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Transcript of Advisory Committee Meeting

Date: December 1, 2022

Case: Health Benefit Exchange Advisory Committee Meeting

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Transcript of Advisory Committee Meeting

1 (1 to 4)

December 1, 2022

1 COMMONWEALTH OF VIRGINIA
2 STATE CORPORATION COMMISSION
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6 VIRGINIA HEALTH BENEFIT EXCHANGE
7 ADVISORY COMMITTEE MEETING
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1 P R O C E E D I N G S
2 MS. CORLETTE: Fantastic. Well, thank
3 you, Holly. And thank you to our very
4 hard-working and industrious Exchange team for
5 your support in pulling together this Advisory
6 Committee Meeting for the fourth quarter of 2022.
7 I think this is a very timely and also important
8 meeting for -- for the Advisory Committee. This
9 is crunch time, as they say, with our launch as
10 our own state-owned platform less than a year away
11 now.

12 And so it's, I think, just important for
13 all of us to obviously hear about what the
14 Exchange is doing and also think about ways that
15 we, as an Advisory Committee, can make this launch
16 really an absolute success for the state and for
17 the consumers that the Exchange is -- is serving.
18 So before we dive into what looks like a pretty --
19 pretty busy agenda here, we should do our roll
20 call.

21 So is -- is it Holly or Whitney that's
22 managing the slides? Is it Holly?
23 MS. MORTLOCK: Yes, I'm managing them,
24 Sabrina.

25 MS. CORLETTE: Okay. Great. Well,

2

4

1 thank you. It looks like we have the roll call
2 slide up. So I will just call your name. And if
3 you could just take yourself off mute and say if
4 you're here, that would be great. We'll start --

5 MS. MORTLOCK: Actually, Sabrina, I just
6 wanted to say really quickly just to remind the
7 members that the meeting is being recorded.

8 MS. CORLETTE: Great. Thank you, Holly.
9 So we'll start with Secretary Littel. Are you
10 with us? Okay. How about Director Roberts?
11 Commissioner Greene? Commissioner Avula?

12 MS. BOYLE: Good afternoon. This is
13 Gena Boyle. I'm the deputy commissioner for
14 Policy and Administration at DSS. I'm here on
15 behalf of the commissioner, who's out of the
16 country.

17 MS. CORLETTE: Wonderful. Welcome,
18 Gena. We're happy to have you. And Commissioner
19 White?

20 MR. WHITE: I'm here.

21 MS. CORLETTE: Great. Welcome,
22 Commissioner White. Julie Bataille?

23 MS. BATAILLE: Hi, everyone. I'm here.

24 MS. CORLETTE: Lee Biedrycki?

25 MR. BIEDRYCKI: Good afternoon. I'm

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1 here.		1 nominee, Ikeita Cantu Hinojosa, who I believe is	
2 MS. CORLETTE: Hi, Lee. Scott Castro?		2 our -- our sole nominee, but I honestly cannot	
3 MR. CASTRO: Here.		3 think of a better person to serve in this role.	
4 MS. CORLETTE: Elizabeth Cunningham --		4 She has been an active member of our	
5 Liz (phonetic). Liz Cunningham?		5 Committee, contributed to multiple subcommittees,	
6 MS. CUNNINGHAM: Hi, everyone. I'm		6 has a lot of experience in healthcare policy, and,	
7 here.		7 of course, brings the -- a wealth of experience	
8 MS. CORLETTE: Hi, Liz. Doug Gray?		8 from the launch and -- and management of the DC	
9 MR. GRAY: Sorry. I'm here.		9 Health Link, the DC Exchange. So I -- we will --	
10 MS. CORLETTE: Hi, Doug. Ikeita		10 we will take that vote.	
11 Hinojosa?		11 We will then hear from Keven and the	
12 MS. HINOJOSA: Hi, good afternoon. I'm		12 Exchange team with the Exchange director's update.	
13 here.		13 We -- we do not have any subcommittee reports, but	
14 MS. CORLETTE: Starla Kiser?		14 we have some unfinished business with respect to	
15 MS. KISER: I'm here.		15 one of our subcommittees that we'll tee up. And	
16 MS. CORLETTE: And I am very pleased to		16 then there's some -- some housekeeping and other	
17 welcome our newest Advisory Committee member, Dr.		17 business, and then we'll open it up for public	
18 Louis Rossiter. Dr. Rossiter, are you with us?		18 comment.	
19 MR. ROSSITER: I am here, and I'm very		19 So that is our agenda. So I think we	
20 glad to be -- to be here at my first meeting.		20 can turn now to our election of our vice chair. I	
21 MS. CORLETTE: Well, we're delighted to		21 would seek if there's a motion for a vote on	
22 have you. Do you want to just take a moment to --		22 Ikeita's nomination. So --	
23 to introduce yourself? I -- I expect that many of		23 MR. BIEDRYCKI: So moved.	
24 the Advisory Committee members already know you by		24 MS. CORLETTE: -- so moved? Can I have	
25 reputation. But would you mind saying just a		25 a second?	
	6		8
1 couple of words about your background and -- and		1 MR. GRAY: Second.	
2 what brings you to the Exchange.		2 MS. CORLETTE: Right.	
3 MR. ROSSITER: I'll be glad to. I'm		3 MR. GRAY: Second.	
4 retired professor from William & Mary, and I'm		4 MS. CORLETTE: Okay. I think we can do	
5 speaking to you from Williamsburg. But I have		5 this via voice vote. Is that right, Holly?	
6 studied managed care, competition managed care.		6 MS. MORTLOCK: Yes, Ikeita is the only	
7 I'm -- I'm one of the principal investigators for		7 nominee that I'm aware of, so I think we can do	
8 Medicare Advantage, back in the day. And pleased		8 that by voice vote.	
9 -- pleased to say that we're -- we'll -- we'll		9 MS. CORLETTE: Great. All right. Will	
10 soon be at the point where Medicare Advantage		10 all -- all committee members in favor of Ikeita's	
11 overcomes traditional Medicare as more people		11 appointments as vice chair say I.	
12 continue to enroll.		12 MR. BIEDRYCKI: I.	
13 So I've had a long-standing interest in		13 MR. GRAY: I.	
14 these issues, and -- and I'm glad to be a part of		14 MS. BATAILLE: I.	
15 it. And thank you for having me.		15 MR. CASTRO: I.	
16 MS. CORLETTE: Well, I think your		16 MS. CUNNINGHAM: I.	
17 expertise will be in high demand as -- as the		17 MS. CORLETTE: Does anyone oppose? All	
18 Exchange manages this transition and -- and the		18 right. I think the I's have it. So welcome,	
19 challenges ahead. So thank you for your service,		19 Ikeita, to a leadership role on the Exchange. I'm	
20 and I look forward to working with you.		20 really excited to partner with you for what is	
21 I think that does it for the roll call.		21 undoubtedly going to be very, very exciting months	
22 It looks like we have a quorum. So I will next		22 ahead. So thank you. Thank you for being willing	
23 just quickly tick off what we have on our agenda		23 to serve in this capacity.	
24 today. Very importantly, we have a vote to -- to		24 MS. HINOJOSA: Thank you, everyone. It	
25 take. We are electing our vice chair. We have a		25 was -- it was a fierce competition there. But I	

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1 -- I thank you, everyone, for the vote of 2 confidence, and I'm -- I'm truly honored and 3 humbled to be nominated to serve as vice chair. 4 And of course, we're -- we're all focused on -- on 5 building a commonwealth that works better for all 6 people, no matter who they are, no matter where 7 they live.		1 statutory obligations that we have to reduce the 2 number of uninsured in Virginia, to provide 3 continuity of coverage, to make sure that we have 4 a marketplace that promotes transparency and 5 competition.	
8 And it's just very, very exciting to 9 assist the governor in -- in solving real problems 10 that real people face and -- and to help launch 11 our very own state-based Exchange in Virginia. So 12 this is just a very, very exciting time to serve 13 with all of you. So I'm -- I'm excited to work 14 alongside you, Sabrina, and with all of you as 15 colleagues on this call. So thank you.		6 And it's -- it really is an exciting 7 time for all of us in the Exchange. And we're 8 very grateful for the support of the Advisory 9 Committee, which takes me to our -- our first 10 topic today. And that is the recommendations that 11 the Committee made at the end of October. So we 12 will be sending our written responses to those 13 recommendations at the end of this meeting. At a 14 high level, we wholeheartedly agree with all of 15 those recommendations.	
16 MS. CORLETTE: All right. With that, I 17 think I will turn it over to Keven and Holly for 18 our -- the update from the Exchange director and 19 team.		16 And one of the things that was really -- 17 really a pleasure for us as we worked through 18 those recommendations, was that many of them 19 validated for us areas that we had already begun 20 to focus on, or areas where we had been looking to 21 focus on.	
20 MR. PATCHETT: All right. Well, thank 21 you, Sabrina. And congratulations, Ikeita. It is 22 a pleasure, as always, to be with you. I wanted 23 to start and just acknowledge that we -- at -- at 24 the request of -- of a lot of you-all, we had made 25 an effort to have this meeting in-person, but it		22 And I'm -- I'm delighted to be able to 23 -- to say without equivocation that -- that we are 24 on the same page with our partners in the Advisory 25 Committee on the -- the issues of outreach and	
1 just seemed like the odds were stacked against us 2 between folks' travel schedule and illness and 3 available space and resources.	10	1 engagement and -- and marketing and advertising. 2 The services that the Exchange is going to have to 3 offer.	12
4 We -- we couldn't make it work for this 5 December, but we are more than happy to -- to try 6 again as -- as this committee is interested in -- 7 in meeting in-person as opposed to always virtual. 8 So stay tuned and -- and maybe March will be our 9 month for that. I was thinking about just how far 10 the Exchange has come since our last full 11 committee meeting. And it's -- and I was trying 12 to figure out if I could quantify it.		4 So again, thank you for that and -- and 5 really looking forward to continuing to working 6 with you in those issues. And again, the -- the 7 formal written responses will be -- will be sent 8 at the end of this meeting. Well, perhaps the 9 biggest news on the Exchange front since we last 10 met was the award of our Platform and Consumer 11 Assistance Center contract.	
13 And for me, it's really -- I feel like 14 I've lived a couple of professional lifetimes in 15 the last few months as we went from running at 16 what I thought was a pretty quick -- pretty quick 17 pace to -- to really being shot out of a cannon. 18 And, you know, especially when we think about just 19 how much -- how much time and preparation has gone 20 to -- to getting us to this point.		12 As you all know, it had been a long time 13 coming. There was a lot of development where we 14 -- we really took this process very seriously from 15 the beginning, engaging with the vendor community, 16 learning from other states before we even launched 17 the RFP.	
21 It really feels like we are now beyond 22 the preparation stages and are fully engaged in 23 building and providing a health insurance 24 marketplace that's by Virginia and for Virginia 25 where we can really start to -- to focus on those		18 And then engaged in a really robust 19 six-month evaluation and negotiation process that 20 included an evaluation -- or that was led by an 21 evaluation committee that included folks from not 22 only the HBE, but also from the Department of 23 Medical Assistance Services and the Department of 24 Social Services.	
		25 We brought in -- I believe the number	

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1 was 32 different subject matter experts from four
 2 different agencies, as well as two or three
 3 different private consultants as we went through
 4 that process to make sure we were evaluating the
 5 proposals thoroughly and -- and really identifying
 6 where the critical issues were.

7 As you-all saw on the press release,
 8 that award went to a company called GetInsured,
 9 who has been a long-time health insurance
 10 marketplace provider. Their -- their experience
 11 even predates the ACA, where they were working
 12 with some private marketplaces. And -- and
 13 perhaps most notably in the last three years, they
 14 have helped three other states successfully
 15 transition from healthcare.gov to their own
 16 state-based marketplaces.

17 And we -- we are in the thick of it, as
 18 it were, and -- and so far GetInsured has proved
 19 to be wonderful partners, and we've appreciated
 20 their perspective and their expertise and are --
 21 are looking forward to continuing down this path.
 22 So a couple of details about the -- the platform
 23 and the Consumer Assistance Center.

24 One of the things that we heard very
 25 clearly and -- and was an important part of the

13

1 representatives, another one of the reasons why we
 2 wanted a single solution for this. And -- and
 3 we're looking forward to -- to the implementation
 4 of that.

5 So, you know, I mentioned that we really
 6 -- we really have been shot out of a cannon. And
 7 for a long time, it's felt a little bit like we
 8 were the -- the little division that could -- here
 9 at the State Corporation Commission. Within the
 10 last year, our division has roughly tripled in
 11 size, which, you know, from four to 12 may not
 12 seem like much, but for us, it is -- it is an
 13 indication of the progress that we're making.

14 You can see here some of the key
 15 positions that we've brought on just in the last
 16 few months. And -- and -- and really where our --
 17 our focus is around things like organizational
 18 change and program management to make sure that
 19 this implementation goes smoothly and -- and is
 20 successful and incorporates with all the other
 21 activities that -- that we continue to do as a
 22 state-based explain -- as a state-based exchange
 23 on the federal platform right now.

24 Our -- our focus also in consumer
 25 service from both the call center standpoint as

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1 Committee's decision, was making sure that we were
 2 leveraging proven technology from an experienced
 3 vendor. There were a lot of folks who were
 4 telling us, please -- please don't break new
 5 ground here.

6 And again, we, you know -- we are
 7 focused on making this transition streamlined and
 8 successful so that we can -- we can take advantage
 9 of all the opportunities that a state-based
 10 marketplace will provide for Virginia.

11 MR. PATCHETT: Our call center is going
 12 to be staffed with consumer assistance
 13 representatives who are dedicated to Virginia.
 14 They won't be splitting their time with -- with
 15 other states. So they will be -- be trained and
 16 dedicated to Virginia. This is going to allow for
 17 the first step in what -- what is one of our
 18 biggest priorities, and that is providing a -- a
 19 really positive consumer experience.

20 Our platform and call center use an --
 21 an integrated technology platform so that we will
 22 not have to deal with handoffs of information or
 23 transfer of information between multiple systems
 24 as our consumers move from their online shopping
 25 experience to working with consumer service

14

1 well as from the marketing and outreach
 2 standpoint. And then you can also see here really
 3 where some of our focus is going to be in the next
 4 quarter or two as we continue to -- to ramp up
 5 staff and -- and prepare for what I have an
 6 increasing level of confidence is going to be a
 7 very soft landing as we can complete this
 8 transition.

9 All right, next slide, Holly.
 10 Stakeholder engagement has been a focus for us for
 11 a long time. It's been a little -- it's been a
 12 little bit of a challenge over the last couple of
 13 months to really engage on as broad a spectrum and
 14 -- and as much depth as we wanted to given our
 15 resources, but as we built out staff and made it
 16 over the hurdle of --

17 MS. CORLETTE: Keven, we've lost you. I
 18 think you're on mute.

19 MR. PATCHETT: All right. Well, that
 20 was exciting. Where did I leave off as far as the
 21 spontaneous muting?

22 MS. CORLETTE: Yeah, no, I think, yeah,
 23 you were just saying -- talking about the
 24 engagement with stakeholders and your -- your work
 25 to staff up to support that, I think.

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1 MR. PATCHETT: Okay. So those efforts 2 are -- are well underway. We've spent a 3 significant amount of time over the last couple of 4 months beginning our outreach with our carriers, 5 with our agent and broker community, with our 6 navigators, with our -- our other state agencies. 7 And we're looking forward as we go into the new 8 year with kicking off some of our formal 9 townhouse-style meetings. Our objective with 10 stakeholder engagement is to truly follow the 11 formula of early and often.		1 of what's coming down the road for us. I 2 mentioned that it -- it feels a lot like we've 3 been shot out of a cannon since we awarded the 4 contract. There were so many activities that we 5 had begun all the way back to January and February 6 of this year around planning and engagement. 7 But until we had a vendor onboarded for 8 our platform, there was only so much we can do. 9 And so now we -- we have all the pieces to the 10 puzzle. And we've been engaged in really up to 11 probably here in our design and development 12 process and starting to tee up the system 13 integrations with our partner agencies at -- at 14 DMAS and DSS or Medicaid account transfer. 15 And we will hit the ground running very 16 quickly. Really in -- in February, we will start 17 early testing. I think one of the things I 18 mentioned to you all before is one of our -- our 19 key mantras to a successful implementation is 20 testing, testing, testing. And we want to start 21 that -- that process early and -- and -- and are 22 working very closely with our vendor to make sure 23 that we're not saving those key activities until 24 the end and leaving ourselves lots of runway. 25 Circling back to our stakeholder	
12 We want to make sure that as we move 13 through this implementation and transition, that 14 our stakeholders and our -- our partners aren't 15 going to be seeing things for the first time as we 16 approach open enrollment next fall. And I've been 17 very grateful for the -- the level of engagement 18 and interest that we've heard, especially from our 19 carriers and our agents and brokers over the past 20 couple of months. We've -- we've identified a 21 very long list of other stakeholders that we will 22 be folding into that process as we kick off next 23 year.		18	
24 So this, again, this is going to be one 25 of our focuses and not just during our			20
1 implementation and transition but ongoing. As I 2 -- I said this -- we want this to be a marketplace 3 that's -- that's by Virginia and for Virginia. 4 And we know that there are a lot of different 5 stakeholders who are going to be impacted by this. 6 And we wanted to be positive for everyone. And 7 that's especially important. 8 I think one of the things I've mentioned 9 before, as we've gone through our -- lining up our 10 implementation, we've -- we've heard loud and 11 clear the message from other states and 12 stakeholders that in the first year, keep your 13 transition as simple as possible. And we've taken 14 that to heart. But we really also want to find 15 areas where we can start to do some tailoring to 16 Virginia. 17 Start to build some customer relations 18 and configurations that -- that leverage having 19 our own state marketplace. And so we need that, 20 we need input from our stakeholders to make that 21 successful, both in this first year and as we -- 22 we tee up what's going to be coming down the road 23 in years two and three. 24 All right, next slide, Holly. So you 25 can see here just a -- a -- a very simple timeline		1 engagement, I -- I've been told a couple of times 2 that this is a little ambitious, but I think it's 3 important. And so we're still looking at 4 opportunities to include stakeholders where 5 possible in the testing process. Again, to build 6 that familiarity and comfort with a solution 7 before it goes -- before it goes live for our 8 first open enrollment, which we'll start in -- in 9 now 11 months. 10 So that's very exciting for us. It 11 seems like a long time. But when we look at all 12 of the activities that we have in front of us, 13 it's going to be a busy -- busy eleven months for 14 the Exchange. 15 Next slide, Holly. All right, So right 16 now, as I said, we are -- while we're going 17 through this transition, we are nonetheless a 18 state-based exchange on the federal platform. And 19 so we've also been very focused on our outreach 20 activities that are tied to open enrollment. And 21 you can see here a little bit of what our 22 strategies and approach have been to educating 23 consumers and motivating them to take the action, 24 to shop for and enroll in coverage. 25 We've worked closely with -- with our	

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1 partners at CMS, with our fellow agencies, with 2 contractors and vendors to really maximize the 3 outreach. And -- and to make sure that we're 4 leveraging all the tools that are out there, 5 including digital marketing, social media, 6 community partners, and events.		1 the -- the single streamline application to 2 determine their -- first whether or not they're 3 eligible for Medicaid. And -- and if not, what 4 level of -- of other financial assistance they 5 might be available for, or they might be eligible 6 for.	
7 And that will -- will continue to build 8 as we go through this open enrollment, our last 9 open enrollment on the federal platform. All 10 indications are things are going well. So far, 11 our consumers seem to be engaged and -- and taking 12 some early action as we've -- we've just closed 13 the first month of -- of 2023's open enrollment.		7 If they're eligible for Medicaid, one of 8 our objectives again was -- was keeping this 9 implementation simple. And we wanted to minimize, 10 especially in -- in this first year, the impact 11 that the transition would have on our partner 12 agencies at DMAS and DSS. So we really focused on 13 a -- a lift and shift so that once we -- so that 14 we're really just changing the connection point 15 for -- for DMAS and DSS from the -- from 16 healthcare.gov to the Exchange.	
14 All right. Next slide, Holly. So here 15 I'm going to pass it over to Holly to talk for a 16 couple of minutes about some of the updates on the 17 federal and state policy side.		17 And everything downstream, including the 18 account transfer process, stays the same. So the 19 process should be very familiar for consumers. 20 Nonetheless, we do hope to improve it. We -- the, 21 you know, one of the advantages of having our own 22 Consumer Assistance Center that's dedicated to 23 Virginia, gives us the opportunity to find ways to 24 -- to better manage that account transfer and 25 consumer transfer process.	
18 MS. CORLETTIE: I'm wondering, Keven, is 19 it okay if we pause for a moment and see if there 20 are questions before we -- before you -- before we 21 -- before Holly starts?			
22 MR. PATCHETT: Yes, absolutely.			
23 MS. CORLETTIE: Okay. Well, I might take 24 the Chair's prerogative and just ask. You had 25 mentioned that one of the -- the elements with the			
1 new platform is going to be an integrated 2 eligibilities system. You just sort of expand a 3 little bit on that. So, for example, for somebody 4 who comes in through the new platform and is found 5 eligible for Medicaid or CHIP, will their -- their 6 experience as a consumer change at all from what 7 it is today?	22	1 So we've been -- again going back to 2 probably February of this year, been working with 3 -- with DMAS and DSS to figure out how can we -- 4 how can we make that process better? As well as 5 if there are areas in the account transfer process 6 that we can make some improvements as well, again, 7 without creating unnecessary burden in this first 8 year on our -- on our partner agencies.	24
8 It sounds like you're going to be doing 9 an account transfer as opposed to like a purely 10 integrated system with Medicaid. But can you just 11 expand a little bit about the -- how that 12 integration works for somebody who might not be 13 eligible for Medicaid or CHIP.		9 So consumers who are determined eligible 10 for Medicaid, they'll be -- their accounts will be 11 transferred to Medicaid. And like I said, we're 12 working on ways to facilitate not only the 13 transfer of their account but the -- the transfer 14 of their -- their contact and their experience as 15 they move to enrollment in Medicaid through our 16 partner agencies.	
14 MR. PATCHETT: Absolutely. So yes, we 15 will -- we will be maintaining Virginia status as 16 a determination state, which means that the 17 exchange will be running Medicaid eligibility 18 determinations as part of the shopping experience. 19 Consumers will have the opportunity to shop 20 anonymously if they just want to look at plans. 21 And if consumers then want to create an account 22 and -- and buy a plan, they can do that.		17 Of course, a -- a key piece of that is 18 transfers that will happen in the other direction. 19 And being able to be more engaged and provide a 20 more soft landing for consumers who come in, 21 whether it's through local DSS offices or through 22 cover Virginia at -- at DMAS and are determined 23 not to be eligible for Medicaid, how can we 24 facilitate their participation in shopping for 25 coverage through the Exchange?	
23 But if consumers are interested in 24 financial assistance such as advanced premium tax 25 credits or cost-sharing, then they will go through			

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1	MS. CORLETTE: Thank you. That was	1	paternity project for the Department of Health.
2	really helpful. Do any Advisory Committee members	2	But she has experience not only in Virginia but
3	have questions for Keven before we -- ah, Ikeita?	3	also in other states really with these very
4	MS. HINOJOSA: Yep. Hi, can you hear	4	focused community events.
5	me?	5	And so we absolutely plan to be out
6	MS. CORLETTE: Yes.	6	there in the community and leveraging existing
7	MR. PATCHETT: Yes.	7	community organizations so we can do what you
8	MS. HINOJOSA: Okay, Great. Yeah, thank	8	said, Ikeita, and -- and reach people where they
9	you. That was a really great presentation.	9	live, where they worship, where they study, and
10	Regarding consumer stakeholder engagement, that	10	participate in -- whether it's Chamber of Commerce
11	slide, I'm just curious in terms of the ways that	11	organizations, whether it's churches, whether it's
12	that process is going to take place, whether it's	12	schools.
13	going to be virtual, whether it's going to be	13	But -- but take part in those
14	in-person. And hopefully, especially as the	14	organizations' events where they happen in -- in
15	stakeholder engagement happens with	15	all parts of the states -- in all parts of the
16	community-based organizations, potential	16	state. So that's something that's very important
17	consumers, et cetera, it'll be, you know, a	17	to us and -- and we're really working hard to
18	a multi-modality approach.	18	develop that network and -- and take advantage of
19	I know that we do a -- a lot of virtual	19	it. And -- and we expect that the -- Brianna's
20	meetings which is, you know, really great, but	20	going to be very busy and -- and doing a fair
21	it's also really important to meet people where	21	amount of traveling to start building that network
22	they are. And really explore the beauty and	22	22 for us.
23	diversity of all parts of this wonderful state.	23	MS. CORLETTE: Great. I think I see
24	So I -- I really hope that as we do the	24	Lee. Lee, is that you? I can't see necessarily
25	stakeholder engagement there's going to be a real	25	whose hand's up, but I think that was Lee.
	26		28
1	opportunity to, you know, really diversify the --	1	MR. BIEDRYCKI: Yes, ma'am, it is. Good
2	the way that we have these meetings, or do hybrid	2	afternoon, everybody.
3	meetings, or -- or something like that, you know,	3	Don't worry, Keven, this is a easy one.
4	as we make our way across.	4	Relative to the placement of DE and EDE into the
5	Because people really do appreciate it	5	optional services component of the RFP, can you
6	when we, you know, go to people where they are and	6	share who made that decision and when?
7	actually, you know, go to their communities and --	7	MR. PATCHETT: So we're -- we're talking
8	and hear from them, you know, on their own turf	8	about direct enrollment and enhanced direct
9	and from their perspective as we do these kinds of	9	enrollment functionality. This is functionality
10	town halls. So I know as you staff up, it'll be	10	10 that exists in the Federal Exchange right now that
11	easier to, you know, kind of do that approach.	11	11 allows third-party platforms to -- to do direct
12	But that's just, you know, something to -- to kind	12	12 enrollment without the consumers engaging in the
13	of keep in mind as we move forward.	13	13 -- in the marketplace directly through the
14	MR. PATCHETT: Yeah, you -- you are	14	14 marketplace platform and technology.
15	definitely singing our song, Ikeita. So yeah, we	15	So the decision was made during the
16	-- we are really looking to take advantage of	16	evaluation and contract negotiation process. And
17	every channel and avenue that we possibly can.	17	that was a decision that we made at the HBE and at
18	And -- and we have already started -- we've	18	the SCC that -- as -- as I think we've talked
19	already started that process and -- and are	19	about a number of times, given the complexity, the
20	looking at ways to do both in-person and virtual	20	20 cost, and the risk to implementing those in year
21	and hybrid.	21	21 one where -- where no other state has implemented
22	One of the -- one of the great pieces of	22	22 a direct enrollment or enhanced direct enrollment
23	experience that our new marketing and outreach	23	23 technology into their platforms, that it made
24	manner -- manager -- name is Brianna Jones. She	24	24 sense to save that as an option for out years
25	actually comes to us where she was working on the	25	25 rather than trying to do that in year one.

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1 MR. BIEDRYCKI: So I guess it'd be say 2 to -- fair to say that happened in August or early 3 September?		1 last month or two to have as broad and outreaching 2 engagement with the agent and broker community to 3 make sure that we are hearing all sides of -- of 4 this issue.
4 MR. PATCHETT: That sounds about right. 5 But again, one of the reasons that we included it 6 as -- as an optional set of services in the 7 contract was so that it could be executed without 8 any need for further procurement activity, further 9 negotiations activity. And, you know, whether 10 that -- whether that ultimately was in year one, 11 two, or three, you know, we would be prepared. 12 But we did not initially put it in our 13 implementation timeline, again, given the -- the 14 complexity and risk associated with it.		5 And it's interesting that, you know, Lee 6 mentioned the -- what -- what felt like a 7 first-time demo of the agent and broker 8 functionality and -- and portals that's in the -- 9 the platform. I think this is something where, 10 apparently, we are a little different and it was 11 -- was actually very rewarding for me when we had 12 our kickoff meeting with our vendor after the 13 contract award.
15 MR. BIEDRYCKI: Yeah, I'd -- I would 16 like to think, Keven and Holly, I have just about 17 worn them out over this, and they have been 18 exceedingly polite and patient and, above all, 19 accessible. I would like to share that I am 20 pretty certain that our State Corporation 21 Commission Health Benefit Exchange, requested the 22 first-ever demo of GetInsured to be performed for 23 agents.		14 One of the things they said was that 15 Virginia had held them to a higher standard in the 16 procurement process than any other state had, and 17 they appreciated everything they learned. And, 18 you know, we -- we are -- we are different, and I 19 hope that we are going to continue to -- to push, 20 not only our vendors, but also ourselves to be 21 better and to do more for this process and -- and 22 for Virginia.
24 As a guy that's been in sales for 20 25 years, you can pretty frequently smell a		23 MS. CORLETTE: Yeah, I think you, Keven 24 and -- and Lee, I think I would love to talk with 25 you a bit further about, you know, consumer
	30	
1 first-time presentation, and I'm not disparaging 2 them over that. I'm actually trying to commend 3 our Exchange for initiating that action. I submit 4 to you that Virginia, relative to other states, is 5 only less complicated than California and New 6 York.		1 assistance broadly. I think, like I said at the 2 top of this call, we're heading into crunch time, 3 both with respect to the transition and the help 4 that consumers will need, you know, to know where 5 to go and, you know, there might be a different 6 interface and all that kind of stuff.
7 And while I appreciate all of the 8 Exchange's transparency and openness, many of the 9 large insurance agencies that are communicating 10 with me -- and some carriers, have a fundamental 11 disagreement with the exclusion of these 12 functionalities. I don't know that this is the 13 appropriate venue to flesh that out further.		7 And then also, of course, it's a little 8 bit of a perfect storm because just as the 9 Virginia Exchange is going to be launching, we're 10 going to have, potentially, a lot of people going 11 through a Medicaid redetermination. Many of them 12 will be eligible for marketplace subsidies. So 13 consumer -- like, one-on-one consumer assistance 14 is just going to be absolutely critical.
14 But I do want to put that placeholder 15 there, and maybe, Sabrina, you and I could connect 16 later on how to further the conversation. But I 17 -- again, Keven and Holly, I do very, very much 18 appreciate the number of robust conversations 19 we've been able to have, and I think it is a good, 20 healthy dialogue to continue.		15 And I think the agent broker community, 16 that navigator community, it's just going to have 17 to be all hands on deck. And so we should think 18 about how as an advisory committee, you know, we 19 can, again, flesh out thoughts and recommendations 20 and best practices for making sure the consumer 21 experience is the best possible. So I'm glad to 22 engage with you on that, Lee, and -- and other 23 advisory committee members.
21 MR. PATCHETT: Thank you. And we're -- 22 we are absolutely committed to continuing this and 23 -- and these kinds of dialogues. And we, you 24 know, as we've talked about stakeholder 25 engagement, we've really been working over the		24 MR. BIEDRYCKI: Thank you. 25 MS. CORLETTE: Are there other questions

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1 for Keven before we turn it over to Holly for the 2 -- the policy updates?		1 James. We really want this to be -- because we 2 think that the public health emergency unwinding 3 -- to Sabrina's point, is an all hands-on-deck 4 issue and we're -- we're ready and willing to 5 engage.	
3 Yes, James Williams? Is it Jim or 4 James?		6 MS. CORLETTE: Any other questions for 7 Keven?	
5 MR. WILLIAMS: Hi, yes, James -- James 6 Williams. And -- yeah, I'm the Deputy Secretary 7 of Health and Human Resources. I just wanted to 8 ask, you know, if you had any other reservations 9 about making the transition during what we expect 10 to be the end of the public health emergency and 11 -- and the consequent unwinding of public Medicaid 12 redetermination of the Medicaid program?		8 All right. Holly, I think you're up.	
13 MR. PATCHETT: Yeah, that's a really 14 interesting question. And I know there are a lot 15 of different perspectives right now on -- on what 16 -- what the PHE unwinding looks like and the 17 timing of it. One of the things that -- that 18 personally, and I think all of us at the Exchange 19 feel the same way. When -- when this was first on 20 the horizon, it was looking like it was going to 21 be done and over before we completed our 22 transition.		9 MS. MORTLOCK: I thank you. I don't 10 know if you can see me while I have my screen up 11 as well, but I just will take a few seconds to 12 mention just a few things that are, you know, top 13 of the list in terms of, you know, federal and 14 state landscape.	
23 And it was actually a little frustrating 24 because we, you know, we were looking, how can we 25 help? Where it stands now, at least where we're		15 So, as many of you know, HHS has 16 released a Section 1557 proposed rule which would 17 strengthen some of the non-discrimination 18 provisions in Section 1557 of the ACA. They did 19 have an public comment period that closed, I 20 believe, October 3rd, and we're just waiting to 21 see the results of that, and when and if a final 22 rule might be issued. So just -- just keeping our 23 eyes open for that.	
	34	24 And then, of course, some of the big 25 news was that the family glitch rule was finalized	
1 -- where the general consensus seems to be, the 2 timing of the unwinding, it's looking like we may 3 -- we may get in on the last two-thirds of the 4 process. And for us, that's actually exciting. 5 It does mean more work. It -- it does mean, you 6 know, some potential increase in complexity. 7 But it also means that we get to engage 8 and we get to bring to bear the -- the resources 9 and the direct engagement capabilities that the 10 Exchange will have, and really linking arms with 11 -- with Medicaid to make sure that we do a better 12 job than -- than what traditionally the statistics 13 show of these folks who -- who are redetermined 14 for Medicaid, you know, in terms of how frequently 15 and how often they -- they successfully enroll in 16 -- in other coverage.		1 and put in effect for a plan year 2023. So we 2 were very excited to see the ability for people 3 who may have not been able to access premium tax 4 credits for coverage are now able to have that 5 access moving forward.	
17 So, you know, it's -- like I said, it's 18 more work, but it's very exciting and we're really 19 looking forward to being able to engage and -- and 20 provide some -- some direct engagement with those 21 folks and make sure that -- that we do everything 22 we can to provide that -- that avenue for 23 continuity of coverage.		6 And of course, I mean, dovetailing on 7 some of the previous conversation just a few 8 minutes ago, with the end of the public health 9 emergency, you know, as Keven mentioned, you know, 10 that is something that is very important to the 11 Exchange. And we are in the process of getting 12 ready to kick off some meetings and conversations 13 with our state agency partners, with our carriers, 14 and our navigator and sisters programs to be able 15 to identify opportunities for coordination, 16 messaging, and outreach, you know, as we -- as we 17 work through the unwinding.	
24 And -- and we will absolutely welcome 25 any engagement with -- with you and your office,		18 And of course, that was -- now it's 19 extended into -- to at least April of 2023. We 20 don't know exactly when that will end, but we do 21 expect to be able to bring all of our stakeholders 22 together to -- to make those plans too and find 23 those key opportunities to leverage all of the 24 tools that will have to be able to reach consumers 25 and as Keven said, to improve the, you know -- the	

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1 previous statistics and people that are successful
2 and willing in coverage.

3 So I just wanted to put that out there
4 for the committee's awareness. And I know that --
5 that Virginia Medicaid has done -- and Social
6 Services have done a lot of work in this area. So
7 I wanted to invite Director Roberts to also share
8 an update from Virginia Medicaid.

9 MS. ROBERTS: In this case, I have
10 learned to be wise and delegate this confidence to
11 Sarah. So Sarah.

12 MS. HATTON: Hi everyone. Can you hear
13 me?

14 MS. ROBERTS: Yes, we can hear you,
15 Sarah.

16 MS. HATTON: Great. Thanks, Cheryl.
17 Well, as Holly said, we are expecting that there
18 will be an extension of the public health
19 emergency in order for it to end on January 11th.
20 We would have had to have received our 60-days
21 notice from HHS a few weeks back and we did not.
22 So the expectation is that we will receive another
23 extension which will take us through April the
24 11th.

25 That does mean that we would -- in

1 somewhere between, like, five and ten percent that
2 we think we're likely going to churn in and out.
3 You know, that -- that one to six-month period of
4 individuals that don't complete determinations or
5 return their verifications to us.

6 MS. MORTLOCK: Okay.

7 MS. ROBERTS: That -- that gets -- what
8 we're saying to people mostly is that we're at the
9 300,000 mark. But the issue is what you're asking
10 is a subset of that, of how many of those people
11 would have wind up on the Exchange and that we
12 don't know yet.

13 MS. HATTON: And you know and I'm sure
14 you know and for everyone else on the call, unless
15 the individual completes their re-determination
16 and their paperwork required to re-determine their
17 Medicaid eligibility, they don't actually get a
18 referral to the Exchange because we're unable to
19 determine that they're not eligible for Medicaid.

20 So that's one of the really important
21 messages that we're pushing right now, that even
22 if you think you aren't eligible any longer, it's
23 still important to complete that paperwork so we
24 can assist with that transition.

25 MS. CORLETTE: Okay. Oh, wow. Yeah,

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1 Virginia, closures would begin in May and our
2 enhanced FMAP for the state would end in June. So
3 that's what we're currently looking toward. As
4 Holly mentioned, we've been working very closely
5 with DSS, pretty much after the public health
6 emergency began in March of 2020.

7 So we have a lot of system changes and
8 improvements in place, a lot of planning that
9 we've done, a lot of partnering with our Medicaid
10 health plans, stakeholders and other community
11 partners. So we -- we feel like we're in a very
12 good place and ready for the work ahead. Thanks,
13 Holly.

14 MS. CORLETTE: Sarah or -- or Cheryl, do
15 you have estimates of the number of folks likely
16 to be disenrolled due to income ineligibility, who
17 might be eligible for marketplace subsidies?

18 MS. ROBERTS: We don't have it at that
19 level. Do you have it, Sarah? I don't think we
20 have it at that level.

21 MS. HATTON: I think at that level --
22 and we can get you closer numbers. But we're at
23 about 10 to 14 percent that we expect will -- will
24 likely lose. And it'll probably be closer to the
25 10 percent for income. And then we've -- we have

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1 that's important. Good to know. I think, Lee,
2 did you have a question?

3 MR. BIEDRYCKI: Yes, ma'am. It's really
4 more of a comment and an advisory for the
5 committee, especially the SCC and the Benefit
6 Exchange. On October 12th, my biggest concern was
7 how the volume of individuals with the PHE would
8 migrate through the existing enrollment channels.
9 Many of those will presumably be very high
10 subsidies in cashier reductions. So they'll also
11 be leaving a like network to a similar network
12 plan. So the issue with the public health
13 emergency really is just being able to capture the
14 volume.

15 On October 13th, my life changed. And I
16 -- I really want this committee to hear that the
17 commercial plans available and the ACA plans on
18 Exchange are very, very, very different. The
19 networks are dramatically smaller. The co-pays,
20 the out-of-pocket are different. And with this
21 family glitch rule, in general, blue-collar
22 employers contribute only towards the employee
23 only. All right.

24 And because the affordability definition
25 was based on the employee only for the family, I

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1 can't tell you how many families we told that you 2 weren't eligible for a subsidy, that their income 3 otherwise would have qualified them for. The 4 change in this rule means that an unestimatable 5 [sic] number of Virginian spouses and dependents 6 will newly be eligible for subsidy for marketplace 7 coverage.		1 coverage through the public health emergency. 2 Some of them will have employer-based coverage 3 already and some of them will be eligible for 4 marketplace plans as well. So I think, you know, 5 having all of those really smart minds, you know, 6 together to be able to find strategies and ways to 7 do that outreach and really get creative about how 8 to enroll folks and coverage is going to be very 9 important. So just appreciate everyone's comments 10 about that.	
8 My concern is that in my tenth year of 9 doing these enrollments, we could very easily be 10 talking about a 500 to \$700-a-month subsidy or pay 11 raise for these families. I'm very fearful that 12 these families will see a pay raise and think that 13 carrier Acme through their employer is going to 14 have the exact same network formulary and 15 coverages as Acme on Exchange.		11 MR. PATCHETT: And -- and I'll just -- 12 I'll echo some of what Lee said because, you know, 13 we don't want to underestimate the impact of the 14 change in the family glitch rule and we're 15 spending a lot of time listening and engaging with 16 -- with other states who are also, you know, 17 thinking about how do we -- how do we tackle this 18 and what are the -- the best mechanisms for 19 outreach and engagement for these folks?	
16 They will elect to move and create 17 potentially some very significant impacts because 18 they didn't clearly understand the differences in 19 coverage and what they were getting and what they 20 were giving away. This is another component that 21 we can discuss later when you and I meet, Sabrina.		20 Because it really is a big opportunity 21 for families who previously didn't have access to 22 financial assistance who now will. And so that's 23 -- that's definitely something that's on our radar 24 and that we're actively involved in engagement on.	
22 But I -- again, the -- the public health 23 emergency is a huge volume. But the family glitch 24 is also a huge volume but of a significantly more 25 complex conversation. With that, I will get back		25 MS. CORLETTE: Yeah, I would also say	
1 to mute.	42	1 though -- and Lee you've sparked something. You 2 know, the -- the QHPs may have narrow networks, 3 but they don't -- I mean, that's a state decision. 4 The state decides what the network adequacy 5 standard should be and needs to hold the plans 6 accountable.	44
2 MS. CORLETTE: Yeah, no, Lee, I've been 3 thinking about that because it is really -- it is 4 such a multidimensional issue for families to 5 figure out whether they're better off with their 6 employer plan or a marketplace plan. I mean, it 7 is -- it is mind-numbing when you think about it 8 and -- and it's different for every single family, 9 is also the issue.		7 I, you know -- I don't know if anybody 8 from the Bureau is -- is on this call, but, you 9 know, at the federal level, they have tried to 10 ratchet up the network adequacy standards for 11 QHPs. You know, I think that might be a 12 conversation for BOI.	
10 So there's no like one-size-fits-all so 11 it's -- going back to the -- the conversation we 12 just had about the critical importance of consumer 13 assistance. It just -- it's so, so, so important. 14 Anyway, I'm sorry, I don't want to cut you off, 15 Holly or -- or Sarah or Cheryl. Please -- please 16 go ahead.		13 But to the extent that we're hearing 14 from folks like Lee that the networks are really 15 not adequate to meet consumers' needs, then I 16 think that is -- that should be within the -- that 17 should be of grave concern to the Exchange 18 certainly, but also to -- to all of us and maybe a 19 conversation we could take up with the BOI. 20 Ikeita.	
17 MS. MORTLOCK: I think that concluded my 18 comments about the public health emergency. And 19 just to say that we, you know -- that we look 20 forward to working with all of our partners, you 21 know, the carriers, the -- the sisters, the 22 navigators, and our state agencies to be able to 23 find opportunities for all of that coordination 24 and messaging that will go on.		21 MS. HINOJOSA: All of these issues just 22 really underscore the importance of education 23 that's really accessible for people because this 24 is just mind-numbing for us. And if you don't 25 have health insurance literacy background and	
25 And we also recognize the people losing			

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1 you're just an everyday person just trying to live 2 your life and feed your family and make a living 3 and you're not steeped in this -- so, you know, 4 when we're talking to stakeholders, carriers, et 5 cetera, and -- and folks are asking, you know, 6 what can we do? How can we help? 7 You know, one thing that has been 8 effective for past campaigns, as we worked to 9 educate the public, really has been just very 10 accessible videos, you know, short little clips 11 that we can, you know, put on our website and post 12 online, share around, e-mail out to folks that 13 make things very simple and easy to understand. 14 And, you know, we're in a social media 15 kind of world but, you know, things that are very 16 shareable and quick and simple. But, you know, a 17 lot of times, especially if things, you know -- if 18 people, you know, aren't going to be able to 19 necessarily read through a lot of complicated 20 concepts, if there are things that are very visual 21 for people to digest, that can be fun, that can be 22 simple, that can sometimes be a way to really 23 distill a lot of these very weighty concepts. So 24 that's been something that has really worked well 25 in the past.		1 goal of the Exchange should be coverage and cost 2 and competition and quality; right? So whoever 3 could address that. 4 MR. BIEDRYCKI: I may should let Doug, 5 but in general health insurance carriers have 6 impacted cost through leveraging smaller regional 7 micro-networks. And one of the reasons that our 8 integrated platforms are so critical is because it 9 rapidly allows us to compare the coverages for 10 individuals who live in between Roanoke and 11 Charlottesville, where the plan you choose 12 dictates the hospital you were allowed to go to. 13 In general, a commercial or group plans, 14 if we cite, let's say, the HMO, will have 90 15 percent plus of the physicians and facilities and 16 network. However, when we look at the 17 marketplace, these networks are not statewide. 18 They are, in most cases, regional and in a far 19 less robust participation of facilities and 20 physicians than their commercial counterparts. 21 And this is done by design in order to help manage 22 the cost. Your turn, Doug. 23 MS. CORLETTE: Yeah, I see Doug has his 24 hand up. 25 MR. GRAY: So, you know, this is not a	
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1 MS. CORLETTE: We need a family glitch 2 infographic. I believe Starla was -- was thinking 3 of those. 4 MS. HINOJOSA: Public health emergency 5 video clip, yeah. 6 MS. KISER: Thank you, Sabrina. Before 7 moving on, I wanted to just address Lee's comment. 8 And for my understanding, the comment about the 9 quality of health plans, does that -- is that 10 specific to the family glitch? Is -- is this an 11 assumption that all the plans on the individual 12 market have narrowed coverage? 13 I know based -- you know, the last 14 meeting, there was a comment because of the 15 reinsurance program; right? That premiums were 16 decreasing by almost 20 percent, which was very 17 exciting. And so the -- the -- the, I guess, 18 intent to me was that the -- the decrease in 19 premiums had to do with the reinsurance program 20 and not a limitation in the product or a 21 significant change in the product. 22 So is there a comment from Lee or 23 whoever is on the call? Is there a significant 24 change in quality of the plans overall? Or again, 25 is that something specific? Because I guess the	1 -- a unilateral conversation. I mean, if you want 2 to have providers in your network, you have to pay 3 them. Providers don't have to take Medicaid. 4 They don't have to take Exchange plans. They 5 don't have to take HMOs at all. They can choose 6 whether they take a PPO, an HMO, Medicaid, 7 Exchange. 8 They have the right to do that under our 9 state statute, and they did. So I -- I can't make 10 them take the product. What I can do is try to 11 leverage the networks that we have to get more 12 access. So if we've got somebody who already 13 takes Medicaid and the HMO, we hope that they'll 14 take the Exchange plan too because they're kind of 15 taking all comers. 16 So the people who take all comers are 17 more likely to serve in that environment. But 18 yes, it is true that HMOs are the preferred 19 platform for Exchange plans. And that is because 20 you can have a narrow or limited network. And it 21 is true because the cost and payment is lower than 22 a fully insured large group plan or a self-insured 23 plan. 24 Because the state doesn't -- the state 25 being the federal government, really doesn't play		

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1 that much, and 80 percent of them are getting 2 subsidized. Now just be practical about this. 3 Even though it may be less and less providers 4 agree to serve the Exchange population, it's 5 certainly far better than Medicaid in multiples, 6 probably two-and-a-half times, three times what's 7 paid in Medicaid.		1 healthcare could be so complicated? 2 MR. GRAY: Yeah, just -- who knew? 3 MR. BIEDRYCKI: Just to add on to that, 4 that is the very reason that these integration 5 tools are so absolutely critical for the agents 6 who use them. We've spent 10 years refining 7 procedures and policies to make sure that 8 consumers don't get misaligned with a plan that 9 doesn't include their physicians or facilities or 10 drugs. And I -- I don't know how we can 11 accommodate addressing the family glitch with 12 where we are currently in the process.	
8 So is it the least accessible network? 9 No, it is not. Is it the best one ever? No, it 10 is not. And it is a combined effort. Hospitals 11 have CON in Virginia. They own their market. And 12 in a rural area, there is one choice and no other. 13 And that's a fact. They own more than half of the 14 physicians in most markets.		13 MR. PATCHETT: All right. And one -- 14 one piece I'll add here because I think, you know, 15 as far as the Exchange goes, this is again, one 16 of, from our perspectives, the -- the benefit of 17 Virginia having made this decision to have a 18 Virginia-based Exchange, to having a marketplace 19 that lives here in Virginia, rather than relying 20 on healthcare.gov at the federal level.	
15 So if you want to contract with them, 16 you have to get a hospital contract and a 17 physician contract. If they ask an unreasonable 18 amount -- so what I mean is a rural area where 19 there's one hospital and one group of doctors and 20 they ask an amount that's greater than we would 21 pay in, let's say, Richmond, you can see that's a 22 pretty good disincentive to offer a plan in that 23 region.		21 Because it allows us to engage with the 22 Bureau of Insurance, for example, who, you know, 23 is on the same floor, as I said, the SCC. And -- 24 and to start to work through complexities that -- 25 that exist, you know, to Doug's point for what is	
24 And that explains why you have less 25 competition in rural areas, than you might have in	50		52
1 urban-suburban areas because there's less 2 competition in the provider network as well. So 3 you can create a more robust set of network 4 requirements, but you also might create a much 5 smaller group of health plans offered. 6 So it's a balance. And every state, 7 every Exchange, federal or state, has to work 8 within these balancing items. And so it's not 9 easy. And I'm not suggesting that -- that plans 10 can't do more. They can. We're trying to get 11 providers to, for example, have hours in the 12 evenings, hours on weekends. 13 We're paying a lot more for people to go 14 to urgent care. We're using telemedicine so that 15 people can get access when they're waiting for 16 their four or five months it takes to get a 17 primary care visit. That's true with all levels 18 of insurance. 19 So -- so that's what's happening in the 20 real world. So how does that affect and work with 21 policy suggestions? Happy to work with you on it, 22 but it -- it's not easy and it's not a uniform or 23 unilateral decision by health plans.		1 really a -- a multi-faceted, multi-party, multi -- 2 multi-issue challenge for us. 3 And -- and to Lee's point, right, one of 4 the things that we made sure was included in -- in 5 our marketplace platform is the ability for 6 consumers to search plans based on provider, based 7 on formulary availability, and -- and to compare 8 and to see that information so that they can -- 9 they can have some confidence that as they move 10 from, you know, a -- a commercial plan, or maybe 11 they've lost -- lost their job, or insurance 12 through their employer is no longer affordable, 13 they can look and see which of the available 14 Exchange plans includes their current provider, 15 includes their current formulary, their 16 prescription -- prescription drug coverage. 17 And -- and again, an issue that -- that 18 we get to work directly with our -- our friends at 19 the Bureau of Insurance in -- in working to help 20 -- help carriers and providers keep that 21 information as updated as possible. 22 MS. CORLETTE: This has been a good 23 discussion. And I think it's -- that it feels 24 very much like three-dimensional chess because you 25 have not only the traditional insurance market and	
24 MR. BIEDRYCKI: And that's just to -- 25 MS. CORLETTE: Now, who knew -- who knew			

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1 provider dynamics, you have the overlay of the 2 premium tax credits and, you know, how to -- you 3 know, what happens when the price of the second 4 lowest costs of a plan changes, if you have a 5 really low-cost carrier coming in, like, what that 6 can do two people's premium tax credits in that 7 area.		1 So the general idea was sort of, you 2 know, laying out what are the -- the broad 3 strategic goals for the Exchange? How do we 4 identify what the metrics are, to know whether 5 we're making progress towards those goals? And 6 then coming up with sort of a data dashboard that 7 -- that the -- both the Exchange can use for 8 internal stakeholders, but also potentially for 9 reporting to external stakeholders about, you 10 know, how were progressing towards those goals.	
8 So it's -- it's -- it is a very 9 challenging set of issues, but important because, 10 you know, I think people need to see the Exchange 11 is offering a very high-value product. And so 12 having robust standards and minimum standards 13 there is going to be important.		11 I don't know if I'm doing justice to -- 12 to -- that division for that subcommittee, but as 13 Jane unfortunately left us this summer, that -- 14 that subcommittee was sort of put on the back 15 burner. So I want to just gauge interest appetite 16 among the -- the committee for revising that 17 subcommittee.	
14 I don't -- Holly, were there any other 15 federal or other state policy updates that you 16 wanted to get to?		18 I -- I do think that it -- to me it 19 sounds like there's a lot of -- it seems like 20 there's a lot of merit in -- in really having a 21 clear sense of what we want the Exchange to 22 accomplish as a -- as a -- as we move to a 23 state-based platform and -- and having a mechanism 24 for reporting on progress towards that goal -- 25 those goals, both internally and externally.	
17 MS. MORTLOCK: No, I think that 18 concludes my comments for today.			
19 MS. CORLETTIE: Okay. I think since we 20 are talking about providers, I guess I'll mention 21 that we are expecting the feds to soon release a 22 proposed rule -- their annual payment notice rule 23 that may include some updates to their network 24 adequacy standards, particularly with respect to a 25 minimum standard for rate times for office visits.	54		56
1 So that is something we're looking for but may not 2 affect Virginia as a state-based marketplace.		1 So I'll just -- just open it up and see 2 if -- if there's interest in -- in reconstituting 3 that subcommittee, perhaps under a new -- a new 4 subcommittee chair.	
3 Any other comments or questions from the 4 committee for -- for Holly or Keven or the 5 Exchange team?		5 MR. CASTRO: Hey, this is Scott Castro 6 from MSV. If it be the will of the Committee, I'd 7 be happy to serve on that should it continue.	
6 Okay. Hearing none, we -- I think the 7 next item on the agenda are -- are the advisory 8 committee subcommittees. We had, I think, a -- a 9 -- a very hardworking and -- and successful 10 subcommittee that convened over the summer and 11 fall relating to outreach and consumer education. 12 And I want to thank Julie Bataille again for 13 leading that effort and I know will be hearing 14 soon from the Exchange with responses to those 15 recommendations.		8 MS. CORLETTIE: Great. Thank you, Scott. 9 All right. Well, we'll -- you know 10 what, I -- I can also just plan to send an -- Oh 11 Ikeita, yeah.	
16 We do have some unfinished subcommittee 17 business. Folks might recall that our former vice 18 chair, Jane Kusiak, had agreed to lead a 19 subcommittee called the Strategic -- I think it 20 was the Strategic Priority Subcommittee. And the 21 general idea, just to refresh everybody's memory 22 of that, we had a great presentation from folks at 23 the University of Minnesota, the -- the SHADAC 24 folks on just data issues with respect to the 25 Exchange.		12 MS. HINOJOSA: Yeah, I just also agree 13 that it makes sense if everyone else is 14 interested, you know, that -- we've all heard the 15 saying, what gets measured gets done. Yeah, and I 16 -- I do think, you know, regular measurement and 17 reporting just keeps us all focused on the goal 18 that we all are interested in achieving.	
		19 And, you know, we all want to use the 20 same set of information to -- to make decisions 21 and improve our results. So it makes sense to be 22 on the same page, especially at the outset at this 23 very important year.	
		24 MS. CORLETTIE: Yeah, agree.	
		25 I think there's Lou.	

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1	MR. ROSSITER: Sabrina, I'm -- since I	1	enrollment from anywhere it could get it because
2	was honored to take my good friend Jane's seat,	2	at the end of the day, the more people who were
3	I'd -- I'd be glad to serve on that committee.	3	enrolled, the better the balance between premium
4	And data's my thing so if you need a chair I'm	4	to claims relationship.
5	glad to chair it.	5	In the new posture of the Virginia
6	MS. CORLETTE: Oh. That's great. Thank	6	Health Benefit Exchange national web brokers such
7	you, Lou.	7	as ehealthinsurance.com will no longer be able to
8	Julie.	8	participate. Doug's members who built up their
9	MS. BATAILLE: Yeah, thanks, Sabrina. I	9	own Exchange integrations, all of the carriers in
10	10 would just echo the other comments. And I think	10	10 the state will no longer be able to integrate.
11	11 when both of the subcommittees, this one and the	11	11 And the tools that many of the volume-producing
12	12 one on outreach were originally conceived, there	12	12 agents have used for a decade will not be able to
13	13 was a recognition that we would certainly want to	13	13 integrate.
14	14 use data to be evaluating outreach efforts, and be	14	Now, we could be in 2024 in a perfectly
15	15 able to use them for resource prioritization, and	15	15 fine and peachy place, but I think it is prudent
16	16 how do you continue to measure success?	16	16 to acknowledge that we're going to lose
17	So I would just echo the other comments.	17	17 enrollments that were financed through private
18	I think it would be really important to understand	18	18 entities' advertising and investment
19	19 metrics, how you're going to measure them, and	19	19 infrastructure.
20	20 then also how they need to evolve. Because I	20	And that production is going to have to
21	21 think the reality is, there will be things that	21	21 be replaced by only individuals in the
22	22 are constantly changing. So I would be happy to	22	22 Commonwealth. Now, if I were a individual who was
23	23 serve on a subcommittee to the extent that that is	23	23 looking out for my own vested interest, I would do
24	24 useful to the larger committee.	24	24 a -- a giant backflip; right? Because that means,
25	MS. CORLETTE: Thank you, Julie.	25	25 as a Virginia agent, I'm not competing with
	58		60
1	Unmute Doug.	1	carriers anymore, and I'm not competing with
2	MR. GRAY: Glad to help as well.	2	outside agents.
3	MS. CORLETTE: Wonderful. Okay. Well,	3	But I believe that as a fiduciary, my
4	it sounds like we have general agreement to -- to	4	role is to evaluate what that supply chain impact
5	revive that committee which -- which has been a	5	could potentially do from an actuarial lens to the
6	bit dormant. But I think that we have a fantastic	6	rates. Long story short, if -- if we don't
7	group of folks willing to roll up their sleeves on	7	maintain the same volumes of enrollments, that
8	it. So I will plan to send an e-mail around and	8	could create an issue where we lose some of the
9	we'll -- we'll start the ball rolling on getting	9	carriers that have recently come into Virginia.
10	that committee -- subcommittee going.	10	If we look at the nineteen states that have or are
11	Any -- I see -- I think the next is just	11	setting up a state-based exchange, Virginia's at
12	12 other business. And are there topics or things	12	12 technically twelve, but Aetna's in there three
13	13 that folks would like to bring up, discuss now, or	13	13 times. So I'm not going to count that.
14	14 put a pin in for our next meeting for the next	14	We have California and New York at
15	15 quarter? Sort of just a general open discussion	15	15 twelve carriers per state. Virginia, on paper 12,
16	16 opportunity for -- for committee members.	16	16 I'm going to call it 10. Everybody else is eight
17	Yes, Lee.	17	17 and below, with half of the states having six or
18	MR. BIEDRYCKI: Thank you. The	18	18 fewer carriers. The thing that further
19	Commonwealth is welcome, clearly, to move forward	19	19 complicates our market is that four of the plans
20	however it chooses. For the committee, I think	20	20 that sell in Virginia are affiliated with and/or
21	it's important to highlight a contrast in our	21	21 owned by hospital systems, which gets back into
22	migration from the federally facilitated	22	22 this network discussion we were having with Doug
23	marketplace. In our current decade-long	23	23 and Starla.
24	relationship with healthcare.gov, healthcare.gov	24	I'm not saying that this will be solved
25	assumed a position where it would take an	25	25 in this call, but I do think it's important that

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1 everyone that is on this committee recognizes that 2 we are cutting off a large number of enrollments 3 that historically came from outside sources. And 4 the -- I guess gamble in that would be making sure 5 we think that we can get as many net new 6 enrollments. I'm not talking about retention of 7 what we already have. I'm talking about getting 8 as many net new enrollments in 2024 as we did when 9 outside parties participated.		1 for, I'm going to say, years even though I haven't 2 been with the Exchange for years. But -- but 3 they've been -- been worked through for years. 4 And we are -- we are very confident that 5 we are -- we're not going to lose enrollment. 6 We're going to see an increase both in retention 7 and in new enrollment, and we're working very hard 8 to -- to make that happen.	
10 MR. PATCHETT: And it's -- it's 11 interesting. I -- I -- so these are -- these are 12 issues that -- that Lee and I have had a lot of 13 conversations about over the -- over the last 14 couple of months, and -- and not everybody sees it 15 that way. Not even every large agent and broker 16 organization in Virginia sees it that way. And -- 17 and the data from other states don't -- don't bear 18 it out. It's -- it's challenging because, you 19 know, to this point, Virginia's different.		9 MR. BIEDRYCKI: Just regarding that 10 stat. If the health carriers and national web 11 brokers are excluded, the agent numbers can't help 12 but go up. That's all.	
20 And one of the very common mantras among 21 State Exchanges is if you've seen one State 22 Exchange, you've seen one State Exchange. 23 However, there is some consistency that we have 24 seen across states. States that transition to a 25 state-based marketplace consistently do better		13 MS. CORLETTE: Yeah, I -- I mean, I 14 think that -- and I also be interested in Julie's 15 thoughts on this too as a communications expert, 16 but I think one -- at Georgetown, we've done a few 17 secret shopper surveys for -- for, you know, 18 consumers trying to buy health insurance. And one 19 of the concerns that -- that we've had with people 20 trying to seek insurance through online mechanisms 21 is just the huge volume of -- of frankly, junk 22 insurance that's being marketed through online 23 brokers.	
	62	24 And it's almost impossible for the 25 average consumer to, just through a Google search,	64
1 both in retaining enrollment and in capturing new 2 enrollments and significantly better. And again, 3 none of those states have implemented the -- the 4 technology that Lee is talking about. 5 The other thing that's been very 6 interesting is we've worked with GetInsured, our 7 platform vendor, around this technology and -- and 8 what it means or might mean. One of the things 9 that they've identified for us is every state that 10 has transitioned using their technology they've 11 seen an increased participation in the number of 12 agents and brokers who are participating in 13 selling and facilitating enrollments on the 14 Exchange. And those Exchanges have seen an 15 increased number in broker and agent-facilitated 16 enrollments. 17 We can look at a state like Idaho, where 18 70 percent of their enrollments come through 19 agents and brokers. And -- and the tools that are 20 available to them through the platform that we are 21 using are -- are very robust. It's not the same 22 as -- as the tools that some of the large agent 23 brokerages are using. But, you know, there are 24 trade-offs, and these are -- these are the tough 25 decisions that -- that we've been working through		1 to discern what's a legitimate purveyor of -- of 2 health insurance versus somebody that's selling 3 essentially a sham product or a short-term plan or 4 an indemnity product. 5 And so I, you know -- I don't know, 6 Julie, if you have thoughts, but it seems like as 7 we're making this transition to a state-based 8 platform, being able to communicate that there's 9 one trusted place for people to go just seems to 10 be from a -- from a communications perspective, 11 the best -- a better way to go rather than saying, 12 well, you can go here, go here, or go here and all 13 these different portals because unfortunately, 14 it's so hard for consumers to -- to separate out 15 the -- the good from the bad.	
		16 MS. BATAILLE: Yeah, Sabrina, I'm happy 17 to chime in quickly. I think that the importance 18 of one destination, especially because we're 19 talking about next year being a transition point, 20 and we're already going to have to get consumers 21 to know what the new destination is, is important. 22 And I think making sure that there continues to be 23 a variety of in-person options, understanding what 24 you're describing, Lee, in terms of, you know, new 25 steps that -- that folks may need to take to get	

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1 it.		1 is going to be included; right? Where you can	
2 But I think making sure consumers know		2 compare formularies, where you can compare	
3 if they do go to the Exchange, they're going to be		3 doctors' networks, that's also essential. But as	
4 able to get in-person assistance. And they can		4 I said, that would be on my wishlist. I don't	
5 have the option of being able, you know, to go the		5 know who -- who could do that or would do that.	
6 navigator route or to go to someone that is		6 MS. CORLETTE: Yeah, that -- those	
7 certified to -- to help them will really help the		7 things would be on my wishlist too.	
8 Exchange, but also help the consumer who is going		8 MR. PATCHETT: And -- and they are on	
9 to have a lot of questions.		9 our road map. So consumer education is a big	
10 MS. CORLETTE: Starla?		10 piece of our outreach. And so we are -- we are	
11 MS. KISER: Yeah, so related to what		11 preparing in connection with our transition to	
12 you-all are discussing, on my wishlist, and I		12 launch a new website that leverages consumer	
13 don't know if this would apply to GetInsured or		13 education in multiple languages. And -- and it's	
14 our marketing team, but instead of -- I mean, what		14 something that I think is going to be part of the	
15 would make sense would be if we had, again, the		15 continual improvement process where we learn, and	
16 one website that -- that we operate. And in a		16 we get better.	
17 very super duper, user-friendly, very visual way,		17 And so these -- these issues as -- as	
18 insurance concepts were explained, whereby		18 we're talking about, you know, various channels,	
19 consumers would not have to talk to someone on the		19 one site, from my perspective as the Exchange	
20 phone just to understand basic Insurance		20 director, these remain open questions. And, you	
21 principles.		21 know, we've talked to -- to some of the carriers	
22 And I say this as a physician that also		22 and some of the other large agents and brokers who	
23 doesn't know how to choose insurance; right? So I		23 are very, very happy that -- that we're taking a	
24 -- I worked for a -- an innovative like a -- it		24 -- an approach where we're willing to continue to	
25 was -- it was under UnitedHealthcare. An exchange		25 talk. And what we do this year doesn't have to be	
	66		68
1 product in 2017, one of the first years it was		1 the same as what we do next year. We're committed	
2 opened, and it was called Harken Health. And it		2 to -- to learning and improving as we go forward.	
3 was -- everything we did was design-centric;		3 MS. CORLETTE: All right. I think we'll	
4 right?		4 move on to other business unless there are other	
5 Design thinking, patient-centered,		5 topics people would like to bring up. All right.	
6 consumer-centered, including on the website where		6 Well, just a couple of housekeeping things.	
7 we just -- we described explanation of benefits		7 Sorry. Okay. So it was just, Starla, you had	
8 and out-of-pocket costs and all these things that		8 your hand up, and it looks like you've taken it	
9 are probably, and again, I don't know, seem		9 down. So first is that we want you or -- or Holly	
10 intentionally obtuse, were actually explained in a		10 and team would -- hope you'll look out for an	
11 very extremely user-friendly way with visuals;		11 e-mail from the Exchange with a -- a Doodle or a	
12 right?		12 similar poll. We're going to try to get our	
13 And patients and consumers probably were		13 quarterly meetings for 2023 on the calendar at	
14 involved in actually creating some of that		14 some point in January so that they'll be scheduled	
15 material. Unfortunately, the website is no longer		15 out for the year so you-all can plan ahead.	
16 active, but I think the principle behind it, I		16 So be on the lookout for some sort of	
17 mean, you know, that would also make Virginia's		17 survey or poll to try to get those calendared. I	
18 experience different; right? If you could go to		18 think our goal is to try to do an in-person	
19 one place and you could see and these concepts		19 meeting for that first quarterly meeting that is	
20 were so easy for consumers to actually compare one		20 likely to take place in March. I think that's	
21 to another. And you guys have mentioned, which I		21 right, Holly. So just keep that in mind as you're	
22 think will be very beneficial, to easily compare		22 filling out that -- that Doodle poll.	
23 networks.		23 And then the other housekeeping matter	
24 I think that's hard to do, but, you		24 is that folks may have noticed that we were	
25 know, technologically, logically. But if that		25 missing Kenn Penn today from the chamber. He has	

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<p>1 retired, and I certainly want to thank him for his 2 service to the Advisory Committee, and we will 3 miss him. But we do need to find a replacement 4 for Kenn. That slot is a -- an appointment to be 5 made by the SCC.</p> <p>6 So if anyone on the Advisory Committee 7 has suggestions or ideas of somebody that would be 8 a good nominee, please send those directly to 9 Holly Mortlock with the Exchange because she will 10 be pooling together a list of potential folks and 11 -- and putting those forward to the commission. 12 Am I missing anything, Holly?</p> <p>13 MS. MORTLOCK: Thank you so much, 14 Sabrina. That -- I think that's everything on our 15 list.</p> <p>16 MS. CORLETTE: Okey-doke. I think the 17 last section of the agenda is public comments. It 18 sounds like there were none submitted in advance. 19 Are there any public comments? You're on mute, 20 Holly.</p> <p>21 MS. MORTLOCK: Sorry. They do have to 22 be submitted any -- in advance, but people are 23 welcome to -- to submit public comments any time 24 of year through e-mail to the Exchange, and they 25 can -- I believe they can access that on our</p>	<p>1 CERTIFICATE OF COURT REPORTER 2 I, Joshua Tubbs, the officer 3 before whom the foregoing proceedings were taken, 4 do hereby certify that said proceedings were 5 electronically recorded by me; and that I am 6 neither counsel for, related to, nor employed by 7 any of the parties to this case and have no 8 interest, financial or otherwise, in its outcome.</p> <p>9</p> <p>10 Notary Registration No.: 7905736 12 My Commission Expires: 4/30/2025</p> <p>13</p> <p>14 <i>Joshua Tubbs</i> 15 _____</p> <p>16 Joshua Tubbs, Court Reporter</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
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<p>1 website. So we do take written -- written public 2 comment at any time.</p> <p>3 MS. CORLETTE: Terrific. Well, that 4 does it for our agenda. I think we did it in good 5 expeditious fashion. I want to thank everybody 6 for a really great discussion. I think I'm 7 certainly extremely excited about the year to 8 come. I think there's great -- lots of 9 challenges, but also some really great 10 opportunities to serve the -- the people of the 11 Commonwealth and -- and support the Exchange in 12 what I'm increasingly confident will be a 13 successful launch. With that, I will take a 14 motion to adjourn if anybody wants to offer one.</p> <p>15 MR. GRAY: So moved.</p> <p>16 MS. CORLETTE: All right. Second?</p> <p>17 MS. BATAILLE: Second.</p> <p>18 MS. CORLETTE: Well, with that, we are 19 adjourned. Thank you, everybody. I also want to 20 wish everybody a very happy holidays and New Year. 21 And thank you for all of your hard work.</p> <p>22 (Off the record at 3:36 p.m.)</p> <p>23</p> <p>24</p> <p>25</p>	<p>1 CERTIFICATION OF TRANSCRIPT 2 I, Brandi McLean, do hereby certify that the 3 foregoing transcript, to the best of my ability, 4 knowledge, and belief, is a true and correct 5 record of the proceedings; that said proceedings 6 were reduced to typewriting under my supervision; 7 and that I am neither counsel for, related to, nor 8 employed by any of the parties to this case and 9 have no interest, financial or otherwise, in its 10 outcome.</p> <p>11</p> <p>12 <i>Brandi McLean</i> 13 _____</p> <p>14 Brandi McLean</p> <p>15 Planet Depos, LLC</p> <p>16 12/13/2022</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

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