Conference Call Etiquette

- Please **mute your line** if you not speaking.

- Identify yourself before you speak.

- If you are on the phone **and** logged in via web, <u>turn off</u> your computer speakers.

- Chat functionality **will be turned on for Board members**, presenters and staff. Use this to interrupt the presenters/ask questions you'd like the presenter to answer.

Pennsylvania Health Insurance Exchange Authority – Board of Directors Meeting

March 19, 2020

Preliminary Matters

Meeting Agenda

1. Preliminary Matters

2. Standard Administrative Updates

3. Standard Technology Update

4. Technical, Operational, & Policy Decisions

5. Uninsured Data

6. Brand Update

7. Executive Session

8. Adjourn

Administrative Updates

Administrative Updates
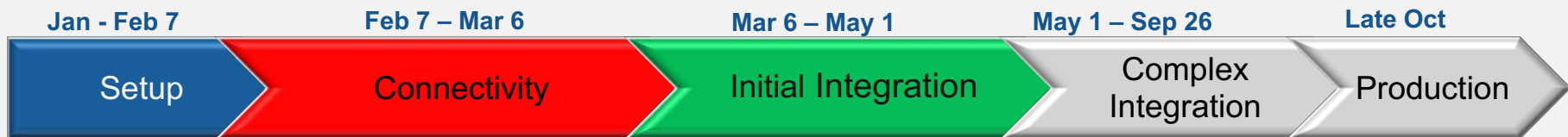
Updates

- Personnel

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

Stakeholder Engagement

Insurers

- EDI Technical Working Group (weekly)
  - Addressing technical questions after insurer review of EDI technical documentation
  - Discussion of 2750 Loops and self-service effectuation testing tool
  - Began initial INT test scenario (Happy Path)
  - Connectivity testing outstanding for a few insurers, actively working one-on-one to resolve

Jan - Feb 7	Feb 7 – Mar 6	Mar 6 – May 1	May 1 – Sep 26	Late Oct
Setup	Connectivity	Initial Integration	Complex Integration	Production

- Insurer Policy Working Group (bi-weekly)
  - Feedback on tabled plan certification items from February, and OEP end dates.

- Service Coordination Working Group
  - First meeting 3/24/2020

- Information Sharing via Insurer SharePoint (ongoing)

Stakeholder Engagement

Advocates, Advisory Council, Brokers and Others

- Advocates
    - Established a monthly **Outreach & Education Workgroup** meeting inclusive of community partners/advocates, business & industry representatives, producers and Advisory Council members
    - Online **Stakeholder feedback form** established and shared – to be used for general questions/concerns

- Advisory Council
    - Finalized the 2020 meeting schedule – meetings to be held in June and September with communications shared as needed in-between
    - Online **Stakeholder feedback form** established and shared – to be used for general questions/concerns
    - Asked for feedback on the Technical, Operational, & Policy Decisions via webform

- Brokers
    - Online **Broker feedback form** established and shared – to be used for general questions/concerns
    - Asked for feedback on the Technical, Operational, & Policy Decisions via webform

- Other State-Based Exchanges
    - Meeting regularly with Nevada and New Jersey
    - Actively sharing documents with New Jersey
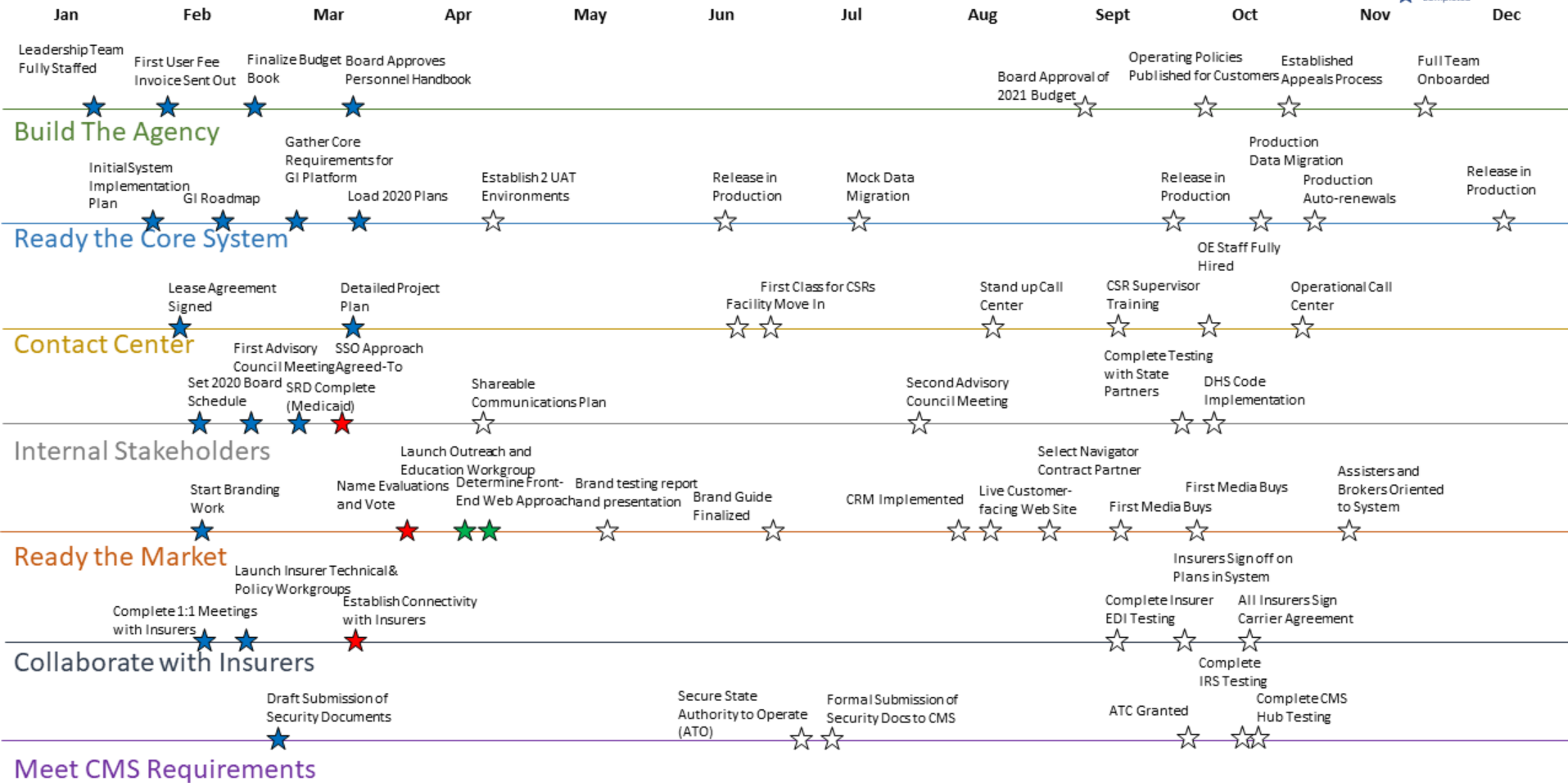
Standard Technology and Operations Update

Standard Technology and Operations Update

Agenda

- Stars on a String Status Report

- System Requirements and Design Process Update

EXCHANGE AUTHORITY PROJECT MILESTONES

Legend:
- ☆ Not Started
- ★ In Process, On Track (green)
- ★ In Process, Behind Schedule (yellow)
- ★ In Process, At Major Risk (red)
- ★ Completed (blue)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

Build The Agency

- Leadership Team Fully Staffed (Jan) ★
- First User Fee Invoice Sent Out (Feb) ★
- Finalize Budget Book (Mar) ★
- Board Approves Personnel Handbook (Mar) ★
- Board Approval of 2021 Budget (Aug) ☆
- Operating Policies Published for Customers (Sept) ☆
- Established Appeals Process (Oct) ☆
- Full Team Onboarded (Nov) ☆

Ready the Core System

- Initial System Implementation Plan (Feb) ★
- GI Roadmap (Feb) ★
- Gather Core Requirements for GI Platform (Mar) ★
- Load 2020 Plans (Mar) ★
- Establish 2 UAT Environments (Apr) ☆
- Release in Production (Jun) ☆
- Mock Data Migration (Jul) ☆
- Release in Production (Sept) ☆
- Production Data Migration (Oct) ☆
- Production Auto-renewals (Oct) ☆
- Release in Production (Dec) ☆

Contact Center

- Lease Agreement Signed (Feb) ★
- Detailed Project Plan (Mar) ★
- First Class for CSRs (Jun) ☆
- Facility Move In (Jun) ☆
- Stand up Call Center (Aug) ☆
- CSR Supervisor Training (Sept) ☆
- OE Staff Fully Hired (Oct) ☆
- Operational Call Center (Nov) ☆

Internal Stakeholders

- Set 2020 Board Schedule (Feb) ★
- First Advisory Council Meeting (Feb) ★
- SRD Complete (Medicaid) (Mar) ★
- SSO Approach Agreed-To (Mar) ★ (red)
- Shareable Communications Plan (Apr) ☆
- Second Advisory Council Meeting (Jul) ☆
- Complete Testing with State Partners (Sept) ☆
- DHS Code Implementation (Sept) ☆

Ready the Market

- Start Branding Work (Feb) ★
- Name Evaluations and Vote (Apr) ★ (red)
- Launch Outreach and Education Workgroup (Apr) ★ (green)
- Determine Front-End Web Approach (Apr) ★ (green)
- Brand testing report and presentation (May) ☆
- Brand Guide Finalized (Jun) ☆
- CRM Implemented (Jul) ☆
- Live Customer-facing Web Site (Aug) ☆
- Select Navigator Contract Partner (Aug) ☆
- First Media Buys (Sept) ☆
- First Media Buys (Oct) ☆
- Assisters and Brokers Oriented to System (Nov) ☆

Collaborate with Insurers

- Complete 1:1 Meetings with Insurers (Feb) ★
- Launch Insurer Technical & Policy Workgroups (Feb) ★
- Establish Connectivity with Insurers (Mar) ★ (red)
- Complete Insurer EDI Testing (Sept) ☆
- Insurers Sign off on Plans in System (Sept) ☆
- All Insurers Sign Carrier Agreement (Oct) ☆
- Complete IRS Testing (Oct) ☆

Meet CMS Requirements

- Draft Submission of Security Documents (Feb) ★
- Secure State Authority to Operate (ATO) (May) ☆
- Formal Submission of Security Docs to CMS (Jun) ☆
- ATC Granted (Sept) ☆
- Complete CMS Hub Testing (Oct) ☆

System Requirements and Design Process

- GetInsured has provided a plan to deliver on the Exchange Authority's Critical, High, and some Medium priority requirements
  - Approximately 10 requirements as well as identified configuration settings will be delivered with initial Production launch in June
  - Approximately 20 requirements have been committed for readiness in September to support enhanced FFM data migration and Open Enrollment
  - A small number (5) requirements targeted for Q1 2021 to improve SEP processing

- Because GetInsured offering is Software As a Service and GetInsured is working to leverage a common code-base across supported states, capacity is not dedicated solely to supporting our requirements
  - In this context, GI's commitment to deliver our priority items is even more significant
  - For items that are targeted later than we requested, will build workaround processes to support the interim period (e.g., for January/February will run reports to identify customers for outreach who will not benefit from March improvements in APTC calculations)
  - Additional improvements targeted in the broader GetInsured product roadmap and for other states may provide further benefit to PA

- Currently working with GetInsured to finalize specific release dates and associated testing milestone dates
  - Will enable us to complete and baseline our delivery plan as well as aligning user acceptance test planning

Technical, Operational, & Policy Decisions

Staff Decisions

For Informational Purposes

Decision	Policy Goal(s)	Benefits	Challenges
Chat Functionality	Provide the best customer experience possible	• Allows customers real-time responses to questions and concerns	• Requires fundamentally different approach to call center • Technological is complex to build out

Summary of Considerations:

- Not currently built into the system and would require complete build out.
- Complicated to operationalize
  - System needs to be able to respond to all possible consumer questions.
  - Text for every possible question or scenario would need to be developed and mapped into the system.
- Requires completely different approach to call center.
  - Live chat would require additional time and training.
  - Prepopulated responses would need to be developed.

Staff Decision: Postpone until after Year 1

- Explore enhancements to FAQs, tags, and other tools to make FAQs more robust and helpful for self-service information
- Explore chat (possibly in a phased approach with a chatbot and other tools in advance of live chat) for future year

Staff Decisions

For Informational Purposes

Proposal	Policy Goal(s)	Benefits	Challenges
Direct Enrollment / Enhanced Direct Enrollment	Quality Access and Customer Service	• Another avenue for customers to get coverage • May be more intuitive for customers to go to insurer website to access coverage	• Technological hurdles to doing this • Will need to be deferred until after Year 1

Summary of Considerations:

- Technologically not feasible for Year 1 because GetInsured is still developing the code to facilitate DE/EDE in their technology platform.

- GetInsured estimated deploying DE/EDE could take 9-12 months of development, and then further time to test with partners and complete audit and certification processes

- This deployment is dependent on both GetInsured and external partners

Staff Decision:

- Will follow stakeholder feedback process in the future for input on the efficacy and value of the DE/EDE enhancement in future years.

Review of the Decision Making Process

As it relates to the Board of Directors

```
Engage
Stakeholders
        →
        Stakeholder Feedback &
        Staff Recommendations
                →
                Board Decision
```

Policy for Discussion

Proposal	Policy Goal(s)	Benefits	Challenges
Open Enrollment Period Duration	• Ensure Pennsylvanians have continuous access to high-quality, affordable coverage • Seamless transition	• Will provide additional time to build awareness of new SBE post-election • Lengthening OE Period could increase new enrollments & encourage active plan shopping	• New deadlines may be confusing for customers accustomed to FFM OEP • Additional complexity for carriers dealing with non-1/1 effective date

Proposed Open Enrollment Period Deadlines presented to Stakeholders

- Status quo (Nov. 1 – Dec. 15)
- Option 1: OEP End 12/31 (enroll by 12/15 for 1/1 effective date; enroll by 12/31 for 2/1 effective date)
- Option 2: OEP End 1/15 (enroll by 12/15 for 1/1 effective date; enroll by 1/15 for 2/1 effective date)
- Option 3: OEP End 1/31 (enroll by 12/15 for 1/1 effective date; enroll by 1/15 for 2/1 effective date, enroll by 1/31 for 3/1 effective date)

Considerations:

- Longer period may be necessary to ensure seamless transition to the SBE during an incredibly hectic time
- When FFM OEP was three months – increase in plan selections for Jan. 1 coverage was more gradual than current 45-day OEP; Jan. plan selections mitigated effectuation drop-off
- Other states – 9 SBEs have longer OEP

Policy for Discussion (cont.)

Proposal	Policy Goal(s)	Benefits	Challenges
Open Enrollment Period Duration	• Ensure Pennsylvanians have continuous access to high-quality, affordable coverage • Seamless transition	• Will provide additional time to build awareness of new SBE post-election • Lengthening OE Period could increase new enrollments & encourage active plan shopping	• New deadlines may be confusing for customers accustomed to FFM OEP • Additional complexity for carriers dealing with non-1/1 effective date

Summary of Stakeholder Feedback:

- Majority of respondents supported longer OEP compared to status quo to ensure seamless transition
    - "In addition to affording consumers additional time ...extending OEP until January 15 will also help to mitigate the likely increased demand on brokers and agents."
- Several noted that plan shopping volume spikes in 7-days prior to end of OEP, regardless of deadline date
    - "Plan selections are going to be greatest right before the deadline, regardless of how many days of OEP are provided."
- Most supported keeping 15th of the month rules, citing operational concerns associated with exceptions
    - "Consumers may be apt to NOT pay premiums for a plan that was issued when they have no ID cards or information to utilize their plan."

Staff Recommendation: Extend 2021 OEP until January 15, 2021

- Plan shopping by 12/15 for 1/1 effective date, and by 1/15 for 2/1 effective date.
- Note: Operational needs and exceptional circumstances could warrant extending plan shopping date for 1/1 coverage

2021 Plan Certification

Proposed Requirement #4 -- Amended

Proposal	Policy Goal(s)	Benefits	Challenges
Advanced Notice of Producer/Broker Commission Payment Schedule – Amended Timeline	Provide Commonwealth residents with access to licensed producer services, including plan recommendations	• Amended timeline more closely aligns with industry practice	• Would require insurers to finalize decisions earlier

Proposed Amended Timeline:

- Annually: at least 45 days in advance of OEP

- Mid-Year: at least 30 days in advance of effective date of commission schedule

- Exceptions for extenuating circumstances outside of the insurer's control

Summary of Stakeholder Feedback:

- Brokers: Support for 45 day timeline as a significant improvement over status quo, even if they would have preferred more time. One broker noted that customer can be enrolling in coverage up to 45 days in advance of effective date, but insurers could change the commission after the enrollment completed under the 30 day mid-year change rule.

- Majority of insurers supported, but one insurer reiterated their concerns that publicly posting commissions could cause some to be at a competitive disadvantage if their commissions were lower than others.

- Several insurers wanted clarification on what would constitute an extenuating circumstance.

2021 Plan Certification

Proposal	Policy Goal(s)	Benefits	Challenges
Advanced Notice of Producer/Broker Commission Payment Schedule – Amended Timeline	Provide Commonwealth residents with access to licensed producer services, including plan recommendations	• Amended timeline more closely aligns with industry practice	• Would require insurers to finalize decisions earlier

Staff Recommendation: Adopt the amended timeline as drafted

- Broker's concern about mid year change is valid, but not something that can be addressed by this requirement. This may be able to be addressed as part of next year's reconsideration of the consistent commissions requirement withdrawn for year 1 at 2/19 BOD meeting

- We will illustrate for insurers what an extenuating circumstance would be – something out of their control (for example, PID not approving rates until late September), rather than something within their control or influence (such as late rate or filing submissions)

2021 Plan Certification

Proposed Consideration #3 -- Amended

Proposal	Policy Goal(s)	Benefits	Challenges
Effect on APTC – consideration modified, as indicated below	Ensure Pennsylvanians have continuous access to high-quality affordable health plans	• Preventing APTC devaluing ensures continued affordability for financial assistance customers (88% of marketplace)	• 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

Revised consideration:

▪ "Changes to a service area's second lowest cost silver plan premium will be monitored as they may impact the relative affordability of net premium after Advance Premium Tax Credits (APTCs).

▪ The Exchange Authority would consider action if a single insurer offering the two lowest cost silver plans in a service area introduced a third, lower cost silver plan that is not meaningfully different and results in a material decrease in the value of APTC.

▪ To take action under this consideration, the Exchange Authority would first discuss concerns with the insurer, and if no resolution is reached, the issue would be presented to a subcommittee of the Exchange Authority Board of Directors to review and take action, if desired. The subcommittee would consist of the three (3) following members: Insurance Commissioner, the Secretary of the Department of Human Services, and the Secretary of the Department of Health."

2021 Plan Certification

Proposed Consideration #3 – Amended (cont.)

Proposal	Policy Goal(s)	Benefits	Challenges
Effect on APTC – consideration modified, as indicated below:	Ensure Pennsylvanians have continuous access to high-quality affordable health plans	• Preventing APTC devaluing ensures continued affordability for financial assistance customers (88% of marketplace)	• 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:

▪ Brokers and some insurers are in favor of this consideration. All parties appreciated the intent of this proposed consideration.

▪ However, confusion and concerns still exist for some, specifically around how this would be monitored ("we would like to know how the second lowest cost silver plan will be monitored and what changes will or will not be allowed") and whether this will discourage competition or finding new ways to lower plan premiums ("by potentially rejecting otherwise valid plans that price significantly below the second lowest silver (SLS), the Authority is effectively picking winners and losers".)

Staff Recommendation: Withdraw Consideration #3 from 2021 Policy

▪ Recommend deferring decision on implementing this consideration to PY2022.

▪ To inform next year's discussion, the Exchange Authority will analyze and report out on 2021 changes to the second lowest cost silver plan by service area to determine the impact on APTC.
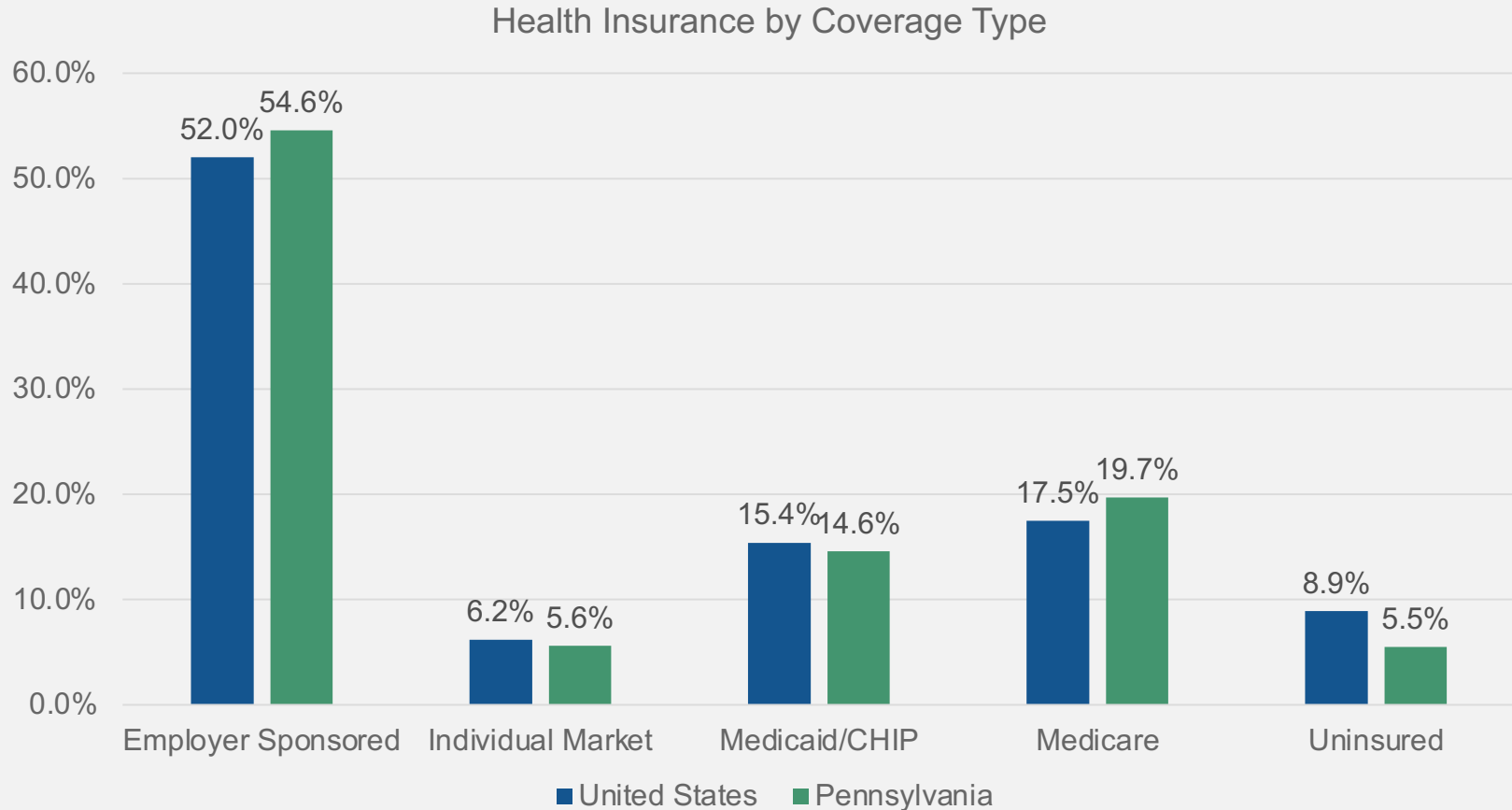
Analysis of Pennsylvania's Uninsured Population

Overview of the Uninsured in PA

- There are over 12.5 million residents in the Commonwealth of Pennsylvania in 2018
    - Insured: 11.9 million (Through employer or government programs)
    - Uninsured: Nearly 700,000 (5.5% of the state's population)

- Adjusted to exclude uninsured undocumented immigrants and uninsured individuals with PA German ancestry, there are an estimated 607,000 uninsured residents, 4.8% of the population

- Characteristics of the 607,000 uninsured and likely to be eligible and interested in enrolling

    Income
    - 28% are below 138% of the federal poverty level (FPL)
    - 53% are between 138-400% of FPL
    - 19% are at or above 400% of FPL

    Demographics
    - 67% identify as White alone (not Hispanic or Latinx)
    - 14% identify as Hispanic or Latinx, nearly twice percent of population (7.6%)
    - 14% identify as Black or African American, disproportionately higher than percent of population (11%)

Source: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).
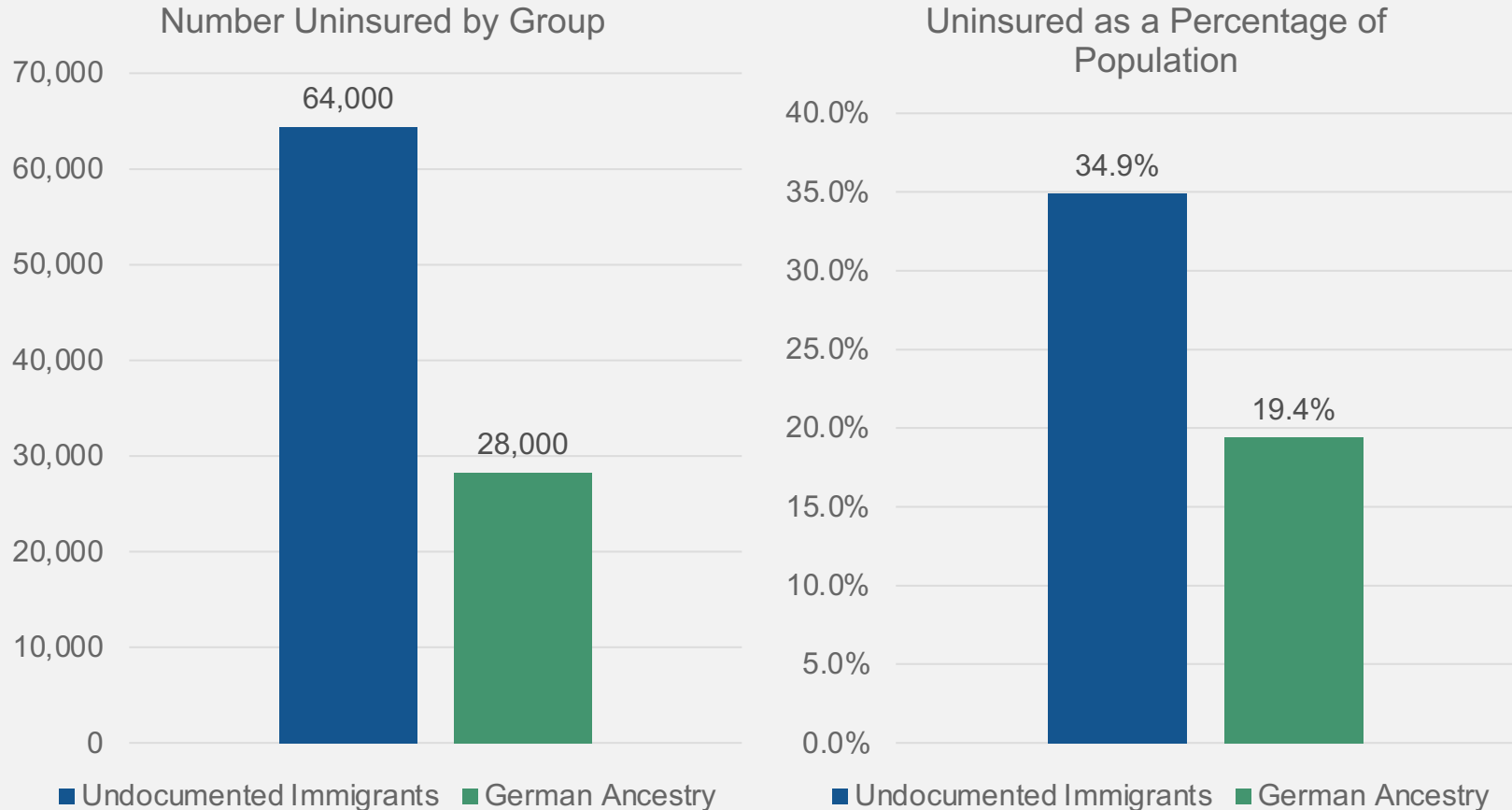
Current Health Coverage Landscape

The vast majority (94.5%) of PA residents had health insurance; over 60% through commercial insurance and ~34% through government programs

Health Insurance by Coverage Type

Coverage Type	United States	Pennsylvania
Employer Sponsored	52.0%	54.6%
Individual Market	6.2%	5.6%
Medicaid/CHIP	15.4%	14.6%
Medicare	17.5%	19.7%
Uninsured	8.9%	5.5%

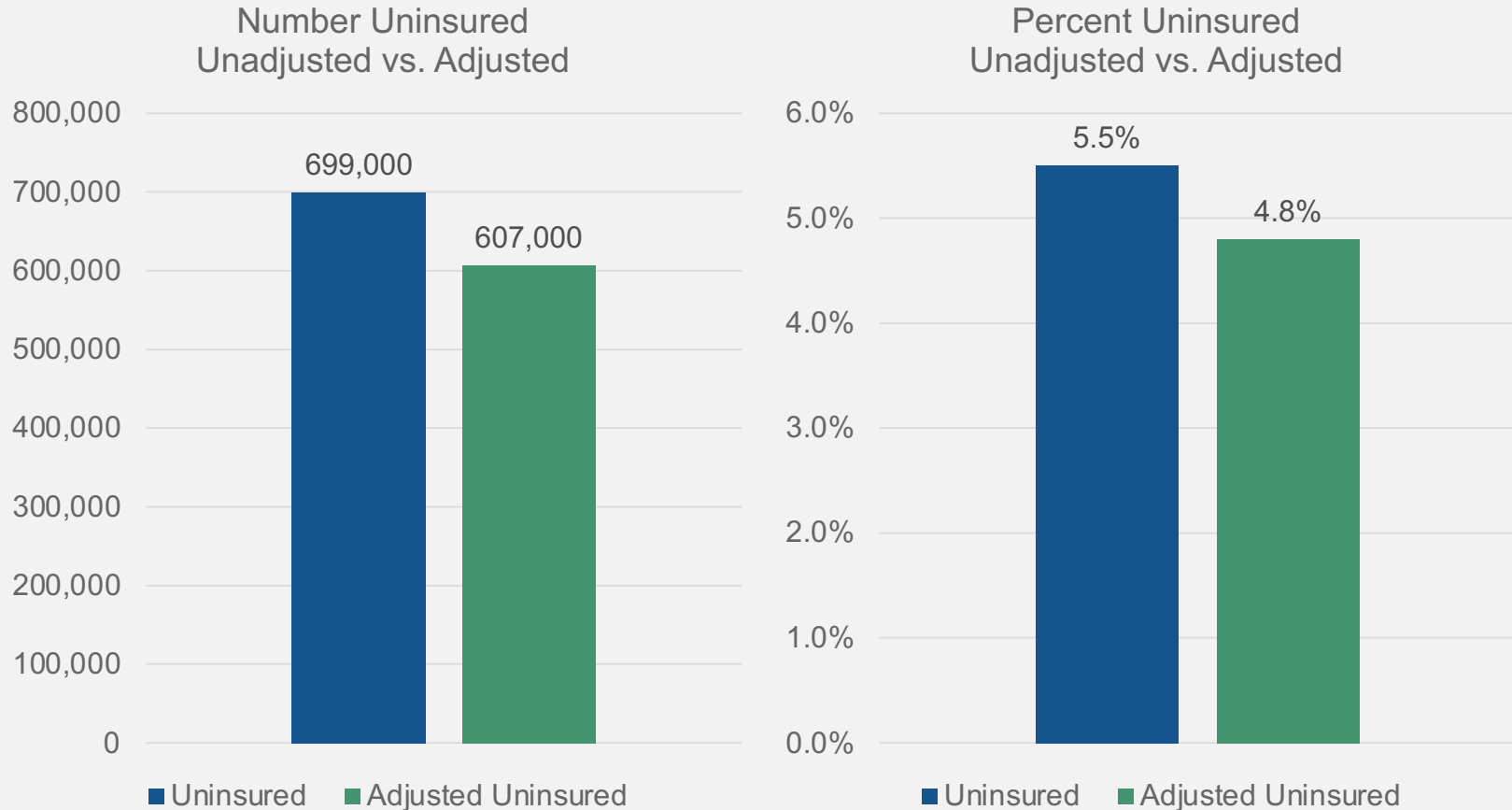Legend: ■ United States ■ Pennsylvania

Uninsured and Unlikely to Enroll

Undocumented immigrants are ineligible for exchange coverage; Amish and Mennonite populations have historically not enrolled in exchange coverage

Number Uninsured by Group

- Undocumented Immigrants: 64,000
- German Ancestry: 28,000

Uninsured as a Percentage of Population

- Undocumented Immigrants: 34.9%
- German Ancestry: 19.4%

■ Undocumented Immigrants ■ German Ancestry

Source: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).
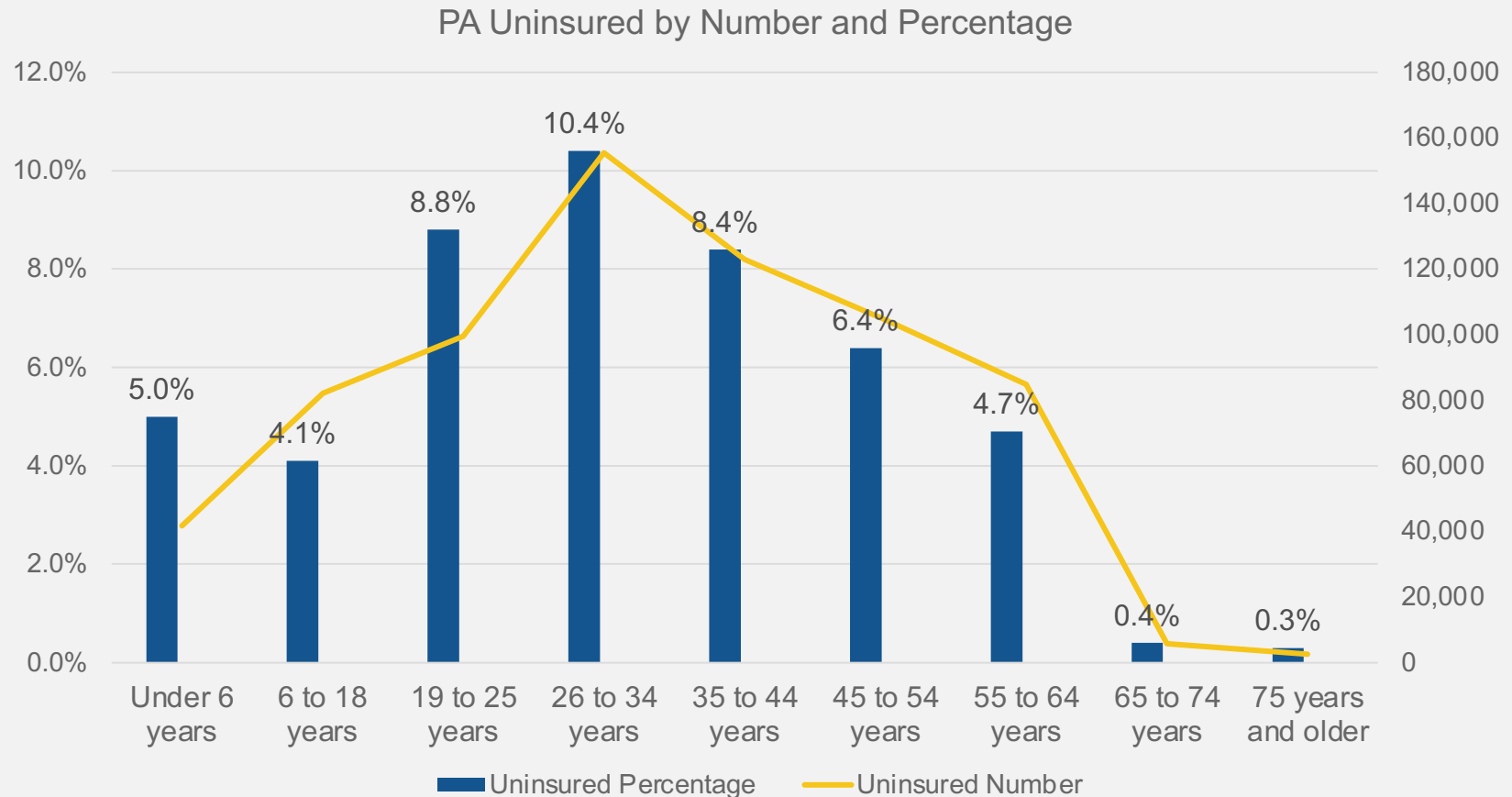
Uninsured and Likely Eligible

Adjusted to exclude undocumented immigrants and residents with German ancestry, the likely eligible uninsured rate is 4.8%

Number Uninsured
Unadjusted vs. Adjusted

- 699,000 — Uninsured
- 607,000 — Adjusted Uninsured

Percent Uninsured
Unadjusted vs. Adjusted

- 5.5% — Uninsured
- 4.8% — Adjusted Uninsured

Source: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).
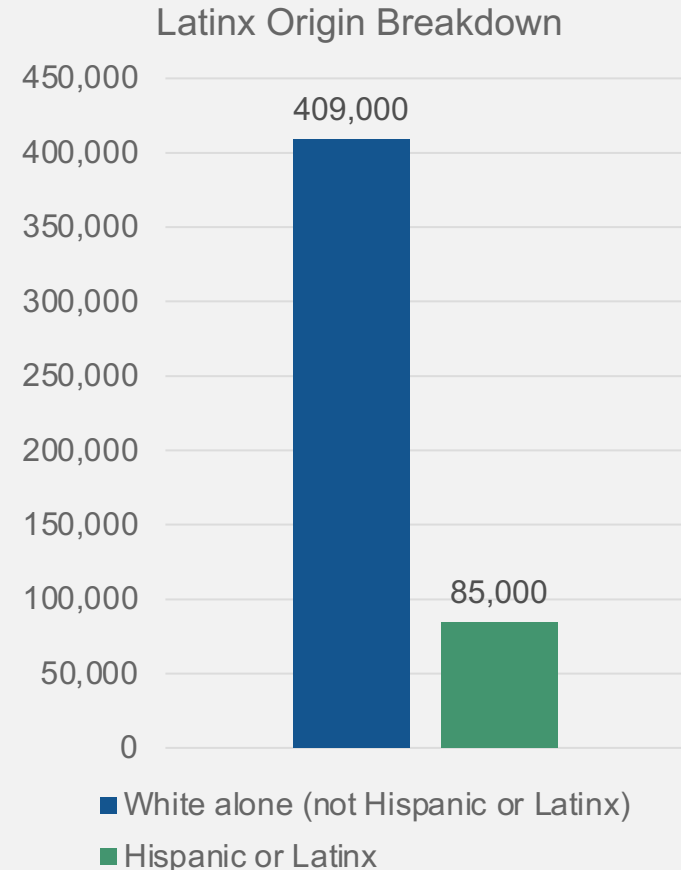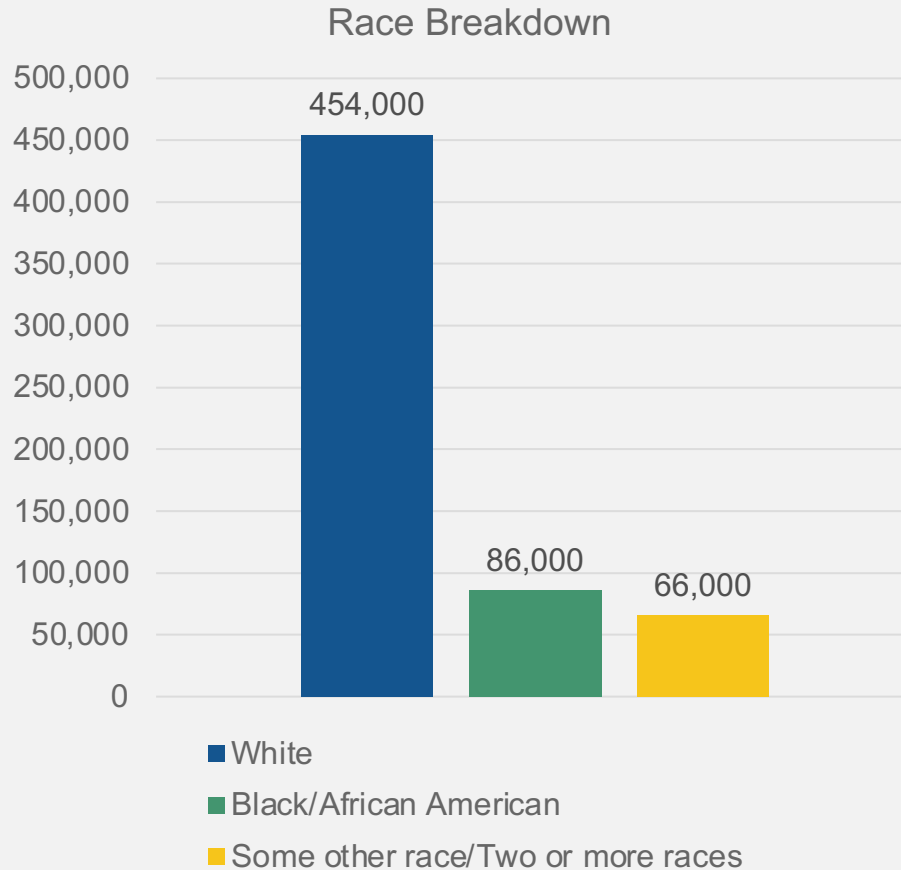
Age Demographics of the Uninsured

Pennsylvanians 19-44 years old make up 54% of the uninsured; children and adults over 55 have lower than average uninsured rates

PA Uninsured by Number and Percentage

Legend: Uninsured Percentage — Uninsured Number

Data values shown:
- Under 6 years: 5.0%
- 6 to 18 years: 4.1%
- 19 to 25 years: 8.8%
- 26 to 34 years: 10.4%
- 35 to 44 years: 8.4%
- 45 to 54 years: 6.4%
- 55 to 64 years: 4.7%
- 65 to 74 years: 0.4%
- 75 years and older: 0.3%

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

Race and Latinx Origin Uninsured Demographics

6.3% of African Americans is uninsured; 8.8% of the Hispanic/Latinx population is uninsured

Race Breakdown

- White: 454,000
- Black/African American: 86,000
- Some other race/Two or more races: 66,000

Latinx Origin Breakdown

- White alone (not Hispanic or Latinx): 409,000
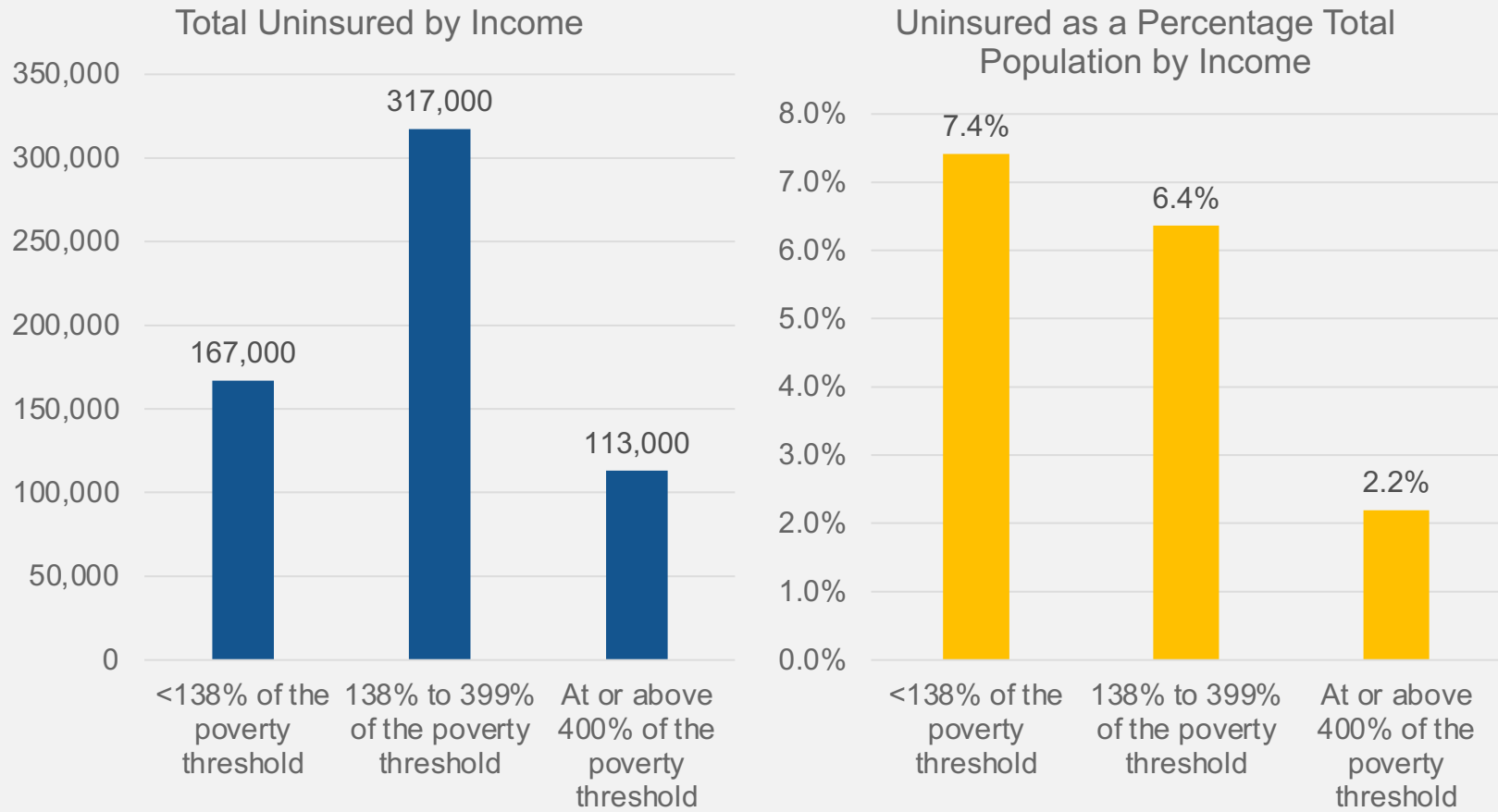- Hispanic or Latinx: 85,000

Notes: Uninsured has been adjusted to exclude uninsured undocumented immigrants (likely ineligible for ACA coverage) and uninsured individuals who indicate Pennsylvania German ancestry. Civilian noninstitutionalized population.
Source: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).

Uninsured By Income

The majority (53%) of the uninsured are eligible for subsidized coverage through the Exchange; uninsured rate is highest for Medicaid eligible

Total Uninsured by Income

- 167,000 — <138% of the poverty threshold
- 317,000 — 138% to 399% of the poverty threshold
- 113,000 — At or above 400% of the poverty threshold

Uninsured as a Percentage Total Population by Income

- 7.4% — <138% of the poverty threshold
- 6.4% — 138% to 399% of the poverty threshold
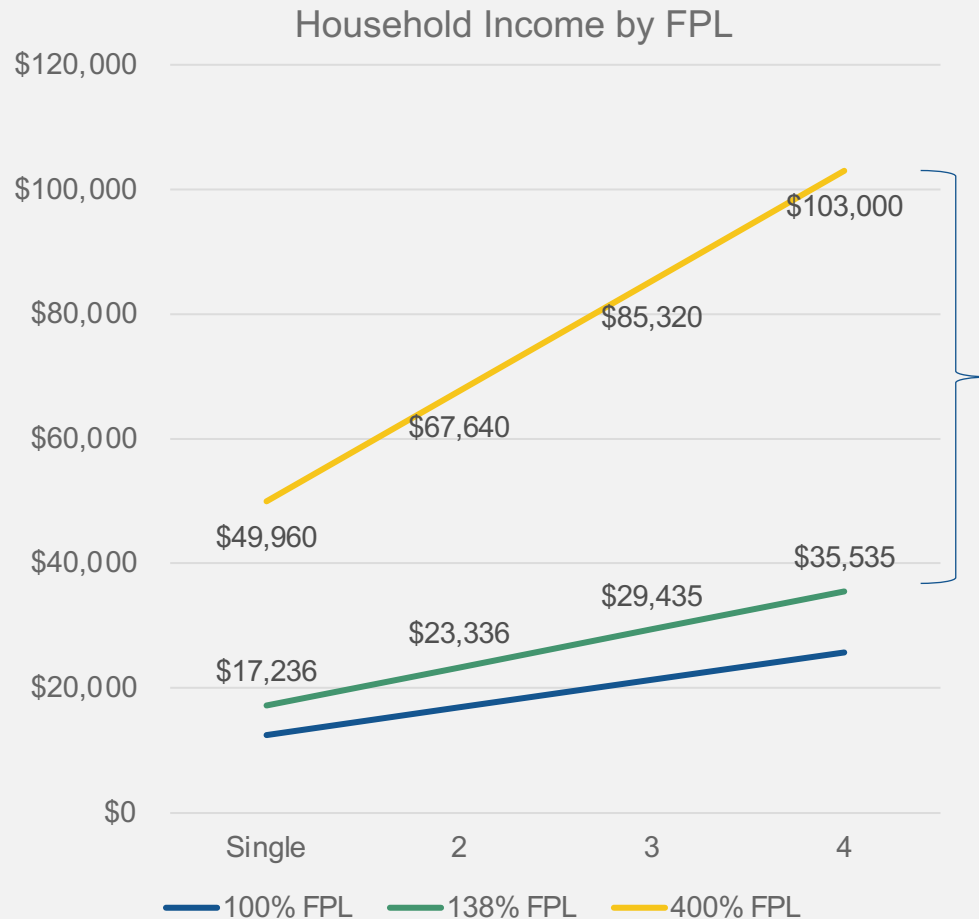- 2.2% — At or above 400% of the poverty threshold

Notes: Uninsured has been adjusted to exclude uninsured undocumented immigrants (likely ineligible for ACA coverage) and uninsured individuals who indicate Pennsylvania German ancestry. Civilian noninstitutionalized population.
Source: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).

Emphasis on Financial Assistance

Individuals between 100-400% of the Federal Poverty Level (FPL) are eligible for advance premium tax credits (APTC) through the exchange

Household Income by FPL

	Single	2	3	4
100% FPL	$17,236	$23,336	$29,435	$35,535
138% FPL				
400% FPL	$49,960	$67,640	$85,320	$103,000

(Chart y-axis: $0, $20,000, $40,000, $60,000, $80,000, $100,000, $120,000)

317,000 uninsured individuals **are eligible for financial assistance.**

— 100% FPL   — 138% FPL   — 400% FPL

Source: ASPE – Coverage year 2020

Where do the uninsured live?
Five counties (Chester, Delaware, Lancaster, Montgomery and Philadelphia) in the southeast make up 36.6% of the uninsured
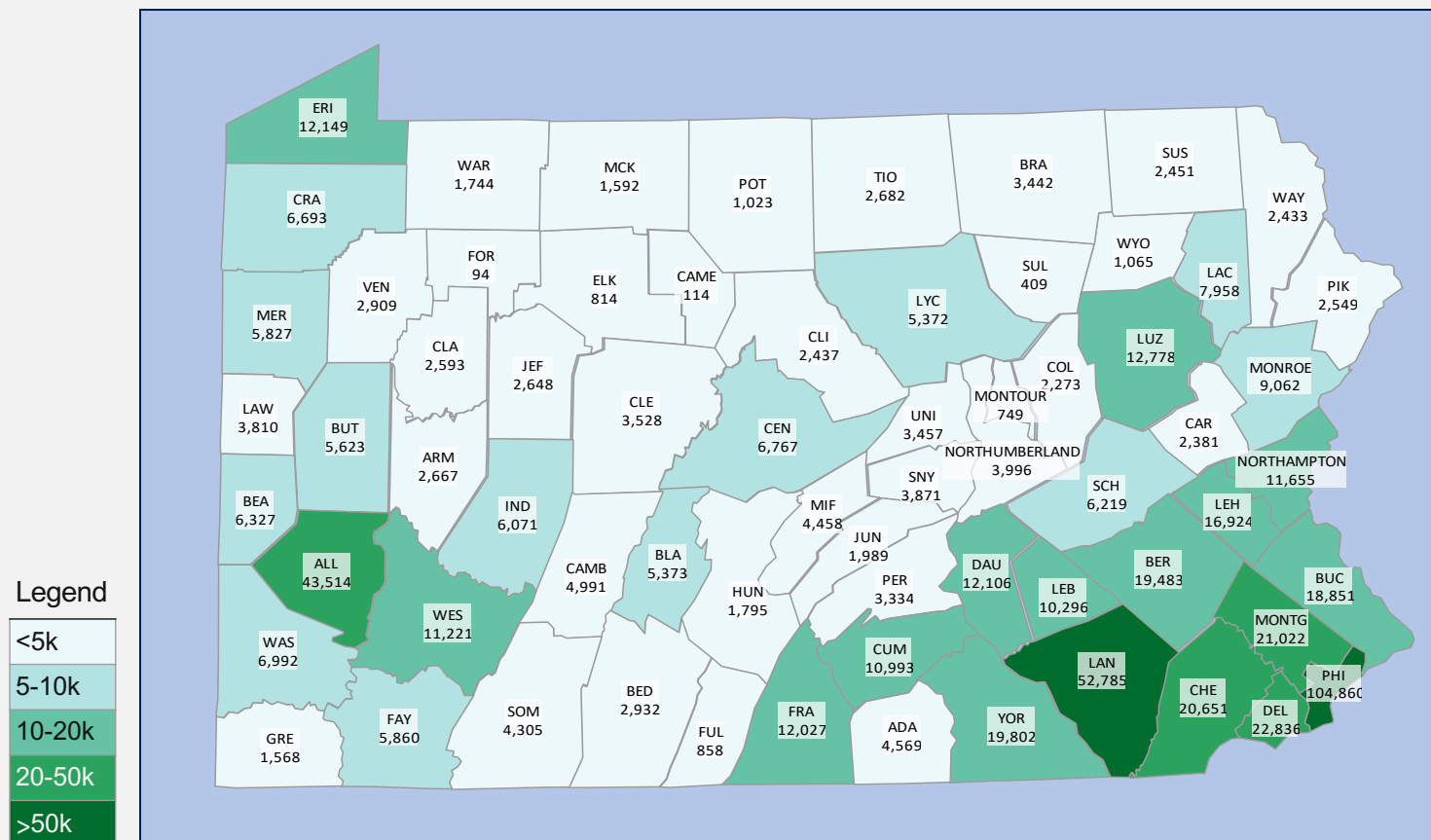
Legend
- <5k
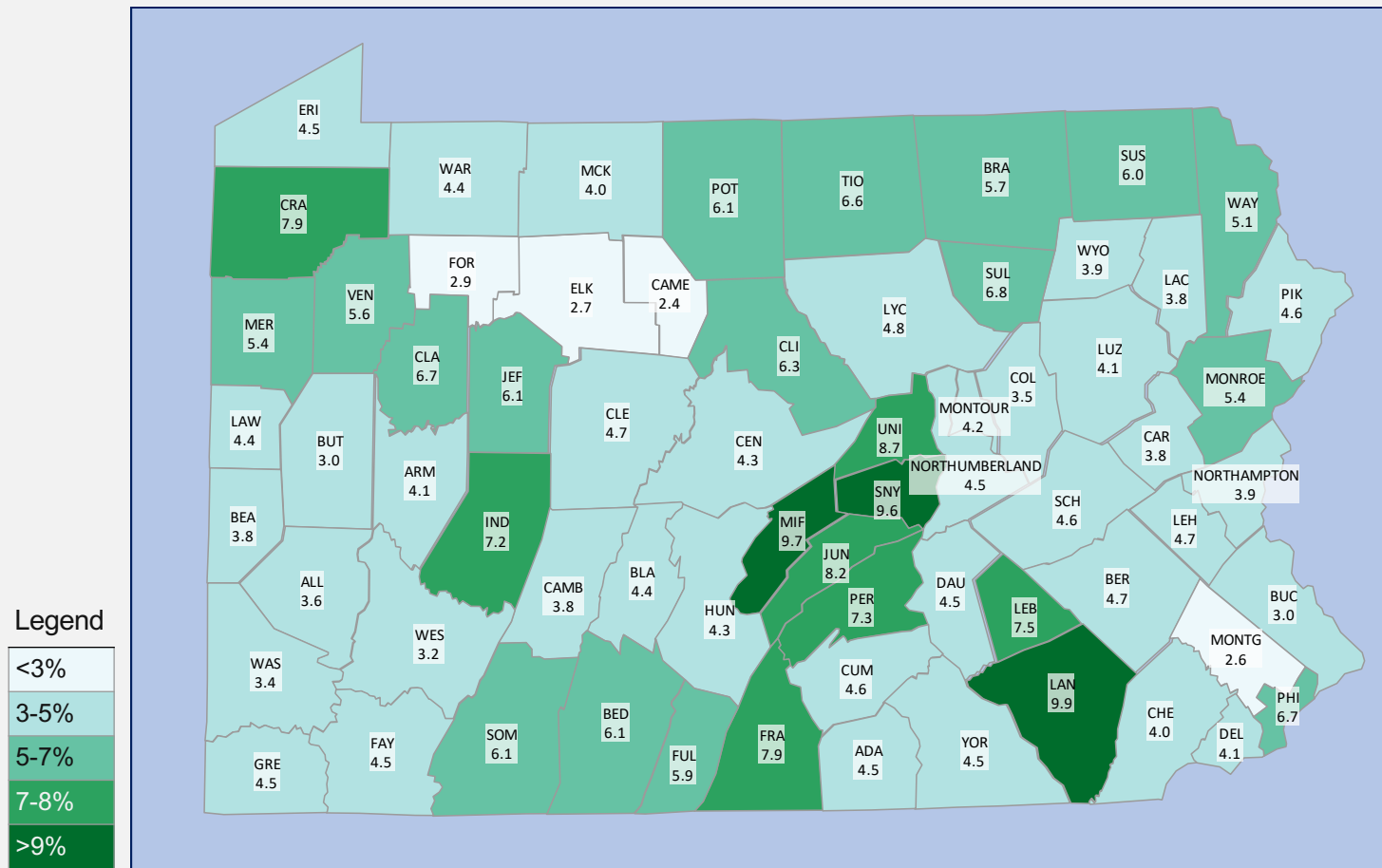- 5-10k
- 10-20k
- 20-50k
- >50k

Notes: Uninsured has been adjusted to *exclude* uninsured undocumented immigrants (likely ineligible for ACA coverage) and uninsured individuals who indicate Pennsylvania German ancestry. Civilian noninstitutionalized population.
Source: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).

Where are the highest uninsured rates?

Lancaster County's uninsured rate is the highest; several Central PA counties have higher than average rates


Notes: Uninsured has been adjusted to *exclude* uninsured undocumented immigrants (likely ineligible for ACA coverage) and uninsured individuals who indicate Pennsylvania German ancestry. Civilian noninstitutionalized population.
Source: SHADAC analysis of the United States Census Bureau's American Community Survey (ACS).

On Exchange PA Insurers

Over 92% of counties are competitive, with more than one insurer

Legend
- 4 Insurers
- 3 Insurers
- 2 Insurers
- 1 Insurer
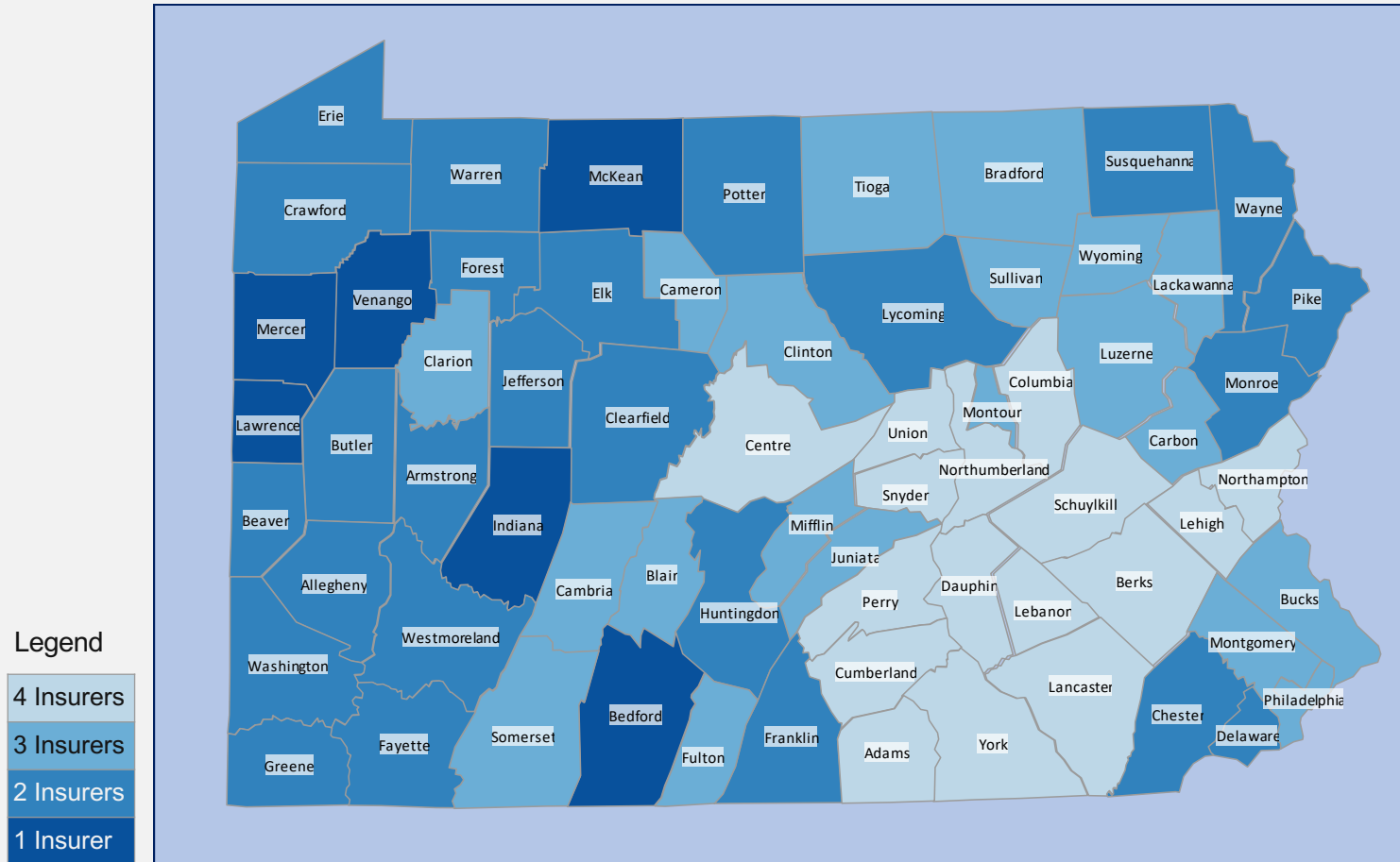
Source: Pennsylvania Insurance Department

Brand Update

Research objective

What are the potential problems our brand for PHIEA needs to solve?

research

Tertiary Research
Media landscape
Social media trends

Primary Research
Statewide survey
In-depth interviews

Identify, define and uncover
the problems to be solved
by the PHIEA brand

Secondary Research
Market analysis
In-depth audience analysis
in cooperation with
Mendoza Group

Secondary Research
Brand and peer audit

research

Research tactics

- Market analysis
- In-depth audience analysis
- Brand and peer audit
- Media and social landscape
- Statewide survey

research

Survey methodology

We deployed a statewide, 24-question survey to Healthcare.gov customers and a modeled universe of customers
- **Phones** (auto-dial): 11,114 contacts, 248 completes
- **Text Messages**: 4,630 contacts, 467 completes
- **Digital** (Facebook): 67 contacts, 7 completes

Total of 722 completed responses of known Healthcare.gov customers

research

Applying research

The key to effective application of primary research is to listen to the customer *laterally* rather than **literally**

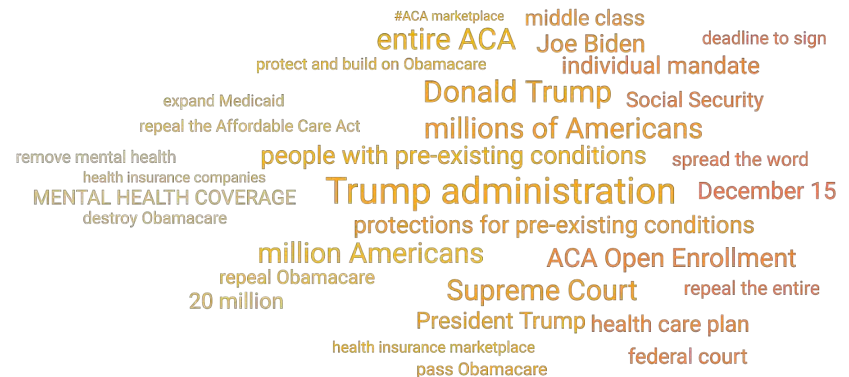While consumers know *how* they feel, we cannot accurately explain **why**.

Our aim is to go beyond what customers say to deliver on their subconscious needs and wants for the PHIEA brand.

research

Research findings

Inundated and unaware: Approximately **88% of respondents** are unaware of the news of the state-based exchange.

Low awareness represents an opportunity, but landscape presents a threat.

The PHIEA brand will need to mitigate the two.

research

#ACA marketplace · middle class · entire ACA · Joe Biden · deadline to sign · protect and build on Obamacare · individual mandate · expand Medicaid · Donald Trump · Social Security · repeal the Affordable Care Act · millions of Americans · remove mental health · people with pre-existing conditions · spread the word · health insurance companies · Trump administration · December 15 · MENTAL HEALTH COVERAGE · destroy Obamacare · protections for pre-existing conditions · million Americans · ACA Open Enrollment · repeal Obamacare · Supreme Court · repeal the entire · 20 million · President Trump · health care plan · health insurance marketplace · federal court · pass Obamacare

Fading ─────────────────────────── Trending

Research findings

Resigned, not satisfied: Approximately 40% of respondents are **unsatisfied** or **extremely unsatisfied** with health insurance; approximately 35% are **satisfied** or **extremely satisfied**

Research findings

Deep skepticism, cynicism and reluctant acceptance
- **Why?** Lack of control, loss of power, fear around key themes of cost, quality and access
  - "In a country like the US where social mobility is low and healthcare is tied to employment luck can sometimes be the main determinant if someone ends up with large medical bills that they are unable to pay"
  - "It's all a game of chance. A bad break could leave me homeless."

research

Research findings

Reason to believe: Respondents had the **least confidence in state government** as it relates to healthcare, ranking it last behind nonprofits, the federal government and private for-profit companies.

Past experiences with the state government leave customers with varied concerns - from customer service to cost, government interference and bureaucracy. Ultimately, customers need a ***reason to believe*** that the state system is the best option.

Research findings

In summary:

- Low direct awareness, high indirect and negative associations
- Emotional state of customer base is unsatisfied but resigned; cause of emotional state is due to lack of control, loss of power, and fear
- Low confidence in delivery mechanisms, driven by past experiences and present emotional state

research

Applying research

The PHIEA brand's challenge is to design the customer's eventual perception of the state exchange, through positioning and psychology, to in turn drive behavior.

Using rational arguments may be ineffective and counterproductive.

The PHIEA brand should look to create a **new context** for customers.

Names under consideration

Pennie	Shortened from Pennsylvania Insurance Exchange
Sylvie	Inspired by "sylvan," a root word in Pennsylvania, plus Insurance Exchange
Commonhealth	Health-based variant of "Commonwealth"
Salud	"Health" in Spanish and commonly used as a toast meaning "cheers" or "to your health"
PennSure	Nod to Pennsylvania

naming

Most favorable results

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naming

Name	Pennie (short for Pennsylvania Insurance Exchange)
Associations	Pennies/money; Penny Lane; penny for your thoughts; female name Penny - Penny as a girl's name is of English origin and is a short form of Penelope, meaning "weaver"; lucky penny; penny wise
Pros	Approachable; memorable; doesn't feel like a government entity
Cons	Can feel young; more abstract; less understanding of what an insurance exchange is in the public
Trademark search (cursory search complete; legal should review for further assessment)	"Pennie" is registered to Pennie Siegfried of Arizona; Pennie PA and PA Pennie have no conflicts
Similar names in PA	None
Available URLs	PApennie.com; penniePA.com; pennieforpa.com; pennie4pa.com; pennie4yourhealth.com; pennieforyourhealth.com; thisispennie.com; meetpennie.com

naming

Name	Commonhealth
Associations	Play on Commonwealth of PA
Pros	Straightforward; clear; distinct among state exchanges; rated favorable in survey; clear tie to health
Cons	Strong government association, which could translate to less trusted; less approachable than some of the other options
Trademark search (cursory search complete; legal should review for further assessment)	CommonHealth - Android software that allows people to manage personal health data; CommonHealth ACTION - community health advocacy organization
Similar names in PA	Commonhealth Orthopedic Physical Therapy; CommonHealth Cannabis Company registered as a fictitious name in PA, but there does not appear to be a functioning business; The CommonHealth LLC is a registered business in New Cumberland, PA, but did not find evidence of an operating business
Available URLs	commonhealthPA.com; commonhealthofPA.com; PACommonHealth.com

Brand considerations

STRAIGHTFORWARD	ABSTRACT
Clear	Memorable
Short-term	Long-term
Meets people with what they expect	Challenge existing perceptions
Practical associations	More likely to resonate emotionally

The brand needs to ...

- Challenge the existing associations people have with health insurance
- Be a resource/be responsive to build trust
- Establish a noticeable, memorable presence in the market, driving awareness
- Be comforting, approachable to drive familiarity and confidence

naming

Next steps

- Brand positioning
- Further analysis of naming options
- Tagline development
- Commence visual exploration of logo and other brand visuals
- Brand testing

Executive Session

Navigator Procurement Strategy

Overarching Goals of Navigator RFP 2020

Data-driven enrollment events

Broad geographical reach

Focused efforts on vulnerable populations

Decrease PA's uninsured rate

Enhance reporting

Best Practices from Other States
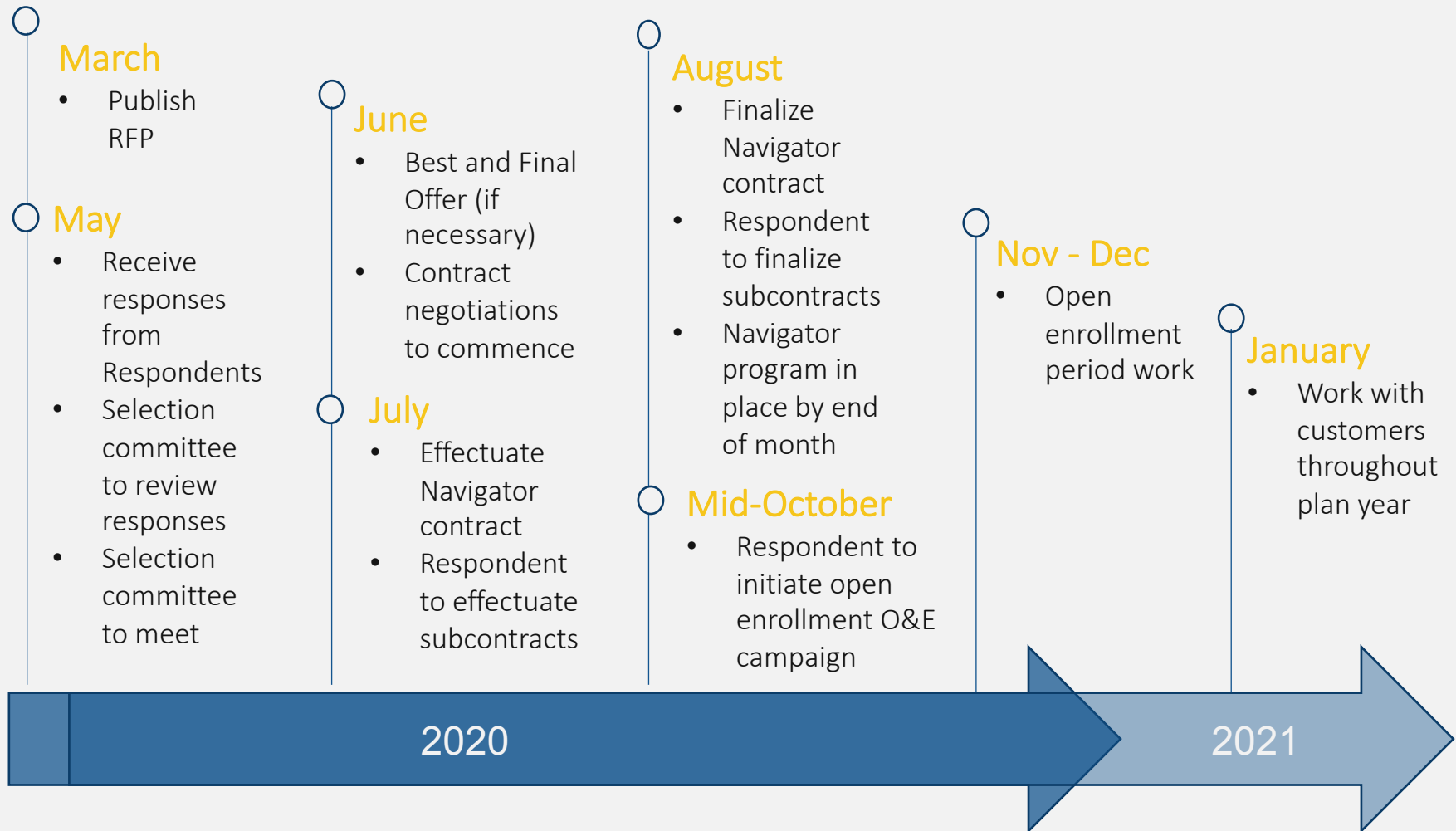
California, Nevada, Rhode Island

- Performance-based funding model – *all*

- Multi-year contracts with renewal options – *California, Rhode Island*

- *All* have a Primary entity (Respondent) responsible for reporting to the SBE, emphasis on Primary entity's responsibility for compliance and oversight over Navigators

- Strong focus on Respondent proposing the network structure – *Rhode Island, Nevada*

- Explicit expectation for utilization of various outreach platforms: social media, in-person events, earned media, paid media – *California*

- Emphasis on community presence and customer focus and service – *all*

Improvements incorporated in RFP 2020

Enhancements to Program structure and vendor payment approach

- 2 year contract with performance incentives vs. grant opportunity
    - Requirement for dedicated executive contract lead, call handler lead(s), and enrollment event coordinator(s);
    - Enhanced Service Level Agreements for enrollment events, call handling and response times across all platforms

- Three contract renewal options

- Annual budget is three times the current contract size ($1.2m vs. $400k current)

- Strong preference for a Navigator administrator serving as the primary vendor with accountability for subcontractor performance

- Specifically delineated outreach platforms and in-person event requirements

- Enhanced reporting requirements:
    - Outreach reports – Compliance with enrollment event SLAs, trends in customer traffic;
    - Customer reports – Increases in enrollment, information pertinent to Medicaid match (if applicable);
    - Program administration report – compliance of Navigator personnel

Timeline of Next Steps (TENATIVE)

March
- Publish RFP

May
- Receive responses from Respondents
- Selection committee to review responses
- Selection committee to meet

June
- Best and Final Offer (if necessary)
- Contract negotiations to commence

July
- Effectuate Navigator contract
- Respondent to effectuate subcontracts

August
- Finalize Navigator contract
- Respondent to finalize subcontracts
- Navigator program in place by end of month

Mid-October
- Respondent to initiate open enrollment O&E campaign

Nov - Dec
- Open enrollment period work

January
- Work with customers throughout plan year

2020   2021

Adjourn