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Pennie Board of Directors Special Session

June 17, 2022

Agenda

- Preliminary Matters
- Public Health Emergency (PHE) Report Out
- Earlier Coverage Effective Date SEP Proposals
- Executive Session
- Future Plan Certification Policies Feedback **Time expired before this section could be covered.*
These slides will be revisited at the August 2022 meeting.
- Adjourn



Preliminary Matters



Preliminary Matters

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



PHE Report Out



Since The Last Time We Met Pennie...

- Did not receive advance notice from the federal government that the PHE would be ending mid-July, signaling it will be extended at least another 90 days to mid-October.
- Conducted a second round of stakeholder feedback on a version of the earlier coverage effective date SEP proposal to restrict it to just the first 60 days of the SEP. Additionally, we asked for any ideas on alternative approaches to get at the same goal of ensuring continuous coverage for this population.
- Held an advisory council meeting and presented both the full 120 days and first 60 days policy options and solicited feedback to be shared with the Board.
- Developed options for operationalizing these policy proposals in response to stakeholder feedback requesting that the earlier coverage effective date SEP only be made available to consumers losing Medicaid Assistance/CHIP during the PHE unwinding.

PHE Unwinding – Emerging Quantification

- As the PHE continues, volumes continue to grow, latest estimates from DHS are that the MA program has grown to over **3.4M** throughout the PHE, **~900k** of which could be ineligible if not for the continuous coverage requirement.
 - As of 4/17/2022, DHS has identified about **500,000** individuals which have been maintained despite not meeting eligibility criteria. Of these individuals, DHS estimates approximately 64 percent will likely be ineligible for Medicaid.
 - Additionally, approximately **400,000** cases have not completed the renewal process. Once the PHE ends, these individuals will be sent a new renewal and if they do not return the renewal or if they do not meet eligibility criteria, these cases will close after proper notice.
- Prior to the pandemic, account transfers (ATs) from DHS occurred due to a denied application or a case closure:
 - Monthly ATs prior to pandemic averaged around **27k**, or roughly 11% of the population eligible for renewal*
- No historical experience exists to draw on for solid estimates, but DHS and Pennie have been working to quantify potential expected volumes. Although not certain, based on current DHS population volumes for those needing to be processed during the 6-month period, Pennie estimates that it can potentially expect to receive between **45k and 61k ATs per month** throughout the 6-months following the end of the PHE.

Earlier Coverage Effective Date SEP Proposals

Earlier Coverage Effective Date Policy for Loss of MEC SEP – 120 days

45 CFR § 155.420(b)(3)

Proposal	Policy Goal(s)	Benefits	Challenges
<p>Provide customers with a Loss of MEC SEP who enroll after the date they lost coverage with a coverage effective date of either:</p> <ol style="list-style-type: none"> 1st of the month following coverage loss event date or 1st of the month following plan selection (default) <p>Policy becomes effective the month in which the PHE unwinding period begins (tentatively October 15, 2022) and terminates on the last day of PA’s unwinding period (tentatively April 30, 2023)</p>	<ul style="list-style-type: none"> Provide for a seamless transition for customers losing coverage coming to Pennie during the PHE unwinding process Advance Pennie's health equity goals by helping low-income Pennsylvanians stay covered 	<ul style="list-style-type: none"> Provides for continuous coverage for Pennsylvanians experiencing a qualifying life event due to coverage loss Limiting to Loss of MEC QLE will ensure those with access to this option were previously enrolled in coverage 	<ul style="list-style-type: none"> Differs from current practice Would treat Loss of MEC QLE differently from other QLEs

Proposed Approach:

- Provide customers experiencing a Loss of MEC SEP the option to select a coverage effective date that is the 1st of the month following an event date when enrolling in coverage after the event date, provided they are in the SEP window
- Option would be in addition to the default prospective coverage effective date based on the 1st of the month following plan selection
- Option would be made available starting during the month in which the PHE ends and would sunset after the unwinding process is complete (tentatively April 30, 2023)

Earlier Coverage Effective Date Policy for Loss of MEC SEP – First 60 days

45 CFR § 155.420(b)(3)

Proposal	Policy Goal(s)	Benefits	Challenges
<p>Provide customers with a Loss of MEC SEP who enroll <i>within the first 60 days</i> after the date they lost coverage with a coverage effective date of either:</p> <ol style="list-style-type: none"> 1st of the month following coverage loss event date, or 1st of the month following plan selection (default). <p>Policy becomes effective the month in which the PHE unwinding period begins (tentatively October 15, 2022) and terminates on the last day of PA's unwinding period (tentatively April 30, 2023)</p>	<ul style="list-style-type: none"> • Provide for a seamless transition for customers losing coverage coming to Pennie during the PHE unwinding process • Advance Pennie's health equity goals by helping low-income Pennsylvanians stay covered 	<ul style="list-style-type: none"> • Provides for continuous coverage for Pennsylvanians experiencing a qualifying life event due to coverage loss • Limiting to Loss of MEC QLE will ensure those with access to this option were previously enrolled in coverage 	<ul style="list-style-type: none"> • Differs from current practice • Would treat Loss of MEC QLE differently from other QLEs

Proposed Approach:

- Provide customers experiencing a Loss of MEC SEP the option to select a coverage effective date that is the 1st of the month following an event date when enrolling in coverage after the event date, provided they are within the *first 60 days* of their SEP window
- Prospective effective date would remain the default option, but customers would have the option to select the earlier effective date within the first 60 days of the SEP; customers enrolling between day 61-120, would only be able to enroll in prospective coverage
- Option would be made available starting during the month in which the PHE ends and would sunset after the unwinding process is complete (tentatively April 30, 2023)



Example of Earlier Coverage Effective Date Policy Options for Loss of MEC SEP

45 CFR § 155.420(b)(3)

EXAMPLE: Loss of Coverage on 1/31/2023

Loss of Coverage on	Plan Selected on	Coverage Start Date		
		1 st of month following plan shopping (default)	Choice of earlier coverage start date?	
			120 days	First 60 days Only
1/31/2023	1/17/2023	2/1/2023	--	--
	2/17/2023	3/1/2023	2/1/2023	2/1/2023
	3/17/2023	4/1/2023	2/1/2023	2/1/2023
	4/17/2023	5/1/2023	2/1/2023	--
	5/17/2023	6/1/2023	2/1/2023	--
	6/17/2023	No SEP Available (more than 120 days from coverage end date)		

Assumptions:

- SEP may be due to loss of Medicaid or other MEC (e.g. employer-sponsored coverage)
- Prior coverage ends during the PHE unwinding period

Stakeholder Feedback on Earlier Coverage Effective Date Policy for Loss of MEC SEP

45 CFR § 155.420(b)(3)

Stakeholder Feedback on 120-Day Proposal:

- Majority of brokers & assisters supported; 2 of 7 medical insurers supported. Primary reason is need for seamless coverage during the uniqueness of the PHE unwinding.
 - 1 insurer said they would support if limited only to those losing Medical Assistance due to PHE, not to all losing MEC
- Several medical insurers expressed concerns regarding risk of adverse selection and customer confusion/abrasion due to multiple months of premium due right away and difficulty accessing services prior to enrollment.
- Advisory Council members expressed broad support for having some type of earlier effective date proposal in place for the PHE unwinding, along with limiting it to just those losing Medical Assistance, if possible. There was support for both the first 60 days and full 120-day proposals.

Stakeholder Feedback on First 60 Days Proposal:

- Majority of brokers & assisters supported; medical insurers continued to express adverse selection concerns and requested more time to evaluate the proposal
- Multiple insurers indicated that a 60-day retroactive coverage option would be less complex to implement than 120 days and stated their preference to restrict the earlier effective date option to those losing MA only
- Several assisters and brokers indicated their preference for the customer to have the earlier effective date option presented to them for the full 120-day SEP.

Stakeholder Feedback on Earlier Coverage Effective Date Policy for Loss of MEC SEP

Stakeholder Feedback on Alternative Approaches:

Pennie solicited alternative approaches from stakeholders to achieve the goal of providing access to continuous coverage for those losing coverage during the PHE unwinding process:

- Multiple insurers indicated that if Pennie offered an earlier effective date option, their preference was to limit the time period in which this option could be utilized to the first 30 days of the SEP
- Multiple stakeholders indicated a preference for either limiting the earlier effective date option to those losing MA.
- Some insurers recommended making the SEP available only through the contact center only, or suggested requiring customers to verify loss of coverage prior to the option being made available
- Multiple insurers suggested different approaches to account for this policy in their rate filings – 2 insurers suggested Pennie/PID mandate a rate load increase and 1 suggested temporarily reducing Exchange user fees and/or creating a separate reinsurance program
- 1 insurer suggested a limited "auto-enrollment" function for customers who do not enroll in Pennie coverage prior to losing MA
- Some stakeholders expressed interest in allowing the customer to be able to select any earlier effective date, not just first of the month following loss of coverage

Who Is Most Likely To Need The Earlier Coverage Option?

1. Those seeking reassurance of continuous health coverage (even with no past medical needs)

- Continuous health coverage provides peace of mind, especially to lower income individuals most at risk of financial hardship of being uninsured
- High levels of financial assistance reduces financial barriers to having continuous coverage
- Even those who act promptly upon becoming aware of losing MA can easily have a gap in coverage:
 - For MA ineligible population AT-ed to Pennie:
 - Notice of loss of MA received as late as 10-15 days before MA coverage end date
 - Need to enroll in Pennie coverage by MA coverage end date to avoid 1 month gap in coverage
 - For MA procedurally terminated population:
 - Pennie can't communicate until more than 30 days after MA coverage end date, therefore 2-month gap in coverage even if promptly act upon receipt of Pennie communications.
 - Many reason individuals may have been procedurally terminated could make it even more difficult to communicate with these individuals to make them understand their loss of MA (e.g. no longer at address on file, unaware that adverse action occurring when disregarding renewal packet in past years years has not caused loss of MA)

2. Those who need care or prescriptions during the gap in coverage

- Seeking care and refilling prescriptions during a gap in coverage can create financial hardships which could serve as a barrier to individuals being able to afford coverage prospectively.
- Presenting them with an option for an earlier effective date of coverage would help offset the cost of care received during the gap and would provide them more financial flexibility to be able to afford prospective coverage.

Earlier Coverage Effective Date Proposal – Gating Option

Policy Goals

- Provide those losing coverage during PHE unwinding period with access to continuous coverage through Pennie
- Create a seamless process for those populations most at-risk of becoming uninsured during PHE unwind
- Ensure this option is available for only those losing minimum essential coverage during this period

Operational Approach - Gating

- Develop an earlier effective date option for those losing MA/CHIP in Pennie system
- Create a new "Loss of Medicaid (Medical Assistance)" SEP option
 - Automatically assign "Loss of Medicaid (Medical Assistance)" SEP to account transfers from DHS
 - 'Medicaid End Date' value in AT file would serve as verification
 - Procedurally terminated MA population could select new SEP from dropdown menu
 - Pennie could verify loss of MA/CHIP via existing data sharing agreement with DHS; reflected in attestation language
- Provide those losing other MEC (ESI, Medicare, etc.) an earlier effective option through Pennie Contact Center
 - Customers using existing Loss of MEC SEP could avail themselves of this opportunity by calling the Pennie Contact Center
 - Would need to submit documentation verifying loss of MEC to qualify

Example of Earlier Coverage Effective Date for Loss of MEC SEP Selection in System, With Gating

Life Change Reporting Qualifying Life Event

Help
Contact Us

Important: In order to qualify for this event, you must select the correct event date. If you don't your...

Select your Qualifying Life Event

Qualifying Life Event *

- Loss of Medicaid (Medical Assistance)
- Loss of Minimum Essential Coverage (MEC)
- Loss of Other Qualifying coverage
- Marriage
- New Pennsylvania Resident

--- Select ---

mm/dd/yyyy

Clicking this box is the equivalent of my signature. By clicking this box, I declare under penalty of perjury, pursuant to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities), that the information provided herein is true and correct based on my personal knowledge. (Conditional based on selecting new QLE) I also affirm my understanding that Pennie may verify that myself, or a member of my household, has lost Medical Assistance with the Pennsylvania Department of Human Services. Falsely attesting to having lost Medical Assistance may result in legal action being taken against me.*

Back to Dashboard

Continue

Add – “Loss of Medicaid (MA)”

Additional Attestation Language

*Additional attestation language is not yet final, included for illustrative purposes only.

Executive Session

Summary of Earlier Coverage Effective Date Operational Proposals

Proposal	Earlier Coverage Effective Date Available?		Customer Documentation Requirement? (By Population)		
	Day 0-60	Day 61-120	Loss of Medical Assistance (MA) Coverage		Non-MA Coverage
			Inbound Account Transfer (AT)	Procedurally Terminated	Loss of MEC
Full 120 days, No gating	✓	✓	None (Account transfer from DHS is verification of Loss of MA)	Self-attestation, under penalty of perjury	Self-attestation, under penalty of perjury
First 60 days, No gating	✓	X			
Full 120 days, Gated	✓	✓		Self-attestation, under penalty of perjury (with additional attestation language) Customer communications instruct to use Loss of MA QLE	Documentation required Only available by contacting Pennie Customer Service
First 60 days, Gated	✓	X			



Future Plan Certification Policies Feedback



NCQA Health Equity Accreditation for Pennie Insurers

<https://www.ncqa.org/programs/health-equity-accreditation/>

National Committee for Quality Assurance (NCQA) uses measurement, transparency and accountability to highlight top performers and drive improvement.

NCQA's Health Equity Accreditation is a program that gives health care organizations an actionable framework for creating the structures and processes to begin working toward addressing health equity.

- Collecting race/ethnicity and language data
- Providing language assistance
- Cultural responsiveness
- Quality improvement of culturally and linguistically appropriate services (CLAS)
- Reduction of health care disparities
- Organizational diversity, equity, inclusion and reducing bias;
- Collecting gender identity and sexual orientation data; and
- Reporting race/ethnicity stratified Healthcare Effectiveness Data and Information Set (HEDIS) measures

The typical time frame is 12 months from application submission to decision, depending on an organization's readiness.

NCQA Health Equity Accreditation for Pennie Insurers

Aligns with Pennie’s strategic goal of “...reducing inequities experienced by vulnerable populations.”

Proposal: Require insurers have NCQA Health Equity Accreditation for 2024 plan certification. Insurers who have not completed accreditation will be able to provide proof of progress towards accreditation for 2024.

Proposal	Policy Goal(s)	Benefits	Challenges
<ul style="list-style-type: none"> Require insurers have NCQA Health Equity Accreditation for PY24 Plan Certification 	<ul style="list-style-type: none"> Health equity - Reduce health disparities in underserved populations in PA 	<ul style="list-style-type: none"> Reducing health disparities reduces overall health care costs Leverage expertise of national organization defined standards 	<ul style="list-style-type: none"> Extensive process to achieve accreditation May require regulations

Feedback:

- Broad support for health equity goals and use of data-driven approach to address and promote equity
- Most medical insurers indicated that they are already working towards achieving NCQA Health Equity Accreditation (or NCQA’s Multicultural Healthcare Distinction, the predecessor to Health Equity Accreditation that is being phased out)
 - Several mentioned other state/agency requirements to achieve health equity accreditation or multicultural healthcare distinction
 - E.g. PA Department of Human Services has required Medicaid MCOs to obtain Multicultural Healthcare Distinction
 - Accreditation in other states or lines of business will not automatically result in accreditation for PA QHPs
- Many supported flexibility on completing accreditation, noting that the certification process is lengthy and requires a significant investment of time and resources
 - Accreditation takes approximately 12 months, but initial data collection and gap analysis can be extensive
 - Potential additional resources/costs associated with new accreditations outside of an insurer’s current NCQA accreditation cycle
- Health Equity Accreditation is a very new accreditation, NCQA still releasing required tools as recently as Spring 2022



NCQA Health Equity Accreditation for Pennie Insurers

Feedback (continued):

- Concerns expressed about the limited data availability and lack of industry standards for data elements
 - Data needs to be available, high quality (completeness, accuracy, coverage, etc.), and standardized.
 - Some data elements are new and not yet standardized industry-wide, including sexual orientation and gender identity (SOGI)
 - Concerns authority to collect data under existing state statutes and regulations
 - For insurers with low membership in PA, limited dataset size may create additional challenges
 - Complexities associated with adopting new data standards across diverse systems (e.g. payer, provider, State) and transactional systems (e.g. 834 enrollment transactions)
- One insurer expressed concern about requiring a singular accreditation from a non-governmental entity

Next Steps

- Option 1 – Implement with Regulations
 - Regs would allow options to provide flexibility (e.g. define process; permit accreditation or proof of progress towards accreditation)
 - Earliest effective 2025 plan year (very difficult to complete regs in time for 2024 plan year)
- Option 2 – Implement without Regulations
 - Without regs, very difficult to provide flexibility; all or nothing approach for accreditation
 - Administratively, could implement as early as 2024 plan year
- August 2022 – Board Meeting, policy proposal

NCQA Health Equity Accreditation for Pennie Insurers

Discussion Questions

- Do you think we should allow flexibility for insurers to satisfy the plan certification requirement even if they have not completed the NCQA Health Equity Accreditation?
- What types of flexibility should we consider? What flexibility should we not consider?
- Are there other concerns or issues we should be taking into account?

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