



A large, dark blue, curved graphic element, resembling a thick arc or a stylized 'P', is located in the top left corner of the slide.

# Pennie Board of Directors Meeting

May 10, 2022

# Agenda

- Preliminary Matters
- Administrative Matters
- Public Health Emergency (PHE) Unwinding Report Out
- Break
- Future Plan Certification Policies Feedback *\*Time expired before this section could be covered. A special session is going to be scheduled in the near future to revisit these slides.\**
- Family Glitch Comment Letter Submission
- Executive Session
- Adjourn



# Preliminary Matters



# Preliminary Matters

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



# **Administrative Matters**



# Administrative Matters

- Questions on Q1 2022 financial statement (slides can be found in Appendix)
- Report out on Chief of Diversity, Equity and Inclusion hiring process

# PHE Unwinding Report Out



# PHE Unwinding – Emerging Timeframes

Changes Since Previous Board Meeting	Implications to Work
PHE extended to <b>July 15<sup>th</sup></b> , with first terminations of coverage not occurring before August 1.	Majority of PHE unwinding work will now coincide with OEP 2023 and potential expiration of ARP subsidies.
All reprocessing of renewals for those maintained on Medical Assistance (MA) will need to occur in <b>6 months</b> following the end of the PHE.	Historically high volumes of members will need to be processed by DHS in the 6-month period. Because of this, Pennie anticipates referral rates considerably higher than pre-pandemic levels in a shortened timeframe.
CMS is allowing State Medicaid Agencies to begin the reprocessing of renewals up to 2 months prior to the end of the PHE.	Pennie may need to be ready to receive Account Transfers (ATs) as early as June if DHS reprocessing begins June 1. Need to ensure PHE-specific technical functionality is ready.
CMS provided approval for DHS to share procedurally terminated population data with Pennie to conduct direct outreach.	Pennie will now possess these individuals' contact information to conduct outbound calling and send targeted emails and notices. This information will be shared regularly by DHS and outreach by Pennie will occur upon receipt.

# PHE Unwinding – Emerging Quantification

- As the PHE continues, volumes continue to grow, latest estimates from DHS are that the MA program has grown to over **3.4M** throughout the PHE, **~950k** of which could be ineligible if not for the continuous coverage requirement.
  - There are ~500k individuals who would have been declined but have been kept and flagged in the MA program.
  - There are ~600k individuals who have overdue renewals.
  - Combined, the above two populations (there is overlap between the two) represent the "backlog" of individuals who need to be processed during the PHE unwinding period.
- Prior to the pandemic, account transfers (ATs) 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 renewal\*
- No historical experience exists to draw on for solid estimates, but DHS and Pennie have been working to quantify potential expected volumes. Although not certain, based on current DHS population volumes for those needing to be processed during the 6-month period, Pennie estimates that it can potentially expect to receive between **45k and 61k ATs per month** throughout the 6-months following the end of the PHE.

\*Based upon pre-pandemic Account Transfers to the FFM

# PHE Unwinding – A Possible Timing Scenario

~This timeline is based on the assumption that the PHE ends 7/15 and would need to be adjusted if extended~

## June 2022\* – Jan 2023

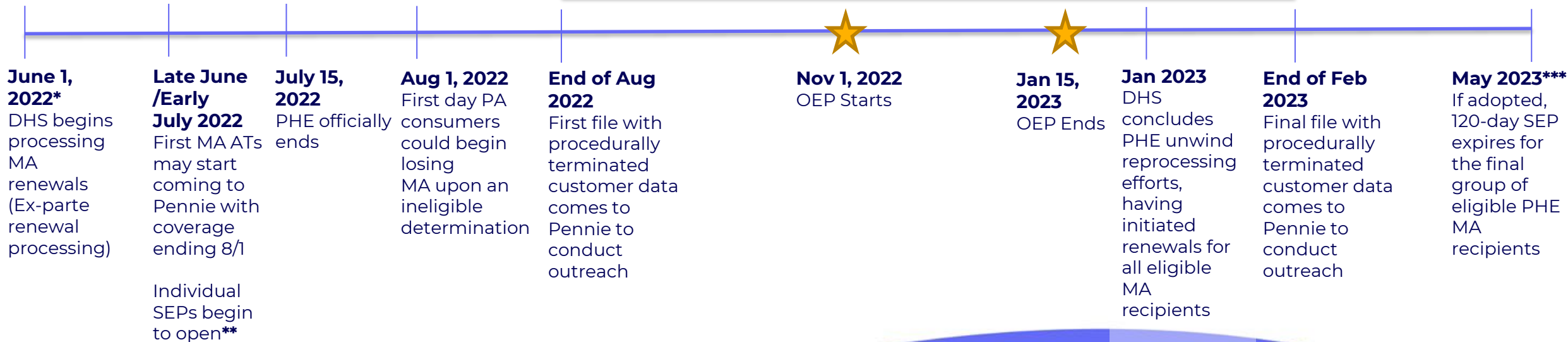
DHS initiates process for all MA recipients due for renewal  
(Note: Auto-eligibility process assumes that loss of MA is based on income)

## Jan 2023 – May 2023\*\*\*

Pennie continues to support enrollments until 120-day SEP window (pending Board approval) expires

## End of Aug 2022 – End of Feb 2023

Pennie continues to receive monthly files from DHS containing contact information for the procedurally terminated population  
(Note: The timing displayed here assumes DHS begins processing MA renewals June 1, 2022\*)



The last MA AT tied to the PHE unwind will be sent to Pennie

\*This exact date has not yet been determined by DHS, it is being used here for illustrative purposes only.

\*\* Two available QLES to open SEPs will be 1) Low-income QLE which will automatically open a SEP and 2) Loss of MEC QLE which, pending Board approval of PHE specific policies, would automatically open a SEP for MA ATs and run for 120 days.

\*\*\*Exact date dependent on when DHS reprocessing activities officially conclude and SEP timeframe proposal that is adopted by the Pennie Board.

# PHE Unwinding – Comms and Marketing Efforts and Timing

~All timeframes depicted on this slide rely on the same assumptions used in the previous timeline. If PHE is extended past 7/15, this slide will need to be updated~

## Impacted Populations:

**Population 1:** Responded to packets, determined ineligible for MA, transferred to Pennie

**Population 2:** Did not respond to renewal packets - procedurally terminated

- DHS approval to contact prior to conclusion of reconsideration period
- Messaging to encourage continuity of coverage and to provide education about the pathways, either through responding to DHS' renewal packet or by applying directly w/ Pennie



\* Stakeholder, media and partner outreach initiatives have already begun and are ongoing until the end of the PHE unwinding

# PHE Unwinding – Comms and Marketing Efforts and Timing

- Stakeholder Outreach
  - Insurers/Brokers/Assisters/CSRs/Community Partners
  - Working with DHS to develop a stakeholder toolkit
- Owned Media
  - Mailer, notices, emails, outbound calling campaigns
  - Pennie PHE landing webpage – End of May/Early June
  - Social media campaign
- Earned Media
  - Working in coordination with DHS for press interviews, releases and conferences
- Paid Media – Advertising Campaign (Aug22 - Jan23)
  - Traditional, Digital, Out-of-Home and Lifestyle tactics such as:
    - Tv and radio
    - Search, social, display, audio/video, etc.
    - Sponsorships/events, print ads, transit, influencer marketing
    - Lifestyle ads – laundromats, pharmacies
  - Plan is to fund campaign w/in current budget including the PHE-specific \$1M contingency authorized by the BOD
- Outreach
  - Healthcare provider (hospital systems, health centers, primary care centers ) outreach
  - YMCA Health Equity Tour – Considering expanding to maximize reach
  - Assister network engagement and partnership
  - Sponsorships, conferences, festivals

# PHE Unwinding – MCO/QHP Engagement

- Held a webinar with all Medicaid Managed Care Organizations (MCOs) and Qualified Health Plan (QHP)\* insurers on April 25<sup>th</sup> in coordination with DHS
- Meeting covered:
  - General overview of the PHE and what must occur
  - Phased communication approach
  - Resources available
  - What Pennie is and coverage opportunities through the marketplace
  - DHS/Pennie communications toolkit
    - Talking points about Pennie for MCOs
  - What is needed from the MCOs?
- MCO Survey distributed following the webinar – asking about what MCOs need/what they are willing to do to help their members
- More webinars planned in the future
- MCO questions being pulled into large FAQ document sourced by meetings/4.25 webinar
- In coordination with DHS, exploring possibility of allowing insurers to conduct direct outreach to members losing MA

\*Managed Care is the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services and Qualified Health Plans (QHP) is an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits (EHBs), follows established limits on cost sharing, and meets other requirements outlined within the application process.

# PHE Unwinding – Technical and Operational Update

## Technical

- Plan to turn Automated Eligibility on – targeting late June. This was paused due to the discovery of Account Transfer income data defects including:
  - Not receiving all income types in some instances, which would overestimate Advance Premium Tax Credit (APTC) eligibility.
  - Doubling of income in some instances which would underestimate APTC eligibility.
- Developing a new Qualifying Life Event (QLE) and modifying existing Loss of Minimum Essential Coverage (MEC) QLEs if necessary, with ability to choose effective date based on MA end date. Also targeting late June. (Pending Board approval)
- Planning to run Periodic Data Matching monthly to address timely MA appeals.
- Coordinating with GetInsured to prepare contingency plans if ARP subsidies expire at the end of the year, or if they are extended past 2022.

## Staffing

- Outbound calling team - (New Team)
- Inbound Team Rightsizing – Ramp up several months prior to OE23

# Extension of SEP for Loss of Minimum Essential Coverage (MEC)

Loss of Minimum Essential Coverage (MEC) – 45 CFR § 155.420(d)(1)

Proposal	Policy Goal(s)	Benefits	Challenges
Extend the Loss of MEC SEP to 120 days effective the month in which the PHE unwinding period begins (tentatively July 15, 2022) and terminating on the last day of PA's unwinding period (tentatively Jan. 31, 2023)	<ul style="list-style-type: none"> <li>Provide for a seamless transition for customers losing coverage during the PHE unwinding</li> <li>Give Pennsylvanians experiencing loss of coverage additional time to access coverage through Pennie during an unprecedented event</li> <li>Advance Pennie's health equity goals by helping low-income Pennsylvanians stay covered</li> </ul>	<ul style="list-style-type: none"> <li>Minimize the gap in coverage for those experiencing a loss of coverage who come to Pennie</li> <li>120-day SEP would provide time following the 90-day MA reconsideration period for customers to enroll in Pennie coverage</li> </ul>	<ul style="list-style-type: none"> <li>Differs from current practice</li> <li>Operational challenges around creating a temporary change</li> </ul>

## Proposed Approach:

- Extend the Loss of MEC SEP from 60 days to 120 days for the duration of PA's PHE unwinding period
- Option would be made available starting during the month in which the PHE ends and would sunset after the unwinding process is complete (tentatively Jan. 31, 2023).
- 120-day SEP would be granted to customers starting in the month in which the PHE expires through the last month in which DHS processes customers during the unwinding process: *Ex. If the PHE unwinding process ends Jan. 31, 2023, an individual losing coverage on Jan. 31 will have 120 days to enroll and an individual losing coverage in February would have 60 days to enroll using Loss of MEC SEP.*



# Extension of SEP for Loss of Minimum Essential Coverage (MEC)

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## Stakeholder Feedback:

- Majority of stakeholders including insurers, brokers, and assisters supported the policy as proposed
  - "Positive mitigating effect on unintentional coverage losses or gaps outweighs the potential negative impact of any consumer confusion"
  - "Low income or Low English Proficiency populations need more help and time"
  - 1 insurer requested to require documentation those reporting Loss of MEC SEP after Day 60
- Those not in support were concerned about confusion caused by deviating from normal SEP rules, overlap with OEP busy season, or felt that the current 60 days was sufficient time.
  - Some requested that the extension be limited only to those losing Medicaid due to end of PHE

## Staff Recommendation: Adopt as proposed

- Extending the Loss of MEC SEP to 120 days during the PHE unwinding will help more Pennsylvanians stay covered
- System cannot require documentation based on when a customer enrolls, but MA account transfer is documentation of Loss of MEC
- Cannot restrict extension to only certain types of Loss of MEC SEP
- While we are concerned about PHE unwinding period overlapping with OEP, these activities will overlap regardless and we think the longer SEP period will give customers more time and opportunity to get covered.

# Retroactive Coverage Effective Date Policy for Loss of MEC SEP

45 CFR § 155.420(b)(3)

Proposal	Policy Goal(s)	Benefits	Challenges
<p>Provide customers with a Loss of MEC SEP who enroll after the date they lost coverage with a coverage effective date of either:</p> <ol style="list-style-type: none"> <li>1st of the month following coverage loss event date, or</li> <li>1st of the month following plan selection.</li> </ol> <p>Policy becomes effective the month in which the PHE unwinding period begins (tentatively July 15, 2022) and terminates on the last day of PA's unwinding period (tentatively Jan. 31, 2023)</p>	<ul style="list-style-type: none"> <li>Provide for a seamless transition for customers losing coverage coming to Pennie during the PHE unwinding process</li> <li>Advance Pennie's health equity goals by helping low-income Pennsylvanians stay covered</li> </ul>	<ul style="list-style-type: none"> <li>Provides for continuous coverage for Pennsylvanians experiencing a qualifying life event due to coverage loss</li> <li>Limiting to Loss of MEC QLE will ensure those with access to this option were previously enrolled in coverage</li> </ul>	<ul style="list-style-type: none"> <li>Differs from current practice</li> <li>Would treat Loss of MEC QLE differently from other QLEs</li> </ul>

## Proposed Approach:

- Provide customers experiencing a Loss of MEC SEP the option to select a coverage effective date that is the 1st of the month following an event date when enrolling in coverage after the event date, provided they are in the SEP window
- Option would be in addition to a prospective coverage effective date based on the 1st of the month following plan selection
- Option would be made available starting during the month in which the PHE ends and would sunset after the unwinding process is complete (tentatively Jan. 31, 2023)



# Retroactive Coverage Effective Date Policy for Loss of MEC SEP

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## Stakeholder Feedback:

- Majority of brokers & assisters supported; 2 of 7 medical insurers supported. Primary reason is need for seamless coverage
  - "HUGE benefit"; "generous and useful"; "very helpful with this particular client base." "gives a bit of reprieve and needed flexibility."
  - "Crucial at the end of the PHE because ... many MA enrollees might not realize their coverage has been terminated for months."
  - Choice of retroactivity is "critical for the poor and working families who will be hit the hardest": consumers "currently in treatment need the option of retroactive coverage" while consumers "who do not have additional income and do not have health needs are unlikely to be able to afford back premiums which would cause them to not complete enrollment."
  - "While this could open itself to adverse selection, I believe it is fair based on uniqueness of the overall situation that created the PHE."
  - 1 insurer said they would support if limited only to those losing Medicaid due to PHE, not to all losing MEC
- 5 of 7 medical insurers and a few brokers & assisters opposed; Primary concerns were risk of adverse selection and customer confusion/abrasion due to multiple months of premium due right away and difficulty accessing services prior to enrollment
  - "Allowing for retroactivity typically requires more operational support and can create customer confusion especially in the billing and communication processes where members will be charged multiple months and/or move straight into a past-due process if only pay for initial month of coverage"
  - "May face difficulties in paying even a heavily subsidized premium if they need to pay back several months at once"
  - "Absent some catalyst related to a pressing need for medical services...there is little or no rational basis...to select a retroactive coverage date"
  - An insurer noted potential for operational complexities with retroactive enrollments into the prior plan year

# Retroactive Coverage Effective Date Policy for Loss of MEC SEP

45 CFR § 155.420(b)(3)

**Staff Recommendation:** *Make prospective coverage the default option, while allowing customers to actively choose an effective date based on the 1st of the month following coverage loss*

- Aligns with the Board’s adopted strategic goals of minimizing the “...harm of the unwinding of the PHE...” and of advancing “...policies and practices that aim to reduce inequities.”
- Equal protection clause does not allow Pennie to treat those losing MA differently from those losing other forms of coverage
- Minimize customer abrasion by defaulting to prospective coverage & informing customer they must pay for all months up-front
- Those taking this option more likely to have incurred medical claims during months after loss of coverage
- Policy is temporary to account for unique continuity of coverage issues surrounding PHE unwinding

Ex. Medicaid ended on: 8/31/2022. Customer shopping: 10/2022

### Select coverage start date

Your current Medicaid coverage ends on Aug 31st, 2022. Please chose a start date for your new coverage at Pennie.

☒ Next available date ( November. 1, 2022)

To ensure continuity of coverage, you may choose to begin your coverage at the earliest start date shown below. Please note that if you choose your coverage to being at the earliest start date, you will have to pay premiums for all of these months of coverage.

☐ Earliest start date ( September 1, 2022)

Continue

Default: 1<sup>st</sup> of month following shopping

Choice to opt-in to earlier effective date

Mock-up of coverage start date choice at start of plan shopping.  
Draft language for illustrative purposes only.



# BREAK



# **Future Plan Certification Policies Feedback**



# NCQA Health Equity Accreditation for Pennie Insurers

<https://www.ncqa.org/programs/health-equity-accreditation/>

National Committee for Quality Assurance (NCQA) uses measurement, transparency and accountability to highlight top performers and drive improvement.

NCQA's Health Equity Accreditation is a program that gives health care organizations an actionable framework for creating the structures and processes to begin working toward addressing health equity.

- Collecting race/ethnicity and language data
- Providing language assistance
- Cultural responsiveness
- Quality improvement of culturally and linguistically appropriate services (CLAS)
- Reduction of health care disparities
- Organizational diversity, equity, inclusion and reducing bias;
- Collecting gender identity and sexual orientation data; and
- Reporting race/ethnicity stratified Healthcare Effectiveness Data and Information Set (HEDIS) measures

The typical time frame is 12 months from application submission to decision, depending on an organization's readiness.

## Future Plan Certification Policy

# NCQA Health Equity Accreditation for Pennie Insurers

Aligns with Pennie's strategic goal of "...reducing inequities experienced by vulnerable populations."

**Proposal:** Require insurers have NCQA Health Equity Accreditation for 2024 plan certification. Insurers who have not completed accreditation will be able to provide proof of progress towards accreditation for 2024.

Proposal	Policy Goal(s)	Benefits	Challenges
<ul style="list-style-type: none"> <li>Require insurers have NCQA Health Equity Accreditation for PY24 Plan Certification</li> </ul>	<ul style="list-style-type: none"> <li>Health equity - Reduce health disparities in underserved populations in PA</li> </ul>	<ul style="list-style-type: none"> <li>Reducing health disparities reduces overall health care costs</li> <li>Leverage expertise of national organization defined standards</li> </ul>	<ul style="list-style-type: none"> <li>Extensive process to achieve accreditation</li> <li>May require regulations</li> </ul>

### Feedback:

- Broad support for health equity goals and use of data-driven approach to address and promote equity
- Most medical insurers indicated that they are already working towards achieving NCQA Health Equity Accreditation (or NCQA's Multicultural Healthcare Distinction, the predecessor to Health Equity Accreditation that is being phased out)
  - Several mentioned other state/agency requirements to achieve health equity accreditation or multicultural healthcare distinction
    - E.g. PA Department of Human Services has required Medicaid MCOs to obtain Multicultural Healthcare Distinction
  - Accreditation in other states or lines of business will not automatically result in accreditation for PA QHPs
- Many supported flexibility on completing accreditation, noting that the certification process is lengthy and requires a significant investment of time and resources
  - Accreditation takes approximately 12 months, but initial data collection and gap analysis can be extensive
  - Potential additional resources/costs associated with new accreditations outside of an insurer's current NCQA accreditation cycle
- Health Equity Accreditation is a very new accreditation, NCQA still releasing required tools as recently as Spring 2022



# NCQA Health Equity Accreditation for Pennie Insurers

## Feedback (continued):

- Concerns expressed about the limited data availability and lack of industry standards for data elements
  - Data needs to be available, high quality (completeness, accuracy, coverage, etc.), and standardized.
  - Some data elements are new and not yet standardized industry-wide, including sexual orientation and gender identity (SOGI)
  - Concerns authority to collect data under existing state statutes and regulations
  - For insurers with low membership in PA, limited dataset size may create additional challenges
  - Complexities associated with adopting new data standards across diverse systems (e.g. payer, provider, State) and transactional systems (e.g. 834 enrollment transactions)
- One insurer expressed concern about requiring a singular accreditation from a non-governmental entity

## Next Steps

- Option 1 – Implement with Regulations
  - Regs would allow options to provide flexibility (e.g. define process; permit accreditation or proof of progress towards accreditation)
  - Earliest effective 2025 plan year (very difficult to complete regs in time for 2024 plan year)
- Option 2 – Implement without Regulations
  - Without regs, very difficult to provide flexibility; all or nothing approach for accreditation
  - Administratively, could implement as early as 2024 plan year
- August 2022 – Board Meeting, policy proposal



# **Family Glitch Comment Letter Submission**



# Family Glitch Proposed Rule Overview

- The "family glitch" was created by a prior IRS regulation which deemed Employer Sponsored Insurance (ESI) affordable when the premium on offer for one person was less than 9.5% of annual household income.
- The new regulation proposes to change the way ESI affordability is measured by the IRS and Treasury Department. If adopted, ESI will be deemed affordable when the premium for the *whole* family seeking coverage is less than 9.5% of annual household income (adjusted annually; for 2022 its 9.61%). If ESI for the whole family is more than 9.5% of income, family members will newly gain eligibility for APTC to use on the state and federal Marketplace Exchanges.
- The proposed rule essentially creates two affordability tests – one for the employee and one for the spouse (who files jointly) and dependents.
- With the rule's adoption, the Biden administration estimates one million family members in Plan Year 2023 will gain eligibility for APTC. It is estimated there are from 110,000-180,000 Pennsylvanians who fall in the family glitch currently.

# Family Glitch Comment Letter Outline

- Pennie supports the new IRS regulation as proposed and will submit comments in support of the regulation's adoption. The comment period closes on June 6, 2022. A hearing on the new regulation is scheduled for June 27, 2022.
- Pennie supports the proposed regulation. In addition to the change in the ESI affordability measurement, the proposed regulation also: 1) clarifies that that minimum value test applies to both individual and family coverage (this part of the proposed regulation is not a change in how the minimum value test functions but simply clarifies its applicability); and 2) clarifies that if an individual receives any sort of premium refund in future years, the refund will not be applied to their APTC calculations.
- In the letter, Pennie will emphasize the need to finalize the proposed rule expeditiously as this will require Pennie to operationalize something complex quickly.
  - This systems update will change how ESI affordability calculations are made in the Pennie application, creating one ESI affordability determination for individuals, and a separate one for families. Pennie will keep general any details of the systems change in the letter.
- The more time Pennie is given to build and test this operational change, the more fluidly the change can occur. With Pennie's added operational workload in preparation for the ending of the Public Health Emergency, time is crucial to the successful implementation of the proposed rule.



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# Executive Session

# **BOD to Vote on SMART Corrective Action Plan Submission**

# pennie®

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# Appendix



# 2022 Q1 Financial Overview

Revenue	Q1
User Fees Billed	\$19,496,951
Treasury Interest	\$6,579
Federal Reimbursements Received	\$1,709,447
<b>Total Revenue</b>	<b>\$21,212,977</b>

Expenses	Q1
Personnel	\$1,316,918
Operations	\$6,341,968
<b>Total Expenses</b>	<b>\$7,658,886</b>
<b>Net Income</b>	<b>\$13,554,091</b>

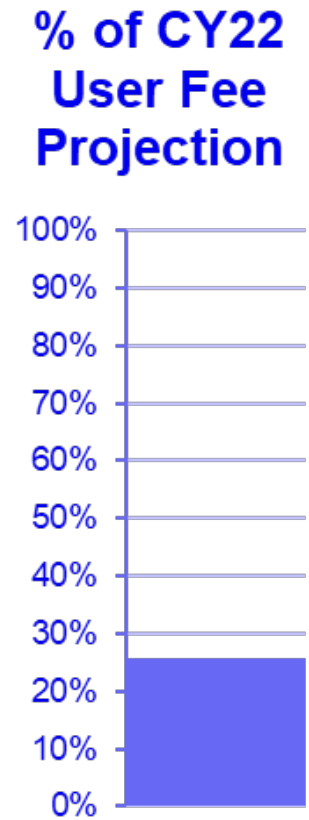
# 2022 Q1 Budget Overview

		Budgeted	Actual	\$ Variance
Q1 Totals	Personnel	\$1,470,841	\$1,316,918	\$153,923
	Operations	\$7,759,059	\$6,341,968	\$1,417,091
	Total	<b>\$9,229,900</b>	<b>\$7,658,886</b>	<b>\$1,571,014</b>

# 2022 Q1 User Fee Revenue Overview

Month	Projection	Actual	\$ Variance	% Variance
January	\$6,513,776	\$5,904,117	-\$609,659	-9%
February	\$6,545,242	\$6,967,576	\$422,334	6%
March	\$6,557,213	\$6,625,257	\$68,044	1%
Total	<b>\$19,616,231</b>	<b>\$19,496,950</b>	<b>-\$119,281</b>	<b>-1%</b>

# 2022 Q1 User Fee Revenue Overview Cont.



Quarters	CY22 Projected User Fee Revenue	Actual User Fee Revenue
1st	\$19,616,231	\$19,496,950
2nd	\$18,855,000	TBD
3rd	\$18,866,890	TBD
4th	\$18,692,502	TBD
<b>Total</b>	<b>\$76,030,623</b>	<b>\$19,496,950</b>