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Transcript of Advisory Committee Meeting

Date: December 12, 2023

Case: Health Benefit Exchange Advisory Committee Meeting

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COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

VIRGINIA HEALTH BENEFIT EXCHANGE
4th QUARTER MEETING

Conducted Remotely
Tuesday, December 12, 2023
3:00 p.m.

Job No.: 482043

Pages: 1 - 44

Transcribed By: Janice Willier

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A P P E A R A N C E S

VOTING MEMBERS:

- SABRINA CORLETTE, CHAIR
- IKEITA CANTU-HINOJOSA, VICE CHAIR
- LEE BIEDRYCKI
- SCOTT N. CASTRO
- DOUG GRAY
- STARLA KISER
- LOUIS ROSSITER
- CRAIG CONNORS

ALSO PRESENT:

- DANNY AVULA, DEPARTMENT OF SOCIAL SERVICES
- JULIE BLAUVELT, DEPUTY DIRECTOR OF THE VIRGINIA BUREAU OF INSURANCE, LIFE & HEALTH DIVISION
- KEVIN PATCHETT, DIRECTOR OF THE VAHBE
- HOLLY MORTLOCK, CHIEF GOVERNMENT RELATIONS OFFICER
- JEFF LUNARDI, CHIEF DEPUTY DIRECTOR OF DMAS
- RACHEL BECKER, SENIOR POLICY ADVISOR

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

2 MS. CORLETTE: This is a prompt crowd.
3 Thank you everybody for jumping on timely because
4 I think we have a little shorter than usual today,
5 but a lot to cover. And this is such an exciting
6 meeting because we're -- we're in the midst of
7 open enrollment. And we're going to hear about
8 that and the launch of our very own exchange.

9 So first of all, just welcome everybody.
10 My name is Sabrina Corlette. I'm chair of the
11 advisory committee to the Virginia Health Benefit
12 Exchange or I guess I should say, Virginia's
13 insurance marketplace.

14 Ikeita, are you also on?

15 MS. CANTU-HINOJOSA: I am, hi. My name is
16 Ikeita Cantu-Hinojosa, and I'm vice chair. It's
17 great to be with you all.

18 MS. CORLETTE: So let's advance to the
19 next slide. I think this is familiar to many of
20 you but just to start with some meeting etiquette.

21 Only committee members should have their
22 cameras turned on. If you want to ask a question
23 or make a comment, you can raise your hand.
24 There's a little, like, hand icon at the top. It
25 should be at the top right of your screen. Stay

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1 muted until you're called on to speak.

2 And then, we will be sharing a transcript
3 of this meeting online at the Health Benefit
4 Exchange website.

5 We can turn to the next slide. And the --
6 I believe it's the roll call. Yes. Okay, great.

7 So if folks are ready, we'll take roll.
8 Do we have with us Secretary Littel or anyone from
9 the Health and Human Resources Department? Okay.

10 Director Roberts, or anybody from DMAS?

11 MR. LUNARDI: This is Jeff Lunardi, Chief
12 Deputy at DMAS. I know Cheryl is joining
13 momentarily, if she's not on already.

14 MS. CORLETTE: Great. Well, thank you for
15 being with us.

16 Commissioner Avula?

17 MR. AVULA: Hi, how are you doing,
18 Sabrina?

19 MS. CORLETTE: Hey, good to have you.

20 Commissioner White or anybody from the
21 BOI?

22 MS. BLAUVELT: Hi, Julie Blauvelt with the
23 Bureau of Insurance.

24 MS. CORLETTE: Hey, Julie. Thanks for
25 joining us.

1 Dr. Shelton? Okay.

2 Well, moving on to the voting members.

3 You've heard from me and you've heard from Ikeita.

4 I think Julie was -- Julie Bataille was not able

5 to join us; is that right Holly?

6 MS. MORTLOCK: Yes, that's right.

7 MS. CORLETTE: Okay. Lee, do we have you
8 with us today?

9 MR. BIEDRYCKI: Yes, ma'am.

10 MS. CORLETTE: Great. Good to hear your
11 voice.

12 Scott? I thought I saw Scott earlier. Do
13 we have Scott?

14 THE COURT REPORTER: I'm sorry this is the
15 court reporter. I'm unable to hear Mr. Castro.

16 MS. CORLETTE: Scott, do we have you on
17 the -- I think -- is that -- I think I see you.

18 MR. ROSSITER: You're muted, Scott.
19 You're muted.

20 MS. CORLETTE: I think maybe Scott's
21 having some audio issues. But I do see him, so
22 maybe we can count him as present as we work on
23 his audio.

24 No, we're having trouble hearing you,
25 Scott.

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1 All right. While Scott works on his
2 audio, I'll just check and see if Liz Cunningham
3 is with us. Liz, are you with us? Okay.

4 Doug?

5 MR. GRAY: Hello.

6 MS. CORLETTE: Hi. Starla?

7 MS. KISER: I'm here.

8 MS. CORLETTE: Hey, Starla.

9 Louis? I think I see --

10 MR. ROSSITER: Present.

11 MS. CORLETTE: There you are.

12 MR. ROSSITER: Present.

13 MS. CORLETTE: And then, last but
14 definitely not least, I want to extend a very warm
15 welcome to our newest advisory committee member,
16 Craig Connors.

17 MR. CONNORS: Thank you. Hi, everyone.
18 Look forward to working with you.

19 MS. CORLETTE: Hi, Craig. We're really
20 delighted to have you. Do you just want to say,
21 just -- not to put you on the spot, but maybe just
22 introduce yourself so folks know who you are?

23 MR. CONNORS: Yeah, sure. I'm Craig
24 Connors. I'm currently senior director of Payor
25 Relations with the Virginia Hospital and

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1 Healthcare Association.

2 That's -- I have a lot of different
3 experiences in different realms of health
4 insurance and healthcare delivery, both within
5 Virginia and outside Virginia, on the payor side
6 as well as the provider side.

7 So again, look forward to working with
8 everyone. And thanks for the nice welcome,
9 Sabrina.

10 MS. CORLETTE: Well, thank you. Well, I
11 am -- oops, oh, is that you, Scott?

12 MR. CASTRO: Yes.

13 MS. CORLETTE: Yay.

14 MR. CASTRO: I am here.

15 MS. CORLETTE: Yes, we can hear you and
16 see you. So that's great. Although you're -- I
17 can see, sort of, half your face. But the audio
18 sounds great.

19 All right. We can advance to the next
20 slide. We have, I think, a lot to hear from our
21 friends over at the exchange. So that will be up
22 next with presentations from Kevin and Holly.

23 And then, I don't think we have -- Ikeita,
24 do we have any report from subcommittees? I don't
25 think we do. I think we had the report in our

1 last meeting. And so I think we're just awaiting
2 the response at this point, right? Is that right?
3 Okay.

4 And then, other business and then we will
5 adjourn. But I know that our exchange staff has
6 been hard at work and just doing a really
7 extraordinary job getting Virginians into
8 coverage.

9 So I'll turn it to Kevin to start with an
10 update on how things are going with the
11 transition.

12 MR. PATCHETT: All right. Thank you,
13 Sabrina. And thank you all to the advisory
14 committee members. We really appreciate your
15 participation and engagement.

16 As Sabrina said at the beginning, this is
17 an exciting time. This marks our first advisory
18 committee meeting where we are a fully functioning
19 and operating health benefit exchange. We kicked
20 off open enrollment on November 1st. And this is,
21 you know, a little bit of praise for my team.

22 But the work that has gone into getting us
23 where we are now really, really is remarkable.
24 And I may have shared some of this before, but you
25 know, as we've -- as we've looked back on what

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1 we've accomplished this year, it actually kind of
2 takes my breath away.

3 Not only did we stand up a statement
4 health insurance marketplace, along with its call
5 center, we also stood up a stakeholder engagement
6 program, a security operations and compliance
7 program. We developed a public-facing website.
8 We built a learning management and training system
9 for our agents, navigators, and assisters. We
10 stood up and implemented a marketing campaign.

11 And we did all of this at the same time
12 over the last 12 months or less. And -- and while
13 there have been challenges along the way, for all
14 of that to come together as a success really
15 highlights the incredible amount of work that this
16 team has put in over the last year. And it also
17 reflects the tremendous amount of support that
18 we've gotten from all of our stakeholders.

19 I spent a little time thanking everyone
20 last time around. And I just want to echo those
21 thanks and share the congratulations.

22 One of the things that we've been talking
23 about internally for the last couple of months is
24 that the November 1st, for long time, was the
25 finish line. But it was also a starting line. So

1 no sooner did we complete all of our transition
2 work than we picked up the reigns and took over
3 the operations work. Which I will admit has, I
4 think, caught of couple of us by surprise in just
5 how much of that work there is and how much the
6 pace continues.

7 But it's rewarding work and we're excited
8 about where we are right now. When we started,
9 you know, seriously getting underway with our
10 transition this time last year, and even a month
11 or two before, one of the questions that I was
12 asked a number of times was, you know, are we
13 going to be able to, we, Virginia, maintain the
14 coverage gains that we saw for plan year 2023?

15 Many of you may remember that we added
16 around 40,000 new individuals to the marketplace
17 last year, ending last year's open enrollment with
18 around 346,000 plan selections. And historically,
19 when states transition they see a drop off in that
20 first year, in part due to the complexity of the
21 messaging and, you know, in general, in the
22 individual market there's -- there are declines
23 over the year. So we're excited to, sort of, take
24 the temperature and show you all where we are at
25 now.

1 But one of the first things that has
2 really been a positive indicator for me about the
3 success of this transition has been the engagement
4 in our agent, navigator, and assister community.

5 As of right now we have over 3,200 agents
6 and brokers who are licensed in Virginia, who have
7 completed the training process and are certified
8 to sell health plans on Virginia's insurance
9 marketplace. And that number is significantly
10 higher than a lot of us were expecting and it has
11 been really wonderful engagement.

12 You can see here that we have had nearly
13 4,200 people complete our training program for the
14 marketplace. So that includes our agents and
15 brokers, our navigators, assisters, some CDOs.
16 And these are the folks who are really doing the
17 frontline work with the consumers, who are taking
18 the time to meet with individuals and families and
19 help them navigate the complex process that is
20 buying health insurance. And these are the folks
21 who really deserve a great deal of credit for the
22 success that we are seeing so far.

23 So let's look at some of our early
24 indicators. So I said we ended last year with
25 346,000 plan selections. As of today we are now

1 over 372,000 plan selections for plan year 2024
2 open enrollment. We still have the rest of this
3 week to go for folks who need coverage starting
4 January 1st, as well as, then, a full month of the
5 rest of open enrollment after that.

6 We successfully auto reenrolled over
7 311,000 consumers. We have a total reenrollment
8 number of over 350,000 users. And that delta is
9 really exciting for me because the gap there is
10 folks who, for a number of reasons, couldn't be
11 auto reenrolled, nonetheless have come back to the
12 marketplace, whether on their own or with the help
13 of their agents, navigators, and assisters and
14 continue to participate in having and maintaining
15 coverage for themselves and for their families.

16 CMS does their periodic snapshots of
17 enrollments, and I think it was as of last week,
18 maybe it was week before, Virginia had the highest
19 number of reenrollees of all 19 state-based
20 marketplaces, which was really great. And we had
21 the -- I believe sixth highest in terms of what
22 they call new and returning active customers.

23 So these are people who, even if they were
24 auto reenrolled, they still come and shop and
25 maybe they change their plan selection from what

1 they were originally enrolled in. But it's an
2 indicator of the amount of activity that we're
3 seeing, which -- which these are really exciting
4 for our first year as a state-based marketplace.

5 You can see that nearly 90 percent, that
6 350,000 plus consumers, who are eligible for QHPs
7 with financial assistance. So over 90 percent of
8 folks who are enrolling right now are eligible for
9 some form of financial assistance to make their
10 health insurance more affordable.

11 And we have, to date, just over 20,000
12 people that we have determined eligible for
13 Medicaid and transferred over to DMAS for the
14 Medicaid enrollment process.

15 As many of you know, an important part of
16 Virginia's decision in making this transition was
17 to remain a determination state. And these are
18 the individuals who are benefitting from the
19 marketplace, continuing to take on that role of
20 making Medicaid eligibility determinations.

21 The call center has been very active, over
22 50,000 calls. Our average wait time, or what we
23 call speed-to-answer is less than 20 seconds. And
24 over 95 percent of consumers are getting an
25 answer -- are getting the phone answered in less

1 than 60 seconds.

2 And you know these are important metrics
3 as we strive to build a marketplace that really is
4 consumer centered. And we are seeing customer
5 service satisfaction over 90 percent. So right
6 now all the early indicators are very positive.

7 Now that's not to say we haven't had some
8 bumps along the way. Fortunately, they have all
9 been minor bumps. And one of the things that has
10 really been working well, in my opinion, which was
11 one of the purposes of transitioning and one of
12 the promises of having a state-based marketplace
13 is that we are getting active feedback from our
14 stakeholders, whether that's agents and brokers,
15 whether that's navigators, consumer groups and
16 that allows us to have, you know, an additional
17 level or an additional resource for finding and
18 resolving problems.

19 One of our stakeholders was sharing that,
20 you know, while there have been some bumps, we've
21 been solving those in hours or days, as opposed to
22 months and years prior to our transition. Which
23 you know, again, like I said, this is why we have
24 a state-based marketplace in Virginia, so that we
25 can have this level of coordination, so that we

1 can provide this kind of response and help for our
2 stakeholders.

3 Okay, let's talk a little bit about our
4 marketing efforts. And I'm going to pass this
5 over to Holly, but I do want to say briefly what a
6 tremendous success Holly and her team have had
7 with this marketing campaign and outreach.

8 Nearly 400,000 users visiting our website
9 and spending significant amounts of time there,
10 exploring the resources that are available. Over
11 12 million video ad views. It is having an impact
12 and I think that's reflected in the nearly 25,000
13 enrollees or plan selections that we've already
14 added this year, on top of where we ended next
15 year.

16 But Holly, I will let you talk a little
17 bit more about that and even share some of the
18 content.

19 MS. MORTLOCK: Great. Thank you so much
20 Kevin and hello. We are just really thrilled, as
21 Kevin had said, with our early indicators.

22 So I wanted to share with you a little bit
23 more detail about what our marketing program looks
24 like and how it is reflecting and, hopefully,
25 serving Virginia's, and every region of the

1 Commonwealth. So I will advance to the next
2 slide, please.

3 Okay. So Kevin covered, sort of, the high
4 level of our website and our ad placements. Our
5 Google search ads, I'll just quickly mention, have
6 all -- have been particularly effective. We've
7 had a clickthrough rate from our ads to our
8 website close to double what it was last year.

9 And so that was -- so last year we would
10 have had ads that clicked-through to
11 healthcare.gov. So those clickthrough rates are
12 twice what they were last year. Very excited
13 about that.

14 And so the next thing I wanted to share
15 with you is that we have learned that Virginians
16 are more likely to visit our website and engage in
17 our platform after they see campaign efforts in a
18 variety of settings. So we have some robust
19 marketing efforts --

20 MS. CORLETTE: Holly, we're getting a bit
21 of an echo. Are you getting it, too?

22 MS. MORTLOCK: Yes, I am.

23 MS. CORLETTE: Maybe people could go on
24 mute. Is that -- do we need ask people to put
25 themselves on mute?

1 MS. BECKER: Yeah, I just muted the
2 participants.

3 MS. MORTLOCK: Yeah. Thanks, Rachel.

4 So that's just to say we have a variety of
5 modalities that span from social media to local
6 radio stations, TV and news and broadcast TV to
7 reach a wide range of Virginians.

8 So we -- on November 9th, I'm very excited
9 about this, we had a satellite media tour. And we
10 conducted -- Kevin conducted 15 interviews in a
11 three-hour period. And so this screenshot shows
12 pretty impressive results.

13 So from those 15 interviews, they were
14 airing in 67 outlets. So -- or it reached 67
15 outlets. There were 112 airings, or posts, and
16 over 32 million impressions, which means that over
17 32 -- the ads were seen over 32 million times. So
18 this coverage really saturated key markets all
19 over the Commonwealth and raised awareness among
20 Virginians about the marketplace during open
21 enrollment.

22 So this next slide details the number of
23 earned media spots that we received from our
24 advertising in top markets of Virginia. So in
25 Norfolk we got 56, in the DC area we got 55, in

1 Roanoke, 15, and in Richmond, 13. These are
2 markets that will reach the largest number of
3 uninsured Virginians.

4 And while we do have additional coverage
5 in our rural or less populated areas of that
6 state, this slide details the successes of that
7 coverage in areas with the highest rates of
8 uninsured.

9 Okay, next slide. Okay. And this is just
10 to show you a few shots of the new coverage that
11 we got from the satellite media tour. So there
12 were four -- here's four different stations that
13 had covered those interviews; WCYB, WTOP, CBS, and
14 I think that-- I forget which one is in the top
15 left-hand corner. But those may be clickable, for
16 when you get your PowerPoint next -- after the
17 meeting.

18 So in this next slide we are covering a
19 bunch of examples of different ad channels. So
20 these are example of site direct, display ads,
21 social media, and digital out-of-home. You can
22 see, sort of, the advertisements above -- or at
23 the gas station, just above the snack -- the snack
24 bar. So that's kind of fun.

25 And you know, and we know that these are

1 reaching a wide range of Virginians across the
2 Commonwealth. So -- and we will continue to
3 maximize our marketing and outreach efforts. As
4 media continues to change, we are adapting to the
5 data that we receive and as we progress through
6 open enrollment.

7 Okay. So now, for one of my favorite
8 parts. I wanted to show you three of our
9 broadcast TV commercials that are being played
10 throughout open enrollment. So Rachel's going to
11 cue those up for us.

12 But these three types were created and
13 were very purposeful. The messages here are meant
14 for uninsured Virginians that we want to reach the
15 most. And our goal is to highlight the
16 comprehensive coverage, accessibility, and
17 affordability of the marketplace, that -- what it
18 offers for anyone in need of coverage through the
19 individual market.

20 So our first video focuses on young
21 adults, you know, individuals who may forego
22 coverage or have recently lost coverage from their
23 parents' insurance.

24 (Whereupon, the video was played.)

25 MS. MORTLOCK: Okay. So I hope you

1 thought that was fun. So that was our first
2 commercial. The second one targets Virginia
3 families that are in need of coverage, to ensure
4 that they're aware of the marketplace options.

5 (Whereupon, the video was played.)

6 MS. MORTLOCK: Okay. So that was our
7 family commercial. And then finally, one of the
8 most important populations for all of us this
9 year, of course, are the individuals who have been
10 redetermined from Medicaid and are -- may be
11 looking for marketplace. So we have had a
12 commercial created. We -- thanks to -- we wanted
13 to thank our friends at DMAS, who provided some
14 feedback on the script for this commercial.

15 But this is something that can be played
16 throughout open enrollment, and then all the way
17 through the unwinding period. So here you are.

18 (Whereupon the video was played.)

19 MS. MORTLOCK: Okay. So those are our
20 commercials that you will see hopefully on
21 broadcast TV, reaching a full range of our
22 demographics. So hopefully you enjoyed those and
23 you can see them on YouTube.

24 So I guess, for now, I will pass it back
25 to Kevin.

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1 MR. PATCHETT: All right. Thank you,
2 Holly.

3 So we wanted to -- I wanted to next talk a
4 little bit about the recommendations for strategic
5 priorities that the committee passed at the last
6 meeting. We will have our --

7 MS. CORLETTE: Oh, Kevin?

8 MR. PATCHETT: Oh, yes.

9 MS. CORLETTE: Sorry, I was wondering if,
10 do you want us to hold questions until the end of
11 your presentation? Or if people have questions
12 about open enrollment, should we ask them now?

13 MR. PATCHETT: Either way is fine with me,
14 Sabrina. I can pause here or I can wrap up this
15 last slide. What would you prefer?

16 MS. CORLETTE: I'm totally -- I don't want
17 to interrupt your flow. So if this is your last
18 slide, we can have you finish up and then pepper
19 you and Holly with questions.

20 MR. PATCHETT: Okay. That works for me.

21 So, you know, a little bit of information
22 here, but our formal responses, if they haven't
23 already been posted, will be posted at the end of
24 the meeting. But in general, we are very much
25 aligning with those strategic priorities that the

1 the advisory committee recommended at our last
2 meeting.

3 We have a lot of work ahead of us as we
4 gather and start to figure out how to process and
5 analyze, really, the -- a wealth of data that
6 we're collecting.

7 You know, an important thing, I think, to
8 mention here is, as we talk about data collection
9 and analytics and reporting, security remains one
10 of our top priorities. And we're talking about
11 information and data that is deidentified, that
12 doesn't contain individuals' private information.

13 Even so, it's an extraordinary amount of
14 data and we are building out our capacity for
15 doing those analytics. And I will say, candidly,
16 we are a little farther behind than what I wanted
17 to be in terms of our ability to report out right
18 now. But we're getting there.

19 And so this data really is going to be the
20 driver as we build the kind of marketplace that we
21 think Virginia deserves. A marketplace that's by
22 Virginia for Virginians and that's focused on the
23 consumer experience and on achieving our goals of
24 reducing the number of uninsured in Virginia and
25 supporting the continuity of coverage.

1 It will inform everything from our
2 operations to our policy decisions to our
3 marketing and outreach. And so we look forward to
4 sharing more of that data and to continuing to
5 work with you all as we make decisions, what to do
6 and where to make course corrections as a result
7 of what we learn.

8 So with that, Sabrina and advisory
9 committee members, I'm more than happy to take
10 questions.

11 MS. CORLETTE: Thank you, Kevin. It's
12 really just tremendous -- tremendously exciting to
13 see the enrollment numbers and the work that you
14 all are doing. And Holly, the media piece seems
15 really, really positive. So thank you both.

16 I'll take chair's prerogative and ask the
17 first question, and then welcome my fellow
18 advisory committee members to pipe up.

19 But I guess, related to the data reporting
20 issue, I'm curious -- a couple things relating to
21 the unwinding. Number one is, in terms of the
22 enrollment that you're getting, is it -- do you
23 have any sense of -- for those coming in through
24 the open enrollment window, how many of them are
25 coming from a recent Medicaid eligibility

1 termination, related to termination from Medicaid
2 or CHIP, and is that something that you have a
3 window on?

4 And then, sort of, related to that is, are
5 you doing any data reporting or dashboarding that
6 is publically available, with respect to those
7 unwinding statistics, conversion rates, et cetera?

8 MR. PATCHETT: Yeah. So the take-up rate,
9 as it's sometimes called, is one that's
10 complicated. So right now the information that we
11 have gotten from the migration data, from the FFM,
12 didn't provide enough information for us to know
13 for sure. One of the things that I think is
14 telling, we did our data migration in three
15 phases.

16 So we had an initial block of consumers --
17 and the dates are going to escape me -- but right
18 around September 1st we took the existing
19 customers, as of that date, on the federal
20 marketplace, did the migration.

21 Then we did a first, what we call catch-up
22 migration, for all of those folks who had come on
23 the federal marketplace for the tail end of 2023
24 coverage, between September 1st and the middle of
25 October. And then a second round for those

1 between the October and our November 1st open
2 enrollment date -- or actually that probably
3 extended through November 30th -- and it was a
4 significant number of individuals.

5 So like I said, we don't have any way,
6 based on the data we get from the FFM, to know how
7 many of them were coming off of Medicaid. But it
8 -- you know, between those two catch-up
9 migrations, it was probably close to 15,000
10 consumers. And the expectation is that, at least
11 a large portion of those were from Medicaid.

12 Now, as of November 1st, we're getting
13 those account transfers directly from DMAS and
14 DSS. And so we do have much better opportunity
15 to track the progress. Right now it's -- the
16 uptake seems to be slow, which I think is not
17 unexpected and not dissimilar from what other
18 states are seeing.

19 One of the things that we're really
20 looking forward to doing is being able to, you
21 know, as open enrollment winds down and -- to be
22 able to help those individuals that we know we've
23 gotten account transfers for, perhaps as some
24 direct outreach, to help them take advantage of
25 the unwinding special enrollment period. But this

1 is going to be something that's going to continue
2 to develop over time.

3 Like I said, I think overall that the
4 numbers appear positive, based on these catch-up
5 migrations from the federal marketplace but we'll
6 know more as the weeks continue.

7 In terms of public dashboards, that really
8 is the area where I said we were further behind
9 than where I wanted to be at this point. It has
10 been a big lift to validate the data and make sure
11 that we have accurate information to report.

12 My objective is for us to have a dashboard
13 up by next week. I can't promise it's going to be
14 there, but that's the target that we've set
15 internally to have a public dashboard to make this
16 easier.

17 Our focus, unfortunately, has really been
18 on the required federal reporting that we've had
19 to do and getting those numbers ready. So
20 progress, not as much as I -- like I said, not as
21 much as I wanted us to have right now. But I
22 think we will have a public dashboard, in some
23 fashion, up next week.

24 MS. CORLETTE: That's great. And Kevin,
25 yeah, you guys are doing a great job. There's no

1 implied criticism there. You know, those
2 dashboards can be really important for external
3 stakeholders to know how you're doing.

4 I'm just curious, just a quick follow up,
5 when you get those account transfers from DMAS,
6 are you doing any outbound calls or texts or
7 e-mails to those individuals at this point or is
8 that a future endeavor?

9 MR. PATCHETT: So e-mails, yes. Every
10 time we receive an account transfer, those
11 individuals will receive an e-mail welcoming them
12 to the marketplace, giving them instructions on
13 how to go claim their account. The experience for
14 most, and hopefully all, of those individuals will
15 be, you know, they will get that e-mail, they will
16 click, they will activate their account, and then
17 they will be ready to shop.

18 There will be -- there shouldn't be a need
19 for any significant data entry on their part
20 because we'll have their information from the
21 account transfer, so. But those are things that
22 we are definitely tracking. And like I said,
23 everyone will receive those initial
24 communications.

25 And then as we get towards the end of open

1 enrollment we do plan to do some additional direct
2 outreach and leveraging some more call center
3 resources to help these folks take advantage of,
4 not open enrollment, but that unwinding special
5 enrollment period.

6 MS. CORLETTE: That's great to hear.
7 Ikeita, I see you have your hand up.

8 MS. CANTU-HINOJOSA: I do. Let me start
9 by putting it down, because I sometimes forget
10 that stuff.

11 So first, I just want to start by
12 congratulating you all. This is so exciting and
13 it's really amazing how much work has been put
14 into this and how far this effort has come. So
15 this is really, really great. So say thank you
16 for sharing this work.

17 I have a couple of questions. So my first
18 question is just about the stakeholder feedback
19 you all have been receiving, just about the name
20 of Virginia's Insurance Marketplace. You know, as
21 we've discussed, it's rather bold and it's
22 straightforward nature, you know. It's not some
23 play on words like some of the other states.

24 And so I just wonder how it's been
25 received or if you've gotten feedback from

1 Virginians to date and what folks think about the
2 name. And so, if you've heard any thoughts around
3 that.

4 And then, my other question is, of course
5 as we've discussed all along the way, that one of
6 our goals is for the marketplace, you know, to
7 look like the Virginians we serve. So in terms of
8 the marketplace assisters we've trained to date,
9 if you have any information, just to describe a
10 little bit about, you know, what parts of the
11 state they're from, the languages they speak, you
12 know, any demographics that we have, just to help
13 us understand if our trained assisters are really
14 tracking what the diversity and the needs of
15 Virginians across the state, that would be
16 helpful. So thanks.

17 MR. PATCHETT: Okay. So honestly, I have
18 not heard specific feedback, other than I think,
19 really, from members of this committee, about the
20 name and branding. I take that as a positive.

21 I tend to think in these situations
22 positive feedback, we -- we aren't very often
23 lucky enough to get the positive feedback. We
24 tend to hear the negative feedback. So we've
25 certainly heard no negative feedback about the

1 name and the branding.

2 And like I said, I take that as a -- as
3 generally a good sign. And I would like to
4 believe that the success we're seeing in our open
5 enrollment reflects, you know, a positive view of
6 that as well.

7 As far as demographics of our assister
8 community, I don't have any specific numbers to
9 share. I know we've talked about it in the past.
10 And in general we have felt very good about the
11 breadth of coverage we have, in terms of
12 geography, in terms of language coverage. It's
13 likely that we actually, probably, have some more
14 information to share. So let me take that back
15 and see what we can provide.

16 MS. CORLETTE: I think Craig has a
17 question.

18 MR. CONNORS: Yeah, Kevin, also just want
19 to echo the congratulations. I think it's just
20 phenomenal accomplishment to spin this up and
21 happy that Virginia has their own marketplace.

22 I'm curious, as part of the data analytics
23 that you have or will be doing, do you all track
24 how many people start an application but don't
25 actually close it or follow through and finish?

1 And if so, what could that indicate, whether they
2 think it's too expensive or too confusing or --
3 and could it be helpful?

4 So that was more than one question at a
5 time. But any information about that?

6 MR. PATCHETT: Yeah, that's a great
7 question. And it's an area of interest and focus
8 for us. And so we do track that. And I think
9 you're right, that it is an indicator.

10 Probably first and foremost, you know,
11 people are starting applications. If we can see,
12 you know, is there a certain set of questions
13 where people drop off and does that indicate
14 complexity as an issue, or is it when they get to
15 the, sort of, bottom line and fail to select a
16 plan, could we infer that that's, you know, that's
17 a cost factor.

18 So once we are able to dig into that data,
19 one thing that will do is it will inform some of
20 our consumer outreach and help us understand, you
21 know, what kind of questions we need to ask to
22 understand what it means there.

23 I think that's going to be especially
24 important with our unwinding population, in really
25 being able to see how many of those account

1 transfers simply never came to the marketplace
2 versus those who came and claimed their accounts
3 but didn't really go through the shopping process
4 or shopped but didn't select a plan. Those are
5 data points that we are tracking and that I'm
6 looking forward to seeing and start that work of
7 analyzing and figuring out what we can do better.

8 MR. CONNORS: Great. Thank you. Good to
9 hear.

10 MS. CORLETTE: And that's one thing
11 that's cool about having our own marketplace,
12 right, is we can get under the hood and see what's
13 going on. Great.

14 Any other advisory committee members have
15 questions? Well, if not, I have a question.

16 As you may have seen, the Biden
17 Administration has proposed a set of regulations
18 and standards governing marketplaces and
19 marketplace plans for its -- for 2025. One of the
20 proposals on the table is that state-based
21 marketplace states have network adequacy standards
22 for participating plans that are at least as
23 stringent as the federal standards, and
24 particularly to have quantitative time and
25 distance standards that are at least as stringent

1 as the federal standards.

2 I'm just curious, and maybe this is a
3 question for Julie, I don't know enough about
4 Virginia's current standards to know whether this
5 proposal would require the state update or change
6 its standards or the review process. Because one
7 of the other requirements is that the state
8 conduct a precertification review and map the
9 carriers, providers list against the network
10 adequacy standards.

11 MR. PATCHETT: So what I'd say first --
12 and Julie is more than welcome to chime in, as
13 well -- the primary network adequacy work is done
14 by the Department of Health and then the Bureau of
15 Insurance has a piece. Very, very little of it
16 lives in the exchange in Virginia. Other than
17 it's a -- you know, it's a component that is part
18 of plan certification.

19 I will say a number of other states are
20 similarly situated and have asked the question of
21 CMS, what does this mean when, by state law, this
22 really isn't something that we're responsible for
23 and how is CMS going to manage or monitor that.

24 And so I think there are a number of
25 questions as to what that's going to look like.

1 But right now, network adequacy lives, like I
2 said, primarily in the Department of Health. So,
3 yeah.

4 Julie, do you have anything you want to
5 add in response?

6 MS. BLAUVELT: No, I think you covered it
7 very well. I guess the only other thing I may add
8 is that, you know, I believe there are -- even
9 though there are some stringent standards, there
10 are ways that a state can use some different sets
11 of standards or allow some other standards, I
12 think, to be in place the way that things are
13 proposed right now, depending on the different
14 situations.

15 I don't know, you know, exactly -- as
16 Kevin said, we do rely on the Department of Health
17 to do those network adequacy reviews as -- under
18 Virginia law. I know, you know, it's a concern of
19 some states to try to, if their laws don't meet
20 what's in the proposed rules, you know, to try to
21 get rules in place that quickly for the 2025 year.
22 But yeah, we'll see what happens in the final
23 rules.

24 MS. CORLETTE: Thank you, Julie. Craig, I
25 see you have your hand raised?

1 MR. CONNORS: Yeah. I'd just like to
2 follow up on Sabrina's question even more a little
3 more broadly. You know, in that proposed rule
4 there are always proposals, you know, that apply
5 to state-based exchanges, including, like, open
6 enrollment requirements, dates, data on
7 eligibility, reporting, and other things.

8 So I guess my question is procedurally, I
9 guess, being this is my first advisory committee
10 meeting, procedurally if there are concerns that
11 either the STC has or any of the other
12 stakeholders, would we, as the advisory committee,
13 file a letter?

14 If it's going to impact, you know,
15 Virginia's marketplace, especially if it's going
16 impact negatively any of the proposals, would we
17 file a letter on behalf of the marketplace and is
18 that something you would want us to do?

19 MS. BLAUVELT: Well, it's a new question,
20 right? We've -- Virginia, this is our first go
21 around.

22 MR. CONNORS: That's very true. Good
23 point. Right.

24 MS. BLAUVELT: But yeah, Kevin, go ahead.

25 MR. PATCHETT: And I -- of course, one of

1 the challenges, as I think public comment is due
2 by January 8th, so there's a pretty short time
3 frame. For the most part, you know, network
4 adequacy is an exception and there are probably
5 one or two others, but for the most part, most of
6 what's in the notice of benefit payment parameters
7 is things that we are already doing or, you know,
8 are well-positioned to meet.

9 So you know, we have some internal work to
10 do to see whether the SCC will comment on any of
11 those. I think, as Julie pointed out, one of the
12 biggest challenges, of course, is the timing of
13 network adequacy rules, even if they do eventually
14 get adopted to implement in the years, it's pretty
15 short.

16 But I think this is an area that we would
17 certainly welcome input and participation from the
18 advisory committee, if we can figure out how to do
19 it in time. And maybe that's, you know, something
20 for next year. But I will put that back on your
21 plate, advisory committee, to decide.

22 MS. CORLETTE: Yeah, no, it's a really
23 great question, Craig. And it is a new one
24 because up until now it's -- you know, Virginia's
25 been a healthcare.gov state. And so whether, or

1 how, we, as an advisory committee, want to comment
2 on rules that impact us as an SBM is something we
3 should absolutely maybe discuss.

4 MS. CANTU-HINOJOSA: Maybe it's a new
5 subcommittee.

6 MS. CORLETTE: There you go. I'm not sure
7 how feasible it is to corral folks for comments by
8 January 8th, that might be a bit ambitious since I
9 imagine -- trying wind ourselves down before the
10 holidays.

11 But I will say, I think to the extent
12 that, Kevin, you and your team are planning to do
13 comments, or SCC is planning to do comments, if we
14 can be a sounding board or, you know, be helpful
15 in any way, I think many of us are working on this
16 proposal in other -- wearing other hats in our
17 other lives.

18 And so if there's anything we can do to
19 support you all -- I know another issue that's
20 coming up is that the Feds may be asking SBMs to
21 contribute financially to access certain data
22 services that the federal government, up until
23 now, has been making available for free. And that
24 obviously has financial implications for the SBM.

25 So if there are other issues where, you

1 know, it would be useful for us to weigh in, or
2 you feel like another voice would be helpful,
3 that's something we should also talk about.

4 MR. PATCHETT: Okay.

5 MS. CORLETTE: Do we have any other
6 questions or comments from advisory committee
7 members for Kevin, for Holly, for the team? None?
8 Okay. We're just being quiet today.

9 Well, Kevin, thank you so much. This is
10 really just extraordinary level of effort on the
11 part of you and your team. I know you've been
12 working nights, weekends trying to make this all
13 go as smoothly as possible. And I can't -- I
14 mean, I just can't imagine a better outcome so
15 far. I mean, we've -- really, the data speaks for
16 itself. You guys have just done an amazing job.
17 So thank you so much. I don't -- oh, go ahead.

18 MR. PATCHETT: Thank you for your support
19 and for the support of all our stakeholders. We
20 couldn't have done it alone.

21 MS. CORLETTE: Team -- go team. I don't
22 think we have a subcommittee report.

23 Ikeita, I don't know if you want to
24 comment at all on the response from the exchange
25 staff on the --

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1 MS. CANTU-HINOJOSA: Yeah. Just to
2 confirm, Kevin, you mentioned that after --
3 following this meeting we can go to the website
4 and see the formal response; is that correct?
5 Just to -- in terms of the timing; is that right?

6 MR. PATCHETT: Yes, that's correct.

7 MS. CANTU-HINOJOSA: Okay. Okay.
8 Wonderful. And we know that you all have been
9 very, very busy and that it -- you all, you know,
10 are still working through, as you mentioned, the
11 deidentifying data and, you know, making sure that
12 you, you know, comb through, you know, all of the
13 information and everything.

14 But you know, as you recall, one of the
15 points that we made in the resolution was
16 consistency and the importance of the strategic
17 priorities just serving as a means of being
18 accountable and making sure that it's responsive.

19 And so we really do look forward to these
20 quarterly meetings being an opportunity to go
21 through the metrics, whatever, you know, you all
22 feel is appropriate to share, so that we can
23 understand them and discuss them, and, you know,
24 really, you know, do a deeper analytics dive and
25 make sure that it's a standing agenda item as we

1 have our meetings to be able to share them and
2 course correct as we all believe is important, so
3 that we can just continue to improve and grow
4 moving forward for the best benefit of the
5 marketplace moving forward. So we're very, very
6 excited about the data. So thank you.

7 MS. CORLETTE: Yeah, we're all a bunch of
8 data nerds here. Okay, I think we can move to the
9 next item, which is planning for 2024.

10 So we typically meet quarterly. So I
11 think what we will try to do, Rachel or Holly, you
12 can tell me when we might try to send a poll. And
13 I don't know if that will be before the holidays
14 or after.

15 We might let our exchange friends at least
16 get people through the December 15th deadline for
17 January 1 enrollment, and then we'll start bugging
18 you about scheduling for 2024.

19 But we'll try to maintain that quarterly
20 cadence of meetings. And I think we have also
21 talked about having at least one meeting in-person
22 in Richmond, which I'm willing to commit to, as
23 long as, Holly, you're committing to bring those
24 cookies again.

25 MS. CANTU-HINOJOSA: And maybe if it could

1 be the spring meeting again, just because --
2 either the spring or the fall meeting is maybe our
3 in-person meeting. Spring seemed to work well
4 last time as the in-person meeting, just because
5 summer vacations get tricky. And then fall, open
6 enrollment gets tricky. So maybe the spring could
7 be the in-person meeting. Just throwing that out
8 there.

9 MS. MORTLOCK: Yeah, thank you for that.
10 So we will actually send out a poll -- and thank
11 you, Sabrina, for the grace of after December
12 15th. We will send out a poll for you all to fill
13 out with some preselected dates and you let us
14 know which set of -- which dates in each quarter
15 would work the best for you.

16 And of course, we will choose the dates
17 that work where we have the maximum participation.
18 And then we will get those out to you around the
19 first of the year.

20 And then, just a reminder that we have
21 been holding our first quarter meeting usually
22 towards the end of the first quarter. And that's
23 because so many of us are involved in general
24 assembly activities and just the scheduling during
25 that time can be a little unwieldy. So look

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1 forward to the first meeting being at the end of
2 the first quarter, probably sometime in March.

3 MS. CORLETTE: Yes, good reminder. Thank
4 you.

5 Is there any other business that folks
6 want to bring up or discuss? Okay. And Holly, I
7 believe you said we didn't have any requests for
8 public comment; is that right?

9 MS. MORTLOCK: That's right.

10 MS. CORLETTE: We did it. Man, we did it
11 in an hour. That's pretty good. Well, let's then
12 let our exchange friends get back to work, get
13 more people enrolled.

14 And I thank you all. It's been a pleasure
15 seeing you, hearing from you. And until next
16 time. Happy holidays, everybody.

17 (Off the record at 4:02 p.m. EST)

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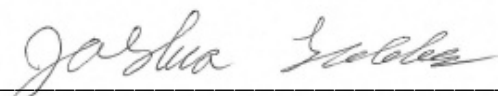
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12/18/2023

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