

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

**YOUR HEALTH IDAHO BOARD  
MINUTES**

**FRIDAY, DECEMBER 16, 2016**

**1. BOARD MEMBERS PRESENT**

- Mr. Stephen Weeg, Chair
- Mr. Scott Kreiling, Vice Chair
- Mr. Hyatt Erstad, Secretary
- Ms. Charlene Maher
- Mr. Fernando Veloz
- Mr. Tom Shores
- Mr. Kevin Settles, Treasurer
- Ms. Margaret Henbest
- Dr. John Livingston
- Ms. Candace Sweigart (via teleconference)
- Ms. Janice Fulkerson
- Senator Jim Rice
- Representative Kelley Packer
- Representative Mat Erpelding (via teleconference)
- Dr. John Rusche (via teleconference)
- Director Richard Armstrong
- Director Dean Cameron

**2. OTHERS PRESENT**

- Mr. Pat Kelly, Your Health Idaho
- Ms. Jody Olson, Your Health Idaho
- Ms. Dana Packer, Your Health Idaho
- Ms. Wanda Smith, Your Health Idaho
- Ms. Karla Haun, Your Health Idaho
- Mr. Kevin Reddish, Your Health Idaho
- Ms. Alanee DeRouen, Your Health Idaho
- Ms. Lasca Schramm, Your Health Idaho
- Ms. Anita Blagajcevic, Your Health Idaho
- Ms. Stephanie Mathiesen, Your Health Idaho
- Ms. Brittney Lester, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Mr. Mike Stoddard, Hawley Troxell
- Mr. Weston Trexler, Idaho Department of Insurance
- Mr. Peter Sorensen, Blue Cross of Idaho
- Ms. McKinsey Lyon, Gallatin Public Affairs
- Ms. Tammy Perkins, Office of the Governor
- Ms. Moriah Nelson, Idaho Primary Care Association
- Mr. Greg Kunz, Idaho Department of Health and Welfare
- Mr. Shad Priest, Regence Blue Shield

- Mr. Norm Varin, Pacific Source Health Care
- Ms. Emily Patchin, Risch Pisca

### 3. CALL TO ORDER

Following proper notice in accordance with Idaho Code §74-204, the Board of Directors meeting of the Idaho Health Insurance Exchange (Exchange) was called to order by Mr. Stephen Weeg (Chair), at 9:02 a.m., Friday, December 16, 2016, at the State Capitol Building, Room WW17. In accordance with Idaho Code §74-203 (1), the meeting was held in an open public forum and was streamed in audio format on the Idaho Public Television web site.

### 4. ROLL CALL

Mr. Erstad called roll and determined that the Chair, Mr. Kreiling, Ms. Maher, Mr. Shores, Mr. Settles, Mr. Veloz, Dr. Livingston, Ms. Henbest, Ms. Sweigart (via teleconference), Ms. Fulkerson, Senator Rice, and Rep. Packer were present, resulting in a quorum.

Dr. Rusche joined at 9:05 a.m. (via teleconference), Director Armstrong joined at 9:08 a.m. and Director Cameron joined at 9:58 a.m. Ms. Vauk, Mr. Agenbroad, and Mr. Edgington were absent.

### 5. PUBLIC COMMENT PERIOD

There were no public comments.

### 6. APPROVAL OF PRIOR MEETING MINUTES

**Motion:** Mr. Shores moved to approve the meeting minutes from the September 20, 2016, Board meetings as presented. **Second:** Mr. Erstad. **The motion carried.**

### 7. REVIEW OF AGENDA

The Chair asked to amend the agenda to include the appointment of the Treasurer.

**Motion:** Senator Rice moved to amend the agenda to include the appointment of the Treasurer. **Second:** Ms. Maher. **The motion carried.**

### 8. OPENING COMMENTS

Chair Weeg said with the 2016 Presidential election outcome, there is quite a bit of uncertainty about the Affordable Care Act and what it will be or what it will become and if health insurance exchanges will exist or not exist. Your Health Idaho was formed about four years ago by the Governor and the legislature to take care of its citizens. We have taken a tactic to keep our eye on that charge and to keep our focus and do the best we can to work with all stakeholders to do something Idaho can be proud of. We have done that, and have seen that over 95,000 Idahoans have insurance and access to care. The Chair said we should continue to focus on what we can do and focus on our core competencies. He said we stay the course and keep doing what we do, as well as we can, as the folks in Washington decide what the next iteration is going to be. We want the 2017 open enrollment period to be incredibly successful, we want to continue to serve

the citizens of Idaho, and we want to be in a position that no matter what happens, Idahoans and others can say YHI did a good job for the State.

The Chair said for all of those Board members that were appointed in April of 2013, the appointment/reappointment process starts again for April of 2017. But in discussion with the Governor's office, they have decided they don't want to hurry that process so the reappointments will start around April 1. A couple of shifts include Senator Agenbroad issued his resignation for the end of December so we will need to appoint a Treasurer. Representative Rusche did not win his reelection and is no longer the Democratic Minority Party Representative on the Board. The Minority Party has selected Representative Matt Erpelding as the Minority Party Representative.

Rep. Erpelding said he knows he has a lot to learn and looks forward to getting caught up and being a contributing member of the Board.

The Chair thanked Dr. Rusche for all his work. He will continue to be on the board as the consumer representative on the YHI Board and will go before the Senate for confirmation as will Ms. Maher. Ms. Fulkerson will move to the small business 11-25 slot. The Chair welcomed Dr. Rusche back to the Board under a new rubric. Dr. Rusche thanked the Chair and said he looks forward to teaching Mr. Erpelding everything he knows.

Ms. Fulkerson said she will be working with the BPA health team effective January 3, working with their provider network, new markets and furthering business relationships and she looks forward to filling the small group seat on the Board.

The Chair said the annual report will be due to the germane Committees. Dr. Rusche and Ms. Maher will need to go before the Senate Commerce Committee for confirmation.

The Chair said Mr. Settles agreed to move up and fill the Finance Committee Chair position. And with that comes a motion for him to be named Treasurer of the Board.

**Motion:** Dr. Livingston moved that the Board approve the nomination of Kevin Settles as the Treasurer of the Board and Chair of the Finance Committee as of January 1, 2017. **Second:** Senator Rice. **The motion carried.**

## **9. OPEN ENROLLMENT UPDATE**

Mr. Kelly said there is a lot to report today and will provide a progress report on our current Open Enrollment, our progress towards a flawless customer experience, review of our newly integrated support center, a report on improvements made towards distributing 1095-A tax statements, our Outreach and Education efforts for this fourth open enrollment, a look at our financials and forecast, and finally, a discussion surrounding Board Committees, training and our Plan of Operations.

Mr. Kelly provided a few key updates from yesterday, which was the deadline for selecting a plan for coverage beginning on January 1. YHI received over 2,700 calls yesterday, which is in line with last year. The average wait time was 54 minutes, which is about a 70% decline from last year on the same date. We had max concurrent users on the website of 867, an increase of over 100 from the same date last year. Our enrollments are right at 98,000 as of this morning.

Mr. Kelly shared two emails that YHI received in the flurry of activities yesterday. The first was an Idaho resident that called from Madagascar to ensure he had coverage and spoke about Terri and Theresa and their efforts to go the extra mile to ensure he received the coverage he wanted. Second was from an individual who, understanding that yesterday was YHI's busiest day of the year, complimented Denzel on his professionalism, his attention to detail, and his overall customer service experience. Mr. Kelly also recognized Brittney Lester, a customer support lead, who led the charge yesterday and has joined us here today.

Mr. Kelly reviewed the open enrollment timeline and reminded the Board that YHI's strategic goal of a Flawless Customer Experience influenced everything we did prior to open enrollment and now during open enrollment. We began our open enrollment period in August with notices from DHW to consumers to update their information so they could determine their APTCs for 2017.

In September, redetermination notices with the updated APTCs were sent, and anonymous shopping began on October 1. Also during October, we processed renewals and they were successfully completed by November 1, when open enrollment began. At the end of January, we will distribute 1095-A tax forms and open enrollment ends on January 31.

Mr. Kelly said in order to make open enrollment a success, we had to carefully examine and overcome the challenges encountered last year. Last open enrollment, we achieved an automated renewal rate of 76%. Our goal this year was to improve that by 5 percentage points, but we clearly exceeded that and are now at 99% automation rate for QHPs. The 1% that did not auto renew, were manually reviewed and acted upon appropriately. Some of the reasons people were not renewed is that they aged out, they were ineligible, or there was not a crosswalk plan available for that automation process to occur.

As we continue to look forward and remain compliant with CMS, YHI carried the enrollment status over from 2016 plan year to 2017 plan year which minimizes the effort for carriers and YHI to manage the pending enrollments. This starts the 2017 plan year off in the right direction for success when we generate 2017 1095-As.

As we will see in a few slides, the focus has also created a decrease in the call volume from past years during Open Enrollment.

Mr. Kelly said based on our successful automated renewals, and our call levels yesterday, the numbers appear a bit outdated. YHI is at 98,000 enrollees as of today. This includes 82,000 auto renewals, 9,000 customer initiated renewals and 7,000 new enrollments.

Improvements in automation and reconciliation efforts along with phone tree messaging that guides customers to self-serve options, have contributed to lower than usual call volumes from the previous year. In comparing daily call volumes to the last two years, overall we have significantly lower call volumes. We believe the lower call volumes in the current year are due to a number of factors. Consumers are becoming more familiar with the process, we have improved training and policy manuals, and we have enhanced the renewal process.

In addition, as you can see in the callout, our response time, whether by calls or emails, has decreased by 75% since the month of September. We have also aligned our days of operations with the Department of Health and Welfare to ensure customer convenience.

Mr. Kelly moved to web metrics and said they have been strong, albeit a bit lower than last year, and we feel that is attributed to the same reasons driving lower call volumes. We have seen a higher mix of new users and longer sessions on the site. Those two items tell us that people are shopping and comparing plans that are available to them. Thanks to the hard work by the Department of Insurance, customers have 225 plans to choose from this year and that longer time on the site really means that they are really looking into their options before making a selection. This is exactly what was envisioned for Your Health Idaho when it was created in 2013.

Ms. Maher pointed out that the time on the site is a great recognition, but said with the call volume compared to this, it really validates the success of the technology platform. If they were not getting the information they needed from the technology and the self-service tools, the call volumes would have spiked. These two metrics together really speak volumes to the success YHI is having this year.

Mr. Kelly said in looking at appeals, and with YHI's partnership with GetInsured and the Department of Health and Welfare, along with the enhancements to the Policy manual and training model and a better overall customer experience, has resulted in a significant decrease of appeals and improved turnaround time of informal appeal decisions. We began tracking appeal decisions in early 2016 and we have seen the timeliness of that appeal decision improve by 75% since September, a reduction from 27 days to 7 days.

Senator Rice made a comment about the 51% of people that have no agent, and said the most recent appeal would never have happened if the customer had had an agent involved. This is really a validation of the work we have done to keep the ability for Idahoans to have an insurance agent to help them through the process. It's incredibly important.

Mr. Kelly said YHI has had only 9 appeals go to a hearing which is less than 1% of our total volume of appeals to date. We did have one appeal that went to the federal level, which was regarding a termination date, and they have six months to provide a decision. A decision has not come down yet but we will update the Board when it does.

Mr. Kelly said 1095-As are a very visible and significant part of the customer experience. As the Board knows, YHI experienced significant delays for a portion of its customers during our first year of distributing 1095 tax statements.

The aforementioned work reducing pending enrollments and other process improvements have us well positioned this year. If YHI were to process 1095's today, 90% of our 2016 enrollments would be ready for the issuance of a 1095. We have begun researching the remaining 10% well in advance of the tax statement due date. We have reached out to carriers to resend confirmations; have begun manual cancellations or confirmations; and will have this remaining list completed by mid-January.

Processing begins on January 20, and we will begin to distribute the tax forms on a staggered basis on January 23 and ending at the end of that same week. It is staggered to manage the call

volumes. We are confident that all of our customers will receive their correct statements on time and before the January 31 deadline.

The Chair asked what is different this year from last year to be able to get that 10% correct. Mr. Kelly said the real reason is that we know what has caused that 10% to not be ready, and YHI's team is working diligently with the carriers today to resolve these issues prior to the January 23 send date.

Mr. Kelly said as we look beyond this year's open enrollment, other improvements are being made to the customer experience. One item is a system enhancement that is being made that will enable YHI to validate qualifying life events before opening a special enrollment. This modification is scheduled to be implemented at the end of March and we will be reviewing best practices to ensure the success of the new interface.

YHI is also working on improvements to the carrier reconciliation process. And we will continue to analyze the details of customer inquiries that were received during this open enrollment to look for training opportunities and improve staffing models.

Ms. Henbest asked what the percentage is from those 95,000 that have an APTC. Mr. Kelly said about 85% of our customers have an APTC, but those numbers will be clearer once we have effectuation numbers. Ms. Henbest asked what the distribution of that assistance is on a statewide basis. Mr. Kelly said yes, we track those by zip code and/or county, but he would have to check before reporting those splits.

Mr. Shores said one of the things brought up recently by agents as a concern is the agents need to reference a policy manual number and agents don't have this kind of time. Secondly, the SEP designation by YHI with the appropriate documentation is one of the best things that have happened in this area in a long time. The major issues agents are still facing are outside of YHI and mostly with DHW in APTC determinations and who qualifies and at what level. There have also been issues with the crosswalk plans and many clients have had to have their agents spend considerable time with them replacing the crosswalk plan they were enrolled in.

Mr. Kelly said with regard to the question about the notation to the policy manual, we understand that is a level of work, but understand it does enable our customer support agents to know exactly what we are looking for and what the agent is hoping we can resolve relevant to policy. It helps eliminate the back and forth trying to get clarification. It is also done with the intention of a speedy turnaround and not intended to add extra work. YHI is happy to work with the agents to see if there is a middle ground. Senator Rice suggested a most common list of policies so that agents don't have to look through the manual.

Mr. Kelly thanked Mr. Shores for the kudos for the new SEP process, a lot of that should be directed to YHI's partner DHW as they enabled YHI to successfully transition to our own support center. And in regards to the troubles with APTC determinations, he said the new system, known as PDAP, should allow for a more streamlined process.

As for the crosswalk plans, Mr. Kelly said Director Cameron should receive that feedback on crosswalks to help them navigate that process again in the future and enable them to make more informed decisions.

Senator Rice added that on particular ones with APTC and communications between the agents and the DOI and DHW, he suggests having a call or meeting to communicate that. Director Armstrong said some of it will remain complicated because of the multiple household situation, but as far as APTC determinations go, DHW does not have a backlog and the turnaround is fairly quick, so the perception that it is not, he doesn't understand where that comes from. Mr. Shores said the delay is not the issue, but the interpretation of the rules is. For example, he had a situation where a mom and dad with three kids, with the mom staying home with the kids and the dad working and two of the kids qualified for Medicaid and the third child did not. He said there was a lot of back and forth until he finally spoke with Julie and found out there are several different levels of Medicaid and CHIP. A second situation occurred where, based on the rules of income, the family did not qualify for any Medicaid assistance. But because of some unknown rule, they get to stay on it for another year. Director Armstrong said that the law is pretty clear, Medicaid comes first, and that was done intentionally to keep people from falling off coverage and not receiving continuity of care. Senator Rice suggested a bulletin to the agents that provides a graphic display of the basic rules for CHIP and Medicaid and also some of the high level rules that may result in questions.

Mr. Veloz spoke on behalf of the Marketplace Committee, and said the Committee is very pleased with the auto renewal rate of 99% and how that positions the exchange to handle future issues such as 1095 tax statements. We did receive an update from the Department of Health and Welfare on Advanced Premium Tax Credit (APTC) determinations and the new CMS requirement of proof of tax filing. We have about 2,000 families that were unable to renew because they did not allow DHW to check the tax interface. We also heard a suggestion from Director Cameron at the Department of Insurance to track how many people changed their plan after automatic renewal. We are working with carriers to determine how to proceed with that suggestion. Last, but not least, for our Customer Experience goal, we are pleased to see a reduction in appeals and lower call volumes, which represents a 75% reduction in appeal timeliness. In addition to what we have heard today, we are looking forward to improvements for the Special Enrollment Process using enhance technology and processes along the way.

Mr. Erstad asked Mr. Kelly if with the federal exchange extending the deadline to Monday, will YHI be putting something on the website noting that ours was closed as of yesterday. And secondly, the extension on the filing of the 1095s, will YHI need to utilize any of that or will you stick to the timeline of getting them out in January. Mr. Kelly said yes, we will stick to our plan to have 1095s out by the January 31 deadline and in regards to the extension for signing up for coverage, the application deadline was last night at midnight and Idahoans have until December 22 to select a plan and that is consistent with our prior years. The decision by the FFM to extend the deadline until Monday is independent of Idaho and we are sticking with our deadlines.

## **10. SOW #16**

Mr. Kelly said we are advertising using mass media for awareness, and digital for targeted and date-specific opportunities. Radio, television, online, and movie theatres statewide will all be used. We are reusing previously produced broadcast ads and shortening the number of weeks we air advertising to be around key deadlines. And these are all in line with our sustainability plan.

Mr. Kelly said YHI's ground-based outreach efforts continue. Last year we delivered less than 3,000 pieces of collateral to partner agencies and scheduled fewer events. However, this year we

have stepped up outreach efforts and are producing promotional materials targeted at faith-based institutions, foodbanks, employment offices, schools and libraries. We are on track to distribute more than 40,000 pieces of collateral this year which is a huge increase over last year.

Super sign-up Saturday is back this year and is scheduled for January 7 statewide. We have over 150 agents that are scheduled to participate and we are pleased to be expanding the event this year to our Spanish-speaking customers.

Mr. Kelly said Gallatin Public Affairs and their partners have been a partner of YHI since our inception in 2013. Today, we are here to consider SOW #16 which has two main work streams. First, Gallatin will continue to provide support on strategic messaging, legislative education, policy and issue tracking both at the federal and state level. And we will also do a comprehensive market survey which will be completed in February. Unlike previous SOWs, this one will run for six months instead of a quarter and is proposed to run through June of 2017. The total value of this SOW is \$72,500 and that is included in the approved fiscal 17 budget.

Ms. Packer said as Mr. Kelly mentioned, we had less money to spend this year in order to maintain sustainability of our exchange and one of the things that we have done is increase the digital advertising and reduce the mass media, which has been very successful. We have also added advertising on our site and we have seen a lot of excitement around this particularly with our agents and brokers. Another accomplishment is reaching out to faith-based organizations and the Spanish speaking populations and doing additional outreach in those areas. We will be completing our market survey in February and we will carefully monitor the focus of the survey to ensure we are not stepping outside the lines of the exchanges business, such as policy and political opinions.

Ms. Maher added that when she goes back to the statewide activities and the increase of collateral from 3,000 in prior years to over 40,000, plus the outreach to the different communities, it would be interesting if we had insight into this to see there is a conversion factor for that effort. And when you move that over to the media plan, can YHI produce cost per lead conversion, cost per member and an earned media value, because that will deliver the ROI for the \$72,500 spent. Mr. Kelly said there is not currently tagging on collateral because the system, as it is designed today, is not able to track those codes. But we can certainly look at an aggregate level of spend and return. We are able to do that in certain areas such as robo-calls which has a very high ROI and high response rate. But in terms of the collateral, it is more tangential as far as the response.

**Motion:** Representative Packer, as recommended by the Outreach & Education Committee, moved that the Board approve SOW #16 in an amount not to exceed \$72,500. This scope of work falls within the global Outreach & Education budget already approved by the Board. The length of the SOW would be for January 1, 2017, through June 30, 2017. **Second:** Ms. Henbest. **The motion carried.**

## **11. FINANCE UPDATE**

### ***a) Financial Results through September 30, 2016***



Mr. Kelly shared the financial highlights through September 30, 2016, and reminded the Board of YHI's Low Cost Promise goal. Taking a look at effectuated enrollments, and the associated assessment fee revenues, we are on track for an achievement of an 80% benchmark for that goal. That goal measures cash on hand at the end of this financial year which is June 30, 2017. We received our no-cost extension for our third grant and that is extended through December 2017. We currently have about \$8M remaining on that grant, with \$2M restricted for SHOP deployment.

Mr. Kelly said grant revenue is unfavorable by about \$600,000 and that is offset slightly by assessment fee revenue favorability, driven by an increase in enrollments. Operating expenses are unfavorable by about \$280,000 driven primarily by the timing of expenses related to the eligibility shared services and it is offset by favorability in our employee and related costs. That is primarily due to the timing of hiring people with the integration of the call center.

Looking at the project income statement, Mr. Kelly said this is primarily a look at how we spent the most recent grant funds for that same quarter. Our project revenue is unfavorable, which means we spent less grant money than we expected to by about \$1.2M and that is due to timing of when we performed our establishment activities. Expenses are \$1.8M and is centered on system development and establishment activities with GetInsured, as well as the support center integration that happened right around the beginning of the financial year, and with the launch of the support center on September 1.

#### ***b) FY17 Forecast***

Mr. Kelly said as part of our financial review, we completed a forecast for the remainder of fiscal year 17. This includes the actuals for our first quarter, and projected revenue and expenses for the remainder of the fiscal year. He shared the highlights from what was reviewed with the Finance Committee earlier this month. On a full year basis, we are projected to be about \$2.5M favorable in revenue. That's driven by \$1.8M favorability in grant funds and \$0.7M in favorability in our assessment fee revenue. That favorability in assessment fee revenue is driven primarily by the higher premiums for plan year 2017. With respect to the operating expenses, we are projecting favorability of \$0.4M driven primarily by the timing of employee hiring and related expenses along with favorability in noticing. There is some favorability in facility costs due to revisiting infrastructure costs when we integrated the support center.

All of that favorability is offset slightly by increased costs related to eligibility shared services of about \$0.1M. Overall, for our forecast, we expect to just be under plan for expenses and over for net operating income.

#### ***c) Digital Advertising***

Mr. Kelly said earlier this fall, YHI debuted the opportunity to advertise on our website. Our business model is to charge per one-thousand impressions. We do offer a tiered discount based on length of contract with the advertiser. Payment is split with 25% of the contract due at signing, and the remainder is paid monthly for the duration of the contract. We have seen strong interest, and have carried ads since open enrollment began.

We've sold about half of the goal for impressions and the program is cash positive. We have about 20 contracts in place and most of those are from agents. We have received feedback from at least one agent and they are seeing a positive ROI on their investment.

We are behind on revenue due to our late start, and we are finding that some of our larger advertisers have already committed their budgets for the year and their amount of discretionary funds is relatively small. The good news is we planted the seeds for next year and anticipate a sizable increase in this revenue stream for next year.

Mr. Settles said the Committee discussed the concerns about the grant funds because they wanted to make certain these weren't discretionary funds and that the new administration couldn't change the rules and take them away. We confirmed with CMS that these are dedicated funds and they won't be taken away. Then we moved on to the decreased cost in noticing and the increase in digital advertising as these impact our financial statements. One thing to note is Mr. Kelly is always good about pointing out favorability as well as unfavorability, and these have a way of working themselves out as they are usually related to timing issues. But Mr. Kelly is very good at coming in under budget. From an expense standpoint, YHI is a health insurance buyer just like everyone else, and is a relatively small pool that has seen price increases. Looking forward, that pool is going to expand which makes it much easier to get competitive rates. The advertising has turned out to be a good idea and the software to make it happen has been paid for, resulting in positive revenue going forward.

Mr. Kelly noted that the formula for APTC determinations and then the assessment fee revenue calculations for YHI, since inception has been carriers reporting to CMS and then CMS reporting the revenues to YHI. Going forward, YHI will be the system of record for that calculation, with support from the carriers. That is going through testing now and will go live in January.

Mr. Shores noted that he has fielded a lot of calls from agents that were upset and surprised about the advertising on the website and were concerned that grant dollars were falling apart and were concerned that we wouldn't be able to keep the assessment fee low. That has all come around now and we are hearing excitement about it and are receiving positive reports, one in particular from a young agent who advertised and then signed quite a few folks up as a result.

**Motion:** Mr. Veloz, as recommended by the Finance Committee, moved that the Board approve the 1<sup>st</sup> quarter financial statements for Fiscal Year 2017 through September 30, 2016, as presented today. **Second:** Ms. Fulkerson. **The motion carried.**

## **12. OTHER BUSINESS**

### ***a) Annual Board Training***

Mr. Kelly said YHI by-laws require annual Board training and, as discussed at the Governance Committee and given the unknowns with the Trump administration, we are going to suggest the Board training be scheduled after the March Board meeting. We will finalize content at the March Governance Committee meeting and then bring a proposal to the Board for discussion and potential approval at that time.

Dr. Livingston said with the unknowns with the new administration and with new Board members coming on in April, we will incorporate some of the onboarding training with new training.

### ***b) Annual Plan of Operations***

Mr. Kelly said YHI's Plan of Operations comprises all the business policies, handbooks, business processes, procedures, and budget documents. Since the operating plan was put together in 2014, it has only been amended when we have established new policies, with the exception of the budget which is amended each year. Today we will present some minor changes as previously approved by the Board. We have updates to our existing policies to reflect the organizational changes with the integration of the support center. We have also updated our privacy and security policies to be in compliance with CMS guidelines, MARS-e v2.0 as well as best practices that came out of working with CMS and other exchanges. And finally, the adoption of a digital advertising policy in accordance with the website advertising we just discussed.

Mr. Shores said one of the challenges agents have had is the CSAs are very well trained to protect PII, and if a staff member calls in regarding a client, I have to be pulled away from what I am doing and give YHI permission to discuss my client with my staff member. We understand the concern for keeping that private, and we are working on a system with a password or something like that which would allow that to happen without my consent.

Mr. Erstad suggested an Agency PHI form with names of staff members that can call in on an agent's behalf.

### ***c) Committee Restructuring***

Mr. Kelly said as part of our Committee Assessment back in September, the question of the efficacy of our Committee structure was raised.

We reviewed our current six Committees and examined the original purpose and scope of these committees and looked at how the organization has matured and evolved since the Committees were first put in place. We held discussions with our legal team and Board Chairman Weeg. Thus, we found potential efficiencies by integrating some of the Committees.

After discussing it with the Governance Committee, our proposal is to transition from six to four Committees. The Personnel Committee would be disbanded. Personnel compensation and benefits would move to Finance. And employee reviews and engagement would move to Governance. Outreach & Education would disband and its focus on customer experience would move to a profile, the Marketplace Committee.

The four Committees that would remain would be Executive, Finance, Governance, and Marketplace. Additionally, we propose a maximum of six voting members comprising each Committee, essentially one Committee per Board member.

The Chair added that currently most Board members reside in two, and sometimes three, Committees which constitutes a very heavy lift for some. This restructuring essentially reduces Board responsibility to one Committee meeting and a Board meeting per quarter. Mr. Settles

noted an error in the Governance Charter regarding the Executive Director review and compensation. Ms. Henbest agreed and asked that be articulated properly in the Charters.

**Motion:** Dr. Livingston, as recommended by the Governance Committee, moved that the Board adopt the Your Health Idaho Plan of Operations and as presented today. **Second:** Mr. Kreiling. **The motion carried.**

**Motion:** Dr. Livingston, as recommended by the Governance Committee, moved that the Board adopt the changes in the Committee structure and related Committee charters, including the changes as discussed today. **Second:** Mr. Erstad. **The motion carried.**

#### *d) Committee Assignments*

The Chair noted that he and Mr. Kelly would like each legislative seat to sit on one Committee for representation across the Committees.

*The Board took a break at 10:22 a.m. and reconvened at 10:30 a.m.*

The Chair asked for a motion to amend the agenda regarding membership on the Appeals panel. The good-faith reason is that the current structure allows only members of the Governance Committee to serve on the Appeals panel so we would like to open that up to all Committees.

**Motion:** Mr. Erstad moved to amend the agenda regarding membership on the Appeals panel. **Second:** Mr. Shores. **The motion carried.**

**Motion:** Ms. Fulkerson moved that the Chairman of the Board be enable to appoint any voting YHI Board member as a member of the Appeals panel, and to work with the Executive Director and legal counsel to amend any YHI policies or procedures to accomplish the same. **Second:** Mr. Kreiling. **The motion carried.**

The Chair then asked each Board member which Committee they would prefer to be on. This list will be sorted, compiled and discussed and we will let everyone know where they land.

### **13. EXECUTIVE SESSION**

**Motion:** The Chair moved that the Committee enter into Executive Session pursuant to Idaho Code Section 74-206 (1) to consider personnel matters pursuant to Idaho Code Section §74-206 (1)(b), and to consider preliminary negotiations involving trade or commerce in which YHI is in competition with governing bodies in other states pursuant to Idaho Code Section §74-206 (1)(e).

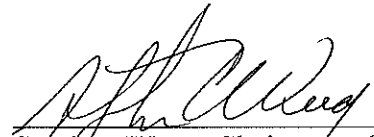
**Executive Session Roll Call:** Mr. Erstad called roll and determined that The Chair, Mr. Kreiling, Ms. Maher, Mr. Shores, Mr. Settles, Mr. Veloz, Dr. Livingston, Ms. Henbest, Ms. Sweigart (via teleconference), Ms. Fulkerson, Senator Rice, Rep. Packer, Rep. Erpelding (via teleconference), Director Armstrong, and Director Cameron were present, resulting in a quorum.

The Committee entered into Executive Session at 10:40 a.m. and reconvened at 11:50 a.m. No final action or decisions were made while in Executive Session.

### **14. ADJOURN**

The Chair noted that the next Board meeting will be held in March with the appropriate Committee meetings scheduled in the weeks prior to that. There being no further business before the Board, the Chair adjourned the meeting at 11:55 a.m.

Signed and respectfully submitted,

  
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Stephen Weeg, Chairman of the Board