



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

**MARKETPLACE COMMITTEE
MINUTES
TUESDAY, SEPTEMBER 3, 2019**

1. COMMITTEE MEMBERS PRESENT

- Mr. Jerry Edgington, Chair
- Ms. Janice Fulkerson, Vice Chair
- Mr. Tom Shores
- Ms. Carolyn Lodge (via teleconference)
- 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. Tanisha Lindsey, 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. Sara Chase, Drake Cooper
- Ms. Casey Brown, NorthPoint Recovery

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 1:04 p.m., Tuesday, September 3, 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, Mr. Shores, Ms. Lodge (via teleconference), and Director Jeppesen were present, resulting in a quorum. Ms. Hart was absent.

5. APPROVAL OF PRIOR MEETING MINUTES

Motion: Ms. Fulkerson moved to approve the meeting minutes from the June 11, 2019 Marketplace Committee meeting as presented. **Second:** Mr. Shores. **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. PY'19 Update

a) Enrollment Update

Mr. Kelly shared a high-level enrollment update showing the total 2019 monthly effectuations compared to plan year 2018. The good news is the gap continues to hold steady between years and this year's enrollments are higher than last. There is some narrowing of the gap in August, primarily due to reconciliation activity that occurred last year. The three peaks from last year have smoothed out this year due to ongoing and more timely reconciliations as well as continued automation in the reconciliation space. In August 2019, effectuations were at about 93,000 which is about 3,000 above 2018 for the same time period.

Mr. Kelly said in looking at total enrollments by Federal Poverty Level (FPL), those that fall in the 101-138 percent of FPL equal about 18,000 individuals, which is consistent with YHI's estimates related to those that will move off the exchange due to Medicaid Expansion. Conversely, there are about 11,000 enrollments above 400 percent of FPL that do not receive federal assistance.

Mr. Kelly shared metal tier enrollments by Federal Poverty Level and said the distribution across metal tiers was initially a bit of a surprise, with silver containing the vast majority of those within the Medicaid Expansion population. However, when you look at that population relative to total out of pocket, meaning net premium as well as the cost to actually use the plan, silver makes the most sense. We also see a large majority of those within the higher income ranges, particularly those in the 251 percent FPL and above, enrolled in bronze level plans which also confirms the price sensitivity and total out of pocket cost for use of those services.

Mr. Kelly shared total enrollments by net premium, which is similar to the numbers shared at the June meeting. About one quarter of enrollments pay zero premium and another quarter pay over \$200 per month, and equally distributed and growing in between as the net premium increases. When that is compared to net premium by FPL, the largest percentage of people in the 101-138 percent of FPL pay between \$51 and \$100 per month in premiums.

The Chair said it is interesting that about 5,000 individuals that are in the 151-200 percent FPL pay over \$200 per month in premiums. Mr. Kelly said in that range of FPL, they are likely enrolled in a Silver plan and some in a gold plan and while their monthly premiums may be higher, the cost share reductions that come with a silver plan would mitigate their out of pocket expenses when they actually use the insurance.

Mr. Kelly said YHI will continue to dive into the analysis on this as customer data evolves, but it is interesting to look at the income levels as well as premium and then overlaying those metal tiers.

b) CSC Metrics

Ms. Rose said call volumes have reduced year over year by about 16 percent through June and then increased by 5 percent in July. We anticipate additional reduction moving into the new year will be minimal. With all the system improvements and enhancements, and improved training, are all contributing to the normalization of call volumes and will result in less customers reaching out to YHI.

Mr. Shores asked if YHI intends to work with DHW in reaching out to those that have been identified as Medicaid eligible. Ms. Rose said DHW will be sending out notices to all consumers who are now eligible for Medicaid and if they do call into YHI because they find they are no longer eligible for a tax credit, they will be redirected to DHW for further information. Director Jeppesen said DHW's approach is that of the roughly 91,000 people (including the 30,000 in the 101-138 percent of FPL, of which about 18,000 are on the exchange today), they are already performing presumptive eligibility and already have 11,000 enrolled to start on January 1. Of those 91,000, about 70,000 are already identified for contact.

Mr. Kelly added that there have been meetings with YHI, DHW, DOI, and the carriers to 1) understand the order of which the renewals and the redetermination notices will occur, 2) what will be included in those notices and 3) on the best way to communicate with carriers and the consumers. Consistency in messaging and mitigating confusion is the goal for all organizations. Knowing both when and what the organizations will be communicating to the consumers has been paramount in those discussions. We are just finalizing the language coming from DOI that will be included in the carrier notices that will go to their consumers, as well as the redetermination notices from DHW and the renewal notices from YHI. All the organizations are taking steps to mitigate confusion for the consumers.

Mr. Shores said agents and brokers are already reaching out to their clients to educate them prior to open enrollment and wanted to see if agents and brokers can get a list of those people from DHW that have already gone through the process in order to avoid duplication of efforts. Director Jeppesen said he thinks so and will take it back as a follow-up.

Ms. Rose continued with the NPS score for 2019 and the Customer Support Center is averaging 3 points higher than the 12-month average. The 2019 average NPS score is 38

and the 12-month average score is 35. Those that are promoters (scored a 9 or 10 on the survey) have stated that they would recommend YHI to friends and family and are very happy with the customer service they have received.

c) Appeals

Ms. Nagashima said July appeal volume increased year over year. There are two categories driving this increase. Many of the appeals being submitted are centered around the QLE verification process and enrollment dates. The turnaround time on QLE's is appropriate, but there are a number of individuals that simply don't understand the timelines and process. As a result, YHI is updating the communication process and internal training so that all groups are better able to manage the appeals. The appeal decisions for July are primarily being upheld, which is indicative of the decisions being appropriate.

Ms. Fulkerson said in thinking about Medicaid Expansion, is there something that can be done to assist with those appeals coming out of open enrollment. Ms. Nagashima said YHI is already actively working on that with the carriers and it is on the agenda for the September Project Steering Team (PST).

Ms. Nagashima added that one appeal was upheld in September. It could go to a federal hearing request but at this point, the appeal panel affirmed that YHI made the correct decision.

Ms. Fulkerson asked if YHI has any appeals currently at the federal level. Ms. Nagashima said there is one appeal pending at the federal level that has not yet been scheduled.

9. CUSTOMER EXPERIENCE

Ms. Rose said the Customer Experience Review Process was implemented in June and completed in August. This was an outcome from the open enrollment summit to see how the escalated case process could be refined. YHI audited all accounts with five or more comments within the last 30 days and we found that about 15 percent are consumers and consumer connectors calling back for clarification as to what documents are required or what deadlines they need to meet. 37 percent had improvements that could be made internally with either the application or clarity of a process or policy. And 48 percent of those are mistakes or opportunities that can be made for path to resolution which includes referring them to the correct place the first time. For example, if they need assistance with a tax credit, the path would lead to DHW. As a result of this audit of accounts, we are focusing on uptraining in Policy, Process and Path to Resolution in order to limit the number of times consumers are calling back and limit that overall call volume. Mr. Kelly added that this was a relatively small group of customers that were looked at but a huge opportunity to improve the level of customer service these folks are receiving.

10. SUPPORT CENTER TECHNOLOGY REQUEST FOR PROPOSAL

Mr. Kelly said at the June meeting we talked about implementing a QM process with screen and call recording to help shed light on the customer experience. As we worked on the details, we ran into some challenges getting that implemented and at the same time we began questioning

whether our current technology provider was the right fit for YHI. When we set the call center up in 2016, we did it in 60 days, which did not provide enough time to fully vet them and go through the RFP process. So YHI stepped back and looked to see if this is the right fit for YHI and is it the best solution for our customers. The best way to do that is to issue an RFP for the technology that does call routing and workforce management in the support center. That will allow us to look at all the vendors in the market, make sure we are paying the right price for what we need, and potentially getting more functionality for the price we are paying today. We have not worked on the specific RFP document yet, but plan to do this over the next three months as we move through the fall and open enrollment. That RFP would be issued in January of 2020 and reviewed in February to provide time for oral presentations, allowing time to test the software. The contract would be awarded in March and implemented in May. This would also allow the team to get used to the new software and be ready to go for the next open enrollment.

Ms. Fulkerson asked if there is an external touch with the customer. Mr. Kelly said in terms of external facing, it is submitting a ticket action and perhaps working through the VRU when selecting who they would like to speak with. He doesn't believe there would be a drastic change in the outward facing function outside of that. In terms of new functionality, we will find out through this process.

Motion: Ms. Fulkerson moved that the Marketplace Committee, recommend the Board, authorize the Marketplace Committee to 1) conduct an RFP for Customer Support Center technology, 2) establish a Proposal Evaluation Team (PET) to evaluate the responses to the RFP, and 3) accept the recommendations of the PET; and that upon such acceptance the Executive Director and the Chair of the Marketplace Committee may negotiate and execute the contract consistent with the approved FY20 budget and that the Board will include similar amounts in future fiscal years' budgets. **Second:** Mr. Shores. **The motion carried.**

11. PY'20 PREPARATIONS

Ms. Rose said some of the preparations in the support center come from 2019 that were successful including the refresher training, early seasonal hiring, return of the written team, the third temporary team lead, implement the waterfall process during peak call periods, buddy system for the seasonal employees, increased staffing to support higher call volumes in the mornings, and work cross-functionally to ensure proper resources are in place to support deadline-driven consumer outreach efforts.

Chair Edgington asked if YHI has incorporated anything into the training related to Medicaid Expansion. Ms. Rose said they are training only on talking points and if it is specific to Medicaid Expansion, those calls will be referred to DHW. As for the system training, most of that is around account transfers and more talking points. The Chair asked what we are doing specifically to handle the increase in calls. Director Jeppesen asked Ms. Hammon to respond to this. Ms. Hammon said DHW does anticipate that they will get more calls than usual. We have worked closely with YHI to ensure we have good escalation paths, emails and phone calls between organizations, etc. DHW has a statewide workforce and can pull people from across the state to assist on the phones when call volumes are high and to keep hold times in check. She said there is a policy at DHW that requires the team to complete all calls in the cue on the same day, but with increased call volumes, some may end up being pushed to the next day. Mr. Kelly said as noted earlier, there is a year over year call decline, but when looking at staffing volumes

for OE 2020, we assume the same volume level as last year. And as in previous years, we have a tool called PDAP that can help when some consumers call as we can see their eligibility status from Medicaid.

Director Jeppesen left the meeting at 1:47 p.m.

a) PY'20 Redetermination and Renewal 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 reviewed the 19.7 release where there were significant issues post release. YHI's team caught those issues immediately and GI was able to patch those issues and a few of those issues will be resolved in our upcoming 19.9 release.

Mr. Reddish said release 19.9 said the significant change is around renewal processes around Medicaid Expansion. YHI will now receive a Medicaid eligibility flag from Health and Welfare and YHI will use that flag to exclude those consumers that are in the 100-138 FPL from the auto renewal process. In the past, we have converted those consumers to non-financial, but for Medicaid expansion we have decided not to. So those that decline Medicaid will have to come back to us and apply for a non-financial plan.

The Chair said there are about 2,000 individuals on the exchange in the under 100percent FPL that receive no subsidy and asked if there some sort of provision for subsidies for special circumstances? Mr. Kelly said yes, there are some that are below 100 FPL that receive a subsidy, but guesses those are legally present non-citizens. The Chair asked if those legally present non-citizens will be able to stay on the exchange? Ms. Hammon said if they are not currently eligible for Medicaid, they are not eligible for Medicaid under expansion and would remain eligible for APTC. They have to have a certain length of time with legal residency before they become eligible for Medicaid.

Mr. Reddish said this release will also include year over year plan comparisons which will provide the opportunity for the consumer to compare current plans with future plan offerings. This release will also include improved noticing including consolidation and verbiage changes in order to reduce calls to the Support Center and reduce appeals.

Mr. Reddish said looking ahead to December, the 19.12 release is simply the updates for the IRS form and some logic around final termination for non-payment.

c) Training and RFA Update

Ms. Nagashima said for internal training, YHI is teaching the team to use the tools rather than teaching them the specific answers. Policy and process are dynamic and teaching them to use the tools to find the answers is a more sustainable process for getting the team ready. We have completed our first assessment internally and the scores were 90 percent and above on average with high yield based on how people were using the tools.

Ms. Nagashima said externally we will do similar training on not how to answer every single question, but instead teaching agents, enrollment counselors, and brokers how to utilize the tools that exist and how to find the answers to the questions they get. Ms. Nagashima said she and Ms. Tanisha Lindsey will be traveling beginning tomorrow for consumer connector training to train over 600 agents and brokers, and some staff members, so that we can better educate anyone that might be able to enhance the consumer experience. The morning sessions will be a basics refresher, and everyone is encouraged to attend. The afternoon course will be more advanced training on the tools that exist and what new tools are out there. There will not be an online webinar, but there will be an online test around the policy assessment. So those that are not able to attend the in-person training will be subjected to a much more comprehensive online test.

The Consumer Connector Training has grown to include about 79 percent of current certified connectors, and we do have a number of out of state individuals seeking to do supplementary training. We have about 580 enrollments for training across the state. Chair Edgington asked about the out of state folks. Ms. Nagashima said these are typically web brokers that work for different agencies that are based in New Mexico, Montana, Arizona and Utah so they can assist consumers virtually.

Ms. Nagashima said online certification has begun, in-person training begins tomorrow, and we have a new training in Caldwell this year. Supplemental online training will not start until the end of September, after the in-person trainings.

Ms. Nagashima updated the Committee on the Enrollment Entity RFA and said the PET reviewed and selected two organizations again this year: Idaho Primary Care Associates and St. Luke's.

12. MARKETING & OUTREACH UPDATE

Ms. McMartin said the OE schedule has been set and will begin the week of October 21, which is a week earlier than last year. The campaigns have performed well over the past few years with positive audience recall and message retention. The goal for 2020 was to utilize what was working including the "Ka-ching" and "Some Plans" ads. In the digital space, we will reuse some of the same messages from the past like "Bones Break and so do Bank Accounts", "Only Place to Receive a Tax Credit", and "Free Help with Consumer Connectors". By reusing these messages, it gives us the opportunity to utilize some of our budget for new production. This year we will be doing some new targeted messages towards the uninsured and the young invincibles. Those ads are in production right now and will share at the Board meeting if they are ready. We will continue to build on our strategy from last year of driving the consumers to our website who are most likely to take action. Online advertising will take you to a newly created landing page that provides a high-level explanation about YHI, the process, eligibility, etc.

Chair Edgington asked what venues YHI will use to reach those younger individuals. Ms. McMartin said when the media buys are done across channels, they are more targeted to these individuals based on age, type of employment, etc. Ms. Chase added that the tv spots will run on Hulu and You Tube and are all mobile friendly.

Ms. McMartin said for Outreach, the fall months are the busiest and Ms. Steinbacher, YHI's Outreach and Education Coordinator, is off at numerous outreach events throughout the coming

months. We will be at FitOne and the Magic Valley Health Fair as a co-sponsor. YHI's signature open enrollment event this year will be an enrollment opportunity/pop-up clinic where we are working in partnership with some of our community clinics around the state. In addition to enrollment services, some clinics will be offering basic health screenings and flu shots.

13. CMS/POLICY UPDATE

Mr. Kelly said at the federal level, when they return from August recess, we would expect them to address some legislation around affordability, tax credits, and reinsurance. However, that is not likely to go far beyond the House. We do think there will be some agreement between the House and Senate around the budget discussion around drug pricing and surprise billing. Mr. Kelly said he will be going to DC in September to attend the SBM meeting and will also meet with Idaho's federal delegation at that time to share what we are doing here in Idaho that may affect their constituents.

Mr. Kelly said for state policy, the 1332 was deemed by CMS to be incomplete, and CMS stated that even if it was complete would not likely have been approved. The good news is that most of our efforts have been geared towards clean expansion so not many changes in this upcoming open enrollment.

Enhanced Short-Term Plans rules have been finalized late last week and we are awaiting word from DOI on which carriers will be participating. We will then have meetings with those carriers and DOI to determine a couple of key technology areas: specifically, what plan templates to use for loading plans into the HIX and how we will handle the medical questionnaire that will be used for these plans. Assuming we get agreement in these areas, we anticipate being able to offer those on exchange in the second quarter of 2020.

14. NEW PRODUCT UPDATE

a) Vision Services Plan (VSP)

Mr. Kelly said VSP contacted YHI four years ago with a full integration approach. This approach simply didn't work based on ROI and was determined not viable. They have now modified their model to include a SmartLink which would allow YHI to post the link on our website and when consumers click it and sign up for a vision plan on the VSP website, YHI will receive credit for anyone that enrolls. Since this slide was done, there are some updates on the commission structure. YHI will only receive a 10 percent commission and agents will sign up directly with VSP to receive commission from VSP for the clients they sign up. This is not a big revenue opportunity, but it certainly enhances the consumer experience.

Motion: Ms. Fulkerson moved that the Marketplace Committee, recommend to the Board, approval to offer Vision Services Plans via a SmartLink as presented today. **Second:** Mr. Shores. **The motion carried.**

b) Enhanced Short-Term Plans

Mr. Kelly said YHI has been discussion this for some time and now need to get into specific details with the carriers. YHI is also planning to work with DHW to discuss how we will work with a single sign on (SSO) which means a consumer would have a single sign on with DHW and YHI to get enhanced short-term plans. We are targeting the first half of 2020 for implementation. There was some discussion around the timing of the enrollment projections and where the customers would be coming from in the market.

Mr. Kelly stated that YHI's estimates are that some of the >400% FPL customers currently on the exchange would move to Enhanced Short Term Plans and the rest of the growth would come from either off-exchange enrollments or those consumers who are either priced out or pushed out of the market.

Motion: Ms. Fulkerson moved that the Marketplace Committee, recommend to the Board, approval to offer Enhanced Short-Term Plans on a separate instance of the YHI HIX technology as presented today. **Second:** Mr. Shores. **The motion carried.**

15. ANNUAL COMMITTEE SELF-EVALUATION

a) *Do committee meetings (frequency and length), as well as actions, align appropriately with its defined charter?*

The Committee felt that the meeting frequency is good.

b) *Do committee meetings have written agendas and materials related to significant decisions, and are materials provided to committee members in advance?*

Chair Edgington said the materials are very thorough and are always delivered in a timely manner. The Committee agreed.

c) *What improvements to the effectiveness of this committee occurred over the last year?*

Chair Edgington said we are performing as well as the prior year, so we are on track.

d) *What suggestions for improvement should this committee consider?*

Chair Edgington said one improvement is the addition of the two new Committee members as they are very engaged and knowledgeable and ask very good questions.

16. NEXT MEETING

The next meeting will be held in late November of 2019.

17. ADJOURN

There being no further business before the Committee, the Chair adjourned the meeting at 2:30 p.m.

Signed and respectfully submitted,

Jerry Edgington, Committee Chair