



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

**MARKETPLACE COMMITTEE
MINUTES
TUESDAY, FEBRUARY 27, 2018**

1. COMMITTEE MEMBERS PRESENT

- Mr. Jerry Edgington, Chair
- Ms. Janice Fulkerson, Vice Chair
- Mr. Fernando Veloz (via teleconference)
- 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. Karla Haun, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Ms. Alanee DeRouen, Your Health Idaho
- Ms. Frances Nagashima, Your Health Idaho
- Ms. Miriam Griffin, Your Health Idaho
- Ms. Robin Donovan, Your Health Idaho
- Ms. Shannon Brady, Idaho Department of Health & Welfare
- 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 3:36 p.m., Tuesday, February 27, 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 Ms. Fulkerson, Mr. Veloz (via teleconference), and Director Barron were present, resulting in a quorum. Mr. Shores and Rep. Packer were absent.

5. APPROVAL OF PRIOR MEETING MINUTES

Motion: Ms. Fulkerson moved to approve the meeting minutes from the December 7, 2017 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. OPEN ENROLLMENT 2018 UPDATE

Mr. Kelly provided an overview of the 2018 Open Enrollment period and said YHI is currently trending at a 95% Effectuation Rate, which means out of the 102,000 Idahoans that signed up for insurance, about 97,000 have paid their premium. It's important because it drives YHI's revenue, and with an average premium of \$508, it is in line with the anticipated premium increase.

As discussed in the December Board meeting, there was a significant mix shift in metal tiers, with a 20% loss in Silver, a 5% increase in Gold, 15% increase in Bronze, and little change in mix for catastrophic but the number of enrollments doubled. When you look at the overall subsidized population, about 85% receive a tax credit. Those are then broken down by metal tier with Silver having the highest percentage of subsidized enrollments.

The final graph shows the breakdown by carrier and then by metal tier. YHI is watching this very closely given that there are policy changes coming at YHI that may impact metal tiers differently.

Overall, the team is happy with enrollments and we expect effectuations to settle at about 92,000, which is exactly where we expected them to come in relative to our projections.

The Chair asked with the shift from Silver to Bronze, how does the average premium compare to last year? Mr. Kelly said the average premium last year was at about \$400, and this year with a 28 percent increase as anticipated by the Department of Insurance and what appears to be the actual increase of about 25%, we expect it to settle in at about 26%. This is in line with what we expected.

9. CUSTOMER EXPERIENCE

Mr. Hull said FY18 Open Enrollment data does validate the year over year improvements that were seen this year. These gains include improved training, creation of the written team, and multiple system improvements. These changes resulted in a 52% improvement in average wait times, a 19% improvement in call handle time, a reduction in case turnaround time across the board, and a continuous quality score improvement of 12%. Continuous improvement efforts are underway with a focus on lessons learned to include implementation of a Net Promoter Score

(NPS) program, automated uptraining and an internal certification program, SEP/QLE expansion, and improving the appeals process.

The Chair asked what the expansion of the SEP means. Mr. Hull said basically it's adding more horsepower to it. The team required additional resources this year in headcount and next year this will be planned for.

Mr. Hull said wait times this year were reduced by 52% due to these process improvement efforts and by focusing on the correct goals. Calls handled were reduced by 3%, average hold times improved by 19%, and steady at 10 minutes YTD. This basically means we have reduced the amount of time it takes to assist customers and it is remaining consistent.

Ms. Fulkerson said holding at 10 minutes meaning, the time to handle a call? In January if the wait time to reach someone was five minutes and then the time on the call is 10 minutes? Is that correct? Mr. Hull said yes.

Mr. Hull said quality scores have improved by 10% overall and this resulted from the simplification of the process, the addition of the accountability loop between the customer advocates and the leadership team, and following the "one thing" approach. This means the CA focuses on one thing each week that they are trying to improve, receive coaching on that item, and then move on to the next item for improvement.

Mr. Hull said there has been an increase in appeals during open enrollment, primarily caused by the shortened enrollment period. There was an increase of 165 appeals due to consumers missing the OE deadline. The second driver of appeals was the network and provider changes. The turnaround time for appeals improved by 58% over last year and the days to resolve improved from fourteen to six, on average. There have been no hearings in the last 6 months.

The Chair asked about the drivers of the increase in appeals related to the network and provider changes. Ms. Nagashima said that the majority were caused by the cross walked plans that consumers were enrolled into as well as some lack of communication in the provider coverage.

The Chair assumed that because BridgeSpan was an open network and they were being cross walked to smaller networks, that created concerns. Ms. Nagashima said the appeals resulted from consumers being cross walked to plans with other carriers, which they were fine with. The concern was that these plans were seemingly cross walked randomly when it came to provider networks. For example, a consumer that lives in Riggins, may find that the plan they were cross walked to had providers in Lewiston and McCall, and it was determined randomly which provider network they would be put into. People that lived in Riggins wanted to choose which one they were placed in. Another problem occurred when one of the carriers changed their provider network at the last minute and the consumers found that their providers were no longer in their plan and wanted the opportunity to change their plan so they could remain with their providers. The Chair said that this drop of a carrier on the exchange caused the issues this year and next year, assuming there isn't a repeat of that issue, appeals should drop considerably? Ms. Nagashima confirmed that.

Ms. Fulkerson said she understands that those appeals related to cross walked plans were handled at the first level? The consumer received resolution at the first level and never had to go

to the second level of appeals correct? Ms. Nagashima said that is correct. When the appeals started coming in and we noticed the trend of the reason, YHI reached out to the carriers and established agreements with them for plan changes within the metal level, which gave the consumer some options within that carrier.

Ms. Fulkerson asked about the 165 appeals that were due to the consumer missing the deadline for Open Enrollment. Ms. Nagashima said most those were resolved and overturned in favor of the consumer based on appropriate policy references.

The Chair asked if when YHI made the agreements with the carriers on the cross walked plans, did YHI have any issues or push back from the carriers? Ms. Nagashima said we did have push back from two carriers. The first was BCI with many consumers having this same concern. Since these were DOI directed cross walks, DOI was contacted first through the complaint process, and the carrier, DOI, and YHI worked on a plan to allow a limited special enrollment period for these consumers. The second was MHC, who did not want to acknowledge there was an error. A formal complaint was issued with DOI for lack of open communication with their consumers, and an SEP was recommended by the DOI for that carrier.

Mr. Hull continued and said the customer case turnaround time for those requiring more than 7 days to resolve an issue was reduced by over 75%. We believe a big part of this is due to the written team being developed to serve the agent population. In addition, the 1095 process improvements drove down customer inquiries overall. Improved customer advocate training, performance and agility translated to improved call & email management efficiency and we are on track to meet our goal for 94% of cases turned around within 3 days or less for variable pay in April.

Mr. Reddish shared a year-over-year comparison on the 1095-As. Resulting from the collaboration with the carriers and our reconciliations team, our accuracy levels are trending at the highest levels to date. 100% of the 1095's went out prior to the January 31 deadline and we are trending at a 2% correction rate overall and less than a 1% void rate to date.

Ms. Fulkerson asked if we added more people to achieve these reported wins in all the areas mentioned. Mr. Hull said we had enough people, but the opportunity was in how we utilized those people. Next year, we plan to have a skills matrix of all of our team members so we can move them around where needed.

Mr. Kelly added that when we look at our Customer Advocates, we have Tier 1, Escalations and written. The written team was the single biggest change this open enrollment. It was a dedicated set of advocates that would respond to agent email. When you get in front of the written responses, they tend not to send additional emails or call and you stop the snowball effect by having those dedicated teams. The combination of those three things reduces the time, the volume reduction, time to respond, and increases overall customer satisfaction.

10. OUTREACH & EDUCATION

a) Consumer Connectors

Ms. Haun said Shortly after Open Enrollment ended, we surveyed our consumer connectors. The survey varied slightly from the year before, but the response rate was quite a bit higher at 20 percent. Respondents overwhelmingly reported the level of service during open enrollment was good to excellent. When asked what we could work on, we heard about process, system, and training issues. The latter focused on areas for training around APTC and linking issues. We have already begun preparations for training for the next OE, including online and live coursework. We also had our scheduled mid-year updates with our two enrollment entities to ensure enrollment counselors are helping with the application process and not plan recommendations. We have plenty of room for improvement – and continue to incorporate feedback into our training, our communications, and our system.

b) Outreach Efforts

Ms. Haun said now that we are beyond Open Enrollment, our Outreach activities have turned toward qualifying life events, and general awareness of coverage. YHI participated in the statewide conference for the Idaho Counseling Association, and Mr. Kelly gave an exchange update to the Idaho Healthcare Financial Management Association's winter conference in February.

We are now polishing our strategic plan which includes events that we will host, participate in, or provide materials for. We are also focusing on opportunities in other parts of the state.

We are looking into possible Special Enrollment promotions for those aging off their parents' coverage and for those too young for Medicare. We are still in the planning stages and will keep you posted.

The areas we are focusing on to improve includes a predictable plan of events and activities, more materials available in Spanish, and covering more of the state.

c) Media Coverage

Ms. Haun said media coverage has been mostly positive. News media about Your Health Idaho through the end of January was either neutral or favorable 93 percent of the time.

YHI's social media presence is steadily growing and we have created a library of static images that we can use and reuse to rotate through Facebook and Twitter.

In our lessons learned, we have determined that beginning advertising in late October is very advantageous. It builds interest and awareness and we hope to repeat that but with a freshened ad campaign and web presence.

We also have examined the advertising that we receive on our website and have made some adjustments. We are now offering minimum numbers of impressions and varying the rates seasonally between open enrollment and non-OE times. We track that on a weekly basis to provide advertisers with real-time ROI.

The Chair asked if having lived through this past open enrollment, are there any changes for the coming year that are recommended? Ms. Haun said we will focus on getting an early start

and refresh our image a bit. Ms. Chase said one of the reason we are refreshing is that we have been using the same materials for several years and adding to our library a bit. But most customers have been through an open enrollment now and we think it is time to put some new information out there.

Director Barron asked if knowing that there is a reduction in participation in the years ahead, would messaging be focused on educating the customers on the risk they are taking by not having insurance. Ms. Haun said we will need to tweak the language to focus on the value of having coverage and that people do see the value and the mandate going away will not be the single factor for buying insurance on the exchange.

The Chair asked if we saw an increase in volumes of questions and confusion following the CSR announcements. Ms. Haun said YHI was very proactive and got the word out very quickly, and the DOI and the media were very supportive and proactive, so we didn't see a large uptick in those questions.

Mr. Kelly added that in terms of the CSR timing, it was before Open Enrollment started, which allowed us to only display plans with the CSR funding removed, which drove that.

The Chair asked if the discussion of the Governor's Executive Order and all the press around that had impact on the call volumes or issues and concerns coming into YHI. Ms. Haun said in general, the media has viewed this as not an exchange directive, or something not owned by the exchange. Mr. Hull said it has not been a primary call driver, but we have had a few questions.

11. EXECUTIVE SESSION

Motion: The Chair moved that the Committee enter into Executive Session Pursuant to Idaho Code Section § 74-206(1), to consider records that are exempt from disclosure as trade secrets under YHI's public records policy and Idaho's public records act pursuant to Idaho Code Section § 74-206 (1)(d).

Executive Session Roll Call: The Chair called roll and determined that Ms. Fulkerson and Mr. Veloz (via teleconference), were present, resulting in a quorum. Director Barron was also present.

The Committee entered into Executive Session at 4:06 p.m. and reconvened at 4:36 p.m. No final actions nor decisions were made while in Executive Session.

12. TECHNOLOGY UPDATE

Mr. Reddish said the technology roadmap is still in draft form and several items are still being finalized but shows a schedule of technology updates that are planned in the coming year. YHI has updated its release numbers, for example, 18.4 refers to our April 2018 release. As discussed earlier today, YHI has had some issues around linking with eligibility applications that causes pain points for customer advocates, customers, and agents. In 18.4 we will take the first step in resolving this. The current validation fields around email addresses and phone numbers are not

reliable as they often change. YHI will be adding fields including Social Security numbers, date of birth, etc. in the validation process, things that don't change, to help in the validation process. If a primary identifier fails, we can look at one of these secondary fields to confirm the household.

The 18.7 release will contain the annual SERFF Updates as well as two new enhancements for provider/formulary search functionality. This will aid the consumer in a better plan selection, but since this will require work with the carrier community, we chose July to implement.

Ms. Fulkerson asked when these would affect the customer and Mr. Reddish said it would be for plan year 2019.

Mr. Reddish said the 18.9 release will include a compliance item for CMS reports and plan selection/decision support for mobile devices. Another new feature we will implement is called Consumer Information Update for mailing address changes. This will be an annual pop-up for the consumer to be reminded to update their information and ensure integrity of the data for mailing address changes, which tend to be the bulk of our 1095 corrections and calls which will allow us to get ahead of this.

Finally, in December, the IRS is requiring 2018 1095-A compliance updates.

13. GETINSURED AUTHORITY TO SPEND

Mr. Reddish said YHI has been provided a breakdown of change requests for this year as it ties into the annual authority to spend for the Executive Director in preparing for the release cycle this year.

Motion: Ms. Fulkerson moved that the Marketplace Committee, recommend to the Board, to delegate signing authority to the Executive Director to execute Change Requests with Vimo, Inc., doing business as GetInsured, in an amount not to exceed \$47,837,671 (exclusive of M&O), which represents an increase of \$1,485,671 over the existing authority, which is included in the proposed FY19 Capital Expenditure budget. **Second:** Mr. Veloz. **The motion carried.**

14. POLICY UPDATE

a) Federal

Mr. Kelly said there has been a bit of noise back east but not a lot of movement in terms of Federal policy. They are still talking about the stabilization bills, with two primary areas of focus: CSR funding for 2019 (no talk currently about funding 2018) and a reinsurance funding mechanism for stabilization (at the federal level back to the states). We are waiting on final payment rules for 2019 which are critical in helping determine what can be offered, what changes may occur in plan design, and other changes that may occur like requiring only one navigator entity. Those were expected to be released in mid-February, but given today's date, that didn't happen.

We continue to watch association health plans, 364 health plans, short-term plans, etc., and the impacts of those.

b) State

Mr. Kelly said the Idaho State Health Plan was sent back to Committee from the House floor.

The state-based health plans, also known as the Governor's Executive Order, are still being evaluated for potential impacts. We do know the pricing resulting from the BCI filing and we have estimated the impacts as they relate to the budget, and those sensitivities will be discussed at the March Board meeting. Essentially with the dual waivers being off the table that opportunity is gone, but the Governor's Order does impose some risk on the exchange to the unsubsidized customers, which totals about 14,000 people. We will provide potential impacts at the March Board meeting as well and we are watching this very closely.

Ms. Fulkerson asked about the benefits and timing of these plans. Mr. Kelly said the Department of Insurance issued guidelines on January 24th and the BCI plans were within the scope of those guidelines as far as we know. The DOI will evaluate those plans and, if they are approved, they would be sold with an April 1 effective date.

From a budget and policy standpoint, when we look at our revenue and expense forecasts, the only thing that was baked into the forecast is the mandate. Those items were vetted with Milliman and the other items were verified through Milliman and scenarios, as they relate to the forecast, were discussed.

15. PY'19 QHP TIMELINE

Mr. Reddish shared a high-level overview of the plan management activities that are required of our stakeholders at both the state and federal levels. The QHP timeline was shared and included key dates for plan year 2019. The timeline includes collaboration with federal partners as well as those within Idaho, overall timelines are consistent with current guidance, and dates may shift in the coming weeks. Plan certification is on track for the September Board meeting.

16. LESSONS LEARNED

Mr. Kelly said last year YHI held an Open Enrollment Summit in July and our goal is to do it much earlier this year, tentatively scheduled for the third week of April. This meeting will focus on areas of opportunities and things we can build upon. We will include stakeholder groups such as carriers, agents/brokers, DOI, DHW and others.

The topics we have drilled down on that went well this year include the timing of seasonal hires, shorter training and getting them on the floor more quickly. Tied to that was the modular based training, which took a week less to complete. Social media went well, as did paid advertising which started earlier. We have seen a reduction in returned mail as a result of establishing really strong processes with our partners at the Department of Health & Welfare. And of course, as mentioned earlier, the dedicated teams with the addition of the written team.

Areas of opportunity include the financial application linking issue which will improve the enrollment process. Support center hours, which we increased this year as a result of the producers asking for it, did not work for agents, but provide benefits in other areas. We were able to start the morning with no calls in the cue as a result of the expanded earlier hour. We also

learned that we have some internal communications issues, primarily around making sure team members receive information at the same time. Not everyone communicates in the same manner, at the same speed, and we will also look at external communications. Finally, the change management process will be improved.

17. NEXT MEETING

The next meeting will be held in late May/early June of 2018.

18. ADJOURN

There being no further business before the Committee, the Chair adjourned the meeting at 4:59 p.m.

Signed and respectfully submitted,



Jerry Edgington, Committee Chair