

Exchange Advisory Committee

July 22nd, 2021

Agenda

- A. Welcome, Call to Order
- B. Roll Call
- C. Reports from Exchange Director Victoria Savoy
 - 1. Update on 1332 Waiver Application – Reinsurance Program
 - Julie Blauvelt, Deputy Commissioner, BOI
 - 2. Federal updates: SEP, ARP, Proposed Notice of Benefit and Payment Parameters for 2022
 - 3. Navigator Grant Update
 - 4. RFP Updates – Platform, Consumer Assistance Center, Consultation, Advertising/Branding
 - 5. Medicaid Coordination with DMAS and DSS
 - 6. Governor's Appointments
 - 7. HBE Staffing update
 - 8. HBE One Year Update – Then and Now
- D. Reports from Subcommittees and Members
 - 1. Movement of membership from Medicaid to Exchange as public health emergency ends
 - Guest Speaker: Jessica Annecchini, DMAS Senior Advisor
 - 2. Navigator/Assister Subcommittee discussion and vote
- E. Consideration of questions, recommendations, reports or comments
- F. Response to Committee Recommendations
- G. Other Business
- H. Public Comments
- I. Adjournment

Welcome, Call to Order



Call in number:

(804) 229-5840, 505452276#

Reminder:

- Only committee members should have cameras turned on.
- Please stay muted until you are called on to speak.
- The transcript of this meeting will be made available online at
<https://www.scc.virginia.gov/pages/Exchange-Administration>

Roll Call

Ex-officio Members:

Secretary Daniel Carey – Health and Human Resources

Director Karen Kimsey – Department of Medical Assistance Services

Dr. Norman Oliver – State Health Commissioner

Commissioner Duke Storen – Department of Social Services

Commissioner Scott White – Bureau of Insurance

Voting Members:

Sabrina Corlette, Chair

Jane Norwood Kusiak, Vice Chair

Lee Biedrycki

Scott N. Castro

Elizabeth Cunningham

Doug Gray

Ikeita Cantu Hinojosa

Starla Kiser

Kenn Penn

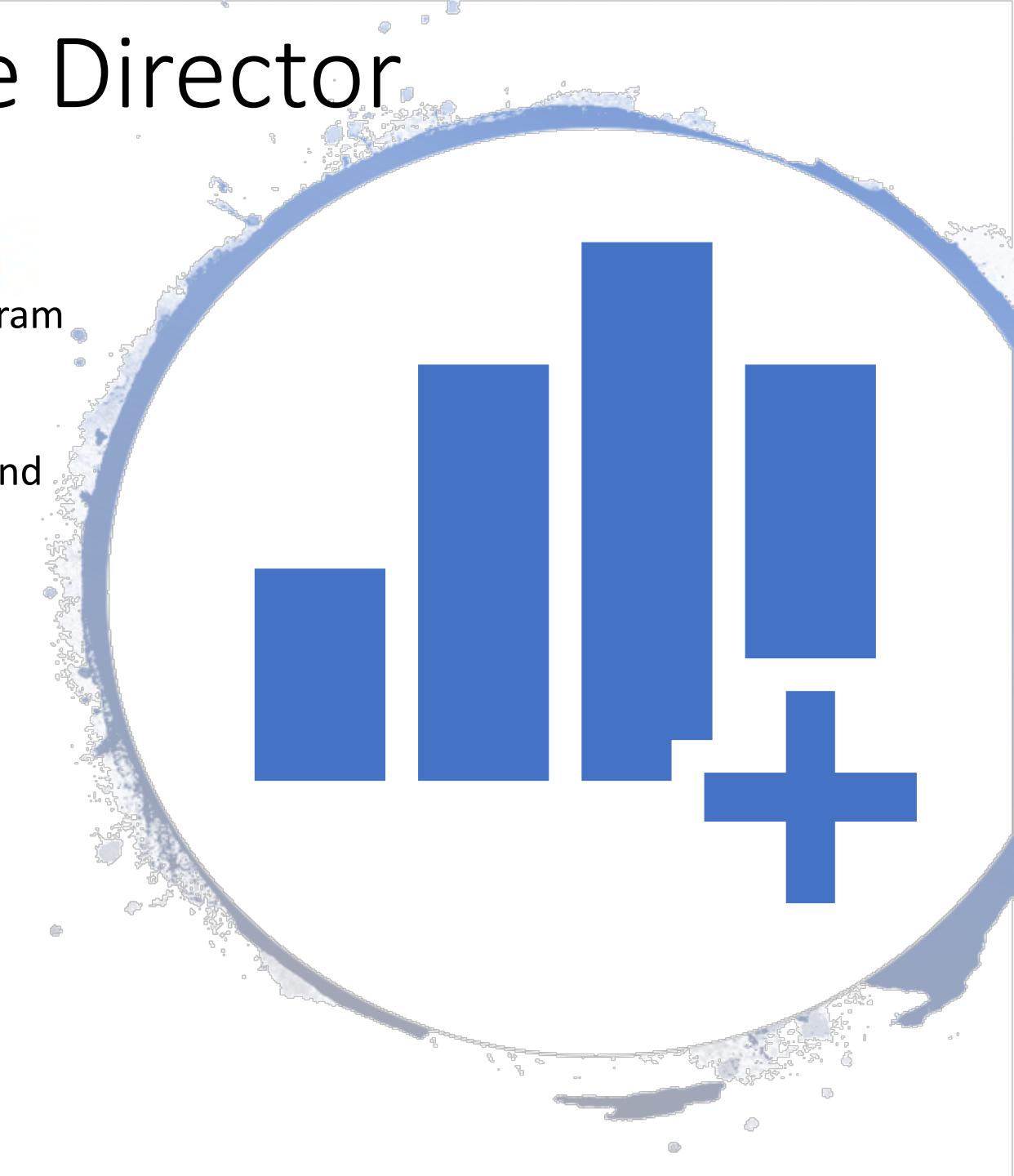
(Vacant)

SCC Liaison:

Victoria I. Savoy – Virginia Health Benefit Exchange Director

Reports from Exchange Director Victoria Savoy

1. Update on 1332 Waiver Application – Reinsurance Program
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HAPPY BIRTHDAY

HEALTH BENEFIT EXCHANGE!

BY THE NUMBERS

THEN AND NOW

JULY 1, 2020

0 employees

No space allocated to the HBE

238,756 new plan selections in VA

0 CDOs* overseen by VA

0 CACs** overseen by VA

22 Navigators registered by VA

0 funded navigator organizations

No Advisory Committee

JULY 1, 2021

4 employees

HBE occupies about 1600 sq. ft. on the
Tyler Bldg. 5th floor
(includes shared conference room with BOI)

256,826 new plan selections in VA
(7.6% increase)

34 CDOs overseen by VA

195 CACs overseen by VA

35 Navigators registered by VA

2 funded navigator organizations

Advisory Committee filled by 15
members, 2 meetings held.



Reports from Subcommittees and Members

- 1. Movement of membership from Medicaid to Exchange
as public health emergency ends
(Guest Speaker: Jessica Annecchini, DMAS Senior Advisor)**

2. Navigator/Assister Subcommittee discussion and vote



COVID-19 AND PHE UNWINDING

HBE ADVISORY COMMITTEE

JESSICA ANNECCHINI,
SENIOR POLICY ADVISOR, ADMINISTRATION
JULY 22, 2021



An Implementation Snapshot

Eligibility/Enrollment	Appeals	Services/Benefits
<ul style="list-style-type: none">• Suspended almost all closures/reductions• Verbal authorization from incapacitated individuals to assist groups• Extended Reasonable Opportunity periods and temporary out of state absences• Paused manual renewal processing	<ul style="list-style-type: none">• Automatic retention of benefits during an appeal• No financial recovery for continued coverage during an appeal• Extension of the timeframe to request a fair hearing• Verbal authorization for representation during the appeal	<ul style="list-style-type: none">• Eliminated all member co-pays• Increased access to telehealth and electronic signatures• Increased prescription allotments and delivery methods• Decreased barriers to Long Term Services and Supports

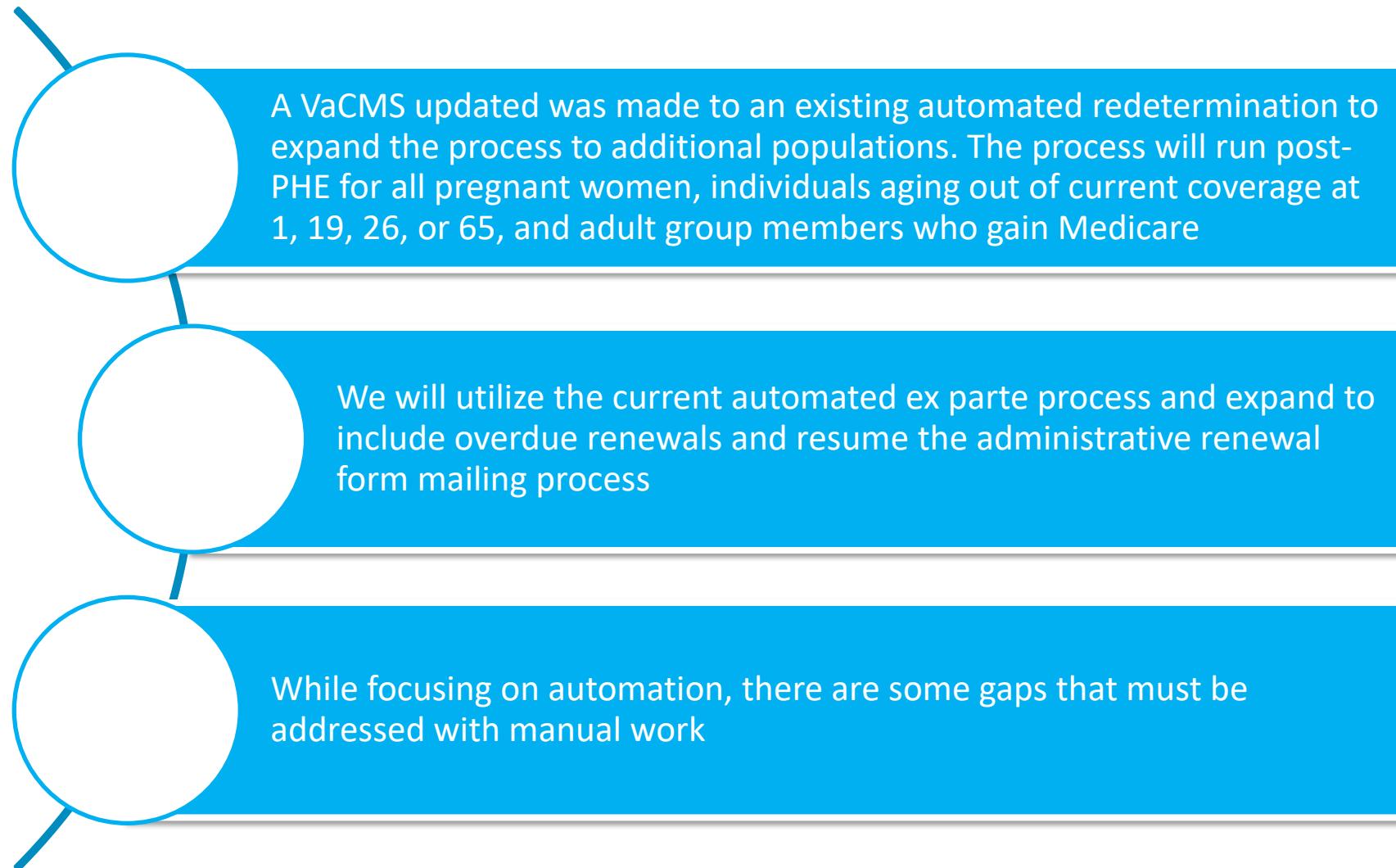
Virginia's Medicaid Enrollment under the PHE

- Virginia's Medicaid program now covers more than 1.8 million members
- As of 07/14/2021, we have enrolled 325,000 members in coverage since the beginning of the federal PHE, currently gaining ~4,000 members weekly
- Although we do not disenroll any members, Virginia has continued to run ex parte renewals during the PHE
 - Of those cases eligible for ex parte renewal, approximately 80% are successful during the monthly automated process
- Virginia has been tracking the following groups of members in preparation for unwinding:
 - Members with an overdue renewal
 - Members that no longer meet non-financial requirements but cannot be re-evaluated due to the Maintenance of Effort (MOE)
 - Time limited benefits that have been extended to meet the MOE

Is Virginia Ready for Unwinding?

- Current guidance indicates the federal PHE may be extended through 2021; based on this Virginia is working with DSS to plan action steps in January 2022
- We have begun bucketing our affected populations to rank and determine a course of action
- Overdue renewal date will be the primary mode to re-evaluate individuals, followed by changes in circumstances (scheduled changes vs. reported changes), and aligning systems
- As the MOE would continue through the end of the month in which the PHE expires, actions would begin in February 2022 to re-evaluate and reduce/terminate coverage if PHE ends in January
- While current CMS guidance gives states six months to fully unwind, new guidance is forthcoming; DMAS would prefer to implement in a phased approach when possible but must balance budget considerations

Preparation to Date

- 
- A VaCMS update was made to an existing automated redetermination to expand the process to additional populations. The process will run post-PHE for all pregnant women, individuals aging out of current coverage at 1, 19, 26, or 65, and adult group members who gain Medicare
 - We will utilize the current automated ex parte process and expand to include overdue renewals and resume the administrative renewal form mailing process
 - While focusing on automation, there are some gaps that must be addressed with manual work

Manual Processes

- There are a number of processes that will need planning to implement, including but not limited to:
 - Customer reported changes: while Virginia has a self direct process for applications and renewals, changes must be reviewed manually.
 - Manual renewal processing: cases not eligible for ex parte renewal are sent administrative renewal forms and those cases not successful through ex parte require verifications

The Marketplace Role

- Most individuals are referred to the Marketplace when they are not eligible for full coverage through Medicaid/FAMIS
- Currently, Virginia sends a file to the Federal Marketplace with details regarding the applicant's eligibility
- The individual also receives a fact sheet with the Notice of Action advising of next steps, as the applicant must take action to see if they qualify
 - The individual has 60 days post denial (or closure) to complete a Marketplace application
 - The individual can wait for a letter from the Marketplace telling them how to complete their application or start a new application
- Numbers of referrals will likely increase temporarily after unwind begins

Unwinding Considerations

Length of Time to
Unwind

Level of Effort for
Outreach

???

Avoiding
Unnecessary Churn

Staffing for
Member Support

Questions?



Reports from Subcommittees and Members

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- 2. Navigator/Assister Subcommittee discussion and vote**





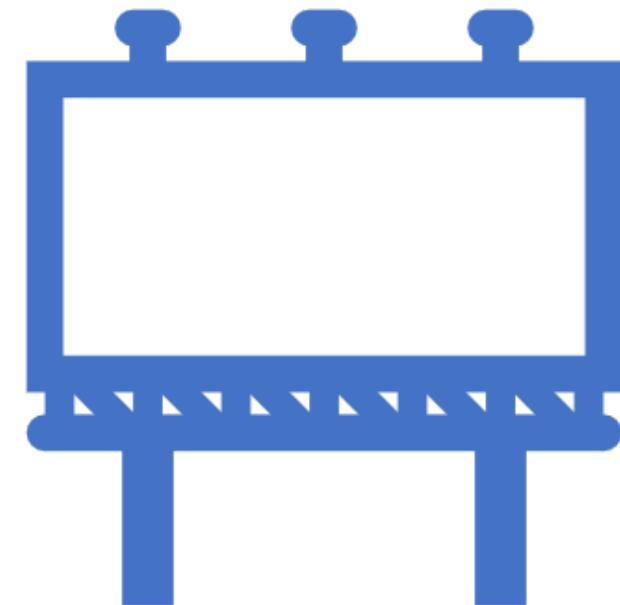
Consideration of
Questions,
Recommendations,
Reports or
Comments

Response to Committee Recommendations



Other Business

Next Exchange Advisory Committee Meeting:
October 28th, 2021, 1:00 – 4:00 PM EST





Public Comments

Adjournment

