



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

**MARKETPLACE COMMITTEE
MINUTES
WEDNESDAY, MAY 23, 2018**

1. COMMITTEE MEMBERS PRESENT

- Mr. Jerry Edgington, Chair
- Ms. Janice Fulkerson, Vice Chair
- Mr. Tom Shores
- Rep. Kelley Packer
- Mr. Fernando Veloz
- Director Russ Barron

2. OTHERS PRESENT

- Mr. Pat Kelly, Your Health Idaho
- Mr. Kevin Reddish, Your Health Idaho
- Mr. Jeff Hull, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Ms. Frances Nagashima, Your Health Idaho
- Ms. Stephanie Husler, Your Health Idaho
- Ms. Miriam Holmberg, Your Health Idaho
- Ms. Robin Donovan, Your Health Idaho
- Ms. Meghan McMartin, Your Health Idaho
- Ms. Julie Hammon, Idaho Department of Health & Welfare
- Ms. Bobette Ostberg, Idaho Department of Health & Welfare
- Ms. Sherry Jansen, Blue Cross of Idaho
- Mr. Peter Sorenson, Blue Cross of Idaho
- Ms. Moriah Nelson, Idaho Primary Care Association
- Ms. Sara Chase, Drake Cooper

3. CALL TO ORDER

Following proper notice in accordance with Idaho Code §74-204, the Marketplace Committee meeting of the Idaho Health Insurance Exchange (dba Your Health Idaho) was called to order by Mr. Jerry Edgington, Chair of the Committee (Chair), at 9:00 a.m., Wednesday, May 23, 2018, at the offices of Hawley Troxell Ennis & Hawley, 877 W. Main Street, Suite 1000, Boise, Idaho. In accordance with Idaho Code §41-6104(8), the meeting was held in an open public forum and was streamed in audio format. Members of the public could access the audio stream by dialing into a telephone number that was 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 the roll and determined that Mr. Shores, Rep Packer, Mr. Veloz, and Director Barron were present, resulting in a quorum. Ms. Fulkerson arrived at 9:02 a.m.

5. APPROVAL OF PRIOR MEETING MINUTES

Motion: Mr. Shores moved to approve the meeting minutes from the February 27, 2018 Marketplace Committee meeting as presented. **Second:** Mr. Veloz. **The motion carried.**

6. REVIEW OF AGENDA

Mr. Kelly requested to amend the agenda to reflect the addition of the FY19 Operational Goals, after the CMS Policy Updates, with the good faith reason for amending the agenda being those goals were finalized after the final packet was sent. There were no objections.

7. REVIEW ROADMAP

The Chair reviewed the roadmap and there were no questions.

8. KEY METRICS

a) Enrollment

Mr. Kelly said not only are enrollments holding, but the effectuation rate is holding well above 90 percent. January effectuations have settled out at about 95.5 thousand which is roughly a 94 percent effectuation rate. April has shown a slight decrease along with some fluctuations between January and April, but the April preliminary effectuations are holding right at 95 thousand. Those numbers are bucking the trend of an in-year decline that is usually present. Average premiums are holding steady at just under \$500 per month, and that is the total premium before the tax credits are applied. There was a substantial shift in terms of metal tiers of silver, with about 20 points shifting; 15 points silver to bronze and 5 points silver to gold. There has not been any other significant shift and the number of customers receiving tax credits is holding steady at about 85 percent. Of the 95 thousand, about 89 thousand are enrolled in Qualified Health Plans and the remainder in Qualified Dental Plans, which is a large increase for the dental enrollment this year over last.

b) CSC Metrics

Mr. Hull noted this was our first open enrollment that was shortened at one and a half months. A big challenge was how to ramp down the temp staff gradually to handle the demand without being overstaffed. YHI was able to do that successfully resulting in significant savings in overtime and staffing spend. The current team efficiency has increased year-over-year and the average speed of answer has remained at two and a half minutes while maintaining quality in the 90's. Currently, YHI is looking at process improvements for the next open enrollment and using what was learned from the compressed open enrollment period and applying those to next year.

c) Appeals

Mr. Hull said YHI did see a spike in appeals this open enrollment resulting from people not knowing about the shortened enrollment period. Most appeals were around special enrollment periods, eligibility and enrollments. For the coming year, YHI has improved the noticing process and will continue to improve the auto-renewal capabilities. Additionally, we have implemented templates in Uniport to mitigate human error and increase consistency. The team has also implemented a secondary process where the team is tracking second appeal requests to highlight areas for improvement. Finally, the team is looking at the SEP/QLE process to find where the friction points are which will help improve the efficiency of the QLE/SEP process.

Chair Edgington asked for the primary reasons for the invalid/dismissed appeals. Mr. Hull said the primary reason for the invalid/dismissed appeals was due to consumers missing the date. Ms. Nagashima clarified and said the invalid or dismissed appeals were filed outside of the 30-day window of the last notice. If it is filed outside of those 30 days it is considered invalid and the consumer is given the opportunity to remedy the issue. Some are withdrawn as well. There are very few that are dismissed and generally only happens when someone waits 3-6 months to file an appeal after the last notification.

Chair Edgington asked what the primary reason for the appeals that were upheld. Ms. Nagashima said the ones that were upheld are generally those that are requesting an SEP and don't have a valid reason to request an SEP.

Rep. Packer asked why there is a major spike in January that were not included in the graph. Ms. Nagashima said these were not included because January was included in the numbers reported at the March Board meeting and the preference is to report quarterly. The spike represents people that called in or wanted to enroll after open enrollment was closed.

Mr. Shores said challenges the agents saw were people not being able to get an APTC approved by DHW in a timely manner, generally due to not being able to submit the appropriate paperwork in time.

Ms. Fulkerson wanted confirmation that even though the three months represented here saw higher call volumes, the response from YHI was quicker and resolution was quicker even with the increased number of appeals, than what we have seen in prior years. Mr. Hull said that is correct and we are looking at ways to smooth out the process.

Ms. Fulkerson asked if there are any duplicates in the numbers represented? Ms. Nagashima said they would not be duplicated, but they would be moved through the system. She added that in regards to the process improvements, we have updated the Policy Manual to enable us to mitigate some of the problems we have had. The new Policy Manual will be published in the next couple of days.

Mr. Shores added that the pendulum has swung too far with the policies, making it difficult to achieve our main goal of getting Idahoans signed up for insurance. Particularly with SEP's and policy verification documents.

Mr. Kelly said we understand the concerns around the SEP and the Project Steering Team (PST) meetings have addressed some of those items and we are taking active measures to get that pendulum back to the middle. To address Ms. Fulkerson's comments around January appeals, volumes were up over 300 percent during the month of January and the turnaround time decreased from 14 days to about a week.

9. PY19 PREPARATIONS

a) PY19 Redeterminations and Renewals Timeline

Mr. Reddish spoke to the key dates that need to occur prior to open enrollment. This slide has been used in the past and there are no substantial changes to it, but more of a reminder of key deliverables and dates prior to Open Enrollment.

Mr. Shores asked when the recertification materials will be ready for the agents. Mr. Kelly said those timelines are currently being finalized, the training dates have been established and a bulletin will be going out tomorrow with those dates and certification materials will likely be ready at the beginning of August.

b) Technology

Mr. Reddish shared the technology roadmap. No changes here other than tonight is the 18.5 release. This will be an additional field in the account creation process that will aid us in the linking process. This combined with the additional enhancements in the 18.7 release will ensure the financial applications from DHW are linked properly to the YHI accounts.

c) Training

Mr. Kelly said all of the support center teams are going through improved training and program content, including updates to our LMS system as we approach the new open enrollment period. YHI is also breaking these into further modulization which will allow for individual group training, allow for up-training in real time, and allow for skills-based matrixes. YHI does not have a large enough team for skills-based routing, but by having that skills-based matrix, we can identify individuals with specific skills that we can shift depending on volumes. All of this leads up to training for our seasonal workforce for which recruiting starts in July.

Mr. Kelly said for the consumer connectors, which includes agents, brokers, and enrollment counselors, YHI deployed Special Enrollment Training both in our LMS as well as a webinar. That allowed for better knowledge around process, needed documents and timelines, and we have seen about 10% of consumer connectors going through that training. The training schedule is finalized, it is on YHI's website, and the bulletin with dates will go out tomorrow.

Mr. Kelly said YHI has also upped its game in terms of getting out in the community and engaging in different events. YHI sponsored the Idaho Association of Health Underwriters that was at BSU and we continue to engage the agent community to understand how we can do things better. Finally, YHI has continued to ameliorate the accountability standards for

agents. That is a program YHI developed with DOI to identify areas where agents can be held accountable for things like policy knowledge, support center interactions, etc. We have found it to be very effective and the sooner we can address questions and behaviors, the sooner we can get back on track and help them get their consumers enrolled.

d) Outreach & Education Update

Mr. Kelly said events have been reinvigorated this year with the addition of our Outreach Manager, Robin Donovan. Not only have we focused in the Treasure Valley, but also in other parts of the state. It is important that we are reaching out to entire populations in the state. We are looking at community events like farmers markets and working more in the medical community to help people become more aware of the services we provide. We have identified different partners that will actually engage with us and utilize some of our materials, which is essentially an extension of our team. One of the reinvigorated partnerships is the Department of Labor. We have worked with them in the past and distributed information to them to people that have lost employment. They have a new rapid response team at the Department of Labor, which is for when large scale layoffs occur and YHI is working with them to ensure that YHI information is included and that those impacted employees and their family can have access to coverage during their transition. Finally, statewide events this fall will include sponsoring the Race for the Cure in Coeur d'Alene as well as tying that into a training event that will be happening at the same time in that area. The Outreach calendar of events has been a great effort by Ms. Donovan and also our partners at Atlas Communications.

Ms. Fulkerson asked about Lewiston and Moscow and how we get in that area. Mr. Kelly said YHI is looking to expand throughout Idaho and he asked Ms. Donovan to share her thoughts. Ms. Donovan said she is working to identify farmers markets in that area and also reaching out to agents in those areas to find out how we can partner with them and provide materials for events in those areas. Mr. Shores added that many agents throughout the state would be willing to partner with YHI and we have had some success throughout the state with churches who are assisting their members with expenses during difficult times and would love to reduce their out of pocket when it comes to medical expenses.

e) Marketing and Communications

Mr. Kelly said the digital ads that were deployed about two years ago has been reinvigorated. There is a new rate schedule focusing on open enrollment vs off open enrollment in terms of pricing. YHI has created a much more reliable data source in terms of questions asked and we are pleased to report that we are generating over \$1000 in revenues each month. We have worked hard to keep the website uncluttered with ads.

Mr. Kelly said for the paid advertising and the YHI website, there are two phases for the overall campaign strategy, which we work with our partner Drake Cooper in both the paid advertising as well as production refresh. The current ad campaign is about four years old and we have talked about refreshing the campaign for this fall. The website refresh is the second component as our current site has been up since 2013. It is one of those areas we can make a positive impact in the flow of the front end of the website, providing better tools for

our partners and tying in the look and feel of the refreshed paid advertising (television, radio, and print). This will be ready to deploy prior to open enrollment.

Director Barron asked due to the known issue of people not knowing about the shortened open enrollment, what will be different in the paid advertising that will help that and what will be done in the social media space. Mr. Kelly said we plan to continue to highlight the dates and deadlines front and center as we did last year. Advertising began about 2 weeks before open enrollment and gave YHI some momentum going into open enrollment. And in early December the advertising began pushing the deadline. That remains our strategy this year, but given what we learned through the appeals, it is important to really focus on the deadline. It is important to note that December 15, the end of open enrollment this coming year, falls on a Saturday, which may cause some new challenges in communicating that effectively. We are also working with the DHW team to ensure we have support with eligibility and also with our support center.

10. CONTRACT ADDENDUMS

Mr. Kelly said this section contains all of the contract addendums with current vendors that have gone through the RFP process or, like DHW, partnerships based on the contracts when they were engaged. All of these funds are included in the approved budget.

a) Wind Rivers SOW

Mr. Kelly said Wind Rivers is our agent engagement vendor, Randy Gardner, and he does all the field training, engages agents in their offices and travels throughout the state. Not only does he provide the live training and agent support, but he also helps identify real on-the-ground issues that the agents are working through and feeds this back to YHI for any operational or technology improvements. SOW #2 is consistent with the prior year's spend, it is 12 months, \$130,000 and is included in the approved FY19 budget.

Mr. Shores asked about the tests from live training vs. the recorded video, which was more difficult and asked if agents would be taking the better test. Mr. Kelly said history shows those that those individuals that attend the live training have fewer problems in navigating the system and helping consumers. While YHI does allow for the online test when individuals are unable to attend the live trainings, that test is intentionally more difficult. We are evaluating this because we have heard this from others, but given the differences in the training vehicles, one would expect those tests to continue to be different.

Motion: Ms. Fulkerson moved that the Marketplace Committee, recommend to the Board, approval of the Wind Rivers SOW #2 in an amount not to exceed \$130,000.00. This amount is included in the approved FY19 budget. **Second:** Rep. Packer. **The motion carried.**

b) Drake Cooper SOW

Mr. Kelly said Drake Cooper provides advertising and creative production including the media buy, as well as print and strategy work. This is the fourth year YHI has worked with them. They have a great team and understand our customers very well. This work includes the advertising refresh for paid media and tie in with the website refresh. The website is

being done internally, but Drake Cooper has assisted with discovery and understanding how our current website can be improved and ensuring that the refresh ties into the advertising refresh so there is continuity there. There is an increase of about \$60,000 related to the refresh for advertising website. The total not to exceed is \$558,000 and that is included in the approved FY19 budget. That amount includes production, paid media, strategy, and the overall engagement with Drake Cooper.

Motion: Ms. Fulkerson moved that the Marketplace Committee, recommend to the Board, approval of the Drake Cooper SOW #2 in an amount not to exceed \$558,000.00. This amount is included in the approved FY19 budget. **Second:** Rep. Packer. **The motion carried.**

c) Risch-Pisca SOW

Mr. Kelly said Risch Pisca is YHI's public affairs vendor. They were engaged about a year ago as a result of an RFP process. They provide educational services around the legislature, both state and federal partners, keeping YHI abreast of issues, policies and also strategic counsel. They also help with meetings and engagements with state and federal lawmakers. Their SOW is flat year-over-year at \$60,000, and is a flat fee engagement. This is included in the approved FY19 budget.

Motion: Ms. Fulkerson moved that the Marketplace Committee, recommend to the Board, approval of the Risch Pisca SOW #2 in an amount not to exceed \$60,000.00. This amount is included in the approved FY19 budget. **Second:** Rep. Packer. **The motion carried.**

d) Enrollment Entity RFA

Mr. Kelly said under the ACA, two navigators have been required. Those are state organizations that help with the enrollment process in their local community, they help people understand the process and then hand off to agents. We currently have two engaged navigators and for this new year we will release a Request for Application, for which any entity in the state is welcome to apply. We go through a typical RFP process, evaluate responses, negotiate prices, and we expect to be engaged with two organizations like we currently have. This will hold flat to the current dollar value at \$250,000 and is included in the approved FY19 budget. It is important to note that in the final payment rules for plan year 2019, CMS lowered the requirement from two entities to one entity, but we will keep our options open to ensure coverage all over the state and that we are engaging in all of the communities.

Ms. Fulkerson asked if it was necessary to contract with two if we can find one that does the whole state. Mr. Kelly said some of the requirements would be to look at coverage across the state and language options, so we will our options open and determine the optimal approach once the RFA responses have been received.

Motion: Ms. Fulkerson moved that the Marketplace Committee, recommend to the Board, release of the Enrollment Entity RFA and request the Board authorize the RFA Review Team to select the enrollment entities and authorize the Executive Director and the Marketplace Committee Chair to execute the Enrollment Entity contracts at an amount not to exceed

\$250,000.00 collectively. This amount is included in the approved FY19 budget. **Second:** Mr. Veloz. **The motion carried.**

e) DHW MOU

Mr. Kelly said the Department of Health and Welfare Memo of Understanding (MOU) is one of YHI's critical partners. They provide eligibility services for our tax credit determination as well as any questions related to SEP's. The current amendment will extend through July 31, 2019. The services have been reviewed by Ms. Hammond and Mr. Kelly and adjusted for some technology that was deployed last year. No major changes to the MOU other than the dates. These costs are included in the FY19 budget and are consistent with historical spend as well as the receipt authority that DHW has with the Idaho Legislature.

Motion: Ms. Fulkerson moved that the Marketplace Committee, recommend to the Board, approval of the DHW MOU in an amount consistent with the FY19 Budget. **Second:** Rep. Packer. **The motion carried.**

11. CMS/POLICY UPDATE

Mr. Kelly said the CMS and policy updates center on two areas of federal policy. The first is association health plans which are awaiting final rule. It is still in review at the federal level and we expect it to be released this summer. We don't expect it to be overly draconian from an oversight perspective and should provide continued flexibility at the state level. The short term limited duration plans are also in review and DOI provided comments that were centered on continued state flexibility and around duration and renewability which continue to be the primary area of discussion. The takeaway at the federal level is fewer rules and continued push for state flexibility.

The Chair asked if that means if the federal government ruled that the temporary plans can run up to 364 days, the state, through the states flexibility, can shorten that if they chose to. Mr. Kelly said that is correct. The goal, from the comments, is to allow states flexibility in duration, or how long those plans can stay in effect, as well as any renewability clause. So while the federal government may provide some guidance in their final rule, they would also indicate that states could provide flexibility that is different than what is in the federal rules.

Mr. Kelly said there are two primary things YHI is watching in state policy. One is state-based plans with a new deadline of June 30 (CMS imposed), and we have relatively no details. The second item is the Medicaid expansion ballot initiative. The initiatives had sufficient signatures, and those signatures are being validated to ensure they meet all the criteria to be on the ballot in November. YHI is evaluating financial impacts should that ballot initiative pass, should it make it through the legislature and should the legislature decide to fund it. If all those things were to occur and traditional Medicaid expansion occur in Idaho, current enrollments between 100 and 138 percent of the federal poverty level that are currently enrolled on Your Health Idaho would move to Medicaid. We are finalizing the impact of that, it is certainly a risk to our revenue stream, and we believe that number is somewhere around 15 to 20,000 enrollments. We have identified roughly the same amount of people that have been deemed eligible for an APTC that

do not have any exchange activity. We see that as an opportunity and would focus on that population as it could offset any loss if Medicaid expansion were to be approved.

The Chair asked about the timing of this and if it would occur prior to open enrollment. Mr. Kelly deferred to Director Barron. Director Barron said if it would all make it through the legislature, the question has been asked if it could be implemented July 1. That would be a bit much as there would be a budget request to the Department to make system changes and to prepared for that, that funding wouldn't flow until July 1 and it takes some time to get it all done. The most likely strategy that the Department would recommend would be to be done by the next open enrollment for PY20.

Rep. Packer added that due to normal legislative process, it could be pushed out to PY21. There is still the potential for it not to happen at all regardless of the number of signatures, because the legislature still has to design how that expansion happens, and they need to be willing to listen, which hasn't happened in the past five years. This same thing happened with term limits in Idaho.

Ms. Fulkerson said Mr. Kelly mentioned identifying those 20,000 members who are not currently enrolled but do qualify for a tax credit. Is it realistic to say that even if this Medicaid expansion doesn't occur, is there still the potential to add them? Mr. Kelly said yes. The original request to evaluate the APTC eligible population was actually started before the ballot initiative even had the signatures. We are generally looking at three populations of people 1) APTC eligible people that are enrolled, 2) people who qualify for an APTC, started to set up an account, but never selected a plan, and 3) people who are APTC eligible and have done nothing in the HIX. This last group would be the target group should Medicaid expansion occur. The second and third group are the groups available to increase enrollment and we have just begun the process of looking at demographics and income levels to see how best we can leverage our messaging and our ads.

12. FY19 OPERATIONAL GOALS

Mr. Kelly said traditionally we have put the germane goals through the appropriate Committees. For Marketplace today, we are proposing two goals. One is on Idahoans Experience and the other on Retention and Enrollment.

The main point of these goals is to encourage a certain behavior through our teams, and in terms of Idahoans Experience, we are still striving towards delivering a flawless customer experience. In doing so, we identified the primary area where customers get stuck in the process, the account linking process is responsible for the largest number of tickets in the system. We are in the process of deploying technology fixes to address the account linking. In short, historic linking used dynamic fields, which means the data in the fields can change – like last names, phone numbers, addresses, etc. We are now moving to static fields, or things that don't change – like date of birth and social security numbers. As such, we believe this will help diminish the number of people that get stuck. As such that goal is defined as a percentage decrease of the number of tickets related to linking. We continue to maintain the three different thresholds and for the 100 percent threshold, that would be a 50 percent decrease in tickets related to linking issues. And then 40 and 30 for the 80 percent and 60 percent, respectively. That is the first part of that goal

which will be measured through the open enrollment period, which is when the highest volume of tickets come in.

The second part of the Idahoans Experience is the new measure we have put in called the Net Promoters Score (NPS). The NPS is a traditional support center metric, or a customer interaction metric that is high level and determines the difference between customers that are promoters and those that are “demoters.” It’s a simple question “would you recommend Your Health Idaho to a friend”. It’s measured on a 10 point scale where a score of 9 to 10 is a promoter, a 1 to 6 is a “demoter” and a 7 or 8 is neutral. It’s a pretty simple measure and we have set a baseline, and it has been implemented in the month of April. We measure that baseline at the end of June. Currently trending at a 21.5 NPS which is quite strong both from a traditional support center e-sales and healthcare company. It gets incrementally more difficult to grow that score as it gets higher, but we do think there is an opportunity to continue to grow. This goal speaks to a percentage increase to the baseline, and since the baseline is measured, the baseline may need to be adjusted at the end of June. The 100 percent benchmark assumes a 10 percent increase which means going from a 21.5 to a 24, which is a pretty significant change. For the 80 and 60 percent thresholds, we are proposing a 7 and 5 percent increase, respectively.

Mr. Shores said there are two issues, one to get people to rate YHI and the second to get people to rate YHI accurately. Mr. Kelly said that is correct and we have been fairly pleased with the response rate. NPS will also enable YHI to evaluate rate technology enhancements during the days following a release.

The second operational goal is around Retention and Enrollment. We looked at this in terms of how to incent the right behavior in our teams, continuing our strong tradition of agent/enrollment counselors/consumer connector engagement, advertising campaigns, that all are critical to our overall enrollment activities. The challenge is that there are a lot of external factors that are completely out of our control like the repeal and replace efforts, the policy review efforts, etc. It is difficult, however, to not have an enrollment goal as it is a critical measure. Trying to balance incenting behaviors and the outside forces that we can’t control to define a target that is critical for YHI has proven difficult.

What we arrived at is that we can control the renewals and the automation of those renewals. The second portion is the enrollment target themselves. These numbers already assume a 5 percent degradation with the repeal of the individual mandate. These numbers then reflect an additional 1 percent decline in the 100 percent benchmark due to AHP and STLD plans. Absent from this is the affect from state-based plans as we simply don’t know where those will land. There were slightly larger declines in the 80 and 60 percent thresholds. After looking at all of this, we are recommending this remain a goal but not tied to variable pay given the outside factors.

The Chair likes the goal and agrees that it should not be tied to variable pay. Director Barron agreed as well. Ms. Fulkerson also agreed. Overall, the Committee generally supports the goal, but with no variable pay tied to it.

13. NEXT MEETING

The next meeting will be held in late August or early September of 2018.

14. ADJOURN

There being no further business before the Committee, the Chair adjourned the meeting at 10:20 a.m.

Signed and respectfully submitted,



Jerry Edgington, Committee Chair