Idaho Health Insurance Exchange  
DBA Your Health Idaho  

Marketplace Committee Minutes  
Monday, March 6, 2023

Committee Members Present

- Ms. Janice Fulkerson, Chair
- Mr. Brett Thomas, Vice Chair (via videoconference)
- Ms. Carolyn Lodge (via videoconference)
- Mr. Trent Nate (via videoconference)
- Mr. Peter Sorensen (via videoconference)
- Mr. Shane Leach for Director Jeppesen (via videoconference)
- Mr. Wes Trexler for Director Cameron (via videoconference)

Others Present

- Mr. Pat Kelly, Your Health Idaho
- Mr. Kevin Reddish, Your Health Idaho
- Ms. Kelly Fletcher, Your Health Idaho
- Ms. Nichol Lapierre, Your Health Idaho
- Ms. Kilee Lane, Your Health Idaho
- Mr. Bobby Vernon, Your Health Idaho
- Ms. Stephanie Husler, Your Health Idaho
- Ms. Julie Sparks, Your Health Idaho
- Mr. Robert Jones, GS Strategies

1. Call to Order

Following proper notice in accordance with Idaho Code Section 74-204, the Marketplace Committee meeting of the Idaho Health Insurance Exchange (Exchange) was called to order by Ms. Fulkerson (Chair) at 2:03 p.m., Monday, March 6, 2023, at the offices of Your Health Idaho. In accordance with Idaho Code Section 74-203 (1), the meeting was open to the public and streamed in video conference format via GoToMeeting and the Idaho Public Television web site. Members of the public were encouraged to access the audio stream by dialing into a telephone number and view the materials by accessing a meeting link that were included in the notice of meeting posted on the Exchange Board’s website, social media platforms, and at the meeting location.
2. Roll Call

Chair Fulkerson called roll and determined that Mr. Thomas, Ms. Lodge, Mr. Nate, Mr. Sorensen, and Mr. Leach (for Director Jeppesen) were present, resulting in a quorum. Mr. Trexler (for Director Cameron) joined at 2:13 p.m. Representative Furniss was absent.

3. Prior Meeting Minutes

Chair Fulkerson asked if there were any changes to the minutes from the prior meeting and there were none.

**Motion:** Mr. Sorensen moved to approve the meeting minutes from the Tuesday, November 29, 2022, Marketplace Committee meeting as presented today. **Second:** Mr. Nate. The motion carried.

4. Review Agenda

Chair Fulkerson reviewed the agenda, no changes were made.

5. Review Roadmap

Chair Fulkerson reviewed the roadmap, no changes were made.

6. Medicaid Continuous Coverage

Mr. Kelly began his presentation with an update on Medicaid Continuous Coverage (MCC). The Consolidated Appropriations Act, an Omnibus spending bill, was signed in late December 2022 and decoupled the MCC requirements from the Public Health Emergency (PHE). This means that the Department of Health and Welfare (DHW) can begin removing people who are no longer eligible from Medicaid coverage effective April 1, 2023. DHW reports that there are nearly 450,000 Idahoans currently enrolled in Medicaid, of which 300,000 are eligible. Approximately 150,000 Idahoans are currently enrolled in Medicaid who either do not qualify or have not been in contact with DHW during the PHE. DHW has divided that population into six groups of roughly 30,000 people and reevaluation notices to the first group of people were sent February 1.

Reminder notices will be sent throughout their reevaluation process, which will end on March 31. The notices asked consumers to contact DHW to complete their Medicaid reevaluation. If they are found ineligible for Medicaid and assessed eligible for an Advance Premium Tax Credit (APTC), they will be sent on to Your Health Idaho (YHI) where their APTC eligibility will be determined. The process will be repeated for each group with notices being sent on the first of each month through July 1. If a person does not respond during the 60-day revaluation process, they will lose Medicaid and begin a 60-day Special Enrollment Period (SEP) with YHI.
Mr. Kelly continued, saying that there is no information about YHI included in the DHW notices. DHW wanted to keep the request to contact DHW very clear. Once a person has lost Medicaid, whether through a lack of response or eligibility, they will receive a notice of discontinuation. Two or three days following that notice, they will receive what we are calling a handshake letter that will introduce YHI and begin the SEP.

Mr. Sorensen asked if YHI marketing would be timed with the handshake letter.

Mr. Kelly stated that our paid advertising will not start until April 1 and it will be targeted at people who have lost Medicaid. People will be directed to the MCC unwinding page of our website.

To help consumers and Connectors stay informed of the process and progress, YHI is taking a number of steps. Notices have been sent to Agents of Record (AOR) and we have been making presentations across the state, both in person and virtually. We are providing an expedited approval policy where people can self-attest to their loss of Medicaid. We are making system enhancements to eliminate the need for document verification for consumers coming off of protected Medicaid and bringing on additional team members to help with the increased volume. At every step of the way, we will encourage consumers to take advantage of no-cost help available to them from local YHI-certified agents through our Find Help search and YHI Agent Line.

The information of consumers who complete their reevaluation and are no longer Medicaid eligible is sent to YHI in the nightly account transfer if assessed as potentially APTC eligible. YHI will send a series of notices to these consumers encouraging them to enroll before the Medicaid end date to avoid a gap in coverage. Notices will also inform consumers that they may be APTC eligible, ask them to complete their application, and shop for a plan. Notices will continue in 15-day increments once their SEP has begun with an increasing sense of urgency as they near the end of their SEP. When referred to YHI, consumers will receive a notice with an access code for a quick start of their account set up. Consumers who do not respond to the reevaluation notice will be discontinued from Medicaid and YHI will continue to perform outreach to those consumers informing them of their 60-day SEP.

Mr. Kelly reported that the daily account transfer volume has more than doubled since mid-February. We are tracking weekly enrollments tied to the loss of Medicaid and have seen an increase in inbound volume to our support center. Outreach efforts have begun to individuals who have already been redetermined ineligible for Medicaid. As of this morning, we have just under 800 enrollments with a Qualifying Life Event (QLE) type of loss of Medicaid.

Mr. Sorensen shared that a comment was made at a legislative committee meeting that YHI was expecting 60,000 enrollments from the end of MCC and asked Mr. Kelly if the correct number had been provided to the legislature.
Mr. Kelly said that during YHI’s legislative presentations, we shared that out of the 150,000, we estimate that 30,000 will be over-income and of those, 10,000 are likely to enroll with YHI. He said that there have been different estimates of how many of the 150,000 will lose coverage, but losing Medicaid and gaining coverage on the exchange are two different things.

Mr. Leach added that of the 150,000 who are on protected Medicaid, there are about 67,000 who are on Medicaid Expansion. He said maybe that number has gotten mixed up with the estimated number of expected on-exchange enrollments. He added that there are several bills regarding Medicaid right now, which is likely adding to the confusion.

Mr. Nate commented that he recently participated in several agent meetings and the feedback he received is that there is a lot of confusion about what is happening and what the process is. He said that the notifications sent out by DHW were not very clear.

Mr. Thomas agreed that there has been a lot of confusion. His office sent out notices to their clients to provide clarification and once people had some help, the process went smoothly. However, people who do not have someone helping them to navigate are struggling.

Mr. Sorensen asked if YHI is creating a 90-day SEP for these individuals.

Mr. Kelly replied no, YHI is sticking with a 60-day SEP, which was the consensus of the carriers, the Department of Insurance (DOI), and YHI. If a consumer contacted YHI and said that they did not receive a notice, we would review those cases and adjust accordingly.

Chair Fulkerson asked if that would be an early appeal process.

Mr. Kelly responded that something like this would likely not go through the appeal process, although we would thoroughly review each case for validity.

7. Enrollment Update / Customer Experience

a. 2023 Enrollment Update

Enrollment for 2023 has been stable, just as it was in the second half of 2021 and 2022. We had about 90,500 enrollments in the month of March. Our projected enrollment assumes a lift in April and May due to the unwinding of MCC. We have assumed that the previously mentioned 10,000 enrollments will come during those months. The first two groups of people to be rolled off Medicaid have the most people who are estimated to be over income.

Mr. Kelly reviewed monthly Qualified Health Plan (QHP) premium trends, sharing what consumers are experiencing when it come to their monthly premiums. QHP average gross premium shows a measurable decline as of
February 2023. Right now we are seeing about a 6% decline in gross premium because of the 1332 waiver, which is in line with what was expected.

Mr. Sorensen stated that he did not think that the State of Idaho High Risk Pool (HRP) Board had yet completed their list of covered conditions and if they have not, it could create an unpredictable scenario for 2024.

Chair Fulkerson replied that she could comment on that as she is on the HRP Board, and the list has been published on the DOI website. Carriers were noticed at the end of 2022 so that on January 1, they could cede the risk based on claim activity. She added that DOI is working with everyone involved in the process to make sure that we are ready when premium rates have to be filed with DOI by mid-2023.

Mr. Kelly continued, saying as we move through the unwinding process and have a higher mix of lower income individuals coming off of Medicaid and moving onto the exchange, we expect net premium and the amount of APTC may change over the coming months so we will continue to watch this.

Mr. Nate stated that the HRP conditions have been identified and the calculations done by Milliman projected about 10 times the number of lives ceded due to the increase in covered conditions. Last year, the HRP had about 500 ceded lives and they expect that to be about 5,000 by 2023 year end. They also projected what the financial impact to the payers would be, hence the 12% premium reduction. These numbers are not guaranteed but we hope there is not as much instability as there would be without that evaluation as we move into the coming years with the 1332 money coming in.

Mr. Nate continued, saying the QHP premium trends are wildly concerning to him. We are seeing a decrease in premium for two consecutive years but an increase in premium for APTC eligible consumers. This is due to new payer entrants in the market who are exercising questionable rating in an attempt to garner membership. Mr. Nate stated that it is important to continue to communicate to DOI the adverse impact that predatory pricing strategy has on APTC and member premiums.

Mr. Sorensen agreed with Mr. Nate, saying that we want Idahoans to have lower out of pocket costs and as much APTC funds as they are entitled to.

Mr. Kelly said that for the reasons stated by Mr. Nate and Mr. Sorensen, we will continue to update and present this information at each meeting to monitor the impact on the individual consumer.

b. January 2023 Customer Profile

Ms. Husler presented a review on the customer profile, which helps us to understand who our customers are and how they interact with YHI. The data
presented today was gathered on January 1, 2023. The demographics tend to be very stable, with average enrollment per household at 1.78 and with slightly more women than men enrolled. Our largest age groups are the under 18 and 55 – 64. While we did not see much change from the prior quarter, there was a small uptick with the male demographic of .05% and the 26 – 44 age group. There was a slight softening in the percentage of consumers 55 – 64, which shows some growth in the 35 – 54 population.

Regarding the metal tier mix, enhanced tax credits and new carrier changes continue to impact the metal tier mix for 2023. As an overall percentage of enrollment, dental shows strong increases in the overall enrollment mix. Gold and silver plans continue to grow, while we are seeing a reduction in bronze plans.

Mr. Sorensen asked if we know how Idaho’s metal tier mix compares to other states, either in the northwest or nationally.

Mr. Kelly replied that he does not have that information, but we can ask our neighboring exchanges and others and report back.

Mr. Sorensen said that it would be a good idea to see if Idaho is getting the right mix of coverage with the different product levels or if Idaho is an outlier.

Mr. Kelly said that when we started to see the shift into silver as a result of the enhanced tax credits, other states saw the same thing. We will follow up with the metal tier mix comparison to other states.

Ms. Husler continued with cost savings utilization. As of January 1, 2023, 87% of enrollments utilized cost savings, up from 85% the previous quarter. It is interesting to note that this is the lowest percentage of consumers enrolling without financial assistance that we have seen in the time that we have been tracking this data. If you look at January over January, you can see the impact of real-time eligibility (RTE) and the speed at which consumers were enrolled with their tax credit.

Chair Fulkerson asked if the percentages of consumers utilizing cost savings versus those not utilizing them would change if we were to chart it February through April with the MCC unwinding.

Ms. Husler said it is likely we will see that shifting over time as people become more familiar with the eligibility process.

Mr. Kelly said that he would assume that we will have a higher ratio of consumers with a tax credit who are being referred to YHI via the unwinding process. Just by definition, they will likely have a lower income than our overall customer base today. We have seen a slight increase in the percentage as time passes but it is not materially different.
Mr. Nate asked if we have data showing what percentage of consumers who look at plans actually qualify and then the conversion of those who look at plans versus those who enroll.

Ms. Husler said we do have that data and she can follow up with that later.

Mr. Nate said that you would expect someone who qualified for cost savings to enroll, so he would like to see how many people who shop end up not enrolling because they did not qualify for cost savings.

Ms. Husler reported that agents and brokers, or Connectors, continue to play a large role in the success of our customers. The number of consumers utilizing a Connector has historically been in the 70% range. We saw a small decrease in that percentage right after Open Enrollment (OE). What we have taken from that is that we have the opportunity to outreach to those consumers without an agent and inform them of the benefits having an agent can provide.

For OE23, we had 21,894 new enrollments, with new enrollments being defined as people who are now enrolled who were not at the end of 2022. 13,360 people in that group are first time enrollees on the exchange and 8,532 returned from prior years. The primary age of new subscribers was 35 – 44, which shows that our marketing is reaching the target audience.

Consumers who first enrolled on the exchange in 2015 make up 24% of our 2023 enrollments. We have very strong base of customers who are repeat customers, with 43% of this year’s enrollees purchasing with us for five or more years. Consumers who work with a Connector make up 80% of the people who have purchased with us for nine years, compared to 50% of people who have purchased for one year.

Mr. Sorensen asked if we had any data showing retention by those with an APTC versus those who do not have an APTC. He said that knowing the level of retention for consumers who have an APTC could help us to know where to focus our retention efforts.

Mr. Kelly replied that we can review this data. He added that the work that was done last year to notify agents when they had a consumer who had excess APTC proved to be fruitful and might tie into the idea of a higher level of tax credit increasing retention.

Ms. Husler moved on to present information on carrier movement. Of enrollments where the carrier was different at the end of OE versus the beginning, SelectHealth had the most growth for new customers. Regence led in attracting customers away from competitors and the new carriers are making headway, both in new shoppers and those leaving other plans.
Looking at the same data but with dental carriers instead of medical carriers, EMI had the largest growth for new carriers, although growth was strong throughout all carriers. Dental plans overall remain stable in carrier choice as opposed to a more dynamic medical market.

8. OE Outreach Campaign Overview

Ms. Husler reported that she and Ms. Lapierre collaborated on some marketing campaigns this year. Every year, we use data gathered from our platform to identify opportunities to conduct direct consumer outreach. Over the years, these campaigns have been grouped by three different objectives. In the Grow group, we focus on bringing people back into the market. In the Finish group, we help to make sure people do not miss OE dates or other deadlines. The Keep group is comprised of people who need help, and we work to prevent problems that could cause interrupted coverage or a poor customer experience later on.

One of the targets of the Grow group campaign was consumers who had applied but not enrolled in 2022. We were able to help 12% of them enroll back into the market for 2023. We promoted the new eligibility system and American Rescue Plan Act (ARPA) subsidies to the population with over 400% of the federal poverty level (FPL) and saw a 62% decrease across this population’s net premium, a 43% increase across their gross premium, and 27% of them selected more comprehensive coverage.

Efforts to ensure consumers with applications in progress are aware of approaching OE end dates continue to result in low number of appeals due to missed OE in our Finish group.

For the Keep group, this year we introduced direct outreach for helping consumers in the form of a targeted agent list. We provided lists to agents of their clients who fell into specific groups, such as people who had errors or were close to Medicaid eligibility. Across the groups targeted on agent lists, about 70% were able to resolve their issues through OE.

9. Operations and Customer Experience

Mr. Vernon began his presentation with a review of inbound volumes, which are made up of inbound calls, Client Access Portal (CAP) tickets, chats, and emails. We began to see an increase in volume in July 2022 after the implementation of our RTE tool. The volume of repeat callers has been replaced with Data Matching Integrity (DMI) volume. All of our call center metrics were dramatically improved in OE23 compared to OE22. Sharpen CX, our new telephony platform, improved our ability to monitor and manage inbound call volume.

Mr. Vernon said Net Promoter Score (NPS) continues to have strong performance, with scores increasing 934% for the October – February period year over year. During that
period last year, our average was negative 8, whereas this year’s score was 68. Additionally, we have not had any negative impact from external entities now that we have brought the eligibility process in house.

Mr. Vernon continued, saying the number of Connectors continues to trend upward with 894 currently certified. The breakdown of that number is 812 agents or brokers, 57 enrollment counselors, and 25 agency staff. We have multiple communication and education events upcoming, with presentations to the various health underwriters and tribes in the state, along with quarterly training releases through the year.

a. Appeals Update

Ms. Husler reported that appeals volume is up by 25% year over year, with 24% of that increase being for network change requests outside of OE. We had a 31% decrease in dismissed appeals, which resulted in an increase in Upheld and Invalid appeals. There was a 22% decrease in appeal turnaround time and that is attributed to the expansion of the appeals team by a headcount of one.

10. Marketing and Outreach Update

Ms. Lapierre said our OE23 paid media campaign was successful, with a total media spend of just under $387,000. We had about 30 million impressions and almost 74,000 paid ad conversions, with the Always Present campaign improving awareness going into OE. We had an 8% increase in media spend from OE22, but it resulted in a 17% increase in impressions. The message of $0 per month continues to resonate with Idahoans and we will use OE23 as our new baseline. Beginning with OE24, we will have year-long campaigns, going dark only in January.

Outdoor and TikTok were the most efficient, followed by Facebook/Instagram and YouTube. The switch from Snapchat to TikTok resulted in almost a million more impressions. Video ads provided the most engagement on Facebook and Instagram with 25 – 40 being the targeted age group.

Ms. Lapierre continued, saying we spent 31% less on Hispanic digital media this year and instead allowed Hispanic Facebook and Instagram ads to optimize for efficiency. The outcome was higher results and lower costs per impression and conversion despite the decreased spend.

Paid search generated the most conversions, display generated conversions at the lowest cost, and Facebook and Instagram saw a 246% increase in conversions from OE22.

Ms. Lodge asked if the increased Facebook performance could be attributed to anything done differently with targeting or messaging.

Ms. Lapierre replied that she would need to look into that and follow up with the Committee later.
Mr. Kelly said that to help us reach our strategic goal of 125,000 enrollments by 2025, we need to ensure that our agent and broker community have the tools they need to grow their books of business. To support those efforts, we are proposing a new co-op marketing opportunity, which is expected to launch as a pilot program for OE24. Partners would be selected through a Request for Application (RFA) process. YHI would match dollar for dollar up to $3,000 per agent or broker. There would be criteria involved in the selection process, such as requiring Connectors to have a physical location where they can meet with consumers if requested. Thinking of the continued focus on the Hispanic market and other underserved communities, we could add weighting to agents who served those communities. If successful, the program could be extended for another year for the Connectors selected for OE24. This program is included in the proposed fiscal year 2024 (FY24) budget at a total cost of $120,000. This would allow us to qualify about 40 agents for this program and it would take about 1,000 enrollments to get us to a positive return on investment.

Mr. Nate commented that SelectHealth has had some success in this space by providing and agent toolkit that includes some “plug and play” media. Whether it is a print ad or social media post, it is easy for the agent to add their information to the collateral before distribution. Adopting this strategy would allow YHI to get extra mileage out of their already good marketing campaigns.

Chair Fulkerson stated that she liked this idea and asked Mr. Kelly how YHI would incorporate regionality or geographic targets.

Mr. Kelly replied that the YHI team has been discussing how to make this program equitable across different areas of the state where there are different population densities. He said that the team will utilize the expertise of members of the Board and continue to work on figuring out if it is better to distribute in areas with higher population densities or to areas where they are best able to penetrate underserved markets.

Chair Fulkerson asked if the RFA would come from the broker.

Mr. Kelly responded that YHI would create the RFA and distribute it to our 900 certified agents and brokers so that everyone has an equal opportunity to apply. The idea is to make it a level playing field for any who choose to apply, with the criteria front and center so they will know how they will be measured as we review the applications.

Ms. Lodge asked if this was merely the foundation, brainstorming phase of the program with the details and criteria still taking shape.

Mr. Kelly said that we have spoken with other states who have had success with this process and we have the general framework, but we have not yet finalized specific weighting and criteria for the program.

Ms. Lodge asked if there was already a specific budget allocated to the program or if we are waiting to see how much interest there is.
Mr. Kelly stated the proposed budget for FY24 includes $120,000 for this initiative, which would be about 40 agents, or 5% of our certified agent or broker community.

Ms. Lodge added that she thinks that Mr. Nate’s comment about an agent toolbox with plug and play materials is a good idea. She asked if the agents would receive the dollar match from YHI then place ads on their own or if Drake Cooper would place them on behalf of all those involved.

Mr. Kelly replied that who would place the ad is a detail that is still being worked through. Our current engagement with Drake Cooper would not cover this scope of work but we could leverage the same collateral.

Ms. Lodge stated that she would be happy to have a sidebar conversation regarding this, as she has had involvement in several programs similar to this.

Chair Fulkerson asked if consumers had the opportunity to rate agents or brokers when they worked with them.

Mr. Kelly replied that YHI does not have a rating system for agents and brokers.

Mr. Nate said that he would also be willing to have conversations about what he has seen work in similar programs. Regarding whom fulfills the placement, he has seen the most success when agents are given tools but also the flexibility to deploy things according to their own preferences. He added that he was happy to share what SelectHealth does in terms of rating or ranking agents.

**Motion:** Ms. Lodge moved that the Marketplace Committee recommend to the Board release of the Agent/Broker Co-Op Marketing RFA and request that the board authorize the RFA Review team to select the agents/brokers and authorize the Executive Director to execute the Co-Op Marketing contracts in an amount consistent with the FY24 budget. **Second:** Mr. Sorensen. Mr. Thomas abstained. The motion carried.

11. Technology Roadmap

Ms. Husler said the 23.3 release is set to deploy this week. Included in that release is the unwinding of MCC with the automation of SEP for loss of Medicaid. If a consumer applies and has employer coverage but it is deemed unaffordable or does not meet minimum value, we are required to notify the employer of the right to appeal that determination. We will be moving that process from manual to automated with this release. With the implementation of eligibility, we now have data matching issues (DMI). This release will enable agents and brokers to be able to see the DMI in their books of business and they will be able to be proactive in helping resolve those before the APTC expires. We are expanding our ticketing function to enrollment counselors to enable them to create tickets for their own support purposes. The last item in this release is the optimization of change events to support some changes reported after the 60 day mark.
The 23.6 release will continue to improve in-system ticketing and expand features to carriers. We will also be implementing IVR authentication, which allows consumers to authenticate their account before they reach a Customer Advocate (CA). We will make systemic improvements to the provider and facility search to improve the overall function. The last item in this release is the reduction of the paperwork burden for consumers with reasons for income inconsistency.

In September, the 23.9 release will include a translation of the HIX platform into Spanish and enable this to be selected in preferences. We also have our annual process of redeterminations for 2024 and periodic data matching that will occur with this release.

We will implement our annual compliance updates to the 1095A tax form with the January release.

12. 2024 Plan Submission Timeline

Ms. Husler moved on with a presentation of the plan year 2024 (PY24) plan submission timeline, focusing on the items that pertain to YHI. On July 5, we will start carrier plan preview and undergo plan testing with our carrier partners. Signed carrier participation agreements will be due to YHI on August 4. DOI will provide their final QHP recommendations to YHI on September 15. Certification notices will be provided to carriers on September 22 and on October 1, anonymous browsing will be publicly available. Open Enrollment will run from October 15 – December 15. There has been a question about October 15 being a Sunday, but we still plan to go live with OE on that day.

Chair Fulkerson asked Mr. Kelly if he was aware of any new carriers coming onto the exchange this year and Mr. Kelly replied that he was not.

13. Policy Update

Mr. Kelly reported that YHI presented to our germane House and Senate committees in January. The large number of new legislators meant that we needed to remind them of who YHI is and that we have a statutory obligation to present our annual report. There was a lot of positive feedback from the legislators who were aware of our challenges last year and a lot of questions related to the Medicaid Expansion review.

There was a review of Medicaid Expansion required by both the Senate and House Health and Welfare committees. Both committees issued letters indicating they support Medicaid expansion continuing and would revisit in 2025. There were concerns voiced around costs and impacts from the pandemic.
The 1332 waiver is expected to continue to favorably impact premiums in the individual market. We look forward to hearing from the high risk pool what the funding will be for PY24.

The end of the PHE is set for May 11, 2023. This is unrelated to the unwinding of MCC and no impacts to YHI are expected.

Notice of Benefit and Payment Parameters (NBPP) for PY24 has not yet been finalized. The 2024 user fee for healthcare.gov states is 2.5%, Idaho’s is 2.49%. If everything goes well, we anticipate revisiting that fee in PY25. There has been discussion in the Policy Steering Team (PST) to modify the auto renewal hierarchy and we expect to defer any changes and reevaluate in a year. Idaho will retain the 60-day SEP for loss of Medicaid. Regarding coverage effective dates for future loss of coverage, Idaho will allow consumers to utilize APTC/CSR for a partial month to prevent a gap in coverage.

This year, one of the items in the proposed rule for the NBPP for PY24 is to limit non-standardized plan options on the FFM. In response to feedback YHI has received on the number of plan offerings, this topic was brought to the PST and is now being brought to the Marketplace Committee. YHI held a conversation with the PST on a potential proposal to limit on-exchange non-standardized plan offerings to set a number of plans, per product network type and metal level (excluding catastrophic plans) in any service area. The recommendation from the PST was to take this item and wait one year to observe. While there is broad recognition of the problem, the solution is less clear. DOI is taking a separate action to continue to look at meaningful differences and possibly propose stronger criteria. The DOI proposal is separate from YHI efforts.

14. FY23 Operational Goals Update

YHI’s Idahoans’ Experience goal is comprised of our NPS measured both during and outside of OE. NPS at the end of OE was 69, compared to a goal of 43, which is 100% outcome. Outside of OE, NPS is 65, which is also trending at a 100% outcome.

Pertaining to our Retention and Enrollment goal, Mr. Kelly reported that OE ended this year with enrollment just short of 94,000, which is 91% for that goal. Auto-renewals ended at 99.9% and enrollments are trending above last OE.

Our Risk Management goal is made up of two parts. The first part is related to our phishing campaigns. Period to date response rates are 0.6%, which is 100% outcome. Proper reporting is at 93%, which is 60% outcome. The other part of this goal is brand image, which is measured via the annual customer survey. We measure the differential between those who see us favorably and those who see us unfavorably. We had a +70-point differential, compared to a goal of +59, so that is 100% outcome.

15. Contract Renewal
Our procurement policy requires that after we have engaged with a vendor for seven years, we have to either issue an RFP and put the work out to bid or ask the Board to issue an exception to the policy and continue our work with that vendor. YHI has been working with Drake Cooper for creative services for seven years and we are recommending that we continue to work with them.

**Motion:** Mr. Thomas moved that the Marketplace Committee recommend to the Board approval to engage with Drake Cooper, in lieu of issuing a Request for Proposal for creative services as permitted by YHI’s Procurement Policy for contracts that have been in place for seven years, through April 2030, which funds are included in the proposed FY24 budget and it is anticipated that the Board will include such funds in each subsequent year’s budget. **Second:** Ms. Lodge. **The motion carried.**

16. Executive Session

**Motion:** Chair Fulkerson moved that the Committee, pursuant to Idaho Code Section 74-206(1), convene in Executive Session to consider records that are exempt from disclosure as trade secrets under YHI’s public records policy and Idaho’s public records act pursuant to Idaho Code Section 74-206(1)(d).

**Executive Session Roll Call:** Chair Fulkerson took a roll call vote and determined Mr. Thomas, Ms. Lodge, Mr. Nate, and Mr. Sorensen were present and agreeable, resulting in a quorum.

The committee entered into executive session at 3:36 p.m. and reconvened at 4:05 p.m. No final actions nor decisions were made while in executive session.

17. Next Meeting

The next meeting will be in June. Ms. Sparks will reach out to schedule.

18. Adjourn

There being no further business before the committee, the Chair adjourned the meeting at 4:06 p.m.

Signed and respectfully submitted,

Janice Fulkerson, Committee Chair