

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, January 27, 2020
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Lickley, Chew, Rubel, Davis
**ABSENT/
EXCUSED:** Vice Chairman Wagoner
GUESTS: Trinette Middlebrook, Wayne Denny, Melissa Ball, Maegan Kautz, and Jathan Nalls, IDHW; Pam Eaton, IRA/ISPA; Melinda Merrill, NW Grocery Assoc.; Jay Shaw, OAR/DFM; Dieuwke A. Dizney-Spencer, DHW-DPU

Chairman Wood called the meeting to order at 9:00 a.m.

RS 27375C1: **Pam Eaton**, President, Chief Executive Officer, Idaho Retailers Association, Retail Pharmacy Council, Idaho State Pharmacy Association, presented **RS 27375C1**. This is proposed transparency legislation for Pharmacy Benefit Managers (PBMs). PBMs operating in Idaho would have annual registration. Gag clauses would be prohibited for all plans. Transparency and pharmacy updates would be required for the maximum allowable reimbursement cost determinations. Retroactive denial or reduction of pharmacy prescription claims would be prohibited, except for legitimate reasons.

MOTION: **Rep. Chew** made a motion to introduce **RS 27375C1**. **Motion carried by voice vote.**

**DOCKET NO.
16-0201-1901:** **Chris Wey**, Chairman, Time Sensitive Emergency (TSE) System Council, Chief, Kootenai County Emergency Medical Services System, presented **Docket No. 16-0201-1901**. This annual legislation updates the TSE Manual reference to the current 2020 version. Mr. Wey summarized the changes made within the TSE Manual.

For the record, no one indicated their desire to testify.

MOTION: **Rep. Blanksma** made a motion to approve **Docket No. 16-0201-1901**. **Motion carried by voice vote.**

Pat Kelly, Executive Director, Your Health Idaho (YHI), presented the YHI annual legislative update. The key 2019 accomplishments include an enrollment of 95,000 Idahoans, with over 800 agents, brokers, and enrollment counselors. YHI has the lowest operating costs and the highest per-capita enrollment of all state-based exchanges.

The 1332 Medicaid expansion waiver was crafted by YHI, Governor Little's office, the Department of Health and Welfare (DHW), and the Department of Insurance (DOI). With the waiver determined to be incomplete, work continued to mitigate consumer confusion, implement a seamless Medicaid transition, and provide consistent and collaborative messaging across all agencies and entities.

The user experience was improved to allow available, current, or previous plans and optimize the mobile user shopping platform. Navigation of the customer dashboard was made easier. Enhanced automation was developed for American Indian, Alaska Natives, and non-traditional household use.

The consumer connector training program was revamped and brought in-house. In-person training has been condensed and streamlined. Training now includes DOI and DHW representatives.

The market research outreach is focused on building awareness and partnerships with community health groups, hospital systems, and non-profits.

In alignment with the overall goal of a flawless customer experience, the Net Promoter Score (NPS) continues as a measurement tool. The NPS 2019 average score was 30, which is well above industry standards. The new customer follow-up process and quality assurance metrics improve the customer experience. Seasonal team members were added incrementally prior to the 2020 open enrollment.

The 2020 open enrollment data indicates there were 20,000 calls, 2,000 emails, and a 40% increase in web visits. As of December 23, 2019, 78,500 Idahoans had enrolled in Medicaid and 10,500 had enrolled in a dental plan.

Over the next year, the YHI will be implementing agency portal technology to improve the agent and broker experience. Phone and ticketing systems will be updated to improve speed and efficiency. A separate shopping platform will be created for new products, such as enhanced short-term plans.

Responding to committee questions, **Mr. Kelly** said prior to this year, families with Native Alaskan or American Indian members required a manual process due to their different coverage and eligibility requirements. The vision is to offer separate Affordable Care Act and traditional qualified health plan (QHP) options. The Medicaid eligibility notifications came from the DHW, carriers, and YHI renewal notices. The YHI stand-alone dental plans are for adults, cannot use tax credits, and require exchange medical coverage.

Mr. Kelly offered to send the committee the zero pay review, once it is completed in three to four weeks.

ADJOURN:

There being no further business to come before the committee, the meeting was adjourned at 9:42 a.m.

Representative Wood
Chair

Irene Moore
Secretary