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Transcript of Virginia Health Benefit Exchange Meeting

Date: July 22, 2021

Case: Health Benefit Exchange Advisory Committee Meeting

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1 COMMONWEALTH OF VIRGINIA
2 STATE CORPORATION COMMISSION

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5 VIRGINIA HEALTH BENEFIT EXCHANGE
6 ADVISORY COMMITTEE MEETING

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9 Conducted Remotely

10 July 22, 2021

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

2

3 Voting Members:

4 Sabrina Corlette, Chair

5 Jane Norwood Kusiak, Vice Chair

6 Victoria Savoy, Director

7 Lee Biedrycki

8 Scott Castro

9 Doug Gray

10 Ikeita Cantu Hinojosa

11 Starla Kiser

12 Kenn Penn

13

14

15 Ex-officio Members:

16 Secretary Dr. Daniel Carey

17 Commissioner Duke Storen

18 Commissioner Dr. Norman Oliver

19 Commissioner Scott White

20

21 Also present:

22 Julie Blauvelt

23 Toni Janoski

24 Whitney Thomas

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

2 MS. SAVOY: I just want to welcome
3 everyone to the July 2021 Virginia Health
4 Benefit Exchange Advisory Committee meeting.
5 The Exchange is one year old now, and we've
6 had a very busy year. We have a slide a
7 little later in the presentation to show you
8 some of the things that we have been working
9 on.

10 And at this time, I'm just going to
11 turn the meeting over to Sabrina to welcome
12 everyone, call the meeting to order, and then
13 after that, Toni Janoski will call the roll.
14 Thank you.

15 CHAIR CORLETTÉ: Thank you,
16 Victoria. And I'm so pleased to welcome
17 everybody back for our second full Advisory
18 Committee meeting. There's been a lot
19 happening since we last met in terms of both
20 federal and state policy changes that have
21 been some big implications that I know we'll
22 talk about today.

23 I also just want to, on a more
24 bittersweet note, acknowledge our departed
25 colleague Chiquita Brooks-LaSure, who is not

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1 with us today because she is running the
2 Federal Center for Medicare and Medicaid
3 Services. And we're very sad to lose her,
4 but we have a fabulously talented and
5 committed group of folks here on the Advisory
6 Committee.

7 We're going to be hearing about work
8 of two very active subcommittees on some
9 essential Exchange functions, eligibility and
10 enrollment and consumer assistance. So
11 without further ado, I will turn it over to
12 Toni to take the roll and call this meeting
13 to order. Thank you.

14 MS. JANOSKI: This is Toni Janoski.
15 I'm a member of the Health Benefit Exchange
16 staff, the deputy director. So welcome,
17 everyone. Thank you for being with us this
18 afternoon.

19 I will reference information that
20 Whitney has put up on the screen. There is a
21 call-in number that you can share with
22 others, should people have an interest in
23 calling in. And also the live stream is
24 available through the webcast page.

25 A couple of reminders for this

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1 afternoon: If only the Committee members
2 could have their cameras turned on, that's
3 appreciated. And also, please stay mute
4 until you're called on to speak. And the
5 transcript will be made available online in a
6 couple weeks.

7 So with that, I will call the roll.
8 If you could just unmute yourself and let us
9 know that you're here. Secretary Carey?

10 DR. CAREY: I'm here. Good
11 afternoon.

12 MS. JANOSKI: Director Kimsey? Is
13 anyone here on behalf of Director Karen
14 Kimsey?

15 MS. ANNECCHINI: Good afternoon.
16 This is Jessica Anneccchini. I know that
17 Ellen Montz will be joining us by 2 p.m., but
18 I'm also here to represent DMAS.

19 MS. JANOSKI: Dr. Oliver? Is anyone
20 here representing Dr. Oliver?

21 DR. CAREY: This is Dr. Carey. Dr.
22 Oliver was here at the Patrick Henry Building
23 a moment ago, and I think he's walking back
24 to his office. So I anticipate he'll be on
25 soon.

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1 MR. JANOSKI: Wonderful. I'll look
2 for him to join.

3 Commissioner Storen?

4 COMMISSIONER STOREN: Good
5 afternoon, everybody.

6 MR. JANOSKI: Good afternoon.

7 Commissioner White?

8 COMMISSIONER WHITE: I'm here.

9 MS. JANOSKI: Sabrina?

10 CHAIR CORLETTE: Hi. I'm here.

11 MS. JANOSKI: And Jane?

12 MS. KUSIAK: I'm here.

13 MS. JANOSKI: Lee?

14 MR. BIEDRYCKI: I am here.

15 MS. JANOSKI: Welcome, Lee. Scott
16 Castro?

17 MR. CASTRO: I'm here.

18 MS. JANOSKI: Good afternoon, Scott.

19 Liz Cunningham? Oh, that's right. We just
20 referenced that.

21 Doug Gray?

22 MR. GRAY: Hello.

23 MS. JANOSKI: Ikeita?

24 MS. HINOJOSA: Good afternoon. I'm
25 here.

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1 MS. JANOSKI: Hi, Ikeita. Starla?

2 Starla?

3 MS. KISER: I'm here.

4 MS. JANOSKI: And Kenn Penn? I
5 believe I heard Kenn earlier. Kenn Penn?

6 MR. PENN: Yeah, good afternoon.

7 MS. JANOSKI: Hi, Kenn. Okay.

8 Thank you so much.

9 MS. SAVOY: I think I am next for
10 the update reports for all of the Exchange
11 and state basic Exchange happenings.

12 So the first thing I'm actually
13 going to do is I'm going to let you have a
14 special guest appearance by Julie Blauvelt,
15 the Deputy Commissioner of Life and Health
16 from the Bureau of Insurance, and she's going
17 to provide an update on the reinsurance
18 program for us. Julie?

19 MS. BLAUVELT: Thank you, Victoria.
20 Hello, everyone. As I'm pretty sure most of
21 you know, the House Bill 2332 was passed last
22 session and tasked the State Corporation
23 Commission with applying for a state
24 innovation waiver under Section 1332 of the
25 ACA to administer a reinsurance program

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1 that's expected to reduce premiums in the
2 individual market in Virginia for plan year
3 2023 by up to 20 percent of what rates would
4 have been without the reinsurance program.

5 So there are several steps to being
6 able to submit that 1332 waiver reinsurance
7 application. And we've completed the first
8 one, which was Oliver Wyman, our consulting
9 actuary performed a market scan of Virginia's
10 individual market; that was completed with
11 data as of March 31st of this year. So it
12 just missed any information about pre ARPA,
13 American Rescue Plan subsidies.

14 So the information that we're using,
15 since we're looking at 2023, when, you know,
16 currently it's expected that the ARPA
17 subsidies will not be around in 2023, we can
18 use that data we have up through March of
19 this year to project and look at what might
20 happen in 2023.

21 So from this market scan, we -- or
22 Oliver Wyman, actually, has done a
23 preliminary calibrated model that will --
24 that has -- that will provide us estimated
25 costs of what a reinsurance program will look

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1 like to the state. And they are looking at
2 various premium reduction scenarios, anywhere
3 from 5 percent reduction up to 20 percent
4 reduction, and developing a model that's
5 going to show us what the costs are for those
6 various levels of premium reductions; they're
7 doing them in increments of 5; so 5, 10, 15,
8 and 20 percent, they're going to be able to
9 show us what that looks like.

10 And at the stage that we're at right
11 now, they've conducted that preliminary
12 model, but now we have sent out a survey to
13 the carriers who are participating or
14 planning to participate in the individual
15 market for next year, and we're seeking their
16 feedback. And this is a really important
17 step, because our actuaries have projected
18 what they think is going to happen, but
19 without getting the carriers' input on
20 exactly how rates may change with the
21 different factors, then they can't develop a
22 good model without actually knowing what the
23 carriers are going to do with that
24 information.

25 So, you know, for example, Oliver

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1 Wyman might predict that with the morbidity
2 impact of the reinsurance program, a carrier
3 may reduce its rates by a certain percent,
4 but in actuality, there may be other factors
5 that go into the carrier setting that rate.
6 So the rate that actually happens may be very
7 different.

8 So we're getting that carrier
9 feedback so we can really get a good estimate
10 of what the state costs are and also to be
11 able to develop good parameters like
12 co-insurance percentage for the reinsurance,
13 and the cap, and the attachment points. So
14 all of that is necessary to make sure we have
15 the best estimate so that we, you know, don't
16 get caught short with the funding or anything
17 like that.

18 So once we get that carrier
19 feedback -- hopefully by next week, we'll
20 have that -- then we can finalize the model.
21 And then, you know, decide on one of those
22 premium reduction scenarios, the 5, 10, 15,
23 or 20 percent. They'll give us a good
24 estimate of what the funding will be. We'll
25 make that decision based on, you know, what

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1 we think the funding available will be.
2 They'll do the required actuarial and
3 economic reports. And we'll be able to
4 develop the reinsurance parameters that will
5 be used and make the final adjustments.

6 So as required by the statute, we
7 have to have a draft application ready by
8 October 1 of this year. We will have a
9 public comment period on what's been
10 developed as part of that application. And
11 then once we get the comments and the
12 feedback from that, we'll be able to submit
13 the final application as also required by the
14 statute by January 1 of next year.

15 So that is the basic layout of
16 what's going on, and the next steps to
17 happen. Are there any questions?

18 CHAIR CORLETTÉ: I don't have a
19 question, Julie. That was a really helpful
20 presentation and it's great to know that
21 that's moving forward.

22 I do just want to flag, just from an
23 Exchange perspective, it will be important to
24 really think about how we message this to
25 consumers in the fall of 2022, particularly

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1 our subsidized consumers, just assuming that
2 the Rescue Plan substitutes end at the end of
3 2022, because there are some real impacts on
4 them if they don't actively shop for a new
5 plan.

6 MS. BLAUVELT: That's great. Yeah,
7 the benchmark where the subsidies are set,
8 that plan will most likely be reduced by 5,
9 10, 15, or 20 percent, which makes people's
10 subsidies decrease and they can be left with
11 some sticker shock if they don't go back on
12 and look to make sure the plan they're
13 choosing, you know, they know what the
14 premium is going to be for the next year.

15 MS. SAVOY: Does anyone else have
16 any other questions or comments for Julie?
17 Thank you, Julie. We appreciate that very
18 much.

19 And continuing along, regarding
20 federal activity, first thing I want to
21 mention is -- it's actually not on this
22 slide -- is to let you know about a CMS grant
23 opportunity, which the Virginia Health
24 Benefit Exchange took advantage of. And that
25 is CMS had issued the notice of a

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1 modernization grant under ARPA. It was
2 announced June 21st and submissions had to be
3 in by July 21st and award notices are
4 expected September the 10th.

5 So this grant was to be used for the
6 purpose of enabling Exchanges to modernize or
7 update any system, program, or technology
8 utilized by the Exchange to ensure it is
9 compliant with all applicable requirements.

10 There were two levels of awards. If you were
11 a full state-based Exchange, you could
12 receive up to a million three. And if you
13 were a state-based Exchange on the federal
14 platform, you could receive up to 800,000.

15 Virginia Health Benefit Exchange, we
16 did apply for funds to support three
17 different projects that are associated with
18 the transition from being a state-based
19 Exchange on the federal platform to a full
20 state-based Exchange. So hopefully we will
21 be successful and all of our projects will be
22 approved.

23 So I just wanted to let you know
24 that is something that came and went very
25 quickly. We had a month to do everything.

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1 And so with a lot of great help from the
2 Bureau of Insurance and the Office of General
3 Counsel within the State Corporation
4 Commission, we were able to get that turned
5 around in a month.

6 So continuing along now with the
7 federal activity, the special enrollment
8 period: As of June 30th, there have been
9 over 40,000 new plan selections since the
10 start of the special enrollment period in
11 February. That is an increase of over 240
12 percent over the same time last year. So
13 total plan selections in Virginia now sit at
14 approximately 259,000 individuals.

15 So we're seeing -- I think
16 Virginia's actually seeing a lot more
17 activity than some other states, from what
18 I've been hearing. So very pleased with
19 that.

20 And right now, the special
21 enrollment period is still scheduled to end
22 August 15th. So we should get -- we get
23 reports from CMS after the end of the month,
24 so we'll receive July's reports in probably
25 early August.

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1 And then the last federal update I
2 wanted to mention is the proposed payment
3 parameters for a plan year 2022. This is
4 actually the third notice for plan year 2022,
5 and it was published on June 28th. And I
6 know Sabrina has been following this very
7 closely, and she may actually have more
8 detailed information than I have. So
9 Sabrina, please don't hesitate to speak up.

10 Some of the highlights are that --
11 now, again, this is proposed -- extension of
12 open enrollment. So it would still start
13 November 1st of 2022, but it would run an
14 additional month and would end January 15th,
15 2023 rather than December 15th of 2022. And
16 this would be a change for 2022 and going
17 forward.

18 So every year, the open enrollment
19 would be extended for about a month, and
20 there would be an ongoing monthly special
21 enrollment period for those enrollees with
22 household income of no greater than 150
23 percent of the federal poverty level.

24 Also was mentioned, an increase in
25 user assessment fees. And when they talk

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1 about increase, it's an increase from one of
2 the prior proposed payment parameter notices.
3 So they're now anticipating 2.2 percent user
4 fee for state-based Exchanges on the federal
5 platform. Currently, states are paying 2.5
6 percent to the federal government.

7 But one of the earlier proposed
8 payment parameters -- that's hard to say
9 quickly -- actually had dropped that number
10 down to 1.75 percent. It's now gone back up
11 to 2.25 percent, and the rationale for that
12 is the increased money that is being given
13 out to Navigators associated with the full
14 Exchanges, federal Exchanges.

15 Now Virginia has had a rate of one
16 half of one percent, so .5 percent. And that
17 is not anticipated to change. And there was
18 a new rule put out by the Commission to set
19 that at .5 percent for both plan year 2022
20 and plan year 2023.

21 Additional changes include a change
22 in the separate billing requirements for
23 premiums associated with abortion services.
24 They're proposing to repeal the direct
25 enrollment option. And there is a proposal

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1 to modify -- or modifications to the Section
2 1332 state waiver policies.

3 So comments on these proposals are
4 due July 28th. I'm not sure when any final
5 notices will be actually issued by CMS.

6 So in addition to the federal grant
7 that the Exchange applied for, we also are
8 actually providing grant funds to our
9 Navigators. Last year, if you recall, was
10 the first year for Navigator grant funds
11 distributed by the State Corporation
12 Commission to two Navigator groups.

13 And so those for were a one-year
14 period. We have put out a request for
15 funding applications for plan year 2022; that
16 was issued in June. And the responses were
17 actually due last week. The review will
18 occur and selection notification is expected
19 to be announced around August the 16th and
20 the awards will be actually issued expected
21 to start September the 1st, 2021 for the sort
22 of 2021 to 2022 year.

23 Regarding requests for proposals,
24 there are a few, and they're in different
25 stages right now. Probably the one that most

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1 people have heard a lot about is a software
2 platform and consumer assistance center RFP.
3 There are final tweaks that are occurring
4 right now, and we are awaiting additional
5 input, as necessary, regarding Medicaid
6 coordination. The expected issue date for
7 that RFP is October the 1st.

8 The consultation or consultant RFP,
9 that was an RFP that was issued in late May,
10 and responses have been received on that.
11 The evaluation committee is in the process of
12 reviewing responses at this time. And it is
13 my understanding that the expected award date
14 for that will be early August, and that is
15 for sort of subject matter expert
16 consultation from someone who has state basic
17 Exchange experience to assist the Virginia
18 Exchange.

19 The third RFP that we are working on
20 is for advertising and branding. Again, we
21 had a small RFP for the last open enrollment
22 period and this would be for not only this
23 upcoming enrollment period, but actually to
24 get us through the transition to be a full
25 state-based Exchange. That we are expecting

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1 to be issued soon. It's in the final review
2 stages right now. And like I said, it will
3 be in place for open enrollment for plan year
4 2022, which begins November the 1st, 2021.

5 We are still continuing our Medicaid
6 coordination with the Department of Medical
7 Assistance Services and Department of Social
8 Services. We've been conducting research and
9 talking to other state Exchanges to determine
10 how their coordination works. And that is
11 definitely running the gamut of tight
12 coordination to not very well coordinated.
13 So that's provided a lot of information for
14 us. We've had a lot of meetings with
15 Department of Medical Assistance Services and
16 Department of Social Services.

17 The Exchange consultant that I just
18 mentioned will be providing input on that
19 also. And we plan to have some option to be
20 discussed with Department of Medical
21 Assistance Services and Department of Social
22 Services prior to the issuance of the
23 software platform RFP. So we are working
24 on -- we're continuing to work on that.

25 And as was mentioned, Chiquita

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1 Brooks-LaSure, one of the Virginia Exchange
2 Advisory Committee members, has been
3 appointed to a lead CMS. And she did step
4 down from her position on the Exchange
5 Advisory Committee. The Governor's office is
6 in the process of working on a replacement
7 appointment, and it has not been announced,
8 but I believe that the announcement -- or an
9 announcement will be made shortly, perhaps in
10 a couple of weeks.

11 If some of you may recall, the
12 Advisory Committee, some members are
13 appointed by the State Corporation Commission
14 and other members are appointed by the
15 Governor. And Chiquita was appointed by the
16 Governor, so the Governor will be appointing
17 her replacement.

18 And then for the Exchange staffing
19 update, just to let you-all know, that the
20 State Corporation Commission Office of
21 General Counsel provides legal support to
22 every division in the Commission, including
23 the Exchange Division. Up to this point,
24 there have been several Office of General
25 Counsel attorneys have been supporting the

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1 Exchange in addition to their regular
2 assignments, though they've been very good
3 about supporting us.

4 But I'm very happy to announce that
5 Ms. Mary McLaurin is a new attorney in the
6 Office of General Counsel who has been
7 assigned to support the Exchange as her
8 primary assignment. And Mary is with us
9 today; if you would like to say hi, Mary.

10 MS. McLAURIN: Good afternoon. As
11 Victoria said, I'm Mary McLaurin. I joined
12 the Office of Consumer Counsel about two
13 weeks ago. And I'm delighted to be working
14 on this project and supporting the Exchange.

15 MS. SAVOY: Thank you, Mary. So
16 you'll probably see Mary's name on a lot of
17 correspondence or as part of meetings. We've
18 already given her a lot to start with, so we
19 appreciate that she hasn't run away
20 screaming.

21 And then one more update that I was
22 asked to mention: Some of you, I know, were
23 participating in the Virginia Association of
24 Health Plans annual meeting. And when I gave
25 my little update at that meeting, I mentioned

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1 that there would be stakeholder meetings with
2 the health carriers coming up shortly.

3 And I just wanted to give a little
4 update that we are still working on those.
5 And it kind of threw our timing off when the
6 CMS grant came in and we kind of had to put
7 everything we were doing aside to work on
8 that grant. But we are still working to
9 create a stakeholder meeting for the health
10 carriers, and we are requesting contacts for
11 small group discussions with the carriers and
12 seek carrier input on the software platform,
13 the consumer assistance center, as well as
14 marketing aspects. So I just wanted to
15 mention we haven't forgotten about that.
16 That's still on our to-do list.

17 And last but certainly not least,
18 Whitney, if you would like to go forward.
19 Whitney put this together. Happy first
20 birthday to the Exchange. And as you can
21 see, a lot has happened in a year. We went
22 from zero employees to four employees. Even
23 when I started in September, there was no
24 official space allocated to the Exchange, and
25 we now occupy about 1600 square feet on the

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1 fifth floor of the Tyler Building.

2 So thank you, Scott White, for
3 letting us have some of the space on the
4 Bureau of Insurance floors. And part of what
5 we've done is we've built a shared conference
6 room that can be used by all of the divisions
7 of the Bureau, plus the Exchange.

8 As you can see, we have increased
9 the new plan selections in Virginia by about
10 7.6 percent in a year. And we went from zero
11 certified application counselor designated
12 organizations, the CDOs; we went from 0 to
13 34. And we also started at zero for the
14 certified application counselors, and we are
15 now at 195. So those are overseen by
16 Virginia.

17 We went from 22 Navigators
18 registered in Virginia to 35. And as I
19 mentioned a little while ago, we had zero
20 funded Navigator organizations; those
21 original grants were issued in September of
22 2020, so in July we had nothing. And we now
23 have two funded Navigator organizations.

24 And as you all know, we did not have
25 an Advisory Committee back in July. And we

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1 worked on that. That was one of the first
2 things we did. And I'm really pleased to say
3 we have 15 great and active people. We've
4 had two meetings. This is our third meeting.
5 And I look forward to more quarterly
6 meetings.

7 And with that, I'm going to turn it
8 back over to the Chair, Sabrina Corlette.

9 CHAIR CORLETTE: Thank you,
10 Victoria. Before we launch into the reports
11 and other business, I guess I should just
12 ask, does anybody have any questions for
13 Victoria? That was a lot of information, a
14 lot of activity. So if there are questions,
15 now's a good time.

16 DR. CAREY: This is Secretary Carey.
17 One of the -- first of all, congratulations
18 on that great progress in our first year and
19 signing up for our partners. How on those --
20 whether it's the counselors and the different
21 customer service folks -- how have we been on
22 the geographic distribution? As we know,
23 Virginia is two or three states if not more.
24 And how are we doing in southwest versus
25 Northern Virginia, the Valley; how are we

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1 doing on that?

2 MS. SAVOY: Well, I must admit, off
3 the top of my head, I don't know that. But I
4 will certainly find out and let you know. I
5 believe -- I know our Navigator organizations
6 have multiple locations across the state, but
7 I don't know about the other types of
8 assisters, but I'll certainly find that out
9 and bring that back.

10 DR. CAREY: Thanks so much.

11 Appreciate it.

12 CHAIR CORLETT: You're welcome.

13 Any other questions for Victoria?

14 MR. CASTRO: Hey, Victoria. This is
15 Scott Castro. Two brief questions: One,
16 regarding the ARPA funds, did SCC or BOI
17 submit any requests for the use of ARPA funds
18 for anything benefiting the Health Benefit
19 Exchange for this upcoming special session?

20 MS. SAVOY: I don't think so. We
21 were not asked to provide any information to
22 the General Assembly with that regard, no.

23 MR. CASTRO: Thanks. And also, any
24 progress on -- I know you guys were looking
25 for a director, a deputy director of

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1 legislative affairs and consumer outreach.

2 Any progress on that?

3 MS. SAVOY: Yes. We have had
4 progress. We're in the process of that.
5 Right now, as you can imagine, since it's one
6 of the leadership positions in the division,
7 the judges have been more involved than they
8 are with the lower level. So because there's
9 more individuals, it's taken awhile to
10 coordinate with the Commissioners' schedules.

11 So it's still in the process, but
12 that's probably all I can say right now.

13 MR. CASTRO: I appreciate that.

14 Thank you.

15 MS. SAVOY: Sure.

16 MR. GRAY: This is Doug. I have a
17 question. I'm interested in a timeline for
18 the RFP. Do we have a general sketch yet or
19 is it a little too early for that?

20 MS. SAVOY: No, I do. I have that
21 over here. Yes. The timeline that I've
22 worked on with the State Corporation
23 Commission procurement project management
24 office -- and as you can imagine, this is
25 tentative because it goes out aways -- but

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1 we're anticipating that the software platform
2 RFP will be posted in October.

3 And then we're anticipating that we
4 will begin to receive proposals in November.
5 And we'll start working on the scoring and
6 negotiations in December and work through
7 that final contract and negotiations phase.

8 And actually, our plan right now is
9 to award the contract by end of April of
10 2022, which would give us over a year for
11 implementation purposes.

12 MR. GRAY: Thank you.

13 MS. SAVOY: Sure. And I think
14 someone else -- yes?

15 MS. HINOJOSA: Hi. This is Ikeita
16 Cantu Hinojosa. My question was regarding
17 the notice of benefit and payment parameters.
18 You know, there's some really important
19 things that are happening with regard to
20 those, especially just in terms of reversing
21 some of the last administration's rather
22 dangerous trends and kind of putting us back
23 in the right direction of expanding access,
24 especially in terms of advancing equity for
25 people of color and for historically

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1 underserved communities.

2 I know you mentioned, I believe, at
3 the end of this month was a deadline to
4 submit proposed comments for the proposed
5 rules. So I was just wondering, are we going
6 to submit comments for that?

7 MS. SAVOY: The Exchange itself --
8 we as a single Exchange do not plan to submit
9 comments. But I know that the National
10 Association of Insurance Commissioners has, I
11 believe -- either has submitted comments or
12 plans to. And the Affinity Group of the
13 state-based exchanges under NASHP, they plan
14 to provide comments to the proposed
15 payment.

16 So we'll get our comments in that
17 way in a little more indirect route rather
18 than just as single comments.

19 MS. HINOJOSA: Thanks.

20 MS. SAVOY: Any other questions? Go
21 ahead Sabrina. Thank you.

22 CHAIR CORLETT: Okay. Great.
23 Well, before we turn to the reports from our
24 subcommittees, I had raised an issue a few
25 weeks ago with our Exchange team about the

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1 end of the federal public health emergency.
2 As folks may know, because of COVID-19 at the
3 beginning of the pandemic, the federal
4 government announced a public health
5 emergency and, under federal legislation,
6 passed, in 2020, part of that under the --
7 until the PHE is over, states that enrolled
8 people in Medicaid have what's called a
9 maintenance of effort requirement, where
10 they're not allowed to disenroll those folks
11 until the end of the PHE.

12 With the waning of the pandemic, the
13 end of the PHE is on the horizon. We don't
14 know exactly when that will be; it could be
15 the end of this year -- sorry? I guess if
16 you're not speaking, if you could put
17 yourself on mute, that would be great.

18 So the public health emergency could
19 end at the end of this year or stretch into
20 2022, but the reason I brought it up to
21 Victoria and her team is because DMAS will
22 have to process a bunch of eligibility
23 redeterminations for Medicaid. And a number
24 of those folks, we don't know quite yet how
25 many, are likely to be eligible for fairly

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1 generous subsidies for a Marketplace plan.

2 And I know a number of states are
3 starting to think through the kind of
4 coordination and activities that might be
5 needed to ensure a smooth transition for
6 these folks into Marketplace or private
7 coverage.

8 And so I invited -- at Victoria's
9 suggestion, which I thought was an excellent
10 suggestion, we have invited Jessica
11 Annecchini from DMAS; hopefully, Jessica, I
12 got your name pronounced correctly. But we
13 are just delighted to have you here with us
14 today to talk a little bit about how DMAS is
15 thinking about the end of the public health
16 emergency and this transition period and also
17 just any ideas you may have about how we as
18 the Exchange Advisory Committee or how the
19 Exchange can help keep people in
20 comprehensive coverage after the PHE ends.

21 With that, I will turn it over to
22 Jessica.

23 MS. ANNECCHINI: Good afternoon,
24 everybody. I am the senior policy advisor
25 for administration. So I report to Deputy

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1 Sarah Hatton. So what I'm going to be doing
2 is giving you guys an overview of where
3 Virginia is in our beginning stages of
4 planning far and wide. Go ahead to the next
5 slide.

6 So, of course, before we start
7 talking about unwinding, we need to talk
8 about how did we get to where we are today.
9 So just a quick snapshot here on what
10 Virginia has done. So as previously
11 mentioned, for eligibility and enrollment,
12 all closures and reductions have been
13 suspended in order to meet those maintenance
14 of effort requirements.

15 Now, of, course with any rule, there
16 is exceptions. And some of those exceptions
17 are things like cases of death, permanently
18 leaving Virginia, a customer's request to end
19 their benefits, and member incarceration.

20 Also for our FAMIS, which is our
21 CHIP population, pregnant women and
22 individuals that turn 19, as well as our
23 pregnant individuals that have a CHIP or 214
24 immigration status, they are not eligible
25 under maintenance of effort. So when they no

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1 longer meet their requirements due to age or
2 postpartum, then we do have to reevaluate
3 them for any ongoing coverage or close them
4 out if they're not eligible.

5 So we also introduced verbal
6 authorization from incapacitated individuals
7 to assister groups. So this is really
8 important, especially in cases early on,
9 where individuals could not be in the same
10 physical location as the applicant. So this
11 really helped our assister groups in
12 maintaining their safety.

13 We've also extended reasonable
14 opportunity periods, and that is mostly for
15 non-financial information. And then we also
16 extended temporary out-of-state absences.

17 So we also made sure while we have
18 current policy today that asks a processing
19 entity to work with an applicant if they're
20 having difficulty getting verifications,
21 because of the multiple delays that have
22 occurred with the PHE, we've definitely
23 heightened that to say, if there's any
24 circumstances outside of a customer's control
25 or even delays due to mail, to work with

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1 those applicants in processing their
2 information.

3 So we did pause our manual renewal
4 processing. This is where a worker would
5 actually take a paper renewal form and run it
6 through our eligibility system. But we did
7 continue our automated ex parte or no-touch
8 process.

9 We're not sending administrative
10 renewal forms at this time. That is due to
11 the uncertainty of the end of the PHE and, of
12 course, subsequent changes that may happen
13 once that form is returned.

14 We did resume renewal processing in
15 July of 2020, but when we entered 2021, we
16 did pause that processing again. So there
17 has been a little back-and-forth based on the
18 dates, but at this point, we are not
19 processing any of those renewals manually.

20 And then a couple other areas
21 outside of eligibility and enrollment: So
22 for appeals, we have the automatic retention
23 of benefits during the appeal. And that's a
24 change from normal processes. So normally, a
25 customer, when they appeal, they do have to

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1 request that they maintain their benefits
2 during the appeal because there's usually a
3 financial association to that, where we can
4 recover if we're found in favor of the
5 agency.

6 So with that, not only is a customer
7 allowed to automatically maintain their
8 benefits, but there will be no financial
9 recovery for continuing that coverage during
10 an appeal. Also with appeals, we extended
11 the time frame to request a fair hearing as
12 well as verbal authorization, again, for
13 representation during the appeal.

14 And then lastly on our services and
15 benefits side, we did eliminate member
16 co-pays and increased telehealth and
17 electronic signatures, increased prescription
18 allotments and delivery methods, and
19 decreased barriers to our long-term services
20 and supports, especially in the screening
21 side.

22 And one thing I want to say that
23 DMAS has done since putting these in place,
24 some of the flexibilities for telehealth have
25 been extended permanently, and we are looking

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1 to seek permanent authority to remove those
2 co-pays.

3 So what we've seen, since coming
4 into the PHE, we now cover over 1.8 million
5 members. And as of July 14th, we've enrolled
6 325,000 members since the beginning of the
7 federal PHE. And currently, we're gaining
8 about 4,000 members weekly.

9 So as I mentioned on the previous
10 slide, we're not disenrolling members;
11 however, we are continuing to run our ex
12 parte, that no-touch renewal process. An ex
13 parte process is only successful if we're
14 able to maintain the current coverage or
15 increase coverage for our members.

16 And so out of those cases that are
17 eligible for ex parte review, Virginia has
18 seen an 80 percent success rate in that. We
19 definitely thank our partners at DSS, at
20 Department of Social Services; they own the
21 eligibility system where we run all these
22 cases through. So we've worked with them to
23 make sure we have robust data matching
24 services in order to serve our members
25 without having to send those administrative

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1 renewal forms.

2 So we have been tracking, even
3 before unwinding was even being thought of,
4 we were tracking groups and members to
5 prepare for unwinding. And so there's three
6 main groups. We have those that have an
7 overdue renewal. Then we have members that
8 no longer meet non-financial requirements but
9 cannot be reevaluated due to maintenance of
10 effort.

11 Some examples would be other
12 individuals that may have aged out of
13 coverage or some of our pregnant women that
14 would not be otherwise eligible other than
15 what I talked about previously with FAMIS.
16 And then time-limited benefits that have been
17 extended to meet maintenance of effort, and
18 those are our medically-needy individuals,
19 individuals who are typically over income for
20 Medicaid; however, they have had medical
21 expenses that have allowed them to meet a
22 temporary period of coverage.

23 So the main question is are we ready
24 for unwinding? Our current guidance
25 indicates that the federal PHE may be

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1 extended through 2021. Of course, we know
2 that that still is up in the air. We know
3 constantly we're hearing about variants and
4 the number of cases that we're receiving, so
5 of course, that can change daily.

6 But based on this guidance, which
7 has been a letter that was sent out to
8 governors at the beginning of the year, we
9 are working with DSS to plan our action steps
10 in January of 2022.

11 So we have begun bucketing our
12 populations to rank and determine a course of
13 action to reevaluate. So again, there's the
14 three -- the list of the three groups that we
15 talked about on the previous page; however,
16 within that, Virginia has a multitude of
17 covered groups, depending on what type of
18 benefits you may be eligible for.

19 Now with that, I just want to add,
20 CMS, last week, there was a learning
21 initiative webinar on risk assessment. And
22 CMS has provided a little bit of guidance on
23 some documents that states can use to track
24 their risk assessment.

25 We've actually already been working

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1 on that. It doesn't give the timeline, which
2 is really one of the most important things
3 that we'll talk about in a little bit here;
4 however, the risk assessment helps to show
5 what groups should you be looking at in what
6 order, what are our potential populations.

7 So for Virginia, what we've looked
8 at is our overdue renewals. This is going to
9 be the primary mode to reevaluate our
10 individuals, followed by those changes in
11 circumstances, and of course, those are both
12 things that may have been reported by a
13 customer and those that are automatically
14 determined during the course of their
15 enrollment.

16 And then, of course, we need to
17 align our systems, our eligibility and
18 enrollment systems. And we'll get into a
19 little bit more of each of those buckets in a
20 little bit.

21 So as the maintenance of effort
22 would continue through the end of the month
23 in which the PHE expires, we would begin
24 actions in February to reevaluate and then
25 reduce and terminate coverage if the PHE were

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1 to end in January. So the maintenance of
2 effort requirements in order to maintain the
3 increased federal matches, those would end in
4 the month in which the PHE ends, but I do
5 want to point out here, as well, the match
6 rates themselves, they do not end until the
7 end of the quarter in which the PHE ends. So
8 there's a lot of different guidance on
9 eligibility and enrollment versus services
10 versus payment records.

11 So current guidance is six months to
12 fully unwind from the end of the PHE. New
13 guidance is forthcoming. We don't have a
14 timeline for that, and I know multiple states
15 ask in multiple meetings, you know, when is
16 that guidance coming out. So we're all
17 waiting for that; you know, as soon as we can
18 get it from CMS, then we can begin putting a
19 better timeline on our unwinding.

20 Now, of course, we would like to
21 implement in a phased approach, when
22 possible, but we must balance the budget
23 considerations, which is what I just talked
24 about; while we may have six months to unwind
25 while we may only receive that enhanced match

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1 for two months. So making sure that you're
2 getting, you know, the best bang for your
3 buck as well as serving your customers in the
4 best way possible.

5 All right. So we actually were
6 making some preparations that we were
7 planning on using within our eligibility
8 system even prior to the PHE. So I know this
9 may be a little bit tiny for you guys. So in
10 our eligibility system, VACMS, an update was
11 made to an existing automated
12 redetermination. Automation is key in making
13 sure we can get through as many customers as
14 possible using our existing information. So
15 we actually expanded this process to include
16 additional populations.

17 So we did not turn this on because
18 this automated process does reduce and
19 terminate. However, what this will help us
20 do is it will automate the redeterminations
21 for all of our pregnant women once they reach
22 the end of their postpartum period,
23 individuals that age out of coverage at 1,
24 19, 26, and 65. Those ages are important in
25 terms of covered groups; certain individuals

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1 can -- you know, our children's group are
2 mainly under 19; 26 are for our former foster
3 care individuals; and 65 is when most
4 individuals would move from expansion
5 coverage to one of our age, blind, and
6 disabled coverages.

7 We also will have some automated
8 processes if we determine that someone is now
9 eligible for Medicare. You cannot have
10 Medicare while you're in expansion coverage
11 in normal times. And so what this will do is
12 this will actually automate sending out
13 information to gain information from our
14 customers that we would need to evaluate them
15 for those age, blind, and disabled groups.

16 So we will utilize our current ex
17 parte process as well. Right now, the ex
18 parte process works prospectively, and so
19 what we would like to do is actually use that
20 and rerun individuals that may have failed in
21 the past, but we can successfully ex parte
22 renew them now. A lot of times, automated
23 renewals may fail due to data sources, and so
24 rechecking those data sources may lead to
25 increases in success.

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1 And of course, we're going to resume
2 the administrative renewal form process.
3 That is actually built in to our automated
4 process and that if someone does not
5 successfully ex parte renew, no touch, then
6 we send the administrative renewal form
7 through that process.

8 Now, of course, automation being as
9 great as it can be, there are some gaps that
10 we have to address with manual work. And
11 just a few notes on this: We do have other
12 automated processes that we will be bringing
13 back and resuming. Our transitional
14 Medicaid, also known as extended Medicaid,
15 that's a monthly process we'll be bringing
16 back. And our foster care process does
17 already run; however, we'll be expanding that
18 to reevaluate individuals that are no longer
19 eligible.

20 And then, of course, manual work,
21 you know, that's going to come with anything
22 that hasn't been reported or recorded within
23 our eligibility systems, which we'll go into
24 on the next slide.

25 All right. So like I said, there's

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1 a number of processes that will need planning
2 to implement; however, customer reported
3 changes is going to be one of our biggest
4 hurdles to jump over when it comes to manual
5 processing. So we do have a self-directed,
6 again, a no-touch process, when someone
7 submits an application or a renewal but
8 changes must be renewed manually.

9 Now this includes changes that may
10 have been reported directly to an eligibility
11 worker and may not be unloaded into the
12 system; or changes that have been reported,
13 however, it was determined that those changes
14 couldn't be acted upon because they would
15 cause the reduction or closure not allowed
16 with maintenance of effort.

17 And then our manual renewal
18 processing, so we've gone over the ex parte
19 process. So those individuals that cannot go
20 through ex parte, it may be because we need
21 to get additional information for them or
22 their covered group is not eligible for ex
23 parte renewal. Currently, in Virginia, any
24 of our covered groups that have a resource
25 test are not eligible for ex parte review.

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1 We do have some electronic sources
2 that can help match liquid resources, which
3 is an asset verification system; however,
4 there are some sources of income or some of
5 those other non-liquid resources that do need
6 to be verified with the additional help from
7 the customers.

8 And then another thing I had noted
9 on the last slide was aligning our systems.
10 So aligning our systems includes making sure
11 that our eligibility system, VACMS, says the
12 same thing as our enrollment system, MMIS.
13 And sometimes those systems can become out of
14 sync; it could be in terms of enrollment, it
15 could be in terms of renewals. And so that
16 is another process that we have to work on
17 manually to make sure that everything
18 aligns.

19 So then the Marketplace role. So,
20 of course, we know that most individuals are
21 referred to the Marketplace when they're not
22 eligible for full coverage through Medicaid
23 or FAMIS. Now, some of the big exceptions to
24 that are if someone is closed due to a report
25 of death or if someone is enrolled in

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1 Medicare, we do not refer those individuals
2 to the Marketplace.

3 So currently, Virginia sends a file
4 to the federal Marketplace with details
5 regarding the applicant's eligibility,
6 including the reasons for ineligibility for
7 Medicaid or FAMIS. So when that happens
8 today, the individual receives a fact sheet
9 in with their notice of action. This is
10 called the Marketplace referral. And it
11 advises them of next steps. So this is not
12 something that is automatic currently.

13 So the customer has two options.
14 They have 60 days once we have sent the
15 information to the Marketplace to complete
16 their application. And they can either wait
17 for a letter from the Marketplace to give
18 them next steps or they can go ahead and go
19 into the Marketplace and start their
20 application.

21 There's actually a question on the
22 application that asks if someone has recently
23 been denied from Medicaid or CHIP coverage,
24 as that's what it's known as federally, and
25 so if they answer yes to that question, which

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1 the letter directs them to do, that will end
2 upon linking the information.

3 So we do think that there will be an
4 increase of referrals likely at the beginning
5 of unwinding; however, that will probably --
6 that will probably level off over time.

7 So there are temporary increases for
8 individuals who report changes that have made
9 them ineligible and haven't had any
10 subsequent changes that would allow them to
11 remain enrolled. I will say with this, and
12 for the referral process, we have already
13 been in conversations with CMS, however. We
14 are on technical calls with them monthly and
15 we want to make sure we have clear guidance
16 on all referral rules, that we make sure our
17 eligibility system is up to date to make sure
18 we've incorporated all of those rules.

19 So all of that being said and
20 everything that we were planning for
21 unwinding, a lot of the information and
22 timeline is still up in the air. This is
23 still very early planning stages. We do have
24 a lot of members that we need to touch. So
25 just some considerations here that we are

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1 going through as we're planning for
2 unwinding.

3 So the length of time that we will
4 have to unwind and the level of outreach are
5 key. And we are waiting for updated guidance
6 from CMS to be able to do this. We've
7 already talked about the length of time of
8 renewals and we've talked about it from the
9 financial side of our match rates. However,
10 one thing to consider when you're renewing
11 your population is if you're trying to unwind
12 and renew your entire population within six
13 months, you're setting up yourself for year
14 after year having increased renewals due on
15 one half of the year.

16 And of course, our ex parte rates,
17 like I said, they're 80 percent successful,
18 which does take care of a lot of our MAGI
19 populations. There's a large number of
20 population that we do need to touch manually.
21 And so that's something to consider.

22 So when we're talking about
23 outreach, this is also important because
24 there's still outstanding guidance from CMS
25 on, if someone has reported a change, at what

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1 point do you need to reach out to the
2 customer and say, "Has anything else changed
3 since this point?" You know, customers
4 sometimes, you know, when they report a
5 change, they may know that they're over
6 income, but they may not understand that,
7 while still enrolled, they can report
8 subsequent changes.

9 So this will be key as well for the
10 Marketplace and referrals. Because once we
11 receive that guidance on how long, you know,
12 those changes stand versus when we have to
13 reach out again, may affect how many
14 individuals we automatically refer versus
15 having to go through another change reporting
16 requirement with them.

17 So avoiding unnecessary churn.
18 Churn is a huge issue for a lot of states.
19 And churn is, of course, someone coming on
20 and off of those Medicaid rolls. And we want
21 to be able to do that not only to keep them
22 where they should be but to keep those
23 referrals bouncing back and forth between us
24 and the Marketplace.

25 So what Virginia is doing is

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1 utilizing all data sources possible, making
2 sure our data sources are correct, and
3 including our data from other programs.

4 Virginia has an Enterprise
5 eligibility system, which means our SNAP or
6 food stamp benefits and our TANF benefits
7 were all within one system. And that allows
8 us to actually use data from other programs
9 in order to make those redeterminations. So
10 not only helpful for keeping individuals that
11 should be on Medicaid stay on Medicaid, but
12 if we do need to refer them to the
13 Marketplace, making sure that the information
14 we send is up to date.

15 So with that, we need to bring in
16 stakeholders and community partners to
17 understand this timeline. You know, the
18 correspondence is meaning those checklists
19 that we send out for information and notices
20 of action so we can educate both members and
21 the community.

22 So lastly, we have the staffing for
23 member support. So of course, it's not
24 guaranteed, but increases in reductions and
25 termination could lead to increases in

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1 appeals, and of course, calls to our
2 statewide call centers.

3 So we are considering training
4 across multiple divisions to ensure everyone
5 is aware of the changes; we want to make sure
6 whether or not -- you know, of course the PHE
7 has touched all of us in DMAS, but when it
8 comes to eligibility and enrollment, everyone
9 can take a role to educate customers and
10 assisters. And so we just want to make sure
11 everyone is aware of those changes and to be
12 able to answer the increased call to support
13 our members.

14 That is the last slide that I have.
15 I know that, you know, we wanted to talk
16 about the role for the Marketplace, so I just
17 wanted to open it up for any questions
18 anybody has and just to say thank you for
19 letting me come and present.

20 CHAIR CORLETTE: Jessica, thank you
21 so much. That was very, very helpful
22 information. And it looks like you guys
23 have, you know, very wisely started early on
24 the planning for all of this. This seems
25 like it's a lot to do. It seems like it's

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1 far away, but it's actually not.

2 I just have a question, and then
3 I'll open it up. So I know there is just a
4 lot of unknowns, but do you have any sense at
5 all, of the populations that you are
6 tracking, how many might be eligible for
7 Marketplace subsidies, like kind of what sort
8 of volume of people might the Exchange be
9 preparing for? And I know we don't know in
10 advance how quickly all of this will happen,
11 but do you have any sense at all of the
12 numbers of people we might be talking about
13 here?

14 MS. ANNECCHINI: So there's
15 definitely some different numbers that we can
16 provide and maybe for the next meeting we can
17 give some of those in a breakdown. I would
18 say, unfortunately, when it comes to those
19 changes, like I said, a lot of times you're
20 not sure whether or not those changes, I
21 would say, have stuck. If you had someone
22 that has reported an increase in income eight
23 months ago, that income may not be the same
24 anymore.

25 And so that's one of those things

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1 that we'll have to reach out to customers
2 again and say, "Have you had any other
3 changes?" One thing with our eligibility
4 system is, once you start processing
5 something, unfortunately, you can't roll it
6 back. And so I know that some agencies, some
7 local departments of social services are
8 keeping track of their lists, but until you
9 actually go in and determine the eligibility,
10 you don't know whether or not they're going
11 to either reduce coverage or terminate.

12 And so I think you can probably give
13 some light numbers of the populations that
14 we're tracking; however, the numbers that may
15 be ineligible are a little harder to
16 basically determine at this time, because we
17 have to see has there been anything that's
18 happened since the last time they've given us
19 information.

20 So I'm sorry; I know I kind of said
21 yes but no. But unfortunately, it is a big
22 number up in the air.

23 CHAIR CORLETTÉ: Yeah. Well, if
24 you've gotten 325,000 people just in the
25 last, what, 15 months, that's just a lot

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1 of -- that's more than -- that would be more
2 than double the size of the Exchange. Not
3 that all of them would be eligible for the
4 Marketplace, but it's just a lot of people.

5 MS. ANNECCHINI: And I would say
6 that, you know, some of these individuals may
7 have been eligible before the PHE. Anytime
8 that there's large policy changes and, you
9 know, Medicaid comes into the news, you do
10 end up gaining enrollment for people that
11 were eligible before.

12 And so I think that that's another
13 thing to think of, too, is that we may see
14 some individuals that stay on coverage, post
15 PHE. I think that, you know, we'll
16 eventually come back to those PHE numbers,
17 but I think it may be a slower process than,
18 you know, a sharp increase.

19 CHAIR CORLETTÉ: Well, I'd love to
20 open it up to anybody on the Advisory
21 Committee who has any questions for Jessica
22 or Exchange staff.

23 MS. HINOJOSA: Thank you so much for
24 your presentation, Jessica. You made a
25 really important point about how sometimes

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1 the automated renewals fail due to data
2 sources, and of course, we know that just,
3 you know, one of the realities of low-income
4 and underserved communities is that, you
5 know, addresses and phone numbers and life
6 circumstances are just frequently changing.
7 And so, of course, that kicks your team into
8 doing the manual review for a lot of those
9 data sources.

10 But you mentioned that Virginia has
11 the Enterprise eligibility system, where
12 you're able to get information from SNAP and
13 TANF and other programs. So I just wanted to
14 ask you, if you do get updated data from
15 Medicaid, somebody's address, for example, is
16 that data input into the Enterprise
17 eligibility program and shared across all
18 those other programs?

19 MS. ANNECCHINI: It is. So
20 depending on how the case is built in the
21 system, a lot of times all of the benefits
22 are actually on the same case. And while you
23 run eligibility based on your program, a lot
24 of that data is shared among the clients, and
25 then case level data is shared among the

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1 case. And so that information does
2 automatically update.

3 So for example, if they report the
4 new address on their Medicaid renewal, if
5 their Medicaid and SNAP benefits are all on
6 the same case, when you update it for one, it
7 updates it for all.

8 MS. HINOJOSA: Great. Thank you.

9 CHAIR CORLETTÉ: Anybody else have
10 questions for Jessica? I guess -- and I know
11 there's just so many uncertainties, but I
12 guess I would have a question for Victoria
13 and your team: I mean, if conceivably we can
14 start to get an increase in these transfers
15 as early as February, is there going to be a
16 need to sort of rethink Navigator staffing,
17 customer service staffing? Because I think a
18 lot of these folks may have questions about
19 what they're eligible for, how to apply,
20 those kinds of things, making sure that
21 there's resources to support people through
22 the transition. I know, typically, after
23 open enrollment, it's kind of a quiet period.

24 MS. SAVOY: Not this year. But no,
25 you're very correct. We would, I think, have

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1 to anticipate. Even though enrollment would
2 be through the federal Exchange still,
3 because we're still operating on the federal
4 platform, you're right, the Virginia
5 Navigators should expect to get probably a
6 lot more questions and calls.

7 So I'm thinking that our two
8 agencies, we need to keep in touch so that we
9 can work together and make sure that we have
10 some common communications or at least an
11 understanding of the timing so we can work on
12 this.

13 And perhaps at that point in time,
14 there will be -- we will have our marketing
15 RFP complete and we can actually maybe have
16 some targeted marketing, things like that.

17 So you're right, even though we
18 won't be able to help out in the actual
19 enrollment, we can certainly do some of the
20 ancillary activities, like the Navigators and
21 the assisters and the marketing and anything
22 customer outreach that could help in
23 Virginia. Good point.

24 CHAIR CORLETTÉ: And then I guess I
25 have a question: I don't know if Julie is

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1 still with us, or maybe Doug. You know, I'm
2 thinking about the carriers, the Marketplace
3 QHP carriers. And again, I know often
4 insurance companies do not like uncertainty,
5 and I don't know how much is known about the
6 population that might be making this
7 transition, so I'm just curious if this is on
8 the radar screen for the Bureau or for the
9 health plans that participate in the
10 Marketplace and if there are any
11 consideration in terms of rates or networks
12 or otherwise to make a picture of it that
13 it's a stable market.

14 MR. GRAY: Yeah, it's actually an
15 issue for us. We've been asking a lot of
16 questions about what, when, where. I mean,
17 part of the challenge here is whether we can
18 transition people back over a year, over six
19 months, over three months. I mean, what's
20 the policy decision? And that's what we're
21 all waiting on.

22 I think it would be intelligent from
23 a policy perspective and an operational
24 perspective to give people a year so that
25 we're not having large groups of people

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1 getting dumped off all at once. Because that
2 would completely exacerbate your previous
3 question of needing help.

4 But I would share the observation
5 with you that we had the opposite problem as
6 we were transitioning to an Exchange. And
7 the problem we had was that we had people who
8 were on the Exchange that were now eligible
9 for Medicaid. And we wanted them to
10 seamlessly move off of the Exchange and into
11 Medicaid plans.

12 And we were not permitted to, for
13 example, have a list of folks that we could,
14 you know, help them transition, even though
15 we knew they were going to be coming off.
16 The position of CMS was, well, they're
17 entitled to enroll in an Exchange and
18 Medicaid, even though they will get dinged on
19 their taxes for taking the subsidy at the end
20 of the year.

21 But they basically said the law
22 would not permit them to just refuse them
23 admission to the Exchange and put them in
24 Medicare. Now I think a state Exchange could
25 have done that.

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1 And so what's interesting about this
2 is now we have the opposite problem. And so
3 we're all figuring out, all right, how do we
4 make this smooth? So we obviously would love
5 to figure out how to do it. But I mean,
6 there are a number of rules that I'm sure
7 will create barriers to making the seamless
8 easy sort of transition.

9 CHAIR CORLETTÉ: And Jessica --

10 MR. GRAY: And let's say you are a
11 plan that has both Medicaid and an Exchange
12 plan, you would like to be able to keep them,
13 right? You'd be able to reach out and
14 transition them. But of course, they have a
15 right to choose and a whole bunch of other
16 criteria have to be met. So it's not simple.
17 And there are plans that don't offer on the
18 Exchange who do offer on Medicaid. So that's
19 also...

20 CHAIR CORLETTÉ: Thank you, Doug.

21 And Jessica, are there any limits at
22 all on the automatic transfer of data to the
23 Marketplace to the FFM to ease the transition
24 into coverage if somebody's getting off of
25 Medicaid? Or what about getting those names

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1 and contact information to Navigators? Are
2 there limits on that?

3 MS. ANNECCHINI: I'm sure there
4 would have to be data exchange agreements and
5 things like that that would need to be set
6 up, considering the PHI and that. I know
7 that we have a lot of Navigator groups that
8 do reach out to us. And even talking about
9 the health plans, some of our health plans
10 even reach out to us because they want to
11 make sure that they're also, you know,
12 communicating with their customers; this is
13 what may happen; you know, they'll focus more
14 on the renewals, of course, than other
15 things.

16 But I mean, anything is possible. I
17 don't want to limit us to that. And like I
18 said, I mean, the big thing is, you know,
19 until you actually pick up those cases and
20 redetermine the possibility of whether or not
21 those individuals, you know, stay where they
22 are, maybe move within coverage within
23 Virginia, or would be transitioned to
24 Marketplace, one, that would be very hard to
25 prepare for, because of course, we need to

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1 get that guidance on how long can you take
2 the information that's on file and use it
3 versus reaching out to those customers again.

4 But it's definitely something we can
5 look into, because I think all the help we
6 can get, the better. We also have an
7 outreach chain. And like I mentioned, we
8 want to make sure that we're giving resources
9 to any of our advocates and stakeholders so
10 they can help individuals; when you get this
11 letter that says, "You've been transitioned
12 to the Marketplace," that you don't stop; you
13 have to go in and get that application
14 started so you don't have a gap.

15 CHAIR CORLETTÉ: Right. Right.
16 Well, and Doug, you know, I hear you.
17 Especially for the plans that have both
18 products in the Medicaid market and in the
19 Exchange market, you know, perhaps there's a
20 way to sort of temporarily sort of seamlessly
21 move people over; and I totally agree, people
22 should have a right to opt out or choose, but
23 if there's some way to just sort of transfer
24 them, even on a temporary basis, just so they
25 don't have a gap in coverage. I don't know

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1 if that's possible, but it's something to
2 think about.

3 MR. GRAY: Well, the key way to
4 avoid is to spread things out over a
5 significant period of time --

6 CHAIR CORLETTÉ: Yes.

7 MR. GRAY: -- six months or longer.

8 That will certainly reduce the number. But
9 even if we did that, you may have a month
10 where we have an extraordinarily large number
11 that is more than we can process in a month.

12 That's not an appropriate thing for us to
13 make happen at any level.

14 CHAIR CORLETTÉ: Right.

15 MR. GRAY: So we need to try to
16 avoid that if we can.

17 CHAIR CORLETTÉ: Yeah. Okay. Any
18 other questions on this topic or
19 observations, recommendations?

20 MS. KISER: I have a question. This
21 is Starla. Just for my own knowledge, how
22 does DMAS -- where do you get the -- what
23 data allows you to do the automatic
24 enrollment? Because I'm almost thinking of a
25 different issue as well, just thinking about

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1 a future where not just filling the gap and
2 people going between but making enrollment in
3 those eligible for the Exchange that don't
4 have to pay anything out of pocket, making
5 that automatic in the future somehow.

6 So I'm just wondering, you know,
7 like when an individual fills out their state
8 income taxes, there could be a question,
9 "Would you like to be automatically enrolled,
10 yes or no," or something. But I'm wondering,
11 how does Medicaid -- what automatic
12 touchpoints does Medicaid have? So if you
13 think about all the automatic touchpoints,
14 people that are signing up for vehicle
15 registration or getting a driver's license or
16 doing their income taxes, where does Medicaid
17 get the automatic information to enroll?

18 MS. ANNECCHINI: Sure. So from the
19 non-financial side, a lot of our sources come
20 from DHS, actually. There is no requirement
21 to match an address. An address is an
22 attestation as well as Virginia residency for
23 Medicaid. So we don't have to verify that
24 information. Our non-financial verifications
25 are more for your SSN or your citizenship or

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1 immigration status. So a lot of those go
2 through data sources with DHS.

3 On the income side, we have matches
4 with VEC as well as The Work Number or TALX.
5 We do have -- I'm trying to think of what
6 else. We do also match with the IRS.

7 And there's a hierarchy for that.

8 It depends on -- of course, some of those
9 data sources more recent. VEC, we use for
10 both earned and unearned income, so
11 unemployment income. Then for resources,
12 like I said, we do have asset verification,
13 which only works for our applicant. So if
14 others in the household, if those resources
15 are needed, we do have to ask for that
16 manually. But our asset verification system
17 will ping for disclosed and undisclosed
18 liquid assets, so mainly those bank accounts.

19 MS. KISER: Thank you.

20 CHAIR CORLETTÉ: Any other questions
21 for Jessica, recommendations, suggestion?

22 MS. HINOJOSA: Jessica just
23 mentioned VEC. And so Victoria, my question
24 is actually for you. As the Exchange, are we
25 coordinating with the Virginia Employment

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1 Commission that, as people experience these
2 various life transitions, to make sure to
3 educate recipients on the availability of
4 low-cost private health insurance coverage as
5 they're signing up for unemployment insurance
6 and making sure that VEC is also, as they're
7 communicating their information, also
8 including information on health insurance
9 enrollment and providing the appropriate
10 links on their website and outreach
11 materials?

12 MS. SAVOY: At this time, we are
13 not. It's a very good idea, but right now,
14 we just don't have the staffing to handle
15 that at this time.

16 MS. HINOJOSA: Okay. We may want to
17 flag that for the future, though.

18 MS. SAVOY: Sure. Yes. I agree.

19 CHAIR CORLETTÉ: I would also say
20 that's a really great point to make. And
21 we've noticed that, in this pandemic period,
22 a number of the state-based Marketplaces have
23 been really, I think, forging great
24 connections and partnerships with their
25 unemployment agencies. So there is, you

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1 know, more coordination, more information
2 getting into the hands of people who are
3 applying for unemployment benefits.

4 I guess it's making lemonade out of
5 lemons with the pandemic, but we've seen some
6 of the SBMs really forging great cross-agency
7 partnerships that I think will have
8 long-standing impact. So lots of lessons to
9 learn from others.

10 COMMISSIONER STOREN: This is Duke
11 Storen, Commissioner of Health. I mean, on
12 the VEC website and the UI portal, there is a
13 link to cover Virginia and encouragement for
14 people to apply for health benefits in that
15 manner.

16 And the VEC also has a really great
17 technology where they're able to sort of
18 parse out their participants and former
19 participants in target messaging. I know
20 they've put out messages for us on the
21 expanded child care eligibility recently.
22 And it seems to be a really doable strategy
23 without a lot of labor intensity.

24 So I do think that there is some
25 good things happening in that partnership,

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1 and that there certainly can be, without too
2 much difficulty, more to be done there.

3 Thanks.

4 MS. SAVOY: Thank you. That's good
5 information to know. Appreciate that.

6 CHAIR CORLETTÉ: Great. Lots of
7 work to do.

8 MS. SAVOY: I'm just taking notes
9 here, yes.

10 CHAIR CORLETTÉ: Well, we can maybe
11 move on to the reports. Jessica, a thousand
12 thanks for joining us. And no good deed ever
13 goes unpunished, so we hope to be able to be
14 in touch with you again in the future to
15 figure out how we can better deport your
16 current customers in any transition that they
17 have ahead.

18 MS. ANNECCHINI: Absolutely. Thank
19 you so much for having me.

20 CHAIR CORLETTÉ: All right. So
21 we're moving on to the reports from our
22 subcommittees. The Advisory Committee had
23 two active subcommittees this year. And
24 we're first going to hear from our
25 eligibility and enrollment subcommittee.

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1 Doug Gray was kind enough to step
2 forward early this year to serve as the chair
3 of that subcommittee. Doug, would you be
4 able to just kind of recap that work and some
5 of the recommendations that are now final and
6 have, I believe, been posted to the Advisory
7 Committee's website. Are you still with us,
8 Doug?

9 MR. GRAY: Helps if you unmute.
10 This subcommittee had a series of meetings
11 where we kind of ended our work, our efforts
12 to create the report around in February. So
13 it's been a little bit. We had six sort of
14 categories of issues that we were interested
15 in around the RFP in particular.

16 Enrollment was a big issue,
17 particularly the accuracy of the data, how
18 it's collected, what the eligibility
19 verification documentation process is, how
20 it's collected.

21 The administrative capacity of
22 Medicaid to determine eligibility and to
23 coordinate that communication to others,
24 whether it's the no-wrong-door approach or
25 interoperability with DMAS. So that's really

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1 a summary of the enrollment provisions, the
2 use and sharing of data, having access to
3 realtime data, in particular, and the
4 integration.

5 The third category was really the
6 timeline of the RFP, which we've had some
7 discussion about. There were some
8 recommendations to have a backwards timeline,
9 definitely concerns about prelaunch testing
10 and making sure there's enough time for it,
11 which it appears there will be.

12 And also, just to have a -- at the
13 time, we said it would be important to be
14 able to keep our state status, and as a state
15 Exchange using the federal Exchange, if it
16 needed to take longer. After we made that
17 recommendation, there was a decision made to
18 go a year later. So the good news is we've
19 got another year; the bad news is, if
20 something goes wrong, we don't have another
21 year. So the good news is we're going to use
22 our time wisely.

23 The call center, definitely some
24 questions about whether it should be separate
25 and whether it could be a separate platform

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1 vendor, what its role is, whether it can
2 provide enrollment support and technical
3 support; can it accommodate language needs;
4 can it elevate a call so that a complex case
5 can be handled at a different level, so there
6 would be multiple levels; obviously, how it's
7 called, it would be measured.

8 And then the oversight of the
9 vendor, there are certainly concerns about
10 just making sure that the vendor is
11 accountable of sharing information in a
12 transparent way and make sure that that
13 oversight is robust.

14 And then there was definitely a
15 serious conversation about website customer
16 support and making it consumer friendly, easy
17 to use, appropriately written for the user,
18 and as useful as possible in terms of
19 accessibility and systems, live chat
20 functions and language access and usability
21 for people with disabilities. So those are
22 really the big issues.

23 I would say a number of the issues
24 have been addressed. I think one question
25 that is -- that we didn't ask or really

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1 haven't talked about today was whether there
2 was going to be one RFP or not. And it
3 sounded to me like, when you gave us the
4 timeline, that there's one RFP. And
5 obviously, in my mind, there wouldn't be
6 enough time to do more than one, under the
7 timeline that's been suggested. But I
8 thought I would just try to confirm that.

9 And just to say what I thought I've
10 heard previously from our previous
11 conversations in these different venues is
12 that there may be the ability to have a one
13 unified RFP or to apply for part of the
14 RFP -- it could be both or it could be
15 separate -- was the general description I've
16 heard previously. I don't know if that still
17 stands or if that's the right
18 interpretation.

19 So it's kind of a two-part question:
20 You know, is there one RFP? Which I think
21 the answer is yes. And the second one is are
22 people able to apply for parts of it or is it
23 just for the whole thing?

24 MS. SAVOY: Doug, you are correct,
25 there will be one RFP that is issued. Just

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1 as you said, given the time, it was felt
2 that, one, we would need to run everything
3 through as one RFP.

4 And what we're doing is we did tweak
5 it a little bit. And we will look for
6 complete responses; however, a company can
7 work with another company, so that if
8 someone -- as an example, if a company says,
9 "Well, I can do the software, but I don't
10 have the customer assistance center," and
11 this other company says, "Well, I have a
12 customer assistance center," those two
13 companies can come together and respond as
14 one RFP. Or you could have a company that
15 says, "Well, I do everything from soup to
16 nuts." But that's how we've decided to do it
17 in the interest of time and to get through
18 the process.

19 But you can have multiple
20 organizations or companies get together as
21 part of an RFP response. Does that answer
22 your question?

23 MR. GRAY: It does. You know, my
24 natural thought is that there would be one
25 responsible party if folks came together. In

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1 other words, one would kind of sub to the
2 other. And that's just because I'm assuming
3 that managing it otherwise would be just, you
4 know, awful.

5 MS. SAVOY: And I'm going to, of
6 course, defer to the procurement experts and
7 the legal experts on how those types of
8 things would be structured.

9 MR. GRAY: Okay.

10 MS. SAVOY: So I don't have an
11 answer for you right now on that.

12 MR. GRAY: Okay. And I'm happy to
13 answer any questions folks may have. I'm
14 sorry; I should have offered to do that
15 sooner.

16 MS. HINOJOSA: Yeah, that would also
17 be my question, Victoria, is the idea that
18 there would be one lead and one subcontractor
19 in that scenario or is the idea that there
20 would be, you know, two co-applicants in a
21 scenario like that? So I understand if
22 you're not the one to answer, but that would
23 be my question.

24 MS. SAVOY: Okay. I can certainly
25 get that answer and bring it back to the

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1 group, yes. I'll make another note on that.

2 Thank you.

3 CHAIR CORLETTÉ: Anybody else have
4 questions for Doug?

5 DR. STOREN: This is one question
6 maybe for the SCC folks. Are you-all under
7 the authority of VITA for your technology or
8 are you outside of VITA? I think it just
9 makes a difference if it's in the -- the
10 approval of the timeline for IT procurement.

11 Thank you.

12 MS. SAVOY: The State Corporation
13 Commission as an independent agency, it's my
14 understanding that we are outside of VITA for
15 project approvals, but that's my
16 understanding. But I have not heard
17 otherwise.

18 COMMISSIONER STOREN: Thank you.

19 CHAIR CORLETTÉ: Any other questions
20 for Doug? Or for Victoria?

21 MR. GRAY: Thank you.

22 CHAIR CORLETTÉ: Well, I believe --
23 Whitney can maybe confirm this -- but I
24 believe the eligibility/enrollment
25 subcommittee recommendations have been

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1 posted. They are approved by the Advisory
2 Committee, so they should be available on the
3 website.

4 And we'll just move on to the second
5 subcommittee that we formed for consumer
6 assistance. But of course, people are
7 welcome to ask more questions on the
8 eligibility/enrollment piece, since the two
9 are linked.

10 This subcommittee was actually
11 chaired by Liz Cunningham. And
12 unfortunately, she is ill today and not able
13 to join us. So she did ask me if I could
14 stand in for her in this presentation, which
15 I'm happy to do. I'm just sad that she can't
16 be with us, because she did a lot of great
17 work chairing this subcommittee.

18 But this subcommittee met back in
19 April, at the end of April. And prior to
20 this subcommittee meeting, the group reviewed
21 an evaluation of the Exchange's Navigator
22 program that was conducted by a consulting
23 firm, Health Management Associates.

24 And that report, coupled with a very
25 robust discussion among the group, generated

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1 a set of recommendations about how to enhance
2 the consumer assistance function as required
3 under the ACA for the Exchange. And so the
4 recommendations that this group developed
5 touched on a range of areas, including
6 information sharing, making sure that, as we
7 consider enhancing or improving the Navigator
8 program, we're getting input from consumers
9 themselves and the Navigators, of course.
10 But from actual clients about what is working
11 and where there is area for improvement.

12 Working to aggregate data from
13 anybody who is working with consumers,
14 whether it's Navigators, agents, or CACs, to
15 try to get that into a single repository to
16 encourage information sharing among everybody
17 who's working in this space. There were
18 recommendations on outreach and education,
19 focusing not just on eligibility and
20 enrollment functions but also on health
21 literacy, the nature of health coverage and
22 how to use it.

23 And then considering looking at a
24 more boots on the ground presence,
25 particularly as we emerge from the pandemic,

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1 to really make sure people can get in-person
2 help. Also, really trying to tailor outreach
3 efforts to different segments of the
4 population so that it's really focused on
5 particular populations and what their needs
6 are; a number of recommendations around
7 accessibility and making sure that people, no
8 matter what their abilities, are able to
9 access these services.

10 We also had a set of recommendations
11 around measuring impact of the Navigator
12 program, looking at and making sure that
13 they're meeting certain goals and oversight
14 of the program to ensure that we had a
15 constant improvement -- assessment and
16 improvement type role.

17 These Committee recommendations were
18 developed at the subcommittee level and then
19 put forward to the full Committee earlier
20 this month. We did have a couple of
21 amendments suggested to these Committee
22 recommendations. The first one is a
23 suggestion from Secretary Carey. We had, as
24 one of our recommendations, using the
25 Virginia Medical Reserve Corps to supplement

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1 the Navigator or consumer assistance
2 infrastructure. And Secretary Carey had a
3 note about the work of the Medical Reserve
4 Corps and where they might be best
5 optimized.

6 Secretary Carey, I don't know if
7 you'd like to say anything about that. We
8 have -- oh, thank you, Whitney. Whitney is
9 about to share the screen that would show
10 your suggested modifications of that
11 language.

12 DR. CAREY: Sure thing. The
13 background is that we are so appreciative of
14 many, of both those that had medical
15 professional certifications and licenses, as
16 well as the lay public that have volunteered
17 for the Medical Reserve Corps. And we saw
18 that in great -- demonstration of great
19 success with our community testing events and
20 in collaboration with localities and the
21 Department of Health and VDEM, etc.

22 So those were scheduled events where
23 someone could sign up for two days or one day
24 or a weekend. And those episodic ones were
25 dramatically effective. Where we had

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1 challenges with our Medical Reserve Corps --
2 and we did that with contact tracing,
3 canvassing a neighborhood for a testing event
4 or for an information session. We've seen
5 that with, again, it's short-term, limited,
6 not Corps staff.

7 So when I read the proposal, I just
8 wanted to make sure that we didn't presume
9 Medical Reserve Corps could suddenly be
10 tapped for base staffing, core staffing, as
11 opposed to episodic supplemental staffing and
12 help do call-in lines, information; there's
13 no doubt that we could train them as we have
14 with a number of other areas. But it seemed
15 to me I wanted to make distinction.

16 We saw with the nursing home crisis
17 early in the pandemic, just -- it was very,
18 very challenging to get them in an
19 environment in which there was -- it was
20 indefinite, they didn't have core staffing,
21 and it wasn't like a field hospital from the
22 National Guard that other states have or that
23 we have in limited supply that could just
24 parachute in and take over.

25 So I just wanted to be very clear as

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1 to what they can do successfully and what we
2 can expect of them. That's all.

3 CHAIR CORLETTÉ: Yeah, I thought it
4 was a very helpful clarification of the
5 potential for this workforce. Does anybody
6 have any response to Secretary Carey's
7 suggested addition to our recommendations?

8 MS. KUSIAK: I do. As someone who
9 is on the MRC, I just want to emphasize also
10 that the reason that it's been effective is
11 the Department of Health has done an
12 outstanding job of reaching out, giving very
13 good information to the volunteers, and
14 following up and giving a lot of
15 flexibility.

16 So if we use them, we have to make
17 sure that there's an infrastructure in place
18 to really harness their talent in a way that
19 optimizes both their flexibility and the
20 needs of the project.

21 DR. CAREY: Jane, I couldn't agree
22 more. You've added better concepts than I
23 have. I couldn't agree more.

24 MR. CASTRO: I think our members at
25 the medical side of Virginia would echo those

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1 sentiments as well.

2 CHAIR CORLETTÉ: All right. Great.

3 So it sounds like the suggested language from
4 Secretary Carey is acceptable; but also, that
5 this is an area that probably requires a
6 little bit further, deeper thought and work
7 before it actually turns into an actual
8 program. But certainly, a great idea. And
9 we'll move forward with this segment.

10 Whitney, if you don't mind scrolling
11 down to the second page. We had another
12 suggestion from Doug Gray on the measuring
13 impact set of recommendations.

14 Doug, would you mind just saying a
15 little bit about this suggestion?

16 MR. GRAY: Sure. This was suggested
17 by one of my members, which was -- I think
18 they were interested in metrics being
19 reported on a regular basis by the Navigator
20 grantee organizations and CDOs so we really
21 have a measured understanding of what's
22 happening in terms of calls and appointments
23 and face-to-face encounters and advertising
24 as well.

25 So I thought it was just a good way

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1 to kind of square up what we hoped to already
2 know. But as you know, what's measured gets
3 done; what doesn't get measured, doesn't.

4 MS. SAVOY: And I would like to add
5 to that. As part of the Navigator grant
6 awards, there were reporting requirements --
7 or there are reporting requirements. And a
8 lot of the details that are included in this
9 suggestion, we are gathering information on.

10 And we are -- we get them on a
11 routine basis from those two Navigator
12 groups. So we can certainly bring those to
13 the Advisory Committee meetings on a routine
14 basis, if that's what the group would like to
15 see.

16 CHAIR CORLETTÉ: I think that would
17 be great, Victoria. I do have one thought
18 though. And that is that I think it's
19 absolutely right that the Navigators should
20 be reporting on the metrics that Doug has
21 suggested here.

22 But I also want to caution a little
23 bit about measuring Navigators solely around
24 the quantity of customers that they're
25 servicing or calls that they're receiving. I

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1 think Navigators are often working with
2 extremely complex family situations, income
3 situations. And part of the goal of the
4 program is for Navigators to really spend a
5 lot of time with individual families and
6 people who have, you know, in addition to
7 complex situations, may have language
8 barriers, may have cultural barriers.

9 So I would encourage metrics that
10 don't just look at volume or quantity but
11 also the level of consumer satisfaction or
12 sort of other metrics that would get at that;
13 they're really, really critical, their
14 high-touch goal that we need our Navigators
15 to play.

16 MR. GRAY: That's a really good
17 point. I mean, the outcome is what matters.
18 I mean, we want them to get enrolled, right?
19 And if they can't get enrolled, we need to
20 know why. There may be a really good reason
21 why they can't. Maybe they're not eligible.
22 Maybe there's another issue. Or maybe they
23 got other coverage. But knowing the outcome
24 really matters.

25 MS. HINOJOSA: Yeah, I would echo

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1 the importance of the qualitative
2 information. Enrollment stories are really
3 important just in terms of communicating
4 impact. And so I don't know, in terms of the
5 information that we're collecting already,
6 just making sure that there is an opportunity
7 for folks to be able to share some of those,
8 oftentimes, success stories; you know, of
9 course, there are the lessons learned of why
10 people are unable to enroll.

11 But there are some really good
12 inspirational things happening on the ground
13 that we need to hear about as well and that
14 are really helpful as we communicate with
15 decisionmakers and donors and those kinds of
16 other stakeholders as we share the impact of
17 what our programs are doing.

18 CHAIR CORLETTE: Good points. Any
19 other comments or suggestions with respect to
20 the monitoring or measuring impact
21 recommendations?

22 So I think we may as well -- I mean,
23 we can do this now or we can do this over
24 e-mail, but I think we have achieved
25 sufficient consensus with maybe a minor tweak

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1 to address the qualitative measurement. I'm
2 wondering if it's worth soliciting a motion
3 to adopt these recommendations, if people
4 want to do that here in this meeting. What
5 do folks think?

6 MS. KUSIAK: I so move.

7 MS. BIEDRYCKI: I noticed that the
8 outreach and education bullet that Liz and I
9 worked through doesn't appear to be modified.

10 CHAIR CORLETTÉ: Oh. Uh-oh. That's
11 a conversion control problem. Thank you,
12 Lee. I have so many versions of this
13 document, I may have lifted the wrong one.
14 My apologies.

15 Well, let's hold off on adopting
16 this.

17 MS. KUSIAK: I take back my motion.

18 CHAIR CORLETTÉ: Lee, thank you, to
19 the rescue. We will do this over e-mail,
20 guys; my apologies.

21 All right. Well, that concludes the
22 subcommittee reports then. Unless anybody
23 else either from those subcommittees or other
24 members of the Advisory Committee would like
25 to make any comment.

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1 Okay. Hearing none, I think we are
2 ready for the next item on the agenda, which
3 is, I think, just general -- is it other
4 business, Victoria?

5 MS. SAVOY: Actually, it's -- I
6 think it would be more along the lines of if
7 you had voted on this and you specifically
8 asked us to look into something and bring
9 back a response to the Committee, that's
10 what's normally in the next section, but we
11 don't really have anything to that.

12 So really, I think the next section
13 is the other business. And that really is
14 just an announcement of the next Advisory
15 Committee meeting. And that is October 28th.
16 It's already been scheduled for 1 to 4 p.m.
17 We are trying to schedule these meetings at
18 least a little in advance so that people can
19 plan for them better.

20 And I'm not sure we have the
21 December meeting scheduled yet, but we do
22 have this October meeting scheduled. And I
23 believe you may even have an invitation
24 that's already come out on that. And if
25 anyone has any questions about the next

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1 meeting, I'm happy to answer those if I
2 can.

3 I guess I will say that -- this
4 might be a good place to mention --
5 originally, the State Corporation
6 Commission's extended telework policy was
7 ending in September, and therefore, the
8 October meeting may or may not have been in
9 person. Earlier this week, the State
10 Corporation Commission has chosen to extend
11 the telework period through the end of the
12 calendar year. So we will have this October
13 meeting as a virtual meeting only. So no
14 coffee or cookies for the October meeting.

15 Also, the next slide, we did not
16 receive any requests from the public to ask
17 for public -- time for public comments. So
18 we have no -- I know we always schedule time
19 for that, but we did not receive any for this
20 meeting time.

21 So really, I think other than if
22 someone has any questions, comments, or
23 thoughts, I mean, I have some takeaways from
24 this meeting, definitely some areas that
25 you -- I will look into or get information

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1 and bring that back to the group. And
2 Sabrina, I'll talk to you and you can let me
3 know whether you want me to do so in an
4 e-mail or wait till the next meeting, but we
5 can talk about that afterwards.

6 But if there's questions or comments
7 or just other business, maybe someone has
8 something else they'd like to bring up.

9 MR. GRAY: One item that I'm just
10 going to write a note about that we haven't
11 really talked about, not that I expected to
12 talk about it, was the approach on the SHOP
13 Exchange, or the SHOP concept. As you
14 remember, there's been a lot of discussion
15 about, you know, whether having -- what
16 approach to take around that general topic.

17 And people really haven't done much
18 in the way of SHOPS that have been
19 successful. The cost of creating, you know,
20 a full SHOP is pretty eye-popping versus the
21 number of people who can use it and are
22 eligible to use it.

23 And so I think recent guidance from
24 CMS over the last week or two has discouraged
25 going with the full SHOP approach and going

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1 towards a contracted entity approach or
2 something like that. I didn't know if
3 there's any information you could share about
4 an approach on that. So I just thought I
5 would ask.

6 MS. SAVOY: Doug, to be honest,
7 we've been focusing on the software platform
8 and all of these changes that the federal
9 government keeps giving to us. And so we
10 have not focused a lot of attention right now
11 on the SHOP and different ways that we could
12 set that up.

13 I mean, we do have -- it's my
14 understanding we have a very small SHOP
15 aspect that runs through the federal Exchange
16 right now. I know there are some states that
17 don't have any SHOP period. I think we will
18 plan to at least keep some form, but I can't
19 tell you right now what that form will look
20 like.

21 MR. GRAY: Okay.

22 CHAIR CORLETTÉ: Do we know, Doug,
23 do we know for the states that have recently
24 undergone a transition, Nevada, New Jersey,
25 Pennsylvania, does anybody know what they did

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1 with their SHOPs?

2 MR. GRAY: I don't know off the top
3 of my head. I suspect they have it. They
4 had shorter timelines, too, so I think it
5 would have been unlikely. But I'm not sure
6 if there's an option to just leave it where
7 it is with the feds or whether -- maybe
8 that's one of the options, but I know some
9 states have gone with kind of just picked a
10 vendor, which you know, of course, relieves
11 them of having to build a huge, bulky tech
12 solution for something that's not used very
13 often. Thank you.

14 MR. BIEDRYCKI: I would just like to
15 piggyback with Doug in saying that from our
16 lens, the initial number of employers that
17 were able to qualify for the SHOP were very
18 few. The ones that did qualify ultimately
19 permed because all of the employee ads and
20 terms had to go through VFFM. And keeping
21 track of that ended up being more trouble
22 than it was worth to the employer to get the
23 benefits of the SHOP.

24 So I think that, with things being
25 equal, it would probably be best to leave it

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1 where it is, if that's possible.

2 MS. SAVOY: And that is a good
3 example of the benefit of stakeholder
4 meetings that we are planning to have, so we
5 can hear more of this information firsthand
6 from all of you. So I appreciate this.

7 Well, Sabrina, I turn this over to
8 you. What would you like to do at this
9 point?

10 CHAIR CORLETTÉ: Well, I think we
11 can give people an hour back in their day,
12 don't you?

13 MS. SAVOY: I'm sure no one would
14 complain about that.

15 CHAIR CORLETTÉ: All right. Well,
16 do I hear any objections to adjournment?

17 DR. CAREY: I appreciate the
18 efficient managing of business and
19 presentations; it was excellent. Thank you.

20 MR. LEE: Thanks to the whole team.

21 CHAIR CORLETTÉ: Yeah, thank you
22 Victoria and Toni and Whitney. You guys are
23 doing great work. And thank you to the
24 Committee. Thank you all.

25 MS. SAVOY: Yes, thank you all.

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1 Appreciate everyone's time and efforts today.

2 And in the past.

3 CHAIR CORLETTE: Thank you. Bye.

4 (Meeting adjourned at 3:00 p.m.)

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1 CERTIFICATE OF REPORTER
2

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

12 Given under my hand, this 3rd day of August,
13 2021.

14

15

16 
17

18 Ruth A. Levy, RPR
19

20

21 Notary Public, Commonwealth of Virginia

22 My Commission Expires August 31, 2022

23 Notary Registration No. 224511

24

25

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