



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

**Marketplace Committee Minutes
Wednesday, August 24, 2022**

Committee Members Present

- Ms. Janice Fulkerson, Chair
- Mr. Brett Thomas, Vice Chair
- Ms. Heidi Hart (via videoconference)
- Mr. Peter Sorensen (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
- Ms. Stephanie Husler, Your Health Idaho
- Ms. Julie Sparks, Your Health Idaho

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 8:02, Wednesday, August 24, 2022, 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. Hart, and Mr. Sorensen were present, resulting in a quorum. Ms. Lodge, Mr. Nate, and Director Jeppesen 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. Thomas moved to approve the meeting minutes from the May 25, 2022, Marketplace Committee meeting as presented today. **Second:** Ms. Hart. **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. 2022 Enrollment Update

Mr. Kelly began the update on 2022 enrollment by saying the pandemic and special enrollment periods (SEP) that came in response to the American Rescue Plan Act (ARPA) have caused stability in enrollments over the last three years. Since the end of the first quarter, not only have enrollments stabilized but there have been slight increases in July and August. We think these increases are due to a combination of our Always Present advertising campaign, enhanced tax credits, and the move to Real-Time Eligibility (RTE). As of this morning, September is coming in at about 77,700, which is about 200 lower than the month of August. This is the most stable Your Health Idaho's (YHI's) enrollments have been since the beginning of the exchange. We are encouraged about what the combination of Always Present advertising, enhanced tax credits, and RTE may hold for the future.

Mr. Kelly continued, saying that as the budget was being set in March, questions arose around what premium trends look like, what our net premium trends look like, and how consumer behavior is changing. For the last several years, about 85% of our customers received an Advance Premium Tax Credit (APTC) and on average, those people pay about \$73 a month per policy. In 2021, the average payment per policy for people with an APTC was \$35 and in 2020, it was \$66. What we learn from this is that bringing in new carriers tends to drive down the overall price point, as well as consumer price sensitivity. With the combination of new carriers and consumer price sensitivity, overall premium has declined from \$589 to \$520 over the last three years. We believe that the Public Health Emergency (PHE) has forced people to stay on Medicaid when they may otherwise be eligible for a Qualified Health Plan (QHP) and receive a large tax credit on the exchange. That, plus the benchmark price points coming down, has driven the

fluctuation in APTC amounts. We think that not having those larger tax credits is increasing the net premium in 2022. Then, as new market entrants come in, the second lowest cost silver is often lower, which is then driving the APTC dollars down as well.

Customers who do not have an APTC have a much higher mix of bronze, lower silver, and higher gold than those with an APTC. We believe that this means people are getting bronze because they want health insurance but do not think that they will use it much. Then we have those on gold which is the opposite: they are paying full price and know they will need to use it. It is important to note that these theories exclude any of our revenue recognition activities that can distort average premiums. Mr. Kelly asked members of the committee to share their opinions on the conclusions that have been drawn.

Mr. Thomas commented that year after year, he has noticed that new carriers come in with a disrupting silver plan and then, by the second or third year, their prices are commensurate with those of other carriers on the exchange. He stated that it is a good thing that carriers want to participate in the exchange, but he has wondered if the disruption is creating an imbalance in APTC where people are seeing their prices shift, particularly on bronze plans, and if this is affecting enrollments. He added that it may be appropriate to speak with the Idaho Department of Insurance (DOI) and see if they can regulate the pricing as new carriers join the exchange. Mr. Thomas said he feels if everyone is looking out for Idahoans, those benchmark disruptions are not healthy for the market.

Chair Fulkerson said she wondered how the 1332 waiver will impact this going forward.

Mr. Kelly stated that the High-Risk Pool board approved the 1332 waiver with a 12% impact. The preliminary rates from DOI (which assumed approval of the waiver) show about a 3% decline from the current year to next year. YHI's budget assumed a 3% decline as well. Without accounting for new market entrants, carrier or plan shift mix we do not believe that we will not have financial issues with this. It is too early to tell in terms of impacts from a second lowest cost silver or the impacts of any metal tier mix shift. Based on those preliminary rates, silver was a larger decline than the other metal tiers. Assuming that reflects the second lowest cost silver or the benchmark plan, that would potentially be another disruptor for 2023

Mr. Sorensen expressed that his concern, as a carrier, is loss of movement. These are extremely price-sensitive customers, so they feel like they have to move. Over a two- or three-year period, all the prices should have to come into some kind of compression point or to where they are within 4% - 6% of each other. He said that by lowering second lowest cost silver plans, you are essentially taking federal money out of Idaho, in this case somewhere between \$6 and \$7 million in APTC. This will put a lot of pressure on the provider community at a time when they are hamstrung by inflation. It feels like a double-edged sword to let these plans come in at low prices and take the APTC out of our market. It seems inappropriate to let that much money be absent from our total market.

7. Customer Profiles

Ms. Husler explained that the customer profile is a quarterly review of enrollments to look at the customer experience and see how trends are shaping out. This data was gathered on July 1, 2022.

Demographics are very stable, both with seasonality and over time. There are an average of 1.77 household members on each enrollment. There are slightly more women than men enrolled, which is consistent with prior years. Our largest age groups are pre-retirement 55 to 64 year-olds and people under 18 years old. One point of note is the increase of enrollments in the 55-64 age group likely driven by early retirees.

ARPA changes continue to impact the metal tier mix for 2022. We have seen an increase in the number of gold plans, up to 7.7% for the overall enrollment mix in July. We have also seen an increase in dental with 13.3% of total enrollments for the month of July. This shows that customers will shop up when they have the money to do so.

Currently, 83.8% of enrollments utilize cost savings, down from 86.1% in 2020. We anticipate shifts in future quarters due to changes from RTE.

Ms. Hart asked if people in one metal tier were more likely than another to enroll in dental coverage.

Ms. Husler replied while she did not have data specifically relating to that, the majority of dental plans purchased are for children. Families who have left over APTC, typically from a bronze plan not utilizing the full second lowest cost silver amount, will use that to pay the full price of children's dental.

8. Real-Time Eligibility Update

Ms. Husler began the update on RTE by saying the most notable change we have seen since going live is the increase in financial applications, which are up nearly 150% in the month of July. This data does not include July 1, where there was a lot of initial activity and some migration activity. We have had a 70% decrease in non-financial applications when comparing July 2021 and July 2022. These numbers might be inflated due to consumers submitting multiple applications as they worked through the learning curve. Since July 1, there have been 3,900 referrals from the Idaho Department of Health and Welfare (DHW), compared to 850 referrals from YHI to DHW. In July of 2021, 30% of enrollments that were created did not have APTC. In July 2022, only 26% had no APTC.

Chair Fulkerson asked if the referrals from YHI back to DHW were partial households, due to some members qualifying for an APTC and others for Medicaid.

Ms. Husler replied that it was both full and partial household referrals.

Ms. Hart commented the volume of work that has come with the RTE go-live seems higher than she would have expected and asked if YHI had anticipated that or if the team was starting to feel strained.

Mr. Kelly responded while we were a little surprised with the volume of applications, that does not necessarily translate directly into more work because much of the process has been automated that the human interaction has not measurably increased.

9. Customer Experience

Mr. Kelly moved on to a review of the total volume of enrollment work done by our customer support team for the last three years, including calls, tickets, and emails. There was a large increase in the fall of 2021 and that trend has continued into 2022, largely because of taking over the APTC eligibility work from DHW. In July 2022, there was an uptick in volume relative to June and we think that is partially due to the migration of data and getting through some of the validation work that was pending in June while we waited for RTE to go live. Our inventory is now in the 500s, which is the lowest it has been in at least a year. While there was a spike in activity, it normalized in the latter part of August and it is holding steady as we move into September.

In April 2022, our Net Promoter Score (NPS) was three, which was up from the negative scores January through March. We are encouraged by where we are with July and August. July's score was 41 and as of this morning, August month-to-date is also 41. When we look at NPS between agents, brokers, and consumers, we see that NPS has increased almost eight points since before RTE launched. Agents are trained how to use the system but consumers are not. When consumer NPS goes up, we think that is a direct correlation to ease of use. We will continue to monitor as we go through September, but we are encouraged that we are back in the space where we usually are for NPS.

In the first quarter of 2022, our appeal volume was up 23% year over year. There was a spike in March due to eligibility appeals related to the inventory backlog during Open Enrollment (OE). Our turnaround time increased due to the increase in appeal volume but volume normalized May through July. We have added resources in the appeal space and turnaround time has returned to where it needs to be. Appeal volume is returning to the single digits where it usually is.

Chair Fulkerson asked for clarification that appeal requests are up 23% year over year due to OE, but month-to-date they are going down.

Mr. Kelly confirmed that was correct. The bulk of that 23% was in March and April. January is typically when we see the spike in appeals but because OE essentially extended into January and February, we did not see the spike in appeals until March. That spike moved into April as we worked through the backlog, but as of this week, we have less than 10 appeals being processed, which is a typical volume for this time of year.

10. CSC Technology Update

YHI has partnered with SharpenCX as our new call center services platform provider. Mr. Reddish reported at first, we were having issues getting calls to consistently route through to the Customer Advocates (CAs), but we had our prior platform running until the end of the month as a contingency plan. We made the decision to switch back to the old platform, allowing more time to troubleshoot with Sharpen's support team. After a two-week delay, we have now transitioned to the new platform. Phase 1, which is the voice service, is largely behind us. The next step, Phase 2, will introduce web chat and secure web forms. The secure web form gives consumers the ability to open a ticket and upload attachments and we will transition to have the tickets come to us through Sharpen itself. Within Sharpen, our CAs will be able to see the submissions and work those tickets. Phase 3, the final step, is what we are calling Quality Management which is the ability to do screen captures of interactions. When we do quality checks on our CAs, we will be able to look at the interaction and see what they were clicking and identify the opportunities for coaching.

Chair Fulkerson asked if the web chat and secure forms were external facing while the quality management was internal facing. Mr. Reddish confirmed.

Mr. Thomas said he was excited for the web chat. It was a fun feature during the last OE when it was Ms. Nagashima manning the chat. He asked if there would be more personnel trained this year and whether it would be a live chat or a ticket that you would receive an email response to.

Mr. Reddish replied that last year's chat went from idea to implementation in a matter of days. There was not time to train the team due to how fast it happened, which is why Ms. Nagashima staffed it. This year will be different, and the team will be trained to run the live chat feature.

Chair Fulkerson asked if there would be any documentation of the chat feature that would be available to staff or consumers.

Mr. Reddish responded that a transcript would be archived, and he believes that we will have the ability to send the transcript to the customer as well, but he needs to double check that information.

11. PY23 Preparations

a. Certification and Training Update

Open Enrollment 2023 certification training for our connectors began August 16. Connectors include agents, brokers, and enrollment counselors. All certification requirements must be completed prior to October 15 in order to assist consumers and sell plans through YHI. There are two courses: the first is an overall general training that connectors work through at their own pace in the Learning

Management System. The second is held in a live virtual format and is more focused on policy. We have had good attendance so far, with almost 400 attendees in the first two classes. We are excited to report that we have over 950 connectors, which is the highest number in the history of the exchange and an increase of about 250 people from the current year. While that number includes support people who assist agents and brokers with their clients, we acknowledge that they are an integral part of the success of YHI.

Chair Fulkerson asked if the Learning Management System was a piece of software or something on YHI's website.

Mr. Kelly replied it is software from a company called Tovuti, which is a dedicated learning management platform. All of the training is managed through the platform, from registering to streaming the webinar and it even allows us to keep tabs on the attendees by showing us if the screen is active or not. Even though it is a virtual format, there is some accountability. Mr. Kelly added that in an effort to continue building on the relationships where we had challenges during OE, he has kicked off each of the trainings with a welcome, thank yous, and sharing of excitement for the year to come. We are mindful of those relationships and how critical they are to our success.

b. Staffing and Training

Mr. Kelly said the new call center phone technology, Sharpen, is providing a better user interface. With its more robust reporting capabilities, we can capture reports right off the platform. The voice and screen capture and transcripts will provide more effective and efficient review and coaching tools for supervisors and the quality team. Being able to identify inefficiencies in our calls will speed up our handle time and improve the experience for the customer.

All our agents have completed universal training. This means that most inbound calls will be able to be handled by one person instead of having to be transferred to someone else. There will still be elevated permissions, but this will create a more seamless experience for agents and consumers who call in.

Seasonal hiring for the support center has started in earnest. We expect to use the three agencies we have used in the past and Ms. Fletcher has already been in contact with them. The first class will start September 12 and the second will start mid-October. To ensure that we have the proper number of seasonal team members, we have two contingency plans in place and will be able to hold two more classes if needed. If we are able to onboard all the seasonal people that we plan to hire, our CA team will nearly double in size.

c. Redeterminations and Renewal Timeline

Ms. Husler said OE will soon be upon us and the next milestone in the timeline is September 16, when DOI will provide QHP recommendations to the YHI board.

On September 23, YHI will provide QHP certification notices to the carriers. DOI will post the final rates on October 1 and APTC redeterminations will begin October 3. On October 10, enrollment renewals will begin and will conclude by October 15, when OE begins. This year, OE will end on December 15.

Mr. Sorensen said it is widely known in the broker community that OE is going to start earlier this year. He asked if there was a communication plan so that all the connectors are aware of the timeline as well.

Mr. Kelly responded we have been talking with the Connector network about this date since April. It has been in nearly every bulletin; it is in all the Connector training and it has been in carrier communications as well. We have also communicated our start date at the federal level. October 15 is a Saturday, so our earned media will start the prior Tuesday to generate some excitement.

Mr. Sorensen asked what the communication would look like on the member side. In years past, there were opportunities to do public service announcements on local news channels. He commented that might help get the word out, as well as putting messaging on renewal notices.

Mr. Kelly said he appreciated the suggestions for the public service announcements and that we will leverage our earned media for that quite a bit. Our paid media campaign will start October 15 and run for about two weeks. We will take a break around the election then start back up the second week of November.

Ms. Husler said when DHW was doing redeterminations and renewals, they started in September and would let people know what their APTC was. Now that YHI is doing both APTC and renewals, we have made the decision to not notify consumers until the evening of October 14. The goal is to not get consumers involved until they can take action on their account.

Chair Fulkerson asked how the notifications will be delivered.

Ms. Husler replied it is based on the preference of each consumer. They have the option of receiving a hard copy or we can email it to their secure inbox.

Mr. Thomas referenced the earlier discussion about benchmark plan disruption and asked if YHI had any control over the plans that are sold on the exchange.

Mr. Kelly replied DOI provides all the plan management activities, everything from ensuring the plans meet all the essential health benefits to ensuring the actuarial value is aligned with the latest payment rules from the Centers for Medicare and Medicaid Services (CMS). Additionally, they do all the rate review. In the Affordable Care Act (ACA) it specifically states that the marketplace, in this case YHI, has the responsibility of certifying the plans. Typically, that means making sure there is good geographic coverage, the consumer has multiple

options for both metal tiers and carriers as well as network adequacy, etc. We do not have regulatory authority over rates and we follow DOI's recommendation for that.

Chair Fulkerson commented that DOI usually attends a board meeting and presents all that information. She asked if that had been scheduled.

Mr. Kelly replied that Mr. Trexler will attend the September 16 board meeting and will present slides that go through each carrier, review carriers by metal tier, metal tier by rating area, and show changes year over year.

d. Technology Updates

Ms. Husler presented a review of the technology roadmap, starting with the 22.9 release. This release is scheduled for September 21 and will bring the technology to support the redetermination and renewal process. We are also implementing periodic data matching which is the ability to run twice-annual verifications of APTC eligibility. This release will address the family glitch by implementing changes to ask more questions about household affordability rather than individual affordability.

In 23.1, which is our January release, we will implement the 1095-A form update which is in annual compliance with IRS.

In March, we have our 23.3 release which is where we plan to do a refactor of the carrier invoice, which is just simplification of the code behind it. This release will also implement the employer affordability notice. This is a requirement where we must notify an employer if a consumer says they do not have affordable coverage through their employer.

We are currently scoping our 23.6 release for June.

Chair Fulkerson remarked there are several items that are marked as "anticipated but not finalized." She asked if Ms. Husler could provide clarification on who or what entity would determine whether an asterisked item got implemented.

Ms. Husler replied that typically the items that have an asterisk are still in the process of having the scope defined. Once it is signed and committed to a release the asterisk is removed.

e. Enrollment Entity Update

Mr. Kelly stated we received one application for enrollment entity. While it is preferred to have multiple entities to choose from, we are pleased with the organization that responded. We are scheduled to make a decision tomorrow, August 25, via the Proposal Evaluation Team (PET) and then award the contract as early as August 26, 2022.

Separate from the Request for Applications (RFA), we have worked very hard to engage with other entities across the state. We have found that when we have reached out to several organizations, they are already an enrollment counselor through an existing partner of ours. We are finding that our reach is good with that one entity and they are highly engaged in those areas.

Mr. Sorensen asked if the entity that had applied was free from conflict of interest as a carrier.

Mr. Kelly said there is no conflict with the current applicant.

12. Marketing and Outreach Update

The Always Present campaign launched in March 2022 and will end in September 2022. We feel that having consistent brand awareness has helped with the stability of our enrollments from April to July. Performance continues to be strong with over seven million impressions. To date, we have spent just over \$75,000.

In continuing to grow brand awareness and reach new audiences around the state YHI will enter into the second year of the two-year contract with Learfield. In addition to stadium, radio, and video advertising, we will be adding year-round, monthly social media health tips with Boise State University.

The return to normal in-person gatherings and events has allowed us to get back out into the community with a focus on including more events within the Hispanic community. We continue to focus on building relationships with health centers across the state.

Chair Fulkerson asked what other areas we are targeting besides the Hispanic community.

Ms. Lapierre replied we have found that some of the Hispanic organizations work with other populations, so the outreach there has provided opportunities with other people as well.

Mr. Kelly added that we are focused on the Hispanic community because they are the biggest demographic in terms of uninsured population. If anyone is aware of other organizations that we can partner with, we would love to hear about them.

Ms. Lapierre continued, saying the theme for our OE 2023 campaign is Living in the Moment. We will reinforce the “Health, yeah!” and “As Low As \$0” messaging within the campaign. After OE, we will continue with this theme. In keeping with our focus on the Hispanic population, we are adding broadcast spots targeting them before and during the World Cup. We are also bringing back outdoor billboard advertising this year.

13. CMS and Policy Update

The 1332 reinsurance waiver that DOI applied for was approved by the High-Risk Pool board with funding equivalent to a 12% decrease for PY23. Preliminary rates released by the DOI show an average decline of 3% which is in line with the assumptions in YHI's approved budget.

The Inflation Reduction Act, or reconciliation bill, was signed into law on August 16, 2022. This is the primary reason the ARPA unwinding process is no longer needed as the enhanced tax credits are extended through December 31, 2025. Of note is the unemployment insurance eligibility provisions that were in ARPA were not included.

The family glitch is the other big item that we have this fall. As Ms. Husler mentioned it is planned for 22.9. The final rule has not been issued yet but all indications are it will be implemented very close to the proposed rule. We believe this will give us the potential market opportunity of about 5,000 Idahoans.

Mr. Thomas commented that seems like a difficult demographic to reach in regard to marketing. He asked if there was a marketing strategy to inform the affected population of the change.

Mr. Kelly agreed that it is a difficult message to spread. It will be more about connector training, grassroots, outreach events, and social media. The messages will likely emphasize if you applied for a tax credit before and were not eligible, apply again. If you think it is not affordable, it is more affordable than ever.

Ms. Hart asked if it was possible to work with HR departments or other groups who have access to people to whom the family glitch would apply.

Mr. Kelly replied it is a good idea but it would be challenging to reach out to every company in the state. The Society for Human Resource Management (SHRM) would be a great organization to rely on. School districts may also be an area where we can have a one-to-many relationship in terms of outreach.

Chair Fulkerson suggested the Human Resources Association of Treasure Valley (HRATV) and their like groups across Idaho. YHI already partners with the Idaho Health Employer's Coalition and many of the larger employers are members of that. When YHI updates those groups we will likely hit much of the targeted population.

Mr. Kelly said the PHE is currently scheduled to end on October 13, 2022. However, CMS is supposed to provide notification 60 days before it ends and as we have not yet been notified, we are assuming that it has been extended. If that is the case, the new end date would be January 13, 2023, which means that we could start redeterminations as early as November. When we do receive notification of the end of the PHE, we will work with DHW on how to target the APTC-eligible population. We will work with that group in one single month to redetermine them, run them through our eligibility, then connect

them with agents and brokers to make the plan selection. We are in frequent contact with DHW and will be ready to take action when we are notified of the end of the PHE.

Ms. Hart said that she had heard some information but did not have confirmation if it is true. She had heard that DHW is reviewing people on protected Medicaid and moving the people who they think will continue to be eligible over to Medicaid in an effort to reduce the volume of work that will need to be done when the PHE ends. She asked if that was something that YHI had seen or had any awareness about.

Mr. Kelly responded that he had not heard that, although it may correlate to the fact that DHW has kept up to date on some activity around eligibility. At DHW's last board meeting, the press coverage reported a similar approach to what YHI has been discussing with them. If they are doing any work behind the scenes, it would only be beneficial to us as we would have a much smaller population to work with. We can follow up with our partners at DHW and see if this is actually happening.

Ms. Hart said it would make sense to try to do as much prep work as possible but she does not know the legal parameters required for protected Medicaid.

Mr. Kelly said we will follow up when we learn more. Idaho is one of the states that has remained more active in the eligibility process than other states. Some of the other states are anticipating that it will take up to a year to work through the entire protected Medicaid population, whereas Idaho's DHW has indicated that it will take around four months.

Chair Fulkerson asked if the ending of the PHE would impact those who are currently on the exchange or only those who are on protected Medicaid.

Mr. Kelly said it is mainly those who are on protected Medicaid, although split households could potentially be impacted.

Mr. Thomas stated there have been a couple of agents who are aware that he is a YHI board member. These agents have informed him of a gap population that exists. When sponsored immigrants apply for Medicaid, they are required to include the sponsor's income in their income projection, so they are almost always deemed ineligible for Medicaid. When the same immigrants apply for APTC, the sponsor's income is not included. Mr. Thomas asked if there was anything that YHI could do for this population.

Mr. Kelly said that we can ask DHW but it is likely that they will have similar restrictions on flexibility of policy that YHI has.

14. Annual Committee Self-Evaluation

Chair Fulkerson said committee charters require an annual self-assessment. The Governance Committee has provided the sample questions listed below as suggested discussion points to enable committees to assess their effectiveness.

- Do committee meetings (frequency and length), as well as actions, align appropriately with its defined charter?
- Do committee meetings have written agendas and materials related to significant decisions, and are materials provided to committee members in advance?
- What improvements to the effectiveness of this committee occurred over the last year?
- What suggestions for improvements should this committee consider?

Mr. Thomas commented he thinks the meeting frequency, length, and actions are aligned well with the charter and, as such, are appropriate.

Chair Fulkerson agreed and added the staff helps the committee keep that alignment and focus.

Ms. Hart added her agreement and said she likes the way this committee is run, including the amount of prep work and materials sent out. She thinks it is a well-run, organized committee.

Mr. Sorensen said the committee has been around for nearly nine years and has gotten more and more efficient. He said that he would rate the agendas and other materials as on par with any well-run company in the valley. He added he did not have any suggestions for improvement of effectiveness as he feels that for the last three or four years, the committee has been able to go through many items very quickly.

Mr. Kelly stated that the board survey that was completed recently would be shared first with the Governance Committee and then at the board meeting. One of the questions that has come up over the years is whether we should consider some sort of rotation for board members to serve on the different committees. That topic is likely to come up in the Governance Committee meeting and it was also mentioned in the board survey. With the rotation of board members to different committees, there is a risk that we may lose some of the efficiency we have gained. However, with new board and committee members come a different set of questions and a different discussion at the committee level. While we do not yet know the direction this will go, there is likely to be some change in committee assignment. Both Marketplace and Governance charters are not very specific about membership, but Finance has more specificity in their charter.

Ms. Hart commented that she appreciated the flexibility of hybrid meetings but she wanted to see if it was still working for everyone else.

Chair Fulkerson stated that she likes the hybrid model for the flexibility for those who are traveling or located outside of the area. She supports the continuation of hybrid meetings.

Mr. Kelly said that from the YHI team standpoint, we would look to the board for direction, however, we can certainly maintain both an online and an in-person presence for these meetings. He said in his opinion, and this was echoed in the board survey, the level of engagement is important and the committees and board demonstrate a good level of engagement.

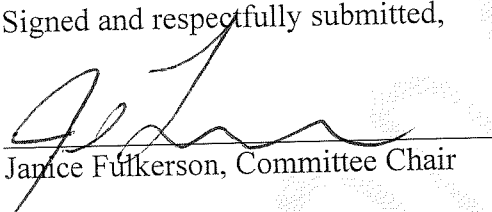
15. Next Meeting

Ms. Sparks will send out a Doodle poll to schedule the next meeting.

16. Adjourn

There being no further business before the committee, the Chair adjourned the meeting at 9:24 a.m.

Signed and respectfully submitted,



Janice Fulkerson, Committee Chair