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Transcript of Advisory Committee Meeting

Date: June 21, 2022

Case: Health Benefit Exchange Advisory Committee Meeting

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Transcript of Advisory Committee Meeting

1 (1 to 4)

Conducted on June 21, 2022

1 COMMONWEALTH OF VIRGINIA
2 STATE CORPORATION COMMISSION
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6 VIRGINIA HEALTH BENEFIT EXCHANGE
7 ADVISORY COMMITTEE MEETING
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12 Conducted Remotely
13 June 21, 2022
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1 P R O C E E D I N G S
2 CHAIR CORLETTÉ: My name is Sabrina
3 Corlette. And I am serving as chair for the
4 Virginia HBE Advisory Committee. I am
5 delighted to welcome all of you to our second
6 Advisory Committee meeting of 2022. Great to
7 be with all of you again.

8 And we have today a quite packed
9 agenda, but we are -- we only have two hours,
10 which I think sounds like a lot of time, but
11 it's actually not. So we're going to move
12 through the agenda, I think, fairly
13 expeditiously so that we can wrap up promptly
14 at 4 p.m.

15 So with that, I will, I guess, start
16 with the roll call. Is that our next slide?
17 Thank you.

18 All right. If you could just say
19 "here" when I call your name. Secretary John
20 Littel?

21 MR. WILLIAMS: My name is James
22 Williams. I'm the Deputy Secretary of Health
23 and Human Resources, so I will be standing in
24 for Secretary Littel.

25 CHAIR CORLETTÉ: Welcome, James.

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

2 Voting Members:

3 Sabrina Corlette, Chair
4 Jane Norwood Kusiak, Vice Chair
5 Keven Patchett, Acting Director
6 Julie Green Bataille
7 Lee Biedrycki
8 Elizabeth Cunningham
9 Doug Gray
10 Starla Kiser
11 Kenn Penn
12 Kelsey Wilkinson
13

14 Ex-officio Members:

15 James Williams, Deputy Secretary of Health
16 and Human Resources
17 Cheryl Roberts, Acting Director of DMAS
18 Don Beatty, Bureau of Insurance
19

20 Also present:

21 Holly Mortlock, Chief Government Relations
22 Officer/HBE Liaison to Advisory Committee
23 Whitney Thomas
24

2

1 It's pronounced Littel then; I got it right?

2 MR. WILLIAMS: Yes. Well done.

3 CHAIR CORLETTÉ: I also want to
4 welcome a new ex-officio member, acting
5 director of DMAS, Cheryl Roberts. Welcome,
6 Cheryl. Are you here with us?

7 MS. ROBERTS: Yes. Thank you.

8 CHAIR CORLETTÉ: Commissioner
9 Greene? Commissioner Greene, if you're here,
10 please unmute yourself and say "here." Okay.

11 Commissioner Danny Avula?

12 Commissioner Avula, are you with us?

13 Commissioner White?

14 MR. BEATTY: My name is Don Beatty.
15 I'm with the Bureau of Insurance, and I'm
16 here for Commissioner White.

17 CHAIR CORLETTÉ: Great. Welcome,
18 Don. Pleasure to have you.

19 So for the appointed members, I'm
20 obviously here. Jane Kusiak, are you with
21 us?

22 MS. KUSIAK: Yes.

23 CHAIR CORLETTÉ: Julie Bataille?

24 MS. BATAILLE: Hi, everyone.

25 Here.

3

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Transcript of Advisory Committee Meeting

2 (5 to 8)

Conducted on June 21, 2022

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1 CHAIR CORLETTE: Lee Biedrycki?		1 you we have been able to talk with, but I	
2 Lee, are you with us?		2 wanted to make a more formal announcement	
3 MR. BIEDRYCKI: Here.		3 today.	
4 CHAIR CORLETTE: Welcome, Lee.		4 In May, Victoria Savoy announced her	
5 Scott Castro? Do we have Scott		5 retirement from the SCC after 30 years of	
6 today?		6 very impactful service to the Commonwealth,	
7 Okay. Liz Cunningham?		7 and Victoria's last day was June 16th.	
8 MS. CUNNINGHAM: Here. Hi,		8 Victoria had returned to the SCC, joining the	
9 everyone.		9 Exchange in September of 2020, and led the	
10 CHAIR CORLETTE: Doug Gray?		10 Exchange through its first phase to become a	
11 MR. GRAY: Hello.		11 state-based marketplace on the federal	
12 CHAIR CORLETTE: I think I heard		12 platform. And with that accomplishment, she	
13 you, Doug? Can you say that again?		13 had really laid the foundation for the full	
14 MR. GRAY: Here.		14 transition, hiring staff and building the	
15 CHAIR CORLETTE: I believe Ikeita is		15 team to complete the goals of developing a	
16 not here today. She's volunteering as an		16 full state-based Exchange.	
17 election observer; is that correct? Ikeita,		17 We do understand that she is looking	
18 you're not here, I don't think.		18 forward to a very active retirement, spending	
19 MS. MORTLOCK: That's correct,		19 time with her new grandson and traveling with	
20 Sabrina.		20 her family and devoting time to personal	
21 CHAIR CORLETTE: Okay. Starla		21 interests that she had put aside for several	
22 Kiser?		22 years.	
23 MS. KISER: I'm here.		23 And so with the many things that the	
24 CHAIR CORLETTE: Kenn Penn?		24 Exchange has going on, in the midst of our	
25 MR. PENN: Good afternoon.		25 transition activities, the Commission has	
	6		8
1 CHAIR CORLETTE: Hi, Kenn. And		1 named Keven Patchett as acting director of	
2 Holly, I know you're here. So that completes		2 HBE. Mr. Patchett has actually been working	
3 our roll call.		3 with the Exchange for quite some time, since	
4 So we should just go ahead and dive		4 May of 2021, when he began serving as	
5 into the agenda. Like I said, it's a pretty		5 Commission counsel to the State Corporation	
6 packed agenda. We're going to start with		6 Commission. And about as soon as he got	
7 some announcements from the SCC, an update		7 here, he was asked by the Commission to lead	
8 from our Exchange director. We actually seek		8 our platform and call center procurement	
9 today to go into closed session for a couple		9 efforts in addition to the interagency	
10 of things which we'll talk about shortly.		10 coordination efforts that we have undertaken.	
11 And then we have subcommittee reports.		11 And then in December, he was	
12 And then we are going to have a		12 assigned leadership of the overall transition	
13 presentation from SHADAC, which is an		13 to a state-based marketplace, along with	
14 organization that specializes in data		14 external communications and government	
15 collection and analysis to help the Exchange		15 affairs activities of the Exchange. So Keven	
16 meet some of its strategic objectives. And		16 has actually been working with our team for	
17 then we'll go into the public comments and		17 quite some time now.	
18 then adjourn.		18 He is a graduate of the University	
19 So Holly, I'm going to turn it back		19 of Virginia Law School and spent the first	
20 to you for the announcements from the SCC.		20 ten years of his career in private practice	
21 MS. MORTLOCK: So a few important		21 in Charlottesville. And prior to the SCC, he	
22 announcements that we wanted to share. And		22 served in the Attorney General's Office as	
23 so first, I wanted to start out and offer		23 chief of the technology and procurement law	
24 that the SCC has some bittersweet news to		24 section.	
25 share with the Advisory Committee. Some of		25 And so with that, it is my pleasure	

Transcript of Advisory Committee Meeting

3 (9 to 12)

Conducted on June 21, 2022

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1 to introduce you to Keven, who will provide 2 the director's update.		1 with a pretty robust consumer assistance 2 center that will handle both telephone as 3 well as e-mail, direct mailings, paper 4 applications, a lot of the core customer 5 service functions of the Exchange.	
3 MR. PATCHETT: All right. Thank you 4 Holly. And I'm very happy to be here. And 5 as Sabrina noted, it looks like a packed 6 agenda, so I'm just going to dive right in 7 this morning.		6 So as we kick off that 7 implementation, those implementation 8 activities, it's really five key activities. 9 There's a lot that goes on during 10 implementation, and those implementation 11 plans are very long and very detailed. But I 12 wanted to focus on just these five areas.	
8 We have had a really busy couple of 9 months at the Exchange. A couple of things 10 just to highlight. The RFP evaluation 11 process continues to advance. And it sounds 12 like we are still well on track for a 13 contract award by mid to late summer. We are 14 continuing to staff up in HBE and brought on 15 some new staff members just in the last 16 couple of weeks and expect a few more here in 17 the very near future.		13 So we will, of course, begin with 14 design. And this is where we'll make 15 decisions about what our -- what the various 16 elements of the platform are going to look 17 like, how they're going to fit together with 18 each other, the platform of the call center, 19 as well as integrations with our partners at 20 DMAS and DSS as well as CMS and the federal 21 data service hub.	
18 We successfully got our SMART audit 19 filed with CMS. Annually, the Exchange has 20 to file an independent financial, technical, 21 and operational product, and we were pleased 22 that there were no material findings by our 23 auditors. And so that lets us continue the 24 work of transition.		22 Once we get done with design, then 23 it's more of those systems integration. And 24 I just mentioned briefly what some of those 25 systems are. This is an area that will get a	
25 We have a timeline here, although it	10		12
1 looks like -- are you-all able to see the 2 slides here?		1 great deal of our focus, because it's 2 absolutely critical to our success, and we 3 have -- we've really focused on a systems 4 integration approach that minimizes the 5 impact of this transition not only for 6 consumers but also, again, for our partners 7 at DMAS and DSS; we want to maintain as much 8 of the same processes and protocols that are 9 currently used by healthcare.gov so that that 10 stays familiar and doesn't add unnecessary 11 workload during this transition time.	
3 MS. KUSIAK: Yes, I can see them.		12 Data migration is obviously key, as 13 we have to transition accounts for existing 14 Exchange consumers over to our Virginia 15 platform as well as ensuring that we can send 16 data back and forth through the federal data 17 services hub to verify information for new 18 applicants.	
4 MR. PATCHETT: It looks like my 5 Teams is a little slow in updating. So here 6 we have a snapshot of some of the key 7 activities that we're going for on our 8 timeline. And I want to just highlight these 9 last two.		19 Training will be ongoing throughout 20 the transition. And most of these pieces, 21 right, these are not linear. They're going 22 to overlap. They're going to repeat. 23 Training will be one that, again, goes on 24 throughout, probably a little more heavy 25 towards the end, as we start to stand up the	
10 As I said, we're on track for a 11 contract award for our platform and call 12 center vendor, which is really going to be 13 the backbone that the Exchange needs in order 14 to make its transition from healthcare.gov to 15 a state-based marketplace. Once we kick off 16 that implementation, hopefully at the end of 17 the summer or very beginning of the fall this 18 year, we'll have about a 15-month timeline to 19 complete implementation and be ready for open 20 enrollment by November of 2023.			
21 This implementation at its core 22 really is a technology implementation. We 23 are going to be standing up what some of the 24 vendors in the industry refer to as 25 essentially an e-commerce platform, along			

Transcript of Advisory Committee Meeting

4 (13 to 16)

Conducted on June 21, 2022

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1 consumer assistance center.		1 seen one Exchange." And that's because all	
2 And then testing, testing, and more		2 of us are set up a little differently, which	
3 testing. One of the important, really		3 is the value of making this transition away	
4 important things that we've learned in our		4 from healthcare.gov on to a state-based	
5 experience in Virginia with other, I'll call		5 marketplace so that we can build and maintain	
6 them, similar technology transitions as well		6 a marketplace that's truly Virginia's; that,	
7 as from other states is the importance of		7 as much as possible, is tailored to the needs	
8 testing and allowing us to go through		8 of Virginians, to Virginia's policy	
9 multiple rounds of testing throughout the		9 objectives.	
10 process to ensure that, when we ultimately		10 And so like I said, that means that	
11 are ready to go live next fall, that there		11 everybody's different. But nonetheless,	
12 are no surprises.		12 there are so many things that we can learn	
13 So we have a couple of things that I		13 from experience of those who have gone before	
14 think are really critical to our success as		14 us, and we're really making sure that we put	
15 we're going through this transition. First		15 in the effort to maintain those relationships	
16 is building the right team. And we've got a		16 and apply those lessons learned.	
17 great foundation right now. One of our		17 Speaking of relationships, right,	
18 deputy directors, Toni Janoski, has over 20		18 engagement with stakeholders, we know that's	
19 years of experience working with insurance		19 going to be key. We know that this is not	
20 carriers here in the Commonwealth. And as		20 something that we are building or maintaining	
21 one of our key stakeholders, the process and		21 in a vacuum. And we have a long list of	
22 relationship management with carriers is		22 stakeholders; that includes, as I mentioned	
23 definitely one of the key -- will be one of		23 before, our insurance carriers, our agents	
24 the key focuses for us.		24 and brokers, our navigators and CEOs, our	
25 As many of you know, we also have		25 fellow agencies, consumers in the	
	14		16
1 Jennifer Krupp as another deputy director.		1 Commonwealth, on and on.	
2 She came to us from Nevada, where she had		2 And we are working really hard to	
3 served as the chief financial officer for		3 make sure that that stakeholder management is	
4 Nevada's exchange when they went through		4 meaningful. And I think there are a few	
5 their transition. And so she brings with her		5 things for us that are key as we develop and	
6 that experience of having lived through a		6 maintain that stakeholder engagement. First,	
7 transition experience that we certainly		7 we want to make sure that we're engaging --	
8 cannot overvalue.		8 so we want to make sure we're engaging early	
9 We're also building a team of IT and		9 and often with our stakeholders.	
10 procurement and contract managers, project		10 As I said before, we're anticipating	
11 managers, program managers, all of the pieces		11 about a 15-month transition window. One of	
12 that we need to make sure that this		12 the lessons we've learned from other states	
13 transition is successful.		13 and from other experiences that we've had in	
14 As we leverage lessons learned and		14 the Commonwealth is that stakeholder	
15 experience, we're really talking here about		15 engagement can't wait until the end. We	
16 things that we've learned not only from our		16 don't want any of our stakeholders to be	
17 own staff and our own research but also from		17 surprised at what our solution looks like,	
18 the other states who have gone through this.		18 what's going to be required of them at the	
19 I think we have spoken with every state who		19 time of transition; we want everyone to feel	
20 has an Exchange, who has gone through a		20 as comfortable as we can. And so we want to	
21 transition, who is in a similar place as us,		21 maintain that close contact and engagement.	
22 and we continue to have those conversations.		22 And to do that, we are making sure	
23 It's really fascinating. Several of		23 that all of our stakeholders are going to	
24 the other Exchange directors are fond of		24 have a single point of contact where they can	
25 saying, "If you've seen one Exchange, you've		25 receive updates and provide feedback.	

Conducted on June 21, 2022

	17		19
1 One of our challenges is, of course, 2 that there really is a lot that we could do 3 during this transition, but we have to stay 4 focused on what is absolutely critical for us 5 to do in order to make sure the transition is 6 successful. And so while I know that we're 7 not going to be able to do everything that 8 all of our stakeholders want all at once, we 9 are nonetheless going to listen and consider 10 all of the input and feedback that we get.		1 of getting an Exchange stood up and 2 functioning is no longer the bar. They feel 3 like they've passed that bar; they've left 4 that in the rearview mirror, and now they are 5 able to do that with relative ease.	
11 So you can see here, we currently 12 have 18 other states who have transitioned. 13 And then there are three of us who are in 14 this sort of hybrid position right now where 15 we have a state-based Exchange but our 16 Exchanges still exist on the federal 17 platform, and we're looking forward to making 18 that transition.		6 The other thing that's really great 7 for us right now is we're the only state 8 transitioning. I think last year there were 9 three states that were transitioning to 10 state-based marketplaces, and one of the 11 challenges that they all experienced was 12 really limited resources at CMS to do things 13 like testing and planning and strategizing. 14 In that regard, we will be fortunate to have 15 the undivided attention of CMS as we move to 16 our Virginia platform.	
19 I think one of the things that is 20 the most consistently conveyed to us from 21 other states is to really focus on the core 22 requirements of getting a transition 23 accomplished. I think I can safely say that 24 every state that has struggled with a 25 transition, they've all come back and said		17 And so with that, Holly, I'm going 18 to turn it back to you now to talk a little 19 bit about some of the state and federal 20 updates that are going on.	
1 the biggest mistake they made was to try to 2 do too much in the first year.	18	21 MS. MORTLOCK: Thank you, Keven. 22 And so I wanted to just share with you a 23 brief sort of lay of the land, just review of 24 some of the state and federal policy issues 25 that we have been tracking. We don't have	20
3 And that's why I said before, as 4 we're getting feedback from stakeholders, I 5 know there are things that are going to have 6 to happen in year 2, maybe even in year 3, 7 but this is -- once we complete the 8 transition, we will continue to go through an 9 evolutionary process with our Exchange, 10 continuing to find ways to make it better, 11 more user-friendly, more convenient for our 12 stakeholders.		1 much time this afternoon, and I know that we 2 want to get to some of the exciting guest 3 presentations.	
13 But in year one, our emphasis really 14 is going to be our successful transition so 15 that Virginia can start to get the benefit of 16 having its own Exchange and not being tied to 17 the federal platform where CMS is limited in 18 what it can do because it's got such a wide 19 user group in terms of states.		4 So I wanted to just do a quick 5 overview of where we are right now. Not much 6 has changed. As many of you know, we are 7 still with a lot of uncertainty going on. We 8 just wanted to make sure you-all are aware 9 that we are tracking and monitoring and 10 staying engaged at every possible point that 11 we can to be prepared for what can come over 12 the next several months and few years.	
20 This really, for us, it's a really 21 good time to be transitioning. I heard at a 22 recent conference one of the vendors 23 expressed that one of the things that has 24 changed recently is this -- the bar has been 25 raised for vendors. And the simple process		13 So many of you may have seen that 14 Virginia's 1332 waiver application for 15 reinsurance was approved on May 18th. This 16 will be for -- the first year will be for 17 2023, and we are expecting that it will 18 achieve approximately a 15.6 percent rate 19 reduction relative to having no reinsurance. 20 And this is based on the idea that there 21 would not be ARPA subsidies; that was 22 factored into that calculation. So just for 23 your awareness of that.	
		24 And then also we had mentioned last 25 time that the General Assembly was	

Conducted on June 21, 2022

	21		23
1 considering an essential health benefits 2 benchmark plan study. That did pass in 3 budget language. So the Bureau of Insurance 4 is convening that work group and we are 5 participating.		1 Sarah Hatton, who's the deputy director for 2 administration at DMAS, to share a little bit 3 more about what we're thinking in Virginia. 4 I'll note, Sabrina, I also see your hand up, 5 too. So if you want to go and then we can 6 have Sarah provide her update.	
6 They are working with our actuary 7 now to develop a work plan, and so we will 8 continue to monitor and stay engaged with 9 that and we will be able to offer updates 10 throughout this year. The report is due on 11 November 1st this year, so perhaps in the 12 fall we may be able to have a little bit more 13 information about that.		7 CHAIR CORLETTE: Yeah. I just have 8 a quick question about the consumer 9 communication with respect to the uncertainty 10 with the ARPA subsidies. Since you're an SBM 11 on the federal platform, do you use the 12 healthcare.gov, they have those template 13 consumer notices for both the marketplace and 14 for carriers, or does Virginia have their 15 own?	
14 And then with recent federal 15 activity I think we all are bracing ourselves 16 for any news about the continuation of or 17 expiration of ARPA subsidies. Again, we 18 know, we have heard from our state and 19 federal partners that there are continued 20 conversations about that possibility. And so 21 we just continue to stay very engaged with 22 other states and to monitor that activity.		16 MS. MORTLOCK: So I believe that -- 17 I believe that we are using what 18 healthcare.gov has, but I will have to do a 19 little bit more investigation and can let you 20 know specifically what that would look like.	
23 And we are also, in these 24 conversations, looking for opportunities, 25 trying to learn from other states, you know,		21 CHAIR CORLETTE: Cool. Thank you. 22 MS. HATTON: Thanks, Holly. I will 23 give a quick update about the public health 24 emergency. So what we know is that CMS, HHS, 25 like all states, that we would receive 60	
1 what potential options we may have for 2 consumer education, whether these subsidies 3 are extended or ended.	22	1 days' notice prior to the end of the public 2 health emergency. Right now, it is scheduled 3 to expire on July 15th. We did not get 60 4 days notice, so although it has not 5 officially been extended yet, we know that it 6 will be because we did not receive that 7 60-day notice that we would begin unwinding 8 the eligibility for the Medicaid program.	24
4 Another major focus in the federal 5 sphere is closing the family glitch. So I'm 6 sure you have seen that the treasury 7 department and the IRS had proposed a federal 8 regulation and had a 60-day public comment 9 period which ended on June 6th. And there is 10 a -- my understanding is there is a public 11 hearing scheduled with the IRS for June 27th, 12 and you can read more about that at the 13 Federal Register website.		9 So we do expect that the public 10 health emergency will be extended at least 11 through October 15th. And then there are 12 some rumors potentially through the end of 13 the year. But all we know right now is that 14 we will have another extension.	
14 Also, for the public health 15 emergency unwinding, HBE continues to be 16 engaged with our state partners and listening 17 for any news on the federal level. We are 18 concerned and want to be as supportive and 19 helpful as we can. One of the challenges 20 that we will have is just our access to data 21 about consumers, which will change, of 22 course, when we are transitioned on our full 23 state-based marketplace.		15 Right now, we do know that CMS is 16 going to allow states 12 months to 17 redetermine all of the eligibility for 18 individuals on the Medicaid program with an 19 additional two month for cleanup. So with 20 Secretary Littel's leadership, we are, too, 21 working very closely with other state 22 agencies here in Virginia, along with HBE, to 23 make sure we have an all-hands-on-deck effort 24 really to be prepared for those efforts when 25 they do begin. I'll pass it back to you,	
24 But for any additional information 25 about the PHE, I want to turn that over to			

Transcript of Advisory Committee Meeting

7 (25 to 28)

Conducted on June 21, 2022

	25		27
1 Holly.		1 CHAIR CORLETTE: Aye.	
2 MS. MORTLOCK: Great. Thank you,		2 MS. MORTLOCK: Jane?	
3 Sarah.		3 MS. KUSIAK: Aye.	
4 So those are our state and federal		4 MS. MORTLOCK: Julie?	
5 updates. And so with that, I will pass it		5 MS. BATAILLE: Aye.	
6 back to Sabrina.		6 MS. MORTLOCK: Lee?	
7 CHAIR CORLETTE: Thank you. That		7 MR. BIEDRYCKI: Aye.	
8 was a great update. I think I might just		8 MS. MORTLOCK: Scott Castro or his	
9 pause here for a moment and ask if any		9 designee?	
10 Advisory Committee members have questions for		10 MS. WILKINSON: This is Kelsey	
11 Keven, Holly, or Sarah with respect to the		11 Wilkinson for Scott Castro. Aye.	
12 update from our state colleagues.		12 MS. MORTLOCK: Thank you, Kelsey.	
13 Okay. We will have plenty of		13 Elizabeth Cunningham?	
14 opportunity, I think, later for further		14 MS. CUNNINGHAM: Aye.	
15 discussion, if questions do arise. But		15 MS. MORTLOCK: Doug?	
16 certainly raise your hand if you have		16 MR. GRAY: Aye.	
17 questions.		17 MS. MORTLOCK: I know Ikeita is not	
18 I'd now like to move that the		18 with us today.	
19 Committee proceed into a closed session. And		19 Starla?	
20 that is to discuss, number one, the		20 MS. KISER: Aye.	
21 assignment, appointment, promotion,		21 MS. MORTLOCK: And Kenn?	
22 performance, demotion, salaries,		22 MR. PENN: Aye.	
23 disciplining, or resignation of specific		23 MS. MORTLOCK: Great. Thank you	
24 public officers appointees, or employees of		24 very much. So now Whitney is going to put	
25 the SCC pursuant to Virginia Code Section		25 the Advisory Committee members into a	
	26		28
1 2.2-3711 A 1; and also No. 2, the investment		1 breakout room in just a few seconds. So in	
2 of public funds where competition is involved		2 just a few seconds she will add us into that	
3 relating to an HBE contract, which, if		3 group.	
4 disclosed publicly at this stage, would		4 (Closed, off-the-record session was held from	
5 adversely affect the financial interest of		3:33 p.m. to 3:10 p.m.)	
6 the SCC pursuant to Virginia Code Section		5 MS. MORTLOCK: Okay. Everyone	
7 2.2-3711 A 6.		6 should be back in the larger room.	
8 Can I have a second?		7 Sabrina, would you like to go ahead	
9 MS. HATTON: I second.		8 with the certification?	
10 CHAIR CORLETTE: And I think we need		9 CHAIR CORLETTE: Yes. Thank you,	
11 a vote on the record of this. So how do we		10 Holly. Before we do that, though, I had some	
12 want to do that? Can somebody read off our		11 technical difficulties during that session.	
13 names for a vote? It's an on-the-record		12 If anybody else was in the same boat that I	
14 vote, correct?		13 was, just e-mail me, and they'll work with	
15 MS. MORTLOCK: Yes. It is an		14 the Exchange staff and Holly to make sure we	
16 on-the-record vote. And I would be happy to		15 get the relevant information.	
17 read off the names. And just to clarify for		16 So I would like to nominate the	
18 everyone, this is -- we will be discussing,		17 motion that we certify that during the closed	
19 you know, a marketing update and also address		18 session the Advisory Committee did not	
20 Victoria's retirement, so those would be the		19 discuss any matters other than those included	
21 -- just to clarify, that's the reason for		20 in the motion to proceed into closed session.	
22 going into closed session.		21 Can I have a second on that motion?	
23 So I'm happy to go through the		22 MS. KUSIAK: I'll second.	
24 appointed and voting members to go into		23 CHAIR CORLETTE: I believe we need	
25 closed session. So, Sabrina?		24 to now do another vote. Holly, can you reel	
		25 off our names for us so we can vote?	

Transcript of Advisory Committee Meeting

8 (29 to 32)

Conducted on June 21, 2022

	29		31
1	MS. MORTLOCK: Sure can. Sabrina?	1	enrollment assisters and providing resources
2	CHAIR CORLETTE: Aye.	2	to them in order to help people through the
3	MS. MORTLOCK: Jane?	3	process, making sure resources are available
4	MS. KUSIAK: Aye.	4	and customer service in culturally and
5	MS. MORTLOCK: Julie?	5	linguistically appropriate ways.
6	MS. BATAILLE: Aye.	6	And then another thing that is
7	MS. MORTLOCK: Lee?	7	coming up, just as consumer communications
8	MR. BIEDRYCKI: Aye.	8	patterns are changing, and frankly, the way
9	MS. MORTLOCK: Kelsey?	9	that people receive information and choose to
10	MS. WILKINSON: Aye.	10	receive it is also evolving pretty rapidly,
11	MS. MORTLOCK: Liz Cunningham?	11	making sure that any integrated
12	MS. CUNNINGHAM: Aye.	12	communications campaign takes into account
13	MS. MORTLOCK: Doug?	13	how that information changes over the course
14	MR. GRAY: Aye.	14	of every cycle.
15	MS. MORTLOCK: Starla?	15	So that just gives you a sense of
16	MS. KISER: Aye.	16	some of the things the subcommittee is
17	MS. MORTLOCK: And Kenn?	17	thinking through. And as I said, I expect to
18	MR. PENN: Aye.	18	have formal recommendations at our next
19	MS. MORTLOCK: Thank you, everyone.	19	meeting.
20	CHAIR CORLETTE: All right. We're	20	CHAIR CORLETTE: Fantastic. Thank
21	running a little bit behind, but Julie, I	21	you, Julie. The next subcommittee is chaired
22	want to give you an opportunity just to	22	by Jane Kusiaak. And actually, I think our
23	provide a brief update on the activity of the	23	presentation from Elizabeth Lukanen at SHADAC
24	consumer outreach and education subcommittee.	24	is going to be the exact kind of level
25	MS. BATAILLE: Sure. Thanks,	25	setting that we need for that subcommittee.
	30		32
1	Sabrina. And I can do this quickly to say	1	Jane, I don't know, do you want to
2	that our subcommittee has been gathering	2	say anything at all or introduce Elizabeth?
3	input and feedback from the group	3	I know you may not have a voice.
4	electronically, and we anticipate having some	4	MS. KUSIAK: I'm a little bit
5	formal recommendations to the Advisory Board	5	challenged, but I'm trying to get into the
6	in time for our next meeting.	6	room, to be honest with you. I'm on audio
7	A few things to give you a sense of	7	only.
8	what the subcommittee is discussing related	8	But the reason that we're doing this
9	to recommendations around outreach, in	9	in preparation for the subcommittee is that,
10	particular, include taking a data driven	10	you know, so much has been worked on in terms
11	approach. And I think the conversation later	11	of other Exchanges on these matrix and goals,
12	in today's meeting will probably give us some	12	and I think we should -- this next
13	insights and good things to think about and	13	presentation is going to be just perfect and
14	consider as part of our formal	14	may make our work very easy, to be very
15	recommendations.	15	honest.
16	And then a few other things that are	16	CHAIR CORLETTE: I'm all for that.
17	coming up as input from the group include	17	All right. Well, I think without further
18	making sure that there are opportunities to	18	ado, I am delighted to introduce Elizabeth
19	leverage data and specifically consumer-level	19	Lukanen with SHADAC to do a presentation for
20	data, because that will exist with a	20	us on a data driven approach to setting both
21	state-based Exchange to reach customers	21	strategic priorities but then also thinking
22	directly as that information becomes	22	about the strategies and tactics that will
23	available.	23	help us achieve our desired goals.
24	And then certainly, a need to	24	So Elizabeth, are you with us?
25	emphasize how we can put a focus on	25	MS. LUKANEN: Yeah. Hi, everybody.

Transcript of Advisory Committee Meeting

9 (33 to 36)

Conducted on June 21, 2022

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1 Good afternoon. I'll share my screen here. 2 I am not a Teams user, in general, so just 3 bear with me. Can you see the slides in 4 presenter view?		1 maybe that's pretty clear to most of you; go 2 through some steps and some considerations 3 that we've come up with, as we've done this 4 with other states; and then just walk through 5 a couple examples.	
5 CHAIR CORLETTE: Yes. 6 MS. LUKANEN: Well, I can't see you, 7 so if you have questions or want to stop me, 8 please do. Thank you very much for the 9 opportunity to be here. It's really -- the 10 work that you're doing is really exciting, so 11 I'm glad I can contribute to the discussion.		6 And I know we're running a little 7 short on time so I'm going to go through 8 things a little quickly. I am totally 9 comfortable if you interrupt me with 10 questions; this can be informal. So please 11 jump in. I don't think I can see hands being 12 raised, so I think verbal interjections are 13 probably best.	
12 I'm Elizabeth Lukanen. I'm the 13 deputy director of SHADAC, which stands for 14 the State Health Access Data Assistance 15 Center. Before I get into talking about 16 Exchange monitoring, I'll just give you a 17 little bit of background of who SHADAC is. 18 So we're a health policy research 19 center at the University of Minnesota. We've 20 been collecting and using data for about 20 21 years to inform health policy, and our focus 22 is really on providing technical assistance 23 to states, you know, in how they use data in 24 supporting analysis to inform policy and 25 decision-making.		14 MS. MORTLOCK: I'll also try to 15 monitor that for you as well. 16 MS. LUKANEN: Thank you very much, 17 Holly. I appreciate that. If there's a view 18 where I can see people, I have not found it. 19 So why do you want to create a 20 framework? You know, first and foremost, I 21 think it's actually the discussion and the 22 goal setting that happens at the beginning 23 that's the most important. It really will 24 help the Exchange and the state as a whole 25 come to an agreement on goals and priorities	
1 And we provided a lot of support to 2 states as they've implemented the Affordable 3 Care Act and all the choices and decisions 4 that went into that. I saw some people on 5 the call today that I think I've worked with 6 in the past in that capacity. So it's really 7 exciting to be here. 8 We are a really small shop, but a 9 range of people here, you know, economists, 10 statisticians, evaluation experts, and then 11 sociology and journalism. So not only do we 12 think about how to use data, but how to 13 present it for a wide audience; how to do 14 data visualization, etc., and then the real 15 focus being on being non-partisan. 16 The technical assistance that we 17 provide to states is supported by the State 18 Health and Value Strategies program. This is 19 a Robert Wood Johnson Foundation program out 20 of Princeton, so I just want to thank them, 21 as always, for their support. 22 And today, I was asked to come talk 23 to you about data monitoring in the Exchange. 24 So I'm just going to talk a little bit about 25 reasons for doing this, although I think	34	1 and think about how those goals are going to 2 be measured. 3 I think, secondary, it avoids a 4 duplication of data collection and 5 consistency in measurement, both across the 6 (inaudible) again, maybe even across other 7 agencies, which we'll talk about a little bit 8 later. 9 As a former state analyst myself, a 10 health economist for Minnesota, it also just 11 prepares your staff to respond to questions 12 when they get them from policy makers; and I 13 would say also the public, media, you know, 14 all these groups are going to want a story to 15 tell and want numbers to go with that. And 16 this kind of early thinking can help you to 17 meet those needs. 18 You know, the "why now" is that, you 19 know, like I said, it will help establish a 20 baseline, either prior or just as you're 21 starting implementation, help you identify 22 successes, and just really prepare you for 23 the questions that you're going to get. And 24 this is not -- does not downplay the 25 incredible amount of work -- I think Keven	36

Conducted on June 21, 2022

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<p>1 talked about it -- that is ongoing, but we 2 have found that if you can just do a little 3 bit of preplanning around a monitoring or 4 data dashboard type work, you'll just be in a 5 better position later.</p> <p>6 So I'll start with some of the steps 7 that we have come up with to, you know, 8 support this work. And the first is, you 9 know, it's really some high-level discussions 10 that maybe this group can have and staff 11 within the agency can have, you know, to 12 determine an audience and focus, to choose 13 the measures and data, and then I'll walk 14 through some considerations that we've, you 15 know, come up with over the years as we've 16 worked with other state-based marketplaces on 17 this process.</p> <p>18 So the first thing that we really 19 recommend is to think about your audience for 20 this kind of work. Is this going to be an 21 evaluation framework or data dashboard? I 22 think there's a million different things you 23 can call this, so I'll just go with 24 framework, monitoring framework. You know, 25 is this going to be an internal framework?</p>		<p>1 about is, is will issues of equity be 2 elevated? So are you really interested in 3 looking at variation by geography, age, 4 gender, etc.? These things can be really 5 important as you're just thinking about the 6 framing and the focus.</p> <p>7 After you have a little bit of a 8 sense for who this is intended for, your 9 general focus, then it really is about 10 deciding on some goals. So what are you -- 11 and by you, I mean the Exchange -- trying to 12 achieve?</p> <p>13 I list just a few examples. I think 14 this really depends on the state and where 15 you're at in this discussion, but, you know, 16 a few goal areas that we have discussed with 17 other states are ample choice for consumers, 18 enrollee experience; some states really went 19 into this knowing they wanted to reduce 20 uninsurance, improve affordability, etc.</p> <p>21 I would recommend kind of getting 22 into high-level goals before you get into 23 wordsmithing of, you know, actual goals 24 first, because I do think that it just helps 25 narrow focus. And then you can really get</p>	
<p>1 Something that you're only going to be using 2 for internal operations and decision-making? 3 You know, maybe it would be just limited to 4 the Advisory Committee or, you know, internal 5 staff?</p> <p>6 Is it just for federal requirements 7 that I'll go through? Or is it going to be 8 more of a public-facing dashboard, you know, 9 that the media and media relations staff and 10 consumers might look at? You know, I think 11 it can be both. It could be either. But 12 that's probably something that you want to at 13 least think about early on.</p> <p>14 The next set of questions is a 15 little bit similar, at least the first is, is 16 this going to be a policy-making tool, 17 operational, so high-level or more detail? 18 Are you focused only on the work at the 19 Exchange or are you also thinking about these 20 metrics in terms of the success of health 21 policy in the state overall? You know, I 22 don't know if there's a huge evaluation going 23 on in your state, but if there is, you'd want 24 to slap this in.</p> <p>25 And you know, another thing to think</p>	38		<p>1 into the nitty-gritty.</p> <p>2 So one way to narrow this down is 3 what are policymakers in the state most 4 concerned about? You know, one thing that 5 I've had some discussions with members of 6 your group about is showing the value 7 proposition of this state-based Exchange, 8 which is going to be brand-new. You know, it 9 might be market stability. It might be 10 continuity of coverage.</p> <p>11 You know, whatever goals you come up 12 with based on, you know, your priorities, the 13 one thing I would say is you really want them 14 to be realistic. And think about goals that 15 the Exchange can actually move the needle on.</p> <p>16 You know, there are some really, 17 really I think admirable policy goals that 18 state-based Exchanges had early on, and they 19 put them out there and then they were held 20 accountable to them and maybe suddenly 21 realized that they couldn't actually move the 22 needle on the things that they were, you 23 know, attempting to impact. So that's just 24 sort of a coffin.</p> <p>25 So once you have kind of a general</p>

Conducted on June 21, 2022

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<p>1 audience of thinking about whether this is 2 internal or external or operational or more 3 broad-based goals, and then you've thought a 4 little bit about what those goals are, it's 5 time to choose measures.</p> <p>6 I think probably the most important 7 thing to think about here is to keep the 8 number of measures manageable. This is where 9 I'd really give some thought to analytic and 10 staff capacity, the ability to which, you 11 know, the vendor that developed the system 12 can create customized reports. You know, 13 what we always suggest is start small and 14 maybe expand the list over time. So if you 15 have a brain storming session, keep all those 16 good ideas. But maybe, I think, as Keven 17 said, similar to implementation overall, you 18 want to start small and manageable and build.</p> <p>19 Kind of a no-brainer, but like I 20 said before, you want to choose measures that 21 are directly related to your policy goals and 22 levers, so things that the Exchange can 23 actually make some progress on.</p> <p>24 You know, also, thinking about 25 near-, medium-, and long-term impacts and</p>		<p>1 Because this is typically, when we talk to 2 states, where we recommend that they start. 3 There are a whole host of measures that are 4 going to be required reporting under federal 5 guidance. And they're good. And they're 6 useful. And you might as well consider those 7 as part of your monitoring frame.</p> <p>8 I am going to talk about this at a 9 stratospheric level. I don't know if Keven 10 is still on the phone. I'm sure that he can 11 speak to these reporting requirements in 12 detail, and we can certainly get into more of 13 it, but really, at a very high level, the 14 reporting requirements for state-based 15 marketplaces, the biggest ones are 16 performance metrics and then some annual 17 reporting into the SMART tool.</p> <p>18 You know, I'm going to focus 19 primarily on the reporting requirements 20 because this is where most state-based 21 Exchanges tend to, you know, look to for 22 their own public reporting.</p> <p>23 So these are weekly and annual open 24 enrollment reports. There's about 300 25 measures and also biennial reporting. And</p>	
<p>1 having potentially some in each, and I would 2 say most importantly, have some -- include 3 some measures that will be some early success 4 measures. So for example, you know, a lot of 5 state Exchanges will -- and did early on -- 6 show the percent of people with a subsidy or 7 the average subsidy. That's just a really 8 feel-good number, typically, because it's 9 basically, you know, how are we supporting 10 people financially?</p> <p>11 Call centers might be something that 12 you struggle with over time. So let's say, 13 you know, you might not want to have a ton of 14 measures for a brand-new call system where 15 work flows are not perfect yet. Or maybe you 16 add those in over time or don't lead with 17 those.</p> <p>18 And then I'd also suggest 19 considering the feasibility of the measures. 20 So, you know, you want to think about what 21 data you have, the possibility of collecting 22 new data. Obviously, existing data is a lot 23 easier.</p> <p>24 And that's where I want to go into a 25 little bit about required reporting metrics.</p>	42		44
		<p>1 they are -- they're kind of the standard 2 stuff; it's plan selections, information 3 about new consumers, reenrollment, 4 applications, determinations, cancellations, 5 a whole host of call center metrics, website 6 metrics, etc.</p> <p>7 Many of those are also required to 8 be disaggregated by a variety of 9 demographics, including race, ethnicity, age, 10 sex assigned at birth, income meta-level, 11 etc. One thing I will note is not every 12 single one of those measures is disaggregated 13 in that level of detail. So there's only 14 select measures that has a whole host of 15 demographics.</p> <p>16 There's also some biennial reporting 17 that is a little bit more operational and 18 maybe not as relevant about terminations and 19 appeals, data matching, and special 20 enrollment activities. So this is a place 21 where, you know, if you're going to start 22 thinking about getting into the list of 23 measures you might want to see on a periodic 24 basis, you probably want to start here and 25 draw from this first.</p>	

Conducted on June 21, 2022

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1 I also wanted to put out just one 2 slide on the Medicaid and CHIP performance 3 indicators. I will admit that I don't know 4 how integrated Virginia's Exchange is going 5 to be or is with Medicaid. But I think it's 6 worth saying Medicaid and CHIP has a whole 7 set of indicators that they also have to 8 report on.		1 more complicated example is churn; you know, 2 who is included in the denominator for that? 3 Is it at six months or a year? Or a month? 4 If you're going to primarily choose 5 measures from required federal reporting, the 6 good news is that they have really nice 7 definitions already stated. If you're going 8 to go your own way on something, I think 9 that's also totally appropriate, as long as 10 you document it. And then you might want to 11 think about whether another agency or 12 stakeholder reports something similar and try 13 to align your definition with theirs.	
9 And some of them are kind of 10 similar, you're going to see. These are 11 monthly indicators. They are not 12 disaggregated. They do not require 13 disaggregation in quite the same way. 14 They're typically a little bit more high 15 level. There's some age breakdowns and then 16 some MAGI, non-MAGI, but not a lot of 17 additional breakdowns.		14 After you have a definition, you're 15 going to want to think about what level of 16 disaggregation you want. So you know, as I 17 ran through some of the disaggregation points 18 for CMS, like age and geography, but the 19 state might choose to report even more than 20 that as part of their monitoring frame or 21 dashboard. It just depends on your goals and 22 level of interest.	
18 And CMS, at least in theory, has 19 sought to align these requirements with the 20 state-based marketplace requirements, at 21 least in terms of the definitions. In both 22 cases, the Medicaid and CHIP and the Exchange 23 measures, they're publicly reported, at least 24 a subset of them.		23 And then finally you're going to 24 identify your data source. Once you have the 25 measures and how you want to define them,	
25 And then it's worth noting that for	46		48
1 these Medicaid and CHIP performance 2 indicators, new measures will be required to 3 track the end of the public health emergency. 4 So concerns about people falling off, states 5 are going to be required to report more than 6 is just on this list, which includes 7 information about call centers, work loads, 8 renewals and transfers, determinations, and 9 then total enrollment.		1 think about where that data comes from. I 2 will be totally honest, when we started 3 working with state-based marketplaces on this 4 topic back in probably 2013, we talked a lot 5 about getting data from all sorts of 6 different areas, including survey data.	
10 So once you've selected your list of 11 measures -- and again, my recommendation is 12 to start with what you're already going to 13 have to report -- you have to operationalize 14 it. And this is a step that I think you can 15 sort of get lost when you're choosing from 16 the menu of options. You know, there has to 17 be a working definition or preferred method 18 for calculating whatever measure you come up 19 with. And this is more important than it 20 sounds.		7 The reality is most marketplaces 8 really focus on the data that they have, and 9 that's probably where I'd recommend that you 10 start. If there are gaps, which we'll talk 11 about a little bit later, that's certainly 12 something that SHADAC can help you think 13 about where you might get data, you know, 14 outside the Exchange. But I think, at least 15 as a starting point, you're probably just 16 going to focus on data that is generated 17 either by the Exchange itself or another 18 agency.	
21 So, for example, you're probably 22 going to abort enrollment in some way, shape, 23 or form, and you need to think about what 24 that actually means. Is it at mid month? Is 25 it at the first or last day of the month? A		19 I just put this in here as a 20 reminder of the type of breakdowns that you 21 might consider. So, you know, if you think 22 about enrollments, the easiest way to think 23 about this, you might report enrollment by 24 entry point or coverage site or what subsidy 25 they have, you know, by plan, etc.	

Conducted on June 21, 2022

	49		51
1 So there's a lot of different 2 disaggregation you can do. It can be a 3 little bit overwhelming, so you certainly 4 don't want to disaggregate every single 5 metric. But you want to align the 6 disaggregation with your goals. 7 Reporting frequency is another thing 8 to consider. I think, you know, we tend to 9 value higher frequency reporting. Obviously, 10 this has benefits; you know, a good, early 11 warning sign definitely engages stakeholders 12 and the media. I mean, if they know they're 13 going to get new data every week, they're 14 going to get super excited and look for it. 15 Definitely a sign of transparency 16 and it could lessen the need for ad hoc data 17 runs by your staff. You know when things 18 come up, because you'll always have fresh 19 data available. 20 I tend to think that the challenges 21 actually outweigh the benefits because of the 22 burden it places. There's a staff burden. I 23 think that some states have found that if 24 they have really frequent reporting, you 25 spend more time pulling and publishing and		1 every month, but then you have less frequent 2 full reporting, so maybe you do a biannual or 3 annual report with a lot more detail. Again, 4 this is also just a time saver. 5 The other thing I wanted to raise, 6 you know, as part of a step in developing a 7 monitoring framework is data visualization. 8 SHADAC spends a lot of time thinking about 9 how to present data in a way that's 10 meaningful to a broad audience. And if you 11 put it in the form of a figure or an 12 infographic or chart, it tends to be a little 13 bit easier to understand and digest. You can 14 really highlight progress and challenges and 15 equities. And these are just a couple kind 16 of sample graphics. 17 All that being said, I want to note 18 that you don't have to do this. And you 19 definitely don't have to do this early on. 20 And I think a lot of this depends on the kind 21 of staff you have, the kind of expertise you 22 have in-house. And you're going to see when 23 I go through the state examples that some 24 states have highly graphical frameworks and 25 data reporting and some don't. And I think	
1 quality checking data than you actually do 2 looking at what it means. 3 I think it also tends to kind of 4 overstate normal fluctuations in the data, 5 and it highlights data anomalies that you 6 might never really totally understand why 7 they happen, and it probably doesn't matter 8 in some cases. You know, it's just sort of a 9 misplaced attention on the short term, and 10 sometimes it can mean that you're not really 11 thinking about the long-term strategies. 12 And then I think something that's 13 really, again, my experience as a state 14 analyst is stakeholders are going to ask you 15 about blips in the data that they see. They 16 typically don't really like to accept the 17 answer that, "You know, it's a data anomaly; 18 we don't really know." If you look at the 19 trend over time, it doesn't mean that much. 20 You just might spend a lot of time answering 21 questions on things that are not meaningful. 22 So I think a longer time period is 23 probably better. And you know, one thing 24 that we've suggested to other states is maybe 25 you have monthly indicators that you produce	50	1 it just really depends on your capacity. 2 So, you know, one thing, before I 3 move to considerations, is the data gaps. 4 You know, once you've picked your audience 5 and you're focused and you've got your goals 6 and your measures, it is very possible that 7 you're going to see, when you kind of map 8 your final list of measures back to your 9 goals, which I recommend that you do, that 10 there are places where there's just not a lot 11 of data to inform a goal that you have. 12 A couple areas where, in the past in 13 other states, there have been some gaps is 14 transitions and churn, because that requires 15 a level of analysis that isn't always 16 available to state. There's often not a lot 17 of good information within the Exchange about 18 off-Exchange enrollees or the potential 19 eligibles; that's often where you have to 20 look for a different source of data. 21 Provider and system capacity and 22 then also consumer experience; you know, 23 obviously, through call center metrics, 24 you're going to have some information on 25 customer experience, but typically it's not	52

Conducted on June 21, 2022

	53		55
<p>1 super rich. So there are definitely ways you 2 can collect that data outside of the 3 Exchange, through surveys; you know, we've 4 worked with a number of states on 5 internet-based enrollee and disenrollee 6 surveys. You can do qualitative data 7 collection, you know, interview enrollees, 8 for example.</p> <p>9 And then also think about enlisting 10 support from others. So data from other 11 agencies, like I said, leveraging federal 12 surveys; you know, for example, to think 13 about your potentially eligible group, 14 looking to assisters and brokers, either 15 through data collection requirements that you 16 put on them as a condition of participation 17 or grants, or just by talking to them and 18 doing some sort of informal interviews with 19 them.</p> <p>20 One thing I would note is this 21 doesn't have to happen right away. If you 22 identify a gap, consider filling the gap in a 23 future phase of your evaluation and 24 monitoring. Keeping things manageable is so 25 important early on. And this kind of thing</p>		<p>1 rapidly, because they know who to talk to, 2 where, and which agency, if they're trying to 3 respond to a data request. And then more of 4 a pie in the sky ideal is just developing a 5 broader vision for how each agency can 6 contribute to a bigger health policy picture.</p> <p>7 You mentioned -- Keven mentioned 8 stakeholder leveraging. It sounds like 9 that's already underway at a high level. I'd 10 also suggest leveraging stakeholders when it 11 comes to this monitoring or evaluation or 12 data dashboarding. You know, information 13 from any monitoring plan can be great for 14 stakeholders. They can be champions or 15 critics with this data. So engaging them 16 early can really help them, I think, be 17 champions.</p> <p>18 And you know, if you're going to 19 develop sort of a feedback or monitoring or 20 have a decision with stakeholders about this, 21 the only thing that I'd recommend is that you 22 definitely give them something to react to 23 first and set clear boundaries. I think if 24 you go to a stakeholder and you say, "What do 25 you want to know," it's going to be a pretty</p>	
<p>1 doesn't happen right away; I just recommend 2 documenting it and not forgetting about it.</p> <p>3 I want to run quickly through just 4 some considerations based on our work with 5 other states. You know, we really recommend 6 that the Exchange coordinating with other 7 agencies, you know, Medicaid is obviously the 8 most obvious one in this case, mainly because 9 you avoid duplication. If you're getting the 10 same data requests from one group, you can, 11 you know, hopefully one of you can field it, 12 if it's similar. You avoid data 13 discrepancies.</p> <p>14 I remember, early on, a state coming 15 to us, and they kept -- Medicaid kept putting 16 on enrollment and the Marketplace kept 17 putting on enrollment like a day later, and 18 they would differ. And then they were 19 accused of, you know, misreporting. And it 20 really was just that one was reporting mid 21 month and one was reporting at the end of the 22 month enrollment dates. So just talking and 23 coordinating on that can go a long way to 24 avoid confusion.</p> <p>25 It also helps analysts respond more</p>	54		56
		<p>1 long list.</p> <p>2 So I'd recommend sort of doing some 3 of that early thinking well in advance of 4 talking to stakeholders is important.</p> <p>5 And then finally, don't reinvent the 6 wheel. I think Keven put this just 7 perfectly: There's other states that have 8 done this, they do it well, and they have 9 great ideas. So I'm just going to jump right 10 into some of the state examples, with the 11 full disclosure that this is a completely 12 random list.</p> <p>13 You know, I tried to just pick 14 states where they did a couple interesting 15 things. We worked with some of these states; 16 we haven't worked with others. And this is 17 not limited to, like, the absolute best or 18 the worst; just a quick sampling.</p> <p>19 So in terms of variation, you're 20 going to see a lot of the same metrics, you 21 know, call center metrics, enrollment broken 22 out in different ways, financial assistance 23 broken out in different ways. But the 24 breadth of information released really varies 25 by states. The method of release goes from,</p>	

Conducted on June 21, 2022

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1 you know, formal reports that clearly took a 2 ton of time to make and presentations to the 3 board all the way to press releases and 4 Twitter. I mean, it totally varies. And 5 also the level of graphic visualization 6 varies a lot as well.		1 couple of images pulled from these reports, 2 so, you know, enrollment by race, ethnicity, 3 and some county level information. 4 Covered California is interesting in 5 that it is not very visual in its sort of 6 general and periodic reporting. So they've 7 put out reams of information; it's almost 8 overwhelming, but it's awesome if you're an 9 analyst. So it's enrollment and financial 10 information disaggregated a huge number of 11 ways, region, county, ZIP code, legislative 12 district. 13 They also have net plan, selection 14 profiles, and active member profiles. And I 15 think what's really interesting is, instead 16 of investing a lot of time and energy into 17 super sophisticated graphics, they put a 18 bunch of this data out in Excel format, so 19 big, huge multi-tabbed Excel spreadsheets 20 that a media person or a stakeholder or a 21 researcher can sort of take that data and do 22 what they want with it. 23 That said, they also, on the flip 24 side, have these special reports that they 25 often put out on topics of interest. So this	
7 So Nevada Health Link typically puts 8 out information just via press release. So 9 it's basic enrollment data. Typically, it's 10 data on enrollment and a little bit of 11 information on financial assistance. It's a 12 press release; it does the job, gives people 13 what they need to know. You know, I think 14 that that's totally one way of approaching 15 this. 16 Then you have a state like 17 Minnesota, the MNsure dashboard. MNsure has 18 been putting out metrics I think to their 19 boards, so they basically present this 20 dashboard to their board of directors every 21 month. They've had almost the same metrics 22 every month since 2014. 23 They're not super fancy, but there's 24 a lot of them; there's a lot of measures. 25 And they're available online as a static PDF.	58	1 would be a really interesting thing if you 2 have a data gap. So maybe you don't want to 3 report -- you're interested in consumer 4 assistance and enrolling experience as a 5 goal, but you don't have time, energy, 6 resources to talk about it monthly or even 7 biennially. Maybe you do one annual report 8 and see how it gets received. 9 So they've recently done reports on 10 coverage transitions and churn. They've done 11 some news releases featuring more specific 12 data on Hispanics and black and 13 African-American consumers. And then they 14 also do have an annual member survey every 15 year as well. 16 And this, I don't know if you can 17 see it, but the top visual just gives you a 18 sense for like what one of the Excel 19 spreadsheets looks like. So it's just really 20 a ton of data, but in a not super visual way, 21 which is a pretty interesting way of 22 approaching this. 23 And then Connect for Health 24 Colorado, they also put out -- they have what 25 they call a monthly Marketplace dashboard.	60
1 So there's applicants, financial assistance, 2 enrollment by trend, region and carrier; 3 there's some information on contact centers, 4 life events and appeals. And this is just 5 like a snapshot of some of the slides. You 6 can see, they have some data visualization, 7 but it's not incredibly sophisticated. They 8 also have some tables. And this is just a 9 series of five or six slides in a deck every 10 month. 11 The Washington Health Benefit 12 Exchange has a much more visual approach. So 13 they have -- there's still reports, so it's 14 not like an online or interactive format. 15 But they're very, very visually attractive 16 and they have a ton of detailed 17 disaggregation. So they put out spring and 18 fall reports and special enrollment reports. 19 I think, notably, they have a lot of 20 detail on enrollment. So that includes age, 21 race, household size, sex assigned at birth, 22 immigration status. And then they have a 23 whole section of their report only devoted to 24 trend data as well for a subset of the 25 measures. This is, again, you know, just a			

Conducted on June 21, 2022

	61		63
1 It has a fairly limited number of metrics. 2 But what I find really interesting about it 3 is they actually, next to the metric, they 4 put some narrative text, which situates the 5 most recent data point within the context of 6 their benchmark. And I'll show you that in a 7 second. They have prominent and clear 8 definitions as part of that.		1 group has thought about goals or if there's 2 states that looked interesting or states 3 you're already looking at. 4 MS. KUSIAK: We're just beginning 5 our process, but this has been extremely 6 helpful. I think we will start small, 7 because I've done this before, and I think 8 that we can get very audacious and fall on 9 our face. But I sure hope you can help us 10 along our journey.	
9 And then as part of their annual 10 report, they also release interactive county 11 maps, which are really cool, created through 12 an Excel product. So you can see, you know, 13 I can't do it here, but you can click on that 14 map, drill down into counties and get more 15 information on financial assistance.		11 MS. LUKANEN: Yeah, absolutely. 12 This, like I said, was kind of a 13 quick-and-dirty, some state examples, but we 14 are happy to do a more systematic review of 15 what other states are doing. Because like I 16 said, it's always the best place to start.	
16 The Marketplace dashboard, you can 17 see here they have pretty simple images, just 18 a handful of data points, and then some text 19 on the right; talks about how to 20 contextualize those numbers, which I think is 21 pretty interesting.		17 CHAIR CORLETTTE: Yeah, we definitely 18 have our work cut out for us.	
22 I flew through that in the interest 23 of time. And I did include my contact 24 information. Let's see if I can figure out 25 how to stop sharing here. There we go.		19 Any other questions, comments, deep 20 thoughts? 21 All right. Well, Elizabeth, thank 22 you to SHADAC. Thank you to the Robert Wood 23 Johnson Foundation and the State Health and 24 Value Strategies Project. We really, really 25 appreciate your time today. And I think this	
1 I'll take a breath, see if there's 2 questions, comments, places, you know, more 3 information, if there's ways SHADAC can help. 4 Looks like maybe Sabrina, you had your hand 5 up?	62	1 is just the perfect grounding for the work, 2 actually, I think Julie, for both 3 subcommittees, I would imagine. 4 MS. KUSIAK: Right.	64
6 CHAIR CORLETTTE: Yeah. That was 7 fantastic; really, really helpful 8 presentation. Thank you. I did just want to 9 ask, you had mentioned that there may be data 10 collection and analytics that you do solely 11 for internal or operational purposes. It 12 sounds like what you were showing us from the 13 other states was really what they decided to 14 share externally, but there may be a whole 15 other level of data that they are using 16 internally; is that correct?		5 CHAIR CORLETTTE: So stay tuned for 6 more from our subcommittee leads, our next 7 step with that. And if you haven't already 8 volunteered for one of those subcommittees, 9 it's never too late to do so. So feel free 10 to reach out to me and Julie and Jane for 11 that.	
17 MS. LUKANEN: Absolutely. I did the 18 public because I think that when we spoke, 19 there was some interest on your end, Sabrina, 20 that this might be public. And those just 21 tend to be easier to find more up to date. 22 So yeah, that is the public reporting that 23 they do.		12 So let's see. I think, am I right, 13 Holly, we do not have any comments from the 14 public? Or should we ask if we have any 15 comments from the public at this point?	
24 CHAIR CORLETTTE: Great. Thank you. 25 MS. LUKANEN: So I don't know if the		16 MS. MORTLOCK: We did not have 17 anyone signed up to make public comments. 18 And people do need to register in advance of 19 the meeting.	
		20 CHAIR CORLETTTE: That's right. 21 Okay. So in the absence of any public 22 comments, I think just in terms of a couple 23 of business items, like I said, I along with 24 maybe a couple others had some technical 25 difficulties during the closed session, so	

Transcript of Advisory Committee Meeting

17 (65 to 68)

Conducted on June 21, 2022

	65		67
1 again, I'll just say if you were one of those 2 people, just reach out to me and I will 3 connect us all back to Holly to make sure 4 that we can get the information that we may 5 have missed.		1 well as mine and Keven's. And I'll leave it 2 to Keven if you'd like to say anything else. 3 MR. PATCHETT: I would just simply 4 echo Holly's appreciation. We really do 5 appreciate your engagement and are looking 6 forward to continuing to work together.	
6 And then I do want to just, before 7 we go to other business and committee dates, 8 I just want to ask, are there any 9 comments/questions about not only Elizabeth's 10 presentation but other items that were 11 presented or discussed today?		7 CHAIR CORLETTE: Great. Thank you. 8 And I also want to say, Keven, thank you for 9 stepping up here. You've got big shoes to 10 fill, but I can already tell that you're 11 filling them quite ably. And I feel I can 12 sleep well at night knowing that you are at 13 the helm. So thank you for your service.	
12 MR. BIEDRYCKI: I would love a copy 13 of that special meeting slide deck. I 14 thought that data was an overwhelming 15 affirmation of the struggles that we go 16 through in the various subsets of the state. 17 And with the six distinctive health markets 18 that operate in Virginia, I think that that 19 Reingold slide deck does a whole lot to help 20 us prepare for the barriers of complexity 21 that the consumer has already acknowledged as 22 being in place. So high five on that. And 23 I'd love a copy, if there's one that I could 24 get.		14 I think with that, I'd like to move 15 to adjourn. Can I get a second? 16 MS. KUSIAK: I'll second. 17 CHAIR CORLETTE: All right. So all 18 in favor of adjourning our Advisory Committee 19 meeting today? (The ayes have it.)	
25 CHAIR CORLETTE: Great. Thank you,		20 Thank you all. Have a good evening. 21 (Meeting adjourned at 3:54 p.m.)	
	66		68
1 Lee. And I will defer to Holly and the 2 Exchange folks on that. 3 Any other comments or questions? 4 Okay. Well, moving on to the next 5 steps or other business. You should, I 6 believe, have in your calendar or have gotten 7 the calendar invitations for our third and 8 fourth quarter Committee meeting dates; 9 that's September 15th and December 1st. 10 If for any reason you did not, let 11 Holly and Whitney know. And then all 12 meetings will be held from 2 to 4 p.m. 13 Holly, Keven, are there any other 14 comments or thoughts that you-all would have? 15 MS. MORTLOCK: Sabrina, no. Thank 16 you. I just wanted to thank the presenters 17 that came to our meeting today and just all 18 of the work and planning that went into that. 19 I think that was very helpful and enriching 20 for the group and for us to see as well. 21 Just thank you all very much for your 22 engagement. 23 And of course, if you have any 24 questions or would like to contact us, 25 there's Sabrina and Jane's information as		1 CERTIFICATE OF REPORTER 2 3 I, Ruth A. Levy, RPR, do hereby certify that 4 the proceedings were heard remotely before me in 5 the State Corporation Commission meeting herein; 6 further that the foregoing is a true and accurate 7 record of the testimony and other incidents of the 8 meeting herein; and that I am neither counsel for, 9 related to, nor employed by any of the parties to 10 this case and have no interest, financial or 11 otherwise, in its outcome. 12 Given under my hand, this 1st day of July, 13 2022. 14 15 16 17 18 19 20 21 Notary Public, Commonwealth of Virginia 22 My Commission Expires August 31, 2022 23 Notary Registration No. 224511	



Ruth A. Levy, RPR

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

18

A	absence	actually	affect
ability	64:21	3:11, 6:8, 8:2,	26:5
41:10	absolute	8:16, 31:22,	affirmation
able	56:17	35:21, 40:15,	65:15
7:1, 10:1, 17:7, 19:5, 21:9, 21:12	absolutely	40:21, 41:23,	affordability
	12:2, 17:4, 62:17, 63:11	46:24, 49:21,	39:20
ably	accept	50:1, 61:3, 64:2	affordable
67:11	50:16	actuary	34:2
abort	access	21:6	african-american
46:22	22:20, 33:14	ad	60:13
about	accomplished	49:16	after
6:10, 8:6, 10:18, 11:15, 14:15, 16:11, 19:19, 21:13, 21:16, 21:20, 22:12, 22:21, 22:25, 23:3, 23:8, 23:23, 30:13, 32:22, 33:15, 33:20, 34:12, 34:23, 34:24, 36:1, 36:7, 37:1, 37:19, 38:13, 38:19, 39:1, 39:5, 39:9, 40:4, 40:6, 40:14, 41:1, 41:4, 41:7, 41:24, 42:20, 42:25, 43:8, 43:24, 44:3, 44:18, 44:22, 46:4, 46:7, 46:23, 47:11, 47:15, 48:1, 48:5, 48:11, 48:13, 48:22, 48:23, 50:11, 50:15, 51:8, 52:17, 53:9, 53:13, 54:2, 55:20, 60:6, 61:2, 61:19, 63:1, 65:9	add	7:5, 39:7, 47:14	
	account	12:10, 28:2,	afternoon
	31:12	42:16	5:25, 20:1,
	accountable	addition	33:1
	40:20	8:9	again
	accounts	additional	3:7, 5:13,
	12:13	22:24, 24:19,	12:6, 12:23,
	accurate	45:17	21:17, 36:6,
	68:6	address	46:11, 50:13,
	accused	26:19	51:3, 58:25,
	54:19	adjourn	65:1
	achieve	6:18, 67:15	age
	20:18, 32:23, 39:12	adjourned	39:3, 44:9, 45:15, 47:18,
	acknowledged	67:21	58:20
	65:21	adjourning	agencies
	across	67:18	15:25, 24:22,
	36:5, 36:6	administration	36:7, 53:11,
	act	23:2	54:7
	34:3	admirable	agency
	acting	40:17	37:11, 47:11, 48:18, 55:2,
	2:5, 2:17, 4:4, 8:1	admit	55:5
	active	45:3	agenda
	7:18, 59:14	ado	3:9, 3:12, 6:5, 6:6, 9:6
	activities	32:18	agents
	7:25, 8:15, 10:7, 11:8, 44:20	advance	15:23
	activity	9:11, 56:3, 64:18	agreement
	21:15, 21:22, 29:23	adversely	35:25
	actual	26:5	ahead
	39:23	advisory	6:4, 28:8
		1:7, 2:22, 3:4, 3:6, 6:25,	align
		25:10, 27:25, 28:19, 30:5, 38:4, 67:18	45:19, 47:13, 49:5
		affairs	all
		8:15	3:5, 3:7, 3:18,

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

19

9:3, 14:11, 15:1, 16:23, 17:8, 17:10, 17:25, 19:11, 21:15, 23:25, 24:13, 24:17, 29:20, 32:2, 32:16, 32:17, 34:3, 36:14, 41:15, 48:5, 51:17, 57:3, 63:21, 65:3, 66:11, 66:17, 66:21, 67:17, 67:20 all-hands-on-deck 24:23 allow 24:16 allowing 13:8 almost 57:21, 59:7 along 8:13, 10:25, 24:22, 63:10, 64:23 already 46:12, 47:7, 55:9, 63:3, 64:7, 65:21, 67:10 also 2:20, 4:3, 12:6, 13:25, 14:9, 14:17, 20:24, 21:23, 22:14, 23:4, 26:1, 26:19, 31:10, 32:21, 35:14, 36:10, 36:13, 38:19, 41:24, 42:18, 43:25, 44:7, 44:16, 45:1, 45:7, 47:9, 50:3, 51:4, 52:22, 53:9,	54:25, 55:10, 57:5, 58:8, 59:13, 59:23, 60:14, 60:24, 61:10, 67:8 although 9:25, 24:4, 34:25 always 34:21, 41:13, 49:18, 52:15, 63:16 amount 36:25 ample 39:17 analysis 6:15, 33:24, 52:15 analyst 36:9, 50:14, 59:9 analysts 54:25 analytic 41:9 analytics 62:10 announced 7:4 announcement 7:2 announcements 6:7, 6:20, 6:22 annual 43:16, 43:23, 51:3, 60:7, 60:14, 61:9 annually 9:19 anomalies 50:5 anomaly 50:17 another 14:1, 22:4, 24:14, 28:25, 31:6, 38:25,	47:11, 48:17, 49:7 answer 50:17 answering 50:20 anticipate 30:4 anticipating 16:10 any 16:16, 21:16, 22:17, 22:24, 25:9, 28:20, 31:11, 55:13, 63:19, 64:13, 64:14, 64:21, 65:8, 66:3, 66:10, 66:13, 66:23, 68:9 anybody 28:13 anyone 64:17 anything 32:2, 67:2 appeals 44:19, 58:4 applicants 12:18, 58:1 application 20:14 applications 11:4, 44:4 apply 15:16 appointed 4:19, 26:24 appointees 25:24 appointment 25:21 appreciate 35:17, 63:25, 67:5 appreciation 67:4 approach 12:4, 30:11,	32:20, 58:12 approaching 57:14, 60:22 appropriate 31:5, 47:9 approved 20:15 approximately 20:18 area 11:25 areas 11:12, 39:16, 48:6, 52:12 arise 25:15 around 30:9, 37:3 arpa 20:21, 21:17, 23:10 aside 7:21 asked 8:7, 34:22 assembly 20:25 assigned 8:12, 44:10, 58:21 assignment 25:21 assistance 11:1, 13:1, 33:14, 33:22, 34:16, 56:22, 57:11, 58:1, 60:4, 61:15 assistors 31:1, 53:14 attempting 40:23 attention 19:15, 50:9 attorney 8:22 attractive 58:15
---	---	---	--

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

20

audacious 63:8	ayes 67:19	become 7:10	50:23
audience 34:13, 37:12, 37:19, 41:1, 51:10, 52:4	B	becomes 30:22	biannual 51:2
audio 32:6	back 6:19, 12:16, 17:25, 19:18, 24:25, 25:6,	been 7:1, 8:2, 8:16, 18:24, 19:25, 24:5, 30:2,	biedrycki 2:7, 5:1, 5:3, 27:7, 29:8, 65:12
audit 9:18	28:7, 48:4, 52:8, 65:3	32:10, 33:20, 52:13, 57:18, 63:5	biennial 43:25, 44:16
auditors 9:23	backbone 10:13	before 15:13, 15:23, 16:10, 18:3, 28:11, 33:15, 39:22, 41:20, 52:2, 63:7, 65:6, 68:4	biennially 60:7
august 68:22	baseline 36:20	began 8:4	big 59:19, 67:9
available 30:23, 31:3, 49:19, 52:16, 57:25	basic 57:9	begin 11:13, 24:7, 24:25	bigger 55:6
average 42:7	basically 42:9, 57:19	beginning 10:17, 35:22, 63:4	biggest 18:1, 43:15
avoid 54:9, 54:12, 54:24	basis 44:24	behind 29:21	birth 44:10, 58:21
avoids 36:3	bataille 2:6, 4:23, 4:24, 27:5, 29:6, 29:25	being 18:16, 34:15, 35:11, 51:17, 65:22	bit 19:19, 21:12, 23:2, 23:19, 29:21, 32:4, 33:17, 34:24, 36:7, 37:3, 38:15, 39:7,
avula 4:11, 4:12	bear 33:3	believe 5:15, 23:16, 23:17, 28:24, 66:6	41:4, 42:25, 44:17, 45:14, 48:11, 49:3, 51:13, 57:10
award 9:13, 10:11	beatty 2:18, 4:14	benchmark 21:2, 61:6	bittersweet 6:24
aware 20:8	because 12:1, 15:1, 18:18, 24:6, 30:20, 39:24, 42:8, 43:1, 43:20, 49:18, 49:21, 52:14, 54:8, 55:1, 62:18, 63:7, 63:15	benefit 1:6, 18:15, 58:11	black 60:12
awareness 20:23		benefits 21:1, 49:10, 49:21	blips 50:15
away 15:3, 53:21, 54:1		best 35:13, 56:17, 63:16	board 30:5, 57:3, 57:20
awesome 59:8		better 18:10, 37:5,	boards 57:19
aye 27:1, 27:3, 27:5, 27:7, 27:11, 27:14, 27:16, 27:20, 27:22, 29:2, 29:4, 29:6, 29:8, 29:10, 29:12, 29:14, 29:16, 29:18			boat 28:13

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

21

boundaries 55:23	21:3	case 54:8, 68:10	challenges 17:1, 19:11,
bracing 21:15	business 64:23, 65:7, 66:5	cases 45:22, 50:8	22:19, 49:20,
brain 41:15	busy 9:8	castro 5:5, 27:8, 27:11	51:14
brand-new 40:8, 42:14	C	center 8:8, 10:12, 11:2, 11:18, 13:1, 33:15, 33:19, 44:5, 52:23, 56:21	champions 55:14, 55:17
breadth 56:24	calculating 46:18	centers 42:11, 46:7, 58:3	change 22:21
breakdowns 45:15, 45:17, 48:20	calculation 20:22	ceos 15:24	changed 18:24, 20:6
breakout 28:1	calendar 66:6, 66:7	certainly 14:7, 25:16, 30:24, 43:12, 48:11, 49:3	changes 31:13
breath 62:1	california 59:4	certificate 68:1	changing 31:8
brief 19:23, 29:23	call 3:16, 3:19, 6:3, 8:8, 10:11, 11:18, 13:5, 34:5, 37:23, 42:11, 42:14, 44:5, 46:7, 52:23, 56:21, 60:25	certification 28:9	charlottesville 8:21
briefly 11:24	campaign 31:12	certify 28:18, 68:3	chart 51:12
brings 14:5	can't 16:15, 33:6, 61:13	chair 2:3, 2:4, 3:2, 3:3, 3:25, 4:3, 4:8, 4:17, 4:23, 5:1, 5:4, 5:10, 5:12, 5:15, 5:21, 5:24, 6:1, 23:7, 23:21, 25:7, 26:10, 27:1, 28:10, 28:24, 29:2, 29:20, 31:20, 32:16, 33:5, 62:6, 62:24, 63:17, 64:5, 64:20, 65:25, 67:7, 67:17	checking 50:1
broad 51:10	cannot 14:8	chaired 31:21	cheryl 2:17, 4:5, 4:6
broad-based 41:3	capacity 34:6, 41:10, 52:1, 52:21	challenged 32:5	chief 2:21, 8:23, 14:3
broader 55:5	care 34:3		chip 45:2, 45:6, 45:22, 46:1
broken 56:21, 56:23	career 8:20		choice 39:17
brokers 15:24, 53:14	carrier 58:2		choices 34:3
brought 9:14	carriers 13:20, 13:22, 15:23, 23:14		choose 31:9, 37:12, 41:5, 41:20, 47:4, 47:19
budget 21:3			choosing 46:15
build 15:5, 41:18			churn 47:1, 52:14, 60:10
building 7:14, 13:16, 14:9, 15:20			clarify 26:17, 26:21
bunch 59:18			cleanup 24:19
burden 49:22			clear 35:1, 55:23, 61:7
bureau 2:18, 4:15,			

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

22

clearly	coming	concerns	continue
57:1	30:17, 31:7,	46:4	9:23, 14:22,
click	54:14	condition	18:8, 21:8,
61:13	comment	53:16	21:21
close	22:8	conducted	continued
16:21	comments	1:12	21:19
closed	6:17, 62:2,	conference	continues
6:9, 25:19,	63:19, 64:13,	18:22	9:11, 22:15
26:22, 26:25,	64:15, 64:17,	confusion	continuing
28:4, 28:18,	64:22, 65:9,	54:24	9:14, 18:10,
28:21, 64:25	66:3, 66:14	connect	67:6
closely	commission	60:23, 65:3	continuity
24:21	1:2, 7:25, 8:5,	consider	40:10
closing	8:6, 8:7, 68:5,	17:9, 30:14,	contract
22:5	68:22	43:6, 48:21,	9:13, 10:11,
cms	commissioner	49:8, 53:22	14:10, 26:3
9:19, 11:20,	4:8, 4:9, 4:11,	considerations	contribute
18:17, 19:12,	4:12, 4:13, 4:16	35:2, 37:14,	33:11, 55:6
19:15, 23:24,	committee	52:3, 54:4	convenient
24:15, 45:18,	1:7, 2:22, 3:4,	considering	18:11
47:18	3:6, 6:25,	21:1, 42:19	convening
code	25:10, 25:19,	consistency	21:4
25:25, 26:6,	27:25, 28:19,	36:5	conversation
59:11	38:4, 65:7,	consistently	30:11
coffin	66:8, 67:18	17:20	conversations
40:24	commonwealth	consumer	14:22, 21:20,
colleagues	1:1, 7:6,	11:1, 13:1,	21:24
25:12	13:20, 16:1,	22:2, 23:8,	conveyed
collect	16:14, 68:21	23:13, 29:24,	17:20
53:2	communication	31:7, 52:22,	cool
collecting	23:9	60:3, 65:21	23:21, 61:11
33:20, 42:21	communications	consumer-level	coordinating
collection	8:14, 31:7,	30:19	54:6, 54:23
6:15, 36:4,	31:12	consumers	coordination
53:7, 53:15,	competition	12:6, 12:14,	8:10
62:10	26:2	15:25, 22:21,	copy
colorado	complete	38:10, 39:17,	65:12, 65:23
60:24	7:15, 10:19,	44:3, 60:13	core
come	18:7	contact	10:21, 11:4,
17:25, 20:11,	completely	16:21, 16:24,	17:21
34:22, 35:3,	56:11	58:3, 61:23,	corlette
35:25, 37:7,	completes	66:24	2:3, 3:2, 3:3,
37:15, 40:11,	6:2	context	3:25, 4:3, 4:8,
46:18, 49:18	complexity	61:5	4:17, 4:23, 5:1,
comes	65:20	contextualize	5:4, 5:10, 5:12,
48:1, 55:11	complicated	61:20	5:15, 5:21,
comfortable	47:1	continuation	5:24, 6:1, 23:7,
16:20, 35:9	concerned	21:16	23:21, 25:7,
	22:18, 40:4		

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

23

26:10, 27:1, 28:10, 28:24, 29:2, 29:20, 31:20, 32:16, 33:5, 62:6, 62:24, 63:17, 64:5, 64:20, 65:25, 67:7, 67:17 corporation 1:2, 8:5, 68:5 correct 5:17, 5:19, 26:14, 62:16 could 3:18, 17:2, 38:11, 49:16, 65:23 couldn't 40:21 counsel 8:5, 68:8 counties 61:14 county 59:3, 59:11, 61:10 couple 6:9, 9:8, 9:9, 9:16, 13:13, 35:5, 51:15, 52:12, 56:14, 59:1, 64:22, 64:24 course 11:13, 17:1, 22:22, 31:13, 66:23 coverage 40:10, 48:24, 60:10 covered 59:4 create 35:19, 41:12 created 61:11 critical 12:2, 13:14,	17:4 critics 55:15 culturally 31:4 cunningham 2:8, 5:7, 5:8, 27:13, 27:14, 29:11, 29:12 currently 12:9, 17:11 customer 11:4, 31:4, 52:25 customers 30:21 customized 41:12 cut 63:18 cycle 31:14	48:16, 49:13, 49:16, 49:19, 50:1, 50:4, 50:5, 50:15, 50:17, 51:7, 51:9, 51:25, 52:3, 52:11, 52:20, 53:2, 53:6, 53:10, 53:15, 54:10, 54:12, 55:3, 55:12, 55:15, 57:9, 57:10, 58:6, 58:24, 59:18, 59:21, 60:2, 60:12, 60:20, 61:5, 61:18, 62:9, 62:15, 65:14 date 62:21 dates 54:22, 65:7, 66:8 day 7:7, 22:8, 24:7, 46:25, 54:17, 68:12 days 24:1, 24:4 deal 12:1 december 8:11, 66:9 decided 62:13 deciding 39:10 decision 55:20 decision-making 33:25, 38:2 decisions 11:15, 34:3 deck 58:9, 65:13, 65:19 deep 63:19	defer 66:1 define 47:25 definitely 13:23, 49:11, 49:15, 51:19, 53:1, 55:22, 63:17 definition 46:17, 47:13, 47:14 definitions 45:21, 47:7, 61:8 delighted 3:5, 32:18 demographics 44:9, 44:15 demotion 25:22 denominator 47:2 department 22:7 depends 39:14, 47:21, 51:20, 52:1 deputy 2:15, 3:22, 13:18, 14:1, 23:1, 33:13 design 11:14, 11:22 designee 27:9 desired 32:23 detail 38:17, 43:12, 44:13, 51:3, 58:20 detailed 11:11, 58:16 determinations 44:4, 46:8 determine 37:12
--	---	--	--

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

24

develop 16:5, 21:7, 55:19	disclosed 26:4	29:13	economist 36:10
developed 41:11	disclosure 56:11	40:2, 61:14	economists 34:9
developing 7:15, 51:6, 55:4	discrepancies 54:13	36:24	education 22:2, 29:24
devoted 58:23	discuss 25:20, 28:20	44:25	effort 15:15, 24:23
devoting 7:20	discussed 39:16, 65:11	44:25	efforts 8:9, 8:10, 24:24
differ 54:18	discussing 26:18, 30:8	11:20, 12:7	either 36:20, 38:11, 48:17, 53:14
different 15:11, 37:22, 48:6, 49:1, 52:20, 56:22, 56:23	discussion 25:15, 33:11, 35:21, 39:15	due 21:10	election 5:17
differently 15:2	discussions 37:9, 40:5	duplication 36:4, 54:9	electronically 30:4
difficulties 28:12, 64:25	disenrollee 53:5	during 11:9, 12:11, 17:3, 28:12, 28:18, 64:25	elements 11:16
digest 51:13	distinctive 65:17	E	elevated 39:2
direct 11:3	district 59:12	e-commerce 10:25	eligibility 24:8, 24:17
directly 30:22, 41:21	dive 6:4, 9:6	e-mail 11:3, 28:14	eligible 53:13
director 2:5, 2:17, 4:5, 6:8, 8:1, 14:1, 23:1, 33:13	dmas 2:17, 4:5, 11:20, 12:7, 23:2	each 11:18, 42:1, 55:5	eligibles 52:19
director's 9:2	document 47:10	early 16:8, 36:16, 38:13, 40:18, 42:3, 42:5, 49:10, 51:19, 53:25, 54:14, 55:16, 56:3	elizabeth 2:8, 27:13, 31:23, 32:2, 32:18, 32:24, 33:12, 63:21
directors 13:18, 14:24, 57:20	documenting 54:2	ease 19:5	elizabeth's 65:9
disaggregate 49:4	doing 32:8, 33:10, 34:25, 53:18, 56:2, 63:15	easier 42:23, 51:13, 62:21	else 28:13, 67:2
disaggregated 44:8, 44:12, 45:12, 59:10	don 2:18, 4:14, 4:18	easiest 48:22	emergency 22:15, 23:24, 24:2, 24:10, 46:3
disaggregation 45:13, 47:16, 47:17, 49:2, 49:6, 58:17	done 4:2, 11:22, 35:3, 56:8, 60:9, 60:10, 63:7	easy 32:14	emphasis 18:13
disciplining 25:23	doug 2:9, 5:10, 5:13, 27:15,	echo 67:4	emphasize 30:25
			employed 68:9
			employees 25:24

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

25

end 10:16, 12:25, 16:15, 24:1, 24:12, 46:3, 54:21, 62:19	equities 51:15 equity 39:1 essential 21:1 essentially 10:25 est 1:14 establish 36:19 etc 34:14, 39:4, 39:20, 44:6, 44:11, 48:25 ethnicity 44:9, 59:2 evaluation 9:10, 34:10, 37:21, 38:22, 53:23, 55:11 even 18:6, 36:6, 47:19, 60:6 evening 67:20 events 58:4 every 14:19, 17:24, 20:10, 31:14, 44:11, 49:4, 49:13, 51:1, 57:20, 57:22, 58:9, 60:14 everybody 32:25 everybody's 15:11 everyone 4:24, 5:9, 16:19, 26:18, 28:6, 29:19 everything 17:7 evolutionary 18:9	evolving 31:10 ex-officio 2:14, 4:4 exact 31:24 example 42:4, 46:21, 47:1, 53:8, 53:12 examples 35:5, 39:13, 51:23, 56:10, 63:13 excel 59:18, 59:19, 60:18, 61:12 exchange 1:6, 6:8, 6:15, 7:9, 7:10, 7:16, 7:24, 8:3, 8:15, 9:9, 9:19, 10:13, 11:5, 12:14, 14:4, 14:20, 14:24, 14:25, 15:1, 17:15, 18:9, 18:16, 19:1, 28:15, 30:21, 33:16, 34:23, 35:24, 38:19, 39:11, 40:7, 40:15, 41:22, 45:4, 45:22, 48:14, 48:17, 52:17, 53:3, 54:6, 58:12, 66:2 exchanges 17:16, 32:11, 40:18, 42:5, 43:21 excited 49:14 exciting 20:2, 33:10, 34:7 exist 17:16, 30:20	existing 12:13, 42:22 expand 41:14 expect 9:16, 24:9, 31:17 expecting 20:17 expeditiously 3:13 experience 13:5, 13:19, 14:6, 14:7, 14:15, 15:13, 39:18, 50:13, 52:22, 52:25, 60:4 experienced 19:11 experiences 16:13 expertise 51:21 experts 34:10 expiration 21:17 expire 24:3 expires 68:22 expressed 18:23 extended 22:3, 24:5, 24:10 extension 24:14 external 8:14, 41:2 externally 62:14 extremely 63:5 <hr/> F <hr/> face 63:9
---	---	---	--

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

26

factored	few	58:9, 65:22	67:6
20:22	6:21, 9:16,	flew	found
fairly	16:4, 20:12,	61:22	35:18, 37:2,
3:12, 61:1	28:1, 28:2,	flip	49:23
fall	30:7, 30:16,	59:23	foundation
10:17, 13:11,	39:13, 39:16	flows	7:13, 13:17,
21:12, 58:18,	field	42:15	34:19, 63:23
63:8	54:11	fluctuations	fourth
falling	figure	50:4	66:8
46:4	51:11, 61:24	focus	frame
familiar	file	11:12, 12:1,	43:7, 47:20
12:10	9:20	17:21, 22:4,	framework
family	filed	30:25, 33:21,	35:20, 37:21,
7:20, 22:5	9:19	34:15, 37:12,	37:24, 37:25,
fancy	fill	39:6, 39:9,	51:7
57:23	67:10	39:25, 43:18,	frameworks
fantastic	filling	48:8, 48:16	51:24
31:20, 62:7	53:22, 67:11	focused	framing
fascinating	final	12:3, 17:4,	39:6
14:23	52:8	38:18, 52:5	frankly
favor	finally	focuses	31:8
67:18	47:23, 56:5	13:24	free
feasibility	financial	folks	64:9
42:19	9:20, 14:3,	66:2	frequency
featuring	26:5, 56:22,	fond	49:7, 49:9
60:11	57:11, 58:1,	14:24	frequent
federal	59:9, 61:15,	foregoing	49:24, 51:1
7:11, 11:20,	68:10	68:6	fresh
12:16, 17:16,	financially	foremost	49:18
18:17, 19:19,	42:10	35:20	full
19:24, 21:14,	find	forgetting	7:13, 7:16,
21:19, 22:4,	18:10, 61:2,	54:2	22:22, 51:2,
22:7, 22:13,	62:21	form	56:11
22:17, 23:11,	findings	46:23, 51:11	functioning
25:4, 38:6,	9:22	formal	19:2
43:4, 47:5,	first	7:2, 30:5,	functions
53:11	6:23, 7:10,	30:14, 31:18,	11:5
feedback	8:19, 13:15,	57:1	funds
16:25, 17:10,	16:6, 18:2,	format	26:2
18:4, 30:3,	20:16, 35:20,	58:14, 59:18	further
55:19	37:8, 37:18,	former	25:14, 32:17,
feel	38:15, 39:24,	36:9	68:6
16:19, 19:2,	44:25, 46:25,	forth	future
64:9, 67:11	55:23	12:16	9:17, 53:23
feel-good	fit	fortunate	<hr/> G <hr/>
42:8	11:17	19:14	gap
fellow	five	forward	53:22, 60:2
15:25	11:8, 11:12,	7:18, 17:17,	

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

27

gaps 48:10, 52:3, 52:13	goal 35:22, 39:16, 52:11, 60:5	56:9, 56:20	group 18:19, 21:4, 28:3, 30:3, 30:17, 37:10, 40:6, 53:13, 54:10, 63:1, 66:20
gathering 30:2	goals 7:15, 32:11, 32:23, 35:25, 36:1, 39:10, 39:22, 39:23, 40:11, 40:14, 40:17, 41:3, 41:4, 41:21, 47:21, 49:6, 52:5, 52:9, 63:1	14:18, 14:20, 15:13	groups 36:14
gender 39:4	good 5:25, 18:21, 30:13, 33:1, 41:16, 43:5, 47:6, 49:10, 52:17, 67:20	41:16, 43:5, 47:6, 49:10, 52:17, 67:20	guess 3:15
general 20:25, 33:2, 39:9, 40:25, 59:6	gotten 66:6	66:6	guest 20:2
general's 8:22	gov 10:14, 12:9, 15:4, 23:12, 23:18	10:14, 12:9, 15:4, 23:12, 23:18	guidance 43:5
generated 48:16	government 2:21, 8:14	2:21, 8:14	<hr/> H
geography 39:3, 47:18	graduate 8:18	graduate	hand
getting 17:22, 18:4, 19:1, 39:21, 44:22, 48:5, 54:9	grandson 7:19	7:19	23:4, 25:16, 62:4, 68:12
give 23:23, 29:22, 30:7, 30:12, 33:16, 41:9, 55:22	grants 53:17	grants	handful
given 68:12	graphic 57:5	graphic	61:18
gives 31:15, 57:12, 60:17	graphical 51:24	graphical	handle
glad 33:11	graphics 51:16, 59:17	graphics	11:2
glitch 22:5	gray 2:9, 5:10, 5:11, 5:14, 27:16, 29:14	gray	hands
go 6:4, 6:9, 6:17, 13:8, 13:11, 18:8, 23:5, 26:23, 26:24, 28:8, 35:1, 35:7, 36:15, 37:23, 38:7, 42:24, 47:8, 51:23, 54:23, 55:24, 61:25, 65:7, 65:15	great 3:6, 4:17, 12:1, 13:17, 19:6, 25:2, 25:8, 27:23, 55:13, 56:9, 62:24, 65:25, 67:7	great	happen
	green 2:6	green	18:6, 50:7, 53:21, 54:1
	greene 4:9	greene	happens
	grounding 64:1	grounding	35:22

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

28

33:14, 33:18, 33:21, 34:18, 36:10, 38:20, 46:3, 55:6, 57:7, 58:11, 60:23, 63:23, 65:17 healthcare 10:14, 12:9, 15:4, 23:12, 23:18 heard 5:12, 18:21, 21:18, 68:4 hearing 22:11 heavy 12:24 held 28:4, 40:19, 66:12 hello 5:11 helm 67:13 help 6:15, 31:2, 32:23, 35:24, 36:16, 36:19, 36:21, 48:12, 55:16, 62:3, 63:9, 65:19 helpful 22:19, 62:7, 63:6, 66:19 helps 39:24, 54:25 here 3:19, 4:6, 4:9, 4:10, 4:16, 4:20, 4:25, 5:3, 5:8, 5:14, 5:16, 5:18, 5:23, 6:2, 8:7, 9:4, 9:16, 9:25, 10:2, 10:5, 13:20, 14:15, 17:11, 24:22, 25:9,	33:1, 33:9, 34:7, 34:9, 41:7, 44:24, 48:19, 61:13, 61:17, 61:25, 67:9 hereby 68:3 herein 68:5, 68:8 hhs 23:24 hi 4:24, 5:8, 6:1, 32:25 high 43:13, 45:14, 55:9, 65:22 high-level 37:9, 38:17, 39:22 higher 49:9 highlight 9:10, 10:8, 51:14 highlights 50:5 highly 51:24 hiring 7:14 hispanics 60:12 hoc 49:16 holly 2:21, 6:2, 6:19, 9:4, 19:17, 23:22, 25:1, 25:11, 28:11, 28:15, 28:25, 35:17, 64:13, 65:3, 66:1, 66:11, 66:13 holly's 67:4	honest 32:6, 32:15, 48:2 hope 63:9 hopefully 10:16, 54:11 host 43:3, 44:5, 44:14 hours 3:9 household 58:21 hub 11:21, 12:17 huge 38:22, 59:10, 59:19 human 2:16, 3:23 hybrid 17:14	implementation 10:16, 10:19, 10:21, 10:22, 11:7, 11:10, 36:21, 41:17 implemented 34:2 importance 13:7 important 6:21, 13:3, 13:4, 35:23, 39:5, 41:6, 46:19, 53:25, 56:4 importantly 42:2 improve 39:20 in-house 51:22 incidents 68:7 include 30:10, 30:17, 42:2, 61:23 included 28:20, 47:2 includes 15:22, 46:6, 58:20 including 44:9, 48:6 income 44:10 incredible 36:25 incredibly 58:7 independent 9:20 indicators 45:3, 45:7, 45:11, 46:2, 50:25 individuals 24:18 industry 10:24
--	--	--	---

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

29

infographic 51:12	interesting 56:14, 59:4,	3:25	29:17
inform 33:21, 33:24, 52:11	59:15, 60:1, 60:21, 61:2, 61:21, 63:2	jane 2:4, 4:20, 27:2, 29:3, 31:22, 32:1, 64:10	kept 54:15, 54:16
informal 35:10, 53:18	interests 7:21	janoski 13:18	keven 2:5, 8:1, 8:15, 9:1, 19:21, 25:11, 36:25, 41:16, 43:9, 55:7, 56:6, 66:13, 67:2, 67:8
information 12:17, 21:13, 22:24, 28:16, 30:22, 31:9, 31:13, 44:2, 46:7, 52:17, 52:24, 55:12, 56:24, 57:8, 57:11, 58:3, 59:3, 59:7, 59:10, 61:15, 61:24, 62:3, 65:4, 66:25	interjections 35:12	jennifer 14:1	keven's 67:1
input 17:10, 30:3, 30:17	internal 37:25, 38:2, 38:4, 41:2, 62:11	job 1:23, 57:12	key 10:6, 11:8, 12:12, 13:21, 13:23, 13:24, 15:19, 16:5
insights 30:13	internally 62:16	john 3:19	kick 10:15, 11:6
instead 59:15	internet-based 53:5	johnson 34:19, 63:23	kind 31:24, 36:16, 37:20, 39:21, 40:25, 41:19, 44:1, 45:9, 50:3, 51:15, 51:20, 51:21, 52:7, 53:25, 63:12
insurance 2:18, 4:15, 13:19, 15:23, 21:3	interrupt 35:9	joining 7:8	kiser 2:10, 5:22, 5:23, 27:20, 29:16
integrated 31:11, 45:4	interview 53:7	journalism 34:11	know 6:2, 13:25, 15:18, 15:19, 17:6, 18:5, 20:1, 20:6, 21:18, 21:25, 23:20, 23:24, 24:5, 24:13, 24:15, 26:19, 27:17, 32:1, 32:3, 32:10, 33:23, 34:9, 35:6, 35:20, 36:13, 36:18, 36:19, 37:7,
integration 11:23, 12:4	interviews 53:18	journey 63:10	
integrations 11:19	introduce 9:1, 32:2, 32:18	julie 2:6, 4:23, 27:4, 29:5, 29:21, 31:21, 64:2, 64:10	
intended 39:8	investigation 23:19	july 24:3, 68:12	
interactive 58:14, 61:10	investing 59:16	jump 35:11, 56:9	
interagency 8:9	investment 26:1	june 1:13, 7:7, 22:9, 22:11	
interest 26:5, 47:22, 59:25, 61:22, 62:19, 68:10	invitations 66:7	K	
interested 39:2, 60:3	involved 26:2	keep 41:7, 41:15	
	irs 22:7, 22:11	keeping 53:24	
	issues 19:24, 39:1	kelsey 2:12, 27:10, 27:12, 29:9	
	items 64:23, 65:10	kenn 2:11, 5:24, 6:1, 27:21,	
	itself 48:17		
	J		
	james 2:15, 3:21,		

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

30

37:9, 37:11, 37:15, 37:24, 38:3, 38:4, 38:8, 38:10, 38:21, 38:22, 38:25, 39:15, 39:23, 40:4, 40:8, 40:11, 40:12, 40:16, 40:23, 41:11, 41:12, 41:24, 42:4, 42:9, 42:13, 42:20, 43:9, 43:18, 43:21, 44:21, 45:3, 46:16, 47:1, 47:16, 48:13, 48:21, 48:25, 49:8, 49:10, 49:12, 49:17, 50:8, 50:17, 50:18, 50:23, 51:6, 52:2, 52:4, 52:22, 53:3, 53:7, 53:12, 54:5, 54:7, 54:11, 54:19, 55:1, 55:12, 55:18, 55:25, 56:13, 56:21, 57:1, 57:13, 58:25, 59:2, 60:16, 61:12, 62:2, 62:25, 66:11 knowing 39:19, 67:12 krupp 14:1 kusiak 2:4, 4:20, 4:22, 10:3, 27:3, 28:23, 29:4, 31:22, 32:4, 63:4, 64:4, 67:16	land 19:23 language 21:3 larger 28:7 last 7:7, 9:15, 10:9, 19:8, 20:24, 46:25 late 9:13, 64:9 later 25:14, 30:11, 36:8, 37:5, 48:11, 54:17 law 8:19, 8:23 lay 19:23 lead 8:7, 42:16 leadership 8:12, 24:20 leads 64:6 learn 15:12, 21:25 learned 13:4, 14:14, 14:16, 15:16, 16:12 least 24:10, 38:13, 38:15, 45:18, 45:21, 45:23, 48:14 leave 67:1 led 7:9 lee 2:7, 5:1, 5:2, 5:4, 27:6, 29:7, 66:1 left 19:3 legislative 59:11	less 51:1 lesson 49:16 lessons 14:14, 15:16, 16:12 let's 42:12, 61:24, 64:12 level 22:17, 31:24, 43:9, 43:13, 44:13, 45:15, 47:15, 47:22, 52:15, 55:9, 57:5, 59:3, 62:15 leverage 14:14, 30:19 leveraging 53:11, 55:8, 55:10 levers 41:22 levy 1:25, 68:3, 68:18 liaison 2:22 life 58:4 limited 18:17, 19:12, 38:3, 56:17, 61:1 linear 12:21 linguistically 31:5 link 57:7 list 15:21, 39:13, 41:14, 44:22, 46:6, 46:10, 52:8, 56:1, 56:12	listen 17:9 listening 22:16 littel 3:20, 3:24, 4:1 littel's 24:20 little 10:5, 12:24, 15:2, 19:18, 21:12, 23:2, 23:19, 29:21, 32:4, 33:17, 34:24, 35:6, 35:8, 36:7, 37:2, 38:15, 39:7, 41:4, 42:25, 44:17, 45:14, 48:11, 49:3, 51:12, 57:10 live 13:11 lived 14:6 liz 5:7, 29:11 loads 46:7 long 11:11, 15:21, 47:9, 54:23, 56:1 long-term 41:25, 50:11 longer 19:2, 50:22 look 11:16, 23:20, 38:10, 43:21, 49:14, 50:18, 52:20 looked 63:2 looking 7:17, 17:17, 21:24, 39:3,
L laid 7:13			

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

31

50:2, 53:14, 63:3, 67:5 looks 9:5, 10:1, 10:4, 16:17, 60:19, 62:4 lost 46:15 lot 3:10, 11:4, 11:9, 17:2, 20:7, 34:1, 42:4, 42:22, 45:16, 48:4, 49:1, 50:20, 51:3, 51:8, 51:20, 52:10, 52:16, 56:20, 57:6, 57:24, 58:19, 59:16, 65:19 love 65:12, 65:23 lukanen 31:23, 32:19, 32:25, 33:6, 33:12, 35:16, 62:17, 62:25, 63:11	11:14, 14:12, 16:3, 16:7, 16:8, 17:5, 18:10, 20:8, 24:23, 28:15, 32:14, 41:23, 57:2, 64:17, 65:3 makers 36:12 making 15:3, 15:14, 16:22, 17:17, 30:18, 31:3, 31:11 manageable 41:8, 41:18, 53:24 management 13:22, 16:3 managers 14:10, 14:11 many 7:23, 13:25, 15:12, 20:6, 20:13, 44:7 map 52:7, 61:14 maps 61:11 market 40:9 marketing 26:19 marketplace 7:11, 8:13, 10:15, 15:5, 15:6, 22:23, 23:13, 45:20, 54:16, 60:25, 61:16 marketplaces 19:10, 37:16, 43:15, 48:3, 48:7 markets 65:17 matching 44:19	material 9:22 matrix 32:11 matter 50:7 matters 28:20 maybe 18:6, 35:1, 36:6, 37:10, 38:3, 40:20, 41:14, 41:16, 42:15, 44:18, 50:24, 51:2, 60:2, 60:7, 62:4, 64:24 mean 39:11, 49:12, 50:10, 50:19, 57:4 meaningful 16:4, 50:21, 51:10 means 15:10, 46:24, 50:2 measure 46:18 measured 36:2 measurement 36:5 measures 37:13, 41:5, 41:8, 41:20, 42:3, 42:4, 42:14, 42:19, 43:3, 43:25, 44:12, 44:14, 44:23, 45:23, 46:2, 46:11, 47:5, 47:25, 52:6, 52:8, 57:24, 58:25 media 36:13, 38:9, 49:12, 59:20	medicaid 24:8, 24:18, 45:2, 45:5, 45:6, 45:22, 46:1, 54:7, 54:15 medium 41:25 meet 6:16, 36:17 meeting 1:7, 3:6, 30:6, 30:12, 31:19, 64:19, 65:13, 66:8, 66:17, 67:19, 67:21, 68:5, 68:8 meetings 66:12 member 4:4, 59:14, 60:14 members 2:2, 2:14, 4:19, 9:15, 25:10, 26:24, 27:25, 40:5 mentioned 11:24, 15:22, 20:24, 55:7, 62:9 menu 46:16 meta-level 44:10 method 46:17, 56:25 metric 49:5, 61:3 metrics 38:20, 42:25, 43:16, 44:5, 44:6, 52:23, 56:20, 56:21, 57:18, 57:21, 61:1 mid 9:13, 46:24,
--	---	--	--

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

32

54:20 midst 7:24 might 25:8, 38:10, 40:9, 42:11, 42:13, 43:6, 44:23, 47:10, 47:19, 48:13, 48:21, 48:23, 50:6, 50:20, 62:20 migration 12:12 million 37:22 mine 67:1 minimizes 12:4 minnesota 33:19, 36:10, 57:17 mirror 19:4 misplaced 50:9 misreporting 54:19 missed 65:5 mistake 18:1 mnsure 57:17 moment 25:9 monitor 21:8, 21:22, 35:15 monitoring 20:9, 33:16, 34:23, 37:3, 37:24, 43:7, 47:20, 51:7, 53:24, 55:11, 55:13, 55:19 month 10:18, 16:11,	24:19, 46:24, 46:25, 47:3, 51:1, 54:21, 54:22, 57:21, 57:22, 58:10 monthly 45:11, 50:25, 60:6, 60:25 months 9:9, 20:12, 24:16, 47:3 more 7:2, 9:16, 11:23, 12:24, 13:2, 18:11, 21:12, 22:12, 23:3, 23:19, 38:8, 38:17, 41:2, 43:12, 44:17, 45:14, 46:5, 46:19, 47:1, 47:19, 49:25, 51:3, 54:25, 55:3, 58:12, 60:11, 61:14, 62:2, 62:21, 63:14, 64:6 morning 9:7 mortlock 2:21, 5:19, 6:21, 19:21, 23:16, 25:2, 26:15, 27:2, 27:4, 27:6, 27:8, 27:12, 27:15, 27:17, 27:21, 27:23, 28:6, 29:1, 29:3, 29:5, 29:7, 29:9, 29:11, 29:13, 29:15, 29:17, 29:19, 35:14, 64:16, 66:15 most 12:20, 17:20,	35:1, 35:23, 40:3, 41:6, 42:2, 43:20, 48:7, 54:8, 61:5 motion 28:18, 28:21, 28:22 move 3:11, 19:15, 25:18, 40:15, 40:21, 52:3, 67:14 moving 66:4 much 12:7, 15:7, 18:2, 20:1, 20:5, 27:24, 32:10, 33:8, 35:16, 50:19, 58:12, 66:21 multi-tabbed 59:19 multiple 13:9 myself 36:9	31:25, 46:23, 49:16, 57:13, 64:18 needle 40:15, 40:22 needs 10:13, 15:7, 36:17 neither 68:8 net 59:13 nevada 14:2, 57:7 nevada's 14:4 never 50:6, 64:9 new 4:4, 7:19, 9:15, 12:17, 42:22, 44:3, 46:2, 49:13 news 6:24, 21:16, 22:17, 47:6, 60:11 next 3:16, 13:11, 20:12, 30:6, 31:18, 31:21, 32:12, 38:14, 61:3, 64:6, 66:4 nice 47:6 night 67:12 nitty-gritty 40:1 no-brainer 41:19 nominate 28:17 non-magi 45:16 non-partisan 34:15 nonetheless 15:11, 17:9
---	---	--	--

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

33

normal 50:4	office 8:22	only 3:9, 12:5, 14:16, 19:7, 32:7, 34:11, 38:1, 38:18, 44:13, 55:21, 58:23, 65:9	65:10, 66:3, 66:5, 66:13, 68:7
norwood 2:4	officer 2:22, 14:3	others 53:10, 56:16, 64:24	
notably 58:19	officers 25:24	otherwise 68:11	
notary 68:21, 68:23	officially 24:5	ourselves 21:15	
note 23:4, 44:11, 51:17, 53:20	often 16:9, 52:16, 52:19, 59:25	out 6:23, 34:19, 40:19, 45:1, 56:22, 56:23, 57:8, 57:18, 58:17, 59:7, 59:18, 59:25, 60:24, 61:24, 63:18, 64:10, 65:2	
noted 9:5	okay 4:10, 5:7, 5:21, 25:13, 28:6, 64:21, 66:4	outcome 68:11	
notice 24:1, 24:4, 24:7	on-the-record 26:13, 26:16	outreach 29:24, 30:9	
notices 23:13	once 10:15, 11:22, 17:8, 18:7, 40:25, 46:10, 47:24, 52:4	outside 48:14, 53:2	
noting 45:25	one 12:23, 13:3, 13:17, 13:21, 13:23, 14:25, 15:1, 16:11, 17:1, 17:19,	outweigh 49:21	
november 10:20, 21:11	objectives 18:13, 18:22, 18:23, 19:10, 22:19, 25:20, 40:2, 40:4, 40:13, 44:11, 44:12, 45:1, 50:23, 52:2, 53:20, 54:8, 54:10, 54:11, 54:20, 54:21, 57:14, 60:7, 60:18, 64:8, 65:1, 65:23	over 12:14, 13:18, 20:11, 22:25, 31:13, 37:15, 41:14, 42:12, 42:16, 50:19	
number 25:20, 41:8, 42:8, 53:4, 59:10, 61:1	observer 44:12, 45:1, 50:23, 52:2, 53:20, 54:8, 54:10, 54:11, 54:20, 54:21, 57:14, 60:7, 60:18, 64:8, 65:1, 65:23	organization 6:14	
numbers 36:15, 61:20	obviously 4:20, 12:12, 42:22, 49:9, 52:23, 54:7	other 11:18, 13:5, 13:7, 14:18, 14:24, 16:12, 16:13, 17:12, 17:21, 19:6, 21:22, 21:25, 24:21, 28:20, 30:16, 32:11, 35:4, 36:6, 37:16, 39:17, 50:24, 51:5, 52:13, 53:10, 54:5, 54:6, 56:7, 62:13, 62:15, 63:15, 57:25, 58:14	
O		overall 8:12, 38:21, 41:17	
objectives 6:16, 15:9		overlap 12:22	
observer 5:17		overstate 50:4	
obvious 54:8		overvalue 14:8	
obviously 4:20, 12:12, 42:22, 49:9, 52:23, 54:7		overview 20:5	
october 24:11		overwhelming 49:3, 59:8, 65:14	
off-exchange 52:18			
off-the-record 28:4			
offer 6:23, 21:9			

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

34

own 14:17, 18:16, 23:15, 43:22, 47:8	34:4, 34:9, 35:18, 42:6, 42:10, 46:4, 57:12, 64:18, 65:2	44:2, 48:25, 55:13, 59:13 planning 19:13, 66:18 plans 11:11 platform 7:12, 8:8, 10:11, 10:25, 11:16, 11:18, 12:15, 17:17, 18:17, 19:16, 23:11 please 4:10, 33:8, 35:10 pleased 9:21 pleasure 4:18, 8:25 plenty 25:13 point 16:24, 20:10, 48:15, 48:24, 61:5, 64:15 points 47:17, 61:18 policy 15:8, 19:24, 33:18, 33:21, 33:24, 36:12, 38:21, 40:17, 41:21, 55:6 policy-making 38:16 policymakers 40:3 position 17:14, 37:5 possibility 21:20, 42:21 possible 15:7, 20:10, 52:6 potential 22:1, 52:18 potentially 24:12, 42:1,	53:13 practice 8:20 preferred 46:17 preparation 32:9 prepare 36:22, 65:20 prepared 20:11, 24:24 prepares 36:11 preplanning 37:3 present 2:20, 34:13, 51:9, 57:19 presentation 6:13, 31:23, 32:13, 32:19, 62:8, 65:10 presentations 20:3, 57:2 presented 65:11 presenter 33:4 presenters 66:16 press 57:3, 57:8, 57:12 pretty 6:5, 11:1, 31:10, 35:1, 55:25, 60:21, 61:17, 61:21 primarily 43:19, 47:4 princeton 34:20 prior 8:21, 24:1, 36:20 priorities 32:21, 35:25, 40:12
packed 3:8, 6:6, 9:5	percent 20:18, 42:6	platform 7:12, 8:8, 10:11, 10:25, 11:16, 11:18, 12:15, 17:17, 18:17, 19:16, 23:11	

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

35

private 8:20	protocols 12:8	putting 54:15, 54:17, 57:18	rate 20:18
probably 12:24, 30:12, 35:13, 38:12, 41:6, 44:24, 46:21, 48:4, 48:9, 48:15, 50:7, 50:23	provide 9:1, 16:25, 23:6, 29:23, 34:17	Q	reach 30:21, 64:10, 65:2
proceed 25:19, 28:21	provided 34:1	qualitative 53:6	react 55:22
proceedings 68:4	provider 52:21	quality 50:1	read 22:12, 26:12, 26:17
process 9:11, 13:10, 13:21, 18:9, 18:25, 31:3, 37:17, 63:5	providing 31:1, 33:22	quarter 66:8	ready 10:19, 13:11
processes 12:8	public 6:17, 22:8, 22:10, 22:14, 23:23, 24:1, 24:9, 25:24, 26:2, 36:13,	question 23:8	real 34:14
procurement 8:8, 8:23, 14:10	43:22, 46:3, 62:18, 62:20, 62:22, 64:14, 64:15, 64:17, 64:21, 68:21	questions 25:10, 25:15, 25:17, 33:7, 35:10, 36:11, 36:23, 38:14, 50:21, 62:2, 63:19, 65:9, 66:3, 66:24	realistic 40:14
produce 50:25	public-facing 38:8	quick 20:4, 23:8, 23:23, 56:18	reality 48:7
product 9:21, 61:12	publicly 26:4, 45:23	quick-and-dirty 63:13	realized 40:21
profiles 59:14	publishing 49:25	quickly 30:1, 35:8, 54:3	really 7:13, 9:8, 10:12, 10:22, 11:8, 12:3, 13:3, 13:14, 14:15, 14:23, 15:14, 16:2, 17:2, 17:21, 18:13, 18:20, 19:6, 19:12, 24:24, 33:9, 33:10, 33:22, 34:6, 34:8, 35:23, 36:22, 37:9, 37:18, 39:2, 39:4, 39:9, 39:14, 39:18, 39:25, 40:13, 40:16, 40:17, 41:9, 42:7, 43:13, 47:6, 48:8, 49:24, 50:6, 50:10, 50:13, 50:16, 50:18, 51:14, 52:1, 54:5, 54:20, 55:16, 56:24,
program 14:11, 24:8, 24:18, 34:18, 34:19	pulled 59:1	quite 3:8, 8:3, 8:17, 45:13, 67:11	
progress 41:23, 51:14	pulling 49:25	R	
project 14:10, 63:24	purposes 62:11	race 44:9, 58:21, 59:2	
prominent 61:7	pursuant 25:25, 26:6	raise 25:16, 51:5	
promotion 25:21	put 7:21, 15:14, 27:24, 30:25, 40:19, 45:1, 48:19, 51:11, 53:16, 56:6, 58:17, 59:7, 59:17, 59:25, 60:24, 61:4	raised 18:25, 35:12	
promptly 3:13	puts 57:7	ran 47:17	
pronounced 4:1		random 56:12	
proposed 22:7		range 34:9	
proposition 40:7		rapidly 31:10, 55:1	

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

36

59:15, 60:1, 60:19, 61:2, 61:11, 62:7, 62:13, 63:24, 67:4 reams 59:7 rearview 19:4 reason 26:21, 32:8, 66:10 reasons 34:25 receive 16:25, 23:25, 24:6, 31:9, 31:10 received 60:8 recent 18:22, 21:14, 61:5 recently 18:24, 60:9 recommend 37:19, 39:21, 43:2, 48:9, 52:9, 54:1, 54:5, 55:21, 56:2 recommendation 46:11 recommendations 30:5, 30:9, 30:15, 31:18 record 26:11, 68:7 redetermine 24:17 reduce 39:19 reduction 20:19 reel 28:25 reenrollment 44:3	refer 10:24 regard 19:14 region 58:2, 59:11 register 22:13, 64:18 registration 68:23 regulation 22:8 reingold 65:19 reinsurance 20:15, 20:19 reinvent 56:5 related 30:8, 41:21, 68:9 relating 26:3 relations 2:21, 38:9 relationship 13:22 relationships 15:15, 15:17 relative 19:5, 20:19 release 56:25, 57:8, 57:12, 61:10 released 56:24 releases 57:3, 60:11 relevant 28:16, 44:18 remember 54:14 reminder 48:20 remotely 1:12, 68:4 renewals 46:8	repeat 12:22 report 21:10, 45:8, 46:5, 46:13, 47:19, 48:23, 51:3, 58:23, 60:3, 60:7, 61:10 reported 1:25, 45:23 reporter 68:1 reporting 42:25, 43:4, 43:11, 43:14, 43:17, 43:19, 43:22, 43:25, 44:16, 47:5, 49:7, 49:9, 49:24, 51:2, 51:25, 54:20, 54:21, 59:6, 62:22 reports 6:11, 41:12, 43:24, 47:12, 57:1, 58:13, 58:18, 59:1, 59:24, 60:9 request 55:3 requests 54:10 require 45:12 required 16:18, 42:25, 43:4, 44:7, 46:2, 46:5, 47:5 requirements 17:22, 38:6, 43:11, 43:14, 43:19, 45:19, 45:20, 53:15 requires 52:14 research 14:17, 33:18	researcher 59:21 resignation 25:23 resources 2:16, 3:23, 19:12, 31:1, 31:3, 60:6 respect 23:9, 25:11 respond 36:11, 54:25, 55:3 retirement 7:5, 7:18, 26:20 returned 7:8 review 19:23, 63:14 rfp 9:10 rich 53:1 right 3:18, 4:1, 9:3, 9:6, 12:21, 13:16, 13:17, 15:17, 17:14, 19:7, 20:5, 24:2, 24:13, 24:15, 29:20, 32:17, 53:21, 54:1, 56:9, 61:19, 63:21, 64:4, 64:12, 64:20, 67:17 robert 34:19, 63:22 roberts 2:17, 4:5, 4:7 robust 11:1 roll 3:16, 6:3 room 28:1, 28:7, 32:6
--	--	---	---

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

37

rounds 13:9	sarah 23:1, 23:6, 25:3, 25:11	section 8:24, 25:25, 26:6, 58:23	session 6:9, 25:19, 26:22, 26:25, 28:4, 28:12, 28:19, 28:21, 41:15, 64:25
rpr 1:25, 68:3, 68:18	saver 51:4	see 10:1, 10:3, 17:11, 23:4, 33:3, 33:6, 35:11, 35:18, 44:23, 45:10, 50:15, 51:22, 52:7, 56:20, 58:6, 60:8, 60:17, 61:12, 61:17, 61:24, 62:1, 64:12, 66:20	set 15:2, 38:14, 45:7, 55:23
rumors 24:12	savoy 7:4	say 3:18, 4:10, 5:13, 17:23, 30:1, 32:2, 36:13, 40:13, 42:2, 42:12, 55:24, 65:1, 67:2, 67:8	setting 31:25, 32:20, 35:22
run 54:3	saw 34:4	seek 6:8	several 7:21, 14:23, 20:12
running 29:21, 35:6	say 3:18, 4:10, 5:13, 17:23, 30:1, 32:2, 36:13, 40:13, 42:2, 42:12, 55:24, 65:1, 67:2, 67:8	seen 14:25, 45:6	sex 44:10, 58:21
runs 49:17	saying 14:25, 45:6	seen 14:25, 15:1, 20:13, 22:6	shadac 6:13, 31:23, 32:19, 33:13, 33:17, 48:12, 51:8, 62:3, 63:22
ruth 1:25, 68:3, 68:18	sbm 23:10	select 44:14	shape 46:22
	scc 6:7, 6:20, 6:24, 7:5, 7:8, 8:21, 25:25, 26:6	selected 46:10	share 6:22, 6:25, 19:22, 23:2, 33:1, 62:14
	scheduled 22:11, 24:2	selection 59:13	sharing 61:25
	school 8:19	selections 44:2	shoes 67:9
	scott 5:5, 27:8,	send 12:15	shop 34:8
	screen 27:11	sense 30:7, 31:15, 39:8, 60:18	short 35:7, 50:9
	second 33:1	september 7:9, 66:9	shortly 6:10
	second 3:5, 26:8, 26:9, 28:22, 28:23, 61:7, 67:15, 67:16	series 58:9	should 6:4, 28:7, 32:12, 64:14, 66:5
	secondary 36:3	served 8:22, 14:3	show 42:6, 61:6
	seconds 28:1, 28:2	service 7:6, 11:5, 11:21, 31:4, 67:13	showing 40:6, 62:12
	secretary 2:15, 3:19, 3:22, 3:24, 24:20	services 12:17	side 59:24
		serving 3:3, 8:4	

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

38

sign 49:11, 49:15 signature-mig2k 68:16 signed 64:17 similar 13:6, 14:21, 38:15, 41:17, 45:10, 47:12, 54:12 simple 18:25, 61:17 simply 67:3 since 8:3, 23:10, 57:22 single 16:24, 44:12, 49:4 site 48:24 situates 61:4 six 47:3, 58:9, 65:17 size 58:21 sky 55:4 slap 38:24 sleep 67:12 slide 3:16, 45:2, 65:13, 65:19 slides 10:2, 33:3, 58:5, 58:9 slow 10:5 small 34:8, 41:13, 41:18, 63:6 smart 9:18, 43:17	snapshot 10:6, 58:5 sociology 34:11 solely 62:10 solution 16:17 some 6:7, 6:16, 6:24, 6:25, 8:3, 8:17, 9:15, 10:6, 10:23, 11:24, 19:19, 19:24, 20:2, 24:12, 28:11, 30:4, 30:12, 31:16, 34:4, 35:2, 37:6, 37:9, 37:14, 39:10, 39:18, 40:5, 40:16, 41:9, 41:23, 42:1, 42:2, 42:3, 43:16, 44:16, 45:9, 45:15, 45:16, 46:22, 47:17, 49:23, 50:8, 51:23, 51:25, 52:13, 52:24, 53:18, 54:4, 56:2, 56:10, 56:15, 58:3, 58:5, 58:6, 58:8, 59:3, 60:11, 61:4, 61:18, 62:19, 63:13, 64:24 somebody 26:12 something 15:20, 38:1, 38:12, 42:11, 47:8, 47:12, 48:12, 50:12, 55:22 sometimes 50:10	soon 8:6 sophisticated 58:7, 59:17 sort 17:14, 19:23, 40:24, 46:15, 50:8, 53:18, 55:19, 56:2, 59:5, 59:21 sorts 48:5 sought 45:19 sounds 3:10, 9:11, 46:20, 55:8, 62:12 source 47:24, 52:20 speak 43:11 speaking 15:17 special 44:19, 58:18, 59:24, 65:13 specializes 6:14 specific 25:23, 60:11 specifically 23:20, 30:19 spend 49:25, 50:20 spending 7:18 spends 51:8 spent 8:19 sphere 22:5 spoke 62:18 spoken 14:19 spreadsheets 59:19, 60:19	spring 58:17 stability 40:9 staff 7:14, 9:14, 9:15, 14:17, 28:15, 36:11, 37:10, 38:5, 38:9, 41:10, 49:17, 49:22, 51:21 stage 26:4 stakeholder 16:3, 16:6, 16:14, 47:12, 55:8, 55:24, 59:20 stakeholders 13:21, 15:18, 15:22, 16:9, 16:16, 16:23, 17:8, 18:4, 18:12, 49:11, 50:14, 55:10, 55:14, 55:20, 56:4 stand 12:25 standard 44:1 standing 3:23, 10:23 stands 33:13 starla 2:10, 5:21, 27:19, 29:15 start 3:15, 6:6, 6:23, 12:25, 18:15, 37:6, 41:13, 41:18, 43:2, 44:21, 44:24, 46:12, 48:10, 63:6, 63:16
---	--	--	---

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

39

started 48:2	63:2, 63:15	study 21:2	supported 34:17
starting 36:21, 48:15	static 57:25	stuff 44:2	supporting 33:24, 42:9
state 1:2, 8:5, 14:19, 17:24, 19:7, 19:19, 19:24, 21:18, 22:16, 24:21, 25:4, 25:12, 33:14, 34:17, 35:24, 36:9, 38:21, 38:23, 39:14, 40:3, 42:5, 47:19, 50:13, 51:23, 52:16, 54:14, 56:10, 57:16, 63:13, 63:23, 65:16, 68:5	statisticians 34:10	subcommittee 6:11, 29:24, 30:2, 30:8, 31:16, 31:21, 31:25, 32:9, 64:6	supportive 22:18
state-based 7:11, 7:16, 8:13, 10:15, 15:4, 17:15, 19:10, 22:23, 30:21, 37:16, 40:7, 40:18, 43:14, 43:20, 45:20, 48:3	staying 20:10	subcommittees 64:3, 64:8	sure 14:12, 15:14, 16:3, 16:7, 16:8, 16:22, 17:5, 20:8, 22:6, 24:23, 28:15, 29:1, 29:25, 30:18, 31:3, 31:11, 43:10, 63:9, 65:3
stated 47:7	steps 35:2, 37:6, 66:5	subsidies 20:21, 21:17, 22:2, 23:10	surprised 16:17
states 13:7, 14:18, 16:12, 17:12, 17:21, 18:19, 19:9, 21:22, 21:25, 23:25, 24:16, 33:23, 34:2, 34:17, 35:4, 39:17, 39:18, 43:2, 46:4, 49:23, 50:24, 51:24, 52:13, 53:4, 54:5, 56:7, 56:14, 56:15, 56:25, 62:13,	still 9:12, 17:16, 20:7, 43:10, 58:13	subsidy 42:6, 42:7, 48:24	surprises 13:12
	stood 19:1	success 12:2, 13:14, 38:20, 42:3	survey 48:6, 60:14
	stop 33:7, 61:25	successes 36:22	surveys 53:3, 53:6, 53:12
	storming 41:15	successful 14:13, 17:6, 18:14	system 41:11, 42:14, 52:21
	story 36:14	successfully 9:18	systematic 63:14
	strategic 6:16, 32:21	suddenly 40:20	systems 11:23, 11:25, 12:3
	strategies 32:22, 34:18, 50:11, 63:24	suggest 41:13, 42:18, 55:10	<hr/> T
	strategizing 19:13	suggested 50:24	tables 58:8
	stratospheric 43:9	summer 9:13, 10:17	tactics 32:22
	struggle 42:12	super 49:14, 53:1, 57:23, 59:17, 60:20	tailored 15:7
	struggled 17:24	support 34:1, 34:21, 37:8, 53:10	take 59:21, 62:1
	struggles 65:15		takes 31:12
			taking 30:10

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

40

talk 6:10, 7:1, 19:18, 34:22, 34:24, 36:7, 43:1, 43:8, 48:10, 55:1, 60:6	testimony 68:7	30:7, 30:13, 30:16, 31:16, testing 13:2, 13:3, 13:8, 13:9, 19:13	thinking 23:3, 31:17, 32:21, 36:16, 38:19, 39:5, 41:1, 41:24, 44:22, 50:11, 51:8, 56:3
talked 37:1, 48:4	61:4, 61:18	think 3:10, 3:12, 5:12, 5:18,	third 66:7
talking 14:15, 33:15, 53:17, 54:22, 56:4	7:7, 20:15, 22:11, 24:3, 24:11, 66:9	13:14, 14:19, 16:4, 17:19, thank 17:23, 19:8, 21:15, 25:8, 25:14, 26:10,	thomas 2:23
talks 61:19	19:21, 23:21,	30:11, 30:13, 31:22, 32:12, 32:17, 34:5, 34:12, 34:25, 35:11, 35:12, 35:21, 36:1, 36:3, 36:25, 37:19, 37:22, 38:10, 38:13, 38:25, 39:13, 39:24, 40:14, 40:17, 41:6, 41:7, 41:16, thanks 23:22, 29:25	thought 41:3, 41:9, 63:1, 65:14
team 7:15, 8:16, 13:16, 14:9	25:2, 25:7, 27:12, 27:23, 28:10, 29:19, 31:20, 33:8, 34:20, 35:16, 62:8, 62:24, 63:21, 63:22, 65:25, 66:15, 66:16, 66:21, 67:7, 67:8, 67:13, 67:20	35:11, 35:12, 35:21, 36:1, 36:3, 36:25, 37:19, 37:22, 38:10, 38:13, 38:25, 39:13, 39:24, 40:14, 40:17, 41:6, 41:7, 41:16, theirs 47:13	thoughts 63:20, 66:14
teams 10:5, 33:2	34:20, 35:16, 62:8, 62:24, 63:21, 63:22, 65:25, 66:15, 66:16, 66:21, 67:7, 67:8, 67:13, 67:20	42:20, 45:5, 46:14, 46:23, 47:8, 47:11, 47:15, 48:1, 48:12, 48:14, 48:21, 48:22, 49:8, 49:20, 49:23, 50:3, 50:12, 50:22, 51:20, 51:25, 53:9, 53:12, 55:16, 55:23, 56:6, 57:13, 57:18, 58:19, 59:15, 61:20, 62:18, 63:6, 63:7, 63:25, 64:2, 64:12, 64:22, 65:18, 66:19, 67:14	three 17:13, 19:9
technical 9:20, 28:12, 33:22, 34:16, 64:24	34:20, 35:16, 62:8, 62:24, 63:21, 63:22, 65:25, 66:15, 66:16, 66:21, 67:7, 67:8, 67:13, 67:20	42:20, 45:5, 46:14, 46:23, 47:8, 47:11, 47:15, 48:1, 48:12, 48:14, 48:21, 48:22, 49:8, 49:20, 49:23, 50:3, 50:12, 50:22, 51:20, 51:25, 53:9, 53:12, 55:16, 55:23, 56:6, 57:13, 57:18, 58:19, 59:15, 61:20, 62:18, 63:6, 63:7, 63:25, 64:2, 64:12, 64:22, 65:18, 66:19, 67:14	through 3:12, 7:10, 12:16, 13:8, 13:15, 14:4, 14:6, 14:18, 14:20, 18:8, 24:11, 24:12, 26:23, 31:2, 31:17, 35:2, 35:4, 35:7, 37:14, 38:7, 47:17, 51:23, 52:23, 53:3, 53:15, 54:3, 61:11, 61:22, 65:16
technology 8:23, 10:22, 13:6	34:20, 35:16, 62:8, 62:24, 63:21, 63:22, 65:25, 66:15, 66:16, 66:21, 67:7, 67:8, 67:13, 67:20	42:20, 45:5, 46:14, 46:23, 47:8, 47:11, 47:15, 48:1, 48:12, 48:14, 48:21, 48:22, 49:8, 49:20, 49:23, 50:3, 50:12, 50:22, 51:20, 51:25, 53:9, 53:12, 55:16, 55:23, 56:6, 57:13, 57:18, 58:19, 59:15, 61:20, 62:18, 63:6, 63:7, 63:25, 64:2, 64:12, 64:22, 65:18, 66:19, 67:14	throughout 12:19, 12:24, 13:9, 21:10
telephone 11:2	34:20, 35:16, 62:8, 62:24, 63:21, 63:22, 65:25, 66:15, 66:16, 66:21, 67:7, 67:8, 67:13, 67:20	42:20, 45:5, 46:14, 46:23, 47:8, 47:11, 47:15, 48:1, 48:12, 48:14, 48:21, 48:22, 49:8, 49:20, 49:23, 50:3, 50:12, 50:22, 51:20, 51:25, 53:9, 53:12, 55:16, 55:23, 56:6, 57:13, 57:18, 58:19, 59:15, 61:20, 62:18, 63:6, 63:7, 63:25, 64:2, 64:12, 64:22, 65:18, 66:19, 67:14	tied 18:16
tell 36:15, 67:10	34:20, 35:16, 62:8, 62:24, 63:21, 63:22, 65:25, 66:15, 66:16, 66:21, 67:7, 67:8, 67:13, 67:20	42:20, 45:5, 46:14, 46:23, 47:8, 47:11, 47:15, 48:1, 48:12, 48:14, 48:21, 48:22, 49:8, 49:20, 49:23, 50:3, 50:12, 50:22, 51:20, 51:25, 53:9, 53:12, 55:16, 55:23, 56:6, 57:13, 57:18, 58:19, 59:15, 61:20, 62:18, 63:6, 63:7, 63:25, 64:2, 64:12, 64:22, 65:18, 66:19, 67:14	time 3:10, 7:19, 7:20, 8:3, 8:17, 12:11, 16:19, 18:21, 20:1, 20:25, 30:6, 35:7, 41:5, 41:14, 42:12, 42:16, 49:25,
template 23:12	34:20, 35:16, 62:8, 62:24, 63:21, 63:22, 65:25, 66:15, 66:16, 66:21, 67:7, 67:8, 67:13, 67:20	42:20, 45:5, 46:14, 46:23, 47:8, 47:11, 47:15, 48:1, 48:12, 48:14, 48:21, 48:22, 49:8, 49:20, 49:23, 50:3, 50:12, 50:22, 51:20, 51:25, 53:9, 53:12, 55:16, 55:23, 56:6, 57:13, 57:18, 58:19, 59:15, 61:20, 62:18, 63:6, 63:7, 63:25, 64:2, 64:12, 64:22, 65:18, 66:19, 67:14	
ten 8:20	34:20, 35:16, 62:8, 62:24, 63:21, 63:22, 65:25, 66:15, 66:16, 66:21, 67:7, 67:8, 67:13, 67:20	42:20, 45:5, 46:14, 46:23, 47:8, 47:11, 47:15, 48:1, 48:12, 48:14, 48:21, 48:22, 49:8, 49:20, 49:23, 50:3, 50:12, 50:22, 51:20, 51:25, 53:9, 53:12, 55:16, 55:23, 56:6, 57:13, 57:18, 58:19, 59:15, 61:20, 62:18, 63:6, 63:7, 63:25, 64:2, 64:12, 64:22, 65:18, 66:19, 67:14	
tend 43:21, 49:8, 49:20, 62:21	34:20, 35:16, 62:8, 62:24, 63:21, 63:22, 65:25, 66:15, 66:16, 66:21, 67:7, 67:8, 67:13, 67:20	42:20, 45:5, 46:14, 46:23, 47:8, 47:11, 47:15, 48:1, 48:12, 48:14, 48:21, 48:22, 49:8, 49:20, 49:23, 50:3, 50:12, 50:22, 51:20, 51:25, 53:9, 53:12, 55:16, 55:23, 56:6, 57:13, 57:18, 58:19, 59:15, 61:20, 62:18, 63:6, 63:7, 63:25, 64:2, 64:12, 64:22, 65:18, 66:19, 67:14	
tends 50:3, 51:12	34:20, 35:16, 62:8, 62:24, 63:21, 63:22, 65:25, 66:15, 66:16, 66:21, 67:7, 67:8, 67:13, 67:20	42:20, 45:5, 46:14, 46:23, 47:8, 47:11, 47:15, 48:1, 48:12, 48:14, 48:21, 48:22, 49:8, 49:20, 49:23, 50:3, 50:12, 50:22, 51:20, 51:25, 53:9, 53:12, 55:16, 55:23, 56:6, 57:13, 57:18, 58:19, 59:15, 61:20, 62:18, 63:6, 63:7, 63:25, 64:2, 64:12, 64:22, 65:18, 66:19, 67:14	
term 50:9	34:20, 35:16, 62:8, 62:24, 63:21, 63:22, 65:25, 66:15, 66:16, 66:21, 67:7, 67:8, 67:13, 67:20	42:20, 45:5, 46:14, 46:23, 47:8, 47:11, 47:15, 48:1, 48:12, 48:14, 48:21, 48:22, 49:8, 49:20, 49:23, 50:3, 50:12, 50:22, 51:20, 51:25, 53:9, 53:12, 55:16, 55:23, 56:6, 57:13, 57:18, 58:19, 59:15, 61:20, 62:18, 63:6, 63:7, 63:25, 64:2, 64:12, 64:22, 65:18, 66:19, 67:14	
terminations 44:18	34:20, 35:16, 62:8, 62:24, 63:21, 63:22, 65:25, 66:15, 66:16, 66:21, 67:7, 67:8, 67:13, 67:20	42:20, 45:5, 46:14, 46:23, 47:8, 47:11, 47:15, 48:1, 48:12, 48:14, 48:21, 48:22, 49:8, 49:20, 49:23, 50:3, 50:12, 50:22, 51:20, 51:25, 53:9, 53:12, 55:16, 55:23, 56:6, 57:13, 57:18, 58:19, 59:15, 61:20, 62:18, 63:6, 63:7, 63:25, 64:2, 64:12, 64:22, 65:18, 66:19, 67:14	
terms 18:19, 32:10, 38:20, 45:21, 56:19, 64:22	34:20, 35:16, 62:8, 62:24, 63:21, 63:22, 65:25, 66:15, 66:16, 66:21, 67:7, 67:8, 67:13, 67:20	42:20, 45:5, 46:14, 46:23, 47:8, 47:11, 47:15, 48:1, 48:12, 48:14, 48:21, 48:22, 49:8, 49:20, 49:23, 50:3, 50:12, 50:22, 51:20, 51:25, 53:9, 53:12, 55:16, 55:23, 56:6, 57:13, 57:18, 58:19, 59:15, 61:20, 62:18, 63:6, 63:7, 63:25, 64:2, 64:12, 64:22, 65:18, 66:19, 67:14	

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

41

50:19, 50:20, 50:22, 51:4, 51:8, 57:2, 59:16, 60:5, 61:23, 63:25 timeline 9:25, 10:8, 10:18 today 3:8, 5:6, 5:16, 6:9, 7:3, 27:18, 34:5, 34:22, 63:25, 65:11, 66:17, 67:19 today's 30:12 together 11:17, 67:6 ton 42:13, 57:2, 58:16, 60:20 toni 13:18 took 57:1 tool 38:16, 43:17 top 60:17 topic 48:4 topics 59:25 total 46:9 totally 35:8, 47:9, 48:2, 50:6, 57:4, 57:14 towards 12:25 track 9:12, 10:10, 46:3 tracking 19:25, 20:9 training 12:19, 12:23	transfers 46:8 transition 7:14, 7:25, 8:12, 9:24, 10:14, 12:5, 12:11, 12:13, 12:20, 13:15, 14:5, 14:7, 14:13, 14:21, 15:3, 16:11, 16:19, 17:3, 17:5, 17:18, 17:22, 17:25, 18:8, 18:14 transitioned 17:12, 22:22 transitioning 18:21, 19:8, 19:9 transitions 13:6, 52:14, 60:10 transparency 49:15 traveling 7:19 treasury 22:6 trend 50:19, 58:2, 58:24 tried 56:13 true 68:6 truly 15:6 try 18:1, 35:14, 47:12 trying 21:25, 32:5, 39:11, 55:2 tuned 64:5 turn 6:19, 19:18,	22:25 twitter 57:4 two 3:9, 10:9, 24:19 type 37:4, 48:20 typically 42:8, 43:1, 45:14, 50:16, 52:25, 57:7, 57:9 <hr/> U ultimately 13:10 uncertainty 20:7, 23:9 under 43:4, 68:12 understand 7:17, 50:6, 51:13 understanding 22:10 undertaken 8:10 underway 55:9 undivided 19:15 uninsurance 39:20 university 8:18, 33:19 unmute 4:10 unnecessary 12:10 until 16:15 unwinding 22:15, 24:7 update 6:7, 9:2, 23:6, 23:23, 25:8, 25:12, 26:19, 6:19, 19:18,	29:23 updates 16:25, 19:20, 21:9, 25:5 updating 10:5 use 23:11, 33:23, 34:12 useful 43:6 user 18:19, 33:2 user-friendly 18:11 using 23:17, 33:20, 38:1, 62:15 <hr/> V vacuum 15:21 value 15:3, 34:18, 40:6, 49:9, 63:24 variation 39:3, 56:19 varies 56:24, 57:4, 57:6 variety 44:8 various 11:15, 65:16 vendor 10:12, 41:11 vendors 10:24, 18:22, 18:25 verbal 35:12 verify 12:17 via 57:8 vice 2:4
--	---	--	--

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

42

victoria	want	10:18, 11:14, 36:7, 48:10	44:5, 44:14, 45:6, 58:23, 62:14, 65:19
7:4, 7:8		we're	wide
victoria's	12:7, 16:7, 16:8, 16:16,	3:11, 6:6, 10:7, 10:10, 13:15, 14:9, 14:15, 15:14,	18:18, 34:13
7:7, 26:20	16:19, 16:20, 17:8, 20:2,	16:7, 16:8, 16:10, 17:6, 17:17, 18:4, 19:7, 23:3, 29:20, 32:8, 33:18, 35:6,	wilkinson
view	22:18, 22:25, 23:5, 26:12, 29:22, 32:1, 33:7, 34:20, 35:19, 36:14, 36:15, 38:12, 38:23, 40:13, 41:18, 41:20,	16:7, 16:8, 16:10, 17:6, 17:17, 18:4, 19:7, 23:3, 29:20, 32:8, 33:18, 35:6, 63:4	williams
33:4, 35:17	42:13, 42:20, 42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	we've	2:12, 27:10, 27:11, 29:10
virginia	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	12:3, 13:4, 13:16, 14:16, 16:12, 16:13, 33:19, 35:3, 37:14, 37:15, 50:24, 53:3	window
1:1, 1:6, 3:4, 8:19, 12:14, 13:5, 18:15, 19:16, 23:3, 23:14, 24:22, 25:25, 26:6, 65:18, 68:21	42:13, 42:20, 42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	website	16:11
virginia's	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	22:13, 44:5	within
15:6, 15:8, 20:14, 45:4	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	week	37:11, 52:17, 61:5
virginians	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	12:3, 13:4, 13:16, 14:16, 16:12, 16:13, 33:19, 35:3, 37:14, 37:15, 50:24, 53:3	without
15:8	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	website	32:17
vision	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	22:13, 44:5	wood
55:5	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	week	34:19, 63:22
visual	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	12:3, 13:4, 13:16, 14:16, 16:12, 16:13, 33:19, 35:3, 37:14, 37:15, 50:24, 53:3	wordsmithing
58:12, 59:5, 60:17, 60:20	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	website	39:23
visualization	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	22:13, 44:5	work
34:14, 51:7, 57:5, 58:6	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	week	9:24, 21:4, 21:7, 28:14, 32:14, 33:10, 36:25, 37:4, 37:8, 37:20, 38:18, 42:15, 46:7, 54:4, 63:18, 64:1, 66:18, 67:6
visually	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	website	worked
58:15	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	22:13, 44:5	32:10, 34:5, 37:16, 53:4, 56:15, 56:16
voice	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	website	working
32:3	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	22:13, 44:5	8:2, 8:16, 13:19, 16:2, 21:6, 24:21, 46:17, 48:3
volunteered	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	website	workload
64:8	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	22:13, 44:5	12:11
volunteering	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	website	worst
5:16	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	22:13, 44:5	56:18
vote	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	website	worth
26:11, 26:13, 26:14, 26:16, 28:25, 28:26	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	22:13, 44:5	45:6, 45:25
voting	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	website	wrap
2:2, 26:24	42:24, 44:23, 44:24, 47:10, 47:15, 47:16, 47:25, 49:4, 49:5, 51:17, 54:3, 55:25, 59:22, 60:2, 62:8, 65:6, 65:8, 67:8	22:13, 44:5	3:13
W			
wait			
16:15			
waiver			
20:14			
walk			
35:4, 37:13			

Transcript of Advisory Committee Meeting

Conducted on June 21, 2022

43

Y	18	5
yeah	17:12, 20:15	54
23:7, 32:25, 62:6, 62:22, 63:11, 63:17	1st 21:11, 66:9, 68:12	67:21
year	2	6
10:18, 18:2, 18:6, 18:13, 19:8, 20:16, 21:10, 21:11, 24:13, 47:3, 60:15	1:14 2.2 26:1, 26:7 20 13:18, 33:20	60 22:8, 23:25, 24:3, 24:7
years	2013 48:4 2014 57:22	68 1:24 6th 22:9
you-all	2020 7:9 2021 8:4	
10:1, 20:8, 66:14	2022 1:13, 3:6, 68:13, 68:22	
yourself	2023 10:20, 20:17	
4:10	21 1:13 224511 68:23	
zip	27 22:11	
59:11	3	
0	3 28:5, 67:21	
03	30 7:5 300 43:24	
1:14	31 68:22	
1	33 28:5 3711 26:1, 26:7	
1:24, 26:1	4	
10	446413 1:23	
28:5		
12		
24:16		
1332		
20:14		
15		
10:18, 16:11, 24:3, 24:11, 66:9		
15.6		
20:18		
16		
7:7		

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