



pennie™



# **Pennie Board of Directors**

## **Strategic Planning Session**

February 17, 2022

# Agenda

- **Preliminary Matters**
- **Action/Discussion Items by the Board**
  - **2023 Plan Certification Policy Recommendations**
  - **2021 & 2022 Data Overview**
  - **Break**
  - **2021 Strategic Goals Performance Review**
  - **Break**
  - **2022 Strategic Goals and Initiatives Planning**
- **Adjournment**



# Preliminary Matters





# Preliminary Matters

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



# **2023 Plan Certification Policy Recommendations**



# Overview

Applies to qualified health plans (QHPs) and qualified dental plans (QDPs).  
offering coverage through Pennie for 2023 plan year

Plan certification requirements are in addition to all federal and state regulations or other guidance related to offering QHPs and QDPs.

Process:

- ✓ Feedback was sought from variety of stakeholders
- ✓ Staff reviewed feedback and prepare recommendations for Board
- ➡ Board will review and approve policy



# **Proposed Requirements for 2023 Plan Certification**



# Requirement #1: Coverage for COVID-19

Provide coverage for COVID-19 vaccination, testing, diagnosis, and treatment in a manner consistent with the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Pub. L. 116-136, §§ 3201-03.

Proposal	Policy Goal(s)	Benefits	Challenges
Coverage for COVID-19 vaccination, testing, diagnosis, and treatment	Ensure access to quality health care	Ensure Pennsylvanian’s have access to necessary health care in public health crisis	N/A

## Feedback:

- No concerns
- One insurer noted that they expect this requirement will “align and conclude with end of Public Health emergency”

**Staff Recommendation: Adopt as proposed**



# Requirement #2: Commissions Disclosure to Producers

Producers serve a critical and unique role for customers

Important to have a robust diverse pool of producers to serve Pennie customers

Recommend continuing PY22 policy (see next slides) requiring advanced notice of commissions prior to OEP, consistency of commissions during OEP, and advanced notice of decreases after OEP.

Proposal	Policy Goal(s)	Benefits	Challenges
<ul style="list-style-type: none"><li>• Advanced notice of commissions prior to OEP</li><li>• Consistent throughout OEP,</li><li>• Ability to change after OEP</li><li>• Advanced notice of decrease</li></ul>	Ensure Pennsylvanians have access to a robust pool of licensed producers to provide expert assistance	<ul style="list-style-type: none"><li>• Advanced notice for brokers to decide whether to participate</li><li>• Consistency of commissions allows producers to commit and invest in support Pennie customers</li><li>• Changes after OEP allow insurers to adjust commissions based on business needs (e.g. increase commissions if low enrollment)</li></ul>	<ul style="list-style-type: none"><li>• Too early to have analysis on areas for improvement (First year of implementation in process)</li></ul>

## **Requirement #2: Commissions Disclosure to Producers**

Applicability: insurers who pay commissions; 2023 plans sold through Pennie

- *“If an insurer pays producer commissions, then the commission payment schedules for 2023 Plan Year QHPs & QDPs sold through the Exchange Authority’s platform must satisfy the following conditions:”*

Advanced Notice of Commissions 30 days in advance of OEP

- *“1. The producer commission payment schedule for the Open Enrollment Period must be made available to the Exchange Authority and to producers at least 30 days in advance of the start of the Open Enrollment Period or within 72 hours of final rates being released if final rates are released less than 30 days before OEP.”*

No Changes prior to End of OEP unless extenuating circumstances

- *“2. Insurers will not be permitted to make changes to the commission payment schedule until after the end of the Open Enrollment Period. Exceptions may be granted on a case-by-case basis when a change is due to extenuating circumstances outside of an insurer’s control (e.g. late approval of rates by PID, statutory or regulatory changes).”*

(continued...)

## **Requirement #2: Commissions Disclosure to Producers**

*(continued...)*

Ability to Make Changes After OEP, if...

- *“3. After the end of the annual Open Enrollment Period, an insurer will be permitted to make changes to its commission payment schedule under the following conditions:”*

Never less than commissions at time of sale

- *“a. The commission payment schedule will have no reduction after sale for current plan year sales.”*

Increased at any time

- *“b. The commission payment schedule can be increased at any time after notice to the Exchange Authority and producers; and”*

Decreased with 30 days advanced notice

- *“c. The commission payment schedule can be decreased after providing thirty (30) days advanced notice to the Exchange Authority and producers, but no reduction after sale for current plan year sales.”*



# Requirement #2: Commissions Disclosure to Producers

Proposal	Policy Goal(s)	Benefits	Challenges
<ul style="list-style-type: none"><li>• Advanced notice of commissions prior to OEP</li><li>• Consistent throughout OEP,</li><li>• Ability to change after OEP</li><li>• Advanced notice of decrease</li></ul>	<p>Ensure Pennsylvanians have access to a robust pool of licensed producers to provide expert assistance</p>	<ul style="list-style-type: none"><li>• Advanced notice for brokers to decide whether to participate</li><li>• Consistency of commissions allows producers to commit and invest in support Pennie customers</li><li>• Changes after OEP allow insurers to adjust commissions based on business needs (e.g. increase commissions if low enrollment)</li></ul>	<ul style="list-style-type: none"><li>• Too early to have analysis on areas for improvement (First year of implementation in process)</li></ul>

**Feedback:**

- Majority of insurers had no concerns continuing this policy; Two insurers requested changes to certain aspects:
  - One insurer stated that 30 days prior to OEP is too long. "any advance disclosure period longer than 2-3 weeks adds no additional benefit to the broker community."
  - Another insurer wants to be able to reduce commissions on in-force business after OEP.
- Producers generally supported the policy but request to prohibit insurers from reducing commissions after OEP
  - One producer concerned that allowing reduction of commissions after OEP would be discriminatory against SEP customers due to their likelihood for having higher claims
  - Another producer requested that Pennie exclude insurers that do not pay commissions "rather than put the Broker in the position of enrolling clients for no compensation"

**Staff Recommendation: Adopt as proposed**



# **Proposed Considerations for 2023 Plan Certification**



# Consideration #1: Renewal Plan Mapping

No change proposed from PY21 & PY22 definition (adopted federal standard)

“Whether renewing customers would experience a significant disruption as a result of plan mapping, such as benefit changes; premium or cost-sharing changes; or provider network changes. For 2023, the federal standard for plan mapping will be used.”

Proposal	Policy Goal(s)	Benefits	Challenges
Avoid disruption due to renewal plan mapping	Seamless autorenewals for customers into appropriate comparable plans	Ensure customers are autorenewed into the most appropriate comparable plan without surprises of significant changes	Limited experience to know which improvements needed to develop new standard

**Feedback:**

- All insurers expressed support with continuing the current mapping rules
- Two insurers expressed some concern about potential changes proposed in NBPP:
  - "We appreciate the desire of federal regulators to enroll consumers in a “more generous” plan where one is clearly available, but we have significant concerns about passively moving consumers to potentially less similar plans based on these types of value judgments."
  - If NBPP proposed standards around more generous plans are adopted, several insurers requested Pennie to provide examples including modeling of prior year renewal transactions to help insurers and consumer advocates better understand impact.

**Staff Recommendation: Adopt as proposed**

## **Consideration #2: Meaningful Difference**

- Choice is important for customers to find the right plan for their needs and their budget.
- Too much choice can be overwhelming to customers.
- Meaningful difference standard is intended to prevent a customer from having to choose between seemingly identical plans from the same insurer.
  - Not intended to exclude plans from one insurer because of plans offered by another insurer

Meaningful Difference Standard from PY21 & PY22 definition (adopted federal standard)

*“a. Whether a specific plan is meaningfully different from other plans offered by the same insurer within the service area and level of coverage. The goal of the meaningful difference standard is to ensure plans provide added value to the customers of differentiated features, and sufficient but not overwhelming choice.*

*i. In general, a plan is considered meaningfully different from another plan in the same service area and metal level if a reasonable consumer would be able to identify one or more material differences among the following characteristics between the plan and other plan offerings:*

*(1) Cost sharing; (2) Provider networks; (3) Covered benefits; (4) Plan type; or (5) child-only versus non-child-only plan offerings.*

*For example, plans are not meaningfully different if the only difference between the two plans is a de minimis difference in the deductible amount.*

*ii. Additional consideration may be made for plans offered in service areas with limited plan availability.”*

Consideration #2: Meaningful Difference

Pennie staff did an internal analysis of PY22 plan offerings across all service areas. While some service areas did have a lot of choices, in general, we were able to distinguish differences between plans of the same insurer, same metal level, and same plan type (e.g. HMO, EPO, PPO).

- The only exception was when two identical medical plans were offered with the only difference being that one plan included embedded adult dental/vision and the other did not. (We'll address this in separate discussions on plan display in Pennie shopping portal.)

Proposal	Policy Goal(s)	Benefits	Challenges
Meaningful Difference	Provide high quality, affordable, comprehensive health coverage to Pennsylvanians	Ensure plans provide added value to customers with differentiated features and sufficient, but not overwhelming, choice	Can be a difficult standard to quantify

Feedback:

- All insurers supported the current policy. One noted that the "proposed standards strike a reasonable balance in ensuring consumer choice while limiting market “flooding” by a given carrier“.
- One insurer noted the need to monitor impact of two otherwise identical plans with one offering embedded dental/vision. “This may be a watch item in the future as such pairs of plans present at the lower end of a metal level could significantly reduce the subsidy market in cases."

Staff Recommendation: Adopt as proposed

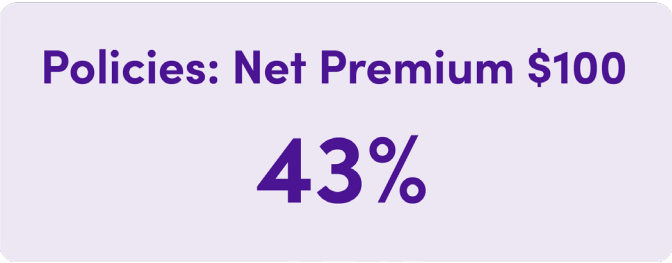
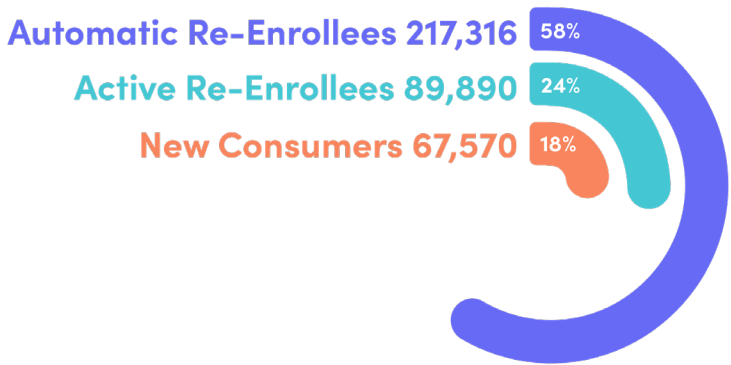
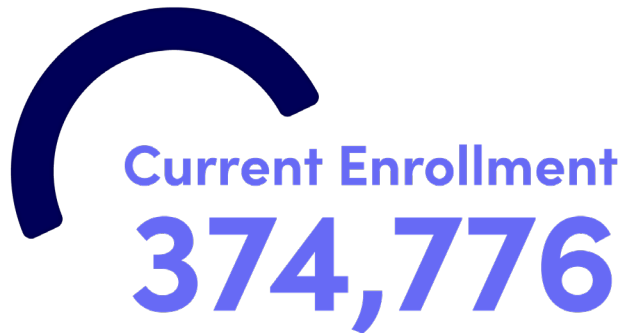




# 2021 & 2022 Data Overview



# Pennie At A Glance



FPL above 400%



400% FPL, Not Eligible for F. A.  
756

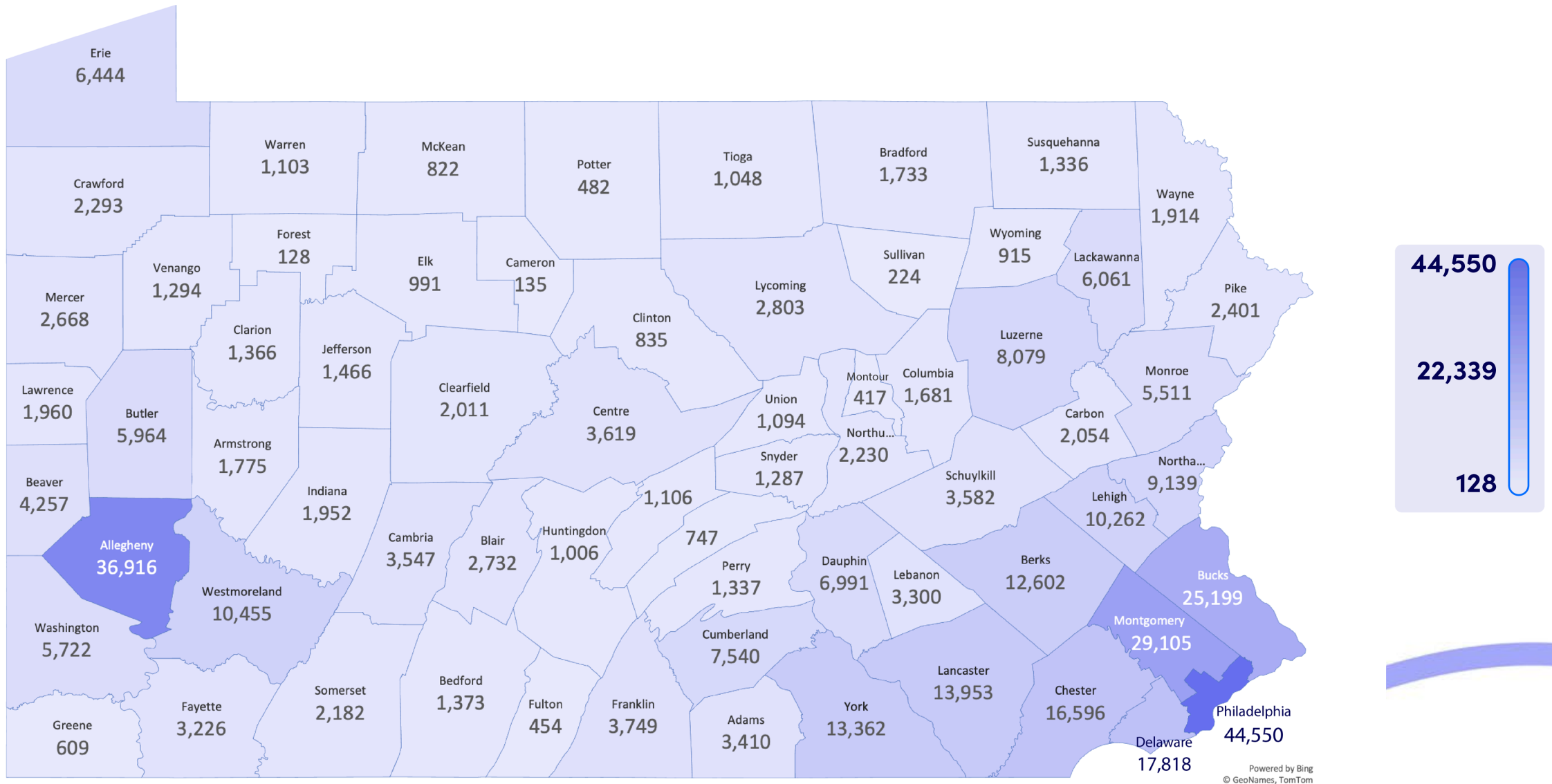


400% FPL, Eligible for F. A. 34,347



Data as of 1/15/22

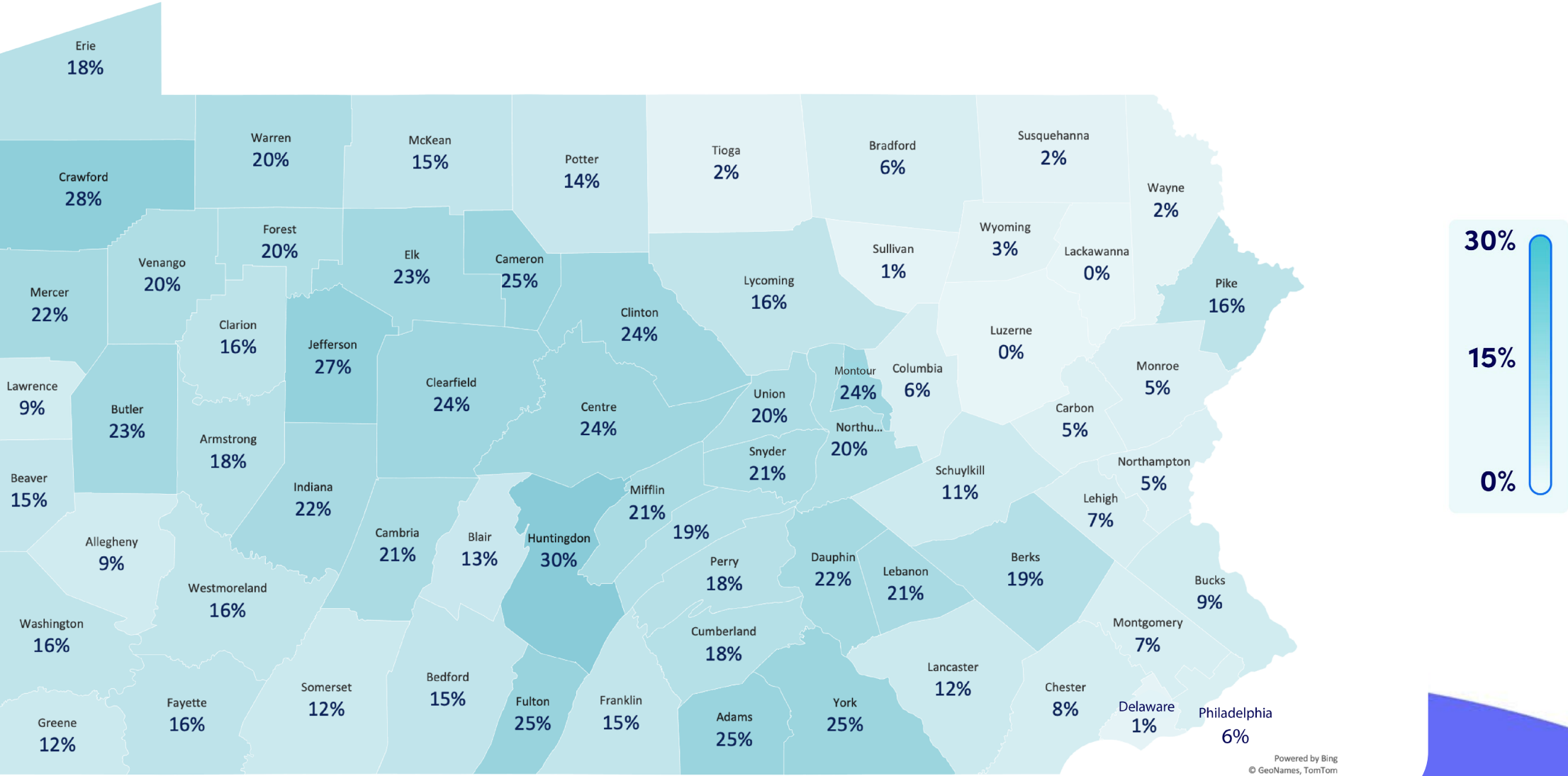
# OEP 2022 – Enrollments By County



Data as of 1/15/22



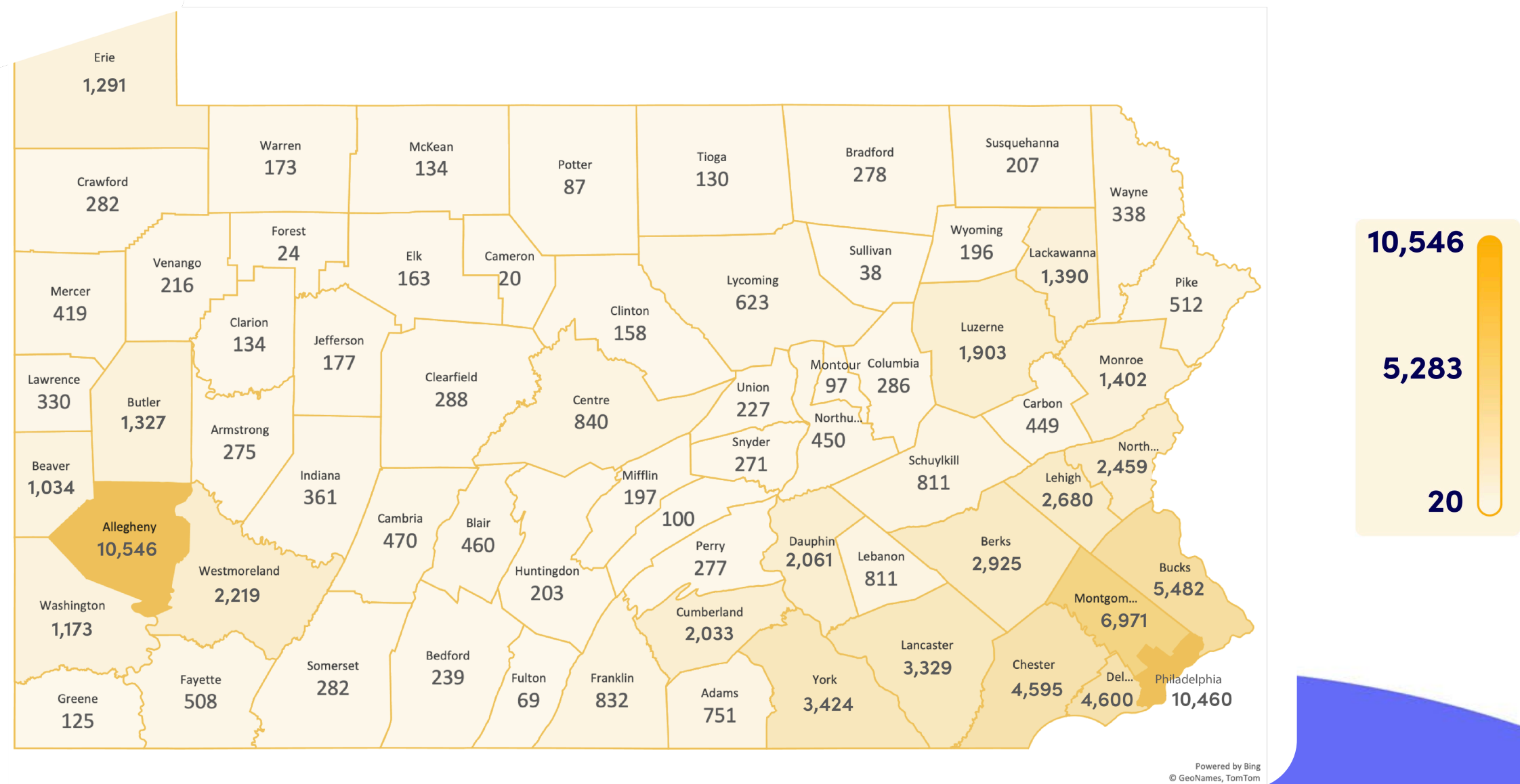
# OEPs 2021/2022 – Percentage Change In Enrollments By County



2021 Data as of 1/22/21  
2022 Data as of 1/15/22



# OEP 2022 – Dental Enrollments By County

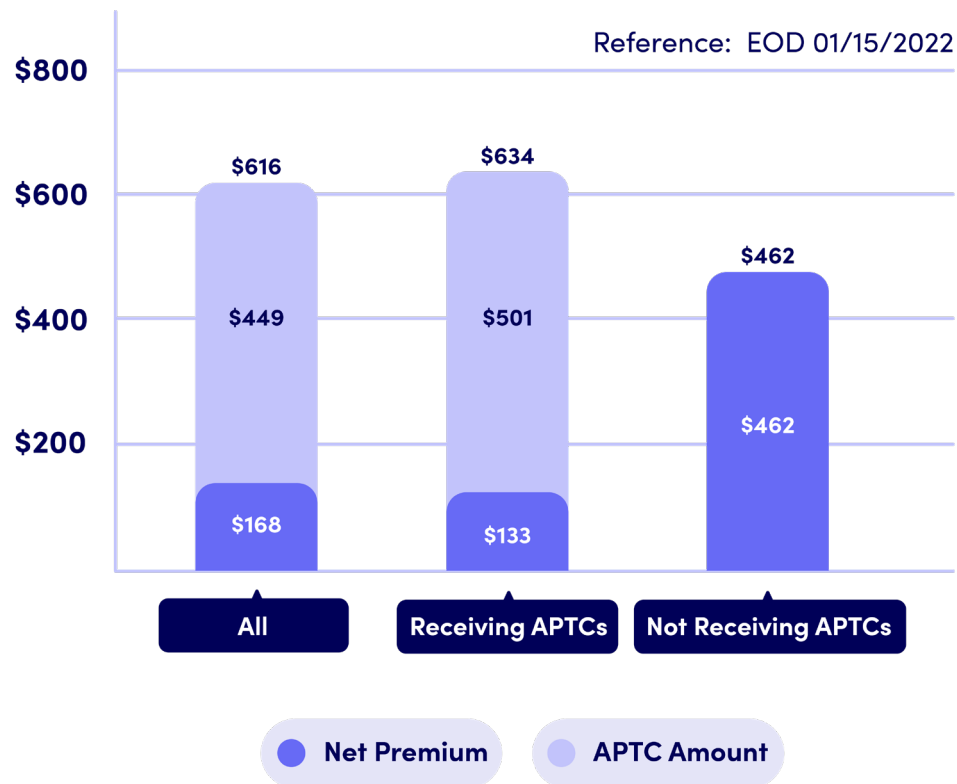
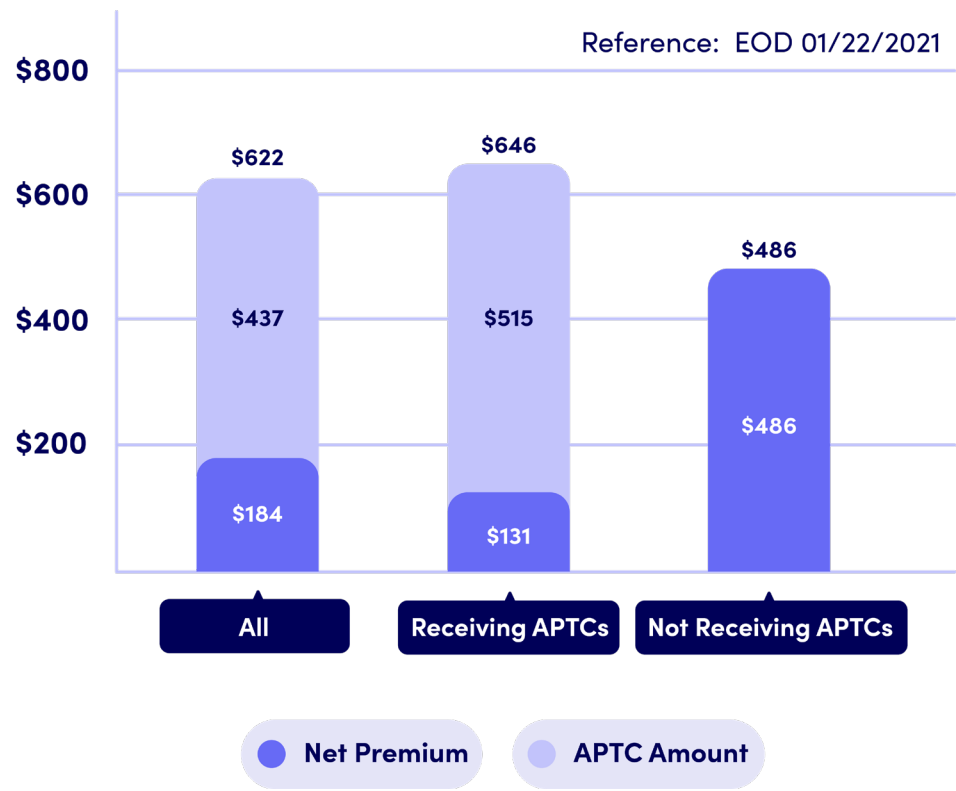


Data as of 1/15/22



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

## Average PMPMs – Total



**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.



# OEPs 2021/2022 – Change in Net Premiums

Rating Area	Enrollments	2021 PMPM Net Premium	2022 PMPM Net Premium	Change in PMPM Net Premium
<b>1 Northwest</b>	16k	\$177	\$130	-\$47
<b>2 North Central</b>	2k	\$183	\$150	-\$33
<b>3 Northeast</b>	35k	\$209	\$216	\$7
<b>4 Southwest</b>	73k	\$193	\$155	-\$37
<b>5 Cambria Area</b>	14k	\$177	\$130	-\$48
<b>6 Central</b>	34k	\$192	\$200	\$8
<b>7 Lancaster Area</b>	43k	\$167	\$158	-\$8
<b>8 Southeast</b>	133k	\$189	\$184	-\$6
<b>9 South Central</b>	24k	\$172	\$132	-\$40

## New Premium Changes:

Large Decrease (\$30 to \$50 less)

RA 1 (*Northwest*)  
RA 2 (*North Central*)  
RA 4 (*Southwest*)  
RA 5 (*Cambria Area*)  
RA 9 (*South Central*)

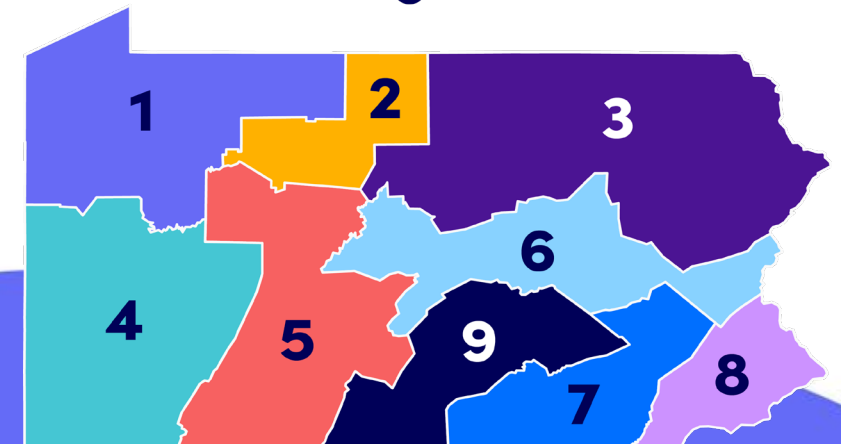
Small Decrease (around \$7 less)

RA 7 (*Lancaster Area*)  
RA 8 (*Southeast*)

Small Increase (around \$7 more)

RA 3 (*Northeast*)  
RA 6 (*Central*)

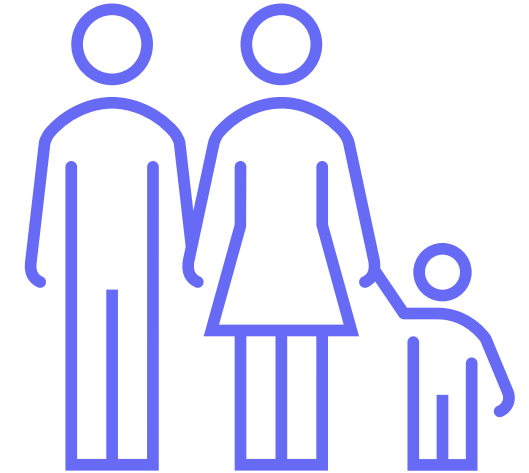
## Rating Areas



2021 Data as of 1/22/21  
2022 Data as of 1/15/22

# OEPs 2021/2022 Age Demographics

Age	OEP 2021	OEP 2022	New Customers since OEP 2021*
0 – 17	5%	5%	6%
18 – 25	7%	7%	9%
26 – 34	16%	16%	20%
35 – 44	15%	16%	14%
45 – 54	19%	18%	16%
55 – 64	36%	36%	34%
65+	1%	1%	1%
<b>Total</b>	<b>337,722</b>	<b>374,776</b>	<b>111,419</b>

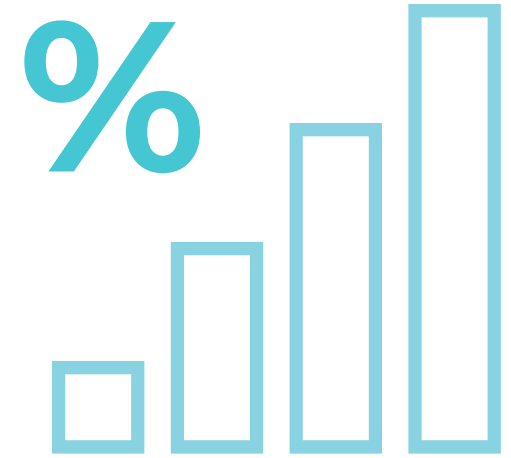


\* "New Customers" defined as those Plan Year 2022 customers who created a Pennie account sometime after OEP 2021 (1/23/21 to 1/15/22)

2021 Data as of 1/22/21  
2022 Data as of 1/15/22

# OEPs 2021/2022 FPL Demographics

FPL	OEP 2021	OEP 2022	New Customers since OEP 2021*
0 - 100%	2%	2%	2%
100 - 150%	17%	16%	12%
150 - 200%	26%	23%	18%
200 - 250%	17%	17%	15%
250 - 400%	26%	26%	27%
400%+ or ?	12%	16%	25%
<b>Total</b>	<b>337,722</b>	<b>374,776</b>	<b>111,419</b>



\* "New Customers" defined as those Plan Year 2022 customers who created a Pennie account sometime after OEP 2021 (1/23/21 to 1/15/22)

2021 Data as of 1/22/21  
2022 Data as of 1/15/22

# OEPs 2021/2022 Race Demographics

Race	OEP 2021	OEP 2022	New Customers since OEP 2021*
White	65%	65%	59%
AA	4%	4%	4%
Asian	8%	7%	5%
NH/PI	<1%	<1%	<1%
AI/AN	<1%	<1%	<1%
Other	1%	2%	3%
Mixed	1%	1%	1%
N/A	21%	21%	29%
<b>Total</b>	<b>337,722</b>	<b>374,776</b>	<b>111,419</b>

\* "New Customers" defined as those Plan Year 2022 customers who created a Pennie account sometime after OEP 2021 (1/23/21 to 1/15/22)

2021 Data as of 1/22/21  
2022 Data as of 1/15/22



# OEPs 2021/2022 Ethnicity Demographics

Ethnicity	OEP 2021	OEP 2022	New Customers since OE 2021*
Hispanic/Latino	3.0%	3.4%	4.1%
Not Hispanic/Latino	97%*	88%	73%
No Response	N/A*	9%	22%
<b>Total</b>	<b>337,722</b>	<b>374,776</b>	<b>111,419</b>



\* "New Customers" defined as those Plan Year 2022 customers who created a Pennie account sometime after OEP 2021 (1/23/21 to 1/15/22)

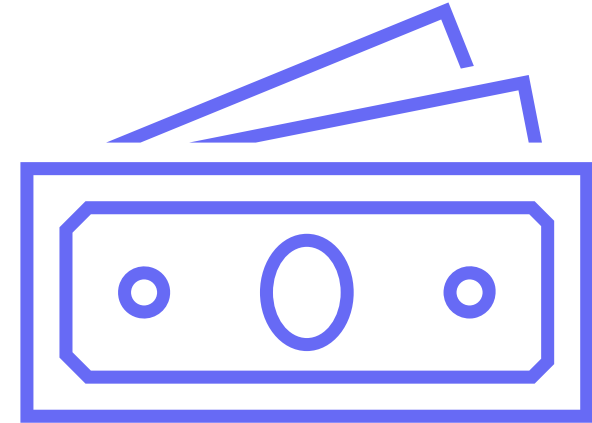
\*For OEP 2021, "Not Hispanic/Latino" and "No Response" were not split apart.

2021 Data as of 1/22/21  
2022 Data as of 1/15/22



# OEPs 2021/2022 Financial Assistance

Financial Assistance	OEP 2021	OEP 2022	New Customers since OE 2021*
APTC	25%	36%	44%
APTC_CSR	61%	56%	46%
CSR	<1%	<1%	<1%
QHP	14%	8%	10%
<b>Total</b>	<b>337,722</b>	<b>374,776</b>	<b>111,419</b>

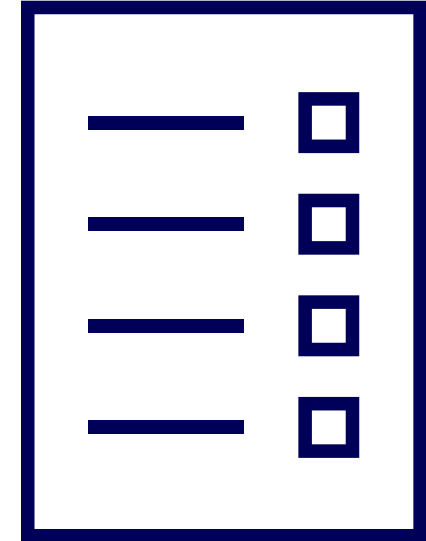


\* "New Customers" defined as those Plan Year 2022 customers who created a Pennie account sometime after OEP 2021 (1/23/21 to 1/15/22)

2021 Data as of 1/22/21  
2022 Data as of 1/15/22

# OEPs 2021/2022 Metal Tier Selections

Metal	OEP 2021	OEP 2022	New Customers since OE 2021*
Bronze	27%	24%	23%
Silver	46%	40%	30%
Gold	26%	35%	45%
Catastrophic	1%	0%	1%
<b>Total</b>	<b>337,722</b>	<b>374,776</b>	<b>111,419</b>



\* "New Customers" defined as those Plan Year 2022 customers who created a Pennie account sometime after OEP 2021 (1/23/21 to 1/15/22)

2021 Data as of 1/22/21  
2022 Data as of 1/15/22

# OEP 2022 Metal Tier Selection and Age

AGE	OEP 2022	Bronze	Silver	Gold	Catastrophic
<b>TOTAL</b>	<b>374,776</b>	<b>90,297</b>	<b>151,284</b>	<b>131,570</b>	<b>1,625</b>
<b>0 – 17</b>	5%	6%	6%	6%	7%
<b>18 – 25</b>	7%	7%	7%	6%	26%
<b>26 – 34</b>	16%	17%	16%	14%	67%
<b>35 – 44</b>	16%	15%	17%	14%	0%
<b>45 – 54</b>	18%	18%	20%	17%	0%
<b>55 – 64</b>	36%	35%	34%	41%	0%
<b>65+</b>	1%	1%	2%	1%	0%

## Observations:

The age distribution for Bronze and Silver customers are fairly similar.

Gold customers tend to be older.

# OEP 2022 Metal Tier Selection and Financial Assistance

FINANCIAL ASSISTANCE	OEP 2022	Bronze	Silver	Gold	Catastrophic
<b>TOTAL</b>	<b>374,776</b>	<b>90,287</b>	<b>151,284</b>	<b>131,570</b>	<b>1,625</b>
<b>APTC</b>	36%	50%	15%	50%	29%
<b>APTC_CSR</b>	56%	37%	83%	40%	11%
<b>CSR</b>	0%	0%	0%	0%	0%
<b>QHP</b>	8%	13%	2%	10%	60%

## Observations:

Bronze/Gold are less likely to be eligible for aid.

For those that select Silver, 98% are eligible for financial assistance.

# OEP 2022 Metal Tier Selection and FPL

FPL	OEP 2022	Bronze	Silver	Gold	Catastrophic
<b>TOTAL</b>	<b>374,776</b>	<b>90,287</b>	<b>151,284</b>	<b>131,570</b>	<b>1,625</b>
<b>0% - 100%</b>	2%	1%	2%	1%	14%
<b>100% - 150%</b>	16%	6%	33%	4%	6%
<b>150% - 200%</b>	23%	14%	37%	13%	5%
<b>200% - 250%</b>	17%	17%	12%	22%	6%
<b>250% - 400%</b>	26%	36%	12%	37%	17%
<b>400%+ or ?</b>	16%	26%	5%	22%	53%

## Observations:

Those with Silver plans tend to have lower FPLs.

Those with Bronze/Gold tend to have higher FPLs.

# OEPs 2021/2022 Pennie-Certified Stakeholders

## Brokers

### Counts:

#### **3,024 Total**

- 2,016 Retained from '21 (75% of '21)
- 673 Didn't recertify
- 1,008 New for '22

#### **Language:**

- 20% Responded
- 5% Language other than English (most prominent: Spanish)

## Assisters

### Counts:

#### **247 Total**

- 104 Retained from '21 (62% of '21)
- 63 Didn't recertify
- 143 New for '22

#### **Language:**

- 100% Responded
- 35% At least 2 languages
- 28% Spanish

# OEPs 2021/2022 Pennie-Certified Stakeholder Enrollments

	Total	Broker	Assister	Active and New Broker	Active and New Assister
<b>OE 2021 (#)</b>	<b>337,722</b>	<b>101,139</b>	<b>1,910</b>	<b>44,711</b>	<b>1,568</b>
<b>OE 2021 (%)</b>	100%	30%	0.6%	13%	0.5%
<b>OE 2022 (#)</b>	<b>374,776</b>	<b>149,239</b>	<b>3,276</b>	<b>78,524</b>	<b>1,620</b>
<b>OE 2022 (%)</b>	100%	40%	0.9%	21%	0.4%

## Observations:

21% of customers were actively aided by a broker for 2022, up from 2021's 13%.

About 0.45% of customers were actively aided by an assister, for both 2021 and 2022.

## OE 2022 Assister Referrals/Applications to Medicaid\*

Medicaid <sup>1</sup>	3,068
CHIP <sup>2</sup>	118

\*These numbers were reported to Pennie by our assister vendor, Cognosante. Pennie has not independently verified these totals.

- (1) These referral totals include referrals made to Medicaid, applications sent to Medicaid through Pennie, and the number of Medicaid applications directly entered into DHS COMPASS for Medicaid during the enrollment assistance process.
- (2) These referral totals include the applications sent to CHIP through Pennie and the number of referrals/applications sent directly to CHIP

2021 Data as of 1/22/21  
2022 Data as of 1/15/22

# OEP 2022 Pennie-Certified Stakeholders By Rating Area

Rating Area	Population	Sq. Miles	Brokers	Assisters	Stakeholders per 1k People	Stakeholders per Sq. Mile
<b>1 Northwest</b>	0.6M	6,050	120	11	0.209	0.022
<b>2 North Central</b>	50K	2,305	12	2	<b>0.281</b>	<b>0.006</b>
<b>3 Northeast</b>	1.2M	9,678	107	32	<b>0.117</b>	0.014
<b>4 Southwest</b>	2.5M	7,043	508	22	0.212	<b>0.075</b>
<b>5 Cambria Area</b>	0.5M	5,973	77	5	0.154	0.014
<b>6 Central</b>	1.3M	4,731	300	26	0.254	0.069
<b>7 Lancaster Area</b>	1.5M	3,223	171	28	0.130	0.062
<b>8 Southeast</b>	4.2M	2,156	746	76	0.197	0.381
<b>9 South Central</b>	0.9M	3,585	117	41	0.170	0.044

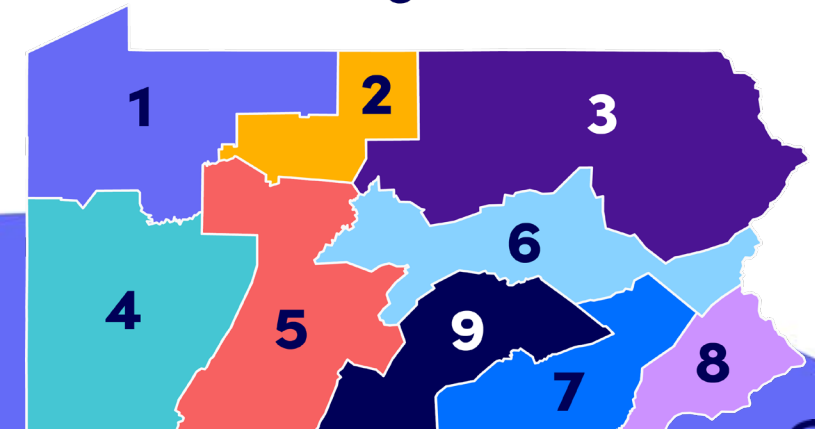
## Observations:

Southeast has the most brokers and assisters, while North Central has the least.

Per person, North Central has the most brokers and assisters, while Northeast has the least.

Per square mile, Southwest has the most brokers and assisters, while North Central has the least.

## Rating Areas



Data as of 1/15/22



# OEP 2022 Stakeholder Assistance and Age

Age	OEP 2022	Broker	Assister	Active and New Broker	Active and New Assister
<b>TOTAL</b>	<b>374,776</b>	<b>149,239</b>	<b>3,276</b>	<b>78,524</b>	<b>1,620</b>
<b>0 – 17</b>	5%	6%	2%	7%	2%
<b>18 – 25</b>	7%	7%	5%	8%	6%
<b>26 – 34</b>	16%	12%	10%	12%	10%
<b>35 – 44</b>	16%	13%	13%	13%	12%
<b>45 – 54</b>	18%	18%	22%	18%	22%
<b>55 – 64</b>	36%	43%	44%	41%	44%
<b>65+</b>	1%	1%	3%	1%	3%

## Observations:

About half of the customers connected to a broker/assister are from customers who actively shopped during Open Enrollment.

Brokers/Assisters tend to help older customers.

# OEP 2022 Stakeholder Assistance and FPL

FPL	OEP 2022	Broker	Assister	Active and New Broker	Active and New Assister
<b>TOTAL</b>	<b>374,776</b>	<b>149,239</b>	<b>3,276</b>	<b>78,524</b>	<b>1,620</b>
<b>0% - 100%</b>	2%	1%	8%	2%	8%
<b>100% - 150%</b>	16%	20%	15%	24%	15%
<b>150% - 200%</b>	23%	21%	24%	20%	23%
<b>200% - 250%</b>	17%	15%	19%	14%	18%
<b>250% - 400%</b>	26%	27%	25%	24%	26%
<b>400% + or ?</b>	16%	14%	8%	17%	10%

## Observations:

Proportionally, most of the customers served by both Assisters and Brokers fall in the 250-400% FPL band; Brokers serve considerably more customers in the 400%+ FPL band than Assisters.

For Active and New customers, Brokers are proportionally helping more customers in the under 150% FPL group than Assisters.

# OEP 2022 Medicaid Account Transfers

	Sent	Response	Accepted	Response Rate	Acceptance Rate <i>per response</i>
Households sent to Medicaid	43,395	30,321	14,373	70%	47%

	Received	Enrolled	Conversion Rate <i>HH enrolled in Pennie</i>
Households referred from Medicaid	23,659	6,019	25%

Data is for account transfers made between 11/1/21 and 1/15/22, with the responses as of 2/3/22.

# OEP 2022 Pennie.com Statistics

Open Enrollment

**2022**

**1,733,233**

Total Pageviews

**607,583**

Unique visitors

## Translated Page View Breakdown:

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Spanish - 57%

Russian - 9%

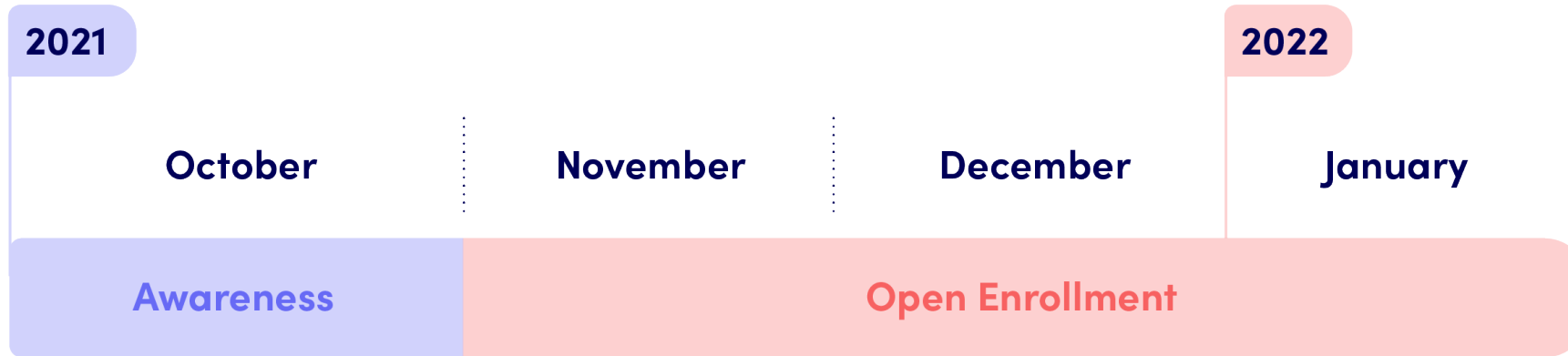
Simplified Chinese - 8%

Other languages: French: 6% - Vietnamese: 5% - Arabic: 5%

Swahili: 4% - Nepali: 3% - Pashto: 3%

**39,928**  
Translated page views

# Paid Digital Media Analytics

A blue arc icon representing a partial circle.

Over  
**8.8M**  
Impressions

A red arc icon representing a partial circle.

Over  
**90.4M**  
Impressions

Total Impressions  
**99.2M**



Data as of 1/15/22

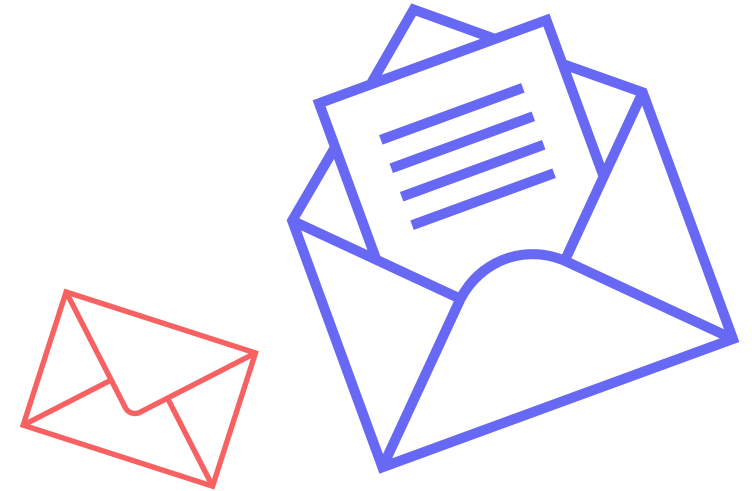
# OEP 2022 Customer Emails

<b>Number of Emails Sent to Targeted Customers</b>	<b>12,332,780</b>
<b>Unique Open Rate</b>	<b>28%</b>
<b>Cumulative Open Rate</b>	<b>45%</b>
<b>Engagement Rate</b>	<b>2%</b>

Please note: Unique Open rate is how many individuals opened the emails. The cumulative open rate reflects how many times an individual may have opened that email. The industry standard for insurance-related marketing email open rates is roughly 22%.

Engagement rate indicates how many email recipients clicked on the link provided in the email – taking them to pennie.com or to the customer login page. The industry standard engagement rate is 2%.

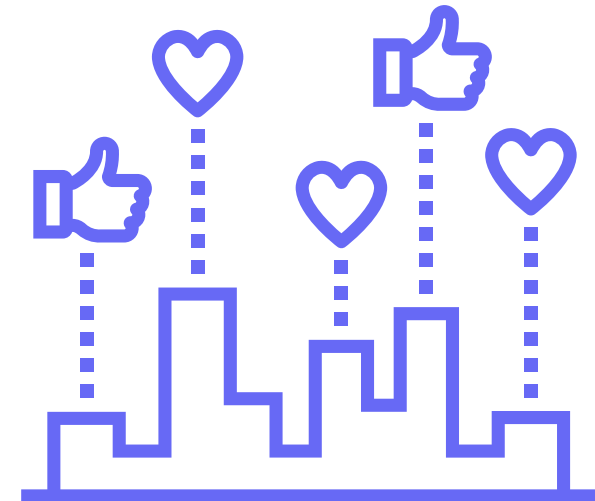
Over  
**12.3M**  
Emails sent to targeted customers



# OEP 2022 Social Media Statistics

	Follower Growth	Impressions	Engagements
Facebook	+22%	1,575,100	95,000
Twitter	+7%	147,400	714
LinkedIn	+6%	1,757,025	296
Instagram	-	828,107	395

Results of Paid and Organic Growth



Data as of 1/15/22



# BREAK





# **2021 Strategic Goals Performance Review**



# 2021 Strategic Goals

1. **Execute New Federal ACA requirements (American Rescue Plan) to:**
  - Maximize affordability and access
  - Minimize disruption to market participants and;
  - Ensure fiscal stability and responsibility
2. **Increase health coverage for the uninsured and underserved through the development and advancement of policies and systems reducing inequities experienced by vulnerable communities**
3. **Achieve operational excellence through improved:**
  - Customer service and;
  - Ease of doing business with Pennie

# 2021 Goal #1

***Execute New Federal ACA requirements (American Rescue Plan) to:***

- *Maximize affordability and access*
- *Minimize disruption to market participants and;*
  - *Ensure fiscal stability and responsibility*

# 2021 Goal #1: How Did We Measure Up?

<u>Key Initiatives</u>	<u>Achievements</u>
Increase enrollments for plan years 2021 and 2022	<ul style="list-style-type: none"> <li>• Enrolled over 65,000 new customers during the COVID-19 SEP</li> <li>• Enrolled over 111,000 new customers since OEP 2021</li> <li>• Enrolled nearly 375,000 customers during OEP 2022</li> </ul>
Successfully deploy American Rescue Plan requirements	<ul style="list-style-type: none"> <li>• Implemented ARP in a two-phased approach:               <ul style="list-style-type: none"> <li>• First phase deployed on April 15, just over a month after ARP's enactment</li> <li>• Second phase, which automatically connected existing customers to new subsidies, deployed in early June</li> </ul> </li> <li>• Forged a unique partnership with Labor and Industry to automatically connect existing customers to the ARP unemployment insurance benefit</li> <li>• Deployed all changes with expediency, surpassing the federal timeline, with minimal system or operational issues</li> </ul>
Create and implement ARP-related SEPs	<ul style="list-style-type: none"> <li>• Created the COVID-19 SEP which was operational from Feb. 15 – Aug. 15</li> <li>• Created the COBRA SEP to support those losing enhanced COBRA subsidies under ARP starting in September. 342 individuals enrolled using this SEP</li> </ul>
Actively support all stakeholders throughout implementation	<ul style="list-style-type: none"> <li>• Frequently engaged and communicated all messaging and updates to stakeholders including brokers, assisters, legislatures and community partners</li> <li>• Held over 300 total educational sessions for stakeholders throughout 2021 in the form of workgroups, lunch and learns, and town halls</li> </ul>
Stay within budget and fully fund reinsurance obligations	<ul style="list-style-type: none"> <li>• Projected to end CY21 with a net profit of approximately \$19-21M (after 2021 reinsurance obligation)</li> <li>• Full reinsurance obligation met, resulting in statewide avg. premium reduction impact of ~5%</li> </ul>

# CY 2021 Financial Debrief

## CY2021 FINANCIAL RECAP\* (ESTIMATED)

### Revenues

CY2020 Carryover \$1,789,756

	Estimated	Actual	Variance
User Fees	\$61,767,560	\$71,567,963	\$9,800,403
Federal Receipts**	\$17,749,668	\$18,920,392	\$1,170,724
Treasury Interest	\$9,600	\$10,407	\$807
<b>Total</b>	<b>\$79,526,828</b>	<b>\$90,498,762</b>	<b>\$10,971,934</b>

### Expenses

Budget	Estimated	Actual	Variance
Personnel	\$6,459,524	\$5,181,354	(\$1,278,170)
Operations	\$47,864,130	\$47,110,212	(\$753,918)
<b>Total</b>	<b>\$54,323,654</b>	<b>\$52,291,566</b>	<b>(\$2,032,088)</b>

Est. Transfer to Reinsurance (July 22)

\$18-20M

**Net Profit\***

**\$19-21M**

Note: There is a Pension Liability estimate of \$805,605. This is based on what was calculated as Pennie's share to SERS in CY2020. The final amount will not be released by SERS until July 2022.

\*Note: Includes the estimated transfer to PID

\*\*Note: The actual amount includes additional ARPA related funding which was not included in the original estimate.

This report is considered an estimate until the annual financial audit is completed.

# 2021 Goal #1: Opportunities for Improvement

- Conversion of off-exchange consumers who became newly eligible for subsidies because of ARP was and continues to be very low. If ARP subsidies are extended, reassess new ways to reach these customers.
- The ARP system changes were complex and required considerable effort to review and test. Additional resources and tools dedicated to complex eligibility calculations will improve this process going forward.
- Providing automatic eligibility updates to qualified customers in early June 2021 and retroactively applying them to the first of the month was complicated and created customer confusion. If mid-year, wholesale eligibility changes are needed in the future, this issue can be mitigated through a prospective implementation.
- Strategically deploy notices and when possible, proactively communicate implications of notices, in plain language, to consumers.
- Provide a means of easier access to customer communications (notices/emails) for stakeholders to enhance their abilities to assist consumers.

## 2021 Goal #2

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

## 2021 Goal #2: How Did We Measure Up?

Key Initiatives	Achievements
Partner with DOH on the YMCA Health Equity Tour	<ul style="list-style-type: none"> <li>• Held nearly 70 sessions to represent Pennie and DOH and reached most regions across the Commonwealth</li> <li>• Provided health insurance education and enrollment assistance at the sessions</li> <li>• Provided COVID-19 testing/vaccination information at the sessions and worked to further support our sister agency, DOH</li> </ul>
Translate Pennie enrollment tools and services	<ul style="list-style-type: none"> <li>• Successfully deployed a Spanish language application including notices and communications for OEP 2022. Customers used the Spanish version of the application 2,919 times which equates to 0.44% of all applications during Open Enrollment</li> <li>• Made content of pennie.com available in 10 different languages</li> </ul>
Improve the renewal (passive and active) process for customers	<ul style="list-style-type: none"> <li>• Pennie automatically renewed 99.6% of all qualified 2021 customers into 2022 plans, an increase from the 97% auto-renewal success rate for OEP 2021</li> <li>• Active renewals were 61% higher this year (89,890 in 2022 vs. 55,699 in 2021)</li> </ul>
Expand assister network to reach historically underserved populations	<ul style="list-style-type: none"> <li>• Brought on Mendoza Group, the Bradbury-Sullivan LGBT Community Center, and Fabric Health to better engage historically uninsured, vulnerable communities. 31 new assisters were added through these organizations</li> <li>• These new partners enrolled 131 households and held 67 events throughout OEP 2022</li> <li>• Overall Assister supported active enrollments were 4.4% higher this year (1,603 HHs in 2022 vs. 1,535 HHs in 2021)</li> </ul>



## 2021 Goal #2: How Did We Measure Up?

<u>Key Ongoing Initiatives</u>	<u>Achievements and Status</u>
Continuous SEP for low-income customers	<ul style="list-style-type: none"> <li>Allows low-income Pennsylvanians (<math>\leq 150</math> FPL) to enroll throughout the year, establishing a new pathway to coverage for vulnerable populations</li> <li>The SEP is available to qualified customers newly applying for coverage through Pennie as of February 10.</li> <li>The SEP will be available to qualified existing customers in the summer</li> </ul>
Path to Pennie	<ul style="list-style-type: none"> <li>Allows uninsured tax-filers a pathway to Pennie coverage outside of Open Enrollment through a newly available Tax-Filer SEP</li> <li>Uninsured tax-filers can indicate on the currently available REV-1882 form their interest in getting covered through Pennie. Until the end of March, qualified customers will need to call the call center to avail themselves of the SEP.</li> <li>In April 2022, notices inviting qualified customers to apply and take advantage of the SEP will be sent out. An awareness campaign will be concurrently launched.</li> </ul>
Automatic eligibility functionality for Medicaid Account Transfers	<ul style="list-style-type: none"> <li>Allows for complete applications sent to Pennie from the Department of Human Services to be automatically submitted, resulting in financial assistance eligibility being included on the initial communications to qualified customers.</li> <li>This functionality will be available beginning in April and will be a key tool in supporting Pennsylvanians losing Medical Assistance whenever the Public Health Emergency ends.</li> </ul>
2023 binder payment policy	<ul style="list-style-type: none"> <li>Ensures that, starting in 2023, nominal payment errors (99% maximum payment threshold) do not prevent customers from effectuating coverage</li> </ul>

## 2021 Goal #2: Opportunities for Improvement

- Mature Pennie's translation work to promote consistency on all platforms
- Explore the feasibility and potential utilization of having Pennie enrollment tools and services translated into more languages
- Improve proactive communications to customers and stakeholders about unique changes at renewal time (subscriber switch, non-consent population)
- Explore allowing customers to provide separate consents for auto-renewal and for sharing data with the Federal Data Services Hub (FDSH).
- Proactively plan for new initiative contracting and assister registration lead times to ensure timely start of OEP activities
- Reassess and continuously improve strategies for reaching historically uninsured areas in the Commonwealth

## 2021 Goal #3

***Achieve operational excellence through improved:***

- *Customer service and;*
- *Ease of doing business with Pennie*

# 2021 Goal #3: How Did We Measure Up?

<u>Key Initiatives</u>	<u>Achievements</u>
Onboard a new insurer without disruption	<ul style="list-style-type: none"> <li>• Worked closely throughout the year to onboard Cigna who was operational on the first day of OEP</li> </ul>
Create and deploy a stakeholder test environment for Sept. release testing	<ul style="list-style-type: none"> <li>• Insurers, assisters, and brokers had a month to participate in this environment and test key functionality being deployed in Sept. release</li> <li>• The environment supported full end to end functionality for eligibility and enrollment, including support for assister and broker portals, and insurer electronic enrollment file transactions</li> </ul>
Improve processes for greater ease of doing business with Pennie	<ul style="list-style-type: none"> <li>• Deployed insurer ticketing enhancements to better manage workflows, reassign tickets, and coordinate with Pennie CSRs on processing tickets</li> <li>• Streamlined the broker certification process to improve efficiency and turnaround times</li> <li>• Operated a customer appeals process which received 87% less appeals than the FFM the year prior (279 appeals filed in 2021 with Pennie vs. 2,163 appeals filed thru July 2020 with the FFM)</li> <li>• Informally resolved ~79% of all appeals filed in 2021</li> </ul>
Implement a new broker learning management system	<ul style="list-style-type: none"> <li>• Provided a no cost training to all Pennie certified brokers for OEP 2022</li> <li>• Supported fully the certification/recertification of 2,960 brokers for 2022</li> </ul>
Deploy a new contact center telephony system	<ul style="list-style-type: none"> <li>• Implemented telephony system timely and seamlessly which allowed for improved customer experience</li> <li>• Supported continuous service throughout OEP with no outages</li> </ul>
Serve assisters and brokers with expanded call center hours	<ul style="list-style-type: none"> <li>• Extended hours on Saturdays 1pm-5pm for assisters and brokers during OEP</li> </ul>

## 2021 Goal #3: Opportunities for Improvement

- Utilization of stakeholder testing environment was lower than expected with minimal feedback. Need to determine ROI of continuing given the large operational investment from Pennie team
- Need to reassess content in broker recertification training and streamline when possible
- Utilization of expanded call hours for brokers and assisters was lower than expected. Need to determine if worth continuing for next OEP

# Assister Feedback

## WORKED WELL

- Most assisters feel they receive communications from Pennie in a timely fashion
- The “finding an assister” navigation was helpful and easy for customers
- Pennie resolved assister tickets expediently
- The Pennie Call Center provided accurate resolution to questions and concerns
- The Pennie FAQ and search tool was easy to use
- Pennie website/IT issues were minimal and when occurred, resolved quickly

## TARGETS FOR IMPROVEMENT

- Most assisters did not think customer application codes were helpful to expedite the application process
- Some assisters suggested improvements to the auto-renewal process and indicated notice improvements could be made to increase self-service
- Assisters would like to have a phone number beyond the customer number to reach out to insurers for customer needs – they did not always find insurer reps on the main customer line helpful
- Streamline certification process to improve efficiency and timelines to completion

# Broker Feedback

## WORKED WELL

- Overall, 2022 Open Enrollment Process was seamless
- Found language enhancements to the website and application platform helpful
- Certification processing times were faster; large agencies/insurers increase staffing leading up to OEP so improved efficiencies were appreciated
- Many found Pennie's Customer Service Representatives friendly and caring
- 75% of the brokers who provided feedback on the new training, rated the training with five stars. Many found the training helpful and informative

## TARGETS FOR IMPROVEMENT

- Continued training to ensure a robust team of broker support specialists are available through our dedicated assister-broker service line; minimize need for escalations to [brokers@pennie.com](mailto:brokers@pennie.com)
- Clearer messaging for customer supplemental emails, like reminders to enroll, and ensure recipient list reflects most current activity
- Improved client management and reporting so brokers can identify clients requiring outstanding action or upcoming deadlines
- Streamline the Broker recertification training

# Insurer Feedback

## WORKED WELL

- Good collaboration, increased recurring meeting frequency, keeping insurers informed of updates, trends, or issues
- Implementation of insurer ticketing for customer issues, regular refinement to improve efficiency and collaboration, and Pennie reps following insurer-specific EDI processing guidance
- Smooth process for review of plan information, insurers had resources and time to complete review and process updates as needed
- Processed rate updates for almost all plans in September based on additional federal funding without delaying renewals timeline (in partnership with PID and insurer filing teams for quick turnaround times!)
- Automation of operational processes, e.g. reinstatements

## TARGETS FOR IMPROVEMENT

- Earlier renewal planning, more detailed information sharing as early as possible to allow more collaboration and improved customer communications by both Pennie and insurers
- More time for review of provider search during plan preview, and more streamlined process for reporting / investigating issues
- Earlier outreach to customers prior to renewals about potential impact of changing primary tax filer causing enrollment impacts (i.e. subscriber swap)
- Preventing customers from creating duplicate accounts and enrollments; improve process for more efficiently de-duplicating
- Continued fine tuning of insurer ticketing for customer issues, and improved customer service coordination with insurers



# Recommended Dispositions and Future Actions

<u>Goal</u>	<u>Recommended Disposition and Action</u>
<p><b>Execute New Federal ACA requirements (American Rescue Plan) to:</b></p> <ul style="list-style-type: none"><li>• <b>Maximize affordability and access</b></li><li>• <b>Minimize disruption to market participants and;</b></li><li>• <b>Ensure fiscal stability and responsibility</b></li></ul>	<p><b>Successfully achieved and closed. Do not carry over to 2022.</b></p>
<p>Increase health coverage for the uninsured and underserved through the development and advancement of policies and systems reducing inequities experienced by vulnerable communities</p>	<p>Successfully made progress on this goal in 2021, but there is more to accomplish. Propose carrying over to 2022 with more targeted focus on health equity.</p>
<p>Achieve operational excellence through improved:</p> <p>Customer service and;</p> <p>Ease of doing business with Pennie</p>	<p>Successfully made progress on this goal in 2021, but there is more to accomplish. Propose refocusing to include Pennie's organizational maturity as a key factor in achieving greater ease of doing business with Pennie for external parties.</p>

# BREAK



# 2022 Strategic Planning



# Today's Discussion

Purpose of this Discussion:

*Develop a **Meaningful, Actionable and Manageable** set of goals & initiatives that moves toward the intended outcomes and has the benefit of this group's collective perspectives*



- Agenda**
1. **External Factors:** Federal Landscape, PHE, ARP & BBB
  2. **Discussion Guidelines:** Meeting Norms and Questions to Consider
  3. **2022 Strategic Planning Presentation:** Goals, Targeted Outcomes, and Supporting Initiatives
  4. **Seeking Your Input**

# Environmental Factors – Federal Landscape

- Two key federal policies that have substantive implications for Pennie's Strategic Plan:

	<i>Description</i>	<i>Status</i>
<b>Public Health Emergency</b>	<ul style="list-style-type: none"><li><u>FFCRA</u> paused Medicaid redeterminations</li><li>Enhanced Medicaid FMAP during the PHE</li></ul>	End of PHE to be April 16, 2022 without further congressional/HHS action
<b>ARP Subsidies</b>	<ul style="list-style-type: none"><li><u>ARP</u> temporarily increased PTC amounts</li><li>Extended eligibility for 2021 and 2022</li></ul>	Subsidies to end after 2022 barring further legislative action (e.g. BBB)

*These two policy decisions fundamentally impact the landscape for state exchanges – and create substantive uncertainty for future planning*

# Environmental Factors – Unwinding PHE

- Public Health Emergency began on January 27, 2020, with 90-day extensions continued throughout the pandemic

Scenario <sup>1</sup>	PHE End Date	Biden Admin Promised 60-day Advance Notice	Continuous Enrollment Requirement is Lifted	Increased FMAP Timeline
No action by HHS/Congress	April 16, 2022*	February 15, 2022	May 1, 2022	6.2% points through June 2022
PHE extended again (w/o BBB*)	July 15, 2022	May 16, 2022	August 1, 2022	6.2% points through September 2022

\* No advanced notice given on February 15

<sup>1</sup>Source: [Georgetown Health Policy Institute](#)

## **Status: Timing Uncertain**

*Absent further action, the PHE will expire on April 16, 2022, potentially triggering “the most significant enrollment action in the 50+ year history of Medicaid.” –*

Sources:

1. [Georgetown](#) - Brooks, Tricia. (2022, February). *Secretary Becerra extends the phe: What does this mean for Medicaid and the continuous enrollment provision?* Georgetown University Health Policy Institute Center For Children and Families. <https://ccf.georgetown.edu/2022/01/14/secretary-becerra-extends-the-phe-what-does-this-mean-for-medicaid-and-the-continuous-enrollment-provision/>

# Implications for PHE Unwinding

- *Significant Risk of Coverage Loss*  
Even with additional time to unwind the PHE (now 12 months), there will still be **considerable risk of loss of coverage due to Medicaid churn**<sup>2</sup>
- *Serious Implications for Communities of Color*  
Black, Latino/a and other people of color are at risk of being disproportionately impacted<sup>2</sup>
  - they “experience a significantly greater degree of volatility in employment and housing”<sup>2</sup>
- *Substantive Operational and Technical Burden*
  - **States will have up to 4 months** after the month in which the PHE ends to resume timely processing of all application.<sup>3</sup>
  - **States will have up to 12 months** after the month in which the PHE ends to complete pending verifications, redeterminations based on changes in circumstances, and renewals.<sup>3</sup>

## Sources:

1. Georgetown (Brooks, T.) - <https://ccf.georgetown.edu/2022/01/14/secretary-becerra-extends-the-phe-what-does-this-mean-for-medicaid-and-the-continuous-enrollment-provision/>
2. SVHS & SHADAC (Boozang, P & Striar, A) - <https://www.shvs.org/the-end-of-the-covid-public-health-emergency-potential-health-equity-implications-of-ending-medicaid-continuous-coverage/>
3. HHS – CMS PHE Guidance. <https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf>

# Environmental Factors – ARP & BBB

<b>Starting Point Current ARP Subsidies</b>	The ARP substantially increased PTC amounts and extended eligibility <b>for 2021 and 2022</b>
<b>Build Back Better (BBB) Proposal</b>	<ul style="list-style-type: none"><li>• <b>Extends the ARP’s broad-based PTC expansion</b> through 2025</li><li>• <b>Makes other PTC improvements</b>, including conforming the employer coverage affordability threshold to the PTC’s 8.5% applicable percentage cap (2022-2025)</li><li>• Extends ARP’s <b>unemployment compensation</b>–linked PTC and CSR expansion for four years (through 2025)</li><li>• Creates a <b>“health insurance affordability fund”</b> providing \$10B per year to help states pay for reinsurance programs &amp; subsidy wraps (2023-25)</li></ul>

## **Status: Uncertain**

*The fate of the bill remains up in the air. Democratic leadership continues to signal that there is a deal to be reached but little evidence of negotiation progress*



The slide features several decorative curved shapes. A large, thick orange arc is positioned on the left side. Scattered across the background are several thinner, light yellow arcs of varying sizes and orientations, some resembling partial circles or segments of larger shapes.

# **2022 Mission, Strategic Goals, Outcomes, and Initiatives**

# Discussion Guidelines

## Purpose of this Discussion:

*Develop a **Meaningful, Actionable and Manageable** set of goals & initiatives that moves toward the intended outcomes and has the benefit of this group's collective perspectives*

Goals



Targeted Outcomes



Supporting Initiatives

## Guardrails and Meeting Norms

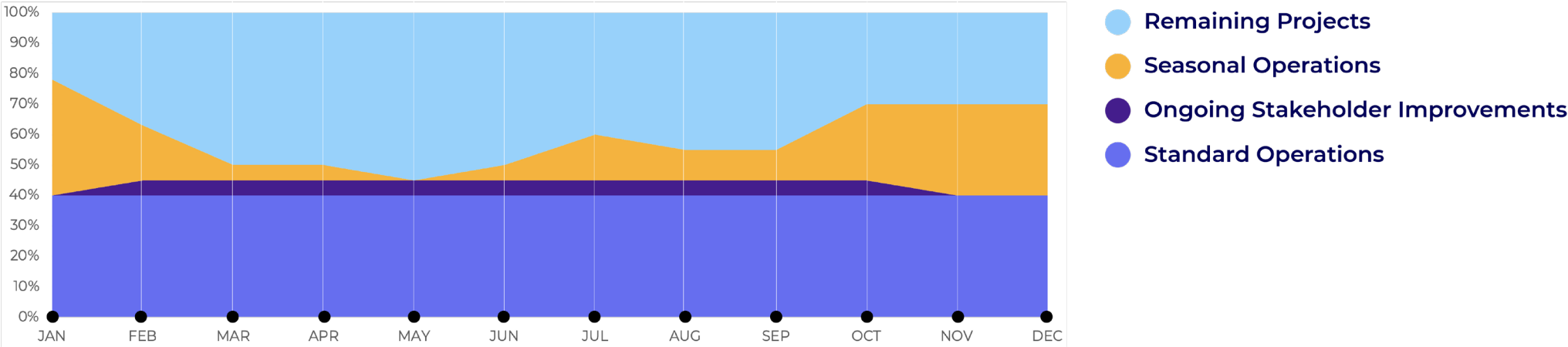
- Raise your hand, keep comments focused
- “Give me a headline”
- Focus on the Goals
- Additions require subtractions
- What vs how - Initiatives vs. tasks
- Intent vs wordsmithing

## Questions to Consider

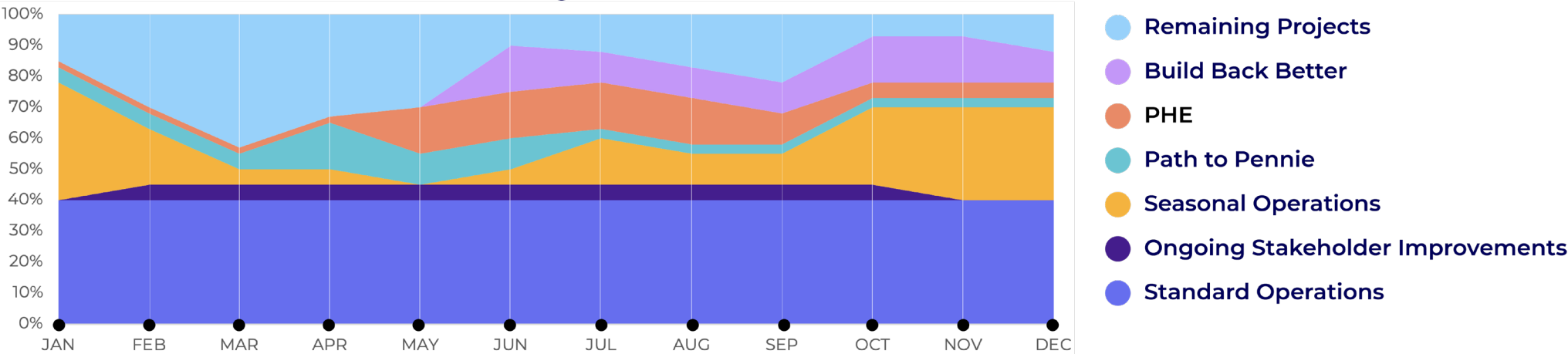
- Is this the right set of goals?
- Are these the right targeted outcomes?
- Will this set of prioritized initiatives accomplish these goals and move Pennie toward these outcomes?

# Pennie Distribution of Work Throughout the Year

Normal year



This year



# Pennie's Mission Statement

## Existing Mission Statement

Pennie aims to reduce the number of uninsured and underinsured Pennsylvanians by connecting them to accessible and affordable individual market health coverage



## Amended Mission Statement

Pennie aims to reduce the number of uninsured Pennsylvanians, improve access to affordable, quality health coverage and facilitate informed consumer decision-making.

# Proposed 2022 Strategic Goals and Durations

1. **Strategically maximize benefits of and ensure operational readiness for:**
  - Unwinding of the public health emergency (PHE)/ending of Medicaid Maintenance of Effort (MoE); and
  - The outcome of the Build Back Better Act (passage of BBB or expiration of ARP subsidies)
  - **Duration: Short-term**
2. **Advance policies to reduce inequities experienced by vulnerable communities and make the principles of diversity, equity, and inclusion general practice**
  - **Duration: Long-term**
3. **Mature exchange operations to achieve greater ease of doing business with Pennie for external stakeholders, consumers, and internal contributors**
  - **Duration: Long-term**

# Proposed 2022 Goal #1 PHE Outcomes

***Strategically maximize benefits of and ensure operational readiness for:***

- Unwinding of the public health emergency (PHE)/ending of Medicaid Maintenance of Effort (MoE)*

## **Goal #1 Outcomes:**

- Continuous coverage through Pennie for qualified consumers losing Medical Assistance (MA) at the end of the PHE
- Maintain historically high levels of coverage achieved during the pandemic
- Broad awareness and understanding of the coverage options available to impacted Pennsylvanians

# Proposed 2022 Goal #1 PHE Initiatives

***Strategically maximize benefits of and ensure operational readiness for:***

- Unwinding of the public health emergency (PHE)/ending of Medicaid Maintenance of Effort (MoE)*

## **Goal #1 Key Initiatives:**

- Improve the account transfer process with DHS to enable automatic eligibility determinations and streamline the enrollment process
- Partner with DHS and other stakeholders to reach consumers losing MA who do not respond or insufficiently respond during the renewal process
- Deploy broad advertising and communications campaigns to drive awareness and educate impacted populations about their coverage options
- Implement an active outbound call capability that will allow customer service representatives to reach customers and facilitate real-time enrollment and application assistance

# Proposed 2022 Goal #1 BBB Outcomes

***Strategically maximize benefits of and ensure operational readiness for:***

- *The outcome of the Build Back Better Act (passage of BBB or expiration of ARP subsidies)*

## **Goal #1 Outcomes:**

- If BBB is passed:
  - Efficiently deploy any eligibility and/or operational changes with minimal disruption to customers and stakeholders
  - Address or reduce remaining cost of coverage and/or care affordability gaps and increase enrollment
- If ARP subsidies expire at the end of 2022:
  - Mitigate consumer confusion and disruption through education, outreach and decision support
  - Evaluate state options for minimizing the resulting affordability gaps and coverage losses



# Proposed 2022 Goal #1 BBB Initiatives

***Strategically maximize benefits of and ensure operational readiness for:***

- *The outcome of the Build Back Better Act (passage of BBB or expiration of ARP subsidies)*

## **Goal #1 Key Initiatives:**

- If BBB is passed:
  - Implement all BBB technical requirements timely and in the best interest of our customers
  - Utilize enhanced BBB funding to increase impact of the reinsurance program and/or implement an alternative affordability program
- If ARP subsidies expire at the end of 2022:
  - Effectively dismantle ARP system functionality and subsidies
  - Deploy an effective communications campaign to drive awareness of expiration of ARP subsidies and how to mitigate consumer impact
  - Evaluate local options for mitigating the impact through reinsurance or alternative affordability initiatives

## Proposed 2022 Goal #2 Outcomes

***Advance policies to reduce inequities experienced by vulnerable communities and make the principles of diversity, equity, and inclusion general practice***

### **Goal #2 Outcomes:**

- Actively support communities disproportionately impacted by the end of the PHE by effectively facilitating their transition from MA to Pennie
- Increase enrollment avenues for uninsured populations in Pennsylvania
- Improve access and quality of experience with Pennie for all populations
- Increase allocation of Pennie resources internally and externally with community partners to execute on health equity and diversity and inclusion priorities
- Improve data collection and understanding of marketplace enrollees and partners
- Improve plan offering quality and accessibility standards

# Proposed 2022 Goal #2 Initiatives

***Advance policies to reduce inequities experienced by vulnerable communities and make the principles of diversity, equity, and inclusion general practice***

## **Goal #2 Key Initiatives:**

- Roll-out and promote new pathways for getting enrolled through Pennie (Path to Pennie and Low-Income SEP) and explore additional opportunities
- Evaluate feasibility of changes to optional race and ethnicity questions in the interest of increasing participation rate
- Implement actionable insights derived from customer surveys
- Increase inventory of translated content (trainings, FAQs, glossaries, etc.)
- Recruit and onboard a Chief of Diversity, Health Equity and Inclusion at Pennie
- Implement new trainings for stakeholders on DEI/cultural competency standards
- Evaluate and begin to pursue avenues necessary to ensure plans offered by Pennie meet specific quality, affordability, and accessibility standards (NCQA health equity certification, network adequacy, standard plans, etc.)

## Proposed 2022 Goal #3 Outcomes

***Mature exchange operations to achieve greater ease of doing business with Pennie for external stakeholders, consumers, and internal contributors***

### **Goal #3 Outcomes:**

- Improve customer experience with Pennie platform and call center
- Mature auto-renewal processing to mitigate customer confusion and improve coordination with insurers
- Improve user experience with Pennie system for brokers, assisters, and insurers
- Improve coordination between Pennie and stakeholders on communications
- Improve efficiencies and standardization of Pennie's program operations
- Enhance program integrity and preparedness for audits

# Proposed 2022 Goal #3 Initiatives

***Mature exchange operations to achieve greater ease of doing business with Pennie for external stakeholders, consumers, and internal contributors***

## **Goal #3 Key Initiatives:**

- Enhance oversight and management of call center performance through increased call monitoring and process reviews
- Conduct customer satisfaction surveys
- Proactively communicate to customers and stakeholders about unique changes at renewal time (subscriber switch, non-consent population)
- Improve account management and reduce duplicates in system
- Deploy broker and assister facing system enhancements (i.e. the ability to resend activation emails for assisters and being able to post broadcast messages in both Assister and Broker portals)
- Develop repository for stakeholders to access which contains all Pennie communications and notices
- Build and deploy improvements to customer relationship management (CRM) technology
- Enhance internal governance tools, eligibility calculator and process documentation

# Seeking Your Input

- Is this the right set of goals?
- Are these the right targeted outcomes?
- Will this set of prioritized initiatives accomplish these goals and move Pennie toward these outcomes?

## Adopted 2022 Mission Statement

Pennie aims to maximize the number of Pennsylvanians with affordable, quality health coverage and facilitate informed consumer decision-making.

## Adopted 2022 Strategic Goals

- 1. Ensure operational readiness for and strategically maximize benefits and/or minimize harm of:**
  - Unwinding of the public health emergency (PHE)/ending of Medicaid Maintenance of Effort (MoE); and
  - The outcome of the Build Back Better Act (passage of BBB or expiration of ARP subsidies)
- 2. Make the principles of diversity, equity, and inclusion general practice and partner with vulnerable communities to advance policies and practices that aim to reduce inequities**
- 3. Mature exchange operations to achieve greater ease of doing business with Pennie for external stakeholders, consumers, and internal contributors**



# Adjourn





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# Appendix



# Data Definitions and Caveats



# Key Data Caveats

- This data presentation 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).
- The overall enrollment data is inclusive of medical plan information only, it currently excludes dental plan information. Dental only enrollment information is provided on separate slides.
- 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:
  - Call center data is repulped with current definitions and will not match the last year’s report.

# Term/Acronym Glossary

Term/Acronym	Definition
Active Re-Enrollee	A customer who was auto-renewed, then subsequently actively shopped for a new plan.
APTC	Advance Premium Tax Credit
Automatic Re-Enrollee	A customer who was auto-renewed into the same or similar policy as the previous year.
CSR	Cost Sharing Reductions
Enrollment	The number of individuals enrolled in a plan through Pennie
F.A. – Financial Assistance	In the case of Pennie, this refers to APTC and/or CSR
FPL – Federal Poverty Level	The percentage of HH income as compared to the federal poverty level.
Pennie-Certified Exchange Assister	A registered exchange assister in Pennsylvania who is certified with Pennie to assist customers with navigating the application and enrolling in health insurance.
Pennie-Certified Broker	A licensed insurance producer in Pennsylvania who is certified with Pennie to sell, solicit, and negotiate health insurance.
PMPM – Per Member Per Month	Represents a member's average monthly value
QHP	Qualified Health Plan
RA	Rating Area

# Data Definitions – Medical

Metric	PY <u>2022</u> Description	PY <u>2021</u> Description
Automatic Re-Enrollees	Count of unique enrollees on enrollment records created before 11/1/2021 that did not come in and actively shop since 11/1/2021.	Count of unique enrollees on enrollment records created before 11/1/2020.
Active Re-Enrollees	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.	Count of unique enrollees on enrollment records created after 11/1/2020, with an external applicant ID (and for Medical, 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 Consumers	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.	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.
PMPM Net Premium	Display of per-member-per-month avg. net premium metric. Limited to Enrollee & Subscribers, to enrollees with coverage ending Dec. 31, 2022, and removing those with canceled enrollment	Display of per-member-per-month avg. net premium metric. Limited to Enrollee & Subscribers, to enrollees with coverage ending Dec. 31, 2021, and removing those with canceled enrollment

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

# Data Definitions - Medical

Metric	Description
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.
Financial Assistance Eligibility Scenarios	<p>APTC – Can select a plan, and can use APTC</p> <p>APTC_CSR – Can select a plan, and can use APTC and CSR</p> <p>CSR – Can select a plan, and can use CSR</p> <p>QHP – Can select a plan, but cannot use APTC or CSR</p> <p>None – Not eligible to select a plan</p>
Enrollment by Metal Tier – Total	<p>Display of enrollment for this plan year by application metal tier. Limited to Enrollees &amp; Subscribers, to enrollees with coverage ending in the future, and removing those with canceled enrollment.</p> <p>Tiers are Bronze, Silver, Gold and Catastrophic.</p>

# Data Definitions - Dental

Metric	Description
Dental Enrollment OE 2022	Display of dental enrollment for this plan year. Limited to enrollees and subscribers who are either enrolled in a medical plan and dental plan, or only a dental plan.
Dental Only Enrollment OE 2022	Display of dental enrollment for this plan year. Limited to enrollees and subscribers who are only enrolled in a stand-alone dental plan.



# Data Definitions – Medicaid Account Transfers

Metric	PY <u>2022</u> Description	PY <u>2021</u> Description
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.	Count of unique applications that had at least one individual assessed as potentially Medicaid eligible and therefore transferred to the Medicaid system for determination.
Medicaid Inbound	Count of unique application referrals from the Medicaid system to Pennie since 11/1/2021.	Count of unique application referrals from the Medicaid system to Pennie.

# Data Definitions – Customer Service Metrics

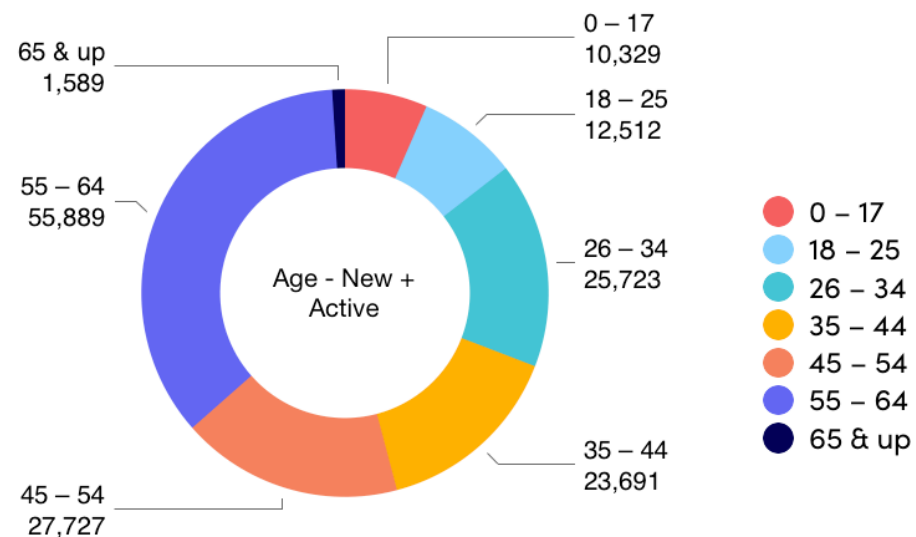
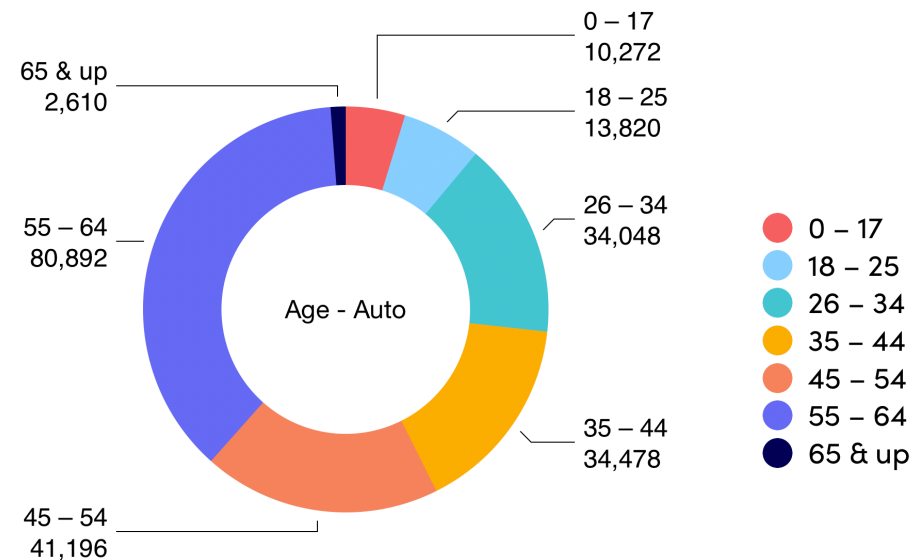
Metric	Description
Calls Handled by CSR	Number of calls handled by a call center representative
ASA	Average speed to answer measured in seconds
AHT	Average handle time measured in minutes
Call Abandonment Rate	Percentage of total calls that a customer dropped before a CSR picked up the call to provide service



# **Additional Data Slides**



# OEP 2022 Age Demographics

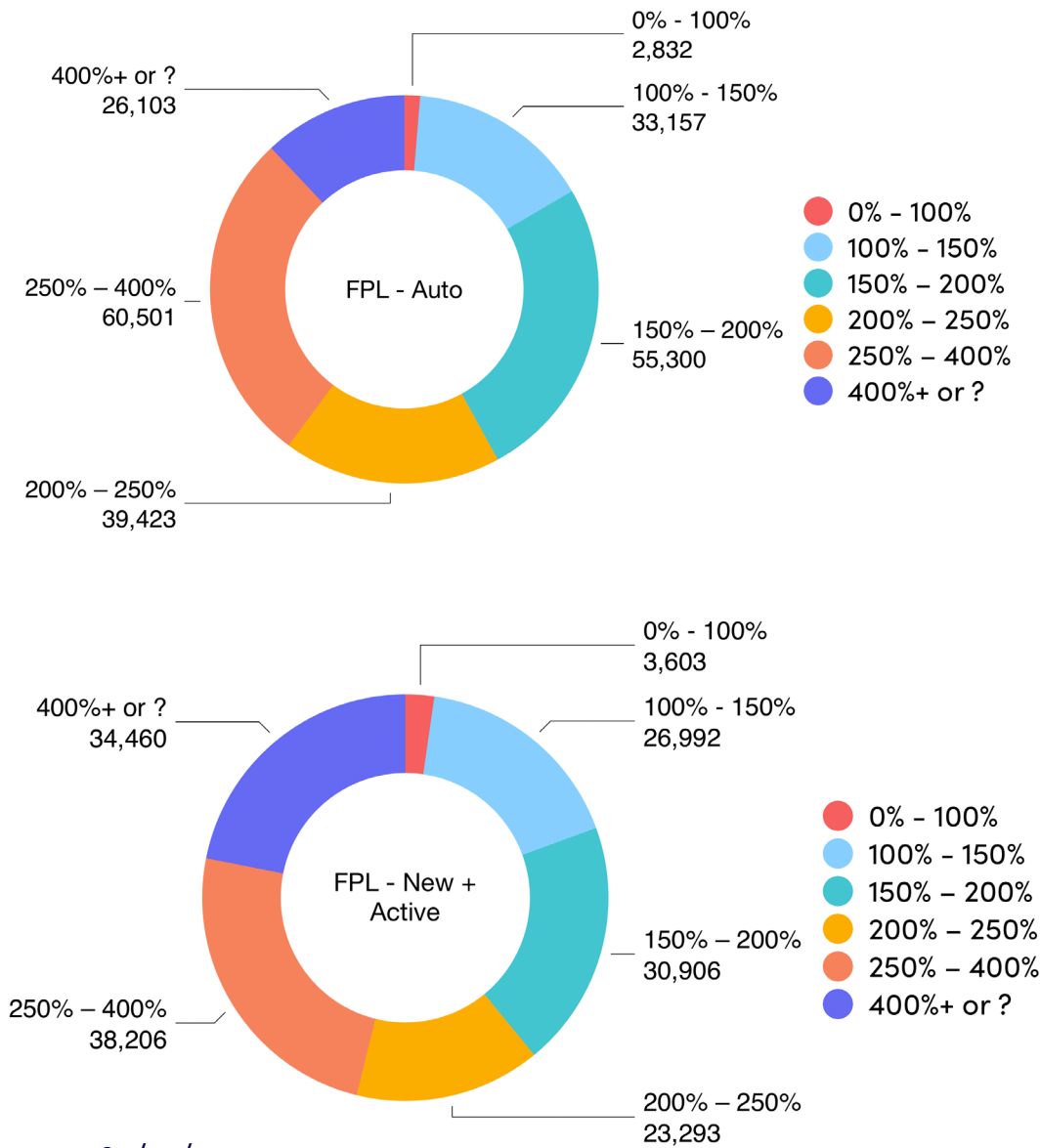


Age	OEP 2022 Auto	OEP 2022 New & Active
0 - 17	5%	7%
18 - 25	6%	8%
26 - 34	16%	16%
35 - 44	16%	15%
45 - 54	19%	18%
55 - 64	37%	35%
65+	1%	1%
Total	217,316	157,460

“New Consumers” is consistent with CMS reporting



# OEP 2022 FPL Demographics

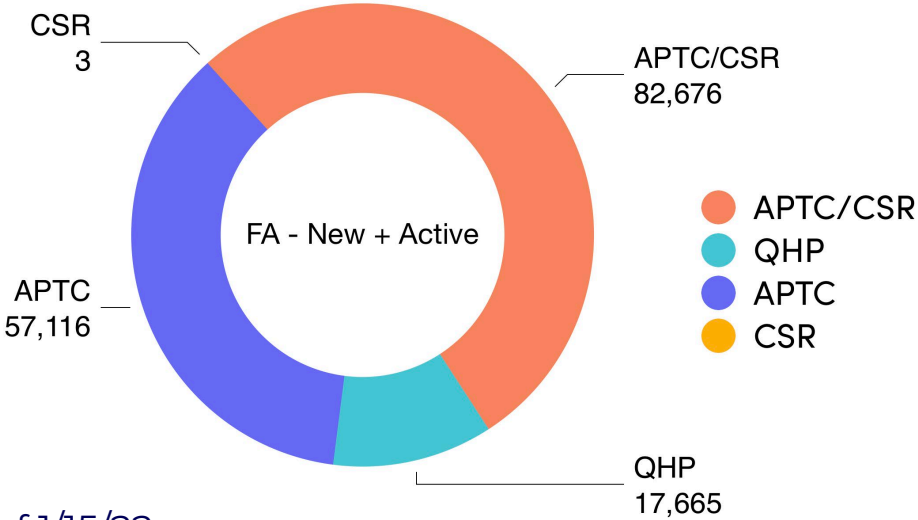
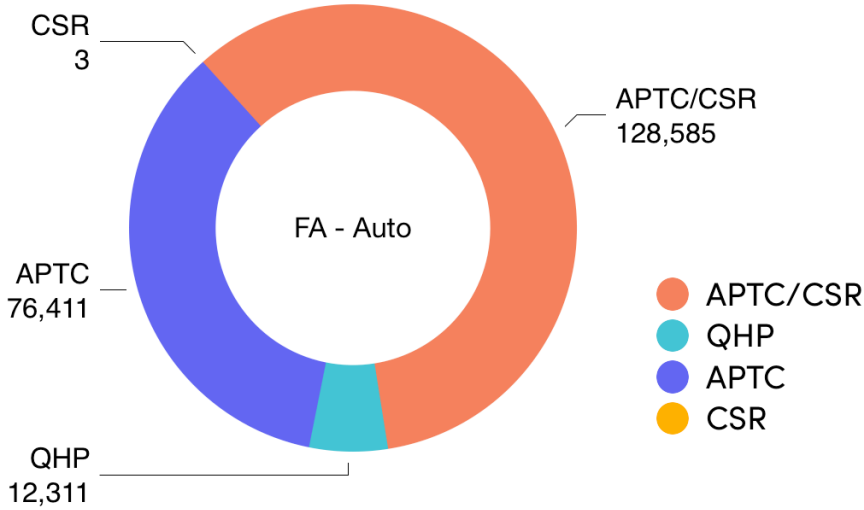


FPL	OEP 2022 Auto	OEP 2022 New & Active
0 - 100%	1%	2%
100 - 150%	15%	17%
150 - 200%	25%	20%
200 - 250%	18%	15%
250 - 400%	28%	24%
400%+ or ?	12%	22%
Total	217,316	157,460

“New Consumers” is consistent with CMS reporting



# OEP 2022 Financial Assistance

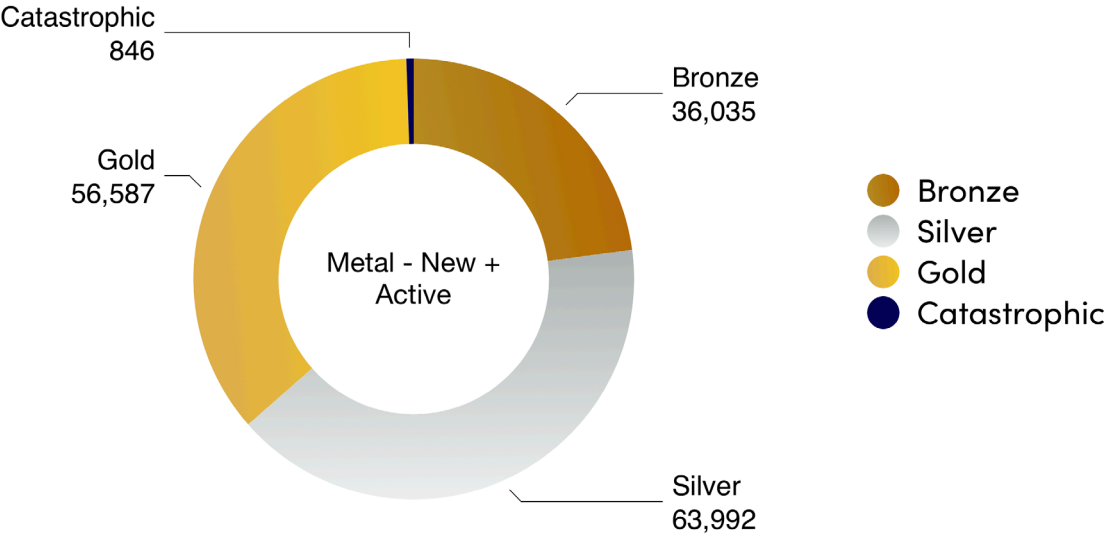
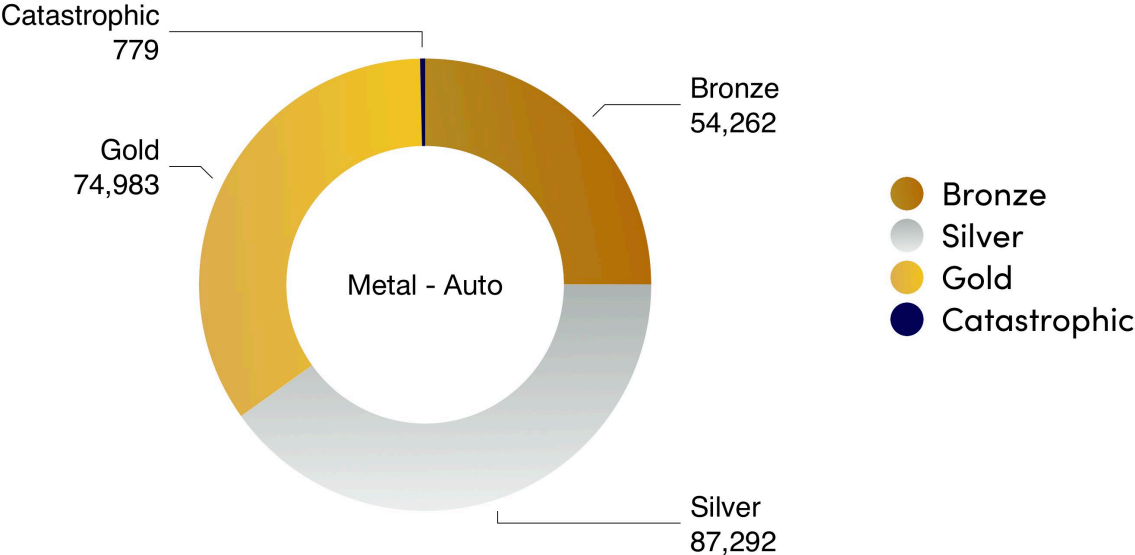


Financial Assistance	OEP 2022 Auto	OEP 2022 New & Active
APT	35%	36%
APT_CSR	59%	53%
CSR	<1%	<1%
QHP	6%	11%
Total	217,316	157,460

“New Consumers” is consistent with CMS reporting



# OEP 2022 Metal Tier Selections



Metal	OEP 2022 Auto	OEP 2022 New & Active
Bronze	25%	23%
Silver	40%	41%
Gold	35%	36%
Catastrophic	<1%	<1%
Total	217,316	157,460

“New Consumers” is consistent with CMS reporting

# OEP 2022 Stakeholder Assistance and Financial Assistance

FINANCIAL ASSISTANCE	OEP 2022	Broker	Assister	Active and New Broker	Active and New Assister
TOTAL	374,776	149,239	3,276	78,524	1,620
APTC	36%	38%	31%	37%	33%
APTC_CSR	56%	58%	65%	59%	63%
CSR	0%	0%	0%	0%	0%
QHP	8%	4%	3%	4%	4%

## Observations:

Customers helped by Brokers/Assisters are more likely to be eligible for aid.



# OEP 2022 Stakeholder Assistance and Metal Tier Selection

METAL	OEP 2022	Broker	Assister	Active and New Broker	Active and New Assister
<b>TOTAL</b>	<b>374,776</b>	<b>149,239</b>	<b>3,276</b>	<b>78,524</b>	<b>1,620</b>
<b>Bronze</b>	24%	18%	13%	16%	11%
<b>Silver</b>	40%	46%	44%	50%	46%
<b>Gold</b>	35%	36%	42%	33%	43%
<b>Catastrophic</b>	0%	0%	0%	0%	0%

## Observations:

Customers who use Brokers/Assisters tend to select Silver more. This happens even more often for those who actively shopped.

# OEP 2022 Medical/Dental Enrollments and Age

AGE	Medical OE 2022	Dental OE 2022	Dental Only
<b>TOTAL</b>	<b>374,776</b>	<b>87,689</b>	<b>8,030</b>
<b>0 – 17</b>	5%	5%	8%
<b>18 – 25</b>	7%	8%	9%
<b>26 – 34</b>	16%	22%	27%
<b>35 – 44</b>	16%	18%	19%
<b>45 – 54</b>	18%	17%	13%
<b>55 – 64</b>	36%	28%	16%
<b>65+</b>	1%	2%	8%

## Observations:

Total Dental tends to be younger than Medical.

Those with Dental and no Medical plans are less likely to be ages 45 to 64.

# OEP 2022 Medical/Dental Enrollments and FPL

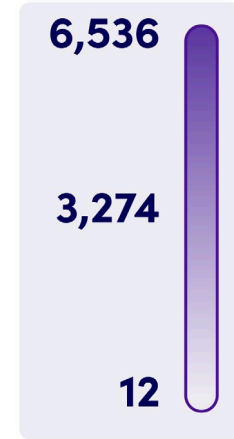
FPL	Medical OE 2022	Dental OE 2022	Dental Only
<b>TOTAL</b>	<b>374,776</b>	<b>87,689</b>	<b>8,030</b>
<b>0% – 100%</b>	1%	3%	9%
<b>100% - 150%</b>	20%	13%	11%
<b>150% - 200%</b>	21%	23%	17%
<b>200% - 250%</b>	15%	17%	14%
<b>250% - 400%</b>	27%	25%	22%
<b>400%+ or ?</b>	14%	20%	27%

## Observations:

Total Dental tends to have a higher FPL than Medical.

Dental with no Medical has more extreme FPLs (under 100% or over 400%, or unknown).

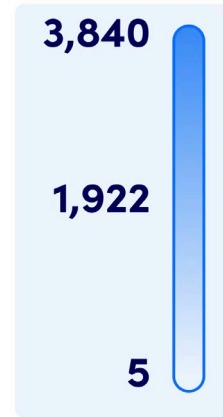
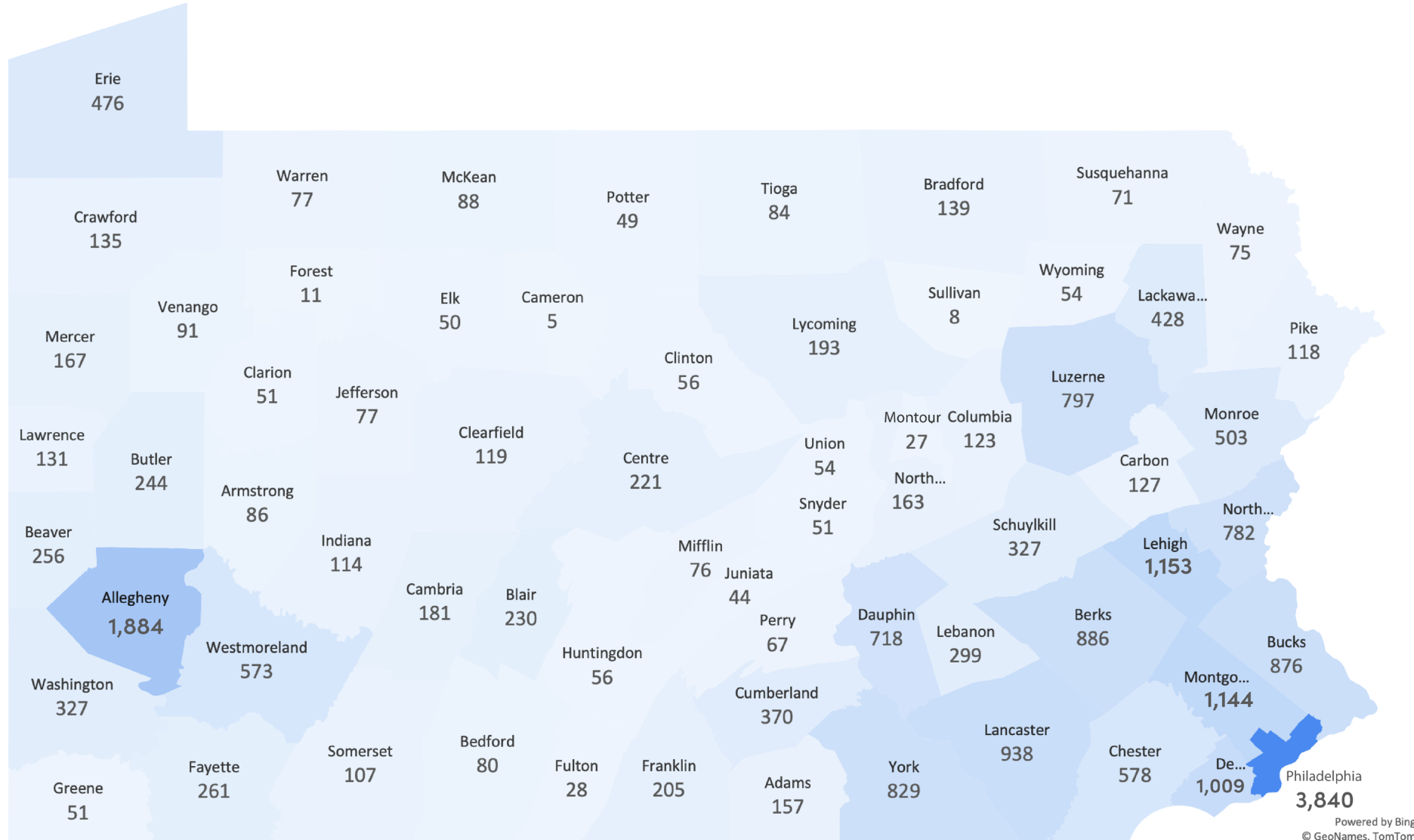
More than half of the “400%+ or ?” is for unknown FPL.



Total Outbound ATs:  
**43,393**

Data is for account transfers made between 11/1/21 and 1/15/22

# OEP 2022 Inbound Account Transfers From Medicaid



Total Inbound ATs:  
**23,659**

Data is for account transfers made between 11/1/21 and 1/15/22

# OEP 2022 Customer Service Center Performance



		Total OEP 2022	Last Year Compare (EOD 01/22/21)
<b>Call Handling Metrics</b>	Calls Handled by CSR	192,108	195,679
	ASA (secs)	58.0	129.6
	AHT (mins)	12.79	11.46
	Call abandonment rate	1.16%	7.38%
<b>Call Quality Metrics</b>	Calls per Phone Number	2.1	2.1
	% that called 1 time	65.2%	63.5%
	% that called 2 times	19.7%	20.0%
	% that called 3 or more times	15.1%	16.5%

Data from 11/1/21 to 1/15/22

# Paid Digital Media Analytics – Full Campaign

	Total Spend	Impressions	Clicks	Video Completions	Get Covered Button	Cost Per Conversion	VCR
<b>Oct 1- Jan 15</b>	\$1,900,031	99,946,824	439,523	14,750,748	34,308	\$55.38	26.77%
<b>Search</b>	\$477,992	892,473	155,204	-	30,304	\$15.77	-
<b>Social</b>	\$501,904	33,750,415	192,782	-	1,922	\$261.14	-
<b>Display</b>	\$118,604	27,574,551	32,021	-	1,280	\$92.66	-
<b>Audio</b>	\$176,178	9,867,877	567	-	-	-	-
<b>OTT (streaming TV)</b>	\$361,397	12,518,568	-	12,219,480	712	\$507.58	97.61%
<b>Undertone (screen takeover)</b>	\$124,324	8,974,578	58,949	2,531,268	90	\$1,381.37	28.20%
<b>YouTube</b>	\$139,633	6,368,362	-	-	-	-	-

# OEP 2022 Earned Media Impact

Around



**150**

**Mentions**  
in Media Publications



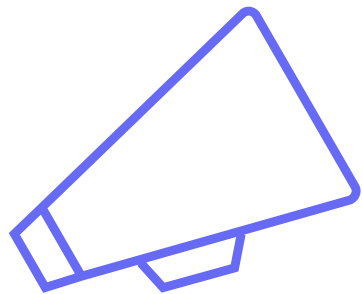
**10**

**Press**  
releases / Media alerts



**3**

**Press**  
conferences



Data from 11/1/21 to 1/15/22