



Overview – North Carolina State-Based Exchange

April 2022

Introduction to GetInsured

Our mission is to deliver the best cloud-based solutions to states (and their partners — carriers, brokers and consumers)



Founded in 2005

Headquartered in Mountain View, California and operating a call center in Atlanta, Georgia



500+ Employees

World-class engineering and healthcare talent from Amazon, eBay, Google, Yahoo!, Edifecs, et.al



Public Sector Cloud Transitions

We are the leading technology provider for states transitioning off of healthcare.gov to state-based marketplace solutions



Market Leader

- Venture Backed – Bessemer Venture Partners
- Dominant Market share in exchange business
- Rapidly growing recurring revenue
- Through recent acquisition added HHS/Medicaid market segment

Footprint

70+% of all SBM enrollments happen via GetInsured technology.

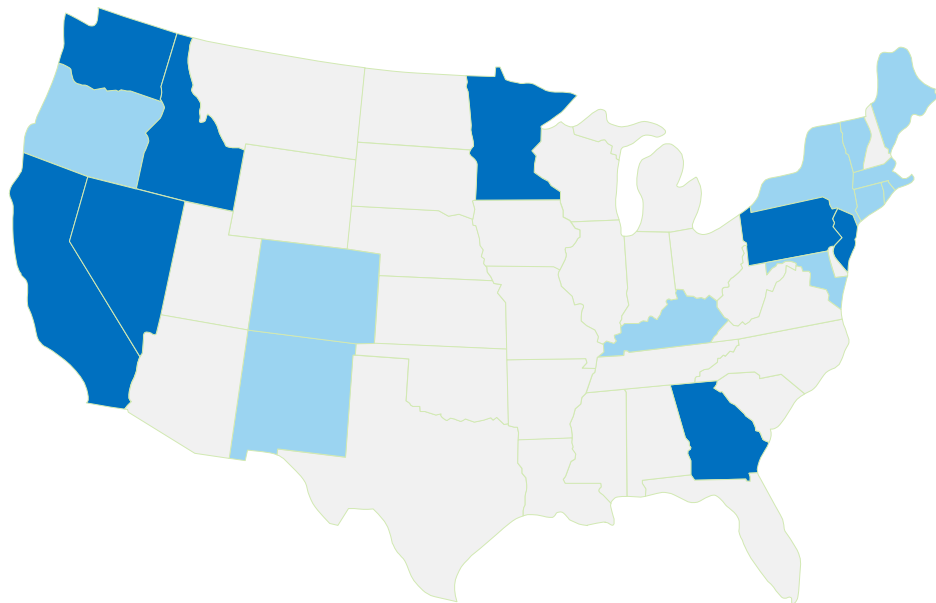
7+ SBMs leverage GetInsured technology

10k Brokers on the FFM use our platform for ACA enrollment

70 Women in product, engineering, and leadership roles

What is a state-based exchange?

A state-based health insurance exchange is an **insurance marketplace** where the state provides the technological infrastructure, the website, and the customer support for individuals to access financial assistance to purchase state-based plans.



Why should North Carolina establish a state-based exchange?

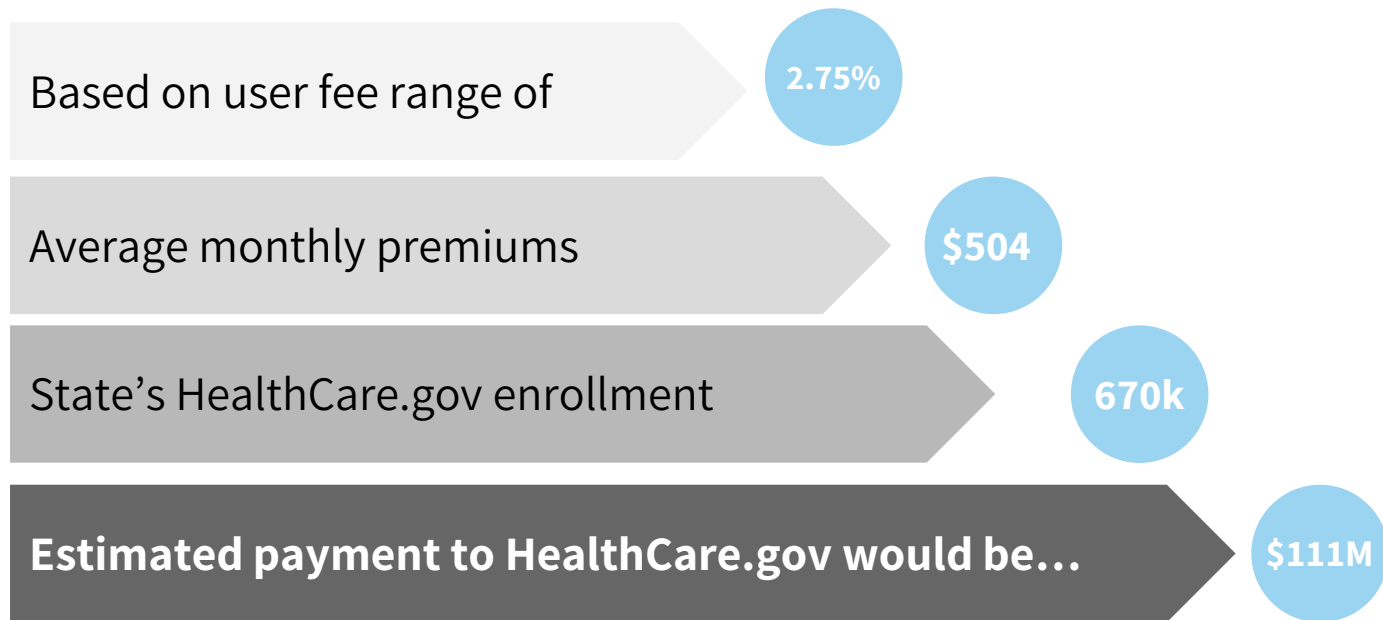
The move from HC.gov to state-based exchange is risk-free now that end-to-end (call center, technology, and operations) solutions are readily available from private vendors with a proven track record. The exchange operates as a public-private partnership or quasi- government entity.

Healthcare.gov is built to support many states with an inflexible infrastructure that will not easily support policy flexibility. High-level benefits of building an SBM include:

- Cost savings, which can be repurposed for reinsurance
- Independence from Federal Government - Local control, transparency
- Lower premium growth rates, ability to innovate with state policy
- Better collaboration with carriers, easier reconciliation
- Better control and access to the state data for planning purposes
- Better consumer experience
- Increased enrollments
- Better churn management between North Carolina Medicaid and commercial insurers
- 150-300 local call-center jobs

North Carolina FFM User Fees

Projected 2023 FFM user fees based on 2022 enrollment volumes



Estimated Cost Savings

- Nevada estimates that in 2021 the user fee would translate into approximately \$12M in costs for the state; with their own platform and operational costs will be closer to \$6M — a savings of 50 percent.
- Pennsylvania's savings are considerably higher with the costs of exchange and call center being less than \$30M/annually, generating savings of over \$50M/year.
- North Carolina's savings would be about \$370M over 5 years.

Est. Total Costs for a State-Based Exchange

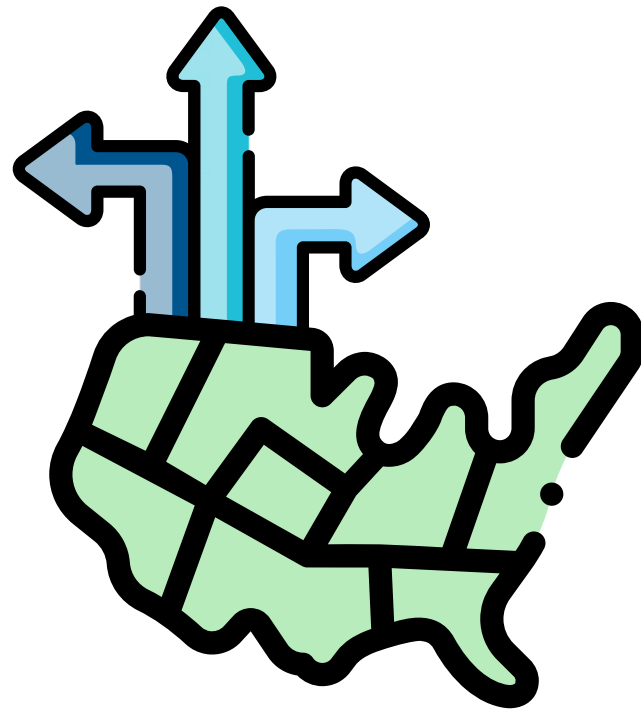
\$37M

Estimated ANNUAL savings would be

\$74
million

State **autonomy** and **policy** flexibility

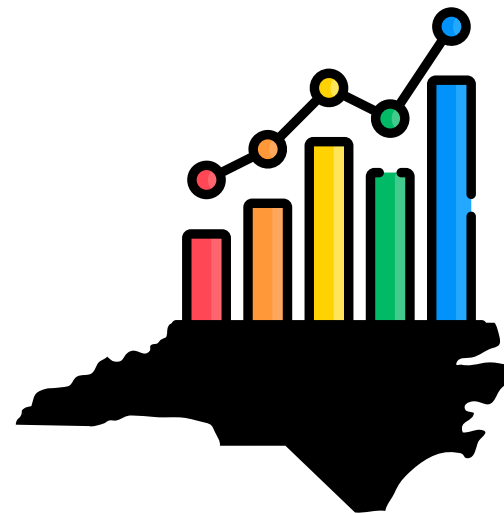
- State-based exchanges can quickly respond to Federal policy changes with nimble implementation:
 - American Rescue Plan Act (ARPA) subsidy
 - Unwinding of the Public Health Emergency
 - Open Enrollment Periods
- States can develop policy to adapt and respond to state-specific market needs:
 - Reinsurance programs
 - State specific Special Enrollment Periods
 - Easy Enrollment Programs
 - State subsidies



Access to data – North Carolinians know North Carolina Best

States using Healthcare.gov do not have access to detailed analytics related to consumer demographics, plan selections, and details related to Medicaid churn.

- North Carolinians know their state best:
 - North Carolina is in the best position to conduct robust in-person assistance, education, and outreach to residents.
 - State-based exchanges have access to geographic and demographic data that allows for microtargeted outreach and marketing resulting in higher enrollment.
 - State-based exchanges have deep analytical data access allowing for responsiveness to serve residents in the ways that is best for them, creating a better consumer experience.
 - State-based exchanges can work closely with carriers and brokers to foster competitive marketplaces



Medicaid Churn Management

State-based exchanges have better insight and oversight into the churn between Medicaid and Exchange allowing for targeted assistance to some of North Carolina's most vulnerable populations.

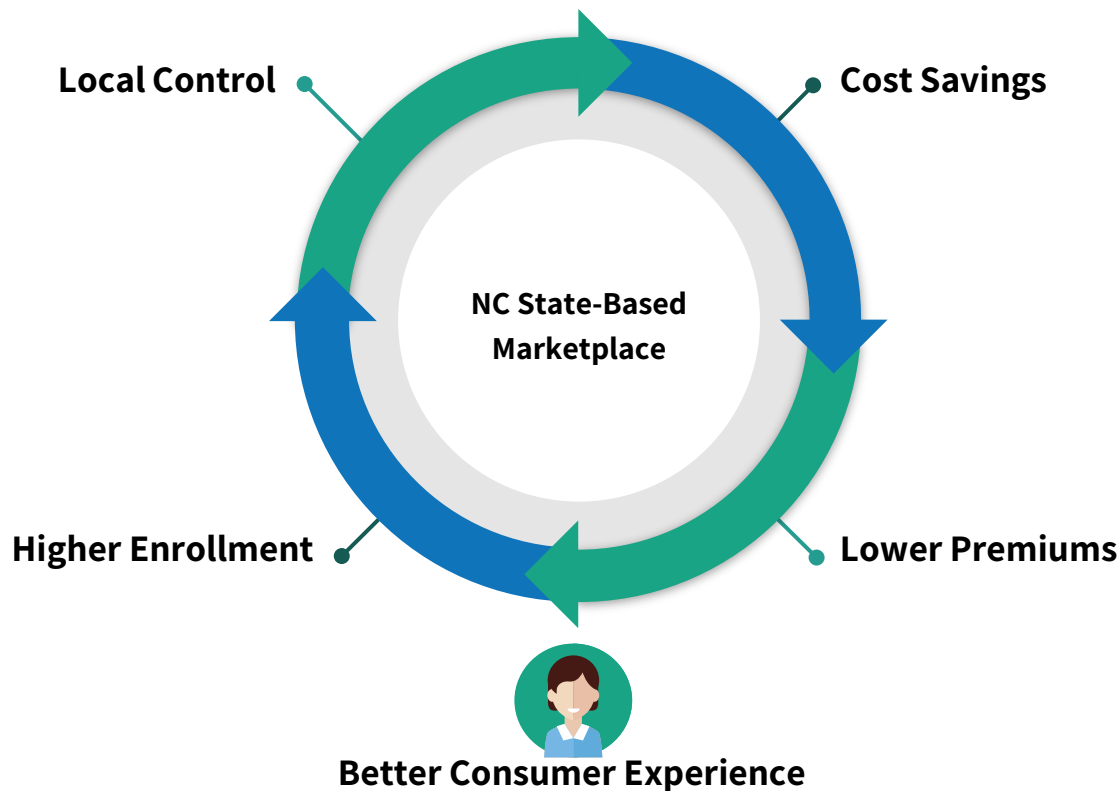
- State-based exchanges are built with a "No Wrong Door" approach allowing a consumer to apply either on the Exchange or with Medicaid and will be routed to the appropriate agency.
- A state-based exchange can provide an **assessment** or **determination** of MAGI eligibility and work closely with Medicaid to finalize program eligibility.
- State-based exchanges are integrated with Medicaid in ways that allow for smooth consumer transitions from Medicaid to subsidized plans on the Exchange.
- Integrated technology platforms allow for easy enrollment options for consumers churning between programs.
- States can dedicate teams to assist consumers with the transition to prevent coverage loss and leading to a better consumer experience.



State -Based Marketplace Internal/Outsourced Staffing Requirements

State -Based Marketplace	Exchange Organization	Eligibility System	Plan Mgmt Enrollment & Carrier Recon	Call Center Operations	Outreach (Navigator program)
Covered California (CCA)	L	XL	M	XL	L
Minnesota (MNsure)	M	XL	M	M	M
Your Health Idaho (YHI)	S	S	S	M	S
Silver State HIX (SSHIX)	S	S	S	M	M
Mississippi Exchange/SHOP	XS	n/a	XS	XS	n/a

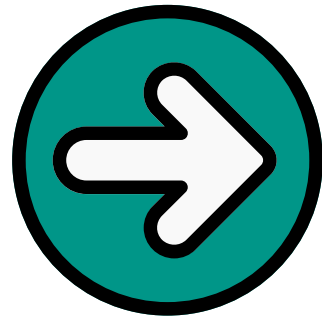
In Summary: State-Based Marketplace Outcomes



Next steps...

In order to proceed with taking control of North Carolina's insurance market by building a state-based exchange the North Carolina state legislature must:

- Determine the state's preferred structure of the exchange (which agency has the authority, board make-up, etc.)
- Pass enabling legislation!



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thanks!