

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

**MARKETPLACE COMMITTEE  
MINUTES  
TUESDAY, DECEMBER 6, 2016**

**1. COMMITTEE MEMBERS PRESENT**

- Mr. Fernando Veloz, Chair
- Mr. Tom Shores (via teleconference)
- Ms. Janice Fulkerson
- Ms. Charlene Maher
- Ms. Candace Sweigart (via teleconference)
- Director Dean Cameron

**2. OTHERS PRESENT**

- Ms. Dana Packer, Your Health Idaho
- Mr. Pat Kelly, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Mr. Kevin Reddish, Your Health Idaho
- Ms. Julie Hammon, Idaho Department of Health & Welfare
- Mr. Peter Sorensen, Blue Cross of Idaho

**3. CALL TO ORDER**

Following proper notice in accordance with Idaho Code §74-204, the Marketplace Committee meeting of the Idaho Health Insurance Exchange (Exchange) was called to order by Mr. Fernando Veloz, Chair of the Committee (the Chair), at 9:05 a.m., Tuesday, December 6, 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**

The Chair called roll and determined that Mr. Shores (via teleconference), Ms. Fulkerson, Ms. Maher, Ms. Sweigart (via teleconference), and Director Cameron were present, resulting in a quorum. Director Armstrong was absent.

**5. REVIEW AGENDA**

There were no changes made to the agenda.

## 6. APPROVE PRIOR MEETING MINUTES

**Motion:** Ms. Fulkerson moved to approve the minutes as presented from the September 8, 2016, Marketplace Committee meeting. **Second:** Ms. Maher. **The motion carried.**

## 7. OPEN ENROLLMENT 2017 UPDATE

Ms. Packer said with the integration of the customer support center in November and planning for open enrollment 2017, YHI had goals for improving the 2017 renewal automation rate, continue improving the customer experience, reducing the number of appeals, and improving the delivery and accuracy of the 1095-As.

In regards to the technology automation, using the 2016 open enrollment benchmark of a 76% automation rate for renewals, our goal walking into this open enrollment was to improve by 5% points or achieve an 81% automated renewal rate. YHI achieved a 99% automated renewal rate for this open enrollment, a 23%-point increase. Implementing changes based on what we learned in 2016, 88% were automated into a renewed status, with the remaining 11% receiving a notice of their status as not renewed and asking them to come to the YHI website and shop and renew in a plan.

Mr. Veloz asked if of the 11%, did YHI reach out to them? Ms. Packer said a notice went out letting them know why they were not renewed, and there will be additional outreach to them and their agents.

Ms. Hammon updated the Committee on the APTC redetermination status and said DHW had about 69,000 programs that had at least 1 person receiving APTC's and about 32,500 were redetermined automatically. A little over 15,000 needed to complete a manual revaluation. The remainder did not have a QHP and were not eligible for revaluation. This was the first year that DHW received notification from the IRS that consumers needed to reconcile and provide proof of filing tax returns. There were about 2,000 families that did not allow DHW to check the tax interface, so for those we cannot renew them at all. And there were about 2,000 that filed for extensions, so those are still pending until they update the records. Of the 15,000 that need manual revaluation, almost all of those either had taxable income that was under 100% of FPL or over 400%. All indications are they are not income eligible for an APTC and they all received notices. We have about 5,800 families that still need to contact us to do revaluations and about 7,000 who, if they don't contact us, their APTC will close at the end of this month. We have received about 4,700 applications since open enrollment for the tax credit and about 100 of those are still pending. Ms. Maher asked what the turnaround is for processing those and Ms. Hammon said it is about 1 day, with the exception of the Thanksgiving Holiday. DHW typically is receiving about 150 applications per day and as we approach the first deadline for open enrollment, we anticipate that to grow.

Ms. Fulkerson asked for clarification on the 15,000 that need manual revaluation, of those, 6,800 still need to do something? Ms. Hammon said there are 7,000 that DHW has not heard from at all and they have all been sent closure notice. There are 5,800 that DHW has had some sort of communication with and she anticipates some of those may follow through. Ms. Fulkerson asked if the roughly 150 applications received each day, are some of those these folks making contact? Ms. Hammon said no, these are all new applications. Ms. Fulkerson asked if out of the 4,700

new applications since open enrollment began, are these all applications for APTCs? Ms. Hammon said no, these are applications for health coverage, some of them may qualify for APTC, some may not, and some may qualify for Medicaid.

Mr. Shores said the biggest challenge agents are having is that some of their clients have been cross walked over to the comparable plan and, in most cases, it is not turning out to be the best plan for them. Although the auto renewal process is a great idea in concept, the agents are still having to shop for new plans for their customers to find one that suits their needs. He anticipates a lot of customers are going to find themselves with a plan that they don't want and can't change.

Mr. Veloz asked if it is the price or the coverage that isn't suiting them? Mr. Shores said it can be cost, coverage and deductibles, depending on the plan and the consumer's situation.

Ms. Packer added that YHI's messaging has been developed around this and open enrollment is the time to come out and check and change your plan to suit your current needs. The automation is simply a mechanism to assist them to make it easier to come in and compare plans and make those changes, and ensures they don't have a gap in coverage. She added that because of the great relationship YHI has with the carriers and the Department of Health & Welfare, Blue Cross will begin doing robo-calls to consumers that lost their APTC's.

Director Cameron asked if YHI is going to track how many people had to change their plans after the auto renewals. Ms. Maher said from the Blue perspective, they are tracking daily to help understand how the mapping worked and if there was a flaw in that process. This information will be provided to YHI for their future use. Early assumptions are not being made and will be looked at following open enrollment. Director Cameron said that DOI would also like to see that information to ensure a better mapping process in the future.

Ms. Packer said YHI is on track for the stretch strategic goal of 100,700 enrollments by March 1, as depicted on slide number 6 which shows enrollment by carrier.

## **8. CUSTOMER EXPERIENCE**

Ms. Packer said the next graph shows YHI's improvements to the customer inquiry timeliness and accuracy and the reduction of appeals since the integration of the call center just a little over three months ago. If you look at the improvements made on the automation and reconciliation efforts, along with phone tree messaging, we believe this has resulted in much lower call volumes from previous years. If you focus on the open enrollment timeframe, and a day to day comparison, this OE has had much lower call volumes. Consumers are becoming more informed of the process and we are focused on the right areas to continue to improve the flawless consumer experience.

Ms. Packer added that a new experience since the integration of the call center is the amount of positive customer feedback. There was no way to track this in the past and we have now put that in place so we can capture and track that information and bring it back to this group to share.

Director Cameron asked what calls offered vs. calls handled is? Ms. Packer said calls offered is the number of calls that made it through the messaging in the system, and calls handled are those

that were handled on the spot, or calls that made it all the way to a CSA. In many cases, the self-service option is taken by the consumer and they then do not require assistance from a CSA.

Ms. Packer said with the integration of the support center, we are focusing on why people contact YHI whether by email, phone or carrier pigeon. This graph shows the majority of contacts are around enrollments. Enrollments include assigned effective dates or terminations dates. We have identified the majority of these cases are educational around how dates are assigned according the ACA laws accessible via the YHI policy manual. And since the integration, YHI has been able to improve the resolution time of these requests by 75% which only enhances the consumer experience. YHI has also had a significant decrease in negative feedback or community noise. Additionally, YHI has received positive feedback this year and is now tracking that as well.

Mr. Shores said he has been pushing the agents to use email instead of phone calls and asked if we have noticed this change. Ms. Packer said yes, the agent calls into the support center have been tracking at 20% of the total volume of calls. The emails have been tracked as well and are tracking at about 14% of the total volume. The carriers are the bulk of the emails coming into the support center. Mr. Shores added that the process has worked very well this year.

The Chair asked what would constitute a technical error? Ms. Packer said if something happens in the technology of the user interface that the system isn't able to process, then a pink box pops up and advises the consumer to call YHI. These are typically dates or some information that transfers over and the system doesn't recognize the data.

Ms. Packer said YHI has seen a significant decrease in the number of appeals that have been received. This is, in part, due to the relationship YHI has with DHW, the enhancements to the Policy Manual, and the training models that we have implemented. YHI has seen a decrease in the number of appeals received since January 2016 and have improved the turnaround time for the decision noticing by 75%. YHI has received 1,004 appeals since the beginning of the year through the end of November 2016. Per the ACA, there are three levels of appeals; a YHI informal decision by YHI, an appeal hearing, and a federal appeal hearing. The regulation requires that consumers move through those in order. Of that 1,004 appeals, ten have requested to go to hearing. Six of those have been upheld during the hearing process, three were overturned and one was dismissed. One appeal went to the federal level, that hearing has occurred and the federal appeal panel has six months to make their final decision. This appeal was related to a termination date.

Ms. Packer moved onto key metrics on the website and noted this is still a reflection of customer experience. YHI has seen lower volumes year-over-year for page views and overall visits to the website. The amount of time customers are spending on the site is a reflection of consumers coming out to shop and compare plans.

Ms. Packer noted the next big push for YHI will be the distribution of 1095s. The goal this year is to improve the timeliness of that distribution. In speaking to YHI's readiness for this, if 1095A's were to be mailed today, 90% of them would be sent without any issue. Since confirmation of plans is what triggers the distribution, about 10% would not be produced because YHI does not have a confirmation from the carriers. YHI is targeting resolution of the 10% by January 13 and 1095-A processing begins on January 20 and will be mailed the week of

the 23<sup>rd</sup> and distributed throughout the week to balance anticipated customer support inquiries. Additionally, this is the one notice we are required by regulation to send a hard copy via US Mail. The team has been working to correct addresses in the system and making sure there are not any hiccups in that area.

Ms. Fulkerson asked if after the mailing, and assuming we get some returned because of a bad address, can an electronic one be sent out? Ms. Packer said no, they must go out via US Mail and have the Postal date stamp on them. However, the consumer will have access to an electronic version through their dashboards in the HIX. Much like a W2.

Director Cameron asked if YHI is anticipating issues with 1095s and what would they be. Ms. Packer said the date is critical so they all need to be issued by January 31<sup>st</sup>. Ms. Packer said she has confidence in the reconciliation with the carriers to make significant improvements to the correction rate. We can measure these two items and identify where we can make improvements.

Director Cameron asked if YHI anticipates carrier action where individuals were dropped from coverage and then later reinstated to cause issues with 1095s? Ms. Packer said absolutely reinstatements happen and the important thing is to ensure that what the carrier has in their system matches what YHI has in its system, and vice-versa. Part of the reconciliation process with carriers currently is this verification back and forth. There are weekly meetings with QHP carriers to ensure we are on top of this. Another item is if someone was terminated from their plan and the information didn't get reported to the exchange. We are focusing on these areas.

Ms. Maher asked about those members that are sitting in their 90-day grace period and didn't pay their November or December premiums, we wouldn't know if they are going to pay in January until the very last day of the month. What happens with that population? Ms. Packer said we will issue the 1095 as the enrollment is stated through December. If we receive a retro-termination back to October, then the system would automatically generate a corrected 1095-A.

## **9. LOOKING TO THE FUTURE**

Ms. Packer said for the user interface in 2017, technology will be implemented allowing customers to validate their life events prior to a special enrollment period opening. This will be a new workflow for YHI through the technology for special enrollment. This will enhance the validity of special enrollments that are sent to the carriers, and consumers will be able to supply that documentation before enrollment is completed and then validate it later, which improves that process for the consumer.

YHI will also be providing a new interface for the monthly carrier reconciliation process which will provide us with more checks and balances for the reconciliation process for the carriers and YHI. YHI will continue its analysis of the inquiries we are receiving within the support center for staffing levels and training focus.

Director Cameron asked about the validation process and asked if it obligates the carrier if they have a challenge or dispute. Ms. Packer said the carriers are always welcome to challenge the decision and if they do, we would work with them and supply them with the reasoning behind our decision. We would hopefully be able to work that out, but if there was a different determination made coming out of that, we would make the appropriate changes. Where this will

change is, because of the enhancements in the policy manual and where we have agreement on the valid documents that would justify the qualifying life event, the consumer will receive a list of valid documents they can supply. From there, it will be reviewed and a determination of the validity will be verified. And then provide notice to the consumer of its right to appeal. It only allows the consumer to actually make changes and enroll in a plan once the validation process has been completed. The consumer does not get to move along in the process unless the documents have been validated on the front end. Director Cameron said once someone is enrolled, there are potential legal issues if we take away their enrollment. Ms. Packer said that is also YHI's concern, and we are working with the QHP providers to keep this from happening.

Director Cameron asked if YHI is planning a training for the agents so they can help the consumer through the process. Are we working with the carriers to ensure there are similar processes for both on and off exchange? Ms. Packer said yes, we will be doing training for the agents as well as within YHI. Mr. Trexler has been a key contributor to how we have developed the Policy Manual in that regard. And we can work with Mr. Trexler to ensure they are aligned for both on and off exchange.

Mr. Shores asked about the SEP's because the challenge for agents has been there is a list of things required for an SEP, but each carrier has a slightly different list. He asked about policies that are being cancelled back quite a way. He has had some cancelled back six months and this came out of a case where the customer had been enrolled and paid for and then YHI cancelled them back six months because they had not provided the proper documentation. The idea of having a single source determining the validity of their SEP is monumental. Ms. Packer said the consumer in question is being fully investigated. Director Cameron said, if this turns out to be a case of fraud, YHI has the right to retro-terminate them.

Ms. Packer mentioned that there are slides in the appendix that cover the abandonment rate. Mr. Shores asked why YHI is still tracking the abandonment rate? Ms. Maher said this is a data point and needs to be considered along with everything else. As a stand-alone, it isn't very insightful.

## **10. NEXT MEETING**

Chair Veloz noted that the next meeting is anticipated to take place in early March 2017.

Ms. Maher asked if after the election and all the noise about repeal and replace, are customers asking about that? Ms. Packer said it's been a very small number of people with those questions.

## **11. ADJOURN**

There being no further business before the Committee, the Chair adjourned the meeting at 10:16 a.m.

Signed and respectfully submitted,

  
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Jerry Edgington, Committee Chair