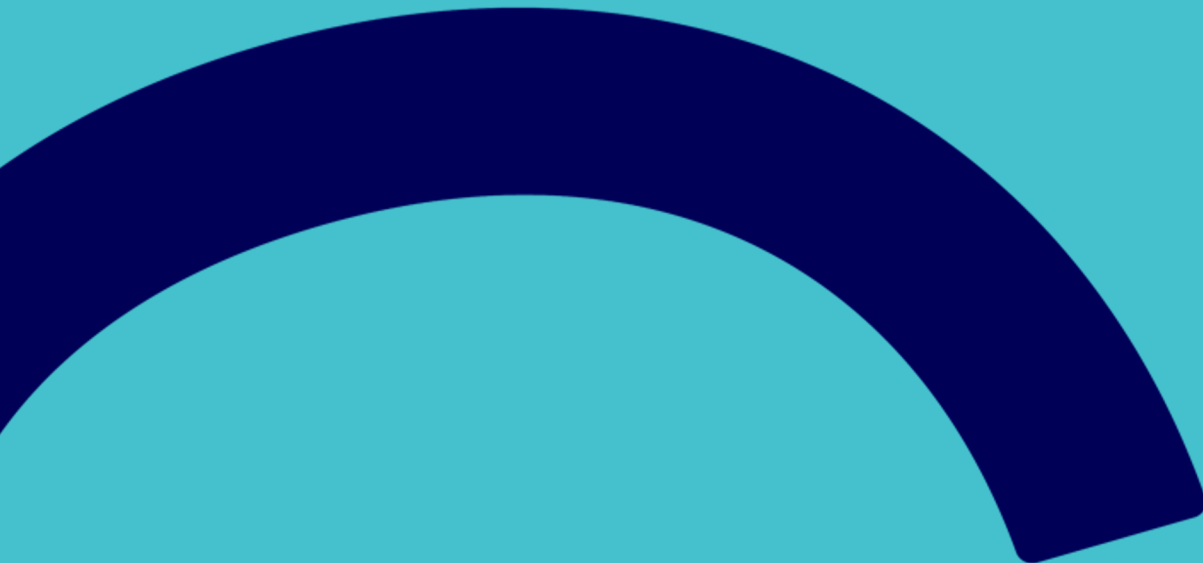




**pennie**<sup>TM</sup>  
connecting Pennsylvanians to health coverage<sup>TM</sup>

A large, dark blue curved graphic element, resembling a thick arc or a stylized 'P', is positioned in the upper left quadrant of the slide.

# Pennie Board of Directors Meeting

August 19, 2021

# 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**

## 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**



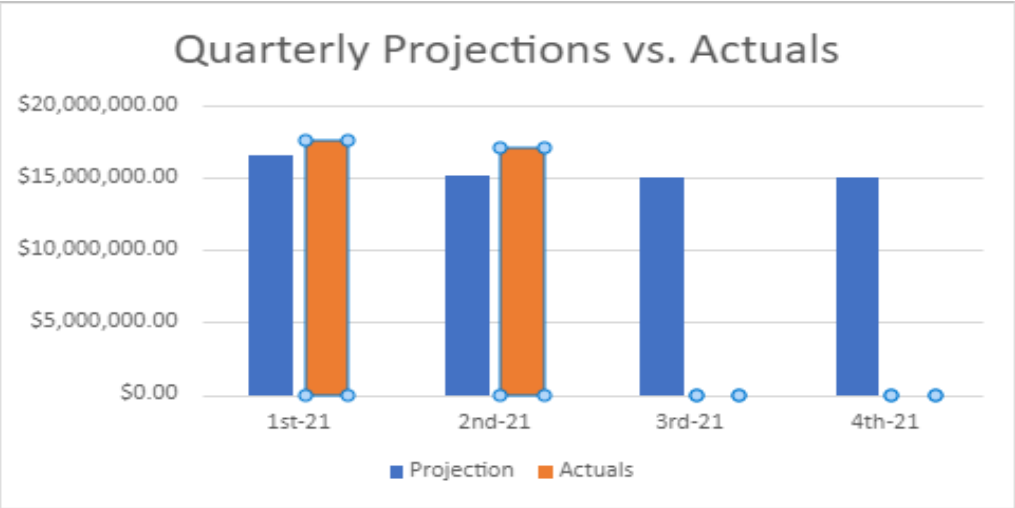
# Financial Overview Q1 – Q2

Revenue	Q1	Q2	YTD
User Fees Billed	\$17,518,186	\$17,108,273	\$34,626,459
Treasury Interest	\$664	\$2,320	\$2,984
Federal Reimbursements Received	\$2,294,295	\$5,143,106	\$7,437,401
<b>Total Revenue</b>	<b>\$19,813,145</b>	<b>\$22,253,699</b>	<b>\$42,066,84</b>
Expenses	Q1	Q2	YTD
Personnel	\$1,090,191	\$1,132,470	\$2,222,661
Operations	\$8,096,322	\$12,510,350	\$20,606,672
<b>Total Expenses</b>	<b>\$9,186,513</b>	<b>\$13,642,820</b>	<b>\$22,829,333</b>
<b>Net Income</b>	<b>\$10,626,632</b>	<b>\$8,610,879</b>	<b>\$19,237,511</b>

# Budget Overview Q1 - Q2

		Budgeted	Actual	\$ Variance
YTD Totals	Personnel	\$2,780,458	\$2,222,661	\$557,797
	Operations	\$20,992,311	\$20,606,672	\$385,639
	Total	\$23,772,769	\$22,829,333	\$943,436

# User Fee Revenue Overview Q1 & Q2



<div>% of Projection YTD</div> <div><div></div></div>	Quarters	CY21 Projected User Fee Revenue	Actual User Fee Revenue
	1st	\$16,547,125	\$17,518,186
	2nd	\$15,186,323	\$17,108,273
	3rd	\$15,006,466	TBD
	4th	\$15,027,646	TBD
	Total	\$61,767,560	\$34,626,459



# Financial Overview Q1 – Q2

Revenue	Q1	Q2	YTD
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# Discussion of Health Equity



August 2021

# 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 – Part 1

SUBGOAL	CURRENT STATE (PY2021)	MID-TERM GOAL (PY2022)	LONG-TERM GOAL (2023 AND BEYOND)
<i>Breakdown administrative barriers that prevent underserved communities with traditionally lower health insurance literacy from accessing health coverage programs they are eligible for</i>	<ul style="list-style-type: none"> <li>Customers aren't required to provide an SSN if they don't have one</li> <li>Ungated/gated SEP verification policies</li> <li>Extended OEP compared to HC.gov</li> <li>Actively decided not to run Failure to Reconcile</li> <li>Raised income Data Matching Inconsistency threshold</li> <li>Automatically rebalanced APTC via American Rescue provision</li> <li>Partnership with L&amp;I to automatically apply UI benefits for current enrollees</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>Develop a binder payment policy that does not prevent customers who make a minor billing error from effectuating health insurance coverage</li> </ul>	<ul style="list-style-type: none"> <li>Build logic into SSAP that accounts for Commonwealth MA programs; including emergency Medicaid</li> <li>Evaluate past proposal to integrate Pennie with DHS programs from a health equity perspective</li> <li>Develop PA Quality Rating System standards that provide a meaningful comparison tool for customers</li> <li>Be able to utilize DHS data sources as trusted Pennie data sources where possible</li> </ul>
<i>Create a single-streamlined application and website that is accessible for those with Limited English Proficiency (LEP)</i>	<ul style="list-style-type: none"> <li>Pennie.com is available in English, Spanish, Mandarin, Russian and Arabic</li> <li>FAQs on help.pennie.com available in Spanish</li> <li>Spanish-language paper application</li> <li>In-language taglines included with each notice (babel page)</li> </ul>	<ul style="list-style-type: none"> <li>Translate the online application, customer portal and all notices into Spanish in advance of November 2021 (OEP 2022)</li> </ul>	<ul style="list-style-type: none"> <li>Translate the online application and portal into additional languages</li> <li>Translate notices into additional languages</li> </ul>

## Goal One: Equitable Access – Part 2

SUBGOAL	CURRENT STATE (PY2021)	MID-TERM GOAL (PY2022)	LONG-TERM GOAL (2023 AND BEYOND)
<p><i>Meet cultural competency standards in customer service, including Pennie's call center and certified assisters, and brokers</i></p>	<ul style="list-style-type: none"> <li>Spanish language call center services; staffing levels fluctuate as necessary to meet contractual service levels</li> <li>Call center training includes 'Vulnerable Population Sensitivity Training'</li> <li>Call center language line serves over 240 languages</li> <li>33% of assisters proficient in Spanish; 8% of assisters proficient in languages other than English/Spanish</li> <li>3% of brokers indicate proficiency in languages other than English in their Pennie profile; 89% do not list a language at all</li> <li>Broker &amp; assister training courses include modules specific to cultural competency</li> </ul>	<ul style="list-style-type: none"> <li>Encourage brokers to list language proficiencies in Pennie profile</li> <li>Adopt cultural competency training materials into Customer Service Representative onboarding process</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate adding Customer Service Representatives with proficiency in languages other than English and Spanish</li> <li>Work with PID on program to recruit brokers in underserved communities to join Pennie</li> </ul>

## 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

SUBGOAL	CURRENT STATE (PY2021)	MID-TERM GOAL (PY2022)	LONG-TERM GOAL (2023 AND BEYOND)
<i>Build programs and implement policies that specifically target the uninsured and improve access to health care</i>	<ul style="list-style-type: none"> <li>COVID-19 SEP</li> <li>COBRA SEP</li> <li>Outreach to unemployed who are not enrolled in Pennie coverage through L&amp;I partnership</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>Implement monthly SEP for individuals with HH income under 150% FPL (<i>pending federal guidance</i>)</li> <li>Advocate for making ARP benefits permanent</li> </ul>	<ul style="list-style-type: none"> <li>Create 'alternative affordability' program that incentivizes chronically uninsured populations to get covered and/or to utilize health care services</li> <li>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</li> </ul>
<i>1) Develop targeted messages specific to each community and 2) inform outreach, education and advertising initiatives</i>	<ul style="list-style-type: none"> <li>Messages focus on transition to SBE; access to ARP benefits</li> <li>Significant outreach and advertising in markets across PA</li> </ul>	<ul style="list-style-type: none"> <li>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+</li> <li>Ensure these messages reach target communities</li> <li>Continuously review and improve SSAP to ensure sensitivity for all populations</li> </ul>	<ul style="list-style-type: none"> <li>Work with community and grassroots organizations to develop messages and outreach opportunities in hard-to-reach communities</li> <li>Develop a cadre of trusted community messengers in each PA region (NM)</li> </ul>
<i>Invest in outreach, marketing, and in-person events in areas and communities with higher-than-average uninsured rates</i>	<ul style="list-style-type: none"> <li>YMCA health equity tour</li> <li>Assisters have a presence in all counties throughout PA</li> <li>Outreach efforts with elected officials</li> <li>Outreach and Education Workgroup; quarterly meetings with advocates</li> </ul>	<ul style="list-style-type: none"> <li>Deepen engagement with community groups across the Commonwealth</li> <li>Make sure we are hearing a diverse set of grassroots voices, not just grassroots leaders</li> <li>Build a presence in County Assistance Offices</li> <li>Provide access to LEP assister/broker resources</li> <li>Ensure adherence to navigator requirements in proposed NBPP</li> </ul>	<ul style="list-style-type: none"> <li>Recruit community leaders to educate their communities about Pennie</li> <li>Breakdown defacto barriers that prevent families with mixed-immigration statuses from enrolling</li> </ul>



## Goal Three:

Understanding the data making up the Commonwealth marketplace

# Goal Three: Increased understanding of marketplace

SUBGOAL	CURRENT STATE (PY2021)	MID-TERM GOAL (PY2022)	LONG-TERM GOAL (2023 AND BEYOND)
<i>Additional data collection and analysis of Pennie customers by race/ethnicity</i>	<ul style="list-style-type: none"> <li>Produced a comprehensive 2021 Annual Report</li> <li>Pulling district-level data to share with State Reps. to facilitate engagement with those offices</li> </ul>	<ul style="list-style-type: none"> <li>Develop data repository to measure enrollment by race/ethnicity &amp; breakdown by citizens v. non-citizens</li> <li>Create enrollment benchmarks to measure progress in reaching underserved communities</li> <li>Work with CMS to make race/ethnicity questions in SSAP a required field to improve reporting (NY)</li> <li>Add "Middle Eastern/North African" to race/ethnicity choices (NY, others)</li> </ul>	<ul style="list-style-type: none"> <li>Contract with surveyor to conduct a representative survey of Pennie enrollees &amp; uninsured to better understand barriers to enrollment &amp; utilization of care</li> <li>Encourage insurers to include essential community providers (ECP) in their networks where available, that serve predominately low-income, medically-underserved individuals</li> </ul>
<i>Insurers as partners in achieving health equity goals</i>	<ul style="list-style-type: none"> <li>Work with insurers to build a comprehensive understanding of current enrollees by race/ethnicity</li> </ul>	<ul style="list-style-type: none"> <li>Work with insurers to build a comprehensive understanding of enrollees by race/ethnicity &amp; work together to fill-in data gaps</li> <li>Establish incentives that encourage insurers to collect more robust race/ethnicity data</li> </ul>	<ul style="list-style-type: none"> <li>Accept non-M/F gender identities in SSAP</li> <li>Adopt NCQA standards for cultural competency and achieve Health Equity Accreditation as an organization</li> </ul>
<i>Granular analysis of uninsured in communities throughout the Commonwealth</i>	<ul style="list-style-type: none"> <li><a href="#">SHADAC 2018 analysis of PA uninsured</a> (slide 23)</li> <li>SHADAC analysis of 2019 ACS data (limited)</li> </ul>	<ul style="list-style-type: none"> <li>Update 2018 SHADAC data and conduct internal analysis of where the uninsured live</li> <li>Data project to discern the chronically uninsured populations from COVID-related uninsured populations</li> </ul>	<ul style="list-style-type: none"> <li>Have comprehensive map of the uninsured by zip code</li> <li>Develop an interactive map in SSAP that helps customers connect to assisters and brokers in their area</li> </ul>

## Goal Four:

Build a diverse and representative organization & engage with other Commonwealth agencies

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

SUBGOAL	CURRENT STATE (PY2021)	MID-TERM GOAL (PY2022)	LONG-TERM GOAL (2023 AND BEYOND)
<i>Build health equity measures into contract requirements; ensure Pennie is working with small and minority-owned businesses</i>	<ul style="list-style-type: none"> <li>Have incorporated Commonwealth Small and Diverse Business (SDB) standards into Procurement activities</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Consider establishing procurement standards that go beyond Commonwealth requirements for SDB vendors</li> </ul>	<ul style="list-style-type: none"> <li>Consider adopting NCQA standards for multi-cultural competency and achieve Health Equity Accreditation as an organization</li> </ul>
<i>Create a Board and workforce that is representative of the Commonwealth</i>	<ul style="list-style-type: none"> <li>Assumption: Unknown. We have not surveyed staff to date.</li> <li>Assumption: Unknown. We have not surveyed the BOD to date.</li> <li>Pennie has several governing bodies and working groups, but none that focus specifically on health equity.</li> </ul>	<ul style="list-style-type: none"> <li>Anonymous survey to staff and Board of Directors on gender, race, ethnicity, disability to understand current workforce &amp; governing body</li> <li>Develop a plan to attract an ethnically/racially diverse workforce</li> <li>Utilize new DEI organization within the Governor's office</li> <li>Consider hiring a Chief of Diversity, Equity and Inclusion</li> <li>Establish a health equity subcommittee within Pennie's current governing structure to provide guidance and expertise (WA)</li> </ul>	
<i>Join PID's health equity efforts and collaborate with other Commonwealth agencies on health equity initiatives.</i>	<ul style="list-style-type: none"> <li>Have broad awareness of efforts taking place throughout the Commonwealth</li> <li>Part of Governor's Health Equity Taskforce in 2020</li> <li>Part of PA DOH COVID-19 and Health Equity Response Committee</li> <li>Current partnerships w/ L&amp;I, DHS, DOR</li> </ul>	<ul style="list-style-type: none"> <li>Engage w/ PID to support their work with NAIC</li> <li>Reengage in Commonwealth-initiated taskforces</li> <li>Deepen engagement with other HHS agencies</li> </ul>	<ul style="list-style-type: none"> <li>Partner with the DOH, DHS, and PID to conduct a health disparities impact assessment &amp; use assessment to help determine how to best allocate marketing, community outreach, and navigator funds. (CT, RI)</li> </ul>



# 2022 Open Enrollment Planning



August	September	October
<b>Early-August</b> <ul style="list-style-type: none"> <li>- Receive Approved Insurer 2022 Plan Data from PA Insurance Department.</li> </ul>	<b>Early-September</b> <ul style="list-style-type: none"> <li>- Insurers Review Plans in Pennie Portal.</li> </ul>	<b>Early-October</b> <ul style="list-style-type: none"> <li>- OEP Awareness Marketing Campaign.</li> <li>- Renewal Eligibility and Auto-Renewal Processing Begins.</li> </ul>
<b>Mid-August</b> <ul style="list-style-type: none"> <li>- Load Insurer Plan Data into Production.</li> </ul>	<b>Mid-September</b> <ul style="list-style-type: none"> <li>- PY2022 Assister Training Available.</li> </ul>	<b>Mid-October</b> <ul style="list-style-type: none"> <li>- OEP Email Campaign Begins.</li> </ul>
<b>Late-August</b> <ul style="list-style-type: none"> <li>- SEP Awareness Marketing Campaign.</li> <li>- 2022 Broker Training available.</li> <li>- Training "Blackout" Period for Assisters.</li> </ul>	<b>Late-September</b> <ul style="list-style-type: none"> <li>- Release 21.9 Production Deployment.</li> <li>- All 2022 Plans Certified.</li> </ul>	<b>Late-October</b> <ul style="list-style-type: none"> <li>- Broker - Assister Recertification Training Deadline.</li> <li>- Auto-Renewal Enrollments Sent to Insurers.</li> <li>- Auto-Renewal and Eligibility Notices sent to Customers.</li> </ul>
November	December	January
<b>Early-November</b> <ul style="list-style-type: none"> <li>- Open Enrollment Begins.</li> <li>- 2022 Anonymous Shopping Available.</li> <li>- "Call to Action" Marketing Campaign Begins.</li> </ul>	<b>Mid-December</b> <ul style="list-style-type: none"> <li>- Plan Shopping Deadline for January 1 Coverage.</li> <li>- Catch-up Auto-Renewals Generated for New Customers.</li> </ul>	<b>Mid-January</b> <ul style="list-style-type: none"> <li>- Plan Shopping Deadline for February 1 Coverage.</li> <li>- Conclusion of OEP.</li> </ul>

# 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

# 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



# 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

# 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

# BREAK



# Easy Enrollment Status Update



August 2021

## Easy Enrollment – Update on work to date

- Conduct workgroup meetings with DOR IT, Operations teams & GetInsured →
- Meetings occurring bi-weekly
- Starting technical workgroup calls
- Develop common understanding of data fields needed to run eligibility determination and what information can be sent to Pennie →
- DOR has provided data fields that they can transfer; GetInsured has indicated what they need
- Finalize program requirements and limitations →
- 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
- Pennie & DOR finalize Easy Enrollment timeline and implementation plan



# 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

August 2021

# Timeline of Work with Department of Revenue & GetInsured

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**

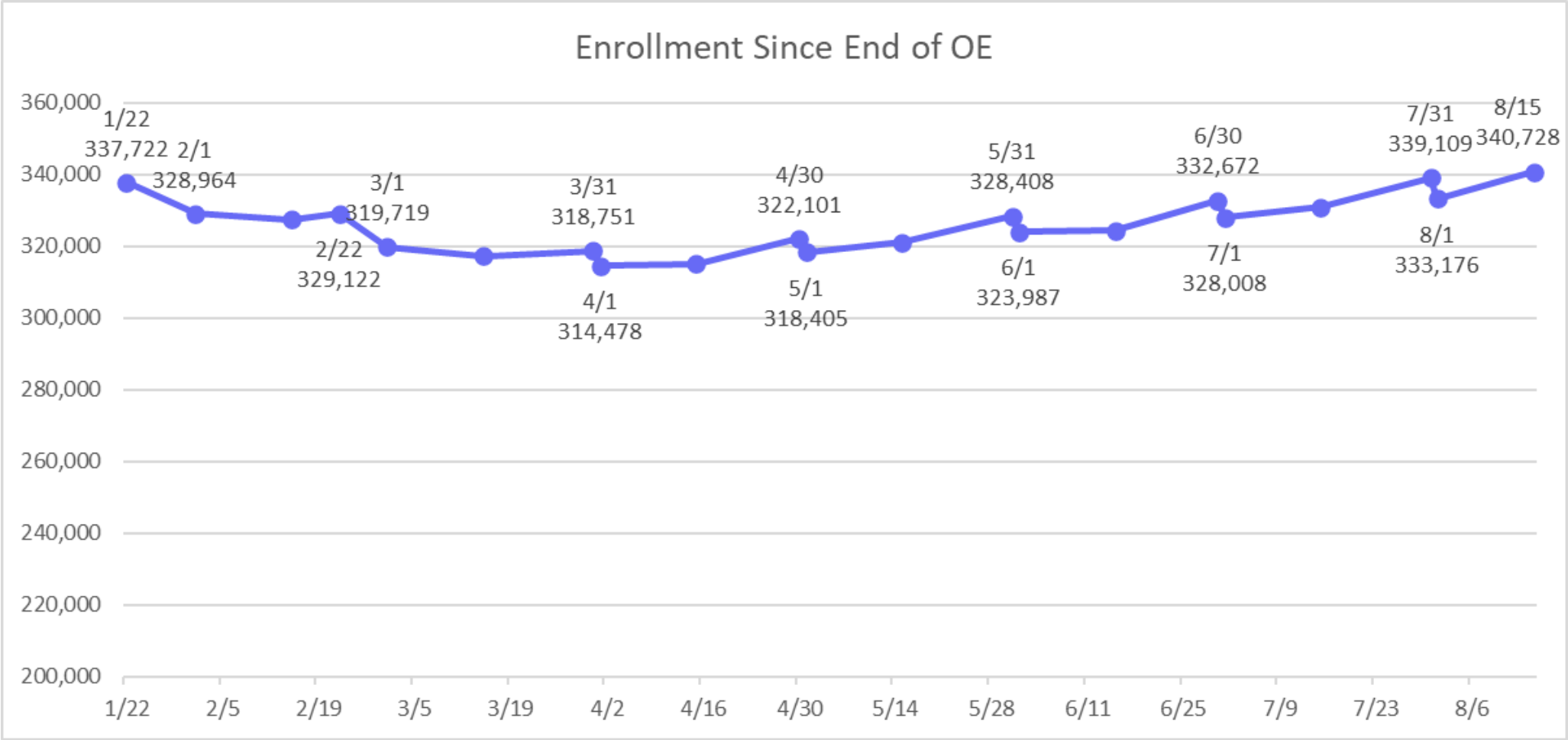
- Pennie receives data files from DOR starting in late March and occurring up to 3 times by the end of tax season
- Account invitation notices and 'Tax SEP' triggered
- Tax filers and their families enroll in coverage

# 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**

New ARP Enrollment

**50,271**

Existing Customer, Changed Plan

**30,573**

Existing Customer, Same Plan

**235,853**

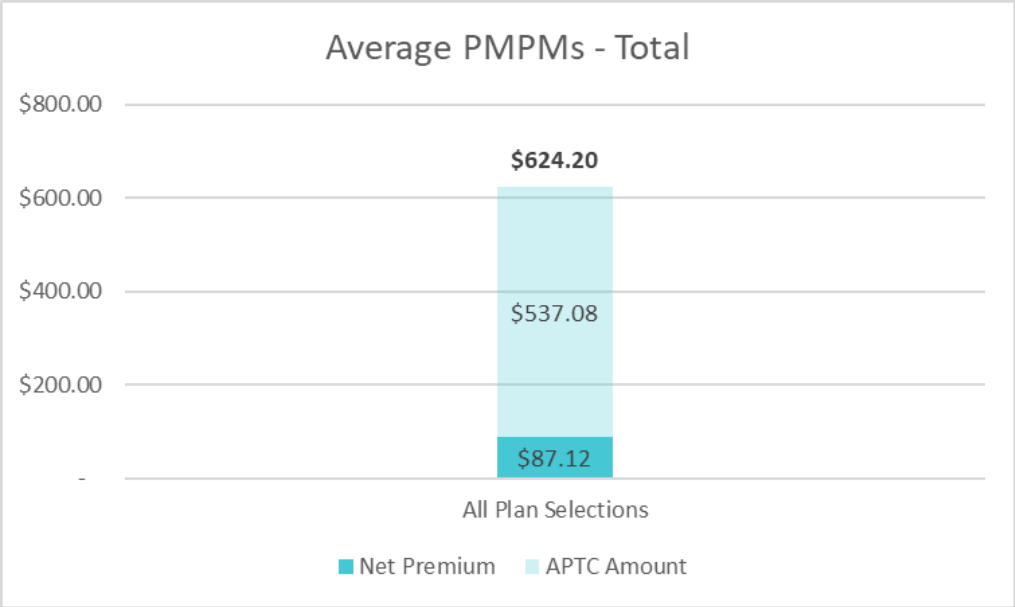
Existing, No ARP

**24,031**

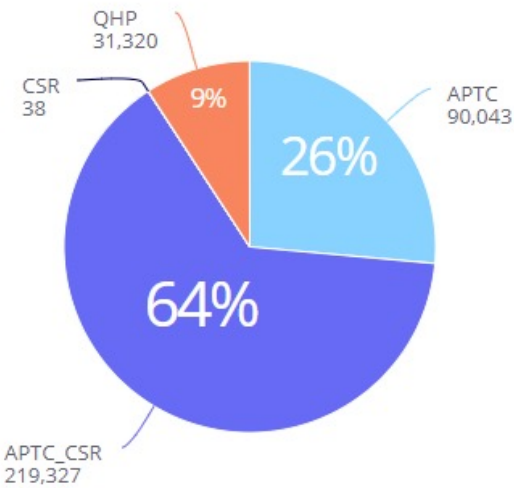
**Note:** Excluding “Current Enrollment”, data shown is for enrollments that have application eligibility received since 4/16/21 and thus affected by ARP.

# Enrollment Data: As of 08/16/2021

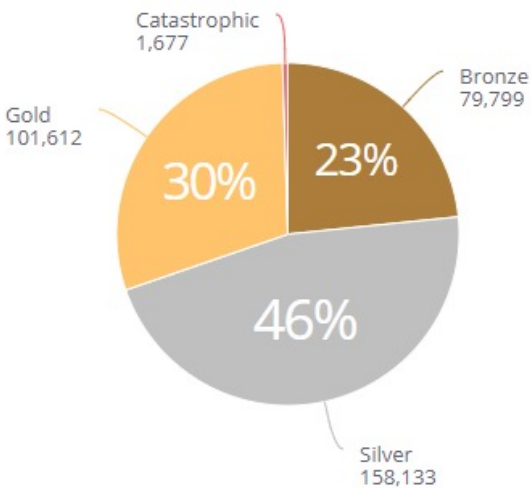
Current Enrollment  
**340,728**



Financial Assistance (Medical) - All



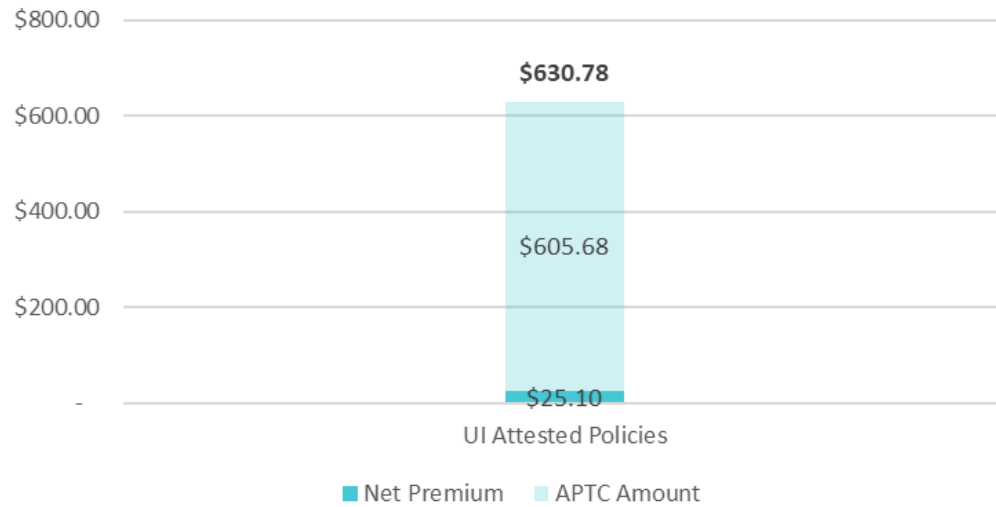
Metal Tier (Medical) - All



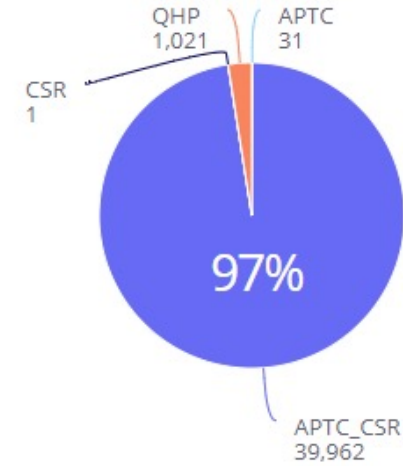
# Enrollment Data: Unemployment-Income-Attested Policies

Policies  
41,016

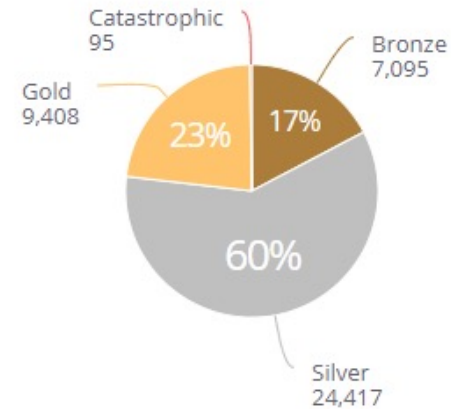
Average PMPMs - Total



UI-Attested Policies - Financial Assistance (Medical)



UI-Attested Policies - Metal Tier (Medical)





# Customer Service Metrics for 4/16 to 8/15

		Total
Call Volumes	Calls Offered	226,957
	Handled by IVR	46,274
	Handled by CSR	146,124
	Calls transferred	26,981
Call Handling Metrics	ASA (secs)	81.0
	AHT (mins)	9.22
	Call abandonment rate	2.91%

# Adjourn



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# Appendix

# Dashboard Definitions

Platform (Exchange) Metrics		
	All Accounts	Count of unique households
	All Applications	Count of all household applications: HC.GOV (created before 11/1/2020) and new (created since 11/1/2020)
	Medicaid Inbound	Count of unique application referrals from the Medicaid system to Pennie
	Medicaid Outbound	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
	New Enrollment	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)
	Brand New	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.

# Dashboard Definitions

Platform (Exchange) Metrics		
	Enrollment by Financial Assistance- Total	Display of enrollment by financial assistance breakdown. Limited to Enrollees & Subscribers, to enrollees with coverage ending 12/31/21, and removing those with canceled enrollment
	Enrollment by Metal Tier- Total	Display of enrollment by application metal tier. Limited to Enrollees & Subscribers, to enrollees with coverage ending 12/31/21, and removing those with canceled enrollment
	Average PMPMs - Total	Display of per-member-per-month metrics. Limited to Enrollee & Subscribers, to enrollees with coverage ending 12/31/21, and removing those with canceled enrollment
	PMPM APTC	Sum of Enrollment record level of the <i>used</i> Advanced Premium Tax Credit (“APTC”) 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 (*this last group includes members who were ineligible for any APTCs and members who were eligible for APTCs but elected to not use them)
	PMPM Net Premium	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 (*this last group includes members who were ineligible for any APTCs and members who were eligible for APTCs but elected to not use them)
	Unemployment Income (UI) Attestation	The customer has indicated on their application that they received unemployment income sometime during 2020

# Dashboard Definitions

## Customer Service Metrics

All calls	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
Calls Handled by IVR	Number of calls handled by the interactive voice response
Calls Handled by CSR	Number of calls handled by a call center representative
IVR Call Transfers	Number of calls transferred by the interactive voice response to the reported destination (HC.GOV, Medicaid, Insurers, other)
ASA	Average speed to answer measured in seconds
AHT	Average handle time measured in minutes
Call Abandonment Rate	Percentage of total calls that a customer dropped before a CSR picked up the call to provide service
Number of abandoned calls	Number of calls that a customer dropped before a CSR picked up the call to provide service