

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

**MARKETPLACE COMMITTEE
MINUTES
THURSDAY, DECEMBER 7, 2017**

1. COMMITTEE MEMBERS PRESENT

- Mr. Jerry Edgington, Chair
- Ms. Janice Fulkerson, Vice Chair
- Mr. Tom Shores (via teleconference)
- Rep. Kelley Packer (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. Meghan McMartin, Your Health Idaho
- Ms. Miriam Griffin, Your Health Idaho
- Ms. Stephanie Mathiesen, 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 3:30 p.m., Thursday, December 7, 2017, 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, Rep. Packer (via teleconference), and Director Barron were present, resulting in a quorum. Mr. Shores joined via teleconference at 3:36 p.m. Mr. Veloz was absent.

5. APPROVAL OF PRIOR MEETING MINUTES

Motion: Ms. Fulkerson moved to approve the meeting minutes from the August 30, 2017 Marketplace Committee meeting as presented. **Second:** Rep. Packer. **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

a) Customer Experience

Mr. Hull said we have seen an increase in quality and customer satisfaction due to calls being handled more efficiently. Emails are also being handled more quickly as a result of training and an earlier staffing ramp and a team dedicated to this work stream. Related to that is our written team which has reduced the email turnaround for agents.

Ms. Fulkerson asked if YHI was tracking the volume of written inquiries. Mr. Hull said yes, we are tracking that and plan to look at it at the end of open enrollment to see what impact it had on the overall volume.

Mr. Hull said we have reduced duplicate customer contact by handling calls more efficiently and managing our processes better in the support center. A full contingent of temporary customer advocates were trained early as well and in place in time for the compressed OE timeframe. And finally, appeal turnaround time decreased by 33% over the prior year.

b) Support Center Performance Update

Mr. Hull said staffing early and training better resulted in handling calls more efficiently. We have a 14% decrease in wait times, with an increase in volume, especially when compared to last year. Efficiencies and quality scores are up with our quality score coming in at 94, compared to mid-80's in the prior year.

The Chair asked if the Customer Advocates level of job satisfaction and ability to provide service to customers is up from last year. Mr. Hull said yes, expectations are clearer this year, training was much more comprehensive than in prior years, and the temporary CA's were integrated with the team much more seamlessly.

Mr. Hull said average talk times have been lower this year, which shows improved efficiency. Normally, when we bring on seasonal employees we see a spike in talk time, but this year we did not see that. Revamping and formalizing our training has allowed YHI to average a quality score of 94 compared to the mid 80's the prior year.

c) Web Stats

Mr. Kelly said when we look at things holistically, we look at call volumes, email volumes, and we also look at Web Stats. More people are coming onto the website, spending less time on the site, but hitting more pages when doing so. This indicates a higher ease of use. We are about 30% higher than prior year for both unique users and page views. These stats represent after they log in, these are not theater users on the front end, these are real customers that have logged in. The pageviews centered on shopping activities such as eligibility, plan selections, and shopping cart.

Ms. Fulkerson asked if there is an opportunity for looking at repeat callers. Mr. Hull said we do look on repeat callers per case, and our goal is to track that in the fewest number of calls. Mr. Kelly said for web stats, they are not called out but each day we measure unique users.

The Chair asked if the enrollment period was the same as last year, would it look different. Mr. Kelly said it is difficult to draw a conclusion quite yet, but the loss of a carrier likely spurred more activity in the plan evaluation and selection process than the lower enrollment period of time. We think that means people were taking longer to look at plans and make their enrollment decision. That then correlates with the higher web activity. What we don't know, because we don't have prior years to compare the shorter enrollment period, if that is affecting the web stats.

d) Enrollment Update

Mr. Kelly said when you draw the line for YHI's enrollment goal, it is to remain flat at 90,000 year-over-year. As of this morning we are at 89,440 enrollments. This is really encouraging and we are seeing about 90% retention for our 2017 enrollments. This speaks volumes to the outreach and education activities, the early advertising, and the agent and broker training, as well as the improved customer experience.

Mr. Kelly said as expected, enrollment by carrier shows most BridgeSpan plans moved to Blue Cross of Idaho and Mountain Health Co-Op. Some of the plans for SelectHealth in southeast Idaho that were not available for 2018 also went to those two carriers.

The Chair asked if these numbers show effectuations or have they simply chosen a plan, but not yet paid for it. Mr. Kelly said it depends. For the renewal customers, their 2018 status is confirmed in our system, but they may not have made their January payment yet. If they have switched plans or carriers, they look like pending in the system. We cannot yet differentiate those for 2018, but for 2017, they are effectuated.

Mr. Kelly said in relation to metal tiers, enrollment mix has shifted due to lack of CSR funding. The CSR "load" was built into the silver plan premiums, which in turn increased the tax credits. As a result, we have some bronze plans with a zero premium and many gold

plans with much lower premiums. As of this morning, about 11% of the silver plans have mix shift with 8 points going to bronze and 3 points going to gold. What that means is people are shopping around and they are finding bronze to be much cheaper or that gold provides more comprehensive coverage at a price they are paying for their silver plans in 2017. Dental doesn't change that overall mix, but it does dilute the math a little bit for the QHP's. We have seen about 20% increase on dental enrollments this year.

e) Appeals

Mr. Hull said we have seen an increase in appeals volume due to the acquisition of the QLE/SEP process. We also had process improvements which allowed us to find gaps which led to an increase in overturned appeals. This also provided uptraining opportunities for our support center team. We had one federal hearing decision which was returned from an appeal in 2015 and YHI's decision was upheld. The second federal appeal remains under review.

The Chair asked if there is a theme on reasons for appeals. Mr. Hull said eligibility and enrollment tend to be the major reasons. Ms. Nagashima added that yes, eligibility is one of the leading reasons, but this time of year we tend to see a lot more retro-termination requests.

9. TECHNOLOGY UPDATE

a) Technology Performance

Mr. Reddish reviewed what YHI did this year to enhance the customer experience. In review, our technology enhancements included QLE validation, carrier reconciliation, APTC eligibility alignment, and operational enhancements. We had over 3,000 invalid SEP enrollments that were prevented through QLE validation.

The Chair said, these didn't need to be reversed, they just never made it through the gate. Can you explain the technology that allows for this? Mr. Reddish said there are certain things that will flag it as it goes through the process. Certain documents are often required to confirm the QLE. This simply aligns the technology with the policy.

Mr. Reddish said looking ahead at 1095's, we look at it from two viewpoints: readiness and accuracy. If we ran 1095A's today, we would be looking at 98.8% readiness, and 91% of those would go out accurately. Of those, 21,546 were corrected through monthly automation and reconciliation. Mr. Reddish noted 85% less of our consumers are requiring extensive technical support this year due to operational enhancements.

Mr. Kelly added that about midway through the year, we noticed our enrollments didn't have the same in year declines as in previous years. They were a little sharper, and different from the prior year. We believe that is due to the invalid SEP's being caught. While it is normal to have churn, we didn't have the same level of special enrollments to offset that disenrollment, and therefor saw a bigger decline in year.

Looking ahead, we have 5.2 release schedule for January 2018. It includes RIDP upgrade, or identity proofing, which is a compliance item that we have to make a change on. 2017 1095A form update, which is a performance change, or date change field. The reconciliation

workbench refinements include improving that tool to automate timely and accurate 1095A's. And finally, the invoice update for carrier invoicing.

Mr. Reddish said in 2018, the areas of focus for a flawless consumer experience include enabling self-service, removing some operational barriers internally for our team and our partners, and enhancing the overall shopping experience for the consumer. After open enrollment, we will hold a lessons-learned meeting to discuss what we did right, what we did wrong, and what are some areas of opportunity.

Ms. Fulkerson asked about the enhanced shopping experience and asked how that might be defined. Mr. Reddish said we are looking at formulary lookups, provider lookups, things that make the tool easier to use for the consumer.

The Chair asked how all the repeal and replace discussion in Washington have an effect on YHI. Mr. Reddish said there are so many different unknowns that it's hard to say. They probably all are weighing in on this.

b) BOTs Discussion

Mr. Reddish said this open enrollment we did implement our BOT, or self-service password reset functionality. It has been interesting, and as of November 30, we had 33 consumers make it through, and as of December 7, it went up to 46. We are seeing some bottlenecks where they are getting hung up with one in particular being the phone number validation. During the first 3 weeks, we only had 19 get thru the process and this last week we had 33. Mr. Reddish said we were seeing some formatting issues with the date of birth. We monitor and adapt as needed.

Ms. Fulkerson asked about the password reset, she wondered if there is an ability to do it online? Mr. Reddish said there is existing password reset functionality and we are looking at ways to enhance that as well. One of the concerns is this is consumer focused, so if an agent needs a password reset, we are looking at ways to do that.

10. 2019 PROPOSED RULES

Mr. Kelly said every fall, CMS issues proposed payment notice for the upcoming year. In the past, we have seen everything from open enrollment dates to actuarial value calculations to policy changes. This year there was silence on Open Enrollment dates, which means it will be the same as this year, which isn't a surprise as they sent multiple years of dates in previous notices. The majority of the items in the proposed payment notice were policy adjustments, and since YHI's regulatory authority isn't in the policy space, we do coordinate that through the PST. The PST includes representative from the Department of Insurance, Department of Health and Welfare, YHI, and the carriers, and we talk through these proposed rules. We look at the customer experience, the technology impact, and what is the overall operational impact. The bulk of these changes are relatively minor compared to what we currently have here in Idaho. The two proposed rules that will impact YHI directly is SHOP direct enrollment. This won't affect us because we have always done direct enrollment for SHOP. The second one allows one Navigator entity instead of two. YHI will evaluate what will serve our customers best as we plan outreach and FY19 budget.

There are a few things in the proposed notices that could have technology impacts, YHI will continue to work with CMS to ensure any changes that impact technology are well understood with sufficient time for implementation.

Ms. Fulkerson asked if the potential technology changes might have budget impacts. Mr. Kelly said it certainly could. There are two challenges: money and time. Once the final rules come out in December, we will evaluate where we go from there.

11. WAIVER UPDATE

Mr. Kelly reminded the Committee that the 1115 Medicaid waiver is a dual waiver to address some high cost conditions and the 1332 waiver is around APTC eligibility and waiving the restriction for citizens. The meetings have continued in the form of small groups, meetings with key stakeholders, and key legislators. We have submitted the draft waivers and they are posted on the DOI and DHW websites respectively, and we started our public hearings this morning here in Boise. Tomorrow we will be in Pocatello and Monday and Tuesday in North Idaho. We are also in the process of finalizing impacts with federal budget neutrality and are in the final stages. As part of the financial impacts, we have to finalize the conditions list for the 1115 waiver as it affects the budget neutrality. The timeline for implementation of the 1115 is July 1, 2018 and the 1332 is scheduled for January 1, 2019.

The Chair asked Mr. Kelly to comment on the finalized conditions and where does that determination fall under. Director Barron said for the Medicaid waiver, that falls under the Department of Health and Welfare, but they are not doing that in a vacuum. We are working with the carriers and Department of Insurance on these. The Chair asked what the difference is between a draft and a final waiver and what would change that? Draft waivers were submitted so that CMS could see what we are asking for in both statutory changes as well as what the application itself will do. For example, we must have legislative authority to actually submit the waivers. That will come after the session starts in January. Then that would be attached to the waiver, and once you attach all the required elements of the waiver, including legislative authority, it becomes final. We are working on a dual track, one with the state legislature and one with CMS. The Chair said he understands the CMS track, but asked why the need for legislative approval. Mr. Kelly said that part of the waiver process is that the state grants authority to DHW and DOI to apply for the waivers. Mr. Barron added that there is a state budgetary impact on the Medicaid waiver, so that will be approved through appropriations.

Mr. Kelly added that for the Board meeting, we will have a federal policy update as well because things are moving quickly and in different directions.

12. OUTREACH AND EDUCATION UPDATE

a) Consumer Connector Certification & Training

Ms. Haun noted that training and certification requirements were buttoned up this year and nearly 800 consumer connectors were certified and training included more than 50 assistants.

YHI's operations teams has partnered with communications to improve service to agents. We have added an hour in the morning for phones and have a dedicated written team to enable a quicker response.

Our partners at DHW have offered training for their new access portal and we have heard rave reviews from our consumer connectors. We have also stressed the importance of working with our enrollment entities and they are reaching out more and more to agents and the response has been very good.

Mr. Shores said he was not able to attend the live meeting and took the online version instead. The test was considerably more difficult because much of what was on the test was not part of the video.

Ms. Fulkerson asked Mr. Shores about the dedicated written team that is responding to agents and how that is going. Mr. Shores said from his perspective, he hasn't received the complaints that he has in the past. Mr. Kelly said when we look at the whole of this, call quality up, email volumes down, an extra hour in the morning, etc., we are not seeing the compounding effect this year, likely because of all these efficiencies.

b) Events and Outreach Efforts

Ms. Haun said this year we revised our outreach and education program and produced more materials in house and partnered with more organizations such as the Idaho Food Bank. We promoted enrollment dates through participation in events such as FitOne, and we hired a new outreach manager Robin Donovan has promoted enrollment on the exchange to universities and faith-based organizations.

Part of our shift has included contracting with an outreach services vendor. We had three applicants and we have selected Atlas Strategic Communications as our vendor and they will begin in January.

c) Media – Earned and Paid

Ms. Haun said earned media is defined as free, or generated social or news outlets. Our news articles have shown an 82% favorability rating. And Pat's visits to news outlets throughout the state received a lot of positive coverage. Twitter has become a hot delivery tool for commentary and now has the highest volume among social media. Organic Facebook has grown significantly with an average increase of 45 percent.

For paid media, our advertising budget remained flat, but with a shortened enrollment period, we began advertising early and more often due to the shortened period. Digital performance indicators including impressions, exceed last year. Television remained stable, we increased the use of radio, and our outdoor billboard campaign is deadline-focused.

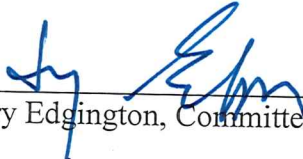
13. NEXT MEETING

The next meeting will be held in late February of 2018.

14. ADJOURN

There being no further business before the Committee, the Chair adjourned the meeting at 4:27 p.m.

Signed and respectfully submitted,



Jerry Edgington, Committee Chair