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Transcript of Advisory Committee Meeting

Date: March 28, 2023

Case: Health Benefit Exchange Advisory Committee Meeting

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Transcript of Advisory Committee Meeting

1 (1 to 4)

March 28, 2023

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2 COMMONWEALTH OF VIRGINIA
3 STATE CORPORATION COMMISSION
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6 Conducted Virtually
7 March 28, 2023
8 2:04 p.m.
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PROCEEDINGS

2 MS. CORLETTE: Okay. Well, welcome everybody
3 to our first Advisory Committee Meeting of 2023. It is
4 great to see so many of you in person that I've been
5 looking at in a box on a screen for a few years now.

6 For our addenda today, we have a lot to talk
7 about. We're going to hear from Kevin, our executive
8 director with an update as well as from DMAS on the
9 Medicaid unwinding. Ikeita is going to share an update
10 from the Strategic Priorities Subcommittee that has
11 gotten revived and under Ikeita's leadership and so I'm
12 excited to hear about that progress. And then we have
13 some celebrity guests from our assister Exchange in
14 Pennsylvania, the folks from Penn. I think it's -- is
15 it Devon and David is that --

16 A Yes. That's right.

17 MS. CORLETTE: Who is coming. They're going
18 to talk to us about some innovative things that they are
19 doing to try to reduce coverage loss during the
20 unwinding. And then we'll have other business and
21 public comment.

22 So let's start with our roll call.

23 MS. MORTLOCK: Sounds great. Would you like
24 me to go ahead and do that?

25 MS. CORLETTE: Yes, because I don't have a

2

4

A P P E A R A N C E S

2 VOTING MEMBERS:

3 SABRINA CORLETTE, CHAIR
4 KEVEN PATCHETT, ACTING DIRECTOR
5 SCOTT WHITE, COMMISSIONER
6 IKEITA CANTU HINOJOSA, VICE CHAIR
7 JULIE GREEN BATAILLE
8 LEE BIEDRYCKI
9 SCOTT N. CASTRO
10 DOUGLAS GRAY
11 ELIZABETH CUNNINGHAM
12 LOUIS ROSSITER
13 STARLA KISER
14

15 EX-OFFICIO MEMBERS:

16 JAMES WILLIAMS, DEPUTY SECRETARY OF HEALTH
17 AND HUMAN RESOURCES
18 CHERYL ROBERTS, ACTING DIRECTOR OF DMAS
19 SARAH HATTON, DMAS
20 GENA BOYLE, DEPARTMENT OF SOCIAL SERVICES
21

22 ALSO PRESENT:

23 HOLLY MORTLOCK, CHIEF GOVERNMENT RELATIONS
24 OFFICER/HBE LIAISON TO ADVISORY COMMITTEE
25 WHITNEY THOMAS

1 list of all of the members. Will that show up on the
2 screen?

3 MS. MORTLOCK: Yes.

4 MS. CORLETTE: Yeah. Why don't you go ahead
5 and do the roll call.

6 MS. MORTLOCK: Sure. Okay. So Secretary John
7 Latell [ph] I understand has sent a proxy. Is Deputy
8 Secretary James Williams here?

9 MR. WILLIAMS: Present.

10 MS. MORTLOCK: Thank you. Director Roberts
11 from Virginia Medicaid.

12 MS. ROBERTS: -- Medicaid.

13 MS. MORTLOCK: Thank you. Good afternoon.
14 Commissioner Avula from the Department of Social
15 Services.

16 MR. Avula: -- hello.

17 MS. MORTLOCK: Hello. And Commissioner White
18 with the Bureau of Insurance has sent a proxy. Mary
19 Ashby Brown, are you with us?

20 MS. BROWN: Yes, I'm here.

21 MS. MORTLOCK: Good afternoon. I see Sabrina
22 here. And in the room we also have Julie Bataille.

23 MS. BATAILLE: Hi, everyone.

24 MS. MORTLOCK: Lee Biedrycki.

25 MR. BIEDRYCKI: Hi.

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1	MS. MORTLOCK: And we have Ikeita.	
2	MS. HINOJOSA: Here.	
3	MS. MORTLOCK: Hinojosa.	
4	MS. HINOJOSA: Ikeita Contu Hinojosa, yes.	
5	MS. MORTLOCK: Thank you. And Lou Rossiter.	
6	MR. ROSSITER: Greetings.	
7	MS. MORTLOCK: And then also on the line I	
8	want to ask Scott Castro.	
9	MR. CASTRO: Yep. I'm here.	
10	MS. MORTLOCK: Liz Cunningham.	
11	MS. Cunningham: Yes, I'm here.	
12	MS. MORTLOCK: Good afternoon. Starla Kiser.	
13	MS. KISER: I'm here.	
14	MS. MORTLOCK: And is Doug Gray with us	
15	virtually? Okay. I think Doug will probably be joining	
16	us at some point.	
17	MS. CORLETTIE: Okay.	
18	MS. MORTLOCK: All right. So I think we are	
19	good to go.	
20	MS. CORLETTIE: Yeah. I think we have a	
21	quorum. Do we need a motion to begin? I can't	
22	remember.	
23	MS. MORTLOCK: I don't think so.	
24	MS. CORLETTIE: Okay.	
25	MS. MORTLOCK: We can be mostly informal.	
	6	
1	MS. CORLETTIE: I think we can just dive right	
2	in. All right. Let's go ahead and start. Is Kevin on	
3	the line? Yes.	
4	MS. MORTLOCK: Kevin are you with us?	
5	MR. PATCHETT: I am. Can you all hear and see	
6	me?	
7	MS. CORLETTIE: We can hear you.	
8	MS. MORTLOCK: We can hear you. We can't see	
9	you.	
10	MR. PATCHETT: Okay. One second here.	
11	MS. MORTLOCK: I don't know if it will work	
12	the way that the computer is set up in the room Kevin.	
13	So you might just have to go ahead and --	
14	MR. PATCHETT: Okay. All right. Well, let me	
15	apologize to those who are in the room. I was really	
16	looking for an opportunity to seeing you in person and	
17	to meeting some of you in person for the first time, but	
18	circumstances were not in favor of that this week.	
19	So I want to start out and give you all an	
20	update of where the Exchange is. Which and really where	
21	we've been over the last quarter or two which is we set	
22	out on this endeavor. I realized how difficult it was	
23	because of just how much we've accomplished. This time	
24	last year, we were pretty laser focused on getting an	
25	RFP released which happened right about this time last	
	7	
1	year. Then we really went into our evaluation mode and	
2	it was the fall when we awarded our contract, and we	
3	moved from what felt like a pretty fast pace to a whole	
4	different universe of speed and workload. And it's been	
5	really exciting for us to just see how the work has	
6	evolved, how our progress has evolved, how we as a team	
7	have evolved. And so I wanted to just share a little	
8	bit of -- of what we've done.	
9	And on this first slide of status updates, you	
10	can start to get a sense, because on the left-hand side,	
11	we have the -- almost a half year's worth of events and	
12	then the right-hand side is filled up with things from a	
13	month. Some of which are the culmination of past work.	
14	And a lot of these things are really difficult to	
15	express just what was involved, but one of the things	
16	you'll see for instance, is product orientation	
17	sessions. We made a decision when we built our RFP this	
18	time last year that the significance and complexity of	
19	this project warranted a robust set of functional and	
20	technical requirements. Our selective vendor Get	
21	Insured continues to give us a hard time about the fact	
22	that we have over 800 requirements. But as part of	
23	that, that meant we went through this product	
24	orientation phase that lasted about three months where	
25	we sat for three and sometimes four days in a week for	
	8	
1	most of the day walking through exactly what Get	
2	Insured's platform did and how it satisfied those	
3	requirements which ultimately culminated in us doing a	
4	traceability of our requirements to the solution. And a	
5	lot of good things came out of that.	
6	We got to know the platform, its	
7	functionality. Where we needed to make decisions.	
8	Where we needed to push for improvements and innovations	
9	early on and in a way that just did not come out of a	
10	procurement or evaluation process. And that, you know,	
11	that really built a foundation for us moving into	
12	design, development, making critical configuration	
13	choices for how we want to take a technology platform	
14	that five or so other states have implemented and make	
15	it Virginia's platform.	
16	I will say that a couple of weeks ago I was	
17	talking with one of our KPMG representatives. The	
18	Exchange has required KPMG to help us in the testing	
19	process which has already kicked off. But he was	
20	telling me how excited he was to open our requirement	
21	spreadsheet and see a set of robust requirements so that	
22	they could actually take all of their test cases which	
23	are close to 300, I believe, and have some actual	
24	requirements to map them back to, and he said I wish	
25	every state would do it this way. So that was some	

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1 gratifying feedback for me and for our team.		1 to -- to as they say harden the security controls.	
2 And then, so the next slide you'll see how our		2 All right. So from status updates and	
3 pace and the amount of work rooms [ph] that we're		3 progress, let's move to our timeline. I'll pick just a	
4 tackling continues to grow as we look at February and		4 couple of things to point out. Actually, the first of	
5 March. I think one of the areas for us that continues		5 them is not even on here, but at the end of May we will	
6 to be a wild card is the interaction with CMS. Some of		6 have one of our first operational readiness reviews with	
7 you are getting to meet Susan today, and I frequently		7 CMS where we will begin the -- the process of	
8 hear from Susan that CMS is asking us for something		8 demonstrating our operational readiness for -- for going	
9 that's not on the schedule, that's not on the list, but		9 live in the fall.	
10 they have oversight of our transition, and so we just		10 The -- the one that's on here in early July is	
11 get to roll with those requests and adapt.		11 significant because that's one of the operational	
12 One of the things you see there under March,		12 readiness reviews where we'll actually demonstrate the	
13 for example, is the safeguards and security report.		13 effectiveness of our collaboration and coordination with	
14 That was a 600-page document that we got to work closely		14 DMAS and DSS as we demonstrate our ability to do account	
15 with our vendor to make sure -- it doesn't do it justice		15 transfers back and forth. The other thing that jumps	
16 to say that every T was crossed and I was dotted. And		16 out here is our August 4th -- this is a -- what CMS	
17 our chief of security and IT operations Amy Mears		17 calls the go no go date. This is the point by which CMS	
18 really, really dug in and did some extraordinary work to		18 is going to make a decision that we've done everything	
19 get that -- that ready for us.		19 they think is necessary to be ready to go live with our	
20 One of the other things I will say that has		20 first open enrollment in November.	
21 come out of our interactions with CMS, we learned from		21 A couple of other quick observations on the	
22 -- from somebody who's kind of outside the process that		22 timeline front. You'll see that in some areas, the	
23 CMS has begun asking other states who are beginning to		23 timeline goes forward and then jumps back a little bit.	
24 work towards their transition and ask their vendors		24 This is our attempt to show how some of these, a lot of	
25 whether or not they're going to meet the Virginia		25 these tasks in fact, are overlapping and you can see	
	10		12
1 standard. And also right, that was rewarding for us,		1 just how exciting our lives are going to be in the fall	
2 because we're not just doing a lot of work. We're not		2 as we move into account migration and data testing and	
3 just moving at -- at a really fast pace, but we are		3 opening up the books of business for our agents and	
4 continuing to push everybody that we work with for a		4 brokers with our soft launch of the platform and the	
5 higher level of quality, a deeper level of engagement,		5 call center. And we start our reenrollments all -- all	
6 and it's getting recognized and noticed externally, and		6 coming pretty quickly together as we prepare for that	
7 that's a -- hugely rewarding for us.		7 critical November 1st open enrollment date.	
8 I do want to take a second since I mentioned		8 So one of the things that's making all of this	
9 the safeguard and security report and just talk a little		9 work possible for us is our staff. We have come a very	
10 bit about security. I think you all have probably seen		10 long way in who we are and a lot of you have been around	
11 in the news the report of the data breach in Washington,		11 the Exchange since the beginning when it really was a --	
12 D.C. A couple of things, we're not using the same		12 something like a skeleton crew. We're up to 18, and you	
13 technology platforms that they're using. But we are		13 can see from the list here the -- the folks that we have	
14 nonetheless viewing this as an opportunity to find		14 brought on since the fall and a list of those that are	
15 lessons learned.		15 currently in process. We've still got a ways to go as I	
16 One of the things I've mentioned over and		16 we move into the summer and next fall, but I will say, I	
17 over, some of our most valuable resources are the other		17 could not have asked for a better set of professionals	
18 states who have already done this, who have gone before		18 to work with top to bottom. We are today in my opinion	
19 and we take every opportunity to -- to learn and adheres		19 as strong as the Exchange has ever been. One of the	
20 on the -- on sort of the other side of that, another		20 things that's really, really exciting to me is that in	
21 opportunity for us to learn our vendor Get Insured has		21 terms of staffing, we have finally moved from a place	
22 put together a multistate team to really sit down and		22 where we're trying to figure out how to tackle this	
23 dig into lessons learned and I will say re-reevaluate		23 challenge of growing a small organization quickly, how	
24 [ph] the security measures that are in place to make		24 to identify where we -- we need resources to the place	
25 sure that -- that we are doing everything that we can		25 now where -- and -- and I can't say that, you know, we	

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	13		15
1 feel fully staffed, because we're not, but we now at 2 least recognize where -- where we need more staff. And 3 our staff and planning our staffing model is in a place 4 that, I mean, even four or five months ago I was kind of 5 scratching my head about. And it's exciting, because 6 we've really, we've tried to, again, take advantage of 7 learning from what other Exchanges have done, but 8 that -- that saying that Exchanges are fond of, if 9 you've seen one Exchange, you've seen one Exchange. 10 Everybody does it differently. And -- and we learned 11 that, yeah, we were going to have to be staffed and 12 structured in a way that was uniquely Virginia. And so 13 that's -- that's where we are and that's where we're 14 going.		1 and engaged as we are going through the development and 2 transition, but that's where you see about our 3 engagement in the community and the more we are looking 4 forward to building that into something that is much 5 more expansive than what we have now. But it is one of 6 those things that we have to tackle with what I will say 7 is deliberate speeds. Sometimes it feels like we are 8 deliberately running at breakneck speed, but wherever 9 possible, we are being deliberate in making our choices 10 about how to expand our resources, how to prioritize, 11 and -- and focusing right now on the things that are 12 most critically necessary, and most useful to 13 accomplish -- this transition.	
15 All right. Stakeholder engagement. Another 16 little -- what may seem like a minor victory, but has 17 been -- was really exciting for us when we recent ly 18 presented our stakeholder engagement plan to CMS which 19 is far more detailed than what you're seeing here. 20 Their reaction was something along the lines of wow. 21 And our stakeholding engagement plan I think was one of 22 those things that we weren't expecting CMS to ask for it 23 when they asked for it, but it was gratifying for us 24 that we were able to -- to deliver something that 25 exceeded their expectations.	14	14 So I'm going -- I'm going to pause here for a 15 second and actually pass it over to Holly to talk with 16 you about a topic that gets a lot of attention, and 17 that's the continuous coverage unwinding and how we as 18 an Exchange are going to be working to support that 19 continuous coverage unwinding. Holly, you want to take 20 it away?	16
16 And I know I've said this before, but 2 stakeholder engagement for me really is one of the most 3 critical functions that we are going to do as an 4 Exchange both now during our transition and in our 5 forever future operational state. In order for 6 Virginia's Exchange to meet our statutory obligations to 7 accomplish things like support the reduction of the 8 number of unenrolled in Virginia. Support continuity of 9 coverage for folks moving from Medicaid to the market 10 from employer based coverage to the individual market 11 and in sort of all directions. All of these activities, 12 they take a community. The overall objective as I see 13 it of -- of our division is to build an Exchange that's 14 by Virginia and for Virginia which again, that's going 15 to require engagement with a broad range of 16 stakeholders.		21 MS. MORTLOCK: Sure. Thanks, Kevin. As so, 22 good afternoon, everyone. So I am excited to share with 23 you some of the work and planning that the Exchange has 24 been involved in, in regards to the continuous coverage 25 unwinding. The Exchange was really created for a couple	
17 You can see here that some of our stakeholders 18 get a couple of different blocks showing just the -- the 19 level of engagement that we have going on with folks 20 like our agents and our carriers. What we have listed 21 here in a lot of ways is really the tip of the iceberg, 22 because stakeholder engagement is going to be something 23 that is going to continue to grow. We've of necessity, 24 focused on those stakeholders that we -- we need their 25 participation and input now and they need to be involved		1 of reasons, and the first was to support the continuity 2 of coverages Kevin had mentioned. And second, is to 3 reduce the number of uninsured Virginians. And the work 4 that we're doing to fulfill that mission is really just 5 going to be magnified during this period of unwinding. 6 And that's the core of the work that we're going to do 7 now and into the future, so we really see that 8 collaboration and continuity as really the core of what 9 it means, you know, to be the Virginia Exchange. 10 So when we talk about what we're going to be 11 doing, addressing people that are -- determined 12 ineligible for Medicaid and transitioning them into 13 marketplace coverage. It really is the same work. 14 It's -- it will be about accelerating the pace and the 15 volume and putting that focus on continuity. So prior 16 to 2020, when Virginians became ineligible for Medicaid, 17 they were sent to Healthcare.gov to find coverage. And 18 when they -- when they went there for assistance, they 19 were served by a call center that is also servicing 32 20 other states at the same time. And so just nationally 21 that data is showing a really dismally low uptick in 22 coverage when a person has to transition from Medicaid 23 to the FFM. 24 So as an Exchange transitioning to a 25 state-based Exchange, we will have a vast array of tools	

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1 available that will help to change these outcomes. 2 First, we are going to adopt the Federally Facilitated 3 Marketplace unwinding special enrollment period. So we 4 will continue that throughout our transition year 5 without any interruption.		1 small businesses, other -- other community partners to 2 help us target locations and populations of Medicaid 3 enrollees that are uninsured, underserved and -- and 4 help them to -- incentivize them or help them to want to 5 conduct that outreach and form them of the Exchange and 6 the assister opportunities, and help them -- have them 7 help us identify people that we can support into getting 8 into coverage.
6 Our strategies for how we are going to 7 specifically impact the unwinding will be substantially 8 increased investments and marketing outreach in 9 education, direct consumer assistance tailored to 10 Virginians and using consumer-level data to inform 11 specific outreach and policy decisions to improve the 12 Exchange's reach of consumers.		9 As part of this, we are going to be conducting 10 ongoing assister education in the summer and the fall of 11 this year. We will be providing technical assistance 12 for assisters and agents. We will have assister tool 13 kits available, community partner tool kits, social 14 media tool kits. We are currently conducting and will 15 continue to conduct monthly town hall meetings, and 16 provide answers to frequently asked questions during 17 those meetings, and then list them on our Exchange 18 website.
13 So, first we'll start with the first strategy 14 on marketing and outreach. So we do have an unwinding 15 marketing and outreach plan. We have -- it will begin 16 in April of this year and run through July of 2024. And 17 we are applying our research strategies as we have been 18 working with our vendor over the last year -- year and a 19 half to identify and best target individuals based on a 20 wide variety of demographic and geographic information 21 including areas of high concentrations of Medicaid 22 enrollees. And what we learned from our collaborative 23 partners as well. And we will have a messaging 24 framework that's tailored to our six key audience 25 segments that we have also developed with our vendor and	18	19 We also will have consumer information about 20 the unwinding with links to assister programs and 21 appropriate redirects to Healthcare.gov on our existing 22 website. And making sure that people have the 23 appropriate information that they need and just amplify 24 and support our partner messages into getting them to 25 the right assister and to the right place for coverage.
1 their research. 2 So examples of the types of outreach and 3 education that we are able to do while we are in the 4 process of transitioning will be digital marketing and 5 advertising. State-wide radio and streaming audio 6 advertisements, Google search ads, digital display ads, 7 and through our social media posts, Facebook, LinkedIn 8 and Twitter. 9 We also will have components of direct 10 consumer assistance. So Virginia assisters. They work 11 year round and ongoing, not just during open enrollment. 12 We have 35 navigators and 34 certified application 13 counselor designated organizations, and 1,400 agents, 14 licensed and certified to sell in the Virginia Exchange. 15 So outside open enrollment, they will be able 16 to inform consumers about the unwinding, their 17 redetermination letters, you know, to be expecting them. 18 Direct them to the appropriate site and assister place 19 for coverage. And focus on -- and they can focus their 20 efforts outside of open enrollment on individuals who 21 are eligible for special enrollment periods, and support 22 them to transition to marketplace coverage. 23 In terms of outreach, we are working to 24 develop community partnerships to work with our local 25 communities, with hospital systems, health clinics,	20	1 And in the fall of 2023, we will have a 2 Virginia consumer assistance call center that will be 3 staffed by people that are trained specifically for and 4 entirely focused on the needs of Virginians. It will 5 provide some technical assistance for agents and brokers 6 to support, assist, you know, the assistance of 7 consumers. And will ensure that consumers are getting 8 connected to the appropriate place and obtaining 9 coverage. 10 And finally, as we are making our transition, 11 and in the fall of 2023, and beginning November 1st, 12 Virginia -- the Virginia Exchange will have account 13 transfer data from all current Healthcare.gov enrollees, 14 and these current enrollees will be auto-renewed unless 15 they choose different coverage. 16 We will also begin to get Medicaid account 17 transfers starting on November 1st. And so we will 18 begin accepting most account transfers for individuals 19 who were just redetermined and found ineligible for 20 Medicaid as well as new Medicaid applicants that were 21 found ineligible. 22 Our system will be able to provide automatic 23 notices and prepopulated applications, beginning on 24 November first. And so for account transfers, we'll 25 have the ability to automatically e-mail a person to

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1 help them get conducted to coverage and provide a
 2 partially prepopulated application for them. An
 3 individual would then just log in and be able to choose
 4 a plan.

5 Application and enrollment reports. So we
 6 will know -- will be able to know when an application
 7 has been started, but not completed or when an
 8 individual has shopped, but not completed a plan
 9 selection. And so we will be able to pull those reports
 10 and conduct outreach to consumers at the appropriate
 11 place in their application process. So I'm reflecting
 12 sort of where they actually are. And then again, people
 13 will just need to log in and submit their prepopulated
 14 application for eligibility and marketplace coverage.

15 So that is how the Exchange is planning to
 16 provide support and assistance through the unwinding and
 17 we are also just very happy to be partnering with our
 18 other agency partners and community partners as well.
 19 And so now, I just wanted to -- go ahead Sabrina.

20 MS. CORLETTE: -- question.

21 MS. MORTLOCK: Yes, please.

22 MS. CORLETTE: Thank you. It was really
 23 great. Exciting to see all the things that you can do
 24 once you have a little -- you have the -- have the
 25 reins. I just have a timing question just thinking

1 about like the marketing and like consumer facing you
 2 have to do. Like you're obviously doing digital and
 3 other marketing for folks who may face a Medicaid
 4 termination directing them to Healthcare.gov, but at
 5 some point, you have to start building brand awareness.

6 MS. MORTLOCK: Yes.

7 MS. CORLETTE: For whatever --

8 MS. MORTLOCK: Absolutely.

9 MS. CORLETTE: -- we're going to call
 10 ourselves. So I'm just -- how are you thinking about
 11 that timing issue, and like is there like a date at
 12 which maybe it's something else and is -- are you, I
 13 don't know. How have you thought that piece through?

14 MS. MORTLOCK: Yeah. So we have been doing a
 15 lot of thinking about this, all the time, every --
 16 everyday. These are sort of where we live and breathe
 17 these discussions, I know Susan, you know, has been, you
 18 know, a huge part of that discussion as well. And
 19 Brionna, Brionna Jones our outreach and marketing
 20 manager who is here with us today too.

21 So yes. So this is one of the nuances of
 22 transitioning this year. So --

23 MS. CORLETTE: Lucky Virginia.

24 MS. MORTLOCK: So what we want to make sure
 25 that we are doing, you know, first and foremost is, is

21

1 one, using the opportunities as we have as an Exchange
 2 to be able to support individuals and our community
 3 partners amplifying their message to help get people to
 4 the right place to get coverage for plan year 2023, if
 5 that's what they need. And then also to help, you know,
 6 continue them in coverage in plan year '24.

7 So we are working with -- with our Medicaid
 8 friends and with our other partners to amplify existing
 9 messages. So CMS has put out a lot of information and
 10 tool kits and messaging so we are using those to the
 11 best of our ability and you know, putting those forward,
 12 you know, in terms of just amplifying those messages,
 13 making sure that people are not confused about where
 14 they need to be going, because our -- you know, we --
 15 again, you know, we see this as our -- our ongoing
 16 mission, you know, to make sure that people are getting
 17 to the right place and getting coverage. So we're being
 18 very mindful of that in all of these -- in all of these
 19 strategies that we're using.

20 The next thing that I will say is that -- is
 21 that we will, you know, we are working with CMS very
 22 closely on sort of how we are going to roll out that
 23 specific brand awareness and start to build that with
 24 consumers. So we are in ongoing discussions with them.
 25 It will not be earlier this year that we're going to do

22

1 that. And the reason is, because we have this, you
 2 know, particular thing, you know, this particular
 3 rollout with the -- with the unwinding. We are going
 4 to, you know, like I said, we will have information on
 5 our existing website, you know, that will not be
 6 promoting our brand right away, but we will be
 7 establishing those connections with people, you know,
 8 and that awareness that the Exchange is here and making
 9 sure that they get to the right place.

10 So again, we recognize that this is part of,
 11 you know, what we need to be focusing a lot of our
 12 attention on and being very deliberate about, but these
 13 are conversations that we are having with CMS, and will
 14 be very careful about that. I expect that over the next
 15 couple months we will have more information to share
 16 with you about what exactly what that will look like.
 17 You know, we do have, you know, plans that we're working
 18 on, but again, I think we want to be really careful
 19 about how we're providing that information to consumers,
 20 but just know that that is top of our minds everyday.

21 And we are working very closely with CMS. And so I
 22 guess, Kevin, do you have anything that you wanted to
 23 add to that?

24 MR. PATCHETT: Yeah, I'll say a couple of
 25 things, and -- and while you mention that, we're working

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1 closely with CMS, because they have some ideas about how 2 we should and should and can and can't be doing some of 3 this brand rollout and -- and some of the different 4 communication strategies that we've had or that we have. 5 I will say that Holly mentioned earlier the -- the sort 6 of abysmal take-up rates from Medicaid to Exchange 7 coverage in the past. We -- we are determined to do 8 better, and we're confident that we can do better. 9 We've heard a lot from other folks about, you know, the 10 challenges of us adding this extra complexity to our 11 transition, but for us, it's -- it's an extra 12 opportunity, and we wouldn't miss the opportunity to 13 lean in on the unwinding.		1 those things, Lee, yes. We are tracking and outlining 2 and planning for. 3 MR. BIEDRYCKI: I just like to share that in 4 '19 with the expansion before the public health 5 emergency, when we would go in to do a quote, and 6 Healthcare.gov or the enrollment platform would indicate 7 that the individual or individuals were Medicaid 8 eligible, one of two things happened. The individual's 9 income was then resubmitted at a higher number to avoid 10 all of that or the individual was told that they would 11 be notified about their Medicaid eligibility. And this 12 is where the consumer friction came about in that that 13 consumer then had to wait for a letter from their 14 state's Medicaid office as to whether or not they were 15 eligible or not. And then that letter of ineligibility 16 was the only thing that they could use to reenter into 17 the marketplace and in that timeframe of waiting for 18 letters to be sent and received, you are still dealing 19 with individuals who would have prescription drugs that 20 they need to fill, and doctor visits that they need to 21 see. 22 So one of the things that was a very avoidable 23 component to the chain of custody, if you will, is that 24 the individual who helps them initially in the Federally 25 Facilitated Marketplace or the enrollment platform was
14 I had an opportunity to speak with Alan Monset 15 at CMS recently about the importance of coordination 16 between the federal platform, and our Exchange. The 17 importance of properly timed and coordinated messaging 18 and communication. So it's -- the detail with which we 19 are looking at these states and these strategies is 20 getting heightened scrutiny which makes an interesting 21 process, but it's -- for me, it's increasing my 22 confidence in our readiness and our ability, like I 23 said, to do better than what -- what we've seen in the 24 past.		
25 MR. BIEDRYCKI: Is that workflow -- at this	26	
1 point? 2 MS. MORTLOCK: What specific workflow? 3 MR. BIEDRYCKI: When an individual in the 4 quote process is tagged as being potentially Medicaid 5 eligible? 6 MS. MORTLOCK: I'm not sure that I -- that I 7 know exactly what part of the flow process you're 8 referring to. 9 MR. PATCHETT: Yeah. So let me -- so the 10 interesting thing is the -- the flow really is 11 multidirectional. And one example of that is the, you 12 know, the expanded special enrollment period that CMS 13 has given during the unwinding where it's really almost 14 a continuous year and a half long special enrollment 15 period except that once consumers go to the marketplace 16 and begin shopping for a plan and have submitted that 17 application, they then get a 60-day period to -- to make 18 their -- their final plan selection. So you know, those 19 -- those kind of trigger dates, they -- they are 20 outlined, and the -- the flows for instance, where we 21 have, you know, reenrollment starting in October. We 22 have open enrollment starting in November. We have 23 folks who will be coming off of Medicaid in say, 24 November and looking for retroactive coverage, but they 25 might not have to select until January of 2024. All of	28	1 never notified whether or not the Medicaid eligibility 2 was effectuated. So there was no way to follow up with 3 that consumer in order to make sure that their coverage 4 was actually effectuated. Now, once we went through the 5 public health emergency, all of that changed; right. 6 But we only had one year-ish of the Exchange and 7 Virginia Medicaid interacting and that first year was 8 very problematic for some individuals. We saw 9 individuals artificially inflate their income to avoid 10 the Medicaid eligibility, because they did not want to 11 deal with the disruption of receiving their medications 12 and their care. 13 MR. PATCHETT: I think that's one of the 14 benefits we are looking to achieve as part of standing 15 up a Virginia-based Exchange. We ought to be able and 16 again, we are determined to do much better at 17 coordinating with DMAS. We are just across the -- just 18 across Capital Square. So that -- that disconnect that 19 exists and you know, in some ways still exist between 20 the FFM and Virginia Medicaid we're going to close that 21 gap if not eliminate it altogether. 22 So again, one of the benefits of transitioning 23 to state-based Exchange and a state-based Exchange 24 that's maintaining Virginia as a determination state. 25 So we should have a lot more flexibility and

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1	capabilities in that regard. Holly.	
2	MS. MORTLOCK: All right. Thank you. Were	
3	there any other questions about that?	
4	MR. ROSSITER: For Medicaid managed care	
5	companies that are both in the Exchange and Medicaid	
6	managed care, are they going to work to keep that	
7	enrollment continuous?	
8	MS. MORTLOCK: Yes. So I believe that there	
9	are -- I think that sounds like a great segue to our	
10	next person who's going to speak with us this afternoon.	
11	So I'm going to see if Sarah Hatton is on the phone.	
12	MS. HATTON: I am. Can you hear me Holly?	
13	MS. MORTLOCK: Yes, I can. Thank you, Sarah.	
14	Would you like to go ahead and then maybe address Lou's	
15	question as you're -- as you're speaking.	
16	MS. HATTON: Sure. I sure can. So we are	
17	officially in month one of unwinding here in Virginia	
18	where we're all really excited to start down this road	
19	and feel like we've done a lot to prepare for what's to	
20	come in the next 12 months. On March 18th we ran two	
21	very large batches of our renewals for month one. Those	
22	were pretty successful, I would say, so it was about	
23	121,000 cases. So that contained about 200,000 members,	
24	went through our ex parte process. We did see that	
25	about 68.9% of those overall renewed for another year.	
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1	That's a really good success rate for us and shows that	
2	a lot of the hard work that the DMAS teams and the DSS	
3	teams did to approve our systems have paid off.	
4	Prior to the public health emergency, we saw	
5	about 50% of the overall population renew through the ex	
6	parte process, so this is -- this is a big improvement	
7	for us. So that means that about 36,000 individuals or	
8	households, rather were mailed paper renewal packets on	
9	Monday, March 20th, so a little over a week ago. And in	
10	Virginia, of course, like everywhere else, our first	
11	closures won't occur until April which will be April	
12	30th for us.	
13	We have not really seen any uptick right now	
14	at our call centers, and I don't believe at the local	
15	agencies that I'm hearing, so we know that folks are	
16	probably just getting these packets in the mail and	
17	aren't actually reacting to those quite yet. We do	
18	expect that later this week and into early next week	
19	we're going to start seeing those call volumes increase.	
20	Another area that is -- a lot of hard work	
21	went into for us Cover Virginia is expanding and opening	
22	up a new redetermination call center and processing	
23	unit. That's our statewide call center, so that's	
24	actually going to go live on April 3rd. This is a	
25	temporary operation that we're standing up to help with	
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1	the unwinding process. They're going to be assisting	
2	with all of the data entry pieces for our Magi only	
3	Medicaid only populations which is about a third of our	
4	populations after -- after ex parte runs and then our	
5	local agencies will be taking the remaining applicants	
6	that are ADD or those who have other benefit programs.	
7	Let's see, so one of the areas where I know	
8	there was a question about that outreach and transition,	
9	so one of the areas that we focus on a lot that I know	
10	we've talked about a little bit here are our outreach	
11	plans for our individuals once we entered into the	
12	unwinding period. We do have a plan in place that is	
13	internal for our fee for service members which those	
14	numbers are pretty low, but then also, of course, our	
15	health plans have been great partners for us, so each	
16	month the individuals who receive a paper renewal	
17	packet, all of those individuals will be reached out to	
18	by all modalities regardless of whether or not they're	
19	fee for service or in managed care to let them know that	
20	a packet has been mailed and to remind them to complete	
21	their information.	
22	For individuals who do not complete their	
23	packets, so they're going to be closing for a procedural	
24	reason, those individuals will receive a second round of	
25	outreach letting them know that they're going to lose	
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1	their coverage if they don't call in. And of course, we	
2	strongly encourage those individuals to complete their	
3	renewal packets so they do get that referral over to the	
4	marketplace. So that -- that part is important.	
5	And then our Phase 3 outreach plan does	
6	include our health plans actually working with the	
7	individuals who are losing coverage for a nonprocedural	
8	reason, so those individuals, for example who are over	
9	income, our health plans will be working with those	
10	individuals to help them transition into other coverage.	
11	So to answer your question, I think that was Lou that	
12	asked that question. Yes, our plans will be performing	
13	outreach to those folks and then helping them.	
14	And I think that's all I have. I'm happy to	
15	answer any questions or if there's anything I didn't	
16	touch on that you're curious about, we should have	
17	some -- of course, we'll have a lot -- a lot more data	
18	and numbers to report out to everyone the next time we	
19	get together.	
20	MS. MORTLOCK: Okay. Well, Sarah, thank you	
21	so much. We really appreciate that. And thank you for	
22	all your hard work.	
23	MS. CORLETTE: Yes, thank you. Do we have the	
24	folks from Pennie on the phone?	
25	MS. MORTLOCK: Yes. David Thomson and Devon	

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1 Trolley, are you with us?		1 that Pennie with the GI -- system was really able to	
2 MS. TROLLEY: Yep, we're on.		2 take even one more step further for a lot of people who	
3 MS. MORTLOCK: Wonderful. So we'll just take		3 are coming over from Medicaid and CHIP, and that is to	
4 a break from our slide show and pull up your slides.		4 actually take that application information and have the	
5 Just bear with us for just a moment.		5 application submitted into the system for the consumers.	
6 MS. CORLETTE: Yeah. I'll just take a minute		6 So when they come over they just have to use their	
7 and introduce our Pennsylvania friends. So thank you		7 unique account access code. They'll receive a letter	
8 Devon and David for joining us today. I had invited our		8 with that code and with their eligibility determination	
9 colleagues from Pennie to come and present, because I		9 that will have their financial health already in there.	
10 had the opportunity to hear about some innovative things		10 And then once they come in the system they go basically	
11 that they're Exchange is doing to try to ease that		11 straight into being able to select a plan. So that cuts	
12 friction as consumers transition from Medicaid into a		12 out a lot of the steps as some of you who may be	
13 marketplace plan and I thought you all were doing such		13 familiar with the application, since it is thorough, it	
14 cool stuff, we should hear about it here in Virginia.		14 also can take a while to get through. So for -- in	
15 So I don't know, Devon or David, did you guys		15 order -- and of living up to the spirit of single	
16 want to take it away? It looks like Holly has your		16 streamlined application and -- we already have all this	
17 slides up.		17 data from the Medicaid and CHIP agency in areas where	
18 MS. TROLLEY: Great, thank you. It's been --		18 that the data is complete and allows us to really kind	
19 introduction. And yep, we'll just talk through our		19 of skip up ahead that step on the application, and drop	
20 approach. I thought it might help at the beginning to		20 people right into picking a plan.	
21 just -- so for those who don't know, I started with		21 And so this has been in place -- David can	
22 Pennie earlier this month, so about three and a half		22 correct me what the exact timing is -- but in place	
23 weeks in, but not new to the Exchanges. I was over Get		23 for -- I think it went in place last year. And what has	
24 Covered New Jersey before that, and our early days was		24 been seen so far is that about 75% of people coming from	
25 at Healthcare.gov. But I thought it might be helpful		25 Medicaid and CHIP are able to get to the step where the	
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1 to -- before we get into what we're doing, set some		1 information is complete enough to be able to skip them	
2 context for what we've seen other Exchanges do and		2 right to that step of selecting a plan. So we are	
3 because I think this is a place where state-based		3 seeing that it is, you know, the complete enough	
4 Exchanges really can demonstrate the value and through		4 information for a lot of consumers.	
5 the coordination with -- with Medicaid and CHIP. So you		5 Now, again, the influx from Medicaid and CHIP	
6 might be familiar that Healthcare.gov, you know, they've		6 has been a little bit lower given that it has been the	
7 struggled with the -- the quality of data that they get		7 continuous coverage requirements so these are	
8 from states, and so they're -- when people come over to		8 applications that are more going directly to Medicaid	
9 them, they will basically have to start a new account,		9 and CHIP and then coming over. So, you know, we'll see	
10 start a new application from scratch and kind of go		10 if that percentage stands as we get into this -- this	
11 through the whole process to determine that was sort of		11 broader redetermination population, but I think you	
12 the -- the most appropriate approach given the variation		12 know, our -- just about the ability to again, reduce as	
13 and data quality that they receive.		13 many steps as possible to get consumers into coverage.	
14 A lot of Exchanges including the one I just		14 Another item we're doing is that we did extend	
15 came from, New Jersey have, you know, I think a		15 the special enrollment period to 120 days. That is in	
16 little -- a little bit ahead of that where there are		16 my mind primarily for people who maybe don't know that	
17 sort of welcome letters and some information		17 they're losing coverage, so it kind of gives them the	
18 prepopulated or an account initially created for the		18 extra time to realize that -- still have a window to	
19 consumer sort of trying to take away some of those steps		19 enroll before open enrollment. We do have the system	
20 to again, every step you can take away increases the		20 automatically line up and offer a consumer a date to	
21 likelihood that someone's going to complete the		21 align with their Medicaid coverage, the end date of that	
22 enrollment process. So I think there's a really		22 Medicaid coverage that we receive on the account	
23 concerted effort around that, and you know, we're seeing		23 transfer, so that there is no gap in coverage. And	
24 efforts across state Exchanges to do that.		24 that's available if the -- they come over in the first	
25 And what we're going to talk about here is		25 60 days. So we've really been emphasizing to -- in our	

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1 communications to consumers that that first 60-day
2 window is really key.

3 And I'll just mention in case there's -- we
4 are an assessment state, so we assess -- assess
5 eligibility for Medicaid not determination, so I just
6 wanted to call out that difference in our processes. We
7 are sort of account transfer based.

8 And then David was going to provide a little
9 bit more detail and exactly what that looks like just so
10 people can kind of wrap their mind around the consumer
11 experience of this, and then we're happy to take
12 questions.

13 MR. THOMSEN: Sure, thanks Devon. My name is
14 David Thomsen, I'm the director of policy at Pennie.
15 I've been at Pennie for a little over three years now.
16 And while, you know, we've been planning for this for a
17 while, since we've been in existence, you know, we've
18 been under a continuous coverage requirement Covid state
19 for the duration of our existence. So this will -- the
20 redetermination process will be totally new for us as
21 well.

22 So if you could just click through all of the
23 slides, I think -- yeah. It would probably make more
24 sense, yeah, that's good. Thank you. So what I'm going
25 to do is kind of walk through how this is all going to

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1 look for the, you know, for the person who is currently
2 on Medicaid or Medical Assistance in Pennsylvania, and
3 how they come over to us. So the first thing is, okay,
4 the -- the Medicaid enrollee responds to the request
5 for -- to renew the Medicaid coverage from our
6 Department of Human Services which is our state Medicaid
7 agency. They submit their information on time and in
8 this instance they're to -- you know, in this situation
9 they're determined as not eligible for Medicaid or CHIP.
10 In that instance, their Medicaid coverage will be
11 terminated and, you know, a Medicaid worker will, you
12 know, will assess that they are likely eligible for QHP
13 with financial assistance. At that point, they get --
14 this person will get account transferred over to Pennie.

15 When they do come over because they have
16 already submitted their information to our Medicaid
17 program and that -- and the Medicaid program has already
18 verified their information, that negates anything we
19 have to do on our side to verify their information. So
20 when the account transfer comes over, we get their
21 eligibility application, we can run their eligibility
22 determination from the account transfer file. And
23 then -- and so -- which includes eligibility for QHP and
24 also APTC and cost sharing reductions.

25 So essentially, the information comes over, it

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1 gets mapped to the Pennie application. We submit the
2 application on the customer's behalf, and then during
3 the unwinding, we'll also -- we've also created a new
4 special enrollment period specifically for those losing
5 Medicaid or CHIP. So when we get the account transfer
6 file with someone losing Medicaid or CHIP, Medicaid or
7 CHIP that end -- that coverage end date will be
8 programmed for the end of the month in which -- in the
9 month that the individual comes over to us. And that
10 qualifying life event will be selected for the customer
11 already.

12 When we do that, we then generate a customer
13 notice with all of this information and also contain an
14 account access code for them to claim their new Pennie
15 account. When they claim their new Pennie account, they
16 get right to plan shopping. They can skip the
17 application, the eligibility determination and the
18 qualifying life event and get -- and skip right to plan
19 shopping. They shop for a plan, they pay their binder
20 payment and if they have one, and they're off. So as
21 Devon mentioned, we've had the ability to do an
22 auto-eligibility determination for several months now.
23 It has improved our conversion rate, but you know,
24 important to remember, the Medicaid denial itself is not
25 a qualifying life event, so you know, you still need

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1 a -- another QLE in order to be eligible for a special
2 enrollment period. With the unwinding, that will no
3 longer be the case, people will be able to have that
4 special enrollment period automatically generated for
5 them and we expect that to improve our conversion rate
6 significantly. So this is kind of how that process
7 works, and some samples of kind of the customer language
8 that they will see.

9 Next slide. So of course, we kind of have --
10 we have as an assessment state, we kind of have two
11 populations of focus during the unwinding. The first
12 one is what we just went through which is those who --
13 who do submit the renewal packet, they are determined as
14 ineligible for Medicaid, they come over to us. That's
15 kind of the happy path scenario. There are, of course,
16 those who do not respond to the renewal request. They
17 don't submit information, and they -- and they're
18 Medicaid coverage -- and they lose their Medicaid
19 coverage.

20 So in that instance, because we're an
21 assessment state, we're unable to do the eligibility
22 determination. An application is not -- will not be
23 sent to us, but we will be able to -- we are getting
24 information about the household that's lost coverage
25 from our state Medicaid agency in the form of a secure

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1 file. This will have kind of their household -- their 2 contact information and e-mail address, maybe a phone 3 number hopefully, so that we can conduct outreach to 4 them. We will be, you know, providing information about 5 how to enroll in Pennie, you know, 30 days after they 6 lose their Medicaid and then we'll be able to follow-up 7 with them, but through outreach communications and not 8 financial notices.		1 speak for them, but based on my earlier years of 2 experience there, you know, I think -- and from what 3 they've said about their unwinding plans, I -- I imagine 4 that would continue to be a challenge today.	
9 So what is the common feature for both 10 populations is that they're both eligible for the 11 loss -- the new loss of Medicaid or CHIP SEP which 12 provides 120 days special enrollment period as well as 13 an opportunity to enroll with an effective date, first 14 of the month after losing coverage within the first 60 15 days of their special enrollment period. So but that -- 16 but for the procedural determined population, the 17 customer will need to report that SEP.		5 MS. CORLETTE: Yeah. I -- the reason I ask it 6 is I was surprised to see how many people don't even 7 make it through the I.D. proofing step. So the fact 8 that you guys -- that people don't have to do that is -- 9 is really good to hear.	
18 For the procedurally terminated, if they -- if 19 we assess that they're still Medicaid eligible we will 20 account transfer them back to Medicaid, and then if 21 they're -- and then they can actually pick up their 22 existing Medicaid account, and so that they maintain 23 coverage and don't have that gap. So if someone comes 24 in to us and they're still Medicaid eligible, we want to 25 get them back so that they can get back into their		10 And then my question for the Exchange folks 11 is, the Virginia folks, will you all be getting any 12 files on the procedurally terminated or are you only 13 receiving account transfers for folks who are 14 potentially QHP eligible because of income or household 15 changes?	
19 we assess that they're still Medicaid eligible we will 20 account transfer them back to Medicaid, and then if 21 they're -- and then they can actually pick up their 22 existing Medicaid account, and so that they maintain 23 coverage and don't have that gap. So if someone comes 24 in to us and they're still Medicaid eligible, we want to 25 get them back so that they can get back into their		16 MR. PATCHETT: So our hope, and you know, 17 these are ongoing coordination and activities with DMAS 18 and DSS, our hope is that we would -- we would get the 19 procedurally terminated folks as well. One of the 20 benefits of Virginia being a determination state is that 21 if -- if those people have kind of fallen off Medicaid's 22 radar, we can pick them up and we can do that Medicaid 23 eligibility determination and if they are in fact 24 eligible, then we can transfer them back to -- to DMAS 25 for enrollment and a Medicaid plan. And if not, if	
1 Medicaid account as if nothing had ever happened. 2 MS. CORLETTE: Thank you, David and Devon. So 3 I have two questions. This is Sabrina, one for you all 4 and then one for our Virginia friends, but so you guys, 5 are you able to skip I.D. proofing, because you're 6 getting it -- the person through an account transfer 7 that enables them to skip over the I.D. proofing step? 8 MR. THOMSEN: Yeah, so -- yeah. Because 9 Medicaid agencies already verified their information, we 10 can skip that.	42	1 they're procedural determination was coincidental with 2 some other, you know, income eligibility issue then we 3 can move straight into helping them shop for plans. So 4 we're -- we're helping to be able to -- to figure out a 5 way to make that work smoothly for -- for the all three 6 parties involved. 7 MS. CORLETTE: Great. Thank you. 8 MS. MORTLOCK: Any other questions for Devon 9 or David?	44
11 MS. CORLETTE: Okay. But -- okay. That's not 12 the case with Healthcare.gov though; right? I thought 13 they -- you were basically starting a whole new 14 application including the I.D. proofing. Or maybe I'm 15 wrong on that. Do you know? 16 MS. TROLLEY: Yeah, that's -- my understanding 17 of Healthcare.gov is that they're starting people all 18 over at the beginning, but they also -- and I mean, I 19 haven't worked there in -- years, but I know there are 20 always challenges, but the type of information received 21 from Medicaid agencies since they're receiving it from 22 so many different states, all that have different 23 processes, so it's very difficult for them to assume 24 something has been done or not done and to vary their 25 system accordingly based on that. So I don't -- I --		10 MS. HINOJOSA: I have a question for Pennie. 11 Hi, this is Ikeita Cantu Hinojosa. Could you speak a 12 little bit to your efforts to educate the organizations 13 like community-based organizations and providers, the 14 people who work with individuals on Medicaid just about 15 your overall activities and how that outreach and 16 education is going and what you've done to date, please? 17 MS. TROLLEY: Sure. So we're -- just sort 18 of -- all darts on the dart board type of -- so all of 19 the sort of existing channels that we have with the 20 Exchange so the agents and brokers and the assisters, 21 the insurers, a lot of the other organizations that we 22 connected with over the past couple of years, you know, 23 leveraging those relationships, but also continuing to 24 look everywhere we can for other channels to communicate 25 the message. So you know, potentially exploring whether	

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1 different provider board, you know, like better 2 certified by the state if we can get in front of them to 3 increase the word or we're also doing a lot of joint 4 sessions with the Department of Human Services so that's 5 it's sort of co -- presenting a united front about how 6 there's options for -- for Pennsylvanians. So they also 7 have a lot of sort of outreach channels that are also 8 getting the same messages, and we sort of cobranded and 9 coordinated a lot of the messaging across the board have 10 been, you know, tried to do legislative outreach so they 11 can get the message out to their constituents, so I 12 think we're really try to hit every front we possibly 13 can. Dave, I don't know if anything else is coming to 14 mind for you besides that, but you know, really try to 15 take a comprehensive approach to it.		1 just a Pennie notice. 2 MS. CORLETTE: Okay. 3 MR. THOMSEN: It's a get insured system 4 notice, but we do -- so but the procedurally terminated 5 will be getting a cobranded letter -- 6 MS. CORLETTE: Okay. 7 MR. THOMSEN: -- from all the -- from -- from 8 Medicaid, from us, from CHIP, basically saying, hey, if 9 you've lost Medicaid or CHIP, you have other options and 10 kind of tell them to come to Pennie. 11 MS. CORLETTE: Great. 12 MS. TROLLEY: And just to add to that. So 13 when someone is -- loses Medicaid or CHIP because 14 they're over income, they're receiving a letter from 15 Medicaid saying we are transferring you to -- to Pennie, 16 the Pennsylvania Exchange, so they sort of have that 17 indicator of what to expect to look for a letter from 18 Pennie, and then we follow up with a Pennie letter. So 19 those are not cobranded because they're both sort of 20 coming directly out of the systems, but I think to the 21 population that didn't respond to Medicaid and didn't 22 update their application, and may be have more confusion 23 maybe about the process of what's going on or sort of 24 who's outreaching that one is cobranded and we 25 thought -- and that's, I think really important to kind	
16 MR. THOMSEN: Yeah, and we've -- we've been 17 coordinating closely with our Department of Human 18 Services for about a year on the unwinding, and our 19 preparations, we have a lot of cobranded materials, our 20 communications offices are in constant contact with each 21 other, so we are trying to articulate the same message. 22 We have regular touch points with stakeholders where we 23 review kind of our material -- our outreach materials in 24 our efforts to -- to spread the word. We're engaging 25 our -- our Congressional representatives. We're			
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1 engaging our state legislators and committees of, you 2 know, jurisdiction in order to spread the word there, 3 and we're trying to do as much jointly as we can to 4 present a united front. 5 MS. CORLETTE: Great. Thank you so much. 6 MS. BATAILLE: I just have a question for the 7 Virginia folks here at Pennie. I think the connection 8 between the cobranded information for these consumers is 9 really critical and in Virginia even more so just to 10 give them the education that needs to happen. Has that 11 been a part of your conversations? 12 MS. MORTLOCK: Yes. We have had -- we have 13 been thinking back through in terms of how we might 14 operationalize that and no, we did convene an unwinding 15 group and included some of our friends from Medicaid and 16 Social Services and the carriers. I think those 17 conversations are continuing to happen and we will see 18 how we can best coordinate those efforts. But yes, that 19 is -- that has been on our minds. 20 MS. BATAILLE: Great. 21 MS. MORTLOCK: Thank you, Julie. 22 MS. CORLETTE: Yeah, because did I -- so the 23 notice that David, you were talking about that -- that's 24 cobranded both Pennie and your DHS? 25 MR. THOMSEN: So our system generated notices,		1 of establish a connection between the program so that if 2 they did lose coverage maybe without their knowledge or 3 they weren't, you know, realizing that that had happened 4 when it did, they get this message from both entities 5 and they can kind of figure out what option works the 6 best for them. Since it's more of a cold outreach. 7 MS. CORLETTE: Yeah. Any other questions? 8 Well, David and Devon, thank you. I know you're 9 incredibly busy and we're very grateful to you for 10 sharing what you're doing with us and it makes me 11 certainly very excited about all the possibilities that 12 come with owning our own platform and having the two 13 organizations just across the street from each other. 14 So thank you very much, really appreciate it. 15 MS. MORTLOCK: Yes, thank you very much. 16 MS. HINOJOSA: Thank you thank you. 17 MR. THOMSEN: Thanks for having us. 18 MS. CORLETTE: Holly or Kevin, anything more 19 from you all? 20 MS. MORTLOCK: Yes. 21 MS. CORLETTE: Okay. 22 MS. MORTLOCK: We were just going to do a 23 quick overview of just some federal state policy 24 updates. 25 MS. CORLETTE: Great. Okay.	

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1	MS. MORTLOCK: Yeah. Then we'll be -- then I	1	MS. CORLETTE: Makes a lot of sense.
2	think we'll finish up.	2	MS. MORTLOCK: Okay. And I'll just mention a
3	MS. CORLETTE: Yeah. Well, thank you for	3	few other things. So a few other issues that certainly
4	being so flexible and letting the -- letting the	4	touch the Exchange. So this year, the Virginia General
5	Pennsylvania folks slide in so we didn't have to have	5	Assembly decided to develop a process for which Virginia
6	them hanging on the line. So yes, please.	6	would select its essential health benefits benchmark
7	MS. MORTLOCK: Absolutely. So just first, we	7	plan. So I think there may be a number of states that
8	just wanted to acknowledge, you know, that as you all	8	were also in this somewhat of a predicament in that we
9	know, sort of the -- on December 12th, CMS released its	9	did not have -- Virginia did not have a specific process
10	draft or proposed notice of benefit and payment	10	in terms of who was going to select the benchmark plan.
11	parameters for plan year 2024. You know, we have	11	And so -- so as, you know, policy decisions were made by
12	reviewed that and continued to review it and see it, you	12	the General Assembly in terms of, you know, what
13	know, as it, you know, offering opportunities to further	13	they're -- what they would like to see covered in these
14	increase our enrollment and our collaboration of	14	plans, either, you know, a few mandates passed, so they
15	agencies in the service of Exchange consumers. We are	15	decided to kind of take the bull by the horns this year
16	looking at it in its entirety and considering how those	16	and really lay out that process for what it was going to
17	new requirements and options can support our enrollment	17	look like here in Virginia. And basically, what it --
18	efforts.	18	what it does is the bill sets out a five-year cycle and
19	For this year, we do intend to follow the FFM	19	review process, and that's so that we can better reflect
20	as closely as possible, so when that -- so when the NBPP	20	the policy decisions of the General Assembly, you know,
21	is finalized, that is our intention. And we are	21	such as state mandates that they pass from time to time.
22	continuing to review the additional options and as we	22	The two mandates that have -- that they have approved
23	move forward and we'll certainly keep you updated. I	23	going forward have to do with covering -- nutrition and
24	imagine we will have more information to share with you	24	prosthetic devices, and so this places the authority of
25	about that particular piece of our update in June.	25	the General Assembly to actually select the benchmark
	50		52
1	MS. CORLETTE: So, okay. So that's really	1	plan with the incidence of the Bureau of Insurance, you
2	interesting. So if the FFM decides, for example, to	2	know, who are directed to convene a work group, conduct
3	limit the number of plans, I think they're talking about	3	actuarial analysis and make recommendations to
4	two -- two per meta level. That's something Virginia	4	ultimately have the General Assembly consider those
5	will do that for 2024?	5	recommendations and make a -- and make a -- introduce
6	MS. MORTLOCK: For 2024, we will -- we will	6	legislation that will again, direct the Bureau to make
7	follow the NBPP.	7	the selection based on all of the input and the
8	MS. CORLETTE: Okay.	8	actuarial analysis and recommendations that they have
9	MS. MORTLOCK: As it's finalized.	9	given them.
10	MS. CORLETTE: Okay.	10	So that's roughly what it will look like in
11	MS. MORTLOCK: That's right.	11	Virginia. And they did direct the Bureau to select a
12	MS. CORLETTE: Okay.	12	new benchmark plan for 2025 to include those two
13	MR. PATCHETT: Yeah and just -- Sabrina, part	13	particular mandates that have -- that have been passed.
14	of our thinking is during the transition, we want to	14	MS. CORLETTE: And so it's the Bureau that has
15	reduce the amount of burden and change and you know,	15	to do the actuarial analysis to determine how much of a
16	sort of uncertainty for everyone from consumers to plans	16	defrayment --
17	so we're -- we are going to stay consistent and then for	17	MS. MORTLOCK: Yes. That's right.
18	this first year, and then afterwards, we'll be very	18	MS. CORLETTE: Okay.
19	deliberate and these are the kinds of topics that we	19	MS. MORTLOCK: That's right. So they will --
20	will look forward to engaging with our advisory	20	they will do that. There will be work group input as
21	committee friends, you know, as we -- as we make these	21	required by the statute. They will make recommendations
22	decisions going forward, but for the sake of continuity	22	too. There's an interim commission called the Health
23	and consistency, it makes sense to -- to simplify	23	Insurance Health Commission in Virginia, so they really
24	everyone's lives and not, you know, throw a curveball	24	vets all of these mandates and the actuarial analysis,
25	right in the middle of the -- of the change.	25	and they will ultimately make a recommendations to the

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1 General Assembly in the form of a bill, and then the 2 General Assembly will hear that bill and, you know, make 3 they're judgments to it as they see fit, and then come 4 back. Their bill will ultimately direct the Bureau to 5 select a plan based on the criteria that they've put 6 forth in the bill. So it is a really robust -- really 7 is a robust plan. But -- but that is how -- that is how 8 Virginia has decided to do it. It is a very -- it's 9 a -- includes a lot of -- a lot of stakeholder and 10 players in the process and that is a -- so that's how we 11 will do it moving forward. So it -- I think we're 12 fortunate that we have now a process -- a clear process 13 in place to be able to --		1 keeping our -- I imagine we will be involved in some of 2 those discussions, and we'll keep our eyes on that. 3 And then finally, I'll just touch briefly on 4 reinsurance. I know we've talked about that in 5 committee before. So this year was our first year 6 implementing our reinsurance. It is a program that is 7 administered by the Bureau of Insurance. They have 8 developed the -- the plan and the program. But you may 9 know that our waiver was approved in 2022 for a period 10 of five years. Our -- under statute we can request a 11 target premium reduction of up to 20%. I think this -- 12 in this first year, we targeted a 15% decrease, but in 13 the actual rate reductions I think it's somewhere around 14 17, 17 and a half percent, and the -- so you're going -- 15 plan year '24 will be our second year and the Bureau is 16 expected to announce the reinsurance parameters on May 17 1st. So they have their ACA teleconference today, and 18 let carriers know that. So that is required by statute. 19 So they will be providing that shortly. And so we will 20 just be watching to see sort of how that -- how that 21 turns out.	
14 MS. CORLETTÉ: But for plan year 2025, you'll 15 need to have it submitted by like May 7th of this year?		22 So that is basically kind of a light load on 23 the -- on the state side, but I think we have plenty to 24 do with our transition, so our -- moving forward with 25 that.	
16 MS. MORTLOCK: That's right. Yes. And the 17 Bureau -- so the Bureau is convening there. They are -- 18 they are working through that process now.			
19 MS. HINOJOSA: Now how similar or different is 20 this Virginia process to other Exchange processes?			
21 MS. MORTLOCK: You know actually, I don't -- I 22 don't know for sure. I did here from -- I think in some 23 states it's a little clearer, you know, that they -- you 24 know that the governor can select the plan. In some 25 states, it's you know a secretary level --			
	54		56
1 MS. CORLETTÉ: If you've seen one state, 2 you've seen one state.		1 MS. CORLETTÉ: Grateful for a relatively quiet 2 legislative session.	
3 MS. MORTLOCK: That's right. That's right. 4 And I have just moved from -- I was just on a call and 5 had heard that Minnesota, that they also do not have a 6 particular -- or you know, process in place, and they 7 were asking what Virginia was doing. So we, you know, 8 shared, you know, the legislation that passed with them. 9 So anyway, so yes, you've seen one state, you've seen 10 one state. But I guess we're fortunate that we're 11 learning from one another, so. Yes. So that's the EHB, 12 the benchmark plan and bill.		3 MS. MORTLOCK: Yes.	
13 This year the General Assembly also passed a 14 bill that would eliminate the authority of carriers to 15 -- to provide a tobacco surcharge for tobacco users. So 16 under current law, a carrier can vary its premium rates 17 based on tobacco use by up to one and a half times 18 higher than for nontobacco users. And consumers are not 19 able to use their premium tax credits to pay or to put 20 towards the tobacco surcharge. So this -- this bill 21 does eliminate the authority of carriers to do that in 22 Virginia. And it does direct the SCC to provide a 23 report on how that is impacting enrollment and 24 marketplace rates. And the bill does have a sunset 25 clause for January of 2026. So we will -- we are		4 MS. CORLETTÉ: I -- do we have somebody from 5 the Bureau on the phone?	
		6 MS. MORTLOCK: Mary Ashby.	
		7 MS. CORLETTÉ: Oh, Mary.	
		8 MS. MORTLOCK: Mary, are you still there?	
		9 MS. ASHBY BROWN: Hi.	
		10 MS. CORLETTÉ: Actually, maybe this is a 11 question for Lee.	
		12 MS. ASHBY BROWN: Yes, I'm here.	
		13 UNIDENTIFIED SPEAKER: You're right next to 14 her.	
		15 MS. CORLETTÉ: Yeah, but I'm also curious what 16 the Bureau thinks about this. So one concern that I've 17 had is that QHP carriers have often paid higher 18 commissions for open enrollments, and lower commissions 19 outside or none for enrollments outside of the open 20 enrollment season. I'm curious of what carriers are 21 telling you for the unwinding because I -- I've been 22 hearing some -- some states' interest in making sure 23 that at least through the unwinding the commissions are 24 reasonable enough so that brokers are incentivized to 25 help people.	

Transcript of Advisory Committee Meeting

15 (57 to 60)

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1	MR. BIEDRYCKI: Well, the Commissions have	1	management, property and casualty.
2	stabilized, but reasonable, I guess is a somewhat	2	MS. CORLETTE: So you're saying that even if
3	ambiguous question.	3	you were to try to make, accept enrollment commissions
4	MS. CORLETTE: Well, I just mean not nothing.	4	equitable to -- open enrollment commissions, they're
5	MR. BIEDRYCKI: To ease the burden.	5	still not -- still not covering your costs.
6	MS. CORLETTE: Or enough so that it's worth	6	MR. BIEDRYCKI: And then you have to remember
7	your time to sit down with somebody and help them	7	that with two weeks notice, in '16, the entire industry
8	through the process.	8	was told you will not be paid. And with the average age
9	MR. BIEDRYCKI: So to quote the largest	9	of health and life insurance agents in Virginia, they're
10	insurance agency in Virginia, you don't do Exchange	10	not quick to forgive or forget, and there are some
11	enrollments for profit. You do it for community	11	pretty complex historical moments that bring us to this
12	service. And the per employee per month commission is	12	points where the agents who do participant
13	one thing, but the churn rate especially relative for	13	enthusiastically have found a way to do so through
14	those who have premium for nonpayment, and for those who	14	efficiencies, in order to make sure that wasn't a total
15	have a medical procedure in the early part of the year	15	case of loss revenue.
16	ends up meaning that the number of hours that you're	16	MS. MORTLOCK: Okay. I'm sorry, can I just
17	investing in the conversation, it's almost impossible to	17	jump in? I just wanted to say, I know there are some
18	recoup that, because there's not a stability with that	18	people on the phone -- on the line that have their hands
19	product. And that is the main reason that out of the	19	raised.
20	1,400 agents that take the test every year, a fraction	20	MS. CORLETTE: Oh, okay.
21	of those actually participate.	21	MS. MORTLOCK: So I just wanted to invite
22	This is my tenth open enrollment. And it's	22	people to jump in the conversation when they're -- when
23	kind of funny, because there's something different every	23	they're ready. So I just wanted to invite everyone to
24	year. Whether it is a particular physician group,	24	do that. Do you want to go ahead? Yeah. Doug, I know
25	whether it's a particular hospital group,	25	that Doug may have his hand raised.
	58		60
1	geo-demographics, but the most common thing that we	1	MR. GRAY: I can wait.
2	dealt with and heard this year was confusion on why	2	MS. ASHBY BROWN: Mary Ashby Brown. I --
3	there was a 17% premium reduction, yet many of our	3	Sabrina, I will take your question back to the Bureau.
4	customers with the exact same income as they had the	4	I actually am here -- I work at the Office of General
5	prior year ended up incurring 100- to \$150 or more	5	Counsel and so I am not -- the subject matter on that
6	increase in their net --	6	particular question, but I will take it back to the
7	MS. CORLETTE: Yeah.	7	Bureau and -- and give you our perspective.
8	MR. BIEDRYCKI: -- out of pocket premium. And	8	I also just wanted to quickly chime in and let
9	one of the things that gets very concerning for our	9	everyone know related to what you were saying, Holly,
10	organization and others is that when you have a product	10	about the -- the updated EHB benchmark plan that the --
11	that operates on micro networks where aligning the	11	12 that has been posted -- the new plan has been posted to
12	individual with their physician and their hospital group	12	the SCC website on the Essential Health Benefit
13	is the most important part of the conversation, but the	13	Benchmark Plan page which is the subset of the ACA page.
14	only thing they want to talk about is try and understand	14	And we are accepting public comments on that EHB
15	why they're paying more when they thought they were	15	benchmark plan through April 12th and the application is
16	going to be paying less. And the suspicion that comes	16	due to CMS on May 3rd. Thanks.
17	from that quite frankly, a number of the calls got	17	MS. MORTLOCK: Thank you for that update Mary
18	elevated to me, because they thought that some of our	18	Ashby.
19	employees had to be wrong or we're making a mistake or	19	MR. BIEDRYCKI: Just to put a bow on that.
20	keyed the data in inaccurately. But I submit to you not	20	One carrier I know of is offering a trip, which I have
21	even considering the conversation about integrations,	21	not seen in this business for 14 years. It used to be
22	the compensation on its face relative to the exposure,	22	commonplace, now not so much. There are some other
23	the time it takes and the turn rate means that many of	23	carriers incentivizing enrollment, but thought to the
24	the agents and agencies who do participate in the space	24	level that you see on let's say a Medicare supplement or
25	do so to support a primary market, i.e. group, wealth	25	a Medicare Advantage product which is also one of the

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1 social products that are primary focused for those --		1 MS. CORLETTE: Drums.	
2 MS. CORLETTE: When you look at the profit		2 MR. PATCHETT: So this is -- this is actually	
3 margins on Medicare Advantage and that might explain		3 a little nerve-racking, because we're, you know we're --	
4 why, but anyway. I digress.		4 we're finally ready to show our brand name and our logo	
5 MR. BIEDRYCKI: Well, I digress there with		5 and one thing I said at the beginning as we were working	
6 you.		6 through this that, you know, brand names, and logos is	
7 MS. MORTLOCK: I think we can -- raised hands.		7 one of those things you ask ten people and you get 15	
8 MS. CORLETTE: Yeah. Are there other folks on		8 different opinions and wow, did that ever prove to be	
9 the line that would like to chime in?		9 the case. So we really tried to focus on what did our	
10 MR. GRAY: Yeah. This is Doug. Sorry I		10 research tell us? What did our consumer focus groups	
11 didn't make it there in person. I intended to, but got		11 say about was meaningful and what was memorable? And so	
12 caught up. The -- I -- I did check with the plans on		12 you know, here you go without further adieu.	
13 the question of paying commissions during the special		13 So we went -- we didn't go with a creative or	
14 enrollment period and they've all moved to restore them		14 fanciful name. We wanted it to be descriptive. We	
15 to some extent. I would remind you that the reason they		15 wanted it to give consumers an idea of what we're doing.	
16 stopped paying them was because there was rampant abuse		16 We chose the -- the dogwood flower for the logo to	
17 of the special enrollment period. And there was a		17 reinforce the connection that this is -- this is	
18 refusal by HHS to do anything about it. After a while,		18 Virginia's insurance marketplace. Again, by Virginia,	
19 they did come to a meeting of the minds and tighten up		19 for Virginia, and unique to Virginia.	
20 some of the requirements, but the practical reality is		20 We got input from lots and lots of different	
21 that a commission is paid for bringing something of		21 sources, and have a number of approval processes that we	
22 value.		22 had to follow. So this is where we are going and we're	
23 At the time, agents were bringing folks who		23 -- we're excited to be at this stage now that we -- we	
24 had refused to enroll, gotten sick, and then wanted to		24 actually have a name that we can start sharing that's --	
25 enroll. And so that is fundamentally in contradiction		25 that's meaningful. And you know, we're -- we're happy	
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1 to the basic principle of the ACA. So that's why		1 to hear thoughts and feedback.	
2 commissions stop being paid. They are restored in this		2 MS. CORLETTE: But not too much feedback.	
3 case, because everybody is on the same page. We're		3 MR. PATCHETT: But there's nothing we can do	
4 trying to keep people enrolled, trying to keep their --		4 about it, so --	
5 their continuity in the right direction. And so that's		5 MS. HINOJOSA: I just have -- will you accept	
6 why we're at the situation that we're at now. Everyone		6 questions? Just in terms of your -- your process?	
7 is interested in trying to keep people enrolled.		7 MR. PATCHETT: Of course.	
8 MR. BIEDRYCKI: I'd just like to counter the		8 MS. HINOJOSA: At this point?	
9 good gentleman from across the street to say that agents		9 MR. PATCHETT: Of course.	
10 were facilitating enrollments from consumers who		10 MS. HINOJOSA: Yeah. First of all, thank you	
11 contacted them in accordance with the special enrollment		11 for sharing, because we're all with bated breath. So	
12 period guidelines then controlled by Healthcare.gov.		12 you're -- the colors, blue is obviously associated with	
13 And that we may have been unintentional fire in that		13 -- with health and health care. So it's -- it's	
14 situation, but --		14 interesting that you chose blue. But I was just curious	
15 MR. GRAY: I agree with you.		15 about the choice of blue and if there were other reasons	
16 MR. BIEDRYCKI: Okay.		16 besides health care blue that you chose the -- the kind	
17 MR. GRAY: I wasn't intending to say that you		17 of dark blue and then, you know, transitioning to kind	
18 were abusing it. The -- this was a policy disagreement		18 of a lighting blue as you go around that.	
19 that HHS was slow to move on.		19 MR. PATCHETT: Yeah. So one of the things	
20 MS. CORLETTE: Anybody else with their hands		20 that we did want to do is make sure that there was some	
21 up? Okay.		21 connection between Virginia's insurance marketplace and	
22 MS. MORTLOCK: Okay. So I am now going to		22 the SCC where it lives. So some of what you see in the	
23 pass the baton back to Kevin. Kevin, are you ready?		23 color scheme is an effort to -- to bring all of those	
24 MR. PATCHETT: I am.		24 pieces together, healthcare blue, the color scheme that	
25 MS. MORTLOCK: Okay.		25 the SCC uses, a gradient that is both attractive without	

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1 taking away from the legibility or readability. We 2 wanted it to be -- we wanted a color scheme that was 3 more calming than loud. So this was -- this was our 4 work with our -- our marketing vendor, Ryan Gold who I 5 have to give props and kudos to them, because the number 6 of versions that we sent back to them was -- yeah. We 7 went round after round after round before we were 8 satisfied.		1 MR. PATCHETT: So the -- 2 MS. MORTLOCK: -- to add to that. So we also 3 have done a lot of thinking in looking into taglines and 4 sort of the different opportunities that we will have 5 with those and have been looking into so how other 6 states have creatively used them and absolutely see that 7 is a big opportunity to help really refine and name our 8 brand, so just -- let you know that's still part of the 9 process, and want to come on that.	
9 MS. HINOJOSA: And then just also curious that 10 the word health isn't in there in terms of Virginia's 11 health insurance marketplace, and you know, usually, you 12 know, there's a tie in to like D.C. Health Link or 13 Healthcare.gov. You know, we see health mentioned a lot 14 and so this says insurance, but doesn't amplify that 15 people come here for health insurance. And so just in 16 terms of confusion, I just -- that I'm curious about 17 that -- that piece.		10 MR. PATCHETT: Yeah. So -- so we've got a 11 number of taglines and one of the conversations -- 12 Holly's point we're having is, we're not convinced that 13 there has to be one tagline to rule them all, that there 14 may be circumstances where we want to use different 15 taglines with different consumer groups. It, you know, 16 it was one of the interesting things for me that came 17 out of the Hix [ph] conference this last year was 18 research -- I think at DePaul University, around 19 different ways to message to different consumer groups 20 and how differently those consumer groups react to 21 different messages. So on our -- on our long list of to 22 do's is the tagline, but we -- we should have more to 23 come on that, hopefully, well, certainly, by our next 24 meeting.	
18 MR. PATCHETT: Yeah. So another really 19 difficult decision, and you've seen, as you mentioned a 20 lot the -- a lot of the state marketplaces followed 21 Healthcare.gov in focusing on the word health. 22 Virginia's health insurance marketplace, we thought was 23 just too long as to the -- our marketing vendor, and in 24 fact we -- even with Virginia's insurance marketplace, 25 we're running into character limitations in certain		25 MR. ROSSITER: Yeah, this is Lou Rossiter, I	
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1 settings, so -- so we had to pick, and some of that 2 comes from the research we did with our consumer focus 3 groups, and some of it on really just a decision about 4 where -- where we put our marketing emphasis. So for 5 instance, Healthcare.gov, when you look at it on its 6 face, it doesn't say anything about insurance. So is 7 this a place where you go to find providers. So you -- 8 you're always going to have a question to answer. Of 9 course, you look at Pennie, and it doesn't say anything 10 about -- which like Starbucks doesn't say anything 11 about coffee. And Food Lion doesn't say anything about 12 groceries. So there is a -- there is an education 13 component and we realized along the way that whatever 14 our brand is, it's going to be what we make of it. So 15 we recognize that we've got a lot of work to do in terms 16 of consumer education, and for better or for worse, like 17 I said, based on some of the things that our -- our 18 consumer surveys pulled back, we decided insurance 19 marketplace was more valuable in the name and then the 20 health component we will deal with in taglines and in 21 our -- our marketing outreach efforts.		1 wanted to ask what happened to the other half of the 2 dogwood flower?	
22 MS. HINOJOSA: That was going to be my next 23 question. Is there a tagline? I'm done with the 24 questions.		3 UNIDENTIFIED SPEAKER: It's -- tagline. 4 MR. PATCHETT: I lost that. I lost that -- I 5 was -- I was a big advocate of the whole flower, but I 6 -- I lost that battle, so I think for --	
25 MS. MORTLOCK: Well, and I'll just --		7 MR. ROSSITER: The nice thing is you'll be 8 able to put the Medicaid cardinal on your -- 9 MS. CORLETTE: On the flower. 10 MR. PATCHETT: Now, I can't -- I can't promise 11 this, but I think you can expect to see the emergence of 12 the other half of the flower when we create things like 13 our icon that goes in the upper left side of the -- of 14 the web browser address bar. We're -- we're 15 contemplating something like the whole dogwood flower 16 with -- so -- so you may see -- you may see the whole 17 flower --	
		18 MS. BATAILLE: I just want to say I did have 19 those questions, but I appreciate the amount of work 20 that went into this, and thank you for sharing this. I 21 think there is a lot that will be really helpful about 22 this, the fact that you have Virginia in the name, the 23 fact that you have something that represents the state, 24 the fact that you're using marketplace which has been 25 research tested for years, I think is going to be really	

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1 important as you're launching this just to establish the
 2 official nature of this entity and give it the
 3 credibility that's going to be necessary with so much
 4 consumer confusion especially given the unwinding. I
 5 fully appreciate the questions, and I think the other
 6 thing just to consider in terms of taglines to your
 7 point about not necessarily having one is that I think
 8 there's an opportunity to consider those in the context
 9 of different campaigns themselves, and would suggest
 10 that that be something that is thought about.

11 MS. CORLETTE: Yeah. Absolutely. That is
 12 something that we are thinking through and working on.
 13 -- health is a big topic with us in terms of using --
 14 how to -- how to incorporate that into a tagline. We
 15 are -- we have been looking at that. We have, you know,
 16 options. I think we're still deciding yet on what
 17 exactly those will look like, but again, I think as
 18 Kevin mentioned, we will have much more to share with
 19 you in the coming months and we'll certainly do so and
 20 -- and hope that that will just, you know, further
 21 underscore so the -- the mission of the marketplace and
 22 what it does.

23 Also, you know, we did hear a lot that the
 24 marketplace has been research tested in terms of its
 25 association with health coverage. So there's another

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1 this really was a strong recommendation of theirs, so --
 2 so definitely --

3 MR. PATCHETT: And --
 4 MS. MORTLOCK: Go ahead.

5 MR. PATCHETT: No. I was going to say and
 6 part of that is -- part of that is our use of
 7 Marketplace.Virginia.gov as our domain. Making sure, so
 8 you know, some other Exchanges have gone the route of
 9 using .coms. In Virginia, our initial consumer research
 10 indicated a favorable response to the -- the connection
 11 to government, so we are leveraging that. We're
 12 leveraging the search engine optimization that already
 13 exists for Virginia.gov and so we're -- we're confident
 14 that the pairing is -- is going to work well for us.

15 MS. MORTLOCK: Any other questions about the
 16 logo. Congratulations, guys.

17 MS. HINOJOSA: Yeah, congratulations.

18 MS. CORLETTE: Yeah. Very, very exciting. It
 19 feels real. Anybody's hands up or --

20 MS. MORTLOCK: I'll just invite anyone else
 21 that's on the -- that's with us virtually, if you'd like
 22 to say anything else or ask any questions before we move
 23 onto our subcommittee report.

24 MS. CORLETTE: Okay. I guess everybody loves
 25 the logo. All right. Ikeita. You want to take it

70 1 factor in our -- in our decision.

2 MS. BATAILLE: Yeah. I will also just say
 3 insurance is a word more and more that is much more
 4 universally understood across multiple languages than
 5 words like coverage in particular. So if you have to
 6 pick and choose, that's useful to know.

7 UNIDENTIFIED SPEAKER: Those three words are
 8 very clear. Yeah.

9 MR. ROSSITER: I'll commend Kevin on his
 10 preparation. He was ready for all those questions.
 11 Because no matter what you do you're going to get
 12 criticized, and you know it. I mean, that's just part
 13 of the process. You do the best you can with what
 14 you've got, and I think you've, you know, focused on
 15 what matters. And that's the most important thing.

16 MR. BIEDRYCKI: I just would wonder how it
 17 will impact search engine optimization, because there
 18 are 15 agencies with Virginian insurance in the first
 19 two words. Is that something that you'll have --

20 MS. MORTLOCK: Yeah, that's all part of our --
 21 our marketing vendor's process, you know, when they look
 22 through -- think they look at -- they look at SEO
 23 scores. This did come out with a favorable SEO score,
 24 you know, it was absolutely something that we took a
 25 look at when they finalized that decision. And this --

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1 away.

2 MS. HINOJOSA: Okay. I'm up. Yes. All
 3 right. So as mentioned in our last meeting, we've
 4 reprised the Strategic Priority Subcommittee. We're
 5 very excited about that. And just by way of reminder,
 6 the mission of the Strategic Priority Subcommittee is
 7 members of the subcommittee will identify a set of
 8 critical outcomes that would help demonstrate to
 9 Virginians the value of our transition to a state-run
 10 Exchange. The subcommittee will further recommend the
 11 metrics and data needed to monitor and assess the
 12 Exchange's performance on those critical outcomes.

13 So the members of the Strategic Priority
 14 Subcommittee, it's comprised of six members. And those
 15 six members are Julie Bataille, Doug Gray, Starla Kiser,
 16 Lou Rossiter, Scott White, and me. And I serve as chair
 17 of the subcommittee.

18 So I just want to take a moment to extend my
 19 sincere gratitude for the subcommittee's members'
 20 willingness to serve. We are very, very fortunate to
 21 have their expertise and their experience. It's a
 22 really, really great group. And as a starting point for
 23 our work, our subcommittee revisited the slide deck
 24 titled, Thinking Ahead, the Importance of Exchange
 25 Monitoring. And that was presented to the Advisory

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<p>1 Committee back in June of 2022. And that deck was by 2 the State Health Access Data Assistance Center or 3 SHADAC. And thanks to Professor Lou Rossiter, our 4 subcommittee has secured the research assistance talents 5 of Hannah Garfinkel. So Hannah attends William and 6 Mary. She's a second-year master and public policy 7 student interested in health and after graduation, 8 Hannah will work for the Joint Legislative Audit and 9 Review Commission or JALARC.</p> <p>10 So Hannah's initial project was to research 11 the current landscape of strategic priorities utilized 12 by other state-based marketplaces as well as the 13 Federally Facilitated Marketplace to help the 14 subcommittee glean best practices and lessons learned 15 for Virginia. So she presented her findings to our 16 subcommittee during our kickoff meeting on March 22nd. 17 And during the meeting we had a vibrant discussion and 18 came to a consensus on several items regarding our next 19 steps. And among them was to focus on securing the 20 starting point of reference for the metrics of where we 21 are now in Virginia. As represented by the Federally 22 Facilitated Marketplace. And the deliverables were 23 required through our Get Insured vendor. Now, once 24 we've established a baseline for Virginia, we can 25 measure what we accomplish in Virginia in the first</p>	<p>73</p> <p>1 MS. MORTLOCK: Yes. Very -- 2 MR. GRAY: This is Doug. I just wanted to 3 share that I thought that we had a really good 4 conversation about how to measure, and I really think 5 it's a great resource to have the assistance of a 6 graduate student who's assumed to end up at JALARC. She 7 did a good job of getting us started and looking at 8 what's happening in other places, and thank you to Lou 9 for helping out.</p> <p>10 MS. HINOJOSA: Yes.</p> <p>11 MS. CORLETTÉ: Yeah. Well, thank you. Sounds 12 like you guys are off to a great start.</p> <p>13 MS. HINOJOSA: Yeah.</p> <p>14 MS. CORLETTÉ: I'm just curious, how -- how do 15 we go about identifying the sources of the data that we 16 might need? Once you identify the, like targets, I 17 mean, I think there's often things that you want to be 18 able to measure, but you can't because the data is not 19 great or -- so it's not something that you guys are 20 thinking about -- we -- how like somebody -- sort of 21 done an environmental scan of -- of that. Or is that 22 something your student could do?</p> <p>23 MS. HINOJOSA: Yeah, that's exactly what 24 Hannah is --</p> <p>25 MS. CORLETTÉ: Going -- okay.</p>
<p>1 three to five years of our state-based marketplace 2 against the FFM baseline and the services Virginians 3 received as part of Healthcare.gov.</p> <p>4 While it's interesting to learn about other 5 state-based marketplaces, at this early phase, it's not 6 an apples to apples comparison to compare, yet to launch 7 Exchange to more mature Exchanges that have been in 8 existence since marketplace launch. So right now, what 9 we want to do is make sure that we remain focused on the 10 needs of Virginia and Virginians with particular 11 attention to service areas and the geographic diversity 12 of our state and then once we have a strong sense of our 13 needs, we can incorporate the best practices and lessons 14 learned from other states.</p> <p>15 So we're setting up our next subcommittee 16 meeting for April. And we look forward to engaging in a 17 thorough process of data collection and knowledge 18 sharing. And we'll provide additional updates as our 19 subcommittee continues to meet, and we'll flush out 20 recommendations for strategic priorities as we move 21 forward.</p> <p>22 So that is our brief update for now. Our 23 subcommittee members are all here, I believe. So if 24 anybody wants to add on to that, I'll open the floor to 25 the rest of our subcommittee members. Okay.</p>	<p>74</p> <p>1 MS. HINOJOSA: -- working on, yeah. 2 MS. CORLETTÉ: Okay. 3 MS. HINOJOSA: Yeah. Absolutely. 4 MS. CORLETTÉ: Oh, that's great. 5 MR. ROSSITER: Kevin, maybe you can comment on 6 this. What -- you understand CMS has 189 measures that 7 they already collect. 8 UNIDENTIFIED SPEAKER: That you're required to 9 report.</p> <p>10 MS. MORTLOCK: They are required to report. 11 MS. HINOJOSA: Right. Yeah. 12 MR. PATCHETT: Yeah. 13 MR. ROSSITER: The -- 14 MR. PATCHETT: Yeah. And this is, you know, 15 this is one of the -- this is one of our opportunities 16 and -- our staffing plan, what we are -- we're going to 17 be building an internal data analytics team because we 18 recognize the -- the need and the value for data, and 19 this is an area where -- and honestly I don't know what 20 I don't know, but I do think there are opportunities 21 where we can contribute to improving the quality of data 22 that the -- some of the challenges with available data 23 out there has to do in large part with what's being 24 directed, who's collecting it, how much attention 25 they're paying to it. So it's some -- where I hope we</p>

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 1 can as an Exchange find some synergies and some
 2 improvements and some of that is going to tie back to
 3 our relationship and collaboration with -- with DMAS and
 4 DSS and our other stakeholder. But I think -- I don't
 5 know if you all have seen the -- the list from our
 6 contracted required reports --

7 MS. HINOJOSA: Yes.

8 MR. PATCHETT: That Get Insured has to be able
 9 to --

10 MS. HINOJOSA: That's part of what we're going
 11 through.

12 MR. PATCHETT: Yeah. We're -- we're well on
 13 our way.

14 MS. CORLETTE: Well, it's great that the
 15 thinking is happening now as opposed to trying to
 16 retrofit it in later. So kudos to the subcommittee for
 17 getting this work going.

18 MS. HINOJOSA: Thank you. We'll keep you
 19 posted.

20 MS. CORLETTE: Any questions for Ikeita or
 21 subcommittee members? All right. I think next on our
 22 agenda is other business. Is that right?

23 MS. MORTLOCK: That's right.

24 MS. CORLETTE: So first of all, if there are
 25 other topics that folks would like to raise --

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 1 mentioned that there were members of the committee that
 2 had built Exchanges and that might be able to help with
 3 RFP in the procurement process. Especially relative to
 4 what things could and should cost. As I looked through
 5 the earliest four years of the exchange, I mean, there
 6 were just a lot of ugly potholes in the road that
 7 could've 100% been avoided, but everybody was trying to
 8 figure it out; right. So whenever you're doing
 9 something new for the first time, there's things you
 10 thought of that you caught, things you didn't think of
 11 that you didn't catch, and then the surprises that come
 12 along the way. And as leaders, it is our role to try
 13 and mitigate the impact of all of those things to the
 14 greatest extent possible. And for me, data, best
 15 practices and experience are the only things that really
 16 exist. And you have to combine the three, because the
 17 data as we just discussed is not always, is forthright
 18 as one would assume.

19 For two years, I spoke to this committee,
 20 served on subcommittees, and spoke in favor of
 21 integrations for the tools that agents use. And I've
 22 gone back and pulled the minutes from each of the
 23 advisory committee meetings to make sure that I wasn't
 24 crazy. And I -- I feel very frustrated that the
 25 conversation relative to integrations was never

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 1 MR. BIEDRYCKI: Yes, ma'am.
 2 MS. CORLETTE: Yes. Okay. Lee.
 3 MR. BIEDRYCKI: So this -- forgive me, all of
 4 you -- was my first advisory committee posting, I guess
 5 if you will, and I don't know if I have understood the
 6 function and role that it was supposed to be throughout
 7 nearly two and a half years, I guess that's where we are
 8 now.

9 In my organization we have a book called
 10 Radical Candor which my employees hate every time I pull
 11 it up.

12 MS. HINOJOSA: I like that book.

13 MR. BIEDRYCKI: It's got a big orange cover,
 14 but it is important for organizations and teams and
 15 relationships to be able to communicate. And if you
 16 can't communicate clearly, no matter what it is, then
 17 you're not going to get anywhere.

18 From the very beginning on this committee, I
 19 had enjoyed a great deal of excitement. As I mentioned,
 20 this was my tenth open enrollment this past year. The
 21 first open enrollment, we were on an enrollment before
 22 Healthcare.gov even opened up. And that Exchange cost a
 23 mere 1.25 million dollars.

24 One of the things that I struggle with is that
 25 one of our first meetings a now retired committee member

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 1 reciprocated or engaged prior to the RFP being released.
 2 Because getting back to the data, there are all kinds of
 3 misrepresentations floating through the health
 4 marketplace in general. And all too often, individuals
 5 can find themselves unknowingly repeating bad data that
 6 they thought was good.

7 So one example of that is we've heard
 8 frequently that state-based Exchanges that have stood up
 9 in a closed marketplace model have enjoyed greater
 10 broker participation and greater enrollments that know
 11 the FFM. And that is true when you consider that that
 12 data originated during the Trump administration when the
 13 advertising for Healthcare.gov was completely gutted.
 14 So one of the things that I think is a positive, and I
 15 don't want this to all be negative, is that by Virginia
 16 standing up its own Exchange, the citizens of the
 17 Commonwealth will no longer have to ebb and flow with
 18 awareness about health insurance depending on which
 19 party sits in the White House; right. The FCC largely
 20 recognizes an independent organization of great
 21 integrity should be able to make sure that the messaging
 22 to the consumer each and every year is the same and
 23 instead of some years it's all over Facebook, Instagram
 24 and the news, and some years, you don't hear anything.
 25 With that said, the enrollment data for this

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1 last year was released in two segments, Healthcare.gov 2 released -- segment data. And then the states released 3 theirs later. Those that offer state-based Exchanges. 4 And in case any of you don't have that data, it shows 5 that the Federally Facilitated Marketplace last year 6 enjoyed a 13% growth in enrollment. And the state-based 7 Exchanges incurred a net 3% loss in enrollment over the 8 prior year.		1 don't know how we're able to expect rate stability, 2 stability with carrier participation when we have 3 dramatically restricted the number of enrollment sources 4 that exist and the capacity of those who remain to 5 process enrollments.	
9 The thing that I think is important to 10 contemplate is that 71% of enrollments based on the data 11 from Healthcare.gov came through agents. 44% of agents 12 use an enrollment platform. They use that platform 13 because I had mentioned earlier, this is a very lean 14 line of their business. Not only is a very lean line of 15 business, but there's a great deal of exposure relative 16 to errors and omissions. It is a very uninformed 17 population, not always, but in general. And most 18 importantly, the open enrollment for the individual 19 marketplace sits right on top of the group, the federal 20 SEP and Medicare. Leaving not a lot of time for this 21 market segment to be addressed and as we've somewhat 22 discussed, it is the least in compensation to the 23 individuals who afford the enrollment.		6 MS. CORLETTÉ: Lee, thank you. I know you 7 have -- you've raised these issues at a number of our -- 8 our meetings, and I -- I appreciate the -- the work that 9 you've done to bring this data to the table and the 10 conversations that you've had -- Exchange staff and with 11 all of us. I, you know, I don't want to speak for Holly 12 and Kevin, but I'm not sure -- I mean, I understand that 13 the -- the outside enrollment platforms are maybe not in 14 the cards for this launch, but it's -- it's my 15 understanding you have not have slammed the door shut on 16 that for future years; is that correct?	
24 I don't know how to say any other way than I 25 do not understand how we believe that we can extract all		17 MS. MORTLOCK: Yes, that's right. So -- 18 MR. PATCHETT: Yeah. 19 MS. MORTLOCK: Go ahead, Kevin, if you want to 20 speak to that.	
1 of the enrollments that were formerly provided by the 2 insurance carriers who are marketing in the Commonwealth 3 on top of the enrollments by the large producing 4 agencies that use tools of efficiency that direct quote 5 they have to have in order to participate in the space. 6 And expect that Virginia will be able to maintain or 7 grow its enrollment, because that laughs in the very 8 face of a traditional supply and demand business 9 conversation.	82	21 MR. PATCHETT: Oh, no. Yeah no, that -- 22 that's absolutely correct. And you know, and we've -- I 23 can't speak to the processes of the committee over the 24 entire four-year life with the Exchange, but I do feel 25 that we as an Exchange at least as long as I've been	84
10 I don't say this out of spite or adversity, 11 I've actually enjoyed my conversations with Kevin and 12 Holly. This is the first time I've ever disagreed with 13 people and not gotten mad, which is odd for me. But 14 when I sit on the phone with individuals who can't 15 understand why their health insurance premium went up 16 when their rates were supposed to go down, that is a 17 problematic conversation. And whether Virginia should 18 open or operate a closed marketplace or an open 19 marketplace, I think is a decision that should've been 20 made formerly, a little bit earlier down the path so 21 that employees of the SCC and the VHBE wouldn't be in a 22 position to be responsible for big fluctuations and 23 enrollments and rates.		1 here really work to engage on this issue, and I just 2 in -- in part one of the things we've to consider and 3 one of the things I think this -- this committee should 4 consider is how do we reconcile some of this data, 5 because there's a lot going on in the numbers that -- 6 that Lee has referenced, you know, you -- we shouldn't 7 expect to see growth in numbers of state-based Exchanges 8 in states that have made it blow 3% of the total 9 unenrolled population, right. You're just not going to 10 see that. So where -- and this is one of the things 11 that state-based Exchanges have done a better job of, is 12 closing that gap. And we also see a connection between 13 Medicaid expansion and the growth of states. But even 14 there, none of that data is consistent. So we are, as 15 an Exchange, we -- we continue to be open to the idea of 16 -- of integrating with -- with other platforms and, you 17 know, the more data, the more -- you know, and the more 18 this committee can do to help, we absolutely welcome 19 that.	
24 I'm happy to participate. I'm happy to help, 25 but as an individual who has done this for ten years, I		20 MS. CORLETTÉ: Well, we are at time. And I -- 21 I want to make sure if we do have public comments -- or 22 do we have anybody on the line who wants to make public 23 comments?	
		24 MS. MORTLOCK: No. Actually, there was no one 25 that signed up to make public comments.	

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1 MS. CORLETTE: Okay. All right. Great.
2 Anybody else want to ask Lee a question or raise any
3 other business? Okay. I think we did it in our
4 two-hour timeframe.

5 MS. MORTLOCK: We did.

6 MS. CORLETTE: I will make -- seek a motion to
7 adjourn.

8 MS. BATAILLE: So motioned.

9 MR. ROSSITER: So motioned, second.

10 MS. CORLETTE: Okay. We're -- we're
11 adjourned. Thank you all very much.

12 MS. MORTLOCK: And thank you for everyone who
13 joined us virtually, and hopefully we will continue to
14 improve our virtual capability processes. But thank you
15 for bearing with us and we're just glad you could join
16 us.

17 MS. CORLETTE: All right. Thank you. We did
18 it.

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

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1 CERTIFICATE OF TRANSCRIBER
2 I, Janine Thomas, do hereby certify that the
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12 Janine Thomas

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14 April 2, 2023

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