September 2023 Community Workgroup Q&A

Pennie Agency Manager Functionality

- I am a Pennie-certified broker with a large book of business. Can my CSRs and other agents in my office get their own logins to update income info on Pennie after talking with my clients?
    - Any Pennie-certified broker can help a customer who has designated them. This includes updating the application, or shopping for a new health plan during OE. If you have multiple Pennie-certified brokers that work together in the same company, you can organize the brokers within an Agency on Pennie. This allows you to support one another's customers. However, only individuals who are licensed producers and are Pennie-certified can have an account within your agency.
    - Reminder: You should never share your login credentials with anyone else. This would be a violation of privacy and security policies. Personal client information should not be shared with anyone for whom they have not provided consent.

- Do Agency Managers receive an override on brokers that are "under" them in their agency?
    - Agency manger functionality is an administrative function to allow brokers who work in the same company to help each other out with their customers (e.g. Agency Manager can access another broker's customer's records to assist when that broker is unavailable; Agency Manager can also change designation from one broker to another broker within the same agency). Customers are only designated to a single broker. The designated broker's information is the only information sent to insurers for purposes of payment of commissions. Pennie is not involved in commission payments. You should speak to your insurers for any questions about payment of commissions and overrides.

Removing Members from Household

- Does the application need to include every member of the tax household?
    - Yes, all members of the tax household must be on the application, regardless of whether they are seeking coverage or not. Tax household size is an important part of determining eligibility for financial assistance. If the household size on the application does not match the household size on the customer's tax return, the customer may have to pay back some of the APTC they received during the year.
    - The only scenario where you would include someone on the application who is not part of the tax household would be a child under age 26 who is an independent tax filer but who wants to enroll in the same health coverage as their parents. See our February 2023 Community Workgroup for more information on independent tax filer children.

- If a member of the tax household is no longer seeking coverage because they are enrolling in Medicare, should they be removed from the application?
    - When a person is no longer seeking coverage due to enrolling in Medicare, they should remain on the application because they are still part of the tax household – they should just

be marked "not seeking coverage." The only time you should remove a person from the application is when they are no longer part of the tax household (e.g. death, divorce).

- If a member of the household dies during the year and will still be part of the tax household on the customer's tax return, should they be removed from the application? Or kept on the application but updated to "not seeking coverage"?
    - If the person is still part of the tax household (which is typically the case for the tax year in which someone died), they should remain on the application, but just be updated to "not seeking coverage." Customers should talk to their tax advisor if they have any questions about whether or not a person will be part of their tax household for that tax year.

Miscellaneous

- If a customer applies for coverage through Medicaid/CHIP and is found not eligible for Medicaid/CHIP, would they have an SEP to enroll in coverage through Pennie outside of Open Enrollment?
    - Outside of Open Enrollment, customers must have a qualifying life event (QLE) to be able to enroll in coverage through Pennie. One of the most common QLEs is losing other health coverage, including employer-sponsored coverage, or Medicaid/CHIP. If a customer was enrolled in Medicaid/CHIP and then lost that coverage, they would have a QLE to enroll in coverage through Pennie. However, if a customer without coverage applied for Medicaid/CHIP and was denied, that denial of eligibility for Medicaid/CHIP is NOT a QLE because the customer did not lose other coverage. .

- If a household member is offered affordable insurance through their employer but it is not affordable for other household members, does the whole household qualify for Pennie or just the other family members?
    - Starting in 2023, the rules were updated when determining whether employer-sponsored coverage is affordable or unaffordable, for purposes of determining eligibility for financial assistance through marketplaces like Pennie.
    - Affordability is determined separately for the employee versus the family members of the employee. If coverage is affordable for the employee (based on the cost of employee-only coverage) but coverage is unaffordable for the family members (based on the cost of family coverage), then the family members may be eligible for financial assistance through Pennie but the employee would not be eligible for financial assistance.
    - For more information, including a detailed walkthrough of examples of the employer-sponsored coverage affordability rules, see December 2022 Community Workgroup.

- After editing their application, why would a customer have to provide income documents again?
    - When a customer edits their application, Pennie has to re-verify any of the updated information on their application against trusted data sources and, if unable to verify the data, open a data matching issue (DMI) to require the customer to provide documentation verifying the information on their application. For example, a customer submits an initial application with annual income of $50,000 and the customer provides documentation to

verify their income of $50,000. If that same customer later in the year edits their application to change their income from $50,000 to $30,000, Pennie has to verify the new income of $30,000 and may open a new income DMI for the new household income, if we are unable to verify their income against trusted data sources. However, if the customer edits their application and only changes their address, then there would be no need to re-verify the income since there was no change to income.

- Since autorenewal applications use the customer's current household income information, how would a customer currently enrolled through Pennie be found potentially-eligible for Medicaid during renewals?
    - Each plan year, Pennie updates the federal poverty level (FPL) tables we use to determine eligibility. For 2023 plan year, Pennie uses the 2022 FPL tables to determine eligibility. For 2024 plan year, Pennie uses the 2023 FPL tables. Therefore, even the same exact household income could result in a different FPL in different plan years.
    - Generally, updating the FPL tables will cause a decrease in a household's FPL, which can result in some households being found potentially eligible for Medicaid and for others to receive greater amounts of financial help. This is why it is important for customers to review their notices and complete the process to determine Medicaid eligibility, and to review their plan options if they are still eligible for Pennie to ensure they have the plan that works best for them. For example, some individuals may now qualify for cost sharing reductions and should review their silver-level plan options if they are not enrolled in a silver plan already.

- Are the premiums displayed in Pennie's plan shopping pages per person or are they the total premium for all family members?
    - Pennie's plan shopping pages display the total premium (after APTC) for all family members you are shopping for.