

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

**MARKETPLACE COMMITTEE
MINUTES
MAY 6, 2014**

1. COMMITTEE MEMBERS PRESENT

- Mr. Mark Estess, Chair
- Mr. Fernando Veloz, Vice Chair
- Mr. Tom Shores (via teleconference)
- Ms. Zeldia Geyer-Sylvia
- Director Dick Armstrong

2. OTHERS PRESENT

- Ms. Amy Dowd, Your Health Idaho
- Mr. Pat Kelly, Your Health Idaho
- Mr. Alberto Gonzalez, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Mr. Michael Fairweather, Accenture
- Ms. Brie Gershick, Accenture
- Mr. Gerald Massey, Accenture
- Mr. Shankar Srinivasan, GetInsured
- Mr. Greg Kunz, Idaho Department of Health & Welfare
- Mr. Jesse Lewin, Burson-Marsteller
- Ms. Susannah Buckley-Green, Burson-Marsteller
- Mr. Peter Sorensen, Blue Cross of Idaho
- Mr. Mike Stoddard, Hawley Troxell
- Mr. Weston Trexler, Idaho Department of Insurance

3. CALL TO ORDER

Following proper notice in accordance with Idaho Code § 67-2343, the Marketplace Committee meeting of the Idaho Health Insurance Exchange (Exchange) was called to order by Mr. Mark Estess, Chair of the Committee (Chair), at 1:06pm, Tuesday, May 6, 2014, at the offices of Hawley Troxell Ennis & Hawley, 877 W Main Street, Suite 1000, Boise, Idaho. In accordance with Idaho Code § 41-6104(8), the meeting was held in an open public forum and was streamed in audio format. Members of the public could access the audio stream by dialing into a telephone number that was included in the notice of meeting posted on the Exchange Board's Web site and at the meeting location.

4. ROLL CALL

Mr. Veloz called the roll and determined that the Chair, Mr. Shores (via teleconference) and Director Armstrong were present resulting in a quorum.

Ms. Geyer-Sylvia joined the meeting at 1:08pm. Representative Rusche was absent.

5. MEETING MINUTES REVIEW: April 9 and April 17, 2014

Motion: Mr. Veloz moved to approve the minutes from the April 9 and April 17, 2014, Marketplace Committee Meeting.

Second: Mr. Shores.

The motion carried.

6. REVIEW OF AGENDA

There were no changes to the agenda.

7. PMO STATUS UPDATE

Mr. Fairweather reviewed the Technology Implementation Dashboard and the key activities of the broader program team of GetInsured, DHW, YHI and Accenture have been focused on re-planning work to align on an integration timeline on a revised eligibility solution. This work is actively taking place and showing good progress. Policy, testing, planning and training efforts are progressing well. The IV&V contract has been completed and the FirstData IV&V team are being increasingly inserted into the work.

(a) Key Issues and Risks

Mr. Fairweather reviewed the Key Issues and Risks which included:

- **ISSUE** - The program re-plan that resulted from the CMS change is in progress. There is currently no integrated agreed upon timeline or work plan between DHW and GetInsured. This needs to be an area of leadership focus. Working sessions have taken place and will continue to take place in order to resolve this.
- **ISSUE** - The Data Migration approach to extract data from the FFM has not been decomposed into a detailed solution and agreed to by all parties. Work continues to take place to define the approach. It remains a program risk until cross-team understanding and consensus is met.

Ms. Geyer-Sylvia said that this should be a full renewal strategy and not just a data migration issue. Director Armstrong said that there are specific needs as far as data goes, but the FFM says YHI and DHW need to coordinate with New Mexico on what the specific data elements will be because they only want to create the file fields once for both Idaho and New Mexico. Once this is agreed upon, we can outline our renewal strategy. Ms. Dowd assured the Committee that this is YHI's highest priority item and it is not just data migration, it is complex, it is high risk, and it is the entire team of vendors working on this. Mr. Fairweather said he would change the report to reflect risk due to its high impact.

- **RISK** – The ability to deliver a revised eligibility redesign for open enrollment 11/15 is at risk. A full understanding of a revised solution and a plan to deliver is not yet in place.

Until a workable plan is in place that can be managed to, the risk exists around the ability to deliver it by 11/15 as needed for open enrollment.

- ISSUE – The integration points between DHW and GetInsured are now more complex and not yet fully understood. Six workgroups are being assembled to develop a clear view and develop an associated plan to deliver. The Integration workstream is red for this reason.

(b) Workstream Status

Mr. Fairweather said that the Workstream Status is a reflection of the issues and risks.

- Programs Governance – we need to get to a point of an integrated timeline and integrated project plan. We are not there yet.
- Policy & Operations – Working through a backlog of Policy Decisions – trending green due to backlog
- Privacy & Security – security consult scheduled for next week
- GetInsured – no plan for going forward on eligibility item yet
- DHW – green
- Integration – absence of a fully defined solution – may be trending yellow
- Testing – working to define a holistic testing approach across the whole program
- Training – significant movement lately on the training approach
- Consumer Support – green
- Outreach & Education - market survey is being finalized and scheduled for release on 4/30
- IV&V – That team is now on the ground and we are working to make sure there is not duplicate work between YHI’s vendor and DHW’s vendor.

Mr. Fairweather said the only difficulty is making sure the teams are all working together and have a plan that does not compromise any individual vendor (GI, DHW, etc.). Ms. Gershick said the Draft Operating Model has been delivered to YHI from the PMO, is currently being reviewed by DHW and YHI and will be ready for review by the Board in May or June. Mr. Gonzalez said it important to make sure there is agreement on both sides so that we can very clearly and accurately demonstrate what the Operating Model is. The Chair asked if there was value in the Marketplace Committee reviewing the document and Director Armstrong said he hasn’t even seen the document yet and would like to review it prior to it coming before the Committee.

8. POLICY DECISION

Ms. Gershick said the Project Steering Team continues to work through the decision log and will escalate decisions requiring Board approval as they arise. The following are strategic decisions for Marketplace recommendation and Board approval:

(a) #5 - Family Plan Selection

Description of Decision: Will individuals in a tax household be permitted to choose different plans?

Recommendation: Tax household, regardless of eligibility for financial assistance, must enroll in the same plan.

Rationale: The base product requires tax households to enroll in the same plan. This recommendation limits complexity with calculation and administration of APTC. It has a tighter definition of “individual market”, decreases the likelihood of adverse selection and eliminates the need to manage special enrollment periods across plans.

Mr. Shores shared his concerns that the wording was all-inclusive and did not account for families that do not qualify for special assistance who should be allowed to have separate applications and select separate plans. Ms. Gershick said she will reword the decision to separate out those that do not qualify for financial assistance and allow them to select separate plans, but would then need to file separate applications.

(b) #34 - Plan Selection During Open Enrollment

Description of Decision: Will YHI allow someone who has effectuated coverage to change a plan selection during open enrollment?

Recommendation: Once coverage begins (effective), to make a change to plan selection the consumer must submit an appeal or report a life event. Consumers can cancel enrollment before effective date, even if confirmation of enrollment with carrier (binder) has been received.

*Consumers always have a 10-day free look period per Idaho Rules 18.01.30.101.01.k.

Rationale: It creates a tighter definition of “open enrollment”, decreases potential for enrollment processing errors and decreases the likelihood for adverse selection.

Mr. Shores said there has been challenges with physicians dropping networks and customers losing their doctors and he wanted to allow for those consumers to make changes to their plans when this occurs. Ms. Geyer-Sylvia said that doctors drop networks all the time, and everyone would be changing plans all the time if allowed for this reason. She also said she didn’t think CMS would allow this as a condition for a special enrollment.

Ms. Gershick asked the Committee on decisions #5 and #34 to confirm ratification of these recommendations by the PST.

Motion: Ms. Geyer Sylvia moved to approve the ratification of the two recommendations by the PST.

Second: Mr. Veloz.

The motion carried.

Ms. Gershick asked if these need to be brought to and approved by the Board. The Chair said that it had been previously decided that these would go to the Board in the form of a report.

Ms. Gershick reported the YHI Decision logs tactical/operational decisions made by the Project Steering Committee. She said numbers 4, 41, 43, 68 and 69 are application-related decisions.

(d) #4 – Reasonable Compatibility Threshold

Description of Decision: What will YHI’s reasonable compatibility threshold be for income?

Ultimate Decision: Plus or minus 10% is the recommended reasonable compatibility threshold for income.

Rationale: This is in compliance with suggested federal guidelines.

(e) #41 – Application Edits

Description of Decision: Once an application has been signed and the applicant self attested that the data is accurate, what will be the process for the data to be corrected?

Ultimate Decision: Applicants will have the opportunity to review and edit prior to signature. Once a signature has been collected, a user will not be able to edit the application; they will need to call the service center. In the event there is a life event, a user could make application edits if they completed a non-financial application.

Rationale: The application will be editable by an appropriate administrative user, rather than allow front end user to make changes to “game” the eligibility determination.

(f) #43 – Relationship Types

Description of Decision: What relationship types will be permitted?

Ultimate Decision: YHI will comply with the required relationship types. This includes 1) Same Sex Spouses and 2) Grandchildren (must have legal custody).

Rationale: Decision aligns with federal requirements.

(g) #68 – Employer Sponsored Coverage

Description of Decision: Will YHI permit self attestation for employer sponsored coverage?

Ultimate Decision: Accept self attestation and communicate that APTC will be made based on the data provided in the application. If the applicant has access to employer sponsored MEC this will result in a tax penalty for any APTC subsidy received. YHI would like this to be added to the “Rights and Responsibilities” for DHW. Consider future verification sources.

Rationale: Self attestation minimizes the potentially significant operational burden of manual verification for employer sponsored coverage.

In response to a question from Mr. Shores, Ms. Gershick said that COBRA coverage and loss of job is a qualifying event for special enrollment. In response to Mr. Veloz, Ms. Gershick said that an employer plan does not have to be a QHP, it just has to meet minimum benefit value which is 60% of actuarial value.

(h) #69 – Eligibility due to tax filing status

Description of Decision: Do we need to tell someone that they aren’t eligible because they aren’t a tax filer?

Ultimate Decision: Applicant must be asked if they are filing taxes for the benefit period. If they respond no, they cannot be determined eligible for APTC.

Rationale: Decision aligns with federal requirements.

Ms. Gershick said numbers 6, 29 and 38 are application related decisions.

(i) #6 – IRS Income Data Storage

Description of Decision: Will YHI store IRS Income Data from the Federal Data Service Hub to support appeals claims or only store the flag returned from the Hub?

Ultimate Decision: YHI does not want to receive or store FTI/IRS data as this will increase security and privacy risk and operational costs. DHW can determine if they will store income related data received from the IRS via the FDSH.

Rationale: This decision lowers security risk and supports a lower cost solution.

(j) #29 – Verification Timing

Description of Decision: How long will the Exchange allow applicants to provide alternate verification documents for the manual verification process?

Ultimate Decision: Comply with 90 day as outlined in CFR 155.315.

Rationale: Aligns to federal regulations.

(k) #38 – Report a Change – Age into Medicare (Special Enrollment Matrix)

Description of Decision: How will YHI handle Medicare age-in?

Ultimate Decision: Eligibility for Medicare is not enough to terminate eligibility for tax credits or terminate enrollment in the Exchange. Eligibility will be re-determined upon electronic verification or notice of Medicare Part A enrollment by the applicant.

Rationale: This decision will ensure that Medicare aged enrollees do not have a gap in coverage.

Ms. Gershick said number 65 is a Plan Selection related decision.

(l) #65 – Shopping Experience

Description of Decision: Will YHI display only plans that correspond with a head of household's zip code or plans that correspond with all zip codes of all applicants household?

Ultimate Decision: Display plans available based on head of household zip code. Revisit this decision for 2015 open enrollment.

Rationale: This decision aligns with the base product. Furthermore, it maximizes by consumer choice (using all household zip codes may create limited or even situations where zero plans are available).

Ms. Gershick said number 53 is an Enrollment related decision.

(m) #53 – Purchasing Dental without Medical

Description of Decision: Should consumers be able to view, shop, and enroll in stand-alone dental plans without selecting a medical plan?

Ultimate Decision: Functionality is deferred for November 2014. This should be revisited post open enrollment.

Rationale: This functionality would require considerable development effort by GetInsured. Furthermore, this functionality was not in the original requirements, nor is it ACA mandated.

Ms. Gershick said number 67 is a Financial Management related decision.

(n) #67 – Exchange Risk Programs

Description of Decision: Will YHI continue to defer the 3 risk programs to the feds?

Ultimate Decision: YHI will defer the operation of risk programs to the federal government.

Rationale: Managing risk programs is an administrative burden on YHI and, or other state agencies (DOI).

Ms. Dowd asked if YHI would be able to make this decision for the state or if this would be a state decision. Mr. Trexler said he would ask about this particular policy decision.

GETINSURED - DIRECT ENROLLMENT ANALYSIS

Mr. Srinivasan explained that direct enrollment enables self-service users on third party partner site to complete the eligibility, plan selection and QHP enrollment process in an integrated and seamless way by transitioning between the partner site and the FFM or state exchange as needed.

Mr. Srinivasan reviewed the pros and cons of direct enrollment, the history of direct enrollment, the FFM direct enrollment flow, and the effort and impact timeline (see handout).

Finally, he recommended that YHI move Direct Enrollment to 2015 (2016 open enrollment) and focus on a successful launch of SBM and effective enrollment of existing FFM clients this year. He said YHI should enable agents and carrier representatives to assist and enroll on behalf of consumers. YHI should leverage the experience gained from the second version of FFM direct enrollment flow next year (2016 enrollment) and reuse the updated interface so multi-state carriers have common interfaces to build to. This would be a decision that would be made in June after the FFM figures out they are going to improve the structure.

Ms. Geyer-Sylvia said that the carrier experience of direct enrollment was pretty good for her company.

9. LOI & MOU UPDATE

Ms. Dowd said the draft version of the Letter of Intent between Your Health Idaho and the Department of Health and Welfare was provided in the packet of materials today and this is an interim step to enable the Board ratification of allocating \$2M of grant funding to DHW to enable them to begin work on the eligibility verification, streamlined application and case management system prior to the Board meeting on May 22nd. We have a motion that would be required to approve the Letter of Intent.

The Chair asked Mr. Stoddard to provide the Committee with some context of the letter. Mr. Stoddard said the letter is an interim step that would get us through the next four to five weeks until we can get a more formalized document in place. The important thing is that CMS is comfortable with this concept.

Motion: Mr. Veloz moved that this Committee as authorized by the Board on April 4, approve the “Letter” with DHW presented at this meeting, which commits YHI to reimburse DHW up to \$750,000 for all work contemplated in the Letter through May 22, 2014; and authorize the Executive Director and the Chairman to execute such Letter; and recommend to the Board that the Board should ratify the Letter at its meeting on May 22, which ratification would commit YHI to reimburse DHW up to \$2,000,000 through June 30, 2014.

Second: Ms. Geyer-Sylvia.

The motion carried.

Motion: Ms. Geyer-Sylvia moved to amend the motion to have it read \$750,000 for all work up until May 22nd.

Second: Mr. Veloz.

The motion carried.

10. MARKETPLACE COMMITTEE ROADMAP

Ms. Dowd said that the version of the roadmap provided to the Committee in the packet is not the current version. Mr. Gonzalez explained that the only inaccuracy in the roadmap is a number

of items that were pushed out from May to June until some decisions are made at the Board meeting. The Roadmap discussion will be table until June.

11. NEXT MEETING

Ms. Dowd said she does not anticipate any policy decisions prior to the May 22 Board Meeting so the next meeting could be pushed out until after the Board meeting in the week of the 26th (the 26th being a holiday). The Committee discussed having the Marketplace meeting every 3 weeks and schedule out the next 3 months. The next Marketplace Committee meeting will be doodled for the week of the May 26 and beyond into the summer months.

12. ADJOURN

There being no further business before the Committee, the Chair adjourned the meeting at 2:47pm.

Signed and respectfully submitted,


Mark Estess, Committee Chair