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

<u>**Date:**</u>   June 17, 2021
<u>**Time:**</u>   12:00 PM
<u>**Location:**</u>   Microsoft Teams meeting

Preliminary Matters (Jessica)
- **Call to Order**
- **Roll Call**
    - Commissioner Jessica Altman, Pennsylvania Insurance Department (Chair) **present**
    - Sheryl Kashuba, University of Pittsburgh Medical Center Health Plan (Vice Chair) **present**
    - Alison Beam, Acting Secretary, Department of Health --> **Megan Barbour as designee present**
    - Jessica Brooks, Pittsburgh Business Group on Health **present**
    - Frank Fernandez, Capital Blue Cross **present**
    - Antoinette Kraus, Pennsylvania Health Access Network **present**
    - Laval Miller-Wilson, PA Health Law Project **present**
    - Alexis Miller, Highmark **present**
    - Paula Sunshine, Independence Blue Cross **present**
    - Meg Snead, Secretary, Department of Human Services --> **Cathy Buhrig as designee present**
    - Tia Whitaker, Pennsylvania Association of Community Health Centers **present**

- **Minutes**
    - ***Motion****: To adopt the minutes of the **April 15, 2021** Meeting of the PHIEA Board of Directors.*

        - Motion: Frank Fernandez
        - Second: Laval Miller-Wilson
        - Board Decision: Unanimous (11-0)

- **The floor was opened for public comments, of which there were none.**

- **Administrative Matters**
    - Request for delegated authority to evaluate and adopt a permanent telework policy

- ***Motion****:* To delegate authority to the Executive Director to prepare and then adopt a permanent telework policy. The Executive Director shall report back at the next board meeting the status of this policy.

    - Motion: Tia Whitaker
    - Second: Alexis Miller
    - Board Decision: Unanimous (11-0)

- **Update on Pennie and the American Rescue Plan**

- o Director Sherman reviewed the ARPA timeline on where we are since last meeting and we are now on the other side of the 2 big phases - Phase 1 was in mid-April that included changes to the online application so people were able to get updated eligibility and savings and Phase 2 was implemented mid-June that related to automatically updating customer's accounts with financial savings moving forward.
    - o Technology and Call Center updates
        - ▪ Systems were taken down and brought back up with little to no issues
        - ▪ Call Center volumes were heavy once the system was brought back up but are currently getting back to a more normal volume.
    - o Insurer Coordination
        - ▪ All insurers have been able to ingest all files that were held for maintenance and are now sending acknowledgments back so the normal ebb and flow of communication between Pennie and our insurer partners has been restored and is back to normal.
        - ▪ Regarding off Exchange migration or transition, all major medical insurers are offering some form of accumulator carryover so customers are able to migrate from off-Exchange to on-Exchange to take advantage of those savings.
    - o Marketing and Communications
        - ▪ Email campaign is currently running and all talking points and factsheets are available for stakeholders at the agency site. Phase 2 emails were in alignment with the Pennie generated notices, where possible.
        - ▪ Advertising and media relations are ongoing and the YMCA Health Equity Tour is in full swing.
    - o Brokers and Assisters
        - ▪ We have distributed the talking points and factsheets that they need
        - ▪ Lunch & Learn sessions have been scheduled to better acclimate these groups on technical topics.
- o Enrollment Data Review
    - o Pre-ARP Phase I enrollment numbers compared to Phase II Post-ARP
        - ▪ Success story of partnership in government as we worked hard delivering these benefits to Pennsylvanian's by working very closely with our colleagues at L&I
        - ▪ When going through redetermination process, we were able to verify eligibility for benefits and automatically switch customers to higher level of financial assistance due to information received from L&I
    - o Enrollment Premiums - Pre & Post Phase II
        - ▪ Significant savings were realized as a result of the work on ARP Phase II and the redetermination that occurred
- o **OEP End Date**
    - o Stakeholder feedback
        - ▪ January 15th OEP End Date was the unanimous choice among insurer and majority of brokers
        - ▪ January 31st OEP End Date were supported by most, but not all insurers and only some of the brokers were in favor of this date
        - ▪ Staff Recommendation - OEP End Date be extended to January 15th each year
            - • It will be beneficial for us to be aligned with the Fed OEP end date and will drive people to the Marketplace to get coverage

- o ***Motion:*** Annually extend the Open Enrollment Period end date to January 15th. If healthcare.gov extends their OEP later than January 15th but no later than January 31st, Pennie will adopt HC.gov OEP end date for that year for coverage effective no later than February 1st.

    - o Motion: Alexis Miller
    - o Second: Antoinette Kraus
    - o Board Decision: Unanimous (11-0)

- o **Easy Enrollment**
    - o Overview and background
        - Currently being used in Maryland, it would allow PA income tax filings as an indication that coverage is needed/requested
    - o Authority to Implement
        - Majority of uninsured pay state income tax and allows them to "raise their hand" on the form giving Pennsylvanian's a clear pathway to quality affordable coverage. It would not only allow us to know who the uninsured are, it would allow Pennie to reach the uninsured in a direct and targeted way.
    - o Status of Work with Department of Revenue
        - Will need to understand data fields
        - Develop notice to inform tax filers
        - Build eligibility app and conduct outreach to those who "checked the box".
    - o Technology and Operational considerations
        - Require us to build additional customer notices or modify existing customer notices and add messaging for context the ability to indicate they were a part of this group
        - Collaboration between Pennie and DHS to be certain systems can accommodate additional volume of account transfers from Pennie to Medicaid or CHIP.
        - Need to create SEP for those who are eligible (60 day)
    - o Other Considerations: Tax Season SEP, Budget (if necessary), Stakeholder Engagement

- o **Break**

- o **Health Equity**
    - o Introduction/overview
        - Pennie has a unique opportunity to be a steward in achieving health equity across the state.
    - o NAIC/national conversation - **JA**
        - Equity - not how do we give everyone the same opportunity, but how do we give everyone the opportunity that they need so they can achieve the same outcome as everyone else.
        - PID has formed a diversity council - making significant changes to the way we think about hiring, producer licensing process to be more accessible and equitable, thinking of ways that additional systems we oversee can be more welcoming and equitable.

- Important to recognize that equity is not only about race - it's also about LGBTQIA population, individuals with disabilities, veterans, whatever difference in background that you come from.
- Special committee on race and insurance - Property & Casualty, Life & Annuity and Health Insurance
  - o PBGH/business initiatives - **JB**
    - Health Equity is a priority for PBGH as well as other Business Groups across the board
    - There is a need for more clarity and understanding and how it aligns with companies' commitment to anti-racism
    - How do we have the level of insight we need and how are health plans and others providing insights so that we can make appropriate decisions.
    - Vendor contract management and strategic partnership - what are the conversations with your health plans, chronic disease vendors, mental health vendors - how are you contracting differently to ensure equity is a priority and strategies are being developed, how are you strategically partnering with them to develop a plan collaboratively?
    - We have an opportunity to lead discussions directly with our providers as well as the community.
    - **Take Away** - data that you would like Pennie to produce - enrollment breakdown by demographics, or APTC breakdowns by demographics, etc - that would be informative to this conversation to bring to the next BOD meeting.

  - o Provider and assister perspective - **TW**
    - Discussing health equity and its role in health insurance is imbedded in the work that we do every day at Community Health Centers.
    - Having the tools necessary to serve everyone regardless of their demographics can be challenging but not impossible and health equity is achieved when every person has the opportunity to attain his or her full health potential.
    - Obtaining direct patient feedback pinpoints areas where improvement and collaboration are needed.
    - When equity is established, confidence and trust is elevated.
  - o Payer perspective
  - o Round robin on what health equity means to each BOD member
    - **Laval** - one's health should not be pre-determined or predicted by race or ethnicity or by gender, sexual orientation or social economic status. Practicing equity will be disruptive as it focuses on where needs are greatest and it acknowledges disparities and privilege.
    - **Paula** - how do we ask people to self-identify in a way that is not suspicious and we're starting to have a conversation about why and how the information is going to be used? To the extent that we could use the Pennie platform to help change the conversation and help people understand what we're trying to do would be helpful and would amplify our own voices.
    - **Tia** - zip code data is extremely helpful
    - **Alexis** - might want to talk about how to get access and prioritize to get some consolidated focus
    - **Antoinette** - how are we soliciting feedback and identifying what barriers are out there in our communities that Pennie can help

breakdown and create that equity space because we can't get to equity if we're not listening to the people we're trying to serve?

- o Discussion of Pennie's role and potential initiatives
  - ▪ The ask around data - we have zip code level data among other things, but what sort of data and how do you cut it would be helpful in next steps.
    - **Paula** - the more we know about an individual, the more we can help and how do we change the perception that that's why we're asking. How do we change the conversation so that our members understand that we have a genuine desire to help and the more we know about everybody, the more help we can be.
    - **Frank** - maybe need to have a conversation about or start to have a better sense of what we believe Pennie's role is and what are the things that fall within the scope for Pennie to impact. That could take us forward and drive's us toward a data strategy.
    - **Sheryl** - would it make sense to see if Pennie can get a seat at the table with NAIC council?

- **Adjourn (Commissioner Altman)**