

1/14/22 Broker Workgroup Q&A Responses

Qualifying Life Events (QLE)/Special Enrollment Periods (SEP)



The QLE/SEP restrictions during open enrollment were very frustrating to clients this year. In what circumstances can we enroll a member after December or January 15th for a 1st-of-the-following-month effective date? Are we able to elect this in the system at time of enrollment, or do we have to call Pennie to set this up?

While there was a lot of confusion around this topic this year, the policy is clear – customers can qualify for an SEP during the Open Enrollment Period (OEP). The confusion arose from two key issues – (1) the Pennie application was not easy or straightforward for customers to self-service report their life events during OEP, and (2) some Pennie customer service representatives incorrectly told customers that they were not allowed to have an SEP during OEP. We worked quickly to address the Pennie customer service representative training issues as they arose and outreached to customers to fix the issue.

Going forward, we are working to improve the Pennie application functionality to make it more intuitive for customers, and their assisters or brokers who are helping them, to report their own life events and enroll in an SEP during OEP. This may also warrant some training or user guides for assisters and brokers on how to enroll through an SEP during OEP. We are also going to focus on refresher training for Pennie representatives in advance of OEP to remind them of how SEPs can overlap with OEP and how to handle those requests.



Please explain how to handle a member who is moving to PA from another state, or moving from one city to another within the state, but where the current insurance plan is not available in the new service area.

Customers moving to Pennsylvania will need to submit an eligibility application, report the life event “New Pennsylvania Resident,” and upload documents to verify the customer is moving to Pennsylvania. Once the documents have been approved, the SEP will be opened, and customer can enroll.

Customers who move within Pennsylvania may be eligible for an SEP, only if the customer is eligible for new Qualified Health Plans (QHP)s at their new address. As with all life events, customers will need to submit an eligibility application with their new address. If the customer is currently enrolled, the Pennie application will compare the plans the customer was eligible for at their old address and their new address and automatically grant a “Moved, now eligible for different health plans” SEP. For customers that are not currently enrolled through Pennie, the customer will need to report the “Moved, now eligible for different health plans” life event, upload documents to verify the old and new addresses, and wait for approval by the Pennie Customer Service team.

Regardless of whether the customer is becoming a new Pennsylvania resident or is moving within the state, customers can report a move up to 60 days before or after the event. Coverage begins the 1st day of the month following plan selection, no earlier than the 1st of the month following the event date.

System Enhancements



Is it possible to allot more languages per agent?

During the last Broker Workgroup, we reviewed the Agency Manager's view of the portal, and demonstrated how they can add additional languages an agent may speak. As of now, there are a over a hundred languages included in the dropdown that can be added, however, the maximum that any one agent can list is five. If more than five are needed, we can review as a possible enhancement.



Is it possible to allow an application to save any medications they take and providers they see for future searches?

In Pennie Plan Shopping, customers have access to some decision support tools including ability to search for specific providers and medications to see which plans cover them. If utilized, there will be a green or red checkmark on each of the plan tiles for each provider or prescription included in the search.

Providers and prescriptions entered in the decision support tool remain selected throughout that plan shopping session but are not able to be saved for future plan shopping sessions. Saving provider and prescription search criteria within a customer's account would require a system enhancement.



Is it possible to create a report which shows any clients that still have outstanding to do's, such as members who need to upload documents for verification?

In your Active Individuals page of your broker portal, there are some filter criteria that you can use to help identify which customers have activity that needs to be completed and what the deadline is including "Next Steps" and "Due Date". Next steps may indicate that the customer needs to upload documentation or complete plan shopping. We have received feedback on ways that this information would be more helpful to brokers in your workflows and we have made some future enhancement requests based on this feedback.

When it is determined that a member needs to upload some form of documentation for verification, we currently send them a notice letter or email, as well as attach a copy in their Pennie portal inbox. This is one of the reasons it is so important to walk your clients through logging in to their Pennie portal, claiming their account, and showing them where the notices will be stored.

Medicaid/Children's Health Insurance Program (CHIP) Account Transfers



Can you explain the Medicaid/CHIP account transfer process?

When a new application is submitted, if the household income meets the eligibility criteria for Medicaid or CHIP, the application will be sent to Medicaid/CHIP for an eligibility determination. It can take 30 days or sometimes more before they complete the eligibility determination. Once completed, Medicaid/CHIP notify Pennie whether the individuals were found eligible for Medicaid/CHIP. If a member is eligible for Medicaid/CHIP, their QHP coverage will be terminated. If a member is denied Medicaid/CHIP, Pennie reprocesses their application to determine their eligibility for financial assistance. Note that if a customer's Medicaid/CHIP denial is appealed and they are enrolled in Medicaid/CHIP pending their appeal, that information doesn't always get communicated to Pennie so it's good to contact Pennie to ensure their QHP coverage is terminated.



It seems as though all households were being sent to Medicaid for review even though we knew they would not qualify. We would still have to wait, then possibly add family members back on to the coverage. Is there any way to prevent an account transfer?

Federal law requires us to check a customer's eligibility for Medicaid/CHIP before we can check their eligibility for APTC. If a customer meets the eligibility criteria for Medicaid/CHIP and has not been denied eligibility for Medicaid/CHIP in the past 90 days, we must wait for Medicaid/CHIP approval/denial before we can assess eligibility.

Communication & Messaging



Members have reached out regarding a number of confusing messages they receive, particularly surrounding plan changes and financial aid. Is anything being done to make these communications more clear?

We are always working to improve and enhance our communications. This includes both our standard system-generated notices as well as our supplemental communication campaigns. While we are always working to provide the right balance of simplicity and detail, that can be a bit difficult to perfect. We appreciate any specific feedback you can provide on which communications that you found confusing along with any additional details as to why the communication was confusing in general or directly to a particular customer. Thanks for your support in these efforts to enhance communications to our customers to ensure they have the necessary information and a clear understanding of what steps they need to take.