

**pennie**<sup>®</sup>  
connecting Pennsylvanians to health coverage<sup>™</sup>

# 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 Council members.



# Pennie Advisory Council Meeting

June 2, 2022

# Meeting Agenda

1. Preliminary Matters
2. Administrative Matters
3. Update on the Public Health Emergency (PHE) and American Rescue Plan (ARP) Subsidies
4. Review of 2021
5. Review of 2022 Strategic Goals and Planned Initiatives
6. Adjournment

# Preliminary Matters

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



# Administrative Matters



# Administrative Matters

- 2022 Meeting Schedule Discussion
- Chairperson Nominations
- Election of the Chairperson

# Since We Last Met Pennie...

- Implemented the American Rescue Plan's (ARP) new eligibility requirements which included additional premium savings for both new and existing customers by June 2021. These changes resulted in more than 50% of Pennie's customers paying less than \$1/month for the second half of 2021.
- Operationalized a COVID-19 SEP from Feb. - August 2021, which combined with the ARP savings brought in more than 65,000 new customers.
- Operationalized our second open enrollment period from Nov. 1, 2021 – Jan. 15, 2022
  - Enrolled over 374,000 customers, an 11% increase over the previous OEP and;
  - Achieved a 99.6% success rate with auto-renewals
- Created new pathways for Pennsylvanians to get and stay covered, including:
  - A new Low-Income Special Enrollment Period for households with incomes at, or below, 150 percent of the Federal Poverty Level and;
  - Path to Pennie, a program created in partnership with the Department of Revenue where uninsured Pennsylvanians filing taxes can complete a new tax form to connect them with health coverage through Pennie.



# Update on the PHE/ARP Subsidies



# PHE Unwinding – A Possible Timing Scenario

~This timeline is based on the assumption that the PHE ends 10/15 and would need to be adjusted if extended~

## September 2022\* – April 2023

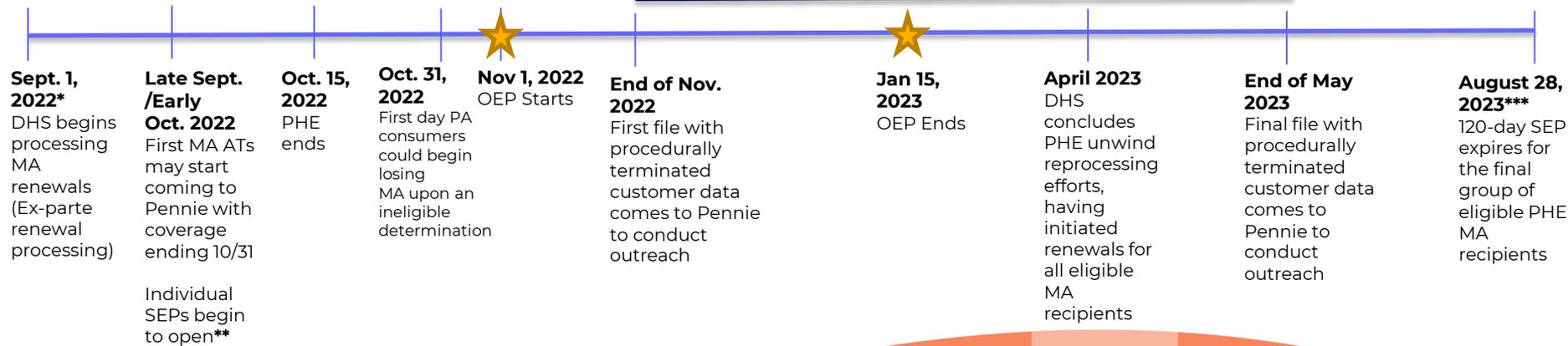
DHS initiates process for all MA recipients due for renewal  
*(Note: Auto-eligibility process assumes that loss of MA is based on income)*

## April 2023 – August 2023\*\*\*

Pennie continues to support enrollments until 120-day SEP window expires

## End of Nov 2022 – End of May 2023

Pennie continues to receive monthly files from DHS containing contact information for the procedurally terminated population  
*(Note: The timing displayed here assumes DHS begins processing MA renewals Sept 1, 2022\*)*



The last MA AT tied to the PHE unwind will be sent to Pennie

\*This exact date has not yet been determined by DHS, it is being used here for illustrative purposes only.

\*\* Two available QLES to open SEPs will be 1) Low-income QLE which will automatically open a SEP and 2) Loss of MEC QLE which would automatically open a SEP for MA ATs and run for 120 days.

\*\*\*Exact date dependent on when DHS reprocessing activities officially conclude.

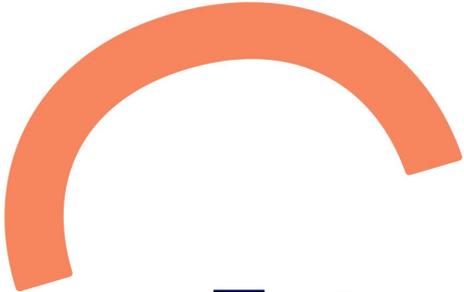
# PHE Unwinding – Technical and Operational Update

## Technical

- Plan to turn Automated Eligibility on – targeting late June. This was paused due to the discovery of Account Transfer income data defects including:
  - Not receiving all income types in some instances, which would overestimate Advance Premium Tax Credit (APTC) eligibility.
  - Doubling of income in some instances which would underestimate APTC eligibility.
- Developing a new Qualifying Life Event (QLE) and modifying existing Loss of Minimum Essential Coverage (MEC) QLEs if necessary, with ability to choose effective date based on MA end date. Also targeting late June.
- Planning to run Periodic Data Matching monthly to address timely MA appeals.
- Coordinating with GetInsured to prepare contingency plans if ARP subsidies expire at the end of the year, or if they are extended past 2022.

## Staffing

- Outbound calling team - (New Team)
- Inbound Team Rightsizing – Ramp up several months prior to OE23



# Extension of SEP for Loss of MEC



# Extension of SEP for Loss of Minimum Essential Coverage (MEC)

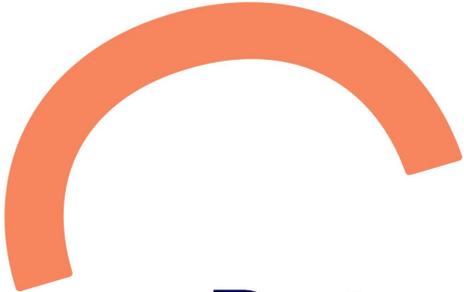
Loss of Minimum Essential Coverage (MEC) – 45 CFR § 155.420(d)(1)

Proposal	Policy Goal(s)	Benefits	Challenges
<p>Extend the Loss of MEC SEP to 120 days effective the month in which the PHE unwinding period begins (tentatively October 15, 2022) and terminating on the last day of PA's unwinding period (tentatively April 30, 2023)</p>	<ul style="list-style-type: none"> <li>Provide for a seamless transition for customers losing coverage during PHE unwinding</li> <li>Give Pennsylvanians experiencing loss of coverage additional time to access coverage through Pennie during an unprecedented event</li> <li>Advance Pennie's health equity goals by helping low-income Pennsylvanians stay covered</li> </ul>	<ul style="list-style-type: none"> <li>Minimize the gap in coverage for those experiencing a loss of coverage who come to Pennie</li> <li>120-day SEP would provide time following the 90-day MA reconsideration period for customers to enroll in Pennie coverage</li> </ul>	<ul style="list-style-type: none"> <li>Differs from current practice</li> <li>Operational challenges around creating a temporary change</li> </ul>

## Staff Recommendation: *Adopt as proposed*

- Extending the Loss of MEC SEP to 120 days during the PHE unwinding will help more Pennsylvanians stay covered
- System cannot require documentation based on when a customer enrolls, but MA account transfer is documentation of Loss of MEC
- Cannot restrict extension to only certain types of Loss of MEC SEP
- While we are concerned about PHE unwinding period overlapping with OEP, these activities will overlap regardless and we think the longer SEP period will give customers more time and opportunity to get covered.

**Board of Directors adopted as proposed in May meeting**



# **Retroactive Coverage Effective Dates Proposals**



# Retroactive 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"> <li>1st of the month following coverage loss event date, or</li> <li>1st of the month following plan selection (default).</li> </ol> <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"> <li>Provide for a seamless transition for customers losing coverage coming to Pennie during the PHE unwinding process</li> <li>Advance Pennie's health equity goals by helping low-income Pennsylvanians stay covered</li> </ul>	<ul style="list-style-type: none"> <li>Provides for continuous coverage for Pennsylvanians experiencing a qualifying life event due to coverage loss</li> <li>Limiting to Loss of MEC QLE will ensure those with access to this option were previously enrolled in coverage</li> </ul>	<ul style="list-style-type: none"> <li>Differs from current practice</li> <li>Would treat Loss of MEC QLE differently from other QLEs</li> </ul>

## 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
- Prospective effective date would remain the default option, but customers would have the option to select the earlier effective date
- 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)

# Retroactive 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"> <li>1st of the month following coverage loss event date, or</li> <li>1st of the month following plan selection (default).</li> </ol> <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"> <li>Provide for a seamless transition for customers losing coverage coming to Pennie during the PHE unwinding process</li> <li>Advance Pennie's health equity goals by helping low-income Pennsylvanians stay covered</li> </ul>	<ul style="list-style-type: none"> <li>Provides for continuous coverage for Pennsylvanians experiencing a qualifying life event due to coverage loss</li> <li>Limiting to Loss of MEC QLE will ensure those with access to this option were previously enrolled in coverage</li> </ul>	<ul style="list-style-type: none"> <li>Differs from current practice</li> <li>Would treat Loss of MEC QLE differently from other QLEs</li> </ul>

## 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 Retroactive Coverage Effective Date for Loss of MEC SEP Selection in System

Ex. Medicaid ended on: 8/31/2022. Customer shopping: 10/9/2022

### Select coverage start date

Your current Medicaid coverage ends on Aug 31st, 2022. Please chose a start date for your new coverage at Pennie.

Next available date ( November 1, 2022)

To ensure continuity of coverage, you may choose to begin your coverage at the earliest start date shown below. Please note that if you choose your coverage to being at the earliest start date, you will have to pay premiums for all of these months of coverage.

Earliest start date ( September 1, 2022)

← Default: 1<sup>st</sup> of month following shopping

← Choice to opt-in to earlier effective date

Mock-up of coverage start date choice at start of plan shopping.  
Draft language for illustrative purposes only.

# Discussion on Retroactive Coverage Effective Dates Proposals

- Do Advisory Council members have feedback on the general proposal to allow customers with the Loss of MEC SEP to have an earlier effective date option?
- Do Advisory Council members have feedback on the duration of the retroactive coverage options (120 days or just the first 60 days)?
- Do members have feedback regarding how this option is presented to customers?

# PHE Unwinding – Comms and Marketing Efforts and Timing

~All timeframes depicted on this slide rely on the same assumptions used in the previous timeline. If PHE is extended past 10/15, this slide will need to be updated~

## Impacted Populations:

**Population 1:** Responded to packets, determined ineligible for MA, transferred to Pennie

**Population 2:** Did not respond to renewal packets - procedurally terminated

- DHS approval to contact prior to conclusion of reconsideration period
- Messaging to encourage continuity of coverage and to provide education about the pathways, either through responding to DHS' renewal packet or by applying directly w/ Pennie



\* Stakeholder, media and partner outreach initiatives have already begun and are ongoing until the end of the PHE unwinding

# PHE Unwinding – Comms and Marketing Efforts and Timing

- Stakeholder Outreach
  - Insurers/Brokers/Assisters/CSRs/Community Partners
  - Working with DHS to develop a stakeholder toolkit
- Owned Media
  - Mailer, notices, emails, outbound calling campaigns
  - Pennie PHE landing webpage
  - Social media campaign
- Earned Media
  - Working in coordination with DHS for press interviews, releases and conferences
- Paid Media – Advertising Campaign
  - Traditional, Digital, Out-of-Home and Lifestyle tactics such as:
    - Tv and radio
    - Search, social, display, audio/video, etc.
    - Sponsorships/events, print ads, transit, influencer marketing
    - Lifestyle ads – laundromats, pharmacies
  - Plan is to fund campaign w/in current budget including the PHE-specific \$1M contingency authorized by the BOD
- Outreach
  - Healthcare provider (hospital systems, health centers, primary care centers ) outreach
  - YMCA Health Equity Tour – Considering expanding to maximize reach
  - Assister network engagement and partnership
  - Sponsorships, conferences, festivals

# Discussion on Messaging for PHE Unwinding

- What feedback do Council members have on the PHE unwind communications and marketing information? Specifically:
  - What should the message be to consumers?
  - What additional outreach and advertising channels should we consider including?
- Are there other ideas on how we should address the challenge of communicating with customers the unwind and OEP happening concurrently?

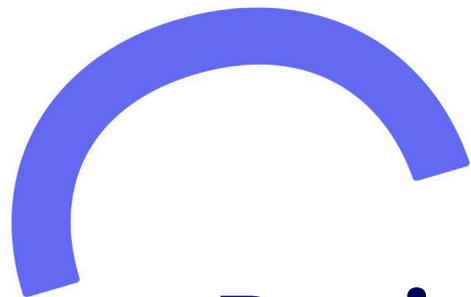
# Update on ARP Subsidies

- Congress has not yet acted to extend the American Rescue Plan subsidies past 2022. If no action is taken, the subsidies are set to expire at the end of this year.
- There is still time for Congress to act by passing a bill to include extending ARP subsidies. Pennie, along with other state-based exchanges, has continued to advocate for the extension of these subsidies and has asked for certainty on their extension as soon as possible to mitigate operational challenges.
- Expiration of ARP subsidies will have a grave impact on the progress PA has made in increasing enrollments and lowering the uninsured rate. A report published in May 2022 by the Robert Wood Johnson Foundation shares analysis which projects PA could experience an approximately **12%** decline in marketplace enrollment and an increase to the uninsured of approximately **7%**, from 2022 – 2023, if enhanced tax credits expire.<sup>1</sup>
- While still continuing to advocate for extension, PA must also prepare for the possibility that ARP subsidies expire at the end of this year.

(1) <https://www.rwjf.org/en/library/research/2022/05/marketplace-pulse--the-coming-coverage-cliff--some-states-have-a-lot-to-lose.html>

# Discussion on Messaging of ARP Subsidies

- How can we best craft a message on the expiration of ARP subsidies to help mitigate customer confusion?
- What forms of communication would be the most effective in raising awareness and educating impacted populations?
- What would be the optimal time to begin this communication and at what frequency?
  - *(Reminder: Auto-renewal notices are sent Oct. 2022. Customers see the first bill Jan. 2023)*



# Review of 2021

# Questions on OEP 2022 Data



# 2021 Strategic Goals Review



# 2021 Strategic Goals

- 1. Execute New Federal ACA requirements (American Rescue Plan) to:**
  - Maximize affordability and access
  - Minimize disruption to market participants and;
  - Ensure fiscal stability and responsibility
- 2. Increase health coverage for the uninsured and underserved through the development and advancement of policies and systems reducing inequities experienced by vulnerable communities**
- 3. Achieve operational excellence through improved:**
  - Customer service and;
  - Ease of doing business with Pennie

# 2021 Goals: Highlight of Accomplishments

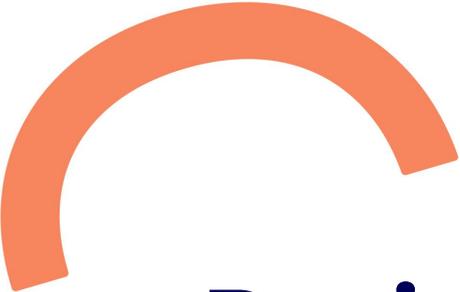
- Enrolled over 65,000 new customers during the COVID-19 SEP
- Enrolled over 111,000 new customers since OEP 2021
- Successfully deployed all American Rescue Plan requirements with expediency and minimal operational issues
- Operationalized both the COVID-19 SEP and COBRA SEP in 2021. 342 individuals enrolled using the COBRA SEP
- Held nearly 70 sessions to represent Pennie and DOH on the YMCA Health Equity Tour and reached most regions across the Commonwealth
- Successfully deployed a Spanish language application including notices and communications for OEP 2022
- Made content of pennie.com available in 10 different languages

# 2021 Goals: Highlight of Accomplishments

- Expanded assister network to reach historically underserved populations including the Latinx and LGBTQ communities, as well as low-income populations
- Created and deployed a stakeholder test environment for September release testing
- Operated a customer appeals process which received 87% less appeals than the FFM the year prior (*279 appeals filed in 2021 with Pennie vs. 2,163 appeals filed thru July 2020 with the FFM*)
- Implemented a new no-cost broker learning management system for OE 2022

# Identified Opportunities for Improvement

- Strategically deploy notices and when possible, proactively communicate implications of notices, in plain language, to consumers
- Provide a means of easier access to customer communications (notices/emails) for stakeholders to enhance their abilities to assist consumers
- Mature Pennie's translation work to promote consistency on all platforms
- Explore the feasibility and potential utilization of having Pennie enrollment tools and services translated into more languages
- Improve proactive communications to customers and stakeholders about unique changes at renewal time (subscriber switch, non-consent population)



# **Review of 2022 Strategic Goals and Planned Initiatives**



## Adopted 2022 Mission Statement

**Pennie aims to maximize the number of Pennsylvanians with affordable, quality health coverage and facilitate informed consumer decision-making.**

## Adopted 2022 Strategic Goals

- 1. Ensure operational readiness for and strategically maximize benefits and/or minimize harm of:**
  - Unwinding of the public health emergency (PHE)/ending of Medicaid Maintenance of Effort (MoE); and
  - The future of the American Rescue Plan subsidies (extension or expiration)
- 2. Make the principles of diversity, equity, and inclusion general practice and partner with vulnerable communities to advance policies and practices that aim to reduce inequities**
- 3. Mature exchange operations to achieve greater ease of doing business with Pennie for external stakeholders, consumers, and internal contributors**

# 2022 Goal #1 Planned Initiatives

**Ensure operational readiness for and strategically maximize benefits and/or minimize harm of:**

- *Unwinding of the public health emergency (PHE)/ending of Medicaid Maintenance of Effort (MoE); and*
- The future of the American Rescue Plan subsidies (extension or expiration)

## **Goal #1 Planned Initiatives:**

PHE:

- Partner with DHS to improve the account transfer process to streamline enrollments and reach consumers losing MA who do not respond or insufficiently respond during the renewal process
- Deploy broad educational advertising and communications campaigns to drive awareness
- Implement an active outbound call capability to reach customers and facilitate real-time enrollment and application assistance

If ARP subsidies are extended:

- Implement all technical requirements timely and in the best interest of our customers

If ARP subsidies expire at the end of 2022:

- Effectively dismantle ARP system functionality and subsidies
- Deploy an effective communications campaign to drive awareness of expiration of ARP subsidies and how to mitigate consumer impact
- Evaluate local options for mitigating the impact through reinsurance or alternative affordability initiatives

# 2022 Goal #2 Planned Initiatives

*Make the principles of diversity, equity, and inclusion general practice and partner with vulnerable communities to advance policies and practices that aim to reduce inequities*

## **Goal #2 Planned Initiatives:**

- Roll-out and promote new pathways for getting enrolled through Pennie (Path to Pennie and Low-Income SEP) and explore additional opportunities
- Evaluate feasibility of changes to optional race and ethnicity questions in the interest of increasing participation rate
- Increase inventory of translated content (trainings, FAQs, glossaries, etc.)
- Recruit and onboard a Chief of Diversity, Health Equity and Inclusion at Pennie
- Implement new trainings for stakeholders on DEI/cultural competency standards
- Evaluate and begin to pursue avenues necessary to ensure plans offered by Pennie meet specific quality, affordability, and accessibility standards (NCQA health equity certification, network adequacy, standard plans, etc.)

# 2022 Goal #3 Planned Initiatives

*Mature exchange operations to achieve greater ease of doing business with Pennie for external stakeholders, consumers, and internal contributors*

## **Goal #3 Planned Initiatives:**

- Conduct customer satisfaction surveys
- Proactively communicate to customers and stakeholders about unique changes at renewal time (subscriber switch, non-consent population)
- Deploy broker and assister facing system enhancements (i.e. the ability to resend activation emails for assisters and being able to post broadcast messages in both Assister and Broker portals)
- Develop repository for stakeholders to access which contains all Pennie communications and notices
- Build and deploy improvements to customer relationship management (CRM) technology

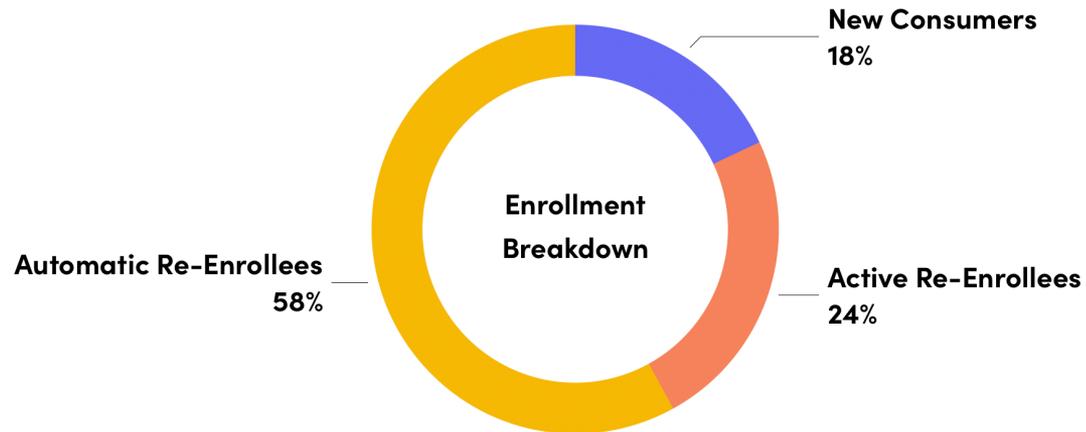
**Adjourn**



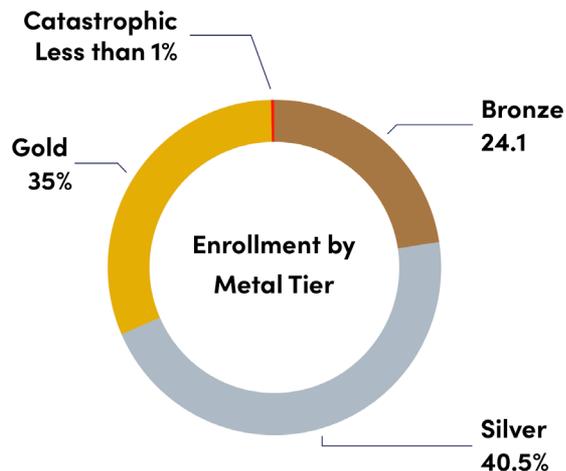
# Appendix

# Open Enrollment 2022 Results

**Current  
Enrollment**  **374,776**



# Open Enrollment 2022 Results



**90%**

Of customers are eligible  
for financial assistance

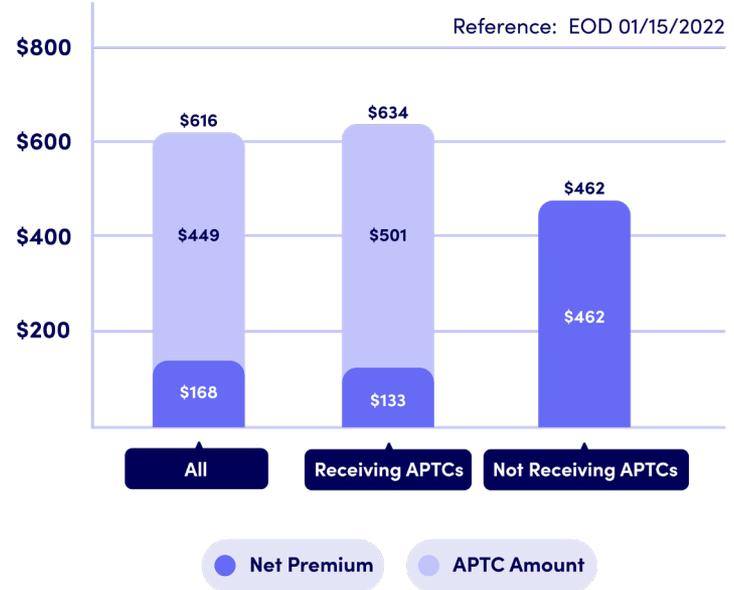
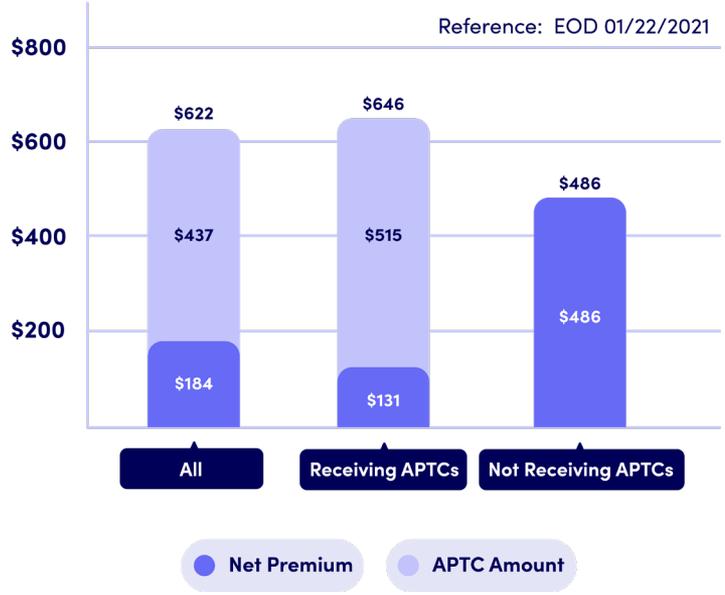
Average monthly  
premium savings

**\$449**



# Per Member Per Month (“PMPM”) APTC and Net Premium Metrics

## Average PMPMs – Total



**Note:** The APTC amounts shown do not include members who are eligible for APTCs but are not receiving them in advance. These members are counted in the “not receiving APTCs” column.

# OEPs 2021/2022 Pennie-Certified Stakeholders

## Brokers

### Counts:

#### **3,024 Total**

- 2,016 Retained from '21 (75% of '21)
- 673 Didn't recertify
- 1,008 New for '22

#### **Language:**

- 20% Responded
- 5% Language other than English (most prominent: Spanish)

## Assisters

### Counts:

#### **247 Total**

- 104 Retained from '21 (62% of '21)
- 63 Didn't recertify
- 143 New for '22

#### **Language:**

- 100% Responded
- 35% At least 2 languages
- 28% Spanish

# OEPs 2021/2022 Pennie-Certified Stakeholder Enrollments

	Total	Broker	Assister	Active and New Broker	Active and New Assister
<b>OE 2021 (#)</b>	<b>337,722</b>	<b>101,139</b>	<b>1,910</b>	<b>44,711</b>	<b>1,568</b>
<b>OE 2021 (%)</b>	100%	30%	0.6%	13%	0.5%
<b>OE 2022 (#)</b>	<b>374,776</b>	<b>149,239</b>	<b>3,276</b>	<b>78,524</b>	<b>1,620</b>
<b>OE 2022 (%)</b>	100%	40%	0.9%	21%	0.4%

## Observations:

21% of customers were actively aided by a broker for 2022, up from 2021's 13%.

About 0.45% of customers were actively aided by an assister, for both 2021 and 2022.

## OE 2022 Assister Referrals/Applications to Medicaid\*

Medicaid <sup>1</sup>	3,068
CHIP <sup>2</sup>	118

\*These numbers were reported to Pennie by our assister vendor, Cognosante. Pennie has not independently verified these totals.

- (1) These referral totals include referrals made to Medicaid, applications sent to Medicaid through Pennie, and the number of Medicaid applications directly entered into DHS COMPASS for Medicaid during the enrollment assistance process.
- (2) These referral totals include the applications sent to CHIP through Pennie and the number of referrals/applications sent directly to CHIP

2021 Data as of 1/22/21  
2022 Data as of 1/15/22

# OEP 2022 Medicaid Account Transfers

	Sent	Response	Accepted	Response Rate	Acceptance Rate <i>per response</i>
<b>Households sent to Medicaid</b>	43,395	30,321	14,373	70%	47%

	Received	Enrolled	Conversion Rate <i>HH enrolled in Pennie</i>
<b>Households referred from Medicaid</b>	23,659	6,019	25%

Data is for account transfers made between 11/1/21 and 1/15/22, with the responses are as of 2/3/22.