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Transcript of Hearing

Date: December 7, 2020
Case: Health Benefit Exchange Division

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1 (1 to 4)

1	1	3
2	2	VOTING MEMBERS (Continued)
3	3	Lee Biedrycki
4	4	BeneFinder
5	5	Chiquita Brooks-LaSure
6	6	Manatt Health Strategies
7	7	Scott N. Castro
8	8	Medical Society of Virginia
9	9	Sabrina Corlette
10	10	Georgetown University Health Policy Institute
11	11	Elizabeth Cunningham
12	12	Virginia Legal Aid Society
13	13	Doug Gray
14	14	Virginia Associations of Health Plans
15	15	Ikeita Cantu Hinojosa
16	16	formerly of D.C. Health Benefit Exchange
17	17	Authority
18	18	Starla Kiser
19	19	Dickenson County Behavioral Health Services
20	20	Jane Norwood Kusiak
21	21	Virginia Health Care Foundation
22	22	Kenn Penn
23	23	ChamberSolutions
24	24	
25	25	
	2	4
1	1	PROCEEDINGS
2	2	MS. JANOSKI: Good afternoon, everyone.
3	3	I think we're going to get started now. Thank
4	4	you for joining us and thank you to all the
5	5	committee members who have agreed to give their
6	6	time and consideration to the issues around the
7	7	health benefit exchange. We certainly
8	8	appreciate you all.
9	9	First off we're going to go through
10	10	the organizational items, and then we're going
11	11	to have presentations today from Commissioner
12	12	White and Director Savoy, and then there will
13	13	be time for comments and new business and
14	14	public comments towards the end.
15	15	We will now call the Health Benefit
16	16	Exchange Advisory Committee meeting to order.
17	17	We're holding today's meeting via the Teams
18	18	application and utilizing this technology in
19	19	the room for the first time. So we do
20	20	apologize for any technical snags and hope they
21	21	are a minimum. Should you have any technical
22	22	difficulties and need to call into the meeting,
23	23	please note the following number and the PIN.
24	24	It's 804-299-5840, and the PIN is 493356497#.
25	25	I'll repeat that in case you didn't get it.

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2 (5 to 8)

1 The call number is 804-299-5840, and the PIN is 2 493356497#. 3 We do ask that only the Committee 4 members have their cameras on for today's 5 meeting, and that everyone stay on mute until 6 you're called on to avoid speaking over each 7 another and any unnecessary background noise. 8 We do have a technology specialist assisting us 9 today, Mr. Bruce Nichols, and he will help to 10 keep the lines muted when appropriate and 11 support us through any technology difficulties. 12 And I will also note that the meeting is being 13 recorded and the minutes are being taken. 14 Now I'd like to introduce you all 15 to the director of the Virginia Health Benefit 16 Exchange, Victoria Savoy, who will be offering 17 the Committee welcome today. Victoria joined 18 the Commission on September 21st. Most 19 recently, she served as the assistant dean for 20 finance and administration for the School of 21 Pharmacy at VCU. And she is returning to the 22 SCC after 13 years in higher education in 23 various capacities overseeing institutional 24 financial operations, including at the 25 University of Virginia. Director Savoy	5 1 count. We now have two full-time employees. 2 We anticipate posting the additional position 3 soon and look for a second deputy director and 4 senior IT project manager and an administrative 5 coordinator. As such, the advisory committee 6 will be able to look to the division to support 7 it as it executed its responsibilities. 8 We do have some organizational and 9 housekeeping topics to go through today. Then 10 Scott White will spend a few minutes providing 11 a background of the Exchange's purpose, its 12 objectives and implementation today, and I will 13 follow up with a look forward for the Exchange 14 division and the state-based exchange. 15 Following those presentations will be a time 16 for public comment. 17 Toni? 18 MS. JANOSKI: Okay, guys, we're going to 19 run through a quick roll call. And what we're 20 going to do is I'll call the roll. We're going 21 to start with the ex-officio members first and 22 then followed by the appointed members. And as 23 I call the roll, since it is our first meeting, 24 we would like for you to just briefly introduce 25 yourself and provide some information about
6 1 previously worked at the State Corporation 2 Commission from 1993 to 2007. She served as 3 assistant deputy commissioner of the life and 4 health division within the Bureau of Insurance, 5 and also has served as a chief financial 6 auditor in the Bureau's financial regulation 7 division. 8 MS. SAVOY: Thank you, Toni. Good 9 afternoon, and welcome to the inaugural meeting 10 of the Virginia Health Benefit Exchange 11 Advisory Committee. As Toni mentioned, I am 12 the new director of the exchange division, and 13 I'm excited to be here with you working with 14 you to create and successfully launch a 15 state-based exchange in Virginia. 16 Before I go any further, though, I 17 would like to take a moment to formally 18 introduce Toni Janoski sitting next to me. 19 Many of you know Toni from various positions 20 that she has held in the Bureau of Insurance 21 over the last 20 years. I am very pleased to 22 let you know this morning that Toni will be the 23 deputy director for operations and finance in 24 the Health Benefit Exchange. With this hire, 25 the Exchange has basically doubled its head	8 1 which organization or segment of the community 2 that you are representing on the Committee. 3 So with that, Secretary Carey, 4 would you unmute yourself and provide an 5 introduction? 6 MR. CAREY: Sure thing. Good afternoon, 7 everyone. Can you hear me okay? 8 MS. JANOSKI: Yes, we can. 9 MR. CAREY: Very good. Secretary Dan 10 Carey from Health and Human Resources. I just 11 am just thrilled that this has come into being. 12 We are operationalizing a high policy priority 13 for the governor. And this, along with 14 Medicaid expansion and the development of the 15 benefits exchange and the state-based exchange, 16 is just key to our goals of more Virginians 17 having access to high quality insurance. I 18 just want to thank Commissioner White and the 19 SCC, and we're really excited that now we're 20 moving into real-life operations. I know it's 21 not here this afternoon, but it's starting 22 the -- or the middle of the real work, and 23 really appreciate the team work it's taken to 24 get here. And because of the rotating from 25 Medicaid into the Exchange and the Exchange

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3 (9 to 12)

1 into Medicaid, it's critically important that
2 we align our goals and that we work, and
3 continue to work, very closely together. I'm
4 just really pleased. And I thank again
5 Commissioner White and the team at the Bureau
6 of Insurance. And now with the new team for
7 the benefit exchange to have -- I know we're
8 going to work very closely together going
9 forward. So, thank you very much.

10 MS. JANOSKI: Thank you. Okay. Next is
11 Director Kimsey.

12 MS. KIMSEY: Hi, my name is Karen
13 Kimsey. I'm the director of the Virginia
14 Medicaid program serving 1.7 million
15 Virginians. And it's our distinct pleasure to
16 be here with you today. And I also bring
17 Dr. Ellen Montz, who is our chief deputy, also
18 on the call, on knowledge of all expertise
19 things Exchange.

20 MS. JANOSKI: Thank you. Dr. Oliver?

21 DR. OLIVER: Hello. Norm Oliver. I am
22 the state health commissioner and the head of
23 the Virginia Department of Health. I'm very
24 happy to be here. I think dealing with the
25 insurance coverage issue in the Commonwealth is

1 a key part of improving the health of the
2 entire population and I'm glad to participate.
3 Thank you very much.

4 MS. JANOSKI: Thank you. Commissioner
5 Storen?

6 MR. STOREN: Good afternoon. Duke
7 Storen. I'm commissioner of the Department of
8 Social Services. Just thrilled to be part of
9 this really important initiative. At the
10 Department of Social Services we determine
11 eligibility for Medicaid and CHIP, and that
12 will have an important intersection as people
13 come through the state exchange and avail
14 themselves of those programs. Thank you.

15 MS. JANOSKI: Thank you. Commissioner
16 White?

17 MR. WHITE: Thanks, Toni, and good
18 afternoon everyone. I'm Scott White, the
19 commissioner of insurance for the Bureau of
20 Insurance, and I've been in this role for three
21 years. Prior to that, I spent many years in
22 the Commission in the Office of General
23 Counsel. So I worked with Victoria back when
24 she was in the Bureau. And, you know, the
25 Bureau of Insurance has had a large role in,

9 1 you know, working on -- working with the
2 administration with Secretary Carey, and
3 standing it up to hand the reins over to
4 Director Savoy. So it's great to have
5 everybody in the room today and I look forward
6 to a great discussion.

7 MS. JANOSKI: Thank you. Okay. Lee
8 Biedrycki?

9 MR. BIEDRYCKI: Good afternoon,
10 everybody. My name is Lee Biedrycki
11 representing the independent insurance agents
12 of Virginia. My firm is BeneFinder. We are an
13 Anthem primary/general agency that has a
14 significant down line of approximately 500
15 independent agents. Interestingly enough, we
16 stood up the first private exchange in Virginia
17 way back in 2013, and I am very excited to
18 participate and find a better way to help these
19 people get some coverage.

20 MS. JANOSKI: Thank you. Chiquita
21 Brooks-LaSure?

22 MS. BROOKS-LASURE: Hello, I'm Chiquita,
23 and I currently work at Manatt Health, which is
24 a professional services firm, both a law and
25 consulting firm that focuses on a wide range of

10 12 1 healthcare issues. Much of my background
2 before coming to Manatt is ten years in federal
3 service, most recently at HHS working on
4 implementing the Affordable Care Act.

5 I'm a resident of Fairfax County,
6 and you may see my 6 year-old pop in the
7 picture at some point during the meeting, since
8 she is doing schoolwork. Great to be with
9 you-all today.

10 MS. JANOSKI: Thank you. Scott Castro?

11 MR. CASTRO: Good afternoon, everybody.
12 My name is Scott Castro. I'm here, the
13 director of health policy representing the
14 Medical Society of Virginia, which is a 200
15 year-old -- as of this year -- institution
16 representing the interests of over 30,000
17 physicians across the Commonwealth of Virginia.
18 We're looking forward to working with you all,
19 representing the views of physicians and other
20 medical professionals in Virginia as we work
21 towards this big goal. So, thanks for having
22 me and I'm looking forward to working with
23 everybody.

24 MS. JANOSKI: Thank you. Sabrina
25 Corlette?

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4 (13 to 16)

	13		15
1 MS. CORLETTE: Hi. Thrilled to be here.		1 which is a Virginia-based health policy	
2 My name is Sabrina Corlette. I'm a research		2 consulting firm. And my experience most	
3 professor at Georgetown University Center on		3 relevant for our work here together was my	
4 health insurance reforms. We are a -- somewhat		4 federal service on behalf of the Affordable	
5 a think tank attached to Georgetown University,		5 Care Act at HHS and CMS, but most recently my	
6 and we study health insurance and how it's		6 time from 2013 to just a couple of months ago	
7 regulated at the state and federal level. And		7 with the DC Health Benefit Exchange Authority	
8 I've spent the last ten plus years studying the		8 where I worked to help launch and operate DC	
9 Affordable Care Act and the exchanges. And		9 Health Link, which as you all know, is the	
10 it's truly an honor and exciting for me to be a		10 online health insurance marketplace for the	
11 part of an effort where this is actually		11 residents of the District of Columbia. And so,	
12 putting some of the research and policy work		12 during my seven plus years there, I was	
13 into practice. I'm just absolutely thrilled		13 associate general counsel and policy advisor; I	
14 and look forward to working with all of you.		14 was our chief operating officer; and then most	
15 MS. JANOSKI: Thank you. Elizabeth		15 recently I was our senior deputy director to	
16 Cunningham?		16 our executive director. So as a Virginia	
17 MS. CUNNINGHAM: Hi, everyone. I'm		17 resident, I am so very excited to help share	
18 Elizabeth Cunningham. I'm also thrilled and		18 whatever best practices and lessons learned	
19 excited to be a part of this Virginia Health		19 from DC that will be beneficial to our folks	
20 Benefit Exchange. My background, I worked as a		20 here in Virginia.	
21 registered nurse for ten years and became a		21 MS. JANOSKI: All right. Thank you.	
22 part of Virginia Legal Aid Society. Been with		22 Starla?	
23 them for seven years as a healthcare navigator		23 MS. KISER: I am a physician in far	
24 for Southside Virginia, and now recently		24 southwest Virginia in Dickenson County. So I	
25 promoted as a healthcare outreach manager. So,		25 work primarily at a CSB doing addiction	
	14		16
1 very excited to be a part of this, and thank		1 medicine and behavioral health, although my	
2 you.		2 training is in internal medicine and	
3 MS. JANOSKI: Thank you, Liz. Doug		3 pediatrics. I also co-founded a telemedicine	
4 Gray?		4 and medical device company that I still work on	
5 MR. GRAY: Hi, I'm Doug Gray. I'm the		5 currently. So I did all of my training in the	
6 executive director of the Virginia Association		6 northeast for over a decade, did work in global	
7 of Health Plans. I've been working around		7 health before I moved back home to start my own	
8 Virginia government and politics forever. I		8 business. And part of that, I did have some	
9 helped start the Sorenson Institute many years		9 experience on the exchange, I worked doing	
10 ago, lobbied for the realtors for many years,		10 clinical innovation with a pilot project out of	
11 and have been the executive director of the		11 United Healthcare and a company called Iora	
12 Association of Health Plans since 2003. So		12 Health. We put a value-based healthcare model	
13 I've been looking forward to having an exchange		13 on the market in Chicago and Atlanta back in	
14 ever since the ACA was started. We had an		14 2015 and we had I guess over 50,000 members or	
15 effort to get one going and it didn't take the		15 so in Chicago. And it was an integrated care	
16 first time around. So it's exciting to see we		16 provider model, so we learned a lot of lessons	
17 finally have gotten to the point where we can		17 about -- I guess from the insurer's	
18 take a step forward. I look forward to working		18 perspective, from the patients' and providers'	
19 with you all on the project, and I'm excited to		19 perspective. I've also been a recipient of an	
20 help Virginians get access to coverage.		20 exchange plan myself a few years ago as a small	
21 MS. JANOSKI: Thank you. Ikeita?		21 business owner. So I'm very thankful to be on	
22 MS. HINOJOSA: Hi. Good afternoon,		22 this committee, and look forward to working	
23 everybody. My name is Ikeita Cantu Hinojosa.		23 with each of you.	
24 I'm a resident of McLean, Virginia. I'm		24 MS. JANOSKI: Thank you. Jane Kusiak.	
25 currently the principal for ICH Services, LLC,		25 MS. KUSIAK: Good afternoon. I am	

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5 (17 to 20)

	17		19
1 retired. I was with the Virginia government 2 for over 30 years. In that capacity I was 3 director of the Joint Commission on Healthcare 4 and affiliated with the Virginia Healthcare 5 Foundation, still near and dear to my heart. I 6 currently serve on the Virginia Senate for 7 health innovation, and I have done a lot of 8 work in health insurance and access issues. 9 And I am honored to be here. This is a really, 10 really important issue, and I'm delighted to be 11 a part of it.		1 will occur with affirmative votes from 2 two-thirds of the voting members. 3 All right. One of the big fun 4 sections for us. At this time we will proceed 5 with the nomination and election process for 6 our chair and vice chair. As I believe you are 7 aware, the statute requires the committee to 8 elect both a chairman and a vice chairman from 9 the membership. Request for nominations for 10 these positions were mailed out over the last 11 few weeks, but at this time no advance 12 nominations have been received. 13 So we will now open the floor for 14 nominations for the committee chair position. 15 Please unmute your line should you wish to put 16 forward a nomination.	
12 MS. JANOSKI: Thank you. Kenn Penn? 13 MR. PENN: Good afternoon. I'm the 14 executive director of Chamber Solutions, which 15 is a subsidiary of the Virginia Chamber of 16 Commerce. So as such, I'm here representing 17 the Virginia business community. This is an 18 important endeavor for all Virginians, and 19 we're pleased to be a part of the dialogue as 20 we seek to bring coverage to everyone in 21 Virginia.		17 MR. WHITE: So Toni, I'd like to take 18 this opportunity to nominate Sabrina Corlette, 19 and I'll give a few reasons. Obviously, I 20 think she comes to the Exchange in this 21 capacity very qualified in her role at 22 Georgetown working for the Georgetown Health 23 Policy Institute where she provides expertise, 24 training, any number of strategic advice to 25 interested insurance stakeholders at both the	
22 MS. JANOSKI: Thank you. Thank you all. 23 All right. Next up I'm just going to go over 24 some organizational items just to set the 25 stage, and then we will move into nominations	18		20
1 for chair and vice chair. So be thinking of 2 that ahead of time. 3 As far as our meeting protocol, we 4 do plan for the Commission to provide staff 5 support to your advisory committee in an 6 informal matter to the extent that that is 7 possible. At times when formal procedures are 8 necessary, we do plan for the committee to 9 follow procedural guidelines for -- in Roberts 10 Rules of Order. The Commission's Office of 11 General Counsel will provide an individual to 12 assist this committee as a parliamentarian. 13 This person will assist in the resolution of 14 procedural disputes. The Commission will also 15 provide staff to take minutes of the meetings, 16 a person to proceed through the agenda, and a 17 technical assistant like we have today. 18 For the bylaws, those are still in 19 draft, but a draft of the bylaws will be 20 emailed to you following the meeting in the 21 coming weeks. We ask that submission of any 22 changes to the bylaws be emailed to the 23 exchange no later than December the 21st. The 24 final draft will be circulated with a request 25 for voting via email. Acceptance of the bylaws		1 state and federal level. So that's very 2 similar to what she would be doing in this 3 role. I also think it's a benefit that she 4 comes from a policy-driven standpoint and not 5 from a particular stakeholder group, at least 6 as the initial somebody coming to this role. 7 She also was very involved in the market 8 stability working group that I know many of 9 you-all were -- many of you-all participated 10 in, and I was very impressed with her level of 11 participation and preparation. She is an 12 obvious consensus builder, I thought. And 13 again, I think she's well positioned to play a 14 very strong role in this position at the 15 advisory committee. So I would nominate 16 Sabrina. 17 MS. JANOSKI: Thank you. Are there 18 further nominations? 19 Okay. Hearing none, we will close 20 the floor now for nominations for the committee 21 chair and open the floor for nominations for 22 vice chair. Please unmute your line if you 23 would like to put forward a nomination for the 24 vice chair position. 25 MR. GRAY: This is Doug. I'd like to	

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6 (21 to 24)

	21	23
1 nominate Jane to be the vice chair. I think 2 her wisdom and experience in Virginia would 3 make sense as vice chair. Sorry, Jane, if you 4 didn't want to do it.	1 the fall. Stakeholders have been consulted 2 also as part of the Exchange and Advisory 3 Committee selection process, and throughout the 4 creation of the navigator and assister 5 certification programs. A summary of the 6 stakeholder responses was included in your 7 invitation to today's meeting. And if you 8 would like to bring any of those forward for 9 discussion, we ask that you bring them forward 10 in the new business segment of our meeting 11 today.	
5 MS. JANOSKI: Thank you, Doug. Are 6 there any further nominations for vice chair? 7 All right. After the meeting we 8 will send out an email confirming their 9 agreement to these roles and requesting your -- 10 sorry -- and asking for your vote 11 electronically on the nominations. We will ask 12 for a response by December the 14th. And the 13 nomination will require a majority affirmative 14 vote.	12 All right. Next up, Victoria is 13 going to touch base on meeting frequency and 14 public notice.	15 MS. SAVOY: Right. Chapter 65 of the 16 Code of Virginia that established the Exchange 17 also establishes some ground rules for these 18 advisory committee meetings. Just wanted to 19 remind everyone the minimum number of meetings 20 per year are two. These are required for the 21 statute; however, the actual number of meetings 22 for this committee can be flexible, and we 23 anticipate working with the chair for guidance 24 on determining the frequency of the meetings. 25 Public notice is also required. Meetings will
15 All right. For our agenda 16 preparation and the protocol around adding 17 items to the agenda, the draft bylaws that you 18 will get this week will include proposals for 19 the management organization of the committee 20 agenda. The current proposal is for agenda 21 items to be coordinated by the committee chair 22 and the Commission Staff and circulated to 23 members one month in advance of the committee 24 meeting. Committee members may propose 25 additional or revised agenda items to the chair	22	24
1 and Staff no later than one week prior to the 2 committee meeting. The Commission Staff will 3 circulate and publicly post the final agenda at 4 the Exchange's website upon approval by the 5 committee chair. 6 And we wanted to touch base on the 7 stakeholder engagement and public input. 8 Through its initial stakeholder outreach 9 efforts over the summer, the Exchange 10 identified over 300 relevant stakeholders and 11 invitation to comment was emailed in June 12 requesting their suggestions for achieving a 13 transparent and competitive marketplace, for 14 promoting consumer choice and education, for 15 assisting individuals with access to programs, 16 policies, procedures, and securing coverage and 17 educating them on premium tax credits and cost 18 share reductions and for supporting continuity 19 of care and reducing the number of the 20 uninsured. The stakeholders were also asked to 21 identify any geographic areas or demographic 22 groups that should be focused -- the focus of 23 attention, and targeted outreach and 24 educational efforts. Some of this information 25 was utilized in our plans for advertising over	1 be announced at least one week in advance on 2 the Exchange website, and these meetings are 3 open to the public. Reasonable public comment 4 will be permitted -- may be participated at the 5 meetings per prior announcement; however, 6 written public comment will be accepted on an 7 ongoing basis. Additionally, minutes of the 8 advisory committee meetings, including the 9 committee's recommendations to the State 10 Corporation Commission and myself and responses 11 to those recommendations will be available to 12 the public and posted to the Exchange's 13 website. 14 Later in the session we will here 15 public comment from two individuals who 16 registered in advance. 17 I believe right now we are ready to 18 provide a little slide show for you to discuss 19 the Exchange and the objectives and 20 implementation and purpose of the Exchange. 21 Scott, that's your cue. 22 MS. JANOSKI: All right. I'm going to 23 pull up the slide show, and hopefully this will 24 work smashingly well. If anyone has trouble, 25 please let us know.	

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7 (25 to 28)

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1 MR. WHITE: What today we're going to be 2 doing is just giving a very general and broad 3 overview and a status update of where we are 4 today with the Health Benefit Exchange, and 5 we'll start at 20,000 feet, the overall purpose 6 of the exchange. It's really, as you all know, 7 it's to facilitate the purchase and sale of 8 qualified health plans, QHP, and also qualified 9 dental plans to support the continuity of 10 coverage and reduce the number of uninsured 11 Virginians. So that's essentially I would say 12 in many respects the same role that the federal 13 government plays today, right, with CMS. That 14 responsibility is being transferred to 15 Virginia. And it's already begun and it will 16 accelerate until the Exchange is fully set up 17 and it's a full state-based exchange beginning 18 in 2023.		1 Carey led that charge with the administration. 2 You had a great team with Marvin Figueroa and 3 Holly Mortlock. The Bureau provided technical 4 advice and the legislation was tasked. Again, 5 I know many of you on this call were very 6 involved and instrumental in some of the 7 details of the legislation that were worked 8 out. I think conceptually there was broad 9 agreement that a state-based exchange would be 10 beneficial to the marketplace, particularly in 11 the individual marketplace. When it got down 12 to the details through the legislative process, 13 that's when it got a little more challenging, 14 but we came out, I think, with a good bill. 15 And I always tell the story about going to see 16 my judge, the commissioners at the State 17 Corporation Commission, and telling them that 18 potentially we were going to have a health 19 benefit exchange in the Commission, right, 20 something completely new and different. And I 21 was just very curious to see how they would 22 react. And their reaction was if it's the will 23 of the legislature to have that here at the 24 Commission, we will certainly be supportive. 25 We will expect you-all to provide technical	
19 You know, in order to be successful 20 you have to have great leadership, and we are 21 pleased to have that with this new division and 22 this new director. Victoria Savoy is serving 23 as director. She came on in late September and 24 she's hit the ground running. You heard the 25 bombshell announcement that she's taken one of	26		28
1 my staff, Toni Janoski, and put her in the role 2 of deputy director of operations and finance, 3 certainly a great choice. The Bureau's loss is 4 the Exchange's gain and the Commission's gain 5 generally. So the good news is we'll continue 6 to work with Toni as the work continues.		1 expertise to make sure that's done properly, 2 but we want to make sure there are two things 3 in place as a condition before we move forward: 4 Number one, we want to make sure that there is 5 proper funding and proper revenue to make sure 6 that we have the tools available to do this 7 properly, and we also want to make sure that we 8 have the time to get it done properly. We 9 don't really think it would be a good idea to 10 try to get this done within a single year. You 11 know, they were just coming off a very 12 ambitious technology project in the clerk's 13 information system, and really wanted to make 14 sure that we were conservative going in. So I 15 took that back to the secretary and his team 16 and they were very supportive of that. And I 17 think many of the stakeholders, there was broad 18 agreement that that was the right approach.	
7 Can you go back to that slide, 8 Toni, real quick? Are we on the second slide? 9 I guess we're still on the first slide.		19 So again, the bill passes on July 20 1st, and at that point the Bureau of Insurance 21 took the lead role in doing what needed to be 22 done to get the ball rolling. Toni Janoski led 23 that within the Bureau. Julie Blauvelt was 24 also a critical staff person who assisted on 25 that, along with myself. And at one point we	
10 I wanted to follow up on what 11 Secretary Carey said earlier. You know, I 12 think this is a great opportunity to spend just 13 a little bit of time thinking about where we 14 were at this time last year. The market 15 stability working group was a great, I thought, 16 opportunity to get a lot of stakeholders 17 together and have a discussion, come up with 18 recommendations about ways to, you know, 19 support the continuity of coverage and reduce 20 the number of uninsured Virginians; again, the 21 overall goal of the exchange. And that was the 22 recommendation that came out of the working 23 group. So, you know, we had the 24 recommendations of the working group and then 25 that led to legislation. You know, Secretary			

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8 (29 to 32)

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1 had I think 20 different work streams, almost 2 50 Commission employees -- not simply at the 3 Bureau but throughout the Commission -- working 4 on this. So it was a major undertaking in a 5 number of different ways, but we're very proud 6 of what we did and proud to be here today 7 getting the advisory committee up and rolling 8 to help move the ball forward on this. 9 So going to the funding, I touched 10 on that earlier, it will be generated by 11 assessments similar to -- you know, through CMS 12 on offering plans through the Exchange. Its 13 use is limited by law to Exchange operations, 14 outreach and enrollment. We also made sure 15 that no special revenue funds could be used to 16 fund the Exchange. Obviously, the assessments 17 don't begin until next year, and it is at a 18 half percent of premium charged by carriers for 19 health and dental plans issued on the Exchange. 20 So CMS will collect 3 percent and we'll keep a 21 half of that, and that's going to help us fund 22 these startup operations of the Exchange. So 23 the obvious concern was what funds could we use 24 in the meantime to help us do what we needed to 25 do to get this Exchange up and running, get the		1 have the core exchange objectives. This 2 probably doesn't come as a surprise, these 3 objectives, to most of you. It is to make 4 qualified plans and qualified dental plans 5 available in Virginia and provide for the 6 establishment of a small business health 7 options program in the small group market. 8 It's to promote a transparent and competitive 9 marketplace. It's to promote consumer choice 10 and education; and also to assist individuals 11 with access to programs, policies, and 12 procedures, premium assistance, tax credits and 13 cost-sharing reductions to support the 14 continuity of coverage and reduce the number of 15 uninsured.	
1 staffing together and do everything else along 2 those lines. So we came up with an idea to get 3 a working capital advance through the Treasury 4 of up to 40 million over a ten-year period to 5 fund these startup costs and other 6 implementation costs. So we draw down six 7 million of that 40 million. We did that on 8 July 1st to fund these startup costs, and 9 that's where we are today. 10 So you heard me talk about this 11 transition, and really the technical term is a 12 state-based exchange on the federal platform. 13 And we're going to be in this transition period 14 for about -- for two years. And at that point 15 we hope and we expect to be in a position to 16 transition to a full state-based exchange 17 beginning in 2023. So what that means is that 18 healthcare.gov will continue their role for 19 enrollment in eligibility until plan year of 20 2023, but Virginia will start doing very 21 important things, and we're going to talk about 22 that in some of these slides coming up 23 primarily around consumer education and 24 outreach. 25 So, next slide. Okay. So here we	30	1 of these objectives and deciding how we're 2 going to accomplish them. 3 Next slide. So I wanted to talk 4 about two of the major implementations that 5 have occurred to date as we transitioned. 6 Again, I mentioned that we're doing the 7 consumer outreach and education we're 8 responsible for. When I say we, a lot of that 9 falls to these navigators. I know everyone on 10 this call knows what navigators and what their 11 -- just their critical role is in terms of the 12 Exchange. We have two navigators in groups in 13 Virginia. These are the same two that have 14 been working the past several years on 15 healthcare.gov with CMS. Of course, the 16 Virginia Poverty Law Center led by Jill Hanken 17 and Boat People SOS. This is a new role for 18 the Commission. This is an area where we had a 19 lot of discussion with our judges, with our CIO 20 and our legal counsel. We're used to receiving 21 grant funds from the federal government for 22 various programs, but this is we think the 23 first time we've ever given out grants. So 24 that required a lot of, you know, educating 25 ourselves in terms of putting processes in	32

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9 (33 to 36)

	33		35
1 place, internal controls, deciding who was 2 going to do that, particularly before the HBE 3 gets up and running with staffing. So we've 4 taken care of all of that. And Jill and the 5 Boat People, they were great in terms of 6 information that they provided us. So we were 7 able to provide grant awards in the amount of 8 about \$1.8 million in funding for enrollment, 9 education, and outreach functions. And what I 10 would say to this, I think this is important to 11 understand, this is a significant increase in 12 grant funding both from last year and the year 13 before. I think -- I don't have the numbers in 14 front of me, but I'll say it was around 800,000 15 total last year, and the year before that I 16 think it was around 500,000 or 600,000. I 17 think that was the frustration on the part of a 18 number of states, including Virginia, that the 19 federal government was continuing to assess the 20 plans at 3 percent, but just the bang for the 21 buck was going down. It was just not a good 22 deal for the states. So now we're able to 23 increase that grant funding and make it more 24 likely that we can hit our objectives. And so 25 that comes with transitioning to being		1 outreach. Marketing is one. We were able to 2 hire an advertising firm, a local advertising 3 firm for this current open enrollment period, 4 and they are responsible for making -- you 5 know, developing campaign targets, focusing on 6 the uninsured and underinsured population. 7 They've been using census data to direct 8 outreach in those areas where we know there are 9 higher percentages of uninsured. We think it's 10 been very beneficial to have this local firm 11 that understands the Virginia market and 12 different geographic areas of the state, and 13 knows what is effective to get that message 14 across. So they know which areas of the state 15 to use social media ads or digital banners. 16 They know where putting ads in newspapers or 17 even on the radio is going to be the most 18 effective. And, of course, in those areas 19 where you need to have it in English or 20 Spanish, again, they have that knowledge. And 21 we've just been very pleased with what the 22 they've done so far on their ad campaigns. 23 And then outreach and education, 24 now, this primarily refers to what the Bureau 25 of Insurance is doing and it's probably the	
1 certified by the HBE. Of course, they're 2 registered with the Bureau of Insurance. 3 We also -- you know, this is an 4 area we're unfamiliar with. So we decided to 5 contract with a firm that has expertise in 6 helping us develop, you know, an operational 7 framework for the navigators and help us set 8 strategic goals and also develop tools for 9 monitoring the navigators. In other words, 10 they come to us each year and say this is what 11 we're going to use these grant funds for. We 12 need a way to track that and make sure that 13 it's done efficiently and properly, and that's 14 where we decided we could use some help with a 15 consultant, and that's just begun. 16 The other thing is the -- I'll call 17 the regulation of the CACs and the CEOs. We 18 had a lot of help from our Office of General 19 Counsel in getting regulations in place, making 20 sure that they can meet Virginia designation 21 standards beginning on January 1st, 2021. 22 So, you know, I talked about the 23 navigators, and I do want to emphasize just 24 what a critical role they play, but certainly 25 there are other areas where we focus our	34	1 least resource intensive of the three areas. 2 We basically are focusing on outreach plans. 3 We want to focus again on these target 4 populations. We want to make sure Virginia 5 consumers know where to shop and enroll. We 6 want to educate them about the various options, 7 make sure that they know when to use assisters 8 and to meet these accessibility needs. So it's 9 more of an education role. Again, it's being 10 done by the Bureau now. That will transfer to 11 some degree to the Exchange, although the 12 Bureau will continue to play a role. We've 13 been making sure that we have materials 14 available in different languages to provide to 15 the assisters for the education enrollment 16 assistance. We have built up a Web page. 17 We've created a hotline that provides consumers 18 information and direction to healthcare.gov. 19 The assisters, our focus has been to make sure 20 that on all our materials people are still 21 going to CMS. We heard this from Jill and 22 others; we don't want to create confusion and 23 have people calling into the Bureau or to the 24 Exchange thinking they can enroll there. We've 25 largely been successful. We've been very	36

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10 (37 to 40)

1 pleased with the few number of people that have
2 contacted the Exchange thinking that they can
3 enroll there.

4 The final thing is -- I think Toni
5 mentioned it earlier -- stakeholder
6 consultation. We had outreach efforts to over
7 300 relevant stakeholders asking for
8 suggestions on achieving the goals. And we got
9 I thought was a very good response back that we
10 are continuing to review, and I think at some
11 point we will be going over those with you just
12 to give you-all an idea of the suggestions and
13 information we get back.

14 So I wanted to just touch real
15 briefly on the coordinated activities between
16 the Exchange and the BOI. You know, obviously
17 the point I'd like to make here is that, you
18 know, you have the State Corporation
19 Commission, and now within it you have the
20 Bureau of Insurance which regulates the
21 marketplace and the HBE, which now functions as
22 a marketplace. So it's something we're still
23 working out, but I think we've done a good job
24 of that. And we understand if you substitute
25 the state HBE for what CMS was doing, you kind

37 1 that I anticipate going over to the Exchange
2 completely from here on out.

3 So that's it from me. And at this
4 time I'm going to turn it over to Director
5 Savoy and let her provide you-all with
6 additional information. So, thank you.

7 MS. SAVOY: Thank you very much, Scott.
8 Appreciate that.

9 We're having technical issues with
10 our screen sharing. There we go.

11 So looking forward, and working off
12 of what Scott has told you about the great
13 foundation that the Bureau and the State
14 Corporation Commission has established, the
15 Exchange is working on two parallel tracks. As
16 you know, it is a new division within the State
17 Corporation Commission. So one track is
18 actually creating the division itself. We're
19 in the process of hiring staff. As I
20 mentioned, Toni Janoski has been hired as the
21 deputy director. And right now she is the only
22 other employee, other than myself in the
23 division. So we certainly have a number of
24 staff to hire. We're working with the State
25 Corporation Commission and human resources in

38 1 of look at it that way, it works itself out.
2 So certification of qualified health plans and
3 QDPs will be done by the HBE in consultation
4 with the Bureau, similar to today. We will
5 retain the plan management functions that
6 support certification in terms of the binders
7 and making sure the binders are in place and
8 accurate. Our main role, of course, as
9 everybody knows, is to review and approve
10 premium rates. When I say we, the Bureau, and
11 approve policy forms filed with the Bureau. We
12 need to make sure, as the Bureau, the health
13 carriers are licensed and in good standing with
14 the Bureau. I mentioned earlier navigators,
15 but also CDOs are required to register with the
16 Bureau. Agents and brokers, of course, have to
17 be licensed by the Bureau and in good standing.
18 We have a hotline operated by Bureau staff.
19 This is one function that it will eventually go
20 over to the HBE completely. So that's just
21 something at this time we are undertaking, but
22 again, I think very quickly that role will be
23 transferred over. And completion of open
24 enrollment readiness reviews, that was done
25 this year by the Bureau, but that is a function

1 that area, and hope to be posting some more job
2 positions soon. We are looking to renovate
3 space in the Tyler building and we're working
4 on that also at this time. And also, as Scott
5 mentioned several times, we are trying to take
6 the baton from the Bureau and the State
7 Corporation division. And we want to do that
8 in a thoughtful and reasonable manner so that
9 we don't end up falling flat on our face
10 because someone let go of the baton and we
11 weren't ready to pick it up, or vice versa, or
12 we stumble. So that's -- as soon as I heard
13 about the Exchange and what the Bureau had been
14 doing, that was the picture that came to my
15 mind. And so I want to make sure that when we
16 take the baton from the Bureau, we do it in a
17 very smooth fashion.

18 The second parallel track that we
19 are working on at the same time is actually
20 creating the state-based exchange itself. As
21 you all know, right now we are the state-based
22 exchange on the federal platform for plan years
23 coming up 2021 and 2022. So as Scott
24 mentioned, we are not enrolling any
25 individuals. Healthcare.gov is continuing to

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11 (41 to 44)

1 enroll individuals, and we are doing some of
2 the ancillary work along the edges, the
3 marketing, working with the navigators and
4 those types of areas. And then I've got a
5 picture of building a house there, and I'll go
6 into that a little bit more. And then when
7 that's done, hopefully it will be transitioned
8 to a full state-based exchange for plan year
9 2023.

10 So I know that makes it sound very
11 simple. It definitely isn't. I wake up some
12 nights thinking, Oh, my goodness, I'm not going
13 to be able to get all this stuff done. There's
14 a lot of different things to do. So again,
15 thinking in the pictures -- and I know you all
16 know this just as much as I do because of your
17 backgrounds -- but when you build a house, you
18 have to think about not just one aspect; but
19 there's heating, there's electricity, there's
20 insulation, there's plumbing, there's flooring.
21 And you have to make sure you get all of those
22 pieces right to actually get a house that is
23 livable and will stand up and be a residence
24 for individuals. That's how I'm thinking about
25 the state-based exchange. We have the software

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1 on simultaneously. And as you know, the
2 statute says that the state-based exchange must
3 be operational January of 2023, but what that
4 really means is that the system has to be ready
5 in the spring of 2022 to accept the qualified
6 health plan and qualified dental plan
7 application data. And it has to be ready on
8 November 1st, 2022 to support the open
9 enrollment for plan year 2023.

10 So there's a lot to do and a short
11 time to do it, and I really appreciate what I
12 know will be your guidance and expert input
13 into these processes to help us build an
14 exchange that is successful for Virginia.

15 So one last slide. I want to just
16 show you, as Scott had alluded or mentioned,
17 the marketing for the Exchange, you may have
18 seen some of these images. These are actual
19 health benefit exchange advertisements that the
20 marketing company that we contracted with
21 helped to build and put out in several
22 different formats in print, digital, over the
23 radio, in newspapers. We have discovered
24 through a mid-campaign check-in with that
25 marketing company that what they call the click

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1 platform that we have to most likely purchase.
2 That's the big item, but we can't forget about
3 all of the other integral parts. There is the
4 assisters and oversight of those assisters.
5 There is the ongoing relationship with CMS that
6 we'll have to maintain. We've got the consumer
7 help desk and the call center that we'll have
8 to build up and maintain. The assessment fee,
9 the calculations and process have to be
10 developed. We have the ongoing marketing for
11 the Exchange, and also liaison with you-all,
12 the advisory committee. So we have to juggle
13 all of these projects together to make sure
14 that we build the state-based exchange in a way
15 that is successful for Virginia.

16 So really looking forward, we are
17 going to be working on the RFP for the software
18 platform. We expect that to be issued in the
19 spring of 2021. We are working with the
20 Commission's project management office to do
21 that in a reasoned manner so that we work
22 through all of the needed business requirements
23 and technical requirements. Not only is there
24 the RFP for the software platform, but there
25 all these other details that we'll be working

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1 through rate is actually a much higher level
2 than they had expected, and it's much higher
3 than the industry standard for these types of
4 advertisements, and we're very pleased with
5 that.

6 The picture that is on the far left
7 that has the little newspaper sign at the top
8 corner, that image of the mother and daughter
9 cooking, we have been told from the marketing
10 team that that has been most favorably followed
11 by the people that are looking at our
12 advertisements, that that actually has gotten a
13 better response rate than any of the other
14 images that we used as part of the campaign.
15 So just thought I would pass that along to you.

16 We expect similar types of
17 campaigns for plan year 2022, because we'll
18 continue to enroll individuals through
19 healthcare.gov, and then for plan year 2023, we
20 will actually go with a more complete marketing
21 campaign. But just wanted to let you know if
22 you've seen any of these advertisements, if
23 you've heard them on the radio, if you've seen
24 them on your phone as you've been scrolling or
25 looking up other things, these are actual

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12 (45 to 48)

	45		47
1	Virginia Health Benefit Exchange	1	is going to look like in terms of COVID?
2	advertisements.	2	MS. SAVOY: No. Because we are still
3	With that, I'm going to open it up	3	enrolling Virginia residents through
4	for questions from the group, if there are any.	4	healthcare.gov in the CMS system, we do not
5	And if not, then we'll continue. But I'll just	5	have the ability to adjust the open enrollment
6	stop here for a minute and see if anyone has	6	period at all. So that will have to wait until
7	questions for either Scott or myself.	7	2023, or unless the federal government changes
8	MS. CORLETTE: Victoria, this is	8	its open enrollment dates.
9	Sabrina. Can I ask a question?	9	MS. BROOKS-LASURE: Thanks.
10	MS. SAVOY: Sure.	10	MS. SAVOY: Sure.
11	MS. CORLETTE: As you may know, the	11	MS. KISER: Victoria, I have a question.
12	current administration has proposed a reduction	12	Your presentation was on looking forward, and I
13	in the user fee rate for the state-based	13	know there probably are some on this call that
14	marketplace on the federal platform. And I'm	14	are -- I guess intimately know the Exchange,
15	just curious if that affects your thinking	15	but for me it would be helpful to know almost
16	about budgeting at all going forward?	16	like looking behind. So in Virginia I guess
17	MS. SAVOY: It has. We just found out	17	just to have a starting point in terms of how
18	about that last week, and I have not had a	18	many people are on the Exchange overall, how
19	chance to sit and work closely with Scott or	19	many people are eligible to be on the Exchange
20	Julie Blauvelt and Toni to really determine	20	that are not. Is that number increasing or
21	what the impact would be. I know there's going	21	decreasing? How many number of insurers are in
22	to be some impact. Now, how that is right now,	22	the market? I guess I would love to know --
23	I can't tell you. So I apologize I don't have	23	not right now offhand -- but I guess even in a
24	a more specific answer.	24	document or a resource I could look at to just
25	MS. CORLETTE: Yeah, well, and it's	25	see, like I said, where are we starting from?
	46		48
1	tricky, right, because it's possible that a new	1	What's the impact of our marketing going to be?
2	administration, the Biden administration, will	2	So again, getting an idea of the number of
3	come in and adjust it again. So, thank you.	3	current people on the Exchange, where we want
4	MS. SAVOY: Right. Right. Sure.	4	that to be of all the eligibles, you know, that
5	MS. KIMSEY: Hello, Victoria. This is	5	kind of thing I think would be really helpful.
6	Karen Kimsey. Thank you. This was a great	6	Also, premium increases, are they increasing by
7	presentation. Love what you're doing to reach	7	5 percent yearly, 10 percent? That kind of
8	out to the public. We would be happy to work	8	thing I think would be helpful.
9	with you on future communications work, and	9	MS. SAVOY: Sure. And I apologize, I
10	align our work together in terms of development	10	didn't think to bring that information today.
11	and policy because we -- as you know, we do	11	But we do have that information, and I'm happy
12	significant amounts of outreach and work for	12	to put it in a little summary and we'll send
13	the expansion benefit as well. So we would be	13	that out to everyone after the meeting. We can
14	thrilled to coordinate that with you in the	14	do that.
15	future.	15	MR. WHITE: I want to say a couple of
16	MS. SAVOY: Thank you. Appreciate that	16	things. Those are great questions. And I
17	very much.	17	think the enrollment is -- I'm going to just
18	MS. BROOKS-LASURE: I had a question.	18	say 250. It's in the ballpark. It was much
19	This is Chiquita. Thank you both for those	19	higher several years ago. So there are a
20	informative presentations.	20	number of different factors. I know Doug Gray
21	I was wondering if you -- if	21	can weigh in -- and others of you as well -- as
22	Virginia, being sort of hybrid this year, has	22	to what's driving the decrease in enrollment.
23	the authority to extend the open enrollment	23	Higher premiums have been a big factor,
24	period yourselves, and have you thought about	24	although one of your questions is premiums are
25	that or considered it, given what this winter	25	trending downward in the last year in

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13 (49 to 52)

1 particular. So we had a good year last year in
2 terms of that. But another thing to keep in
3 mind is -- the Secretary will know -- Medicaid
4 expansion has had a significant impact on the
5 enrollment numbers in Virginia. I think over a
6 two-year period we've anticipated up to
7 70,000 -- at least 70,000 folks will migrate
8 from the individual market to Medicaid. So
9 that's had a big impact on our numbers as well.
10 Not a bad thing, but that is something to keep
11 in mind.

12 MR. GRAY: This is Doug. I would just
13 suggest we send the statute that created the
14 Exchange out to everybody, if they haven't read
15 it. I mean, it really is important to read the
16 statute because it kind of lays out division of
17 the General Assembly.

18 The other question I had was
19 whether at some point it would be productive to
20 have a timeline for the consideration of the
21 RFP, you know, kind of generally when it will
22 go out and generally when, you know, responses
23 will be back, you know, I think those -- that
24 type of structure of what to expect is helpful
25 for all the people who are interested. And,

1 you know, obviously people are going to have
2 suggestions about what should be in an RFP.
3 And I realize you've got some great RFPs out
4 there from other states that you can pull on,
5 which would be a great resource. But, you
6 know, the thing with an RFP is you want to make
7 sure you ask the right questions, right? And
8 so that -- making sure that we get the right
9 questions asked is I think part of the mission.
10 I'm not suggesting that we need to play a big
11 role in that. I was just sharing the
12 observation that having a timeline and pulling
13 together the structure of your RFP might be
14 helpful.

15 MS. SAVOY: Thank you. Okay. Jane, I
16 believe you may have had something.

17 MS. KUSIAK: Yeah, I wanted to follow up
18 with Scott. I am interested in the
19 interoperability between Medicaid enrollment
20 and the Exchange, how that is going to work
21 going forward, because we have so many people
22 that migrate back and forth.

23 MR. WHITE: Well, that's a critical
24 piece of it. You heard Secretary Carey say
25 that. I think the term that's used is Medicaid

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1 integration. And that's where the vendor comes
2 in. This is where Doug is talking about
3 wanting to kind of see the timeline for when we
4 select a vendor. The big question around
5 that -- and I think this will be one of the
6 first and one of the most important discussion
7 points -- is when you decide to integrate
8 Medicaid with the Exchange. Do you do that on
9 the front end or do you say, well, we're going
10 to tackle that once we get some of the more
11 core operational pieces in place? That's a
12 major policy decision. That's something we're
13 going to want a lot of input from the advisory
14 committee on. And so I'm not sure if I
15 answered the question, but that's where the
16 platform comes in, in its integration with the
17 Medicaid system.

18 MS. KUSIAK: Thank you. You are
19 answering my question.

20 MS. HINOJOSA: I had a question related
21 to the SBE projects under way slide. There was
22 one particular box that had consumer help
23 desk/call center, and I was wondering if you
24 were thinking about that as one particular
25 thing or whether you plan on breaking that out

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1 at some future point?
2 MS. SAVOY: I am still thinking that
3 through. So if you have any suggestions either
4 way from your experience, I would be -- love to
5 hear them.

6 MS. HINOJOSA: Yeah, and we can talk
7 about that more at some point in the future.
8 The reason I say that is just, you know, there
9 was -- the way it kind of worked operationally
10 is what we found is there was kind of a -- kind
11 of a tier 1 of complexity that the assisters
12 and navigators and certified application
13 counselors were able to handle in the field and
14 the call centers were able to handle on the
15 phone. But then as issues got more complex,
16 cases would get kicked to Exchange staff. And
17 what we found is Exchange staff, as lean as we
18 were, were having to handle a lot of the more
19 complex cases in kind of a tier 2 way that our
20 tier 1 folks were not able to address on their
21 own. And so over time what we ended up doing
22 was creating in-house case managers -- we
23 called them case mangers to handle the tier 2
24 issues that assisters, navigators, CACs or our
25 call center folks were not able to handle at

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14 (53 to 56)

1 the tier 1 level. So the case managers -- and
2 many of them were former assisters and
3 navigators -- we hired them in-house to become
4 our case managers. But that freed us as
5 Exchange staff to handle those case manager,
6 you know, tier 2 kinds of issues. And then
7 they also handled some of the legislator
8 constituent issues as well. We handled
9 congressional cases and we handled counsel
10 cases. So those would automatically go to tier
11 2 case managers as well, but any of the more
12 complex kinds of things would go to tier 2. So
13 just from a staffing perspective, that may need
14 to be kind of a second bucket of consideration
15 that you consider moving forward for the
16 future.

17 MS. SAVOY: Thank you. I appreciate
18 that. And I have seen that arrangement in some
19 of the other states that we have looked at, so
20 I think you're very much on point. That would
21 definitely be something we'll have to think
22 through closely.

23 If there are no other questions,
24 we'll move on to comments and new business from
25 members. So if there are any members of the

53 1 representing Delta Dental of Virginia, and Jill
2 Hanken representing the Virginia Poverty Law
3 Center, one of our navigator groups. Each
4 speaker will have five minutes to comment. And
5 if a speaker should get to four minutes and 30
6 seconds, they will hear an announcement that
7 they have 30 seconds remaining.

8 So commenters will speak in order
9 in which they registered. So I believe Chris
10 Pyle will be speaking first. So Chris, please
11 unmute your line and proceed.

12 Chris, are you there?

13 We'll move on to Jill Hanken from
14 the Virginia Poverty Law Center. Jill, are you
15 there?

16 MS. HANKEN: Yes, I am. Do you hear me?

17 MS. SAVOY: Yes, we can.

18 MS. HANKEN: Great. Well, good
19 afternoon, everybody. So nice to see you all
20 today. I am Jill Hanken from the Virginia
21 Poverty Law Center where I work on a wide range
22 of health-related issues, but I'm here today as
23 the director of VPLC's Enroll Virginia Project,
24 which is a statewide navigator program and
25 funded by our new state-based exchange. Thank

54 1 committee that have comments overall or would
2 like to introduce any new business, please feel
3 free.

4 MS. BROOKS-LASURE: This is sort of a
5 follow-up. It's still on the -- I think the
6 presentation, but I wanted to ask or encourage
7 you to think about as you're thinking about the
8 open enrollment strategies to make sure to
9 place a special emphasis on communities of
10 color and really be thoughtful about your
11 outreach in that area in particular. I'm
12 thinking about the navigator outreach
13 materials, etc.

14 MS. SAVOY: Okay. Certainly will do
15 that.

16 Any other comments or new business?
17 Okay. I will take that as a no.

18 We'll go on to the public comment
19 section of the meeting, then. So this
20 afternoon the Committee will hear public
21 comments from members of the public who
22 preregistered, as specified in the instructions
23 provided by the State Corporation Commission.
24 For today's meeting there were two members of
25 the public that registered, Chris Pyle

55 1 you very much.

2 As you've heard, our navigators are
3 authorized and required by the Affordable Care
4 Act to provide education, outreach, and
5 application assistance to consumers who need
6 help or have questions about their health
7 insurance. And we serve Virginians at all
8 income levels, provide language access,
9 disability accommodations. I want you to
10 remember that our work is year round. While
11 six-week open enrollment is crunch time, we
12 work year round helping people with special
13 enrollments, helping people transfer between
14 the Marketplace and Medicaid enrollment,
15 helping people transfer between Marketplace and
16 Medicare enrollment. And for any of you who
17 have worked in this field, those transitions
18 can be very complex and very confusing.

19 We have been doing this work since
20 2013 when we were selected by the federal
21 government to provide navigator services, and
22 we're very proud of what we've been able to
23 achieve; and again, quite grateful to the State
24 Corporation for selecting us to continue to do
25 our statewide navigator work this year.

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15 (57 to 60)

	57		59
1 We have one week to go in open 2 enrollment. So it's crunch time and we're 3 busy. I hope you all will remind your friends, 4 family to sign up for health insurance. 5 They've got one week left if they need 6 Marketplace coverage.		1 coverage. Thank you to Director Kimsey from 2 DMAS offering to engage in that kind of 3 coordination. Ideally, Virginia would have a 4 single name for their marketplace and Medicaid 5 programs so that consumer transitions can 6 happen behind the scenes instead of the 7 individual having to transfer from one system 8 to another.	
7 To share a little bit about our 8 work this year, we have 24 navigators that are 9 working in 18 different offices throughout 10 Virginia. We have ten navigators who speak 11 Spanish, one speaks Korean. And the other 12 navigator program, Boat People SOS serves the 13 Vietnamese community. Our program goals for 14 this year are to reach 18,000 Virginians 15 through outreach; and a subset of those 16 providing one-on-one assistance and helping 17 folks enroll, we're hoping to reach 6,000 18 enrollments.		9 Thank you all for comments about 10 open enrollment periods. We do hope we could 11 have longer open enrollment periods and easier 12 access to special enrollment. And we know that 13 already there is a strong commitment to 14 one-on-one consumer assistance.	
19 I was going to tell you a little 20 bit more about what we're doing this year, but 21 I'm going to skip forward to talk about what 22 I'm hoping that you all will be able to do as 23 an advisory committee, because we are excited 24 about having a state-based exchange. We think 25 that as an advisory group there are a couple of	58	15 I think I'll have to wind up now, 16 but I'll share my comments in writing with you. 17 I do think the advisory committee, beyond some 18 of this consumer protection work, should also 19 really play a strong role in monitoring the 20 cost of health insurance in Virginia. We know 21 that there is a lot of work that needs to be 22 done there. Folks who don't qualify for 23 premium tax credits are truly faced with 24 exorbitant prices for their coverage, and 25 thanks to Dr. Carey and his team we're moving	60
1 things that I hope you'll keep in mind. One is 2 the importance of health insurance. I think 3 that goes without saying. We know that about 4 270,000 people have depended on Marketplace 5 coverage from Virginia. With Medicaid 6 expansion in place, our Medicaid program has 7 grown to 1.5 million people, and nearly 100,000 8 of those enrollees have signed up since the 9 spring during the COVID pandemic, and we still 10 know that there are about 650,000 uninsured 11 Virginians. So we would like to see the 12 state-based exchange really focus on consumer 13 needs. There are many examples from the other 14 19 state-based exchanges which have been doing 15 this kind of work for a while. Our top 16 priority -- and you've heard this mentioned 17 several times today -- is full coordination 18 between the state-based exchange and Medicaid. 19 We all know that people experience life changes 20 during the year. Consumers need to have 21 seamless transitions between the exchange and 22 Medicaid. We believe the eligibility system 23 should be fully integrated, as is the case in 24 about nine state-based exchange. They need to 25 coordinate marketing applications, ongoing		1 forward with some possible corrections there. 2 So I do thank you very much for 3 your service on the advisory committee, and 4 congratulations for being selected, and we 5 really truly look forward to working with all 6 of you as we get the SBE moving forward. Thank 7 you very much. 8 MS. SAVOY: Thank you, Jill. Chris, are 9 you there? 10 MR. PYLE: Can you hear me? 11 MS. SAVOY: Yes, we can. 12 MR. PYLE: Hi, this is Chris. Can you 13 hear me? 14 MS. SAVOY: We can hear you, Chris. 15 MR. PYLE: Oh, sorry about that. 16 Operator error, clearly, on my part. First of 17 all, I just want to say hello Chiquita. I 18 remember working with you a million years ago 19 when you were at HHS and I was at Delta Dental 20 Plan Association, so infancy years of 21 healthcare reform. 22 I just wanted to make a very quick 23 comment that we in Virginia have a really good 24 opportunity to fix a problem with the exchange. 25 The federal exchange has never been a great	

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16 (61 to 64)

1 place for shopping when it comes to dental
2 plans. Despite that, we at Delta Dental in
3 Virginia cover a little over 10,000 people in
4 Virginia with stand-alone dental plans, and we
5 think that number could really be higher as
6 customers are allowed to shop for dental plans
7 separately from their medical plan. There may
8 be people who purchased a medical plan, whether
9 it be Medicare or some other means outside the
10 Exchange, and having a place to go purchase an
11 affordable dental plan could be of real
12 service. We're thankful that this language was
13 included in the legislation. We're also
14 thankful that most of the vendors that I
15 assumed would respond to the RFP are
16 experienced in this, having already kind of
17 worked out the kinks in other states like
18 Nevada, District of Columbia, others probably.
19 So you all have a great opportunity to do a
20 real service to bring dental coverage to a lot
21 more Virginians. And we are here to help if
22 you need anything. So thank you very much.
23 Thank you for your time.

24 MS. SAVOY: Thank you, Chris. Those are
25 our two people who registered for public

61 1 personally think we'll probably want to err on
2 the side of having a few more of those,
3 particularly early on in the process as we have
4 to tackle some of these issues. And I know --
5 you know, I will say this: I've talked to
6 Victoria, and I know she really welcomes the
7 support and the guidance from this advisory
8 committee. We all walk into it. It's fairly
9 new to us. You all bring to the table a lot of
10 expertise in diverse areas. Some of it is
11 specific to the Exchange. Some of it is more
12 generally with the Marketplace. I feel very
13 good about this team and I feel very good about
14 knowing Victoria, and when we get this chair in
15 place it will help guide the advisory
16 committee.

17 The other thing I would say is the
18 State Corporation Commission is an independent
19 department of government. We are not a
20 policy-making organ that you see in other
21 states that are directly under the executive
22 branch. So that's why you've seen the
23 secretary, for example, play such a major role
24 in bringing these initiatives forward through
25 the -- working group inclusive mechanism for

62 1 comments.
2 We've actually gone through the
3 agenda fairly quickly today. I know, Scott,
4 you had talked about wanting to say some final
5 words.
6 MR. WHITE: Have we run through
7 everybody's public comments? Is that what we
8 just completed?
9 MS. SAVOY: Yes, we have. And I know
10 you had talked about bringing up a few last
11 words.
12 MR. WHITE: Okay. Well, I mean, the
13 only thing I'd like to say is I think this has
14 been a great opening meeting. I'm just very
15 impressed. It was great hearing from
16 everybody. We clearly have an engaged group of
17 people who want to contribute and have very
18 good ideas about how we should do that moving
19 forward. So it's exciting to have this
20 advisory committee up and running, and I think
21 we've got a good leadership team with Victoria
22 and with Toni. So I hope we remain committed.

23 She mentioned earlier about having
24 two meetings. I personally think we'll
25 probably want to have -- two meetings a year, I

63 1 doing that, but again, we focused on our role
2 as providing technical expertise throughout.
3 So again, this makes the advisory committee
4 even more important I think perhaps than it
5 might be in other states where, again, we are
6 going to continue to be more of a -- you know,
7 an agency that wants to adhere to the statute.
8 We understand important policy decisions need
9 to be made, but that's where we will primarily
10 look to you all. Also legislators will have
11 their own role in the administration, but the
12 advisory committee will be on the ground, you
13 know, working directly and closely with the
14 chair and with Victoria and Toni and her staff.
15 So again, I'm excited about the work moving
16 forward.

17 MS. SAVOY: Thank you. We've got a
18 couple of hands up. Secretary Carey, did you
19 want to speak?

20 MR. CAREY: Well, just to add to what
21 Commissioner White had indicated, the
22 ex-officio folks, I see Commissioner Storen and
23 there's Commissioner Oliver, Director Kimsey,
24 Ellen Montz, Holly Mortlock, senior policy
25 advisor from HHR, as well as Marvin Figueroa,

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17 (65 to 68)

	65		67
1 all here to support -- we realize we need to 2 know our lane and we do know our new line now 3 that it's operational, but we're committed to 4 the success of the Exchange. So just let us 5 know how we can help, and we will stay close, 6 but not stay too close. We need to let the 7 operational folks do it. But we are thrilled 8 to be a part of the advisory committee as 9 ex-officio members, and also are committed to 10 help solve problems with access to the 11 executive branch. So thanks so very much. And 12 yeah, we're just really just thrilled to get 13 this launched and want to support it and work 14 through it in every way we can. 15 MS. SAVOY: We had another hand raised. 16 Ikeita, did you have your hand up? 17 MS. HINOJOSA: Oh, yes. Of course, this 18 is only our first meeting. So it's still 19 early, but in terms of balancing our desire to 20 help with the fact that we'll only have just a 21 few meetings, do you know at this point if 22 there will be subcommittees or work groups? 23 Have you thought that out just at the moment? 24 MS. SAVOY: I really -- I think the best 25 thing to do would be, rather than me to lay out		1 CERTIFICATE OF REPORTER 2 3 I, Lisa M. Blair, RMR, CRR, do 4 hereby certify that the proceedings were heard 5 before me in the State Corporation Commission 6 hearing herein; further that the foregoing is a 7 true and accurate record of the testimony and 8 other incidents of the hearing herein; and that 9 I am neither counsel for, related to, nor 10 employed by any of the parties to this case and 11 have no interest, financial or otherwise, in 12 its outcome. 13 14 IN 15 WITNESS WHEREOF, I have hereunto set my hand and 16 affixed my notarial seal this 11th day of 17 December 2020. 18 My commission expires October 31, 2024. 19 20  21 _____ 22 Lisa Blair, RMR, CRR 23 24 25	
1 much structure, is to actually let the chair 2 and the vice chair -- you know, I will be 3 flexible to what the chair and the vice chair, 4 how they feel that this committee should run, 5 depending on the types of issues and policies 6 that the group wants to work on. So I don't 7 want to stand in the way if you want to have 8 it, you know, one way versus the other. 9 Okay. Is there anything further 10 for today? I would just like to say in closing 11 that I am very impressed with all of you. I 12 know some of you I have worked with in the 13 past. Others of you I am meeting for the first 14 time. I really look forward to working with 15 all of you and really look forward to your 16 guidance and input to help create an Exchange 17 that really is valuable and successful for 18 Virginia. Thank you again. 19 MS. JANOSKI: Thank you all. And you'll 20 see a couple of emails from me in the near 21 future on the nominations and also the bylaws 22 and the draft. And if there's nothing further, 23 I believe we will adjourn. 24 (Off the record, 2:26 p.m.) 25	66		

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