



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

**MARKETPLACE COMMITTEE MINUTES
MONDAY, JUNE 7, 2021**

1. COMMITTEE MEMBERS PRESENT

- Mr. Jerry Edgington, Chair (via videoconference)
- Ms. Janice Fulkerson
- Ms. Heidi Hart
- Ms. Carolyn Lodge (via videoconference)
- Mr. Brett Thomas
- Mr. Peter Sorensen

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
- Ms. Stephanie Husler, Your Health Idaho
- 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 2:02 p.m., Monday, June 7, 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, social media platforms, and at the meeting location.

4. ROLL CALL

The Chair called roll and determined that Ms. Fulkerson, Ms. Hart, Ms. Lodge (via videoconference), Mr. Thomas, and Mr. Sorensen, were present, resulting in a quorum. Director Jeppesen was absent.

5. PRIOR MEETING MINUTES

Motion: Ms. Fulkerson moved to approve the meeting minutes from the March 5, 2021, Marketplace Committee meeting as presented today. **Second:** Mr. Sorensen. **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. 2021 ENROLLMENT UPDATE

Mr. Kelly shared the impacts from the March Uninsured Special Enrollment Period (USEP) and the April American Rescue Plan (ARPA). Both drove about 8,500 enrollments, a significant increase. The impact of the enhanced subsidies can be seen by comparing the SEP's with open enrollment numbers. Both USEP and ARPA special enrollment periods drove higher average premiums due to increased affordability while the ARPA enhanced subsidies drove a 36 percent decrease in net premium compared to the normal open enrollment period. ARPA affected the entire Your Health Idaho population as they received APTC based on higher subsidies. These numbers are consistent with nationwide numbers in terms of the savings to the consumer due to the American Rescue Plan Act and the enhanced subsidies it provided. The other dynamic seen during these two special enrollment periods is the change in plan mix which shows customers buying up as a result of these enhanced subsidies. Looking at the ARPA plan mix, Bronze went down by 15 points and gold and silver increased by roughly the same amount.

Mr. Sorensen asked about the Federal Poverty Level (FPL) and if the average FPL changed and we are seeing more customers at a higher FPL. Mr. Kelly said we will share distribution by FPL in terms of enrollment later in this presentation, but not in terms of the average FPL. We could look into this, but we generally look at it as groups. We did see groups in the higher FPL ranges enroll during the ARPA period while there were none in the regular enrollment period.

Mr. Kelly said plan changes were allowed during the ARPA special enrollment period and resulted in movement away from the bronze plans to the silver and gold plans. Moving to slide five, ARPA changed how our population is distributed by net premium. We looked at the distribution of enrollments by net premium at the end of Open Enrollment and then at the end of the ARPA enrollment period. This graph demonstrates that the enhanced subsidies under ARPA shifted the distribution closer to zero and a higher concentration in the lower net premiums.

Mr. Thomas said one would assume that this buy-up from bronze to gold was a result of lower cost and not need for care. We cannot be certain about that until claims data begins to come in but this is one of the concerns with having an open enrollment period in the middle of the year; people moving to different carriers, changing plans, etc. Mr. Kelly said correct. We simply know they changed plans, but we do not know why.

Mr. Kelly said total enrollments compared to prior year's show that 2020 had a sharper decline over 2019 due to COVID impacts such as protected Medicaid. Enrollments for 2021 show an uptick in April and May resulting from the two special enrollment periods and are then relatively stable from May to June which is when we typically see in-year declines. We expect higher retention in 2021 because of affordability and need for coverage.

Ms. Hart asked if protected Medicaid is still in place through the end of June and what do we expect to see after that. Mr. Kelly said the public health emergency was extended through August, which means protected Medicaid continues through September 30. General thinking is that it will be extended through the end of the year.

9. CUSTOMER PROFILES

Ms. Husler said we do customer profiles to look at consumer behavior, who they are, where they are from, and what they are doing. This quarter we took the similar approach but used a slightly different analysis. The scope of the analysis was based on 144,000 households and these are households that have had some sort of coverage since 2015. We also looked at these customers based on the timeframe of their first enrollment on the exchange, determining who was a new consumer from open enrollment or a Special Enrollment Period (SEP). From there we broke it down by demographics based on who the primary account holder was. A few definitions based on the new model include Tenure (the length of the household's relationship with Your Health Idaho), Days of Coverage (total days of effectuated medical coverage), and Loyalty (a result of tenure divided by coverage). Loyalty was divided into three groups depending on their level of Loyalty. Levels include Devoted (>99.5%), Steady (85-95%), and Unsteady (<85%).

Mr. Kelly said this was developed to support the customer survey that we discussed in the March meetings. This was the first step in figuring out what our customers look like as we begin that market research. The market research has two pieces: One that is already in the field which we expect to have results from on Thursday and the second will assist with the follow up around messaging to inform on our advertising campaign for this fall.

Ms. Husler said for Loyalty, we divided them into the three groups with 66 percent in the devoted category, 16 percent steady, and 18 percent unsteady. When we break those down by age, the Steady group is primarily made up of customers that are older in the 55-to-64-year-old population and the second highest grouping for Steady was the 26-to-34-year-old population. In the Unsteady group the 26-to-34-year-old population held the highest number and is likely as a result of their propensity for life change events.

Ms. Husler said next, we looked at metal tier changes over time based on cohorts. For the 2015 Cohort, households that began coverage in 2015 saw a drop of roughly 19 percent from silver primarily shifting to bronze in 2018 as a result of "Silver Loading" by carriers in response to the elimination of Cost Share Reduction funding. For the 2018 Cohort, we saw the silver plans continue to decrease dropping 12 percent between 2018 and 2021. We also saw bronze increase by 17 percent during the same timeframe. From this we concluded that price sensitivity persists across all cohorts regardless of whether they were in a silver plan from the beginning or came in later.

Ms. Husler said they then looked at customers based on if their first enrollment was a result of Open Enrollment (OE) or a Special Enrollment Period (SEP). For open enrollment most customers were in the 55 to 64 year age group and likely empty-nesters. The second largest group enrolling during a normal open enrollment were the 26 to 34 year age grouping and likely in the family life phase. For special enrollment periods, it was the inverse of that with the largest group being the 26 to 34 and the second group 55 to 64. When we look at gender, they are predominantly female who complete the application process for the family. The conclusions we

drew from this were that the largest age groupings for initial enrollment occurring in SEP and OE are inverse and both OE and SEP are predominantly female. Looking at covered lives, distribution is closer to 55 percent 45 percent female/male indicating that females are the ones submitting the applications.

Next, we looked at SEP versus OE by Federal Poverty Levels (FPL). For regular open enrollment periods, the majority fell into three categories representing 65 percent of customers. 27 percent fell into the 151 to 200 percent of FPL, 22 percent fell into the 201 to 250 percent of FPL and fifteen percent fell into the 251 to 300 percent of FPL. For Special Enrollment Periods it is almost exactly the same with 29 percent falling into the 151 to 200 percent of FPL, 23 percent falling into the 201 to 250 percent of FPL and 15 percent falling into the 251 to 300 percent of FPL.

Chair Edgington said what have we learned from this of those that had coverage and left and what we might do to win them back. Do we assume they are not eligible, they are not needing care, or something else? Mr. Kelly said from this data we do not have the people identified that were once enrolled and left, but we can find that information fairly easily. And we can work with Ms. Lodge and Drake Cooper to work on some sort of win-back campaign targeting those folks. This analysis was primarily done so that we can understand behaviors such that we could target them in campaigns with the right messaging.

Ms. Lodge said a win-back campaign is certainly something that can be tried, but it is unknown if they have gained insurance through another venue like an employer. But this work will inform how both the messaging is formulated to ensure the campaigns get the best return on investment.

10. CUSTOMER EXPERIENCE

Ms. Nagashima said we are very excited that our NPS score of 43 which continues to exceed expectations and is up from last year by nineteen percent and reflects the efforts we put into quality assurance. Inbound calls and emails have been combined and are down year over year.

The call volumes continue to be steady but down a bit year over year. March and April saw an increase which is a result of the two special enrollment periods. These increased call volumes were handled without the assistance of seasonal employees all while seeing our NPS score improve. This was likely resulting from improved processes for disposition management, waterfall, and escalations.

For Qualifying Life Event (QLEs) and Appeals, QLE requests are down from last year by 43 percent and those that are coming in are around address changes or loss of Minimal Essential Coverage (MEC). Approval rates for QLEs are up over last year and the relaxed requirements around loss of coverage are helping in this area. The relaxed requirements have been extended for 30 days through the end of July. Appeal volumes continue to decline tied in part to USEP and ARPA, the extended tax deadline and quality assurance. January through March appeal turnaround time has decreased by 68 percent from 19 days to six days. There are currently no appeal hearings scheduled.

For Consumer Connectors, in April we piloted a group around the YHI Agent Line (or YAL) and it was met with a great deal of success and has initiated nearly one hundred leads. We are still

gathering data and agents and brokers are still signing up daily and are excited about the opportunity.

Multi-case resolution has also been well received but the pilot group just started last week. This will enable Consumer Connectors to complete requests for more than one consumer per call. We have time to fix any issues prior to OE and it should be fully live for all Connectors by early July.

Ms. Fulkerson asked about multi-case resolution and does that create extra work for call center employees. Ms. Nagashima said it is simply a matter of a few new steps when someone calls in.

Mr. Thomas asked if the relaxed verification requirements has eased the burden for Your Health Idaho at all? Has it been positive? Ms. Nagashima said primarily it is just moving the parts around in the process and delegating that work to a different team. Mr. Thomas asked if that will be something considered moving forward. Ms. Nagashima said it will be taken up in PST to see what risks there may be. It is not off the table, but it is not cued up yet either. Chair Edgington added that there are so many moving parts with COVID, it would be hard to correlate higher utilization with relaxed standards. Stability in the risk pool is always better over time.

11. PY22 PREPARATIONS

a. Policy Integration & Training Update

Ms. Nagashima said certification this year will be live-virtual with some live outreach. This was done in a regional format so that agents and brokers in the same rating areas can collaborate. We are breaking out one section for DHW Eligibility and Application training and assigning CEU credits to that training.

Ms. Hart asked if there is anything specific in the training that would help support those activities around targeted messaging and outreach to specific areas or is that just on the marketing side. Ms. Nagashima said we do not have targeted information for rating areas but we do have training opportunities that will enhance some of the constituencies in those areas like the enhanced tribal training.

b. 2022 Open Enrollment Timeline

Ms. Husler reviewed the Open Enrollment timeline which began on March 19th with carrier notification to the Department of Insurance of their intent to offer plans on the exchange and with carrier participation agreements going out to the carriers on June 18. Carrier plan previews begin on July 5. In September when the Your Health Idaho Board meets, the Department of Insurance will present the QHP recommendations and QHP notifications will go out to the carriers shortly after. October 1 will kick off anonymous plan browsing, open enrollment begins November 1 and conclude on December 15, and plan selection will continue through December 22.

Ms. Fulkerson asked about the tentative new carriers. Mr. Kelly said Molina will be joining us as well as EMI Health for Dental only.

12. TECHNOLOGY ROADMAP

Ms. Husler said every release cycle YHI has a quarterly release. 21.6 will occur at the end of June and will include SEP multiple document management, an APTC estimator, a new provider search, and the compromised credential check. In the 21.9 release in September, we will see improvements to ticketing assignment navigation and potentially ticketing management improvements and ad-hoc noticing. In January we do all our usual system enhancement around 1095-As but it will also include Multi-household management improvements as well as SEP “shop while you wait” items. Finally, the 22.3 the March release will include notice content changes and improvements as well as the mobile broker app.

13. MARKETING & OUTREACH UPDATE

Ms. McMartin summarized the paid media campaign that we did for the ARPA period. The media campaign began on Thursday, April 1 and ran the entire month. We felt that digital was the right place to target as our primary goal was to get people to the website. We also did a paid advertorial with KTVB as a result of it being successful in the past. We saw 2.4M impressions, about 10,000 clicks, and just over 5,000 conversions. While Facebook conversions have been strong, paid search has been our best performing channel primarily because those people are motivated to go search for us. Cost per click was relatively low in April and May as compared to open enrollment.

The ARPA outreach notices went out to individuals that would be affected by it and the emails had a high open and click rates compared to national averages. We sent another notice to those with open applications that would now be eligible for APTC. A third notice went out near the end reminding consumers that they had an open application, very similar to what we do during open enrollment. We did do some traditional earned media resulting in both local and national coverage. Mr. Kelly was interviewed by Mr. Petcash at KTVB for Viewpoint. With all of these we also updated the website and launched a new page around ARPA and what it meant for Idahoans.

Ms. McMartin shared the Uninsured SEP and ARPA website analytics show just over 120,000 sessions for both SEPs.

Finally for Outreach activities, things are beginning to look a little more normal and events are coming back to in-person formats. We have a diverse set of continuing education classes that we will be doing and have been working to develop both new and established partnerships with educational organizations and support groups. We will also be doing some train the trainer sessions with social workers, teachers, and community service workers.

We did have a couple of outreach events in April and May including the Radio Rancho event which was in a drive-thru format and was well received and attended. We also participated in the West Valley Virtual Rock ‘n’ Run. We are very excited for this fall when we will see the return of FitOne, Idaho Falls Chukars, Treefort, and the Idaho Steelheads.

14. APTC ELIGIBILITY WORKSTREAM

Mr. Kelly said a question that came up leading up to the March meetings was around what are Your Health Idaho’s biggest opportunities for enrollment growth. The feedback was resounding and centered on the processing of applications – primarily throughput and the efficiency of that

process around APTC determinations. We started brainstorming all sorts of ideas. We considered a dedicated agent line or email to DHW, funding seasonal workers at DHW, and pulling all the work in house at Your Health Idaho.

At the Finance Committee meeting last Friday, we proposed that Your Health Idaho create a dedicated team at our office to process APTC eligibility. The operational details are still being worked out, but we expect it to include hiring a dedicated team and seasonal team to manage this. They would be trained by DHW, would have access to DHW systems, but they would sit in our building. They would have no access to YHI systems resulting in a very distinct workflow. We are still working through the dedicated agent line. The cost should be around \$550K annualized, with a five percent contingency. We do not yet know how much it will lower the cost allocation, we just know it will be lower and help offset the cost. The Finance Committee fully supported this along with the incremental spend knowing that there would be an offset in the cost allocation.

Mr. Sorensen asked what problem we were trying to solve. Mr. Kelly said it comes down to efficiencies in having a team dedicated to APTC determination work only. At DHW they work all eligibility programs simultaneously. We expect turnaround time to decrease, level of service should go up, and agents and brokers can work on several customers in one call. And since 75 percent of our enrollments rely on assistance from an agent or broker, this will make those interactions efficient allowing them to grow their client base.

Mr. Thomas said there is a lot of effort, time and money spent to get people onto Your Health Idaho and he said the effort at the Department made it very difficult as one would have to go through all the programs, which made it feel like we were working against each other. With Your Health Idaho controlling the message, it will be a much more positive interaction.

Ms. Hart said it sounds like the Department is supportive of this work and it sounds like they are supportive of reducing the amount of funds that go to them in support of this work. Do we have a pathway to work out those financial details? Mr. Kelly said that the cost allocations are based primarily on two components and if that work shifts out of the Department, those two main drivers will go down and in turn so will the cost allocation. There are still a lot of details to be worked out and we cannot commit to that offset at this point, but we are confident this will result in an improved ROI.

Ms. Hart asked about YHI activity to support other exchanges. Mr. Kelly said we continue to keep our ear to the ground around other exchange's needs, but it is not something we are actively pursuing at this time.

Ms. Fulkerson said in relation to the consumer experience, will those wanting information on other DHW programs have to make a separate call to DHW? Mr. Kelly said yes and how that will work is just one of many details that we are working through.

15. CMS/POLICY UPDATE

Mr. Kelly said the changes to the 2022 Notice of Benefit and Payment Parameter should come out any day now. It will include assessment fee changes primarily for FFM states and State Based Exchanges (SBMs) that use the federal platform for enrollment and should not affect us.

We do expect some changes to the direct enrollment rules and the 1332 waivers. There is some discussion around changes to open enrollment dates and if they will be required or flexible. We hope to have an update at the Board meeting in a few weeks.

State Policy included Senate Bill 1086 around new clauses in contracts for state agencies. We must now include a certification from vendors that they do not and will not for the life of the contract boycott goods or services from the state of Israel or territories under its control. This goes into effect on July 1, 2021, and the penalties for not adhering to this are severe and result in a voided contract if not adhered to. We are taking a very conservative approach and putting this clause in every contract.

Ms. Hart asked if there is any requirement that this affects sub-contracts? Mr. Kelly said he will have to follow up on that. Ms. Lodge added that in her contracts with the Department, it seems to only apply to the contract issuer and not the sub-contractors.

16. FY '21 OPERATIONAL GOAL UPDATE

Mr. Kelly said two goals remain outstanding. Low Cost Promise is a measurement of our operating expenses as compared to budget. We are on track to meet this goal. The goal is to reach \$385K in savings by the end of June and we are currently at \$347K, or 90 percent of goal, and is on track to meet the 100 percent threshold.

Employee Engagement, which focuses on COMPASS cards and has been tough due to COVID and the remote work environment. Recent participation has increased since we moved back to the office. The Gallup Q12 Survey, which is the second element of Employee Engagement, has a new high score of 4.35 which achieved the 100 percent threshold. We had a year over year improvement in all questions except two. We will review the entire survey at the Board meeting later this month.

17. FY '22 OPERATIONAL AND STRATEGIC GOALS

Mr. Kelly said for the new fiscal year, we have the single strategic goal of providing a flawless customer experience, which focuses on the number of contacts required to resolve a customer issue. We are at 2.7 percent in our most recent goal period and since it is a simple goal for the team to rally around, we are not proposing any changes to this goal.

Mr. Kelly said the five operational goals being proposed are in the same five categories we had last year but include some changes to how those achievements are measured both during open enrollment and outside of open enrollment.

Idahoan's Experience will still focus on Net Promoter Score (NPS), First Contact Resolution (FCR), and Turnaround Time (TAT). There will now be two measuring periods, as noted previously (open enrollment and post-open enrollment periods). For First Contact Resolution and Turnaround Time, we are proposing an 11 percent increase for open enrollment and a six percent increase for non-open enrollment periods. Net Promoter Score we are proposing a five percent increase during open enrollment and an eight percent increase for non-open enrollment.

Retention and Enrollment measures auto renewals, the percent of new enrollments, and the targeted total number of enrollments expected for the year (April 2022). We are proposing a

seven percent increase in enrollments as compared to budget. Auto renewals and percent of new enrollments will also be included as part of the goal. We are proposing no compensation be tied to this goal as there has been a lot of policy changes under the new administration.

Risk Management will continue to focus on phishing and social engineering and will now be measured during both open-enrollment and non-open enrollment periods. Since phishing and social engineering remain our biggest risks in this space, we will continue to focus on these and they will be equally measured depending on the time of year. The first area of focus will be around the reporting rate which will require that 94 percent be properly reported to reach the 100 percent achievement level for this part of the goal. The second part is a response, or click, rate which will need to remain below four percent over the entire year to reach the 100 percent achievement rate.

Mr. Kelly said for Low Cost Promise, we tried to find a way to make this relatable for the whole team and also recognizes changes in revenue while making sure we are targeting the right numbers. The primary change for this goal is the shift of focus from Operating Expenses to Net Operating Income. This was born out of the events in fiscal year 2021 where we saw a big decline in revenues due to COVID, and Your Health Idaho quickly shifted to managing those expenses to ensure we would hit that Net Operating Income budget. We are proposing for this goal that we see a ten percent improvement in net operating income as compared to budget.

The last item is Employee Engagement, and we are proposing to keep the two components. COMPASS cards participation is proposed to increase by fourteen percent. This is peer to peer recognition of our core values. The second component is the Gallup Survey where a half a percent increase is proposed due to our outstanding results in this most recent survey. While that half percent may seem small, it will be challenging given how well we did this year with our five percent increase to 4.35. Both the Governance and Finance Committees were fully supportive of these goals. Mr. Kelly added that the results from this most recent survey will be shared at the Board meeting in a few weeks.

Ms. Fulkerson asked if the two questions that scored lower on the Gallup Survey were anticipated. Mr. Kelly said it is always difficult to anticipate anything with this survey but the two areas we last focused on improved and this year the survey was conducted after everyone returned to the in-office environment.

Motion: Mr. Sorensen moved that the Marketplace Committee, recommend to the Board, approval of the FY22 Goals, as presented today. **Second:** Ms. Hart. **The motion carried.**

18. CONTRACT ADDENDUMS

a. *Risch Pisca SOW*

Mr. Kelly said Risch Pisca does our regulatory affairs and keeps us up to date on the session and we keep regular contact with them. They also help with any questions we may have for the Governor's office. SOW #5 remains consistent with the prior year at a not-to-exceed amount of \$48,000, which is included in the fiscal year 2022 approved budget.

Motion: Ms. Fulkerson moved that the Marketplace Committee, recommend to the Board, approval of the Risch Pisca SOW #5 in an amount not to exceed \$48,000. This amount is included in the FY22 Budget. **Second:** Mr. Sorensen. **The motion carried.**

b. Drake Cooper SOW

Mr. Kelly said Drake Cooper is our creative agency and will work with us again in the coming year. In March we did approve an incremental spend of \$5000K and that is not included in this SOW. SOW #9 is at a not-to-exceed amount of \$570K which is an increase of \$10k over the prior year.

Motion: Ms. Lodge moved that the Marketplace Committee, recommend to the Board, approval of the Drake Cooper SOW #9 in an amount not to exceed \$570,000. This amount is included in the approved FY22 budget. **Second:** Mr. Thomas. **The motion carried.**

c. DHW MOU

Mr. Kelly said the DHW MOU will extend through July 2022 and support tax credit eligibility and other related support. The MOU simply formalizes the process as the work has been in place along with the cost allocation model for quite a few years. Mr. Kelly said the MOU does not include the shift of APTC eligibility work and we will issue an addendum to the MOU to address that. These costs are included in the FY22 approved budget.

Motion: Ms. Hart moved that the Marketplace Committee, recommend to the Board, approval of the DHW MOU in an amount consistent with the FY22 Budget, as presented today. **Second:** Mr. Sorensen. **The motion carried.**

d. Enrollment Entity RFA

Ms. Nagashima said this proposal is for the annual Request for Applications that will be issued in July to seek out organizations who provide assistance to Idahoans in understanding their eligibility and the application process. They do not assist with the actual enrollment or selection of plans and refer people to agents and brokers to handle that piece. These organizations generally have the ability to reach out to underserved populations who may have limited English language skills and/or limited access to computers. These entities report back to Your Health Idaho on the numbers of people served and provide us with their demographic information. The RFA is for a total amount not to exceed \$298,860 and is included in the approved FY22 budget.

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 \$298,860.00 collectively. This amount is included in the approved FY22 budget. **Second:** Mr. Thomas. **The motion carried.**

19. NEXT MEETING

The Chair noted that the next meeting will be held in late August/early September.

20. ADJOURN

There being no further business before the Committee, the Chair adjourned the meeting at 3:42 p.m.

Signed and respectfully submitted,

Jerry Edgington, Committee Chair

DRAFT