

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

**MARKETPLACE COMMITTEE  
MINUTES  
TUESDAY, SEPTEMBER 11, 2018**

**1. COMMITTEE MEMBERS PRESENT**

- Mr. Jerry Edgington, Chair
- Mr. Tom Shores
- 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. Katrina Thompson, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Ms. Alanee DeRouen, Your Health Idaho
- Ms. Frances Nagashima, Your Health Idaho
- Ms. Miriam Holmberg, Your Health Idaho
- Ms. Julie Hammon, Idaho Department of Health & Welfare (via teleconference)
- Ms. Sherry Jansen, 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 10:31 a.m., Tuesday, September 11, 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, Mr. Veloz, and Director Barron were present, resulting in a quorum. Ms. Fulkerson and Rep. Packer were absent.

## 5. APPROVAL OF PRIOR MEETING MINUTES

**Motion:** Mr. Shores moved to approve the meeting minutes from the May 23, 2018 Marketplace Committee meeting as presented. **Second:** Mr. Veloz. **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. ENROLLMENT UPDATE

Mr. Kelly said for August, effectuations are holding steady at just over 91,000. The takeaway from this is that they have been very steady and we have seen the message of moving from coverage to care and the value proposition of coverage show how strong effectuations have been this year. The average premium went down slightly to \$488, which is a \$5 decrease since May. There were no real shifts in metal tier, although we have seen a slight shift away from silver in July compared to the previous two quarters. About 88% receive a tax credit which is slightly higher than in previous years. Finally, APTC provides an average savings of 80% of premium compared to prior years that were around 70%. This is primarily being driven by lack of CSR funding in the fourth quarter of 2017 which then drove silver loading which increased the premium of the benchmark plan which in turn increased the tax credit overall. The savings message is going to be a key message in our marketing materials this year because we think it's a pretty strong message for those that rely on the tax credit.

Mr. Shores said it looks like the premiums aren't increasing much in the silver area for this year, do we see that leveling out this coming year. Mr. Kelly said it's too early to tell, but the preliminary filings showed a much smaller increase this year than last year. It will take a little time before we can see what affect that might have on the APTC.

Mr. Veloz asked how the average premium compares to last year. Mr. Kelly said the average premium in 2017 was about \$400.

Chair Edgington said it is interesting that the reduction of the CSRs which affects our members and the increase in the premium, which affects the APTC, had that effect. Losing the CSRs is unfortunate, but the increase in premium neutralizes it which affects YHI's fees. Since the rates are not increasing next year to the same degree they did in the prior year, is there any adverse effect on the funding? Mr. Kelly said the short answer is no. YHI is very conservative around premium assumptions year over year, and the current budget assumed a 4-5% increase in premiums for PY19. That is lower than the preliminary rates, so we won't see an impact this year nor do we see rates being materially different than what we assumed in the budget.

Mr. Veloz asked if the individual mandate goes away, what would be the potential impact to enrollments if the APTC were reduced? Mr. Kelly said in terms of enrollment numbers, we

assumed a 5% impact from the mandate in PY19. In terms of the premium impact, we assumed no premium impact. None of that will materially change the budget in fiscal 2019.

## **9. CUSTOMER EXPERIENCE**

### ***a. Support Center Performance Update***

Mr. Hull said call volumes are down by about 20% over last year. Wait times are down to under two minutes and average handle time is optimized at 11 minutes while not negatively affecting the quality. Appeals efficiency continues to improve averaging about six days for processing and there are no appeal hearings scheduled. The quality scoring system has been updated and aligned to match the current call and email terrain.

Mr. Hull said call volumes continue to trend down as self-help and web options improve. June and July shows volumes stabilizing which means the load can be predicted more closely and we can staff accordingly. We have our first training class on the floor and the second class in session.

Mr. Hull said first contact resolution increased to 86.1% and this is primarily due to the SEP/QLE processing times and technology improvements like gating and automation. Customer Advocate performance increased through targeted uptraining and the numbers continue to move positively as a result. Ticket turnaround time improvement correlates with FCR improvements due to SEP improvements and customer advocate coaching. They are also driven by linking resolution and other process improvement initiatives on the floor.

Mr. Shores said in the certification training this year, there was not talk about using emails like we have used in the past to reduce the number of tickets. We are pushing that again as we are trying to get agents to do emails instead of phone calls. Last year the written team was super-efficient. He suggested YHI push Randy to emphasize the idea of using emails in his training and for YHI to have a strong written team to support the agent community. Mr. Hull said yes, and YHI has plans for a written team again this year as it helps increase our efficiency, drive down call volumes, provides a paper trail, and it isolates that body of work so that the work stream can be optimized and allows us to serve our agent community better. He added that the people that we select to serve on the written team are handpicked out of our training classes and are those that do show a higher propensity for competency in the systems.

Mr. Veloz asked if these calls are broker related on behalf of a subscriber or an individual. Mr. Hull said both. Last year the bulk of the calls were from enrollment counselors and consumers, with agents utilizing the written team. Chair Edgington asked if consumers are aware there is an email option or just a phone option. Mr. Hull said there is an email option for consumers, but we prefer to serve the consumers via telephone because we have optimized that experience as much as possible. But an email address is provided and advertised.

***b. Appeals Update***

Mr. Hull said there has been real success in year to date appeal volumes and decisions due to Ms. Nagashima, YHI's policy manager. The appeal intake and review process has been updated, resulting in improved processing efficiency. New templates have been created to mitigate for PII errors and to improve research processes with partners. She has implemented uptraining tracking to address learning opportunities with internal and external customer support. We do have an increase in volumes as we took over the QLE process, but our efficiency in processing those appeals has greatly improved.

Mr. Hull said the appeals team managed a higher number of appeals with a faster response time – twelve days was the average in 2017 and this year it dropped to six days. The QLE/SEP category expanded to 33% of appeals for 2018 and we had zero appeal hearings for 2018. The percentage of upheld appeals are increasing due to improved internal training and over 50% of appeals are overturned providing continued opportunities for up-training in the support center.

Mr. Shores said one of the issues the agents are running into is obtaining the continuation of coverage letter in a timely fashion when a consumer moves from a company policy to an exchange policy. The carriers have been reluctant to give it to consumers any sooner than fourteen days after the policy terminates. He asked how we can solve that issue and get those letters in time to avoid these ending up as appeals and the consumer loses a month of coverage. Mr. Kelly said he believes we have implemented a policy that addresses this specific issue. Ms. Nagashima said YHI addressed this issue in April with updated policy requirements around documentation and verification required for SEPs. We worked in conjunction with the carriers to come up with a solution in which we would require a letter indicating that the coverage was going to terminate and then a screen shot of the consumers current enrollment indicating that they were enrolled at the current time. Those documents are listed in the policy manual under SEP 14 and it has been updated to streamline and enable consumers to get continuous coverage and not have that gap. As they are able to provide that letter from the carrier, it is added to the account.

Mr. Shores asked about the screen shot. Ms. Nagashima said most of these consumers have online access to their enrollments. They can go into their carrier portal and take a screen shot of their current enrollment which generally shows what they are paying and their enrollment dates. That shows us that the consumer has coverage and then if we have a letter of termination or something indicating that those enrollments are ending, it will cover that. Chair Edgington said that will require some education around this with the agents and brokers. Mr. Shores said it's a great solution, but he sees it still being difficult as some companies don't provide any sort of separation letter. Ms. Nagashima said another thing they have agreed to with the carriers is that if the consumer is on group coverage through a carrier and then wants on an exchange plan with that same carrier, we will accept an email from the carrier. Mr. Shores said the most difficult cases were those consumers moving from other states. Ms. Nagashima said for those cases, the screen shots have been very beneficial.

## 10. OPEN ENROLLMENT 2019 PREPARATIONS

### *a) PY19 Redeterminations and Renewal Timeline*

Mr. Reddish shared the redeterminations and renewal timeline. Mr. Shores said he received a letter from YHI letting us know to watch for all the notices coming and notifying our customers that those are coming. Many consumers receive so many notices that they quit opening them. Has the recertification process started and how is that going? Ms. Hammond said they started the process, but customers won't get letters until after October 5<sup>th</sup>.

### *b) Technology Update*

Mr. Reddish shared that the functionality that was improved to aid the linking process. Provider and formulary search, which goes live with anonymous shopping in October, is in process and we are working with the carriers to eliminate some linking issues with this functionality. Mr. Veloz asked who is responsible for updating that provider and formulary information. Mr. Reddish said there is a national providers index database that the providers are accountable for, but one of the problems is that the data isn't being updated regularly.

Mr. Shores said we run into this every year where they sign up for a specific plan because their doctor is in the network and then three months later and their doctor is no longer in the network. Ms. Nagashima said after discussing this issue with the DOI, there is no SEP for changing providers during the plan year. However, in working with our carrier partners, most are willing to entertain requests, with validation, because they want their customers to be happy.

Chair Edgington said if a provider leaves a network, there really isn't anything that YHI, the carrier, or agents can do. It would be incumbent on the carrier to determine if they will allow the change. Ms. Nagashima said that is correct.

Mr. Reddish said looking ahead, the 18.9 release is schedule for this month has been delayed due to some CMS requirements we are waiting on. It will include improved HIX user experience on mobile devices, an annual screen pop-up to help improve the overall data integrity, an opt-in for electronic 1095-A's that will help prevent a paper copy going to the consumer, and an increase in household size from six to ten with anonymous shopping.

Mr. Reddish detailed the 18.9 release. He said the consumer information screen pop every 180 days asking the consumer to validate their personal information to ensure mailing addresses for notices and 1095-A's reach the consumer.

Mr. Reddish looked ahead at the 18.10 release which is a various bug and defect resolution. And then the final release for this calendar year is an 18.12 is for 1095-A configuration updates for the tax year 2018.

### *c) CSC 2018 and OE2019 Readiness*

Mr. Hull said training material has been optimized and training has started for open enrollment 2019. The quality scoring system has been updated and aligned to match the

current contact terrain. Controls and Measures have been updated and are in place for open enrollment 2019 and the Net Promoter Score is in place as well. The Net Promoter Score is a customer driven metric to tell us about the how good the customer experience was as related to a single issue. The linking issue is fixed and in place for the coming open enrollment and updates to support tickets will now be provided when the status as tickets change. Systems that proved valuable are back for open enrollment 2019 and include the written team for agents, the buddy system for on-boarding new trainees, staff assignment agility through cross-training, and increased support on the floor assisting the customer advocates when they are talking to consumers.

Mr. Shores asked what the updates to tickets will look like or how will he know there is an update? Mr. Hull said they are currently working on this as an automatic report that will update agents with the status of their tickets and the frequency of that. That will result in an email with a report of all ticket status’.

***d) Agent Training Update***

Mr. Kelly said Ms. Donovan and Ms. Botkin are currently in SE Idaho with the kick-off training. There will also be trainings here in Boise, in Coeur d’Alene, Lewiston, and Twin Falls. There are trainings in September, October and then a follow up session in November. DHW representation at live trainings is new this year and we think that is an important step in the training process. We have deployed multi-factor authentication, we have improved the linking process, and with refreshed advertising and collateral we have a new consumer connector toolkit to deploy. Mr. Veloz asked if there is a way to check if an agent or consumer connector is certified by YHI. Mr. Kelly said in order for an agent to be certified and selling insurance on the exchange, they must be licensed by the DOI to sell insurance. One can be licensed and uncertified but not unlicensed and certified. Mr. Shores added that the multi-factor authentication could be problematic this year and the success of that remains to be seen.

***e) Outreach & Education Update***

Mr. Kelly said this is YHI’s grassroots community outreach and one of the goals this year, after engaging a vendor to assist the team, is to increase the scope and span of the events. The team is participating in more conferences, events, and expos in all the markets and we are also trying new things. This is more a trial and error effort, the team will see what worked and what didn’t, and then accentuate next year with what did work. To date the team hasn’t had an event up north, but in September will be in Coeur d’Alene for Race for the Cure and then Fit One in Boise. One of the items that we are really excited about is the statewide open enrollment open house on November 15 where we are engaging specific activities in different parts of the state and at different venues (pharmacy, library, restaurant, and brewery) to spread the word about open enrollment. The agents have been great at volunteering at events and we appreciate their engagement. Chair Edgington asked how we are promoting the open house. Mr. Kelly said Ms. Thompson will go over advertising and communication next.

***f) Marketing & Communications Update***

Ms. Thompson said regarding the open houses, we will promote that through a news releases in the various communities where we are holding those events. We also have an opportunity through our advertising to add bumpers on our live read radio spots, and we will also promote through social media channels.

Ms. Thompson said the advertising is being refreshed with some new creative and we will continue to focus on our brand, our value proposition, and strong messaging and we will remain consistent with those as we refresh the campaign. The overall lesson learned from last year is that we wanted to start the advertising efforts early for 2019 and communicate awareness and help drive enrollments prior to the December 15 deadline. In doing that, we hope it will reduce the number of appeals come January.

As for the advertising campaign, we will be refreshing the campaign with two new tv spots and radio spots, as well as a digital advertising including Facebook, Twitter, You Tube, Hulu, Pandora, traditional radio and outdoor billboards. Chair Edgington asked if the spend is less or more than last year. Ms. Thompson said the spend is less, more efficient, and the reach is better.

Mr. Shores asked about the clinics for low-income individuals and asked if YHI is looking at any of those this year as a way of reaching out to those populations. Mr. Kelly said there are ways we address the clinics, through our two enrollment entities, St. Luke's and Idaho Primary Care Associates (IPCA) as their reach is statewide and we can reach that demographic through them.

***g) New Website***

Ms. Thompson said YHI is in the process of refreshing the website to include a responsive design. Back in June, this Committee approved an RFP for the website refresh. We worked with Drake Cooper for general instruction including the wireframe structure and the navigation structure. YHI then decided to bring the redesign in house to align with our low cost promise. Ms. McMartin and Mr. Reddish have worked on this to create the content, create a new look and feel, migrate the content, and focus on the responsive design. The team's efforts have been phenomenal, and we are ahead of schedule, under budget, and confident the new site will help improve the overall customer experience. In addition, we looked at our digital advertising on the site and moved from a per impression flat fee cost structure.

Ms. Thompson shared some visuals of the new website and added that it is mobile friendly. The site will go live on October 1, 2018.

***h) Market Survey***

Ms. Thompson said YHI is revamping the market survey. Last year's survey focused on the customer experience, the support center, YHI's image, mandates and tax credit impacts, and consumer data. We are proposing that the market survey this year focus on the customer experience while touching on the support center, shopping preferences, and consumer

demographics. She asked the Committee if there are any other areas they should focus on this year. Mr. Kelly spoke for Ms. Fulkerson and she suggested something along the lines of asking how consumers found help, to see if YHI is providing the right tools to connect consumers with agents. YHI has not investigated this area and the agents are a critical part of YHI's success to getting people enrolled. Mr. Shores said there are a lot of tools for agents and brokers to use and it would be good to see how valuable those tools used are.

The Chair asked if the enrollment counselors also get surveyed. Mr. Kelly said does this via a post Open Enrollment survey to measure their experience. It is separate from this, the consumer survey.

Mr. Veloz asked about a question about the benefit design and the network availability. Mr. Kelly said the easiest thing for us to do is note that suggestion and then work with our partners to formulate the correct way to ask that question.

## **11. CMS/POLICY UPDATE**

Mr. Kelly said the major activity that has occurred is around association health plans. Final rules are out and enrollment has started on these. YHI believes there to be little impact on the exchange and the DOI has regulatory authority over these plans. Short-term limited duration final rules were released and won't be sold until January 2019. The focus is on extending the duration of those policies up to twelve months and having them renewable for up to three years. We do not expect any additional guidance from the DOI nor do we expect a material impact to the exchange from these plans.

One of the reasons YHI believes there to be little impact from these types of plans mentioned is that YHI has done a great job of messaging around the criticality of comprehensive care. In other words, moving from coverage to care and the value of having care. We will continue on that path.

Mr. Kelly said in terms of state policy, DOI continues to talk with CMS on the state-based plans but there is no new information around that. Chair Edgington asked how the urgency of state-based plans has diminished as the notion of the short-term limited duration plans has been expanded. How does YHI connect those two? Mr. Kelly said at the federal level they were focused on association health plans and short-term limited duration plans but cannot address the Department of Insurance's view on that and how it might have affected the state-based plans.

Mr. Kelly said the last item is Medicaid expansion, which is the ballot initiative in November, and YHI will continue to watch this. We do understand that about 20% of YHI's enrollment falls between 100 and 138% of the federal poverty level, which under traditional Medicaid rules would move off the exchange and onto Medicaid. We will watch this go through the ballots in November and if it passes, watch it go through the legislature and what those impacts might be. YHI also continues to work to identify the population that has been deemed eligible for a tax credit, but for whatever reason, has done nothing regarding enrollment in a plan. They have not created an account on the exchange, or actually enrolled. We think that is an opportunity for YHI and we are trying to figure out the messaging, what the barriers are, why, etc. We believe if we can capture those, it will offset the risk of Medicaid expansion.



Chair Edgington asked how YHI knows who those people are and because of the way the APTC is set up, some of those individuals could actually purchase a plan with zero premium. Mr. Kelly said in our work with DHW we have been able to get a list of people that were deemed tax credit eligible, then we look to see if they exist in the HIX. They then break into a few categories: 1) they exist on the file from DHW but not at all in the HIX, 2) they exist in the HIX but have never signed up for a policy, and 3) others that have some level of enrollment. We have zeroed in on the first group being the biggest opportunity. How do we connect with those people? We do have some demographics and addresses and can perform outreach. But the bigger question is what are the characteristics of that population and how do we connect beyond those that we know of. That is the challenge as we go into this open enrollment. Chair Edgington asked if there was a way to know the percentage of that population that would be eligible for a plan at zero premium. Mr. Kelly said we know of the population that did nothing, where they break down in terms of FPL and from that we can approximate that they would have a very low premium. But without knowing their actual income, it would be impossible to determine what their exact premium would be. We could have targeted marketing for those people with a lower income being centered on a small to no premium. The Chair asked if YHI has the appropriate staffing levels to focus on those. Mr. Kelly said it depends on the type of outreach we do. We wouldn't have the resources for a calling campaign, but we would have the resources for a mail or electronic directed communication. There isn't a single approach that will work across this population, but we are digging into what they look like as far as demographics. This is independent of Medicaid Expansion as without expansion, we would still dig into this to grow enrollment and help these folks get coverage.

Mr. Shores said many consumers have come to agents and through the process, found out their children would be eligible for Medicaid, and so they drop out of the system because they don't want their children on Medicaid for whatever reason.

## **12. ANNUAL COMMITTEE SELF-EVALUATION**

Chair Edgington read the questions that were provided by the Governance Committee.

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

Mr. Veloz said in Marketplace the change has been primarily member oriented, and they are the focus of YHI and should be. And this aligns well with the Charter. Chair Edgington said that the questions the Committee members bring up are appropriate and take us into the details we need to be concerned about. Mr. Shores said the YHI team does a great job at presenting their information and his only suggestion would be to bring more examples from behind the scenes that would support the information in the deck.

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

The Committee agreed that yes, they do, and they are excellent. Mr. Veloz added that he really likes the Enrollment Update at the beginning of each meeting as well as the Technology Roadmap. Those are key components of the marketplace and really shows

where YHI is at. The appeals are also an indicator of how well YHI is doing. The Chair added that brings confidence at the end of a meeting that the team is on top of what they need to be on top off for success and are considering items for the future and planning.

- c) What improvements to the effectiveness of this Committee occurred over the last year?

Chair Edgington likes the agendas because they are crisp and complete and if the Committee members put the time in to do the pre-reading, the meeting itself becomes academic. Mr. Veloz added that the Enrollment Update single slide is a dramatic improvement because it summarizes everything on one page. The Chair added that the charts that show comparisons month over month or year over year are helpful.

- d) What suggestions for improvement should this Committee consider?

There were no suggestions.

### **13. NEXT MEETING**

The next meeting will be held in late November or early December of 2018.

### **14. ADJOURN**

There being no further business before the Committee, the Chair adjourned the meeting at 11:42 a.m.

Signed and respectfully submitted,

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Jerry Edgington, Committee Chair