



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

**MARKETPLACE COMMITTEE MINUTES
TUESDAY, AUGUST 31, 2021**

1. COMMITTEE MEMBERS PRESENT

- Mr. Jerry Edgington Chair (via videoconference)
- Ms. Janice Fulkerson (via videoconference)
- Ms. Heidi Hart (via videoconference)
- Ms. Carolyn Lodge (via videoconference)
- Mr. Brett Thomas (via videoconference)

2. OTHERS PRESENT

- Mr. Pat Kelly, Your Health Idaho
- Mr. Kevin Reddish, Your Health Idaho
- Ms. Frances Nagashima, Your Health Idaho
- Ms. Meghan McMartin, Your Health Idaho
- Ms. Heidi Stockert, Your Health Idaho
- Ms. Stephanie Husler, Your Health Idaho
- Ms. Julie Sparks, Your Health Idaho

3. CALL TO ORDER

Following proper notice in accordance with Idaho Code §74-204, the Marketplace Committee Meeting of the Idaho Health Insurance Exchange (Exchange) was called to order by Mr. Jerry Edgington, Chair of the Committee (the Chair), at 3:02 p.m., Tuesday, August 31, 2021, at the offices of Your Health Idaho, 1501 S Federal Way, Suite 100, Boise, Idaho. In accordance with Idaho Code §41-6104 (8), the meeting was held in an open public forum and was streamed in audio and video format. 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 Web site, social media platforms, and at the meeting location.

4. ROLL CALL

The Chair called roll and determined that Ms. Fulkerson, Ms. Hart, Ms. Lodge, and Mr. Thomas, were present, resulting in a quorum. Director Jeppesen and Mr. Sorensen were not present.

5. PRIOR MEETING MINUTES

Motion: Ms. Fulkerson moved to approve the meeting minutes from the June 7, 2021, Marketplace Committee meeting as presented today. **Second:** Ms. Hart. **The motion carried.**

6. REVIEW AGENDA

The Chair reviewed the agenda and there were no changes.

7. REVIEW ROADMAP

The Chair reviewed the roadmap and there were no changes.

8. 2021 ENROLLMENT UPDATE

Mr. Kelly introduced Julie Sparks, the new Executive Assistant and Board Liaison for Your Health Idaho. Mr. Kelly provided an update on where we stand for 2021 enrollment. As of August 1, YHI has just over 75,600 Idahoans enrolled in coverage. Of those, all but about 500 have paid for or effectuated coverage. This year is the first time ever we have had flat enrollments in the middle of the year. This is due mainly to the Uninsured Special Enrollment Period in March and the American Rescue Plan Act (ARPA) Enrollment Period in April. That retention from May forward confirms that Idahoans understand the importance of coverage, and we expect that high retention to continue. Mr. Kelly mentioned that he looked at enrollments at the end of August. While we do not have an official number yet, the trends are supporting that high retention that YH is seeing. This is really encouraging given the declines we saw in 2020 with COVID and in 2019.

9. CUSTOMER PROFILES

Ms. Husler said over the past several quarters, we have been able to provide you a customer profile, which is a quarterly look at our consumers and their behavior over time. This also helps us identify opportunities for year-round marketing. This past quarter, we were able to take all the different quarters and look at the trends year-over-year. The enrollments are representative of percentage overall. Ms. Husler said bronze plans continue to be the number

one choice for consumers on the Exchange. For April 1, and July 1, plans there is an increase in Gold plans. This is due to the American Rescue Plan Act implementation. Another observation over time is the Gold and Bronze plans tend to increase through the year while the Silver plan enrollments tend to decrease as the plan year progresses.

Ms. Husler said we looked at net premium over time and this really looks at the changes in net premium due to the impacts of ARPA specifically in the bookends of the \$0 and over \$300 premiums. If we look at October 1, 2020, we see the \$0 net premium bookend at 23,000 enrollments following that over time to July 2021 we see that increase 31,000 enrollments which is a 36% decline in the net premium due to the implementation of ARPA. Conversely, we can look at the over \$300 net premium in October 2020 those sat at 16,000 and following those over time they are now, July 2021, 14,000 enrollments at the over \$300 net premium.

Ms. Fulkerson asked if we have 31,000 people who have \$0 premiums, and that \$0 demonstrates a 36% decline in that premium, how did we get to a decrease of 36% from \$0? Mr. Kelly said with the ARPA implementation, the enhanced subsidies resulted in an average decrease in net premium by 36%. What that means is the change you see is that the number of people who are paying \$0 has increased from October 2020 to July 2021 and the 36% decrease in net premium drove the increase of customers who now pay \$0. Ms. Fulkerson said that explains it.

The Chair asked if there has been a doubling of those seeing \$0 premiums from January to mid-year, what are the projections going forward? The fear is that when the ARPA enhanced subsidies go away, it could affect the enrollment. Mr. Kelly responded that in 2021 there will be a seasonal decline similar to 2019, however, the enhanced subsidies make the slope less steep, in other words, we will lose less people because it is more affordable. If we are looking to 2022, I am not prepared to guess as there are different dynamics around the benchmark plans and how the changes will affect plan rates and carrier rates.

The Chair asked what the timeline is for the American Rescue Plan Act. Mr. Kelly said the enhanced subsidies in ARPA will end at the end of 2022.

Ms. Hart asked about if anything regarding the requirements about consumers staying on Medicaid during the pandemic will affect enrollment when looking ahead. Mr. Kelly responded that when the public health emergency, which was extended to October 31, 2021, ends the Department of Health and Welfare will perform eligibility redetermination for those on protected Medicaid. For those who are determined eligible for a tax credit, YHI will receive their information in an update from the Department of Health and Welfare and we would do direct outreach to them letting them know they need to come on the Exchange for health insurance. YHI would work with the Department of Health and Welfare to determine when the redetermination would take place. For example, if it ended November 30, those folks would need to come on the Exchange for December 1. YHI would not need to create a separate Special Enrollment Period or QLE as it counts as a loss of minimum essential coverage, and those that enroll on December 1, for 2021 coverage would be manually renewed into plans for 2022.

Ms. Hart asked if there are any staffing concerns if that were to happen to manage on top of Open Enrollment. Mr. Kelly said yes, and we would work to get those consumers in touch with our Connectors network, do direct outreach, and provide instructions to minimize inbound volume from consumers. Yes, it is a concern that we would have Open Enrollment on top of new consumers. To put a size on this, there are about 14,000 people who are on protected Medicaid that would potentially be impacted.

Ms. Husler said last quarter a discussion occurred about disenrollment and specifically where consumers go after disenrollment. There are a number of reasons why people might lose coverage. Some are nonpayment through carriers, some are disenrolled through automation. The pathway for disenrollment that we are going to look at on this slide is voluntary disenrollment, which is 31% of all disenrollments and occurs when a consumer logs into their Your Health Idaho account, navigates to the disenrollment and proceeds from there. At that point consumers are presented with a survey that is optional for them to complete that asks them why they're choosing to disenroll. What we see in that process from 2018 to present is that about 37% of those voluntary disenrollments gave us a response that led to some insights. From there, about half of the reasons were that they gained other coverage, and this is consistent with customer survey results that said gaining other coverage is the biggest reason for people leaving Your Health Idaho. The source of coverage gains year over year since 2018 show the majority are either going to employer coverage or coverage through their spouse, followed second by Medicare, and then with Medicaid and other as third and fourth place.

10. CUSTOMER EXPERIENCE

a. Customer Support Center Metrics

Ms. Nagashima said we have been looking at the consumer this last year and what their experience has been. Looking at our numbers between 2020 and 2021, we received and processed about 76,600 emails, tickets, and calls. Of that almost a third was received during our Open Enrollment dates. As we know from our variable pay goals, about 97% of those cases were served in the first contact and in less than three days in that Open Enrollment timeframe. The goal was a little steep, and we decided to make it a little harder this year, trying to improve on that. Ms. Nagashima said we definitely set ourselves up against a difficult year with less staffing and lots of volume, but it's going to be fun to chase that goal. The flip side is of those served; they all receive a customer satisfaction survey with the NPS (Net Promoter Score). In 2020 our average NPS was 34. Last year with our challenges with remote access, with our team working from home, ongoing Open Enrollment Period, and duration of time, we had an average NPS score of 46. It reflects that we are responding to questions accurately, responding on first contact, and giving them information that helps serve their question or their next steps and they do not need to call back for additional information. The volume is down about 17% year over year as we have seen over the summer. Ms. Nagashima said we do not anticipate volume spiking overwhelmingly, against last year's numbers, but we are preparing to

answer things as efficiently as we can. We also do not have predictions to level of accuracy as to what the eligibility call volume and email volume might be as we take over that workflow.

Ms. Nagashima said we like to brag about our Connectors, or agents and brokers. We have had a great training season. Over the last year we have had over 700 Connectors certify with YHI. We know for a fact and talk about it regularly that 73% of our enrollments are tied to a designated Connector. We dropped that number at a conference speaking to other states about agents and brokers and their engagement and most engagement for Connectors in other states are hovering around 34% to 35%. In Idaho we have 47,600 consumers who have noted that they worked with an agent or broker. Ms. Nagashima said we gathered some data on if you have an agent or broker, how likely are you to stay on the Exchange and what does that mean. We have found that the longer-term enrollments on the Exchange tend to be tied directly to a relationship with an agent or broker. That to us speaks volumes to adding durability to enrollments on the Exchange and their continuation. We are promoting this information and adding the demographic data to our annual training for agents and brokers and enrollment counselors so they can better connect with their consumers and so they have a better understanding and tools to prepare for those that might be coming in to meet them.

Ms. Nagashima said, as we have done training, we have some demographics we can pull from our virtual training details including attentiveness rating. We can tell how well people are paying attention. Mr. Thomas is aware that I use a lot of jokes and cajoling to get people to pay attention, but one of the things that we've seen with the attentiveness rating is that it has kept pretty steady around 65% to 66%. The national average is about 40% for online training. We are very pleased with the level of attention people are providing and the engagement and questions that are asked and hoping for a great Open Enrollment based on the amount of engagement we have seen.

The chair said this is great news and asked if we do anything to let our brokers know how important they are in this process. Is there any feedback that they get formally about the retention rate and that sort of thing?

Mr. Thomas said that if they are paying attention, so the 60% that were engaged would know about the success of this program in Idaho. As far as feedback, we used to have YHI basics where they could get the first 30 minutes to an hour, and we would love to see that again.

Ms. Nagashima said that was her favorite part and we can add that back in. One thing we have done is add badges of years of service to the online training portal. In the coming months and years, we will show those badges on the agent accounts, so they are better able to brag or identify their years of service and level of experience and skill that correlates to the consumer experience.

11. PY '22 PREPARATIONS

a. Certification and Training Update

Ms. Nagashima said we are working to get at least 700 individuals certified if not more. We are doing a large push for the agency portal and getting people into agency groups. A number of larger groups have taken advantage of that. The training should all be completed by the end of October with course one and course two. These are the same courses as before but the course 2 is throwing a few people through a loop. Course one has more of the basic training that Mr. Thomas was referring to earlier. Course two is our live-virtual training and covers policy and compliance requirements. We have some interactive polls and activities where we get people to update their accounts, add trainings to their own calendars, and give us feedback. That has been a great engagement opportunity, although we do miss seeing people in person and hope to return to in-person training soon.

b. Staffing and Training

Ms. Nagashima said we are working on hiring people, training people, and getting skills updated for those who are already with Your Health Idaho. The training of the new APTC team started in early August and they have been heavily training. They will be on the floor starting in the next 30 days doing on the job training with mentors who will listen in on their calls and give them tips and tricks for calls, inventory, documentation, and processes. It is an exciting learning opportunity. For our traditional call center, we started recruiting early so we could backfill some of the positions and make sure we have people on the floor as we support the eligibility group at the same time. We have started onboarding and have about four people in basic training right now who will be on the floor next week as the seasonal group starts training. We will recruit through the start of Open Enrollment and determine if we need to add people through the first few weeks of November. Our current team has a refresher course to take that will launch in September for technology updates, changes to policy and procedure, and reminders of systems that they may not have used regularly in the last few months outside of Open Enrollment.

c. Redeterminations and Renewal Timeline

Ms. Husler said the redeterminations and renewal timeline is well underway. At this point we are about a month into this process and next steps. The next milestone is in September for carriers to send discontinuation notices before October 1. In October the carriers will send renewal notices by November 1 and DHW will send notification of changes in eligibility, need for manual reevaluation, or notifications of failure to reconcile. YHI will receive the 2022 eligibilities from DHW, renew consumer enrollments, and send to carriers. In November, Open Enrollment begins and YHI will send renewal notices to consumers. In December, DHW will notify APTC consumers of notice of closure for December 31. YHI will complete the renewals for post-renewal SEPs and DHW will

send APTC consumers who did not complete manual redetermination the notification of closure. Open Enrollment ends December 15.

Ms. Hart asked about extending the Open Enrollment and renewal deadlines as there has been talk of the federal deadlines extending to January 15.

Mr. Kelly responded that we are waiting to hear a final rule on the Open Enrollment date with CMS. Based on what we know, we think the federal dates will be November 1 through January 15, with flexibility for state-based exchanges to modify from those dates. Based on discussions with partners, it is anticipated that we would end Open Enrollment on December 15.

d. Technology Updates

Ms. Husler said we currently are working on three planned releases. The big focus for the 21.9 release in September is ticketing, including assignment, navigation, and management. This is to improve efficiency in handling the tickets and to add more visibility to agents and brokers with support tickets they have in progress. Another element is ad-hoc noticing, the ability to send notices directly to a consumer's secure inbox in the HIX platform. This will get us away from sending a lot of emails and sending insecure information that we cannot track in one place. The final item is the Broker Mobile App which is not tied to the September release but is done in conjunction with the release. This will help brokers use their mobile device to do light tasks such as accepting new designations or accessing consumer contact information for their clients. Ms. Husler said the next release is in January, 22.1. This release features multiple household management which gives us the ability to correct multiple households in real time. The SEP "Shop While You Wait" tool which allows consumers to choose a plan while they wait for SEP approval, and the QRS rating display also done in conjunction with the release, which displays rates on plan tiles. In March with the 22.3 release, we will implement the notice content feature which allows us to make self-service changes to noticing verbiage and the compromised credential check, which reduces the risk of consumers using breached user credentials through prompting when they login to their account.

The Chair asked about the rating QRS Rating Display and if it is used often. Ms. Husler responded that she cannot speak to that because it has not been implemented yet. The chair asked what the anticipation is of how often it will be used. Mr. Kelly answered that the more information consumers have, the better. This is a star rating, so it is one element of the plan selection process in addition to if their provider is in-network and if prescriptions are covered.

The Chair asked if the stars would lead to determining if plans should or should not be offered on the exchange or if it is purely a consumer tool.

Ms. Husler answered this is purely a consumer tool. Any decision about plans being offered will be made by the Department of Insurance.

The Chair asked what the plan stars are based on. Ms. Husler answered that there are many factors that go into the star rating and that this might be a better discussion for a later time. The chair asked as a carrier how they would stack up and suggested this topic is discussed at a future meeting along with how feedback can be given to the carriers to improve.

Ms. Nagashima said the star ratings come from data specifically tied to the plans and QHP enrollee survey data provided by the carriers.

e. Enrollment Entity Update

Ms. Nagashima said in June the board approved for an amount to offer contracts around enrollment entities. We were pleased to receive three applications and chose two based on population demographics served, numbers served in previous years, geographical reach, and ACA experience. Contracts were awarded to St. Luke's Health System and Idaho Primary Care Association. The contracted amounts included a three percent increase from the previous year and are consistent with the approved FY 22 budget.

Ms. Fulkerson asked if the enrollment entities have been notified. Ms. Nagashima said all enrollment entities have been notified. Both entities who were offered a contract have accepted.

12. MARKETING & OUTREACH UPDATE

Ms. McMartin said we conducted phase two of our messaging survey. GS Strategies recommended based on the survey that we split our target audiences into three groups, the uninsured (currently without health insurance), the insecure (covered, but have been uninsured recently and could be again), and the direct purchasers (currently covered, some are YHI customers, does not include employer-sponsored coverage, Medicare, or Medicaid). One of the biggest things to note, especially with the uninsured is that about 11% of respondents said that ease of use was a barrier to getting covered. We are going to do some work to determine what that means. Ms. McMartin said the survey showed the uninsured tend to be more concerned with emergency care and have the lowest awareness of YHI. The insecure group has the highest share of non-white and Hispanic respondents. The direct purchasers are less concerned about emergency care and more focused on preventive and wellness screenings and also skewed older than the other two groups.

Ms. Hart asked if we have overlayed demographics like race, household income, and age and found trends to help shape messaging.

Ms. McMartin responded that we have a few demographics around income, household size, ethnicity, but one of the biggest things that we took away from our conversations with our partners GS Strategies and Drake Cooper was truly the main message is that health insurance is affordable and that we are here to help across demographics.

Ms. Lodge said finding insights can help target effectively. There is a lot of misinformation and lack of awareness across all demographics and some education is needed. The Chair said the demographic was interesting and was curious as to how we need to get the information about affordability out there.

Ms. McMartin said the other part of the message survey is where we asked about how you consume your media and where do you get your news to help with other insights to better target our audiences and create a media advertising plan. There was a big focus on quality of coverage. It is the most important factor when choosing a health insurance plan according to survey respondents.

Ms. Hart asked if there is a plan for unintended, negative feedback for the Exchange or the ACA that YHI gets while we promote Open Enrollment. Ms. McMartin said negative feedback is a concern, but it is not new for YHI. We have been very careful about how we craft our messaging and the words we use. We will have to be exceptionally careful going into this Open Enrollment and we are aware and planning for it as we go forward.

Ms. McMartin said another exciting initiative we have coming this year is a partnership with Learfield, which manages the sports marketing for the University of Idaho, Idaho State University, and Boise State University. We have agreed to a two-year contract with in-stadium advertising, radio and video advertising, and digital advertising with retargeting co-branded with each school.

Ms. McMartin said we are still feeling the effects of COVID but there has been a return to in-person events. We have some great opportunities coming up with drive-through events, games, farmer's markets, Boise Pride, FitOne, Treefort, and the Idaho Steelheads.

13. CMS/POLICY UPDATE

Mr. Kelly said we talked about a few policies related to Open Enrollment. We are waiting for the final notice of benefit and payment parameter. Updated rules which are expected in early September. Key details are Open Enrollment final dates, assessment fees for healthcare.gov, enhanced direct enrollment rules rescinded, 1332 waiver guidelines to be tightened from Trump administration rules, and SEP for individuals under 150% FPL, we are not sure how the SEP will be operationalized. Once the final rules are received, we will work with our state and carrier partners to address any changes that are needed.

The Chair asked what the 150% FPL means. Mr. Kelly said it means that a SEP would be available for those under the 150% FPL, but we are not sure how YHI would operationalize it.

Mr. Kelly said we are keeping an eye on federal policy updates including the \$3.5 spending bill including the extension of enhanced subsidies enacted in ARPA set to expire December 2022 and the expansion of Medicare benefits centered on dental and vision benefits. We are also keeping an eye on lowering the Medicare age and the Public Health Emergency, which has been extended to October 31 and includes Protected Medicaid.

14. ANNUAL COMMITTEE SELF-EVALUATION

The Chair went through four questions for the committee meetings. Do committee meetings (frequency and length), as well as actions, align appropriately with its defined charter? Ms. Hart said she enjoys coming to the meetings. The team always comes very prepared with good material, good agendas, and good answers. Ms. Lodge said different perspectives are really important from the various committee members who bring different experience to the table. Ms. Fulkerson said she appreciates the advance materials and how the meetings start and end on time.

The Chair asked do committee meeting have written agendas and materials related to significant decisions, and are materials provided to committee members in advance? Mr. Thomas said he also appreciates getting everything in advance.

The Chair asked what improvements to the effectiveness of this committee occurred over the last year? The Chair said the experience and the way information is presented is tight, complete, and informative. Ms. Hart said the balance between having data as well as narrative is very professional and impressive.

The Chair asked what suggestions for improvement should this committee consider. Ms. Fulkerson said she appreciates the heavy lifting the team does in advance of the meeting including meeting logistics. Ms. Lodge said there is always a good explanation when questions are asked. Level setting about what we are talking about and giving more background on topics may be helpful.

The Chair said the Annual Committee Self-Evaluation is complete.

15. EXECUTIVE SESSION

Motion: The Chair moved that the Committee enter into Executive Session pursuant to Idaho Code §74-206(1), to consider preliminary negotiations involving matters of trade of

commerce in which this governance body is in competition with other governing bodies pursuant to Idaho Code §74-206(1).

Executive Session Roll Call: The Chair took a roll call vote and determined that Ms. Fulkerson, Ms. Hart, and Mr. Thomas, were present and agreeable, resulting in a quorum.

The Committee entered into Executive Session at 4:16 p.m. and reconvened at 4:30 p.m. No final actions nor decisions were made while in Executive Session.

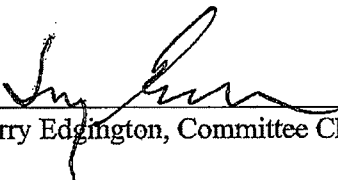
16. NEXT MEETING

The Chair noted that the next meeting will be held in November or December.

17. ADJOURN

There being no further business before the Committee, the Chair adjourned the meeting at 4:31 p.m.

Signed and respectfully submitted,



Jerry Edgington, Committee Chair