

Pennsylvania Health Insurance Exchange Authority d/b/a Pennie®
BOARD of DIRECTORS' MEETING MINUTES

Date: May 10, 2022
Time: 12:00 PM
Location: Microsoft Teams meeting

Preliminary Matters

- **Call to Order**
- **Roll Call**
 - Commissioner Mike Humphreys, Acting Pennsylvania Insurance Department (Chair) – **Present**
 - Sheryl Kashuba, University of Pittsburgh Medical Center Health Plan (Vice Chair) – **Absent**
 - Dr. Denise Johnson, Acting Secretary of Health and Physician General, Department of Health
 - **Megan Barbour as designee** – **Present**
 - Jessica Brooks, Pittsburgh Business Group on Health – **Present**
 - Frank Fernandez, Capital Blue Cross – **Present**
 - Antoinette Kraus, Pennsylvania Health Access Network – **Present (Joined meeting at 2:15 PM)**
 - Laval Miller-Wilson, PA Health Law Project – **Present**
 - Alexis Miller, Highmark – **Present**
 - Paula Sunshine, Independence Blue Cross – **Present (Joined meeting at 12:04 PM)**
 - Meg Snead, Secretary, Department of Human Services
 - **Cathy Buhrig as designee** – **Present**
 - Tia Whitaker, Pennsylvania Association of Community Health Centers – **Present**
- **Minutes**
 - **Motion:** To adopt the minutes of the February 17, 2022, Meeting of the PHIEA Board of Directors.
 - Motion: Laval Miller-Wilson
 - Second: Frank Fernandez
 - Board Decision: Unanimous (9-0)
 - **Note:** Sheryl Kashuba was not in attendance. Her vote was given by proxy to Mike Humphreys. Antoinette Kraus and Paula Sunshine were not yet in attendance for this vote.
- **The floor was opened for public comments, of which there were none.**
- **Administrative Matters**
 - In the interest of time, Pennie did not go through the First Quarter 2022 financial statement. The information was provided ahead of time. There were no objections to that time-saving effort.
 - Executive Director Sherman provided an update on the Chief of Diversity, Equity, and Inclusion hiring process. Pennie is hoping to complete the hiring process in a couple weeks and to be in a place to hire someone in the coming month.
 - **Action Item:** Provide Board with updated organizational chart.
- **Public Health Emergency (PHE) Unwinding Report Out**
 - Pennie provided an update on its knowledge of emerging timeframes and emerging quantification.
 - If the PHE were to end on July 15, 2022, Pennie would be notified sixty (60) days prior by CMS. This does not necessarily mean Pennie would be told if the PHE would be extended for a full ninety (90) days or any other timeframe. If extended to the fullest extent, the next possible end of the PHE would be October 15, 2022, which would back up to Open Enrollment (OE) 2023. If

Pennie learns that the PHE is extended, it does not change Pennie's planning around the end of the PHE.

- Department of Human Services (DHS) anticipates the reprocessing of renewals for those maintained on Medical Assistance (MA) to be done in waves. The plan is to divide the number of cases that need to be reviewed over the 6-month period following the end of the PHE, which is in addition to the regular renewals that are processed during each of those months.
- Pennie is unsure of precisely how many account transfers from MA will have access to employer-based coverage. There is one study that shows a national estimate of roughly 30% of adults would be eligible for marketplace coverage, and 9% of children.¹
- Pennie shared a possible timing scenario for the PHE unwinding.
 - If an individual completes the renewal process and is deemed ineligible for MA, they will go through the account transfer process and their information will be sent to Pennie. Outreach and customer engagement will begin in advance of when they officially lose MA coverage. If an individual does not respond or responds insufficiently during the renewal process, Pennie will not get their information until thirty (30) days after losing MA, giving the individual an opportunity to receive the notification from DHS. This also gives the individual the opportunity to file an appeal or provide the missing information, which would reopen the case with DHS.
 - Pennie estimates receiving between 45,000-61,000 account transfers monthly throughout the six months following the end of the PHE but does not have an estimate of the number of procedural terminations. Account transfer is the desired, more straight-forward path from DHS, as it provides eligibility information that will be more current.
 - The Special Enrollment Period (SEP) for these individuals is tied to the date coverage ends.
- Pennie discussed marketing and communication efforts for the PHE unwinding.
 - During the PHE, Pennie will run search ads to create awareness for those looking for coverage outside of OE. The idea of waiting until MA coverage has been lost to begin advertising was to not create too much alarm for the vast amount of the population during the renewal process. If earlier messaging were to happen, its primary focus would be to respond to DHS for redetermination.
 - The earliest date a MA member would know they are losing coverage could be as early as late-June, based on this possible timing scenario. An individual must be given at least 15-days notice prior to losing coverage. Regardless of what that date is, coverage continues through the end of the month. DHS anticipates completing all renewal applications by the end of the month in which they are due.
 - DHS cannot technically terminate coverage until the last day of the PHE. Pennie is hesitant about beginning outreach prior to the processing because the redetermination could result in an individual maintaining MA.
 - The data coming from DHS will have to remain with Pennie and not be disseminated to non-Exchange entities. Once in our system, Pennie will perform outreach to see if we can get extra permissions for navigators to assist in outreach. The outreach can direct them to a broker or an assister.
 - DHS conducts outreach to individuals ninety (90) days prior to renewal process starting. During that process, DHS tries to match information electronically to do renewal without having to complete the packets. If the process cannot be done electronically, a renewal packet will be sent out. Outreach from Pennie prior to termination could also confuse individuals on where to return these renewal packets.
 - Pennie's Outreach Team has made connections with the Department of Education to work on advertising through schools, specifically elementary schools.

¹ https://www.urban.org/sites/default/files/publication/104785/what-will-happen-to-unprecedented-high-medicaid-enrollment-after-the-public-health-emergency_0.pdf

- The advertising around the end of the PHE is going to be different than the OE advertising campaign. Pennie is grappling with the challenge of approaching the two different advertising campaigns around a similar time.
- Pennie gave an update on the webinar held in coordination with DHS on April 25, 2022, with all Medicaid Managed Care Organizations (MCOs) and Qualified Health Plan (QHP) insurers.
- Pennie provided a technical and operational update.

In the interest of time, and without objection from the Board, the Family Glitch Comment Letter Submission was discussed prior to the remaining PHE items. The remainder of the PHE discussion was held after a break.

- **Family Glitch Comment Letter Submission**

- Pennie's Chief Counsel presented an overview of the Family Glitch Proposed Rule and an outline of the comment letter.
- **Motion:** Authorize Pennie to submit a comment, supporting the Internal Revenue Service's proposed regulation, as outlined by Pennie staff.
 - Motion: Laval Miller-Wilson
 - Second: Tia Whitaker
 - Board Decision: Unanimous (10-0)
 - **Note:** Sheryl Kashuba was not in attendance. Her vote was given by proxy to Mike Humphreys. Antoinette Kraus was not in attendance for this vote.

- **Continuance of the PHE Unwinding Report Out**

- Pennie presented the Board with PHE policy proposals.
 - The first proposal was for an extension of the SEP for loss of minimum essential coverage (MEC).
 - The federal government is authorizing the extension of this specific SEP to one-hundred and twenty (120) days. Pennie is not extending all SEPs, just those for individuals who lose MEC. The regulation does not parse out reasons for losing MEC, so Pennie cannot differentiate between those who lost MEC due to the end of the PHE or another reason.
 - Due to existing rules, loss of coverage due to nonpayment does not qualify for the loss of MEC SEP.
 - The extension from 60 days to 120 days creates more time for individuals who do not come over smoothly during the account transfer process and for those who do not respond or respond insufficiently to DHS.
 - **Motion:** Tia Whitaker made the motion to adopt the Pennie staff recommendation as proposed.
 - Second: Laval Miller-Wilson
 - Board Decision: Unanimous (11-0)
 - **Note:** Sheryl Kashuba was not in attendance. Her vote was given by proxy to Mike Humphreys. Antoinette Kraus was not yet in attendance. Her vote was given by proxy to Laval Miller-Wilson. This proxy came in before this vote, but not before previous votes.
 - The second proposal was for retroactive coverage effective dates for SEPs.
 - Pennie recognizes the concern that those choosing to go back and pay the past due premiums are more likely to have incurred claims during the coverage gap than those who have not. However, Pennie's concern is for those who only learn about loss of coverage at time of service, and this is the attempt to rectify the loss of coverage. Pennie is aware there will be circumstances where that is not the case, but Pennie is trying to maintain a continuity of coverage for those who get lost in the shuffle or are unable to make a connection with Pennie due to high volume and staffing burdens.
 - Executive Director Sherman pointed out that the federal government highlighted the retroactive coverage effective date as an option. Also, most states with state-based

exchanges are doing the PHE unwind over a 12-month period. By unwinding over a compressed period creates more of a pressing need for the retroactive coverage to mitigate the disruption.

- Understanding concerns of adverse selection, Pennie chose not to propose giving consumers the option to pick the start date at any point during the SEP in hopes of avoiding those consumers who choose to only cover what they need. The all-or-nothing approach (coverage starting the first of the month following the loss of MEC, or coverage starting the first of the month following plan selection) gives them the option to go back to when they lost coverage or the next available date.
- The Board had an in-depth discussion regarding this proposal and voiced their differing opinions on providing retroactive coverage effective dates. After much debate, the Board was not able to get to a place of comfort moving forward with this proposal.
- Commissioner Humphreys suggested giving consumers the first 60 days of the SEP instead of 120 days to select a retroactive coverage effective date as a form of compromise.
- A straw poll was held to gauge the Board's stance on this proposal and give Pennie an idea of how to adjust it for a future meeting.
 - Those open to allowing selection of a retroactive coverage effective date at any point during the 120 days:
 - Yes: 4 votes
 - No: 3 votes
 - Abstain: 1 vote
 - 3 Commonwealth votes abstained.
 - Those open to only allowing selection of a retroactive coverage effective date during the first 60 days of the 120-day SEP:
 - Yes: 6 votes
 - No: 1 vote
 - Abstain: 1 vote
 - 3 Commonwealth votes abstained.
- ACTION ITEM: Pennie is to provide an estimate on how many consumers they anticipate using this retroactive option and the volume impacts of a 120-day option or a 60-day option. The Board should discuss these options with their respective organizations and be prepared to discuss at an ad-hoc meeting.
- Commissioner Humphreys moved to delay the decision on retroactive coverage, while authorizing Executive Director Sherman to begin determining the functionality needed to perform a retroactive coverage effective date, should the Board decide to move forward with that option.
- **Motion:** Laval Miller-Wilson made the motion to authorize Pennie staff to build potential system operationalization models for retroactive coverage for loss of MEC for a date to be determined based on additional input from stakeholders.
 - Second: Frank Fernandez
 - Board Decision: 10-0-1, Paula Sunshine abstains.
 - **Note:** Sheryl Kashuba was not in attendance. Her vote was given by proxy to Mike Humphreys.

With respect to time, the Commissioner chose to remove the discussion around the National Committee for Quality Assurance (NCQA) health equity accreditation from this meeting. This topic will be discussed at the ad-hoc meeting being held to further discuss Pennie's proposal for retroactive coverage effective dates.

- Executive Session

- An executive session was held to discuss ongoing audits which, if conducted in public, could violate a lawful privilege, or lead to the disclosure of information that is confidentiality protected by law.
- **Motion:** To authorize Executive Director Sherman to submit the required corrective action plan to CMS as part of Pennie’s SMART audit, respond to any questions raised or make any adjustments requested by CMS, and, upon approval, take the necessary steps to complete the corrective action plan and post the audit publicly in accordance with law.
 - Motion: Alexis Miller
 - Second: Laval Miller-Wilson
 - Board Decision: Unanimous (11-0)
 - **Note:** Sheryl Kashuba was not in attendance. Her vote was given by proxy to Mike Humphreys. Jessica Brooks was not attendance for this vote.
- **Meeting adjourned at approximately 3:44 PM.**