



pennie®

Conference Call Etiquette

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

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Pennie Board of Directors Meeting

October 19, 2023

Agenda

- **Preliminary Matters**
- **Proposed Calendar Year 2024 Revenue and Budget**
- **Consumer-Focused Policies**
- **Break**
- **Medicaid Unwinding Updates**
- **Open Enrollment 2024 Strategy**
- **2024 Strategic Forecast**
- **Administrative Matters**
- **Adjournment**



Preliminary Matters



Preliminary Matters

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

Calendar Year 2024 Budget Review

Section Overview

Updates

- CY2023 Budget/Expenses Overview
- CY2024 User Fee Revenue Overview
- Federal Medicaid Advanced Planning Document Overview & Request
- Proposed CY2024 Budget
 - Expenses Detail
 - Profit and Loss Statement

CY2023 Financial Overview

Amount spent covers January through August 2023

Pennie Profit and Loss Statement CY23 (Estimated)

Pennie Profit and Loss Statement CY23 (Estimated)			
Beginning Balance (CY22 Net Position)	\$58,076,064		
	Total	Jan - Aug	Estimated Sep - Dec
User Fee Revenue	\$79,740,558	\$53,712,461	\$26,028,097
Federal Reimbursement	\$16,774,631	\$9,094,683	\$7,679,948
Treasury Interest	\$3,572,579	\$2,378,530	\$1,194,049
Total Income:	\$100,087,768	\$65,185,674	\$34,902,094
Expenses			
Personnel	\$6,307,824	\$3,946,824	\$2,361,000
Operating	\$50,014,440	\$26,862,561	\$23,151,879
Total Operational Expenses	\$56,322,264	\$30,809,385	\$25,512,879
Transfer Issued to PID for Reinsurance	\$31,080,000		
Estimated Net Position CY23*	\$70,761,568		
*Note: \$44,400,000 of these funds are obligated to be transferred to the Reinsurance Program in July 2024			

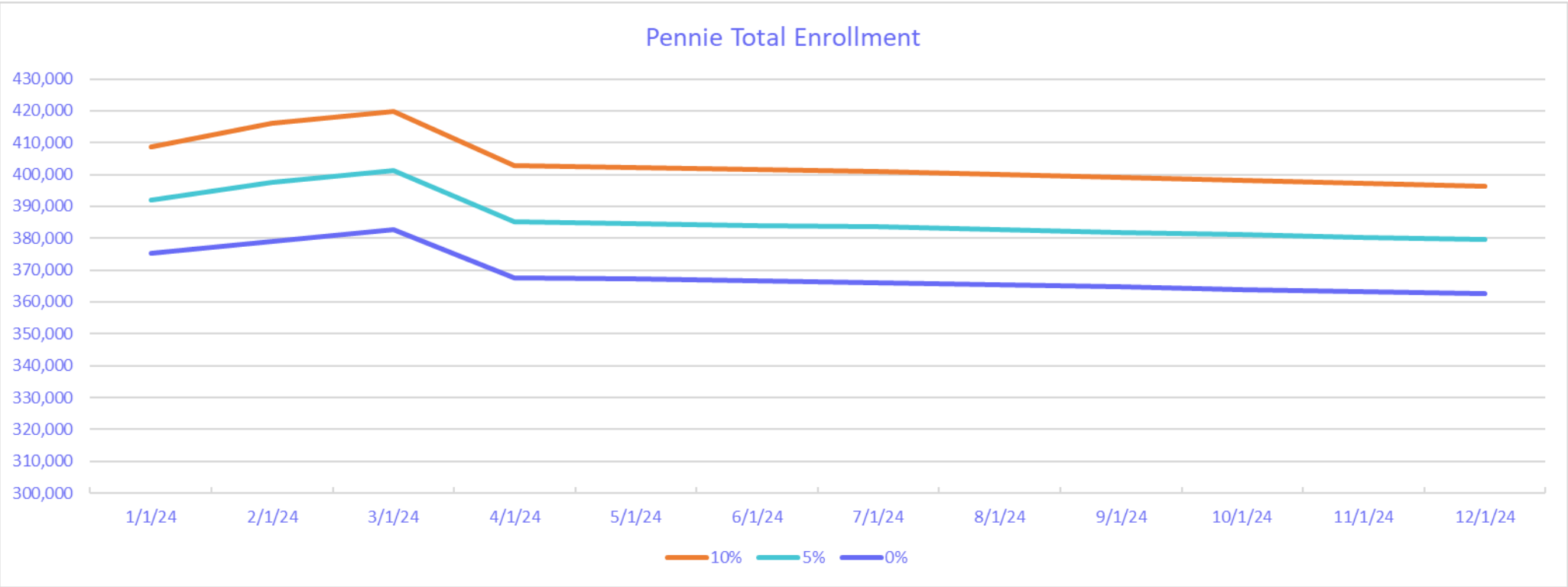
CY2023 Budget/Expenditures to Date

Amount spent covers January through August 2023

Budget Categories	Budgeted Amount	Actual Spent Jan - Aug	Total Projected Spend Sept - Dec	Total Anticipated Spend	Remaining Budget Balance
Personnel	\$7,148,000	\$3,946,824	\$2,361,000	\$6,307,824	\$840,176
External Affairs	\$15,194,000	\$7,081,490	\$7,890,158	\$14,971,648	\$222,352
IT/Operations	\$35,027,000	\$19,396,946	\$14,984,166	\$34,381,112	\$645,888
General Operating	\$1,707,000	\$384,125	\$277,555	\$661,680	\$1,045,320
TOTAL OPERATIONAL BUDGET	\$59,076,000	\$30,809,385	\$25,512,879	\$56,322,264	\$2,753,736
Reinsurance Program	\$42,300,000	\$31,080,000	\$0	\$31,080,000	\$11,220,000

Enrollment and Revenue Projections Scenarios

Low Increase Scenario		Moderate Increase Scenario		High Increase Scenario	
CY 24 Avg. Monthly Enrollment	368,679	CY 24 Avg. Monthly Enrollment	386,137	CY 24 Avg. Monthly Enrollment	403,595
CY 24 Projected Revenue	\$85.9M	CY 24 Projected Revenue	\$89.9M	CY 24 Projected Revenue	\$94.0M



Enrollment and Revenue Projections: Assumptions

- Enrollment counts shown are for those that are effectuated with active coverage. Future-starting plans are not counted.
- Enrollment is expected to increase year over year, and is modeled by 3 scenarios:
 - Low 0% increase each year
 - Moderate 5% increase each year
 - High 10% increase each year
 - The percentage increase is calculated from the projected Dec. 2023 enrollment.
- Monthly attrition is applied to enrollment, varying for different months. The earlier model used a non-spike-gradual approach
 - Jan-Mar 0.0% decrease each month
 - Apr 5.0% decrease this month
 - May – Dec 0.5% decrease each month
- The end of the Public Health Emergency (PHE) has and will continue to result in more enrollees coming to Pennie from Medicaid. This is expected to end in March which would end the 12 month unwinding period.
- The population distribution by metal levels and related PMPMs are assumed to remain the same as they were on 10/2/2023.
- Premium changes by plan were determined by comparing index prices of age-21 policies from PY 2023 to PY 2024. This determination was made using plan-and-rating-area level data.

Federal Funding Request Status Overview

- Pennie's funding request for the 2024 Federal Fiscal Year (FFY 10/1/23 – 9/30/24) was submitted as a part of the Department of Human Services (DHS) funding request to the Centers for Medicare & Medicaid Services (CMS).
- This funding has not yet been approved for FFY2024 (but is anticipated to be approved in mid-October 2023) , providing Pennie with the authority to leverage up to **\$21 million in federal funding** for approved services and functions.
- **Funding categories include:**
 - Personnel
 - Contract Services
 - Technical Platform/Consumer Assistance (DDI/M&O)
 - Quality Assurance/User Acceptance Testing
 - Technical Assistance
 - Security Assessment
 - Agency Shared Services
 - Facility Costs
 - Outreach
- Pennie intends to submit another funding request for the 2025 Federal Fiscal Year

CY2024 Proposed Operational Budget: Overview

	CY23 Approved Budget Amounts	CY24 Proposed Budget Amounts
Total Budget	\$59,076,000	\$58,146,000
Personnel	\$7,148,000	\$8,005,000
Operations	\$51,928,000	\$50,141,000
This results in a CY24 budget decrease of \$930K from CY23		
*Please note a detailed breakdown of the proposed budget will be provided on the following slides.		

CY2024 Proposed Budget by Program Area

Including Pennie and Federal Shares

Budget Categories	Proposed Budgeted Amount	Federal Share	Pennie Share
Personnel	\$8,005,000	\$2,053,214	\$5,951,786
External Affairs	\$12,511,000	\$3,655,528	\$8,855,472
Information Technology/ Customer Service	\$36,019,000	\$14,579,025	\$21,439,975
General Operations	\$1,611,000	\$348,852	\$1,262,148
Total	\$58,146,000	\$20,636,619	\$37,509,381



CY2024 Personnel Budget

CY2023 Approved Amount: \$7,148,000

CY2024 Proposed Amount: \$8,005,000

Difference: Increase of \$857,000

Federal Share \$2,053,214

Pennie Share \$5,951,786

Proposed Budget Includes:

- Anticipated benefit costs and salaries for full complement of employees.
- Budget increase is due to funding 48 positions for the full calendar year and rising benefit/salary costs.

Position Breakdown by Program Area:

- Executive Office \$967,257
- External Affairs \$1,190,427
- PMO \$530,266
- Legal \$777,154
- Finance \$1,022,988
- IT \$1,561,486
- Operations \$1,041,087
- Policy \$614,335
- Benefit cost increases/Salary pay adjustments \$300,000

CY2024 External Affairs Budget

CY2023 Approved Amount: \$14,494,000

CY2024 Proposed Amount: \$12,511,000

Difference : Decrease of \$1,983,000

Federal Share \$3,655,528

Pennie Share \$8,855,472

Proposed Budget Includes:

▪ Media Buy \$8,717,000

- Includes estimated 48% in traditional media, 45% in digital media, & 7% in Lifestyle (i.e. sponsorship/point of purchase)
- Much of the proposed budget will support Open Enrollment related media placements
- PHE Unwinding Media Buy Expenses (for 6 months)

▪ Exchange Assistors (Cognosante) Total \$2,692,000

- Base Contract \$950,000
- Expanded Assister Network \$1,742,000

Other External Affairs Costs \$1,102,000

- Memberships & Sponsorships* \$350,000
- Creative Services \$432,000
- Printing & Mailing for Marketing Campaigns \$80,000
- PHE Unwinding Related Printing \$150,000
- Other Outreach Expenses, Web Hosting, Translation Services and Software \$90,000

*This cost includes funds to support the Pa Dept. of Health's Health Equity Tour

CY2024 Information Technology/Contact Center Budget

CY2023 Approved Amount: \$35,727,000

CY2024 Proposed Amount \$36,019,000

Difference: Increase of \$292,000

Federal Share \$14,579,025

Pennie Share \$21,439,975

Breakdown by Categories:

▪ **GetInsured \$34,507,000**

- Amortized cost for Design, Development, and Implementation of Infrastructure \$4,084,775
- Maintenance and Operations Technology Platform \$9,485,730
- Maintenance and Operations Consumer Assistance Center \$17,753,913
- Outbound Call Center Costs \$910,000
- Provider Directory \$290,892
- Salesforce Licenses \$106,690
- System Enhancements \$1,000,000
- Print/Mail Costs \$875,000

▪ **Other Technical Costs \$1,512,000**

- QA/UAT/Recon \$1,099,000
- Security Assessment Review \$78,000
- Other Project Management and Technical Assistance \$75,000
- Additional Salesforce Licensing \$220,000
- Automation Hosting and Development \$40,000



CY2024 General Operating

CY23 Approved Budget Amount \$1,707,000	
CY24 Proposed Budget Amount \$1,611,000	
Difference: Decrease of \$96,000	
Federal Share \$348,852	Pennie Share \$1,262,148

Breakdown by Categories:

- General Office Expenses (postage, printing, office supplies, etc.) \$17,000
- Legal services fees (for hearings and appeals) \$150,000
- Memberships/Subscriptions \$92,000
- Office Support (telecom voice, data services, interagency shared services) \$305,000
- Real estate (rent, renovations, parking, and furniture and fixtures) \$661,000*
- Required Audits (financial and programmatic) \$132,000
- Technology needs: desktop devices, peripherals, software \$61,000
- Travel, education, professional development, and conference expenses \$193,000

*Note: the Board-approved funds allocated for renovations in the current year budget were not spent due to delays and have been re-budgeted for CY24

CY2024 Proposed Operational Budget: Summary

CY24 Proposed Operational Budget	
Total Operational Expenses	\$58,146,000
Personnel	\$8,005,000
Operations	\$50,141,000
Pennie Share	\$37,509,381
Federal Share	\$20,636,619

CY2024 Reinsurance Program Budget

	CY23 Budget	CY23 Actual	CY24 Proposed
Administrative Costs	\$300,000	\$300,000	\$400,000
Reinsurance Program Obligation	\$42,000,000	\$30,780,000	\$44,000,000
Total	\$42,300,000	\$31,080,000	\$44,400,000
Total increase from CY23 actuals to proposed CY24:		\$13,320,000	



Estimated Financial Overview

Pennie Profit and Loss Statement Estimated CY24	
Estimated Beginning Balance	\$70,761,568
Estimated Income	
User Fee Revenue	\$85,900,000
Federal Reimbursements	\$18,600,000
Treasury Interest	\$2,000,000
Total Income	\$106,500,000
Expenses	
Personnel	\$8,005,000
Operating	\$50,141,000
Total Operational Expenses	\$58,146,000
Estimated Transfer to Reinsurance (July 2024)	\$44,400,000
Total Expenses	\$102,546,000
2024 Operating Net (Total income – Total expenses)	\$3,954,000
Total Net Position* (Beginning balance + 2024 Operating net)	\$74,715,568





Consumer-Focused Policies



Loss of Minimum Essential Coverage (MEC) SEP – Earlier Coverage Effective Date

- 2024 NBPP Final Rule provides states the option to offer earlier coverage effective dates for customers attesting to a future Loss of MEC when coverage is being terminated mid-month
- Would allow customers to enroll in QHP with an effective date of the first of the month in which they will lose their coverage
- Removes current coverage gaps for those who proactively enroll in QHP with a future mid-month termination date
- Federally-facilitated marketplace (FFM) will be implementing this policy

Loss of MEC SEP – Earlier Coverage Effective Date

Proposal	Policy Goal(s)	Benefits	Challenges
Provide someone who enrolls in a QHP prior to the month they will lose MEC mid-month with a coverage effective date of the 1 st of the month in which the coverage loss occurs	Take the option provided in the 2024 NBPP to eliminate a coverage gap for customers losing other MEC mid-month	Eliminates a currently unavoidable coverage gap for some new customers	Customer would have partial month of overlapping coverage; potential confusion for those with mid-month Medicaid eligibility end dates (coverage typically extends to end of month)

Stakeholder Feedback:

- Strong majority of stakeholders supported, including nearly all insurers, brokers, and assisters
 - Insurer - "Although we anticipate that the population of customers...will be minimal, we recognize that this change **importantly reduces the possibility that those individuals will experience a gap in coverage.**"
 - Insurer - "Allowing members to avoid any gaps in coverage will minimize care gaps and **improve health outcomes.**"
 - Broker - "Many employer's coverage end in the middle of the month, which **leaves people vulnerable to high costs.**"
- Some expressed support, with a preference for Pennie to offer mid-month coverage effective dates
 - Insurer - "The ability to join an on-exchange plan mid-month would...[limit] confusion and potential refund requests."

Loss of MEC SEP – Earlier Coverage Effective Date

Proposal	Policy Goal(s)	Benefits	Challenges
Provide someone who enrolls in a QHP prior to the month they will lose MEC mid-month with a coverage effective date of the 1 st of the month in which the coverage loss occurs	Take the option provided in the 2024 NBPP to eliminate a coverage gap for customers losing other MEC mid-month	Eliminates a currently unavoidable coverage gap for some new customers	Customer would have partial month of overlapping coverage; potential confusion for those with mid-month Medicaid eligibility end dates (coverage typically extends to end of month)

Staff Proposal – Provide customers reporting a future Loss of MEC with a mid-month end date the option to enroll with a coverage effective date of the first of the month in which the coverage loss will occur.

- Customer must have a future mid-month end date of coverage
- Must select a Loss of MEC qualifying life event **and** enroll in Pennie coverage in the month prior to the month they will lose their MEC
- Must pay premiums for **both** the month they are enrolling in coverage and the month following the date in which they will lose their other MEC
- Default option will remain the 1st of the month following the loss of coverage

Examples –

- On July 27, customer selects Loss of MEC SEP & enrolls in QHP with an Aug 15 event date – Will have the option to select an Aug 1 or Sept 1 coverage effective date
- On Aug. 3, customer selects Loss of MEC SEP & enrolls in QHP with an Aug 15 event date – Can only enroll with a Sept 1 coverage effective date

Loss of MEC SEP – Earlier Coverage Effective Date

Proposal	Policy Goal(s)	Benefits	Challenges
Provide someone who enrolls in a QHP prior to the month they will lose MEC mid-month with a coverage effective date of the 1 st of the month in which the coverage loss occurs	Take the option provided in the 2024 NBPP to eliminate a coverage gap for customers losing other MEC mid-month	Eliminates a currently unavoidable coverage gap for some new customers	Customer would have partial month of overlapping coverage; potential confusion for those with mid-month Medicaid eligibility end dates (coverage typically extends to end of month)

Staff Recommendation: *Adopt, as proposed*

- Individuals facing a mid-month loss of coverage who wish to enroll in Pennie coverage currently face an unavoidable coverage gap
- While limited in scope, this proposal would allow customers to maintain quality coverage with what is effectively a two-month binder payment well in advance of their other coverage end date
- Pennie does not have the authority to provide for a mid-month effective date of coverage for this population

Special Rule for Loss of Medicaid or CHIP Coverage

- 2024 NBPP Final Rule provides exchanges the option to extend the SEP for those losing Medicaid or CHIP coverage to 90 days to align with Medicaid's 90-day reconsideration period
- For SBEs, this SEP can be extended for the duration of the reconsideration period if it exceeds 90 days
- While Pennie has created a special 120-day Loss of Medicaid/CHIP SEP, it is specific to the unwinding period
- Would provide Pennie the option to make this a permanent 90-day SEP as Pennsylvania's reconsideration period is 90 days

Special Rule for Loss of Medicaid (MA) or CHIP Coverage

Proposal	Policy Goal(s)	Benefits	Challenges
Permanently extend the Loss of MA/CHIP SEP to 90 days following the end of the Unwinding period	Provide those losing MA/CHIP the ability to enroll in Pennie coverage for the duration of their reconsideration period	Gives those losing MA/CHIP more time to enroll in Pennie coverage; aligns with PA MA program's reconsideration period	Overlap with customers for whom 120-day SEP still applies

Staff Proposal – *Make Loss of MA/CHIP SEP permanently 90 days for customers who are account transferred to Pennie or who select this SEP beginning the day after the PA Unwinding period ends (April 1, 2024)*

Examples –

- Customer account transferred from DHS on March 31, 2024 – 120-day SEP begins April 1, 2024, with option for retroactive coverage start date through May 30
- Customer account transferred from DHS on April 3, 2024 – 90-day SEP begins May 1, 2024, with no option for retroactive coverage start date

Special Rule for Loss of Medicaid (MA) or CHIP Coverage

Proposal	Policy Goal(s)	Benefits	Challenges
Permanently extend the Loss of MA/CHIP SEP to 90 days following the end of the Unwinding period	Provide those losing MA/CHIP the ability to enroll in Pennie coverage for the duration of their reconsideration period	Gives those losing MA/CHIP more time to enroll in Pennie coverage; aligns with PA MA program's reconsideration period	Overlap with customers for whom 120-day SEP still applies

Stakeholder Feedback –

- Strong majority supportive, including nearly all insurers, assisters, and brokers –
 - *Insurer: "Today, CHIP...includes a 90-day reconsideration window that aligns to PA Medicaid guidelines...If determined not eligible for [MA/CHIP] the member would be uninsured until the next open enrollment. This...removes that risk."*
 - *Assister: "I don't see why we should not do this..."*
- Some urged Pennie to consider permanent 120-day SEP, while others expressed concern about the possibility of this policy extending the retroactive effective date option

Special Rule for Loss of Medicaid (MA) or CHIP Coverage

Proposal	Policy Goal(s)	Benefits	Challenges
Permanently extend the Loss of MA/CHIP SEP to 90 days following the end of the Unwinding period	Provide those losing MA/CHIP the ability to enroll in Pennie coverage for the duration of their reconsideration period	Gives those losing MA/CHIP more time to enroll in Pennie coverage ; aligns with PA MA program's reconsideration period	Overlap with customers for whom 120-day SEP still applies

Staff Recommendation: *Adopt, as proposed*

- Better aligns Pennie policy with Pennsylvania DHS policies in a way that prevents Pennsylvanians from becoming uninsured after losing MA/CHIP coverage
- Allows Pennsylvanians losing MA coverage the ability to exercise their right to have their application reconsidered without losing the opportunity to enroll in Pennie coverage
- Provides Pennie the ability to reach out to the procedurally terminated population for most of their SEP
- Only offers a prospective coverage effective date



Medicaid Unwinding



Pennie At A Glance

As of 10/5/23	Total	Unwind							
		Count	Medical Assistance (MA) End April 2023	MA End May 2023	MA End June 2023	MA End July 2023	MA End Aug 2023	MA End Sept 2023	MA End Other
Applicants	791,165	172,221	5%	13%	16%	18%	23%	19%	6%
Enrollees	368,340	22,950	7%	16%	19%	21%	22%	14%	2%

"Total" includes all enrollees with plan selections, including "Unwind" customers.

"Unwind" customers are those that have used the "Loss of MA" SEP event. These could have come directly from an MA transfer or from a walk-in customer.

% Apps with Auto Eligibility

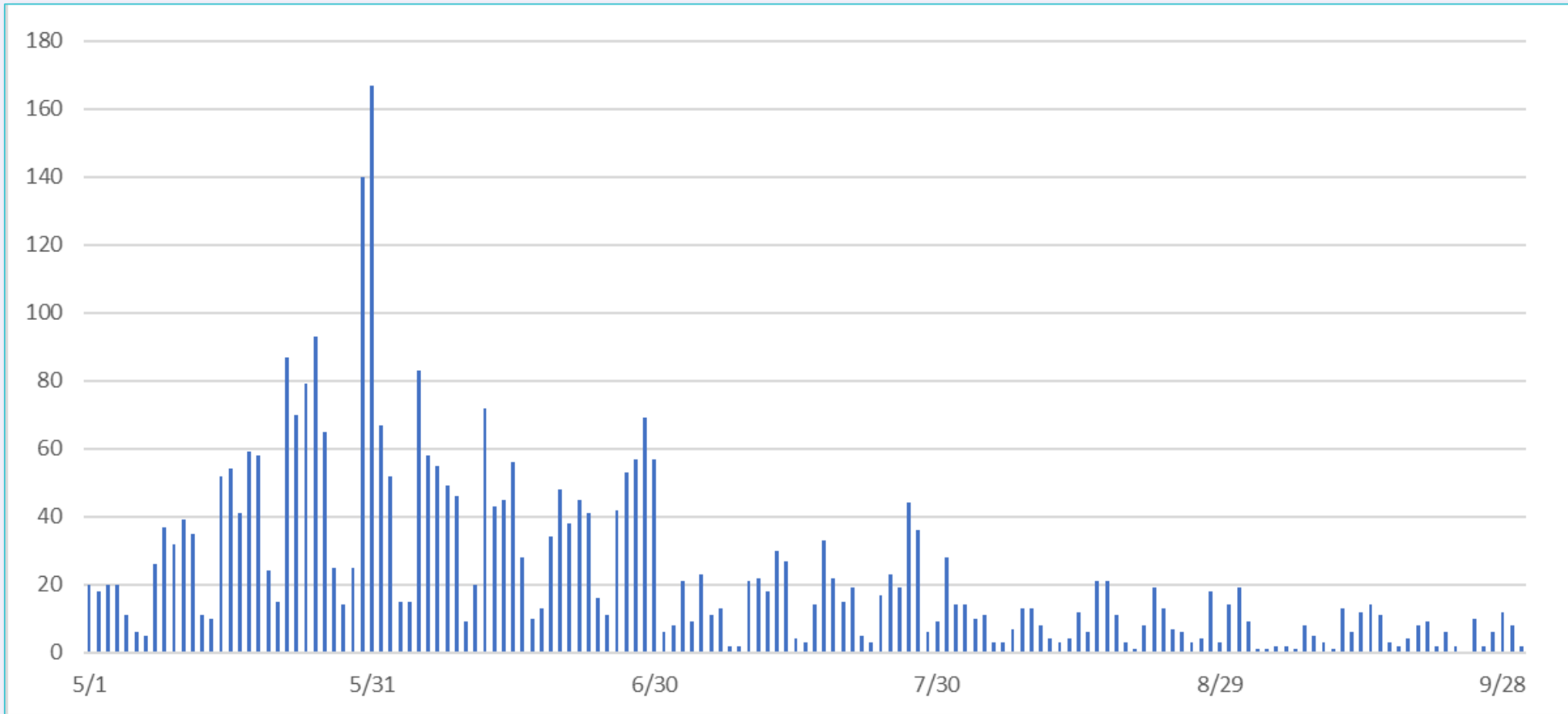
79.0%

To streamline customer experience, a customer can automatically receive their eligibility results in their initial notice based on the information from their MA account transfer.

Referral and Enrollment Activity

	Total Unwinding Population
% Applicants reaching Pennie through account transfers	91%
% Applicants who enrolled before Pennie received the account transfer	5%
Average timeframe from application started to enrolling	23 days

May Cohort* – Enrollments Per Day



*The term “May cohort” refers to former Medicaid recipients who have lost Medical Assistance on 5/31/23 and were referred to Pennie as part of the unwinding

Unwinding Texting Communications

- Texting campaigns to the unwinding population started at the end of July
- Three texting campaigns have been deployed reminding various cohorts of their available special enrollment period options
- Around **170,000** total text messages have been sent since the end of July and Pennie has seen the following corresponding activity:
 - Between a **25% - 28%** increase in call volume during the week the text was sent, as compared to the week prior
 - Between a **9% – 12%** increase in website pageviews during the week the text was sent, as compared to the week prior

How Are They Enrolling?

Conversion Rate Comparisons – All Cohorts

Method	Applicants	Enrolled	Enrolled %
Total	172,205	22,262	12.9%
Account Transfer - Auto-Eligibility	129,244	12,680	9.8%
Account Transfer - No Auto-Eligibility	28,019	1,673	6.0%
Manual – New Application Submitted by Consumer	14,941	7,909	52.9%

Takeaways:

- Manual submission – where a consumer comes to pennie.com to complete an application - remains the most effective conversion method from application to enrollment
- Usage of auto-eligibility with the referral process results in an enrollment **63%** more often than referrals without auto-eligibility

Enrollment data shown here does not align exactly to earlier totals due to a small number of records not fitting the query criteria.

Are They Opting for Continuous Coverage?

Total applicants: 172,205

Total enrollees: 22,262

38% enrolled, with a **gap** in coverage

62% enrolled, with **continuous** coverage

20% of those with continuous coverage used the **retro-start**

Utilization Data on Earlier Effective Date Option

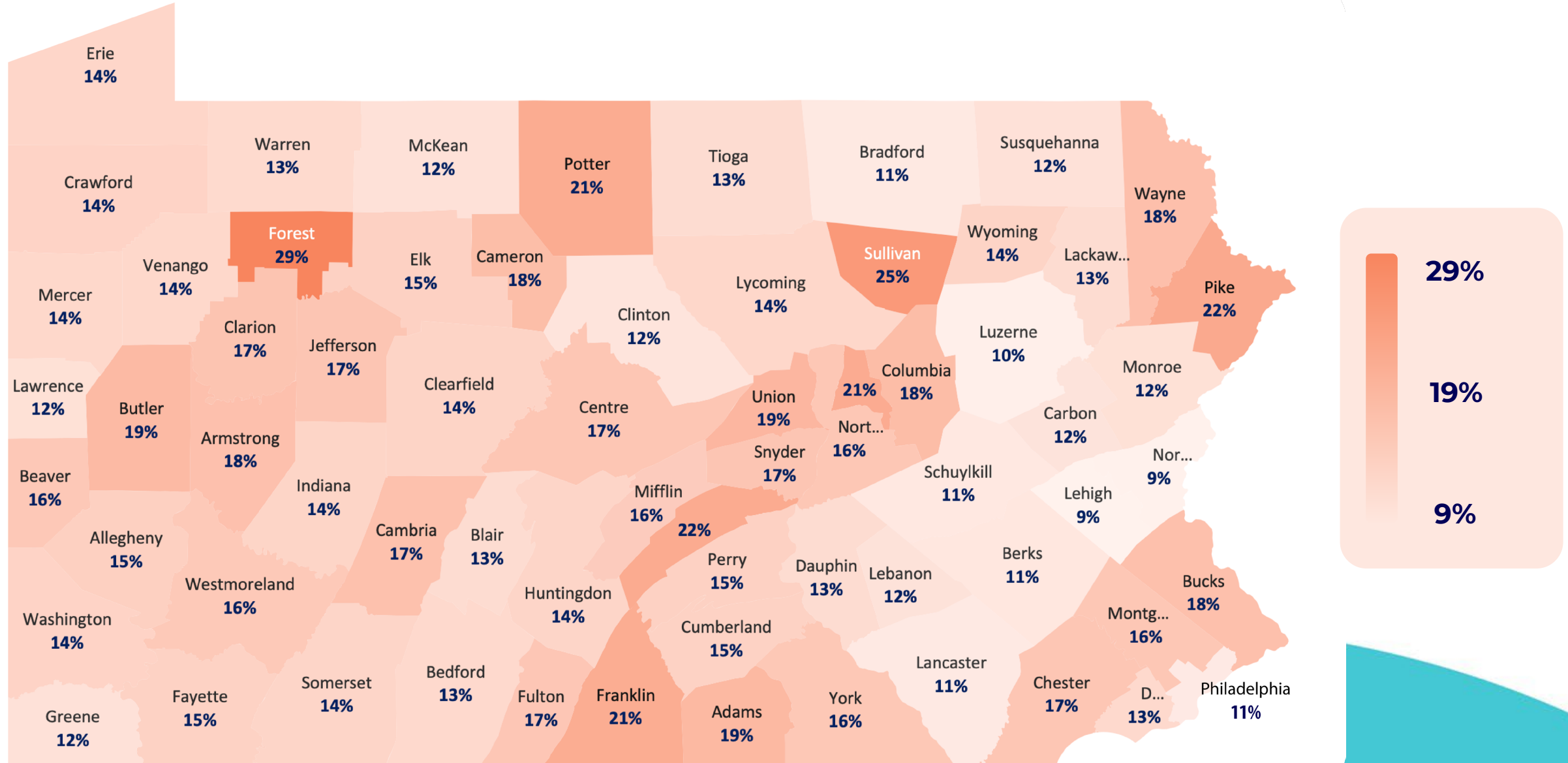
Total unwinding policies created since 4/1	19,009
Total policies created with retroactive start date	2,474
Total policies created with retroactive start date	13%

13% of the total unwinding policies created are using a retroactive start date.

Enrollment data shown here does not align exactly to earlier totals due to a small number of records not fitting the query criteria.

Are They Enrolling?

**conversion rate of applicants to enrollments*



Data as of 10/5/23

Unwinding Enrollment Projections

	Average Per Month*	Total as of 10/5/23	Projected Total to Receive thru March 2023
Applications Received	27,000	170,000	~323,000
Enrollments	3,700	22,000	~44,000

** This data is through 9/30/2023. April's numbers are significantly below average but are included these totals.*



Open Enrollment 2024 Strategy



OE2024 Strategy

Goal #1: Retain existing consumers

Key Goals:

- Smooth auto-renewal process
- Minimize impact of premium disruptions
- Demonstrate the value of having coverage

New Initiatives:

- Add texting as a communication channel
- Revise communications with plain language
- Automatic renewal in silver plan for less or equal premium when eligible for cost sharing reductions
- Targeted outreach to those at higher risk of losing coverage

Results So Far (based on test auto-renewal run):

- 452 households with a 2023 Bronze plan will auto-renew into a 2024 Silver cost sharing reduction plan
- The autorenewal test run had a 99.3% auto-renewal rate and a 48% decrease in the number of data matching issues opened

Success Metrics

- High autorenewal success rate
- High levels of maintaining existing consumers
- High levels of enrollment for auto renewal fallout groups
- Low impact of premium increase on enrollment
- High effectuation rates

OE2024 Strategy

Goal #2: Smooth transition for the unwinding population

Key Goals:

- Identify and mitigate complications the Sept – Nov cohorts may experience
- Reduce steps needed to stay enrolled in 2024
- Augment outbound communications to mitigate confusion

New Initiatives:

- Increase the number of autorenewal catch-up runs and strategically time them to maximize retention of unwinding population
- Leverage texting, strategic outbound calling, and ad hoc informational mailers
- Provide extra training and information about making updates to both years of coverage

Success Metrics

- Maintain conversion rates of unwinding population into 2023 coverage
- High retention of unwinding consumers into 2024 coverage

OE2024 Strategy

Goal #3: Grow the marketplace enrollment

Key Goals:

- Increase new enrollments, especially in high uninsured regions
- Maintain and grow enrollment across PA in general
- Support key deadlines

Marketplace Changes for OE24:

- Jefferson Health will join rating area 8 as a medical insurer
- Highmark will be expanding its offerings to rating area 8
- Solstice will begin offering dental products to most rating areas

New Initiatives:

- Focus on southeast PA and Philadelphia
 - Weighting paid media spending to southeast and surrounding areas
 - Partnering with trusted community leaders in the Philadelphia region
 - Identifying brokers in the Philadelphia region who could assist historically underserved populations
- Communicate regionally specific “call to action” messages
- Special extension of OE due to holiday to support a strong finish in mid-January

Success Metrics

- New enrollees
- Enrollment growth in Philadelphia and surrounding counties

August

Early-August

- End of Early Plan Preview for Insurers



Mid-August

- Pennie Receives Approved insurer 2024 Plan Data from PA Insurance Department (PID)



Late-August

- Load 2024 Plans Into Production for Insurer Review
- 2024 Broker Training Available
- Blackout Period Begins for Assister Training



September

Early-September

- Insurers Review Plans in Pennie Portal



Mid-September

- PY2024 Assister Training Available



Late-September

- Release 23.9 Production Deployment
- PID Finalizes 2024 Plans and Publishes Rates
- All 2024 Plans Certified



October

Early-October

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



Mid-October

- OEP Email Campaign Begins
- Auto-renewal Enrollments Sent to Insurers
- Stakeholder Materials Distributed

Late-October

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

November

Early-November

- Open Enrollment Begins
- 2024 Anonymous Shopping Available
- "Call to Action" Marketing Campaign Begins

December

Mid-December

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

January

Mid-January

- Plan Shopping Deadline for February 1 Coverage
- Potential Additional Catch Up Run
- Conclusion of OEP



2024 Strategic Forecast



Strategic Planning Process Update

- Discussions underway to develop strategies for 2024 and after
- Some broad focus areas for 2024 include:
 - Broadening our consumer lens
 - Advancing plan quality and choice decision support
 - Expanding local presence across the Commonwealth
 - Winding down on unwinding
- In-person strategic planning session to occur in Feb 2024

Administrative Matters

- 2024 BOD Meeting Cadence and Dates

Date	Location	Time
Feb 22 nd	In person (Harrisburg)	9am – 3:30pm
May 16 th	Virtual	12pm – 3:30pm
Aug 8 th	Virtual	12pm – 3:30pm
Oct 24 th	Virtual	12pm – 3:30pm

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ADDRESS

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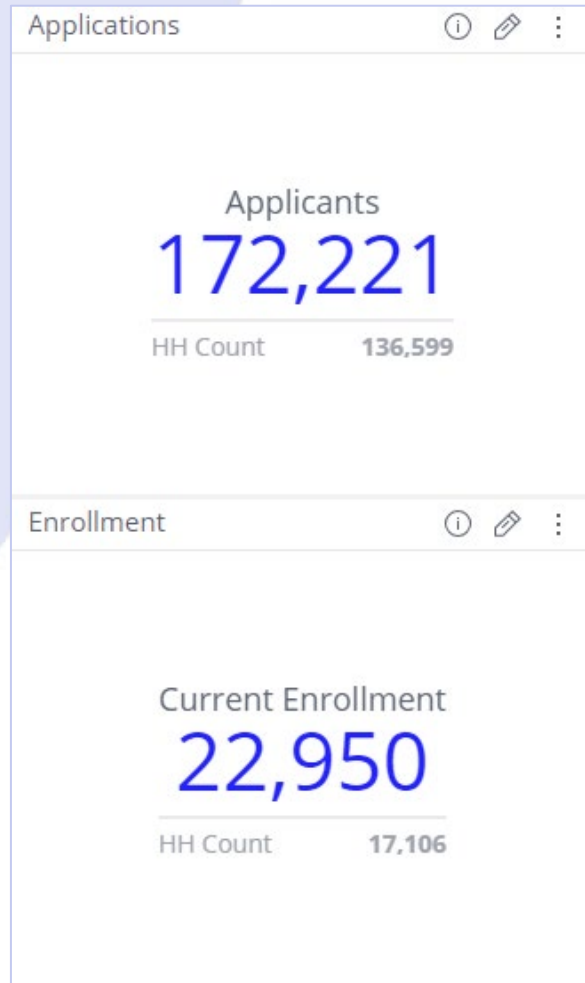
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Unwinding At A Glance



Average of **921**
Applicants per
day



Average of **123**
Enrollees per
day

Unwind Conversion Rate by Cohort

Cohort	Unwind Applicants	Unwind Enrollees	Conversion Rate	60 Day SEP Cut-off Date
Apr 2023	9,137	1,504	16%	June 29 th
May 2023	22,724	3,652	16%	July 30 th
Jun 2023	27,774	4,314	16%	Aug 29 th
Jul 2023	31,173	4,717	15%	Sep 29 th
Aug 2023	39,017	5,149	13%	Oct 30 th
Sep 2023	32,875	3150	10%	Nov 29 th
Other	9,487	464	5%	—
Total	172,187	22,950	13%	—

**Average
Unwind
Enrollments**

123 per day
since 4/1/23

“Cohort” is based on the consumer’s latest MA End Date.

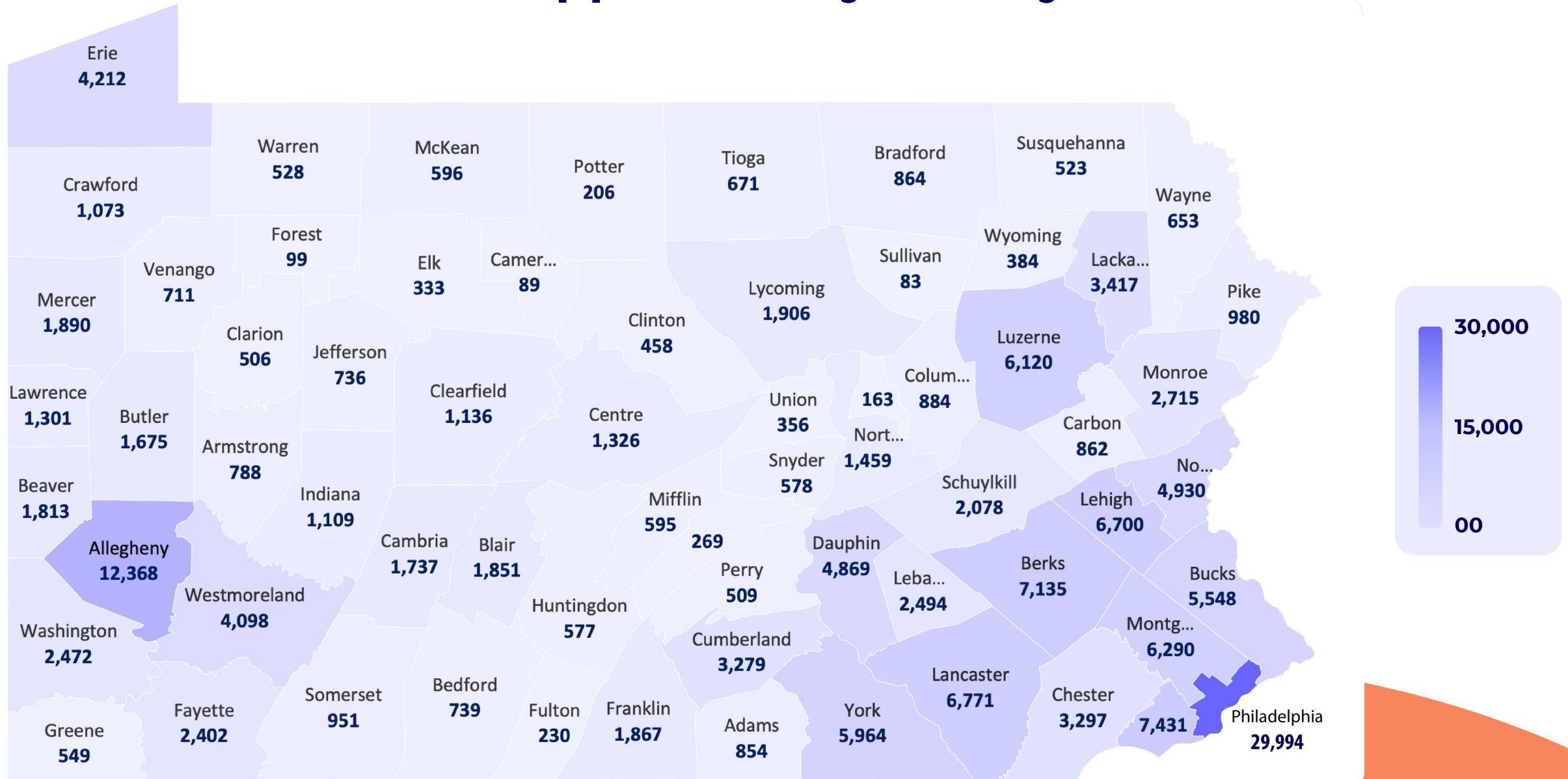
Counts don’t match, due to some consumers with unusual location data.

Consumers in later cohorts have had less time to utilize their SEP, so they will have a lower conversion rate.

People who don’t convert to enrollment could have situations where they may not be seeking coverage.

Data as of 10/5/23

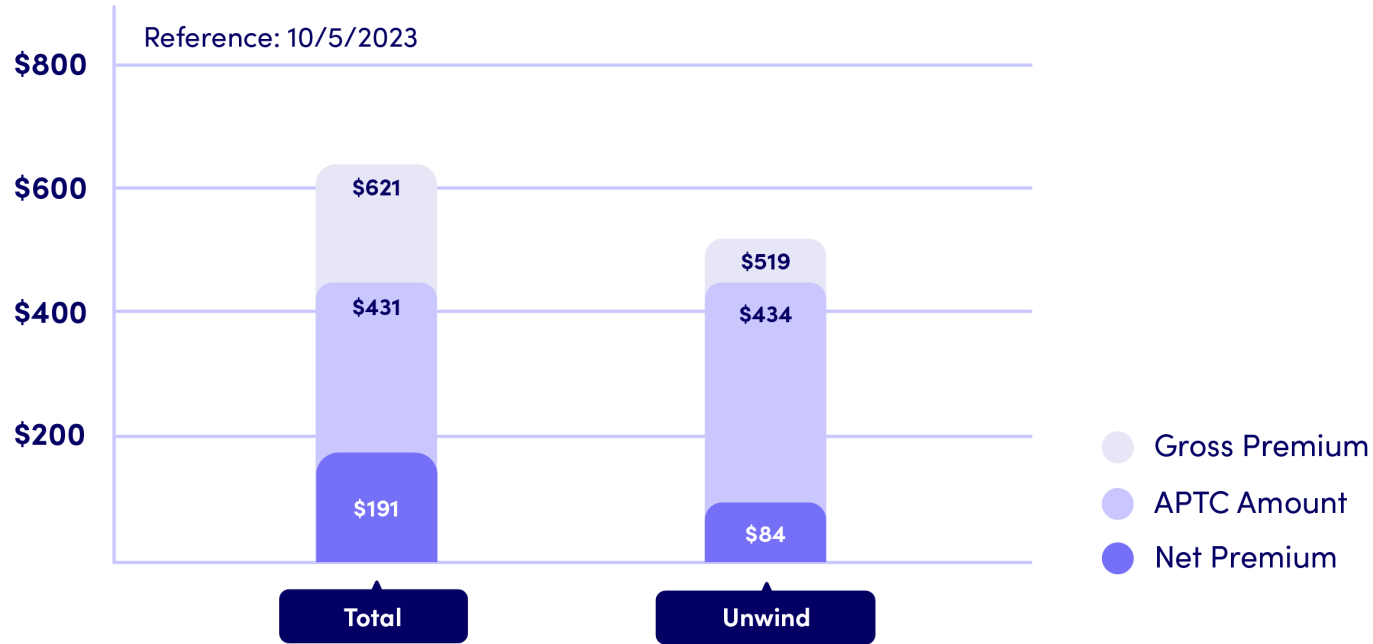
Unwind Applicants By County



Data as of 10/5/23

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

Average PMPMs – Total



Policy Net Premium	Total Enrollees	Unwind Enrollees
Cost \$1 or less	16%	24%
Cost \$50 or less	33%	53%

Unwind consumers tend to pay less for coverage than other consumers.

"Total" includes all enrollees with plan selections, even "Unwind" consumers.

"Unwind" consumers are those that have used the "Loss of MA" SEP event. These could have come directly from an MA transfer or from a walk-in consumer.

Financial Assistance

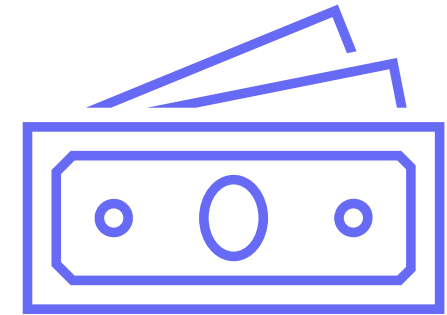
Financial Assistance	Total Enrollees	Unwind Enrollees
APTC	36%	22%
APTC_CSR	52%	74%
CSR	<1%	0%
QHP*	12%	4%
Total	368,340	22,950

**Not eligible for financial assistance*

"Total" includes all enrollees with plan selections, even "Unwind" consumers.

"Unwind" consumers are those that have used the "Loss of MA" SEP event. These could have come directly from an MA transfer or from a walk-in consumer.

Data as of 10/5/23



Unwind consumers are more often eligible for Financial Assistance – especially cost sharing reductions - than the average consumer.

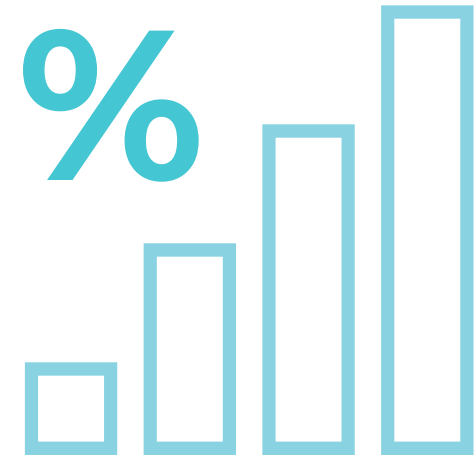
Federal Poverty Level (FPL) Demographics

FPL	Total	Unwind
0 - 100%	2%	2%
100 - 150%	16%	12%
150 - 200%	23%	39%
200 - 250%	16%	24%
250 - 400%	25%	19%
400%+	11%	3%
Unknown	8%	1%
Total	368,340	22,950

"Total" includes all enrollees with plan selections, even "Unwind" consumers.

"Unwind" consumers are those that have used the "Loss of MA" SEP event. These could have come directly from an MA transfer or from a walk-in consumer.

Data as of 10/5/23



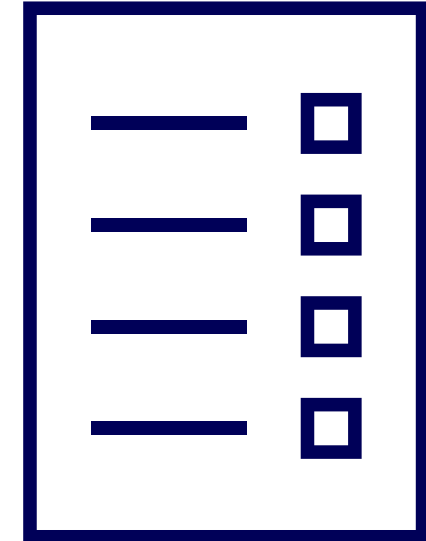
Unwind consumers tend to have lower FPLs than the average Pennie consumer.

Metal Tier Selections

Metal	Total	Unwind
Bronze	23%	20%
Silver	35%	39%
Gold	41%	41%
Catastrophic	<1%	<1%
Total	368,340	22,950

"Total" includes all enrollees with plan selections, even "Unwind" consumers.

"Unwind" consumers are those that have used the "Loss of MA" SEP event. These could have come directly from an MA transfer or from a walk-in consumer.



Unwind consumers tend to select Bronze Plans less, and Silver/Gold plans more than the average consumer.

Age Demographics

Age	Total	Unwind
0-17	7%	10%
18-25	7%	13%
26-34	16%	19%
35-44	16%	21%
45-54	18%	17%
55-64	35%	20%
65+	1%	<1%
Total	361,012	10,158

"Total" includes all enrollees with plan selections, even "Unwind" consumers.

"Unwind" consumers are those that have used the "Loss of MA" SEP event. These could have come directly from an MA transfer or from a walk-in consumer.



Unwind consumers tend to be younger than the average consumer.

Gender Demographics

Gender	Total	Unwind
Male	46.6%	37.9%
Female	53.4%	62.1%
Total	368,340	22,950

"Total" includes all enrollees with plan selections, even "Unwind" consumers.

"Unwind" consumers are those that have used the "Loss of MA" SEP event. These could have come directly from an MA transfer or from a walk-in consumer.



Unwind consumers are more likely to be female than the average consumer.

Ethnicity Demographics

Ethnicity	Total	Unwind
Hispanic/ Latino	3.8%	12.0%
Not Hispanic/ Latino	78%	81%
No Response	18%	7%
Total	368,340	22,950

"Total" includes all enrollees with plan selections, even "Unwind" consumers.

"Unwind" consumers are those that have used the "Loss of MA" SEP event. These could have come directly from an MA transfer or from a walk-in consumer.



Unwind consumers are more likely to be of Hispanic/Latino ethnicity than the average consumer.