Pennie – Board of Directors Meeting

June 18, 2020

Preliminary Matters

Meeting Agenda

1. **Preliminary Matters**
2. **Action/Discussion Items by the Board**
    - Standard Administrative Updates
    - Standard Technology and Operations Update
    - Special Enrollment Period Policy Decisions
    - Call Center Update
3. **Executive Session**
4. **Adjourn**

Administrative Updates

Administrative Updates

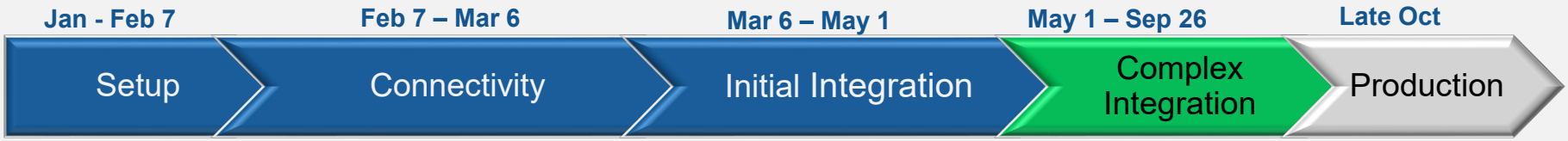
Updates

- Personnel
- Stakeholder Engagement
  - Insurers
  - Advocates
  - Advisory Council
  - Brokers
  - State-Based Exchange partners

Stakeholder Engagement

Insurers

- Impact of covid-19 on Insurers
- EDI Technical Working Group (weekly)
  - All insurers have completed connectivity and initial integration testing
  - Complex Integration testing in process (13 scenarios)
  - Provider directory connectivity and 2020 test files in process
  - Pay Now self-service connectivity testing in process



- Insurer Policy Working Group (bi-weekly)
  - Special enrollment period (SEP) & binder payment policy proposals
- Service Coordination Working Group (bi-weekly)
  - Communications including customer renewals, transition to SBE, brokers, and insurer member services
- Information Sharing via Insurer SharePoint (ongoing)

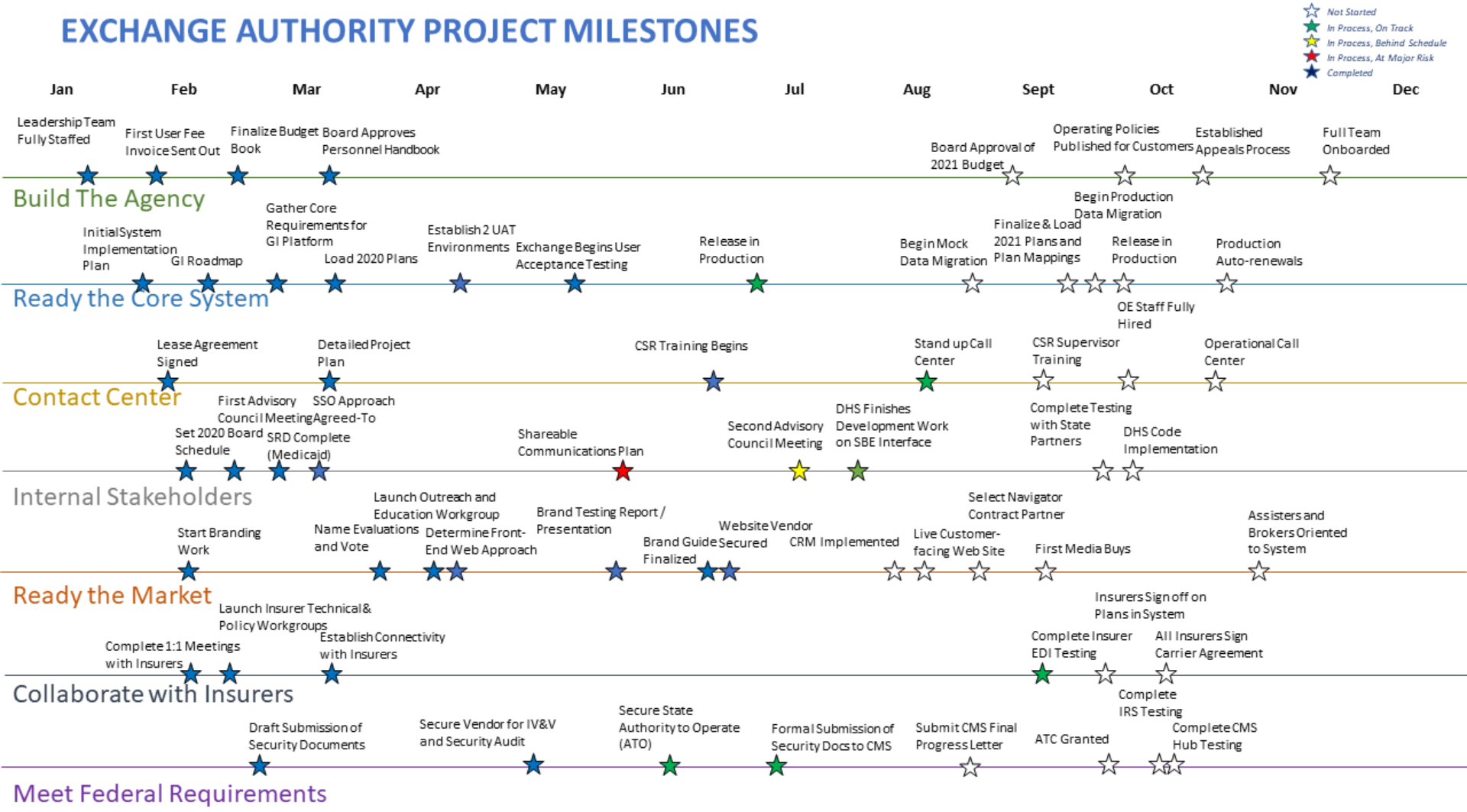
Stakeholder Engagement

Advocates, Advisory Council, Brokers and Others

- **Advocates**
  - Held third monthly **Outreach & Education Workgroup** meeting of a broad coalition of stakeholders and Advisory Council members. Presented on and encouraged feedback on proposed SEP policies & QLE/SEP verification policies; continuing to monitor input from **Stakeholder Feedback Web-form**
- **Advisory Council**
  - Next meeting is June 24- agenda to include high-level overview of outreach and customer communications plans, status on eligibility and enrollment system development and the call center
  - Continuing to gather insights through the **Stakeholder Feedback Web-form**
- **Brokers**
  - Held third monthly **Broker Workgroup** – Presented on and encouraged feedback on proposed SEP policies & QLE/SEP verification policies; continuing to gather insights through the **Broker Feedback Web-Form**
- **Other State-Based Exchanges**
  - Work continues with exchange partners and exchange focused advocacy groups

Standard Technology and Operations Update

EXCHANGE AUTHORITY PROJECT MILESTONES



User Acceptance Testing (UAT) for June Release

Results of the UAT for the June release

June UAT Summary

UAT Status	Complete
UAT Execution Dates	May 4, 2020 – June 12, 2020
Production Deployment Date	June 25, 2020
Jira Reporting Dashboard	*Link*

Total TCs in Scope	Total Executed[1]	Passed	Failed[2]	Deferred[3]	Blocked	In Progress[4]
216	216	201	0	15	0	0
	100%	93.0%	0.0%	7.0%	0%	0.0%

June UAT Defect Summary by Severity

Component	Severity				
	1 – Critical	2 – High	3 – Medium	4 – Low	Grand Total
Account Management	0	0	1	2	3
CAP (Customer Admin Portal)	0	0	5	6	11
Eligibility	0	0	0	1	1
Enrollment	0	2	2	5	9
Life Change Events	0	0	0	1	1
Member Portal	0	1	3	3	7
Notices	0	0	1	3	4
SSAP	0	0	1	1	2
User Account Management	0	0	1	0	1
Grand Total	0	3	14	22	39

- Pre-determined exit criteria has been met:
  - All Test Cases (TC's) have been executed.
  - No Critical or High Severity bugs are outstanding and are closed.
  - All open Medium/Low Severity bugs are triaged with appropriate resolution plan/timeframe
- 92% of all defects were either medium or low severity which was lower than anticipated

- Deferred TCs meet one of the following conditions and will be addressed in the 20.9 release:
  - The TC relates specifically to a planned TC in the 20.9 release.
  - The TC relates to an area of the platform that requires additional changes in 20.9.

UAT – What's Next

Interim UAT, 20.9 Test Case Development, 20.9 UAT Execution

- **Interim UAT – Between 20.6 and 20.9 releases**
  - The Interim UAT test phase has 104 test cases currently targeted for execution
  - Interim UAT started on 6/15/2020 and will continue through 8/7/2020
  - If items targeted for 20.9 are delivered early those will be communicated to the UAT team and added to the test suite for the Interim UAT period.

- **20.9 UAT Execution**
  - The 20.9 Execution window is targeted to begin in early August and complete mid September
  - We have identified approximately 900 TC's for 20.9 UAT test window
  - To address the volume of planned TC's the UAT team will be ramping up resources during the Interim UAT window.
  - End to End and Regression Testing will be performed during this window.
  - Features to be tested include but are not limited to;
    - Application Process
    - Plan Shopping
    - Consumer Notices
    - Data Conversion
    - Medicaid Account Transfer

Technology Development Updates

September Release, Federal Hub Testing, Security Assessment, Insurer Connectivity

- **September Release Progress**
  - GI and Exchange Authority have agreed on the scope of the September release.
  - UAT for this release begins in early August.

- **Federal Data Services Hub (FDSH) Testing**
  - GI team has successfully tested the Remote Identity Proofing (RIDP) / Fraud Archive Reporting Service (FARS)/ Social Security Administration Composite (SSAC) and Verify Lawful Presence (VLP37) through the two required environments – Test Harness & End-to-End Trusted Data Sources
  - Team has initiated testing non-Employer Sponsored Insurance (ESI) Minimum Essential Coverage (MEC) and will continue to test service-by-service through August

- **Security Assessment**
  - The Commonwealth Chief Information Security Officer (CISO) and DHS CISO continue their review of security documentation in support of Authority to Operate (ATO) issuance. A meeting is scheduled for later today (6/18/2020) with CWoPA and DHS CISO's to review progress.
  - Security Assessment team has provided its initial feedback and regular meetings are being held to maintain momentum; GI has initialed independent external security testing (began 6/1/2020), which will be reviewed by the Security Assessment vendor

- **Insurer Connectivity Testing**
  - Complex scenario testing 21 of 21 complex int add files have been successful, 16/21 successful effectuations.
  - PayNow 12 of 13 Insurers have completed the form for access,
  - Vericred (Provider Directory) – All insurers have been given SFTP credentials to submit their provider files.

Call Center Update

Virtual Call Center Planning

- 1st CSR Training Class Began
  - Combination of LMS courses, live webinars, and hands-on training environment scenarios
  - Executive Director Sherman welcome & background on Pennsylvania's state-based exchange
  - Class includes some experienced CSRs from other exchange implementations
  - Some new exchange staff will be participating in the CSR training class as well
- Recruiting
  - Experienced recruiters, video interviews
  - Remote work requirement
  - Bilingual Spanish-speaking CSRs and supervisor-level positions
- Technology Tools
  - Virtual call center status boards
  - Reporting tools
  - Clear communication channels for issues, escalations, etc.

Proposals for SEP & Binder Payment Policies

Proposed SEP Policy

New SEP #1: SEP due to death

Proposal	Policy Goal(s)	Benefits	Challenges
Permit a SEP when an enrollee or dependent dies	• Ensure Pennsylvanians have access to quality coverage • Responsive to changing family circumstances	• Enables customers to change their enrollment due to a change in family circumstance	• 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

- **Stakeholder Feedback:**
  - Almost unanimous support across all stakeholder groups – insurers, brokers, assisters, employer groups
  - 1 broker didn't support because "other enrollees would likely have a secondary reason to have a SEP"

- **Staff recommendation:** adopt, as proposed

Proposed SEP Policy

New SEP #2: SEP due to divorce

Proposal	Policy Goal(s)	Benefits	Challenges
Permit a SEP due to divorce	• Ensure Pennsylvanians have access to quality coverage • Responsive to changing family circumstances	• Enables customers to change their enrollment due a change in family circumstance	• 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

- **Stakeholder Feedback:**
  - Unanimous support across all stakeholder groups – insurers, brokers, assisters, employer groups

- **Staff recommendation:** adopt, as proposed

Proposed SEP Policy

New SEP #3: SEP due to newly eligible for APTC due to reduction in income (for non-exchange enrollees)

Proposal	Policy Goal(s)	Benefits	Challenges
Permit a SEP for non-exchange customers when the customer is newly eligible for APTC due to a reduction in income	• Ensure Pennsylvanians have access to health coverage • Provides clarity and predictability for all stakeholders, instead of ad hoc approach to specific situations	• Customers who's MEC becomes unaffordable have pathway to remain covered (e.g. furlough, reduction in hours) • Ensures individuals who lose all income but not Medicaid-eligible have coverage pathway	• May differ from current practice

- Federal SEP rule, optional for SBEs §155.420(d)(6)(v)(B) - 9 of 13 SBEs have implemented
- Aligns with SEP for exchange enrollees who become eligible for APTC due to a reduction in income

- **Stakeholder feedback:**
  - Broad support across all stakeholder groups – insurers, brokers, assisters, employer groups
    - 1 insurer requested we require the customer to have MEC for at least 1 day in previous 60 days.
  - 1 insurer and 1 broker did not support - "already allow for loss of essential coverage…. A loss of income without a loss of insurance does not seem prudent to allow an SEP.“

- **Staff recommendation:** Adopt, but amend to include MEC requirement

Proposed SEP Policy

New SEP #4: 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: • Natural disaster • System outage • System backlog • Personal medical emergency	• Ensure Pennsylvanians have access to health coverage • Provides clarity and predictability for all stakeholders, instead of ad hoc approach to specific situations	• Ensures an opportunity for customers to enroll if previously unable to enroll due to circumstances outside of their control	• May differ from current practice

- Exceptional circumstances §155.420(d)(9)
- Applies in circumstances where a customer could not enroll during an enrollment period (e.g. OEP). The circumstance itself without a concurrent enrollment period would not create a SEP.
- 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

New SEP #4: 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: • Natural disaster • System outage • System backlog • Personal medical emergency	• Ensure Pennsylvanians have access to health coverage • Provides clarity and predictability for all stakeholders, instead of ad hoc approach to specific situations	• Ensures an opportunity to enroll for customers who could not enroll due to circumstances outside of their control	• May differ from current practice

- **Stakeholder feedback:**
  - Unanimous support, assuming appropriate boundaries and narrow timelines
  - Several provided examples of scenarios that would NOT qualify:
    - If a customer was in the ICU for two days during the middle of the OEP
    - If the enrollment period runs for 30 days and there is a power outage on day 1 (very different than if there is a power outage on day 29 or day 30)
    - Clarity around the scale of weather and other disaster-related impacts that are expected to constitute a qualifying barrier to enrollment

Proposed SEP Policy

New SEP #5: SEP due to Epidemic

Proposal	Policy Goal(s)	Benefits	Challenges
Permit a SEP for certain exceptional circumstances including: • Epidemic	• Provides clarity and predictability for all stakeholders, instead of ad hoc approach to specific time-sensitive situations	• Ensure we are prepared to respond promptly to next wave of epidemic crisis	• Not currently an FFM policy

- Exceptional circumstances §155.420(d)(9);
- 12 of 13 state-based exchanges implemented a SEP in response to Covid-19
- Allow us to respond quickly and effectively to ensure Pennsylvanians can get covered in a serious health epidemic scenario (e.g. covid-19 second wave)

- **Stakeholder feedback:**
  - Feedback was split within stakeholder groups
  - Those opposing generally cited concerns about adverse selection

Proposed SEP Policy

New SEP #4 & #5: Exceptional Circumstances

Proposal	Policy Goal(s)	Benefits	Challenges
Exceptional circumstance SEPs	• Ensure Pennsylvanians have access to health coverage	• Ensures an opportunity to enroll for customers who could not enroll due to circumstances outside of their control	• May differ from current practice

Proposed Approach to Exceptional Circumstances (by category):

1. Individual customer circumstance – staff will evaluate each case based on facts and circumstances
2. Broad-based circumstance (proactive) – when feasible to identify in advance, staff will bring a specific proposal to the Board for approval which will include criteria and timeline for use (e.g. system backlog at end of OEP)
3. Broad-based circumstance (reactive) – when unforeseen circumstances arise, staff will prepare a specific proposal to bring to the Board with criteria and timeline; may require emergency meeting (e.g. natural disaster, epidemic)

- **Staff recommendation:** Adopt approach to exceptional circumstances, by category
  - The proposed approach provides staff with enough flexibility to evaluate individual cases based on facts and circumstances, while ensuring that broad-based circumstance SEPs are evaluated based on the specific scenarios and proposed criteria.

Proposed SEP Effective Date Policies

Effective Dates #1: 15th of month rule -> 1st of month rule (NBPP required 2022PY)

Proposal	Policy Goal(s)	Benefits	Challenges
For SEPs previously subject to 15th of month effective date rule, adopt the 1st of the month effective date rule in 2021PY	• Improved customer service by having consistent policies • Compliance with federal rules	• Seamless experience for customers, brokers, assisters while on Pennie • Required implementation in 2022PY	• 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 use 1st of the month effective date

- 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)

Proposed SEP Effective Date Policies

Effective Dates #1: 15th of month rule -> 1st of month rule (NBPP required 2022PY)

Proposal	Policy Goal(s)	Benefits	Challenges
For SEPs previously subject to 15th of month effective date rule, adopt the 1st of the month effective date rule in 2021PY	• Improved customer service by having consistent policies • Compliance with federal rules	• Seamless experience for customers, brokers, assisters while on Pennie • Required implementation in 2022PY	• Not current policy (although current policy will have to change in another year)

- **Stakeholder feedback:**
  - Broad support across stakeholder groups
  - A few stakeholders concerned about insurer operational challenges to implement for 2021 PY

- **Staff recommendation:** Withdraw for 2021, implement in 2022 PY
  - Staff and many stakeholders support implementation in 2021 PY as beneficial for customers, and a consistent experience within the SBE
  - However, the potential for insurer operational challenges for implementation in 2021 is concerning and warrants delaying implementation to 2022.

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

#1: Allow customers a minimum of 2 weeks to make binder payment

Proposal	Policy Goal(s)	Benefits	Challenges
Allow customers a minimum of up to 2 weeks to make their binder payment, without changing current effectuation policies	• Ensure Pennsylvanians have access to quality health care	• 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	• May differ from current insurer practices.

- With many scenarios in which a customer may select a plan as late as the day before effective date, a binder payment deadline as early as the coverage effective date may not be sufficient time for customers to make their payment. We believe this is an opportunity to make coverage more attainable for underserved populations, including the underbanked and those without internet access.

- **Stakeholder feedback**:
  - Nearly-unanimous support for this proposal; some insurers highlighting that this is their current practice, and some noting they have a more customer-friendly policy
  - Some feedback expressed concern about operational impacts, especially with regards to the upcoming effective date rule changes in 2022 under the NBPP

- **Staff recommendation:** Withdraw
  - While most insurers noted that this was current practice, we recognize the stakeholders with operational concerns
  - Recommend revisiting this policy next year in conjunction with implementation of NBPP in 2022

Proposed Binder Payment Policies

#2: 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.	• Ensure Pennsylvanians have access to continuous quality health care	• Minimize customer confusion as to which plan changes may require a binder payment, since customers can't tell which plans are different product lines.	• 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.

- **Stakeholder feedback:**
  - General support from a variety of stakeholders, mostly highlight customer confusion around this policy
  - Several highlighted significant IT, operational, and administrative challenges for insurers to implement

- **Staff recommendation:** Withdraw
  - Continue the conversation for potential Year 2 implementation in a way that is operationally feasible and achieves our policy goals

Proposed Binder Payment Policies

#3: 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.	• Ensure Pennsylvanians have access to continuous quality health care	• 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.	• May differ from current insurer practices.

- **Stakeholder feedback:**
  - General support for the proposed policy from a variety of stakeholders:
    - "When the subscriber is a Medicare member and drops off the coverage, the remaining members should be able to just continue on that same plan with no gap in coverage. Currently, this process is a bit of a mess!"
  - However, several highlighted significant IT, operational, and administrative challenges for insurers to implement

- **Staff recommendation:** Withdraw
  - Continue the conversation for potential Year 2 implementation in a way that is operationally feasible and achieves our policy goals

Proposed QLE/SEP Verifications

Proposed QLE/SEP Verification Policies

Other State-Based Exchanges QLE/SEP Verification Policies

Current state policies can generally be grouped into 3 categories:

- Verification generally not required (self-attestation) – DC, MD, RI, VT
- Pre-verification generally required – CT, ID, MN, NV
- May require verification after enrollment or from 3rd party – CA (random sampling), CO, MA, NY, WA

Note: Most states have turned off verification during Covid-19

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:
  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)~~

Policy Options	Benefits	Challenges
1. Self-attestation	✓ Allows customers to complete enrollment in one step ✓ Ensures customers get the earliest available effective date of coverage ✓ Current FFM policy*	X Potential for some customers to mis-represent their circumstances and therefore enroll without a valid QLE/SEP reason
2. Documentation BEFORE enrollment	✓ 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	X Requires customer to take action two separate times to complete one enrollment; customers may not return to complete enrollment even when eligible X Can delay a customer's effective date of coverage X 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	✓ High volume SEPs ✓ Straightforward eligibility rules
2. Documentation BEFORE enrollment	✓ 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.	• Ensure Pennsylvanians have access to quality health care	• Ensure customers who need coverage can get coverage without unnecessary delay	• Potential for misuse of self-attested SEPs

Policy Options	Guiding Principles
1. Self-attestation	✓ High volume SEPs ✓ Straightforward eligibility rules
2. Documentation BEFORE enrollment	✓ 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	✓ High volume SEPs ✓ Straightforward eligibility rules	▪ Birth/Adoption ▪ Loss of MEC ▪ Newly eligible/ineligible for APTC/CSR *(current enrollees)* ▪ Death ▪ Survivors of domestic violence, spousal abandonment ▪ AI/AN
2. Documentation BEFORE enrollment	✓ Easily-documented SEPs ✓ Complex eligibility rules that warrant validation in advance despite potential delays to effective date ✓ Less common SEPs	▪ 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 *(not current exchange enrollees)* ▪ Gaining eligibility for HRA or QSHERA ▪ Exchange, Broker, Assister, Insurer error, including health plan contract violation ▪ Exceptional circumstances

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.	• Ensure Pennsylvanians have access to quality health care	• Ensure customers who need coverage can get coverage without unnecessary delay	• Potential for misuse of self-attested SEPs

Policy Options	Guiding Principles
1. Self-attestation	✓ High volume SEPs ✓ Straightforward eligibility rules
2. Documentation BEFORE enrollment	✓ Easily-documented SEPs ✓ Complex eligibility rules that warrant validation in advance despite potential delays to effective date ✓ Less common SEPs

- **Stakeholder feedback:**
  - Some stakeholders supported self-attestation, and even requested additional self-attestation
    - "I don't think self-attestation is abused as much when signing under penalty of perjury, benefits revoked if the SEP is later found to be untrue, etc.“
  - Other stakeholders requested all SEPs be subject to documentation before enrollment
    - "We prefer the documentation approach over the self-attestation approach for purposes of SEP verifications“
  - Insurers were split – some support the proposed approach, some requested documentation before enrollment
- **Staff recommendation:** Adopt, as proposed
  - Guiding principles strike a good balance between self-attestation and documentation. Applicants will be signing under penalty of perjury.

Executive Session

Adjourn