



The call will be recorded for sharing purposes

Conference Call Etiquette



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



Identify yourself & organization before you speak.



If you are on the phone **and** logged in via web, turn off your computer speakers.



If you have a question, please use the chat functionality. With MS Teams, you can *raise your hand* to be called upon with a question.



Broker Workgroup

March 12, 2021

Meeting Agenda

1. Pennie Updates
2. American Rescue Plan Act (ARPA)
3. Board-Approved 2022 Plan Certification Policy
4. Binder Payment Policy Proposal
5. System Tips
6. Additional Resources
7. Questions for Pennie



Pennie Updates



Agency Updates

COVID-19 Enrollment Period is Open

- Opened on Monday, February 15th and will close on May 15
- Call center hours are now 8 am – 6 pm; no Saturday hours
- Regular Special Enrollment Period is still in affect

Technology Platform

- Working tirelessly to implement changes from American Rescue Plan Act of 2021

Exchange Assister / Navigator Network

- Enrollment events schedule at pennie.com

Customer-facing pennie.com

- Shifted language to SEP/CEP & Qualifying Life Events
- Added webpage and links for [COVID-19 Education & Resources](#)

Primary focus – ARPA

Pennie's New 2021 Strategic Goals

As determined by our Board of Directors on February 25th

1. **Execute New Federal ACA Policies through:**
 - i. Leveraging these opportunities to maximize affordability and access
 - ii. Minimize disruption to market participants
 - iii. Fiscal responsibility that ensures stability
2. **Increase Health Coverage for Underinsured/Underserved Communities**
3. **Achieve Operational Excellence through Improved Customer Service and Ease of Doing Business with Pennie**

Pennie's Annual Report Now Available at agency.pennie.com/newsroom

pennie
Connecting Pennsylvanians to health coverage

Annual Report
2020

pennie.com

Inaugural Open Enrollment Data

1 - Total Customers 337,722 <small>as of Open Enrollment</small>	2 - New Enrollments 75,234 <small>17% increase</small>
3 - Customers Retained From HealthCare.gov 97% <small>(96,770 Households) or Renewed Applications (96,692 Successful) or Subscribers</small>	4 - Applications Sent to Medical Assistance 55,148 <small>38,363 Applications Received from Medical Assistance</small>

5 - Customers Receiving Financial Assistance

- Advanced Premium Tax Credit & Cost Sharing Reductions: 204,292 (61%)
- Advanced Premium Tax Credit: 94,281 (28%)
- Net Financial Assistance: 47,671 (14%)

Shown as of 1/22/2021

15 - Average Gross Premium by Rating Area Before APTC

Rating Area	Enrollment	PREM APTC	PREM Net Premium	PREM Gross Premium
1	13,418	\$434	\$197	\$631
2	1,140	\$621	\$183	\$804
3	13,402	\$423	\$209	\$632
4	84,471	\$223	\$183	\$406
5	12,062	\$467	\$183	\$650
6	71,040	\$123	\$192	\$315
7	16,843	\$385	\$187	\$572
8	171,346	\$437	\$189	\$626
9	21,067	\$628	\$192	\$820

Takeaways:
There is a difference of ~\$140/month for premiums in the most expensive rating area (9) and the least expensive rating area (6). Once APTC is applied, that discrepancy diminishes to \$27/month.
Monthly APTC amounts range from \$323/month to \$631/month.
Rating area 1 has the highest total enrollments with ~125,300 enrollees, and the next highest rating area is rating area 8, with ~84,500 enrollees in 8.

Pennie's New Chief Operating Officer (COO)

- Andrew Angel joins us from Computershare in Massachusetts, where he led global teams of over 650 people
- Brings deep Operations Intelligence and Improvement, Program Management, and hands-on Technology Implementation experience
- Has healthcare experience working with organizations including Lifespan, Fujitsu, and Best Doctors Inc.
- Moving to Pennsylvania from Rhode Island



American Rescue Plan Act (ARPA)

ACA Changes



Joint Statement from The Pennsylvania Insurance Dept & Pennie™ regarding the American Rescue Plan Act of 2021



“ The American Rescue Plan Act of 2021 will not only provide financial assistance through the forthcoming stimulus checks, but will also provide an estimated **\$270 million** in additional subsidies to current Pennie™ customers in 2021 alone. Through this law, marketplace premiums will be capped at **8.5%** of a household’s income, meaning current Pennie™ customers will see lower monthly premiums and those without coverage or who were previously ineligible will now have access to financial help if they shop at pennie.com. In some cases, lower-income enrollees will have their monthly premiums eliminated entirely. Additionally, anyone who was eligible for unemployment income in **2021** will be eligible for coverage through Pennie™ with a **\$0 premium** for the remainder of the year.

These changes allow Pennie™ to further support current customers and delivers an extraordinary opportunity for individuals seeking coverage to protect themselves and their families as we continue to grapple with the impacts of COVID-19. We will move quickly to implement these changes in the interest of delivering this financial relief as expeditiously as possible. ”

American Rescue Plan Act – ACA Changes

Signed into law March 11, 2021

- Eligibility for premium tax credits in PY21-22
 - More generous tax credits at every level of income
 - Removal of subsidy cliff at 400% FPL
 - Effective after 12/31/2020
- Changes for those eligible for Unemployment Compensation for PY21
 - Does not consider household income above 133%/138% FPL for the purposes of APTC eligibility
 - Provides eligibility for maximum tax credits and cost sharing reductions for households who are *eligible* for UC for *1 week* in 2021, whether they receive UC benefits or not
- Reconciliation changes for PY20
 - Holds households who received excess APTC in 2020 harmless from having to pay back at tax time
 - Limited operational considerations for Pennie, but added benefit to customers

FPL	Initial Premium Percentage	Final Premium Percentage
Less than 133%	0.0	0.0
133% up to 150%	0.0	0.0
150% up to 200%	0.0	2.0
200% up to 250%	2.0	4.0
250% up to 300%	4.0	6.0
300% up to 400%	6.0	8.5
400% and above	8.5	8.5

ARPA – Benchmark Plan Scenarios

Example 1:

Single, 40-year-old, non-smoker,
Philadelphia County, 150% FPL (\$19,140 annual income)

Current law:

- Monthly premium - \$66 (\$792/year)
- Percent of Income – 4.14%

Under New Law:

- Monthly premium – \$0 (\$0/year)
- Percent of Income – 0.00%

Total savings = \$66/mo.; \$792/yr.

Example 2:

Married couple (64 years old), non-smokers, Dauphin
County, 450% FPL (\$77,580 annual income)

Current law:

- Monthly premium – \$2,462 (\$29,904/year)
- Percent of Income – 38.1%

Under New Law:

- Monthly premium – \$550 (\$6,600/year)
- Percent of Income – 8.5%

Total savings = \$1,912/mo.; \$22,949/yr.

ARPA – Benchmark Plan Scenarios

Example 3:

Family of 4, non-smokers, Potter County, 200% FPL
(\$52,400 annual income)

Current law:

- Monthly premium - \$285; \$3,420/year
- Percent of Income – 6.52%

Under New Law:

- Monthly premium – \$87; \$1,044/year)
- Percent of Income – 2.0%

Total savings = \$198/mo.; \$2,376/yr.

Example 4:

Single (27 years old), non-smoker, Allegheny County, 350%
FPL (\$44,660 annual income)

Current law:

- Monthly premium – \$287; \$3,444/year
- Percent of Income – 9.83%

Under New Law:

- Monthly premium – \$270; \$3,240/year
- Percent of Income – 7.25%

Total savings = \$17/mo.; \$204/yr.

Implementing ARPA - Level of Effort from Pennie

Operational

- Significant insurer, stakeholder and interagency partner impact
- Increased customer service activity at Call Center, including appeals
- Unanticipated demand for broker and assister services
- Broad educational awareness and enhanced customer communications

Technical

- Very large technical adjustments to Pennie's eligibility and enrollment platform range are necessary to implement
- Substantial user acceptance testing required
- Will cause need to adjust breadth and timing of future releases

Marketplace Management

- Wholesale change to Pennie business model
- Material policy considerations
- Mid-year eligibility redeterminations for most, if not all customers

Staff and vendor bandwidth

- Pennie staff will need to dedicate the majority of their time to execute and operationalize
- Considerable time and attention will be required from all vendors, particularly GetInsured

How Can Brokers Help Pennie!

- Social Press Kit – agency.pennie.com/oetoolkit
- Provide Pennie with guidance in how to best educate **underserved populations**
- What improvements can Pennie make to its marketing and community education messages
- Is Pennie missing a group, community, or segment of the population in its outreach or marketing efforts?
- How can Pennie become MORE accessible to those who need us the most?



Board-Approved 2022 Plan Certification Policy



PY22 Plan Certification Policy – Approved by Board

Overview

Applies to QHPs & QDPs offering coverage through Pennie for 2022 plan year


Plan certification requirements are in addition to all federal and state regulations or other guidance related to offering QHPs and QDPs

Stakeholder feedback shared with Board on 2/25/2021 on four components of proposed policy:

1. Coverage for COVID-19
2. Meaningful Difference
3. Renewal Plan Mapping
4. Producer Commissions

 Board approved PY22 policy with modifications.

PY22 Plan Certification Policy – Approved by Board
Section II. Requirements for Plan Certification

 **Board: Adopted,
with modifications**

II.a. Coverage for COVID-19

Provide coverage for COVID-19 vaccination, testing, diagnosis, and treatment in a manner consistent with ~~federal and state regulations and guidance.~~

See the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Pub. L. 116-136, §§ 3201-03.

Proposal	Policy Goal(s)	Benefits	Challenges
Coverage for COVID-19 vaccination, testing, diagnosis, and treatment	Ensure access to quality health care	Ensure Pennsylvanian’s have access to necessary health care in public health crisis	Potential risk considered an expansion of EHB?

Stakeholder Feedback:

- Broad support from producers, assisters, and majority of insurers
 - "Strongly feel this is a necessary requirement."
 - "This coverage would give peace of mind to Healthcare individual."
 - “We believe that it is appropriate that the Exchange Authority require maintaining such compliance a prerequisite for plan certification in the Pennie marketplace. “
- One insurer expressed concerns that (a) this requirement is outside of Pennie’s regulatory authority, and (b) likely unnecessary for 2022 given the current rate of vaccinations.
- Others commented requested that “all centers for vaccination, testing, diagnosis and treatment to be considered in network, no matter where they are including out of state”

Staff Recommendations: Adopt as proposed

PY22 Plan Certification Policy – Approved by Board
Section III. Additional Considerations for Plan Certification

III.a. Meaningful Difference



No change proposed from PY21 definition (adopted federal standard)

“a. Whether a specific plan is meaningfully different from other plans offered by the same insurer within the service area and level of coverage. The goal of the meaningful difference standard is to ensure plans provide added value to the customers of differentiated features, and sufficient but not overwhelming choice.

i. In general, a plan is considered meaningfully different from another plan in the same service area and metal level if a reasonable consumer would be able to identify one or more material differences among the following characteristics between the plan and other plan offerings:

(1) Cost sharing; (2) Provider networks; (3) Covered benefits; (4) Plan type; or (5) child-only versus non-child-only plan offerings.

For example, plans are not meaningfully different if the only difference between the two plans is a de minimis difference in the deductible amount.

ii. Additional consideration may be made for plans offered in service areas with limited plan availability.”

PY22 Plan Certification Policy – Approved by Board
Section III. Additional Considerations for Plan Certification

III.a. Meaningful Difference

 **Board: Adopted as proposed**

Proposal	Policy Goal(s)	Benefits	Challenges
Meaningful Difference	Provide high quality, affordable, comprehensive health coverage to Pennsylvanians	Ensure plans provide added value to customers with differentiated features and sufficient, but not overwhelming, choice	Can be a difficult standard to quantify

Stakeholder Feedback:

- Broad support from producers, assisters, and insurers, noting:
 - “In the interest of facilitating rational, informed decision-making by consumers seeking health coverage without the known negative influence of numerous nearly identical products from a single offeror”
 - “Meaningful Difference is extremely important. As it is clients have a very difficult time understanding difference between most plans.”

Staff Recommendations: Adopt as proposed

PY22 Plan Certification Policy – Approved by Board
Section III. Additional Considerations for Plan Certification

III.b. Renewal Plan Mapping

 **Board: Adopted as proposed**

No change proposed from PY21 definition (adopted federal standard)

“Whether renewing customers would experience a significant disruption as a result of plan mapping, such as benefit changes; premium or cost-sharing changes; or provider network changes. For 2022, the federal standard for plan mapping will be used.”

Proposal	Policy Goal(s)	Benefits	Challenges
Avoid disruption due to renewal plan mapping	Seamless autorenewals for customers into appropriate comparable plans	Ensure customers are autorenewed into the most appropriate comparable plan without surprises of significant changes	Limited experience to know which improvements needed to develop new standard


Stakeholder Feedback:

- Majority support from all stakeholders; one insurer noting they “fundamentally support the adoption of policies designed to limit unnecessary consumer disruption.”
- One insurer expressed concern that (a) “significant disruption” is a subjective standard, and (b) the appropriate intervention would be adjusting the plan mapping itself rather than an issuer’s certification.
- Request that Pennie, as a state-based exchange, “should be able to carve out what they feel is necessary with the federal standard for plan mapping be used as a guide.”

Staff Recommendations: Adopt as proposed

- Recommend staff convene stakeholders for policy working group in spring/summer 2021 to develop a state-specific standard for consideration for PY2023.

PY22 Plan Certification Policy – Approved by Board
Section II. Requirements for Plan Certification

 **Board: Adopted,
with modifications**

II.b. Producer Commissions

Proposal	Policy Goal(s)	Benefits	Challenges
<ul style="list-style-type: none"> Advanced notice of commissions prior to OEP Consistent throughout year, Ability to change after OEP 	<p>Ensure Pennsylvanians have access to a robust pool of licensed producers to provide expert assistance</p>	<ul style="list-style-type: none"> Advanced notice for brokers to decide whether to participate Consistency of commissions allows producers to commit and invest in support Pennie customers Changes after OEP allow insurers to adjust commissions based on business needs (e.g. increase commissions if low enrollment) 	<ul style="list-style-type: none"> Differs from current practice Would require insurers to lock in commission payments at a minimum level for the year Would require advanced notice to decrease commissions

Stakeholder Feedback:

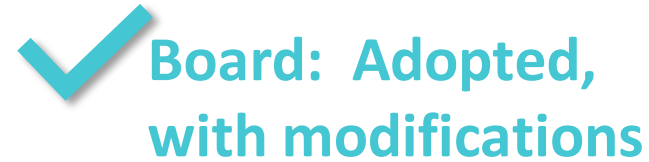
- Broad support from producers and assisters
- 4 of 6 insurers support; in general, opposition was due to wanting “producer commission flexibility that allows issuers to respond appropriately to conditions in the given market”

Staff Recommendations: Modify advanced notice requirement to 30 days and adopt

- We believe the policy balances the needs of producers and insurers with the goal of ensuring customers have access to a unique pool of expert assistance in licensed producers.

PY22 Plan Certification Policy – Approved by Board
Section III. Additional Considerations for Plan Certification

II.b. Producer Commissions



Applicability: insurers who pay commissions; 2022 plans sold through Pennie

- *“II.b. If an insurer pays producer commissions, then the commission payment schedules for 2022 Plan Year QHPs & QDP sold through the Exchange Authority’s platform must satisfy the following conditions:”*

Advanced Notice of Commissions ~~45~~ 30 days in advance of OEP

- *“i. The producer commission payment schedule for the Open Enrollment Period must be made available to the Exchange Authority and to producers at least ~~45 days in advance of the start of the Open Enrollment Period.~~ 30 days in advance of the start of the Open Enrollment Period or within 72 hours of final rates being released if final rates are released less than 30 days before OEP.”*

No Changes prior to End of OEP unless extenuating circumstances


- *“ii. Insurers will not be permitted to make changes to the commission payment schedule until after the end of the Open Enrollment Period. Exceptions may be granted on a case-by-case basis when a change is due to extenuating circumstances outside of an insurer’s control (e.g. late approval of rates by PID, statutory or regulatory changes).”*

(continued...)

PY22 Plan Certification Policy – Approved by Board
Section II. Requirements for Plan Certification

II.b. Producer Commissions

(continued...)

 **Board: Adopted,
with modifications**

Ability to Make Changes After OEP, if...

- *“iii. After the end of the annual Open Enrollment Period, an insurer will be permitted to make changes to its commission payment schedule under the following conditions:”*

Never less than **OEP commissions at time of sale**

- *“a. The commission payment schedule will ~~never be lower than the Open Enrollment Period commission payment schedule;~~ **no reduction after sale for current plan year sales.**”*


Increased at any time

- *“b. The commission payment schedule can be increased at any time after notice to the Exchange Authority and producers; and”*

Decreased with 30 days advanced notice

- *“c. The commission payment schedule can be decreased after providing thirty (30) days advanced notice to the Exchange Authority and producers, but ~~not to a rate lower than the Open Enrollment Period commission payment schedule,~~ **but no reduction after sale for current plan year sales.**”*

PY22 Plan Certification Policy – Approved by Board
Section II. Requirements for Plan Certification

 **Board: Adopted,
with modifications**


II.b. Producer Commissions

Proposal	Policy Goal(s)	Benefits	Challenges
<ul style="list-style-type: none"> Advanced notice of commissions prior to OEP Consistent throughout year, Ability to change after OEP 	<p>Ensure Pennsylvanians have access to a robust pool of licensed producers to provide expert assistance</p>	<ul style="list-style-type: none"> Advanced notice for brokers to decide whether to participate Consistency of commissions allows producers to commit and invest in support Pennie customers Changes after OEP allow insurers to adjust commissions based on business needs (e.g. increase commissions if low enrollment) 	<ul style="list-style-type: none"> Differs from current practice Would require insurers to lock in commission payments at a minimum level for the year Would require advanced notice to decrease commissions


Stakeholder Feedback:

- Broad support from producers and assisters
- 4 of 6 insurers support; in general, opposition was due to wanting “producer commission flexibility that allows issuers to respond appropriately to conditions in the given market”

(Additional stakeholder feedback included in Appendix)



Proposed Binder Payment Policies for PY22



For 2021PY, Pennie adopted FFM Rules

Binder Payment Deadlines:

- Insurers have flexibility to set their own binder payment policies, within guidelines.
 - Binder payment deadline cannot be earlier than the 1st day of the coverage period.
 - Binder payment deadline cannot be later than 30 days after effective date.
- Insurers can opt to apply a threshold rule to binder payments
 - E.g. if customer pays 95% of the premium due, the coverage will be effectuated.

Scenarios Where Binder Payment Required:

- Initial enrollment with an insurer
- Enrollment change (due to SEP or active renewal selection) within the same insurer but to a different product line** offered by the insurer (even if no gap in coverage)
- Customer previously enrolled with insurer but has a gap in coverage before re-enrolling with insurer (even if the same plan)
- Current enrollment where the subscriber becomes ineligible so the family members are re-enrolled into the exact same plan with no gap in coverage

**Different product line means the new plan has different first 10 digits of plan HIOS ID

Proposed PY22 Binder Payment Policy

1. Allow customers a minimum of 2 weeks to make binder payment

Proposal	Policy Goal(s)	Benefits	Challenges
Allow customers a minimum of up to 2 weeks to be able to make their binder payment	<ul style="list-style-type: none"> Ensure Pennsylvanians have access to quality health care 	<ul style="list-style-type: none"> Ensures customers have adequate time to make payment, regardless of their access to electronic payment methods Continue to allow insurers to have their own binder payment policies 	<ul style="list-style-type: none"> May differ from current insurer practices.

Given the growing number of scenarios in which a customer may select a plan as late as the day before the coverage effective date, a binder payment deadline as early as the coverage effective date would not be sufficient time for most customers to make binder payment.

Questions for feedback: Do insurers currently have a different approach that allows customers sufficient time to pay even when plan selections are made the day before the coverage effective date?

Proposed PY22 Binder Payment Policy

2. Do not require binder payment if enrollee changes plans within the same insurer with no gap in coverage.

Proposal	Policy Goal(s)	Benefits	Challenges
Insurers could not require binder payment if enrollee changes plans to another plan offered by the same insurer with no gap in coverage, even if the other plan is a different product line.	<ul style="list-style-type: none"> Ensure Pennsylvanians have access to continuous quality health care 	<ul style="list-style-type: none"> Minimize customer confusion as to which plan changes may require a binder payment, since customers can't tell which plans are in different product lines. 	<ul style="list-style-type: none"> May differ from current insurer practices.

- When a customer is continuously enrolled with no gap in coverage with the same insurer, it doesn't make sense to require a new binder payment from those customers.
- It's difficult for customers to understand when a binder payment may be required until after they've made their plan selection.

Questions for feedback: How have customers understood this type of "different product line" binder payment requirement in the past?

Proposed PY22 Binder Payment Policy

3. Do not require binder payment when the subscriber disenrolls but the remaining family members maintain enrollment in the same plan with no gap in coverage.

Proposal	Policy Goal(s)	Benefits	Challenges
<p>Insurers could not require binder payment if the subscriber disenrolls but the remaining family members continue enrollment in the same plan with no gap in coverage.</p>	<ul style="list-style-type: none"> • Ensure Pennsylvanians have access to continuous quality health care 	<ul style="list-style-type: none"> • Prevents an undue burden on customers who are continuously covered in the same plan with no gap in coverage, simply because subscriber disenrolled. • Death, divorce, subscriber becoming Medicare eligible are likely scenarios. 	<ul style="list-style-type: none"> • May differ from current insurer practices.

Questions for feedback: We understand that this scenario is currently operationally difficult for many insurers. Are there alternative ways to achieve the same policy goals that would be more operationally feasible for insurers?

Proposed PY22 Binder Payment Policy

4. Apply 95% Threshold to Binder Payments

Proposal	Policy Goal(s)	Benefits	Challenges
<p>Insurers must accept a timely customer binder payment if it's at least 95% of the 1st month's premium for purposes of effectuating coverage.</p>	<ul style="list-style-type: none"> Ensure Pennsylvanians have access to continuous quality health care 	<ul style="list-style-type: none"> Ensures customers can have their coverage effectuated regardless of a very small short payment, likely due to minor administrative error 	<ul style="list-style-type: none"> May differ from current insurer practices.

Thresholds are currently permissible, but not required.

Question for Feedback: Do insurers currently have a 95% threshold policy for binder payments? What are the operational implications of implementing a threshold policy?

Proposed PY22 Binder Payment Policy

Next Steps

Policy Proposal Process:

- Feedback sought from variety of stakeholders – due by March 22nd
- Staff will review feedback and prepare recommendations for Board
- Board will review and approve policy – March 25th

We want to hear from you!

Share your feedback via webform



System Tips



Daily Summary of Customer Notices

- The notice is triggered when at least one customer notice has been triggered in the previous day.
- The notice is found in the inbox of the agent.

The screenshot displays an email interface. On the left, there is a sidebar with a 'Back to Dashboard' link, a search bar, and a 'Folders' section containing 'Inbox'. The main area is titled 'Notifications' and shows '138 Items in Inbox; 133 unread'. A 'Back to inbox' button is present. The email subject is 'Book of Business Notice Summary'. The sender is 'noreply@pennie.com', the recipient is 'John', and it was sent on 'Mar 01, 2021 02:00am'. The email content includes the Pennie logo, a greeting 'Dear John', a summary of notices received on February 28, 2021, and contact information for Teresa. A list of notices follows, with the first one being a reminder to submit documentation for Pennie coverage.

Back to Dashboard

Notifications

138 Items in Inbox; 133 unread

Back to inbox

Book of Business Notice Summary

From: noreply@pennie.com

To: John

Sent: Mar 01, 2021 02:00am

1 of 1

pennie connecting Pennsylvanians to health coverage

Dear John

1 customer(s) have received one or more notices on February 28, 2021.

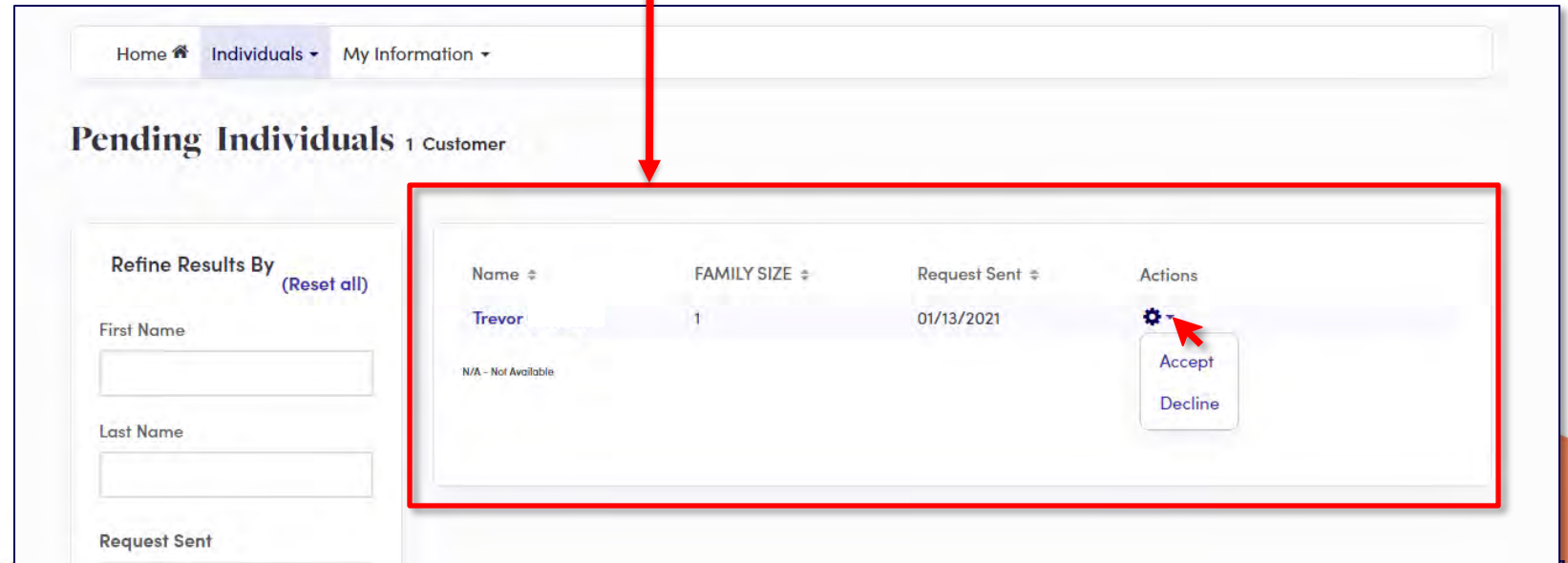
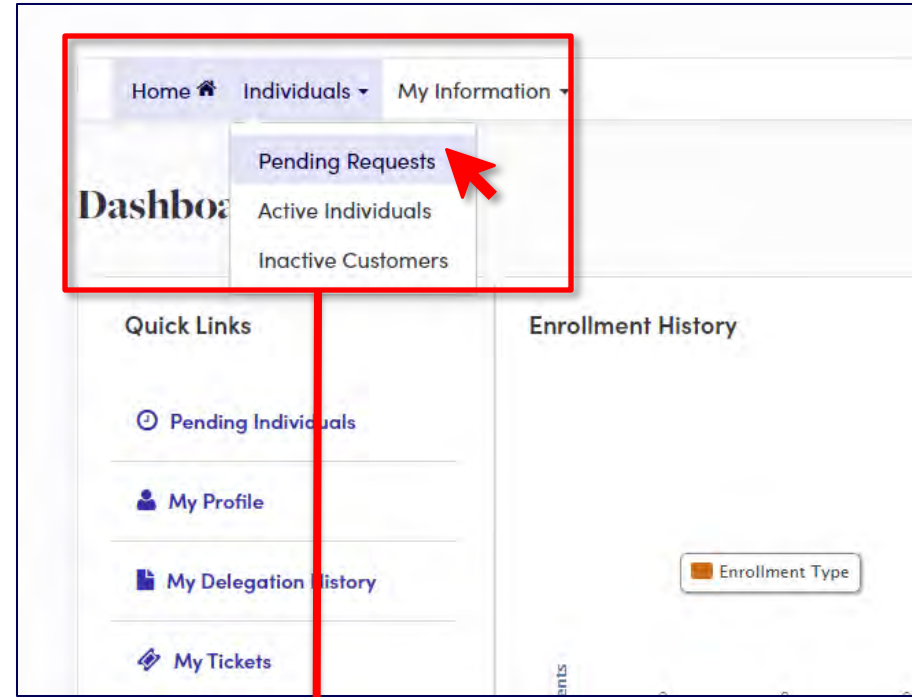
Notice Summary

Teresa
Phone: 724-710-
Email: orum@winc
m Rd Waynesburg, PA 15370

1. Reminder: You must submit documentation to keep your Pennie coverage

Accepting Customer Delegations

- On the Agent homepage, under the “Individuals” tab, select “Pending Requests”
- If any requests are pending, they will show here.
- Then select the drop-down, and either accept, or decline the delegation. This completes the process and you will be able to work on behalf of your client through your agent portal





Additional Resources



DATA MATCHING ISSUES (DMI)

What are Data Matching Issues/Inconsistencies?

- When a customer applies for health coverage through Pennie, Pennie is required by federal law to verify the information provided in their application.
- Most of this information is immediately verified by Pennie, in some cases though, the information provided does not match the information stored in Pennie's verified data sources.
- These types of situations are called data matching issues or data matching inconsistencies (DMI).
- Examples of DMI or inconsistencies, include:
 - Projected Annual Household Income
 - Citizenship/Immigration Status
 - American Indian/Alaska Native Status
 - No eligibility for other Minimum Essential Coverage (MEC)

How do you know if you have a Data Matching Issue(s)?

- Pennie will inform you of any data matching issues in the Eligibility Notice you receive after you submit your application. This notice will let you know that you need to verify information on your application.
- You can also view any data matching issues in your online Pennie account.

What documents should you submit to resolve a Data Matching Issue?

Here you will find a complete list of documents that can help verify the information you provided in your application.

NOTE: If you need additional assistance, please reach out to a Pennie Customer Service member at: 1-844-844-8040 or TTY: 711.

What information do you need to verify?

- [Household Income](#)
- [Immigration Status](#)
- [Citizenship](#)
- [Social Security Number \(SSN\)](#)
- [No Minimal Essential Coverage](#)
- [American Indian or Alaska Native Status](#)
- [Other](#)

Continued next page

How do I submit documents?

The fastest option is to upload documents online.

- Log in to your Pennie account on www.pennie.com by clicking on "Log in" at the top of the page.
- Once you're logged in, you will see an 'upload documents' link on your Dashboard. Click this link and view any data matching issues (called "inconsistencies") under the Application Verification tab and follow the steps on the page to upload documentation.
- After you submit your documentation, Pennie will review it. Once the review is complete, the information provided is sufficient. Please check back often for updates on the status of your application. Additional steps may be required.

OR

Mail a copy of the documents to the address below

- Make sure to write your name and Application ID on all your documents. You should keep the original documents.
- Include the notice's cover sheet with the back of the documents.
- Send a copy of the documents to:

Pennie Customer Service
P.O. Box 2008
Birmingham, AL 35203

Get Help

Applications can sometimes seem confusing or complex. If you need help understanding which documents to submit, or understanding which documents to submit, there are many resources available for you to get help.

- To speak with a Customer Service Representative, call 1-844-844-7111 or TTY 711
- To find an assister or broker ready to help you, visit <https://enroll.pennie.com/hix/broker/search>

Conti

Proof of Household Income

Do you receive...

Then, send us one of the following documents:

Income from a job

- **Paycheck stubs** showing employee information, pay date or pay period, and gross amount of pay, for the 4 weeks prior to the date listed on your notice.
- **1040 federal or state tax return** from the previous year if representative of attested income.
- **Wages and tax statement** (W-2 and/or 1099, including 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099SS, 1099NT) showing first/last name, income amount, year, and employer name (if applicable).
- **A signed earning statement from your employer** showing first/last name, company contact information and gross pay information, signed by the employer and dated.

NOTE: If you are seasonally employed, any of the proofs above should include information about the duration of your employment.

Self-Employment Income

- **Self-Employment ledger documentation** showing first/last name, company name, and income amount. If you're submitting a self-employment ledger, include the dates covered by the ledger, and the net income from profit/loss (can be a Schedule C, the most recent quarterly or year-to-date profit and loss statement, or a self-employment ledger).
- **1040 SE with Schedule C, F, or SE** (for self-employment income)
- **1065 Schedule K1 with Schedule E**
- **Tax return**
- **Bookkeeping records**
- **Receipts** for all allowable expenses
- **Signed time sheets and receipt of payroll**, if you have employees
- **Most recent quarterly or year-to-date profit and loss statement**

Social Security Disability or Retirement Benefits

- **Award letter/certificate dated within the last year**
- **Annual benefit statement**
- **Correspondence from the Social Security Administration with your award status (denied, award amount, still pending)**

PA Unemployment Benefits

- **Award Letter/Certificate**
- **Monthly benefits statement from the PA Department of Labor**
- **Copy of Direct Payment Card with statement**
- **Letter from the PA Department of Labor with reason for denial**

Rental Income

- **Rent checks or rental payment receipts**
- **Current lease**
- **Signed letter from tenant with monthly rent amount**
- **Filed tax return if representative of attested rental income**

Continued next page



Quick Reference Sheets

SEP Quick Reference Sheet agency.pennie.com/brokers

Learn About Pennie's Special Enrollment Periods (SEP)

Customers can enroll in coverage through Pennie if they experience a **Qualifying Life Event (QLE)** and enter a Special Enrollment Period. Customers who are eligible can enroll in a Special Enrollment Period up until the next Open Enrollment Period in November.

Pennie has two broad categories for SEPs:

- 1) For customers already enrolled in Qualified Health Plan coverage and experience a change in circumstance, and
- 2) For individuals not currently enrolled in coverage through Pennie but are looking for health insurance

The following QLEs apply to those not yet enrolled in Qualified Health Plan coverage and are eligible for a SEP through Pennie:

- Loss of Minimum Essential Coverage (MEC)
- Birth/adoption
- Marriage
- Permanent move
- Newly eligible for Advanced Premium Tax Credit (APTC) due to a reduction in income
- Change in employer coverage with gain in eligibility for APTC
- Gain lawfully present status
- Newly eligible due to release from incarceration
- Gain eligibility for HRA or QSEHRA
- Exceptional Circumstances
- Survivor of domestic abuse/Spousal abandonment
- American Indian/Alaska Native status

The following QLEs apply to those already enrolled in QHP coverage and are eligible for an SEP through Pennie:

- Birth
- Adoption
- Gain a court-appointed dependent
- Newly eligible/ineligible for APTC/CSR
- Move within PA
- American Indian/Alaskan Native (AI/AN) status
- Error caused by Pennie, Insurer, Broker, or Assister
- Death of subscriber or dependent
- Divorce

To view the full list of QLEs and for more information visit [Pennie's SEP quick reference chart!](#)

Customers entering a Special Enrollment Period can apply and shop at [pennie.com](#) and through the process, select their qualifying life event and provide the necessary verification documents. Once approved, customers have 60 days to enroll in the best plan for them and their families.

For more information on Special Enrollment Periods at Pennie, visit [pennie.com!](#)

Customer Call Center Line – 1-844-844-8040

Pennie Broker/Assister Call Center Line – 1-844-844-4440.

Quick Reference Sheets

DMI Quick Reference Sheet agency.pennie.com/brokers

Learn About Data Matching Issues/Inconsistencies (DMI) at Pennie

When Pennie cannot verify customers information, a DMI is opened, and the customer receives 'conditional' eligibility to enroll in coverage through Pennie.

Pennie's most common eligibility DMIs include:

Those who are verifying citizenship and have gone through the naturalization process, often U.S Social Security Administration (SSA) and Systematic Alien Verification for Entitlements (SAVE).

Common income DMIs include change in job or hours, change in household composition and if IRS data is up to two years old.

There are two main reasons a client might get a DMI:

The first reason is that the data may not be available through the federal data hub to verify attestations for some applicants. Example of this includes:

- Applicants who haven't filed taxes in past years
- Individuals who become U.S. citizens after completing the naturalization process
- Recent graduates new to the workforce

The second reason is that information in the hub may not be "reasonably compatible" with an applicant's attestations in situations. Example of this includes:

- Changes in employment
- Changes in household composition

Below are a few examples of documents customers can submit to resolve their DMIs:

Change of Address within PA

- Copy of lease and record of most recent rent payment
- Mortgage deed showing primary residence

An Immigrant Non-Citizen or a Non-Immigrant Visa Holder

- I-551 resident alien card (green card)
- Temporary I-551 resident alien card (temporary green card)
- I-766 employment authorization card
- Proof of current visa status (for example, a stamp in your passport, or an approval letter from United States Citizenship and Immigration Services (USCIS))

Income

- Paycheck stubs
- 1040 federal or state tax return from previous year
- Wages and tax statements
- Monthly Benefit Statements
- W-2 form

To view the full list of DMIs and for more information visit the [Data Matching Issues Resolution Guide](#).

For more information on DMIs at Pennie, visit [agency.pennie.com](#)!

Customer Call Center Line – 1-844-844-8040

Pennie Broker/Assister Call Center Line – 1-844-844-4440



Questions for Pennie



Don't forget to take our [4-question Stakeholder Feedback Survey](#)

Questions, Comments, Suggestions always welcome through the

[Pennie Stakeholder Web Portal](#)

pennie

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Appendix:

**Producer Commissions Policy Stakeholder
Feedback**

PY22 Plan Certification Policy – Approved by Board
Section II. Requirements for Plan Certification

II.b. Producer Commissions

Applicability: insurers who pay commissions; 2022 plans sold through Pennie

Stakeholder Feedback: None specific

Staff Recommendations: No changes

Advanced Notice of Commissions 45 days in advance of OEP

Stakeholder Feedback:

- Broad producer/assister support (some requested 60 or 90 days, if possible);
- 4 of 6 insurers supported – some concern about timing being in advance of public rate release by PID, request for 30 days instead of 45 days. One insurer concerned about pending federal guidance around Dec 2020 law regarding disclosure of broker commissions and requested postponement of Pennie policy until 2023 PY.

Staff Recommendations:

- Modify to 30 days in advance of OEP
- Timing of federal guidance on a consumer-focused commission disclosure is unknown and may not address PA-specific needs.

(continued...)

PY22 Plan Certification Policy – Approved by Board
Section II. Requirements for Plan Certification

II.b. Producer Commissions

(continued...)

No Changes prior to End of OEP unless extenuating circumstances

Stakeholder Feedback:

- Broad support from producers and assisters; “The agreed commission schedule should be for the full calendar year, regardless of what’s going on throughout the year. ”
- 5 of 6 insurers supported; support flexibility particularly late rate approval
 - One insurer broadly opposed any policy on commissions that restricted flexibility, no feedback on individual provisions
- One insurer requested considering “sudden poor claims experience that upends actuarial assumptions” as an extenuating circumstance

Staff Recommendations:

- No changes

PY22 Plan Certification Policy – Approved by Board
Section II. Requirements for Plan Certification

II.b. Producer Commissions

(continued...)

Ability to Make Changes After OEP, if...

Stakeholder Feedback:

- One insurer opposed stating: “The broker-insurer relationship is a business arrangement that exists primarily outside of the exchange. By creating different set of rules for the on-exchange market you are inserting unnecessary complexity into these business arrangements”

Staff Recommendations: No changes

...Never less than OEP commissions

Stakeholder Feedback:

- Majority support from producers and assisters; 4 of 6 insurers support;
- One insurer expressed concern that since “broker commissions are categorized as 'administrative costs' for purposes of MLR calculation...this policy prevents insurer from reducing administrative costs during the plan year.”
- One issuer expressed concern asserting that “industry data suggests that SEP enrollees have measurably higher medical costs than your average OEP enrollee.” Therefore, “preventing insurers from decreasing commissions[is] artificially keeping the total cost of health care coverage high.”

Staff Recommendations: No changes

- Pennie's overarching goal is to connect customers to coverage, whenever they are eligible and in need of it. Maintaining enrollment incentives outside of open enrollment is in service to this goal.

PY22 Plan Certification Policy – Approved by Board
Section II. Requirements for Plan Certification

II.b. Producer Commissions

(continued...)

...Increased at any time

Stakeholder Feedback:

- Broad producer/assister support; 4 of 6 insurers support;
- One insurer expressed concern about the rationale for different notice requirements for increase vs decrease.

Staff Recommendations: No changes

- The reason for advanced notice of decreases and not increases is due to the current market issue where commissions are being decreased with no advanced notice, including for enrollments that a producer has already submitted. No such issue exists for increases and therefore, in the interest of providing maximum flexibility to insurers, no advanced notice required.

...Decreased with 30 days advanced notice

Stakeholder Feedback:

- Majority producer/assister support; one producer noted that while it may be “confusing up & down but [the policy is] fair as defined”
- 4 of 6 insurers support;
- One insured expressed their concerns as follows: They “support the flexibility to decrease, or increase, broker commissions during the plan year. However, [the insurer] believes insurers should have the flexibility to decrease commissions below the OEP levels during the plan year.”

Staff Recommendations: No changes

- The goal is to balance the producer’s need for predictability and stability, with the insurer’s need for flexibility.