Agenda

- Preliminary Matters

- Action/Discussion Items by the Board
  - Administrative Matters
  - Health Equity Update
  - 2022 Open Enrollment Planning
  - Executive Session
  - Easy Enrollment Status Update
  - Update on Pennie and the COVID-19 Enrollment Period

- Adjournment
August 2021

Preliminary Matters

- Call to Order
- Roll Call
- Approval of Previous Meeting’s Minutes
- Opportunity for Public Comment

Administrative Matters

- Pennie Telework Policy Status
- Q1 & Q2 Financial Overview
Q1 & Q2 Financial Overview
# Financial Overview Q1 – Q2

## Revenue

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>User Fees Billed</td>
<td>$17,518,186</td>
<td>$17,108,273</td>
<td>$34,626,459</td>
</tr>
<tr>
<td>Treasury Interest</td>
<td>$664</td>
<td>$2,320</td>
<td>$2,984</td>
</tr>
<tr>
<td>Federal Reimbursements Received</td>
<td>$2,294,295</td>
<td>$5,143,106</td>
<td>$7,437,401</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$19,813,145</strong></td>
<td><strong>$22,253,699</strong></td>
<td><strong>$42,066,844</strong></td>
</tr>
</tbody>
</table>

## Expenses

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
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<tbody>
<tr>
<td>Personnel</td>
<td>$1,090,191</td>
<td>$1,132,470</td>
<td>$2,222,661</td>
</tr>
<tr>
<td>Operations</td>
<td>$8,096,322</td>
<td>$12,510,350</td>
<td>$20,606,672</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$9,186,513</strong></td>
<td><strong>$13,642,820</strong></td>
<td><strong>$22,829,333</strong></td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td><strong>$10,626,632</strong></td>
<td><strong>$8,610,879</strong></td>
<td><strong>$19,237,511</strong></td>
</tr>
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</table>
## August 2021

**Budget Overview Q1 - Q2**

<table>
<thead>
<tr>
<th>YTD Totals</th>
<th>Budgeted</th>
<th>Actual</th>
<th>$ Variance</th>
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<tr>
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<td>Operations</td>
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<td>$20,606,672</td>
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<tr>
<td>Total</td>
<td>$23,772,769</td>
<td>$22,829,333</td>
<td>$943,436</td>
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</table>
### User Fee Revenue Overview Q1 & Q2

#### Quarterly Projections vs. Actuals

<table>
<thead>
<tr>
<th>Quarters</th>
<th>CY21 Projected User Fee Revenue</th>
<th>Actual User Fee Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>$16,547,125</td>
<td>$17,518,186</td>
</tr>
<tr>
<td>2nd</td>
<td>$15,186,323</td>
<td>$17,108,273</td>
</tr>
<tr>
<td>3rd</td>
<td>$15,006,466</td>
<td>TBD</td>
</tr>
<tr>
<td>4th</td>
<td>$15,027,646</td>
<td>TBD</td>
</tr>
<tr>
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## Financial Overview Q1 – Q2

### Revenue

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</table>
Discussion of Health Equity
Incorporating the Vision into our Strategic Goals

In Context:

- Execute New Federal ACA requirements (American Rescue Plan) to:
  - Maximize affordability and access
  - Minimize disruption to market participants and;
  - Ensure fiscal stability and responsibility

- Increase health coverage for the uninsured and underserved through the development and advancement of policies and systems reducing inequities experienced by vulnerable communities

- Achieve operational excellence through improved:
  - Customer service and;
  - Ease of doing business with Pennie
Goal One:
Ensure equitable access to quality, affordable health coverage through the application and enrollment process
## Goal One: Equitable Access

### SUBGOAL
**Breakdown administrative barriers that prevent underserved communities with traditionally lower health insurance literacy from accessing health coverage programs they are eligible for**

<table>
<thead>
<tr>
<th>CURRENT STATE (PY2021)</th>
<th>MID-TERM GOAL (PY2022)</th>
<th>LONG-TERM GOAL (2023 AND BEYOND)</th>
</tr>
</thead>
</table>
| - Customers aren’t required to provide an SSN if they don’t have one  
  - Ungated/gated SEP verification policies  
  - Extended OEP compared to HC.gov  
  - Actively decided not to run Failure to Reconcile  
  - Raised income Data Matching Inconsistency threshold  
  - Automatically rebalanced APTC via American Rescue provision  
  - Partnership with L&I to automatically apply UI benefits for current enrollees | - Facilitate a seamless transition for low-income Pennsylvanians who ‘churn’ between Medical Assistance and Pennie by automating the application process for Medicaid account transfers; develop effective date rules for Medicaid-Pennie and Pennie-Medicaid account transfers that fulfill the ‘No Wrong Door’ policy under the ACA  
  - Develop a binder payment policy that does not prevent customers who make a minor billing error from effectuating health insurance coverage | - Build logic into SSAP that accounts for Commonwealth MA programs; including emergency Medicaid  
  - Evaluate past proposal to integrate Pennie with DHS programs from a health equity perspective  
  - Develop PA Quality Rating System standards that provide a meaningful comparison tool for customers  
  - Be able to utilize DHS data sources as trusted Pennie data sources where possible |

<table>
<thead>
<tr>
<th>Create a single-streamlined application and website that is accessible for those with Limited English Proficiency (LEP)</th>
<th>CURRENT STATE (PY2021)</th>
<th>MID-TERM GOAL (PY2022)</th>
<th>LONG-TERM GOAL (2023 AND BEYOND)</th>
</tr>
</thead>
</table>
| - Pennie.com is available in English, Spanish, Mandarin, Russian and Arabic  
  - FAQs on help.pennie.com available in Spanish  
  - Spanish-language paper application  
  - In-language taglines included with each notice (babel page) | - Translate the online application, customer portal and all notices into Spanish in advance of November 2021 (OEP 2022) | - Translate the online application and portal into additional languages  
  - Translate notices into additional languages |  |

### Meet cultural competency standards in customer service, including Pennie’s call center and certified assisters, and brokers

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<thead>
<tr>
<th>CURRENT STATE (PY2021)</th>
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</table>
| - Spanish language call center services; staffing levels fluctuate as necessary to meet contractual service levels  
  - Call center training includes ‘Vulnerable Population Sensitivity Training’  
  - Call center language line serves over 240 languages  
  - 33% of assisters proficient in Spanish; 8% of assisters proficient in languages other than English/Spanish  
  - 3% of brokers indicate proficiency in languages other than English in their Pennie profile; 95% do not list a language at all | - Encourage brokers to list language proficiencies in Pennie profile  
  - Adopt cultural competency training materials into Customer Service Representative onboarding process | - Evaluate adding Customer Service Representatives with proficiency in languages other than English and Spanish  
  - Work with PID on program to recruit brokers in underserved communities to join Pennie |
Goal Two:
Reduce uninsured rates and promote health coverage and utilization of health care services in underserved communities
## Goal Two: Reduce uninsured rates, promote utilization of health care services

<table>
<thead>
<tr>
<th>SUBGOAL</th>
<th>CURRENT STATE (PY2021)</th>
<th>MID-TERM GOAL (PY2022)</th>
<th>LONG-TERM GOAL (2023 AND BEYOND)</th>
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</table>
| Build programs and implement policies that specifically target the uninsured and improve access to health care | COVID-19 SEP  
COBRA SEP  
Outreach to unemployed who are not enrolled in Pennie coverage through L&I partnership | Develop Easy Enrollment program in partnership with Dept. of Revenue that provides an 'on-ramp' for the uninsured to access health coverage through the state income tax return  
Implement monthly SEP for individuals with HH income under 150% FPL (pending federal guidance)  
Advocate for making ARP benefits permanent | Create ‘alternative affordability’ program that incentivizes chronically uninsured populations to get covered and/or to utilize health care services  
Partner w/ PA providers to create a Pennie coverage2care program to improve health literacy and utilization of health care services in non-emergency settings. This can include a repository of resources on Pennie.com explaining how enrollees can utilize health care services; engaging navigators to help customers understand their coverage and how to use it; hosting community events with providers |
| 1) Develop targeted messages specific to each community and 2) inform outreach, education and advertising initiatives | Messages focus on transition to SBE; access to ARP benefits  
Significant outreach and advertising in markets across PA | Develop messages specific to different communities with higher-than-average uninsured rates: 1) African Americans, 2) Latinos, 3) Limited English Proficiency (LEP), 4) Rural communities, 5) Non-citizens; recent immigrants, 6) LGBTQ+  
Ensure these messages reach target communities  
Continuously review and improve SSAP to ensure sensitivity for all populations | Work with community and grassroots organizations to develop messages and outreach opportunities in hard-to-reach communities  
Develop a cadre of trusted community messengers in each PA region (NM) |
| Invest in outreach, marketing, and in-person events in areas and communities with higher-than-average uninsured rates | YMCA health equity tour  
Assisters have a presence in all counties throughout PA  
Outreach efforts with elected officials  
Outreach and Education Workgroup; quarterly meetings with advocates | Deepen engagement with community groups across the Commonwealth  
Make sure we are hearing a diverse set of grassroots voices, not just grasstops leaders  
Build a presence in County Assistance Offices  
Provide access to LEP assister/broker resources  
Ensure adherence to navigator requirements in proposed NBPP | Recruit community leaders to educate their communities about Pennie  
Breakdown defacto barriers that prevent families with mixed-immigration statuses from enrolling |
Goal Three:
Understanding the data making up the Commonwealth marketplace
## Goal Three: Increased understanding of marketplace

### August 2021

<table>
<thead>
<tr>
<th>SUBGOAL</th>
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| **Additional data collection and analysis of Pennie customers by race/ethnicity** | • Produced a comprehensive 2021 Annual Report  
  • Pulling district-level data to share with State Reps. to facilitate engagement with those offices | • Develop data repository to measure enrollment by race/ethnicity & breakdown by citizens v. non-citizens  
  • Create enrollment benchmarks to measure progress in reaching underserved communities  
  • Work with CMS to make race/ethnicity questions in SSAP a required field to improve reporting (NY)  
  • Add "Middle Eastern/North African" to race/ethnicity choices (NY, others) | • Contract with surveyor to conduct a representative survey of Pennie enrollees & uninsured to better understand barriers to enrollment & utilization of care  
  • Encourage insurers to include essential community providers (ECP) in their networks where available, that serve predominately low-income, medically-underserved individuals |
| **Insurers as partners in achieving health equity goals**               | • Work with insurers to build a comprehensive understanding of current enrollees by race/ethnicity | • Work with insurers to build a comprehensive understanding of enrollees by race/ethnicity & work together to fill-in data gaps  
  • Establish incentives that encourage insurers to collect more robust race/ethnicity data | • Accept non-M/F gender identities in SSAP  
  • Adopt NCQA standards for cultural competency and achieve Health Equity Accreditation as an organization |
| **Granular analysis of uninsured in communities throughout the Commonwealth** | • SHADAC 2018 analysis of PA uninsured (slide 23)  
  • SHADAC analysis of 2019 ACS data (limited) | • Update 2018 SHADAC data and conduct internal analysis of where the uninsured live  
  • Data project to discern the chronically uninsured populations from COVID-related uninsured populations | • Have comprehensive map of the uninsured by zip code  
  • Develop an interactive map in SSAP that helps customers connect to assisters and brokers in their area |
Goal Four: 
Build a diverse and representative organization & engage with other Commonwealth agencies
**August 2021**

**Goal Four:** Build a representative organization and work with partners

<table>
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| **Build health equity measures into contract requirements; ensure Pennie is working with small and minority-owned businesses** | • Have incorporated Commonwealth Small and Diverse Business (SDB) standards into Procurement activities  
• 13.5% of contracts are with SDB/Veteran Business Enterprise/Small Business vendors; Bureau of Diversity, Inclusion, and Small Business Opportunities (DGS) has told us this is above average | • Consider establishing procurement standards that go beyond Commonwealth requirements for SDB vendors | • Consider adopting NCQA standards for multi-cultural competency and achieve Health Equity Accreditation as an organization |
| **Create a Board and workforce that is representative of the Commonwealth** | • Assumption: Unknown. We have not surveyed staff to date.  
• Assumption: Unknown. We have not surveyed the BOD to date.  
• Pennie has several governing bodies and working groups, but none that focus specifically on health equity. | • Anonymous survey to staff and Board of Directors on gender, race, ethnicity, disability to understand current workforce & governing body  
• Develop a plan to attract an ethnically/racially diverse workforce  
• Utilize new DEI organization within the Governor's office  
• Consider hiring a Chief of Diversity, Equity and Inclusion  
• Establish a health equity subcommittee within Pennie's current governing structure to provide guidance and expertise (WA) | |
| **Join PID's health equity efforts and collaborate with other Commonwealth agencies on health equity initiatives.** | • Have broad awareness of efforts taking place throughout the Commonwealth  
• Part of Governor's Health Equity Taskforce in 2020  
• Part of PA DOH COVID-19 and Health Equity Response Committee  
• Current partnerships w/ L&I, DHS, DOR | • Engage w/ PID to support their work with NAIC  
• Reengage in Commonwealth-initiated taskforces  
• Deepen engagement with other HHS agencies | • Partner with the DOH, DHS, and PID to conduct a health disparities impact assessment & use assessment to help determine how to best allocate marketing, community outreach, and navigator funds. (CT, RI) |
2022 Open Enrollment Planning
### August
- **Early-August**
  - Receive Approved Insurer 2022 Plan Data from PA Insurance Department.

- **Mid-August**
  - Load Insurer Plan Data into Production.

- **Late-August**
  - SEP Awareness Marketing Campaign.
  - 2022 Broker Training available.
  - "Blackout" Period for Assisters.

### September
- **Early-September**
  - Insurers Review Plans in Pennie Portal.

- **Mid-September**
  - PY2022 Assister Training Available.

- **Late-September**
  - Release 21.9 Production Deployment.
  - All 2022 Plans Certified.

### October
- **Early-October**
  - OEP Awareness Marketing Campaign.
  - Renewal Eligibility and Auto-Renewal Processing Begins.

- **Mid-October**
  - OEP Email Campaign Begins.

- **Late-October**
  - Broker – Assister Recertification Training Deadline.
  - Auto-Renewal Enrollments Sent to Insurers.
  - Auto-Renewal and Eligibility Notices sent to Customers.

### November
- **Early-November**
  - Open Enrollment Begins.
  - "Call to Action" Marketing Campaign Begins.

### December
- **Mid-December**
  - Plan Shopping Deadline for January 1 Coverage.
  - Catch-up Auto-Renewals Generated for New Customers.

### January
- **Mid-January**
  - Plan Shopping Deadline for February 1 Coverage.
  - Conclusion of OEP.
Plan Management

August
- Insurance Department (PID) completes review of 2022 plans
- 2022 plans loaded into Pennie, not yet publicly available

September
- Insurers review and finalize their 2022 plan data on Pennie

October
- Producer commission schedules for OEP provided to Pennie & brokers

November
- 2022 plans available on Pennie anonymous shopping
August 2021

Release Planning

21.9 (Fall Release) - High Level Scope

**Spanish Translation SSAP & Notices**, Verbiage Changes to Notices for 2022 PY, Removal of ARP content

### August

- User Acceptance Testing - August 30, 2021 – September 17, 2021
- Outreach to external stakeholders to participate in testing pilot program

### September

- **Stakeholder Testing (Assisters/Brokers/Insurers) – September 6, 2021 – September 17, 2021**
  - Stakeholders will be able to self-service test customer, assister/broker functionality, including generation of file transmissions for insurers
  - Goals are to identify issues and secure feedback on changes being made to the system from a broader group of users and stakeholders and to learn from the experience in the interest of improving stakeholder testing for future releases.
- Implementation – September 27, 2021
August 2021

**Auto-Renewal**

- **August**
  - Auto-renewal testing

- **September**
  - Auto-renewal dry-run with production enrollment data

- **October**
  - Production run of renewal processes – *97% of households were auto-renewed for the 2021 plan year*
  - Send 834 auto-renewal files to insurers
  - Distribute notices and emails to customers about auto-renewal, eligibility, rebalancing and unemployment benefits
    - **Paper-preferred customers** will receive stuffer within autorenewal notice to highlight changes to 2022 costs due to 2021 rebalancing or Unemployment Insurance benefits
    - **Email-preferred customers** will receive educational email reminders about changes to premiums.
    - **Other efforts:** Explainer videos, Stakeholder toolkit, pennie.com FAQs

- **December**
  - Catch up Auto-Renewals generated for 2021 SEP enrollees after the first Auto-Renewal batch
Targets & Tactics

Key Audiences

- Current Customers (ex. customers who noted they prefer Spanish)
- Customers Leads
- Limited English Proficiency Populations
- The Uninsured
- Young Invincibles and the Self-Employed
- Stakeholders/Insurers

Marketing Strategy

- Paid Media – Robust Advertising Strategy
- Email/Mailing Campaigns
- Earned Media – Media interviews/Press Conference & Releases
- Owned Media – Social, Newsletter, Website
- Strategic Outreach Partnerships
August 2021

Communications and Outreach

**August**
- Broker training & re-certification begins
- Limited SEP advertising campaign begins

**September**
- Continue YMCA Health Equity Tour in Western and Northern Pennsylvania
- Onboarding new creative service vendor
- Assister training & re-certification

**October**
- Pre-OEP advertising begins
- Distribute stakeholder toolkit

**November**
- OEP advertising and media campaign
- OEP outreach events begin in conjunction with stakeholders and legislature
Contact Center Preparation

August

- Ongoing - Refresher training/New Customer Service Representative (CSR) training classes
- Pilot new telephony system – Broker/Assister Line; Customer Line
- Stress/Load testing telephony system

September

- Ongoing - Refresher training/New Customer Service Representative (CSR) training classes
- Go-Live with the new telephony system
Executive Session
Easy Enrollment Status Update
August 2021

Easy Enrollment – Update on work to date

- Conduct workgroup meetings with DOR IT, Operations teams & GetInsured
- Develop common understanding of data fields needed to run eligibility determination and what information can be sent to Pennie
- Finalize program requirements and limitations
- Pennie & DOR finalize Easy Enrollment timeline and implementation plan

- Meetings occurring bi-weekly
- Starting technical workgroup calls
- DOR has provided data fields that they can transfer; GetInsured has indicated what they need
- Information transferred from DOR will be used to create an account and an eligibility estimate, which will be shared with the potential customer via a notice
Easy Enrollment Implementation Plan

- Generate a lead profile which uninsured tax filers and their dependents can claim via an account claiming notice

- Account claiming notice will include an eligibility estimate that mirrors the anonymous shopping tool

- Process will trigger a new 60-day 'Tax SEP' for tax filers to claim their account and create and submit their application
  - Applicants who are QHP-eligible will be able to shop for coverage on Pennie
  - Applicants assessed as eligible for Medicaid/CHIP will be transferred to DHS
Timeline of Work with Department of Revenue & GetInsured

August 2021

Summer 2021
- Understand data fields that can be shared with Pennie to build eligibility application
- Submit finalized tax schedule to DOR
- Finalize scope of project with DOR and GetInsured
- Technical working group set up to connect GetInsured and DOR

Fall/Winter 2021
- Establish secure connection with DOR to accommodate transfer of information from DOR to Pennie
- Create SEP for tax filers identifying as uninsured to enroll in coverage
- Develop new notice to inform tax filers of how to claim new Pennie account and potential eligibility
- DOR develops new schedule to be included in state tax form
- Complete data sharing agreement between Pennie and DOR

Jan – Early March 2022
- New schedule sent out to Pennsylvanians for the 2022 tax filing season
- DOR collects information from tax filers who 'check the box'

Late – March – April (or end of filing season) 2022
- Pennie receives data files from DOR starting in late March and occurring up to 3 times by the end of tax season
- Account invitation notices and 'Tax SEP' triggered
- Tax filers and their families enroll in coverage
August 2021

Easy Enrollment Next Steps

- Finalize scope of work and costs with GetInsured
  - Development costs are currently being negotiated - costs will be incurred in CY2022 budget which will be considered in the October 2021 board meeting and can be paid for in part by previously acquired development hours

- Secure feedback on policy considerations, including the tax-filer SEP
  - Policy options will be considered and approved at the October 2021 board meeting, as necessary

- Consensus with vendors and DOR on the timeline displayed previously
Update on Pennie and the COVID-19 Enrollment Period
Enrollment Data: As of 08/16/2021
## Platform (Exchange) Metrics for 08/16/2021

**Current Enrollment**: 340,728

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>New ARP Enrollment</td>
<td>50,271</td>
</tr>
<tr>
<td>Existing Customer, Changed Plan</td>
<td>30,573</td>
</tr>
<tr>
<td>Existing Customer, Same Plan</td>
<td>235,853</td>
</tr>
<tr>
<td>Existing, No ARP</td>
<td>24,031</td>
</tr>
</tbody>
</table>

*Note: Excluding “Current Enrollment”, data shown is for enrollments that have application eligibility received since 4/16/21 and thus affected by ARP.*
Enrollment Data: As of 08/16/2021

Current Enrollment 340,728

Average PMPMs - Total

- $87.12
- $537.08
- $624.20

Metal Tier (Medical) - All

- 30%
- 46%
- 23%

Financial Assistance (Medical) - All

- 64%
- 26%
- 9%
Enrollment Data: Unemployment-Income-Attested Policies

Policies

41,016
Customer Service Metrics for 4/16 to 8/15

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<tr>
<th>Call Volumes</th>
<th>Total</th>
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<tbody>
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<td>Calls Offered</td>
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<td>Handled by IVR</td>
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<tr>
<td>Handled by CSR</td>
<td>146,124</td>
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<tr>
<td>Calls transferred</td>
<td>26,981</td>
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<table>
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<tbody>
<tr>
<td>ASA (secs)</td>
<td>81.0</td>
</tr>
<tr>
<td>AHT (mins)</td>
<td>9.22</td>
</tr>
<tr>
<td>Call abandonment rate</td>
<td>2.91%</td>
</tr>
</tbody>
</table>
Adjourn
ADDRESS
312-318 Market Street,
Bowman Tower, Floor 3
Harrisburg,
Pennsylvania
17101

PHONE
+1 844-844-8040

WEB
pennie.com
Appendix
# Dashboard Definitions

<table>
<thead>
<tr>
<th>Platform (Exchange) Metrics</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Accounts</td>
<td>Count of unique households</td>
</tr>
<tr>
<td>All Applications</td>
<td>Count of all household applications: HC.GOV (created before 11/1/2020) and new (created since 11/1/2020)</td>
</tr>
<tr>
<td>Medicaid Inbound</td>
<td>Count of unique application referrals from the Medicaid system to Pennie</td>
</tr>
<tr>
<td>Medicaid Outbound</td>
<td>Count of unique applications that had at least one individual assessed as potentially Medicaid eligible and were therefore transferred to the Medicaid system for determination</td>
</tr>
<tr>
<td>New Enrollment</td>
<td>Count of unique enrollees on enrollment records created after 11/1/2020 by accounts that do not have external applicant IDs (indicate they came from HC.GOV)</td>
</tr>
<tr>
<td>Brand New</td>
<td>Count of unique enrollees on enrollment records with eligibility received after 4/16/2021, that did not have a Pennie enrollment before 4/16/2021.</td>
</tr>
</tbody>
</table>
## Dashboard Definitions

<table>
<thead>
<tr>
<th>Platform (Exchange) Metrics</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment by Financial Assistance - Total</td>
<td>Display of enrollment by financial assistance breakdown. Limited to Enrollees &amp; Subscribers, to enrollees with coverage ending 12/31/21, and removing those with canceled enrollment</td>
</tr>
<tr>
<td>Enrollment by Metal Tier - Total</td>
<td>Display of enrollment by application metal tier. Limited to Enrollees &amp; Subscribers, to enrollees with coverage ending 12/31/21, and removing those with canceled enrollment</td>
</tr>
<tr>
<td>Average PMPMs - Total</td>
<td>Display of per-member-per-month metrics. Limited to Enrollee &amp; Subscribers, to enrollees with coverage ending 12/31/21, and removing those with canceled enrollment</td>
</tr>
<tr>
<td>PMPM APTC</td>
<td>Sum of Enrollment record level of the used Advanced Premium Tax Credit (&quot;APTC&quot;) Amount, divided by Count of Unique Enrollees. Split to 3 groups: All enrollees, those who had APTCs applied to their gross premiums, and those who had no APTCs applied to their gross premiums (<em>this last group includes members who were ineligible for any APTCs and members who were eligible for APTCs but elected to not use them)</em></td>
</tr>
<tr>
<td>PMPM Net Premium</td>
<td>Sum of Enrollment record level Net Premium Amount, divided by Count of Unique Enrollees. Split to 3 groups: All enrollees, those who had APTCs applied to their gross premiums, and those who had no APTCs applied to their gross premiums (<em>this last group includes members who were ineligible for any APTCs and members who were eligible for APTCs but elected to not use them)</em></td>
</tr>
<tr>
<td>Unemployment Income (UI) Attestation</td>
<td>The customer has indicated on their application that they received unemployment income sometime during 2020</td>
</tr>
</tbody>
</table>
## Dashboard Definitions

### Customer Service Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>All calls</td>
<td>Total number of calls received. Note: the calls handled will not sum to this number as they don’t include abandons or transfers. Only calls started during call center business hours have been included.</td>
</tr>
<tr>
<td>Calls Handled by IVR</td>
<td>Number of calls handled by the interactive voice response</td>
</tr>
<tr>
<td>Calls Handled by CSR</td>
<td>Number of calls handled by a call center representative</td>
</tr>
<tr>
<td>IVR Call Transfers</td>
<td>Number of calls transferred by the interactive voice response to the reported destination (HC.GOV, Medicaid, Insurers, other)</td>
</tr>
<tr>
<td>ASA</td>
<td>Average speed to answer measured in seconds</td>
</tr>
<tr>
<td>AHT</td>
<td>Average handle time measured in minutes</td>
</tr>
<tr>
<td>Call Abandonment Rate</td>
<td>Percentage of total calls that a customer dropped before a CSR picked up the call to provide service</td>
</tr>
<tr>
<td>Number of abandoned calls</td>
<td>Number of calls that a customer dropped before a CSR picked up the call to provide service</td>
</tr>
</tbody>
</table>