enrollees who don't take any action towards renewing their eligibility?

Consumers do not need to take any action for their on-Exchange FFM coverage to be auto-renewed. Consumers who are eligible for auto-renewal will be auto-renewed into Virginia Exchange coverage.

June 30, 2023

Q1. Exchange Issuer Reconciliation Guide - p.48, APTC capping: Would this amount be the pre or post APTC amount? Ex: newborn added 1/15-would APTC be amount post 1/15 or pre 1/15?

The capping would apply to the post-1/15 APTC amount. For example: Newborn is added to a policy effective 1/15/22, and the APTC changes from \$300 to \$500. The APTC effective date will be 1/1 and this value will be \$500. If the total premium amount is \$490, the APTC would be capped at the EHB portion of \$490 (depending on the exact plan, about \$480 if EHB = 0.98 for Plan ID).

Q2. VA requires claims to be paid during grace, so the PTD will be less than the benefit end date. What date would you want carriers to populate in outbounds and recon files?

On outbound 834 files: The DTP*343 date should include the paid through date and the DTP*349 date should be the Benefit End Date.

On the RCNI files: The benefit end date should be included in Field 39 (Benefit End Date). The Paid Through Date should be included in Field 55 (Paid Through Date) and align with the DTP*343 date.

Q3. Please confirm that the benefit start dates should align with the financials or with the policy ID?

Field 38 should align with the policy start date; the start dates in fields 41 - 47 should align with the financial spans.

Q4. VA Section 5.3.6.2 Initial Premium Paid Status check on Exchange-Issuer Reconciliation Guide: Initial Premium Paid Status: confirm if Policy ID A is effectuated for 1/1, then on 2/20, we received a retroactive cancellation for policy ID A and a new enrollment for policy ID B effective 1/1, should we send "Y" or "C" for policy ID A in the March recon cycle?

Policy A should be sent with "C" cancelled if the enrollment is now canceled.

Q5. From the 4/28 agent demo: If a broker is designated on the app – does that automatically add the broker as a delegate?

If a consumer designates a broker, the request is sent to the broker, and they are listed under the broker's "Pending Delegates" tab. The broker can then accept the delegation request to act on behalf of the consumer.

Q6. From the 4/28 agent demo: If a member removes a broker as a delegate, does that remove the broker from the account altogether?

Yes, if a member removes a broker as a delegate, this removes them from the account altogether.

Q7. Is there a plan for plan-based enrollers to get certified to process on the VA HBE site? (Captive producers within a health plan).

All agents/producers assisting consumers apply for coverage would require the same licensing in Virginia as required by Chapter 18 of Title 38.2 of the Virginia Code. Additional information is available on the SCC's website at <https://www.scc.virginia.gov/pages/Applying-for-a-Individual-VA-Insurance-License>.

Q8. How will EDE and DE consumers be transitioned to Virginia's Insurance Marketplace? Will these consumers be directed to create new accounts? How will they renew their coverage?

Consumers who are enrolled in on-Exchange coverage submitted through an EDE or DE platform will be treated the same as consumers enrolled in coverage directly through healthcare.gov. They will receive all communications from the Exchange, including the "Welcome Notice" that directs them to create an account on Virginia's Insurance Marketplace website. The consumer's enrollments will be auto-renewed with the other enrollments, and consumers will see their auto-renewal information in their account. If the consumer was enrolled with an Agent who is certified with Virginia, the agent's NPN will remain attached to the consumer's enrollment. If the agent is no longer certified, the enrollment will still be auto renewed but the NPN will not be included in the enrollment.

Q9. Will carriers be provided a sample of the welcome notice communication from the state?

Yes, we will provide a welcome notice sample to issuers as soon as this becomes available.

Q10. The issuer renewal notice includes a website placeholder specifically for in-person help. What URL should issuers include in this part of the notice?

Issuers should include "marketplace.virginia.gov" for the in-person help website placeholder. This is referring to following sentence of the renewal notice: Find in-person help from an assister, agent, or broker in your community at marketplace.virginia.gov.

June 9, 2023

Q1. Follow-Up: Marketing Data Question: Marketing Data: Will the commission be providing "language" that should be included in the customer facing letters? No. Co-branding will not be required but issuers are looking for any guidelines for how they can use the logo if the issuers plan to use this.

VAHBE appreciates that issuers may want to co-brand. As noted, for PY 2024, Virginia will not require co-branding, and it is sufficient to refer to Virginia's Insurance Marketplace. We are working to develop guidelines for co-branding, however, and will share with carriers as they become available.

June 2, 2023

Q1. Is it a one-to-one relationship (agent to consumer) or can a consumer choose more than one agent?

Yes, it is a one-to one agent to consumer relationship; a consumer cannot select more than one agent.

Q2. On the Agents Book of Business, does a broker know whether a person is effectuated or not?

Yes, the agents can see if a consumer's enrollment is pending binder payment or effectuated on their Book of Business page. The agents can see this information for the health and dental plans separately.

Q3. In the new roll out of the exchange, are there any changes to the registration or renewals for the Certified Application counselors?

The registration process will now take place through the assister portal on the platform. Training will take place in the Virginia LMS. Regulatory compliance will continue in accordance with 14 VAC 7-10 "Rules Governing the Certified Application Counselor Program".

May 26, 2023

Q1. If any of the premium buckets are updated to \$0 such as APTC or CSR, would GetInsured send the \$0 in the updated maintenance file. Or non-existence of that bucket be assumed as the GetInsured stating that this member's respective premium bucket is updated to \$0 as per the DTP*348 received within the file.

Table 10 in Section 11.1.3 of the 834 Companion Guide details the presence of \$0.00 for each financial amount. APTC will always be included in the standard and custom 2750 loops. If the APTC value is updated to \$0, the maintenance file will include the value of \$0.00 for APTC in the standard 2750 loop

with the DTP*007 date with the effective date of the APTC change. In the custom 2750 loop, the APTC will be updated appropriately. The APTC effective date should not be changed based on the DTP*348 date.

CSR is included in the standard 2750 loop only when present. The CSR amount includes a DTP*007 effective date, and the absence of the CSR reporting category in the standard 2750 loop would signify its removal.

Q2. Request for clarification on the 5/12 FAQ Q1: A previous FAQ indicated that issuers should use the CMS renewal notices for communications, but the 5/12 FAQ Q1 response said that the state is working to address this question and will release this information as it becomes available. Can this be clarified?

Virginia carriers should use the existing CMS renewal notices and carriers are not required to add any additional language to the notices. The Q1 on the 5/12 FAQ was referring to the Exchange generated Welcome Notices. This content is still being developed in coordination with CMS as part of the go-live communication plan.

Q3. Communication/Notice Timeline: What is the timeline for the welcome letter (Activation notice) to consumers and can carriers receive a sample? When will SBE (State Based Exchange) start sending notices to renewing members from FFM (Federally Facilitated Marketplace)?

VAHBE will mail the Welcome notice to consumers on October 10th. We will work to provide carrier with a template of the notice the Exchange will send. Virginia carriers should use the existing CMS renewal notices. Note: Carriers are not required to add any additional language to the notices.

May 19, 2023

Q1. Federal un-winding SEP: Will VA use this SEP after the transition?

Yes, Virginia will be using the Federal un-winding SEP after the transition.

Q2. Will the Virginia State Based Exchange still require sign off of the QHP Issuer Agreement prior to carriers mailing renewal notices? Follow-up for SCC: Is this same response from the 4/28 FAQ below?

4/28 FAQ, #4: Yes, carriers will enter into agreement with the Virginia Exchange this year. We expect agreements to be sent to carriers and returned by 9/15/2023.

<https://www.scc.virginia.gov/getattachment/f855de13-6ae8-4fc1-bc9b-d32ec8644013/planyear.pdf>

Yes, carriers will enter into agreement with the Virginia Exchange this year by 9/15/23, prior to carriers mailing renewal notices.

Q3. Will the state publish a separate URL for community assistance (i.e., [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov))?

Yes. Agents - <https://enroll.marketplace.virginia.gov/hix/broker/search/individual>

Assisters - <https://enroll.marketplace.virginia.gov/hix/entity/locateassister/searchentities>

Q4. Non-APTC Virginia members are given a 31-day grace period. At the end of the grace period, these members are terminated with their coverage end being the last day of the 31-day grace period instead their Paid Through Date. Is this going to be the policy used in Virginia?

This will continue to be the policy. Non-APTC Virginia members grace period would follow 38.2-3503(A)(3) of the Code of Virginia.

Q5. For 834 enrollment data, will it always be a default end of the year date populated for a coverage end date standpoint?

The default end date for initial enrollments is the last day of the plan year, however, initial enrollment 834 transactions will not include a 349 date of the last day of the plan year (i.e., 12/31/24). A 349 date is only populated when an enrollment is terminated and on maintenance transactions in the event of a change to a future date terminated enrollment.

Q6. Will VAHBE accept 001 type of transactions for Effective date change?

No, effective date changes must be transmitted by the state. Carriers cannot initiate effective date changes via an inbound 834 transaction.

Q7. With the transition to the SBE in 2024, are carriers allowed to file for only on-exchange plans, or are we required to continue offering both on- and off-Exchange plan options to consumers in the individual market?

Yes, 45 CFR 147.104(a) would continue to apply in Virginia. A plan offered on the Exchange generally must be available to individuals in the state who apply off the Exchange.

Q8. When are the SBC URL Links for PY 2024 to be available (specifically for QHP's). CareFirst understand the submission date for medical plans is May 19.

Since we are maintaining parity with the FFE's requirements as much as possible through the transition readiness date of 8/5/23, we will follow the FFE's live and active deadline of 9/20/23.

Q9. Is the state expecting the Interoperability Justification pdf to be completed as this has not been a requirement for previous submissions and is not a requirement for SERFF Users according to MPMS. a) CareFirst needs to understand when/if the justification form needs to be submitted and to whom.

No, the Virginia Exchange will not require this submission. The Interoperability and Patient Access Rule (2020) applies only to the FFE issuers, not to SBE-FPs or SBEs.

Q10. The binder submission has a placeholder for SADP URLs. If we are not offering SADPs, should we simply input N/A?

That is correct.

Q11. Exchange Issuer Reconciliation Guide - p.20 field 58: Field 58 says first name, but verbiage says full name. Please confirm.

The broker's full name should be included in Field 58 as this corresponds to the N102 field of the broker segment. Fields 59, 60, and 61 are optional and a discrepancy will not be returned if the field is blank or if the field does not match the Virginia system. The middle column on this table provides the Virginia implementation; the first column is the FFM implementation for reference.

May 12, 2023

Q1. Will carriers receive guidance on including Exchange information in the PY2024 renewal notice (i.e., information on making changes to the application, VAHBE customer service information, etc.), and if so, when? Will it include information about the transition, such as after 11/1, go to VAHBE.org to...?

We are working to address this question and will release information as it becomes available.

Q2. What transactions will carriers receive for broker removal/de-designations?

The transactions that will be sent for broker changes are below:

Scenario 1 - Broker A to Broker B: (1) Change transaction to de-designate Broker A with no broker (2) Change transaction with Broker B with AGENT BROKER INFO additional maintenance reason code.

Scenario 2 - Broker Removal: (1) Change transaction with no broker with AGENT BROKER INFO additional maintenance reason code.

Scenario 3 - No Broker-to-Broker A: (1) Change transaction with Broker A with AGENT BROKER INFO additional maintenance reason code.

Q3. CMS is not requiring QHP Issuer Compliance Plan and Organizational Chart Cover Sheet Template this year. Confirm if SCC will be requiring this as well.

Virginia will require the QHP Issuer Compliance Plan and Organizational Chart Cover Sheet Template for PY24.

Q4. What role, if any, will the commission play in reviewing any of the final consumer facing materials (renewal letters, etc.) and what is the timeline for submission?

Virginia will be using the existing CMS renewal notices and carriers are not required to add any additional language to the notices.

Q5. When will <https://www.marketplace.virginia.gov/> go live? Will it be the 10/10 soft launch, or will the home page go live before the fall?

VAHBE anticipates a soft launch for agents and assisters approximately in early fall (prior to the approximate 10/10 consumer soft launch date). Additional details will be provided as they become available.

Q6. When will VAHBE share the high-resolution logo and branding guidelines for Virginia’s Insurance Marketplace? (NOTE: We are targeting having this information by late June at the latest.)

Virginia will not require co-branding in PY24, and it is sufficient to refer to Virginia’s Insurance Marketplace.

May 5, 2023

Q1. Will there be any correspondence requirements (using VAHBE branding, logo, etc.)?

Virginia will not require co-branding in PY24, and it is sufficient to refer to Virginia’s Insurance Marketplace.

Q2. What transition notices or other advertising will FFE and the Virginia State Based Exchange be sending to customers about the transition and when? Will Carriers be able to see a communications timeline and samples?

The federal marketplace will provide the initial communication about the transition to consumers in the early Fall. VAHBE will follow with a strategic consumer communications plan. We are continuing to work on our communications plan with CMS with the understanding that we will provide a more specific timeline of key communications to carriers and assisters around the middle of August.

Q3. Will the Virginia State Based Exchange provide carriers with state renewal and discontinuation notices to include with our carrier communications or should carriers continue to use the federal forms and manner guidelines provided by CMS each year as we do today and update the exchange name, URLs and phone numbers as appropriate within the CMS notices?

LINK TO LAST YEAR'S CMS NOTICES: <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/Renewal%20and%20Discontinuation%20Notice%20Enforcement%20Safe%20Harbor%20Guidance.pdf> , Virginia will be using the existing CMS renewal notices and carriers are not required to add any additional language to the notices.

Q4. Will there be any different/new requirements for Carrier renewal and non-renewal notices (i.e., filing requirements, content specifics, new state inserts, etc.)?

Virginia will be using the existing CMS renewal notices and carriers are not required to add any additional language to the notices.

Q5. EDI 834 Update: Request Submit Timestamp.

EDI 834 Update: Request Submit Timestamp: The GetInsured platform will be updating the REQUEST SUBMIT TIMESTAMP to a 16-digit value in the September 2023 (23.9) release. Since this release will be ahead of Open Enrollment, the EDI test cases will be updated to reflect this change. An updated Companion Guide will be provided in the summer to align with this release.

Update: Request Submit Timestamp (2750; page 32 of Companion Guide). The request submit timestamp will be a 16-digit value. The updated REF02 Member Reporting Category Reference ID is below:

VA Implementation = DateTimeStamp in CCYYMMDDHHMMSSSS format

Q6. Are consumers required to be in Open Enrollment or a SEP to purchase a dental plan?

Yes. Dental plans can be purchased without the purchase of a health plan, but the consumer must be in Open Enrollment or a Special Enrollment Period.

April 28, 2023

Q1. In the January Broker Town Hall document, it references broker training during Summer 2023. Have more defined dates been solidified at this point and can be shared?

Training is expected to open in the Virginia Learning Management System in August 2023. Current FFE-certified agents will be eligible to complete a shorter training program for plan year 2024 along with Virginia-specific modules. Agents new to the Exchange or who are not currently FFE-certified will be required to take the full Virginia Exchange training program for plan year 2024. Agents will continue to be required to be licensed and in good standing through the Virginia Bureau of Insurance.

Q2. What are the estimates of consumers transitioning from Medicaid to SBE coverage? Looking to confirm how many would be QHP-eligible and detailed breakdown.

Federal estimates indicate that approximately one third of individuals determined ineligible for Medicaid may be eligible for QHPs.

Q3. Regarding the following question, can we conclude that VAHBE will NOT require any particular language or the VIM logo for any customer-facing communications?

Correct, the Virginia Exchange will not require particular language or the VIM logo for consumer-facing communications.

Q4. Will VAHBE issue a carrier participation agreement or contract to contracted plans for signature? If so, when will be it be due?

Yes, carriers will enter into agreement with the Virginia Exchange this year. We expect agreements to be sent to carriers and returned by 9/15/2023. <https://www.scc.virginia.gov/getattachment/f855de13-6ae8-4fc1-bc9b-d32ec8644013/planyear.pdf>.

Q5. Some state implementations utilize the AGENT BROKER INFO additional maintenance reason code when a broker is changed. Can this enhancement be added to the Virginia 834 implementation?

Yes, this enhancement will be added to Virginia 834s. When changes are made to the Broker Name, Federal Employer Identification Number (FEIN) in the N1*BO segment and/or National Producer Number (NPN) in the ACT segment, the AGENT BROKER INFO additional maintenance reason will be

used in the 2750 loop. We have attached an updated Virginia Configuration Guide to reflect this (Section 2.4).

April 21, 2023

Q1. What will occur to existing brokers who don't complete certification renewal prior to data transfer from FFM?

Agents and brokers may continue to complete certification renewal with the FFM to continue assisting with enrollees in FFM-states. The Virginia Exchange will be offering state-based training and certification to agents licensed in Virginia wishing to assist consumers enroll in Virginia's Insurance Marketplace. A Virginia-specific learning management system will be available in summer 2023. Current FFE-certified agents will be eligible to complete a shorter training program for plan year 2024 along with Virginia-specific modules. Agents new to the Exchange or who are not currently FFE-certified will be required to take the full Virginia Exchange training program for plan year 2024. Agents will continue to be required to be licensed and in good standing through the Virginia Bureau of Insurance. Agents who do not complete the Virginia certification will not have access to Virginia's Insurance Marketplace portal and will not be able to assist with Virginia consumer enrollments.

Q2. Could we get copies of the prior Town Hall documents?

Yes, we have included in the 4/21 FAQ email update. We will also make these available in a central location on our website in the coming days.

Q3. A previous FAQ indicated that EDE will not be included in Virginia for Plan Year 2024. Can SCC please clarify if both DE and EDE will not be included in PY 2024?

EDE and DE will not be included in Virginia for Plan Year 2024.

Q4. Will the Exchange change the PY 2024 User Fee given the release of the final Notice of Benefit and Payment Parameters?

The Virginia HBE is committed to providing superior service and customer support to Virginia consumers and stakeholders of Virginia's Insurance Marketplace. We are dedicated to achieving the purposes of our Exchange, including supporting the continuity of coverage and reducing the number of uninsured in Virginia. We are focused on performing all of this work in a fiscally prudent, strategic and cost-effective manner. For PY24, we plan to maintain the fee at 2.75% to facilitate additional resources during the continuous coverage unwinding, as well as the startup costs of Virginia's transition. Considering the recent announcement by Healthcare.gov of a further reduction to its User Fee, the Exchange is evaluating additional reductions in Virginia's assessment fee following our transition year. As part of this process, we strive to provide not only a higher quality of service and support, but also greater consistency and predictability in our service and in the cost to our carriers.

April 14, 2023

Q1. What will the user fee be for PY 2024?

For Plan Year 2024, the Exchange User Fee will be 2.75% of a carrier's total monthly premium from effectuated enrollment in QHPs and QDPs sold through Virginia's Insurance Marketplace. For Plan Year 2025, anticipating increased enrollment, the HBE proposes a user fee of 2.5%. User fees will continue to be paid monthly and upon transition will be collected through the Exchange Platform. As in prior years, the Commission will issue an assessment order.

Should carriers have questions, please email to ExchangeCarriers@scc.virginia.gov.

Q2. Marketing Data: Will the commission be providing "language" that should be included in the customer facing letters?

No.

Q3. Do we need to submit the following items this year in our SERFF submissions?

- 1) Off Exchange binders
- 2) PlanandBenefitsLight
- 3) QHP Issuer Compliance Plan and Organizational Chart Cover Sheet Template
- 4) Partial County Service Area justification
- 5) Network Adequacy
- 6) Compliance with 12_VAC_5-408-160 E F 10207 and 40308
- 7) Virginia Certificate of Quality Assurance"

Yes, all of these will be submitted with the Binder filing. Carriers are encouraged to review the instructions in SERFF at <https://login.serff.com/serff/viewStatePlanInstructions.do?stateInstanceId=101> or contact the BOI Plan Management Section at ACAFilingInfo@scc.virginia.gov regarding Binder filings.

Q4. The preliminary NBPP has some ambiguity as far as how many non-standard plans will be allowed. Will there be flexibility in submissions/re-submissions to allow changes if the Final NBPP is different than a carrier had anticipated?

The initial transfer deadline of 6/14/2023 is the last day plans can be added to a binder. Plans may be withdrawn, and service areas changed up until 7/14/2023. After 7/14/2023, plans may be withdrawn if the withdrawal does not cause a change in service area. Additional questions regarding plan filings may be sent to ACAFilingInfo@scc.virginia.gov.

Q5. Will the state provide a TTY number, if so, when? This is a data element in our letters, and we can proceed with our development without this information for now but would request this be available prior to testing; or it be known that this will not be available so the data element can be removed.

Virginia will be using the National Relay of Service number of 711.

Q6. We believe the correct URL should be "https://marketplace.virginia.gov/". Can you please confirm with the Exchange if "www" is needed there?"

The URL is marketplace.virginia.gov. Consumers will be re-directed to the marketplace website regardless of whether they use "www".

Q7. Will the HBE provide a list of certified and de-certified agents prior to OEP? If so, will it include contact information beyond Name and NPN?

Agents who complete certification will appear in the Find Local Help tool on the platform. The Exchange would also be able to provide a list of certified agents to carriers prior to go-live.

Q8. "Follow-up question based on the information provided in the companion guide on Page 66, "Section 11.13. Add Member - Different Plan".

Is the same approach going to be followed for the scenario of Plan change without new member addition? i.e., if the consumer performs just a plan change, do we get one ST-SE with Termination for the previous plan and another ST-SE with Enrollment for the new plan? Or do we get one ST-SE with the new plan and a specific Benefit Begin Date in DTP*348?"

For a plan change when there is no dependent change, the 024 term would be in a separate ST/SE segment and contain the subscriber loop only. The 021 add would be in a separate ST/SE with loops for each enrollee (subscriber & dependents) and the DTP*348 coverage start date for the new Policy ID. This is the same transaction behavior that occurs if there is a plan change with a member change.

Q9. DTP*303 Date: The Companion Guide (page 24) says DTP*303 is used to specify "Maintenance Effective" date. Can you clarify the definition of this date?

DTP*303 is populated with the enrollment event creation date. In other words, this is the date the change was made in the system.

Q10. What is the schedule for 834 transmission, and do we get EDI 834 files from GetInsured over the weekend as well?

834 files are sent daily, including weekends and holidays. The 834s for the VA HBE will be sent nightly at 11:00 PM EST.

Q11. Effectuations: Are dependent segments required or optional?

The dependent segments are optional in the effectuation file (see VA HBE - 834 and Reconciliation Configurations). Effectuations will process successfully with or without these segments.

April 7, 2023

Q1. In the companion guide it says Configurable at the Exchange level to send for all transactions or not send is the 2000 loop REF01 = 4A Exchange Assigned Enrollee ID, which is used to provide a unique enrollee ID per coverage span during a given coverage year. Do you know what the assigned enrollee ID would look like? Is it just 4A coming in that field?

The 2000 loop REF01 = 4A Exchange-Assigned Enrollee ID will not be transmitted in the VA implementation.

March 30, 2023

Q1. Will the HBE provide a list of certified and de-certified agents prior to OEP?

If so, will it include contact information beyond Name and NPN? Agents who complete certification will appear in the Find Local Help tool on the platform. The Exchange would also be able to provide a list of certified agents to carriers prior to go-live.

Q2. Should carriers continue to follow the same renewal/non-renewal notice timelines?

75-day required notice for a passive renewal, 90-day notice for discontinuance non-renewal, 180-day notice for market exit? Note: Assume this is state law and will remain the same.

There will be no change to the renewal notice timeline.

Q3. FFE requires that in order to purchase standalone dental coverage, enrollees must have a purchased a medical plan. Will the Virginia State Based Exchange have that same requirement?

Virginia will allow consumers to purchase a standalone dental plan without the purchase of a medical plan.

Q4. Marketing Data: What is the URL and customer service number(s) for the exchange?

The URL will be <https://www.marketplace.virginia.gov/> and the consumer assistance number: 888-687-1501.

Q5. Can the commission provide information on monthly fees other than the assessment fee and re-insurance fee?

At this time, there is no plan for additional fees beyond the user fee assessment.

Q6. HIOS Rate Validation Tool: Can issuers continue to use the HIOS tools if they are not on the FFM?

Yes, HIOS tools remain available to carriers offering coverage in SBEs. Carriers should use the Plan Validation Workspace in the HIOS Marketplace Plan Management System prior to submission in the binder.

Q7. Will Townhall Meetings be recorded?

Generally, the Townhall meetings will not be recorded. The presentation will be provided with that week's FAQ email and will, in the future, be shared on the SCC's website.

Q8. 834 Companion: Individual Transactions: Separate files will be created for Individual enrollments to aid insurance Issuers in processing enrollment transactions. Can you clarify the intent of this section. Will we get one IEA/ISA per day? Will we get one family policy as single ST/SE?

Yes, we will be sending one ISA/IEA per date. Each ST/SE segment will contain a single enrollment in it.

Q9. Will the VA SBE allow for PCP Selection on the 834?

No, PCP selection is not included on the 834 file.

Q10. What will be the broker certification program/process requirements?

The VA Exchange will be offering state-based training and certification to agents, navigators, and assisters. A Virginia-specific learning management system will be available in summer 2023. FFE-certified agents who completed plan year 2023 registration and training will be eligible to complete a shorter training program for plan year 2024 along with Virginia-specific modules. Agents new to the Exchange or who are not currently FFE-certified will be required to take the full VA Exchange training program for plan year 2024. Agents will continue to be required to be licensed and in good standing through the Virginia Bureau of Insurance. Agents will be required to sign a Virginia-specific agent

agreement. Updates to requirements will be published on the HBE's website and communicated in Monthly Townhalls and via emails.

Q11. What is VA planning for network adequacy?

We are currently using federal standards for the VA market, there is no change for the requirements for PY24. Guidance is available in the 2023 Letter to Carriers found at <https://www.scc.virginia.gov/getattachment/a64be606-a40b-4c12-a165-52924a1a406e/CarrierLetter-2024.pdf> as well as in the SERFF Plan Management Instructions.

Q12. What is VA's position on the 2024 NBPP proposals?

HBE will align with CMS guidance as provided in the PY 2024 final NBPP.

Q13. Are brokers required to be a resident to sell in VA?

No, brokers are not required to be a VA resident to sell in VA.

March 24, 2023

Q1. Will carriers continue to follow the current Federally Facilitated Exchange (FFE) Catastrophic age-off logic, and renew all on-exchange members on the policy into a mapped bronze plan for each of the scenarios listed below?

- Either the Subscriber or Spouse is already over age 30 before the current calendar year
- Subscriber is turning 30 during the current calendar year
- Spouse is turning 30 during the current calendar year, but the subscriber is still under 30

Yes, the Virginia HBE will follow the same catastrophic age-off logic as the FFE does for the scenarios listed.

Q2. Will Virginia State Based Exchange follow the FFE Open Enrollment Dates and effective date rules?

- Open Enrollment dates 11/1 through 1/15
- For coverage effective 1/1 must enroll by 12/15
- For coverage effective 2/1 must enroll by 1/15,

Yes, the Virginia HBE will follow the same Open Enrollment Dates as the FFE. Open Enrollment will run from 11/1 through 1/15. For coverage effective 1/1, consumers must enroll by 12/15. For coverage effective 2/1, consumers must enroll by 1/15.

Q3. Will the Virginia State Based Exchange be sending by mail the notice to subscribers that provides them with their updated APTC amounts for the upcoming plan year or will Carriers need to send that notice? Note: We do not currently send any APTC verification in State Based Exchange (SBE) states.

No, carriers are not required to provide a notice with a consumer's updated APTC amounts for the upcoming plan year. The Virginia HBE will send the Renewal Notice that will include information on their APTC eligibility.

Q4. Loop 2000, DTP*356 (Eligibility Begin Date): In what scenarios is the 356-date transmitted?

The 356 date is not sent for any outbound transaction to the carriers. This date is optional on inbound transactions. If this is included on an inbound transaction to Exchange transaction, this will process successfully (not reject).

Q5. Can we generate reinstatements for VASBE, can we generate cancel/term for anything other than non-payment?

No, carriers cannot generate cancel/terms for any reason other than non-payment. Carriers cannot send 834 reinstatements.

Q6. Can the commission provide information on re-insurance fee (s) (if there is one to be accrued for)?

The state share of funding for Virginia's Commonwealth Health Reinsurance Program (CHRP) is provided from state general fund revenue and not from a carrier assessment.

Q7. What is the official cutover date for plan shopping and enrollment, i.e., when will healthcare.gov customers be directed to the VA marketplace to search for and apply for coverage?

Healthcare.gov will direct consumers to the Virginia Marketplace ahead of the 11/1 Open Enrollment period. Virginia is working closely with CMS to align the dates when the messaging on healthcare.gov will begin directing consumers to the VA HBE platform, and we will share this information when this is available.

Q8. Will there be an interim period when customers can shop/apply on both healthcare.gov and VAHBE?

Customers will always use healthcare.gov to shop/apply for 2023 coverage and will use the HBE Platform to shop/apply for 2024 coverage. There will never be an overlap period where they can shop for both plan years on one platform. On November 1, consumers will be able to update their accounts, apply, and enroll in coverage on the HBE Platform. The Exchange intends to have a soft launch in October prior to OE where consumers will be able to view plans available, and we are coordinating these dates with CMS.

Q9. On what date will CMS confirm the go/no go decision for officially transitioning to the VA marketplace?

The VA Exchange and CCIIO will mutually agree on the Exchange's readiness to transition to a SBE for the upcoming open enrollment on August 4th.

Q10. Additionally, can you confirm that the new platform will show both PY2023 and PY2024 plans when it launches?

Plan year 2024 plans will appear on the Exchange Platform. Plan Year 2023 plans will not appear on the Exchange platform. Consumers can continue to view their previous year's plan data on healthcare.gov.

Q11. HIOS Rate Validation Tool: Can issuers continue to use the HIOS tools if they are not on the FFM?

Yes, HIOS tools remain available to carriers offering coverage in SBEs. Carriers should use the Plan Validation Workspace in the HIOS Marketplace Plan Management System prior to submission in the binder.

Q12. Will Townhall Meetings be recorded?

Generally, the Townhall meetings will not be recorded. The presentation will be provided with that week's FAQ email and will, in the future, be shared on the SCC's website.

Q13. In the ACT01 it says will transmit the brokers NPN or State license number (Companion Guide Page 22). Which one will it be and is it possible either data element would be sent?

For Virginia, the ACT01 will include broker NPN. It will not include the state license number.

March 17, 2023

Q1. Which entity will issue the Marketplace Open Enrollment Notice (MOEN) to all qualified individuals currently enrolled in QHPs/QDPs through the FFE in advance of the OEP for PY2024 coverage?

HBE will issue the Marketplace open enrollment notice.

Q2. Where will enrollees report changes affecting eligibility before and after 11/1?

Consumers will report changes on healthcare.gov for 2023 coverage and will report changes on the HBE platform for 2024 changes.

Q3. Will the FFM or VAHBE perform Batch Auto-Reenrollment (BAR)?

The HBE platform will perform the batch auto re-enrollment process based on data from the FFM. The 834 renewal files will come from the HBE, not the FFM.

Q4. Will the FFM or VAHBE handle alternate enrollments where no QHP from the same issuer is available for PY2024?

The Exchange will be performing the crosswalk of consumers in the cases where the same issuer is not available in that area.

Q5. Will Virginia have state subsidy in addition to APTC?

No state subsidy is planned for Plan Year 2024.

Q6. What is the Subscriber ID format?

The Exchange Assigned Member IDs will be assigned by GetInsured system. The field length is 10 positions, all numeric, and will start with "1000000001".

Q7. Will VA be assigning different subscriber IDs for medical vs dental subscribers?

No, the Exchange Assigned Member ID is established at the person-level and will be the same for consumers enrolling in health and dental plans.

Q8. Proration: Can the APTC on the 834 be prorated when the total quoted premium is prorated?

APTC will not be prorated on the 834 but APTC will be capped on the 834 if it exceeds the premium subtotal.

Q9. Dental APTC: Will Virginia State Based Exchange allow additional APTC to be applied to dental plans as is done today under FFE? i.e. If the APTC exceeds the medical gross premium, can it be applied to dental?

Yes, the HBE will allow excess APTC to be applied to pediatric dental premiums.

Q10. Will we be doing passive (auto) renewals?

Yes. Passive renewals will be transmitted by HBE (not by the FFE).

Q11. Enhanced Direct Enrollment: What will this process be for 2024? What are the timeline implications if VA proceeds with EDE for Plan Year 2024.

EDE will not be included for Plan Year 2024.

Q12. Will Member IDs and Household Case ID on renewal transactions be generated new for the first year and be maintained going forward from year two?

Yes, Exchange Assigned Member IDs and Household IDs will be generated new in the HBE platform (these will not be the FFE values). These will be maintained for future plan years.

Q13. What is a Household Case ID?

The Household Case ID is the ID assigned to all members of a household in the same application. This ID is included in all transactions initiated by the Exchange. In the case of custom grouping enrollments (multiple health enrollments in the same household), this ID will be the same for each enrollment.

March 10, 2023

Q1. Will Virginia require carriers to offer Standard Plans for every metal level?

HBE will align with CMS guidance as provided in the PY 2024 final NBPP.

Q2. What will be the Plan Management filing deadlines, and will these match the FFE?

HBE plans to follow the plan management filing deadlines generally through early August. Updates to the plan management timeline are expected from BOI in late March. Visit <https://www.scc.virginia.gov/pages/ACA-Rate-Form-Filing-Information> for updates and instructions.

Q3. When will the state provide communication/marketing information?

The name will be released at the March 28th Advisory Committee meeting (2 pm). We are working to identify appropriate timelines for additional marketing information. We are aiming to ensure carriers have information in time for development of materials while avoiding consumer confusion around ongoing PY2023 coverage and enrollment through healthcare.gov. The Advisory Committee meeting link will be found here: <https://www.scc.virginia.gov/pages/Webcasting>.

Q4. When will the official name of the Exchange and the URL for member enrollment be available?

The name will be released at the March 28th Advisory Committee meeting (2 pm). We are working to identify appropriate timelines for additional marketing information. We are aiming to ensure carriers have information in time for development of materials while avoiding consumer confusion around ongoing PY2023 coverage and enrollment through healthcare.gov. The Advisory Committee meeting link will be found here: <https://www.scc.virginia.gov/pages/Webcasting>.

Q5. What will the user fee percentage be?

This will be available in early April.

Q6. When will the state provide communication/marketing information? This includes sample SBCs, sample carrier invoice templates, and the Virginia logos.

The name will be released at the March 28th Advisory Committee meeting (2 pm). We are working to identify appropriate timelines for additional marketing information. We are aiming to ensure carriers have information in time for development of materials while avoiding consumer confusion around ongoing PY2023 coverage and enrollment through healthcare.gov. The Advisory Committee meeting link will be found here: <https://www.scc.virginia.gov/pages/Webcasting>.

Q7. Marketing data: Will the official name of the exchange and the URL for member enrollment be available by Mar 15?

The name will be released at the March 28th Advisory Committee meeting (2 pm). We are working to identify appropriate timelines for additional marketing information. We are aiming to ensure carriers have information in time for development of materials while avoiding consumer confusion around ongoing PY2023 coverage and enrollment through healthcare.gov. The Advisory Committee meeting link will be found here: <https://www.scc.virginia.gov/pages/Webcasting>.

Q8. Will the commission be providing any preferred language for the consumer facing materials (i.e., new exchange does not use healthcare.gov, etc.) if so, will this also be available by Mar 15?

Not at this time.

Q9. What Name, URLs, and phone numbers should carriers use in their communications to direct customers on behalf of the Virginia State Based Exchange?

The name will be released at the March 28th Advisory Committee meeting (2 pm). We are working to identify appropriate timelines for additional marketing information. We are aiming to ensure carriers have information in time for development of materials while avoiding consumer confusion around ongoing PY2023 coverage and enrollment through healthcare.gov. The Advisory Committee meeting link will be found here: <https://www.scc.virginia.gov/pages/Webcasting>.

Q10. What transition notices or other advertising will FFE, and the Virginia State Based Exchange be sending to customers about the transition and when? Will Carriers be able to see a communications timeline and samples?

The FFE will be providing notices in August/September. HBE will be following those communications with notices shortly after. HBE will provide a communications timeline and sample as soon as it becomes available.

March 1, 2023

Q1. Will the enrollee-level carrier payment data submission be mandatory on Day 1 of go-live?

As noted in the 2/22 February Update, this will not be implemented for plan year 2024. The Exchange will evaluate for future years.

Q2. Is PayNow functionality mandatory for all carriers on Day 1 of go-live?

Carriers who implement on day one has an advantage of quick effectuations but there is no operational impact on configuring this later. Consumers can make binder payments regardless of this feature. PayNow implementation among carriers is independent from each other (i.e., if some carriers choose not to implement this, there would not be an impact on others). GetInsured can provide additional carrier support if more time is necessary to configure.

Q3. When will the state provide communication/marketing information?

The Exchange is working on this issue and will provide an update over the next several weeks.

Q4. When will the official name of the Exchange and the URL for member enrollment be available?

This is currently in progress and the Exchange will provide this information as soon as possible.

Q5. What will the user fee percentage be?

This information will be available in early April.

Q6. Will there be a monthly all-carrier call to discuss onboarding progress?

Yes. The first monthly Town Hall has been scheduled for 3/22, from 11:00am-12:00pm. An ongoing schedule for monthly meetings will also be established and calendar invitations sent out shortly.

Q7. What is the process for communicating carrier questions back to carriers?

Questions will be answered in FAQs in regular email communications and in monthly Town Hall meetings. The Exchange is working to develop a central location for carriers to view and refer to this information.

Q8. Will Virginia require carriers to offer Standard Plans for every metal level?

Virginia will align with the FFE for plan year 2024 based on the final Notice of Benefit and Payment Parameters.

Q9. What will be the Plan Management filing deadlines, and will these match the FFE?

Virginia will be matching the FFE, and we are waiting for dates to be finalized.