

Opportunities for Innovation: State-Based Marketplaces

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02:24 Liz Hagan - USofCare

Hi, everyone, I'm Liz Hagan, director of policy solutions here at United States of Care. And thanks for being here today with us. We're excited to have this opportunity to talk more about the benefits of state based marketplaces and what opportunities they bring. For those of you newly joining us, USofCare is a nonprofit, nonpartisan organization committed to ensuring that everyone has access to health care, regardless of social status, social needs or income. I want to thank the team at Softheon for cohosting this event with us today, we've done a number of these events together, the last one and the end of the public health emergency. And we've had really great dialogue and appreciate the ability to bring these really great speakers together. Earlier this year, United States of Care released our United Solutions For Care, which is a set of policy solutions outlining the four goals that are critical to living up to the mission that I outlined. Two of these goals include making coverage more affordable, and making coverage more dependable for all, which guides our policy work both at the state and at the federal level. One of the promising trends that we're seeing recently, and that can make coverage more affordable and dependable is interest among states to transition from the federally facilitated or marketplace or FFM, to one that's operated by states, or a state based marketplaces, or SVM. This would allow those to enroll in coverage through state based marketplace as opposed to through healthcare.gov that the FFM operates. Six states have made the transition in the past several years, including three in 2022, Kentucky, New Mexico and Maine who's joining us today. So that's a total of 17 states plus the District of Columbia that operate their own State Based Marketplace. State Based Marketplaces do not have to be created from scratch like they used to. And there are a number of vendors that can contract with states to build out and tailor the marketplaces for them. As improved SBM technology options have evolved over the years, there are a number of opportunities for states to leverage this technology and establish state based marketplaces that meet their needs and the residents that live in their states needs as well. State based marketplaces provide a lot of benefits as well. And this is what we'll be focusing today on and that some of our panelists will be able to enlighten us on as well. So some of the benefits of state based marketplaces include being able to pursue innovative policies that improve coverage, reduce disparities, and increase affordability and some of those policy options just aren't available in the FFM. They also provide states with the flexibility to have control over their marketplace and implement state specific policies that work for their populations and their unique infrastructure. This includes things like setting open enrollment periods, special enrollment

periods, and being able to institute things like auto enrollment or easy enrollment policies. State Based Marketplaces also run their own outreach and enrollment programs and run their own call centers. And I think one of the more important and relevant things lately is that State Based Marketplaces are able to integrate with Medicaid and CHIP because Medicaid eligibility systems are unique to each state the FFM is limited in how tailored it can be for the 30 states that use it. While State Based Marketplaces are able to integrate with Medicaid systems and truly create that 'no wrong door' to enrollment. With little risk of failure, little to no state investment needed, and huge benefits to a state, it's no surprise that a number of new states are exploring this opportunity for the first time. Before moving into the conversation with our panelists. today. I wanted to have Rob from Softheon and have an opportunity to introduce himself as well. Rob?

06:11 Rob Miller - Softheon

Yes, thank you so much. Let me just share my screen one second. Okay, great. So just want to do a quick intro to Softheon and like Alyssa, we're gonna jump into question shortly thereafter. So by the way, I'm Rob Miller. I'm the general manager of the of the Software and Government Solutions Team. At Softheon, we have really three main key segments that we are in today: our commercial segments supporting health plans. Mainly in the ACA space, but also including Medicare Advantage, Medicare Supplement coverage, as well, with a big focus on sort of premium billing and payment collection in addition to enrollment, enrollment navigation through the portals and what have you. On a similar front our government line of business; we support state based marketplaces, Massachusetts, Connecticut, etc. We also support several states on Medicaid eligibility, providing sort of access to external data sources like bank account details, identity proofing, all related back to the eligibility for the end user, if you will. And then we have sort of a consumer segment that's focused as more as a storefront for consumers or brokers to come in and roll through the use of things like EDE on the FFM, as well to get enrolled into different types of programs like ACA. Just drilling down a little bit further, in terms of our actual solution, you can see sort of a pretty wide range. I'd say it's sort of a vertically integrated platform that handles everything from the sort of the front end enrollment shopping, back in eligibility enrollment, premium billing, and payment collection, and just overall program administration. And in terms of some of our sort of stats, if you will street cred, we've processed well over 20 million enrollments since 2014, we support over 90 carriers and state government agencies, we also have processed over \$25 billion in member payments, I think we're just going to hit about \$4 billion this year alone. And all of that's done through a sort of seamless, interoperable platform. So we are able to integrate with other systems. It's the one thing we know very well about a lot of the healthcare, you know, platforms that are out there, we have to be able to integrate together and software has sort of those out of the box components that allow us to easily do that through a standard interface with with other systems. So with that, Said, Liz, I'll pass it back to you.

08:55 Liz Hagan

Great, thanks, Rob. So without further ado, I think we'll move into the discussion part of the conversation today. And I want to go ahead and introduce our esteemed group of panelists. So our speakers today are Cheryl Gardner. She's the founder of Gardner Strategies, and also the former CEO of Be Well New Mexico, which is New Mexico's insurance exchange and the former Executive Director of the Arkansas Health Insurance Exchange. And Meg Garrett Reed is the Director of the Office of the Health Insurance Marketplace in Maine, who I may also note as the previous previously, the Director of

Policy and partnerships here at US of Care, and we're thrilled to see her and playing in such a critically important role in me. And last but not least, as Amy Latvian reporter and editor with Inside Health Policy. So thank you so much to our panelists for being here today. So I'll start with maybe the maybe most basic question and maybe a new news for for folks that are newly exploring state based marketplaces, but from an enrollee perspective, and from a perspective of a state, what are some of the benefits of a state based marketplace? Why would some states be exploring moving towards a state based marketplace from the federally facilitated marketplace? And I will let whoever wants to jump in first jump in.

10:17 Cheryl Gardner - Gardner Strategies

Liz, I'll start. And I'm eager to hear from everybody. But you know, you mentioned that some of the flexibility appeals to the states. I think that's exactly right. You talked about open enrollment SCPs. But I think it goes beyond that, too. I was in a state not long ago. And they were asking, and by the way, these were the carriers asking this question, this is a state that's a lower income state. And what they found is that folks from 300 to 400, FPL, a subsidy contribution is a deciding factor for them as to whether or not they get covered. So what the state is interested in doing is maybe making the the federal subsidies more state specific. Could they increase what they're giving to folks who are between, I don't know, 200, to 300, FPL? And you can't get that kind of flexibility, if you're on the federal exchange. So I think flexibility is really a big part of it. But there's also the business case, the average cost of the user fee for the states that are remaining on the exchange is about \$40 million a year. That's average, I don't know, right off top my head what the median cost is. But that's a lot of money. And, you know, you mentioned that the newer technology is so much less expensive than it used to be. So I think not only are there things that states want to do, they can do it, and they can do it for much cheaper cost.

11:48 Megan Garratt-Reed - Maine Department of Health

Yeah, I think building on what Cheryl shared, maybe starting with the cost piece, I will say, as a small state, I think we think about cost and expense a little bit differently. We acknowledge, I think that, given the size of our population, to some extent, we likely benefited from the sort of economy of scale of the federal marketplace and the user fees coming in from larger states. But that being said, as we did a cost benefit analysis for analysis for ourselves, it really did come down to customization, I think, similar to the flexibility point that that Charles shared, states are really different in terms of stability of their market prioritization of their carriers, sort of what's possible in one state with the relationships that you can have, and the conversations that you can have, I think, can be much more challenging to implement nationwide, given the amount of stakeholders involved. So that's been really critical for us. And similarly, I think just the closeness of relationships with stakeholders, small things. But we've really found as we've gotten up and running here in Maine, that the ability to just interact and know each other on a personal level between us and the Medicaid agency, between us and our carrier teams, means that we're able to be responsive to consumer concerns or even casework, I think in a way that is much faster than potentially is possible at the federal exchange. I know we're going to talk a lot more about some of the big policy goals. But I did just kind of want to touch on a few of those advantages, which frankly, weren't even as high on our list necessarily, as we made the decision, but that we've really seen a lot of value from now that we've established ourselves as a state based marketplace.

13:22 Amy Lotven - Inside Health Policy

And can I add that from from my reporting, and what I've, what I've heard from, from states who've transitioned or wanted to transition is that the ability to get data on their on their consumers, was an extremely important part of the decision, because they just are now able to directly communicate with with folks that they they apparently weren't not able to do before because they didn't have the the information.

13:55 Megan Garratt-Reed - Maine Department of Health

Yeah, absolutely. I mean, speaking about our gradual transition, because we were initially when I started in this position, just a full FFM state, we spent one year as a State Based Marketplace using the federal platform and are now obviously in SBM. As an FFM state, we had little to no access to information about enrollment really, not much and often struggled with that even in the policy development process that led to the legislation establishing the marketplace. There were questions we got from legislators and others that we just couldn't answer. And I think the state based marketplace on the federal platform model improves on that we did receive some data from the federal government, they provide some reporting, but certainly not with the level of granularity that we were really looking forward to do more advanced kind of analytics and really follow that. And then of course, I think once you start getting hold of that data, you start asking yourself, okay, we're seeing a theme or we're seeing a problem, what can we do to intervene, and obviously, the State Marketplace foundation is really critical, I think to be able to address some of the, you know, outcomes or themes that we saw on our data.

14:56 Cheryl Gardner - Gardner Strategies

I agree. And if you're if you have a marketing and outreach budget and you were trying to specifically target some groups; without all the data and some granular data, it is really hard to do that. And it's really hard, especially, some states get appropriations subsidies, some states use the user fee. But either way, it's really hard to go back and justify spending those dollars if you can't demonstrate that what you're doing is working.

15:29 Rob Miller - Softheon

So, I think maybe we'll drill down a little bit further. I think we talked a little bit about this what, what did FM, what a state based marketplace can do versus the FFM. But in addition to what we just talked about, what other opportunities are there for innovation, or, i think you touched upon this a little bit to Sharla increased affordability, that a state based marketplace could provide that maybe the FFM may not be able to?

15:56 Cheryl Gardner - Gardner Strategies

So, I will say I was working with a group a couple years ago, that they survey in different states, and they survey folks specifically about health care. And one of the things that we saw, it didn't matter what state we were in, was that folks who are, these, these families where say, Dad gets an employer contribution, Mom is uninsured, the kids are on CHIP, they may be eligible for a federal premium subsidy. And these are the folks who then have two or maybe three different plans to keep up with. And if you're looking at it, you know, this doesn't work for the way they live their lives. And so one of the things that we started working on with this group is, how could you do account based subsidies? And,

you know, could you structure that in a way where whatever contribution that were getting from the employer, from the federal government, from the state government, however it comes, could you combine those and put the entire family on one plan, so that it really works for the family? These are people who often have two or more jobs, they don't necessarily have time to go and look at the provider listings for all these different plans, and can we just do better for families? And it like I said, it didn't matter what state we were in, that was the feedback we were getting. You can do that. Well, I will say you would have to do that through a 1332 Waiver, but you can't facilitate it unless you have a State Based Exchange.

17:42 Meg Garratt-Reed - Maine Department of Health

Another idea, in addition to different sort of models for enhancing or making changes to subsidies, but I know states are exploring, is also looking at kind of enrollment friction, and ease of enrollment, and exploring different ideas to make it simpler, because we certainly know from our data that there are populations here in Maine who have access to very, very low premium plans, but we have a hard time bringing them, in having them complete the application, and complete enrollment. So I think those many states have been working on 'easy enrollment' programs. We're planning to implement one here in Maine a year from now, that bring in information from the state tax agency, and can actually begin to populate an application in some states, I think they're working towards or close to being able to make a determination or even automatically enroll someone based on tax information. That's another, I think, really intriguing and very kind of localized idea that states can implement. And in fact, I think it'll be interesting to think about other ways to build out on that idea, something like unemployment insurance applications, think about populations who are really ripe and targeted for our outreach potentially, where we could make the experience of finding coverage much simpler for them. I think there's a lot of promise in those ideas. And kind of on the administrative burden friction piece - I know, Liz mentioned this in her opening. But you know, we here in Maine, one of our main goals has been to ease transitions between Medicaid and the marketplace, knowing that there's so many people who move back and forth between the programs because of changes to income. And again, given how unique Medicaid programs are state by state, like the saying, when you've seen one Medicaid program, you've seen one Medicaid program. I think that that's something where when you're just working with one agency, and you can really sit down at a table and customize the marketplace to some degree to respond to the benefits and challenges of your Medicaid agency, there's a lot of promise there in terms of kind of innovation, and I think the next generation of interaction between marketplaces and Medicaid.

19:39 Liz Hagan - USofCare

Can you maybe ask a follow up to Rob's question, which is with respect to advancing equity, how can state based marketplaces be a tool for specifically advancing equity and maybe, Meg I don't know if you have ideas specifically of what Maine has done or maybe what Maine has explored or some other states as well?

19:58 Megan Garratt-Reed - Maine Department of Health

Yeah, certainly happy to speak to our experience here in Maine. I think one thing that we found to be really beneficial is being able to kind of tap into the network and relationships of the broader Department of Health and Human Services that were part of I think traditionally, the Navigator Grant Program is a fantastic vehicle to get funding out into communities to help people enroll, but can be

administratively tough for small, localized organizations that might be working with populations, who are, you know, in greater need, or in need of more kind of customized outreach, whether that be language assistance, or enrollment assistance in a given language or particularly culturally competent outreach. And we've been able to really tailor our grantmaking to have a traditional navigator grant. But we've also actually been working to incorporate enrollment outreach and enrollment assistance into health equity grant making coming out of our Center for Disease Control, here in the state. So that's one way again, it's a smaller, it's sort of outside the core of the marketplace technology, which I know is where people focus a lot. But that's something where again, I think, our knowledge of our communities and the organizations working in them and their strengths, but also the challenges that they face in accessing either state or federal funding has been really beneficial and kind of diversifying the folks that we have providing enrollment assistance, which I think is really valuable.

21:23 Cheryl Gardner - Gardner Strategies

I agree. One of the things that was surprising to me, when I moved to Arkansas was that the largest Marshallese speaking population outside of the Marshall Islands, is in Arkansas. And on the federal exchange, you know, they don't necessarily know that. They can't target that population. But it was a remarkably underserved population, it was one that once you start doing your own marketing and outreach, you can target that. I will say that my marketing efforts in Arkansas could not be more different than my marketing efforts and outreach efforts in New Mexico because there are more federally recognized tribes in New Mexico than in any other state. And the tribes in the Pueblos happen to be very different, in how they gather communication tools, and unless you understand that population, you're not going to advance those efforts of equity.

22:33 Liz Hagan - USofCare

Great, those are really helpful exam. Oh, Amy, did you have another example?

22:37 Amy Lotven - Inside Health Policy

I was just going to mention, and I'm not if this is only isolated to state based exchanges, but I know that that California actually put in its in their contracts with the insurers that you have to advance equity, you have to have some measurable improvements. And that seems to be from just the fact that California is so has such a robust state based exchange in such close relationships with their carriers.

23:10 Megan Garratt-Reed - Maine Department of Health

I was just going to add that I think the other piece we didn't speak to was kind of the plan design element. And I know that there are other states, in particular, the District of Columbia, comes to mind where I know they're using their standard plan design process as a way to advance equity and really thinking about how can they lower barriers to certain types of care that would hopefully improve, you know, actual health outcomes for their members. So that's like a next step, I think in terms of getting into real delivery and access to care itself as well.

23:40 Liz Hagan - USofCare

Well Meg you took the words out of my mouth, I was going to say that a number of states are exploring within standardized design. And one state I think of note is Colorado, within the standardized plans that will be offered is the so called Colorado Option Plans. They will be required to have culturally

responsive networks. And that's just something that the FFM is unable to do because of the ability to do standardized plans in state based marketplaces versus the FFM. Pivoting a little bit more to some of the trends we've been seeing, we talked a little bit about the benefits and what that's looked like. Why do you think states are recently exploring this? Maybe states that haven't in the past, I know that there's some American Rescue Plan money that was available to states, but I think there's also just a trend recently that we're seeing, of more and more states picking this up and some states that I think we'd be very surprised to hear about as well. Maybe speak a little bit to that.

24:48 Cheryl Gardner - Gardner Strategies

I can say that, in fact, Amy and I were talking about this earlier today that one of the biggest things it was this quiet, kind of I don't even think it was a policy change. It was just something that Societal started doing in 2018, that was the first year that they published that Societal published, what the federal user fees were. And that was really hidden to most states. Most have the option of either writing a monthly check to SEO and, or, or just having CMS assess the carrier's directly. And overwhelmingly, most of them just have, it's just out of their hands, out of sight out of mind. In fact, I remember talking with a chief of staff in a state that was probably around 60 million a year in federal user fees. And I said to him, do you have any idea what Tennessee consumers pay to use the federal exchange? He's like, nothing. We don't, we don't pay anything. And I thought, wow, that is really unusual. Well, as soon as they started publishing that, I think states became more aware of what this was costing them. So that was one big change. Another - this was a policy change was that it used to be the case that you had to use, whatever eligibility is your Medicaid eligibility system. And for lots of states, that was just a no go. They were having problems with their eligibility system for Medicaid, there was no way that they were going to put another population of folks using that. And so, in 2019, when Nevada launched, Nevada, and I give them a ton of credit, went and asked this question, "Hey, we want to use our own, you know, this is a super easy eligibility system. Magi only can we use that?" And they said "Sure, we don't care" And I don't even know that Societal thought that much about it. But it was the since then, of the states that have either transitioned or announced their transition of those, what are we up to three, I think have used their their Medicaid eligibility rules. And all the others have either used their own rules engine or have designed a strategy to use their own rules engine. So those were big pushers.

27:18 Meg Garratt-Reed - Maine Department of Health

Adding to Cheryl's point, I think, states likely sort of have their own motivations in terms of the specific policies that they're looking to implement. I do think increasingly, some of the thinking about potential public options, or these affordability programs, in particular, have maybe brought states back around to considering the State Based marketplace route. But I really do think fundamentally, I give a lot of credit to Nevada, I think they're transition and their willingness to share about that and sort of serve as a model for what this can look like in a second generation has really allowed states to maybe be open to the idea, again, in a way that that some might not have been initially based on some of the challenges around the initial implementation of marketplaces, writ large, but state based marketplaces in particular.

28:09 Amy Lotven - Inside Health Policy

And I guess I'll add that the fact that the Affordable Care Act has been in place for 10 years, and it's not going anywhere. People are accepting it. People across the political spectrum are accepting it and

realizing that it's better to be creative within the parameters that that exist instead of just constantly fighting, which seemed to be what was happening before. So there's just more acceptance of the law. So I think that helped a lot.

28:45 Cheryl Gardner - Gardner Strategies

I think Amy's right. You know, one of the things we've seen so much turnover in state legislatures in the last seven or eight years, and the folks who are in there now are not the folks who fought that fight back in 2008-2009. And I work with more than a dozen states. And in the last three years, I have heard "repeal and replace" exactly zero times as an argument against a state based exchange.

29:23 Rob Miller - Softheon

You heard the phrase "healthcare is local". And we've talked a little bit about that even in terms of marketing outreach, and trying to find sort of these populations. But I mean, I think the state based marketplaces has such an opportunity to make it local, to them, right, like you said, Amy, it's not going away. So it might as well make the best use out of it. Probably not the best argument right. But I think it's where their mentality is starting to change. I think and Cheryl, you talked a little bit about some dollars, but let's talk about like the cost to states and I think there was a major. Between 2013 and 2012. And today so I guess the question is what's the reality today? What are we looking at in terms of costs? Is it difficult to do it? And I think we have some great perspective, Cheryl, from you from sort of the the early days when it was super okay, maybe it's always chaotic, but very chaotic back then. Right. And Meg recently within the last couple of years, but maybe you could talk a little bit about your experience in terms of sort of, you know, what it was, you know, historically versus what it might be taking today for a state for example switch over to a state based marketplace.

30:34 Cheryl Gartner - Gartner Strategies

Happy to do. I remember when I moved to Little Rock to run that exchange. And you know, we're doing some cost analysis, and we looked at the states that have already established their state based exchanges. And some work well, some worked better than others. But when we looked across the board, the lowest year of DDNI that we could find, and it was in one of the Northeast states, though, I forget which one it was, it was something like 56.5 million dollars for like year two of DDNI and that was the lowest cost that we could find. And that kind of takes your breath away if you're in especially a smaller state. And, you know, the the ones that have launched recently, I want to say Pennsylvania, is it something like \$34 million a year. Pennsylvania, who, under the FFA, they were paying, I think it was 95 million a year. So they were even able to fund their reinsurance program. So the costs have dropped dramatically, right, especially the technology costs, and even the call center costs. Those have dropped dramatically. But I feel like Meg made a really good point, even states with smaller populations, who aren't paying the 40 million a year and who did have some advantage in the scaled costs of the FFM. Even if it would have made sense 10 years ago for them politically or with respect to regulation or flexibility to have a state based exchange, now, it's actually at a tolerance level. The price is at a tolerance level that makes sense for them now. So even I talked to a state not too long ago, that would pay probably 3 million more a year if they transitioned in, and we did their budget analysis, and even that they were open to. Because they still get all those advantages of not ceding that regulatory authority to the federal government and getting that flexibility.

32:48 Meg Garratt-Reed - Maine Department of Health

Yeah, and I can say, for us, transitioning a couple of years ago, we're a totally self sustaining marketplace, we received no general appropriation for any startup costs, we are totally supported by the fees that we assess on our health insurance carriers. I will say, I don't know if we said it explicitly. But those fees are typically based on total premium collected, so they do vary based on market dynamics, like price of insurance and your enrollment. So we saw quite a shift, we expanded Medicaid in 2019, and saw some movement out of the marketplace and into expanded Medicaid that impacted our total assessment as somewhat significantly. But we have a budget of around \$11 to \$12 million annually. So, noting sort of Cheryl's you know, ballparking, I would say our total costs for our platform and call center are around \$5 to \$6 million a year. It does vary quite a bit, as you can tell by population. So for states that are thinking about this, or others I would advise, I think most of that information can be a little hard to dig up, but is available publicly to kind of see costs across states and get a sense of what that looks like. For us. I will say, I think it was very, very important, as we were thinking about projections first to account for some uncertainty in what was ahead, as we were making the decision to transition, we were in a different presidential administration, we didn't know what enrollment might look like in the subsequent year or two, that we were still using the FFM, or what broader changes might be coming. So we did want to make sure that we had, you know, a good sensitivity analysis there. And were budgeting and prepared for some fluctuation, it's different than government where you can usually be very sure about what the upcoming year looks like it's a little bit more like private business where you need to be thinking about how your actions are going to impact revenue coming in from year to year and what the out years look like. But that's sort of been our structure, but we really wanted to make sure that we built in a lot of space for activities outside the kind of core online platform and the call center. So having pretty robust funding for our navigator network, being able to really invest significantly in advertising and marketing and outreach to consumers were really important for us. You know, our hope, I think is that investment yields increased revenue because we're bringing in new consumers year over year. But I would just encourage states or anyone thinking about this, certainly, those, those two items of the platform and the call center are going to be your big ticket items. But you really want to make sure you're thinking about additional costs. In addition to those, I think, to make sure that a marketplace is really successful, because you can build it, but it's important that you're bringing consumers in to utilize the platform as well. And I guess we talked a lot about cost. And I guess maybe I'll touch on ease a little bit. Certainly I can't speak to the experience of the first generation, but I can somewhat imagine what it was like trying to build a platform when regulations were still being finalized, thinking through scenarios for the first time. So definitely think that I can imagine that things are much simpler. Now, I will say, I would definitely caution that they are not easy, it's still a really significant effort to implement a platform, they're really important integrations, particularly with carriers and with your Medicaid agency that can be still pretty technically complex and a lot to work through. And the one added complexity in a transition model is, while I don't think it's required by the FFM, in general, you're going to want to migrate your consumers over and renew them. And so you're not starting from scratch, you're needing to make sure that that migration is successful, that you're able to redetermine eligibility and renew people in your first year. So while I'm a great cheerleader for State Based Marketplaces, and we've seen a lot of advantage, and are very glad we undertook this effort, I wouldn't want to minimize the work involved. It still is a very significant effort that involves a lot of hands, and then a lot of work by the states team, but also by other stakeholders in the state as well to be successful.

36:42 Rob Miller - Softhen

Yeah, and I think, you know, you mentioned the sort of the, the ease of transitioning, right, nothing, nothing here as simple by any means. But I do think there's a greater availability of sort of the commercial off the shelf products out there and a lot of experience that some companies have had now in implementing it. So it's not necessarily a Deloitte or an Oracle coming in and building some intensely custom use product, if you've seen one Medicaid system, you've seen one Medicaid system, I think we're seeing a little bit where there's some sort of shared platforms or products that are being offered in the market, that states are able to leverage, but then you go to, you know, customization or configuration, you know, like, for example, in Massachusetts, where we support them, we generate 11 custom EDI companion guides. So we didn't necessarily shove it down their throat, saying you have to follow this exact format, we let them kind of dictate what they would want. And then we were able to sort of configure it from there. And so having tools like that certainly can help expedite, I think, the transition as well.

37:45 Meg Garratt-Reed - Maine Department of Health

Yeah. And to add to that, Rob, I think another advantage is having other states that you can turn to for advice. So I spent a lot of time talking with Nevada, as well as Pennsylvania, New Jersey, who were kind of the class just before us and getting their advice, "What would you have done differently? What's something that I'm not worried about that I should be?", as well as talking to the District of Columbia who actually use the same vendor we do. So there is definitely a kind of a network now of folks who can give that advice, whereas it's not everybody trying to do it for the first time at once. So that's another I think value that really helps with this process, and would really encourage that kind of Interstate, you know, outreach and conversation because it was very valuable to us both in making the decision to transition and doing some of the planning as well as periodically throughout our implementation process.

38:30 Rob Miller - Sodthoeon

And I haven't seen who's attending but I can imagine there's some folks out there that are now listening to you, Meg, on your experience, right and Cheryl, on how they can sort of take it to the next level, and do their conversion as well. So definitely good to share share knowledge between each other.

38:46 Liz Hagan - USofCare

So I think we can probably all make assumptions that the general public is not probably familiar with the term State Based Marketplace or State Based Exchange. But we know that there's a lot of benefits that enrollees can see from a state based marketplace. So I'm curious what kind of messages have you found to be effective at bolstering support for transitioning to a state based marketplace?

39:14 Cheryl Gardner - Gardner Strategies

For me, and this will sound crazy. My first message was, I work in all different states doesn't matter the politics there. However, one of my first messages always is, a state exchange does not mean Medicaid expansion. Just don't wade into that fight at all. And it's a little weird that we're still having that conversation. But we work in this world every day and we understand that, but don't make the mistake of just assuming that everybody gets that because it's not the case.

39:54 Meg Garratt-Reed

I'd say for us, I definitely think the state control and and sort of state customization was a message that resonated really well, especially with our legislators on both sides of the aisle here in Maine. I know states are generally like this, but especially up here in Maine, we are very independent, we sort of look with some skepticism from anyone who's from 'away'. So I think that that was something that folks regardless of the advantages to that and we did focus a lot on to Cheryl's point, you know, not necessarily talking about all the what ifs of what could be done with the platform, but really focusing on our main initial goal, which was ease the enrollment process for members and bring in the folks who are already eligible, but who were missing. I think that's something that most folks are gonna support, if they're qualifying for this federal financial assistance, we want to bring them in, that's a win for us. So that was really helpful. I think, in some of our broad messaging, we really didn't engage totally publicly with consumers until it was time for the transition. I think this is just a little over the heads of most folks and was easier to kind of just let them know, this is what's happening and what to expect, rather than as part of the process of making the decision to move forward with a state based marketplace. But the other thing that I would add is just really thinking carefully about the stakeholder groups impacted by the transition. Your carriers are going to be the number one, they are your partners in this. They have gotten comfortable, I think, with the federally facilitated marketplace and given some of the history of the challenges there, we definitely saw our carriers have some caution coming into this about, "Are we restarting all that again? Is it gonna be a similar experience in terms of disruption?" So I think having conversations about what are we doing that we did was required in our contract that we used all the same formats followed, all the same processes as the FFM, so that they could be reassured that there weren't going to need huge technology changes on their side. And then a few other groups certainly are assisters, folks helping on the ground. We got a lot of input from them about what they would love to see done differently, or little things that we could change that make their jobs easier, or responded to what they see as barriers or points of confusion for consumers. And then brokers being another really, really important constituency to kind of engage early on and hear from, that transition is always gonna cause some some disruption to their business. But I think if you can offer them some changes or some enhancements as part of the transition that respond to concerns or interest that they have, that helps a lot. So it was less really broad messaging for us and a lot of kind of individualized engagement with groups that that were heavily impacted and who, in turn, all those players of course impact what the consumer experience with the platform is. So having a good experience for your brokers and assisters in your carriers is going to make the experience for consumers a lot better in the end as well.

42:50 Rob Miller - Sofhteon

All right. So maybe maybe a big question, again, for those that might be listening to see how they're going to implement a state based marketplace over the next couple years and each of you have sort of a different perspective, what would be your sort of one piece of advice, whether something that you wish you knew from day one, or some major challenge that you've had to overcome? And, by the way, an acceptable answer is to pick Sofhteon as the vendor that they implement but go ahead (laughs). I'm sorry, Cheryl, you want to kick us off?

43:22 Cheryl Gardner - Gardner Strategies

(Laughs) Ok pick Sofhtheon we'll go with that. So, you know, we talked about how much better the technology is now than it used to be. I

mean there was a time when your actual technology was your second highest cost. And your systems integrator was your biggest cost. And now, I don't know that anybody - Meg did you hire a systems integrator? (No) Yeah, I don't I don't think anybody has any more. So like that was a big deal. I don't really love the term 'exchange in a box'. But this is a solution, they're configurable. There's some customization available for them. But these are big, customized systems. Where California is completely different from Oregon is completely different from Florida. It's not that anymore. However, that said, my biggest piece of advice is no matter how much better the technology is, don't underestimate the time and effort it takes to get all your stakeholders to Yes. These are disparate groups, a lot of opinions here, a lot of different circumstances that we're not necessarily privy to, and so don't shortchange yourself in terms of time or effort that you're going to have to span your level of effort remains the same.

44:58 Meg Garratt-Reed - Maine Department of Health

Yeah, I think for me, I might cheat and do a couple of them. I would say, making sure you're really clear on your goals. And what you're trying to accomplish. I think a message I try to reiterate is that a transition to a State Based Marketplace, in my mind is not an end unto itself. It's about having a foundation and a tool really, that you can use to accomplish other goals, like focusing on marketing, like thinking about policy goals. And I think when you're in the trenches, and in the hard times of getting it done, it's really important to kind of keep focused on that, and also have a sense of purpose. Because that sort of leads into my second piece of advice is the 'scope creep' can start early, everyone will want a million things, we had a lot of goals. I think I really tried to use the ruthless prioritization mantra, through our transition, and stay focused on particularly existing enrollee experience, making sure that we moved and bring in new folks and that's our goal for year one. Year two, we build on that, but kind of not trying to do everything all at once. Because while the transition is simpler, to Cheryl's point, it's still tough, there's still a lot going on. And I think that you can get into trouble if you're trying to bite off a lot in that first year. So get the transition done, be solid on that, get some experience under your belt, then the possibilities are endless. And you may learn to as you're operating that priority shift or the circumstances outside the shift. So that would be my other main point of advice. It's hard sometimes to make those tough decisions and say we're cutting that enhancement that we'd plan to launch during OE and pushing it back a year. But I think it's important to do that, to make sure that no more risk is introduced and as needed.

46:36 Cheryl Gardner - Gardner Strategies

Meg, are you coming from a place of trauma?

46:40 Meg Garratt-Reed - Maine Department of Health

I'm not just a lot of learning from others, I would say (laughs). I heard a lot and studied a lot, I think about the initial transitions and got a lot of advice from folks. So really, I shouldn't even take credit, I'm sure that advice was given to me by others as we started, and by many folks in this world, and who have undergone previous transitions. But it's one that constantly ringing in my head, and frankly, to some degree, what I would tell myself that when I was having to make a hard choice that this is what's

part of it, and what needs to be done to kind of just keep moving forward. And as I said, keep the focus on the really key goals of that first transition year.

47:17 Cheryl Gardner - Gardner Strategies

I love what you said about ruthless prioritization. Yeah, I don't know that anybody's ever communicated it to me that way. But I absolutely agree with that. The other thing I think that I tried to do, no matter what state I'm in is, for the consumer, always try to make the right decision, the easy decision. When you're looking at those design questions, put yourself in the consumers place. If you have an option of making it easier for them, or harder for them, make it easier for them! Don't make them jump through hoops for this.

47:53 Meg Garrett-Reed - Maine Department of Health

That's a great point. And one, a little bit of a learning, I wish we had more time for it. But I think when you're working with a team that's in health policy, and in the marketplace world, bringing in perspectives from actual consumers and folks who are less familiar is so valuable. There were different places that we found, you know, once we launched, we ended up tweaking things because we'd read through them and reviewed them a million times. And they totally made sense to us. But the way we were asking a question to a consumer without the experience was really different. So gets to Cheryl's point about timeline. I think that's hard to do when you're trying to manage a tight timeline for a technology deployment. But to the extent that you're able to doing some real focus groups real opportunities for your community organizations, or other who are less familiar to provide feedback, I think could be really valuable in uncovering those places where you might not even realize that it's a difficult point for a consumer.

48:42 Cheryl Gardner - Gardner Strategies

So before I did ACA exchanges, I ran Utah's state exchange, which was a pre-ACA exchange. And we were trying to figure out, "what's the right number of plans for consumers to view?" And it depends to your point Meg on how you ask that question. When we first asked the question to consumers, there were like three to five. I only want to see three to five plans. Well, we had among our carriers, I think we wound up having like 60 or 70 plans available. When we drill down a little more with the consumer, what we found out was that they wanted - if they are fans of HSA eligible plans - they wanted three to five HSA eligible plans to look at if they needed a gold level plan. They wanted three to five of those. So then what that told us is if we're going to help them make the right decision, the easy decision, what we needed to do was really incorporate some pretty sophisticated decision support tools. And I think you're right, you have to drill down. See it from the consumers perspective. And then that kind of guides some of your design and planning.

49:51 Meg Garrett-Reed

That's actually a great point. Just to add on even more. As you were speaking Cheryl, I realized I think the consumer decision support piece can sometimes get sidelined a little bit when compared to eligibility and enrollment features. But it was something where we ended up working with consumers. Checkbook is our vendor supporting that. And they brought a lot of prior experience and user design elements. And it was one of the features that we got the most positive feedback on from the public from our assisters. And also, I think really contributed to some of the goals that we had, we had a very high

population of CSR individuals enrolled in bronze plans in our marketplace. And so a major shift in that, which I'm sure had to do with enhanced subsidies as well. But I think it was really also influenced by features like displaying plans by total cost instead of purely by premium, and some of those elements that really help consumers make these decisions, which are so tough. So another little piece of advice is don't lose sight of that, and really think about requirements for that. I think that can make a big difference in experience and kind of success of the platform.

50:56 Rob Miller - Softheon

Yeah, so I was thinking about your previous example, the family of four, right sort of split eligibility. I mean, they're working two jobs, like the last thing they need to do is try to figure out how to navigate through 60-70 plans and a bunch of terms that they probably don't know too much about. Right. So we're sort of in the weeds on this quite a bit. And I think helping to educate the consumers and make it like Cheryl said, making it easy for them is the best thing that we can certainly do for the population..

51:25 Cheryl Gartner - Gartner Strategies

Sorry, I'm probably talking too much. But if we're wondering why people are still not covered, it's typically because we haven't made it work for the way they live their lives. I love the flexibility because that allows us to do that. Sorry, Rob, go ahead with your other question.

51:41 Rob Miller - Softheon

No, I was just asking Amy before we jump into Q&A if you had any other sort of final advice or consideration, since I know you've been covering ACA since its inception.

51:52 Amy Lotven - Inside Health Policy

It's not really my ballpark as far as advice on how states should move forward. But I mean, I would say talk to your reporters, tell them what's going on. Let your public know. Because there's been a lot of talk of, you don't want to confuse people, it's all behind the scenes, etc. But people are generally smarter than we think and they have other interests. And they can maybe see through, as Meg was saying, everybody in the health policy sphere has one way of thinking but, you bring in people from other spheres, and they might have an idea.

52:49 Liz Hagan - USofCare

Now that's super helpful thinking about the outreach and making sure that the people are so used to healthcare.gov. Now, I don't think we thought that at the beginning that people would have familiarity with healthcare.gov. But they do now. And so with states that are transitioning really to be a lot of education. So talking to folks, reporters and the general public about the change is really critical, too. So we've got some questions coming in through the q&a. And I'll start asking some but definitely want people to continue adding them as we go. So our last webinar was actually focused on the public health, emergency unwinding and what that means for people coming off of Medicaid. And we know that a lot of people are going to be disenrolled from Medicaid and need to transition to marketplace coverage. So can you all speak a little bit to some of the tools that state based marketplaces are employing to ease that transition when the public health emergency ends, and so that we can keep people enrolled in coverage?

53:51 Meg Garatt-Reed

Speaking just here in Maine, we are part of the Department of Health and Human Services. So we are colocated with our Medicaid agency, working really closely with them. So one thing that we're doing is actually partnering with them and using some of our call center resources to make outbound calls to Medicaid members to get address updates from them in advance of the end of the public health emergency, to try to make sure that we have you know, ways to contact them, that'll obviously be key for maintaining coverage, whether it be staying in Medicaid, if they remain eligible, or coming over to the marketplace. We also already support a bidirectional account transfer process. So when someone is disenrolled from Maine here, because they are eligible, we receive an application for them and it creates a draft application in their existing account if they have one, or sort of creates that in the background for them. So when they come in and enter their demographic information, full name, date of birth, social, we match them up to that application. So that's sort of already in place and the extra enhancement that we're currently planning is much more intensive outreach to that population of people transferred over. We already send them a notice to let them know about coverme.gov and their options, but we're planning much or sort of glossy, noticeable eye catching postal mail, to really encourage them over the course of several weeks to come back and complete that application and enroll with us. As well as hopefully some calls and potentially texts depending on whether the FCC gives the thumbs up for that. So that's what we're doing here in Maine it sounds like folks are really interested, referring to the USofCare webinar, but I know there's other states thinking about things like auto enrollment, even or changing the way that they're handling account transfer, to try to simplify that process. But it's certainly a huge goal for us we as a state agency, want people to stay in Medicaid if they can, but know that there will be a population who are eligible. And it's rare that we have such detailed information to directly contact folks who are likely eligible for coverme.gov. So really don't want to miss that opportunity to kind of try and capture them right away. One quick thing, I'll say, I almost forgot it. But here, we're also changing the special enrollment period. So extending that to 90 days, typically, it would be 60 days for folks to select a plan. But we know a lot of people don't realize they've maybe lost Medicaid until they go and try to seek care. So that's something else that we're doing. And that will be available via self service through our platforms, they want you to make a call, they can just select that option, and enroll without needing to call us, and ask for an exception. So that's another change that we're anticipating to kind of try to just ease that process for them.

56:23 Liz Hagan - USofCare

Thanks, Megan, I think probably a number of states are also looking at whether there's ways to increase outreach and enrollment funding in particular when the public health emergency ends so that people have the in person assistance they need to, to enroll, which for many is going to be really important if they're used to being on a different source of coverage. So we're almost at time and we maybe we can do a really quick answer to this question. And we got a question about whether the exchange should be housed in a state agency or be independent? If you could maybe talk a little bit about some of the considerations and benefits that go to some of those decisions.

56:59 Cheryl Gartner - Gartner Strategies

So in Utah, even though this is a pre-ACA exchange, we were in state government and my other two were nonprofit, quasi governmental. So my answer to this is going to be yes. It really depends on the state. And one of the benefits of having this outside of state government is if you have an exception to

state procurement law, it allows you to be nimble and quick about some of these decisions. And sometimes state procurement is designed to be slow and inefficient, and very thoughtful and deliberative. And you just don't have time for that. Inside state government, I would say the benefit is that you already have an infrastructure to help support you. Meg talked about how they're colocated with their Department of Human Services. I think that can be helpful, either human services or the insurance department, someone who you work with regularly, and I think that helps in communication and not duplicating efforts.

58:12

Yeah, I totally agree with everything that Cheryl said, in terms of pros and cons of the different models. Just to add to that piece about being within the Department of Health and Human Services, I will say, just really tactically the fact that myself and my counterpart, who operates the division that handles Medicaid eligibility and enrollment, we both report to the same Commissioner, who's the equivalent of a secretary up here in Maine, and I found that really helpful, I think there will always be, I did not to say we don't have a great relationship, but there can be tension between goals and different priorities. I mean, Medicaid agencies are huge. Our agency actually also handles eligibility and enrollment for TMF and SNAP. So there's a lot going on, and I think trying to kind of negotiate that and say, "okay, when are we going to fit in this mutual product/project?" ..that can be challenging. And I find it really helpful that we're kind of within the same reporting structure, there's very clear processes for that decision making and for governance. So that has been a huge I think, advantage for us, especially given our state and our marketplaces specific focus on Medicaid, collaboration and integration.

59:19 Rob Miller - Softheon

So I think we're at the bottom of the hour, Liz, I just wanted to say again, thank you to the presenters. It was a great conversation. If anybody listening has any questions, we are definitely all reachable. As well, we'd be happy to have any further conversations but just wanted to again, thank everybody - USofCare - Liz and your team as well as and your team so greatly appreciate it.

59:43

Thank you. I'm just gonna say my dog decided now to wake up. The conversation has been very invigorating, and it's not an indication that it's been boring at all, but now she wakes up. Well, Amy, Cheryl and Meg, thank you so much for participating in this conversation. It's been really, really helpful and thank you to our participants for joining as well. Thank you so much!