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Transcript of Meeting

Date: October 28, 2021

Case: Health Benefit Exchange Advisory Committee Meeting

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1 COMMONWEALTH OF VIRGINIA
2 STATE CORPORATION COMMISSION

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4
5 VIRGINIA HEALTH BENEFIT EXCHANGE
6 ADVISORY COMMITTEE MEETING

7
8 Meeting

9 Conducted Remotely

10 October 28, 2021

11 1:03 p.m. - 2:27 p.m. EST

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1 A P P E A R A N C E S :

2 Voting Members:

3 Sabrina Corlette, Chair
4 Jane Norwood Kusiak, Vice Chair
5 Victoria Savoy, Director
6 Lee Biedrycki
7 Julie Green Bataille
8 Scott Castro
9 Elizabeth Cunningham
10 Doug Gray
11 Ikeita Cantu Hinojosa
12 Starla Kiser
13 Kenn Penn
14

15 Ex-officio Members:

16 Assistant Secretary Corey Pleasants
17 Commissioner Duke Storen
18 Director Karen Kimsey
19 Julie Blauvelt, Bureau of Insurance

20 Also present:

21 Holly Mortlock
22 Jennifer Krupp
23 Toni Janoski
24 Whitney Thomas
25

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

2 CHAIR CORLETTÉ: I want to take a
3 quick moment to welcome you all to our
4 advisory committee meeting. Hard to believe
5 it's been almost a year, I think, since we
6 last met. But we certainly had a lot happen
7 since then.

8 The biggest exciting news that I
9 want to share today is that we have a new
10 advisory committee member. And really, we
11 are incredibly privileged to have her joining
12 us. And I think she's just going to, from
13 the jump, add a tremendous amount of value to
14 our work. And her name is Julie Bataille.
15 Julie, are you with us?

16 MS. BATAILLE: I am, yes. Thanks,
17 Sabrina.

18 CHAIR CORLETTÉ: Great. So I have
19 had the pleasure of working with Julie, gosh,
20 I don't know how many years it's been now.
21 We started working together when we were very
22 young.

23 MS. BATAILLE: Really young.

24 CHAIR CORLETTÉ: But Julie and I
25 have had -- I've been just really blessed to

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1 work with her through a project called the
2 State Health and Value Strategies Project,
3 where we worked to assist and support states
4 on various coverage, policies, and issues.
5 Julie works for GMMB, which is a
6 communications firm, and just really has
7 incredible expertise and great ideas around
8 marketing and communications and a number of
9 issues that I think will become increasingly
10 salient for all of us as we approach the
11 launch of the Exchange as a state-based
12 marketplace.

13 And Julie, before she was at GMMB,
14 was director of the office of communications
15 for CMS, the Centers for Medicare and
16 Medicaid Services, where I don't know if
17 this is -- if you think of this as a bright
18 spot in your life or not, but Julie was
19 present for the launch of healthcare.gov and
20 all the peaks and valleys of that
21 experience.

22 So she brings to us just a wealth of
23 experience and also just a delightful person
24 to work with. So I could not be more excited
25 to have her as part of our group. So

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1 welcome, Julie.

2 MS. BATAILLE: Well, thank you so
3 much. It's really an honor to be here and be
4 able to help get the Exchange in Virginia off
5 the ground. And I will just say, if I have
6 learned anything from my previous experience,
7 it is that we will not repeat some of the
8 things that I have lived through in Virginia.
9 So, happy to be here with all of you.

10 CHAIR CORLETTÉ: Thank you.

11 Victoria or Toni, I will turn it
12 back to you for kicking off our roll call.

13 MS. JANOSKI: Thank you. All right.
14 As Sabrina said, we are here for the fourth
15 meeting of the Virginia Health Benefit
16 Exchange Advisory Committee. It's been a big
17 year. And we've enjoyed getting to know all
18 of these folks and them being with us for
19 this process. And welcome to our
20 newcomers.

21 I'm just going to cover some
22 housekeeping items and then call the roll.
23 So for your purposes, I dropped the call-in
24 number and the webcast site into the chat, in
25 case you have someone in your organization

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1 that would like to join us. Or we have had
2 some issues with Teams this week here and
3 there; should you need the call-in number,
4 it's there. And I'll also read it off for
5 you: It's (804) 229-5840. The password is
6 505452276 pound.

7 Just a couple of reminders; only the
8 Committee members should have their cameras
9 turned on. Please stay muted until you're
10 called to speak. And when you do speak,
11 please state your name so that it can be
12 captured in the transcript notes. And the
13 transcript will be made available at a future
14 date on our website.

15 So with that, I will call the roll
16 of the Committee. Secretary Carey?

17 MR. PLEASANTS: Good afternoon,
18 everyone. Corey Pleasants, assistant
19 secretary, filling in for Secretary Carey.

20 MS. JANOSKI: Thank you, Corey.

21 Director Kimsey?

22 MS. KIMSEY: I'm here.

23 MS. JANOSKI: Dr. Oliver? Do we
24 have anyone on behalf of the Department of
25 Health?

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1 Commissioner Storen?

2 MS. KIMSEY: He's waiting in the
3 lobby, coming in.

4 MS. JANOSKI: Bruce, can we see if
5 we can admit Duke Storen.

6 MR. NICHOLS: He's not showing in my
7 lobby. If somebody -- is there -- Whitney or
8 Toni, does he show up in the lobby for you?

9 MS. THOMAS: I don't see him in my
10 lobby.

11 MS. JANOSKI: Commissioner White? I
12 believe Scott is on a commissioners
13 conference today. Is Julie Blauvelt on?

14 MS. BLAUVELT: Hi. Yes, I'm here.

15 MS. JANOSKI: I'm going to put you
16 in as standing in for Commissioner White.

17 All right. And we know Sabrina's
18 with us. Hi, Sabrina.

19 Jane Kusiak?

20 MS. KUSIAK: I'm here.

21 MS. JANOSKI: Julie Bataille?

22 MS. BATAILLE: Good afternoon.

23 MS. JANOSKI: Hi, Julie; good to
24 meet you.

25 Lee Biedrycki?

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1 MR. BIEDRYCKI: Good afternoon.

2 MS. JANOSKI: Scott Castro?

3 MR. CASTRO: I'm here.

4 MS. JANOSKI: Elizabeth Cunningham?

5 MS. CUNNINGHAM: Here.

6 MS. JANOSKI: Doug Gray?

7 MR. GRAY: I'm here.

8 MS. JANOSKI: Ikeita?

9 MS. HINOJOSA: I'm here.

10 MS. JANOSKI: Wonderful. Starla?

11 MS. KISER: I'm here.

12 MS. JANOSKI: And Kenn Penn?

13 MR. PENN: Good afternoon.

14 MS. JANOSKI: Welcome Kenn. Okay.

15 That's it for the roll. And I'll turn it
16 over to Victoria.

17 MS. SAVOY: Okay. Thank you. I did
18 see something pop up that Commissioner Storen
19 is on the call. So Toni, if you would like
20 to recognize him as being present also,
21 please.

22 MS. JANOSKI: Wonderful.

23 MS. SAVOY: Thank you all for
24 coming. I am excited that, as everyone said,
25 this is our fourth meeting. Our first report

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1 today was -- let me put my camera on too.
2 Our first report today was actually going to
3 be a report from the Bureau of Insurance on
4 their CMS market stabilization grant. I'm
5 not sure if Van Tompkins has made it on the
6 call yet, though. Van, are you there?

7 MS. TOMPKINS: I'm here, Victoria.

8 MS. SAVOY: You are. Well then,
9 Van, you are our special guest presenter
10 today, and I'm going to turn it over to you
11 for a few minutes so that you can update the
12 group on the market stabilization grant.

13 MS. TOMPKINS: My pleasure. Thank
14 you so much for inviting me. I worked with
15 Deputy Commissioner Julie Blauvelt on the
16 development of the application for this
17 grant. And as many of you may realize, we've
18 prepared that grant application thinking
19 about projects that were bubbling up in late
20 2020 and early 2021.

21 And we filed it on the 2nd of
22 February. And our biggest plan at the time
23 was to support the implementation of a
24 reinsurance program, if that came to be, and
25 to do the various analyses that needed to be

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1 done in support of the reinsurance program.

2 And as it turned out, the grant
3 award, which was anticipated for April 1st,
4 didn't take place. In fact, the grant was
5 just awarded about one month ago now. So
6 with that delay, we had no choice but to
7 continue those reinsurance program projects
8 and get them completed so that we stayed on
9 track for filing of the 1332 waiver
10 application.

11 So one thing about grant projects I
12 have found over the years is that what you
13 think you're going to do may in fact change.
14 And this was a good example of how it did.
15 All that work had to get done, but it could
16 not get done with grant funds.

17 Which, now that it's awarded, it's a
18 two-year grant in the amount of \$696,000.
19 And the fact that we now have two years in
20 which to undertake various projects presents
21 a lot of opportunities, you know, for using
22 the money as things develop.

23 And we really have not begun very
24 much work yet; we're so close now to the 2022
25 legislative session that our feeling was we

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1 should wait and see, to an extent, what are
2 going to be the priorities of legislators for
3 2022, and then we can plan accordingly.

4 So some of the things that I'll
5 describe that we are planning to do are
6 really just, you know, activities in support
7 of the individual and the small group market,
8 and then we will await the various policy
9 options, policy considerations, legislation,
10 all the things that will come up as we get
11 closer to the 2022 session.

12 So the first thing that we have done
13 for the individual market is that we have had
14 our actuaries -- we already have contracted
15 actuarial firms, the Bureau of Insurance
16 does. This was not a situation where we
17 engaged actuaries for this grant; we already
18 had them on contract.

19 And we had a replication of the
20 current individual market prepared so that we
21 have a good understanding of how the market
22 is made up today, which also gives us the
23 ability to know how changes will -- how
24 various policy changes could impact premium
25 or enrollment or even market mobility during

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1 this period.

2 The first grant, we did not have the
3 opportunity to really focus on the small
4 group market. So one of the things we do
5 have planned will be, first of all, a
6 modeling of the small group market as it is
7 today, which has not been done, I don't
8 think, before. Julie can correct me if I'm
9 wrong. But information is going to be
10 gathered primarily from a data request to the
11 carriers and the actuary will use other
12 public sources. And once all this
13 information is collected, the Bureau and the
14 actuary will consider possible policy
15 options.

16 And then if the policy options are
17 chosen, then they would do the necessary
18 analysis and model the impact of these
19 various options. And again, some of those
20 decisions could come based on the next
21 General Assembly session.

22 But when it comes to the small group
23 market, we will create a report that will be
24 a deep dive into the small group market,
25 which is something we're going to be glad to

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1 have the opportunity to do.

2 We're also committed to developing
3 educational materials for the use of the
4 small employers. And whatever we create,
5 video, guides, whatever we create, we will
6 definitely put these on the Bureau's
7 website.

8 The only other project that we have
9 started so far is that we have engaged
10 experts in behavioral health in the Mental
11 Health Parity and Addiction Equality [sic]
12 Act as a resource for our Bureau staff
13 members who worked, you know, to evaluate and
14 respond to concerns about mental health
15 parity. These experts will help us as we go
16 through consumer complaints, market conduct
17 reviews, and we definitely want them to
18 develop tools and internal guidelines for the
19 use of our staff, you know, for materials
20 that will be available once the experts are
21 no longer with us.

22 Again, you know, a lot of the
23 projects, there are things we can also do.
24 As far as the reinsurance program, when the
25 parameters of the program change, when things

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1 need to be updated, we would be able to use
2 grant funds at that point to assist having to
3 do with the market -- market conduct...
4 Having to do with -- shoot, I lost my place.
5 I'm sorry; I totally lost my thought; a
6 ruckus broke out between the kitties. Sorry
7 about that.

8 When we need to update the small
9 group and the individual markets baseline
10 reviews, we'll be able to do that; we will
11 also be able to use the funds to update the
12 reinsurance program or the reinsurance
13 program parameters. You know, there are some
14 other state agencies that are looking at
15 various options right now. It's a
16 possibility that once they are at a certain
17 point of their projects or they complete
18 their projects, there may be something that
19 we can do to assist them with grant funds;
20 you know, those options are all on the
21 table.

22 We also -- you know, there's a
23 possibility that we will choose to look at
24 Virginia's current EHB benchmark plan if
25 we're directed to do so by the Health

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1 Insurance Reform Commission or if there's
2 legislative interest in doing so.

3 And if we did that, basically, it
4 would be an opportunity to compare our
5 benchmark plan with those of other states,
6 many of whom have made changes to their
7 plans. And then in looking at this, then our
8 actuary would make recommendations back to us
9 as to changes that we might want to consider
10 and adjustments that we might want to make to
11 our plan going forward.

12 We will also, of course -- as I
13 said, we're going to consider pending
14 legislation and have funds available at that
15 point. Everything that we do, as we make
16 changes, those revisions have to be approved
17 by HMS, so it has to stay within what they
18 consider market reforms and
19 anti-discrimination activities; it has to be
20 both.

21 So I would just say that I know a
22 lot of these things we don't have definite
23 answers on yet, but we have the ability to
24 make changes subject to HMS's approval, and
25 we are going to look at other possible, you

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1 know, options that we may be able to do that
2 help with policy review and studying benefit
3 design changes.

4 All of these things would be worthy
5 use of grant funds, and we're just going to
6 try to make the best decisions we can about
7 what is best for the markets, what is best
8 for those who keep their eyes on the markets,
9 and other projects.

10 And I'll happy to answer any
11 questions anyone might have.

12 CHAIR CORLETTÉ: Van, thank you so
13 much. I don't have any questions. I just
14 want to say hats off to you and the Bureau
15 for applying for these grant funds. And I
16 think it's just great that Virginia has such
17 a flexible source of federal support for what
18 sounds like a quite worthy list of
19 activities.

20 MS. TOMPKINS: And thank you for
21 that. We really appreciate that.

22 MS. SAVOY: No other questions for
23 Van?

24 Well, Van, thank you very much for
25 agreeing to come and be our special presenter

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1 today. And I realize that our original
2 agenda had you at the end of the report list,
3 but I wanted to make sure you did not have to
4 sit and listen through everything, so we
5 changed it up a little bit and you got to be
6 first. Now you can go back and referee
7 whatever fights that are breaking out.

8 MS. TOMPKINS: I know. Sorry about
9 that, everybody. Have a great day.

10 MS. SAVOY: Thank you. Take care.

11 So as far as reports from the
12 Exchange, I am pleased to announce, first
13 thing I want to mention is that the Exchange
14 staff has increased again by two individuals,
15 this time, from our last meeting. We have
16 hired a deputy director as well as a senior
17 policy advisor. The deputy director is
18 Jennifer Krupp, who is coming to us from
19 Nevada.

20 And senior policy advisor Holly
21 Mortlock who, I think, a lot of you have
22 worked with in her prior position as a senior
23 policy advisor for the governor's office.

24 So Jennifer, I don't know if you
25 have the ability to say hi; I know you've

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1 been having issues with your computer today.

2 MS. KRUPP: Yeah. If you guys can't
3 hear me, please let me know. But thank you,
4 Executive Director Savoy, for the warm
5 introduction. I'm Jennifer Krupp. I just
6 started here on Monday, October 25th. And I
7 come to Virginia from the Silver State Health
8 Insurance Exchange in Nevada where I
9 previously served as the chief financial
10 officer. And I began there prior to the
11 transition of Nevada to a state-based
12 Exchange, getting us all the way through up
13 until -- well, October 8th.

14 So I'm really excited to be here in
15 Virginia. And I am looking forward to
16 getting to know each of you better and
17 helping the Commonwealth. So thank you.

18 MS. SAVOY: Holly, I'm not sure if
19 you're available?

20 MS. MORTLOCK: Good afternoon,
21 everyone. It's great to see you-all here. I
22 know I have worked with many of you before.
23 I just wanted to say thank you to Director
24 Savoy for the introduction.

25 I come to the Health Benefit

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1 Exchange from the governor's office at HHR,
2 where I have worked over the last several
3 years on health insurance policy for the
4 governor's office. It's a big honor to be
5 joining the Exchange and just this great
6 team. And I'm very excited for the work that
7 we will all be doing together. So thank you.

8 MS. SAVOY: Thank you both. And
9 we're trying to go easy on them for the first
10 couple of weeks; we don't want to overwhelm
11 them, but there's a lot that they can help us
12 with. They have tremendous skills, and we're
13 excited to have them join the Exchange.

14 So along other report items, just
15 wanted to mention that Health Management
16 Associates, some of you may know as HMA, we
17 have brought them on as consultants to help
18 us with program management and also for
19 several specific consulting services, topics,
20 as we work on our transition towards becoming
21 a full state-based Exchange. So they have
22 started working with us and we are really
23 excited to have them join us.

24 We have issued some new grants to
25 the Navigators in Virginia. So last year we

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1 had Virginia Poverty Law Center and the Boat
2 People SOS as grantees. And they are the two
3 grant -- awarded grants for Navigator program
4 services for 2022. So between the two
5 organizations, we have approximately 2.1
6 million in funds that have been awarded to
7 those two entities. And we look forward to
8 working with them closely again this year.

9 We had some great times of being
10 able to work together, and they have
11 really -- you'll see a slide later on; they
12 have really done a lot, along with some of
13 the other Assisters, to really increase the
14 amount of individuals who have been insured
15 in Virginia through the Exchange. So hats
16 off to them.

17 Also, the Exchange did receive a
18 different CMS grant separate from the Bureau
19 of Insurance's grant. This is a state
20 Exchange modernization grant. We have it in
21 here as for up to 500,000 because we had
22 submitted -- we'd received an initial award
23 notice, but we had to submit extra paperwork
24 that explained all the different budget
25 items, and we have not heard back formally if

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1 that revised budget has been approved. So
2 right now, we're hoping that it is for a full
3 500,000, but we have not heard back from CMS
4 yet.

5 That grant, we will be using that
6 for several different topics, including using
7 it to support actuarial projections of
8 revenues on a routine basis for the Exchange,
9 especially looking at, say, the market impact
10 of the end of the public health emergency.
11 We are going to be using the funds to create
12 Navigator and Assister training in Virginia.

13 As you may know, right now, we're
14 relying on the federal training program and
15 we know we have to transition over to a state
16 training program when we transition to become
17 a full state Exchange. So we plan to use
18 some of the funds for that, as well as
19 updating our materials for outreach and
20 education.

21 So we have a lot of different uses
22 for these funds, and we're excited that CMS
23 has provided these funds to help us out.

24 Not on this slide, but I'm just
25 going to put it in here is just a general

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1 timeline for the Exchange. I know everyone
2 is always interested in that. We are still
3 looking to transition to the full state-based
4 Exchange as of January of 2024. As I
5 mentioned, we are working now with Health
6 Management Associates. They're helping us to
7 update our blueprint for the submission to
8 CMS.

9 And we are working, as I'm sure
10 you're all aware, on a software platform.
11 The timing on that is still looking that we
12 will have an award in the spring of 2022;
13 implementation after that; along with all of
14 the other impacts and details that have to be
15 done for full implementation, including
16 website updates, things like that.

17 And then I wanted to just bring a
18 couple highlights of the special enrollment
19 period that ended August 15th. If you
20 recall, the federal government opened up a
21 special enrollment period from February 15th
22 through August 15th as a result of -- part of
23 it was COVID-19. And we did -- I can't take
24 credit for any of this, but there were great
25 results in Virginia.

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1 The total effectuated enrollment for
2 Virginia as of August 15th, when that special
3 enrollment period ended, was almost 259,000
4 individuals. And that represents a change --
5 an increase of over 10 percent from last
6 year. So that is -- that's a lot of
7 increase. And from calls that I was on with
8 other state Exchanges, a lot of other states
9 saw much less of an increase. Some just sort
10 of stayed even; others had, say, an increase
11 of 2 or 3 percent. So to see an increase of
12 over 10 percent is, I think, a real win for
13 Virginia.

14 And at the bottom, you'll see new
15 plan selections during the SEP were over
16 54,000. So that's an increase of 174 percent
17 in the same period of time. And as someone
18 with a financial background, I always like to
19 think of comparisons. And if you look at --
20 I did a real quick check of the 2020 census
21 numbers. 54,000 individuals, the new plan
22 selections for Virginia, that's greater than
23 the whole population of Charlottesville or
24 the entire population of Harrisonburg. So if
25 you think about it in those terms, that's a

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1 lot of people that have been helped by the
2 Exchange.

3 And I had the opportunity to speak
4 very briefly at a training program that the
5 Virginia Poverty Law Center put on for their
6 Navigators earlier this week. And I told
7 them they deserve a pat on the back. They
8 and the other Navigators and the other
9 Assisters, all the different types we have
10 out there that are helping Virginia
11 consumers, this is a big deal. This is a big
12 number. And they really deserve a pat on the
13 back for a job well done.

14 And also, I'm not going to go
15 through these slides word for word, because
16 you have them. But I just wanted to point
17 out that we have the special enrollment
18 period. These results are, again, like I
19 said, in Virginia, are very good. The
20 average reduction in monthly premiums is 55
21 percent due to ARPA. The savings for
22 premiums was \$65 a month. And that actually
23 translates -- I really -- I literally had to
24 sit and look at this number and actually
25 recalculate it myself, because I'm like this

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1 cannot be right.

2 But it's correct: Total monthly
3 aggregate savings for Virginia consumers --
4 so not nationwide, but Virginia consumers --
5 is over \$10 million. Again, these are big
6 numbers. These are very positive results.
7 So this just shows that the Exchange is
8 having good positive impact in Virginia. And
9 we haven't even made the full transition
10 yet.

11 So that leads us to the next
12 upcoming events, and that is the open
13 enrollment. So plan year 2022 is starting
14 next week, November 1st. It runs, this time,
15 through January 15th of 2022. So there's
16 been an additional month that's been added
17 for plan year 2022 by CMS. And CMS has also
18 indicated that this additional month will
19 apply for all the future years going forward.

20 We are pleased to announce that
21 consumer choices are improving in several
22 areas in Virginia. There are new carriers in
23 Central Virginia. There are new plans being
24 offered in Charlottesville and in far
25 southwestern Virginia. There are additional

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1 carriers that are offering plans in Northern
2 Virginia. And Roanoke and Blacksburg area
3 will now have additional -- two additional
4 carrier choices rather than just one.

5 We really like to see most of the
6 counties to have at least two carrier plans.
7 And that's one of the things that we are
8 striving for. So we do see things moving in
9 the right direction as far as carriers and
10 plans. So, again, that's good news.

11 As far as marketing for the open
12 enrollment, we have a new marketing and
13 branding contractor. Well, we are in the
14 last, I think, final stages of obtaining a
15 new marketing and branding contractor; an RFP
16 has been issued, and we have been -- I think
17 right now, we're working on negotiations.
18 I'm not personally involved in that. So I'm
19 trying to stay out of it so I don't get in
20 everyone's way.

21 But it is my understanding, I have
22 been told that the new contractor hopefully
23 will be in by the middle of November to help
24 with marketing for open enrollment and then
25 going forward. This will be a positive -- a

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1 potential three-year contract, one year with
2 additional extensions, that will help not
3 only with open enrollment marketing but also
4 will allow us to create our brand.

5 As you all know, Jennifer said she
6 came from the Silver State Exchange.

7 Pennsylvania has Penny. Virginia, right now,
8 is still the Virginia Health Benefit
9 Exchange, so we're really hoping we can get
10 something where people will be able to
11 recognize the name much easier than they do
12 now.

13 And as part of those marketing and
14 outreach efforts, we are going to, as you can
15 see, do the standard: Target the uninsured
16 and the underinsured. We're going to try and
17 find those people that could be affected by
18 the end of the public health emergency, other
19 hard-to-reach populations, as well as certain
20 targeting groups.

21 And that marketing -- I'm getting
22 feedback all of a sudden. But as part of
23 that marketing, the message is going to be to
24 let current enrollees to review their plan
25 options. My understanding is that, from a

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1 plan management and the Bureau's good work,
2 that there are several areas that have
3 additional plans in a certain county or a
4 certain area. So we're encouraging current
5 enrollees to look at those plan options,
6 update their information. We're going to try
7 and provide any updates as changes may occur
8 on the federal level relating to ARPA and the
9 end of the public health emergency.

10 Of course, we are going to remind
11 people that the Assisters provide free,
12 unbiased assistance. And if someone says
13 they're willing to charge you for their
14 services, that that is not a true Navigator
15 or Assister working for the Exchange. We are
16 providing all of our materials in English and
17 Spanish, and as well as primary materials in
18 Vietnamese and Korean in certain areas of the
19 state.

20 We've got free translation services
21 and we've got our hotline still like we did
22 last year. So we're hoping we've got a lot
23 of different ways that we can get the message
24 out. And even prior to having the marketing
25 contractor in place, the State Corporation

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1 Commission Information Division has -- they
2 keep up with social media press releases, and
3 they try to align their -- what they do with
4 what CMS tells us they're doing for, say,
5 weekly updates, weekly focus on the
6 marketing.

7 So we just received that information
8 I think it was the end of last week or the
9 beginning of this week; each week during open
10 enrollment we'll have sort of a theme week
11 and we will be working as we can to align our
12 messages with that.

13 Then the last item, outreach and
14 education, just to let everyone know, we do
15 use -- plan to use that state Exchange
16 modernization grant from CMS. A lot of that
17 money is going to go towards updating the
18 marketing, outreach and education materials
19 that we have.

20 We have done what we can so far
21 internally ourselves, and we've worked with
22 the Bureau of Insurance; they have been very
23 kind whenever they've been going out and
24 doing outreach events because they have
25 full-time outreach staff, which we don't have

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1 yet. But they've been very good about
2 providing the ability to -- they will take
3 our pamphlets and hand them out. I know we
4 had people at the State Fair and other
5 outreach events so that they've helped us out
6 quite a lot there.

7 We're going to do -- you may hear
8 during open enrollment TV ads, social media,
9 print, newspaper; we're going to try and
10 reach all the different social communication
11 methods.

12 And then to help with that outreach
13 and education, we just wanted to let you know
14 there are, between the two big Navigator
15 groups, there are 35 Navigators and 34 CDOs
16 that are active in Virginia, and there are
17 approximately 1400 agents and brokers who
18 have signed Exchange agreements and support
19 the Exchange as well. And we thank the
20 Bureau of Insurance's agents' licensing; they
21 help us out in that area as well. So we're
22 getting good support from other areas in the
23 State Corporation Commission for the Exchange
24 operations.

25 The next slide is to let you all

1 know, we talked about the Exchange carriers,
2 that certain areas have new carriers or
3 certain carriers have additional plans. Here
4 is a list of all the on-Exchange carriers for
5 plan year 2022. This is information that we
6 have provided to -- I think on the website to
7 let individuals know what's out there.

8 And I also wanted to mention that
9 earlier -- well, last week, October 13th, we
10 held an initial insurance carrier stakeholder
11 meeting. So we had not just the insurance
12 companies but also the dental plans and other
13 organizations that were interested; we had a
14 stakeholder meeting. A lot of good response.
15 We had questions that they asked; we provided
16 them with updates on our timing, what we're
17 doing.

18 And this was just the first in
19 what's hopefully several meetings. We plan
20 to have more meetings with the entire group.
21 We had a representative from each of these
22 carriers attend the meeting. We've also
23 asked for the carriers to provide us with
24 more specialized contacts so that we can
25 have, say, smaller meetings as we work on our

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1 transition; that we can have more focused
2 meetings, one on technology and security, one
3 on enrollment and customer service, and
4 another one on outreach education and
5 marketing.

6 So as we have questions or would
7 like input on those topics, we can call those
8 carriers together that have provided contacts
9 and get their assistance. We recognize that
10 many of these carriers have gone through
11 Exchange transitions in multiple states. So
12 it makes sense for us to learn from them what
13 has worked well from their perspective,
14 things we should try to avoid, things that
15 worked well. We've already gotten some
16 really good ideas from them, and so we're
17 looking forward to having more meetings in
18 the future with this group.

19 All right. Next slide. And I've
20 kind of run through this quickly. I didn't
21 want to read each slide word for word. But
22 if you have questions on something that I've
23 said, please let me know. The last slide
24 here on my reports is just to let people know
25 that the federal notice of benefit and

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1 payment parameters for 2022 was issued and
2 finalized. There were two prior drafts, but
3 the final version did come out.

4 That does set user fees at a lower
5 rate than had been in the past; they had been
6 at 3 percent. They're now at -- I think it
7 was 2.5 percent, I'm sorry, for the
8 state-based Exchange on the federal platform.
9 They have decreased down to 2.25 percent.

10 But Virginia rate remains at .5
11 percent. So during the period of time that
12 we're a state-based Exchange on the federal
13 platform, the user fees rate will remain at
14 .5 percent.

15 I already mentioned that the open
16 enrollment period is extended for 30 days.
17 There's new monthly special enrollment
18 periods for certain consumers. The separate
19 billing regulation was repealed. And also
20 the Exchange direct enrollment option was
21 repealed. Now that was not in use in
22 Virginia, but just in case anyone had heard
23 about that, that actually was repealed.

24 And I just wanted to also follow up
25 on some topics that came up at the last

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1 meeting we had in July. There were some
2 questions that were raised at that point in
3 time, and I did not have ready answers for
4 you. So I just wanted to provide some
5 information. These are not on the slides.

6 But there was a question that had
7 come up about the geographic dispersion of
8 the Assister groups and where was that
9 information. And it turns out that the
10 Enroll Virginia website, which is overseen by
11 Virginia Poverty Law Center, their website
12 actually has a map. You can do a map of the
13 Assistors or you can do a list. So that
14 information is available already through the
15 Virginia Poverty Law Center's Enroll Virginia
16 website.

17 And a second comment that was
18 brought up was the suggestion that the
19 Exchange work with the Virginia Employment
20 Commission to provide consumer education and
21 links to the Exchange. And we agree that
22 that is a good longer-term goal for the
23 Exchange; right now, we just did not have the
24 bandwidth of staff that we could really focus
25 on that.

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1 But again, the Virginia Poverty Law
2 Center does provide some assistance now; we
3 found that information as part of the grant
4 applications that they submitted. So they
5 are already acting -- working with the
6 Virginia Employment Commission in some
7 capacities to at least communicate the
8 existence of the Exchange. So that is taking
9 place now.

10 And another question was regarding
11 SHOP, the small business aspect of the
12 Exchange and whether we would go -- Virginia
13 would go to a full SHOP or not. And at this
14 point in time, at least for the short term as
15 we transition from the state-based Exchange
16 on the federal platform to a full state-based
17 Exchange, we are pretty much going to stay
18 with the equivalent of the federal version.
19 So we're not going to do any more for SHOP
20 than is currently being done right now. I'm
21 not saying that it wouldn't be done in the
22 future, but as we transition, we're going to
23 just stick with what we have.

24 So one thing I would like to
25 mention, in the last session there were

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1 several questions that came up. And like I
2 said, I apologize I did not have ready
3 answers. So between our meetings, we meet
4 with the chair and vice chair, Sabrina and
5 Jane, and discussed topics that we think
6 would be of interest in the next meeting.
7 And one of the things we did talk about also
8 was how to pass questions on so that we can
9 turn around with the information quicker,
10 rather than waiting, say, another three
11 months to get the answers back, like today.

12 So if anyone has questions on just
13 different topics that haven't been brought up
14 today, please pass them along to Jane and
15 Sabrina, and they can pass them on to us.
16 And that gives us a chance to research the
17 information, and then we can include it as an
18 update in the next quarterly meeting. So
19 just trying to make best use of everyone's
20 time that way and sort of avoid the longer
21 term turnaround.

22 So I know that was quick. Like I
23 said, you-all have the slides. I didn't want
24 to just read them word for word. If anyone
25 has a question on any of the information on

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1 the slides, please, now is a good time; let
2 me know, and we'll see what we can answer for
3 you.

4 CHAIR CORLETTÉ: Thank you,
5 Victoria. I have a quick question. I just
6 want to ask you about the change in federal
7 policy with respect to extending the open
8 enrollment period and creating the SEP for
9 people under 150 percent of the poverty line.
10 I think that was generally like -- I thought
11 it was a good policy change, but I also
12 recognize it may not have been something that
13 you had adequate time to plan for and budget
14 for.

15 And I'm just curious, you know,
16 about how you guys are approaching that in
17 terms of, you know, Assister capacity,
18 marketing, and other activities that you guys
19 have to undertake.

20 MS. SAVOY: Well, to be honest,
21 these were the types of things that were
22 brought into consideration when the
23 Navigators provided their updated budgets for
24 their grants. The Navigator grants this year
25 were increased over last year, and part of

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1 that is the anticipation of the additional
2 Navigator duties that are being asked for as
3 part of the notice of benefit and payment
4 parameters.

5 And we are hoping that we will have
6 more specialized communication and discussion
7 with the Navigator groups so they can help us
8 out in some of these areas where we don't
9 have the funds or the staff right now to
10 assist. So we don't have any specific plans
11 in place right now, but we're going to work
12 on that.

13 And I see that Doug has his hand
14 raised, Doug Gray.

15 MR. GRAY: Hi, Victoria. I had two
16 questions. One was whether tomorrow or
17 Monday is the magic day for the RFP coming
18 out. I think the goal was to have it out in
19 October, but I know it hasn't happened quite
20 yet, but I was just wondering if we have some
21 idea when the magic day was going to be.

22 MS. SAVOY: I don't think we have a
23 particular magic day, not one that I have
24 heard. Like I mentioned to you at the
25 carrier stakeholder meeting, this has been

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1 turned over to procurement, and I'm letting
2 them drive the bus right now. I don't want
3 to get in trouble over the Virginia
4 procurement laws. So I don't have an exact
5 day, at least that I know of to give you.

6 MR. GRAY: Okay. The other question
7 I wanted to ask was related to the end of the
8 public health emergency. And I know Karen is
9 on from DMAS as well. I wonder if anybody
10 has taken a look at what the rate of
11 enrollment is when someone comes off of a
12 public health emergency, like in this
13 situation, from Medicaid to an Exchange plan.

14 I've heard that in some states the
15 percentage of people who actually enroll when
16 they come off is really, really low; like,
17 you know, 15, 20 percent low.

18 And so I'm wondering if there are
19 some data about this type of situation that
20 we can use to kind of guide us and whether
21 there's some creative ways we can help people
22 to get enrolled. Because the Navigator
23 efforts, which are laudable and are going
24 well, are for our normal enrollment period.
25 They're not for a transition like this.

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1 And then the last comment I'll make
2 before I stop talking is one worry that hit
3 me the other day was if we keep delaying the
4 end of the public health emergency, which I
5 think could happen for another two quarters,
6 and then we have a rollout of three quarters
7 to return folks, we are right in the standup
8 of the Exchange. Which is something that I
9 don't think any of us thought would
10 coincide.

11 And it still may not coincide, but
12 it absolutely could. And I woke up thinking
13 about that one day, and I though, oh, this is
14 really not good. So anyway, I thought I
15 would share my apprehension. Hopefully, it's
16 completely unfounded and it's just because I
17 wasn't awake yet.

18 MS. KIMSEY: Thank you, Doug, for
19 mentioning it. I'm happy to help answer
20 questions on this piece. I will check.
21 You're right, we do think about that too.
22 But the pandemic has been what it has and
23 it's thrown all of us off. We're thrilled to
24 be working with you-all on this in the
25 development of the Exchange. Even if it does

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1 cross, we promise that we'll be here working
2 with you on this.

3 As for the data and the percentages
4 for the transition, I will check on that with
5 the team and follow up and see if I can get
6 those answers for you before the end of this
7 meeting.

8 MR. GRAY: Thank you.

9 MS. SAVOY: Okay. I see Ikeita has
10 her hand up also.

11 MS. HINOJOSA: Yeah, hi. First of
12 all, I just wanted to congratulate you on
13 staffing up; we're really, really excited to
14 partner with your entire team. And on that
15 point, I just wanted to mention that, you
16 know, of course at some point, as the
17 Exchange grows, of course, you'll then be
18 asked to report on the demographics of your
19 staff, consultants, Navigators, etc.

20 And so as the Exchange fills, I just
21 want to, of course, encourage you to be
22 mindful of diversity and to figure out what
23 metrics are really important to you as you
24 really think about tracking early on.
25 Obviously, the team is very small right now.

1 But, you know, it's never too early to really
2 think about, in addition to racial and ethnic
3 diversity, what other things are really
4 important for the Exchange, and especially in
5 Virginia, that we really want to track and
6 that we really want to ensure.

7 So just, you know, for example, I
8 sat on another Board for the Council on Women
9 in Virginia. And we gave out STEM
10 scholarships. And we were finding that a lot
11 of the awardees were from Northern Virginia.
12 So in order to ensure geographic diversity,
13 we broke the state out into five areas to
14 make sure that we could ensure geographic
15 diversity and have scholarship awardees
16 throughout the entire state.

17 So one of the metrics that we may
18 want to help track and ensure in Virginia, as
19 we move forward in the Exchange, is how many
20 people speak different languages beyond
21 English so that there's not just the reliance
22 on the language line or those different
23 things in terms of just reflecting the
24 diversity of all of the people that we serve
25 in Virginia.

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1 So I'm not going to put you on the
2 spot right now to speak to that in terms of
3 the diversity tracking that you're doing, but
4 I just wanted to plant the seed now, you
5 know, in terms of staff, in terms of
6 contractors, in terms of the Navigator
7 program. Because it's a really important
8 point. And that I know that, as we move
9 forward, and as we develop all of these
10 reports, that definitely will be a question
11 that folks might ask.

12 MS. SAVOY: Okay. Well, thank you.
13 I think we do a good job now, but we'll
14 certainly work to make sure we have the
15 information available and demographics, as
16 appropriate. So sure, we'll do that. Thank
17 you for passing that along.

18 And let's see. I think, Starla, I
19 think that's -- Starla, you had your hand up,
20 you had it up for a while.

21 MS. KISER: Thank you, Victoria. I
22 just wanted to talk for a minute about the, I
23 guess, facilitated enrollment. And I do
24 think you touched on it because we brought it
25 up at the last meeting. But in the time

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1 frame that we have the ARPA and the tax
2 credits, obviously, it behooves us as a state
3 to get as many people enrolled as possible.
4 And you mentioned the modernization grant and
5 some of that going toward the outreach and
6 marketing.

7 And I guess my perspective is I
8 wonder if there's any portion of that or if
9 there could be some bandwidth dedicated to
10 thinking about, in the short term, what type
11 of facilitated enrollment programs Virginia
12 could do that would be feasible. Because
13 again, I think that Virginia Medicaid, to me,
14 is a success, where people are automatically
15 enrolled in many ways. And you know, they
16 have insurance without even -- it's pretty
17 seamless.

18 And I guess what lessons can be
19 learned from that? We did touch on that last
20 time, but I'm saying even aside from looking
21 at all the data collection from Virginia
22 Employment Commission, I know some states
23 like Maryland and Colorado, I think I
24 mentioned even when an individual goes to do
25 their taxes, if there's a button where, you

1 know, you can -- if it's not auto enrollment,
2 they somehow make the enrollment, again,
3 facilitated to make it a more seamless
4 transition. Because that would be a way of
5 enrolling a lot more.

6 Like I said, I think we're in a time
7 frame where, obviously, the more we can do
8 that and more creative to make that seamless,
9 the better. Those patients that are
10 automatically enrolled, again, we would not
11 have to be marketing and targeting, all of
12 that, and using those efforts if we, at the
13 same time, simultaneously think about how can
14 we, again, learn from what Medicaid has done
15 or talk to Medicaid and figure out how we can
16 facilitate the enrollment, make it easier if
17 not auto-enroll, if someone could be
18 auto-enrolled in a policy where they paid
19 zero dollars for the best plan or whatever.

20 But I'm saying, could someone also
21 be thinking about that or using part of the
22 grant to think about that in the shorter
23 term, not just the longer term?

24 MS. SAVOY: Sure. Sure. And just
25 to clarify a little, last year there was a

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1 bill that went through the General Assembly.
2 It was, I think, House Bill 1884, but I may
3 not have that number exactly right. And that
4 was considered a facilitated enrollment bill
5 which was passed. And it has a delayed
6 effective date for the Exchange because, if
7 you think about it, the Exchange really needs
8 to be up and running.

9 But what that does is that will
10 provide a mechanism for individuals who
11 denote that they want to receive information,
12 contact information on their state income tax
13 returns. The Virginia Department of Taxation
14 is going to add a checkbox on the state
15 income tax returns and then provide that
16 information to the Exchange.

17 Like I said, that will be after we
18 go live, because it just can't happen too
19 well -- very well until we have a system that
20 we can track that information. But that's
21 out; that has already been done. And I
22 believe -- and I may be wrong -- but I
23 believe I have heard that there could be a
24 federal facilitated proposal that was
25 recently put forth that would basically do

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1 the same thing but on a federal level, using
2 federal tax returns.

3 And the other thing I would like to
4 point out is the automatic enrollment, the
5 Chapter 65 that authorizes the Exchange in
6 Virginia does speak to choice. So I'm not
7 sure if automatic enrollment without some
8 choice on the point of the consumer would
9 actually be aligned with the statutory
10 language.

11 So we have -- there are a lot of
12 details that we have to keep track of and
13 make sure that we adhere to, but those are
14 all good points. And I think we are working
15 in those areas; we just -- it may take a
16 little while to get actual results or
17 activities going.

18 MS. KISER: Thank you.

19 MS. SAVOY: Sure.

20 Julie, I think you were next. And
21 then I see Lee. So Julie?

22 MS. BATAILLE: Hi there. First of
23 all, I want to say thank you and it's so nice
24 to meet you and be part of this group and see
25 all the exciting things that are happening in

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1 Virginia. And one thing that I just wanted
2 to share, as I was hearing Doug's comment and
3 rightful concern about the combination of the
4 end of the public health emergency and the
5 launch of the Exchange, is that I actually
6 think it's a huge opportunity for Virginia to
7 be able to share the multiple ways that it
8 has to keep people in coverage.

9 And as you're thinking about
10 research to establish the brand for the
11 Exchange, I think there's a real opportunity
12 beyond the data and numbers of people who are
13 covered or stand to be covered to get some
14 information that helps us understand their
15 perspectives around health insurance and how
16 they are coming to this issue so that all of
17 that can be used to inform future outreach
18 and education.

19 So you've got some of that
20 behavioral and psychographic information,
21 too, which I think is a real opportunity to
22 just establish your brand and what you stand
23 for and the value proposition for
24 Virginians.

25 So I think it's exciting and we can

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1 have our glass half full despite the fact
2 that I know how challenging all of that work
3 is going to be.

4 MS. SAVOY: Thank you. You brought
5 some good points. There's more than just
6 data out there. And we'll have to be aware
7 of that. Yes.

8 Lee, you've been very patient.

9 MR. BIEDRYCKI: Easy to do in a fun
10 group like this. So I would like to start
11 with saying that Liz and I had a wonderful
12 side bar on something that will come up
13 later. And, you know, it's funny that, in
14 the early days of the Exchange, agents and
15 Navigators were pitted in this
16 quasi-adversarial relationship, you know,
17 grant money versus the private sector.

18 And I think that with Liz and my
19 discussion in perspective, we both agree that
20 that is not necessary. And furthermore, the
21 two entities, when aligned better, will be
22 able to address the deficiencies that exist
23 in the Commonwealth. And you know, one of
24 those is going to be in reference to the
25 dollars.

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1 One thing that I think would be cool
2 is I went to the Enroll Virginia site, and it
3 has links to the Navigator locations. But as
4 we talked to the Exchange as a whole, in the
5 early days, we were able to get access from
6 CMS lists, addresses, and e-mail addresses of
7 all 1,400 agents that have certified. And
8 one of the things that's interesting is that,
9 in the first year, it was only around 12-,
10 1300 agents. So we haven't seen a big
11 increase in the number of agents. And there
12 are a number of reasons for that.

13 But the one thing that I think is
14 really important: As we look at the new
15 carriers entering the market -- and I am so
16 glad to see Piedmont stepping up and I am
17 very glad to see Aetna going to Roanoke --
18 but I don't know that a concentration of five
19 carriers along the 95 corridor does a whole
20 lot to promote equality and diversity of
21 enrollment in the state.

22 And I think that with the
23 limitations on the role of a Navigator versus
24 an agent, it would be very valuable to me if
25 there was a map that showed statewide the

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1 broker and Navigator enrollment resources
2 combined so that, for individuals trying to
3 understand how their insulin is going to be
4 covered or which specialist -- you know, the
5 people that get past the subsidy eligibility
6 application, to get to figuring out which
7 plan is going to cover the most relative to
8 the premium that it costs, to be able to
9 portray the 1400, we'll just call it, 1500
10 enrollment centers -- again, regardless of
11 whether it's an agent or a Navigator -- would
12 be beneficial to the community at large.

13 Because all things considered, we're
14 not going to be able to have an in-person
15 enrollment site in Honaker, Grundy, Haysi, a
16 lot of these other parts that are very far
17 from the central part of the state.

18 So with that said, I think that, in
19 communicating the message and the alignment
20 of the agents and the Navigator trying to
21 work together to get these enrollments, it
22 creates a larger entity for the public at
23 large to be able to use as a resource to
24 understand not just the economics of what the
25 plans cost but also how they can best

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1 leverage the care available for their
2 individual care needs.

3 The one thing that I think is
4 interesting is that the Exchange, by virtue
5 of the design, has been put on a
6 commission-only pay plan, right. It's going
7 to derive its revenue from an assessment on
8 the carriers and the policies sold through.
9 So to the extent that, you know,
10 organizationally but specifically agents and
11 Navigators and Medicaid can work together, it
12 would create a greater opportunity for
13 success for us all.

14 So a consolidated resource for
15 enrollment assistance, I think, would be
16 huge, especially as we come up into this new
17 open enrollment. Because I think that the
18 congestion on the 95 corridor is going to end
19 up having a number of questions.

20 MS. SAVOY: Thank you. Thank you,
21 Lee. And I agree with you. This sounds
22 exactly like one of the -- I don't mean to
23 say it in a trite way -- but 1 plus 1 ends up
24 being more than 2. If you can align the
25 Navigators and the agents together, you

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1 definitely would get 3 or greater instead of
2 just 2. So it benefits. So thank you.

3 Were there any other questions? I
4 don't see any other hands, but if anyone --
5 or I could be just missing someone.

6 MS. KISER: I'll just say, Victoria,
7 I think to Lee's point, I like that you
8 pointed out, again, the resource of the
9 Virginia Poverty Law Center, the map. And I
10 would say, just as we go along, it is useful
11 to know, again, to Lee's point -- I think
12 we've discussed this before -- you know, just
13 the lay of the land of Virginia and then how
14 we can kind of follow that as we go along.

15 And lay of the land being, you know,
16 not just how many areas have one carrier but,
17 to me, accessibility, you know, is how many
18 carriers are in a certain region, right; do
19 they have one in the southwest versus five,
20 as he said, around the 95 corridor?

21 So I think being able to visualize
22 and see that, to me, again, the goal of us is
23 to create plans that are also accessible.
24 And again, premium tax credits do make plans
25 more accessible for Virginians and then also

1 thinking about things that increase the
2 number of carriers, I guess, in these
3 different locations.

4 And I guess related to that, too,
5 is, in all of Virginia, are there certain
6 regions where -- and maybe it is the
7 southwest versus central -- you've got a huge
8 portion of eligible versus how many people
9 have signed up. So it's like when the
10 marketing team wants to target, you know,
11 where are they going to target? I mean, I
12 guess I'd like to sort of follow along and
13 know some of that as well, if there are
14 resources that are out there.

15 MS. SAVOY: Sure. Yep. I know last
16 year we did work with -- we had a limited
17 marketing budget and a limited marketing
18 contract that was specific to open enrollment
19 last year. And we did provide them with the
20 map of Virginia and with the percentages of
21 uninsured by county.

22 And they took that into
23 consideration when they were doing their
24 marketing. And they were specific as far as
25 targeting either print ads or radio ads in

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1 certain languages in certain sections of
2 Virginia, to try and target the demographics
3 more closely. So that was, like I said, a
4 limited contract that we had.

5 But we're anticipating something
6 along those lines again this coming year. We
7 aren't just going to say, "Go out there and
8 market." We really do want to do it
9 intentionally and focus, just like you said,
10 on the areas where we know that the people
11 really are that maybe don't have the
12 resources or don't even know what an Exchange
13 is. So that is something we're going to work
14 on.

15 MR. GRAY: Hey, Victoria, I did want
16 to recommend your map. You have a great map
17 that you-all created where we had carriers by
18 region and where we have them today. And it
19 really shows exactly how big the improvement
20 has been and where.

21 And I think we're down to 30
22 localities that only have one carrier. And
23 they are only the very, very rural places
24 that are so far out there that they don't
25 have -- they don't even have providers,

1 really. I mean, Southwest Virginia is easy
2 to explain; there's a state sanctioned
3 monopoly there and one hospital system. And
4 so it's very hard for a carrier that doesn't
5 already have business in the area to want to
6 enter, because they can't get the contract,
7 if that makes any sense.

8 So there are good resources that the
9 Bureau has together and that really do show
10 how well things are actually going. I mean,
11 a lot of people have come in. We're really
12 at a very good point right now in terms of
13 participation, where we previously were in
14 real trouble four years ago.

15 MS. SAVOY: And I will say, Doug, to
16 follow up, we did have that state map and it
17 was nicely color-coded. But it turns out
18 that there were some differences between what
19 the carriers had reported to the Bureau in
20 the summer and perhaps what they had sent in
21 to CMS closer to open enrollment. And so
22 that map was not entirely accurate. And so
23 we did not feel it was appropriate to include
24 in the slides today.

25 MR. GRAY: Fair enough.

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1 MS. SAVOY: Any other questions? If
2 not, I'm going to turn it over to Sabrina.
3 Sabrina, I think this is where you were going
4 to -- if I can find my place again -- talk
5 about the reports of the subcommittee.

6 CHAIR CORLETTÉ: Yeah, thank you.
7 And actually, I'm going to turn it over
8 shortly to Liz Cunningham, who stepped up to
9 be the chair of our consumer assister
10 subcommittee. But first I should apologize
11 because we were supposed to vote on this in
12 July, if some of you may remember, but due to
13 my own error, I had circulated the wrong --
14 an earlier version of the recommendations.
15 And Lee kindly pointed out that we were about
16 to vote on the wrong draft.

17 We have circulated now the correct
18 draft. So Liz, I will turn it over to you to
19 take that up and hopefully a vote on it.

20 MS. CUNNINGHAM: Thank you, Sabrina.
21 Again, my name is Liz Cunningham. I hope
22 everyone is doing well. So for our
23 recommendations, our consumer assistance
24 subcommittee came together providing
25 recommendations about the HBE's consumer

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1 assistance functions, including its Navigator
2 program. And the subcommittee met on April
3 22nd, 2021, as we know, and came up with the
4 following list of recommendations.

5 And first, considering conducting a
6 focus group or survey to get feedback from
7 consumers and Navigators about what works and
8 where there are areas for improvement;
9 combine data from all Navigators, agents, and
10 Assisters; and encourage information sharing
11 between all those who assist consumers;
12 appoint a permanent subcommittee of the
13 advisory committee focused on outreach,
14 consumer assistance, with a mandate to
15 encourage collaboration, information sharing
16 among all those who assist consumers and
17 support data into a single combination and
18 make recommendations to the VHBE on which to
19 improve enrollment.

20 So as far as the outreach and
21 education, we came up with, you know,
22 education should go beyond enrollment, right.
23 Encourage subsidies and help consumers
24 understand how to use their coverage. It's
25 so important. And the Exchange website

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1 should have a portal, okay, through which
2 consumers can find contact information for
3 local, personalized assistance with
4 eligibility and enrollment questions.

5 Also, help consumers to identify and
6 access types of assistance available based on
7 their personal coverage needs and financial
8 situation. Developers of the portal should
9 be encouraged to identify and incorporate
10 best practices from private web brokers and
11 other types that help connect consumers with
12 health insurance coverage options.

13 And also consider a more robust
14 boots on the ground presence, just to create
15 and -- create more of a -- consumers to know
16 where to find in-person help, so to say, and
17 what option could be to utilize the Virginia
18 Medical Reserves as a supplemental or a
19 volunteer workforce for a specific outreach
20 or other events. Consider unique outreach in
21 education and enrollment approaches for
22 different segments of the population; for
23 example, assisting people at the 400 or 600
24 percent federal poverty level who is now
25 eligible for subsidies and require a

1 different approach than assisting people in
2 the under 30 through 200 percent federal
3 poverty range.

4 So we spoke about accessibility,
5 right; we want to incorporate a
6 text-to-speech function to make the program
7 accessible to communities who speak different
8 languages other than English; individuals
9 with disabilities; also creating a
10 design-forward, user-friendly resource,
11 improving our health literacy and health
12 insurance literacy; contracting with vendors;
13 organizations, you know, should be regionally
14 mapped and should hire local people to ensure
15 that consumer assistance is geographically
16 accessible and culturally sensitive, which is
17 so important to keep in mind.

18 And also measuring impacts. So we
19 want to measure when consumers get to the
20 point of being able to renew coverage on
21 their own, rather than relying on Navigators
22 year to year, two to three specific and
23 measurable goals that can be consistently
24 monitored on a dashboard and reviewed on an
25 annual basis.

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1 Conduct a monitoring oversight of
2 consumer assistance programs through matrix,
3 reports on a regular basis on Navigator
4 realtime, organizations, and CDOs, such as
5 number of calls received, number of
6 appointments scheduled, number of
7 face-to-face encounters, advertising,
8 outreach; I mean, just conducting through
9 digital and other media, etc.

10 Also, creating a system where
11 Navigators and other Assisters can capture
12 information and data about who is not covered
13 and why they're not getting coverage. I
14 think those are so important to just keep in
15 mind. These are the recommendations we have
16 on my end.

17 Sabrina, anything you'd like to add
18 on or this should do it?

19 CHAIR CORLETTÉ: No. That was
20 fantastic. And I wanted to thank you for all
21 the work that you put in -- and the
22 subcommittee -- into developing these
23 recommendations.

24 I think what we can do is open it up
25 to any discussion, and then I will make a

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1 motion to adopt the recommendations. But
2 first, I want to ask if anybody has any
3 questions or comments or suggestions.

4 Scott?

5 MR. CASTRO: Yeah, thank you. I
6 just wanted to comment how much I appreciate
7 the work of the subcommittee and the results
8 that came out of it. I think it's very
9 equity focused and I think the
10 recommendations are really on point. So I
11 just wanted to commend the work of the
12 subcommittee.

13 CHAIR CORLETTÉ: Great. Thank you,
14 Scott. Anybody else?

15 Okay. Well, in that case, unless
16 there's any more discussion, I will make a
17 motion for us to adopt the recommendations of
18 the consumer assistance subcommittee.

19 MR. CASTRO: I second it.

20 CHAIR CORLETTÉ: Great. So I will
21 ask -- I can't remember how we do this. Do
22 we do this one by one or do we just take off
23 our mute buttons and everybody say aye or
24 nay?

25 MS. CUNNINGHAM: I think we just do

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1 aye and nay.

2 CHAIR CORLETTÉ: Okay. Then I will
3 ask the committee members to briefly take off
4 their mute buttons, and I will ask for people
5 to say aye or nay to adopting the
6 recommendations.

7 (Committee members respond.)

8 CHAIR CORLETTÉ: Fantastic. I think
9 that was unanimous. So the recommendations
10 have been adopted. Thank you, everybody, who
11 worked so hard on those.

12 For next steps, I will defer to
13 Whitney and Toni. I think we're submitting
14 these formally now to the Exchange for
15 consideration. And probably at our next
16 meeting we will be looking for a response
17 from the Exchange staff on consideration of
18 those recommendations.

19 If I'm not correct on those next
20 steps, just let me know.

21 MS. SAVOY: I think you are correct.
22 But I'm sure you and I will have
23 conversations between now and the next
24 meeting, and we'll get some input from our
25 legal support and make sure we do it the

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1 right way.

2 CHAIR CORLETTÉ: Great. Absolutely.

3 Well, thank you. I think that concludes our
4 subcommittee reports.

5 MS. SAVOY: I don't think we have a
6 lot of other -- we didn't have a formal
7 report to discuss our comments on from last
8 time. And I know that we actually did not
9 have anyone from the general public that said
10 that they wanted to present today or have
11 input into the meeting.

12 I'm not sure, at this point in time,
13 if anyone has any other business other than
14 to let everyone know that our next meeting
15 will be January of 2022. We have not picked
16 a specific date yet. We will try to -- when
17 we set these up, we will try to set up all of
18 2022 at once to give -- or at least a couple
19 in advance so that people can schedule for
20 their calendars, same way we did; I think we
21 scheduled October's and July's about the same
22 time.

23 But we'll get that information out
24 to everybody. Is there anything that anyone
25 else would like to bring up, add, while we're

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1 all on the committee meeting together?

2 I will say I really appreciate all
3 the input from all the different -- everyone
4 comes at this with a different perspective.
5 And I really do appreciate hearing everyone's
6 perspective. If you see me looking away,
7 it's because I'm taking a lot of notes
8 because I want to make sure I don't forget
9 anything. So I'm not ignoring anyone or
10 doing anything else; I'm just taking notes
11 for future reference. So I just wanted to
12 make that clear to everyone.

13 CHAIR CORLETT: Well, I don't have
14 anything else. So I think we can give people
15 an hour and a half back of their day. I
16 don't think we're going to hear any
17 complaints about that.

18 Yeah, I also want to thank
19 everybody. This is just a really fantastic
20 group to work with, and it's just such an
21 honor to be able to part of building
22 something as important as the Exchange. So
23 thank you all.

24 And we will look for calendar
25 appointments into 2022 for our next meetings.

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1 I think the earlier we can get those on the
2 books, the better, because everybody has lots
3 of stuff going on. But as far in advance we
4 can schedule, the better.

5 So thank you all. And the meeting
6 is adjourned.

7 (Meeting concluded at 2:27 p.m.)

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1 CERTIFICATE OF REPORTER
2

3 I, Ruth A. Levy, RPR, do hereby certify that
4 the proceedings were heard remotely before me in
5 the State Corporation Commission meeting herein;
6 further that the foregoing is a true and accurate
7 record of the testimony and other incidents of the
8 hearing herein; and that I am neither counsel for,
9 related to, nor employed by any of the parties to
10 this case and have no interest, financial or
11 otherwise, in its outcome.

12 Given under my hand, this 9th day of
13 November, 2021.

14

15

16 
17

18

Ruth A. Levy, RPR

19

20

21 Notary Public, Commonwealth of Virginia

22 My Commission Expires August 31, 2022

23 Notary Registration No. 224511

24

25

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