Illinois Health Benefits Exchange Advisory Committee Meeting

June 16th, 2025

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The Official Health Marketplace

Agenda

1. Roll Call
2. Welcome by IL HBEAC Co-Chairs
   - Housekeeping
   - Approval of March 10th, 2025 Meeting Minutes
3. Director's Report
   - SBM Implementation Updates
   - PY25 SBM Enrollment Data
   - SMART Audit
   - Policy Updates
   - 2027 Plan Design Initiative
   - Marketing & Communications: Progress Review and Future Plans
4. Public Comment Period
5. Other Matters
6. Adjourn

Approval of Minutes From 3/10/25

- Welcome
- Finance & Administration
- SBM Open Enrollment
- Policy Updates
- Stakeholder Engagement Plan
- Advertising and PR
- Public Comments
- Other Matters

Director’s Report

Marketplace Implementation Updates

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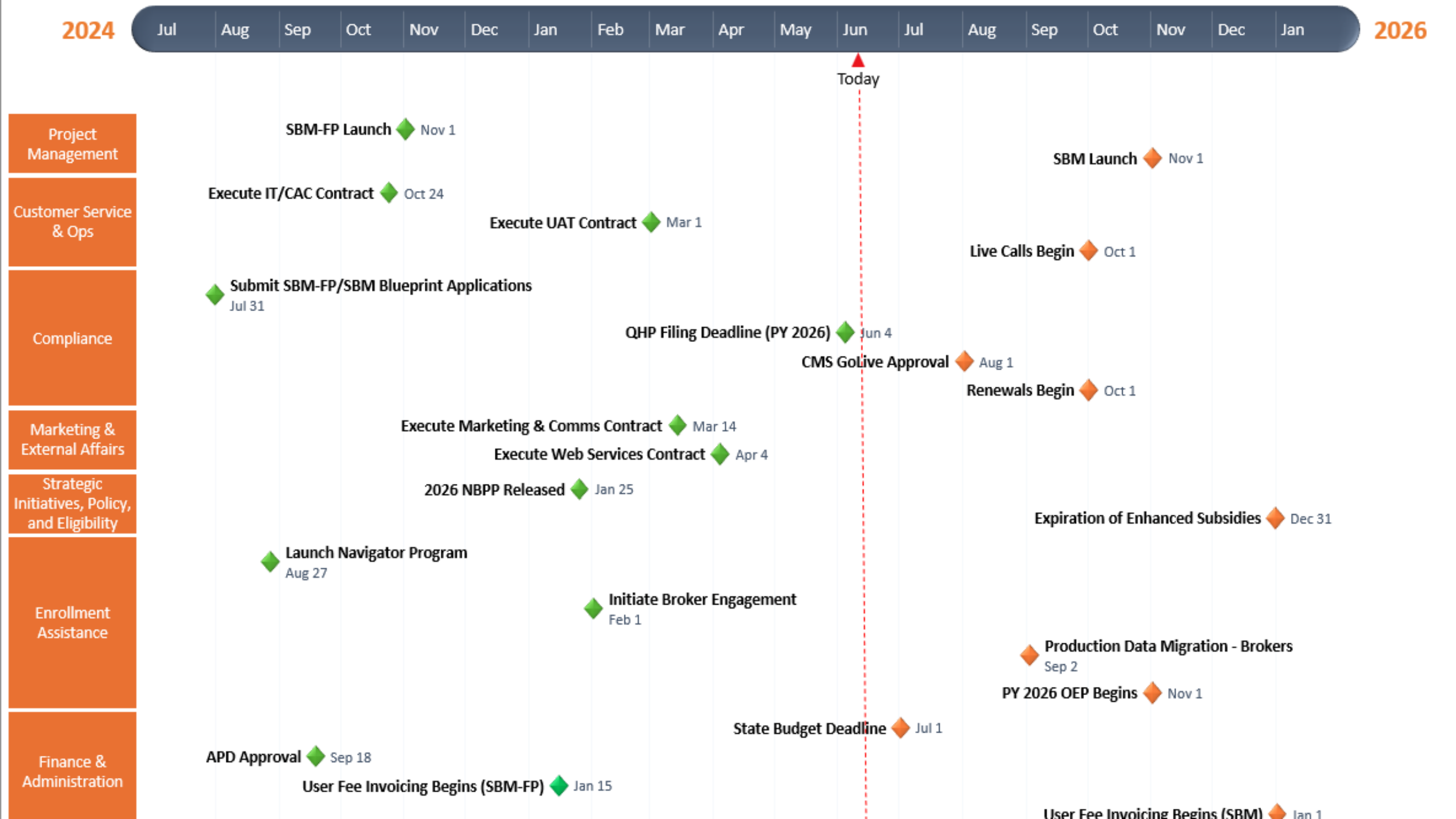
Project Status

Overall Project Health	Rationale
	• Core tasks are on schedule

Workstream	Status	Notes
Project Management		The Project Management workstream focused on establishing and refining key project processes. This included assessing approaches for managing shared artifacts among GCI vendors and stakeholders, developing formal Change Management processes and associated artifacts, and providing introductions to contract management and Service Level Agreement (SLA) management.
Customer Service and Operations		This workstream focused on operational readiness and customer service setup. Preliminary CAC planning decisions were completed, and reviews of IVA/IVR systems were in progress. Development of escalation processes was ongoing, alongside participation in the IT AT workgroup and reviews of GetInsured deliverables, including Training and Testing Plans. User Acceptance Testing (UAT) activities commenced with the KPMG UAT kickoff and subsequent onboarding. Product Orientation sessions were completed, and configurations work was ongoing.
Compliance		The Compliance workstream saw steady progress on multiple fronts. Activities included ongoing CMS coordination, submission of privacy and security documents, and updates to the SSR based on IRS feedback, which was then resubmitted. Significant effort went into developing Appeals policies and procedures. Interviews were completed with the MARSe Security 3rd Party Audit vendor. Key documents were advanced, including the development of a first draft of the Oversight & Monitoring Plan for SMART Audit submission, which later evolved into completed drafts of the Oversight & Monitoring Plan, FWA Reporting Process, and Non-Discrimination Policy. The SMART Audit report for 2024 was also completed.
Marketing & External Affairs		Efforts centered on vendor engagement and content preparation. The MarCom contract was fully executed and kicked off, leading to an ideation session, a PR meeting, and the completion of a first draft of the marketing and communications strategy by the MarCom vendor. The Website Services contract was nearly finalized in March and then fully finalized in April; the website vendor subsequently completed the discovery phase and moved into design. Review and translation of GetInsured Notices were completed, and the GetInsured UI Content Bundle was also reviewed, translated, and delivered.

Project Status Cont.

Workstream	Status	Notes
Strategic Initiatives & Operational Policies for E&E		This workstream focused on defining and implementing policies. Throughout the period, several open policy decisions were closed (4 in March, 2 in April, 4 in May), with ongoing discussions, research, and identification of next steps for various open and future policy topics. A key initiative was the commencement and continued development of the Policy Manual. Policy implementation work and providing policy guidance to GetInsured were continuous activities.
Enrollment Assistance & Outreach		Work in this area concentrated on broker engagement, navigator program development, and training resources. Preparations for the April All-Broker Webinar were finalized in March, followed by the facilitation of the first broker webinar in April and the May broker webinar. Development of the Learning Management System (LMS) was ongoing, starting with Pivto Better Learning and later initiating LMS module development. The navigator grantee program letter of intent was released on April 1st. In May, the team began acquiring data for broker data migration from carriers and DOI licensure.
Finance & Administration		This workstream managed financial submissions, contract finalizations, and onboarding. The Q1 FY2025 APD drawdown request was submitted, followed by the completion of the Q2 FFY2025 APD drawdown request in May. March issuer invoices were completed. Work on Intergovernmental Agreements (IGAs) was prominent, including continued revisions to the IDES IGA and Data and Governance IGA, submission of IDES forms for completion, acquiring signatures for the Data and Governance IGA, and its final execution in May. Additionally, the Procurement and Contract Management Manager (Jennifer Allen) was onboarded in April.


2024
Jul
Aug
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May
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2026
Today
Project Management
Customer Service & Ops
Compliance
Marketing & External Affairs
Strategic Initiatives, Policy, and Eligibility
Enrollment Assistance
Finance & Administration
SBM-FP Launch Nov 1
SBM Launch Nov 1
Execute IT/CAC Contract Oct 24
Execute UAT Contract Mar 1
Live Calls Begin Oct 1
Submit SBM-FP/SBM Blueprint Applications Jul 31
QHP Filing Deadline (PY 2026) Jun 4
CMS GoLive Approval Aug 1
Renewals Begin Oct 1
Execute Marketing & Comms Contract Mar 14
Execute Web Services Contract Apr 4
2026 NBPP Released Jan 25
Expiration of Enhanced Subsidies Dec 31
Launch Navigator Program Aug 27
Initiate Broker Engagement Feb 1
Production Data Migration - Brokers Sep 2
PY 2026 OEP Begins Nov 1
State Budget Deadline Jul 1
APD Approval Sep 18
User Fee Invoicing Begins (SBM-FP) Jan 15
User Fee Invoicing Begins (SBM) Jan 1

PY25 SBM Enrollment

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YTD Health Plan Enrollment Dashboard

An overview of plan selections and affordability metrics.

Total YTD Plan Selections

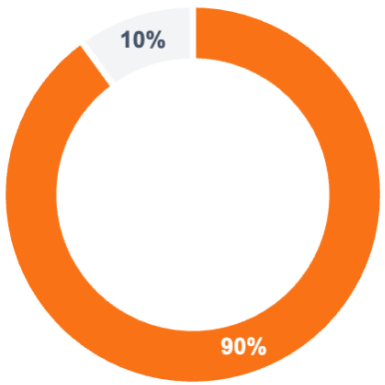
510,715

Total individual plan sign-ups.

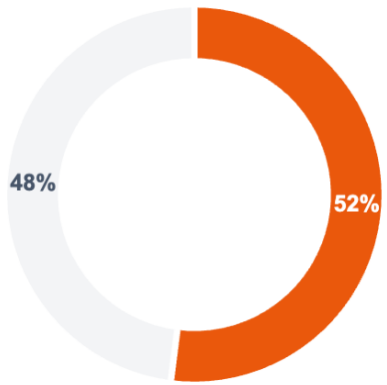
Average Monthly Premium

Gross Premium	$663.64
Subsidy (APTC)	-$533.83
Net Premium	**$129.81**

Enrollees Receiving APTC

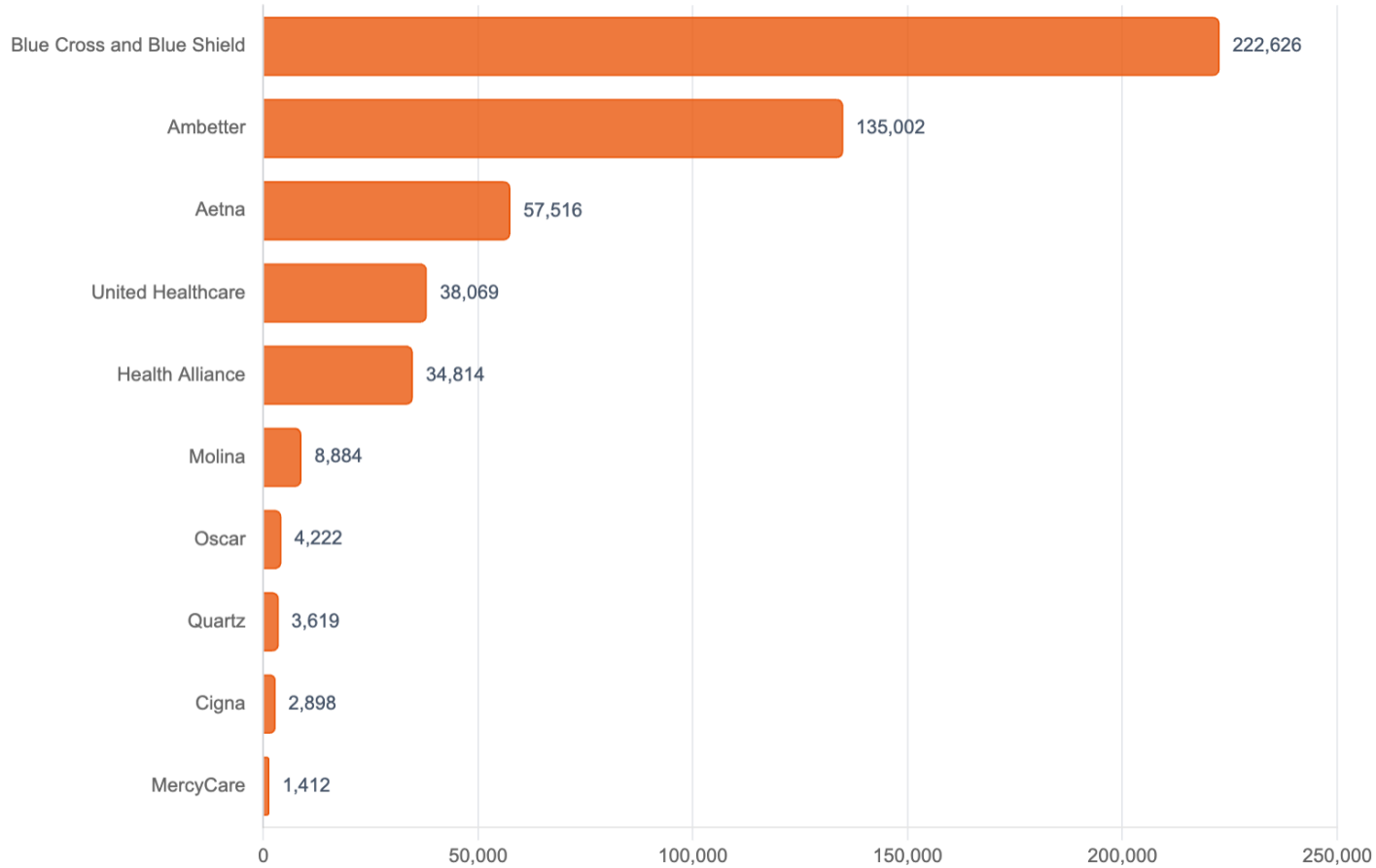


Enrollees Receiving CSR



Enrollment Breakout by Insurer

Market share based on total plan selections.



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Source: CMS
June 2025
YTD

SMART Audit

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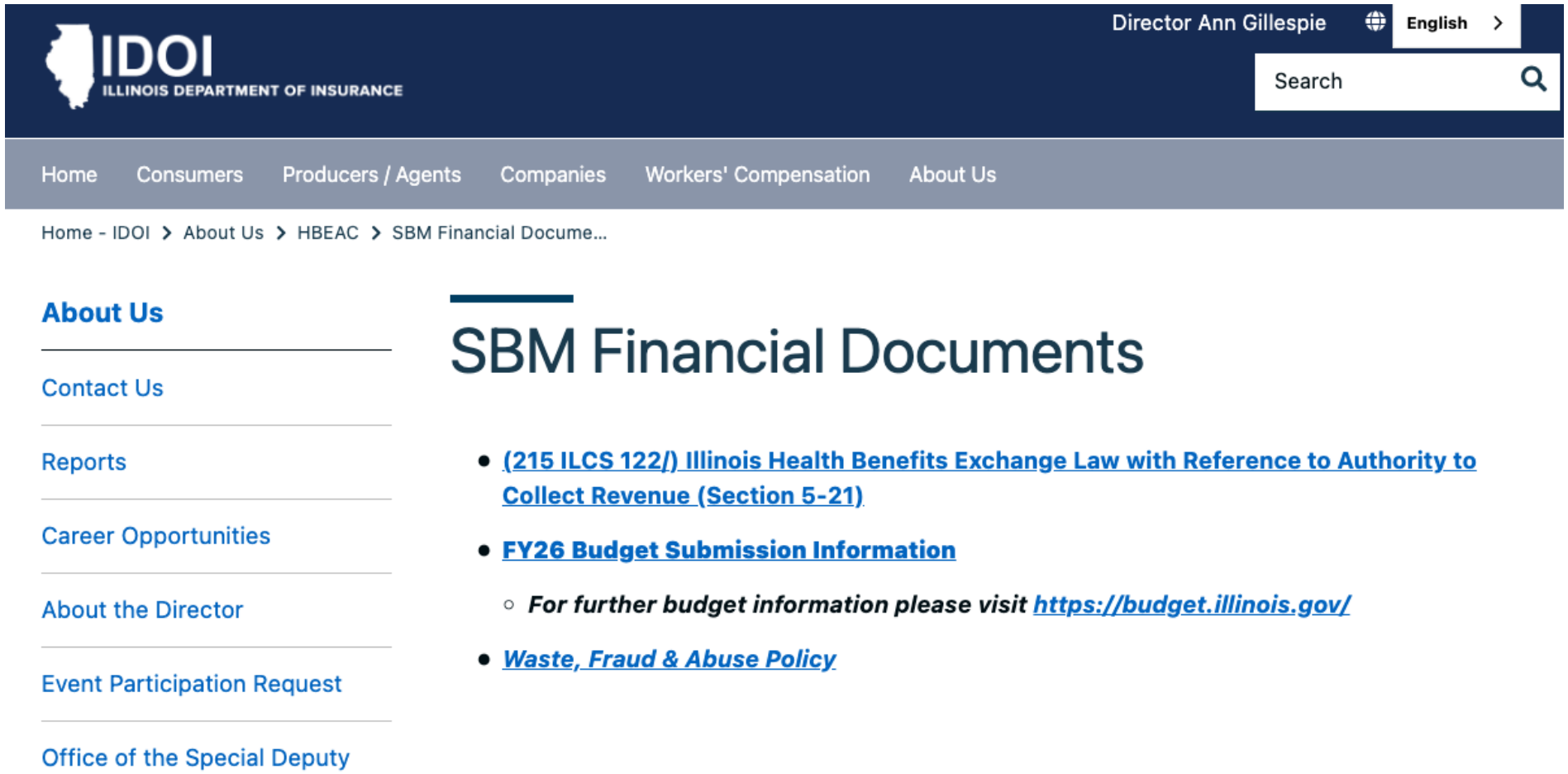
SMART Audit

The State-based Marketplace Annual Reporting Tool (SMART) audit process collects information from SBMs and SBM-FPs concerning compliance with 45 CFR § 155.1200 (general program integrity and oversight responsibilities) and 45 CFR § 155.1210 (maintenance of records). Under these provisions, State Exchanges must conduct a defined, annual set of oversight activities to track and monitor how they meet ACA program integrity standards. There are different requirements for full SBMs and SBM-FPs.

SMART Audit – Scope

	SBM – FP	Full SBM
Eligibility & Enrollment		X
Financial & Programmatic Audit		X
Program Integrity	X	X
Attestation	X	X

SMART Audit – Documents



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Policy Updates

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Policy Updates

- Federal:
  - H.R. 1 (Budget Reconciliation Bill)
    - CBO estimates 3.1 million people will lose marketplace coverage
  - ARPA Enhanced Subsidies Expiration
    - CBO estimates 4.2 million people will lose marketplace coverage
  - Proposed Program Integrity Rule
    - CBO estimates 0.9 million people will lose marketplace coverage
- State:
  - HPA Expansion (HB 3019)
  - Easy Enrollment Expansion (HB 3756)

2027 Plan Design Initiative

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What is Standard Plan Design?

- Standardized plans are uniform, predetermined plan designs offered with the same cost-sharing structure from insurer to insurer.
- Standardized plans have limits on deductibles, co-pays, coinsurance, and out-of-pocket maximums.
- Standardized plans must meet all minimum standards for qualified health plans set by the ACA.

Goals of Standardized Plan Design

- Allows customers to compare plans based on a smaller set of features, such as premiums and networks
- Allows marketplaces to emphasize cost-sharing structures they deem most beneficial to their customers
- Can address choice overload

Plan Design Options for 2027 & Beyond

- Federal model (current 2025 plan year model)
- Illinois-specific model
- Federal > Illinois-specific transition model
- No standardized plan design option

Marketing & Communications Strategy: Progress Review and Future Plans

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Our goal is to increase enrollment in health insurance plans among Illinoisans

Contracted Partners:

Marketing for Change
A full-service behavior change advertising and research agency with a decade of experience working on health insurance marketplaces.

Rudd Resources
A Chicago-based public relations and community engagement firm.

Maximus
Digital agency providing web services.

Brand Refresh

Marketing for Change Testing Methodologies

Asynchronous Online Discussion Boards

Measure views on health insurance, value of health insurance, awareness and views on Get Covered Illinois and Healthcare.gov, and brand and message testing.

- 84 adults residing in Illinois between the ages of 26 and 63
- Between 138% and 400% FPL
- Uninsured and those who had been insured through the marketplace within the last five years.

Baseline Survey

Measure brand/campaign awareness, favorability, value of Get Covered Illinois and other health insurance programs.

- 1400 participants
- 600 uninsured, non-group insured, and marketplace insured
- 400 group insured
- 400 Medicaid insured

Brand Refresh: Key Findings

The uninsured want to be insured

The question for most uninsured is not “why get insured”; it is when to do it. If there is a why question, it is “why now?”

"I do worry about what to do with no insurance. For the obvious reason that at 55 years old, I wake up more often than not with new aches and pains and they all seem worse than before and harder to heal"

55-year-old uninsured, Macon County

"My parents have some health issues in the past and my mom always gets on my case saying I need to get health insurance, that I need to get checked up by the doctor."

40-year-old uninsured, Cook County

"Health insurance to me is like one of those things you do as an adult. You get a job, get married, get a house, get a car, get health insurance. I'm just not at that point yet in the life checklist."

28-year-old uninsured from DuPage County

Help is sought after and highly valued

One difference between the insured and uninsured is simple perseverance. Many successfully insured had invaluable help.

"The experience itself, I found it easy, but I also did find it overwhelming. I know that's contradictory, but it was easy once I narrowed down my choices, overwhelming because there were so many choices."

52-year-old insured, Cook County

"I thought it was going to be a long process. I do know that it takes a while to go through all the information. I have four kids so it takes extra time … I figured as long as I got somebody very helpful and friendly, I'm happy to do it and makes the process so much easier."

49-year-old insured, DuPage County

Illinois-focused is good; state run not so much

Consumers appreciate a platform built for their state but are wary of over-promising by the government.

It's reassuring to know that the services offered take into consideration the laws, taxes and living expenses for Illinois residents which is more than your average state.

41-year-old GCI insured, Cook County

I was a little skeptical at first because it's a new state-run program. I kind of laughed at that thinking, oh great, so there's probably a bunch of problems with it, with red tape and everything.

53-year-old GCI insured, DuPage County

Brand Refresh

Logos

				
16/57	27/57	33/57	25/57	11/57

- Overall, respondents gravitated toward the Illinois state outline, noting it immediately conveyed relevance.
- Respondents were drawn to larger, bolder fonts.
- Respondents rated logos lower due to confusing and or outdated graphics.

Brand Refresh

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The state's official health insurance marketplace

Public Comment Period

Other Matters

THANK YOU

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