



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

**MARKETPLACE COMMITTEE MINUTES  
TUESDAY, DECEMBER 7, 2021**

**COMMITTEE MEMBERS PRESENT**

- Mr. Jerry Edgington, Chair (via videoconference)
- Ms. Janice Fulkerson, Vice Chair (via videoconference)
- Mr. Brett Thomas (via videoconference)
- Mr. Peter Sorensen (via videoconference)
- Ms. Julie Hammon for Director Dave Jeppesen (via videoconference)

**OTHERS PRESENT**

- Mr. Pat Kelly, Your Health Idaho
- Mr. Kevin Reddish, Your Health Idaho
- Ms. Meghan McMartin, Your Health Idaho
- Ms. Frances Nagashima, Your Health Idaho (via videoconference)
- Ms. Alanee Thomas, Your Health Idaho (via videoconference)
- 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 Mr. Edgington (Chair) at 3:04 pm, Tuesday, December 7, 2021, 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 Edgington called roll and determined that Ms. Fulkerson, Mr. Thomas, Mr. Sorensen, and Ms. Hammon for Director Jeppesen were present, resulting in a quorum. Ms. Hart and Ms. Lodge were absent.

**3. PRIOR MEETING MINUTES**

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

**Motion:** Ms. Fulkerson moved to approve the meeting minutes from the August 31, 2021, marketplace committee meeting as presented today. **Second:** Mr. Thomas **The motion carried.**

#### **4. REVIEW AGENDA**

Chair Edgington reviewed the agenda and no changes were made.

#### **5. REVIEW ROADMAP**

Chair Edgington reviewed the roadmap and no changes were made.

#### **6. ENROLLMENT UPDATE/CUSTOMER EXPERIENCE**

Mr. Kelly started the presentation with the enrollment update. Your Health Idaho (YHI) ended December with 73,400 Idahoans enrolled. The bulk of those are effectuated, with less than 500 in a pending status for December 1. This is the slowest rate of decline that we have seen in year since 2016. We think this a testament to the enhanced subsidies that have increased affordability for consumers as well as the lingering impacts of Covid-19 and people understanding how important it is to have comprehensive health insurance.

##### **a) 2021 Enrollment Update**

Mr. Kelly stated that what is shown on the slide is a comparison of the last three open enrollments with the dark blue line representing the current year. As of this morning, we crossed over 76,000 enrollments and we had a nice surge on Monday of about 500 enrollments. One of the things that we are seeing is high retention for our renewed customers of which almost 100% were auto renewed. While our early enrollment typically does not see significant increases until after Thanksgiving, we did see steady increases, as signified by the dark blue line, slowly increasing the gap compared to 2021 open enrollment. Our financial applications are behind, meaning that we are delayed in processing Advance Premium Tax Credits (APTCs). This is due to the staffing challenges that YHI is experiencing along with the rest of the nation. We are making progress and expect to have all financial applications completed and applied to consumers' coverage to start on January 1, 2022.

Mr. Sorensen asked if we would be able to get APTCs out while still giving people time to make a plan selection and keep the current timeline.

Mr. Kelly replied that YHI is encouraging everyone to make a plan selection and if they do not have a tax credit to use the estimator as a tool to determine their net premium. That way, they can do the plan selection, add the coverage, and when the tax credit application is processed, we will apply the tax credit to the account and they will have the coverage and the tax credit by January 1. It is unlikely that we will have tax credits completed by December 15, which is why we are encouraging everyone to select a plan now and we will apply the tax credit as the applications get processed.

Mr. Sorensen said that he had wondered if an extension was going to be discussed today but that it sounded like we would stick to the dates and the plan that we have and try to get everything wrapped up by the end of the year.

Mr. Kelly replied that we are constantly evaluating options as they relate to the December 15 date but at this point, we are focused on plan selection by December 22, and we will apply the tax credit once the applications are processed.

**b) 2022 Open Enrollment Updates**

Ms. Nagashima stated that open enrollment (OE) volume has gone up dramatically this year and we believe that it is tied directly to the APTC redetermination process. A large number of these calls are status updates for applications, challenges of Idalink and using the system, as well as general questions about cost. As we go through that, we know that our staffing is not at the level that we had hoped for which is adding to the backlog and inventory that we are trying to work through. Internally, we have triaged and moved people around. We have gotten new skills built up quickly to help support different areas and we are moving forward working through inventory.

Ms. Fulkerson said that she could see that YHI had added extra hours and overtime and she asked if the team members were doing okay.

Ms. Nagashima replied that people are getting tired, but they are very positive and proud of the work that they are doing. She said that momentarily she would review how customer satisfaction Net Promoter Scores (NPSs) had taken a hit but that the feedback shows how pleased people are when they do get to talk to someone. Ms. Nagashima went on to say that the team feels needed, appreciated, and valued in their jobs but that they are working a lot of hours.

**c) CSC Metrics**

Ms. Nagashima continued, saying that NPSs are not as good as they usually are at this time of year. The low scores are not surprising, but they are disheartening. We are proud of how high our scores generally are, and it hurts to see this every day. We have noticed, however, that once people get in touch with us, they are exceptionally favorable.

**d) Consumer Connectors**

We are proud of what we have accomplished in the consumer connector space this year. We have over 800 individuals who are working with us. We have been working across 73 different agencies and two enrollment entities. We added some new tools to help support our connectors, knowing that there would be added volume and knowing that we want to make sure that they have a good experience. The tools have added to the experience although I cannot say that they have solved everything this year. We are happy with our connectors, and I am helping consumers myself, mainly using the

chat tool and supporting people simply because they need some avenue to get in touch with someone or they are looking for a path to make at least one voice heard.

Mr. Thomas said that the chat line has been extremely helpful and that everyone in his office uses it. He expressed his appreciation of having that tool available.

#### **e) Appeals Update**

Because people cannot easily get through to speak to someone, the volume of appeals has gone up, specifically in this month, around the things that are generally taken care of by our floor support. While we see that the volume is down year over year, this month we are seeing a particularly high volume of appeals coming in that are tied to things that would have normally been managed internally. We are very proud of the fact that we have not had an appeal hearing in almost a year and a half. This is primarily because we are able to find consumer experience options and identify opportunities to serve them within our policy framework.

### **7. MARKETING AND OUTREACH UPDATE**

#### **a) Events and Outreach Efforts**

Ms. McMartin said that with this open enrollment, we have had a slow return to in-person events and those events have been a welcome change. Regarding in-person events, we are nowhere near pre-pandemic activities, which is not necessarily a bad thing. Because of the lack of in-person events, we have been able to grow some of our virtual engagement and some of our different networking opportunities and we are taking all opportunities we can to spread the word about open enrollment and about Your Health Idaho. We have had a few activities listed over the last few months. The continuing education programs are a great opportunity for us to engage directly with customers and answer their questions. We had a wonderful virtual event (that was originally supposed to be in-person) that was hosted with St. Luke's and the YMCA. We are excited to keep those partnerships going forward. Most recently, we had a CWI resource fair and they are proving to be a fantastic partner for us as well. It is great for us to be able to engage with some of the non-traditional students and those who may be working and going to school and therefore do not have a full-time job with employer coverage.

This year, we joined the Idaho Hispanic Chamber of Commerce which has been a great partnership for us. We hosted a virtual networking event with them which was an early morning coffee conversation via Zoom. While it would have been nice to have been able to have that event in person, the virtual format allowed us to have statewide attendance which was fantastic. We are hoping to lean on that partnership to not only help spread the message about open enrollment but to learn from them and better understand how to interact and conduct outreach to certain groups throughout the state.

Another way that we are trying to broaden our reach is through social media. We have a portion of our paid campaign that is devoted to social media but in house, we also conduct thorough organic activity. Last year, you may recall, we had our first social media influencer and we have engaged with him again this year. That is Dr. Kaleb Redden, aka Doc Thor, who was a contestant on The Titan Games. He is somewhat of a local celebrity but also a well-respected physician. He is very passionate about YHI's message and about ensuring that patients have coverage. He has a unique perspective to offer as a physician and what having coverage means to enable people to go see him or other doctors throughout different stages of life. That has been a fantastic partnership.

This year, we also engaged with Boise Bucket List, who is another local social media influencer. They have a wide following, targeting the key demographic of young invincibles, potentially the uninsured, misinsured or young families here in the Treasure Valley. The results from this campaign are still to be determined but we are excited to grow that space and those partnerships on social media.

Chair Edgington asked if, based on what we have seen, YHI would do anything different next time, such as more or less social media, or is it too early to tell.

Ms. McMartin responded that we are still exploring the opportunities and influencer campaigns. She said that we would love to see some in other parts of the state. The Treasure Valley is kind of the low hanging fruit because it is the population center and there is more activity here. Ms. McMartin said that she would like to expand targeted outreach to other areas of the state. We are learning as we are going and applying those best practices.

## **b) Open Enrollment Advertising**

Mr. Sorensen asked if there had been any feedback specifically on the "Health, yeah!" campaign.

Ms. McMartin replied that she has heard a lot of positive feedback this year. She referenced the two-part messaging survey that was done earlier in the year to help inform on the best ways to reach customers and what message would resonate best. What was discovered was simple: Idahoans know that they need insurance coverage, but they do not think that they can afford it. Our job is to convince them that they can afford quality health insurance. That is where the "Health, yeah!" came from, thanks to the wonderful think tank at Drake Cooper. On slide 18 are some examples of the ads and how the budget was broken down is also shown. Last year, the campaign was focused heavily on getting people to the website. We did a bit of a switch this year in trying reach more uninsured and people who are unaware of YHI. We put a larger piece of the budget into brand awareness. This includes things like increasing the visibility of the brand and the association of YHI. That is done through TV, radio, YouTube and other streaming services, and of course, social media. The other 20% of the budget is what we call consideration. That is purposely meant to drive traffic to the website and/or the landing page and includes things like paid search, the digital

display, and social media retargeting which means that if you search for health insurance or you have been on the site before, social media knows to serve you another ad.

What we have seen so far in the campaign performance is that the focus on brand awareness is working, and the “Health, yeah!” message is working. Ms. McMartin said that one of the updates that she got from Drake Cooper this week is that a handful of people are searching “health yeah insurance Idaho” or similar phrases. Not only are the ads working, but the slogan is also working, which is music to our ears. We were hoping that this would be something that we could build a legacy campaign on and take through this year and into subsequent years as well.

Ms. McMartin stated that slide 19 shows some of the metrics of the campaign performance through November 28. She said that these results are regarding digital advertising only. There have been about 10 million total impressions with about 2 million per week, which is on par with last year. There is a strong performance from paid search, which is normal. These are motivated people who are already looking for insurance or already seeking out YHI. Ms. McMartin said that website conversions are tracking above last year, with *Log In* and *View Plans* being the most clicked links.

Ms. Fulkerson asked what falls in programmatic media.

Ms. McMartin replied that programmatic media would be something like a banner ad on the side or top of the page. She stated that the numbers for TV and radio will not be known until the completion of the campaign.

### **c) Website Analytics**

Ms. McMartin moved to the next slide, which shows data on website activity. She referenced her explanation from earlier about the difference in the campaign from last year to this year. She said that human behavior rarely deviates, as is evidenced in the week over week, day over day trends. She said that on November 1, 2021, YHI had more traffic on the website than on that date in any other year. She said that for total website users, the year over year trend is the same but we are slightly above where we were last year, which means that the awareness campaign is working. The national conversation around health care and insurance is probably a factor, as well as the increased awareness of health and wellness as we continue to work through the pandemic. Ms. McMartin said that page views are down quite a bit year over year and added that at first glance, it may seem alarming but that is not necessarily the case. She said that because of how we structured our campaign, we are helping people to get to the website. This data tells us that not only are people seeing our advertising and going to the website, once they are getting there, they are getting what they need. Since we still see a high conversion rate, that tells us that people are not having to click through a lot of pages to get to where they are going. While it may look different on the graph, she said that she does not have a concern with that behavior on the site.

## 8. PLAN YEAR 2022 TECHNOLOGY ROADMAP

Ms. Husler said as we start to near the end of our roadmap, you can see that we are winding down some of our items. Our next release will be January 5 and there will be two main changes. The first change is SEP Shop While You Wait and it is a result of agent and broker feedback. They wanted an option to have a single interaction with the client that goes from application all the way through shopping during the SEP period. This means that after a consumer uploads all their SEP documentation, they can shop for a plan, stage it in their cart, and then that plan will be submitted at the time that the SEP is approved.

The second change is Compromised Credential Check. This is a security feature that helps prevent consumers from using credentials that may have been breached by another organization in the past and to help improve the security of our system.

The release that is scheduled for March 30, 2022, has two items. Multiple Household Management will be a broader change related to identity management and how it is currently managed with the Idaho Department of Health and Welfare (DHW). We currently have what is called single sign on, which is where your credentials at Idalink and YHI are the same. In March, that process will change and the credentials for each site will be managed by and only work at each respective site. Making this change will address some of the complex cases that we see, and it will also give our team better tools to be able to handle issues on the first call and with tools directly at their disposal. Some specific changes here will be a real-time ability to archive duplicate households and the ability to move applications and enrollments between households in cases where consumers may have inadvertently created multiple accounts.

The next item, Notice Content, will be moved to the 22.6 release

Mr. Reddish said that historically, the technology roadmap slide has had more items and been more detailed, but the work has been shifted so that most people are working on integrated eligibility. We continue to have weekly joint discussions with both GetInsured and DHW and we are trying to navigate the process around dual account transfer. CMS has no wrong door policy, so consumers can go through DHW or come through the exchange to get Medicaid pre-eligibility. We need to be able to communicate two ways. Currently, DHW sends us financial applications, but we do not send anything back to them. The DHW team has been engaged in those conversations and we have made a lot of progress. We are discussing how to get connected and what data elements to send back and forth. We want to ensure that on the consumer's end, the experience is fluid.

We hosted GetInsured for two days of onsite meetings at YHI's offices. In this era of Covid, we have lost a lot of face-to-face interaction and it was beneficial to have their team in the room with us for a great two days of meetings. DHW was able to connect to those meetings as well, so we were able to engage and make a lot of progress in those conversations.



We have had discussions on and off with CMS and they have given us the verbal go ahead. Since we are mid-open enrollment, we are trying to stay focused, and CMS has been very accommodating. They understand what we are trying to do. Our next step, post open enrollment, is to show them demos of what we would like to do with the integrated eligibility system. They are aware that GetInsured has done this previously with Pennsylvania, New Jersey, and Nevada and we are simulating that model for them. It has been helpful that Idaho is not going first and also is not trying to create something unique. We are using what CMS has created and what other states have done successfully. There will be more to come once we get past open enrollment.

The integrated eligibility test environment is available now. We will be able to start doing demos and testing, building upon our training, and all those materials with more to come in that space. We have not had a chance to deep dive into it because of open enrollment but we are excited for that opportunity. We were pleased with how quickly GetInsured and DHW were able to get the environment provisioned.

We are on track for our end of June or early July go live. This is going to be a real-time eligibility system, no different from when you fill out financial applications with a bank or similar institution. There will be no overnight account transfers.

Mr. Sorensen asked what benefits there were to having the environment provisioned early.

Mr. Reddish replied that it is an internal gain, giving YHI the ability to get acclimated to the system. Ms. Nagashima and her team will be able to start building training around it. Our team, coming out of open enrollment, will be able to shift to what this new eligibility looks like because they have been knee-deep in how eligibility works with DHW's IBES system. It will be a pivot for our team to come out of open enrollment, start learning how the new system works, and get documentation up to date. Mr. Reddish said that there will likely be agent training materials that will get updated as well.

Mr. Kelly added that having the demo environment allows YHI to create training, process flows, and get all our internal ducks in a row, so that when we go live in late June or early July, we are trained and ready to go. It also will allow us to do agent training and demos.

## **9. CMS AND POLICY UPDATE**

Mr. Kelly stated that the federal policy update is centered on two primary areas. The first is the Build Back Better legislation that currently sits in the Senate. Currently, it extends the enhanced subsidies through the end of 2025. As this bill works its way through the Senate and then back through the House, there will be numerous changes. We have not heard that the enhanced tax credits are very high on the list of things being debated, so we are hopeful that this remains as passed in the House for the primary area that YHI is focused on, and that is the enhanced tax credits.

The other area that we are focused on is the end of the Public Health Emergency (PHE). As of now, we expect it to be extended through the month of June and we continue to



watch in terms of what indicators there are at the federal level of when the PHE will be lifted. To put it in perspective, we think there are about 22,000 individuals who are on protected Medicaid that may be APTC eligible. When the PHE is lifted, those individuals would have their eligibility redetermined and if APTC eligible, YHI would be made aware of those changes and then we would do direct outreach to those consumers. They could then come on to the exchange and complete their enrollment, which essentially is a plan selection process for them, as we will get the updated APTC automatically. This could be a boon for enrollment for YHI but of course, we want to wait and see when the PHE is lifted. Anecdotally, at the federal level, we have seen a focus on what will happen when it is lifted and quite a bit of concern around gaps in coverage when people move off Medicaid. This is the first time that there has been a real focus at the federal level on this being lifted and mitigating the risk of gaps in coverage.

The last item is an SEP which was in the final benefit and payment parameter. It is for individuals with an income under 150% of the federal poverty level. For the exchange, that would be anyone who is 139%-150% of the federal poverty level. This was approved by the YHI Policy Steering Team which includes YHI, DHW, DOI, and carrier representatives. We do not have it operationalized yet, nor do we have the technology needs figured out, but this was approved, and we are in the process of operationalizing these changes.

Mr. Thomas stated that, regarding the end of the PHE coinciding with the integration of eligibility determination going live, it looked like it might be a perfect storm with a lot of people coming over from Medicaid at that time.

Mr. Kelly answered that yes, it may be a perfect storm, although he thinks that we will have enough lead time on the lifting of the PHE that some of the risk can be mitigated in terms of inbound volume as people go through the reevaluation process. We are aware that it may coincide with our go live for integrated eligibility, but we think we will have about a 60-day lead time. He added that he believed that DHW will be processing the reevaluations over time and YHI would not get them all at once.

Ms. Hammon stated that DHW was aiming to split them out over a four-month period and do 25% each month. She said that as the number grows, that could go out even further but it would not be any sooner.

## **10. OPERATIONAL GOAL UPDATE**

Mr. Kelly said that the staffing shortage is causing increased inventory and longer processing times and that is directly impacting the Idahoans' Experience goal process. We have three elements to the Idahoans' Experience goal. First Contact Resolution (FCR) is the percentage of people whose concerns require three contacts or more to be resolved. It is currently 1.65% which is above goal and while we are disappointed about the backlog and time to respond, we are encouraged by our performance as it relates to resolving the customer's concern the first time they call.

The second element of the Idahoans' Experience goal is Turn Around Time (TAT). That is directly impacted by the staffing challenges and the increased inventory and backlog. We are below expectations, but we are reporting on this weekly and we continue to manage our inventory as quickly as we can.

The final component of the goal is Net Promoter Score (NPS), which is well below the threshold. We are essentially in a cycle of increased inventory and backlog which then drive the NPS down. The good news is that while people are not happy about the backlog or wait time, when they do speak with one of our team members, they are very pleased with the service and quick resolution that they get.

The next goal that Mr. Kelly presented was Retention and Enrollment. He said that it was too early to tell since it would be measured as of April 2022, but that YHI is encouraged with the enrollment to date. We will see what surge we get over the next week and a half as we approach the December 15 deadline. It is trending well but too early to tell for sure.

Risk Management was the next goal that Mr. Kelly discussed, and he said that this goal measures YHI's phishing campaigns. He referred to the earlier reports that understaffing is causing an increased workload and said that this leads to people moving too fast and not thinking before they click. Therefore, the phishing campaigns are below our thresholds for this goal. It is human nature, which is why we run the campaigns while people are busy and rushing through things. That is when mistakes get made. These outcomes are not a big surprise and we quickly follow up with direct training and we ask questions about why people are clicking, so that we can provide the proper guidance and training to help improve the responses for the campaigns.

The next goal is Low-Cost Promise. Since YHI has staffing challenges and fewer seasonal employees, the operating expenses are doing better and Net Operating Income is on track to achieve an 80% threshold for this goal. We are very mindful of making sure that we are doing everything that we can to retain our team and keep our seasonal workforce and watching all our expenses very carefully, as we do not know quite where our revenue will end up after open enrollment. We are encouraged and yet very cautious about our spend over the next seven months as we move throughout the year.

The final goal discussed was Employee Engagement. Our COMPASS cards are peer to peer cultural value recognition and when we are busy, we see that participation slightly lower. The good news is that we are at 71% year to date and that is well above where we were at this point last year.

Chair Edgington said that all things considered, there is a lot to be proud of this year. He said that the team at YHI has done an exceptional job of adapting under difficult circumstances.

## **11. NEXT MEETING**

Mr. Kelly said that we are looking at the end of February or early March for the next set of committee meetings. Ms. Sparks will be reaching out to coordinate dates and then we will get the meetings set.

## 12. ADJOURN

There being no further business before the committee, the Chair adjourned the meeting at 3:50 pm.

Signed and respectfully submitted,

  
Janice Fulkerson, Committee Chair