

A top-down view of a desk with various items: a laptop in the top right, a smartphone on the left, a small potted plant in the top left, an open notebook in the center, a yellow pencil, and a pair of glasses on the right.

Broker Workgroup

June 12, 2020

Meeting Agenda

1. Exchange Authority Overview
2. Proposed SEP Policy
3. Binder Payments
4. Proposed QLE/SEP Verifications
5. Transition to State-Based Exchange
6. Notices Feedback Review
7. Questions for the Exchange Authority

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Who is the Exchange Authority?

The mission of the Pennsylvania Health Insurance Exchange Authority is to improve the accessibility and affordability of individual market health coverage for Pennsylvanians.

Our goal is to serve Pennsylvania's individual health insurance market customers without disruption, operate a state-based exchange and support the needs of consumers purchasing health insurance while ensuring the stability and affordability of the health and dental offerings available through the Exchange Authority.

Agency Updates

What's new since we met last?

Technology Platform

- Begun testing the enrollment and eligibility system design

Brand Development & Marketing

- We have a brand mark, descriptor line, and color scheme! Our brand guide is nearly finalized and we're planning a public launch in September.
- Media buying Request for Proposal will be posted within days. Advertising to be in alignment with brand roll-out.
- Website sitemaps, wireframes, & design concepts are being developed.

Call Center

- Held first training class for Customer Service Representatives
- Reminder: there will be two phone lines: One dedicated to customers and a second for brokers/assisters

Exchange Assister / Navigator Request for Proposal procurement is closed

- Selection committee has the proposals under review

Other Stakeholders

- Continuing to engage customer advocates, producers, medical and dental insurers, legislators, business and community groups, Exchange Assisters, etc.

Broker Workgroup Overview

What is the Broker Workgroup?

Statement of goals

The goal of the Broker Workgroup is to provide a mechanism for engagement, education of new state-based exchange (SBE), inform of certification process, and encourage input and discussion important to improving the accessibility and affordability of individual market health coverage for our fellow Pennsylvanians.

Each month, we will:

- Update you on the SBE buildout
- Address your entries into our web portal
- Share relevant data
- Update you on broker-specific implementation activities
- Discuss points of potential collaboration and improvement

Meeting Schedule

The Broker Workgroup will meet for a **one hour, web-based conference call on the second Friday of every month.**

We encourage you to **forward the calendar invite to any colleagues** you feel could either benefit from our discussions or could provide valuable insight.

Again, the Exchange Authority's goal is to provide access to affordable health coverage for our fellow Pennsylvanians. With your support & participation, we can make sure that goal is reached.

If at any time you have a question, comment, suggestion, or concern, please share it through our broker [web portal](#).

Scott A. Yeager, M.A.

Outreach Manager

- Most recently the Public Engagement Officer at Secure Asset Management, one of North-Central Pennsylvania's largest independent insurance agencies
- Licensed insurance producer – Property, Casualty, Allied Lines, Life, Accident, Health, and Fixed Annuities
- Outreach experience in higher education
 - Clarion, PSU, & Pitt
- Extensive experience with market analysis, analytics, and community education



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Proposed Special Enrollment Period (SEP) Policies

Presenter: David Thomsen, Director of Policy

Our Approach

Background on how we approached these policy proposals that we'll be going through and seeking stakeholder feedback on today.

Proposed SEP Policy

SEP due to enrollee or dependent death

Proposal	Policy Goal(s)	Benefits	Challenges
Permit a SEP when an enrollee or dependent dies	<ul style="list-style-type: none">• Ensure Pennsylvanians have access to quality coverage• Responsive to different customer's needs for changing family circumstances	<ul style="list-style-type: none">• Enables customers to be able to make an enrollment change taking into account a change in family circumstance	<ul style="list-style-type: none">• May differ from current practice

- Federal SEP rule, optional for SBEs §155.420(d)(2)(ii)
- Allows current customers to remove a deceased family member and change plans to account for a change in the family circumstance

Proposed SEP Policy

SEP due to divorce

Proposal	Policy Goal(s)	Benefits	Challenges
Permit a SEP due to divorce	<ul style="list-style-type: none">• Ensure Pennsylvanians have access to quality coverage• Responsive to different customer's needs for changing family circumstances	<ul style="list-style-type: none">• Enables customers to be able to make an enrollment change taking into account a change in family circumstance	<ul style="list-style-type: none">• May differ from current practice

- Federal SEP rule, optional for SBEs §155.420(d)(2)(ii)
- Allows current customers to remove family member and change plans to account for a change in the family circumstance

Proposed SEP Policy

SEP due to newly eligible for APTC due to reduction in income (for non-exchange enrollees)

Proposal	Policy Goal(s)	Benefits	Challenges
<p>Permit a SEP for customers who are not currently enrolled on the exchange when the customer is newly eligible for APTC due to a reduction in income</p>	<ul style="list-style-type: none"> • Ensure Pennsylvanians have access to health coverage • Provides clarity and predictability for all stakeholders, instead of ad hoc approach to specific situations 	<ul style="list-style-type: none"> • Ensures that customers who continue to have coverage but coverage becomes unaffordable would be able to enroll (e.g. furlough, reduction in hours) • Ensures coverage option for individuals who lose all income but not Medicaid-eligible (e.g. 5 year bar) 	<ul style="list-style-type: none"> • May differ from current practice

- Federal SEP rule, optional for SBEs §155.420(d)(6)(v)(B)
- Aligns with the SEP for current exchange enrollees who become newly eligible for APTC due to a reduction in income §155.420(d)(6)(i)-(v)
- Particularly relevant in the current economic crisis

Proposed SEP Policy

SEP due to Natural Disaster, System Outage, System Backlog, or Personal Medical Emergency

Proposal	Policy Goal(s)	Benefits	Challenges
Permit a SEP for certain exceptional circumstances including: <ul style="list-style-type: none"> Natural disaster System outage System backlog Personal medical emergency 	<ul style="list-style-type: none"> Ensure Pennsylvanians have access to health coverage Provides clarity and predictability for all stakeholders, instead of ad hoc approach to specific situations 	<ul style="list-style-type: none"> Ensures an opportunity to enroll for customers who weren't able to enroll due to circumstances outside of their control 	<ul style="list-style-type: none"> May differ from current practice

- Exceptional circumstances §155.420(d)(9)
- Examples of these scenarios (not an exclusive list):
 - Natural Disaster: major weather-related power outages
 - System outage: technical issues on Pennie, or another IT system that prevents someone from enrolling (e.g. Keystone Login outage)
 - System backlog: major call center delays on a key deadline
 - Personal medical emergency: customer was in a coma/ICU during their enrollment window

Proposed SEP Policy

SEP due to Epidemic

Proposal	Policy Goal(s)	Benefits	Challenges
Permit a SEP for certain exceptional circumstances including: <ul style="list-style-type: none">• Epidemic	<ul style="list-style-type: none">• Provides clarity and predictability for all stakeholders, instead of ad hoc approach to specific time-sensitive situations	<ul style="list-style-type: none">• Ensure we are prepared to respond promptly to next wave of epidemic crisis	<ul style="list-style-type: none">• Not currently an FFM policy

- Exceptional circumstances §155.420(d)(9)
- Ensures that customers are able to get covered in a serious health epidemic scenario (e.g. covid-19 second wave)
- **Questions:** What types of limitations, if any, would be reasonable to not undermine the critical needs due to the epidemic? Should we limit the scope and duration of this type of SEP when invoked (e.g. SEP available for a limited 2-3 month window at onset of epidemic scenario)? Any other concerns?

Proposed SEP Effective Date Policies

15th of month rule -> 1st of month rule (NBPP required 2022PY)

Proposal	Policy Goal(s)	Benefits	Challenges
For SEPs previously subject to 15 th of month effective date rule, adopt the 1 st of the month effective date rule in 2021PY	<ul style="list-style-type: none"> Improved customer service by having consistent policies Compliance with federal rules 	<ul style="list-style-type: none"> Seamless experience for customers, brokers, assisters while on Pennie Required implementation in 2022PY 	<ul style="list-style-type: none"> Not current policy (although current policy will have to change in another year)

- NBPP final rule requires implementation for 2022PY; optional for states to implement earlier
 - Many SBEs already have implemented this
- Applies to a limited number of lower-volume SEPs, including:
 - Access to new QHP as a result of a permanent move §155.420(d)(7)
 - Newly eligible/ineligible for APTC (current exchange enrollees only) §155.420(d)(6)(i)-(v)
 - Newly eligible/ineligible for CSR (current exchange enrollees only) §155.420(d)(6)(i)-(ii)
 - Survivors of domestic violence, spousal abandonment
 - Divorce §155.420(d)(2)(ii)
- **Questions for feedback:** Would this policy have any operational impact to producers?

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Proposed Binder Payment Policies

Proposed Binder Payment Policies

Current FFM Rules

Binder Payment Deadlines:

- Insurers have flexibility to set their own binder payment policies, within guidelines.
 - Binder payment deadline cannot be earlier than the 1st day of the coverage period.
 - Binder payment deadline cannot be later than 30 days after effective date.
- Insurers can opt to apply a threshold rule to binder payments
 - E.g. if customer pays 95% of the premium due, the coverage will be effectuated.

Scenarios Where Binder Payment Required:

- Initial enrollment with an insurer
- Enrollment change (due to SEP or active renewal selection) within the same insurer but to a different product line** offered by the insurer (even if no gap in coverage)
- Customer previously enrolled with insurer but has a gap in coverage before re-enrolling with insurer (even if the same plan)
- Current enrollment where the subscriber becomes ineligible so the family members are re-enrolled into the exact same plan with no gap in coverage

**Different product line means the new plan has different first 10 digits of plan HIOS ID

Proposed Binder Payment Policies

Allow customers a minimum of 2 weeks to make binder payment

Proposal	Policy Goal(s)	Benefits	Challenges
Allow customers a minimum of 2 weeks to make their binder payment	<ul style="list-style-type: none">• Ensure Pennsylvanians have access to quality health care	<ul style="list-style-type: none">• Ensures customers have adequate time to make payment, regardless of their access to electronic payment methods• Continue to allow insurers to have their own binder payment policies	<ul style="list-style-type: none">• May differ from current insurer practices.

- Given the growing number of scenarios in which a customer may select a plan as late as the day before the coverage effective date, a binder payment deadline as early as the coverage effective date would not be sufficient time for most customers to make binder payment.
- **Questions for feedback:** What would the operational impact, if any, be on insurers? Do insurers currently have a different approach that allows customers sufficient time to pay even when plan selections are made the day before the coverage effective date?

Proposed Binder Payment Policies

Do not require binder payment if enrollee changes plans in the same insurer with no gap in coverage.

Proposal	Policy Goal(s)	Benefits	Challenges
Insurers could not require binder payment if enrollee changes plans to another plan offered by the same insurer with no gap in coverage, even if the other plan is a different product line.	<ul style="list-style-type: none">• Ensure Pennsylvanians have access to continuous quality health care	<ul style="list-style-type: none">• Minimize customer confusion as to which plan changes may require a binder payment, since customers can't tell which plans are different product lines.	<ul style="list-style-type: none">• May differ from current insurer practices.

- When a customer is continuously enrolled with no gap in coverage with the same insurer, it doesn't make sense to require a new binder payment from those customers.
- It's difficult for customers to understand when a binder payment may be required until after they've made their plan selection.
- **Questions for feedback:** What would the operational impact, if any, be on insurers? How have customers understood this type of "different product line" binder payment requirement in the past?

Proposed Binder Payment Policies

Do not require binder payment when the subscriber disenrolls but the remaining family members continue enrollment in the same plan with no gap in coverage.

Proposal	Policy Goal(s)	Benefits	Challenges
Insurers could not require binder payment if the subscriber disenrolls but the remaining family members continue enrollment in the same plan with no gap in coverage.	<ul style="list-style-type: none">• Ensure Pennsylvanians have access to continuous quality health care	<ul style="list-style-type: none">• Prevents an undue burden on customers who are continuously covered in the same plan with no gap in coverage, simply because subscriber disenrolled.• Death, divorce, subscriber becoming Medicare eligible are likely scenarios.	<ul style="list-style-type: none">• May differ from current insurer practices.

- **Questions for feedback:** What would the operational impact, if any, be on insurers? Do insurers typically provide the remaining family members with credit towards deductible and other accumulators earned on the policy prior to the subscriber disenrolling? If so, is that a process that can be leverage to also prevent a binder payment requirement on the new policy?

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Proposed QLE/SEP Verifications

Proposed QLE/SEP Verification Policies

Considerations

- Federal rules permit an exchange to require that a customer provide documentation verifying that they are eligible for a QLE/SEP

- In general, there are three options to apply to any QLE/SEP policy:
 1. Customer self-attests to eligibility
 - Documentation would only be requested for audit or fraud review purposes
 2. Require documentation BEFORE allowing the customer to enroll
 3. Allow the customer to enroll as conditionally eligible and require documentation AFTER enrollment (similar to most eligibility DMIs)
 - If documentation not provided by a certain period of time (e.g. 60 days or 90 days), customer's coverage will be terminated proactively.

Option 3 is not currently supported by IT system, therefore not feasible option at this time.

- Once the IT system can support that policy, we can bring the policy back for review as appropriate.

Proposed QLE/SEP Verification Policies

Considerations

- QLE/SEP Verification Policy options:

- Customer self-attests to eligibility

- Documentation would only be requested for audit or fraud review purposes

- Require documentation BEFORE allowing the customer to enroll

- ~~Allow the customer to enroll as conditionally eligible and require documentation AFTER enrollment (similar to most eligibility DMIs)~~

Policy Options	Benefits	Challenges
1. Self-attestation	<ul style="list-style-type: none"> ✓ Allows customers to complete enrollment in one step ✓ Ensures customers get the earliest available effective date of coverage ✓ Current FFM policy* 	<ul style="list-style-type: none"> ✗ Potential for some customers to mis-represent their circumstances and therefore enroll without a valid QLE/SEP reason
2. Documentation BEFORE enrollment	<ul style="list-style-type: none"> ✓ Had been the FFM's policy (although FFM has switched to self-attestation now)* ✓ Prevents customers from mis-representing their circumstances to enroll without a valid QLE/SEP reason 	<ul style="list-style-type: none"> ✗ Requires customer to take action two separate times to complete one enrollment; customers may not return to complete enrollment even when eligible ✗ Can delay a customer's effective date of coverage ✗ Some QLE/SEP reasons are difficult to document (e.g. document that you don't have something)

*Due to COVID-19, Healthcare.Gov is accepting attestation as verification for some, if not all, SEPs

Proposed QLE/SEP Verification Policies

Considerations

- QLE/SEP Verification Policy options:
 1. Customer self-attests to eligibility
 - Documentation would only be requested for audit or fraud review purposes
 2. Require documentation BEFORE allowing the customer to enroll
 3. ~~Allow the customer to enroll as conditionally eligible and require documentation AFTER enrollment (similar to most eligibility DMIs)~~

Recommendation: Use both verification policies, selecting the one that is most appropriate for each given QLE/SEP based on the guiding principles below.

Policy Options	Guiding Principles
1. Self-attestation	<ul style="list-style-type: none">✓ High volume SEPs✓ Straightforward eligibility rules
2. Documentation BEFORE enrollment	<ul style="list-style-type: none">✓ Easily-documented SEPs✓ Complex eligibility rules that warrant validation in advance despite potential delays to effective date✓ Less common SEPs

Proposed QLE/SEP Verification Policies

QLE/SEPs and the Verification Policy

Proposal	Policy Goal(s)	Benefits	Challenges
Apply QLE/SEP verification rules following the guiding principles outlined below.	<ul style="list-style-type: none"> Ensure Pennsylvanians have access to quality health care 	<ul style="list-style-type: none"> Ensure customers who need coverage can get coverage without unnecessary delay 	<ul style="list-style-type: none"> Potential for misuse of self-attested SEPs

Policy Options	Guiding Principles
1. Self-attestation	<ul style="list-style-type: none"> ✓ High volume SEPs ✓ Straightforward eligibility rules
2. Documentation BEFORE enrollment	<ul style="list-style-type: none"> ✓ Easily-documented SEPs ✓ Complex eligibility rules that warrant validation in advance despite potential delays to effective date ✓ Less common SEPs

- While FFM used to require documentation before enrollment for most SEPs, the FFM has recently moved to self-attestation.
- Requiring documentation before enrollment for most/all SEPs creates an undue burden for most customers, delaying their access to coverage, to prevent a few potential bad actors.
- Looking for a reasonable, balanced approach.

Proposed QLE/SEP Verification Policies

QLE/SEPs and the Verification Policy

Policy Options	Guiding Principles	Applicable QLE/SEP
1. Self-attestation	<ul style="list-style-type: none"> ✓ High volume SEPs ✓ Straightforward eligibility rules 	<ul style="list-style-type: none"> ▪ Birth/Adoption ▪ Loss of MEC ▪ Newly eligible/ineligible for APTC/CSR (<i>current enrollees</i>) ▪ Death ▪ Survivors of domestic violence, spousal abandonment ▪ AI/AN
2. Documentation BEFORE enrollment	<ul style="list-style-type: none"> ✓ Easily-documented SEPs ✓ Complex eligibility rules that warrant validation in advance despite potential delays to effective date ✓ Less common SEPs 	<ul style="list-style-type: none"> ▪ Marriage, Divorce ▪ Gain a court-appointed dependent ▪ Access to new QHP as a result of a move (except if system can automatically determine) ▪ Gain lawful present status ▪ Newly eligible due to release from incarceration ▪ Newly eligible for APTC (<i>not current exchange enrollees</i>) ▪ Gaining eligibility for HRA or QSHERA ▪ Exchange, Broker, Assister, Insurer error, including health plan contract violation ▪ Exceptional circumstances

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Transition to State-Based Exchange

For Current HealthCare.gov Brokers

PA Producer Certification Policy

Overview of Certification Requirements

1. Maintain an active resident or non-resident health insurance producer license.
2. Complete the PA Exchange Authority producer certification training.
3. Certify, through a process established by the Exchange Authority, that the producer will comply with all relevant federal and state rules and regulations, including those related to privacy and security.
4. Complete yearly Reauthorization
 - Be a certified producer in good standing with the Exchange Authority.
 - Maintain an active resident or non-resident health insurance producer license.
 - Complete the streamlined Pennsylvania Exchange producer reauthorization training.
 - Certify, through a process established by the Exchange Authority, that the producer will comply with all relevant federal and state rules and regulations, including those related to privacy and security.

Transition to State-Based Exchange

For Current HealthCare.gov Brokers

- To ensure a seamless transition, we will migrate current customer data from HealthCare.gov to the new state platform including:
 - Current 2020 Eligibility Application
 - Current 2020 Active Enrollment (may or may not be effectuated yet)
 - Current Broker Assignment
- To retain the broker assignment, brokers with current customers will need to:
 - Pre-register for the State-Based Exchange (Summer 2020), and
 - Complete certification requirements (by end of November 2020)
- If you do not pre-register, you will have to:
 - Complete a new broker registration,
 - Complete all certification requirements, and
 - Have your clients re-designate you as their broker

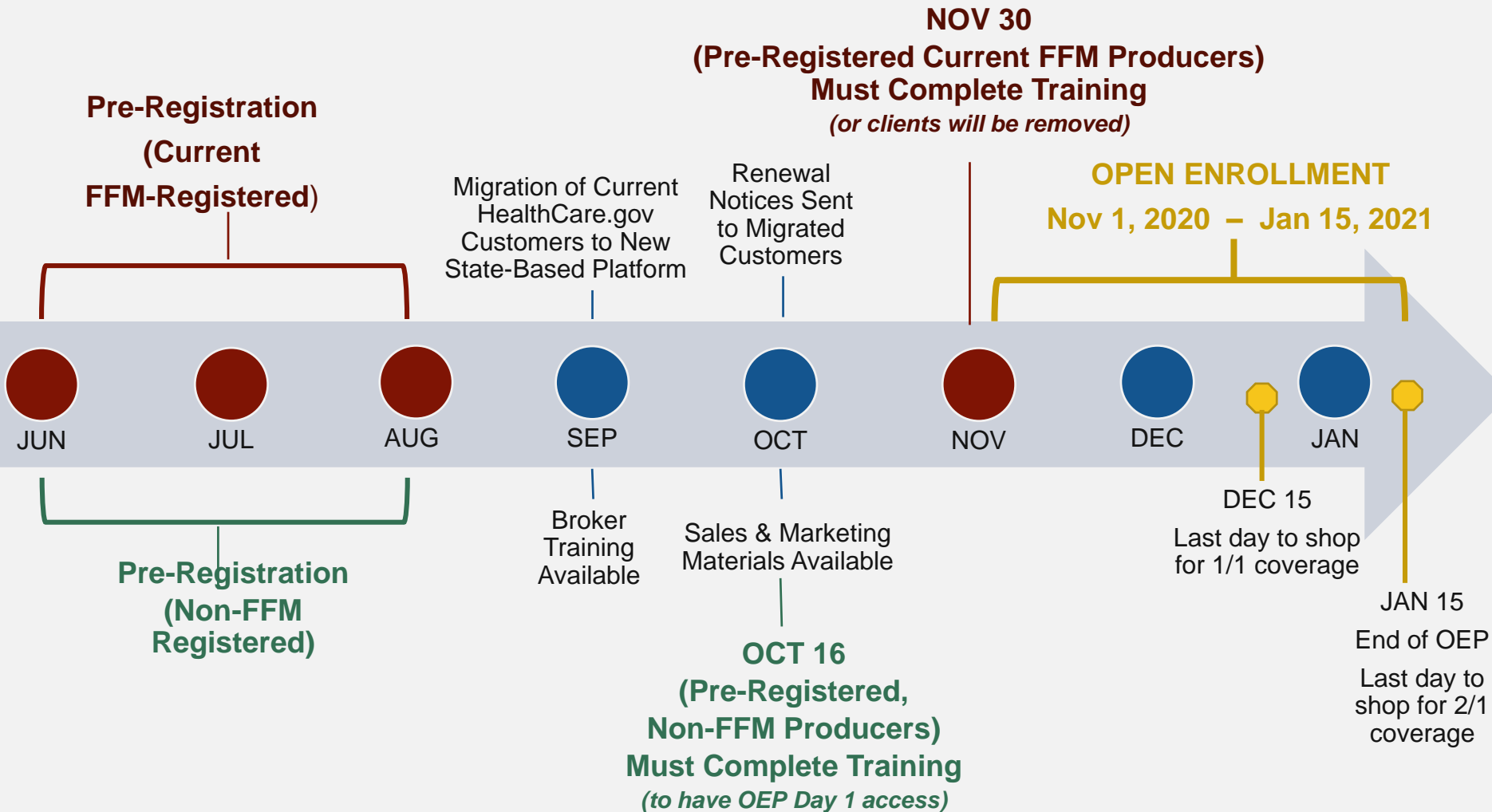
Transition to State-Based Exchange

New Producers who want to operate on the Exchange

- We welcome producers who are not currently registered on HealthCare.gov
- For new producers, to ensure certification for Open Enrollment Nov 1, you must:
 - Pre-register for the State-Based Exchange (Summer 2020), and
 - Complete certification requirements (by end of October 2020)
- If you do not pre-register, you will have to:
 - Wait until November 1,
 - Register online through the Exchange website, and
 - Meet all certification requirements.

Transition to State-Based Exchange

Timeline of Broker-Related Activities



Transition to State-Based Exchange

Pre-Registration Form

General Information

1. First Name: *

Enter your answer

2. Last Name: *

Enter your answer

3. Primary Contact Number: *

Enter your answer

4. Primary Email: *

Enter your answer

5. Mailing Address Line 1: *

Enter your answer

7. City: *

Enter your answer

8. State: *

Enter your answer

9. Postal Code: *

Enter your answer

10. Please provide us with your preferred method of communication. *

- Phone
- Email
- Fax

11. Please include me in upcoming Broker work group calls. (all invitations sent electronically) *

- YES
- NO

Transition to State-Based Exchange

Pre-Registration Form

12. License Number: *

13. License renewal date: *

14. NPN Number: *

15. Federal Employer Identification Number (EIN): *

16. If you are apart of a broker agency what role do you play within the agency? *

- Broker
- Agency Manager
- Not apart of a broker agency

17. Business Name: *

18. Business Address Line 1: *

19. Business Address Line 2 *

20. Business City: *

21. Business State: *

22. Business Postal Code: *

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Notice Feedback Review

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Additional Questions for Feedback

Feedback Forms

- [SEP Policy Proposals Feedback Form](#)
 - Deadline: 6/17
- [Broker Feedback Form](#)
- [Broker Pre-Registration](#)

Questions for the Exchange Authority

Please submit via chat