



\*\*this meeting will be recorded for the purpose of taking minutes\*\*



# Pennie Board of Directors Meeting

April 15, 2021

# Agenda

- Preliminary Matters
- Action/Discussion Items by the Board
  - Q1 2021 Financial Statement Review
  - Updates on Pennie and the American Rescue Plan
  - 2021 Strategic Improvement Opportunities
  - Binder Payment Policy
- Adjournment



# Q1 2021 Financial Statement Review



# 2021 Q1 Financial Overview

Revenue	Q1
User Fees Billed	\$17,518,186
Treasury Interest	\$664.03
Federal Reimbursements Received	\$2,379,875
<b>Total Revenue</b>	<b>\$19,898,725</b>

Expenses	Q1
Personnel	\$1,276,050
Operations	\$8,097,835
<b>Total Expenses</b>	<b>\$9,373,885</b>
<b>Net Income</b>	<b>\$10,524,840</b>

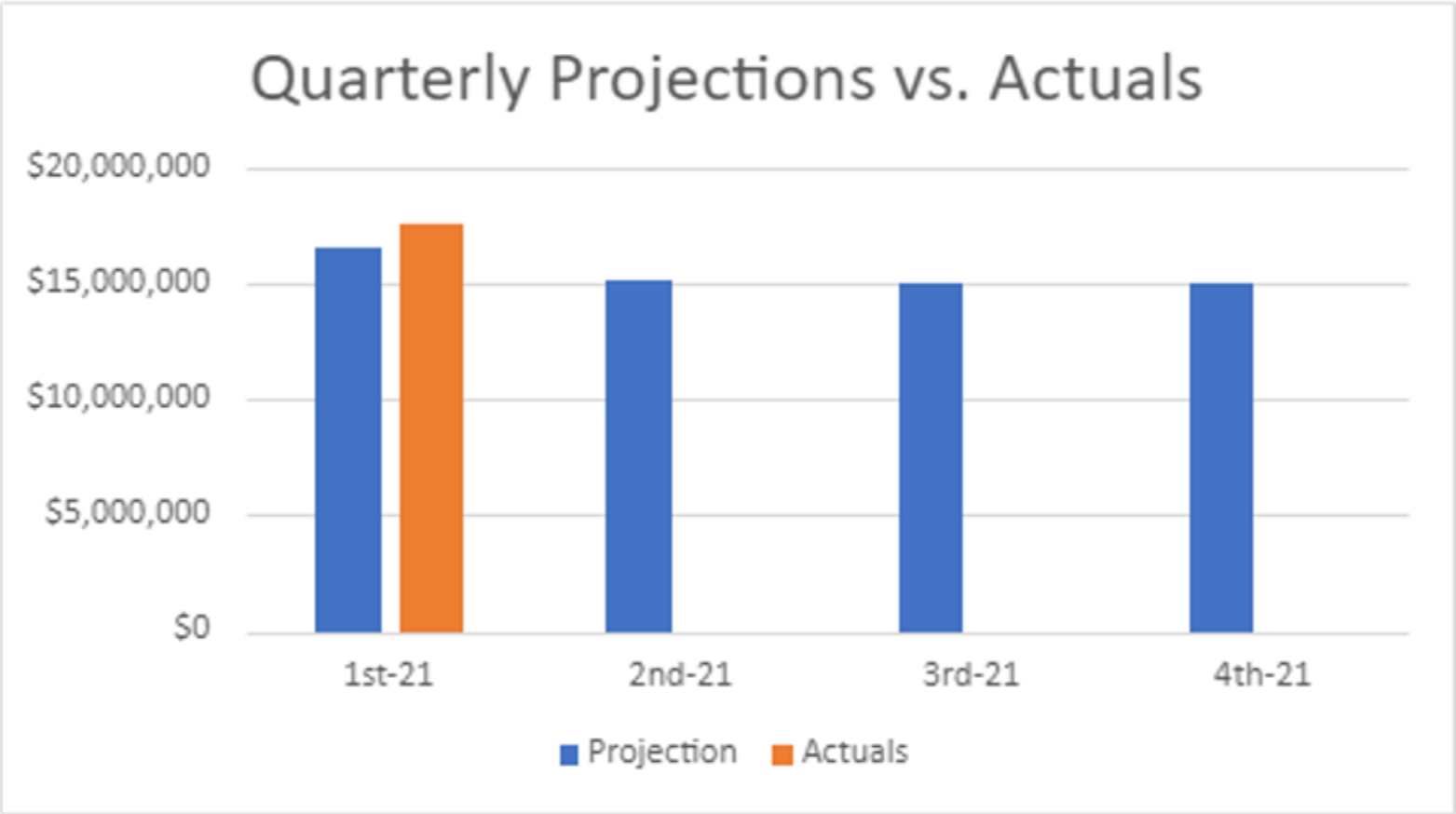
## 2021 Q1 Budget Overview

		Budgeted	Actual	\$ Variance
Q1 Totals	Personnel	\$1,495,269	\$1,276,050	\$219,219
	Operations	\$8,339,732	\$8,097,835	\$241,897
	Total	\$9,835,001	\$9,373,885	\$461,116

## 2021 Q1 User Fee Revenue Overview

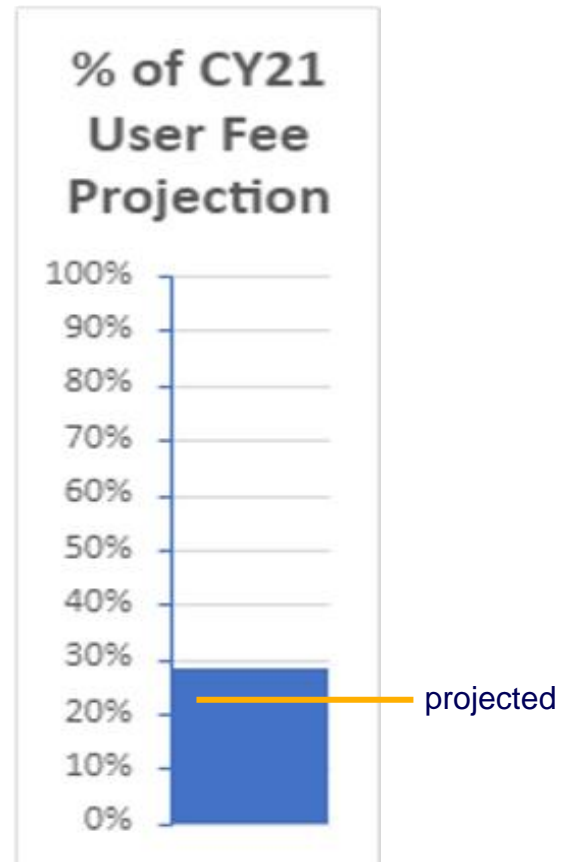
Month	Projection	Actual	\$ Variance	% Variance
January	\$5,513,232	\$4,626,261	-\$886,970	-16%
February	\$5,524,485	\$7,066,92	\$1,542,507	28%
March	\$5,509,408	\$5,824,931	\$315,523	6%
Total	\$16,767,560	\$17,518,186	\$971,061	6%

# 2021 Q1 User Fee Revenue Overview Cont.





# 2021 Q1 User Fee Revenue Overview Cont.



Quarters	CY21 Projected User Fee Revenue	Actual User Fee Revenue
1st	\$16,547,125	\$17,518,186
2nd	\$15,186,323	TBD
3rd	\$15,006,466	TBD
4th	\$15,027,646	TBD
Total	\$61,767,560	\$17,518,186



# Cognosante Presentation

## *Assister Impact*

Karen Gage, Senior Vice President, Cognosante

# Cognosante Assister Services Contract

- Base Contract Term: 8/7/2020 – 8/6/2022 with 3 one-year options
- Base Contract Small Business Commitment: 15% to SDB and 3% to VBE
- Partners and their roles based on original RFP requirements:
  - Subcontractor Agreements Cognosante
  - Assister Exchange Accounts/Profiles PACHC and Latino Connection
  - Assister Training Materials Luminous Strategies and Cognosante
  - Make Trainings Available(LMS) Cognosante
  - Open Enrollment Campaign PACHC and Latino Connection
  - Complete System Training PACHC and Latino Connection
  - Outreach and Education Efforts PACHC and Latino Connection
  - Program Reporting Cognosante and DynaVet
- Added funded requirements:
  - Additional 20 Assisters PACHC and Latino Connection
  - Pennie Ambassadors/Giveaways PACHC, Latino Connection and Cognosante
  - Enhanced Outreach Events Latino Connection

# Cognosante Team Contract Spend by Partner

Enhanced Outreach Services (Jan-Sep 2021)	Cognosante 14.5%	PACHC 0%	Latino Connection 85.5%	DynaVet 0%	Luminous Strategies 0%
Pennie Ambassadors (Oct 2020-Jan 2021)	Cognosante 17.9%	PACHC 48.2%	Latino Connection 11.9%	DynaVet 2.3%	Luminous Strategies 0%
Additional Assisters (Year 1)	Cognosante 19.5%	PACHC 60.0%	Latino Connection 17.5%	DynaVet 3.0%	Luminous Strategies 0%
Base Contract (Year 1)	Cognosante 35.9%	PACHC 43.4%	Latino Connection 7.5%	DynaVet 3.0%	Luminous Strategies 7.5%
Totals	Cognosante 28.7%	PACHC 42.1%	Latino Connection 17.0%	DynaVet 2.6%	Luminous Strategies 4.6%

*Note: 5% of the funding provided was used for the purchase of giveaways and is not reflected in the percentages.*

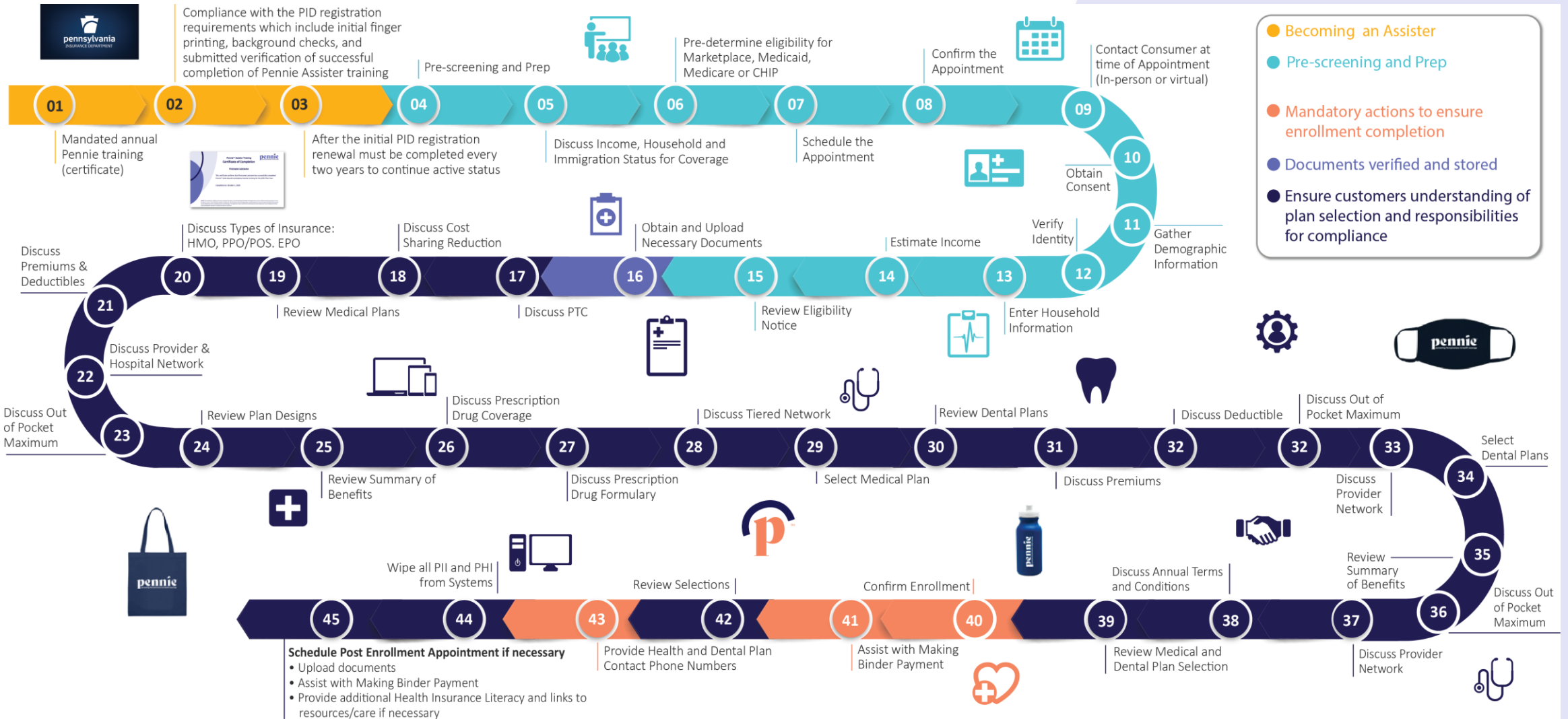
# Who are Assisters?

- Employees of health centers or community-based organizations dedicated to facilitating consumer enrollment in Pennie or other health programs such as Medicaid and CHIP.
- Many Pennie Assisters are bilingual and provide assistance in over 20 languages
- Serve all customers, including existing patients as well as those under-served in the current health insurance market.
- Provide unbiased, free assistance to help customers make the best and most informed decisions regarding their personal health insurance needs.



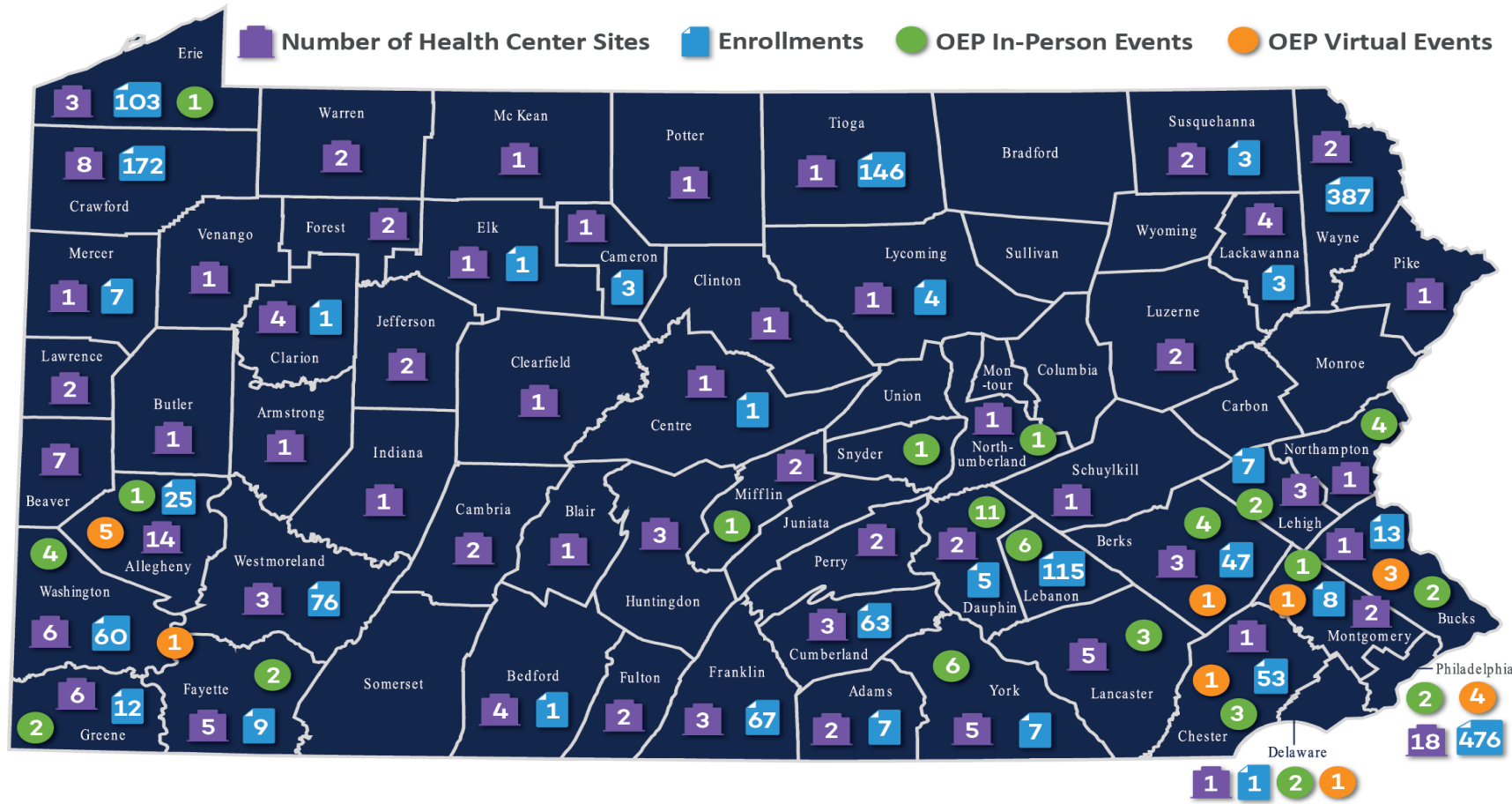


# Pennie Assister Enrollment Lifecycle



# Assister Impact on Pennie Open Enrollment Period

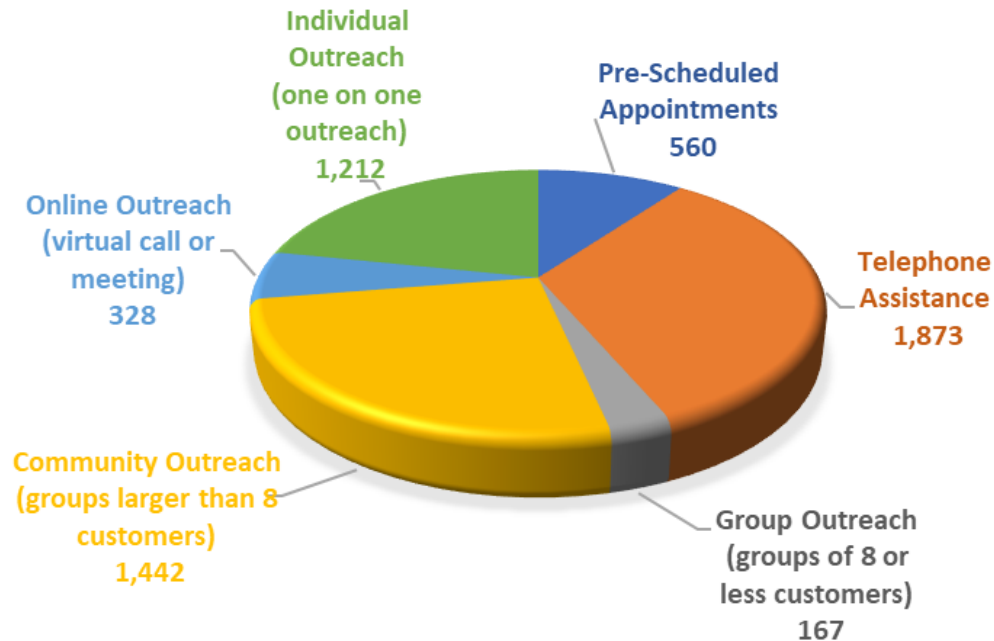
- A total of 82 in-person and virtual events were conducted during OEP
- Our community health center partners have 156 sites across the Commonwealth where they provide support and assistance
- The PACHC hotline handled 440 Pennie related phone calls and 1,907 appointment requests



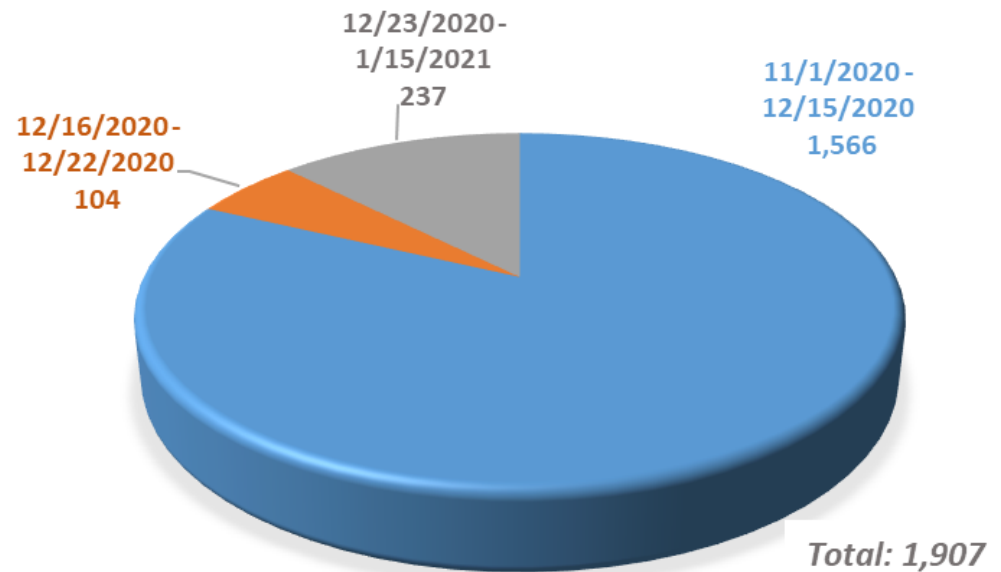
# Assister Impact on Pennie Open Enrollment Period

- More than 5,600 different contacts were made during OEP by Assisters and Ambassadors

Outreach by Method of Contact



Pennie Assister Appointment Requests Grouped by Time Period





# Assisters Offer A Perspective in Their Own Words

- *The entire Pennie enrollment was very simple and self explanatory.*
- *This was the first year and with Pennie listening to assisters at the beginning of processes instead of at the end, this system and marketplace can be improved to help those who need it the most.*
- *I felt the transition was all right. I felt that the knowledge on the site beforehand was marginal, ...I knew that there would be some bumps in the road if you will just as the first year of the Healthcare.gov so I went into open enrollment just like that.*
- *Applicants continue to voice the fact that they could not apply without assister help.*

# Post OEP

- Applying lessons learned and feedback to improve processes, data collection, and training.
- Health centers are seeing an influx of people that have never used their services before due to COVID vaccinations providing more opportunities to ask about Pennie.
- With the weather getting warmer and more and more people getting vaccinated, people are coming out more—seeing more attendance at in-person events.
- Assistors are receiving calls from individuals they helped with enrollment during OEP, asking questions about ARP and the Healthcare.gov advertisements they are seeing and hearing about on the local news.
- Averaging 25-30 appointment requests per week which is higher than expected during SEP, but manageable.
- There are currently 69 enrollment and outreach events scheduled between March and August.

# Post OEP – American Rescue Plan

- Adding 15-20 Assistors to the network through August, approximately a 17% increase!
  - Assistors will be an expansion to the Pennsylvania Association of Community Health Center network and will be predominantly located in the greater Philadelphia area
- Incorporating Pennie as a partner in 100 vaccination clinics across the Commonwealth



# Pennie & the American Rescue Plan

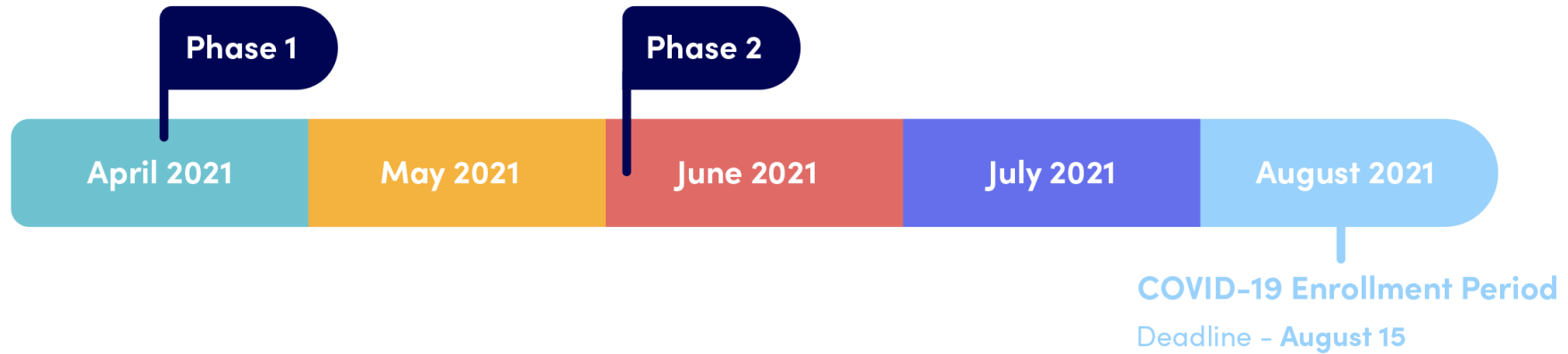
April 2021

# Review of Pennie's American Rescue Plan Policy Goals

*to be revisited if significant matters arise based on stakeholder discussions or actual events*

- Implement ARP provisions as soon as possible, and as broadly as possible, to maximize savings for Pennie customers
- Automate these provisions, to the extent possible, to ensure that the benefits under the new law reach Pennie customers without requiring customer action
- Ensure that customers who need to take an action are given specific instructions on what they need to do to maximize their benefits
- Use this unique opportunity to connect more Pennsylvanians to comprehensive coverage and reduce the number of uninsured throughout the Commonwealth

# Timeline Review



**Phase 1** - Updates to the online Pennie application allowing customers, including those eligible for unemployment compensation, to access the enhanced subsidies

**Phase 2** – Eligibility redeterminations for current customers to automatically update their plans with enhanced subsidies.

April 2021

# Phase 1 Implementation Updates

## Call Center

- Daily morning huddle ARP trainings in place for 30 minutes prior to the start of the 3 primary CSR shifts (8:00, 10:00 & 11:00 am) since Fri., 3/12. LMS training/self-study intra-day requirement implemented
- Initial CSR training based on preliminary ARP talking points & FAQs to respond to customer, broker & assister general inquiries. Pennie CC team polling CSRs for FAQs from customers daily
- Updated & more detailed talking points/FAQs & job aids provided to CC 4/8 - 4/13. Same morning huddle training approach, LMS self-study, certification. Trend reporting on customer FAQs shared internally
- Alignment with marketing/communications on customer messaging timeline / CSR awareness & staffing
- Additional CSRs being added to current headcount to support call volume increase 4/15 - 8/15

## Technology

- Scope (FPL Percentage Adjustments, Removal of 400% Cap, Unemployment Income Attestation and 138% FPL)
- Completed Production Prep and Pre-Prod Validation Plan
- Key important dates to share:
  - Development Complete 3/23,
  - Quality Assurance Complete 4/4
  - User Acceptance Testing Complete 4/12, and
  - Go-Live evening of 4/15

# Phase 1 Implementation Updates Cont.

## Insurer Coordination

- Continuing regular discussions with insurers in all insurer meetings and one-on-ones
- Customer Service / Communications – provided insurers with talking points, Pennie customer communications, template language for insurers to use for current Pennie and current off exchange customers, co-branding graphics, etc.
- Customer Invoicing – no change; customers can update income at any time, new APTC automatically applied to current enrollment effective 1<sup>st</sup> of following month
- EDI – no change; ARP implementation leverages current EDI transactions for updating APTC
- Regular policy discussions and updates

## Broker & Assister

- Brokers and assisters provided with updated ARP talking points and digital tools to aid customers
- Since February 15th, 2021:
  - Brokers have enrolled 6,981 as of 4/9, 4,035 using the COVID Enrollment Period
  - Assisters have enrolled 311 as of 4/9, 226 using the COVID Enrollment Period
  - Five Assister Enrollment Events
  - Six Pennie Ambassador Outreach Events
  - Assister Lunch & Learn Sessions being recorded every two weeks (published to YouTube)
  - OEW and Broker Workgroups Continue



# Phase 1 Implementation Updates Cont.

## Outreach

- County Human Service Professionals
- County Commissioners
- Pennsylvania Municipal League
- Pittsburgh City Council Members
- Philadelphia Health & Human Service Commissioners
- PA CareerLinks
- Salvation Army of Western PA & Catholic Charities of Western PA
- SACA – City of Lancaster and Lancaster City Leadership Council
- Western PA House Representatives
- PA Health Underwriters Association
- Engaging Hospitals & Health Centers
- Partnership with the YMCA Health Equity Tour (May 1st)
- Working with FEMA to share Pennie materials at COVID-19 Vaccination Center in Center City Philadelphia
- Coordination with L&I, DOH, CAO, Ag, and PID

## Marketing/Communications

- Media Alert deployed tomorrow morning
- Host a Press Conference and distribute a Press Release on 4/20, followed with media pitching
- Advertisement campaign begins 4/16 with creative content revised for ARP. New ARP content going into the market beginning May 1, with out-of-home starting Mid-May
- Developed Stakeholder/Partner Materials Online Toolkit that is available on [agency.pennie.com](http://agency.pennie.com) (Talking points, Job Aids, social media kit, etc.)
- Update Collateral Material with information on ARP
- Updating [pennie.com](http://pennie.com) is ready to now say “savings available now” as well as FAQs on ARP
- Distribute email campaigns with information for stakeholders/partners/current customers/new customers

# ARP Digital & Print Ads

**Uninsured?**

**Pennie gets you:**

- ✓ Peace of mind
- ✓ Financial help
- ✓ Free support



**Covered!**

Enroll now at  
**pennie.com**  
or call  
**1-844-844-8040**

**pennie**

**Nuevos ahorros ahora  
disponibles a través de Pennie**

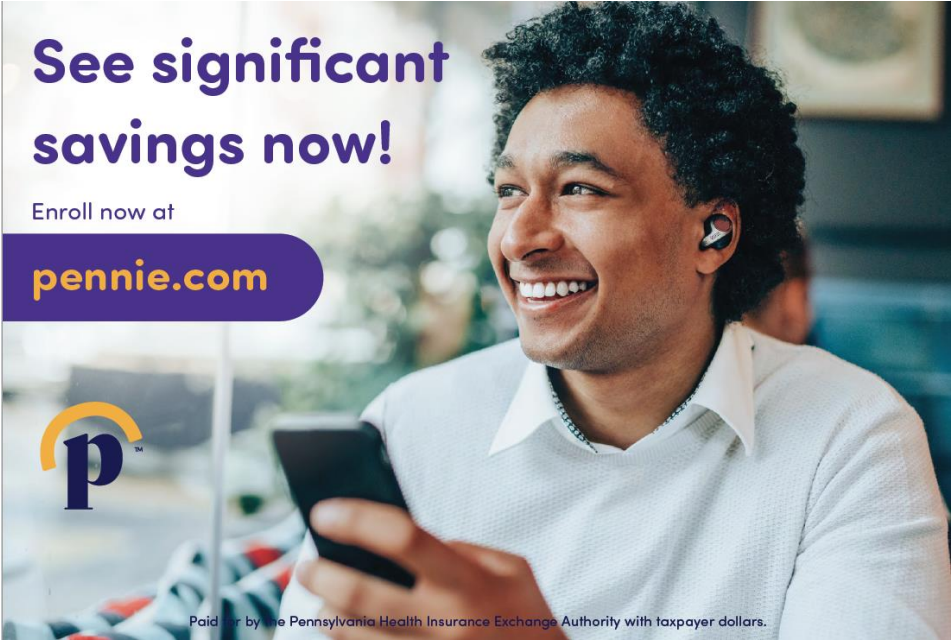


**Regístrese ya en **pennie.com****

\*Pagado por la Autoridad de Intercambio de Seguros de Salud de Pensilvania con dólares de los contribuyentes.

**See significant  
savings now!**

Enroll now at  
**pennie.com**



Paid for by the Pennsylvania Health Insurance Exchange Authority with taxpayer dollars.

**New savings available  
for 2021 health coverage.**

**Enroll at **pennie.com** or call 1-844-844-8040**



April 2021

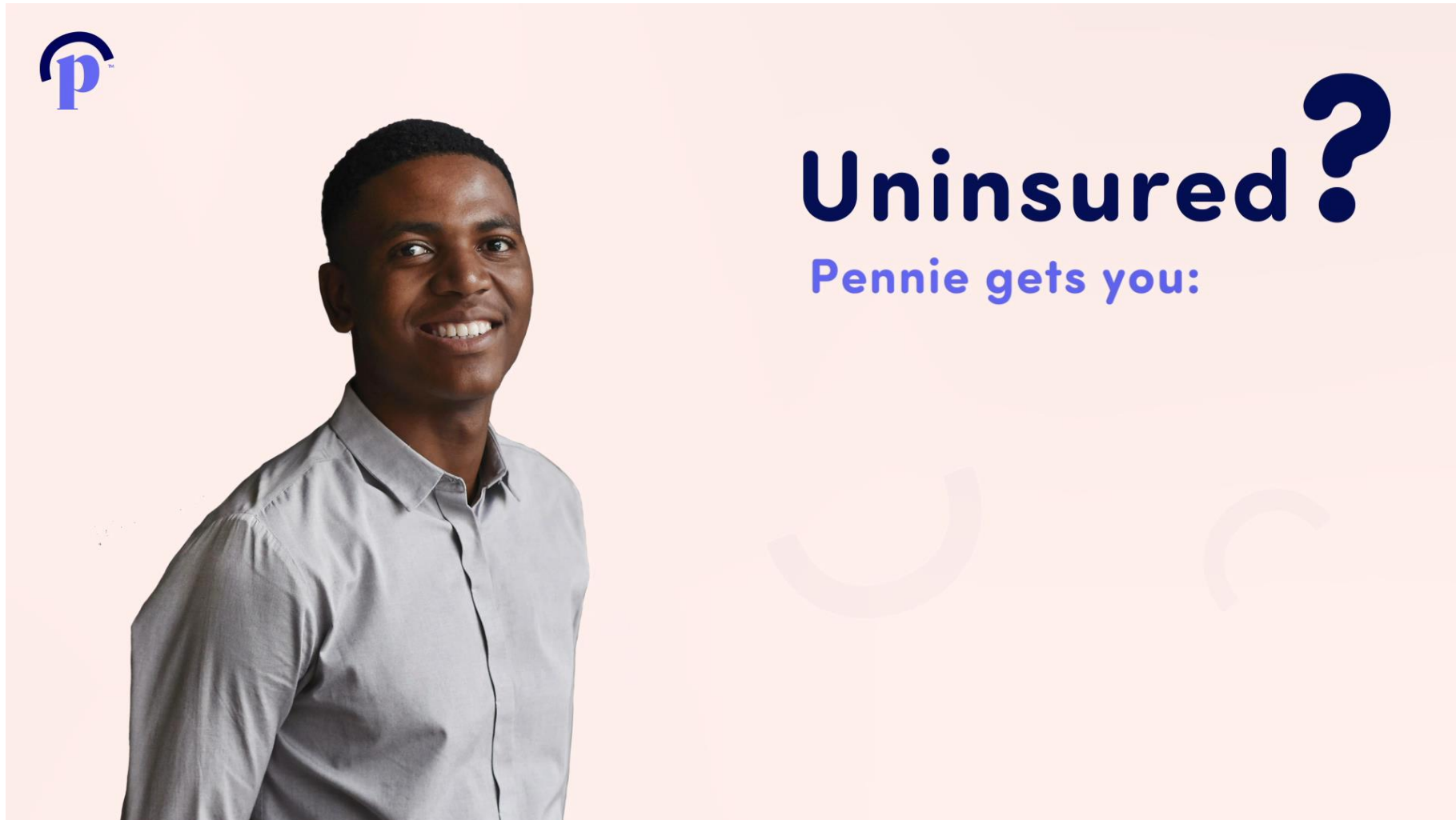
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# Updated COVID-19 Enrollment TV

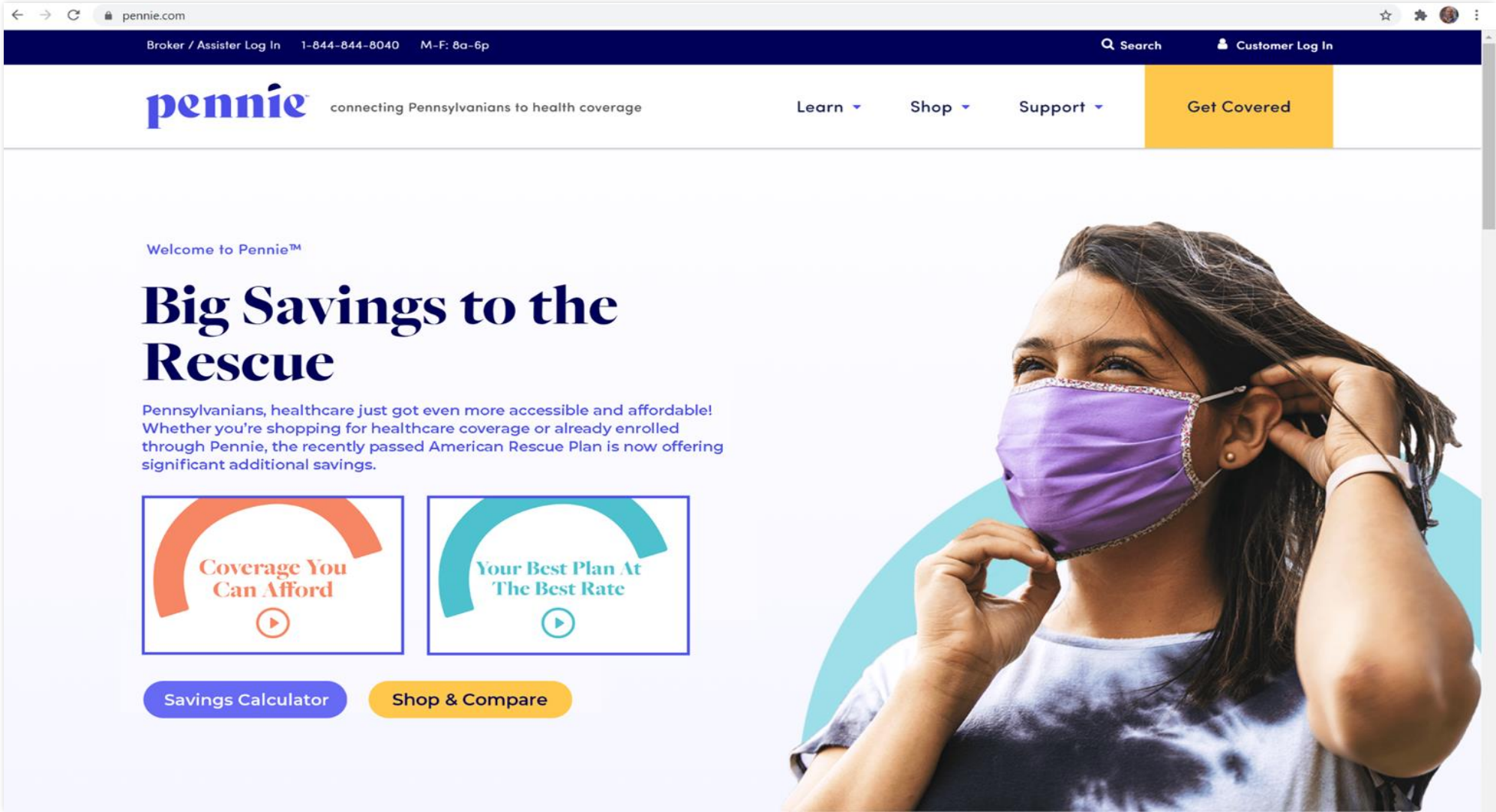




# Social Media Animation



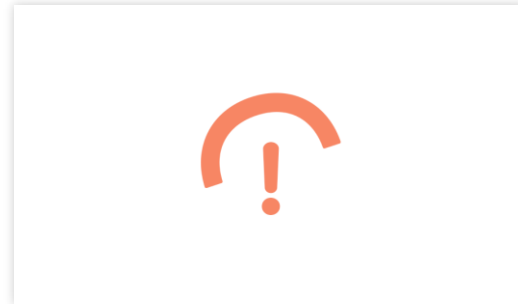
# Website Explainer Videos



# Website Explainer Videos



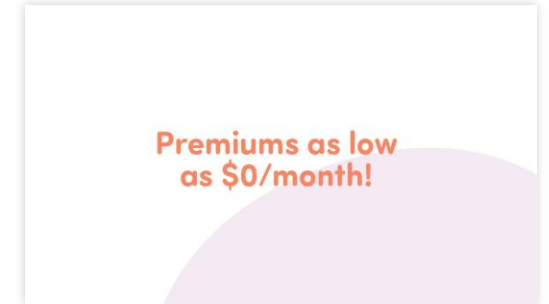
**VO:** Are you thinking healthcare coverage is expensive ... unnecessary ... out of reach?



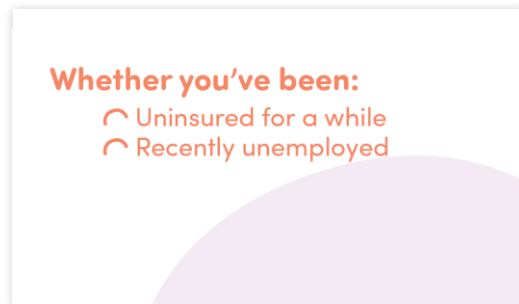
**VO:** Right now, it doesn't have to be.



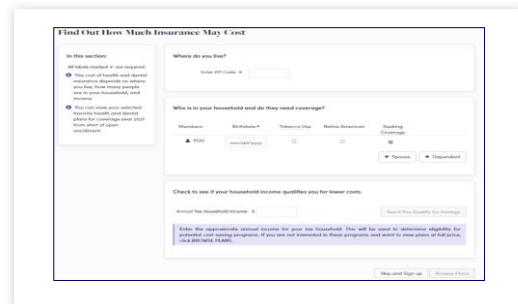
**VO:** Because of the recently passed American Rescue Plan, Pennsylvanians like you may be eligible for significant additional savings on healthcare, ...



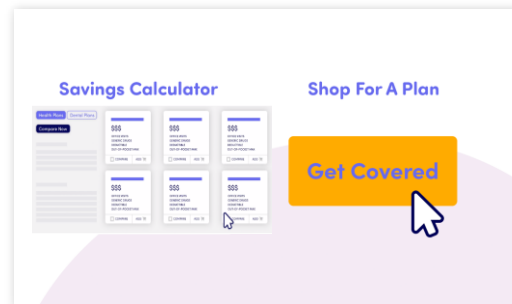
**VO:** ... with premiums as low as \$0. And that's something you CAN afford.



**VO:** Whether you've been uninsured for a while or recently unemployed, it's worth taking a look at the affordable coverage options ONLY available through Pennie.



**VO:** To get started, check out the Pennie savings calculator. Just add some basic information to see how much you can save.



**VO:** Or start shopping for a plan instantly.



**VO:** Either way ... Pennie gets you covered.

# Phase 2 Implementation Updates

## Call Center

- Building off the CSR ARP knowledge base obtained in 5 weeks of training prep prior to 4/16 Phase 1 launch, the Contact Center will benefit from live, use case examples having taken ARP calls and addressing customer FAQs post 4/16 as a lead up in prep for Phase 2 implementation in early June.
- Monitoring daily call trends specific to ARP, which will include customer, broker & assister FAQs, will enable the CC to refine & develop further expertise as the need to answer customer FAQs becomes more varied & unique. Training in daily morning huddles for 30 minutes prior to the CSRs starting their designated shift will be the primary approach utilized as in Phase 1. Learning Management System (LMS) self-study approaches will still be a part of CSR multi-tasking and independent training as a resource as required or needed.
- Further alignment with Marketing/Communications timelines on Phase 2

## Technology

- Scope (Redetermination, Rebalancing, and Notification)
- Develop In-Flight with target Completion 4/31
- Key important dates to share:
  - Core Development 4/1- 4/31,
  - Quality Assurance 4/20 - 5/16,
  - User Acceptance Testing 5/17 - 5/28
  - Production Redetermination First Week In June
- Approach – The system will be inaccessible while redetermination occurs. This will allow for processes to be run with maximum efficiency and eliminate the possibility that CSR or customer record changes will interfere with redetermination logic. We estimate the duration of this exercise to be 3 to 4 days, starting towards the end of the week and running through the weekend. During this time CSRs will address customer questions with FAQ's and other job aids.

# Phase 2 Implementation Updates Cont.

## Insurer Coordination

- Customer Service / Communications –Talking points, broad messaging approaches, discussion of different communication tools and opportunities, e.g. invoice stuffers
- Inform Pennie CSRs on insurer non-pay term policies to be able to answer re-enrollment questions for previously termed customers who want to enroll again with new increased APTC
- Customer Invoicing –
  - High volume of APTC update transactions but no change to processing;
  - Goal to transmit all June 1 effective APTC updates before insurer regular invoicing begins in early June
  - EDI – no change; ARP implementation leverages current EDI transactions for updating APTC
  - Regular policy discussions and updates

## Broker and Assistors

- Educate Brokers and Assistors on strategies for assisting customers with their redetermination and ARP options
- Educate Brokers and Assistors on pathways to aid workers in transition and small business owners in their communities
- Continue Lunch & Learn Series – Relevant Topics related to the Pennie platform, policy, and service



# Phase 2 Implementation Updates Cont.

## Marketing/Communications

- Develop customer notices with American Rescue Plan information and distribute to customers
- Develop customer email campaigns
- Update and publish Pennie.com and more FAQs
  - Explainer videos will be added to the website to help customers
  - Record more podcast episodes with FAQs and interviews with experts
- Distribute another version of the Pennie newsletter will be distributed with information on the ARP

## Outreach:

- Hospitals and other providers
- Faith-based Health Centers
- LGBTQ+ Health Centers (13 in Pennsylvania)
- Black Doctors Consortium (It Takes Philly)
- PA Dept. Ag – H2A Visa Farm Workers
- PA Forward – community library education sessions
- Asian American Chamber of Commerce in Philly
- Update PennDOT Messaging for vacation & travel season – June, July, Aug 15th
- Assister & Broker Community – Lunch & Learns to help quickly remedy customer inquiries
- Continued work in Lancaster County and SE PA
- Continue our Partnership with the YMCA Health Equity Tour – Central PA & SE PA



# BREAK

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# 2021 Strategic Improvement Opportunities

April 2021

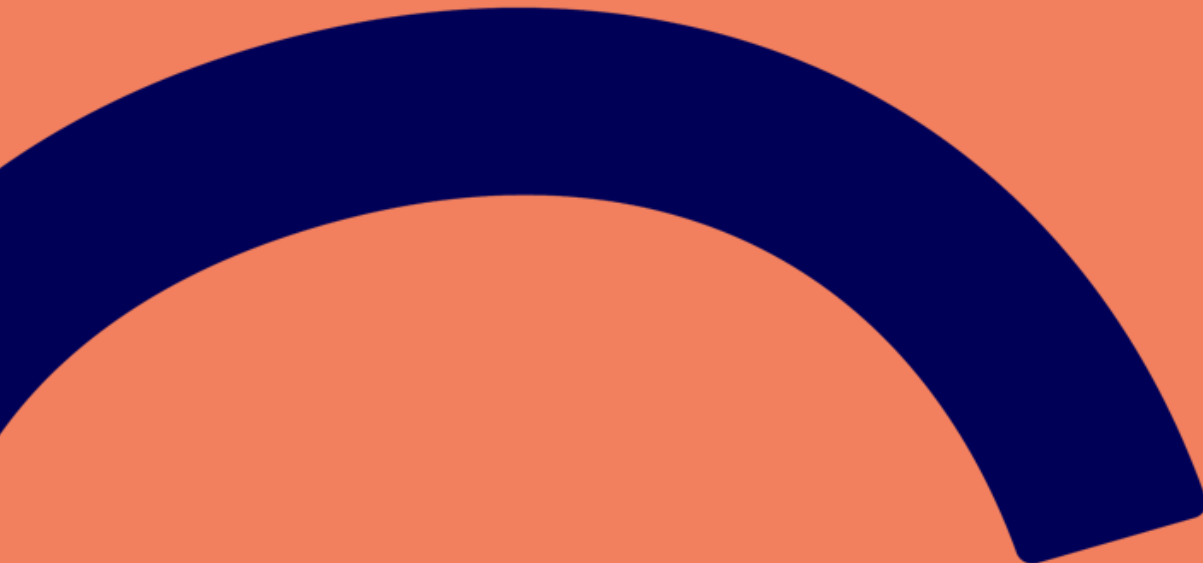
# Review of the 2021 Strategic Goals

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

# Improvement Opportunities

Short Description	Targeted Benefit(s)	Aligns With...	Sizing Estimate	Pennie Leadership's Scoring*
SSAP Spanish Translation	Increase application completion rates among Hispanic uninsured. Reputational improvement. Increased maintenance.	Increase Health Coverage with Underserved Populations	Medium	5
Regulatory/ Compliance Items	Improve information collection from customers and eligibility calculations	Implement ACA Policies; Improved Customer Service	Roadmap – No Incremental Cost	5
Reconciliation Workbench Improvements	Increase efficiency of reconciliation activities with insurers	Increase Ease of Doing Business with Pennie; Improved Customer Service, Fiscal	Roadmap	4
Carrier / Assister / Broker Test Environment	Improve process and reduce risk when stakeholders develop their technology	Increase Ease of Doing Business with Pennie	Medium	4
Broker Grant Program	Provide incentives for brokers working with underserved and uninsured customers	Increase Ease of Doing Business with Pennie; Increase Health Coverage with Underserved Populations	Medium	4
Insurer Ticketing Improvements	Improved communication between Pennie and Insurers leading to better customer experience	Improved Ease of Doing Business with Pennie; Improved Customer Service; Fiscal Responsibility	Large	3

- Scoring on a 5-point scale with 1 being the lowest, 5 being the highest
- Teal rows are improvements included on GetInsured's Roadmap

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# Proposed Binder Payment Policies for Plan Year 2022

## Proposed PY22 Binder Payment Policy

# For 2021 Plan Year, Pennie adopted HealthCare.gov 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"> <li>Ensure Pennsylvanians have access to quality health care</li> </ul>	<ul style="list-style-type: none"> <li>Ensures customers have adequate time to make payment, regardless of their access to electronic payment methods</li> <li>Continue to allow insurers to have their own binder payment policies</li> </ul>	<ul style="list-style-type: none"> <li>May differ from current insurer practices.</li> </ul>

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?

### Stakeholder Feedback:

- Unanimous support by insurers; many already comply or exceed the minimum;
- One commenter requested confirmation that 2 weeks is the minimum and insurers are free to adopt more flexible policies, if applied uniformly to similarly-situated individuals

### Staff Recommendations: Adopt, as proposed

- Confirm that two weeks is minimum and insurers can adopt longer binder payment deadline policies;
- Two weeks would be measured from the invoice date



## 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"><li>Ensure Pennsylvanians have access to continuous quality health care</li></ul>	<ul style="list-style-type: none"><li>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.</li></ul>	<ul style="list-style-type: none"><li>May differ from current insurer practices.</li></ul>

- 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?

### Stakeholder Feedback:

- Mixed feedback; supporters agreed with the policy goals and report that they experience customer confusion on this topic, and noted potential for internal insurer process simplification and reduction of administrative burdens
- Opposition driven by the significant technical lift to make a change; One insurer reports customers understand the requirement
- Clarification sought on whether this applies within the insurer's HIOS ID or across multiple insurer HIOS IDs

### Staff Recommendations: Adopt for PY23

- Applies to plan changes within the same insurer legal entity (i.e.5 digit insurer HIOS ID)
- Delay adoption until PY23 to allow additional time for implementation

### 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
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.	<ul style="list-style-type: none"> <li>Ensure Pennsylvanians have access to continuous quality health care</li> </ul>	<ul style="list-style-type: none"> <li>Prevents an undue burden on customers who are continuously covered in the same plan with no gap in coverage, simply because subscriber disenrolled.</li> <li>Death, divorce, subscriber becoming Medicare eligible are likely scenarios.</li> </ul>	<ul style="list-style-type: none"> <li>May differ from current insurer practices.</li> </ul>

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?

#### Stakeholder Feedback:

- Unanimous opposition due to operational difficulties;
- New family members are in a new policy id which triggers binder payment requirement and all other new policy activities; insurers have no way to distinguish between a new policy id due to subscriber drop and simply a new policy;
- One insurer suggested could possibly operationalize if the exchange provided a specific reason code in the EDI transactions.

#### Staff Recommendations: Withdraw

- Recommend further discussions improving customer education and awareness are aware of binder payment requirement;
- Monitor subscriber drop scenarios to better understand whether this is having an adverse impact on customers access to continuous coverage

# 4. Apply 95% Threshold to Binder Payments

Proposal	Policy Goal(s)	Benefits	Challenges
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.	<ul style="list-style-type: none"><li>Ensure Pennsylvanians have access to continuous quality health care</li></ul>	<ul style="list-style-type: none"><li>Ensures customers can have their coverage effectuated regardless of a very small short payment, likely due to minor administrative error</li></ul>	<ul style="list-style-type: none"><li>May differ from current insurer practices.</li></ul>

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?

**Stakeholder Feedback:**

- Mixed feedback; many but not all insurers already provide some sort of payment threshold;
- Most opposed due to significant technical lift to implement plus the broader impact it would have across all payments, not just binders.
- Other insurers supported different thresholds, either a fixed dollar amount of different percentages; some stated no threshold is inherently better than another

**Staff Recommendations: Adopt for PY23, with discussions in 2021 about appropriate de minimus amounts**

- In recognition of all of the competing priorities on insurer’s plate for 2021 including COVID-19 and American Rescue Plan, we recommend delaying adoption until PY23 to allow additional time for planning and implementation.

Adjourn



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