



**IDAHO HEALTH INSURANCE EXCHANGE  
DBA YOUR HEALTH IDAHO**

**MARKETPLACE COMMITTEE MINUTES  
FRIDAY, MARCH 5, 2021**

**1. COMMITTEE MEMBERS PRESENT**

- Mr. Jerry Edgington, Chair (via videoconference)
- Ms. Janice Fulkerson (via videoconference)
- Ms. Heidi Hart (via videoconference)
- Ms. Carolyn Lodge (via videoconference)
- Mr. Brett Thomas (via videoconference)
- Ms. Lori Wolf for Director Jeppesen (via videoconference)

**2. OTHERS PRESENT**

- Mr. Pat Kelly, Your Health Idaho
- Mr. Kevin Reddish, Your Health Idaho
- Ms. Frances Nagashima, Your Health Idaho
- Ms. Meghan McMartin, Your Health Idaho (via videoconference)
- Ms. Stephanie Husler, Your Health Idaho (via videoconference)
- Ms. Heidi Stockert, Your Health Idaho (via videoconference)
- Ms. Julie Hammon, Idaho Department of Health and Welfare (via videoconference)
- Ms. Cheryl Fulton, Your Health Idaho

**3. CALL TO ORDER**

Following proper notice in accordance with Idaho Code §74-204, the Marketplace Committee meeting of the Idaho Health Insurance Exchange (Exchange) was called to order by Mr. Jerry Edgington, Chair of the Committee (the Chair), at 1:01 p.m., Friday, March 5, 2021, at the offices of Your Health Idaho, 1501 S Federal Way, Suite 100, Boise, Idaho. In accordance with Idaho Code §41-6104 (8), the meeting was held in an open public forum and was streamed in audio and video format. Members of the public were encouraged to access the audio stream by dialing into a telephone number and view the materials by accessing a meeting link that were included in the notice of meeting posted on the Exchange Board's Web site and at the meeting location.

**4. ROLL CALL**

The Chair called roll and determined that Ms. Fulkerson (via videoconference), Ms. Lodge (via videoconference), and Ms. Hart (via videoconference), were present, resulting in a quorum. Mr. Thomas (via videoconference) arrived at 1:27 p.m.

## 5. PRIOR MEETING MINUTES

**Motion:** Ms. Fulkerson moved to approve the meeting minutes from the November 30, 2020, Marketplace Committee meeting as presented today. **Second:** Ms. Lodge. **The motion carried.**

## 6. REVIEW AGENDA

The Chair reviewed the Agenda and there were no changes.

## 7. REVIEW ROADMAP

The Chair reviewed the Roadmap and there were no changes.

## 8. EXECUTIVE SESSION

**Motion:** The Chair moved that the Committee enter into Executive Session pursuant to Idaho Code Section § 74-206 (1), to consider records that are exempt from disclosure as trade secrets under YHI's public records policy and Idaho's public records act pursuant to Idaho Code Section § 74-206 (1)(d).

**Executive Session Roll Call:** The Chair took a roll call vote and determined that Ms. Fulkerson, Ms. Hart, and Ms. Lodge, and Mr. Thomas were present and agreeable, resulting in a quorum.

The Committee entered into Executive Session at 1:07 p.m. and reconvened at 1:49 p.m. No final actions nor decisions were made while in Executive Session.

## 9. UNINSURED SEP UPDATE

Mr. Kelly said on Monday we opened our first Uninsured SEP. We have seen heightened call volumes and increased activity on the website in terms of visits and sessions, and we continue to see that activity move through and result in plan selection. We are watching our daily enrollments and it is too early to tell where we will land. For states that opened on February 15 (FFM States), most saw a 50 percent decline from week one to week two in terms of plan selections. We would also expect that same scenario to play out in Idaho, but we also would expect it to rebound in the last week of the month. YHI deployed a full advertising campaign that began on Monday and has seen strong earned media. YHI has also done direct outreach to consumers that have not completed the enrollment process, have been denied an SEP, or had other interactions with YHI this year that did not result in an enrollment. We are optimistic about the enrollments we are seeing, and they are in line with where we expected them to be. For the financial forecast we expect to see about 600 incremental enrollments with an April 1 effective date.

## 10. POLICY UPDATE

Mr. Kelly said as we speak, the Senate is debating the American Rescue Plan, President Biden's \$1.9T package. The relevant items for YHI are the enhanced subsidies for qualifying health plans. The bill includes an income limit in addition to the current APTC structure. For consumers in the lower Federal Poverty Limit (FPL) ranges, the percentage of your income that you will pay towards health insurance is zero and increases as percent of FPL increase. The maximum

percent of income paid toward health insurance is 8.5 percent at 400% FPL and for the first time ever, people above 400 percent FPL will be eligible for a tax credit such that the percent they spend on health insurance does not exceed 8.5 percent of their income.

Mr. Kelly said to implement these changes, YHI has been in discussions with both DHW and GetInsured to understand what would be involved in making these changes. Ms. Hammon and her team at DHW think this could be implemented in weeks instead of months. It would require minimal changes to the YHI technology to consume that increased tax credit. We are also working through any potential restrictions that may be in place in terms of changing carriers or metal tier levels. YHI continues to work with the DOI and the carriers to understand what this might look like in terms of an enrollment period.

Mr. Kelly said there is one additional relevant part in the stimulus package around unemployment insurance. Since it is very complicated to implement, we are awaiting details in the final bill language before pursuing this as it would be a significant change in eligibility rules.

Ms. Hart said she has heard some rumblings on a possible extension of the Public Health Emergency through the end of the calendar year. She asked if that happens, are there any ramifications around enrollment, open enrollment, or Medicaid that would affect YHI. Mr. Kelly said YHI is hearing the same thing about the extension. Formally it has been extended through April 23, which means protected Medicaid is through end of June. If the Public Health Emergency is extended for another 90 days or all the way through to the end of 2021, Protected Medicaid would remain in place and those Idahoans that are eligible for an APTC, but currently protected on Medicaid, would remain protected and unable to enroll on the exchange. We believe that population is 7,000-8,000 people. It is challenging to move people off Medicaid and onto the exchange in the current economic landscape simply because Medicaid is free. We have done significant direct outreach and have only seen a small handful of people who have moved off Medicaid when given the opportunity to be on the exchange. That would be the most direct impact to Your Health Idaho, but it would not impact our ability to have an enrollment period related to the enhanced subsidies just as it did not impact our ability to have the uninsured special enrollment period.

Mr. Kelly added that if the relief package gets signed next week, YHI will provide an update to the Board.

## **11. ENROLLMENT UPDATE**

### ***a) 2020 Enrollment Update***

Mr. Kelly shared the year over year monthly effectuations pre- and post-Medicaid Expansion. In 2019, the end year decline was ten percent, which is consistent with prior years. However, in 2020 it was nearly 13 percent which is almost certainly due to the impacts of COVID, protected Medicaid, and general economic malaise.

Mr. Kelly said for demographics, it is very similar to prior years with enrollments bookended by age groups with 24 percent of enrollment in the 18-24 age range and another 24 percent in the 55-64 age range, more women than men enroll, and 85 percent receive a tax credit. In

2020, about 25 percent of enrollments were new and our agent and broker community assisted about 73 percent of enrollments.

***b) 2021 Enrollment Update***

Mr. Kelly shared the March numbers and noted the directional slope of 2021 as compared to 2020. Thru March, we have only seen a five percent decline in enrollments as compared to nine percent for the same time period last year. At the December board meeting we were seeing a much higher percentage of people that were already effectuated at the end of December. We believed that meant more were excited about their coverage and would likely stay, resulting in higher retention. That is playing out now in these numbers.

Mr. Kelly said during open enrollment, we saw some carrier mix shift from SelectHealth to BCI and Regence. We continue to see a shift from gold and silver to bronze which indicates price sensitivity around premiums. Dental continues to see growth.

In terms of where enrollments came from, 85 percent of enrollments returned from 2020, 12 percent were brand new enrollments, and about 3 percent previously had a plan, but returned from a year prior to 2020. When we look at overall enrollments for 2021, almost a quarter of them have effectuated a plan every year since YHI moved onto its own technology in the 2015 plan year/open enrollment 2014.

Ms. Fulkerson asked about the 12 percent brand new and is there something we can compare to prior years? Mr. Kelly said it is about half of what we saw in the prior year enrollments where we saw 25 percent new. We believe that is suppressed largely due to COVID dynamics and the economic recovery.

Ms. Hart asked if 12 percent are new, are they people that gained income (moved from Medicaid to the exchange) or did they lose group coverage. Mr. Kelly said if they gained income, those would be in the protected Medicaid status because of the Public Health Emergency. Where the 12 percent came from has not been determined but based on the number of folks that lost coverage due to COVID, that would indicate some of those would be in that population, but the exact number is unknown.

***c) January 2021 Customer Profile***

Ms. Husler said the Customer Profile is an opportunity to look more closely at some of the data that Mr. Kelly shared for our 2021 enrollments. It is a deep dive into our customers, who they are, and what kind of purchases they are making. The scope of the data includes active enrollments gathered on January 4, 2021. The data includes Qualified Health Plans (QHP) and Qualified Dental Plans (QDP).

For Demographics, the average enrollment per household was 1.76 which is consistent with historical data. There were slightly more women than men enrolled with 53 percent women and 47 percent male which is also consistent with prior years. The largest age groups were 55 to 64 and under 18, each comprising about one-quarter of enrollments. The next largest group was 35 to 44 and 26 to 34 with the smallest group being 19 to 25 year olds.

For Price Sensitivity, we look at enrollments by net premiums, with most concentrated in the lowest (zero premium) and the highest premiums (\$301+) which indicates price sensitivity and is consistent with prior years. Enrollments by Federal Poverty Level (FPL) demonstrates further price sensitivity with the highest enrollment rate among those with 151-250 percent FPL, which correlates to the largest cost-saving benefits. As FPL increases, enrollments decrease likely as a result of higher premiums.

For Agent/Broker Utilization, 70 percent of enrollments were engaged with an Agent of Record (AOR) which decreased from 75 percent last October. Adults age 26 to 44 are leveraging agents and brokers, with utilization lower in the 19-25 and 45-54 age ranges. Consumers who receive cost sharing benefits show a higher percentage of working with an agent or broker and we assume by this that consumers who work with agents and brokers are more successful at navigating through all the options and getting enrolled in plans that provide the best cost saving benefits. We know that also enables long term success with those enrollees.

## **12. OPERATIONS AND CUSTOMER EXPERIENCE**

Ms. Nagashima said following the trends from last year, we were not terribly surprised by call volumes being down about 47 percent and email volumes down 24 percent. The team met all SLA's and goals for consumer experience. More than 97 percent of consumers that did contact YHI had their question resolved in the first call and in less than three days turn around time and were satisfied with their experience, even given the lean staffing this year. Much of the decline in overall volume is likely a result of Medicaid-eligible consumers being protected on Medicaid as well as the improved technology that has been put in place.

As a measure of the consumer experience, YHI uses Net Promoter Scores (NPS) which is a national metric used to find how customers are treated and how they feel about their interaction and if they would recommend YHI to other people. We started Open Enrollment with a very strong NPS score and ended February right around 40 for this year, which is excellent. Mr. Kelly added that generally speaking, NPS is a black box and you don't get a lot of details when someone is unhappy with YHI. There was an instance just this week where a consumer left a comment, and they were less than pleased with their situation. Ms. Nagashima took it upon herself to look at the account, work with DHW, and ultimately reached out to the consumer to explain the situation. We were not able to resolve the specific concern, but we were able to leverage that comment on why their issue happened. This is a great example of how we leverage NPS to better assist our customers and maximize the customer experience where we can.

Ms. Nagashima said for Consumer Connectors, total certifications for 2021 continue to grow. As of today, YHI has 785 certified consumer connectors with 683 agents and brokers, 102 enrollment counselors, and 77 agencies. These consumer connectors do a phenomenal job of educating the consumer, helping them navigate the different plans and the application of tax credits and cost saving levels.

The 2021 training schedule has been solidified and noticed to consumer connectors, with extra attention given to the DHW redeterminations and how to better assist their customers that receive tax credits.

Ms. Nagashima said the 2022 Training calendar is almost ready and we will be providing virtual and live virtual training for PY22 beginning in August.

Ms. Nagashima said Appeal Volumes decreased 20 percent in January, likely resulting from the additional time for open enrollment. The appeals that are being requested in January and February have been around changing plans within the same carrier network. Appeal turnaround time has decreased by 59 percent from the prior year, meaning the response time decreased from 17 days in 2020 to 7 days in 2021 for the same measurement months. And appeal decisions are consistent with prior years.

### **13. MARKETING AND OUTREACH UPDATE**

Ms. McMartin said there were some great impressions from this years' campaign. YHI saw 11.2 million impressions for traditional media (tv, radio, and billboard) and 17.9 million in the digital space, for overall campaign impressions coming in at 28.9 million.

Ms. McMartin said the core messages (Bones Break, So Do Bank Accounts) continue to perform well as the message that healthcare is there when you need it resonates well with the young invincible group as well as all others. As with previous campaigns, it centered around awareness in the traditional media space with brand awareness using billboards, radio, and television. In the digital space it centers on conversions – clicking on links, taking users to the website, shopping, and eventually taking action.

Ms. McMartin said that the budget this past year was adjusted because it was an election year and traditional media tends to be more expensive in election years. So YHI focused more on those conversions by utilizing digital media. For this past year, we saw a slight decline in impressions in the television and radio space, but we did see on the digital side a 23 percent increase in clicks, 15 percent increase in conversions, and 11 percent increase in paid media impressions.

Ms. Hart said earlier it was said that the majority of customers were in those bookended groups (18 and younger and pre-Medicaid). The core message of “*bones break, so do bank accounts*” resonates well in the younger age group. Did we find it to be equally effective with the older age group as well or is there a different message geared towards that older age group? Ms. McMartin said when talking about the target audiences, we have had them broken up in various ways over the years. The message of “*bones break, so do bank accounts*” seems to resonate across all target audiences. When focusing on the young invincibles, ages 19 to around 30, the message is also effective, but because they are more cost sensitive shoppers, they are less likely to utilize their coverage, where the older group is more likely to use their coverage.

Ms. McMartin said for activities centered around the special enrollment period, YHI did some direct consumer outreach including email campaigns directed towards those in select groups, or those that applied for a 2021 SEP or had filed an appeal in 2021, inviting them back to enroll for a 4/1 start date. We do plan to do some additional outreach in the coming weeks reminding folks who have started that application process to complete it. One thing we are very excited about and launching next week is our first text message outreach campaign. We are working with a DC firm that has done similar campaigns with other government agencies and will target specific age

ranges and incomes across the state. This will provide us with the opportunity to engage with folks that we have not engaged with previously.

*Ms. Fulkerson left the meeting at 2:28 p.m. The Committee maintained a quorum.*

Ms. Lodge said she is really excited to see the results of the text campaign. She asked what the call to action is on that. Is there some kind of direct response tied to that or do they click on something that takes them to the website? Ms. McMartin said the original send will include a link to the Your Health Idaho website. We are still confirming if there will be imaging or branding included in that message, but it will include the link. There is the option for the person receiving the message to reply to receive additional information.

Ms. McMartin said YHI launched the paid media campaign on March 1<sup>st</sup>. This was digital only with the purpose of driving people to the website

Ms. McMartin said to support all of these efforts we deployed several new resources on the website including a new uninsured SEP web page that contains additional information and FAQs, updated web and social banners with that same information, and some small-scale digital collateral to share with our partners.

*Ms. Lodge left the meeting at 2:30. The Committee maintained a quorum.*

#### **14. TECHNOLOGY ROADMAP**

Ms. Husler reviewed the technology and reminded the Committee that every year we look back to determine what worked, what did not work, and what we can continue to do better. We look across the different channels including customer experience, consumer connectors, carriers, and internal efficiencies. Items currently under consideration for the roadmap include the SEP Multiple Document Management Part Two is a continuation of the complexity in handling SEP documents. The first part is scheduled in our next release which will allow multiple documents to be uploaded at the same time. Part Two will allow us to accept or reject individual documents from that upload individually from one another and the message will be very clear to the consumer on the next steps.

The next one under consideration is Shop While You Wait which is in response to our consumer connectors indicating their desire to help their clients in one meeting, rather than multiple meetings to complete the applications and another one for plan selections later. This will allow them to get everything done on the same meeting.

The Compromised Credential Check is helping to put some privacy and security controls when a consumer may have used a username and password on another site that was compromised.

The last one in the Consumer Experience bucket is the APTC Estimator which would be a new user interface that would use the second lowest silver plan and better groupings of household members based on eligibility for exchange versus off exchange benefits.

The next items are for Consumer Connectors, YHI is looking at a broker mobile app to help brokers manage their clients better. It will provide opportunities for notifications, letting them know if they have pending items, etc.



In the Carrier realm, we are working through some technology requirements for an Issuer Dispute Portal. This would focus on the reconciliation activities with the carriers and put some tools in place to make that more efficient, increase transparency in that process and make it more secure.

The next item for carriers is the Provider Search. This was put in place in 2017 and the API that powers that service needs to be upgraded. There is another option we are looking at that would help consumers select a provider better when their provider has multiple locations.

Finally, for internal efficiencies we are looking at ticketing management to provide tools to better escalate to supervisors, provide visibility to agents, brokers, and consumers on what tickets they have in process, and communicate on those tickets that are in process. We are also looking at Notice Content with the goal of enabling internal changes or customization of notices or enabling self-service changes. Finally, Ad-Hoc Noticing would allow YHI to send message notices from within the HIX directly to their inbox, resulting in higher security of information.

## **15. PY '22 QHP TIMELINE**

Ms. Husler said the timeline this year is fairly consistent with prior years. Please note, all dates are subject to change until this is issued by the Department of Insurance.

March 19 is the first day for carriers to notify the Department of Insurance of their intent to offer QHPs for 2022 and includes any new carriers that may want to offer plans on the exchange. May 28 is when those QHP forms filings are due in SERFF. June 4 is when those QHP rates and binder filings are due in SERFF and HIOS and at that point, YHI provides 2022 carrier participation agreement to the carriers. July 5 is the beginning of the carrier plan preview and August 6 is when the carriers need to return those participation agreements to YHI. On September 17, the Department of Insurance will provide final QHP recommendations to the YHI Board. On September 24 YHI will return the QHP certification notices back to the carriers.

In alignment with prior years, anonymous plan browsing will become publicly available on October 1 and all final rate increases will be posted on the DOI website. On October 15, the carrier filings are “final” in the CMS Unified Rate Review System. And finally, on November 1 open enrollment begins and open enrollment ends on December 15.

Mr. Thomas asked about the talk around the extension of open enrollment this past year and if there are any thoughts around that continuing in future years? Mr. Kelly said it has been discussed but not in a tremendous detail at this point. The Uninsured SEP, Stimulus Plan and Enhanced Subsidies drew our attention away from that. We will regroup on that topic and asked if the agents he knows and work with have any preferences on that. Mr. Thomas said he did not hear that there was much of a need for it. He added that it was beneficial this year due to the delay in redeterminations, and if we don't have that issue next year, he doesn't see any need for it.

## **16. FY '21 OPERATIONAL GOAL UPDATE**

Mr. Kelly said goals for the current year are nearing the end of their period of performance. The details of all the goal metrics are in the Appendix.



First up is Idahoans Experience and it was paid out at 84 percent. There were three parts to that goal, and the first two achieved 100 percent – First Contact Resolution (FCR) and Net Promoter Score (NPS). Turnaround Time was a bit behind the curve early on, but with some diligence and hard work, it achieved the 60 percent threshold.

Retention and Enrollment will end in April and we expect to be a bit short of this goal. While we had great retention at 85 percent and fantastic auto-renewals at 99.8 percent, February effectuations did come in below the 60 percent threshold. Early March numbers are around 78K and YHI is trending towards not achieving the enrollment portion of this goal.

Risk Management ended on February 28 and was achieved at 90 percent. There were two components to this goal: proper reporting and response rates. Proper reporting is critical as this measures how many people report the suspicious email or phishing attack. We have seen an increase in this space recently with 92 percent of team members properly reporting the phishing campaigns to achieve an 80 percent outcome. Response Rate, or how many people clicked on the Phishing email links or engaged with the email, was 3.7 percent, a 100 percent achievement rate for this portion of the goal.

Low Cost Promise ends at the end of this fiscal year, and we are currently at \$270K in savings, or 70 percent towards goal achievement. We are on track to hit this goal and we were also able to invest in some additional advertising for the extended open enrollment period and the current uninsured SEP.

Finally, for Employee Engagement, which focuses heavily on COMPASS card participation, there is still some work to do here. We are really focusing on the Employee Engagement Task Force and their recommendations on expectations, coaching and team member growth and development which is based on feedback we had received from last year's Gallup survey. This year's Gallup Survey will be deployed in May of 2021. Those results will be available at the May/June meeting.

For those of you wondering, we are still planning for the whole team to return to the office on April 5. We evaluate this weekly, but at this point, this is the date remote work ends for our team.

## **17. FY '22 OPERATIONAL AND STRATEGIC GOALS**

Mr. Kelly said four years ago YHI adopted a single Strategic Goal of providing a flawless customer experience that represents our true north. We measure that when the percent of people requiring three or more contacts is below five percent. We were at 2.7 percent in this last open enrollment period, which is really phenomenal when one thinks about the complex ways we interact with our customers. That is a decline of almost 70 percent since that goal was first introduced. Because it is simple and the team is very focused on this, and it does serve as our true north, we are recommending no changes.

For the Idahoans Experience goal, we are proposing that we maintain the three metrics of Net Promoter Score (NPS), First Contact Resolution (FCR), and Turnaround Time (TAT). What we are proposing to do different this year is to have two different measurement periods – one during open enrollment and one outside of open enrollment. The reason is that we have very different

customer behaviors during these different times of the year. Cases are easier and more simple during open enrollment and more complex outside of open enrollment. We are proposing to set baselines for each metric and goal period and then propose improvements from those baselines. Generally speaking, we target a five percent improvement for the 80 percent threshold and adjust the 100 and 60 percent thresholds accordingly. It is important to note that we may be approaching the floor on how much better we can get during open enrollment while the opportunity to improve outside of open enrollment is greater.

For Retention and Enrollment, which is the single most important goal when it comes to revenue, we are not proposing any compensation for this goal primarily due to new administration and potential related policy actions. Predicting where we might be would prove challenging and may be driven by federal actions and we are limited in our ability to influence those outcomes.

For Risk Management, we will continue to focus on phishing and social engineering. When we started the discussions on risk management all the way back in September, we discussed whether these were the right metrics and should we think about a more global Enterprise Risk Management approach. However, we struggled to find simple metrics that would motivate the team, involve all 50 people, and would capture that in a simple way. We do have tools to use to manage overall risk like the risk register, and specific Privacy and Security tools but not all team members can influence those outcomes and we are unsure how to capture that in a metric for a goal. As such, we are recommending that this goal continue to focus on Cyber risks. Mr. Kelly asked for feedback from the Committee on what they have seen in this area. The Committee members think this goal works as is.

For Low Cost Promise, which measures operating expenses, we tried to find a way to make this goal more relatable to the team while still measuring what is critical to Your Health Idaho. The impacts of COVID over the last year made us revisit this goal to see if there was a more appropriate measure. As a result, we are proposing to measure net operating income (revenue less operating expenses) which will be more relatable and easier for the team to rally around. While the budget is not yet set, we expect to target at least a five percent improvement compared to the approved budget. In the Financial review at the Board meeting, you will see we missed our revenue budget for FY21, and our operating expenses were lower as well. The team started managing to net operating income and that is what got us thinking about this. Because the budget for FY 2022 is still under review, final targets are not set.

For Employee Engagement, COMPASS cards are very effective for peer-to-peer recognition and we propose no change to that. The Gallup Survey has been a mainstay for YHI, and we are proposing to keep that as well. We looked at the tools we use to achieve employee engagement. We will continue the total compensation conversations and are proposing that we give people an option between a total compensation conversation and what Ms. Thomas has recommended, a Stay Interview that would provide for real time feedback. Those stay interviews would be difficult to assign a metric to, but we believe it would increase engagement through those conversations. We will continue to evolve the editorial calendar to include stay interviews as well as total compensation discussions and the growth and development discussions currently underway.

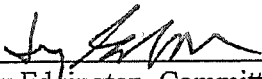
## **18. NEXT MEETING**

The Chair noted that the next meeting will be held in late May/ Early June.

**19. ADJOURN**

There being no further business before the Committee, the Chair adjourned the meeting at 2:52 p.m.

Signed and respectfully submitted,

  
\_\_\_\_\_  
Jerry Edgington, Committee Chair