

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

**MARKETPLACE COMMITTEE
MINUTES
MAY 30, 2014**

1. COMMITTEE MEMBERS PRESENT

- Mr. Mark Estess, Chair
- Mr. Tom Shores
- Ms. Zelda Geyer-Sylvia
- Representative Rusche (via teleconference)

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. Trent Cummins, Your Health Idaho
- Mr. Rick Moran, Idaho Department of Health & Welfare/YHI
- Mr. Michael Fairweather, Accenture
- Ms. Brie Gershick, Accenture
- Mr. Greg Kunz, Idaho Department of Health & Welfare
- Ms. Lori Wolff, Idaho Department of Health & Welfare
- Mr. Peter Sorensen, Blue Cross of Idaho
- Mr. Weston Trexler, Idaho Department of Insurance (via teleconference)
- Mr. Randy Gardner, Gallatin (via teleconference)
- Mr. Fred Heil, GetInsured
- Mr. Rich Birhanzel, Accenture
- Ms. Melanie Schoenberger, GetInsured
- Ms. Kate Haas, Kestrel West

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 7:32am, Friday, May 30, 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

The Chair called the roll and determined that the Mr. Shores, Ms. Geyer-Sylvia, and Representative Rusche (via teleconference) were present resulting in a quorum.

Mr. Veloz and Director Armstrong were absent.

5. REVIEW OF AGENDA

Motion: Ms. Geyer-Sylvia moved to amend the agenda to add an Executive Session following the Plan Data Review.

Second: Mr. Shores.

The motion carried.

6. PMO STATUS UPDATE

Mr. Fairweather reviewed the Technology Implementation Dashboard. He said on the integrated work plan is on target to be completed the week of June 9. A CMS design review was conducted on Wednesday at the YHI office which included a number of CMS representatives on site. They conducted a thorough review of the status and the CMS representatives attended the GetInsured Release 1 demo. They created a meeting schedule of working with CMS moving forward. The integration working teams focused on finalizing designs for account management, account transfer and data migration. The GetInsured Release 1 demo was conducted and continued the development of the detailed R1 business process. The final test approaches across GI and DHW were finalized and the Consumer Support approach was reviewed by the Board previously. There will be a deeper dive in June. Finally, there has been much work between YHI and DHW on the MOU due by the end of June.

(a) Key Issues and Risks

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

ISSUE: Integrated and agreed upon plan is not yet finalized. On a good path and expected by June 9.

RISK: Ability to conclude on an integration design that adheres to all requirements and policy/design decisions. There are lots of design issues starting to come up which is represented by the increased number represented on the graph.

Mr. Shores asked if these issues were included in those that need to be worked out by June in order to go live in November and Mr. Fairweather said yes. But he believes this can be accomplished. As long as leadership is in agreement, this won't be a risk to November go live. Mr. Estess asked if stakeholders are immersed in this and have a level of transparency and collaboration across the workstreams. Mr. Fairweather said they are not, and part of that has been deliberate because too many people at all these working sessions would have slowed the velocity. But we are at a point where we can insert those people in the right forums to get this completed. Ms. Wolff said that looking at the spike in open decisions and issues is a good thing because it means we are getting to that level of detail. She thinks that the department has worked

very well with GetInsured, they have been very responsive to the department's needs and the give and take has been good. She said we need to be open to the fact that there will be times where we need to be adaptable and willing to make changes on both sides. Ms. Geyer-Sylvia has a lot of concern in this area about the timing and the continued discussion around scope.

Mr. Fairweather said we want to ensure these issues are being reviewed and that they adhere to policy and requirements. He said that as each piece of the design is being completed, it is being tested and sent into production. Ms. Geyer-Sylvia is concerned that the Board has still not seen that design document. Ms. Wolff said that there needs to be a walkthrough with the Board on what the system functionality will be in November. Ms. Dowd said one of the items she wants to cover is a deep dive with the Committee in June to walk through this, provide opportunity for questions and really help the Committee understand the design.

ISSUE: Complexity of GI-DHW integrations and GI-Carrier integration effort is underestimated. Team is now contending with 8 concurrent complex integration work streams and the YHI team is under-resourced. The DHW side is fine, but YHI does not have the right headcount to accomplish this work. The volume of work and the complexity of it, we don't have enough people right now. Ms. Dowd's concern is making sure that there is enough coordination and communication between those teams. This is why YHI is recruiting for an IT Director. There was much discussion about additional resources in all areas because the job is much bigger than what was originally anticipated.

RISK: Data migration and renewals strategy not final: CMS acknowledged capacity to provide data; currently exploring data sharing (privacy and confidentiality) issues and necessary approvals for transfer to occur. This will require additional resourcing needs such as data analysts and programmers.

(b) 75 Day Plan

Ms. Dowd said the oversight and governance scrutiny with our CMS partners has increased. The 75-day plan outlines an increased frequency of CMS touchpoints dedicated to demonstrating progress. The objective is twofold; to provide CMS updates on progress against key State-Based Marketplace establishment milestones (e.g., application, marketplace design) and to substantiate progress with artifacts, demos, and/or business simulations, as appropriate. This includes weekly staff meetings with CMS, formal reviews and touch points once per month, a CMS leadership check-in monthly, and meeting with the CMS Administrator herself every two to three weeks. We need a lot of PMO support for all of these meetings for documentation preparation, follow-up items, etc. Key milestones include a Marketplace Demo this past Wednesday, in mid-June there will be a detailed Plan Review with CMS, another Marketplace Demo in July and DHW Application, Screens & Rules near the end of July. On June 9 is the first meeting with Marilyn Tavenner, CMS Administrator, which will be in the form of a 60 minute conference call. We will provide an update on our integration program planning including our blueprint milestones. We will talk about design and development progress where DHW will present progress on eligibility, demonstrate progress on enrollment and the Marketplace, a discussion of key project risks and talk about financial sustainability for Idaho's Exchange.

7. DHW MOU

Mr. Moran (as a joint resource between DHW and YHI) said the goal is to establish a formal Memorandum of Agreement (MOU) with DHW that is both agreed upon and accepted by CMS. The approach will incorporate the MOU and an SOW for going forward. The final draft of MOU and SOW will be brought to this Committee at a future meeting. Hawley Troxell and DHW's legal team are working on these agreements. It is a tight timeline and is slated to be completed by the end of June.

Mr. Shores commented on email from Rep. Kelley Packer to note that we are working with DHW, but we are paying them for their work. No money is coming from the state to pay for this.

Ms. Geyer-Sylvia asked if this MOU is going to be for everything going forward. We need an operating model to work from in order to write this. Ms. Dowd said that is why the end of June is target date for first MOU and SOW.

8. RENEWAL STRATEGY

Mr. Gonzalez reported that the renewal strategy team that has been created has been meeting weekly for the past three weeks. The team has been tasked with developing a renewal plan for the plan year 2015 Open Enrollment. Members of the team include representation from BCI, Regence, Cambia, Select Health, DHW, DOI, Tom Shores, Hyatt Erstad, GI, PMO and IV&V. We have developed a high level concept, details are being worked out and specific risks and solutions are being discussed. The team is committed to finalizing the plan and bringing it to the Marketplace Committee in June for recommendation.

Mr. Gonzalez said the main objectives of the team are to:

- Create a process and the automation that will support the simplest renewal/re-enrollment of the 76,061 Idahoans that have selected an exchange product in 2014.
- Prevent gaps in coverage by re-enrolling as many of the existing enrollees.
- Allow for changes and choice but create a passive process for those that choose to do nothing.
- Create an agreed upon communication plan that prevents confusion and encourages engagement by enrolled Idahoans.
- Ensure carriers, agents/brokers, IPAs, DHW, and YHI all have a seat at the table to ensure we are accounting for opportunities, risks, and contingencies.

Mr. Gonzalez quickly reviewed the timeline for the renewal process and wanted the Committee to know that there are some dependencies, the majority with data.

Mr. Gonzalez said the data usage is the priority item since we don't know what the level of data is that we will end up with or the timing of the data. We do know there are contingency plans for data and there will need to be some reconciliation of the data. The priority items are:

1. Current allowability of CMS/Carrier Data for the purpose of re-enrollment
2. Noticing Requirements & Timing
3. Passive renewals (eligibility and marketplace) (industry practice versus ACA)
4. Current carrier policy and process surrounding both.
5. Date a renewal is effective and whether changes are allowed beyond that.

Mr. Shores asked at what point in this timeline (in the renewal process) does the client create an account at YHI. If we do passive enrollment, they won't have an account and at what point do we put the client in contact with those people to create an account.

Mr. Gonzalez said the first step is eligibility. In September they will be notified that we now have their info from the FFM. On November 1 after all that is complete, the carriers will be asking them to come make a change, shop and compare. If a person does not come in on their own, we want a process to reach out to them or do a one-time, no enrollment needed, auto re-enrollment process. This is called a passive re-enrollment. If there has been a household change, they won't qualify for a passive enrollment. And then we need to determine the timing and how long we will allow for a person to make a change so that there is no gap in coverage for them.

Ms. Geyer-Sylvia said we need to make sure the focus should be on the needs of the 76,000 Idahoans. They have a plan and likely want to keep it. All of these messages will be irrelevant to them in this case. All they care about is what their premium will be and when they need to pay. Ms. Geyer-Sylvia said that there is also an issue with a gap in coverage, but Mr. Gonzalez assured her that this is accounted for and there will not be gaps in coverage. The bulk of people will renew by December 15 with a plan in effect January 1. There will be some potential issues including those who lost CSR, unavailable plans, etc. and these will not go through the passive renewal process.

Mr. Shores is concerned that people may end up wanting to change their plan. Ms. Gershick said that per a decision made previously, once a decision is made and a plan is chosen and they are past the 10 day window, they will need a life event in order to change their plan. This will be a communication effort and this is also a consideration around passive enrollment and we may need to have some leniency around that.

Ms. Dowd said we understand the importance of the coordination of the noticing communications and the renewal packets that come from the carriers, and she hopes we are considering all these communication and what steps people will need to take.

Mr. Gonzalez continued with the priority items that are as follows:

1. **Data Usage:** CMS Data Migration and Carrier Data (availability, reconciliation, timeline)
2. **Policy:**
 1. Current allowability of CMS/Carrier Data for the purpose of re-enrollment
 2. Noticing Requirements & Timing
 3. Passive renewals (eligibility and marketplace) (industry practice versus ACA)
 4. Current carrier policy and process surrounding both.
 5. Date a renewal is effective and whether changes are allowed beyond that.
3. **Communication Strategy:** Renewal communication and an overall communication. There are communications that will be done by YHI, DHW, and Carriers and we want to ensure an aligned communication strategy that prevents confusion. Timing and content also being discussed.
4. **Transition Plan:** Ensuring that the steps related to FFM/YHI transition is clear and all parties understand 2014/2015 client handling and we create proper protocols to support that plan
5. **Contingency:** Parallel plans will be done to ensure that if data, automation, or process is not as expected, that we have contingency plans in place to address that.

9. DEFERRED FUNCTIONALITY

Ms. Gershick reported that there has been some rigor and diligence around the management of requirements. Beginning in February, the RTM (Requirements Traceability Matrix) framework was created. PMO conducted a detailed analysis of the RFP requirements, adding ACA requirements and other requirements to support streamlined operations. In March, JAR sessions were held to validate RTM requirements and any newly identified requirements were added and they were “baselined” in April. JAD sessions were held in April where any newly identified requirements identified were added to the “post-baseline requirements” list and then a change control process was developed in May. Starting in June, all requirements will be managed through the Change Control Team (CCT) which is TBD but will likely reflect similar representation as the Project Steering Team.

Ms. Gershick said given time constraints, the Program has developed the following guiding principles to manage scope:

- Track and manage all requirements that have been identified, including “nice to have” functionality.
- Focus 100% of development efforts on ACA required functional and change control team identified “critical” functionality; defer all non-critical requirement not included in the base COTS solution.
- Revisit and re-prioritize all deferred functionality after Open Enrollment (post January 2015).

Ms. Dowd wanted to make sure that we integrated this with the DHW deferred functionality as well. Ms. Gershick said the RTM is based on YHI’s RFP so in that log, given the transition and scope change from CMS, there is a column that says who owns that requirement and this will be reviewed with DHW and other stakeholders.

Ms. Geyer-Sylvia said there is some confusion around dental and wants to make sure that we revisit the decisions that have been made regarding dental.

10. PLAN DATA REVIEW

To mitigate the risk of displaying inaccurate plan data in the marketplace, YHI has developed a parallel review process to maximize stakeholder review time.

DOI: DOI will verify that submitted rates and benefits align with ACA and Idaho Insurance regulations. This activity is consistent with the existing processes, which is collaborative in nature. Any issues/errors found will be corrected by the Carrier and re-submitted through SERFF. Proposed timing is 5/30 – 9/19.

YHI: YHI staff will validate that plan data details pushed from SERFF into the marketplace matches the data originally submitted via the SERFF templates. YHI will wait for Carrier approval before releasing data to the public. Proposed timing is 7/10 – 9/1.

Carriers: Carrier staff will validate that plan data details pushed from SERFF into the marketplace matches the data originally submitted by the carrier via the SERFF templates. After the Carrier confirms the accuracy of the data YHI will have authority to release data to the public. Proposed timing is 7/10 – 9/1.

Ms. Gershick added that in order to preserve a fair and competitive marketplace, the technology solution and supporting business processes provide the necessary security and privacy of Carrier rates and benefits throughout the review process:

- During the marketplace review process, Carriers will have restricted access and will only be able to view and validate only their own rates and benefits.
- YHI will NOT release any rates prior to the DOI approval.
- ALL carrier rates will be released to the public at the same time, on 10/1. This aligns to the release of Anonymous Browsing functionality.

Mr. Shores said the SBC's this year are horrible and most carriers and agents did not use them because of that so those need to be reviewed very carefully. Mr. Trexler said last year they did not require the SBC's to be filed but this year they will be required to be filed.

11. EXECUTIVE SESSION

Motion: Ms. Geyer-Sylvia moved that the Committee, pursuant to Idaho Code Section 67-2345, convene in Executive Session to consider preliminary negotiations involving matters of trade or commerce in which this governing body is in competition with another governing body pursuant to Idaho Code 67-2345 (1) (e)."

Second: Mr. Shores.

Ms. Dowd invited Accenture to remain in Executive Session.

Executive Session Roll Call: Mr. Estess called roll and determined that Ms. Zelda Geyer-Sylvia, Mr. Shores, and Representative Rusche (via teleconference) were present, resulting in a quorum.

Mr. Veloz and Director Armstrong were absent.

The Executive Session began at 9:15am and ended at 10:25am. The Board took no final action nor made any final decisions while in Executive Session.

12. NEXT MEETING

The next meeting of the Marketplace Committee is scheduled for Monday, June 16 at 8:00am.

Deep Dive meeting into Operational Model – Monday June 23 from 8:00am to noon.

13. ADJOURN

There being no further business before the Committee, the Chair adjourned the meeting at 10:30am.

Signed and respectfully submitted,


Mark Estess, Committee Chair