

AGENDA
PENNSYLVANIA HEALTH INSURANCE EXCHANGE AUTHORITY
BOARD of DIRECTORS MEETING

Date: March 19, 2020

Time: 12:00 p.m.

Location: Phone / Dial In – (267) 332-8737 Passcode: 966690777

1.0 Preliminary Matters -

- 1.01 Call to Order – Chair Jessica Altman (Chair)-** talk about Covid 19 and it's affecting all of us. Dr. Levine will not be joining us as they are busy doing an amazing job keeping the public informed. Governor Wolf has closed the capital complex but staff are able to continue working electronically. Please do not hesitate to reach out to us if you have any concerns or questions. We are here for you. We have decisions we have to make and it is very important that we move forward.

Zach Sherman (Executive Director): This is a meeting that we're doing over the phone and through Skype. It is a public meeting where members of the public have called into the conference line. Our request is that everyone on the call mute your line if you are not speaking. We also have the ability to mute you. If you are a Board member and want to speak, you can hit *6 to unmute your line. During the public comment period if a members of the public wants to weigh in, we also ask that you at that point in time hit *6 and then your line will be unmuted. Otherwise we will mute the folks on this call that are not members of the Board. If you are on the phone and logged in via the web, please make sure to turn off your computer speakers. Chat functionality will be turned on for Board members, presenters and staff. You're more than welcome to use *6 and make a comment or else you can use chat to ask a question or interrupt. A logistical note, if your screen appears to be zoomed in on the presentation you can minimize then maximize Skype and it should resize and solve the issue. So with that, I think we're going to jump into it and Jessica I'm going to hand it over to you.

Chair: Thank you Zach and welcome everybody to our first electronic meeting of the Pennsylvania Health Insurance Exchange Authority Board of Directors. I want to begin by talking a about obviously the number one thing on everyone's mind right now which is Coronavirus and COVID-19. It's impacting all of us certainly professionally but also personally and please know that myself on behalf of Governor Wolf and his entire administration as well as Zach and the Exchange Team are very cognizant of all of the impacts this is having. I also want to say while Dr. Levine, as you can understand, will not be joining us today since she has quite a bit on her plate, I could not say more positive things about the leadership that she has demonstrated throughout the state's response to this crisis. If you are not following the Department of Health's information, the press conferences that she is doing everyday, the

daily press releases , and all of the information on their website, please know they're really doing an amazing job of keeping the entire Commonwealth informed, and reassuring people about what they need to do to prevent this from spreading and impacting them personally. So while she's not here, a big thank you to Dr. Levine for that. On behalf of the Insurance Department, as you all know, and Zach's going to talk about how this impacts the authority, the Governor has closed the Capital Complex. We do not have staff working out of the traditional Strawberry Square office or any of our ancillary offices here in the Capitol Complex, but we are able to complete all of our core functions via telework and other electronic means so please know that we are here and we are working. If you have questions or concerns, we are doing our best to get guidance out to consumers, to our regulated entities around insurance issues, and to the operations of insurance companies in the Commonwealth, but do not hesitate to be in touch with us if you have questions or if there's a lack of information. or If you are a regulated entity of ours or if you have questions about flexibilities we may be offering, or how you can be in line with all of the regulatory requirements upon your organization during this time, we are absolutely here for you.

I'll soon turn it over to Zach. The last thing I want to add is I assume all of you are spending a lot of time on Coronavirus. This is the first meeting I've had on another subject in maybe two weeks, but we have decisions we have to make. It is very important that we continue to have these discussions and move forward on the activities of the Exchange Authority throughout this time. While meeting via webinar is certainly not ideal, I want to thank Zach, Kyrie and the team for getting this up and running, for doing the right thing, and quickly moving to making sure that we were doing this electronically. Being together in a large group would certainly be discouraged under public health guidance today. So, with that, thank you all for joining today despite all that I know you are dealing with in your own professional and personal lives. I will now turn it over to Zach to talk about this from the Exchange Authority's perspective, how he and the team are approaching things, what you might expect as a Board member, or simply on behalf of your organizations and how they interact with the Authority, and for those of you on the phone as interested parties. So Zach, take it away.

Zach: Thank you Chair. Just to speak a little bit more specifically about how this crisis is impacting our work or how it has and if it will. At this point in time, like the Chair said, the Capitol Complex has been shut down, the entirety of the Exchange Authority team is working from home including myself. We all have laptops that connect into state systems, we are all connected through our Skype, and through the various different ways in which we interact with each other in the office. Our major vendors: GetInsured, KPMG and Bravo are all also remote and are all functioning, doing business as usual. This week is the first week we are working remotely and I can't say there's been a meeting that's been cancelled or changed that I've had on my schedule as a result of this, so I'm happy to report that we are continuing forward on our aggressive

timeline towards the implementation. We are and have been in communication with our Federal partners. We got together with our partners in NJ and put together a list of items from which we wanted to get a better understanding, or if there were any barriers to continuing our work. The response that we got back collectively was No. They are functioning as normal, they're working for the most part remotely, and there are not any barriers that we both have in front of us in terms of moving forward with this work. We obviously are getting some questions from our stakeholders or partners about how this changing environment may impact the implementation. I don't think we've engaged fully in those conversations at this point in time, but I know we plan to have it as a topic of discussion in our upcoming work group meeting with insurers next week. We will come prepared to talk about it but only to the extent of things related to Covid-19 that impacts your respective work with insurers, and how we want to better understand that and the implications for the implementation as well. The importance of access to coverage to help pay for testing and treatment is very prevalent at this point in time in light of the current circumstances, and so the work that we do and the purpose of what the State-Based Exchange represents is forefront in our minds. We're very determined to make sure we do everything we can to make it work. Jessica, I do think we need to jump in and do roll but are there any questions from the Board members before proceeding?

Chair: Hearing none, we certainly can begin roll. I encourage members of the Board not to hesitate to ask specific questions or express concerns that you or your organizations have. I will now move to officially call to order this meeting and I will do a formal rollcall

1.02 Roll Call meeting called to order @ 12:14

- Paula Sunshine, IBC - **Present**
- Sheryl Kashuba, UPMC Health Plan - **Present**
- Tia Whitaker, PACHC - **Present**
- Antoinette Kraus, PHAN - **Present**
- Mark Nave, Highmark - **Present**
- Jessica Brooks, Pittsburgh Business Group on Health - **Present**
- Todd Shamash, CBC - **Present**
- Laval Miller-Wilson, PA Health Law Project – **Present**
- Dr. Rachel Levine, DOH – **served by proxy** Meghna Patel, Deputy Secretary for Health Innovation, Pennsylvania Department of Health
- Secretary Teresa Miller, DHS - **Absent**
- Chair Jessica Altman, PID - **Present**
- Meghna Patel - **Present**

So the next thing we have to take care of is the approval of the previous meeting's minutes, which were circulated prior to the meeting. Do any members of the Board have any questions or comments related to the minutes? Hearing none, I would ask

for a motion, and please jump in with your name when you either move or second to make sure we get it properly recorded.

1.03 Approval of Previous Meeting's Minutes

To approve as true, correct and accurate the minutes recording the events, actions and details of the March 19, 2020 Public Meetings of the Pennsylvania Health Insurance Exchange Authority Board.

- *Discussion: None*
- *Motion:*
 - *Todd Shamash*
- *Second:*
 - *Sheryl Kashuba*
- *Yays:*
 - *All Board Members*
- *Nays:*
 - *None*

1.04 Opportunity for Public Comment – no questions submitted

Please note that public participation is permitted at this meeting, as required by the Sunshine Act, 65 P.S. § 280.1. In the absence of official policy relating to public comment at Board meetings (which the Board anticipates will be forthcoming), and to ensure the orderly progress of today's meeting, all comments should be directed to the Chairperson, and should be limited to no more than five (5) minutes in duration. Questions asked of the Chairperson or the Board as part of public comment may or may not be addressed at the meeting.

2.00 Action/Discussion Items by the Board

2.01 Standard Administrative Updates – (Zach) Personnel: we have hired Duane McKee to be our Chief Information Officer (CIO). He currently works for a consulting firm named CAI where he does a lot of work around various technology projects with the Commonwealth. Prior to this, he spent 15 years working for the other PHEAA – Higher Education Authority – where he did both business and technical roles in that capacity. He comes very highly recommended by a few folks that we know well and like. We're really excited about him joining the team and he will be joining us in 3 weeks or so. We have a couple open positions – we're hiring for a Customer Service Lead and for a Digital Marketing Coordinator.

Hannah Turner (Director of Operations) – “Engagement with Insurers”

- EDI Technical Working Group meeting weekly, address technical questions after reviewing documentation
- Discussion of 2750 Loops, 834 enrollment file items, make sure on same page and also providing tool to carriers – Self Service Effectuation Testing tool – it allows carriers to validate on their own that the files that they sent

to us to say that someone's coverage has been effectuated, that those are valid.

- Began INT testing
- Insurer Policy Working Group – Reviewed updates from decision made at last month's BOD meeting
- Service Coordination Working Group – Meetings held bi-weekly with the first one scheduled for March 24, 2020; first topic will be a robust discussion about the transition from the Federal platform to the state-based platform; the data migration and what that looks like from a service perspective as well as going through the member experience.
- Information Sharing via Insurer SharePoint – All carriers are now in SharePoint to access resources like the technical documentation, meeting materials, available audio recordings , and a comprehensive question / answer log.

Kyrie Perry (Chief of Staff)- “Stakeholder Engagement” – Advocates, the Advisory Council, our relations with Brokers and our other State-Based Exchange partners

- Established our Outreach and Education workgroup which is inclusive of Community Partners and Advocates, Business and Industry leaders and representatives, producers, brokers, as well as our Advisory Council members. We will be doing monthly teleconferences to get feedback on various things. They have received a Stakeholder Feedback form very similar to the issuer web form that Hannah has described in the past to share feedback with us and we will answer those questions for the group as well. The first meeting will be in first week of April.
- The Advisory Council has been given the same form. The Advisory Council meeting schedule has been finalized - they requested to have a 3rd meeting during this first year at a minimum and we have since scheduled the public Advisory Council meetings in June and in September. We will, of course, be in touch with that council in between those meetings as necessary, but those meeting dates have been confirmed.
- Similarly, we asked our Broker partners to share feedback on Technical, Operational & Policy Decisions that we will be discussing later today.
- We also created an online feedback form specifically for brokers and anyone in the producer community to share feedback and/or ask questions of us.
- We remain engaged with our other State-Based Exchange partners, specifically Nevada and New Jersey. We meet regularly and we're actively sharing documents with NJ. The Nevada team has been incredibly gracious in sharing information with us as well as documentation.

2.02 Standard Technology and Operations Update – Kiernan Conn (Interim Chief Information Officer): Stars on a String –

- The “Meet CMS requirements,” which was previously in a red status, with the original target of first package submission to CMS ideally in February,

did run late. Fortunately with the addition of an Information Security Specialist, we were able to get CMS a solid package of materials to keep them busy for a while. Formal submission isn't till June but getting the early copies in is an important part of a back and forth. They will give us feedback and we will move to address any questions or concerns. Many of these documents are also used for a process of having any independent security review, so we need to have them mostly completed for the Independent Security Auditor in order to have that level of comfort to address a Security Assessment Report, which is a required piece of the process.

- We do have a few “reds” - Collaborate with Insurers – as Hannah addressed. We set this target to keep us on track. You may see this star come up with a slightly revised position on Stars on a String in the future, or you may see we keep it red till we finish it. We do have five insurers that we're currently work with – two on the medical side and three on the dental side – to insure we can get the connectivity established in the Happy Path test case. Through that, we can start more significant scenarios for more complicated test cases.
- Next star in red status is coming up with a formal name for our organization. That red status was impacted by the fact that we've move this forum to the electronic space. We will move it up to this conversation and move the formal decision to the April Board meeting.
- Third star in the red status has to do with our single sign-on. We have been collaborating since the beginning with The Keystone Log-in Team with NOA. We're working through some challenges with their technical team since it was set up to be a single login communicating with PA State systems. Next month, we will bring an update on the Keystone login and our approach for managing customer login through the GetInsured system.
- It's worth noting that none of these specific reds is adding any massive amount of jeopardy to the project implementation, but we wanted to note where we are moving passed deadlines we had set.
- Questions on overview of Stars on a String? None.

Work with GetInsured

- We've been working with GetInsured since they came on site in December to understand their solution and also to identify specific requirements that we felt we needed changes to tailor a Pennsylvania-specific solution. We will be much more aggressively trying to guide customers to our contact center that supports PA residents than other state deployments. We have agreed to a set of requirements and tentatively set them for June release, September release and then a post September release up through Q1 2021. Of the 35 highlighted requirements, GI is working to move beyond the requirements. Their technical team is building a more robust definition of how those will be implemented, and turning business requirements into a high level design. GI is continually working to improve their product.
Questions? Yes - - -
 - **Paula** – do we have our 35 requirements prioritized or any backup plan to be sure we hit our Nov 1st date? **Kiernan** – Yes we do. With all the

interruption we are experiencing, everything that GI promised is on track. **Zach** – We are keeping a very close eye on it. Both our team and GetInsured’s team have collaborated around fleshing out both the details around these different requirements as well as the prioritization. If and when we come to a place where we have to de-prioritize things, we have a process and the framework that’s well established to allow us to do that in fairly short order.

2.03 Technical, Operational and Policy Decisions

Hannah - Informational Purposes –

- Chat functionality – one challenge is that it is a different customer service experience from build out and operation than a traditional phone-based contact center. Plus, there are technology complications as well. For various reasons, it has been decided that we will postpone this function for 1 year. Questions? None.

Staff Decisions –

- Direct enrollment and enhanced direct enrollment – This is a technology tool the Federal Marketplace built to allow other websites (brokers, insurance company) provide their own website to customers to help them shop. We have not started the stakeholder feedback process as of yet as we are prioritizing decisions needed for year one. The approach will be similar to the approach we are using for other policy questions. Questions? Yes...

- (12:58 PM) **Mark Nave** – We should continue to explore this capability in the first year – Highmark uses this and it is a very helpful tool.

Sheryl K – Is it safe to say that GI does not have this functionality in any of the states where it’s administering the state-based exchange?

Hannah – Yes, that is correct, and I am not familiar of any other states that have a direct enrollment or enhanced direct enrollment channel in a state-based exchange. **Sheryl K.** – Wondering why they haven’t developed this technology yet. **Zach** – They do not have that functionality as a part of their software’s service platform in any states. They do have a separate product in the private market that supports EDE but those are not integrated, interfaced, or connected in any way.

Jessica – I’m not sure another state-based exchange has asked for this capability to be integrated into their functionality which may help explain why GI hasn’t invested in it thus far. If Zach’s heard differently from his colleagues, he should jump in but that is my understanding of the history behind all of it. Back to Mark’s comment – obviously this will come to bear through the stakeholder input process that Zach and team are planning, but if any of the carriers or others have any data about EDE, how EDE has an impact (whether positive or negative) on enrollment, on retaining policy holders, or on policyholder satisfaction. If you’re not comfortable sharing that with the full group, and especially if you are, maybe there’s a way we can aggregate. I think that would be incredibly helpful as we look through deciding this is something we want in further years and, if so, what level of priority it would be for the

Authority. **Mark** – yep, got it! **Antoinette** – I think this is the right decision and that we do it in the best way possible. It can also be used to steer people away from the plans in which we want them, so I'm glad we're thinking about a stakeholder process and setting it up properly. **Zach** – any other questions or comments about this particular item? No

- **Hannah** – We're bringing 3 items to you today that we are asking for Board decisions. The first item is Open Enrollment Period Duration. We want to make sure that in this transition year, Pennsylvanians have continuous access to their coverage. So considerations for possibly extending the open enrollment period for this year could give us time to build awareness for the new State-Based Exchange; lengthening the OEP could increase new enrollments and encourage active plan shopping. We proposed 4 options. Currently there are 9 state-based exchanges that have extended OEP than the default "Status Quo" Federal Marketplace open enrollment. The majority of stakeholder feedback supported an extended OEP vs keeping with the status quo. Based on the feedback we received, we would like to recommend for the 2021 OEP to extend the end date to January 15, 2021, keeping the 15th of the month effective date rules so plan shopping by 12/15 would provide customers with a 1/1 effective date of coverage and plan shopping between 12/16 through 1/15 of extended OEP would provide customer with a 2/1 effective date of coverage. We do want to note in our recommendation that we want to be aware that there may be operational needs that could warrant extending plan shopping date for 1/1 coverage – call volumes, etc. Zach, do you have anything to add to that? **Zach** – On the last thing you noted about operational needs to potentially extend out from the 12/15 deadline, another example was, just this past OEP where there was system slowness with healthcare.gov, and as a result they extended the OEP by 3 days. Just an example of items that may pop up that require us and allow us to be flexible as a state-based exchange to issue special exceptional circumstance enrollment period around that. One other piece of information on the stakeholder feedback is that 50% of respondents recommended either 1/15 or 1/31, a third of respondents recommended the status quo and a smaller portion suggested 12/31. This is a very important decision we have to make, and we are asking you to make this decision now because it is important to system implementation that we have these deadlines locked. I see on chat that Paula has 2 questions...
 - **Paula** – from a technical point of view, and you just mentioned GI, questions #1 is - what did NV do, what is GI's out-of-the-box solution, and how comfortable is G.I. with these multiple effective dates. Question #2 – from an experience point of view, mostly concerning renewals, if they do nothing by 12/15, are they being automatically renewed into their same plan? Or is someone who makes a change on 12/16, how comfortable are we that they understand they aren't going to have any coverage for January? **Zach** – let me take the 1st question and part of the 2nd and Hannah can chime in. On the 1st question – the

GI system is configurable and it allows us to pick what our end of OE will be. What NV did kept the status quo however they had considerable volumes at the end of OE and they extended their deadline maybe a week. **Paula** – did they extend their effective dates?

Zach – I can't speak with 100% certainty, but I believe they kept the effective date at 1/1 and it was not for 2/1 coverage. We can circle back on that but I'm pretty certain on that. Question #2... **Hannah** – if someone is currently enrolled and takes no action by 12/15 they are enrolled in that auto-renewal plan for 1/1 coverage. If they come in on 12/16 and make an active plan selection, that would be for a 2/1 effective date. The system is smart enough to show the customer the correct effective date based on when they are plan shopping. In regards to the GI out-of-the-box solution, as Zach stated, these are configurations and they exist both for the start and end dates as well as for the effective date rule to apply. **Paula** – so we're not adding any technical risk to the implementation by changing the end date?

Hannah – No. **Paula** - ok thank you and I would only suggest that if this is indeed the direction we go down, that we make sure to share this with the technical teams because having these multiple enrollment files come through provided a lot of technical challenges on the carrier side. **Mark** – from my perspective, we're good with the change of effective dates but it has to be good for everyone. I support it. **Hannah** - I will note that we will be discussing these in very granular detail with carriers and we will be sure to include, especially with extended OEP, different scenarios similar to these here today. **Zach** – thanks Hannah. I see Tia, you have a comment you would like to make? **Tia** – keeping this automatic and seamless as possible is great. **Chair** – Tia can you talk a little bit about what you think this means from a resourcing perspective? **Tia** - from a resource and capacity standpoint, the longer the better. Six weeks with holidays in between is very short and folks pocketbooks are going to be a little bit thinner. They need more time to make decisions – a lot of appointments are postponed or re-scheduled because they need more time to look at their pocketbooks so having more time to make good decisions is always good on the consumer end. **Zach** – any other comments or questions about this from the Board? No, ok I think it's to you Chair.

- **Chair** – just to remind everyone, operationally, Zach and team need an answer on this today to move forward – not a full consensus but definitely a clear majority. What I would like is if people are able, to have a motion to adopt option 2 as proposed by staff starting OE on November 1, 2020 and ending OE January 15, 2021:
- *Discussion: None*
- *Motion:*
 - *Sheryl Kashuba*
- *Second:*
 - *Tia Whitaker*

- Yays:
 - *All Board Members*
 - Nays:
 - *None*
- Chair** - Great – thank you everyone.

Hannah - the next 2 policies that we want to bring to you are both related to the 2021 plan years plan certification that we discussed at last month's Board meeting. The first one is Proposed Requirement #4 as amended – this requirement was about having insurers provide advance notice of broker commission payment schedule and per discussion at the last Board meeting, we proposed to amend the timeline. The original proposal of that requirement was 90 days. The proposed amended timeline that we received feedback on would be that annually the commission payment schedule would need to be provided at least 45 days in advance of the OEP and any mid-year changes would need at least 30 days in advance of the effective date of that commission schedule, and we would have an exception for any extenuating circumstances outside of the insurers control. So, the amended timeline that we are proposing be adopted is the insurers are providing this schedule annually 45 days in advance of OEP and any mid-year changes have 30 days advance notice prior to the new date of the schedule. The 3rd aspect to the amended timeline would be there are exceptions for extenuating circumstances outside the insurers control. So that is the timeline that we are recommending be adopted. We did want to note that the brokers concerned about the mid-year change is valid and it's an interesting issue but it's not something that can be addressed by this particular requirement. So, we wanted to potentially bring that comment back into the discussion. The broker's concern raised here about the mid-year change happening after they have completed plan shopping with the customer is something we want to bring to that group so that it is not lost but is addressed in a different forum. We will be providing examples for carriers as to what those extenuating circumstances would be and the key thing is that it's out of their control. Questions?

- **Todd** – under the scenario if a carrier wants to adjust their rates coming into OEP, would they have the flexibility to do so? **Hannah** – great question – we had not contemplated locking-in the annual schedule. **Todd** – I think what I'm trying to point out is transparency is a positive thing, but also trying to think through the flexibility to adjust – I'm concerned we're going to be figuring it out as we go. I think we really need to understand how flexible the exchange will be. Can we adjust with 45 days advanced notice at any time or 30 days advanced notice at any time? **Hannah** – the way we presented it on our timeline it would permit that. **Paula** – I'm with Todd where I think this is a lot to decide on at this moment. So, Hannah, say again what you think this decision is. **Hannah** – the timeline states that the commission payment schedule would be made available at least 45 days prior to the OEP. If the carrier wants to make a change to that schedule, they need to

provide 30 days advance notice. The exception to the 30-day advance notice takes effect if there's activity outside the insurer's control... for example, if the Insurance Department is delayed approving plans, that would certainly be outside of insurers control so we would not require advance notice of a change. **Zach** – I certainly don't want to rush this; I want to make sure that anything we're putting in front of you is well understood and you're comfortable with it. It feels like there's still open questions about this, so unless people feel very strongly that we should move forward with this particular item, I recommend tabling it, so we get more of this in writing well in advance of the next Board meeting and come back to it in April. **Paula** – I agree with that and I just want to be clear on what we're trying to accomplish and why we want to do this, so when we bring it back next time, we can make that front and center. **Zach** – I don't think we need a motion for that, we can pull that off the table for consideration and move on to the next item.

- **Hannah** – the last item is the plan certification #3. It was asked that we reword the consideration and take it back to get stakeholder feedback. This is about the effect of APTC. Staff recommendation is the withdrawal of Consideration #3 from the 2021 Plan Certification and raise this again for PY2022. **Zach** – the goal is to come back to this conversation with more informed data around how things change year over year. We will have that information and be able to present it to all of you and stakeholders. The hope is this isn't happening at all and is not an issue we need to worry about. Questions? None

2.04 Uninsured Data Report Out –

Zach - (SHADAC) policy and data analyst at the University of Minnesota who provide technical assistance, data and information around healthcare and health access for different folks across the country. We engaged them a couple months ago and asked them if they could dive into the American Community Survey data which is an annual survey done by the US Census Bureau. We asked them to provide who in the Commonwealth is uninsured, where do they live, what are their demographics, what they can tell us about them? They have provided us with a couple rounds of information – socioeconomic data detail as well as county-level data. The 3rd round of data that we don't have yet is around zip code level uninsured data. This is ACS data as of 2018 so this is about 1 year old. Questions? **Paula** – is there any more granularity on the 19% above 400% of FPL? **Zach** – good question; we don't have that here today but the questions are within income bands so I believe that we can go back to SHADAC and request additional information. **Zach** - it's worth noting that this data has been adjusted to exclude the undocumented or those represented as having PA German ancestry. Uninsured by Income – **Antoinette** - Is it possible to ask for the breakdown between the folks 138 to 400 percent of poverty? I think there's a lot of differences between those at the bottom and those closer to 400 percent so it would be interesting to see if there's a bigger population within those bands that are uninsured. **Zach** – We may have it or we can certainly ask for SHADAC

to delve into it. It is definitely an important question. **Antoinette** - Just looking to see if there's some targeted outreach we can do with that population. **Zach** - yes that's a good point. Trying to figure out where and why people are uninsured and whether or not there's information we can pull from this to make them aware of the financial assistance they may not know they're entitled to.

Where are the highest uninsured rates? **Mark** - It's a good way to think about prioritizing marketing or enrollment initiatives in different markets. You've only got so many dollars to go around right? **Antoinette** - Is there any way to take out the ineligible population? **Zach** - This is a cut of that data with those populations pulled out but SHADAC made some assumptions. Any questions about the data that we've been presented? Is there anything else you want to see? **Tia** - I'm anxious to get the zip code data. **Zach** - us too. **Tia** - thank you for partnering with them. This information is very comprehensive and very helpful to those of us who are in the field.

2.05 Branding Proposal -

Kyrie - Introduced Amanda Forr from Bravo who is joined by Anne Merrick, Christine Smith and Heather Eyster.

Amanda - We want to show you what went in to coming up with the name and the research tactic updates with the most recent completion of a statewide survey. I want to share some of those findings.

Anne - Survey Methodology - We conducted a statewide 24-question survey to existing Healthcare.gov customers as well as a modeled universe of Healthcare.gov customers. We used the modeled universe for digital responses, and we used the current customers for phones and text message responses. The majority of responses came in through text messages where people clicked through to the link to take the survey that we had programmed on our survey platform online. We had about 467 completes, about 248 completes from phones using autodial and then 7 completes from our online efforts. We've been deploying these surveys in waves over the past few weeks to see what could be done most efficiently and effectively and text messages won out bringing us to a total of 722 completed responses from known customers. Three main themes emerged from the research inclusive of the survey but also the other tactics that we employed. When it comes to applying research findings, Bravo's general belief is that consumer feedback is critically important but not for the 1:1 application. We listen to customers laterally not literally. Customers know how they feel but not why they feel that way. The first finding is the customer base in PA is inundated with healthcare, health insurance, pre-existing associations about this landscape and also largely unaware about the state-based exchange. We see this as a really great opportunity that there's white space to craft and create the impression of the Brand and announce this Brand to consumers on our terms. We also have to be mindful of the fact that once we wade into this environment and once we make this announcement there are existing associations that will bring down

customers point of view or opinions about the exchange. We found that about 88% of respondents were totally unaware of the news of the exchange and remember, these are your existing customers. **Amanda** – One other thing to note: This is a snapshot of the key things of conversation between July 1, 2019 and March 1, 2020. This date range was deliberately chosen because the news regarding Pennsylvania’s creation of a state-based exchange would have happened during this timeframe. **Anne** – In that analysis, the headlines around the state exchange were extremely limited. **Amanda** – Things have been quiet purposely and we think that helps set us up, as we move closer to enrollment, there’s a real opportunity to join the conversation in an effective way, and we believe that the brand can have a really profound role in that. **Anne** – How do our customers in PA really feel about their health insurance? The customer base that we surveyed would be described as “resigned, not satisfied,” About 40% of respondents indicated that were unsatisfied or extremely unsatisfied with their health insurance, 35% said they were satisfied or extremely satisfied, which left about a quarter of respondents to fall in that middle, neutral ground. Several negative things emerged even with the people who were satisfied/extremely satisfied. We summed it up to deep skepticism, cynicism and a reluctant acceptance. We have to be mindful of what the emotional drivers are so we can serve customers appropriately and respond to them in a way that will motivate them to transition to the exchange or get coverage when they haven’t had it before. We asked respondents in our survey which entity they were most confident in delivering healthcare. We asked across non-profits, the federal government, private for-profit companies and state government. Respondents had the least confidence in state government out of those four options and the reasons ranged from customer service concerns to bureaucracy. Other concerns were about government interference but ultimately nothing too shocking. Customers presently have a negative association with the state government, and they don’t have a reason to believe otherwise. Whatever shape the brand ends up taking, it needs to lean on this reason to believe. Giving customers a reason to break away from old associations they have with state government and buy into this bigger picture. This will be a central theme in our brand no matter what direction we move in. In summary, the three findings were:

- Low direct awareness around the state exchange but extremely high indirect and negative associations with this topic generally
- Emotional state of customer base is unsatisfied but resigned,
- Low confidence in government delivery mechanisms.

Amanda, anything to add to those findings?

Amanda – No, but we want to pause here before moving into the naming component for comments or questions. **Anne** – Ultimately the challenge is one of perception; we need to design for the customers mental perception of the state exchange through positioning and psychology which will drive behavior. **Amanda** – Moving forward, to the names under consideration: Pennie, Sylvie, Commonhealth, Salud and PennSure. We’re dealing with straightforward vs abstract and the qualities within each. These are the things we are thinking about

as we're designing your brand positioning. We believe what the insurance exchange brand needs to do is challenge the existing associations people have with health insurance. There's an opportunity in PA to build something new and surprising. The brand needs to be a resource and be responsive to build trust with consumers. There's a real opportunity to establish a noticeable and memorable presence in the market ultimately driving awareness which is a core problem the brand needs to solve. Some of our next steps will be working on our brand positioning and discussing how that relates to the name as well as to all facets of the visual presence and the messaging. With that in mind, we will also be doing some further analysis of the naming options in concert with the positioning. Tagline development is another component we will be working on over the next few weeks in addition to working on the visual expiration of the logo and other brand visuals. Last but not least, we will be moving into a brand testing phase. We know that there won't be a decision on the name today, but we want to assure all of you that we are proceeding in accordance with our schedule as designed. Questions? **Sheryl** – Have you done any testing of names compared to each other and how people react to them? **Amanda** – They were included in our survey so we did a preliminary analysis through the survey to see how the names compared to one another and ultimately Commonhealth and Pennie were viewed most favorably with Commonhealth as the frontrunner. **Sheryl** – So Commonhealth won out over Pennie? **Amanda** - Yes **Chair** – Were they close or are there any things you can nail the differences down to? **Amanda** – We are still waiting the data so I think we would want to come back to you with a follow-up – Commonhealth 48% and Pennie 14% so it was a fair difference. **Tia** – What are the demographics of the survey group by age, race, ethnicity, location? **Amanda** – We are still waiting on all the data so we can provide more specifics later. The recent split was – 54% female and 46% male, 35% of respondents were 55 to 64, about a quarter were 25 to 34, 16% were 35 to 44 and 21% were 45 to 54. We have education breakdown, marital status, income level, and geography which we can provide. Commonhealth reflects where the current Healthcare.gov people are today but I don't think it speaks to the relationship they want to have with the exchange. **Zach** – The interesting thing about the favorable affiliation with Commonhealth is that this is the same group of folks that ranked state government as their least trusted entity. This seems like a contradiction and why I think I would appreciate more analysis from these guys before they come back and ask for a decision. **Antoinette** – I believe that some of the other demographic information is important in terms of income and education because I also see differences when thinking about target population in terms of low literacy population. I think these demographics are important as we move forward. **Zach** – Are there any other thoughts or questions for the Bravo team or about the next steps or naming options we have? **Chair** – Can you go over what you're going to be testing next? **Amanda** – We're keeping options open for next couple of weeks; we're looking to do a smaller focus group or interviews with people as an option. The next major brand testing will be when we're ready to evaluate the visuals and expression which will come after the name is determined and we have a set of criteria. **Zach** – What will be brought to the next Board meeting? **Amanda** – We would like to develop the brand positioning or platform

where we take the key facets of the brand and who the exchange is going to be and present that to all of you. In addition, a formal recommendation around the name and those materials at a minimum and a more robust look at our testing strategies. A tagline is definitely being considered – we think it’s important to build the brand. We are looking for the tagline to be grounded in the purpose and use for the Exchange. One more point is we have noted the peer audit of the other state-based exchanges, and a tagline seems to be what a lot of the exchanges are doing. So, we will be looking at our peers to evaluate what they’ve done and if there’s any information we can glean from that. **Zach** – This is a lot of information we’ve put in front of you but Kyrie is very involved in this process so she will be available to talk between now and the next Board meeting.

3.00 Adjourn -

Zach – Thanks very much to the Bravo team. That is the end of our public session. Jessica, I’m going to kick it back to you to close us out.

Chair – We’re going to be breaking into Executive Session and the purpose of that is to discuss the content and strategy for the upcoming RFP for the Navigator program. As you know, we discuss RFPs and pending procurements in closed session but we did want to talk quickly about conflict of interest while still in public session so Zach I will turn it back to you.

Zach – Because there are members on the board that have affiliations with our current navigator vendor, there are 4 Board members who will not be participating in Executive Session: Tia, Antoinette, Laval and Jessica Brooks. Any discussion? No

Chair – Thanks everyone. I believe there is a separate dial-in for Executive Session? No

Kyrie – Correct and a separate Skype link

Chair – Thank you to all the Board members for joining us and all the interested parties for joining as well. I do need a formal motion and second to adjourn if someone wouldn’t mind...

- *Motion:*
 - *Mark Nave*
- *Second:*
 - *Jessica Brooks*
- *Yays:*
 - *All Board Members*
- *Nays:*
 - *None*