



**Idaho Health Insurance Exchange  
DBA Your Health Idaho**

**Board of Directors Meeting Minutes  
Friday, September 15, 2023**

**Board Members Present**

- Ms. Janice Fulkerson, Chair
- Ms. Heidi Hart, Vice Chair
- Ms. Tara Malek, Secretary
- Mr. Kevin Settles, Treasurer
- Mr. Bobby Cuoio (via videoconference)
- Mr. Greg Donaca (via videoconference)
- Representative Rod Furniss (via videoconference)
- Senator Linda Wright Hartgen (via videoconference)
- Ms. Carolyn Lodge (via videoconference)
- Senator James Ruchti (via videoconference)
- Mr. Peter Sorensen
- Mr. Brett Thomas (via videoconference)
- Ms. Karan Tucker (via videoconference)
- Mr. Wes Trexler for Director Dean Cameron
- Mr. Shane Leach for Director Dave Jeppesen (via videoconference)

**Others Present**

- Mr. Pat Kelly, Your Health Idaho
- Mr. Kevin Reddish, Your Health Idaho
- Ms. Kilee Lane, Your Health Idaho
- Ms. Nichol Lapierre, Your Health Idaho
- Mr. Bobby Vernon, Your Health Idaho
- Ms. Julie Sparks, Your Health Idaho
- Ms. Stephanie Husler, Your Health Idaho (via videoconference)
- Mr. Mike Stoddard, Hawley Troxell
- Ms. Shannon Hohl, Department of Insurance
- Mr. Nathan Pierce, St. Luke's Health Plan
- Mr. Matthew Wolff, St. Luke's Health Plan
- Ms. Ellen Duncan, Eide Bailly LLP
- Mr. Kevin Smith, Eide Bailly LLP

## 1. Call to Order

Following proper notice in accordance with Idaho Code Section 74-204, the Board of Directors meeting of the Idaho Health Insurance Exchange (Exchange) was called to order by Ms. Fulkerson (Chair) at 8:43 a.m., Friday, September 15, 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

Ms. Malek called roll and determined that Chair Fulkerson, Ms. Hart, Mr. Settles, Mr. Cuoio, Mr. Donaca, Representative Furniss, Senator Wright Hartgen, Ms. Lodge, Senator Ruchti, Mr. Sorensen, Mr. Thomas, Ms. Tucker, Mr. Trexler for Director Cameron, and Mr. Leach for Director Jeppesen were present, resulting in a quorum. Mr. Erstad, Dr. Fairfax, and Mr. Nate were 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. Settles moved to approve the meeting minutes from the June 16, 2023, Board meeting as presented today. **Second:** Ms. Hart. **The motion carried. Ms. Tucker abstained from voting.**

## 4. Review Agenda

Chair Fulkerson reviewed the agenda, no changes were made.

## 5. Review Roadmap

Chair Fulkerson reviewed the roadmap, no changes were made.

## 5. New Board Member

Chair Fulkerson reported that Mr. Bobby Cuoio was appointed by the Governor to the Your Health Idaho (YHI) Board of Directors on September 11, 2023. Mr. Cuoio is from

the Pocatello area, works for the Hospital Cooperative, and is filling the Consumer Interests representative spot that Mr. Weeg vacated.

Mr. Cuoio briefly introduced himself and stated that he is glad to be joining the YHI board.

Chair Fulkerson noted that she and Mr. Kelly are working to build a pool of candidates for future board members and urged current members to share the names of any potential candidates with Mr. Kelly.

## **6. Executive Summary**

Mr. Kelly shared that we currently have more than 104,000 enrollments, which is the highest enrollment in YHI history going into Open Enrollment (OE). As a result of Medicaid unwinding, we have over 13,500 enrollments, which exceeds our goal by about 35%. Further details regarding enrollments will be shared later in the meeting.

In alignment with our enrollment goal, we have increased our enrollment entity engagement. Two of the respondents to our Request for Application (RFA), the Idaho Community Health Center Association and Idaho Association of Free and Charitable Clinics, were awarded contracts. We have also engaged with St. Alphonsus Hospital in a zero-dollar contract.

Our marketing co-op program, which provides matching funds to agents and brokers across the state, fell a bit short of our goal. We awarded seven contracts out of the nine applicants, which is below the target of 40. However, we believe that having a smaller number in our first year might prove to be fortuitous as we operationalize the program.

Mr. Kelly continued with policy updates, saying the Idaho Department of Insurance's (DOI's) 1332 re-insurance waiver continues to mitigate premium increases in the individual market. The Idaho High Risk Pool board approved funding equivalent to a 16% decrease for Plan Year 2024 (PY24). Preliminary rates released by DOI show an overall average rate change of 0% from 2023. YHI's Fiscal Year 2024 (FY24) budget assumed a 4% increase for PY24. Impact analysis is ongoing.

On July 7, 2023, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule limiting plans to an initial term of three months, and no more than four months, with any renewal or extension. Existing plans will be grandfathered.

Additionally, we are awaiting finalization of a proposed rule to modify the definition of "lawfully present" to incorporate deferred action for childhood arrivals that is expected to become effective November 1, 2023.

## 7. Strategic Initiatives and Goals

Mr. Kelly said in March of this year, the board approved our six strategic initiatives and in June, the board approved our variable pay goals that ladder to these initiatives.

### a. Strategic Initiatives

Mr. Reddish presented an update on Safeguarding Idahoans' Personally Identifiable Information (PII) and said that one of the things we are working on this year is business continuity and disaster recovery, specifically what would happen if this building was gone. He and his team are about halfway through creating a process for how that scenario would be handled. Another thing his team is focused on is social engineering. We have monthly phishing campaigns to keep phishing top of mind for our team and we are modeling our campaigns after actual threats we have seen. Mr. Reddish said his team is working on giving consumers the ability to use a one-time password. CMS has alluded to a potential future requirement for multi-factor authentication that we would like to get ahead of. Mr. Reddish reported that we completed our CMS audit this year for the Minimum Acceptable Risk Standards for Exchanges (MARS-E). We performed two penetration tests, testing the HIX environment and our corporate network. We had an unexpected IRS Safeguards audit earlier this year, with the IRS coming onsite to perform an audit focused on Federal Tax Information. The results of both audits were favorable.

Ms. Hart asked if the IRS had any recommendations stemming from the audit for items to put on the roadmap.

Mr. Reddish replied that there were some administrative suggestions but nothing significant. The IRS and CMS have different requirements, so we are making our policies more stringent to make them align with both IRS and CMS instead of having two different sets of policies.

Mr. Vernon began his update on Flawless Customer Experience by reviewing the items that are ongoing or in progress. We are working on IVR automation for PII verification, which will allow consumers or Consumer Connectors to self-verify, providing savings in both time and cost. We are working on providing timely and effective feedback on opportunities for team members and we regularly communicate with consumers via email, SMS, and our quarterly newsletter. We have added an internal bilingual (Spanish) queue that will help with cost efficiency but also provides a better customer experience. An increase in universal agent training is another item we are working on, as we have found that the more areas our customer advocates are trained in, the more efficient they will be.

Regarding completed items, Mr. Vernon reported that we have built a priority toll free number for our Consumer Connectors, which drastically reduces hold time for Connectors and allows them to spend more time with their clients. The Spanish translation of HIX will go live with the 23.9 release this month, which will also allow consumer notifications in Spanish to those who prefer that language.

Mr. Vernon added that we continue to look for opportunities for increased automation and self-service capabilities, with the intent to grow our capabilities without increasing the need for supporting resources.

Ms. Lapierre reviewed our progress on the Partnerships goal, stating that partnerships remain an important part of YHI's success. Items that are ongoing or in progress include continuing to connect agents and brokers with consumers affected by Medicaid unwinding, building upon partnerships with health systems, and continuing outreach efforts with key community groups and health centers. Our co-op marketing program has seven participating agents and the smaller group this year is proving to be beneficial as it has allowed us to quickly adjust where needed. We will continue to partner with the Idaho Department of Health and Welfare (DHW) to send handshake letters to those who lose Medicaid and are transferred to YHI.

Ms. Hart asked if the agents participating in the co-op marketing program were statewide or concentrated in a specific area.

Ms. Lapierre responded that they are spread across the state, with approximately two in each region.

Mr. Kelly said one of our overarching strategic goals is to enroll 125,000 Idahoans by 2025. One of the foundational elements for that goal is the optimization of real-time eligibility. We have shifted to more continuity in our advertising campaigns with year-round advertising, along with the co-op marketing campaign. The EZ Enrollment initiative that has been discussed for a few years has been tabled for the time being, but we will continue to evaluate its viability in the future. Some of our longer-term initiatives are individual health savings accounts and small business enrollment options for OE25.

Regarding the Corporate Leadership and Culture goal, Mr. Kelly said our team members are our greatest resource. We continue to invest in our programs and increase engagements such as total compensation, stay interviews, and access to professional development courses. Our employee Net Promoter Score (eNPS) and Gallup surveys continue to provide feedback on opportunities for improvement. One of the highlights for the executive team has been our leadership development workshops, which will be expanded to team members with direct reports.

Ms. Lane discussed the Low-Cost Promise and Fiscal Strength goal, reporting that the projected enrollment for quarter one is 6.2% above what was in the budget. Team member retention is maximized through engagement activities, including meals, cornhole, and Chat with Pat. While we continue to outsource seasonal team member recruiting with Robert Half, Ms. Fletcher and her team are also recruiting seasonals directly as well. We continue to monitor long-term cash flow impacts, such as the impact of the projected 0% change in premiums to the budgeted 4% change. We will revisit investment strategies, with our Certificates of Deposit (CDs) currently earning well over 4% in interest. The move to a per member per month (PMPM) model will

be evaluated, which would move us from charging a percentage of the premium to a flat rate.

**b. Revisit FY24 Variable Pay Goals**

Mr. Kelly reminded the committee that goals for our variable pay program were presented at the June board meeting. YHI has strong performance in many areas, and there was discussion about the difficulty in showing growth when performance is already so high. Maintaining high performance was a theme, and with this in mind, the board requested YHI revisit the metrics for two of our goals.

First was Idahoans' Experience, which has two components: Net Promoter Score (NPS) and brand image. We were asked to focus on the NPS portion of the goal. Our NPS has been in the low- to mid-sixties since the launch of real-time eligibility, which is in the range of world class customer service. The original proposed goal was 100% payout for a score of 67, with a 60% payout for a score of 65. We recognize that those are high scores to achieve, so we are proposing a range of payouts and stretch goals, with scores 60-64 receiving 60%-100% payout and 65-67 receiving a payout of 100%-110%. Mr. Kelly said that achieving 110% would be about a \$6,000 increase in our overall variable pay budget, which is a relatively small amount but meaningful to the team.

Mr. Sorensen asked if a 110% payout was enough.

Mr. Kelly replied that the concept of stretch goals was introduced at the last all hands meeting and there was quite a bit of excitement about it. It is also not just about the money, but the opportunity to be recognized for achieving over 100%.

Mr. Donaca asked if stating the NPS stretch goal as 65-plus would provide more clarity than 65 to 67.

Mr. Kelly replied that anything over 67 would be paid out at 110%, as we have limited the payout from a financial standpoint, and he appreciated Mr. Donaca's suggestion.

The other goal that we revisited is our Enrollment goal. The original goal was 116,000 enrollments by midnight on December 15, which is the end of OE. While stretch goals are great, we want to make sure they are still attainable. The new proposed goal is a payout of 60%-100% for reaching targets of 105,000-110,000 and a stretch goal of 100%-110% payout for reaching 110,00-116,000. This change would also be about a \$6,000 increase in the variable pay budget.

Mr. Sorensen asked if we had considered using annual member months for the goal metric instead of enrollments on a certain date.

Mr. Kelly responded that this enrollment goal is focused solely on performance during OE, as we have some influence on this number through marketing, training, communication, technology, etc. The low-cost promise goal would capture the information Mr. Sorensen suggested, as it measures revenue, which is primarily driven by member months over the course of the financial year, as well as our ability to control expenses. He said that these goals together measure the performance of the team along with the health of the market.

**Motion:** Ms. Hart moved that the Board, as recommended by the Committees, approve FY24 Variable Pay Goal revisions as presented today. **Second:** Mr. Sorensen. **The motion carried.**

## **8. Financial Update**

### **a. FY23 Audit Results**

Mr. Smith of Eide Bailly briefly spoke about the financial and programmatic audits he and his team performed for YHI in June and July. The results of both audits were free from material misstatement in accordance with Generally Accepted Accounting Principles (GAAP).

**Motion:** Mr. Settles moved that the Board, as recommended by the Finance Committee, approve the Audited Financial Statements and Audit Report for the financial year ended June 30, 2023, including additional information contained in the report and as presented today. **Second:** Ms. Hart. **The motion carried.**

**Motion:** Mr. Settles moved that the Board, as recommended by the Finance Committee, approve the Programmatic Audit Report for the financial year ended June 30, 2023, including additional information contained in the report and as presented today. **Second:** Ms. Malek. **The motion carried.**

### **b. FY23 Financial Review**

Ms. Lane presented a brief overview of the FY23 consolidated income statement. There was unfavorability of \$55,000 in assessment fee revenue driven by lower enrollments in PY23. Other income showed favorability of \$233,000 driven by interest earned on the CDs. There was \$135,000 in favorability in grant income driven by recognition of grant revenue planned for in FY22. View Pointe income favorability of \$44,000 was driven by billback for tenant utility costs. Total operating expenses showed favorability, the majority of which was driven by favorability in personnel costs due to open positions and the tight labor market. Some unfavorability in marketing and outreach was driven by the Medicaid unwinding paid advertising campaign. General operating unfavorability was driven by higher utility costs and IT subscriptions, offset by lower training and travel costs. Eligibility and enrollment favorability was driven by lower DHW costs and seasonal positions, and Connector favorability was driven by a tribal agreement that was not finalized and lower training

costs. Overall, total operating expenses were below budget by \$495,000 and net operating income was favorable to budget by \$851,000. CapEx showed favorability of \$334,000, driven by lower than anticipated CapEx in both technology and View Pointe.

Ms. Hart asked for some explanation about the tribal agreement, and Mr. Vernon explained that at the time of contract renewal this year, the Sho-Ban tribe did not agree with certain components of the contract. Mr. Vernon and the tribal representative agreed to follow up in November to see if an agreement can be reached.

Ms. Hart asked if there were any outreach strategies for the tribal members replacing this agreement to ensure tribal members knew about and could access YHI.

Mr. Vernon explained that YHI still supports the tribes whether there is a contract in place or not.

#### **c. FY24 Financial Forecast**

Ms. Lane presented the financial forecast relative to the approved FY24 budget, starting with YHI operations. Assessment fee favorability in PY23 from higher enrollments is offset by lower premiums in PY24. Interest income favorability continues, with \$7 million in CDs earning 4.65%-4.85% interest. There is expense favorability driven by non-customer facing open positions in the first quarter. The talent team is actively recruiting and has filled two of those positions, with a new class starting next Monday.

For View Pointe, interest income favorability continues, with a total of \$1.4 million invested in two CDs, one for \$1 million and one for \$400,000. These are both earning 4.65% interest. Unfavorability in higher utility costs offsets the interest income favorability, and we have no change in our existing View Pointe tenants.

Ms. Lane continued with the FY24 consolidated financial forecast, noting that it only covers one month of the fiscal year. Higher than anticipated enrollments due to unwinding provide favorability in assessment fees, with interest income also showing favorability due to higher rates for the CDs. View Pointe income is projected to break even. Most of the favorability on the operating expense side comes from the open positions mentioned earlier. As those positions are filled, that favorability is expected to change. Overall net operating income is favorable to budget by \$219,000, and we expect to spend all that we have allocated for CapEx in FY24.

Ms. Lane gave a brief overview of the sustainability cash flow projection through 2029. The budget shows us staying well above the nearly \$8 million OpEx and CapEx cash reserves. The projection, which takes into account the flat premium rates as discussed earlier, does not show us dipping into the OpEx reserve until January 2029.



Chair Fulkerson asked if switching to a PMPM model versus a percentage could help us stay above the cash reserve.

Ms. Lane replied that was a possibility and she can run a scenario on that.

Mr. Kelly agreed with Ms. Lane and added that moving to a PMPM model involved a lot of complexities that are still being researched.

## **9. Operational Update**

### **a. PY23 Enrollment and Medicaid Unwinding Update**

Ms. Lane stated about 44,000 Idahoans have been transferred to YHI from DHW. As of September 12, 13,500 of those have enrolled with the Special Enrollment Period (SEP) for Loss of Medicaid, which is 35% more than the original projection of 10,000. This is a conversion rate of 31% and we continue to track daily enrollment volume.

Mr. Sorensen asked what efforts are being made to reach out to the 69% of Idahoans who did not enroll on the exchange after losing Medicaid.

Mr. Kelly responded that the efforts made by DHW and YHI that contributed to the high conversion rate will continue. These efforts include QR code flyers, paid advertising, SMS, email, and traditional mail. While unwinding ended on August 31, there is a 90-day SEP for anyone who has lost Medicaid. As we get into OE, we will continue to send notices, reminding people to enroll for 2023 and 2024.

Mr. Sorensen asked if the board has the authority to open a 90-day SEP for all Idahoans who lost Medicaid from the beginning of unwinding through the end of the year.

There was discussion between the board, the YHI team, and Mr. Stoddard about possible impacts to enrollment and the correct way to go about proposing and enacting this SEP. It was decided to discuss it at the next Policy Steering Team (PST) meeting, which will be held on September 19.

Ms. Lane continued with the enrollment update, saying Medicaid unwinding is driving the increase in enrollments from April through August. Over 104,000 Idahoans have coverage which positions YHI well going into OE. Enrollment is expected to decline through the end of the year due to natural attrition and slowing of Medicaid unwinding enrollments.

Mr. Kelly said 98% of unwinding enrollments have a tax credit versus 89% overall, and 62% of unwinding customers have an agent versus 69% overall. The 0-18 population is now the largest age group with a 2% increase in the past quarter. Enrollment mix by carrier is slightly different for Medicaid unwinding compared to

the overall enrollment distribution. Select Health and Regence have the highest share of unwinding enrollments, while St. Luke's Health Plan has the largest percentage increase in the number of enrollments. Metal tier mix for Medicaid unwinding reflects availability of cost-sharing reductions compared to the overall enrollment distribution. 46% selected a silver plan compared to 30% of overall enrollments, due to cost-sharing reductions available for incomes up to 250% of the federal poverty level. Gold mix is slightly lower for unwinding, likely due to affordability.

**At this time, the Board took a short break.**

**b. Customer Experience**

Mr. Vernon stated due to Medicaid unwinding, 2023 year-to-date (YTD) volume is about 34% higher than this point in 2022. He added that we have been well-staffed and thus able to handle the increased volume. NPS has been consistently high since the beginning of OE last year, with no score lower than 62 since OE ended and we are currently tracking about 28 points higher than we were at this time in 2022.

**c. PY24 Preparations**

**i. Certification and Training Update**

OE24 certification training began August 15. All certification requirements must be completed prior to October 15 in order to assist consumers and sell plans through YHI. We currently have 999 certified Connectors, which is an increase of 50 year over year. Our Customer Support Center (CSC) team members are cross-training to be able to offer additional support on chat and allow them to process all ticket types prior to the start of OE. The Quality Assurance team is working with CSC team members to ensure Acknowledgment, Assurance, Connection, Ownership, and Positive Positioning (AACOP) principles are understood and adhered to.

**ii. Redeterminations and Renewals Timeline**

Ms. Husler presented the timeline for PY24 redeterminations and renewals, which is as follows:

August 4	Signed carrier participation agreement due to YHI
September 15	DOI to provide final Qualified Health Plan (QHP) recommendations to YHI
September 22	QHP certification notices provided
September 28	Redeterminations and renewals begin
October 1	Anonymous shopping begins
October 2	All final rate changes posted on DOI website
October 10	Redeterminations and renewals complete

October 15	Open Enrollment begins, consumer renewal notices sent
December 15	Open Enrollment ends

### **iii. Technology Update**

Ms. Husler gave a brief overview of the items included in the upcoming technology release. It will include site Spanish translation, which will translate the HIX platform and notices into Spanish, enabled through the language preference selection. The release also includes improved ticket queue visibility to due dates, to provide the YHI team with visibility to which tickets have upcoming due dates. The third item included in this release comes from this year's notice of benefit and payment parameters where CMS gave states the ability to not require an income verification for tax filers without income data on record with IRS. The final item in the 23.9 release is the IVR authentication. This will allow consumers to authenticate themselves through the IVR prior to connecting to YHI customer service. This year we also have a special release, which is provider search in-house functionality. It will transition provider data management from external vendors to GetInsured and enable provider search in the dental shopping experience.

### **d. Marketing and Outreach Update**

Ms. Lapierre reported that our paid advertising campaigns, *Always Present* and *Lost Medicaid?*, will run through September 22. Performance continues to be strong, ending the month of August with over 20 million impressions and a total spend of \$140,000. Participation in events and outreach opportunities continues to return to pre-pandemic levels with an increase in involvement with Hispanic community events as both participants and attendees. The *Always Present* and OE campaigns for 2024 will be a single, cohesive creative concept that will unify the campaigns and allow for efficiencies in production and media planning.

Ms. Hart asked if we are tracking how many activities we participate in and if we have broken them down by district. She also asked how many events we participate in each year.

Ms. Lapierre replied that we have participated in about 40 events so far this year, with most of them taking place in the Treasure Valley. We keep a list of the activities we have participated in and also the ones that we are not able to, so that next year we can reassess if there is value in attending them.

Chair Fulkerson asked the members of the board to reach out to Ms. Lapierre if they know of events that they feel YHI should attend.

### **e. Talent Team Update**

Mr. Kelly stated that we continue to deploy our monthly eNPS survey. While our scores remain strong, we dipped from a score of 60 in June, July, and August to a

score of 56 in September. The survey also provides an opportunity for team members to add comments that we review for trends each month. New trends in September were around more communication about updates to our knowledge base, the complexity of the job requiring more follow-up training, and recent improvements in pay, staffing, workload, and communication.

One of our favorite engagement activities is team member appreciation week which took place in early August this year. Team member appreciation week encompasses five days of activities, fun, prizes, food, and our annual cornhole tournament. That week we closed early on Friday and had a mini carnival complete with dunk tank, food truck, and carnival games.

#### **f. Team Member Retirement Plan Options**

Mr. Kelly stated one of the questions that has come up several times over the course of YHI's history is whether we have different options for retirement plans for our team. We currently have a Simple IRA that was established in 2013 and was fit for purpose in the formative days of the exchange. It requires a 3% dollar for dollar employer match. Over the past few months, Mr. Kelly, Ms. Lane, and Ms. Fletcher have looked into what options are available to YHI. While YHI's entity cannot have a 401(k), we can have a 457(b). A 457(b) has establishment costs, annual administrative costs, and reporting requirements. While the Simple IRA employer match is capped at 3%, a 457(b) can have a higher employer match. Another benefit to a 457(b) is that team members can make a higher annual contribution, where the simple IRA maxes out at \$13,500 and the 457(b) maxes out at \$22,500. Incremental annual costs are approximately \$65,000, which includes the additional employer match, third party administrator costs, and annual reporting.

Both the Governance and Finance Committees reviewed and recommended this proposal for approval. The Governance Committee asked about key dates and elements to implementing a 457(b) on January 1. Those items are as follows:

September 15	Board approval
	Identify and select third party administrator / record keeper
October	Select a custodian
October	Plan documents finalized including legal review
Late October	Simple IRA participant noticing
Late November	457(b) participant notices, enrollment, and election forms
December 22, 2023	Last payroll for Simple IRA
January 5, 2024	First payroll deductions for 457(b)

Mr. Sorensen asked if team members who left YHI would be able to roll the funds from the new plan into another company's retirement plan and Mr. Kelly replied that they could.

Mr. Kelly added another item of note, which is that the establishment cost and annual cost combined could exceed the threshold for our procurement policy, which is

\$15,000. This would require us to issue a Request for Proposal (RFP). Included in the motion language, if it is approved, is a one-time exception to ensure we stay in line with our policies.

Mr. Donaca commented that he is supportive of a better retirement plan, as the main competitors for YHI's talent are the carriers. A selection of strong retirement plans is standard with carriers, so he feels it is necessary for YHI to offer comparable benefits in order to remain competitive in the employment market.

Ms. Hart noted that the Governance Committee had discussed the items that needed to be done to implement a new plan and the fact that there is no flexibility regarding the deadlines. She asked if the YHI team had any concerns about being able to complete everything in time, especially since it will be during OE.

Mr. Kelly replied that the YHI team, along with our legal counsel and current financial advisor will be working on this together, which will help make sure we meet all the deadlines. Additionally, a lot of the language on the plan documents is boilerplate, which will help move things along.

**Motion:** Ms. Hart moved that the Board, as recommended by the Governance and Finance Committees, approve of establishment of a 457(b) or similar retirement plan in accordance with applicable law to be utilized in lieu of the existing SIMPLE IRA plan effective January 1, 2024 and that as an exception to YHI's procurement policy, the Executive Director be delegated the authority to enter into contracts with such entities as he deems appropriate to manage such plans. **Second:** Ms. Malek. **The motion carried.**

## **10. Board and Committee Governance**

### **a. Review Committee Charters**

Ms. Hart stated it is standard practice to review the committee charters annually. A comprehensive review of all the charters was completed last year to clarify responsibilities and committee chair and member tenures. This year, only minor grammatical and formatting changes to each of the charters are proposed.

**Motion:** Ms. Hart moved that the Board, as recommended by the respective Committees, approve the changes to the Committee charters as presented today.

**Second:** Ms. Malek. **The motion carried.**

### **b. Board Survey and Annual Committee Self-Evaluation**

Ms. Hart said the board survey is an online survey which measures board engagement and provides insights into areas of strength and / or opportunities for the board. In the past, it has been administered by an independent third party which was important in YHI's formative days. The full results of the survey are shared with the executive

director, the Governance Committee, and the board. Pending board approval, the board survey will be administered by YHI's Director of Talent moving forward.

The annual committee self-assessments have previously been done during the committee meetings and are more informal in nature, with feedback only shared with those in attendance.

We are proposing that the committee self-assessment be incorporated into the annual board survey. It will be administered in November and discussed at the December committee and board meetings.

## **11. Plan Certification**

Mr. Trexler gave a brief overview of the certification process for QHPs and Qualified Dental Plans (QDPs). YHI, through its board of directors, has authority as to the health plans certified as QHPs and QDPs sold on the exchange. DOI ensures that all health plans offered in Idaho – whether on or off-exchange – comply with state and federal requirements. Each spring, carriers submit the plans they intend to offer for the next calendar year and DOI reviews the plans to ensure they comply with all applicable criteria. DOI recommends to the board the plans that they have found to meet the requirements for certification and the board votes on whether to accept DOI's plan certification recommendations, part of the recommendations, or some other action.

The standards for certification state that carriers must be licensed in Idaho and in good standing with DOI. They also need to be accredited by a federally recognized accrediting entity or pursuing accreditation if the first year on-exchange.

The medical plans need to meet the designated actuarial value (AV) for the metal level and provide coverage for all Essential Health Benefits (EHB) in Idaho's benchmark plan. The plans may not discriminate due to race, color, national origin, age, disability, sex, or health status. Plans must be meaningfully distinct from each other. Individual market plans need to include zero and limited cost sharing plan variations for American Indian and Alaska Native enrollees. Silver QHPs also include cost sharing variants with an AV of 73%, 87% and 94%, which are plans designed for low-income enrollees.

Provider networks are reviewed to make sure they are sufficient in number and types of providers to ensure availability of services to members within a reasonable time frame. Provider networks must include at least 35% of federally designated essential community providers.

A health plan's prescription drug formulary includes at least the number of prescription drugs in each United States Pharmacopeial Convention (USP) category and class as Idaho's EHB benchmark plan. Additionally, it must include at least one drug in every USP category and class if missing from the benchmark plan. Premium rates must be fair, varying only by rating area, age, tobacco use, and plan design.

Mr. Trexler said Idaho's section 1332 state innovation waiver application was approved on August 16, 2022. It reduces the cost of individual market health insurance by offsetting the premium impact of high-cost health conditions. In 2023, individual market insurance premiums were 12% lower than they would have been without the waiver. Carriers submitted their 2024 rates taking the impact of the waiver into consideration. Due to the waiver, individual market premium rates for 2024 will be 16% lower than they would have been without the waiver; in future years, premiums will continue to increase as a result of rising health care costs, but the waiver will keep premiums lower than they would be without the waiver.

Mr. Trexler said that in the individual market 2024, there will continue to be eight carriers offering on-exchange health plans. All carriers will offer silver and gold plans. Seven carriers will offer bronze plans, two carriers will offer catastrophic plans, and one carrier will offer a platinum plan in 2024. All counties will have a minimum of four carriers offering plans, with Fremont, Jefferson, Madison, Teton, Bonneville, and Cassia counties having one more carrier than last year. Overall, there are 154 plans across eight carriers, including all metal levels.

Mr. Thomas asked why DOI does not require all carriers to offer bronze plans in addition to silver and gold.

Mr. Trexler replied that silver and gold plans have always been a federal requirement under the Affordable Care Act (ACA) and up until recently, all carriers on the exchange have chosen to offer bronze plans as well. He said that each carrier decides what plans to offer based on what makes sense for them.

There are six rating areas in Idaho and with the exception of rating area one, which is in North Idaho, there are more individual plans available in every rating area this year than there were last year. Catastrophic, bronze, silver, and gold plans are available in each rating area, and one carrier is offering a platinum plan this year in rating areas three and five.

St. Luke's Health Plan is offering essentially the same four plans as 2023 in the same service areas. There are some minor modifications but overall, it is consistent with 2023.

Select Health is offering 32 plans which is an increase from 2023. This is mostly driven by the introduction of a new network called the Select Health Med Network, which is in Eastern Idaho, overlapping with some of the BrightPath network.

Regence has added two plans and discontinued three, for a total of 13 plans offered for 2024.

PacificSource offers 14 plans with two different networks. The networks essentially split the state in half, with the Navigator network covering the southern counties and the Voyager network covering the northern counties. Discontinued for 2024 is their catastrophic plan, and they added a new gold plan with a lower deductible.

Mountain Health Co-op is offering 18 plans across three networks. New this year is their platinum plan, which is only offered in the Link network. They discontinued one of their bronze plans.

Molina Healthcare is offering the same five plans in 2024 that they offered in 2023 with no plans discontinued.

At this time, there was discussion between several members of the board, Mr. Kelly, and Mr. Stoddard regarding the removal of the incentivization of bronze plans from some carriers and the process and guidelines surrounding setting certification standards. YHI and DOI will continue discussions on this topic, keeping in mind that the DOI regulates the business of insurance within the state.

Mr. Trexler continued presenting the proposed plans for certification, saying that Moda Health Plan is offering the same six plans for 2024 as offered in 2023 with a few minor changes. This carrier is not yet statewide, but they have expanded into several new counties this year, including Bonneville, Cassia, Fremont, Jefferson, Madison, and Teton.

Blue Cross of Idaho is offering seven plans across nine networks, for a total of 62 plans offered for 2024. The plans are similar to what was offered in 2023 with minor changes and no discontinuations. Blue Cross offers plans statewide, with at least one plan offered in each county. They have added one network this year, the Hometown Southwest network.

Mr. Trexler continued with the small group medical highlights. After an increase in plans offered for each of the past several years, the number of small group plans will decrease slightly from 209 plans in 2023 to 191 in 2024. Most of the decrease is due to the decline in gold plans. Blue Cross of Idaho will be offering a new silver copay plan and Select Health is adding the new Med small group plans. Mountain Health Co-op and PacificSource are introducing platinum plans and Moda has expanded into six new counties in the small group market. Regence and UnitedHealthcare will continue to offer small group plans off-exchange only. There are small group medical plans of all metal levels offered in every rating area of the state.

The same six dental carriers that offered on-exchange dental plans in 2023 are offering plans in 2024. The same number of plans will be offered this year.

Mr. Sorensen asked if PacificSource was offering 14 on-exchange dental plans, and Mr. Trexler confirmed.

In summary, DOI is proposing recommending for certification 382 plans across individual medical, small group medical, individual dental, and small group dental for 2024.

**Motion:** Mr. Thomas moved that the Board accept the recommendation of the Department of Insurance and approve and certify the 382 plans as qualified health and dental plans for plan year 2024 as presented today. **Second:** Mr. Settles. **The motion**



carried. Carrier representatives Mr. Sorensen and Mr. Donaca abstained from voting.

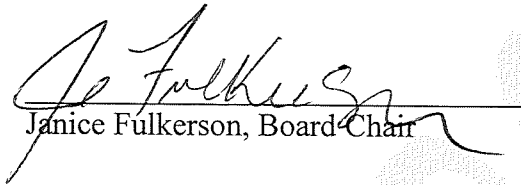
## 12. Next Meeting

The next board meeting will be Friday, December 15, 2023.

## 13. Adjourn

There being no further business before the board, the Chair adjourned the meeting at 11:43 a.m.

Signed and respectfully submitted,

  
Janice Fulkerson, Board Chair