



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

**MARKETPLACE COMMITTEE
MINUTES
TUESDAY, JUNE 11, 2019**

1. COMMITTEE MEMBERS PRESENT

- Mr. Jerry Edgington, Chair
- Ms. Janice Fulkerson, Vice Chair (via teleconference)
- Mr. Tom Shores
- Ms. Heidi Hart
- Ms. Carolyn Lodge
- Director Dave Jeppesen

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. Tera Rose, Your Health Idaho
- Ms. Stephanie Husler, Your Health Idaho
- Ms. Megan Bauer, Your Health Idaho
- Ms. Haley Winstead, Your Health Idaho
- Mr. Steven Sumter, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Ms. Julie Hammon, Idaho Department of Health & Welfare (via teleconference)
- Ms. Moriah Nelson, Idaho Primary Care Association
- Ms. Sherry Jansen, Blue Cross of 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 (dba Your Health Idaho) was called to order by Mr. Jerry Edgington, Chair of the Committee (Chair), at 10:30 a.m., Tuesday, June 11, 2019, 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 Ms. Fulkerson (via teleconference), Mr. Shores, Ms. Hart, and Ms. Lodge were present, resulting in a quorum. Director Jeppesen arrived at 10:40 a.m.

Chair Edgington introduced the two new Board members to the Committee and introductions were made.

5. APPROVAL OF PRIOR MEETING MINUTES

Motion: Mr. Shores moved to approve the meeting minutes from the March 7, 2019 Marketplace Committee meeting as presented. **Second:** Ms. Fulkerson. **The motion carried.**

6. REVIEW OF AGENDA

No changes were made to the Agenda.

7. REVIEW ROADMAP

The Chair reviewed the roadmap and there were no questions.

8. 2019 ENROLLMENT UPDATE

Mr. Kelly said effectuations continue to be strong at just over 95,000 with no metal tier shift by carrier compared to earlier in the year. Dental continues to grow as it has in past years. Average premium is a little lower at \$484 resulting from carrier reconciliations and the accounting adjustments made resulting from those reconciliations. For the metal tier mix, bronze grew year over year, silver showed a slight decline and gold remained steady.

Monthly effectuations are above last year's levels for the same period of time. The gap between the years continues to grow through May and what that means is effectuations are holding steady this year. The uptick in March of last year reflects some reconciliation activities that reinstated enrollments back to the period of March.

Looking at the total enrollments, just over 35 percent of the QHP enrollments pay less than \$25 a month. When you break it out by metal tier, bronze has the highest percentage at under \$25, or almost two-thirds. For silver plans, about 15 percent have premiums that are \$25 or less per month.

Chair Edgington asked if we know how many pay zero dollar premiums. Mr. Kelly said he would find that number before the end of the meeting.

Chair Edgington asked that for those paying over \$200 a month in premiums in all metal tiers, what is the total number of customers. Mr. Kelly said roughly 24,000 pay over \$200.

Ms. Fulkerson asked if those paying less than \$25, would that be the population that with Medicaid Expansion might move over to Medicaid or be Medicaid eligible? Director Jeppesen

said without the FPL data, that is difficult to answer. We do know that anyone that falls in the 100-138 percent range will be eligible for Medicaid, assuming the choice waiver is not approved. And although we don't have the numbers yet, one can assume that a large percentage of those paying under \$25 per month will fall into that 100-138 percent range.

Mr. Kelly said without tying FPL into these it is impossible to know for sure. To answer the earlier question, roughly a quarter of YHI's enrollments, or about 25,000, don't pay a premium. One would assume that under traditional Medicaid expansion, about 18,000 of those currently on the exchange paying a zero dollar premium would move to Medicaid.

Ms. Hart asked what the customer profile is for those paying zero dollar premiums that don't qualify for Medicaid. Mr. Kelly said one can receive a tax credit while being above the 138 percent and end up not paying a premium.

Mr. Kelly said YHI is working on a wholistic view of what YHI's customers look like and that will hopefully be ready for the August/September meetings.

Mr. Shores asked about the potential of identifying those people that for whatever reason went through the application process and qualified for an APTC and then chose not to enroll. Mr. Kelly said YHI completed that analysis last fall and followed up with a robocall campaign to those customers resulting in a 20-25% response rate on those calls. YHI will likely do that again this fall.

Ms. Lodge asked if in the original marketing and development, was there persona work done that YHI is now adding to, or do personas even exist? Mr. Kelly said YHI does have some demographics in the misinsured and underinsured populations and we do look at those and revisited them this year with YHI's creative firm. Some of the messaging that came in from a customer survey is also being tied into that which will help us determine which messages will resonate with those customers. Marketing that will be done this fall will target those demographics and tie in messaging that resonates with those folks.

9. CUSTOMER EXPERIENCE

a) CSC Metrics

Ms. Rose said YHI continues to see call reduction year over year averaging about 16%. YHI attributes that to system enhancements that have been implemented including the improvement of linking, system accessibility, multiple households cleanup, and reconciliation efforts. Additional systems enhancements are coming throughout the year.

Ms. Rose said NPS was 30 percent higher than when NPS was implemented. The majority of promoters and detractors contribute their score to their customer service experience. And YHI is using the NPS survey to draw out the information needed to improve in specific areas and reaching out to those consumers to get more information on their experience. Chair Edgington asked how many people are being surveyed and how many are responding to the survey. Ms. Rose said YHI is sending the survey to about 90 percent of those that reached out to YHI to resolve an issue. Mr. Kelly said the response rate hovers between 5-10% per month or roughly 250 people that respond to the survey.

About half of those that respond say their experience with YHI's customer service center is the main reason they either promote or detract.

Ms. Lodge asked if there is a secondary contributor that contributes to the NPS score. Ms. Rose said there are six categories for the NPS. Customer service is the first, followed by issue resolution, website, other, lack of options, and price.

YHI will be implementing a new Quality Management (QM) program in the call center. The Quality Assurance (QA) form will be available within the system, instead of outside the system as it has been, and will be easy to update. Team members will get to compare their performance to their peers and others in the industry to see where they stand. They can QA themselves and can listen to calls as well. The new system will also be able to record the screen while they are on the call while the customer advocate resolves the customer's issue. It will also be able to flag call based on word usage and the system can pull the calls for coaching and monitoring. With this specific system, InContact has seen an overall decrease in handle and hold times. YHI also expects to see an increase in customer satisfaction and first call resolution. The system will be implemented in the next few weeks.

Ms. Hart asked YHI trends the number of customers that get a first touch resolution? Ms. Rose said yes, YHI does closely watch first contact resolution and currently 94% of customers issues are resolved in one touch. Those that require additional contacts are generally SEP related.

b) Appeals

Ms. Nagashima said appeal volumes are trending downward in April, which is typical for this time of year, but they are exponentially lower this year than in past years. Most appeals are around the QLE request or people missing their deadlines.

Ms. Nagashima said there is a trend in YHI's upheld decisions which means we are improving processes and policy communications. It also indicates that YHI has better trained customer service representatives that are handling support questions and able to find solutions, allowing the appeals team to uphold original decisions on appeals than in prior years. In an effort to continue to improve this, we will be working on system and staffing improvements including hiring a dedicated quality assurance role, who will work closely with the training department, to support this area. The team is working to inventory and improve processes, and also looking to measure across processes. We are also working on searchability in our policy manual, processes and procedures for our call center reps in an effort to make those resources more accessible. YHI is also working on supporting our newer consumer connectors a little differently and will optimize in-person trainings.

10. PY'20 PREPARATIONS

Mr. Reddish shared high level key dates and Ms. Nagashima pointed out that the Policy Steering Team approved the date change for the end of open enrollment by one day since the end date falls on a Sunday.

a) PY'20 QHP Timeline

Mr. Reddish shared the QHP timeline which are dates provided to YHI from the Department of Insurance with exception to the start and end of open enrollment.

b) Technology

Mr. Reddish reminded the Committee that the release numbers are representative of the year and the month.

Release 19.7 (July of 2019) includes User Interface changes (to enhance look and feel from front to back end), Google Tag Manager (track and provide analytics of digital adds), and lessons learned enhancements. Prior year anonymous shopping was released in 19.5.

Ms. Hart asked about the difference between the Your Health Idaho site and the Live Better Idaho site that is being used for people to select their primary care provider for Medicaid. Ms. Hammon said that Live Better Idaho is a website for all Idahoans that was created by DHW to provide general health information. Live Better Idaho is also being used for people on Medicaid to select a primary care provider. Anything with regular insurance is through Your Health Idaho.

Ms. Hart asked if YHI knows how many people on the exchange have received assistance from an agent, broker, or consumer connector. Mr. Kelly said about 75 percent of enrollees have an agent, broker, or enrollment counselor.

Chair Edgington said it might be helpful at a future meeting to do a demo showing how a consumer gets through the process.

Mr. Reddish continued with release 19.9 (September 2019) which includes the Medicaid Expansion system changes, YoY plan comparisons, and improved noticing. All of these items will improve the customer experience.

Mr. Shores asked about training starting in August and these system enhancements with potential Medicaid Expansion won't yet be known. How do we adjust training to accommodate those potential changes? Mr. Reddish said this is a challenge every year with this fall release. We are working with DOI and DHW to ensure YHI gets screenshots and notes so that in training agents and brokers at least get a picture of what those changes will entail.

Release 19.12 (December 2019) is the 1095 updates that are done each year. Generally, the form itself gets a date changed and then some XML changes for ensuring that the form reaches the IRS.

Mr. Reddish said YHI is working closely with GI to get the Agent Portal over the line and it will be coming in 2020. YHI tried to get this ready for open enrollment this year, but the risk is too great to rush this through. A couple of key items in this update will allow agencies to share books of business if they choose to do so. The second item will give assistants limited access to their agent's books of business.

c) Policy Integration & Training Update

Ms. Nagashima shared feedback from consumer connectors that will help guide us in preparing for training this year. Feedback was consistent and positive. They said the information in training helped them and allowed them to serve their customers better. They also said that the YHI supported them well when they did have questions. The appeals submissions are significantly higher for consumers who do not work with an agent compared to those who do. YHI is trying to encourage those who do not have agents to engage with an agent through various methods.

Ms. Nagashima said Consumer Connector Training will not be provided by Wind Rivers this coming year and YHI has full time staff that is skilled in this area and will take this on this year. Mr. Kelly added that this was always part of the plan and is not a surprise. This is just another example of YHI utilizing in-house resources to be fiscally responsible. This does not take away from all the contributions that Randy and Keri Gardner have made over the years and we appreciate everything they have done to help make YHI successful.

Ms. Nagashima said the training will be a day-long training instead of broken up into several days. The morning session will focus on newer agents and will focus on policy, how to use the tools, etc. And as the day proceeds, the more veteran consumer connectors will arrive and information will be focused around Medicaid expansion, DOI processes, DHW processes, and YHI system updates and policy changes. We will close the day with networking and best practices conversations.

Ms. Nagashima shared the key training dates and locations. LMS will be available in August and in person training will occur in September. This year we will do one training in each area (with more than one in Boise). We will again have an online training and test available for those that cannot attend the trainings. Trainings will be performed by the YHI team (Ms. Nagashima and Ms. Lindsey) along with representation from DHW and DOI. All in-person training will end prior to October 1 which is the start of Medicare open enrollment.

11. MARKETING & OUTREACH UPDATE

Ms. McMartin introduced Ms. Haley Winstead, YHI's new Content Marketing Specialist.

Ms. McMartin said the outreach team has been working on promoting special enrollments as well as general exchange awareness. Throughout the year and outside of open enrollment, YHI tries to maintain a quarterly schedule that includes at least one larger general awareness event like Experience Idaho and the Famous Potato Marathon. Those events are an opportunity to get the YHI brand in front of as many people as possible. Supplementing those larger events are the educational and community awareness events like Boise Learns and the IPCA enrollment counselor webinar. YHI is also working on extending reach with marketing materials sent to events in areas that we are unable to attend. Tracking on those engagements is still being worked on.

Mr. Shores asked how to get those materials available for agents and brokers when they go out into the community to present. Ms. McMartin said we are almost done with the development for the process and we anticipate agents and brokers will have a link soon on the partner tool page on the website. There will be a link to an online form to request materials. Electronic versions will also be available for agents and brokers to print.

Ms. McMartin said planning and preparations for 2020 are well underway. At the last meeting we had talked about identifying some areas of opportunity based on our enrollment data where there may be gaps in service. We plotted the enrollment data to look at where enrollments are located and where YHI's enrollment counselors and agents/brokers are located. Region 2, Lewiston/Moscow, and Region 5, Twin Falls, hold the largest opportunities. In Region 2 there was no enrollment counselor outreach in 2018 and no YHI outreach either other than training, with the lowest enrollments being in Clearwater and Nez Perce counties. In Region 5 there were only two enrollment counselor outreach events conducted and limited Open Enrollment outreach efforts aside from training, with the lowest enrollment penetration being in Gooding and Jerome counties. YHI is using this data to engage with community outreach organizations, but we know from our research that most people trust friends and family for referrals, so grassroots marketing will occur in those areas.

Ms. Lodge asked if it is brand awareness or buy in that results in low enrollment numbers. Ms. McMartin said that is an excellent question and one we are trying to figure out. Each year in our market research there is a decent amount of brand awareness and message recall, at least from open enrollment. Some of these areas are incredibly rural so technology and resource challenges are often part of it. Engaging with the local organizations will help us learn how to overcome those barriers.

Ms. McMartin said for marketing and communications, the Drake Cooper strategy kick-off was held in May. The conversation focused largely on mitigating the effects of Medicaid Expansion and how we maintain the enrollments we already have. Consistency in messaging is going to be key as there is a lot of confusion surrounding open enrollment and Medicaid Expansion. We are also working with our carrier partners to ensure we understand deadlines and getting a general understanding of outreach efforts on their part including robocalls, messaging and noticing.

Finally, YHI is working to enhance the online experience when consumers do come to the website. In addition to the technology enhancements Mr. Reddish noted earlier, we will be planning several updates to pages on the front end that will hopefully provide more clarification around the enrollment process.

Ms. McMartin shared the picture of the Rocky Award that Drake Cooper won for our two new commercials this past year.

12. CONTRACT ADDENDUMS

a) Risch Pisca SOW

Mr. Kelly said Risch Pisca is YHI's public affairs firm that serves as our educational liaison with state and federal legislators and this is the third year of engagement with them. The budget amount of \$60,000 is a fixed fee, is consistent with the last two years, and is included in the approved in the FY20 budget.

Motion: Mr. Shores moved that the Marketplace Committee, recommend to the Board, approval of the Risch Pisca SOW #3 in an amount not to exceed \$60,000. This amount is included in the approved FY20 budget. **Second:** Ms. Hart. **The motion carried.**

b) DHW MOU

Mr. Kelly said DHW manages tax credit eligibility. This is an annual agreement that needs to be extended another year through July 31 of 2020. Services are similar to the current scope with expanded scope as it relates to Medicaid expansion, as needed. Costs are consistent with the approved 2020 budget with \$2.1M in the budget and DHW's receipt authority is similar.

Ms. Hart asked depending on the movement with the waivers that may or may not happen, is there anything that would change this scope of work if any of those waivers were to be approved? Mr. Kelly said there are two elements in the work DHW does for YHI. One is around customer support around eligibility and the other is development work. Because the system enhancements that are required relative to the expansion are Medicaid specific, they will have to do those anyhow, regardless of YHI's existence. This is solely around the support of tax credit eligibility. If that were to change, we would bring that back to the Board.

Motion: Ms. Hart moved that the Marketplace Committee, recommend to the Board, approval of the DHW MOU in an amount consistent with the FY20 Budget. **Second:** Ms. Fulkerson. **The motion carried.**

c) Enrollment Entity RFA

Ms. Nagashima said YHI will again put out an RFA for enrollment counselors. Current entities are Idaho Primary Care Association (IPCA) and St. Luke's that assist Idahoans with their eligibility and the application process. They then encourage them to get in touch with agents that can help them enroll. These entities have traditionally reached out to underserved populations who have limited English skills, limited access to computers,

or other population identifiers that make them demographic specific with federal regulations. Enrollment Entities report on the monthly totals of people served and also provide geographic and demographics which helps drive YHI's data and understanding of these populations. The annual Request for Applications (RFA) will be issued in July for a total amount not to exceed \$301,200 and is included in the approved fiscal year budget.

Motion: Ms. Lodge 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 \$301,200.00 collectively. This amount is included in the approved FY20 budget. **Second:** Mr. Shores. **The motion carried.**

d) Drake Cooper SOW

Ms. McMartin said Drake Cooper has been with YHI since the beginning and this is the third year since they came out from the umbrella under Gallatin Affairs. They are YHI's provider of creative services and their deliverables will include campaign strategy, advertising and design, media services, and metrics reporting. The SOW reflects \$50,000 for new content related to Medicaid Expansion while still delivering a decrease of \$9,000 from the previous year when they did the full refresh of advertising. SOW #3 is a not to exceed amount of \$549,000, which is included in the approved FY20 budget.

Ms. Lodge asked if she knew if the dollar amounts are net or gross, or whether they include the agency commission or not. Ms. McMartin said the account management line item includes the agency fee.

Motion: Ms. Fulkerson moved that the Marketplace Committee, recommend to the Board, approval of the Drake Cooper SOW #3 in an amount not to exceed \$549,000.00 This amount is included in the approved FY20 budget. **Second:** Ms. Hart. **The motion carried.**

Ms. Hart asked if YHI has a policy for how long YHI can engage with a specific vendor. Mr. Kelly said yes. YHI's Procurement Policy, which is separate from the State's policy, essentially requires an RFP for any annual expenditure over \$15,000. For those existing contracts that were awarded under an RFP, YHI recently amended the policy to state that at year seven, we are to come back to the Board to acknowledge that we are at year seven and the Board can determine if we need to reissue an RFP. Most contracts we have are for a twelve-month period, and these today are as such.

13. CMS/POLICY UPDATE

Mr. Kelly said there will not be a lot of bipartisan support for healthcare activity on the Hill, outside of surprise billing and prescription drug costs. We continue to watch this area and we get fairly good intel on what is coming up. Ms. Hart added that another item we are watching is the potential alterations to the FPL calculations. Mr. Kelly agreed as this could shrink our eligible populations and we will keep a watchful eye on this space. Another rule we are watching is the

HRA rule that is expected this week. Traditionally we will then have a call with CMS to see how it affects us and confirm what flexibility the states have compared to the FFM.

Mr. Kelly said for state policy, the Medicaid Expansion sideboards bill signed into law in April and the Coverage Choice waiver is in public comment period. The state plans to submit it to the Treasury by July 17 with a deadline of August 31 for the Treasury to accept it as complete. YHI is working with our partners to understand technology needs and ensure continuity of messaging.

Mr. Kelly said House Bill 275 allows for the introduction of enhanced short-term plans, and the Department of Insurance is expected to release proposed rules in the next few weeks. We will then work with CMS, DOI, and the carriers to put these on the exchange. It's pretty clear that we can offer them on the exchange through a separate shopping experience, but we need to understand the details of the rules to determine a timeline for deployment on the exchange.

14. FY19 OPERATIONAL GOALS UPDATE

Mr. Kelly said YHI has five Operational Goals including Idahoan's Experience, Retention and Enrollment, Risk Management, Low Cost Promise and Employee Engagement. Each Committee reviews their germane goals and for FY19 it's just an update. Idahoan's Experience paid out at 90 percent achievement. There are two parts to this goal. The first is the Net Promoter Score (NPS) and last year there was some fear that goal was set too high and that came to fruition as we missed that goal completely. The linking part of the goal was achieved at 100 percent with 80 percent reduction in linking issues. Retention and enrollment had no compensation tied to it, but we did achieve 100 percent achievement with over 95,000 enrollments as of April 1, 2019.

15. FY20 OPERATIONAL GOALS PROPOSED

Mr. Kelly said for Idahoan's Experience in FY20, we are going to focus on increasing our Net Promoter Score (NPS) from a baseline of 30 to 32 for the 80 percent achievement, up two points from the FY19 goal. First Contact Resolution will focus on the population that requires three or more touches to resolve it. We are targeting going from 3.7 percent to 3.5 percent. And for turnaround time, we are focusing on over three day turnaround. Currently 4.1 percent of our customers require three or more touches to resolve their issue and we are proposing we get that number to 3.9 percent.

For Retention and Enrollment, we are not proposing compensation be tied to this again this year given the uncertainty around Medicaid Expansion, Enhanced Short Term plans, policy changes, and so on, that makes it relatively difficult to control the overall outcome of this goal. For the first part of this goal we are proposing to move from an 83 percent renewal rate to an 85 percent renewal rate. For the second part we propose to attain effectuations of 75,163 as of April 1, 2020, assuming clean Medicaid Expansion.

Chair Edgington asked if there is a way to determine for those that do not renew if it is due to Medicaid Expansion because if they renew it isn't a failure, it is just policy. Mr. Kelly said one of the things we will do when we get into our redeterminations and renewal process is we will receive indicators from DHW that will say this family is now Medicaid eligible. We will not be renewing Medicaid eligible people. Therefore, we will be able to separate those that are ineligible for renewal to accurately report on the retention percentage.

Ms. Hart asked about the penetration rate and if we know that target. Mr. Kelly said we do not know the total population between 100 and 400 FPL. What we do know is that of the total population between 100 to 138 that were on the exchange equals 18,000. There was another 14,000 known in that population that did not enroll in a QHP. So the answer is we don't know the entire market size, but we do know there are people that are aware of us in that FPL range, but that did not enroll and we are working to target those individuals with specific messaging and outreach this fall.

16. NEXT MEETING

The next meeting will be held in late August or early September of 2019.

17. ADJOURN

There being no further business before the Committee, the Chair adjourned the meeting at 12:26 p.m.

Signed and respectfully submitted,



Jerry Edgington, Committee Chair