



Pennsylvania Health Insurance Exchange Authority – Board of Directors Meeting

February 19, 2020

Meeting Agenda

1. Preliminary Matters
2. Standard Administrative Updates
3. Standard Technology and Operations Update
4. Branding Update
5. Update from Chini Krishnan of GetInsured
6. Review and Discussion of the 2021 Plan Certification Requirements and Process
7. Notice of Benefit and Payment Parameters
8. Presentation of the Employee Handbook
9. Adjourn

Preliminary Matters

Administrative Updates

Administrative Updates

Updates

- Personnel
- Stakeholder Engagement
 - Brokers
 - Insurers
 - Advocates
 - Advisory Council
 - State-Based Exchange partners

Stakeholder Engagement

Brokers

- Insurance Agents & Brokers roundtable meeting
 - Introduced the Exchange Authority
 - Discussed transition approach
 - Policy process, including stakeholder feedback.
 - Offered to create a broker question form to receive questions and feedback
 - Briefed on plan certification proposed policy
- Broker certification policy – TBD
- Broker data migration from the Federally Facilitated Marketplace
 - Limited data from FFM, need to work with PID and broker community to try to fill in gaps
 - Complete broker data required to successfully migrate brokers

Stakeholder Engagement

Insurers

- EDI Technical Working Group (weekly)
 - Setting up Connectivity
 - Addressing technical questions after insurer review of EDI technical documentation
 - Pay Now payment redirect schema discussed
- Insurer Policy Working Group (bi-weekly)
 - Introduced a variety of policies, including plan certification proposals,
 - 2 weeks for carriers to provide feedback via webform
 - Late addition for feedback was no APTCc on zero dollar renewals
- Service Coordination Working Group
 - TBD
- Information Sharing
 - SharePoint site live
 - Carriers updating contact list to get access to SharePoint
 - Comprehensive question and answer log available
 - Recordings of working group meetings will be available on SharePoint

Stakeholder Engagement

Advocates, Advisory Council, and Others

- Advocates
 - Exchange Assister After Action Review conducted (2/14)
 - Scheduled an initial meeting with the PA Coalition for Oral Health (2/21)
 - Worked with Advancing Strategies to Align Programs to develop a list of 20+ statewide community groups. Will engage these partners via a Working Group for ongoing feedback
- Advisory Council
 - First meeting 2/7, all but legislative appointees in attendance
 - Established the mission of the Council -- *to provide a forum for input and discussion of issues important to improving the accessibility and affordability of individual market health coverage for Pennsylvanians.*
 - Assessing the feasibility of the Council's recommendation to meet 3+ times during year one
 - Meeting topics included: Exchange overview, governance, plan certification, pending tech/ops/policy decisions, the Exchange Assister program
- Other State-Based Exchanges
 - Meeting regularly with Nevada and New Jersey
 - Actively sharing documents with New Jersey

Standard Technology and Operations Update

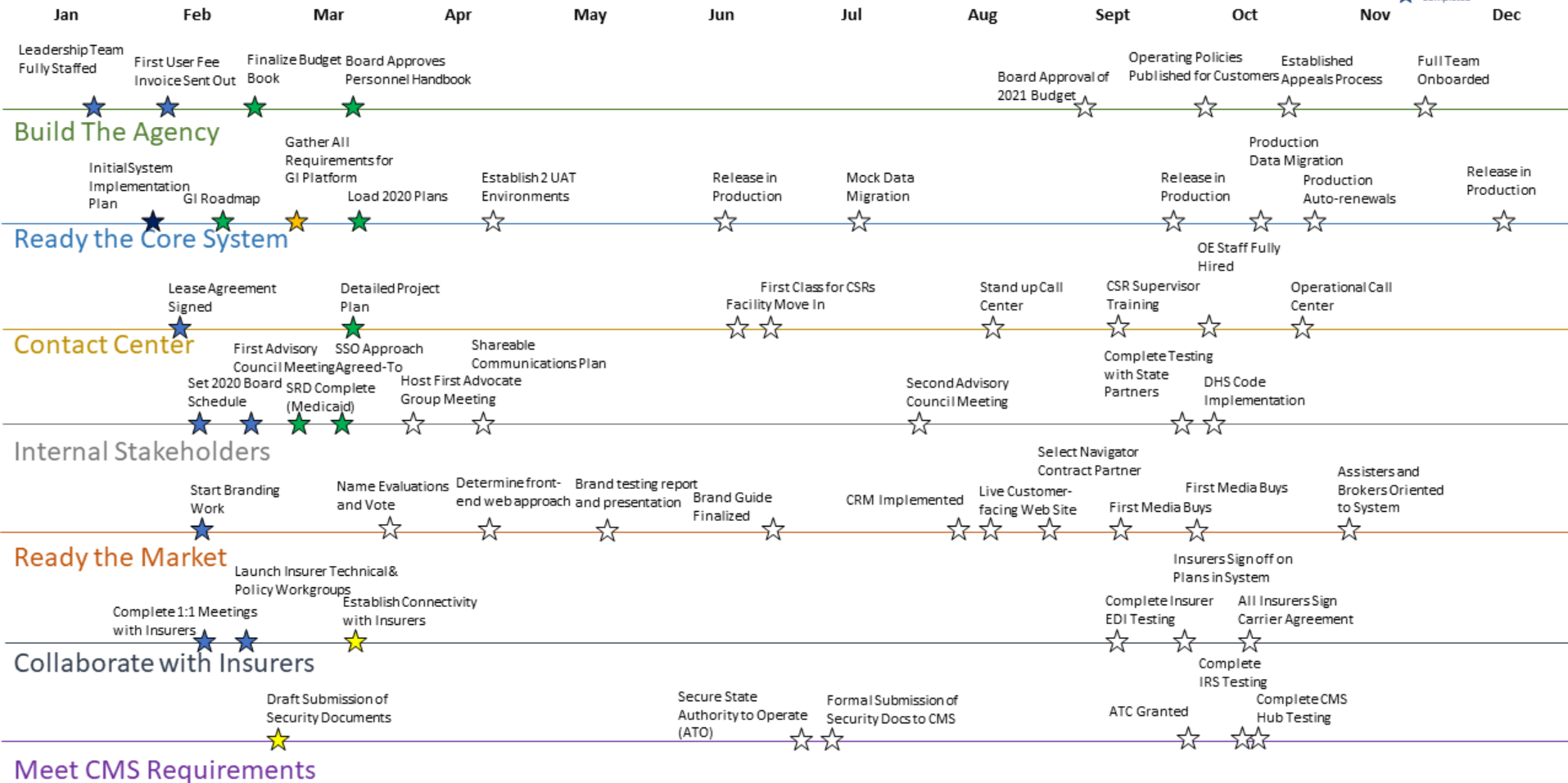
Standard Technology and Operations Update

Agenda

- Stars on a String Status Report
- System Requirements and Design Process

EXCHANGE AUTHORITY PROJECT MILESTONES

- ☆ Not Started
- ★ In Process, On Track
- ★ In Process, Behind Schedule
- ★ In Process, At Major Risk
- ★ Completed



System Requirements and Design Process

- Requirements Finalization Will Involve Integration of Information From Multiple Sources:
 - Identified Items From PA Exchange Authority and UAT Team Review of System and Preliminary Sizing
 - Items From GetInsured's Product Development Roadmap for 2020
 - Priority Items From the NJ Exchange Authorities Review of the System

Note: several categories of final requirements will still be open, including: screen text, notice language and content, & system color schemes and branding.
- Integration and Draft Finalization Is Targeted for End of This Month
 - Team Will Align Priorities Internally Prior to Reviewing with GetInsured
 - Team Will Agree With GetInsured Which Items Are Regulatory and Must-Haves
 - Team Will Work With GetInsured to Confirm Priority Delivery Items
 - Team Will Subsequently Craft Delivery / Release Plan With GetInsured to Deliver Identified Priority Items
 - Lastly, Joint Team Will Determine Method of Preserving Remaining Requirements for Review in Subsequent Year Prioritizations

Informational Decisions

Decision	Policy Goal(s)	Benefits	Challenges
Default APTC Percentage (On Initial Application)	Provide best customer experience possible	<ul style="list-style-type: none">Setting value at less than 100% could lessen chances that customers have to pay more in taxes at the end of the year	<ul style="list-style-type: none">Presenting customers plans that cost more (if less than 100% APTC is applied) could discourage some purchasesCould be significant need for technology work to implement not only default changes, but shopping flow changes

■ Summary of Stakeholder Feedback:

- Broad stakeholder support for the need to focus on educating customers about the need to estimate their income as accurately as possible, timely report any changes to income, and talk to their tax advisor to understand potential tax implications.
- Potential tax consequences outweighed the risk that initially showing plans with less than the maximum available APTC might result in customers not enrolling or enrolling in a plan with more cost sharing or lower AV than they wanted.

■ Staff Decision:

- Default to 100% of maximum APTC
- Focus on communications to remind customers of potential tax consequences of taking more APTC than eligible, need to report changes to projected income, etc.

Informational Decisions

Decision	Policy Goal(s)	Benefits	Challenges
Default APTC Percentage (At Auto-Renewal)?	Provide best customer experience possible	<ul style="list-style-type: none">Setting value at less than 100% could lessen chances that customers have to pay more in taxes at the end of the year	<ul style="list-style-type: none">Presenting customers plans that cost more (if less than 100% APTC is applied) could discourage some purchasesCould be significant need for technology work to implement not only default changes, but shopping flow changes

■ Summary of Stakeholder Feedback:

- Stakeholder feedback was mixed. Stakeholders generally supported trying to apply the same APTC to autorenewal policies whenever possible, while also recognizing that premiums and 2nd lowest cost silver plan change year over year so it's not a perfect comparison.

■ Staff Decision:

- Pursue feasibility of applying prior year's APTC percentage to autorenewal policy (would require IT changes).
- Focus on communications to remind customers of potential tax consequences of taking more APTC than eligible, need to report changes to projected income, and review their autorenewal policy each year at OEP.

Informational Decisions

Decision	Policy Goal(s)	Benefits	Challenges
Two-Factor Authentication for Brokers & Assisters (e.g. Navigators, CACs)?	Secure customer information without causing undue operational burden on community partners	<ul style="list-style-type: none">Provides extra layer of security for customer information for those customers working with brokers and assisters	<ul style="list-style-type: none">May make operational process slightly more challenging for these partner users

- **Summary of Stakeholder Feedback:**

- Brokers and assisters supported this requirement, with no operational concerns. Some confirmed that this is their current process.
- Broad support from stakeholders to require additional levels of security for users with access to other customer's data.

- **Staff Decision:**

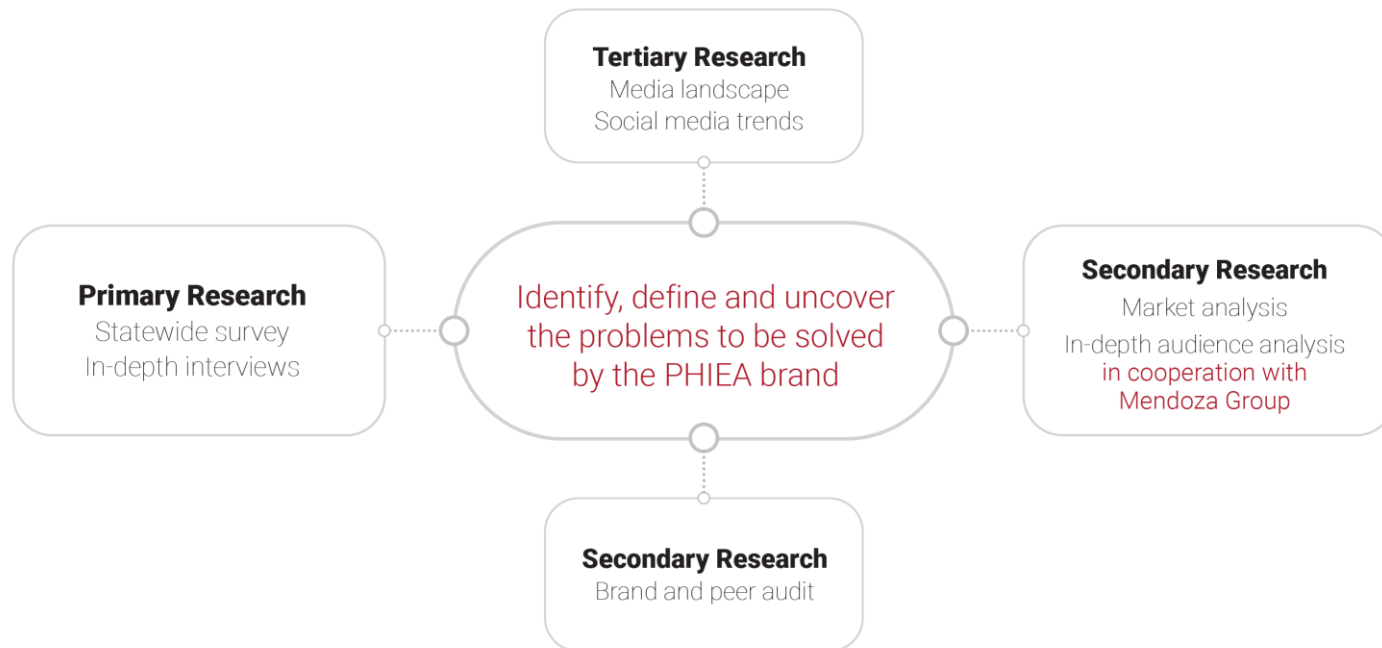
- Require two-factor authentication for brokers & assisters

Branding Update

Our team

- About Bravo
- Partnering with Mendoza Group

Research approach



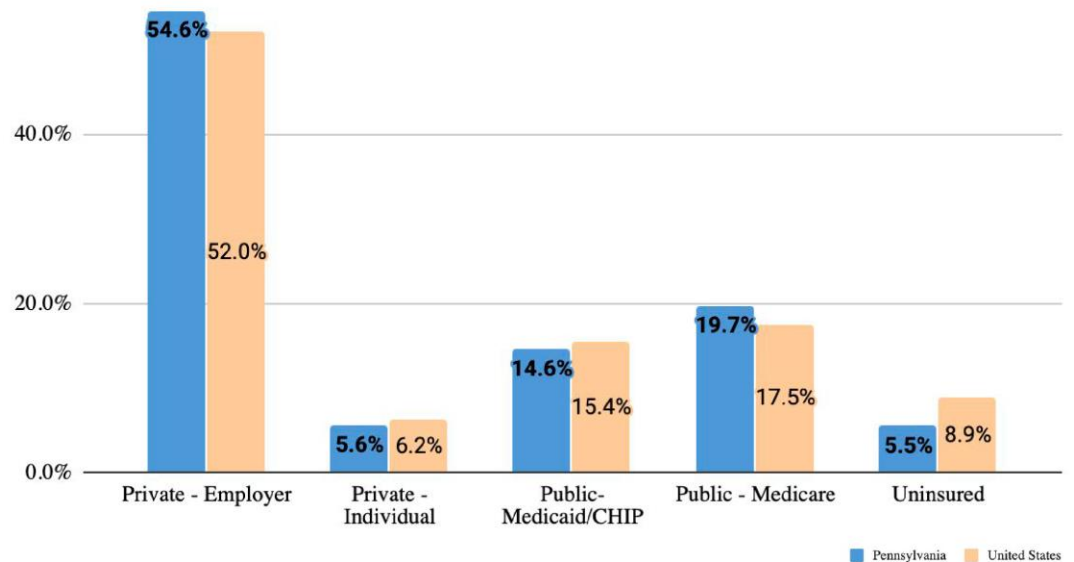
Brand landscape

STRAIGHTFORWARD

ABSTRACT



What do we need to know about Pennsylvania?



SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).

Landscape

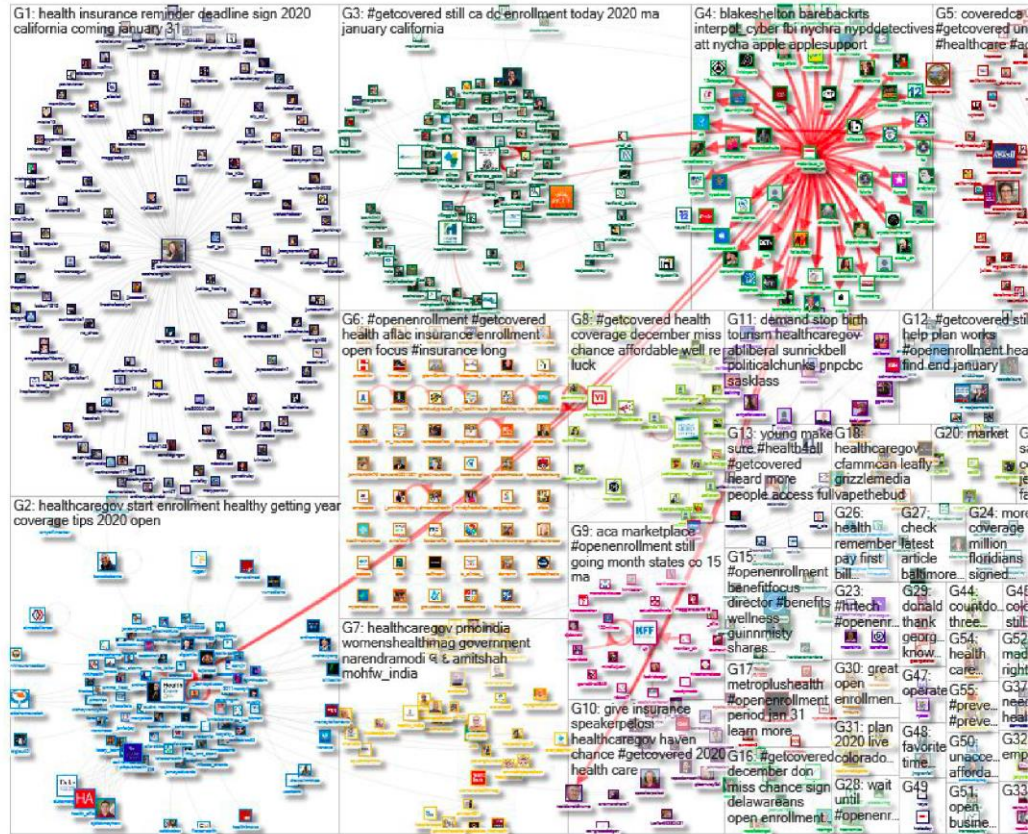
What we know about how users are shopping

- Low awareness – Just 5 percent of uninsured people are aware of the federal sign-up deadline, according to polling by Get America Covered. (NY Times, Nov. 2019)
- Paradox of Choice – Consumers are easily swayed by the framing of information and the sorting of plans. Too much choice can lead to suboptimal decision-making and can even reduce consumers' satisfaction with the choices they make.
- Consumers are easier and more difficult to reach than ever, as reflected in mobile-first trends, importance of video, SMS, plus everything else we've always done.

Landscape snapshot

Relative to other terms on social media, this topic of discussion had very low volume. General terms: "@HealthCareGov OR #GetCovered OR #OpenEnrollment", 724 Users, from 1/2/2020 to 1/10/2020

Takeaway: There is a general lack of interest and lack of trust for those whose job it is to promote health insurance coverage.



Landscape snapshot

Discussions related to this topic only seemed to gain any traction when accompanied by an influencer. In this instance, Kamala Harris, a recent presidential candidate, tweeted a reminder about California's open enrollment.

Takeaway: Lack of trust, influence and human touch of key accounts



Landscape snapshot

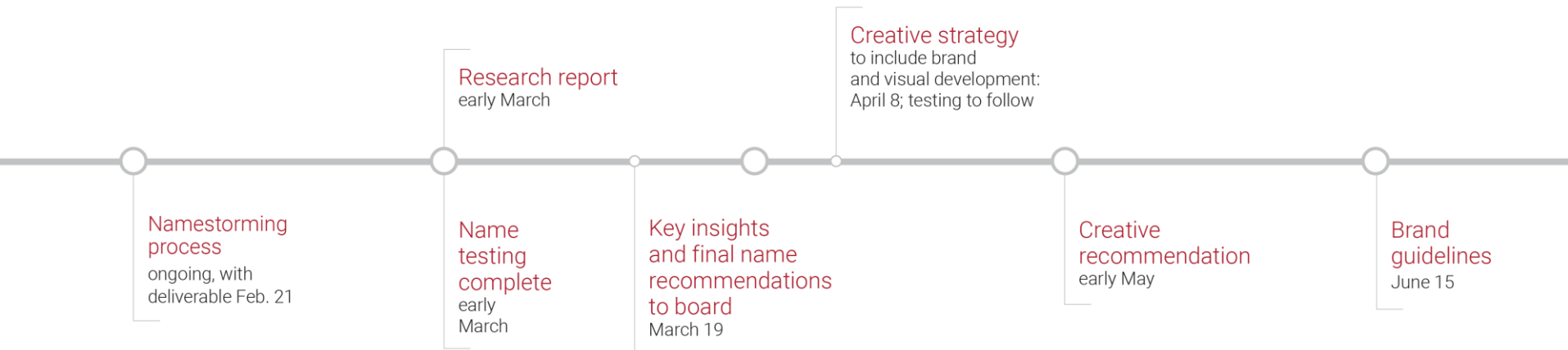
This is supported by patterns we've observed in the Hispanic market.

Partnering with cultural, faith-based and nonprofit organizations is essential to solidifying the trust between the Hispanic community and health care organizations.

What problem does the PHIEA brand need to solve?

Our research aims to answer this question
to ensure that PHIEA is primed for activation.

Timeline



Update from Chini Krishnan of GetInsured

PENNSYLVANIA

Board Meeting
February 19, 2020

Agenda

Topic
About GetInsured
Key Focus Areas for the Commonwealth
Call Center Update
Closing Q&A

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

Deep roots for more than 12 years in Atlanta, Georgia and Mountain View, California



Chini Krishnan CEO & Co-Founder

More than 20 years of experience in the high technology industry



Shankar Srinivasan GM & Co-Founder

Shankar leads the company's product management function.



500+ Employees

World-class engineering and healthcare talent from Amazon, eBay, Google, Yahoo!



Market Leader

- Venture Backed -- Bessemer
- Dominant Market share
- Rapidly growing recurring revenue
- Consistently Profitable
- World-class Team



Public Sector Cloud Transitions

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

Footprint

2M

Enrollees serviced each year,
80% of all SBM enrollments

7

State-Based Marketplaces
leverage GetInsured technology
and/or customer service centers

8,000+

agents using the
GetInsured platform

1,000

health plans on the
GetInsured platform

The Pennsylvania Project Leads

Platform/Program Management



Chini Krishnan
CEO



Shankar Srinivasan
COO



Dawn Hughan
DDI Manager



Paul Neutz
SVP, Business Development



Rajiv Chawla
Project Manager



Sephy Hambaz
Chief of Staff & VP Operations



Marc Cooperson
Director, PM of Platform

Consumer Assistance Center



Danielle Hubbard
Trainer/Facilitator



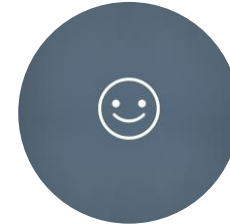
Michael Daugherty
Call Center Director



Richard Draper
Call Center Lead



John Arthur
Change Mgmt
Call Center Lead



Yannick Deville
Telephony Engineer



Ashley Hargrett
Senior Operations

Our Customers

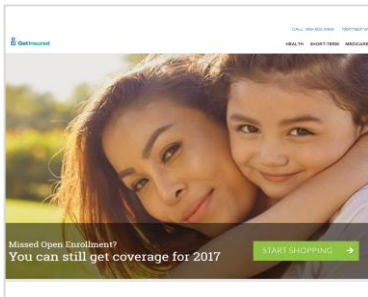


2005 - 2010

Consumer Marketplace

We built the 'Travelocity' for health insurance prior to the ACA.

1,000+ Plans



2010

Brokers & Agents

We made the platform easy to use for brokers and agents.

8,000 Brokers



2015 - present

State-Based Marketplaces

Our technical platform functions as an "Exchange-in-a-Box" for states.

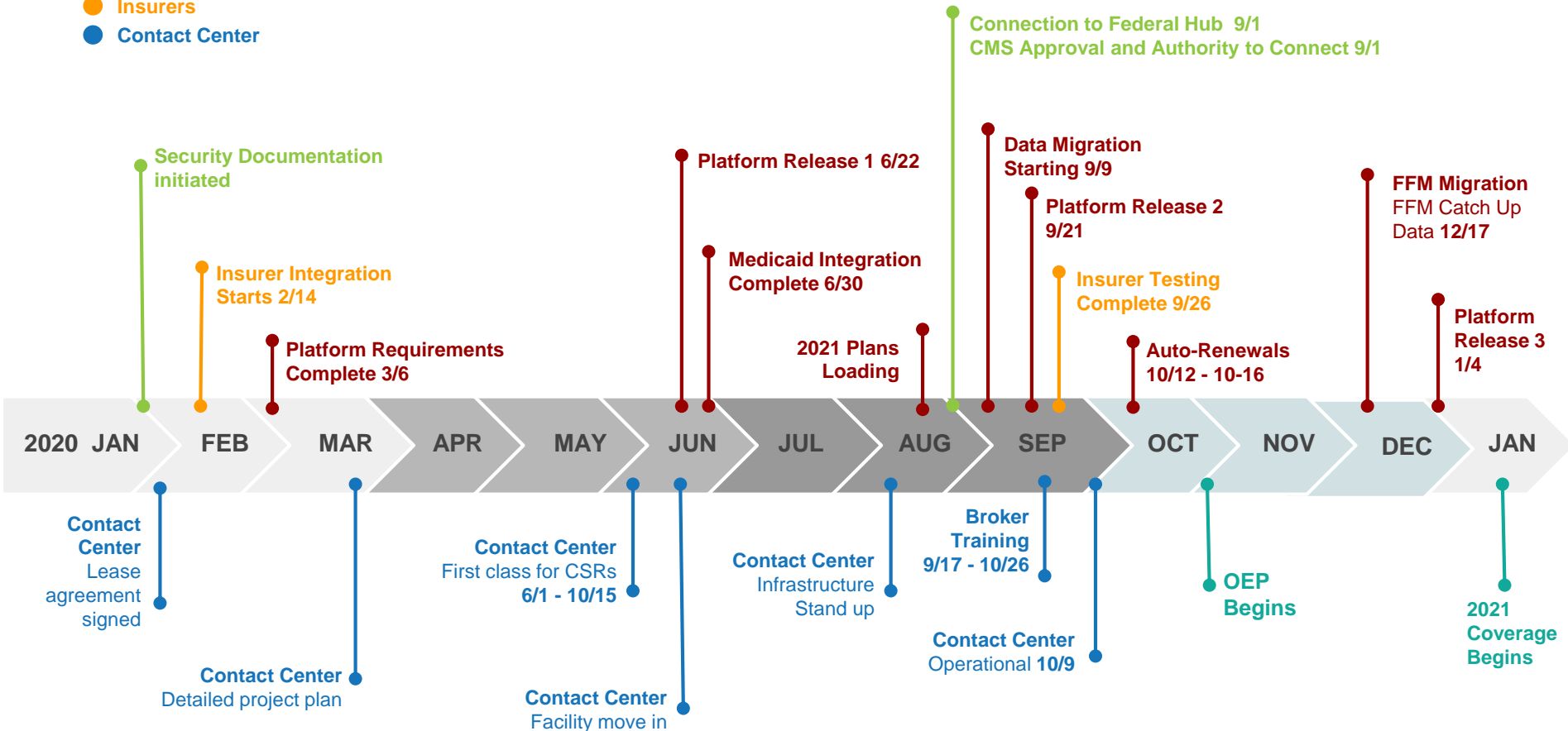
2.5M+ Enrollments



Get Covered NJ

PHIEA Roll Out - Key Focus Areas

- Security
- Platform
- Insurers
- Contact Center



New Call Center Space Update

Cumberland Center
3065 Akers Mill Rd SE, Atlanta, GA 30339

- New lease signed on former Sprint Call Center space
- Agreement signed with Nelson Architectural Engineers
- RFPs out to General Contractors (GC) due back Feb 21
- GC selection set on or before Feb 28
- Next phase SDs (Schematic Design) and DDs (Design Development)
- June to July move-in date
- Sits on the most reliable power grid in Atlanta
- Existing backup high capacity generator capable of powering entire building



2021 Plan Certification Requirements and Process

2021 Plan Certification

Purpose

- Plan certification policy provides guidance to insurers regarding *successful* participation in Pennsylvania's exchange for 2021.
- Exchange as "active purchaser" - determine plans to be in the best interest of qualified individuals (45 CFR §155.1000(c)(2)).
- Plan certification requirements are **in addition to** compliance with federal and state rules.

Goals

- Access to high quality, comprehensive, affordable health coverage for Commonwealth residents
- Access to tools and resources to help customers make the best decision for their unique needs

Process



2021 Plan Certification

Proposed Requirement #1

Proposal	Policy Goal(s)	Benefits	Challenges
Neither the Insurer nor any subsidiary or affiliate of the Insurer may offer short-term limited duration (STLD) plans in the individual market within the Commonwealth for the 2021 plan year.	Provide high quality, affordable, comprehensive health coverage to Commonwealth residents	<ul style="list-style-type: none">• Ensure Commonwealth residents have access to quality comprehensive health coverage• Prevent splitting individual market risk pool, thereby increasing costs of exchange plans	<ul style="list-style-type: none">• Would limit flexibility of insurers offering exchange coverage from starting to offer STLD plans (no exchange insurers currently offer STLD)

■ Summary of Stakeholder Feedback:

- Broad support across consumer groups, brokers, assisters, insurers, providers/health systems. Concerns included:
 - STLD plans are confusing to customers, misleading them to think they have comprehensive coverage when they don't
 - Healthy individuals will be lured out of the individual market risk pool due to lower premiums of STLD plans, thereby increasing costs for marketplace plans.
- 5 Insurers supported, 2 Insurers expressed concern about “wanting to maintain flexibility to offer this type of product in the future depending upon market demands” and “unnecessarily segments the health insurance market by forcing carriers to choose between participating on the SBE or participating in the STLDI market”
 - 1 Insurer questioned whether this restriction “falls outside of PHIEA scope of regulatory authority”
 - 1 Insurer thought that the subsidiary/affiliate language was too broad and therefore overly restrictive.

■ Staff Recommendation: Adopt requirement #1 as written

- STLD plans are confusing to consumers, are not comprehensive coverage, and adversely impact the individual market risk pool which would increase costs to exchange coverage

2021 Plan Certification

Proposed Requirement #2

Proposal	Policy Goal(s)	Benefits	Challenges
Opioid crisis guidelines, implemented by Medicaid in March 2018	Commonwealth priorities to address opioid crisis	<ul style="list-style-type: none">Ensures all plans have comprehensive access to coverage addressing opioid crisisNew insurers to exchange would be offering same coverage current exchange insurers offer	<ul style="list-style-type: none">Risk of being considered a new mandate with unintended cost impact

■ Summary of Stakeholder Feedback:

- General support across consumer groups, brokers, assisters, insurers, providers/health systems. Support included:
 - Importance of access to Medication Assisted Treatment (MAT) in addressing opioid crisis
 - Protection that new entrants to marketplace will include coverage already provided by current insurers
 - 1 Insurer requested clarification regarding specific drug formulary
- 1 Insurer expressed concerns about whether this could be interpreted to be a new mandate and therefore cost would be responsibility of state, and questioned whether this restriction “falls outside of PHIEA scope of regulatory authority”

■ Staff Recommendation: Withdraw Requirement #2 from 2021 Policy

- Risk of cost impact if this were to constitute a new mandate. Current draft federal rule may provide clarity or change interpretation of this provision.
- Current exchange insurers already include this coverage so requirement not needed to ensure access at this time.

2021 Plan Certification

Proposed Requirement #3

Proposal	Policy Goal(s)	Benefits	Challenges
Consistent Rate of Producer/Broker Commissions	Provide Commonwealth residents with access to licensed producer services, including plan recommendations	<ul style="list-style-type: none">Allows producers to plan for participation in exchange, including staffing, sales strategy, etc.	<ul style="list-style-type: none">Not current practice for most current exchange insurers

■ Summary of Stakeholder Feedback:

- Support from some stakeholders (consumer groups, assisters, brokers).
 - Brokers report that the lack of consistent commission schedules over the past years (including commissions being reduced suddenly mid-year) has made it difficult for them to make time/resource investment to participate in exchange, and sudden reduction/elimination of commissions has caused them significant disruption
 - 2 Insurers reported that this was their current practice.
- Insurers (5 of 7) reported opposition as this would be a change to their current practice. Concerns included:
 - inflexible, would "encroach into business decisions," would lead to insurers removing commissions altogether,
 - it doesn't take into account the higher effort required for a new sale versus a renewal, and
 - 1 Insurer noted that they would like to be able to pay lower commissions for SEP enrollments due to "higher overall volatility, partial-year premiums, and some increased risk of fraud"

■ Staff Recommendation: Withdraw Requirement #3 for 2021

- Customer access to a robust network of brokers is an important tool to support customer decision making.
- While we recognize that we don't know what we don't know, we see the value that consistent commission schedules brings to ensuring broker participation. We plan to monitor in 2021 and reconsider for 2022 as appropriate.

2021 Plan Certification

Proposed Requirement #4

Proposal	Policy Goal(s)	Benefits	Challenges
Advanced Notice of Producer/Broker Commission Payment Schedule	Provide Commonwealth residents with access to licensed producer services, including plan recommendations	<ul style="list-style-type: none">Ensures brokers have sufficient advance notice to make the time, resource, and training investments to participate in exchange for upcoming year	<ul style="list-style-type: none">Current industry practice provides minimal advanced noticeWould require insurers to finalize decisions earlier

■ Summary of Stakeholder Feedback:

- General support from stakeholders (assisters, brokers, consumer groups).
 - Brokers reported that currently they receive minimal to no advanced notice (as little as 5 days) which makes it difficult for them to plan for and prepare for participation on exchange. Simply knowing commission schedules further in advance would be helpful.
 - 5 of 7 Insurers supported, with some requesting modifications to the proposed 90 day timeframe and exceptions for late plan filing changes with PID
- Opposition from 2 Insurers who expressed concerns including “can potentially hurt competition between insurers and between brokers”, “potential to equalize and stabilize commissions above what would otherwise be competitive levels with resulting price increases”, and concern about ability to change commissions later in the year.

■ Staff Recommendation: Amend Requirement #4 to change timeframe to at least 45 days in advance of OEP. Add mid-year changes to be reported at least 30 days in advance. Add exceptions for extenuating circumstances.

- We understand the concerns about the timeframe and support modifying it. We will monitor this in year 1 to see if timeframe works well for both insurers and brokers. Added clarification about mid-year changes, assuming Requirement #3 is not finalized.

2021 Plan Certification

Proposed Consideration #1

Proposal	Policy Goal(s)	Benefits	Challenges
Meaningful Difference	Provide high quality, affordable, comprehensive health coverage to Commonwealth residents	<ul style="list-style-type: none">Ensure plans provide added value to the customers of differentiated features, and sufficient but not overwhelming choice	<ul style="list-style-type: none">Can be difficult standard to quantify

■ Summary of Stakeholder Feedback:

- Broad support across consumer groups, brokers, assisters, insurers, providers/health systems.
 - Support for plenty of choice but understanding that too much choice is overwhelming to customers
 - Several Insurers sought clarification, including requesting examples of what would pass/fail the reasonable consumer standard, request that the federal definition and standard be applied for year 1, and recommendation that an easier path be found for comparing differences in an insurer's plan networks.

■ Staff Recommendation: Adopt consideration #1, as written

- Staff will provide examples to insurers to provide clarity.

2021 Plan Certification

Proposed Consideration #2

Proposal	Policy Goal(s)	Benefits	Challenges
Avoid Disruption due to Renewal Plan Mapping	Seamless autorenewals for customers into appropriate comparable plans	<ul style="list-style-type: none">• Ensure customers are autorenewed into the most appropriate comparable plan without surprises of significant changes	<ul style="list-style-type: none">• Limited time to develop a new plan mapping standard for 2021 which can be complex

■ Summary of Stakeholder Feedback:

- Broad support across consumer groups, brokers, assisters, providers/health systems, and half of insurers.
 - Support for trying to most appropriately identify comparable plans from year to year in support of autorenewal, without surprising customers with significant changes that they might not be aware of until after close of OEP.
 - 1 Insurer sought clarification on the types of changes that would qualify as “significant disruption”, and recommended that changes made to plans solely to meeting AV calculator requirements should not be treated as disruptive.
- Half of insurers expressed concerns including:
 - Request to use the FFM standard in 45 CFR 155.335(j) for 2021, and work with stakeholders to develop a PA-specific policy in the future if appropriate;
 - Concern that plan mapping should not be part of QHP certification, and suggested that any disruption due to plan mapping should be handled by notices and customer communications.

■ Staff Recommendation: Amend to recommend using FFM standard for 2021.

- We intend to monitor this issue in 2021 to better understand the extent to which this is an issue impacting Commonwealth customers, and raise for reconsideration in future years as appropriate.

2021 Plan Certification

Proposed Consideration #3

Proposal	Policy Goal(s)	Benefits	Challenges
Effect on APTC	Ensure Pennsylvanians have continuous access to high-quality affordable health plans	<ul style="list-style-type: none">Prevent APTC devaluing ensures continued affordability for financial assistance customers (88% of marketplace)	<ul style="list-style-type: none">APTC devaluing can occur naturally due to other factors that we would not want to stop, including new entrants to the marketplace, or new products competing against other insurer products

■ Summary of Stakeholder Feedback:

- Stakeholder feedback was mixed. In general, broad group of stakeholders supported the intent of the policy to ensure continued affordability by avoiding unnecessarily devaluing APTC, however they found the topic complex and challenging.
- Half of insurers supported, half said they did not support either because they were concerned it would prohibit competition amongst other insurers or because there were unsure what actions would be permissible and which would not be under this consideration.

■ Staff Recommendation: Amend consideration #3 to clarify intent (not to stifle competition), & require Board approval before taking action based on this consideration

- It is very unlikely that this policy lever will ever be pulled as it is only be necessary to protect consumers from pricing strategies which prioritize market share specifically at the expense of net premium after APTC for all subsidized customers (one known example in the history of exchanges). APTC value will fluctuate year over year, and in the event it goes down due to price competition (e.g. new insurer in marketplace, insurers introducing new lower cost products to compete with one another), no action would be warranted.
- Given the potential severity of impact on affordability, we strongly support keeping this consideration available as a tool, but recommend amending to clarify that this is not intended to stifle competition and to require Board approval to take action based on this consideration.

**2021 Plan Certification
Public Comment and Board Discussion**

Notice of Benefit and Payment Parameters

Draft 2021 Notice of Benefit & Payment Parameters (NBPP)

- What is the NBPP?
 - Annual federal rule issuing guidance or clarification of previously issued guidance on a variety of ACA programs, including Exchanges.
- Draft rule issued 1/31/2020, Public comments due 3/2/2020
- Some of the proposed guidance would directly impact the state-based exchange (SBE), or they have requested comment on whether the proposed guidance should be applicable to SBEs
- We propose commenting on a few Exchange-specific policies
 - General comments about need for state flexibility
 - Special Enrollment Period (SEP) changes
 - Change to APTC on certain autorenewals

Note: We will not be commenting on parts of the federal rule that are under PID's purview.

1. State Flexibility

- Advocate for state flexibility to implement (or not) any proposed regulatory changes in a manner consistent with enabling statute and in the best interest of the Commonwealth and its residents

2. Special Enrollment Periods (SEP)

- Support for proposed regulatory changes that increase customer flexibility to use SEPs to enroll in coverage
- Concern regarding changes that would restrict a customer's ability to make an informed decision about their coverage and when it is effectuated

Draft 2021 NBPP

Summary of Comments

3. Proposed elimination of APTC for autorenewals where customer has no cost premiums

- Proposed FFM rule for 2021, requesting comment on whether to require SBEs to implement as well
- Renewal Scenario:
 - Customer is renewed into an auto-renewal policy
 - Customer's APTC amount is \geq premium
 - Result to customer is \$0 premium for auto-renewal policy
- Current Policy:
 - If no action during OEP, enrolled in auto-renewal policy with full APTC and zero dollar premium.
- Proposed Policy:
 - Customer would be auto-renewed but NO APTC would be applied.
 - If no action during OEP, customer auto-renewed and responsible for FULL premium.
 - In order to receive APTC, customer would need to:
 - Complete a new eligibility application
 - Make an active plan selection to apply the APTC

NBPP (stakeholder feedback)

APTC and Auto-Renewals

Decision	Policy Goal(s)	Benefits	Challenges
Remove APTC from Auto-Renewal if Zero Dollar Premium?	Proposed federal rule, reduce eligibility errors & potential government misspending	<ul style="list-style-type: none">Per rule, protects against incorrect APTC expenditures, some of which cannot be recovered through reconciliation process due to caps	<ul style="list-style-type: none">Scope of the purported issue unclearWould create additional barriers to coverage for customers with greatest need for assistanceChange to customer expectations & understanding of annual renewalsTechnical work to implement

■ Summary of Stakeholder Feedback:

- Broad opposition to this policy across all stakeholders (consumer groups, brokers, insurers, providers/health systems, assisters)
- Concern that this would negatively impact the most vulnerable population, create unnecessary barriers to coverage, and fundamentally change how OEP has worked for the past seven years leading to customer confusion.
- All stakeholders expected this to lead to an increase in uninsured population

■ Staff Recommendation:

- Advocate that this policy adversely impacts vulnerable populations and would increase uninsured population, and reiterate need for states' rights to make decisions right for their unique market.

Review of Proposed Employee Handbook

Employee Handbook

Why create an Employee Handbook?

- Human Resource (HR) policies and procedures are necessary to have a successful workplace.
- Statutorily, as a state-affiliated agency, we are not directly subjected to the same policies and procedures as the agencies under the Governor's jurisdiction.
- As a result, the Exchange Authority needs to create its own HR policies and procedures.

What we did

HR, in conjunction with the Office of Chief Counsel, **drafted the proposed Employee Handbook**. We remained consistent with the agencies under the Governor's jurisdiction to the extent possible.

Employee Handbook

Special Holidays (Page 9)

- Traditionally, a Secretary does not have the ability to call a special holiday, only the Governor (or independent agency head) can.
 - **An example of this** was the decision of Governor Wolf to close the agencies under his jurisdiction during the funeral of President Bush.
- This policy would give the Executive Director the ability to a) call a special holiday when the Governor does; and 2) create a special holiday for reasons specific to the Exchange Authority, if necessary.

Extraordinary Pay Increases and Bonuses (Page 11)

- The ability to issue Extraordinary Pay Increases is consistent with the agencies under the Governor's Jurisdiction. These are pay increases above what is deemed as the agency-wide cost of living adjustment and are for exceptional service to the Commonwealth.
- The ability to issue bonuses is not unheard of in state government, but it is rare. Unlike an Extraordinary Pay Increase – which would change the level of pay an employee receives – this would be a onetime cash payment for quality work performance.

Employee Handbook

Sections to Note

Recommended Motion: *To adopt Version 1.0 of the Exchange Authority's Employee Handbook, dated February 19, 2020, as the employee handbook of the Pennsylvania Health Insurance Exchange Authority.*

Adjourn