Pennie Board of Directors Strategic Planning Session

February 24, 2023

Agenda

- Preliminary Matters
- Action/Discussion Items by the Board
  - 2024 Plan Certification Policy Recommendation
  - 2022 & 2023 Data Overview
  - Break
  - 2022 Strategic Goals Performance Review
  - Break
  - 2023 Strategic Goals, Outcomes, and Initiatives Planning
- Adjournment

Preliminary Matters

Preliminary Matters

- Call to Order
- Roll Call
- Approval of Previous Meetings' Minutes (Dec. 1, 2022, Feb 3, 2023, Feb 13, 2023)
- Opportunity for Public Comment

2024 Plan Certification Policy Recommendation

Overview

Applies to qualified health plans (QHPs) and qualified dental plans (QDPs). offering coverage through Pennie for 2024 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

Proposed Requirements for 2024 Plan Certification

Carryover from PY23 Policy

#1: Coverage for COVID-19

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

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

Stakeholder Feedback:

- Some insurers requested this provision be sunsetted since the Public Health Emergency (PHE) MA Continuous Coverage Requirement (CCR) is scheduled to end in April 2023.

Staff Recommendation: Withdraw

- Due to the upcoming end of the CCR and because existing federal and state laws, regulations, and rules have evolved to address these coverage issues (e.g. vaccine requirements will be covered under existing ACA preventive services guidelines).

Carryover from PY23 Policy

#2: Commissions Disclosure to Producers

Producers serve a critical and unique role for customers

It is important to have a robust diverse pool of producers to serve Pennie customers

Recommend continuing PY23 policy (see next slides) requiring advanced notice of commissions prior to OEP.

Note: Per CMS guidance June 2022, insurers are not allowed to have different commissions for OEP enrollments and SEP enrollments, therefore changing commissions after OEP removed from policy.

Proposal	Policy Goal(s)	Benefits	Challenges
• Advanced notice of commissions prior to OEP • Consistent commissions throughout the plan year	Ensure Pennsylvanians have access to a robust pool of licensed producers to provide expert assistance	• Advanced notice for brokers to decide whether to participate • Consistency of commissions allows producers to commit and invest in support Pennie customers	• Operational timing difficulties for some insurers to disclose commissions a month prior to OEP

Feedback Requested:

- Any concerns about continuing this requirement for PY24?

Carryover from PY23 Policy

#2: Commissions Disclosure to Producers

Applicability: insurers who pay commissions; 2024 plans sold through Pennie

- *"If an insurer pays producer commissions, then the commission payment schedules for 2024 Plan Year QHPs & QDPs sold through the Exchange Authority's platform must satisfy the following conditions:"*

Advanced notice of commissions 30 days in advance of OEP

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

No changes to commissions unless extenuating circumstances exist (e.g. late approval of rates by PID, statutory or regulatory changes)

- *"2. Changes to the producer commission payment schedule can be made prior to the end of the plan year only in extenuating circumstances as permitted by CMS (see guidance here) and with Pennie's approval."*

Carryover from PY23 Policy

#2: Commissions Disclosure to Producers

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Recommend continuing PY23 policy (see next slides) requiring advanced notice of commissions prior to OEP.

Note: Per CMS guidance June 2022, insurers are not allowed to have different commissions for OEP enrollments and SEP enrollments, therefore changing commissions after OEP removed from policy.

Proposal	Policy Goal(s)	Benefits	Challenges
• Advanced notice of commissions prior to OEP • Consistent commissions throughout the plan year	Ensure Pennsylvanians have access to a robust pool of licensed producers to provide expert assistance	• Advanced notice for brokers to decide whether to participate • Consistency of commissions allows producers to commit and invest in support Pennie customers	• Operational timing difficulties for some insurers to disclose commissions a month prior to OEP

Summary of Feedback:

- Broad support, including all medical insurers and vast majority of brokers
- One broker requested more than 30 days notice,
- One broker concerned this would require insurers to pay commissions that they would not otherwise have paid
  - Note: This policy does not require insurers to pay commissions. IF an insurer pays commissions, then they must give brokers notice 30 days prior to OEP.

Staff Recommendation: Adopt

- Given broad support for this policy for several years, recommend adopting provision for 2024 and future plan years.

#3: Renewal Plan Mapping

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 due to renewal plan mapping	Seamless autorenewals for customers into appropriate comparable plans	Ensure customers are autorenewed into the most appropriate comparable plan without surprises of significant changes	Limited experience to know which improvements needed to develop new standard

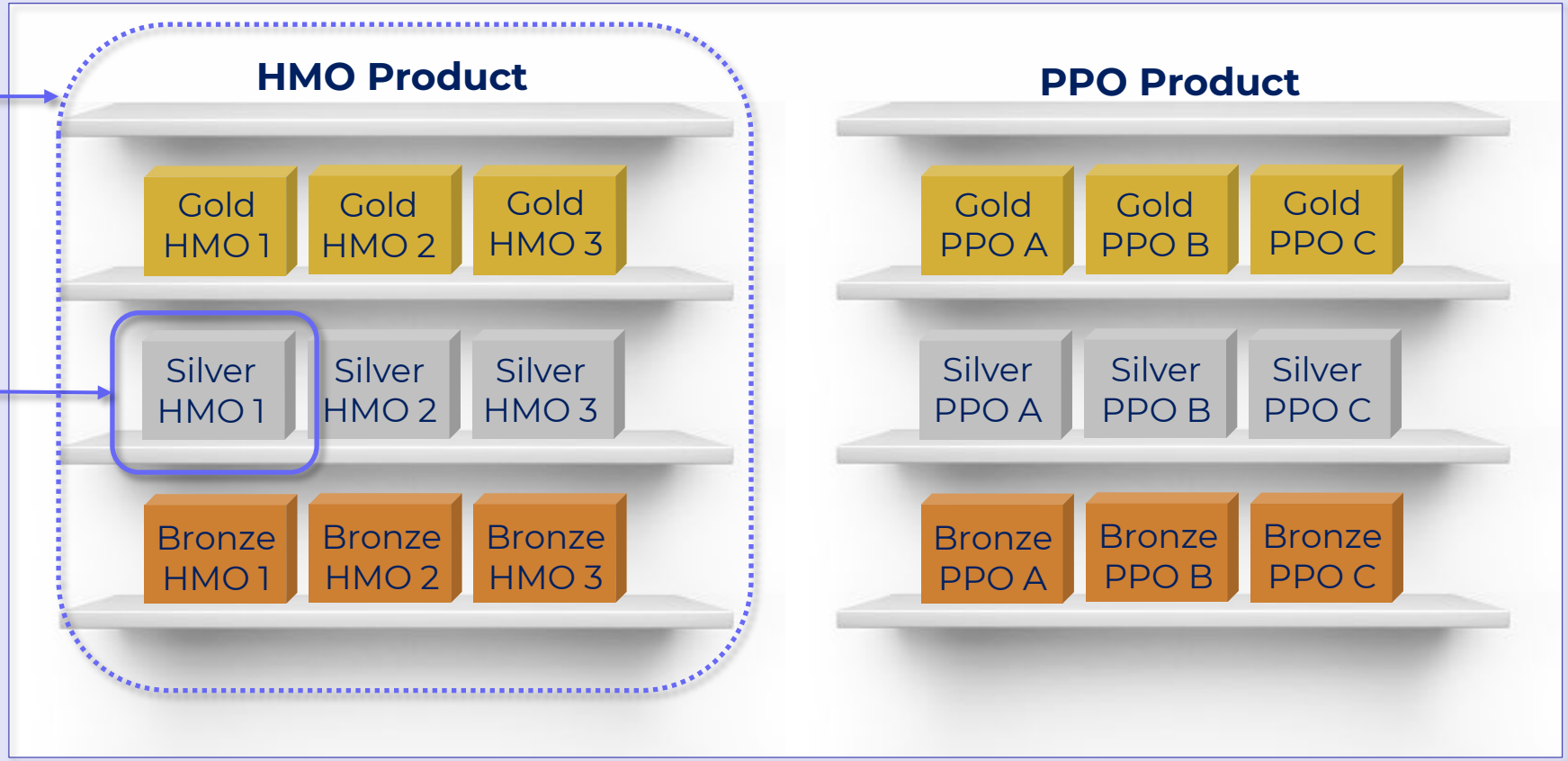
#3: Renewal Plan Mapping

Definitions

"Product" = Package of benefits offered via particular network type (e.g. PPO, EPO, POS, HMO)

"Plan" = the specific cost sharing for the product benefits

"Metal Level" = overall actuarial value of the plan (e.g. Gold, Silver, Bronze)

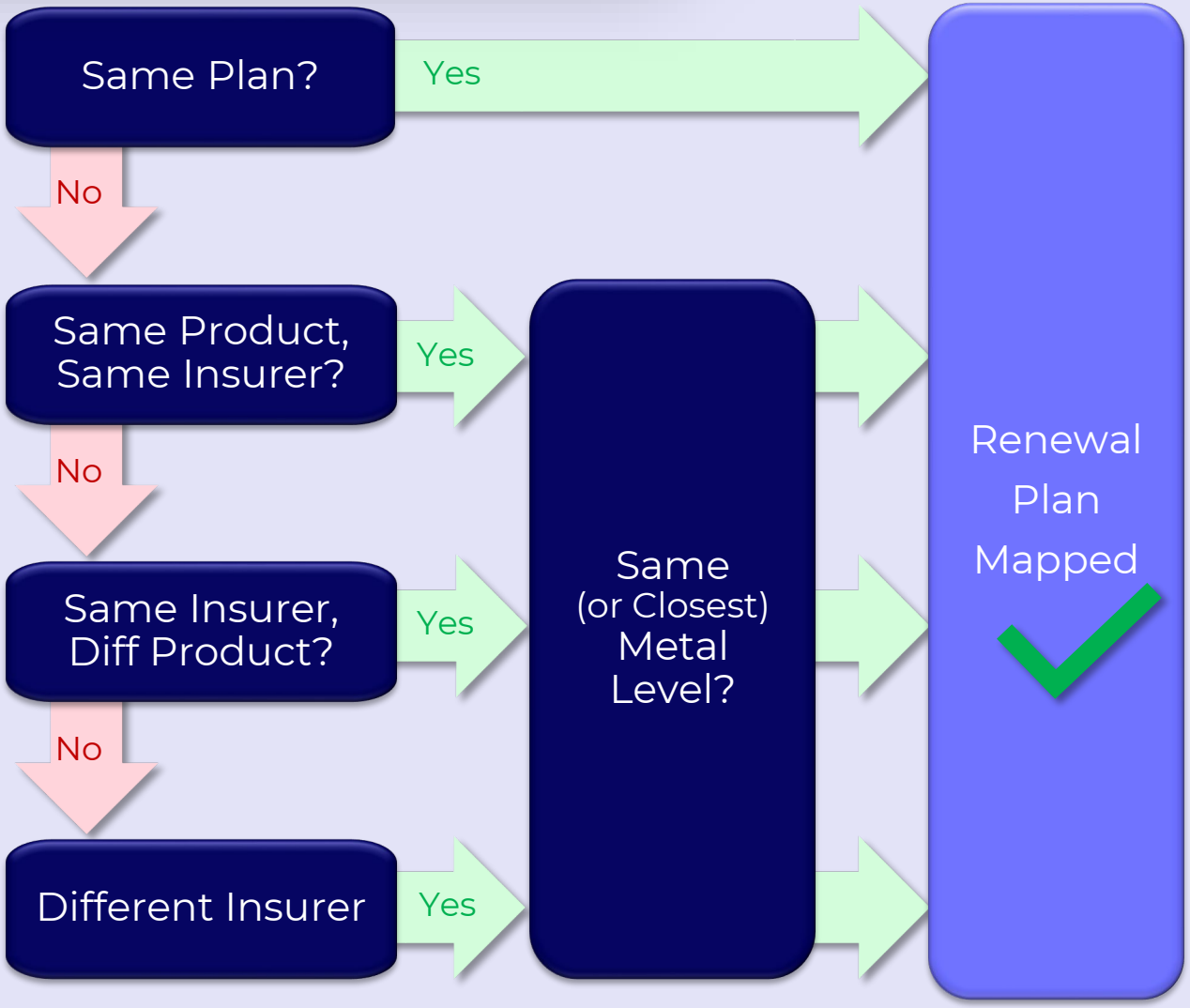


**See 45 CFR 144.103 for definitions

#3: Renewal Plan Mapping

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)



**Since no Platinum plans have historically been offered through Pennie.

#3: Renewal Plan Mapping

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

Modifications to PY23 Policy

#3: Renewal Plan Mapping

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)

**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 Requested:

- 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?

#3: Renewal Plan Mapping

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.

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- Per Modification #1: Gold **EPO** 1 -> Gold **PPO** 1
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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

Summary of Feedback:

- Majority of insurers supported, one supported with request for flexibility to account for other factors that may better achieve the policy goal (e.g. whether plan is HSA-compatible, whether plan covers adult dental and vision).
- One insurer opposed any mapping across products: customers "consciously choose to be in an HMO product or PPO product"
- Assisters and brokers generally supported, noting that "dropping one metal level, let alone two metal levels, does not have the customers' best interest at heart" and reiterated support for mapping to the same insurer.
- Some brokers expressed broader concerns about any renewal mapping, proposing to do away with plan renewal mapping entirely and requiring customers to re-visit their plan selection every year.
  - NOTE: Pennie encourages all customers to review their renewal plan and other available plans to ensure they have the right plan for their needs. Renewal mapping does not preclude active shopping during OEP.

Staff Recommendation: Adopt, with modifications

- In scenarios where current mapping rules would result in mapping across two or more metal levels, allow insurers to propose alternate mapping for a more appropriate comparable plan, for approval by the exchange.

#4: Renewal Plan Mapping – Bronze to Silver CSR

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.

Renewal Plan Mapping (modification #2)

**Within the same insurer

**2024 NBPP proposed rule does not require states to adopt the new rule for renewal mapping based on CSR eligibility

#4: Renewal Plan Mapping – Bronze to Silver CSR

Examples (Customer CSR-Eligible)

Ex 1	Current Plan	Renewal Plan Mapping	
		(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

Ex 2	Current Plan	Renewal Plan Mapping	
		(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 ✗

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

Renewal Plan Mapping (modification #2)

**Within the same insurer

#4: Renewal Plan Mapping – Bronze to Silver CSR

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 propose 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 – Alternative Proposal	Current Plan	Renewal Plan Mapping	
		(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

Renewal Plan Mapping (modification #2)

**Within the same insurer

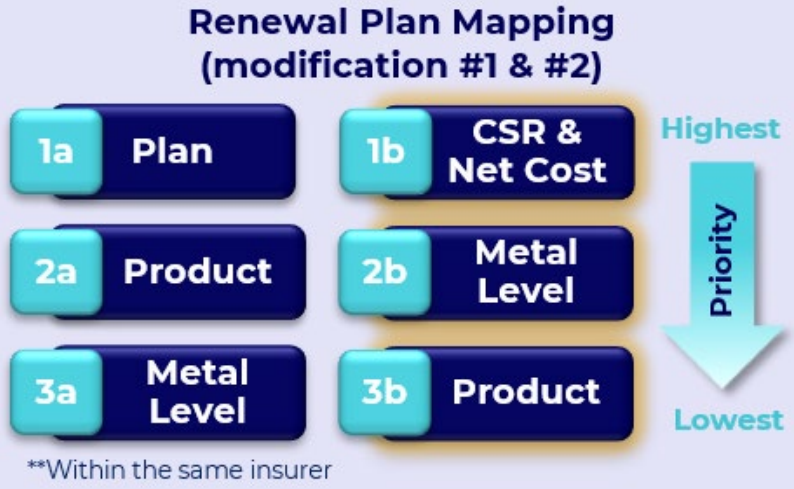
#4: Renewal Plan Mapping – Bronze to Silver CSR

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 Requested:

- 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?



#4: Renewal Plan Mapping – Bronze to Silver CSR

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

Summary of Feedback:

- Broad support for the intent of the proposal, but range of concerns about customer abrasion due to any change in their plan, including concerns of changes to provider network, covered benefits, etc. (However, since renewal is within same product, many of these concerns should not apply.)
  - One insurer noted the potential for additional confusion for new Pennie enrollees who lost MA due to Unwinding, who could be renewed into different plan.
- Assisters and brokers were split – some supported increased Silver CSR benefits, some concerns about customer confusion
  - "customers [will be] delighted to discover that this change will almost certainly lower their out-of-pocket costs and provide more cost-effective coverage for them"
  - "premiums will be the biggest factor", "CSR is very confusing to people"
- Some noted that income fluctuations result in more changes for Silver CSR enrollees, potentially exacerbated if renewals based on prior year income. Some requested to exclude CS04 (200-250% FPL) since plans are not as much of an increase in benefits as other CSR levels. Some requested to exclude HSA-compatible plans. Some requested mapped customers be eligible for an SEP after OEP
- Many insurers expressed operational concerns about how the renewal determinations would be made.
- More preference for $0 net premium increase (NBPP approach) over Pennie's up to $10 approach; $0 increase would be more accepted by customers
- 6% of CSR-eligible Bronze enrollees saw $0 net premium increase to enroll in Silver; 8% saw increase up to $10 (2023 Pennie renewals)
  - If you further limit to <200% FPL (i.e. exclude CS04), 5% saw $0 net premium; 7% saw increase up to $10 (2023 Pennie renewals)

Staff Recommendation: Adopt $0 net premium increase approach

- This policy will renew people into a better version of their current product with lower cost sharing and no additional net premiums
- Most insurers' operational concerns are mitigated by the existing renewal eligibility process. Also recommend coordinating additional outreach with insurers to all CSR-eligible customers.
- Note: Requires Pennie IT development to implement

#5: Meaningful Difference

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

Meaningful Difference Standard from PY21 & PY22 & PY23 definition (adopted previous federal standard)

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

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

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

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

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

#5: Meaningful Difference

CMS raises concerns about choice overload in the 2024 NBPP proposed rule citing research:

- 2016 report by the RAND Corporation reviewing over 100 studies which concluded that having too many health plan choices can lead to poor enrollment decisions due to the difficulty consumers face in processing complex health insurance information[1]
- Study of consumer behavior in Medicare Part D, Medicare Advantage, and Medigap that demonstrated that a choice of 15 or fewer plans was associated with higher enrollment rates, while a choice of 30 or more plans led to a decline in enrollment rates[2]

Proposed 2024 NBPP includes two options to mitigate choice overload of health plans on HealthCare.gov:

1. Insurers cannot offer more than 2 plans per product network type and metal level in a service area

2. Insurer's plans offerings must have at least $1,000 difference in deductible to be meaningfully different
    - Deductible difference would compare plans with same issuer id, county, metal level, product type (e.g. HMO, PPO, EPO), and deductible integration type

**2024 NBPP proposed rule would only apply to HealthCare.gov. States would not be required to adopt these proposals. In addition, standardized plans required to be offered on HealthCare.gov would not be counted towards plan limits. Standalone dental plans (SADPs) not subject to plan limits.

1 -Taylor EA, Carman KG, Lopez A, Muchow AN, Roshan P, and Eibner C. Consumer Decision making in the Health Care Marketplace. RAND Corporation. 2016.
2- Chao Zhou and Yuting Zhang, "The Vast Majority of Medicare Part D Beneficiaries Still Don't Choose the Cheapest Plans That Meet Their Medication Needs." Health Affairs, 31, no.10 (2012): 2259–2265.

#5: Meaningful Difference

Pennie is proposing to limit plan offerings based on customer interest, measured through prior year enrollments.

Proposed Modification: Insurers would be prohibited from continuing to offer a plan in a service area after two consecutive plan years with very low enrollment in that service area. Very low enrollment is defined as less than 50 unique enrollees over the two-year period.

Proposal	Policy Goal(s)	Benefits	Challenges
Prohibit plans from being offered after 2 consecutive years with very low enrollment.	Provide high quality, affordable, comprehensive health coverage to Pennsylvanians	Ensure plans provide added value to customers with differentiated features and sufficient, but not overwhelming, choice	Can be a difficult standard to quantify

Feedback Requested:

- Do you think the very low enrollment threshold policy is an effective policy to mitigate choice overload for customers?
- Do you think 50 unique enrollees is a reasonable threshold for very low enrollment? Any concerns about this threshold even in the most rural service areas with the lowest enrollment volumes?
- Do you think the very low enrollment threshold should be measured within each individual service area or across all service areas?
- Are there any other metrics we could use to identify plans with insufficient customer interest and therefore do not warrant continuing to be offered in future plan years?
- Do you think there should be an exception process to allow a plan to continue to be offered even after failing to satisfy the threshold? If so, what factors should be considered?
- For insurers, please share how you currently assess plans with very low enrollment to determine whether or not you will continue to offer a plan in the upcoming year.
- Do you think Pennie should consider a limit on plan offerings similar to the 2024 NBPP proposal for HealthCare.gov?
- Do you think Pennie should consider a $1,000 deductible difference policy, similar to 2024 NBPP proposal?

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Prohibit plans from being offered after 2 consecutive years with very low enrollment.	Provide high quality, affordable, comprehensive health coverage to Pennsylvanians	Ensure plans provide added value to customers with differentiated features and sufficient, but not overwhelming, choice	Can be a difficult standard to quantify

Summary of Feedback:

- Insurers confirmed they have existing annual processes where they review their plan offerings to assess whether to continue offering, but their assessments are based on a broad range of criteria including pricing, marketplace trends, new/innovative plan designs, population of prospects in service area, member preference in plan designs, etc.
- Many insurers supported the intent of this proposal, but expressed concern that without additional considerations, meaningful difference standards could limit future innovation and flexibility to develop unique plan designs.
- Majority of insurers requested considerations for additional scenarios, such as new/innovative plan designs, combining enrollments for two plans where the only difference is coverage for adult dental, avoiding service areas with only one insurer, etc.
- Broad opposition to limits on plan offerings similar to the 2024 NBPP proposal for HealthCare.gov
- Some thought 50 enrollees threshold was too low, others too high, others just right. Others proposed percentage of enrollment threshold.
- While some supported applying low enrollment threshold to each individual service area to prevent “flooding” the market, many recommended threshold be applied across all service areas to ensure sufficient competition and choice, especially in rural areas.
  - "The 50 unique enrollees threshold is too low and recommends a threshold of 200 unique enrollees be used because it would prevent issuers from flooding the markets with plans that are not meaningfully different.”
  - “Given overall enrollment in some areas, [this standard] may also inadvertently discourage competition by and among issuers with minority market share in a rural county”

#5: Meaningful Difference

Proposed Modification: Insurers would be prohibited from continuing to offer a plan in a service area after two consecutive plan years with very low enrollment in that service area. Very low enrollment is defined as less than 50 unique enrollees over 2 yr period.

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Data Analysis:

- We reviewed current Pennie data to assess how different measurement approaches would impact 2024 PY if proposal adopted.
- Measuring enrollment by Rating Area provided the best balance of number of plans eliminated with low volume of previous enrollees
- Most rating areas would see a reduction of plans of 0-10% of all available 2023 plans representing less than 0.2% of all unique enrollees
- However, Rating Area 2 would see 25% reduction of 2023 plan offerings representing 1.6% of all unique enrollees.
  - Rating Area 2 has the lowest enrollment and lowest number of available plans.

Measure Enrollment By…	Plans with < 50 unique enrollees over two years	Total Plans offered in 2023 PY	Total Unique Enrollees (since 1/1/2021) in Low Enrollment Plans
Statewide	3	1% of 277	123 (0.01%)
By Rating Area	34	5% of 653	856 (0.08%)
By County	290	12% of 2459	7,208 (0.65%)

Compared total number of unique effectuated enrollees in each individual plan ID across the designated measurement area for 2021 PY, 2022PY, and 2023 OE. While all plan IDs were included in counts of unique enrollees, only plan IDs offered across all three plan years were eligible for elimination due to very low enrollment. Catastrophic and standalone dental plans were excluded from all counts. Total # of plans measures the number of plans offered in each measurement area. If a plan is offered in two measurement areas (e.g. county, rating area), it's counted twice in the total.

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Proposal	Policy Goal(s)	Benefits	Challenges
Prohibit plans from being offered after 2 consecutive years with very low enrollment.	Provide high quality, affordable, comprehensive health coverage to Pennsylvanians	Ensure plans provide added value to customers with differentiated features and sufficient, but not overwhelming, choice	Can be a difficult standard to quantify

Staff Recommendation: Adopt, with modifications, enforcement beginning 2025 PY

- Insurers can request an exception, for approval by Pennie, for:
  1. New/innovative plan designs,
  2. Grouping of enrollments for multiple plans if only difference is coverage for adult dental,
  3. If removal of plans would result in only 1 insurer in that service area, or
  4. If removal of plans would result in an insurer being forced to leave a service area and insurer needs up to 1 additional year to introduce new plan designs to avoid triggering any market re-entry ban.
- To qualify for new/innovative plan design exception for up to 1 additional year, insurers will have to explain why the plan is new/innovative, explain why the enrollment remains low, and what the plan is to increase enrollment (e.g. marketing, broker/assister education).

- Recommend non-enforcement period for 2024 PY to allow monitoring of data to ensure appropriateness of the low enrollment metric across a range of service areas, begin enforcement for 2025 PY.

- Clarification of definitions:
  - Measurement period = two consecutive plan years plus OE of following plan year
    - Ex. 2021PY + 2022PY + 2023 OE = Measurement period to determine whether plan can be offered in 2024 plan year
  - Unique enrollees = unique effectuated member (counted once during measurement period, even if disenrolls then re-enrolls)
  - Applicable plans = health plans, excluding catastrophic plans

- Also, recommend exploring enhancements to decision support tools to help customers better filter through available plans
  - Ex. add or update filters on plan shopping pages

New

#6: Standard Plans

HealthCare.gov implemented standard plan designs in all FFM states for 2023 plan year.

Many state-based marketplaces also have standard plan designs for PY23: WA, CA, NJ, OR, CO, ME, VT, NY, MA, CT, DC

Standardized plan designs can improve customer experience, simplify plan selection process, advance health equity, and combat discriminatory benefit designs that disproportionately impact disadvantaged populations

Proposal	Policy Goal(s)	Benefits	Challenges
Implement standard plan design for PY25	Provide high quality, affordable, comprehensive health coverage to Pennsylvanians Address inequities in access to health care for marginalized and underserved Pennsylvanians	Simplify plan selection process Plan designs incorporating a range of stakeholder input	Development of standard plan design Regional variations in current plan designs Ongoing process for updating standard plan design

Staff Recommendation: Implement workgroup to further explore options and develop recommendations for specific proposals we should consider implementing towards these policy goals.

- Standard plan policies have been implemented across the country (FFM & majority of SBMs) as a tool to address customer choice overload; benefit design and cost sharing requirements; specific health issues with a health equity focus
- Pennie needs to make a fair assessment of the appropriateness of implementing some form of standard plans for PA
- Results of stakeholder feedback are mixed, with no clear policy solution identified
- PID and Pennie would jointly lead the workgroup and would collaborate on the development of a detailed charter, and engage stakeholders and outside expertise.
- Recommend workgroup solicit customer feedback as part of their deliberations to help inform recommendations.

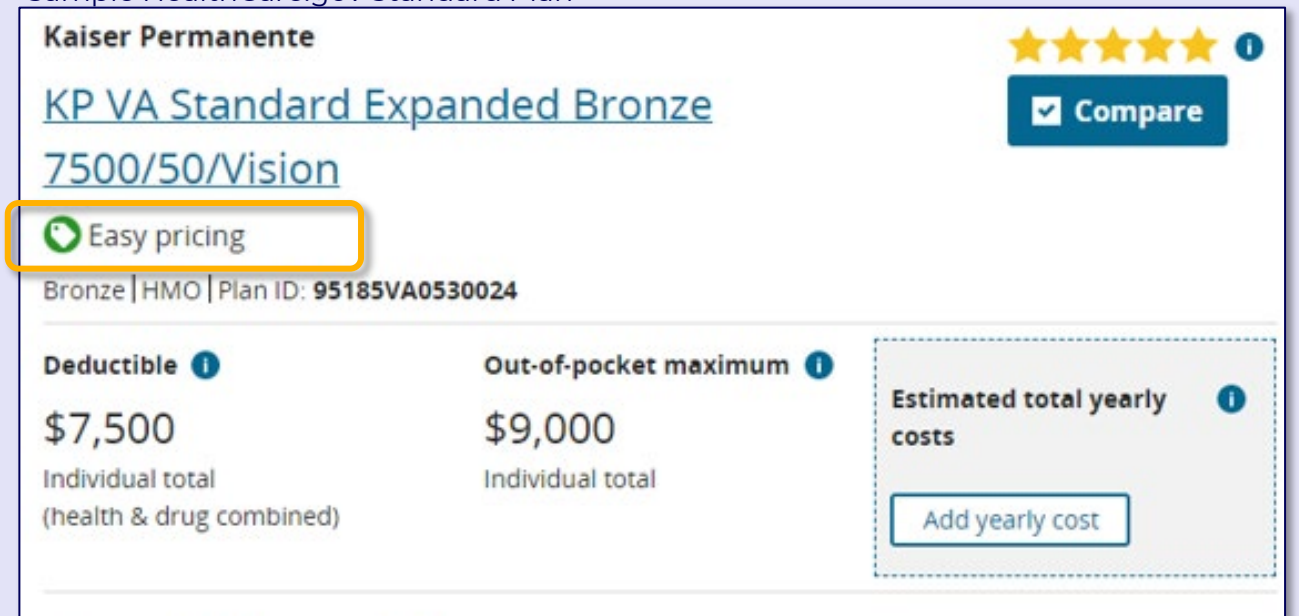
New

#6: Standard Plans

HealthCare.gov Standard Plans for PY23:

- Insurers must offer a standardized plan for each product type at each metal level in each service area they offer a non-standardized QHP
- No limit on number of non-standard plans an insurer can offer
- Customer plan shopping displays a special icon next to standard plans to allow customers to easily identify and compare standard plans (called “Easy Pricing”)

Sample HealthCare.gov Standard Plan



HealthCare.gov Customer Information on Standard Plans

Consider plans with easy pricing

Marketplace plans marked **easy pricing**:

- Include some benefits before you reach the deductible. As soon as coverage starts, you’ll pay only a copayment for:
  - Doctor and specialist visits, including mental health
  - Urgent care
  - Physical, speech, and occupational therapy
  - Generic and **most** preferred drugs
- Are easier to compare because they have the same out-of-pocket costs within their health plan category, like:
  - Deductibles
  - Out-of-pocket maximums
  - Copayments/coinsurance

View and compare only easy pricing plans:

1. Select **Add filters**.
2. Pick a health plan category, then select **with easy pricing**.
3. Select **Apply filters**.

New

#6: Standard Plans

HealthCare.gov Standard Plans for PY23:

- Standard plan design created based on the cost sharing for the most popular health plans (PY21)
  - Same deductible, OOP max, and copays/coinsurance per metal level
  - Benefits not subject to deductible, including office visits, urgent care, PT/ST/OT, generic drugs across all metal levels

	Expanded Bronze	Silver	Gold	Subject to deductible?
Deductible	$ 7,500	$ 5,800	$ 2,000	--
Primary Care Visit	$ 50	$ 40	$ 30	No
Specialist Visit	$ 100	$ 80	$ 60	No
Urgent Care	$ 75	$ 60	$ 45	No
PT/OT/ST	$ 50	$ 40	$ 30	No
Generic Drugs	$ 25	$ 20	$ 15	No
Lab / Xray / Imaging	50%	40%	25%	Yes
Emergency Room	50%	40%	25%	Yes
Inpatient / Outpatient	50%	40%	25%	Yes
Excerpt of benefits and cost sharing design of HealthCare.gov standard plans for PY23				

**Full plan details available in Appendix

New

#6: Standard Plans

Feedback Requested:

- **Standard Plans in PA:** Should PA implement standard plans? What value do you think standard plans would provide to Pennie customers? What challenges do you think would result from standard plans in PA?

If standard plans are implemented, please provide feedback on specific aspects of standard plans:

- **Metal Levels:** Should require standard plan designs be offered at all metal levels that an insurer offers plans? Or just certain metal levels (e.g. Silver only)?

- **Regional or Statewide Plan Designs:** Should standard plan design be the same across PA? Or should there be regional standard plan designs?

- **Limits on Plan Offerings:** What types of limits, if any, should there be on how many non-standard plans an insurer can offer to avoid too much choice? A maximum number of plans per insurer per plan type per metal level? No limits on non-standard plan offerings?

- **Strategic Cost Sharing Design:** Are there any types of benefits/services that we should target in the cost sharing design for the standard plan design?
  - Ex. DC standard plan design included little to no cost sharing for mental health/substance abuse services for children.
  - Ex. HealthCare.gov included specific services not subject to deductible across all plan designs.

- **Development of Standard Plan Design:** What process should we use to define the policies, benefits, and cost sharing for standard plan designs? (see options on next slide)

New

#6: Standard Plans

Development of Standard Plan Design: What process should we use to define the standard plan policy, benefits, and cost sharing designs?

Approach #1 – Stakeholder Workgroup (with broad stakeholder feedback):

- Workgroup of diverse stakeholders and PID & Pennie agency staff will develop recommendations for plan design, engage broader stakeholder community for feedback on decisions, to develop plan design recommendations.
- Time commitment from stakeholder workgroup participants would be significant.
- Broad stakeholder feedback opportunities will be incorporated for non-workgroup participants
- Ongoing annual process to update plan design for regulatory changes and compliance
- Implementation Timeline: Plan design finalized by end of 2023 for standard plans offered in 2025 PY

Approach #2 - Joint PID & Pennie Workgroup (with broad stakeholder feedback):

- Leverage agency staff and expertise to develop recommendations for plan design, engage stakeholders for feedback on plan design decisions, to develop plan design recommendations.
- Review best practices used by other SBMs in establishing their standard plan policies.
- Ongoing annual process to update plan design for regulatory changes and compliance
- Implementation Timeline: Plan design finalized by end of 2023 for standard plans offered in 2025 PY

Approach #3 - Adopt HealthCare.gov Plan Design:

- Would allow for potentially earlier implementation since the plan designs have already been established. But would not reflect PA-specific plan designs
- Implementation Timeline: Plan offerings as early as 2024 PY (if feasible)

New

#6: Standard Plans

Proposal	Policy Goal(s)	Benefits	Challenges
Implement standard plan design for PY25	Provide high quality, affordable, comprehensive health coverage to Pennsylvanians Address inequities in access to health care for marginalized and underserved Pennsylvanians	Simplify plan selection process Plan designs incorporating a range of stakeholder input	Development of standard plan design Regional variations in current plan designs Ongoing process for updating standard plan design

Stakeholder Feedback:

- No clear support from insurers:
  - “extent to which this improves the consumer experience remains at best an unknown”, potential to “disrupt enrollees in existing plan designs”
  - We heard from insurers in other jurisdictions that “enrollment in these plans [has] been historically low and members do not like the plan designs”
  - “The disadvantage is members tend to shop based on price when cost-sharing appears equal and plans are “standardized,” and therefore are more likely to disregard other important enrollment decision factors such as provider network, product type, formulary, care management/pre-approval processes, and customer service.”
- Mixed support from assisters & brokers:
  - Pros: Ease of comparison (especially beneficial to people with limited English proficiency), simplification, reduced choice, less overwhelming, clearer terms about what is covered with and without a deductible
  - Cons: Plan choice overload/confusion, Cost/premium increase, False assumption that standardized plans are equal in all ways.
- Broad concern that adding a new standard plan design would further flood the market and exacerbate choice overload; therefore, standard plan design cannot be implemented without a corresponding limit on plan options
- Majority of insurers opposed limits on plan offerings; one insurer suggested max limit 3 nonstandard plans per metal level
- Mixed support from assisters & brokers on limits on number of plan offerings.
  - “Typical consumers may get more overwhelmed, but having more plans allows brokers to better serve their clients. There should be more of an initiative for all enrollees to find a broker to quote plans for them.”
- Majority preferred a workgroup-based implementation approach instead of adopting HealthCare.gov plan designs.
  - “Since we are a state-based exchange, we should work together to create a policy that reflects all Pennsylvanians."

New

#6: Standard Plans

Proposed Policy: If there is sufficient interest in implementing standard plans in PA, establish an implementation workgroup that will incorporate broad stakeholder feedback to develop a recommended standard plan policy, for an earliest availability of standard plans in PY25.

Proposal	Policy Goal(s)	Benefits	Challenges
Implement standard plan design for PY25	Provide high quality, affordable, comprehensive health coverage to Pennsylvanians Address inequities in access to health care for marginalized and underserved Pennsylvanians	Simplify plan selection process Plan designs incorporating a range of stakeholder input	Development of standard plan design Regional variations in current plan designs Ongoing process for updating standard plan design

Staff Recommendation: Implement workgroup to further explore options and develop recommendations for specific proposals we should consider implementing towards these policy goals.

- Standard plan policies have been implemented across the country (FFM & majority of SBMs) as a tool to address customer choice overload; benefit design and cost sharing requirements; specific health issues with a health equity focus
- Pennie needs to make a fair assessment of the appropriateness of implementing some form of standard plans for PA
- Results of stakeholder feedback are mixed, with no clear policy solution identified
- PID and Pennie would jointly lead the workgroup and would collaborate on the development of a detailed charter, and engage stakeholders and outside expertise.
- Recommend workgroup solicit customer feedback as part of their deliberations to help inform recommendations.

Other Provisions Already Adopted

NCQA Health Equity Accreditation

In August 2022, Pennie's Board authorized Pennie to promulgate regulations requiring insurers selling qualified health and dental plans on the exchange to obtain NCQA Health Equity Accreditation, with a target effective date of Plan Year 2025.

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

Regulatory process would allow options to provide flexibility (e.g. define process, permit accreditation or proof of progress towards accreditation).

For more information, see August 2022 Board Meeting Materials.

Proposal	Policy Goal(s)	Benefits	Challenges
• Require insurers have NCQA Health Equity Accreditation for PY25 Plan Certification	• Health equity - Reduce health disparities in underserved populations in PA	• Reducing health disparities reduces overall health care costs • Leverage expertise of national organization defined standards	• Extensive process to achieve accreditation • May require regulations

Next Steps

Next Steps

- Pennie to seek stakeholder feedback
- Stakeholder feedback due **by 2/15/2023**
- Staff recommendations and stakeholder feedback presented to Board on **2/24/2023**
- Pennie to finalize memo and distribute to insurers **by end of March**

Appendix

HealthCare.gov Standard Plan Design PY23

TABLE 12: 2023 Final Standardized Plan Options Set One (For All FFE and SBE-FP Issuers, Excluding Issuers in Delaware, Louisiana, and Oregon)

	Bronze	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Actuarial Value	59.86%	64.18%	70.06%	73.11%	87.05%	94.02%	78.00%	88.00%
Deductible	$9,100	$7,500	$5,800	$5,700	$800	$0	$2,000	$0
Annual Limitation on Cost Sharing	$9,100	$9,000	$8,900	$7,200	$3,000	$1,700	$8,700	$3,000
Emergency Room Services	No charge after deductible	50%	40%	40%	30%	25%*	25%	$100*
Inpatient Hospital Services (Including Mental Health and Substance Use Disorder)	No charge after deductible	50%	40%	40%	30%	25%*	25%	$350*
Primary Care Visit	No charge after deductible	$50*	$40*	$30*	$20*	$0*	$30*	$10*
Urgent Care	No charge after deductible	$75*	$60*	$45*	$30*	$5*	$45*	$15*
Specialist Visit	No charge after deductible	$100*	$80*	$60*	$40*	$10*	$60*	$20*
Mental Health and Substance Use Disorder Outpatient Office Visit	No charge after deductible	$50*	$40*	$30*	$20*	$0*	$30*	$10*
Imaging (CT/PET Scans, MRIs)	No charge after deductible	50%	40%	40%	30%	25%*	25%	$100*
Speech Therapy	No charge after deductible	$50*	$40*	$30*	$20*	$0*	$30*	$10*
Occupational, Physical Therapy	No charge after deductible	$50*	$40*	$30*	$20*	$0*	$30*	$10*
Laboratory Services	No charge after deductible	50%	40%	40%	30%	25%*	25%	$30*

(continued on next slide)

HealthCare.gov Standard Plan Design PY23

(continued from previous slide)

TABLE 12: 2023 Final Standardized Plan Options Set One (For All FFE and SBE-FP Issuers, Excluding Issuers in Delaware, Louisiana, and Oregon)

	Bronze	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Laboratory Services	No charge after deductible	50%	40%	40%	30%	25%*	25%	$30*
X-rays and Diagnostic Imaging	No charge after deductible	50%	40%	40%	30%	25%*	25%	$30*
Skilled Nursing Facility	No charge after deductible	50%	40%	40%	30%	25%*	25%	$150*
Outpatient Facility Fee (Ambulatory Surgery Center)	No charge after deductible	50%	40%	40%	30%	25%*	25%	$150*
Outpatient Surgery Physician and Services	No charge after deductible	50%	40%	40%	30%	25%*	25%	$150*
Generic Drugs	No charge after deductible	$25*	$20*	$20*	$10*	$0*	$15*	$5*
Preferred Brand Drugs	No charge after deductible	$50	$40*	$40*	$20*	$15*	$30*	$10*
Non-Preferred Brand Drugs	No charge after deductible	$100	$80	$80	$60	$50*	$60*	$50*
Specialty Drugs	No charge after deductible	$500	$350	$350	$250	$150*	$250*	$150*

*Benefit category not subject to the deductible

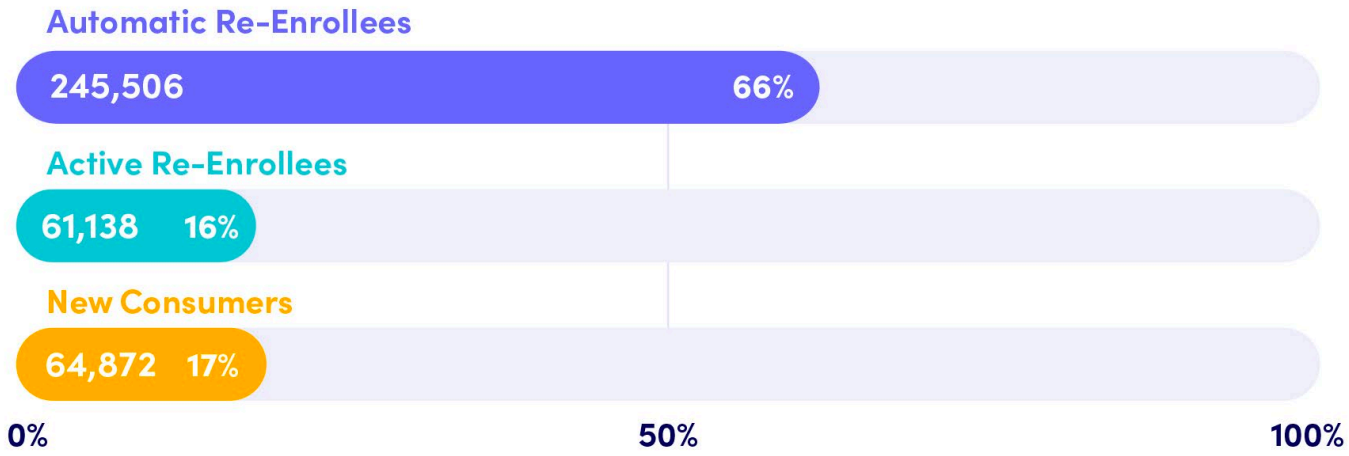
Note: 2024 NBPP proposed rule would eliminate the non-expanded bronze standard plan, along with other minor modifications to PY23 standard plan designs.

2022 & 2023 Data Overview

Pennie At A Glance

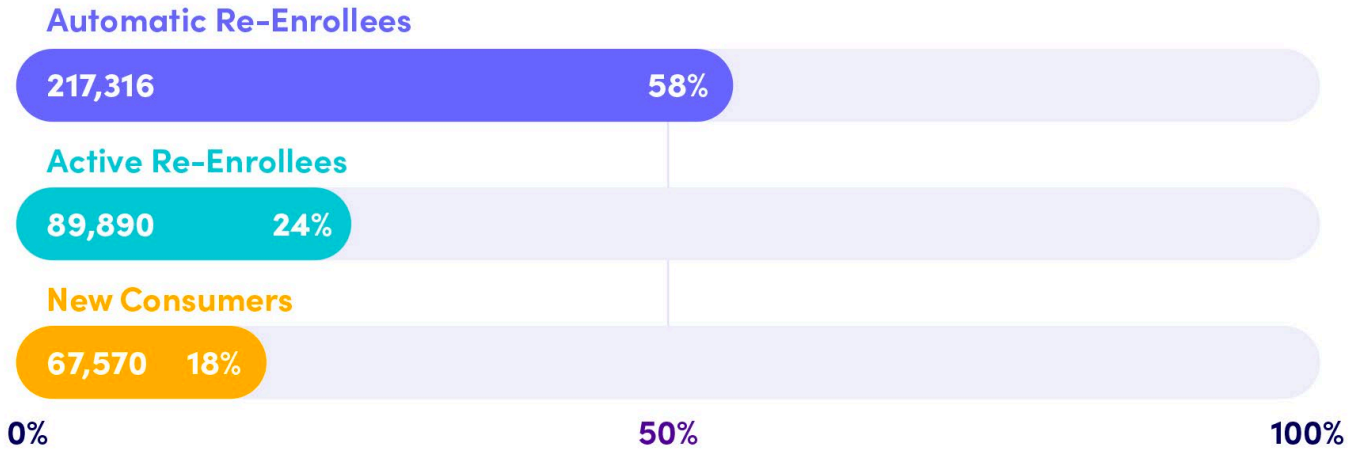
Enrollment
as of January 15, **2023**

371,516

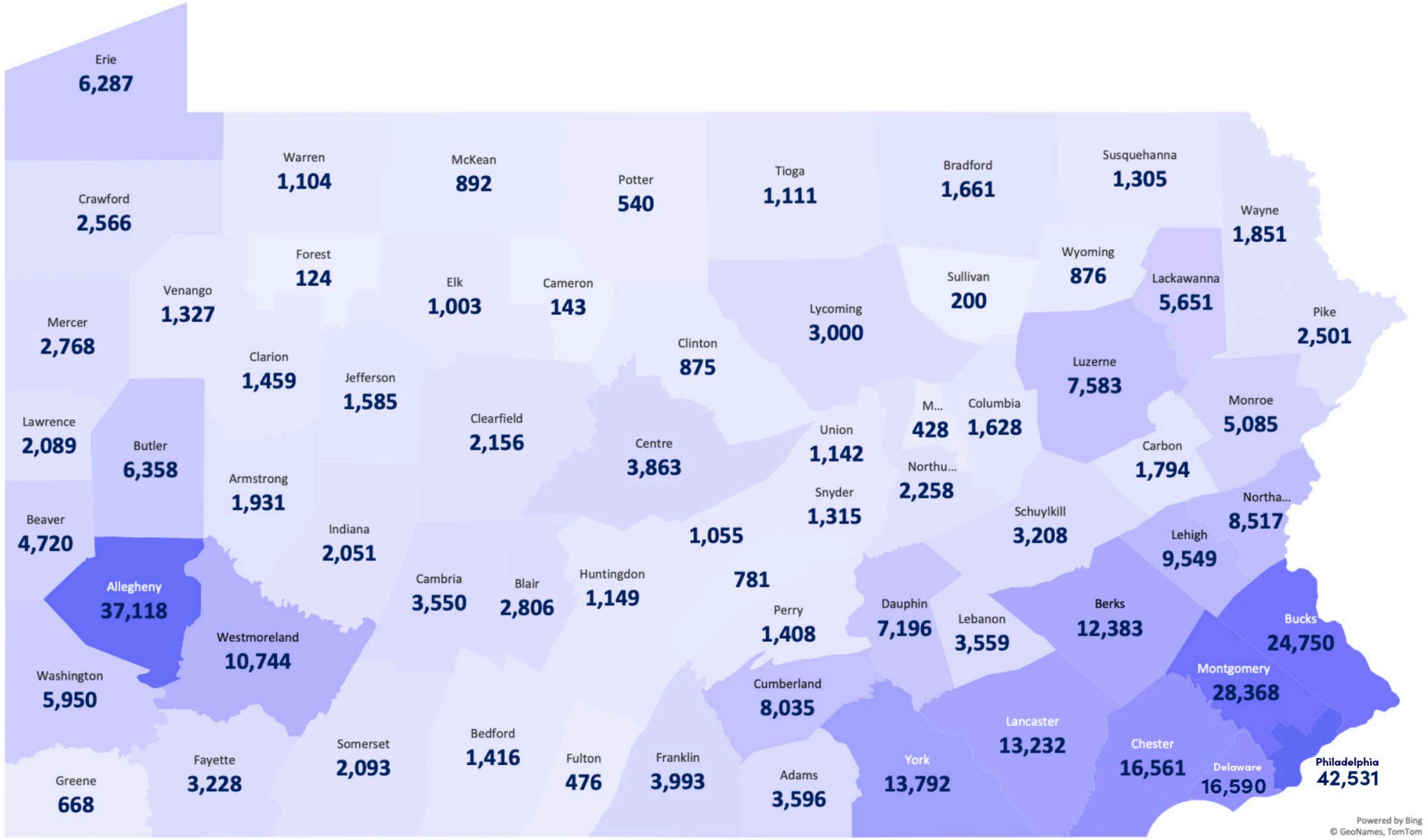


Enrollment
as of January 15, **2022**

374,776

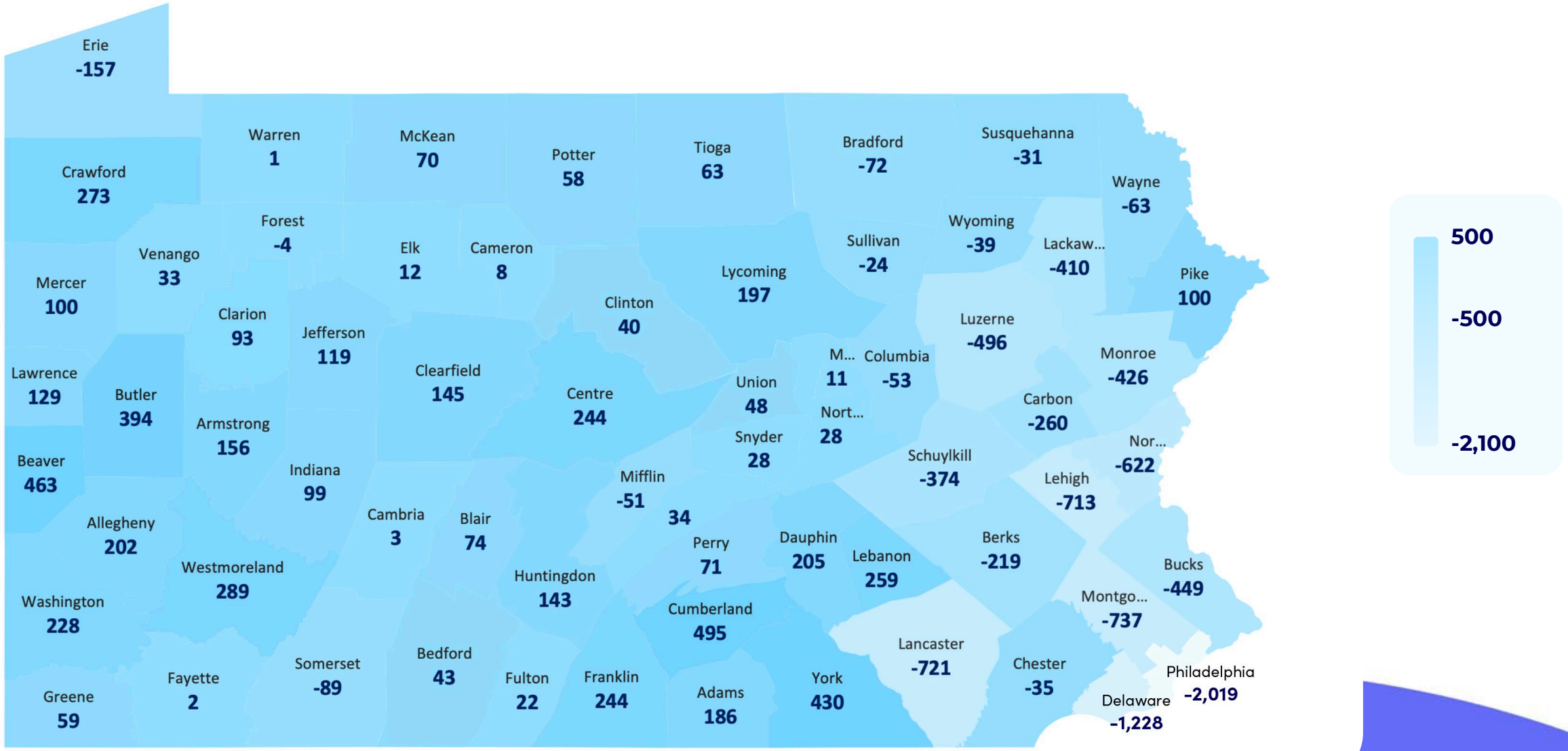


OEP 2023 – Enrollments By County



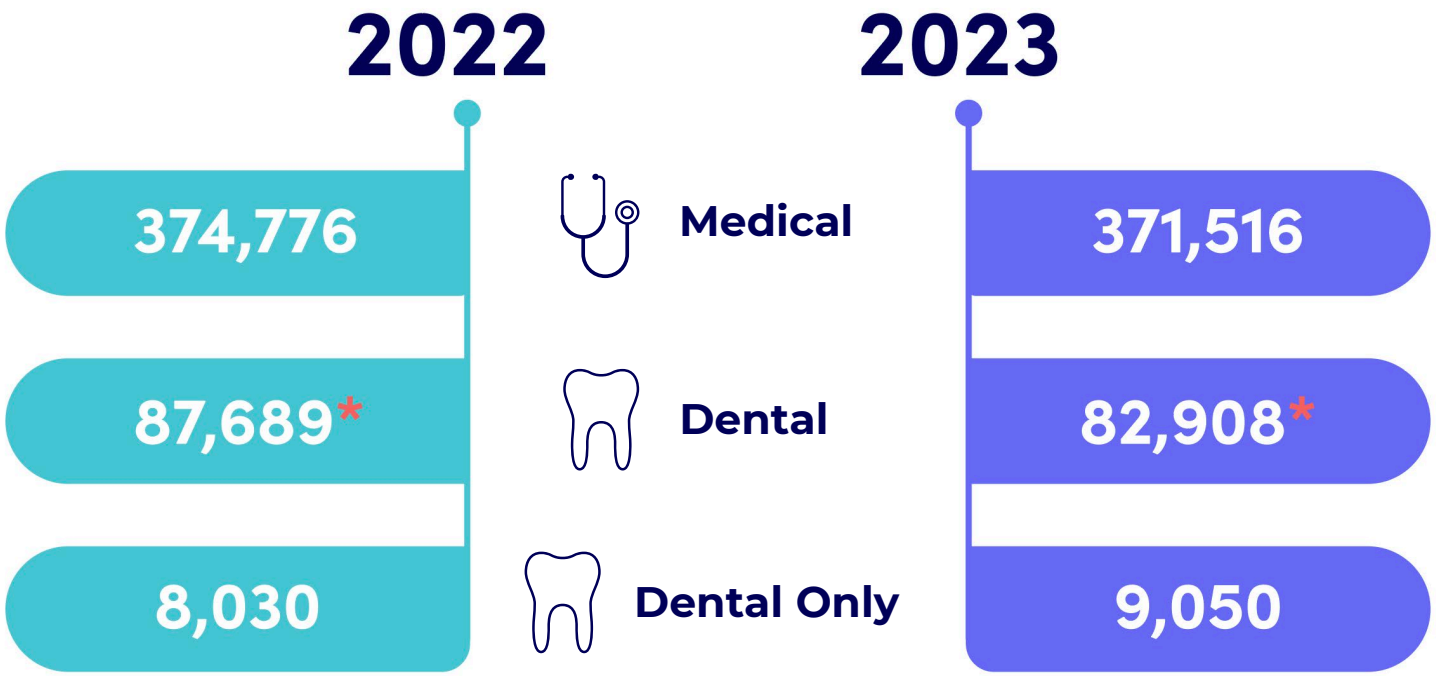
Data as of 1/15/23

OEPs 2022/2023 – Net Change In Enrollments By County



2022 Data as of 1/22/22
2023 Data as of 1/15/23

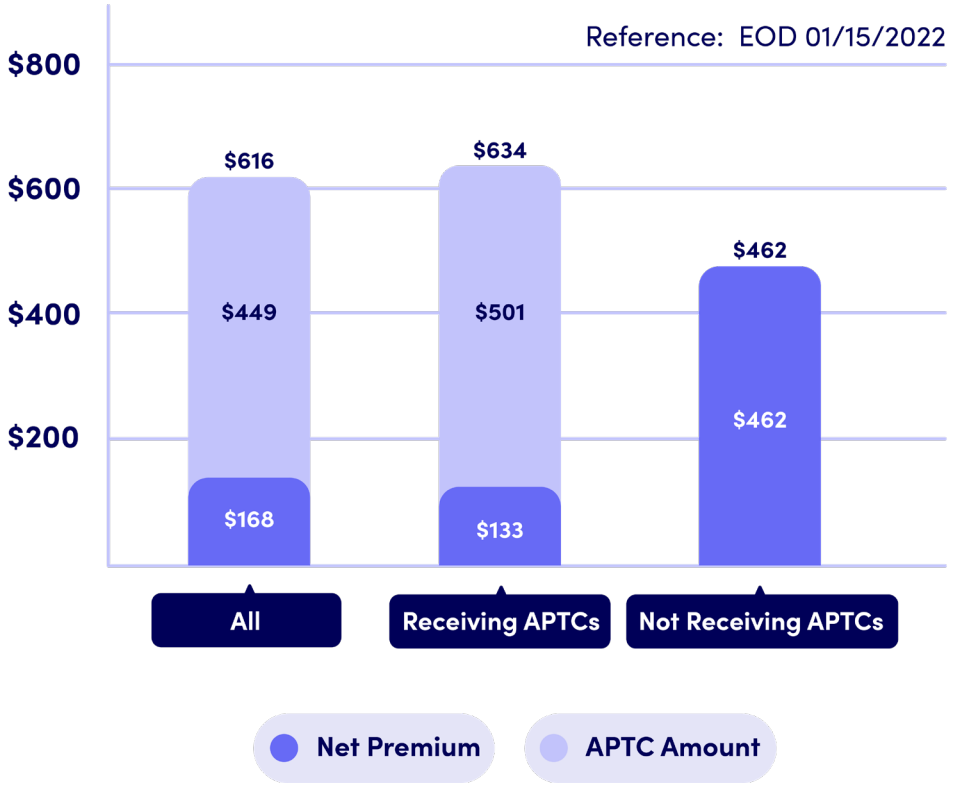
OEPs 2022/2023 Medical and Dental Enrollments

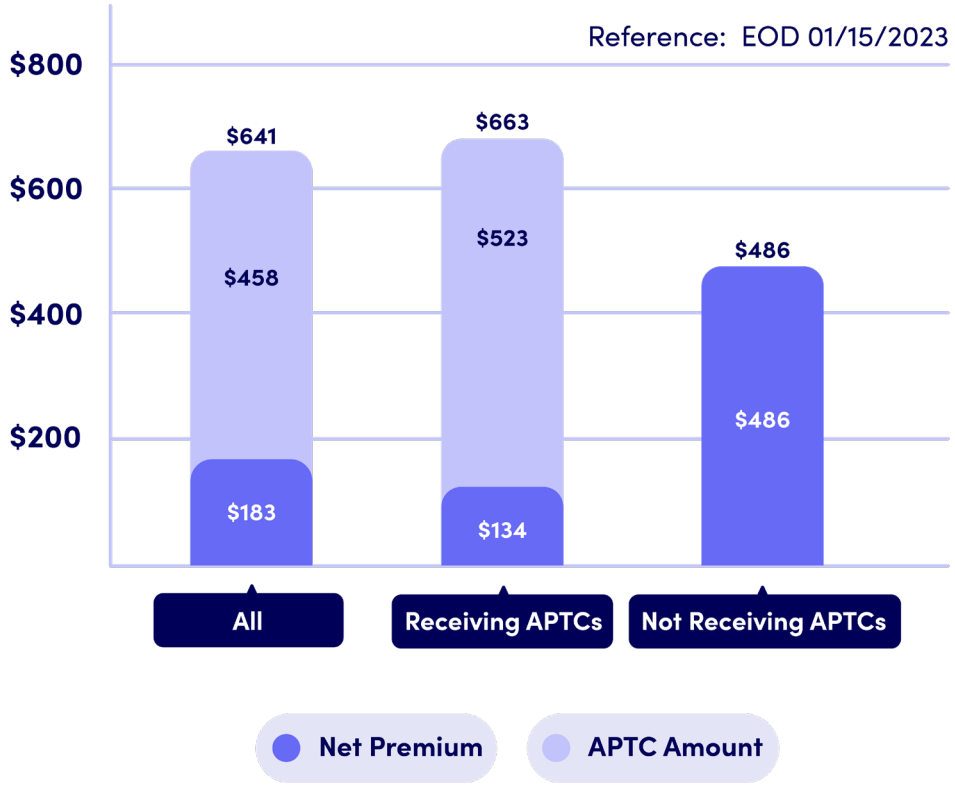


*This number is inclusive of both dental only customers and medical/dental customers.

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

Average PMPMs – Total

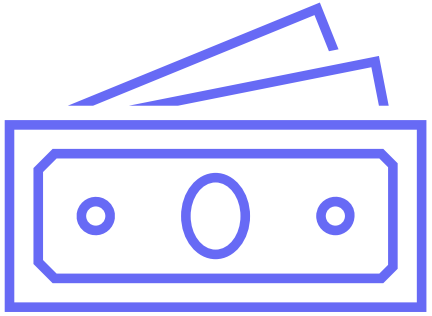




Note: *The APTC amounts shown do not include members who are eligible for APTCs but are not receiving them in advance. These members are counted in the "not receiving APTCs" column.*

OEPs 2022/2023 Financial Assistance

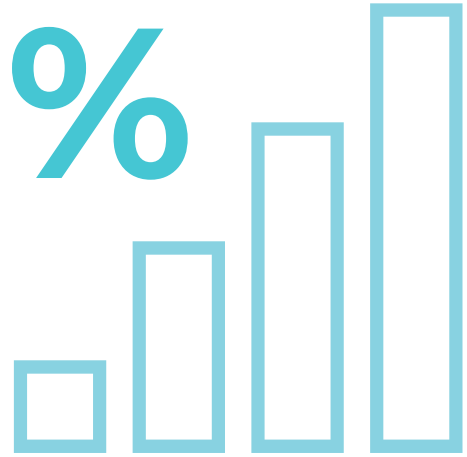
Financial Assistance	OEP 2022	OEP 2023
APTC	36%	36%
APTC_CSR	56%	54%
CSR	<1%	<1%
QHP*	8%	10%
Total	**374,776**	**371,516**



**Not eligible for financial assistance*

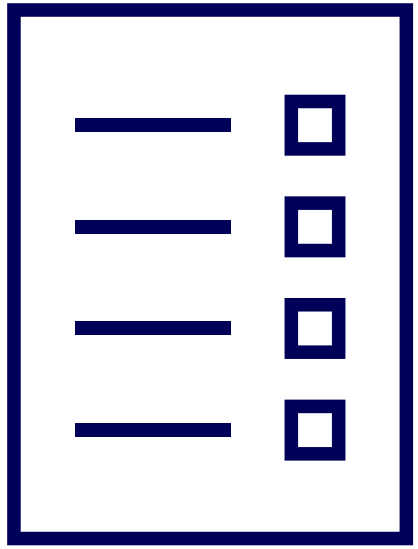
OEPs 2022/2023 Federal Poverty Level (FPL) Demographics

FPL	OEP 2022	OEP 2023
0 - 100%	2%	2%
100 - 150%	16%	17%
150 – 200%	23%	21%
200 – 250%	17%	15%
250 – 400%	26%	26%
400%+	9%	8%
Unknown	7%	12%
Total	**374,776**	**371,516**



OEPs 2022/2023 Metal Tier Selections

Metal	OEP 2022	OEP 2023
Bronze	24%	24%
Silver	40%	35%
Gold	35%	40%
Catastrophic	<1%	<1%
Total	**374,776**	**371,516**

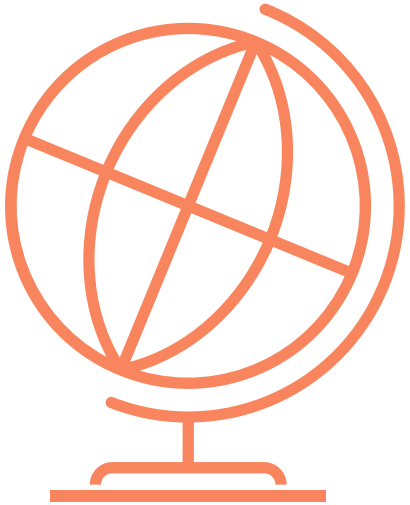


OEPs 2022/2023 Race Demographics

Race	OEP 2022	OEP 2023
White	65%	64%
AA	4%	3%
Asian	7%	7%
NH/PI	<1%	<1%
AI/AN	<1%	<1%
Other	2%	1%
Mixed	1%	1%
N/A	21%	23%
Total	**374,776**	**371,516**

OEPs 2022/2023 Ethnicity Demographics

Ethnicity	OEP 2022	OEP 2023
Hispanic/ Latino	3.4%	3.4%
Not Hispanic/ Latino	88%	80%
No Response	9%	16%
Total	**374,776**	**371,516**



OEPs 2022/2023 Pennie-Certified Stakeholders

Brokers

Counts:

3,257 Total

- 2,217 Retained from ’22 *(74% of ‘22)*
- 791 Didn’t recertify
- 1,040 New for ‘23

Language:

- 24% Responded
- 8% Language other than English (most prominent: Spanish)

Assisters

Counts:

291 Total

- 160 Retained from ’22 (*58% of ‘22)*
- 114 Didn’t recertify
- 131 New for ’23

Language:

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

OEPs 2022/2023 Pennie-Certified Stakeholder Enrollments

	Total Exchange Enrollment	Broker	Assister	Active and New Customers Broker	Active and New Customers Assister
OE 2022 (#)	**374,776**	**149,239**	**3,276**	**78,524**	**1,620**
OE 2022 (%)	100%	40%	0.9%	21%	0.4%
OE 2023 (#)	**371,516**	**165,317**	**3,054**	**64,795**	**1,373**
OE 2023 (%)	100%	44%	0.8%	17%	0.4%

Observations:

17% of customers were actively aided by a broker for 2023, down from 2022's 21%.

44% of customers are helped by a broker for 2023, up from 2022's 40%.

About 0.4% of customers were actively aided by an assister, for both 2021 and 2022.

Assister Referrals/Applications to MA*

	OE 2022	OE 2023
MA[1]	3,068	3,077
CHIP[2]	118	97

**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 MA, applications sent to MA through Pennie, and the number of MA applications directly entered into DHS COMPASS for MA 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

2022 Data as of 1/15/22
2023 Data as of 1/15/23

OEP 2023 Stakeholder Assistance and Federal Poverty Level (FPL)

FPL	OEP 2023	Broker	Assister	Active and New Customers	
				Broker	Assister
TOTAL	**371,516**	**165,317**	**3,054**	**64,795**	**1,373**
0% - 100%	2%	2%	7%	3%	7%
100% - 150%	17%	21%	15%	22%	13%
150% - 200%	21%	19%	23%	19%	25%
200% - 250%	15%	14%	17%	14%	18%
250% - 400%	26%	26%	26%	25%	26%
400%+	11%	13%	9%	14%	8%
Unknown	8%	5%	2%	4%	1%

Observations:

Proportionally, Assisters serve more customers in the 150-250% FPL bands; Brokers serve more in the 400%+ FPL band.

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

OEP 2023 Medical Assistance Account Transfers

	Sent	Response	Accepted	Response Rate	Acceptance Rate *per response*
Households sent to Medical Assistance (Outbound)	47,063	37,382	15,231	79%	41%
2022 Compare	43,395	30,321	14,373	70%	47%

	Received	Enrolled	Conversion Rate *HH enrolled in Pennie*
Households referred from Medical Assistance (Inbound)	12,024	1,989	17%
2022 Compare	23,659	6,019	25%

Data is for account transfers made between 11/1/22 and 1/15/23. The responses are as of 2/3/23.
A transfer is counted as a response if Medical Assistance makes a determination for anyone in that household.
A transfer is counted as accepted if Medical Assistance determines that at least one applicant is eligible.

OEP 2023 Customer Service Center Performance

		Total OEP 2023	Last Year Compare (EOD 01/22/22)
Call Handling Metrics	Calls Handled by Call Rep.	155,707	192,108
	Avg. Speed to Answer (secs)	14.7	58.0
	Avg. Handle Time (mins)	12.16	12.79
	Call Abandonment Rate	0.08%	1.16%
Call Quality Metrics	Calls per Phone Number	2.0	2.1
	% that called 1 time	68.0%	65.2%
	% that called 2 times	18.6%	19.7%
	% that called 3 or more times	13.4%	15.1%
Chat Metrics	Number of Chats Offered	4,366	N/A
	Chats Handled by FAQs	1,350	N/A
	Chats Handled by Call Reps.	3,008	N/A

OEP 2023 Customer Campaign

System Generated Emails Sent*	1,158,511
System Generated Email Open Rate	39%
Number of Marketing Emails Sent	4,255,912
Marketing Email Open Rate	44.3%
Engagement Email Rate	3.4%
Outbound Calls Conducted	32,895

Please note: Unique Open rate is how many individuals opened the emails. The cumulative open rate reflects how many times an individual may have opened that email. The industry standard for insurance-related marketing email open rates is 21-35%.

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

*Emails sent between 10/1/22 and 1/20/23

Break

2022 Strategic Goals Performance Review

2022 Strategic Goals

1. **Ensure operational readiness for and strategically maximize benefits and/or minimize harm of:**

    - Unwinding of the continuous coverage requirement (CCR)/ending of Medicaid Maintenance of Effort (MoE); and

    - The outcome of American Rescue Plan (ARP) subsidies (extension or expiration)

2. **Make the principles of diversity, equity, and inclusion general practice and partner with vulnerable communities to advance policies and practices that aim to reduce inequities**

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

Goal 1

Ensure operational readiness for and strategically maximize benefits and/or minimize harm of:

- Unwinding of the continuous coverage requirement (CCR)/ending of Medicaid Maintenance of Effort (MoE); and
- The outcome of American Rescue Plan (ARP) subsidies (extension or expiration of subsidies)

Outcome

Continuous coverage through Pennie for qualified consumers losing Medical Assistance (MA) at the end of the CCR.

Selected Initiative: End of the CCR Policy Proposals

To promote continuous coverage, the Pennie Board adopted special policies for the unwinding to include:

- 120-day loss of MEC special enrollment period (SEP)
- Earlier effective date option during unwinding

Selected Initiative: Auto-Eligibility

- To improve conversion of former MA recipients to Pennie, we deployed auto-eligibility, which provides former MA recipients with a Pennie account, a pre-populated application and a notice with an eligibility determination.
- Since its deployment thru the end of OE 23, our AT conversion rate was 15.9%, a 23% increase from our pre-auto-eligibility rate of 12.9%.
- This functionality will be critical for 2023 unwinding activities.

Outcome

Broad awareness and understanding of the coverage options available to impacted Pennsylvanians.

Selected Initiative: End of the CCR Campaigns

- Developing a specific Unwinding Marketing and Outreach plan in collaboration with PA Dept of Human Services (DHS) which includes impacted customer and stakeholder communications, press and social media campaigns as well as a robust advertisement campaign and data-driven outreach strategy.

Outcome

Efficiently deploy any eligibility and/or operational changes with minimal disruption to customers and stakeholders.

Selected Initiative: Preparing for ARP Subsidies Extension

- The subsidies were extended which allowed us to focus on keeping people covered and reaching and connecting with the uninsured.

Goal 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.

Outcome

Actively support communities disproportionately impacted by the end of the CCR by effectively facilitating their transition from MA to Pennie.

Selected Initiative: Outreach to Procedurally Terminated Population

- Secured the authority to conduct outreach to the procedurally terminated population. Contact information will be shared by DHS every month throughout the unwind.
- A Pennie/MA/CHIP co-branded communication will be sent to this population throughout the unwinding, in addition to other forms of outreach.

Outcome

Increase enrollment avenues for uninsured populations in Pennsylvania.

Selected Initiative: Path to Pennie

- Successfully stood up a new program to connect uninsured Pennsylvanians to health insurance coverage through the state income tax return.
- Generated 86,103 notices that were sent to taxpayers as a result of the Path to Pennie program last year. This resulted in 560 households selecting a plan and 208 households being transferred to MA.

Selected Initiative: Low Income Special Enrollment Period "SEP"

- Implemented and communicated the Low-Income (150% FPL and below) SEP and the results were:
  - 8,537 household applications qualified for this SEP
  - 6,150 households enrolled using this SEP

Outcome

Improve access and quality of experience with Pennie for all populations.

Selected Initiative: Family Glitch Fix

- Swiftly implemented the family glitch fix and as a result, 21 of the 58 impacted households for plan year 2023 enrolled in coverage.
- Pennie also identified and contacted customers who may not have answered the family glitch questions correctly, urging them to come in and review their submission for enhanced savings.

Outcome

Increase allocation of Pennie resources internally and externally with community partners to execute on health equity and diversity and inclusion priorities.

Selected Initiative: Creation of Pennie DEI Program

- Establish DEI Workgroup to raise issues and develop solutions and recommendations.
- Facilitated development of mission/vision statements for the Workgroup and for each business area.
- Conducted listening sessions with Pennie staff. Currently compiling the sessions to issue recommendations.
- Evaluated Employee Handbook and made recommendations for modifications.
- Procuring outside training for the entire staff on Implicit Bias, Microaggressions, and Anti-Racism.
- Development of a DEI assessment tool to be administered to the staff and Board members.

Goal 3

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

Outcome

Improve customer experience with Pennie platform and call center.

Selected Initiative: Outbound Calling

- Implemented outbound calling capability in both English and Spanish in 2022.
- 144,769 outbound calls dialed in six months on topics related to unresolved data matching inconsistencies (DMIs), expired consent for financial assistance, aging out to Medicare, and more.

Outcome

Mature auto-renewal processing to mitigate customer confusion and improve coordination with insurers.

Selected Initiative: Fixed "Subscriber Switch" During Auto-Renewals

- Altered our processes to prevent switching policy subscribers during renewal, which mitigated confusion for 22,942 customers and eliminated manual work for both Pennie and insurers. This challenge was experienced in the previous two open enrollments.

Recommended Dispositions and Future Actions

Goal	Recommended Disposition and Action
Ensure operational readiness for and strategically maximize benefits and/or minimize harm of: • Unwinding of the continuous coverage requirement (CCR)/ending of Medicaid Maintenance of Effort (MoE); and • The outcome of American Rescue Plan subsidies (extension or expiration)	Unable to fully assess outcomes under this goal due to PHE continuous coverage requirement not ending in 2022. Recommend retiring topical/issue specific goals and including the management of the PHE unwind as a key 2023 initiative under a long-term goal.
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	Progress made on this goal, but more to do. Recommend carrying goal over to next year.
Mature exchange operations to achieve greater ease of doing business with Pennie for external stakeholders, consumers, and internal contributors	Considerable progress made on this goal. Maturing operations continues to be a priority but is primarily managed and reported on internally and through various partner workgroups. Recommend retiring this strategic goal and continuing the tracking and management of the work as an internal priority.

Break

2023 Strategic Goals, Outcomes and Initiative Planning

End of the Continuous Coverage Requirement Report

The Context…

- End of the Public Health Emergency (PHE) Continuous Coverage Requirement (CCR) to occur April 1, 2023
- PA DHS to have 12 months to redetermine all Medical Assistance (MA) recipients no longer eligible
- Pennie expecting between **32K** and **42K** account transfers from MA every month throughout 12-month period
  - By comparison, our total inbound AT count for the entire 2.5 months of OEP was **12K**

Our Readiness Efforts So Far…

- Extended the Loss of Minimum Essential Coverage (MEC) SEP to 120-days for unwinding period.
- Created an option for these individuals to retroactively start their coverage within the first 60 days of their enrollment period.
- Developed an auto-eligibility process in which those transferred from MA/CHIP to Pennie will have a Pennie account created on their behalf, their application pre-populated, and be provided with an eligibility determination containing the financial savings for which they qualify without having to take any action.
- Secured authority to conduct outreach to the procedurally terminated population. A Pennie/MA/CHIP co-branded communication will be sent to this population throughout the unwinding.
- Secured outbound calling capabilities to use during the unwinding to assist impacted populations in transitioning from MA to Pennie.
- Partnered with DHS to stand up an approval process for any communications sent by MCOs to customers detailing what is happening and options available on Pennie.
- Gained approval to spend ~$3M on a specific end of CCR marketing campaign to air in coordination with DHS ad buys.

End of the Continuous Coverage Requirement Report

Communications & Marketing

- **Preparing communications** for Medical Assistance populations:
    - Those who respond to packets and are **no longer eligible** and accounts are transferred to Pennie (data will be received on an ongoing basis)
    - Those who **do not respond** and are losing coverage – procedurally terminated (data will be received at the end of each month)
- Pennie will be contacting these populations **via direct notices/mailers, emails and priority outbound calls** through our Customer Service Center
- **Owned Media:**
    - Pennie Unwinding Webpage
    - FAQs
    - Explainer videos
    - Social media posts
    - **Robust stakeholder toolkit** - coordination w/ DHS & Pennie specific toolkit: agency.pennie.com/toolkit
- Efforts driven by data provided by DHS to target higher-populated MA/CHIP recipient regions

End of the Continuous Coverage Requirement Report

- **Paid Media:**
  - Creating a full advertisement and media campaign
    - BOD approved ~$3M for 6-month campaign to take us into OEP campaign
    - Targets: Lower-income households, vulnerable populations, non-english speaking audiences
    - Traditional, Digital, Lifestyle, Out of Home
    - Updating Pennie evergreen ad to include DHS & CHIP logos to show collaboration
    - Cycling in DHS's creative ads within our media buy
  - Working in coordination with DHS's advertisement campaign
    - ~$3.5M for 12-month campaign
    - Targets: MA & CHIP recipients, lower-income households & regions
    - Traditional, Digital, Out of Home, Lifestyle

- **Earned Media:**
  - Working with DHS for **joint press campaigns** throughout the **entire 12 months** of the unwinding
  - Exploring "theme months" to keep the messaging fresh to counteract media burnout.

- **Outreach Strategy:**
  - Additional leg of Health Equity Tour fully targeting DHS-population data. Grassroots effort to build awareness through community organizations, leaders, non-profits, faith-based centers, flyer handouts, etc.
  - Assister Network with an OEP-sized outreach effort to reach these vulnerable communities. Pennie overseeing the synergy between YMCA events & Assister schedules to have a Pennie-certified expert on hand.
  - Pennie Outreach – fully invested in identifying and connecting with low-income serving organizations to educate trusted voices of the role of Pennie.

End of the Continuous Coverage Requirement Timeline

DHS processes all MA recipients due for renewal during Unwinding

Pennie continues to support enrollments until 120-day SEP window expires

April 2023 – March 2024 | April 2024 – July 2024

2023

April 1, 2023
CC Req ends/ Unwinding begins

May 2023
MA ATs start coming to Pennie

June 1, 2023
Individual SEPs begin to open*

End of June 2023
Expect to receive first file with procedurally terminated customer data for Pennie to conduct outreach *(continues to be sent monthly)*

Nov 1, 2023
OE24 Begins

2024

Jan 15, 2024
OE24 Ends

March 2024
DHS concludes ECCR unwind reprocessing efforts, having redetermined the population maintained during the PHE**

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

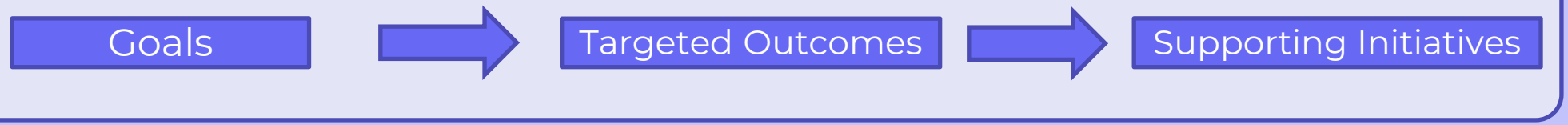
July 2024
120-day SEP expires for the final group of eligible MA recipients

* Two available QLEs to open SEPs will be 1) Low-income QLE which will automatically open a SEP and 2) Loss of MEC QLE which would automatically open a SEP for MA ATs and run for 120 days.
** Pennie estimates monthly AT volumes between 32K and 42K from May 23 thru March 24

Strategy Discussion Guidelines

Purpose of this Discussion:

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



Discussion Guardrails

- Keep comments focused
- Focus on the Goals and Outcomes
- Additions require subtractions
- Intent *vs* wordsmithing

Questions to Consider

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

Pennie's Mission Statement

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

Proposed 2023 Strategic Goals

1. **Grow marketplace enrollment by improving affordability and accessibility.**

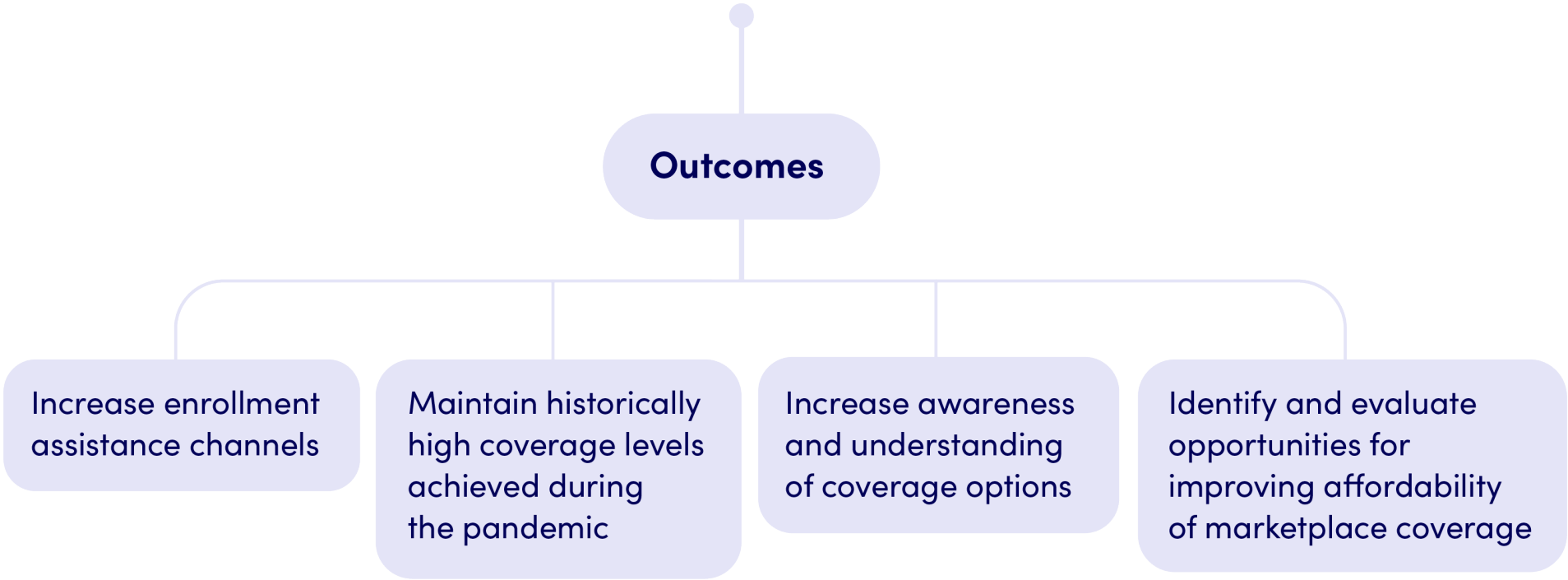
2. **Make the principles of DEI general practice and partner with vulnerable communities to reduce inequities.**

3. **Enhance plan quality and streamline choice to inform customer decisions.**

Proposed 2023 Goal #1 Outcomes

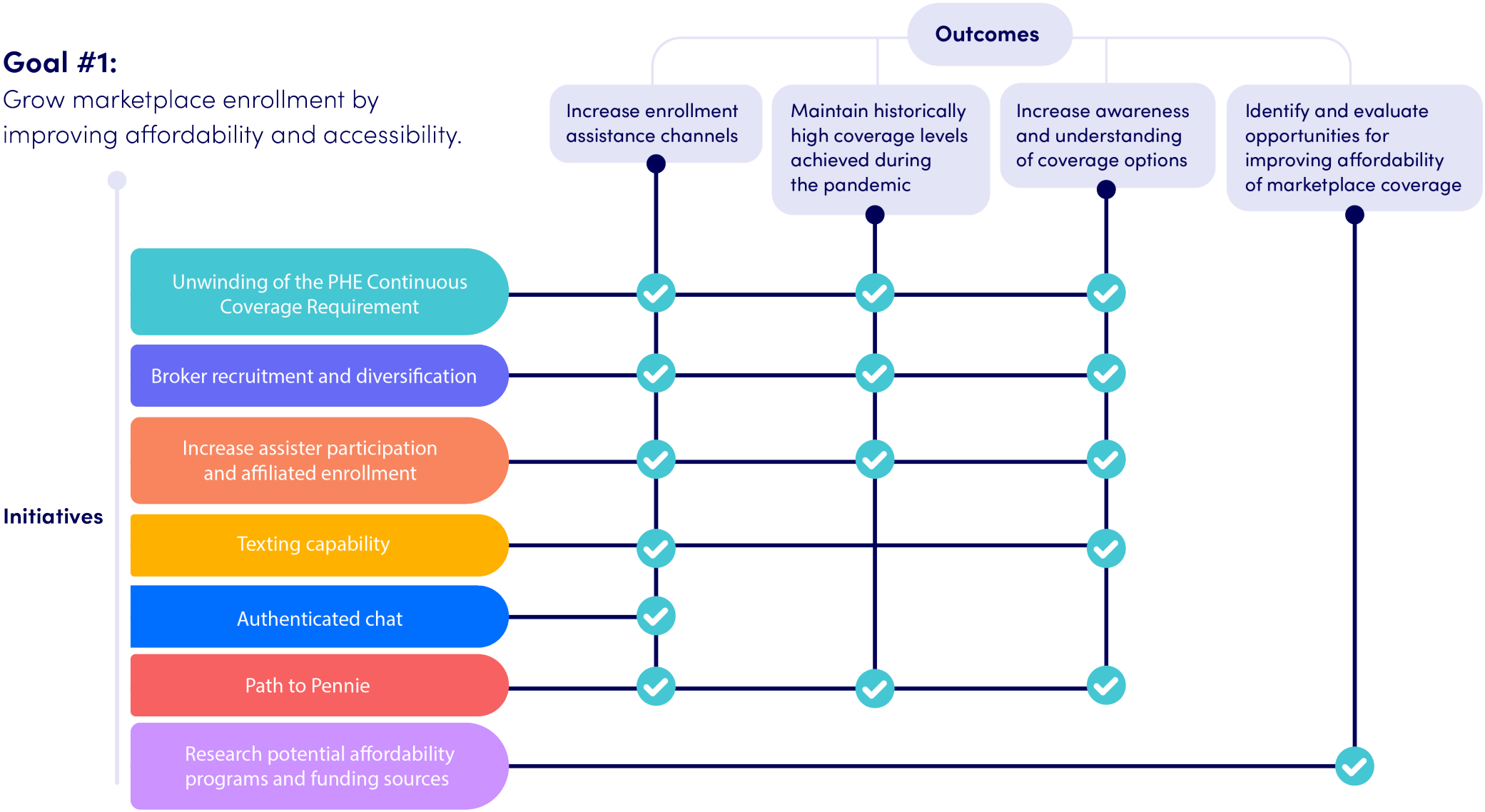
Goal #1:

Grow marketplace enrollment by improving affordability and accessibility.



Proposed 2023 Goal #1 Outcomes and Initiatives

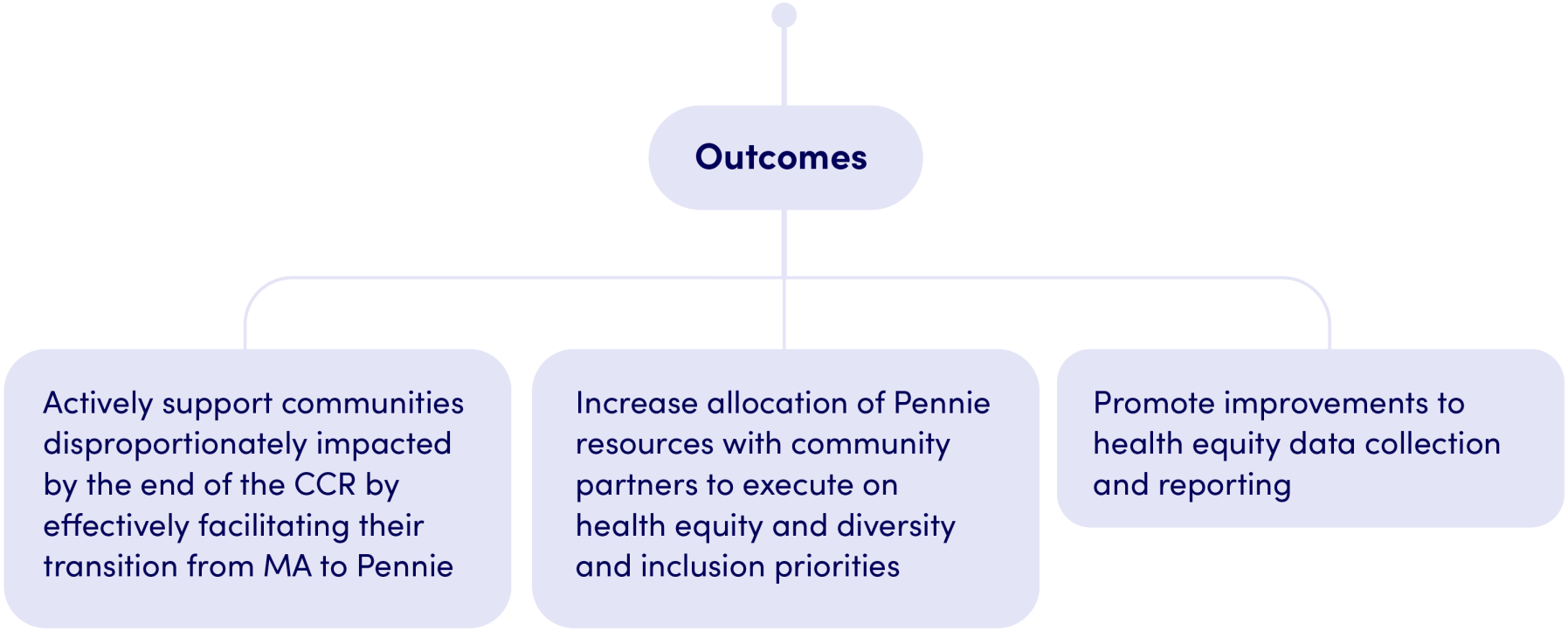
Goal #1:
Grow marketplace enrollment by improving affordability and accessibility.



Proposed 2023 Goal #2 Outcomes

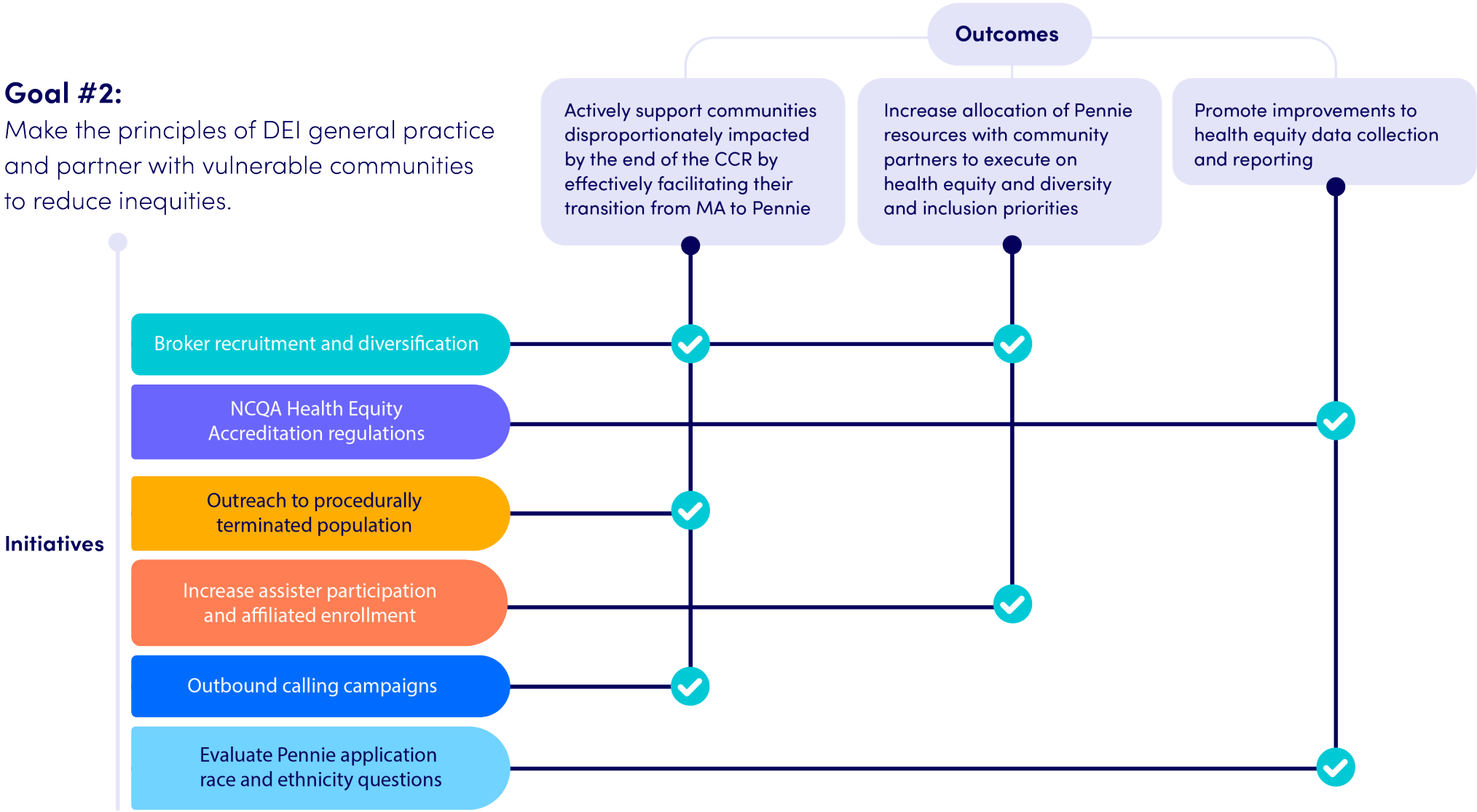
Goal #2:

Make the principles of DEI general practice and partner with vulnerable communities to reduce inequities.



Proposed 2023 Goal #2 Outcomes and Initiatives

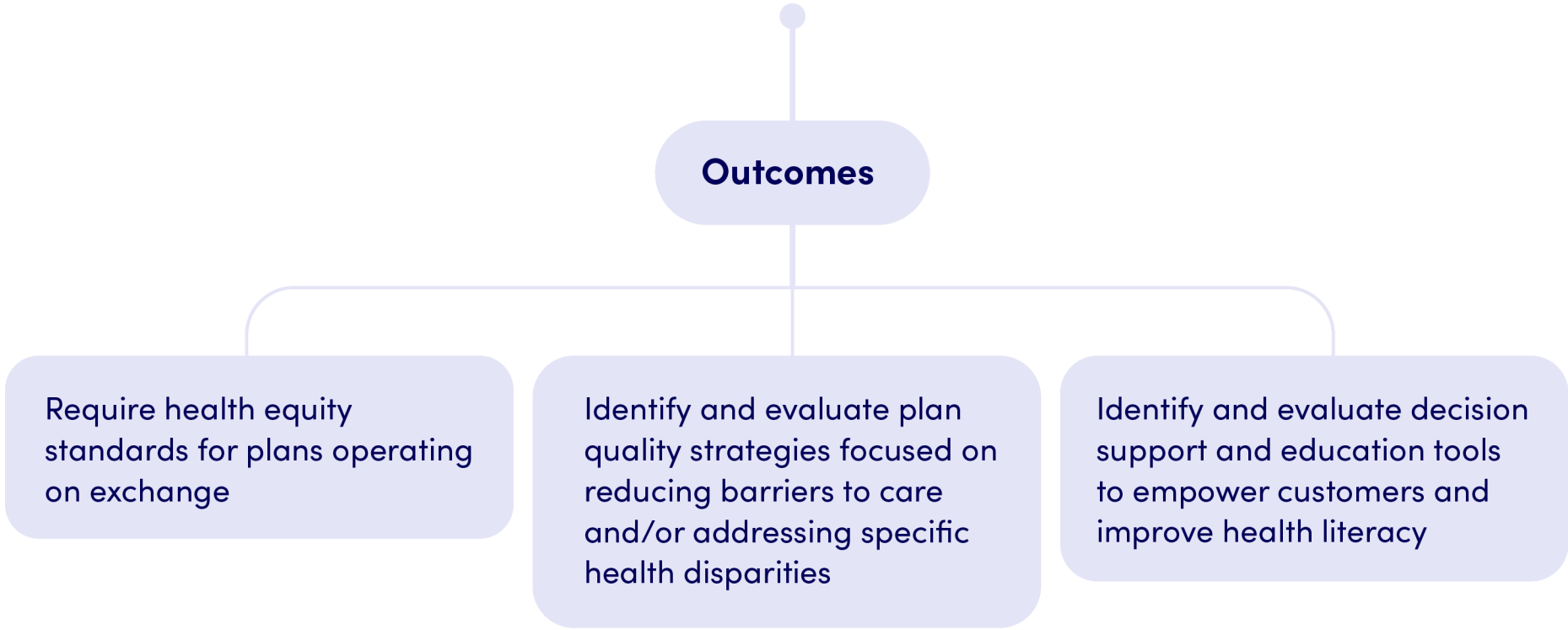
Goal #2:
Make the principles of DEI general practice and partner with vulnerable communities to reduce inequities.



Proposed 2023 Goal #3 Outcomes

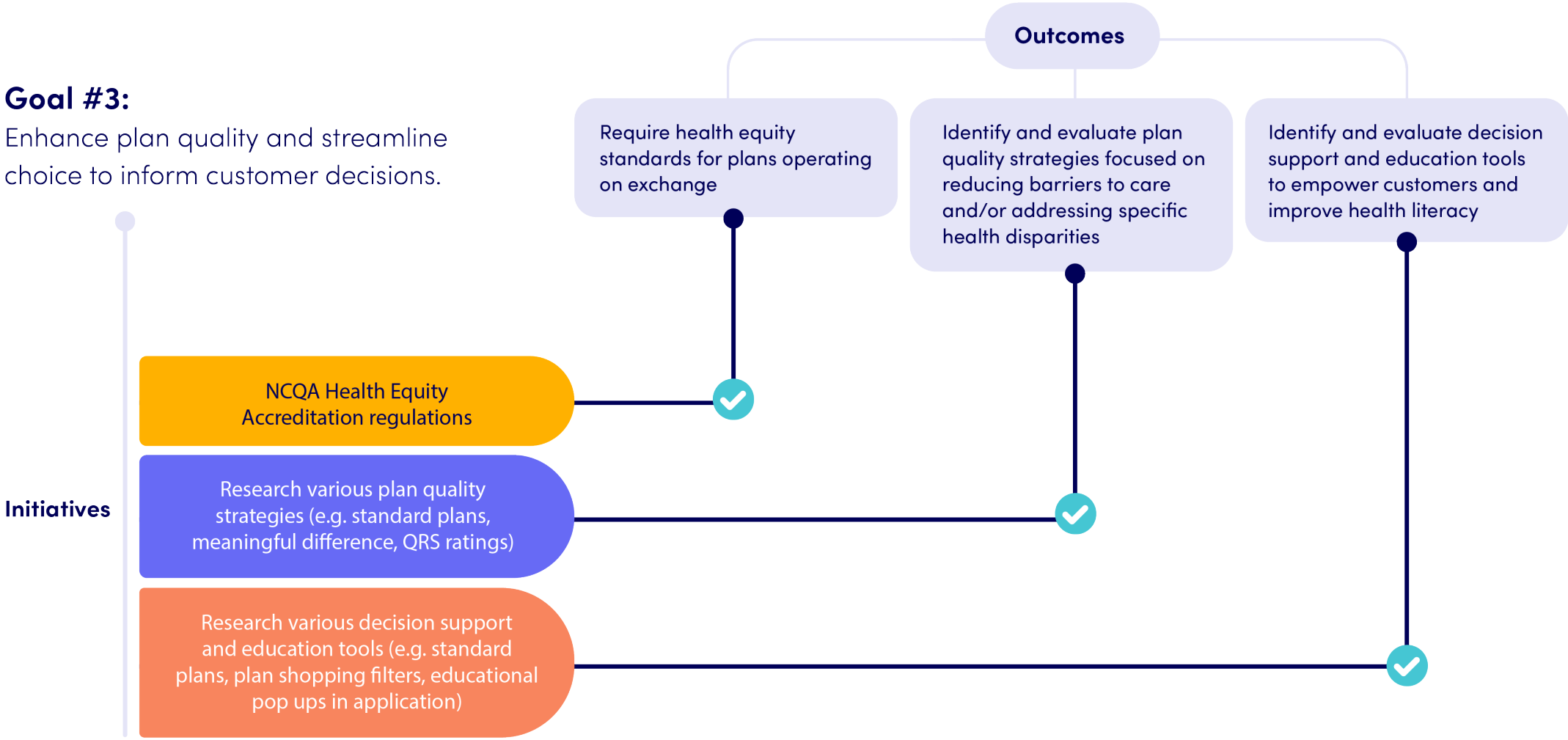
Goal #3:

Enhance plan quality and streamline choice to inform customer decisions.



Proposed 2023 Goal #3 Outcomes and Initiatives

Goal #3:
Enhance plan quality and streamline choice to inform customer decisions.



2023 Strategic Planning Proposal

Proposed Goals

1. Grow marketplace enrollment by improving affordability and accessibility.
2. Make the principles of DEI general practice and partner with vulnerable communities to reduce inequities.
3. Enhance plan quality and streamline choice to inform customer decisions.

Initiatives

- Unwinding of the PHE Continuous Coverage Requirement
- Broker Recruitment and Diversification
- Increase assister participation and affiliated enrollment
- Texting capability
- Authenticated chat
- Path to Pennie improvements
- NCQA Health Equity Accreditation regulations
- Outreach to procedurally terminated population
- Outbound calling campaigns
- Evaluate Pennie application race and ethnicity questions

Research Opportunities

- Research potential affordability programs and funding sources
- Research various plan quality strategies (e.g. standard plans, meaningful difference, QRS ratings)
- Research various decision support and education tools (e.g. standard plans, plan shopping filters, educational pop ups in application)

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Appendix

2022 & 2023 Additional Data Overview Slides

OEPs 2022/2023 – Change in Net Premiums

Rating Area	Enrollments	2022 PMPM Net Premium	2023 PMPM Net Premium	Change in PMPM Net Premium
1 Northwest	16k	$130	$148	$19
2 North Central	2k	$150	$123	-$27
3 Northeast	35k	$216	$224	$7
4 Southwest	73k	$155	$175	$19
5 Cambria Area	14k	$130	$147	$17
6 Central	34k	$200	$224	$23
7 Lancaster Area	43k	$158	$228	$70
8 Southeast	133k	$184	$177	-$7
9 South Central	24k	$132	$145	$13

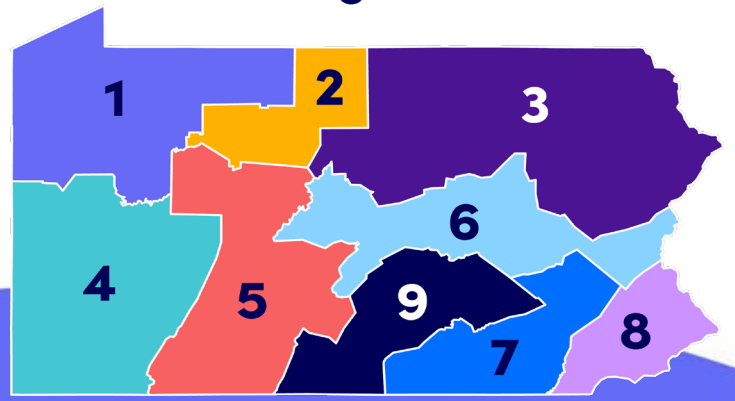
New Premium Changes:

Decrease ($0 to $30 less)
- RA 2 *(North Central)*
- RA 8 *(Southeast)*

Small Increase ($0 to $30 more)
- RA 1 *(Northwest)*
- RA 3 *(Northeast)*
- RA 4 *(Southwest)*
- RA 5 *(Cambria Area)*
- RA 6 *(Central)*
- RA 9 *(South Central)*

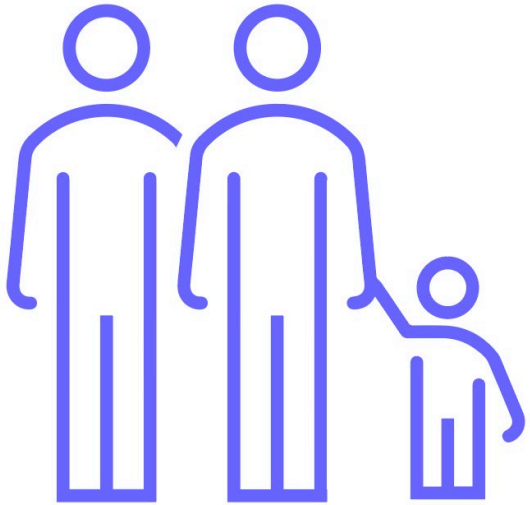
Large Increase (around $70 more)
- RA 7 *(Lancaster Area)*

Rating Areas



OEPs 2022/2023 Age Demographics

Age	OEP 2022	OEP 2023
0 – 17	5%	6%
18 – 25	7%	7%
26 – 34	16%	16%
35 – 44	16%	16%
45 – 54	18%	18%
55 – 64	36%	37%
65+	1%	1%
Total	**374,776**	**371,516**



OEP 2023 Metal Tier Selection and Age

AGE	OEP 2023	Bronze	Silver	Gold	Catastrophic
TOTAL	**371,516**	**89,443**	**131,739**	**148,944**	**1,390**
0 – 17	6%	6%	5%	6%	8%
18 – 25	7%	7%	7%	6%	23%
26 – 34	16%	17%	16%	15%	69%
35 – 44	16%	16%	17%	15%	0%
45 – 54	18%	17%	20%	17%	0%
55 – 64	37%	36%	33%	40%	0%
65+	1%	1%	2%	1%	0%

Observations:

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

Gold customers tend to be older.

OEP 2023 Metal Tier Selection and Financial Assistance

FINANCIAL ASSISTANCE	OEP 2023	Bronze	Silver	Gold	Catastrophic
TOTAL	**371,516**	**89,443**	**131,739**	**148,944**	**1,390**
APTC	36%	50%	13%	48%	28%
APTC_CSR	54%	34%	84%	40%	8%
QHP	10%	16%	3%	12%	64%

Observations:

Bronze/Gold are less likely to be eligible for aid as compared to Silver customers.

For those that select Silver, 97% are eligible for financial assistance.

OEP 2023 Metal Tier Selection and Federal Poverty Level (FPL)

FPL	OEP 2023	Bronze	Silver	Gold	Catastrophic
TOTAL	**371,516**	**89,443**	**131,739**	**148,944**	**1,390**
0% - 100%	2%	1%	3%	1%	13%
100% - 150%	17%	6%	38%	5%	6%
150% - 200%	21%	13%	34%	15%	3%
200% - 250%	15%	15%	10%	20%	3%
250% - 400%	26%	34%	11%	34%	16%
400%+	11%	17%	3%	15%	16%
Unknown	8%	13%	2%	10%	42%

Observations:

Those with Silver plans tend to have lower FPLs.

Those with Bronze/Gold tend to have higher FPLs.

OEP 2023 Pennie-Certified Stakeholders By Rating Area

Rating Area	Population	Sq. Miles	Brokers	Assisters	Stakeholders per 1k People	Stakeholders per Sq. Mile
1 Northwest	0.6M	6,050	120	11	0.209	0.0217
2 North Central	0.05M	2,305	12	2	0.281	0.0061
3 Northeast	1.2M	9,678	107	32	0.117	0.0144
4 Southwest	2.5M	7,043	508	22	0.212	0.0753
5 Cambria Area	0.5M	5,973	77	5	0.154	0.0137
6 Central	1.3M	4,731	300	26	0.254	0.0689
7 Lancaster Area	1.5M	3,223	171	28	0.130	0.0617
8 Southeast	4.2M	2,156	746	76	0.197	0.3813
9 South Central	0.9M	3,585	117	41	0.170	0.0441

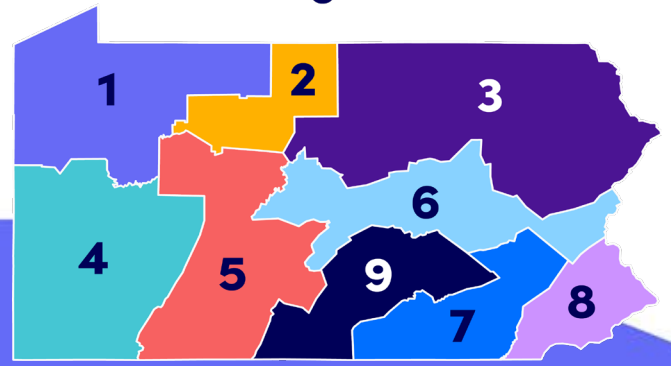
Observations:

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

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

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

Rating Areas



OEP 2023 Stakeholder Assistance and Age

Age	OEP 2023	Broker	Assister	Active and New Broker	Active and New Assister
TOTAL	**269,987**	**116,189**	**2,319**	**45,042**	**1,049**
0 – 17	0%	0%	0%	0%	0%
18 – 25	4%	4%	4%	5%	5%
26 – 34	19%	14%	12%	16%	16%
35 – 44	16%	14%	13%	14%	14%
45 – 54	18%	18%	19%	18%	20%
55 – 64	41%	49%	49%	45%	43%
65+	1%	1%	3%	1%	2%

Observations:

About 40% of the customers connected to a broker/assister are from customers who actively shopped during Open Enrollment.

Brokers/Assisters tend to help older customers.

Counts on this slide are for Subscribers only and this is why the total OEP 2023 count is lower. Dependent enrollees are not considered for the purposes of this slide.

OEP 2023 Stakeholder Assistance and Financial Assistance

FINANCIAL ASSISTANCE	OEP 2023	Broker	Assister	Active and New Broker	Active and New Assister
TOTAL	**371,516**	**165,317**	**3,054**	**64,795**	**1,373**
APTC	36%	39%	35%	38%	34%
APTC_CSR	54%	55%	62%	57%	63%
QHP*	10%	5%	3%	5%	3%

**Not eligible for financial assistance*

Observations:

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

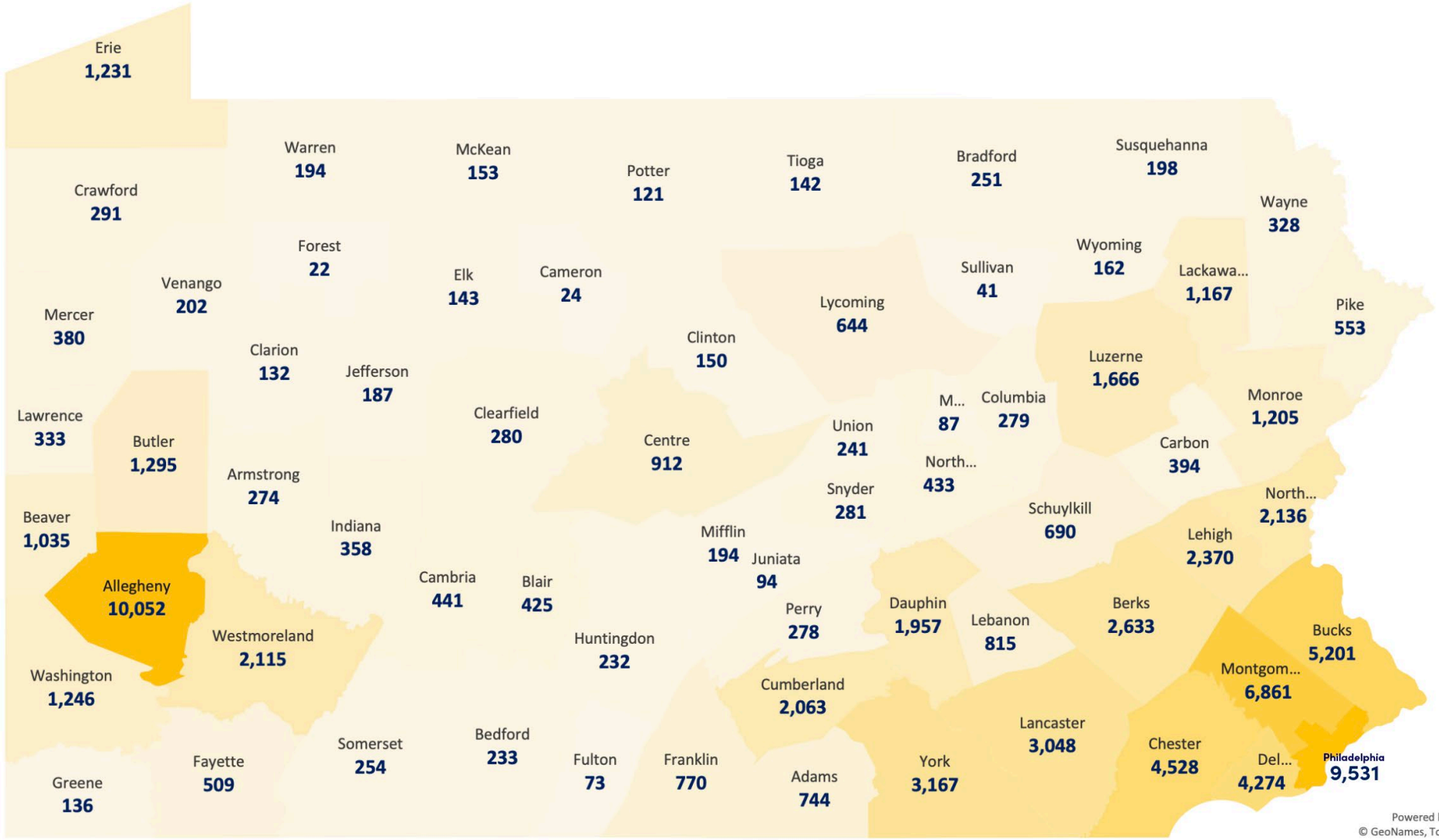
OEP 2023 Stakeholder Assistance and Metal Tier Selection

METAL	OEP 2023	Broker	Assister	Active and New Broker	Active and New Assister
TOTAL	**371,516**	**165,317**	**3,054**	**64,795**	**1,373**
Bronze	24%	18%	13%	17%	13%
Silver	35%	40%	38%	43%	41%
Gold	40%	42%	49%	40%	46%
Catastrophic	0%	0%	0%	0%	0%

Observations:

Customers who use Brokers/Assisters tend to select Silver or Gold more.

OEP 2023 – Dental Enrollments By County



Data as of 1/15/23

OEP 2023 Medical/Dental Enrollments and Age

AGE	Medical OE 2023	Dental OE 2023	Dental Only
TOTAL	**371,516**	**82,908***	**9,050**
0 – 17	6%	6%	8%
18 – 25	7%	7%	7%
26 – 34	16%	22%	26%
35 – 44	16%	18%	19%
45 – 54	18%	17%	13%
55 – 64	37%	28%	16%
65+	1%	2%	11%

**This number is inclusive of both dental only customers and medical/dental customers.*

Observations:

Dental enrollees tends to be younger than Medical.

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

OEP 2023 Medical/Dental Enrollments and Federal Poverty Level (FPL)

FPL	Medical OE 2023	Dental OE 2023	Dental Only
TOTAL	**371,516**	**82,908***	**9,050**
0% – 100%	2%	3%	8%
100% - 150%	17%	13%	11%
150% - 200%	21%	21%	15%
200% - 250%	15%	15%	13%
250% - 400%	26%	25%	20%
400%+	11%	11%	9%
Unknown	8%	12%	23%

**This number is inclusive of both dental only customers and medical/dental customers.*

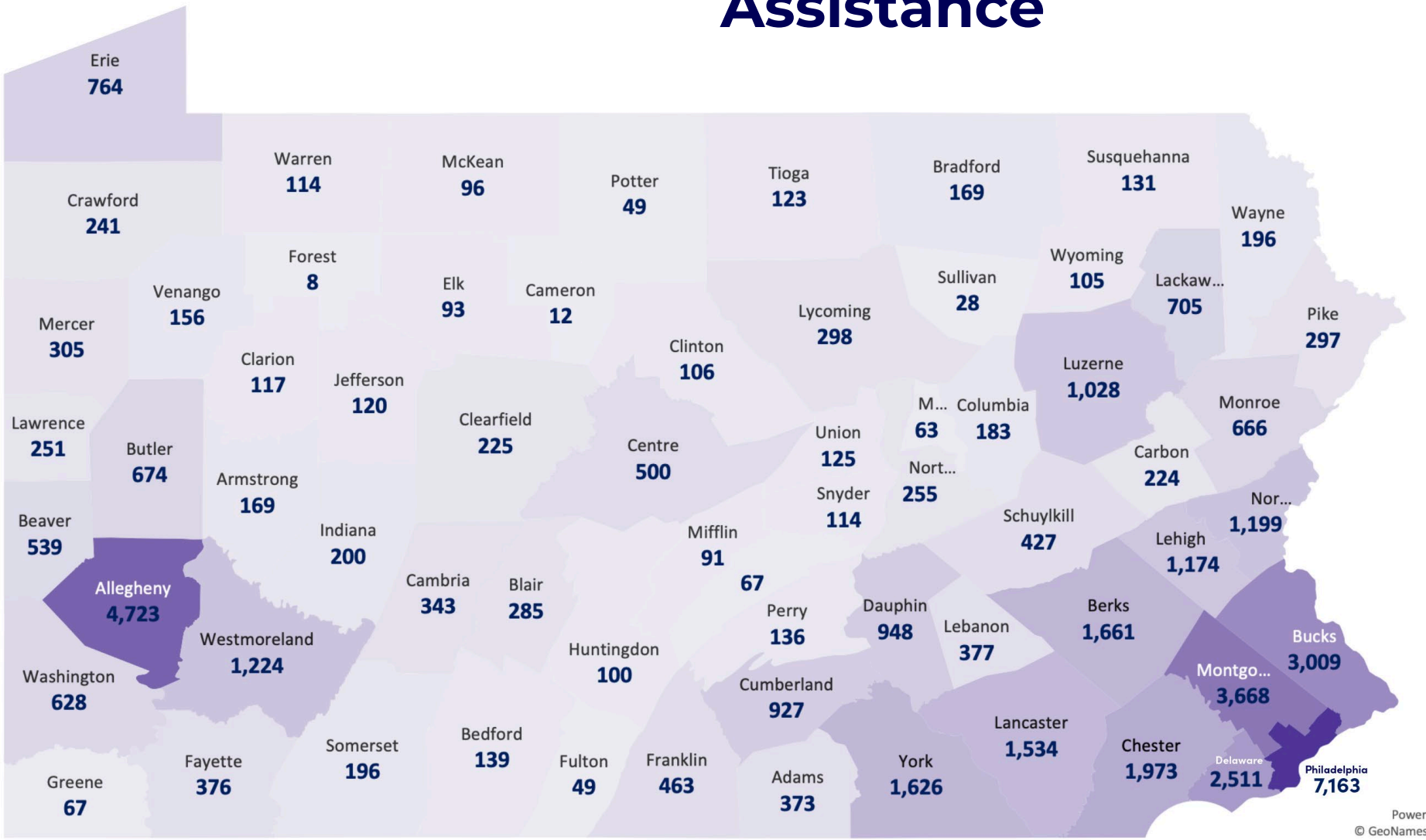
Observations:

Total Dental tends to have a higher FPL than Medical.

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

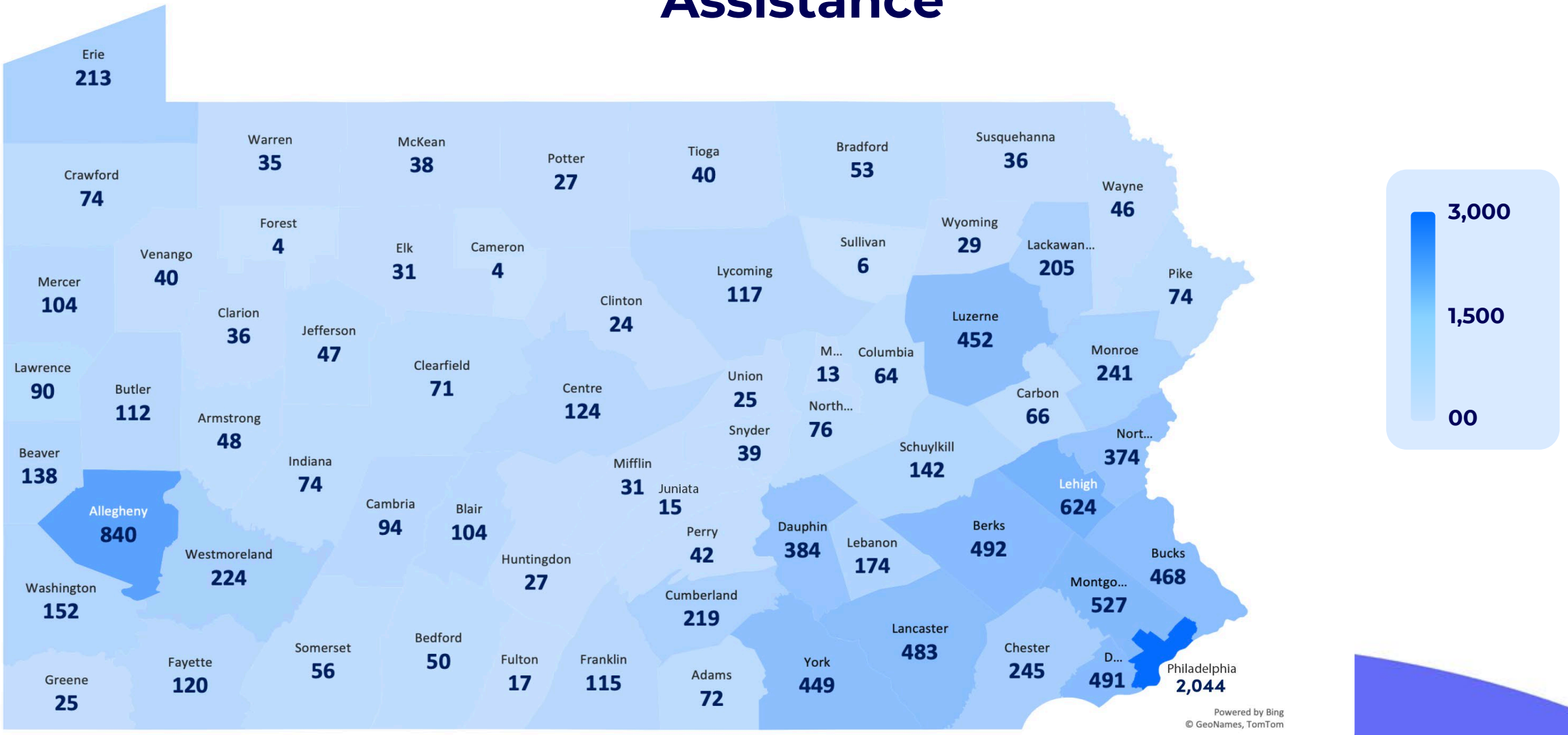
More than half of the “400%+ or ?” is for unknown FPL.

OEP 2023 Outbound Account Transfers To Medical Assistance



Data is for account transfers made between 11/1/22 and 1/15/23

OEP 2023 Inbound Account Transfers From Medical Assistance



Data is for account transfers made between 11/1/22 and 1/15/23

OEP 2023 Pennie.com Statistics

Total Pageviews

1,797,637

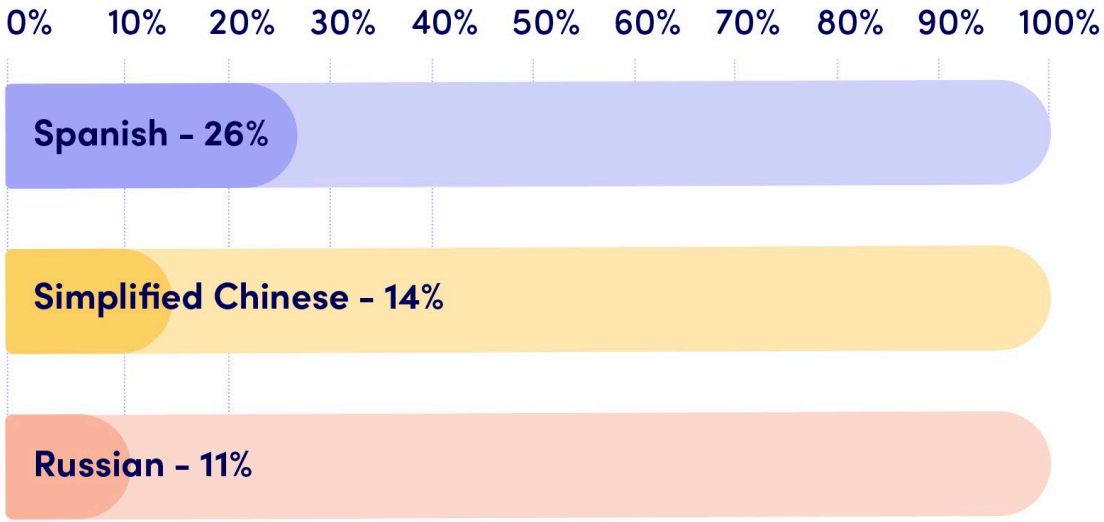
Unique visitors

698,693

Translated pageviews

58,047

Translated Pageviews Breakdown



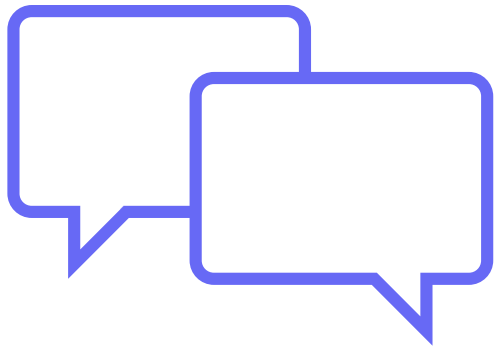
Other languages: Nepali: 10% - French: 9% - Vietnamese: 9%

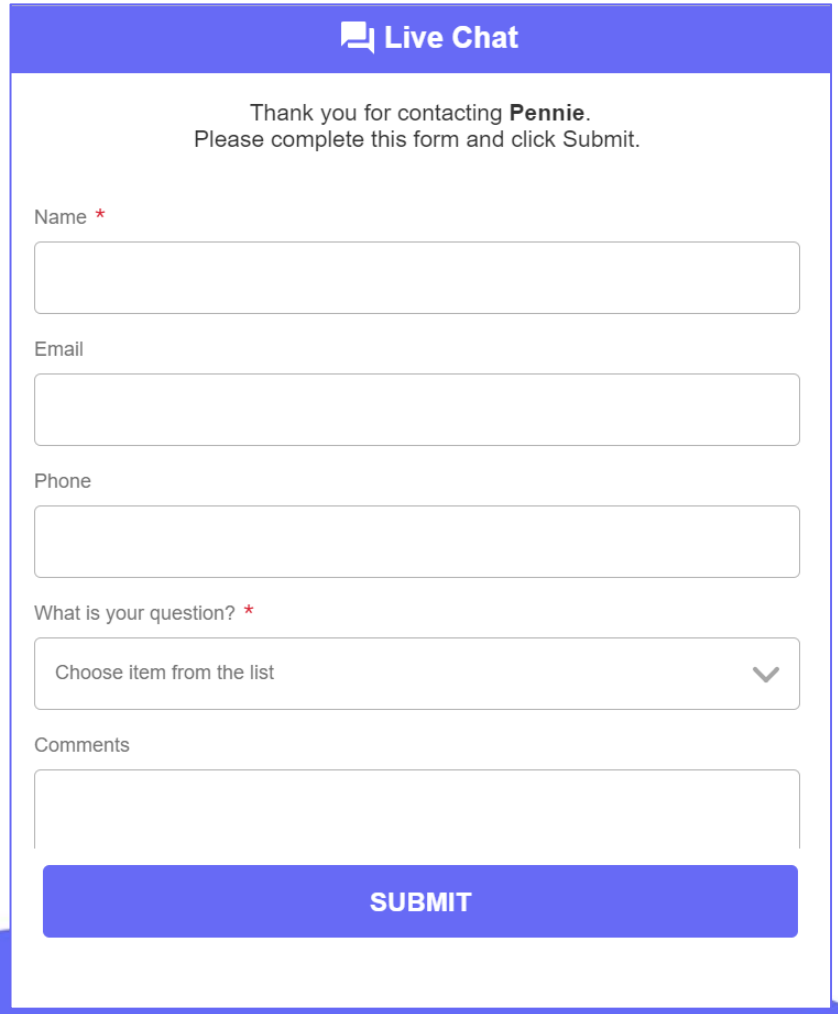
Arabic: 8% - Pashto: 6% - Swahili: 6%

OEP 2023 Chat Function

Number of Chats Offered	**4,366**
Chats Handled by FAQs	**1,350**
Chats Handled by Call Reps.	**3,008**

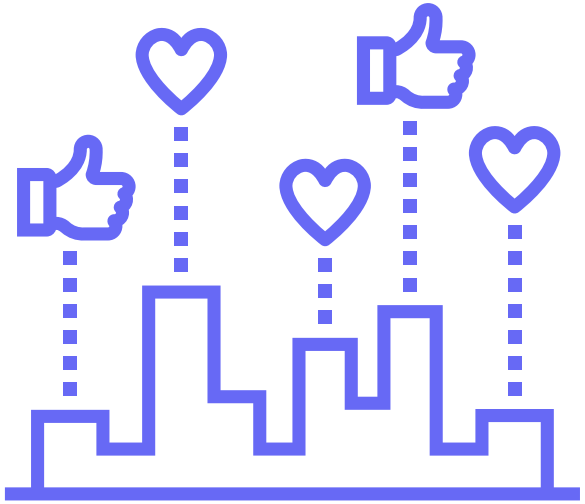
**Chat data from 11/1/22 to 1/15/23*





OEP 2023 Social Media Statistics

	Follower Growth	Impressions	Engagements
Facebook	13% (-40%)	1,890,624 (+20%)	602,499 (+500%)
Twitter	3% (-57%)	33,300 (-77%)	738 (+3%)
LinkedIn	11% (+83%)	1,389,736 (-20%)	1,615,459 (+500%)
Instagram	47%	1,815,491 (+119%)	394 (-)



Percentages are as compared to OE 2022

Results of Paid and Organic Growth

Engagement - The total number of interactions (reactions, comments, and shares) received.

Impressions - The number of views on any of your Pages' posts (link clicks, photo views, video plays, story views)

Data Definitions and Caveats

Key Data Caveats

- This data presentation is intended to show directional trends that will indicate overall consumer activity and call center performance.
- Caution should be taken when trying to compare numbers across categories for a variety of reasons:
  - Consumers may not cleanly flow from one step to the next (i.e., application to plan selection as not all consumers who apply will be eligible).
  - Some numbers are at a household level (like application) where others are at an individual level (like members enrolled).
  - Duplication may exist at some steps (i.e., consumers may create more than one account unintentionally), and consumers may show up in multiple places (i.e., mixed household eligibility will show up in account transfer and plan selection).
- This information is inclusive of medical plan information only. Unless otherwise indicated, dental plan information is not included.
- This information reports plan selections as enrollments.
- Finally, call center information is inclusive of all calls received during call center normal business hours.
- 2023 Data is shown as of 01/16/2023 morning, just after the last day of Open Enrollment.
- Call Center chat data is new for OE 2023. There is no prior-year data to compare.

Term/Acronym Glossary

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

Data Definitions – Medical

Metric	PY 2023 Description	PY 2022 Description
Automatic Re-Enrollees	Count of unique enrollees on enrollment records created before 11/1/2022 that did not come in and actively shop since 11/1/2022.	Count of unique enrollees on enrollment records created before 11/1/2021 that did not come in and actively shop since 11/1/2021.
Active Re-Enrollees	Count of unique enrollees on enrollment records created after 11/1/2022, given they were covered by health insurance through Pennie during Nov '22 or Dec '22.	Count of unique enrollees on enrollment records created after 11/1/2021, given they were covered by health insurance through Pennie during Nov '21 or Dec '21.
New Consumers	Count of unique enrollees on enrollment records created after 11/1/2022, given they were not covered by health insurance through Pennie during Nov '22 or Dec '22.	Count of unique enrollees on enrollment records created after 11/1/2021, given they were not covered by health insurance through Pennie during Nov '21 or Dec '21.
PMPM Net Premium	Display of per-member-per-month avg. net premium metric. Limited to Enrollee & Subscribers, to enrollees with coverage ending Dec. 31, 2023, and removing those with canceled enrollment.	Display of per-member-per-month avg. net premium metric. Limited to Enrollee & Subscribers, to enrollees with coverage ending Dec. 31, 2022, and removing those with canceled enrollment.

Data Definitions - Medical

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

Data Definitions - Dental

Metric	Description
Dental Enrollment OE 2023	Display of dental enrollment for this plan year. Limited to enrollees and subscribers who are either enrolled in a medical plan and dental plan, or only a dental plan.
Dental Only Enrollment OE 2023	Display of dental enrollment for this plan year. Limited to enrollees and subscribers who are only enrolled in a stand-alone dental plan.

Data Definitions – Medical Assistance Account Transfers

Metric	PY 2023 Description	PY 2022 Description
Medical Assistance (MA) Outbound	Count of unique applications that had at least one individual assessed as potentially MA eligible and were therefore transferred to the MA system for determination, since 11/1/2022.	Count of unique applications that had at least one individual assessed as potentially MA eligible and were therefore transferred to the MA system for determination, since 11/1/2021.
Medical Assistance (MA) Inbound	Count of unique application referrals from the MA system to Pennie since 11/1/2022.	Count of unique application referrals from the MA system to Pennie since 11/1/2021.

Data Definitions – Customer Service Metrics

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

2022 Year In Review Additional Details

2022 Strategic Goals

1. **Ensure operational readiness for and strategically maximize benefits and/or minimize harm of:**

    - Unwinding of the continuous coverage requirement (CCR)/ending of Medicaid Maintenance of Effort (MoE); and

    - The outcome of American Rescue Plan (ARP) subsidies (extension or expiration).

2. **Make the principles of diversity, equity, and inclusion general practice and partner with vulnerable communities to advance policies and practices that aim to reduce inequities.**

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

2022 Goals, Outcomes, and Results

- **Goal #1:** Ensure operational readiness for and strategically maximize benefits and/or minimize harm of:
  - Unwinding of the continuous coverage requirement (CCR)/ending of Medicaid Maintenance of Effort (MoE); and
  - The outcome of the ARP subsidies (extension or expiration).

Outcomes	Results	
Continuous coverage through Pennie for qualified consumers losing Medical Assistance (MA) at the end of the CCR	To promote continuous coverage, the Pennie Board adopted special policies for the unwinding to include: 120-day loss of MEC special enrollment period (SEP) and an earlier effective date option.	To improve conversion of former MA recipients to Pennie, we deployed auto-eligibility, which provides former MA recipients with a Pennie account, a pre-populated app and a notice with an eligibility determination. Since its deployment thru the end of OE 23, our AT conversion rate was 15.9%, a 23% increase from our pre-auto-eligibility rate of 12.9%.
Maintain historically high levels of coverage achieved during the pandemic	Unable to measure due to end of continuous coverage requirement (ECCR) not occurring in 2022.	
Broad awareness and understanding of the coverage options available to impacted Pennsylvanians	Developing a specific Unwinding Marketing and Outreach plan in collaboration with DHS which includes impacted customer and stakeholder comms, press and social media campaigns as well as a robust advertisement campaign and data-driven outreach strategy.	Extending the YMCA health equity tour through the duration of the unwinding by using DHS data to perform outreach and education to higher-populated regions of MA recipients.
Efficiently deploy any eligibility and/or operational changes with minimal disruption to customers and stakeholders	The subsidies were extended which allowed us to focus on keeping people covered and reaching and connecting with the uninsured.	
Address or reduce remaining cost of coverage and/or care affordability gaps and increase enrollment	Because federal funding never materialized for an affordability program, no initiatives were completed to address this outcome.	

2022 Goals, Outcomes, and Results

- **Goal #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.

Outcomes	Results		
Actively support communities disproportionately impacted by the end of the CCR by effectively facilitating their transition from MA to Pennie	Secured outbound calling capabilities and used during open enrollment (OE) 2023. Will utilize during the unwinding to assist impacted populations in transitioning from MA to Pennie.	Secured the authority to conduct outreach to the procedurally terminated population. A Pennie/MA/CHIP co-branded communication will be sent to this population throughout the unwinding.	Worked with Cognosante, our assister contractor, to reallocate funding to outreach activities focused on supporting impacted and historically underserved populations during the unwinding.
Increase enrollment avenues for uninsured populations in Pennsylvania	Deployed the Path to Pennie program in 2022 and the results were: • 86k+ notices sent • 817 accounts claimed • 560 household plan selections • 443 enrollees • 208 households sent to MA	Implemented and communicated the Low-Income (150% FPL and below) SEP and the results were: • 8,537 household applications qualified for this SEP • 6,150 households enrolled using this SEP	

2022 Goals, Outcomes, and Results

- **Goal #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.

Outcomes	Results		
Improve access and quality of experience with Pennie for all populations	In March 2022, Pennie hosted a comprehensive customer survey and received 11,634 responses. 81% of participants noted that they agree or strongly agree with the statement "I am Satisfied with Pennie.“	Significantly increased the inventory of translated collateral: • Nine explainer videos translated • 56 FAQs translated • 3,300 webpage visits to Spanish FAQs. Also, amended the creation process of most collateral to include translating documents to Spanish.	Refreshed the OE 2023 broker and assister Pennie certification trainings to streamline and include DEI training modules. 3,188 Brokers and 279 Assisters completed the new DEI trainings.
	Swiftly implemented the family glitch fix and as a result, 21 of the 58 impacted households for plan year 2023 enrolled in coverage. Pennie also identified and contacted customers who may not have answered the family glitch questions correctly, urging them to come in and review their submission for enhanced savings.		

2022 Goals, Outcomes, and Results

- **Goal #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.

Outcomes	Results			
Increase allocation of Pennie resources internally and externally with community partners to execute on health equity and diversity and inclusion priorities	In concert with external partners, organ donor support information was added to the Pennie application and Pennie.com.	In July 2022, hired and onboarded a Chief of Diversity, Equity, and Inclusion at Pennie.	Non-citizen materials were created and shared with embassies within New Jersey, Pennsylvania, and Maryland. The materials were also posted to Pennie.com and received 245 views.	Additional collateral included in the stakeholder toolkit with information for young adults, pregnant individuals and COBRA recipients. This toolkit has received 4,640 views.
Improve data collection and understanding of marketplace enrollees and partners	Working to finalize a comprehensive health equity data report examining Pennie enrollments across diverse races and ethnicities in all 67 counties in Pennsylvania.			
Improve plan offering quality and accessibility standards	The Pennie Board authorized a multi-year strategic project to promulgate the National Committee on Quality Assurance (NCQA) Health Equity Accreditation regulations. The Pennie team has begun working on this project and is targeting a plan year 2025 implementation.			

2022 Goals, Outcomes, and Results

- **Goal #3:** Mature exchange operations to achieve greater ease of doing business with Pennie for external stakeholders, consumers, and internal contributors.

Outcomes	Results		
Improve customer experience with Pennie platform and call center	Implemented outbound calling capability in both English and Spanish. 144,769 outbound calls dialed in six months.	Deployed chat functionality, with both English and Spanish support. 4,659 chats offered in five months, with 1,588 chats handled by FAQ and 3,057 chats connected to a call rep.	Customer satisfaction surveys added to the end of each phone call and chat interaction. Customers rated their experience with Pennie calls at 95% satisfaction.
Mature auto-renewal processing to mitigate customer confusion and improve coordination with insurers	Better identified and eliminated duplicate accounts in the system, which diminished manual operational work for both Pennie and insurers during auto-renewal processing.	Altered our processes to prevent switching policy subscribers during renewal, which mitigated confusion for 22,942 customers and eliminated manual work for both Pennie and insurers. This challenge was experienced in the previous two OEs.	Changed the approach to handling customers who did not provide Pennie updated consent to verify their financial information. Previously, they were not renewed, but this year, they were renewed without financial assistance.
Improve user experience with Pennie system for brokers, assisters, and insurers	Assisters/Brokers: Ability to view additional enrollment details and transactional history with insurers Assisters/Brokers: Easier self-service reporting life events during OEP, based on assister/broker feedback from last year Brokers: Enhanced self-designation functionality to allow customers to more easily get assistance from a Pennie-certified broker, while also preventing creation of duplicate records Insurers: Early plan preview allowed insurers more time to review plan, benefit, and rate information for upcoming plan year	Held 12 Stakeholder Community Workgroups and shared a variety of educational materials and trainings including: • Deep dives into policy and system-related topics based on recent stakeholder questions, including DMIs, APTC eligibility, impact of mid year changes to APTC calculations • Unwinding updates and collateral • Annual system processes impacting customers • Updates to the enrollment application • Family glitch system functionality and educational collateral	

2022 Goals, Outcomes, and Results

- **Goal #3:** Mature exchange operations to achieve greater ease of doing business with Pennie for external stakeholders, consumers, and internal contributors.

Outcomes	Results	
Improve coordination between Pennie and stakeholders on communications	Stood up an internal database to house stakeholder and customer contacts. This tool can be used to accurately collect stakeholder information across Organizational Type and Population Served. Allows Pennie to record inbound and outbound interactions, and filter stakeholders for more precise, targeted communications and updates. Types of contacts included: • Hospital/Health Center, Govt, County Assistance, Faith-based, Educational, Non-profit, Customers.	
Improve efficiencies and standardization of Pennie's program operations	The project management office led 12 sessions with the organization to share new internal tools, processes, and documentation aimed at standardizing operations and adhering to best practices.	Progress is being made on establishing a physical office location for staff to effectively utilize to conduct meetings.
Enhance program integrity and preparedness for audits	Created an advanced premium tax credit (APTC) calculator and associated maintenance guide to be used within Pennie to improve testing validation efforts and audit preparedness.	Captured more detailed documentation on strategic projects, targeted operational improvements, and reoccurring processes for the year, resulting in improved coordination during project implementations and audits.