Committee Members Present

- Ms. Janice Fulkerson, Chair
- Mr. Brett Thomas, Vice Chair
- Representative Rod Furniss (via videoconference)
- Ms. Carolyn Lodge (via videoconference)
- Mr. Trent Nate
- Mr. Shane Leach for Director Jeppesen (via videoconference)

Others Present

- Mr. Pat Kelly, Your Health Idaho
- Ms. Kelly Fletcher, Your Health Idaho
- Ms. Nichol Lapierre, Your Health Idaho
- Ms. Kilee Lane, Your Health Idaho (via videoconference)
- Mr. Matt Fuhrman, Your Health Idaho
- Ms. Julie Sparks, Your Health Idaho
- Mr. Wes Trexler, Department of Insurance (via videoconference)
- Mr. Robert Anderst, Risch Pisca (via videoconference)

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 2:02 p.m., Wednesday, May 31, 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, Representative Furniss, Ms. Lodge, Mr. Nate, and Mr. Leach for Director Jeppesen were present, resulting in a quorum. Mr. Sorensen was absent.
Chair Fulkerson announced that with the retirement of Board Chair Stephen Weeg, she would be taking over as Board Chair and Mr. Thomas would take her seat as Marketplace Committee Chair. Mr. Thomas will direct the next Marketplace Committee meeting.

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. Nate moved to approve the meeting minutes from the March 6, 2023, Marketplace Committee meeting as presented today. Second: Mr. Thomas. 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. PY23 Enrollment and Medicaid Unwinding Update

Mr. Kelly stated that as of this morning, we have just over 9,000 enrollments due to Medicaid unwinding, which is short of the target of 10,000 but we are seeing continued growth. The activity at the Idaho Department of Health and Welfare (DHW) pushed some of their re-evaluations out, which in turn pushed our enrollments out. While we missed the May enrollment goal, we have already surpassed the June goal. Our conversion rate is about 25%, compared to a 3% conversion rate prior to unwinding. Total enrollments are 99,500, which is well in line with where we need to be. This evening, tens of thousands of enrollees will be procedurally terminated, which is what happens when a person does not respond to their re-evaluation. We will do outreach to those people to encourage them to apply for a tax credit with the exchange.

Ms. Lapierre said as of February 1, 2023, approximately 450,000 Idahoans were enrolled in Medicaid, and Medicaid Continuous Coverage (MCC) requirements ended on April 1, 2023. DHW continues to send out around 30,000 notices per month to the approximately 150,000 Idahoans who either no longer qualify or have not been in contact with DHW during the Public Health Emergency. Group one, whose re-evaluations started on February 1, was moved to group six. Groups two and three non-respondents will be procedurally disenrolled on May 31. Group four re-evaluation notices were sent on May
1. The other two groups will start the re-evaluation process on June 1 and July 1, respectively.

Your Health Idaho (YHI) is continuing to reach out to consumers on a weekly basis via USPS, email, and SMS and encouraging them to enroll before their Medicaid ends or their Special Enrollment Period (SEP) closes. We are also reminding them that they can receive no-cost help from YHI-certified agents. To ensure a positive customer experience and minimize gaps in coverage, we have expedited the approval policy for Loss of Medicaid SEP. System enhancements have eliminated the need for document verification for the SEP, and we are bringing on additional team members to help with the increase in customer volume. Our social media and digital campaigns are helping us reach even more Idahoans who may be affected by the unwinding.

Ms. Lapierre continued, saying that the information for consumers who complete their re-evaluation and are no longer Medicaid eligible is sent to YHI in the nightly account transfer if they are assessed as potentially tax credit eligible. A “handshake” letter is sent on behalf of DHW to all Idahoans who are disenrolled from Medicaid. The YHI Loss of Medicaid webpage has been updated to provide more detailed information and we created a QR flyer that was sent to multiple organizations across the state. We have a social media kit that is available to our Connectors to help them spread the word. As of today, we have sent out almost 70,000 emails, over 47,000 SMS messages, and mailed nearly 12,000 letters.

Chair Fulkerson asked when we started notifying consumers about the options they have if they lose Medicaid coverage.

Ms. Lapierre replied that we started on February 1, 2023.

Our digital campaign includes display, paid search, Facebook and Instagram. It launched April 3 and the theme is Lost Medicaid? With the changes to DHW’s timing with Group one, we are considering extending the campaign through the summer. As of May 28, we had 3.2 million impressions with a spend of $8,700.

Mr. Kelly said as of this morning, almost 59,000 Idahoans have completed their re-evaluation and of those, about 39,000 have been determined ineligible for Medicaid coverage. From this you can determine that our conversion rate is about 25%, which is eight times the conversion rate prior to unwinding. We continue to track daily enrollment volume and our conversion rate has been very stable.

Mr. Kelly continued, saying enrollment mix by carrier is slightly different for Medicaid unwinding compared to the overall enrollment distribution. Regence has the biggest increase with 31% of unwinding enrollments versus 19% overall. Blue Cross of Idaho and SelectHealth have the largest declines with 16% and 33% compared to 25% and 38% overall, respectively. St. Luke’s has the largest percentage increase in enrollments followed by Moda, Regence, and Molina. The importance of outreach to consumers to connect them with an agent is shown by the fact that 61% of unwinding customers have an agent versus 69% overall.
Mr. Kelly stated metal tier mix for Medicaid unwinding reflects availability of cost-share reductions compared to the overall enrollment distribution. Of the unwinding population, 47% selected a silver plan compared to 29% of overall enrollments, likely driven by cost-share reductions available for incomes up to 250% of the federal poverty level. The gold mix is slightly lower for unwinding, likely due to affordability, and dental mix is similar in both populations. Of the unwinding enrollments, 98% have a tax credit versus 88% overall.

7. Customer Profile

Mr. Kelly provided a brief update on the customer profile, saying that there are no major changes or shifts for consumers on active enrollments for April 2023. Demographics remain largely the same with 1.79 enrollments per household, with slightly more women than men and 55-64 and under 18 being the largest age groups. There is a slightly higher representation of under 18- and 19–34-year-olds when comparing total enrollments versus new enrollments. Silver plan enrollment is up just over 1% compared to January 2023 while all others remain relatively flat. Real time eligibility continues to drive an increase in consumers enrolling with cost savings, with 88% of consumers enrolling on an application for cost savings.

8. Customer Experience

Mr. Kelly said the Medicaid unwinding process has driven more volume than was forecast, with the call volume in March and April increasing by about 125% over 2022. The call center at DHW experienced some technical challenges toward the end of April, which may have impacted our call volumes in the month of April as well. We continue to focus on increased staffing to manage the increased volumes.

Chair Fulkerson asked what kind of attrition we are experiencing.

Mr. Kelly said with respect to hiring, about 70% of people who accept an offer actually show up on the first day. Of that number, about 70% complete training, so about 50% of people who accept an offer will make it to the floor. The good news is that once we get them to the floor, we are generally able to retain them well and have been able to convert several seasonals to full time employees.

Mr. Kelly said Net Promoter Score (NPS) continues to reflect outstanding company performance. In July of 2022, we saw a dramatic increase due to the launch of real-time eligibility and another increase in October 2022 when Open Enrollment (OE) got underway. It is typical to see NPS decline as we move from the early enrollment period due to the increased complexity of phone calls. As of this morning, the May NPS is 61, but any score over 50 is considered world class or elite. Our average answer time has been a little longer than we would like it to be, but there has been minimal impact to NPS from that.
Mr. Kelly said Medicaid unwinding is the driver of loss of Minimum Essential Coverage (MEC), which is the dominant driver of Qualifying Life Event (QLE) requests. Change of Address QLE requests are driven by people moving into the state.

To support our Connector network, which is agents and brokers, we have monthly fireside chats where we cover important topics and follow up with a Q&A session. We have covered unwinding and will cover our technology release in the June webinar. In July we will start gearing up for Connector certification and we have been plugging the Marketing Co-op at each webinar.

a. Appeals Update

Mr. Kelly stated our appeal volumes are relatively flat year-over-year with less than 1% increase overall. The increased volumes sustained since last year are due to YHI taking on the responsibility for eligibility determinations and the appeals that come with that. Overturned and dismissed appeal volumes and decisions have remained consistent with prior reporting. Our turn-around time temporarily increased in February and April due to the timing of volume and personnel changes.

Chair Fulkerson asked if we had any federal appeals.

Mr. Kelly replied that we had a federal hearing last fall. Additionally, all appeal hearings requested by consumers have been cancelled as we were able to resolve their concerns prior to the hearing.

9. PY24 Preparations

a. Training Update

Mr. Kelly stated that certification training remains a critical part of how we prepare agents and brokers for the upcoming OE and all Connectors are required to complete annual certification training, which is comprised of two courses. The first is self-guided and covers general topics, policy, privacy and security, and our producer agreement. The second course is virtual and will cover any changes and what to expect this year. These courses will take place throughout the month of August. We have seen participation increase with the virtual option since people from across the state can attend without the need for travel.

b. 2024 Open Enrollment Timeline

Mr. Kelly said the OE timeline for this year is not that different from last year’s, the main difference is shifting a day to match weekdays on the calendar. Qualified Health Plan (QHP) form filings are due in the System for Electronic Rates and Forms Filing (SERFF) and the Health Insurance Oversight System (HIOS) June 2. YHI will provide the 2023 carrier participation agreement and there are no major
changes in those agreements this year. On July 26, proposed rate changes will be posted on the Department of Insurance’s (DOI’s) website and a week after that, signed carrier participation agreements are due to YHI. Advance Premium Tax Credit (APTC) redeterminations will begin on September 15, anonymous shopping will begin on October 1, and all final rate changes will be posted to DOI’s website by October 2. OE will begin October 15 and end December 15.

10. Technology Roadmap

Mr. Kelly reviewed the technology roadmap, saying that the 23.6 release will include some ticketing improvements, which will continue to improve in-system ticketing and expand features to carriers. This release will also reduce the paperwork burden for consumers with reasons for income inconsistency such as employment fluctuations. IVR authentication will deploy in either 23.6 or 23.9 and it will enable consumers to authenticate their account before they reach a customer advocate (CA), which will save call handle time and allow us to serve more people over the course of the day.

The 23.9 release will include the translation of the HIX into Spanish, which is a continuation of our focus on serving the Hispanic community.

Mr. Thomas asked if YHI was handling the translation or if GetInsured would do it.

Ms. Lapierre replied that we are using the same service that translates our notices.

Mr. Kelly continued, saying another item included in the 23.9 release is the removal of the requirement to verify income if a household is not on record with the IRS, allowing those individuals to self-attest to that income. We will also be adding some stabilization to reduce risk and prevent enrollment issues in customer experience after a Medicaid referral.

The 24.1 release is the implementation of our annual compliance updates to the 1095A tax form.

Chair Fulkerson asked who were the new tax filers that were referred to in the 23.9 release.

Mr. Kelly said that this verification was required when the IRS does not have a record of income for an individual.

11. Marketing and Outreach Update

Ms. Lapierre began the update on YHI’s paid advertising campaign by saying that the Always Present campaign, Big Life Changes, launched on March 1. The media buy is a mix of traditional, digital, and connected TV. We have already seen an increase in impressions with just over six million impressions as of May 28.
Chair Fulkerson asked what connected TV is.

Ms. Lapierre said that it is non-traditional television or streaming services such as Hulu or Netflix.

Ms. Lapierre said with the Lost Medicaid? campaign, we have been able to target a broader audience, which has boosted impressions for both campaigns. At this time in 2022, we were at four million, so we have seen a 125% increase in impressions with only a 45% increase in spend.

Ms. Lapierre said that we were able to hire a current YHI team member to fill the position of Bilingual Outreach Coordinator. He was previously working as our Connector Coordinator, so his experience and knowledge has helped get things off to a good start. In-person event participation is on the rise and more opportunities are available, especially targeting the Hispanic community. We have renewed our focus on community health centers and regional hospitals, along with other prospects in rural areas such as local libraries and school districts. We have engaged Drake Cooper for the Agent and Broker Co-op Marketing creative direction. The Request for Application (RFA) was issued on May 1, applications are due by June 23 with a target award date of August 3.

12. CMS / Policy Update

Mr. Kelly said unsurprisingly, Medicaid Continuous Coverage unwinding has dominated the state landscape. Unwinding has highlighted opportunities to have more communications for consumers that transition from DHW to YHI. We currently have a handshake letter in place that people who are referred to YHI from DHW receive and we also reach out via SMS. This outreach contains information about who YHI is and how to reach us. Mr. Kelly and Mr. Leach are evaluating which organization will be responsible for the handshake letter and other requirements which will continue post unwinding.

The Idaho High Risk Reinsurance Pool Board has determined that the impact of the 1332 reinsurance waiver on the 2024 individual Affordable Care Act-compliant market will be that rates will be 16% lower than they would be absent the waiver. The impact for Plan Year 2023 (PY23) was 12%, which means there is an incremental 4% impact year over year. For YHI’s budget assumptions for PY24, we assumed a 4% increase, which means that if proposed rates come out with a 4% increase, it will be as expected in our budget.

Chair Fulkerson asked if a variance either way could have an impact on the YHI budget and Mr. Kelly confirmed that.

Mr. Nate commented that nationally the trend is expected to be about 8%, with variations based on plan, region, payer, etc.

Mr. Kelly shared that he watches some nationwide bloggers who track rate filings by state and while information from all states is not yet in, preliminary impacts are
everywhere from low double digit increases to mid to high single digit increases, depending on the state.

For the federal policy update, the Notice of Benefit and Payment Parameters for PY24 has been finalized. There were several key areas of focus, including that the user fee for healthcare.gov states will be 2.20% in 2024. YHI is investigating a potential move to a Per Member Per Month (PMPM) model for assessment fees in PY25.

Regarding a modification for the auto renewal hierarchy, the Policy Steering Team (PST) has opted to defer and re-evaluate in one year.

Another area of focus is extended SEP timelines for Loss of Medicaid. Idaho plans to retain a 60-day SEP for Loss of Medicaid, but the topic is still under discussion and a final decision is expected next month.

For coverage effective dates for future loss of coverage, Idaho will allow consumers to enroll with an APTC or cost sharing reduction for a partial month overlap in coverage when off-exchange coverage ends mid-month.

The income verification process has been simplified to reduce the number of consumers that are required to verify.

Expected to begin PY25, the failure-to-reconcile process (FTR) will require exchanges to act on FTR once a consumer has not reconciled for two consecutive years rather than one.

Chair Fulkerson asked if allowing overlap in coverage effective dates would cause any operational issues for YHI.

Mr. Kelly replied that this type of change would not require additional technology or operational changes.

Other PST policy changes are a change to default plan sort based on lowest estimated expense rather than lowest net premium, which will make it easier for consumers to see not only what it will cost to have the insurance but to use it as well. There is also a new SEP for consumers with a coverage interruption due to failing to complete verification requirements.

The final policy update presented by Mr. Kelly was a rule proposed by the Centers for Medicare and Medicaid Services (CMS) to modify the definition of “lawfully present” to incorporate deferred actions for childhood arrivals effective November 1, 2024. The final rule is expected in the next few months.
13. FY23 Goals Update

Only one of the variable pay goals that is germane to this committee is currently active, and that is Idahoans’ Experience. On this goal, our current NPS is 65, which is 100% outcome compared to a goal of 39 for the non-OE period.

Other completed goals relevant to this committee are Retention and Enrollment and Risk Management. Auto-renewals ended at 99.9% and enrollments are trending above last OE. Enrollment as of December 15, 2022, was 93,486 compared to a goal of 96,000, which is 91% outcome. Our brand image, measured via the annual customer survey, was a +70 differential, which is 100% outcome.

14. FY24 Strategic and Variable Pay Goals

Mr. Kelly stated that when he and his team developed the Fiscal Year 2024 (FY24) goals, they kept in mind the six strategic goals that were endorsed by the Board in the March 2023 meeting. All of the variable pay goals we will discuss momentarily ladder to one or more of these strategic initiatives. In a couple of the variable pay goals, we have shifted from overall corporate measurements into individual accountability. As a reminder, a person’s role in the company is considered when weighting their individual variable pay goals so, for instance, a customer-facing role would have more weight on Flawless Customer Experience and a finance centric role would have more weight on Low-Cost Promise.

Chair Fulkerson commented that she imagined that Safeguarding Idahoans’ Information would fall across all areas.

Mr. Kelly agreed and said the most relevant goal would be Risk Management.

He continued, saying Flawless Customer Experience is proposed to be a two-part goal, with the first part being NPS. The fiscal year will be divided into two periods of performance: July thru December and January thru June. Understanding that the current NPS is extremely high, increases to that score are expected to be moderate. Mr. Kelly noted that in the Governance Committee meeting this morning, the question was asked what a realistic top NPS would be. He said that while mathematically a score of 100 is possible, 70 is probably the highest we can reach due to the nature of what we do. One of the companies that he works with in the Treasure Valley is in a different industry doing something that is fun and enjoyable and their NPS is in the 80s. Because of the type of industry that YHI is in, it would be very difficult to be higher than 70 on a consistent basis.

The second part of this goal is Brand Image, which measures how favorably consumers view YHI, based on the results of the annual customer survey. This goal is measured by subtracting the percentage of people who see us in a negative light from the percentage of people who see us in a positive light. Our score over the last five years is a 61, which is the baseline we will work from.
In addition to NPS and Brand Image, we are proposing that we add an individual accountability performance metric to recognize the top performers in the Customer Support Center (CSC). Using the Quality Assurance (QA) program already in place, CAs and leads will be recognized for exceptional performance. Based on a 20-60-20 bell curve, team members will be recognized with the top 20% receiving $200 and the middle 60% receiving $100. Periods of performance would be July thru December and January thru June and the budget will be funded from the existing compensation plan, estimated to be $6,000 per year.

Chair Fulkerson and Mr. Kelly briefly discussed that the goal periods are six months long, so if a person performed well and was consistently in the top 20%, they would have the opportunity to earn an extra $400 per year.

The Enrollment and Low-Cost Promise goals are in many ways tied together. If we make our Enrollment goal, Low-Cost Promise is that much easier to achieve, and vice versa. Enrollment is based on our budget and given the 23% increase for OE24, it is very challenging. 116,000 enrollments as of the end of OE represents the 100% threshold and 110,00 enrollments is the 80% threshold. While we are seeing enrollment growth this year due to Medicaid unwinding, we know that population is likely more transient than our base population, so this goal is still significant.

The Risk Management goal will continue to be measured by phishing campaigns, but we are shifting from a team goal to individual accountability. There will be six phishing campaigns and in order to reach 100% achievement, you have to properly report and not respond to all six campaigns. The 80% achievement would be reached by those who miss one campaign. We have found that the same people miss campaigns over and over, so anyone who misses more than one will not receive any payout for that period.

**Motion:** Mr. Thomas moved that the Marketplace Committee recommend to the Board approval of the FY24 Goals as presented today. **Second:** Mr. Nate. The motion carried.

15. Contract Addendums

Mr. Kelly said that we have three contract addendums and one enrollment entity RFA to review. They are all existing contracts and none of them have met the seven-year mark except for Drake Cooper, which was discussed at the March Board meeting.

a. **Risch Pisca SOW**

Risch Pisca is our legislative and regulatory affairs vendor. YHI would like to continue to work with them as the education liaison for state and federal regulation and legislation. Deliverables will include state legislative and regulatory updates and issues tracking, interpretation, and strategic counsel on policy reform. SOW #7 remains consistent with the prior year at a not-to-exceed amount of $48,000, which is included in the approved FY24 budget.
**Motion:** Mr. Thomas moved that the Marketplace Committee recommend to the Board approval of the Risch Pisca SOW #7 in an amount not to exceed $48,000. This amount is included in the FY24 Budget. **Second:** Ms. Lodge. The motion carried.

b. **Drake Cooper**

Drake Cooper will continue working with YHI as the provider of Creative Services. In alignment with strategic goals, the scope of work has been expanded to include the remaining 2023 Always Present campaign (July through September), the annual OE campaign, and the 2024 Always Present campaign. Deliverables include both OE and Always Present campaign strategy, asset design and production, media services, and campaign performance reporting. SOW #12 is at a not-to-exceed amount of $1,006,000, which is included in the approved FY24 budget.

Ms. Lodge raised the point that it would be good to discuss the pricing structure for media buys and the advertising campaign to make sure that we are still getting the best deal in today’s competitive market and that the partnership is structured in a way that is beneficial for both parties.

Mr. Kelly explained that we have a monthly agency fee which covers account management. All of the creation of assets and arranging of purchasing paid media is paid out of a separate pool of money. The amount stated in the motion is the sum of those two amounts. He added that he would follow up with Ms. Lodge in further detail.

**Motion:** Ms. Lodge moved that the Marketplace Committee recommend to the Board approval of the Drake Cooper SOW #12 in an amount not to exceed $1,006,000. This amount is included in the approved FY24 budget. **Second:** Mr. Nate. The motion carried.

Chair Fulkerson asked if any board members reviewed the details of the contracts, and Mr. Kelly said that redlines and final copies of all the contracts are included in the materials that are sent out to the committees and board prior to the meetings.

c. **DHW MOU**

The Idaho Department of Health and Welfare provides services centered on Health Care Assistance and support and this memorandum has been in place since 2013. Services include referrals for potential APTC customers, with YHI determining eligibility. The amendment would extend the current term to August 31, 2024, and costs are included in the approved FY24 budget.
Motion: Mr. Nate moved that the Marketplace Committee recommend to the Board approval of the DHW MOU in an amount consistent with the FY24 Budget as presented today. Second: Mr. Thomas. The motion carried.

d. Enrollment Entity RFA

YHI sends out this RFA annually to engage with enrollment entities across the state. They provide enrollment counselors who assist Idahoans in understanding their eligibility and the application process but recommend agents and brokers for plan selection. Entities reach out to underserved populations who may have limited English skills or limited access to computers. They report on the monthly total of people served, their demographic information, and their geographic information. The annual RFA will be issued in July for a total amount not to exceed $309,000, which is included in the approved FY24 budget.

Mr. Nate asked if there was any reporting on conversion rates for consumers who go through an enrollment entity, in terms of return on investment (ROI).

Mr. Kelly said that it is difficult to know the ROI because once an enrollment counselor gets a consumer through the application process, they hand them off to a broker or agent to help with plan selection. This ensures that we are giving agents every opportunity to enroll and that enrollment counselors are assisting the consumer. Exchanges are not allowed to pay for enrollments, which is why this is measured based on people served. About 2% of our enrollments have an enrollment counselor as opposed to an agent, but we know that enrollment counselors help many more people than we can directly attribute to the enrollment entities.

Mr. Nate asked what training requirements were in place for enrollment entities.

Mr. Kelly replied that each enrollment counselor goes through the same certification that agents and brokers do. They are also included in the monthly webinars, and we have one-on-one meetings with them throughout the year to make sure that they have what they need.

Motion: Mr. Thomas moved that the Marketplace Committee recommend to the Board release of the Enrollment Entity RFA and request the Board authorize the RFA Review Team to select the enrollment entities and authorize the Executive Director and the Marketplace Committee Chair to execute the Enrollment Entity contracts at an amount not to exceed $309,000 collectively. This amount is included in the approved FY24 budget. Second: Mr. Nate. The motion carried.

16. Next Meeting

The next meeting will be in late August or early September. Ms. Sparks will reach out to schedule.
17. Adjourn

There being no further business before the committee, the Chair adjourned the meeting at 3:16 p.m.

Signed and respectfully submitted,

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Janice Fulkerson, Committee Chair