

**Pennsylvania Health Insurance Exchange Authority d/b/a Pennie™
BOARD of DIRECTORS' MEETING MINUTES**

Date: December 16, 2021
Time: 12:30 PM
Location: Microsoft Teams meeting

- **Preliminary Matters**
 - **Call to Order**
 - Vice Chair Sheryl Kashuba led the meeting until Commissioner Altman joined after the break.
 - **Roll Call**
 - Commissioner Jessica Altman, Pennsylvania Insurance Department (Chair) – Absent for roll call (Joined meeting at 2:05pm)
 - Sheryl Kashuba, University of Pittsburgh Medical Center Health Plan (Vice Chair) - Present
 - Alison Beam, Acting Secretary, Department of Health
 - **Megan Barbour as designee - Present**
 - Jessica Brooks, Pittsburgh Business Group on Health - Present
 - Frank Fernandez, Capital Blue Cross - Absent
 - Antoinette Kraus, Pennsylvania Health Access Network - Present
 - Laval Miller-Wilson, PA Health Law Project - Present
 - Alexis Miller, Highmark - Present
 - Paula Sunshine, Independence Blue Cross - Present
 - Meg Snead, Secretary, Department of Human Services
 - **Cathy Buhrig as designee - Present**
 - Tia Whitaker, Pennsylvania Association of Community Health Centers - Absent for roll call (Joined meeting at 12:37pm)
- **Minutes**
 - **Motion:** To adopt the minutes of the **October 21, 2021** Meeting of the PHIEA Board of Directors.
 - Motion: Laval Miller-Wilson
 - Second: Jessica Brooks
 - Board Decision: Unanimous (8-0)
 - **Note:** Commissioner Altman and Tia Whitaker were not yet present during this motion. Frank Fernandez was absent.
- **The floor was opened for public comments, of which there were none.**
- **Administrative Matters**
 - The Board was presented with the 2022 BOD Meeting Calendar
 - As of now, the January and February meetings will remain virtual. The state of future meetings will be decided at a later date.
 - **Motion:** To adopt the meeting cadence proposed by staff and to delegate authority to the Executive Director to establish the meeting dates and sunshine those dates in accordance with the Sunshine Act.
 - Motion: Antoinette Kraus
 - Second: Laval Miller-Wilson
 - Board Decision: Unanimous (9-0)
 - **Note:** Commissioner Altman was not yet present during this motion. Frank Fernandez was absent.

- **Reaffirm Individual Exceptional Circumstances SEP**
 - In June 2020, the Board was presented with proposals for Pennie™ to manage an individual exceptional circumstances special enrollment period (SEP). Pennie recently learned that a record of that decision was not available. The discussion and decision are not retrievable.
 - The original proposal was presented to the Board again in its exact original form to reaffirm the Board's previous decision.
 - **Motion:** To reaffirm the adoption of the Individual Exceptional Circumstances SEP as proposed by Exchange Authority staff.
 - Motion: Tia Whitaker
 - Second: Antoinette Kraus
 - Board Decision: Unanimous (9-0)
 - **Note:** Commissioner Altman was not yet present during this motion. Frank Fernandez was absent.
- **Open Enrollment 2022 Progress Update**
 - The Board was presented with a data overview for Open Enrollment (OE) 2022.
 - A broad-based SEP was triggered due to call wait time being twice as long as the previous week leading up to a deadline date. Accordingly, anyone who tried to contact the Pennie contact center on the deadline date of December 15 is provided an additional week to enroll in coverage starting January 1.
 - Regarding Medicaid Account Transfer Metrics, Medicaid Inbound are applications coming in to Pennie from the Pennsylvania Department of Human Services (DHS) Medicaid office, and Medicaid Outbound are applications being sent from Pennie to the PA DHS Medicaid office.
 - Once Department of Human Services (DHS) determines an applicant is not eligible for Medicaid, their file is immediately transferred to Pennie and a system-generated notice is sent.
 - Outbound applicants will be notified via eligibility determination notice, which would be immediately following Pennie's assessment.
 - The conversion of the Inbound applicants is low, but something Pennie is trying to improve. An idea to improve the conversion is to automate the eligibility process for applications that come over from DHS with all relevant data to perform an automated eligibility determination. Pennie has been working with DHS to deploy this functionality and is targeting completion by the second quarter of 2022.
 - Pennie has seen more active shopping during OE than expected. For populations such as those affected by the Unemployment Insurance (UI) drop-off, Pennie has been sending regular and ongoing notices to make customers aware of what it means for their plan in the next year. Pennie will be looking at statistics after this year to see how this could be handled differently in the future, if necessary, to make sure the message is reaching those customers.
 - The number of households with broker or assister designations includes customers who went over to Medicaid and those who have started an application but have not necessarily enrolled yet. For this reason, that number is higher than number of enrollments with broker or assister designations; however, both the designations and enrollments are comparable because they are being measured at the policy level.
 - After OE, Pennie will report to the Board on the progress of increasing the size and scope of the assister network.
 - **Action Item:** Pennie will follow up with those brokers and assisters who may still be outstanding on the required certifications and provide the Board with more detail regarding how membership has changed in the broker and assister roles from the previous year.
 - Open enrollment progress updates were presented to the Board.

- An update on Pennie’s advertisement efforts was provided.
 - Message testing was unable to be completed prior the start of the ad campaign due to the COVID-19 enrollment period and other various hurdles. The goal is to have message testing before OE 2023.
 - **Action Item:** Determine how much brand recognition has increased from the advertisement campaign, especially in underserved communities. Pennie will use information from partners, create focus groups, and send out follow-up surveys after OE to gather data.
- The Board was provided an update on technology and operations.
- **Break**
 - **Note:** Commissioner Altman joined the meeting during this time.
- **Build Back Better Update**
 - The Board was presented with a status update on the Build Back Better (BBB) bill, its timeline going forward, its impact to Pennie, and effective dates if signed into law. Pennie also went over the Marketplace Affordability Program, the timeline for implementation of that program, program options, and next steps.
 - The legislation is proposing additional funding for programs to make health insurance more affordable, even for states such as Pennsylvania who have already expanded their Medicaid program.
 - Pennie is researching how best to use this funding to achieve the greatest affordability impact for Pennsylvanians.
 - Pennie is evaluating different programs, including the impact of reinsurance, and how it compares to other options for the funding. Part of the evaluation includes examining which programs will be most beneficial if funding is made available. In addition to reinsurance, premium subsidies and cost-sharing subsidies are being evaluated.
 - With such a tight implementation timeline, Pennie needs to plan as if the bill is going to become law in the interest of having an operational program by 2023 OEP.
 - Legislative authority is necessary to use the funds for anything other than a reinsurance program. Pennie is working to determine whether the existing authority could be leveraged to continue with reinsurance.
 - It would be possible to go with one option in the first year and a different option in future years. Risk associated with this approach was raised, pointing out that changing one year to the next could take help away from some people. Before any action is taken, it is important to understand what changing options would mean to different areas of the population.
 - Reducing premium may help bring more people into the Marketplace, reducing cost sharing is what helps keep people and makes it more likely they will seek the care they need.
- **End of Public Health Emergency (PHE) and Medicaid Maintenance of Effort (MoE) Progress Update**
 - Pennie presented the Board with an overview of Medicaid MoE key concepts, quantification, next steps to prepare for the PHE ending, planned outreach and communications efforts, and a working timeline.
 - The Department of Human Services (DHS) will transfer securely to Pennie application information of those who have submitted a complete renewal packet to DHS but are not eligible to be renewed into Medicaid, which will be used to create a Pennie account.
 - Cathy Buhrig from DHS confirmed if a customer is determined ineligible for Medicaid due to lack of response to the renewal packet or an incomplete information submission, their information cannot be passed along to Pennie due to confidentiality laws and regulations.
 - Pennie and DHS are working together on communication to customers determined ineligible who are not automatically transferred to Pennie that will encourage them to use Pennie’s services.

- A Medicaid case would be reopened should a customer provide information to Pennie and it was determined they were eligible for Medicaid.
- Meeting adjourned at approximately 3:18 pm.