



Pennie Community Workgroup





All attendees' lines are muted



All questions can be typed using the Q&A function.
Pennie Reps will answer them one-on-one, publish, or audibly address.

PCW Materials

Decks and Recordings for Pennie Community Workgroup Meetings:

Resource: https://agency.pennie.com/pennie-community orkgroup/



Today's Agenda



Reminders

- Customer Service Hours
- Certification Training

2022 Form 1095-A

Operations Updates

- PHE Unwinding
- FAQs No APTC, DMIs,
- SEP Refresher
- Path to Pennie

External Affairs Update

2024 Plan Certification Policy Proposal

Questions & Feedback





Pennie Customer Service Hours

During OEP: November 1 – January 15

Mon-Fri 8a-7p Sat 8a-1p Sun Closed

Outside of OEP: January 16 – October 31

Mon-Fri 8a-6p Sat Closed Sun Closed

Next Holiday Closing: Mon., 2/20/23 - Presidents' Day



1-844-844-8040 Customers

1-844-844-4440 Assister / Broker



Certification Training

Re-certification deadline, 12/15/2022. Get Pennie Certified at: agency.pennie.com

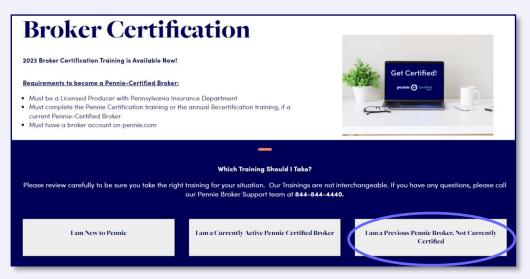
Assisters

agency.pennie.com/assisters/



Brokers

agency.pennie.com/brokercertification/





2022 1095-A Forms

Customers who received APTC in 2022 MUST:

- file a federal tax return, and
- complete <u>Form 8962</u>

Pennie issues Form 1095-A by January 31st to help customer fill out their tax return.

Tax return reconciles APTC received during the year with the premium tax credit the customer is eligible for, based on their actual household income.

If received more APTC than PTC they were eligible for...

APTC Max. PTC
Received PTC

Pay back excess APTC received



Receive remaining PTC on tax return

Note: **Anyone** enrolled in coverage through Pennie may <u>complete Form 8962</u> to receive a premium tax credit, even if the customer did not apply for or **receive APTC**.



Part I: Recipient Information

- Primary tax filer name
- Insurance company name
- Coverage start and end date

Part II: Covered Individuals

- All enrollees covered under policy
- Each enrollee's coverage start and end date

Form 1095-A	Health	Insurance Marketplace	e Statement	VOID	OMB No. 1545-2232
Department of the Treasury Internal Revenue Service	VIDE 0555	ot attach to your tax return. Keep for gov/Form1095A for instructions and		CORRECTED.	2022
Part I Recipien	t Information				
Marketplace identifier Pennsylvania		2 Marketplace-assigned policy number 000000	3 Policy issuer's name Insurance Con		
4 Recipient's name Primary Tax Filer	Name		5 Recipient's SSN	6 Recipi	ent's date of birth
7 Recipient's spouse's n	ame		8 Recipient's spouse's	s SSN 9 Recipi	ent's spouse's date of birth
10 Policy start date 1/1/2022		11 Policy termination date 3/31/2022	12 Street address (inclu	uding apartment no.)	
13 City or town		14 State or province	15 Country and ZIP or	foreign postal code	

Part II Covered Individuals						
A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date		
Primary Tax Filer Name			1/1/2022	3/31/2022		
Spouse Name			1/1/2022	3/31/2022		
18 Child Name			1/1/2022	1/31/2022		



Part III: Coverage Information

- For each month coverage:
 - Premium
 - SLCS
 - APTC received

- If coverage non-pay termed, last month may show:
 - Premium = blank
 - SLCS = blank
 - APTC Received = \$\$

Ex. Coverage 1/1 - 3/31/2022

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit					
1 January	1234.56	1111.11	1000.00					
2 February	987.99	888.88	800.00					
3 March	987.99	888.88	800.00					

Ex. Coverage 1/1 – 3/31/2022 (Non-Pay Termination)

Part III Coverage Information						
Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit			
21 January	1234.56	1111.11	1000.00			
22 February	987.99	888.88	800.00			
23 March			800.00			

- Why? When receiving APTC, 3-month grace period before non-pay term coverage back 2 months.
- Result is one month of coverage for which premiums were not paid but APTC was paid.
- If past due balance later paid, update 1095-A with last month's premium & SLCS populated.



Who receives a 1095-A from Pennie?

Any customer enrolled in coverage through Pennie as long as that <u>coverage was effectuated</u> (i.e. binder payment made). If enrolled in <u>multiple policies</u>, separate 1095-As will be issued for each policy.

How does Pennie deliver 1095-As?

All customers receive copy of 1095-A in <u>their Pennie secure inbox</u>. Customers who elected paper 1095-As will also receive forms by mail. Note: 1095-A electronic/paper preference is separate from regular notice preference.

What if the 1095-A has incorrect information?

Contact Pennie with the details of why you think the 1095-A is incorrect. We will research and issue corrected 1095-A, if needed.

What if a customer received too much APTC in 2022? How do they know how much they may have to payback?

Form 8962 will indicate whether a customer received more APTC than PTC they are entitled to, based on their <u>actual income</u>. Form 8962 will also determine **how much they must pay back to the IRS**, based on their income. The lower the income, the lower the amount of the payback.



After completing 2022 tax return, customers should review their 2023 income to avoid excess APTC in 2023.





Medicaid Continuous Coverage Requirement

Medicaid Continuous Coverage Requirement

What is Medicaid Continuous Coverage Requirement?

• Cannot disenroll any beneficiary who was enrolled in Medicaid (MA) since start of Public Health Emergency (PHE) (March 2020)

When will Medicaid Continuous Coverage Requirement end?

- In December 2022, Congress passed law that:
 - Ends the Continuous Coverage Requirement on April 1, 2023
 - Uncoupled Medicaid Continuous Coverage Requirement from the PHE

What does the end of Continuous Coverage Requirement mean?

- Starting April 1, 2023, DHS will begin redetermining eligibility for all current Medicaid enrollees
- Redeterminations will be spread out over 12 months
- Many current Medicaid enrollees expected to lose Medicaid coverage, some eligible for Pennie coverage
- Extensive planning and collaboration has been underway between DHS, Pennie, MCOs, and QHP Insurers

How will the unwinding process work? What will the customer experience be?

Detailed operational information about unwinding upcoming Community Partner Workgroup



Sign up as a DHS Helper to stay up to date at: https://www.dhs.pa.gov/PHE/Pages/Helpers.aspx

DHS Continuous Coverage FAQs & Webinars: https://www.dhs.pa.gov/PHE/Pages/PHE-FAQs.aspx





- Reasons for No APTC Eligibility
- DMI Resources

Why is customer not APTC eligible?

Q: My customer was eligible for APTC last year. Why are they not eligible for APTC this year?

The most common reasons a customer may no longer be eligible for APTC are:

- 1. Potentially-eligible for Medical Assistance/CHIP for 2023
 - Check the customer's eligibility on your assister/broker portal or customer dashboard
 - Note: For 2022 applications, Pennie used 2021 federal poverty levels (FPLs). For 2023 applications, Pennie uses 2022 FPLs. Customers with 2022 income just above MA/CHIP eligibility thresholds may fall below MA/CHIP eligibility thresholds for 2023, even with the same income.
- No consent to check trusted data sources at renewal
 - Edit the 2023 renewal application and navigate to the signature page to see their consent to check data sources at renewal.
- 3. Edit the 2023 renewal application and review the answers
 - Potential reasons for loss of eligibility for financial assistance include:
 - Not filing a tax return, or filing separate tax returns when married
 - Indicating not reconciling APTC received in previous years ("Reconciliation of APTC" question)
 - ESI coverage affordable (review changes to ESI affordability questions for 2023 see Dec 2022 for more info)



Eligibility determinations are complex and involve many different criteria. If you have questions about a specific customer's eligibility, contact Pennie Customer Service.



Data Matching Issues (DMIs)

Resources:

- Resolving Income DMIs & Using Attestation Form (Nov 2022):
 - Common reasons uploaded documents do not resolve an income DMI
 - What to do if no documentation available for some or all reported income
 - How to use the Attestation of Income form, with examples
- Understanding, Resolving, & Troubleshooting DMIs (May 2022):
 - Types of DMIs
 - What happens if the DMI is not resolved by end of ROP
 - How to know if a customer has an open DMI
 - How to upload documents to resolve a DMI
 - How to know if uploaded documents successfully resolved DMI (or if further action required)
 - Troubleshooting why an uploaded document was rejected





Outside Open Enrollment, Pennsylvanians can enroll in or change a Pennie plan if they have a life event that qualifies you for a 60-Day **Special Enrollment Period**.



Qualifying Life Event (QLE)

A change in your circumstances - like getting married, having a baby, or losing health coverage - that can make you eligible for a Special Enrollment Period, which allows you to enroll in health insurance outside the yearly Open Enrollment Period.

Special Enrollment Periods (SEP)

Examples of Qualifying Life Events



Loss of health coverage

- Losing existing health coverage, including job-based coverage, individual, and student plans
- Losing eligibility for Medicaid or CHIP
- Turning 26 and losing coverage through a parent's plan





- Getting married or divorced
- · Having a baby or adopting a child
- Death in the family



Changes in residence

- Moving to a different service area within Pennsylvania
- · A permanent move from another state into Pennsylvania
- A student moving to or from the place they attend school
- A seasonal worker moving to or from the place they both live and work
- · Moving to or from a shelter or other transitional housing

Other qualifying events



- Changes in your income that affect the coverage you qualify for
- Gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder
- · Gaining a qualifying immigration status
- Leaving incarceration (jail or prison)
- · AmeriCorps members starting or ending their service



Loss of MEC SEP

Loss of MEC is a common SEP reason for customers enrolling through Pennie outside OE so let's review.

Availability:

- ✓ Individuals not currently enrolled through Pennie
- ✓ Current Pennie enrollees

Duration of SEP:

- ✓ Up to 60 days before loss of coverage date
- ✓ Up to 60 days after loss of coverage date

Note: Loss of MEC is one of the few qualifying life events that a customer can report in advance of the event.

pennie	connecting	connecting Pennsylvanians to health coverage"			Special Enrollment Period Quick Reference C		
.oss of or Change in Coverage	Ava Not Enrolled on Pennie	llability Current Pennie Enrollee	Coverage Effective Date Rule	Available up BEFORE event	to 60 days AFTER event	Documentation Required?	Additional Information
Loss of Minimum Essential Coverage (MEC)	~	~	1st of month (after event or after plan selection)	,	~	Self-Attested	Includes: * Loss of Medical Assistance/CHIP * Loss of Employer Sponsored Insurance due to job loss * Loss of Could County * Loss of County * Wolntarry * Group District * Wildling of County * Loss of Cou
Loss of Other Qualifying Coverage	1	1	1st of month (after event or after plan selection)	1	1	Self-Attested	Includes: Loss of Medical Assistance for the Medically Needy Loss of pregnancy-related coverage Expiration of non-calendar year MEC

Coverage Start Date:

- ✓ 1st of the month after event (if shopping prior to event), or
- ✓ 1st of the month after shopping (if shopping after the event)

Documentation requirements?

✓ Self-attested, documentation not required prior to enrolling



Loss of MEC SEP

Eligible Scenarios

- ✓ <u>Involuntary</u> loss of Employer-Sponsored Insurance (ESI) (e.g. job loss, change from full-time to part-time resulting in loss of eligibility for ESI)
- ✓ Loss of Medicaid (MA) / CHIP
- ✓ Exhaustion of COBRA coverage (or employer ceases contributions to their COBRA coverage)

Ineligible Scenarios

- Termination of coverage due to <u>nonpayment</u> of premiums, including coverage through Pennie
- Termination of exchange coverage due to expiration of a DMI
- Voluntary termination of COBRA coverage prior to exhaustion, including nonpayment of premiums

What happens if a customer attests to Loss of MEC SEP but was potentially ineligible?

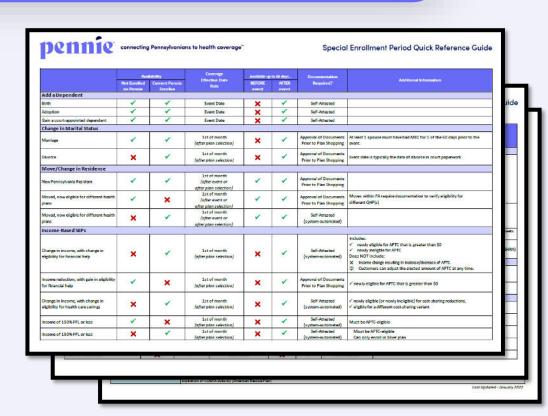
- Pennie may request documentation to verify eligibility for an SEP, even if documentation not required initially
- If Pennie determines a customer attested to an SEP they were not eligible for, customer would risk a variety of consequences, including termination of coverage, retroactive cancelation of coverage, and other potential legal consequences such as perjury.
- If Pennie determines that the customer lied on their application at the direction of an assister or broker, that assister or broker could also face potential legal consequences for suborning perjury.



Special Enrollment Periods (SEP)

Resources

- SEP Quick Reference Guide
- Loss of MEC SEP Refresher (Aug 2022)
- Reporting QLEs that require approval of documents prior to plan shopping (Feb 2022)





Path to Pennie SEP ("Tax Filer SEP")

Path to Pennie

- Partnership with PA Department of Revenue (DOR)
- Connects uninsured Pennsylvanians with health coverage through Pennie
- Allows uninsured tax filers who complete tax form to enroll in coverage through Pennie
- REV-1882 'Health Insurance Coverage Information Request.'
- UPDATE: Almost all major tax preparer software platforms will support REV-1882 for 2022 tax year

For more information on Path to Pennie, visit https://pennie.com/learn/pathtopennie/





Path to Pennie



Path to Pennie - Scenarios

Scenarios

- 1. Customer Submits REV-1882, Receives Access Code
- 2. Customer Submits REV-1882, Missing Information
- 3. Customer Submits REV-1882, No Notice from Pennie (Pennie not yet received REV-1882)
- 4. Customer Did NOT Submit REV-1882, Form Not Available

Scenario	Submit REV-1882?	Notice from Pennie?	Account Creation?	Report Life Event?	SEP Duration? (60 days from)
1	Yes	Yes (US mail & email alert)	Claim via SSN or access code	Automatic Tax Filer SEP	date of notice
2	Yes	Yes (email alert only)	Create new, or use existing	Call Pennie (approved on phone)	date of call
3	Yes	No	Create new, or use existing	Call Pennie (approved on phone)	date of call
4	No (form unavailable)	No	Create new, or use existing	Call Pennie (wait on DOR verification)	date of DOR verification

^{**} For scenarios 2-4, system will show "Exceptional Circumstances (Individual)" event.



Path to Pennie - Notices

Scenario 1 – Access Code Notice (US mail) & Email Alert

On your Pennsylvania income tax return for 2021, you indicated that you or a family member were uninsured and interested in learning more about your health coverage options through PennieTM, Pennsylvania's state-based health insurance marketplace. The Pennsylvania Department of Revenue shared some of your tax return information, which was used to create your new Pennie account and estimate your eligibility for financial assistance to lower the cost of health coverage and care. This notice explains how to access health coverage through PennieTM and any financial assistance you may be eligible to receive.

Take action to enroll in coverage through Pennie

The Pennsylvania Department of Revenue has transferred information from your Pennsylvania income tax return to Pennie to make it easier to apply, shop, and enroll in health coverage that fits your needs. Simply follow the steps below! Note: You have until 05/21/2022. to complete your application and enroll in coverage through PennieTM. You can apply for coverage through Medicaid (Medical Assistance) or the Children's Health Insurance Program (CHIP) any time throughout the year.

Your Unique Access Code is:

Meet Pennie! Next Steps to Health Coverage.

<noreply@pennie.com>

Welcome to PennieTM! You are receiving this email because you indicated on your Pennsylvania income tax return that you or a family member were interested in learning more about Pennie, Pennsylvania's state-based health insurance marketplace.

You will receive an official notice from Pennie through U.S. mail over the next several days with details on how much your household may be able to save on health insurance, as well as the steps you can take to access your new Pennie account to apply, shop, and enroll in health insurance.

If you have any questions, or would like to start the application process, you can speak with a Pennie Customer Service Representative at 1-844-844-8040 or TTY 711. Make sure to mention you received this email! You can also head to pennie.com for more information about this program.

Scenario 2 – Missing Information Email

You Filled Out a Tax Form for Pennie – Information Needed ^noreply@pennie.com>

You filled out a tax form to receive more information about Pennie, PA's official Health Insurance Marketplace.

HOWEVER, due to missing information we were unable to automatically create your Pennie account and now need you to provide more information to get you covered!

Below are steps to enroll in coverage through Pennie:

- 1. Call Pennie Customer Service at 1-844-844-8040
- Explain that you filled out the tax form requesting about Pennie and have received this email about missing information.
- Pennie will confirm you received this email and will open a Special Enrollment Period for you to enroll.

Note: You may qualify for a 60-day Special Enrollment Period to shop, compare plans, and enroll in 2022 coverage. Call today!

For local, expert support in finding the best plan for you, please visit pennie.com/connect

Path to Pennie FAQs

Who can use Path to Pennie SEP?

Any PA resident who files form REV-1882 with their PA tax return indicating at least one member of their household is uninsured.

What is the coverage start date for Path to Pennie SEP?

Coverage is effective 1st of the month following plan shopping.

Is Path to Pennie SEP available after the April tax filing deadline?

Yes. Whenever customer submits REV-1882 to DOR, Pennie will receive regular updates from DOR throughout the year and will trigger new scenario 1 or scenario 2 notices on a weekly basis.

What if REV-1882 was available through tax preparer but customer didn't submit it because they didn't realize it was an option?

For 2022 tax year, <u>almost all</u> tax preparer software allows individuals to submit REV-1882 with their PA tax return. Therefore, the vast majority of individuals customer MUST submit REV-1882 to qualify for Path to Pennie SEP. If customer has already submitted their tax return, please consult your tax advisor about submitting an amended return.

If the individual's tax preparer did not support REV-1882, customer can qualify for Path to Pennie SEP if (1) customer submits attestation that REV-1882 was not available through their tax preparer, and (2) PA DOR verifies the customer submitted their PA tax return through a tax preparer that did not support REV-1882.





External Affairs Update

Pennie External Affairs Update

1095-A Communications

Emails to stakeholders and customers

Path to Pennie Communications and Marketing

- Emails to stakeholders with toolkit coming soon
- Notice, emails and calls to those who sign up
- Path to Pennie Tax Professional Outreach/Webinar
- Advertisements/social campaign

Pennie Customer Communications

- Customer Satisfaction Survey
- Pennie Newsletter
- Advertisements/social campaign





Overview of PY24 Plan Certification

Each year, we set policy that establishes the requirements for plans offered through Pennie for the upcoming plan year.

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

Process:

- Feedback will be sought from variety of stakeholders
- Staff will review feedback and prepare recommendations for Board
- Board will review and approve policy

PY24 Plan Certification Policy Proposal

- 1. Coverage for COVID-19 (no change from PY23)
- 2. Advanced Notice of Producer Commissions before OE (no change from PY23)
- 3. Renewal Plan Mapping (update to PY23)
- 4. Renewal Plan Mapping Bronze to Silver CSR (new)
- 5. Meaningful Difference (update to PY23)
- 6. Standard Plans (new)

Today, we'll focus on some of the proposed changes only.

Provide <u>feedback</u> no later than **February 15, 2023**.

Full policy proposal and links to the feedback form available at agency.pennie.com/policies.

In prior plan years, Pennie has adopted the federal standard for renewal plan mapping with no modifications.

For PY24, we are proposing to continue using the federal standard with two modifications.

What is renewal plan mapping?

When a current customer is autorenewed for the upcoming plan year, renewal plan mapping tells us which plan to autorenew the customer into by identifying the same or most comparable plan to their current plan.

The goal of renewal plan mapping is to allow for customers to have continuous enrollment into the upcoming plan year with plan benefits, plan type, and provider network that are most comparable to current benefits.

Changes to premiums are not a consideration in renewal plan mapping.

What is the current federal standard for renewal plan mapping?

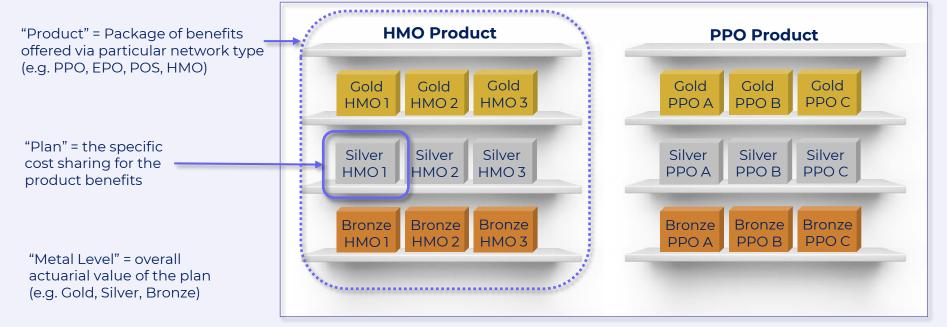
If the customer's current plan is offered in the upcoming plan year, they will be autorenewed in the same plan.

If the customer's current plan is not offered in the upcoming plan year, there are a set of rules that define which plan is the most comparable plan to autorenew the customer into.

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

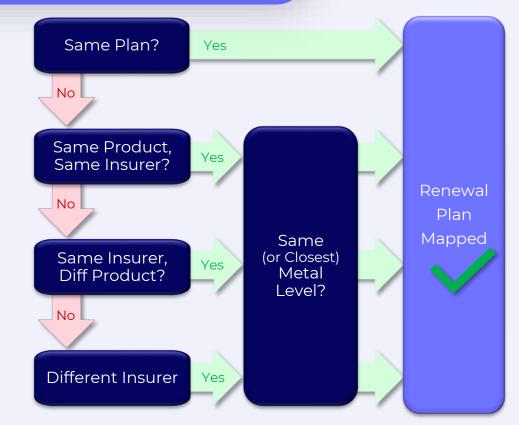
Definitions

Insurer's Health Plan Offerings



Federal renewal mapping rules (45 CFR § 155.335(j)):

- 1. Same plan, if available (j)(1)(i)
- 2. Same product from same insurer, if available
 - a. Same product, same metal level (j)(1)(ii)
 - b. If current plan Silver, then different Silver product from same insurer (j)(1)(iii)(A)
 - c. If current plan Bronze/Gold, then same product at Silver level** (j)(1)(iii)(B)
 - d. Same product, any metal level (j)(1)(iv)
- 3. Different product from same insurer, if available
 - a. Different product, same metal level (j)(2)(i)
 - b. Different product, +/- 1 metal level (j)(2)(ii)
 - c. Different product, any metal level
- 4. If insurer not available, different insurer (if permitted by state)



Current Plan: Gold EPO 1

Same plan? Not offered in renewal year

Example 1: Same Product, Same Metal Level

- Same product? Yes, other EPOs offered at all metal levels
- Renewal Mapping: Gold EPO 1 -> Gold EPO 2

Example 2: Different Product, Same Metal Level

- · Same product? No EPOs offered.
- Same metal level (different product)? Yes, Gold PPOs offered
- Renewal Mapping: Gold EPO 1 -> Gold PPO 1

Example 3: Same Product, Different Metal Level

- Same product? Yes, other EPOs offered, only at Bronze metal level
- Renewal Mapping: Gold EPO 1 -> Bronze EPO 1



Proposed Modification #1: Prior to mapping same product two or more metal levels different (155.335(j)(1)(iv)), insurers should identify if a different product is available at the current metal level that has similar benefits and similar provider network as the current plan which would be more comparable renewal plan.

Example 3. Current Plan: Gold EPO 1

- Current Mapping: Gold EPO 1 -> Bronze EPO 1
- Per Modification #1: Gold EPO 1 -> Gold PPO 1
 - Gold PPO has very similar benefits & provider network to Gold EPO, and same metal level.

Renewal Plan Mapping (modification #1) Plan



**Within the same insurer

Proposal	Policy Goal(s)	Benefits	Challenges
Avoid disruption due to renewal plan mapping	Seamless autorenewals for customers into appropriate comparable plans	Ensure customers are autorenewed into the most appropriate comparable plan without surprises of significant changes	Adds subjectivity to some potential mapping scenarios

Feedback:

 Are there any other considerations beyond similarity of benefits and provider network that should be taken into account when assessing whether it's better to map a customer to a different product rather than map to same product two metal levels different?



In 2024 Notice of Benefit and Payment Parameters (NBPP) proposed rule, CMS proposes a new renewal plan mapping rule for HealthCare.gov that would be based on a customer's eligibility for cost sharing reductions (CSR).

Purpose: Autorenewing into plans with richer benefits and lower out-of-pocket costs with the same or lower cost would lower health insurance costs for lower-income customers

Proposed New Renewal Plan Mapping:

- If currently enrolled in Bronze plan AND CSR-eligible...
- Then autorenew into a Silver plan...
- But ONLY if Silver plan's net premium after APTC is same or lower than Bronze plan

Note: This rule would apply even if the customer's current Bronze plan is available for autorenewal.



**Within the same insurer

Examples (Customer CSR-Eligible)

	Current	Rene	wal Plan Mapping
Ex 1	Plan	(Current Rules)	(Bronze to Silver CSR Rule)
Insurer	HealthCo	HealthCo	HealthCo
Product	EPO	EPO	EPO
Metal Level	Bronze	Bronze	Silver (CSR)
Net Premium		\$50	\$20

Renew in Silver CSR since net premium less than Bronze renewal

	Current	Rene	wal Plan Mapping
Ex 2	Plan	(Current Rules)	(Bronze to Silver CSR Rule)
Insurer	HealthCo	HealthCo	HealthCo
Product	EPO	EPO	EPO
Metal Level	Bronze	Bronze	Silver (CSR)
Net Premium		\$75	\$80 X

Don't renew in Silver CSR since net premium \$5 more than Bronze renewal



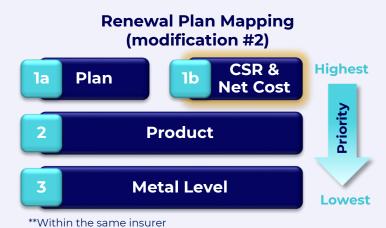
Due to premium rating rules and APTC calculation rules, we expect few customers would have Silver plan with same or lower net premium and therefore limited customers would benefit from the rule, as proposed.

We are proposing an **alternative** that would allow mapping to Silver CSR plan if the net premium is **no more** than \$10 more per month more than the Bronze net premium. The small increase in net premium would result in significantly richer benefits.

Reminder, customers always have the ability to actively change plans during open enrollment if they don't like their autorenewal plan.

Ex 2 -		Rene	wal Plan Mapping
Alternative Proposal	Current Plan	(Current Rules)	(Bronze to Silver CSR Rule)
Insurer	HealthCo	HealthCo	HealthCo
Product	EPO	EPO	EPO
Metal Level	Bronze	Bronze	Silver (CSR)
Net Premium		\$75	\$80

Renew in Silver CSR since net premium only \$5 more than Bronze renewal



Proposed Modification #2: Similar to 2024 NBPP proposed rule, autorenew CSR-eligible customers currently enrolled in Bronze to a Silver plan with the same product, the same insurer, and the net premium is no more than \$10 more per month, regardless of whether the enrollee's current plan is available.

Proposal	Policy Goal(s)	Benefits	Challenges
Autorenew customers currently in Bronze to Silver CSR if net premium up to \$10 more than Bronze autorenewal	Seamless autorenewals for customers into appropriate comparable plans Help customers maximize financial assistance to lower their costs	Autorenewing customers into plans with richer benefits and lower out-of-pocket costs with the same or lower cost would lower health insurance costs for lower-income customers	Change to current mapping rules Mapping would be based on customer eligibility System implementation LOE

Feedback:

- Do you think there will be any customer abrasion due to autorenewing into Silver CSR plan instead of the same Bronze plan (regardless of net premiums)?
- Do you prefer the 2024 NBPP proposed rule approach which would only map Bronze to Silver CSR when the net premium is no more than the net premium to renew into Bronze plan?
- Is there a different amount of net premium increase that would be a better threshold than \$0 increase (2024 NBPP proposed rule approach) or Pennie's alternative \$10 increase?
- Do you have any other proposals for how we can help customers enrolled in Bronze plans leverage the benefits of CSR eligibility?





Wrap-Up

We Want to Hear From You



Questions & Feedback – Always Welcome



Call Customer Service

+1 (844) 844-4440

Mon – Friday 8:00 AM to 6:00 PM



Send Us Your Question

brokers@pennie.com

assisters@pennie.com