



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

**Marketplace Committee Minutes
Wednesday, May 25, 2022**

Committee Members Present

- Ms. Janice Fulkerson, Chair
- Mr. Brett Thomas, Vice Chair (via videoconference)
- Ms. Heidi Hart (via videoconference)
- Mr. Peter Sorensen
- Mr. Trent Nate

Others Present

- Mr. Pat Kelly, Your Health Idaho
- Mr. Kevin Reddish, Your Health Idaho
- Ms. Frances Nagashima, Your Health Idaho
- Ms. Stephanie Husler, Your Health Idaho
- Ms. Kilee Lane, Your Health Idaho
- Ms. Julie Sparks, Your Health Idaho
- Ms. Jessica Carter, Drake Cooper (via videoconference)

1. Call to Order

Following proper notice in accordance with Idaho Code Section 74-204, the Marketplace Committee meeting of the Idaho Health Insurance Exchange (Exchange) was called to order by Ms. Fulkerson (Chair) at 9:03 am, Wednesday, May 25, 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

Ms. Sparks called roll and determined that Chair Fulkerson, Mr. Thomas, Ms. Hart, Mr. Sorensen, and Mr. Trent were present, resulting in a quorum. Ms. Lodge and Director Jeppesen were absent. Chair Fulkerson started the meeting via teleconference and arrived at Your Health Idaho offices at 9:13 am.

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. Sorensen moved to approve the meeting minutes from the March 3, 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 said enrollment effectuations for 2022 look different than before, due to previous years being impacted by COVID, the American Rescue Plan Act (ARPA), and enhanced subsidies. The effects of the 2022 Open Enrollment backlog carried into the first quarter, causing a dip in January then increasing through February, March, and April. We are at about 79,000 effectuations for the month of May and continue to watch this closely. Enrollment is steady and we are optimistic it will remain stable as we go through the end of the year although carrier flexibility due to the backlog may cause enrollments to drop later in the year than usual. The primary driver of the adjustments from January through April was terminations Never In Effect (NIE), which means people never paid their initial premium, so they were retro-terminated back to January. There was no difference across carriers in terms of amount of term NIE, relative to their overall enrollments.

7. Customer Profiles

Ms. Husler explained that the customer profile is a quarterly review of our enrollments to help us better understand our customers and how they interact with Your Health Idaho (YHI). Data presented today was gathered on April 1, 2022 and will be compared with the past three years on the same date.

Consumer demographics have changed very little. Average enrollments per household is 1.76, which is consistent with historical data. Slightly more women than men are

enrolled, consistent with prior years. The largest age groups are 55-64 and under 18, each comprising approximately one quarter of the enrollments.

Regarding age groups, there is an increased distribution in the percentage of consumers between ages 55-64. This may reflect individuals leaving the job market due to early retirement and seeking benefits. It may also indicate the impact of enhanced subsidies due to ARPA which may disproportionately benefit older consumers.

The impacts of ARPA are evident in metal tier mix for 2022. Qualified Health Plan (QHP) distribution shows indications of a reversal in the trend toward bronze plans that continued through 2020 and 2021. This year we see a notable increase in the percentage of gold plans.

ARPA impacts are also evident in dental plans. Dental now represents 14% of enrollments, with dental enrollment growing 36% from 2021 to 2022.

8. Customer Experience

Ms. Nagashima stated Net Promoter Score (NPS) continues to improve since the end of Open Enrollment. As of today, it is 18 month-to-date for May which brings us out of the negative for the monthly score. Across the year, our score is still in the negative, but we see improvement every day. Anecdotal feedback indicates that people are getting issues resolved and are satisfied with the customer service they receive once they reach someone. The delays and wait times are what have negatively impacted NPS.

Year over year call and email volume increased in March and began to slow slightly in April. The increase in volume was addressed with additional seasonal hires on written work and full-time hires to offset turnover and support inventory. In the last month, about 12 new team members have been brought on and they are going through full universal agent training. They will be trained in Tier 1, Tier 2, and Qualifying Life Event (QLE) skills which means they will be able to help more consumers without the need to transfer them to another person. Training for the rest of the team is underway and all team members are expected to be up to that level by June 30.

QLE requests are down from 2021 and are starting to be comparable to pre-COVID volumes. The relaxed documentation option for individuals reporting a loss of Minimum Essential Coverage (MEC) was removed with Governor Little's end of the statewide public health emergency.

Appeal requests are up 29% year over year. This is driven by YHI's assumption of the role of Advance Premium Tax Credit (APTC) eligibility appeals, which account for 22% of the total volume. Appeal turn-around time has increased due to the increase in appeal volume. One way that has been addressed is the addition of a new appeals coordinator who will be fully trained in the next two weeks and able to help with the inventory.

Chair Fulkerson remarked that most appeals seemed to be resolved quickly and asked if any had been escalated.

Ms. Nagashima said that there are three pending appeal hearings that we are in the process of scheduling. There are currently no federal appeal hearings scheduled because we have not had an appeal hearing in Idaho for 18 months. This is a good reflection of our ability to resolve consumer issues and identify ways to serve them through our partners and policy.

Ms. Hart asked if three appeal hearings is a typical amount for this time of year.

Ms. Nagashima replied that it is a little higher than usual and it is hard to say if that is influenced by COVID or the addition of the eligibility workstream at YHI.

Consumer connector training for the new eligibility technology is underway. Training has included presentations to the Idaho Association of Health Underwriters (IAHU), Eastern Idaho Association of Health Underwriters (EIAHU), North Idaho Association of Health Underwriters (NIAHU), Southern Idaho Association of Health Underwriters (SIAHU) and Idaho Primary Care Association (IPCA). Continuing Education Units (CEU) have been approved by the Department of Insurance (DOI) to encourage participation and provide feedback on the things that connectors want and need to know.

We gave out what we hope to be our first annual top producer awards, broken down by the top producers in each rating area. The feedback on the opportunity to be recognized was very positive.

9. PY23 Preparations

a. Policy Integration and Training Update

Ms. Nagashima said to get all consumer connectors through training in time for Open Enrollment, annual certification training will begin in August. All connectors are required to complete annual certification training to ensure they are prepared to serve clients for the coming plan year. Certification includes two required courses, both of which are virtual. The first course is self-guided and covers general YHI information, privacy and security, and the producer agreement. The second course is live policy training.

b. 2023 Open Enrollment Timeline

Ms. Husler stated that this year's Open Enrollment timeline has been adjusted to accommodate the earlier start to Open Enrollment. Ms. Husler reviewed the timeline with the committee.

Ms. Hart asked if anything in this timeline would change if the Public Health Emergency (PHE) ended in October.

Mr. Kelly replied that the Department of Health and Human Services (HHS) has committed to giving a 60-day notice of the end of the PHE. If the PHE ends in October, notice will come in August. We will work with the Idaho Department of Health and Welfare (DHW) to eliminate any doubling up of work by having all APTC eligible people processed in a single month. Their coverage would end at the end of the following month and then they would come over to the exchange and enroll. We believe that we can streamline the process by positioning that redetermination at an optimal time. We will keep lines of communication open with DHW as we approach August and we have already outlined the communication and outreach that will need to be done.

Chair Fulkerson asked when anonymous shopping would be.

Mr. Kelly said normally anonymous shopping would start on October 1. Given the deployment of the new eligibility system and doing redeterminations for the first time, we felt that having anonymous shopping added significant risk.

Mr. Sorensen added that carriers are free to have anonymous shopping on their own websites and Mr. Kelly was only stating that YHI would not have anonymous shopping this year.

Chair Fulkerson asked if all carriers, including the new ones, would be ready and able to meet the August 5 deadline for participation agreements.

Mr. Kelly responded the carrier agreement process for the incumbent carriers was expected to go smoothly and deferred to Ms. Husler to answer regarding the new carriers.

Ms. Husler said we have weekly meetings with everyone to go through the testing and make sure they understand the technical requirements. They also work closely with DOI. So far everything appears to be going well.

10. Real-time Eligibility and Technology Roadmap

Mr. Reddish began by saying there are two primary workstreams as we move toward deployment of real-time eligibility.

We are wrapping up final discussions with IRS regarding the Safeguard Security Report (SSR) approval, (think MARS-E for IRS). We were approved for testing starting several weeks ago and running through May 20. We have been approved for an additional testing window in June if we are unable to complete testing by May 20.

APTC test cases passed with the Centers for Medicare and Medicaid Services (CMS). The Medicaid assessment referral test cases are still under discussion due to concerns with the initial results. Revised test cases will be provided, and noticing will be reviewed the week of June 6. Passing Medicaid assessment referral test cases is required for go-

live, and we are currently on track for June 29 and revisiting contingency plans should go-live be delayed.

Mr. Sorensen asked if we anticipated the need for any policy changes or approvals in the next five weeks.

Mr. Reddish said that at this point everything seems to be in place and moved on to present an overview of the technology roadmap for the next year.

Chair Fulkerson asked for clarification on who provides information on the carrier invoices, referencing the 23.3 release.

Mr. Reddish explained that the current way we track changes for the carrier invoice is an audit table that tracks every change that a consumer makes to an enrollment. We are looking for a less cumbersome way to do that. Most of the changes will be efficiency gains on the back end and essentially invisible to the consumer.

Chair Fulkerson asked about the flexibility that the Telex Migration will provide which is scheduled for the 22.6 release.

Mr. Reddish said that we will be able to go into a non-production environment, make a change to a notice, execute a scenario that would have triggered that notice, then verify that the notice content is what we want and migrate it to production.

Ms. Hart noted that making a big change like the new redetermination process involves a certain amount of risk and asked about the contingency planning or backup that was in place for the go-live.

Mr. Reddish responded that we are going to follow a similar process to what we have done with 1095s where we test small batches prior to processing the entire population. As such, we will pause noticing so when we run the redetermination process, we will have the ability to manually verify notice accuracy in small batches before running all redetermination notices. In this way, we will catch any issues before they are visible to consumers.

Ms. Husler added we run these processes in a stage environment. We have already done this once with eligibility and we will do it again on Friday. Redeterminations will be run in stage in August so we will know exactly what is going to fail and why and we can fix it before we go into production.

Mr. Sorensen asked about the transfer of data on second lowest cost silver and if we will be able to test that.

Ms. Husler responded GetInsured has quoting Application Programming Interface (API) that will calculate it live based on the plans that are submitted.

11. CSC Technology RFP Update

Mr. Reddish said that the Proposal Evaluation Team (PET) is reviewing submissions for the Customer Service Center (CSC) Technology Request for Proposals (RFP). YHI received eight submissions for the Contact Center as a Service (CCaaS) RFP. Two top candidates have been identified and they have been asked to provide a live demo the week of May 23. A final decision is expected by the end of May with work commencing on June 6, 2022, and an anticipated go-live the first week of August. Our third-party project management company, Matrix Networks, has served us well in this space, helping us to complete much of the work.

12. Marketing and Outreach Update

Mr. Kelly stated the Always Present advertising campaign launched in March 2022 and is focused primarily on raising awareness of the Your Health Idaho brand. The media buy is a mix of traditional (broadcast TV) and digital (social, display, paid search, streaming, etc.) with a heavy focus on digital impressions. Overall paid media spend to date is about \$40,000. Performance in the first two months has been strong with over one million total digital impressions. YHI's brand awareness remains healthy. The backlog of inventory from Open Enrollment increased traffic to the website as consumers returned to finish applications, plan selection, or other activity that would normally be seen during Open Enrollment. Because of this increase in traffic directly after Open Enrollment, we saw a decrease in the month of April as inventory was resolved. We know this because in the month of April we reduced our spend by about 34% but our impressions went up by 39%. We will continue to watch campaign performance over the next few months and then Open Enrollment advertising will begin in September.

Chair Fulkerson commented that she was very pleased that the Board had approved the Always Present advertising campaign to help keep YHI brand awareness up and remind people that they can enroll after a QLE. She asked if there would be a chance to connect the activity to enrollment throughout the year.

Mr. Kelly said we do not have end to end following of that metric, but we can see who comes in and takes an action, and then we can also see our enrollment changes at a more macro level. Our biggest challenge right now in most of our data is 2021 was influenced by ARPA and 2022 was influenced by the Open Enrollment backlog. We are not likely to see a comparable year over year month until June. At that point we will be able to look at what is our typical QLE type of activity or enrollment and what is the offset for those that would traditionally leave.

In alignment with the strategic goals, Your Health Idaho has renewed focus on community and business outreach initiatives. In early 2022, Mr. Will White was hired as our Community Relations Manager. He is making strides in the local business development space, meeting with everyone from Chambers of Commerce to other business entities, as well as working on our outreach events. We are seeing those events

increase in frequency and number as COVID begins to be less of a factor for people in evaluating in-person attendance at events.

Several team members recently traveled to Pocatello to meet with local hospital and health system leadership. We conducted specific outreach to Portneuf Health System, discussing how we can partner with them to lower the uninsured rate and the cost of uncompensated care. We also met with the hospital cooperative which includes CEOs of all hospitals in southeast Idaho. They were interested in partnering particularly in the enrollment entity space, either with or without YHI funding. We will follow up after July with another trip and try to get direct meetings with Eastern Idaho Regional Medical Center and Bingham Hospital in addition to following up with Portneuf and the hospital cooperative.

Outreach to hospitals and health systems in north Idaho is an area where Mr. White will focus as the year goes on. We are revamping print and digital collateral materials and increasing the availability of Spanish collateral and social media content. We believe that the Hispanic market is a good opportunity in terms of the uninsured rate in Idaho. We made good progress last fall, joining the Hispanic Chamber of Commerce and will continue to partner in that area, both in language collateral and in-person meetings.

Mr. Nate asked what percentage of agents are bilingual and if YHI had adequate language resources.

Ms. Nagashima replied that we do not track the number of bilingual agents, but the language line is a tool that we use to support agents' ability to help consumers. We are working on content on the website to let consumers know that there is support available in other languages. More agencies are seeking team members who are multilingual so they can support additional clients.

Mr. Kelly added that about 10-15% of YHI's customer advocates are multilingual in addition to the language services line which covers basically every language that we would need. Additionally, we look for opportunities to hire bilingual individuals to work in the support center.

13. CMS and Policy Update

The 1332 reinsurance waiver continues to make its way through the process of public comment period, as well as hearings and presentations. The most meaningful decision was at the high-risk pool board meeting in early May. The board voted to approve funding equivalent to a 12% rate decrease for plan year 2023. That will be offset by any other carrier increases in the year, or it would be additive to any carrier decreases.

Chair Fulkerson, who sits on the high-risk pool board, said the open comment period is closed, the application has been submitted, and we are waiting for CMS approval.

Mr. Kelly stated although there has been no formal announcement, the federal Public Health Emergency (PHE) is expected to be extended to September 15, 2022. YHI is working closely with DHW to identify those on protected Medicaid who will likely be eligible for a tax credit through the exchange. If after redetermination a consumer is ineligible for Medicaid, their coverage will end the month following redetermination (i.e., consumers redetermined ineligible for Medicaid in September would lose coverage October 31).

The family glitch refers to a problem in how the affordability of employer-sponsored coverage is calculated. Currently, affordability is based only on the employee portion of the premiums. If it is affordable for the employee only, it is deemed affordable for the entire family, and they are ineligible for a tax credit. In reality, most people do not find it affordable when the dependent premiums are added. The Biden administration announced plans to address the family glitch in March 2022. Current policy would be updated to calculate affordability of employer-sponsored coverage based on the cost to cover the employee and dependents, not just the employee. This change is expected to be effective January 1, 2023.

Mr. Nate stated at this point, it appears likely that the family glitch fix will be implemented and added that it seems like a marketing opportunity for YHI. He said that many people are aware of the glitch and the fix could potentially increase enrollments on the exchange. He asked if this information was included in the marketing campaign.

Mr. Kelly replied that because this will go into effect in January, we have not had significant discussions with Drake Cooper regarding it as we would likely not benefit much from advertising about it this summer. However, it is certainly something that we would want to spread the word about during Open Enrollment as the new policy would be in place at that time. The challenge will be crafting a message that resonates for the people who become eligible for a tax credit due to the policy change and also for the rest of our consumers.

Mr. Nate said SelectHealth has been reviewing some national data and there is an increase in the utilization of Individual Coverage Health Reimbursement Arrangements (ICHRA). This is an employer sponsored defined benefit strategy that allows employees to market individual coverage at their own discretion. It is expected that we will start seeing more ICHRA's in Idaho and he asked if YHI had had conversations on this topic.

Mr. Kelly replied the focus on ICHRA is an opportunity, as it is a meaningful and simple message for businesses. Yesterday, Mr. White spoke to the small business committee at the Boise Metro Chamber and specifically focused on ICHRA. It is an opportunity that we need to continue to capitalize on. How it fits into our overall advertising campaign is a question that we do not yet have the answer to.

Ms. Nagashima said it is something we are reviewing and trying to figure out how to help Connectors be better prepared to communicate to their consumers. At this point, we have not spent a great deal of energy on it due to the low volume of requests.

Chair Fulkerson commented both of those topics seem like something that would be valid and of interest to the broker community and to those that are going through training.

Mr. Thomas stated after some presentations for the health underwriters' meeting, there was some discussion and concern that the message would be misunderstood. The family glitch fix is meant for dependents of employees, not the employees themselves. The concern is that employees would hear about the fix and think that they now could apply for a tax credit and so would leave employer plans. He asked what plans, if any, YHI or the carriers have to address the potential of employees leaving employer plans based on the incorrect assumption that they might now be eligible for a tax credit.

Mr. Kelly responded that, just as we do today, we will ask people if they have employer-sponsored coverage and then do the affordability calculation.

Ms. Husler added that we will ask questions to get the data from the consumer and then we will calculate the affordability for them, instead of them essentially opting into it.

Mr. Thomas remarked the question of access to employer coverage has been traditionally an access question only, not affordability. Everyone has been trained that you have to answer yes to the access question, whether it is affordable for your dependents or not.

Chair Fulkerson said it seems like it is an if and or question: do you have access and, if so, is it affordable.

Ms. Husler said it is something that is being worked through and there will be more details in the future.

Mr. Nate stated that it will cause some inherent confusion and needs to be tackled on all fronts. It will invariably be part of SelectHealth's agent training and communications this fall. Additional consumer information, whether that is enrollment meetings or follow up materials will be necessary to reinforce the message. The ICHRA piece and family glitch piece are addressing different scenarios but could be the same scenario if the dependents were aligned. We will have to be careful and deliberate with how we message these.

Mr. Kelly stated ARPA included provisions to expand tax credit eligibility. Many Idahoans saw their tax credit increase, while others became newly eligible for lower-cost coverage. These enhanced subsidies are set to expire at the end of 2022. Congress is working through several bills that would extend the current enhanced subsidies, but no decision has been made. Mr. Kelly said that when he was in Washington, D.C. last week, all the state exchange CEOs met with industry leaders and people on The Hill. They shared what the operational and consumer impacts will be when the enhanced subsidies end. The biggest concern is timing. As was mentioned earlier, if the subsidies end and redeterminations and renewals are done in September, we may have to re-run all the redeterminations which would mean multiple notices and confusion with consumers. The CEOs, as a group, advocated for a decision on the enhanced subsidies by June 30. It was made clear that this gets exponentially more complicated beyond June 30. We will continue to watch this closely.

14. FY22 Operational Goals Update

Mr. Kelly noted there are two goals that are germane to this committee: Retention and Enrollment and Idahoans' Experience.

As of April 1, we had 81,315 enrollments, which is 100% achievement of the Retention and Enrollment goal. This was a measure of the fortitude of the team and getting through what was an exceptionally long Open Enrollment period.

There are three parts to the Idahoans' experience goal: First Contact Resolution (FCR), Turn Around Time (TAT), and Net Promoter Score (NPS). FCR is at 100% threshold. TAT and NPS are below payout thresholds but improving. April and May have both had positive NPS.

TAT is being impacted by the overflow of Open Enrollment and the increased time it took to resolve issues. While NPS is recovering, we had too much of an anchor in the negative from earlier to make that goal. Both TAT and NPS are below any payout threshold.

Chair Fulkerson said that YHI has had such great NPS for so long that she believes it will recover, due to the nature of the team.

15. FY23 Operational Goals

In 2017, the Board endorsed a single strategic goal: provide a flawless customer experience. Almost five years later, that goal rings true and YHI continues to see this goal as our true north. This goal is measured by the percentage of customers who require three or more touches to resolve their concern. In December 2017, 8% of our customers required three or more contacts to resolve their concern. When that is below 5%, we believe we have delivered a flawless customer experience. We have been below 5% every quarter since this goal was implemented with the exception of the last Open Enrollment. We are not recommending any changes to this as our strategic goal.

FY23 goal categories are the same as previous years but proposed metrics reflect simplification and sharper focus on areas that align with our strategic enrollment goal of 125,000 in 2025.

Idahoans' Experience goal will continue to focus on responsiveness to the customer. NPS will be measured twice for Idahoans' Experience: once during Open Enrollment and again after Open Enrollment.

There are two reasons that we wanted to simplify Idahoans' Experience. First, last year's data is disorderly, given the challenges with Open Enrollment. Second, we are moving to a new operational stance with real-time eligibility. We simply do not know what baseline

to set for TAT and FCR, so we are proposing that we focus solely on NPS for the coming year. The baseline will be based on 2020, with a 5% improvement achieving a 100% outcome and a 2.5% improvement achieving an 80% outcome. We are not proposing a 60% threshold for this year. FCR and TAT will be tracked this year to established baselines for FY24 variable pay goals.

Ms. Hart said that she supports the direction YHI taking regarding these goals.

Mr. Kelly said that we plan to keep Retention and Enrollment simple, and the primary change will be to measure plan selections at the end of Open Enrollment. A challenge we have when measuring effectuations is that we cannot control who pays their premiums. We feel that by measuring plan selections and the end of Open Enrollment we can capture customer service, technology, advertising, and our outreach campaign. Due to the uncertainty around the end of the PHE, we have two scenarios. We have assumed 10,000 enrollments from the PHE and that is our baseline. To reach a 100% payout, we would need to see 106,000 plan selections at the end of Open Enrollment. This is an increase of about 20,000 from this year. We think half will come from the end of the PHE and the other half will be a combination of real-time eligibility, Always Present advertising, growth in the connector space, and a better customer experience overall.

Chair Fulkerson commented that is an aggressive plan.

Mr. Kelly replied when we set the budget in the March meetings, we discussed focusing on our ability to grow enrollment. This is a reflection of that. It is a big goal, but we feel confident that the changes we are making will pay dividends that will reflect in these goals.

Motion: Mr. Sorensen moved that the Marketplace Committee recommend to the Board approval of the FY23 Goals, as presented today. **Second:** Mr. Nate. **The motion carried.**

16. Contract Addendums

a. Risch Pisca SOW

Risch Pisca, PLLC will continue to work with YHI as the educational liaison for state and federal regulation and legislation. Deliverables will include state legislative and regulatory updates and issues tracking, interpretation, and strategic counsel on policy reform. SOW #6 remains consistent with the prior year at a not-to-exceed amount of \$48,000, which is a fixed price, which is included in the approved FY23 budget.

Motion: Mr. Thomas moved that the Marketplace Committee recommend to the Board approval of the Risch Pisca SOW #6 in an amount not to exceed \$48,000. This amount is included in the FY23 Budget. **Second:** Mr. Sorensen. **The motion carried.**

b. Drake Cooper SOW

Drake Cooper will continue working with YHI as the provider of Creative Services. In alignment with strategic goals, the scope of work has been expanded to include Always Present advertising in addition to the annual Open Enrollment campaign. Deliverables include both Open Enrollment and special enrollment period campaign strategies, asset design and production, media services, and campaign performance reporting. SOW #10 is at a not-to-exceed amount of \$850,000, which is included in the approved FY23 budget.

Chair Fulkerson asked if the cost included both advertising and Drake Cooper's services and Mr. Kelly confirmed.

Ms. Hart asked if the timing of the end of the PHE could potentially require us to revisit the SOW to ensure there is enough money to support additional messaging.

Mr. Kelly responded it would depend on when the PHE ends. We do not currently anticipate the need for incremental spend for the group of people who will be affected by the end of the PHE. We will receive their information from DHW and will communicate directly with those people. We reserve the right to ask for additional funding if necessary.

Motion: Ms. Hart moved that the Marketplace Committee recommend to the Board approval of the Drake Cooper SOW #10 in an amount not to exceed \$850,000. This amount is included in the approved FY23 budget. **Second:** Mr. Nate. **The motion carried.**

c. DHW Memorandum of Understanding (MOU)

DHW provides services centered on health care assistance and support as they relate to eligibility shared services, including referrals for potential APTC customers. The MOU articulates responsibilities for DHW and YHI and there were significant changes due to the launch of real-time eligibility. DHW will decommission the tax credit rules in their eligibility system. This amendment would extend the current term to July 31, 2023. Costs are included in the approved FY23 budget and are expected to be minimal compared to previous costs. The MOU has been reviewed by DHW's legal team and reflects operational realities moving forward.

Motion: Mr. Sorensen moved that the Marketplace Committee, recommend to the Board, approval of the DHW MOU in an amount consistent with the FY23 Budget, as presented today. **Second:** Mr. Thomas. **The motion carried.**

d. Enrollment Entity RFA

Enrollment entities provide counselors who assist Idahoans in understanding their eligibility and the application process. Agents and brokers are recommended for

plan selection. The entities work with underserved populations who may have limited English skills or access to computers. The entities report on the monthly total of people served, including demographic and geographic information. The annual Request for Applications (RFA) will be issued in July for a total amount not to exceed \$310,425.77, which is included in the approved FY23 budget.

Chair Fulkerson asked if the amount was the same or if it had increased from last year.

Mr. Kelly responded that it was a 3% increase from the previous year.

Motion: Mr. Nate moved that the Marketplace Committee, recommend to the Board, release of the Enrollment Entity RFA and request the Board authorize the RFA Review Team to select the enrollment entities and authorize the Executive Director and the Marketplace Committee Chair to execute the Enrollment Entity contracts at an amount not to exceed \$310,425.77 collectively. This amount is included in the approved FY23 budget. **Second:** Mr. Sorensen. **The motion carried.**

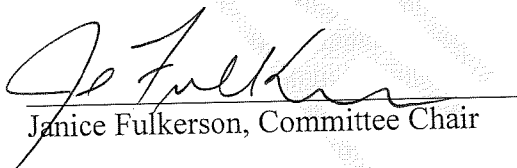
17. Next Meeting

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

18. Adjourn

There being no further business before the committee, the Chair adjourned the meeting at 10:27 a.m.

Signed and respectfully submitted,



Janice Fulkerson, Committee Chair