



## Conference Call Etiquette

- Please mute your line if you are not speaking.
- Identify yourself & organization before you speak.
- If you are on the phone and logged in via web, turn off your computer speakers.
- The chat is reserved for Board members.

A thick, dark blue curved graphic element, resembling a stylized arch or a partial circle, is located in the top left corner of the slide.

# Pennie Board of Directors Meeting

# Agenda

- **Administrative Matters**
- **Section 1557 Proposed Rule Comment Letter**
- **Benefytt Technologies FTC Settlement SEP**
- **NCQA Health Equity Accreditation**
- **Break**
- **Assister Program Review/Planning**
- **Open Enrollment 2023 Preparation**
- **Adjournment**



# Administrative Matters



# Administrative Matters

- ARP Subsidies/PHE Unwinding Update
- Introduce Newly Hired Chief of Diversity, Equity, and Inclusion
- Questions on Q1 & Q2 2022 Financial Statement (slides can be found in appendix)

# ARP Subsidies/PHE Unwinding Update

- The President signed the Inflation Reduction Act into law on August 16<sup>th</sup> which extends current American Rescue Plans subsidies through 2025.
- The Pennie team has ceased contingency planning for the potential expiration of the subsidies and is ensuring planned system deployments, FAQs, contact center talking points, and stakeholder/customer communications reflect the maintenance of current eligibility and subsidy levels.
- The federal government has set the expectation that states will be informed by mid-August if the public health emergency will officially end in mid-October. Because no notice was given, we will shift timing expectations for the PHE end to mid-January 2023.

# Pennie's New Chief of Diversity, Equity and Inclusion (DEI)

## Guerline L. Laurore, Esq. (she, her, hers)

- Guerline earned a bachelor's degree in Psychology and a master's degree in Clinical Psychology and Psychopathology, both from the University of Provence. She received a Juris Doctor Degree from Widener University School of Law in Wilmington, Delaware, and a master's in public administration from the University of Pennsylvania Fels Institute of Government, summa cum laude.
- While at Penn, she served as the Graduate and Professional Student Assembly Director of Equity and Access and received the 2022 Fels Institutional Service Award for outstanding dedication to the Fels community and the University of Pennsylvania. Laurore is licensed to practice law before the United States Supreme Court and several other courts. She most recently served as the Director of Mediation and Policy and Intergovernmental Affairs for the PA Human Relations Commission (PHRC) before joining Pennie.
- Laurore was appointed by President Biden to serve on the PA State Advisory Committee to the U.S. Commission on Civil Rights; sits on the board of the World Affairs Council of Harrisburg; is past President of NAACP Wilkes-Barre; and has served on several community organizations throughout the Commonwealth including the Governor's Advisory Commission on African American Affairs.
- She is fluent in English, French, Haitian Creole, and conversational in Portuguese, and Spanish.
- She lives with her partner, children, and mini goldendoodle in Central Pennsylvania.



# Q1 & Q2 2022 Financial Statement\*

- Any questions to discuss?
- \*Slides can be found in the appendix



# **Section 1557 Proposed Rule Comment Letter**

# Section 1557 Proposed Rule Overview


The Proposed Rule would revise Section 1557 of the ACA, which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs. It would reverse a 2020 Rule limiting the scope of Section 1557's nondiscrimination requirements. Among other things, the Proposed Rule:

- Would clarify that Section 1557 applies to all entities that receive payments from federal financial assistance; every health program or activity administered by HHS; and every program or activity administered by entities established under Title I of the ACA.
- Would codify protections against discrimination on the basis of sex, including discrimination based on sexual orientation, gender identity, sex stereotypes, sex characteristics, intersex traits, and pregnancy status (including pregnancy termination)
- Would require covered entities, including state-based marketplaces, to provide staff with clear guidance and training on: 1) the provision of language assistance services for Limited English Proficiency individuals; and 2) reasonable modifications to policies and procedures for those with disabilities;
- Would require covered entities to provide notice of language assistance in the 15 most common languages and provide prominent annual notice of language assistance services on their website, among other requirements.


*Health Affairs Summary – [HHS Proposes Revised ACA Anti-Discrimination Rule](#) | Health Affairs*

# Sec. 1557 Rule Proposed Comments

- Designation and Responsibilities of a Section 1557 Coordinator (§ 92.7)
  - **Comment:** Clarify whether this coordinator position can be part of a current job role and encourage CMS to provide Section 1557 training materials. We support these provisions but would like to have flexibility to meet these standards.
- Equal Program Access on the Basis of Sex (§ 92.206); Nondiscrimination on the Basis of Association (§ 92.209); Prohibition on Sex Discrimination Related to Marital, Parental, or Family Status (§ 92.208)
  - **Comment:** Support extending nondiscrimination provisions to include gender discrimination, gender identity, sexual orientation, relationship, association, and/or family status.
- Nondiscrimination in Health Insurance Coverage and Other Health-Related Coverage (§ 92.207)
  - **Comment:** Generally, Pennie supports this provision but requests a definition of 'gender-affirming care' so that QHP issuers can indicate whether they provide this benefit.
- Would clarify that Section 1557 applies to all entities that receive payments from federal financial assistance; every health program or activity administered by HHS; and every program or activity administered by entities established under Title I of the ACA (§ 92.207)
  - **Comment:** Support this provision.



# **Benefytt Technologies FTC Settlement SEP**



# Benefytt Technologies FTC Settlement Special Enrollment Period

- The Federal Trade Commission (FTC) finalized a settlement earlier this month involving a company known as Benefytt Technologies. The company was found to be fraudulently marketing and selling healthcare products.
- Consumers were led to believe by Benefytt Technologies and two of their distributors that their healthcare products, such as short-term, limited duration medical plans, were ACA compliant.
- The federal government is planning to provide impacted and qualified individuals in Healthcare.Gov states a SEP to enroll in Marketplace coverage. They will also be sharing with state exchanges, including Pennie, the names and contact details for impacted customers in their respective states. Pennie would like to mirror the federal government's approach by conducting outreach to these individuals and offering a SEP for all eligible individuals.
- For more information, please see the press release issued by the FTC - [FTC Action Against Benefytt Results in \\$100 Million in Refunds for Consumers Tricked into Sham Health Plans and Charged Exorbitant Junk Fees | Federal Trade Commission](#)



# **NCQA Health Equity Accreditation**



# 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.



# 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
  - Questionable if allowable without regulations
  - Administratively, could implement as early as 2024 plan year

# Regulatory Process Overview

- Under the Health Insurance Market Oversight Act (Act 42 of 2019), Pennie is authorized—and expected—to promulgate regulations. 40 Pa.C.S. § 9313 (Federal Guidance).
- Pursuant to section 3913 of the Health Insurance Markets Oversight Act, until Pennie promulgates regulations, Pennie shall operate the exchange pursuant to:
  1. any applicable Federal rules, regulations or guidance; or
  2. interim State guidelines consistent with this chapter.
- The Pennsylvania regulatory process is governed by four statutes:
  - Commonwealth Documents Law: Governs the procedural steps in the preparation of a regulation.
  - Administrative Code: Requires the Office of the Budget to prepare a fiscal note for proposed regulations.
  - Commonwealth Attorneys Act: Provides for legal review and approval by the Offices of General Counsel (“OGC”) and Attorney General (“OAG”).
  - Regulatory Review Act: Provides for oversight and review by the Independent Regulatory Review Commission (“IRRC”) and the General Assembly.

# Step-by-Step Guide to the Regulatory Process Overview (Best Case Scenario)

1. Pennie, an agency with rulemaking authority, must determine that it wants to adopt, amend, or repeal a regulation, and drafts proposed language. **If the recommendation is accepted by the Board, Pennie staff will have authority to begin to draft regulations.**
2. Pennie must submit its proposed regulation to OGC then OAG, each of which conducts an independent review as to form and legality. **This assumes the Board does not want to review and comment on those proposed regulations first.**
3. Assuming no objections during the legal review phase, a notice of the proposed regulation is published in the *Pennsylvania Bulletin*.
  - Pennie must simultaneously submit a copy of the regulation and a Regulatory Analysis Form ("RAF") to the Independent Regulatory Review Commission.
  - The RAF contains information on the justification, benefits, and risks of the proposed regulation, including comparisons to federal and other state standards, descriptions of alternatives which were considered and rejected, and more.
  - The RAF is not published in the *Pennsylvania Bulletin* but is available on the IRRC website.
4. Fourth, following publication in the *Pennsylvania Bulletin*, there is a public comment period of **at least 30 days**. During this period, any interested person is encouraged to file comments with the agency, the IRRC, and any relevant committees of the General Assembly. The IRRC also conducts independent outreach to notify groups and individuals who may be impacted by a proposed regulation.

## Step-by-Step Guide to the Regulatory Process Overview (Best Case Scenario)

5. Within 30 days of the close of the public comment period, IRRC must submit its comments, recommendations, and objections to the proposed regulation. These comments are published in the Pennsylvania Bulletin.
6. Pennie must respond to all comments received from the public, the General Assembly, and IRRC and prepare a final-form regulation. **Pennie has up to two years after the close of the public comment period to complete the final-form regulation.**
7. Pennie must then submit the final-form regulation to IRRC and the relevant committees of the General Assembly. At its next scheduled meeting (but no less than 30 days after delivery of the regulation), IRRC may approve or disapprove the regulation. A legislative committee can approve, disapprove, or state its intent to further review the final-form regulation at any time up to 24 hours before the IRRC meeting. **This assumes the Board does not want to see and approve the final form regulations.**<sup>1</sup>
8. Assuming that the IRRC and committee approve the regulation, the agency submits the regulation to OAG for a final review.
9. Upon OAG's approval, the regulation is published in the Pennsylvania Bulletin. The regulation becomes effective on the date of publication (or later-specified date).

<sup>1</sup> There is a current amendment to the Pennsylvania Constitution pending that could impact this process/timeline. Notwithstanding that, this timeline is based on current Pennsylvania law.

# Regulatory Timeline Overview (General Timeframe)

Task	Responsible Party	Timeframe
Agency drafts proposed regulation	PHIEA	90-180+ days
Proposed regulations submitted to Governor's Policy Office ("GPO"), Governor's Budget Office ("GBO"), and OGC review and comment	GBO/OGC	30 days
Review GPO/GBO/OGC comments, revise proposed regulations, and submit to OAG for review and comment	PHIEA/OAG	30-120 days
Draft response to OAG, review OAG comments, revise proposed regulations and submit back to GPO and OGC for review and comment	PHIEA/GBO/OGC	60 days
Resubmit proposed regulations to OAG for approval	OAG	30 days
Prepare appropriate memos and letters and submit to LRB, IRRC and Standing Committees	PHIEA/IRRC/LRB	30 days
LRB publishes proposed regulations in the Pennsylvania Bulletin, beginning the public comment period	LRB	30 days
IRRC reviews proposed regulations and provides comments	IRRC	30 days
Receive and review public comments, prepare responses, draft preamble, annex and regulatory analysis form, draft transmittal memo with legal and policy considerations	PHIEA	90-180+ days
Submit final-form regulations to GPO, GBO, and OGC review and comment	GBO/OGC	30 days
Review, revise, seek approval for revisions from OGC/GPO and GBO and submit to IRRC and Standing Committees	PHIEA	15-30 days
Submit final-form regulations to IRRC Standing Committee Comments, whereupon IRRC will hold a hearing on the comments	IRRC	30 days
Submit final-form regulations to OAG for review	OAG	30-90 days
Draft response to OAG, review by OGC and GPO of revisions and responses, return to OAG	PHIEA	30 days
Submit to LRB for publication	PHIEA	30 days
LRB publishes final-form regulations in Pennsylvania Bulletin, with the regulations becoming effective on the same date	LRB	Within 30 days of submission

# 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.

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**Staff Recommendation: Accomplish by Promulgating Regulations – Target Plan Year 2025**

- Regulations allow us to work through the process, timeline, and define flexibility
  - While implementing without regulations would allow us to implement sooner, we wouldn’t be able to allow flexibility which was a common theme from stakeholder feedback. In addition, legal risks associated with no regulations approach.
- Given uncertainties of the timeline for completing regulations, 2025 plan year is the earliest possible plan year the requirement would be in effect but may be later.



# Break





# **Assister Program Review/Planning**



# Cognosante OEP Performance Numbers

- Around 160 Pennie-Certified Assisters total (contract requires 150)
- 31 new assisters were added through the expanded network organizations
- Assister networks held a combined 170 events throughout the 2022 Open Enrollment Period.
- Assister-supported active enrollments were 4.4 percent higher this year, 1,603 households in 2022 compared to 1,535 households in 2021
- Approx. 35 percent of the Pennie Assister Network speak at least two languages with 28 percent speaking Spanish

	Total	Assister	Active and New Assister
OE 2021 (#)	337,722	1,910	1,568
OE 2021 (%)	100%	0.6%	0.5%
OE 2022 (#)	374,776	3,276	1,620
OE 2022 (%)	100%	0.9%	0.4%

## 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

# Cognosante SEP Performance Numbers

January 16 – July 31, 2022

- 344 New Assister-enrollees since OE
- 314 events held focused on SEP, education/outreach, and PHE Prep
- Nearly 7,000 referrals/applications sent to Medical Assistance and 240 to CHIP
- 550 appointment requests (through pennie.com) between Jan 16—July 31, 2022

# Expectations of the Assister Network

Pennie-Certified Assisters should be:

- Pennie ambassadors who are a valued, trusted community source
- Helping Pennsylvanians access health coverage regardless of the source: Pennie, MA, or CHIP
- Value serving, building, engaging, and educating their community
- Spend non-assisting work hours building a community-referral network that leads back to them or their organization
- Provide the much-needed feedback to Pennie to better our practices, policies, operations, and communications

# 2021 Strategic Goal 1: Performance Report

## ***Execute New Federal ACA Policies through:***

- 1. Leveraging these opportunities to maximize affordability and access;*
- 2. Minimizing disruption to market participants; and*
- 3. Fiscal responsibility that ensures stability*

### **Positives**

- Helped communicate the American Rescue Plan (ARP) benefits and savings to those in their local communities, especially to those who may have never considered health insurance before
- Provided local, in-person support for new customers interested in the ARP savings and also help current customers understand new premiums and rebalancing

### **Challenges/Improvements**

- Challenged by COVID restrictions for in-person events. With lighter restrictions, encourage more events & attendance at established events to take these messages further into the community
- Improve by finding new opportunities to show how the ARP/IRA enhanced subsidies weaken the cost barrier to accessing health coverage
- Be prepared to communicate the ARP/IRA subsidies during PHE unwinding

# 2021 Strategic Goal 2: Performance Report

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

## Positives

- Expanded network to include Mendoza Group, Latino Connection, Bradbury Sullivan, Fabric Health to locally reach, build trust, and enroll with:
  - Low-income individuals
  - Language barriers
  - BIPOC
  - LGBTQ

## Challenges/Improvements

- Challenged by the lack of awareness within marginalized communities of Pennie & marketplace's role in the PA health insurance landscape
- Challenged by previously held biases of the insurance marketplace
- Improve by encouraging members & leaders within our targeted communities to become assisters
- Improve our feedback loop between assisters and Pennie team to communicate established or new policies, tools, etc that impact these communities

# 2021 Strategic Goal 3: Performance Report

## *Achieve Operational Excellence through Improved Customer Service and Ease of Doing Business with Pennie*

### Positives

- Weekly meetings with Cognosante
- Monthly all-assister meetings with EA
- Monthly meetings with each expanded entity
- Various Workgroups and Lunch & Learns
  - Discuss policy initiatives, system updates and tips, & comms efforts
- Assisted Pennie through quality assurance checks with various translated/trans-created Pennie materials

### Challenges/Improvements

- Improve by equipping assisters w/ copies of notices, emails, call scripts, etc. so assisters are ready for customers' questions
- Challenge of getting assisters fully certified in a timely manner can be improved by continually work with PID Licensing Dept to streamline the training and certification process
- Create a best-practices document that helps teach assisters how to better build their community referral network

# 2022 Strategic Goals: Expectations of Cognosante

1. **Ensure operational readiness for and strategically maximize benefits and/or minimize harm of PHE unwinding and/or BBB (now IRA):**
  - *Expectation:* Encourage MA recipients to complete their renewal packet to ensure continuous coverage, understand fully the Pennie/MA transfer process, be able to communicate coverage options to customers, hold community enrollment events, communicate early and often to customers transitioning from MA to Pennie, show the updated affordability threshold thanks to ARP/IRA
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**
  - *Expectation:* Continue the partnership with our expanding subcontractors, look to backfill openings with minority/bilingual/representative individuals, add DEI training to annual assister training.
3. **Mature exchange operations to achieve greater ease of doing business with Pennie for external stakeholders, consumers, and internal contributors**
  - *Expectation:* Continue to provide a feedback loop to Pennie staff for how operational, communication, and policy updates are being implemented and felt within our target audiences.



# Cognosante Role as Administrator

- Execute, oversee, and manage all contract requirements, proposals, and six (6) subcontractor agreements for compliance and outcomes
- Serve as primary point of contact for the Pennie organization, facilitating requests, disseminating information, resolving issues, participating in Pennie meetings, and promoting collaboration
- Conduct weekly/biweekly partner team meetings & serve as escalation point for Assister issues and tickets
- Develop and maintain 13 Assister training modules (New Assister and Refresher Assister) annually
- Manage, procure licenses, and support the Assister Learning Management System for all Assistors in PA (not just the Cognosante network)
- Maintain a combined Outreach and Event schedule and post Assister events via Pennie website tool
- Manage an Assister data collection process and reporting tool and monitor Pennie-provided data for compliance and anomalies
- Support contract and Commonwealth small business reporting
- Perform financial support of the contract and all subcontracts – invoicing, purchase orders, payments, reconciliation

# Updated Expanded Assister Proposal 2022 - 2023

- In 2021, the Cognosante contract was increased to include additional community-based partners and enrollment services in targeted, diverse underserved communities
- This proposal focuses on the continuation of this expanded Assister network for a 12-month period from August 7, 2022, through July 31, 2023
- The proposal includes (more details on the following slide):
  - Maintaining the Current Pennsylvania Association of Community Health Centers (PACHC) Assister Network
  - Bradbury-Sullivan LGBTQ Community Focus
  - Mendoza Group Latino/Hispanic, Asian/Pacific Islander, and African American Community Focus
  - Fabric Health Community Focus in low-income communities of Philadelphia
  - Latino Connection Latino/Hispanic Community Focus

# Updated Expanded Assister Proposal '22-'23 Cont.

- **PACHC**
  - Sustain/maintain the current PACHC Assister network of ~130 Assisters and their ongoing OEP/SEP support
- **Bradbury-Sullivan LGBTQ**
  - Employ 3 full-time healthcare enrollment coordinators, provide virtual/onsite enrollment assistance across PA, add a part-time Assister, subcontract with 3 other LGBTQ community-based organizations in PA, participate in over 230 outreach events, continue to create Pennie awareness through various communication vehicles
- **Mendoza Group**
  - Leverage existing contacts to increase outreach with relationship-based cultures, add Asian (Chinese, Vietnamese, Korean, Japanese, etc.) and Russian, seek additional partners that can serve as referrals & resources, increasing a sustainable presence at events
- **Fabric Health Community Focus in Philadelphia**
  - Increase the number of laundromats from two to three, engage fewer Assisters to enhance relationship building, allocate a higher proportion of resources to events, add phone and SMS engagement to increase engagement when Assisters or families are not physically on site, add smart TVs that can play Pennie videos/digital flyers/health literacy slides
- **Latino Connection Latino/Hispanic Community Focus**
  - Provide a project management resource to focus on providing Pennie enrollment assistance, provide 2 full-time Assisters, events will be promoted in advance in English and Spanish using targeted distribution methods, host a minimum of 7 events per month (increase during OEP)

# Executive Session



# OEP 2023 Preparation



## August

### Mid-August

- PA Insurance Department Communicates Any Rate Filing Changes Needed due to ARP Subsidy Extension.
- Pennie Receives Approved Insurer 2023 Plan Data from PA Insurance Department\*\*.

### Late-August

- Load 2023 Plans into Production for Insurer Review\*\*.
- 2023 Broker Training Available.
- Blackout Period Begins for Assister Training.

## September

### Early-September

- Insurers Review Plans in Pennie Portal.

### Mid-September

- PY2023 Assister Training Available.
- Health Equity Tour Begins.

### Late-September

- Release 22.9 Production Deployment.
- PID Finalizes 2023 Plans and Publishes Rates
- All 2023 Plans Certified.

## October

### Early-October

- OEP Awareness Marketing Campaign.
- Renewal Eligibility and Auto-Renewal Processing Begins.

### Mid-October

- OEP Email Campaign Begins.
- Auto-Renewal Enrollments Sent to Insurers.
- Stakeholder Toolkit Distributed.
- PHE Currently Set to Expire\*.

### Late-October

- Broker/Assister Recertification Training Deadline.
- Auto-Renewal and Eligibility Notices sent to Consumers.

## November

### Early-November

- Open Enrollment Begins.
- 2023 Anonymous Shopping Available.
- "Call to Action" Marketing Campaign Begins.

## December

### Mid-December

- Plan Shopping Deadline for January 1 Coverage.
- Catch-up Auto-Renewals Generated for New Consumers.

## January

### Early-January

- Potential PHE Catch Up Autorenewal Run\*.

### Mid-January

- Plan Shopping Deadline for February 1 Coverage.
- Conclusion of OEP.

\*\*Without rate filing adjustments on extended subsidies

\*All PHE milestones included are subject to change if PHE is extended past 10/15

# Broker/Assister Recertification Changes – DEI Modules

- New Equity-Focused Training Modules for Assisters & Brokers
  - Required for all new and recertifying Assisters & Brokers
  - Working effectively with historically marginalized and underserved populations in PA, including:
    - Customers with low literacy
    - Customers with low health literacy
    - Older customers
    - Customers with disabilities
    - Rural communities
    - Black or African American Populations,
    - Hispanic or Latino Populations,
    - LGBTQ+ population,
    - American Indian and Alaska Natives (AI/AN),
    - Households that include immigrants
- 2023 Training for Assisters & Brokers
  - Comprehensive review and refresh of training modules
  - For broker recertification, focused on streamlining training to include new or updated policies (e.g. Path to Pennie, SEPs), key policies warranting annual refresher (e.g. eligibility rules), policies related to strategic goals (e.g. health equity), and any legally-required content (e.g. privacy & security training).
  - 2023 Broker Training: available mid-August
  - 2023 Assister Training: available mid-September

# Pennie Brand Awareness Survey\*

- Details:
  - Distributed by the Bravo Group
  - Ran from March 23, 2022, to March 31, 2022
  - A total of 511 responses
- Purpose:
  - Measure awareness and perceptions of Pennie among various market & demographic segments
- Key takeaways:
  - Pennie awareness has opportunity to improve especially in historically underserved communities
  - Those who are aware of Pennie find Pennie affordable and accessible
    - Opinions about Pennie have become more positive than previous surveys
  - Many believe Pennie is easy to enroll, with the website being easy to use
  - Word of mouth and commercial ads/online ads were the top avenues people heard of Pennie

*\*Full survey included in appendix*



# Pennie Customer Survey

- Details:
  - Distributed by PA Dept. of Performance through Excellence
  - Pennie sent email on 3/25 to all current customers
  - A total of 11,634 responses (3% response rate)
- Purpose:
  - Measure customer satisfaction level and how they first heard about Pennie
- Key takeaways:
  - Over 46% of participants noted they strongly agreed with the statement “I am satisfied with Pennie,” 35% noted they agreed, 9% neither agreed or disagreed, 5% disagreed, and 5% strongly disagreed
  - Most common responses of how customers heard about Pennie include: word of mouth, tv/online ads, government agencies (HealthCare.gov, DHS, etc.)
  - Most comments mentioned their experience with Pennie customer service was excellent
  - Many also noted Pennie was easy to use/enroll in coverage

# Pennie Customer Service Satisfaction Survey

- Details:
  - Distributed by Pennie Customer Service – Automated survey following phone call
  - Results pulled from Oct. 2021 to May 2022
  - A total of around 95,000 respondents
- Purpose:
  - Measure satisfaction level of callers as well as how they heard about Pennie
- Key takeaways:
  - Over a quarter of the respondents heard about Pennie from mailers/letters and almost a quarter from word of mouth
  - The other most frequent channels of how respondents heard about Pennie include: online ad, tv ads and brokers/assisters
  - A total of 88% of respondents were highly satisfied with their call with the Pennie Customer Service Center

# Creative Message Testing

- Details:
  - Distributed by the Bravo Group
  - Data collection: August 15—24
  - Presentation of findings: week of Sept 6
- Purpose:
  - Testing different messaging with various target audiences to gauge the quality and comprehension of potential messages
- Questions Surrounding:
  - What do customers believe about themselves and others when they use Pennie?
  - How can we change those beliefs to be more positive?
  - What words or phrases related to cost, quality and access positively or negatively impact this perspective?

# Targets & Tactics

## Key Audiences

- Current Customers
- Customer Leads (submitted/open apps, leftover hc.gov accounts, etc)
- Those losing Medical Assistance Coverage
- Limited English Proficiency Populations
- The Uninsured/General Public/Low-Income Neighborhoods & Rural Areas/Faith-Based
- Stakeholders/Insurers/Hospitals/Health Centers/CAOs/PA CareerLinks/Non-Profits
- Customers/Customer leads impacted by ARP/IRA subsidy extension

## Marketing Strategy

- Weaving ARP/IRA Extension into all communications
- Paid Media – Robust Advertising Strategy
- Email/Mailing Campaigns
- Earned Media – Media interviews/Press Conference & Releases
- Owned Media – Social, Newsletter, Website
- Strategic Outreach Partnerships

# Communications and Outreach

## August

- OEP communication preparations
- PHE/ARP communication preparations
- Broker training & re-certification begins

## September

- Assister training & re-certification
- State agency partner updates – PA CareerLinks, PA Libraries, L&I, Pa Department of Corrections and Community & Learn Economic Development

## October

- Pre-OEP advertising begins
- Distribute stakeholder toolkit

## November

- OEP advertising and media campaign
- Legislative townhalls, community education center events, health fairs

- Pennie PHE Landing page (if ending 10/15)
- Hospital and Health Center Engagement
- Creative vendor conducting message testing

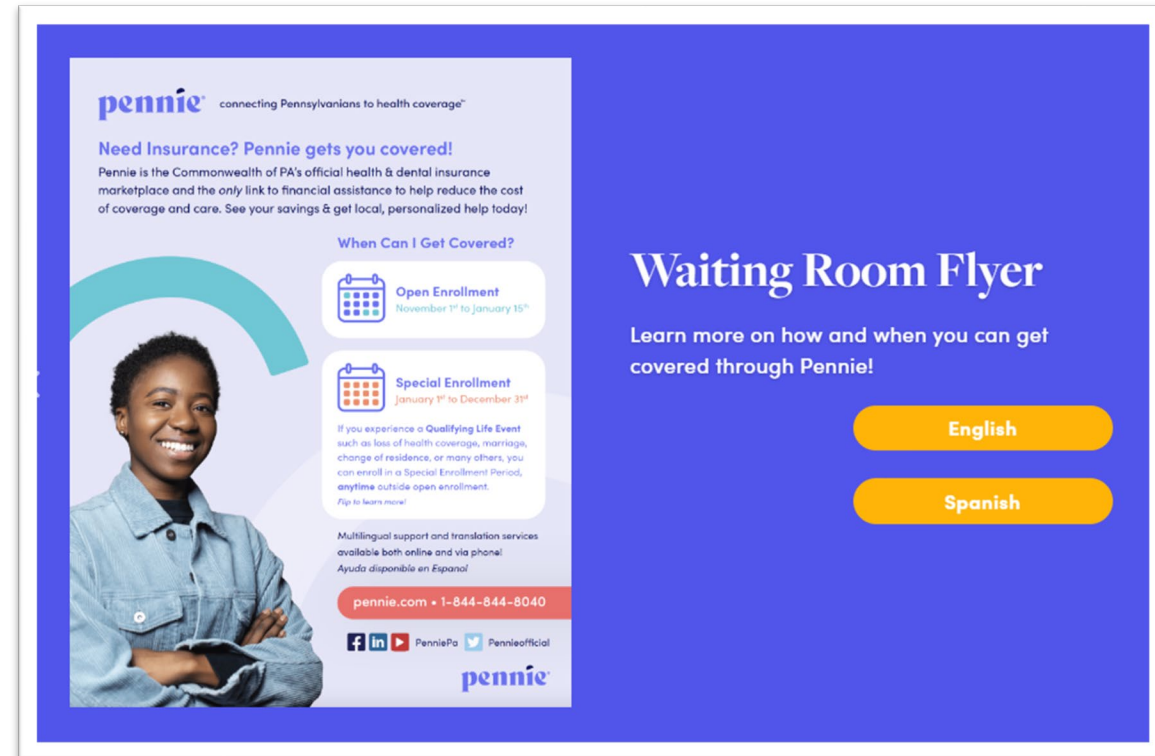
- Receive message testing results – implement into OEP creative
- Finalizing creative concept and media buy plan

- Auto-Renewal reminders/ARP awareness begins
- Municipal Leaders, CAOs, Faith-based partners

- OEP outreach events begin in conjunction with stakeholders and legislature
- ARP awareness continues

# New & Updated Materials for the Pennie Toolkit

- 2021 Annual Report
- Fully updated Existing Collateral for 2023 – brochures, palm card, flyers
- English-Spanish Glossary
- Social Graphics, Animations, Explainer Videos
- Waiting Room Flyer
- Small Business Flyer
- Pennie Palm Card translated into 9 languages
- Immigrant-focused Flyer



# Plan Certification Process

## August

- PA Insurance Department Communicates Any Rate Filing Changes Needed due to ARP Subsidy Extension.
- Pennie Receives Approved Insurer 2023 Plan Data from PA Insurance Department \*\*
- Load 2023 Plans into Production for Insurer Review.\*\*

## September

- Insurers Review and Finalize 2023 Plan Data in Pennie Portal.
- PID Finalizes 2023 Plans and Publishes Rates.
- All 2023 Plans Certified.

## October

- Producer Commission Schedules for OEP Provided to Pennie & Brokers.

## November

- 2023 Plans Available on Pennie Anonymous Shopping.

\*\*Without rate filing adjustments on extended subsidies

# Technology and Operational Improvements

Fall Release - High Level Scope

SSAP Updates, Verbiage Changes to Notices, Medicaid/Medical Assistance (MA) and CHIP 120-day SEP with earlier start date, Subscriber Swap fix, Additional Insurer ticketing enhancements, Functionality to support Family Glitch rule change, Income DMI – Documentation Helper.

## August

- User Acceptance Testing - August 29, 2022 – September 22, 2022
- Conduct Chat Pilot – Initially only displayed on Pennie.com FAQ page. Based on this experience we will develop additional canned responses for expeditious customer responses.

## September

- Release Approval – September 22, 2022
- Release Implementation – September 29, 2022
- Implement Chat – TBD based on pilot experience. Chat will be prominently displayed on Pennie.com home page. Goal is to be available for OE23. Future integration within the secure customer portal is being planned.



# Autorenewal Activities

## August

- Auto-Renewal Testing.

## September

- Auto-Renewal Dry-Run with Production Enrollment Data.

## October

- Production Run of Renewal Processes.
- Send 834 Auto-Renewal Files to Insurers.
- Distribute Notices and Emails to Consumers about Auto-Renewal and Eligibility
  - **Other efforts:** Notice stuffer(s), Explainer videos, Stakeholder toolkit, pennie.com FAQs

## December

- Catch up Auto-Renewals generated for 2022 SEP enrollees after the first Auto-Renewal batch.

## January

- Potential PHE Catch Up Autorenewal Run.\*

\*Subject to change if PHE is extended past 10/15

# pennie

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# Appendix



# **Q1 & Q2 2022 Financial Overview**



# Financial Overview Q1 – Q2

Revenue	Q1	Q2	YTD
Net position, beginning of year			\$37,306,524
User Fees Billed	\$19,496,951	\$18,831,736	\$38,328,687
Treasury Interest	\$6,579	\$51,116	\$57,695
Federal Reimbursements Received	\$1,709,447	\$6,603,989	\$8,313,436
<b>Total Revenue</b>	<b>\$21,212,977</b>	<b>\$25,486,841</b>	<b>\$84,006,342</b>
Expenses	Q1	Q2	YTD
Personnel	\$1,316,918	\$1,335,305	\$2,652,223
Operations	\$6,341,968	\$14,365,557	\$20,707,525
<b>Total Expenses</b>	<b>\$7,658,886</b>	<b>\$15,700,862</b>	<b>\$23,359,748</b>
<b>Net Income</b>	<b>\$13,554,091</b>	<b>\$16,875,962</b>	<b>\$60,646,594</b>

**Note:** These expenses were incurred between Jan – June 2022, and do not include the \$17.6M obligation to the 2021 Reinsurance Program which was transferred in July.

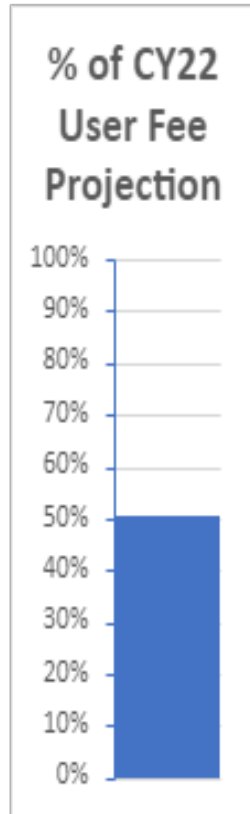
# Budget Overview Q1 - Q2

		Budgeted	Actual	\$ Variance
YTD Totals	Personnel	\$2,820,613	\$2,652,223	\$168,390
	Operations	\$20,899,452	\$20,707,525	\$191,927
	Total	\$23,720,065	\$23,359,748	\$360,317

## 2022 Q1 – Q2 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%
April	\$6,257,625	\$6,538,525	\$280,900	4%
May	\$6,284,977	\$6,074,429	-\$210,548	-3%
June	\$6,312,398	\$6,218,783	-\$93,615	-1%
<b>Total</b>	<b>\$38,471,231</b>	<b>\$38,328,687</b>	<b>-\$142,544</b>	<b>-0.3%</b>

# 2022 Q1 – Q2 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	\$18,831,737
3rd	\$18,866,890	TBD
4th	\$18,692,502	TBD
<b>Total</b>	<b>\$76,030,623</b>	<b>\$38,328,687</b>



# Pennie

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Health Insurance Awareness Tracking

05.12.22

AWARENESS TRACKING

# Overview



## Research Objective: Measure awareness and perceptions of Pennie among various market segments and identify changes from previous waves of the survey.

### Sampling

#### ✓ Source

- Dynata Online Panel - n=511

#### ✓ Qualification Criteria

- Age 18 or older
- Household income \$20,000 or higher
- Pennsylvania resident
- Decision-maker for own health insurance
- Limit on Medicare/Medicaid patients
- If employed, in non-sensitive industry
- Aware of Pennie

#### ✓ Segments by Type of Insurance

- Uninsured
- Unemployment Claimant
- Direct from Insurance Company
- Medicare/Medicaid
- General Population (Healthcare.gov, employer or don't know)

### Methodology

#### ✓ Survey Conducted

- March 23-31, 2022

#### ✓ Median Length of Interview

- 7:55 minutes

#### ✓ Target segments

- Hispanics, African-Americans

#### ✓ Reporting

- Segments that are statistically significantly higher than others at a 95% level of confidence are underlined
- Numbers that are very small (< 5%) and not easily visible in graphs are not labeled

Differences in Segments Surveyed in the Three Survey Waves			
	2020 Survey	2021 Survey	2022 Survey Rev 1
<i>n=</i>	601	563	511
Uninsured	17%	11%	6%
Purchased insurance direct	37%	18%	11%
Obtained insurance through Pennie	NA	Terminated	Terminated
Medicare/Medicaid	18%	21%	21%
General Population	Healthcare.gov + Don't know 28%	Healthcare.gov + Employer + Don't know 50%	Healthcare.gov + Employer + Don't know 63%
<i>Healthcare.gov</i>	24%	6%	5%
<i>Employer</i>	<b>Terminated</b>	43%	58%
<i>Don't know</i>	4%	1%	0%
Other	Terminated	Terminated	Terminated

The base of respondents included in each survey differs and this should be noted when looking at differences in survey responses. In particular, the current (2022) survey:

- Has far fewer uninsured
- Has far fewer respondents who purchased their own insurance directly from an insurance company
- Has far more respondents in the General Population category primarily because more are included who purchased through an employer, yet fewer purchased through Healthcare.gov.

SECTION TITLE

# Takeaways



## Slightly more residents claim they are unaware of Pennie in the 2022 survey compared to 2021.

Among those surveyed in 2022, awareness of Pennie has declined slightly compared to the 2021 survey. Last year, about half (53%) claimed to have never heard of Pennie. In the current survey, this has increased to 60%. However, the proportions of respondents who have seen, read or heard information about Pennie is similar: 17% in 2021 and 18% in 2022.

Awareness is highest in 2022 among Black/non-Hispanics (22% aware), unemployment claimants (23%) and those purchasing insurance directly from an insurance company (24%).\* However, target groups like those with low incomes (16%) and uninsured residents (15%) continue to have lower awareness.

Three in five aware Pennsylvania residents have seen, read or heard something about Pennie in the past six months (60%). Two thirds of Blacks/non-Hispanics (65%) and uninsured residents (65%) have seen, read or heard something.

Comparing their impressions when they first saw, read or heard information about Pennie to their most recent experience, almost a third claim that their opinions have improved (30%). For most (65%), opinions have remained unchanged.

*\*It should be noted that sample size of some of the segments is fairly small and these results should be considered directional.*

## PA residents find the Pennie health insurance marketplace affordable and accessible.

The top three words most associated with Pennie are medical coverage (61%), followed by affordable (47%) and accessible (39%).

The largest proportion of residents agree that Pennie is an affordable source of health insurance (70%). The most appropriate segment of the population for Pennie is considered to be people who cannot afford health insurance on their own (85%). Those least appropriate are households with incomes over \$75,000 (82%). More people this year agree that Pennie is affordable; 65% agreed with this statement in 2021 and this is up 5 points to 70% currently. In addition, only 63% of residents rated their current insurance provider as affordable in 2020; this is up 7 points compared to Pennie in the current survey.

An equally large number of survey participants also agree that it is easy to enroll in Pennie (70%). In particular, Black/non-Hispanics (80%) Hispanics (72%) and Unemployment Claimants (71%) hold this belief. The proportion who say Pennie is easy to enroll in increased three points this year over the 2021 survey, from 67% to 70%. However, compared to their current provider in the 2020 survey, Pennie is rated 7 points lower. In 2020, 76% rated their current provider as easy to enroll compared to 70% giving a high rating to Pennie.

## Residents can find the information they need at the Pennie website.

Once learning about the Pennie healthcare marketplace, the most PA residents have read articles or seen ads about Pennie (28%), talked with friends and family about Pennie (21%) and visited the Pennie website (20%).

Most website visitors went to the site multiple times. Over half (58%) visited the Pennie website 2-3 times; the median number of visits among aware residents is 2.4 times.

Residents say it is very easy to find information at the Pennie website. Two-thirds of site visitors (65%) give high ratings to the ease of finding information. Black/non-Hispanics (81%) and unemployment claimants (77%) in particular have an easy time finding information. Most of those interacting with Pennie, either online or by phone, have been able to interact in their preferred language (78%).

Over a third (37%) of all Pennie-aware residents plan to visit the Pennie website this year (2022) to look for information. Over half of uninsured residents plan to do this (52%).

## A slight majority of residents who have not applied or enrolled plan to submit an application soon.

Some Pennsylvania residents have visited the Pennie website but have not applied (20%) or applied but did not enroll (6%). Among this group, the likelihood to submit an application in the next six months is high -- over half (53%) are very likely to do this.

Uninsured residents are particularly likely to do this (58%) as are Black/non-Hispanic residents (34%) and unemployment claimants (34%).

A small proportion have applied to Pennie on the website but not enrolled (6%). Many of them say they had insurance obtained through Pennie in the past but no longer (31%). Most of these residents now have Medicaid/Medicare (71%). Some later determined the insurance through Pennie was still too expensive, so did not go through with it (21%). Many uninsured are in this situation (60%). A few found another source for insurance that better fit their needs and budget (19%),

*\*It should be noted that sample size of some of the segments is fairly small and these results should be considered directional.*

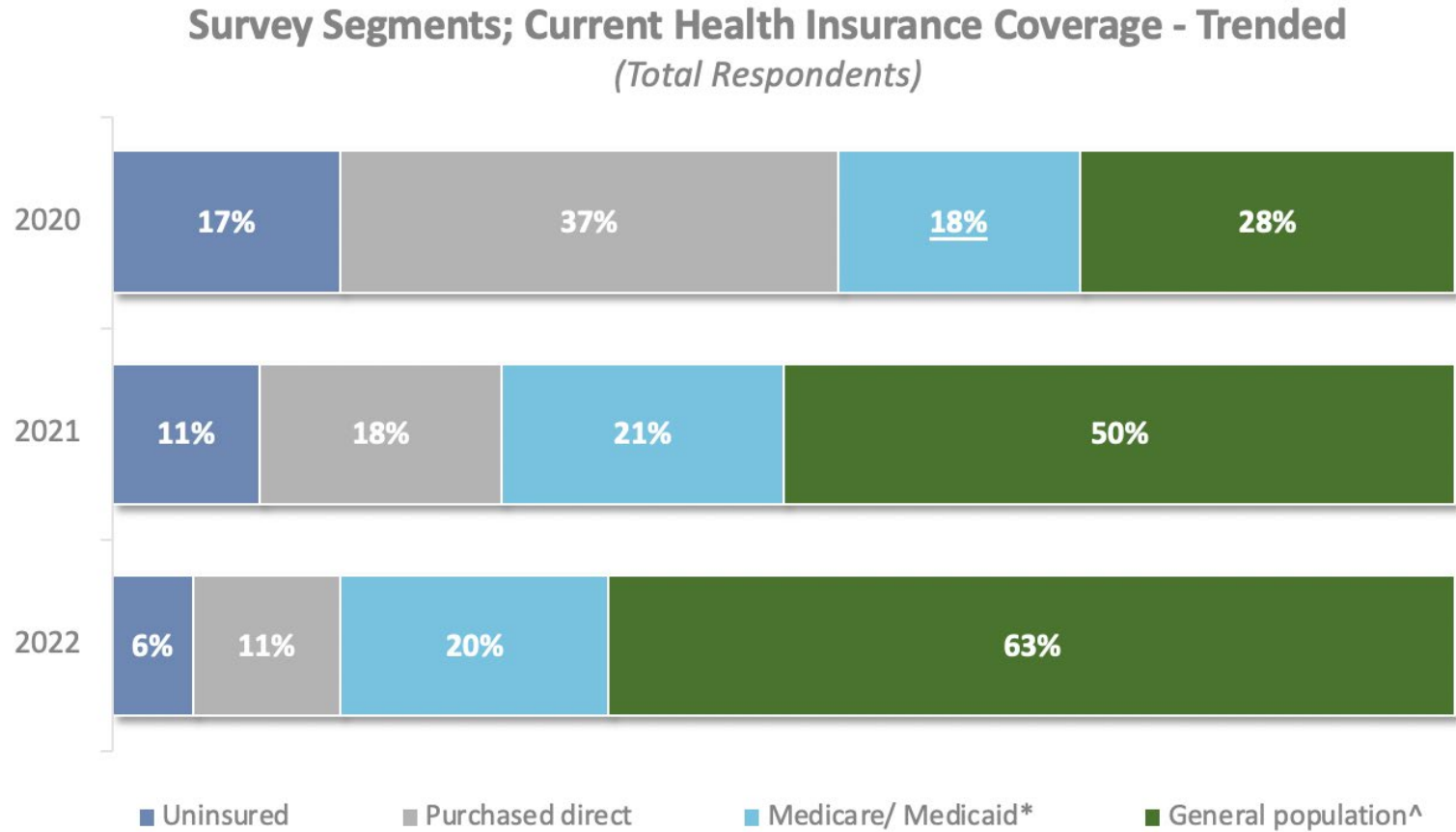
SECTION TITLE

# Results



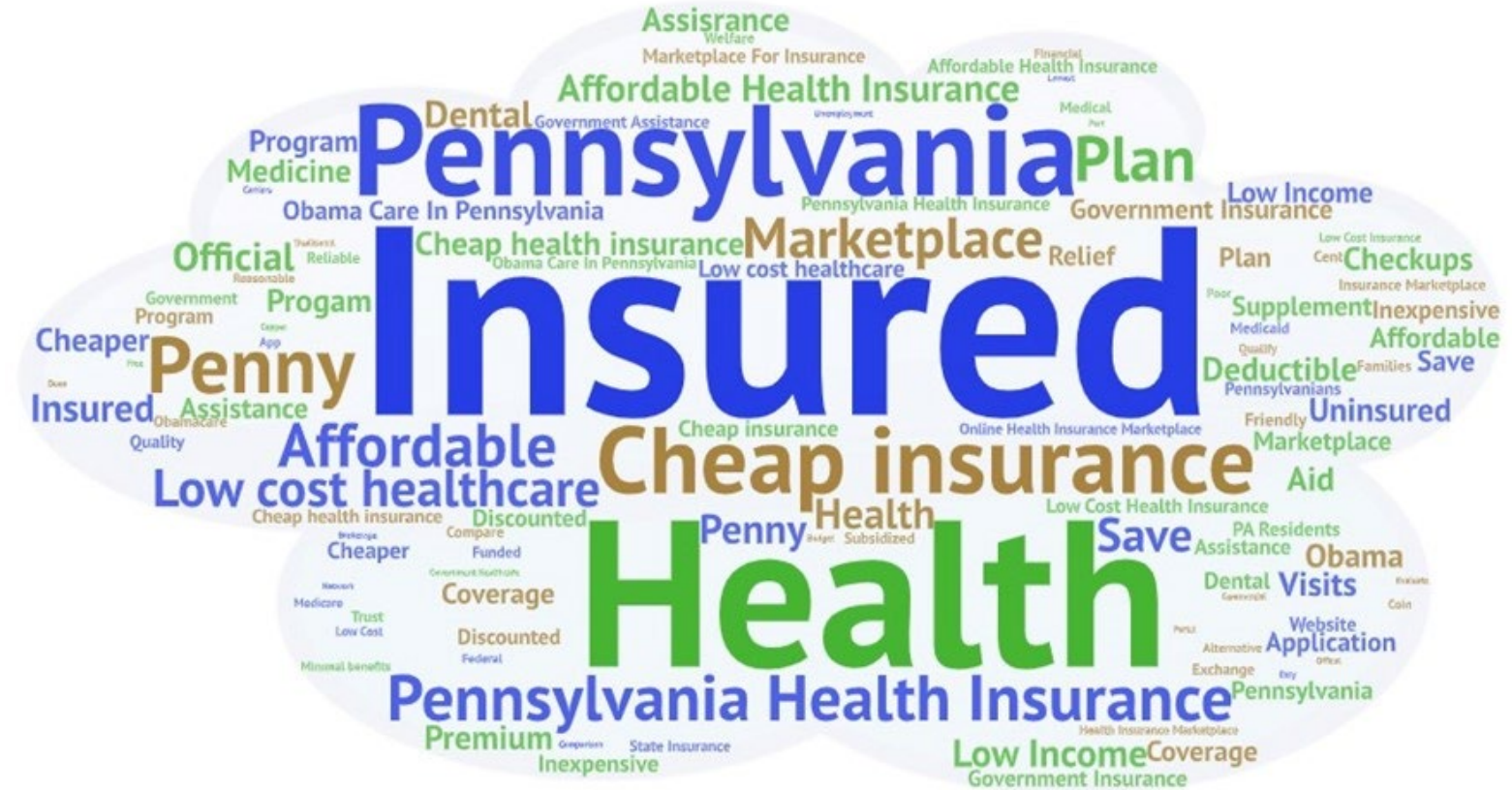


The proportion of uninsured respondents dropped from 17% in 2020 to 11% in 2021, and again to 6% in 2022. At the same time, those purchasing direct also dropped and the proportion allocated to General Population increased.



*\*Cap on Medicare/Medicaid respondents ^General Population 2020=includes Healthcare.gov and “don’t know”; 2021/2022=includes Healthcare.gov, through employer and “don’t know”; those purchasing through employer not included in the 2020 survey; “other” responses not included in all three surveys  
Total 2020=601; Total 2021=563; Total 2022=511;  
Q4B. Have you or your spouse received unemployment benefits in 2021? Q9. Which of the following best describes your current health insurance coverage?*

**Survey participants were asked what comes to mind when they hear the word “Pennie”. This indicates top-of-mind associations with the brand. The words “insured”, “health”, and “Pennsylvania” are mentioned most often.**



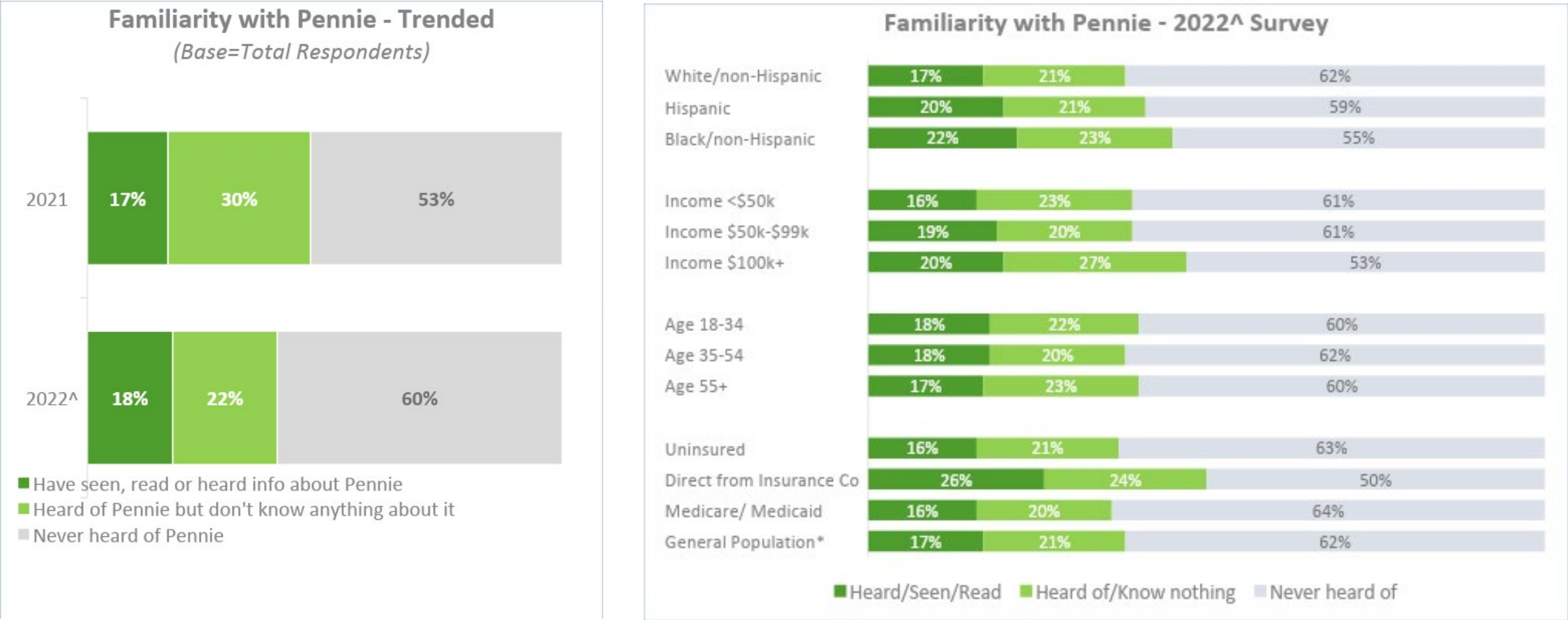
Q12. When you hear the name of an entity related to health insurance called "Pennie" what comes to mind?

### Words Associated with “Pennie”

*(Summarized from Open-Ended Responses)*

## Awareness of Pennie decreased slightly in 2022

Although it should be noted that the base of surveyed respondents is somewhat different in 2022 than in 2021. The 2021 figures are based on surveyed respondents where unaware respondents are included in the base. The 2022 figures are based on all those arriving at the survey, including those later terminated because they were not aware of Pennie. Comparatively, the 2022 figures include more respondents who purchased insurance through their employer and fewer who purchased direct.



^2022 results include those later terminated because they were not aware of Pennie - \*General Population includes through Healthcare.gov, through employer and “don’t know”  
Q13. How familiar are you with Pennie, the health insurance marketplace for Pennsylvania residents?

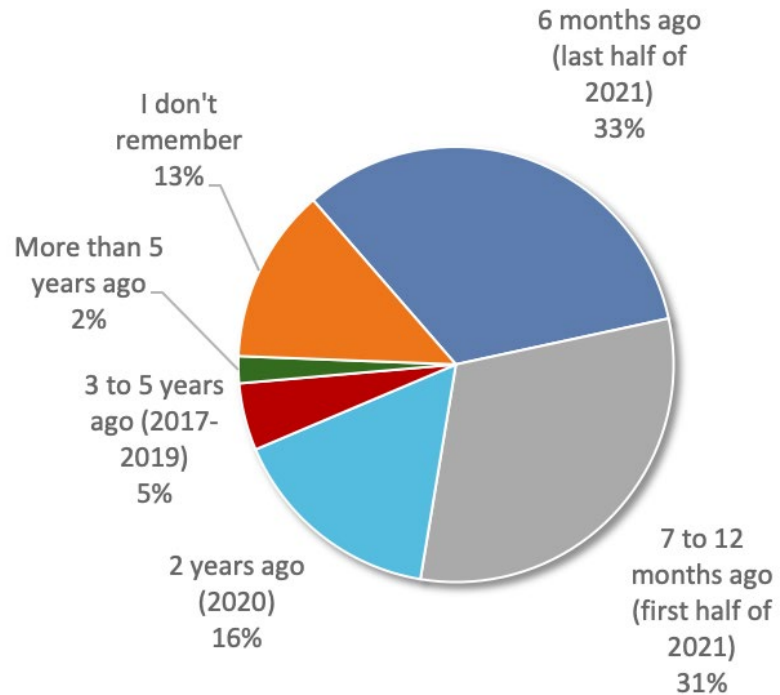
Total 2021=563; Total 2022=2108; 2022 White/non-Hispanic=1733; Hispanic=165; Black/non-Hispanic=171; Income <\$50k=739; Income \$50k-\$99k=1198; Income \$100k+=162; Age 18-34=696; Age 35-54=875; Age 55+=537; Uninsured=78; Unemployment=494; Direct=131 Medicare/Medicaid=336; Gen Pop=1006

CAUTION Some small sample sizes

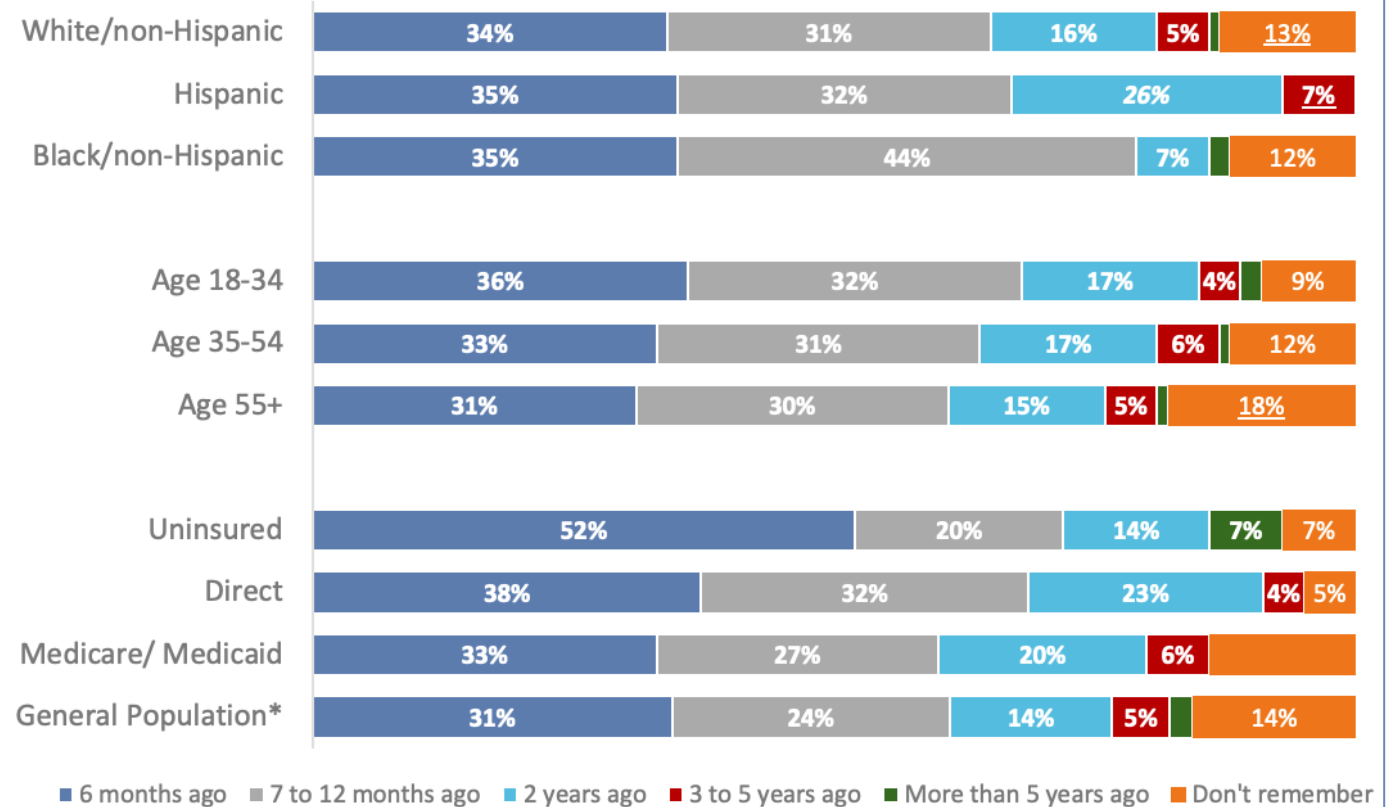
**All respondents in the 2022 survey were required to be aware of Pennie in order to complete the survey.**

Nearly 2 in 3 aware respondents (64%) first heard about Pennie in the past year.  
Almost half of uninsured (48%) first heard about Pennie most recently -- 6 months ago.

### When **First** Saw, Read or Heard about Pennie - 2022 Survey (Base=Total Respondents)



### First Heard by Segment - 2022 Survey



\*General Population includes through Healthcare.gov, through employer and "don't know"

Q14. When did you first see, hear or read anything about Pennie, the health insurance marketplace for Pennsylvania residents?

Base=Total Respondents; Total=511; White/non-Hispanic=429 Hispanic=31; Black/non-Hispanic=43; Age 18-34=164; Age 35-54=209; Age 55+=138; Uninsured=23; Unemployment=126; Direct=41; Medicare/Medicaid=81; Gen Pop=240 -- Data labels less than 3% not shown

CAUTION Some small sample sizes

**Those who are uninsured, on Medicare/Medicaid or in the general population are most likely to learn about Pennie through a TV ad. Unemployment claimants and direct insurance purchasers are most likely to have first learned about Pennie through a friend, colleague or family member.**

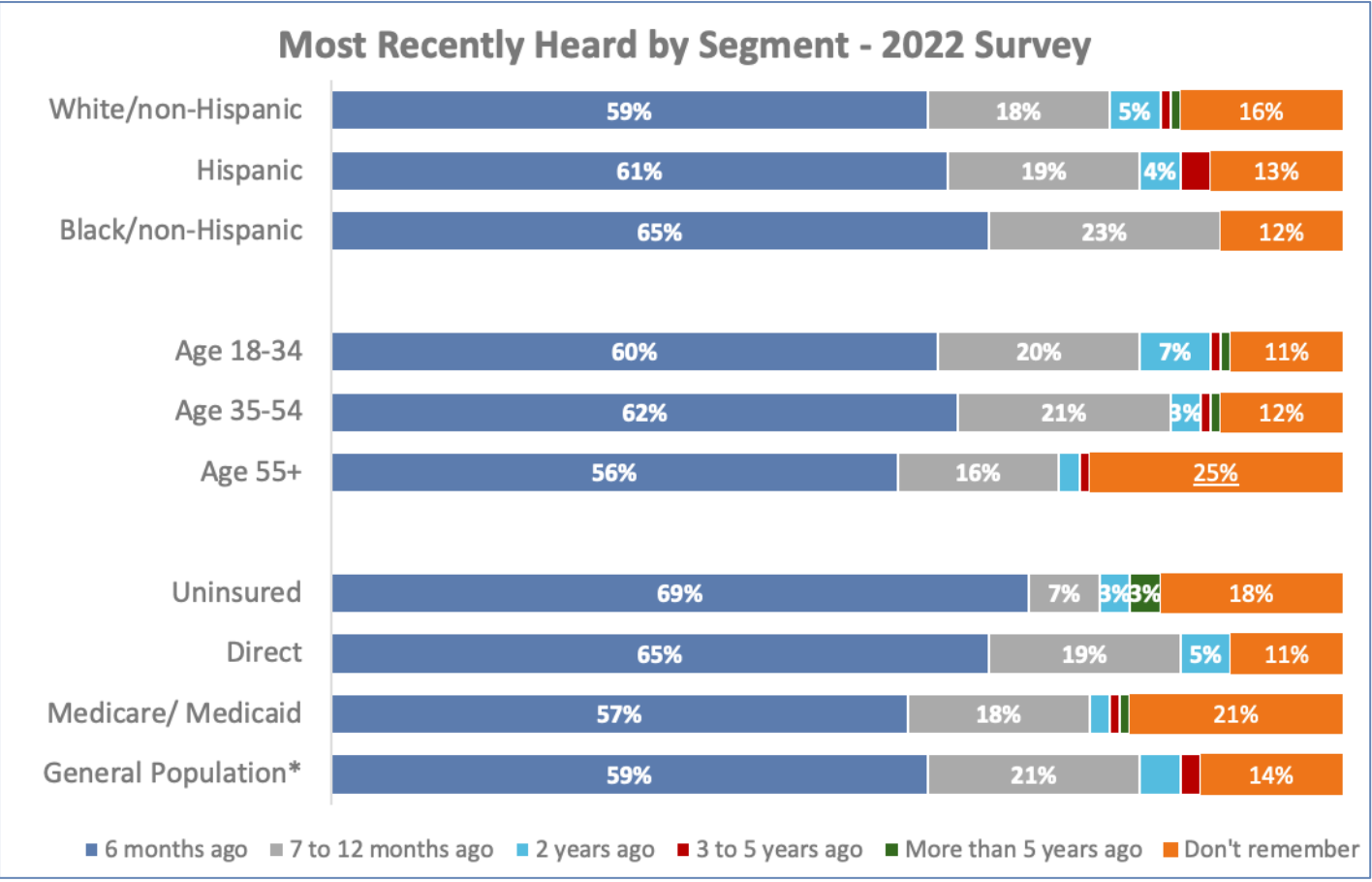
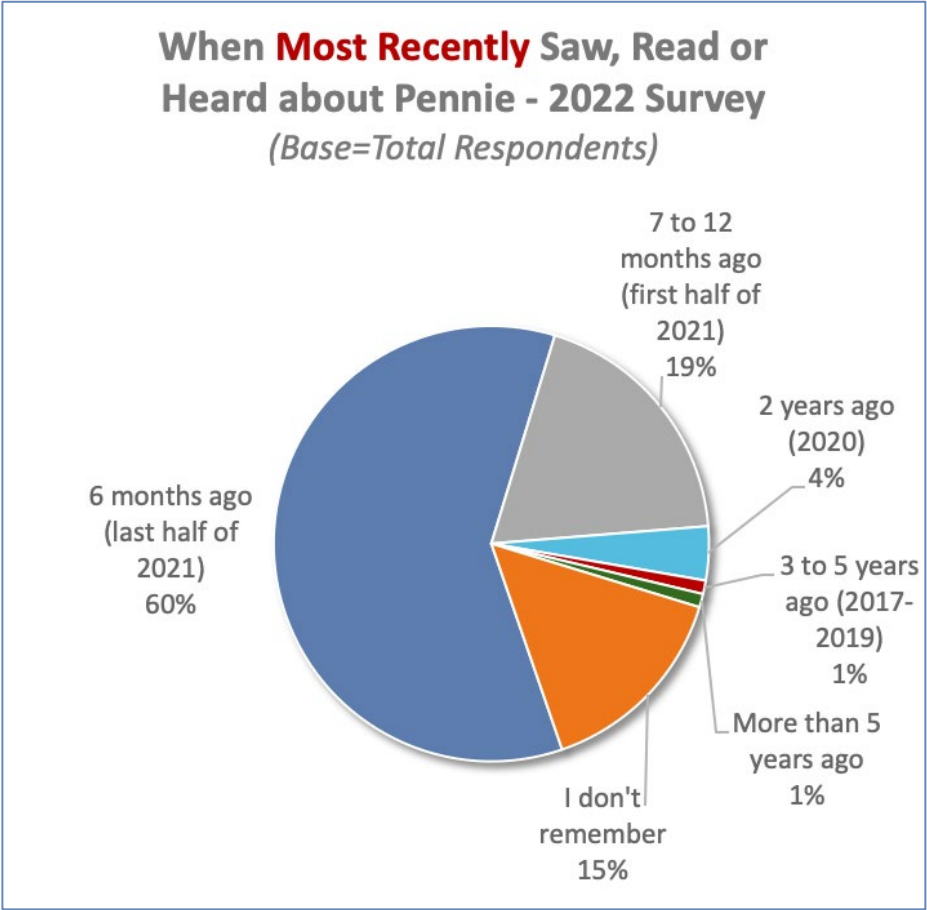
How First Learned about Pennie - by Quota Group - 2022 Survey					
	Total	Uninsured	Direct from Insurance Co	Medicare/Medicaid	General Population*
n=	511	29	57	105	320
An ad on television	23%	31%	18%	28%	22%
From a friend, colleague or family member	19	17	23	18	19
An ad online	16	10	16	10	18
From a medical professional (doctor, nurse)	6	3	<u>12</u>	4	5
Received a letter in the mail	6	0	5	<u>11</u>	5
An ad or posting in social media	6	3	9	3	7
An ad in the newspaper or a magazine	3	0	<u>7</u>	3	2
At your work or at a school/your child's school	3	7	0	2	3
Outdoor ad (transit sign, billboard, store display, etc.)	3	7	2	1	4
An ad on the radio	3	3	2	0	<u>4</u>
At a home show, fair or other community event	1	0	<u>4</u>	1	0
Other	4	7	0	6	3
Don't remember	9	10	4	<u>15</u>	8

\*General Population includes through Healthcare.gov, through employer and "don't know"

Q15. How did you first learn about Pennie?



**A majority of respondents (60%) have most recently seen, read or heard something about Pennie within the past 6 months. Medicare/Medicaid recipients are *least* likely to have seen something about Pennie in the past 6 months.**



\*General Population includes through Healthcare.gov, through employer and “don’t know”

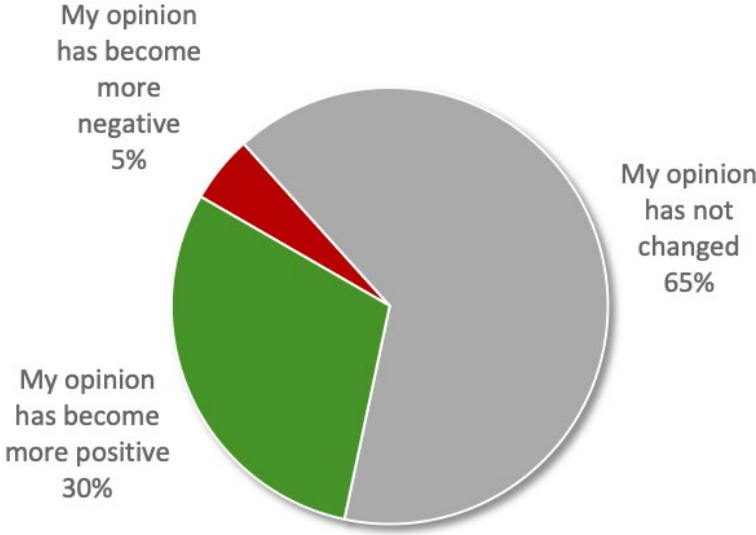
Q16. When have you most recently seen, heard or read anything about Pennie, the health insurance marketplace for Pennsylvania residents?

Base=Total Respondents; Total=511; White/non-Hispanic=429; Hispanic=31; Black/non-Hispanic=43; Age 18-34=164; Age 35-54=209; Age 55+=138; Uninsured=23; Unemployment=126; Direct=41; Medicare/Medicaid=81; Gen Pop=240 -- Data labels less than 3% not shown

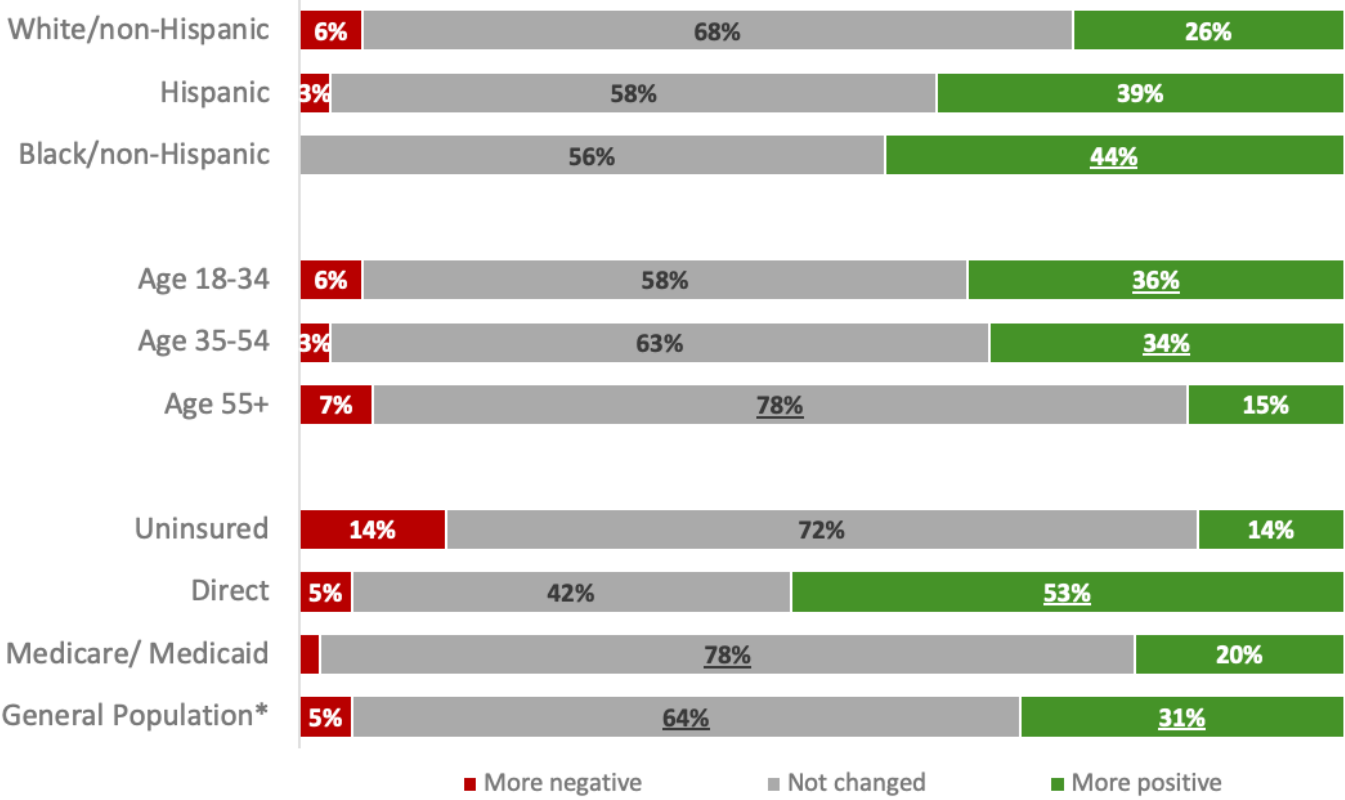
**Opinions about Pennie have become more positive (30%) than more negative (5%).**

**Opinions improved the most among Black/non-Hispanics, those under 55 years old and direct purchasers of health insurance.**

How Opinion about Pennie has Changed  
- 2022 Survey  
(Base=Total Respondents)



How Opinion Changed by Segment - 2022 Survey



\*General Population includes through Healthcare.gov, through employer and “don’t know”  
Q17. During the time that you’ve known about Pennie, how has your opinion of the marketplace changed, if at all?

Base=Total Respondents; Total=511; White/non-Hispanic=429; Hispanic=31; Black/non-Hispanic=43; Age 18-34=164; Age 35-54=209; Age 55+=138; Uninsured=23; Unemployment=126; Direct=41; Medicare/Medicaid=81; Gen Pop=240 -- Data labels less than 3% not shown

CAUTION Some small sample sizes

CAUTION Some small sample sizes

## **The words/phrases most associated with Pennie are**

- **medical coverage (61%),**
- **affordable (47%)**
- **and accessible (39%).**

Words and Phrases Most Associated with Pennie - 2022 Survey			
	Total		Total
Medical coverage	61%	Reliable	25%
Affordable	47%	Safety net	21%
Accessible	39%	Resources	21%
Family	35%	Dental coverage	21%
Easy to enroll	34%	Healthy lifestyle	20%
Value	33%	Relevant	18%
Financial assistance	32%	Comfort	18%
Choice	29%	Personalized	17%
Options	27%	Customer Service	17%
Peace of mind	27%	High quality	16%
Trustworthy	26%	Diversity	14%
Savings	26%	Unbiased	11%
Local	25%	Expensive	7%
Support	25%	None of these	4%

Base=Total Respondents; n=511

Q19. Which of the following words and phrases do you associate with Pennie?

**Pennie is considered *most* appropriate for people who can't afford health insurance on their own and *least* appropriate for people in households with incomes over \$75,000.**

Perceptions of Who Pennie is Most/Least Appropriate For - 2022 Survey		
	Pennie is <b>Most</b> Appropriate For...	Pennie is <b>Least</b> Appropriate For...
People who cannot afford health insurance on their own	85%	15%
Single moms or single dads	84	16
Families with three or more children	84	16
People of a non-white race or ethnicity	82	18
People who work part-time	81	19
People who are unemployed	78	22
People who are self-employed	70	30
People who are receiving financial assistance from the government	69	31
People with pre-existing medical conditions	68	32
People who are in good health	54	46
People who are under 25 years old	53	47
People who are over 65 years old	49	51
Families with no children	48	52
People who have Medicaid or Medicare insurance	36	64
People in households with incomes over \$75,000	18	82

Base=Total Respondents; n=511

Q20. For what types of people is Pennie most appropriate and for whom is Pennie least appropriate?



**The most White/non-Hispanics perceive Pennie as easy to enroll in (69%) and affordable (69%); the most Hispanics agree that health insurance coverage is easy to understand when obtained through Pennie (75%); and the most Black/non-Hispanic respondents agree it is easy to determine eligibility (81%).**

<b>Perceptions of Pennie by Ethnicity - % 4+5; 5=Strongly Agree - 2022 Survey</b> <i>(Base=Total Respondents; n varies; Response % Base Excludes "Don't Know")</i>				
	Total	White / non-Hispanic	Hispanic	Black / non-Hispanic
It is easy to enroll in the Pennie program.	70%	69%	72%	80%
Pennie is an affordable source of health insurance.	70	69	66	78
It is easy for me to determine whether I am eligible for the health insurance plans offered by Pennie.	68	68	59	81
Pennie provides quick approval of applications for health insurance submitted on the Pennie website.	66	66	67	63
Pennie provides a variety of high-quality insurance plans.	65	64	71	68
A health insurance plan obtained through Pennie provides the same quality of care as a private insurance plan.	64	<u>64</u>	60	50
As a state-sponsored exchange, it is quick and easy to get answers to questions from Pennie.	64	62	73	70
I would trust Pennie to help me find the best health insurance coverage for me and my family.	63	61	63	76
The health insurance plans provided by Pennie have all of the benefits and coverage that a family needs.	62	60	70	72
Health insurance coverage is easy to understand when obtained through the Pennie insurance marketplace.	61	59	75	<u>75</u>
Pennie would provide a good healthcare solution for me and my family.	55	53	59	<u>76</u>
Pennie is a better health insurance option for me and my family compared to private insurance.	50	48	59	58

Q21. Based on what you have read, seen or heard about Pennie, or just based on your general impressions, please rate your level of agreement with the following statements about the insurance marketplace.

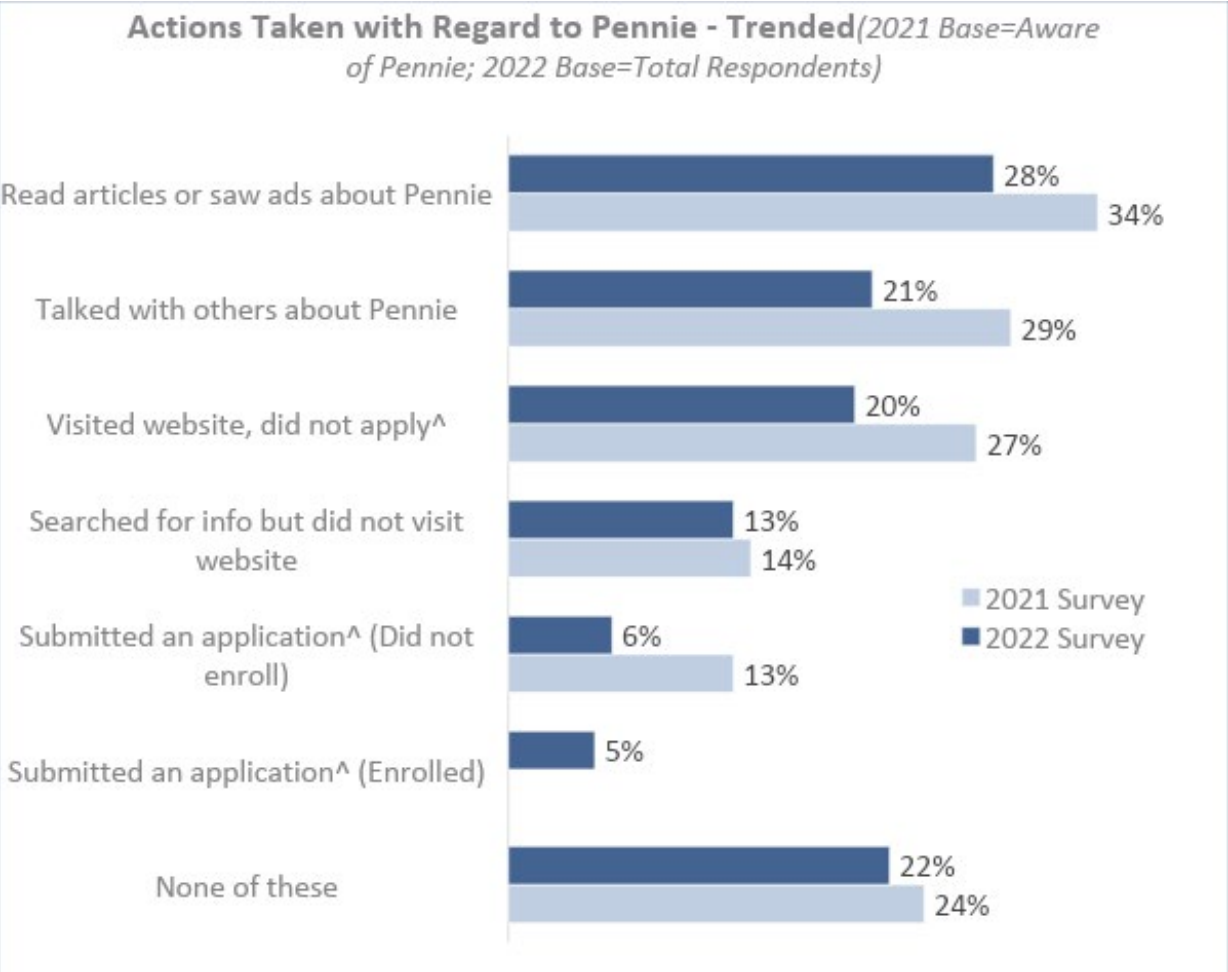
**Only 2 statements about Pennie have lower levels of agreement in 2022 compared to 2021: provides a variety of high-quality insurance plans (-3 points) and Pennie would be a good healthcare solution (-7 points, significant).**

<b>Perceptions of Pennie - % 4+5; 5=Strongly Agree - Comparative Results 2020, 2021 and 2022 Survey</b> (Base=2021 Base=Aware of Pennie; 2020/2022 Base=Total Respondents; Response % Base Excludes "Don't Know")				
	<b>Total 2020 re: Concept</b>	<b>Total 2021</b>	<b>Total 2022</b>	<b>% Δ 2022 vs. 2021</b>
n=	601	Varies	Varies	
It is easy to enroll in the Pennie program.	36%	67%	70%	⬆ 3 pts
Pennie is an affordable source of health insurance.	37	65	70	⬆ 5 pts
It is easy for me to determine whether I am eligible for the health insurance plans offered by Pennie.	38	64	68	⬆ 4 pts
Pennie provides quick approval of applications for health insurance submitted on the Pennie website.	41	61	66	⬆ 5 pts
A health insurance plan obtained through Pennie provides the same quality of care as a private insurance plan.	35	63	64	⬆ 1 pt
As a state-sponsored exchange, it is quick and easy to get answers to questions from Pennie.	35	59	64	⬆ 5 pts
Pennie provides a variety of high-quality insurance plans.	35	66	63	⬆ 3 pts
I would trust Pennie to help me find the best health insurance coverage for me and my family.	37	61	63	⬆ 2 pts
The health insurance plans provided by Pennie have all of the benefits and coverage that a family needs.	36	61	62	⬆ 1 pt
Health insurance coverage is easy to understand when obtained through the Pennie insurance marketplace.	NA	60	61	⬆ 1 pts
Pennie would provide a good healthcare solution for me and my family.	35	62	55	⬆ 7 pts
Pennie is a better health insurance option for me and my family compared to private insurance.	31	50	50	--

*These 2020 survey results are from a question asking participants to register their strength of agreement with these statements about their perceptions of the Pennie health insurance marketplace as explained by the concept statement. Since the concept was new to respondents, their strength of agreement was generally low.*

Q21. Based on what you have read, seen or heard about Pennie, or just based on your general impressions, please rate your level of agreement with the following statements about the insurance marketplace.

Once aware of Pennie, over 1 in 4 respondents (28%) read articles or saw ads about the marketplace.  
One in five (21%) talked with others about Pennie or visited the website but did not apply (20%).



Actions Taken by Segment - 2022 Survey				
	Uninsured	Direct from Insurance Co	Medicare/Medicaid	General Population*
Read articles or saw ads about Pennie	28%	26%	28%	29%
Talked with others about Pennie	17	28	13	22
Visited website, did not apply^	17	28	11	21
Searched for info but did not visit website	17	18	9	13
Submitted an application^ (Did not enroll)	21	7	3	6
Submitted an application^ (Enrolled)	3	9	8	4
None of these	14	5	37	21

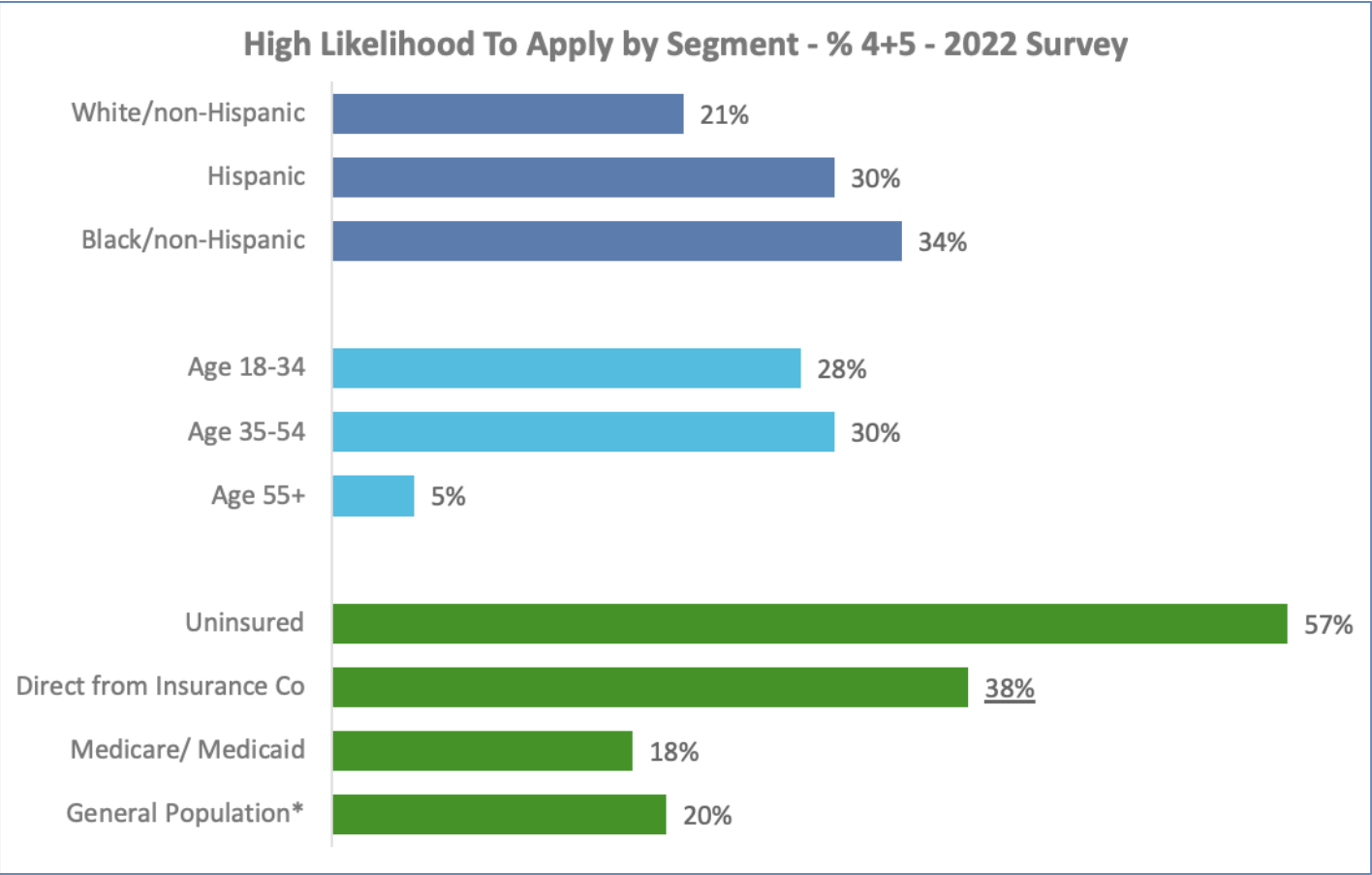
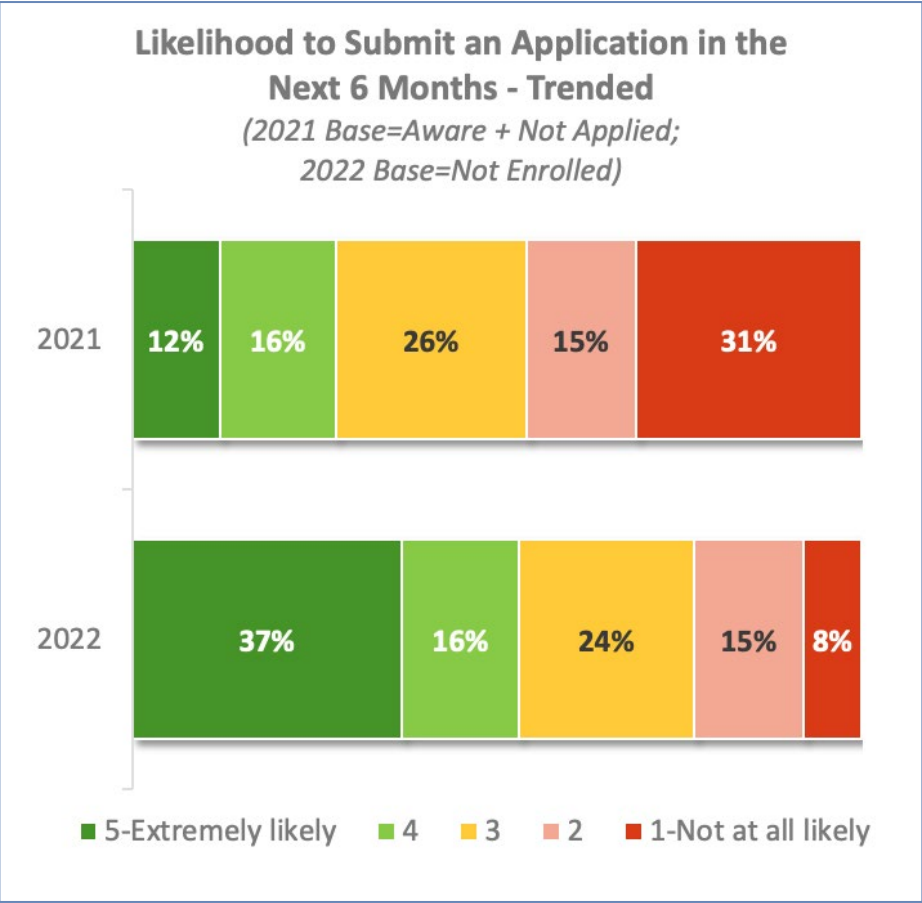
^These three responses are mutually exclusive -- \*General Population includes through Healthcare.gov, through employer and “don’t know”  
Q22. Which of the following have you done?

Total 2021=264; Total 2022=511; 2022: Uninsured=23; Unemployment=126; Direct=41; Medicare/Medicaid=81; Gen Pop=240

CAUTION Some small sample sizes

## **Likelihood to apply is higher in 2022 compared to the last survey.**

In 2022, many more respondents are likely to submit an application in the next 6 months (53% rate 4+5, 5=extremely likely) than are unlikely (23% rate 1+2, 1=not at all likely). Uninsured respondents (58%) are most likely to apply.

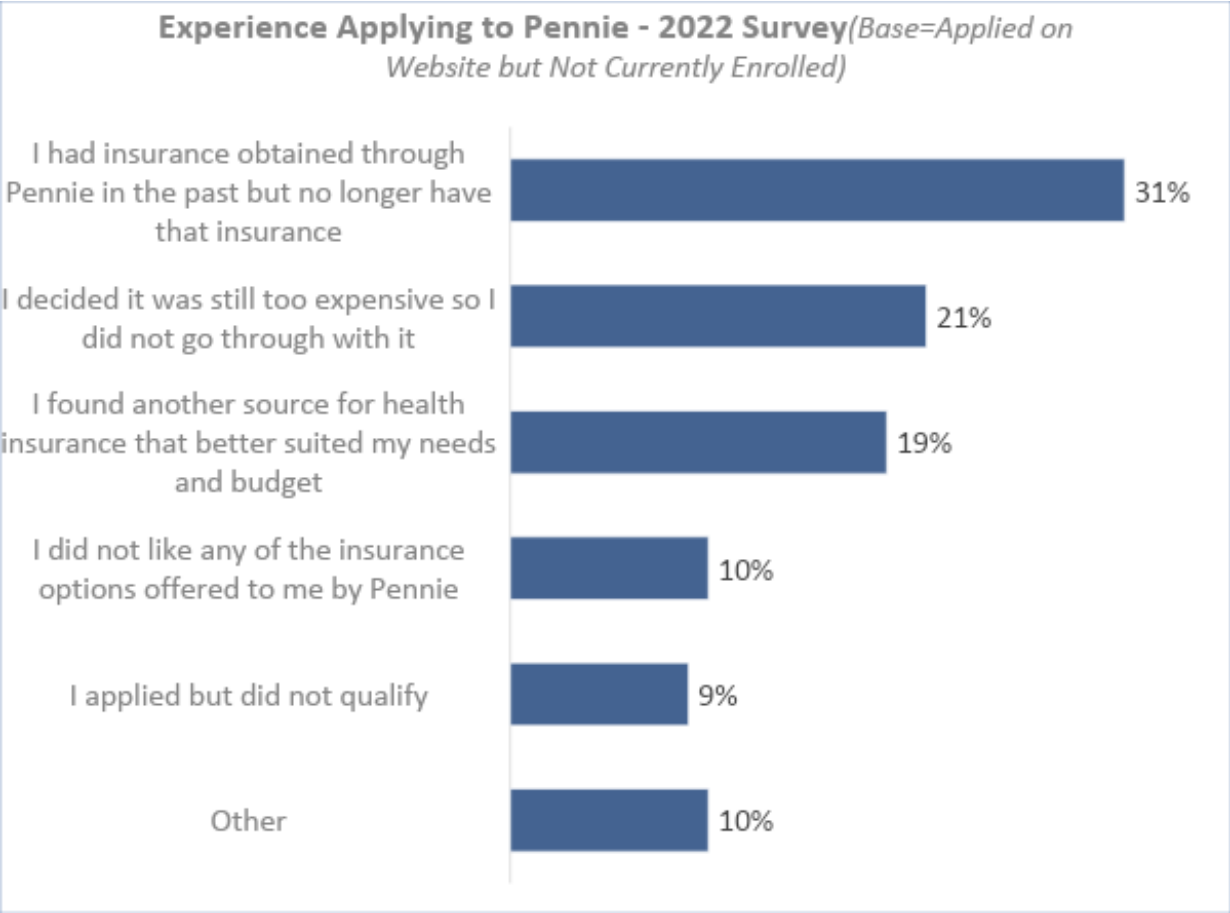


*\*General Population includes through Healthcare.gov, through employer and “don’t know”*  
Q23A. How likely are you to submit an application for health insurance using Pennie in the next six months?

*Total 2021=229; Total 2022=480; 2022: White/non-Hispanic=402; Hispanic=30; Black/non-Hispanic=41; Age 18-34=155; Age 35-54=196; Age 55+=129; Uninsured=19; Unemployment=111; Direct=38; Medicare/Medicaid=80; Gen Pop=232*

**Nearly one third of respondents who applied on the website but are not currently enrolled (31%) had Pennie insurance in the past – but no longer. Many of those in this category are now on Medicare or Medicaid (71%).**





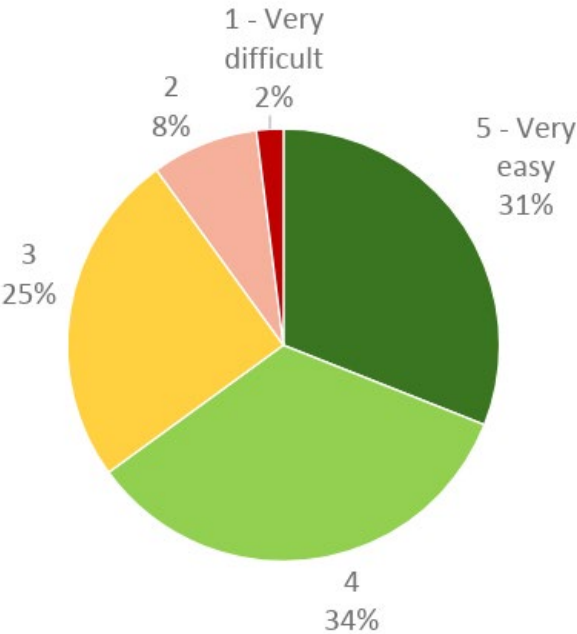
Experience by Segment - 2022 Survey				
	Uninsured	Direct from Insurance Co	Medicare/Medicaid	General Population*
I had insurance obtained through Pennie in the past but no longer have that insurance	0%	22%	64%	29%
I decided it was still too expensive so I did not go through with it	57	0	9	23
I found another source for health insurance that better suited my needs and budget	0	22	9	26
I did not like any of the insurance options offered to me by Pennie	29	11	0	10
I applied but did not qualify	0	33	9	3
Other	14	11	9	10

*\*General Population includes through Healthcare.gov, through employer and “don’t know” -- Question not asked in the 2021 Survey*  
Q23B. You mentioned that you do not currently have insurance obtained through Pennie, but you have applied on the Pennie website. Which of the following best explains your experience?  
*2022 Total=58: Uninsured=5; Unemployment=22; Direct=7; Medicare/Medicaid=7; Gen Pop=17*

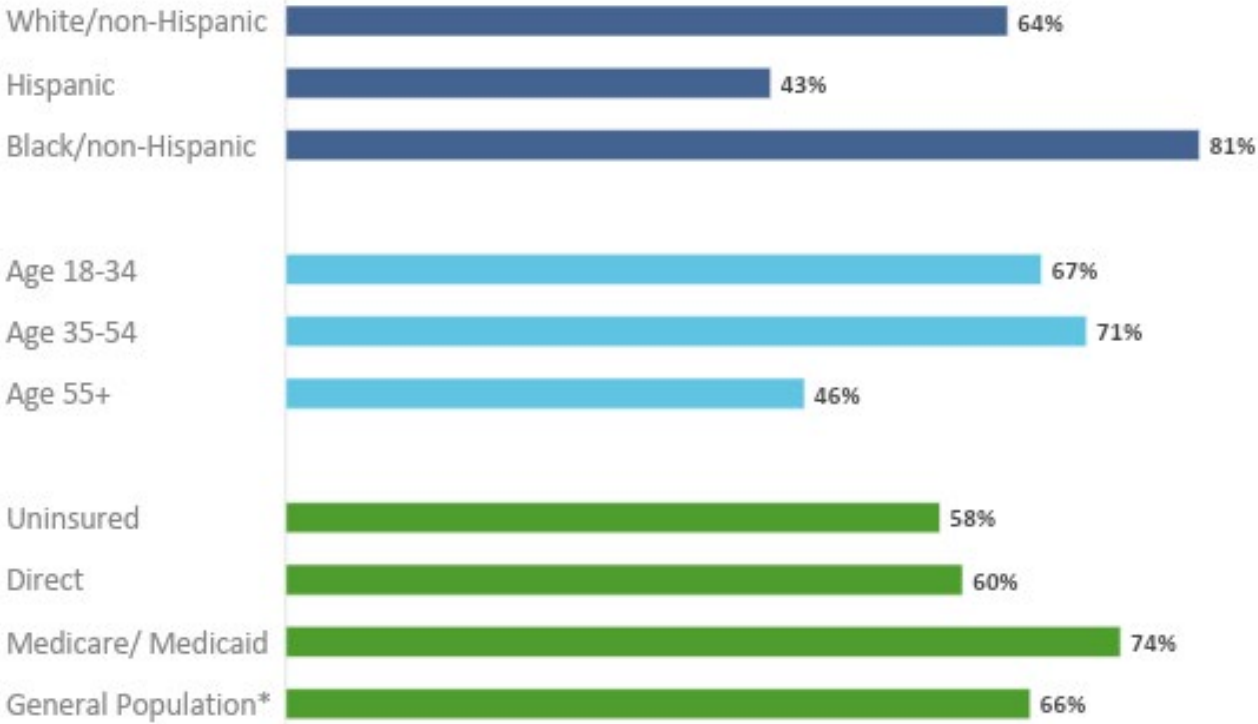


**Two in three website visitors (65% rate 4+5, 5=very easy) say it is easy to find information on the Pennie website. The segments *least* likely to find it easy are Hispanic (43% rate 4+5), age 55+ (46%) and uninsured (50%).**

Ease of Finding Info on Pennie Website -  
2022 Survey (Base=Visited Website)



Easy to Find Info on Website (% 4+5) by Segment - 2022 Survey



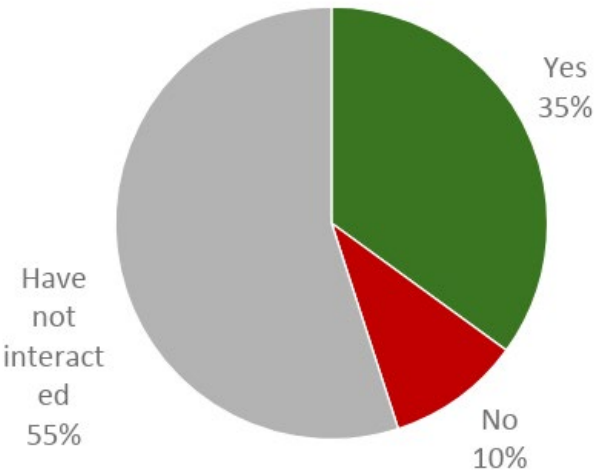
\*General Population includes through Healthcare.gov, through employer and “don’t know” -- Question not asked in 2021  
Q26. How would you rate the Pennie website in terms of the ease of finding the information you were looking for?

Base=Total Respondents; Total=159; White/non-Hispanic=131 Hispanic=7; Black/non-Hispanic=16; Age 18-34=54; Age 35-54=77; Age 55+=28; Uninsured=10; Unemployment=50;  
Direct=18; Medicare/Medicaid=13; Gen Pop=68 -- Data labels less than 3% not shown

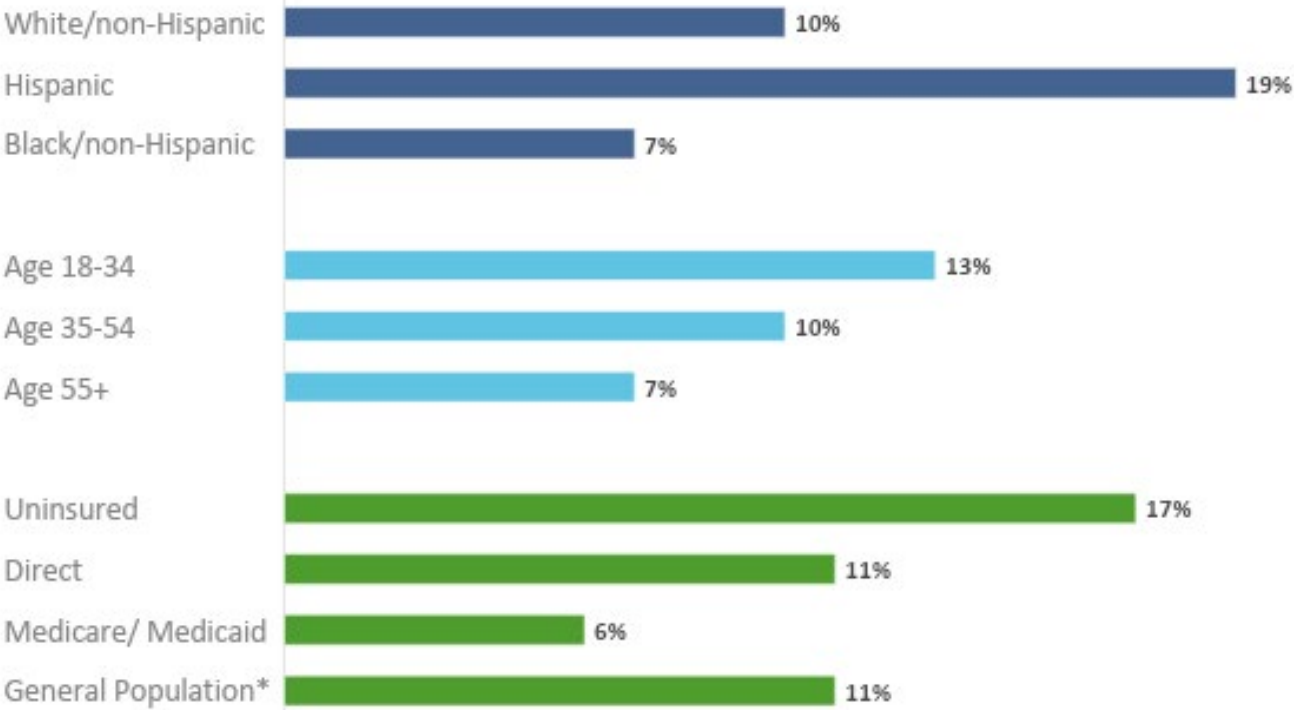
**Only 10% of respondents were unable to access information in their preferred language.**

**The segments with the most difficulty are Hispanic (19% unable), age 18-34 (13%) and uninsured (22%).**

Ability to Access Info in Preferred Language - 2022 Survey (Base=Total Respondents)



Unable to Access Info in Preferred Language by Segment - 2022 Survey



*\*General Population includes through Healthcare.gov, through employer and “don’t know” -- Question not asked in 2021*  
Q27. If you have interacted with Pennie, either online or by phone, were you able to access information and obtain assistance in your preferred language?

Base=Total Respondents; Total=511; White/non-Hispanic=429; Hispanic=31; Black/non-Hispanic=43; Age 18-34=164; Age 35-54=209; Age 55+=138; Uninsured=23; Unemployment=126; Direct=41; Medicare/Medicaid=181; Gen Pop=240 -- Data labels less than 3% not shown

CAUTION Some small sample sizes

## Final Comments

### Summary of Final Thoughts and Comments about Pennie (Summarized from Open-Ended Comments)

- Good insurance
- Great idea, will do more research
- Good option for some people
- Hope it remains affordable
- Government can't do anything right
- Should be available to more people
- Needs to be promoted more
- Nice to know it exists – just in case
- I wish I qualified
- Excited to learn more

*"I think this is a GREAT idea! The more health insurance options, the better. The USA does NOT have adequate health coverage for ALL its citizens. The UK is WAY WAY AHEAD of us - YES, they DO provide HEALTH INSURANCE for their citizens!! This is something each & every single one of us needs, no exceptions. It's a necessity, and too commercial and competitive in the USA."*

*"I think its a good idea to make health insurance more accessible especially for PA residents."*

*"If it has to do with government, it likely isn't such a great program - as was the big failure of Obama-care."*

*"I think it is a very good site the state put up to offer health insurance at reasonable costs. Too many families were caught in the in-between bracket and couldn't afford to have insurance."*

*"I hope it is beneficial to people who don't otherwise have access to health insurance, either don't qualify for Medicaid or don't get insurance through a job, and it doesn't cost too much."*

*"I am not sure why it was necessary. I do not believe all states went that route. Healthcare.gov did a pretty good job for me before."*

*"For what you pay for the cost of their insurance you barely get anything back - you always have to pay a high deductible."*

*"I do not trust state-run government programs. I'm sick of government. You can't trust the government to do right by you."*

SECTION TITLE

# Demographics

⋮



## DEMOGRAPHICS

		Ethnicity			Age			Segment				
	Total	White/ non- Hispanic	Hispanic	Black/ non- Hispanic	18-34	35-54	55+	Uninsured	Unem- ployment Claimant	Direct	Medicare/ Medicaid	Gen'l Pop*
<i>n=</i>	511	429	31	43	164	209	138	23	126	41	81	240
<b>Age (Q1)</b>												
18-24	9%	8%	13%	<u>26%</u>	<u>29%</u>	--	--	17%	9%	<u>17%</u>	3%	<u>10%</u>
25-34	23	21	<u>45</u>	26	<u>71</u>	--	--	30	<u>33</u>	<u>17</u>	5	<u>24</u>
35-44	26	27	23	23	--	<u>64%</u>	--	17	<u>38</u>	<u>29</u>	11	<u>25</u>
45-54	15	14	13	16	--	<u>36</u>	--	17	6	12	10	<u>21</u>
55-64	15	17	7	7	--	--	<u>56%</u>	17	12	20	14	16
65+	12	<u>14</u>	0	2	--	--	<u>44</u>	0	2	5	<u>58</u>	4
Median Age (years)	36.8	38.0	28.4	29.6	23.7	37.8	59.0	31.3	32.3	35.4	62.1	36.4
<b>Gender (Q2)</b>												
Male	44%	42%	<u>68%</u>	56%	42%	<u>50%</u>	37%	39%	46%	44%	44%	43%
Female	56	<u>58</u>	32	44	58	50	<u>63</u>	61	54	56	56	57
<b>Annual Household Income (Q6)</b>												
\$25,000 - \$29,999	5%	5%	3%	9%	4%	3%	<u>9%</u>	13%	3%	5%	<u>14%</u>	2%
\$30,000 - \$49,999	29	29	26	35	29	26	34	57	29	27	36	25
\$50,000 - \$74,999	31	31	39	33	37	31	26	13	35	27	27	33
\$75,000 - \$99,999	26	27	26	19	21	30	25	13	29	24	19	28
\$100,000+	9	9	7	5	10	11	5	4	4	<u>17</u>	5	<u>12</u>
Median income (\$000)	51.2	51.7	51.9	43.9	50.6	55.0	45.5	34.8	51.0	55.0	40.5	55.4
<b>Children in household (Q33) (% Yes)</b>												
	38%	35%	<u>55%</u>	44%	<u>37%</u>	<u>57%</u>	9%	22%	<u>56%</u>	<u>42%</u>	15%	<u>36%</u>

## DEMOGRAPHICS

		Ethnicity			Age			Segment				
	Total	White/ non- Hispanic	Hispanic	Black/ non- Hispanic	18-34	35-54	55+	Uninsured	Unem- ployment Claimant	Direct	Medicare/ Medicaid	Gen'l Pop*
<i>n=</i>	511	429	31	43	164	209	138	23	126	41	81	240
<b>Employment Status (Q4A)</b>												
Employed full-time (40 hours/week+)	67%	66%	65%	72%	73%	81%	36%	52%	71%	71%	21%	81%
Employed part-time (less than 40 hours/week)	11	10	23	16	15	7	12	13	14	17	12	8
Temporarily unemployed or laid off; seeking work	3	3	0	5	3	2	4	13	6	2	4	1
Unemployed and not seeking work	2	2	3	2	1	4	1	9	2	2	3	2
Full-time caregiver	2	2	10	0	3	3	1	0	4	0	3	2
Full-time student	1	1	0	2	3	0	0	4	1	0	1	1
Retired	13	15	0	2	0	1	46	9	2	7	57	5
Other	1	1	0	0	1	1	1	0	0	0	0	1
Hispanic or Latino (Q7) (% Yes)	6%	--	100%	--	11%	5%	1%	17%	10%	5%	4%	4%
<b>Ethnicity (Q8)</b>												
White or Caucasian	88%	100%	65%	12%	82%	87%	96%	74%	87%	81%	95%	88%
Black or African American	9	--	10	100	14	9	4	13	9	20	5	8
Asian or Asian American	2	--	3	0	4	2	1	4	2	0	1	3
American Indian, Alaska Native, Native Hawaiian or Other Pacific Islander	1	--	3	4	1	1	1	0	0	2	1	1
Other	2	--	23	0	3	2	0	13	2	2	0	1
<b>Preferred Language (Q34)</b>												
English	99%	100%	87%	98%	99%	98%	99%	100%	98%	98%	100%	99%
Spanish	1	0	13	2	1	2	1	0	2	2	0	1



## DEMOGRAPHICS

		Ethnicity			Age			Segment				
	Total	White/ non- Hispanic	Hispanic	Black/ non- Hispanic	18-34	35-54	55+	Uninsured	Unem- ployment Claimant	Direct	Medicare/ Medicaid	Gen'l Pop*
<i>n=</i>	511	429	31	43	164	209	138	23	126	41	81	240
<b>Decision-Making Responsibility (Q10)</b>												
Primary decision-maker	81%	82%	87%	84%	77%	84%	83%	83%	78%	88%	83%	82%
Share decision-making equally with someone else	19	18	13	16	23	16	17	17	22	12	17	18
<b>Selection of Health Insurance Plan (Q11)</b>												
Myself	82%	82%	93%	83%	77%	86%	82%	--	83%	85%	83%	80%
Myself along with someone else	18	18	7	17	23	14	18	--	17	15	17	20
<b>Education (Q31)</b>												
Some high school or less	1%	1%	0%	0%	0%	2%	0%	0%	0%	<u>2%</u>	<u>4%</u>	0%
High school graduate or equivalent	20	19	23	26	<u>24</u>	14	<u>24</u>	44	<u>24</u>	17	<u>27</u>	14
Some college, no degree	22	21	36	30	21	23	23	30	<u>29</u>	10	25	20
College graduate, two-year degree	12	13	7	14	7	<u>16</u>	13	0	14	17	10	12
College graduate, four-year degree	33	<u>35</u>	26	21	38	30	33	22	25	27	30	<u>41</u>
Post graduate study, no degree	2	1	3	2	2	1	1	0	<u>4</u>	0	1	1
Post graduate degree	10	10	7	7	8	<u>13</u>	6	4	3	<u>27</u>	4	<u>13</u>
<b>Relationship Status (Q32)</b>												
Married or living with a partner	55%	<u>58%</u>	39%	30%	46%	<u>62%</u>	57%	26%	<u>65%</u>	44%	51%	57%
Single, never been married	30	26	<u>55</u>	<u>61</u>	<u>49</u>	<u>27</u>	13	52	24	<u>46</u>	22	32
Divorced, separated, or widowed	14	15	3	9	5	10	<u>30</u>	22	11	10	<u>27</u>	11
Rather not say	1	0	<u>3</u>	0	0	1	0	0	0	0	0	0