

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

**MARKETPLACE COMMITTEE  
MINUTES  
THURSDAY, SEPTEMBER 8, 2016**

**1. COMMITTEE MEMBERS PRESENT**

- Mr. Fernando Veloz, Chair
- Mr. Tom Shores
- Representative John Rusche (via teleconference)
- Ms. Charlene Maher (via teleconference)
- Ms. Janice Fulkerson (via teleconference)
- Director Dick Armstrong
- Director Dean Cameron

**2. OTHERS PRESENT**

- Mr. Pat Kelly, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Ms. Dana Packer, Your Health Idaho
- Mr. Kevin Reddish, Your Health Idaho
- Ms. Theresa Magnifico, Your Health Idaho
- Ms. Jessica Rhodes, Your Health Idaho
- Ms. Julie Hammon, Idaho Department of Health & Welfare
- Ms. Lori Wolff, Idaho Department of Health & Welfare

**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. Fernando Veloz, Chair of the Committee (Chair), at 8:06 a.m., Thursday, September 8, 2016, 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**

Mr. Shores called the roll and determined that the Chair, Rep. Rusche (via teleconference), and Ms. Fulkerson (via teleconference), were present resulting in a quorum.

Ms. Maher joined the meeting at 8:12 a.m. (via teleconference), Director Cameron arrived at 8:14 a.m. and Director Armstrong arrived at 8:19 a.m. Ms. Sweigart was absent.

## **5. APPROVAL OF PRIOR MEETING MINUTES**

**Motion:** Mr. Shores moved to approve the meeting minutes from the June 14, 2016, Marketplace Committee meeting as presented. **Second:** Ms. Fulkerson. The motion carried.

## **6. REVIEW OF AGENDA**

There were no changes made to the agenda.

## **7. OPEN ENROLLMENT 2017**

Ms. Packer said YHI is tracking along with the timeline for Open Enrollment this year. She apologized for leaving off an important item on the timeline which is anonymous shopping which begins October 1, 2016. She will update the slide with that timestamp before the Board meeting. The Department of Health & Welfare (DHW) did send notices in August letting consumers know what information DHW had and asking the consumers to let them know if there had been any changes. In September and into October, DHW will begin to send APTC redetermination notices and will then send APTC redeterminations to GetInsured to process renewals. Renewal notices will go out in late October getting YHI ready for Open Enrollment, which begins November 1, 2016.

Mr. Shores asked about a challenge he has run into with individuals who seemingly reported income for 2017, but that income was being applied in 2016 which created issues. Another concern, the letter says *if your income hasn't changed, you don't need to do anything*. The concern here is that if someone doesn't receive the letter, the assumption will be that nothing has changed, which will cause additional problems. If the notice had a check box that could be noted that their income hasn't changed, and then that was returned, DHW would be able to verify that and move forward. There will be people with APTC's issued in November that have very little to do with their actual income, and then we must go back and recalculate and make changes again.

Ms. Hammon said that first notice was only for people to report changes that they are aware of, and it is not the reevaluation. When DHW begins to process the redeterminations in October, consumers will receive another notice that gives them the full details of who is in their family, the income DHW is counting, the address of the consumer's residence, and then ask them to report if any of that has changed. All of those will go through auto-verifications to ensure what is in the system matches what they reported to the IRS. Ms. Hammon said it would be too late to do that for this year, but said it would also require DHW to hand touch every single reevaluation. She suggested before DHW makes a change like that for next year, determine how many change reports or issues were related to this during OE 2017. Ms. Wolff said the thing DHW tried to improve for this year was to minimize as many touches as possible, and try to increase the percentage of auto renewals to streamline that process. If we were to flip our process and go back, the APTC would close if we didn't receive it and then we would see a much higher closure rate. Instead we have communicated up front with the first notice in September, with an opportunity to see it again in November, and they'll see it again when they get their first billing,

so they have multiple opportunities to call and report any changes. Mr. Shores said that because many people receive an overwhelming number of notices and tend to not understand what they are supposed to do, they are not reporting changes. Agents and brokers are being encouraged to let their customers know that they need to read, understand, and respond when appropriate to their notices.

Ms. Packer said one of the focuses for YHI is retention and enrollment. Last years' open enrollment was YHI's first renewal timeframe where YHI automated renewals with the information in the system. And from that, YHI achieved a 76% auto renewal rate. From lessons learned from last years' experience and in always striving to make things better, for the upcoming open enrollment, YHI has implemented some changes which include automating the pending enrollment status, and will also be implementing some new technology functionality which will minimize manual renewals. The goal for the upcoming year is to increase that automation rate to 81%.

Mr. Shores said this year the plans have changed significantly because PPO plans are going away and HMO plans are becoming the norm. These consumers will need to select a similar plan. Is YHI doing an auto renew to plans that are most similar?

Ms. Packer said the Idaho Department of Insurance has been working closely with YHI to establish crosswalk/equivalent plans from 2016 to 2017. YHI will auto renew those that have a comparable crosswalk plan and, if there is not one, or the consumer is deemed ineligible, they will not be renewed and YHI will send them a notice.

Chair Veloz asked if the intent is to look at those plans to ensure there is a comparable crosswalk plan and if there an effort by the carriers to make sure they align benefit-wise with the only difference being the networks. Director Cameron said that if there is not a crosswalk plan they will not be auto renewed. There is not a statutory requirement that there be a crosswalk plan. He would caution that just because a plan is going to a less broad network, it doesn't mean that it is insufficient. Where the DOI has found plans to be insufficient, the DOI is challenging that with the carrier. It is the belief of the DOI that all plans that have been submitted have a sufficient network, but they are different. Some carriers changed this year and we expect more next year.

Mr. Shores said the challenge is that Blue Cross is going to base the plans on the zip code of the individual. If the person lives on the edge of the county, their entire network is based on the hub of that county, which could cause some concern, particularly in those outlying areas. Director Cameron said the DOI looked at those very carefully and gave us some cause for pause, however based on network adequacy rules, they need to be able to offer a certain number of providers in each of those areas. We anticipate seeing some issue up in northern Idaho more than southern Idaho. Mr. Shores said the result is that even though YHI crosswalks some individuals, the agents will need to go back and reenroll them in a different plan.

## **8. RECONCILIATION STATUS**

Ms. Packer said the reconciliation process is another key focus for YHI. YHI has a great relationship with its carriers and they have been helping us design a more effective and efficient reconciliation process. She complimented Blue Cross of Idaho for their willingness to help us

use the technology to resolve some of the 13,887 outstanding pending enrollment issues, with little manual effort. Another enhancement around reconciliations from last year is that pending enrollments can be handled with one touch functionality, which sets YHI up for a more successful 1095A delivery in January.

Currently the reconciliation volume is a one-to-many relationship. With the new technology improvements around the redesign, which the carriers and YHI are working on, we will have improved measures to make decisions and take actions on.

Director Armstrong asked if the 13,887 pending enrollments represent the two-month delay in processing reconciliations. Ms. Packer said no, they are two separate reconciliation items. The pending enrollment is an enrollment status that would not generate a 1095A today if we were required to generate them, because in YHI's system, we can't tell if the consumer has paid for their enrollment. So somewhere in the technology we have had a hiccup in our communications with the carriers. We are working on those enrollment types with the carriers to ensure those enrollment statuses are updated correctly. The two months behind on the reconciliations is a different focus. These are more the individual data fields where there is a discrepancy between YHI's information and the carriers, such as a different zip code or the spelling of a name.

Ms. Fulkerson asked what happens to the member when they are in either of those categories and something is missing. Ms. Packer said there is little effect on the consumer if it is in a pending status and premiums are being paid, then there will be no disruption to their coverage. But if they are not paying their premium, they will have already been terminated at the carrier level. The pending status of the enrollment in the YHI system today, would not impact their coverage, it would affect them when we generate their 1095As. Therefore, we are trying to resolve these issues prior to open enrollment.

The Chair asked for clarification. Ms. Packer said new enrollments are always in a pending status. The carrier replies after the binder payment was paid and the pending status is updated to confirmed. It is applicable to all nine of YHI's carriers and we are working with them to confirm if it should be terminated for non-payment or if it should be enrolled. The Chair asked how often this feed comes through the 834 process. Ms. Packer replied that it is a daily feed through the 834 process.

Director Cameron stated that typically if a policy is in pending status, it means the policy is not in effect. He is worried about that disconnect because as a consumer, he would not pay a premium that is in pending status. Ms. Packer said we have not seen this with the consumer and most these have been paid for by the consumer. Director Armstrong asked if we have a paid through date? Ms. Packer said the carriers pass to us the initial binder payment date and our assumption is that payment continues to be made until the carrier notifies us otherwise.

Director Cameron repeated that YHI is 2-months behind on reconciliations. He asked what the goal is that we are attempting to get to and is there a completion date? Ms. Packer said currently we have staff training to handle this without any lag in service in other areas. She said we are looking to be back on track within the month of November to be ready for 1095s. We plan to be caught up so that when we receive the November files from the carriers, which come between the 7th and 10<sup>th</sup>, we will be ready to work the November files. We are working on a different

approach for the remainder of the year to compare our data set with the carriers' data set so we can pull out the discrepancies more quickly. Mr. Shores said going forward then, we are working to reconcile within a few weeks, right? Ms. Packer said yes.

## **9. CUSTOMER EXPERIENCE**

### **a) Customer Support Center Update**

Ms. Packer reviewed the new technology enhancements that have been implemented over the past 6 weeks. The team has begun using a new software to help manage emails, phone calls and other support center work streams. The software is referred to as UniPort within the team because it unites activity within the support center. It gives us the ability to unite the customer contacts to address them with a larger view. The software gives us a better understanding of why people are contacting the support center and who is contacting the support center, so we can prepare the team, as well as find trends and find ways to minimize those contacts in the future.

Ms. Packer said YHI began tracking information about the escalation calls in August. We identified that 74 percent were consumers, 24 percent were agents and 2 percent were other. We also began categorizing why the call occurred. From that first month of tracking, we have identified that most calls were related to enrollment issues which include termination and effective dates. The support center received 1,105 escalation calls during the month of August.

Mr. Shores said he was glad to see the decrease in agent calls as he has been pushing hard for agents to utilize email rather than phone.

Ms. Wolff said those number are all the calls DHW received and you can't compare those numbers with the number of calls YHI receives. Ms. Hammon added that typically what DHW would see when they were questioning the enrollment date, was because they were expecting a different enrollment date.

Ms. Packer said on August 30, YHI had 213 unresolved issues. We ran the numbers and of the calls that were transferred to YHI we resolved 77 percent the same day, 25 percent were waiting for a response from the carrier, 18 percent were waiting for a response from DHW, 3 percent were waiting for a response from the consumer or agent, and a small percentage, about 1 percent, were related to technical issues and were waiting for GI to resolve them. The remainder of open tickets are about something that is within the control of YHI.

Ms. Packer said in looking at the emails and using the same tracking system, we received 471 emails that were not yet resolved. 57 percent of those were resolved the same day. 87 percent were open and actively being worked on, 5 percent were awaiting carrier response, and 4 percent were awaiting consumer or agent response.

Ms. Packer said with these numbers, we have identified how to improve the process. We were not categorizing the emails as to who they were from initially, but have now required these fields for more consistent and reliable information.

Ms. Fulkerson asked how YHI will be tracking the closure of the 87 percent? Ms. Packer said it is being worked on internally. For example, if an emailed issue has not been resolved in 5 days,

it will be flagged for escalation. Ms. Fulkerson asked what the goal is to resolve the emailed issues. Ms. Packer said 3 days across the board and we are trying to reach that goal by the end of March, based on the metrics we track throughout open enrollment.

## **b) Appeals Update**

Ms. Packer recapped YHI's appeal categories and definitions. She said YHI uses the CMS appeal references in the CFR for appeal levels; informal, hearing and Health and Human Services appeal hearing. YHI has 30 days from receipt of appeal to make an informal decision. The consumer then has 10 days to request an appeal hearing. After the appeal hearing occurs and a hearing decision is made, the consumer has 30 days to request an HHS (federal) appeal.

Ms. Packer shared a snapshot as of August 30<sup>th</sup>, which shows one pending federal hearing which took place already. The HHS has 6 months to make a final decision following the federal appeal date. This specific hearing was regarding a termination date.

Ms. Packer said in tracking appeals, 40 percent were related to a termination date, 31 percent were related to eligibility, and 29 percent are related to an effective date.

Director Cameron said in relation to those overturned, is there anything we can do to minimize these, because this creates a conflict for the consumer. Ms. Packer said she has been looking at these appeals and focusing where it could have prevented. We do believe many of these could have been handled during the first contact. Since the transition to a YHI based support center, our training is focusing on resolving issues before they file an appeal through actively validating all the facts up front.

Ms. Wolff added that DHW handles the APTC appeals and only two have gone to hearing and both of those have been upheld.

## **c) Customer Support Center Next Steps**

Ms. Packer said the build-out has been completed on the lower level of our existing building. The first training class was completed and today is day 5 of being on the phones and there are two more training classes in progress and another on beginning September 26.

Process-wise, we have a knowledge base and are preparing for forecasting to model our team member schedules around the business need, and we have implemented training plans.

Ms. Fulkerson asked about the call volumes and how they compare to the DHW call volumes. Ms. Packer said because we are training on policy and resolving issues in one touch, it is a different model than DHW had, so a comparison might not be very informative.

Mr. Shores asked how many customer advocates were available on phones on day one. Ms. Packer said we actively had 8 people answering the phones and we are evaluating how many we will need going forward based on call volumes. We will be using temps to fill those ups and downs. Mr. Kelly said it is important to understand the number of people needed on the phones, independent on their hiring status, to address the consumer's needs. The current plan, which will be adjusted based on findings, is 40, which includes full-time and seasonal (seasonal may be a

full-time equivalent or may be part-time). This allows us to flex based on the times calls come in. One of the biggest investments YHI has made in terms of ongoing operating expenses, with the integration of the call center, is workforce management. What that does is look at historical call volumes and performs a predictive analysis including when people call, what the volume is, how long the talk time is, to find that optimal area for both the number of people calling and the time it takes to resolve their issue. There is still much work to do on this, but allows us to flex where needed.

Mr. Shores asked about the call center hours. Ms. Packer said the core support center hours will be 8:00 a.m. to 6:00 p.m. and plan to staff appropriately during those hours. Mr. Shores said the reason he is asking is because agents often work in the evenings. Ms. Packer said therefore we push the agents to use email. Mr. Shores asked how we will divide the emails between staff and recalled a discussion about a team being dedicated to emails. Ms. Packer said YHI has a tier two group whose focus is email and tickets in the system. Mr. Shores asked how many people are allocated to this. Mr. Kelly said this is a similar situation to the calls. We have a dedicated team of five plus lead plus supervisor. Just as we can flex on phones, we can do the same with written. Mr. Kelly noted YHI will be expanding the hours around key deadlines.

Ms. Fulkerson said in relation to the call center hours, does YHI have the ability to see where the calls are coming from and added that 6:00 p.m. is 5:00 p.m. in northern Idaho. Ms. Packer said calls that come in after hours are being tracked so adjustments can be made. However, tracking is not currently including where the call originated, but hours can be adjusted to accommodate the after-hours calls, which may include calls from up north.

Director Cameron said that tracking wait/hold times is important, but resolution of the situation is the most important data point. The consumers don't like being passed along and they don't care for the call back situation. Their preference is to get their issue resolved in the first touch and he is very grateful for YHI's focus on that, even if it does take 5 minutes more to get it resolved.

Ms. Packer said we are now focusing on next steps. The team is working on training materials for the next release which is scheduled for the end of September, training modules are being updated to match, looking at how the phone cuing system can be used most efficiently and implementing the workforce management software in October. Quality Assurance is also an area being focused on and making sure customer advocates have tools they need to provide accurate and timely information. As we add to that pool, we will make sure we are doing consistent repeatable processes. Our accuracy goal is 98% by the end of March. This will be a continuous effort.

Mr. Shores asked that going through the next training for recertification, there was very little about how the agents work in the system. He asked if Ms. Olson and Mr. Gardner are setting up training sessions for agents to learn to use the system more effectively, so that agents are not contributing to the challenges, but instead, are helping to solve them. Ms. Packer said much of the focus in the training materials has been on policy, with more around how to use the policy manual. Mr. Shores said the policy manual changes constantly so the agents need an email notification when there is an update. Ms. Packer said as far as updates to the policy manual, the Policy Steering Team meets once per month, makes minor changes, and then within 7-10 days,

issues an update to the manual. The team is looking at how new updates can be flagged within the manual. In relation to this, the customer advocates are being trained to not rely on memory when it comes to policies, but to look the policy up every time.

The Chair noted that he appreciates the quick turnaround on getting the call center up and running in such a short amount of time.

## **10. COMMITTEE SELF-ASSESSMENT**

The Chair said it is time again to assess where the Committee has been and where it is headed.

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

Mr. Shores like the routine and it works better. The Chair stated the frequency and length has gone down and this is nice and believes YHI has taken on the responsibility and management of this Committee and the Exchange. It allows us to be informed, but YHI is now doing the heavy lifting. Director Cameron feels they are the appropriate length, scheduled ahead of time, but might like them further out in advance to accommodate his schedule. The content has been good and YHI and DOI have been working much better together outside of meetings. Ms. Fulton does a great job getting information out in a timely manner. The Chair said DOI and DHW are doing a wonderful job of working with YHI. Director Armstrong said it has been an evolution. We had a vision of what a completely integrated process would be, then tested against the reality and then learned the speed people can run. Change now is just another evolution of the business model and there is a degree of comfort coming from that. The Low-Cost promise is still valid, but you should be careful not to low cost yourself into failure. The real challenge is to continue to evolve it, continue to talk about it and to continue to look at the facts and talk about them. Our job as Board members is to look, see, and verify. He thinks carrier and consumer conversations are important and then use that information to improve service levels. Mr. Shores said he has seen a major changes and improvements to the system and the processes. But he said his biggest concern is about a mass exodus of agents working with exchange plans.

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

Everyone agreed yes.

*What improvements to the effectiveness of this Committee occurred over the last year?*

The Chair said the improvements are in how the information is presented. In the past this Committee has looked more at the technology, and now this Committee is moving forward with consumer experience and customer service improvements that do impact the Exchange.

*What suggestions for improvement should this Committee consider?*

The Chair said Director Armstrong made a good point in suggesting meetings with carriers as there might be views that we would want to consider like the networks and how it impacts the exchange and enrollments. Carrier involvement is very important, critical, in fact. The process



we use is one thing but the product is very important. Director Armstrong said over the next few years, health care delivery is going to change. The exchange broke the ice and now working towards Medicaid changing and other private contracts will follow that same pattern. As the networks evolve and become more efficient and costs stabilize, the stability in price will be highly valued. We have not seen it yet, but it is on the horizon. As a Committee, we need to keep focusing on how we get the message across, how we get the consumer to understand and part of that is how we react to that. It has always been free choice, but free choice to whom? Consumers down the road will be buying the network.

Mr. Kelly added that the negotiated rulemaking that Director Armstrong spoke about, we do have a Policy Steering Team that discusses policy that includes representatives from the carriers, DOI, DHW, and YHI. In terms of the customer experience, we are always looking at where we can improve. The next logical step is the experience and how we can improve it. That is currently in the Outreach and Education Committee but sees it as an opportunity for this Committee as well. Mr. Shores said one thing to consider is once the initial packet goes out, there would be a 48-hour window for questions or additional items to discuss that could be included in the final packet. Director Armstrong asked about the potential consolidation of Committees. Mr. Kelly said that is a great conversation for the Governance Committee. Ms. Fulkerson appreciates the focus on the consumer experience. In the materials, she would like to see month over month and year over year stats. She would like to see those again as previously displayed in the Dashboard.

## **11. NEXT MEETING**

The next meeting will be held in early December of 2016.

## **12. ADJOURN**

There being no further business before the Committee, the Chair adjourned the meeting at 9:59 a.m.

Signed and respectfully submitted,

  
Fernando Veloz, Committee Chair