Measuring Our Progress on Enrollment: Recapping 2021 enrollment and looking toward the future

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01:49 - Kristin Wikelius
Good afternoon, everyone. I'm Kristin Wikelius, Chief Program Officer at United States of Care. USofCare is a nonpartisan nonprofit organization committed to ensuring that everyone has access to quality affordable health care. Thank you all for coming today. We're thrilled to welcome you as we speak with three experts from across health care on what we're seeing with enrollment trends today, and what to expect in the future. I especially want to thank Softheon for partnering with us on this webinar. We are grateful for your expertise and support. Our special guests today are Nevada Medicaid Administrator Suzanne Bierman, Terry Burke, Interim President of the Individual Exchange and Business Segment and AmeriHealth, and Kevin Deutsch, General Manager and Senior Vice President of Health Plans Solutions at Softheon. We'll get to chatting with our guests in just a minute. But first, let me share some background on United States of Care. As I said, our mission is to ensure that everyone has access to quality affordable health care, regardless of health status, social need or income. And we stand apart in the health care space because USofCare centers people and their health care needs and all we do. For the last two years, we have spoken with thousands of people in every state about their feelings and experiences with our current health care system. And USofCare is harnessing those lessons to drive policy change that reflects people's needs. We bring people together from all sides of health care, including leaders from the private and public sectors, as well as patients, caregivers and others to forge new health care solutions. Through our research and engagement USofCare has learned that cost is people's foremost concern. People's most urgent need is for the certainty that they can afford their care. Heartbreakingly people fear that accessing health care will lead to debt, bankruptcy or financial ruin. Our conversations have also found that people need dependable coverage that provides security and freedom through life's changes. We consistently hear stories of fear about their insurance, that moving, or changing jobs, or having a baby, or getting injured, or growing older, or any number of other life events will mean losing coverage. And if people lose coverage, they lose the security that comes from their care being there when they need it. In addition to cost and dependability, people have told us they need a system that ensures they can get the personalized care they

need when and how they need it. And they'd like to experience a health care system that's understandable and easy to navigate. While centering people in all our work USofCare is urging policymakers to make targeted changes to build health care that is more affordable, dependable, personalized and understandable. Enrolling in coverage and staying enrolled is an integral part of that affordable, dependable access, which is why we're excited to bring these voices here today. It's a great time to be having today's enrollment discussion. Marketplace Open Enrollment ended 10 days ago with record numbers, more than 14 million people enrolled before the deadline, including 9.7 million plan selections in the 33 states using healthcare.gov for the 2022 plan year. The ongoing COVID pandemic and policy response has made this an especially interesting year with enhanced tax credits making coverage more affordable and special enrollment periods having given people more time to sign up. We're fortunate to have several distinguished speakers with us to share their expertise and perspectives. Without further ado, I'll introduce our speakers. Suzanne Bierman serves as the Medicaid Administrator for the state of Nevada. Administrator Bierman's previous work includes serving as the Director of Health Policy at the Guinn Center in Las Vegas, and before that, as the Assistant Director of the Division of Medical Services in Arkansas. She earned her JD and MPH degrees from the University of Arkansas. Terry Burke is currently a Senior Advisor in the ACA exchange market at Oliver Wyman and serves as the Interim President of the Individual Exchange Business Segment at AmeriHealth Caritas. Terry is a veteran in the health care industry, and prior to his current roles, he was an advisor at Positive Development and business lead at Blue Cross Blue Shield Michigan. Terry is also a dedicated volunteer fundraiser for JDRF. Kevin Deutsch is General Manager and Senior Vice President of Health Plan Solutions at Softheon, which provides software solutions to solve complex operational and service challenges for health plans and government health agencies. Kevin is responsible for ensuring the retention satisfaction and growth of the customer relationship. We are glad to have all three of you here with us today to share your unique perspectives and insights into the enrollment landscape. And what can be done to keep people connected to coverage they need today and into the future. Let's dive in.

07:00 - Kristin Wikelius

So, as you all know, healthcare.gov open enrollment for 2022 coverage just ended on January 15. What are the key takeaways or surprises you all have from open enrollment? And to put a finer point on it, if you're reading a news headline about 2020 to open enrollment, what would that headline say? Suzanne, I'll start with you.

07:26 - Suzanne Bierman

Well, thank you so much for the opportunity to participate in this webinar, Kristin, today. This is a critically important and timely topic, and I really appreciate the opportunity. So conciseness isn't always my strength. But I think if I had to try to distill this down to you a newspaper headline, it would just be that historically high enrollment numbers in both Medicaid and the Marketplace from last year really demonstrate that individuals really value and take seriously their health care and value having affordable health care options available.

08:05 - Kristin Wikelius

Excellent. Terry, how about you? What's your headline?

08:08 - Terry Burke
Yeah, so first of all, this is my first time doing a webinar with Suzanne, so it's nice to meet you and it's an honor. Thank you for all that you do in the service of the Medicaid business. I have been on a webinar with Kevin before and appreciate Softheon bringing this forward along with United States of Care. I think the headline for me would be very similar to your opening, which would be something along the order of ACA Marketplace hits historic record high enrollment numbers. And then I think many of the colleagues who are running plans or have crossover between Medicaid and Marketplace plans have talked about that maybe the subhead or the tease on that for more discussion or to ask you to read my article from the headline would be positive progress sometimes contains challenging and negative unintended consequences. So with these record numbers and with this expansion of the subsidy no longer a cliff, so many more people eligible comes a mass tidal wave of product choices, company choices, and people are confused. They're still enrolling in record numbers, but they're not always sure what they're enrolling in.

09:44 - Kristin Wikelius
Thanks. Kevin, how about you?

09:46 - Kevin Deutsch
Well, first and foremost, thank you, Kristin and the USofCare team. We're really excited to partner with you all, and to Suzanne and Terry, it's great to be on the panel with you. I know that there's quite a bit that we're looking to cover today. And starting with open enrollment, I completely agree with your sentiment going from, you know, the December 15 cut off extending it a month into January, I think we saw some interesting behavior as a result of that extension. But in general, it was a really, really strong open enrollment as it relates to not only new members getting into the Marketplace, but also high retention rates. And one thing that I want to call out of there, there's a couple of things here, based on what Terry was saying about the consumer choice aspect, as you saw on this open enrollment, there were a number of plans that exited the marketplace early on because of challenges with sustainability and other areas. And now as they get back into the Marketplace, we see a number of new plan options that are available to the consumer. As one example that really struck me at a conference that I was at a couple of weeks ago in Harris County, Houston, a given consumer has 250 unique plan options. Now, if you think about going out to any platform to go buy a product, if you have 250 options, how can you possibly make the right choice. And so as Terry mentioned, with all of the success and positivity around these increased enrollment numbers, we really have to look at that consumer education because that is a very, very difficult piece to this puzzle that we need to make sure consumers are getting into the plan that makes the most sense to them. And I'll add one other comment before we continue in the conversation here. And that's around some of these plans getting into the Marketplace for the first time. I was able to work with a number of them, and one thing that I noticed is that as a result of the Biden Administration's commitment, last year through the special enrollment period, the American Rescue Plan Act through the original open enrollment, there was a number of opportunities for consumers to get into the

Marketplace. So if you were a consumer that had gone out in May or June, as an example, to update your subsidy or to enroll for the first time, you may not be going back out during the open enrollment period to enroll in a new plan. So I thought it was an interesting dynamic for the new payers that we're getting into the Marketplace, this open enrollment, where there may have been a slight disadvantage two years prior because of all of the opportunities to enroll last year. So a lot to unpack, but a really, really positive open enrollment for sure.

12:39 - Kristin Wikelius
Absolutely. And you all alluded to this in your answers. It's great news that enrollment is at a record high. But as we move into the rest of the year, how do we ensure that people stay on their plans or actually stay connected to coverage throughout the year? And I'll start with you on this one, Terry.

13:01 - Terry Burke
Thank you. I think one of the things that I oftentimes use us term as as we sit at tables, whether it's across all the constituents that serve the member, or we are inside the payer organization, or consulting with apPayer organization, which is where I've spent the majority of my career and all of it has been in the individual market before ACA, it was the individual underwritten business. Now it's the Marketplace business. I think one of the things that we talk about, people go into great detail about new, innovative and groundbreaking ideas. We have all kinds of machine learning, artificial intelligence, and advanced data science or advanced analytics that we can apply to this business now. But I think one of the things that we oftentimes miss is the foundation and being simply brilliant at the basics. And one of the most basic things you could do for, let's extend Kevin's example, for an individual who picked a plan out of 257 choices in a particular county for themselves in their family to actually just simply have a human connection. If they signed up with our plan, what we would want them to do is welcome that member in multiple ways. Let's extend a phone call. If they've given us permission to text with them, let's reach out. Let's make sure they get a welcome kit in the mail and access online as fast as possible. So they know what they've bought and they become an informed consumer. I think that is so important. It's also very important because in this market effectuated coverage is a fancy CMS term, which basically means you're not really covered until you've made that first premium payment. And in the federal law, you get a 90 day grace period if you're on a subsidy. And sometimes the plans don't take the time or don't collect the data to actually look at that and say, we might want to reach out because Terry's at his 60 day mark and hasn't paid his premium yet, let's find out if we can educate or we can help. So little touches, to connect with the member and engage with them, I think go a long way. And those are just basic things. I think the industry needs to really be brilliant at.

15:45 - Kristin Wikelius
Thanks. I love the idea of being brilliant at the basics. Suzanne, what does this look like from the Medicaid perspective?

15:54 - Suzanne Bierman

Thanks for the question. So we do have historic enrollment in Nevada, we're up to 865,922 enrollees to be really specific as of December 2021. And that is a 35% increase for us since the time that the public health emergency began. So that historic enrollment also means a historic undertaking when it comes to restarting redeterminations. Currently, for Medicaid, there's a continuous coverage requirement under the Families First Coronavirus Response Act. So that's one of the primary reasons that we're seeing such high rates of enrollment and, you know, really grateful that there is that continuous coverage in place for our enrollees, but when the public health emergency does end, there's going to be significant work to restart. There's redeterminations and Medicaid speak, we often call this the unwinding process. So really want to focus our efforts to make sure that we're not losing members for administrative reasons. So a lot of our messaging right now is really focusing on updating contact information and really trying to align our messaging with our other really valuable and necessary partners in this definitely managed care organizations, the Marketplace, Qualified Health Plans, navigators, to try to make sure everyone right now since we don't know when the public health emergency ends and other messages might be appropriate, really focusing on the importance of updating contact information. So I think a lot of what we can do is really around close coordination and partnership with our stakeholders ensuring that we all have aligned messaging and working to monitor our data once we do begin this unwinding process to really identify what's happening in terms of disenrollments, where people are going, making sure that our transitions for those who are over income to the exchange are as smooth as possible. And, you know, again, we really do think that the majority of these enrollees will still qualify for either Medicaid or Marketplace coverage. So trying to work to strengthen those transitions of care and coverage and promote continuity, so that we don't lose the historic gains that we have achieved throughout this year.

18:32 - Kristin Wikelius
Absolutely. And, Kevin, I know this is an area that you and Softheon have been working in. Wondering if you can share a little bit more about the factors you found can be predictive of when people are at risk of terminating their plans or losing their coverage?

18:50 - Kevin Deutsch
Yeah, absolutely. And before I address that, I want to just agree with Suzanne’s sentiment that it's really important for us as a cross section here between Medicaid and Marketplace. And I think that as each of the constituents in the industry, whether it be the Medicaid organization, to the MCOs, to the participating marketplace plans and other technology partners that are out there, it's really important that we make every effort to get in contact with these specific individuals to facilitate that successful transition between Medicaid into a Marketplace plan. So this is a problem that certainly has not been solved yet in the industry. It's something that everyone is talking about. And with the public health emergency extending, there's a little bit more of a runway, but this is absolutely something that we need to make sure that between all of these involved parties, that we're able to effectively outreach to these individuals and safely facilitate them into an appropriate plan. So I completely agree and I know that we've been working with many of our plans to have these conversations and figure out ways that we may be able to support in outreaching to these individuals. And with that, I'll transition maybe into some of the predictive models that we talked about. And based on what Terry was saying, now as we

go throughout the rest of the year, retention is incredibly important. And I know that at Softheon, we've done quite a bit of analysis through artificial intelligence and machine learning to determine ways in which we can retain membership before they even get on the radar of being a potential problem. So I have a couple of slides, if you don't mind that I'm going to pull up here on the screen. To help illustrate this point.

20:42 - Terry Burke
Were these produced in the Softheon PowerPoint Propulsion Laboratory?

20:48 - Kevin Deutsch
That's exactly it. Sorry, you caught me. And can everyone see the screen? My columns here? All right, excellent. So what I'm going to step you through is a model that we put together to look at members that may terminate their coverage and to determine what ways in which you can engage with these individuals to keep them with your plan. So we work with a number of different health plans throughout the country, mainly focused in the ACA Marketplace. And this data includes millions of exchange lives. Now by looking at some of the enrollment data and demographic data that we receive from the exchanges as we're processing these enrollments and combining that with payment history, what types of payments they're using, whether they're on an automatic payment, or they're going out and making manual payments each month, to how often they've been in the grace period. These members are going into the grace period, they're exiting in and out. We've analyzed all of that enrollment data and the payment data to ultimately come to with 80% accuracy the membership that is going to terminate their coverage. Now, if you're a payer, especially in this competitive landscape that we're dealing with, you really want to figure out how you can have an edge on the competition to make sure that once you get them in the front door, you're not losing them out the back door, because your customer acquisition costs are certainly increasing as a result of the competition. So now it's a matter of holding on to these individuals. Now I'll share with you some more data here that talks about the results. And as we look at a number of different factors, it was really interesting to see that between members that were receiving subsidies versus those that didn't, and they were manually paying every month, that percentage increased significantly for your potential to terminate that coverage. So this is a cohort of the population that you may want to pay a little bit of extra attention to. When you compare auto payments versus manual pay, this is a huge thing. And we're seeing just about 30% adoption currently, and we believe that could be a lot higher as it relates to folks that are signing up for auto pay. Think about it in your own experience. Anytime that you set up an auto payment it set it and forget it, you don't have to worry every month on a certain day of the month that payment is going to be pulled from your account, and you'll maintain your coverage. Now folks that are going out manually paying, perhaps they forget life gets in the way, there's other things that come up, these members are much more likely to terminate their coverage. So investing in something like auto pay is incredibly important. I found this one interesting, whether you're an individual with coverage for yourself, or you have coverage for the rest of your family, if you're enrolling on your own, there's a much higher chance for you to terminate your coverage than if you're covering your family perhaps because there's a greater sense of responsibility for the folks in your household. But this was another piece that we had gained from some of this research that we've done. As far as the plan type is

concerned, really not too much of a correlation here, the only thing that stands out is that if you're in a Silver plan, most likely receiving significant subsidies, your percentage likelihood of terminating is significantly less than some of the other plan compositions. And I'll leave it here, is through this model, and again, investing in my plea here is to invest in tools like artificial intelligence and machine learning to ultimately scale and be able to with 84% accuracy, focus on the 20% of your population that will lead to upwards of 70% of your overall terminations. So think about that for a moment. If you have a model that says instead of focusing on the 100% of your population and picking and choosing how you're going to keep these folks engaged and retained, you could focus on 20% to save 70% of your overall book of business. So there's quite a bit of power in the data, as I'm sure you all that are listening and participating here today are figuring out ways to utilize this data to your greatest advantage and make sure that these members are holding on to that very valuable coverage that you're providing.

25:23 - Terry Burke
Great stuff Kevin, well said.

25:26 - Kristin Wikelius
Yeah, thank you so much, Kevin. And it's so important to remember that behind each one of those lapsed payments is a disruption in coverage. And it really is a sign that coverage isn't the dependable source of security that, you know, we know we want from people, or that we know that people want. So you know, with that I'd really like us to move on to talk about what we can do about this, how we can address these factors that we see through the data lead people to fall off and lose health care coverage, and especially recognizing that there are long standing inequities in the health care system and access to care that the pandemic has shown an even more bright light on. How can we address inequities that we're seeing in coverage and in this system through some innovative enrollment strategies? And Suzanne, I'll start with you.

26:20 - Suzanne Bierman
Great, thanks. Thanks for the question. So we do know, I think, and COVID has brought this even more to the surface that there are existing inequities in the health care system and that Medicaid disproportionately serves as the source of health care for people of color. So as we think about unwinding the public health emergency, we also know that that means redeterminations are also going to disproportionately impact that population. So I think really thinking about, again, our messaging, making sure that we're using trusted community partners and have linguistically and culturally appropriate messages around how to keep your coverage. And then again, back to the data, as we're looking at disenrollment trends, making sure that we are also considering demographic variables and disaggregating our data so that we know, you know, if there are particular areas where we're seeing larger increases in disenrollment, so that we can really target and focus our efforts there. So just do want to, you know, point out that Medicaid in general does have a disproportionate impact on those communities of color, because they make up a larger percentage of our population as compared to the overall population.

27:45 - Kristin Wikelius

Of course. Terry, anything to add on this?

27:49 - Terry Burke
Yeah, thank you. And, Suzanne, those are great comments and it would be an add on it would be a yes and. Given those disparities, and given the fact that we have spent a lot more time walking towards each other with these two mms, Medicaid and Marketplace, there is so much crossover. What happens in the Medicaid segment for coverage also impacts and happens in the Marketplace business. So I think one of the things that we need to really be sensitive to is what happens to folks when they float in and out of the two forms of coverage. The messaging matters. And, and I think one of the things that needs to take place within the payer community, this is personal opinion after decades of experience, is to make sure you know, I've used this term before, I don't get the credit for inventing it, but meeting the member in their moment and being there for them. And so what that actually means is, we need more in the Marketplace arena, we need more Medicaid like behavior. Meaning we should have in the payer world community outreach right there in communities and some of the bigger plans have invested in this where they are going into particular communities and finding someone in that community who can be an advocate for a force for good essentially that the messaging gets put out there. While they may represent a payer, their community responsibility is to say, Oh, the payer that I represent isn't a good choice for you and here's why. And I think we owe it to the population to try to get these inequities as equitable as possible so people know what their choices are. The health care literacy in some of the Marketplace business, and I'm sure it's the same in the Medicaid world even the Medicare Advantage segment, is oftentimes low. So I put that on the back of the payer community. There's so much opportunity for us to do better to make sure that we that people know what their options are. And that flow is always going to continue. By the way, when Kevin showed all those numbers and all that good information with predictive modeling, I think the industry can go a long way in helping over time helping itself, whether it's government, or payer, or the platforms that are the technology drivers of all of this, we need to figure out ways to come together so that we all at the same time meet that member in the moment to make sure that they're informed.

31:04 - Kristin Wikelius
Absolutely. Kevin, anything on this?

31:08 - Kevin Deutsch
I'll give the second yes and, and I'm really glad that Terry hasn't gone out and got a patent on that meet the member in the moment, because I use that one quite a bit since he taught me, so I'm really glad that I'm still able to use that one. But I completely agree. And there's a couple of comments that I have here. Number one is literacy in health care is very challenging. And I've been in the industry for several years now. And health care is still confusing to me, as well as many others. So how do you engage other distribution channels like the broker community and have them better support these cohorts of individuals to navigate their health care and support because they are an extension, and they are experts in the space. So how do you engage with the brokers to make sure that those members are continuing to maintain their coverage. And as far as addressing health equity, I do have an example, as we talked about meeting the member

in the moment where we actually work with a payer that has integrated their payment solution with retail outlets. So if you use this example, you're sending a monthly premium invoice to the individual. That individual can walk into a retail store or a drugstore as an example. When they're picking up their prescription, they can go up to the counter, and perhaps they're an unbanked member, and they make a cash payment for their monthly premium by handing the invoice they scan it in, and they make their monthly premium payment. Whereby that payment is then processed to the health plan that member retains their coverage. So that's just an example of when you think about ways that you can further engage with the population, and you could give them a multitude of opportunities to be able to hold on to their coverage and move that care forward. That is certainly an option that we think is probably going to pick up a lot more speed as we go forward here.

33:08 - Terry Burke
So I want to just add one more on top of that, if you don't mind, Kristin. That is a great example of how the industry can be much more retail. Like, I know, it's complicated. I know there's lots of systems, lots of laws, lots of complexity, but packaged goods, organizations, banks, there are a number of examples in other industries that are well ahead of where we are in health care. And we should be connecting and modeling those things. So that crossover right there, you know, Kevin, used the good term, the right term, the appropriate term, many of these folks just don't even have a bank account. Many don't have a computer. And so the easier we can make it for them to meet whatever the challenges of life are so that they stay covered. I think it's a responsibility that we all have.

34:15 - Kevin Deutsch
I'll give one more example if I can, Kristen, as it relates to, you know, life happens, right, and especially through COVID. There's different challenges that occur that maybe you can't make that payment this month because of whatever comes up. You're out of work for a couple of weeks because you have to quarantine and so another option here is setting up payment plans for these individuals. Folks may not be able to pay this month, so do you have an opportunity to as opposed to terminating their coverage and having them call and beg to be reinstated? How do you work with those individuals to set up a payment plan so that at the end of the day, you're still getting your premium payment, but this member is able to sustain that coverage and still be able to live their life without having this burden of being able to afford their health insurance premium that month. So setting up payment plans is just another example of how you can, you know, better engage with these folks and give them the best opportunity to stay enrolled and keep that coverage.

35:16 - Kristin Wikelius
Absolutely. I want to make sure to touch on what Suzanne has already mentioned a couple of times. But the upcoming end of the public health emergency, which we all know has allowed more people to qualify and stay on Medicaid. But when the emergency expires, people may experience coverage changes or potentially lose coverage all together. Knowing that this is coming, what do we expect to see happen for people who might lose their Medicaid and need to apply for enrollment in Marketplace plans? And even more importantly, what should plans and

policy members be thinking about and doing now to help prepare? And Suzanne, you've touched on this, so I'll start with you. And then we'd love to hear from both Terry and Kevin on this as well.

36:09 - Suzanne Bierman
Thanks, Kristen, too, I think there's a lot there. And I will say that we feel pretty confident and comfortable with those Medicaid enrollees who when redetermined are over income, have, you know, account transfer processes in place for that information to directly go to the Marketplace and feel pretty comfortable about that. And have been working closely and coordinating with our partners at the Marketplace for a good long while on unwinding. So they also have additional resources. Navigators have been mentioned, you know, for that extra assistance and outreach and education. But another thing I don't think that we've really talked too much about yet that I also think is important, more from a policy perspective, I think, you know, there's lots in the outreach and education and messaging space, making sure people know what to do to reduce those administrative losses of coverage. But beyond that, in this scenario, where everything is working great, the member knows what to do, they're connected to a Marketplace plan, really thinking about how we can streamline and smooth those transitions of coverage between Medicaid and the Marketplace. One of the things that we've done in Nevada is actually require our managed care organizations to also participate on the Marketplace. So currently, three of our four managed care organizations are also qualified health plans selling their products on the Marketplace, and we have a new market into it, which we're excited about. So they have a little bit of time to meet that requirement. But I think, you know, in terms of the consumer experience, thinking through those different policy levers around how we can make that transition, we know people's incomes go up and down, and that there's a lot of churn in this population. So just really thinking through and trying to take advantage of some of those opportunities to smooth those transitions of coverage, aside from the really fundamental and important question that we're all grappling with right now, which is making sure that people know what to do and what options are available to them.

38:21 - Kristin Wikelius
Terry or Kevin, how are you thinking about this?

38:25 - Terry Burke
Kevin, go ahead.

38:27 - Kevin Deutsch
Sure. Yeah, I mean, I think that first and foremost, it comes down to the data of these individuals and making sure that you really have a way to get in touch with them. So putting the engagement aside, I love what you all are doing in Nevada with that requirement to participate in the Marketplace, because it just feels like such a natural progression. And I imagine that, you know, that does come with some challenges for these plans to have to meet these new requirements of operating in a state-based exchange. So I certainly think that, you know, there are things that payers need to be considering as it relates to the Marketplace and getting into a state based exchange. For the first time, the requirements are often somewhat different than

what we're seeing on the federally facilitated Marketplace. So I would just say that, you know, to the payers out there, there are certainly considerations as it relates to operating in the ACA versus a Medicaid specific plan. But I certainly support that wholeheartedly to get those plans to participate in both of those programs.

39:35 - Terry Burke

And so, so great points by both Kevin and Suzanne, and I would say Suzanne, you might be further along than maybe some other states in that philosophy or that crossover between Medicaid and Marketplace. I think I had the opportunity about two weeks ago, to be on a call with CMS and they were reaching out looking for framing from the policy issue of how do we all collectively handle this transition from public health emergency? And what do we do when there is some determination that people are going to fall off eligibility? And so one of the things that we talked about in that discussion was the desire at the federal level to make sure that people had a seamless or a smooth transition. So to your requirement, and where we landed was state by state, there are such significant differences. So we're all still grappling a little bit for certainty and maybe a little bit of standardization. There's a desire to make sure that everybody has continuity of coverage, there's a desire to make sure that they know where they can go. Plans are a little bit selfish. So for example, if a particular plan or payer is in both Medicaid and the Marketplace business, they certainly would want to maintain that customer. So is there a way that that can be auto enrolled, and then reach out to the customer. In a particular state that I've done business in, we talked to folks that said the Medicaid administrator provides lists when folks roll off even whether it's a public health emergency or not, so people can have someplace to go for coverage, and they can get an outreach. So I think, increasingly, the federal government, the state governments, the plans and the platforms, along with brokers and outreach, we're all going to have to figure out new ways to engage, again, to keep the member whole and as informed as possible. I think this is going to be an interesting transition with all this new competition, all the additional folks that have come. My God, a 35% increase in your state alone. That is a whopping amount of additional folks to take care of and to do it in an appropriate and empathetic way as they transition to other areas. We want to keep that going as much as possible. I think this will be really interesting over this next year. Once the public health emergency does officially end and we go back to some sort of attempt at returning to normalcy in terms of process and procedure. We're going to have to continue to work together to do better, I think, in the industry.

43:04 - Suzanne Bierman

Yeah, and if I could just - those are all great points, Terry - add on to one thing, I think, you know, it's absolutely critical for us to work closely with our managed care organizations. In Nevada, they serve about 75% of our population. So I love that example that you give of providing the list of people that were up for a redetermination or renewal and leveraging some of the resources that they have to help provide outreach and education and make sure that those members have a smooth transition. So that's certainly a piece of what we're thinking about as, you know, how can we work strategically with all of our partners, but especially our managed care organizations to help with this unwinding process?

43:48 - Kevin Deutsch
I really wonder if there's some automation that could be built into this process, because they are still the same human being at the end of the day. And that's one thing that we struggle with in health care as they go in and out of these different programs, we sometimes will treat them as if they're a brand new person - this the first time we're hearing from them. So is there an opportunity that we can further streamline that process and that facilitation between Medicaid and Marketplace, because we should have all of this data associated with the individual. So I think there's certainly an opportunity for us all to partner together and see how we can improve that continuity for these individuals.

44:30 - Kristin Wikelius
Absolutely. And before we move on to our next question, I'd love to bring the audience into this discussion as well. So if anyone participating has a question for the panel, please feel free to submit it in the Q&A. As we look at the questions that people have for you all, Terry, I'd love to pick up something that you said about differences that we're seeing across states when we talk about enrollment. It's so easy to focus on the overall numbers from the federal Marketplace, but we really are seeing, you know, interesting trends or differences in speed approaches. And I'm curious, as you look across the landscape, what states you see kind of leading the way in enrollment, and if there are lessons we can take from some of their successful strategies?

45:22 - Terry Burke
That is, first of all, thanks for the question. And I'm not running for office, nor should I ever be. But there's a little bit of sensitivity, I think, maybe a lot of sensitivity in the answer to that good question. So calling out states might give the impression that other states aren't doing what they should do for their constituency or members. But I would tell you, with about 13 years, so three years leading up to the launch of ACA and then continuing to be in it now about 13 years, that I always, personal opinion, never lived in, never worked in California, but always had a great admiration for Covered California. They seem to really have it going on. They got their own board of directors. I have worked with a few plans in that state where I believe when they put themselves forward - this sort of addresses one of the things that Suzanne and Kevin and I talked about is all the choice and the crossover - when they put themselves forward to be a qualified health plan submission on the Covered California exchange, the board reviews their…

47:38 - Kristin Wikelius
Terry, I think we might have lost your audio. So if you want to double check. While you're checking on that, why don't I hand it over to Suzanne, I think recognizing, putting people on the spot to pick favorites in states. But if there's any states or approaches in different places that you've seen that are really interesting trends.

48:03 - Terry Burke
How about now?

48:06 - Kristin Wikelius
Terry, we've got you back.

48:07 - Terry Burke
Sorry. Where did I get lost?

48:10 - Kristin Wikelius
I think we probably lost maybe about the last 20 seconds or so of what you were sharing.

48:15 - Terry Burke
Shame on me. I think I touched my microphone, which put it on mute. Apologies to everybody on that. Thanks for pointing that out. The talking head with nothing coming out. I think the last part of that was to say the federally facilitated Marketplace has been increasingly reliable and and working and framed. So a lot of the things that carriers or payers have done in that as well as some of the other states has really amped up compared to where the industry was before it was as mature as it is right now in the Marketplace.

48:55 - Kristin Wikelius
Great, thank you. Suzanne, anything you want to add on interesting or innovative state approaches you've seen?

49:02 - Suzanne Bierman
Sure. So I will add to what Terry was mentioning. So it might be because we're in the same region, but have had a lot of opportunity to work with California and will say that they've been very willing to share a lot of their resources with other states. To plug Nevada, I think we've done a great job collaborating with our partners, but I would really like to focus on this federal administration. The Centers for Medicare and Medicaid Services, and you know, they've published blogs and Health Affairs and have talked about how this is one of their key priorities. And I will just say, you really see that in the tremendous amount of work that they've done with states in terms of providing just so much technical assistance for states and how we think through all of the issues around unwinding. The public health emergency have developed really robust, what they're calling punch list basically recommendations and things that states can do to help make this process as smooth as possible. So they really have identified this as a priority. And you can see it in the amount of time that they've been spending working with states. And beyond that just another plug for State Health Value Strategies out of Princeton, they kind of have this aggregator of resources that they've put together around unwinding the public health emergency. So just some really valuable and robust resources for states, everything from best, you know, tips on messaging to data analysis to what are all these different federal laws mean for states in terms of the different requirements of the public health emergency. So those are just some of the go to resources that we usually work with. So I wanted to thank all of them for all of the investment and time and resources that really have had a tremendous amount has been dedicated to trying to help states work through this difficult and unprecedented process.

51:00 - Kristin Wikelius
Absolutely. And turning to questions from the audience. Suzanne, there's one particular question that relates to the unwinding that you're talking about. What is the timing that you

expect or are currently planning for the end of the public health emergency? And when do you really expect this Medicaid unwinding process to begin?

51:22 - Suzanne Bierman
It's a great question. I get it often. Unfortunately, you know, what we know is that the public health emergency was just extended again earlier this month. Assuming a 90 day renewal, I think that puts us into April. We also know that HHS is committed to giving states 60 days of advance notice that the public health emergency will end. I think, you know, beyond that, it's if you ask probably 20 different Medicaid directors, you'll get definitely a lot of different responses to this question. So I think, you know, we do expect that we'll get 60 days advance notice, and I would say, at least through the April extension at this point, but can potentially go longer. I think, you know, a lot of people think maybe it aligns with the state fiscal years. So I think, you know, what we do know is that we'll be given that 60 days advance notice and that the public health emergency is removed on a quarterly basis. So sorry.

52:29 - Kristin Wikelius
No, thank you so much for clarifying. That's very, very helpful. Another question that came in that I think is a very interesting one. Ideally, the best health insurance experience for an individual is one where you have to do as little as possible not having to figure out how you make payments, getting subsidies automatically transferred to the issuer, if you effectively pay nothing out of pocket. How do you recommend the notion? Or how do you reconcile the notion that the best consumer engagement might sometimes be the least visible type of consumer engagement?

53:07 - Terry Burke
I'd like to jump in on this one. If it looks like you can hear me so that was my own operator error. Apologies for that. I'm looking at some of their responses back. I can't hear Terry. I've lost Terry's audio. Well, I'm just glad people are paying attention to it. Thank you for that. This is hotly debated in the payer world. You've got these two camps. And the one camp of big brains say we need to be constantly with the member. We need to let the member know that we care. We need fill in the blank. And when you do consumer research in the individual market, you know what the member says? Exactly what that great question was. You know what great engagement is, is leave me alone and just make this as easy as possible for me. I don't want this. I don't want to be a health care expert. I just want to take care of it. It's the exchange back and forth. Sorry, I'm a movie guy. I'm old and I'm a movie guy. It's the exchange back and forth in A Few Good Men. Why do you dislike them so much? Because they picked on a weaker kid? Why do you care so much? Because they stand on a wall and they tell you and nothing's gonna happen to you tonight? Not on my watch. That's what we need to do. Because this is not the highlight of people's lives. They just want to know that they've got quality coverage that fits into their lifestyle and their budget. So I think there's a giant case and I happen to land in that camp, that the better we are at the basics and the less we brag about it and make it visible to the member, the higher that retention will be in the better or the industry is.

55:00 - Kevin Deutsch

And I'd like to add to that, because I do agree with a lot of what Terry had said. That was a really excellent question and point. And I think the distinction is between the administrative aspect of health insurance and then the value add towards health insurance. When we talk about the administrative pieces of it, that has to be as simple as possible. The least touch to make sure that they just have access to their care, they don't have to worry about it. Where I think the engagement comes in is when you think about recommendation engines. When you go out to Amazon, after you've purchased a product, they're always telling you, well, have you looked at this product or something similar that you may have purchased? The reason why I use that example is, are there platforms and different benefits that health health plans are trying to direct members towards that you can engage to get them to utilize their services to the best of their ability? So the way that I think of it is, focus less on the administrative aspect of your health insurance, and more so how do I make the most out of the benefits that I have? Because chances are, these folks may not even know that they have this service available to them. So based on what you know about this individual, how do you recommend to them a specific service or utilizing a benefit that may be beneficial to them?

56:22 - Terry Burke
Samuel, five stars on your question. We love that one.

56:29 - Kristin Wikelius
Excellent. Well, I think we're out of time to take additional audience questions. But before we wrap up, want to open it to Terry, Kevin, Suzanne. Any last conclusions or remarks you'd like to share with the group?

56:45 - Suzanne Bierman
Sure. Well, again, really just appreciate you all highlighting this really critically important issue. And I've learned so much today from my fellow panelists. I don't always live in that side of this, so it's been a great learning experience. And again, just want to thank USofCare for hosting us and highlighting, you know, this critical issue as we are going to see some of the largest transitions in coverage, I guess, probably since the Affordable Care Act. And thank you all for your continued support for coverage and affordability initiatives. I just want to thank you all for hosting this really important conversation and allowing me to be a part of it.

57:38 - Terry Burke
I would echoe what Suzanne said, and thanks to the audience. I mean, if you've signed on, and you'd stayed with us for the whole hour, and you've listened, hopefully, we've been able to transition some information, some ideas and some knowledge, but it means you're an active participant in wanting this business to be better for all constituents and members. Thanks to USofCare for putting this on and Softheon on as well. Suzanne, great comments. And I hope that the Medicaid in the Marketplace business can continue to come together and work together. So thank you. Kevin, bring us home.

58:21 - Kevin Deutsch

And echoing Suzanne and Terry's sentiment, thank you all for joining us. I thought this was an incredibly powerful session. And I echo Suzanne's sentiment and that we don't always talk with one another. And I think if we bring everybody to the table from these different areas, we can really solve these health care challenges. And with all the great progress that we've made over this record breaking open enrollment, we still have a long way to go to really put the consumer in the center. And as Terry says, always meet the member in the moment. So thank you, Kristin and the USofCare team. I thought this was a great session and appreciate everybody for sticking with us here.

59:03 - Kristin Wikelius
Excellent. Well, thank you, Kevin, Terry and Suzanne, for being so generous with your time and insights. And I would echo your thanks to the audience for joining us for this lively and important conversation. It's so clear from what we've heard today that there are many opportunities for us all to better communicate with people about their coverage and to make sure that they can stay enrolled in coverage that they can depend on as their lives change. And, you know, at USofCare, we're pursuing ambitious goals not only to make health care dependable in this way, but affordable and personalized and understandable and appreciate everyone's interest in support to help us make that happen. To learn more about USofCare and our efforts, please visit our website and follow us on social media. Thank you again to our panelists and for everyone joining today

1:00:03 - Terry Burke
Nice job, Kristin.