

October 2023 Community Workgroup Q&A

2024 Open Enrollment Renewal Process and Eligibility Review

- When will 2024 plans and rates be available through Pennie?
 - 2024 plans and rates will be available when Open Enrollment begins on November 1st.
- Why does the message on Pennie Customer Service phone line say that Open Enrollment ends January 15th if Pennie's 2024 Open Enrollment period has been extended to January 19th?
 - Because 1/15/2024 is a holiday, Pennie is extending Open Enrollment through Friday 1/19/2024 for this year only.
 - Customer behavior is driven by deadlines. Therefore, our communication strategy is focused on key deadlines. Prior to December 15th, the communication focus is driving customers to the December 15th deadline to enroll for coverage starting January 1st. After December 15th, the communication focus pivots to driving customers to enroll by the end of Open Enrollment. That is when we will be formally announcing to customers the extension of the end of Open Enrollment from January 15th to January 19th.
- For current Pennie enrollees whose income is on the cusp of Medicaid/CHIP eligibility, will they be autorenewed through Pennie if the new federal poverty level (FPL) tables may put them below Medicaid/CHIP eligibility thresholds for 2024?
 - Renewal eligibility for current Pennie enrollees will always be for marketplace coverage.
 - Some autorenewed Pennie customers who MAY be potentially eligible for Medicaid/CHIP will be sent to DHS in early November for a full determination of their eligibility for Medicaid/CHIP. If eligible for Medicaid/CHIP, Pennie coverage, along with any financial help they are currently receiving, would be terminated prospectively.
- If the application is being sent to Medicaid automatically in November but a customer's income is going to increase in 2024, they would have been sent to Medicaid and determined based on their 2023 income which would no longer be accurate in a couple months. What would you advise in that scenario?
 - Customers should update their income as soon as they know of any change to their income so that we can update their eligibility. If a customer expects an increase in income in 2024, they should update their 2024 application only.
 - If a customer's application is assessed as potentially-eligible for Medicaid/CHIP, DHS will review the information and make a determination on eligibility. In many cases, DHS will often reach out to the customer to verify the applicant's income, at which time the customer could provide updated income information to ensure the most accurate eligibility determination is made.

Qualifying Life Events during Open Enrollment

- If a customer has a baby in the middle of the year and the newborn is added to her plan, would the baby be included on the renewal or not?
 - Anyone enrolled in the plan by the beginning of October will be included in the autorenewal. It is important to note that anyone who makes changes after early October should come in during Open Enrollment to make sure they have coverage for 2024. Changes will not carry over automatically if they are made after the auto renewal process starts.
- Some current Medicaid enrollees are not completing their Medicaid renewal packets because they know their income is too high to continue on Medicaid. Because they do not submit their Medicaid renewal packets, they will lose their Medicaid coverage. For those who lose Medicaid/CHIP coverage due to not completing their renewal packet, do they still qualify for the 120-day Loss of Medicaid SEP with the option for retroactive coverage start date if enroll in the first 60 days of their SEP?
 - Anyone who loses Medicaid or CHIP coverage during the Unwinding (April 2023 through March 2024) can qualify for the Loss of Medicaid/CHIP SEP. As long as their Medicaid end date is during the Unwinding, they are eligible for the longer 120-day SEP and the retro-effective date if enrolled within the first 60 days. Income is not part of the considerations for eligibility for a Loss of Medicaid/CHIP SEP.

Income DMIs

- What is the current threshold for an income DMI?
 - When we compare the income on the application to the trusted data sources, Pennie will only generate an Income DMI if the difference is more than certain thresholds:
 - If income on application greater than income from data sources, then no Income DMI
 - If income on application less than income from data sources and if the difference is more than 40% or \$20,000 (whichever is lower), then an Income DMI is generated
 - For more information on Income DMIs, see [May 2022 Community Workgroup](#).
- It has very challenging at times to prove income. Is there anything that can be done to make this process easier?
 - In July 2023, we updated our policy to allow customers to more easily resolve income DMIs:
 - Customers can submit the Pennie Income Self-Attestation form as the first form of documentation to resolve an income DMI. Previously, income self-attestation was only available as a last resort.
 - Customers can verbally self-attest to their income over the phone by calling Pennie Customer Service. The verbal attestation can be done as primary verification and not as last resort.
 - For more information, see [June 2023 Community Workgroup](#).

- Can we still use the Income Attestation form, or do attestations now have to be verbal?
 - There is an updated [Income Attestation Form](#) at Pennie.com. Only customers can verbally attest to income. A broker cannot verbally attest to a customer's income on their behalf and would have to use our attestation form and have it signed by the customer. There is important information within the form that the customer must be made aware of before attesting to their income. Please note, the [Income Attestation Form](#) is also available in Spanish.
- During Open Enrollment, if someone is retiring in 2024 and not collecting Social Security because they will live off their 401k or savings, what would they show for proof of income since the attestation form cannot be used as the first document for income?
 - Pennie accepts income attestation forms as a first document to verify income, under a revised policy in July of 2023. Keep in mind it is important customers always report an accurate income when using the attestation to prevent possible tax liabilities.

Customer Communication Preferences

- Will customers get a paper notice even if they check the paperless contact option?
 - If a customer elects paperless communication preference, they will not receive paper notices from Pennie. They will only receive notices in their secure inbox but will receive alerts about new messages in their secure inbox through whichever alert method(s) they chose (email and/or SMS).
- Some of my customers have a difficult time viewing messages in their secure inbox. Is there an alternative way to notify them?
 - Customers can always receive their notices through postal mail, if they do not want to only view their notices through their secure inbox.
- Are texts messages only sent to those losing Medicaid/CHIP coverage during the Unwinding? or does everyone that qualifies for an SEP receive text messages as well?
 - Currently, we send text messages to individuals whose accounts were transferred from the Department of Human Services (DHS) after being found ineligible for Medicaid based on income, when their renewal package was returned and processed. Starting this Open Enrollment, Pennie will also send text messages to customers who have opted in to texting in their account.
- Is it possible to delete messages in our secure Pennie inbox? If not, is there a way to sort them by member?
 - You cannot delete messages from the secure inbox. The secure inbox has a full record of all notices you have received. Notices in your assister/broker inbox will be marked as read once you have viewed them. When an assister/broker views a customer's notice in their secure inbox, the notice remains unread - only the customer reading their own notice will indicate that the notice has been read.
 - We will take the sorting suggestion back for consideration as potential future system enhancements.

- Whenever a client of mine receives a notice, I, as the agent of record, do not receive notifications in my email inbox. Why is this?
 - Assistors and Brokers have access to their customers' secure inboxes in order to view their notices. We encourage you to login using your credentials, click into your customers' dashboards, and review the notices generated on their account via their inbox.
 - Brokers also receive a daily "Book of Business" notice which provides a summary of each notice your client received in the prior day. We are hoping to be able to provide assistors with a daily Book of Business notice in a future system enhancement.

Miscellaneous

- I would like to add a staff member on my Pennie broker account so this person can have their own login to check my inbox for messages and reach out to my clients. This person is not a broker, just an admin staff member. Are accounts like this available through Pennie?
 - We do not allow non-brokers to have access to Pennie broker accounts. This is a strict privacy policy and there are no exceptions. Only licensed Pennie-certified brokers can have a Pennie account. Multiple Pennie-certified brokers who are part of the same agency can help one another with each other's designated customers through the Agency Manager functionality. As part of the privacy training for certification, it is clear that accounts cannot be shared across multiple individuals and that only brokers or certified assistors can hold accounts.
- Is there any way to add an "authorized representative" field to the Pennie application? I have many spouses that are stuck because the one who calls in and handles the insurance isn't listed as the primary.
 - Pennie Customer Service Representatives are able to speak to spouses listed as a household member on their application.
 - If a customer wishes to appoint another trusted individual as an authorized representative, they may complete the Appoint an [Authorized Representative form](#), which is available on agency.pennie.com, under Customer Resources.
- When making policy changes, please consider posting a notice of the change online or sending an update to brokers and assistors via email. I often find policies and processes have changed without being made aware.
 - Thank you for your recommendation. Pennie's Community Partner Workgroup sessions are used to communicate policy changes and are posted online. You may visit agency.pennie.com and click on [Workgroup](#). There, you will find agendas, decks, recordings, and Q&A documents; these resources are available to you and cover any policy changes discussed during the Pennie's Community Partner Workgroup session.
- I have a client who went into her application to update her address after she moved to a new apartment a few blocks away. When we did this, it is now signaling a special enrollment period and is requiring documentation as proof. She does not want a special enrollment period and does not

want to make any changes to her coverage. Can we disregard this documentation request if she just wants to continue coverage as normal?

- Even though the customer has moved locally, there is the possibility the plans they are eligible for has changed. Please reach out to Pennie Customer Service for assistance and a review of what documentation is being requested. Documentation requests should not be disregarded as it could cause possible loss of APTC or disenrollment from coverage.
- I have clients whose children are being assessed for CHIP and it is taking weeks for them to receive a determination. During that time, they are in limbo wondering if their child has any active coverage. What are they supposed to do in this scenario?
 - For customers assessed as potentially-eligible for Medicaid/CHIP, they are unable to receive any financial assistance through Pennie until they have been determined ineligible for Medicaid/CHIP by DHS. While DHS is making their determination, customers can enroll in full premium plans through Pennie or wait for DHS to finish their determination. Be sure the customer is checking in with DHS on their application, including through their COMPASS application, to be sure they are promptly responding to any inquiries or document requests DHS may have while reviewing their eligibility for Medicaid/CHIP.