

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

**MARKETPLACE COMMITTEE
MINUTES
APRIL 9, 2014**

1. COMMITTEE MEMBERS PRESENT

- Mr. Mark Estess, Chair
- Mr. Fernando Veloz, Vice-Chair
- Mr. Tom Shores
- Ms. Zelda Geyer-Sylvia
- Director Dick Armstrong

2. OTHERS PRESENT

- Ms. Amy Dowd, Your Health Idaho
- Mr. Alberto Gonzalez, Your Health Idaho
- Mr. Pat Kelly, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Mr. Jesse Lewin, Burson-Marsteller
- Ms. Brie Gershick, Accenture
- Ms. Michael Fairweather, Accenture
- Mr. Peter Sorensen, Blue Cross of Idaho
- Mr. Weston Trexler, Idaho Department of Insurance
- Ms. Emily Patchin, Risch & Pisca Law Offices

3. CALL TO ORDER

Following proper notice in accordance with Idaho Code § 67-2343, the Marketplace Committee meeting of the Idaho Health Insurance Exchange (Exchange) was called to order by Mr. Mark Estess, Chair of the Committee (Chair), at 7:35am, Wednesday, April 9, 2014, 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 Mr. Veloz took roll call and determined that he, the Chair, Director Armstrong, Mr. Shores and Ms. Geyer-Sylvia were present, resulting in a quorum.

Representative Rusche was absent.

5. MEETING MINUTES REVIEW: March 19, 2014

Motion: Mr. Shores moved to approve the minutes from the March 19, 2014 meeting.

Second: Mr. Veloz.

The motion carried.

6. REVIEW OF AGENDA

There were no changes to the agenda.

7. POLICY DECISIONS

Mr. Gonzalez asked the Committee if they had a chance to review the YHI Decision Log that was sent out to them prior to the meeting. He asked for feedback on the decisions that were made.

(a) #17 - Offer non-QHP's in the Marketplace

Description of Decision: Will the Exchange offer vision, non-QHP medical, non-QHP dental for sale in the Marketplace?

Ultimate Decision:

- Non QHP Medical will not be sold in the exchange.
- Non QHP Vision could be sold, but not in 2015.
- Non-QHP Dental could be sold, but not in 2015.

Rationale:

- The ability to sell non-QHP products is not mandated by the ACA and is not required to be compliant for 2015.
- The decision should be reviewed post 2014/15 open enrollment period.

Ms. Geyer-Sylvia on #17 if we are making the decision now or later.

Ms. Gershick responded that in the 2015 plan year, the Marketplace will not offer non-QHP medical, dental or vision plans. YHI will revisit this after open enrollment, effectively deferring the decision for another year.

(b) #64 - Plan and Enrollment Archives

Description of Decision: How long will plan detail be available in the YHI system?

Ultimate Decision: Three years of historical plan data is required at a minimum. Follow YHI data retention policy.

Rationale: Three years of historical plan data is needed to support special enrollment and appeals.

Ms. Geyer-Sylvia said the issue with this decision is that it depends on what is actually meant by "keep enrollment data," who is going to perform changes and if all the changes be in there for three years.

Ms. Gershick said this decision point was validated with GetInsured and three years of history would be no problem and is confirmed via email.

Mr. Gonzalez said that the records won't be deleted after three years, YHI will archive it. For any appeals, changes or escalated issues, YHI thought a 3 year minimum would be good. If not, we would need to go back to GetInsured to see what can be done.

Ms. Geyer-Sylvia said it depends on where case management CRM data is going to be held in order to understand what length of time for data will be needed. It may not even be the right question.

Ms. Gershick said we can revisit this given the changes that have occurred over the past two weeks. Our goal is to make sure we have sufficient historical plan data in the event of appeals and retroactivity based on changing circumstances. Going forward because there are overlaps in open enrollment and enrollment cycles, YHI wanted to make sure GetInsured could keep that information so that was really the premise of the discussion.

(c) #47 – Non-Effectuated Enrollment

Description of Decision: During open enrollment, if a binder payment is not made by the 5th day, what should be done with enrollments?

Ultimate Decision: If applicant has not effectuated enrollment by the 5th day of the month, the carriers will cancel the policy.

Rationale: This is consistent with current carrier operational processes.

Ms. Geyer-Sylvia asked if this might be at carrier discretion rather than be policy decision by YHI.

Ms. Gershick said that this was discussed with other carriers.

Ms. Geyer-Sylvia thinks this will be a timing is an issue, because if a person decides to enroll on 15th, then the paperwork goes to the carrier, then the carrier bills the subscriber, then the subscriber needs to pay by the 5th. This will be a timing issue because it is too short of a turnaround time.

Mr. Trexler said that this is the current FFM policy, but the FFM has not stuck to that policy. He suggested we shelve this and come back to it later. He doesn't believe there are any state regulations related to binder payment, but there is the 10 day grace period after it has been effectuated. There is also a 10-day agree to look, which is after documents have been provided to the enrollee, the enrollee has 10 days to decide on the coverage and cancel the plan. He believes the 5th deadline is unrelated to these two regulations. He believes this is more of a carrier decision.

Ms. Geyer-Sylvia recommends leaving this up to the carrier. She wonders why YHI would make this policy at all because this could change.

Mr. Kelly said he hears that this is a risk to the carriers individually. He said to leave it up to the carriers to determine what level of risk to accept in regards to individuals not making their payments. It is a matter of who controls where the risk lies.

Mr. Gonzalez said for YHI it is in the messaging. When someone goes to the website to try to enroll, our messaging needs to reflect whatever it is that we are doing. And it is fine with YHI to let the carriers control this, we just have to make sure we message it correctly. This could be messaged as a minimum.

The Chair said the question is what time constraints are associated with this.

Ms. Gershick said we can table this issue for now.

(d) #54 – Smoking Cessation Program Impact on Premium for Individual Market

Description of Decision: Are individual premiums impacted by smoking cessation programs like they are in small group market?

Ultimate Decision: No, do not adjust individual rates based on participation in a smoking cessation program for tobacco users.

Rationale: Federal regulations specify that this rating rule applies to the small group, there is no mention of the individual market. Idaho Code allows a tobacco factor without any restriction, and so the federal maximum factor of up to 1.5 could be applied in the individual market.

Ms. Geyer-Sylvia believes this is more a decision for the DOI, and YHI doesn't need to weigh in on this.

Ms. Gershick said this was more for GetInsured to understand how to apply smoking rates in the individual market and if there was the same consideration around SHOP as there was to the individual market.

Ms. Geyer-Sylvia understands that this is at the carrier discretion.

Mr. Trexler said that state law really doesn't have anything to say about this at all. Other than allowing carriers to set a standard for tobacco use and apply that standard equally to all individuals, carriers in the past have set how often and when to review it. The Federal guidance requires four uses in six months is the standard for tobacco use. The minimum is to allow smokers to adjust once a year at renewal. The rationale is that what the law allows. There is no regulation that carriers reduce the premium if the individual enrolls in smoker cessation program, but it does apply to the group side.

Ms. Geyer-Sylvia said the important question is how hard is it for GetInsured to allow for that flexibility within their system.

Ms. Gershick said if a plan has a smoking cessation program and the enrollee says they smoke, the complexity is that GetInsured needs to know how to pull the right rate. She thinks the challenge in the system will be if there is not a process in place as APTC is based on it.

Ms. Geyer-Sylvia asked if GetInsured has the flexibility to allow for adjustments on the back end by the carrier.

Mr. Trexler said there is a strong requirement on the SHOP side. But it is not a requirement that carriers do the same thing on the individual side.

Ms. Geyer-Sylvia said this will be a big deal for GetInsured, but it is not the most important thing for this year and we should postpone it.

(e) #60 – Displaying QHP's to Agents/Brokers

Description of Decision: Should agents be able to see plans they are not authorized to sell when doing a QHP search?

Ultimate Decision: Agents should be able to see all plans, not just the plans the agent is licensed to sell.

Rationale: Consumers are able to see all plans today and YHI does not want to restrict consumer options based on agent/broker relationships. Filtering functionality remains available, while not automatically applied.

Mr. Shores said the challenge he sees is that in some parts of the state there are only a couple of plans available.

Ms. Gershick said you would only be able to see all plans available by zip code.

Mr. Shores is concerned that individuals can see all plans even though they are not sold in that market. That could be an area of concern.

(f) #7 – Carrier Fees

Description of Decision: Will carrier fees be calculated and invoiced based upon premiums due or premiums collected? Will the issuer fees be billed monthly or quarterly?

Ultimate Decision: Carrier fees will be calculated based upon premiums collected and invoiced on a monthly basis.

Rationale: The process would be maintained as it exists today and volume of retroactivity would be smaller. If billed on premiums due, carriers would be funding pre-collection.

Ms. Gershick said in regards to Carrier Fee calculation the recommendation was to calculate based on premiums collected on a monthly basis. It maintains the existing process, the volume of retroactivity would be smaller and the carriers would not have to pay money they have not received.

Director Armstrong asked if premiums will be collected on all CHIP products that are certified regardless of subsidy.

Ms. Gershick confirmed that was true.

Ms. Dowd asked the Committee if they felt that any of these decisions should go to the full board.

Director Armstrong said just include it in report from the Committee.

Ms. Geyer-Sylvia said she is only concerned about the fee collection item and feels it should go to the full Board but deferred to Mr. Kelly.

Mr. Kelly hasn't heard any opposition from the Board and as far as where the risk lies, he feels like it is a good balance. He recommends including the decision in the Committee report to the Board.

Mr. Shores asked how the fee collection from the different carriers is going, because he knows that commission statements coming to agents are woefully behind.

Mr. Kelly said there is currently a 30 day lag, followed by a true-up process going back at least 30 days.

8. EXECUTIVE SESSION

Motion: Mr. Veloz moved to enter into Executive Session to consider preliminary negotiations involving matters of trade or commerce in which this governing body is in competition with another governing body pursuant to Idaho Code section 67- 2345(1)(e).

Second: Mr. Shores.

Executive Session Roll Call: Mr. Veloz called the Executive Session roll call and determined that he, the Chair, Mr. Shores, and Ms. Geyer-Sylvia were present. Representative Rusche was absent. The Committee entered Executive Session at 8:07am.

The Executive Session ended at 9:28am and the Committee took no action nor made any decisions while in Executive Session.

15. NEXT MEETING

The Committee decided that the next Marketplace meeting will be Thursday, April 17 at 3:30pm followed by another meeting on Wednesday, April 30 at 7:30am.

11. ADJOURN

The Chair adjourned the meeting at 9:29am.

Signed and respectfully submitted,



Mark Estess, Committee Chair