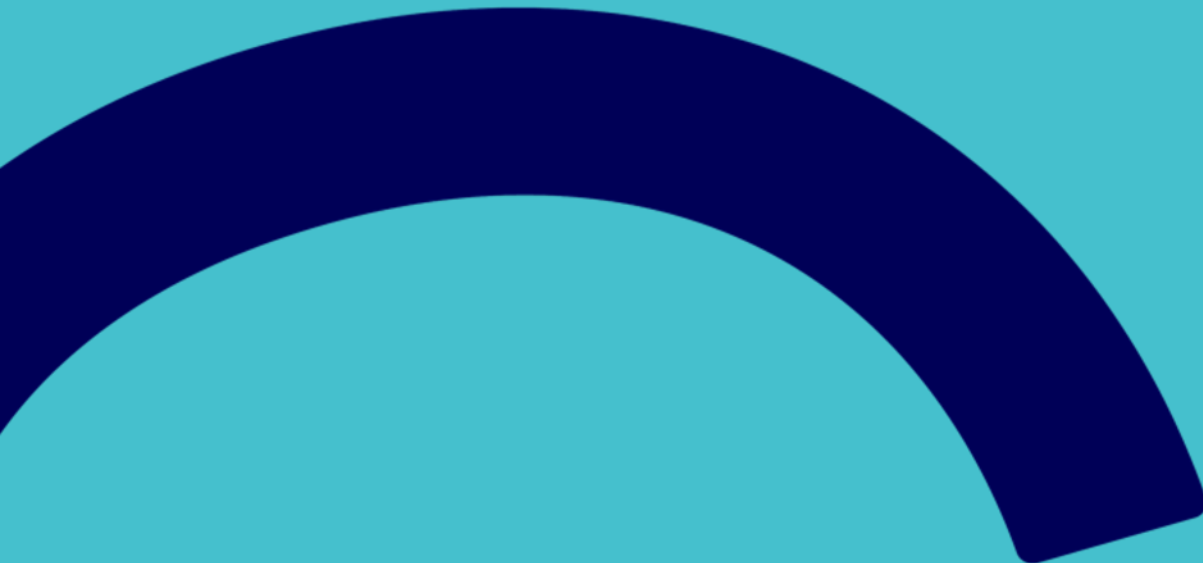




pennieTM
connecting Pennsylvanians to health coverageTM

Please Note: *The Board Meeting today will begin at **12:30pm***

A large, dark blue arc graphic is positioned in the top left corner of the slide.

Pennie Board of Directors Meeting

December 16, 2021

Agenda

- **Preliminary Matters**
- **Action/Discussion Items by the Board**
 - **Administrative Matters**
 - **Reaffirm Individual Exceptional Circumstances SEP**
 - **Open Enrollment 2022 Data and Progress Update**
 - **Break**
 - **Build Back Better Update**
 - **End of Public Health Emergency and Medicaid Maintenance of Effort Progress Update**
- **Adjournment**

Preliminary Matters

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

Administrative Matters

- 2022 BOD Meeting Cadence and Dates
 - January 18th 12:00 pm – 3:30 pm
 - February 17th 12:00 pm – 5:00 pm
 - May 2022 **TBD**
 - August 2022 **TBD**
 - November 2022 **TBD**



Reaffirm Individual Exceptional Circumstances SEP

Individual Exceptional Circumstances SEP Criteria

Proposal	Policy Goal(s)	Benefits	Challenges
Individual exceptional circumstance SEPs	<ul style="list-style-type: none"> Ensure Pennsylvanians have access to health coverage 	<ul style="list-style-type: none"> Ensures an opportunity to enroll for customers who could not enroll due to circumstances outside of their control 	<ul style="list-style-type: none"> May differ from current practice

Individual Customer Circumstance

1. Delegate to Exchange Authority Executive Director or his designee the ability to evaluate each customer's specific factual situation on a case-by-case basis to determine whether they have a customer-specific exceptional circumstance.
2. To the extent the customer does have a customer-specific exceptional circumstance (SEP), any Special Enrollment Period provided is pursuant to 45 C.F.R. § 155.420(d)(9).
3. This SEP should not apply to broad based situations where SEPs have already been created by the Board.

Staff recommendation: Adopt approach to individual exceptional circumstances

- The proposed approach provides staff with enough flexibility to evaluate individual cases based on facts and circumstances as they arise.



Open Enrollment 2022 Data and Progress Update

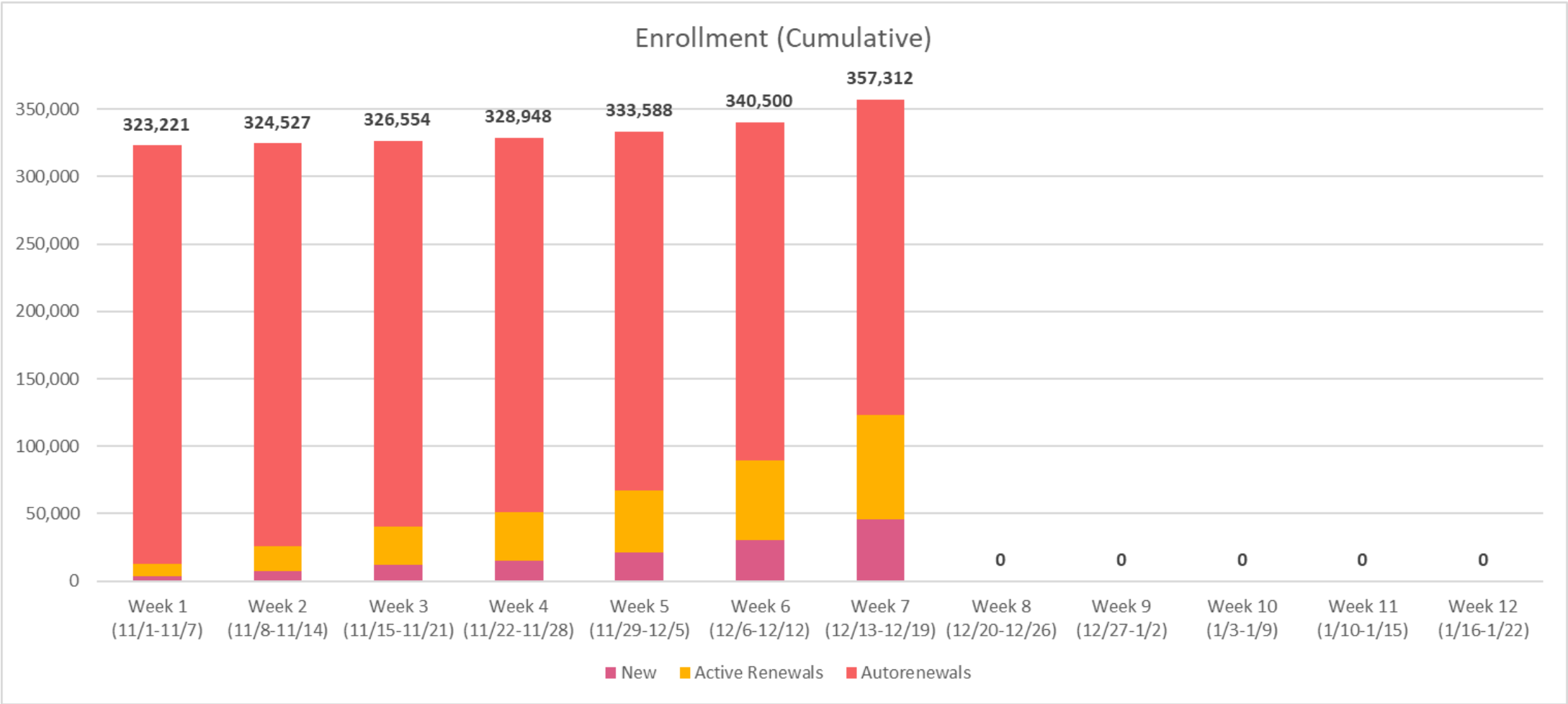


Platform (Exchange) Metrics for 12/15/2021

Plan Year 2022		Grand Total	Last Week (12/06 – 12/12)	Plan Year 2021 Comparison (EOD 12/15/20)
Accounts Created	Existing & Passive Accounts	589,408	(13,241)	287,441
	Existing & Active Accounts	85,074	13,241	128,899
	New Accounts	48,516	8,560	72,131
Applications Started	Existing Customer Applications	264,405	3,381	243,155
	New Applications	43,782	7,918	49,829
Medicaid Account Transfer Metrics	Medicaid Inbound	17,961	3,224	17,153
	Medicaid Outbound	37,643	4,538	38,652
Enrollment Metrics	Total enrollment	357,312	6,912	319,747
	Autorenewals	234,265	(15,000)	221,466
	Active renewals	77,427	12,551	47,055
	New enrollment	45,620	9,361	51,226

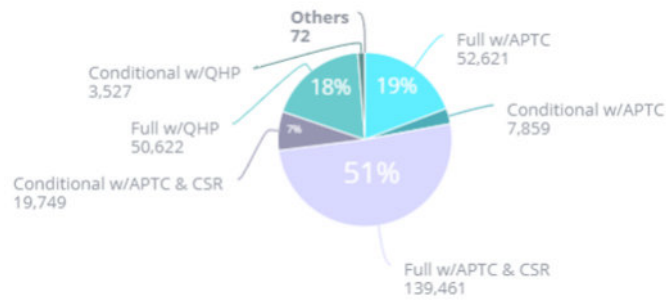
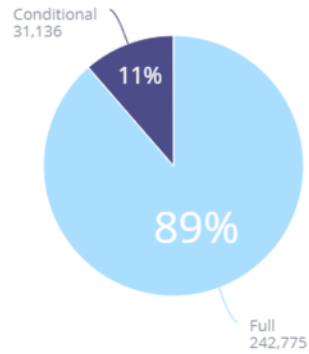
Note: A catch-up renewal run was performed on 12/13/21, resulting in around 2,300 enrollees being added to a plan year 2022 policy.

Enrollment Data: Trending throughout Open Enrollment



Conditional and Full Eligibility Determinations

Applications with conditional eligibility - Total

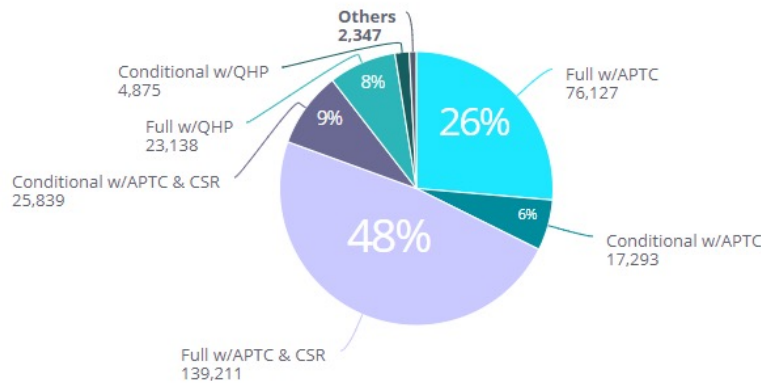
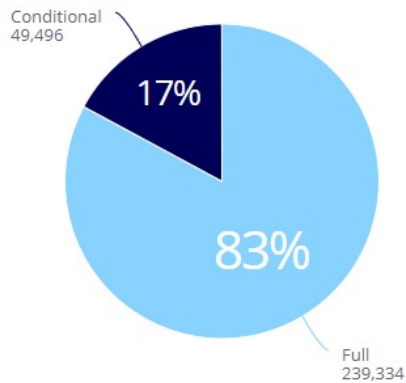


← Reference: EOD 12/20/2020

Applications with conditional eligibility - Total



Applications by eligibility - Total



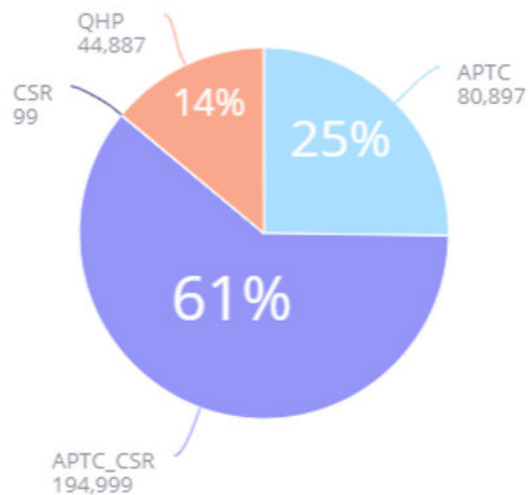
Eligibility Type	2022 Count	EOD 12/20/20 Count	2022 Percentage	EOD 12/20/20 Percentage
Full w/ APTC	76,127	52,621	26%	19%
Conditional w/ APTC	17,293	7,859	6%	~3%
Full w/ APTC & CSR	139,211	139,461	48%	51%
Conditional w/ APTC & CSR	25,839	19,749	9%	7%
Full w/ QHP	23,138	50,622	8%	18%
Conditional w/ QHP	4,875	3,527	2%	~1%
Others*	2,347	72	1%	<1%
Total	288,830	273,911	100%	100%

Note: Counts on this page are for applications that are enrolled, partially enrolled, or have eligibility received; therefore, they are a subset of “2022 Applications Started” shown on previous slide. See Key Data Caveats slide for more information on these metrics.

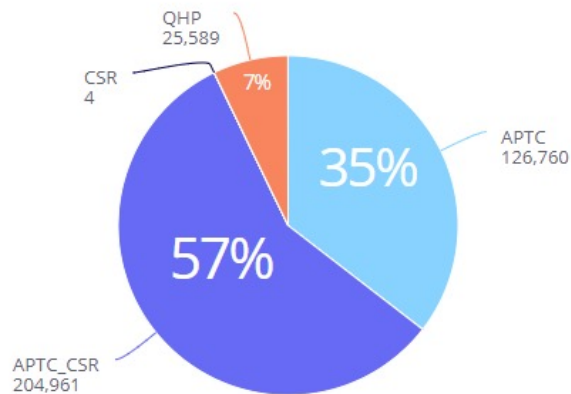
The “Others” section includes:
Full w/CSR - 6
Conditional w/CSR – 4
Full w/Medicaid - 852
Conditional w/Medicaid – 1,485



Enrollment Data: Financial Assistance



Enrollment Financial Assistance Breakdown - Total



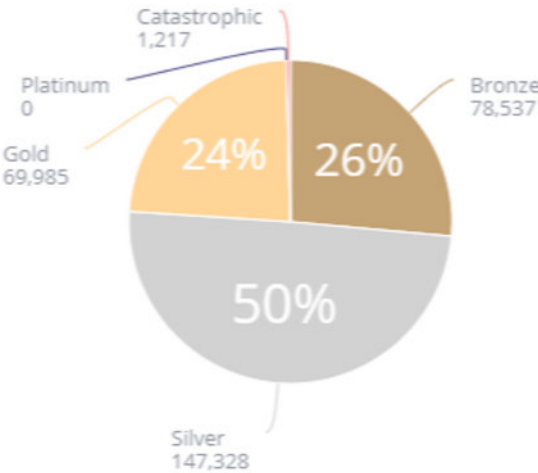
← Reference: EOD 12/20/2020

Financial Assistance Type	2022 Count	EOD 12/20/20 Count	2022 Percentage	EOD 12/20/20 Percentage
CSR	4	99	<1%	<1%
QHP	25,589	44,887	7%	14%
APTC	126,760	80,897	35%	25%
APTC_CSR	204,961	194,999	57%	61%
Total	357,314	320,882	100%	100%



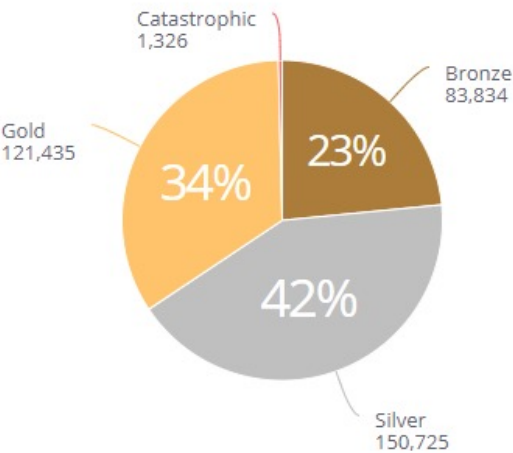
Enrollment Data: Metal Tier

Enrollment by Metal Tier - Total



← Reference: EOD 12/20/2020

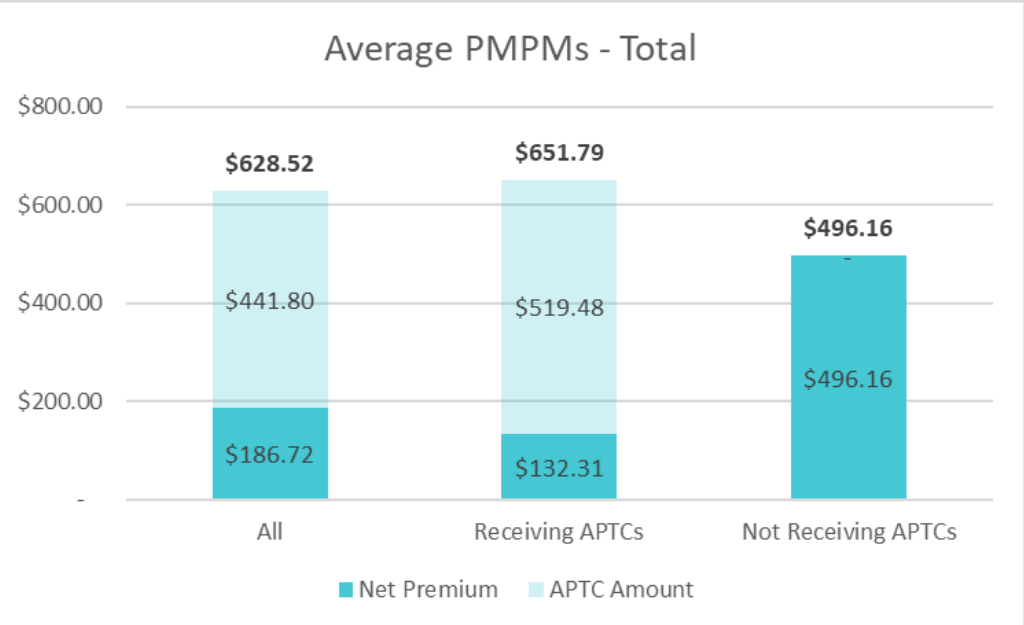
Enrollment by Metal Tier - Total



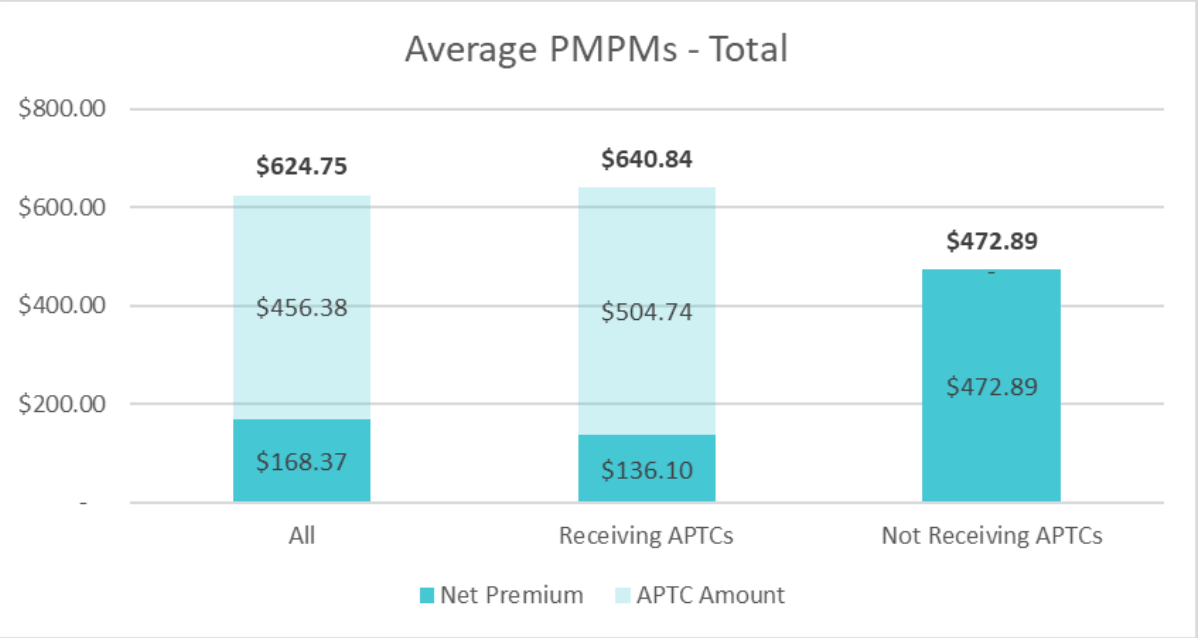
Metal Tier	2022 Count	EOD 12/20/20 Count	2022 Percentage	EOD 12/20/20 Percentage
Bronze	83,834	85,971	23%	27%
Silver	150,725	151,266	42%	47%
Gold	121,435	81,986	34%	26%
Catastrophic	1,326	1,659	<1%	<1%
Total	357,320	320,882	100%	100%



Per Member Per Month (“PMPM”) APTC and Net Premium Metrics



← Reference: EOD 12/20/2020



Note: The APTC amounts shown do not include members who are eligible for APTCs but are not receiving them in advance. These members are counted in the “not receiving APTCs” column.



Customer Service Metrics for 12/15/2021

Plan Year 2022		Total	Last Week (12/06 – 12/12)	Last Year Compare (EOD 12/15/20)
Call Volumes	Calls Offered	198,671	32,007	171,818
	Handled by IVR	51,040	8,086	28,646
	Handled by CSR	121,591	20,415	111,812
	Calls transferred	20,753	3,394	6,433
Call Handling Metrics	ASA (secs)	85.2	8.7	186.4
	AHT (mins)	12.90	12.81	13.17
	Call abandonment rate	1.73	0.09%	12.51%

Broker and Assister Metrics for 12/15/2021

Plan Year 2022		Grand Total	Last Week Total (12/06 – 12/12)	Last Year Compare (EOD 12/15/20)
Account Claiming Metrics	Accounts recertified by brokers	2,930	44	2,558
	Accounts recertified by assisters	300	2	206
	Total accounts recertified	3,230	46	2,764
Designations	Number of households with broker designations	156,198	4,248	91,374
	Number of households with assister designations	4,015	100	1,587
	Number of enrollments with broker designations	113,045	4,218	70,936
	Number of enrollments with assister designations	2,859	77	1,289

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.
- ✓ - Training "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.
- ✓ - 2022 Anonymous Shopping Available.
- ✓ - "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.

External Affairs Update

Nov 1 – Nov 30

- Digital Advertisement
 - **30,327,863** Total Impressions
 - **193,074** Total Views
 - **109,149** Total Clicks
 - **9,000** Total Clicked **“Get Covered”** Button
 - **32.34%** VCR (View Completion Rate)
- Traditional Advertisements
 - **40 Linear TV Channels** (ABC, NBC, CBS, FOX, UNIVISION, TELEMUNDO) 6 markets
 - **200+ cable stations**
 - **80 Radio Stations** (10% Spanish Stations)
 - **1,451** Units of **Transit Advertising** throughout Pittsburgh and Philadelphia
 - 135 Bus Shelters, 90 Buses, 1,226 Interior Advertisements
 - Flyers inserted in Rabbit Transit in 10 Central PA Counties
 - **179 Lifestyle Ads**
 - 85 Laundromats, 67 Grocery Stores, and 27 Pharmacies
 - **159 Earned Media Opportunities (100% Positive/Neutral tone)**



External Affairs Update

- Pennie.com Stats**

Nov 1, 2021 - Dec 15, 2021 Compared to: Nov 1, 2020 - Dec 15, 2020

Pennie.com visitors

OE 2022 Progress Update

Nov 1, 2021 - Dec 15, 2021

395,401

% of Total: 100.00% (395,401)



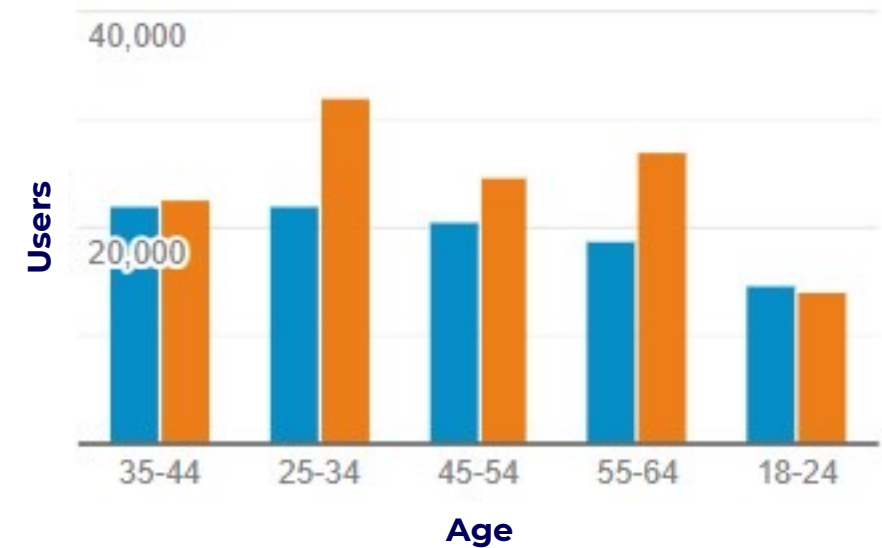
Nov 1, 2020 - Dec 15, 2020

567,109

% of Total: 100.00% (567,109)



Pennie.com Users by age



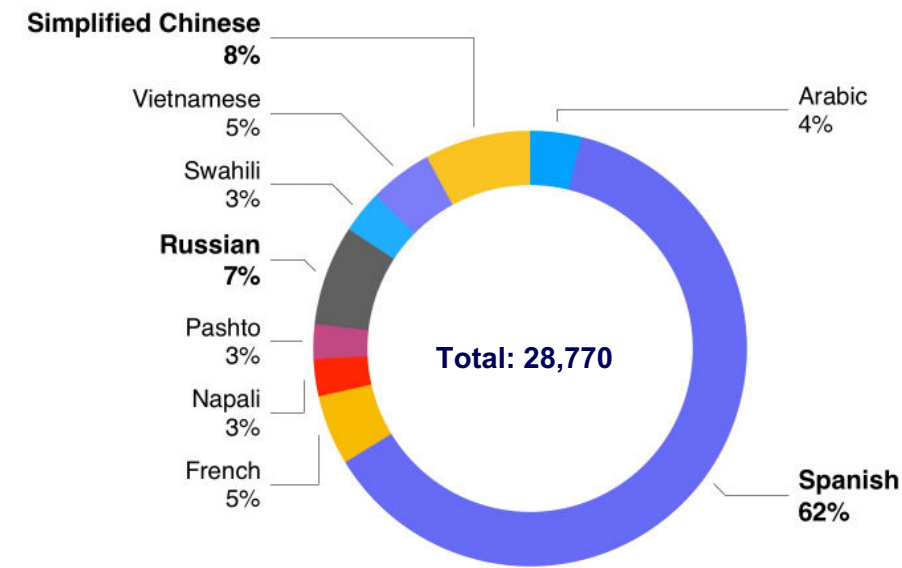
External Affairs Update

- Pennie.com Stats

Sources of traffic

Sources of Traffic	
Source	Users
(direct)	127,610
google	100,594
healthcare.gov	77,859
Facebook	23,770
bing	19,741
undertone	17,859
TheTradeDesk	10,401
YouTube	6,522
localhelp.healthcare.gov	4,100
insurance.pa.gov	3,744

Translation requests



External Affairs Update

- **Outreach events**

- Assister network expansion has helped Pennie reach underserved communities
- 25 Assister Enrollment Events in November with 68 more on the horizon for OEP 2022
- YMCA Health Equity Tour stops in Northumberland, Lackawanna, Wayne, Bradford, and Montour Counties – Monroe, Columbia and Luzerne in December
- Dozens of legislative events & townhalls – virtual/in-person
- Pennie Customer Success Specialists (CSSs) have made outbound calls to thousands of Pennie customers who need to resubmit their applications, update their mailing addresses and who have changing subsidies due to the expiration of the UI benefit. In addition, the CSSs have contacted hundreds of Brokers to remind them to recertify before their Pennie certification terminates at the end of the year.



Technology and Operations Update

- **Catch-up run implementation**

- GetInsured completed the Scheduled Passive Renewal (auto-renewal catch-up run) successfully on the evening of December 13
- Just under 1550 households were processed in this catch-up renewal, leading to approximately 2300 new 2022 enrollments

- **1095-A preparation**

- The GetInsured system includes built-in 1095-A functionality that has been successfully exercised in other states, but January will be Pennie's first mailing of 1095-A forms to customers
- Pennie is working to implement a "Watch the Mail" postcard to customers highlighting the importance of this form for tax filing. Educational materials will be available on Pennie.com and included with the forms themselves
- Pennie anticipates sending in excess of 325k forms broken up over several batches throughout January, with the first batch starting on January 7th. The Pennie call center will have specific materials and FAQs available to handle customer questions and issues

BREAK



Build Back Better Legislative Update



Build Back Better Status

- The U.S. House of Representatives has passed its version of the bill, which includes provisions that would significantly impact the individual market and Pennie operations.
- The House's version of BBB is now with the U.S. Senate where deliberations are ongoing. If the Senate passes the House's version without changes, the bill will head to President Biden for his signature.
- If the Senate passes a bill that is different from the House version, the House can pass it without further changes or the two chambers will go to conference to agree on the final legislation, which subsequently will need to be passed by both chambers.
- Once a final bill has been passed by both the U.S. House and Senate, President Biden will sign the bill into law.
- There is not a definitive timeline for passage, and the vote is likely slip into 2022.

How Build Back Better Impacts Pennie

- Extends the American Rescue Plan premium subsidy enhancements through 2025
 - Provides access to \$0 benchmark plans for individuals with household income between 100% - 150% of federal poverty (FPL)
 - Caps net premiums for benchmark plans at 8.5% of household income for customers above 400% FPL
 - Reduces net premiums for individuals with income between 100% - 400% FPL
- Creates a new cost sharing reduction plan for households with income less than 138% FPL and who do not qualify for government-sponsored health coverage
- Extends maximum financial assistance for those eligible for Unemployment Insurance through 2022
- Reduces the percentage of household income an employee must pay towards their employer coverage to be considered affordable, the “employer firewall,” to 8.5%
- Creates a marketplace affordability fund for states to develop and implement innovative programs to reduce individual market premiums and/or out-of-pocket costs
 - Allocates \$10 billion to states each year from 2023 through 2025

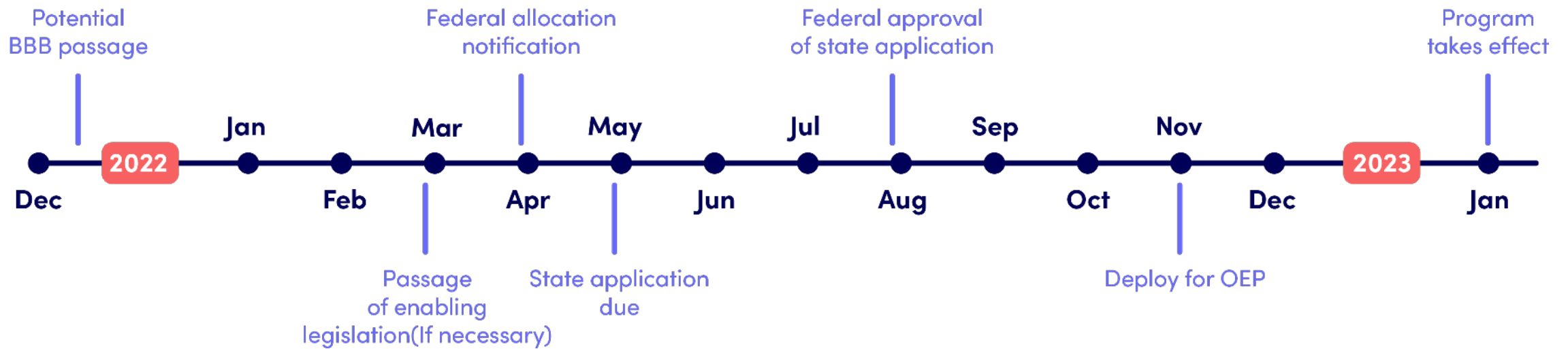
BBB Provision Effective Dates

BBB Provision	Effective
Maximum financial assistance for those eligible for Unemployment Insurance through 2022	2022
Reduced “employer firewall” to 8.5%	2022 - 2025
Enhanced ARP premium subsidies available	2023 - 2025
Cost-sharing reduction plan offering for qualified households under 138% FPL	2023 - 2025
Federal funding for marketplace affordability fund	2023 - 2025

Marketplace Affordability Fund

- Would make funding available for states to fund a reinsurance program, or to provide funding that would reduce out-of-pocket costs, such as premiums and deductibles for individuals enrolled in Exchange coverage
- States must submit a funding proposal to the U.S. Department of Health and Human Services (HHS) within 120 days of the bill becoming law to qualify for funding
- State funding allocations are not yet known; HHS must announce 90 days after passage
- Requires legislative authority for PA to submit an application that funds a program separate from reinsurance

Affordability Program Implementation Timeline



Marketplace Affordability Program Options

- BBB extends enhanced subsidies provided under ARP so more Pennsylvanians have access to tax credits to significantly reduce their premiums
- Using this funding to create cost-sharing subsidies and/or premium subsidies could enable us to address remaining affordability gaps
 - State cost-sharing subsidies would augment ARP subsidies by reducing health care costs like deductibles and co-pays that impact access to health care services.
 - State premium subsidies would augment the ARP subsidies by increasing access to very low-cost or no-cost coverage for lower-income Pennsylvanians who still struggle to afford coverage
- Without the "subsidy cliff," impact of reinsurance on premiums is significantly reduced even with additional funding

Next Steps

Swift action upon passage of BBB is necessary to implement a new program in time for Open Enrollment in November 2022. Key to success are the following:

- **An assessment:** Analysis of the impact of different programs is necessary as well as an assessment of their operational feasibility
- **A program proposal:** In the interest of using this funding to maximize access to health coverage and care for Pennsylvanians
- **A legislative proposal:** State authority from the General Assembly to design, implement, and administer would be required for a new program



PHE/Medicaid MoE Progress Update



Medicaid MoE Key Concepts Overview

- Medicaid Agencies Were Required to Maintain Medicaid Eligibility During the PHE
 - Grew PA Medicaid population from approximately 3MM to approximately 3.4MM*
- Per current CMS guidance, after the PHE ends, DHS is Required to Complete Full Renewal for Individuals whose Eligibility was Maintained during the PHE. CMS has also stated that more guidance on end of PHE processing is forthcoming.
- Three possible outcomes:
 1. Customer who is determined eligible for Medicaid at renewal, either through ex-parte review or by completing a renewal packet will remain on Medicaid.
 2. **Customer who is determined not eligible for Medicaid at renewal for financial and non-financial reasons including income and resources will be transferred to Pennie**
 3. Customer does not return completed renewal or required verification will not be transferred to Pennie.

* Public data shows an average Medical Assistance enrollees of 2.9MM for FY2019-2020 and 3.4MM for October 2021

Quantification and Steps

- Prior to the Pandemic, Account Transfers from DHS Occurred due to a denied application or a case closure:
 - Monthly ATs prior to pandemic averaged around 27k, or roughly **11%** of the population eligible for redetermination*
 - No historical experience exists to draw on for solid estimates, but we expect that AT percentages will be considerably higher after the PHE ends
- Steps Pennie Is Already Working to Be Ready for PHE Ending
 - Automating eligibility
 - This automation requires technical changes by both DHS and GetInsured, which have been documented, prioritized, and are in-flight with their respective delivery teams.
 - Understand from DHS how they process renewals and what information remains outstanding before they can finalize their approach to renewals for those redetermined upon expiration of the PHE
 - Working with DHS to send a communication promoting Pennie to customers who did not return completed renewal or required verification.
 - Planning enhanced educational communications
 - Stakeholder and Customer Communications
 - Advertising and Outreach Strategies

* Based upon pre-pandemic Account Transfers to the EFM

Proposed Outreach and Communications

Target Audiences

- *Ineligible for MA and transferred to Pennie*
- *Did not return completed renewal or required verification*

Goals

- Understanding our audience
- Learning how to reach this audience
- Communicate to & educate Pennsylvanians losing Medical Assistance that Pennie can be a source for free or low-cost coverage

DHS Partnership

- Work with DHS to coordinate timing & oversee direct member comms from MCO/QHP insurers
- DHS to send direct notice to the *No Response or Insufficient Response* audience

Paid Media

- Separate, specific Search Term Campaign
- Custom CRM to target *Transferred* audience
- Digital Video, Digital Audio
- Direct Mailer with Salary/APTC Scale

Earned Media

- Press Conferences w/ State Leadership

Owned Media

- MoE-specific landing page w/ Explainer Video
- Social Campaign
- Email Campaign

Outreach

- YMCA Health Equity Tour
- Cognosante Assister Events
- Assistors with "office hours" at CAOs
- Customer Success Specialists – outbound calls
- Pennie Lunch & Learns & Workgroups

Stakeholder Outreach

- Assister/Broker
- Insurers
 - Enhanced CMS guidance for insurer participation
- Legislative/Community Leader Townhalls

Pennie Working Timeline

Aug 2021 – Jan 2022

Monitor federal announcement of end of PHE

- Track and monitor national conversations for strategic considerations

Aug 2021 – Mar 2022

Complete build and testing of auto eligibility functionality

- Coordinate with DHS for new functionality build (additional data in account transfers)
- Coordinate with GetInsured for new auto eligibility functionality build

Oct 2021 – Mar 2022

Plan and implement Medicaid MoE Communications (including additional funding)

- Building communications strategy
- Specific stakeholder and call center messaging
- Enhanced assister and community outreach

2021

Aug

Sep

Oct

Nov

Dec

2022

Jan

Feb

Mar

Next Steps

- Continue to work with DHS to build auto-eligibility functionality and revise Pennie notices to reflect a much smoother account transfer process for customers
- Confirm and finalize the communication DHS will send to individuals who do not respond to the renewal packet or respond with insufficient information
- Finalize the marketing, and outreach plan to reach those potentially losing Medicaid coverage with the expiration of the PHE
- Confirm the renewal process and timeline for current Medicaid consumers when the PHE expires

Adjourn



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WEB

pennie.com

A large, thick, dark blue arc is positioned in the upper left quadrant of the slide, curving from the left edge towards the center.

Appendix

Key Data Caveats

- This dashboard is intended to show directional trends that will indicate overall consumer activity and call center performance.
- Caution should be taken when trying to compare numbers across categories for a variety of reasons:
 - Consumers may not cleanly flow from one step to the next (i.e., application to plan selection as not all consumers who apply will be eligible).
 - Some numbers are at a household level (like application) where others are at an individual level (like members enrolled).
 - Duplication may exist at some steps (i.e., consumers may create more than one account unintentionally), and consumers may show up in multiple places (i.e., mixed household eligibility will show up in account transfer and plan selection).
- This dashboard is inclusive of medical plan information only, it currently excludes dental plan information.
- This dashboard reports plan selections as enrollments.
- Finally, call center information is inclusive of all calls received during call center normal business hours.
- OE 2021 Caveats:
 - For Active Renewals, note that there was a small manual auto-renewal run performed 11/13/2020; enrollees from that run are reflected in this Active Renewals metric.
 - For the total conditional and full eligibility applications, note that these are a subset of the “2021 Applications Started” metric reported in the Platform Metrics table. These two metrics then will most likely differ.
 - For customer service metrics, call information for 11/2/2020 has been excluded from the totals due to technical difficulties in the call center telephone system.
- OE 2022 Caveats:
 - Data shown is as of 4am of the given date. This is different from last year, which used data through the full day. This does not apply to Call Center data.
 - 11/15/21 4am data would most closely compare to 11/14/20 full-day data; however, that second one is not available.
 - Call center data is repulped with current definitions and will not match the last year’s report.

Dashboard Definitions

Platform (Exchange) Metrics

Existing & Passive Accounts	Count of unique households, created before 11/1/2021 and not updated since 11/1/2021
Existing & Active Accounts	Count of unique households, created before 11/1/2021 and updated since 11/1/2021
New Accounts	Count of unique households, created after 11/1/2021
Existing Customer Applications	Count of household applications, given the household record was created before 11/1/2021 and the application was for Coverage Year 2022
New Applications	Count of household applications, given the household record was created since 11/1/2021 and the application was for Coverage Year 2022
Medicaid Inbound	Count of unique application referrals from the Medicaid system to Pennie since 11/1/2021
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, since 11/1/2021
Autorenewals	Count of unique enrollees on enrollment records created before 11/1/2021 that did not come in and actively shop since 11/1/2021
Active Renewals	Count of unique enrollees on enrollment records created after 11/1/2021, given they were covered by health insurance through Pennie during Nov '21 or Dec '21.
New Enrollment	Count of unique enrollees on enrollment records created after 11/1/2021, given they were <u>not</u> covered by health insurance through Pennie during Nov '21 or Dec '21

Dashboard Definitions (Plan Year 2021)

Platform (Exchange) Metrics	Old Name	New Name	Description
	HC.GOV Claimed	Existing & Active Accounts	Count of unique households, created before 11/1/2020 and updated since 11/1/2020
	New Accounts	New Accounts	Count of unique households, created after 11/1/2020
	HC.GOV Applications	Existing Customer Applications	Applications that are tied to an external application ID from the HC.GOV transfer. These are applications that resulted in a medical plan enrollment, and are reported at the household level
	New Applications	New Applications	Applications that do not have an external application ID. These are applications that resulted in a medical plan enrollment, and are reported at the household level
	MEDICAID_INBOUND	Medicaid Inbound	Count of unique application referrals from the Medicaid system to Pennie
	MEDICAID_OUTBOUND	Medicaid Outbound	Count of unique applications that had at least one individual assessed as potentially Medicaid eligible and therefore transferred to the Medicaid system for determination
	Autorenewals	Autorenewals	Count of unique enrollees on enrollment records created before 11/1/2020
	Active Renewals	Active Renewals	Count of unique enrollees on enrollment records created after 11/1/2020, with an external applicant ID (and for Health, removing external enrollments marked as Dental). Note that there was a small manual auto-renewal run performed 11/13/2020; enrollees from that run are reflected in this Active Renewals metric.
	New Enrollment	New Enrollment	Count of unique enrollees on enrollment records created after 11/1/2020 by accounts that do not have external applicant IDs that indicate they came from HC.GOV

Note: The Plan Year 2021 comparison values are pulled from the previous year's report containing the specified day's data.

Dashboard Definitions

Platform (Exchange) Metrics

Conditional and Full Eligibility Determinations	Display of all unique applications for this plan year that are enrolled, partially enrolled, or have eligibility received. These applications are either conditionally eligible (likely because of a data matching inconsistency) or fully eligible for the assistance displayed
Enrollment by Financial Assistance – Total	Display of enrollment for this plan year by financial assistance breakdown. Limited to Enrollees & Subscribers, to enrollees with coverage ending in the future, and removing those with canceled enrollment
Enrollment by Metal Tier – Total	Display of enrollment for this plan year by application metal tier. Limited to Enrollees & Subscribers, to enrollees with coverage ending in the future, and removing those with canceled enrollment
Enrollment by Insurer – Total	Display of enrollment by insurer for this plan year. Limited to Enrollees & Subscribers, to enrollees with coverage ending in the future, and removing those with canceled enrollment
Average PMPMs – Total	Display of per-member-per-month metrics for this plan year. Limited to Enrollee & Subscribers, to enrollees with coverage ending in the future, 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. Limited to this plan year. 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. Limited to this plan year. 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)

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

Dashboard Definitions

Broker and Assister Metrics		
	Accounts claimed by brokers	Number of user accounts claimed by brokers and agency managers. The daily count is determined by subtracting today's total from yesterday's total
	Accounts claimed by assisters	Number of user accounts claimed by assisters and entities. The daily count is determined by subtracting today's total from yesterday's total
	Total accounts claimed	Total of the user accounts claimed by brokers and assisters
	Number of households with broker designations	Count of the households which have an active designated a broker
	Number of households with assister designations	Count of the households which have an active designated an assister
	Number of enrollments with broker designations	Count of policies created with a broker attached
	Number of enrollments with assister designations	Count of policies created with an assister attached