



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

**MARKETPLACE COMMITTEE
MINUTES
WEDNESDAY, DECEMBER 4, 2019**

1. COMMITTEE MEMBERS PRESENT

- Mr. Jerry Edgington, Chair
- Ms. Janice Fulkerson, Vice Chair
- Mr. Tom Shores
- Ms. Heidi Hart (via teleconference)
- 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. Heidi Stockert, Your Health Idaho
- Ms. Alanee Thomas, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Ms. Kathy McGill, Idaho Department of Insurance
- Mr. Jeff Levin, Blue Cross of Idaho
- 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 1:05 p.m., Wednesday, December 4, 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. Hart (via teleconference), Ms. Lodge (via teleconference), and Director Jeppesen were present, resulting in a quorum.

5. APPROVAL OF PRIOR MEETING MINUTES

The Chair noted a minor change to the prior meeting minutes. Page two, number 9, the word 'update' was capitalized.

Motion: Mr. Shores moved to approve the meeting minutes from the September 3, 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. ENROLLMENT UPDATE/CUSTOMER EXPERIENCE

a) OE19 Enrollment Update

Mr. Kelly shared the year over year effectuations graph and said there are two things to note on this. The first is that the 2019 line is higher than the 2018 line depicting higher enrollments over the previous year. The second item to note is the smoothness of the line. Thanks to YHI's reconciliation team and YHI's carrier partners, they helped in smoothing out the reconciliation activities compared to the peaks and valleys in 2018. We don't yet have December numbers, but will in the next few weeks. Generally speaking, enrollments are above last year and are slightly below planned but will be on target or above target for assessment fee revenue for this financial year.

Chair Edgington asked if that was a result of the premium levels. Mr. Kelly said yes, the primary reason that it will be above is the assessment fee revenues is the rate increase that will be effective January 1, 2020.

Mr. Kelly shared the Total Enrollment by Net Premium for 2019 and it still reflects the same distribution that was shown in the September meetings with about 20 percent of enrollment with a zero premium and 20 percent over \$200 and then distributed between the other levels. This distribution will become more and more important as the enhanced short term plans enter the market in 2020.

b) OE20 Highlights

Mr. Kelly provided an update on enrollments to date and said YHI is seeing about a ten percent decline in QHPs and QDPs during open enrollment and as of December 3, 2019. YHI is at about a little over 80,000 enrollments and the decline to date is less than was expected. For QHPs alone, the decline is greater at just over 12,000. YHI continues to expect a decline of about 18,000 enrollments moving from the exchange to Medicaid. The reason the full decline has not been seen yet is likely caused by two things: there are still consumers going through redeterminations at DHW (11,000 remaining) and we believe we are seeing new customer sign-ups increase this year, but it is too soon to tell how that will flush out.

Chair Edgington asked about the new customer comment and where that is coming from. Mr. Kelly said it is likely too early to determine where and why but there is a lot of earned media in the market talking about open enrollment and Medicaid expansion, which all helps bring insurance to the top of mind for consumers. YHI is also seeing a lot of pending apps which means either they have switched carriers, or they are new to the exchange. Those are our soft indicators, but it is too early to quantify how many new there are. Those numbers will be able to be solidified in late December and early January when those folks effectuate their coverage.

Chair Edgington asked Director Jeppesen if any of these numbers surprise him and if he has additional information. Director Jeppesen agreed with what Mr. Kelly said and DHW believes there will be about 18,000 moving over to Medicaid, though we assumed we would be further along in those numbers at this point in the process. It is possible that it will be less than what was expected but we won't know until we get through the manual redeterminations. In general, enrollment into Medicaid Expansion is also lower than what was expected at this point as we thought we would be closer to 50,000 at this point, but we expect to see more in January. There are about 90,000 people eligible for Medicaid expansion, but we expect only about 70,000 to enroll for January 2020 coverage.

Mr. Shores added that in his office they are seeing new people looking for plans that had not looked in the past, many of which are finding out they qualify for Medicaid expansion. The other thing we are seeing is that those that had regular insurance, and now qualify for Medicaid, are going out and getting part-time work in order to maintain the coverage they had with better access to doctors. Director Jeppesen said they are beginning to see that in their data as well. Ms. Hart added that is what they are seeing as well.

Ms. Fulkerson asked about the outstanding manual redeterminations and if those 11,000 people know they have the potential to move to Medicaid? Mr. Kelly said the redetermination process is where they determine their eligibility for a tax credit or Medicaid or another health care assistance program. When they fall into a manual category, they are notified by DHW in early December. For those that remained in that group they have been notified again by DHW (and will be again in a week), YHI has e-blasted and emailed several times, and will robo-call next week. It should be clear to them that they are being asked to take action. The number of consumers who need to take action on their redetermination is gradually going down, so people are taking action. Ms.

Fulkerson asked if they do not take action, do they just drop off? Mr. Kelly said early in the renewal process, if you had not fully completed the redetermination process, customers were renewed into their same plan at full premium (without a tax credit). Customers remain in non-financial enrollment until they complete the process and gain an APTC and are then converted back to financial. If it was determined that the customer is qualified for Medicaid, their enrollment is cancelled on the YHI side and they are enrolled in Medicaid. In January, when plans go into effect, those that didn't complete their redeterminations will find themselves enrolled in a plan, with no tax credit and at full premium, and will either take action, pay the bill, or cancel.

Chair Edgington noted that there is only a week and a half left in open enrollment and asked if there is anything that might change anything we are seeing here. Mr. Kelly said a couple of things we believe are influencing customer behavior to date, early on, people did not realize the deadlines were coming up and we did not see the huge surge in call volumes until today. What we are watching for is the December 16 peak, and then the plan selection deadline of December 23. Those are the key dates YHI will continue to watch along with the redeterminations.

c) CSC Metrics

Ms. Nagashima said call volumes are down currently, but email volumes are up, indicating to us that consumers and consumer connectors are utilizing the written form of communication more effectively. The numbers are not overwhelming at this point, but we do see them increasing gradually. With the end of Medicare open enrollment this week, we anticipate a jump in the numbers next week. YHI has all 22 seasonal workers hired and trained. They are all excited to be here and their quality scores are coming back positively which indicates their knowledge is strong. Some of the training changes this year included tool management and tool usage instead of memorizing steps.

Ms. Fulkerson asked if it is too soon to tell if the change in training was successful and resulting in better overall customer satisfaction. Ms. Nagashima said we do see some benefit to it but won't know if it is measurable at this point. We will review that at the end of open enrollment.

Ms. Nagashima said NPS scores are up, but are not skyrocketing, and part of what we are seeing is more confusion around Medicaid expansion and eligibility.

Chair Edgington asked if when they call YHI with questions around Medicaid expansion, is there a warm transfer to DHW? Ms. Nagashima said at this point there is not a warm transfer because of the call tracking system. It would put these individuals into a waiting queue, and we determined that would not be an ideal customer experience. They are being asked by YHI to call DHW. DHW's call volumes are well over 3,000 a day and they are doing the best they can to answer those calls in a timely manner. Mr. Kelly added that while if there are specific questions around their APTC or eligibility, we redirect them to DHW. If it is more process related, YHI Customer Advocate's answer the question.

Ms. Nagashima said they did add one element of QA metrics this year around PII violations and appeal errors.

d) Consumer Connectors

Ms. Nagashima said 2020 Certifications are continuing to grow and we are also in the process of reviewing 2019 certifications that will be decertified at the end of this year. Those communications go out to agents and brokers, so they do have a heads up if they haven't initiated the process for recertification. YHI currently has 630 recertified consumer connectors, which is up over prior years. There has been a great deal of learning for us this year and we have also received a lot of positive feedback on the new process. The most common feedback was that consumer connectors appreciated that training was complete prior to the beginning of Medicare open enrollment. And we received rave reviews for adding Caldwell to the training locations. The team is tracking and prioritizing opportunities for improvement.

e) Appeal Update

Ms. Nagashima said appeal volumes are down slightly and upheld decisions are up. Part of that is due to early eligibility decisions driven by early Medicaid expansion applications. There are number of individuals that believed they had qualifying life events to enroll on the exchange at the end of 2019 and were found not eligible because they had only completed their redetermination process for Medicaid expansion. In finding out that they could have had APTC for part of 2019, they realized they missed an opportunity to enroll. We did have two appeal hearings in November around retroactive termination and cancellation to adjust APTC overpayment because they did not follow the disenrollment process. One was upheld and one was overturned. All decisions from appeal hearings are redacted and posted on the website per federal requirement.

9. TECHNOLOGY ROADMAP PY20

Mr. Reddish provided a quick update on PY20 Technology releases and also the last of the PY 19 technology release around 1095-A updates, which was pushed to January of 2020. This is the normal 1095-A tax form updates with added functionality around terminations for non-payment.

Mr. Reddish said looking ahead to PY21, March, July and September are the key dates for updates and internal discussions have begun. Two items that we know and have been finalized include the Agency Portal and the WS02 Upgrade. WS02 is the identity management system for username and passwords with DHW and YHI for the HIX.

Mr. Reddish said the other two items the team will be working on are lessons learned and Summit feedback which will both be reviewed and taken into consideration for future technology changes.

For Enhanced Short-term plans, YHI has been meeting bi-weekly with a working group with carriers and the Department of Insurance to figure out what this looks like from a technology perspective. Some of the topics discussed include technology requirements for the medical questionnaire, how to get plans loaded into the system, the plan pricing display approach, and the

backend process approach and requirements. We are still targeting the first half of 2020 for Enhanced Short Term Plans on the exchange, but this is rapidly approaching and decisions still need to be made around how things will pan out with regard to the afore mentioned items by January. Otherwise the timeline on these may be pushed back.

Chair Edgington said this will be a significant impact and the notion of Enhanced Short Term Plans in Idaho has hit the national media and is heralded as a significant move. It will actually affect fewer people than the stories mention, but it is real and will require a lot of work if it is going to be included on the platform.

Mr. Shores added that it will be an interesting experience as it will take time for the underwriting to occur. Chair Edgington agreed and said it is particularly fraught with challenges.

Ms. Hart asked if YHI has a sense of how many customers will move from current exchange products to ESTP's. Mr. Kelly said now that we have seen some of the pricing in the media around Blue Cross plans, which appear to be around \$300 for the healthier folks, that puts the unsubsidized population that are healthier at risk. Currently the unsubsidized population is about 11,000 of YHI's enrollments; those over 400 percent of the poverty level, which means they pay full premium. There is some population that has some need for comprehensive coverage that we believe would stay on the exchange and some that would be attracted to these plans, with our educated guess at about half that would leave the exchange. In terms of folks that are over 200 percent of the poverty level and over \$300 a month for net premium, we see about 16,000 people and that number is difficult to guess how many would leave. Initial guesses put us at a loss of about 10,000 folks and that is why it is important that we get the shopping experience via the exchange not only to maintain our current revenue structure, but also attract other customers.

Ms. Fulkerson said when Idaho used to do underwriting back in the day, there were common applications that would lend itself to electronic as well if we were to use them. Mr. Reddish said that is part of the discussion and there is a common application that the DOI has provided us. Each carrier has their own applications and we are working through similarities so that we can create one common application. Ms. Fulkerson said if we can find those commonalities before January, will there be an opportunity to get these on the exchange by July? Mr. Reddish said there are still too many questions to determine that at this point.

Chair Edgington added that there are two carriers that have filed and between these two carriers there are five plans. When looking at the work that Your Health Idaho has done in the past, this may be much more limited and more manageable and with that kind of volume it could help.

Mr. Shores said that he will be having a meeting with agents and he is concerned that the added layer may be of concern with agents and brokers. He asked if we know what that layer will look like because he assumes we will have similar concerns with the ESTPs. Mr. Reddish said the plan right now is to bring everyone to the Your Health Idaho website. From there, there will be sort of fork in the road that either takes customers to QHPs or ESTPs, keeping it very similar to the experience folks have now. Mr. Shores asked for some help in explaining to the agents why they would want to go through the exchange when they can just go through the carrier. Mr. Kelly added that side-by-side comparison is a real advantage to having these plans on the exchange,

but of course, for the short term plans, no tax credit would be applied. Plan to plan comparison and plan to plan to carrier comparisons would be a real benefit. Chair Edgington added that these plans are really similar to one another, but they are also very different. One really needs to have them side by side to actually understand the nuances. Having them on the exchange would be a benefit because people are going to want to see the differences not just in the cost, but the details of the plans.

10. MARKETING & OUTREACH UPDATE

a) Events & Outreach Efforts

Ms. McMartin said the focus for OE 2020 in the outreach and education space was meeting Idahoans where they live and work. Idahoans want to talk to their friends and family when they are making important decisions like health insurance. In years past we found that just the fact that it is open enrollment and deadlines are looming wasn't enough. As a result, this year YHI partnered with community health groups across the state to not only host these open enrollment events but offer enrollment services packaged with free health screening services. Five enrollment events are completed, with one more this coming weekend at Terry Reilly in Nampa. We have had over 100 attendees and overwhelmingly positive feedback, and with plenty of lessons learned. Most of these were done in rural areas like Orofino and Grangeville where our connections in the community weren't as prominent.

Some of the other events included a health fair in the Magic Valley, which was another area of focus for YHI. We also had the opportunity to bookend open enrollment with the Idaho Steelheads in early November and next weekend. This included a two-game package with radio advertisement promoting it, a table on the concourse for those two games, and with additional social media promotion around this. Those are huge events for us bringing us face to face with 300-500 people resulting in a lot of engagement at a key time of year for YHI. And, of course, it's a lot of fun.

Finally, other outreach activities included a handful of presentations to various groups across the state and providing support and information to various types of health care providers across the state.

Ms. McMartin said during the enrollment season we do engage in direct outreach mainly in the form of robocalls and email campaigns. In years past YHI has done this primarily in the week leading up to a deadline. This year, it was focused on the early part of open enrollment to see if we could increase enrollments earlier. That first part of November, people who had applied for a special enrollment period but who had not acted on it were identified and targeted to remind them that although they were not able to enroll for 2019, now is the time to enroll for 2020. That was a group of about 650, and from that we confirmed 17 enrollments. Also, in November YHI did some early notifications to get manual redeterminations completed early. Two email blasts went out with the first to about 17,000 and the second to about 15,000. We will do a final blast next week to about 11,000 individuals, indicating steady progress.

b) Media – Earned and Paid

Ms. McMartin said another part of YHI’s strategy and open enrollment promotion is earned media. In early November we went on the road across the state and, as expected, Medicaid expansion drove much of the conversation. We did have robust statewide media coverage and some new interest in several places including Blackfoot and Sandpoint. This activity was capped off with coverage on KTVB’s View Point where Mr. Kelly and Director Jeppesen provided the holistic view of the relationship between YHI and DHW and what that means for Idahoans.

For Paid Media, we split the campaign half and half between television/radio and the other half was digital. For television and radio, YHI reused relevant ads from 2019 and created three new ads for the target audiences. In the digital space, that included page search, social media and streaming services. New for 2020, is a new landing page that was created for YHI’s website that helped people understand the process before moving to the shopping experience. This resulted in an overall conversion rate of 38 percent, with a 28 percent for those that simply come to the site and a 50 percent conversion rate for those coming to the landing page. That tells us it is working and was a needed step.

Ms. Lodge asked if the conversion rate was from an ad or from the site? Ms. McMartin said after that, when they actually land on our site and move to shopping and reflect week over week comparisons. Ms. Lodge asked if YHI has a year over year comparison to share. Ms. McMartin said YHI will get a full view of all activity for the year once the campaign is completed.

Ms. McMartin shared the video of the three ads this year that were created for and targeted to the young invincible, under-insured, and mis-insured audiences. We did run the two higher performing ads from last year “some Plans” and “Don’t Get Ka-Chinged” which appeal to a broader audience.

c) Website Analytics

Ms. McMartin said YHI is seeing that year over year web traffic is up and the implementation of Google Tag Manager is providing insight into the behavior on the site. This data runs through November 24 and the cumulative users up through that date is over 130,000. Average time on site is around ten minutes, which is about where it was between OE6 and OE5. Last year we saw time on the website go down drastically with the website redesign and this year people are spending a little more time on site finding the information they need. With Google Tag Manager in place this year, we are able to see the number of visits to each page on the front end of the website, prior to logging into the HIX or shopping for a plan. Most visited pages include the new landing page, apply and enroll, coverage basics, the Medicaid Expansion page, and the FAQs. In the HIX, the most visited pages are plan selection, the cart, accessing the agent book of business, the inbox (which could be agent or consumer connector), my preferences, and then show cart.

Ms. Fulkerson asked if that was in order of where they spend the most time. Ms. McMartin said yes. It does fluctuate daily and we do keep an eye on that, but these pages have for the most part consistently remained at the top of the most visited pages.

Mr. Shores said for a number of years the search for an agent was not very good and hasn't noticed that much this year. Ms. McMartin 75 percent of YHI's customers already have an agent they are already working with. In the early stages, there was a lot more activity there in the early weeks of open enrollment. But it has leveled off as people have moved into or completed the shopping experience.

11. CMS/POLICY UPDATE

Mr. Kelly said there has not been a lot of movement in either the federal or state space. At the federal level there is still some bipartisan agreement with drug pricing, surprise billing, and cost transparency. We will continue to watch that. The Notice of Benefit and Payment Parameter, which is essentially the rules that govern the Qualified Health Plans and the exchanges for 2021, is expected at the end of December or the first of January. The two primary areas of focus for YHI will be the administration seeking comments for silver loading as well as the auto renewal process. Silver loading falls within the purview of the Department of Insurance. Auto renewal falls in the purview of Your Health Idaho and in both areas we are advocating for state flexibility and local control. That is why YHI exists and we have shared those thoughts with our federal partners as well as our federal delegation. The third item is Texas versus Azar which is awaiting a ruling out of the fifth circuit in New Orleans.

Mr. Kelly said for State Policy, coverage choice waivers continue to be worked on and Medicaid Expansion will continue to be a topic for quite some time.

Mr. Jeppesen said for the coverage choice waivers, they are desired by both chambers of the legislature and the federal delegation has been very active in trying to move this forward. We believe it will be highly beneficial to Idahoans. The Department of Insurance and Director Cameron are the leads here.

Chair Edgington asked if Idaho does have the choice waiver, might there be fewer people trying to find more part-time work/income and does that counterbalance the positives. Director Jeppesen said that certainly could be the case, but we estimate that will be a small number of people.

12. OPERATIONAL GOAL UPDATE

Mr. Kelly said YHI's operational goals for the Marketplace Committee focuses on the Idahoan's Experience goal. This goal has three components; the NPS score, first contact resolution and turnaround time. We are currently trending slightly below our goal for the net promoter score (NPS) which isn't a huge surprise as we anticipated Medicaid Expansion creating some confusion in the marketplace. If at the end of the period of performance we are still lagging behind, we will raise that with this Committee as well as the Governance Committee to revisit the requirements. For first contact resolution we are trending at the 100 percent benchmark. This

goal is the percentage of customers that require three or more contacts to resolve their issue. The goal was to have 3.4 percent of our customer fall into that three or more contacts to resolve an issue and we are currently at 3.2 percent. Turnaround Time still requires some work with a current goal of 3.8 percent of our customers being over three days and we are currently at 7.2 percent. The team has put some focused effort into this and, as of yesterday, we are in the low 4 percent range. It is still early in the goal period, so there is still time for improvement.

For the Retention and Enrollment goal, we are running at about 80,000 enrollments. It is too early to tell what that means relative to the overall goal which will be measured as of April 1, 2020. The other part of this goal is centered around the renewal process. Auto renewals were completed at 99.8 percent of those that were eligible, with less than 50 requiring manual renewal.

Mr. Kelly provided an update on the Low Cost Promise goal as it relates to the new building. The expenses associated with the building acquisition are not part of this goal, but we have signed a Purchase Sale Agreement on the building, and we are moving ahead with due diligence. It will fit our current operations, provide options for expansion opportunities, and it very financially viable. More details will be shared at the Board meeting next week.

Mr. Shores asked about the NPS score and asked if jumping from 30 to 34 would be too much of a jump. Mr. Kelly said this is a stretch goal and is an average over the entire period of performance. The period of performance for this goal is November 1 through January 31 so we are only a month into the goal and it is not inconsistent with where we were last year at the same point. What we are seeing to date is the confusion in the marketplace around Medicaid expansion. Will that diminish over time or will we need to revisit this goal, that remains to be seen.

13. NEXT MEETING

The next meeting will be held in late February or early March of 2020.

14. ADJOURN

There being no further business before the Committee, the Chair adjourned the meeting at 2:19 p.m.

Signed and respectfully submitted,

Jerry Edgington, Committee Chair