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Transcript of Advisory Committee Meeting

Date: June 21, 2022

Case: Health Benefit Exchange Advisory Committee Meeting

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<p>1 COMMONWEALTH OF VIRGINIA 2 STATE CORPORATION COMMISSION 3 4 5 6 VIRGINIA HEALTH BENEFIT EXCHANGE 7 ADVISORY COMMITTEE MEETING 8 9 10 11 12 Conducted Remotely 13 June 21, 2022 14 2:03 p.m. EST 15 16 17 18 19 20 21 22 23 Job No.: 446413 24 Pages: 1-68 25 Reported by: Ruth A. Levy, RPR</p>	<p>1 PROCEEDINGS 2 CHAIR CORLETTE: My name is Sabrina 3 Corlette. And I am serving as chair for the 4 Virginia HBE Advisory Committee. I am 5 delighted to welcome all of you to our second 6 Advisory Committee meeting of 2022. Great to 7 be with all of you again. 8 And we have today a quite packed 9 agenda, but we are -- we only have two hours, 10 which I think sounds like a lot of time, but 11 it's actually not. So we're going to move 12 through the agenda, I think, fairly 13 expeditiously so that we can wrap up promptly 14 at 4 p.m. 15 So with that, I will, I guess, start 16 with the roll call. Is that our next slide? 17 Thank you. 18 All right. If you could just say 19 "here" when I call your name. Secretary John 20 Littel? 21 MR. WILLIAMS: My name is James 22 Williams. I'm the Deputy Secretary of Health 23 and Human Resources, so I will be standing in 24 for Secretary Littel. 25 CHAIR CORLETTE: Welcome, James.</p>
<p>1 APPEARANCES: 2 Voting Members: 3 Sabrina Corlette, Chair 4 Jane Norwood Kusiak, Vice Chair 5 Keven Patchett, Acting Director 6 Julie Green Bataille 7 Lee Biedrycki 8 Elizabeth Cunningham 9 Doug Gray 10 Starla Kiser 11 Kenn Penn 12 Kelsey Wilkinson 13 14 Ex-officio Members: 15 James Williams, Deputy Secretary of Health 16 and Human Resources 17 Cheryl Roberts, Acting Director of DMAS 18 Don Beatty, Bureau of Insurance 19 20 Also present: 21 Holly Mortlock, Chief Government Relations 22 Officer/HBE Liaison to Advisory Committee 23 Whitney Thomas 24 25</p>	<p>1 It's pronounced Littel then; I got it right? 2 MR. WILLIAMS: Yes. Well done. 3 CHAIR CORLETTE: I also want to 4 welcome a new ex-officio member, acting 5 director of DMAS, Cheryl Roberts. Welcome, 6 Cheryl. Are you here with us? 7 MS. ROBERTS: Yes. Thank you. 8 CHAIR CORLETTE: Commissioner 9 Greene? Commissioner Greene, if you're here, 10 please unmute yourself and say "here." Okay. 11 Commissioner Danny Avula? 12 Commissioner Avula, are you with us? 13 Commissioner White? 14 MR. BEATTY: My name is Don Beatty. 15 I'm with the Bureau of Insurance, and I'm 16 here for Commissioner White. 17 CHAIR CORLETTE: Great. Welcome, 18 Don. Pleasure to have you. 19 So for the appointed members, I'm 20 obviously here. Jane Kusiak, are you with 21 us? 22 MS. KUSIAK: Yes. 23 CHAIR CORLETTE: Julie Bataille? 24 MS. BATAILLE: Hi, everyone. 25 Here.</p>

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

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

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

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

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

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

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

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<p style="text-align: right;">33</p> <p>1 Good afternoon. I'll share my screen here. 2 I am not a Teams user, in general, so just 3 bear with me. Can you see the slides in 4 presenter view? 5 CHAIR CORLETTE: Yes. 6 MS. LUKANEN: Well, I can't see you, 7 so if you have questions or want to stop me, 8 please do. Thank you very much for the 9 opportunity to be here. It's really -- the 10 work that you're doing is really exciting, so 11 I'm glad I can contribute to the discussion. 12 I'm Elizabeth Lukanen. I'm the 13 deputy director of SHADAC, which stands for 14 the State Health Access Data Assistance 15 Center. Before I get into talking about 16 Exchange monitoring, I'll just give you a 17 little bit of background of who SHADAC is. 18 So we're a health policy research 19 center at the University of Minnesota. We've 20 been collecting and using data for about 20 21 years to inform health policy, and our focus 22 is really on providing technical assistance 23 to states, you know, in how they use data in 24 supporting analysis to inform policy and 25 decision-making.</p>	<p style="text-align: right;">35</p> <p>1 maybe that's pretty clear to most of you; go 2 through some steps and some considerations 3 that we've come up with, as we've done this 4 with other states; and then just walk through 5 a couple examples. 6 And I know we're running a little 7 short on time so I'm going to go through 8 things a little quickly. I am totally 9 comfortable if you interrupt me with 10 questions; this can be informal. So please 11 jump in. I don't think I can see hands being 12 raised, so I think verbal interjections are 13 probably best. 14 MS. MORTLOCK: I'll also try to 15 monitor that for you as well. 16 MS. LUKANEN: Thank you very much, 17 Holly. I appreciate that. If there's a view 18 where I can see people, I have not found it. 19 So why do you want to create a 20 framework? You know, first and foremost, I 21 think it's actually the discussion and the 22 goal setting that happens at the beginning 23 that's the most important. It really will 24 help the Exchange and the state as a whole 25 come to an agreement on goals and priorities</p>
<p style="text-align: right;">34</p> <p>1 And we provided a lot of support to 2 states as they've implemented the Affordable 3 Care Act and all the choices and decisions 4 that went into that. I saw some people on 5 the call today that I think I've worked with 6 in the past in that capacity. So it's really 7 exciting to be here. 8 We are a really small shop, but a 9 range of people here, you know, economists, 10 statisticians, evaluation experts, and then 11 sociology and journalism. So not only do we 12 think about how to use data, but how to 13 present it for a wide audience; how to do 14 data visualization, etc., and then the real 15 focus being on being non-partisan. 16 The technical assistance that we 17 provide to states is supported by the State 18 Health and Value Strategies program. This is 19 a Robert Wood Johnson Foundation program out 20 of Princeton, so I just want to thank them, 21 as always, for their support. 22 And today, I was asked to come talk 23 to you about data monitoring in the Exchange. 24 So I'm just going to talk a little bit about 25 reasons for doing this, although I think</p>	<p style="text-align: right;">36</p> <p>1 and think about how those goals are going to 2 be measured. 3 I think, secondary, it avoids a 4 duplication of data collection and 5 consistency in measurement, both across the 6 (inaudible) again, maybe even across other 7 agencies, which we'll talk about a little bit 8 later. 9 As a former state analyst myself, a 10 health economist for Minnesota, it also just 11 prepares your staff to respond to questions 12 when they get them from policy makers; and I 13 would say also the public, media, you know, 14 all these groups are going to want a story to 15 tell and want numbers to go with that. And 16 this kind of early thinking can help you to 17 meet those needs. 18 You know, the "why now" is that, you 19 know, like I said, it will help establish a 20 baseline, either prior or just as you're 21 starting implementation, help you identify 22 successes, and just really prepare you for 23 the questions that you're going to get. And 24 this is not -- does not downplay the 25 incredible amount of work -- I think Keven</p>

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<p>37</p> <p>1 talked about it -- that is ongoing, but we 2 have found that if you can just do a little 3 bit of preplanning around a monitoring or 4 data dashboard type work, you'll just be in a 5 better position later. 6 So I'll start with some of the steps 7 that we have come up with to, you know, 8 support this work. And the first is, you 9 know, it's really some high-level discussions 10 that maybe this group can have and staff 11 within the agency can have, you know, to 12 determine an audience and focus, to choose 13 the measures and data, and then I'll walk 14 through some considerations that we've, you 15 know, come up with over the years as we've 16 worked with other state-based marketplaces on 17 this process. 18 So the first thing that we really 19 recommend is to think about your audience for 20 this kind of work. Is this going to be an 21 evaluation framework or data dashboard? I 22 think there's a million different things you 23 can call this, so I'll just go with 24 framework, monitoring framework. You know, 25 is this going to be an internal framework?</p>	<p>39</p> <p>1 about is, is will issues of equity be 2 elevated? So are you really interested in 3 looking at variation by geography, age, 4 gender, etc.? These things can be really 5 important as you're just thinking about the 6 framing and the focus. 7 After you have a little bit of a 8 sense for who this is intended for, your 9 general focus, then it really is about 10 deciding on some goals. So what are you -- 11 and by you, I mean the Exchange -- trying to 12 achieve? 13 I list just a few examples. I think 14 this really depends on the state and where 15 you're at in this discussion, but, you know, 16 a few goal areas that we have discussed with 17 other states are ample choice for consumers, 18 enrollee experience; some states really went 19 into this knowing they wanted to reduce 20 uninsurance, improve affordability, etc. 21 I would recommend kind of getting 22 into high-level goals before you get into 23 wordsmithing of, you know, actual goals 24 first, because I do think that it just helps 25 narrow focus. And then you can really get</p>
<p>38</p> <p>1 Something that you're only going to be using 2 for internal operations and decision-making? 3 You know, maybe it would be just limited to 4 the Advisory Committee or, you know, internal 5 staff? 6 Is it just for federal requirements 7 that I'll go through? Or is it going to be 8 more of a public-facing dashboard, you know, 9 that the media and media relations staff and 10 consumers might look at? You know, I think 11 it can be both. It could be either. But 12 that's probably something that you want to at 13 least think about early on. 14 The next set of questions is a 15 little bit similar, at least the first is, is 16 this going to be a policy-making tool, 17 operational, so high-level or more detail? 18 Are you focused only on the work at the 19 Exchange or are you also thinking about these 20 metrics in terms of the success of health 21 policy in the state overall? You know, I 22 don't know if there's a huge evaluation going 23 on in your state, but if there is, you'd want 24 to slap this in. 25 And you know, another thing to think</p>	<p>40</p> <p>1 into the nitty-gritty. 2 So one way to narrow this down is 3 what are policymakers in the state most 4 concerned about? You know, one thing that 5 I've had some discussions with members of 6 your group about is showing the value 7 proposition of this state-based Exchange, 8 which is going to be brand-new. You know, it 9 might be market stability. It might be 10 continuity of coverage. 11 You know, whatever goals you come up 12 with based on, you know, your priorities, the 13 one thing I would say is you really want them 14 to be realistic. And think about goals that 15 the Exchange can actually move the needle on. 16 You know, there are some really, 17 really I think admirable policy goals that 18 state-based Exchanges had early on, and they 19 put them out there and then they were held 20 accountable to them and maybe suddenly 21 realized that they couldn't actually move the 22 needle on the things that they were, you 23 know, attempting to impact. So that's just 24 sort of a coffin. 25 So once you have kind of a general</p>

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<p style="text-align: right;">41</p> <p>1 audience of thinking about whether this is 2 internal or external or operational or more 3 broad-based goals, and then you've thought a 4 little bit about what those goals are, it's 5 time to choose measures. 6 I think probably the most important 7 thing to think about here is to keep the 8 number of measures manageable. This is where 9 I'd really give some thought to analytic and 10 staff capacity, the ability to which, you 11 know, the vendor that developed the system 12 can create customized reports. You know, 13 what we always suggest is start small and 14 maybe expand the list over time. So if you 15 have a brain storming session, keep all those 16 good ideas. But maybe, I think, as Keven 17 said, similar to implementation overall, you 18 want to start small and manageable and build. 19 Kind of a no-brainer, but like I 20 said before, you want to choose measures that 21 are directly related to your policy goals and 22 levers, so things that the Exchange can 23 actually make some progress on. 24 You know, also, thinking about 25 near-, medium-, and long-term impacts and</p>	<p style="text-align: right;">43</p> <p>1 Because this is typically, when we talk to 2 states, where we recommend that they start. 3 There are a whole host of measures that are 4 going to be required reporting under federal 5 guidance. And they're good. And they're 6 useful. And you might as well consider those 7 as part of your monitoring frame. 8 I am going to talk about this at a 9 stratospheric level. I don't know if Keven 10 is still on the phone. I'm sure that he can 11 speak to these reporting requirements in 12 detail, and we can certainly get into more of 13 it, but really, at a very high level, the 14 reporting requirements for state-based 15 marketplaces, the biggest ones are 16 performance metrics and then some annual 17 reporting into the SMART tool. 18 You know, I'm going to focus 19 primarily on the reporting requirements 20 because this is where most state-based 21 Exchanges tend to, you know, look to for 22 their own public reporting. 23 So these are weekly and annual open 24 enrollment reports. There's about 300 25 measures and also biennial reporting. And</p>
<p style="text-align: right;">42</p> <p>1 having potentially some in each, and I would 2 say most importantly, have some -- include 3 some measures that will be some early success 4 measures. So for example, you know, a lot of 5 state Exchanges will -- and did early on -- 6 show the percent of people with a subsidy or 7 the average subsidy. That's just a really 8 feel-good number, typically, because it's 9 basically, you know, how are we supporting 10 people financially? 11 Call centers might be something that 12 you struggle with over time. So let's say, 13 you know, you might not want to have a ton of 14 measures for a brand-new call system where 15 work flows are not perfect yet. Or maybe you 16 add those in over time or don't lead with 17 those. 18 And then I'd also suggest 19 considering the feasibility of the measures. 20 So, you know, you want to think about what 21 data you have, the possibility of collecting 22 new data. Obviously, existing data is a lot 23 easier. 24 And that's where I want to go into a 25 little bit about required reporting metrics.</p>	<p style="text-align: right;">44</p> <p>1 they are -- they're kind of the standard 2 stuff; it's plan selections, information 3 about new consumers, reenrollment, 4 applications, determinations, cancellations, 5 a whole host of call center metrics, website 6 metrics, etc. 7 Many of those are also required to 8 be disaggregated by a variety of 9 demographics, including race, ethnicity, age, 10 sex assigned at birth, income meta-level, 11 etc. One thing I will note is not every 12 single one of those measures is disaggregated 13 in that level of detail. So there's only 14 select measures that has a whole host of 15 demographics. 16 There's also some biennial reporting 17 that is a little bit more operational and 18 maybe not as relevant about terminations and 19 appeals, data matching, and special 20 enrollment activities. So this is a place 21 where, you know, if you're going to start 22 thinking about getting into the list of 23 measures you might want to see on a periodic 24 basis, you probably want to start here and 25 draw from this first.</p>

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<p style="text-align: right;">45</p> <p>1 I also wanted to put out just one 2 slide on the Medicaid and CHIP performance 3 indicators. I will admit that I don't know 4 how integrated Virginia's Exchange is going 5 to be or is with Medicaid. But I think it's 6 worth saying Medicaid and CHIP has a whole 7 set of indicators that they also have to 8 report on. 9 And some of them are kind of 10 similar, you're going to see. These are 11 monthly indicators. They are not 12 disaggregated. They do not require 13 disaggregation in quite the same way. 14 They're typically a little bit more high 15 level. There's some age breakdowns and then 16 some MAGI, non-MAGI, but not a lot of 17 additional breakdowns. 18 And CMS, at least in theory, has 19 sought to align these requirements with the 20 state-based marketplace requirements, at 21 least in terms of the definitions. In both 22 cases, the Medicaid and CHIP and the Exchange 23 measures, they're publicly reported, at least 24 a subset of them. 25 And then it's worth noting that for</p>	<p style="text-align: right;">47</p> <p>1 more complicated example is churn; you know, 2 who is included in the denominator for that? 3 Is it at six months or a year? Or a month? 4 If you're going to primarily choose 5 measures from required federal reporting, the 6 good news is that they have really nice 7 definitions already stated. If you're going 8 to go your own way on something, I think 9 that's also totally appropriate, as long as 10 you document it. And then you might want to 11 think about whether another agency or 12 stakeholder reports something similar and try 13 to align your definition with theirs. 14 After you have a definition, you're 15 going to want to think about what level of 16 disaggregation you want. So you know, as I 17 ran through some of the disaggregation points 18 for CMS, like age and geography, but the 19 state might choose to report even more than 20 that as part of their monitoring frame or 21 dashboard. It just depends on your goals and 22 level of interest. 23 And then finally you're going to 24 identify your data source. Once you have the 25 measures and how you want to define them,</p>
<p style="text-align: right;">46</p> <p>1 these Medicaid and CHIP performance 2 indicators, new measures will be required to 3 track the end of the public health emergency. 4 So concerns about people falling off, states 5 are going to be required to report more than 6 is just on this list, which includes 7 information about call centers, work loads, 8 renewals and transfers, determinations, and 9 then total enrollment. 10 So once you've selected your list of 11 measures -- and again, my recommendation is 12 to start with what you're already going to 13 have to report -- you have to operationalize 14 it. And this is a step that I think you can 15 sort of get lost when you're choosing from 16 the menu of options. You know, there has to 17 be a working definition or preferred method 18 for calculating whatever measure you come up 19 with. And this is more important than it 20 sounds. 21 So, for example, you're probably 22 going to abort enrollment in some way, shape, 23 or form, and you need to think about what 24 that actually means. Is it at mid month? Is 25 it at the first or last day of the month? A</p>	<p style="text-align: right;">48</p> <p>1 think about where that data comes from. I 2 will be totally honest, when we started 3 working with state-based marketplaces on this 4 topic back in probably 2013, we talked a lot 5 about getting data from all sorts of 6 different areas, including survey data. 7 The reality is most marketplaces 8 really focus on the data that they have, and 9 that's probably where I'd recommend that you 10 start. If there are gaps, which we'll talk 11 about a little bit later, that's certainly 12 something that SHADAC can help you think 13 about where you might get data, you know, 14 outside the Exchange. But I think, at least 15 as a starting point, you're probably just 16 going to focus on data that is generated 17 either by the Exchange itself or another 18 agency. 19 I just put this in here as a 20 reminder of the type of breakdowns that you 21 might consider. So, you know, if you think 22 about enrollments, the easiest way to think 23 about this, you might report enrollment by 24 entry point or coverage site or what subsidy 25 they have, you know, by plan, etc.</p>

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

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

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<p>57</p> <p>1 you know, formal reports that clearly took a 2 ton of time to make and presentations to the 3 board all the way to press releases and 4 Twitter. I mean, it totally varies. And 5 also the level of graphic visualization 6 varies a lot as well. 7 So Nevada Health Link typically puts 8 out information just via press release. So 9 it's basic enrollment data. Typically, it's 10 data on enrollment and a little bit of 11 information on financial assistance. It's a 12 press release; it does the job, gives people 13 what they need to know. You know, I think 14 that that's totally one way of approaching 15 this. 16 Then you have a state like 17 Minnesota, the MNsure dashboard. MNsure has 18 been putting out metrics I think to their 19 boards, so they basically present this 20 dashboard to their board of directors every 21 month. They've had almost the same metrics 22 every month since 2014. 23 They're not super fancy, but there's 24 a lot of them; there's a lot of measures. 25 And they're available online as a static PDF.</p>	<p>59</p> <p>1 couple of images pulled from these reports, 2 so, you know, enrollment by race, ethnicity, 3 and some county level information. 4 Covered California is interesting in 5 that it is not very visual in its sort of 6 general and periodic reporting. So they've 7 put out reams of information; it's almost 8 overwhelming, but it's awesome if you're an 9 analyst. So it's enrollment and financial 10 information disaggregated a huge number of 11 ways, region, county, ZIP code, legislative 12 district. 13 They also have net plan, selection 14 profiles, and active member profiles. And I 15 think what's really interesting is, instead 16 of investing a lot of time and energy into 17 super sophisticated graphics, they put a 18 bunch of this data out in Excel format, so 19 big, huge multi-tabbed Excel spreadsheets 20 that a media person or a stakeholder or a 21 researcher can sort of take that data and do 22 what they want with it. 23 That said, they also, on the flip 24 side, have these special reports that they 25 often put out on topics of interest. So this</p>
<p>58</p> <p>1 So there's applicants, financial assistance, 2 enrollment by trend, region and carrier; 3 there's some information on contact centers, 4 life events and appeals. And this is just 5 like a snapshot of some of the slides. You 6 can see, they have some data visualization, 7 but it's not incredibly sophisticated. They 8 also have some tables. And this is just a 9 series of five or six slides in a deck every 10 month. 11 The Washington Health Benefit 12 Exchange has a much more visual approach. So 13 they have -- there's still reports, so it's 14 not like an online or interactive format. 15 But they're very, very visually attractive 16 and they have a ton of detailed 17 disaggregation. So they put out spring and 18 fall reports and special enrollment reports. 19 I think, notably, they have a lot of 20 detail on enrollment. So that includes age, 21 race, household size, sex assigned at birth, 22 immigration status. And then they have a 23 whole section of their report only devoted to 24 trend data as well for a subset of the 25 measures. This is, again, you know, just a</p>	<p>60</p> <p>1 would be a really interesting thing if you 2 have a data gap. So maybe you don't want to 3 report -- you're interested in consumer 4 assistance and enrolling experience as a 5 goal, but you don't have time, energy, 6 resources to talk about it monthly or even 7 biennially. Maybe you do one annual report 8 and see how it gets received. 9 So they've recently done reports on 10 coverage transitions and churn. They've done 11 some news releases featuring more specific 12 data on Hispanics and black and 13 African-American consumers. And then they 14 also do have an annual member survey every 15 year as well. 16 And this, I don't know if you can 17 see it, but the top visual just gives you a 18 sense for like what one of the Excel 19 spreadsheets looks like. So it's just really 20 a ton of data, but in a not super visual way, 21 which is a pretty interesting way of 22 approaching this. 23 And then Connect for Health 24 Colorado, they also put out -- they have what 25 they call a monthly Marketplace dashboard.</p>

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

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

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